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REGIONAL NEEDS ASSESSMENT

REGION 11

5510 N Cage Blvd., Ste C.,
Pharr, TX 78577

P. 956-783-7897 EXT. 229
F. 956-781-1970

MARREDONDO@BHSST.ORG
WWW.PRC11.ORG

Acknowledgements

PRC 11 acknowledges all partnerships, collaborators and coalitions across the 19 counties in the region. The completion of this Regional Needs Assessment 2023 wouldn't be possible without the collaboration from local entities in the community. Thank you all for your efforts and for the working with PRC 11.

Thank you.

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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 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 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
- 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

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

How is the RNA informed?

Qualitative data has been collected in the form of focus groups and interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy.

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

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

The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

Main key findings from this assessment includes:

Demographics:

1. Among the 11 public health regions in Texas, region 11 had the highest percentage of individuals under 18 years (28%). Similarly, compared to other regions, region 11 had the highest percentage of Hispanics (84.4%).

2. As of 2020, the population of region 11 was 2,246,397. Hidalgo County has the largest population with an estimate of 870,781 followed by Cameron County at 421,017. Starr County has the third-largest population at 64,032 and Willacy County has the fourth-largest population at 21,419 in the region. In the region, (50.4%) of the population are females and (49.6%) are males.

3. 13.2% of individuals in region 11 have a disability. Brooks county has the highest percent in the region with individuals having a disability (24.1%).

4. Region 11 had the highest percentage (15.1%) of limited English-speaking households. Compared to all the counties, Kenedy County ranked the highest (56.3%) with limited English-speaking households in the region.

5. The lowest per capita income among the 11 public health regions in Texas was region 10 with $21,820 followed by region 11 with $22,302.

6. Region 11 had an unemployment rate of 5.8% in 2022. From all 19 counties, Starr County ranked the highest with an unemployment rate of 11%.

7. In 2022, region 11 had 3.5 TANF cases per 100 households. Hidalgo County had the most cases (5.7) per 100 households compared to the rest of the counties.

8. In region 11, Brooks County had the highest percentage (58%) of single parent households; whereas Kenedy County had the lowest (6%).

9. Webb County had the highest percentage of households with children under 18 years followed by Starr County with 48.2%.

Substance Use Behaviors:

1. Starr County ranked the highest in region 11 (17.1%) with adults 18 years or older reporting poor mental health (14 or more days during the past 30 days during which their mental health was not good).

2. In region 11, 60.3% of parents strongly disapprove the use of alcohol, 79.4 % disapprove the use of tobacco and 77.5% disapprove the use of marijuana.

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

4. 18.2 % of students in region 11, reported that it is very easy to access alcohol, 9.3% reported it is very easy to access tobacco and 10.9 % it is very easy to access marijuana.

5. In Region 11, 22.2% of students have used alcohol in the past 30 days, 25.6% have used alcohol in the past school year and 41.3% have used alcohol in their lifetime.

6. In Region 11, 11% of students have used tobacco in the past 30 days, 13.5% have used tobacco in the past school year and 22.1% have used tobacco in their lifetime.

7. In Region 11, 8.2% of students have used e-cigarettes / vaping products in the past 30 days, 11% have used e-cigarettes / vaping products in the past school year and 19.2% have used e-cigarettes / vaping products in their lifetime.

8. In Region 11, 8.7% of students have used marijuana in the past 30 days, 10.2% have used marijuana in the past school year and 13.6% have used marijuana in their lifetime.

9. In Region 11, 4.4% of students have used prescription drugs in the past 30 days, 6% have used prescription drugs in the past school year and 11.2% have used prescription drugs in their lifetime.

10. In Region 11, 9.3% of students have used illicit drugs in the past 30 days, 12.4% have used illicit drugs in the past school year and 15.7% have used illicit drugs in their lifetime.

11. In 2022, 5,126 adults received substance use treatment in region 11.

Underlying Risk Factors:

1. During school year 2021-2022 there was a total of 424,638 economically disadvantaged students and 5,310 were homeless (1.3 per 1,000 students) in region 11 experienced homelessness.

2. Only 5.7% of 18 to 24 age group population in region 11 has a Bachelor's degree or higher.

3. There was a total of 8,566 alcohol related arrests in region 11 in 2022. These include (DUI, Drunkenness and Liquor Law Violations).

4. In 2022, the Sheriff's Office and city agencies reported a total of 9,339 arrests related to possession of drugs in Region 11.

5. 201 violent crimes were reported in region 11 in 2022. However, violent crime rate decreased 40.4% from 2018 to 2022.

6. 14,656 property crimes were reported in region 11 in 2022. However, property crime rate decreased 25.4% from 2018 to 2022.

7. In 2022, there was a total of 4,145 tobacco licenses and permits issued in region 11.

8. In 2022, the child victim rate per 1,000 children was 6.2 in region 11. San Patricio County ranked the highest with a rate of 113 per 1,000 children.

9. Region 11 had a total of 4,817 children victims of maltreatment.

Behavioral Health Disparities:

1. 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.

Protective Factors and Community Strengths:

community domain will include community coalitions, environmental changes, regional coalitions, treatment and intervention providers, local social services, law enforcement capacity and support, healthy youth activities, and religious prevention services.

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.

Environmental Changes

These Community Coalitions (CCs) have been instrumental in maintaining momentum and mobilizing the communities in region 11 into better practices when it comes to substance use and misuse prevention. Some of the main accomplishments in FY 2022-2023 as they relate to environmental changes are listed below:

1. Sander's Pharmacy in Hidalgo County. This is the first pharmacy in the valley who is implementing education on safe disposal by distributing deterra disposal pouches to their customers when they pick up medication. They are a direct distributor with the university of Houston to order inventory as needed since there is more traffic. The university of Houston is providing deterra disposal pouches for free to the pharmacy through a grant to prevent Opioid misuse/opioid crisis.
2. Corina Salazar insurance, will distribute deterra disposal pouches as a welcome kit for new clients enrolling in insurance, as well as distribute as needed for clients 6 month follow ups. The coalition directly provides the pouches and reports to us on a monthly basis how many were distributed.

family domain, protective factors will include youth prevention programs, students receiving alcohol and drug education, sober schools, alternative peer groups, high school and college academic achievement, parent/social support, parental attitudes towards alcohol and drug consumption and students talking to their parents about alcohol and drugs.

individual domain, protective factors include life skills in youth prevention programs, mental health and family recovery services, youth employment, youth perception of access, and perception of risk and harm of alcohol and drugs. All of the protective factors listed will be described with regard to services and/or data in Region 11.

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:

1. exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
2. 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
3. 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 PRC's 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 an 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.

- 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.

- Work directly with HHSC-funded training entity to identify training and learning needs
- Host and coordinate trainings for virtual and in-person trainings
- 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.

- 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.

- 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

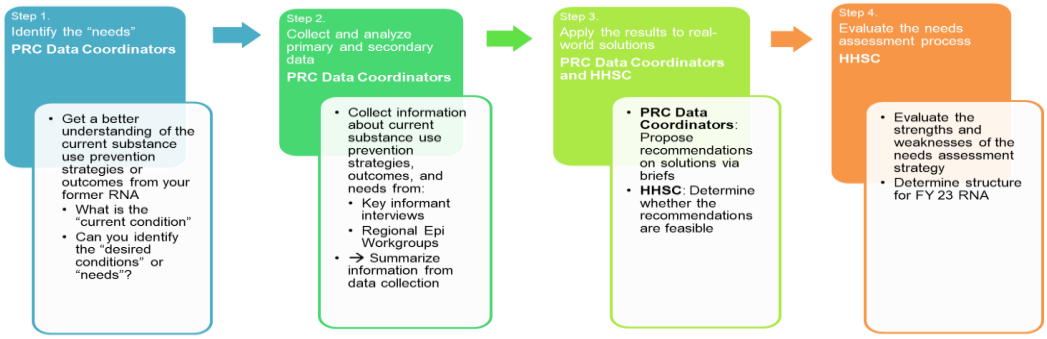
Regional Epidemiological Workgroups

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



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

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.

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 and will be utilized in the 2023 RNA. These twelve sectors are:

- 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
- 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.

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

Region Wide Event

The Region 11 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues.

Data Walk

PRC 11 facilitated a data walk to foster conversations about current standings for a targeted population and what necessary data might be missing. The purpose of the event was an interactive way to engage with educational data that allows participants to react to, reflect on, question and pose. During the event the following objectives were met:

- Share data and ideas related to substance use prevention in the region
- Exchange resources and encourage active engagement around an identified problem (mental health and substance use)
- Used data stations to increase participation from stakeholders
- Large group discussion and improvement planning on data collection and data sharing for future projects

Benefits of data walk in region 11:

- To make key data and findings on current standing such as substance use and mental health accessible to stakeholders
- To ensure a more robust analysis and understanding of the data
- To identify what additional data might be needed
- To help groups reach agreement on strategies, goals, and progress
- To help inform better programming and policies in the region and or county of interest
- To inspire individual and collective action
- To look for disparities through breaking down data by demographics to help participants identify disparities in the target population and to use data as a jumping-off point to discuss ways to address inequities

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 Presented 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 of the RNA

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 and Texas College Survey

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%

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.

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.

Qualitative Data Selection

Qualitative data is descriptive in nature and expressed in terms of language, interpretation, and meaning rather than numerical values and categorized based on traits and characteristics. Qualitative data tells the why or how behind certain behaviors by describing certain attributes and is gathered through observation and interviews then analyzed by grouping data into meaningful themes or categories.

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:

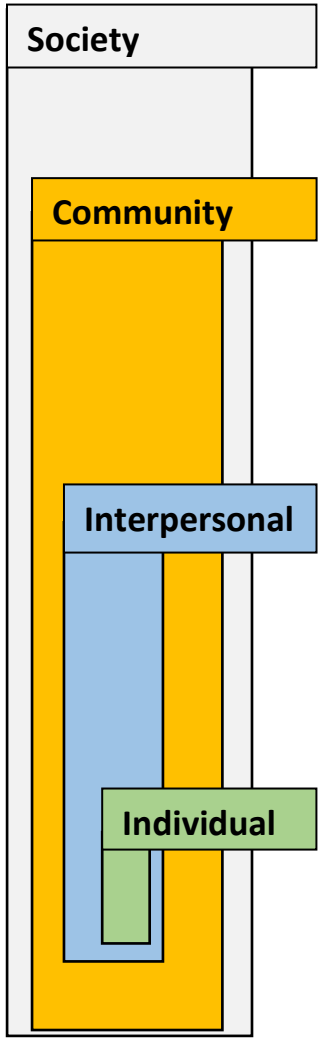
1. What substance use concerns do you see in your community?
    a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
    b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically 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.

[5] University of Illinois Urbana-Champagne Library. (2023).

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

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 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

[6] Centers for Disease Control and Prevention. (2012).
[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).

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.

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.

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.

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

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

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:

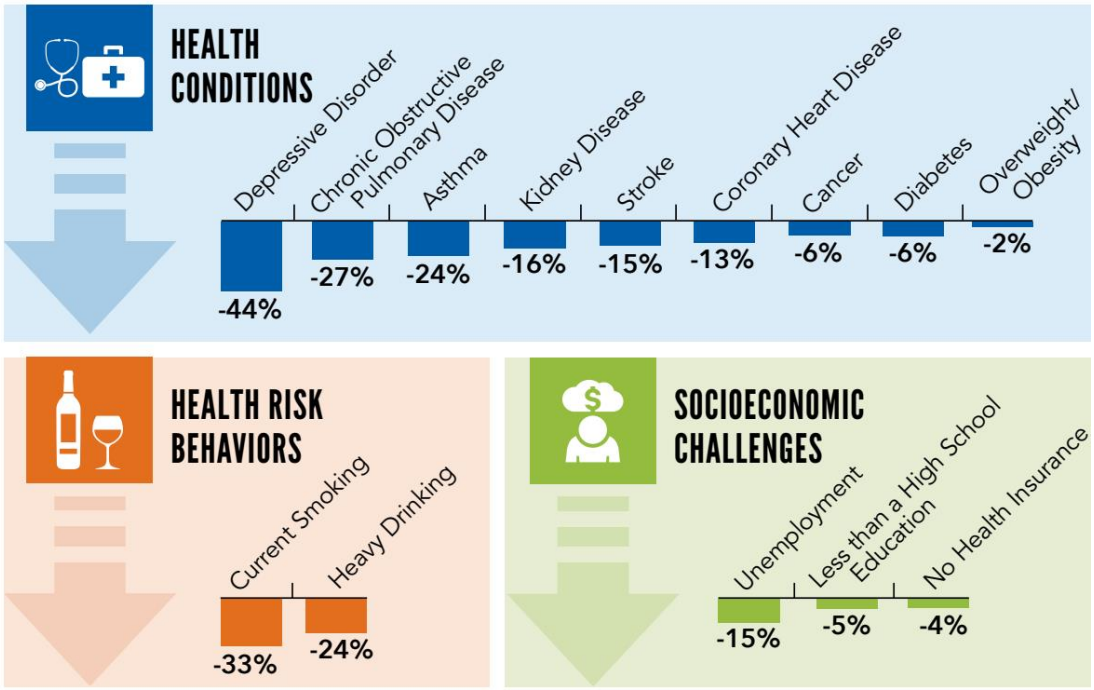
- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones

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

- 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.



Positive Childhood Experiences (PCEs)

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 things that are hard and feeling support during hard

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

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

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

Geographical Area and Community Demographics

Regional Demographics

Overview of Region

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

Geographic Boundaries

This region is home to The Lower Rio Grande Valley (Spanish: Valle del Río Grande), commonly known as the Rio Grande Valley or locally as The Valley, is a socio-cultural region spanning the border of Texas and Mexico located in a floodplain of the Rio Grande near its mouth. The Rio Grande Valley is made up of four counties: Starr, Hidalgo, Willacy, and Cameron. Within region 11, there is Nueces County 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. Situated about 140 miles southeast of San Antonio, the city is serviced by U.S. Route 77 and 181; and Texas State Highways 35, 44, and 358. The city is home to the Naval Air Station and to several institutions of higher learning, including Del Mar College. Surrounding counties are: Aransas, Bee, Jim Wells, Kleberg, Refugio and San Patricio. 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 comprises the Laredo metropolitan area. 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


McMullen
Live Oak
Bee
Refugio
Aransas
San Patricio
Jim Wells
Nueces
Webb
Duval
Kleberg
Zapata
Jim Hogg
Brooks
Kenedy
Starr
Hidalgo
Willacy
Cameron

Counties

Table below presents the 19 counties for region 11.

County Name	FIPS Code
Aransas	48007
Bee	48025
Brooks	48047
Cameron	48061
Duval	48131
Hidalgo	48215
Jim Hogg	48247
Jim Wells	48249
Kenedy	48261
Kleberg	48273
Live Oak	48297
McMullen	48311
Nueces	48355
Refugio	48391
San Patricio	48409
Starr	48427
Webb	48479
Willacy	48489
Zapata	48505

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

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

The South Texas region and its 19 counties have many unique economic conditions and challenges. Webb County, with the city of Laredo at its center, and Nueces County, with the city of Corpus Christi, are the region's economic centers. The region has a high concentration of public health, safety and education industries as well as certain petroleum-related industries; these help differentiate the South Texas region from others.

[20] https://comptroller.texas.gov/economy/economic-data/regions/2020/snap-south.php

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 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]

The American Community Survey

- Conducted every month, every year
- Sent to a sample of addresses (about 3.5 million) in the 50 states, District of Columbia, and Puerto Rico
- Asks about topics not on the 2020 Census, such as education, employment, internet access, and transportation
- Provides current information to communities every year. It also provides local and national leaders with the information they need for programs, economic development, emergency management, and understanding local issues and conditions.

The Decennial Census

- Conducted every ten years
- Counts every person living in the 50 states, District of Columbia, and the five U.S. territories
- Asked a shorter set of questions, such as age, sex, race, Hispanic origin, and owner/renter status
- Provides an official count of the population, which determines congressional representation. Also provides critical data that lawmakers and many others use to provide daily services, products, and support for communities.

[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

Total Population

Texas is a state of vast land area and a rapidly growing population. Texas is a state in the South Central region of the United States. At 268,596 square miles, and with more than 29 million residents in 2020, it is the second-largest U.S. state by both area and population[23].

Here are some key national-level 2020 Census results to help you see how your state or county compares in each topic area:

- Population (up 7.4% to 331.4 million).
- Race and ethnicity (White alone 61.6%; Black alone 12.4%; Hispanic 18.7%; Asian alone 6%; American Indian and Alaska Native alone 1.1%; Native Hawaiian and Other Pacific Islander alone 0.2%; Some Other Race alone 8.4%; Two or More Races 10.2%).
- Diversity Index (61.1%, up from 54.9%).
- Under-18 (down 1.4%) and adult population (up 10.1%).
- Housing units (up 6.7%) and vacancies (down to 9.7%).

State Profile[24]

Texas's population increased 10 out of the 10 years between year 2010 and year 2020. Its largest annual population increase was 1.9% between 2014 and 2015. Between 2010 and 2020, the state grew by an average of 1.5% per year. In 2020, the largest racial or ethnic group in Texas was the white (non-Hispanic) group, which had a population of 11.9 million. Between 2010 and 2020, the Hispanic/Latino population had the most growth increasing by 2.2 million from 9.5 million in 2010 to 11.7 million in 2020. Table below presents components of Texas significant population increases during the 2010-2020 period.

Texas population 2020

Total Population (2020)	Housing Units (2020)
29,145,505	**11,589,324**
Numeric Change in Population (2010-2020)	Housing Unit Vacancy Rate (2020)
3,999,944	**9.5%**
Percent Change in Population (2010-2020)	Percent Change in Housing Units (2010-2020)
15.9%	**16.2%**

Source: U.S Census 2020

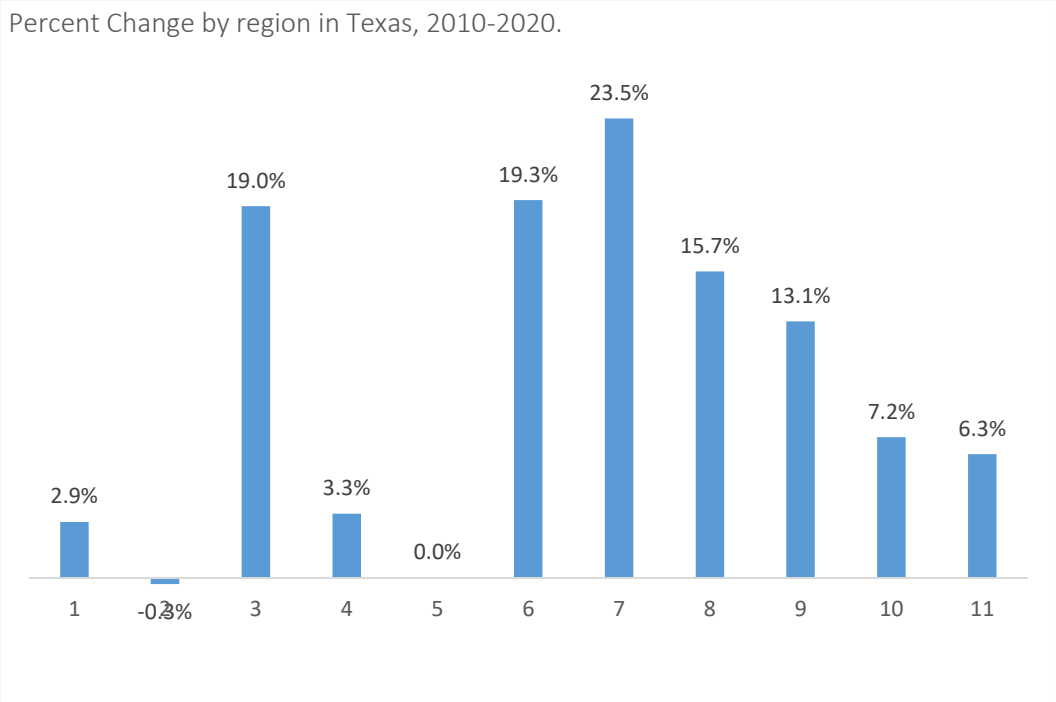
[23] U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171)
[24] https://www.census.gov/library/stories/state-by-state/texas-population-change-between-census-decade.html

Table below highlights the total population and percent change for each public health region in Texas. The total population as of 2020 in region 11 was 2,246,397. There was a 6.3% percent change for region 11 from 2010 to 2020. County breakdowns are located in appendix A.

Population by public health region, 2020.

Region	2010 Population	2020 Population	Numeric Change	Percent Change
1	841,950	866,122	24,172	2.9%
2	550,845	549,130	-1,715	-0.3%
3	6,759,904	8,044,641	1,284,737	19.0%
4	1,113,321	1,149,993	36,672	3.3%
5	768,312	768,635	323	0.0%
6	6,115,281	7,297,022	1,181,741	19.3%
7	2,964,755	3,661,292	696,537	23.5%
8	2,615,950	3,026,095	410,145	15.7%
9	572,361	647,458	75,097	13.1%
10	828,998	888,720	59,722	7.2%
11	2,112,633	2,246,397	133,764	6.3%
TEXAS	25,244,310	29,145,505	3,901,195	15.5%

Source: U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171)

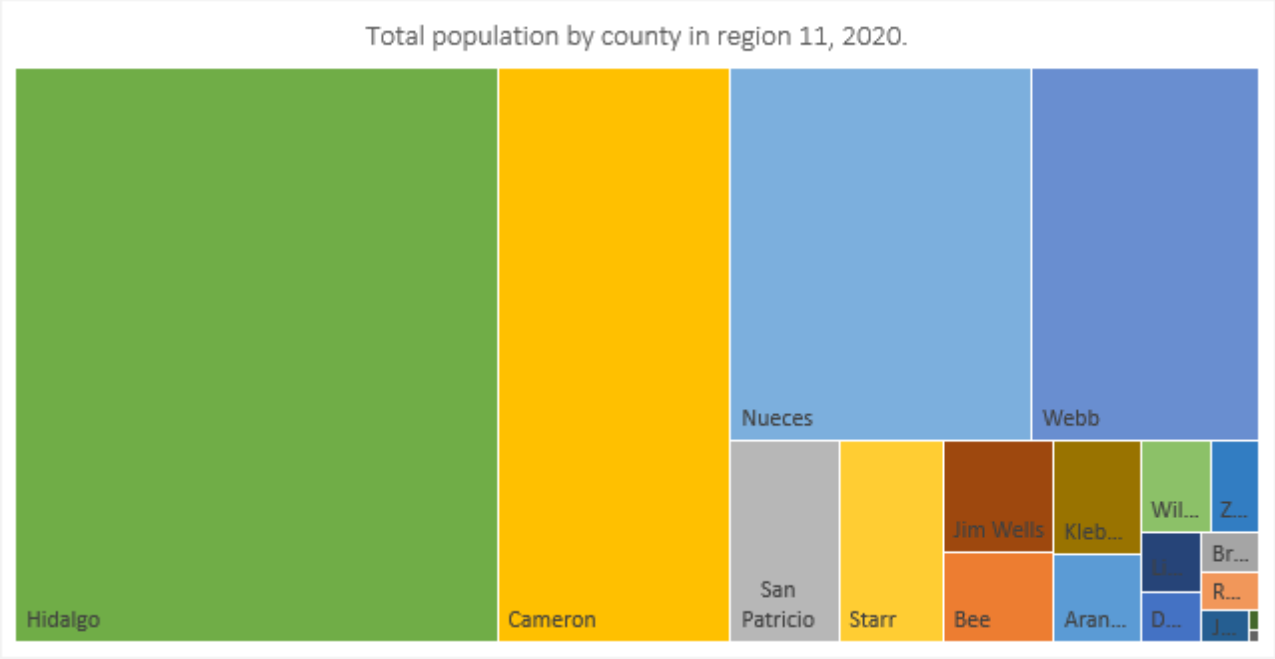


As of 2020, the population in region 11 was 2,246,397. Hidalgo County has the largest population with an estimate of 870,781 followed by Cameron County at 421,017. Starr County has the third-largest population at 64,032 and Willacy County has the fourth-largest population at 21,419 in the region. Table below shows the total population and percent change for 2020 by county in region 11.

Total population 2020 by county in region 11.

County	FIPS Code	2010 Population	2020 Population	Numeric Change	Percent Change
Aransas	48007	23,158	23,830	672	2.9%
Bee	48025	31,861	31,047	-814	-2.6%
Brooks	48047	7,223	7,076	-147	-2.0%
Cameron	48061	406,220	421,017	14,797	3.6%
Duval	48131	11,782	9,831	-1,951	-16.6%
Hidalgo	48215	774,769	870,781	96,012	12.4%
Jim Hogg	48247	5,300	4,838	-462	-8.7%
Jim Wells	48249	40,838	38,891	-1,947	-4.8%
Kenedy	48261	416	350	-66	-15.9%
Kleberg	48273	32,061	31,040	-1,021	-3.2%
Live Oak	48297	11,531	11,335	-196	-1.7%
McMullen	48311	707	600	-107	-15.1%
Nueces	48355	340,223	353,178	12,955	3.8%
Refugio	48391	7,383	6,741	-642	-8.7%
San Patricio	48409	64,804	68,755	3,951	6.1%
Starr	48427	60,968	65,920	4,952	8.1%
Webb	48479	250,304	267,114	16,810	6.7%
Willacy	48489	22,134	20,164	-1,970	-8.9%
Zapata	48505	14,018	13,889	-129	-0.9%

Source: U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171)



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 by public health region broken down by age group under 18 and 18 and older. (18+/below 18). Region 11 had the highest percentage of individuals under 18 years (28%), whereas region 2 had the lowest percentage of individuals under 18 (22.6%). Region 2 had the highest percent of individuals aged 18 and older (77.4%), and region 11 had the lowest percent (72%).

County breakdowns for region 11 for population, age, and race/ethnicity located in Appendix A.

Total population by public health region by age group, 2022.

Region	2020 Population	Under 18	Under 18 (%)	18+	18+ (%)
1	866,122	215,641	24.9%	650,481	75.1%
2	549,130	124,021	22.6%	425,109	77.4%
3	8,044,641	2,021,357	25.1%	6,023,284	74.9%
4	1,149,993	264,820	23.0%	885,173	77.0%
5	768,635	176,201	22.9%	592,434	77.1%
6	7,297,022	1,872,318	25.7%	5,424,704	74.3%
7	3,661,292	842,580	23.0%	2,818,712	77.0%
8	3,026,095	738,022	24.4%	2,288,073	75.6%
9	647,458	169,723	26.2%	477,735	73.8%
10	888,720	225,141	25.3%	663,579	74.7%
11	2,246,397	628,981	28.0%	1,617,416	72.0%

Texas	29,145,505	7,278,805	25.0%	21,866,700	75.0%

Source: U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171)

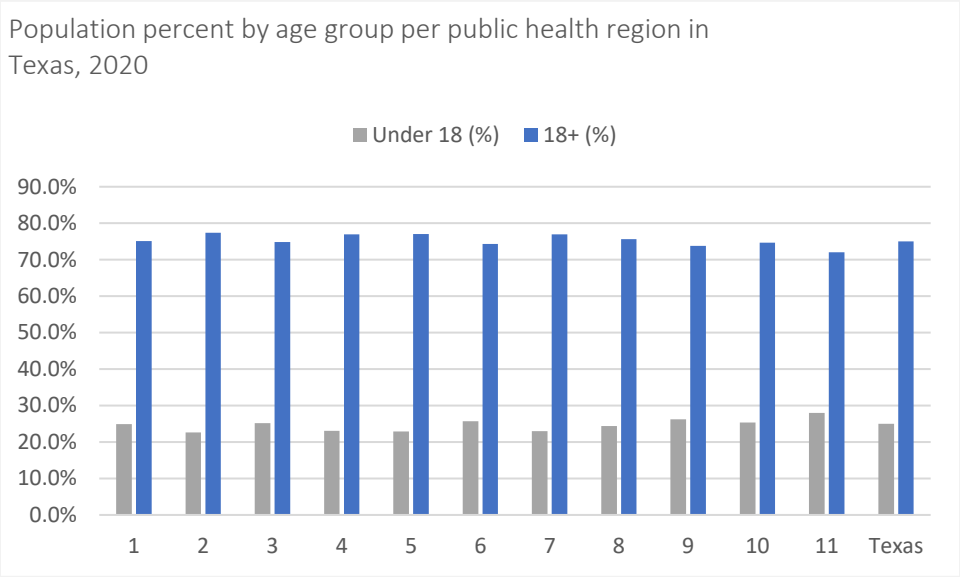


Table below shows the total population by sex in region 11. 50.4% of the population in the region are females and 49.6% are males.

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

County	Total Population	Females Population	Females %	Males Population	Males %
Aransas	24,149	11,682	48.4%	12,467	51.6%
Bee	31,191	11,958	38.3%	19,233	61.7%
Brooks	7,100	3,662	51.6%	3,438	48.4%
Cameron	420,554	214,423	51.0%	206,131	49.0%
Duval	10,001	4,851	48.5%	5,150	51.5%
Hidalgo	865,677	439,475	50.8%	426,202	49.2%
Jim Hogg	4,864	2,415	49.7%	2,449	50.3%
Jim Wells	39,203	19,631	50.1%	19,572	49.9%
Kenedy	169	71	42.0%	98	58.0%
Kleberg	31,015	15,542	50.1%	15,473	49.9%
Live Oak	11,378	5,319	46.7%	6,059	53.3%
McMullen	729	376	51.6%	353	48.4%
Nueces	353,594	177,856	50.3%	175,738	49.7%
Refugio	6,822	3,487	51.1%	3,335	48.9%
San Patricio	68,600	33,673	49.1%	34,927	50.9%

Starr	65,568	33,398	50.9%	32,170	49.1%
Webb	266,963	135,199	50.6%	131,764	49.4%
Willacy	20,423	9,084	44.5%	11,339	55.5%
Zapata	13,945	7,014	50.3%	6,931	49.7%
Region 11	2,241,945	1,129,116	50.4%	1,112,829	49.6%

Source: American Community Survey 5 Year Estimates 2017-2021

Total Population by Sex by Age by Race

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

County	Total Population	Hispanic/Latina Females %	Non-Hispanic/Latina Females %	Hispanic/Latino Males %	Non-Hispanic/Latino Males %
Aransas	24,149	11.9%	36.5%	16.7%	34.9%
Bee	31,191	26.3%	12.1%	33.3%	28.4%
Brooks	7,100	46.1%	5.5%	45.5%	2.9%
Cameron	420,554	46.1%	4.9%	43.9%	5.1%
Duval	10,001	43.9%	4.6%	45.4%	6.1%
Hidalgo	865,677	47.1%	3.6%	45.4%	3.9%
Jim Hogg	4,864	44.5%	5.2%	48.8%	1.5%
Jim Wells	39,203	40.5%	9.6%	40.0%	10.0%
Kenedy	169	41.4%	0.6%	56.8%	1.2%
Kleberg	31,015	36.9%	13.2%	36.6%	13.3%
Live Oak	11,378	18.5%	28.3%	22.2%	31.0%
McMullen	729	36.9%	14.7%	27.4%	21.0%
Nueces	353,594	32.8%	17.5%	31.8%	17.9%
Refugio	6,822	25.0%	26.1%	26.2%	22.7%
San Patricio	68,600	29.0%	20.1%	29.6%	21.3%
Starr	65,568	49.2%	1.7%	47.1%	2.0%
Webb	266,963	48.5%	2.1%	46.9%	2.4%
Willacy	20,423	40.0%	4.5%	48.3%	7.2%
Zapata	13,945	47.5%	2.8%	47.4%	2.3%
Region 11	2,241,945	43.1%	7.2%	41.9%	7.8%

Source: American Community Survey 5 Year Estimates 2017-2021

Total Population by Sex by Age by Ethnicity

Total population broken down by county by sex by age group by ethnicity in region 11.

County	Total Population	Females under 18 (H/L) %	Females 18 + (H/L) %	Females under 18 (NH/L) %	Females 18+ (NH/L) %	Males under 18 H/L %	Males 18+ (H/L) %	Males under 18 (NH/L) %	Males 18+ (NH/L) %
Aransas	24,149	2.0%	9.8%	5.2%	31.3%	6.3%	10.4%	5.9%	29.0%
Bee	31,191	7.9%	18.3%	2.6%	9.5%	8.1%	25.2%	2.4%	25.9%
Brooks	7,100	12.1%	33.9%	2.0%	3.5%	9.9%	35.6%	0.4%	2.5%
Cameron	420,554	14.0%	32.1%	0.8%	4.1%	14.6%	29.3%	0.8%	4.3%
Duval	10,001	12.1%	31.8%	1.1%	3.5%	12.0%	33.4%	0.7%	5.3%
Hidalgo	865,677	15.3%	31.8%	0.6%	3.0%	15.9%	29.5%	0.7%	3.2%
Jim Hogg	4,864	11.7%	32.8%	2.7%	2.5%	16.8%	32.0%	0.6%	1.0%
Jim Wells	39,203	11.5%	29.1%	1.9%	7.6%	12.1%	27.9%	2.0%	8.0%
Kenedy	169	12.4%	29.0%	0.0%	0.6%	26.6%	30.2%	0.0%	1.2%
Kleberg	31,015	9.6%	27.3%	3.0%	10.2%	10.1%	26.5%	1.7%	11.6%
Live Oak	11,378	5.3%	13.2%	6.2%	22.1%	5.2%	17.1%	3.6%	27.4%
McMullen	729	13.2%	23.7%	3.3%	11.4%	9.6%	17.8%	1.9%	19.1%
Nueces	353,594	8.7%	24.0%	3.2%	14.3%	9.1%	22.7%	3.6%	14.3%
Refugio	6,822	6.2%	18.9%	6.0%	20.1%	8.2%	18.1%	2.9%	19.8%
San Patricio	68,600	8.8%	20.2%	3.9%	16.2%	9.2%	20.4%	4.9%	16.4%
Starr	65,568	16.0%	33.2%	0.2%	1.5%	16.0%	31.1%	0.7%	1.3%
Webb	266,963	15.6%	32.9%	0.5%	1.6%	16.2%	30.8%	0.4%	2.0%
Willacy	20,423	10.9%	29.0%	0.9%	3.7%	11.1%	37.2%	0.9%	6.3%
Zapata	13,945	15.2%	32.3%	0.8%	2.1%	17.2%	30.2%	0.3%	2.0%
Region 11	2,241,945	13.3%	29.8%	1.3%	5.9%	13.9%	28.0%	1.4%	6.3%

Source: American Community Survey 5 Year Estimates 2017-2021

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 race/ethnicity in region 11.

County	Population 2020	White Alone NH %	Black or AA Alone %	Asian Alone %	American Indian and Alaska Native alone %	Hispanic/ Latino (All races) %
Aransas	23,830	66.4%	1.0%	2.0%	0.6%	25.8%
Bee	31,047	27.7%	7.5%	0.7%	0.2%	62.5%
Brooks	7,076	10.2%	0.1%	0.4%	0.1%	88.2%
Cameron	421,017	8.8%	0.3%	0.6%	0.1%	89.5%
Duval	9,831	9.5%	1.5%	0.5%	0.1%	81.0%
Hidalgo	870,781	6.1%	0.4%	1.0%	0.1%	91.9%
Jim Hogg	4,838	8.6%	0.1%	0.5%	0.3%	88.5%
Jim Wells	38,891	17.9%	0.5%	0.4%	0.1%	79.3%
Kenedy	350	20.9%	0.0%	0.0%	2.0%	74.6%
Kleberg	31,040	21.7%	3.2%	2.5%	0.3%	70.6%
Live Oak	11,335	52.7%	1.8%	0.3%	0.4%	42.3%
McMullen	600	58.8%	0.2%	0.5%	0.2%	37.3%
Nueces	353,178	30.1%	3.6%	2.2%	0.3%	61.5%
Refugio	6,741	42.5%	5.9%	0.4%	0.3%	49.0%
San Patricio	68,755	38.7%	1.4%	1.2%	0.3%	55.6%
Starr	65,920	1.8%	0.0%	0.2%	0.0%	97.7%
Webb	267,114	3.6%	0.3%	0.5%	0.1%	95.2%
Willacy	20,164	9.0%	2.2%	0.8%	0.2%	87.3%
Zapata	13,889	5.7%	0.1%	0.1%	0.1%	93.6%

Region 11	2,246,397	12.7%	1.1%	1.0%	0.1%	84.0%

Source: U.S. Census Bureau (2020)

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 (11.8 percent) has remained stable over the past seven years, although the Texas population has grown considerably over that same time period. Approximately 54 percent of Texans 75 and older had a disability. Overall, 11.84 percent of females (1,686,794 individuals) and 11.81 percent of males (1,660,211 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.**

Differences between individuals with and without disabilities can be observed when considering the individuals' level of educational attainment. Approximately 24 and a half percent of individuals 25 years of age and older with less than a high school diploma or equivalency had a disability. Only 9.7 percent of individuals with a bachelor's degree or higher had a disability.

In 2017, 854,303 individuals (six percent) of the total civilian labor force 16 and older in Texas had a disability. Approximately 56 percent of labor force participants with disabilities in Texas (477,200 individuals) were male, and approximately 44 percent (377,103 individuals) were female. The average age of a labor force participant with a disability was 50 years of age. Individuals between the ages of 25 to 64 made up the largest group of labor force participants with disabilities and accounted for 5.2 percent of labor force participants in that age range.

ACS disability indicator is available by county, but doesn't include the institutionalized population (incarcerated individuals, nursing home residents, etc.), but there is a state disability indicator (also from ACS) for the institutionalized population (43.4% for Texas 2021) under "Disability Status of Institutionalized Group Quarters Population".

Percent of people with a disability in Texas, 2021.

Texas	Population Estimate	With a disability
	28,862,581	11.8%
Institutionalized group quarters population estimates	343,305	43.4%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Table below shows the total number of civilians with a disability broken down by county in region 11. Brooks county had the highest percent with a disability whereas Kenedy county had the lowest (11.8%).

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

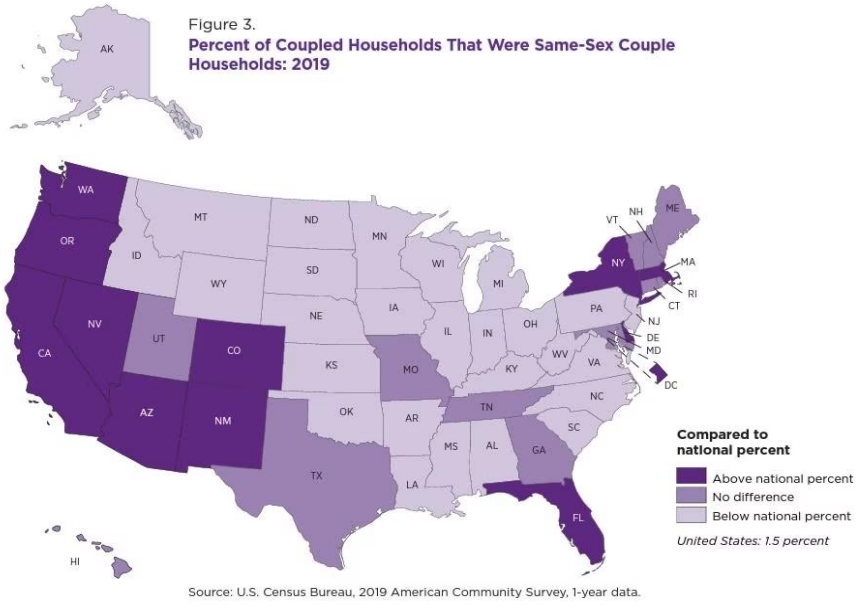
County	Total Civilian Noninstitutionalized Population	With a Disability	Percent with Disability
Aransas	23,843	3,751	15.7%
Bee	23,650	3,805	16.1%
Brooks	6,493	1,567	24.1%
Cameron	419,101	51,305	12.2%
Duval	9,482	2,025	21.4%
Hidalgo	857,921	109,375	12.7%
Jim Hogg	4,832	840	17.4%
Jim Wells	38,873	6,300	16.2%
Kenedy	169	20	11.8%
Kleberg	30,346	4,145	13.7%
Live Oak	10,015	1,709	17.1%
McMullen	729	120	16.5%
Nueces	348,199	43,855	12.6%
Refugio	6,685	1,565	23.4%
San Patricio	67,906	12,519	18.4%
Starr	65,045	10,257	15.8%
Webb	265,103	32,943	12.4%
Willacy	19,296	2,821	14.6%
Zapata	13,912	2,363	17.0%
Region 11	2,211,600	291,285	13.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

LGBTQ+ Population Same Sex Households

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 no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some 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" and "Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English 'very well'." This table is directly comparable to tables from earlier years that used these labels.

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 and 57.7% were not. 25.5% of the total households spoke English only and 72.8% spoke Spanish. Data broken down by county can be found on Appendix A.

	Region 11 Estimate Households	Region 11 Percentage
Total Households	696,480	
English only	177,924	25.5%
Spanish	506,816	72.8%
Limited English speaking household	104,874	15.1%
Not a limited English speaking household	401,942	57.7%
Other Indo-European languages	4,231	0.6%
Limited English speaking household	263	0.0%
Not a limited English speaking household	3,968	0.6%
Asian and Pacific Island languages	6,701	1.0%
Limited English speaking household	878	0.1%
Not a limited English speaking household	5,823	0.8%
Other languages	808	0.1%
Limited English speaking household	58	0.0%
Not a limited English speaking household	750	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Societal Domain

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.[25]

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

Median Household Income by Region, 2022

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

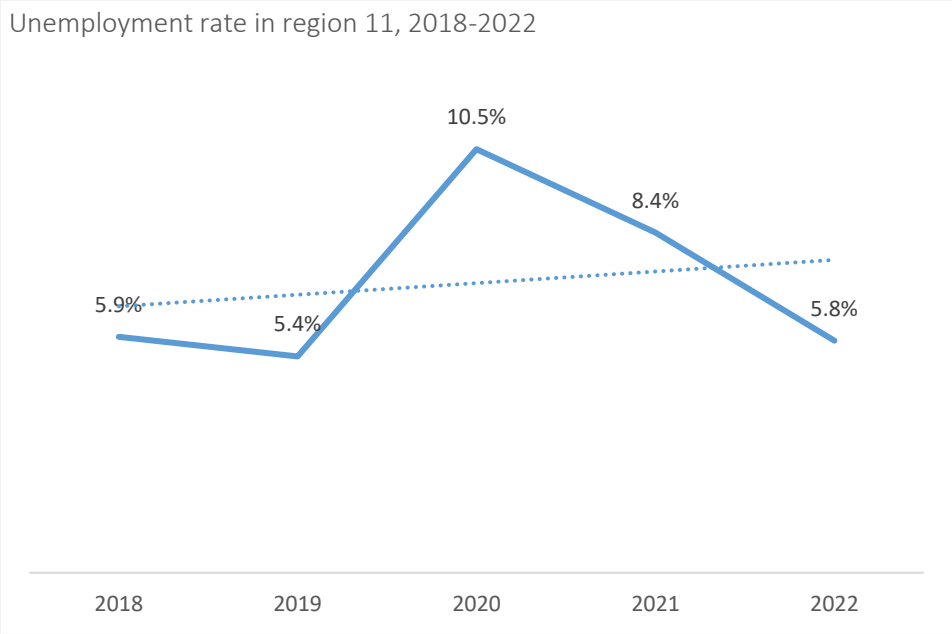
Source: U.S Census Bureau, ACS Estimates

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

Unemployment

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

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 chart below shows the unemployment rate for region 11 from 2018 to 2019. Unemployment rate by county can be found in appendix B.



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.

TANF Recipients

TANF, or Temporary Assistance for Needy Families, is a federally funded program run by states that provides cash assistance to low income parents and their children. This cash can be used for a variety of things including food, clothing, housing, utilities, and more. These factors are relevant because they assess vulnerable populations that may be more likely to have suffer from limited access to health care, poor social support, and poor health outcomes. They also represent a potential risk for children and adolescents to become involved with substance use.

In 2022, there were 3.5 cases per 100 households in Region 11.

Year	Households (2020 Decennial)	Cases (2020)	Cases per 100 Households
2020	714,170	58,652	8.2
2021	714,170	40,307	0.1
2022	714,170	25,130	3.5

Source: Texas Health and Human Services

County	Households (2020 Decennial)	Cases 2020	Cases per 100 Households
Aransas	10,236	74	0.7
Bee	8,896	121	1.4
Brooks	2,507	72	2.9
Cameron	132,507	5279	4.0
Duval	3,507	22	0.6
Hidalgo	258,542	14739	5.7
Jim Hogg	1,712	4	0.2
Jim Wells	13,764	98	0.7
Kenedy	131	0	0.0
Kleberg	11,530	183	1.6
Live Oak	4,067	16	0.4
McMullen	256	0	0.0
Nueces	130,687	1779	1.4
Refugio	2,632	2	0.1
San Patricio	24,796	260	1.0
Starr	19,868	821	4.1
Webb	78,282	1447	1.8
Willacy	5,714	180	3.2
Zapata	4,536	34	0.7
Region 11	714,170	25,130	3.5

Source: Texas Health and Human Services

SNAP Recipients

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.[26]

SNAP cases per 100 households broken down by county in region 11.

County	Households (2020 Decennial)	Cases (2022)	Median No. of Cases per 100 Households
Aransas	10,236	20,259	16.74
Bee	8,896	27,723	25.96
Brooks	2,507	12,915	43.04
Cameron	132,507	517,985	32.46
Duval	3,507	17,493	42.03
Hidalgo	258,542	1,073,059	34.37
Jim Hogg	1,712	6,916	33.88
Jim Wells	13,764	49,076	29.84
Kenedy	131	161	10.31
Kleberg	11,530	34,010	24.60
Live Oak	4,067	8,013	16.44
McMullen	256	347	11.33
Nueces	130,687	348,292	22.27
Refugio	2,632	5,869	18.77
San Patricio	24,796	62,930	21.11
Starr	19,868	109,432	45.67
Webb	78,282	309,542	33.09
Willacy	5,714	26,722	38.61
Zapata	4,536	20,517	38.03
Region 11	714,170	2,651,261	371.2

Source: Texas Health and Human Services

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

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

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

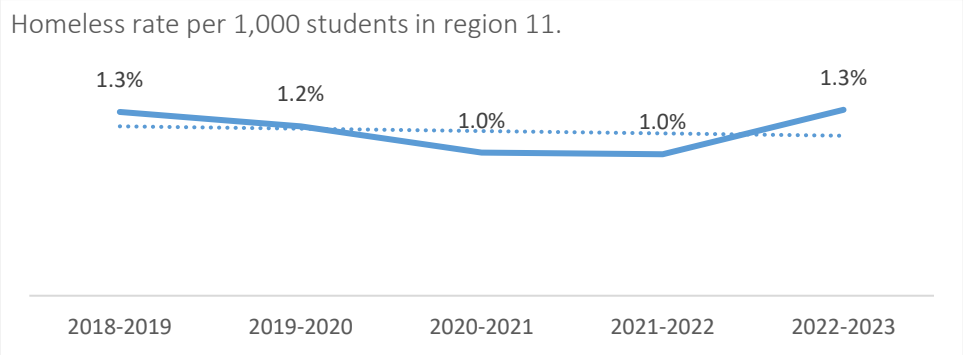
Students Experiencing Homelessness

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

The relationship between homelessness, substance use, delinquency, experiences of violence, and poor mental health among youth are complex and often have the effect of constraining their future opportunities. Hence, early intervention and treatment for frequent substance use for this group is imperative, and likely to lead to improved well-being and quality of life. In addition, the current study suggests that housing young people and providing services to curb delinquency are important factors in protecting youth from becoming frequent substance users.[27]

Data for the homeless student population is from the 2018-2019 school year to the 2022-2023 school year. The data is summarized by county, and HHSC regions for the entire state. Values will be masked in order to comply with the Family Educational Rights and Privacy Act (FERPA). Values masked will be replaced by the value "--".

Below you can find the percent of homeless students by Public Heath Region for school years 2018-2023. For County data see Appendix.



Homeless students in region 11, 2018-2023.

Year	Total Enrollment	Total Economically Disadvantaged	Total Homeless	Homeless Rate per 1,000
2018-2019	540,537	439,043	7,185	1.3%
2019-2020	542,155	443,010	6,639	1.2%
2020-2021	536,623	441,760	5,549	1.0%
2021-2022	518,982	424,638	5,310	1.0%
2022-2023	536,603	443,227	7,216	1.3%

[27] Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin. 1992;112(1):64-105.

Source: Texas Education Agency

Community Domain

Educational Attainment of Community

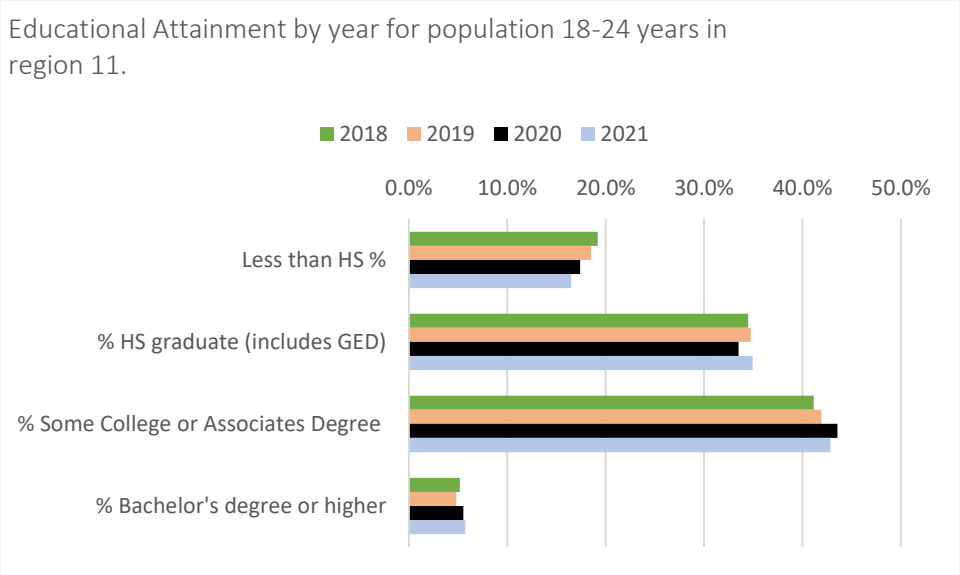
Educational attainment refers to the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending. Annual tables on educational attainment from the Current Population Survey's Annual Social and Economic supplement (ASEC).[28]

A person's educational attainment is one of the most important determinants of his or her life chances in terms of employment, income, health status, housing, and many other amenities. They are unlikely to catch up without major educational interventions on their behalf. Table below illustrates the percentage of educational attainment by age group for the year 2021. Only 5.7 % of 18 to 24 age group population has a Bachelor's degree or higher. Data broken down by county can be found in Appendix C.

Percentage of educational attainment for 18-24 population in region 11 broken down by year.

Year	Population 18–24 years	Less than HS %	% HS graduate (includes GED)	% Some College or Associates Degree	% Bachelor's degree or higher
2018	244,369	19.2%	34.5%	41.1%	5.2%
2019	245,358	18.5%	34.7%	41.9%	4.8%
2020	243,826	17.4%	33.5%	43.6%	5.5%
2021	239,939	16.5%	34.9%	42.8%	5.7%

Source: United States Census Bureau. 2018 - 2021 American Community Survey 5-Year Estimates

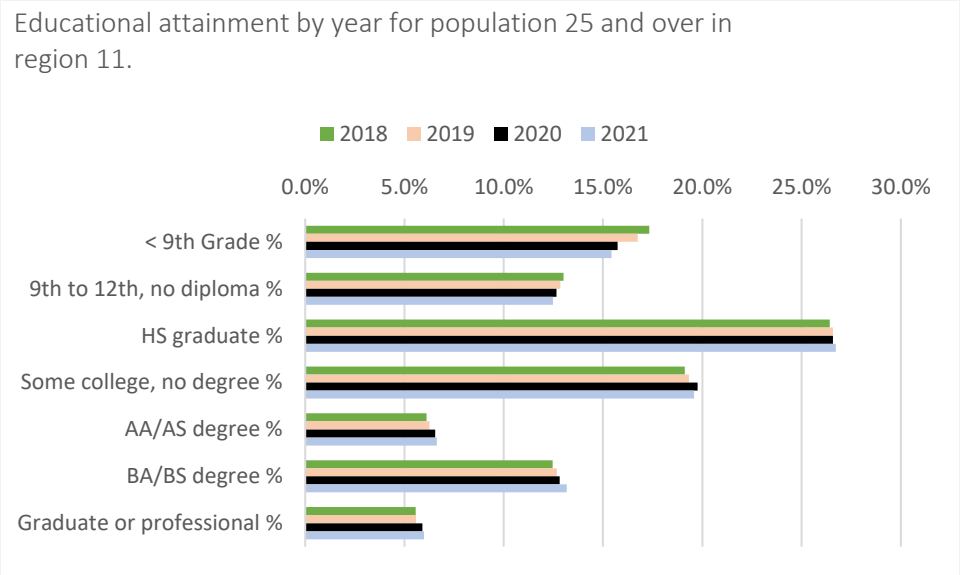


[28] United States Census Bureau

Educational Attainment percent for 25 years and over population in region 11 broken down by year.

Year	Population25 and over	< 9th Grade %	9th to 12th, no diploma %	HS graduate %	Some college, no degree %	AA/AS degree %	BA/BS degree %	Graduate or professional %
2018	1,314,619	17.3%	13.0%	26.4%	19.1%	6.1%	12.5%	5.6%
2019	1,324,229	16.7%	12.8%	26.6%	19.3%	6.3%	12.7%	5.6%
2020	1,336,116	15.7%	12.7%	26.6%	19.8%	6.5%	12.8%	5.9%
2021	1,329,967	15.4%	12.5%	26.7%	19.6%	6.6%	13.2%	6.0%

Source: United States Census Bureau. 2018 - 2021 American Community Survey 5-Year Estimates



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.[29]

[29] 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.

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.[30]

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).

It is important to note the steady and progressive yearly decrease in the number of arrests related to alcohol since 2018. By 2022, the number has been reduced to less than half from the number in 2018, showing an important improvement worth highlighting.

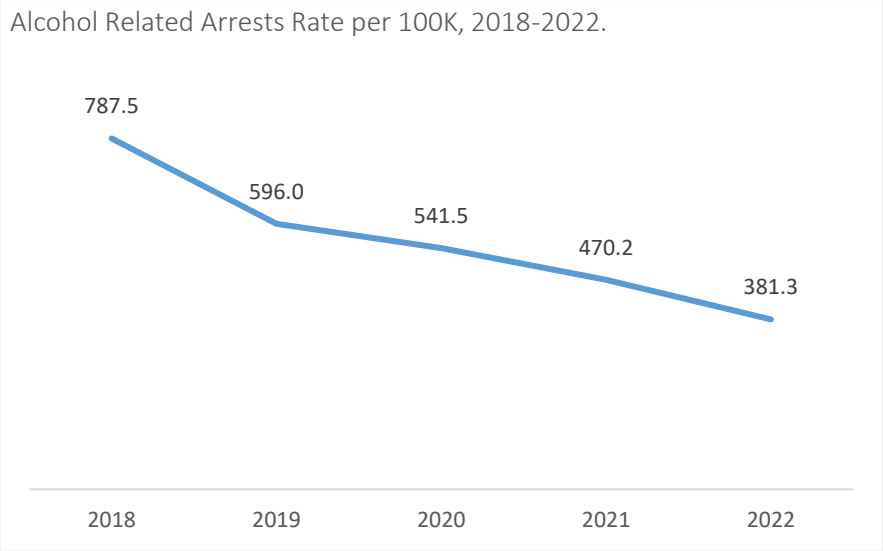
Alcohol related arrests by year in region 11, 2022.

Year	Population	Alcohol Related Arrests	Rate per 100k
2018	2,246,397	17,690	787.5
2019	2,246,397	13,388	596.0
2020	2,246,397	12,164	541.5
2021	2,246,397	10,562	470.2
2022	2,246,397	8,566	381.3

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

Arrest rate – An arrest rate describes the number of arrests made by law enforcement agencies per 100,000 total population or per 100,000 population considered to be at risk for arrest. Regardless of the population used, both rates are calculated in the same manner. An arrest rate is calculated by dividing the number of reported arrests by the desired population. The result is multiplied by 100,000.

[30] 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.



Alcohol related arrests rate per 100k population broken down by county in region 11.

						ARA RATE
						491
						361
						0
						408
						112
						480
						62
Jim Wells	38,891	105	0	139	95	244
Kenedy	350	0	0	0	0	0
Kleberg	31,040	161	16	145	100	322
Live Oak	11,335	53	18	53	14	124
McMullen	600	22,000	2,500	3,000	165	27,500
Nueces	353,178	295	25	11	1,168	331
Refugio	6,741	193	30	252	32	475
San Patricio	68,755	272	49	153	326	474
Starr	65,920	5	14	2	13	20
Webb	267,114	169	16	0	495	185
Willacy	20,164	74	5	0	16	79
Zapata	13,889	22	0	14	5	36
Region 11	2,246,397	216	36	129	8,566	381

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.[31]

[31] 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.

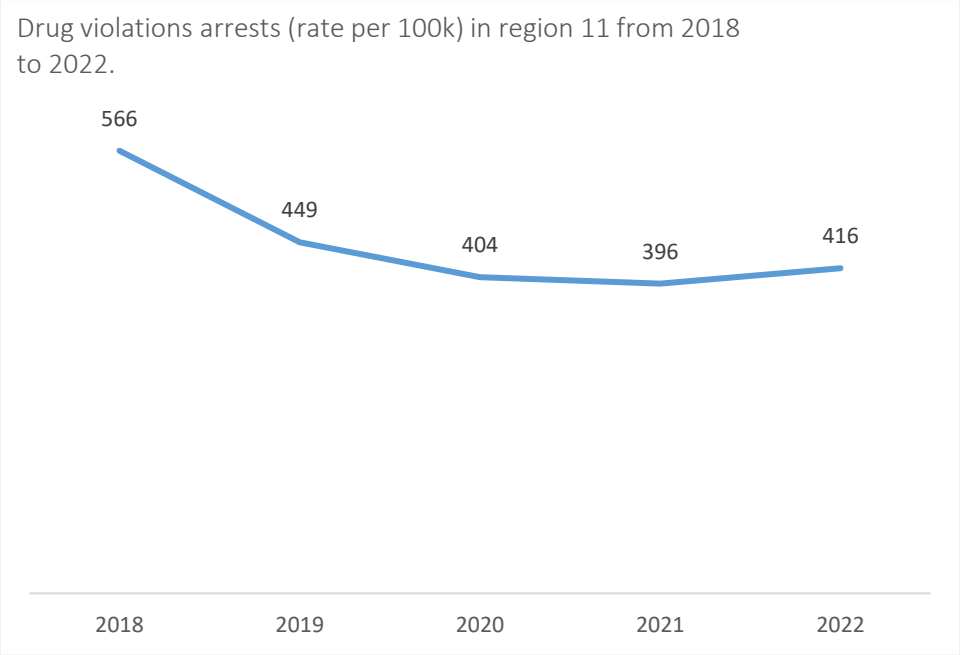
In 2022, the Sheriff's Office and city agencies reported a total of 9,339 arrests related to possession of drugs in Region 11. The breakdown by county can be found below.

**The information presented below is data from the Sheriffs' office and city police departments.*

Number of drug related arrests in Region 11 from 2018 to 2022.

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



In 2022, Kenedy and McMullen had the highest rate of drug related arrests in region 11.

Number of drug related arrests in region 11 broken down by county from 2018 to 2022.

County	Population	Drug Abuse 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.)

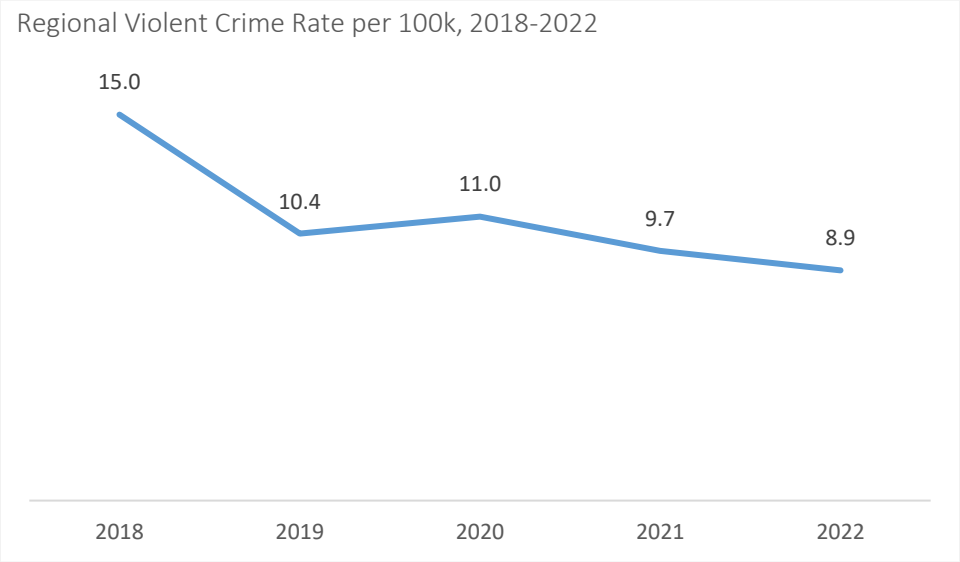
Violent Crime

Violent crimes involve the element of personal confrontation between the perpetrator and the victim. Because of their nature, violent crimes are considered to be more serious than property crimes. In 2022, 201 violent crimes occurred in Region 11. Violent crimes are often associated with the use of alcohol and/or illegal drugs. While majority of the region suffers from aggravated assault as the primary source of violent crime, the following counties have more robbery, rape, and Assault.

Table below shows the violent crime rate per 100k population in region 11.

Year	Population	Total Violent Crimes	Rate per 100k
2018	2,246,397	337	15.0
2019	2,246,397	233	10.4
2020	2,246,397	248	11.0
2021	2,246,397	218	9.7
2022	2,246,397	201	8.9

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



There was a decrease in violent crime (40.4%) in region 11 from 2018 to 2022.

Table below shows the violent crime percent change in region 11

Year	Violent Crime Percent Change
2018 to 2022	-40.4%
2020 to 2022	-19.0%
2021 to 2022	-7.8%

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

**A percent change describes the change in number or rate from one year to another. It is calculated by subtracting the base-year data from the current-year data. Result then is divided by the base-year data and multiplied by 100*

Table below presents information on murder and non-negligent homicides, manslaughter by Negligence and rape broken down by county in region 11 for year 2022.

County	Population	Murder Rate	MBN Rate	Rape Rate	Total Violent Crimes	Violent Crime Rate
Aransas	23,830	4.2	0.0	4.2	2	8.4
Bee	31,047	0.0	0.0	0.0	0	0.0
Brooks	7,076	0.0	0.0	0.0	0	0.0
Cameron	421,017	2.6	0.5	4.5	32	7.6
Duval	9,831	0.0	0.0	10.2	1	10.2
Hidalgo	870,781	2.4	0.8	9.1	107	12.3
Jim Hogg	4,838	0.0	0.0	0.0	0	0.0
Jim Wells	38,891	5.1	0.0	7.7	5	12.9
Kenedy	350	0.0	0.0	0.0	0	0.0
Kleberg	31,040	0.0	0.0	0.0	0	0.0
Live Oak	11,335	0.0	0.0	0.0	0	0.0

McMullen	600	0.0	0.0	0.0	0	0.0
Nueces	353,178	2.3	0.3	3.1	20	5.7
Refugio	6,741	0.0	0.0	0.0	0	0.0
San Patricio	68,755	1.5	0.0	1.5	2	2.9
Starr	65,920	0.0	0.0	1.5	1	1.5
Webb	267,114	3.7	0.4	6.4	28	10.5
Willacy	20,164	5.0	0.0	9.9	3	14.9
Zapata	13,889	0.0	0.0	0.0	0	0.0
Region 11	2,246,397	2.4	0.5	6.0	201	8.9

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

Property Crime

Property crime is a category of crime that includes, among other crimes, burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism. Property crime is a crime to obtain money, property, or some other benefit. This may involve force, or the threat of force, in cases like robbery or extortion. In region 11, there was a total of 14,656 property crimes reported in 2022.

Total property crimes in region 11 broken down by year. (Rate per 100k)

Year	Population	Total Property Crimes	Rate
2018	2,246,397	19,656	875.0
2019	2,246,397	14,486	644.9
2020	2,246,397	14,670	653.0
2021	2,246,397	13,814	614.9
2022	2,246,397	14,656	652.4

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

Table below shows the property crime rate per 100k population broken down by county in region 11.

County	Population	Robbery RATE	AA RATE	Burglary RATE	LT RATE	MVT RATE	OA RATE	ARSON RATE	Property Crime Rate
Aransas	23,830	13	126	59	311	55	315	0	877
Bee	31,047	6	55	32	100	10	148	0	351
Brooks	7,076	0	85	28	0	14	57	0	184
Cameron	421,017	24	102	58	200	13	350	1	748
Duval	9,831	10	61	51	61	10	254	0	448
Hidalgo	870,781	14	66	24	145	15	274	1	538
Jim Hogg	4,838	0	41	0	0	21	83	0	145
Jim Wells	38,891	5	195	82	188	33	509	15	1,029
Kenedy	350	0	0	0	0	286	0	0	286
Kleberg	31,040	0	97	26	74	29	155	0	380
Live Oak	11,335	0	18	9	18	62	106	0	212

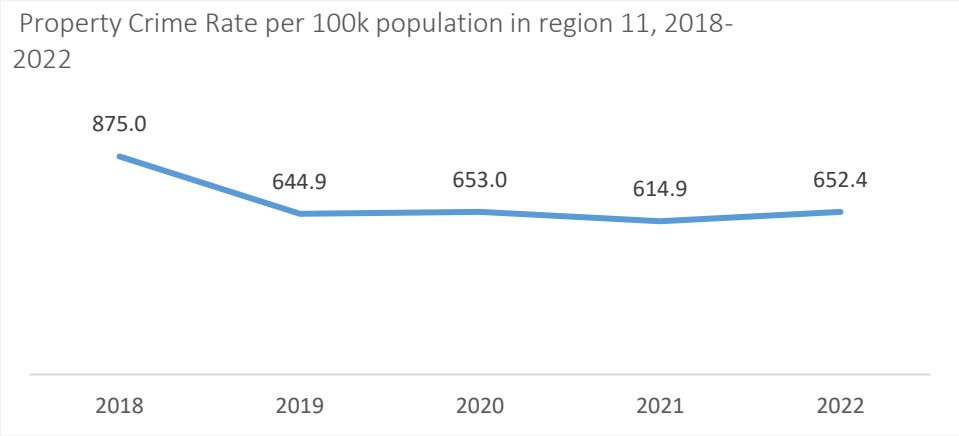
McMullen	600	1,333	7,000	8,000	18,167	6,000	21,333	333	62,167
Nueces	353,178	24	126	29	243	26	346	3	798
Refugio	6,741	0	45	45	0	341	178	0	608
San Patricio	68,755	3	45	29	96	12	231	0	416
Starr	65,920	3	55	18	59	14	177	0	326
Webb	267,114	29	92	35	257	28	314	2	758
Willacy	20,164	10	119	50	89	10	402	10	689
Zapata	13,889	0	0	0	22	0	7	0	29
Region 11	2,246,397	18	89	8,574	182	21	304	2	652

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

The number of property crimes decreased 25.4% percent from 2018 to 2022 in region 11.

Year	% Change
2018 to 2022	-25.4%
2020 to 2022	-0.1%
2021 to 2022	6.1%

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



Property crime rate per 100K population in region 11 broken down by county.

County	Population	Robbery RATE	AA RATE	Burglary RATE	LT RATE	MVT RATE	OA RATE	ARSON RATE	Property Crime Rate
Aransas	23,830	13	126	59	311	55	315	0	877
Bee	31,047	6	55	32	100	10	148	0	351
Brooks	7,076	0	85	28	0	14	57	0	184
Cameron	421,017	24	102	58	200	13	350	1	748
Duval	9,831	10	61	51	61	10	254	0	448
Hidalgo	870,781	14	66	24	145	15	274	1	538
Jim Hogg	4,838	0	41	0	0	21	83	0	145
Jim Wells	38,891	5	195	82	188	33	509	15	1,029

Kenedy	350	0	0	0	0	286	0	0	286
Kleberg	31,040	0	97	26	74	29	155	0	380
Live Oak	11,335	0	18	9	18	62	106	0	212
McMullen	600	1,333	7,000	8,000	18,167	6,000	21,333	333	62,167
Nueces	353,178	24	126	29	243	26	346	3	798
Refugio	6,741	0	45	45	0	341	178	0	608
San Patricio	68,755	3	45	29	96	12	231	0	416
Starr	65,920	3	55	18	59	14	177	0	326
Webb	267,114	29	92	35	257	28	314	2	758
Willacy	20,164	10	119	50	89	10	402	10	689
Zapata	13,889	0	0	0	22	0	7	0	29
Region 11	2,246,397	18	89	8,574	182	21	304	2	652

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

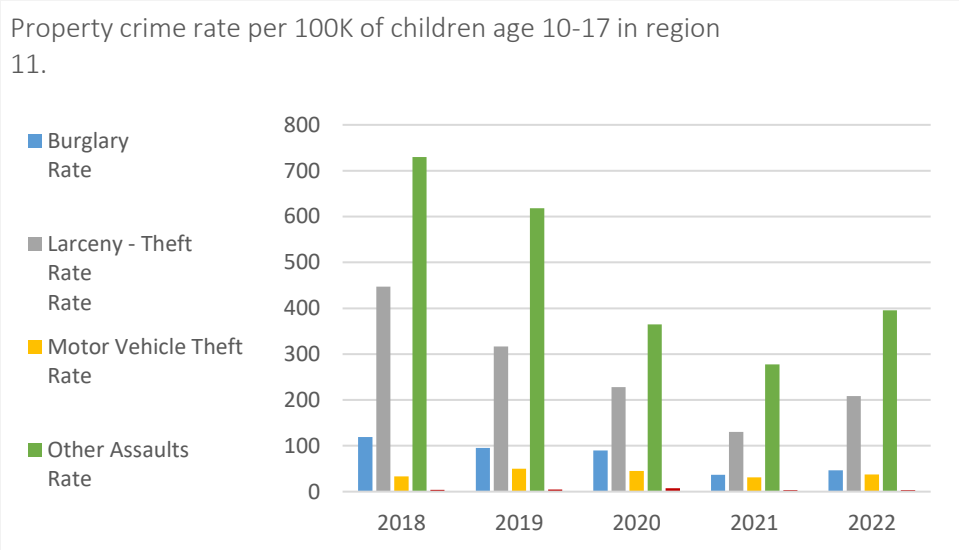
Property Crime Arrests

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

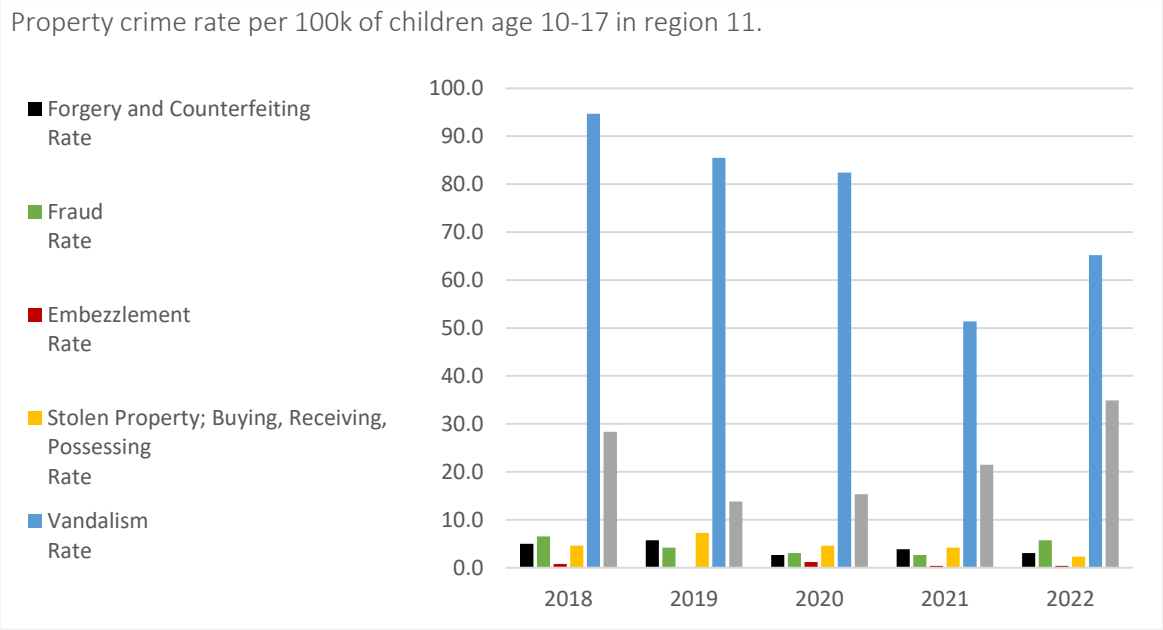


Rate per 100k of total arrests of children age 10-17 broken down by county and by offense in region 11, 2022.

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

Total number of drug and alcohol related arrests in region 11 broken down by year.

Year	Population	Drug Abuse Violations	Driving Under The Influence	Liquor Laws	Drunkenness
2018	260,832	1,684	34	106	236
2019	260,832	1,520	35	63	190
2020	260,832	997	34	44	100
2021	260,832	790	32	87	62
2022	260,832	1,274	39	83	52

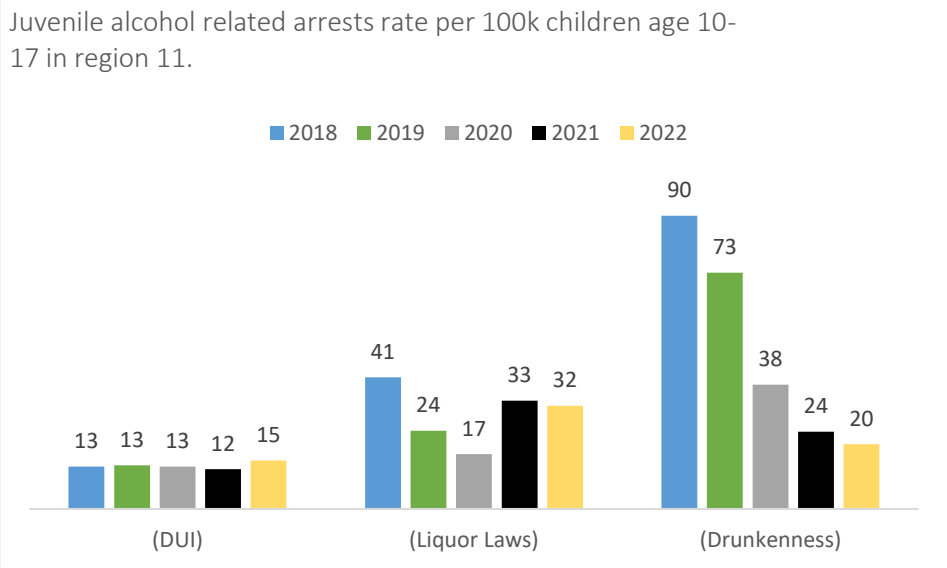
Source: Uniform Crime Report

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

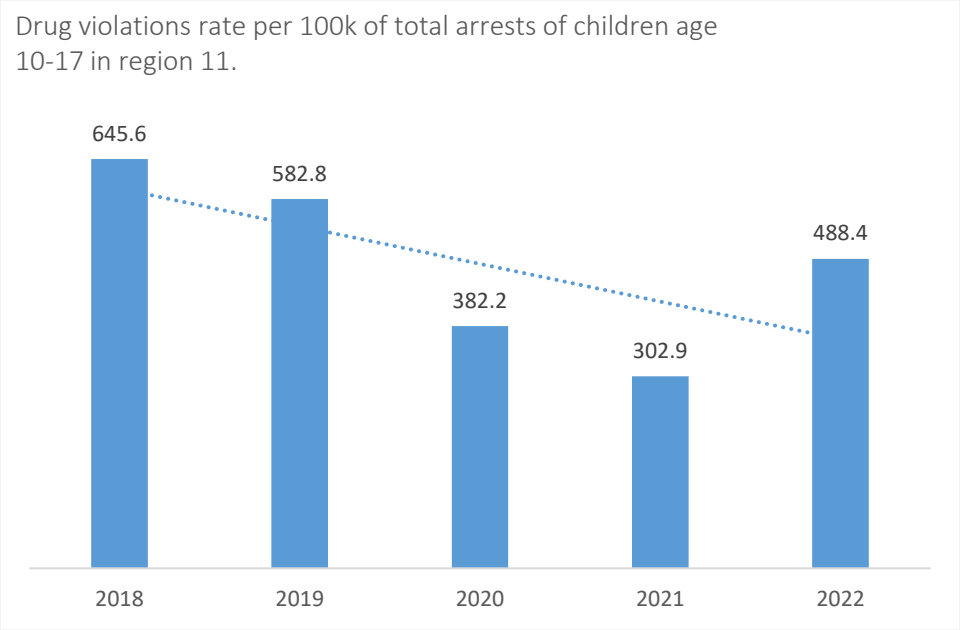
Source: Uniform Crime Report



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 violations rate per 100k of total arrests of children age 10-17 in region 11.
645.6
582.8
382.2
302.9
488.4
2018
2019
2020
2021
2022

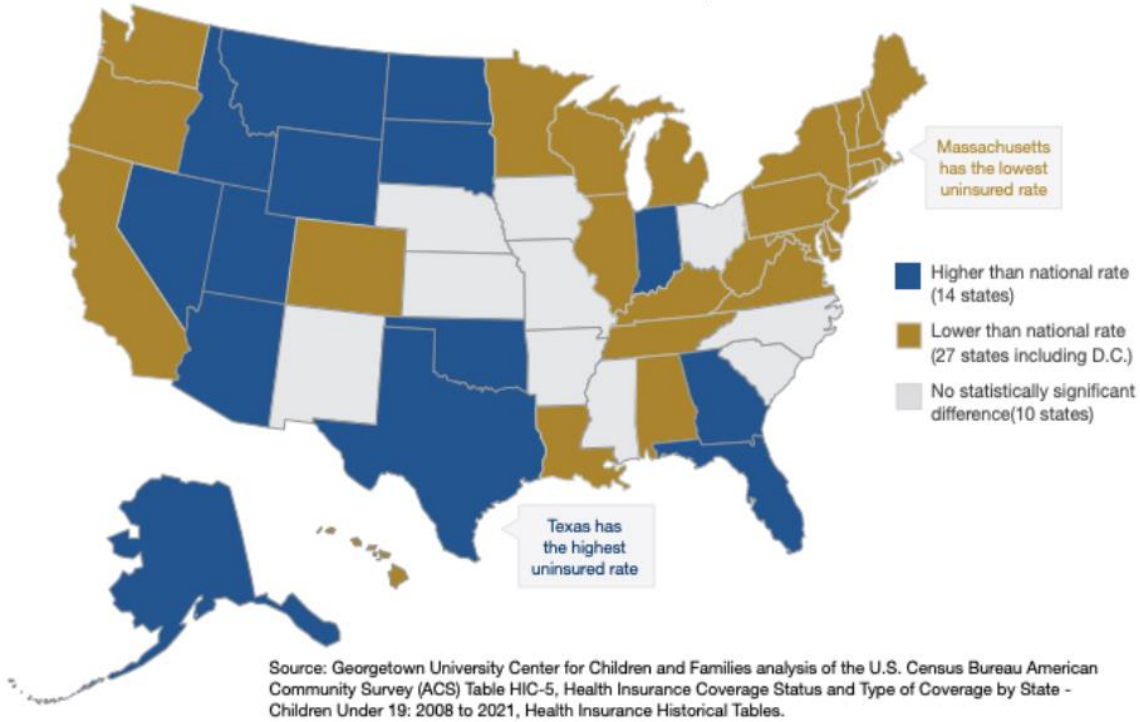
Health Care/Service System

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.[32]

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.

[32] 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.

Tables below provides information on the percentage of children (under age 19) and Adults (under age 65) without health insurance in region 11 in 2020. 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	4,398	682	15.5%	3,716	84.5%
Bee	6,744	610	9.0%	6,134	91.0%
Brooks	1,915	181	9.5%	1,734	90.5%
Cameron	125,693	16,733	13.3%	108,960	86.7%
Duval	2,887	338	11.7%	2,549	88.3%
Hidalgo	278,332	41,304	14.8%	237,028	85.2%
Jim Hogg	1,569	181	11.5%	1,388	88.5%
Jim Wells	11,145	1,274	11.4%	9,871	88.6%
Kenedy	73	29	39.7%	44	60.3%
Kleberg	7,513	849	11.3%	6,664	88.7%
Live Oak	2,549	413	16.2%	2,136	83.8%
Nueces	90,338	7,447	8.2%	82,891	91.8%
Refugio	1,570	183	11.7%	1,387	88.3%
San Patricio	17,991	2,090	11.6%	15,901	88.4%
Starr	20,811	2,921	14.0%	17,890	86.0%
Webb	89,307	12,155	13.6%	77,152	86.4%
Willacy	4,914	527	10.7%	4,387	89.3%
Zapata	4,589	663	14.4%	3,926	85.6%
Region 11	672,338	88,580	13.2%	583,758	86.8%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2018-202

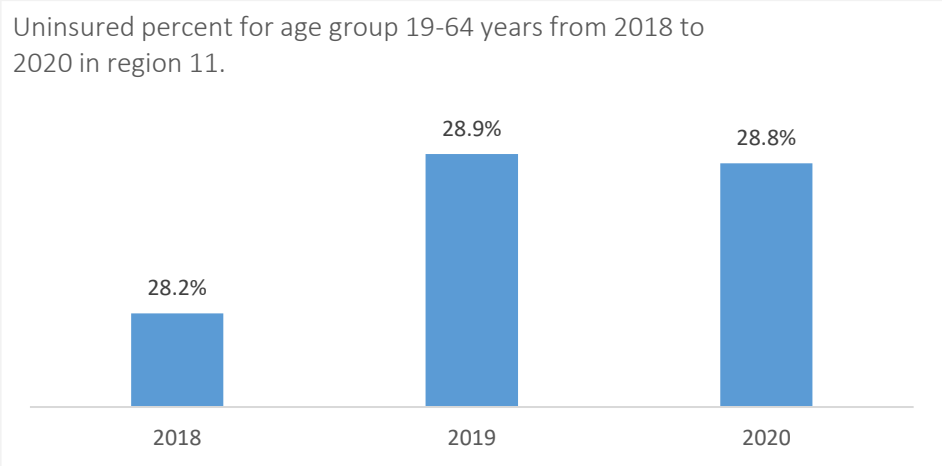
Uninsured Adults 19-64

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

1. 5.2 million Texans (all ages) were uninsured in 2021, meaning 18.0% of Texans were uninsured.
2. 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.
3. Texas has the worst uninsured rate by a big margin: Texas' 18% uninsured rate is 4.2 percentage points worse than Oklahoma's, the next-highest rate. The U.S. 2021 uninsured rate is 8.6%.
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.

5. 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.
6. Nearly 930,000 Texas children were uninsured in 2021, and the Census estimates 495,000 of those had incomes below two times the Federal Poverty Income Level.
7. 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).
8. 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%).
9. 16% of Hispanic Texas children are uninsured, compared to 8% of non-Hispanic white children lacking coverage.
10. Black working-age adults also have a much higher chance of being uninsured, at 18%.
11. 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.
12.



Percent of uninsured and insured adults 19-64 broken down by county in region 11.

Name	Demographic Group Number	Uninsured Number	Uninsured %	Insured Number	Insured %
Aransas	16,736	4,113	24.6%	12,623	75.4%
Bee	20,397	3,777	18.5%	16,620	81.5%
Brooks	5,520	1,186	21.5%	4,334	78.5%
Cameron	354,406	105,800	29.9%	248,606	70.1%
Duval	8,371	1,794	21.4%	6,577	78.6%
Hidalgo	751,599	248,798	33.1%	502,801	66.9%
Jim Hogg	4,203	892	21.2%	3,311	78.8%
Jim Wells	33,356	6,810	20.4%	26,546	79.6%
Kenedy	292	121	41.4%	171	58.6%
Kleberg	24,753	5,372	21.7%	19,381	78.3%
Live Oak	8,577	1,864	21.7%	6,713	78.3%
Nueces	300,637	58,953	19.6%	241,684	80.4%
Refugio	5,217	967	18.5%	4,250	81.5%
San Patricio	55,927	11,539	20.6%	44,388	79.4%
Starr	54,784	15,838	28.9%	38,946	71.1%
Webb	242,123	76,921	31.8%	165,202	68.2%
Willacy	14,516	3,494	24.1%	11,022	75.9%
Zapata	11,930	3,504	29.4%	8,426	70.6%
Region 11	1,913,344	551,743	28.8%	1,361,601	71.2%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2018-2020

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.[33]

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.

[33] U.S Census Bureau, 2021

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.[34]

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.[35]

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.[36] 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 from 2018 to 2022 in region 11.

Year	Number of Licenses	Population	Land Area	Licenses per 100k	Licenses per sq. mi.	licenses per 100 sq. mi.
2018	3,950	2,246,397	21329.4	175.84	0.1852	18.52
2019	4,443	2,246,397	21329.4	197.78	0.2083	20.83
2020	4,636	2,246,397	21329.4	206.37	0.2174	21.74
2021	4,658	2,246,397	21329.4	207.35	0.2184	21.84

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

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

[36] 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

2022	4,571	2,246,397	21329.4	203.48	0.2143	21.43

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

Number of active alcohol retail licenses broken down by county in region 11, 2022.

County	Number of Licenses	Population	Land Area	Licenses per 100k	Licenses per sq. mi.	licenses per 100 sq. mi.
Aransas	94	23,830	252.1	394.46	0.3729	37.29
Bee	57	31,047	880.2	183.59	0.0648	6.48
Brooks	22	7,076	943.4	310.91	0.0233	2.33
Cameron	787	421,017	891.7	186.93	0.8826	88.26
Duval	31	9,831	1793.5	315.33	0.0173	1.73
Hidalgo	1,618	870,781	1571	185.81	1.0299	102.99
Jim Hogg	15	4,838	1136.2	310.05	0.0132	1.32
Jim Wells	112	38,891	865.2	287.98	0.1294	12.94
Kenedy	0	350	1458.6	0	0	0
Kleberg	81	31,040	881.3	260.95	0.0919	9.19
Live Oak	41	11,335	1039.7	361.71	0.0394	3.94
McMullen	5	600	1139.8	833.33	0.0044	0.44
Nueces	880	353,178	839.1	249.17	1.0487	104.87
Refugio	28	6,741	770.5	415.37	0.0363	3.63
San Patricio	147	68,755	693.4	213.8	0.212	21.2
Starr	157	65,920	1223.2	238.17	0.1284	12.84
Webb	416	267,114	3361.5	155.74	0.1238	12.38
Willacy	41	20,164	590.6	203.33	0.0694	6.94
Zapata	39	13,889	998.4	280.8	0.0391	3.91
Region 11	4,571	2,246,397	21329.4	203.48	0.2143	21.43

Source: Texas Alcoholic Beverage Commission (TABC), 2022

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.[37] 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.[38]

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

[37] 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.

[38] 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.

stations/convenience stores.[39] 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.[40] 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.[41] 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.[42] A systematic review found that, like tobacco retailers in general, many e-cigarette retailers are located within a quarter mile of schools.[43] Variations in tobacco retailer concentration in certain communities may contribute to disparities in tobacco use.[44]

Table below shows the number of tobacco licenses and permits issued in region 11 from 2018 to 2022.

Year	Population	Sq. Miles	Number of Permits	Permits Per 100k
2018	2,525,827	21,329.4	2,087.0	83
2019	2,525,827	21,329	2,332	92
2020	2,525,827	21,329	2,603	103
2021	2,525,827	21,329	2,902	115
2022	2,525,827	21,329	4,145	164

Source: Texas Comptroller 2022

Table below shows the number of tobacco licenses and permits issued per county in 2022 in region 11.

[39] 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.
[40] 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.
[41] 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.
[42] 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/
[43] 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.
[44] 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.

County	Population	Sq. Miles	Number of Permits	Permits Per 100k
Aransas	23,830	252.1	69	290
Bee	31,047	880.2	52	167
Brooks	7,076	943.4	27	382
Cameron	421,017	891.7	627	149
Duval	9,831	1,793.5	32	326
Hidalgo	870,781	1,571.0	1,614	185
Jim Hogg	4,838	1,136.2	14	289
Jim Wells	38,891	865.2	96	247
Kenedy	350	1,458.6	1	286
Kleberg	310,470	881.3	79	25
Live Oak	11,335	1,039.7	44	388
McMullen	600	1,139.8	7	1167
Nueces	353,178	839.1	667	189
Refugio	6,741	770.5	29	430
San Patricio	68,755	693.4	159	231
Starr	65,920	1,223.2	195	296
Webb	267,114	3,361.5	344	129
Willacy	20,164	590.6	40	198
Zapata	13,889	998.4	49	353
Region 11	2,525,827	21,329	4,145	164

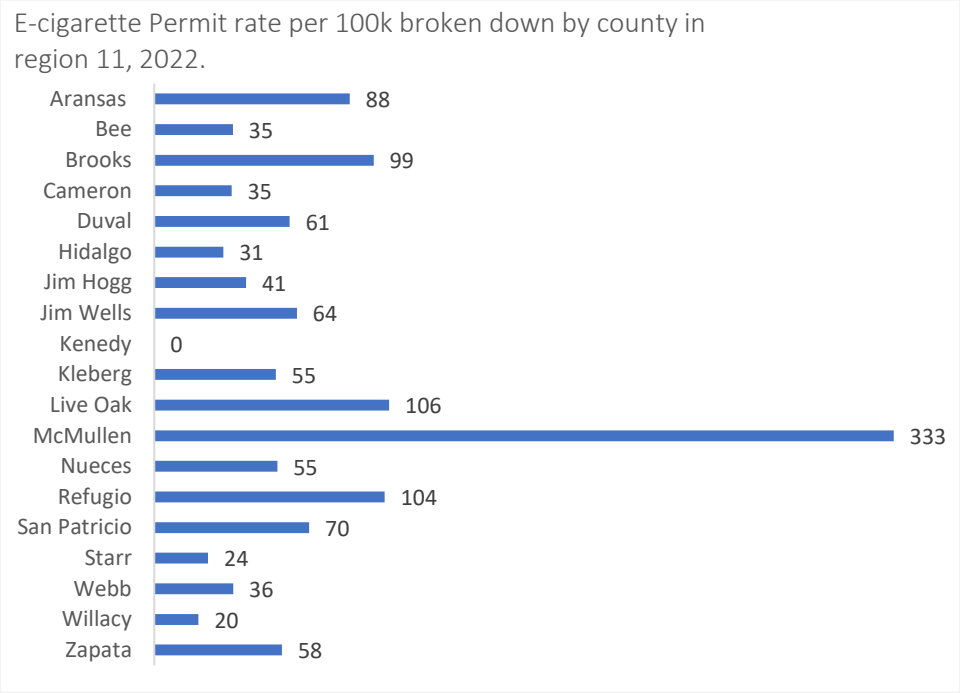
Source: Texas Comptroller 2022

E-cigarette Permit Density

E-cigarette permit rate per 100k broken down by county in region 11, 2022.

County	Population	Number of E-cigarette Permits	Permits per 100k
Aransas	23,830	21	88
Bee	31,047	11	35
Brooks	7,076	7	99
Cameron	421,017	147	35
Duval	9,831	6	61
Hidalgo	870,781	271	31
Jim Hogg	4,838	2	41
Jim Wells	38,891	25	64
Kenedy	350	0	0
Kleberg	31,040	17	55
Live Oak	11,335	12	106
McMullen	600	2	333
Nueces	353,178	196	55
Refugio	6,741	7	104
San Patricio	68,755	48	70
Starr	65,920	16	24
Webb	267,114	95	36
Willacy	20,164	4	20
Zapata	13,889	8	58
Region 11	2,246,397	895	40

Source: Texas Comptroller 2022



School Conditions

Students Offered Drugs

Tables below show the percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months in Texas. Data is broken down by age, sex, grade level and race/ethnicity. 17.2% of students under 15 years of age were offered, sold or given an illegal drug on school property by someone during the past 12 months in Texas.

Age Group	Percent
<=15	17.2%
16-17	17.6%
18+	16.5%

Source: Center for Disease Control and Prevention, High School YRBS

18% of female students and 16.9% of male students were offered, sold or given an illegal drug on school property by someone during the past 12 months in Texas.

Sex	Percent
Female	18.0%
Male	16.9%

Source: Center for Disease Control and Prevention, High School YRBS

18.7% of 10th graders reported they were offered, sold or given an illegal drug on school property by someone during the past 12 months in Texas.

Grade	Percent

9th	16.8%
10th	18.7%
11th	16.4%
12th	17.4%

Source: Center for Disease Control and Prevention, High School YRBS

19.4% of Whites reported they were offered, sold or given an illegal drug on school property by someone during the past 12 months in Texas.

Race/ Ethnicity	Percent
Black	9.9%
Hispanic	18.9%
Other	12.9%
White	19.4%

Source: Center for Disease Control and Prevention, High School YRBS

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.[45]

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.

Number of social associations broken down by county in region 11.

County	# of Social Associations	Rate per 100k
Aransas	12	5.0
Bee	15	4.6
Brooks	3	4.3
Cameron	202	4.8
Duval	4	3.6
Hidalgo	297	3.4
Jim Hogg	0	0.0

[45] County Health Rankings, 2023

Jim Wells	24	5.9
Kenedy	0	0.0
Kleberg	22	7.3
Live Oak	16	13.0
McMullen	0	0.0
Nueces	255	7.0
Refugio	8	11.6
San Patricio	65	9.7
Starr	16	2.5
Webb	97	3.5
Willacy	10	4.7
Zapata	3	2.1

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

Beginning March 1, 2020, pharmacists and prescribers (other than a veterinarian) are required to check the patient's PMP history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. Pharmacists and prescribers are encouraged to check the PMP to help eliminate duplicate and overprescribing of controlled substances, as well as to obtain critical controlled substance history information.

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		
	2020	2021	2022		2020	2021	2022
2	12,116,587	12,592,966	13,208,338	29,145,505	41,573	43,207	45,319
3	5,049,950	4,589,005	4,533,334	29,145,505	17,327	15,745	15,554
4	16,011,363	15,013,926	14,443,495	29,145,505	54,936	51,514	49,557
5	1,917,136	1,845,921	1,944,457	29,145,505	6,578	6,333	6,672
*	66,845	35,935	40,476	29,145,505	229	123	139

Source: Texas Prescription Monitoring Program

Table below shows the number of controlled substances dispensed by county in 2022 by schedule type.

County	Schedule II	Schedule III	Schedule IV	Schedule V	All Schedule Controlled Substances
Aransas	15,078	5,486	23,146	2,443	46,153
Bee	11,748	4,091	13,190	1,902	30,931
Brooks	2,171	1,185	5,907	783	10,046
Cameron	76,310	33,777	111,302	20,085	241,474
Duval	309	334	1,504	114	2,261
Hidalgo	119,191	56,267	227,119	33,800	436,377
Jim Hogg	749	267	2,055	132	3,203
Jim Wells	16,731	7,367	27,071	2,864	54,033
Kleberg	12,124	4,663	17,703	2,183	36,673
Live Oak	1,473	935	2,545	334	5,287
Nueces	168,029	56,317	210,398	26,368	461,112
Refugio	1,954	503	2,170	242	4,869
San Patricio	33,521	10,842	41,653	4,913	90,929
Starr	5,885	4,606	28,745	3,420	42,656
Webb	41,391	18,674	89,449	9,872	159,386
Willacy	3,129	1,436	5,442	588	10,595
Zapata	1,087	825	4,940	523	7,375
Region 11	510,880	207,575	814,339	110,566	1,643,360

Source: Texas Prescription Monitoring Program

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

Year	Population	All Schedule Controlled Substances	Rate per 1k
2020	2,246,397	1,790,668	797
2021	2,246,397	1,671,603	744
2022	2,246,397	1,643,360	732

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.

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

County	# of Mental Health Providers	MHP Rate per 100k	MHP Ratio
Aransas	21	85.7	1167:1
Bee	14	45.3	2209:1
Brooks	2	28.6	3497:1
Cameron	335	79.2	1263:1
Duval	1	10.3	9756:1
Hidalgo	683	77.6	1289:1
Jim Hogg	*	*	*
Jim Wells	37	95.2	1050:1
Kenedy	0	0.0	340:0
Kleberg	17	55.5	1802:1
Live Oak	2	17.6	5689:1
McMullen	21	36.2	2765:1
Nueces	498	141.0	709:1
Refugio	1	14.8	6756:1
San Patricio	29	41.6	2403:1
Starr	13	19.7	5081:1
Webb	125	46.7	2144:1
Willacy	6	29.5	3386:1
Zapata	*	*	*

Source: Centers for Medicare & Medicaid Services

Left Side of Ratio - is the total county population. Right Side of Ratio - is the number of mental health providers in a county.

Interpersonal Domain

Family Environment

Single-Parent Households

An important way to understand the family unit is to understand the housing conditions. There are different ways to look at housing conditions from the percentage of housing units that are overcrowded to the percentage of housing units with a single parent. Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Compared with children in married-couple families, children raised in single-parent households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood.

Table below illustrates the percentage of single parent households in the region. Starr County had the highest percentage 34.5 % whereas Kenedy County had no single parent households.

County	Total households	Male, no spouse/partner present, with own children under 18 years %	Female householder, no spouse/partner present, with own children under 18 years %	Total Households with children under 18 years %	Average household size	Single-Parent Households %
Aransas	10,452	1.2%	3.7%	18.2%	2.28	26.8%
Bee	8,497	0.8%	6.8%	35.5%	2.77	21.5%
Brooks	2,425	0.6%	4.7%	31.5%	2.68	16.8%
Cameron	130,030	2.2%	10.1%	43.9%	3.21	27.9%
Duval	2,842	0.0%	7.8%	30.2%	3.33	25.9%
Hidalgo	251,916	1.1%	10.6%	47.7%	3.40	24.4%
Jim Hogg	1,423	0.9%	4.1%	36.7%	3.40	13.8%
Jim Wells	12,835	1.6%	8.2%	37.2%	3.03	26.5%
Kenedy	48	0.0%	0.0%	41.7%	3.42	0.0%
Kleberg	11,559	1.5%	8.6%	32.0%	2.53	31.6%
Live Oak	3,857	1.5%	3.7%	24.9%	2.59	21.0%
McMullen	186	3.2%	8.1%	40.3%	3.92	28.0%
Nueces	129,845	1.4%	7.2%	34.0%	2.66	25.3%
Refugio	2,189	2.2%	5.8%	25.5%	3.05	31.7%
San Patricio	23,808	1.3%	7.4%	36.9%	2.85	23.7%
Starr	18,599	1.0%	15.6%	48.2%	3.49	34.5%
Webb	76,207	1.6%	9.8%	51.3%	3.47	22.1%
Willacy	5,372	0.6%	8.2%	39.7%	3.59	22.2%
Zapata	4,390	5.3%	5.7%	41.8%	3.17	26.4%

Source: 2021 American Community Survey 5-year Estimates

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 abuse 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. However, not all of these forms of domestic violence, like threats and emotional abuse, can be punished. That makes it even more important to create awareness and advocate for domestic violence victims.

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.

1. 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.
2. 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.
3. 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 and each public health region in Texas. In 2021, region 11 had the highest family violence rate (812.5).

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

Year	Number of Incidents	Total Population	Family Violence Rate
2018	15,185	2,246,397	675.97
2019	16,608	2,246,397	739.32
2020	17,902	2,246,397	796.92
2021	18,252	2,246,397	812.5
2022	18,161	2,246,397	808.45

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

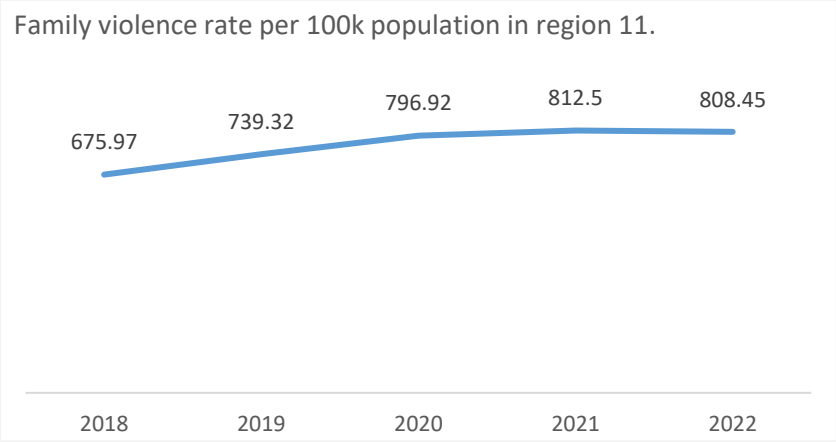


Table below highlights the family violence rate per 100k population in region 11, 2022.

County	Number of Incidents	Total Population	Family Violence Rate
Aransas	231	23,830	969.37
Bee	182	31,047	586.21
Brooks	9	7,076	127.19
Cameron	3,214	421,017	763.39
Duval	60	9,831	610.31
Hidalgo	7,286	870,781	836.72
Jim Hogg	13	4,838	268.71
Jim Wells	323	38,891	830.53
Kenedy	0	350	0
Kleberg	337	31,040	1085.7
Live Oak	19	11,335	167.62
McMullen	0	600	0
Nueces	4,192	353,178	1186.94
Refugio	21	6,741	311.53
San Patricio	278	68,755	404.33
Starr	211	65,920	320.08
Webb	1,592	267,114	596
Willacy	158	20,164	783.57
Zapata	35	13,889	252
Region 11	18,161	2,246,397	808.45

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

Compared to the state, region 11 had a slightly highest family violence rate from 2018 to 2022.

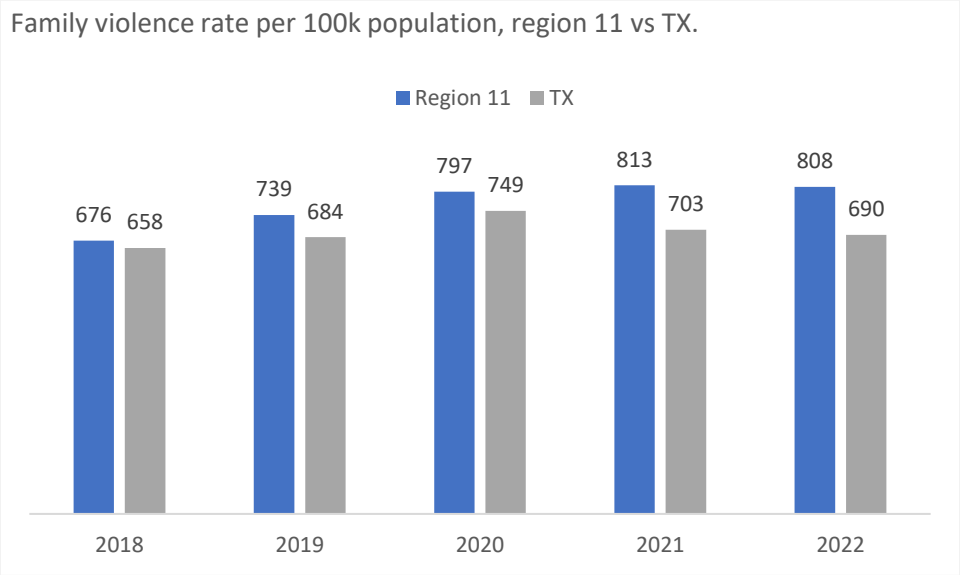
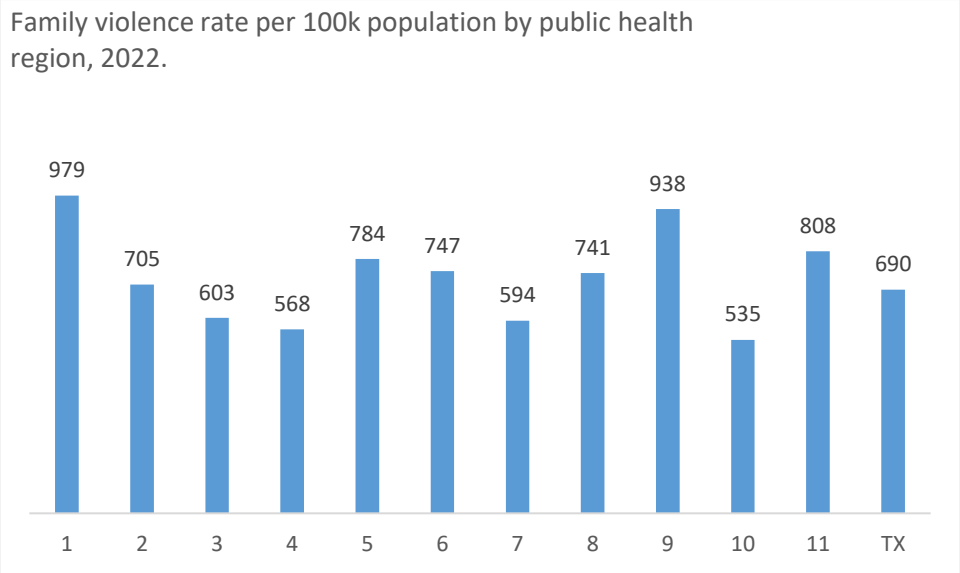


Chart below highlights the family violence rate in 2022 for each public health region as well as the state's rate. Region 1 has the highest family violence rate 979.4 per 100,000 population compared to region 10 with a rate of 535.2.



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

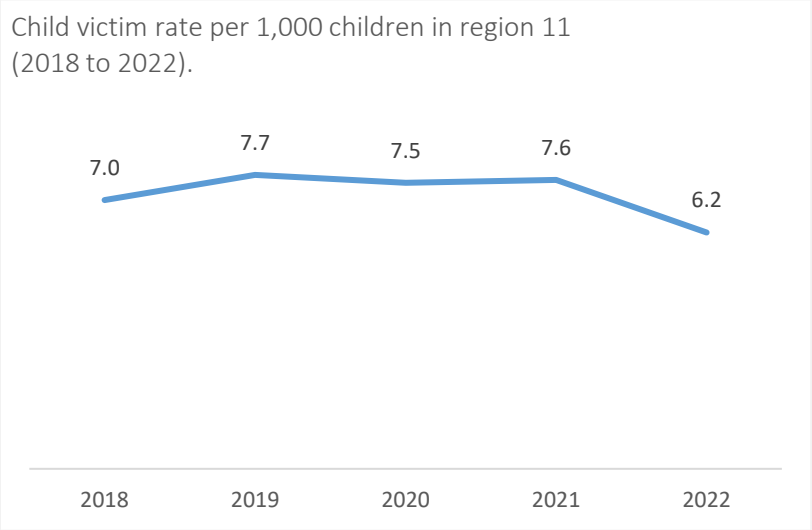
administrative closure. A completed investigation can include more than one alleged victim. Completed investigations do not include any Alternative Response stages.

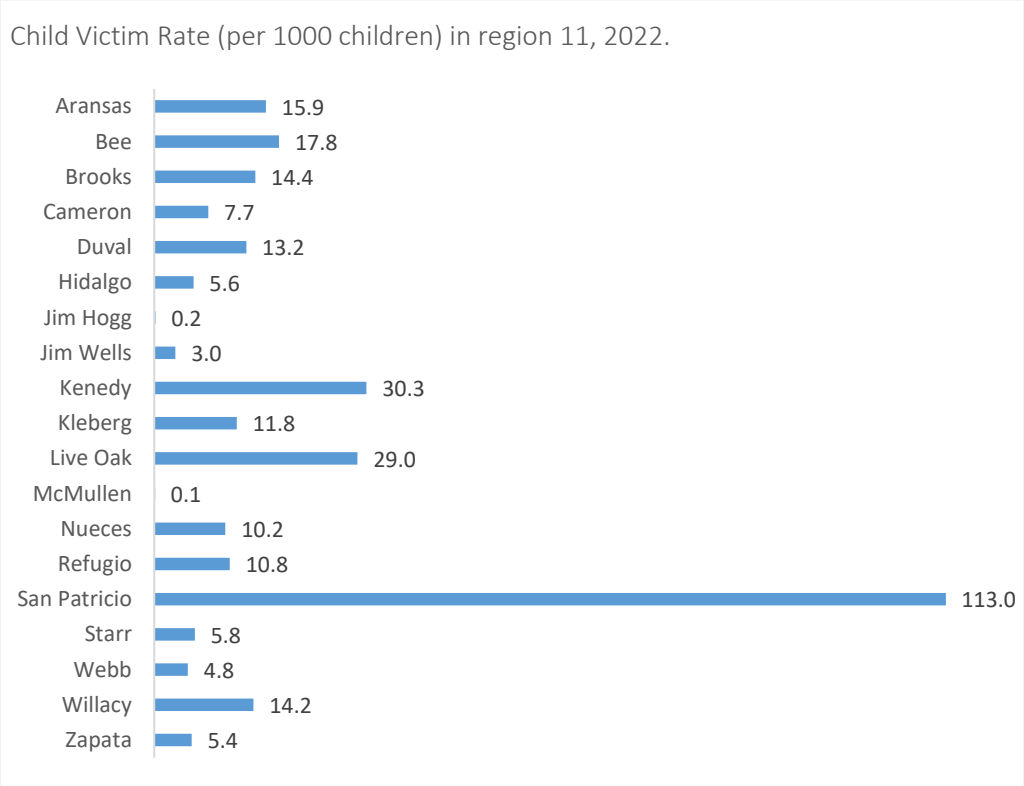
A confirmed victim on a completed investigation is a child who is a victim on at least one allegation with a disposition of reason to believe. An unconfirmed victim on a completed investigation is a child who was an alleged victim on at least one allegation with a disposition of unable to complete, unable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

Table below shows child victim rate per 100 children in region 11 from 2018 to 2022. County Rates for year 2022 can be found in appendix D.

Fiscal Year	Victims	Total Under 18 Population	Child Victim Rate (per 1000 children)
2018	5,386	766,543	7.0
2019	5,888	766,543	7.7
2020	5,862	784,609	7.5
2021	5,755	761,839	7.6
2022	4,817	779,971	6.2

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



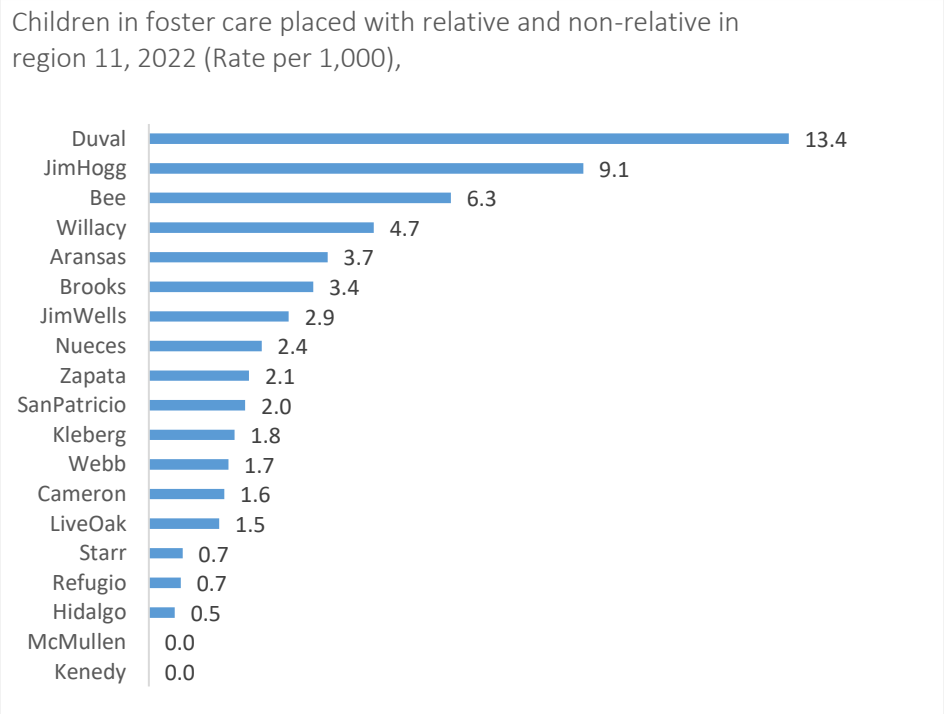

Child Victim Rate (per 1000 children) in region 11, 2022.
Aransas 15.9
Bee 17.8
Brooks 14.4
Cameron 7.7
Duval 13.2
Hidalgo 5.6
Jim Hogg 0.2
Jim Wells 3.0
Kenedy 30.3
Kleberg 11.8
Live Oak 29.0
McMullen 0.1
Nueces 10.2
Refugio 10.8
San Patricio 113.0
Starr 5.8
Webb 4.8
Willacy 14.2
Zapata 5.4

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.[46] Additionally, both mood disorder and depression can exacerbate many chronic health conditions.[47] [48] [49] [50] 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

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

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

[48] 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.

[49] 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.

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

ever received a diagnosis of depression by a health care provider, with prevalence of depression higher in women, younger adults, and adults with lower education levels.[51]

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.[52]

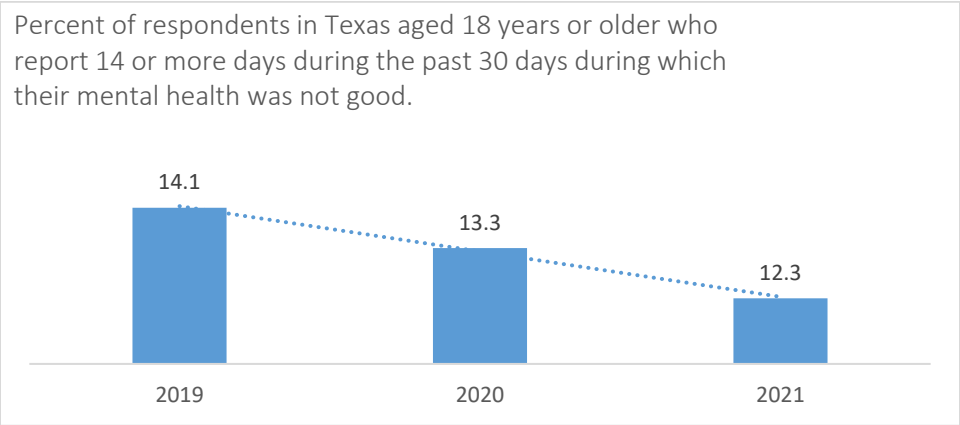
Table below shows the percent of adults aged ≥18 years in region 11, who report 14 or more days during the past 30 days during which their mental health was not good.

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

[51] 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.

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


Percent of respondents in Texas aged 18 years or older who report 14 or more days during the past 30 days during which their mental health was not good.
14.1
13.3
12.3
2019
2020
2021

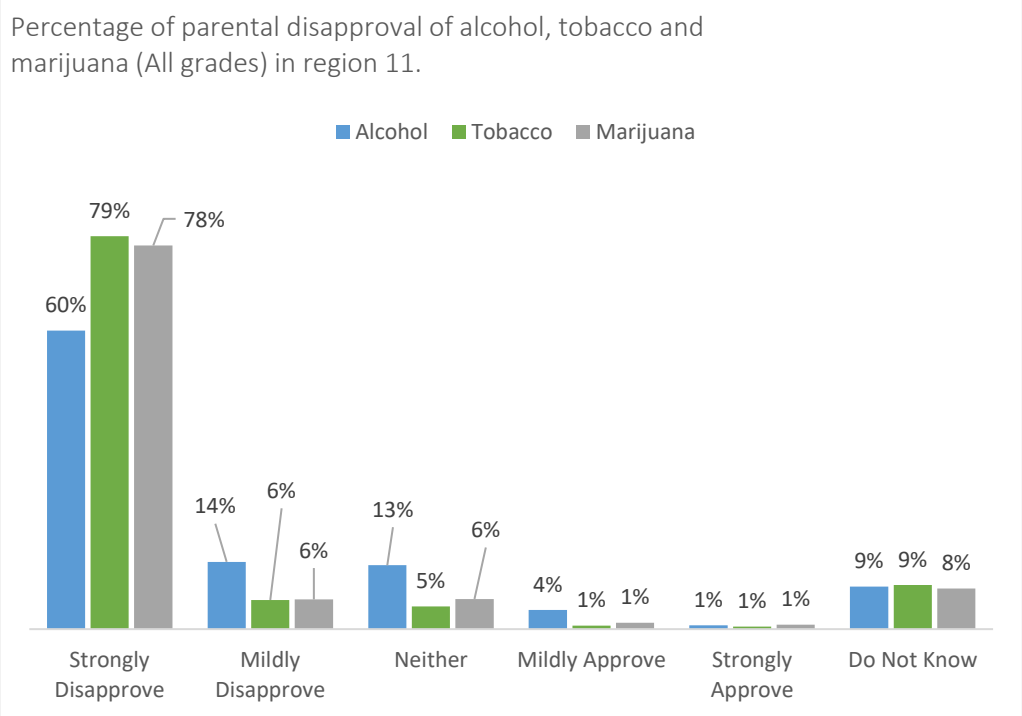
Perceptions of Parental Attitudes

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[53]. 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[54].

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



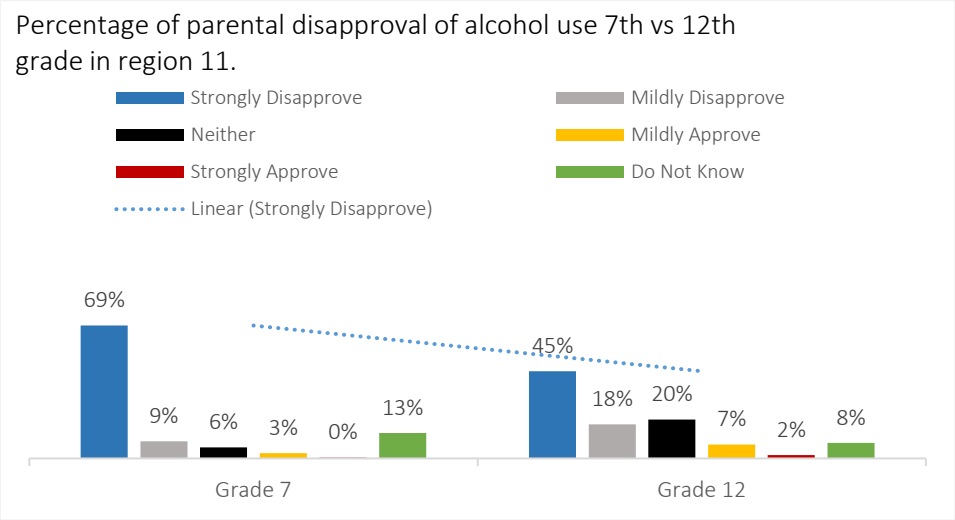
[53] Centers for Disease Control and Prevention (CDC)

[54] 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%

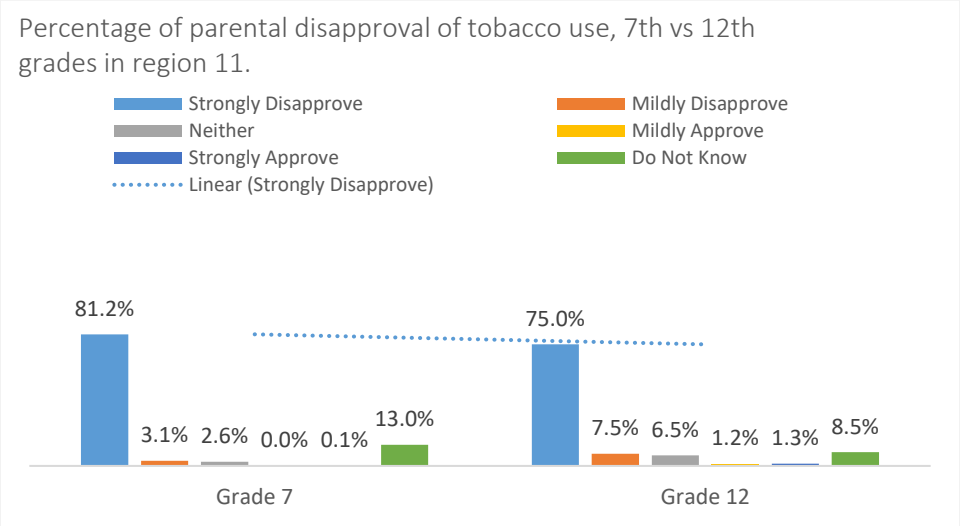
Source: Texas School Survey 2022



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%

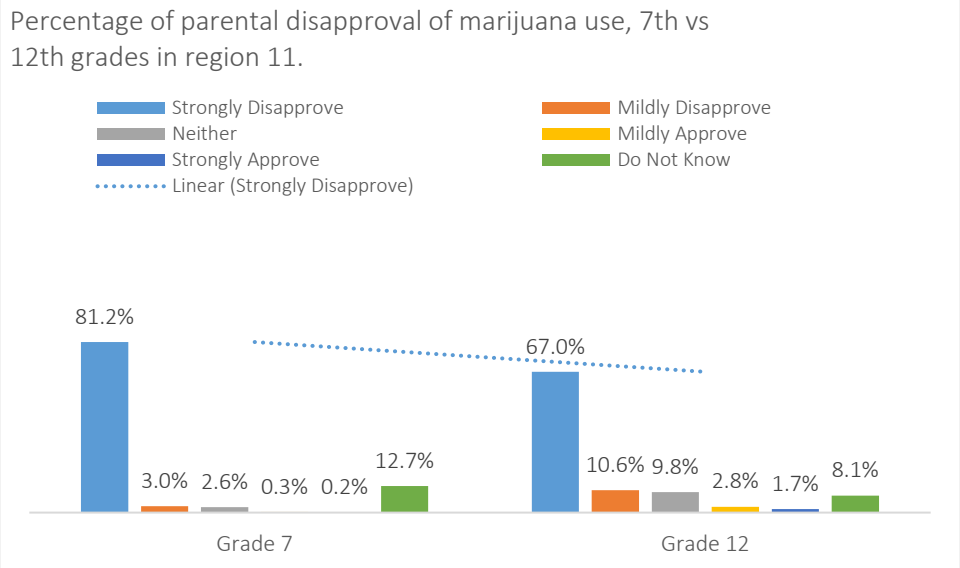
Source: Texas School Survey 2022



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

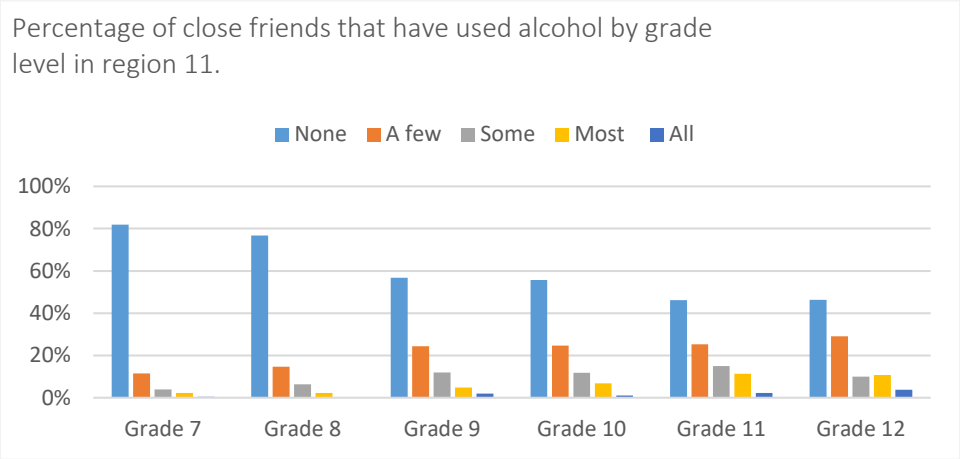
Some perceptions of peer substance use can shape our beliefs about the accessibility of alcohol, marijuana, tobacco, or prescription drugs, and the potential risks associated with using these substances. For instance, if there is a perceived increase in substance use among peers, it could lead to a decreased 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%

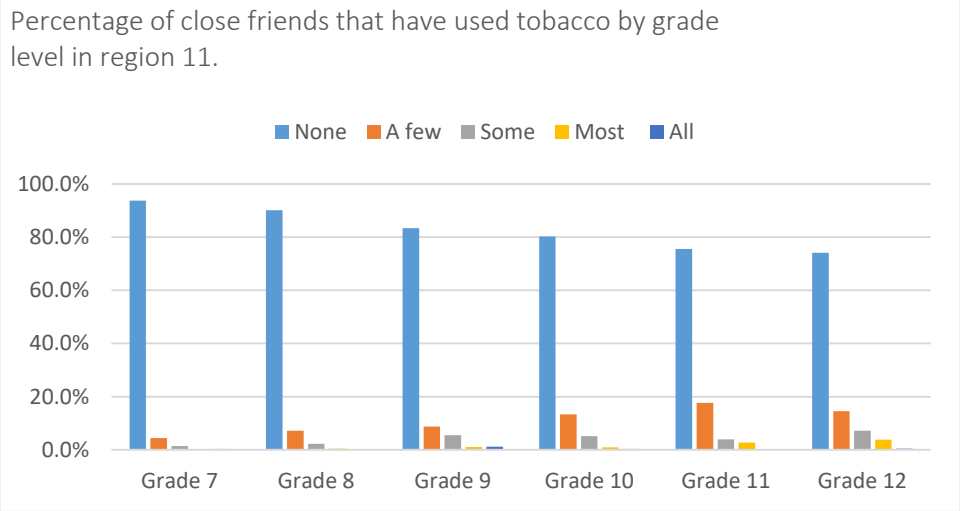
Source: Texas School Survey 2022



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%

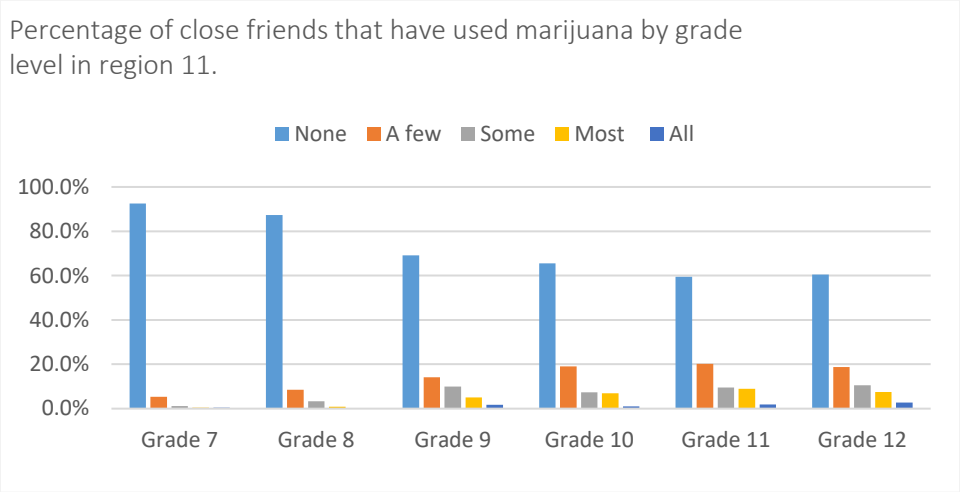
Source: Texas School Survey 2022



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.

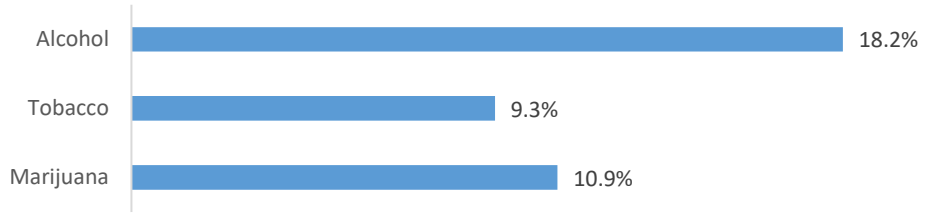
The Texas School Survey reports findings regarding perceived access to alcohol, marijuana, prescription drugs, and other drugs. 18.2 % of students reported that it is very easy to access alcohol, 9.3% reported it is very easy to access tobacco and 10.9 % reported it is very easy to access marijuana in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

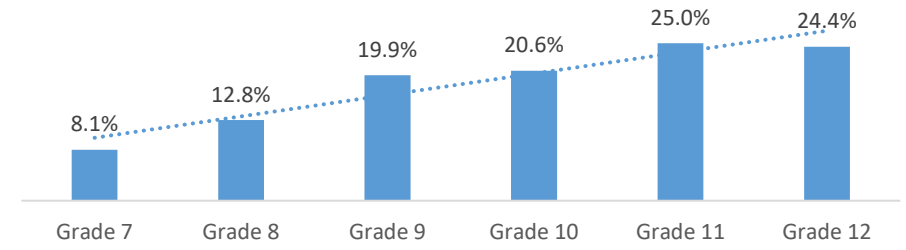
Perceived access as "very easy" of alcohol, tobacco and marijuana for (All grades) in region 11.



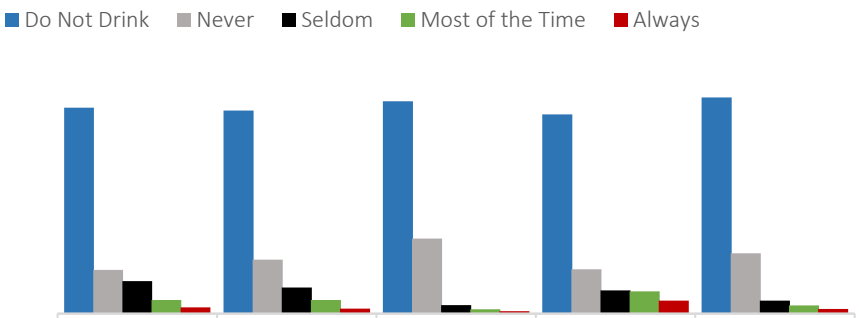
Social Access

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.

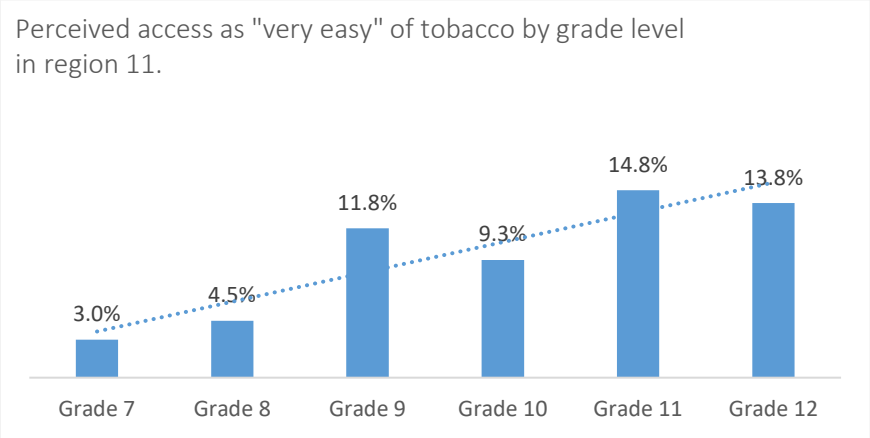


	Home	Friends	A Store	Parties	Other Sources
Do Not Drink	68.2%	67.2%	70.3%	65.9%	71.6%
Never	14.5%	17.9%	24.8%	14.7%	20.0%
Seldom	10.8%	8.7%	2.8%	7.7%	4.3%
Most of the Time	4.5%	4.5%	1.4%	7.4%	2.7%
Always	2.1%	1.7%	0.8%	4.3%	1.5%

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%

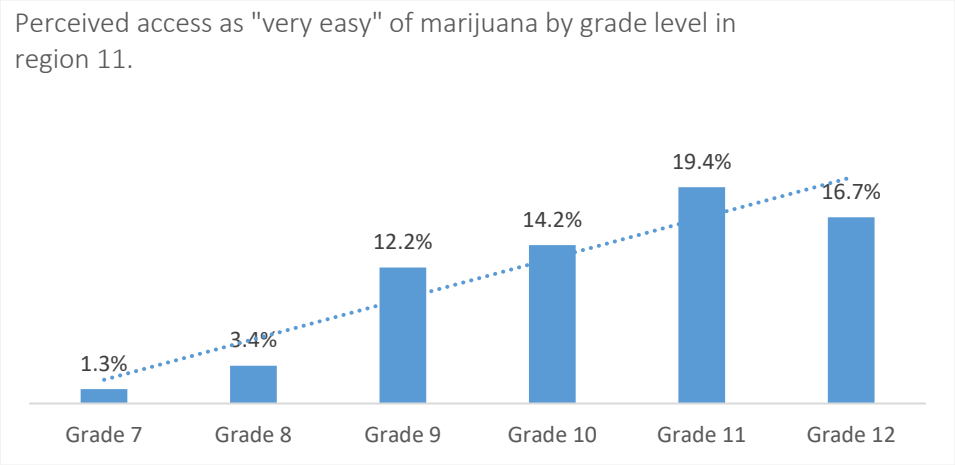
Source: Texas School Survey 2022



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

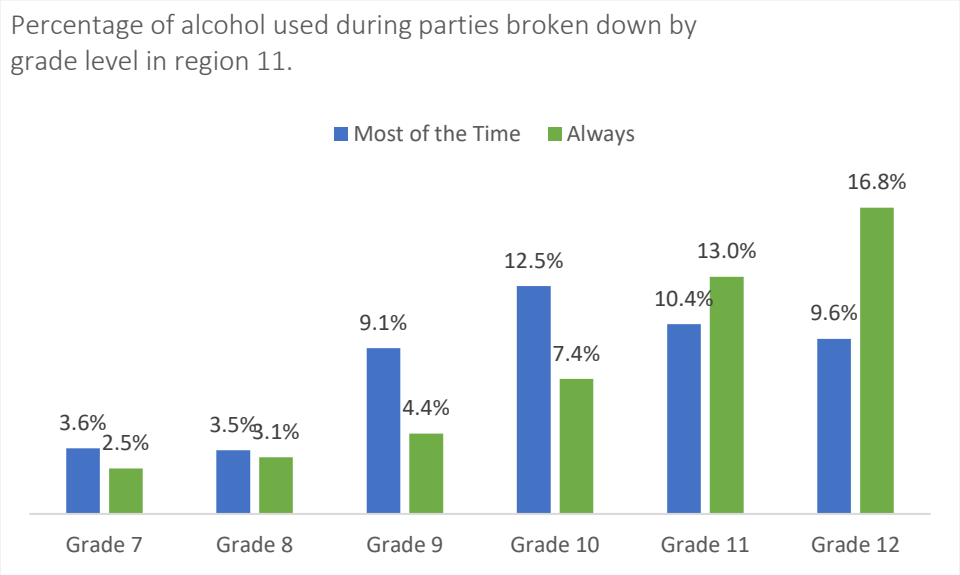


Presence of a Substance at Parties

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%

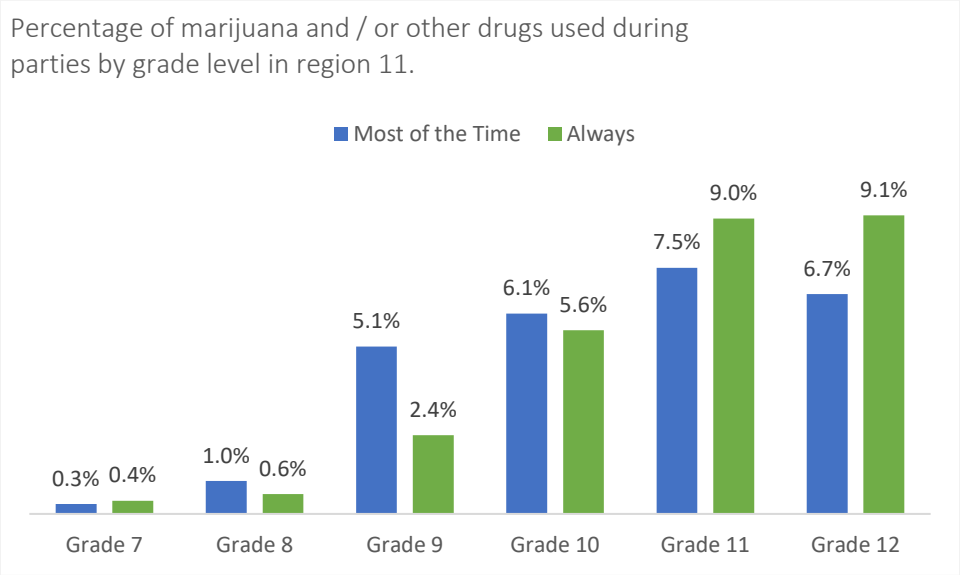
Source: Texas School Survey 2022



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.[55]

[55] 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.

Table below illustrates dropout rates broken down by county in region 11 in 2021.

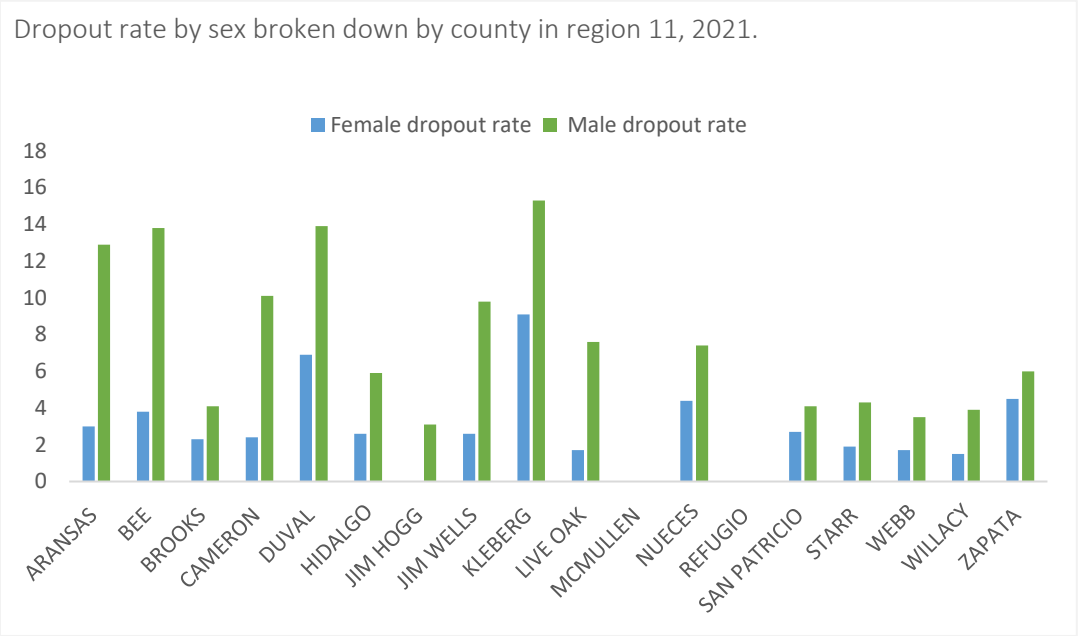
County	All Students Dropout Rate	White Dropout Rate	African American Dropout Rate	Asian Dropout Rate	Hispanic Dropout Rate
Aransas	8.0	7.7	20.0	0.0	8.8
Bee	8.2	6.3	11.1	-1	8.8
Brooks	3.3	-1	.	.	3.4
Cameron	6.4	6.5	28.6	0.0	6.4
Duval	10.6	28.6	.	.	9.9
Hidalgo	4.3	3.2	0.0	0.0	4.4
Jim Hogg	1.4	.	.	.	1.4
Jim Wells	6.4	3.6	-1	-1	6.9
Kleberg	12.2	4.1	0.0	-1	13.7
Live Oak	4.8	7.4	.	.	2.9
McMullen	0.0	0.0	.	.	-1
Nueces	5.9	5.0	5.5	1.2	6.3
Refugio	0.0	0.0	0.0	.	0.0
San Patricio	3.4	1.8	9.1	0.0	4.2
Starr	3.1	-1	.	-1	3.1
Webb	2.6	0.0	16.7	0.0	2.6
Willacy	2.9	0.0	.	.	3.0
Zapata	5.3	-1	.	.	5.4

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.

Chart below shows the dropout rates by sex broken down by county in region 11, 2021.



Absenteeism

Substance use during adolescence is linked to lower academic performance, student absenteeism and higher rates of high school dropout[56] [57]. 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[58]. Reductions in the frequency of substance use as well as delays in the initiation of substance use improve attendance[59]. In fact, one report highlights an estimated 10 percent increase in attendance for every year that a young person delays using[60].

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

[56] 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
[57] Engberg J., Morral A.R. Reducing substance use improves adolescents' school attendance. Addict Abingdon Engl. 2006 Dec;101(12):1741–51.
[58] 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
[59] Engberg J., Morral A.R. Reducing substance use improves adolescents' school attendance. Addict Abingdon Engl. 2006 Dec;101(12):1741–51.
[60] 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

outcomes that can mirror those of students who never used substances[61]. 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[62]. 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[63].

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
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:

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

[61] 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.
[62] 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
[63] 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

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.

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 evaluation. Contact information for mental health authorities' area is also included in this section. 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.[64]

Adolescent Depression

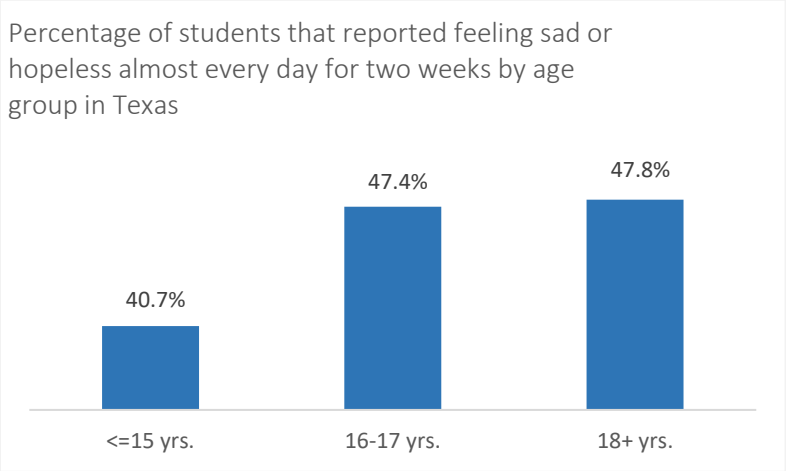
Depression is a mental illness frequently co-occurring with substance use. The relationship between the two disorders is bi-directional, meaning that people who use substances are more likely to suffer from depression, and vice versa. People who are depressed may drink or use drugs to lift their mood 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.

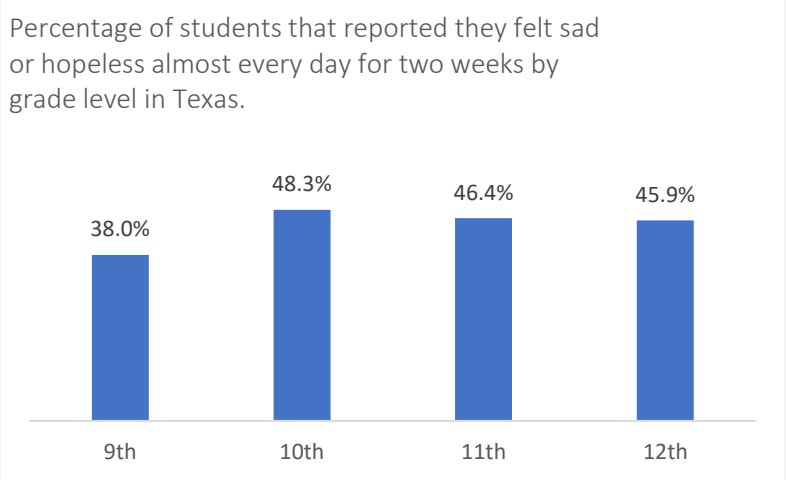
According to the National Survey on Drug Use and Health, in 2021, about 1 in 5 adolescents aged 12 to 17 (20.1 percent) had a major depressive episode (MED), or 3.5 million adolescents. The percentage for adults aged 18 to 25 (4.6 million) that had an MDE during the past year was approximately 13.8 percent.[65]

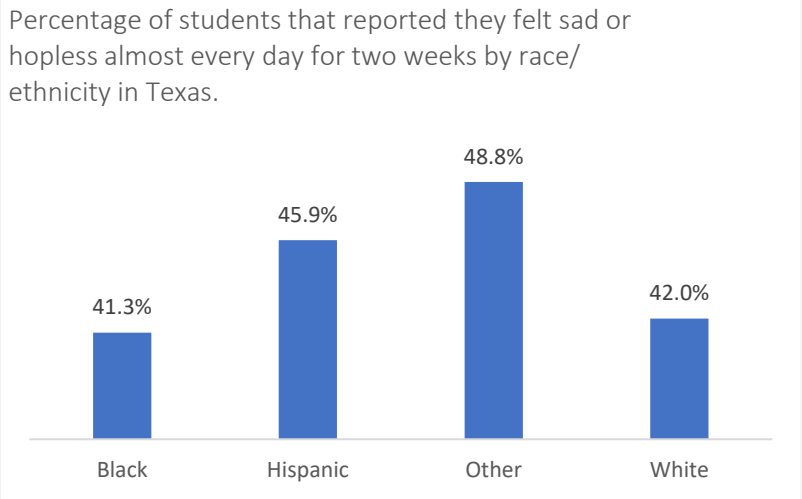
The charts below highlight data from Texas Youth Risk Behavioral Surveillance Survey and shows students reporting that they felt sad or hopeless almost every day for two weeks or more in a row and that they stopped doing some usual activities during the past 12 months. Data is broken down by age group,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

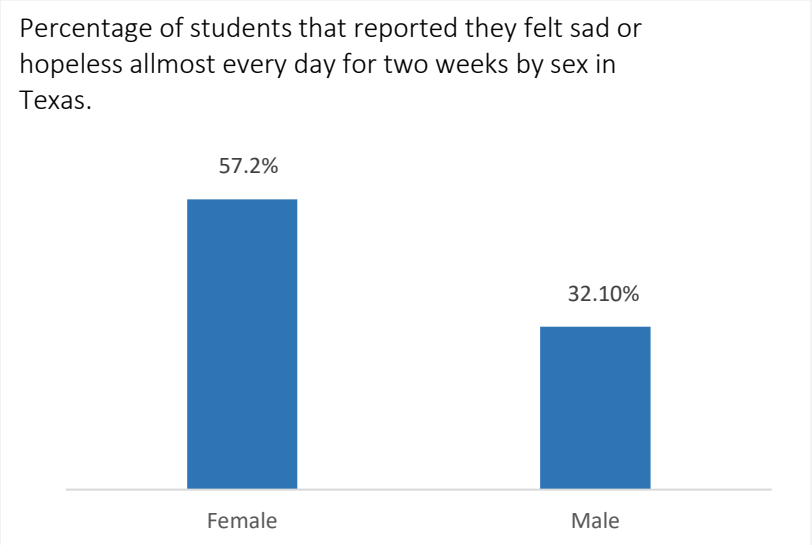
[64] National Institute of Mental Health, Mental Health Information, Health Topics, Substance Use and Mental Health. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml. Updated May 2016, Accessed June 2021.

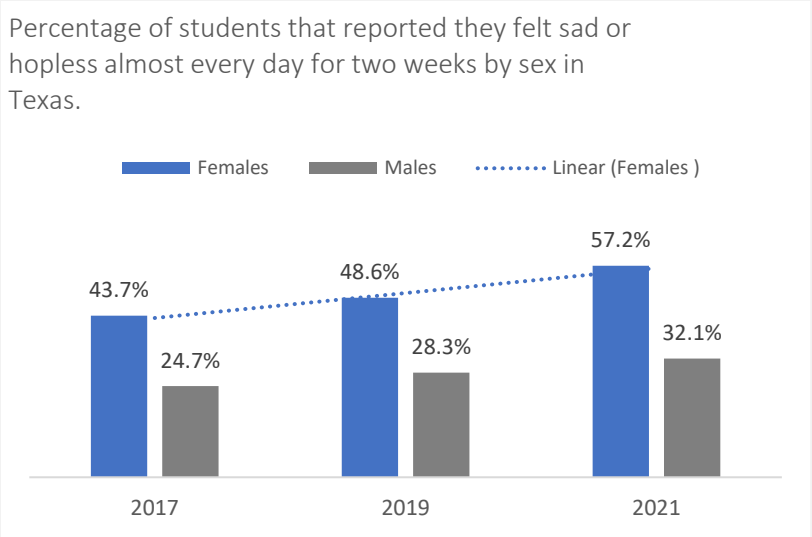
[65] Smith K, Ph.D. Substance Abuse and Depression https://www.psycom.net/depression-substance-abuse. Last Updated November 25, 2018, Accessed June 25, 2019.


Percentage of students that reported feeling sad or hopeless almost every day for two weeks by age group in Texas
40.7%
47.4%
47.8%
<=15 yrs.
16-17 yrs.
18+ yrs.


Percentage of students that reported they felt sad or hopeless almost every day for two weeks by grade level in Texas.
38.0%
48.3%
46.4%
45.9%
9th
10th
11th
12th

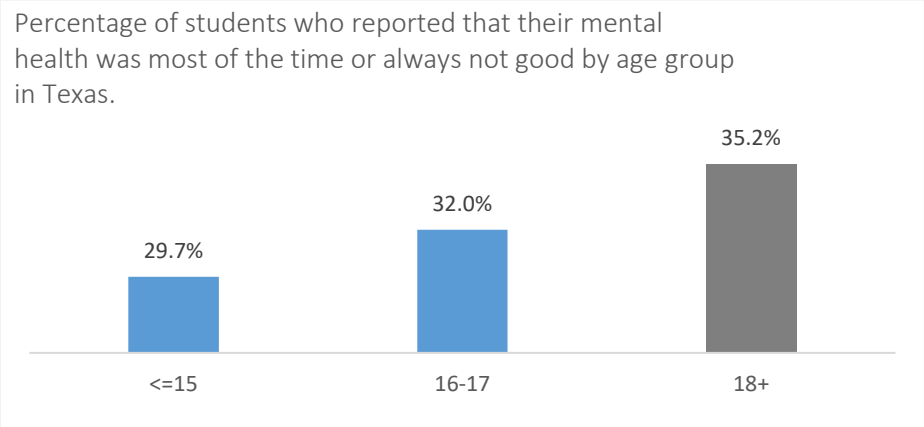

Percentage of students that reported they felt sad or hopless almost every day for two weeks by race/ ethnicity in Texas.
41.3%
45.9%
48.8%
42.0%
Black
Hispanic
Other
White

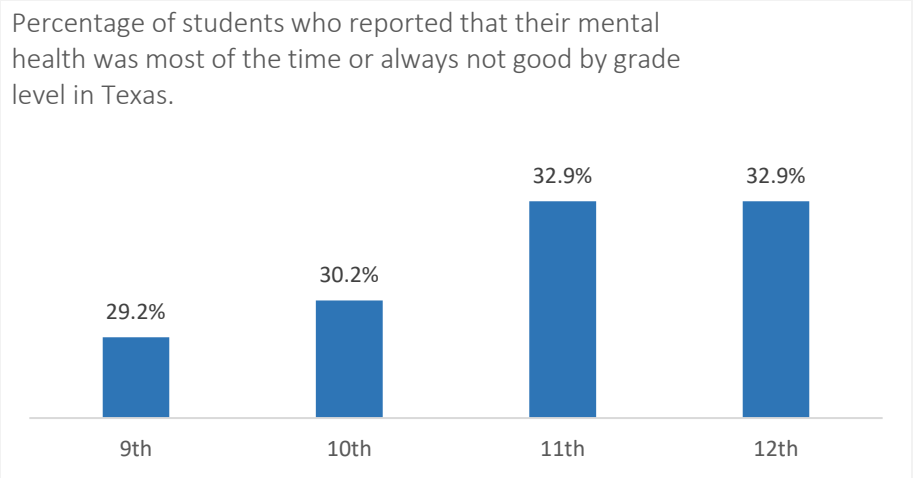


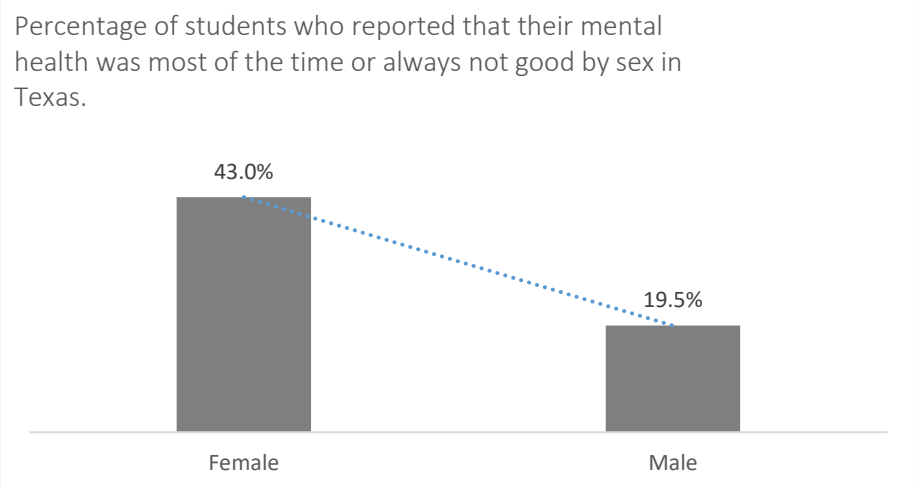


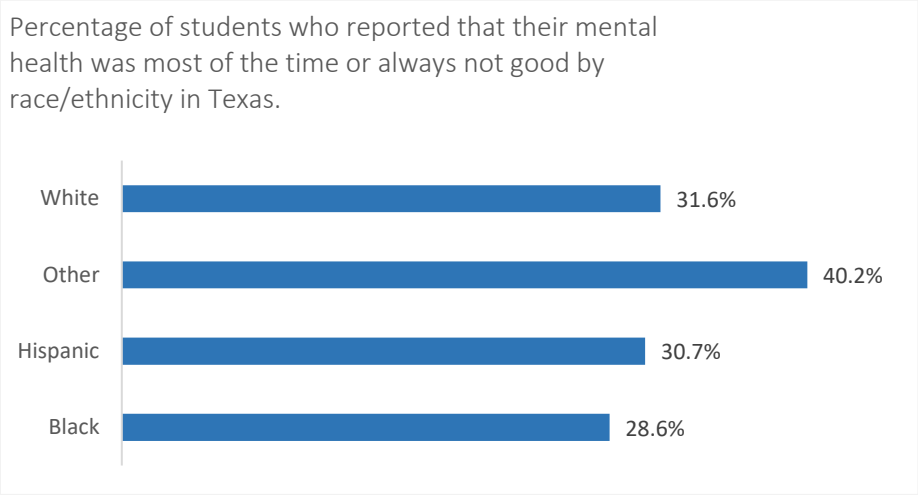
Youth Mental Health

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 age group in Texas.
29.7%
32.0%
35.2%
<=15
16-17
18+


Percentage of students who reported that their mental health was most of the time or always not good by grade level in Texas.
29.2%
30.2%
32.9%
32.9%
9th
10th
11th
12th


Percentage of students who reported that their mental health was most of the time or always not good by sex in Texas.
43.0%
19.5%
Female
Male


Percentage of students who reported that their mental health was most of the time or always not good by race/ethnicity in Texas.
White
31.6%
Other
40.2%
Hispanic
30.7%
Black
28.6%

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.[66] 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

[66] 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

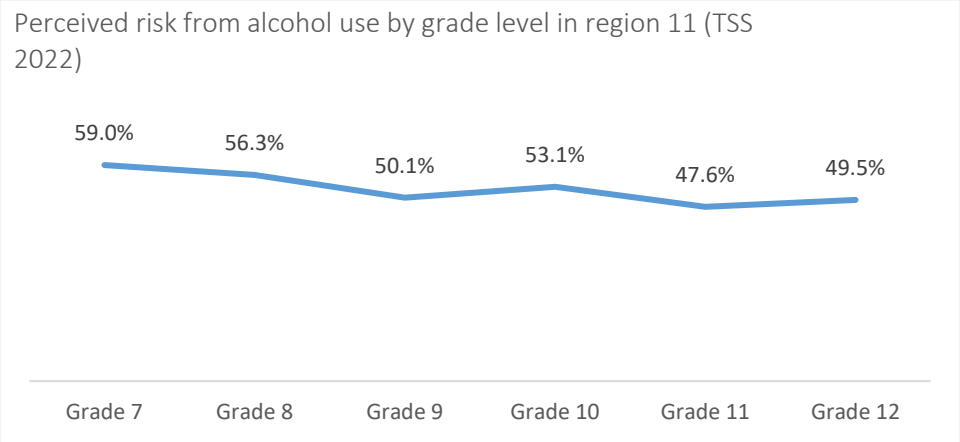
For most substances listed, students in region 11 had a higher degree of perceived risk when compared to the state as a whole. Furthermore, the substance with the highest degree of perceived risk was crack/cocaine with 87.8 percent in the region and 86.2 percent in the state.

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



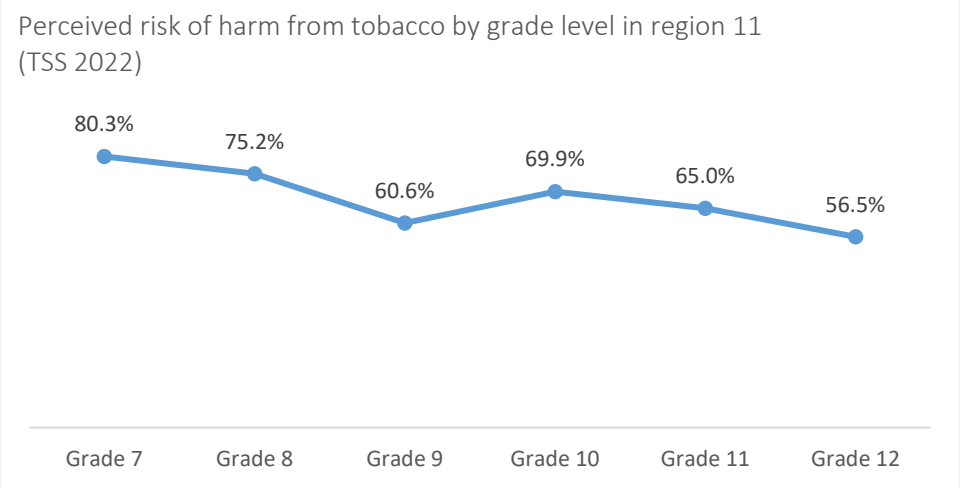
Perception of Risk/Harm – Tobacco

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%

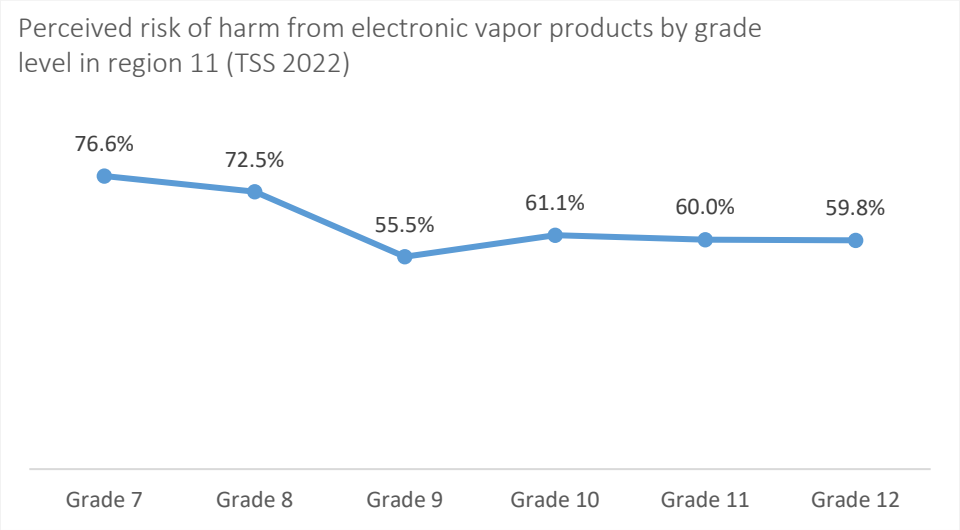
Source: Texas School Survey 2022



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%

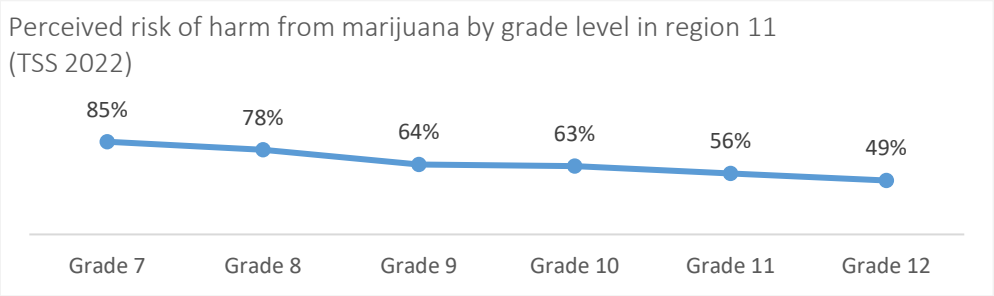
Source: Texas School Survey 2022


Perceived risk of harm from electronic vapor products by grade level in region 11 (TSS 2022)
76.6%
72.5%
55.5%
61.1%
60.0%
59.8%
Grade 7
Grade 8
Grade 9
Grade 10
Grade 11
Grade 12

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%

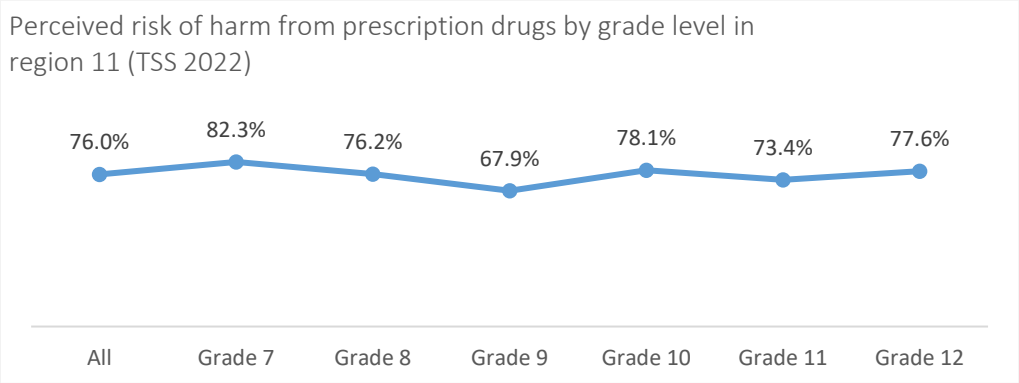
Source: Texas School Survey 2022



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

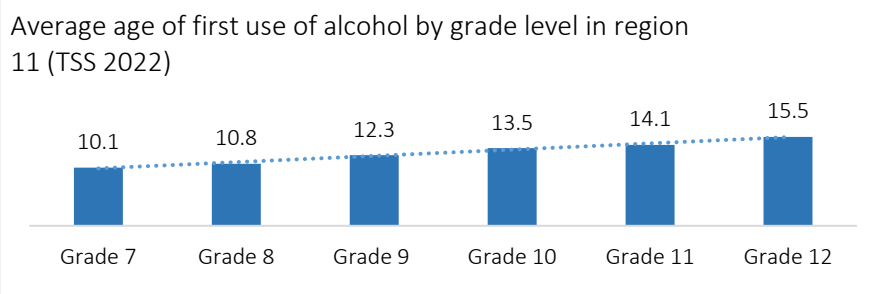
Substance	Avg. Age of First Use Region 11	TX
Cocaine	13.9	14.2
Crack	12.6	12.1
Steroids	11.9	12.5
Ecstasy	15	14.4
Heroin	10.6	12.5
Methamphetamine	13.8	12.9

Synthetic Marijuana	13.7	14
Delta	15.1	15.2

Source: Texas School Survey 2022

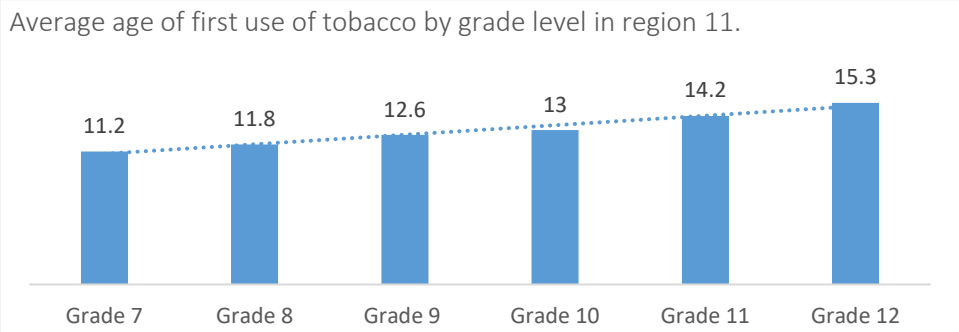
Age of First Use – Alcohol

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



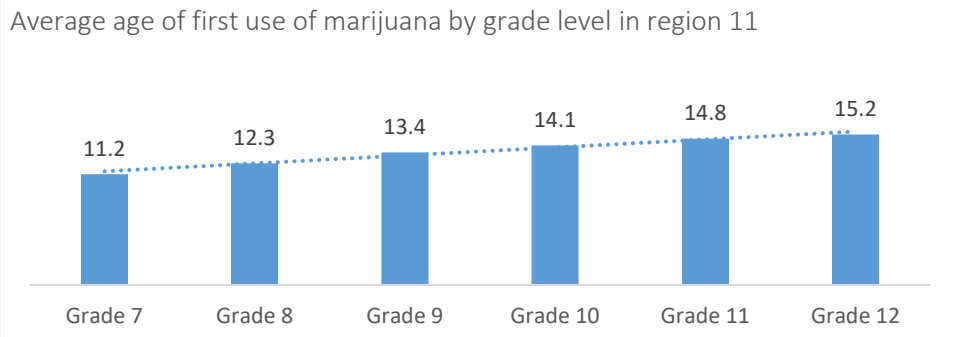
Age of First Use – Tobacco

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



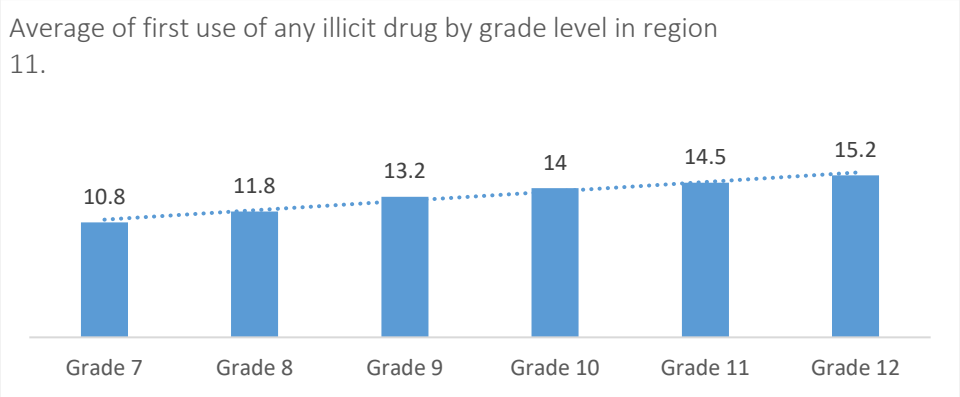
Age of First Use – Marijuana

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[67]. 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[68]. 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 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 2021. 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	80.0	100.0	87.5	-1	.	.	89.4
Bee	88.9	-1	87.6	-1	.	-1	90.5
Brooks	.	.	96.6	.	-1	.	-1

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

Cameron	71.4	100.0	89.5	90.0	-1	-1	87.0
Duval	.	.	86.7	.	.	.	71.4
Hidalgo	94.5	96.9	92.0	100.0	100.0	-1	92.7
Jim Hogg	.	.	98.6	.	.	.	.
Jim Wells	-1	-1	91.7	-1	.	.	96.4
Kenedy	.	.	.	.	.	.	.
Kleberg	100.0	-1	80.5	.	-1	.	91.8
Live Oak	.	.	94.2	-1	.	.	88.9
McMullen	.	.	-1	.	.	.	100.0
Nueces	92.1	98.8	90.9	93.3	77.8	-1	89.4
Refugio	100.0	.	94.3	-1	.	.	94.1
San Patricio	90.9	100.0	94.4	95.0	-1	.	96.4
Starr	.	-1	95.1	.	.	.	-1
Webb	83.3	100.0	95.4	-1	.	.	100.0
Willacy	.	.	92.1	.	.	.	100.0
Zapata	.	.	92.9	.	.	.	-1

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	89.0	94.9	83.2
Bee	88.4	92.3	83.4
Brooks	96.7	97.7	95.9
Cameron	89.4	94.5	84.7
Duval	86.2	90.8	82.2
Hidalgo	92.0	94.6	89.5
Jim Hogg	98.6	100.0	96.9
Jim Wells	92.4	95.7	89.5
Kenedy	.	.	.
Kleberg	82.4	84.1	80.8
Live Oak	91.9	94.8	89.4
McMullen	100.0	100.0	100.0
Nueces	90.8	93.1	88.6
Refugio	94.9	97.4	92.5
San Patricio	95.1	96.4	93.8
Starr	95.1	96.9	93.3
Webb	95.4	96.6	94.2
Willacy	92.4	95.6	89.9
Zapata	92.5	94.6	90.5

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 and Loving counties are included in this spreadsheet though no data exists for these counties. Students in these counties are served by districts in Kleberg and Winkler counties, respectively.

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

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[69].

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[70].

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%

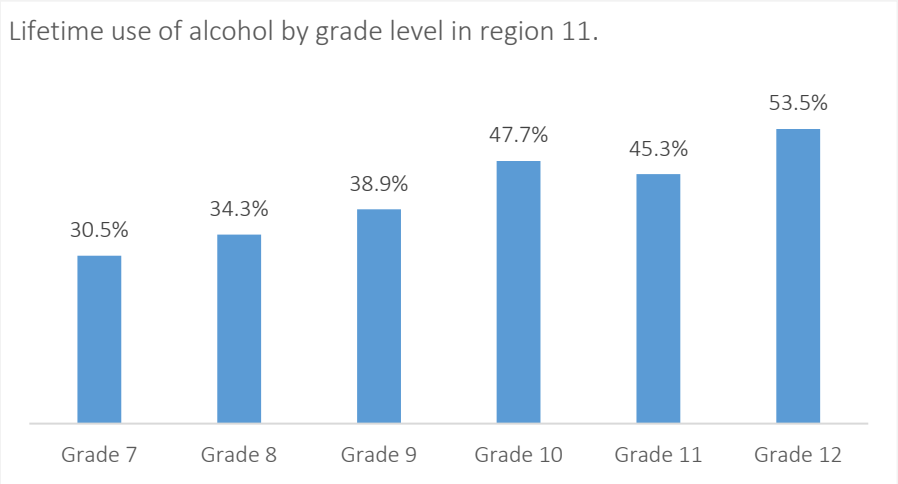
[69] Substance Abuse and Mental Health Services Administration. (2021). Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health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

[70] 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.

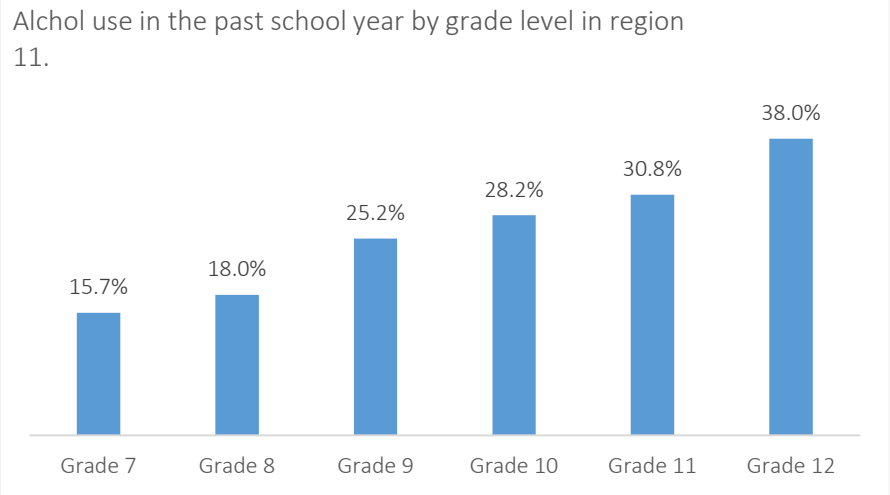
Grade 11	25.9%	30.8%	45.3%	54.7%
Grade 12	31.8%	38%	53.5%	46.5%

Source: Texas School Survey 2022

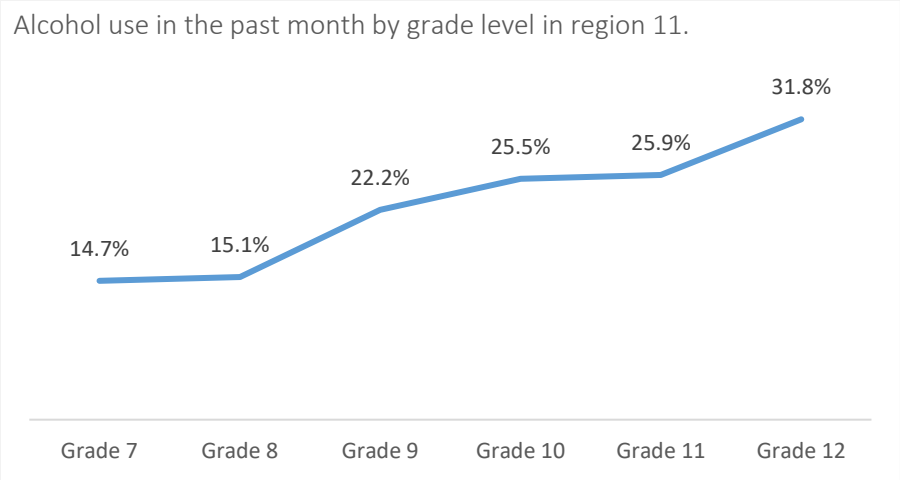
Lifetime Use



Past School Year Use



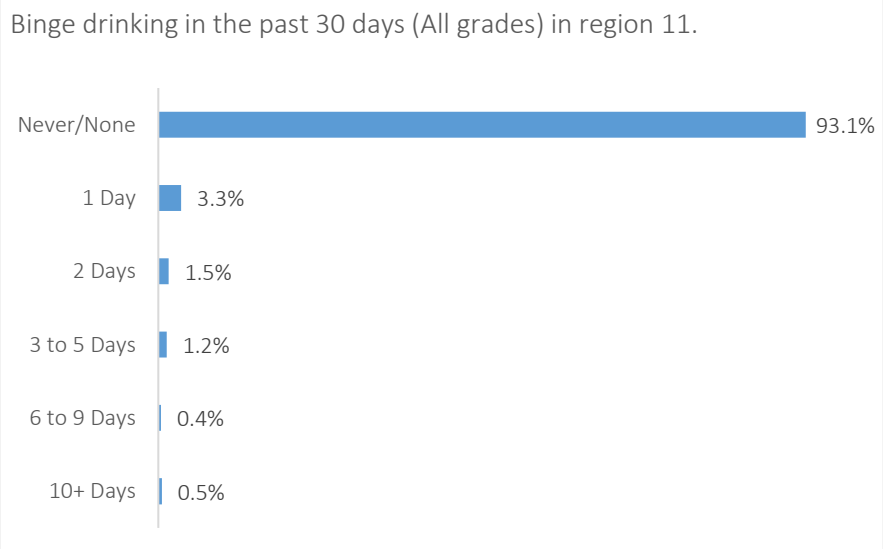
Current Use (last 30 days)



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

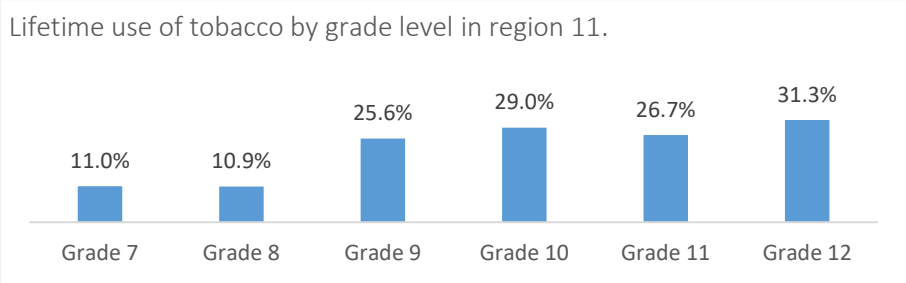
Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

Tobacco use by grade level in region 11.

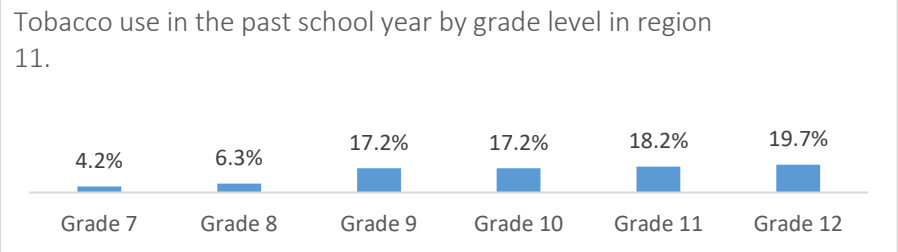
Grade	Past Month	School Year	Ever Used	Never Used
All	11.0%	13.5%	22.1%	77.9%
Grade 7	3.5%	4.2%	11.0%	89.0%
Grade 8	4.8%	6.3%	10.9%	89.1%
Grade 9	14.7%	17.2%	25.6%	74.4%
Grade 10	13.0%	17.2%	29.0%	71.0%
Grade 11	14.3%	18.2%	26.7%	73.3%
Grade 12	16.6%	19.7%	31.3%	68.7%

Source: Texas School Survey 2022

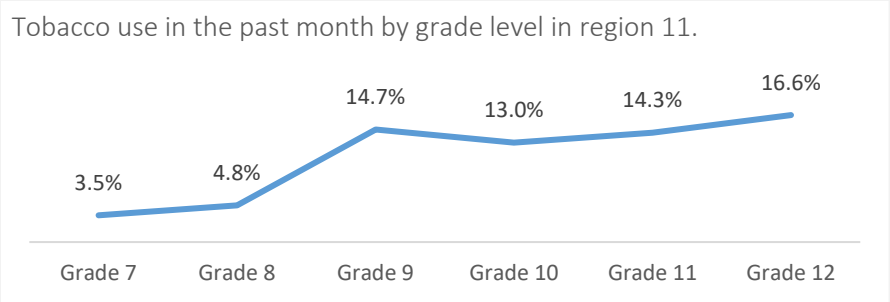
Lifetime Use



Past School Year Use



Current Use (last 30 days)



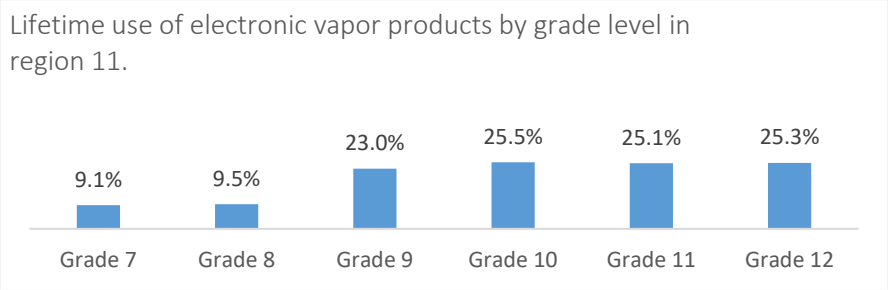
E-Cigs/Vaping Products

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

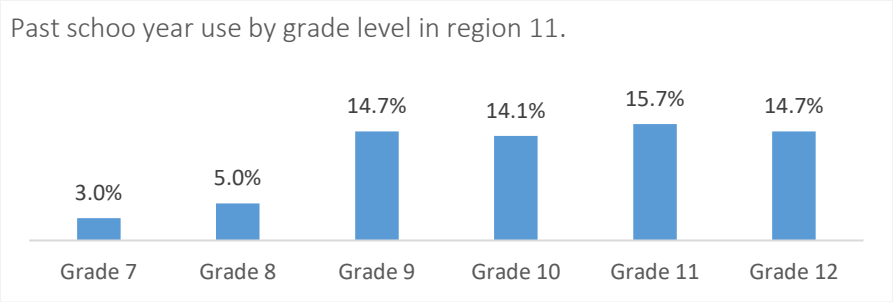
Grade	Past Month	School Year	Ever Used	Never Used
All	8.2%	11.0%	19.2%	80.8%
Grade 7	2.4%	3.0%	9.1%	90.9%
Grade 8	3.5%	5.0%	9.5%	90.5%
Grade 9	12.0%	14.7%	23.0%	77.0%
Grade 10	9.2%	14.1%	25.5%	74.5%
Grade 11	11.6%	15.7%	25.1%	74.9%
Grade 12	10.9%	14.7%	25.3%	74.7%

Source: Texas School Survey 2022

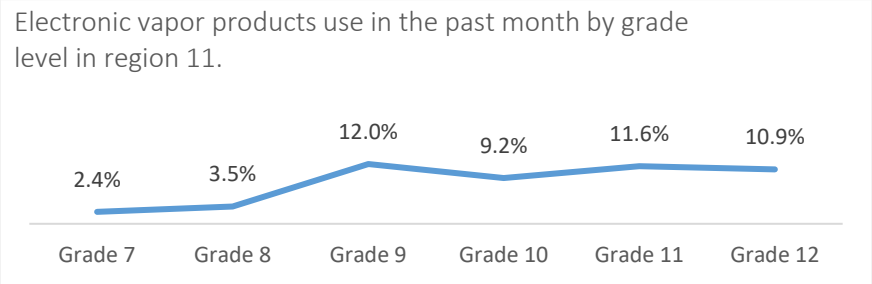
Lifetime Use



Past School Year Use



Current Use (last 30 days)



Marijuana

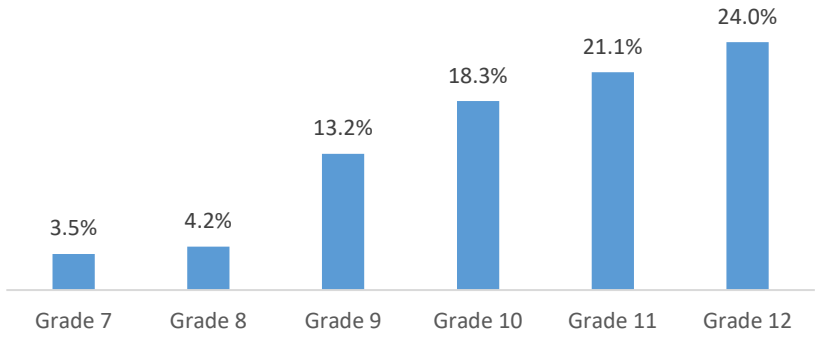
Tables below show patterns of consumption in region 11 from Texas School Survey 2022. Data is broken down by grade level.

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

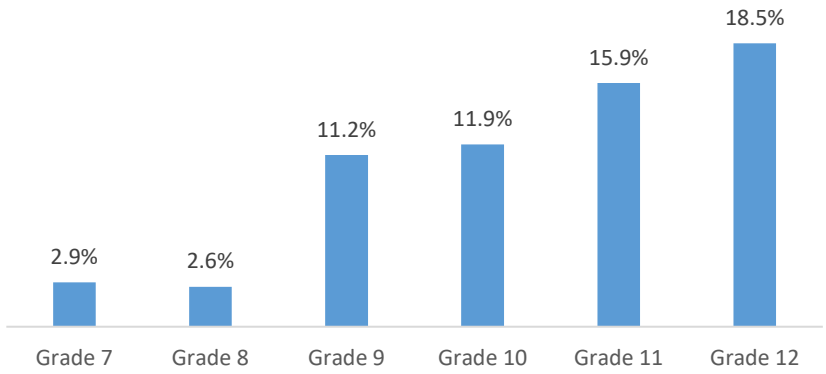
Lifetime Use

Lifetime use of marijuana by grade level in region 11.

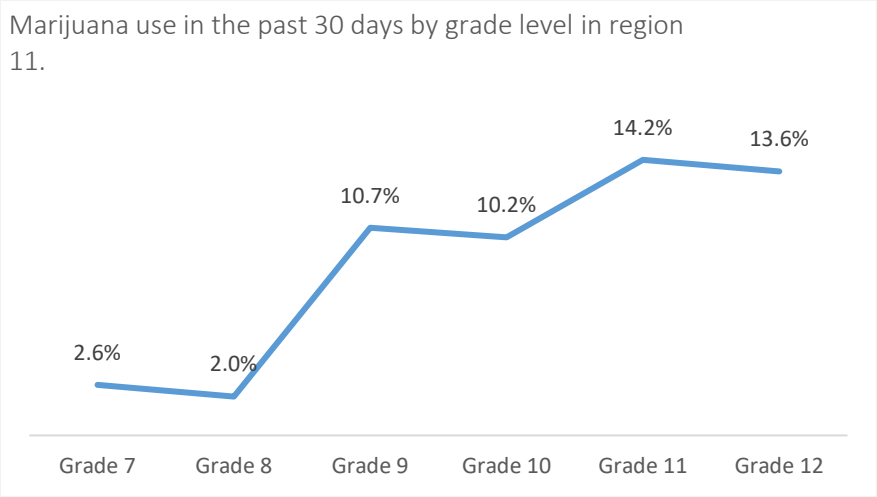


Past School Year Use

Marijuana use in the past school year by grade level in region 11.



Current Use (last 30 days)



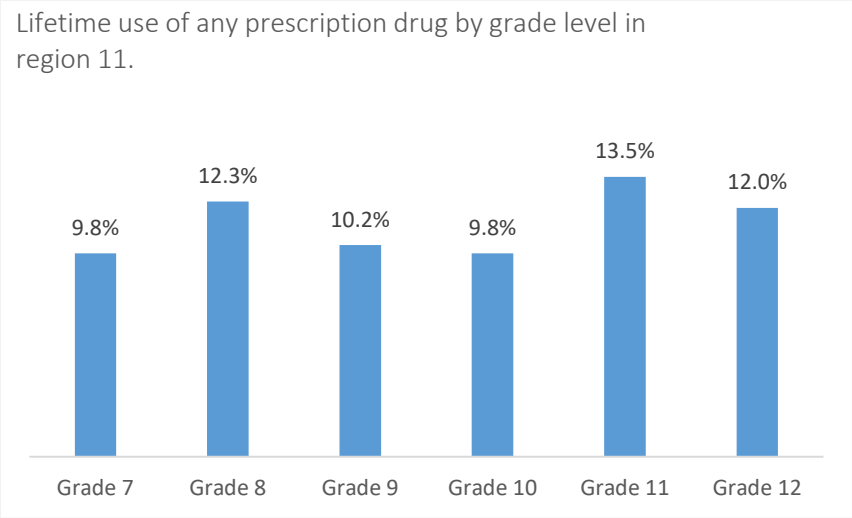
Prescription Drugs

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

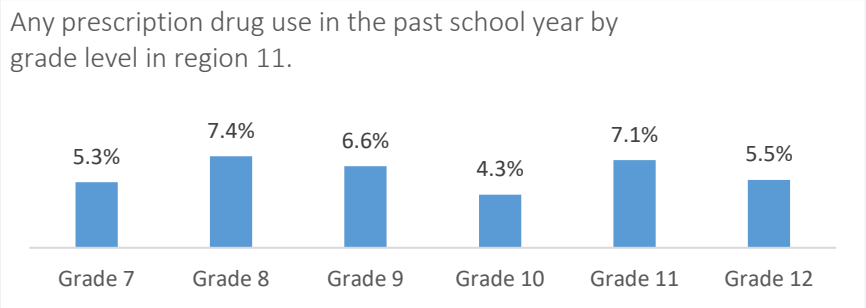
Grade	Past Month	School Year	Ever Used	Never Used
All	4.4%	6.0%	11.2%	88.8%
Grade 7	4.3%	5.3%	9.8%	90.2%
Grade 8	5.4%	7.4%	12.3%	87.7%
Grade 9	5.8%	6.6%	10.2%	89.8%
Grade 10	2.1%	4.3%	9.8%	90.2%
Grade 11	4.8%	7.1%	13.5%	86.5%
Grade 12	3.7%	5.5%	12.0%	88.0%

Source: Texas School Survey 2022

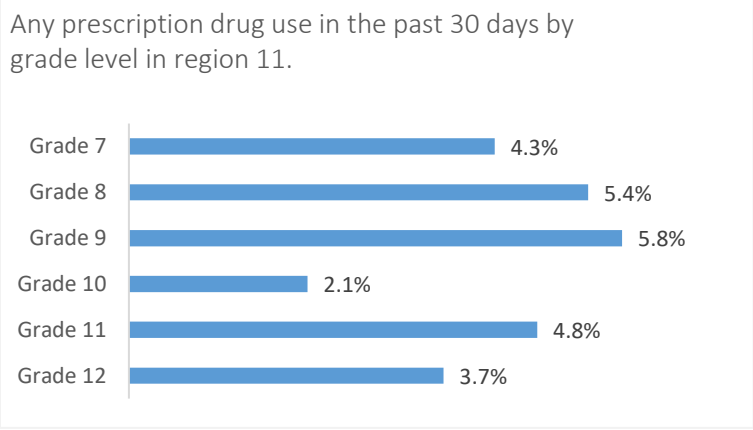
Lifetime Use



Past School Year Use



Current Use (last 30 days)



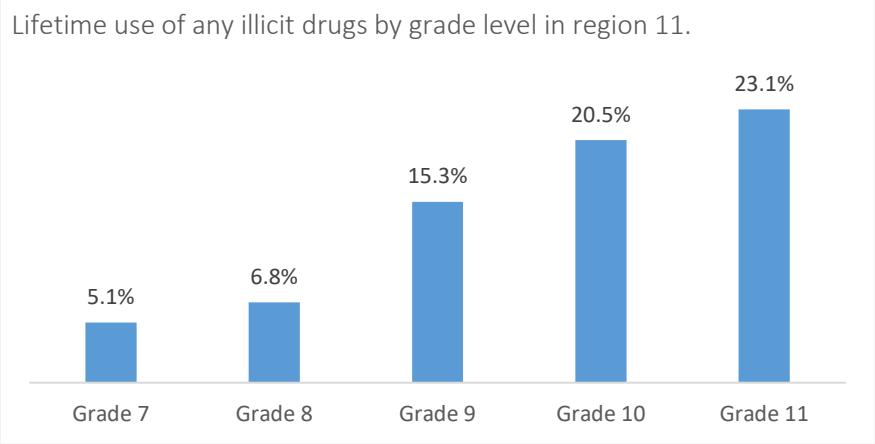
Illicit drugs

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.

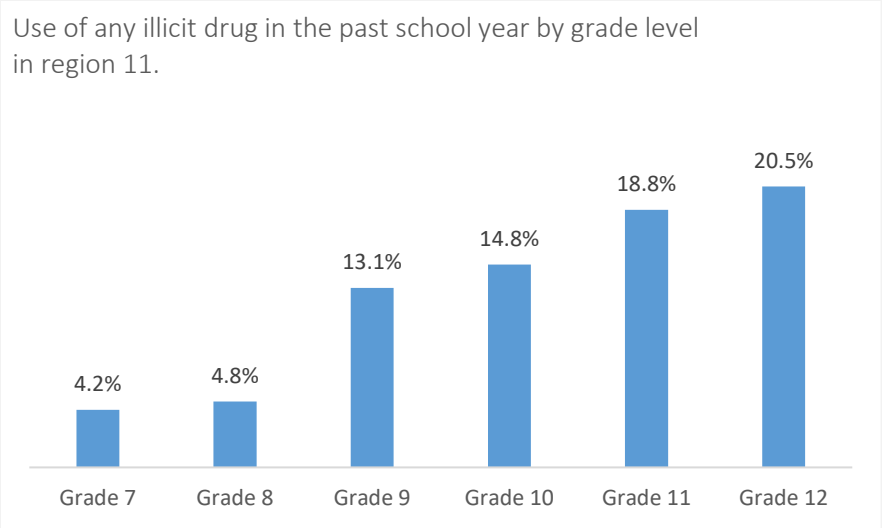
Grade	Past Month	School Year	Ever Used	Never Used
All	9.3%	12.4%	15.7%	84.3%
Grade 7	3.6%	4.2%	5.1%	94.9%
Grade 8	2.8%	4.8%	6.8%	93.2%
Grade 9	11.1%	13.1%	15.3%	84.7%
Grade 10	10.9%	14.8%	20.5%	79.5%
Grade 11	14.4%	18.8%	23.1%	76.9%
Grade 12	14.5%	20.5%	26.0%	74.0%

Source: Texas School Survey 2022

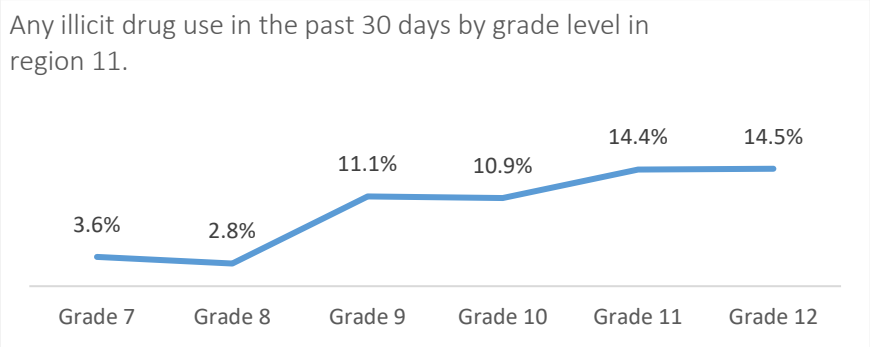
Lifetime Use



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

Past 30 Days Use

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

Source: Texas College Survey 2021

Past Year Use

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-Year Use	26.1%
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

Past Year Use

Year	Population	State Percentage
2021	Male	29.7%
2021	Female	23.2%

Source: Texas College Survey 2021

Marijuana

Year	Use	State Percentage
2021	Lifetime Use	37.7%
2021	Past-Year Use	25.7%
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

Past Year Use

Year	Population	State Percentage
2019	Male	28.9%
2019	Female	26.9%
2021	Male	24.6%
2021	Female	26.5%

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

Past Year Use

Drug	State Percentage
Inhalants	1.0%
DXM	1.6%
Synthetic Marijuana	0.4%
Cocaine	2.2%
Stimulants	1.6%
Sedatives	3.3%
Hallucinogens	6.2%
Heroin	0.1%
Other Narcotics	1.3%
Steroids	0.1%
Bath Salts	0.0%
MDMA	1.6%

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.[71]

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.[72]

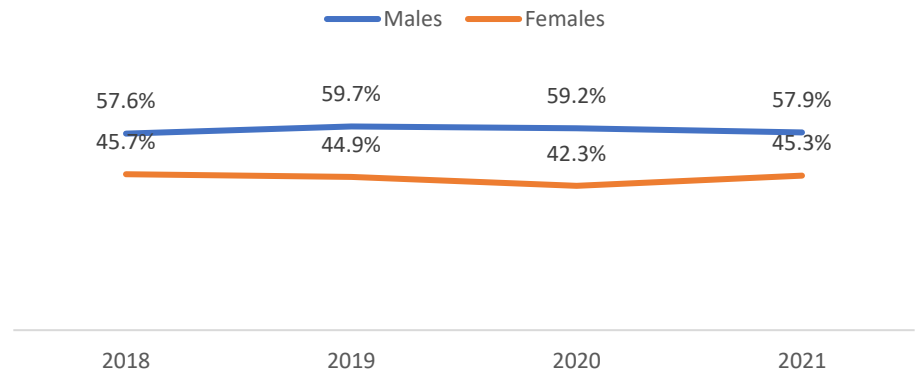
The percentage of people who were classified as having a past year substance use disorder, including alcohol use and/or drug use disorder, was highest among young adults aged 18 to 25 compared to youth and adults 26 and older. In 2021, 94% of people aged 12 or older with a substance use disorder did 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.

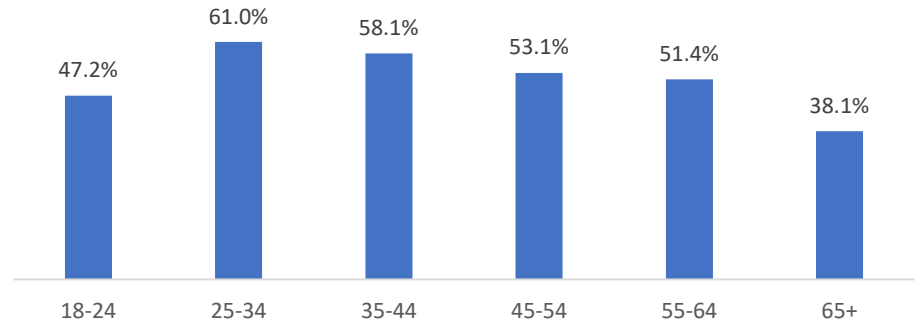
[71] 2021 NSDUH
[72] 2021 NSDUH

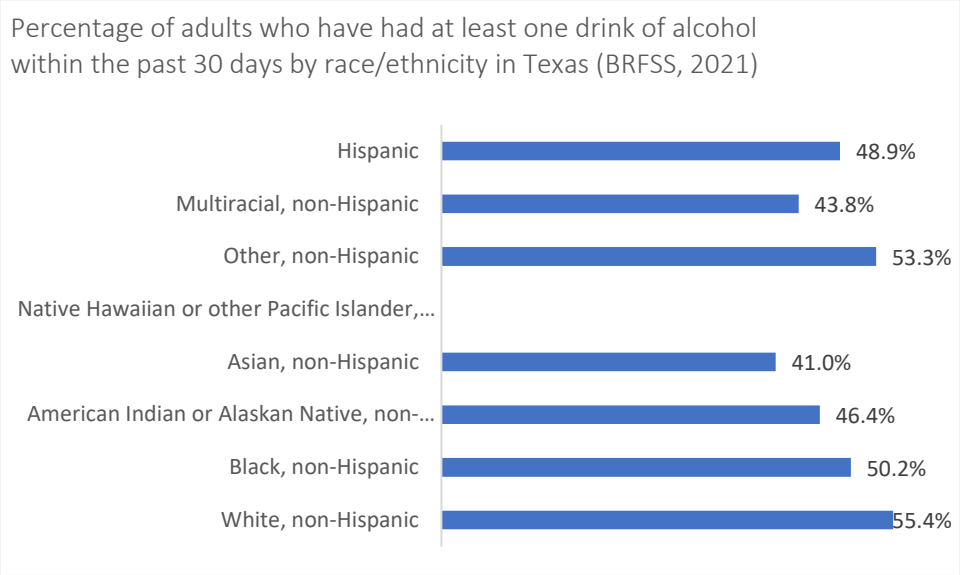
Current Use – Alcohol

Percentage of adults who have had at least one drink of alcohol within the past 30 days in Texas (BRFSS, 2021)



Percentage of adults who have had at least one drink of alcohol within the past 30 days by age group in Texas (BRFSS, 2021)





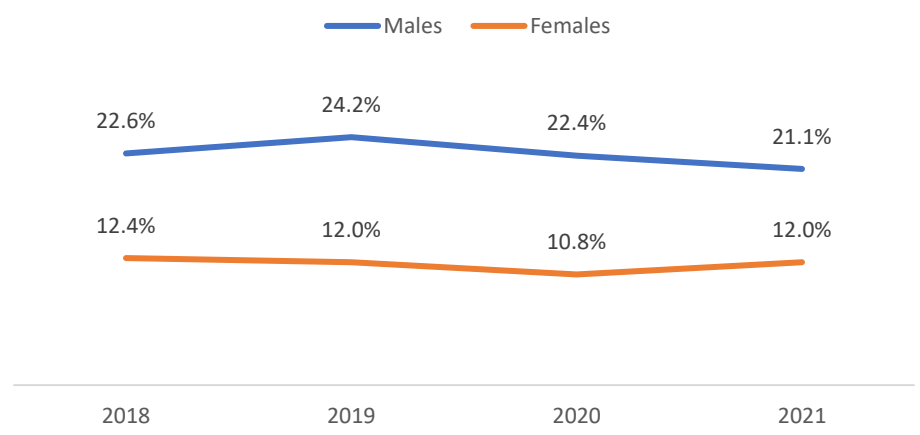
Adult Binge Drinking

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).

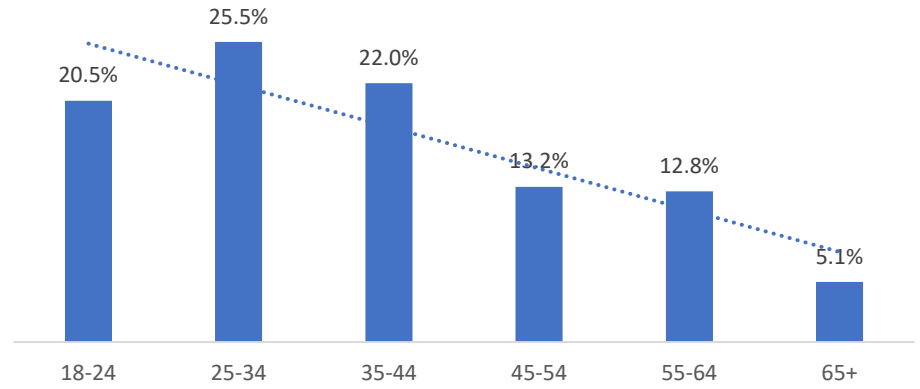
Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) (variable calculated from one or more BRFSS questions)

* 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.

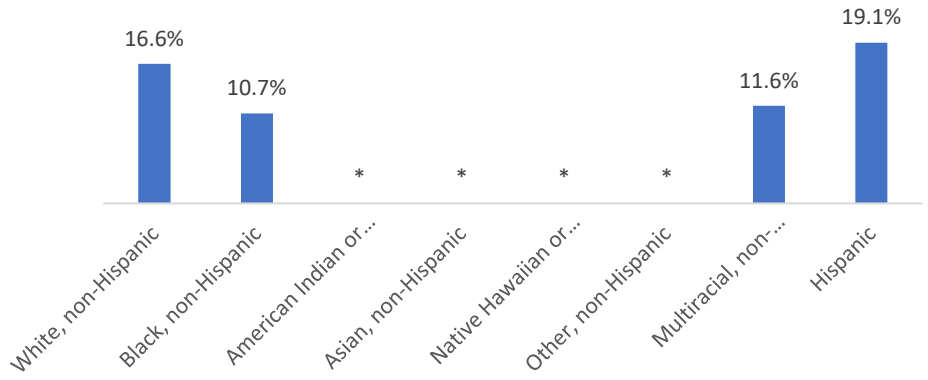
Percentage of adults binge drinkers over the years by sex in Texas.



Percentage of binge drinkers by age group in Texas, 2021.



Percentage of binge drinkers by race/ethnicity in Texas, 2021.

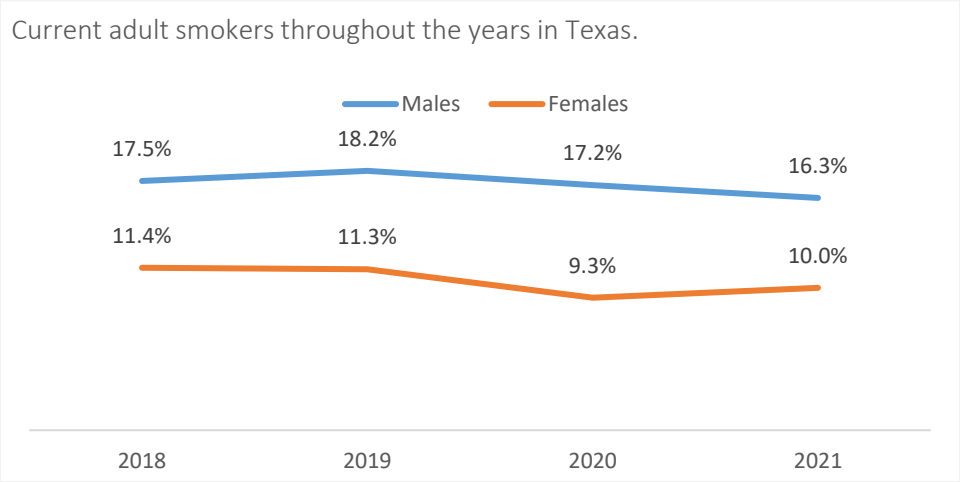


Adult Smoking

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.[73] 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.[74] 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.

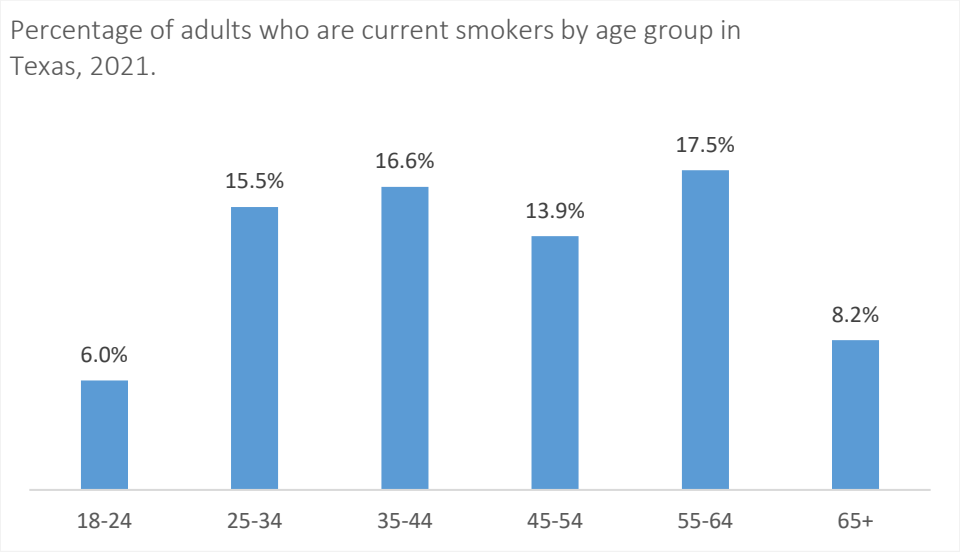
*Current smokers are defined as people who reported smoking at least 100 cigarettes during their lifetime and who, at the time they participated in a survey about this topic, reported smoking every day or some days.

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

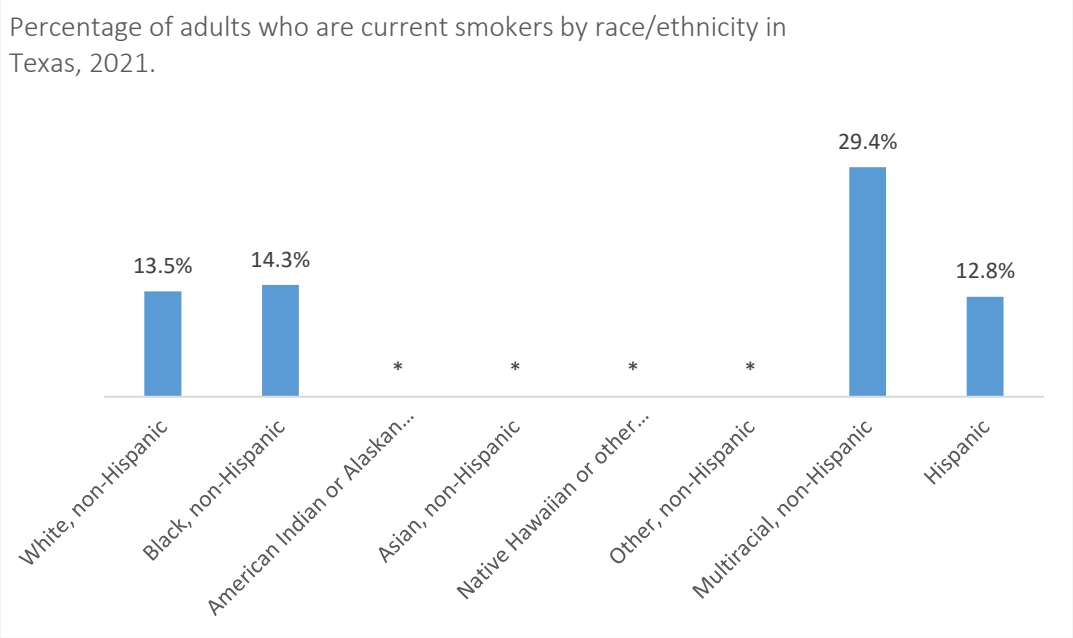


Current cigarette smoking was highest in Texas among people aged 55-64 years and 35-44 years. Current cigarette smoking was lowest among people aged 18-24 years.

[73] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion
[74] 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.



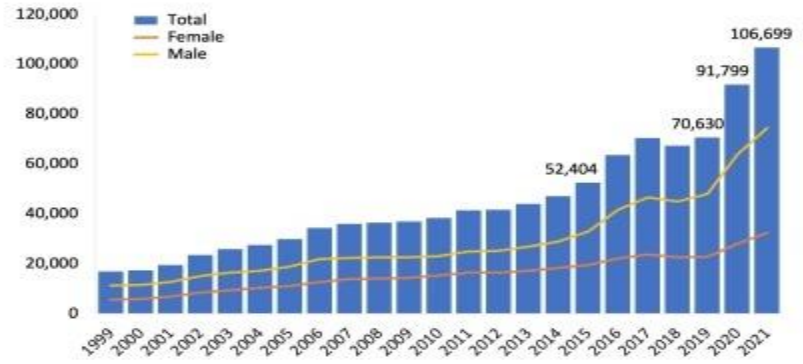
Consequences of Substance Use/Misuse

Mortality

Overdose Deaths

More than 106,000 persons in the U.S. died from drug-involved overdose in 2021, including illicit drugs and prescription opioids. The figure above is a bar and line graph showing the total number of U.S. drug overdose deaths involving select illicit or prescription drugs from 1999 to 2021. The bars are overlaid by lines showing the number of deaths by gender from 1999 to 2021 (Source: CDC WONDER).

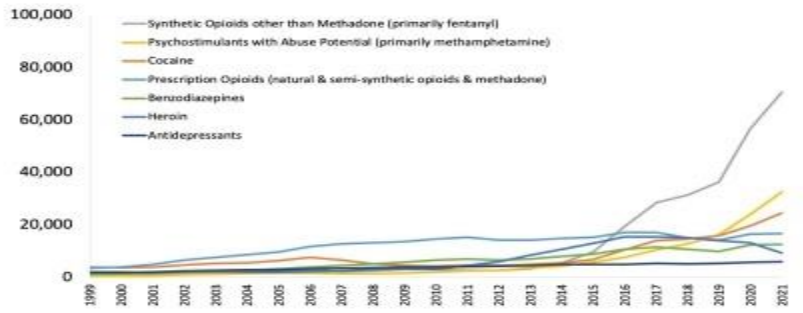
Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

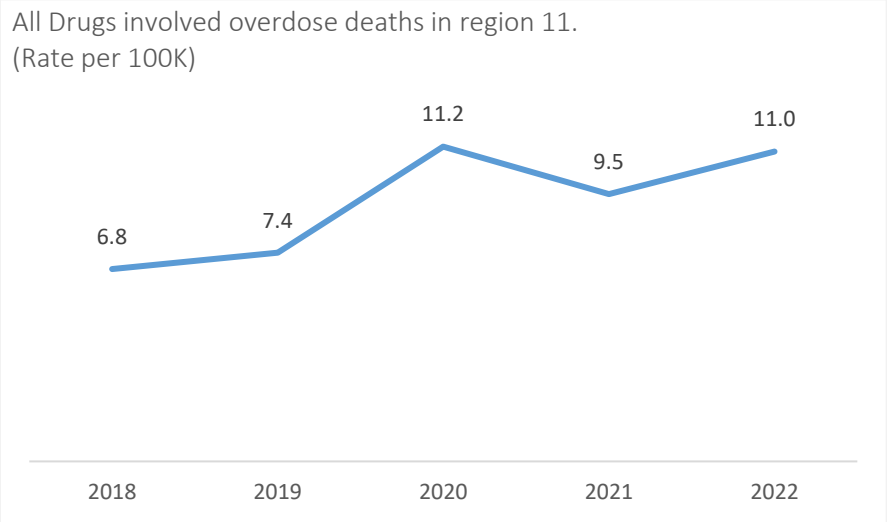
Overall, drug overdose deaths rose from 2019 to 2021 with more than 106,000 drug overdose deaths reported in 2021. Deaths involving synthetic opioids other than methadone (primarily fentanyl) continued to rise with 70,601 overdose deaths reported in 2021. Those involving stimulants, including cocaine or psychostimulants with abuse potential (primarily methamphetamine), also continued to increase with 32,537 overdose deaths in 2021 (Source: CDC WONDER).

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

The figure below is a chart showing the rate per 100k for all drugs overdose deaths in region 11 from 2018 to 2022.



**Death data for 2021 and 2022 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 2021 and 2022 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.*

**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.

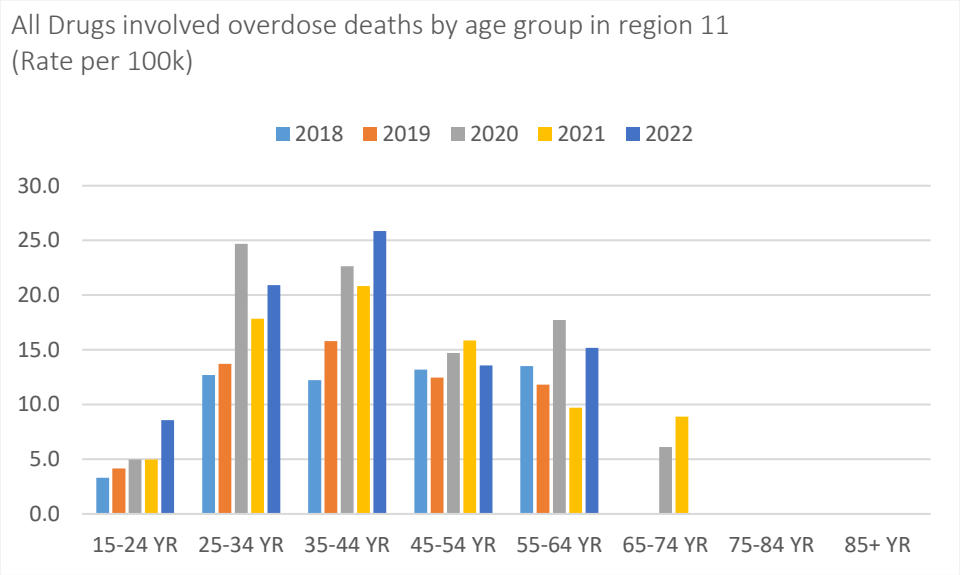
Year	NH White	NH Black	Hispanic	NH Other
2018	15.7	*	5.3	*
2019	13.6	*	6.6	*
2020	23.1	*	9.4	*
2021	*	*	6.9	*
2022	26.2	*	8.7	*

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
2018	3.3	12.7	12.2	13.2	13.5	*	0	*
2019	4.2	13.7	15.8	12.4	11.8	*	*	0
2020	5.0	24.7	22.6	14.7	17.7	6.1	*	*
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	*

Texas Department of State Health Services, Center for Health Statistics

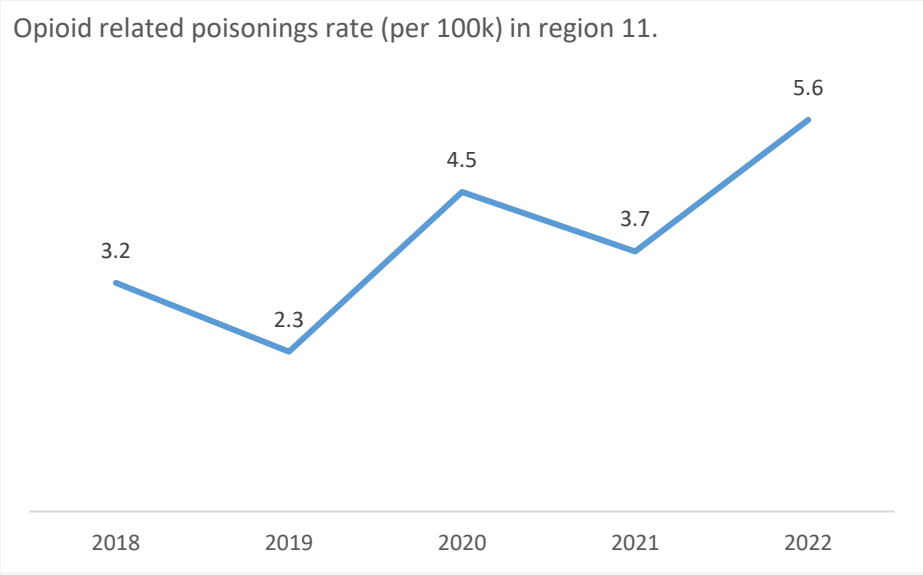


Opioids: T40.0 Opium, T40.1 Heroin, T40.2 Other Opioids, T40.3 Methadone, T40.4 Other Synthetic Narcotics, T40.6 Other and Unspecified Narcotics. Rates are per 100,000 and based on 2020 census data totals.

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

Year	Population	Opioid Related Poisonings	Rate
2018	2,246,397	73	3.2
2019	2,246,397	51	2.3
2020	2,246,397	102	4.5
2021	2,246,397	83	3.7
2022	2,246,397	125	5.6

Source: 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.

Impact in Texas:

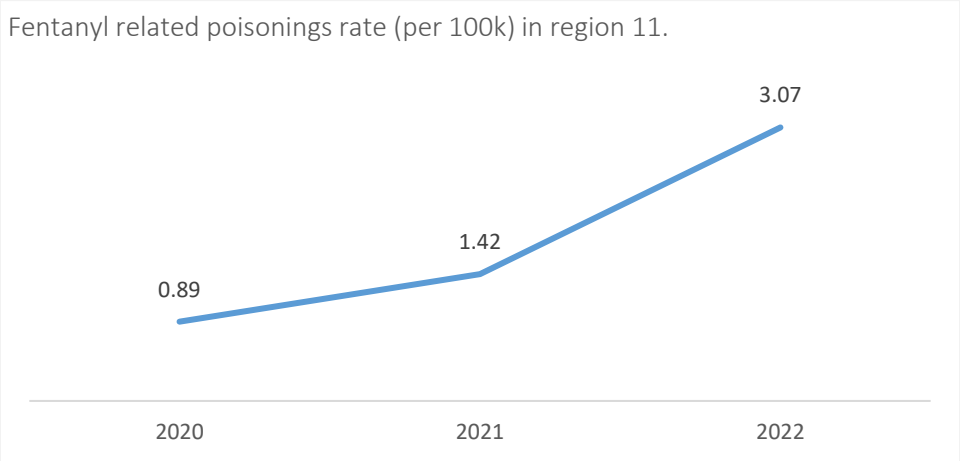
- Provisional data from the Texas Department of State Health Services indicate there were an estimated 2,506 opioid-related overdose deaths in 2021.
- The average number of deaths per month has risen from 114 in 2019 to 209 deaths per month in 2021.
- Since 2017, opioids have been involved in about 52 percent of all unintentional overdose deaths.
- Of all opioid overdose deaths among those aged 0-17 in 2020, 92 percent involved a synthetic opioid such as fentanyl.
- The top five counties with the most opioid-related overdose deaths in 2020 were: Harris (489), Dallas (217), Tarrant (165), Bexar (125), and Travis (109).
- In 2020, Opioid use in Texas stood at 7.2 percent while nationally usage was lower at 5.6 percent.

- Of the 469 fatal work injury deaths in Texas for 2020, 2.8 percent were from unintentional overdose from nonmedical drugs or alcohol.

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

Year	Population	Fentanyl Related Poisonings	Rate
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	69	3.07

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

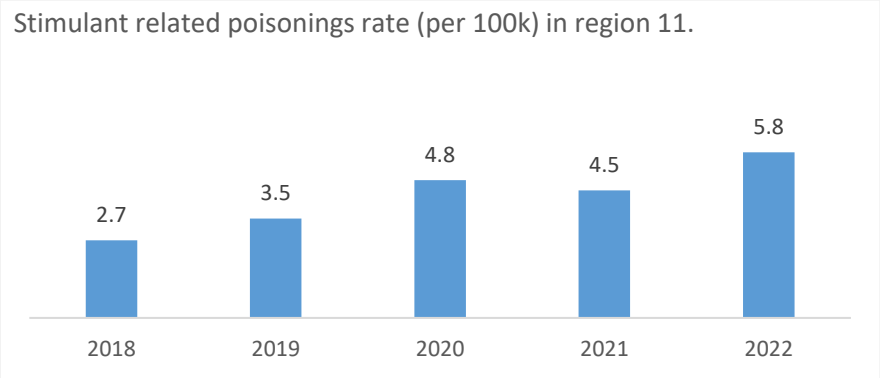


Stimulants

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

Year	Population	Stimulant Related Poisonings	Rate
2018	2,246,397	61	2.7
2019	2,246,397	78	3.5
2020	2,246,397	108	4.8
2021	2,246,397	100	4.5
2022	2,246,397	130	5.8

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

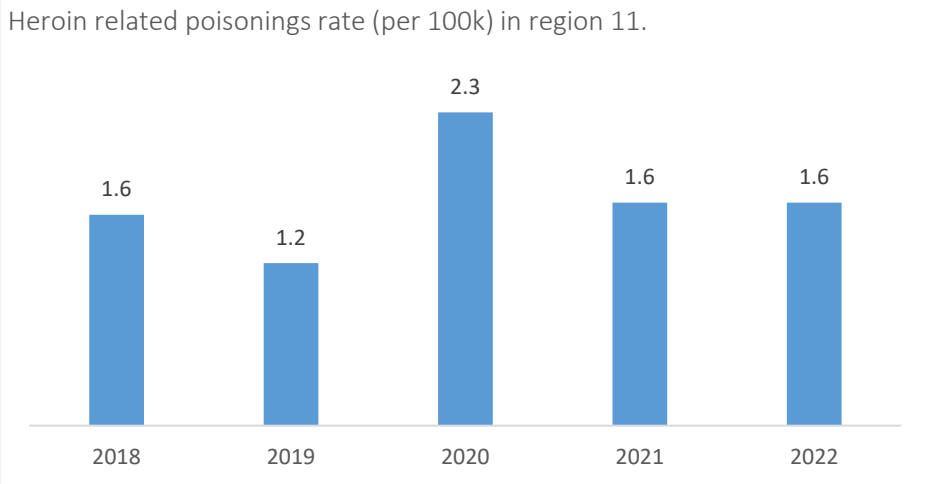


Heroin

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

Year	Population	Heroin Related Poisonings	Rate
2018	2,246,397	35	1.6
2019	2,246,397	27	1.2
2020	2,246,397	52	2.3
2021	2,246,397	37	1.6
2022	2,246,397	37	1.6

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



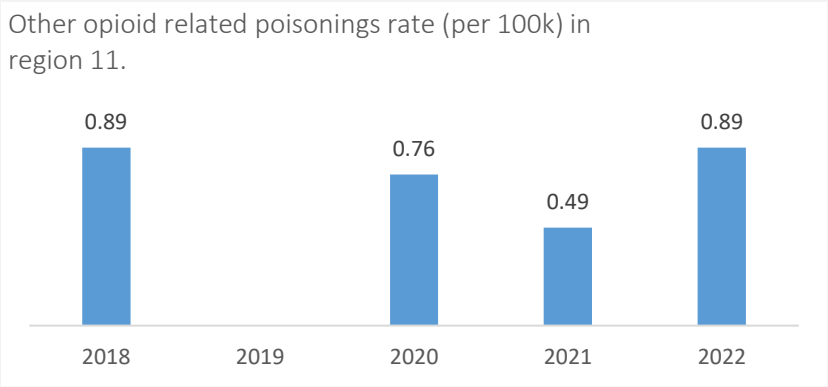
Other Opioid Related Poisonings

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

Year	Population	Other Opioid Related Poisonings	Rate
2018	2,246,397	20	0.89
2019	2,246,397	*	
2020	2,246,397	17	0.76
2021	2,246,397	11	0.49

2022	2,246,397	20	0.89

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
2018	2,246,397	*	
2019	2,246,397	*	
2020	2,246,397	*	
2021	2,246,397	17	0.76
2022	2,246,397	*	

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

Deaths by Suicide in Adolescents

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.

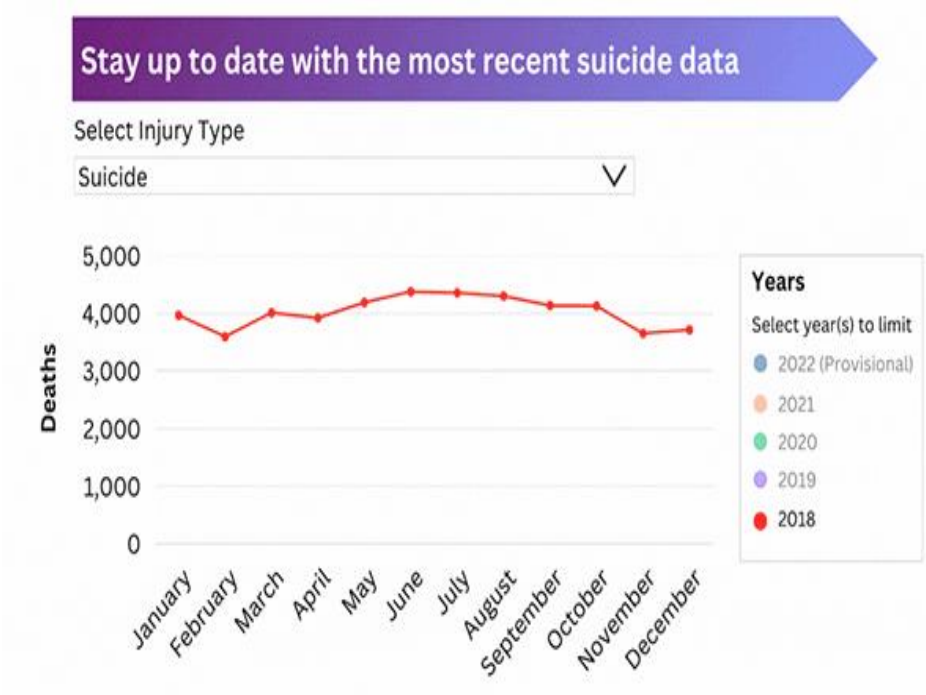
Suicide Rates in Adolescents Expressed per 100k Population Individuals

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 and year, including the most recent provisional national data available.



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

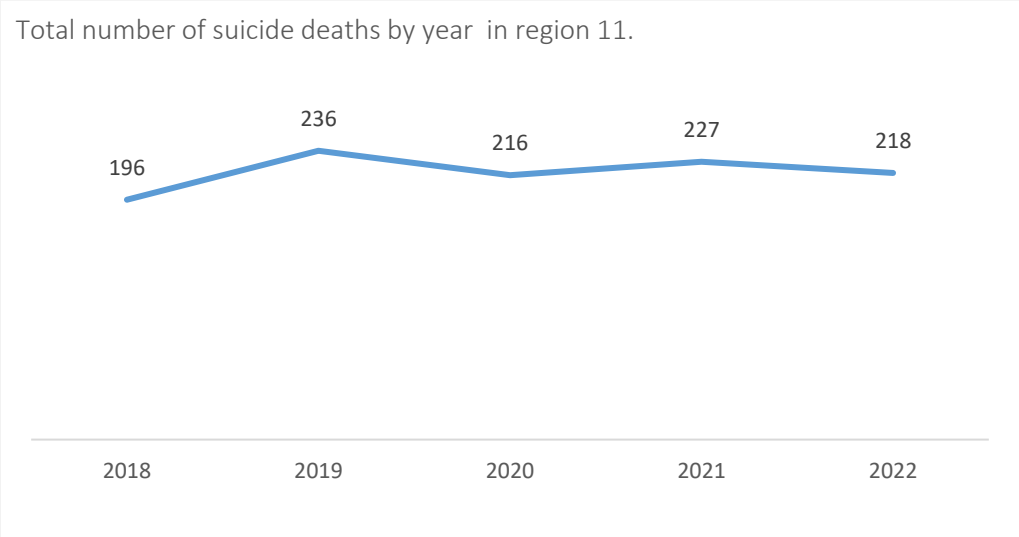
6	582	136	208	57	983
7	431	45	107	21	604
8	231	**	153	*	411
9	82	*	41	*	127
10	43	*	66	*	113
11	**	*	141	0	218
Total	2,715	350	989	150	4,204

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

1,162 people were killed in drunk driving crashes in Texas in 2022, a 2% increase from the year before. That's equivalent to three people dying every day of the year.[75]

Alcohol related vehicular fatalities rate per 100k population in region 11.

Year	Number of Fatalities	Rate 100k

[75] TxDOT

2020	52	2.31
2021	70	3.12
2022	85	3.78

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.

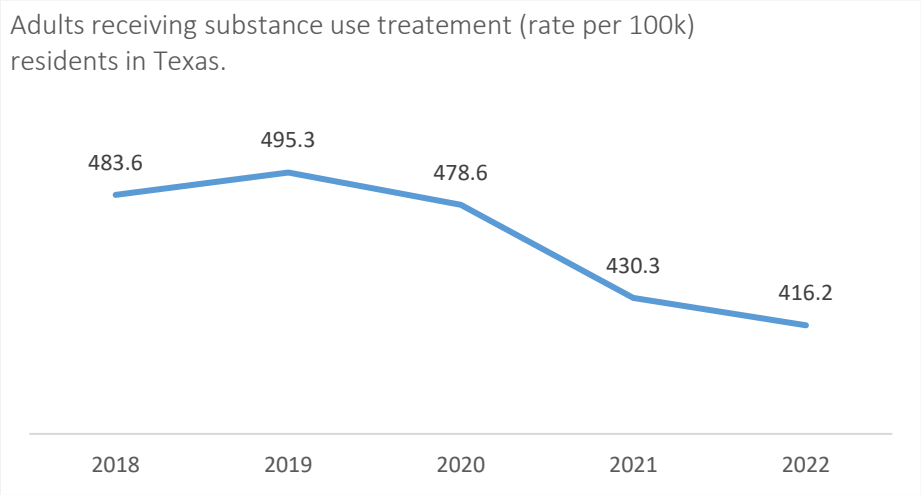
Texas

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



Youth Receiving Substance Use 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

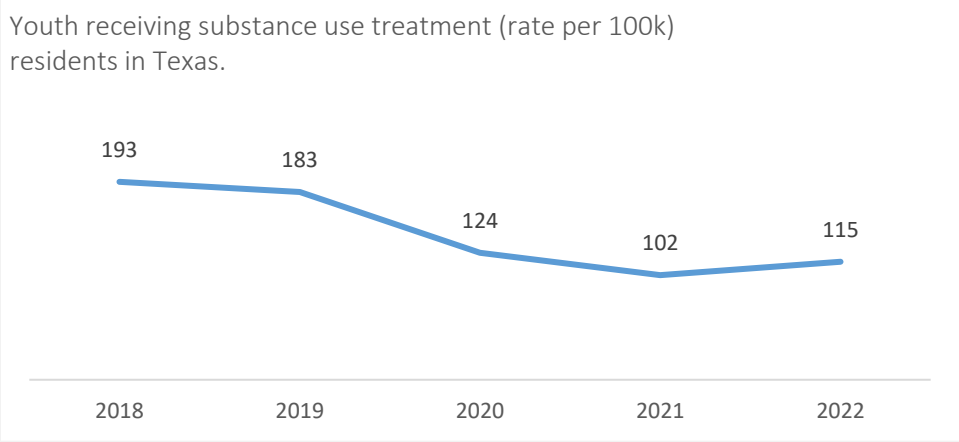
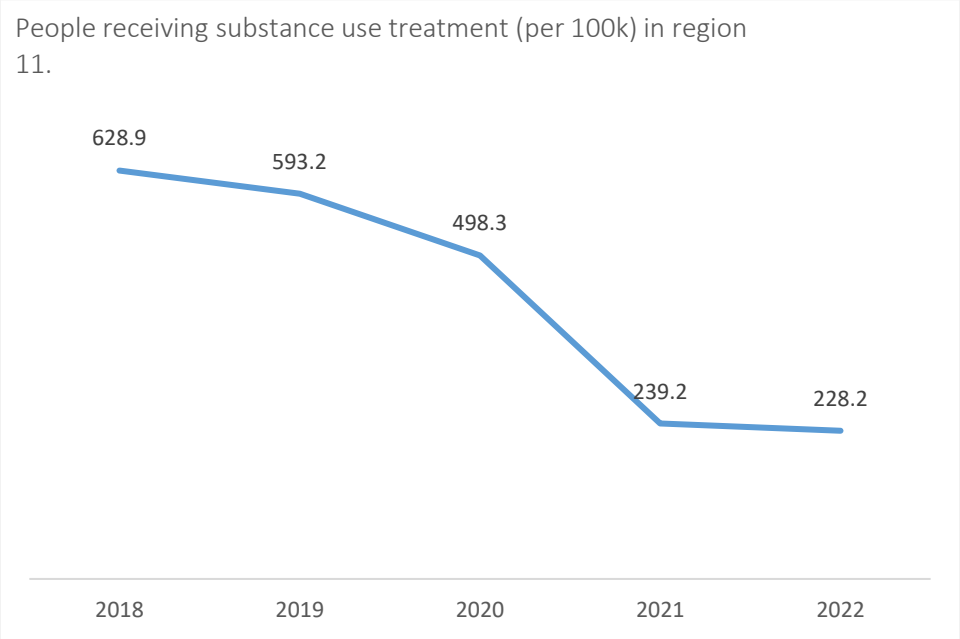


Table below shows the number and rate per 100k population of people receiving substance use treatment in region 11 from 2018 to 2022.

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



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.*

Economic

Estimated Economic Impact of Substance Use and Prescription 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

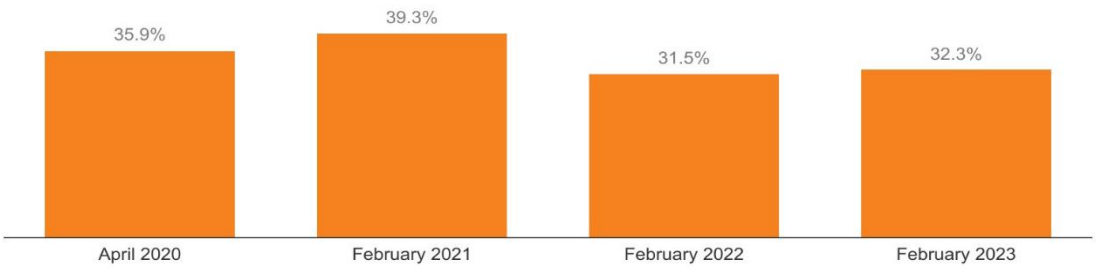
Impact of COVID-19 on Behavioral Health

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.[76]

[76] 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

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.

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

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 Abuse Defense (UNIDAD) – focused on increasing awareness and mobilizing adolescents, young adults and the public within Hidalgo County communities to reduce underage drinking, marijuana and synthetic marijuana use, and prescription drug misuse.

- Tobacco Prevention and Control Coalition (TPCC – Cameron and Willacy Counties) – promotes and advocates for a tobacco-free environment by empowering communities to effect individual and social change through cooperation, sharing and coordination of resources focused on preventing and reducing the harmful use of tobacco products in communities in Hidalgo County.

- SCAN Starr County Community (SCCC) – seeks to organize, educate, and implement activities that empower citizens to take action to prevent substance use 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 Aid Resources (Mujeres Unidas, Women's Shelter of South Texas, Friendship of Women, Casa de Misericordia and related agencies), Boys and Girls Clubs, Head Start programs, the American Red Cross, and the Communities in School (CIS) program.** For additional information regarding local social services agencies, refer to PRC 11 website.

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.

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.

City	Church/Agency	Phone
Brownsville	First United Methodist Church	(956) 549-5364
Edinburg	First United Methodist Church 3707 W. University, Edinburg	(956) 381-9806
Harlingen	First United Methodist Church	(956) 423-0540
La Feria	La Feria First United Methodist Church	(956) 797-1393
McAllen	El Divino Redentor First United Methodist Church	(956) 686-8564
Mission	El Mesias First United Methodist Church	(956) 585-2334

Mission	Methodist Healthcare Ministries	(956) 585-1665
Pharr	Migrant Health Promotion ARISE - Las Milpas	(866) 724-1402
Pharr	First United Methodist Church	(866) 384-7984
Port Isabel	First United Methodist Church	(956) 943-2485
Raymondville	First United Methodist Church	(956) 689-3632
San Benito	First United Methodist Church	(956) 399-2187
Weslaco	First United Methodist Church	(956) 968-7561

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:

- **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)

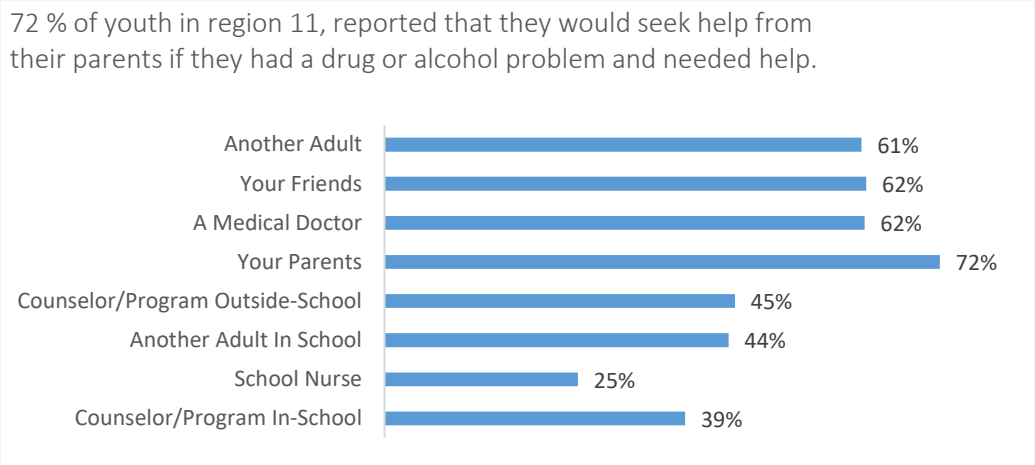
Prevention activities improve the lives of Texans by discouraging substance use before it results in costly and life-threatening consequences, such as drunken driving fatalities and emergency room visits. The Health and Human Services Commission (HHSC), Substance Abuse & Mental Health Services Section, 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.

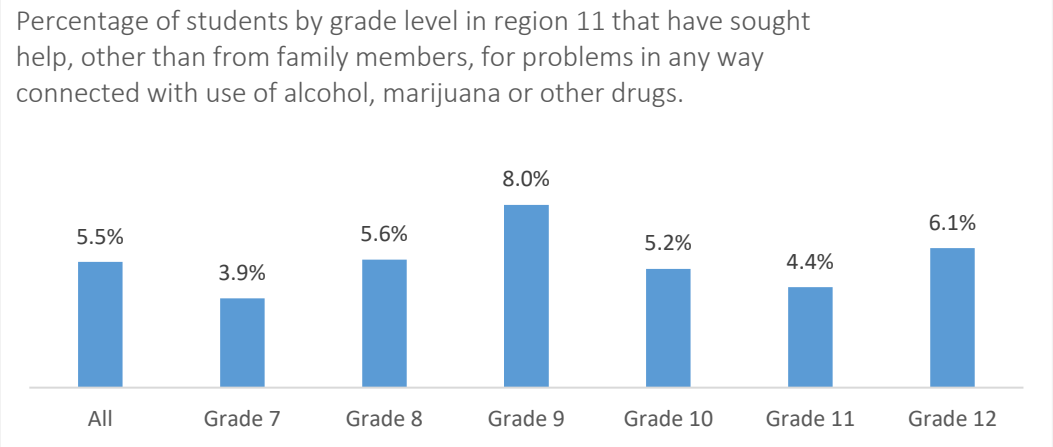
Youth Prevention Programs include: universal prevention strategies (YPU), designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience; selective prevention strategies (YPS) that target subgroups of the general population that are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





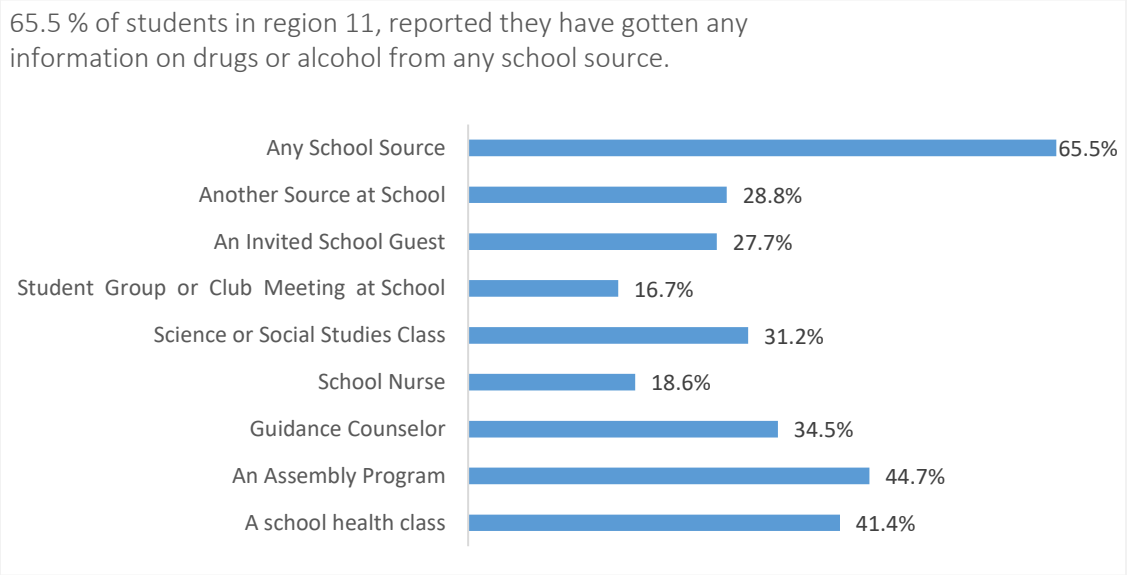
PRC 11 also gauged youth conversations with parents regarding alcohol and other drugs through focus groups. Findings from focus groups indicated that the majority of adult participants voiced that they usually have conversations with their children about drugs; some mentioned that they started talking 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.



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 Community Liaison, Tobacco Specialists, 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 2022-2023, 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.

- ✓ According to the 2015 Supply and Distribution Tables for State-Licensed Health Professions in Texas by HHSC, in region 11 there are only 69 psychiatrists (3 professionals per 100,000 people), 102 psychologists (4 per 100,000), 1,147 Licensed Professional Counselors (49 per 100,000), 881 Licensed Chemical Dependency Counselors (38 per 100,000), and 104 Licensed Clinical Social Workers (5 per 100,000).

- ✓ In region 11, 18 out of the 19 counties were identified as being designated mental health professional shortage areas.

- ✓ 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. Target audience: 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 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 fun and interactive ways to engage youth in activities that encourage adolescents to stay active and have a healthier lifestyle.
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 was alcohol among both adolescents and youth in 2017. Screening data supports this and indicates that alcohol has been the primary substance since 2014. Additionally, Texas School Survey and Texas College Survey data reveal that alcohol remains the leading substance of choice for adolescents in our communities.

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.

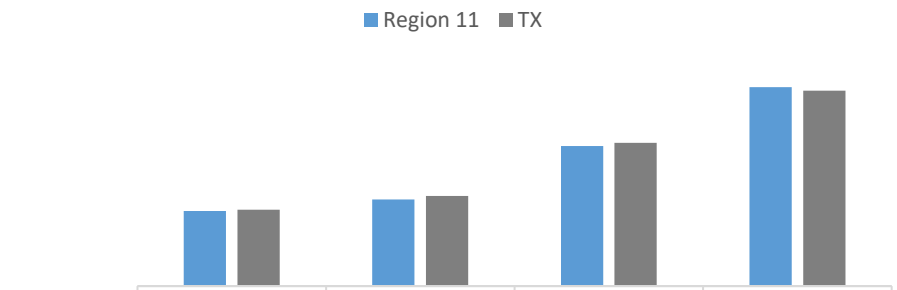
Lack of primary care and mental health care across the region remains an issue

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

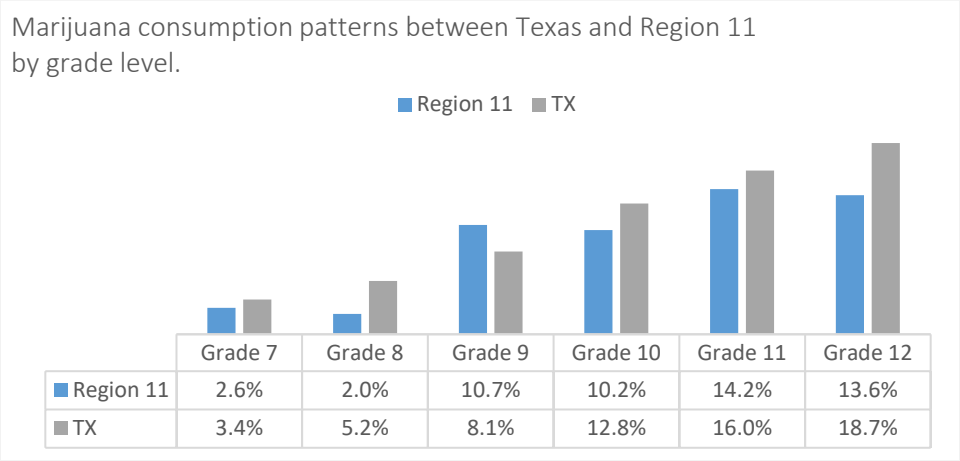
In regards to consumption data, alcohol consumption patterns were fairly similar between the state and region 11 according to the TSS. 22.2 % of students reported they used alcohol in the past month in region 11, compared to 22.5% in Texas.

Alcohol consumption patterns between Texas and Region 11 for "all" grades.

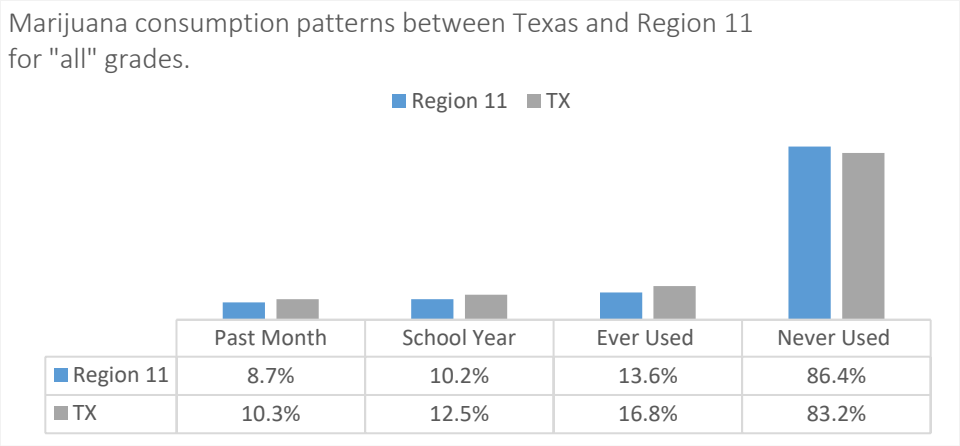


	Past Month	School Year	Ever Used	Never Used
Region 11	22.2%	25.6%	41.3%	58.7%
TX	22.5%	26.6%	42.3%	57.7%

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

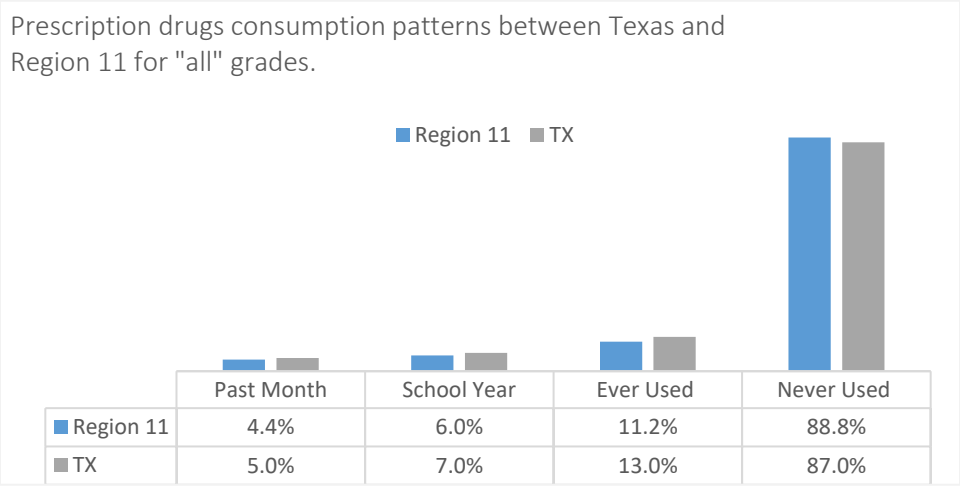


	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Region 11	2.6%	2.0%	10.7%	10.2%	14.2%	13.6%
TX	3.4%	5.2%	8.1%	12.8%	16.0%	18.7%

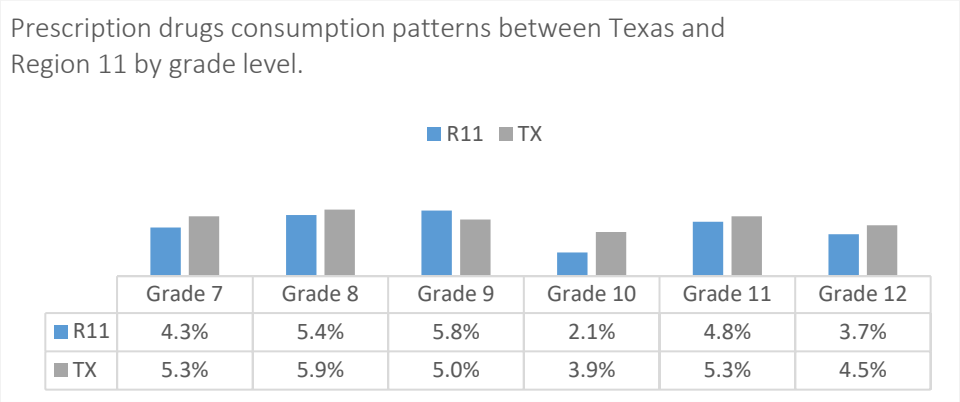


	Past Month	School Year	Ever Used	Never Used
Region 11	8.7%	10.2%	13.6%	86.4%
TX	10.3%	12.5%	16.8%	83.2%

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.

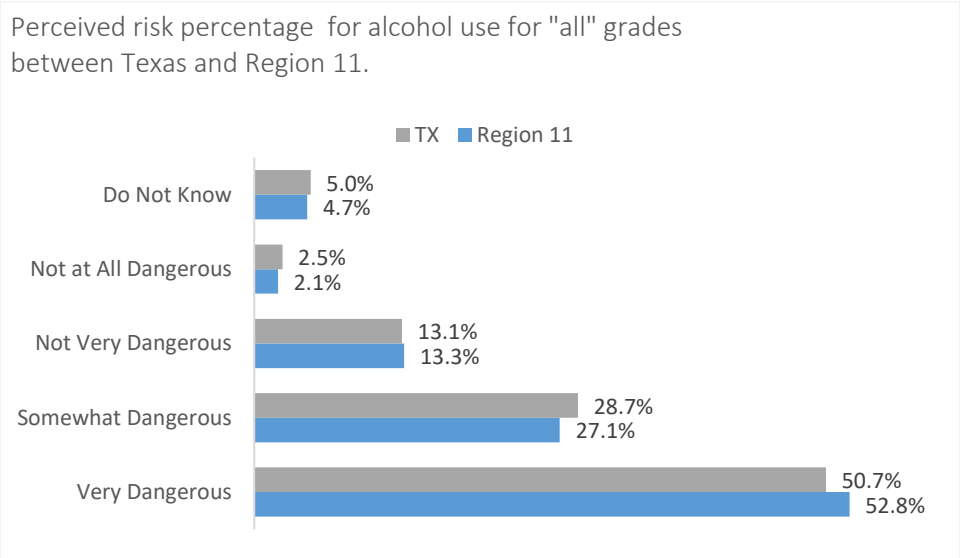


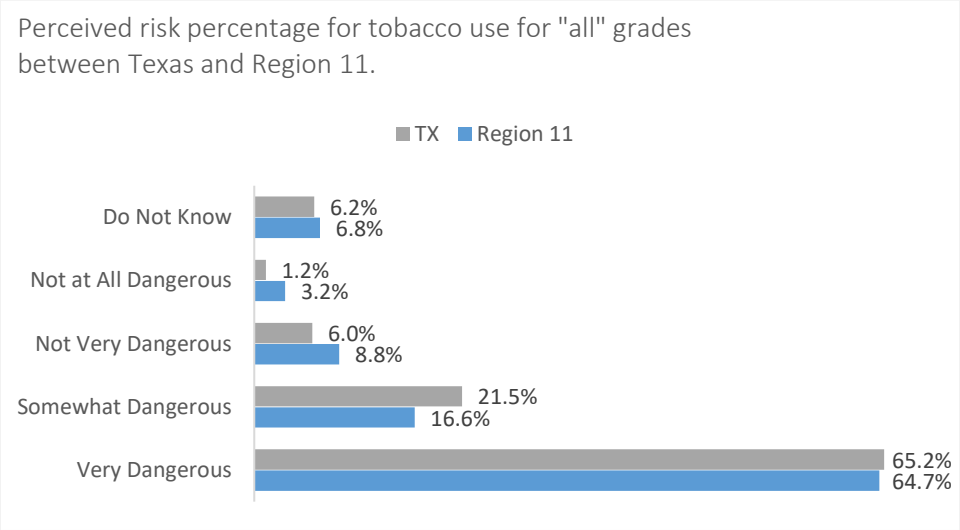
	Past Month	School Year	Ever Used	Never Used
Region 11	4.4%	6.0%	11.2%	88.8%
TX	5.0%	7.0%	13.0%	87.0%

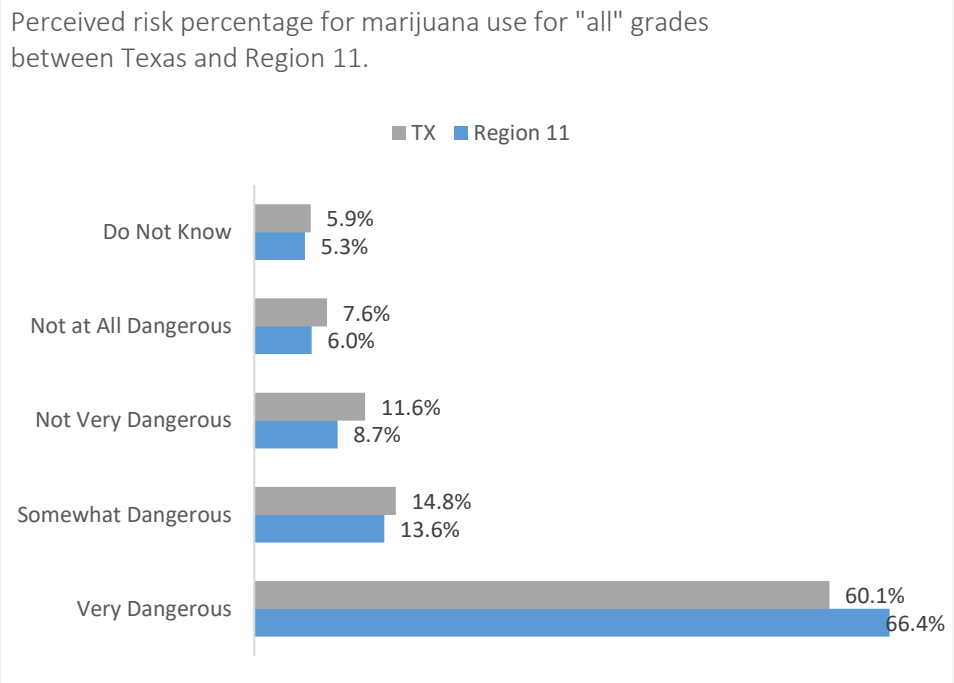


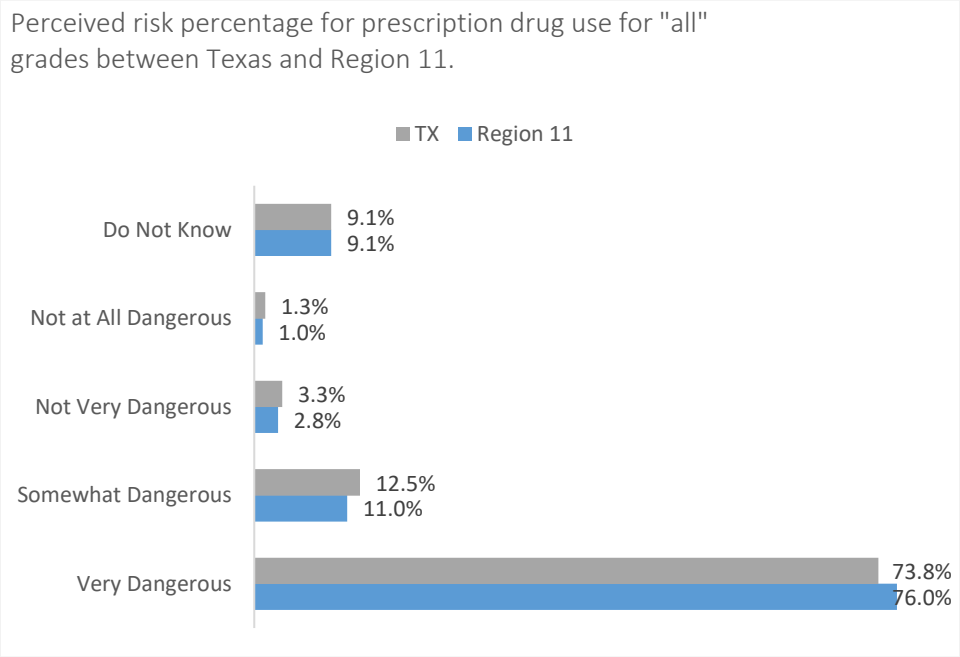
	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
R11	4.3%	5.4%	5.8%	2.1%	4.8%	3.7%
TX	5.3%	5.9%	5.0%	3.9%	5.3%	4.5%

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 tobacco use for "all" grades between Texas and Region 11.
TX
Region 11
Do Not Know
6.2%
6.8%
Not at All Dangerous
1.2%
3.2%
Not Very Dangerous
6.0%
8.8%
Somewhat Dangerous
21.5%
16.6%
Very Dangerous
65.2%
64.7%


Perceived risk percentage for marijuana use for "all" grades between Texas and Region 11.
TX
Region 11
Do Not Know
5.9%
5.3%
Not at All Dangerous
7.6%
6.0%
Not Very Dangerous
11.6%
8.7%
Somewhat Dangerous
14.8%
13.6%
Very Dangerous
60.1%
66.4%


Perceived risk percentage for prescription drug use for "all" grades between Texas and Region 11.
TX
Region 11
Do Not Know
9.1%
9.1%
Not at All Dangerous
1.3%
1.0%
Not Very Dangerous
3.3%
2.8%
Somewhat Dangerous
12.5%
11.0%
Very Dangerous
73.8%
76.0%

1. What has the RNA identified as the region's most pressing substance use and misuse consumption patterns and public health and safety consequences that need to be addressed and why?

The following are the region's most pressing substance use behaviors that need to be addressed. This information is based on the data analysis Data Coordinator has done in previous years and in the present.

- Alcohol, tobacco, and other drug use continues to be a problem among youth and adult citizens of region 11. The use of illicit drugs and the use of alcohol carry significant social, physical, and emotional health risks (Texas School Survey, 2020).
- Alcohol is one of the most pressing substance in Region 11. Not only quantitative data shows that alcohol has always been a problem for our region; but also focus groups and surveys administered to community members tells us that alcohol is a problem in the community.
- E-vapor products are another pressing substance in region 11. Since 2018 we have seen an increase in e-cigarettes. 18.9 percent of adults in region 11 (18 and older) reported having used e-cigarettes in 2019.
- Marijuana is the most frequently used illicit drug among youth in region 11.

2. What is your analysis of the underlying risk factors (across all levels of the Social Ecological Model; e.g., Social Determinants of Health, Adverse Childhood Experiences, Adverse Community Environments) that are contributing to substance use and misuse in your region?

Poverty: Findings from the Journal of Pediatric Psychology[77] reports that poverty during childhood not only appears to affect child development, but can have lasting effects on the types of health choices made during adolescence and early adulthood. In region 11, 1 out of every 4 children under the age of 18 live in poverty (U.S Census, 2022). This is a problem for many youths in the region as they are more likely to engage in substance use at an early age due to their social economic background.

Social Norms: Majority of individuals in region 11 are Hispanic (80.4%). According to a report by the National Institute on Alcohol Abuse and Alcoholism, Hispanics are less likely to drink than non-Hispanic whites, but those Hispanics who do drink are more likely to consume higher volumes of alcohol than non-Hispanic Whites. The same report found that the average number of drinks per week for Hispanic men of Mexican origin was 16 drinks, and close to half, 46.2%, of all drinking Hispanic men of Mexican origin reported binge drinking in the past year. Since alcohol is a legal substance, it is often times found readily available in many households and communities and it is consumed during casual gatherings or family parties/events. In regards to illicit drug use, studies have shown that acculturation and US nativity are risk factors for illicit drug use among Mexican origin men and women. Additionally, family involvement is often times critical for the health care of Hispanic patients. Based on previous findings

[77] American Psychological Association. Children, Youth, Families and Socioeconomic Status. http://www.apa.org/pi/ses/resources/publications/children-families.aspx. Accessed May 3, 2019.

from focus groups, surveys and key informant interviews, Hispanics will frequently consult with other family members or ask them to join them in medical or treatment appointments.

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

3. What behavioral health disparities has the RNA identified in the region?

Due to the largely rural nature of the region, many counties struggle with the distribution of services to areas outside Hidalgo, and Cameron counties. For example, Brooks, Aransas, Bee, Duval, Zapata, deal with issues related to substance use, familial problems, mental health, and physical health.

There are also disparities in insurance coverage for vulnerable age groups in all 19 counties of the region. The percent of uninsured population under 19 years old is 13.2% and 28.8 % for uninsured adults under the age of 65 years. Kenedy county has the highest percent of uninsured youth (39.7 %) and Adults with (41.4%). 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.

4. What is your analysis of the protective factors (across all levels of the Social Ecological Model; e.g., Positive Childhood Experiences and Positive Community Environments) and community assets that are contributing to improved behavioral health outcomes and wellbeing in your region?

Protective factors are instrumental in healthy development; they build resiliency, skills and connections. This document will cover four domains of protective factors: community, school, family, and individual. For purposes of this report, protective factors for the

community domain will include community coalitions, environmental changes, regional coalitions, treatment and intervention providers, local social services, law enforcement capacity and support, healthy youth activities, and religious prevention services.

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

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

- **Uniting Neighbors in Drug Abuse Defense (UNIDAD)** – focused on increasing awareness and mobilizing adolescents, young adults and the public within Hidalgo County communities to reduce underage drinking, marijuana and synthetic marijuana use, and prescription drug misuse.
- **Tobacco Prevention and Control Coalition (TPCC – Cameron and Willacy Counties)** – promotes and advocates for a tobacco-free environment by empowering communities to effect individual and social change through cooperation, sharing and coordination of resources focused on preventing and reducing the harmful use of tobacco products in communities in Hidalgo County.
- **SCAN Starr County Community (SCCC)** – seeks to organize, educate, and implement activities that empower citizens to take action to prevent substance use and misuse 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.

Environmental Changes

These Community Coalitions (CCs) have been instrumental in maintaining momentum and mobilizing the communities in region 11 into better practices when it comes to substance use prevention. Some of the main accomplishments in FY 2022-2023 as they relate to environmental changes are listed below:

3. Sander's Pharmacy in Hidalgo County. This is the first pharmacy in the valley who is implementing education on safe disposal by distributing Deterra pouches to their customers when they pick up medication. They are a direct distributor with the university of Houston to order inventory as needed since there is more traffic. The university of Houston is providing Deterra pouches for free to the pharmacy through a grant to prevent Opioid misuse/opioid crisis.
4. Corina Salazar insurance, will distribute Deterra pouches as a welcome kit for new clients enrolling in insurance, as well as distribute as needed for clients 6 month follow ups. The coalition directly provides the pouches and reports to us on a monthly basis how many were distributed.
5. UNIDAD in Hidalgo County, SCCC in Starr County, and Webb County Community Coalition, in partnership with local agencies, were able to secure additional prescription drop boxes. Communities in the region continue to have a permanent safe drug disposal alternative in their communities. This initiative emerged given the strong need for proper disposal of medications in the region. Coalitions continue to educate communities about the importance of properly disposing of medications as well as safety issues related to sharing medications among friends and relatives.
6. The approval of comprehensive tobacco ordinances in Cameron and Willacy Counties.
7. The Tobacco Prevention and Control Coalition, in collaboration with local organizations and city administrators, successfully achieved approval of a comprehensive smoke-free ordinance to be adopted by Brownsville and Raymondville. The comprehensive ordinances protect the rights of

workers in all establishments to be free from the harmful effects of tobacco smoke. It prohibits the smoking of tobacco in public buildings; a penalty of $500 for each offense will be applied to violators.

8. The approval and passing of various policies to safely dispose of prescription medications
9. In 2017 Texas was awarded a grant to combat opioid addiction. The Texas - Targeted Opioid Response, or TTOR project, helped provide funds for the distribution of disposal pouches. These pouches are used to safely destroy unwanted prescription medication. Coalitions across the region have worked diligently to create policies at establishments that have large quantities of prescription medication such as schools and nursing homes.
10. Community Awareness Projects: Numerous awareness projects and activities have been coordinated and conducted in Region 11 by Community Coalitions (CC)s and local coalitions (LCs). Town hall meetings addressing underage drinking, synthetic marijuana, and prescription drug misuse have been coordinated throughout the year and community members have had an opportunity to learn from professionals about the dangers, trends, and resources available regarding alcohol and other drugs. Presentations with youth and adults at schools, faith-based organizations, law enforcement departments, and other entities continued to be provided as a way to increase awareness and knowledge of the dangers of alcohol and other drugs.
11. Coalitions engaged in many specific community events focused on building community strengths and protective factors, as well as increase awareness of the dangers of drug use. Some of these events are listed below:

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

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

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

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

These efforts are just some of the many that Community Coalitions 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.

family domain, protective factors will include youth prevention programs, students receiving alcohol and drug education, sober schools, alternative peer groups, high school and college academic achievement, parent/social support, parental attitudes towards alcohol and drug consumption and students talking to their parents about alcohol and drugs.

individual domain, protective factors include life skills in youth prevention programs, mental health and family recovery services, youth employment, youth perception of access, and perception of risk and harm of alcohol and drugs. All of the protective factors listed will be described with regard to services and/or data in Region 11.

References

American Psychological Association. (2023). *APA Dictionary of Psychology.* https://dictionary.apa.org/adolescence. Accessed: 6/8/2023.

Bethell, C. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics, 173*(11): e193007. https://doi.org/10.1001%2Fjamapediatrics.2019.3007

Centers for Disease Control. (2012). *Lesson 1: Introduction to epidemiology*. Principles of Epidemiology | Lesson 1 - Section 1. https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section1.html. Accessed: 6/8/2023.

Centers for Disease Control and Prevention. (2021). *Drug-free communities support program*. Drug-Free Communities Support Program | Drug Overdose | CDC Injury Center. https://www.cdc.gov/drugoverdose/drug-free-communities/about.html. Accessed: 6/8/2023.

Centers for Disease Control and Prevention. (2022a). *The Social-Ecological Model: A Framework for Prevention*. The Social-Ecological Model: A Framework for Prevention | Violence Prevention | Injury Center | CDC. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html. Accessed: 6/8/2023.

Centers for Disease Control and Prevention. (2022b). *Fast facts: Preventing adverse childhood experiences.* Fast Facts: Preventing Adverse Childhood Experiences | Violence Prevention | Injury Center | CDC. https://www.cdc.gov/violenceprevention/aces/fastfact.html. Accessed: 6/8/2023.

D'Amico, EJ, et al. (2016). Prevention and intervention in the school setting. In KJ Sher (Ed.), *The Oxford Handbook of Substance Use and Substance Use Disorders* 2nd ed. (pp. 678). Oxford University Press.

Felitti, VJ, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

Healthy People 2030, U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023). *Social Determinants of Health*. Social Determinants of Health - Healthy People 2030 | health.gov. https://health.gov/healthypeople/priority-areas/social-determinants-health. Accessed: 6/8/2023.

Kreitz, M. (2023). *Positive Childhood Experiences*. Positive Childhood Experiences – Child & Adolescent Behavioral Health. https://www.childandadolescent.org/positive-childhood-experiences/. Accessed: 6/8/2023.

Pinetree Institute. (2023). *Positive Childhood Experiences.* Positive Childhood Experiences (PCEs) - Pinetree Institute. https://pinetreeinstitute.org/positive-childhood-experiences/. Accessed: 6/8/2023.

Substance Abuse and Mental Health Services. *Risk and protective factors*. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf. Accessed: 6/8/2023.

Texas Juvenile Justice Department. (2023). *The Juvenile Justice System in* Texas. https://www.tjjd.texas.gov/index.php/juvenile-system#important-definitions. Accessed: 6/8/2023.

University of Illinois Urbana-Champagne Library. (2023). *LibGuides: Qualitative data analysis: Coding.* Coding - Qualitative Data Analysis - LibGuides at University of Illinois at Urbana-Champaign. https://guides.library.illinois.edu/qualitative/coding. Accessed: 6/8/2023.

Watkins, R., et al. (2012). *A guide to assessing needs: Essential tools for collecting information, making decisions and achieving development results*. World Bank Open Knowledge Repository. https://openknowledge.worldbank.org/server/api/core/bitstreams/d5b31363-42c4-5027-a5fa-b7d6e8e88fe4/content. Accessed: 6/8/2023.

World Health Organization. (2023). *Adolescent health.* https://www.who.int/health-topics/adolescent-health#tab=tab_1. Accessed: 6/8/2023.

Appendix A: Demographics

Population percent by county in region 11, 2020.

County	FIPS Code	2020 Population	Under 18	Under 18 (%)	18+	18+ (%)
Aransas	48007	23,830	4,014	16.8%	19,816	83.2%
Bee	48025	31,047	6,025	19.4%	25,022	80.6%
Brooks	48047	7,076	1,747	24.7%	5,329	75.3%
Cameron	48061	421,017	119,809	28.5%	301,208	71.5%
Duval	48131	9,831	2,319	23.6%	7,512	76.4%
Hidalgo	48215	870,781	262,556	30.2%	608,225	69.8%
Jim Hogg	48247	4,838	1,322	27.3%	3,516	72.7%
Jim Wells	48249	38,891	10,261	26.4%	28,630	73.6%
Kenedy	48261	350	83	23.7%	267	76.3%
Kleberg	48273	31,040	7,249	23.4%	23,791	76.6%
Live Oak	48297	11,335	2,039	18.0%	9,296	82.0%
McMullen	48311	600	113	18.8%	487	81.2%
Nueces	48355	353,178	83,122	23.5%	270,056	76.5%
Refugio	48391	6,741	1,497	22.2%	5,244	77.8%
San Patricio	48409	68,755	17,378	25.3%	51,377	74.7%
Starr	48427	65,920	19,810	30.1%	46,110	69.9%
Webb	48479	267,114	80,660	30.2%	186,454	69.8%
Willacy	48489	20,164	4,680	23.2%	15,484	76.8%
Zapata	48505	13,889	4,297	30.9%	9,592	69.1%
Region 11		2,246,397	628,981	28.0%	1,617,416	72.0%

Source: 2020 Decennial Census

Limited English households' percent in region 11 broken out by county for year 2021.

County	Population	Estimate Households	English %	Spanish %	Limited English Speaking Household %	Not a limited English Speaking Household %	Other Indo-European Languages %	Limited English Speaking Household %	Not a limited English Speaking Household %
Aransas	24,149	10,452	77.0%	19.2%	3.2%	16.1%	1.6%	0.0%	1.6%
Bee	31,191	8,497	48.7%	49.9%	4.3%	45.5%	1.2%	0.2%	0.9%
Brooks	7,100	2,425	16.3%	83.7%	7.6%	76.1%	0.0%	0.0%	0.0%
Cameron	420,554	130,030	22.1%	76.8%	15.6%	61.2%	0.5%	0.1%	0.5%
Duval	10,001	2,842	19.1%	79.9%	6.4%	73.5%	1.0%	0.0%	1.0%
Hidalgo	865,677	251,916	12.7%	85.8%	19.5%	66.3%	0.4%	0.0%	0.4%
Jim Hogg	4,864	1,423	19.4%	80.6%	9.8%	70.8%	0.0%	0.0%	0.0%
Jim Wells	39,203	12,835	36.0%	63.5%	8.0%	55.5%	0.4%	0.0%	0.4%
Kenedy	169	48	0.0%	100.0%	56.3%	43.8%	0.0%	0.0%	0.0%
Kleberg	31,015	11,559	51.8%	45.9%	4.3%	41.5%	0.1%	0.0%	0.1%
Live Oak	11,378	3,857	67.4%	30.5%	4.4%	26.1%	1.8%	0.0%	1.8%
McMullen	729	186	70.4%	29.6%	0.0%	29.6%	0.0%	0.0%	0.0%
Nueces	353,594	129,845	53.6%	43.2%	3.9%	39.3%	1.1%	0.0%	1.1%
Refugio	6,822	2,189	59.9%	39.0%	2.7%	36.2%	0.4%	0.3%	0.1%
San Patricio	68,600	23,808	54.8%	43.3%	2.1%	41.2%	0.8%	0.2%	0.7%
Starr	65,568	18,599	2.5%	97.5%	29.3%	68.2%	0.0%	0.0%	0.0%
Webb	266,963	76,207	6.0%	92.8%	25.6%	67.2%	0.4%	0.0%	0.4%
Willacy	20,423	5,372	22.4%	77.4%	13.2%	64.2%	0.2%	0.0%	0.2%
Zapata	13,945	4,390	5.5%	94.2%	26.7%	67.5%	0.3%	0.0%	0.3%
Region 11	2,241,945	696,480	25.5%	72.8%	15.1%	57.7%	0.6%	0.0%	0.6%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

County	Population	Estimate Households	Asian and Pacific Island Languages %	Limited English Speaking Household %	Not a limited English Speaking Household %	Other Languages %	Limited English Speaking Household %	Not a limited English Speaking Household %
Aransas	24,149	10,452	2.2%	0.7%	1.5%	0.0%	0.0%	0.0%
Bee	31,191	8,497	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%
Brooks	7,100	2,425	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cameron	420,554	130,030	0.5%	0.1%	0.4%	0.1%	0.0%	0.1%
Duval	10,001	2,842	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hidalgo	865,677	251,916	1.0%	0.1%	0.9%	0.1%	0.0%	0.1%
Jim Hogg	4,864	1,423	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Jim Wells	39,203	12,835	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Kenedy	169	48	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Kleberg	31,015	11,559	1.6%	0.0%	1.6%	0.6%	0.0%	0.6%
Live Oak	11,378	3,857	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%
McMullen	729	186	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Nueces	353,594	129,845	1.8%	0.4%	1.4%	0.2%	0.0%	0.2%
Refugio	6,822	2,189	0.7%	0.0%	0.7%	0.0%	0.0%	0.0%
San Patricio	68,600	23,808	1.1%	0.1%	1.0%	0.0%	0.0%	0.0%
Starr	65,568	18,599	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Webb	266,963	76,207	0.6%	0.0%	0.6%	0.1%	0.0%	0.1%
Willacy	20,423	5,372	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Zapata	13,945	4,390	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Region 11	2,241,945	696,480	1.0%	0.1%	0.8%	0.1%	0.0%	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimat

Appendix B: Societal Domain

Household income in region 11.

County	Median Household Income	Per Capita Income
Aransas	$ 51,509	$ 35,527
Bee	$ 48,822	$ 20,199
Brooks	$ 26,827	$ 16,828
Cameron	$ 50,629	$ 21,787
Duval	$ 43,836	$ 20,205
Hidalgo	$ 44,666	$ 18,880
Jim Hogg	$ 37,342	$ 16,751
Jim Wells	$ 47,629	$ 23,259
Kenedy	$ 42,778	$ 15,050
Kleberg	$ 49,986	$ 23,894
Live Oak	$ 52,870	$ 24,406
McMullen	$ 63,056	$ 28,899
Nueces	$ 59,477	$ 29,614
Refugio	$ 50,745	$ 24,125
San Patricio	$ 59,532	$ 28,529
Starr	$ 33,334	$ 16,137
Webb	$ 54,618	$ 20,886
Willacy	$ 39,401	$ 19,122
Zapata	$ 34,406	$ 19,642
Region 11	$ 48,822	$ 22,302

Unemployment rate by county in region 11, 2022.

County	Labor Force	Employed	Unemployed	Unemployment Rate
Aransas	9,294	8,806	488	5.3%
Bee	9,159	8,626	533	5.8%
Brooks	2,381	2,239	142	6.0%
Cameron	177,545	167,496	10,049	5.7%
Duval	5,051	4,826	225	4.5%
Hidalgo	371,985	347,873	24,112	6.5%
Jim Hogg	1,802	1,705	97	5.4%
Jim Wells	15,401	14,520	881	5.7%
Kenedy	147	138	9	6.1%
Kleberg	13,092	12,466	626	4.8%
Live Oak	4,869	4,666	203	4.2%
McMullen	902	886	16	1.8%
Nueces	164,095	156,419	7,676	4.7%
Refugio	2,968	2,828	140	4.7%
San Patricio	29,297	27,535	1,762	6.0%
Starr	24,554	21,865	2,689	11.0%
Webb	117,364	112,532	4,832	4.1%
Willacy	7,227	6,636	591	8.2%
Zapata	4,580	4,263	317	6.9%
Region 11	961,713	906,325	55,388	5.8%

Homeless Students in region 11, 2022-2023.

County	Total Enrollment	Total Economically Disadvantaged	Total Homeless	Homeless Rate per 1,000
Aransas	3,044	2,098	265	8.7%
Bee	5,096	4,042	73	1.4%
Brooks	1,285	1,199	30	2.3%
Cameron	87,193	73,368	2,026	2.3%
Duval	2,603	2,216	--	
Hidalgo	263,859	227,317	2,479	0.9%
Jim Hogg	1,072	921	--	
Jim Wells	7,614	6,002	113	1.5%
Kenedy	98	40	0	0.0%
Kleberg	4,650	3,176	16	0.3%
Live Oak	1,668	1,061	--	
McMullen	282	82	0	0.0%
Nueces	57,052	38,473	867	1.5%
Refugio	1,225	785	21	1.7%
San Patricio	13,935	9,057	207	1.5%
Starr	15,802	14,599	123	0.8%
Webb	62,773	52,480	789	1.3%
Willacy	3,976	3,369	90	2.3%
Zapata	3,376	2,942	117	3.5%
Region 11	536,603	443,227	7,216	1.3%

Appendix C: Community Domain

Educational attainment by county for population 18-24 years in region 11, 2021.

County	Population 18 – 24 years	Less than HS %	% High school graduate (includes equivalency)	% Some College or Associates Degree	% Bachelor's degree or higher
Aransas	1,112	28.2%	15.4%	44.1%	12.3%
Bee	3,305	17.2%	49.2%	26.1%	7.6%
Brooks	627	18.0%	28.7%	53.3%	0.0%
Cameron	44,727	17.4%	38.8%	39.9%	3.9%
Duval	1,025	17.9%	48.8%	33.4%	0.0%
Hidalgo	94,722	17.0%	32.0%	44.8%	6.2%
Jim Hogg	770	43.9%	13.8%	39.2%	3.1%
Jim Wells	3,426	26.6%	39.3%	33.5%	0.5%
Kenedy	0				
Kleberg	5,968	7.8%	19.6%	62.2%	10.3%
Live Oak	982	27.9%	30.1%	42.0%	0.0%
McMullen	44	0.0%	27.3%	72.7%	0.0%
Nueces	35,013	13.5%	36.4%	44.3%	5.8%
Refugio	520	22.3%	37.3%	40.4%	0.0%
San Patricio	5,969	17.2%	50.6%	27.8%	4.4%
Starr	7,491	13.4%	31.9%	44.0%	10.6%
Webb	30,264	14.6%	36.0%	43.6%	5.8%
Willacy	2,570	35.8%	39.5%	23.4%	1.3%
Zapata	1,404	21.9%	38.5%	25.5%	14.1%
Region 11	239,939	16.5%	34.9%	42.8%	5.7%

Source: United States Census Bureau. 2018 - 2021 American Community Survey 5-Year Estimates

Educational attainment by county for population 25 and over in region 11, 2021.

County	Population 25 and over	< 9th grade %	9th to 12th grade, no diploma %	HS graduate (GED) %	Some college, no degree %	Associate's degree %	Bachelor's degree %	Graduate or professional degree %
Aransas	18,333	5.7%	5.6%	33.0%	23.1%	7.9%	16.5%	8.3%
Bee	21,326	8.3%	12.6%	32.4%	27.6%	7.2%	6.8%	5.1%
Brooks	4,739	13.4%	18.0%	26.5%	22.4%	1.6%	13.1%	5.0%
Cameron	248,591	17.1%	13.5%	26.1%	17.1%	7.4%	13.2%	5.8%
Duval	6,391	15.8%	11.8%	33.4%	24.3%	5.8%	5.3%	3.6%
Hidalgo	489,589	19.4%	13.2%	24.3%	18.3%	5.3%	13.6%	5.9%
Jim Hogg	2,551	13.4%	13.8%	36.5%	20.1%	3.1%	9.8%	3.4%
Jim Wells	25,008	8.0%	13.1%	37.5%	19.7%	6.1%	12.0%	3.6%
Kenedy	103	56.3%	25.2%	14.6%	0.0%	0.0%	1.9%	1.9%
Kleberg	17,501	9.7%	9.7%	32.9%	19.4%	5.4%	15.4%	7.6%
Live Oak	8,089	8.4%	15.0%	31.8%	27.6%	4.5%	8.7%	4.1%
McMullen	481	4.8%	5.4%	46.6%	22.2%	5.6%	8.9%	6.4%
Nueces	231,467	6.8%	9.1%	29.4%	24.1%	8.7%	14.3%	7.7%
Refugio	4,725	6.5%	12.3%	40.6%	22.6%	7.7%	7.3%	3.1%
San Patricio	44,274	8.4%	9.9%	32.2%	24.8%	8.1%	11.0%	5.6%
Starr	36,467	26.3%	14.9%	26.5%	16.6%	3.4%	9.2%	3.1%
Webb	149,469	16.9%	14.3%	23.6%	18.2%	7.6%	13.7%	5.7%
Willacy	12,984	17.5%	13.9%	37.9%	16.3%	4.7%	6.4%	3.2%
Zapata	7,879	17.2%	14.6%	32.7%	18.0%	5.6%	10.5%	1.4%
Region 11	1,329,967	15.4%	12.5%	26.7%	19.6%	6.6%	13.2%	6.0%

Source: United States Census Bureau. 2018 - 2021 American Community Survey 5-Year Estimates

Appendix D: Interpersonal Domain

Child victim rate per 1,000 children in region 11, 2022.

County	Victims	Total Under 18 Population	Child Victim Rate (per 1000 children)
Aransas	75	4,704	15.9
Bee	117	6,560	17.8
Brooks	25	1,734	14.4
Cameron	984	127,236	7.7
Duval	34	2,585	13.2
Hidalgo	1,586	281,366	5.6
Jim Hogg	11	62,468	0.2
Jim Wells	189	62,468	3.0
Kenedy	2	66	30.3
Kleberg	89	7,546	11.8
Live Oak	28	965	29.0
McMullen	2	18,066	0.1
Nueces	885	87,114	10.2
Refugio	17	1,577	10.8
San Patricio	209	1,849	113.0
Starr	125	21,610	5.8
Webb	420	87,230	4.8
Willacy	69	4,869	14.2
Zapata	25	4,662	5.4
Region 11	4,817	779,971	6.2

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

Data Source Table

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 Terms222

ACES	**Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance 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 – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).** **Please see the beginning 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.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.
Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products.

DSHS	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. The use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
Person-Centered Language 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 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 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.
YRBS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.