Prevention Resource Center 11

REGIONAL NEEDS **ASSESSMENT** 2024

Region 11

www.prc11.org

Acknowledgements

PRC 11 extends its sincere appreciation to all partners, collaborators, and coalitions across the 19 counties in our region. The successful completion of the 2024 Regional Needs Assessment would not have been possible without the invaluable support and collaboration of community members. We are grateful for your efforts and for your continued partnership with PRC 11.

On Behalf of the PRC11 Team –THANK YOU

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(2024) Regional Needs Assessment. Prevention Resource Center Region 11. Available at https://prc11.org/data/

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Executive Summary

What is the Regional Needs Assessment (RNA)?

The Prevention Resource Center's (PRC) RNA is a document created by the Data Coordinator along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC 11 serves 19 counties in South Texas.

A needs assessment is the process of determining and addressing the "gaps" between the current conditions and desired conditions in a set environment or demographic[1]. This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information about the unique needs of Texas' diverse communities. This document will present summary statistics of risk and protective factors associated with substance use, consumption patterns, and public health consequences. In addition, this report will offer insight on gaps in behavioral health promotion and substance use prevention services and data in Texas.

Who creates the RNA?

A team of Data Coordinators from all eleven PRCs has gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change[2]:

- Youth and young adults
- Parents
- Business communities
- Media
- Schools
- Organizations serving youth and young adults
- Law enforcement agencies
- Religious or fraternal organizations
- Civic or volunteer groups
- Healthcare professionals and organizations
- State, local, and tribal government agencies
- Other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, education services centers, and local mental health authorities

PRC 11 recognizes those collaborators who contributed to the creation of this RNA.

[1] Watkins, R., et al. (2012).
[2] Centers for Disease Control and Prevention. (2021).

How is the RNA informed?

Qualitative data has been collected in the form of focus groups and key interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy. The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

Key Findings

Demographics

Region 11 is located in the southernmost part of Texas. This nineteen-county area is one of the fastest growing places in the United States. The region is a majority minority community relative to race and ethnicity with over 90% of the population self-identified as Hispanic/Latino. In terms of age, the population is relatively young compared to the state of Texas and the nation (28% under age 18). In terms of socio-economic status, the region's educational attainment and personal income are significantly below national and state averages (State of Texas, 2023) with Region 11 ranking 2nd for the lowest per capita income in the state. The region's demographic profile places considerable pressure on its educational and economic resources. More resources and collaborative efforts focused on developing and improving access to support options is needed to aid in meeting the overwhelming needs within the region.

Substance Use Behaviors

Within Region 11, a majority of parents strongly disapprove of youth consuming alcohol, tobacco, and marijuana (60.3%; 79.4%; 77.5% respectively) which serves as a protective factor for our communities. Unfortunately, youth and adults face numerous risk factors specific to border regions that include: easy access to substances; recruitment in drug and violence related acts; high levels of poverty and school dropout rates. As drugs are smuggled through the area, our communities have also faced an increase in overdose incidents linked to fentanyl. In the past year, communities faced increased challenges related to staying informed of the fast changes in how drugs are masked and marketed to youth and adults.

Underlying Risk Factors

Region 11 continues to have a high rate of alcohol and tobacco retailers throughout the region with an increase in CBD and vaping retailers adding to the density problem. As retailers open up, prevention professionals are providing education related to state laws, local ordinances, and best practices to safeguard our communities. Along with access, youth and adults face additional challenges common within the region related to low education attainment; low income; exposure to violence; and limited support. As a result, substance related disorders are increasing in the region.

Behavioral Health Disparities

In Region 11, the percent of uninsured population under 19 years old is 13.2% and 28.8% for uninsured adults between 19 and 64. Kenedy County ranked the highest with 41.4% of uninsured adults between 19-64 and 39.7% with uninsured children under 19. The region also continues to have a large portion of its area designated as behavioral health and primary care provider shortage areas. The Robert Wood Johnson Report on "County Health Rankings and Roadmaps" (2021) designated Hidalgo as one of the least covered areas for both Behavioral Health Providers and Primary Care Providers. The limited access to treatment services is compounded by the lack of insurance coverage.

Protective Factors and Community Strengths

Region 11 is enriched by the dedicated individuals working and volunteering to strengthen our communities. Through community collaborations, protective factors realized for Region 11 this past year included community coalitions' completion of environmental changes ranging from passing ordinances to developing safe recreational environments; and prevention, intervention, treatment and recovery support services providers working together to improve access to support and resources. In addition, coordinated efforts by schools, local social service agencies, law enforcement, and faith-based organizations provided opportunities for youth and families to engage in health and wellness activities. Further adding to strengths within Region 11 are resources targeting parent/caregiver support; maintaining a safe home environment; coordination of food drives, nutrition education, family bonding opportunities; faith-based engagement; access to recreational/leisure activities; and celebrating milestones and cultures as a community.

These efforts are just some of the many that Community Coalitions (CCs) engage in to contribute to reduce the incidence of alcohol, marijuana, prescription drugs, and other illicit drug use among adolescents. Activities of the Community Coalitions (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.

Introduction

The information presented in this RNA aims to contribute to program planning, evidence-based decision making, and community education. The RNA strives to increase knowledge of factors related to substance use and behavioral health. There are several guiding key concepts throughout the RNA, including a focus on the youth and young adult population and the use of an empirical, public health framework. All key concepts are outlined within their own respective sections later in this report.

The information in this needs assessment is based on three main data categories:

- Exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
- Exploration of drug consumption trends of adolescents with a primary focus on the state-delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and non-medical use of prescription drugs; and
- Broader public health and public safety consequences that result from substance use and behavioral health challenges

The report concludes with a collection of prevention resources in the region, an overview of the region's capacity to address substance use and other behavioral health challenges, and overall takeaways from the RNA.

Prevention Resource Centers

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

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

- Underage alcohol use
- Underage tobacco and nicotine products use
- Marijuana and other cannabinoids use

- Non-medical use of prescription drugs

PRCs have four fundamental objectives:

- Collect data relevant to the state's prevention priorities, share findings with community partners, and ensure sustainability of a Regional Epidemiological Workgroup (REW) focused on identifying strategies related to data collection, gaps in data, and prevention needs
- Coordinate regional behavioral health promotion and substance use prevention trainings
- Conduct media awareness activities related to substance use prevention and behavioral health promotion
- Conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers

Regions

Figure 1. Map of Public Health Service Regions serviced by a Prevention Resource Center:

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

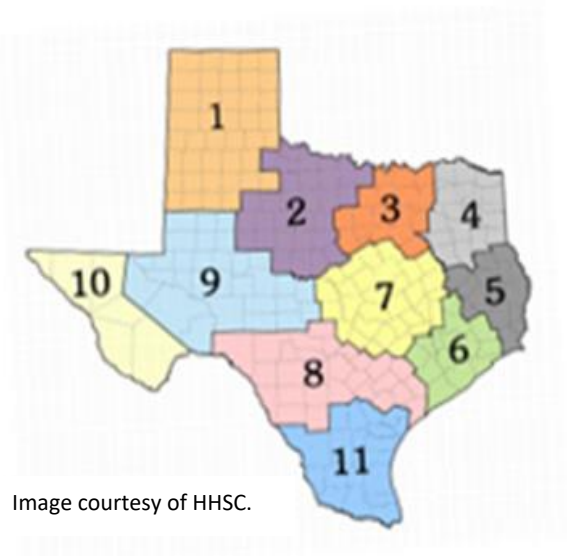


Image courtesy of HHSC.

How PRCs Help the Community

PRCs provide information and education to other HHSC-funded providers, community groups, and other stakeholders through four core areas based around the four fundamental objectives: Data, Training, Media, and Tobacco. All the core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use, and behavioral health in general. PRCs work to educate the community on substance use and associated consequences through various data products, such as the RNA, media awareness activities, training, and retailer education. Through these actions, PRCs provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use.

Data

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead a 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. Core activities of the PRC Data Coordinators include:

- Develop and maintain the REW.
- Conduct Key Informant Interviews (KII).
- Develop and facilitate at least one region wide event based on RNA data findings.
- Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts of substance use and behavioral health data.
- Compile and synthesize data to develop an RNA to provide community organizations and stakeholders with region-specific substance use, behavioral health, and Social Determinants of Health (SDoH) information.
- Direct stakeholders to resources regarding data collection strategies and evaluation activities.
- Disseminate findings to the community.

Training

The Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings. Core activities of the PRC Public Relations Coordinators include:

- Work directly with HHSC-funded training entity to identify training and learning needs
- Host and coordinate trainings in virtual and in-person settings, and invite regional community partners to participate
- Provide monthly updates to HHSC-funded prevention providers within the region about the availability of substance use prevention trainings and related trainings offered by HHSC-funded training entity and other community-based organizations

Media

The Public Relations Coordinators use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion. Core activities of the PRC Public Relations Coordinators include:

- Promote consistent statewide messaging by participating in HHSC's statewide media campaign
- Maintain organizational social media platforms required by HHSC to post original content, share other organizations posts, and HHSC media
- Promote prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media

Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco and other nicotine products. Tobacco Coordinators conduct retailer checks to verify retailers are complying with state and federal regulations regarding proper signage and placement of tobacco products. In addition, Tobacco Coordinators provide education on state and federal guidelines for tobacco sales. Core activities of the PRC Tobacco Coordinators include:

- Conduct on-site, voluntary checks with tobacco retailers in the region
- Provide education to tobacco retailers in the region that require additional information on most current tobacco laws as they pertain to minor access
- Conduct follow-up voluntary compliance visits with all tobacco retailers who have been cited for tobacco-related violations

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors and different geographic locations within

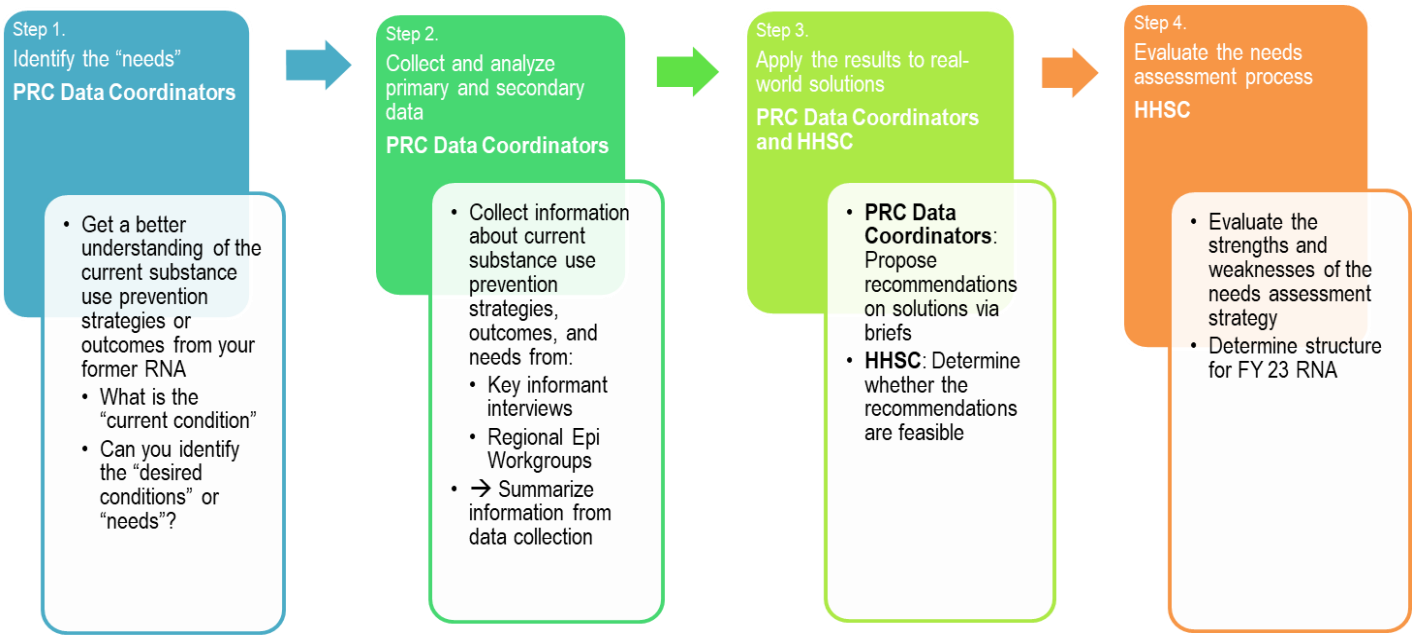
that region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

A needs assessment is a systematic process for determining and addressing "gaps" between current conditions and desired conditions.[3] The RNA is a specific needs assessment that provides community organizations and stakeholders with region-specific substance use and related behavioral health information. At the broadest level, the RNA can show patterns of substance use among adolescents and adults, monitor changes in substance use trends over time, and identify substance use and behavioral health issues that are unique to specific communities. It provides data to local providers to support grant-writing activities and provide justification for funding requests and to assist policymakers in program planning and policy decisions regarding substance use prevention, intervention, and treatment. The RNA can highlight gaps in data where critical use of substances and behavioral health information is missing. It is a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs tailored to specific needs through the monitoring of county-level differences and disparities. Figure 2 below shows a visual representation of the overall steps and process of creating the RNA.

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



Stakeholder/Audience

Stakeholders can use the information presented in this report to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors and protective factors, consumption patterns, and public health and safety consequences.

Stakeholders within the twelve sectors both contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.[4] The information gathered in these interviews was compiled to create the 2022 RNA the 2023 RNA. These twelve sectors are:

- Youth and young adults
- Parents
- Civic or volunteer groups
- Healthcare professionals and organizations

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

- Business communities
- Media
- Schools
- Organizations serving youth and young adults
- Law enforcement agencies
- Religious or fraternal organizations
- State, local, and tribal government agencies
- And other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities

Each sector has a unique knowledge of substance use along with risk and protective factors in their communities.

Regionwide Event

In response to the increasing density of tobacco and vaping retailers in Region 11, PRC11 focused its region-wide event on increasing knowledge and mobilization of key stakeholders on the Synar Amendment. From April 9, 2024 to May 15, 2024, region-wide efforts spearheaded by PRC 11 was the training of regional coalition staff and community members on the Synar Amendment. PRC Tobacco Coordinator created and conducted trainings, with guidance from HHSC, for the H.O.P.E. Coalition (Nueces County,) a program of the Coastal Bend Wellness Foundation, Community Coalition of Webb County/SCAN, and UNIDAD Coalition of Hidalgo County on how to educate tobacco retailers on the purpose and enforcement of the Syanr Amendment. Coalition and community members were then tasked with reaching out to tobacco retailers via phone, mailing, email, and site visits to share what they had learned about Synar and to reiterate the importance of checking IDs for tobacco sales. Over 75% of tobacco retailers in these counties were contacted and retailers were very receptive to the information. These efforts targeted the underage purchase and use of tobacco products, and surely will aid in increasing retailer compliance with ID checks. Coalitions were granted credit for an Environmental Change for reaching out to and educating retailers. Through these efforts the RNA data sources were incorporated and a discussion of trends was facilitated.

Methodology

This needs assessment reviews behavioral health data on substance use, substance use disorders, related risk and protective factors, and other negative public health and safety consequences that will aid in substance use prevention decision making at the county, regional, and state level.

Conceptual Framework

The overall conceptual framework for this report is the use of epidemiological data to show the overall distribution of certain indicators that are associated with substance use and behavioral health challenges. Broadly, these indicators consist of documented risk and protective factors, such as the Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences (PCEs); consumption patterns; and public health and safety consequences related to substance use and behavioral health challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). For the purpose of strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region. For more information on these various frameworks and concepts, please see the "Key Concepts" section later in this report.

Process

PRCs collaborate with HHSC's Data Specialist in the Prevention and Behavioral Health Promotion Unit, other PRC Data Coordinators, other HHSC staff, and regional stakeholders to develop a comprehensive data infrastructure for each PRC region.

HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Primary data was collected from a variety of community stakeholders, and secondary data sources were identified as a part of the methodology behind this document. Readers can expect to find information from secondary data sources such as: The U.S. Census, American Community Survey, Texas Department of State Health Services, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, among others.

Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted or measured, and given a numerical value. Quantitative data tells how many, how much, or how often and is gathered by measuring and counting then analyzing using statistical analysis. Quantitative indicators were selected after doing a literature review on causal factors and consequences that are most related to substance use and non-medical use of prescription drugs. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. Data used in this report was primarily gathered through established secondary sources including federal and state government agencies to ensure reliability and accuracy. Region-specific quantitative data collected through local law

enforcement, community coalitions, school districts, and local-level governments is included to address the unique regional needs of the community.

While the data selection process was heavily informed by research and evidence on substance use, we caution readers against drawing any firm conclusions about the consequences of substance use from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between substance use and consequences for the community.

Longitudinally Data

To capture a richer depiction of possible trends in the data, multi-year data, referred to as longitudinal data, is reported where it is available from respective sources. Longitudinal data in this needs assessment consist of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was a direct negative effect on the data collection efforts of many organizations and agencies. This in turn has left a lasting mark on the validity and reliability of any data that was collected during this time period. While this report will include data from the time of COVID-19, primarily the years of 2020 and 2021, it is important to keep in mind that these data points may not be truly accurate of what was going on during that time. As such, no firm conclusions should be drawn from data collected during those years and we caution again making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

Texas School Survey (TSS) and Texas College Survey (TCS)

The primary sources of quantitative data for substance use behaviors for this report are the Texas School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use. TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA)

at Texas A&M University. For TSS, PSAA actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year.

It is important to note that during the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. Figures 3 and 4 provides more detail on context on recruitment and the number of usable surveys from 2018 through 2022, showcasing how 2020 caused a sizable drop in both campuses that participated and in usable surveys.

Figure 3. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	**Original Campuses Selected**	**Campuses Signed Up to Participate**	**Actual Participating Campuses**	**Total Non-Blank Surveys**	**Usable Surveys**	**Number Rejected**	**Percent Rejected**
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Figure 4. Texas School Survey Distribution Across Grades in 2020 and 2022

	Survey Distribution TSS 2022		Survey Distribution TSS 2020		Difference Between 2020* and 2022 TSS
Grade	**# of Usable Surveys**	**%**	**# of Usable Surveys**	**%**	**# of Usable Surveys**
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.5%	1,608
Total	**42,199**	**100.0%**	**27,965**	**100.0%**	**14,234**

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: https://www.texasschoolsurvey.org/Report.

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection methods provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources.

Key Informant Interviews

Data Coordinators conducted Key Informant Interviews (KII) with stakeholders that represent the twelve community sectors (please see the prior section on the Region Wide Event in the Introduction for a table of these sectors) across each region. Most of these interviews occurred between September of 2021 and August of 2022 and a few others up through August of 2023.

Key Informants are individuals with specific local knowledge about certain aspects of the community because of their professional background, leadership responsibilities, or personal experience. Compared to quantitative data, the format of interviewing allows the interviewer to ask more open-ended questions and allows the Key Informant to speak rather than filling in pre-selected options. This results in data with richer insights and more in-depth understanding and clarification. The interviews focused on the informant's perceptions of their communities' greatest resources and needs and to determine how their communities are affected by substance use and behavioral health challenges

Each participant was asked the following questions:

1. What substance use concerns do you see in your community?
    a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
    b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?

Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then used coding techniques to analyze the data.[5] This involved categorizing the information by topics, themes, and patterns.

Key Concepts

Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.[6] This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes

[5] University of Illinois Urbana-Champagne Library. (2023).
[6] Centers for Disease Control and Prevention. (2012).

epidemiology to identify and analyze community patterns of substance use and the contributing factors influencing this behavior.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.[7]

Socio-Ecological Model

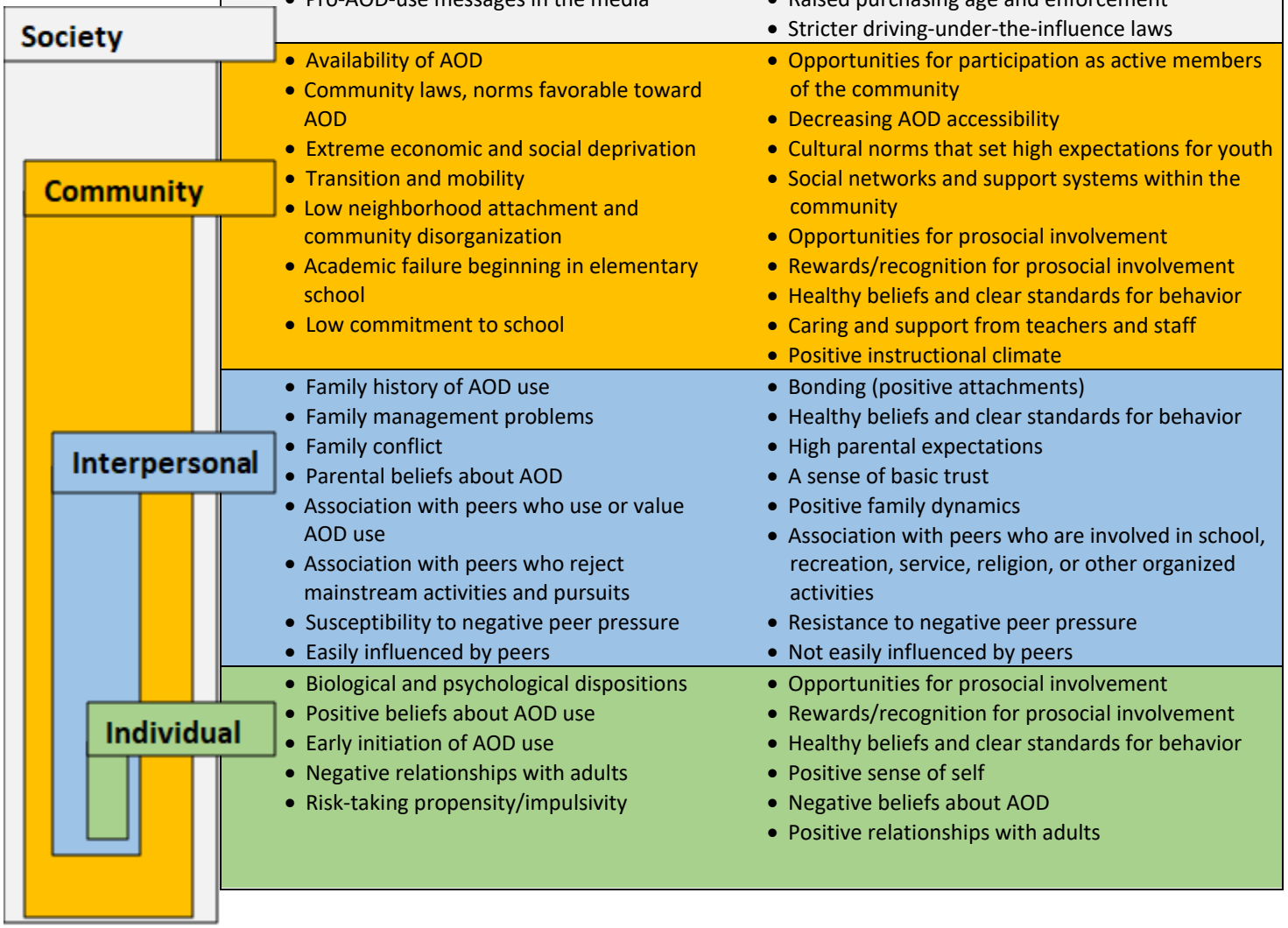
The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.[8] This RNA is organized using the four domains of the SEM (**See Figure 5)**[9] as described below:

- **Societal Domain -** social and cultural norms 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 like the physical built environment, experiences of poverty, the health care/service system, and retail access to substances.
- **Interpersonal Domain –** social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access.
- **Individual Domain –** intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors.

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

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

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



	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 • Academic failure beginning in elementary school • Low commitment to school	• Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Interpersonal	• Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers	• Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
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.[10] The SDOH are grouped into 5 domains **(see Figure 6)**: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, and they also contribute to health disparities and inequities.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 6/8/2023 from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

[10] Healthy People 2030, U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023).

Adolescence

The American Psychological Association defines "adolescence" as a part of human development which begins at puberty (10-12 years of age) and ends with physiological and neurobiological maturity, reaching to at least 20 years of age. Brain development continues into an individual's mid-twenties. Adolescence is a period of major changes in physical characteristics along with significant effects on body image, self-concept, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.[11] The World Health Organization (WHO) adds this period of growth poses a critical point in vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well-being.[12]

A similar but slightly different term that is used in the justice system is "juvenile." The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of "delinquent conduct" or "conduct in need of supervision".[13] Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to more precisely define the population of interest.

Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.[14] ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease

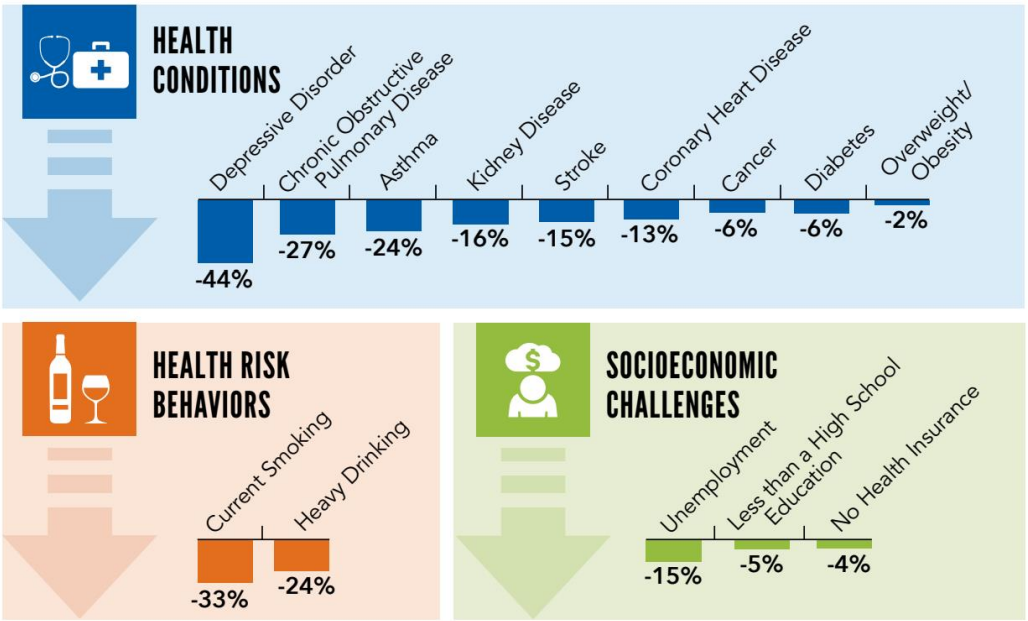
[11] American Psychological Association. (2023).
[12] World Health Organization. (2023).
[13] Texas Juvenile Justice Department. (2022).
[14] Felitti, VJ, et al. (1998).

- Lung disease
- Risk for broken bones
- Multiple types of cancer

The study also showed that there is a dose-response relationship where experiencing ACEs in more categories is directly linked with an increasing risk for the above physical and behavioral health concerns. ACEs can also negatively impact job opportunities, education, and earning potential.

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make these experiences more likely to occur.[15] Figure 7 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 1Accessed from: https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.



Unlike ACEs which have been researched for decades, Positive Childhood Experiences are still a relatively new and explored aspect of prevention. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on Positive Childhood Experiences (PCEs), defines a positive childhood experience as "feeling safe in our families to talk about emotions and

[15] Centers for Disease Control and Prevention. (2022b).

things that are hard and feeling support during hard times."[16] Dr. Bethell and her colleagues conducted a similar study to the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.
4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.
7. Feeling safe and protected by an adult in the home.[17]

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower odd of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE's remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.[18]

Consumption Patterns

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

- lifetime use (has tried a substance, even if only once)
- school year use (past year use when surveying adults or youth outside of a school setting)
- current use (use within the past 30 days)

These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and other illicit drugs, and their

[16] Kreitz, M. (2023).
[17] Pinetree Institute. (2023).
[18] Bethell, C. et al. (2019).

non-medical use of prescription drugs. The TSS therefore serves as the primary outcome measure of Texas youth substance use in this needs assessment.

Regional Demographics

Overview of Region

Geographic Boundaries

Region 11 has 19 counties and covers 20,635.76 square miles. Thirteen out of the 19 counties are considered rural counties: Bee, Brooks, Duval, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Refugio, Starr, Willacy, and Zapata. Region 11 is comprised of the Lower Rio Grande Valley (Spanish: Valle del Río Grande), commonly known as the Rio Grande Valley or locally as The Valley/ El Valle. It is a socio-cultural region spanning the border of Texas and Mexico located in a floodplain of the Rio Grande. The Rio Grande Valley is made up of four counties: Starr, Hidalgo, Willacy, and Cameron with leading higher education institutions established within it (University of Texas-Rio Grande Valley, South Texas College, Texas State Technical College, Southmost College). Nueces County is one of the nineteen counties within the region and is located on the southern coast of Texas. The county seat is Corpus Christi which is one of the largest cities in the state. Corpus Christi is a significant port city whose port is one of the nation's largest and is also the deepest inshore on the Gulf of Mexico. The city is home to the Naval Air Station and to several institutions of higher learning, including Del Mar College. In the southwestern part of the region, there is Webb county. By area, Webb County is the largest county in South Texas and the sixth-largest in the state. Webb County is the only county in the United States to border three foreign states or provinces, sharing borders with Coahuila, Nuevo Leon, and Tamaulipas[19].

[19] National Association of Counties. Archived from the original on May 31, 2011. Retrieved June 12, 2023

Region 11 Counties

Table 1 below highlights information about each county comprising the region, Region 11, and Texas. Aransas and Willacy counties are the smallest counties within the region at 252.07 and 590.60 square miles respectively. Webb County has the largest square miles in Region 11 with Hidalgo County having the most zip codes at 28.

(*) indicates cities that are located in multiple counties.

(**) Austin is the state capital which is most comparable to a "county seat" for Texas.

Table 1 – Region 11 County Snapshot

Report Area	Sq. Miles	County Seat	Major Cities	Number of Zip Codes
Aransas	252.07	Rockport	Rockport, Fulton, Lamar, Holiday Beach	5
Bee	880.24	Beeville	Blue Berry Hill, Normanna, Pawnee, Pettus, Skidmore, Tuleta, Tulsita, Tynan	11
Brooks	943.36	Falfurrias	Falfurrias, Encino, Flowella, Airport Road Addition, Cantu Addition	2
Cameron	891.71	Brownsville	Brownsville, Harlingen, Los Fresnos, San Benito, La Feria, Rio Hondo, Port Isabel, South Padre Island, Primera, Santa Rosa, Bayview, Rancho Viejo, Combes, and Los Indios	17
Duval	1,793.48	San Diego	San Diego, Freer, Benavides, Alice Acres, Ben Bolt*, Hebbronville*, Orange Grove*	7
Hidalgo	1,570.96	Edinburg	Alamo, Alton, Donna, McAllen, Edinburg, Mission, Pharr, Weslaco, San Juan, Mercedes, Palmview, Hidalgo, Penita, Elsa, Edcouch	28
Jim Hogg	1,136.17	Hebbronville	Agua Nueva, Altavista, Guerra, Hebbronville*, Randado, Thompsonville	1
Jim Wells	865.18	Alice	Alice, Ben Bolt*, Orange Grove*, Premont, San Diego*	8
Kenedy	1,458.56	Sarita	Sarita, Armstrong	3
Kleberg	881.31	Kingsville	Kingsville, Riviera, Ricardo	4
Live Oak	1,039.70	George West	George West, Three Rivers, Orange Grove*	11
McMullen	1,139.80	Tilden	Tilden, Calliham	5
Nueces	839.07	Corpus Christi	Aransas Pass, Corpus Chrisit, Ingleside, Portland, Robstown, Port Aransas, Bishop	27
Refugio	770.48	Refugio	Refugio, Woodsboro, Bayside, Austwell, Tivoli	5
Starr	1,223.18	Rio Grande City	Delmita, Falcon Heights, Garciasville, Grulla, Rio Grande City, Roma, Salineno San Isidro, Santa Elena	8
Webb	3,361.48	Laredo	Bruni, Laredo, Mirando City, Oilton	10
Willacy	590.60	Raymondville	Lasara, Lyford, Port Mansfield, Raymondville, San Perlita, Sebastian	6
Zapata	998.41	Zapata	Lopeno, San Ygnacio,	5

			Zapata	
Region 11	20,635.76	N/A	Brownsville, Corpus Christi, Harlingen, McAllen, Rio Grande City	163
Texas	261,267.85	*Austin*	Austin, Dallas, El Paso, Fort Worth, Houston, San Antonio	2658

U.S. Census Bureau QuickFacts[21]

Major Metropolitan Areas (i.e., Concentrations of populations)

The region includes four metropolitan statistical areas (MSAs): The Brownsville-Harlingen MSA (Cameron County); the Corpus Christi MSA (includes Aransas, Nueces and San Patricio counties); the Laredo MSA (Webb County); and the McAllen-Edinburg-Mission MSA (Hidalgo County).[20]

The South Texas region and its 19 counties have many unique economic conditions and challenges. Conditions and challenges include immigration related impacts; workforce shortages due in part to low education attainment and high levels of poverty; and unmet infrastructure needs. In addition, the region has a high concentration of public health, safety, education, and petroleum-related industries that differentiate the South Texas region from others.

Demographic Information

Demographic data is information on the size, growth or distribution of the population. Perhaps surprisingly, demographic data can tell you more about your community than its size and whether it is growing or declining. Demographics also let us tap into detailed information on the social, economic and housing characteristics of communities such as:

- **Basic features –** age, gender, race/ethnicity
- **Social features** – households/families, education, veteran status
- **Economic features** – income, poverty, employment, commuting
- **Housing features** – owner/renter status, type, value

Data from Census Bureau or the American Community Survey allow us to look at the characteristics of small areas like counties, towns, villages and cities, school districts or even neighborhoods. That means we can get the right information at the right scale for doing community work. Moreover, demographic data can help provide a basis for understanding communities as they are now, where they've been and where they're headed. It can be a powerful tool for tracking change over time and for uncovering the

[20] https://comptroller.texas.gov/economy/economic-data/regions/2020/snap-south.php
[21] U.S. Census Bureau QuickFacts: United States (2020).

needs or strengths of a community to guide planning, policy development or decision making.[21]

While the main function of the U.S. decennial census is to provide counts of people for the purpose of congressional apportionment, the primary purpose of the American Community Survey (ACS) is to measure the changing social and economic characteristics of the U.S. population—our education, housing, jobs, and more.[22]

Total Population

According to the Texas Demographic Center, Texas has a population of 30.5 million, which is a 1.6% increase from 2022. The population is estimated to be 41% white, 39.6% Hispanic, 11.9% Black, and 5.2% Asian. The median age is 35.6 years, which is younger than the national average. From 2020 – 2024, Aransas County has had the highest change in population in the region with McMullen County estimated to have the largest decrease in population. Overall, Region 11 has seen a slight decrease overall (-0.31) with the state of Texas estimated to have a 5.5% growth.

County	2020 Census Count	July 1, 2023 Population Estimate	Jan 1, 2024 Population Estimate	Numerical Change 2020-23	Numerical Change 2020-24	Percent Change 2020-23	Percent Change 2020-24
Aransas	23,830	25,008	25,040	1,178	1,210	4.9	5.1
Bee	31,047	31,045	31,218	-2	171	0	0.6
Brooks	7,076	6,820	6,750	-256	-326	-3.6	-4.6
Cameron	421,017	426,062	427,291	5,045	6,274	1.2	1.5
Duval	9,831	9,676	9,636	155	-195	-1.6	-2
Hidalgo	870,781	903,213	910,629	32,432	39,848	3.7	4.6
Jim Hogg	4,838	4,652	4,623	-186	-215	-3.8	-4.4
Jim Wells	38,891	38,820	38,898	-71	7	-0.2	0
Kenedy	350	347	344	-3	-6	-0.9	-1.7
Kleberg	31,040	30,646	30,658	-394	-382	-1.3	-1.2
Live Oak	11,335	11,566	11,732	231	397	2	3.5
McMullen	600	565	560	-35	-40	-5.8	-6.7
Nueces	353,176	352,725	353,990	-453	812	-0.1	0.2
Refugio	6,741	6,745	6,721	5	-20	0.1	-0.3
San Patricio	68,755	69,767	70,038	1,012	1,283	1.5	1.9
Starr	65,920	65,740	65,713	-180	-207	-0.3	-0.3
Webb	267,114	272,605	273,411	5,491	6,297	2.1	2.4

[21] Connelly, L. M. (2013). Demographic data in research studies. Medsurg Nursing, 22(4), 269-271.
[22] https://www.census.gov/library/stories/state-by-state/texas-population-change-between-census-decade.html

Willacy	20,164	20,124	20,124	-40	-40	-0.2	-0.2
Zapata	13,889	13,471	13,292	-418	-597	-3	-4.3
Region 11	2,246,395	2,289,597	2,300,668	43,511	54,271	-0.28	-0.31
Texas	29,145,505	30,515,972	30,749,519	1,370,467	1,604,014	4.7	5.5

Source: Texas Demographic Center, Population Estimates and Projections Program

Total Population by Sex and Age

Understanding a population's age composition, usually examined by sex, yields insights into changing population conditions and can highlight future social and economic trends. Table below shows total population broken down by age group under 18 and 18 and older, as well as, the estimated total population by sex and age in region 11. 50.2% of the population in the region are females and 49.8% are males. The age estimates for the region are estimated to be 70.8% for 18 years of age and over with 29.3% reported to be under 18 years old.

Total population per county broken down by sex and age in region 11.

County	Total Pop	Males Pop	Females Pop	Males %	Females %	Pop Under 18	Pop 18 & over	Pop 65 & over
Aransas	24048	11986	12062	49.8%	50.2%	4187	19861	6646
Bee	30977	19218	11759	62.0%	38.0%	6266	24711	3895
Brooks	7059	3385	3674	48.0%	52.0%	1577	5482	1395
Cameron	421854	208182	213672	49.3%	50.7%	124250	297604	57772
Duval	9960	5097	4863	51.2%	48.8%	2521	7439	1578
Hidalgo	873167	431639	441528	49.4%	50.6%	276461	596706	97866
Jim Hogg	4830	2515	2315	52.1%	47.9%	1559	3271	408
Jim Wells	39060	19461	19599	49.8%	50.2%	10548	28512	6176
Kenedy	116	69	47	59.5%	40.5%	28	88	42
Kleberg	30860	15582	15278	50.5%	49.5%	7514	23346	4052
Live Oak	11374	6118	5256	53.8%	46.2%	2228	9146	2418
McMullen	670	296	374	44.2%	55.8%	211	459	128
Nueces	353245	176105	177140	49.9%	50.1%	85206	268039	53032
Refugio	6718	3179	3539	47.3%	52.7%	1517	5201	1499
San Patricio	68942	35185	33757	51.0%	49.0%	18098	50844	10384
Starr	65716	32196	33520	49.1%	50.9%	21447	44269	7544
Webb	267282	132495	134787	49.6%	50.4%	85117	182165	25955
Willacy	20308	11047	9261	54.4%	45.6%	4885	15423	2959
Zapata	13896	6953	6943	50.0%	50.0%	4533	9363	1897
Region 11	2250082	1120708	1129374	49.8%	50.2%	658153	1591929	285646

Source: American Community Survey 5 Year Estimates 2018-2022

Total Population by Race

Total population broken down by county by race in region 11.

County	Total Pop	White	Black	Asian	American Indian/ Alaska Native	Native Hawaiian / Other Pacific Islander	Non – Hispanic 2+ races
Aransas	24048	22791	202	419	118	202	2.20%
Bee	30977	27746	1939	196	79	1939	3.10%
Brooks	7059	6899	44	0	0	44	1.50%
Cameron	421854	414923	1692	2952	376	1692	0.40%
Duval	9960	9819	85	0	0	85	0.60%
Hidalgo	873167	857283	4034	8036	671	4034	0.20%
Jim Hogg	4830	4812	4	10	0	4	0.00%
Jim Wells	39060	38300	216	167	64	216	0.60%
Kenedy	116	114	0	1	1	0	0.00%
Kleberg	30860	28783	886	403	149	886	1.90%
Live Oak	11374	10383	279	263	0	279	3.20%
McMullen	670	663	0	0	6	0	0.10%
Nueces	353245	328138	12210	7499	493	12210	1.20%
Refugio	6718	6161	433	16	4	433	1.30%
San Patricio	68942	65865	983	641	10	983	1.70%
Starr	65716	65351	32	34	0	32	0.20%
Webb	267282	263996	998	1381	102	998	0.10%
Willacy	20308	19981	180	0	0	180	0.70%
Zapata	13896	13767	13	21	0	13	0.70%
Region 11	2250082	97.1%	1.08%	1.0%	0.09%	0.04%	1.04%

Source: American Community Survey 5 Year Estimates 2018-2022

Total Population by Race and Ethnicity

Racial diversity in the United States has been increasing steadily with more and more people identifying as more than one race. To help account for this, the Census makes a distinction between the number of people of a given racial group "alone" or "in combination." People counted within the "alone" category are those who identified themselves as being a part of only one group, for example, just Black or African American "alone". People counted within the "in combination" category refers to anyone who identified themselves as part of a given racial group even if they also identified with more than that one race. This means that Black or African American "in combination" would include both those who identified as Black or African American "alone" and also those who identified with multiple groups, for example, those who identify as both Black or African American and American Indian/Alaska Native.

In order to respect individuals' self-identification of their race(s) and to accurately capture the total number of each racial group, we report the number and rates of people of each race "in combination" rather than the number of those "alone". As a result, adding the numbers of each racial group together will be greater than the total county population since "in combination" counts individuals towards all groups with which they identified.

Total population broken down by county by ethnicity and by race in region 11.

County	Total Pop	Hispanic	Non – Hispanic	Non – Hispanic White (Alone)	Non – Hispanic Black (Alone)	Non-Hispanic Asian (Alone)	Non – Hispanic American Indian / Alaska Native	Non – Hispanic 2+ Races	Non – Hispanic Some Other Race
Aransas	24048	28.90%	71.10%	65.90%	0.80%	1.70%	0.50%	2.20%	0.00%
Bee	30977	59.80%	40.20%	29.80%	6.30%	0.60%	0.30%	3.10%	0.20%
Brooks	7059	89.40%	10.60%	8.30%	0.60%	0.00%	0.00%	1.50%	0.00%
Cameron	421854	90.00%	10.00%	8.40%	0.40%	0.70%	0.10%	0.40%	0.10%
Duval	9960	88.70%	11.30%	9.90%	0.90%	0.00%	0.00%	0.60%	0.00%
Hidalgo	873167	92.50%	7.50%	5.70%	0.50%	0.90%	0.10%	0.20%	0.10%
Jim Hogg	4830	89.70%	10.30%	10.00%	0.10%	0.20%	0.00%	0.00%	0.00%
Jim Wells	39060	80.30%	19.70%	17.70%	0.60%	0.40%	0.20%	0.60%	0.00%
Kenedy	116	96.60%	3.40%	1.70%	0.00%	0.90%	0.90%	0.00%	0.00%
Kleberg	30860	73.50%	26.50%	19.80%	2.90%	1.30%	0.50%	1.90%	0.10%
Live Oak	11374	40.70%	59.30%	50.50%	2.50%	2.30%	0.00%	3.20%	0.00%
McMullen	670	60.10%	39.90%	38.80%	0.00%	0.00%	0.90%	0.10%	0.00%
Nueces	353245	64.90%	35.10%	28.00%	3.50%	2.10%	0.10%	1.20%	0.20%
Refugio	6718	51.70%	48.30%	40.00%	6.40%	0.20%	0.10%	1.30%	0.30%
San Patricio	68942	58.70%	41.30%	36.90%	1.40%	0.90%	0.00%	1.70%	0.20%
Starr	65716	96.20%	3.80%	3.20%	0.00%	0.10%	0.00%	0.20%	0.30%
Webb	267282	95.40%	4.60%	3.30%	0.40%	0.50%	0.00%	0.10%	0.20%
Willacy	20308	88.30%	11.70%	10.10%	0.90%	0.00%	0.00%	0.70%	0.00%
Zapata	13896	94.70%	5.30%	4.40%	0.10%	0.20%	0.00%	0.70%	0.00%

Source: American Community Survey 5 Year Estimates 2018-2022

Household Composition

Household composition is not just applied to capture who resides together, their relationships, age, gender, and other demographics – this information is a factor in financial eligibility for programs like Medicaid, SNAP, housing assistance, and other sources of support. Research related to household composition has proven beneficial in identifying changes and trends linked to health, economics, social well-being, and access to resources over time and across different demographics like race, ethnicity, and socioeconomic status. Below is a table highlighting the household composition by

county in Region 11. As noted in the table, Refugio County has the highest rate of single parent households (38.10%) followed by Webb County (33.60%). Research findings on single-parent households generally indicate that children raised in such environments may face increased challenges in areas like academic performance, social and emotional development, and economic stability, with higher risks of dropping out of school, experiencing mental health issues, and engaging in risky behaviors. It is important to note that not all children in single-parent families experience these negative outcomes as the quality of parenting and socioeconomic factors are driving factors as to positive and negative outcomes experienced by children across socioeconomic status.

Household composition broken down by county for Region 11.

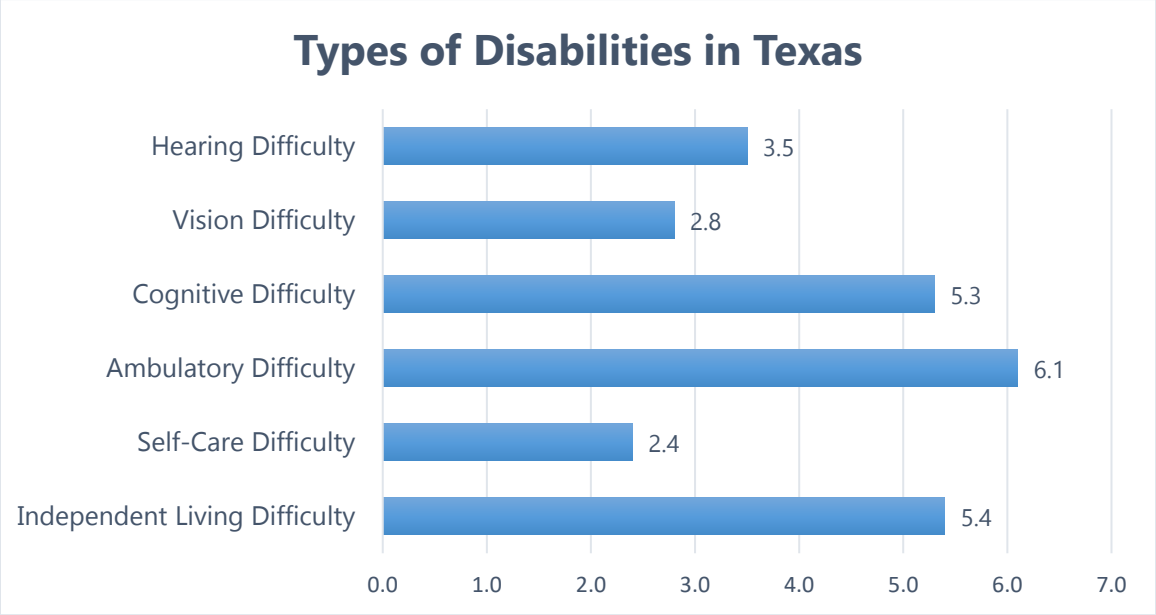
County	Male householder, no spouse/partner present with children of the householder under 18 years (Percent of All Households with Children)	Female householder, no spouse/partner present with children of the householder under 18 years (Percent of All Households with Children)	Total Households with one or more people under 18 years (Percent)	Percent of Total Households with Children under 18 with a Single Parent
Aransas	4.50%	14.20%	21.40%	18.70%
Bee	2.50%	16.30%	34.30%	18.80%
Brooks	2.30%	3.80%	28.00%	6.10%
Cameron	5.20%	23.70%	42.50%	28.90%
Duval	0.00%	26.00%	29.10%	26.00%
Hidalgo	2.20%	21.00%	46.60%	23.20%
Jim Hogg	2.10%	6.40%	42.00%	8.50%
Jim Wells	2.40%	27.30%	38.20%	29.70%
Kenedy	0.00%	0.00%	28.90%	0.00%
Kleberg	2.90%	29.50%	32.60%	32.40%
Live Oak	6.10%	16.50%	23.40%	22.60%
McMullen	8.30%	20.80%	35.60%	29.20%
Nueces	3.90%	21.30%	33.20%	25.20%
Refugio	5.60%	32.60%	23.40%	38.10%
San Patricio	3.50%	19.20%	37.60%	22.70%
Starr	2.60%	31.10%	47.40%	33.60%
Webb	2.30%	19.20%	50.40%	21.50%
Willacy	1.30%	19.10%	40.90%	20.40%
Zapata	9.60%	19.50%	43.90%	29.10%

Disability Status

Texas has the second largest number of individuals with disabilities of all the states. The percentage of individuals with disabilities relative to the entire Texas population (12.7 percent) has increased (0.9 percent) over the past year. Approximately 49 percent of Texans 75 and older had a disability reflecting an almost 5% decrease in the past year. Overall, 12.6 percent of females (1,872,127 individuals) and 12.7 percent of males (1,929,987 individuals) reported having a disability.

The population of individuals with disabilities in Texas is not evenly distributed across the state. More than half (52 percent) of Texas' population of individuals with disabilities resided in these 10 counties: **Harris, Bexar, Dallas, Tarrant, Hidalgo, Travis, El Paso, Collin, Denton, and Cameron.**

In 2023, white non-Hispanic/Latino had the highest reported individuals with a disability with 14.7% or 1,708,437 individuals in Texas. Ambulatory difficulties were the highest reported cause of disabilities (6.1%) with individuals 75 and over representing a little over one-third of the population (32.8%). The second highest reported cause of disabilities related to Independent Living difficulties (5.4%).



Source: U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates

Table below shows the total number of civilians with a disability broken down by county in region 11. Kenedy County had the highest percent with a disability (25%) whereas Hidalgo County had the highest count (104,955) but the lowest percentage (12.10%).

Percent of people with a disability broken down by county in region 11.

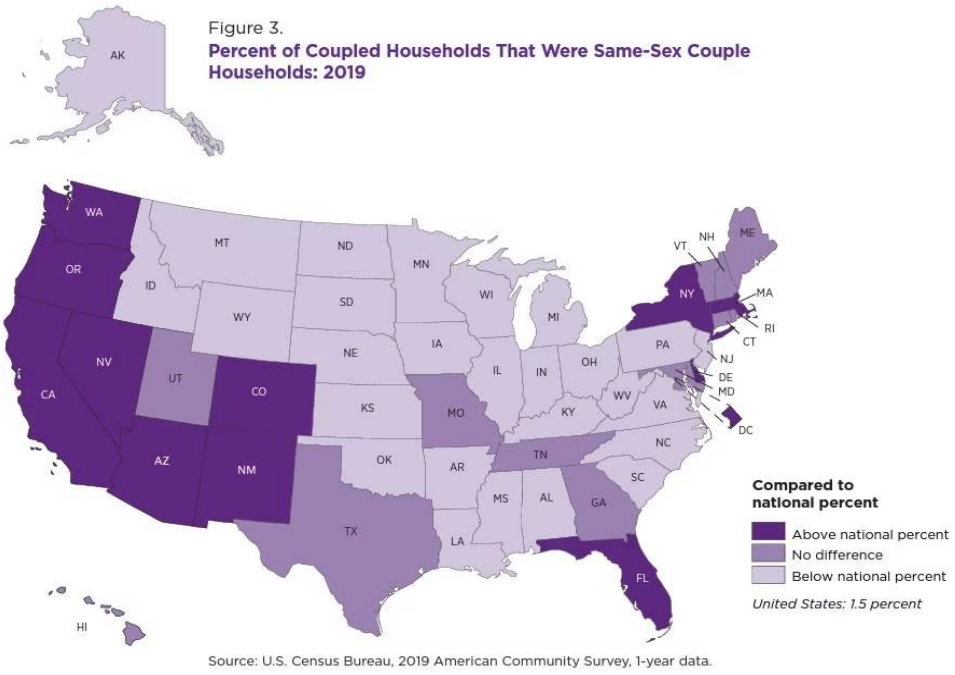
County	Total Civilian Noninstitutionalized Population	Total Civilian Noninstitutionalized Population With A Disability (Count)	Total Civilian Noninstitutionalized Population With A Disability (Percent)
Aransas	23759	4005	16.90%
Bee	23761	3623	15.20%
Brooks	6551	1564	23.90%
Cameron	419997	51336	12.20%
Duval	9413	1954	20.80%
Hidalgo	865514	104955	12.10%
Jim Hogg	4786	645	13.50%
Jim Wells	38687	6703	17.30%
Kenedy	116	29	25.00%
Kleberg	30234	4303	14.20%
Live Oak	9921	1613	16.30%
McMullen	670	108	16.10%
Nueces	347381	45511	13.10%
Refugio	6562	1558	23.70%
San Patricio	68177	13051	19.10%
Starr	65191	10113	15.50%
Webb	265442	34672	13.10%
Willacy	19063	2870	15.10%
Zapata	13776	2230	16.20%

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates

LGBTQ+ Population

There were 980,276 same-sex couple households in the U.S., according to the Census Bureau's 2019 American Community Survey 1-Year Estimates. Of these, 58% or 568,110 were married couples.

1. The median household income for married same-sex couples was $107,200 in 2019.
2. According to a U.S. Census Bureau analysis of Current Population Survey (CPS) data, 14.7% of same-sex couples have children in their household.
3. Lesbian, Gay, Bisexual or Transgender respondents to the Census Bureau's Household Pulse Survey were more likely than non-LGBT respondents to experience economic and mental health hardships during the COVID-19 pandemic.
4. Among all couples married or unmarried, same-sex couples were more likely than opposite-sex couples to have both members employed in 2019. Same-sex couples: 65.1% Opposite-sex couples: 51%.



Same-Sex Couple Households in Texas: 2021 American Community Survey

Area	Total households		Total same-sex households				Percent of same-sex households that are married households	
Texas	Number	S.E.	Number	S.E	Percent	S.E.	Percent	S.E.
	10,796,247	11,613	103,565	4,052	1	--	61.3	1.8

Source: U.S. Census Bureau, 2021 American Community Survey (ACS) 1-year data file.

Table 5. Ten States Among States with the Largest Number of Same-Sex Couple Households: 2021

(For information on confidentiality protection, sampling error, nonsampling error, and definitions, see https://www.census.gov/programs-surveys/acs/)

State[1]	Number	S.E.
California	163,964	4,283
Texas	103,565	4,052
Florida	102,421	4,063
New York	90,260	2,977
Illinois	42,757	2,000
Pennsylvania	42,577	2,245
Georgia	41,055	2,399
Ohio	36,819	1,845

Washington	34,375	1,878
Massachusetts	33,942	1,814
S.E. = Standard error		
Source: U.S. Census Bureau, 2021 American Community Survey (ACS) 1-year data file.		
[1] State estimates may not be statistically different from each other or from other states not listed.		
The Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System (DMS) number: P-001-0000001262, Disclosure Review Board (DRB) approval number: CBDRB-FY22-SEHSD003-052).		

Limited English Language Proficiency and Languages Spoken in Home

A "limited English-speaking household" is one in which members 14 years old and over (1) do not speak English or (2) speaks a non-English language. In other words, all members 14 years old and over have at least some difficulty 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."

The household language assigned to the housing unit is the non-English language spoken by the first person with a non-English language in the following order: reference person, spouse, parent, sibling, child, grandchild, in-law, other relative, unmarried partner, housemate/ roommate, roomer/boarder, foster child, or other nonrelative. If no member of the household age 5 and over speaks a language other than English at home, then the household language is English only.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.

Table below shows the percentage of limited English-speaking households in the region. 15.1% of total households in region 11 were limited English speaking households with 64.72% speaking Spanish.

Report Area	Total Households (Count)	Total Limited English-Speaking Households (Percent)	Households Speaking Spanish (Percent)	Limited English-Speaking Households - Spanish (Percent)	Limited English-Speaking Households - Other Indo-European languages (Percent)	Limited English-Speaking Households - Asian and Pacific Island languages (Percent)
Aransas	11,412	3.30%	21.10%	13.10%	0.00%	21.20%
Bee	8,563	4.80%	48.40%	9.20%	16.40%	38.90%
Brooks	2,652	8.60%	85.40%	10.10%	-	-

Cameron	132,538	15.50%	77.30%	19.80%	11.10%	19.10%
Duval	2,892	5.10%	77.90%	6.60%	0.00%	-
Hidalgo	257,499	18.80%	85.60%	21.80%	7.90%	13.40%
Jim Hogg	1,342	4.00%	77.40%	5.20%	-	0.00%
Jim Wells	12,914	8.00%	65.70%	12.10%	0.00%	0.00%
Kenedy	38	47.40%	100.00%	47.40%	-	-
Kleberg	11,915	4.40%	48.10%	8.10%	54.10%	0.00%
Live Oak	4,153	3.70%	29.90%	10.60%	0.00%	21.20%
McMullen	202	0.00%	25.70%	0.00%	-	-
Nueces	130,122	4.60%	43.10%	9.60%	4.60%	18.20%
Refugio	2,235	3.60%	42.00%	8.00%	85.70%	0.00%
San Patricio	23,920	2.60%	42.60%	5.40%	32.70%	9.00%
Starr	18,634	29.40%	96.40%	30.50%	-	0.00%
Webb	77,797	26.80%	92.50%	28.90%	5.50%	8.60%
Willacy	5,414	12.90%	79.30%	16.20%	-	-
Zapata	4,580	25.40%	91.20%	27.90%	-	-

Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates

Risk and Protective Factors

As discussed in the Key Concepts section of the introduction, risk and protective factors can exist in any of the domains of the Socio-Ecological Model (SEM). This section of the RNA will highlight both risk and protective factors across Texas and Region 11 from a macro level with the societal domain down to a micro level with the individual domain.

- Protective Factors: Conditions, or attributes, (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk for mental health challenges and substance use in families and communities.

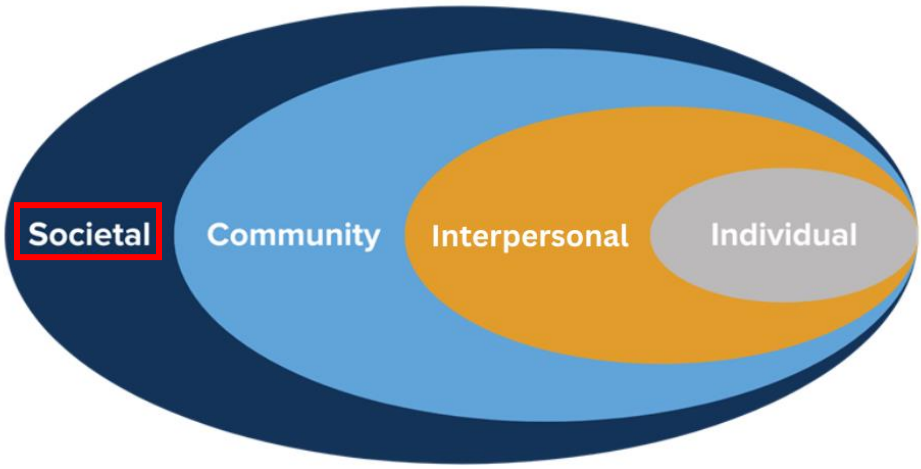
- Risk Factors: Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk for mental health challenges and substance use in families and communities.

Societal Domain

The first of four domains of the Socio-Ecological Model, the Societal domain focuses on social and cultural norms and socio-demographics such as the economic status of the community.

It is important to address societal norms and influences. This is because while helping individuals improve their lifestyles is the end goal, without changing the embedded societal environment and governing factors this change can be temporary, not only for individuals, but for generations that follow.

For the purposes of this report, this section will include data for income, employment, government assistance programs, and people experiencing homelessness.



Economic

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.[23]

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. Looking at data for national averages, however, may mask important differences by region, race, level of education, or other categories.

Median Household Income by Region, 2022

Region	Median Household Income	Per Capita Income
1	$ 53,551	$ 27,369
2	$ 52,688	$ 27,927

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

3	$ 73,545	$ 35,125
4	$ 54,853	$ 27,815
5	$ 46,678	$ 26,480
6	$ 65,788	$ 32,979
7	$ 59,207	$ 31,516
8	$ 59,762	$ 29,216
9	$ 61,094	$ 30,228
10	$ 36,449	$ 21,820
11	$ 48,822	$ 22,302

County	FIPS Code	Per Capita Income	Median Family Income	Cost of Living Adjustment	Standardized Median Family Income
Aransas	48007	64,072	71,896	1.02	$70,478.34
Bee	48025	34,707	66,602	1	$66,598.69
Brooks	48047	42,727	38,438	0.94	$40,988.98
Cameron	48061	37,325	54,380	0.89	$61,103.15
Duval	48131	47,149	64,274	1	$64,315.61
Hidalgo	48215	33,525	54,864	0.91	$60,584.60
Jim Hogg	48247	40,561	46,250	0.99	$46,868.08
Jim Wells	48249	48,093	58,764	0.97	$60,575.73
Kenedy	48261	38,232	45,455	0.95	$47,846.04
Kleberg	48273	45,342	62,635	1	$62,833.25
Live Oak	48297	46,246	68,357	0.99	$68,852.46
McMullen	48311	118,594	66,406	1.06	$62,789.48
Nueces	48355	55,720	77,667	1.06	$73,157.68
Refugio	48391	54,380	58,807	0.99	$59,534.05
San Patricio	48409	50,872	73,458	1.11	$66,320.52
Starr	48427	31,643	42,033	0.9	$46,848.24
Webb	48479	40,873	65,891	1	$66,108.79
Willacy	48489	34,925	50,023	0.89	$55,988.34
Zapata	48505	33,076	39,146	0.95	$41,193.09

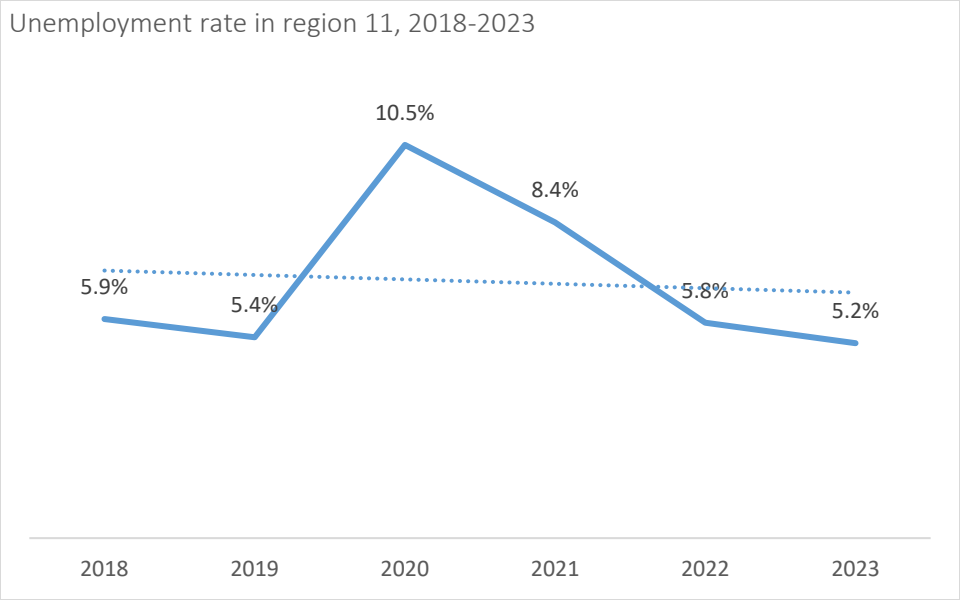
Source: U.S Census Bureau, ACS Estimates

Unemployment

Employment is another important factor in understanding socioeconomics. One of the most important factors related to risks and protections from substance use is the ability to provide for basic life necessities. Research has shown that individuals who are unemployed 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.

Employment can be assessed in a variety of ways including the average wages, unemployment rate, and median household income. 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. The table below shows the unemployment rate for region 11 for 2023.

County	Labor Force	Employed	Unemployed	Unemployment Rate
Aransas	9,522	9,057	465	4.9
Bee	9,348	8,870	478	5.1
Brooks	2,295	2,168	127	5.5
Cameron	181,270	171,454	9,816	5.4
Duval	4,987	4,768	219	4.4
Hidalgo	378,591	355,519	23,072	6.1
Jim Hogg	1,851	1,764	87	4.7
Jim Wells	15,787	14,967	820	5.2
Kenedy	127	118	9	7.1
Kleberg	13,171	12,560	611	4.6
Live Oak	5,029	4,838	191	3.8
McMullen	829	815	14	1.7
Nueces	168,426	161,292	7,134	4.2
Refugio	3,085	2,966	119	3.9
San Patricio	29,808	28,375	1,433	4.8
Starr	24,458	22,172	2,286	9.3
Webb	120,663	115,845	4,818	4
Willacy	7,118	6,564	554	7.8
Zapata	4,424	4,141	283	6.4



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. 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.

Economically Disadvantaged Students

In the 2023-2024 school year in Region 11, of the total enrolled students, 826 per a rate of 1,000 were identified as economically disadvantaged with 16.6 at the same rate identified as homeless. Students who are eligible for free meals or reduced-price meals under the National School Lunch and Child Nutrition Program are identified as being economically disadvantaged. Students living with another family due to loss of housing, economic hardship, or a similar reason; students that are unsheltered (i.e., lives on the street, lives in cars, parks, campgrounds, temporary trailers [including FEMA trailers], or abandoned buildings); students that live in a motel or hotel because they have lost their housing, lack an alternative accommodation, and do not have a "fixed, regular, and adequate nighttime residence"; and students who live in emergency shelters, family shelters, domestic violence shelters, youth shelters, and transitional housing programs, are identified as homeless. In comparison to the 2022-2023 and the 2023-2024 school years (tables below), the majority of counties in Region 11 saw a decrease in the number of students who are economically disadvantaged with 8 of the 19 counties estimated to have an increase.

2023-2024 Economically Disadvantaged Students

County Name	ESC Region	Total Enrollment	Total Economically Disadvantaged
Aransas	2	2,968	1,808
Bee	2	5,165	4,232
Brooks	1	1,244	1,122
Cameron	1	85,752	72,007
Duval	2	2,686	2,281
Hidalgo	1	265,094	228,107
Jim Hogg	1	1,000	827
Jim Wells	2	7,544	6,022
Kenedy	2	130	60
Kleberg	2	4,546	3,124
Live Oak	2	1,649	1,052
McMullen	2	271	72
Nueces	2	56,517	38,214
Refugio	3	1,234	846
San Patricio	2	13,923	8,988
Starr	1	15,577	14,462
Webb	1	62,309	52,218
Willacy	1	3,983	3,278
Zapata	1	3,359	3,004
Texas		**5,531,236**	**3,439,856**

2022-2023 Economically Disadvantaged Students

County Name	ESC Region	Total Enrollment	Total Economically Disadvantaged
Aransas	2	3,044	2,098
Bee	2	5,096	4,042
Brooks	1	1,285	1,199
Cameron	1	87,193	73,368
Duval	2	2,603	2,216
Hidalgo	1	263,859	227,317
Jim Hogg	1	1,072	921
Jim Wells	2	7,614	6,002
Kenedy	2	98	40
Kleberg	2	4,650	3,176
Live Oak	2	1,668	1,061
McMullen	2	282	82
Nueces	2	57,052	38,473
Refugio	3	1,225	785

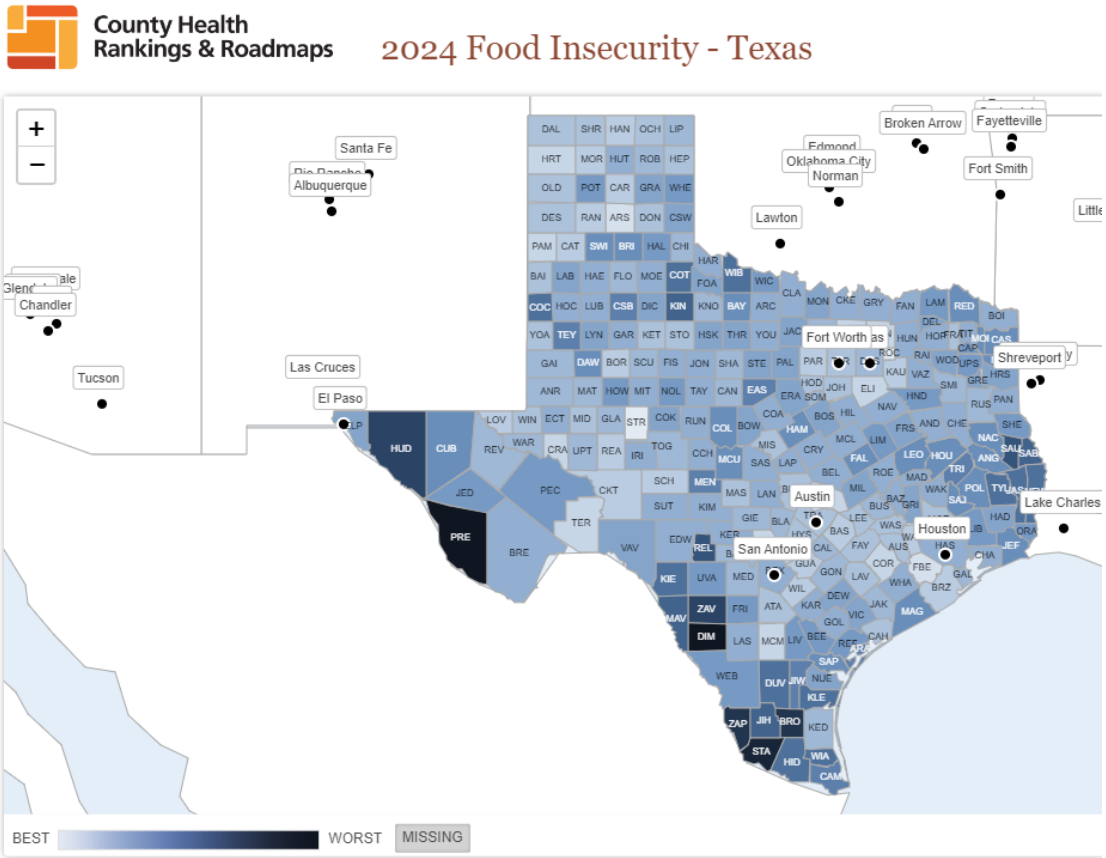
San Patricio	2	13,935	9,057
Starr	1	15,802	14,599
Webb	1	62,773	52,480
Willacy	1	3,976	3,369
Zapata	1	3,376	2,942
Texas		5,518,452	3,409,884

Source: TEXAS EDUCATION AGENCY PEIMS Student Program and Special Populations

Food Insecurity

Food insecurity is associated with an increased risk of chronic diseases like diabetes, obesity, and heart disease. Food insecurity can also contribute to depression, anxiety, and stress; all risk factors associated with substance misuse. In Texas, 14% of people did not have a reliable source of food. This ranged from 8% to 25% of people across counties in the state.

The map below shows the percentages of population who lack access to adequate food in Texas by county. The average in Region 11 was 18%.



Free/Reduced Lunch

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. Table below shows the percentage of free and reduced lunch for students in region 11.

Percentage of free and reduced lunch broken down by county in region 11.

County	Total Students, All Grades	% Free Lunch	% Reduced Price	% Free & Reduced
Aransas	3,005	65.7%	1.1%	66.9%
Bee	5,074	77.1%	2.1%	79.1%
Brooks	1,342	92.8%	0.0%	92.8%
Cameron	97,108	75.7%	9.5%	85.2%
Duval	2,472	81.3%	4.1%	85.4%
Hidalgo	208,888	84.0%	1.5%	85.4%
Jim Hogg	1,078	77.4%	9.8%	87.2%
Jim Wells	7,463	77.4%	1.4%	78.8%
Kenedy	101	50.5%	0.0%	50.5%
Kleberg	4,978	68.3%	1.9%	70.2%
Live Oak	1,644	60.6%	0.0%	60.6%
Nueces	59,249	66.1%	1.8%	67.9%
Refugio	1,258	66.5%	2.1%	68.6%
San Patricio	13,665	68.3%	1.7%	70.0%
Starr	16,151	90.7%	0.8%	91.5%
Webb	61,524	81.9%	0.8%	82.6%
Willacy	3,939	83.3%	1.1%	84.4%
Zapata	3,287	88.1%	0.0%	88.1%

Source: U.S. Department of Education, Common Core Data

Students Experiencing Homelessness

In the US, an estimated 4.2 million youth and young adults experience homelessness annually, including 700,000 unaccompanied minors. Factors that contribute to youth homelessness include family conflict, poverty, housing insecurity, mental health/substance use disorders, and involvement with the child welfare, foster care, and juvenile justice systems. Many youth experiencing homelessness are not in shelters and may move between temporary sleeping arrangements. The Texas Education Agency (TEA) has resources to help parents and unaccompanied youth, including the Texas Education for Homeless Children and Youth (TEHCY) Program; the National Runaway Safeline (NRS) free, 24/7 crisis hotline for youth experiencing homelessness; and the Child and Adult Care Food Program (CACFP) which provides free meals to eligible homeless youth.

Data for the homeless student population in the tables below is from the 2022-2023 and 2023-2024 school years. In comparing the 2022-2023 and the 2023-2024 school years, Zapata County saw the highest increase in the number of students facing homelessness with a 27.2% increase. Nueces County also saw an increase at a rate of 10% higher than the previous school year.

2023-2024 Youth Homeless Rates

County Name	ESC Region	Total Enrollment	Total Homeless	Homeless Rate per 1,000
Aransas	2	2,968	229	77.2
Bee	2	5,165	86	16.7
Brooks	1	1,244	25	20.1
Cameron	1	85,752	2,268	26.4
Duval	2	2,686	--	--
Hidalgo	1	265,094	3,334	12.6
Jim Hogg	1	1,000	19	19
Jim Wells	2	7,544	153	20.3
Kenedy	2	130	0	0
Kleberg	2	4,546	--	--
Live Oak	2	1,649	--	--
McMullen	2	271	0	0
Nueces	2	56,517	1,425	25.2
Refugio	3	1,234	22	17.8
San Patricio	2	13,923	187	13.4
Starr	1	15,577	218	14
Webb	1	62,309	607	9.7
Willacy	1	3,983	101	25.4
Zapata	1	3,359	208	61.9
Texas		**5,531,236**	**77,755**	**14.1**

2022-2023 Homeless Rates

County Name	ESC Region	Total Enrollment	Total Homeless	Homeless Rate per 1,000
Aransas	2	3,044	265	87.1
Bee	2	5,096	73	14.3
Brooks	1	1,285	30	23.3
Cameron	1	87,193	2,026	23.2
Duval	2	2,603	--	--
Hidalgo	1	263,859	2,479	9.4
Jim Hogg	1	1,072	--	--

Jim Wells	2	7,614	113	14.8
Kenedy	2	98	0	0
Kleberg	2	4,650	16	3.4
McMullen	2	282	0	0
Nueces	2	57,052	867	15.2
Refugio	3	1,225	21	17.1
San Patricio		13,935	207	14.9
Starr	1	15,802	123	7.8
Webb	1	62,773	789	12.6
Willacy	1	3,976	90	22.6
Zapata	1	3,376	117	34.7
Texas		5,518,452	71,639	13

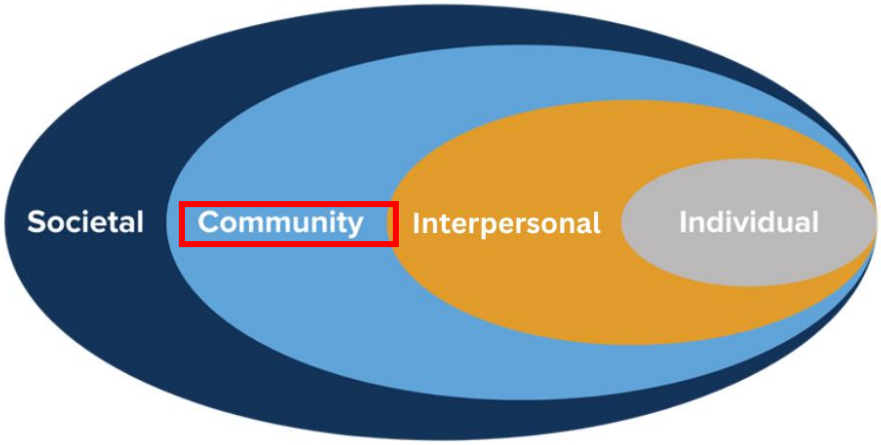
Source: TEXAS EDUCATION AGENCY PEIMS Student Program and Special Populations

Community Domain

The second of four domains, the community domain focuses on social and physical factors that indirectly influence youth including educational attainment of the community, community access to healthcare, community environments that youth engage with, and community conditions like the physical built environment, and retail access to substances.

While the societal domain looks at laws, policies, and rates that slowly change over time or after long deliberation, the community domain looks at how populations access resources or are limited by those laws and policies. Community change can happen faster than social change and is more easily influenced by the smaller domains.

This section will assess community education levels, arrests and crime for adults and youth, access to health insurance, substance access via retailer density, school substance use infractions, and protective factors (social associations, prescription schedules, and mental health providers)



Educational Attainment of Community

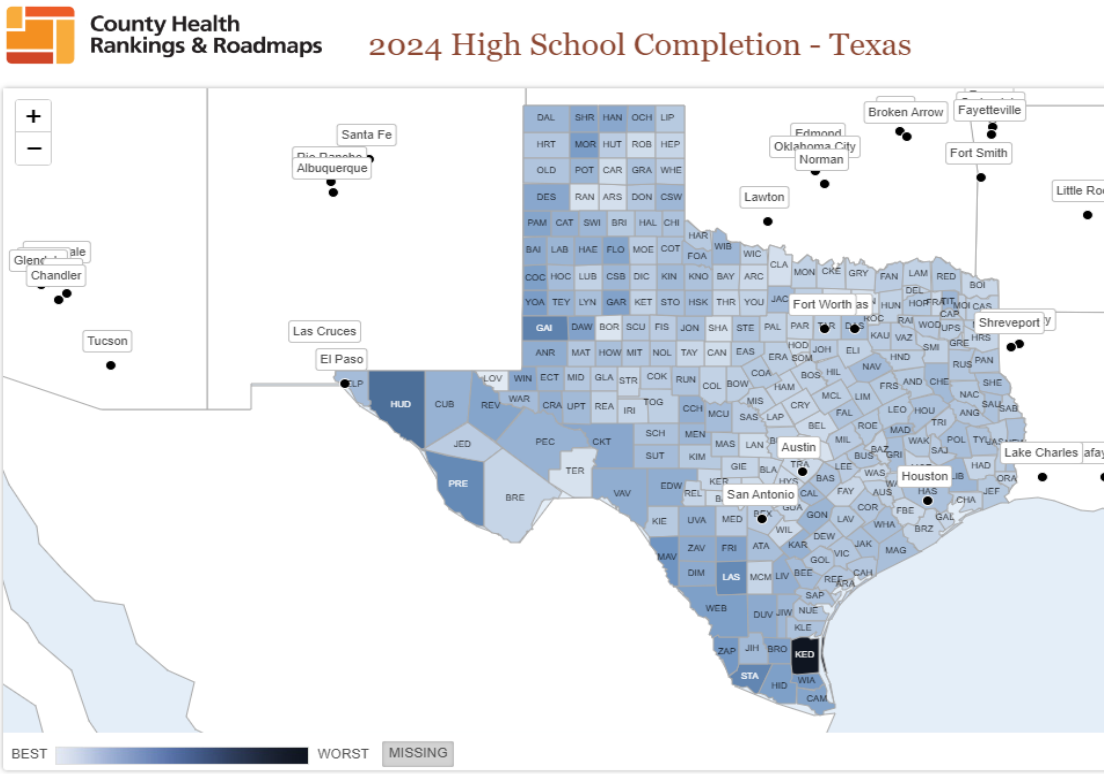
High School Completion

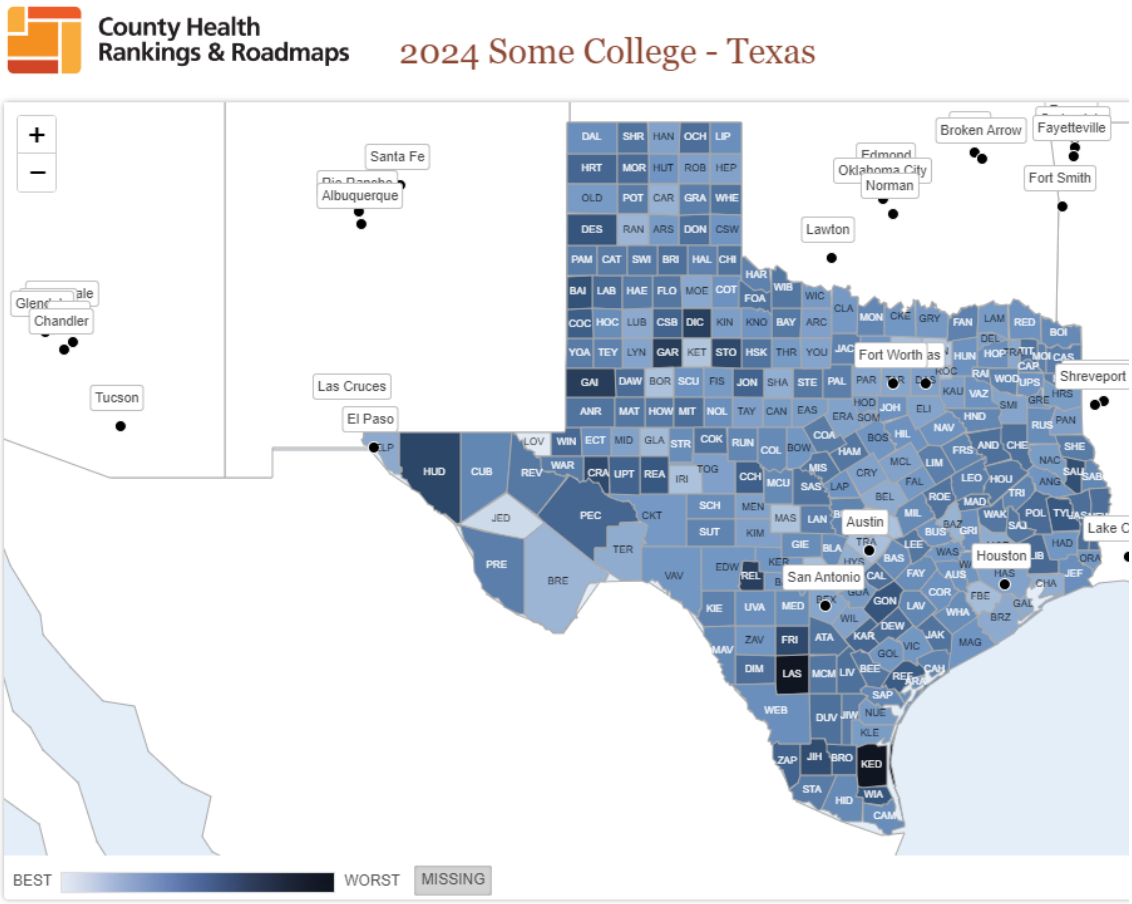
Educational attainment refers to the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending.

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.

The maps below illustrate high school completion and some college data for adults in Texas, by county. In Texas, 85% of adults (age 25 or older) had a high school degree or equivalent, such as a GED. This ranged from 33% to 97% of adults across counties in the state. Data reflects the 2018-2022 period.

Source: 2024 Annual Data Release, County Health Rankings & Roadmaps





Source: 2024 Annual Data Release, County Health Rankings & Roadmaps

Region	Total Population 18 to 24 years	Percentage of Population 18-24 Less than high school	Percentage of Population 18-24 High school graduate	Percentage of Population 18-24 Some college or associate's degree	Percentage of Population 18-24 Bachelor's degree or higher
Aransas	835	19.28%	15.21%	48.14%	17.37%
Bee	3111	14.18%	38.22%	35.13%	12.47%
Brooks	568	19.01%	14.26%	62.50%	4.23%
Cameron	47475	17.74%	38.61%	39.05%	4.60%
Duval	1059	31.63%	43.53%	24.83%	0.00%
Hidalgo	100308	17.02%	32.73%	44.37%	5.88%
Jim Hogg	832	55.53%	13.82%	27.76%	2.88%
Jim Wells	3648	21.74%	44.96%	31.09%	2.22%
Kenedy	1	100.00%	0.00%	0.00%	0.00%
Kleberg	6129	7.57%	19.92%	60.32%	12.19%
Live Oak	873	28.06%	25.32%	46.62%	0.00%

McMullen	27	0.00%	22.22%	77.78%	0.00%
Nueces	36305	14.19%	37.24%	41.91%	6.66%
Refugio	498	36.95%	34.94%	28.11%	0.00%
San Patricio	6204	14.97%	45.92%	32.91%	6.19%
Starr	7773	12.67%	30.04%	47.99%	9.30%
Webb	31635	14.39%	36.47%	42.86%	6.28%
Willacy	2497	27.67%	47.38%	22.31%	2.64%
Zapata	1451	19.71%	44.93%	23.91%	11.44%

Source: U.S. Census Bureau (2022). 2018-2022 American Community Survey 5-Year

Community Conditions

The influence of the environment, especially during childhood, is a very important factor. Parents or older family members who use 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.[24]

Alcohol Related Arrests

Substance use 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 use one of the most complex public health issues. Estimates of the total overall costs of substance use 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.[25]

Figures and tables below highlight the total numbers of alcohol related arrests for the adult population as well as the rate per 100k population for the year 2022 in region 11. There was a total of 8,566 alcohol related arrests or a rate of 381.3 per 100k population in 2022. These include (DUI, Drunkenness and Liquor Law Violations).

[24] 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.

[25] 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.

It is important to note the steady and progressive yearly decrease in the number of arrests related to alcohol since 2018. The number continues to reduce into 2023, showing an important improvement worth highlighting.

Alcohol related arrests by year in region 11, 2023.

Year	Population	Alcohol Related Arrests
2018	2,246,397	17,690
2019	2,246,397	13,388
2020	2,246,397	12,164
2021	2,246,397	10,562
2022	2,246,397	8,566
2023	2,246,397	6.646

Source: Texas Department of Public Safety's Uniform Crime Reporting

2023 Alcohol related arrests broken down by county in region 11.

County	Age Group	Total Population	Liquor Laws Related Arrests	Drunkenness Related Arrests	Total Alcohol Related Arrests
Aransas	Adult	20052	13	0	92
Aransas	Juvenile	1808	0	0	0
Bee	Adult	25391	0	17	71
Bee	Juvenile	2539	0	0	0
Brooks	Adult	5419	1	0	1
Brooks	Juvenile	762	0	0	0
Cameron	Adult	309226	64	45	924
Cameron	Juvenile	52253	3	0	3
Duval	Adult	7638	0	1	1
Duval	Juvenile	978	0	0	0
Hidalgo	Adult	624723	179	1371	3504
Hidalgo	Juvenile	112276	12	24	45
Jim Hogg	Adult	3583	0	1	2
Jim Hogg	Juvenile	588	0	0	0
Jim Wells	Adult	29209	0	23	57
Jim Wells	Juvenile	4380	0	0	0
Kenedy	Adult	272	0	0	0
Kenedy	Juvenile	46	0	0	0
Kleberg	Adult	24214	1	4	68
Kleberg	Juvenile	2975	0	0	0
Live Oak	Adult	9400	7	0	17
Live Oak	Juvenile	813	0	0	0

Mcmullen	Adult	489	0	0	0
Mcmullen	Juvenile	44	0	0	0
Nueces	Adult	274993	111	12	1001
Nueces	Juvenile	34451	21	0	23
Refugio	Adult	5325	4	1	16
Refugio	Juvenile	656	0	0	0
San Patricio	Adult	52374	22	85	285
San Patricio	Juvenile	7414	1	3	4
Starr	Adult	47371	5	0	11
Starr	Juvenile	8196	1	0	1
Webb	Adult	191594	6	0	496
Webb	Juvenile	34313	0	0	1
Willacy	Adult	15766	0	0	8
Willacy	Juvenile	2025	0	0	0
Zapata	Adult	9817	1	2	15
Zapata	Juvenile	1813	0	0	0

Source: Texas Department of Public Safety's Uniform Crime Reporting

Drug Related Arrests

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

- 80% of offenders use 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.[26]

In 2022, the Sheriff's Office and city agencies reported a total of 9,339 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.*

[26] 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.

Number of drug related arrests in Region 11 from 2019 to 2023.

Year	Population	Drug Abuse Violations	Rate per 100k
2018	2,246,397	12,716	566
2019	2,246,397	10,087	449
2020	2,246,397	9,084	404
2021	2,246,397	8,899	396
2022	2,246,397	9,339	416

Source: Texas Department of Public Safety's Uniform Crime Reporting

Number of drug related arrests in region 11 broken down by county from 2019 to 2023.

County	Population	Drug Related Violations	Rate per 100k
Aransas	23,830	118	495
Bee	31,047	90	290
Brooks	7,076	0	0
Cameron	421,017	1,211	288
Duval	9,831	13	132
Hidalgo	870,781	3,086	354
Jim Hogg	4,838	7	145
Jim Wells	38,891	357	918
Kenedy	350	9	2,571
Kleberg	31,040	165	532
Live Oak	11,335	16	141
McMullen	600	289	48,167
Nueces	353,178	2,716	769
Refugio	6,741	63	935
San Patricio	68,755	237	345
Starr	65,920	96	146
Webb	267,114	808	302
Willacy	20,164	54	268
Zapata	13,889	4	29
Region 11	2,246,397	9,339	416

Source: Texas Department of Public Safety's Uniform Crime Reporting

Violent Crime and Property 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.

"The data available via the portal is reported in either a Summary Reporting System (SRS) or National Incident Based Reporting System (NIBRS) format. Users may search the portal for either SRS data from 1981 to current year and NIBRS data from 1995 to current year. The FBI sunset Summary reporting (SRS) at the end of 2020, and the more detailed NIBRS data is the only submission method accepted since January 1, 2021. While data from NIBRS agencies will be converted and included in SRS search results, NIBRS specific queries will return data sets derived only from NIBRS contributors.

It is important to note that the CIT publication is a historical "point in time" document that reflects crime statistics reported to the program up to the time of publication. Crime data available through the CIT Online Portal is dynamic and reflects data that may have been reported to the program after the publication date for the CIT publication. Because of the possibility for continuous updates to the data available in the portal, users must be aware that statistics from the Portal may not align with statistics published in the CIT publication for the same given time period."

Crime rate – A crime rate describes the number of crimes reported to law enforcement agencies for every 100,000 persons within a population. A crime rate is calculated by dividing the number of reported crimes by the total population. The result is then multiplied by 100,000.

(NOTE: Multiplying our rate by 100,000 does not really change its size. This is simply a statistical tradition, which allows our local rates to be compared to other rates around the world.)

2023 Violent Crime and Property Crime Rates by county in Region 11

County	Age Group	Total Pop	Murder and Nonnegligent Manslaughter	Rape	Aggravated Assault	Burglary - Breaking or Entering	Violent and Property	Violent and Property per 100k
Aransas	Adult	20052	0	12	31	10	152	758.03
Aransas	Juvenile	1808	0	1	2	0	6	331.86
Bee	Adult	25391	0	0	18	11	51	200.86
Bee	Juvenile	2539	0	0	1	0	1	39.39
Brooks	Adult	5419	0	0	11	0	12	221.44
Brooks	Juvenile	762	0	0	0	0	0	0
Cameron	Adult	309226	11	23	351	132	1494	483.14
Cameron	Juvenile	52253	0	1	36	13	133	254.53
Duval	Adult	7638	0	3	7	1	18	235.66
Duval	Juvenile	978	0	0	2	4	7	715.75
Hidalgo	Adult	624723	25	63	555	199	2591	414.74
Hidalgo	Juvenile	112276	0	15	67	46	349	310.84
Jim Hogg	Adult	3583	0	0	3	3	6	167.46
Jim Hogg	Juvenile	588	0	0	0	0	0	0
Jim Wells	Adult	29209	1	1	71	24	174	595.71

Jim Wells	Juvenile	4380	1	1	11	3	27	616.44
Kenedy	Adult	272	0	0	0	0	0	0
Kenedy	Juvenile	46	0	0	0	0	0	0
Kleberg	Adult	24214	0	1	31	9	72	297.35
Kleberg	Juvenile	2975	0	0	4	0	10	336.13
Live Oak	Adult	9400	0	0	4	1	8	85.11
Live Oak	Juvenile	813	0	0	1	0	1	123
Mcmullen	Adult	489	0	0	0	0	0	0
Mcmullen	Juvenile	44	0	0	0	0	0	0
Nueces	Adult	274993	14	11	397	93	1435	521.83
Nueces	Juvenile	34451	2	0	37	5	180	522.48
Refugio	Adult	5325	0	0	5	4	25	469.48
Refugio	Juvenile	656	0	0	0	0	2	304.88
San Patricio	Adult	52374	0	2	36	10	229	437.24
San Patricio	Juvenile	7414	0	0	1	9	20	269.76
Starr	Adult	47371	2	2	26	8	81	170.99
Starr	Juvenile	8196	0	0	2	1	8	97.61
Webb	Adult	191594	9	9	190	70	608	317.34
Webb	Juvenile	34313	0	0	17	13	84	244.81
Willacy	Adult	15766	9	1	24	10	67	424.97
Willacy	Juvenile	2025	0	0	1	3	4	197.53
Zapata	Adult	9817	0	0	1	1	10	101.86

Source: Texas Department of Public Safety's Uniform Crime Reporting

Juvenile Probation

Juvenile Violent Crime Arrests

Violent Juvenile Crimes (e.g. assault and battery, aggravated assault, weapon possession on school grounds, or unlawful possession of a firearm).

Table below shows the rate per 100,000 of total arrests of children age 10 to 17 for the offenses of murder, manslaughter, forcible rape, robbery, and aggravated assault.

County	Population	Murder & Non-negligent Homicide (Rate per 100k children ages 10-17)	Manslaughter by Negligence) (Rate per 100k children ages 10-17)	Rape (Rate per 100k children ages 10-17)	Robbery (Rate per 100k children ages 10-17)	Aggravated Assault (Rate per 100k children ages 10-17)
Aransas	1,749	0.0	0	57.2	228.7	57.2
Bee	2,732	0.0	0	0.0	0.0	36.6
Brooks	735	0.0	0	0.0	0.0	0.0

Cameron	49,677	0.0	0	2.0	32.2	136.9
Duval	1,118	0.0	0	0.0	0.0	178.9
Hidalgo	108,102	1.9	0	11.1	21.3	68.5
Jim Hogg	652	0.0	0	0.0	0.0	0.0
Jim Wells	4,447	0.0	0	0.0	45.0	404.8
Kenedy	37	0.0	0	0.0	0.0	0.0
Kleberg	2,920	0.0	0	0.0	0.0	171.2
Live Oak	950	0.0	0	0.0	0.0	105.3
McMullen	63	0.0	0	0.0	0.0	3174.6
Nueces	34,868	2.9	0	5.7	48.8	143.4
Refugio	640	0.0	0	0.0	0.0	0.0
San Patricio	7,048	0.0	0	0.0	0.0	99.3
Starr	7,529	0.0	0	26.6	0.0	53.1
Webb	33,747	5.9	0	11.9	20.7	124.5
Willacy	1,952	0.0	0	0.0	204.9	51.2
Zapata	1,866	0.0	0	0.0	0.0	0.0
Region 11	298,691	1.7	0	7.4	24.4	92.4

Source: Uniform Crime Report

Year	Population	Murder and Non-negligent Homicide	Manslaughter by Negligence	Rape	Robbery	Aggravated Assault
2018	260,832	2.7	0.77	15.7	34.5	111.6
2019	260,832	2.3	0.38	11.9	41.0	108.1
2020	260,832	2.7	0.77	11.1	27.2	82.8
2021	260,832	1.5	0.00	10.0	23.0	77.8
2022	260,832	1.9	0.00	8.4	28.0	105.8

Source: Uniform Crime Report

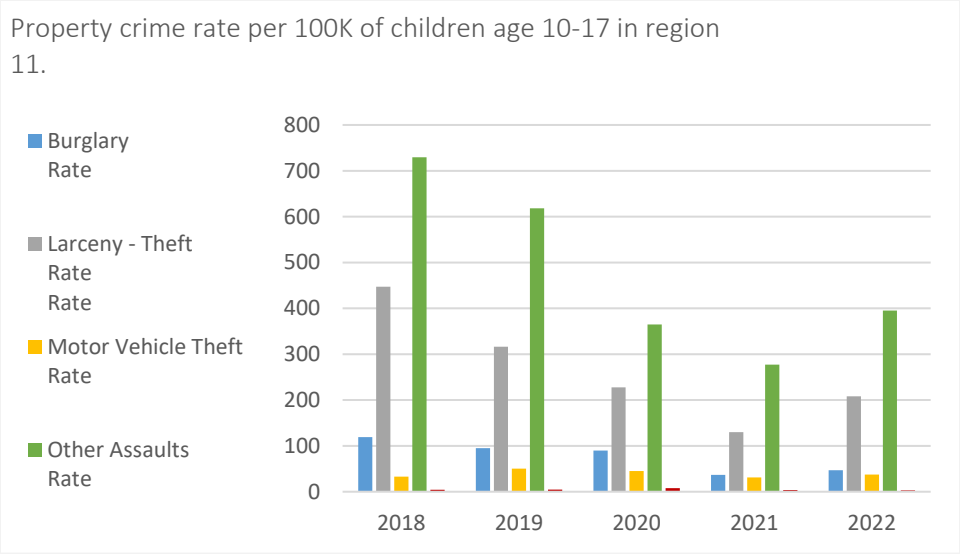
Property Crime Arrests

Juvenile Theft/Property Crimes (e.g. theft, arson, vandalism, shoplifting, dealing in stolen property)

Rate per 100k of total arrests of children age 10-17 broken down by year and by offense in region 11.

Year	Population	Burglary Rate	Larceny – Theft Rate	Motor Vehicle Theft Rate	Other Assaults Rate	Arson Rate
2018	260,832	119	447	33	730	4
2019	260,832	95	316	50	618	5
2020	260,832	90	228	45	365	8
2021	260,832	37	130	31	277	3
2022	260,832	47	208	38	395	3

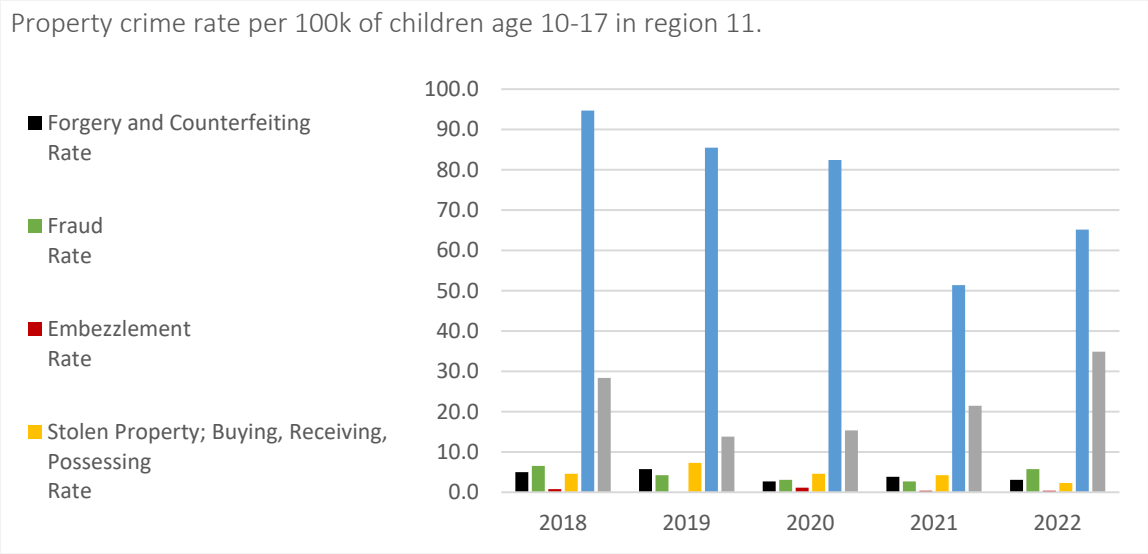
Source: Uniform Crime Report



Rate per 100k of total arrests of children age 10-17 broken down by county and by offense in region 11, 2022.

Year	Population	Forgery and Counterfeiting Rate	Fraud Rate	Embezzlement Rate	Stolen Property; Buying, Receiving, Possessing Rate	Vandalism Rate	Weapons; Carrying, Possessing, etc. Rate
2018	260,832	5.0	6.5	0.8	4.6	94.7	28.4
2019	260,832	5.8	4.2	0.0	7.3	85.5	13.8
2020	260,832	2.7	3.1	1.2	4.6	82.4	15.3
2021	260,832	3.8	2.7	0.4	4.2	51.4	21.5
2022	260,832	3.1	5.8	0.4	2.3	65.2	34.9

Source: Uniform Crime Report



Rate per 100k of total arrests of children age 10-17 broken down by county and by offense in region 11, 2022.

County	Population	Burglary Rate	Larceny - Theft Rate	Motor Vehicle Theft Rate	Other Assaults Rate	Arson Rate
Aransas	1,749	0	286	114	286	0.0
Bee	2,732	37	0	0	256	0.0
Brooks	735	136	0	0	0	0.0
Cameron	49,677	70	240	34	457	0.0
Duval	1,118	0	268	0	179	0.0
Hidalgo	108,102	31	183	20	307	0.0
Jim Hogg	652	0	0	0	0	0.0
Jim Wells	4,447	67	450	112	1,417	0.0
Kenedy	37	0	0	0	0	0.0
Kleberg	2,920	548	274	137	377	0.0
Live Oak	950	105	0	105	105	0.0
McMullen	63	1,587	6,349	4,762	17,460	0.0
Nueces	34,868	54	333	95	370	14.3
Refugio	640	0	0	469	0	0.0
San Patricio	7,048	85	57	28	411	0.0
Starr	7,529	0	106	0	133	13.3
Webb	33,747	18	172	18	563	5.9
Willacy	1,952	0	0	0	615	0.0
Zapata	1,866	0	0	0	107	0.0
Region 11	260,832	47	208	38	395	3.1

Source: Uniform Crime Report

Rate per 100k of total arrests of children age 10-17 broken down by year and by offense in region 11.

Year	Population	Forgery and Counterfeiting Rate	Fraud Rate	Embezzlement Rate	Stolen Property; Buying, Receiving, Possessing Rate	Vandalism Rate	Weapons; Carrying, Possessing, etc. Rate
Aransas	1,749	0.0	0.0	0.0	0.0	457.4	0
Bee	2,732	0.0	0.0	0.0	0.0	36.6	37
Brooks	735	0.0	0.0	0.0	0.0	0.0	0
Cameron	49,677	2.0	10.1	0.0	8.1	106.7	18
Duval	1,118	0.0	0.0	0.0	0.0	89.4	0
Hidalgo	108,102	5.6	3.7	0.0	0.9	47.2	22
Jim Hogg	652	0.0	0.0	0.0	0.0	0.0	0
Jim Wells	4,447	0.0	0.0	0.0	0.0	202.4	67
Kenedy	37	0.0	0.0	0.0	0.0	0.0	0
Kleberg	2,920	0.0	34.2	0.0	0.0	137.0	34
Live Oak	950	0.0	0.0	0.0	0.0	0.0	0
McMullen	63	0.0	0.0	0.0	1587.3	3174.6	6,349
Nueces	34,868	2.9	5.7	0.0	0.0	34.4	52
Refugio	640	0.0	0.0	0.0	0.0	0.0	313
San Patricio	7,048	0.0	28.4	0.0	0.0	85.1	28
Starr	7,529	0.0	0.0	0.0	0.0	13.3	0
Webb	33,747	0.0	3.0	3.0	0.0	59.3	80
Willacy	1,952	0.0	0.0	0.0	0.0	102.5	0
Zapata	1,866	0.0	0.0	0.0	0.0	0.0	0
Region 11	260,832	3.1	6	0	2	65	35

Source: Uniform Crime Report

Rate per 100k of total arrests of children age 10-17 broken down by county and by offense in region 11, 2022.

County	Population	Drug Abuse Violation Rate per 100k	DUI Rate per 100k	Liquor Laws Rate per 100k	Drunkenness Rate per 100k
Aransas	1,749	0	57	0	0.0
Bee	2,732	293	0	0	36.6
Brooks	735	0	0	0	0.0
Cameron	49,677	751	8	18	6.0
Duval	1,118	89	0	0	0.0

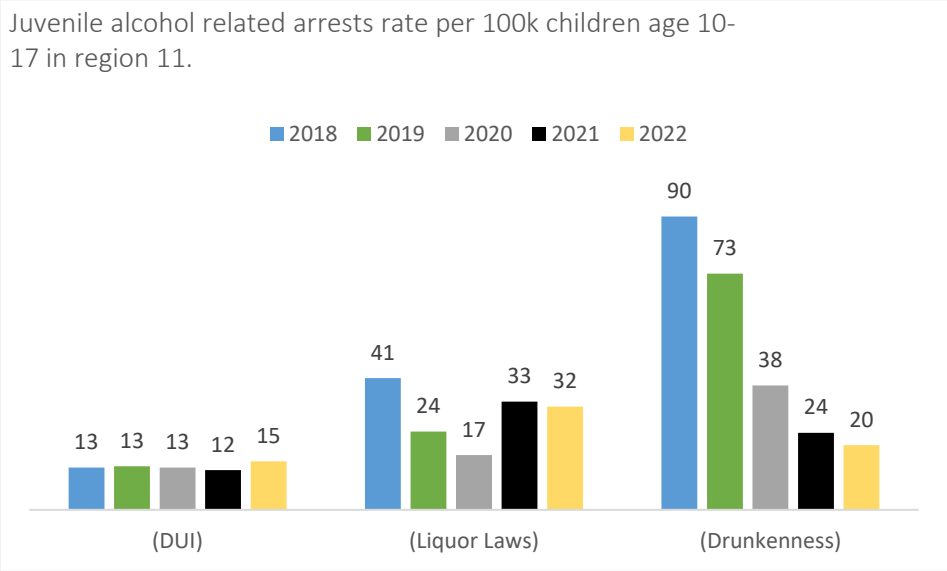
Hidalgo	108,102	361	17	19	41.6
Jim Hogg	652	0	0	0	0.0
Jim Wells	4,447	1,754	0	0	22.5
Kenedy	37	0	0	0	0.0
Kleberg	2,920	993	0	34	0.0
Live Oak	950	0	0	105	0.0
McMullen	63	25,397	1,587	0	0.0
Nueces	34,868	353	29	112	0.0
Refugio	640	313	0	0	0.0
San Patricio	7,048	667	57	156	28.4
Starr	7,529	903	0	27	0.0
Webb	33,747	373	3	0	0.0
Willacy	1,952	615	0	0	0.0
Zapata	1,866	54	0	0	0.0
Region 11	260,832	488	15	32	19.9

Source: Uniform Crime Report

Rate per 100k of total alcohol arrests of children age 10-17 by offense by year in region 11.

Year	Population	(DUI)	(Liquor Laws)	(Drunkenness)
2018	260,832	13	41	90
2019	260,832	13	24	73
2020	260,832	13	17	38
2021	260,832	12	33	24
2022	260,832	15	32	20

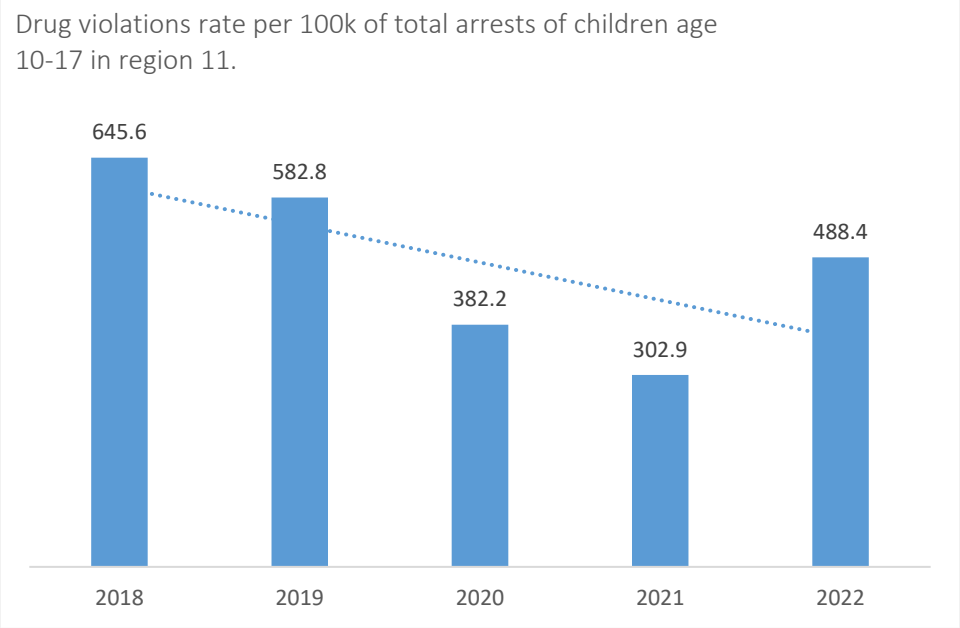
Source: Uniform Crime Report



Rate per 100k of total drug arrests of children age 10-17 by year in region 11.

Year	Population	Total	Drug Violations Rate
2018	260,832	1,684	645.6
2019	260,832	1,520	582.8
2020	260,832	997	382.2
2021	260,832	790	302.9
2022	260,832	1,274	488.4

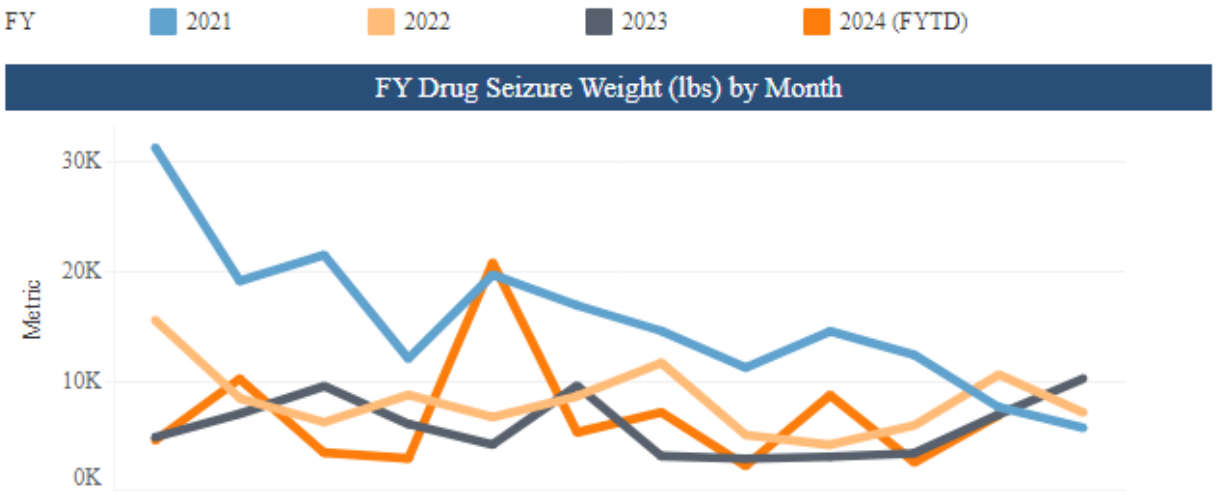
Source: Uniform Crime Report



Drug Seizures

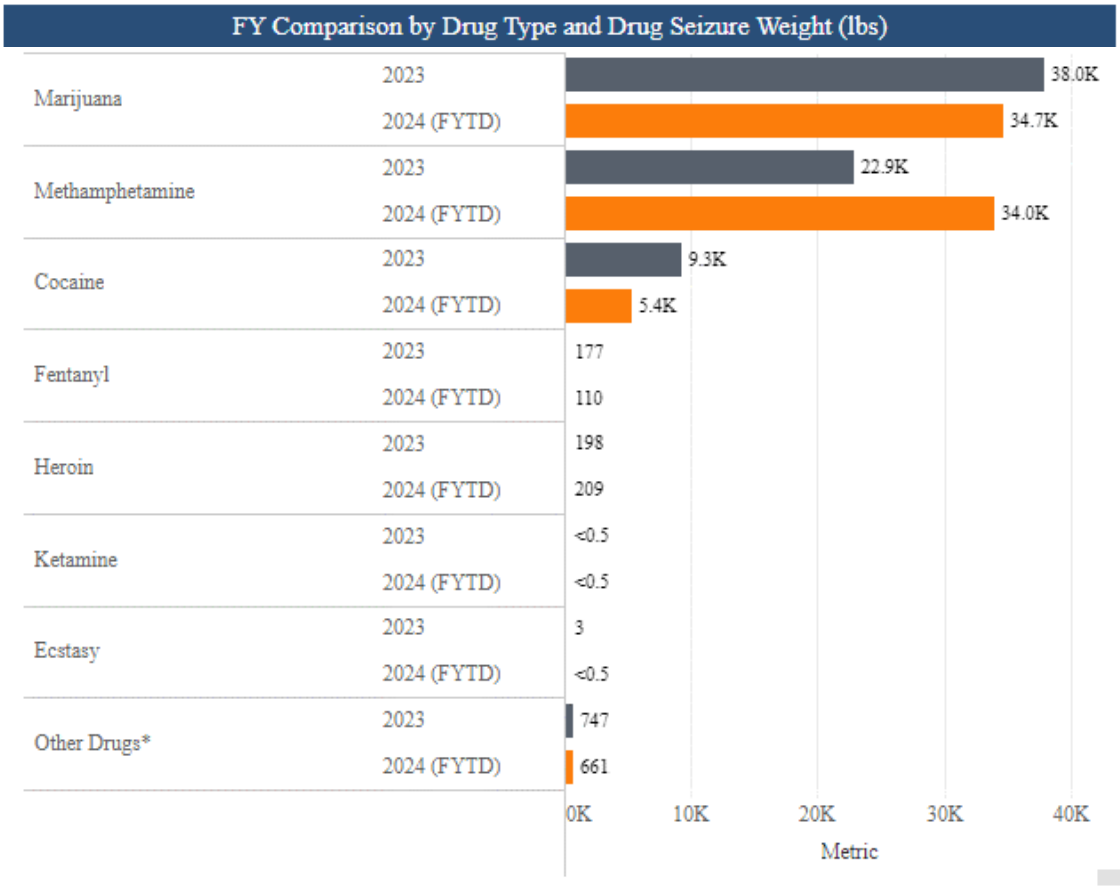
Region 11 has 17 of the 28 ports of entry to Mexico in Texas making this region at highest risk for drug and trafficking related crimes. The US Border Patrol Hidalgo District has the most ports of entry in Region 11 with 7 ports found along the county's southern border.

FY21-FY24 YTD Southwest Border Seizures



	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	Total
2024 (FYTD)	4.6K	10.2K	3.5K	3.0K	20.8K	5.3K	7.2K	2.3K	8.7K	2.6K	6.9K		75.1K
2023	4.9K	7.0K	9.5K	6.1K	4.2K	9.6K	3.2K	2.9K	3.1K	3.4K	7.0K	10.2K	71.3K
2022	15.6K	8.5K	6.3K	8.7K	6.7K	8.6K	11.7K	5.1K	4.2K	6.0K	10.6K	7.2K	99.1K
2021	31.3K	19.1K	21.5K	12.1K	19.7K	16.9K	14.6K	11.2K	14.6K	12.4K	7.6K	5.8K	187K

Source: USBP and OFO Official year end reporting for FY21-FY23. USBP and OFO month end reporting for FY24 to date.



Source: USBP and OFO Official year end reporting for FY21-FY23. USBP and OFO month end reporting for FY24 to date.
Note: *Drug type(s) not listed in the chart indicate the drug was not seized in the area of responsibility during the indicated timeframe. Drug type(s) with a "<0.5" value indicate quantities of less than one pound seized in the area of responsibility during the indicated timeframe. The Methamphetamine drug type includes Methamphetamine, Liquid Methamphetamine, and Crystal Methamphetamine. "Other Drugs" category for OFO includes but is not limited to: Amphetamine, Ephedrine, Hashish, Marijuana Plants.*

Health Care/Service System

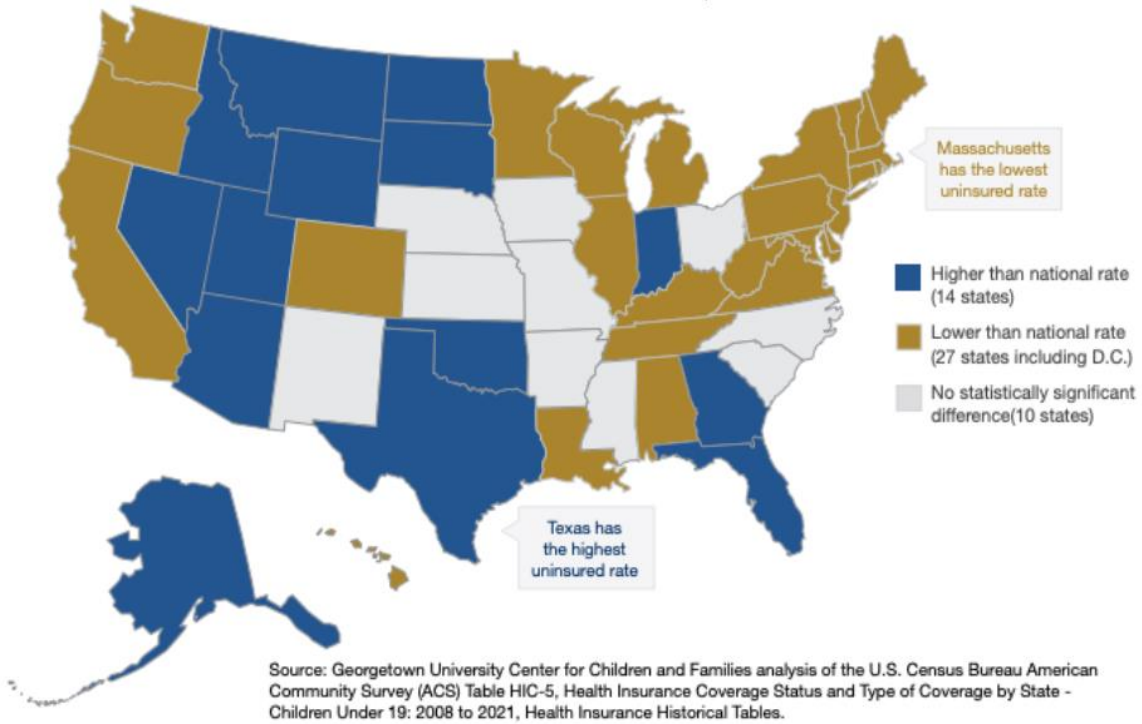
Health insurance is considered a key driver of health status. It is important because a lack of insurance can be a barrier to accessing healthcare such as primary care, specialty care, and other health services that contribute to poor health status. People who are uninsured are up to four times less 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]

[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.

Uninsured Children

Drawing on data from the Census Bureau's American Community Survey, the report found that the number of uninsured Texas children fell from 995,000 in 2019 to 930,000 in 2021 as Texas and other states received federal funding under the PHE to allow children to remain enrolled in Medicaid without renewing their coverage. Texas' children's uninsured rate fell from 12.7% in 2019 to 11.8% in 2021 — a children's uninsured rate that ranks 51st in the nation and is more than twice the national average of 5.4%.

Figure 3. States with Higher and Lower Rates of Uninsured Children than the National Rate, 2021



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2021, Health Insurance Historical Tables.

Tables below provides information on the percentage of children (under age 19) and Adults (under age 65) without health insurance in region 11 in 2023. The percent of uninsured population under 19 years old is 13.2% and 28.8 % for uninsured adults under the age of 65 years.

Percent of uninsured and insured children broken down by county in region 11.

Name	Demographic Group Number	Uninsured Number	Uninsured %	Insured Number	Insured %
Aransas	4,700	574	12.2%	4126	87.8%
Bee	6,322	589	9.3%	5733	90.7%
Brooks	1,853	142	7.7%	1711	92.3%
Cameron	123,785	12,725	10.3%	111060	89.7%
Duval	2,511	247	9.8%	2264	90.2%
Hidalgo	278,023	34,550	12.4%	243473	87.6%
Jim Hogg	1,412	164	11.6%	1248	88.4%
Jim Wells	10,734	1,049	9.8%	9685	90.2%
Kenedy	65	21	32.3%	44	67.7%
Kleberg	7,358	835	11.3%	6523	88.7%
Live Oak	2,236	303	13.6%	1933	86.4%
McMullen	134	16	11.9%	118	88.1%
Nueces	86,488	7,734	8.9%	78754	91.1%
Refugio	1,524	178	11.7%	1346	88.3%
San Patricio	18,757	1,839	9.8%	16918	90.2%
Starr	21,366	2,274	10.6%	19092	89.4%
Webb	84,793	9,329	11.0%	75464	89.0%
Willacy	4,901	430	8.8%	4471	91.2%
Zapata	4,472	431	9.6%	4041	90.4%
Region 11	661,434	73,430	11.7%	588,004	88.3%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2018-2023

Uninsured Adults 19-64

Almost 1 out of every 5 Texans was uninsured in 2021. That's according to the Census Bureau's 2021 American Community Survey 1-year estimates.

Quick Facts

- 4.76 million Texans (all ages) were uninsured in 2022, meaning 18.8% of Texans were uninsured.
- Texas is the state with both the largest number and percentage of uninsured residents in the United States. Texans make up 9% of the U.S. population, but 19% of the country's uninsured population.
- Texas has the worst uninsured rate by a big margin: Texas' 18.8% uninsured rate is 4.2 percentage points worse than Oklahoma's, the next-highest rate. The U.S. 2021 uninsured rate is 8.4%.
- Nearly 1 in 4 working-age Texans 19-64 is uninsured, making up the biggest share of Texas' uninsured, with younger adults at the highest likelihood of being uninsured.
- Texas children and youth (under 19) are more than twice as likely as U.S. kids overall to be uninsured: 11.8%, compared to 5.4% for the U.S. Only one other state (WY) has a child

uninsured rate in double digits. Texas' last-place rank is despite our child uninsured rate improving from 12.7% in 2019.

- Nearly 850,000 Texas children were uninsured in 2022, and the Census estimates 495,000 of those had incomes below two times the Federal Poverty Income Level.
- A much larger share of Texans who identify as Hispanic are uninsured. The gaps in coverage rates among racial and ethnic groups are much smaller for Texas children than for adults, because public insurance from Medicaid and CHIP is available for lower-income children (but not for adults).
- 34% of Hispanic working-aged Texas adults (ages 19-64) are uninsured — more than three times the rate of non-Hispanic white working-age Texans (11%).
- 16% of Hispanic Texas children are uninsured, compared to 8% of non-Hispanic white children lacking coverage.
- Black working-age adults also have a much higher chance of being uninsured, at 18%.
- Asian-American children and Black children in Texas have uninsured rates near those of non-Hispanic whites: 7% for Asian children and 9% for Black children.

Percent of uninsured adults under 65 broken down by county in region 11.

County	Under 65 Total Pop.	Under 65 Total Uninsured	%
Aransas	17,519	4,069	23.2
Bee	19,617	3,441	17.5
Brooks	5,622	1,187	21.1
Cameron	357,584	107,549	30.1
Duval	7,525	1,755	23.3
Hidalgo	764,566	245,026	32
Jim Hogg	3,956	844	21.3
Jim Wells	32,332	7,030	21.7
Kenedy	272	126	46.3
Kleberg	25,242	5,308	21
Live Oak	7,984	1,880	23.5
McMullen	454	97	21.4
Nueces	293,503	62,094	21.2
Refugio	5,176	1,025	19.8
San Patricio	58,562	12,102	20.7
Starr	56,995	16,527	29
Webb	235,900	70,027	29.7
Willacy	14,276	3,293	23.1
Zapata	11,891	3,128	26.3

Source: US Census Bureau, Small Area Health Insurance Estimates, 2018-2021

Remaining Challenges

Citizenship and Immigration status: 1.4 million out of 5 million uninsured Texans in 2021 were non-U.S. citizens — a mixture of both lawfully present and undocumented residents. Texas covers lawfully present immigrant children in Medicaid and CHIP, but the anti-

immigrant policies of the previous federal administration frightened many parents into withdrawing their children from coverage. Many undocumented parents still fear that enrolling even their U.S. citizen children in Medicaid or CHIP will prevent future lawful immigration and citizenship.[28]

To reduce the size of the non-citizen uninsured group, Texas must eliminate the barriers to covering lawfully present children and adults. This will require a strong state role in outreach and reassurance to get eligible lawfully present immigrant children enrolled, plus a change in Texas policy that today excludes nearly all lawfully present immigrant adults from Medicaid. Like other high-immigration states, Texas can pursue a comprehensive strategy to provide medical care to immigrants who lack lawful immigration status and are excluded from Medicaid, CHIP, and the Marketplace.

Retail Access

Alcohol Retail Density

Alcohol outlet density regulation is defined as applying regulatory authority to reduce or limit alcoholic beverage outlet density (the number of alcohol retailers such as bars, restaurants, and liquor stores in a given area). Regulation is often implemented through licensing or zoning processes.

A retail alcohol outlet is a licensed establishment that sells alcoholic beverages. Alcohol outlets are of two general types: on-premises alcohol outlets, which sell alcohol for consumption on-site; and off-premises alcohol outlets, which sell alcohol for consumption elsewhere. High alcohol outlet density, defined as having a high concentration of retail alcohol outlets in a small area, is an environmental risk factor for excessive drinking.[29]

The Goal of Alcohol Outlet Density Regulation

One significant goal of alcohol outlet density regulation is to reduce easy retail access of alcohol by underage youth. Reducing the density of alcohol outlets both decreases the availability of alcohol and lessens opportunities for drinkers to interact with one another. This, in turn, reduces excessive alcohol consumption and related harms, including violence and public nuisance activities.[30]

[28] U.S Census Bureau, 2021

[29] Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

[30] Best Practices in Municipal Regulation to Reduce Alcohol-Related Harms from Licensed Alcohol Outlets – Ventura County Behavioral Health. www.venturacountylimits.org

Why Alcohol Outlet Density Regulation is Important to Communities

Areas with higher alcohol outlet density have higher levels of heavy drinking and alcohol-related problems, including violence, crime, alcohol-involved traffic crashes, and injuries. Regulating alcohol outlet density, or the number of physical locations in which alcoholic beverages are available for purchase in a geographic area is an effective strategy for reducing excessive alcohol consumption and associated harms.[31] In addition, taking comprehensive and proactive steps to plan the number and location of alcohol outlets and to regulate how they are operated, while working collaboratively with alcohol retailers, can reduce alcohol problems, enhance the community's business environment, and contribute to overall community health and safety.

Table below shows the number of active alcohol retailer licenses for 2023 and partial 2024 in region 11.

Year	Number of Licenses	Population	Land Area	Licenses per 100k	Licenses per sq. mi.	licenses per 100 sq. mi.
2023	4259	2246397	21329.4	189.592	0.2	4259
2024	5085	2246397	21329.4	226.362	0.238	5085

Source: Texas Alcoholic Beverage Commission (TABC), 2018-2022

Number of active alcohol retail licenses broken down by county in region 11, 2023.

County	Number of Licenses	Population	Land Area	Licenses per 100k	Licenses per sq. mi.
Aransas	100	23830	252.1	419.639	0.397
Bee	66	31047	880.2	212.581	0.075
Brooks	18	7076	943.4	254.381	0.019
Cameron	754	421017	891.7	179.09	0.846
Duval	23	9831	1793.5	233.954	0.013
Hidalgo	1485	870781	1571	170.537	0.945
Jim Hogg	14	4838	1136.2	289.376	0.012
Jim Wells	112	38891	865.2	287.984	0.129
Kenedy	0	350	1458.6	0	0
Kleberg	74	31040	881.3	238.402	0.084
Live Oak	39	11335	1039.7	344.067	0.038
McMullen	6	600	1139.8	1000	0.005
Nueces	794	353178	839.1	224.816	0.946
Refugio	22	6741	770.5	326.361	0.029
San Patricio	149	68755	693.4	216.712	0.215
Starr	135	65920	1223.2	204.794	0.11

[31] Regulating Alcohol Outlet Density – An Action Guide – Community Anti-Drug Coalitions of America (CADCA) and The Center on Alcohol Marketing and Youth and the Johns Hopkins Bloomberg School of Public Health

Webb	394	267114	3361.5	147.503	0.117
Willacy	37	20164	590.6	183.495	0.063
Zapata	37	13889	998.4	266.398	0.037
Region 11	4259	2246397	21329.4	189.592	0.2

Source: Texas Alcoholic Beverage Commission (TABC), 2023

Tobacco Retail Density

There are approximately 375,000 tobacco retailers in the United States; to provide context, this means that for every one McDonald's restaurant, there are 27 tobacco retailers in the United States.[32] Based on these estimates, there are 1.5 tobacco retailers per 1,000 residents, and 6.9 retailers per 1,000 school-aged youth (i.e. between ages 5 and 17) in the contiguous United States.[33]

[32] Center for Public Health Systems Science. Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2014.
[33] Center for Public Health Systems Science. Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2014.

Cigarettes are sold in convenience stores more than any other type of store, and in 2018, more than half of current (past 30-day) youth who use tobacco products reported buying tobacco products as gas stations/convenience stores.[34] While less information is available about the number of retailers that only sell e-cigarettes, a 2016 regulatory analysis estimated that there are an additional 5,000- 10,000 selling only e-cigarettes.[35] Tobacco retailers are also heavily concentrated in certain areas, especially areas with high population density. Approximately 70 percent of tobacco retailers are located within 1,000 feet of one another, or less than 2 blocks apart.[36] A 2019 study across 30 U.S. cities found that, on average, 63% of public schools were located within 1,000 feet of a tobacco retailer, the lowest-income neighborhoods had nearly five times more tobacco retailers than the highest-income neighborhoods, and 70% of residents across the 30 cities lived within a half mile of a tobacco retailer.[37] A systematic review found that, like tobacco retailers in general, many e-cigarette retailers are located within a quarter mile of schools.[38] Variations in tobacco retailer concentration in certain communities may contribute to disparities in tobacco use.[39]

Table below shows the number of tobacco licenses and permits issued in region 11 for 2023 and partial 2024.

Year	Population	Sq. Miles	Number of Permits	Permits Per 100k
2023	2525827	21329	2568	194
2024	2,525,827	21,329	2,693	212

Source: Texas Comptroller 2024

Table below shows the number of tobacco licenses and permits issued per county in 2023 in region 11.

County	Population	Sq. Miles	Number of Permits	Permits Per 100k
Aransas	23830	252.1	40	167.86
Bee	31047	880.2	32	103.07
Brooks	7076	943.4	15	211.98
Cameron	421017	891.7	398	94.53

[34] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. 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, 2012.

[35] U.S. Department of Health and Human Services, Food and Drug Administration. Deeming Tobacco Products to be Subject to the Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act. Final Regulatory Impact Analysis, 2016. Accessed November 23, 2020. Available at: https://www.fda.gov/media/97875/download.

[36] Center for Public Health Systems Science. Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2014.

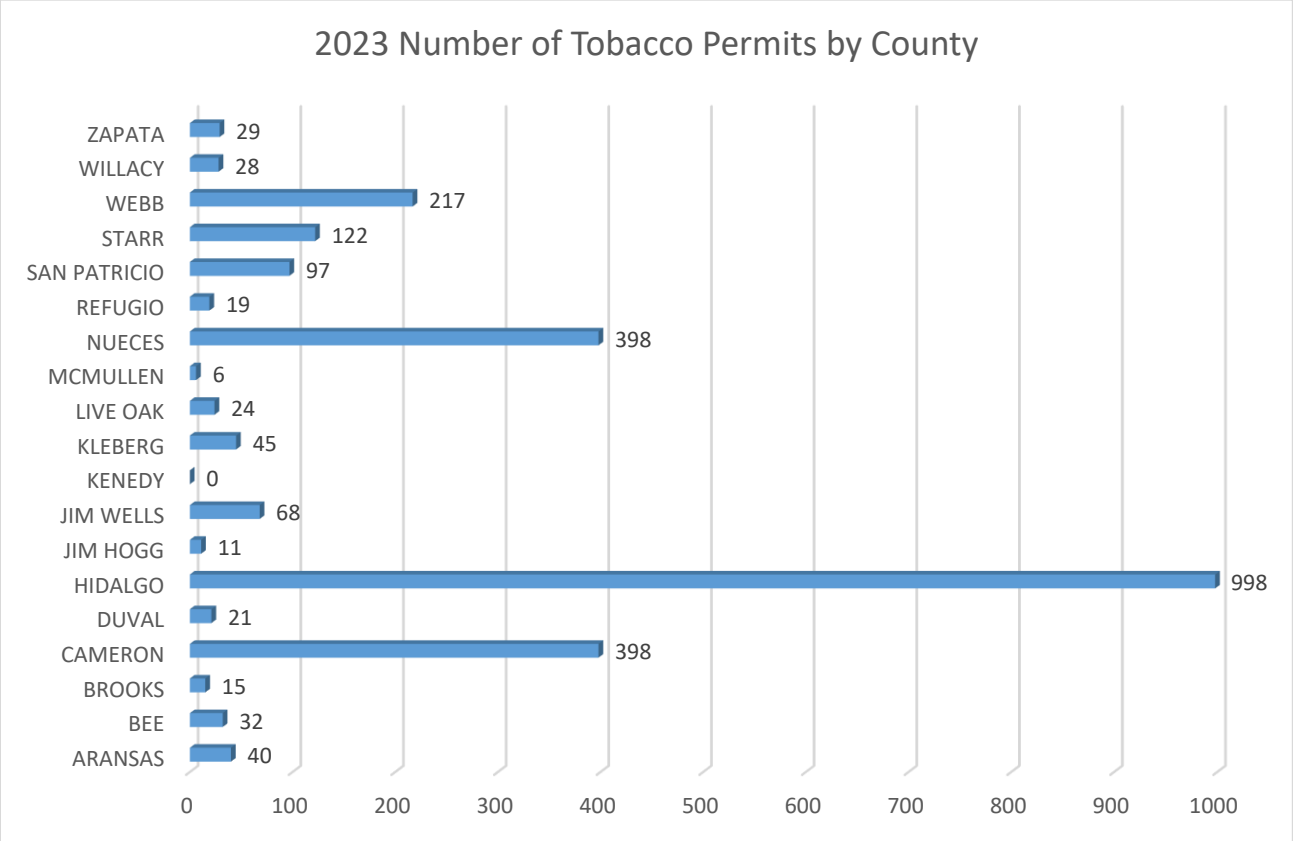
[37] Advancing Science & Practice in the Retail Environment. Executive Summary: Retail Tobacco Density & Access. Available http://aspirecenter.org/wp-content/uploads/2020/08/ASPiRE_RetailTobaccoDensityandAccess_ExecSumm.pdf Accessed November 14, 2020. List of 30 U.S. cities included available at: https://aspirecenter.org/

[38] Lee J, Orlan EN, Sewell KB, Ribisl KM. A new form of nicotine retailers: a systematic review of the sales and marketing practices of vape shops.

[39] Center for Public Health Systems Science. Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2014.

Duval	9831	1793.5	21	213.61
Hidalgo	870781	1571	998	114.61
Jim Hogg	4838	1136.2	11	227.37
Jim Wells	38891	865.2	68	174.85
Kenedy	350	1458.6	0	0
Kleberg	310470	881.3	45	14.49
Live Oak	11335	1039.7	24	211.73
McMullen	600	1139.8	6	1000
Nueces	353178	839.1	398	112.69
Refugio	6741	770.5	19	281.86
San Patricio	68755	693.4	97	141.08
Starr	65920	1223.2	122	185.07
Webb	267114	3361.5	217	81.24
Willacy	20164	590.6	28	138.86
Zapata	13889	998.4	29	208.8
Region 11	23830	252.1	40	167.86

Source: Texas Comptroller 2023

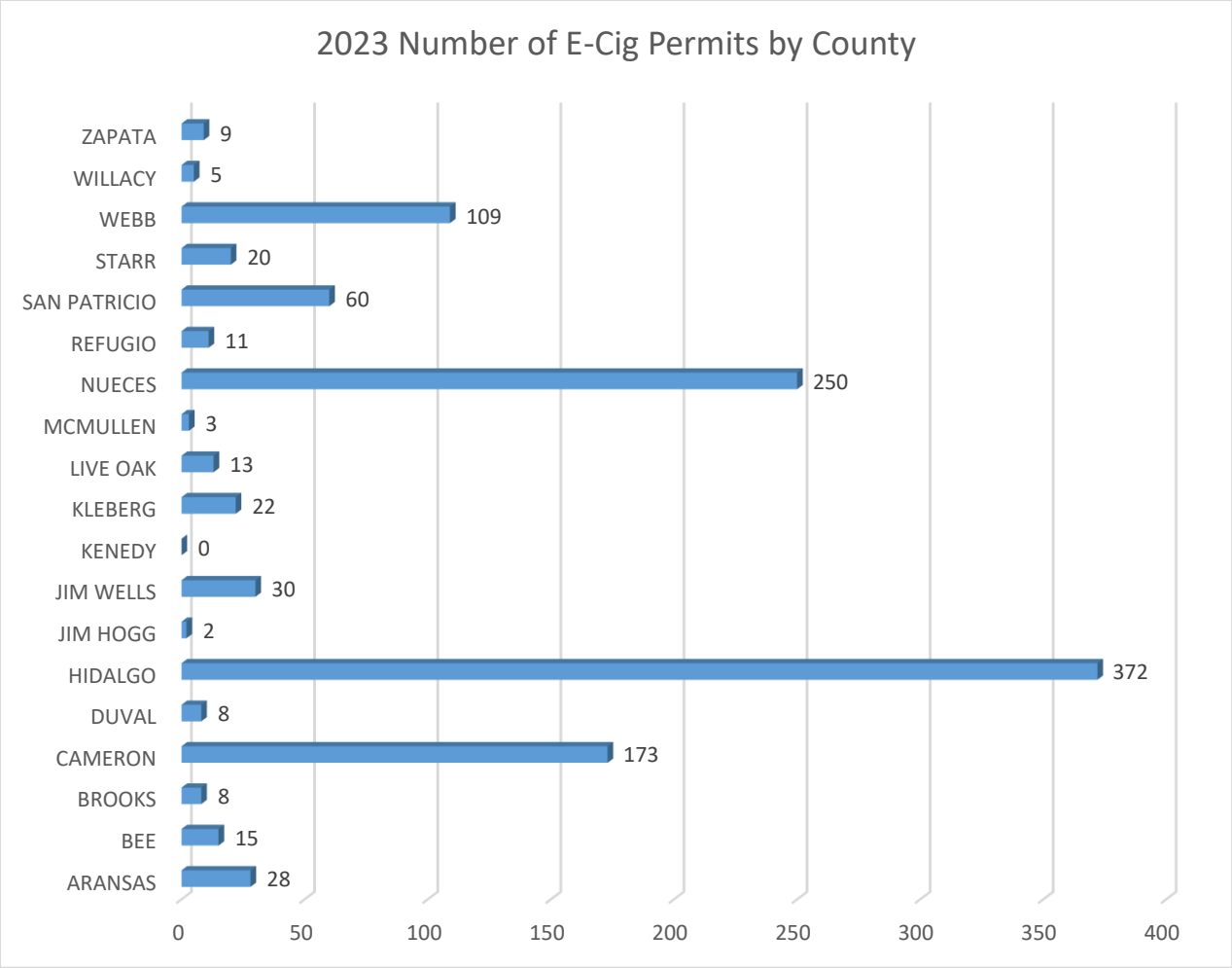


E-cigarette Permit Density

E-cigarette permit rate per 100k broken down by county in region 11, 2023.

County	Population	Number of E-cigarette Permits	Permits per 100k
Aransas	23830	252.1	28
Bee	31047	880.2	15
Brooks	7076	943.4	8
Cameron	421017	891.7	173
Duval	9831	1793.5	8
Hidalgo	870781	1571	372
Jim Hogg	4838	1136.2	2
Jim Wells	38891	865.2	30
Kenedy	350	1458.6	0
Kleberg	310470	881.3	22
Live Oak	11335	1039.7	13
McMullen	600	1139.8	3
Nueces	353178	839.1	250
Refugio	6741	770.5	11
San Patricio	68755	693.4	60
Starr	65920	1223.2	20
Webb	267114	3361.5	109
Willacy	20164	590.6	5
Zapata	13889	998.4	9
Region 11	23830	252.1	28

Source: Texas Comptroller 2023



School Conditions

Substance Use Infractions

Substance related infractions in school settings is reported by all schools and is helpful in identifying resource and education needs specific to substance use prevention. In Region 11, counties are divided into Educational Service Centers (ESCs) 1 through 3. The table below provides a breakdown by ESC for the specific substance related infraction and disciplinary action for 2022-2023 school year. -999 indicates counts or percentages are not available (i.e. masked) to comply with the Family Educational Rights and Privacy Act (FERPA). (NR) indicates the data was not reported or available. As reflected in the table below, ESC 1 had the most substance related infractions of the three.

2022-2023 Disciplinary Actions by ESC in region 11.

ESC	Reason for Disciplinary Action	ISS STUDENTS	ISS ACTIONS	OSS STUDENTS	OSS ACTIONS	DAEP STUDENTS	DAEP ACTIONS	JJAEP STUDENTS	JJAEP ACTIONS

1	ABUSE OF A VOLATILE CHEMICAL	-999	12	0	0	-999	-999	0	0
	ALCOHOL VIOLATION	13	13	70	77	55	56	0	0
	CONTROLLED SUBSTANCE/DRUGS	482	515	3346	4728	3423	3912	94	98
	FELONY CONTROLLED SUBS VIOLAT	62	68	185	202	93	93	193	193
	TOTAL	557	608	3601	5007	3571	4061	287	291
2	ABUSE OF A VOLATILE CHEMICAL	-999	-999	0	0	0	0	0	0
	ALCOHOL VIOLATION	10	10	34	35	35	36	0	0
	CONTROLLED SUBSTANCE/DRUGS	187	199	595	670	762	833	-999	-999
	FELONY CONTROLLED SUBS VIOLAT	0	0	-999	-999	24	24	-999	-999
	TOTAL	197	209	629	705	821	893	0	0
3	ABUSE OF A VOLATILE CHEMICAL	NR	NR	NR	NR	NR	NR	NR	NR
	ALCOHOL VIOLATION	-999	-999	30	35	38	38	0	0
	CONTROLLED SUBSTANCE/DRUGS	27	31	345	467	447	482	0	0
	FELONY CONTROLLED SUBS VIOLAT	0	0	-999	-999	-999	-999	0	0
	TOTAL	27	31	375	502	485	520	0	0

Source: TEA PEIMS 2022-2023 Data

Protective Factors

Social Associations

Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with

low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group.[40]

The associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Table below highlights the rate for social associations in region 11.

2024 number of social associations broken down by county in region 11.

County	# of Social Associations	Rate per 100k
Aransas	9	3.7
Bee	13	4.2
Brooks	0	0
Cameron	208	4.9
Duval	0	0
Hidalgo	305	3.5
Jim Hogg	0	0
Jim Wells	20	5.1
Kenedy	0	0
Kleberg	21	6.9
Live Oak	11	9.7
McMullen	0	0
Nueces	225	6.4
Refugio	4	5.9
San Patricio	53	7.6
Starr	13	2
Webb	97	3.6
Willacy	7	3.4
Zapata	0	0

Source: U.S. Census Bureau

Prescription Drug Monitoring Program

The Texas Prescription Monitoring Program (PMP) collects and monitors prescription data for all Schedule II, III, IV, and V Controlled Substances (CS) dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. The PMP also provides a database for monitoring patient prescription history for practitioners and the ordering of Texas Schedule II Official Prescription Forms. All Texas-licensed pharmacies are required to report all dispensed controlled substances records to the Texas Prescription Monitoring Program (PMP) no later than

[40] County Health Rankings, 2024

the next business day after the prescription is filled. The reporting requirement applies to all Schedule II, III, IV, and V controlled substances.

In 2020, a new practice standard for pharmacists and prescribers (other than a veterinarian) took effect requiring them 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.

State

Table below shows the total number of controlled substances dispensed by schedule type in Texas.

Schedule Type	State Totals			State Population	State Rate per 100k		
	2021	2022	2023		2021	2022	2023
2	12,592,966	13,208,338	13167016	29,145,505	43,207	45,319	45,177
3	4,589,005	4,533,334	4724343	29,145,505	15,745	15,554	16,210
4	15,013,926	14,443,495	13933478	29,145,505	51,514	49,557	47,807
5	1,845,921	1,944,457	1911312	29,145,505	6,333	6,672	6,558
*****	35,935	40,476	35535	29,145,505	123	139	122

Source: Texas Prescription Monitoring Program

Table below shows the number of controlled substances dispensed by county in 2023 by schedule type.

County	Schedule II	Schedule III	Schedule IV	Schedule V	All Schedule Controlled Substances
Aransas	13,886	5,752	21,931	2,404	43,973
Bee	12,033	4,105	12,788	1,820	30,746
Brooks	2,681	1,327	6,228	812	11,048
Cameron	76,352	33,415	108,263	20,032	238,062
Duval	-	146	805	51	1,002
Hidalgo	118,836	56,256	218,319	31,927	425,338
Jim Hogg	433	337	2,120	213	3,103
Jim Wells	17,030	7,790	26,993	3,244	55,057
Kleberg	11,965	4,822	17,072	2,156	36,015
Live Oak	1,413	857	2,241	310	4,821
Nueces	164,175	57,957	204,330	24,313	450,775
Refugio	2,133	514	1,938	249	4,834
San Patricio	32,353	11,281	38,816	5,013	87,463
Starr	6,022	4,735	28,433	3,287	42,477
Webb	40,878	19,653	87,307	9,761	157,599
Willacy	3,093	1,351	4,883	593	9,920

Zapata	1,031	797	4,565	470	6,863
Region 11	504,314	211,095	787,032	106,655	1,609,096

Source: Texas Prescription Monitoring Program

Reflected in the table below, the number of controlled substances dispensed in region 11 continues to decline.

Number of controlled substances dispensed by schedule type in region 11.

Year	Population	All Schedule Controlled Substances
2021	2,246,397	1,671,603
2022	2,246,397	1,643,360
2023	2,246,397	1,609,096

Source: Texas Prescription Monitoring Program

Mental Health Providers

Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug use, and advanced practice nurses specializing in mental health care.

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 was 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, and zero indicates there are no registered mental health providers in the county.

2024 number of mental health providers broken down by county in region 11.

County	# of Mental Health Providers	MHP Rate per 100k	MHP Ratio
Aransas	22	88	1134:01:00
Bee	15	49	2026:01:00
Brooks	2	29	3453:01:00
Cameron	377	89	1128:01:00
Duval	1	10	9888:01:00
Hidalgo	741	83	1199:01:00
Jim Hogg	Suppressed	Suppressed	Suppressed
Jim Wells	40	103	971:01:00
Kenedy	0	0	358:00:00
Kleberg	19	63	1598:01:00
Live Oak	2	18	5714:01:00
McMullen	1	174	576:01:00
Nueces	543	154	648:01:00

Refugio	Suppressed	Suppressed	Suppressed
San Patricio	33	47	2120:01:00
Starr	14	21	4695:01:00
Webb	140	52	1913:01:00
Willacy	8	40	2518:01:00
Zapata	Suppressed	Suppressed	Suppressed

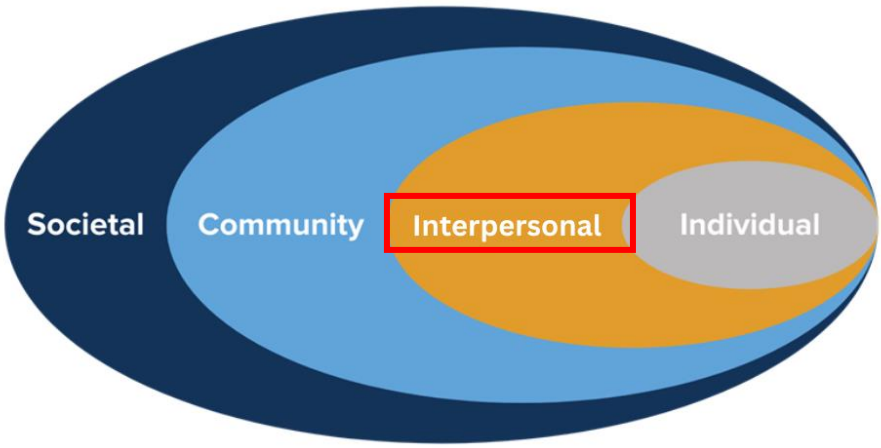
Source: Centers for Medicare & Medicaid Services

Interpersonal Domain

The third of four domains, the interpersonal domain focuses on social factors and experiences that impact a youth's immediate social environment. This includes their peer groups at school, family conditions, perceptions of their parent's attitudes toward substance use, perceptions of peer substance use, and perceptions about ease of access to substances.

The interpersonal domain, unlike societal and community domain, can change with the power of a conversation between a youth and parent or guardian. It can also quickly devolve when a traumatic life experience occurs that separates the youth and parent placing an elevated risk of ACES into the youth's life. This can cause the youth to seek guidance in places other than their parents while attempting to stabilize their environment.

This section will assess the family environment (family environment violence, maltreatment, substitute care, and adult depression), and a youth's perceptions of the following: parental attitudes towards substance use, peer substance use, and substance availability in social environments and at parties.



Family Environment

Family Violence Crime Rate

In the United States, an average of twenty people are physically abused by intimate partners every minute. This equates to more than ten million victims annually. Domestic violence can affect anyone regardless of age, socio-economic status, sexual orientation, gender, race, religion, or nationality and has immense consequences that last a lifetime. Some forms of abuse like threats and emotional abuse are difficult to break away from as most victims experience a slow progression in intensity. Awareness and advocacy are crucial to connecting individuals experiencing any form of violence with the necessary support and resources to ensure their safety.

Domestic Violence Statistics in Texas

According to the latest statistics in the state of Texas, 40.1% of women and 34.9% of men experience intimate partner physical violence, intimate partner rape, and/or intimate partner stalking in their lifetimes.

- In 2019, 150 women in Texas were killed by a male intimate partner; one woman was killed by a same-sex partner; 31 men were killed by a female intimate partner; and three men were killed by a partner of the same sex.
- 63% percent of intimate partner homicides of women were committed by men, 68% of intimate partner homicides of men by women, and 50% of homicides by a same-sex partner were committed using firearms.
- 48% of victims seeking assistance were denied shelter due to lack of space, and there was a 28% increase over a nine-year period.

Tables and charts below show the family violence rate for the state, region 11. In comparison to 2022, region 11 had an increase in family violence rate (+9.3).

Family violence rate per 100k population broken down by year in region 11.

Year	Number of Incidents	Total Population	Family Violence Rate
2021	18,252	2,246,397	812.5
2022	18,161	2,246,397	808.5
2023	18372	2246397	817.8

Source: Texas Department of Safety's Uniform Crime Reporting (UCR) Data Portal

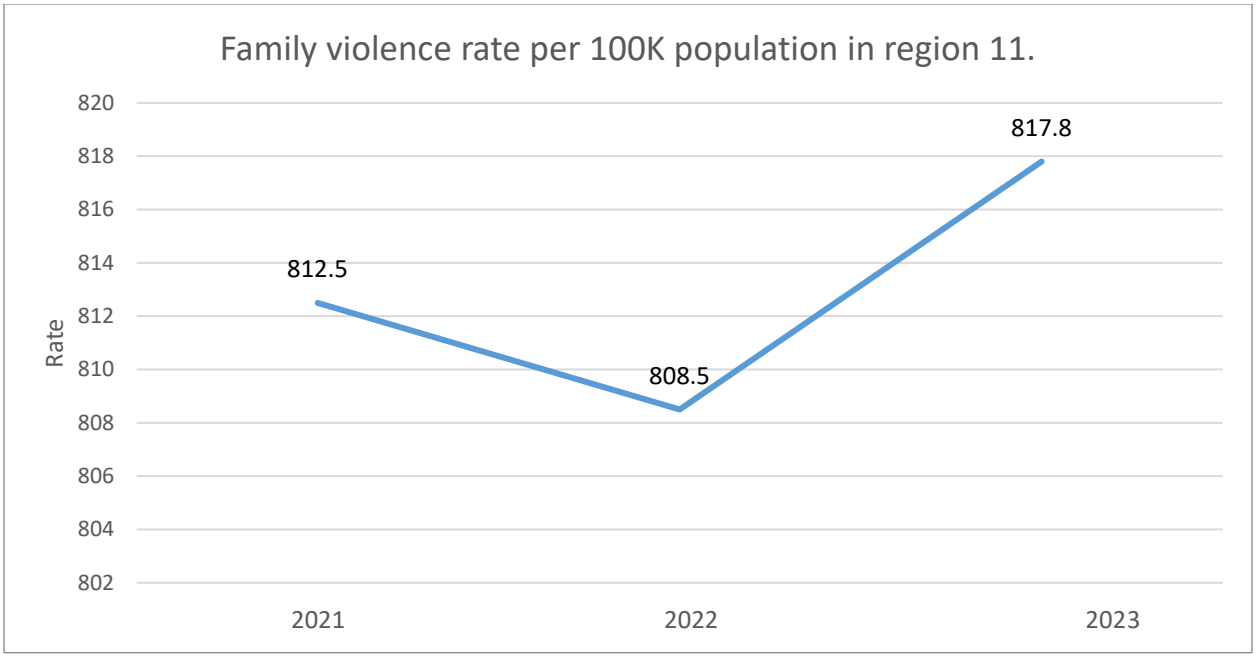


Table below highlights the family violence rate per 100k population in region 11, 2023.

County	Number of Incidents	Total Population	Family Violence Rate
Aransas	227	23830	952.6
Bee	156	31047	502.5
Brooks	13	7076	183.7
Cameron	3175	421017	754.1
Duval	48	9831	488.3
Hidalgo	7145	870781	820.5
Jim Hogg	25	4838	516.7
Jim Wells	304	38891	781.7
Kenedy	2	350	571.4
Kleberg	269	31040	866.6
Live Oak	65	11335	573.4
McMullen	0	600	0
Nueces	4524	353178	1280.9
Refugio	26	6741	385.7
San Patricio	308	68755	448
Starr	220	65920	333.7
Webb	1669	267114	624.8
Willacy	162	20164	803.4
Zapata	34	13889	244.8
Region 11	18372	2246397	817.8
Texas	200265	29145505	687.1

Source: Texas Department of Safety's Uniform Crime Reporting (UCR) Data Portal

Compared to the state, region 11 had a 130.7 higher family violence rate in 2023.

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.

Table below shows child victims in region 11 from 2021 to 2023.

Fiscal Year	Victims	Total Under 18 Population
2021	5,755	761,839
2022	4,817	779,971
2023	4,750	876,089

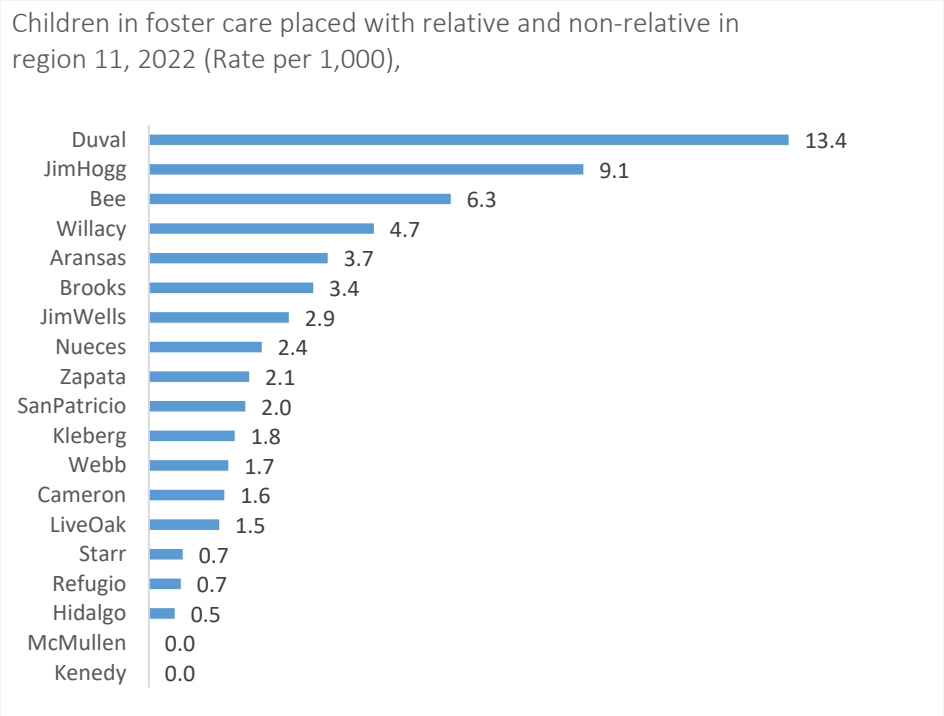
Source: Department of Family and Protective Services (DFPS), CPD

Children in Foster Care

Table below shows the number of children in foster care placed with non-relatives in region 11. Duval County had the highest rate per 1,000 population of children in foster care placed with non-relative 1.3.

County	Population under 18	Children in foster care placed with non-relative	Rate per 1000
Cameron	119,809	7	0.1
Duval	2,319	3	1.3
Hidalgo	262,556	4	0.0
Nueces	83,122	10	0.1
San Patricio	17,378	5	0.3
Webb	80,660	8	0.1
Willacy	4,680	4	0.9
Zapata	4,297	1	0.2
Region 11	628,981	42	0.1

Source: Department of Family and Protective Services (DFPS), CPD



Number of children in substitute care broken down by county in region 11.

County	Population under 18	Children in Substitute Care	Rate per 1000
Aransas	4,014	15	3.7
Bee	6,025	38	6.3
Brooks	1,747	6	3.4
Cameron	119,809	189	1.6
Duval	2,319	31	13.4
Hidalgo	262,556	142	0.5
Jim Hogg	1,322	12	9.1
Jim Wells	10,261	30	2.9
Kenedy	83		0.0
Kleberg	7,249	13	1.8
Live Oak	2,039	3	1.5
McMullen	113		0.0
Nueces	83,122	196	2.4
Refugio	1,497	1	0.7
San Patricio	17,378	35	2.0
Starr	19,810	14	0.7
Webb	80,660	134	1.7
Willacy	4,680	22	4.7
Zapata	4,297	9	2.1
Region 11	628,981	890	1.4

Source: Department of Family and Protective Services (DFPS), CPD

Number of children in foster care placed with non-relative broken down by county in region 11.

County	Population under 18	Children in foster care placed with a relative	Rate per 1000
Aransas	4,014	15	3.7
Bee	6,025	38	6.3
Brooks	1,747	6	3.4
Cameron	119,809	182	1.5
Duval	2,319	28	12.1
Hidalgo	262,556	138	0.5
Jim Hogg	1,322	12	9.1
Jim Wells	10,261	30	2.9
Kenedy	83		0.0
Kleberg	7,249	13	1.8
Live Oak	2,039	3	1.5
McMullen	113		0.0
Nueces	83,122	186	2.2
Refugio	1,497	1	0.7
San Patricio	17,378	30	1.7
Starr	19,810	14	0.7
Webb	80,660	126	1.6
Willacy	4,680	18	3.8
Zapata	4,297	8	1.9
Region 11	628,981	848	1.3

Source: Department of Family and Protective Services (DFPS), CPD

Adult Depression

An estimated 1 in 10 adults have some type of mood disorder, the most common being depression.[41] Additionally, both mood disorder and depression can exacerbate many chronic health conditions.[42] [43] [44] [45] Therefore, identifying populations at risk for mental health conditions is important for prevention and management of chronic diseases. During 2020, approximately one in five U.S. adults reported having ever received a diagnosis of depression by a health care

[41] Centers for Disease Control and Prevention. Learn about mental health. 2018. https://www.cdc.gov/mentalhealth/learn/index.htm. Accessed January 31, 2019.

[42] Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis 2005;2(1):A14. PubMed

[43] Chang CK, Hayes RD, Broadbent M, Fernandes AC, Lee W, Hotopf M, et al. All-cause mortality among people with serious mental illness (SMI), substance use disorders, and depressive disorders in southeast London: a cohort study. BMC Psychiatry 2010;10(1):77.

[44] Stein MB, Cox BJ, Afifi TO, Belik SL, Sareen J. Does co-morbid depressive illness magnify the impact of chronic physical illness? A population-based perspective. Psychol Med 2006;36(5):587–96.

[45] Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. Dialogues Clin Neurosci 2011;13(1):7–23.

provider, with prevalence of depression higher in women, younger adults, and adults with lower education levels.[46]

Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.[47]

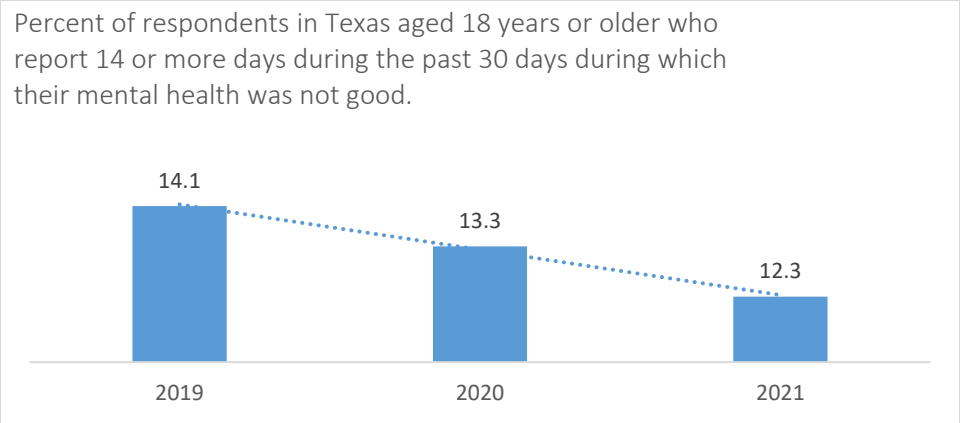
Table below shows the percent of adults aged ≥18 years in region 11, who report 14 or more days during the past 30 days during which their mental health was not good.

County	Percent
Aransas	16.6
Bee	15.1
Brooks	16.5
Cameron	15.8
Duval	15.4
Hidalgo	15.6
Jim Hogg	15.9
Jim Wells	15.5
Kenedy	10.5
Kleberg	15.2
Live Oak	16.7
McMullen	15.9
Nueces	16.2
Refugio	16
San Patricio	15.9
Starr	17.1
Webb	15.7
Willacy	15.9
Zapata	16.6

Source: Centers for Disease Control and Prevention (CDC), 2020

[46] Hasin DS, Sarvet AL, Meyers JL, et al. Epidemiology of adult DSM-5 major depressive disorder and its specifiers in the United States. JAMA Psychiatry 2018;75:336–46. https://doi.org/10.1001/jamapsychiatry.2017.4602.

[47] Centers for Disease Control and Prevention. Learn about mental health. 2018.



Perceptions of Parental Attitudes

Parents play a crucial role in supporting their children's health and learning at school. When parents are engaged in their children's school activities, their children get better grades, choose healthier behaviors, and have better social skills. Parent engagement also makes it more likely that children and adolescents will avoid unhealthy behaviors, such as sexual risk behaviors and tobacco, alcohol, and other drug use[48]. Research shows that school health activities are more successful when parents are involved. For example, when parents volunteer at their children's school, their children are less likely to start smoking and more likely to get enough physical activity[49].

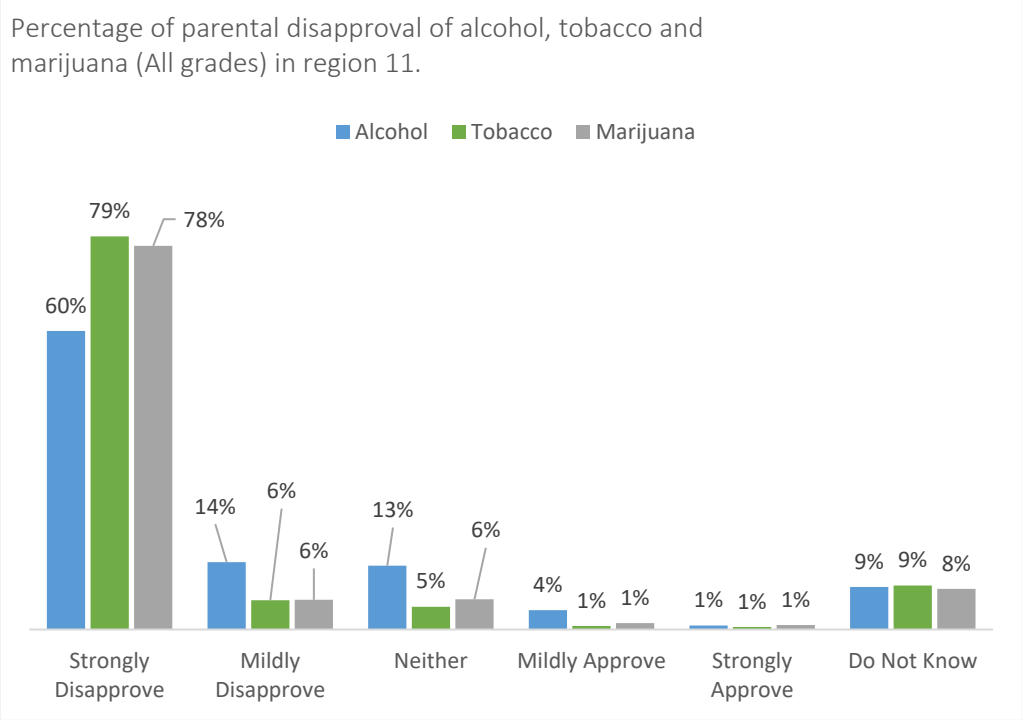
Table below show results from the Texas School Survey 2022 and highlights the percentage of students with perceptions of parental disapproval of alcohol, tobacco and marijuana in region 11. 60.3% of parents strongly disapprove of the use of alcohol, 79.4 % disapprove of the use of tobacco and 77.5% disapprove of the use of marijuana. Students' perceptions of parental disapproval of these substances are also broken down by substance and grade level in the tables and charts below.

Substance	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
Alcohol	60.3%	13.6%	12.9%	3.9%	0.8%	8.6%
Tobacco	79.4%	5.9%	4.6%	0.7%	0.5%	8.9%
Marijuana	77.5%	6.0%	6.1%	1.3%	0.9%	8.2%

Source: Texas School Survey 2022

[48] Centers for Disease Control and Prevention (CDC)

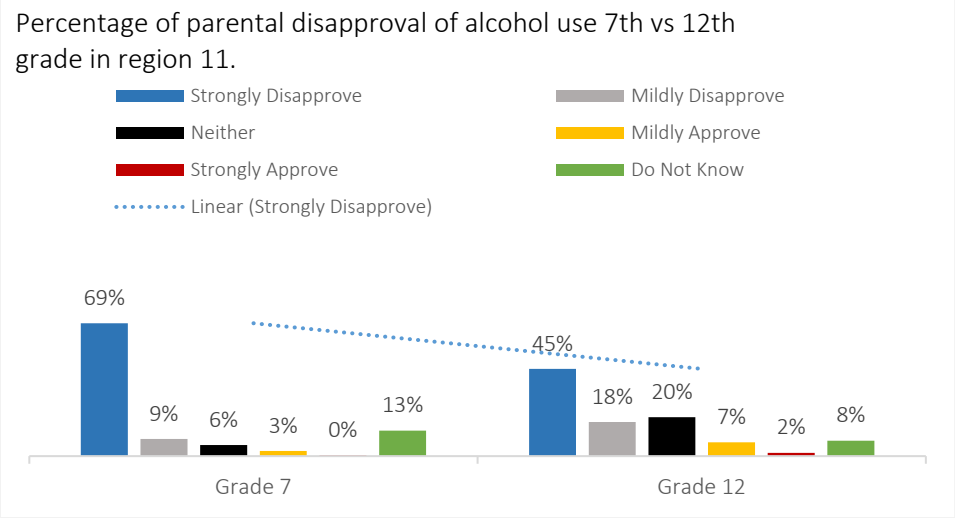
[49] Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



Parents Disapproval of Alcohol

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	60%	14%	13%	4%	1%	9%
Grade 7	69%	9%	6%	3%	0%	13%
Grade 8	71%	11%	8%	2%	1%	8%
Grade 9	57%	14%	15%	3%	1%	9%
Grade 10	61%	14%	15%	4%	1%	5%
Grade 11	57%	17%	15%	4%	0%	7%
Grade 12	45%	18%	20%	7%	2%	8%

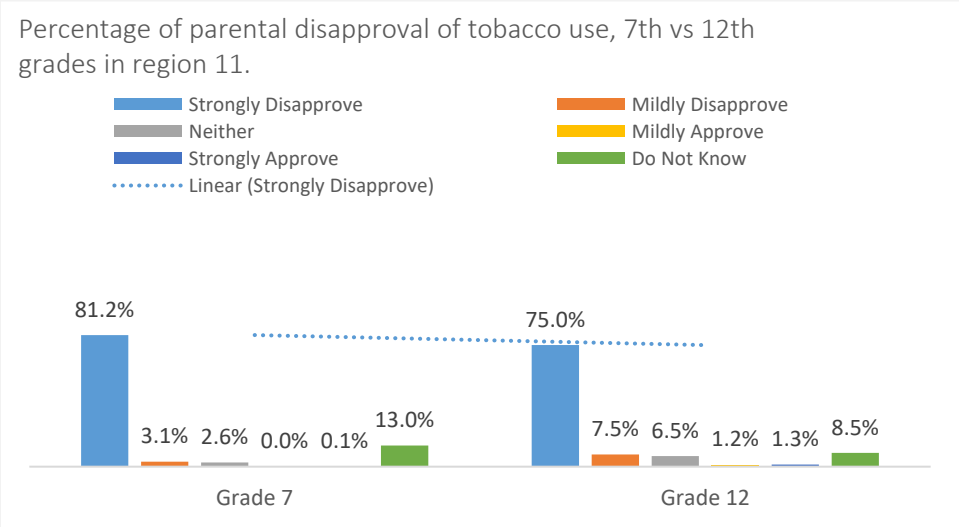
Source: Texas School Survey 2022



Parents Disapproval of Tobacco

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	79.4%	5.9%	4.6%	0.7%	0.5%	8.9%
Grade 7	81.2%	3.1%	2.6%	0.0%	0.1%	13.0%
Grade 8	85.3%	3.3%	3.1%	0.6%	0.3%	7.5%
Grade 9	73.6%	7.0%	7.3%	0.7%	1.0%	10.3%
Grade 10	80.4%	6.3%	5.3%	1.1%	0.2%	6.7%
Grade 11	80.1%	8.5%	3.3%	1.0%	0.1%	7.0%
Grade 12	75.0%	7.5%	6.5%	1.2%	1.3%	8.5%

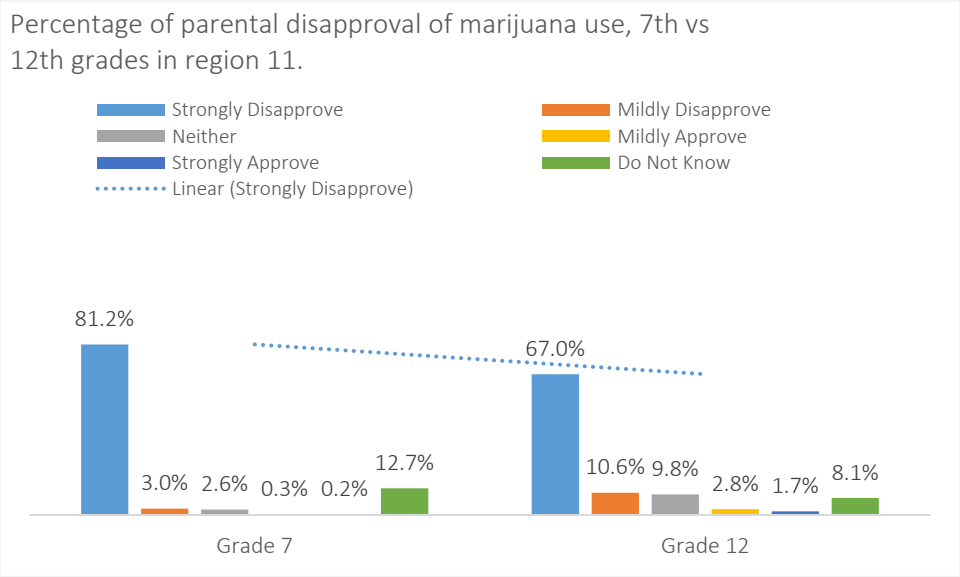
Source: Texas School Survey 2022



Parents Disapproval of Marijuana

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	77.5%	6.0%	6.1%	1.3%	0.9%	8.2%
Grade 7	81.2%	3.0%	2.6%	0.3%	0.2%	12.7%
Grade 8	85.7%	3.2%	3.2%	0.5%	0.4%	7.1%
Grade 9	72.4%	7.0%	9.5%	0.2%	2.0%	8.9%
Grade 10	79.9%	6.6%	6.1%	1.1%	1.0%	5.3%
Grade 11	77.9%	6.2%	6.4%	3.1%	0.1%	6.3%
Grade 12	67.0%	10.6%	9.8%	2.8%	1.7%	8.1%

Source: Texas School Survey 2022



Perceptions of Peer Use

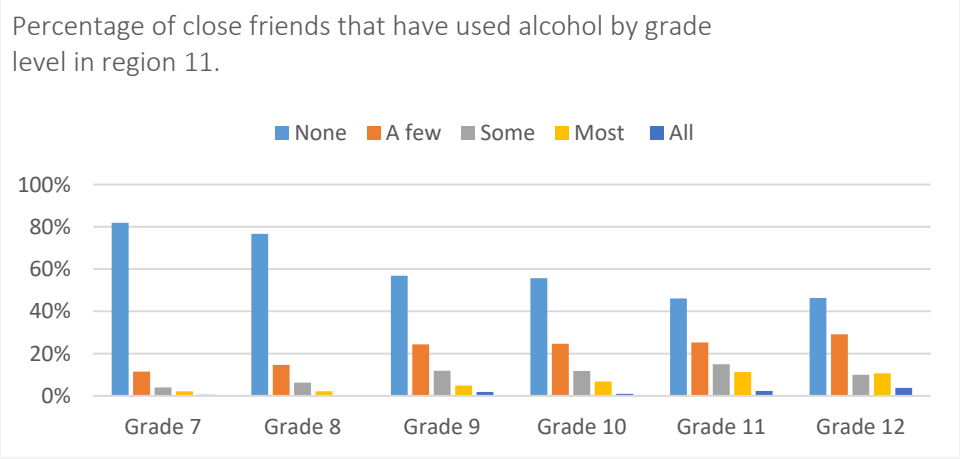
Some perceptions of peer substance use can shape our beliefs about the accessibility of alcohol, marijuana, tobacco, or prescription drugs, and the potential risks associated with using these substances. For instance, if there is a perceived increase in substance use among peers, it could lead to a decreased perception of the harmful effects associated with consuming such substances while having an increased perception of how easily they can be obtained. Although these perceptions can lead to certain drug seeking behaviors, it is important to note that this might not always be the case. This scenario is a plausible outcome within the risk-factor model of alcohol and drug use.

Responses from the Texas School Survey 2022 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 only 2 percent of 7th graders reported that "most" of their friends use alcohol whereas 11% of 12th graders did.

Friends Who Use Alcohol

Grade	None	A few	Some	Most	All
All	61%	21%	10%	6%	2%
Grade 7	82%	12%	4%	2%	1%
Grade 8	77%	15%	6%	2%	0%
Grade 9	57%	24%	12%	5%	2%
Grade 10	56%	25%	12%	7%	1%
Grade 11	46%	25%	15%	11%	2%
Grade 12	46%	29%	10%	11%	4%

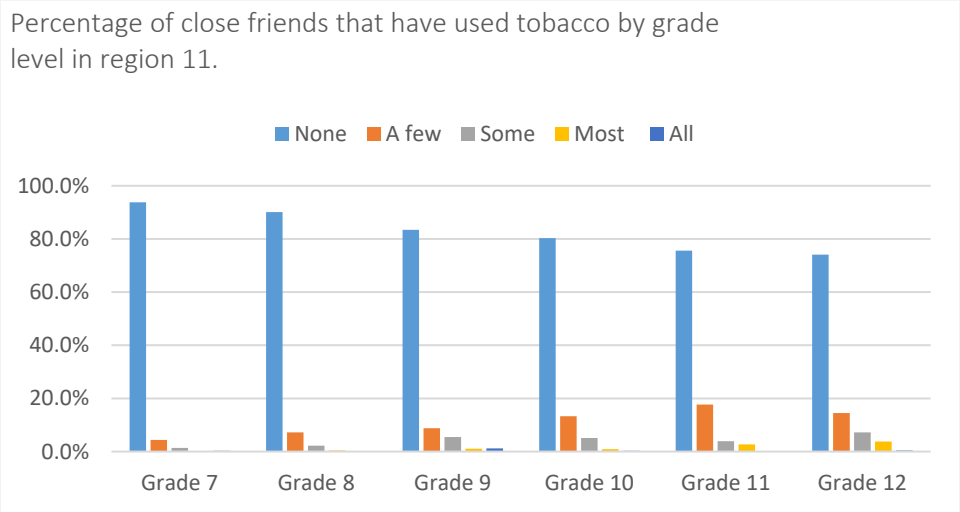
Source: Texas School Survey 2022



Friends Who Use Tobacco

Grade	None	A few	Some	Most	All
All	83.2%	10.8%	4.1%	1.5%	0.4%
Grade 7	93.8%	4.4%	1.4%	0.1%	0.3%
Grade 8	90.1%	7.2%	2.2%	0.4%	0.1%
Grade 9	83.4%	8.8%	5.5%	1.1%	1.2%
Grade 10	80.3%	13.3%	5.1%	0.9%	0.3%
Grade 11	75.6%	17.7%	3.9%	2.7%	0.0%
Grade 12	74.1%	14.5%	7.2%	3.8%	0.4%

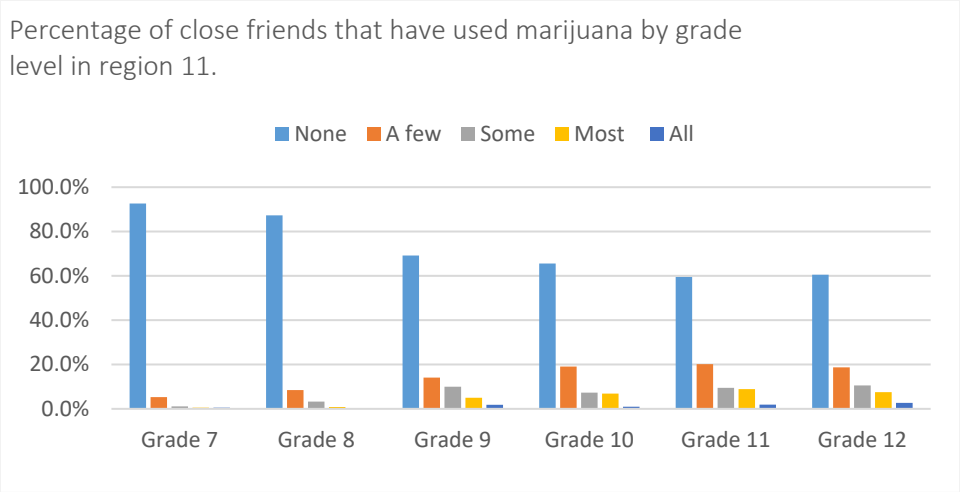
Source: Texas School Survey 2022



Friends Who Use Marijuana

Grade	None	A few	Some	Most	All
All	73.0%	14.1%	6.8%	4.8%	1.3%
Grade 7	92.6%	5.3%	1.1%	0.5%	0.5%
Grade 8	87.3%	8.5%	3.3%	0.8%	0.0%
Grade 9	69.2%	14.1%	10.0%	5.0%	1.8%
Grade 10	65.6%	19.1%	7.3%	6.9%	1.0%
Grade 11	59.5%	20.2%	9.5%	8.9%	1.9%
Grade 12	60.5%	18.7%	10.6%	7.5%	2.7%

Source: Texas School Survey 2022



Perceived Substance Availability

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.

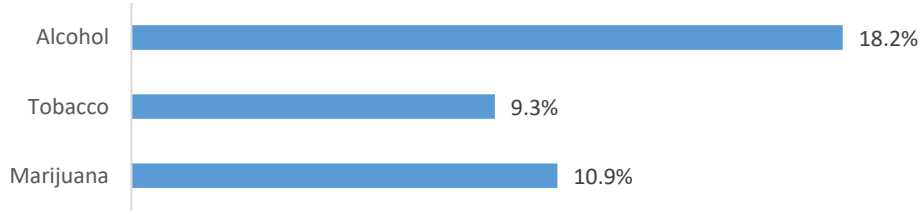
The Texas School Survey reports findings regarding perceived access to alcohol, marijuana, prescription drugs, and other drugs. 18.2 % of students reported that it is very easy to access alcohol, 9.3% reported it is very easy to access tobacco and 10.9 % reported it is very easy to access marijuana in region 11.

Tables below shows the percentage for social access for each substance with data broken down by grade level.

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Alcohol	35.9%	14.1%	5.7%	10.0%	16.1%	18.2%
Tobacco	42.8%	21.1%	6.6%	9.7%	10.4%	9.3%
Marijuana	41.4%	23.6%	7.2%	7.3%	9.6%	10.9%

Source: Texas School Survey 2022

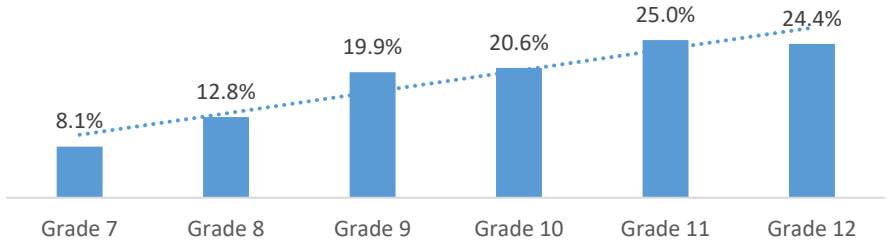
Perceived access as "very easy" of alcohol, tobacco and marijuana for (All grades) in region 11.



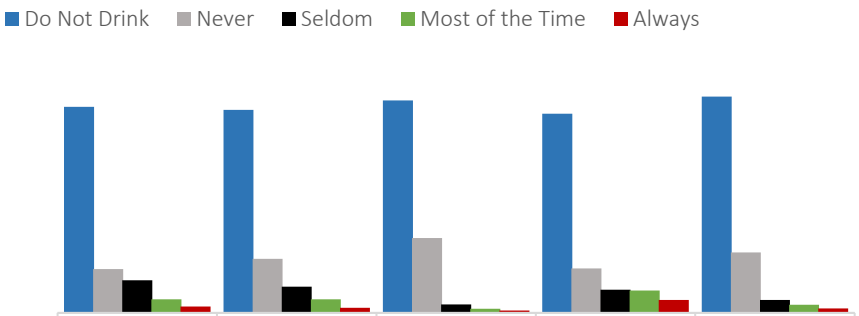
Social Access

Access to Alcohol

Perceived access as "very easy" of alcohol by grade level in region 11.



Sources of alcohol access for (All grades) in region 11.

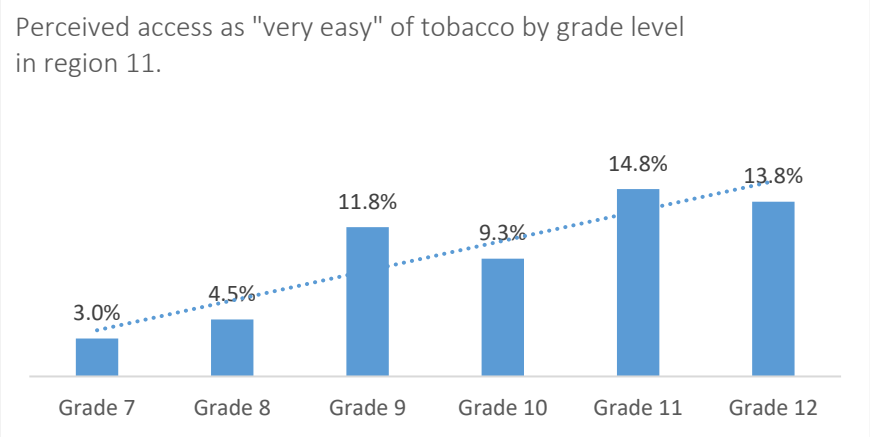


	Home	Friends	A Store	Parties	Other Sources
Do Not Drink	68.2%	67.2%	70.3%	65.9%	71.6%
Never	14.5%	17.9%	24.8%	14.7%	20.0%
Seldom	10.8%	8.7%	2.8%	7.7%	4.3%
Most of the Time	4.5%	4.5%	1.4%	7.4%	2.7%
Always	2.1%	1.7%	0.8%	4.3%	1.5%

Access to Tobacco

Grade	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	42.8%	21.1%	6.6%	9.7%	10.4%	9.3%
Grade 7	52.0%	28.9%	6.0%	6.4%	3.7%	3.0%
Grade 8	43.5%	28.5%	9.5%	7.7%	6.3%	4.5%
Grade 9	40.3%	20.0%	6.8%	10.6%	10.6%	11.8%
Grade 10	42.8%	17.7%	5.6%	12.8%	11.7%	9.3%
Grade 11	39.4%	17.1%	4.5%	12.3%	12.1%	14.8%
Grade 12	37.9%	12.9%	7.0%	8.8%	19.5%	13.8%

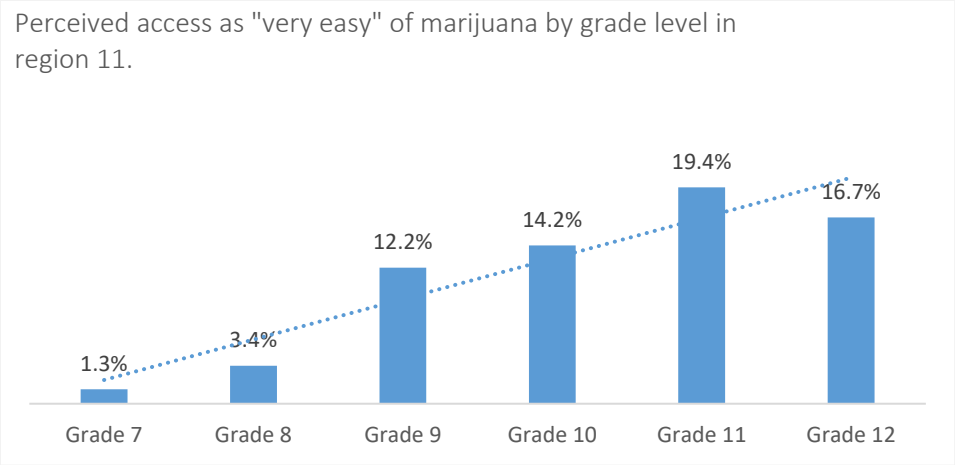
Source: Texas School Survey 2022



Access to Marijuana

Grade	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	41.4%	23.6%	7.2%	7.3%	9.6%	10.9%
Grade 7	53.3%	33.7%	6.0%	3.0%	2.7%	1.3%
Grade 8	44.3%	33.4%	9.3%	5.0%	4.8%	3.4%
Grade 9	39.3%	22.5%	8.8%	7.3%	9.9%	12.2%
Grade 10	39.9%	17.0%	5.8%	8.5%	14.6%	14.2%
Grade 11	34.1%	18.6%	5.0%	10.9%	12.0%	19.4%
Grade 12	35.8%	14.4%	8.2%	9.7%	15.1%	16.7%

Source: Texas School Survey 2022



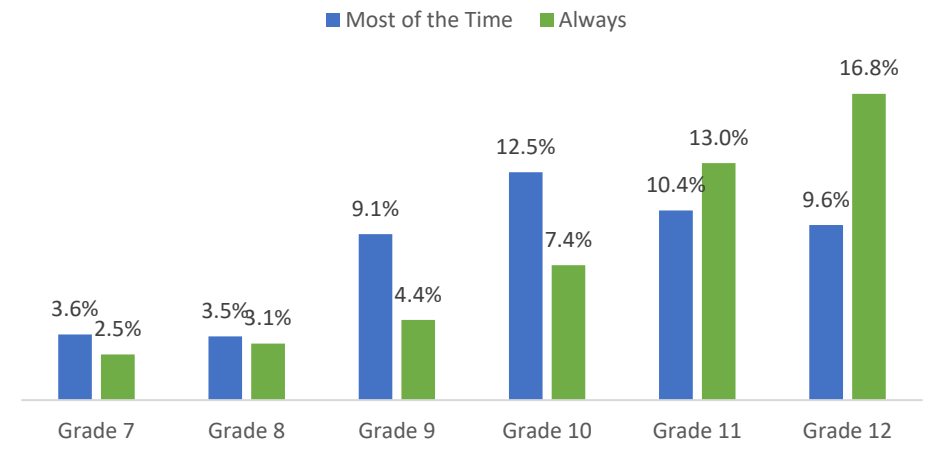
Presence of a Substance at Parties

Alcohol at Parties

Grade	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	58.4%	5.2%	4.7%	7.9%	7.7%	1.9%	14.1%
Grade 7	75.9%	3.9%	3.7%	3.6%	2.5%	1.7%	8.7%
Grade 8	72.0%	4.3%	3.7%	3.5%	3.1%	1.9%	11.4%
Grade 9	59.9%	5.8%	4.2%	9.1%	4.4%	2.9%	13.8%
Grade 10	47.9%	5.7%	4.7%	12.5%	7.4%	1.5%	20.4%
Grade 11	48.0%	6.3%	6.8%	10.4%	13.0%	1.3%	14.3%
Grade 12	43.3%	5.4%	5.4%	9.6%	16.8%	2.3%	17.3%

Source: Texas School Survey 2022

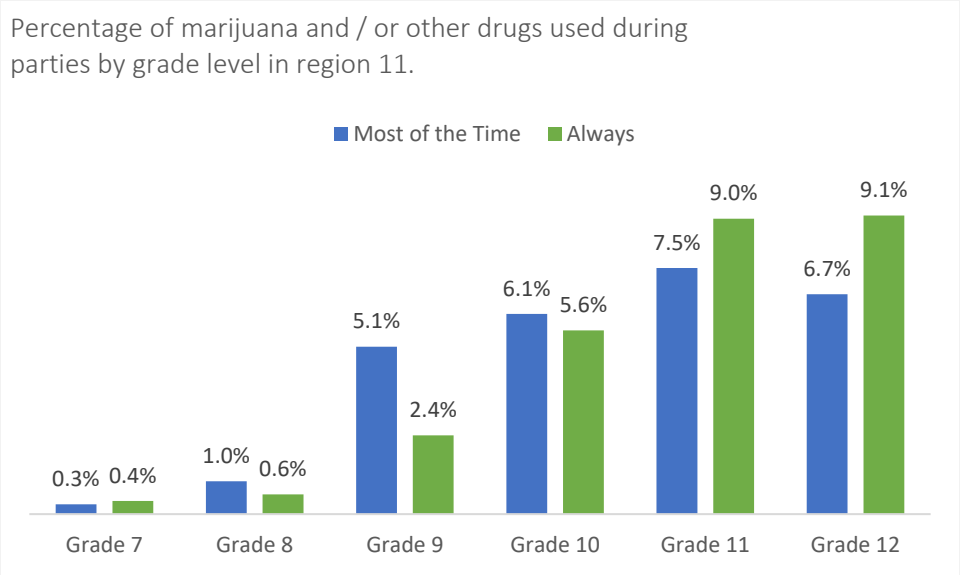
Percentage of alcohol used during parties broken down by grade level in region 11.



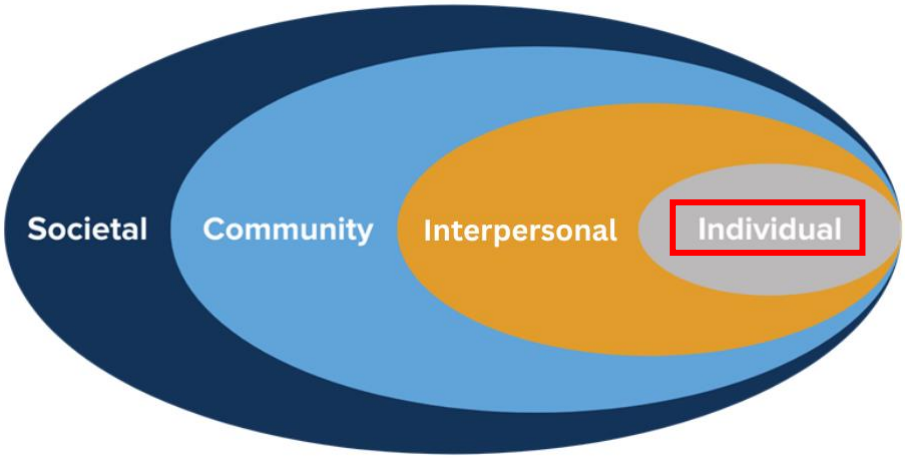
Marijuana or Other Drugs at Parties

Grade	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All	67.0%	3.9%	3.4%	4.3%	4.4%	2.6%	14.3%
Grade 7	85.7%	1.4%	1.5%	0.3%	0.4%	2.0%	8.7%
Grade 8	81.5%	2.3%	1.3%	1.0%	0.6%	1.5%	11.8%
Grade 9	67.5%	4.6%	3.2%	5.1%	2.4%	2.6%	14.5%
Grade 10	53.8%	6.9%	4.8%	6.1%	5.6%	2.2%	20.5%
Grade 11	57.9%	3.4%	5.5%	7.5%	9.0%	2.3%	14.3%
Grade 12	51.8%	5.6%	4.5%	6.7%	9.1%	5.0%	17.3%

Source: Texas School Survey 2022



Individual Domain



Academic Achievement TEA

High School Dropout

According to the National Institute on Drug Abuse, risk factors can influence drug use in several ways. The more risks a child is exposed to, the more likely the child will use 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.[50]

Table below illustrates dropout rates broken down by county in region 11 in 2022.

County	All Students Dropout Rate	White Dropout Rate	African American Dropout Rate	Asian Dropout Rate	Hispanic Dropout Rate
Aransas	2.4	2.9	-1	0	2
Bee	7.5	0	0	.	8.3
Brooks	4	-1	.	.	4.1
Cameron	4.2	7.5	25.8	0	4.1
Duval	5.5	10	-1	-1	5.3
Hidalgo	3.8	2.5	4.3	2	3.9
Jim Hogg	1.3	-1	.	.	1.3
Jim Wells	6.4	1.5	-1	-1	7.2
Kleberg	15.4	10.7	25	-1	16.1
Live Oak	2.4	2	.	.	2.7
McMullen	0	0	.	-1	0
Nueces	6.5	5.8	11.2	0	6.6
Refugio	0	0	-1	.	0
San Patricio	4.2	4.8	12.5	0	3.8
Starr	4.1	-1	.	-1	4.1
Webb	3.2	0	0	0	3.2
Willacy	2.9	-1	-1	.	3
Zapata	8.1	-1	.	.	8.2

Source: Texas Education Agency

Data are masked to comply with federal regulations concerning student privacy, the Family Educational Rights and Privacy Act (FERPA).

- A '-1' indicates data are not reported to protect student anonymity in cases where student counts are small.
- A '-3' indicates data are cross-masked to prevent imputation of other masked numbers.
- A dot (.) indicates there were no students in the group.
- A dash (-) indicates data are not reported to protect student anonymity. When the number of students represented by a final status is not reported, the corresponding class size may be presented in such a manner as to provide a general idea of the number of students in the class while maintaining student anonymity. A dot (.) indicates there were no students in the group.

[50] 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.

Average Daily Attendance

Substance use during adolescence is linked to lower academic performance, student absenteeism and higher rates of high school dropout[51] [52]. Many young people age 12-17 actively use substances, and that use increases during high school. Youth who start using substances during adolescence are more likely to develop substance use disorders later in life. In fact, 90 percent of adults with addiction started using before the age of 18. Youth substance misuse is linked to increased truancy[53]. Reductions in the frequency of substance use as well as delays in the initiation of substance use improve attendance[54]. In fact, one report highlights an estimated 10 percent increase in attendance for every year that a young person delays using[55].

Schools have the opportunity to improve academic and health outcomes by building supportive responses to youth substance use. Engberg & Morrall (2006), highlight the evidence linking youth substance use to lower academic performance and describe actions schools can take to support student health and success. Youth who misuse substances are more likely to receive failing grades in school. However, young people who reduce their use or stop using have demonstrated improved academic outcomes that can mirror those of students who never used substances[56]. This means that school-based substance use prevention and early intervention services can make a difference in improving student grades and academic achievement. Youth who use substances – including the misuse of prescription drugs, alcohol, tobacco and/or cannabis – are more likely to drop out of high school than students who do not[57]. A 2011 study shows that drug use reduces the likelihood of graduation even when taking into consideration other social factors associated with lower academic achievement[58].

Table below shows the average number of absences per student in each county in region 11.

County	Student Enrollment 2021-2022	Total Absences	Average number of absences per student
Aransas	3,320	40,371	12.2
Bee	5,450	75,460	13.8
Brooks	1,454	23,706	16.3
Cameron	92,254	1,399,796	15.2

[51] Elizabeth J. D'Amico, et al. Alcohol and Marijuana Use Trajectories in a Diverse Longitudinal Sample of Adolescents: Examining Use Patterns from Age 11 to 17. Addiction, 2016

[52] Engberg J., Morral A.R. Reducing substance use improves adolescents' school attendance. Addict Abingdon Engl. 2006 Dec;101(12):1741–51.

[53] Roebuck, et. al. Adolescent marijuana use and school attendance. Economics of Education Review. 2004 Apr; 23(2): 133-141. DOI: 10.1016/S0272-7757(03)00079-7

[54] Engberg J., Morral A.R. Reducing substance use improves adolescents' school attendance. Addict Abingdon Engl. 2006 Dec;101(12):1741–51.

[55] x Henderson, et. al. The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon. 2014 Oct. Upstream Public Health: https://www.attendanceworks.org/wp-content/uploads/2017/08/ChronicAbsence-and-Health-Review-10.8.14-FINAL-REVISED.pdf

[56] Brown S. A., Ramo D. E. Clinical course of youth following treatment for alcohol and drug problems. In: Liddle H. A., Rowe C. L., editors. Adolescent Substance Abuse: Research and Clinical Advances. Cambridge, UK: Cambridge University Press; 2006.

[57] v Townsend, L., Flisher, A.J. & King, G. Clin Child Fam Psychol Rev (2007) 10: 295. https://doi.org/10.1007/s10567-007-0023-7

[58] Gasper, J. (2011). Revisiting the Relationship between Adolescent Drug use and High School Dropout. *Journal of Drug Issues*, *41*(4), 587–618. https://doi.org/10.1177/002204261104100407

Duval	2,649	52,797	19.9
Hidalgo	268,055	3,962,169	14.8
Jim Hogg	1,130	17,446	15.4
Jim Wells	7,989	143,265	17.9
Kenedy	106	890	8.4
Kleberg	5,000	72,016	14.4
Live Oak	1,772	20,526	11.6
Nueces	60,149	924,656	15.4
Refugio	1,330	14,065	10.6
San Patricio	14,907	196,248	13.2
Starr	15,941	237,920	14.9
Webb	63,243	736,475	11.6
Willacy	4,273	74,435	17.4
Zapata	3,520	71,889	20.4

Source: Texas Education Agency

Schools can mitigate the consequences of student substance misuse. Positive student engagement, supportive school environments and connection to needed services are key to any successful initiative. Here are two actions schools can take to build supportive environments, positively engage students, and address substance misuse to improve academic outcomes and school success:

1. *Make sure your school has a clear policy for responding to youth substance use and possession*: Policies should be supportive and engage youth in conversations about why they use and what support they need. Students who disclose substance use or are caught with possession of substances should be referred to school-based health centers, school nurses, school counselors or other school personnel who are trained in screening and brief intervention. These school personnel should also be prepared and able to refer students to needed services. Trauma, mental illness and other adversities often co-occur with youth substance use. Health and mental health professionals are better equipped to identify these co-occurrences and get young people support that works.
2. *Provide prevention and early intervention services to all students*: Evidence-based practice that proactively identifies substance use and engages young people in conversations about their use. If needed, youth are referred to treatment and other services.

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 use treatment admissions are all included in this needs assessment. According to the 2021 National Survey on Drug Use and Health, an estimated 14.1 million adults aged 18 or older (5.5 percent) had any mental illness (AMI) in the United States. An estimated 11.4 million adults

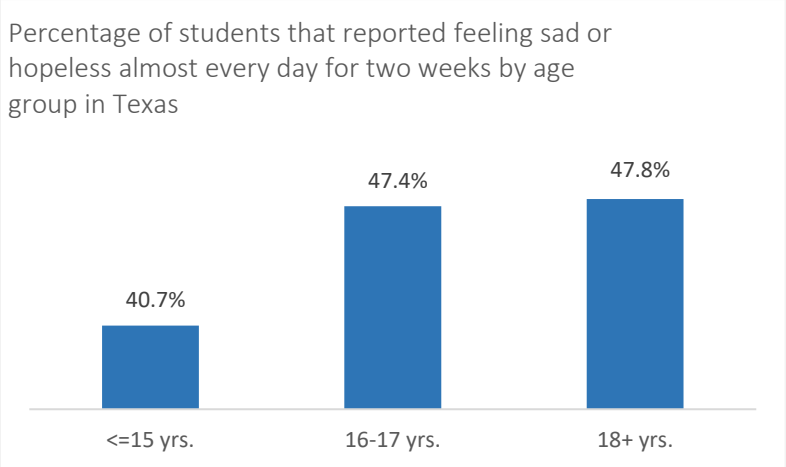
aged 18 or older in the nation had serious mental illness (SMI) in the past year, corresponding to 4.6 percent of all U.S adults.[59]

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 use substances are more likely to suffer from depression, and vice versa. People who are depressed may drink or use 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 2021, about 1 in 5 adolescents aged 12 to 17 (20.1 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.[60]

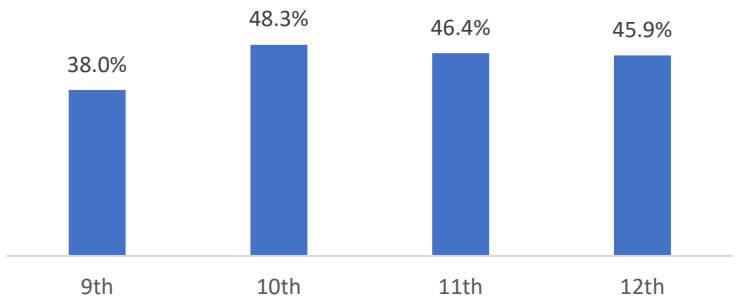
The charts below highlight data from Texas Youth Risk Behavioral Surveillance Survey and shows students reporting that they felt sad or hopeless almost every day for two weeks or more in a row and that they stopped doing some usual activities during the past 12 months. Data is broken down by age group, grade level, race/ ethnicity, and sex.



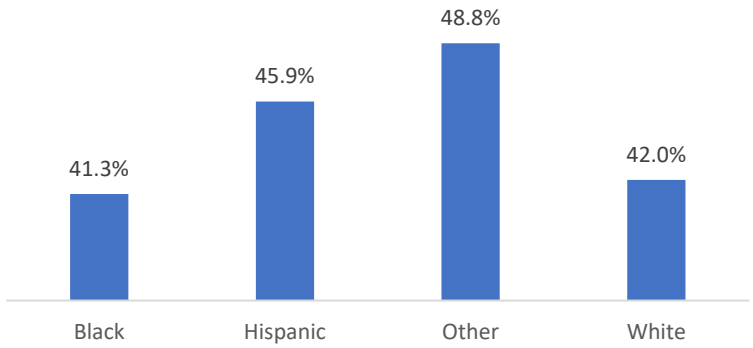
[59] National Institute of Mental Health, Mental Health Information, Health Topics, Substance Use and Mental Health. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml. Updated May 2016, Accessed June 2021.

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

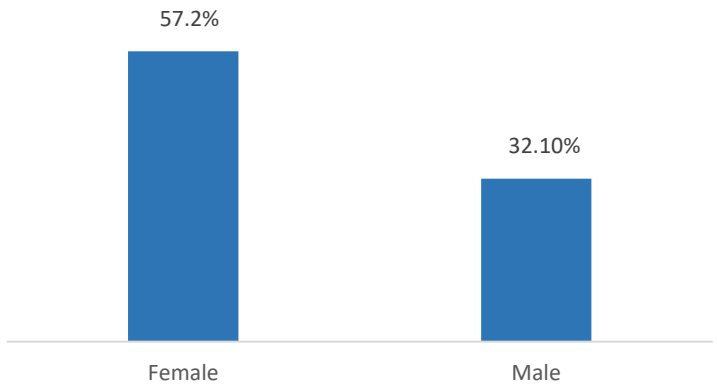
Percentage of students that reported they felt sad or hopeless almost every day for two weeks by grade level in Texas.

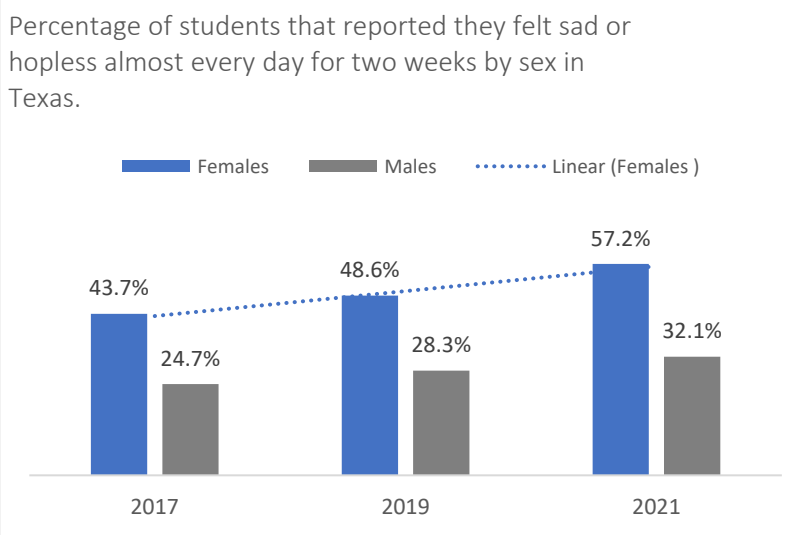


Percentage of students that reported they felt sad or hopless almost every day for two weeks by race/ ethnicity in Texas.

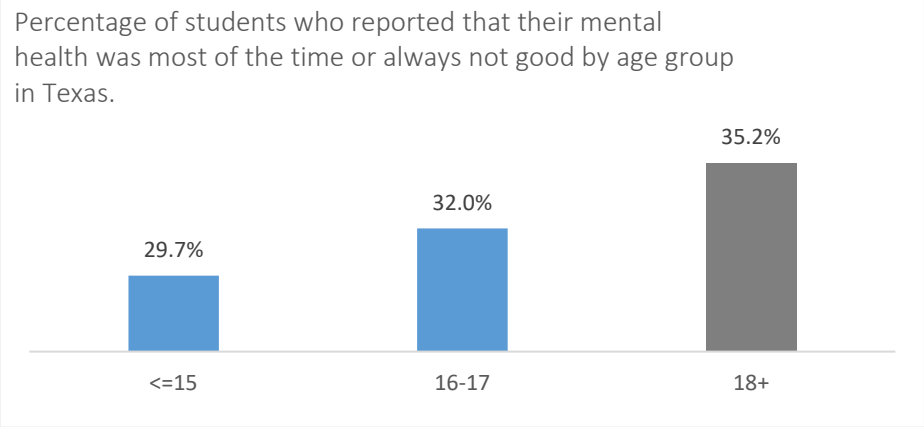


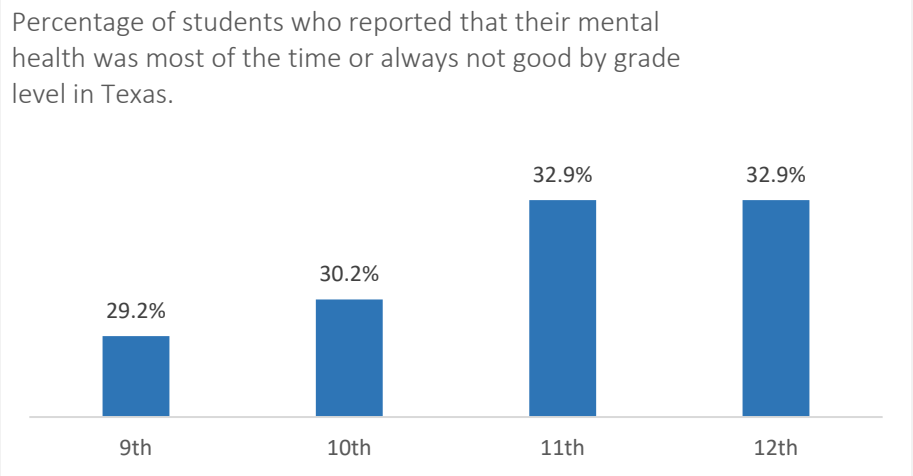
Percentage of students that reported they felt sad or hopeless allmost every day for two weeks by sex in Texas.



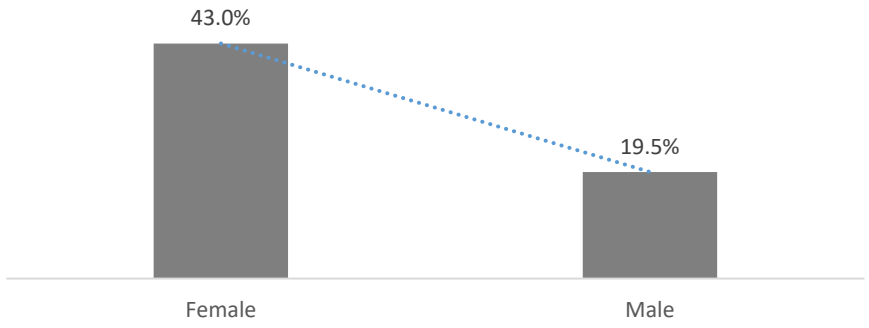


Charts below show the percentage of students who reported that their mental health was most of the time or always not good by age group, grade level, race/ ethnicity and sex in Texas. (BRFS 2021)





Percentage of students who reported that their mental health was most of the time or always not good by sex in Texas.



Percentage of students who reported that their mental health was most of the time or always not good by race/ethnicity in Texas.

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.[61] Perceptions of harm can represent both a risk and a protective factor; careful consideration needs to be given to this indicator.

The 2022 Texas School Survey 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)?".

Tables below show the percent of students in region 11 that identified the following substances being very dangerous for kids their age.

Substance	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Alcohol	52.8%	27.1%	13.3%	2.1%	4.7%
Tobacco	68.3%	19.6%	5.1%	1.1%	6.0%
Electronic Vapors	64.7%	16.6%	8.8%	3.2%	6.8%
Marijuana	66.4%	13.6%	8.7%	6.0%	5.3%
Prescription Drugs	76.0%	11.0%	2.8%	1.0%	9.1%

Source: Texas School Survey 2022

Substance	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Marijuana	66.4%	13.6%	8.7%	6.0%	5.3%
Cocaine	87.8%	4.8%	0.8%	0.5%	6.2%
Crack	87.8%	4.3%	0.5%	0.3%	7.1%
Ecstasy	81.6%	5.3%	0.8%	0.4%	11.9%
Steroids	77.7%	10.2%	2.6%	0.8%	8.7%
Heroin	86.5%	4.0%	0.5%	0.5%	8.6%
Methamphetamine	86.2%	3.9%	0.5%	0.4%	9.1%
Synthetic marijuana	79.7%	5.8%	1.8%	1.0%	11.6%
Delta	74.5%	7.2%	4.2%	2.1%	12.0%
Fictional Drug	80.4%	3.7%	0.4%	0.4%	15.1%

Source: Texas School Survey 2022

[61] Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012). Monitoring the Future national survey results on drug use, 1975-2011: Volume I, secondary school students. Ann Arbor, MI: Institute for Social Research, the University of Michigan. Retrieved from http://monitoringthefuture.org/pubs/monographs/mtf-vol1_2011.pdf

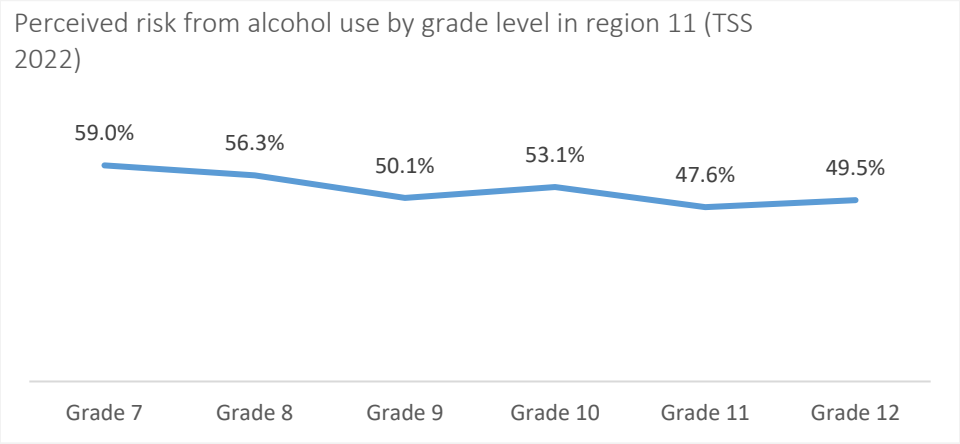
For most substances listed, students in region 11 had a higher degree of perceived risk when compared to the state as a whole. Furthermore, the substance with the highest degree of perceived risk was crack/cocaine with 87.8 percent in the region and 86.2 percent in the state.

Perception of Risk / Harm – Alcohol

According to the Texas School Survey, 59 % of 7th graders believe alcohol is very dangerous, whereas only 49.5 % of 12th graders did. Findings show adolescents' perception of risk from using alcohol decrease as youths become older.

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	52.8%	27.1%	13.3%	2.1%	4.7%
Grade 7	59.0%	22.8%	12.8%	2.5%	3.0%
Grade 8	56.3%	27.1%	11.3%	1.1%	4.2%
Grade 9	50.1%	23.6%	17.2%	4.4%	4.7%
Grade 10	53.1%	26.4%	13.2%	1.6%	5.6%
Grade 11	47.6%	30.7%	14.3%	1.7%	5.7%
Grade 12	49.5%	33.0%	11.0%	1.4%	5.1%

Source: Texas School Survey 2022



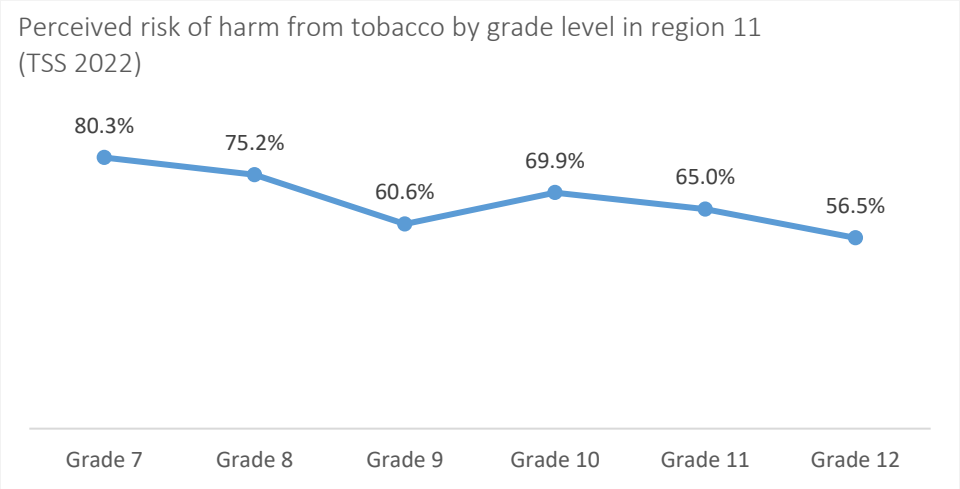
Perception of Risk/Harm – Tobacco

According to the Texas School Survey, 80.3 % of 7th graders believe Tobacco is very dangerous, whereas only 65 % of 12th graders did. Findings show adolescents' perception of risk from using tobacco decreases as youths become older.

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	68.3%	19.6%	5.1%	1.1%	6.0%
Grade 7	80.3%	13.3%	1.9%	0.5%	4.0%

Grade 8	75.2%	15.9%	3.3%	0.5%	5.1%
Grade 9	60.6%	23.4%	7.9%	2.8%	5.2%
Grade 10	69.9%	19.8%	4.1%	0.9%	5.3%
Grade 11	65.0%	19.5%	7.1%	0.9%	7.5%
Grade 12	56.5%	27.1%	6.6%	0.8%	9.0%

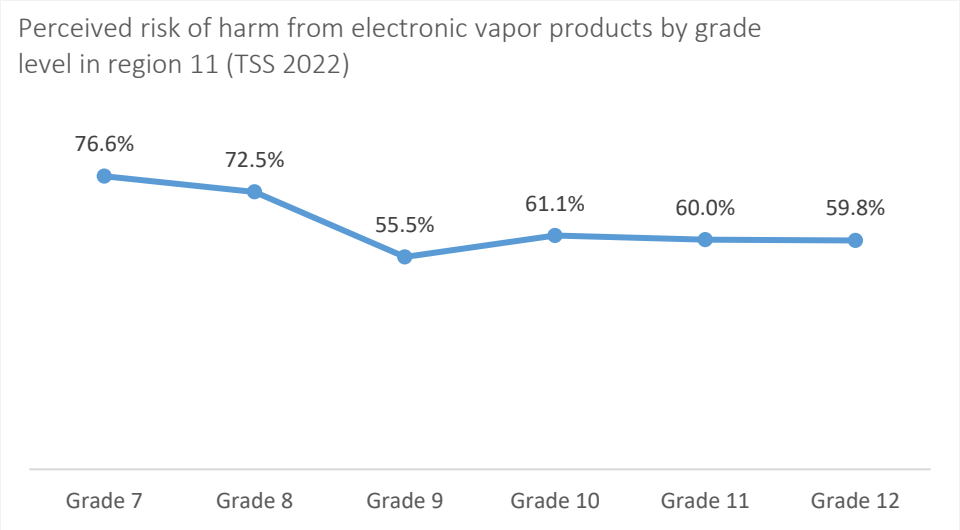
Source: Texas School Survey 2022



Perception of Risk/Harm - Electronic Vapor Products

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	64.7%	16.6%	8.8%	3.2%	6.8%
Grade 7	76.6%	11.8%	4.3%	2.2%	5.1%
Grade 8	72.5%	12.7%	7.1%	2.4%	5.4%
Grade 9	55.5%	17.1%	13.8%	5.3%	8.3%
Grade 10	61.1%	18.0%	11.6%	3.1%	6.2%
Grade 11	60.0%	19.3%	9.1%	3.7%	7.9%
Grade 12	59.8%	21.6%	8.0%	2.6%	8.1%

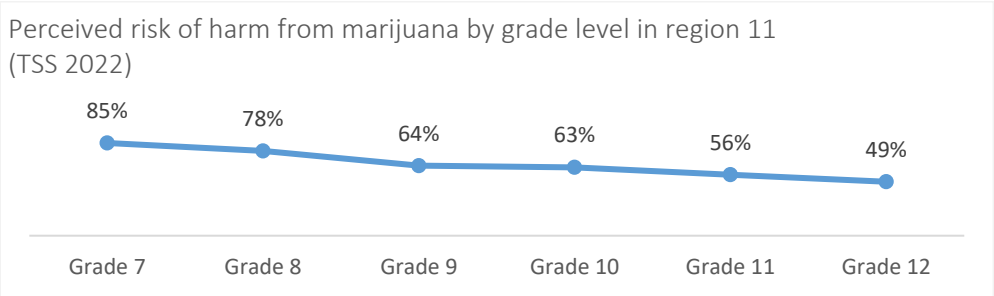
Source: Texas School Survey 2022



Perception of Risk/Harm – Marijuana

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	66%	14%	9%	6%	5%
Grade 7	85%	8%	2%	1%	4%
Grade 8	78%	11%	5%	2%	5%
Grade 9	64%	13%	10%	7%	6%
Grade 10	63%	17%	10%	6%	5%
Grade 11	56%	15%	12%	10%	7%
Grade 12	49%	20%	15%	11%	6%

Source: Texas School Survey 2022

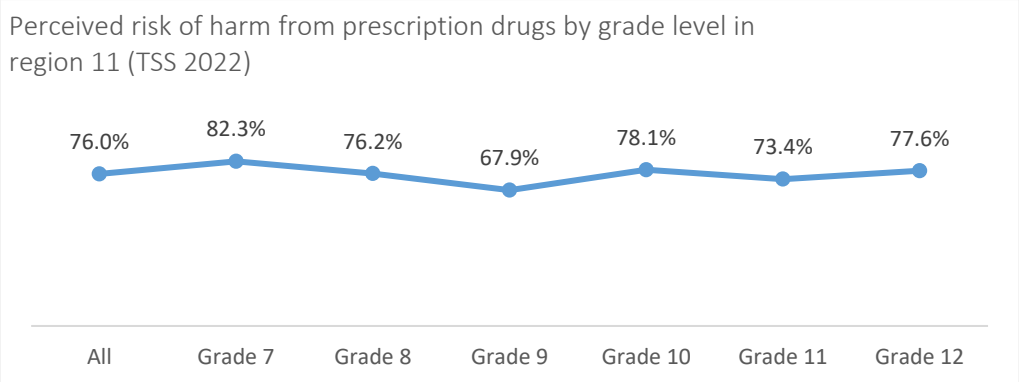


Perception of Risk/Harm - Prescription Drugs

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	76.0%	11.0%	2.8%	1.0%	9.1%

Grade 7	82.3%	7.8%	2.5%	0.7%	6.6%
Grade 8	76.2%	11.1%	3.4%	1.2%	8.1%
Grade 9	67.9%	13.6%	4.0%	1.8%	12.8%
Grade 10	78.1%	10.7%	2.4%	1.6%	7.3%
Grade 11	73.4%	13.0%	4.0%	0.1%	9.5%
Grade 12	77.6%	10.0%	0.7%	1.0%	10.7%

Source: Texas School Survey 2022



Early Initiation of Use

Understanding consumption patterns is crucial for shaping effective prevention and treatment strategies. This report highlights data on the consumption of alcohol, marijuana, tobacco, and prescription drugs. Drawing from the Texas School Survey of 2022 and aligned with the four statewide prevention priorities—underage drinking, underage tobacco use, marijuana use, and prescription drug misuse—we reveal the average age of first use for tobacco, alcohol, marijuana, and any other illicit drugs. Early initiation of substance use and misuse is a pervasive issue in the U.S. According to the Treatment Episode Data Set (TEDS) in 2020, of the 1,416,357 total admissions for substance use treatment in the U.S., 58% began using before the age of 21, 42% before the age of 17, and 5% before turning 12. This data is particularly vital for those involved in prevention initiatives since the age of first use is widely recognized as a primary predictor of substance use in adulthood.

Tables below show the average age of first use for different substances including alcohol, tobacco, marijuana and other drugs for all grades combined.

Substance	Avg. Age of First Use Region 11	TX
Alcohol	13.2	12.8
Any Illicit Drug	14	13.9
Marijuana	14.2	14.1
Tobacco	13.7	13

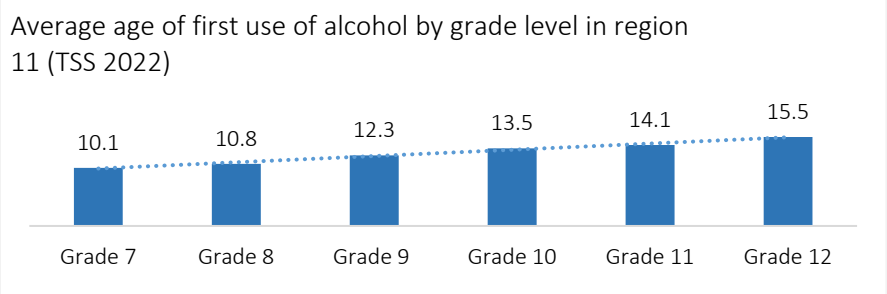
Source: Texas School Survey 2022

Substance	Avg. Age of First Use Region 11	TX
Cocaine	13.9	14.2
Crack	12.6	12.1
Steroids	11.9	12.5
Ecstasy	15	14.4
Heroin	10.6	12.5
Methamphetamine	13.8	12.9
Synthetic Marijuana	13.7	14
Delta	15.1	15.2

Source: Texas School Survey 2022

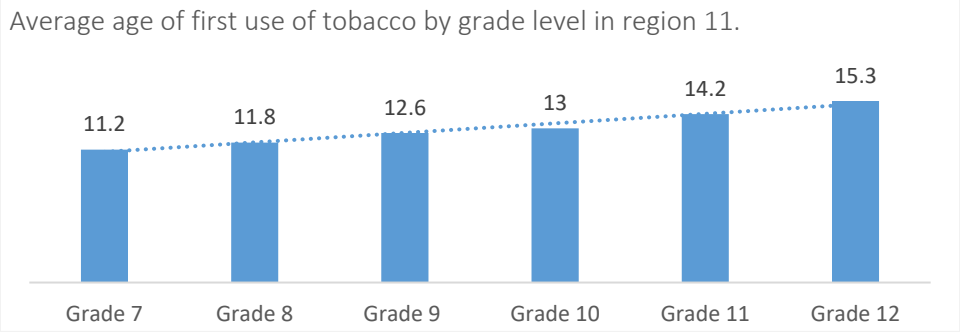
Age of First Use – Alcohol

The average age of first use of alcohol for 7th graders in this survey is 10 years whereas for 12th graders is 15 years.



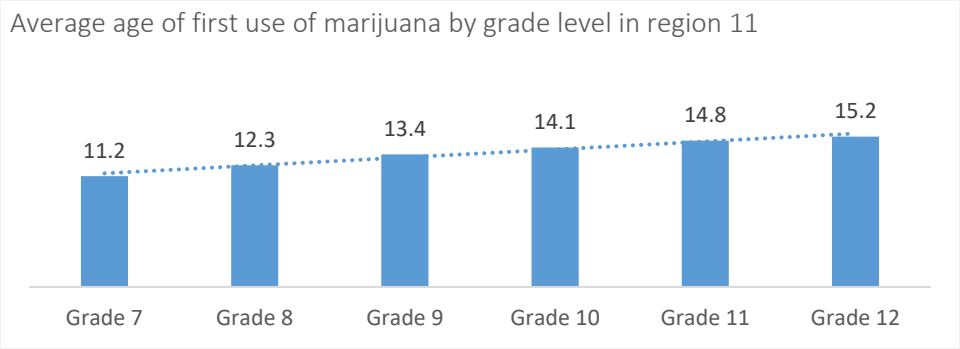
Age of First Use – Tobacco

The average age of first use of tobacco for 7th graders in this survey is 11 years whereas for 12th graders is 15 years.



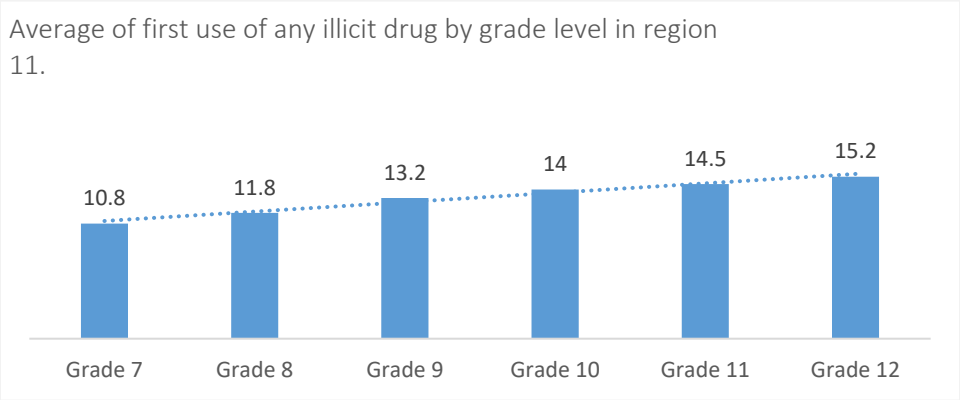
Age of First Use – Marijuana

The average age of first use of marijuana for 7th graders in this survey is 11 years whereas for 12th graders is 15 years.



Age of First Use – Any Illicit Drugs

The average age of first use of marijuana for 7th graders in this survey is 11 years whereas for 12th graders is 15 years.



Protective Factors

Research shows that the risk for substance use and other adverse behaviors increases as the number of risk factors increases, and that protective factors may reduce the risk of youth engaging in substance use that can lead to substance abuse[62]. The presence of multiple protective factors can lessen the impact of a few risk factors. For example, strong protection, such as parental support and involvement, could diminish the influence of strong risks, such as having peers who use substances[63]. While protective factors have been presented in different ways, the tables below provide examples of protective factors.

High School Graduation

The four-year longitudinal rate for graduates is calculated by dividing the number of students who graduated by the number of students in the class. Rates are provided for the following groups

[62] U.S. Department of Health and Human Services, 2010
[63] Robertson, David, & Rao, 2003

of students at county level for each year: all students, economically disadvantaged status, gender, and race/ethnicity.

Tables below highlight graduation rates by race / ethnicity and by sex in region 11 for year 2022. Data is broken down by county.

County	African American Graduation Rate (%)	Asian Graduation Rate (%)	Hispanic Graduation Rate (%)	Multiracial Graduation Rate (%)	American Indian Graduation Rate (%)	Pacific Islander Graduation Rate (%)	White Graduation Rate (%)
Aransas	-1	100	98	-1	-1	.	92.8
Bee	100	.	89.6	-1	.	.	97.8
Brooks	.	.	94.8	.	-1	.	-1
Cameron	71	100	92.3	100	-1	-1	84.9
Duval	-1	-1	91.4	.	.	.	90
Hidalgo	94.3	98	92.7	87.5	100	-1	92.6
Jim Hogg	.	.	98.7	.	.	.	-1
Jim Wells	-1	-1	91.6	-1	-1	.	98.5
Kenedy	.	.	.	.	.	.	.
Kleberg	75	-1	80.5	-1	.	.	87.5
Live Oak	.	.	93.2	-1	.	.	96.1
McMullen	.	-1	100	-1	.	.	100
Nueces	83.2	98.7	91	81.1	77.8	-1	90.6
Refugio	-1	.	98.4	-1	.	.	96.8
San Patricio	.	-1	93.3	.	.	.	-1
Starr	100	92.9	94.7	-1	-1	.	93.8
Webb	-1	.	93.1	.	.	.	-1
Willacy	.	.	88.3	.	.	.	-1
Zapata	-1	100	98	-1	-1	.	92.8

Source: Texas Education Agency

Graduation rate broken down by county in region 11.

County	All Students Graduation Rate (%)	Female Graduation Rate (%)	Male Graduation Rate (%)
Aransas	95.2	94.9	95.5
Bee	90.5	88.8	92.5
Brooks	93.9	92	95.9
Cameron	92.1	94.8	89.5
Duval	91.5	94.1	88.8
Hidalgo	92.7	94.4	91
Jim Hogg	98.7	100	97.5
Jim Wells	92.6	93.7	91.7
Kenedy	.	.	.
Kleberg	81.5	85.7	77.6

Live Oak	94.4	96.7	92.4
McMullen	100	100	100
Nueces	90.5	92.2	89
Refugio	98	96.2	100
San Patricio	93.3	95.1	91.3
Starr	94.7	96.1	93.3
Webb	93.2	97.3	89.3
Willacy	88.4	89.8	87.2
Zapata	95.2	94.9	95.5

Source: Texas Education Agency

Notes:
Data in this workbook are masked to comply with federal regulations concerning student privacy, the Family Educational Rights and Privacy Act (FERPA). A '-1' indicates data are not reported to protect student anonymity in cases where student counts are small. A dot (.) indicates there were no students in the group. Kenedy County is included in this spreadsheet though no data exists for this county. Students in this county are served by districts in Kleberg County.

Spirituality

Participation in religious activities creates a positive peer group that shares beliefs and discourages substance use (Hodge, Cardenas, & Montoya, 2001). These shared beliefs work to moderate the normative influence of societal views on alcohol and tobacco. In addition, having religious peers may reduce the opportunity of access, due to the restricted access by religious friends (Adamcyzk & Palmer, 2008). Nurturing and supportive modeling decreases the likelihood of future use.

U.S. Religion Census collects data on the number of congregations, members, adherents, and attendees. These data are aggregated to the county level for each group participating. Participating groups are welcome to use their own definitions to determine what and/or who is counted. Each group is asked to explain its definitions concerning the items for which they submit data, and to comment on U.S. Religion Census procedures for estimating adherents if the group is not providing adherent figures. Not all groups collect or report all items.

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

Members: Members are determined by the by-laws of each participating group. Members in Christian Protestant denominations are most often referred to as "full" or "communicant" members.

Adherents: The adherent figure is meant to be the most complete count of people affiliated with a congregation, and the most comparable count of people across all participating groups. Adherents may include all those with an affiliation to a congregation (children, members, and attendees who are not members). If a participating group does not provide the number of

adherents, U.S. Religion Census 2010 may estimate the number of adherents through the use of a statistical procedure (this will only be done with the approval of the participating group). For groups that report the number of members but not adherents, the general formula for estimating adherents is: Compute what percentage the group's membership is of the county's adult population (14 and older), and then apply that percentage to the county's child population (13 and younger), and then take the resulting figure and add it to the group's membership figure.

Attendees: U.S. Religion Census looks for the number most comparable to an average weekly attendance (or monthly depending on the frequency of the group's meetings) during worship services.

Spirituality measures the number of congregations per county, as well as the number of adherents in each county. The adherent figure is the most complete count of people affiliated with a congregation.

Number of congregations per county as well as number of adherents in region 11.

County	2020 Population	Congregations	Adherents	Congregations Per 100k Pop.	Adherents as % of Population
Aransas	23,830	32	13,909	134.3	58.37%
Bee	31,047	47	16,561	151.4	53.34%
Brooks	7,076	10	5,069	141.3	71.64%
Cameron	421,017	369	229,673	87.6	54.55%
Duval	9,831	17	8,441	172.9	85.86%
Hidalgo	870,781	594	535,060	68.2	61.45%
Jim Hogg	4,838	8	4,478	165.4	92.56%
Jim Wells	38,891	49	29,025	126.0	74.63%
Kenedy	350	1	221	285.7	63.14%
Kleberg	31,040	42	19,441	135.3	62.63%
Live Oak	11,335	25	6,627	220.6	58.46%
McMullen	600	2	329	333.3	54.83%
Nueces	353,178	335	225,360	94.9	63.81%
Refugio	6,741	32	5,533	474.7	82.08%
San Patricio	68,755	102	43,072	148.4	62.65%
Starr	65,920	47	55,614	71.3	84.37%
Webb	267,114	163	183,450	61.0	68.68%
Willacy	20,164	33	4,631	163.7	22.97%
Zapata	13,889	22	9,033	158.4	65.04%

Source: US Religion Census

Congregations per 100k population broken down by county in region 11.

County	2020 Population	Population Rank	Congregations Rank	Adherents Rank	Congregations Per 100k Pop. Rank	Adherents as % of Pop. Rank

Aransas	23,830	1,645	2,245	1,432	2,368	851
Bee	31,047	1,400	1,802	1,291	2,215	1,130
Brooks	7,076	2,652	2,988	2,341	2,303	330
Cameron	421,017	170	173	152	2,813	1,055
Duval	9,831	2,423	2,798	1,904	1,985	104
Hidalgo	870,781	67	88	54	2,997	689
Jim Hogg	4,838	2,834	3,048	2,437	2,059	50
Jim Wells	38,891	1,205	1,732	858	2,442	252
Kenedy	350	3,140	3,139	3,128	995	607
Kleberg	31,040	1,401	1,940	1,145	2,360	638
Live Oak	11,335	2,326	2,508	2,130	1,522	847
McMullen	600	3,135	3,131	3,119	689	1,042
Nueces	353,178	205	194	156	2,758	582
Refugio	6,741	2,680	2,245	2,272	208	142
San Patricio	68,755	780	864	639	2,246	637
Starr	65,920	814	1,802	519	2,960	116
Webb	267,114	263	490	181	3,061	411
Willacy	20,164	1,807	2,211	2,411	2,078	3,051
Zapata	13,889	2,162	2,628	1,848	2,139	533

Source: US Religion Census

School Connectedness

Patterns of Consumption

Youth Substance Use

According to SAMHSA's 2019 National Survey on Drug Use and Health, 9.4 percent of adolescents aged 12 to 17 drank alcohol in the past month, and 17.2 percent of adolescents aged 12 to 17 used illicit drugs in the past year[64].

For the 2020 National Survey on Drug Use and Health, 8.2 percent of adolescents aged 12 to 17 drank alcohol in the past month, and 13.8 percent of adolescents aged 12 to 17 used illicit drugs in the past year[65].

[64] Substance Abuse and Mental Health Services Administration. (2021). Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

[65] Substance Abuse and Mental Health Services Administration. (2021). Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

Then, in 2021, marijuana emerged as the most prevalent illicit substance, capturing the attention of 18.7 percent of individuals aged 12 or older, equating to a staggering 52.5 million users within the past year. Notably, this trend was most pronounced among young adults aged 18 to 25, where 35.4 percent (or 11.8 million individuals) reported marijuana use. Following closely were adults aged 26 or older, constituting 17.2 percent of the population, accounting for 37.9 million users. Adolescents aged 12 to 17 exhibited a lower prevalence, with 10.5 percent (or 2.7 million individuals) engaging in marijuana consumption.

Alcohol

Tables below shows patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

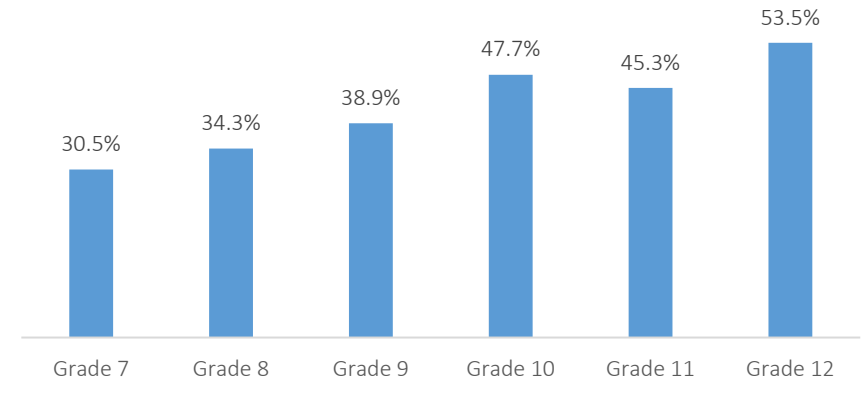
Alcohol consumption by grade level in region 11.

Grade	Current/Past Month Use	Past School Year Use	Lifetime Use	Never Use
All	22.2%	25.6%	41.3%	58.7%
Grade 7	14.7%	15.7%	30.5%	69.5%
Grade 8	15.1%	18%	34.3%	65.7%
Grade 9	22.2%	25.2%	38.9%	61.1%
Grade 10	25.5%	28.2%	47.7%	52.3%
Grade 11	25.9%	30.8%	45.3%	54.7%
Grade 12	31.8%	38%	53.5%	46.5%

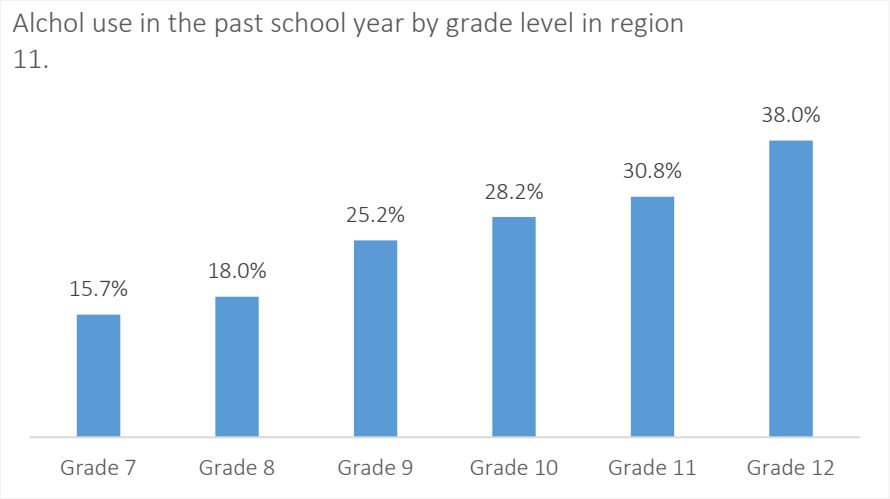
Source: Texas School Survey 2022

Lifetime Use

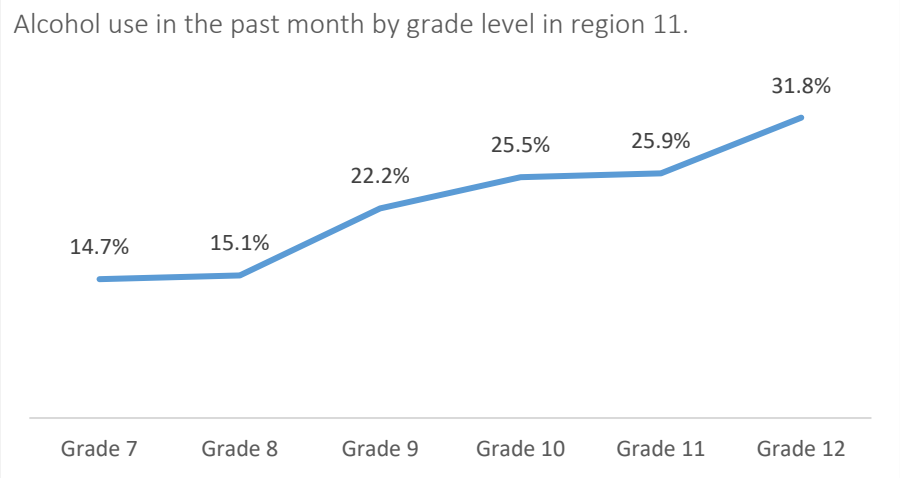
Lifetime use of alcohol by grade level in region 11.



Past School Year Use



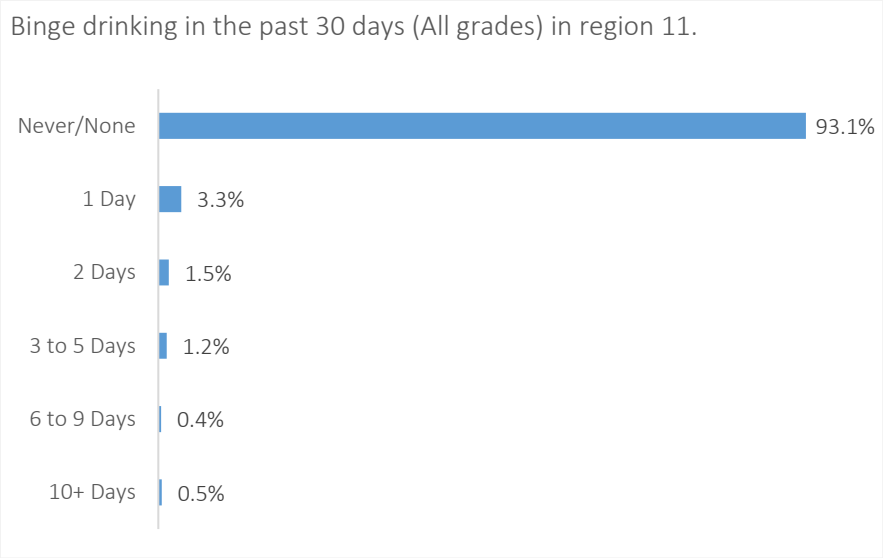
Current Use (last 30 days)



Binge Drinking in the Last 30 Days

Grade	Never/None	1 Day	2 Days	3 to 5 Days	6 to 9 Days	10+ Days
All	93.1%	3.3%	1.5%	1.2%	0.4%	0.5%
Grade 7	96.9%	1.4%	0.7%	0.4%	0.1%	0.5%
Grade 8	96.9%	1.3%	0.6%	0.2%	0.1%	0.8%
Grade 9	94.1%	2.4%	1.2%	0.9%	1.0%	0.4%
Grade 10	90.7%	5.4%	2.1%	0.4%	0.6%	0.8%
Grade 11	91.5%	4.3%	2.5%	1.1%	0.4%	0.1%
Grade 12	87.4%	5.6%	1.7%	4.2%	0.5%	0.6%

Source: Texas School Survey 2022



Tobacco

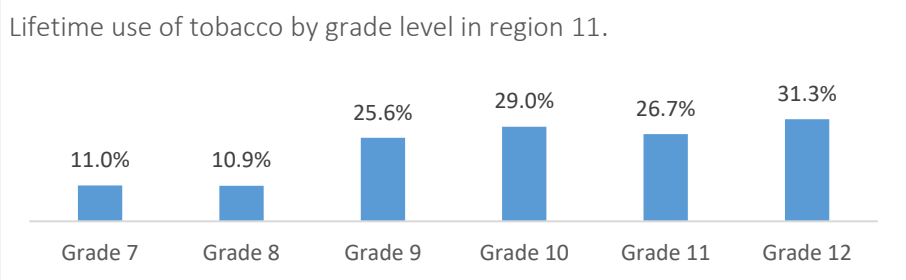
Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

Tobacco use by grade level in region 11.

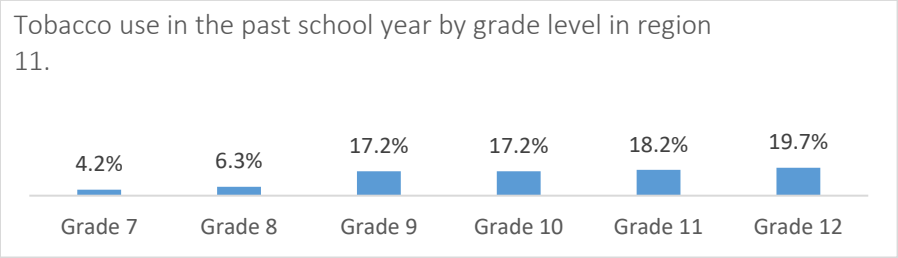
Grade	Past Month	School Year	Ever Used	Never Used
All	11.0%	13.5%	22.1%	77.9%
Grade 7	3.5%	4.2%	11.0%	89.0%
Grade 8	4.8%	6.3%	10.9%	89.1%
Grade 9	14.7%	17.2%	25.6%	74.4%
Grade 10	13.0%	17.2%	29.0%	71.0%
Grade 11	14.3%	18.2%	26.7%	73.3%
Grade 12	16.6%	19.7%	31.3%	68.7%

Source: Texas School Survey 2022

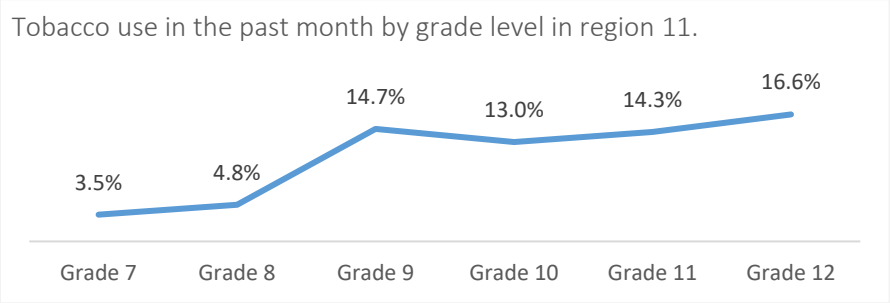
Lifetime Use



Past School Year Use



Current Use (last 30 days)



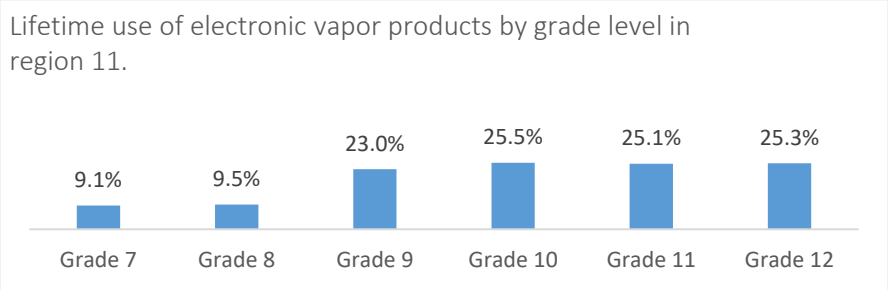
E-Cigs/Vaping Products

Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

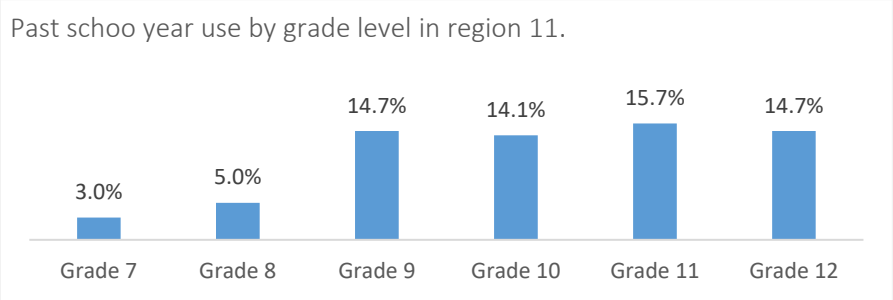
Grade	Past Month	School Year	Ever Used	Never Used
All	8.2%	11.0%	19.2%	80.8%
Grade 7	2.4%	3.0%	9.1%	90.9%
Grade 8	3.5%	5.0%	9.5%	90.5%
Grade 9	12.0%	14.7%	23.0%	77.0%
Grade 10	9.2%	14.1%	25.5%	74.5%
Grade 11	11.6%	15.7%	25.1%	74.9%
Grade 12	10.9%	14.7%	25.3%	74.7%

Source: Texas School Survey 2022

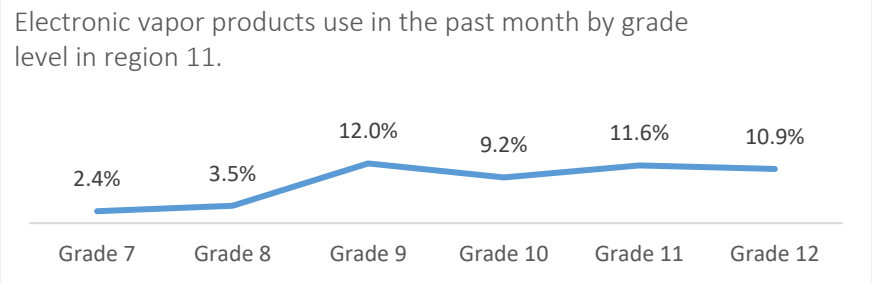
Lifetime Use



Past School Year Use



Current Use (last 30 days)



Marijuana

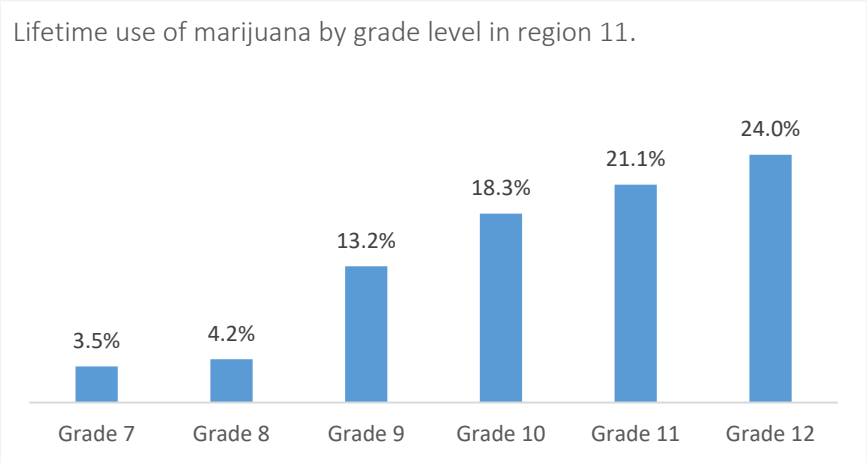
Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

Grade	Past Month	School Year	Ever Used	Never Used
All	8.7%	10.2%	13.6%	86.4%
Grade 7	2.6%	2.9%	3.5%	96.5%
Grade 8	2.0%	2.6%	4.2%	95.8%
Grade 9	10.7%	11.2%	13.2%	86.8%
Grade 10	10.2%	11.9%	18.3%	81.7%
Grade 11	14.2%	15.9%	21.1%	78.9%

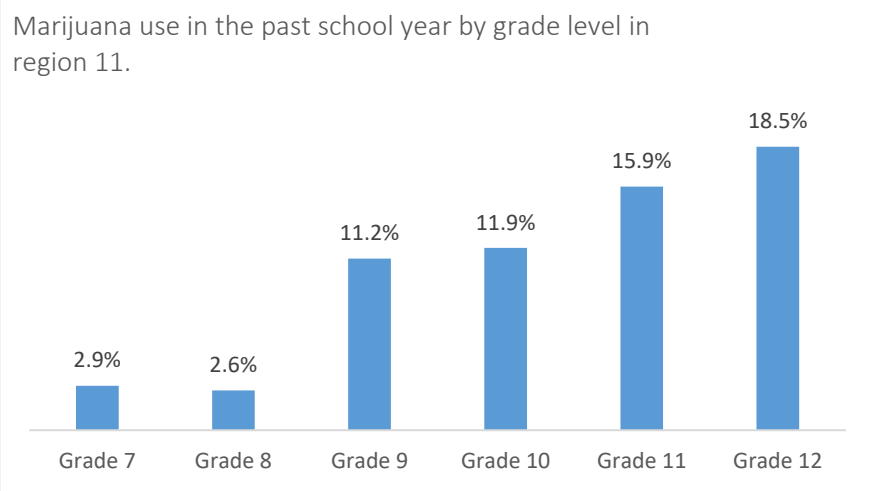
Grade 12	13.6%	18.5%	24.0%	76.0%

Source: Texas School Survey 2022

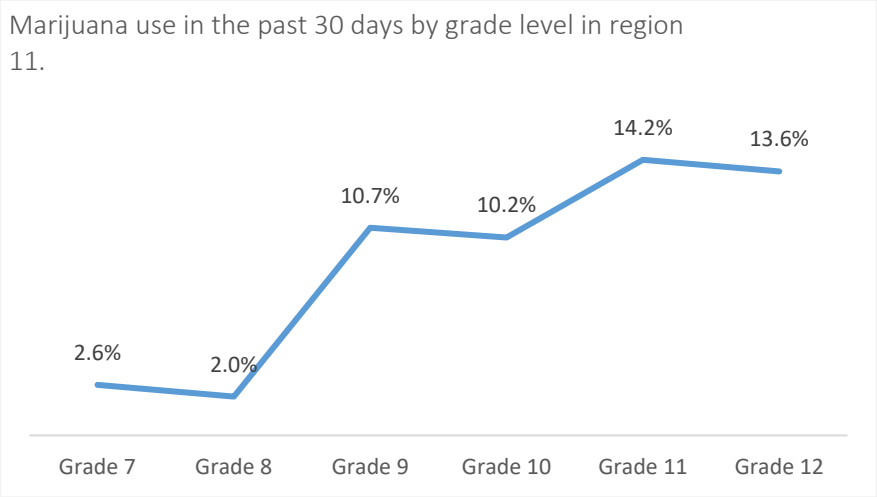
Lifetime Use



Past School Year Use



Current Use (last 30 days)



Prescription Drugs

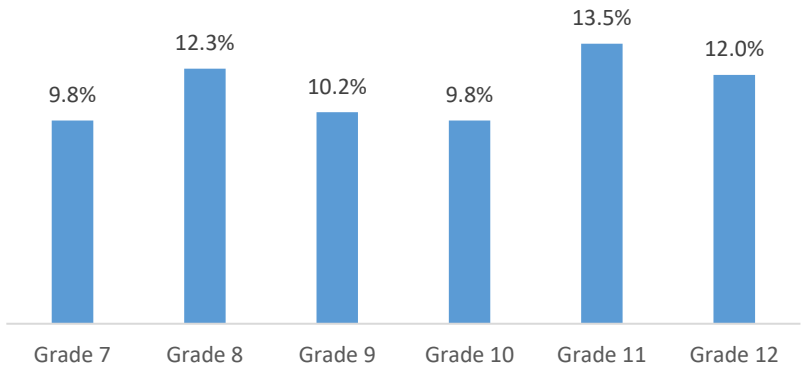
Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

Grade	Past Month	School Year	Ever Used	Never Used
All	4.4%	6.0%	11.2%	88.8%
Grade 7	4.3%	5.3%	9.8%	90.2%
Grade 8	5.4%	7.4%	12.3%	87.7%
Grade 9	5.8%	6.6%	10.2%	89.8%
Grade 10	2.1%	4.3%	9.8%	90.2%
Grade 11	4.8%	7.1%	13.5%	86.5%
Grade 12	3.7%	5.5%	12.0%	88.0%

Source: Texas School Survey 2022

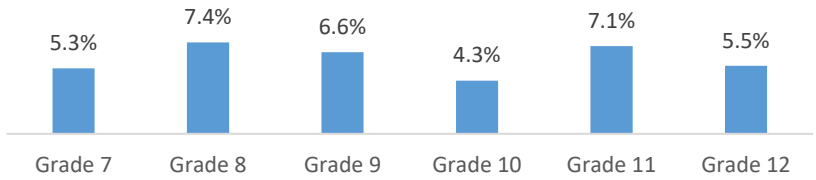
Lifetime Use

Lifetime use of any prescription drug by grade level in region 11.



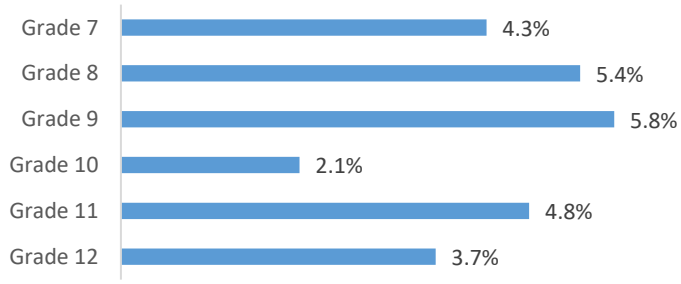
Past School Year Use

Any prescription drug use in the past school year by grade level in region 11.



Current Use (last 30 days)

Any prescription drug use in the past 30 days by grade level in region 11.



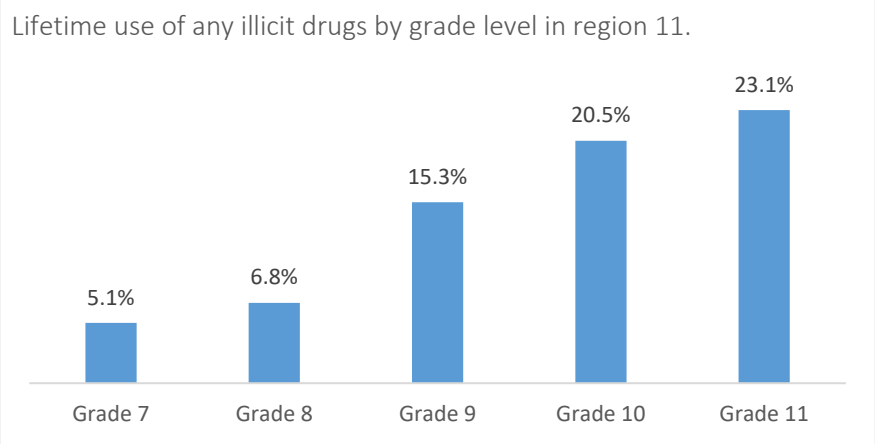
Illicit drugs

Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level. Is important to note that these numbers reflect the use of any illegal drug with the proportionally predominant use of marijuana.

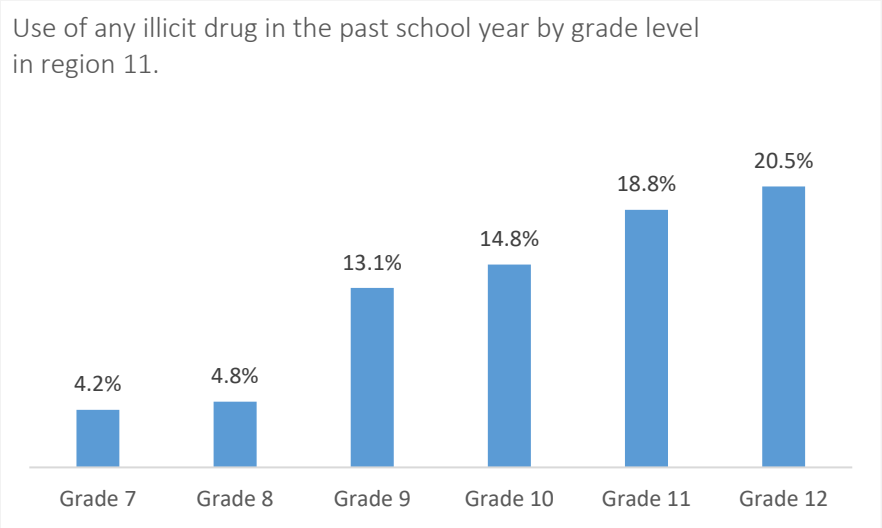
Grade	Past Month	School Year	Ever Used	Never Used
All	9.3%	12.4%	15.7%	84.3%
Grade 7	3.6%	4.2%	5.1%	94.9%
Grade 8	2.8%	4.8%	6.8%	93.2%
Grade 9	11.1%	13.1%	15.3%	84.7%
Grade 10	10.9%	14.8%	20.5%	79.5%
Grade 11	14.4%	18.8%	23.1%	76.9%
Grade 12	14.5%	20.5%	26.0%	74.0%

Source: Texas School Survey 2022

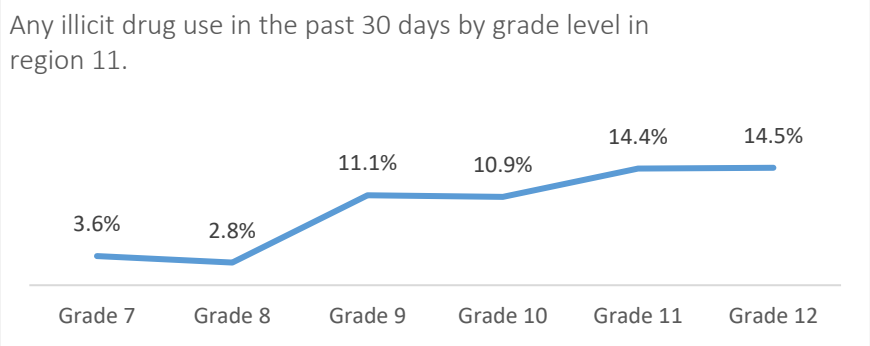
Lifetime Use



Past School Year Use



Current Use (last 30 days)



College Student Consumption

The Texas College Survey is an HHSC funded survey of college student substance use behaviors and related outcomes, risk factors, and protective factors. The survey is conducted every other odd-year (e.g., 2017, 2019). Compared to the Texas School Survey, it asks additional questions about sexual activity, mental health, and school policies regarding substance use.

Here are some 2019 statistics for reference: 76.8% of students consumed alcohol, 38.5% used marijuana, 7.1% experimented with heroin and/or other narcotics, 6.1% indulged in cocaine, 9.1% used sedatives, and 4.1% experimented with other stimulants. These figures offer valuable insights into the prevalence of substance use among students during that period.

The current dataset contains estimated percentage of use at different time frames (30 days, past school year, and lifetime) for college students in Texas for each of the following substance categories: alcohol, tobacco, marijuana, synthetic marijuana, inhalants, DXM, cocaine, and other illicit and prescription medications. Due to the primary sampling unit being individual schools

(rather than an entire region), the data is designed to be reflective of a state estimate and so does not include regional estimates.

Alcohol

Year	Use	State Percentage
2021	Lifetime Use	73.2%
2021	Past-Year Use	65.1%
2021	Past-30 Days Use	50.8%

Source: Texas College Survey 2021

Lifetime Use

Year	Population	State Percentage
2021	Male	71.7%
2021	Female	74.5%

Source: Texas College Survey 2021

Current Use (Last 30 Days)

Year	Population	State Percentage
2021	Male	49.6%
2021	Female	51.9%

Source: Texas College Survey 2021

Binge Drinking

Year	Population	State Percentage
2021	Male	62.5%
2021	Female	67.3%

Source: Texas College Survey 2021

Tobacco

Year	Use	State Percentage
2021	Lifetime Use	39.9%
2021	Past-30 Days Use	17.4%

Source: Texas College Survey 2021

Lifetime Use

Year	Population	State Percentage
2021	Male	42.8%
2021	Female	37.6%

Source: Texas College Survey 2021

Past 30 Days Use

Year	Population	State Percentage
2021	Male	20.9%
2021	Female	14.5%

Source: Texas College Survey 2021

Marijuana

Year	Use	State Percentage
2021	Lifetime Use	37.7%
2021	Past-30 Days Use	15.3%

Source: Texas College Survey 2021

Lifetime Use

Year	Population	State Percentage
2021	Male	36.6%
2021	Female	38.3%

Source: Texas College Survey 2021

Past 30 Day Use

Year	Population	State Percentage
2021	Male	15.0%
2021	Female	15.2%

Source: Texas College Survey 2021

Illicit Drugs

Lifetime Use

Drug	State Percentage
Inhalants	2.5%
DXM	4.4%
Synthetic Marijuana	2.4%
Cocaine	5.1%

Stimulants	3.2%
Sedatives	7.4%
Hallucinogens	10.7%
Heroin	0.6%
Other Narcotics	4.8%
Steroids	0.7%
Bath Salts	0.5%
MDMA	4.9%

Source: Texas College Survey 2021

Past 30 Day Use

Drug	State Percentage
Inhalants	0.4%
DXM	0.5%
Synthetic Marijuana	0.1%
Cocaine	0.8%
Stimulants	0.9%
Sedatives	1.5%
Hallucinogens	1.8%
Heroin	0.0%
Other Narcotics	0.4%
Steroids	0.1%
Bath Salts	0.0%
MDMA	0.3%

Source: Texas College Survey 2021

Adult Substance Use

Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year. The most commonly used illicit drug was marijuana, which 52.5 million people used. Nearly 2 in 5 young adults 18 to 25 used illicit drugs in the past year; 1 in 3 young adults 18 to 25 used marijuana in the past year. 9.2 million people 12 and older misused opioids in the past year.[66]

46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.[67]

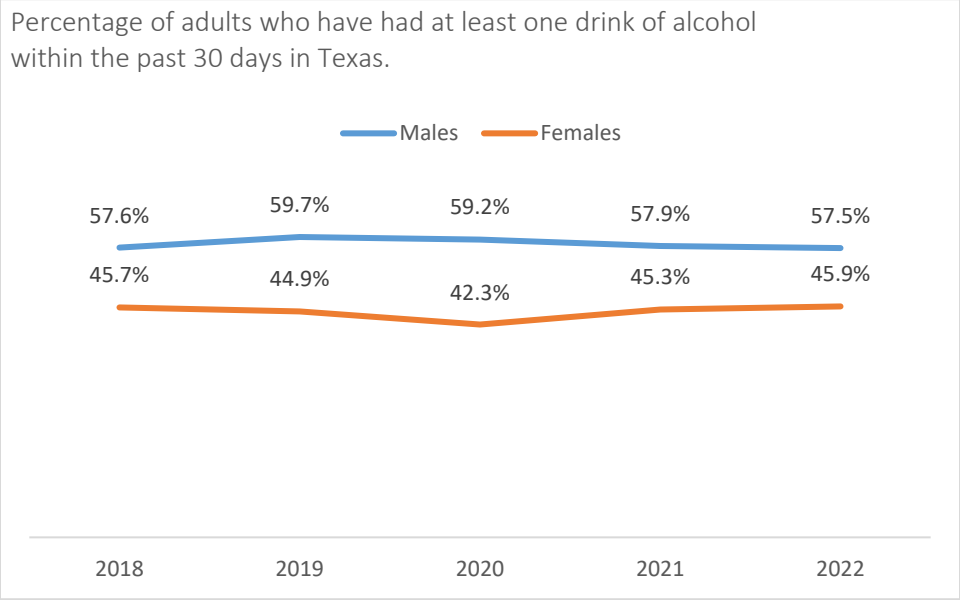
The percentage of people who were classified as having a past year substance use disorder, including alcohol use and/or drug use disorder, was highest among young adults aged 18 to 25

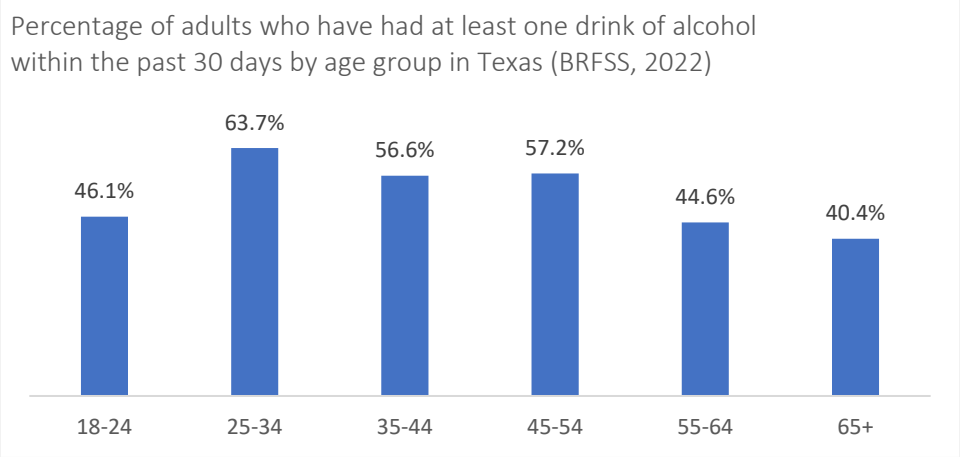
[66] 2021 NSDUH
[67] 2021 NSDUH

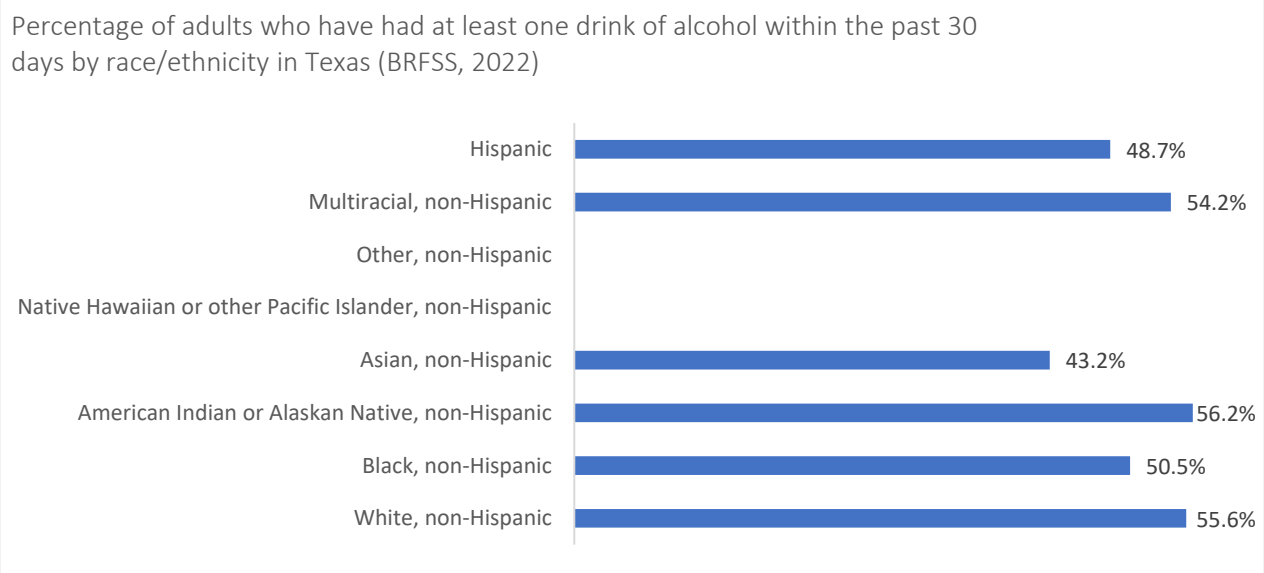
compared to youth and adults 26 and older. In 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment. Nearly all people with a substance use disorder who did not get treatment at a specialty facility did not think they needed treatment.

Charts below highlight data results from the Behavioral Risk Factor Surveillance System (BRFSS) 2021, and show the percentage of adults who have had at least one drink of alcohol within the past 30 days in Texas. Data is broken down by sex, age group, and ethnicity.

Current Use – Alcohol





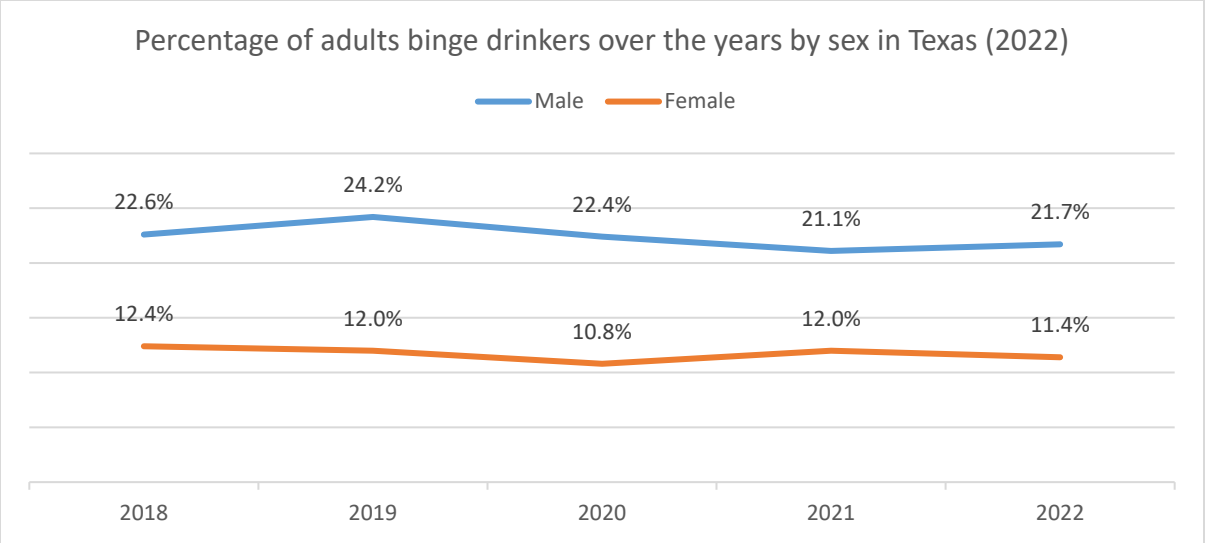


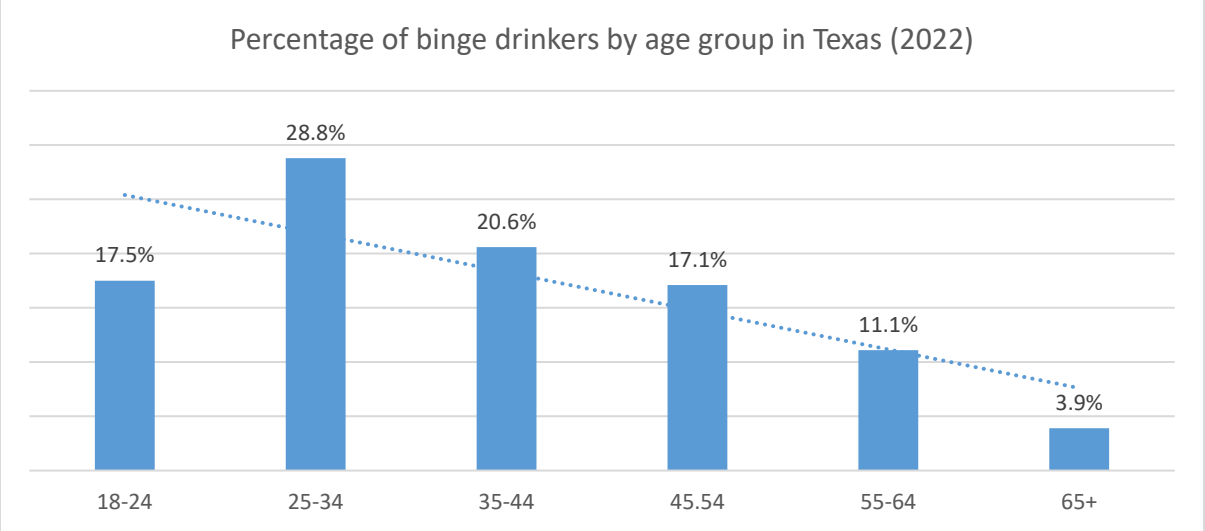
Adult Binge Drinking

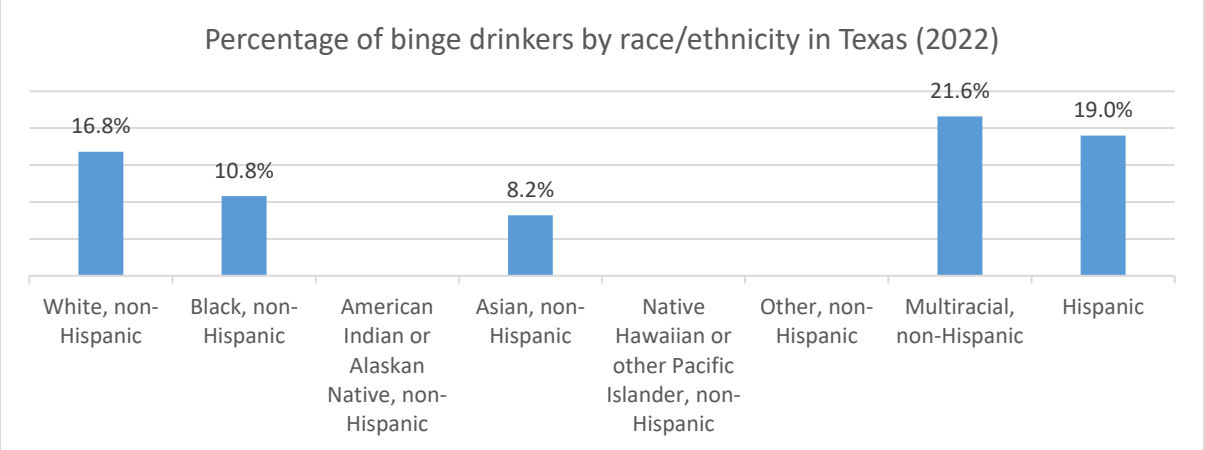
Although drug use trends and rates vary from year to year, recent data shows that substance use remains a persistent and pressing problem for many adults. In 2021, there were an estimated 34.1 million young adults (age 18 to 25) in the United States. According to the 2021 National Survey on Drug Use and Health, more than one third of these young adults reported binge drinking (having 5 or more alcoholic drinks in a row) in the past month, and about 2 in 5 young adults used an illicit drug in the past year. Although these statistics focus mainly on young adults (age 18 to 25), there is also evidence of these patterns of erratic behaviors among older adults (age 25-44).

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)

* Prevalence estimate not available if the unweighted sample size for the denominator was < 50 or the Relative Standard Error (RSE) is > 0.3 or if the state did not collect data for that calendar year.







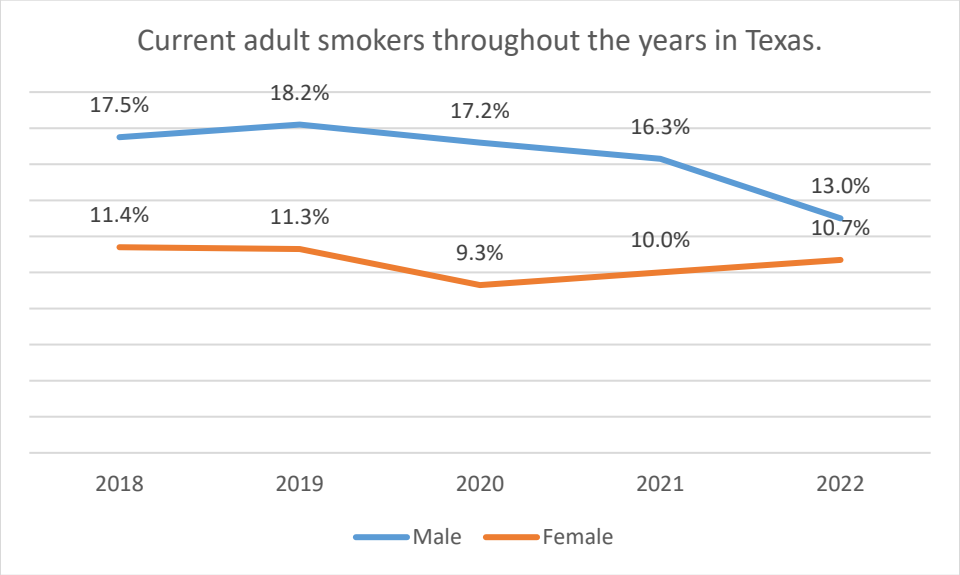
Source: Centers for Disease Control and Prevention

Adult 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.[68] In 2021, nearly 12 of every 100 U.S. adults aged 18 years or older (11.5%) currently* smoked cigarettes. This means an estimated 28.3 million adults in the United States currently smoke cigarettes.[2] More than 16 million Americans live with a smoking-related disease.[69] Current smoking has declined from 20.9% (nearly 21 of every 100 adults) in 2005 to 11.5% (nearly 12 of every 100 adults) in 2021.

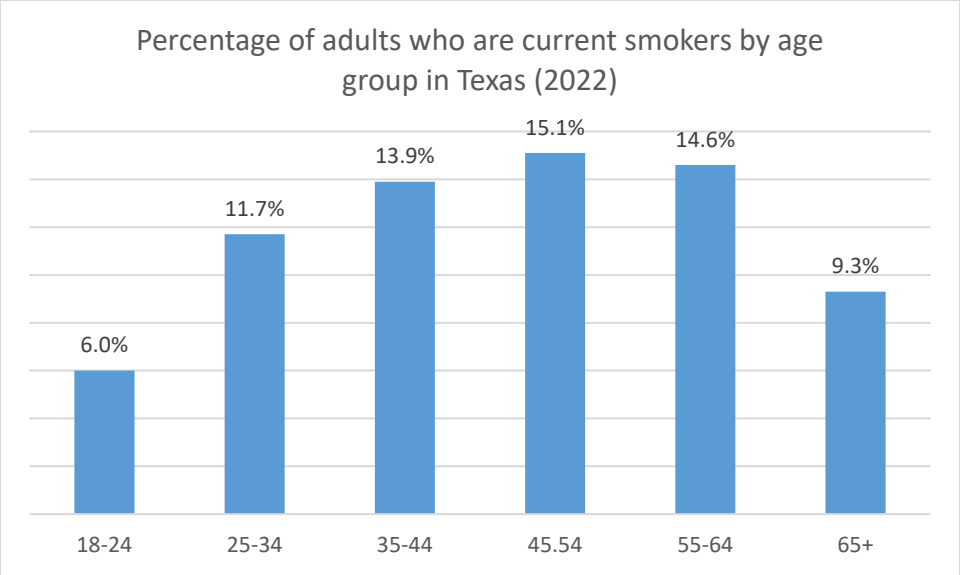
*Current smokers are defined as people who reported smoking at least 100 cigarettes during their lifetime and who, at the time they participated in a survey about this topic, reported smoking every day or some days.

Current cigarette smoking was higher among men than women in Texas.

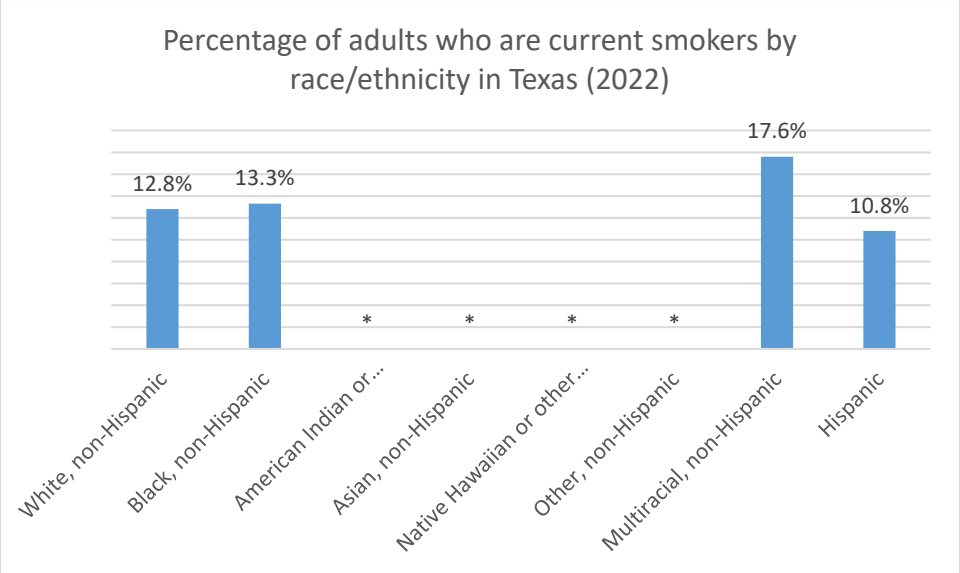


Current cigarette smoking was highest in Texas among people aged 45-54 years.
Current cigarette smoking was lowest among people aged 18-24 years.

[68] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion
[69] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion



Current cigarette smoking was highest among Multiracial Non-Hispanic adults from other racial groups and lowest among Hispanic adults.



Consequences/Outcomes of Substance Use/Misuse

Mortality

Opioid ED Visits

Emergency departments have been managing varying rates of opioid related overdoses, injuries, and fatalities. As reflected below, 11 of the 19 counties comprising the region reported an increase in opioid related visits. Live Oak County had the highest increase from 2021 to 2022 with a variance of 79.4. Nueces County had the second highest increase during the reported timeframe with a variance of 32.3. Overall, Region 11 had an increase of 10.7 per 100k in 2022.

2021-2022 Emergency Department Visits by county in Region 11.

County	2022 Visit Count	2021 Visit Count	2022 Pop Count	2021 Pop Count	2022 Opioid Visits per 100k	2021 Opioid Visits per 100k
Aransas	47	52	23830	23830	197.2	218.2
Bee	35	28	31047	31047	112.7	90.2
Brooks	8	6	7076	7076	113.1	84.8
Cameron	158	160	421017	421017	37.5	38
Duval	15	12	9831	9831	152.6	122.1
Hidalgo	525	424	870781	870781	60.3	48.7
Jim Hogg	5	7	4838	4838	103.3	144.7
Jim Wells	54	52	38891	38891	138.8	133.7
Kleberg	24	16	31040	31040	77.3	51.5
Live Oak	12	3	11335	11335	105.9	26.5
McMullen	-	1	-	600	-	166.7
Nueces	588	474	353178	353178	166.5	134.2
Refugio	1	2	6741	6741	14.8	29.7
San Patricio	96	99	68755	68755	139.6	144
Starr	28	41	65920	65920	42.5	62.2
Webb	343	324	267114	267114	128.4	121.3
Willacy	5	4	20164	20164	24.8	19.8
Zapata	10	8	13889	13889	72	57.6
Region 11	1954	1713	2246397	2246397	87	76.3

Overdose Deaths

Provisional data from CDC's National Center for Health Statistics indicate there were an estimated 107,543 drug overdose deaths in the United States during 2023—a decrease of 3% from the 111,029 deaths estimated in 2022. This is the first annual decrease in drug overdose deaths since 2018. (Source: CDC WONDER).

Opioid-Related Deaths, All Intents, Texas Residents, by Texas Health and Human Services Public Health Region, 2018-2023^

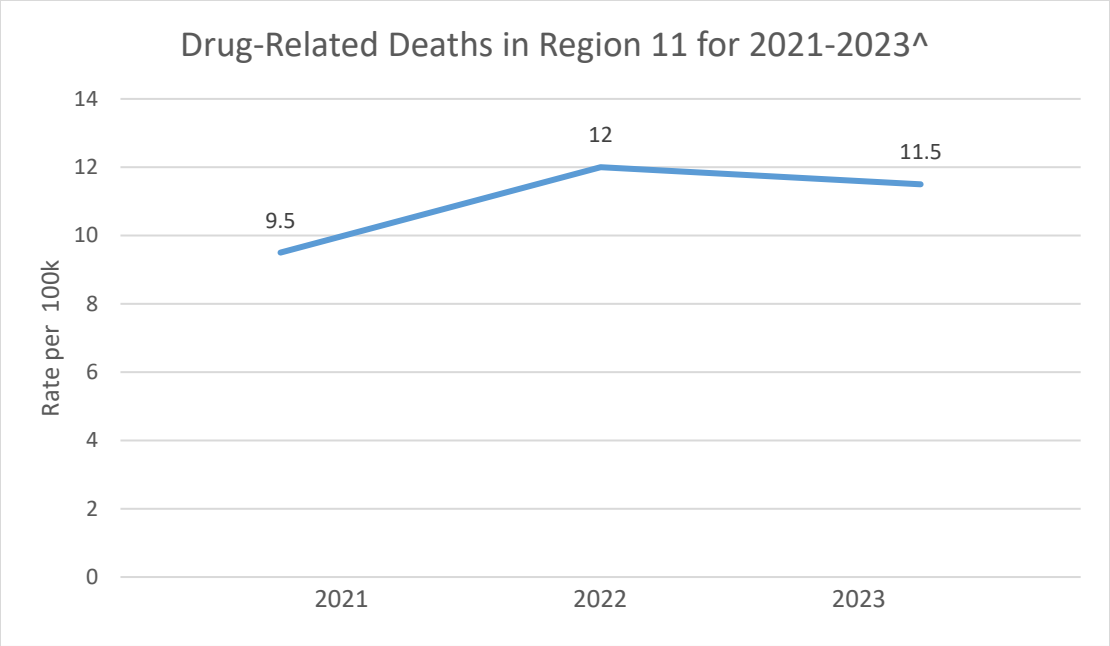
Public Health Region	Regional Pop	Years					
		2018	2019	2020	2021	2022^	2023^
1	866122	42	48	46	53	82	61
2	549130	20	14	17	44	53	41
3	8044641	355	401	567	742	803	841
4	1149993	40	46	31	48	74	65
5	768635	33	32	68	91	84	95
6	7297022	419	477	742	902	928	910
7	3661292	176	163	217	312	390	401
8	3026095	126	169	171	231	331	280
9	647458	31	25	47	47	43	58
10	888720	44	70	79	104	107	114
11	2246397	73	51	102	82	139	136
Texas	29145505	**1,359**	**1,496**	**2,087**	**2,656**	**3,034**	**3,002**

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

Overall, drug overdose deaths rose from 2018 to 2023 with more than 29,145,505 opioid related overdose deaths reported in Texas. Deaths involving synthetic narcotics other than methadone (primarily fentanyl) continued to rise with 2,445 estimated overdose deaths reported in 2023 in Texas reflecting a 28% increase from 2021(Source: CDC WONDER).

As reflected in the line graph below, the estimated all drug-related overdose deaths slightly declined in 2023 in comparison to the 2022 estimates.

The figure below is a chart showing the rate per 100k for all drugs overdose deaths in region 11 from 2021 to 2023^.



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**rates are per 100,000 and based on 2020 census data totals*

**Counts of 1-9 are suppressed to prevent the identification of individuals in confidential data.*

All drugs involved overdose deaths rate (per 100k) by race/ethnicity in region 11.

Year	NH White	NH Black	Hispanic	NH Other
2021	*	*	6.9	*
2022	26.2	*	8.7	*
2023	54	*	195	*

Texas Department of State Health Services, Center for Health Statistics

All drugs involved overdose deaths rate per 100k by age group in region 11.

Year	15-24 YR	25-34 YR	35-44 YR	45-54 YR	55-64 YR	65-74 YR	75-84 YR	85+ YR
2021	5.0	17.8	20.8	15.8	9.7	8.9	*	*
2022	8.6	20.9	25.9	13.6	15.2	*	0	*
2023	*	60	77	65	34	13	*	0

Texas Department of State Health Services, Center for Health Statistics

Fentanyl

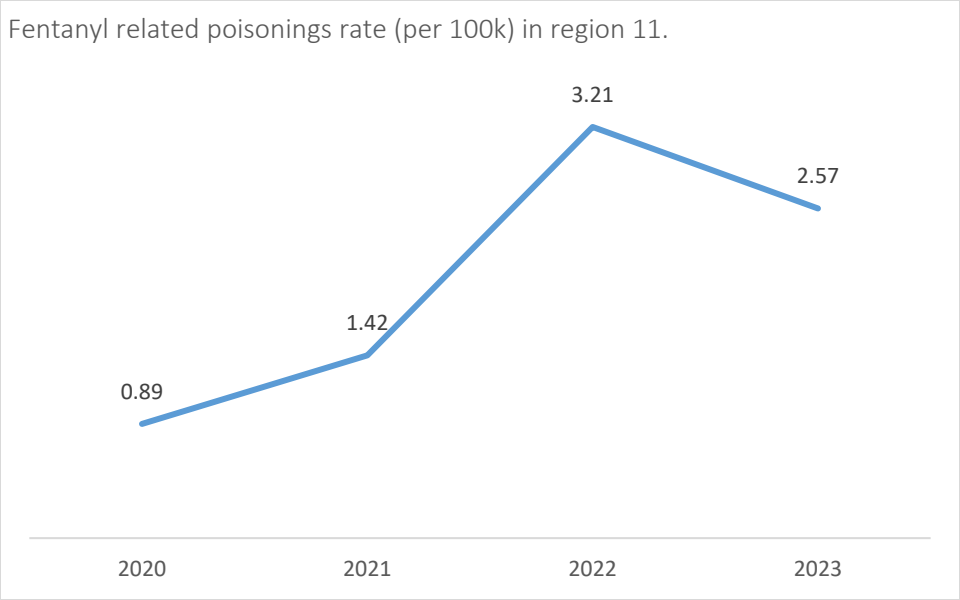
Fentanyl-related poisonings are a subset of synthetic opioid drug death records where the literal cause of death fields on the death record contain the text 'fentanyl' or 'fentanil'. Misspellings of fentanyl and fentanyl analogs have not been accounted for.

- In Texas, the fentanyl crisis is taking a devastating toll, with overdose outbreaks attributed to this potent drug skyrocketing by more than 60 percent. As of 2021, the Texas Department of State Health Services reported that opioids were responsible for 2,506 overdose deaths. Of all deaths related to opioid overdose among those aged 0 to 17 in 2020, a staggering 92 percent were due to the consumption of synthetic opioids such as fentanyl.
- Rates of overdose deaths involving synthetic opioids other than methadone, which includes fentanyl and fentanyl analogs, increased over 56% from 2019 to 2020. The number of overdose deaths involving synthetic opioids in 2020 was more than 18 times the number in 2013. More than 56,000 people died from overdoses involving synthetic opioids in 2020. The latest provisional drug overdose death counts through June 2021 suggest an acceleration of overdose deaths during the COVID-19 pandemic. (CDC)
- One in four Texans have experienced an opioid overdose or know someone who has.
- Fentanyl is an opioid 50 times stronger than heroin and may be mixed with other substances and counterfeit (fake) pills. Even in small doses, as few as two milligrams, fentanyl can cause a life-threatening overdose or be lethal.
- The Centers for Disease Control and Prevention has published provisional data from 2021 that shows about 66 percent of opioid-related deaths in Texas involve synthetic opioids, such as fentanyl and fentanyl analogs (Ahmad et al., 2022).
- Naloxone is a life-saving medication that can reverse an overdose from opioids, including fentanyl. If you or someone you know is at risk for opioid overdose, carry naloxone and keep it at home.

Table below shows the fentanyl related poisonings rate in region 11.

Year	Population	Fentanyl Related Poisonings	Rate per 100k
2018	2,246,397	*	
2019	2,246,397	*	
2020	2,246,397	20	0.89
2021	2,246,397	32	1.42
2022	2,246,397	72	3.07
2023	2,246,397	61	2.57

Source: Texas Department of State Health Services, Center for Health Statistics



Stimulants

Stimulants related poisonings rate per 100k population in region 11.

Year	Population	Stimulant Related Poisonings	Rate per 100k
2021	2,246,397	100	4.5
2022	2,246,397	130	5.8
2023	2,246,397	177	7.9

Source: Texas Department of State Health Services, Center for Health Statistics

Heroin

Heroin related poisonings rate per 100k population in region 11.

Year	Population	Heroin Related Poisonings	Rate
2021	2,246,397	37	1.6
2022	2,246,397	37	1.6
2023	2,246,397	38	1.7

Source: Texas Department of State Health Services, Center for Health Statistics

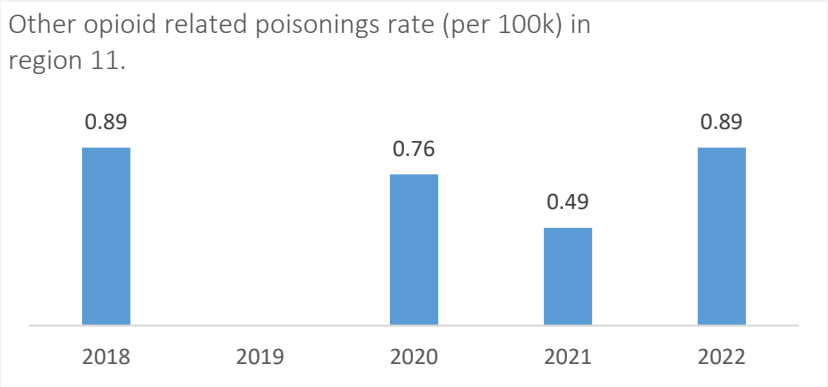
Other Opioid Related Poisonings

Other opioid related poisonings rate per 100k population in region 11.

Year	Population	Other Opioid Related Poisonings	Rate
2020	2,246,397	17	0.8
2021	2,246,397	11	0.49

2022	2,246,397	20	0.89
2023	2,246,397	**	

Source: Texas Department of State Health Services, Center for Health Statistics



Alcohol Related Poisonings

Alcohol related poisonings rate per 100k population in region 11.

Year	Population	Alcohol Related Poisonings	Rate
2021	2,246,397	17	0.76
2022	2,246,397	*	
2023	2,246,397	*	

Source: Texas Department of State Health Services, Center for Health Statistics

Adolescent Deaths by Suicide

Throughout the state of Texas, suicide is the:

- 2nd leading cause of death for ages 10-24
- 2nd leading cause of death for ages 25-34
- 5th leading cause of death for ages 35-44
- 8th leading cause of death for ages 45-54
- 11th leading cause of death for ages 55-64
- 18th leading cause of death for ages 65+

According to the American Foundation for Suicide Prevention, suicide is the 11st leading cause of death in the state of Texas, while the Lone Star state is ranked 37th in the nation for its suicide rate. More than 3 times as many people died by suicide in 2019 than in alcohol related motor vehicle accidents. 67.12% of communities did not have enough mental health providers to serve residents in 2020, according to federal guidelines.

Table below shows the rate of adolescent's deaths by suicide based on population size from 2018 to 2022 by public health region.

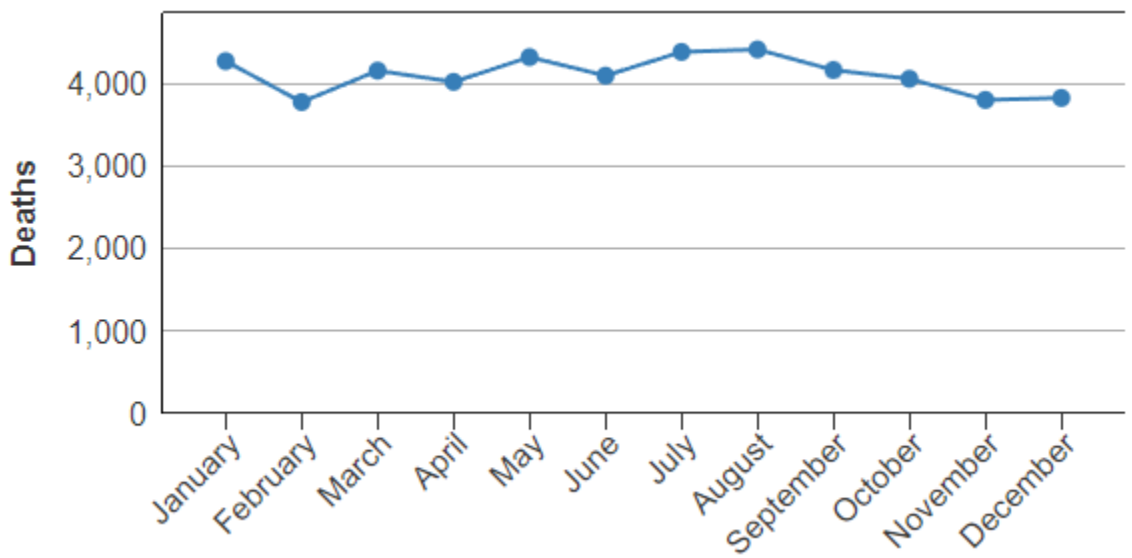
Suicide Rates in Adolescents Expressed per 100k Population Individuals

PHR	2018	2019	2020	2021	2022
1	1.72	1.72	2.34	1.23	1.23
2	*	*	*	*	2.51
3	0.93	1.10	1.10	1.22	1.01
4	1.48	1.20	0.92	*	0.92
5	1.80	1.52	1.38	*	*
6	0.83	1.05	1.00	1.04	1.07
7	1.02	0.96	1.39	1.10	0.99
8	1.65	0.99	1.55	1.48	1.16
9	1.99	1.99	*	*	*
10	*	*	*	1.20	*
11	1.19	1.05	0.81	1.00	0.95

Source: Texas Health and Human Services Public Health Region

All Deaths by Suicide

Suicide is one of the leading causes of death in the United States. This chart shows the number of suicide deaths by month, using provisional national data for 2023 from the CDC.



Tables below show the number of suicide deaths by public health region in Texas for 2022. Data is broken down by age group, sex, and race/ethnicity.

PHR	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
1	*	26	29	36	25	19	13	15	*	166

2	*	16	24	23	20	22	*	*	*	126
3	10	181	201	152	175	165	103	53	35	1,075
4	*	25	37	45	32	55	20	21	*	243
5	*	20	26	19	22	29	11	*	*	138
6	*	173	187	163	153	139	86	56	16	983
7	*	92	140	112	83	79	54	28	**	604
8	*	60	94	76	66	44	34	22	*	411
9	*	23	16	33	25	19	*	*	*	127
10	0	16	34	21	13	12	*	*	*	113
11	*	37	52	35	39	26	11	10	*	218
Total	**	669	840	715	653	609	348	233	93	4,204

Source: Texas Health and Human Services Public Health Region

Number of suicide deaths by public health region in Texas for 2022.
Data is broken down by sex.

PHR	Male	Female	Total
1	140	26	166
2	107	19	126
3	855	220	1,075
4	203	40	243
5	111	27	138
6	790	193	983
7	472	132	604
8	326	85	411
9	106	21	127
10	96	17	113
11	180	38	218
Total	3,386	818	4,204

Source: Texas Health and Human Services Public Health Region

Number of suicide deaths by public health region in Texas by race/ethnicity.

PHR	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Other	Total
1	113	*	42	*	166
2	110	*	10	*	126
3	727	106	191	51	1,075
4	208	**	18	*	243
5	113	*	12	*	138
6	582	136	208	57	983
7	431	45	107	21	604
8	231	**	153	*	411

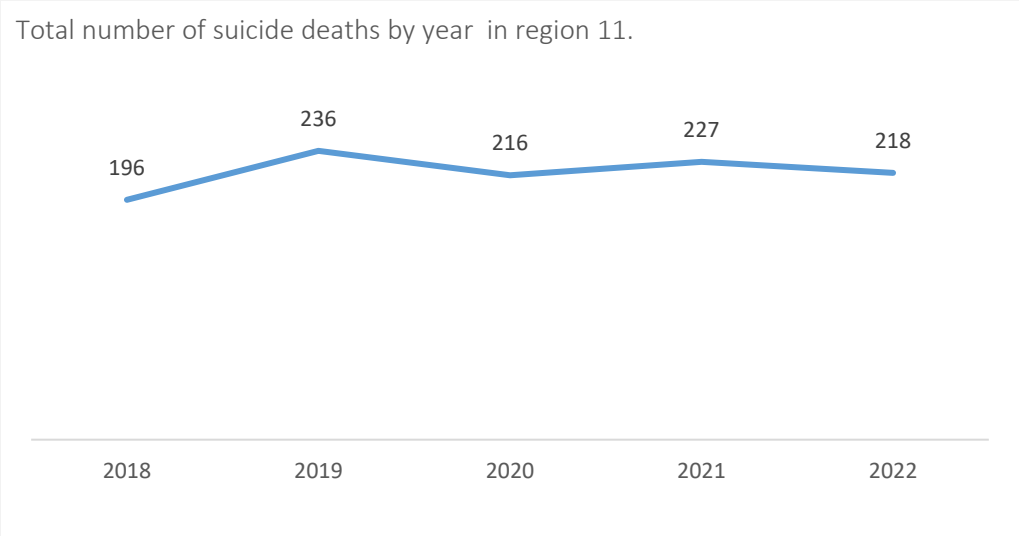
9	82	*	41	*	127
10	43	*	66	*	113
11	**	*	141	0	218
Total	2,715	350	989	150	4,204

Source: Texas Health and Human Services Public Health Region

Suicide death rate per 100k population by age group broken down by year in region 11.

Year	Rate 15-24	Rate 25-34	Rate 35-44	Rate 45-54	Rate 55-64	Rate 65-74	Rate 75-84	Rate 85+	Region 11 RATE
2018	9.7	14.4	6.8	12.1	13.1	7.8	13.3	*	9.3
2019	11.9	15.1	16.2	11.3	11.0	12.2	*		11.3
2020	10.5	18.2	14.4	11.3	8.9	8.3	14.5	*	10.3
2021^	11.9	21.9	11.9	9.4	8.4	14.4	*	*	10.8
2022^	10.2	17.8	12.6	14.7	11.0	6.1	11.1	*	10.4

Source: Texas Health and Human Services Public Health Region



Alcohol-Related Vehicular Fatalities

In Texas, a person dies every nine hours and six minutes in a DUI-related traffic accident involving alcohol. 1,090 people lost their lives, and 2,114 were seriously injured in 2023 due to individuals choosing to drive while impaired.[70]

[70] TxDOT

2023 Alcohol Related Vehicular Fatalities in Region 11

County	County Pop.	Fatalities	Rate Per 100k
Aransas	23830	7	29.37
Bee	31047	2	6.44
Brooks	7076	0	0
Cameron	421017	5	1.19
Duval	9831	1	10.17
Hidalgo	870781	28	3.22
Jim Hogg	4838	0	0
Jim Wells	38891	2	5.14
Kenedy	350	0	0
Kleberg	31040	1	3.22
Live Oak	11335	1	8.82
McMullen	600	0	0
Nueces	353178	16	4.53
Refugio	6741	1	14.83
San Patricio	68755	4	5.82
Starr	65920	0	0
Webb	267114	4	1.5
Willacy	20164	0	0
Zapata	13889	0	0

Source: Texas Department of Transportation

Healthcare

In 2020, data from SAMHSA revealed a significant disconnect between the recognition of a Substance Use Disorder (SUD) and the pursuit of treatment. Of the individuals aged 12 and above, approximately 14.9%, or roughly 41.1 million people, were flagged as needing substance use intervention that year. Alarmingly, of this group, an overwhelming 97.5% felt they didn't require treatment or hadn't sought help from specialized facilities. Delving deeper into those who did seek help, only about 6.5% (2.6 million people) actually underwent some form of substance use therapy. When broken down by age, the figures showed that 7.6% of teens aged 12 to 17, 4.4% of young adults aged 18 to 25, and 7.0% of those aged 26 and older availed treatment. This equates to 120,000 teens, 363,000 young adults, and 2.1 million older adults acknowledging and addressing their SUD within that year.

Treatment Episode Data Set (TEDS) release state level data. Opiates and Alcohol are the primary substances that are being used and misused at admission. Figure below illustrates the trends for admission from 2007 to 2017. Cocaine admissions have dropped since 2007, while methamphetamine amphetamine admissions have increased. Alcohol is the primary reason for substance use admissions.

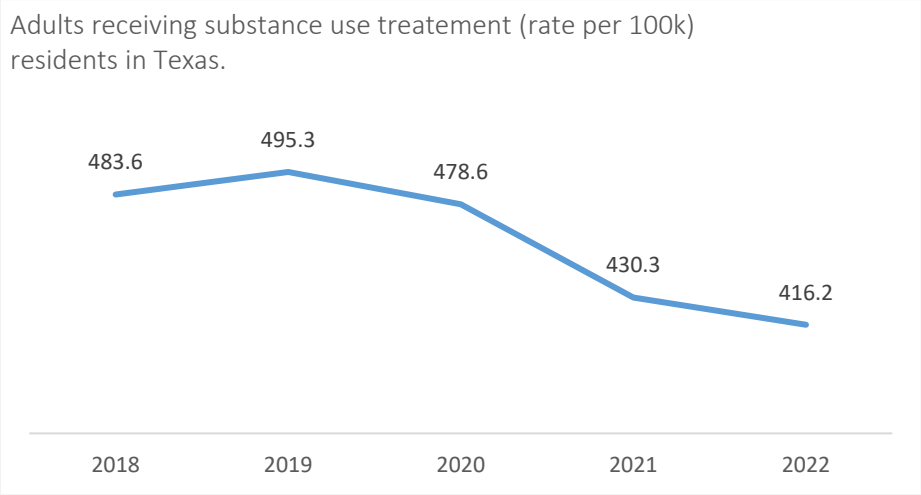
Texas

The numbers reported below are exclusively treatment services funded by HHSC and so do not necessarily represent all SUD treatment service providers in Texas.

The table below shows the number of people receiving substance use treatment in region 11 from 2018 to 22.

Year	Population	Adults Receiving SU Treatment	Per 100k Residents
2018	21,866,700	105,756	483.6
2019	21,866,700	108,299	495.3
2020	21,866,700	104,646	478.6
2021	21,866,700	94,096	430.3
2022	21,866,700	91,011	416.2

Source: Texas Health and Human Services Commission



Adolescents Receiving SUD Treatment

The table below shows the number of youth receiving substance use treatment from 2018 to 2022 in Texas.

Year	Population	Youth Receiving SU Treatment	Per 100k Residents
2018	7,278,805	14,049	193
2019	7,278,805	13,335	183
2020	7,278,805	9,021	124
2021	7,278,805	7,426	102
2022	7,278,805	8,370	115

Source: Texas Health and Human Services Commission

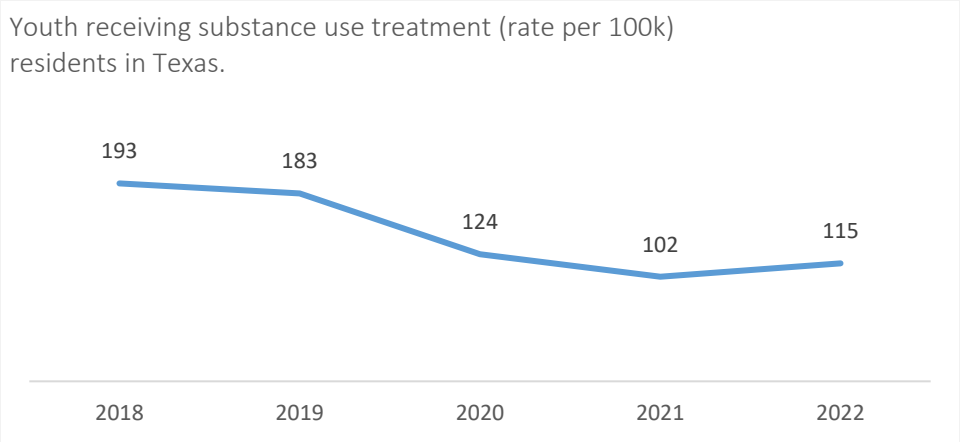
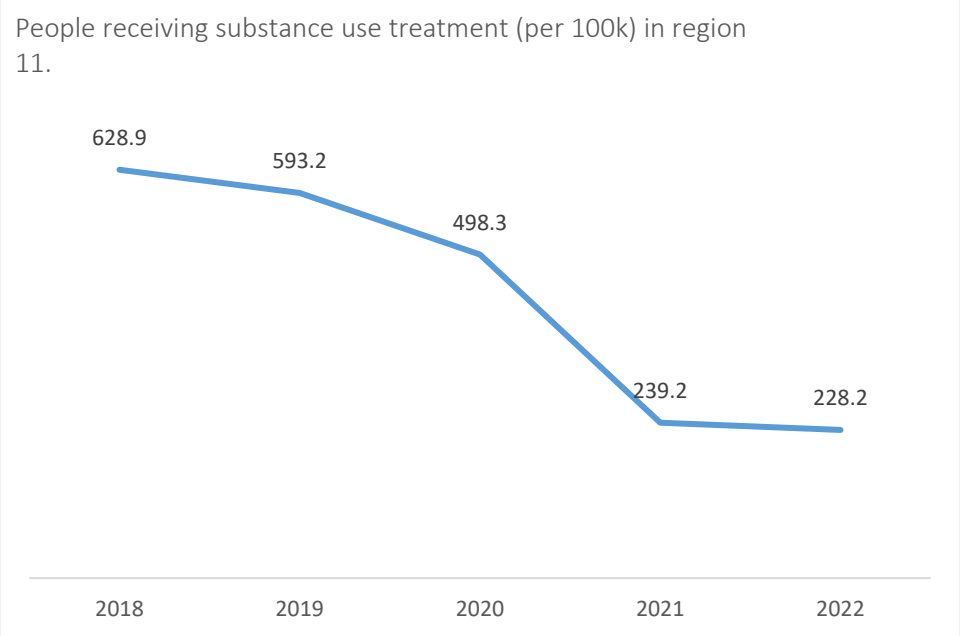


Table below shows the number and rate per 100k population of people receiving substance use treatment in region 11 from 2018 to 2022.

Year	Number of People Receiving SU Treatment	Population	Per 100k Residents
2018	14,128	2,246,397	628.9
2019	13,325	2,246,397	593.2
2020	11,193	2,246,397	498.3
2021	5,374	2,246,397	239.2
2022	5,126	2,246,397	228.2

Source: Texas Health and Human Services Commission



Adults Receiving SUD Treatment

Substance use treatment rate per 100k population in region 11, 2022.

County	Number of Residents Served	FIPS Code	Population	Per 100k Residents
Aransas	0	48007	23,830	0.0
Bee	0	48025	31,047	0.0
Brooks	0	48047	7,076	0.0
Cameron	263	48061	421,017	62.5
Duval	0	48131	9,831	0.0
Hidalgo	254	48215	870,781	29.2
Jim Hogg	0	48247	4,838	0.0
Jim Wells	0	48249	38,891	0.0
Kenedy	0	48261	350	0.0
Kleberg	0	48273	31,040	0.0
Live Oak	0	48297	11,335	0.0
McMullen	0	48311	600	0.0
Nueces	4,609	48355	353,178	1305.0
Refugio	0	48391	6,741	0.0
San Patricio	0	48409	68,755	0.0
Starr	0	48427	65,920	0.0
Webb	0	48479	267,114	0.0
Willacy	0	48489	20,164	0.0
Zapata	0	48505	13,889	0.0
Region 11	5,126	N/A	2,246,397	228.2

Source: Texas Health and Human Services Commission

**Primarily limitations are: 1. these only represent HHSC-funded treatment providers; 2. there are pretty large numbers of people served who did not have the county included, so there are probably some counties that are undercounted or counties that show zero services when there are actually are some being provided; 3. they did not provide services to adolescents but rather youth broadly (<18); 4. the data request did not come as intended which was to have youth and adults for each county, demographics are only available at the state level.*

Criminal Justice

Incarceration Rates (Drug Related Only)

Data highlighting incarceration rates is from the Texas Department of Criminal Justice's annual statistical reports for various populations (receives, releases, on-hand, etc.) broken out by the main offense for which people are incarcerated. There is a specific breakout for Drug Possession as well as the incarcerated population in a Substance Abuse Felony Punishment (SAFP) facility. It should be noted that this data is only for state-level jails, prisons, and private correctional facilities. This does not include individuals that are for

incarcerated in federal prisons that happen to be located in Texas. Additionally, new receives is a subset of total receives. It refers to all individuals who are either being incarcerated for the first time or who are being incarcerated after being fully discharged previously (i.e., they were not already on parole or some other form of supervision).

2023 On-Hand related statistics for region 11.

General Category	Specific Category	Prison	State Jail	SAFP	Total	% of General Category	% of All Releases
Drug	Drug Delivery	7,023	23	198	7,244	37.80%	5.60%
	Drug Possession	9,287	1,511	1,095	11,893	62.10%	9.20%
	Drug Offense-Other	7	0	0	7	0.00%	0.00%
	Drug Total	**16,317**	**1,534**	**1,293**	**19,144**	**100.00%**	**14.80%**

2023 Receives related statistics for region 11.

General Category	Specific Category	Prison	State Jail	SAFP	Total	% of General Category	% of All Releases
Drug	Drug Delivery	2,541	82	324	2,947	19.40%	5.50%
	Drug Possession	6,654	3,858	1,719	12,231	80.60%	22.70%
	Drug Offense-Other	0	0	0	0	0.00%	0.00%
	Drug Total	**9,195**	**3,940**	**2,043**	**15,178**	**100.00%**	**28.20%**

2023 New Receives related statistics for region 11.

General Category	Specific Category	Prison	State Jail	Total	% of General Category	% of All Releases
Drug	Drug Delivery	1,980	82	2,062	17.30%	4.60%
	Drug Possession	5,977	3,858	9,835	82.70%	21.80%
	Drug Offense-Other	0	0	0	0.00%	0.00%
	Drug Total	**7,957**	**3,940**	**11,897**	**100.00%**	**26.40%**

2023 Release related statistics for region 11.

General Category	Specific Category	Prison	State Jail	SAFP	Total	% of General Category	% of All Releases
Drug	Drug Delivery	2,551	73	259	2,883	21.20%	6.40%
	Drug Possession	5,695	3,401	1,595	10,691	78.80%	23.70%
	Drug Offense-Other	1	0	0	1	0.00%	0.00%
	Drug Total	**8,247**	**3,474**	**1,854**	**13,575**	**100.00%**	**30.10%**

Economic

Estimated Economic Impact of Underage Drinking/Drug Use/Misuse

In a recent 2023 assessment by the U.S. Department of Health and Human Services, substance misuse, encompassing both alcohol and drugs, is identified as a significant public health concern, exerting a considerable strain on society. Over 27 million Americans have admitted to either illicit drug use or the inappropriate use of prescription medications. Additionally, nearly one-fourth of adults and teenagers have acknowledged engaging in excessive alcohol consumption within the past month. Financially, the repercussions are vast: alcohol misuse is associated with an annual economic burden of approximately $249 billion, while illicit drug activities account for roughly $193 billion.

Opioid misuse, which includes prescription painkillers, heroin, and synthetics like fentanyl, has emerged as a prevalent chronic condition in the U.S. Notably, even though effective interventions for opioid misuse exist, a mere one in four individuals suffering from this ailment access specialized care.

Addressing the devastating opioid and broader substance abuse crises is high on the Surgeon General's agenda. The Surgeon General also actively supports initiatives aimed at curtailing drug consumption, preventing overdoses, managing associated infectious diseases, and efficiently mobilizing public health, commercial, legal, and communal resources to tackle these challenges directly.

Emerging Trends

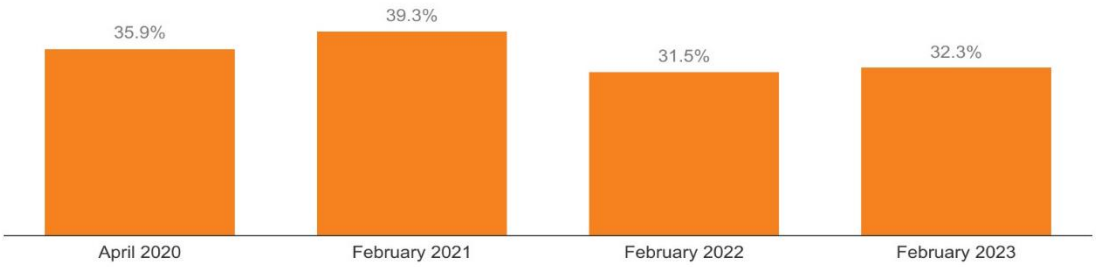
Impact of COVID-19 on Behavioral Health

Nearly half of adolescents aged 12 to 17 with a past year MDE (45.1% or 2.2 million people) perceived that the coronavirus disease 2019 (COVID-19) pandemic negatively affected their mental health "quite a bit or a lot." In comparison, 12.4% of adolescents aged 12 to 17 without a past year MDE (or 2.4 million people) perceived this level of a negative effect on their mental health because of the COVID-19 pandemic. Similarly, nearly half of adults aged 18 or older with SMI in the past year (48.9% or 6.8 million people) perceived a negative impact of COVID-19 on their mental health.[71]

[71] National Survey on Drug Use and Health, 2021

Figure 1

The Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During, the COVID-19 Pandemic



NOTE: April 2020 is the earliest data available. Adults having symptoms of depressive or anxiety disorder were determined based on having a score of 3 or more on the Patient Health Questionnaire (PHQ-2) and/or Generalized Anxiety Disorder (GAD-2) scale. The reference period for the GAD-2 and PHQ-2 questions changed from the "past 7 days" to the "past 2 weeks" beginning in August 2021; however, trends remained stable.
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2020-2023.

KFF

Community Interview Findings

Mental health and substance use concerns have escalated in the last couple of years. More than ever, we need to not only understand incidence rates for substance use disorder, but also gather and analyze more data about how we might prevent it. With this in mind, the Texas Health and Human Services Commission and the Prevention Resource Centers across the state are devoting resources to studying Texas communities' specific resources, including risk and protective factors, for promoting mental and emotional wellbeing and preventing substance use disorder in our area. Part of this effort includes a need to collect more data. In response, PRCs are connecting with stakeholders in the community to discuss perceptions of communities' greatest resources and needs.

Substance Use Concerns

The data underscores concerning issues within our community. Alcohol abuse remains prevalent, endangering individuals and those around them. Vaping and marijuana use, particularly through vaping devices, are on the rise, signifying a growing problem.

Region 11 faces a critical shortage of mental health professionals and limited healthcare access. Barriers like inadequate facilities, lack of insurance, and transportation challenges impede individuals' well-being. Additionally, under-reporting of mental health cases hampers understanding, with data gaps in crucial demographics and outdated information exacerbating the problem.

Addressing these challenges demands immediate action. Raising awareness, advocating for increased mental health resources, and ensuring accessible healthcare are vital steps toward fostering a healthier and more supportive community.

Contributing Factors

A variety of factors which affect the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in populations have been identified.

- Societal Factors: Employment, cultural norms, social norms, availability of alcohol, and implementation and enforcement of alcohol policies. Some participants highlighted that adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer communities such as Colonias.
- Individual Factors: socioeconomic status, age of individual, gender, family circumstances and mental health condition.
- Easy Access: Easy access to alcohol and exposure to alcohol advertisements are positively associated with adverse health and social outcomes. Access also comes from close family members and close friends.

Consequences

- According to participants, the most harmful consequences of substance use are the following: individuals who persistently use substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

Best Substance use and mental health resources

- The following are organizations and coalitions that were categorized to be greatest resources for both mental health and substance use during the interviews:

1. Behavioral Health Solutions of South Texas (BHSST)
2. Coastal Bend Wellness Foundation (CBWF)
3. Council on Alcohol and Drug Abuse
4. Mental Health Authorities
5. MHID
6. Tropical Texas Behavioral Health
7. Bay View Behavioral Hospital
8. Texas School Safety Center (state agency)
9. Texas Say What
10. UTRGV
11. South Texas Behavioral Center
12. SCAN Coalition (Starr, Webb)
13. UNIDAD Coalition (Hidalgo)
14. Project Hope Coalition

15. PATH Taskforce
16. Boys and Girls Club
17. Faith Based Organizations/Religious groups
18. School districts

Lacking resources (SU & MH)

- Treatment Providers (youth and adults)
    - Outpatient, inpatient, residential detox, long term facilities
- Mental health professionals
    - Including Psychiatric care
- Prevention services
    - More prevention specialists to educate youth and adults as well as school district staff
    - Effective information dissemination. More education for parents about substance use prevention including emerging drug trends.
    - More information dissemination about resources and services in each county of the region.

Additional Information

- More funding for prevention, treatment and mental health services
- Stronger collaborations between community partners
- More education to all sectors in the region. This includes
    - Parents and other adults in the community
    - Law enforcement
    - School staff (teachers, counselors, administrators and principals)
    - Youth
- Better promotion of resources and services

Additional questions/comments

Below are some suggestions shared by participants at end of each interview.

- Increase awareness of the health and social problems for individuals and society at large caused by the harmful use of substances.
    - Regulating the marketing of alcoholic beverages (in particular to younger people)
    - Regulating and restricting the availability of alcohol
    - Enacting appropriate drink-driving policies
    - Ensuring support for effective alcohol policies
- Provide accessible and affordable treatment for people with a SU disorders and mental health problems.
- Increase collaboration with other professionals in the community (even if they are not in prevention).

- Data accessibility including (overdoses, suicide rates, etc.), is need it in the region.

Regional Epidemiological Workgroups

Information covered (These are the most common concepts and discussion covered during the four regional epidemiological workgroup meetings).

1. During REW meetings concepts and ideas surrounding the lack of substance use awareness was consistent. Members shared their concerns about the existing level of awareness in the community.
2. Members feel that prevention specialists and other professionals in the field of prevention need to continue raising awareness about what substance use prevention is and how prevention works.

Benefits of collaboration with other programs and organizations

1. The lack of collaboration between organizations in the field of prevention and other programs such as treatment and recovery providers affects the way in which professionals in the field of substance use help individuals.
2. More collaboration (i.e., attending meetings). Will help individuals from different professions and sectors learn more about available resources and services. This will also help in the referral process (successfully refer someone to the right person or service).

Data accessibility

1. Data access will strength prevention efforts and will increase the opportunity to not only educate the community but to increase services needed in different counties of the region.

Takeaways from meetings

1. Clarify myths and common misconceptions about substance use and misuse
2. Is necessary to keep sharing data during presentations or in the form of fact sheets where members in the community can be informed with reliable information.

Data accessibility

1. Access county data is difficult and there is a need to find new ways to obtain information. This can be through partnerships and collaborations.

Increase community collaboration

1. There is a need to increase collaboration and participation not only from professionals but participation from parents as well.
2. Participating/volunteering in local coalitions or in REW will help individuals to increase their knowledge about substance use and misuse.

Proposed possible solutions

1. Increase data collection
    - Data collection is essential to learn about current trends in the region related to substance use.
    - Qualitative data is important and can be collected in the form of focus groups or semi structured interviews. Collecting information will help PRC11 and REW

members to have a better understanding of the region. In the same way, it will provide insight on how to strength prevention efforts in different counties of the region.

2. Increase data sharing
    - Members proposed that awareness could be increased through data sharing. For example, data can be shared in the form of fact sheets, presentations and during regional epidemiological workgroup meetings.
    - Data should be available to parents. Data will enhance readiness for change and will help parents to have a better understanding of new emerging trends.
3. Increase collaboration
    - Collaboration with members from other organizations is key to maintain and sustain the regional epidemiological workgroup.

Application of information to RNAs

- Highlight data gaps in the region as a whole and in each of the 19 counties.
- Provide recommendations and possible solutions to RNA audience.

Promotion of workgroup

Regional epidemiological workgroup is promoted during community events and conferences. During stakeholder meetings, stakeholders are provided with the following:

- REW projects key findings
- Highlight benefits of collaboration with REW

Fentanyl: Emerging Trend in Region 11

Interview Objectives

1. Learn more about fentanyl use in the region (Who is using?) youth/ adults/ both
2. Gauge how accessible fentanyl is, where is it being accessed, how are youth obtaining.
3. Learn more about contributing factors for fentanyl use in the region

Purpose

In an effort to identify risk and protective factors, gaps in services, and risks and consequences related to drug use among adolescents PRC 11 developed qualitative data collection tool in the form of interviews. Interview sessions were designed so that they would aid in revealing detailed information and insight about issues related to fentanyl use in the region. Data gained through interviews will guide the type of information that PRC and coalitions share in the form of data sheets, start conversations, and give information back to the community. Each county interview identifies key community leaders representing a broad range of community interests to participate in these interview discussions. Community members such as parents, media, health care, mental health, law enforcement, and higher education are invited to participate in the interview.

Purpose of Data collection

- Help clarify myths or misconceptions and include data gathered first-hand
- Incorporate into Regional Needs Assessment 2023
- There is an existing gap in the data available related to fentanyl.
- Being proactive as far as community's readiness and knowledge

Implementation

- Start day – January 18th via zoom
- Counties: Hidalgo, (Cameron/Willacy), (Starr/Zapata), Webb, (San Patricio/Nueces), (Jim Hogg/Brooks)
- Participants must be adults 18 and older
- Consent forms will be signed (if needed)
- The sessions will be recorded in video/audio and participants will be asked for permission prior to recording.
- The sessions will not exceed 60 minutes.
- All sessions will be transcribed

Evaluation Plan

- Follow up with stakeholders about FG Findings (debrief of findings)
- Asking epi committee members how they are utilizing this information.

Findings

Interviews takeaways 2023

Fentanyl Awareness

- Majority of participants are aware of the drug fentanyl; however, majority of them don't know in detail about the drug and how it is affecting their county. (No data, or stories to share)
- Majority of participants acknowledge fentanyl is a concern in their communities, but they agree there is a need for more information (in terms of data) to be more educated about the true impact that fentanyl is causing in each county in region 11.
- Participants don't know who is using this drug (youth or adults, males or females, higher vs lower SES).
- Participants are unaware about how fentanyl is used. Majority of participants don't know how users are blending fentanyl with other drugs.

Who Are the Most Affected by Fentanyl Use

- Some participants agree that people from lower SES are more affected by fentanyl because they don't have the resources to get information.
- Some participants believe that it is youth who are using this drug more often than adults.

Fentanyl and City Leaders

- Participants feel that fentanyl is well known among many adults because of the news (as a deadly substance). However, there is more education need it for all members in the region.
- There is a need for more education about fentanyl pills and its consequences in Middle school, High School and College/University level.
- Participants believe there is a need for more education about fentanyl delivered to city leaders, including social workers, law enforcement, teachers, health care professionals.

Addressing Fentanyl

- Addressing Fentanyl use – Increase law enforcement personnel (have more cops on the streets, more surveillance)
- More data broken down by county on fentanyl OD
- Paraphernalia –fentanyl tests strips availability

Contributing Factors of Fentanyl Use

- Over prescribing – there is a need for strong monitoring and more communication between doctor prescribing and patient.
- *"Well we're a nation where the medical system really treats the symptom and not the cause… over prescribing of opioids like medications by physicians".*
- Homelessness, depression, problems at home are factors that lead to drug use.
- US/Mexican Border enormously increase access to any drug

Prescription Drug Misuse Education

- More information about prescription drugs is need it and traditional media still works to deliver the information to parents and youth.
- More information at the Dr. about side effects specially targeted to youth. Encouraging youth and adults to always get a second opinion before taking any pain killers.
- Annual events and school parent meetings are need it to engage parents and help them understand the importance of prevention curriculums in schools.

Conclusion

Below are the takeaways for this process:

- It is important to understand how qualitative data works and how it can be utilized for specific field related purposes.
- Sharing results is a great way to share resources. It will benefit organizations, engage partners, and encourage collaboration within the community.
- Most importantly, widely disseminated information can lead to more informed community decision-making regarding funding, programs, and policy changes.

Recommendations

I. There is a strong need to continue inform community members about local emerging trends regarding substance use and the actual harm that vaping products might cause.

II. Additional training is needed regarding substance use prevention for parents and professionals that work with adolescents on a regular basis.
III. Focusing on fun and interactive ways to engage youth in activities that encourage adolescents to stay active and have a healthier lifestyle.
IV. Provide clarification about common misconceptions that prevail in the community in regards to alcohol and other drugs including vaping. PRC and REW should be the resource that helps to clarify any doubts and questions from the community. (e.g., Q&A sessions).
V. Increase media awareness campaigns and messages that promote education and information related to substance use consequences.
VI. There is a strong need to increase community engagement through activities that encourage parents and families to come together and learn while being engaged with organizations and coalitions that provide services in the community and advocate for drug free communities.
VII. Increase parental engagement at the school. For example, additional after-school activities where both parents and adolescents can learn about substance use prevention. These activities should also be held at colonias areas so that the information is accessible to parents and community members who are not able to drive to attend a presentation/ or activity at a school or any other organization.
VIII. Increase law enforcement support. For example, officers educating adolescents and parents through presentations and activities about the legal implications for using illicit drugs and substances.
IX. Increase knowledge of local services and resources through monthly newsletters and meetings.
X. Increase access to community resources such as additional funding for more programs that engage in prevention and treatment for both youth and adults.
XI. More opportunities for people who are in recovery or have recovered to share their experience with other community members who may be struggling with addiction. This can be in the form of community forums.
XII. Meetings and events held at Colonia areas so that the information is accessible to parents and community members who are not able to drive to attend these type of events.

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.

Substance Use/Misuse and Behavioral Health Community Coalitions

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 Awareness and Diversion (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 misuse.

- SCAN Starr County Community (SCCC) – seeks to organize, educate, and implement activities that empower citizens to take action to prevent substance use 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 misuse through meetings, media awareness activities, and the implementation of environmental and social change policies.

Other Coalitions

- CBSSC: Nueces County Dept. Social Services
- San Patricio County School Health Committee
- FACE Coalition (Webb County)
- RGV Border Health Coalition

Community Programs and Services (YMCA, Goodwill, etc.)

Local Social Services

There are many local social services agencies that facilitate access to information and resources across the diverse communities in Region 11. These agencies focus on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. Some of the local social services agencies that provide aid to the population in the region and that contribute to strengthening communities include: Catholic Social Services, Food Banks, Family Violence Assistance 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 PRC 11 website.

FAMILY CRISIS CENTER

Address: 616 W. Taylor St.

City: Harlingen, Texas
Phone: (956) 423-9304
Website: https://www.familycrisisctr.org/

Programs/Services: Family Crisis Center, Inc. is a domestic violence and rape crisis center that provides services to victims and their families. The Center offers a 24-hour hotline, provides 24-hour emergency shelter, crisis intervention, hospital accompaniment, and advocacy. We also offer intervention and prevention services within our community.

FRIENDSHIP OF WOMEN
Address: 95 E. Price Road, Bldg. C
City: Brownsville, Texas
Phone: (956) 544-7412
Website: http://www.fowinc.com/

Programs/Services: Friendship of Women, Inc. provides comprehensive services such as emergency shelter, crisis intervention, and legal advocacy to survivors of domestic violence and sexual assault and their families. All survivor services are free and confidential.

MUJERES UNIDAS
Address: (Family Justice Center) 511 N. Cynthia
City: McAllen, Texas
Satellite Address: 420 N. 21st St., McAllen: (956) 664-2826
Phone: (956) 630-HURT (4878) or 24-Hour Crisis Hotline: 1-800-580-4879
Website: http://mujeresunidas.org/
Programs/Services: Emergency services for victims of family violence, legal advocacy, Men Against Violence Program, supportive transitional Housing, and services for survivors of sexual assault, abuse, or incest.

ABUNDANT GRACE COMMUNITY CHURCH
Address: 2110 S. McColl Rd.
City: Edinburg, Texas
Phone: (956) 381-0622
Website: https://agcc.tv/

Programs/Services: Counseling services address the needs of children, adults, and families in crisis in the following areas: depression, anxiety, mental disorders, relational issues, marital issues, drug addiction, alcoholism, domestic violence, pre-marriage, disability adjustment, crisis intervention, child play therapy, grief counseling, and divorce recovery (for adults and children).

COUNSELING & TRAINING CLINIC at UTRGV

Address: 1201 W. University Dr. EEDUC 1.270
City: Edinburg, Texas
Phone: (956) 665-5251
Website: https://www.utrgv.edu/cg/counseling-training-clinic/

Programs/Services: FREE mental health counseling services for any member of the general community who is 6 years of age and older. Services are not available for any currently enrolled UTRGV students, faculty or staff.

HOPE FAMILY HEALTH CENTER
Address: 2332 Jordan Rd.
City: McAllen, Texas
Phone: (956) 994-3319
Website: https://www.hopefamilyhealthcenter.org/

Programs/Services: (services provided for those who have no type of mental/health insurance): Family medicine, pediatric services, women's health, men's health, urology, cardiology, chiropractic services, management of Diabetes and other chronic illnesses, assistance with medication samples (when samples are available), medication education.

Personal counseling provided on a donation basis: counseling services to children, adolescents, adults, and older adults in the form of individual, couple/marital and family therapy.

METHODIST HEALTHCARE MINISTRIES
Address: 209 E. Doherty
City: Mission, Texas
Phone: (956) 440-1686
Website: http://www.mhm.org/
Programs/Services: Non-faith based mental health counseling services on a sliding-scale fee.

NAMI RGV
Meeting Address: 801 E. Fern Ave. Ste 114
City: McAllen, Texas
Phone: (956) 624-4960 or email namirgv@gmail.com
Website: https://www.namirgv.org/

Programs/Services: NAMI RGV is the local affiliate of the National Alliance on Mental Illness. We offer no-cost classes and support group programs for people affected by mental illness and their loved ones.

TROPICAL TEXAS BEHAVIORAL HEALTH

Address: 1901 S. 24th Avenue & 861 Old Alice Road
City: Edinburg, Texas
Phone: (956) 547-5400 or 24-Hour Crisis Hotline: 1-877-289-7199
Website: http://www.ttbh.org/

Programs/Services: Inpatient and outpatient services for individuals with mental disorders, mental retardation, and substance use problems (must meet eligibility requirements).

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 Community Coalitions (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.

Religious Beliefs and Prevention

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

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

Other State/Federally Funded Prevention (DFPS, Juvenile Delinquency Prevention, HIV, Violence, Suicide, etc.)

Other prevention programs funded by state/federal funding include Easter Seals' Healthy Outcomes through Prevention and Early Support (HOPES) which aims to strengthen the parent-child relationship, increase parent skills through developmental parenting and improve healthy family function; HIV prevention education services offered by Valley Aids Council and Coastal Bend Wellness Foundation; diabetes prevention offered by Unidos Contra Diabetes; domestic and sexual violence prevention offered by Mujeres Unidas, Family Crisis Center, Friendship of Women, Corpus Christi Hope House; drug and gang prevention offered by local law enforcement agencies; and fire prevention offered by local fire departments.

SUD Treatment Providers (i.e., Treatment/Intervention Providers)

Prevention programs address all forms of drug use, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs. These programs are tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness. Throughout Region 11, there are many prevention and intervention programs that service and reach out to the diverse communities in the area.

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

In terms of intervention programs, BHSST offers community-based, gender-specific intervention services to parenting males and females and expecting fathers and mothers with substance use disorders or who are at risk of developing substance use disorders. These programs provide intensive case management services; implement an evidence-based curriculum with participants focused on developing and enhancing parenting and life skills; provide alternative activities for participants and family members to promote healthy life styles, encourage communication, support, and other positive interactive skills; and motivational interviewing techniques to assist

participants needing support. For the rural areas, BHSST has the Rural Border Intervention (RBI) program that services the counties of Brooks, Willacy, Zapata, Jim Hogg, Starr, and Duval. This program addresses specific needs of the rural border communities specifically targeting "Colonias" to provide access to a continuum of behavioral health services including substance use 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.

Some of the agencies dedicated to provide treatment and prevention services to the residents of Region 11 are:

- **Behavioral Health Solutions of South Texas –** a non-profit organization providing free prevention, treatment, and recovery support services for youth and adults throughout Region 11.
- **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 use 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 use 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 misuse 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 use 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 use 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.

AL-ANON/ALCOHOLICS ANONYMOUS

Al-Anon: (956)213-5301 or 1-800-930-3215

AA: 1-800-930-3215

Programs/Services: Support groups for men and women with alcoholism family members included.

PALMER DRUG ABUSE PROGRAM
Address: 115 N. 9th St.
City: McAllen, Texas
Phone: (956) 687-7714
Website: http://www.pdap.com

Programs/Services: Alcohol and substance use counseling for individuals and families.

BEHAVIORAL HEALTH SOLUTIONS OF SOUTH TEXAS
Address: 5510 North Cage Blvd
City: Pharr, Texas
Phone: (956) 787-7111
Website: https://www.bhsst.org/

Programs/Services: Substance use services, outpatient treatment, brief motivational counseling, and screening, assessments, and referral for inpatient treatment.

Healthcare Providers

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

Region 11 is home to 20 for-profit hospitals, 9 nonprofit hospitals and 2 public hospitals. Of the 31 hospitals, 6 are in Nueces County; 9 are in Hidalgo County; 6 are in Cameron County, and the remaining are in smaller communities. The region's largest hospital is CHRISTUS Spohn Hospital in Corpus Christi with 1,049 beds. McAllen and Harlingen had the next largest hospitals in the South Texas region. In 2007, the region's hospitals had a total 6,721 staffed beds. Nevertheless, access to these services is limited to non-existent for the populations in rural and Colonia areas, as well as community members who might not have a legal status. The gap in health care services available to all communities in Region 11 still exists and many individuals are not able to receive proper care; moreover, travel distances are a major issue in accessing health care, and unfortunately, public transportation is not available for most of the major and rural cities of the region. Access to primary care physicians is far lower in region 11 when compared to the state or national rate.

Below are listed a few local health care resources in region 11.

HOPE FAMILY HEALTH CENTER
Address: 2332 Jordan Rd.
City: McAllen, Texas
Phone: (956) 994-3319
Website: https://www.hopefamilyhealthcenter.org/

Programs/Services: (services provided for those who have no type of mental/health insurance): Family medicine, pediatric services, women's health, men's health, urology, cardiology, chiropractic services, management of Diabetes and other chronic illnesses, assistance with medication samples (when samples are available), medication education.

Personal counseling provided on a donation basis: counseling services to children, adolescents, adults, and older adults in the form of individual, couple/marital and family therapy.

VALLEY AIDS COUNCIL
Address: 601 N. McColl, Ste. B
City: McAllen, Texas
Phone: (956) 668-1155
Website: https://www.valleyaids.org/

Programs/Services: Medical services, case management, counseling, education, advocacy services, and information & referral for people infected with & affected by HIV/AIDS.

VETERANS COUNSELING
Veterans Crisis Line Call: 1-800-273-8255 PRESS 1 (24/7)
Text: 838255 to Get Help NOW

YP Programs (YPU, YPS, YPI)

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.

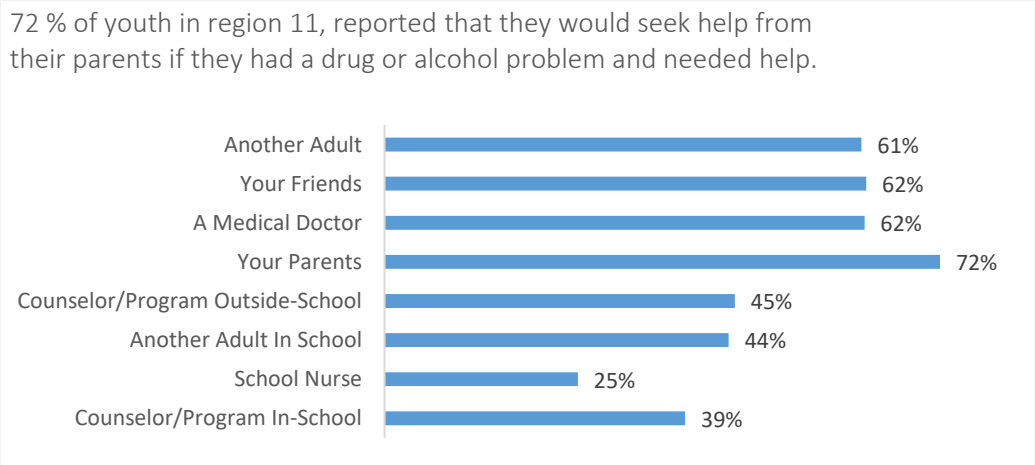
Youth Prevention Programs include: universal prevention strategies (YPU), designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience; selective prevention strategies (YPS) that target subgroups of the general population that are determined to be at risk for substance use; and indicated prevention interventions (YPI)

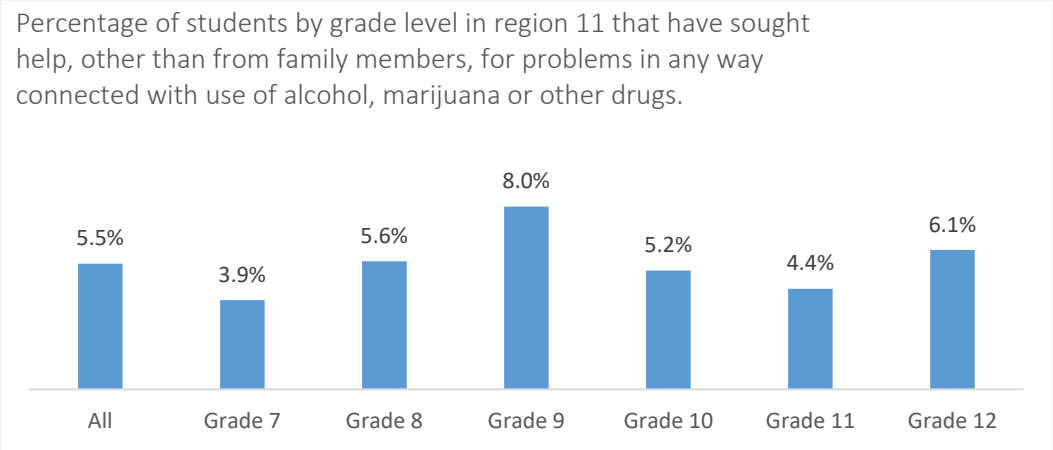
that identify individuals who are experiencing early signs of substance use and other related problem behaviors associated with substance use and engage in evidence-based services.

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 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.

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 use and misuse 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 2022 TSS data reports indicate that:





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.

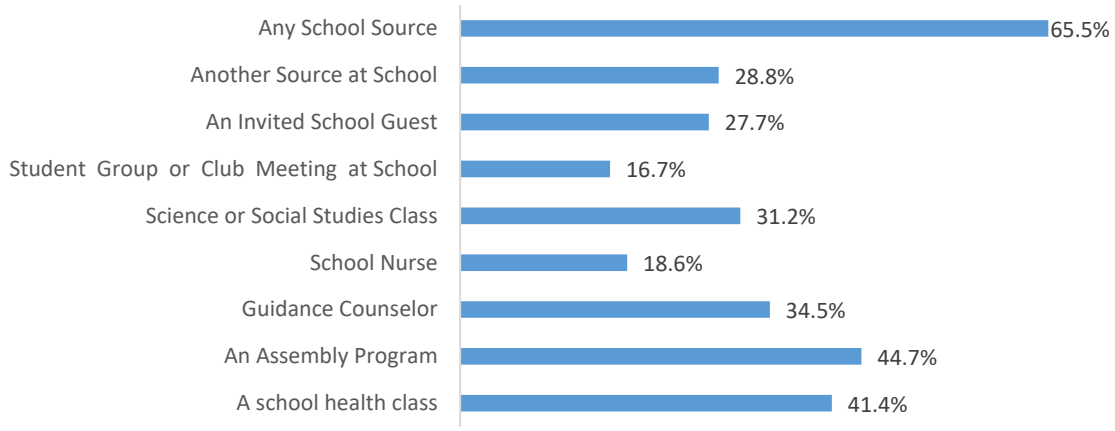
Students Receiving Education About ATOD

Education provided at school through prevention programs should enhance protective factors and reverse or reduce risk factors. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug use, 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 2022 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.

Chart below shows that 65.5 % of students in region 11 have gotten any information on drugs or alcohol from any school source. Students also identified receiving more information from various sources such as school counselors and assemblies.

65.5 % of students in region 11, reported they have gotten any information on drugs or alcohol from any school source.



Life Skills Learned in YP Programs (Pre- and Post-Tests)

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 use. YP programs have also been essential in engaging parents and connecting families with local resources.

Table below provides the total number of youth served by prevention program in region 11 as of June 2023.

Program	Number of Youth Served
Curriculum; Youth Served	4,110
Curriculum; Adults Served	14
Positive Alternatives: Youth	9,945
Positive Alternatives: Adults	3,802
Presentations: Youth Served	26,873
Presentations: Adults	6,878

Overview of Community Readiness, Community Priorities, and Opportunities for Prevention and Behavioral Health Promotion

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.

Community Readiness

Successes over Past Year

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

- Since last year, PRC has been able to increase its networks of collaboration with agencies and organizations that were not engaged in previous data collection activities in the region. The team of Public Relations Coordinator, Tobacco Compliance Coordinator, and Data Coordinator has been able to reach out to all counties of the region and have discovered new coalitions and task force organizations that are working towards maintaining healthy communities who are now part of the PRC 11 network. Furthermore, universities and colleges in the region are continuing to work closely with PRC in the

collection of data and facilitation of access to information; additional higher education entities have also joined the prevention effort. Elementary and secondary schools have also continued to understand the importance of data collection as more school districts have also joined the PRC network of collaborators.

- Awareness and prevention efforts implemented by coalitions, along with the support from county officials and key organization members have made an impact in Region 11. Through collaborative efforts between coalitions and law enforcement agencies, prescription drop boxes to dispose of unused and expired medications have been placed, ordinances have been put in place regarding tobacco and social hosting, and educational activities and trainings have been facilitated. The number of organizations and agencies joining the fight against substance use has grown as evidenced by the continued increase in membership for most of the local coalitions in the region. Communities, organizations, coalitions, and the PRC 11 continue to work closely together towards enhancing the way prevention efforts are carried out in the region.
- Additionally, during FY 2023-2024, PRC 11 and the five Coalitions, who are part of the Regional Epidemiological Workgroup, collaborated to coordinate and align prevention efforts. These meetings allowed for a common exchange of prevention ideas for the region, and an avenue to engage congressional leaders. Due to an ever-evolving landscape when it comes to substance use, PRC also used the meetings as an opportunity to educate members. The ever-evolving landscape is tracked in part by focus groups. The Epi workgroup was able to successfully conduct key informant interviews across the region with stakeholders representing different sectors in the community. These interviews help shine an important light into current trends and gaps that can assist us in prevention.

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.

Population Living in a Health Professional Shortage Area

- ✓ A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of lack of insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. The demand for services is high and there are not enough residential and treatment providers and facilities to fulfill this need.
- ✓ In region 11, 18 out of the 19 counties were identified as being designated mental health professional shortage areas.
- ✓ Expanding the behavioral health workforce is critical in a region with a severe shortage of mental health professionals. Untreated mental illnesses and substance use disorders

increase state spending in other areas including: emergency rooms, hospitals, jails, prisons, and detention centers, education, and homeless shelters. Furthermore, people with a serious mental illness are eight times more likely to be incarcerated in jails than treated in hospitals, according to the National Alliance on Mental Illness.

Treatment Providers for Youth and Adults

- ✓ Outpatient, inpatient, residential detox, long term facilities
- ✓ The need for services is soaring, yet there's a significant shortage of residential and treatment providers and facilities to meet this demand. Expanding the behavioral health workforce is vital in a region grappling with a severe shortage of mental health professionals. Neglected mental illnesses and substance use disorders lead to increased state spending in various sectors such as emergency rooms, hospitals, jails, prisons, detention centers, education, and homeless shelters. Shockingly, individuals with serious mental illnesses are eight times more likely to be incarcerated in jails than to receive treatment in hospitals, as reported by the National Alliance on Mental Illness. Addressing this issue is crucial not just for the individuals affected but also for the overall well-being and economic stability of our community.

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

The Urgent Need for a Diverse Mental Health Workforce in U.S. Schools

- ✓ In a 2019 report by the National Center for Education Statistics (NCES) about the 2015–16 National Teacher and Principal Survey (NTPS) provides a revealing snapshot of mental health staffing in U.S. public K–12 schools. The data categorizes schools as "majority-minority" (over half the students are racial or ethnic minorities) and "other" (at least half are White and non-Hispanic).

- ✓ A positive note is that 94% of schools, regardless of category, have at least one mental health professional on board. However, disparities arise when we scrutinize the specifics. Majority-minority schools have a higher student-to-counselor ratio of 390:1 compared to the 370:1 in other schools. This is concerning, especially when the American School Counseling Association recommends a ratio of 250 students per counselor.

- ✓ Given the heightened mental health risks faced by minority students, these disparities emphasize the pressing need for a diverse and adequately staffed mental health workforce. It's more than just numbers; it's about ensuring that all students, irrespective of their background, receive the essential mental health support they deserve.

Underrepresented Minorities Among Mental Health Professionals

- ✓ The entire region has a shortage of mental health professionals, in a state that has the lowest per capita spending on mental health services in the country. There is a shortage area designation for mental health professionals available to provide mental health services as well as treatment for substance use, as evidenced by the Texas Health and Human Services Commission Health Professions Resource Center. Designation of a geographic area as a Health Professional Shortage Area (HPSA) for mental health is a ratio of 30,000 people to one psychiatrist.
- ✓ As indicated in Mental Health, United States, 2010 (SAMHSA, 2012a) report, racial minorities account for only:
  - 19.2 percent of all psychiatrists
  - 5.1 percent of psychologists
  - 17.5 percent of social workers
  - 10.3 percent of counselors
  - 7.8 percent of marriage and family therapists

Need for More Prevention Services

- ✓ Region 11 needs prevention specialists that will engage and educate members in each county about substance use and emerging trends. The target audience for these services include youth, adults, parents, and school district staff (including principal, teachers and counselors).
- ✓ Effective information dissemination for parents about substance use prevention including emerging drug trends.
- ✓ More information dissemination about resources and services in each county of the region.

Gaps in Data

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

Rich data sets exist throughout the Texas behavioral health and other systems, but much is yet to be done toward developing efficient technical and administrative processes to link this information and make it available in useful formats for timely decision making.

Health Data

- Number of suicides (data broken down sex, age and county)
- Overdoses due to alcohol and other drugs (data broken down by sex, age, and county)
- Medical admissions or ER visits due to substance overdose or intoxication (data broken down by sex, age, and county)
- Number of mental health or substance use referrals by local clinics in the region

Mental Health Data

- Under-reporting of persons living with mental health. Some cases of mental illness are undiagnosed and/or not reported
- Data aggregated into "all persons" living with mental illness (Rarely broken down by race and ethnicity, rarely available at the county level, timeframe between available data, most recent data is 2-3 years behind the current calendar year
- Prevalence rates of substance use related conditions (depression, anxiety, eating disorders etc.)
- Private sector data related to substance use related conditions and access to treatment
- Number of referrals received from local agencies for mental health treatment are not reported

Education Data

- In-school arrests due to possession of controlled substance
- Number of referrals due to substance use or related behavioral health

Community Priorities

Recommendations

1. There is a strong need to continue to inform community members about local emerging trends regarding substance use and the actual harm that vaping products might cause. For example, data sharing in the form of presentations to teachers and parents as well as other professionals in the field of preventions and other sectors in the community.
2. Additional training is needed regarding substance use prevention (e.g., emerging substance use trends) for parents and professionals that work with adolescents on a regular basis.
3. Focusing on increasing fun and interactive ways to engage youth in activities that encourage adolescents to stay active and have a healthier lifestyle is needed.
4. Provide clarification about common misconceptions that prevail in the community in regards to alcohol and other drugs including vaping. PRC and REW should be the resource that helps to clarify any doubts and questions from the community. (e.g., Q&A sessions).
5. Increase media awareness campaigns and messages that promote education and information related to substance use consequences.

6. There is a strong need to increase community engagement through activities that encourage parents and families to come together and learn while being engaged with organizations and coalitions that provide services in the community and advocate for drug free communities.
7. Increase parental engagement at the school level. For example, additional after-school activities where both parents and adolescents can learn about substance use prevention. These activities should also be held at Colonias areas so that the information is accessible to parents and community members who are not able to drive to attend a presentation/ or activity at a school or any other organization.
8. Increase law enforcement support. For example, officers educating adolescents and parents through presentations and activities about the legal implications for using illicit drugs and substances.
9. Increase knowledge of local services and resources through monthly newsletters and meetings.
10. Increase access to community resources such as additional funding for more programs that engage in prevention and treatment for both youth and adults.
11. Meetings and events held at Colonia areas so that the information is accessible to parents and community members who are not able to drive to attend these type of events.

Opportunities for Prevention and Behavioral Health Promotion

1. Engage and mobilize various sectors of the community to implement evidence-based environmental strategies with a primary focus on changing policies and influencing social norms related to substance use and misuse.
2. Increase the capacity of the statewide prevention and behavioral health promotion system by enhancing community collaboration, increasing community awareness and readiness, providing information and resources on substance use and related behavioral health data, supporting professional development of the prevention workforce, and providing resources for evaluation activities within each service region. Prevention Resource Centers also support the federal Synar requirement by conducting voluntary tobacco retail compliance checks throughout the state to help reduce youth access to tobacco and other nicotine products.
3. Continue education provided at school through prevention programs to enhance protective factors and reverse or reduce risk factors. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug use, 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.

Putting it all Together

Several key findings for region 11 are presented below:

Alcohol remains the substance of use among adolescents in region 11.

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

The use of opiates remains a nationwide problem despite its decreased use among adolescents

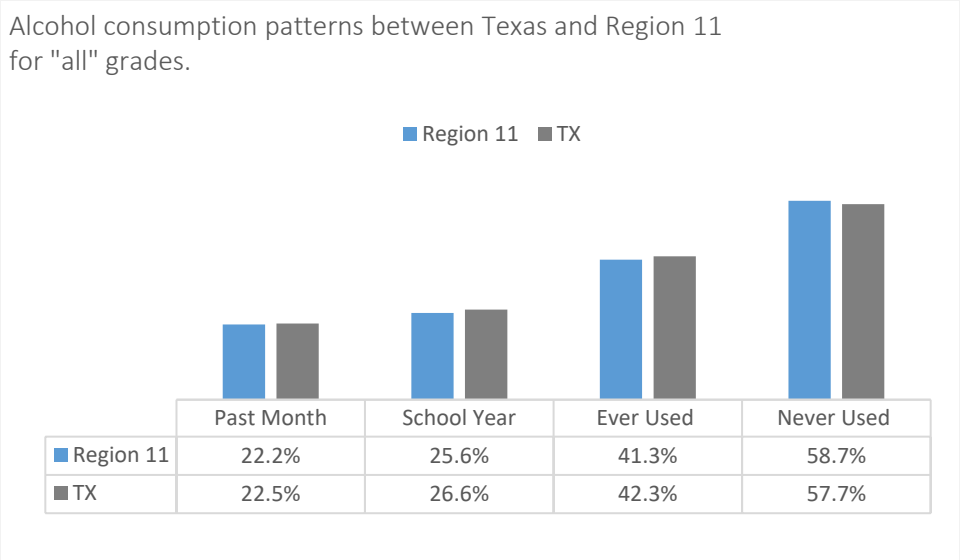
The number of individuals seeking treatment for opioid use and misuse is second only to alcohol, as reported by TEDS in 2017. While findings from the Texas Student Survey (TSS) indicate a decline in adolescent substance use, the looming threat of the opioid crisis persists. This crisis affects various demographics, and with the rising availability of fentanyl, often mixed with other opiates, the danger continues to escalate.

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

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

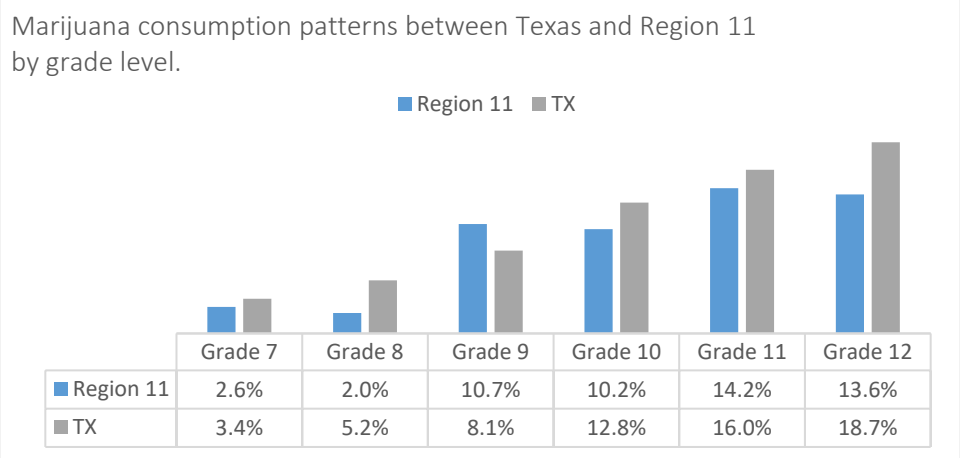
Summary of Region Compared to State

In regards to consumption data, alcohol consumption patterns were fairly similar between the state and region 11 according to the TSS. 22.2 % of students reported they used alcohol in the past month in region 11, compared to 22.5% in Texas.

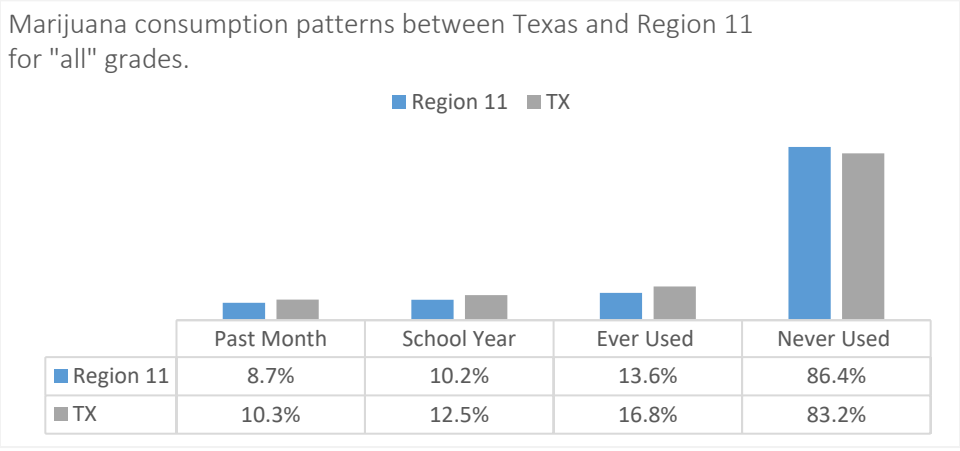


	Past Month	School Year	Ever Used	Never Used
Region 11	22.2%	25.6%	41.3%	58.7%
TX	22.5%	26.6%	42.3%	57.7%

Marijuana consumption was slightly higher in Texas among all grade levels except 8th grade compared to region 11.

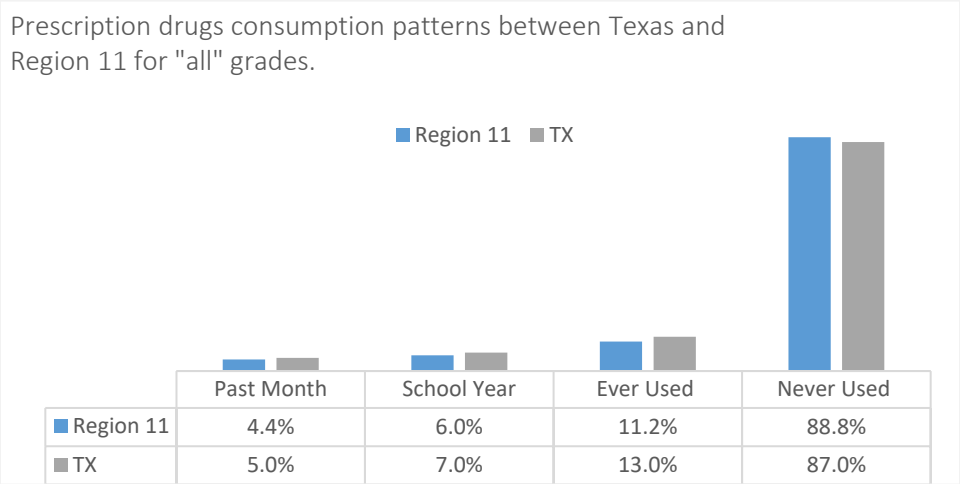


	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Region 11	2.6%	2.0%	10.7%	10.2%	14.2%	13.6%
TX	3.4%	5.2%	8.1%	12.8%	16.0%	18.7%

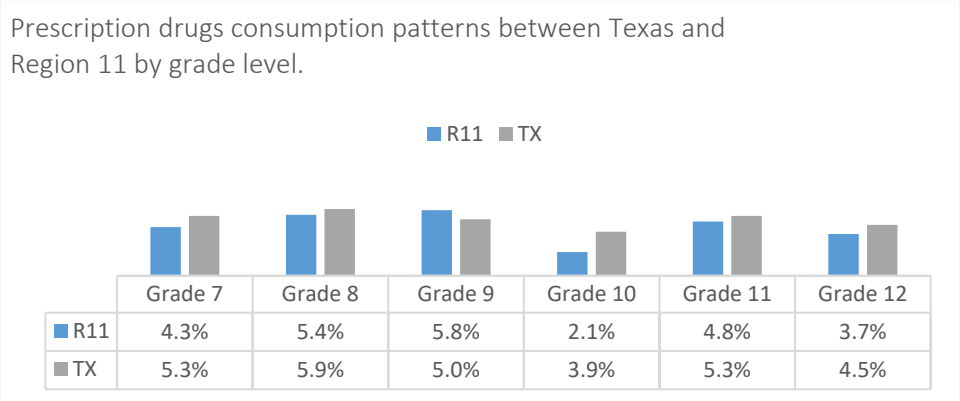


	Past Month	School Year	Ever Used	Never Used
Region 11	8.7%	10.2%	13.6%	86.4%
TX	10.3%	12.5%	16.8%	83.2%

Prescription drug consumption was higher for the state, although both the region and state identified codeine cough syrup as the prescription drug of choice for adolescents.



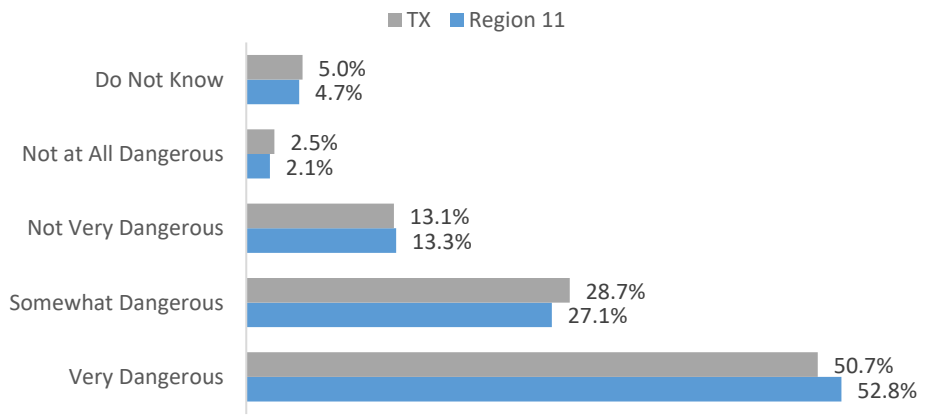
	Past Month	School Year	Ever Used	Never Used
Region 11	4.4%	6.0%	11.2%	88.8%
TX	5.0%	7.0%	13.0%	87.0%



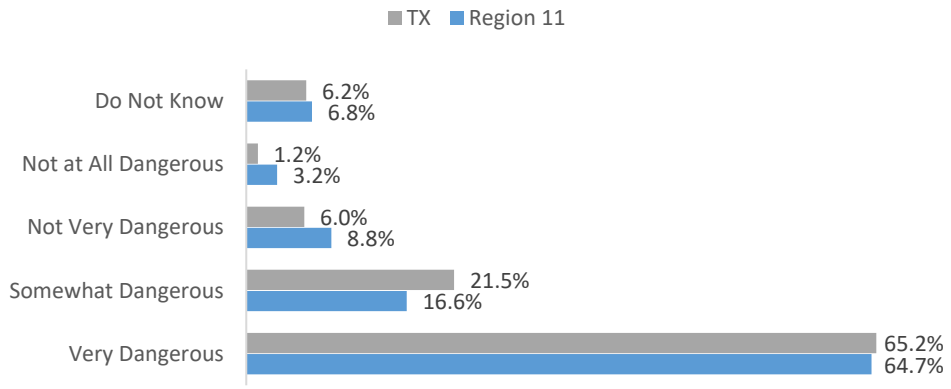
	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
R11	4.3%	5.4%	5.8%	2.1%	4.8%	3.7%
TX	5.3%	5.9%	5.0%	3.9%	5.3%	4.5%

Students in region 11 had a better perceived risk when compared to the state. That is students in region 11 identified the risk of using ATOD as higher than the state. Charts below highlight the perceived risk for alcohol, tobacco, marijuana, and prescription drugs.

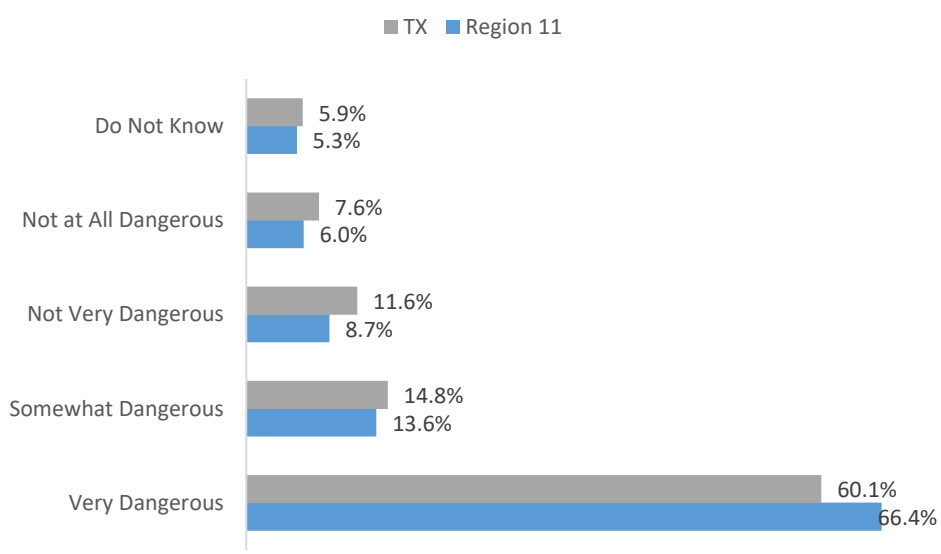
Perceived risk percentage for alcohol use for "all" grades between Texas and Region 11.



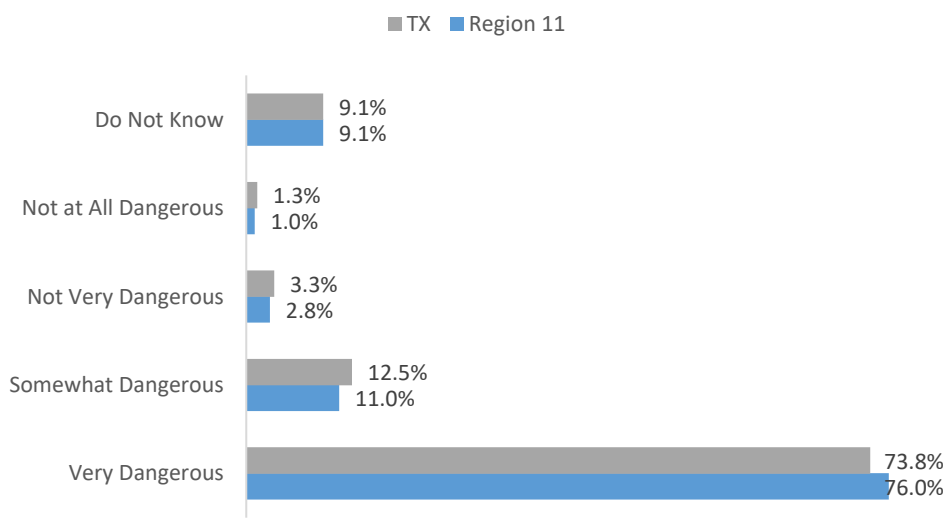
Perceived risk percentage for tobacco use for "all" grades between Texas and Region 11.



Perceived risk percentage for marijuana use for "all" grades between Texas and Region 11.



Perceived risk percentage for prescription drug use for "all" grades between Texas and Region 11.



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Appendix A: Data Source Tables

Demographics, Predictor (Risk/Protective), Outcome, Incidence/Prevalence	Indicator	Data Source	URL for Data Source
Core Demographics	Total Population	American Community Survey	www.data.census.gov
Core Demographics	Sex by Age	American Community Survey	www.data.census.gov
Core Demographics	Sex by Age by Race (Alone) Category	American Community Survey	www.data.census.gov
Core Demographics	Race (Including Alone and In Combination)	American Community Survey	www.data.census.gov
Core Demographics	Sex by Age by Ethnicity	American Community Survey	www.data.census.gov
Core Demographics	Ethnicity by Race (Alone)	American Community Survey	www.data.census.gov
Additional Demographics	Disability Status	American Community Survey	https://data.census.gov/table?q=disability&g=040XX00US48,48$0500000&tid=ACSST5Y2021.S1810&moe=false&tp=true
Additional Demographics	% LGBTQ+	American Community Survey	www.data.census.gov
Additional Demographics	Language	American Community Survey	https://www.census.gov/programs-surveys/acs/
Risk Factor - Early Use	Age of First Use - Alcohol	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Early Use	Age of First Use - Tobacco	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Early Use	Age of First Use - Marijuana	Texas School Survey	https://www.texasschoolsurvey.org/Report

Risk Factor - Early Use	Age of First Use - Any Illicit Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Current Use - Alcohol - Adults	CDC BRFSS and Texas Health Data	https://www.cdc.gov/brfss/brfssprevalence/
Incidence/prevalence	Current Use - Alcohol - Adolescents	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Past School Year Use - Alcohol	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use - Alcohol	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Binge drinking past 30 days	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Current Use - Marijuana	Texas School Survey	https://www.texasschoolsurvey.org/Report
	Past School Year Use - Marijuana	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use - Marijuana	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Current Use - Tobacco	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Past School Year Use - Tobacco	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use - Tobacco	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Current Use - E-Cig/Vapes	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Past School Year Use - E-Cig/Vapes	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use E-VAPE Products	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Current Use - Rx Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Past School Year Use - Rx Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use - Rx Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report

Incidence/prevalence	Current Use - Illicit Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Past School Year Use - Illicit Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	Lifetime Use - Illicit Drugs	Texas School Survey	https://www.texasschoolsurvey.org/Report
Incidence/prevalence	College Last 30-days ALCOHOL	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Lifetime Use ALCOHOL	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Last 30-days BINGE DRINKING	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Last 30-days MARIJUANA	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Lifetime Use MARIJUANA	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Last 30-days TOBACCO	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Lifetime Use TOBACCO	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Last 30-days E-VAPE Products	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Lifetime Use E-VAPE Products	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Last 30-days RX DRUGS	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	College Lifetime Use RX DRUGS	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	Adult Binge Drinking	CDC	https://www.cdc.gov/brfss/brfssprevalence/
Incidence/prevalence	Adult Smoking	CDC	https://www.cdc.gov/brfss/brfssprevalence/
Incidence/prevalence	College Last 30-days Any ILLICIT DRUG	Texas College Survey	Reports – Texas College Survey of Substance Use

Incidence/prevalence	College Lifetime Use Any ILLICIT DRUG	Texas College Survey	Reports – Texas College Survey of Substance Use
Incidence/prevalence	Student Substance Use Infractions	TEA	https://tea.texas.gov/
Outcome - Criminal Justice	Drug Related Arrests	Texas Department of Public Safety	https://txucr.nibrs.com/Home/Index
Outcome - Criminal Justice	Alcohol Related Arrests	Texas Department of Public Safety	https://txucr.nibrs.com/Home/Index
Outcome - Criminal Justice	Juvenile Probation	Texas Juvenile Justice Department	Resources - Research & Statistics (texas.gov)
Outcome - Economic	Estimated economic impact of underage drinking/drug use	May use SG Report on SA	https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse; Didn't find anything current or the Surgeon General's Report; however, I did find The National Institute on Alcohol Abuse and Alcoholism statistics that could be helpful. It is in a PDF file in the optional folder. Link is here: https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics
Outcome - Healthcare	Opioid ED Visits	DSHS	http://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-emergency-department-visits
Outcome - Healthcare	Adolescents Receiving SUD Treatment	Texas Health and Human Services Commission	https://www.hhs.texas.gov/
Outcome - Healthcare	Adults Receiving SUD Treatment	Texas Health and Human Services Commission	https://www.hhs.texas.gov/
Outcome - Mortality	Adolescent deaths by suicide	DSHS	https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/TX?edition-year=2020
Outcome - Mortality	Overdose Deaths	CDC Wonder: Online Data Request Tool	https://wonder.cdc.gov/ucd-icd10.html
Outcome - Mortality	Deaths by Suicide	CDC Wonder	https://wonder.cdc.gov/ucd-icd10.html

Outcome - Mortality	Alcohol-Related Vehicular Fatalities	Texas Department of Transportation: 2013-16 Texas Motor Vehicle Crash Statistics	http://www.txdot.gov/government/enforcement/annual-summary.html.
Protective Factor - Healthcare	Prescription Drug Monitoring Program	Texas Prescription Program	https://www.pharmacy.texas.gov/index.asp
Protective Factor - PCEs	Social Associations	County Health Rankings and Roadmaps	http://www.countyhealthrankings.org/rankings/data/TX
Protective Factor - SDoH - Education	High School Graduation	TEA	PIR Data request
Risk Factor - ACEs	Single-parent households	American Community Survey	https://data.census.gov/table?q=single+parent&t=Families+and+Living+Arrangements:Household+Size+and+Type&g=040XX00US48,48$0500000&tid=ACSDP5Y2021.DP02&moe=false&tp=true
Risk Factor - ACEs	Family violence crime rate	Dept of Public Safety	https://txucr.nibrs.com/Report/FamilyViolence; Additional resource: https://www.dps.texas.gov/sites/default/files/documents/crimereports/18/citch5.pdf
Risk Factor - ACEs	Victims of Maltreatment	DFPS	https://data.texas.gov/dataset/CPI-3-8-Abuse-Neglect-Investigations-Alleged-and-C/v63e-6dss
Risk Factor - ACEs	Children in Foster Care	DFPS- CPS	https://data.texas.gov/dataset/CPS-3-2-Children-in-Substitute-Care-by-Placement-T/kgpb-mxxd

Risk Factor - ACEs	Parental Depression?	CDC, Behavioral Risk Factor Surveillance System	https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
Risk Factor - Parent Attitudes	Parents Disapproval of ALCOHOL	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Parent Attitudes	Parents Disapproval of TOBACCO	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Parent Attitudes	Parents Disapproval of MARIJUANA	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Peer use	Friends Who Use ALCOHOL	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Peer use	Friends Who Use TOBACCO	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Peer use	Friends Who Use MARIJUANA	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Perceived Risk	Perception of Harm MARIJUANA	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Perceived Risk	Perception of Harm RX DRUGS	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Perceived Risk	Perception of Harm TOBACCO	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Perceived Risk	Perception of Harm Electronic Vapor Products	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Perceived Risk	Perception of Harm ALCOHOL	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - SDoH - Economic	Income	American Community Survey	https://www.census.gov/programs-surveys/acs/
Risk Factor - SDoH - Economic	Unemployment	United States Department of Labor: Bureau of Labor Statistics	https://www.bls.gov/lau/#tables

Risk Factor - SDoH - Economic	TANF recipients	Texas Health and Human Services Commission	https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics
Risk Factor - SDoH - Economic	SNAP recipients	Texas Health and Human Services Commission: Supplemental Nutritional Assistance Program (SNAP) Statistics	https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics
Risk Factor - SDoH - Economic	Free/Reduced lunch	National Center for Education Statistics: Common Core of Data	https://nces.ed.gov/ccd/elsi/
Risk Factor - SDoH - Economic	Students experiencing homelessness	TEA	https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html
Risk Factor - SDoH - Education	High School Dropout	Texas Education Agency: High school Completion/Dropout Data	https://tea.texas.gov/Reports_and_Data/School_Performance/Accountability_Research/Completion%2C_Graduation%2C_and_Dropout/Annual_Dropout_Data%2C_2017-18
Risk Factor - SDoH - Education	Absenteeism	TEA	https://tea.texas.gov/reports-and-data/student-data/discipline-data-products/discipline-reports
Risk Factor - SDoH - Education	Educational Attainment	American Community Survey	https://data.census.gov/cedsci/?g=0100000US&tid=ACSST1Y2018.S1501&t=Educational%20Attainment
Risk Factor - SDoH - Healthcare	Uninsured - 19 - 64	United States Census Bureau: Small Area Health Insurance Estimates	https://www.census.gov/data-tools/demo/sahie/#/?s_year=2017,2016,2015,2014,2013,2010&s_statefips=48

Risk Factor - SDoH - Healthcare	Uninsured children- under 19 years	United States Census Bureau: Small Area Health Insurance Estimates	https://www.census.gov/data-tools/demo/sahie/#/?s_year=2017,2016,2015,2014,2013,2010&s_statefips=48
Risk Factor - SDoH - Neighborhood/ Built Environment	Violent Crime	Federal Bureau of Investigation: Uniformed Crime Report	https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm
Risk Factor - Substance Availability	Alcohol Retail Density	Texas Alcoholic Beverage Commission	http://www.tabc.texas.gov/
Risk Factor - Substance Availability	Alcohol Sales to Minors	Texas Alcoholic Beverage Commission	http://www.tabc.texas.gov/
Risk Factor - Substance Availability	Tobacco Retail Density	Texas Comptroller	https://mycpa.cpa.state.tx.us/cigarettetobaccoretailersearch/
Risk Factor - Substance Availability	Drug Seizures/trafficking	Texas Department of Public Safety	https://txucr.nibrs.com/Home/Index
Risk Factor - Substance Availability	Access to ALCOHOL	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Substance Availability	ALCOHOL at Parties	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Substance Availability	Access to MARIJUANA	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Substance Availability	MARIJUANA or OTHER DRUGS at Parties	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Substance Availability	Access to TOBACCO	Texas School Survey	https://www.texasschoolsurvey.org/Report
Risk Factor - Substance Availability	Students Offered Drugs	Texas Youth Risk Behavioral Surveillance Survey	https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey
Risk Factor - Youth MH	Adolescent Depression	Texas Youth Risk Behavioral Surveillance Survey	https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey

Protective Factor	Mental Health Providers	CMS, National Provider Identification	http://download.cms.gov/nppes/NPI_Files.html
Protective Factor	Spirituality	US Religion Census	https://www.usreligioncensus.org/node/1639

Glossary of Helpful Terms and Definitions

ACEs	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member live through a suicide attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. May also refer to adverse *community* experiences such as concentrated poverty, segregation from opportunity, and community violence. All these conditions and experiences contribute to community trauma, which can exacerbate the negative impacts of adverse childhood experiences (ACEs) that individuals experience. Please see the beginning of the report for more information on ACEs.
Adolescent	An individual ranging between the ages of 10 and 20 years depending on what health organization you reference. For a more in-depth description and definition, see the "Adolescence" section in "Key Concepts" in the beginning of the RNA.
ATOD	Acronym for alcohol, tobacco, and other drugs.
Binge Drinking	Defined as consuming 5 or more drinks on an occasion for men, and 4 or more drinks for women on an occasion for women.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.

Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products. An example of this can be any drug that is marketed as a specific product but contains illegally manufactured fentanyl.
DSHS	The Texas Department of State Health Services. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.
Drug	A medicine or other substance which has a physiological and/or psychological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility, making comparisons based on these measurements, and the use of the resulting information to optimize program outcomes. The primary purpose is to gain insight to assist in future change.
HHS	The United States Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
Incidence	The proportion, rate, or frequency of new occurrences of a disease, crime, or something else undesirable. In the case of substance use, it is a measure of the risk for new substance use behaviors and new substance use disorder cases within a community.

LGBTQIA+	An inclusive term referring to people of marginalized gender identities and sexual orientations and their allies. Examples include lesbian, gay, bisexual, transgender, non-binary, genderqueer, questioning, queer, intersex, asexual, demisexual, and pansexual.
Justice-Impacted	Justice-impacted individuals include those who have been incarcerated or detained in a prison, immigration detention center, local jail, juvenile detention center, or any other carceral setting, those who have been convicted but not incarcerated, those who have been charged but not convicted, and those who have been arrested.
MAT/MOUD	Medication-Assisted Treatment/Medications for Opioid Use Disorder. The use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
PCEs	Positive Childhood Experiences. Experiences during childhood that promote safe, stable, and nurturing relationships and environments. PCEs can help children develop a sense of belonging, connectedness, and build resilience.
Person-Centered Language or Person-First Language	Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are more than their substance use disorder, mental illness, or disability. Please note: some people do prefer the use of language that is not person-centered to self-identify, e.g., in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), some people prefer to self-identify as an "addict" rather than a "person with addiction" even though this is not person-centered language. It is best practice to use the language that a person asks you to use when referring to them.

PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.
Prevalence	The current proportion, rate, or frequency of a disease, crime, or other event or health state with a given community. In the case of substance use, it refers to the current rates of substance use, and the current rate of substance use disorders within a given community.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk for mental health challenges and substance use in families and communities.
Recovery	A process of change through which individuals struggling with behavioral health challenges improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk for mental health challenges and substance use in families and communities.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
SPF	Strategic Prevention Framework. SPF is a model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities with implementing effective plans to prevent substance use. The idea behind the SPF is to use findings from public health research and community assessment, such as this RNA, along with evidence-based prevention programs to build a robust and sustainable prevention system. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. More information can be found

	here: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf
Stigma	The stigma of substance use—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance use and misuse. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from substance use and misuse from accessing treatment.
SDOH	Social Determinants of Health. These refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. See the beginning of the RNA for more details.
Substance Abuse	When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs. **Please note:** This is an antiquated term that should be avoided as it contributes to the stigma surrounding substance use and substance use disorders. The term "abuse" has been found to have a high association with negative judgments and punishment and can prevent people seeking treatment. More information can be found here: https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction
Substance Dependence	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
Substance Misuse or Non-Medical Substance Use	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.

Substance Use	The consumption of any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
TSS	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.
YRBSS	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.