2021

Prevention Resource Center 11

Regional Needs Assessment

REGION 11

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Executive Summary

What is the RNA?

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is a document created by State Evaluator along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC11 serves 19 counties in Texas.

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

Who writes the RNA?

A team of Data Coordinators has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health, and education, among others.

How is the RNA informed?

Qualitative data collection has been conducted, in the form of questionnaires, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA. PRC ____ recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

- **Demographics**
- **Substance Use Behaviors**
- **Underlying Conditions**
- **Behavioral Health Disparities**
- **Protective Factors and Community Strengths**

Key Findings

Here are some of the main points of the 2021 Regional Needs Assessment.

1. Region 11 had the highest percentage of individuals aged between 0 and 18 years (28%) whereas Region 2 & 4 had the highest percentage of individuals aged 65 or over (19%).

2. Latest estimates for Region 11 show that 85 percent of the population reported their race/ethnicity as Hispanic, followed by Anglo (13 %); Asian (1 %); Black (1 %); Other (1 %). Counties vary greatly across the region with Aransas county showing 65 percent White compared to Webb and Starr county at 4 percent White.

3. Among the 11 Public Health Regions in Texas, Region 11 had the highest percentage (16%) of limited English-speaking households.

4. Only 31% of the population 5 years and older speak only English in Region 11. 68% speak Spanish and only 1% speak any Asian and Pacific Island languages.

5. 11.2% of children under 18 lived in single parent household in Region 11 for the year 2019. Starr County had the highest percentage (15%) of Children under 18 living in a single parent household; whereas Kenedy County had the lowest (2%).

6. In Region 11 the unemployment rate increased from (5.7) in 2019 to (10.5) in 2020.

7. In 2020, there were 7,414 recipients per 100,000 persons receiving Temporary Assistance for Needy Families (TANF). Counties ranged from 20 recipients per 100,000 persons in Duval to 680 recipients per 100,000 persons in Hidalgo.

8. Region 11 had a total of 6,636 homeless students (1.2%).

9. The estimate percent of uninsured population in 2019 was 25.5 percent.

10. Kenedy County had the highest percentage of uninsured adults (31.3) followed by Starr county (27.2).

11. Starr county had the highest percentage of uninsured children (6.51%) followed by McMullen County (6.46 %).

12. Region 11 has similar percentages for each level of educational attainment (less than high school 27.9%); (High School Graduate 27.9%) and (Some College with 28.1%). The percentage for higher education (this includes a Bachelor's degree or higher) is only 16%.

13. According to the Uniform Crime Report, there were 11,193 adults arrested for alcohol-related offenses in 2020. These offenses include DUIs, liquor law, and drunkenness violations.

14. In total, there were 308 DWI arrests in 2020, most of these arrests (95.4%) were male arrests.

15. According to the Uniform Crime Report, there were 69 minors arrested for alcohol-related offenses in 2020.
16. In 2020, the Sheriff's Office and city agencies reported a total of 8,546 arrests related to possession of drugs. Marijuana accounted for 35.3% of all the arrests, followed by opium/cocaine 26.9%. Other dangerous narcotics accounted for 20.7% in 2020.

17. In 2020, there were 790 persons incarcerated for drug possession.

18. . In 2020, 8,752 violent crimes occurred in Region 11.

19. According to County Health Rankings, 25.5% of the population in region 11 don't have health insurance. The percent of uninsured population under 19 years old is 4.34% and 20.8% for uninsured adults under the age of 65 years.

20. In 2019, there was a total of 32,788 adult clients with primary behavioral/mental health diagnosis and 3,059 with a substance use disorder diagnosis. A total of 27,084 youth was diagnosed with primary behavioral/mental health disorder and 2,514 were diagnose with a substance use disorder.

21. In 2020, there were 61,326 alcohol permits in the state of Texas and a total of 4,769 alcohol permits in Region 11.

22. In 2019, there were 185 violations in Texas and 11 violations in region 11 reported to the Texas Alcoholic Beverage Commission. The majority of violations, occurred in Nueces County.

23. 61.4% of disciplinary actions made in region 11, were from controlled substances/drugs, 24.1% were from alcohol violations.

24. According to the Department of Public Safety, there was a total of 17,422 family violence incidents in Region 11. Nueces, Kleberg and Willacy Counties had the highest incident rate in 2020.

25. Table below shows the number of children in foster care in Region 11 1,045 for the year 2020. Aransas County had the highest rate 6.3 compared to .7 in Hidalgo County.

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)
- tobacco/nicotine, 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 defined by The Center for Substance Abuse Prevention (CSAP).

Conceptual Framework

The conceptual framework for this report examines empirical indicators related to the Social Determinants of Health (SDoH), documented risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in the domains (or levels) of the Social Ecological Model (SEM), as described below. For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region.

Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities to:

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

Process

HHSC and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2020 and June 30, 2021. Due to the global pandemic, COVID-19, the Regional Needs Assessment deadline was extended to August 31, 2021.

Between September and July, HHSC staff meets with the Data Coordinators via monthly 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. 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. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

Identification of Variables

The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes.

Criteria for Selection

The criteria used for including data sets in this document are their relevance, timeliness, methodological soundness, representativeness, and accuracy. The data arise from well-documented methodology gathered through valid and reliable data collection tools.

Qualitative Data Selection

Data Coordinators conduct focus groups, surveys, and interviews with community members about what they believe their greatest needs to be. These qualitative data collection methods often reveal additional sources of data.

Key Informant Interviews

Interviews are conducted primarily with school officials and law enforcement officers where available. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What hard evidence do you have to support this as the greatest problem?
- What services do you lack in your community?

Other questions inevitably arise during the interviews, but these four are asked of each participant.

Focus Groups

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges.

Focus Groups: Region 11

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 such as parents, media, health care, mental health, law enforcement, and higher education participated in the focus group.

Focus group sessions were held during the months of November 2020 through March 2021. All sessions were conducted using zoom as the main platform to communicate with the moderator guiding the discussion across the 2 hours. There were 6 groups that included 7-12 participants between the ages of 22-70+. PRC was able to collaborate with community coalitions in the counties of Hidalgo, Webb, Starr, Willacy, Cameron, Nueces, Kleberg and San Patricio. These counties were selected as they represent higher populated and rural areas, as well as strong coalition partnership presence.

PRC 11 provided focus group development tools to community coalitions in Region 11. 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.

The purpose of the focus groups was to gather information about Covid-19 and its impact in the prevention field. For example, changes in the following: consumption, accessibility, retail access, and social access. Additionally, the focus groups were developed to also gather information about how community households coped with new challenges during the pandemic. Last, information relevant to local programs and resources was gathered as well as their availability during Covid-19.

Longitudinally Presented Data

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to) the most recently available data collected over three years in one-year intervals of data-collection, or the most recently-available data collected over three data-collection intervals of more than one year (e.g. data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national-level data with county-level data for comparison purposes. However, when neither state-level nor national-level data are included in tables and figures, this is generally because the data was not available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.

Prevention Resource Centers

PRCs are 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.

PRCs focus on the state's overall behavioral health and the four prevention priorities:

- underage alcohol use
- underage tobacco and nicotine products use
- marijuana and other cannabinoids use
- prescription drug misuse

PRCs have four fundamental objectives:

- collect data relevant to the state’s prevention priorities and share findings with community partners
- ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use
- conduct voluntary compliance checks and education on state tobacco laws to retailers

Public Health Regions

Map of Health Service Regions serviced by a Prevention Resource Center:

Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Southeast Texas
Region 6	Gulf Coast
Region 7	Central Texas
Region 8	Upper South Texas
Region 9	West Texas
Region 10	Upper Rio Grande
Region 11	Rio Grande Valley/Lower South Texas

How PRCs Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health in general. 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. In this way, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. The program also helps to identify community strengths, gaps in services and areas for improvement.

Data Coordinators

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead a Regional Epidemiological Workgroup (REW), compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information.

Key Concepts

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan 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. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. (citation SAMSHA)

Qualifiers for age-specific terms related to different data sources will be referenced in each section.

Texas School Survey

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI). PPRI actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years.

Number of Surveys Included in State Sample for Texas School Survey

Number of Surveys Included in State Sample for TSS							
Report Year	**Original Campuses Selected**	**Campuses Signed Up to Participate**	**Actual Campuses Participated**	**Total Non-Blank Surveys**	**Usable Surveys**	**# Rejected**	**% Rejected**
2020*	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%
2016	600	187	140	50,143	49,070	1,073	2.1%

Texas School Survey, 2020/2018/2016. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

Figure 3. Texas School Survey Distribution Comparison and Impact of Pandemic

	Survey Distribution TSS 2020*		Survey Distribution TSS 2018		Difference Between 2018 and 2020* TSS
Grade	**# of Usable Surveys**	**%**	**# of Usable Surveys**	**%**	**# of Usable Surveys**
Grade 7	6,414	2.9%	12,445	20.5%	-6,031
Grade 8	6,472	23.1%	12,268	20.2%	-5,796
Grade 9	4,189	15.0%	9,409	15.5%	-5,220
Grade 10	4,119	14.7%	9,571	15.8%	-5,452
Grade 11	3,556	12.7%	9,163	15.1%	-5,607
Grade 12	3,215	11.5%	7,920	13.0%	-4,705
Total	27,965	100.0%	60,776	100.0%	-32,811

Texas School Survey, 2020/2018. http://www.texasschoolsurvey.org/Report. Accessed March 4, 2021

* “During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data.” - Public Policy Research Institute

Epidemiology

Epidemiology is described as “the study of the occurrence and distribution of health-related events, states, and processes in specified populations, including the study of the determinants influencing such processes, and the application of this knowledge to control relevant health problems.” This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance misuse and the contributing factors influencing this behavior.

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.

Strategic Prevention Framework

Sustainability & Cultural Competence. 2020. AVPRIDE. https://avpride.com/ Accessed April 29, 2020

Assessment
Profile population needs, resources, and readiness to address needs and gaps

Capacity
Mobilize and/or build capacity to address needs

Planning
Develop a Comprehensive Strategic Plan

Implementation
Implement the Strategic Plan and corresponding evidence-based prevention strategies

Evaluation
Monitor, evaluate, sustain, and improve or replace those that fail

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.[1] This RNA is organized using the six domains (or levels) of the SEM as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances
- School Domain - social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain - social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain - interpersonal factors including social norms and youth perceptions of peer consumption and social access
- Individual Domain - intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

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

[1] The National Center on Addiction and Substance Abuse at Columbia University. 2011. CASA analysis of the National Survey on Drug Use and Health, 2009 [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents.

There are several explanations for increased risk of substance misuse among young adults. During adolescence, the limbic areas of the brain (which include the reward center) develop before the frontal lobe (which governs processing, natural inhibitions, decision-making, and cognitive flexibility).12, 13 The frontal lobe completes development in the second decade of life.

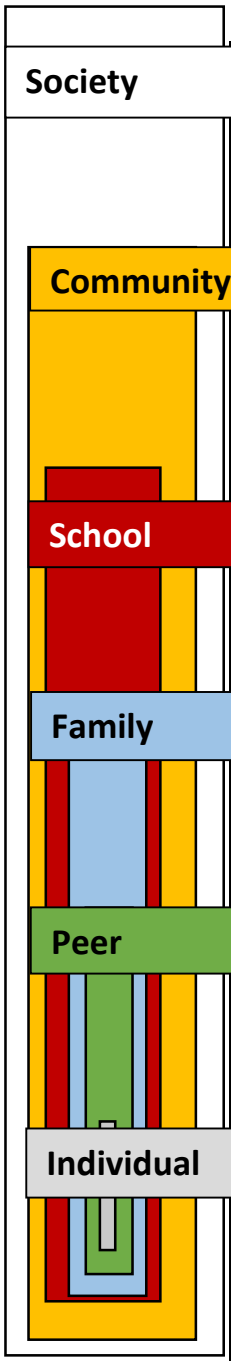
This imbalance in the maturity of brain operations, researchers argue, may result in immaturity, excess emotionality, drive towards reward-seeking, unreliable judgment, and consequentially, risk for substance misuse and SUD.[2]

Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring.

Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance.

Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (see Figure 5).

[2] Winters, K. C., Fahnhorst, T. F., Botzet, A. F., Lee S FAU - Lalone, B., & Lalone, B. (2012). Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors. Journal of Substance Abuse Treatment, 42(3), 279–288. doi: 10.1016/j.jsat.2011.08.005



	Risk Factors	Protective Factors
Society	Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
Community	Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization	• Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community
School	• Academic failure beginning in elementary school • Low commitment to school	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Family	• Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD	• Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics
Peer	• Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers	• Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
Individual	• Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

Social Determinants of Health

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The SDOH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, they also contribute to health disparities and inequities.

Figure 6. Social Determinants of Heath

Adapted from: Healthy People 2020

health.gov/healthypeople/objectives-and-data/social-determaints-health

Consumption Patterns

This needs assessment follows the example of the TSS, the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories:

lifetime use (has tried a substance, even if only once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and illicit drugs and their misuse of prescription drugs.

The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

A plethora of information exists on risk factors that contribute to Alcohol Use Disorder (AUD) in the United States. According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the U.S. for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. 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.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure).

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.

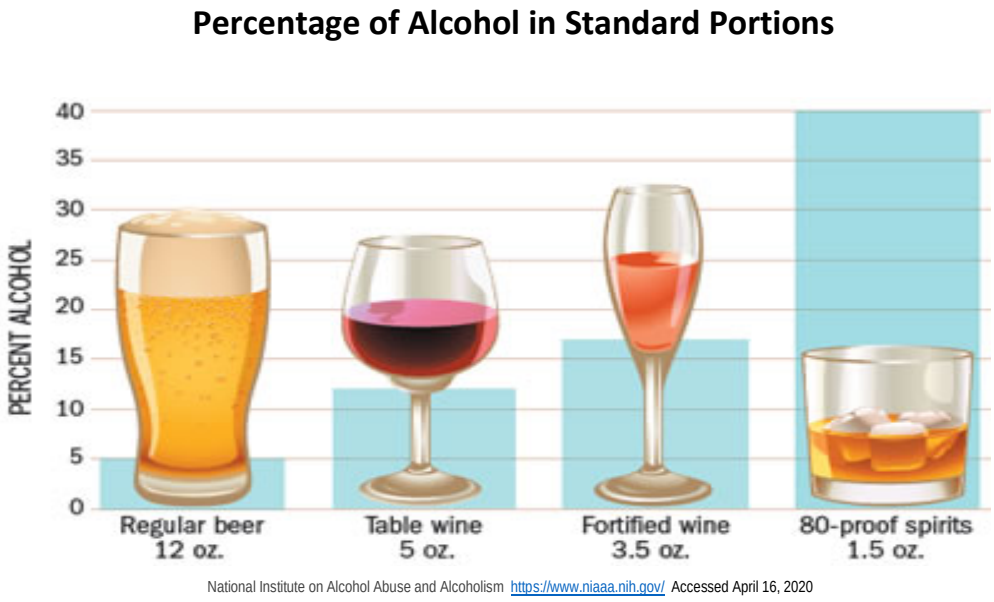


Figure 7. National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health consequences, physical consequences, social consequences, and specific consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled Develop new and improved strategies to prevent drug use and its consequences.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

Stakeholder/Audience

This document can provide useful information to stakeholders from a variety of disciplines: substance use prevention and treatment providers; community coalitions; medical providers; school districts and higher education institutions; city, county, and state leaders; and community members interested in public health and 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 provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in appendix J.

Regional Demographics

Overview of Region

Geographic Boundaries

Region 11 covers 19 counties. This region is home to The Lower Rio Grande Valley (Spanish: Valle del Río Grande), commonly known as the Rio Grande Valley or locally as The Valley, is a socio-cultural region spanning the border of Texas and Mexico located in a floodplain of the Rio Grande near its mouth. The Valley is made up of the four counties of Starr County, Hidalgo County, Willacy County, and Cameron County. Corpus Christi is also part of region 11. It is a coastal city in the South Texas region of the U.S. state of Texas and the county seat and largest city of Nueces County, it also extends into Aransas, Kleberg, and San Patricio Counties. It is 130 miles southeast of San Antonio. Its political boundaries encompass Nueces Bay and Corpus Christi Bay. Its zoned boundaries include small land parcels or water inlets of three neighboring counties. Last, we have Laredo, which is a city in the north bank of the Rio Grande and is located in Webb County. These are major areas in region 11 and the more populated.

The geographical scope of work for PRC Region 11 encompasses 19 counties: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy and Zapata. (see Figure 5).

County	Sq. Miles	County Seat	Number of Zip codes within County
Aransas	528 mi²	Rockport	2
Bee	880 mi²	Beeville	9
Brooks	944 mi²	Falfurrias	2
Cameron	1,276 mi²	Brownsville	16
Duval	918 mi²	San Diego	5
Hidalgo	1,583 mi²	Edinburg	26
Jim Hogg	1,136 mi²	Hebbronville	1
Jim Wells	868 mi²	Alice	5
Kenedy	1,946 mi²	Sarita	2
Kleberg	1,090 mi²	Kingsville	2
Live Oak	1,079 mi²	George West	4
McMullen	1,157 mi²	Tilden	2
Nueces	1,166 mi²	Corpus Christi	24
Refugio	818 mi²	Refugio	5
San Patricio	708 mi²	Sinton	10
Starr	1,229 mi²	Rio Grande City	8
Webb	3,375 mi²	Laredo	9
Willacy	784 mi²	Raymondville	6
Zapata	14,018 mi²	Zapata	3

Demographic Information

Total Population

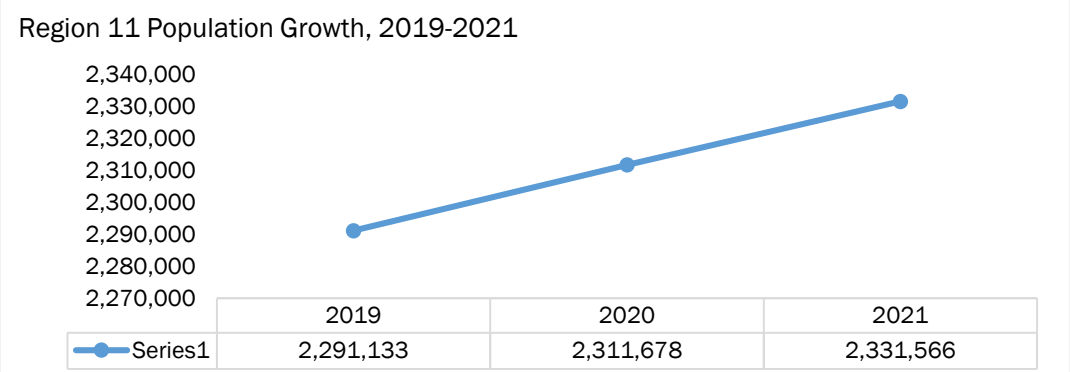
Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2021 population estimate of 30,168,926 people ranks it as the second-most populous state, behind California's.

Hispanics and Latinos are Texas's second largest group after non-Hispanic Europeans, with nearly 8.5 million people. People of Mexican descent account for 30.7% of the total population with 7.3 million residents, although there are also large populations of Puerto Ricans and Cubans. English remains the main first language, but for 27% of Texans, their first language is Spanish.[3]

Table below presents regional components of Texas' significant population increases during the 2010-2021 period. Region 9 leads the growth component, followed closely by Region 6. There was a 10% population growth for Region 11 from 2010 to 2021. There are county breakdowns for population, age, gender, and race/ethnicity located in appendix A.

Regional Population Estimates, 2021

Region	2010 Population	2021 Population Estimates	Growth (+/-)	% Change
Region 1	841,950	903,763	61,813	7%
Region 2	550,845	559,237	8,392	2%
Region 3	6,759,904	8,226,141	1,466,237	22%
Region 4	1,113,321	1,163,913	50,592	5%
Region 5	768,312	786,778	18,466	2%
Region 6	6,115,281	7,707,348	1,592,067	26%
Region 7	2,964,755	3,662,025	697,270	24%
Region 8	2,615,950	3,190,195	574,245	22%
Region 9	572,361	732,218	159,857	28%
Region 10	828,998	905,742	76,744	9%
Region 11	2,112,633	2,331,566	218,933	10%
Texas	25,244,310	30,168,926	4,924,616	20%



[3] World Population Review

Population by Age and Sex

In general, the U.S. population continues to grow older with a median age over 40 years old in many states. At the same time, increases in the number of men at older ages are apparent. Understanding a population's age composition, usually examined by sex, yields insights into changing population conditions and can highlight future social and economic trends. See the information on which survey and programs collect these data.[4]

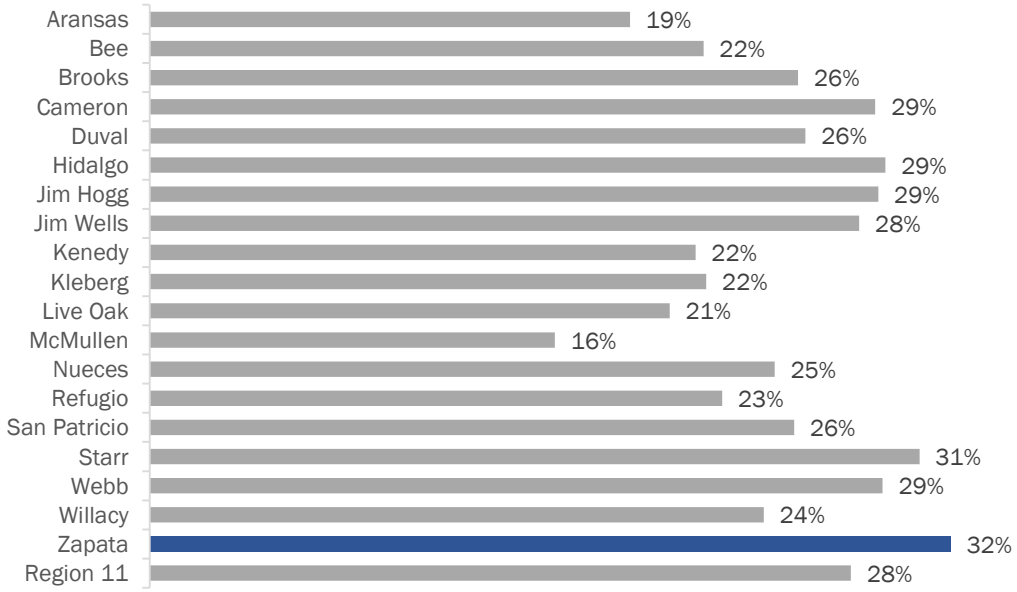
Table below provides information with population estimates by age group. Region 11 had the highest percentage of individuals aged between 0 and 18 years, 28% whereas Region 2 & 4 had the highest percentage of individuals aged 65 or over (19%). There are county breakdowns for population, age, gender, and race/ethnicity located in Appendix A.

Population by Age Group percentage by Region, 2021

Region	2021 Population	% Under 18	% 18-24	% 25-44	% 45-64	% 65+
1	903,763	25%	12%	27%	21%	15%
2	559,237	23%	10%	26%	23%	19%
3	8,226,141	25%	10%	28%	25%	13%
4	1,163,913	23%	8%	25%	24%	19%
5	786,778	23%	9%	26%	24%	18%
6	7,707,348	26%	10%	29%	23%	12%
7	3,662,025	24%	11%	29%	23%	13%
8	3,190,195	25%	10%	28%	22%	15%
9	732,218	27%	10%	30%	20%	13%
10	905,742	27%	10%	27%	22%	14%
11	2,331,566	28%	11%	27%	21%	13%
Texas	30,168,926	25%	10%	28%	23%	14%

[4] United States Census Bureau

Under 18 population percent by county, 2021



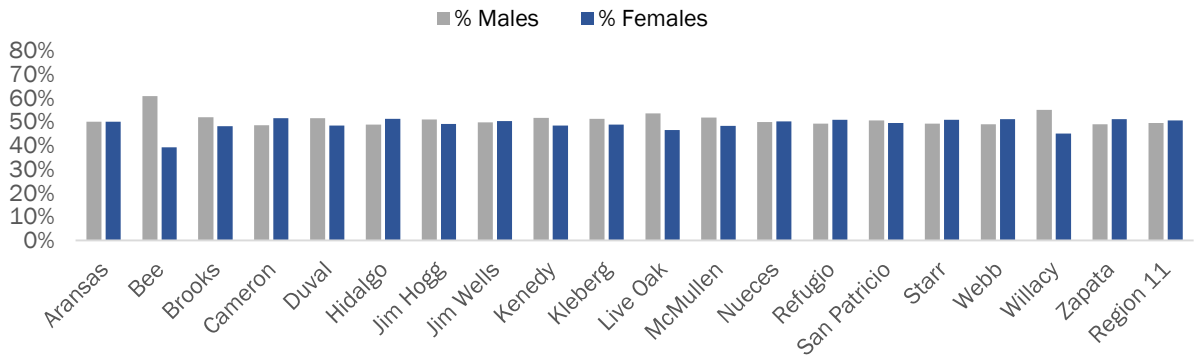
In general discussions, the concept of gender is often confused with the concept of sex, and the terms are used interchangeably. The meanings of these two concepts are not the same: sex is based on the biological attributes of men and women (chromosomes, anatomy, hormones), while gender is a social construction whereby a society or culture assigns certain tendencies or behaviors to the labels of masculine or feminine. These assignments may differ across cultures and among people within a culture, and even across time. Gender may or may not correspond directly to sex--depending on the society or culture or period. That means, for example, that people may associate themselves with femininity (as defined by their culture) while being biologically male. At the Census Bureau, the sex question wording very specifically intends to capture a person's biological sex and not gender. Ambiguity of these two concepts interferes with accurately and consistently measuring what we intend to measure--the sex composition of the population.[5]

Population Percent by Sex by Region, 2021

Region	2021 Population Estimates	Males %	Females %
1	903,763	51%	49%
2	559,237	51%	49%
3	8,226,141	49%	51%
4	1,163,913	50%	50%
5	786,778	51%	49%
6	7,707,348	50%	50%
7	3,662,025	50%	50%
8	3,190,195	50%	50%
9	732,218	52%	48%
10	905,742	49%	51%
11	2,331,566	49%	51%
Texas	30,168,926	50%	50%

[5] United States Census Bureau

Population Percent by Sex in Region 11, 2021



Race/Ethnicity

Ethnic and racial identities are important for many young people, particularly those who are members of minority groups. These dimensions of the self may instill feelings of: Belonging to a particular group or groups. Identification with that group; shared commitment and values.

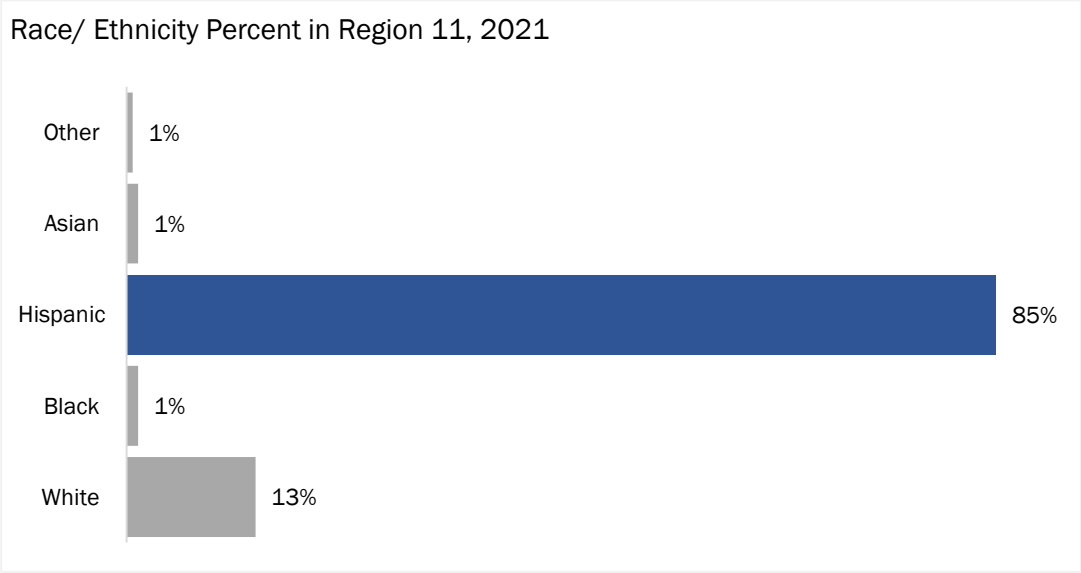
The 2020 Census used the required two separate questions (one for Hispanic or Latino origin and one for race) to collect the races and ethnicities of the U.S. population.

Race and ethnicity highlights in the U.S[6]

- The White population remained the largest race or ethnicity group in the United States, with 204.3 million people identifying as White alone. Overall, 235.4 million people reported White alone or in combination with another group. However, the White alone population decreased by 8.6% since 2010.
- The Two or More Races population (also referred to as the Multiracial population) has changed considerably since 2010. The Multiracial population was measured at 9 million people in 2010 and is now 33.8 million people in 2020, a 276% increase.
- The “in combination” multiracial populations for all race groups accounted for most of the overall changes in each racial category.
- All of the race alone or in combination groups experienced increases. The Some Other Race alone or in combination group (49.9 million) increased 129%, surpassing the Black or African American population (46.9 million) as the second-largest race alone or in combination group.
- The next largest racial populations were the Asian alone or in combination group (24 million), the American Indian and Alaska Native alone or in combination group (9.7 million), and the Native Hawaiian and Other Pacific Islander alone or in combination group (1.6 million).
- The Hispanic or Latino population, which includes people of any race, was 62.1 million in 2020. The Hispanic or Latino population grew 23%, while the population that was not of Hispanic or Latino origin grew 4.3% since 2010.

[6] United States Census Bureau https://www.census.gov/newsroom/press-releases/2021/population-changes-nations-diversity.html

Latest estimates for Region 11 show that 85 percent of the population reported their race/ethnicity as Hispanic, followed by Anglo (13 %); Asian (1 %); Black (1 %); Other (1 %). Counties vary greatly across the region with Aransas county showing 65 percent White compared to Webb and Starr county at 4 percent White. Breakdowns by county can be found in appendix A.



The racial and ethnic distribution of Texas' population is provided below. **Region 11 had the highest percentage of Hispanics with 85% of the population followed by Region 10 with 80% identifying as Hispanic.** Region 2 had the highest percentage of white with 66%. In addition, Region 5 had the highest percentage of Black or African American 19%. The race/ethnicity distribution by county for Region 11 is provided in Appendix A.

Region	2021 Population Estimates	Asian Alone %	Black or African American %	Hispanic or Latino %	White %	Other %
1	903,763	2%	5%	40%	50%	2%
2	559,237	1%	6%	25%	66%	2%
3	8,226,141	7%	16%	29%	46%	3%
4	1,163,913	1%	15%	17%	65%	2%
5	786,778	2%	19%	16%	60%	2%
6	7,707,348	8%	17%	37%	35%	2%
7	3,662,025	5%	10%	30%	52%	3%
8	3,190,195	2%	6%	57%	33%	2%
9	732,218	1%	4%	54%	39%	2%
10	905,742	1%	4%	80%	14%	2%
11	2,331,566	1%	1%	85%	13%	1%
Texas	30,168,926	5%	12%	40%	40%	2%

Limited English Language and Languages Spoken in Home

A "limited English-speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulties with English. By definition, English-only households cannot belong to this group. Previous Census Bureau data products have referred to these households as "linguistically isolated" and "Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English 'very well'." This table is directly comparable to tables from earlier years that used these labels.

A growing body of research suggests that language barriers encountered in health care settings may compromise the quality of care for limited English-proficient (LEP) patients. For example, language barriers appear to decrease access to primary and preventive care, impair patient comprehension, decrease patient adherence, and diminish patient satisfaction. [7] This language barrier become a risk factor for communities and potentially affect the way in which members of the community receive mental health and substance use services among other services provided in the region.

Table below provides regional data on Limited English-Speaking Households. Region 10 had the highest percentage (23%) followed by region 11 (15.8%).

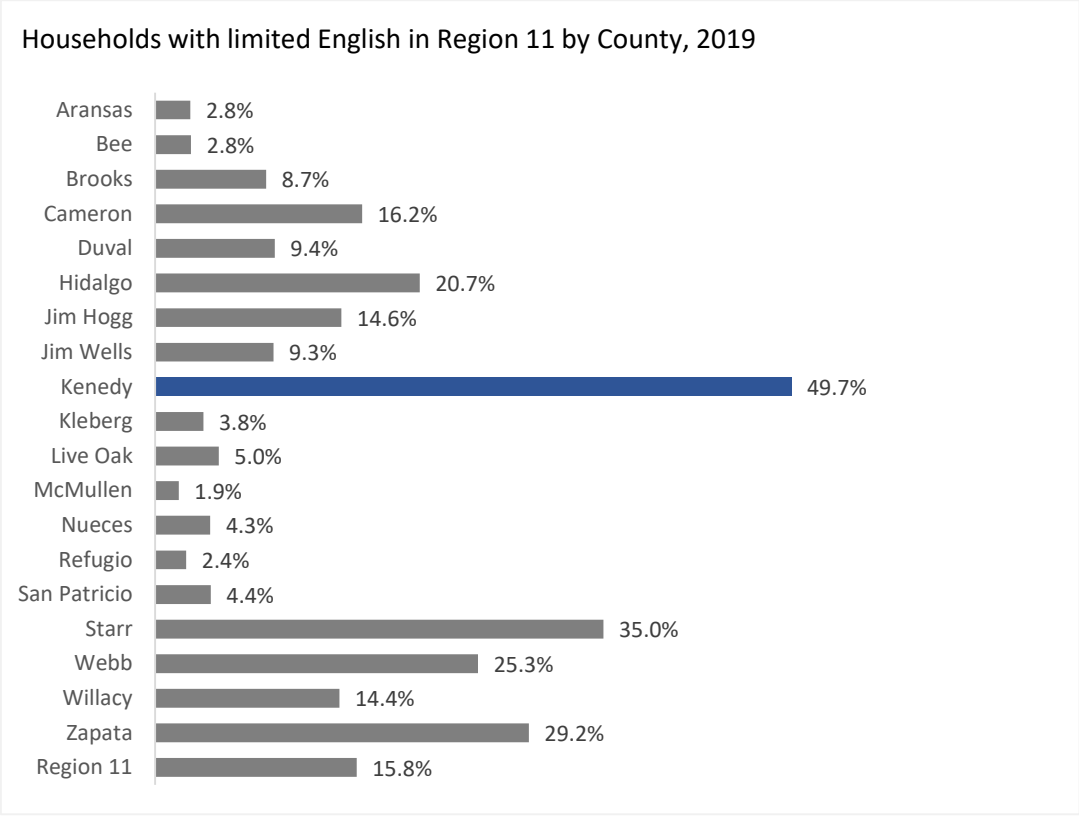
Households with Limited English Percentage by Region

Region	Households 2017-2019	# Households with Limited English	% Households with Limited English
1	311,594	15,040	4.8%
2	203,309	5,502	2.7%
3	2,696,141	182,308	6.8%
4	412,335	10,092	2.4%
5	284,864	7,861	2.8%
6	2,410,735	227,719	9.4%
7	1,234,437	55,769	4.5%
8	975,121	61,000	6.3%
9	216,166	14,100	6.5%
10	277,553	63,815	23.0%
11	672,343	106,001	15.8%
Texas	9,694,598	749,207	7.7%

[7] Wilson E, Chen AH, Grumbach K, Wang F, Fernandez A. Effects of limited English proficiency and physician language on health care comprehension. J Gen Intern Med. 2005;20(9):800-806. doi:10.1111/j.1525-1497.2005. 0174.x

Households with Limited English in Region 11

Figure below provides the percentage by County with households with limited English for the year 2019. Kenedy County had the highest percent 49.7% whereas McMullen had the lowest with only 1.8% of the households.



Language other than English

As the state's demographics shift, the number of languages spoken in Texas households is growing. So are the challenges associated with providing educational services to an increasingly diverse state population. As the state's demographics shift, the number of languages spoken in Texas households is growing — up to 164 in the last U.S. Census count. So are the challenges associated with providing educational services to an increasingly diverse state population.

Of the 23.7 million people in Texas who are five years of age or older, more than a third speaks a language other than English at home. A large majority of those — almost 85 percent — speak Spanish. But changing immigration patterns are increasing the number of other foreign languages spoken in Texas households, from Vietnamese and Chinese to Tagalog, the language spoken in the Philippines.[8]

Language other than English by Region (Population 5 years and older) FY 2019

Region	Population 5 Years and Older	Speak only English	Speak Language other than English	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
1	808,321	74%	26%	23%	1%	2%	1%
2	515,099	85%	15%	13%	1%	1%	0%
3	7,179,149	69%	31%	23%	3%	4%	1%
4	1,071,217	87%	13%	12%	1%	1%	0%
5	727,900	85%	15%	13%	1%	1%	0%
6	6,541,922	61%	39%	29%	3%	5%	1%
7	3,216,555	76%	24%	19%	2%	3%	1%
8	2,748,837	63%	37%	34%	1%	1%	0%
9	593,315	63%	37%	35%	1%	1%	0%
10	795,793	30%	70%	68%	1%	1%	0%
11	2,062,945	31%	69%	68%	0%	1%	0%
Texas	26,261,053	65%	35%	29%	2%	3%	1%

[8] The Texas Tribune, 2015

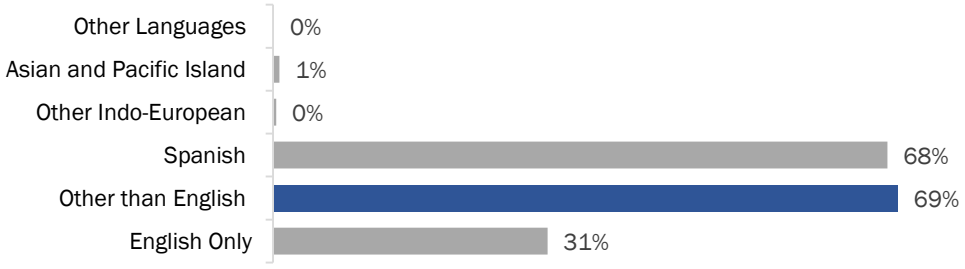
Language other than English by Region (Population 18 years and older) FY 2019

Region	Population 18 Years and Older	Speak only English %	Speak Language other than English %	Spanish %	Other Languages %
1	593,088	79%	21%	20%	2%
2	406,760	87%	13%	11%	2%
3	4,901,033	80%	20%	14%	6%
4	824,199	93%	7%	6%	1%
5	559,372	91%	9%	7%	2%
6	4,292,076	72%	28%	20%	8%
7	2,382,357	82%	18%	13%	4%
8	2,011,921	66%	34%	32%	2%
9	421,053	67%	33%	32%	2%
10	521,985	32%	68%	66%	2%
11	1,267,484	34%	66%	65%	1%
Texas	18,181,328	73%	27%	22%	5%

Population 5 years and older

Below there is regional data about the languages being spoken across the state. Only 31% of the population 5 years and older speak only English in Region 11. 68% speak Spanish and only 1% speak any Asian and Pacific Island languages.

Language other than English Percent, population 5 years and older in Region 11



Language Other than English Percent, population 18 years and older in Region 11

Risk and Protective Factors

All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts.[9]

These factors also influence one another. Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful, because people don't exist in isolation. For example:

In relationships, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.

In communities, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.

In society, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.

Societal Domain

Economic Status

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 median household income, unemployment, TANF recipients, SNAP recipients, free and reduced school lunch, children and adults experiencing homelessness.

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. Lower levels of SES have been found to be associated with higher levels of emotional and behavioral difficulties, higher rates of depression, anxiety, attempted suicide, cigarette dependence, illicit drug use, and episodic heavy drinking among adolescents, higher levels of aggression, hostility, perceived threat, and discrimination for youth; and higher infant mortality.

[9] Substance abuse and mental health services Administration, SAMHSA

Household Income

The median income is the income amount that divides a population into two equal groups, half having an income above that amount, and half having an income below that amount. It may differ from the mean income. The income that occurs most frequently is the income mode.

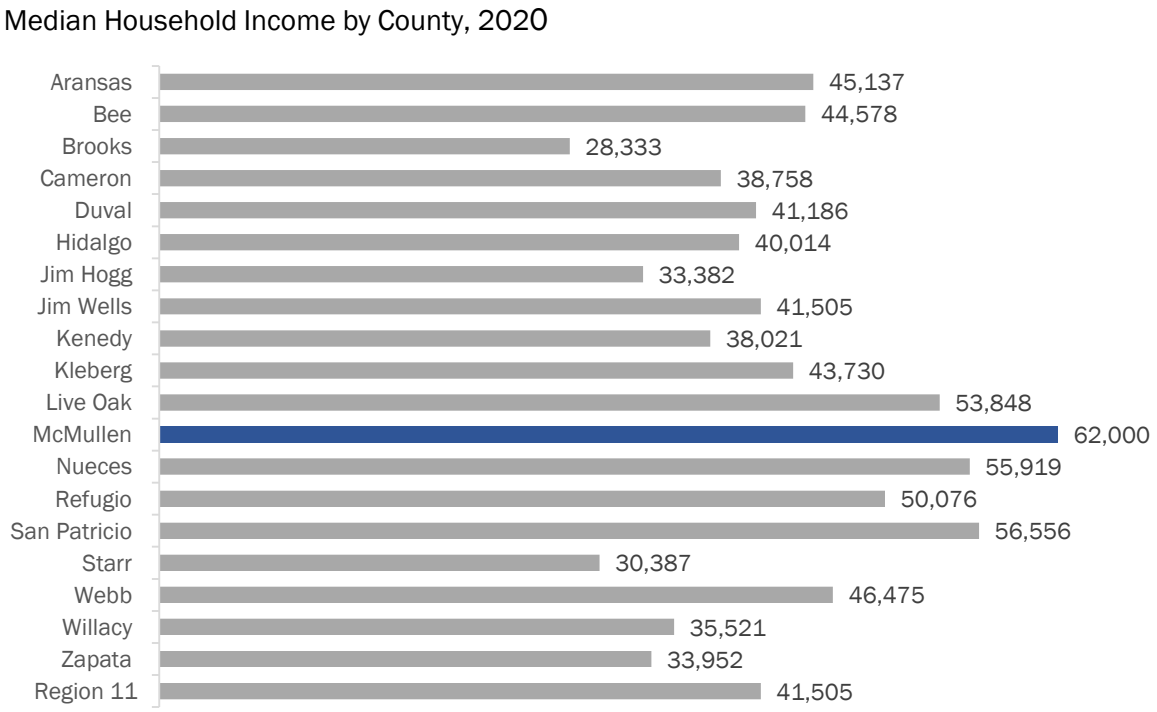
According to the ASEC, the national median household income was $63,179 in 2018, which is not statistically different from the median household income in 2017. Looking at data for national averages, however, may mask important differences by region, race, level of education, or other categories.

You can find this information broken down by County in for Region 11 in Appendix B.

Median Household Income by Region, 2020

Region	Median Household income	Mean Household income
1	49,701	68,111
2	47,650	64,169
3	64,041	87,146
4	50,196	66,470
5	44,370	62,515
6	61,705	86,618
7	53,118	75,216
8	55,678	74,172
9	54,056	74,308
10	42,386	52,428
11	41,505	60,423
Texas	51,371	70,831

Figure below shows that median household income by county for year 2020.



Unemployment

Employment is another important factor in understanding socioeconomics. One of the most important factors related to risk for and protection from substance abuse is the ability to provide for the necessities of life. Research has shown that unemployed people are more likely to have poor health habits, characterized by excess drinking, smoking, lack of exercise, and a sedentary lifestyle. In addition, the Center for Disease Control (CDC), reports the risk of depression is higher among the unemployed than among the employed, but little is known about the relationship between unemployment and mental health among emerging adults.[10]

Employment can be assessed in a variety of ways including the average wages, unemployment rate, and median household income. Below you can find the unemployment rate for Texas and Region 11 for 2020.

County	population 2020	Labor Force	Employed	Unemployed	Unemployment (%)
Aransas	27,699	9,058	8,291	767	8.5%
Bee	34,445	9,906	8,932	974	9.8%
Brooks	7,175	2,601	2,323	278	10.7%
Cameron	427,881	169,074	151,855	17,219	10.2%
Duval	11,796	4,864	4,275	589	12.1%
Hidalgo	870,366	359,969	318,076	41,893	11.6%
Jim Hogg	5,077	1,891	1,711	180	9.5%
Jim Wells	42,890	16,127	14,033	2,094	13.0%
Kenedy	476	184	174	10	5.4%
Kleberg	30,987	13,402	12,277	1,125	8.4%
Live Oak	12,030	5,177	4,791	386	7.5%
McMullen	783	727	707	20	2.8%
Nueces	383,718	163,920	149,232	14,688	9.0%
Refugio	7,573	3,083	2,831	252	8.2%
San Patricio	71,325	29,221	26,223	2,998	10.3%
Starr	64,731	26,319	21,760	4,559	17.3%
Webb	276,183	116,195	106,376	9,819	8.5%
Willacy	22,134	6,597	5,807	790	12.0%
Zapata	14,409	4,600	4,029	571	12.4%
Region 11	2,311,678	942,915	843,703	99,212	10.5%
Texas	29,677,668	13,983,343	12,915,349	1,067,994	7.6%

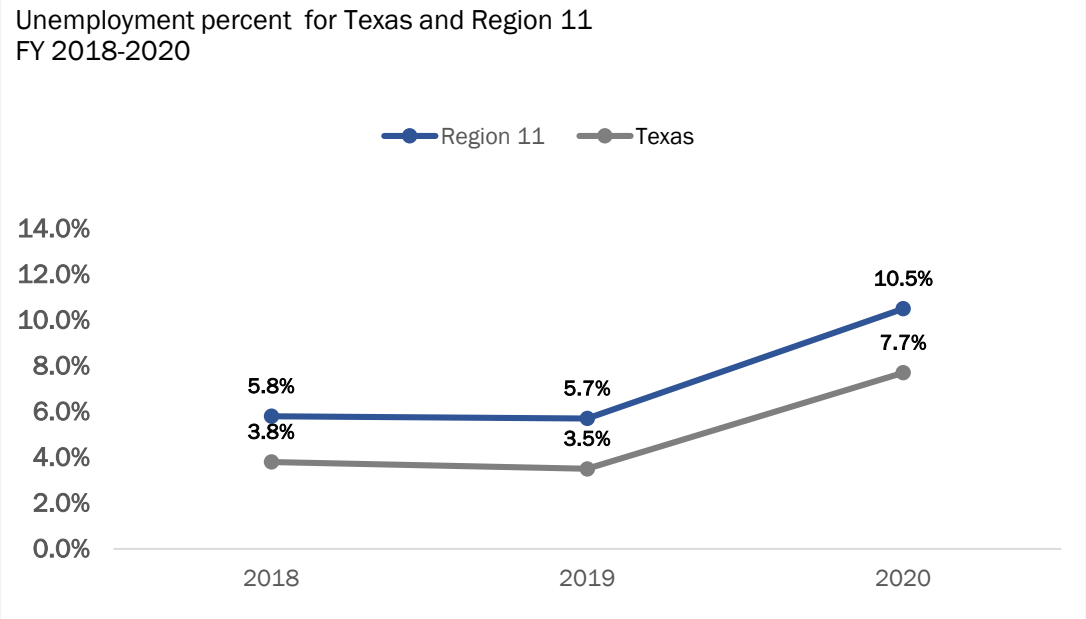
To calculate the U-3 unemployment rate, the number of unemployed people is divided by the number of people in the labor force, which consists of all employed and unemployed people. The ratio is expressed as a percentage.

[10] McGee RE, Thompson NJ. Unemployment and Depression Among Emerging Adults in 12 States, Behavioral Risk Factor Surveillance System, 2010. Prev Chronic Dis 2015; 12:140451. DOI: http://dx.doi.org/10.5888/pcd12.140451.

The unemployment rate is defined as the percentage of unemployed workers in the total labor force. Workers are considered unemployed if they currently do not work, despite the fact that they are able and willing to do so. The total labor force consists of all employed and unemployed people within an economy. The unemployment rate provides insights into the economy's spare capacity and unused resources. Unemployment tends to be cyclical and decreases when the economy expands as companies contract more workers to meet growing demand. Unemployment usually increases as economic activity slows.[11]

Unemployment by Region, 2020

Region	Population 2020	Labor Force	Employed	Unemployed	%
1	709,171	418,680	406,711	11,969	2.9%
2	196,740	241,021	233,505	7,516	3.1%
3	5,758,981	4,131,402	3,996,928	134,474	3.3%
4	521,646	510,515	491,875	18,640	3.7%
5	586,374	321,758	305,657	16,101	5.0%
6	6,974,316	3,501,270	3,368,308	132,962	3.8%
7	955,216	1,831,991	1,779,007	52,984	2.9%
8	724,060	1,429,055	1,383,655	45,400	3.2%
9	511,398	344,515	335,706	8,809	2.6%
10	898,917	373,804	359,457	14,347	3.8%
11	2,311,678	942,915	843,703	99,212	10.5%
Texas	29,677,668	14,046,926	13,504,512	542,414	3.9%



[11] Economic Indicator. Unemployment Rate

TANF 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.

In 2020, there were 414 recipients per 100,000 persons receiving Temporary Assistance for Needy Families (TANF) in Region 11. Counties ranged from 20 recipients per 100,000 persons in Kenedy to 680 recipients per 100,000 persons in Hidalgo County.

TANF Recipients by County, 2020

County	Population 2020	Recipients	Rate 100k	Average Payment
Aransas	27,699	35	126	$ 82.32
Bee	34,445	43	125	$ 92.02
Brooks	7,175	21	293	$ 82.47
Cameron	427,881	1,895	443	$ 70.75
Duval	11,796	9	76	$ 78.24
Hidalgo	870,366	5,916	680	$ 66.68
Jim Hogg	5,077	1	20	$ 59.97
Jim Wells	42,890	55	128	$ 83.43
Kenedy	476	0	0	$ -
Kleberg	30,987	68	219	$ 88.18
Live Oak	12,030	7	58	$ 85.11
McMullen	783	0	0	$ -
Nueces	383,718	509	133	$ 81.90
Refugio	7,573	5	66	$ 52.57
San Patricio	71,325	106	149	$ 83.32
Starr	64,731	235	363	$ 72.18
Webb	276,183	597	216	$ 69.83
Willacy	22,134	39	176	$ 72.77
Zapata	14,409	38	262	$ 67.38
Region 11	2,311,678	9,579	414	$ 69.00
Texas	29,677,668	30,297	102	$ 78.00

TANF Recipients per 100k, Regional Comparison

Region	Population 2020	Recipients	Rate 100k
1	709,171	837	118
2	196,740	726	369
3	5,758,981	4,969	86
4	521,646	1,159	222
5	586,374	834	142
6	6,974,316	4,669	67
7	955,216	2,328	244
8	724,060	3,200	442
9	511,398	565	110
10	898,917	1,376	153
11	2,311,678	9,579	414
Texas	29,677,668	30,242	102

SNAP Recipients

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.[12]

[12] United States Department of Agriculture, Food and Nutrition Service, Supplemental Nutrition Assistance Program (SNAP). https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap. Last Published April 25, 2018. Accessed June 14, 2018.

SNAP Recipients Rate per 100,000 by County FY 2020

County	Population 2020	Number of Cases	Number of Recipients	Avg Payment / Case	Rate per 100,000
Aransas	27,699	1,648	3,302	267	11,921
Bee	34,445	2,331	5,236	295	15,201
Brooks	7,175	1,104	2,418	285	33,700
Cameron	427,881	41,957	101,661	318	23,759
Duval	11,796	1,453	3,174	281	26,907
Hidalgo	870,366	85,869	215,681	343	24,780
Jim Hogg	5,077	566	1,420	322	27,969
Jim Wells	42,890	4,175	9,874	303	23,022
Kenedy	476	16	40	195	8,403
Kleberg	30,987	2,781	6,133	291	19,792
Live Oak	12,030	624	1,382	284	11,488
McMullen	783	32	63	263	8,046
Nueces	383,718	28,938	62,163	290	16,200
Refugio	7,573	470	1,036	275	13,680
San Patricio	71,325	5,142	12,008	300	16,836
Starr	64,731	8,837	20,736	301	32,034
Webb	276,183	25,817	68,122	364	24,666
Willacy	22,134	2,217	4,930	279	22,273
Zapata	14,409	1,717	4,437	344	30,793
Region 11	2,311,678	215,694	523,816	295	22,660
Texas	29,677,668	1,508,748	3,419,984	303	11,524

Free and reduced school lunch recipients

The percentage of students receiving free or reduced-price lunch is often used as a proxy measure for the percentage of students living in poverty. While the percentage of students receiving free or reduced-price lunch can provide some information about relative poverty, it should not be confused with the actual percentage of students in poverty enrolled in school.

In 2012, just over half of public-school children were eligible for free/reduced price lunches. In contrast, the actual poverty rate of public-school students was 22 percent. Despite the correlation between the two measures, it is important to understand that they differ in important ways and that the difference is growing.[13]

Students receiving Free and Reduced Lunch, 2019-2020

County Name	Total Students, All Grades (Excludes AE) [Public School] 2019-20	Students receiving Free/Reduced	Free Lunch Eligible [Public School] 2019-20	Reduced-price Lunch Eligible Students [Public School] 2019-20
Aransas	2,829	68%	58%	10%
Bee	5,332	83%	81%	2%
Brooks	1,568	81%	81%	0%
Cameron	105,066	85%	79%	6%
Duval	2,645	80%	79%	0%
Hidalgo	224,953	85%	84%	1%
Jim Hogg	1,156	85%	75%	10%
Jim Wells	8,015	71%	69%	2%
Kenedy	64	61%	61%	0%
Kleberg	5,515	65%	63%	1%
Live Oak	1,707	66%	62%	4%
McMullen	289	27%	20%	7%
Nueces	63,141	66%	63%	3%
Refugio	1,270	63%	60%	3%
San Patricio	14,156	66%	64%	2%
Starr	17,387	92%	91%	1%
Webb	69,407	82%	81%	0%
Willacy	4,165	86%	86%	0%
Zapata	3,522	86%	86%	0%
Region 11	532,187	81%	79%	2%

[13] National Center for Education Statistics, 2015

Free and reduced lunch by race/ethnicity in Region 11, 2019-2020

County Name	Total Students, All Grades 2019-20	Nat. Hawaiian or Other Pacific Isl. Students2019-20	White Students 2019-20	Black or African American Students 2019-20	Hispanic Students 2019-20	Asian or Asian/Pacific Islander Students 2019-20	American Indian/Alaska Native Students 2019-20
Aransas	2,966	0.1%	49%	1.4%	44%	2.1%	0.4%
Bee	5,438	0.1%	16%	2.2%	80%	0.5%	0.1%
Brooks	1,506	0.0%	1%	0.1%	98%	0.3%	0.1%
Cameron	103,533	0.0%	3%	0.2%	97%	0.3%	0.1%
Duval	2,649	0.0%	3%	0.2%	97%	0.2%	0.0%
Hidalgo	223,849	0.0%	1%	0.2%	98%	0.5%	0.0%
Jim Hogg	1,153	0.0%	2%	0.3%	97%	0.1%	0.1%
Jim Wells	8,015	0.0%	13%	0.5%	86%	0.3%	0.0%
Kenedy	73	0.0%	19%	5.5%	73%	0.0%	0.0%
Kleberg	5,318	0.1%	14%	2.4%	82%	0.9%	0.1%
Live Oak	1,789	0.1%	38%	0.5%	60%	0.2%	0.2%
McMullen	288	0.0%	60%	0.0%	38%	1.4%	0.3%
Nueces	62,865	0.1%	18%	3.0%	76%	1.5%	0.1%
Refugio	1,304	0.0%	29%	6.1%	64%	0.3%	0.2%
San Patricio	14,026	0.1%	27%	1.3%	69%	1.1%	0.3%
Starr	17,557	0.0%	0%	0.0%	100%	0.1%	0.0%
Webb	69,129	0.0%	0%	0.1%	99%	0.3%	0.0%
Willacy	4,147	0.0%	2%	0.2%	97%	0.2%	0.1%
Zapata	3,549	0.0%	1%	0.0%	99%	0.1%	0.0%
Region 11	529,154	0.0%	5%	0.6%	93%	0.6%	0.1%

Children Experiencing Homelessness

Children enrolled in public schools

According to a study that examined individual, interpersonal and contextual factors associated with substance use among youth found that high frequency of substance use was related to a number of risk factors. As expected, youth who frequently used substances were more likely to report emotional distress, delinquency, and exhibit a tendency toward sensation-seeking. They had also been more consistently homeless, spent more time homeless, and experienced greater contextual stressors.

The relationship between homelessness, substance use, delinquency, experiences of violence, and poor mental health among youth are complex and often have the effect of constraining their future opportunities. Hence, early intervention and treatment for frequent substance use for this group is imperative, and likely to lead to improved well-being and quality of life. In addition, the current study

suggests that housing young people and providing services to curb delinquency are important factors in protecting youth from becoming frequent substance users.[14]

Table below that contains the total enrollment counts, the number of disadvantaged students, and the number of homeless students. Data for the homeless student population is from the 2019-2020 school year. The data is summarized by county, and HHSC regions for the entire state. Values will be masked in order to comply with the Family Educational Rights and Privacy Act (FERPA). Values masked will be replaced by the value "--".

Below you can find the rate of homeless students per 1,000 by County for school year 2019-2020. Region 11 had a total of 6,636 homeless students.

Homeless Students Rate per 1,000 by Region, 2019-2020

County	Total Enrollment	Economically Disadvantage	Total Homeless Students	Rate
Aransas	2,966	1,920	184	62
Bee	5,438	4,408	136	25
Brooks	1,506	1,267	26	17
Cameron	95,305	80,498	1,959	21
Duval	2,649	2,114	--	
Hidalgo	250,190	214,631	2,026	8
Jim Hogg	1,153	980	--	
Jim Wells	8,015	6,208	201	25
Kenedy	73	39	0	0
Kleberg	5,012	3,306	--	
Live Oak	1,789	1,130	--	
McMullen	288	79	0	0
Nueces	61,009	39,277	948	16
Refugio	1,304	802	52	40
San Patricio	13,974	9,291	171	12
Starr	16,521	14,902	--	
Webb	67,267	55,529	620	9
Willacy	4,147	3,596	138	33
Zapata	3,549	3,033	175	49
Region 11	542,155	443,010	6,636	12

[14] 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.

Adults Experiencing Homelessness

Homelessness among single adults, like homelessness among other populations, is a result of the lack of affordable, available housing. Because of the cost of housing and inadequate incomes, even a temporary financial or life crisis — such as losing a job, the end of a relationship, death of a partner, or health emergency — can result in a loss of housing and homelessness. However, the experience of homelessness for this population is most often brief and non-recurring. Despite common stereotypes, most homeless single adults do not suffer from chronic mental illness, substance abuse, or other disabling conditions. Most are homeless for a relatively short time before reconnecting to housing.[15]

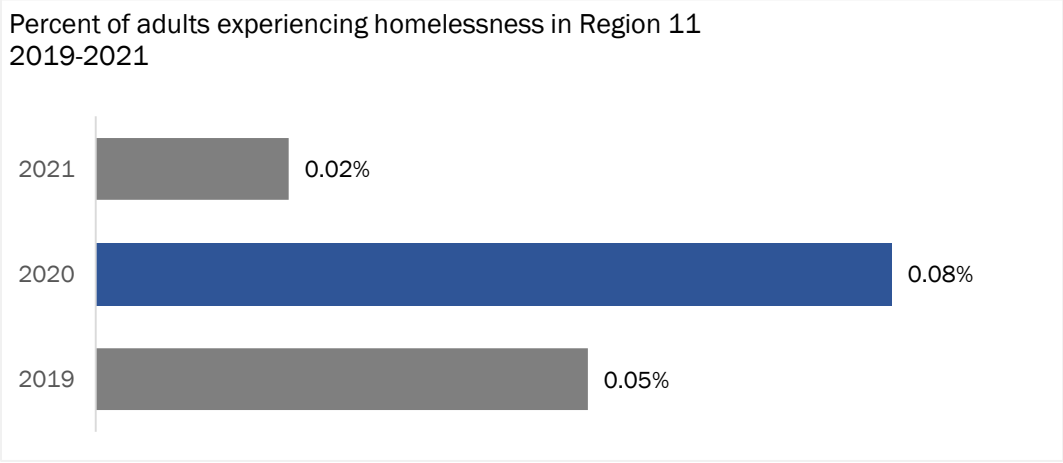
On a single night in January 2020:

- 408,891 single adults were homeless in the United States.
- 51 percent or 209,413 were unsheltered, marking the first time there are more individuals living unsheltered than in shelter.
- 49 percent or 199,478 were sheltered—that is, had temporary beds to sleep in.
- 70 percent were men; 29 percent were women, and 1 percent identified as transgender or gender non-conforming.

Homelessness in Region 11

As stated in the report, “In an effort to promote safety during the global pandemic, the Continuum of Care board voted to cancel the 2021 Unsheltered count. Some communities opted to conduct an observation count of those experiencing unsheltered homelessness; however, this data is not as accurate as doing the full unsheltered count. It is also important to consider that while the sheltered count occurred as normal, the surveys were shortened in order to limit the amount of time required for face-to-face interaction."

Count was taken in January of every year. Each year one count spanned across 2 regions. Each count is separated by county(s) and region. There is a difference for 2021 compared to previous years due to Covid.

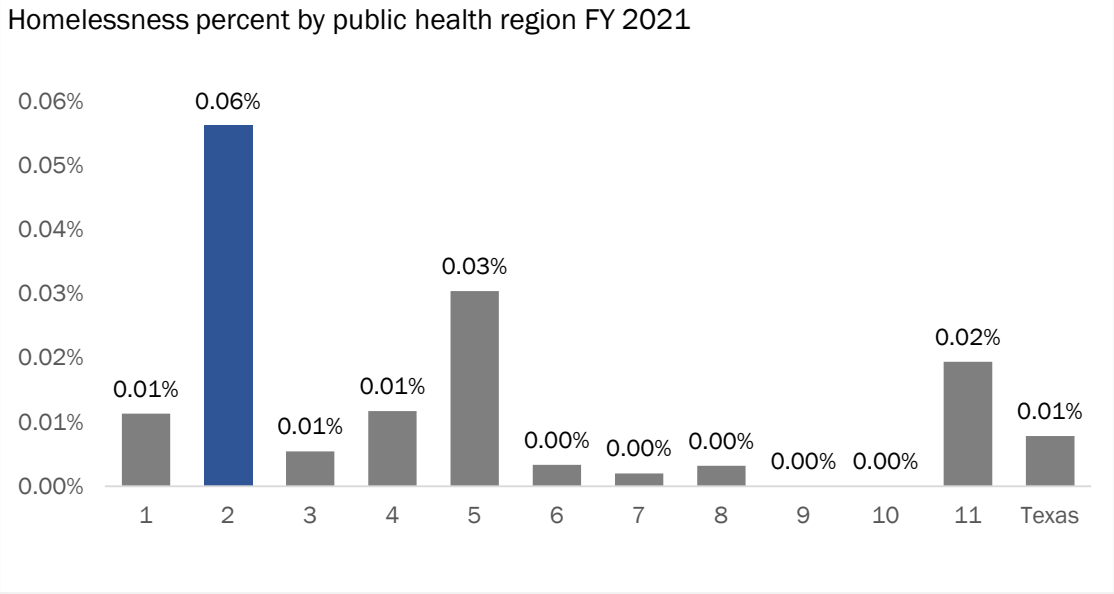


[15] The U.S. Department of Housing and Urban Development

Table below provides the percent of adults experiencing homelessness in each region. Region 2 had the highest percentage of adults experiencing homelessness in 2021 with .06%. You can find county data for Region 11 in appendix B.

Number of adults experiencing homelessness by Region FY 2019-2021

Region	FY 2019	FY 2020	FY 2021
1	0.03%	0.04%	0.01%
2	0.04%	0.07%	0.06%
3	0.01%	0.01%	0.01%
4	0.07%	0.17%	0.01%
5	0.04%	0.07%	0.03%
6	0.00%	0.01%	0.00%
7	0.01%	0.06%	0.00%
8	0.01%	0.01%	0.00%
9	0.09%	0.07%	0.00%
10	0.00%	0.00%	0.00%
11	0.05%	0.08%	0.02%
Texas	0.02%	0.02%	0.01%



Community Domain

Educational Attainment of Community

Educational attainment refers to the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending. Annual tables on educational attainment from the Current Population Survey's Annual Social and Economic supplement (ASEC).[16]

A person's educational attainment is one of the most important determinants of his or her life chances in terms of employment, income, health status, housing, and many other amenities. They are unlikely to catch up without major educational interventions on their behalf. Table below illustrates the percentage of educational attainment for the year 2019. Region 11 has similar percentages for each level of educational attainment (less than high school 27.9%); (High School Graduate 27.9%) and (Some College with 28.1%). The percentage for higher education in Region 11 (this includes a Bachelor's degree or higher) is only 16%.

Educational attainment by Region, 2019

Region	Population 18 +	< Less than HG	HG Graduate/GED	Some College/Associates	BA/BS or Higher
1	646,410	17%	29%	34%	21%
2	423,650	15%	34%	33%	18%
3	5,703,268	14%	24%	30%	32%
4	871,780	16%	33%	34%	18%
5	594,691	16%	36%	33%	16%
6	5,181,073	16%	25%	30%	30%
7	2,633,532	11%	24%	32%	33%
8	2,203,942	16%	28%	32%	24%
9	468,517	20%	31%	31%	18%
10	625,961	20%	25%	34%	21%
11	1,569,587	28%	28%	28%	16%
Texas	20,922,411	16%	26%	31%	27%

Community Conditions

The influence of the environment, especially during childhood, is a very important factor. Parents or older family members who abuse alcohol or drugs, or who engage in criminal behavior, can increase children's risks of developing their own drug problems. Friends and acquaintances can have an increasingly strong influence during adolescence. Drug-using peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put a child at further risk for using or becoming addicted to drugs.[17]

[16] United States Census Bureau

[17] Galvin, D. M., Miller, T. R., Spicer, R. S., & Waehrer, G. M. (2007). Substance abuse and the uninsured worker in the United States. Journal of public health policy, 28(1), 102-117.

Juvenile Criminal Activity

The Texas Juvenile Justice Department's (TJJD) annual activity report provides information regarding the magnitude and nature of juvenile criminal activity and the juvenile probation system's response. This information is offered to assist the state's effort in improving the juvenile justice system and reducing juvenile crime in Texas.

State Information

In calendar year 2017, a higher proportion of African American youth were formally processed by the juvenile court and received a disposition of probation, TJJD commitment or Adult Certification compared to youth of other races or ethnicity. Of African American youth, 28.3 % received probation, and an additional 3.0% received a disposition of TJJD commitment or Adult Certification. The comparable percentages for Caucasian youth were 23.6% and 1.5 %, respectively.

With respect to the seriousness of the offenses resulting in disposition, about a quarter of dispositions were for a felony offense, and more than half of dispositions were for a misdemeanor offense. For 26.4% of African American and 26.0% of Caucasian.

A youth may be referred multiple times in a year. In calendar year 2017, 38,559 juveniles accounted for 53,522 formal referrals to juvenile probation departments. Importantly, despite an increase in the juvenile population of Texas, referrals to juvenile probation departments continue to decline.

Juvenile Population

The Texas juvenile justice system serves youth between the ages of 10 and 16. Youth ages 17 and older fall under the jurisdiction of the juvenile justice system only if their alleged offense was committed when the youth was 16 years old or younger or for a violation of a juvenile court order if the youth is still under supervision.

Referral

An event that occurs when all 3 of the following conditions exist: (1) a juvenile has allegedly committed delinquent conduct, conduct indicating a need for supervision, or a violation of probation; (2) the juvenile court served by the juvenile probation department has jurisdiction and (3) the office or official designated by the juvenile board has made face-to-face contact with the juvenile and the alleged offense has been presented as the reason for this contact or the office or official has given written or verbal authorization to detain the juvenile

Dispositions

A disposition option in which a juvenile who has been found to engage in delinquent conduct and/or conduct in need of supervision is formally placed on probation under the supervision of the juvenile court for a specific period. Below you can find the total dispositions by county in Region 11 for year 2019.

Total Number of Dispositions by County in Region 11, 2019

County	Deferred	Probation	Commitment	Adult Certification	Total Dispositions
Aransas	19	6	0	1	34
Bee	21	33	1	0	77
Brooks	0	25	0	0	36
Cameron	195	413	20	23	1,299
Duval	10	16	0	0	27
Hidalgo	684	339	23	4	1,668
Jim Hogg	1	2	0	0	3
Jim Wells	85	17	0	0	209
Kenedy	0	0	0	0	0
Kleberg	27	27	0	0	119
Live Oak	7	4	1	0	20
Maverick	28	13	1	0	84
Nueces	222	94	16	2	1,428
Refugio	3	0	0	0	5
San Patricio	66	36	1	0	158
Starr	100	24	0	0	197
Webb	141	338	11	2	1,301
Willacy	21	15	1	0	48
Zapata	67	5	0	0	88
Region 11	1,697	1,407	75	32	6,801
Texas	14,089	12,553	750	139	55,474

Probation

According to the State of Juvenile Probation Activity in Texas, there were 39,154 juvenile referred to juvenile departments in calendar 2018. The majority, 62% of juveniles referred had no prior referrals. Of the juveniles referred, 38.0% had at least one prior referral. Of the juveniles with a referral history, 41.3% had only one prior referral, while 27.3% had four or more referrals. In addition, of youth with a referral history, 50.7% had at least one referral for a prior felony offense, 23.7% a referral for a prior violent felony, and 25.5% a referral for a prior violation of probation.

Juvenile Referral Rate per 1,000 in Region 11 FY 2019 (16 and under)

County	2019 Juvenile Population	Violent Felony	Other Felony	Mids. A & B	Total Referrals	Referral Rate/1,000	Youth Referred
Aransas	2,232	5	5	20	31	13.9	27
Bee	3,394	8	8	32	63	18.6	44
Brooks	873	4	7	15	29	33.2	26
Cameron	61,414	119	341	637	1,435	23.4	1,084
Duval	1,349	2	2	9	16	11.9	15
Hidalgo	132,807	214	343	809	1,762	13.3	1,341
Jim Hogg	689	0	0	1	1	1.5	1
Jim Wells	5,203	30	56	149	242	46.5	166
Kenedy	32	0	0	0	0	0.0	0
Kleberg	3,837	16	18	56	119	31.0	81
Live Oak	1,186	2	7	4	19	16.0	13
McMullen	53	38	0	1	0	1.0	0
Nueces	43,098	178	253	880	1,501	34.8	886
Refugio	715	2	7	4	15	21.0	13
San Patricio	8,389	12	21	75	134	16.0	101
Starr	9,293	17	47	103	191	20.6	158
Webb	41,809	95	255	656	1,220	29.2	810
Willacy	2,552	3	5	32	45	17.6	38
Zapata	2,184	9	19	42	91	41.7	72
Region 11	321,109	720	1,432	3,587	7,026	21.9	4,953
Texas	2,864,996	6,503	10,474	26,369	54,137	18.9	39,185

Alcohol Related Arrests

Substance abuse involving drugs, alcohol, or both has been associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. In addition, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs, exceed $600 billion annually.

One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs and crime.

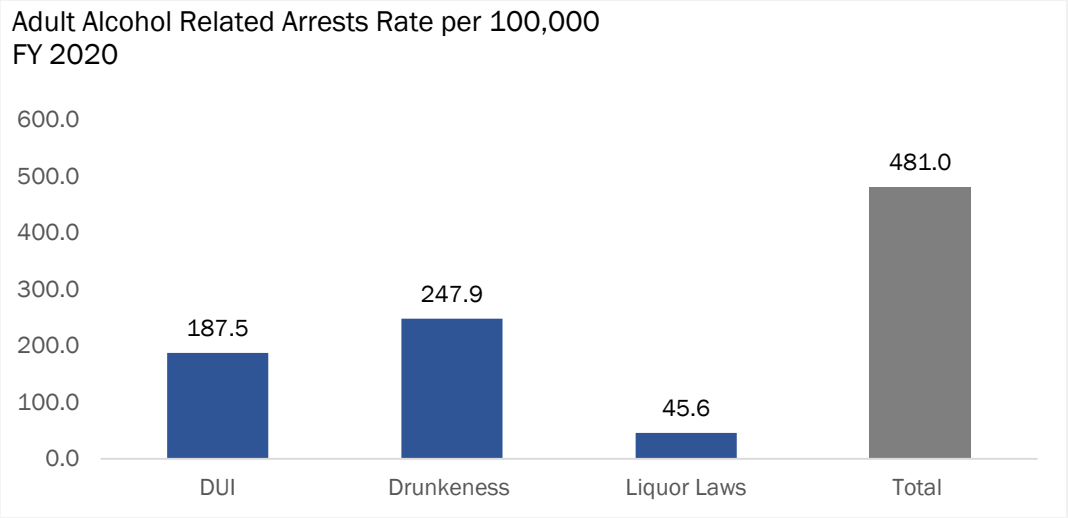
Alcohol and drugs are implicated in an estimated 80% of offenses leading to incarceration in the United States such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses.[18]

[18] Office of Disease Prevention and Health Promotion (ODPHP), Healthy People.gov., Substance Abuse. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse. Accessed July 5, 2019.

Figures and tables below highlight the total numbers of alcohol related arrests for the adult population as well as the rate for the year 2020 in Region 11. There was a total of 11,120 alcohol related arrests in 2020. These include (DUI, Drunkenness and Liquor Law Violations).

Adult Alcohol Related Arrests Rate per 100,000

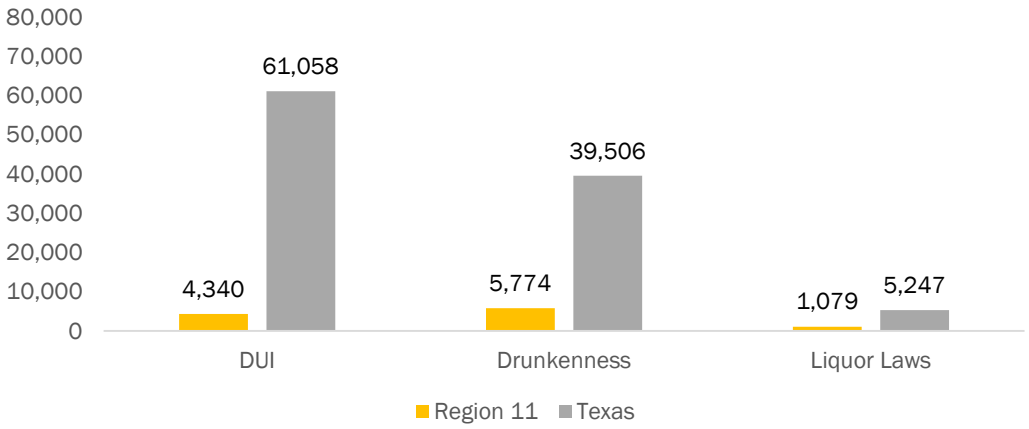
Substance	FY 2020	Rate
DUI	4,335	187.5
Drunkenness	5,731	247.9
Liquor Laws	1,054	45.6
Total	11,120	481.0



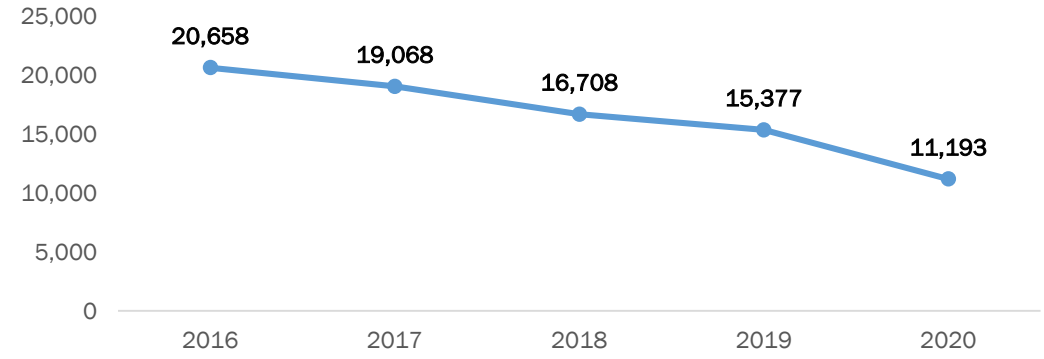
Adult Alcohol Related Arrests

The number of all alcohol related arrests in Texas decreased 1.9 percent from 144,790 in 2015 to 142,023 in 2018. During the same period arrests for Driving Under the Influence increased 12.8 percent from 65,609 to 74,001, arrests for Drunkenness decreased 15 percent from 69,264 to 58,865 and Liquor Law arrests decreased 7.7 percent from 9,917 to 9,157. According to the Uniform Crime Report, there were 11,193 adults arrested for alcohol-related offenses in 2020 in Region 11. These offenses include DUIs, liquor law, and drunkenness violations. The breakdown by offense and county can be found in Appendix C.

Number of Alcohol Related Arrests in Region 11 and Texas by Offense, 2020



Total Alcohol Related Arrests from 2016-2020 in Region 11 (All offenses combined)



DWI Incarcerations Rate

Table below provides information about the total number of DWIs incarcerations for region 11. The rate per 100,000 is also provided below. In total, there were 308 DWI arrests in 2020, most of these arrests (95.4%) were male arrests.

Incarcerations rate per 10,000 by County in Region 11 FY 2018-2020

County	2018	2019	2020
Aransas	1.96	1.84	1.08
Bee	3.92	2.92	2.32
Brooks	1.32	2.79	2.79
Cameron	1.83	1.92	1.31
Duval	3.21	1.69	0.00
Hidalgo	2.38	2.47	1.62
Jim Hogg	0.00	0.00	0.00
Jim Wells	0.23	0.94	0.47
Kenedy	0.00	0.00	21.01
Kleberg	2.01	3.87	2.26
Live Oak	3.39	0.00	4.16
McMullen	0.00	0.00	0.00
Nueces	2.30	1.87	1.36
Refugio	5.33	3.97	2.64
San Patricio	2.36	2.12	1.26
Starr	1.04	0.62	0.31
Webb	0.07	0.04	0.07
Willacy	1.55	0.90	0.90
Zapata	0.00	0.00	0.00
Region 11	1.89	1.86	1.27

Juvenile Alcohol Related Arrests

Minors can be charged as adults for alcohol and drug related offenses. Driving while intoxicated (DWI) is a problem that affects all Texans. Texas enacted laws to discourage drivers from drinking and driving and make Texas roads safer. Texas established ZERO TOLERANCE for minors who commit any alcohol related offenses.

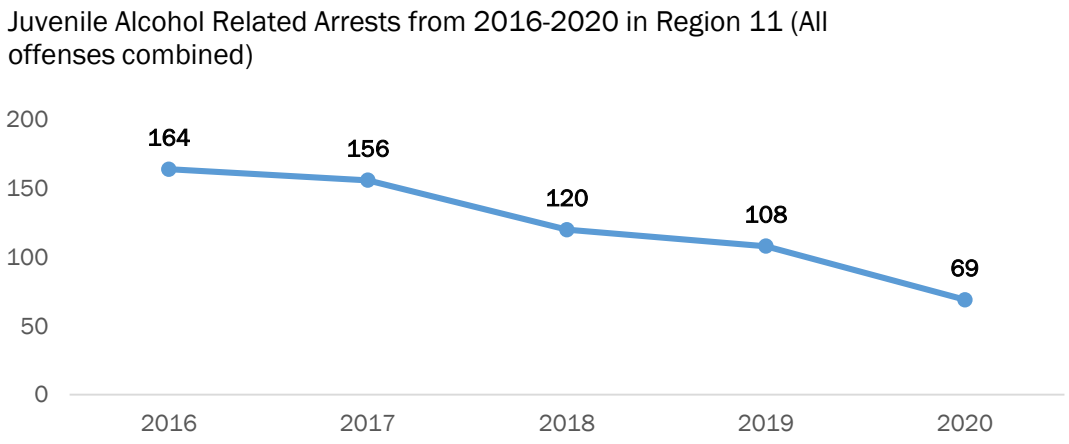
Texas defines a "minor" as someone under 21 years of age. A minor may not purchase, attempt to purchase, consume, or possess an alcoholic beverage. If a minor has ANY detectable amount of alcohol in their system while operating a motor vehicle on a public street, it is a criminal offense of Driving Under the Influence of Alcohol by a Minor (DUIA by a Minor).

The 0.08% BAC legal limit of intoxication does not apply to minors. If the minor does not have a driver license, driving privileges are denied for the same period as the suspension.[19]

According to the Uniform Crime Report, in Region 11 there were 69 minors arrested for alcohol-related offenses in 2020. Below there is a breakdown by year with offenses including DUIs, liquor law, and drunkenness violations. The breakdown by offense and county can be found in Appendix C.

Juvenile Arrests Rate per 1,000 by offense, 2020

Substance	FY 2020	Rate
DUI	3	0.000
Drunkenness	41	0.006
Liquor Laws	25	0.004
Total	69	0.011



[19] Texas Department of Public Safety

Drug Incarcerations

Our nation's prison population has exploded beyond capacity and most inmates are in prison, in large part, because of substance abuse:

• 80% of offenders abuse drugs or alcohol.

• Nearly 50% of jail and prison inmates are clinically addicted.

• Approximately 60% of individuals arrested for most types of crimes test positive for illegal drugs at arrest.

The relationship between drugs and crime is complex, and one question is whether drug use leads people into criminal activity or whether those who use drugs are already predisposed to such activity. Many illegal drug users commit no other kinds of crimes, and many persons who commit crimes never use illegal drugs. However, at the most intense levels of drug use, drugs and crime are directly and highly correlated and serious drug use can amplify and perpetuate preexisting criminal activity.[20]

Adult Arrests Rate for Drug/Narcotics

In 2020, the Sheriff's Office and city agencies reported a total of 8,546 arrests related to possession of drugs in Region 11. The breakdown by county can be found below.

**The information presented below is data from the Sheriffs' office and city police departments. No data available for Zapata County.*

Number of drug related arrests in Region 11 by County (Rate per 100,000)

County	Population 2020	Arrests	Rate
Aransas	27,699	154	556
Bee	34,445	236	685
Brooks	7,175	37	516
Cameron	427,881	1,035	242
Duval	11,796	19	161
Hidalgo	870,366	2,634	303
Jim Hogg	5,077	10	197
Jim Wells	42,890	347	809
Kenedy	476	1	210
Kleberg	30,987	290	936
Live Oak	12,030	45	374
McMullen	783	6	766
Nueces	383,718	2,057	536
Refugio	7,573	145	1,915
San Patricio	71,325	358	502
Starr	64,731	181	280
Webb	276,183	908	329
Willacy	22,134	83	375
Zapata	14,409		
Region 11	2,311,678	8,546	370

[20] Office of Disease Prevention and Health Promotion (ODPHP), Healthy People.gov., Substance Abuse. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse. Accessed July 5, 2019.

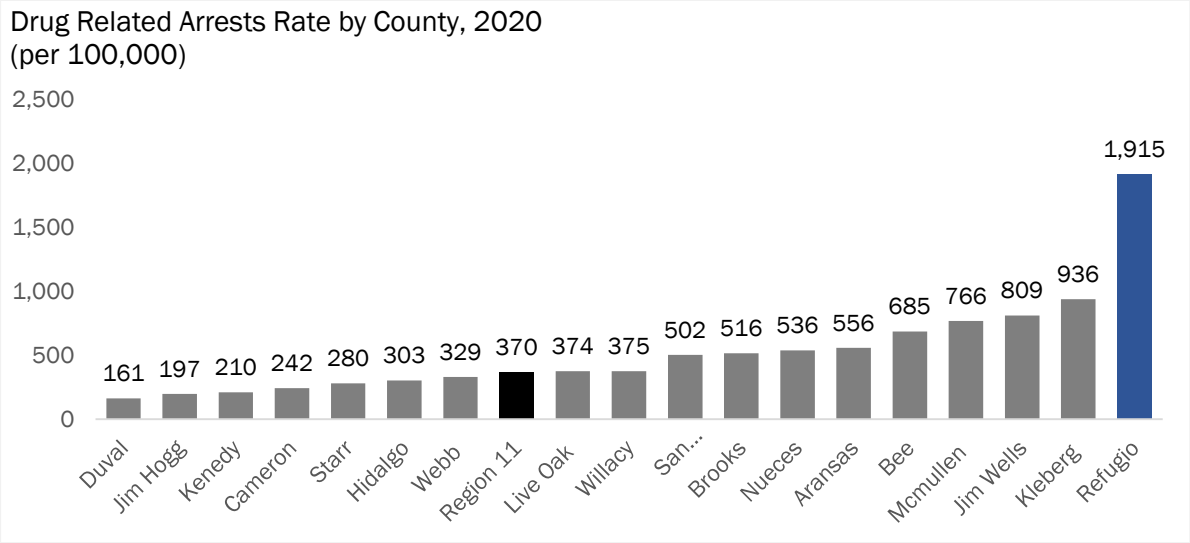
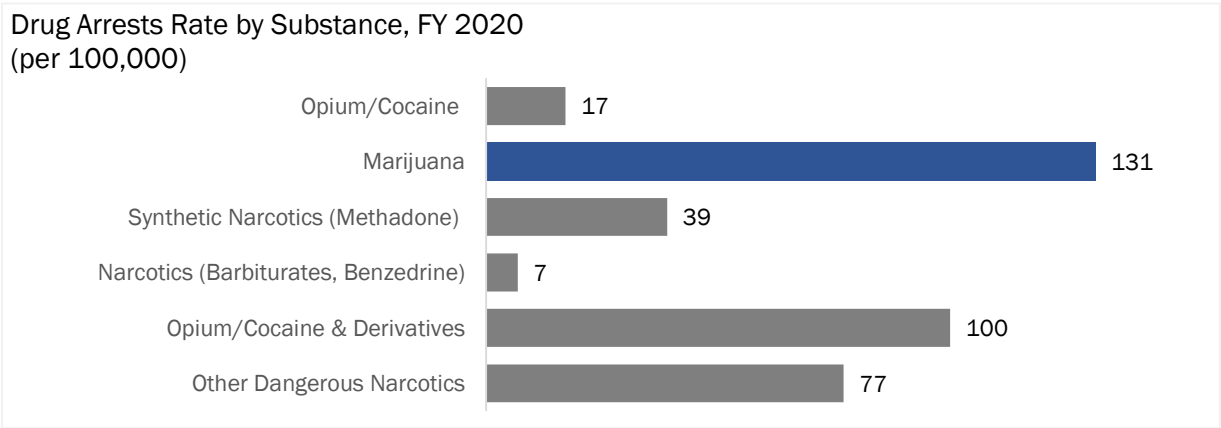


Table below shows the total number of drug related arrests by substance in Region 11 for the year 2020. Marijuana accounted for 35.3% of all the arrests, followed by opium/cocaine 26.9%. Other dangerous narcotics accounted for 20.7%.

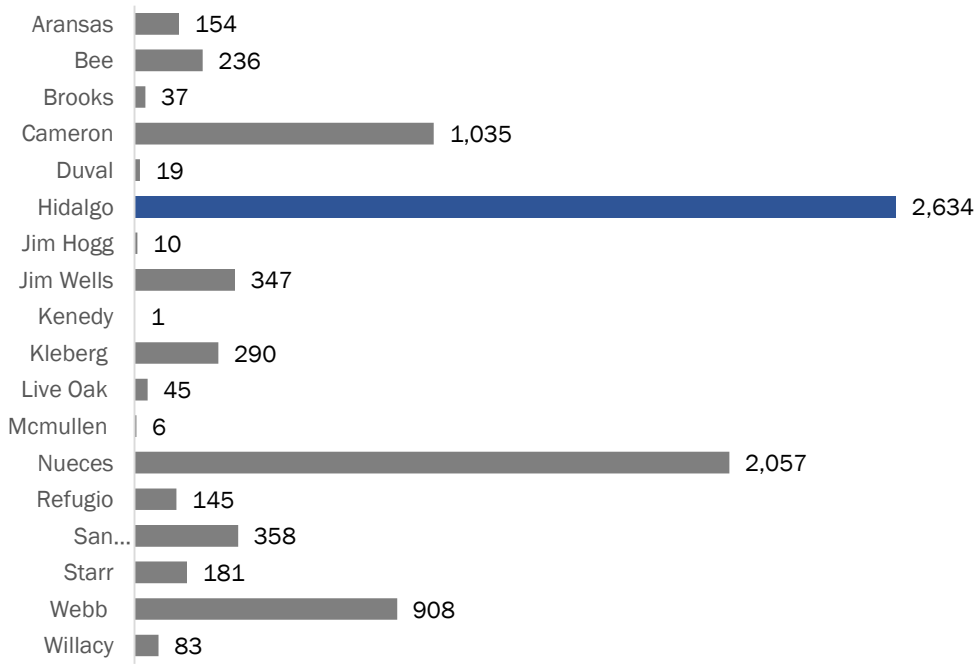
Drug Related Arrests by Substance (Rate per 100,000) FY2020 in Region 11

Substance	Number	Rate
Opium/Cocaine	393	17
Marijuana	3,023	131
Synthetic Narcotics (Methadone)	898	39
Narcotics (Barbiturates, Benzedrine)	156	7
Opium/Cocaine & Derivatives	2,302	100
Other Dangerous Narcotics	1,774	77
Total	8,546	370

**Synthetic Narcotics - Manufactured Narcotics Which Can Cause True Drug Addiction (Demerol, Methadone)*
**Other - Dangerous Nonnarcotic Drugs (Barbiturates, Benzedrine)*
**Opium or Cocaine and Their Derivatives (Morphine, Heroin, Codeine*



Total Number of Drug Related Arrests by County in Region 11, 2020



Drug Arrests by Sex

Research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find child care or being prescribed treatment that has not been adequately tested on women.[21]

Similar to other addictive drugs, fewer females than males use marijuana.[22] For females who do use marijuana, however, the effects can be different than for male users. Research indicates that marijuana impairs spatial memory in women more than it does in men while males show a greater marijuana-induced high.[23][24]

In one study specific to teenagers, male high school students who smoke marijuana reported poor family relationships and problems at school more often than female students who smoke marijuana.[25]

[21] Sex and gender differences in substance use. April 2020
[22] Center for Behavioral Health Statistics and Quality. Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2017. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed November 7, 2017.
[23] Rubonis AV, Colby SM, Monti PM, Rohsenow DJ, Gulliver SB, Sirota AD. Alcohol cue reactivity and mood induction in male and female alcoholics. J Stud Alcohol. 1994;55(4):487-494.
[24] Makela P, Wakeley J, Gijsman H, Robson PJ, Bhagwagar Z, Rogers RD. Low doses of delta-9 tetrahydrocannabinol (THC) have divergent effects on short-term spatial memory in young, healthy adults. Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol. 2006;31(2):462-470. doi:10.1038/sj.npp.1300871
[25] Butters JE. Promoting Healthy Choices: The Importance of Differentiating Between Ordinary and High Risk Cannabis Use Among High-School Students. Subst Use Misuse. 2005;40(6):845-855. doi:10.1081/JA-200030803

However, a few studies have suggested that teenage girls who use marijuana may have a higher risk of brain structural abnormalities associated with regular marijuana exposure than teenage boys.[26]

Below are the total numbers for males and females who were arrested in 2020 for drug violations in Region 11. 77% of the persons arrested were males, and only 22.9% were females.

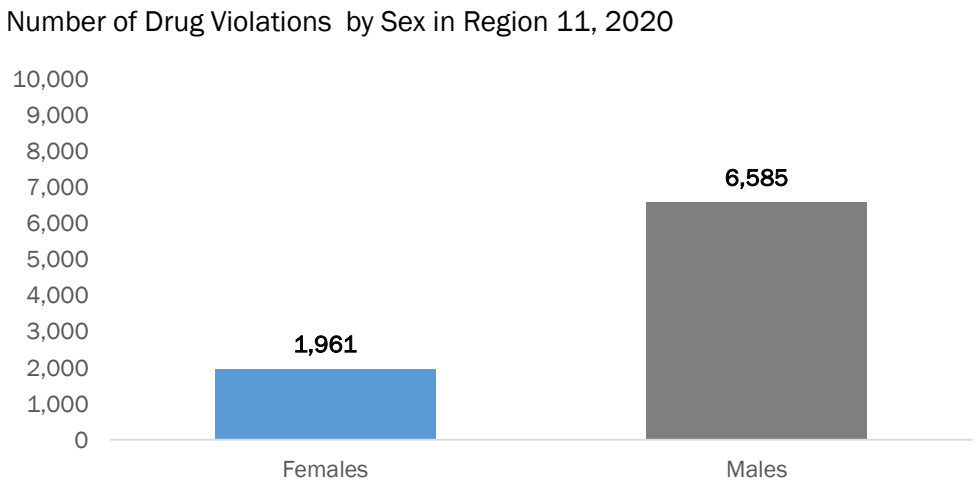
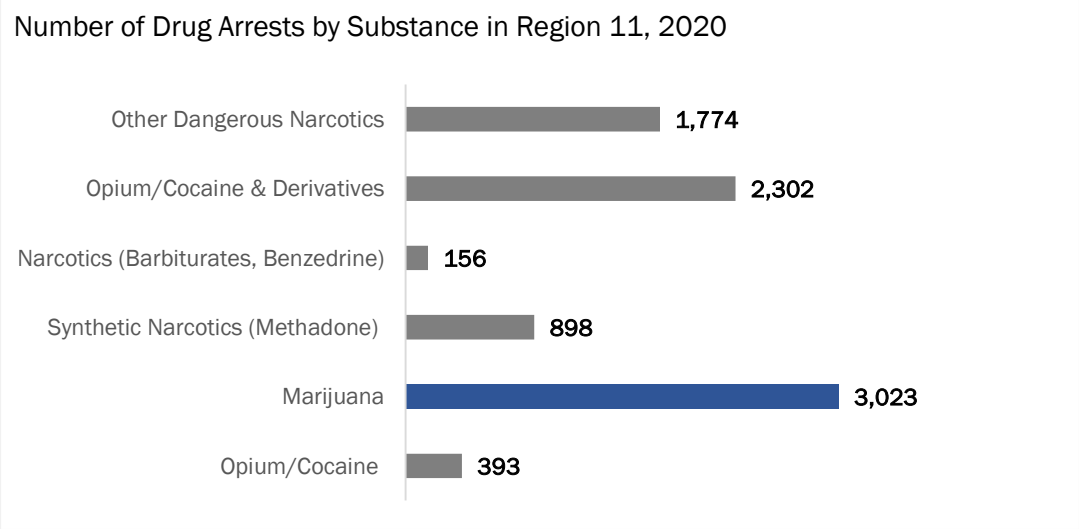


Figure below shows the total number of drug arrests by substance in Region 11 for the year 2020. **Marijuana arrests accounted for (35.3) percent followed by opium/cocaine & other derivatives (26.7) percent in 2020.**



[26] McQueeny T, Padula CB, Price J, Medina KL, Logan P, Tapert SF. Gender effects on amygdala morphometry in adolescent marijuana users. Behav Brain Res. 2011;224(1):128-134. doi:10.1016/j.bbr.2011.05.031

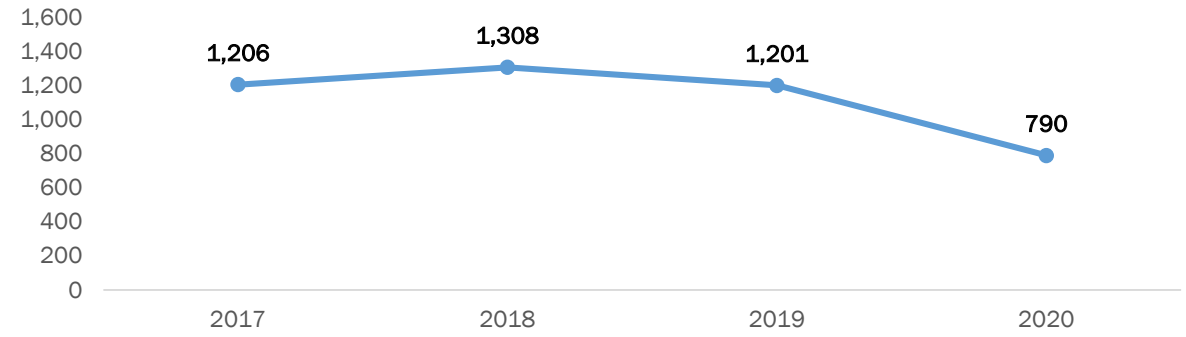
Drug Incarcerations

The number for all adult drug incarcerations for the year 2020 in Region 11 is presented below. In 2020, there were 790 persons incarcerated for drug possession. Below there are the total numbers for drug incarcerations by race/ethnicity in Region 11.

Rate per 100,000

Area	Black	Hispanic	White	Other	Total	Rate
Region 11	32	638	118	2	790	34.17

Number of Drug Incarcerarions in Region 11, 2017-2020



Total Number of Drug Incarcerations by Race/Ethnicity in Region 11, 2020

Drugs Seized: Quantity and Type

The U.S. Customs and Border Protection seizes drugs through border crossings. These drugs are then categorized in reporting groups which include: Marijuana, Hashish, Opiates (Morphine, Heroine, Codeine and Opium gum), Cocaine, Hallucinogens (LSD, PCP, Mushrooms, Peyote, Designer Drugs), Barbiturates, Amphetamines, Methamphetamines, Tranquilizers and Synthetic Narcotics. These substances are measured in units of solid pounds, solid ounces, solid grams, liquid ounces and dose units.

Drug Seizures: Area (Rio Grande Valley) FY 2020

U.S. Customs and Border Protection

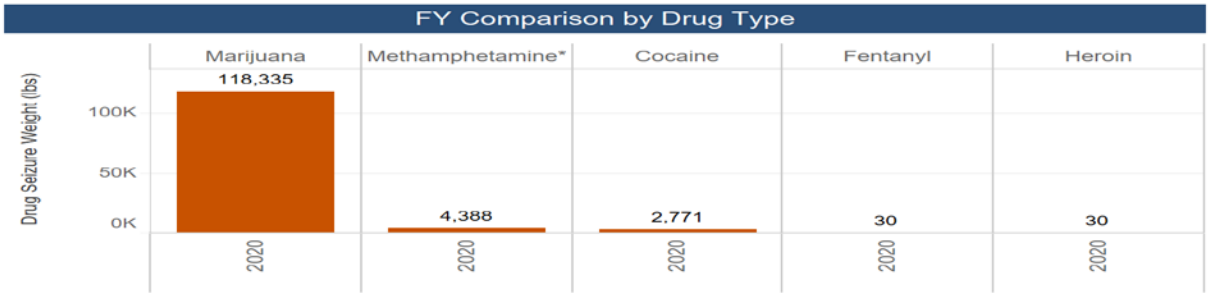
U.S. Customs and Border Protection (CBP) Drug Seizures
US Border Patrol (USBP) and Office of Field Operations (OFO)
Weight (lbs) and Count of Drug Seizure Events by Fiscal Year (FY)

View Seizures by:
(●) Drug Seizure Weight (lbs)
( ) Drug Seizure Events

FY: 2020
Drug Type: All
Component: All
Region: Southwest Border
Land Filter: All
Area of Responsibility: RIO GRANDE VALLEY S..
Reset Filters

FY ■ 2020

FY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Total
2020	11,806	12,528	15,864	9,482	8,622	6,199	12,075	10,355	8,548	10,561	9,387	10,128	**125,554**



Source: USBP and OFO Official year end reporting for FY18-FY20. USBP and OFO month end reporting for FY21 to date. Data is current as of 8/4/2021.
Note: *As of 10/01/2018, category includes both Methamphetamine and Crystal Methamphetamine.

Drug Seizures: Area (Rio Grande Valley) FY 2021

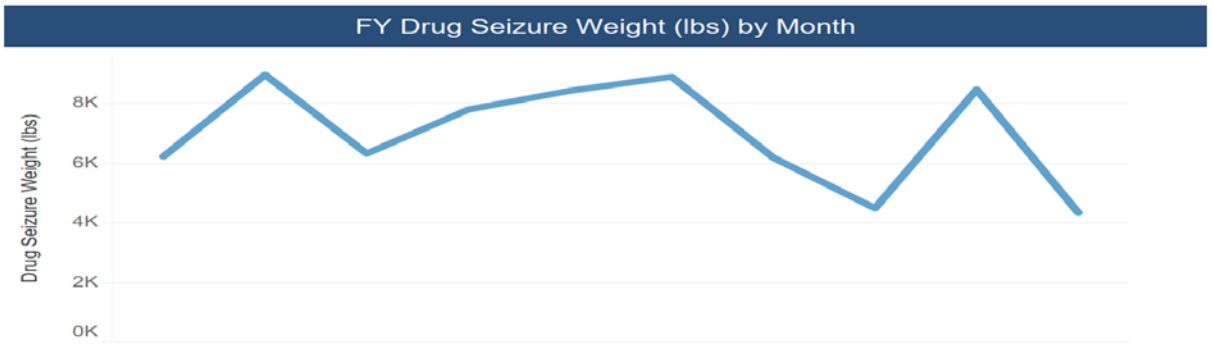
U.S. Customs and Border Protection

U.S. Customs and Border Protection (CBP) Drug Seizures
US Border Patrol (USBP) and Office of Field Operations (OFO)
Weight (lbs) and Count of Drug Seizure Events by Fiscal Year (FY)

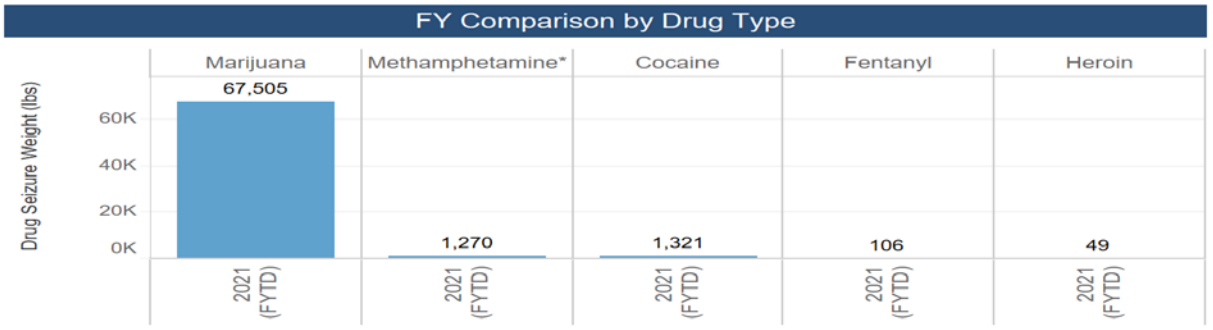
View Seizures by:
(●) Drug Seizure Weight (lbs)
( ) Drug Seizure Events

FY: 2021 (FYTD)
Drug Type: All
Component: All
Region: Southwest Border
Land Filter: All
Area of Responsibility: RIO GRANDE VALLEY S..
Reset Filters

FY 2021 (FYTD)



FY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	Total
2021 (FYTD)	6,238	8,979	6,335	7,812	8,443	8,910	6,199	4,502	8,483	4,350	**70,250**

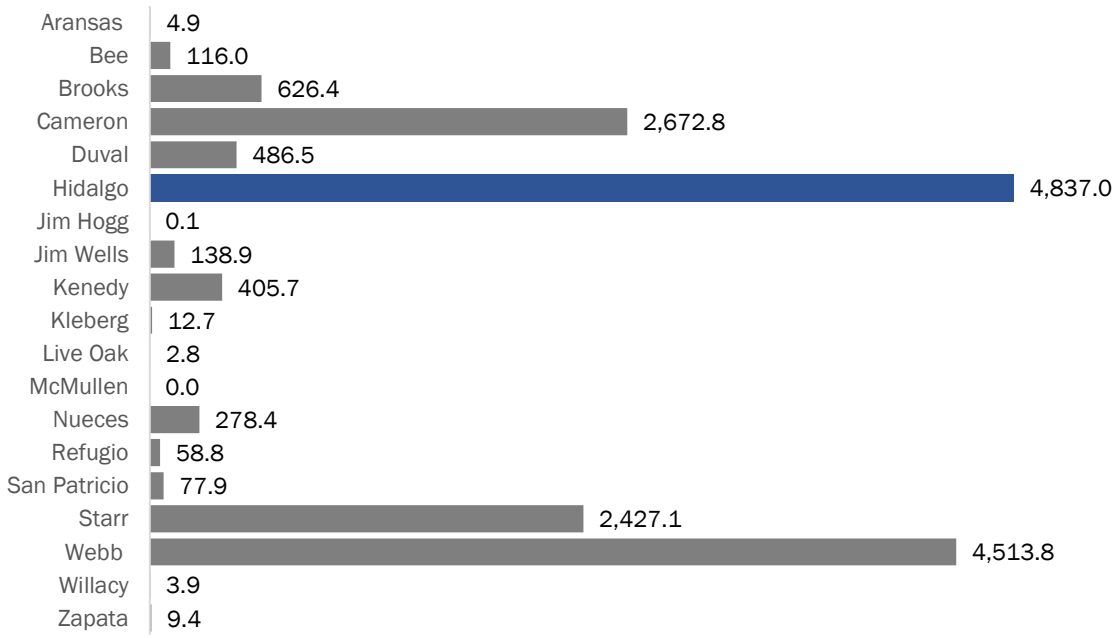


Source: USBP and OFO Official year end reporting for FY18-FY20. USBP and OFO month end reporting for FY21 to date.
Data is current as of 8/4/2021.
Note: *As of 10/01/2018, category includes both Methamphetamine and Crystal Methamphetamine.

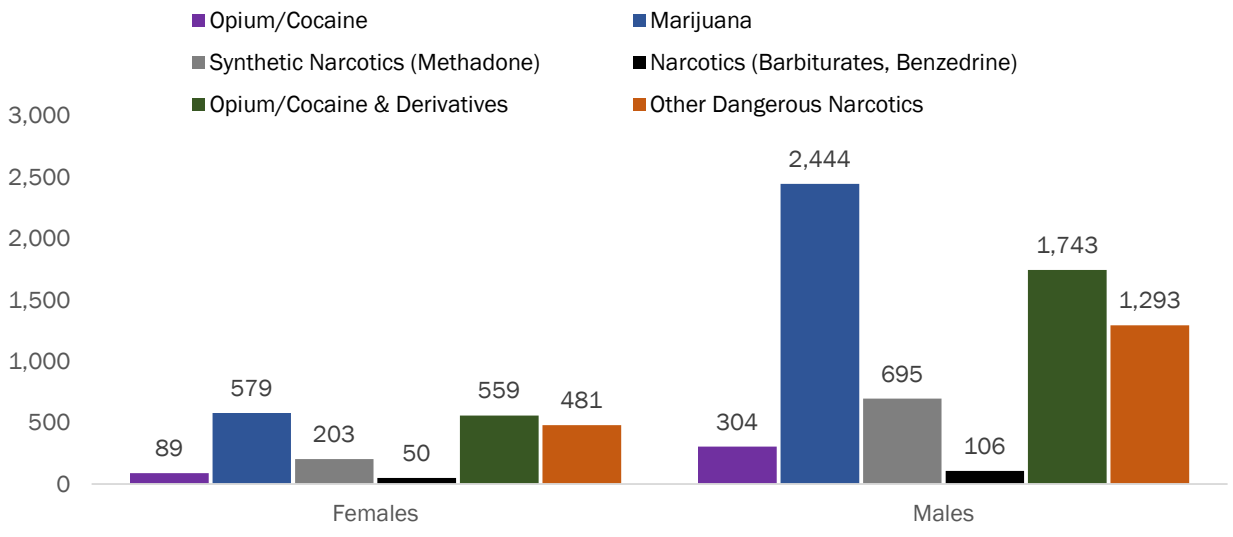
Drug Seized by County in 2020

County	Marijuana (gm)	Opiates (gm)	Cocaine (gm)	Hallucinogens (gm)	Other drugs (gm)	Grand Total (Lbs.)
Aransas	1,361	99	42	179	548	4.9
Bee	52,418	0	13	6	179	116.0
Brooks	190,509	170	92,867	7	561	626.4
Cameron	1,061,131	255	143,233	2,108	5,626	2,672.8
Duval	220,645	0	5	20	2	486.5
Hidalgo	2,017,248	49,827	68,234	7,621	51,076	4,837.0
Jim Hogg	28	0	0	0	0	0.1
Jim Wells	52,437	44	9,581	655	300	138.9
Kenedy	171,453	3	17	1	12,551	405.7
Kleberg	3,655	122	1,282	619	87	12.7
Live Oak	482	14	82	53	655	2.8
McMullen	0	0	0	0	0	0.0
Nueces	100,342	4,574	10,663	821	9,862	278.4
Refugio	1,162	0	704	272	24,525	58.8
San Patricio	4,504	82	284	1,651	28,798	77.9
Starr	1,019,969	6	260	1	80,662	2,427.1
Webb	1,828,713	8,122	33,038	56,747	120,825	4,513.8
Willacy	1,588	2	171	11	1	3.9
Zapata	255	4,003	4	0	0	9.4
Region 11	6,727,900	67,323	360,480	70,772	336,258	16,673.0

Drugs Seized in Lbs. by County in Region 11
2020



Drugs Seized by type and gender, 2020



Crime Rate

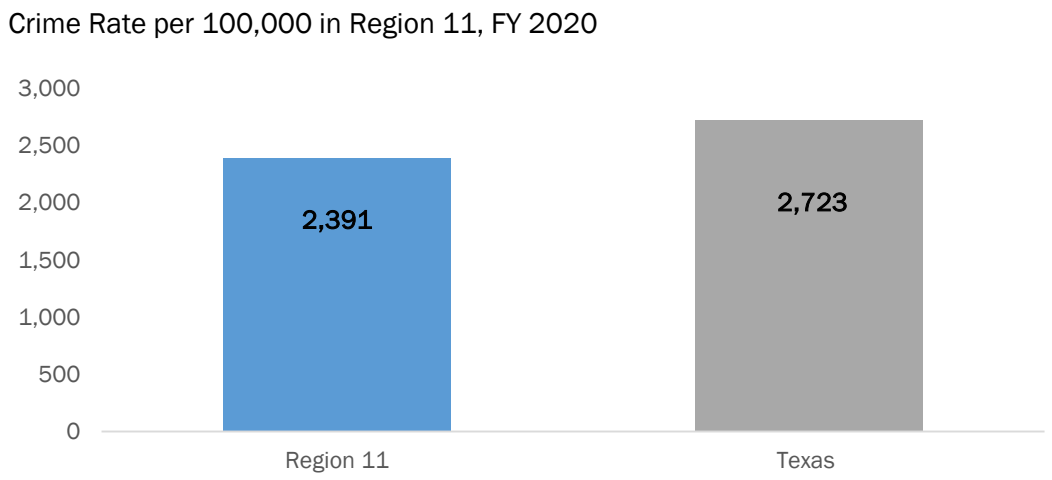
According to the National Council on Alcoholism and Drug Dependence, drug addiction can lead to criminal behavior. The use of illegal drugs is often associated with murder, rape, robbery, aggravated assault, burglary, larceny/theft, serious motor vehicle offenses with dangerous consequences, arson and 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. Our nation's prison population has exploded beyond capacity and most inmates are in prison, in large part, because of substance abuse:

• 80 percent of offenders' abuse drugs or alcohol.

• Nearly 50 percent of jail and prison inmates are clinically addicted.

• Approximately 60 percent of individuals arrested for most types of crimes test positive for illegal drugs at arrest.

Alcohol, more than any illegal drug, was found to be closely associated with violent crimes, including murder, rape, assault, child and spousal abuse. About 3 million violent crimes occur each year in which victims perceive the offender to have been drinking and statistics related to alcohol use by violent offenders generally show that about half of all homicides and assaults are committed when the offender, victim, or both have been drinking. Among violent crimes, with the exception of robberies, the offender is far more likely to have been drinking than under the influence of other drugs.



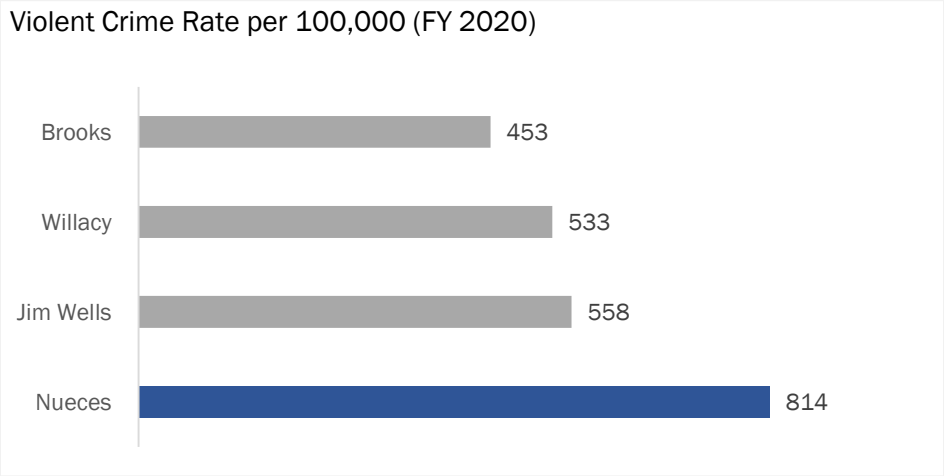
Crime rates include violent crime and property crime offenses. Region 11 violent crime rate increased by 2% and property crime decreased by 8.3% in 2019. See Appendix C for County data on Violent and property Crime.

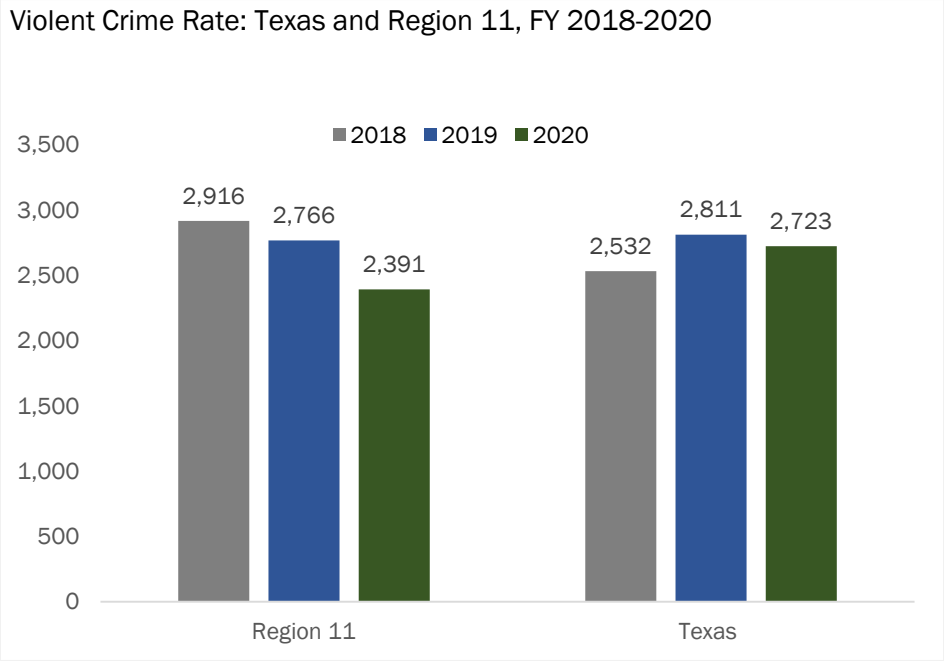
**The population totals came from DPS data. Population provided by DPS is the same for both 2019 & 2020.*

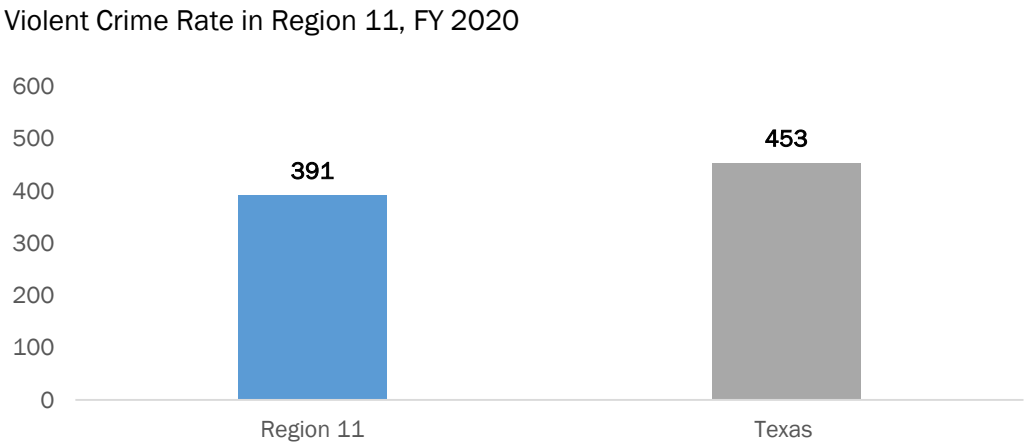
Violent Crime Rate

A crime rate describes the number of crimes reported to law enforcement agencies per 100,000 total populations. A crime rate is calculated by dividing the number of reported crimes by the total population; the result is multiplied by 100,000.

Violent crimes involve the element of personal confrontation between the perpetrator and the victim. Because of their nature, violent crimes are considered to be more serious than property crimes. **In 2020, 8,752 violent crimes occurred in Region 11.** 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 following counties have more robbery, rape, and Assault.



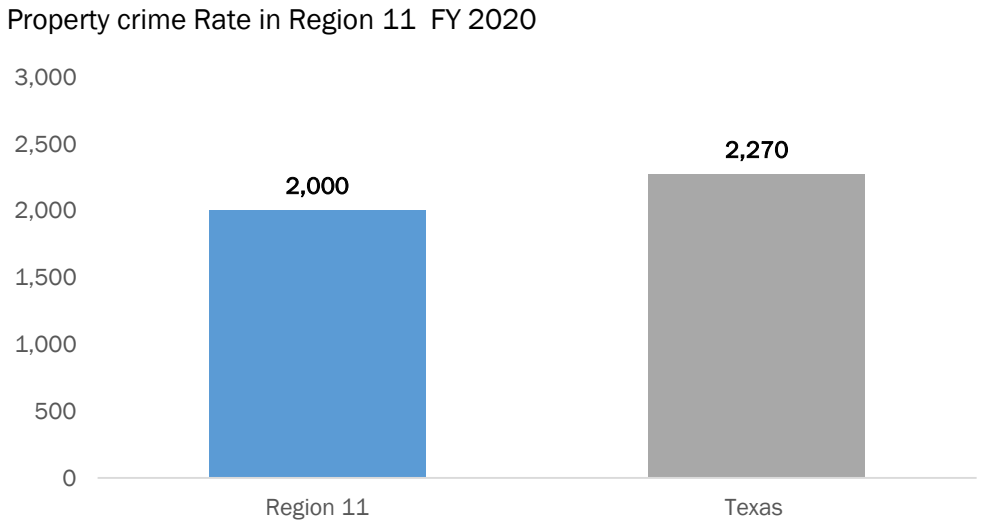




Property Crime

Property crime is a category of crime that includes, among other crimes, burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism. Property crime is a crime to obtain money, property, or some other benefit. This may involve force, or the threat of force, in cases like robbery or extortion. In Region 11, the number of property crimes reported in 2019 was 52,717. The number of property crimes decreased 8.3 percent from 57,490 crimes reported in 2018. The most common form of property crime is larceny theft.

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 four most populous counties with one another. Figure below shows the arrest rate per 100,000.



Health Care/Service System

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.[27]

Table below provides information on the percentage of children (under age 19) and Adults (under age 65) without health insurance in Region 11 in 2019. **According to County Health Rankings, 25.5% of the population in region 11 don't have health insurance. The percent of uninsured population under 19 years old is 4.34% and 20.8% for uninsured adults under the age of 65 years.**

Percent of Uninsured adults and children by County in Region 11, 2019

Geographic Area Name	Population 2019	Estimate Percent Uninsured population	Percent Uninsured population AGE Under 19 years	Percent Uninsured Adults under age 65
Aransas	27,198	17.7%	3.04%	14.6%
Bee	34,195	14.0%	2.23%	11.6%
Brooks	7,178	20.6%	2.30%	18.1%
Cameron	426,216	28.0%	5.11%	22.4%
Duval	11,803	20.0%	2.32%	17.7%
Hidalgo	860,844	29.8%	5.14%	24.2%
Jim Hogg	5,099	21.9%	4.98%	16.9%
Jim Wells	42,697	17.4%	2.12%	15.2%
Kenedy	470	31.3%	0.00%	31.3%
Kleberg	31,002	15.0%	1.44%	13.3%
Live Oak	11,970	16.0%	2.83%	13.0%
McMullen	774	17.8%	6.46%	11.4%
Nueces	379,038	16.0%	2.24%	13.8%
Refugio	7,563	14.7%	2.60%	12.1%
San Patricio	70,615	15.8%	2.56%	13.2%
Starr	64,444	34.3%	6.51%	27.2%
Webb	273,467	27.5%	4.91%	22.2%
Willacy	22,157	25.3%	2.81%	22.3%
Zapata	14,403	28.2%	4.49%	23.6%
Region 11	2,291,133	25.5%	4.34%	20.8%
Texas	29,677,668.0	16.1%	2.82%	13.1%

[27] Galvin, D. M., Miller, T. R., Spicer, R. S., & Waehrer, G. M. (2007). Substance abuse and the uninsured worker in the United States. Journal of public health policy, 28(1), 102-117.

Teen birth rate

(per 1,000 females ages 15-19)

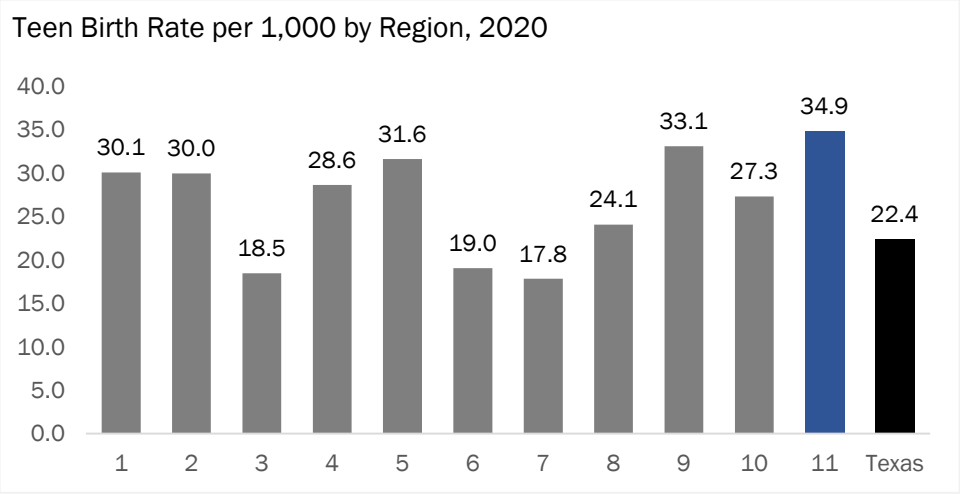
Teen pregnancy and childbearing are associated with increased social and economic costs through immediate and long-term effects on teen parents and their children. Pregnancy and birth are significant contributors to high school dropout rates among girls.[28]

- Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.
- The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[29]
- On a positive note, between 1991 and 2015, the teen birth rate dropped 64%, which resulted in $4.4 billion in public savings in 2015 alone.

The US teen birth rate (births per 1,000 females aged 15 to 19 years) has been declining since 1991. Teen birth rates continued to decline from 17.4 per 1,000 females in 2018 to 16.7 per 1,000 females in 2019. This is another record low for US teens and a decrease of 4% from 2018.1,2 Birth rates fell 7% for females aged 15 to 17 years and 4% for females aged 18 to 19 years.[30]

Teen Birth Rate is the number of resident live births to mothers ages 15-19 in a specified geographic area (country, state, county, etc.), divided by the number of resident women aged 15-19 for the same geographic area.

The number of teen birth for women aged between 15 and 19 is presented in Figure below. The data are from 2020 and the rates are calculated to be per 1,000 females. From all 11 regions, region 11 had the highest rate 34.9%. The rate for the state of Texas was 22.4.



[28] Centers for Disease Control and Prevention, 2021

[29] Power to Decide. Progress Pays Offpdf iconexternal icon. Accessed January 10, 2019.

[30] Santelli J, Lindberg L, Finer L, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. Am J Public Health. 2007;97(1):150–6.

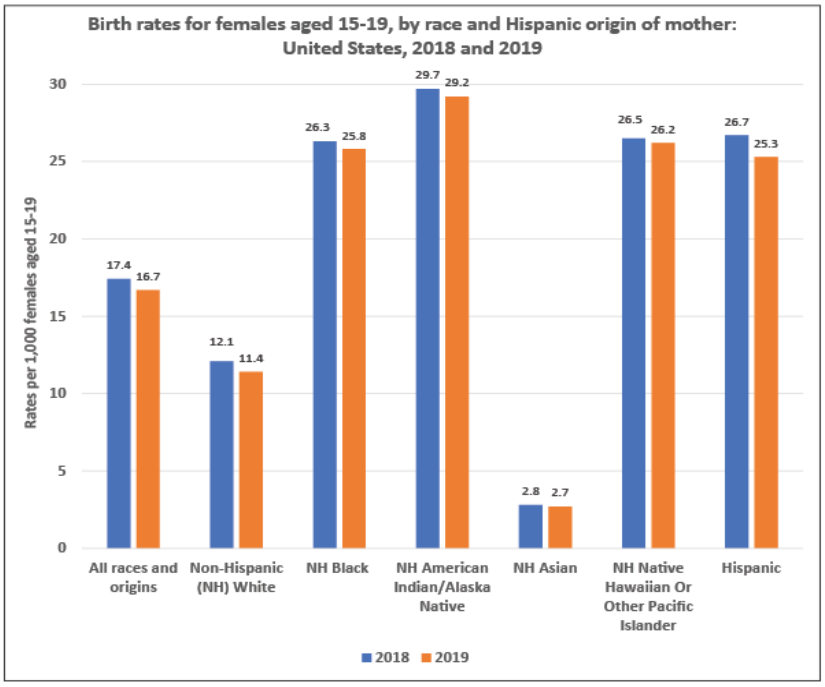
Disparities in Teen Birth Rates

Teen birth rates declined from 2018 to 2019 for several racial groups and for Hispanics.1,2 Among 15- to 19-year-olds, teen birth rates decreased:

- 5.2% for Hispanic females.
- 5.8% for non-Hispanic White females.
- 1.9% for non-Hispanic Black females.

Rates for non-Hispanic American Indian/Alaska Natives (AI/AN), non-Hispanic Asians, and non-Hispanic Native Hawaiian, and other Pacific Islander teenagers were unchanged.

In 2019, the birth rates for Hispanic teens (25.3) and non-Hispanic Black teens (25.8) were more than two times higher than the rate for non-Hispanic White teens (11.4). The birth rate of American Indian/Alaska Native teens (29.2) was highest among all race/ethnicities.[31]



[31] Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: final data for 2019. Natl Vital Stat Rep. 2021;70(2):1–50.

Table below provides teen birth rate by Race/Ethnicity.

Teen Birth Rate by Race/Ethnicity, 2020

Teen Birth Rate per 1,000 by Mother's Ethnicity (2020)							
Region	Non-Hispanic, White	Non-Hispanic, Black	Hispanic	Non-Hispanic, Other	Total Teen Births	Population girls 15-19 (2020)	Rate
1	206	68	682	46	1,002	33,333	30.1
2	243	48	216	16	523	17,445	30.0
3	1,010	1,075	2,983	162	5,230	282,977	18.5
4	490	172	299	45	1,006	35,115	28.6
5	350	206	178	19	753	23,799	31.6
6	653	882	3,244	110	4,889	256,764	19.0
7	467	342	1,323	79	2,211	123,929	17.8
8	300	135	2,028	40	2,503	103,962	24.1
9	168	34	579	15	796	24,049	33.1
10	41	**	780	*	841	30,788	27.3
11	100	**	2,949	**	3,108	89,182	34.9
Texas	4,028	2,993	15,261	580	22,862	1,021,343	22.4

Infant mortality

(per 1,000 live births)

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. In 2018, the infant mortality rate in the United States was 5.7 deaths per 1,000 live births.[32]

Over 21,000 infants died in the United States in 2018. The five leading causes of infant death in 2018 were:

- Birth defects.
- Preterm birth and low birth weight.
- Maternal pregnancy complications.
- Sudden infant death syndrome.
- Injuries (e.g., suffocation).

In 2018, infant mortality rates by race and ethnicity were as follows:

- Non-Hispanic black: 10.8
- Native Hawaiian or other Pacific Islander: 9.4
- American Indian/Alaska Native: 8.2
- Hispanic: 4.9
- Non-Hispanic white: 4.6
- Asian: 3.6

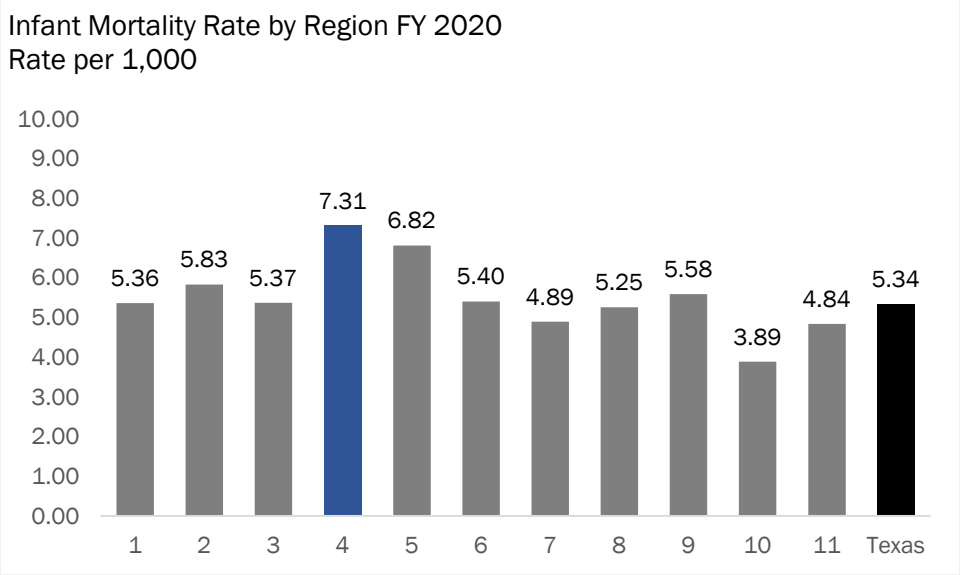
[32] Mortality Rate in the United States, 2018

Infant Mortality in Region 11

Year	Infant Mortality cases	Total Birth by Mother's Ethnicity	Rate
2018	159	33,985	4.7
2019	156	33,412	4.7
2020	157	32,454	4.8

Infant Mortality Rate by Region, 2020

Region	Infant Mortality Rate 2020
1	5.36
2	5.83
3	5.37
4	7.31
5	6.82
6	5.40
7	4.89
8	5.25
9	5.58
10	3.89
11	4.84
Texas	5.34



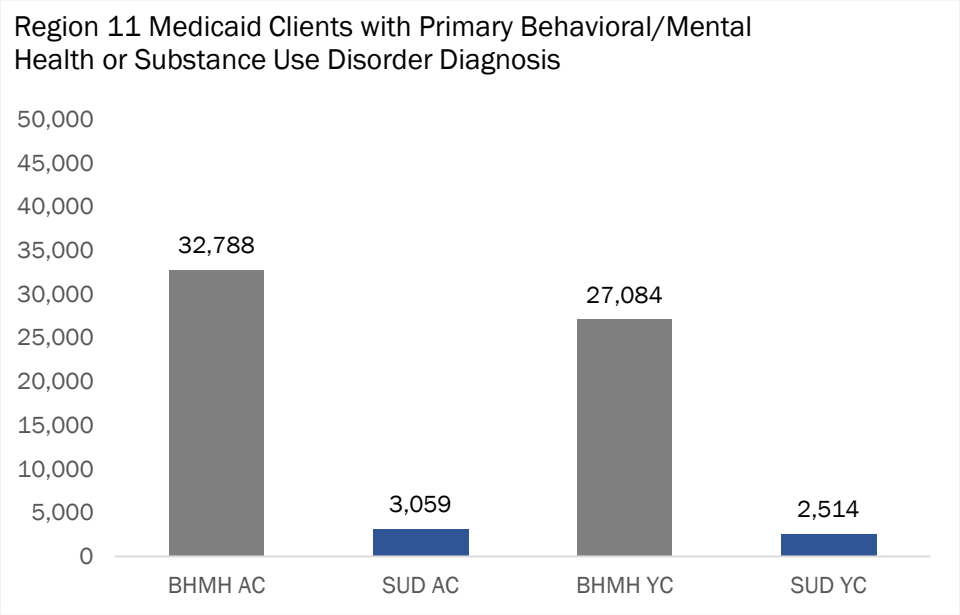
Adult Utilizing State-funded SUD Treatment Services

The 2018 National Survey on Drug Use and Health (NSDUH) estimate there are 21.2 million persons' age 12 and older with a substance use disorder (SUD).

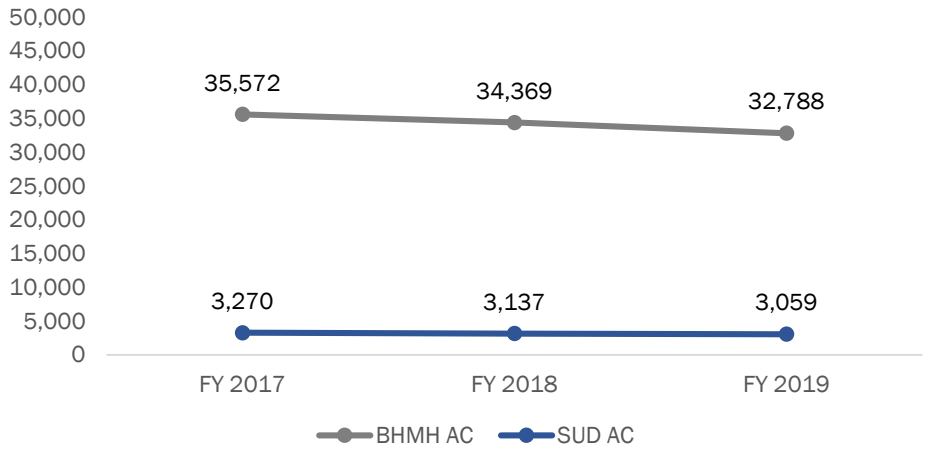
94.9 percent of people aged 12 or older in 2018 who were classified as needing substance use treatment (i.e., either had an SUD or received specialty substance use treatment) but who did not receive specialty substance use treatment did not think they needed treatment.

Figures below provide regional data on Medicaid clients with primary behavioral/ Mental health or substance use disorder diagnosis. **In 2019, there was a total of 32,788 adult clients with primary behavioral/mental health diagnosis and 3,059 with a substance use disorder diagnosis in Region 11. A total of 27,084 youth were diagnose with primary behavioral/mental health disorder and 2,514 were diagnose with a substance use disorder.**

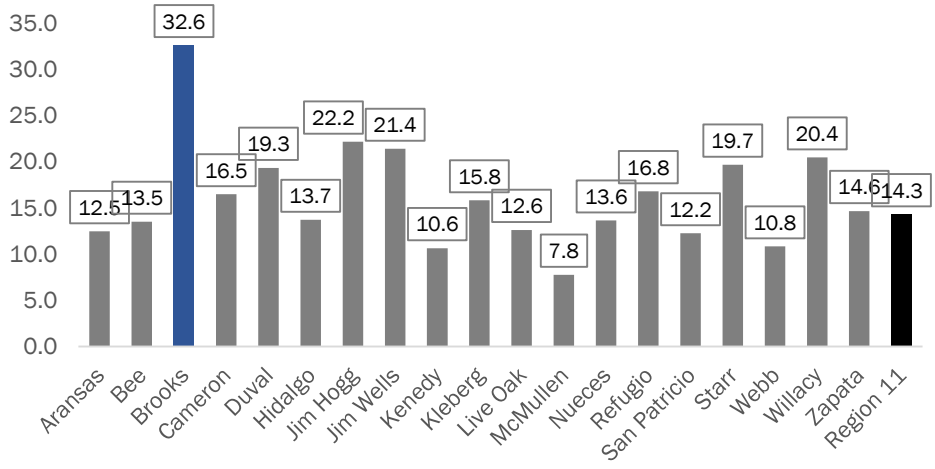
**Texas Medicaid Clients with Primary Behavioral/Mental Health or Substance Use Disorder Diagnosis, By County.*
** Client counts are not additive because clients may appear in more than one diagnosis category, county, age category, and/or fiscal year.*
**Clients Aged 12+ Years Old, SFY 2017-2019 (September 1, 2016-August 31,2019).*

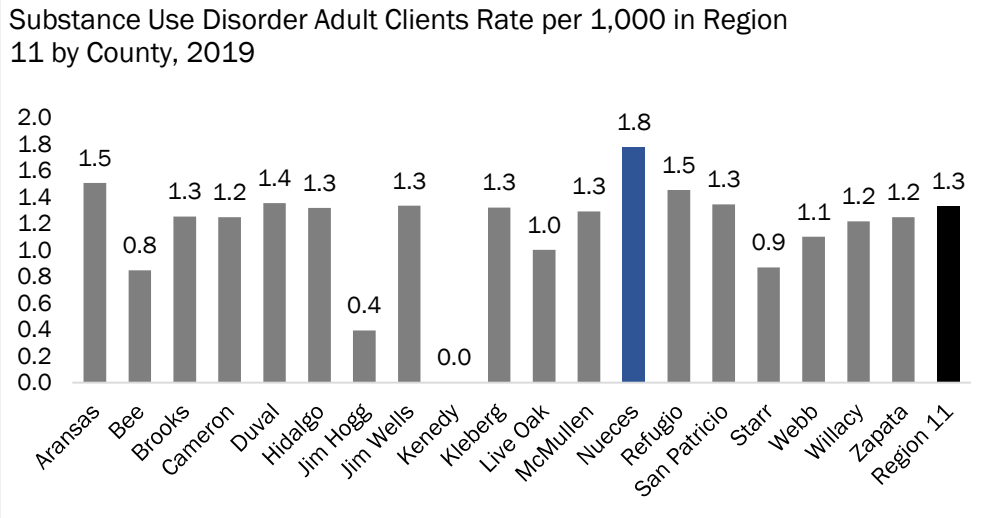


BHMH/SUD Adult and Youth Clients in Region 11, 2017-2019



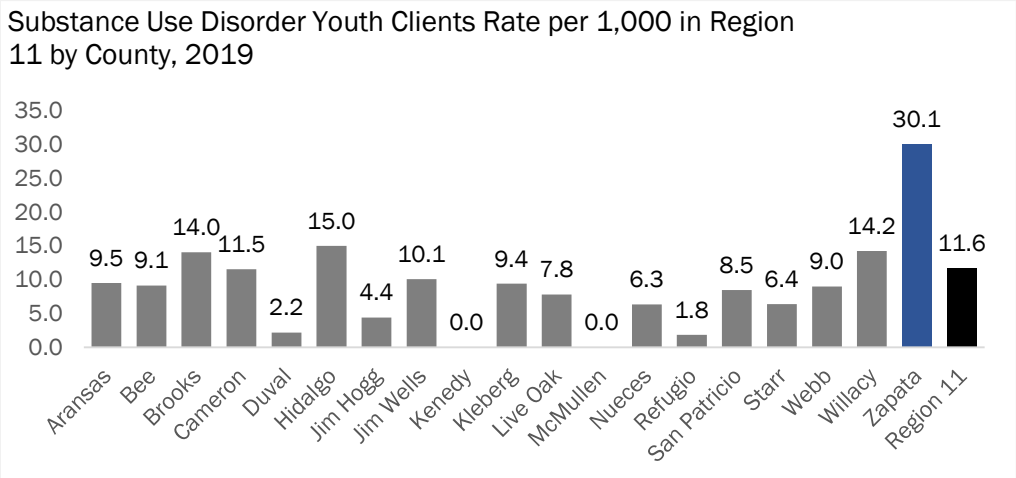
Behavioral Health/Mental Health Adult Clients Rate per 1,000 in Region 11 by County, 2019

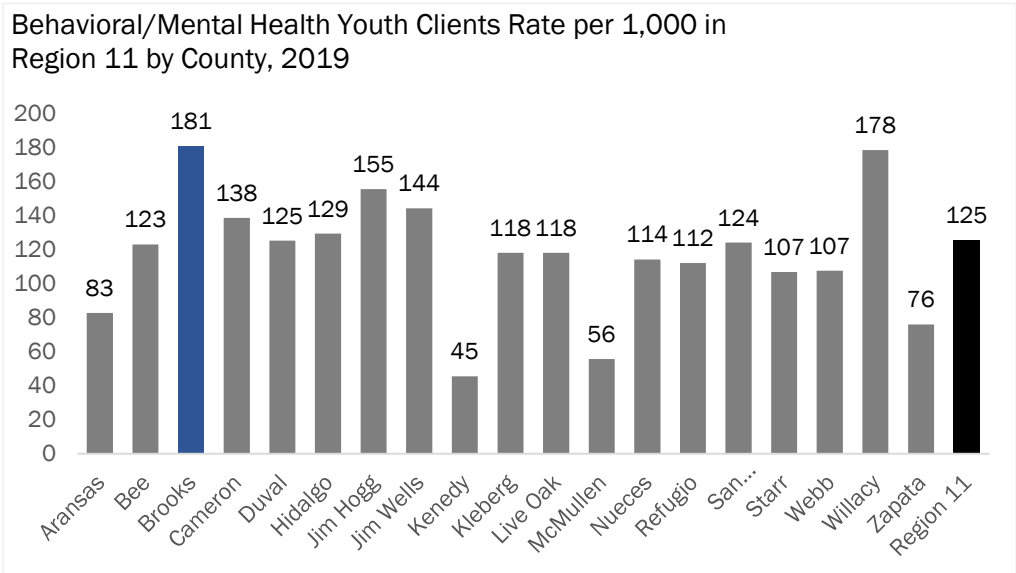




Youth utilizing state-funded SUD treatment services

(per 1,000 people ages 12-17)

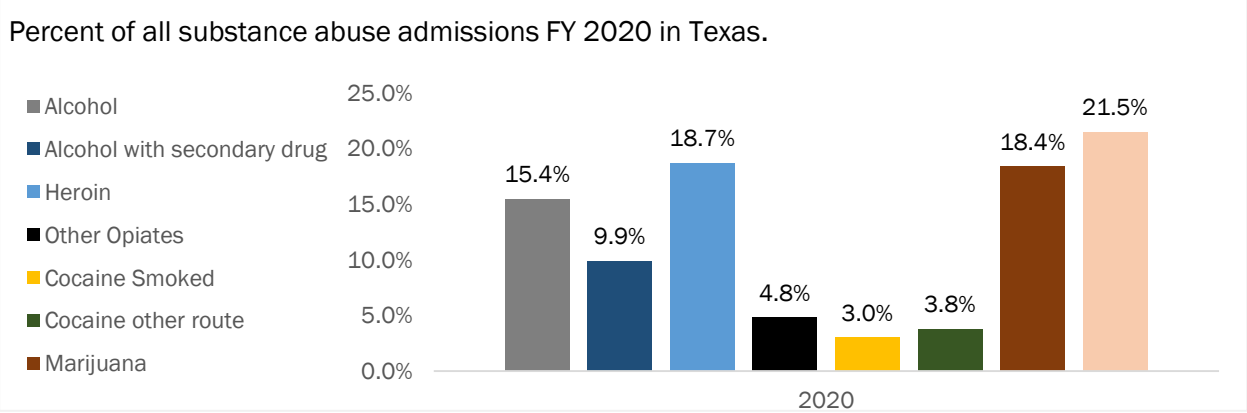




Adolescents and Adults Receiving Substance Abuse Treatment

TEDS release state level data. Opiates, marijuana, and Alcohol are the primary substances of abuse at admission. Figure below illustrates the trends for admission from 2016 to 2020. Cocaine admissions have dropped since 2007, while methamphetamine amphetamine admissions have increased. Amphetamines was the primary reason for substance abuse admissions in 2020.

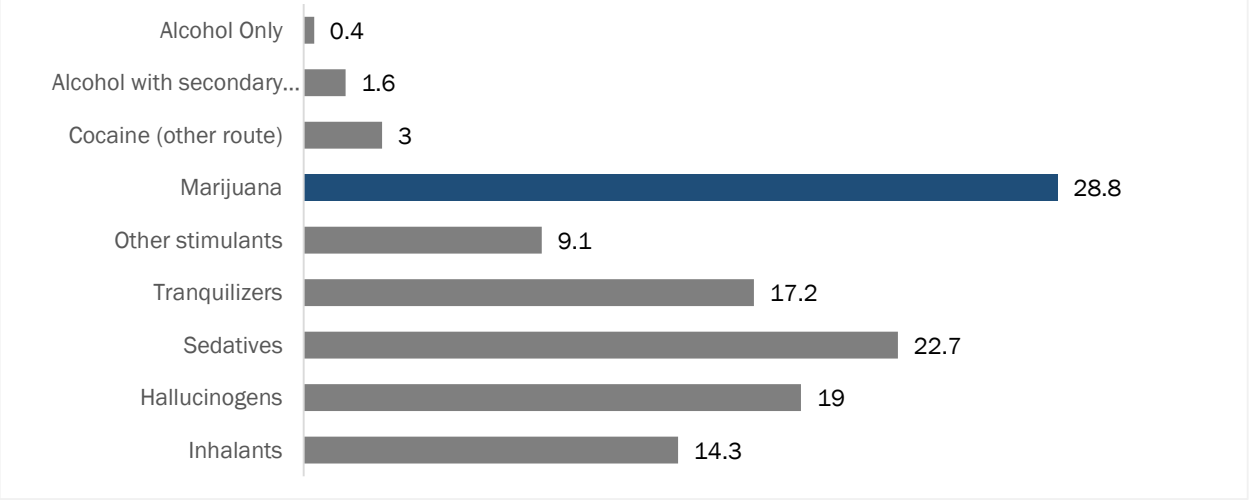
Year	All substances	Alcohol %	Alcohol with secondary drug %	Heroin %	Other Opiates %	Cocaine Smoked %	Cocaine other route %	Marijuana %	Amphetamines %
2016	36,528	14.4%	11.5%	17.1%	5.6%	4.3%	3.8%	21.0%	19.4%
2017	38,819	14.1%	11.4%	16.3%	4.7%	3.5%	3.9%	23.6%	19.5%
2018	38,577	14.3%	10.6%	15.8%	4.7%	3.5%	4.2%	24.1%	19.0%
2019	24,102	15.2%	10.1%	14.3%	4.1%	3.0%	4.0%	24.5%	20.6%
2020	33,219	15.4%	9.9%	18.7%	4.8%	3.0%	3.8%	18.4%	21.5%



Percent of substance abuse admissions for youth 12-17 years old FY 2016-2020 in Texas

Substance	Year				
	2016	2017	2018	2019	2020
Alcohol Only	0.4	0.3	0.7	0.7	0.4
Alcohol with secondary drug	1.7	2.3	2.8	1.7	1.6
Heroin	0.3	0.3	0.3	0.3	0.1
Other opiates	0.9	1.6	1.6	0.6	0.6
Cocaine (smoked)	0.3	0.5	0.7	0.4	0.5
Cocaine (other route)	2.9	2.8	3.9	2.1	3
Marijuana	34.5	32.6	34.8	35	28.8
Amphetamines	1.4	1.4	1.2	1.6	0.9
Other stimulants	0	7.7	0	14.3	9.1
Tranquilizers	9.2	18.3	17.2	17.5	17.2
Sedatives	2	18.9	31.8	29.6	22.7
Hallucinogens	28.1	17.4	16.4	15	19
PCP	0.00	0.00	0.00	0.60	0.00
Inhalants	4.2	0	4.8	0	14.3
Other/Unknown	15.3	7.8	4.8	6.7	1.5

Percent of substance abuse admissions for youth 12-17 years old FY 2020 in Texas.



Percent of substance abuse admissions by age group, FY 2020 in Texas

Age	Alcohol Only	Alcohol with secondary drug	Heroin	Other opiates	Cocaine (smoked)	Cocaine (other route)	Marijuana	Amphetamines	Other stimulants
12-17 years	0.4	1.6	0.1	0.6	0.5	3	**28.8**	0.9	**9.1**
18-20 years	0.6	1.9	1.1	1.1	0.4	3	**7.3**	2	**18.2**
21-25 years	6.1	8.9	**9.8**	6.3	2.2	**13.1**	**20.1**	**11.5**	**18.2**
26-30 years	**13.5**	**16.8**	**24.5**	**17.9**	7.9	**21.2**	**17.9**	**21.6**	**18.2**
31-35 years	**16.9**	**19.6**	**22.7**	**23.6**	**9.7**	**20.1**	**11.9**	**22**	**18.2**
36-40 years	**15.8**	**17.6**	**17.4**	**19.5**	**14.6**	**15.1**	6.8	**19.3**	0
41-45 years	**13.1**	**10.7**	**9.7**	**11.3**	**12.6**	**10.3**	3.7	**9.9**	**9.1**
46-50 years	**12**	**9.2**	6.3	7.4	**13.8**	6.7	1.5	6.4	0
51-55 years	**9.2**	7.1	3.7	5	**16.3**	4.1	0.9	4	**9.1**
56-60 years	8	4	2.7	3.4	**14.2**	2	0.7	1.9	0
61-65 years	3.3	2	1.5	2.5	6	1	0.4	0.5	0
66 years and over	1	0.5	0.5	1.4	1.7	0.3	0.1	0.1	0

Percent of substance abuse admissions by age group, FY 2020 in Texas

Substance	Males	Females
Alcohol Only	65.9	34.1
Alcohol with secondary drug	62.9	37.1
Heroin	65.4	34.6
Other opiates	46.8	53.2
Cocaine (smoked)	53.4	46.6
Cocaine (other route)	57.2	42.8
Marijuana	64.5	35.5
Amphetamines	44.8	55.2
Other stimulants	45.5	54.5
Tranquilizers	46.4	53.6
Sedatives	56.8	43.2
Hallucinogens	55.7	44.3
PCP	51.5	48.5
Inhalants	42.9	57.1
Other/Unknown	68	32

Percent of substance abuse admissions by race/ethnicity, FY 2020 in Texas

Substance	White	Black or African-American	American Indian or Alaska Native	Asian or Native Hawaiian or Other Pacific Islander	Hispanic or Latino
All substances	81.3	16.3	0.6	0.7	29.9
Alcohol Only	85.8	11.6	0.7	0.8	29
Alcohol with secondary drug	81.8	15.6	0.6	0.8	28.3
Heroin	92.7	4.8	0.5	0.8	32.2
Other opiates	86	11.8	0.8	0.8	20
Cocaine (smoked)	41.8	55.8	0.7	0.5	16.5
Cocaine (other route)	69.5	27.7	1	1.1	45
Marijuana	67	30.7	0.5	0.7	38.3
Amphetamines	89.5	8.2	0.5	0.5	24.2
Other stimulants	90.9	0	0	0	27.3
Tranquilizers	91.9	6.6	0.2	0.3	33.3
Sedatives	90.9	6.8	0	2.3	29.5
Hallucinogens	65.8	34.2	0	0	27.8
PCP	12.3	86.7	0.3	0	6.8
Inhalants	85.7	14.3	0	0	14.3
Other/Unknown	67.4	30.3	0.2	1.9	31.5

Opioid-related ED visits

(per 100,000)

Exposure information was derived from each unique opioid-related substance exposure call to the Texas Poison Center Network (TPCN) during 2018-2020. Opioid-related exposures were identified using substance/product codes designating opioids. This includes only those calls involving opioid exposures; calls asking for information were not included.

Opioid category is indicated by the following groupings of substance/product codes: heroin, commonly prescribed opioids (natural opioid analgesics such as morphine and codeine; semisynthetic opioid analgesics such as oxycodone, hydrocodone, hydromorphone, and oxymorphone; and methadone), and synthetic opioids other than methadone (e.g., tramadol and fentanyl). It is not possible to determine whether an opioid was illegally produced or pharmaceutical, nor how it was obtained; for example, exposures to fentanyl include both legally prescribed and illegally produced fentanyl. Exposure calls may involve more than one type of opioid (e.g., heroin and opioid pain relievers), so users should avoid adding totals by opioid category.

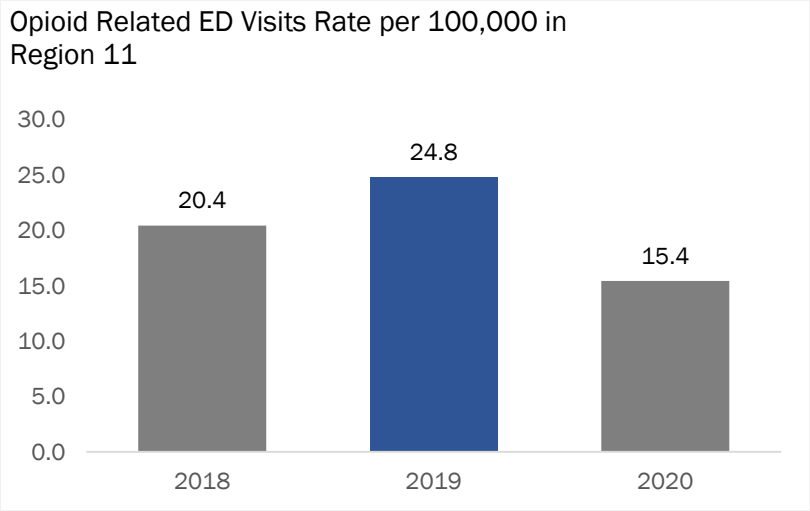
* Opioid-related visit defined as, "visits which include an ICD-10-CM diagnosis of poisoning from any diagnosis field of T40.0X (by opium), T40.1X (by Heroin), T40.2X (by other opioids), T40.3X (by methadone), T40.4X (by synthetic narcotics), T40.60 (by unspecified narcotics), or T40.69 (by other narcotics)"

† In 2016, there were a total of 70 opioid-related ED visits with missing information for Public Health Region (not included in table).
† In 2017, there were a total of 66 opioid-related ED visits with missing information for Public Health Region (not included in table)
† In 2018, there were a total of 616 opioid-related ED visits with missing information for Public Health Region (not included in table)
† In 2019, there were a total of 610 opioid-related ED visits with missing information for Public Health Region (not included in table)
† In 2020, there were a total of 184 opioid-related ED visits with missing information for Public Health Region (not included in table)

* Preliminary data for 2020. Provided data are incomplete and subject to change. Opioid-related visit defined as, "visits which include an ICD-10-CM diagnosis of poisoning from any diagnosis field of T40.0X (by opium), T40.1X (by Heroin), T40.2X (by other opioids), T40.3X (by methadone), T40.4X (by synthetic narcotics), T40.60 (by unspecified narcotics), or T40.69 (by other narcotics)"

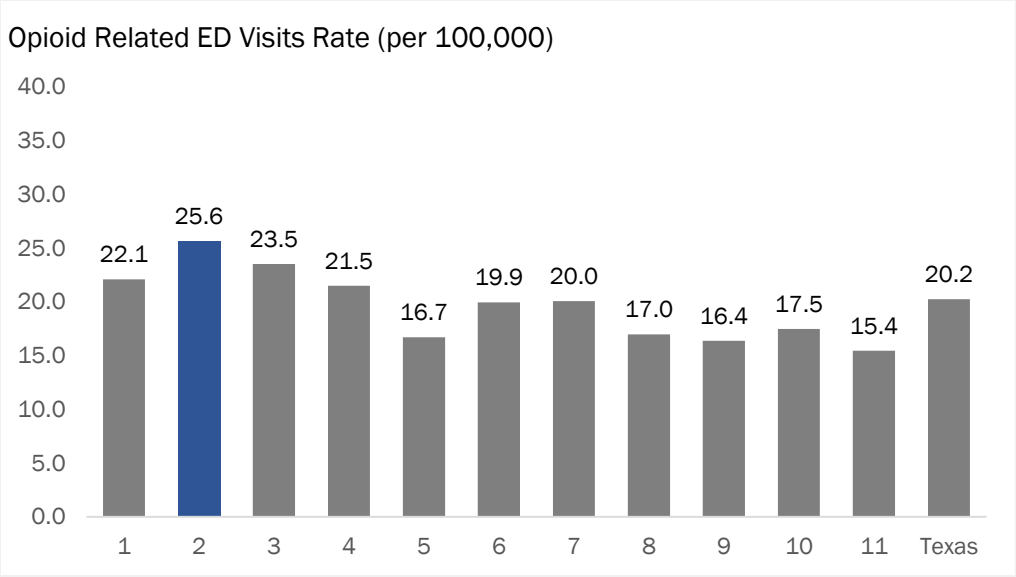
Frequency of Opioid-related Emergency Department (ED) Visits 2016-2019

Year	Population	Total ED Visits	Rate
2018	2,464,582	504	20.4
2019	2,291,133	568	24.8
2020	2,311,678	357	15.4



Number of Opioid Related ED Visits by Region FY 2019-2020
(Rate per 100,000)

Region	Total ED Visits 2019	Rate	Total ED Visits 2020	Rate
1	228	25.6	198	22.1
2	190	34.1	143	25.6
3	2,455	30.9	1,898	23.5
4	317	27.4	249	21.5
5	167	21.3	131	16.7
6	1,826	24.7	1,505	19.9
7	1,031	29.3	720	20.0
8	790	25.7	531	17.0
9	187	26.8	117	16.4
10	226	25.3	157	17.5
11	568	24.8	357	15.4
Texas	7,985	27.4	6,006	20.2



Exposures to opioids and related compounds in Texas

(prescribed opioids, synthetic opioids, heroin, other opioids)

Suppressed data if total number of calls was less than 10

Totals of Opioid-Related Poison Center Calls by County in Region 11, 2017-2020

County	2017 Total Calls	2018 Total Calls	2019 Total Calls	2020 Total Calls
Aransas	---	---	---	---
Bee	10	---	11	---
Brooks	---	---	0	---
Cameron	80	63	62	52
Duval	---	---	---	0
Hidalgo	156	110	118	100
Jim Hogg	0	0	0	0
Jim Wells	18	18	21	---
Kenedy	0	0	0	0
Kleberg	---	---	12	---
Live Oak	---	0	---	0
McMullen	0	0	---	0
Nueces	109	118	95	74
Refugio	---	---	---	---
San Patricio	27	10	15	20
Starr	---	---	---	---
Webb	35	35	34	28
Willacy	---	---	0	0
Zapata	---	---	0	---

People Living with HIV Infections

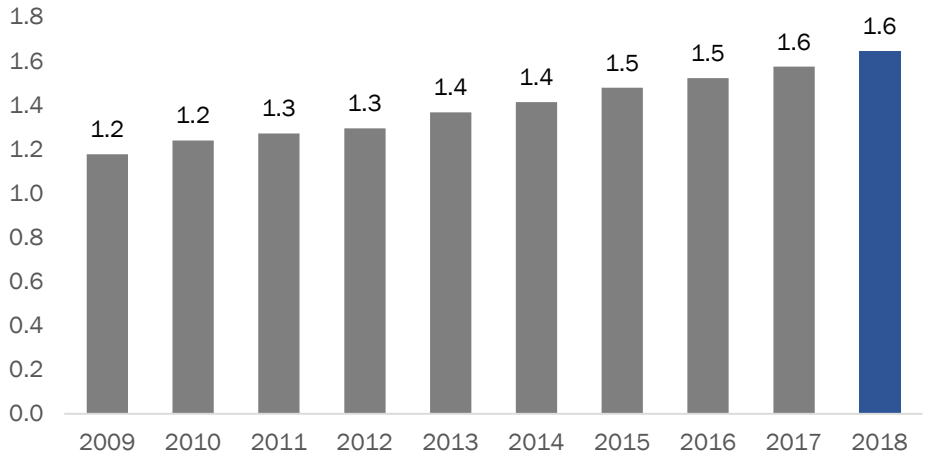
The Texas HIV surveillance program collects demographic, clinical and risk related information on people living and/or diagnosed with HIV in Texas. The Enhanced HIV AIDS Reporting System (eHARS) captures information over the course of a person's infection. This information helps us understand the overall health of the HIV diagnosed population and is used to support HIV prevention, program planning, and policy development. AIDS has been a reportable condition in Texas since 1983 and HIV name-based reporting has been in place since 1999. HIV cases are reported to the Texas HIV Surveillance program from a variety of sources, including hospitals, private physicians, public and private clinics, counseling and testing sites, laboratories, and insurance companies, and other case registries (e.g., TB registry, vital statistics registry).

This webpage describes HIV cases reported to the Texas Department of State Health Services Surveillance Program that were diagnosed through December 31, 2017, reported to the system by June 30, 2018, and not known to be deceased or have moved out of Texas as of December 31, 2017. Data are presented by calendar year.

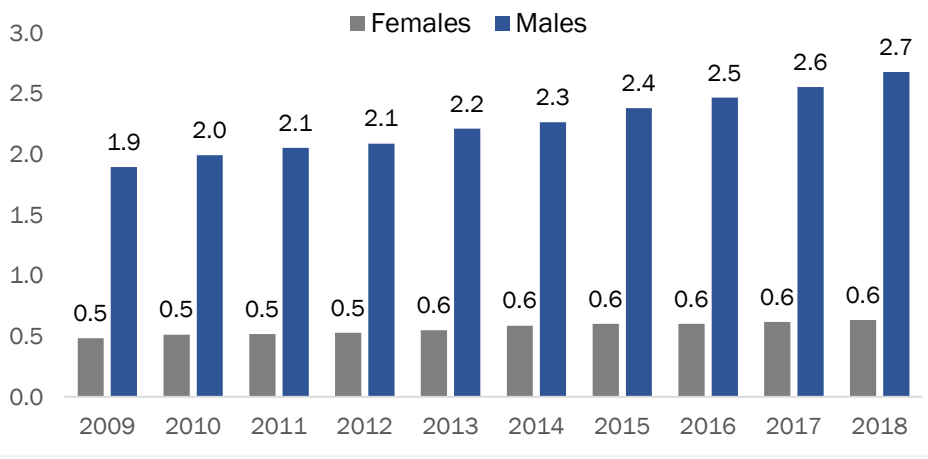
People living with HIV infections in Region 11 FY 2018
(Rate per 1,000)

County	Population	Cases	Rate
Aransas County	23,792	35	1.5
Bee County	32,587	45	1.4
Brooks County	7,114	5	0.7
Cameron County	423,908	857	2.0
Duval County	11,212	6	0.5
Hidalgo County	865,939	1427	1.6
Jim Hogg County	5,248	0	0.0
Jim Wells County	40,822	28	0.7
Kenedy County	442	0	0.0
Kleberg County	31,129	32	1.0
Live Oak County	12,166	6	0.5
McMullen County	749	0	0.0
Nueces County	362,265	654	1.8
Refugio County	7,032	0	0.0
San Patricio County	66,893	70	1.0
Starr County	64,525	40	0.6
Webb County	275,910	466	1.7
Willacy County	21,515	34	1.6
Zapata County	14,190	11	0.8
Region 11	2,267,438	3,716	1.6
Texas	28,701,845	91121	3.2

HIV Infections Rate per 1,000 in Region 11
(2009-2018)



HIV Infections Rate per 1,000 by Sex in Region 11



HIV Cases and Rates for year 2018 in Region 11 by Sex
(Rate per 1,000)

Sex	Cases	Population 2018	Rate
Male	3,003	1,120,168	2.7
Female	728	1,147,270	0.6
Total	3,731	2,267,438	1.6

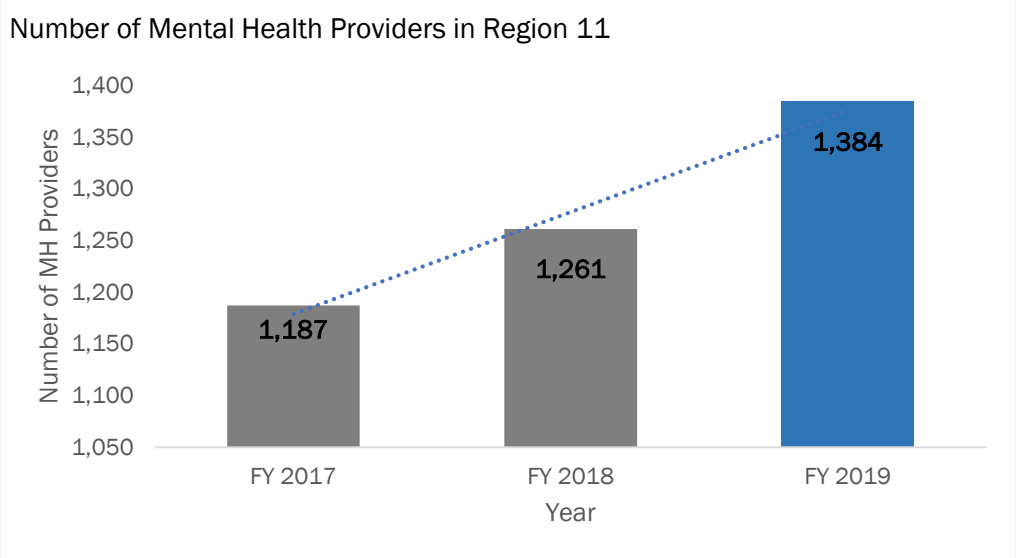
Mental Health Providers

Mental health providers offer essential care to adults and children who have a mental or behavioral disorder by offering services such as assessment, diagnosis, treatment, medication, and therapeutic interventions. The mental health workforce includes a broad array of professionals, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, professionals treating alcohol and other drug abuse and advanced practice nurses specializing in mental health care.

According to the National Institutes of Mental Health, about one in five Americans experienced some form of mental illness (not including substance abuse disorders) in 2019 but only 44.8% of adults with any mental illness and 65.5% with a serious mental illness reported receiving treatment in the past year.

An analysis by the Kaiser Family Foundation found that nearly 119 million Americans live in mental health shortage areas, and only 26.9% of the need is being met. The National Council of Behavioral Health (NCBH) reported that 77% of counties in the United States are experiencing a severe shortage of mental health providers. Demand for mental health professionals is projected to increase during and after the COVID-19 pandemic. The National Center for Health Workforce Analysis projected that by 2025 there will be a 45,000 and 250,000 shortage in mental health professionals.[33]

Mental Health Providers is the ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. For example, if a county has a population of 50,000 and has 20 mental health providers, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Mental Health Provider in the county.



While the majority of the population (70%) lives in close proximity to a mental health treatment facility (less than 10 miles), mental health provider shortages remain common. Populations with poor access to mental health care include:

[33] America's Health Rankings United Health Foundation

- Rural communities where individuals are less likely to have a mental health treatment facility than metropolitan counties.
- Communities with a higher percentage of Black or Hispanic individuals are less likely to have a mental health treatment facility.
- Low-income communities, where individuals are less likely to have mental health treatment resources and mental health professionals than high-income communities.

Retail Access

Despite nationwide adoption of a 21-year-old minimum legal drinking age, alcohol remains readily available to youth, who procure it from a variety of retail and social sources.

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.

In 2020, there were 61,326 alcohol permits in the state of Texas and a total of 4,769 alcohol permits in Region 11. Table below provides information on the number of alcohol permits by county in Region 11.

Density Rate, 2020

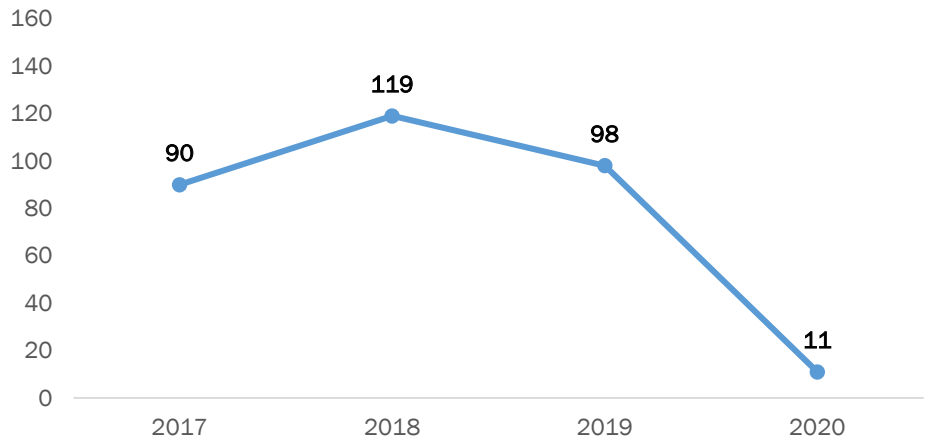
COUNTY	# of Alcohol Permits	Population	Density Rate per 100K
Aransas	93	28,232	329
Bee	58	34,694	167
Brooks	23	7,160	321
Cameron	830	429,514	193
Duval	32	11,771	272
Hidalgo	1,659	879,547	189
Jim Hogg	20	5,053	396
Jim Wells	121	43,074	281
Kenedy	0	483	0
Kleberg	90	30,910	291
Live Oak	40	12,081	331
McMullen	6	787	762
Nueces	908	388,438	234
Refugio	29	7,589	382
San Patricio	165	72,040	229
Starr	163	65,010	251
Webb	446	278,650	160
Willacy	42	22,115	190
Zapata	44	14,418	305
Region 11	4,769	2,331,566	205
Texas	61,326	30,162,926	203

In 2019, there were 185 violations in Texas and 11 violations in region 11 reported to the Texas Alcoholic Beverage Commission. The majority of violations, occurred in Nueces County.

Number of alcohol sales to minors, 2020

COUNTY	# of Alcohol Sales to Minors
Aransas	1
Bee	0
Brooks	0
Cameron	1
Duval	0
Hidalgo	2
Jim Hogg	0
Jim Wells	0
Kenedy	0
Kleberg	0
Live Oak	1
McMullen	0
Nueces	4
Refugio	1
San Patricio	0
Starr	0
Webb	1
Willacy	0
Zapata	0
Region 11	11
Texas	185

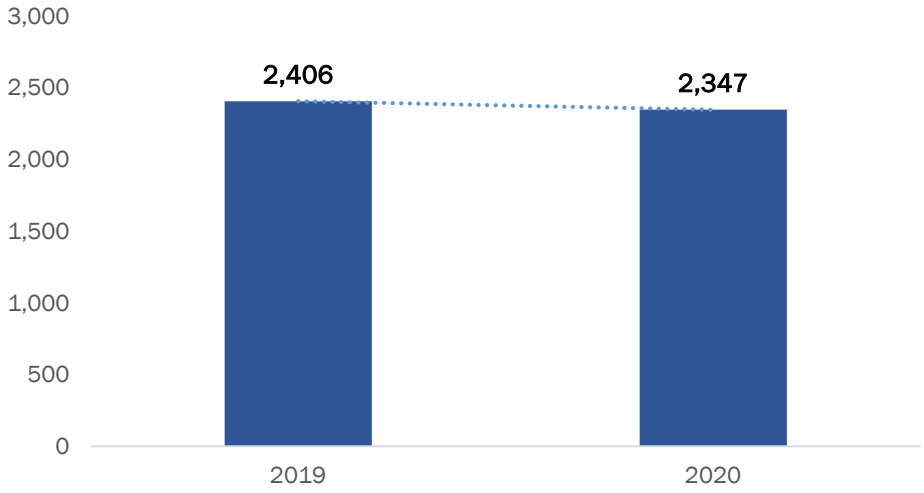
Number of Alcohol Sales to Minors in Region 11, 2017-2020



In 2020, there were 2,347 tobacco permits in Region 11. Table below provides information on the number of tobacco permits by county in Region 11.

COUNTY	Population	# of Tobacco Permits	Density Rates per 100K
Aransas	28,232	35	124.0
Bee	34,694	29	83.6
Brooks	7,160	13	181.6
Cameron	429,514	375	87.3
Duval	11,771	21	178.4
Hidalgo	879,547	891	101.3
Jim Hogg	5,053	10	197.9
Jim Wells	43,074	62	143.9
Kenedy	483	0	0.0
Kleberg	30,910	44	142.3
Live Oak	12,081	27	223.5
McMullen	787	4	508.3
Nueces	388,438	365	94.0
Refugio	7,589	16	210.8
San Patricio	72,040	88	122.2
Starr	65,010	119	183.0
Webb	278,650	197	70.7
Willacy	22,115	26	117.6
Zapata	14,418	25	173.4
Region 11	2,331,566	2,347	100.7
Texas	30,168,926	30,761	102.0

Number of Tobacco Permits for Years 2019 & 2020



Tobacco Sales to Minors

The prevalence of tobacco use among adolescents is increasing, and the most common source of tobacco products for persons aged less than 18 years (minors) is retail stores. In 2019, there were 58 tobacco violations in region 11. **Data for 2020 was not available for region 11.**

Prescription Drugs Dispensed

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.

Beginning March 1, 2020, pharmacists and prescribers (other than a veterinarian) will be required to check the patient's PMP history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol.

Pharmacists and prescribers are encouraged to check the PMP to help eliminate duplicate and overprescribing of controlled substances, as well as to obtain critical controlled substance history information.

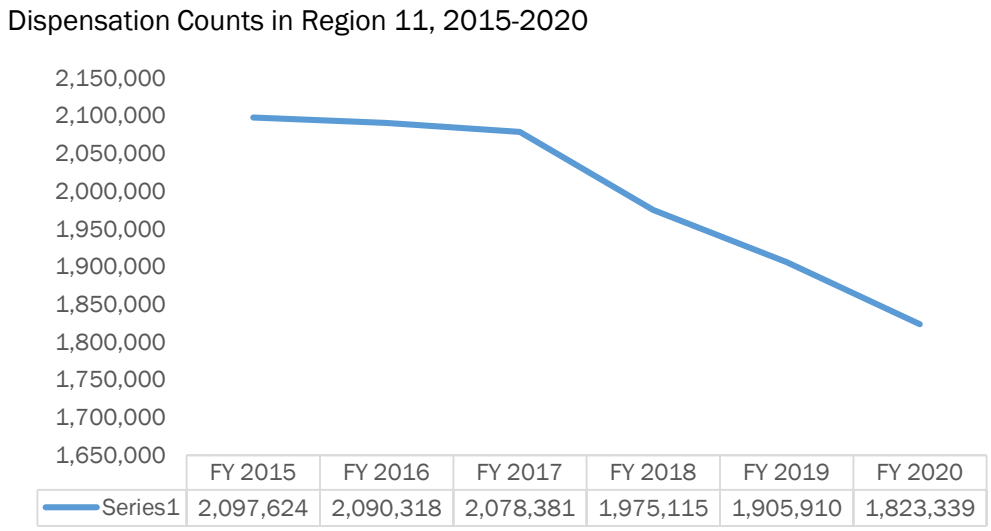
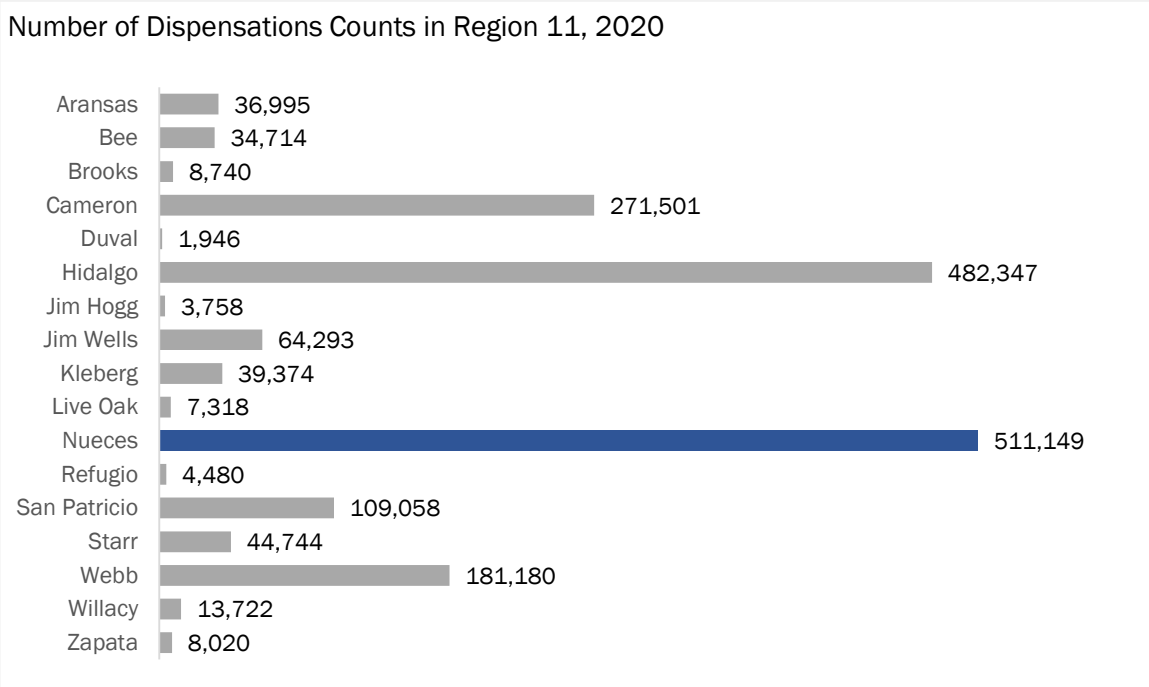


Figure below shows the number of controlled substances dispensed by county per 100 individuals. Interestingly, several border counties had low counts, and it is suspected that this may be due to the proximity of the Mexican border. Several controlled substances can be obtained without a prescription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

County	Population 2020	Number of Dispensations	Rate per 100
Aransas	27,699	36,995	134
Bee	34,445	34,714	101
Brooks	7,175	8,740	122
Cameron	427,881	271,501	63
Duval	11,796	1,946	16
Hidalgo	870,366	482,347	55
Jim Hogg	5,077	3,758	74
Jim Wells	42,890	64,293	150
Kenedy	476		0
Kleberg	30,987	39,374	127
Live Oak	12,030	7,318	61
McMullen	783		0
Nueces	383,718	511,149	133
Refugio	7,573	4,480	59
San Patricio	71,325	109,058	153
Starr	64,731	44,744	69
Webb	276,183	181,180	66
Willacy	22,134	13,722	62
Zapata	14,409	8,020	56
Region 11	2,311,678	1,823,339	79



School Domain

Academic Achievement – TEA

Texas provides annual academic accountability ratings to its public-school districts, charters and schools. The ratings are based on performance on state standardized tests; graduation rates; and college, career, and military readiness outcomes. The ratings examine student achievement, school progress, and whether districts and campuses are closing achievement gaps among various student groups. To learn more, visit TXschools.gov. Alternatively, the following video provides a quick overview of the system.

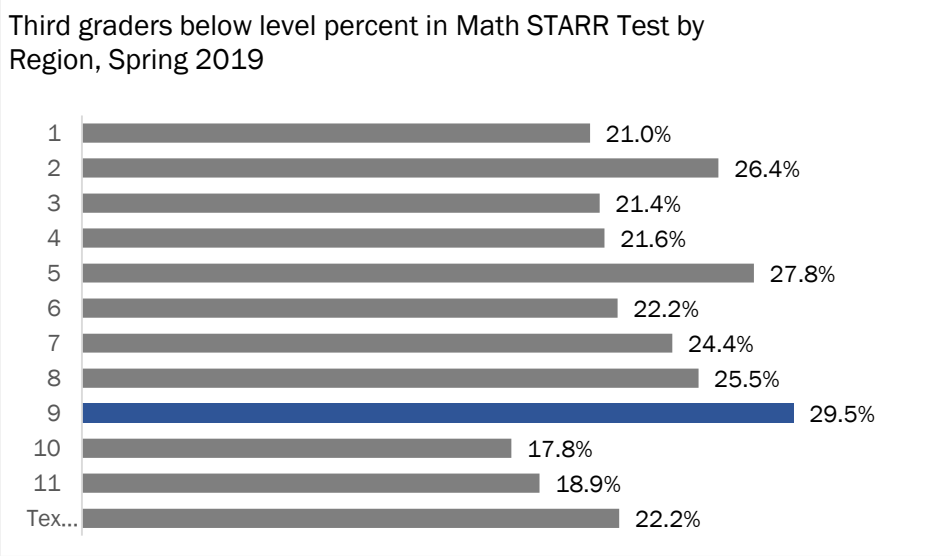
Note: Data count less than 5 was masked in order to comply with the federal Family Educational Rights and Privacy Act (FERPA).

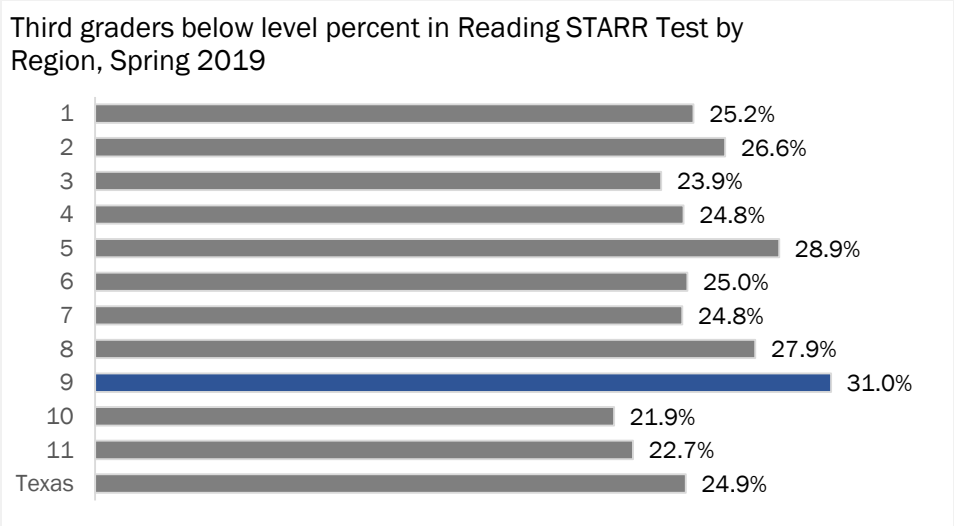
Tables below provide information on math and reading STARR test for third graders for the spring 2019.

The data we provided follow TEA standard format, numbers of "Approaches" including "Meets" and "Masters", they are not mutually exclusive, we must keep consistent with other data released on TEA website.

Third Graders below level percent in Math STARR Test by Region, Spring 2019

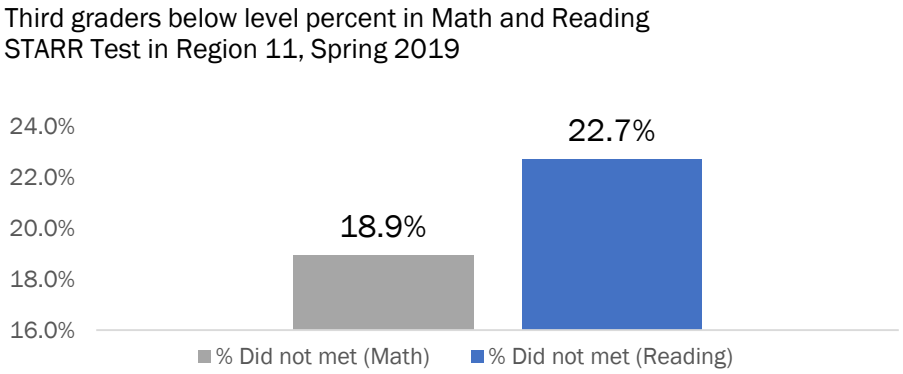
Region	Math	Reading
1	21.0%	25.2%
2	26.4%	26.6%
3	21.4%	23.9%
4	21.6%	24.8%
5	27.8%	28.9%
6	22.2%	25.0%
7	24.4%	24.8%
8	25.5%	27.9%
9	29.5%	31.0%
10	17.8%	21.9%
11	18.9%	22.7%
Texas	22.2%	24.9%

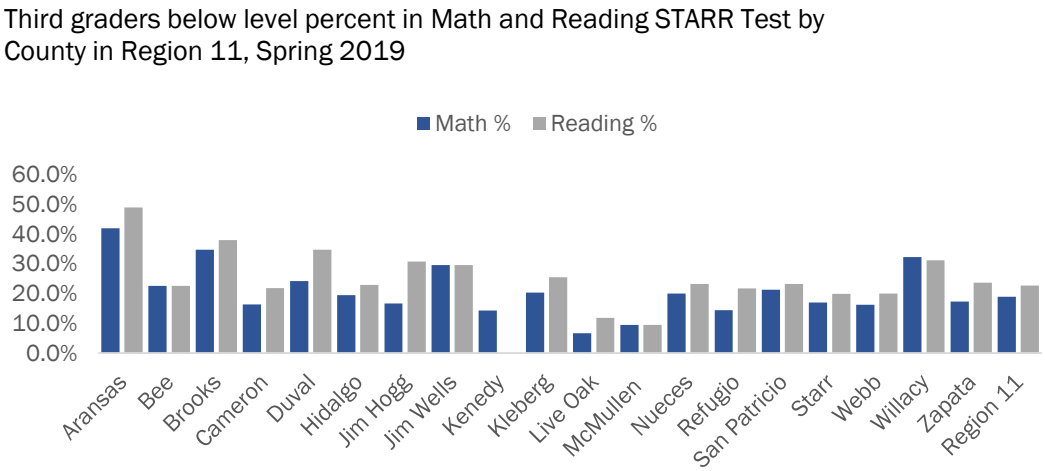




Third graders below level percent in Math and Reading STARR Test in Region 11, Spring 2019

Year	All Students	Number not met	% not met (Math)	All Students	Number not met	% Did not meet (Reading)
2018	38,678	7,497	19.4%	38,662	8,930	23.1%
2019	36,469	6,907	18.9%	36,455	8,272	22.7%





High School Graduation

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. For instance, cigarette smoking 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).

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.[34]

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 Hispanic students are about two times more likely to leave school without graduating compared to White students. Data related to some of the characteristics classified as risk factors predictive of adolescent problem behavior is presented in the sections that follow.

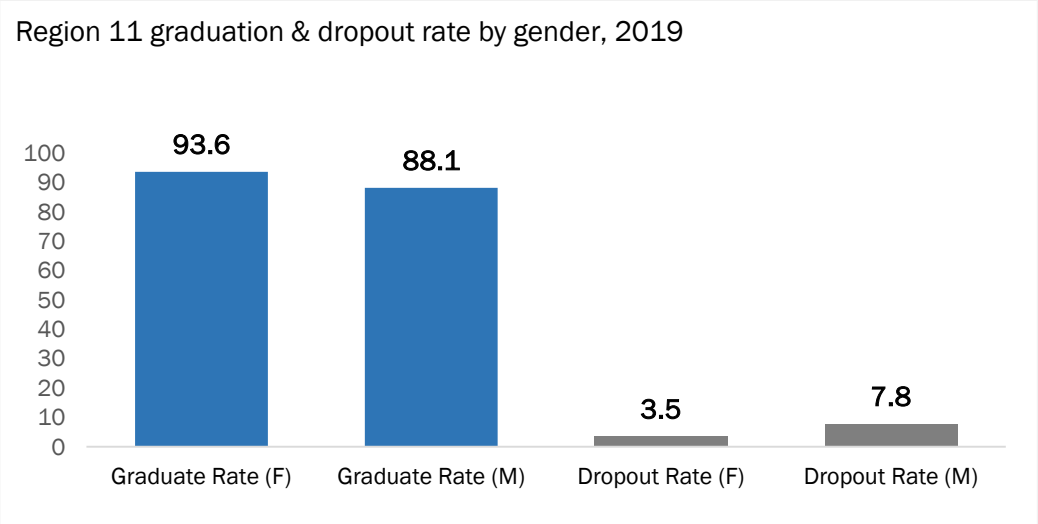
Four-Year Rates: Four-year longitudinal rates show the percentage of students from a class of beginning ninth graders who graduate or drop out of high school by their anticipated graduation date. The four-year longitudinal graduation rate for the class of 2019, for example, is the percentage of students who began ninth grade in 2015-16 and graduated by August 31, 2018. Data searches are available for the following classes. Comparison data is available for graduating classes of 2018, 2017, and 2016.

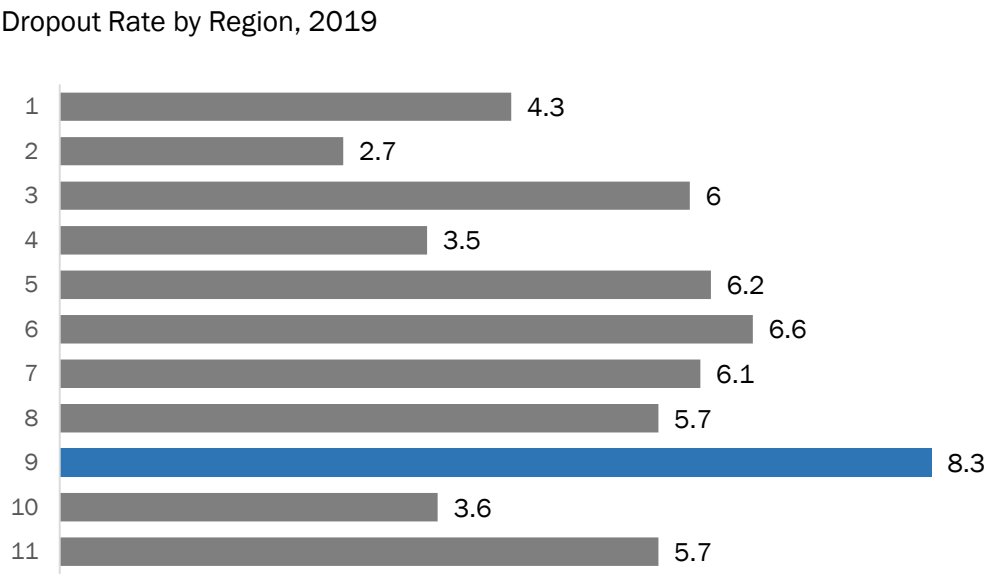
The state of Texas had a slightly higher average dropout rate, 5.9, than Region 11, 5.7.

Dropout rate by region FY 2019

HHSC Region	All Graduate Rate	All Dropout Rate
1	92.6	4.3
2	95.2	2.7
3	89.1	6
4	93.1	3.5
5	91.2	6.2
6	89.3	6.6
7	89.6	6.1
8	91.0	5.7
9	87.0	8.3
10	93.0	3.6
11	90.8	5.7

[34] NIDA. (2014, July 1). Drugs, Brains, and Behavior: The Science of Addiction. Retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction on 2018, June 20.
Maynard, B.R., Salas-Wright, C.P. & Vaughn, M.G. Community Mental Health J (2015) 51: 289. https://doi.org/10.1007/s10597-014-9760-5).
Written Statement Graduation for All Students. IDRA. http://www.idra.org/resource-center/written-statement-graduation-for-all-students/. Accessed July 24, 2017.
U.S Department of Education, U.S Department of Justice Office of Justice Programs. Indicators of School Crime and Safety: 2019





School Conditions

Young people face a variety of life challenges that can affect their mental health and/or use or abuse of alcohol and other drugs. Schools and campuses should be safe havens for them to grow and learn. Both settings offer a number of mental health promotion and substance use prevention activities, yet America's schools and campuses are facing challenging public health issues such as bullying, violence, alcohol use, and drug abuse.[35]

Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society. SAMHSA's underage drinking prevention

[35] U.S Department of Health and Human Services

campaign helps parents and caregivers start talking to their children early about the dangers of alcohol. While schools provide a number of programs and activities to promote emotional health and prevent substance use among students, they face unprecedented behavioral health challenges.

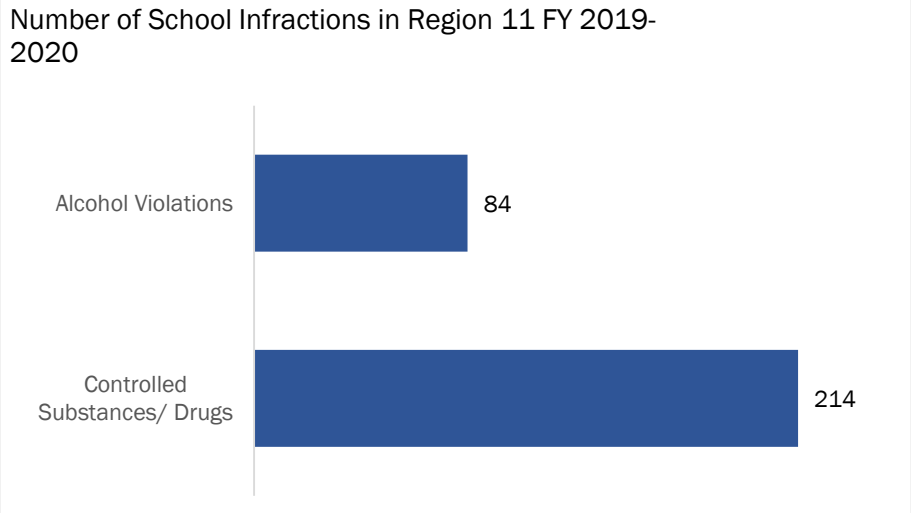
Substance use infractions

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.

Table below indicates the number of disciplinary actions related to possession of controlled substances or specific substance on school grounds. 61.4% of disciplinary actions made in region 11, were from controlled substances/drugs, 24.1% were from alcohol violations.

Number of infractions in Region 11 FY 2019-2020

Region 11	Controlled Substances/ Drugs	Alcohol Violations	Disciplinary Actions	Rate
Total	214	84	348	.53



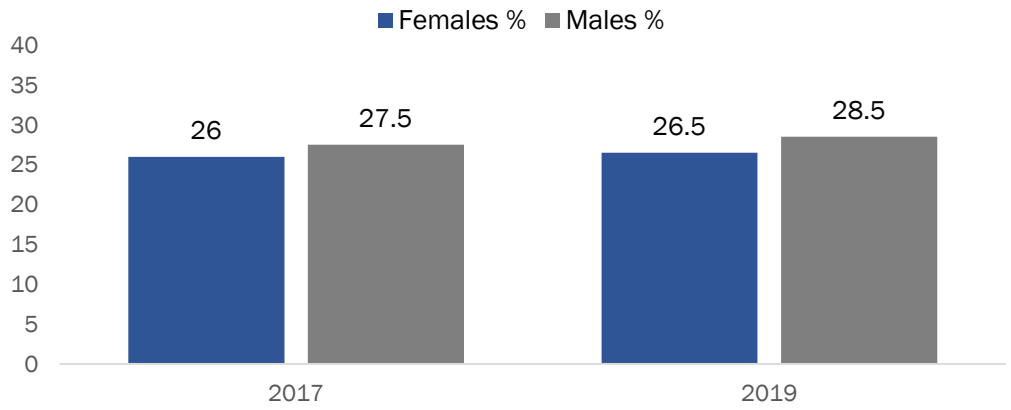
Students Offered Drugs at School

Data from the 2015 National Youth Risk Behavior Survey (YRBS) show that students with higher academic grades are less likely to engage in drug use, such as using marijuana, taking prescription drugs without a prescription, or using heroin. It is important to remember that these associations do not prove causation. School health professionals, school officials, and other decision makers can use this information to better understand the associations between drug use and grades, as well as to develop and reinforce policies, practices, and programs that support healthy behaviors.[36]

Data from the Texas Youth Risk Behavior Surveillance System (YRBSS)

Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months by Sex.		
Year	Females %	Males %
2017	26	27.5
2019	26.5	28.5

Percentage of students who were offered, sold, or given an illegal drug on school property by sex.

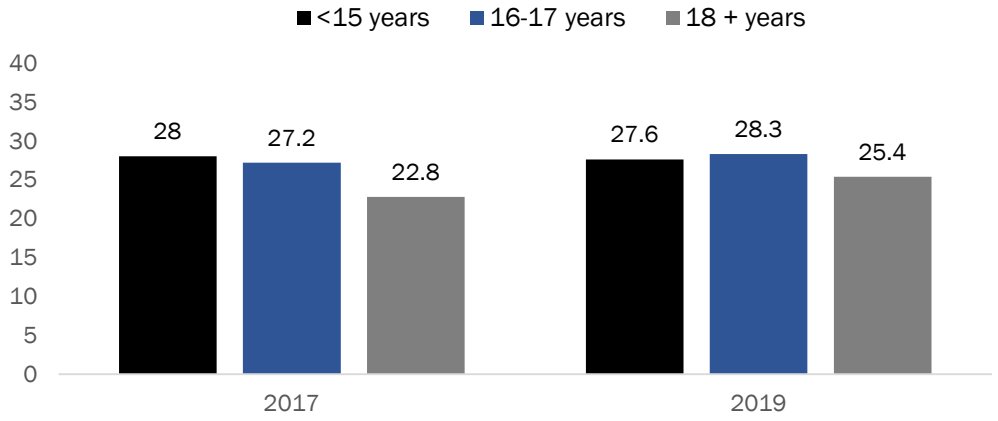


Data from the Texas Youth Risk Behavior Surveillance System (YRBSS)

Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months by Age.			
Year	<15 years	16-17 years	18 + years
2017	28	27.2	22.8
2019	27.6	28.3	25.4

[36] Making the Connection: Drug Use and Academic Grades, 2017

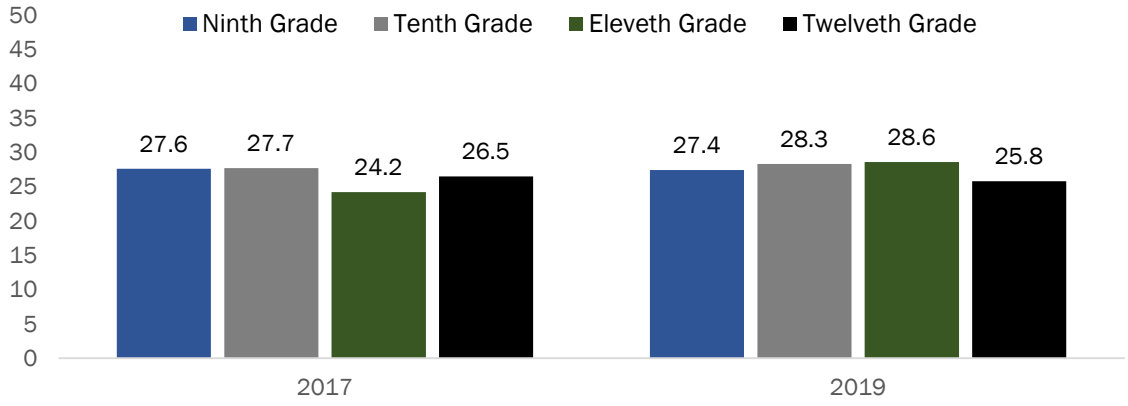
Percentage of students who were offered, sold, or given an illegal drug on school property by age group.



Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months

Year	Ninth Grade	Tenth Grade	Eleventh Grade	Twelfth Grade
2017	27.6	27.7	24.2	26.5
2019	27.4	28.3	28.6	25.8

Percentage of students who were offered, sold, or given an illegal drug on school property by grade level.



Family Domain

Family Violence Crime Rate

Over the last decade alone, the Texas Council on Family Violence has reported the deaths of 1,334 women at the hands of their intimate partners. In 2018, 174 women were killed by their intimate partners. This represents the highest number of deaths recorded in the last decade.

With the 2018 annual report, TCFV expands the documentation of intimate partner homicides to include men killed by female partners and men and women killed by same-sex partners. In addition to 174 women killed by their male intimate partners, 32 men were killed by their female partners, and one woman and four men were killed by same-sex partners, for a total of 211 Texans killed.

Table below shows family violence incidents by County for Region 11 in 2020. According to the Department of Public Safety, there was a total of 17,422 family violence incidents in Region 11. Nueces, Kleberg and Willacy Counties had the highest incident rate in 2020.

Family Violence Rate per 1,000 in Region 11 For year 2020
Data from January 2020 to December 2020

County	Population 2020	Family Incidents	Rate
Aransas	27,699	262	9.46
Bee	34,445	295	8.56
Brooks	7,175	24	3.34
Cameron	427,881	2,377	5.56
Duval	11,796	100	8.48
Hidalgo	870,366	5,944	6.83
Jim Hogg	5,077	23	4.53
Jim Wells	42,890	280	6.53
Kenedy	476	3	6.30
Kleberg	30,987	335	10.81
Live Oak	12,030	22	1.83
McMullen	783	0	0.00
Nueces	383,718	4,554	11.87
Refugio	7,573	32	4.23
San Patricio	71,325	363	5.09
Starr	64,731	269	4.16
Webb	276,183	2,278	8.25
Willacy	22,134	214	9.67
Zapata	14,409	47	3.26
Region 11	2,311,678	17,422	7.54

Confirmed Child (0-18) Victims of Maltreatment

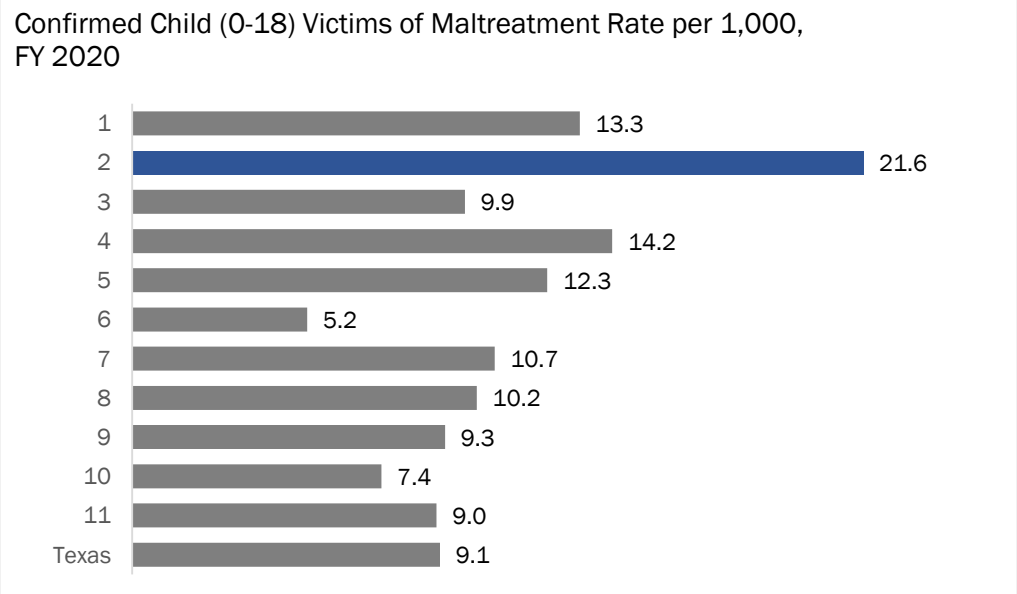
This chart counts victims in completed investigations. Completed investigations only include those cases conducted as a traditional investigation that were not administratively closed or merged into another stage. An investigation can only be administratively closed if all allegations have a disposition of administrative closure. A completed investigation can include more than one alleged victim. Completed investigations do not include any Alternative Response stages.

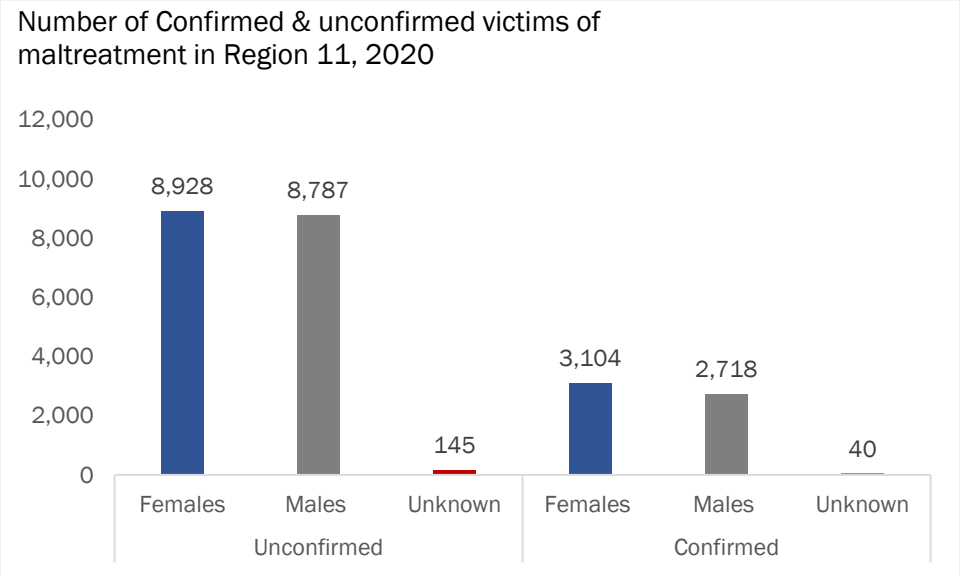
A confirmed victim on a completed investigation is a child who is a victim on at least one allegation with a disposition of reason to believe.

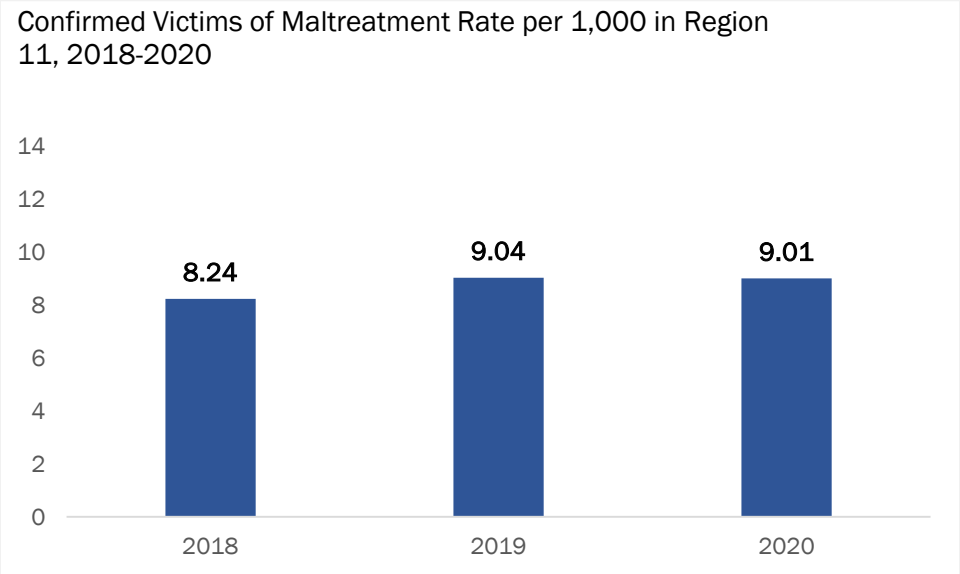
An unconfirmed victim on a completed investigation is a child who was an alleged victim on at least one allegation with a disposition of unable to complete, unable to determine or ruled out.

Confirmed Child (0-18) Victims of Maltreatment Rate per 1,000 by Region, 2020

Region	Number	Rate
1	2,946	13.3
2	2,732	21.6
3	20,074	9.9
4	3,799	14.2
5	2,181	12.3
6	10,164	5.2
7	9,125	10.7
8	7,963	10.2
9	1,769	9.3
10	1,825	7.4
11	5,862	9.0
Texas	68,452	9.1







Children under 18 in the foster care system

Children in DFPS custody are those for whom a court has appointed DFPS legal responsibility through temporary or permanent managing conservatorship or other court ordered legal basis. These children may be residing in substitute care or may be living with a parent, referred to as a return and monitor. DFPS legal responsibility terminates when a court orders DFPS custody ended or a youth turns 18, whichever comes first.

Substitute care - all children who are living in a DFPS out of home placement. It does not include children in DFPS custody who are living with a parent on a return and monitor. Unless otherwise noted, it does include youth over 18 who are in extended foster care but are not in DFPS custody.

Kinship care- a subset of substitute care that includes all children in DFPS custody who are living with a legal or blood relative or other individual who has a significant relationship with the child or the child's family known as "fictive kin."

Foster care - a subset of substitute care that includes all children living in a placement that has been verified to provide 24-hour residential care for a child, in accordance with Chapter 42 of the Human Resources Code and related regulations. These placements include foster homes, including kinship care where the caregiver has been verified, general residential operations (GRO), emergency shelters, residential treatment centers (RTC), and juvenile facilities.

Paid foster care - a subset of foster care where DFPS is making foster care payments.

Table below shows the number of children in foster care in Region 11 for the year 2020. Aransas County had the highest rate 6.3 compared to .7 in Hidalgo County.

Children under 18 in the foster care system, 2020

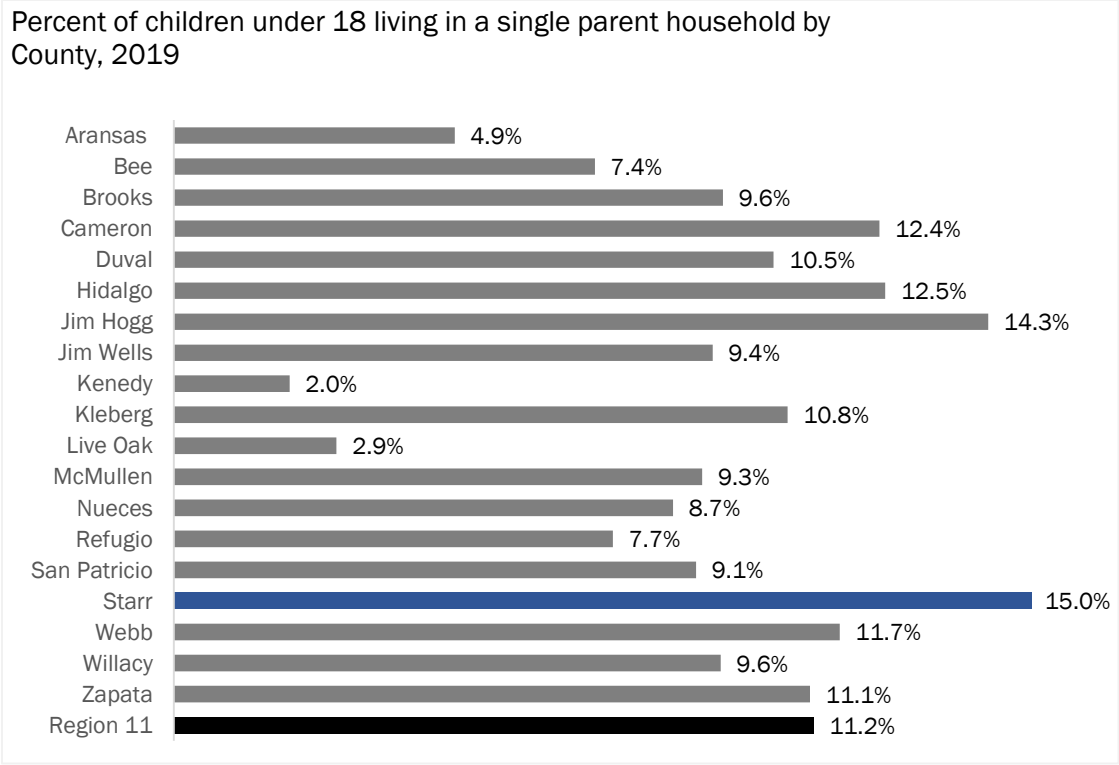
County	Population	Foster Care	Rate per 1,000
Aransas	5,226	33	6.3
Bee	7,568	34	4.5
Brooks	1,836	5	2.7
Cameron	124,912	216	1.7
Duval	3,077	23	7.5
Hidalgo	258,163	191	0.7
Jim Hogg	1,477	7	4.7
Jim Wells	12,078	34	2.8
Kenedy	101		0.0
Kleberg	6,964	21	3.0
Live Oak	2,451		0.0
McMullen	123		0.0
Nueces	95,469	213	2.2
Refugio	1,711	4	2.3
San Patricio	18,318	60	3.3
Starr	19,930	15	0.8
Webb	81,575	160	2.0
Willacy	5,419	20	3.7
Zapata	4,616	9	1.9
Region 11	651,014	1,045	1.6

Children under 18 living in single-parent households

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. Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Compared with children in married-couple families, children raised in single-parent households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood.

Figure below illustrates the rate per 1,000 of children under 18 living in single parent household in Region 11 for the year 2019.

County	Total Households	Children under 18 living in a single parent household	Total households with children under 18 years	Rate
Aransas	9,529	621	2,260	65.2
Bee	8,531	1,009	3,168	118.3
Brooks	2,022	413	814	204.3
Cameron	122,188	17,875	57,206	146.3
Duval	3,845	607	1,547	157.9
Hidalgo	232,523	34,770	117,435	149.5
Jim Hogg	1,587	212	535	133.6
Jim Wells	13,614	1,732	5,384	127.2
Kenedy	152	8	58	52.6
Kleberg	10,958	1,214	3,691	110.8
Live Oak	3,586	193	929	53.8
McMullen	194	5	56	25.8
Nueces	128,857	14,813	45,355	115.0
Refugio	2,694	276	877	102.4
San Patricio	23,246	2,693	9,157	115.8
Starr	16,320	2,734	8,289	167.5
Webb	72,379	11,234	38,394	155.2
Willacy	5,737	847	2,411	147.6
Zapata	4,457	685	2,119	153.7
Region 11	9,430,419	983,061	3,530,159	104.2



Divorce Rates

The U.S. Census Bureau provides the current marital status of persons, by age, sex, and race and the estimated median age at first marriage for men and women at the U.S. level. Data on family statistics come from two primary sources: vital statistics and surveys. Total counts of marriages and divorces are reported by state and county offices to the federal government and are summarized in publications from the Centers for Disease Control and Prevention National Center for Health Statistics.[37]

A better measure—the refined divorce rate—is the number of divorces per 1,000 married women. This rate is preferable to the crude divorce rate because the denominator includes only those people at risk of divorce. The federal government has not published information on the refined divorce rate for many years. Table below illustrates the divorce rate for the year 2015 in Region 11. Rate is calculated by dividing the number of divorces by the number of marriages and multiplying the result times 1,000.

[37] Interpreting divorce rates, marriage rates, and data on the percentage of children with single parent.

Divorce Rate per 1,000 in Region 11

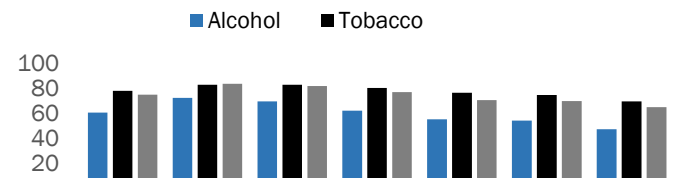
Marriages and Divorces 2015			
County	Marriages*	Divorces**	Rate
Aransas	256	100	390.6
Bee	167	61	365.3
Brooks	65	10	153.8
Cameron	2,305	651	282.4
Duval	68	4	58.8
Hidalgo	4,783	0	0.0
Jim Hogg	32	0	0.0
Jim Wells	222	90	405.4
Kenedy	5	0	0.0
Kleberg	224	98	437.5
Live Oak	56	51	910.7
McMullen	594	40	67.3
Nueces	2,436	657	269.7
Refugio	27	20	740.7
San Patricio	290	243	837.9
Starr	409	0	0.0
Webb	1,934	111	57.4
Willacy	108	50	463.0
Zapata	25	2	80.0
Texas	187,415	71,123	379.5

Perceptions of Parental Attitudes

The Texas School Survey (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 thru 12 in Texas Public schools. The survey is sponsored by the Texas Department of State Health and Human Services Commission (HHSC) and administered by the Public Policy Research Institute (PPRI).

Perceived parental rejection, acceptance, and attitudes significantly differentiated between adolescents who reported favorable attitudes toward and high intent to use substances and those who expressed less favorable attitudes. Table below provides information about student's perceptions of parental approval towards the following substances. *"How do your parents feel about kids your age using"?*

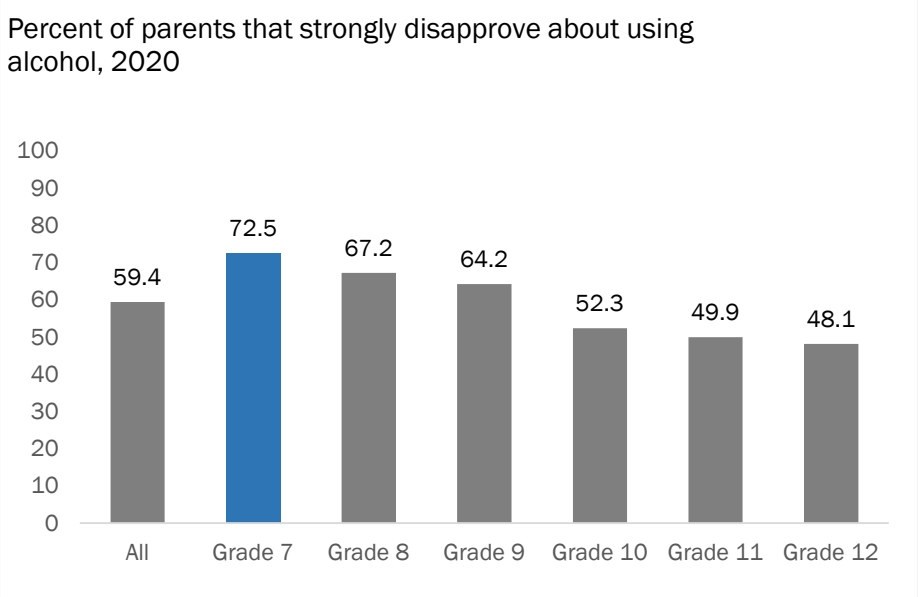
Percent of parents that strongly disapprove about using alcohol, tobacco and marijuana in Texas, 2020



	All	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Alcohol	60.9	72.6	69.8	62.4	55.5	54.5	47.7
Tobacco	78.4	83.1	83.1	80.7	76.9	75.1	69.8
Marijuana	75.3	83.9	82.2	77.2	70.9	70.2	65.2

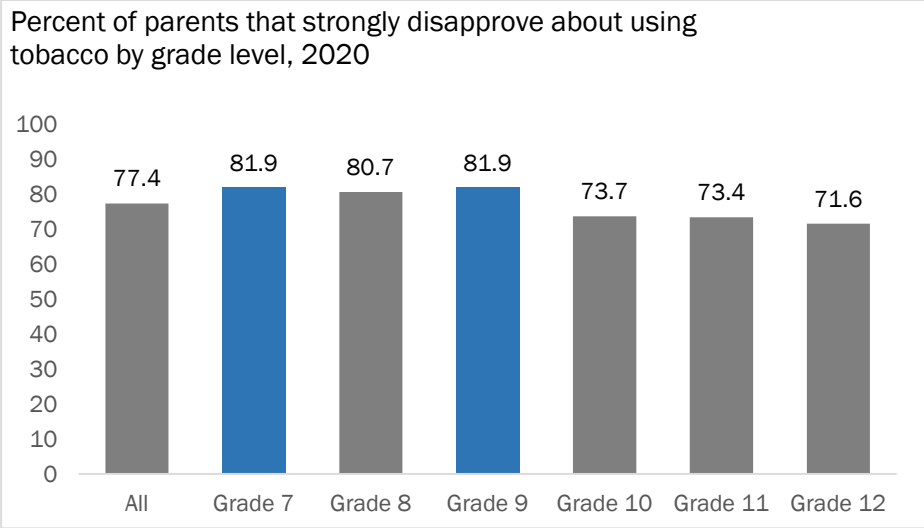
Parents 'strongly or mildly disapprove' about using alcohol (%)

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	59.4	13.7	12.1	4.9	1.2	8.6
Grade 7	72.5	9.3	5.4	1.5	0.4	10.9
Grade 8	67.2	11.8	7.6	3.5	0.8	9.1
Grade 9	64.2	14	9.9	3.1	1.3	7.6
Grade 10	52.3	16.8	13.7	4.7	1.9	10.4
Grade 11	49.9	16.7	18.1	6.3	1.1	7.9
Grade 12	48.1	14	19.6	11.5	1.6	5.2



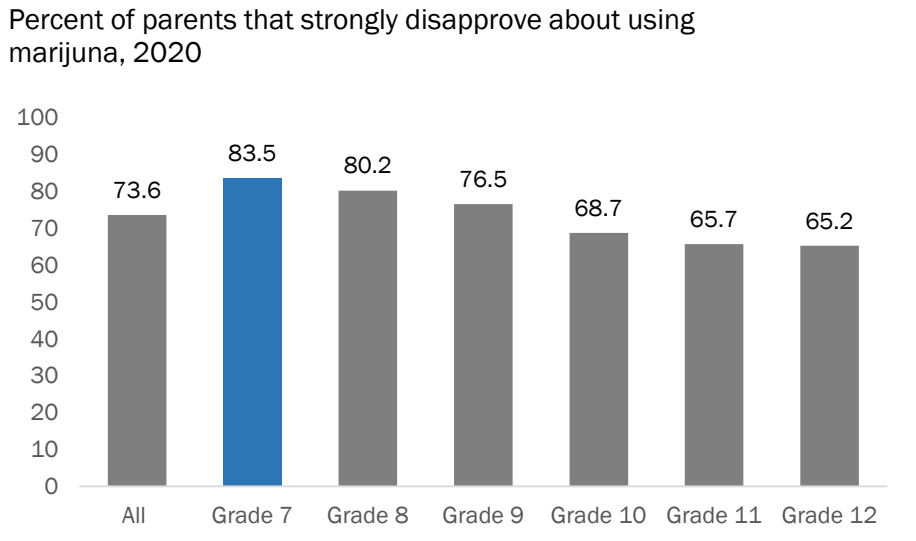
Parents “strongly or mildly disapprove” about using tobacco (%)

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	77.4	6.8	4.8	1	0.8	9.2
Grade 7	81.9	4.2	2	0.4	0.4	11.1
Grade 8	80.7	4.8	3.6	0.7	1.3	8.8
Grade 9	81.9	6	3.3	0.8	0.7	7.3
Grade 10	73.7	6.6	5.7	1.3	1.2	11.4
Grade 11	73.4	9.4	6	0.6	0.7	9.8
Grade 12	71.6	10.2	9.1	2.1	0.4	6.5



Parents 'strongly or mildly disapprove' about using marijuana (%)

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	73.6	6.8	7.7	2	1.4	8.5
Grade 7	83.5	3.2	2	0.2	0.4	10.7
Grade 8	80.2	4.1	4.5	1.4	1.1	8.6
Grade 9	76.5	6.7	5.7	1.8	1.5	7.7
Grade 10	68.7	8.5	8.2	2.9	2.1	9.7
Grade 11	65.7	8.4	12.8	2.5	2.3	8.4
Grade 12	65.2	10.4	14.3	3.8	1	5.3



Peer Domain

Culture plays a central role in forming the expectations of individuals about potential problems they may face with drug use. 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.

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. 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.

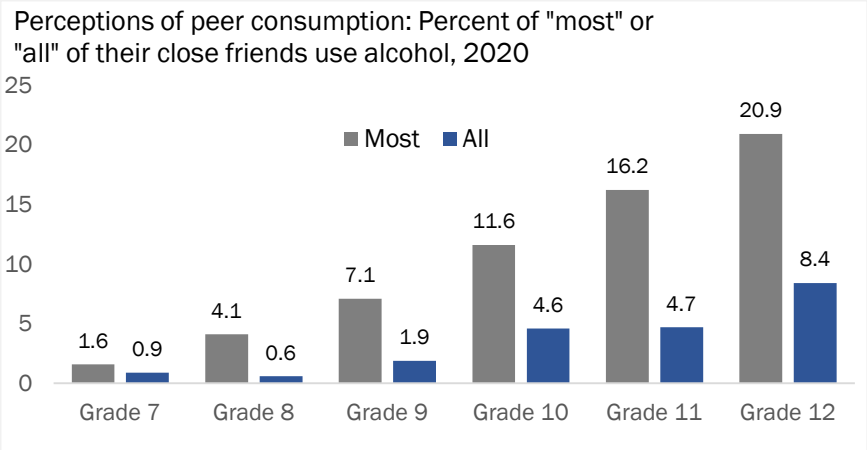
Perceptions of Peer Consumption

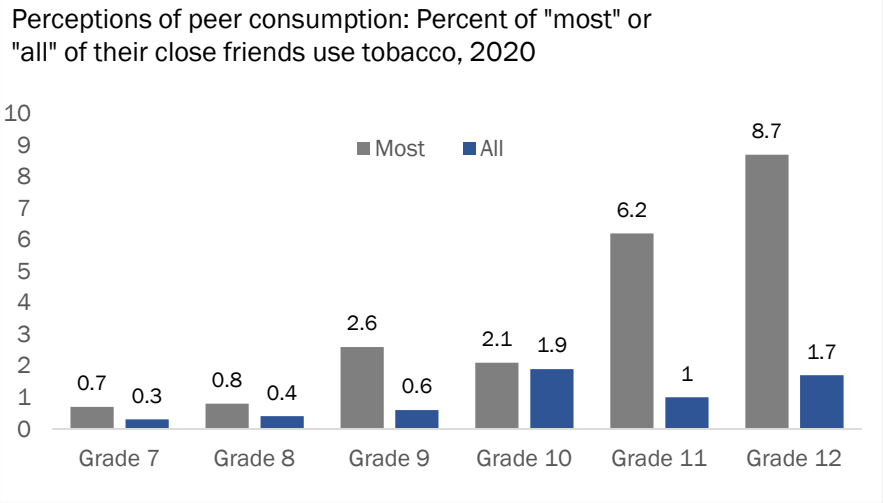
In evaluating the risk of substance use in congruence with the risk factor model, accessibility should be considered in the perceptions one has in obtaining alcohol, marijuana, tobacco, or prescription drugs. If one believes any of these substances will bring harm to themselves, the risk of abuse decreases. Additionally, if one has a low perception of harm in regard to these substances, the risk of abuse increases. Peer associations may influence the risk of abuse. A community may contribute to a perceived risk if businesses do not follow state licensing and regulations in alcohol sales.

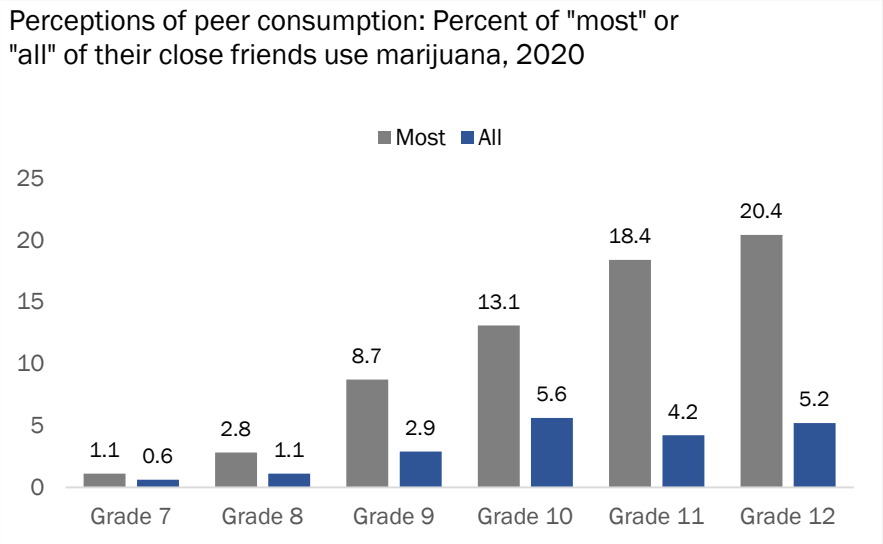
Alcohol

(Regions 6,8 &11)

Responses from the Texas School Survey 2020 are shown below. Students were asked about their perceptions of their peers and friends using the following substances: alcohol, tobacco, and marijuana. Results show that in 7th grade students believe that only 1.6 percent “most” of their friends use alcohol. by 12th grade students agree that 20.9 percent of their peers and friends use alcohol. Results show that by 12th grade students tend to report that more of their peers are using a substance.


Perceptions of peer consumption: Percent of "most" or "all" of their close friends use alcohol, 2020
25
20
15
10
5
0
Most
All
1.6
0.9
4.1
0.6
7.1
1.9
11.6
4.6
16.2
4.7
20.9
8.4
Grade 7
Grade 8
Grade 9
Grade 10
Grade 11
Grade 12


Perceptions of peer consumption: Percent of "most" or "all" of their close friends use tobacco, 2020
10
9
8
7
6
5
4
3
2
1
0
Most
All
0.7
0.3
0.8
0.4
2.6
0.6
2.1
1.9
6.2
1
8.7
1.7
Grade 7
Grade 8
Grade 9
Grade 10
Grade 11
Grade 12

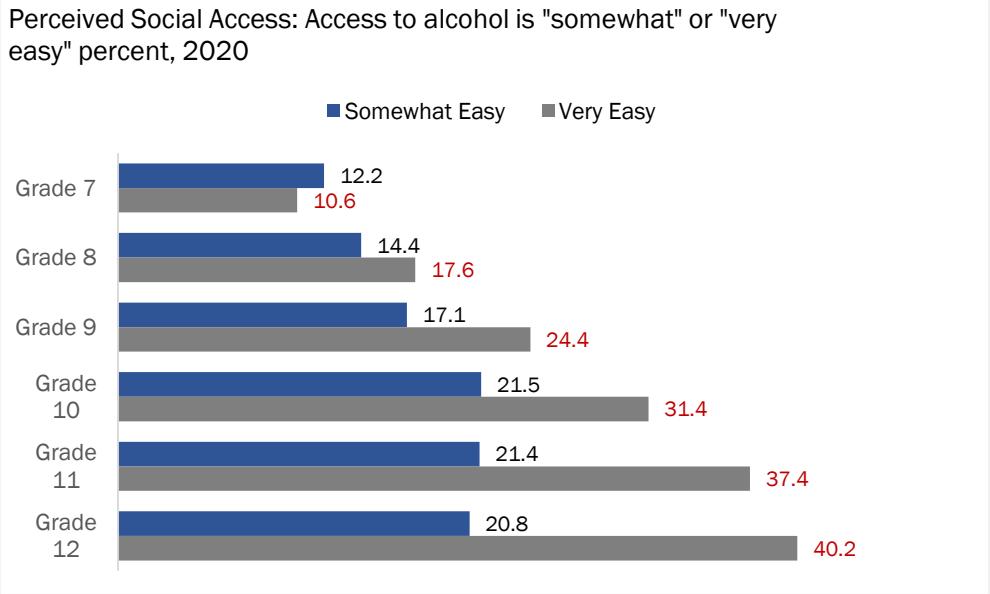

Perceptions of peer consumption: Percent of "most" or "all" of their close friends use marijuana, 2020
Most
All
25
20
15
10
5
0
1.1
0.6
2.8
1.1
8.7
2.9
13.1
5.6
18.4
4.2
20.4
5.2
Grade 7
Grade 8
Grade 9
Grade 10
Grade 11
Grade 12

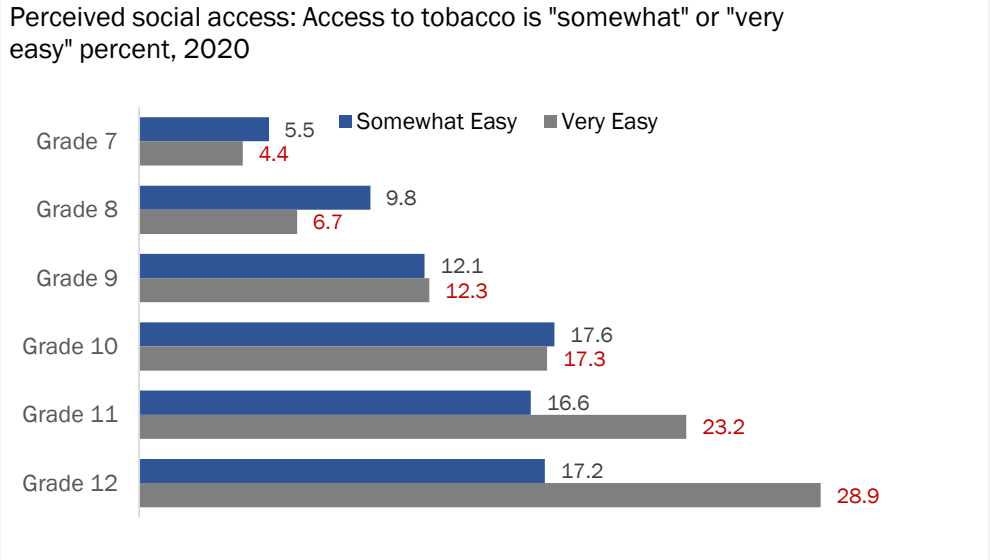
Perceived Social Access

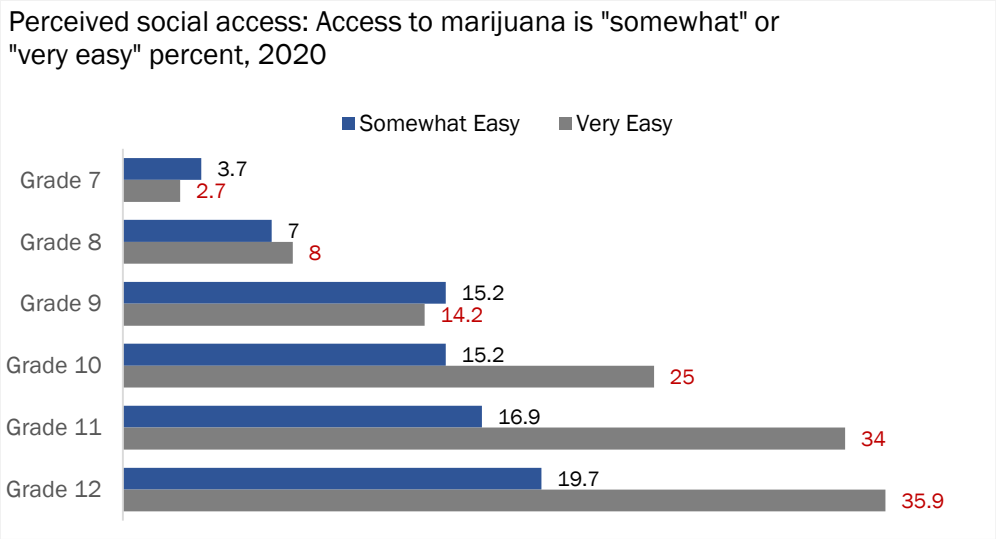
(Regions 6, 8 & 11)

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 reports findings regarding perceived access to alcohol, marijuana, and tobacco.






Perceived social access: Access to marijuana is "somewhat" or "very easy" percent, 2020
Somewhat Easy
Very Easy
Grade 7
3.7
2.7
Grade 8
7
8
Grade 9
15.2
14.2
Grade 10
15.2
25
Grade 11
16.9
34
Grade 12
19.7
35.9

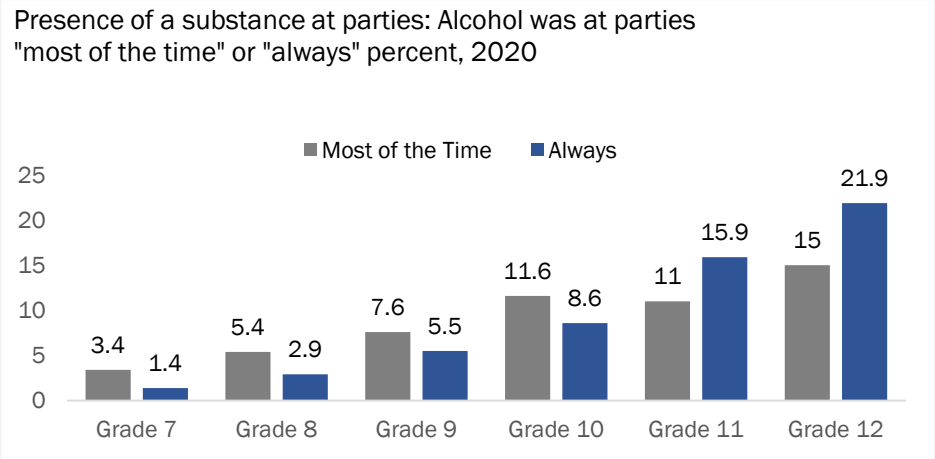
Presence of a Substance at Parties

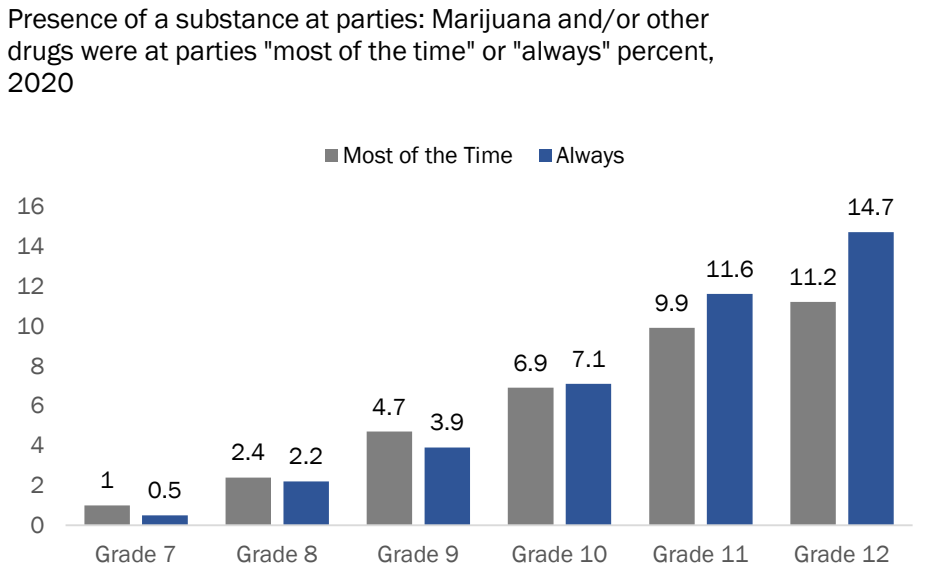
(Regions 6, 8 & 11)

Parties give people a chance to get together, socialize and have fun. Where alcohol and other drugs come into the mix, risky behavior becomes more likely. This means things like:

- drinking too much alcohol (sometimes called binge drinking)
- wanting to drive after drinking
- unprotected or non-consensual sex
- drink spiking
- drug overdose or alcohol poisoning
- getting into a fight
- getting injured.

Below are the responses from the Texas School Survey 2020. Students were asked if the following substances were at the parties they attended. 21.9% of 12th graders reported that alcohol was a substance that was always at parties.





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, Alton and Weslaco (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.

Social Host Training Refresher in City of Palmview

Individual Domain

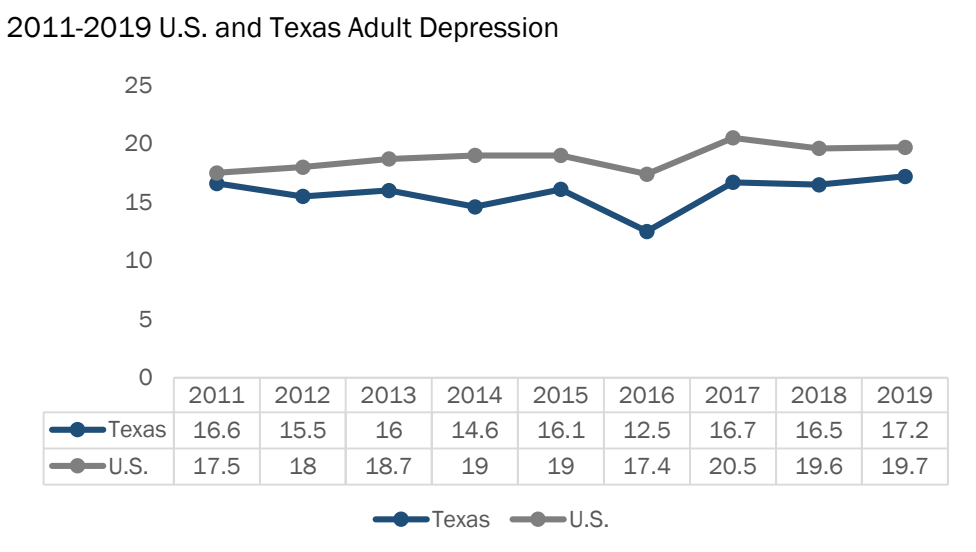
Youth Mental Health

Environmental risk factors for mental and behavior health is crucial to consider in the assessment of a community. Indicators such as suicide, psychiatric hospital admissions, adolescent and adult substance abuse treatment admissions are all included in this evaluation. Contact information for mental health authorities' area is also included in this section. According to the 2018 National Survey on Drug Use and Health, an estimated 47.6 million adults aged 18 or older (19.1 percent) had any mental illness (AMI) in the United States. An estimated 11.4 million adults aged 18 or older in the nation had serious mental illness (SMI) in the past year, corresponding to 4.6 percent of all U.S adults.[38]

Adolescent depression

Depression is a mental illness frequently co-occurring with substance use. The relationship between the two disorders is bi-directional, meaning that people who abuse substances are more likely to suffer from depression, and vice versa. People who are depressed may drink or abuse drugs to lift their mood or escape from feelings of guilt or despair. But substances like alcohol, which is a depressant, can increase feelings of sadness or fatigue. Conversely, people can experience depression after the effects of drugs wear off or as they struggle to cope with how the addiction has impacted their life.

According to the National Survey on Drug Use and Health, in 2018, about 1 in 7 adolescents aged 12 to 17 (14.4 percent) had a major depressive episode (MED), or 3.5 million adolescents. The percentage for adults aged 18 to 25 (4.6 million) that had an MDE during the past year was approximately 13.8 percent.[39]



	2011	2012	2013	2014	2015	2016	2017	2018	2019
Texas	16.6	15.5	16	14.6	16.1	12.5	16.7	16.5	17.2
U.S.	17.5	18	18.7	19	19	17.4	20.5	19.6	19.7

[38] National Institute of Mental Health, Mental Health Information, Health Topics, Substance Use and Mental Health. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml. Updated May 2016, Accessed June 2019.

[39] Smith K, Ph.D. Substance Abuse and Depression https://www.psycom.net/depression-substance-abuse . Last Updated November 25, 2018, Accessed June 25, 2019.

Adolescent self-directed violence

The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally-funded, classroom-based, paper survey conducted every two years on odd years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. This surveillance can be used to monitor the Healthy People 2030 Objectives for smoking, overweight, exercise, seat belt use, fruit and vegetable consumption, alcohol consumption, drug use, sexual activity, and other risk factors to establish intervention priorities and monitor the long-term impact of health promotion programs.

	Attempted Suicide			Suicide Attempt required Medical Attention		
	2013	2017	2019	2013	2017	2019
Total	10.1%	12.3%	10.0%	3.5%	4.5%	3.4%
<15	11.6%	9.8%	8.8%	3.3%	4.0%	2.7%
16-17	9.6%	14.2%	10.0%	3.9%	4.4%	4.0%
18+	8.4%	12.1%	12.8%	2.8%	6.3%	3.1%
9th	11.9%	10.3%	7.9%	3.8%	3.9%	2.5%
10th	11.9%	12.1%	11.9%	4.1%	3.7%	4.7%
11th	8.1%	13.6%	10.0%	3.5%	4.9%	4.1%
12th	6.3%	12.5%	10.2%	1.9%	5.3%	1.9%
Black	8.7%	18.7%	12.3%	2.7%	7.5%	6.6%
Hispanic	11.4%	11.4%	10.4%	3.9%	3.4%	3.3%
Other	9.5%	8.2%	7.0%	3.7%	2.7%	3.0%
White	8.0%	11.3%	9.5%	2.9%	5.0%	2.4%
Female	11.6%	13.0%	12.4%	3.6%	4.0%	4.1%
Male	8.6%	10.9%	7.5%	3.4%	4.8%	2.6%

Attempted suicide- Percentage of students who attempted suicide one or more times during the past 12 months. Suicide attempt required medical attention- Percentage of students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months.

Adolescent suicides in Texas

In 2017, The American Foundation for Suicide Prevention estimated that, 47,173 Americans died by suicide and another 1,400,000 suicide attempts. In 2015, suicide and self-injury cost the U.S. $69 billion. Additional facts about suicides in the U.S.[40]

- The age-adjusted suicide rate in 2017 was 14.0 per 100,000 individuals.
- In 2017, men died by suicide 3.54 x more often than women.
- White males accounted for 69.67% of suicide deaths in 2017.
- The rate of suicide is highest in middle-age white men in particular.
- On average, there are 129 suicides per day.
- In 2017, firearms accounted for 50.57% of all suicide deaths.

[40] American Foundation for Suicide Prevention, Suicide Statistics, https://afsp.org/about-suicide/suicide-statistics/. Accessed June 18, 2019.

In 2018, an estimated 10.7 million adults aged 18 or older had thought seriously about trying to kill themselves (4.3 percent of adults). The percentage of adults aged 18 or older in 2018 who had serious thoughts of suicide was higher than the percentages in 2008 to 2014.

Texas Suicide Deaths, 2018

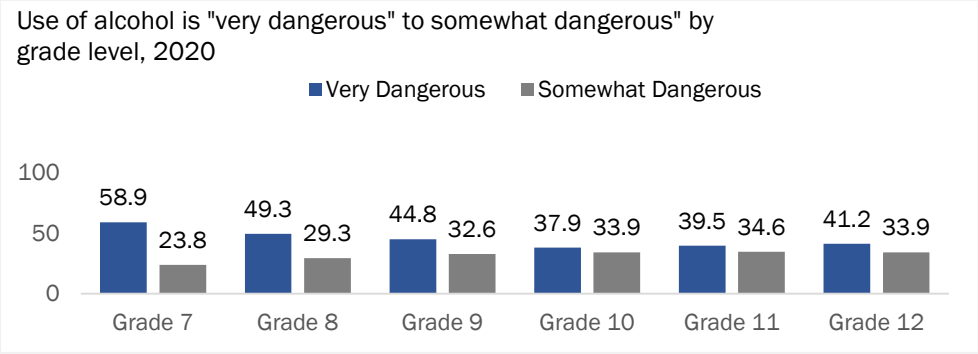
Edition-Publish year	Measure Name	Deaths per 100,000 population	Data collection Year
2020	Suicide- All Ages	14.2	2018
2020	Suicide - Ages 15-24	14.3	2018

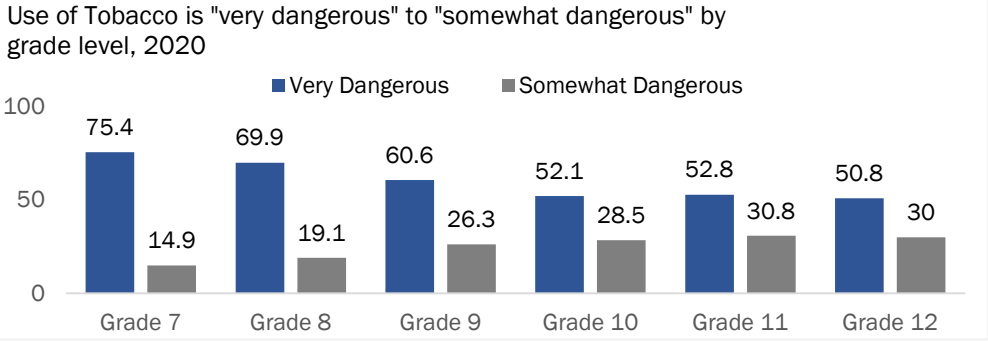
Youth Perception of Risk/Harm

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. 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.

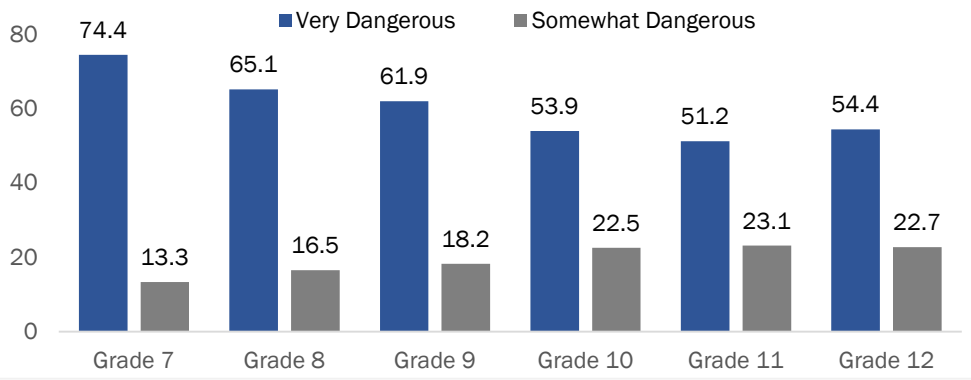
The 2020 Texas School Survey of Drug and Alcohol Use gauged the perception of risk of using alcohol, tobacco, marijuana, and other illicit drugs by including items that asked about danger of substance use. Specifically, students between grades 7 and 12 were asked, "How dangerous do you think it is for kids your age to use (substance)?". Figure below 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.

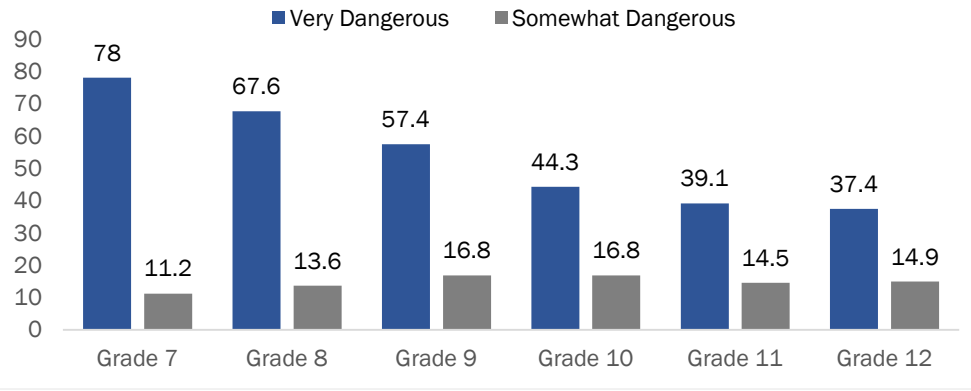




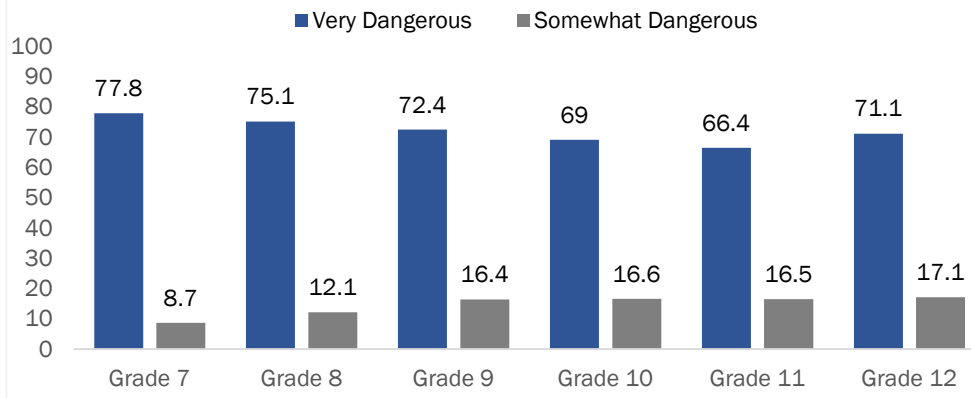
Use of E-vapor product is "very dangerous" to "somewhat dangerous" by grade level, 2020



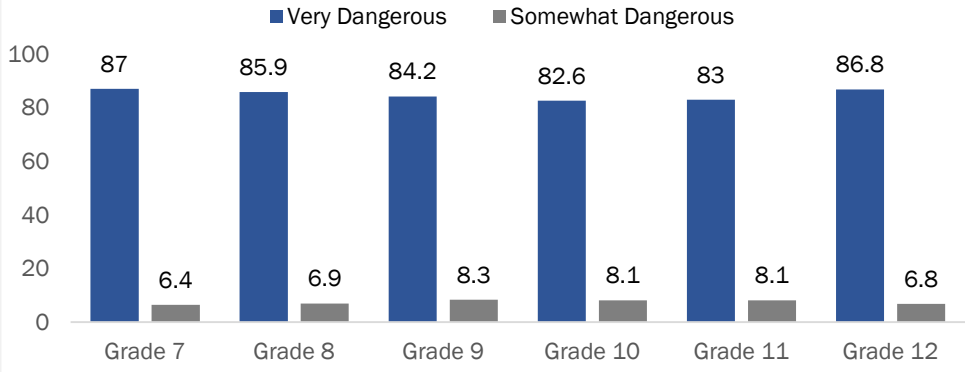
Use of Marijuana is "very dangerous" to "somewhat dangerous" by grade level, 2020



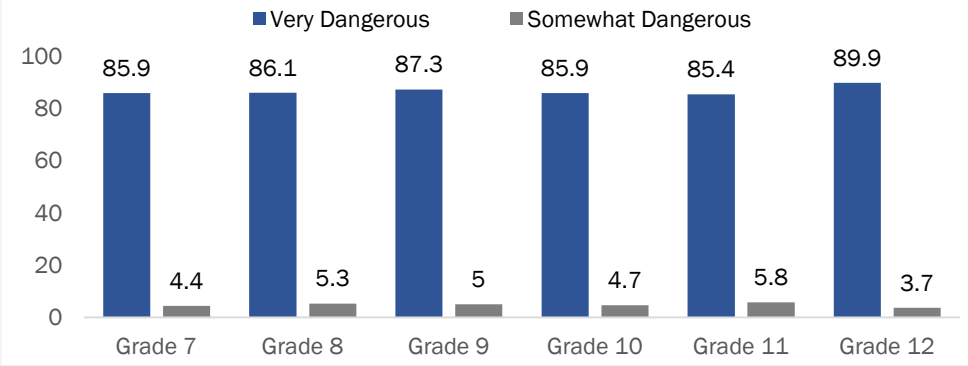
Use of Prescription drugs is "very dangerous" to "somewhat dangerous" by grade level, 2020



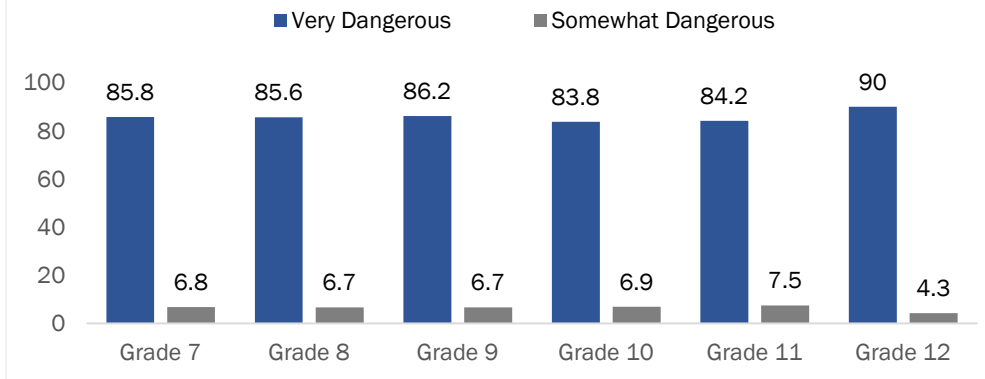
Use of Cocaine is "very dangerous" to "somewhat dangerous" by grade level, 2020



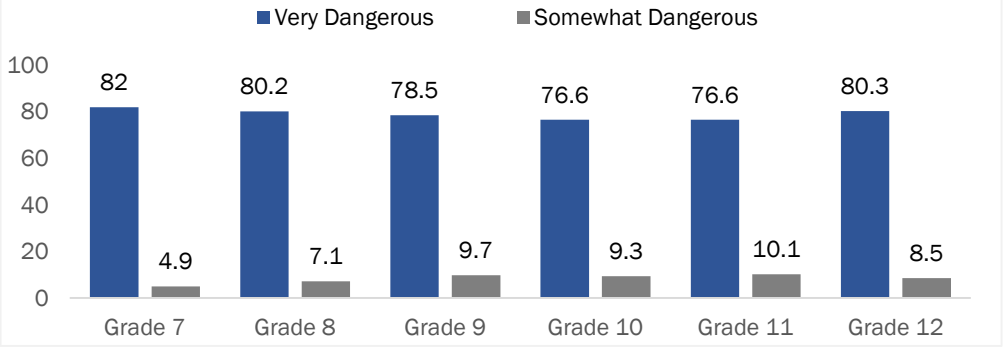
Use of Heroin is "very dangerous" to "somewhat dangerous" by grade level, 2020



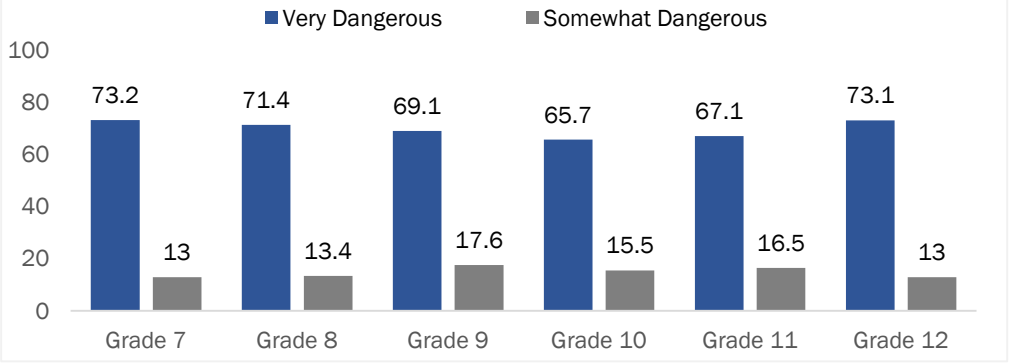
Use of Crack is "very dangerous" to "somewhat dangerous" by grade level, 2020



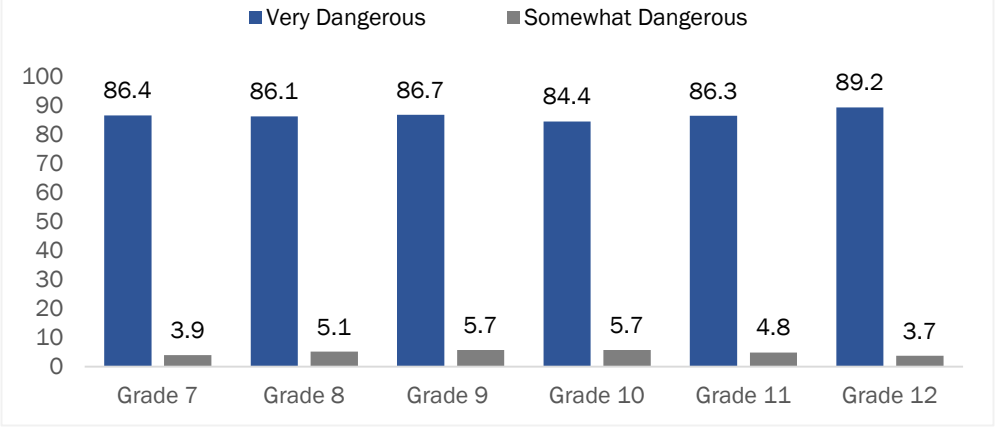
Use of Ecstasy is "very dangerous" to "somewhat dangerous" by grade level, 2020

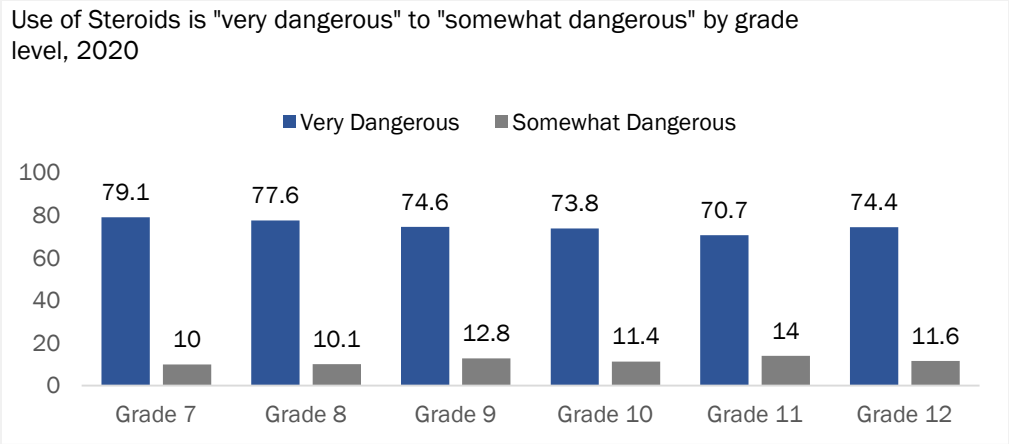


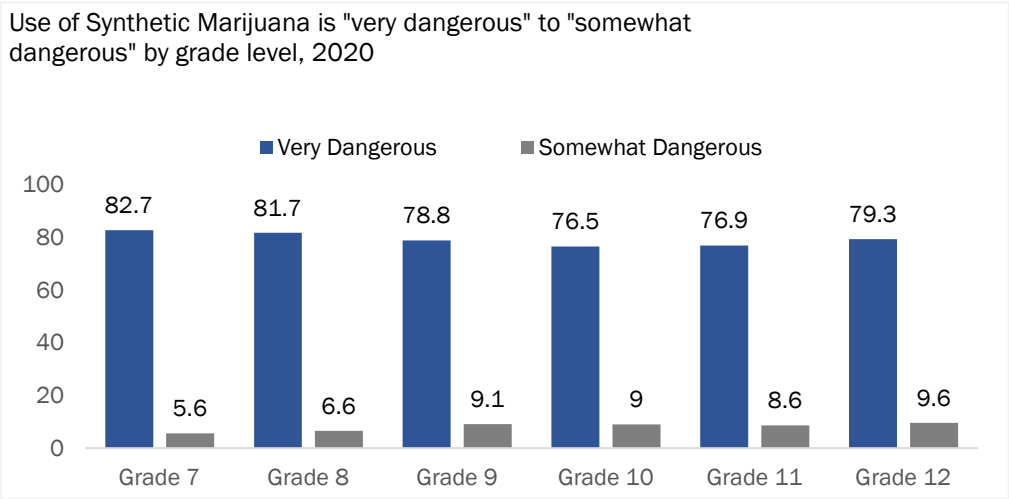
Use of Inhalants is "very dangerous" to "somewhat dangerous" by grade level, 2020



Use of Methamphetamine is "very dangerous" to "somewhat dangerous" by grade level, 2020







Early Initiation of Use

Regions 6,8 & 11, 2020

Understanding consumption patterns is crucially important in the field of prevention and treatment. Consumption for alcohol, marijuana, tobacco, and prescription drugs is presented below. In accordance with the three statewide prevention priorities (underage drinking, marijuana use, and nonmedical prescription drug abuse), the following information reports early initiation percent of alcohol, marijuana and prescription drugs.

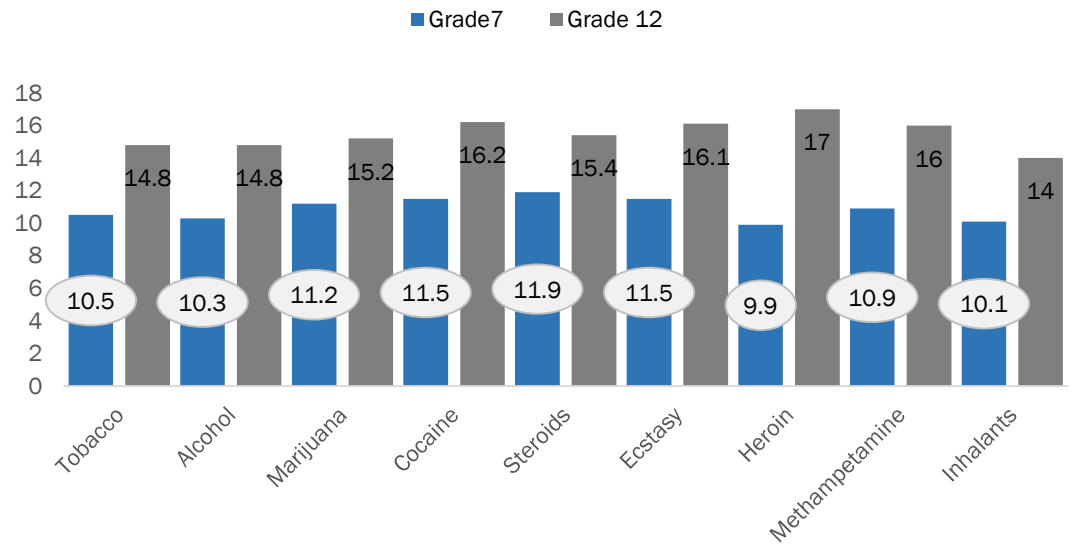
Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey. Some survey results will no longer be available as reported in previous year. “In 2016, PPRI and HHSC made the decision to eliminate grade 6 from the survey population. Eliminating grade 6 would reduce the number of campuses in the sample. Further, feedback from focus groups conducted across the state indicated that many districts believed that students in grade 6 were not mature enough for the survey materials” (PPRI, 2016).

Table below shows the average age of first use for different substances including alcohol, tobacco, marijuana and other drugs. The average age of first use of alcohol for 7th graders in this survey is 10.5 years. For 12th graders is 14.8 years.

Average Age of first use percentage, 2020

Substance	Grade7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Tobacco	10.5	10.9	12.2	13.3	13.7	14.8
Alcohol	10.3	11.1	12.3	13.1	14	14.8
Marijuana	11.2	11.9	13.2	13.7	14.2	15.2
Cocaine	11.5	11.5	12.8	14.3	14.7	16.2
Steroids	11.9	11.1	13.2	13.9	14.1	15.4
Ecstasy	11.5	12.6	13.8	14	15.3	16.1
Heroin	9.9	9.7	13.8	14.2	14	17
Methamphetamine	10.9	12.5	12.5	13.8	14.9	16
Inhalants	10.1	11	11.9	12.6	11.7	14

Average age of first use of grades 7th and 12th by substance, 2020



Consumption Patterns and Public Health Safety Consequences

Patterns of Consumption

Youth Substance Use

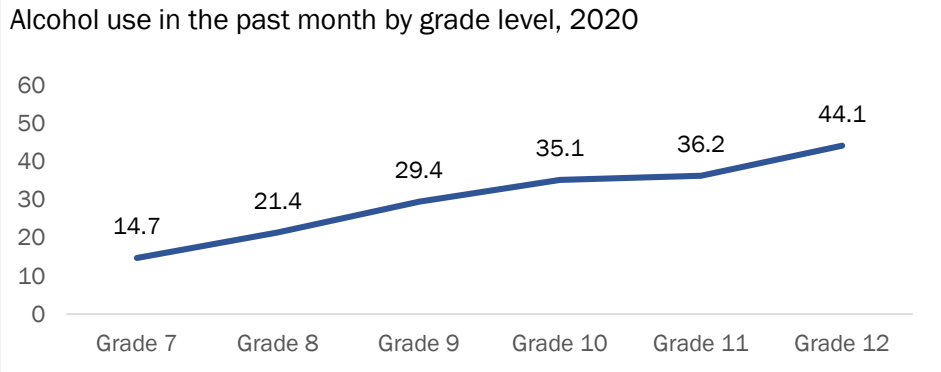
Although most youth are in good health, some youth are at an increased risk for behaviors that can lead to poor health outcomes, such as high-risk substance use. The majority of adults who meet the criteria for having a substance use disorder started using substances during their teen and young adult years. Youth with substance use disorders also experience higher rates of physical and mental illnesses, diminished overall health and well-being, and potential progression to addiction.[41]

- 15% of high school students reported having ever used select illicit or injection drugs (i.e. cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy)[42]
- 14% of students reported misusing prescription opioids.
- Injection drug use places youth at direct risk for HIV, and drug use broadly places youth at risk of overdose.
- Youth opioid use is directly linked to sexual risk behaviors.
- Students who report ever using prescription drugs without a doctor's prescription are more likely than other students to have been the victim of physical or sexual dating violence.[43]
- Drug use is associated with sexual risk behavior, experience of violence, and mental health and suicide risks.

Last 30-day use of Alcohol (%)

Texas School Survey, Regions 6,8,11

Responses from the Texas School Survey are shown below. Figures below highlight the percent of students who used alcohol in the past month when the survey was administered in 2020. 44.1% of 12th graders reported that they used alcohol in the past month; whereas 14.7 % of 7th graders did.

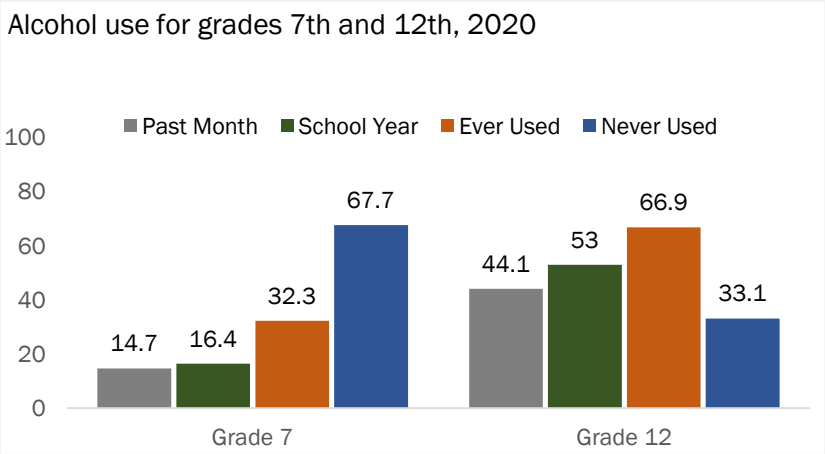


[41] Adolescent and School Health, CDC

[42] CDC. Youth Risk Behavior Surveillance—United States, 2019. *MMWR Suppl* 2020;69(1):1-83.

[43] Clayton, H.B, Lowry, R, Basile, K.C., et al. Physical and Sexual Dating Violence and Nonmedical Use of Prescription Drugs. Pediatrics.2017; 140 (6): e20172289

Data below also highlights the percent of alcohol use during the school year. 67.7 % of 7th graders reported that they have never used alcohol and only 16.4 % reported that they have used alcohol during the school year.



Binge drinking

Regions 6,8,11

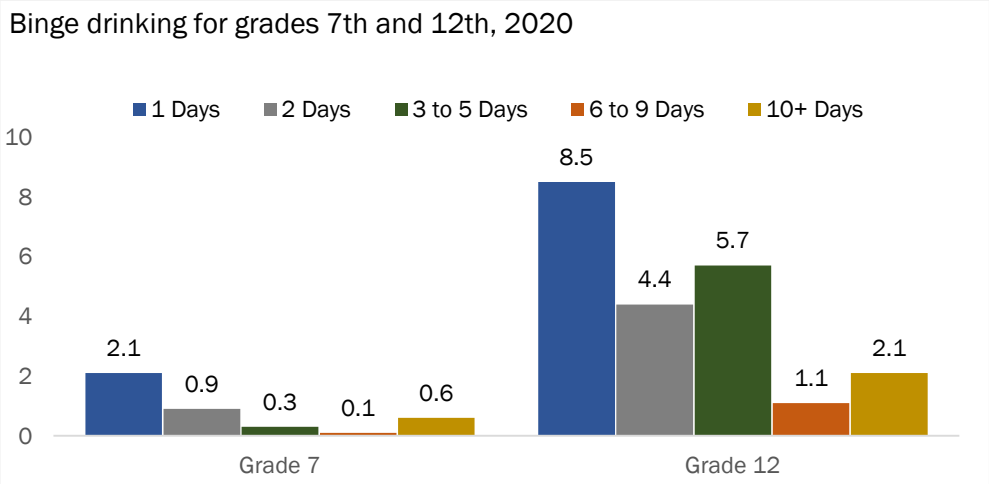
The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after 4 drinks for women and 5 drinks for men—in about 2 hours.

In 2018, about 1 in 4 people aged 12 or older (24.5 percent) were current binge alcohol users. This percentage corresponds to about 67.1 million binge drinkers who were aged 12 or older. The percentage of the population who were past month binge alcohol users was stable from 2015 to 2018 (ranging from 24.2 to 24.9 percent) (NSDUH).

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.

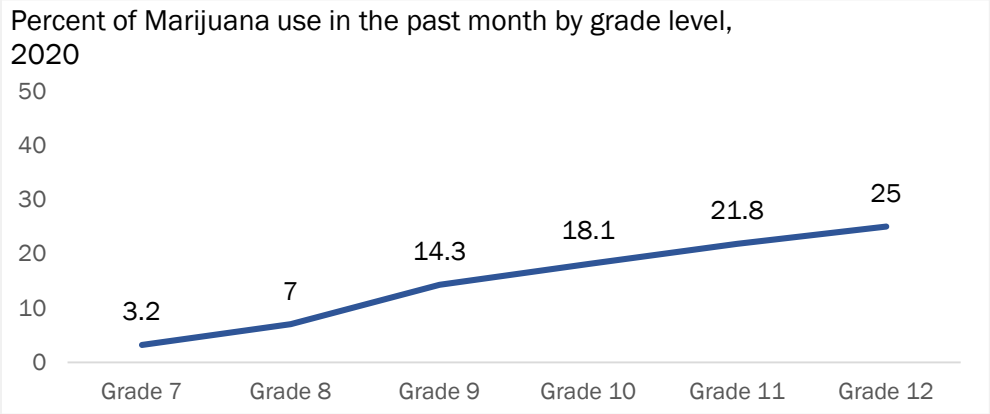
Binge Drinking rate in the past 30-days (%), 2020

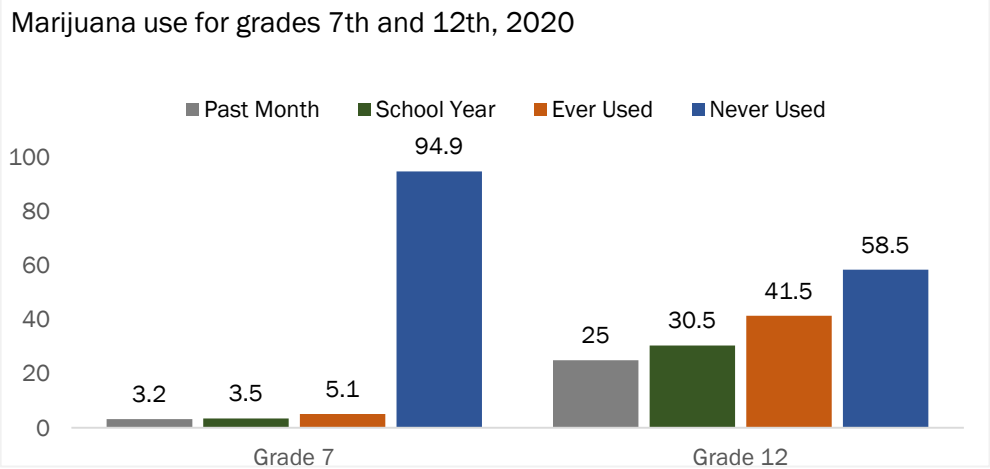
Grade	Never/None	1 Days	2 Days	3 to 5 Days	6 to 9 Days	10+ Days
Grade 7	96	2.1	0.9	0.3	0.1	0.6
Grade 8	93.6	3.2	0.8	1.7	0.3	0.4
Grade 9	90.5	4.1	1.7	1.2	0.5	2.1
Grade 10	85.3	6.1	2.7	3	0.9	2.1
Grade 11	83.2	5.2	4.6	3.7	1	2.3
Grade 12	78.2	8.5	4.4	5.7	1.1	2.1



Last 30-day use of Marijuana

Texas School Survey findings indicate that 41.5% % of students in 12th grade have ever used marijuana and 25% have been using marijuana in the past month at the time the survey was administered. 94.9 % of students in 7th grade reported that they have never used marijuana. 30.5 % of students in 12th grade said they used marijuana during the school year.





The use of e-cigarettes is unsafe for kids, teens, and young adults. Most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development, which continues into the early to mid-20s.[44] E-cigarettes can contain other harmful substances besides nicotine. Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.

Heated tobacco products (HTPs) like IQOS and Eclipse, sometimes marketed as "heat-not-burn" technology, represent a diverse class of products that heat the tobacco leaf to produce an inhaled aerosol. They are different from e-cigarettes, which heat a liquid that can contain nicotine derived from tobacco.

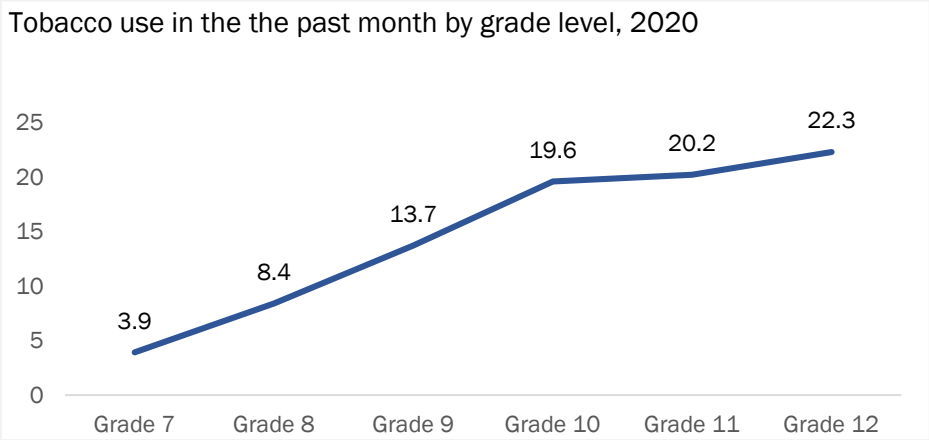
HTPs are available in at least 40 countries and several have been authorized for sale in the United States by the FDA. In 2018, few U.S. adults (2.4% of all surveyed, including 6.7% of people who currently smoke surveyed) had ever used HTPs. In 2020, 1.4% of U.S. middle and high school students , combined, reported having used heated tobacco products in the past 30 days.[45]

Scientists are still learning about the short-term and long-term health effects of HTPs, but the available science shows they contain harmful and potentially harmful ingredients. Youth use of any tobacco products, including heated products, is unsafe.

It is important that we continue to modernize proven tobacco prevention and control strategies to include newer products entering the market such as HTPs.

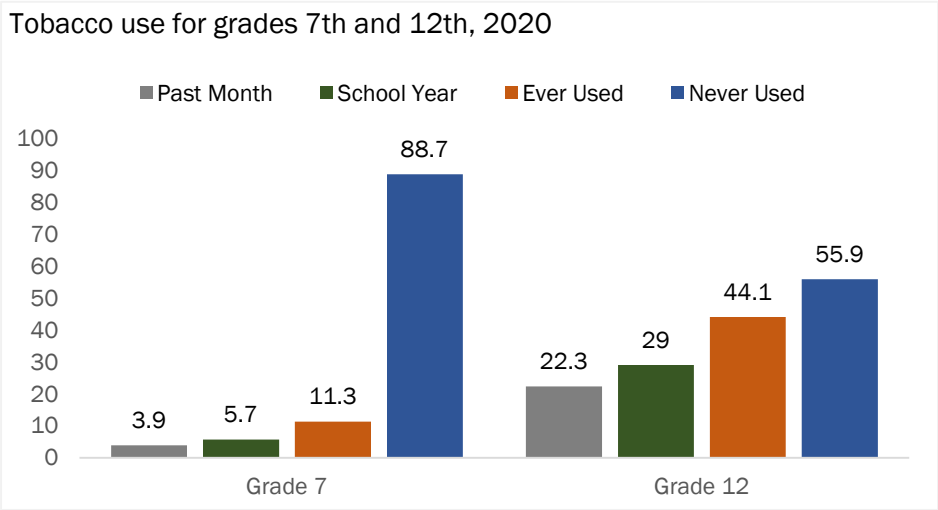
Last 30-day use of any Tobacco Product

Figure below shows findings from the Texas School Survey on the percentage of tobacco use in the past month. 22.3 % of students in 12th grade reported that they have used tobacco in the past month at the time the survey was administered.

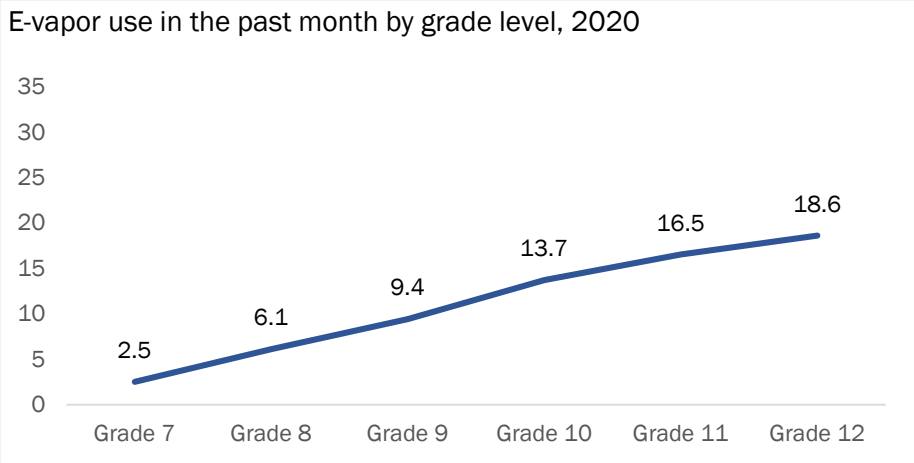


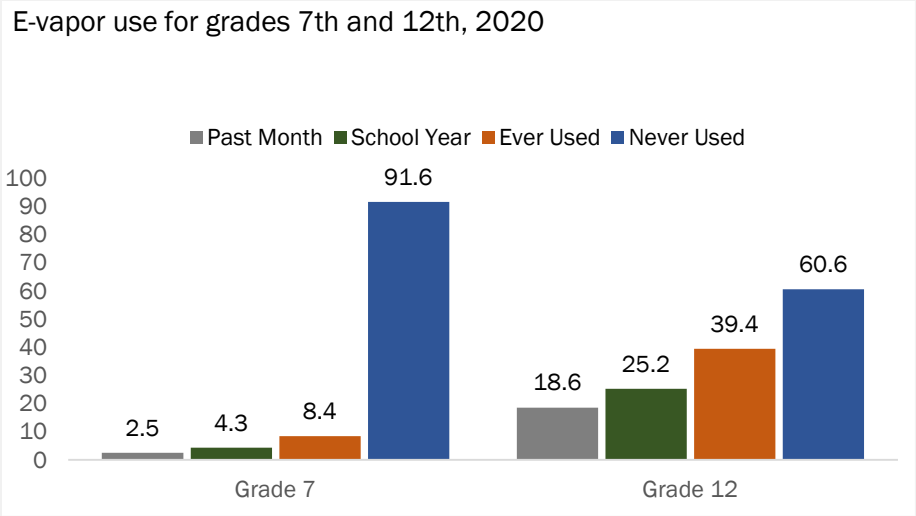
[44] US Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon Generalpdf icon [PDF – 8.47MB]. Atlanta, GA: US Department of Health and Human Services, CDC; 2016. Accessed July 27, 2018.

[45] Gentzke AS, Wang TW, Jamal A, Park-Lee E, Ren C et al. Tobacco Product Use Among Middle and High School Students, United States, 2020. Morbidity and Mortality Weekly Report 2020;69(50);1881–1888 [accessed 2020 Dec 17].



Last 30-day use of Electronic Vapor Products





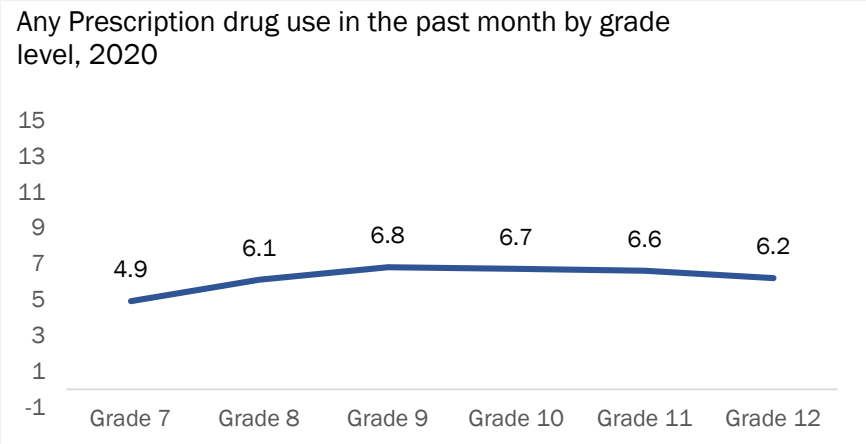
A common misperception is that prescription drugs are safer or less harmful to one's body than other kinds of drugs. However, there is a range of short- and long-term health consequences for each type of prescription drug used inappropriately:

- Stimulants have side effects in common with cocaine, and may include paranoia, dangerously high body temperatures, and an irregular heartbeat, especially if stimulants are taken in large doses or in ways other than swallowing a pill.
- Opioids, which act on the same parts of the brain as heroin, can cause drowsiness, nausea, constipation, and, depending on the amount taken, slowed breathing.
- Depressants can cause slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures upon withdrawal from chronic use.[46]

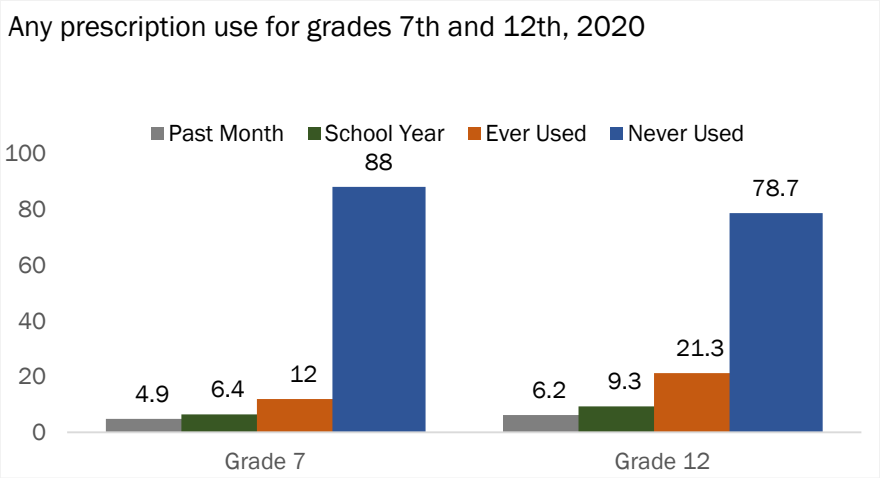
These impacts can be particularly harmful to a developing adolescent brain and body. Our brains continue to develop until we reach our early- to mid-twenties. During adolescence, the pre-frontal cortex further develops to enable us to set priorities, formulate strategies, allocate attention, and control impulses. The outer mantle of the brain also experiences a burst of development, helping us to become more sophisticated at processing abstract information and understanding rules, laws, and codes of social conduct. Drug use impacts perception—a skill adolescent brains are actively trying to cultivate—and can fracture developing neural pathways. Additionally, as our brains are becoming hardwired during adolescence, the pathways being reinforced are the ones that stick. If those pathways include addiction, the impact may lead to life-long challenges.[47]

Last 30-day use/misuse of any Rx Medication

Figure below shows the percent of students by grade level who have used any prescription drug medication in the past month. 6.8% of students in 9th grade reported that they used any prescription drug in the past month. The percentage was higher for 9th graders than any other grade.



[46] Rise in Prescription Drug Misuse and Abuse Impacting Teens, SAMHSA
[47] Rise in Prescription Drug Misuse and Abuse Impacting Teens, SAMHSA



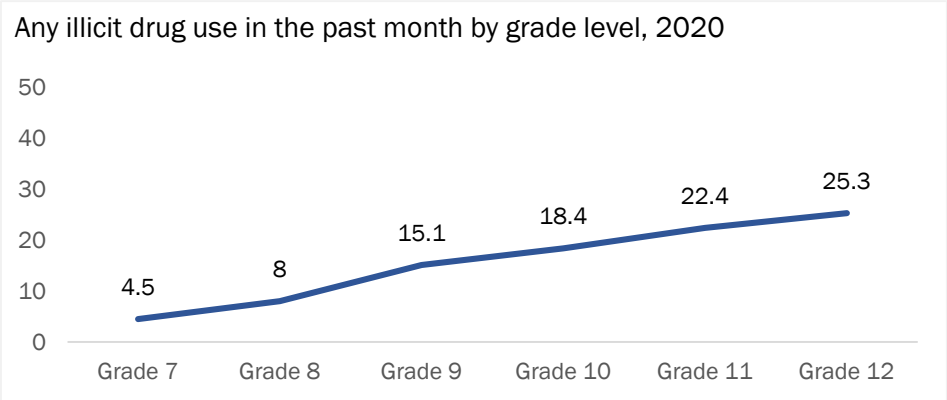
Below are several ways to minimize prescription drug misuse and abuse among young people:

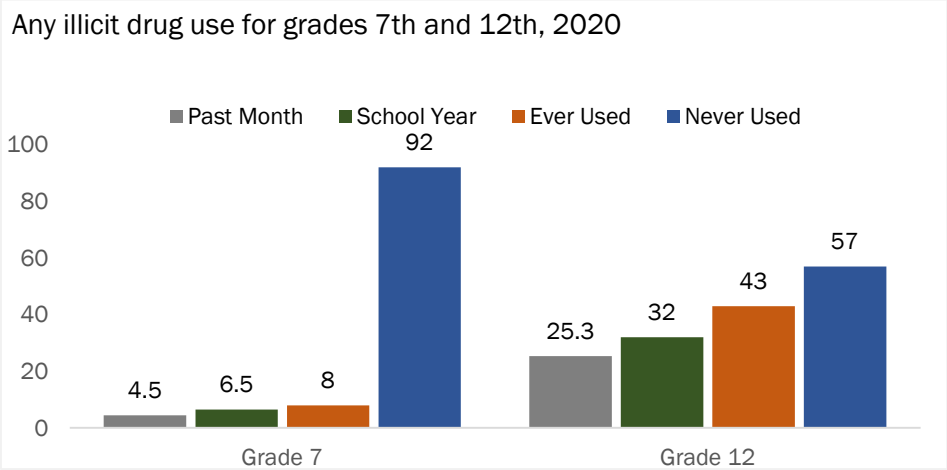
Education: One in four teenagers believe that prescription drugs can be used as a study aid and nearly one-third of parents say that they believe that attention-deficit/hyperactivity disorder (ADHD) medication can improve a child's academic or testing performance, even if that child does not have ADHD. Parents, children, and prescribers must be educated on the impact of prescription drugs on the developing brain.

Safe medication storage and disposal: Two-thirds of teens who misused pain relievers in the past year say that they got them from family and friends, including their home's medicine cabinets, making it important to safeguard medicine in the home, according to the Partnership for Drug-Free Kids. Safe storage and disposal of medications diminish opportunities for easy access.

Prescription drug monitoring: Many people are calling on doctors and pharmacies to better monitor how (and how often) drugs are prescribed. Doctors more readily hand out prescription painkillers than they did ten years ago, and, according to some sources, pharmacists do not habitually check prescription drug registries, which help to identify potential over-prescribing and misuse.

Last 30-day use of any Illicit Drug





Research has improved our understanding of factors that help buffer youth from a variety of risky behaviors, including substance use. These are known as protective factors. Some protective factors for high risk substance use include:

Risk Factors for High Risk Substance Use Can Include:	**High Risk Substance Use Prevention Include:**
Family history of substance use	Parent or family engagement
Favorable parental attitudes towards the behavior	Family support
Poor parental monitoring	Parental disapproval of substance use
Family rejection of sexual orientation or gender identity	Parental monitoring
Association with delinquent or substance using peers	School Connectedness
Lack of school connectedness	
Low academic achievement	
Childhood sexual abuse	
Mental health issues	

College Student Consumption

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.

College Student Survey

The Texas College Survey of Substance Use is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. Conducted by the Public Policy Research Institute with the Texas Health and Human Services Commission, we invite a representative sample of students from select colleges and universities to participate.

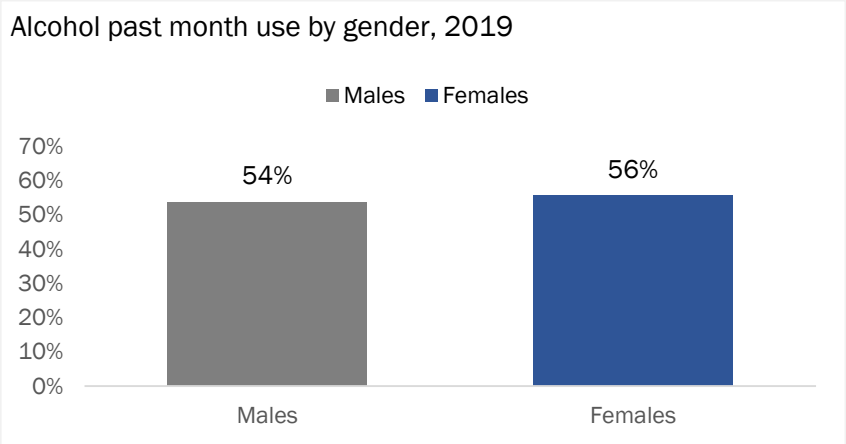
The desired population was students between the ages of 18 and 26 enrolled in at least five hours of college coursework. Students who did not meet these requirements were excluded from the survey after answering several screening questions. The sampling procedure used was similar to that used in previous surveys.

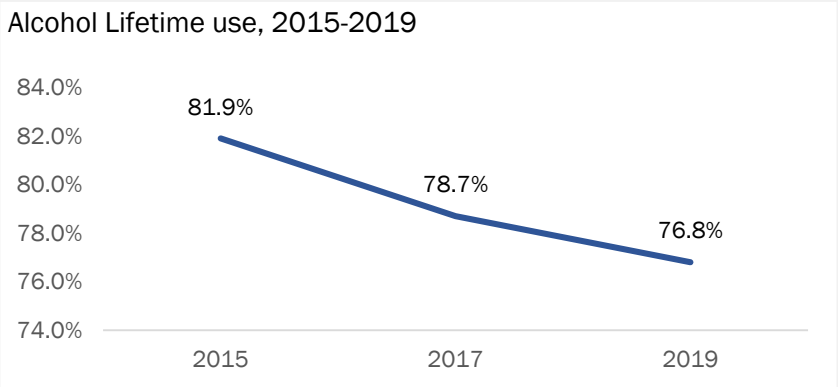
Specifically, institutions were drawn at random from each of four strata: large 4-year universities, small 4-year universities, large 2-year colleges, and small 2-year colleges. All schools and/or junior college districts with more than 10,000 students were sampled, the smaller schools were randomly sampled. Administrators from participating schools made student email addresses available to us. We then sent invitations to take the survey to all student email addresses we received. Survey administration was conducted entirely on-line. Potential respondents received an invitation by email with a link to take the survey. They also received four reminders spaced 4-6 days apart. Invitations were emailed over the course of about five weeks in the spring.

College Student Consumption
Texas Survey of Substance Use among College Students

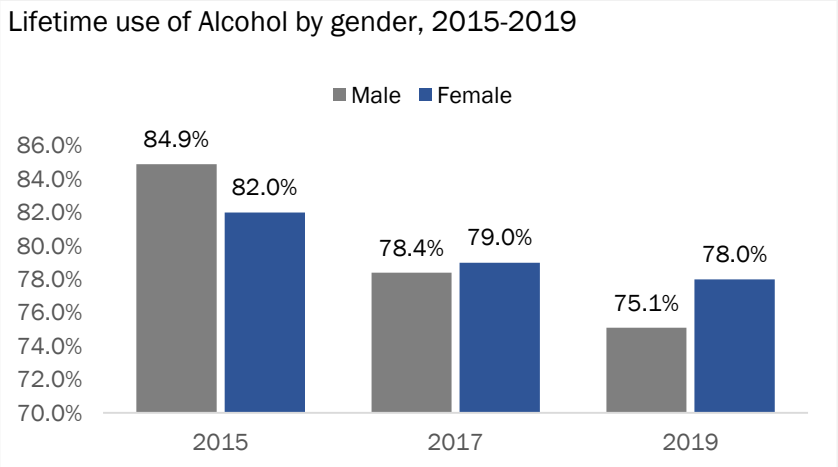
	2019		2017		2015	
Drug	Past 30 Days Use	Lifetime Use	Past 30 Days Use	Lifetime Use	Past 30 Days Use	Lifetime Use
Alcohol	54.8%	76.8%	57.6%	78.7%	60.9%	81.9%
Binge Drinking	34.0%	N/A	35.5%	N/A	38.0%	N/A
Marijuana	15.7%	38.5%	15.9%	39.4%	17.6%	42.8%
Tobacco Product	22.2%	44.6%	18.2%	46.5%	25.7%	55.0%
Electronic Vapor Product	N/A	N/A	N/A	N/A	N/A	N/A
Rx Medication	19.0%	N/A	22.0%	N/A	26.0%	N/A
Illicit Drug	No overall number given. Broken down into categories.					

Figures below show the percentage of college students who use alcohol, marijuana, tobacco and other illicit drugs in 2019.

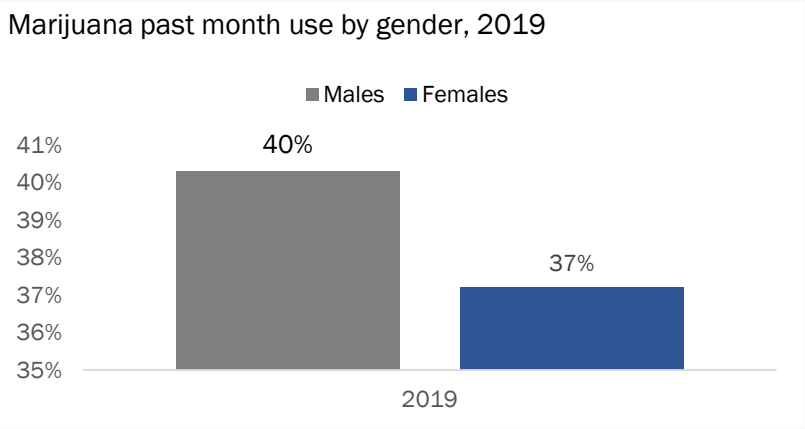




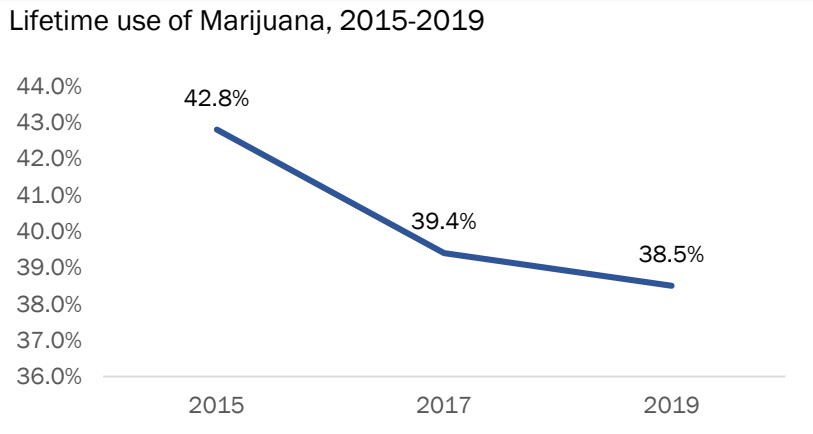
Lifetime use of Alcohol by Gender



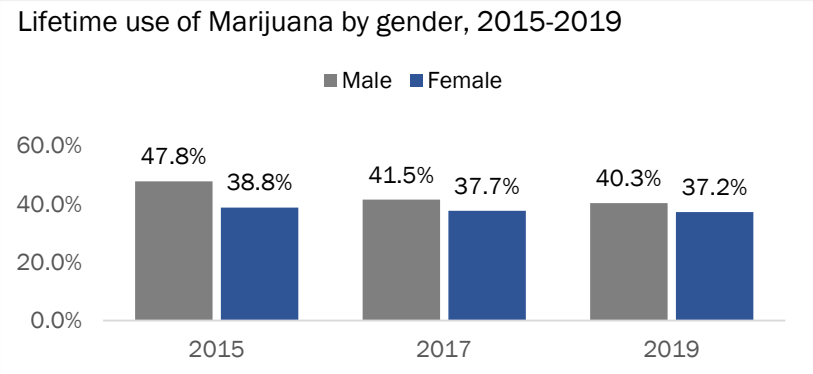
Last 30-day Use of Marijuana by Gender



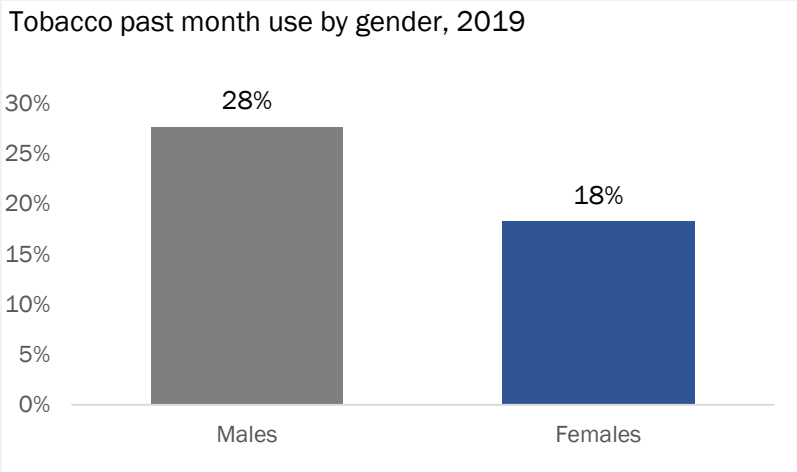
Lifetime Use of Marijuana



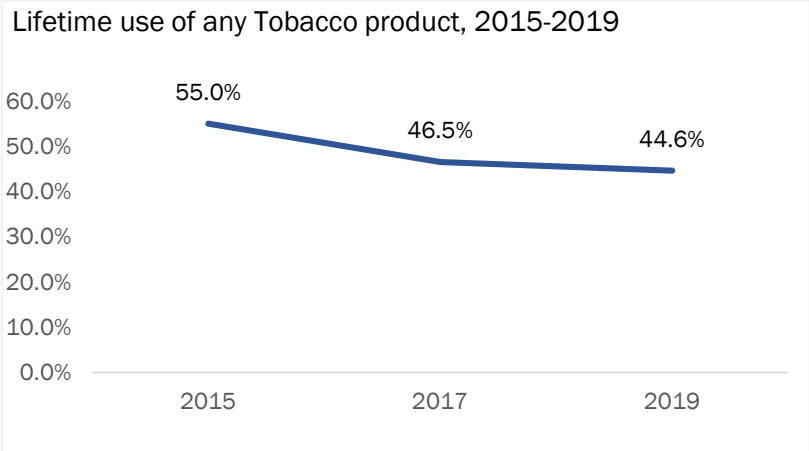
Lifetime Use of Marijuana by Gender



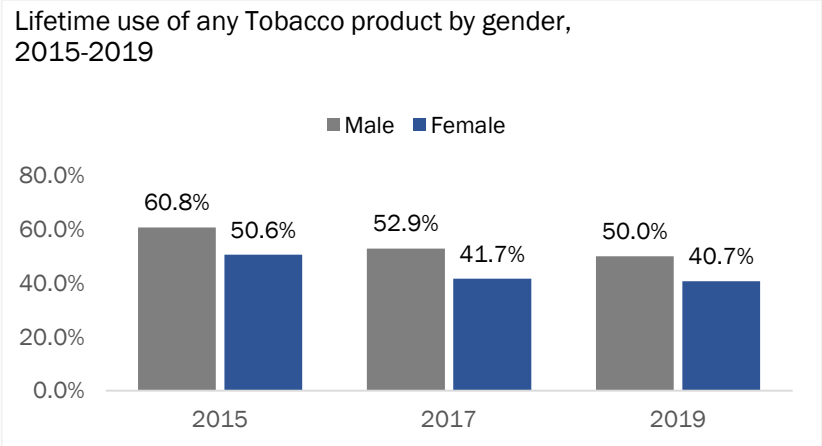
Last 30-day Use of any Tobacco Product



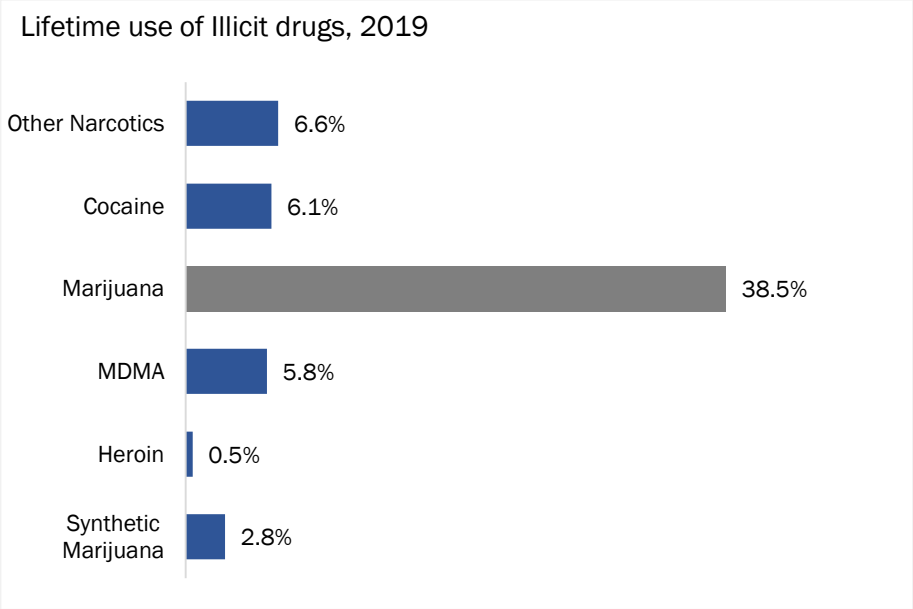
Lifetime use of any Tobacco Product



Lifetime use of any Tobacco Product by gender



Lifetime Use of any Illicit Drug



Adult Substance Use

Substance use disorders affect people from all backgrounds and all age groups. Substance use disorders occur when there is recurrent use of a substance that affects a person's daily life. Substance use services meet the person where they are and coordinate care for the best possible outcome. The array of substance use services encourages people to seek recovery alongside prevention, intervention and treatment.[48]

While illicit drug use typically declines after young adulthood, nearly 1 million adults aged 65 and older live with a substance use disorder (SUD), as reported in 2018 data. While the total number of SUD admissions to treatment facilities between 2000 and 2012 differed slightly, the proportion of admissions of older adults increased from 3.4% to 7.0% during this time.[49]

Older adults may be more likely to experience mood disorders, lung and heart problems, or memory issues. Drugs can worsen these conditions, exacerbating the negative health consequences of substance use. Additionally, the effects of some drugs—like impaired judgment, coordination, or reaction time—can result in accidents, such as falls and motor vehicle crashes. These sorts of injuries can pose a greater risk to health than in younger adults and coincide with a possible longer recovery time.

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories.

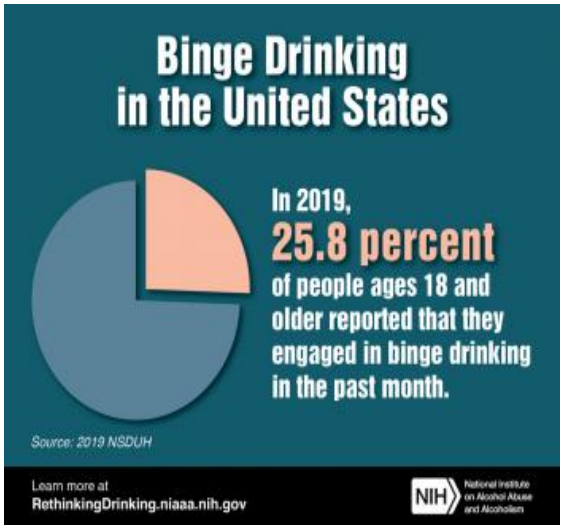
[48] Texas Health and Human Services Commission. Adult Substance Use.
[49] Chatre S, Cook R, Mallik E et al. Trends in substance use admissions among older adults. BMC Health Services Research. 2017; 584(17). doi: https://doi.org/10.1186/s12913-017-2538-z

BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

The 2019 BRFSS data continue to reflect the changes initially made in 2011 for weighting methodology (raking) and adding cell-phone-only respondents. The aggregate BRFSS combined landline and cell phone data set is built from the landline and cell phone data submitted for 2019 and includes data for 49 states, the District of Columbia, Guam, and Puerto Rico.

Adult Binge Drinking

Prevalence of Binge Drinking and Heavy Alcohol Use: In 2019, 25.8 percent of people ages 18 and older (29.7 percent of men in this age group and 22.2 percent of women in this age group4) reported that they engaged in binge drinking in the past month, and 6.3 percent (8.3 percent of men in this age group and 4.5 percent of women in this age group) reported that they engaged in heavy alcohol use in the past month.[50] (See glossary for definitions of binge drinking and heavy alcohol use.)

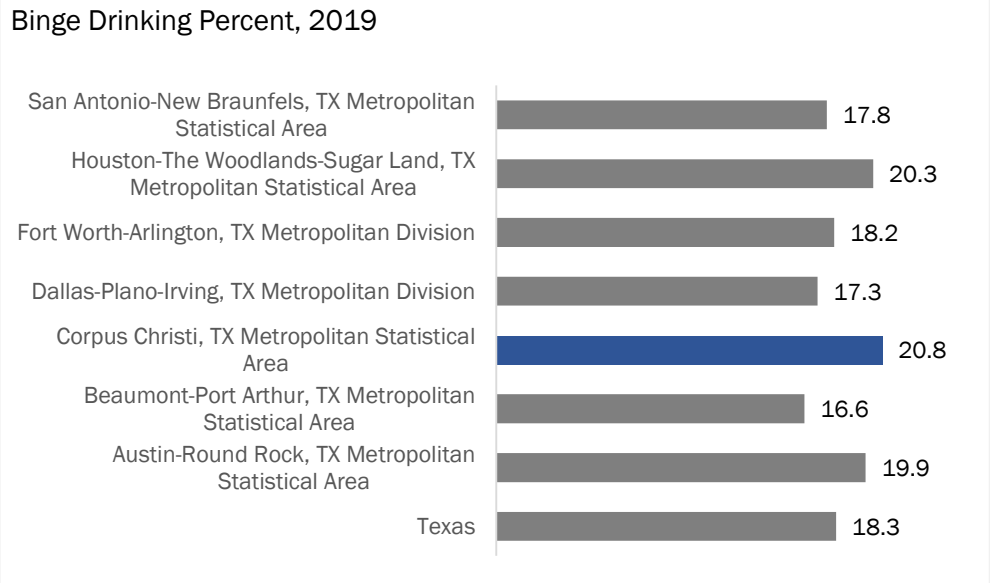


Tables and figures below show percent estimates for binge drinkers including males and females in Texas and other metropolitan cities in the state. 20.8 % of adults reported binge drink in the Corpus Christi area.

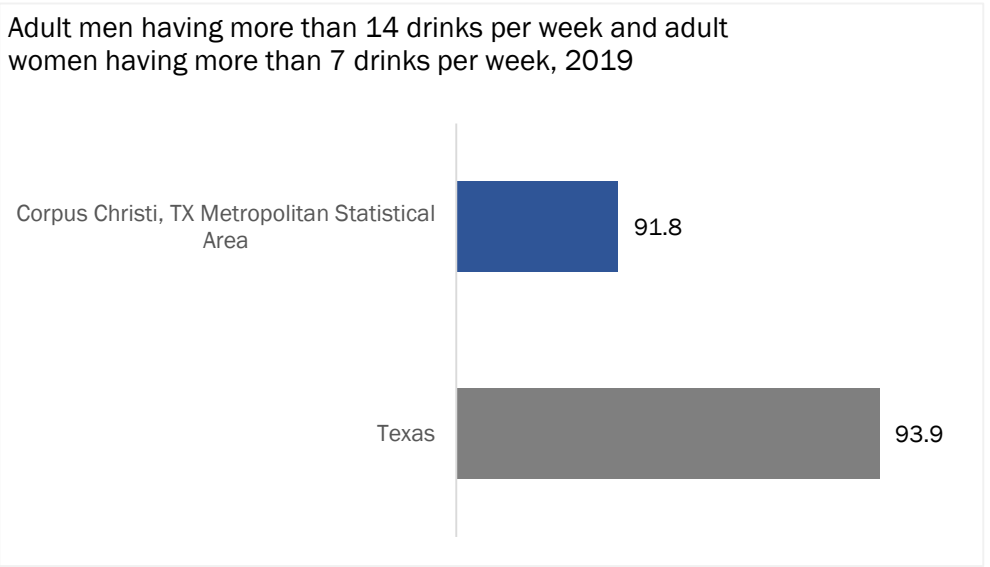
Adult (19 and over) binge drinking

Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) (variable calculated from one or more BRFSS questions)	
Location	Estimate
Texas	18.3
Austin-Round Rock, TX Metropolitan Statistical Area	19.9
Beaumont-Port Arthur, TX Metropolitan Statistical Area	16.6
Corpus Christi, TX Metropolitan Statistical Area	20.8
Dallas-Plano-Irving, TX Metropolitan Division	17.3
Fort Worth-Arlington, TX Metropolitan Division	18.2
Houston-The Woodlands-Sugar Land, TX Metropolitan Statistical Area	20.3
San Antonio-New Braunfels, TX Metropolitan Statistical Area	17.8

[50] SAMHSA, Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 2.20B – Binge Alcohol Use in Past Month among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHD…. Accessed December 8, 2020.



Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week) (variable calculated from one or more BRFSS questions) (Do Not meet criteria for heavy drinking)	
Location	Estimate
Texas	93.9
Corpus Christi, TX Metropolitan Statistical Area	91.8



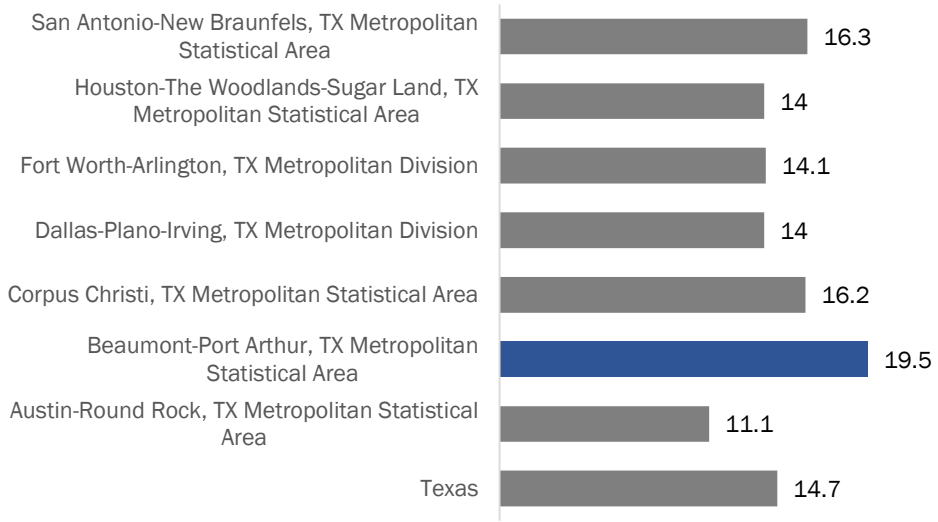
Adult current smoking

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States, accounting for more than 480,000 deaths every year, or about 1 in 5 deaths.[51]

In 2019, nearly 14 of every 100 U.S. adults aged 18 years or older (14.0%) currently* smoked cigarettes. This means an estimated 34.1 million adults in the United States currently smoke cigarettes.2 More than 16 million Americans live with a smoking-related disease.[52]

Adults who are current smokers 19 and older (variable calculated from one or more BRFSS questions)	
Location	Estimate
Texas	14.7
Austin-Round Rock, TX Metropolitan Statistical Area	11.1
Beaumont-Port Arthur, TX Metropolitan Statistical Area	19.5
Corpus Christi, TX Metropolitan Statistical Area	16.2
Dallas-Plano-Irving, TX Metropolitan Division	14
Fort Worth-Arlington, TX Metropolitan Division	14.1
Houston-The Woodlands-Sugar Land, TX Metropolitan Statistical Area	14
San Antonio-New Braunfels, TX Metropolitan Statistical Area	16.3

Current smokers percent, 2019



[51] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Jan 30].
[52] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Jan 30].

Public Health/Safety Consequences

Definition: underlying cause of death is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.

In 2019, life expectancy at birth was 78.8 years for the total U.S. population—an increase of 0.1 year from 78.7 years in 2018 (Figure 1). For males, life expectancy changed 0.1 year from 76.2 in 2018 to 76.3 in 2019. For females, life expectancy increased 0.2 year from 81.2 years in 2018 to 81.4 in 2019. In 2019, the difference in life expectancy between females and males was 5.1 years, an increase of 0.1 year from 2018.

In 2019, life expectancy at age 65 for the total population was 19.6 years, an increase of 0.1 year from 2018. For males, life expectancy at age 65 increased 0.1 year from 18.1 in 2018 to 18.2 in 2019. For females, life expectancy at age 65 increased 0.1 year from 20.7 years in 2018 to 20.8 in 2019. The difference in life expectancy at age 65 between females and males was 2.6 years, unchanged from 2018.[53]

The 10 leading causes of death in 2019 remained the same, although two causes exchanged ranks. The ranks are listed below:

1. Heart disease: 659,041
2. Cancer: 599,601
3. Accidents (unintentional injuries): 173,040
4. Chronic lower respiratory diseases: 156,979
5. Stroke (cerebrovascular diseases): 150,005
6. Alzheimer's disease: 121,499
7. Diabetes: 87,647
8. Nephritis, nephrotic syndrome, and nephrosis: 51,565
9. Influenza and pneumonia: 49,783
10. Intentional self-harm (suicide): 47,511

Lung Cancer Deaths

Lung cancer (both small cell and non-small cell) is the second most common cancer in both men and women (not counting skin cancer). In men, prostate cancer is more common, while in women breast cancer is more common.[54]

The American Cancer Society's estimates for lung cancer in the United States for 2021 are:

- About 235,760 new cases of lung cancer (119,100 in men and 116,660 in women)
- About 131,880 deaths from lung cancer (69,410 in men and 62,470 in women)

[53] National Center for Health Statistics
[54] American Cancer Society

Lung cancer mainly occurs in older people. Most people diagnosed with lung cancer are 65 or older; a very small number of people diagnosed are younger than 45. The average age of people when diagnosed is about 70.[55]

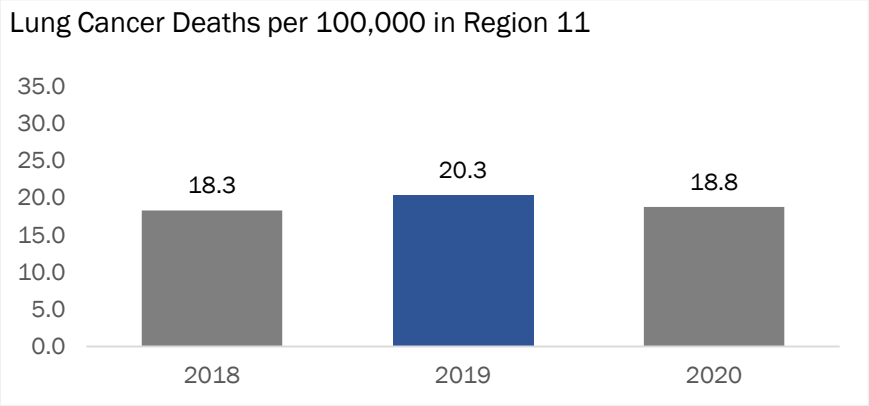
Lung cancer is by far the leading cause of cancer death among both men and women, making up almost 25% of all cancer deaths. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined.

On a positive note, the number of new lung cancer cases continues to decrease, partly because people are quitting smoking. Also, the number of deaths from lung cancer continues to drop due to people stopping smoking and advances in early detection and treatment.

Table below shows lung cancer deaths and rate in Region 11 from 2018 to 2020.

Lung cancer deaths in Region 11, (per 100,000)

Year	Population	Lung Cancer deaths	Rate
2018	2,464,582	451	18.3
2019	2,291,133	466	20.3
2020	2,311,678	434	18.8



Alcoholic Liver Disease

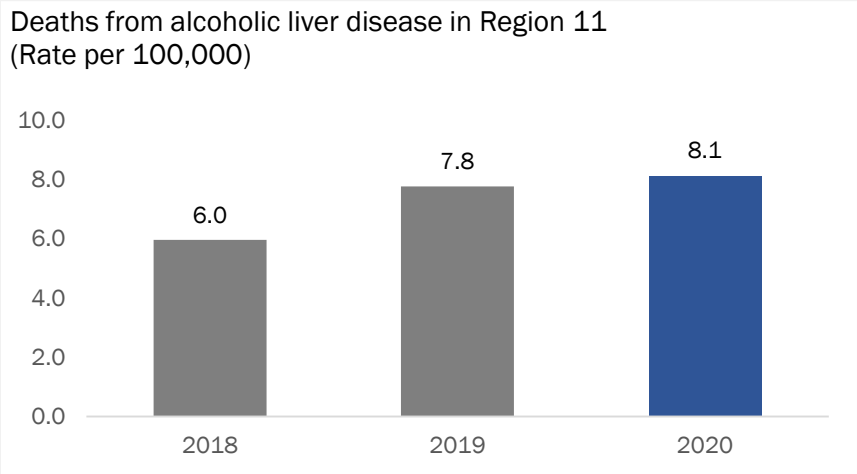
In 2019, of the 85,688 liver disease deaths among individuals ages 12 and older, 43.1 percent involved alcohol. Among males, 53,486 liver disease deaths occurred, and 45.6 percent involved alcohol. Among females, 32,202 liver disease deaths occurred, and 39.0 percent involved alcohol.[56]

[55] Key Statistics for Lung Cancer, American Cancer Society

[56] Estimated liver disease deaths include deaths with the underlying cause of death coded as alcoholic liver disease (K70), liver cirrhosis, unspecified (K74.0–K74.2, K74.6, K76.0, K76.7, and K76.9), chronic hepatitis (K73), portal hypertension (K76.6), liver cancer (C22), or other liver diseases (K71, K72, K74.3–K74.5, K75, K76.1–K76.5, and K76.8). Number of deaths from Multiple Cause of Death Public-Use Data File, 2019 (http://wonder.cdc.gov/mcd.html). Alcohol-attributable fractions (AAFs) from CDC Alcohol-Related Disease Impact (http://nccd.cdc.gov/DPH_ARDI/Default/Default.aspx, accessed January 4, 2021. Prevalence of alcohol consumption from the National Survey on Drug Use and Health, 2019, for estimating indirect AAFs for chronic hepatitis and liver cancer.

Deaths from alcoholic liver disease in Region 11, (per 100,000)

Year	Population	Lung Cancer deaths	Rate
2018	2,464,582	147	6.0
2019	2,291,133	178	7.8
2020	2,311,678	188	8.1



Alcohol Related Vehicular Fatalities

In 2019, the most recent year with statistics available from the Texas Department of Transportation, there were 24,666 DUI-alcohol-related crashes which resulted in 900 fatalities, accounting for 25 percent of all the state's crash fatalities.

Along with the staggering number of fatalities related to alcohol, Texas also leads the nation in the number of wrong-way driving fatalities. In new research released by the AAA Foundation for Traffic Safety, a nonprofit research and education association, it was reported the number of wrong-way fatalities is on the rise across the U.S. And, according to the agency, Texas is the state with the highest numbers.

Between 2015 and 2018, there were 2,008 deaths from wrong-way driving crashes on the nation's divided highways, an average of approximately 500 deaths a year. That is up 34 percent from the 375 deaths annually from 2010 to 2014. And in Texas, from 2015-2018, there were 309 wrong-way crash fatalities, up 29 percent from 60 deaths from 2010-2014, according to the data.

Consequences of Underage Alcohol Use

Research indicates that alcohol use during the teenage years can interfere with normal adolescent brain development and increase the risk of developing AUD. In addition, underage drinking contributes to a range of acute consequences, such as injuries, sexual assaults, alcohol overdoses, and deaths—including those from motor vehicle crashes.27

Alcohol is a factor in the deaths of thousands of people younger than age 21 in the United States each year. This includes:

- 1,092 from motor vehicle crashes[57]
- 1,000 from homicides[58]
- 208 from alcohol overdose, falls, burns, and drowning[58]
- 596 from suicides[58]

Table below provides information on the total alcohol related vehicular Crashes in 2020.

Alcohol-related vehicular Crashes (per 1,000)

County	Population	Total Crashes	Rate
Aransas	27,699	31	1.1
Bee	34,445	33	1.0
Brooks	7,175	9	1.3
Cameron	427,881	340	0.8
Duval	11,796	6	0.5
Hidalgo	870,366	707	0.8
Jim Hogg	5,077	4	0.8
Jim Wells	42,890	44	1.0
Kenedy	476	0	0.0
Kleberg	30,987	21	0.7
Live Oak	12,030	23	1.9
McMullen	783	1	1.3
Nueces	383,718	337	0.9
Refugio	7,573	7	0.9
San Patricio	71,325	67	0.9
Starr	64,731	28	0.4
Webb	276,183	84	0.3
Willacy	22,134	19	0.9
Zapata	14,409	4	0.3
Region 11	2,311,678	1,765	0.8

[57] National Highway Traffic Safety Administration. Fatality Analysis Reporting System. https://www.nhtsa.gov/FARS. Accessed May 21, 2021.

[58] CDC. Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI) public-use data file. Atlanta, GA: CDC, 2018. https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=1A04A664-0244…. Accessed December 8, 2020. Methodology: According to CDC, due to scientific updates to ARDI, estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using the ARDI default reports or analyses in the ARDI Custom Data Portal prior to July 30, 2020.

Overdose Deaths

Nearly 841,000 people have died since 1999 from a drug overdose. In 2019, 70,630 drug overdose deaths occurred in the United States.[59] The age-adjusted rate of overdose deaths increased by over 4% from 2018 (20.7 per 100,000) to 2019 (21.6 per 100,000).

- Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths. 72.9% of opioid-involved overdose deaths involve synthetic opioids.[60]
- Opioids were involved in 49,860 overdose deaths in 2019 (70.6% of all drug overdose deaths).[60]
- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.[60]
- Drug overdose deaths involving synthetic opioids and methamphetamine have shifted geographically.[60]
- From 2018 to 2019, the largest increase in death rates involving synthetic opioids occurred in the West (67.9%).[60]
- The largest increase in death rates involving psychostimulants occurred in the Northeast (43.8%). Previously, the East had the highest increases in deaths involving synthetic opioids, and the Midwest had the highest increases in deaths involving psychostimulants.[60]
- No state experienced a significant decrease from 2018-2019.60

Table below shows the alcohol-induced deaths. This include deaths from dependent and nondependent use of alcohol, as well as deaths from accidental poisoning by alcohol. It excludes unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome.

[59] Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2020. Available at http://wonder.cdc.gov.

[60] Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: http://dx.doi.org/10.15585/mmwr.mm7006a4external icon.

Alcohol Induced Deaths, 2019

County	Deaths 1999-2019	Population 1999-2019	Rate	% of Total Deaths
Aransas	68	495,994	10.4	0.2%
Bee	47	678,210	7.1	0.1%
Brooks	15	155,645	Unreliable	0.0%
Cameron	464	8,204,719	6.3	1.4%
Duval	22	252,537	8.1	0.1%
Hidalgo	595	15,505,593	4.7	1.7%
Jim Wells	66	852,621	7.7	0.2%
Kleberg	49	662,684	9	0.1%
Live Oak	20	249,022	7.3	0.1%
Nueces	795	7,100,889	10.9	2.3%
Refugio	18	156,042	Unreliable	0.1%
San Patricio	157	1,398,440	10.9	0.5%
Starr	34	1,258,845	3.2	0.1%
Webb	284	5,055,332	7.1	0.8%
Willacy	18	447,637	Unreliable	0.1%
Zapata	17	284,033	Unreliable	0.0%

Drug Induced Deaths

Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome).

County	Deaths 1999-2019	Population 1999-2019	Rate	% of Total Deaths
Aransas	107	495,994	21.6	0.2%
Bee	39	678,210	5.8	0.1%
Brooks	16	155,645	Unreliable	0.0%
Cameron	348	8,204,719	4.2	0.7%
Duval	23	252,537	9.1	0.0%
Hidalgo	530	15,505,593	3.4	1.1%
Jim Wells	79	852,621	9.3	0.2%
Kleberg	39	662,684	5.9	0.1%
Live Oak	14	249,022	Unreliable	0.0%
Nueces	1,125	7,100,889	15.8	2.3%
Refugio	16	156,042	Unreliable	0.0%
San Patricio	168	1,398,440	12	0.3%
Starr	26	1,258,845	2.1	0.1%
Webb	460	5,055,332	9.1	0.9%
Willacy	24	447,637	5.4	0.0%
Zapata	21	284,033	7.4	0.0%

Suicides

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will prevent the untimely deaths of thousands of Americans each year.[61]

- Suicide was the 10th leading cause of death in the United States.[62]
- On average, 132 Americans died by suicide each day. 1.4 million Americans attempted suicide.[62]
- 90% of those who died by suicide had a diagnosable mental health condition at the time of their death.[62]
- Men died by suicide 3.6x more often than women. Women were 1.4x more likely to attempt suicide.[62]
- 48,344 Americans died by suicide. • 2nd leading cause of death for ages 10-34 • 4th leading cause of death for ages 35-54.[62]
- In 2017, the suicide rate was 1.5x higher for Veterans than for non-Veteran adults over the age of 18.[62]
- Over 950,000 years of potential life were lost to suicide before age 65.[62]
- Firearms accounted for slightly more than half (50.54%) of all suicide deaths.[62]
- 10.3% of Americans have thought about suicide and 54% of Americans have been affected by suicide.[62]

2019 Suicide rates (per 100,000)

County	Injury Intent	Deaths	Population	Rate
Aransas	Suicide	10	23,510	42.54
Cameron	Suicide	29	423,163	6.85
Hidalgo	Suicide	65	868,707	7.48
Nueces	Suicide	55	362,294	15.18
San Patricio	Suicide	14	66,730	20.98
Webb	Suicide	20	276,652	7.23
Region 11	Suicide	193	2,021,056	9.55

[61] American Foundation of Suicide Prevention

[62] CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/20). Find additional citation information at afsp.org/statistics.

2019 Non-Injury, no Intent Deaths in Region 11

County	Injury Intent	Deaths	Population	Rate
Aransas	Non-Injury, no intent classified	330	23,510	1,404
Bee	Non-Injury, no intent classified	241	32,565	740
Brooks	Non-Injury, no intent classified	83	7,093	1,170
Cameron	Non-Injury, no intent classified	2,643	423,163	625
Duval	Non-Injury, no intent classified	108	11,157	968
Hidalgo	Non-Injury, no intent classified	4,470	868,707	515
Jim Hogg	Non-Injury, no intent classified	47	5,200	904
Jim Wells	Non-Injury, no intent classified	409	40,482	1,010
Kleberg	Non-Injury, no intent classified	293	30,680	955
Live Oak	Non-Injury, no intent classified	105	12,207	860
Nueces	Non-Injury, no intent classified	2,768	362,294	764
Refugio	Non-Injury, no intent classified	72	6,948	1,036
San Patricio	Non-Injury, no intent classified	591	66,730	886
Starr	Non-Injury, no intent classified	435	64,633	673
Webb	Non-Injury, no intent classified	1,325	276,652	479
Willacy	Non-Injury, no intent classified	160	21,358	749
Zapata	Non-Injury, no intent classified	91	14,179	642
Region 11	Non-Injury, no intent classified	14,171	2,267,558	625

County	Injury Intent	Deaths	Population	Rate
Aransas	Unintentional	20	23,510	85.1
Bee	Unintentional	18	32,565	55.3
Cameron	Unintentional	97	423,163	22.9
Hidalgo	Unintentional	197	868,707	22.7
Jim Wells	Unintentional	15	40,482	37.1
Kleberg	Unintentional	18	30,680	58.7
Nueces	Unintentional	143	362,294	39.5
San Patricio	Unintentional	28	66,730	42.0
Starr	Unintentional	19	64,633	29.4
Webb	Unintentional	78	276,652	28.2
Willacy	Unintentional	12	21,358	56.2
Region 11	Unintentional	645	2,210,774	29.2

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.

Drug trafficking across the Texas-Mexico border is extensive and has become progressively worse within recent years. Researchers estimate that 70% of all drugs smuggled into the United States come across the Mexican border. In 2016 alone, nearly 1.3 million pounds of marijuana, cocaine, heroin, and methamphetamines were seized along the southwest border by American border patrol agents.

Table below shows the numbers of drug related arrests made in 2020 in region 11. The Sheriff's Office and City Police Department agencies reported a total of 8,546 arrests related to possession of drugs. Marijuana accounted for 35.3% of all the arrests, followed by opium/cocaine 26.9%. Other dangerous narcotics accounted for 20.7% in 2020.

Drug Related Arrests Rate (by substance) 2020 in Region 11.

Substance	Number	Rate
Opium/Cocaine	393	17
Marijuana	3,023	131
Synthetic Narcotics (Methadone)	898	39
Narcotics (Barbiturates, Benzedrine)	156	7
Opium/Cocaine & Derivatives	2,302	100
Other Dangerous Narcotics	1,774	77
Total	8,546	370

COVID-19 Impact on Behavioral Health

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities. Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019. In the same manner, COVID-19 related social isolation and stress can increase susceptibility to substance misuse, addiction, and relapse. During these uncertain times, those who misuse or abuse alcohol and/or other drugs, are particularly vulnerable. The stress from social isolation and other COVID-19 related life changes can lead to or worsen substance use and misuse. There are also health risks resulting from chronic alcohol/drug use as it weakens the immune system and puts stress on the body's cardiovascular and respiratory systems.

It is important to make sure communities continue to provide substance abuse treatment, in order to avoid complications of both SUD and COVID-19 and to prevent the transmission of coronavirus

Qualitative Data: Focus Group

COVID-19: Implications for Substance Use Prevention in Region 11

As the Covid-19 pandemic disrupted communities, major challenges emerged and have made it difficult for many substance use prevention providers to deliver their services adequately. This year PRC decided to collect qualitative data through focus group sessions in order to better understand the variety of changes and challenges that counties in region 11 have encounter related to substance use prevention during the pandemic. Below you can find a summary of the topics discussed through the focus group sessions. Each topic is discussed separately in this report.

Summary

The following are topics that were discussed during the focus group sessions. Participants were able to share their knowledge, opinions, and experiences related to these ideas.

1. Alcohol and other drugs consumption
2. Alcohol and other drugs accessibility
3. Challenges and adaptations
4. Effective communication during covid-19
5. Availability of prevention programs and services

Focus Group Findings

- Home schooling and parental leniency could potentially be a risk factor and increase substance use in region 11 among youth.

- Alcohol consumption has increased among the adult population due to stress. Alcohol consumption has been used by many as a coping mechanism in trying to cope with stress as well as other mental health problems.

- Participants that worked in treatment facilities shared that they noticed an increase in calls related to substance use treatment during the year 2020.

- Participants that worked in treatment facilities shared that they noticed an increase in calls related to substance use treatment during the year 2020.

- During shelter in place orders many businesses were being affected and their alcohol sales dropped. According to participants, business started to sell alcohol to any person in the community, ID was not required in many places.

- Majority of participants shared their experiences and how technology was and is not available in every household. Many families in region 11 did not have a computer nor internet access. This had an impact not only for parents but the most impacted were the kids. During shelter in place orders, many kids were struggling to attend their classes and were staying behind.

- Traditional media is essential to get the message across among the adult population (TV and Radio).

- Social Media (TikTok, Instagram) are ways to better communicate messages among the youth population. In order to connect with youth, we should be able to understand what works to get their attention.

- There are lower levels of technology ownership and use among rural areas. This could be a risk factor for the youth populations during a school year.

Recommendations in Region 11

COVID-19 has changed our lives. We continue to see incredible levels of adaptation in many different ways. In prevention, we want to help youth and adults and increase awareness of resources that exist in our community. The following are recommendations and needs that could help members in the community to keep receiving the services they need.

1. Increased community engagement through virtual activities that encourage parents and families to come together and learn while being engaged with agencies that provide services in the community.

2. Media awareness campaigns (social media) and messages that promote education and dissemination of information related to consequences of alcohol and other drugs use.

3. Increased virtual trainings to older parents so they can access prevention presentations and other virtual events.

4. Increased parental engagement at the school so that parents become involved with their kids and learn about the dangers of alcohol and other drugs.

5. Need for additional technology (digital) resources in rural areas.

6. Increase access to community resources such as additional funding for more programs and technology that engage in prevention and treatment of drug use among adolescents.

Region in Focus

Prevention Resources and Capacities

Organizations across our region such as the ones listed above are continuously referencing each other's services for clients. Environmental risk factors affect our communities in a variety of ways yet there are still areas of need regarding particular areas. Although there is a plethora of non-profit and services offered for clients in all levels and domains, gaps of services still exist.

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 public within Hidalgo County communities to reduce underage drinking, marijuana and synthetic marijuana use, and prescription drug abuse.

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.

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.

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:

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

- UNIDAD in Hidalgo 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.

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 worker 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.

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.

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:

- In 2019 the UNIDAD Coalition assisted and supported the City of Alton and the City of Weslaco as they prepared to pass the Social Host Ordinance. Making them the 4th and 5th cities respectively to pass the ordinance in the State of Texas, a total of 3 in Hidalgo County. The Social Host ordinance focused on holding responsible those who provide/own the location where underage drinking takes place, regardless of who supplies the alcohol.

- August 2019, the UNITED Youth Group hosted their first ever "Live life in color" Run. The run encouraged family and community engagement, by providing a safe place for parents, and youth to participate in healthy physical and mental activities. Youth group members also developed networking skills, new relationships with community partners that assisted in donating t-shirts, powder paint and water for the event.

- The UNIDAD Coalition Hosted their annual Redirecting the Pipeline Conference at Knapp Medical Center in Weslaco, TX. An event for social workers, counselors, and law enforcement throughout Hidalgo County. This year they partnered with Recovery Unplugged and Texans for Drug Free Youth.

- During the virtual adjustment the UNIDAD coalition and the UNITED Youth Group have improvised a series of activities that will keep our community engaged. Including a Virtual Spirit Week for National Prevention Week 2020 in which each day had a different theme and focused on education of a different substance.

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.

SUD Treatment 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. BHSST also offers services for fathers and mothers who are expecting and are dealing 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

Region 11 has 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. The following social services agencies provide aid to the population in the region and contribute to strengthening communities. These 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 2020 Regional Needs Assessment 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 2019 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.

Religion 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.

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.

Mental Health Providers

Mental Health Providers is the ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. For example, if a county has a population of 50,000 and has 20 mental health providers, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Mental Health Provider in the county.

County	# Mental Health Providers	Ratio of MH Providers	Z-Score
Texas	32666	880:1	
Nueces	418	870:1	-1.12
Brooks	1	7,110:1	0.87
Live Oak	2	6,080:1	0.82
Starr	11	5,870:1	0.81
Willacy	5	4,300:1	0.69
Refugio	2	3,520:1	0.59
Webb	87	3,170:1	0.53
San Patricio	26	2,570:1	0.38
Kleberg	13	2,390:1	0.33
Bee	14	2,330:1	0.3
Duval	1	11,210:1	0.97
Cameron	240	1,770:1	0.03
Hidalgo	511	1,690:1	-0.01
Aransas	19	1,250:1	-0.42
Jim Wells	34	1,200:1	-0.49

YP Programs (YPU, YPS, YPI)

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.

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.

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%.

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 2020 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:

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

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.

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.

Overview of Community Readiness

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. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

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.

HPSA Score by County, 2019

County	Primary Care	Mental Health
Aransas	17	12
Bee	19	22
Brooks	16	16
Cameron	19	21
Duval	19	17
Hidalgo	17	18
Jim Hogg	19	20
Jim Wells	19	22
Kenedy	9	12
Kleberg	19	22
Live Oak	17	17
McMullen	17	17
Nueces	12	16
Refugio	15	14
San Patricio	19	22
Starr	17	18
Webb	19	20
Willacy	15	21
Zapata	19	20

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 Coordinators 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

Putting it all Together

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.

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. The Prevention Resource Center of Region 11 hopes the Regional Needs Assessment is a useful reference for our region. Once completed on August, 2021, the PRC staff begins to promote and share the information in this document to state, regional, county and city stakeholders across our area. In every community meeting attended, the PRC staff will share county reports or data reported in this document. We look forward to not only sharing the information but building on existing partnerships and initiating new partnerships in order to fully evaluate the communities across our coverage area.

The following are key RNA General Findings. This information is based on the data analysis we have done in previous years and in the present.

1. What has the RNA identified as the region's most pressing substance use behaviors that need to be addressed and why?
    - Alcohol is one of the most pressing substance in Region 11. Not only quantitative data shows that alcohol has always been a problem for our region; but also focus groups and surveys administered to community members tells us that alcohol is a problem in the community.
    - E-vapor products are another pressing substance in region 11. Since 2018 we have seen an increase in e-cigarettes. 18.9 percent of adults in region 11 (18 and older) reported having used e-cigarettes in 2019.

2. What is your analysis of the underlying conditions (Social Determinants of Health) that are contributing to substance use and misuse in your region?
   The following are underlying conditions that contribute to substance use and misuse in region 11. These conditions increase the use of substance use, especially among youth population.
    - Economic stability
    - Poverty/children in poverty
    - Health care access
    - Social and community context

3. What behavioral health disparities has the RNA identified in the region?
   Health care access is a major problem in region 11.
    - Health care access

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Regional Contributors (key stakeholders)

Regional Contributors

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

Appendix A: Demographics

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

Population Estimates Percentage by County and Sex, 2021

County	Total Population	Total Male	% Males	Total Female	% Females
Aransas	28,232	14,119	50%	14,113	50%
Bee	34,694	21,094	61%	13,600	39%
Brooks	7,160	3,715	52%	3,445	48%
Cameron	429,514	208,553	49%	220,961	51%
Duval	11,771	6,068	52%	5,703	48%
Hidalgo	879,547	429,571	49%	449,976	51%
Jim Hogg	5,053	2,575	51%	2,478	49%
Jim Wells	43,074	21,406	50%	21,668	50%
Kenedy	483	249	52%	234	48%
Kleberg	30,910	15,825	51%	15,085	49%
Live Oak	12,081	6,458	53%	5,623	47%
McMullen	787	407	52%	380	48%
Nueces	388,438	193,886	50%	194,552	50%
Refugio	7,589	3,730	49%	3,859	51%
San Patricio	72,040	36,431	51%	35,609	49%
Starr	65,010	31,999	49%	33,011	51%
Webb	278,650	136,484	49%	142,166	51%
Willacy	22,115	12,165	55%	9,950	45%
Zapata	14,418	7,062	49%	7,356	51%
Region 11	2,331,566	1,151,797	49%	1,179,769	51%

Population Estimates Percentage by County and Age Group, 2021

County	Total Population	% Under 18	% 18-24	% 25-44	%45-64	% 65+
Aransas	28,232	19%	6%	23%	24%	28%
Bee	34,694	22%	11%	33%	21%	13%
Brooks	7,160	26%	8%	26%	19%	21%
Cameron	429,514	29%	10%	25%	22%	15%
Duval	11,771	26%	9%	24%	21%	19%
Hidalgo	879,547	29%	11%	27%	21%	12%
Jim Hogg	5,053	29%	9%	24%	20%	18%
Jim Wells	43,074	28%	9%	26%	21%	16%
Kenedy	483	22%	8%	23%	22%	26%
Kleberg	30,910	22%	23%	22%	18%	15%
Live Oak	12,081	21%	7%	27%	23%	22%
McMullen	787	16%	7%	17%	21%	38%
Nueces	388,438	25%	10%	28%	22%	15%
Refugio	7,589	23%	8%	21%	24%	25%
San Patricio	72,040	26%	9%	28%	21%	16%
Starr	65,010	31%	10%	26%	20%	13%
Webb	278,650	29%	12%	27%	21%	10%
Willacy	22,115	24%	12%	30%	19%	15%
Zapata	14,418	32%	9%	25%	20%	14%
Region 11	2,331,566	28%	11%	27%	21%	13%

Race and Ethnicity Percentage by County, 2021

County	Total Population	% White	% Black	% Hispanic	% Asian	% Other
Aransas	28,232	65%	1%	31%	2%	2%
Bee	34,694	30%	8%	60%	1%	1%
Brooks	7,160	9%	0%	90%	0%	0%
Cameron	429,514	9%	0%	90%	1%	0%
Duval	11,771	11%	1%	88%	0%	1%
Hidalgo	879,547	6%	0%	92%	1%	0%
Jim Hogg	5,053	8%	0%	91%	0%	1%
Jim Wells	43,074	17%	0%	81%	0%	1%
Kenedy	483	20%	0%	78%	0%	2%
Kleberg	30,910	19%	4%	74%	2%	1%
Live Oak	12,081	55%	4%	39%	0%	2%
McMullen	787	59%	1%	39%	0%	0%
Nueces	388,438	27%	4%	66%	2%	1%
Refugio	7,589	38%	6%	53%	0%	1%
San Patricio	72,040	37%	1%	59%	1%	1%
Starr	65,010	4%	0%	95%	0%	0%
Webb	278,650	4%	0%	95%	1%	0%
Willacy	22,115	9%	2%	88%	1%	0%
Zapata	14,418	5%	0%	94%	0%	0%
Region 11	2,331,566	13%	1%	85%	1%	1%

Households with limited English

County	Households 2017-2019	# Households with Limited English	% Households with Limited English
Aransas	9,548	263	2.8%
Bee	8,269	233	2.8%
Brooks	2,120	184	8.7%
Cameron	124,605	20,168	16.2%
Duval	3,511	329	9.4%
Hidalgo	238,345	49,320	20.7%
Jim Hogg	1,626	237	14.6%
Jim Wells	12,987	1,203	9.3%
Kenedy	197	98	49.7%
Kleberg	10,955	414	3.8%
Live Oak	3,752	187	5.0%
McMullen	270	5	1.9%
Nueces	129,451	5,590	4.3%
Refugio	2,547	62	2.4%
San Patricio	22,898	998	4.4%
Starr	16,188	5,673	35.0%
Webb	74,789	18,888	25.3%
Willacy	5,782	833	14.4%
Zapata	4,503	1,316	29.2%
Region 11	672,343	106,001	15.8%

Languages other than English 2019 Population 5 years and older

County	Population 5 Years and Older	Speak only English	Speak Language other than English	Spanish	Other Indo-European Languages	Asian & Pacific Island Languages	Other Languages
Aransas	23,326	80%	20%	18%	0%	1%	0%
Bee	30,710	65%	35%	33%	1%	0%	0%
Brooks	6,563	38%	62%	61%	0%	0%	0%
Cameron	386,880	29%	71%	71%	0%	0%	0%
Duval	10,463	43%	57%	56%	0%	0%	0%
Hidalgo	776,573	17%	83%	82%	0%	1%	0%
Jim Hogg	4,711	35%	65%	65%	0%	0%	0%
Jim Wells	37,863	52%	48%	47%	1%	0%	0%
Kenedy	468	15%	85%	85%	0%	0%	0%
Kleberg	28,849	59%	41%	38%	0%	1%	1%
Live Oak	11,479	70%	30%	28%	1%	1%	0%
McMullen	710	89%	11%	10%	1%	0%	0%
Nueces	337,129	64%	36%	34%	1%	1%	0%
Refugio	6,720	71%	29%	28%	0%	0%	0%
San Patricio	62,146	65%	35%	34%	1%	1%	0%
Starr	57,733	5%	95%	95%	0%	0%	0%
Webb	247,446	10%	90%	89%	0%	0%	0%
Willacy	20,200	37%	63%	63%	0%	0%	0%
Zapata	12,976	11%	89%	89%	1%	0%	0%
Region 11	2,062,945	31%	69%	68%	0%	1%	0%
Texas	26,261,053	65%	35%	29%	2%	3%	1%

Languages other than English 2019 Population 18 years and older

County	Population 18 Years and Older	Speak only English	Speak Language other than English	Spanish	Other Languages
Aransas	18,785	84%	16%	14%	2%
Bee	25,100	63%	37%	36%	1%
Brooks	4,653	31%	69%	69%	0%
Cameron	231,131	31%	69%	68%	1%
Duval	8,072	36%	64%	63%	1%
Hidalgo	420,931	18%	82%	80%	1%
Jim Hogg	3,427	21%	79%	79%	0%
Jim Wells	28,201	44%	56%	56%	0%
Kenedy	364	15%	85%	85%	0%
Kleberg	22,385	53%	47%	45%	2%
Live Oak	9,104	70%	30%	27%	3%
McMullen	529	90%	10%	9%	1%
Nueces	253,786	62%	38%	36%	2%
Refugio	5,448	68%	32%	31%	1%
San Patricio	46,800	61%	39%	38%	1%
Starr	30,503	4%	96%	96%	0%
Webb	136,714	10%	90%	89%	1%
Willacy	14,566	34%	66%	66%	0%
Zapata	6,985	11%	89%	88%	1%
Region 11	1,267,484	34%	66%	65%	1%
Texas	18,181,328	73%	27%	22%	5%

Appendix B: Societal Domain

Household Income by County, 2020

County	Median Household income	Mean Household income
Aransas	45,137	75,855
Bee	44,578	63,623
Brooks	28,333	41,308
Cameron	38,758	55,520
Duval	41,186	49,597
Hidalgo	40,014	58,014
Jim Hogg	33,382	48,856
Jim Wells	41,505	62,079
Kenedy	38,021	39,930
Kleberg	43,730	59,512
Live Oak	53,848	71,127
McMullen	62,000	92,126
Nueces	55,919	74,953
Refugio	50,076	61,935
San Patricio	56,556	74,270
Starr	30,387	47,269
Webb	46,475	63,769
Willacy	35,521	47,742
Zapata	33,952	60,551
Region 11	41,505	60,423

Unemployment Rate by County, 2020

County	population 2020	Labor Force	Employed	Unemployed	Unemployment (%)	Rate per 1000
Aransas	27,699	9,058	8,291	767	8.5%	27.69
Bee	34,445	9,906	8,932	974	9.8%	28.28
Brooks	7,175	2,601	2,323	278	10.7%	38.75
Cameron	427,881	169,074	151,855	17,219	10.2%	40.24
Duval	11,796	4,864	4,275	589	12.1%	49.93
Hidalgo	870,366	359,969	318,076	41,893	11.6%	48.13
Jim Hogg	5,077	1,891	1,711	180	9.5%	35.45
Jim Wells	42,890	16,127	14,033	2,094	13.0%	48.82
Kenedy	476	184	174	10	5.4%	21.01
Kleberg	30,987	13,402	12,277	1,125	8.4%	36.31
Live Oak	12,030	5,177	4,791	386	7.5%	32.09
McMullen	783	727	707	20	2.8%	25.54
Nueces	383,718	163,920	149,232	14,688	9.0%	38.28
Refugio	7,573	3,083	2,831	252	8.2%	33.28
San Patricio	71,325	29,221	26,223	2,998	10.3%	42.03
Starr	64,731	26,319	21,760	4,559	17.3%	70.43
Webb	276,183	116,195	106,376	9,819	8.5%	35.55
Willacy	22,134	6,597	5,807	790	12.0%	35.69
Zapata	14,409	4,600	4,029	571	12.4%	39.63
Region 11	2,311,678	942,915	843,703	99,212	10.5%	42.92
Texas	29,677,668	13,983,343	12,915,349	1,067,994	7.6%	35.99

		TANF BASIC			TANF STATE PROGRAM		
Year	County	Recipients	Average Payment	Regional Calculation	Recipients	Average Payment	Regional Calculation
2020	Aransas	35	82.32	2,881	6	55.68	334
2020	Bee	43	92.02	3,957	9	74.72	672
2020	Brooks	21	82.47	1,732	0	55.77	0
2020	Cameron	1,895	70.75	134,079	49	83.24	4,079
2020	Duval	9	78.24	704	11	0.00	0
2020	Hidalgo	5,916	66.68	394,505	118	81.37	9,601
2020	Jim Hogg	1	59.97	60	0	0.00	0
2020	Jim Wells	55	83.43	4,589	0	32.87	0
2020	Kenedy	0	0.00	0	0	0.00	0
2020	Kleberg	68	88.18	5,996	0	88.59	0
2020	Live Oak	7	85.11	596	0	0.00	0
2020	McMullen	0	0.00	0	0	0.00	0
2020	Nueces	509	81.90	41,689	22	80.61	1,773
2020	Refugio	5	52.57	263	0	0.00	0
2020	San Patricio	106	83.32	8,832	18	82.00	1,476
2020	Starr	235	72.18	16,961	11	89.09	980
2020	Webb	597	69.83	41,687	13	75.66	984
2020	Willacy	39	72.77	2,838	11	100.19	1,102
2020	Zapata	38	67.38	2,539	3	88.11	291
2020	Region 11	9,579	69.00	663,908	271	78.00	21,293
2020	Texas	30,297	78.00	2,392,254	2,080	67.00	139,757

Homeless Students by County, 2019-2020

County	Total Enrollment	Total Economically Disadvantage	Total Homeless Students	Homeless Percentage
Aransas	2,966	1,920	184	6.2%
Bee	5,438	4,408	136	2.5%
Brooks	1,506	1,267	26	1.7%
Cameron	95,305	80,498	1,959	2.1%
Duval	2,649	2,114	--	
Hidalgo	250,190	214,631	2,026	0.8%
Jim Hogg	1,153	980	--	
Jim Wells	8,015	6,208	201	2.5%
Kenedy	73	39	0	0.0%
Kleberg	5,012	3,306	--	
Live Oak	1,789	1,130	--	
McMullen	288	79	0	0.0%
Nueces	61,009	39,277	948	1.6%
Refugio	1,304	802	52	4.0%
San Patricio	13,974	9,291	171	1.2%
Starr	16,521	14,902	--	
Webb	67,267	55,529	620	0.9%
Willacy	4,147	3,596	138	3.3%
Zapata	3,549	3,033	175	4.9%
Region 11	542,155	443,010	6,636	1.2%

Homeless Adults in Region 11, 2019-2021

Year	Total Homeless	Male	Female	Homeless Under 18	Homeless 18-24	Chronically Homeless
2019	1,082	745	337	126	82	114
2020	1,766	1,199	567	252	109	229
2021	432	267	165	91	30	27

Numbers for Region 11 don't add up. Region 11 & 8 are combined.

Homeless Adults in Region 11, 2019-2021

Year	County	Total Homeless	Male	Female	Homeless Under 18	Homeless 18-24	Chronically Homeless
2019	Cameron	293	196	91	43	24	31
2019	Hidalgo	227	160	63	27	19	7
2019	Nueces	380	232	128	26	23	53
2019	Webb	241	157	55	30	16	23
2019	Region 11	1,141	745	337	126	82	114
2019	Texas	4,735	2,786	1,747	619	347	369
2020	Cameron	487	271	188	124	37	89
2020	Hidalgo	242	156	69	31	8	2
2020	Nueces	830	564	236	61	49	99
2020	Webb	304	208	74	36	15	39
2020	Region 11	1,863	1,199	567	252	109	229
2020	Texas	5,715	3,300	2,144	935	380	667
2021	Cameron	61	30	27	14	7	2
2021	Hidalgo	36	14	15	14	2	0
2021	Nueces	269	173	88	35	9	21
2021	Webb	86	50	35	28	12	4
2021	Region 11	452	267	165	91	30	27
2021	Texas	2,354	1,058	981	733	232	143

Appendix C: Community Domain

Educational Attainment by County, 2019

County	Population 18 +	Less than HG	HG Graduate	Some College/ Associates	BA/BS or Higher
Aransas	19,873	19.9%	29.7%	30.3%	20.1%
Bee	25,709	23.9%	35.3%	33.0%	7.8%
Brooks	5,251	30.9%	25.6%	31.4%	12.1%
Cameron	291,932	30.1%	28.5%	26.3%	15.1%
Duval	8,368	29.1%	34.3%	29.0%	7.6%
Hidalgo	573,438	31.6%	24.7%	27.1%	16.6%
Jim Hogg	3,558	30.2%	37.0%	21.4%	11.5%
Jim Wells	29,509	26.1%	35.7%	27.3%	10.8%
Kenedy	400	70.3%	22.0%	6.8%	1.0%
Kleberg	23,451	18.7%	23.7%	35.9%	21.8%
Live Oak	9,712	24.1%	35.8%	29.2%	10.9%
McMullen	550	7.3%	33.5%	32.7%	26.5%
Nueces	272,002	16.7%	30.3%	33.3%	19.6%
Refugio	5,489	19.2%	37.4%	33.4%	10.1%
San Patricio	48,906	20.2%	34.3%	31.4%	14.1%
Starr	42,924	42.3%	27.7%	20.7%	9.3%
Webb	182,613	29.9%	27.3%	26.3%	16.5%
Willacy	16,394	32.6%	36.6%	23.6%	7.2%
Zapata	9,508	35.7%	32.3%	22.1%	10.0%
Region 11	1,569,587	27.9%	27.9%	28.1%	16.1%

Juvenile Probation Referrals by County in Region 11, 2019

County	2019 Juvenile Population	Violent Felony	Other Felony	Misd. A & B	VOP	Status	Other CINS	Total Referrals	Referral Rate/1,000	Youth Referred
Aransas	1,709	5	5	20	1	0	0	31	18	27
Bee	2,764	8	8	32	15	0	0	63	23	44
Brooks	771	4	7	15	0	0	3	29	38	26
Cameron	53,512	119	341	637	166	166	6	1,435	27	1,084
Duval	1,195	2	2	9	3	0	0	16	13	15
Hidalgo	110,621	214	343	809	166	209	21	1,762	16	1,341
Jim Hogg	622	0	0	1	0	0	0	1	2	1
Jim Wells	4,470	30	56	149	0	1	6	242	54	166
Kenedy	29	0	0	0	0	0	0	0	0	0
Kleberg	3,325	16	18	56	1	26	2	119	36	81
Live Oak	812	2	7	4	6	0	0	19	23	13
Maverick	6,983	4	38	63	1	2	4	112	16	77
Nueces	33,868	178	253	880	61	124	5	1,501	44	886
Refugio	625	2	7	4	0	0	2	15	24	13
San Patricio	6,746	12	21	75	20	3	3	134	20	101
Starr	7,283	17	47	103	12	9	3	191	26	158
Webb	35,674	95	255	656	79	115	20	1,220	34	810
Willacy	2,304	3	5	32	4	1	0	45	20	38
Zapata	1,973	9	19	42	0	1	20	91	46	72
Region 11	275,286	720	1,432	3,587	535	657	95	7,026	26	4,953
Texas	2,864,996	6,503	10,474	26,369	7,368	2,791	632	54,137	19	39,185

2019 Juvenile Probation Referrals by Region (Per 1,000)

Region	2019 Juvenile Population	Violent Felony	Other Felony	Misd. A & B	VOP	Status	Other CINS	Total Referrals	Referral Rate/1,000	Youth Referred
1	90,246	376	473	1,288	295	122	12	2,566	28.4	1,871
2	51,136	183	218	595	256	5	5	1,262	24.7	926
3	783,572	1,593	2,411	5,457	2,048	664	232	12,405	15.8	9,174
4	213,932	394	560	1,368	491	341	17	3,171	14.8	2,420
5	73,563	162	278	502	198	72	14	1,226	16.7	902
6	708,313	1,404	2,088	6,118	1,909	309	103	11,931	16.8	8,215
7	302,035	687	1,307	2,886	531	340	72	5,823	19.3	4,261
8	283,643	778	1,094	3,520	829	135	70	6,426	22.7	4,740
9	62,532	173	544	959	263	143	12	2,094	33.5	1,539
10	20,738	33	69	89	13	3	0	207	10.0	184
11	275,286	720	1,432	3,587	535	657	95	7,026	25.5	4,953
Texas	2,864,996	6,503	10,474	26,369	7,368	2,791	632	54,137	18.9	39,185

Drug Related Arrests, 2020

County	Drug Arrests
Aransas	154
Bee	236
Brooks	37
Cameron	1,035
Duval	19
Hidalgo	2,634
Jim Hogg	10
Jim Wells	347
Kenedy	1
Kleberg	290
Live Oak	45
McMullen	6
Nueces	2,057
Refugio	145
San Patricio	358
Starr	181
Webb	908
Willacy	83
Zapata	-
Region 11	8,546

Crime Rate by County (per 100,000) FY 2020

County	Population	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total	Rate per 100,000
Aransas	31,112	4	16	8	110	295	669	60	1,162	3,735
Bee	32,474	0	2	6	64	151	391	28	642	1,977
Brooks	7,057	0	0	0	32	47	59	2	140	1,984
Cameron	423,309	13	175	247	1,077	1,161	6,604	388	9,665	2,283
Duval	11,988	0	3	0	28	22	83	41	177	1,476
Hidalgo	855,532	35	416	271	1,585	2,055	12,649	846	17,857	2,087
Jim Hogg	5,210	0	2	0	10	17	12	4	45	864
Jim Wells	38,341	2	20	11	181	351	656	86	1,307	3,409
Kenedy	442	0	0	0	2	0	3	7	12	2,715
Kleberg	30,823	1	30	12	95	143	457	23	761	2,469
Live Oak	4,531	0	0	3	3	4	0	1	11	243
McMullen	749	0	0	0	0	4	5	0	9	1,202
Nueces	362,810	38	253	490	2,171	2,179	8,353	929	14,413	3,973
Refugio	6,947	0	0	2	4	14	27	8	55	792
San Patricio	58,891	2	19	14	132	160	628	78	1,033	1,754
Starr	64,552	3	7	7	111	165	423	81	797	1,235
Webb	272,676	12	92	158	657	704	3,133	240	4,996	1,832
Willacy	18,748	3	8	4	85	89	151	13	353	1,883
Zapata	14,114	0	0	3	13	36	72	0	124	879
Region 11	2,240,306	113	1,043	1,236	6,360	7,597	34,375	2,835	53,559	2,391
Texas	28,880,885	1,931	13,422	26,829	88,549	108,243	463,590	83,760	786,324	2,723

Crime Rate in Region 11, FY 2018-2020 (per 100,000)

Crime Rate			
County	2018	2019	2020
Aransas	3,944	3,928	3,735
Bee	1,888	1,764	1,977
Brooks	2,147	1,800	1,984
Cameron	2,875	2,912	2,283
Duval	1,580	1,235	1,476
Hidalgo	2,596	2,485	2,087
Jim Hogg	348	480	864
Jim Wells	3,960	3,654	3,409
Kenedy	1,683	1,810	2,715
Kleberg	3,123	3,238	2,469
Live Oak	526	375	243
McMullen	2,414	1,602	1,202
Nueces	4,393	4,198	3,973
Refugio	988	1,238	792
San Patricio	2,303	1,990	1,754
Starr	990	1,215	1,235
Webb	2,749	2,156	1,832
Willacy	3,523	2,606	1,883
Zapata	1,460	1,665	879
Region 11	2,916	2,766	2,391
Texas	2,532	2,811	2,723

Property Crime Rate by County (Per 100,000) FY2020

County	Population	Burglary	Larceny	Auto Theft	Total	Rate per 100,000
Aransas	31,112	295	669	60	1,024	3,291
Bee	32,474	151	391	28	570	1,755
Brooks	7,057	47	59	2	108	1,530
Cameron	423,309	1,161	6,604	388	8,153	1,926
Duval	11,988	22	83	41	146	1,218
Hidalgo	855,532	2,055	12,649	846	15,550	1,818
Jim Hogg	5,210	17	12	4	33	633
Jim Wells	38,341	351	656	86	1,093	2,851
Kenedy	442	0	3	7	10	2,262
Kleberg	30,823	143	457	23	623	2,021
Live Oak	4,531	4	0	1	5	110
McMullen	749	4	5	0	9	1,202
Nueces	362,810	2,179	8,353	929	11,461	3,159
Refugio	6,947	14	27	8	49	705
San Patricio	58,891	160	628	78	866	1,471
Starr	64,552	165	423	81	669	1,036
Webb	272,676	704	3,133	240	4,077	1,495
Willacy	18,748	89	151	13	253	1,349
Zapata	14,114	36	72	0	108	765
Region 11	2,240,306	7,597	34,375	2,835	44,807	2,000
Texas	28,880,885	108,243	463,590	83,760	655,593	2,270

Violent Crime Rate by County (Per 100,000) FY 2020

County	Population	Murder	Rape	Robbery	Assault	Total	Rate per 100,000
Aransas	31,112	4	16	8	110	138	444
Bee	32,474	0	2	6	64	72	222
Brooks	7,057	0	0	0	32	32	453
Cameron	423,309	13	175	247	1,077	1,512	357
Duval	11,988	0	3	0	28	31	259
Hidalgo	855,532	35	416	271	1,585	2,307	270
Jim Hogg	5,210	0	2	0	10	12	230
Jim Wells	38,341	2	20	11	181	214	558
Kenedy	442	0	0	0	2	2	452
Kleberg	30,823	1	30	12	95	138	448
Live Oak	4,531	0	0	3	3	6	132
McMullen	749	0	0	0	0	0	0
Nueces	362,810	38	253	490	2,171	2,952	814
Refugio	6,947	0	0	2	4	6	86
San Patricio	58,891	2	19	14	132	167	284
Starr	64,552	3	7	7	111	128	198
Webb	272,676	12	92	158	657	919	337
Willacy	18,748	3	8	4	85	100	533
Zapata	14,114	0	0	3	13	16	113
Region 11	2,240,306	113	1,043	1,236	6,360	8,752	391
Texas	28,880,885	1,931	13,422	26,829	88,549	130,731	453

Number of Alcohol Related Arrests in Region 11, 2016-2020

Year	2016	2017	2018	2019	2020
DUI	5,510	5,690	5,901	5,330	4,340
Drunkenness	14,355	12,689	9,558	8,471	5,774
Liquor Laws	793	699	1,249	1,427	1,079
Total	20,658	19,078	16,708	15,228	11,193

Driving Under the Influence Arrests by County, 2020

County Name	Juvenile Total	Adult Total	Total
Aransas County	0	99	99
Bee County	0	38	38
Brooks County	0	9	9
Cameron County	1	661	662
Duval County	0	1	1
Hidalgo County	1	1,593	1,594
Jim Hogg County	0	0	0
Jim Wells County	0	57	57
Kenedy County	0	1	1
Kleberg County	1	87	88
Live Oak County	0	0	0
McMullen County	0	0	0
Nueces County	0	991	991
Refugio County	0	11	11
San Patricio County	0	283	283
Starr County	0	10	10
Webb County	0	473	473
Willacy County	0	23	23
Zapata County	0	0	0
Region 11	3	4,337	4,340

Drunkenness Arrests by County, 2020

County Name	Juvenile Total	Adult Total	Total
Aransas County	0	97	97
Bee County	4	86	90
Brooks County	0	16	16
Cameron County	5	863	868
Duval County	0	3	3
Hidalgo County	18	2,590	2,608
Jim Hogg County	0	1	1
Jim Wells County	2	25	27
Kenedy County	0	0	0
Kleberg County	1	51	52
Live Oak County	0	1	1
McMullen County	0	2	2
Nueces County	4	1,749	1,753
Refugio County	0	15	15
San Patricio County	2	142	144
Starr County	4	51	55
Webb County	0	0	0
Willacy County	1	41	42
Zapata County	0	0	0
Region 11	41	5,733	5,774

DWI Incarceration Rate in Region 11, 2020 (Per 100,000)

County	Population 2020	Females	Males	Rate
Aransas	27,699		3	10.8
Bee	34,445		8	23.2
Brooks	7,175		2	27.9
Cameron	427,881	2	56	13.1
Duval	11,796			0.0
Hidalgo	870,366	9	141	16.2
Jim Hogg	5,077			0.0
Jim Wells	42,890		2	4.7
Kenedy	476		1	210.1
Kleberg	30,987		7	22.6
Live Oak	12,030		5	41.6
McMullen	783			0.0
Nueces	383,718	3	52	13.6
Refugio	7,573		2	26.4
San Patricio	71,325		9	12.6
Starr	64,731		2	3.1
Webb	276,183		2	0.7
Willacy	22,134		2	9.0
Zapata	14,409			0.0
Region 11	2,311,678	14	294	12.7

DUI Crashes by age group in Region 11, 2020

County	< 21	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	OVER 65	UNK	Total
Aransas	0	0	0	0	0	0	0	0	0	0	0	0	0
Bee	0	0	1	0	0	0	0	0	0	0	0	0	1
Brooks	0	0	0	0	1	0	0	0	0	0	0	0	1
Cameron	0	1	0	1	0	0	0	0	1	0	0	0	3
Duval	0	0	0	0	0	0	0	0	0	0	1	0	1
Hidalgo	0	1	0	0	0	0	1	0	0	0	0	0	2
Jim Hogg	0	0	0	0	0	0	0	0	0	0	0	0	0
Jim Wells	0	1	0	0	0	0	0	0	0	0	0	0	1
Kenedy	0	0	0	0	0	0	0	0	0	0	0	0	0
Kleberg	0	0	0	1	0	0	0	0	0	0	0	0	1
Live Oak	0	0	0	0	1	0	0	0	0	0	0	0	1
McMullen	0	0	0	0	0	0	0	0	0	0	0	0	0
Nueces	1	0	1	0	2	1	0	0	1	2	1	0	9
Refugio	0	0	1	0	0	0	0	0	0	0	0	0	1
San Patricio	0	0	1	2	1	0	0	0	0	0	0	0	4
Starr	0	0	0	0	0	0	0	0	0	0	0	0	0
Webb	0	1	1	0	1	0	0	0	0	0	0	0	3
Willacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Zapata	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 11	1	4	5	4	6	1	1	0	2	2	2	0	28
Texas	53	94	109	90	70	38	34	38	40	22	20	0	608

DUI Crashes Fatalities by age group in Region 11, 2020

County	< 21	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	OVER 65	UNK	Total
Aransas	0	0	0	0	0	0	0	0	0	0	0	0	0
Bee	0	0	1	0	0	0	0	0	0	0	0	0	1
Brooks	1	0	0	0	1	0	0	0	0	0	0	0	2
Cameron	1	1	1	1	0	0	0	1	1	1	1	0	8
Duval	0	0	0	0	0	0	0	0	0	0	1	0	1
Hidalgo	1	3	0	2	1	0	2	0	0	0	0	0	9
Jim Hogg	0	0	0	0	0	0	0	0	0	0	0	0	0
Jim Wells	0	1	1	0	0	0	0	0	0	0	0	0	2
Kenedy	0	0	0	0	0	0	0	0	0	0	0	0	0
Kleberg	0	0	0	1	0	0	0	0	0	0	0	0	1
Live Oak	0	0	0	0	1	0	0	0	0	0	0	0	1
McMullen	0	0	0	0	0	0	0	0	0	0	0	0	0
Nueces	1	0	1	0	3	2	1	0	1	3	1	0	13
Refugio	0	0	1	0	0	0	0	0	0	0	0	0	1
San Patricio	1	0	1	2	1	0	0	0	0	0	0	0	5
Starr	1	0	0	0	0	0	0	0	0	0	0	0	1
Webb	0	1	1	0	1	0	0	0	0	0	0	0	3
Willacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Zapata	0	0	0	0	0	0	0	0	0	0	0	0	0
Region 11	6	6	7	6	8	2	3	1	2	4	3	0	48
Texas	126	142	157	118	94	58	56	68	56	45	38	0	958

Liquor Law Arrests by County, 2020

County Name	Juvenile Total	Adult Total	Total
Aransas County	0	4	4
Bee County	0	5	5
Brooks County	0	1	1
Cameron County	12	681	693
Duval County	0	0	0
Hidalgo County	2	164	166
Jim Hogg County	0	0	0
Jim Wells County	0	0	0
Kenedy County	0	0	0
Kleberg County	4	5	9
Live Oak County	0	0	0
McMullen County	0	0	0
Nueces County	7	114	121
Refugio County	0	0	0
San Patricio County	0	18	18
Starr County	0	18	18
Webb County	0	44	44
Willacy County	0	0	0
Zapata County	0	0	0
Region 11	25	1,054	1,079

Dispensation Rate per 100

Region 11	Population	Dispensation Counts	Rate per 100
2019	2,299,448	1,905,910	82.9
2020	2,311,678	1,823,339	78.9

Substance use treatment by County in Region 11, 2020

	Total Clients		Total BHMH Clients		Total SUD Clients	
County	Total Adult	Total Youth	Total Adult	Total Youth	Total Adults	Total Youth
Aransas	365	151	339	139	41	16
Bee	476	292	461	283	29	21
Brooks	237	107	234	103	9	8
Cameron	7,258	6,162	7,015	5,894	532	491
Duval	239	118	228	116	16	2
Hidalgo	12,301	11,982	11,785	11,313	1,136	1,312
Jim Hogg	114	72	113	71	2	2
Jim Wells	937	520	913	501	57	35
Kenedy	5	1	5	1	0	0
Kleberg	515	328	490	314	41	25
Live Oak	157	94	151	91	12	6
McMullen	7	2	6	2	1	0
Nueces	5,515	3,501	5,165	3,410	675	189
Refugio	135	62	127	61	11	1
San Patricio	924	780	864	746	95	51
Starr	1,300	687	1,268	669	56	40
Webb	3,136	3,059	2,960	2,946	301	246
Willacy	469	319	453	313	27	25
Zapata	222	141	211	111	18	44
Region 11	34,312	28,378	32,788	27,084	3,059	2,514

Behavioral Mental Health and Substance Use Clients (Rate per 1,000), 2019

	Total BHMH Clients			Total SUD Clients	
County	Adult Population	Total BHMH Clients	Rate	Total SUD Clients	Rate
Aransas	27,198	339	12.5	41	1.5
Bee	34,195	461	13.5	29	0.8
Brooks	7,178	234	32.6	9	1.3
Cameron	426,216	7,015	16.5	532	1.2
Duval	11,803	228	19.3	16	1.4
Hidalgo	860,844	11,785	13.7	1136	1.3
Jim Hogg	5,099	113	22.2	2	0.4
Jim Wells	42,697	913	21.4	57	1.3
Kenedy	470	5	10.6	0	0.0
Kleberg	31,002	490	15.8	41	1.3
Live Oak	11,970	151	12.6	12	1.0
McMullen	774	6	7.8	1	1.3
Nueces	379,038	5,165	13.6	675	1.8
Refugio	7,563	127	16.8	11	1.5
San Patricio	70,615	864	12.2	95	1.3
Starr	64,444	1,268	19.7	56	0.9
Webb	273,467	2,960	10.8	301	1.1
Willacy	22,157	453	20.4	27	1.2
Zapata	14,403	211	14.6	18	1.2
Region 11	2,291,133	32,788	14.3	3059	1.3

Behavioral Mental Health and Substance Use Clients (Rate per 1,000), 2019

County	Youth Population 2019	Total BHMH Clients	Rate	Total SUD Clients	Rate
Aransas	1,681	139	82.7	16	9.5
Bee	2,303	283	122.9	21	9.1
Brooks	570	103	180.7	8	14.0
Cameron	42,588	5,894	138.4	491	11.5
Duval	927	116	125.1	2	2.2
Hidalgo	87,535	11,313	129.2	1312	15.0
Jim Hogg	457	71	155.4	2	4.4
Jim Wells	3,477	501	144.1	35	10.1
Kenedy	22	1	45.5	0	0.0
Kleberg	2,663	314	117.9	25	9.4
Live Oak	771	91	118.0	6	7.8
McMullen	36	2	55.6	0	0.0
Nueces	29,880	3,410	114.1	189	6.3
Refugio	545	61	111.9	1	1.8
San Patricio	6,020	746	123.9	51	8.5
Starr	6,267	669	106.7	40	6.4
Webb	27,405	2,946	107.5	246	9.0
Willacy	1,756	313	178.2	25	14.2
Zapata	1,462	111	75.9	44	30.1
Region 11	216,365	27,084	125.2	2514	11.6

HIV infections (Rate per

Year	Sex	Cases	Population	Rate
2009	Total	2,444	2,075,832	118
2010	Total	2,618	2,112,642	124
2011	Total	2,724	2,143,825	127
2012	Total	2,809	2,171,248	129
2013	Total	3,000	2,194,578	137
2014	Total	3,133	2,216,431	141
2015	Total	3,304	2,234,054	148
2016	Total	3,426	2,249,941	152
2017	Total	3,555	2,258,236	157
2018	Total	3,731	2,267,438	165

HIV Infections Totals and Rates, Region 11 FY 2009-2018

Year	Sex	Cases	Population	Rate
2009	Male	1,930	1,017,197	1.9
2009	Female	514	1,058,635	0.5
2009	Total	2,444	2,075,832	1.2
2010	Male	2,064	1,034,755	2.0
2010	Female	554	1,077,887	0.5
2010	Total	2,618	2,112,642	1.2
2011	Male	2,157	1,050,460	2.1
2011	Female	567	1,093,365	0.5
2011	Total	2,724	2,143,825	1.3
2012	Male	2,225	1,064,918	2.1
2012	Female	584	1,106,330	0.5
2012	Total	2,809	2,171,248	1.3
2013	Male	2,384	1,077,651	2.2
2013	Female	616	1,116,927	0.6
2013	Total	3,000	2,194,578	1.4
2014	Male	2,470	1,089,692	2.3
2014	Female	663	1,126,739	0.6
2014	Total	3,133	2,216,431	1.4
2015	Male	2,621	1,099,882	2.4
2015	Female	683	1,134,172	0.6
2015	Total	3,304	2,234,054	1.5
2016	Male	2,738	1,109,138	2.5
2016	Female	688	1,140,803	0.6
2016	Total	3,426	2,249,941	1.5
2017	Male	2,848	1,114,241	2.6
2017	Female	707	1,143,995	0.6
2017	Total	3,555	2,258,236	1.6
2018	Male	3,003	1,120,168	2.7
2018	Female	728	1,147,270	0.6
2018	Total	3,731	2,267,438	1.6

Appendix D: School Domain

Third graders below math level percent STARR Test in Region 11, Spring 2019

County	All Students	Number did not met	% Did not met
Aransas	217	91	42%
Bee	332	75	23%
Brooks	95	33	35%
Cameron	6,201	1,011	16%
Duval	190	46	24%
Hidalgo	16,508	3,205	19%
Jim Hogg	66	11	17%
Jim Wells	528	156	30%
Kenedy	7	1	14%
Kleberg	389	79	20%
Live Oak	119	8	7%
McMullen	21	2	10%
Nueces	4,419	885	20%
Refugio	83	12	14%
San Patricio	959	204	21%
Starr	1,206	205	17%
Webb	4,590	747	16%
Willacy	285	92	32%
Zapata	254	44	17%
Region 11	36,469	6,907	19%

Third graders below reading level percent STARR Test in Region 11, Spring 2019

Year	County	All Students	Number did not met	% Did not met
2019	Aransas	217	106	49%
2019	Bee	332	75	23%
2019	Brooks	95	36	38%
2019	Cameron	6,197	1,349	22%
2019	Duval	190	66	35%
2019	Hidalgo	16,509	3,782	23%
2019	Jim Hogg	65	20	31%
2019	Jim Wells	528	156	30%
2019	Kenedy	7		0%
2019	Kleberg	388	99	26%
2019	Live Oak	118	14	12%
2019	McMullen	21	2	10%
2019	Nueces	4,418	1,025	23%
2019	Refugio	83	18	22%
2019	San Patricio	958	222	23%
2019	Starr	1,205	239	20%
2019	Webb	4,584	914	20%
2019	Willacy	286	89	31%
2019	Zapata	254	60	24%
2019	Region 11	36,455	8,272	23%

Graduation and Dropout rates by gender in Region 11, FY 2016-2019

Year	All Graduate Rate	All Dropout Rate	Female Graduate Rate	Female Dropout Rate	Male Graduate Rate	Male Dropout Rate
2016	89.4	6.3	91.4	5.1	87.5	7.5
2017	90.3	5.7	92.8	3.9	88	7.4
2018	91.1	5.2	93.2	3.7	88.9	6.7
2019	90.8	5.7	93.6	3.5	88.1	7.8

School Infractions in Region 11 FY school year 2019-2020

County	DISC_ACTX	Disciplinary Action	GRADE	ACTIONS
Bee	out-of-school suspension	controlled substance/drugs	9	15
Cameron	in-school suspension	controlled substance/drugs	8	10
Cameron	out-of-school suspension	alcohol violation	9	11
Cameron	placement in on/off camp	alcohol violation	9	11
Cameron	placement in on/off camp	controlled substance/drugs	6	10
Hidalgo	in-school suspension	controlled substance/drugs	10	10
Hidalgo	mandatory action not taken	controlled substance/drugs	12	16
Hidalgo	out-of-school suspension	alcohol violation	9	11
Hidalgo	out-of-school suspension	alcohol violation	10	10
Hidalgo	out-of-school suspension	controlled substance/drugs	6	15
Hidalgo	placement in on/off camp	alcohol violation	10	10
Kleberg	placement in on/off camp	controlled substance/drugs	9	11
Nueces	in-school suspension	controlled substance/drugs	10	11
Nueces	out-of-school suspension	controlled substance/drugs	8	16
San Patricio	out-of-school suspension	controlled substance/drugs	10	10
Starr	out-of-school suspension	controlled substance/drugs	10	16
Starr	placement in on/off camp	controlled substance/drugs	9	16
Webb	cont district prior year	controlled substance/drugs	11	16
Webb	cont district prior year	controlled substance/drugs	12	15
Webb	in-school suspension	controlled substance/drugs	9	11
Webb	in-school suspension	controlled substance/drugs	10	11
Webb	out-of-school suspension	alcohol violation	6	15
Webb	out-of-school suspension	controlled substance/drugs	7	15
Webb	part day out-of-school suspend	controlled substance/drugs	11	15
Webb	placement in on/off camp daep	alcohol violation	6	16
Webb	placement in on/off camp daep	controlled substance/drugs	6	15
Zapata	placement in on/off camp daep	controlled substance/drugs	11	10
Region 11	Total		All	348

Appendix E: Family Domain

County	Total Households	Male, no spouse/partner with own children under 18 years	Female, no spouse/partner with own children under 18 years	Children under 18 living in a single parent household %	Average household size
Aransas	9,548	56	414	4.9%	3
Bee	8,269	72	538	7.4%	3
Brooks	2,120	8	196	9.6%	3
Cameron	124,605	2,174	13,229	12.4%	3
Duval	3,511	0	369	10.5%	3
Hidalgo	238,345	2,887	26,826	12.5%	4
Jim Hogg	1,626	19	213	14.3%	3
Jim Wells	12,987	227	999	9.4%	3
Kenedy	197	0	4	2.0%	3
Kleberg	10,955	239	939	10.8%	3
Live Oak	3,752	31	76	2.9%	3
McMullen	270	3	22	9.3%	3
Nueces	129,451	2,188	9,133	8.7%	3
Refugio	2,547	40	156	7.7%	3
San Patricio	22,898	458	1,637	9.1%	3
Starr	16,188	176	2,257	15.0%	4
Webb	74,789	1,205	7,521	11.7%	4
Willacy	5,782	115	439	9.6%	4
Zapata	4,503	52	450	11.1%	3
Region 11	672,343	9,950	65,418	11.2%	3

Appendix F: Peer Domain

Perceptions of peer consumption

Table A-10: About How Many of Your Close Friends Use Alcohol?						
Area	Grade	None	A Few	Some	Most	All
Texas	Grade 7	77.1	16	4.6	1.6	0.7
Texas	Grade 8	64.2	22.1	8.8	3.9	1
Texas	Grade 9	52.8	24.6	13	7.9	1.7
Texas	Grade 10	42.9	25	16.7	11.7	3.7
Texas	Grade 11	39.3	23.5	17.7	14.7	4.7
Texas	Grade 12	34	22.6	17	19.3	7.2
PHR 6,8 & 11	Grade 7	77.3	15.6	4.6	1.6	0.9
PHR 6,8 & 11	Grade 8	64.7	22.4	8.2	4.1	0.6
PHR 6,8 & 11	Grade 9	50.5	26	14.6	7.1	1.9
PHR 6,8 & 11	Grade 10	36.7	27.7	19.3	11.6	4.6
PHR 6,8 & 11	Grade 11	32.7	26.9	19.5	16.2	4.7
PHR 6,8 & 11	Grade 12	28	23.6	19	20.9	8.4

Table T-5: About How Many of Your Close Friends Use Tobacco?							
Area	Year	Substance	Grade	A Few	Some	Most	All
Texas	2020	Tobacco	All	15.2	6	3.6	1.1
Texas	2020	Tobacco	Grade 7	8	1.7	0.6	0.3
Texas	2020	Tobacco	Grade 8	11.3	4	1.3	0.4
Texas	2020	Tobacco	Grade 9	16.1	4.4	3.2	1
Texas	2020	Tobacco	Grade 10	18.2	7.9	3.3	1.6
Texas	2020	Tobacco	Grade 11	18.8	9.4	5.5	1.5
Texas	2020	Tobacco	Grade 12	20.3	9.9	8.9	2
Region 6, 8 & 11	2020	Tobacco	All	16.4	6.3	3.3	1
Region 6, 8 & 11	2020	Tobacco	Grade 7	8	1.6	0.7	0.3
Region 6, 8 & 11	2020	Tobacco	Grade 8	11.5	3.6	0.8	0.4
Region 6, 8 & 11	2020	Tobacco	Grade 9	18.5	4.4	2.6	0.6
Region 6, 8 & 11	2020	Tobacco	Grade 10	20.9	8.6	2.1	1.9
Region 6, 8 & 11	2020	Tobacco	Grade 11	19.4	10.7	6.2	1
Region 6, 8 & 11	2020	Tobacco	Grade 12	21	9.7	8.7	1.7

Table T-5: About How Many of Your Close Friends Use Marijuana?							
Area	Year	Substance	Grade	A Few	Some	Most	All
Texas	2020	Marijuana	All	16.9	9.9	8.9	2.7
Texas	2020	Marijuana	Grade 7	9.3	2.1	1.3	0.6
Texas	2020	Marijuana	Grade 8	14.2	5.6	3.9	1.3
Texas	2020	Marijuana	Grade 9	17.4	9.1	7.7	3.2
Texas	2020	Marijuana	Grade 10	20.5	12.8	11.6	4.1
Texas	2020	Marijuana	Grade 11	20.3	15.1	14.3	3.2
Texas	2020	Marijuana	Grade 12	21.1	17	17	4.5
Region 6, 8 & 11	2020	Marijuana	All	17.7	11.3	10.4	3.2
Region 6, 8 & 11	2020	Marijuana	Grade 7	8.6	2.2	1.1	0.6
Region 6, 8 & 11	2020	Marijuana	Grade 8	14.4	6.5	2.8	1.1
Region 6, 8 & 11	2020	Marijuana	Grade 9	18.2	11.2	8.7	2.9
Region 6, 8 & 11	2020	Marijuana	Grade 10	21.5	16	13.1	5.6
Region 6, 8 & 11	2020	Marijuana	Grade 11	22.1	16.4	18.4	4.2
Region 6, 8 & 11	2020	Marijuana	Grade 12	22.5	16.8	20.4	5.2

Perceived social access

Table A-6: If You Wanted Some, How Difficult Would It Be to Get Alcohol?									
Area	Year	Substance	Grade	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Texas	2020	Alcohol	All	25.1	13.7	6.2	10.8	18.1	26.2
Texas	2020	Alcohol	Grade 7	35.1	23.3	8	9.8	12.3	11.7
Texas	2020	Alcohol	Grade 8	27.3	19	7.9	12.5	15.7	17.6
Texas	2020	Alcohol	Grade 9	24.1	13.4	6.5	11.6	17.9	26.5
Texas	2020	Alcohol	Grade 10	21	7.9	5.1	11.8	21.1	33.2
Texas	2020	Alcohol	Grade 11	20.3	9.4	4.4	10.4	20.9	34.6
Texas	2020	Alcohol	Grade 12	21	6.9	4.6	8.5	21.8	37.3
PHR 6,8 &11	2020	Alcohol	All	26.7	12.3	5.9	10.9	17.7	26.4
PHR 6,8 &11	2020	Alcohol	Grade 7	40.2	21.3	7.6	8.1	12.2	10.6
PHR 6,8 &11	2020	Alcohol	Grade 8	31.9	18.1	7.3	10.8	14.4	17.6
PHR 6,8 &11	2020	Alcohol	Grade 9	25.7	12.5	7.2	13.1	17.1	24.4
PHR 6,8 &11	2020	Alcohol	Grade 10	22.7	7.1	5	12.4	21.5	31.4
PHR 6,8 &11	2020	Alcohol	Grade 11	19.7	7.1	3.7	10.8	21.4	37.4
PHR 6,8 &11	2020	Alcohol	Grade 12	18.2	6.6	4.3	10	20.8	40.2

Table A-6: If You Wanted Some, How Difficult Would It Be to Get Tobacco?									
Area	Year	Substance	Grade	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Texas	2020	Tobacco	All	31.9	21.4	8	10.4	13.3	0.15
Texas	2020	Tobacco	Grade 7	41.8	33.3	8.2	6.5	5.8	4.4
Texas	2020	Tobacco	Grade 8	33.7	30.1	8.7	9.3	10.5	7.7
Texas	2020	Tobacco	Grade 9	30.4	22.4	9.3	11	13.6	13.3
Texas	2020	Tobacco	Grade 10	27.9	14.7	8.9	13.3	17	18.2
Texas	2020	Tobacco	Grade 11	27.4	14.4	6.9	12.4	16.9	22
Texas	2020	Tobacco	Grade 12	28.7	10	5.2	10.2	17.5	28.4
Region 6, 8 & 11	2020	Tobacco	All	34.2	20	7.2	10.7	12.9	15
Region 6, 8 & 11	2020	Tobacco	Grade 7	45.9	30.7	7.9	5.6	5.5	4.4
Region 6, 8 & 11	2020	Tobacco	Grade 8	38.1	28.4	7.8	9.2	9.8	6.7
Region 6, 8 & 11	2020	Tobacco	Grade 9	32.8	22.1	9.3	11.3	12.1	12.3
Region 6, 8 & 11	2020	Tobacco	Grade 10	31.3	13.2	6.9	13.8	17.6	17.3
Region 6, 8 & 11	2020	Tobacco	Grade 11	28	12.7	6.3	13.2	16.6	23.2
Region 6, 8 & 11	2020	Tobacco	Grade 12	27.2	10.9	4.5	11.4	17.2	28.9

Table D-4: If You Wanted Some, How Difficult Would It Be to Get Marijuana?									
Area	Year	Substance	Grade	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Texas	2020	Marijuana	All	30.7	23.3	7.6	8.9	12	17.5
Texas	2020	Marijuana	Grade 7	43.7	38.2	7.2	4.6	3.3	3
Texas	2020	Marijuana	Grade 8	33.9	33.8	9.1	7.3	7.2	8.8
Texas	2020	Marijuana	Grade 9	28.9	23.8	9.2	10.9	13.5	13.7
Texas	2020	Marijuana	Grade 10	25.3	16.5	7.7	11.4	15.5	23.5
Texas	2020	Marijuana	Grade 11	25	13.1	7.5	10.1	16.5	27.8
Texas	2020	Marijuana	Grade 12	25.3	9.6	4.4	9.3	17.8	33.6
PHR 6, 8 & 11	2020	Marijuana	All	31.9	20.4	7.2	8.5	12.7	19.3
PHR 6, 8 & 11	2020	Marijuana	Grade 7	47.7	34.9	7.4	3.6	3.7	2.7
PHR 6, 8 & 11	2020	Marijuana	Grade 8	37.4	31.1	8.7	7.8	7	8
PHR 6, 8 & 11	2020	Marijuana	Grade 9	30.2	21	8.1	11.3	15.2	14.2
PHR 6, 8 & 11	2020	Marijuana	Grade 10	26.7	13.9	7.7	11.5	15.2	25
PHR 6, 8 & 11	2020	Marijuana	Grade 11	24.2	9.4	7.3	8.2	16.9	34
PHR 6, 8 & 11	2020	Marijuana	Grade 12	23.1	9.6	3.2	8.6	19.7	35.9

Presence of a substance at parties

Table A-11: Thinking of Parties You Attended This School Year, How Often Was Alcohol Used?										
Area	Year	Substance	Grade	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
Texas	2020	Alcohol	All	52	7.1	5.1	8.2	8.7	2.2	16.8
Texas	2020	Alcohol	Grade 7	72.7	6.3	3.2	3.5	1.5	2.1	10.8
Texas	2020	Alcohol	Grade 8	63.4	6.6	5.4	4.9	3.9	2.2	13.7
Texas	2020	Alcohol	Grade 9	51.4	7.8	5.9	7.2	5.6	3	19.2
Texas	2020	Alcohol	Grade 10	42.3	7.8	6.2	11.7	10.1	2.2	19.7
Texas	2020	Alcohol	Grade 11	40.8	6.4	5.1	10.9	14.4	2	20.4
Texas	2020	Alcohol	Grade 12	36.6	7.5	4.9	12.4	19.8	1.2	17.7
PHR 6, 8 & 11	2020	Alcohol	All	50	7.4	6.1	8.8	9	2.3	16.4
PHR 6, 8 & 11	2020	Alcohol	Grade 7	74.4	5.5	3.3	3.4	1.4	2.4	9.7
PHR 6, 8 & 11	2020	Alcohol	Grade 8	65.9	5.3	5.7	5.4	2.9	2.1	12.7
PHR 6, 8 & 11	2020	Alcohol	Grade 9	48.2	9.4	6	7.6	5.5	3.3	20
PHR 6, 8 & 11	2020	Alcohol	Grade 10	41.6	8	9.2	11.6	8.6	2.1	18.9
PHR 6, 8 & 11	2020	Alcohol	Grade 11	36.4	7.1	6.9	11	15.9	2.4	20.3
PHR 6, 8 & 11	2020	Alcohol	Grade 12	30	9.3	5.2	15	21.9	1.3	17.4

Table D-9: Thinking of Parties You Attended This School Year, How Often Were Marijuana and/or Other Drugs Used?

Area	Year	Substance	Grade	Never	Seldom	Half the Time	Most of the Time	Always	Did Not Know	Did Not Attend
Texas	2020	Marijuana & Other Drugs	All	60.9	5.7	3.7	5.1	5.3	2.6	16.7
Texas	2020	Marijuana & Other Drugs	Grade 7	83.3	2.4	0.8	0.9	0.5	1.6	10.6
Texas	2020	Marijuana & Other Drugs	Grade 8	73.5	4.4	2.2	2.1	2.2	2.1	13.5
Texas	2020	Marijuana & Other Drugs	Grade 9	60.3	5	3.7	4.4	3.7	3.8	19.1
Texas	2020	Marijuana & Other Drugs	Grade 10	51.2	8.3	5	6.7	5.8	3.2	19.6
Texas	2020	Marijuana & Other Drugs	Grade 11	48.4	6.2	5	9	8.8	2.4	20.1
Texas	2020	Marijuana & Other Drugs	Grade 12	43.4	8.5	6.2	9	12.7	2.1	18.1
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	All	59.1	5.6	3.9	5.9	6.4	2.8	16.3
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 7	84.1	2.3	0.6	1	0.5	1.9	9.5
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 8	73.5	4.4	3.1	2.4	2.2	2.1	12.4
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 9	59.1	4.9	3.8	4.7	3.9	3.6	20
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 10	51.5	7.5	4.7	6.9	7.1	3.3	19
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 11	44.2	5.7	5.4	9.9	11.6	3.4	19.8
PHR 6, 8 & 11	2020	Marijuana & Other Drugs	Grade 12	38.5	9.1	6.1	11.2	14.7	2.8	17.7

Appendix G: Individual Domain

Early initiation of use

Texas School Survey, 2020

Table T-3, A-5, D-3, I-4: 2018-2020 Average Age of First Use of (Grades 7-12):								
Year	Substance	All	Grade7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
2020	Tobacco	13.3	10.5	10.9	12.2	13.3	13.7	14.8
2020	Alcohol	13	10.3	11.1	12.3	13.1	14	14.8
2020	Marijuana	13.9	11.2	11.9	13.2	13.7	14.2	15.2
2020	Cocaine	14.3	11.5	11.5	12.8	14.3	14.7	16.2
2020	Steroids	13.4	11.9	11.1	13.2	13.9	14.1	15.4
2020	Ecstasy	14.8	11.5	12.6	13.8	14	15.3	16.1
2020	Heroin	13.2	9.9	9.7	13.8	14.2	14	17
2020	Methamphetamine	13.8	10.9	12.5	12.5	13.8	14.9	16
2020	Inhalants	11.6	10.1	11	11.9	12.6	11.7	14
2018	Tobacco	13.6	10.9	11.9	12.8	13.4	14.1	15.2
2018	Alcohol	13.4	10.8	11.5	12.8	13.4	14.3	15.3
2018	Marijuana	14	11.5	12.3	13.1	14	14.5	15.3
2018	Cocaine	14.5	11.8	12.7	12.8	14.4	15.2	16.2
2018	Crack	13.5	12.7	12.7	11.3	14.6	15.1	15
2018	Steroids	13.1	11.2	10.8	13	13.2	14.3	14.8
2018	Ecstasy	14.8	11.6	12.5	13.8	14.8	15.2	16.3
2018	Heroin	12.6	11	10	9.6	13.4	15.4	15.6
2018	Methamphetamine	13.3	11.5	11.2	9.3	12.6	14.9	15.5
2018	Synthetic Marijuana	13.7	11.5	12.5	13.3	13.6	14.5	14.9
2018	Inhalants	11.9	10.9	11.7	12	12.4	12.6	13.6

Youth perception of risk/ harm

Alcohol

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?			
PHR	Grade	Very Dangerous	Somewhat Dangerous
Region 6,8,11	All	45.5	31.2
Region 6,8,11	Grade 7	58.9	23.8
Region 6,8,11	Grade 8	49.3	29.3
Region 6,8,11	Grade 9	44.8	32.6
Region 6,8,11	Grade 10	37.9	33.9
Region 6,8,11	Grade 11	39.5	34.6
Region 6,8,11	Grade 12	41.2	33.9
Texas	All	47.8	30.5
Texas	Grade 7	58.5	24.6
Texas	Grade 8	51.6	28.1
Texas	Grade 9	47.4	31
Texas	Grade 10	42.6	32
Texas	Grade 11	42.4	34
Texas	Grade 12	42.4	34.5

Tobacco

How Dangerous Do You Think It Is for Kids Your Age to Use Tobacco?						
Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	60.6	24.7	6.5	1.7	6.5
Region 6,8,11	Grade 7	75.4	14.9	3.3	1.2	5.3
Region 6,8,11	Grade 8	69.9	19.1	5	1.3	6.4
Region 6,8,11	Grade 9	60.6	26.3	5.5	1.3	6.4
Region 6,8,11	Grade 10	52.1	28.5	7.8	2.2	9.3
Region 6,8,11	Grade 11	52.8	30.8	7.2	1.6	7.6
Region 6,8,11	Grade 12	50.8	30	10.9	2.6	5.7
Texas	All	61.5	24.7	6.7	1.6	5.5
Texas	Grade 7	74.4	16.3	3.5	0.6	5.2
Texas	Grade 8	68.5	20.7	4.8	1.2	4.8
Texas	Grade 9	62.5	24.4	7	1.3	4.7
Texas	Grade 10	56.3	26.9	7.8	2	7
Texas	Grade 11	53.1	31.3	7.8	2	5.8
Texas	Grade 12	50.7	30.7	10.2	2.6	5.8

E-Vapor Product

How Dangerous Do You Think It Is for Kids Your Age to Use an E-vapor product?						
Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	60.5	19.2	10.1	3.8	6.4
Region 6,8,11	Grade 7	74.4	13.3	3.8	2.2	6.2
Region 6,8,11	Grade 8	65.1	16.5	9.1	3.8	5.4
Region 6,8,11	Grade 9	61.9	18.2	10.7	3.5	5.6
Region 6,8,11	Grade 10	53.9	22.5	11.9	4	7.7
Region 6,8,11	Grade 11	51.2	23.1	13.3	4.8	7.6
Region 6,8,11	Grade 12	54.4	22.7	12.9	4.4	5.7
Texas	All	62	18.9	9.9	3.4	5.7
Texas	Grade 7	75.5	12.9	4.2	1.6	5.8
Texas	Grade 8	66.9	15.8	8.1	3.6	5.5
Texas	Grade 9	61.7	19.5	10.1	2.9	5.8
Texas	Grade 10	57.1	21.2	11.7	4.2	5.9
Texas	Grade 11	55	21.7	13.2	4.4	5.7
Texas	Grade 12	53.1	23.5	13.4	4.2	5.8

Marijuana

How Dangerous Do You Think It Is for Kids Your Age to Use an E-vapor product?						
Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	54.7	14.6	13.9	11	5.8
Region 6,8,11	Grade 7	78	11.2	3.3	2.1	5.4
Region 6,8,11	Grade 8	67.6	13.6	7.5	6.5	4.9
Region 6,8,11	Grade 9	57.4	16.8	11.7	8.2	5.9
Region 6,8,11	Grade 10	44.3	16.8	17.5	14.1	7.2
Region 6,8,11	Grade 11	39.1	14.5	21.5	17.6	7.3
Region 6,8,11	Grade 12	37.4	14.9	24.2	19.4	4
Texas	All	56.9	14.3	12.9	10.5	5.3
Texas	Grade 7	78.3	10.4	3.5	2.6	5.2
Texas	Grade 8	68.2	12.7	8.2	5.6	5.3
Texas	Grade 9	59.8	15.4	11.6	7.9	5.3
Texas	Grade 10	47.4	16.1	16.5	14.1	5.8
Texas	Grade 11	43.5	15.4	19.2	16.4	5.5
Texas	Grade 12	38.7	16.2	21.4	19	4.7

Any Prescription Drugs

How Dangerous Do You Think It Is for Kids Your Age to Use an E-vapor product?						
Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	72.1	14.5	4	1.3	8.1
Region 6,8,11	Grade 7	77.8	8.7	3.4	1.3	8.8
Region 6,8,11	Grade 8	75.1	12.1	3.8	2.3	6.8
Region 6,8,11	Grade 9	72.4	16.4	3.4	0.9	6.8
Region 6,8,11	Grade 10	69	16.6	4.5	1.2	8.7
Region 6,8,11	Grade 11	66.4	16.5	5.8	1.7	9.6
Region 6,8,11	Grade 12	71.1	17.1	3.2	0.7	8
Texas	All	73.6	13.8	4	1.3	7.2
Texas	Grade 7	79.5	8.9	2.8	0.8	7.9
Texas	Grade 8	74.7	12.6	4.1	1.7	6.8
Texas	Grade 9	72.6	15	4.4	1.5	6.6
Texas	Grade 10	71.8	15.4	4.6	1.6	6.7
Texas	Grade 11	70.5	15.7	5.1	1.3	7.4
Texas	Grade 12	71.8	16.1	3.4	0.9	7.8

Other Drugs

Cocaine

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	84.9	7.4	0.9	0.5	6.3
Region 6,8,11	Grade 7	87	6.4	0.6	0.6	5.3
Region 6,8,11	Grade 8	85.9	6.9	0.8	0.6	0.6
Region 6,8,11	Grade 9	84.2	8.3	0.5	0.3	6.7
Region 6,8,11	Grade 10	82.6	8.1	1.2	0.7	7.4
Region 6,8,11	Grade 11	83	8.1	1.6	0.6	6.8
Region 6,8,11	Grade 12	86.8	6.8	0.5	0.2	5.7
Texas	All	86.4	6.7	0.9	0.4	5.6
Texas	Grade 7	88.1	5.7	0.6	0.3	5.2
Texas	Grade 8	86.2	7.1	0.7	0.4	5.5
Texas	Grade 9	86.1	7	0.8	0.4	5.7
Texas	Grade 10	85	7.6	1.1	0.5	5.9
Texas	Grade 11	85.8	6.8	1.2	0.7	5.4
Texas	Grade 12	86.9	6.2	0.8	0.3	5.8

Crack

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	85.9	6.5	0.6	0.4	6.6
Region 6,8,11	Grade 7	85.8	6.8	0.5	0.6	6.3
Region 6,8,11	Grade 8	85.6	6.7	1.1	0.6	6
Region 6,8,11	Grade 9	86.2	6.7	0.6	0.2	6.2
Region 6,8,11	Grade 10	83.8	6.9	0.7	0.2	8.3
Region 6,8,11	Grade 11	84.2	7.5	0.4	0.6	7.3
Region 6,8,11	Grade 12	90	4.3	0.2	0.2	5.3
Texas	All	87.1	5.9	0.7	0.4	5.9
Texas	Grade 7	87.2	6.2	0.6	0.3	5.7
Texas	Grade 8	86.3	6.3	1	0.4	5.9
Texas	Grade 9	87	6.1	0.8	0.4	5.8
Texas	Grade 10	86.2	6.3	0.9	0.3	6.2
Texas	Grade 11	87.1	5.8	0.4	0.7	6
Texas	Grade 12	89	4.2	0.6	0.3	5.9

Ecstasy

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	79	8.2	1.8	0.8	10.1
Region 6,8,11	Grade 7	82	4.9	0.9	0.7	11.5
Region 6,8,11	Grade 8	80.2	7.1	1.2	1.1	10.5
Region 6,8,11	Grade 9	78.5	9.7	1.3	0.5	10
Region 6,8,11	Grade 10	76.6	9.3	1.3	0.9	12
Region 6,8,11	Grade 11	76.6	10.1	2.9	0.7	9.7
Region 6,8,11	Grade 12	80.3	8.5	3.7	1	6.5
Texas	All	80.6	7.8	1.9	0.7	9
Texas	Grade 7	83.3	5	0.8	0.4	10.5
Texas	Grade 8	80.7	6.8	1.2	0.6	10.7
Texas	Grade 9	80.2	8.5	1.7	0.5	9
Texas	Grade 10	79.1	9.1	2	1.2	8.6
Texas	Grade 11	78.9	9.8	2.8	0.8	7.7
Texas	Grade 12	81.1	8	3.1	0.8	6.9

Heroin

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	86.7	4.8	0.6	0.5	7.3
Region 6,8,11	Grade 7	85.9	4.4	0.6	0.7	8.3
Region 6,8,11	Grade 8	86.1	5.3	1	0.9	6.6
Region 6,8,11	Grade 9	87.3	5	0.8	0.3	6.6
Region 6,8,11	Grade 10	85.9	4.7	0.9	0.2	8.2
Region 6,8,11	Grade 11	85.4	5.8	0.2	0.6	8.1
Region 6,8,11	Grade 12	89.9	3.7	0.4	0.4	5.6
Texas	All	87.9	4.5	0.6	0.4	6.6
Texas	Grade 7	86.9	4.7	0.5	0.4	7.5
Texas	Grade 8	86.5	5.2	0.8	0.5	6.9
Texas	Grade 9	87.8	4.9	0.6	0.3	6.3
Texas	Grade 10	88.2	4.4	0.8	0.3	6.3
Texas	Grade 11	88.5	4.2	0.3	0.7	6.2
Texas	Grade 12	89.7	3.3	0.2	0.4	6.5

Inhalants

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	69.9	14.8	5	1.5	8.8
Region 6,8,11	Grade 7	73.2	13	4.3	1.9	7.7
Region 6,8,11	Grade 8	71.4	13.4	5.8	1.8	7.7
Region 6,8,11	Grade 9	69.1	17.6	5.2	0.6	7.5
Region 6,8,11	Grade 10	65.7	15.5	5.9	1.9	11
Region 6,8,11	Grade 11	67.1	16.5	5.4	1.1	9.9
Region 6,8,11	Grade 12	73.1	13	3	1.7	9.2
Texas	All	70.3	15.1	5	1.5	8.1
Texas	Grade 7	73.8	13.4	4.2	1.3	7.3
Texas	Grade 8	70.1	14.2	5.9	1.7	8.2
Texas	Grade 9	69.4	17.5	5.1	1.2	6.9
Texas	Grade 10	67.5	15.4	5.8	1.9	9.5
Texas	Grade 11	69.4	16	5.3	1.1	8.2
Texas	Grade 12	72	14	3.7	1.6	8.7

Methamphetamine

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	86.5	4.8	0.7	0.5	7.4
Region 6,8,11	Grade 7	86.4	3.9	0.6	0.7	8.4
Region 6,8,11	Grade 8	86.1	5.1	1.2	0.7	6.9
Region 6,8,11	Grade 9	86.7	5.7	0.3	0.2	7
Region 6,8,11	Grade 10	84.4	5.7	1.1	0.5	8.4
Region 6,8,11	Grade 11	86.3	4.8	0.6	0.8	7.5
Region 6,8,11	Grade 12	89.2	3.7	0.3	0.4	6.4
Texas	All	87.5	4.6	0.7	0.5	6.9
Texas	Grade 7	87.2	4.2	0.6	0.4	7.6
Texas	Grade 8	85.9	5.1	0.9	0.4	7.6
Texas	Grade 9	87.1	5	0.6	0.4	6.8
Texas	Grade 10	87	5.1	1.1	0.4	6.4
Texas	Grade 11	88.9	4	0.4	0.9	5.9
Texas	Grade 12	89.2	3.6	0.2	0.4	6.6

Steroids

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	75.1	11.6	3.4	1.1	8.8
Region 6,8,11	Grade 7	79.1	10	2.3	0.7	7.9
Region 6,8,11	Grade 8	77.6	10.1	2.7	1.1	8.4
Region 6,8,11	Grade 9	74.6	12.8	3.7	1	7.9
Region 6,8,11	Grade 10	73.8	11.4	3.3	1.2	10.3
Region 6,8,11	Grade 11	70.7	14	4.2	1.5	9.6
Region 6,8,11	Grade 12	74.4	11.6	4.7	0.8	8.4
Texas	All	76.5	11.7	3.3	0.9	7.5
Texas	Grade 7	81.2	9.2	1.9	0.5	7.2
Texas	Grade 8	78.2	10.3	2.6	0.8	8
Texas	Grade 9	76	12.2	3.8	1.1	6.9
Texas	Grade 10	74.8	12.7	3.5	1.1	7.9
Texas	Grade 11	73	14	4.2	1.2	7.5
Texas	Grade 12	75.3	12.1	4.3	0.7	7.5

Synthetic Marijuana

Area	Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Region 6,8,11	All	79.4	8	2.8	1.1	8.7
Region 6,8,11	Grade 7	82.7	5.6	1.3	1	9.4
Region 6,8,11	Grade 8	81.7	6.6	2.2	1.2	8.3
Region 6,8,11	Grade 9	78.8	9.1	2.9	0.9	8.4
Region 6,8,11	Grade 10	76.5	9	3.8	1.4	9.4
Region 6,8,11	Grade 11	76.9	8.6	3.8	1.4	9.3
Region 6,8,11	Grade 12	79.3	9.6	2.8	1	7.3
Texas	All	80	7.9	2.6	1.1	8.4
Texas	Grade 7	83.8	5.5	1.2	0.8	8.7
Texas	Grade 8	80.8	7	2.4	1	8.9
Texas	Grade 9	79.3	8.6	2.9	1	8.3
Texas	Grade 10	78.5	8.9	3.5	1.3	7.9
Texas	Grade 11	78.4	8.6	3.1	1.4	8.5
Texas	Grade 12	78.9	8.8	2.8	1.2	8.2

Appendix H: Consumption Patterns

Youth Substance Use

Texas School Survey 2020

Alcohol use

How Recently, If Ever, have you Used Alcohol?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	27.4	32.4	50.5	49.5
Texas	Grade 7	16.5	18.8	35.9	64.1
Texas	Grade 8	21.5	24.8	43.5	56.5
Texas	Grade 9	26	31	50.8	49.2
Texas	Grade 10	30.8	36.5	55.8	44.2
Texas	Grade 11	31.9	39	57.1	42.9
Texas	Grade 12	41.6	48.7	63.9	36.1
Region 6, 8 & 11	All	29.7	35	52	48
Region 6, 8 & 11	Grade 7	14.7	16.4	32.3	67.7
Region 6, 8 & 11	Grade 8	21.4	25	43.2	56.8
Region 6, 8 & 11	Grade 9	29.4	34.6	51.9	48.1
Region 6, 8 & 11	Grade 10	35.1	40.8	58.1	41.9
Region 6, 8 & 11	Grade 11	36.2	44	63.4	36.6
Region 6, 8 & 11	Grade 12	44.1	53	66.9	33.1

Tobacco use

How Recently, If Ever, Have you Used Tobacco?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	14.2	17.9	30.2	69.8
Texas	Grade 7	4.4	5.8	13.2	86.8
Texas	Grade 8	9.6	12.1	23.1	76.9
Texas	Grade 9	13.7	16.5	27.7	72.3
Texas	Grade 10	16.8	22	37.3	62.7
Texas	Grade 11	19.1	24.1	38.9	61.1
Texas	Grade 12	24.7	30.9	45.7	54.3
Region 6, 8 & 11	All	14.4	18.3	31.1	68.9
Region 6, 8 & 11	Grade 7	3.9	5.7	11.3	88.7
Region 6, 8 & 11	Grade 8	8.4	10.8	21.8	78.2
Region 6, 8 & 11	Grade 9	13.7	17.2	28.1	71.9
Region 6, 8 & 11	Grade 10	19.6	24.1	41.7	58.3
Region 6, 8 & 11	Grade 11	20.2	25.7	43	57
Region 6, 8 & 11	Grade 12	22.3	29	44.1	55.9

Marijuana use

How Recently, If Ever, Have you Used Marijuana?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	12.4	15.1	20.8	79.2
Texas	Grade 7	3.4	3.9	5.3	94.7
Texas	Grade 8	7.1	8.3	11.7	88.3
Texas	Grade 9	11.6	13.8	17.4	82.6
Texas	Grade 10	14.9	18.5	25.9	74.1
Texas	Grade 11	18.3	22.6	30.6	69.4
Texas	Grade 12	22	27.4	39.9	60.1
Region 6, 8 & 11	All	14.5	17.4	23.2	76.8
Region 6, 8 & 11	Grade 7	3.2	3.5	5.1	94.9
Region 6, 8 & 11	Grade 8	7	8.8	12	88
Region 6, 8 & 11	Grade 9	14.3	16.2	19	81
Region 6, 8 & 11	Grade 10	18.1	21.6	30.4	69.6
Region 6, 8 & 11	Grade 11	21.8	26.7	35.4	64.6
Region 6, 8 & 11	Grade 12	25	30.5	41.5	58.5

E-vapor products use

How Recently, If Ever, Have you Used Electronic Vapor Products?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	10.9	15.1	27	73
Texas	Grade 7	2.6	4.1	10.5	89.5
Texas	Grade 8	6.9	97	20.2	79.8
Texas	Grade 9	10.2	13.8	25.1	74.9
Texas	Grade 10	12.7	18.7	33.3	66.7
Texas	Grade 11	15.3	20.7	35.5	64.5
Texas	Grade 12	20.4	27.2	41.8	58.2
Region 6, 8 & 11	All	10.8	15	27.1	72.9
Region 6, 8 & 11	Grade 7	2.5	4.3	8.4	91.6
Region 6, 8 & 11	Grade 8	6.1	8.3	18.1	81.9
Region 6, 8 & 11	Grade 9	9.4	13.7	24.9	75.1
Region 6, 8 & 11	Grade 10	13.7	19	36.7	63.6
Region 6, 8 & 11	Grade 11	16.5	21.7	38.3	61.7
Region 6, 8 & 11	Grade 12	18.6	25.2	39.4	60.6

Prescription drugs use

How Recently, If Ever, have you Used to A Prescription Drug Not Prescribe to You?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	6.1	8.9	17.2	82.8
Texas	Grade 7	5.3	7.7	13.7	86.3
Texas	Grade 8	6.9	10	18.3	81.7
Texas	Grade 9	7	9.2	17.3	82.7
Texas	Grade 10	5.5	8.9	16.9	83.1
Texas	Grade 11	6	8.8	17.2	82.8
Texas	Grade 12	5.7	8.6	20.3	79.7
Region 6, 8 & 11	All	6.2	8.8	17	83
Region 6, 8 & 11	Grade 7	4.9	6.4	12	88
Region 6, 8 & 11	Grade 8	6.1	8.7	15.2	84.8
Region 6, 8 & 11	Grade 9	6.8	9.1	16.8	83.2
Region 6, 8 & 11	Grade 10	6.7	9.6	18.2	81.8
Region 6, 8 & 11	Grade 11	6.6	9.7	19.5	80.5
Region 6, 8 & 11	Grade 12	6.2	9.3	21.3	78.7

Illicit drug use

How Recently, If Ever, have you Used Any Illicit Drug?

Area	Grade	Past Month	School Year	Ever Used	Never Used
Texas	All	13	17.1	22.7	77.3
Texas	Grade 7	4.4	6	7.7	92.3
Texas	Grade 8	7.8	10.9	14.7	85.3
Texas	Grade 9	12.1	15.7	18.9	81.1
Texas	Grade 10	15.1	20.2	27.7	72.3
Texas	Grade 11	18.8	24.2	31.5	68.5
Texas	Grade 12	22.4	29.4	41	59
Region 6, 8 & 11	All	15.2	19.6	25.3	74.7
Region 6, 8 & 11	Grade 7	4.5	6.5	8	92
Region 6, 8 & 11	Grade 8	8	11.2	15	85
Region 6, 8 & 11	Grade 9	15.1	18.5	21.2	78.8
Region 6, 8 & 11	Grade 10	18.4	23	32	68
Region 6, 8 & 11	Grade 11	22.4	29	36.5	63.5
Region 6, 8 & 11	Grade 12	25.3	32	43	57

Binge Drink

During the Past 30 Days, on How Many Days Have You Had Five or More Drinks of Alcohol in a Two Hour Period?

Area	Grade	Never/None	1 Days	2 Days	3 to 5 Days	6 to 9 Days	10+ Days
Texas	All	89.4	4	2.3	2.3	0.7	1.3
Texas	Grade 7	96.1	1.9	0.6	0.4	0.2	0.9
Texas	Grade 8	94.7	1.9	1.2	1.3	0.3	0.6
Texas	Grade 9	91.1	3.8	1.7	1.8	0.6	1.1
Texas	Grade 10	87.9	5.2	2.2	2.2	1	1.6
Texas	Grade 11	85	4.9	4.1	3.4	0.9	1.8
Texas	Grade 12	79.3	6.9	5	5.1	1.4	2.3
Region 6, 8 & 11	All	88.1	4.8	2.4	2.5	0.6	1.6
Region 6, 8 & 11	Grade 7	96	2.1	0.9	0.3	0.1	0.6
Region 6, 8 & 11	Grade 8	93.6	3.2	0.8	1.7	0.3	0.4
Region 6, 8 & 11	Grade 9	90.5	4.1	1.7	1.2	0.5	2.1
Region 6, 8 & 11	Grade 10	85.3	6.1	2.7	3	0.9	2.1
Region 6, 8 & 11	Grade 11	83.2	5.2	4.6	3.7	1	2.3
Region 6, 8 & 11	Grade 12	78.2	8.5	4.4	5.7	1.1	2.1

Appendix J: 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.
ACES	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.
Adolescent	An individual between the ages of 12 and 17 years.
ATOD	Alcohol, tobacco, and other drugs.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.
Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.
DSHS	Department of State Health Services. A state agency of Texas that assists Texans who need services or help. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.

Drug	A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
Epidemiology	The study (scientific, systematic, and data driven) and analysis of the distribution (who, when, and where), patterns, and determinants of health and disease conditions in defined 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. The primary purpose is to gain insight to assist in future change.
HHS	Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
Incidence	The occurrence, rate, or frequency of a disease, crime, or something else undesirable. A measure of the risk for new substance abuse cases within a region.
LGBTQIA+	An inclusive term covering people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies.
MAT	Medication-Assisted Treatment. The use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.

Person-Centered Language	Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are so much more than their substance use disorder, mental illness, or disability.
PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to drug and alcohol use.
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.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
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.

Stigma	The stigma of addiction—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance abuse and addiction. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from addiction from accessing treatment.
SDoH	Social Determinants of Health. The economic and social conditions that influence individual and group differences in health status.
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.
Substance Dependence	An adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use.
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. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas.
TSS	Texas School Survey. Collection of self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission and administered by the Public Policy Research Institute.
YRBS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.