

2023



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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 Region 2 along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). PRC 2 serves 30 counties in Northwest 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 gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change²:

- youth and young adults
- parents
- business communities
- media
- school
- organizations serving youth and young adults
- law enforcement agencies
- religious or fraternal organizations
- civic or volunteer groups
- healthcare professional or organizations
- state, local, and tribal government agencies
- and other local organizations involved in promoting behavioral health and reducing substance use and misuse such as recovery communities, Education Services Centers, and Local Mental Health Authorities

PRC 2 recognizes those collaborators who contributed to the creation of this RNA.

How is the RNA informed?

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

Key Findings from this Assessment:

Demographics: Almost 25% of the population in Region 2 is comprised of adults 25-44. The next largest groups are 45-64, making up 24.52%, and under 18-year-old at 22.70% of our population. The smallest population group is ages 18-24 at 10.13%. People classified as non-Hispanic White continue to make up the majority of our population, followed by non-Hispanic Black.

Substance Use Behaviors: Alcohol and marijuana are the most consumed substances among high school and college aged students in Region 2.

Underlying Risk Factors: Mental health, child abuse and neglect, family violence, drug and alcohol poisoning deaths, and ACE scores for adults and youth all contribute to risk factors for substance use disorder.

Protective Factors and Community Strengths: Our area is fortunate to have hundreds of non-profit and social service agencies within our counties. Many of these services focus on basic needs such as food, water, clothes; others provide treatment for mental health, the intellectually disabled, and psychiatric treatment; others provide counseling, and inpatient/outpatient services. Intervention services include drug and alcohol referrals and counseling, peer recovery coaching, pregnancy, and parenting intervention for new and expecting parents-at-risk, and the numerous coalitions and other community groups all willing to assist participants or community members in their needs. Region 2 has the atmosphere of a small town in which people truly do care in assisting one another.

Introduction

Prevention Resource Centers

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

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

- exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP)
- exploration of drug consumption trends of adolescents with a primary focus on the state-delineated prevention priorities of underage alcohol use, underage tobacco/nicotine product use, marijuana and other cannabinoids use, and prescription drug misuse
- 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)

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

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

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

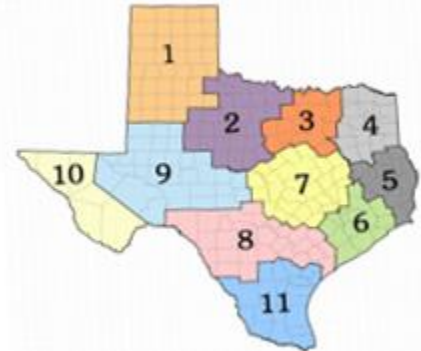
PRCs have four fundamental objectives:

- collect data relevant to the state’s prevention priorities, 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 the retailers

Regions

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

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



How PRCs Help the Community

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

Data

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

- Develop and maintain the REW
- Conduct Key Informant Interviews (KII)
- Develop and facilitate at least one regionwide 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 training.

- Work directly with the 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 the 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 and television PSAs, media interviews, billboards, bus boards, editorials, and social media

Tobacco

The PRC Tobacco Coordinators provide tobacco-related education and conduct activities that address retailer compliance with state tobacco and nicotine laws. 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 identified for tobacco-related violations

Regional Epidemiological Workgroup (REW)

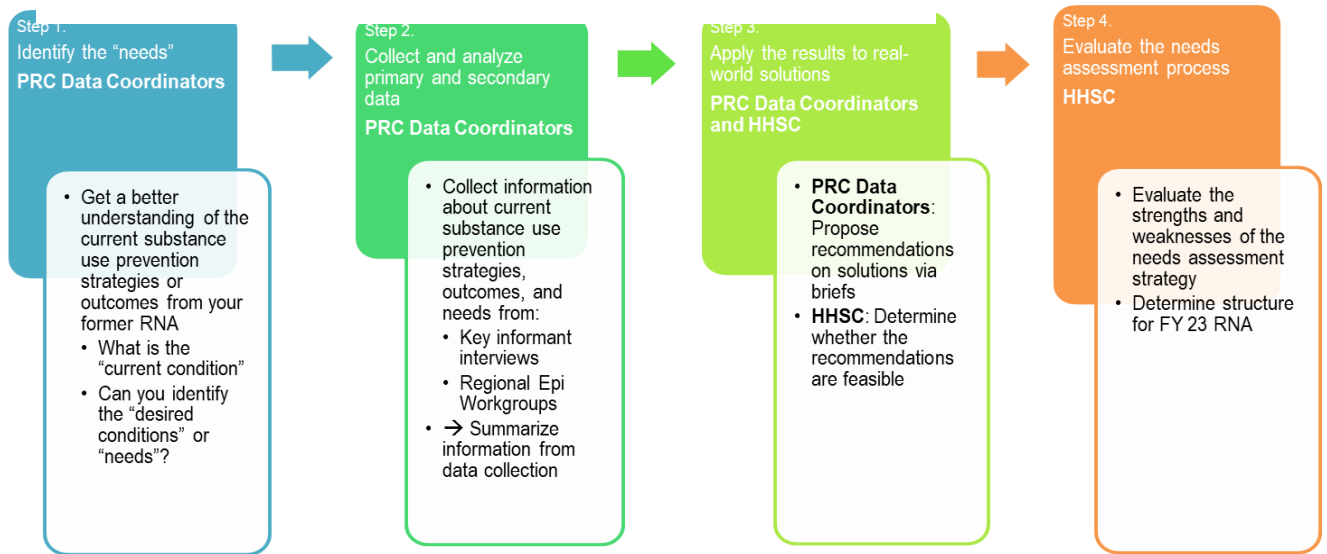
Each Data Coordinator develops and maintains a REW to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve community sectors and different geographic locations within that region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

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

Figure 2. Steps, Processes, and Stakeholders Involved for RNA Creation



Stakeholder/Audience

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

These stakeholders come from a variety of disciplines:

- substance use prevention and treatment providers
- community coalitions
- medical providers
- school districts and higher education institutions
- city, county, and state leaders
- community members interested in public health and drug consumption

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• youth and young adults• parents• business communities• media• schools• organizations serving youth and young adults• law enforcement agencies• religious or fraternal organizations | <ul style="list-style-type: none">• 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.

Regionwide Event

Region 2 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.

The regionwide event which was held after the 2021 RNA was a large-scale hybrid event. The topic for the event was “How Counterfeit Drugs are Affecting our Communities.” Speakers included representatives from the Abilene Police Dept., Recovery Support Services of Abilene Recovery Council, a DEA agent, University Of Texas at Austin TXCOPE. 73 individuals attended in person, and 34 attended virtually. The event was held at the Texas Tech University Health Science Center in Abilene, TX.

The 2022 RNA regionwide event is a podcast. “Voices of Prevention” will be a monthly podcast featuring specific topics and guest speakers. The first episode is a review of the 2022 RNA, services the Abilene Recovery Council provides, and general background on the RNA.

Methodology

This needs assessment is a review of behavioral health data on substance use and misuse, substance use disorders, related risk and protective factors, and other negative mental health impacts that will aid in substance use and misuse 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 associated with substance use/misuse 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 consequences as they relate to substance use/misuse 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 Public Safety, Texas Department of State Health Services, Texas School Survey of Drug and Alcohol Use, among others.

Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted, measured, or 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 a literature review of causal factors and consequences that are most related to substance use and misuse.

Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. The data arise from well-documented methodology gathered through valid and reliable data collection tools. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, 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.

Longitudinal 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 consists of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment, regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was the 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. While this report will include data from the time of COVID-19, primarily the years 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 against making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

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

The primary sources of youth and young adult 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, prescription drug use, 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 registered for the survey were unable to complete it. Please note that both the drop in participation and the fact that participating schools completed the survey before March may have impacted the data. Figures 3 and 4 provide more detail on the context of 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.texaschoolsurvey.org/Report>.

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

Grade	Survey Distribution TSS 2022		Survey Distribution TSS 2020		Difference Between 2020* and 2022 TSS
	# 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.texaschoolsurvey.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 is 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 and categories.

Data Coordinators conducted key informant interviews and regional epidemiological workgroups 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 regionwide event in the introduction for a table of these sectors) across each region. Most of these interviews occurred between September 2021 and August 2022 and a few others up through August 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?

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a REW to identify substance use and misuse 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 following are the questions given by HHSC to guide the REWs:

1. Please share what was discussed. (In addition, which, if any, of the following topics were discussed?):
 1. Identification of data gaps
 2. Analysis of community resources and readiness
 3. Collaboration on region-wide prevention efforts
 4. Recommendations and/or development of other forms of prevention infrastructure support
2. What were the takeaways from the discussion?
3. Were solutions recommended? If not, what would be your recommended solutions?
4. How can the information discussed through this REW inform future RNAs (i.e., identifying the gaps between current and desired substance use prevention strategies and outcomes)?
5. How can we better promote the workgroups and gain new perspectives delivered during the meetings?

Key Concepts

Epidemiology

Epidemiology is described as “the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related events, states (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.”⁵This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance misuse and the contributing factors influencing this behavior.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual’s risk for a substance use disorder. They are also characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact.⁶ Examples include strong and positive family bonds, parental monitoring of children’s activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. They are also 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 levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model.

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.⁷ This RNA is organized using the four domains (or levels) of the SEM (see Figure 5) as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions like the physical built environment, experiences of poverty, the health care/service system, and retail access to substances

- Interpersonal Domain – social and physical factors that indirectly impact youth, including academic achievement and the school environment, family conditions and perceptions of parental attitudes, 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.

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

	Risk Factors	Protective Factors
Society	<ul style="list-style-type: none"> • Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

Social Determinants of Health

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁸ 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.

Figure 6. Social Determinants of Health



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>

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by Center for Substance Prevention (CSAP) guides many prevention activities in Texas (see Figure 7 below).

Figure 7. Strategic Prevention Framework

Strategic Prevention Framework



Source : SAMHSA www.samhsa.gov

Cultural competence

Cultural competence is the ability of an individual or organization to understand and interact effectively with individuals having different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Sustainability

Sustainability is defined as the process of building an adaptive and effective system that achieves and maintains desired long-term results.

The SPF provides a continuum of services targeted to the three classifications of preventions activities under the National Academy of Medicine (NAM). These classifications are universal, selective, and indicated. The five steps and two guiding principles of the SPF offer a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing our communities.

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.⁹ The World Health Organization (WHO) adds that 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.¹⁰

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.”¹¹ 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 define the population of interest more precisely.

Adverse Childhood Experiences (ACEs)

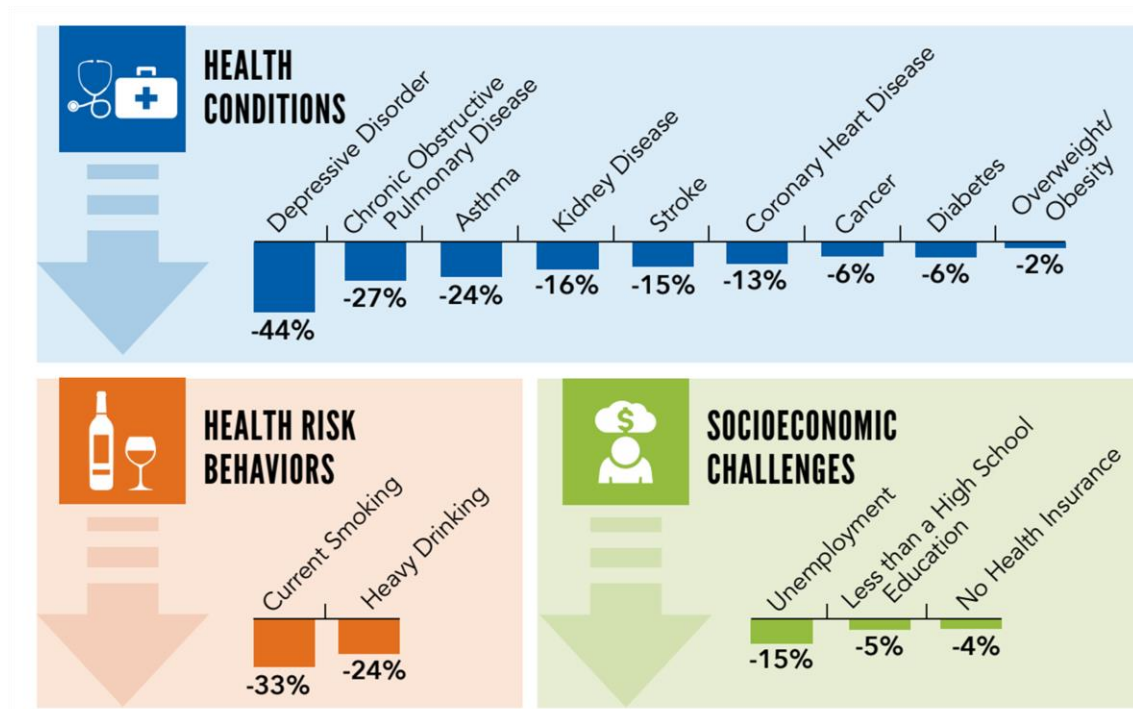
The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life. ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences in the following categories of abuse, neglect, and household dysfunction. ACEs are linked to chronic health problems, mental illness, and substance use. 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
- Multiple types of cancer
- Challenges with obesity and physical inactivity
- Heart disease
- Risk of broken bones

In 2020, the CDC announced funding for the Preventing Adverse Childhood Experiences: Data to Action cooperative agreement to support ACEs monitoring and prevention. 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.

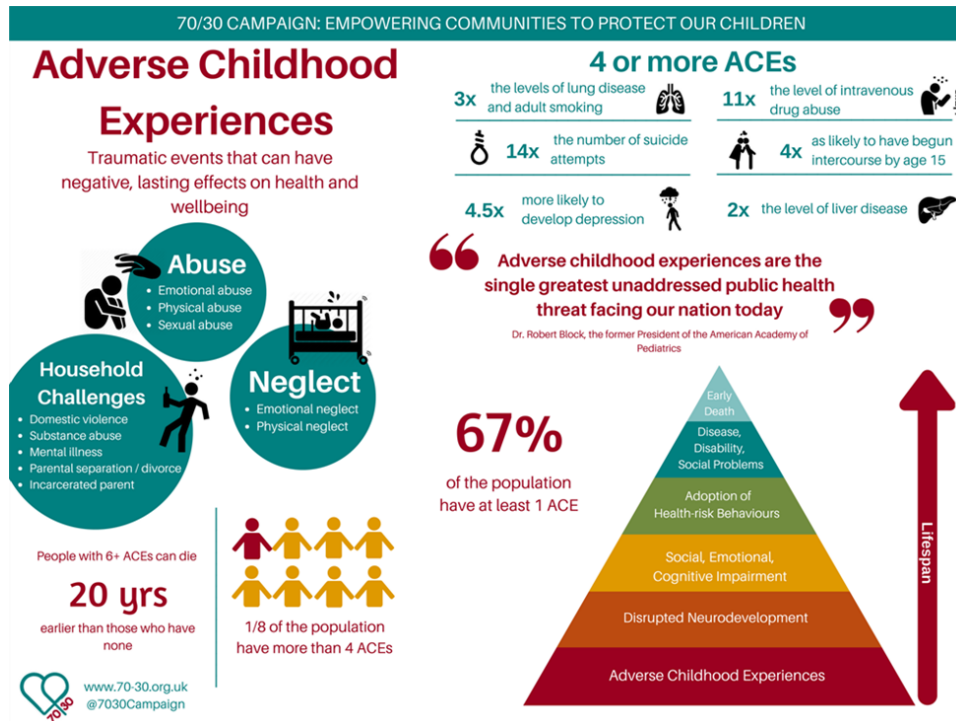
ACEs are common, with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented 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.¹² Figures 8 and 9 below describe the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 8. Potential reduction of negative outcomes in adulthood.



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

Figure 9. Potential reduction of negative outcomes in adulthood.



www.thestudentvoice.co.uk/adverse-childhood-experiences-trauma-in-young-people/

Positive Childhood Experiences (PCEs)

Unlike ACEs which have been researched for decades, Positive Childhood Experiences are still a relatively newly 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 times.”¹³ 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.¹⁴

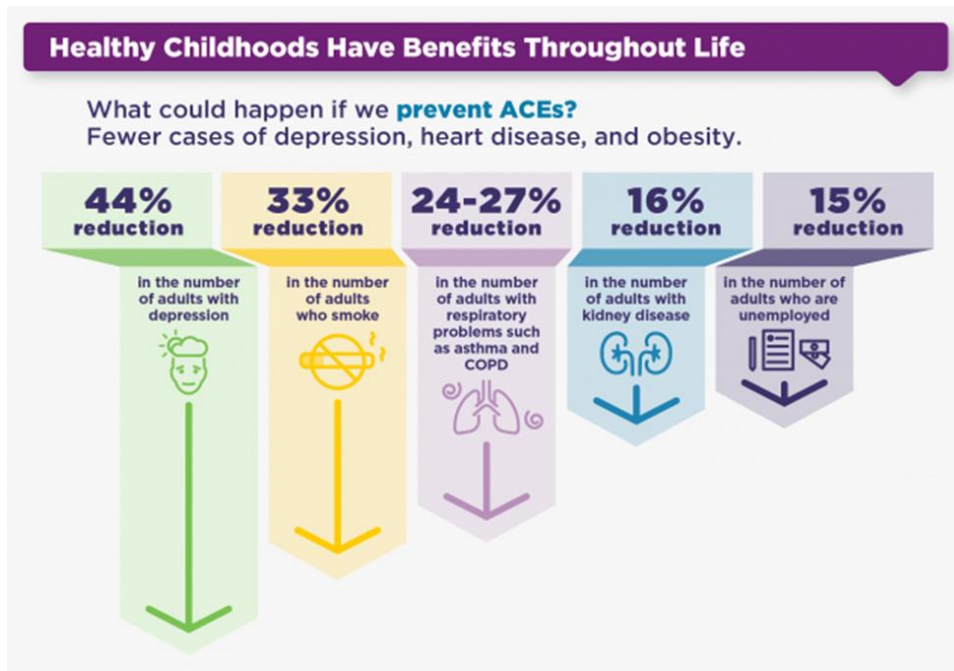
The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health, meaning that experiencing more PCEs was associated with better outcomes. This included lower odds of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. Figures 10 and 11 show the protective effects of PCEs remained even after adjusting for ACEs, suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.¹⁵

Figure 10. Positive Childhood Experiences.



<https://www.cdc.gov/violenceprevention/aces/resources.html>

Figure 11. Positive Childhood Experiences.



<https://www.cdc.gov/violenceprevention/aces/resources.html>

Consumption Patterns

This needs assessment follows the example of the TSS, the Texas Youth Risk Behavior Survey System (YRBS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories: lifetime use (has tried a substance, even if only once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, illicit drugs, and prescription drugs. The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health, physical, and social consequences. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop New and Improved Strategies to Prevent Drug Use and its Consequences*.

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

Regional Demographics

Overview of Region:

The demographic profile of our reported area can be beneficial in understanding the dynamics of Region 2. Demographic indicators include population size, race, ethnicity, languages, age distribution and concentrations of populations within the reported area. Demographic information is valuable as it affects all areas of human activity (socioeconomics, environmental risk, and protective factors). Demographics may also play a crucial role in understanding trends over time to prepare for future services in policy analysis and community development.

Geographic Boundaries

Region 2 is made up of 30 counties covering a total of 27,302.9 square miles. Wichita and Taylor Counties have the largest population density per square mile in Region 2. Wichita ranks 30th and Taylor County ranks 36th in the state. Kent county ranks last at 245th in the state. Below are the top four and lowest four counties in Region 2, population per square mile (density) according to the 2020 U.S. Census.¹⁶

Area	Population Per Square Mile (Density)
United States	93.29
Texas	106.2
Region 2	20.45/12.0
	Highest Density Counties
Wichita	206
Taylor	156.4
Brown	40.3
Jones	21.2
	Lowest Density Counties
Foard	1.6
Cottle	1.5
Stonewall	1.4
Kent	0.8

Source: Texas Counties: 2020 Population, density. Accessed May 10, 2023.



Source: Texas Department of State Health Services. Region 2 Map, Accessed July 14, 2020.

Counties

Region 2 services 30 counties, the following is a list of all counties served:

ARCHER	COMANCHE	HASKELL	MONTAGUE	STONEWALL
BAYLOR	COTTLE	JACK	NOLAN	TAYLOR
BROWN	EASTLAND	JONES	RUNNELS	THROCKMORTON
CALLAHAN	FISHER	KENT	SCURRY	WICHITA
CLAY	FOARD	KNOX	SHACKELFORD	WILBARGER
COLEMAN	HARDEMAN	MITCHELL	STEPHENS	YOUNG

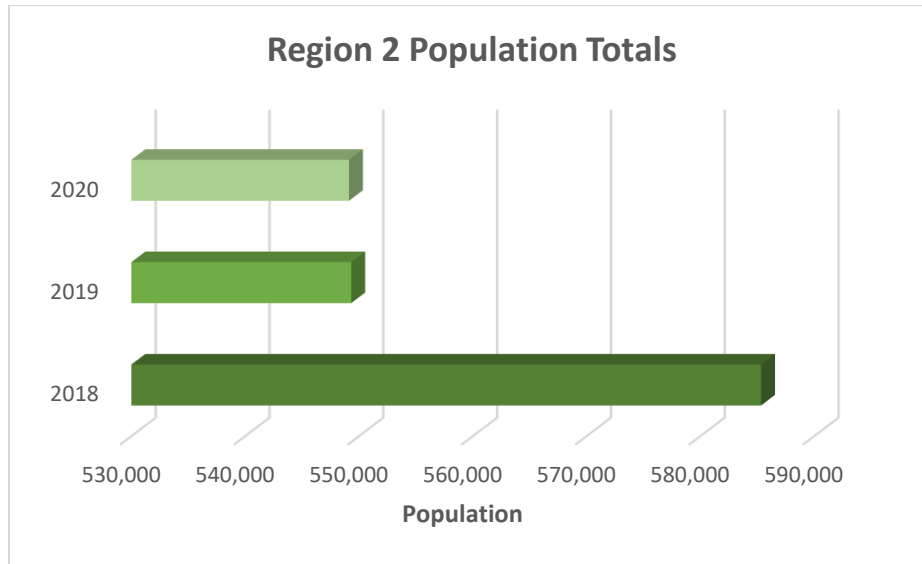
Major Metropolitan Areas (i.e., Concentrations of Populations)

Region 2 is primarily comprised of rural areas; however, there are 3 cities considered urban. **Abilene** is centrally located in our region within Taylor County with a population of 143,208. Taylor County continues to have residential growth and is the largest city within our area. **Wichita Falls** is located in the northern section of our region and bordering the Texas - Oklahoma Stateline. Wichita County is the second largest urban area in region 2 with a population of 129,350. Lastly, **Brownwood** is in the southernmost part of Brown County with a population of 38,095. Brown County is the third largest urban area within region 2. Population data is reported by the 2020 U.S. Census.

Demographic Information:

Total Population

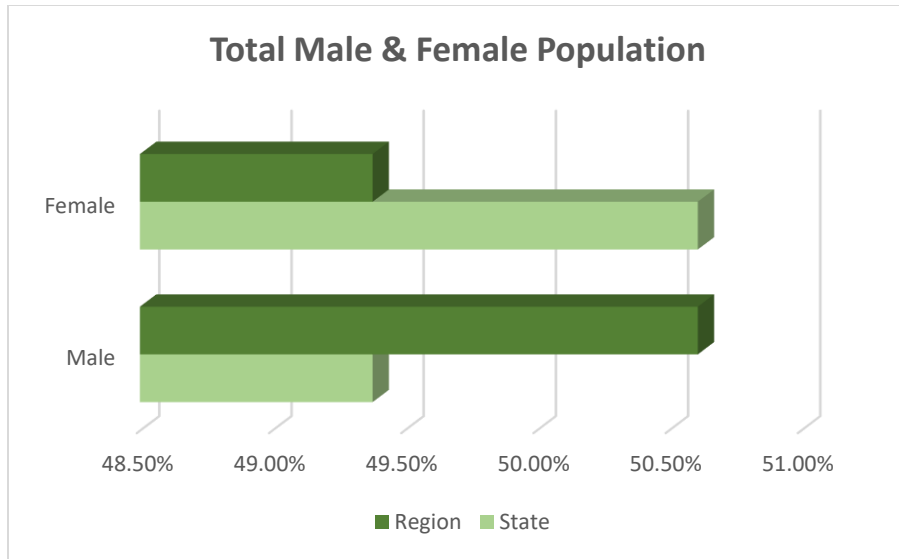
The 2020 U.S. Census continues to release data as it becomes available. Region 2 has seen an estimated 9.3% decrease in population between 2018 – 2020 according to the 2020 U.S. Census. **The estimated population in 2018 was 585,339 which shows a decrease to 549,130 in 2020.** *County level population for 2018 - 2020 may be found in Table 1.*



Source: U.S. Census, Accessed June 5, 2023

Male/Female

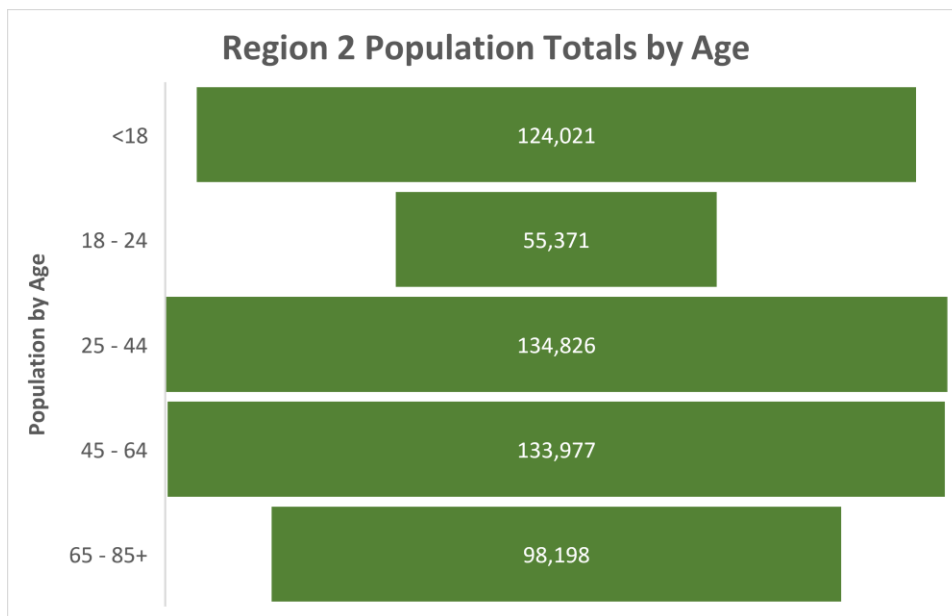
The 2020 U.S. Census includes a question to capture the respondent’s current sex (how they currently identify their sex). The question about the sex of each person is asked to create statistics about males and females and to present other data, such as occupation by sex. Local, state, tribal, and federal agencies use this data to plan and fund government programs. These statistics help enforce laws, regulations, and policies against discrimination. In Region 2 the total male population is 277,952 is 51.09%; the total female is 271,178, 48.9%; the state total male is 49.89%; the total female is 50.11%. *County level data for Total Male & Female may be found in Table 2.*



Source: U.S. Census, Accessed May 30, 2023

Age

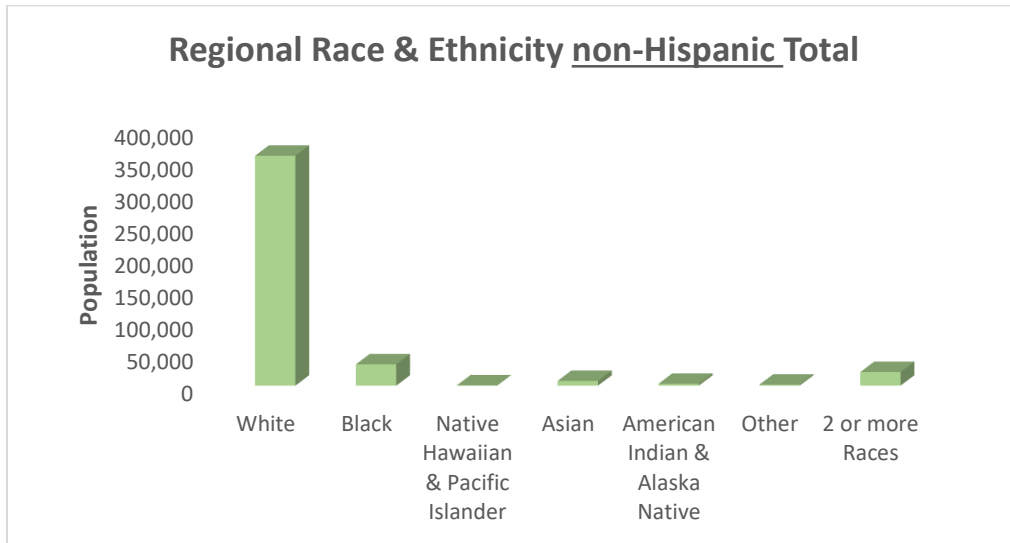
The 2020 U.S. Census Bureau report organizes total population into age categories. Region 2 uses the following categories: <18, 18-24, 25-44, 45-64, and 65-85+ years old. **Persons 25-44-years old remain the largest population, followed by 45-64-year-olds, the smallest age group are persons under the age of 18. The percentage breakdown is: <18 – 22.70%, 18-24 – 10.13%, 25-44 – 24.68%, 45-64 – 24.52%, and 65+ 17.97%. County level data for Total Age Groups may be found in Table 3.**



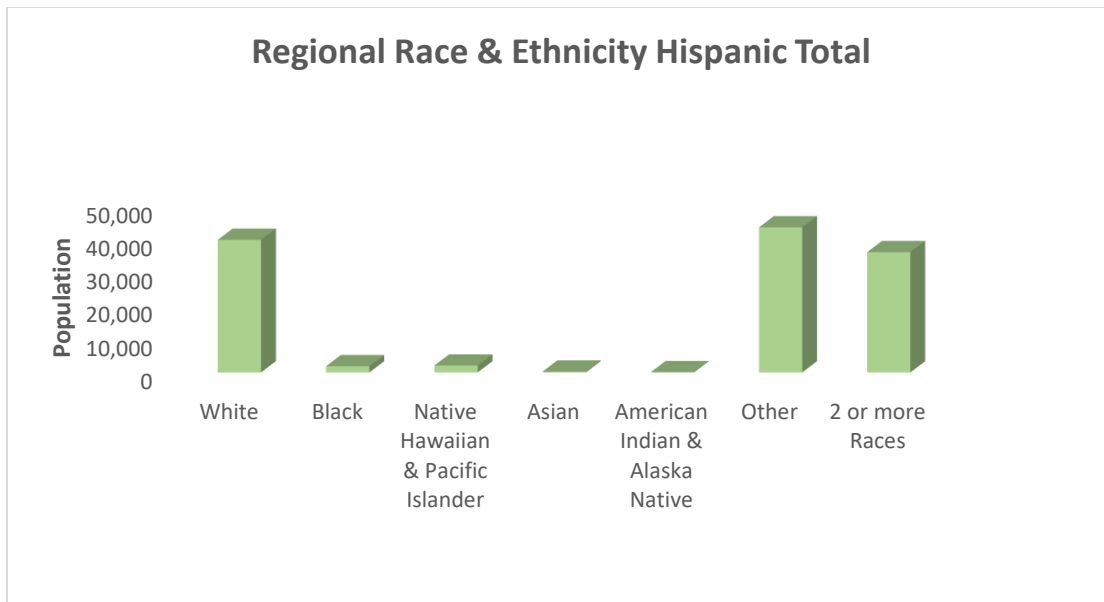
Source: U.S. Census, Accessed June 2, 2023

Race/Ethnicity

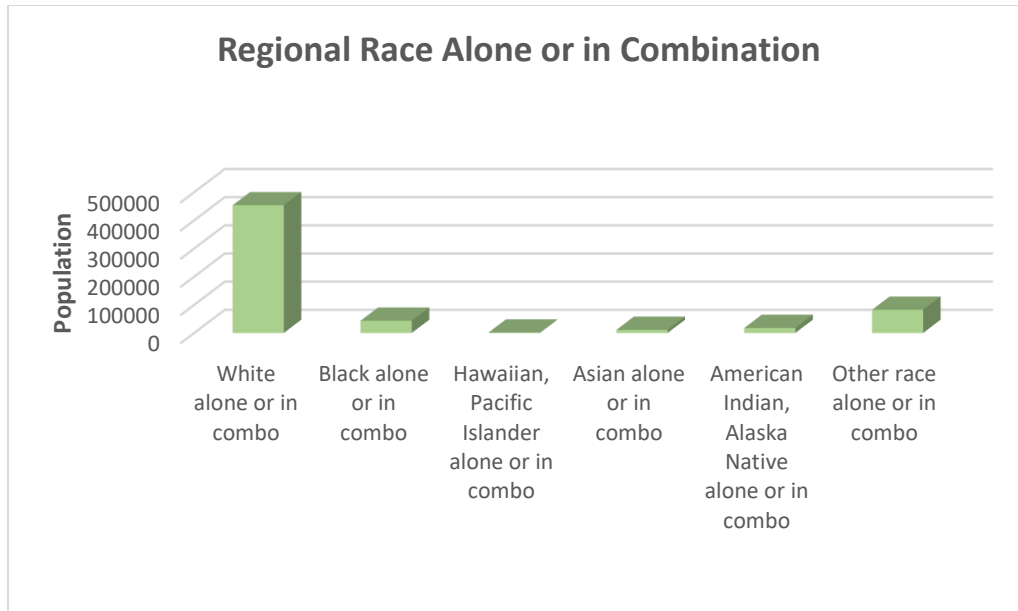
Race and ethnicity are shown in several ways below. Individuals identifying as Other, or 2 or more races increases as our region’s diversity grows. Non-Hispanic white (65.37%) and Hispanic other (7.93%) are the largest population groups within Region 2 followed by Hispanic white (7.25%), and non-Hispanic black (6.05%). *County level Race and Ethnicity breakdowns may be found in Table 4, 5, and 6.*



Source: U.S. Census, Accessed June 2, 2023



Source: U.S. Census, Accessed June 2, 2023



Source: U.S. Census, Accessed June 2, 2023

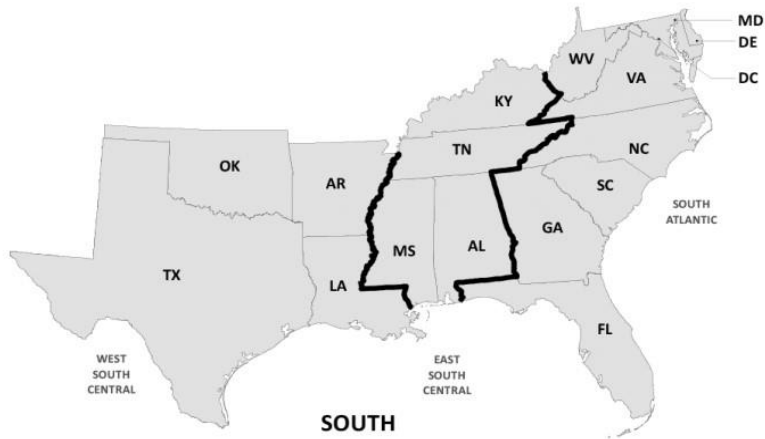
Disability Status

The Census Bureau collects data on disability. Disability is defined to capture the six aspects of disability: hearing, vision, cognitive, ambulatory, self-care, and independent living. The American Community Survey attempts to capture this data which can be used together to create an overall disability measure or to identify populations with specific disability types. Region 2 has 86,967 individuals identified as having a disability, 16.87% of the population, compared to the state percent with a disability of 11.4%.

LGBTQ+ population (Same-sex households)

U.S. Census Survey explores sexual orientation and gender identity through the new Household Pulse Survey. The survey is considered an experimental data product. These surveys were created to benefit data users in the absence of other relevant products. The data collected quickly shows the impact of COVID-19 on individual’s lives. LGBTQ+ individuals experienced economic and mental health hardships during COVID-19 more than non-LGBTQ+ individuals. This group also experienced higher levels of food insecurity, loss of employment and income, and experiences of anxiety and depression. The U.S. Census divides the United States into 4 regions. Texas is located within Region 3.

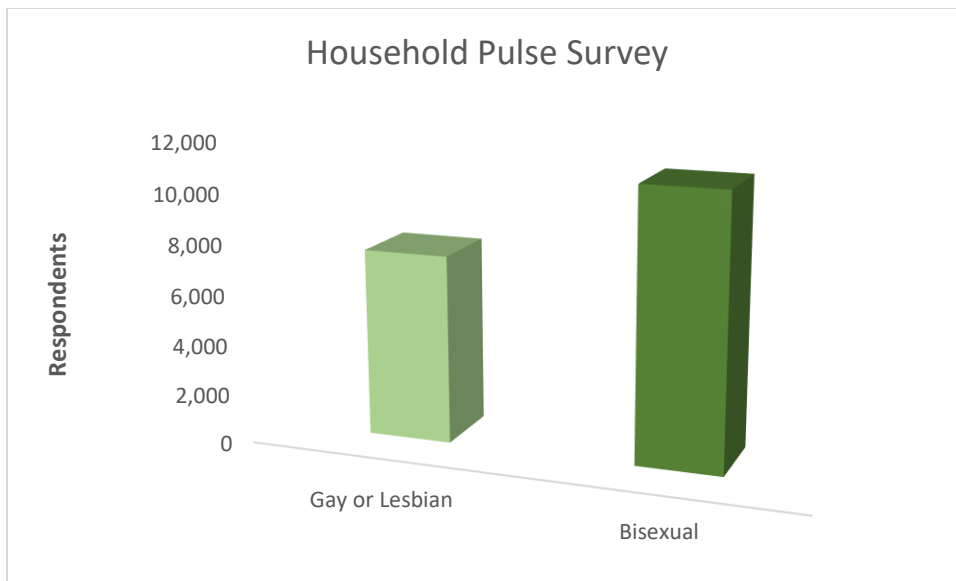
Region 3 – South Region



The Household Pulse Survey asks, “Which of the following best represents how you think of yourself?”

1. Gay or Lesbian
2. Straight, that is not gay or lesbian
3. Bisexual
4. Something else, please specify _____
5. I don't know

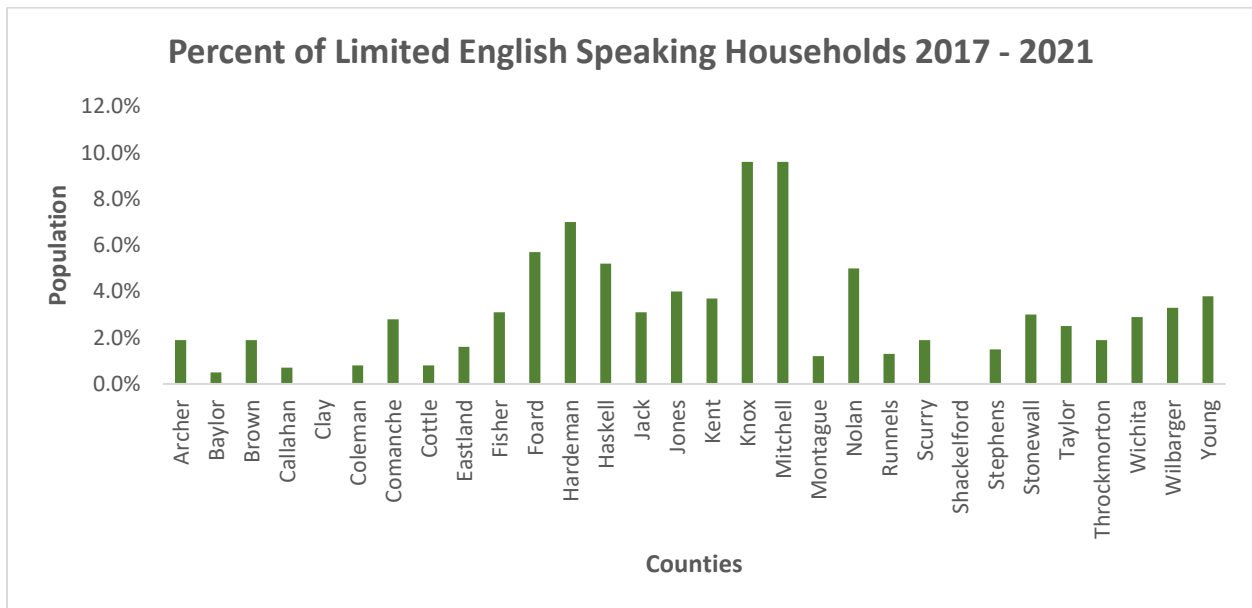
In region 3 - 18,359 respondents replied as gay, lesbian, or bisexual.



Source: U.S. Census Household Pulse Survey

Languages Spoken/Language Proficiency

According to the U.S. Census American Community Survey, a “limited English-speaking household” is one in which no member 14 years old and over 1.) Speaks only English or 2.) Speaks a non-English language and speaks English “very well.” In other words, all members 14 years old and over have at least some difficulties with English. English-only households cannot belong in this group. Previous Census Bureau data have referred to these holds as “linguistically isolated”.¹⁷ *County level Languages Spoken in the Home and Limited English Proficiency may be found in Tables 7 & 8.*



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

Risk and Protective Factors

Risk and Protective Factors

There are many factors that are included in risk and protective factors. In this section we will cover areas that are considered either risk or protective factors: income, employment, families receiving assistance, educational attainment, and crime rates in the risk areas, and social associations, Rx's dispensed, and number of mental health providers in the protective factors. Readers are cautioned to not look at any risk or protective factor as concrete proof of how they will affect a family or individual's risk for developing a substance use disorder.

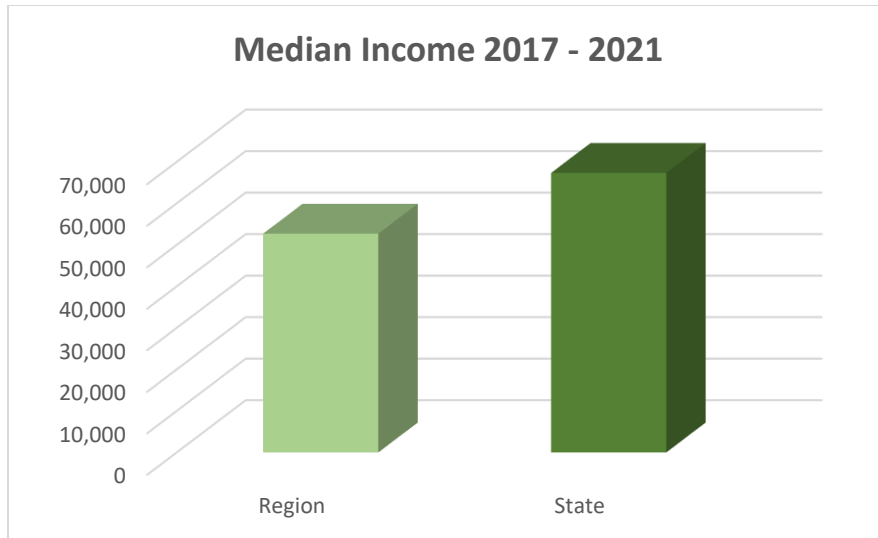
Societal Domain

Social and economic data was examined and reported to provide a greater understanding of our region's household composition. This data also assists our communities to better identify the risk and protective factors influencing the population in our region.

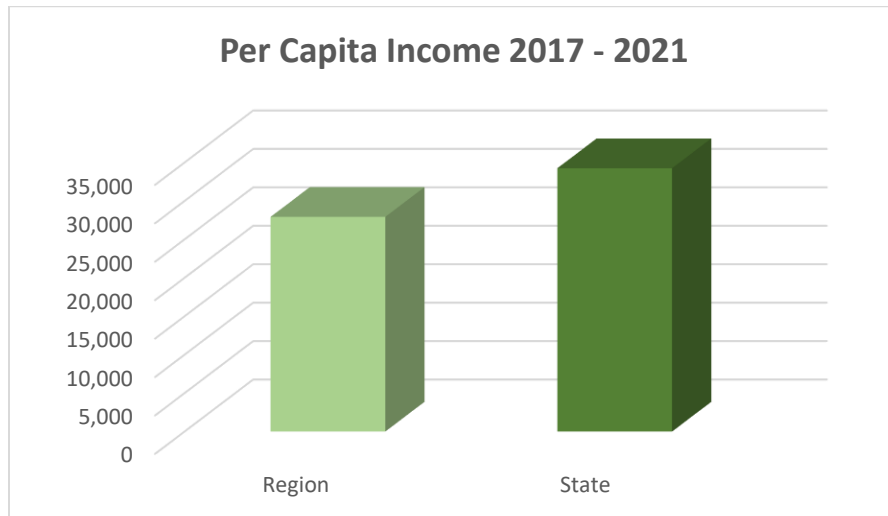
Economic Status

Median Income

The U.S. Census Bureau collects data through the American Community Survey (ACS). The ACS is a data tool of the U.S. Census which uses 5-year estimates.¹⁸ Median Household Income is generally defined as the gross income of all members of a household 15 years and older. This information is used to evaluate the economic health of an area. The ACS reports that local, state, and federal agencies use this income data to plan and fund programs that provide economic assistance for populations in need. In conjunction with poverty estimates, this data is part of funding formulas that determine the distribution of food, health care, job training, housing, and other assistance. The data for 2017-2021 shows our region has a lower median household income than the state of Texas. 2017-2021 the U.S. Census Bureau reported the median household income in Texas is \$67,321 and Region 2 is \$52,688. Per capita income for the state is \$34,255, which is higher than region 2 at \$27,926. *County level data for Household Median Income may be found in Table 10.*



Source: U.S. Census Bureau, American Community Survey, Accessed April 5, 2023.



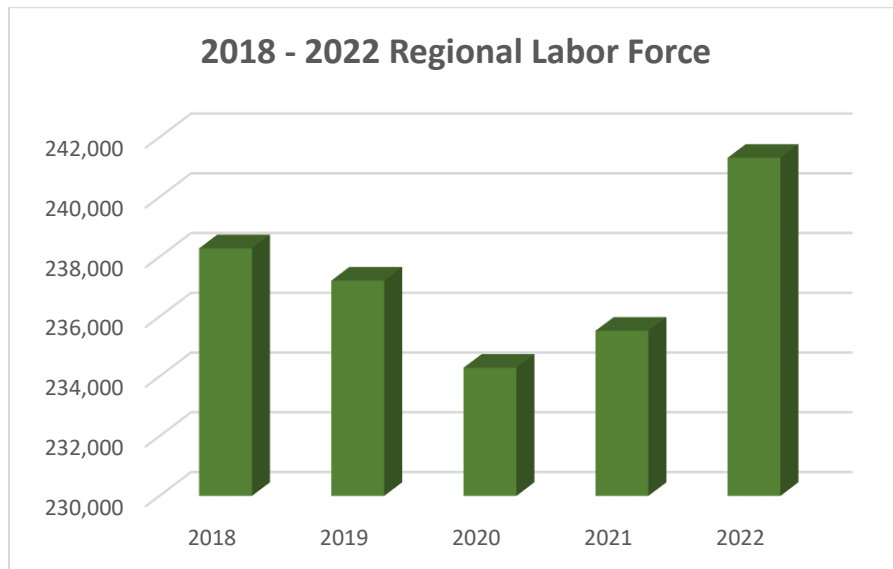
Source: U.S. Census Bureau, American Community Survey, Accessed April 5, 2023.

Unemployment/Employment Rate

The U.S. Department of Labor records local area labor force statistics. The Local Area Unemployment Statistics (LAUS) produces employment, unemployment, and labor force data. The Bureau of Labor Statistics (BLS) of the U.S. Department of Labor is responsible for concepts, definitions, technical procedures, validation, and publication of the workforce agencies statewide.¹⁹ The U.S. Bureau of Labor Statistics published a news release on March 3, 2021, addressing the decreased labor force and the increased jobless rate for 2020. The U.S. jobless rate nearly doubled from 4.4 to 8.1, and the employment population fell by 4% to 56.9%. This was attributed to the impact of the COVID-19 pandemic. **In 2022, Region 2 had a total Labor Force of 241,316, Employed 232,376, Unemployed 8,940. In 2021 Region 2 showed 225,335 as Employed, 11,774 Unemployed.** County level total numbers of labor force, employment, and unemployed may be found in Table 11.

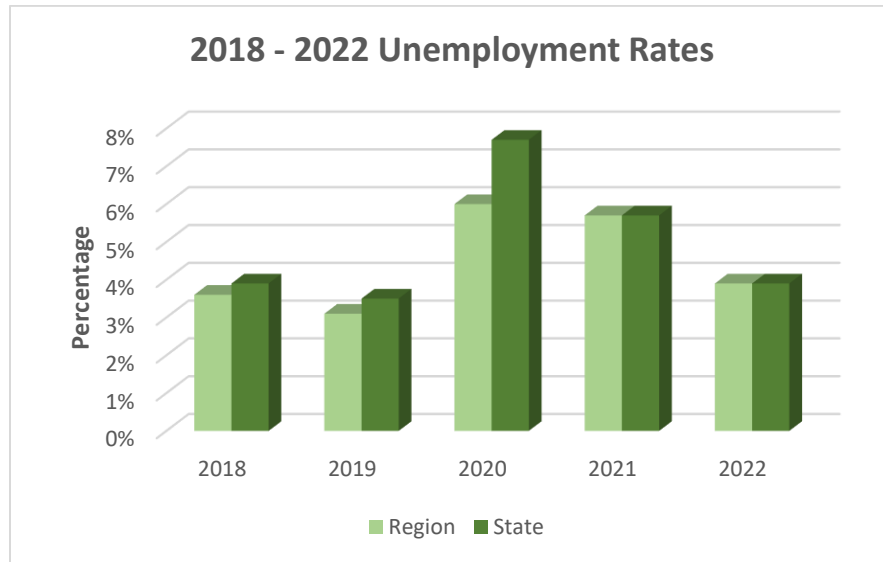


Source: United States Bureau of Labor Statistics, local area unemployment, 2022. Accessed April 6, 2023.



Source: United States Bureau of Labor Statistics, local area unemployment, 2022. Accessed April 6, 2023

The chart below reports Region 2's unemployment percentage for 2018-2022. Our region's unemployment rate is below the state rate. The regional unemployment rate saw a large increase. This data is from U.S. Department of Labor. The forecasted increase in the unemployment rate for 2020 in the U.S., state of Texas, and Region 2 was due to COVID-19.

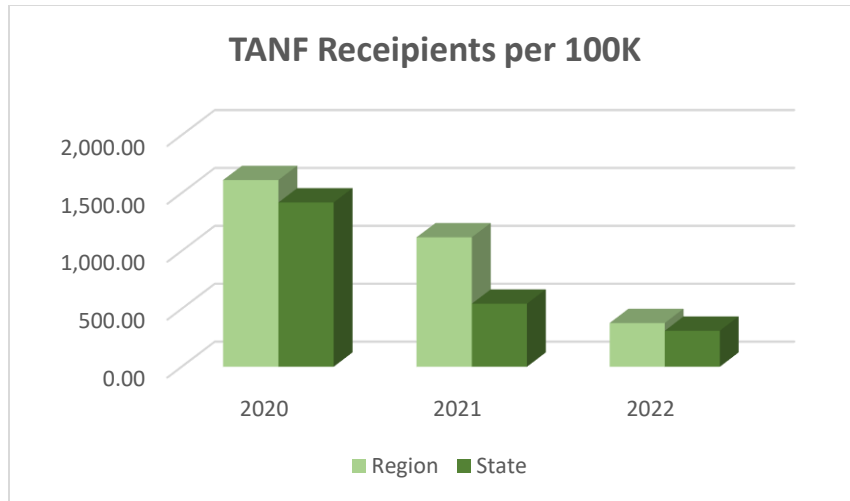


Source: United States Bureau of Labor Statistics, unemployment 2018 – 2022. Accessed April 6, 2023

TANF recipients

The Texas Temporary Assistance for Needy Families (TANF) is a support service for Texas families. TANF helps families pay for food, clothing, housing, and other essentials. Families with children 18 years of age and younger (parents and their children, or relatives caring for related children) may receive TANF. The Texas Health and Human Services Commission records the number of recipients for this benefit in our local counties; a recipient rate is calculated for each county²⁰. The following data reports the regional rate of recipients per 100k compared to the state rate of recipients for the last three years.

Region 2 reported a rate of 377.32 recipients per 100k in 2022; the state reported a lower rate of 310.31 recipients per 100k. In 2021, Region 2 reported 1117.40 recipients per 100k, and the state reported a lower rate again of 544.40 recipients per 100k. This indicates an important need for financial and medical assistance for the families in our region. *Total County recipients and recipients per 100k data may be found in Table 12, 13, and 14.*



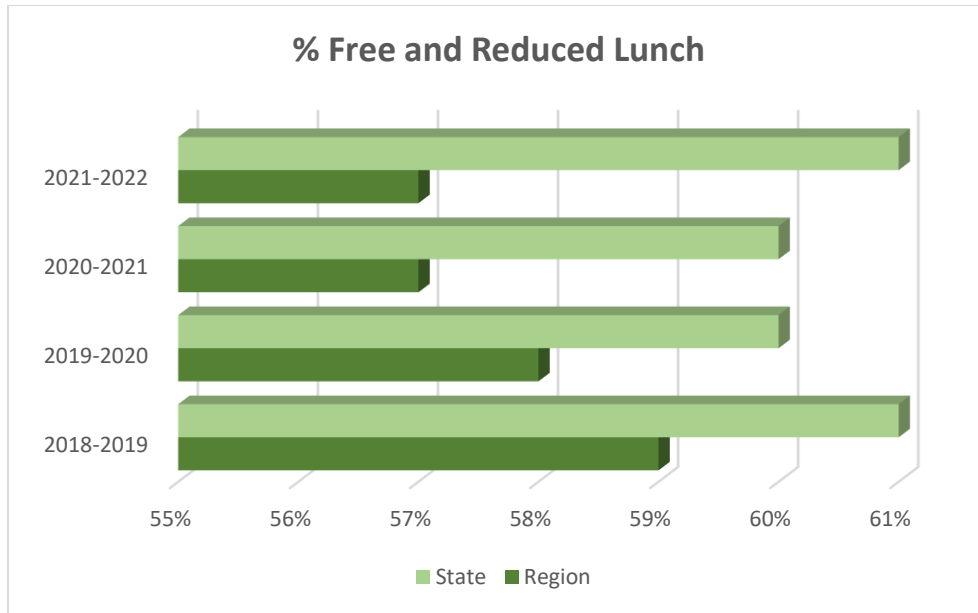
Source: Texas Health and Human Services Commission, TANF Basic and State Program, 2020 – 2023

SNAP recipients

The Health and Human Services Commission reports the monthly average of the Supplemental Nutritional Assistance Program (SNAP) recipients. SNAP helps individuals buy food they need for good health; it also allows for the purchase of garden seeds with SNAP benefits. SNAP cannot be used to purchase tobacco, alcohol, or items that cannot be eaten or drank, such as household items and cleaning products. SNAP requires most people ages 16 – 59 to follow work rules to receive SNAP benefits, meaning they must look for a job or be in an approved work program. If they are currently employed, they cannot quit without good reason. Individuals who are disabled or pregnant may not have to work to get benefits.²¹ Individuals determined as eligible for SNAP include all eligible individuals regardless of receipt of benefits. *County level data of SNAP recipients can be found in Table 15.*

Free, reduced school lunch recipients

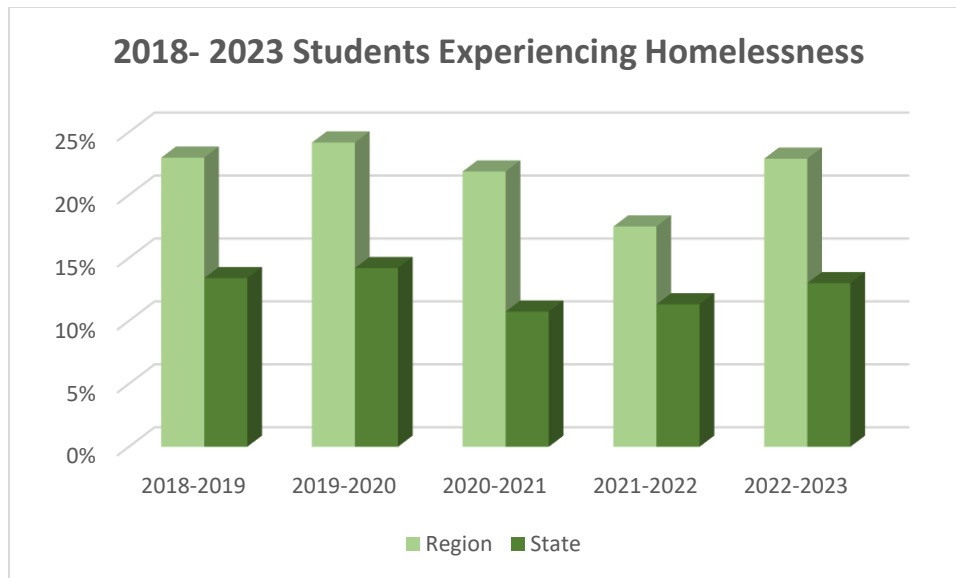
The National School Lunch Program (NSLP) is a federally assisted meal program that provides free or reduced meals for more than 3 million Texas children in public, nonprofit private schools, and residential childcare institutions. Eligibility is based on total income and number of household members. Children whose family income is at or below 130% of the poverty level are eligible for **free meals**. Families whose income is between 130 – 185% of the poverty level are eligible for **reduced-priced meals**.²² *County level data for total number of Free & Reduced Lunch Recipients 2018-2021 may be found in Table 16 & 17.*



Source: National Center for Education Statistics, Free and Reduced Lunch, 2018-2021

Students Experiencing Homelessness

The Texas Education Agency records the number of students who are identified as homeless within each region. TEA defines homeless as students sharing a residence with a family or individual due to loss of housing or economic hardship, and students who are unsheltered, which is defined as a nighttime residence that is not ordinarily used as sleeping accommodations for humans. Hotels or Motels, if students reside there because they have lost their housing and have a lack of alternative accommodations, would also be considered homeless. Finally, students living in a shelter or transitional housing are also included in this group. Shelters provide temporary living accommodations; these do not include residential treatment facilities.²³ Homelessness is an important indicator when assessing a student’s academic success. The following data is taken from Texas Education Agency Homelessness Counts for school years 2018-2023. *County level data for Total number of Homeless Students for each school year may be found in Table 18.*

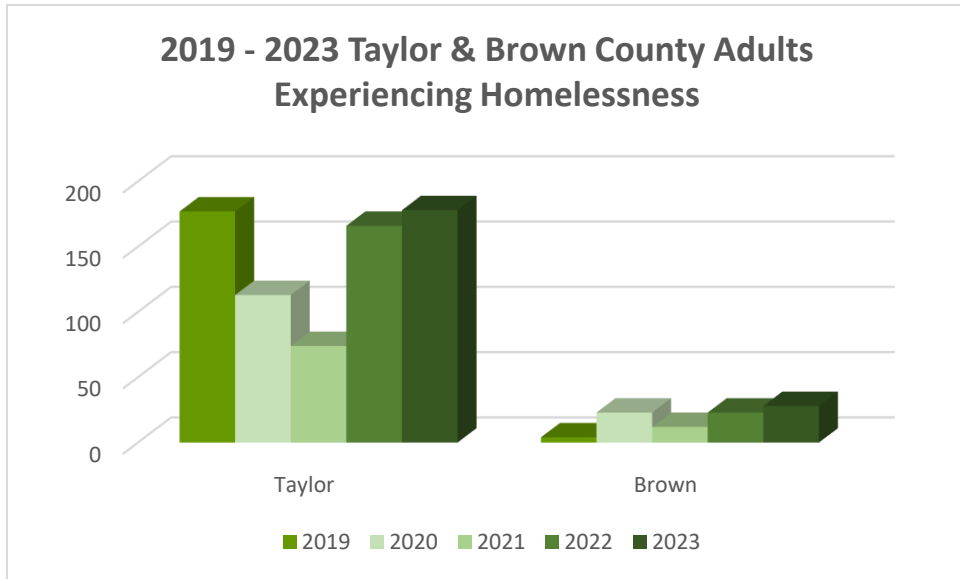


Source: Texas Education Agency, Homelessness Counts, 2019-2023.

Adults Experiencing Homelessness

The Texas Homeless Network completes a Point in Time Count (PIT) of homeless adults in Texas each January. 2020 had a 5% increase in individuals experiencing homelessness, 27,229 compared to 25,848 in 2019. The largest increase was in people aged 18-24. The PIT is a snapshot of the minimum number of people experiencing homelessness on a given night. The count is likely to be an under count in the majorities of communities that participate as numbers are self-reported or observed. There is a difference for 2021 compared to previous years due to Covid.

As stated in the 2020 Annual Report, "In an effort to promote safety during the global pandemic, the Continuum of Care board voted to cancel the 2021 unsheltered count. Some communities opted to conduct an observation count of those experiencing unsheltered homelessness; however, this data is not as accurate as doing the full unsheltered count. It is also important to consider that while the sheltered count occurred as normal, the surveys were shortened in order to limit the amount of time required for face-to-face interaction." The PIT in Taylor County reported 87 homeless individuals in 2021, 27 of all adult homeless persons had a serious mental health disease, 27 also had a substance use disorder, and 16 were survivors of domestic violence. 2022 and 2023 both reported 208 homeless individuals in Taylor County, and 23 in 2022 and 31 in 2023 in Brown County. *Brown and Taylor County level homelessness data may be found in Table 19.*



Source: Point-in-Time Count (PIT) Reports. Accessed July 12, 2023.

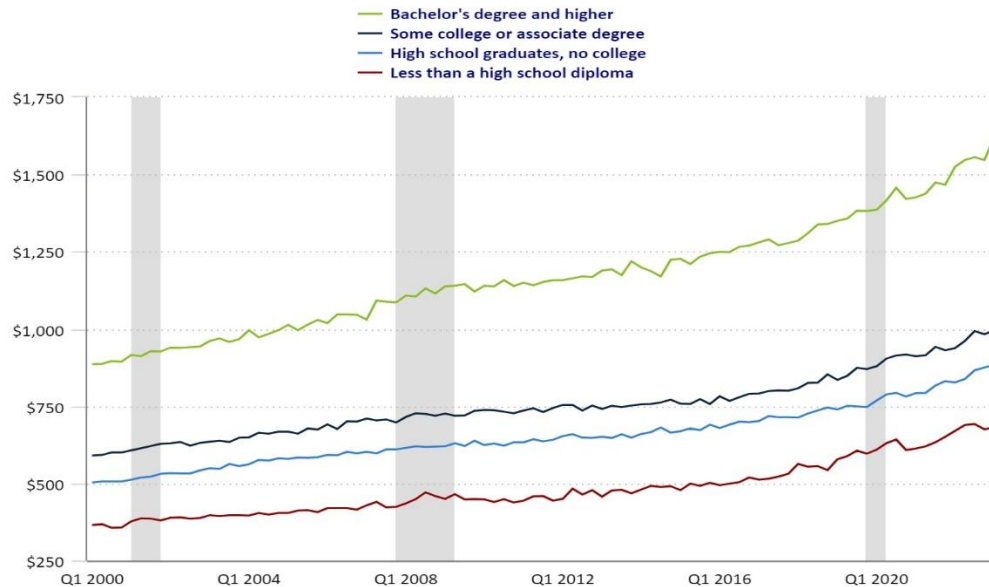
Community Domain

Educational Attainment

Earning potential is largely based on the level of education a person has. The U.S. Bureau of Labor Statistics (BLS) tracks median weekly earnings by educational attainment. In the 1st quarter of 2023, The Economics Daily reported the median weekly earnings of full-time workers 25 years and older was \$1,100. Women earned \$996 or 84% of the \$1,186 median for men. No high school Diploma - \$682, High School Graduates - \$884, bachelor’s degree - \$1621, and workers with an advanced degree (Master’s, Professional, or Doctoral) - \$5,007, compared to \$3,426 for their female counterparts. There continues to be disparities between earnings of women and men. The earnings between men and women also vary by race and ethnicity. There is a larger gap between white men compared to their black or Hispanic counterparts. Black men earned 74.4% and Hispanic men earned 75% of the median earnings for white men. The difference is slightly less when comparing white women to their ethnic counterparts. Black women earned 85.6% and Hispanic women earned 77.4% compared to those of white women. Asian men and women were higher than their white counterparts.

Median usual weekly earnings of full-time wage and salary workers 25 years and over by educational attainment, quarterly averages, not seasonally adjusted

Click and drag within the chart to zoom in on time periods

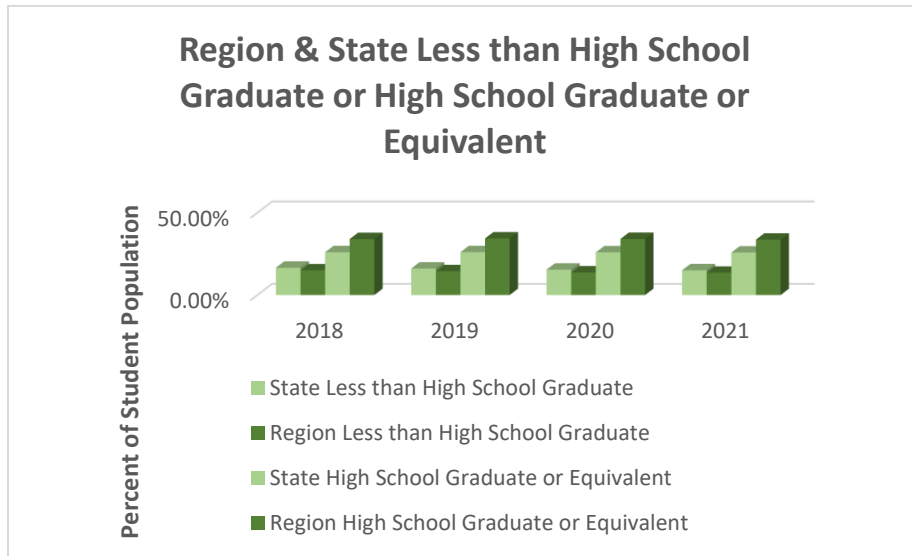


Source: U.S. Bureau of Labor Statistics.

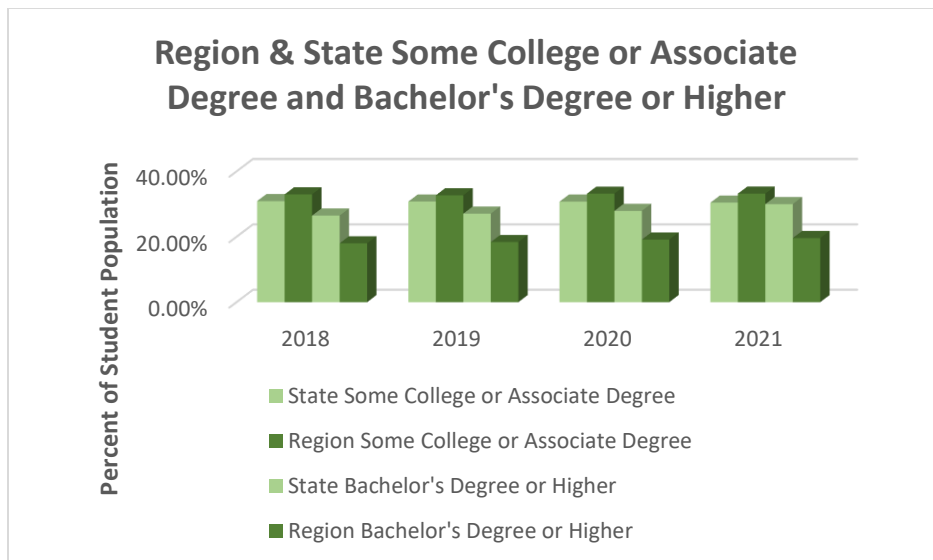


Source: U.S. Bureau of Labor Statistics, accessed July 12, 2023

Region 2 shows steady increases in the number of students who graduate high school, along with a steady percentage of persons with a bachelor’s degree, and a slight increase in persons with a graduate or professional degree. *County level data for Less than High School, High School, Some College, bachelor’s or Higher for 2018-2021 can be found in Tables 20, and 21.*



Source: Educational Attainment, U.S. Census, American Community Survey, 5-year estimates. Accessed March 6, 2023



Source: Educational Attainment, American Community Survey. U.S Census Bureau Accessed March 6, 2023.

Community Conditions

All data listed below are from the **Texas Department of Safety, Uniform Crime Report** is a voluntary program, and participating agencies submit data monthly. The availability of this data is dependent on the local agency's timely and accurate submissions, which can be impacted by local agency resource constraints, system updates, and technical issues. As such, this report reflects all the data currently contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Due to the active nature of this data, this report may not match data retrieved from the system at a different time of inquiry or data produced in yearly publications. UCR data may not match crime data gathered for other purposes and/or according to different guidelines/criteria.

Juvenile Alcohol Arrests

The data from the Texas Department of Public Safety (DPS) defines juveniles as persons 16 years and under, and adults as 17 years and older. Arrests in this section will cover Driving Under the Influence, Drunkenness, and Liquor Law Violations. Texas has strong laws related to alcohol related law violations for juveniles and those who supply alcohol to minors. The Texas Alcoholic Beverage Commission (TABC) describes the penalties for underage drinking, providing alcohol to minors, and driving under the influence of any detectable amount of alcohol. These penalties range from misdemeanor charges, community service, alcohol awareness classes, suspension of driving license, and monetary fines.

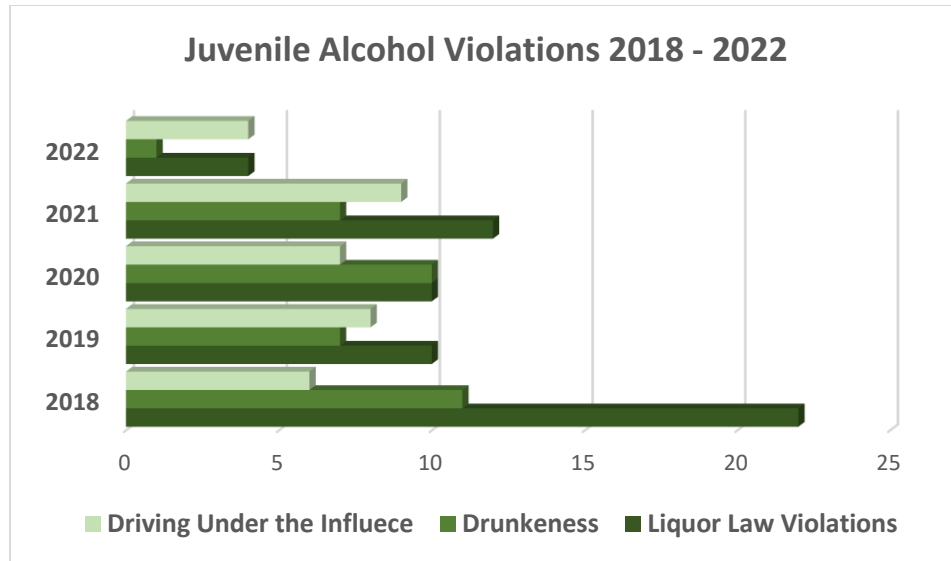
Social Host ordinance violations

Texas passed legislation in 2005 that holds a person liable if they host a party where alcohol is provided to underage minors. Section 2.02 of the TABC extends the liability to those who provide alcohol to minors on their property or if the host supplies car keys to an intoxicated adult on the host's property. The law states that the host must know the minor's age, and if they do not know their age, the host cannot be held liable for the minor.

Minor in Possession (MIP) data

It is a class C misdemeanor for a minor to purchase, attempt to purchase, possess, consume alcoholic beverages, or be intoxicated in public or misrepresent their age to obtain alcohol. Consequences can include a fine of up to \$500.00, alcohol awareness class, and community service. A minor over 16 can face additional fines, loss of driver's license for up to 180 days, and the fines rise if the minor is over 17. Region 2 continues to have a lower rate of Driving Under the Influence, Drunkenness, and Liquor Law violations than the state.

Since 2018, Region 2 has seen a decrease in juvenile Liquor Law violations. 2020's violations may have decreased slightly; however 2022 shows a significant decrease in all 3 categories. This decrease could be related to several protective factors such as juvenile education, reduced access, and parent education. *County level data for Juvenile Driving Under the Influence, Drunkenness and Liquor Law violation rates for 2018-2020 may be found in Table 22.*



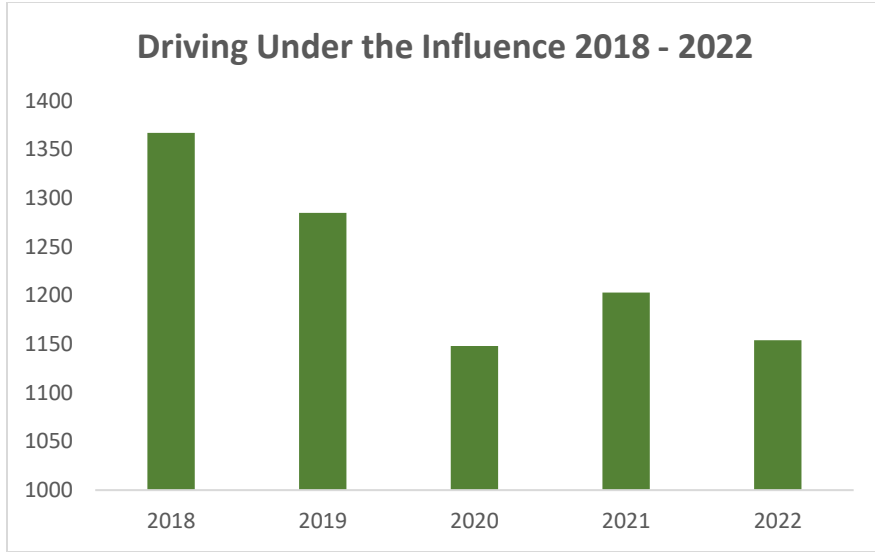
Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023.

Adult Alcohol Arrests

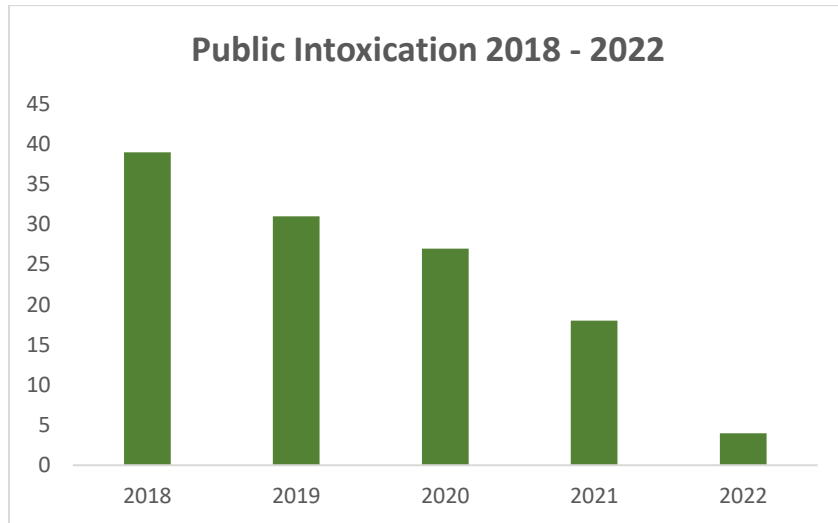
Alcohol arrests can lead to legal consequences. The following information includes the latest arrests for Drunkenness, Driving Under the Influence, and Liquor Law Violations for each county. Arrests for all 3 categories have steadily decreased since 2018.

The Texas Alcoholic Beverage Commission (TABC) defines liquor law violations as serving alcohol to a minor, serving an intoxicated person, and allowing an employee or manager to work while intoxicated. Drunkenness is public intoxication or appearing in public while intoxicated to a degree they may endanger themselves or another person.²⁴ Driving under the influence means a person commits an offense if they are intoxicated while operating a motor vehicle.

Driving under the influence is a high-risk factor for public health, placing both driver and passengers at risk. Taylor County reported an 8.5% decrease in driving under the influence arrests between 2021 and 2022, Wichita County reported a 7% increase in arrests, and Brown County reported a 8.4% decrease during the same time period. *County level data for drunkenness and DUI rates for 2018 – 2022 may be found in tables 23 and 24.*



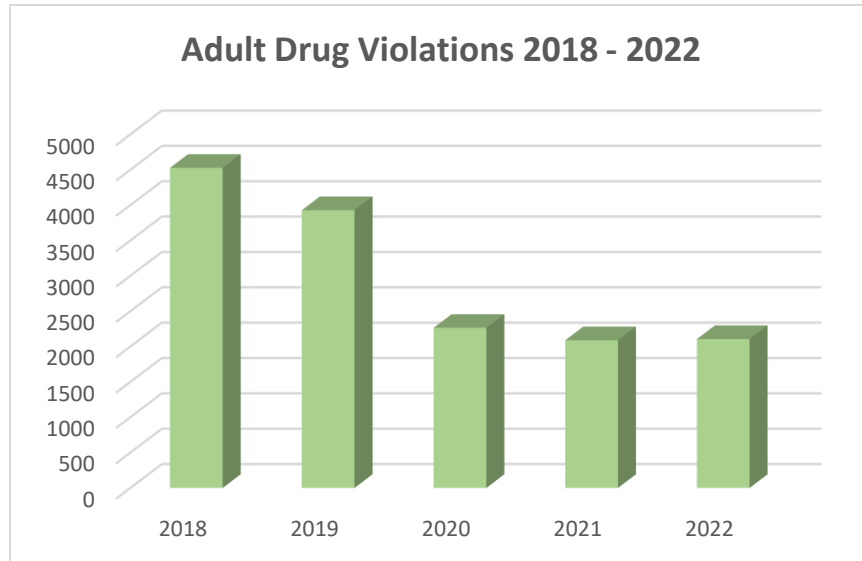
Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023.



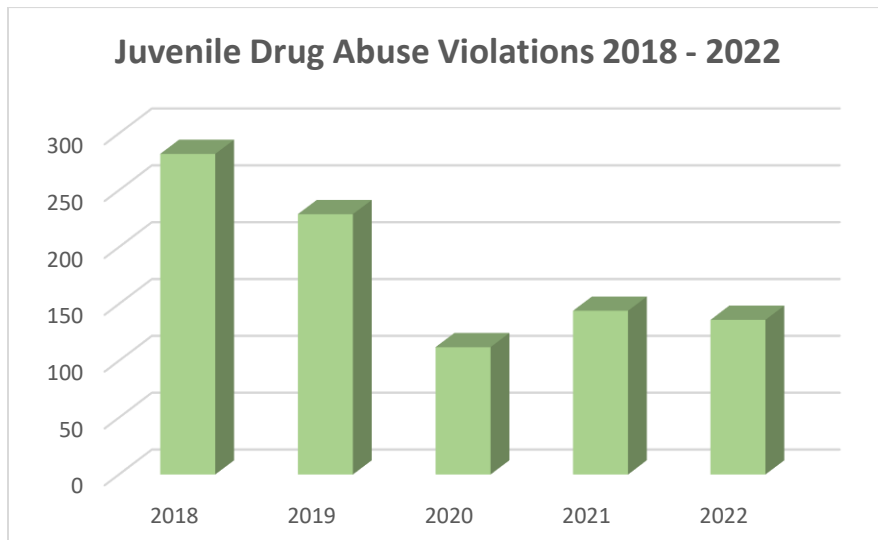
Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023.

Drug Abuse Violations

The Texas Department of Public Safety, Uniform Crime Report, defines drug abuse violations as the unlawful possession, sale, use, growing, and manufacturing of narcotic drugs. Drug arrests in Texas have continued to decline since 2018 for both adults and juveniles. *County level totals for adult and juvenile drug arrests may be found in Table 25 & 26.*



Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023



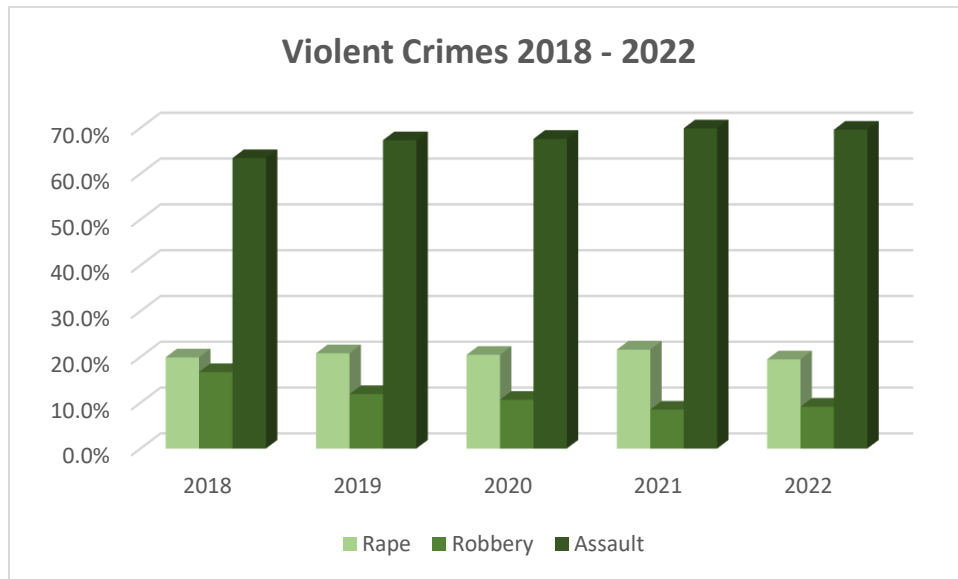
Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023

Criminal Activity

The Texas Department of Public Safety, Uniform Crime Reporting program produces reliable crime statistics for law enforcement administration, operation, and management.²⁵ The index shows totals of offenses whether arrests were made, stolen property was recovered, or prosecution took place.

Violent Crime

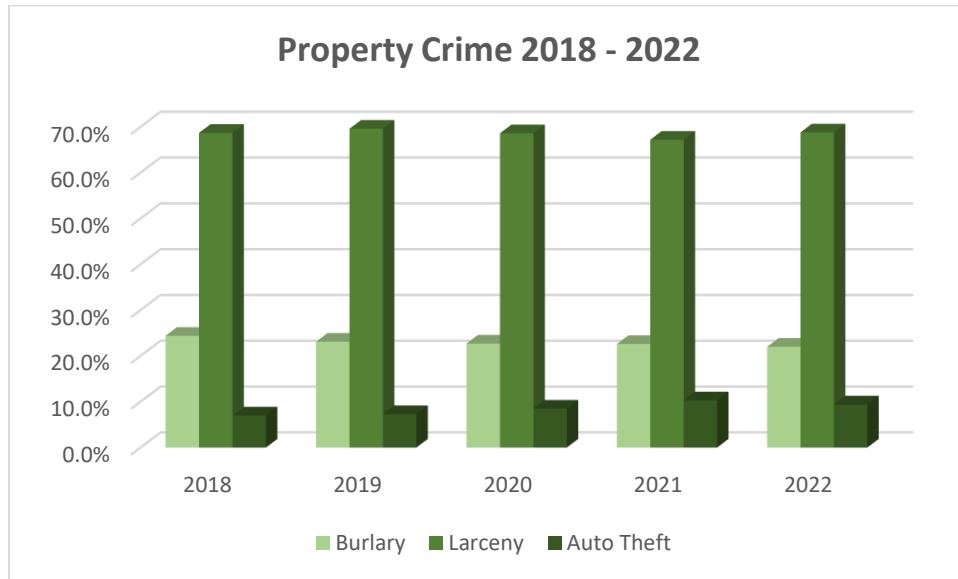
Violent Crime includes rape, robbery, and assault. In 2022, there were 1838 reports of violent crime. 19.5% were rape, 9.1% was robbery, and 69.6% was assault. Violent crimes are defined as a personal confrontation between a perpetrator and a victim. *County level totals for violent crimes may be found in Table 27.*



Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023

Property Crime

Property crime includes burglary larceny, and auto theft. There were 8374 property crimes in Region 2 in 2022. 21.87% were burglary, 68.74% were larceny, and 9.36% were auto theft. *County level totals for property crimes may be found in Table 28.*



Source: Texas Department of Safety UCR Bureau. Accessed July 24, 2023

Homicide Rates

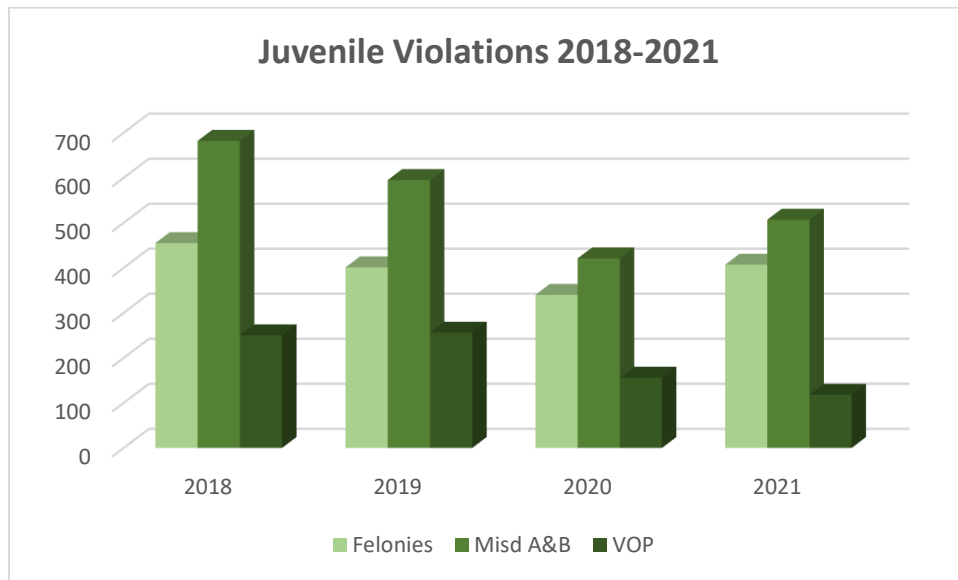
Murder and non-negligent manslaughter, as defined by the Texas UCR, is the willful killing of a human by another. This includes any death resulting from a fight, argument, or assault. Attempted murder, suicide, and accidental deaths are excluded from this category. Region 2 reported 24 murders in 2020, 23 in 2021, and 29 in 2022. *County level totals for murder and non-negligent manslaughter may be found in Table 29.*

Juvenile Justice involvement

The Texas Juvenile Justice Department reports information regarding the magnitude and nature of juvenile criminal activity and the juvenile probation system’s response. This information is to assist the state’s effort in improving the juvenile justice system and reducing juvenile crime. The juvenile justice system differs from the adult justice system through its emphasis on treatment and rehabilitation vs punishment. Even during time of needed incarceration of youth, the goal is not punitive. In fact, education about discipline, values, and work ethics are often the emphasis. Juvenile records are sealed except in cases where the youth must register as a sex offender or is completing their sentence in the adult system.²⁶

The 2021 juvenile population was 51.2% male, 48.8% female. African American youth made up 11.3%, Caucasian 30.7%, Hispanic 50.6%, and other race/ethnic groups made up 7.4%. **Youth between the ages**

of 10 – 16 were between 13.8% - 14.5% in each age bracket. County level totals for property crimes may be found in Table 30.

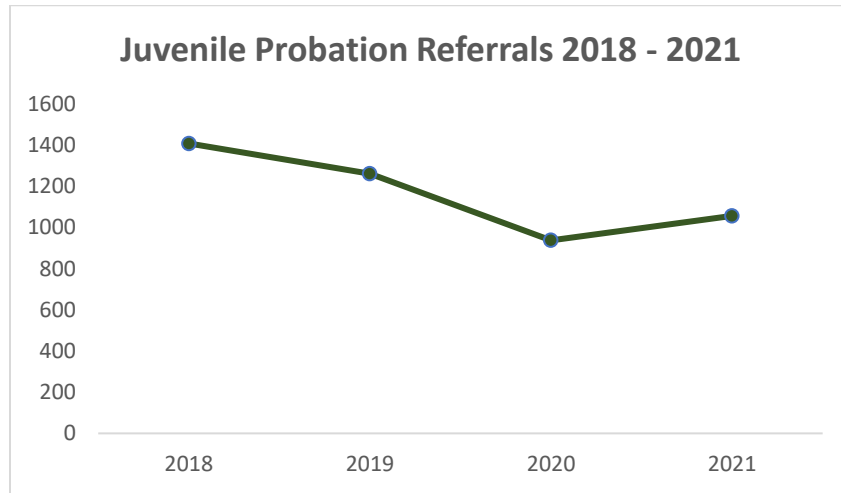


Source: Texas Juvenile Justice Department. Accessed March 18, 2021

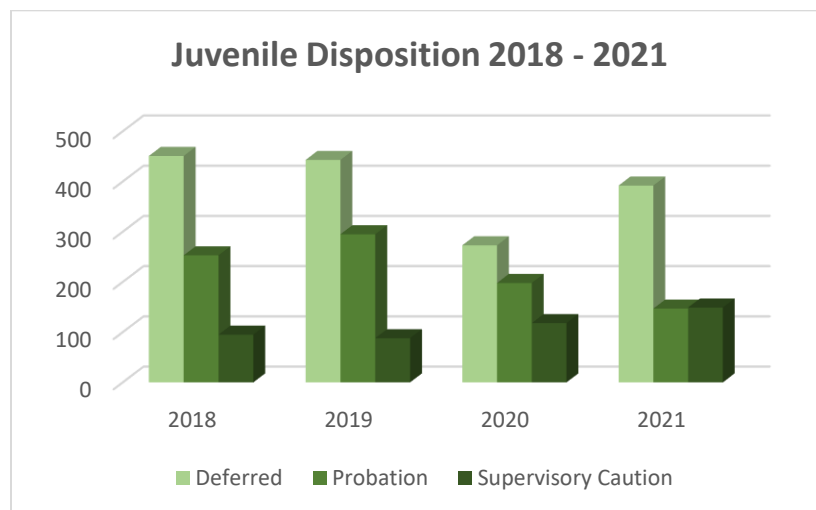
Probation/Parole Rates

In the years between 2018 and 2021, the juvenile referrals to probation decreased by 7.5%. The rate per 1,000 was 27 referrals per 1,000 juveniles in 2018. The referral rate dropped to 21 referrals per 1,000 juveniles in 2021. This rate is above the state referral of 12 in 2021, and 18 in 2018, which indicates increased risk factors for the youth involved in these cases whether they were felonies, misdemeanors, or other violations. Juvenile population is defined as youth between the ages of 10 and 16. Youth ages 17 and older fall under the jurisdiction of the juvenile justice system only if their alleged offense was committed when the youth was 16 years old or younger or for a violation of a juvenile court order if the youth is still under supervision. Juvenile referral is an event that occurs when all 3 of the following conditions exist: (1) a juvenile has allegedly committed delinquent conduct, conduct indicating a need for supervision, or a violation of probation; (2) the juvenile court served by the juvenile probation department has jurisdiction and (3) the office or official designated by the juvenile board has made face-to-face contact with the juvenile and the alleged offense has been presented as the reason for this contact or the office or official has given written or verbal authorization to detain the juvenile. Probation is a disposition option in which a juvenile who has been found to engage in delinquent conduct and/or conduct in need of supervision is formally placed on probation under the supervision of the juvenile court for a specific period. Deferral is a voluntary disposition alternative to adjudication in which the juvenile, parent/guardian(s), and intake agency or court agree upon supervision conditions. Supervisory Caution is a summary disposition made by the probation department. This informal disposition option may include counseling the juvenile about the consequences of his or her conduct, contacting the juvenile's parents/guardians to inform them of the juvenile's behavior, or referring the juvenile to a social service

agency or a community-based citizen intervention program approved by the juvenile court. 2019 *County level juvenile data can be found in Tables 31 & 32.*



Source: The Texas Juvenile Probation Department (TJJD) annual activity report. Accessed July 26, 2023.



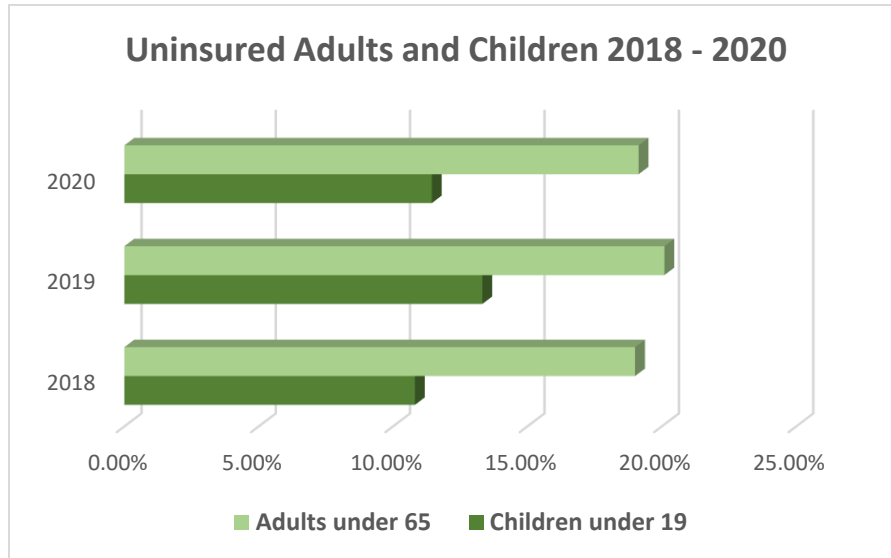
Source: The Texas Juvenile Probation Department (TJJD) annual activity report. Accessed July 26, 2023.

Health Care/Service System

Uninsured Children and Adults

Uninsured children are the percentage of the population under 19, and uninsured adults are the percentage of the population under 65 years of age that have no health insurance coverage. The Kids Count Data Center, a project of the Annie E. Casey Foundation, utilizes data from the U.S. Census Bureau regarding uninsured children. Region 2 saw an increase in uninsured children and adults in 2019. In 2020 there was a decrease in children, and a slight decrease in adults. This indicator shows children and adults that do not have general access to healthcare through either private or public insurance. *County*

level data for total number and percentages of uninsured children and adults may be found in Table 33 & 34.

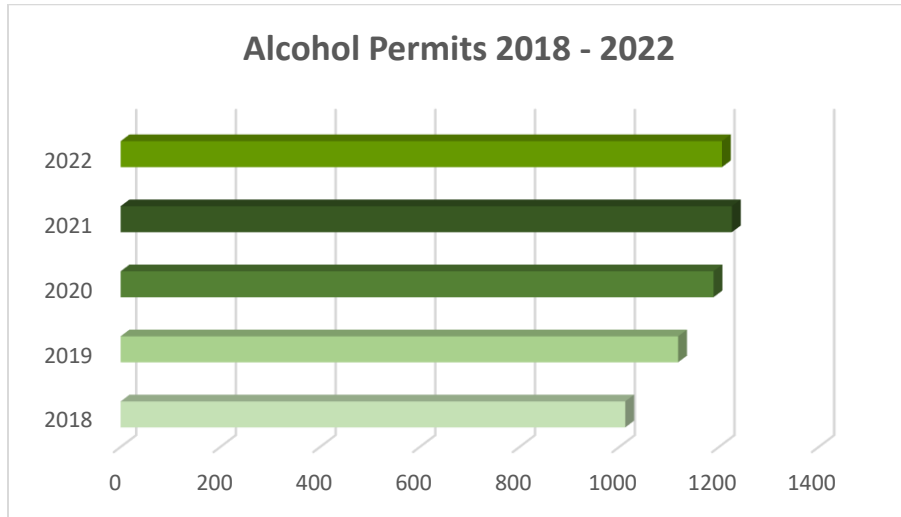


Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2018-2020. Accessed April 5, 2023.

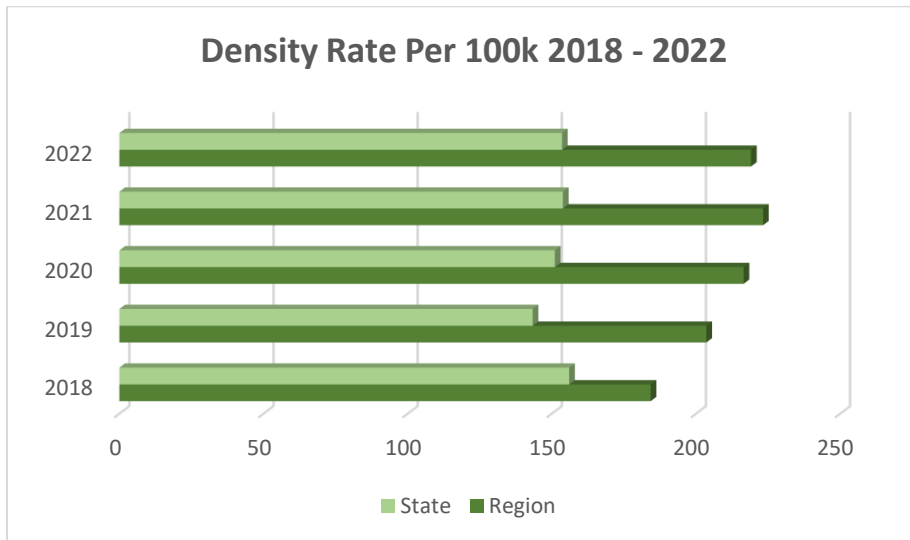
Retail Access

Alcohol Licenses

Accessibility is a known risk factor for substance use/misuse. The more accessible a substance is, the higher the risk for substance misuse. A high permit density poses a risk factor regarding alcohol misuse. There was a steady increase between 2018 and 2021. In 2022, there was a slight decrease from 1226 in 2021 to 1206 in 2022. The state of Texas currently holds 57,098 permits compared to 57,214 in 2021. Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC).²⁷ County level number of Permits and Permits by density may be found in Table 35 & 36.



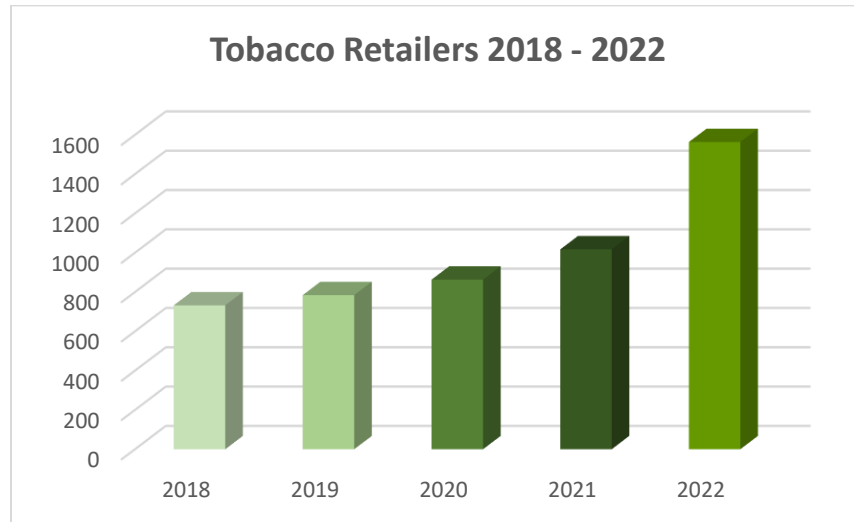
Source: Texas Alcoholic Beverage Commission (TABC), accessed June 20, 2023



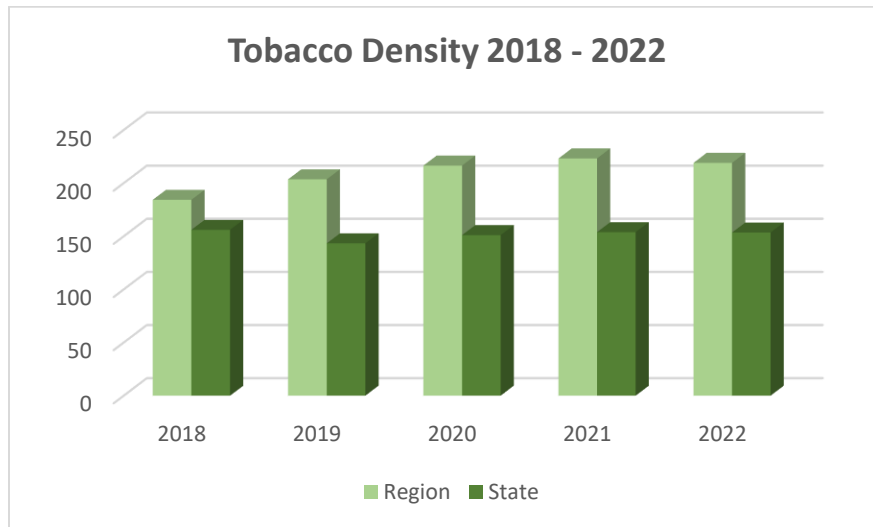
Source: Texas Alcoholic Beverage Commission (TABC), accessed June 20, 2023

Tobacco Licenses

Tobacco retailers in Region 2 are higher than the state’s density per 100k rate in 2018 - 2022. In 2022, there were 219.07 permits per 100k compared to the state density rate of 153.53. *County level number of Permits and Permits by density may be found in Table 37 & 38.*



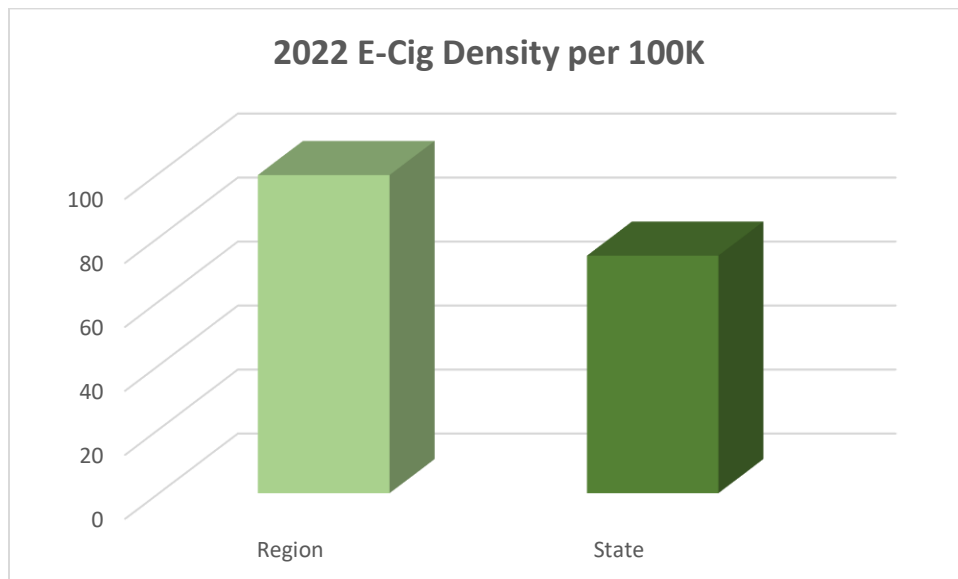
Source: Texas Comptroller, Active Tobacco Retailers



Source: Texas Comptroller, Active Tobacco Retailers

In December 2019, the United States adopted a law raising the federal minimum age of the sale of all tobacco products to 21 years of age. Minors are prohibited from buying tobacco and nicotine products which also includes alternative nicotine products and e-cigarettes. Retailers are required to verify the age of persons purchasing tobacco or nicotine products that appear to be younger than 27 years of age through photo identification.

Senate Bill 248 requires retailers to obtain and post e-cigarette retailer permits. This bill became effective Sept. 1, 2021. *County level number of retailers and density per 100k rate may be found in Table 39.*

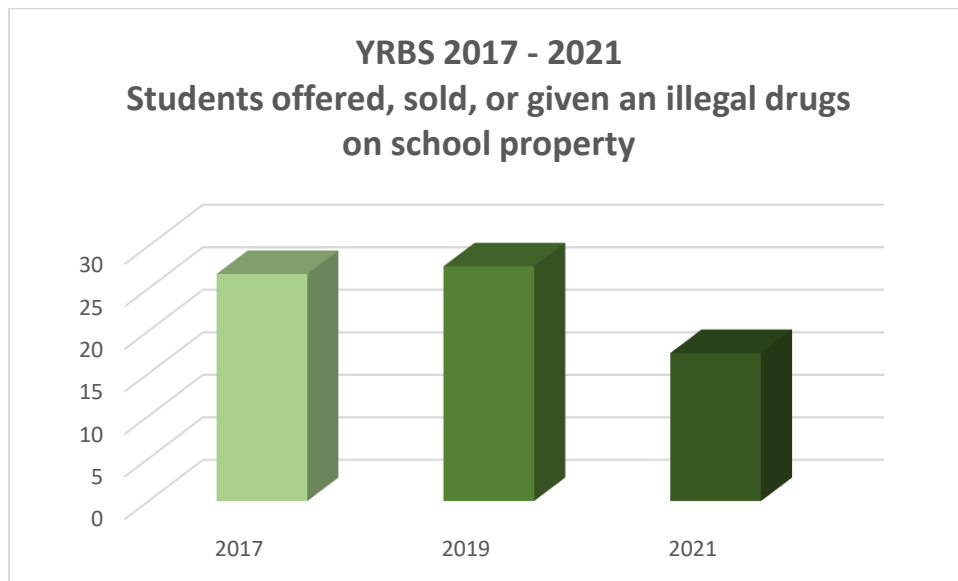


Source: Texas Comptroller, Active Electronic Cigarette Retailers

School Conditions

Illegal Drugs on School Property

In accordance with the Texas Health and Safety Law Sec. 481.134 – Drug Free Zones, it is illegal to possess a controlled substance in a drug free zone, as defined as being within 1000 feet of a public or private elementary or secondary school, or daycare, or on a school bus. The Youth Risk Behavior Survey asks students in Texas if they have been offered, sold, or given illegal drugs on school property by someone during the past 12 month. Texas is seeing a significant reduction of drugs being sold, offered, or given on school property. In 2021, the percentage was 17.4%, in 2019, it was 27.6%, and in 2017, it was 26.4%.²⁸ The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded classroom-based survey conducted biennially on odd years to monitor health-risk behaviors that contribute to the leading causes of death, disability, and social problems among young and adults in the United States.

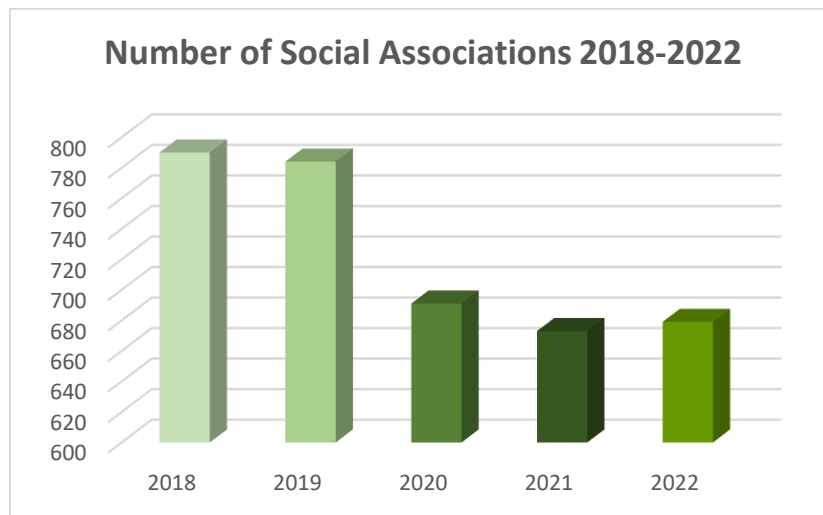


Source: Texas Department of State Health Services 2017 - 2021 Risk Behavioral Survey, accessed May 5, 2023

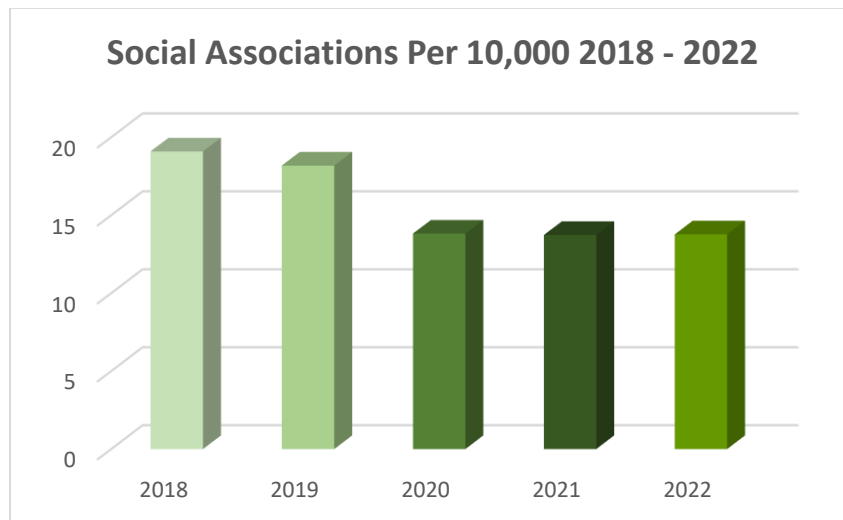
Protective Factors

Social Associations

Social Associations measure the number of membership associations per 100,000 of the population. Associations include membership to organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports, religious, political, and professional organizations. These associations are not always where individuals feel supported, and many social connections are made through family support, informal networks, or community service organizations. We have seen a steady decline in social associations in Region 2 since 2020. Associations did not meet during COVID, and some have since not reformed, and some do not have enough participation to continue.



Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps

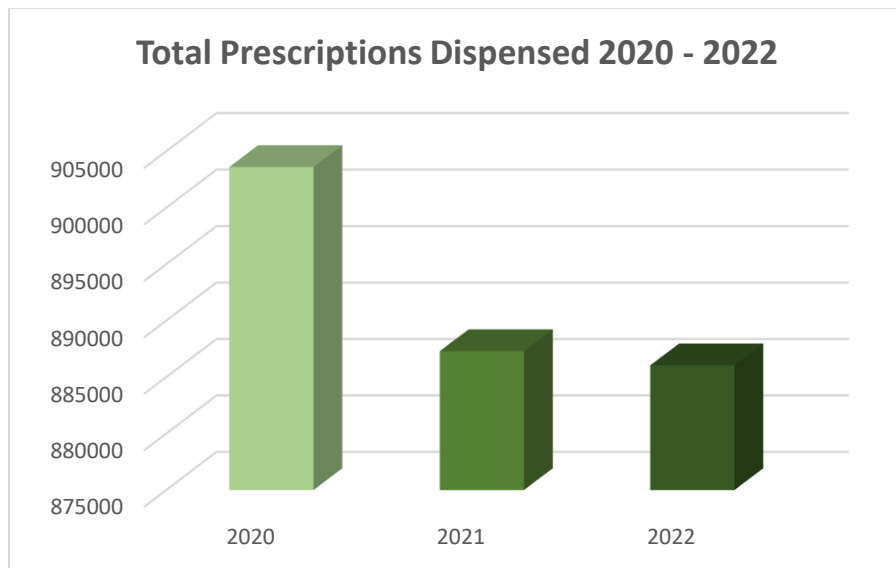


Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps

Prescription Drug Monitoring Program

The Texas Prescription Program (TPP) collects data on all prescriptions; they organize this data into all Scheduled 2,3,4, and 5 controlled substances defined by the Drug Enforcement Agency. This information is collected by the number of scheduled drugs being dispensed by a pharmacy in a Texas county or to a Texas patient from a pharmacy in another state. In the 2008, the Texas Legislature expanded TPP to include the monitoring of Schedule 3-5 controlled substance prescriptions. Although controlled substances meet legitimate medical demands for the patient, they also have a high potential for abuse (the term “abuse” is used as a descriptor, not a term used to label individuals with a substance use disorder). This program was created to investigate and prevent drug diversion while being cost efficient. Diversion of prescription drugs signifies the drug problem in communities. The federal government monitors the distribution of controlled substances to retail facilities. TPP seeks to control misuse by following controlled substances to the point of use. This program is also a system utilized by pharmacists to verify records and inquiries about patients. It is also useful in generating data trends regarding prescription drugs. All Texas-licensed pharmacies are now required to report any dispensed controlled substances within one business day of the prescription being filled. Additionally, all prescribers are required to check patient’s prescription history before prescribing and/or dispensing any opioids, benzodiazepines, barbiturates, or carisoprodol, effective September 2018.

In 2020, TPP reported there were 164.55 total prescriptions per 100k in our region. In 2021 this decreased to 151.58, and in 2022 Region 2 reported 161.35 total prescriptions per 100k. *County level totals may be found in Table 40.*



Source: Texas Prescription Monitoring Program

Mental Health/Providers

Mental health disorders vary widely in impact and severity, with approximately one in four adults in the United States living with a diagnosable mental health disorder. Depression is the leading cause of disability in the U.S. for persons 15-44.²⁹ Disorders can occur no matter the racial, ethnic, or socioeconomic group. Risk factors for mental health have been identified, and family history and addictive disorders can increase the risk factors; however, there is still a lot to learn about mental health. The risk factors surrounding biological, psychological, and sociocultural factors overlap with risk factors for substance use disorders, and continue to be studied.

Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug disorders, as well as advanced practice nurses specializing in mental health care. The mental health provider ratio is the number of individuals served by one mental health provider in a county. Region 2 has less mental health providers than the state for 2017-2019. Although Region 2 is increasing in the number of providers. *County level data for Mental Health Providers may be found in Table 41.*

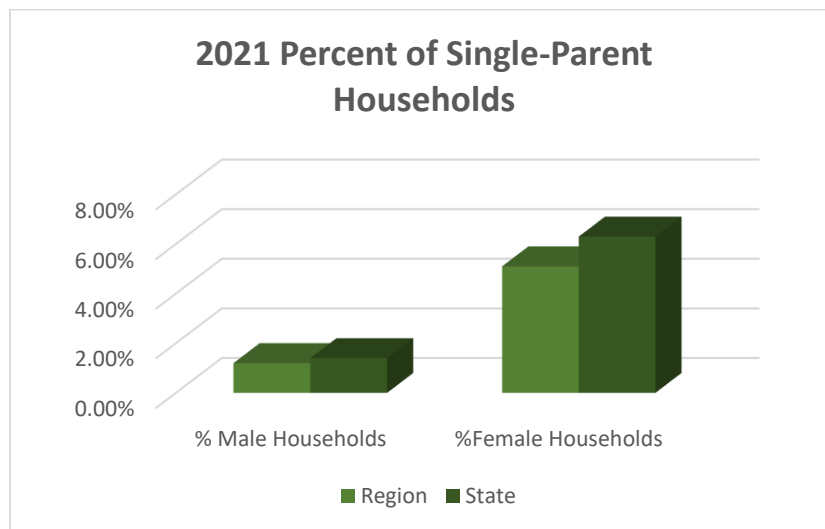


Interpersonal Domain

Family Environment

Single-parent households

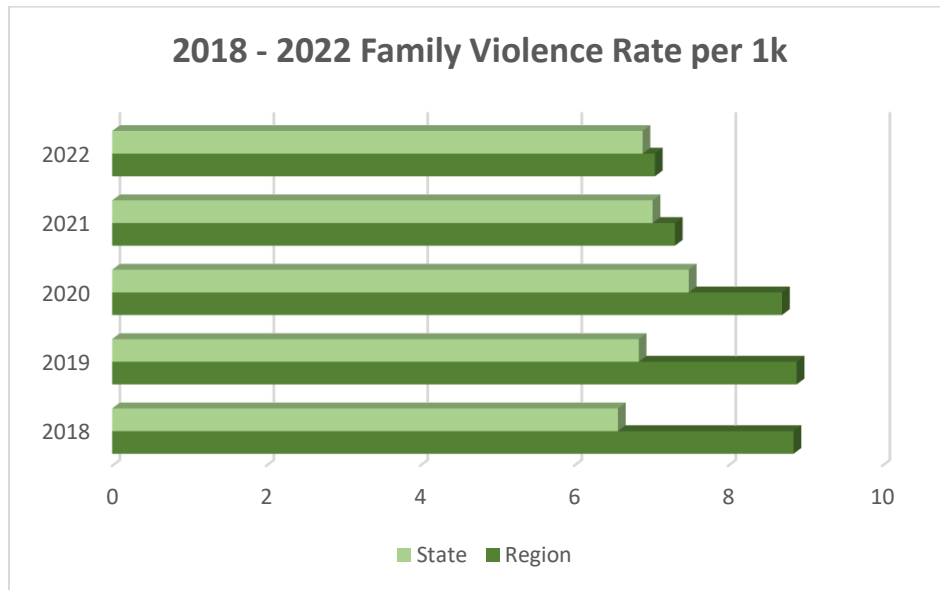
The United States Census: American Community Survey (ACS) 5-year estimates produces population, demographic and housing unit estimates. It is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties. Single-parent households are included in this report and defined as a percentage of children less than 18 years of age living in a household that is headed by a single parent, male or female, with no spouse present. According to the ACS adults and children in single-parent households are at risk for adverse health outcomes, including mental illness and unhealthy behaviors such as substance use and, misuse, smoking, and excessive alcohol use.³⁰ *County level data for Single-Parent Households may be found in Table 42.*



Source: U.S. Census Bureau, 2017 – 2021 American Community Survey 5-year Estimates, accessed 7/25/2023

Family Violence

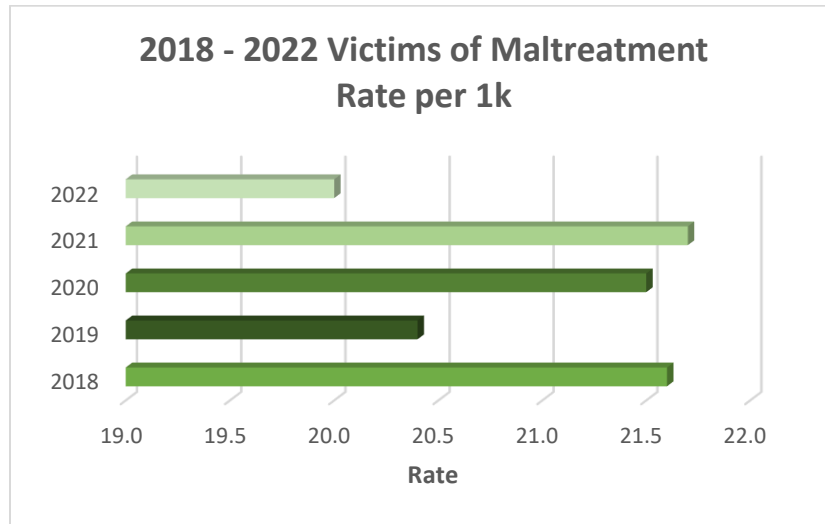
The Texas Family Code defines Family Violence as an act by a member of a family or household against another member that **is intended to result in physical harm, bodily injury, assault**, or a threat that reasonably places the member in fear of imminent physical harm.³¹ In 2019, 40.1% of women and 34.9% of men in Texas experienced domestic violence. The National Network to End Violence reports that in the U.S. domestic violence hotlines receive an average of almost 15 calls per minute, which is approximately 21,000 calls per day. Region 2 reported 4,858 in 2018, 4,887 in 2019, 4,785 in 2020, 4012 in 2021, and 3874 in 2022. Between 2018 and 2022, the rate of Family Violence reports per 1k residents in Region 2 was higher than the state rate, however the state and region rates in 2021 and 2022 are close to being identical. *County level totals for victims of family violence may be found on Table 43.*



Source: DPS, Uniform Crime Report (UCR)

Victims of Maltreatment

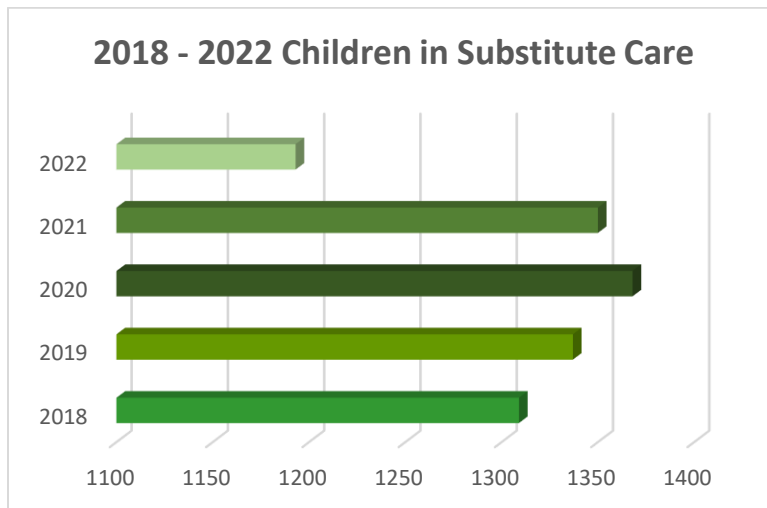
Abuse and neglect investigations are completed and closed as either confirmed or unconfirmed victims. A confirmed victim is a child who is a victim of at least one allegation with a disposition of reason to believe. Unconfirmed victims are completed when an investigation is considered either unable to determine or ruled out. *County level totals for victims of maltreatment may be found on Table 44.*



Source: DPS, Uniform Crime Report (UCR)

Children in Foster Care

Children in DFPS custody are those for whom a court has appointed DFPS legal responsibility through temporary or permanent managing conservatorship or other court ordered legal basis. These children may be residing in substitute care or may be living with a parent, referred to as a return and monitor. DFPS legal responsibility terminates when a court orders DFPS custody to end or a youth turns 18, whichever comes first. Region 2 has seen an increase each year 2018-2021, followed by a significant decrease in 2022. *County level totals of Children in Substitute Care may be found in Table 45.*



Source: Department of Public Safety

Parental Depression

Depression can lead to hostile, negative parenting, disengaged or withdrawn parenting. These are primarily associated with mothers. Parental depression has been associated with behavior problems in children, early age depression in children, higher rates of anxiety, and greater functional impairment. The Yale School of Medicine finds that 20% of U.S. adults will be diagnosed with clinical depression at some point, with women being at the highest risk during the parenting years. Treating parental depression is imperative due to the potential adverse effect on children. Adults reporting that their mental health has not been good for 14 days or greater in Region 2 is 15.1%, compared to the state at 14.1%. Model-based estimates are generated through the Behavioral Risk Factor Surveillance System (BRFSS). The survey collects data every other year, information regarding the methodology can be found at www.cdc.gov/places.



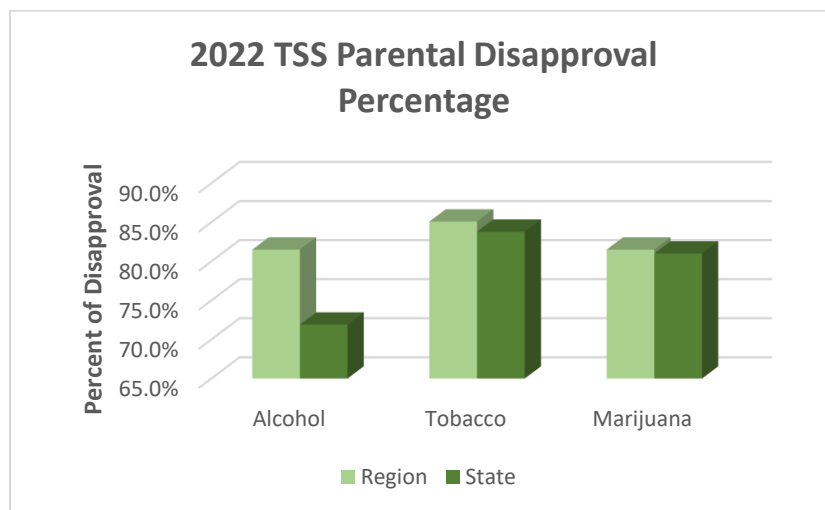
Perceptions of Parental Attitudes

Parents Disapproval of Alcohol, Tobacco, and Marijuana

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

Parental views on students consuming substances are included in the TSS. Research in this study correlates parental approval of consumption and student’s behavior. The questions regarding parental approval read: “How do your parents feel about kids your age using tobacco, alcohol, or marijuana?” Each question is asked separately to students in grades 7-12.

The chart below reports the percentage of students’ belief their parents “strongly disapprove” and “mildly disapprove” of them consuming these substances. Alcohol has the least percentage of students’ belief their parents “strongly disapprove” of them consuming alcohol, 2020 disapproval rate was almost 59%, in 2022 that increased to a little over 72%. Marijuana’s disapproval rate has decreased, in 2020 parental disapproval rate was 72.7%, and in 2022 that increased to 81.5%. Tobacco has the highest disapproval rating currently, in 2020 parental disapproval rate was 75%, in 2022 that has increased to 85%. Region 2 students report a very similar parental disapproval percentage for all three substances listed when compared to the state’s percentage of parental disapproval. *State and Region 2 data for each grade level may be found in Table 46.*

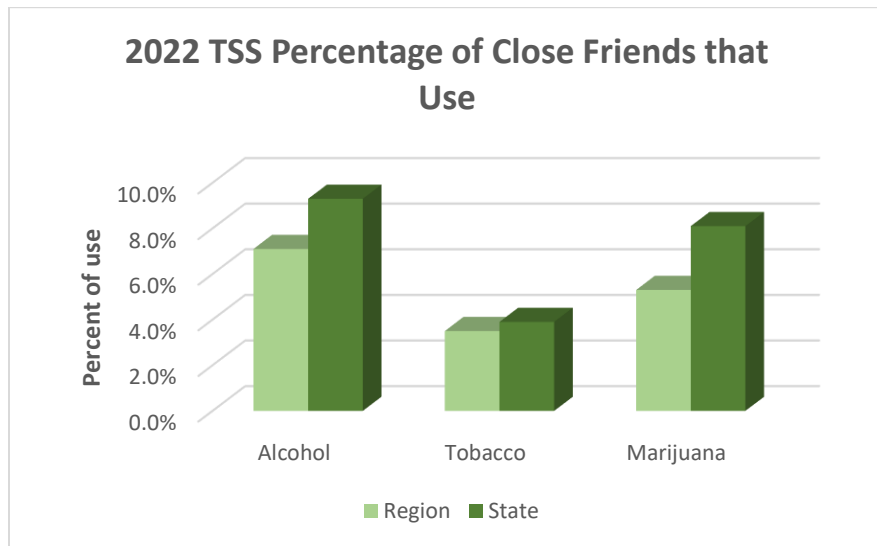


Source: Texas A&M University Public Policy Research Institute, TSS, Parent Disapproval 2022. Accessed on July 28, 2023.

Perceptions of Peer Use

Friends who Use Alcohol, Tobacco, and Marijuana

The TSS also questions students’ beliefs regarding their friends’ consumption behavior. Peer approval is asked through the question: “About how many of your close friends use tobacco, alcohol or marijuana?”. Questions are asked separately and are classified as “none,” “a few,” “some,” “most,” or “all.” Percentages are calculated excluding the responses of “none.” The following chart reports the total percentage of students who believe “most” or “all” their friends consume these substances. 3.5% of students report their friends use tobacco; 7.1% report their friends consume alcohol, and 5.3% report their friends use marijuana. *State and Region 2 data for each grade level may be found in Table 47.*



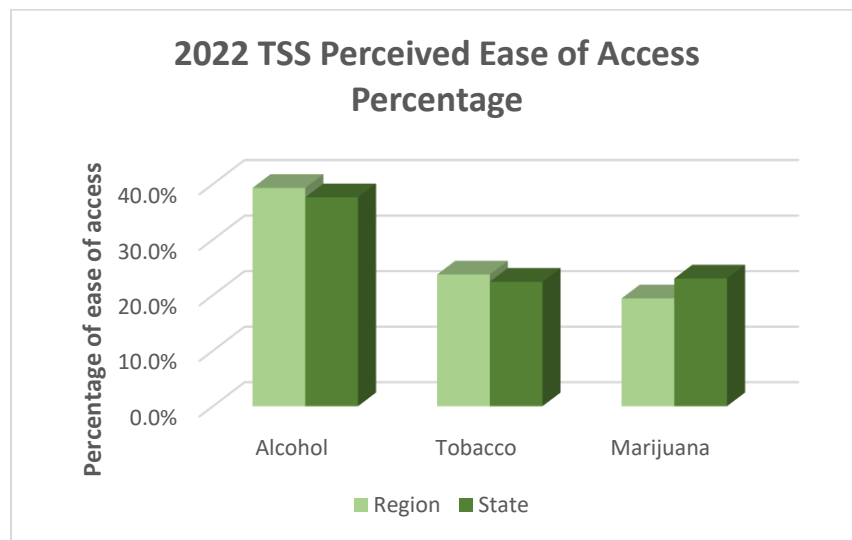
Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2022.

Perceived Substance Availability

Social Access to Alcohol, Tobacco, and Marijuana

The risk of substance use works in congruence with the risk factor model, and accessibility should be considered in the perception a person has in obtaining alcohol, marijuana, tobacco, or prescription drugs. Substances believed to bring harm reduce the risk of use/misuse. If there is a low perception of harm, the risk of use/misuse increases. Family associations may influence the risk of use/misuse if parents are social hosts for adolescent parties.. A community also contributes to a perceived risk if businesses do not follow state licensing and regulations in alcohol and tobacco sales. The following information addresses each realm of the risk model in assessing the accessibility of alcohol, marijuana, and tobacco and nicotine products. The Texas School Survey (TSS) does not include a question regarding the perceived accessibility to prescription drugs. The TSS addresses a teenager’s perception of how difficult it would be for them to acquire alcohol, tobacco, and other nicotine products. The following data is a comparison of all 7th – 12th graders in schools across Region 2 compared to other 7th – 12th graders across the state.

Students were asked, “If you wanted some, how difficult would it be to get alcohol, tobacco, and marijuana?” The numbers reported describe the percentage of students who reported it was “somewhat easy” or “very easy” for them to acquire these substances. An increased perception of access increases the risk of accessibility to the young people within our region. While a lower perception of access lowers the risk of accessibility among young people within our region. The state and region percentages of students reporting the ease of acquiring alcohol is very similar.³² *State and Region data percentages for each grade may be in found in Table 48.*

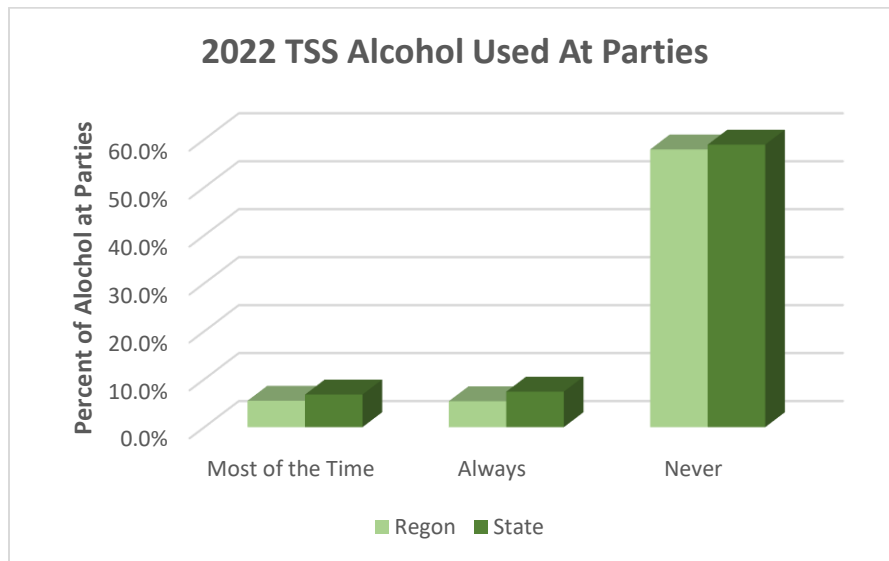


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

Presence of Substances at Parties

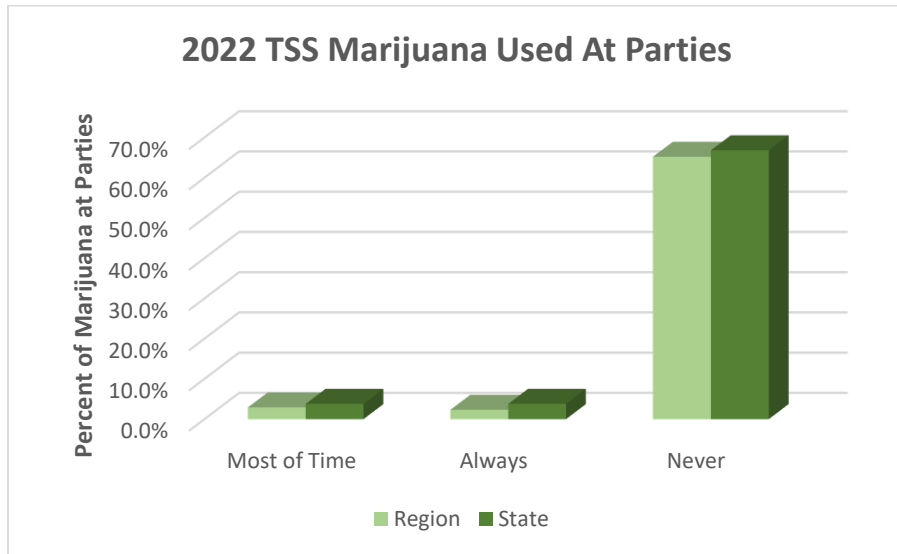
Texas passed legislation in 2005 that holds a person liable if they host a party where alcohol is provided to underage minors. Section 2.02 of the TABC extends the liability to those who provide alcohol to minors on their property or if the host supplies car keys to an intoxicated adult on the host’s property. The law states that the host must know the minor’s age, and if they do not know the minor’s age, the host cannot be held liable for the minor. In the 2018 TSS, youth generally access alcohol through parties or at home. According to Texans for Safe and Drug Free Youth, previously Texans Standing Tall, “a social host ordinance is a prevention strategy designed to stop parties where binge drinking is occurring by creating adult accountability without necessarily elevating the offense to the misdemeanor level that can carry a penalty of jail time.” (TST, 2017) Underage drinking is a concern for our communities because it is often associated with violence, assaults, binge drinking, alcohol poisoning, sexual assaults, unwanted or unplanned sexual activity, in combination with drug use, and property damage or vandalism.

The TSS asks students how often alcohol was used at parties they attended during the school year. Region 2 reported a slightly lower rate than the state of students reporting alcohol was used most of the time or always at parties they attended during the school year. The state also reported a higher rate of students reporting alcohol was never used at parties they attended. *State and Region 2 data for each grade level may be found in Table 49.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

The TSS also asks students how often marijuana was used at parties they attended during the school year. Region 2 and the state reported nearly the same rate of students reporting marijuana was used most of the time or always at parties they attended during the school year. The state reported a higher rate of students reporting marijuana was never used at parties they attended. *State and Region 2 data for each grade level may be found in Table 50.*



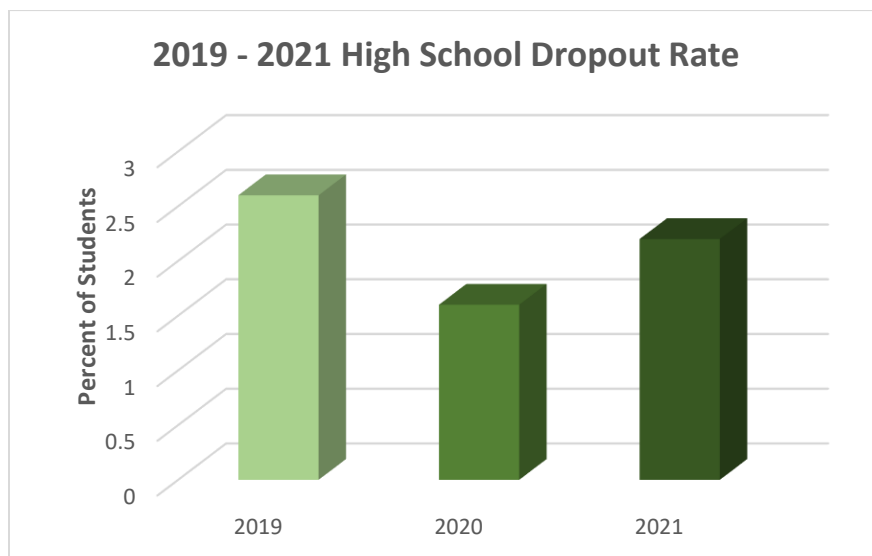
Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2020

Individual Domain

Academic Achievement – TEA

Graduation/Dropout Rates

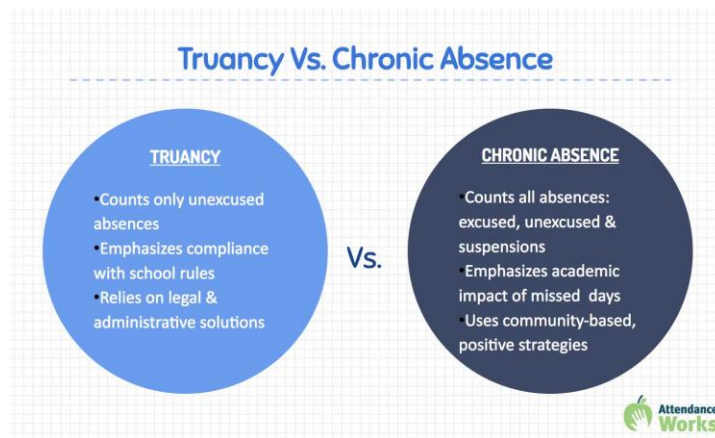
The Texas Education Agency has been, since 2003, proactively and aggressively addressing issues relating to dropout prevention. State and Federal resources identified as proven strategies are replicated for dropout prevention and recovery. The Texas Education Data Standards (TEDS) defines dropout classifications. These classifications include ethnicity, economically disadvantaged, gender, bilingual, dyslexic, foster students, homeless, immigrant, migrant, military connected, special education, and title 1 students. High School dropout rates have continued to decrease in Region 2 since 2019, decreasing from 2.6 in 2019 to 2.2 in 2021. *County level data may be found in Table 51.*



Source: TEA, accessed 6/1/2023.

Absenteeism

According to Attendance Works – Advancing Student Success by Reducing Chronic Absence,³³ Texas does not monitor chronic absence; however, state school funding formula factors in average daily attendance. Chronic absence has been released in three of Texas’s largest cities, Austin, Houston, and San Antonio. Approximately more than 8 million youth across the United States miss so many days that they are academically at-risk. A chronic absence is considered missing 10% or more of school days for any reason. These types of absences can translate into students being unable to meet grade level requirements. Data regarding absenteeism comes from the Texas Education Agency overseeing primary and education. *County level data may be found in Table 52.*

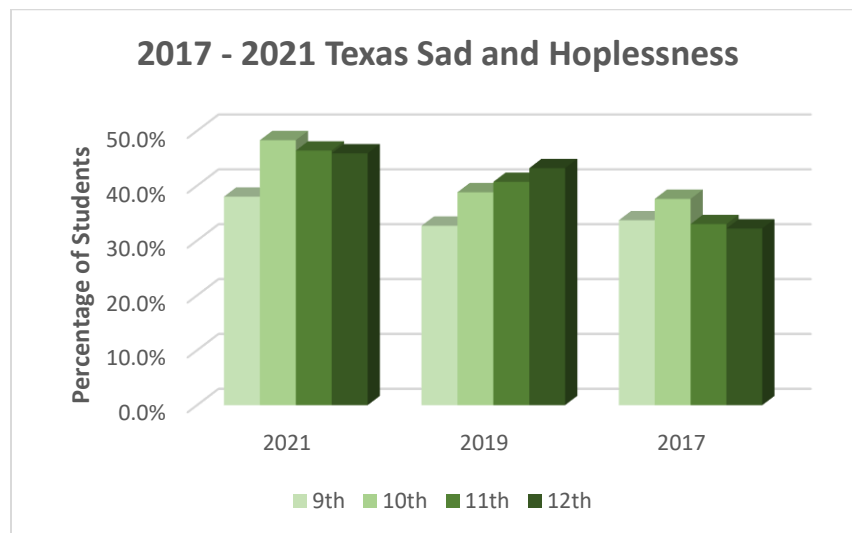


Source: Attendance Works, *What’s the Difference Between Chronic Absence and Truancy?*

Youth Mental Health

Adolescent depression and suicide

In 2021 the Texas Youth Risk Behavior Surveillance System (YRBS) reports that 15.4% of females and 8.8% of males as having attempted suicide. This an increase from 2019 (12.4% female and 7.5% male) 9th – 12th grade report having attempted suicide. Of those 2019 numbers, 4.6% female and 2.3% of males required medical treatment following a suicide attempt. Although more females attempt suicide nationally, males are more likely to die by suicide. Black students are more likely to attempt suicide than white students. According to the CDC, youth who identify as LGBTQIA+ are three times more likely to seriously contemplate suicide and five times more likely to attempt suicide.³⁴ The YRBS asks students about the number of days they have felt feeling sad and hopeless as a part of their suicide-related behavior category. Students reporting feeling sad and hopeless almost every day for two weeks or more in a row and have stopped participating in some usual activities during the past 12 months has increased since 2017. 34.2% in 2017, 38.3% in 2019, and 44.6% in 2021.

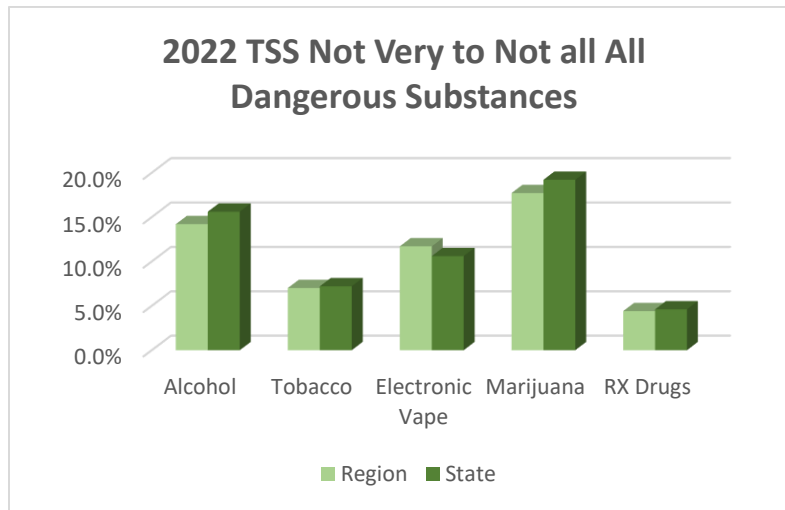


Source: YRBS, Accessed 4/7/2023.

Youth Perception of Risk/Harm

Perception of Risk/Harm of Alcohol, Tobacco, Electronic Vapor Products, and Marijuana

When assessing the risk of using/misusing substances, a perception of harm should be evaluated. If a person’s perception of harm is low, a person is more likely to have a higher risk of use/misuse. According to the results of the Texas School Survey, marijuana is perceived as the least harmful of Alcohol, Tobacco, Marijuana, E-Vapor Products, and Prescription Drugs when comparing the reported percentages of all 7th – 12th graders. *Region and state level data may be found in Table 53.*

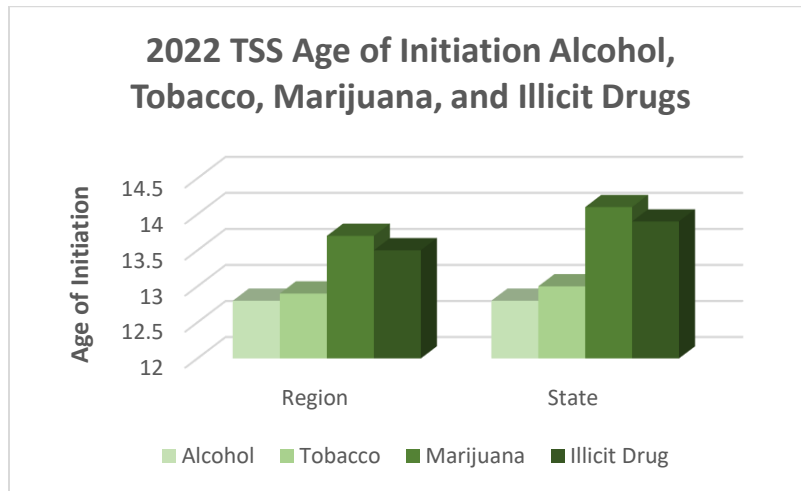


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

Early Initiation of Use

Age of First Use of Alcohol, Tobacco, Marijuana, and Illicit Drugs

The following chart reports the data for all students in Region 2 compared to the total of Texas students' response when asked about their average age of First Use of Alcohol, Marijuana, and Tobacco. *Region and state level data may be found in Table 54.*

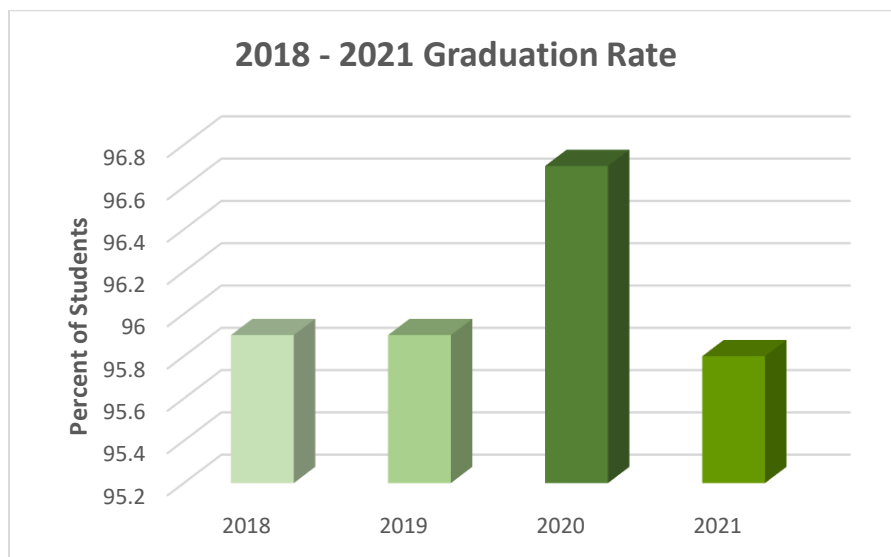


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

Protective Factors

High School Graduation

Region 2 continues to have graduation rates in the mid 90% range. Reducing absenteeism and keeping parents and students engaged in school and school activities are protective factors that can increase the graduation rate. *Region and state level data may be found in Table 54.*



Source: Texas Education Agency, Division of Research and Analysis, accessed 6/1/2023

Spirituality

The 2020 U.S. Region Census, Religious congregations & adherents study, Association of Statisticians of American Religious Bodies collects and provides data on congregations, members, adherents, and attendees. Groups are welcome to use their own definitions to determine what and/or who is counted. Spirituality can have protective factors by creating personal norms that decrease substance use. Faith has been found to play a valuable role in assisting individuals to become more resilient after a life trauma. Spirituality can promote positive health-related behaviors such as meditation, physical activity, and altruism, reducing illness-related behaviors such as substance use. *Region and state level data may be found in Table 55.*

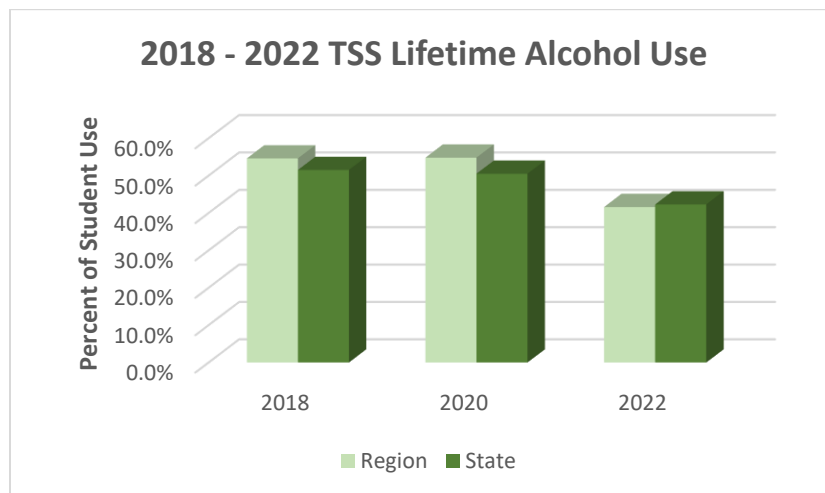


Patterns of Consumption

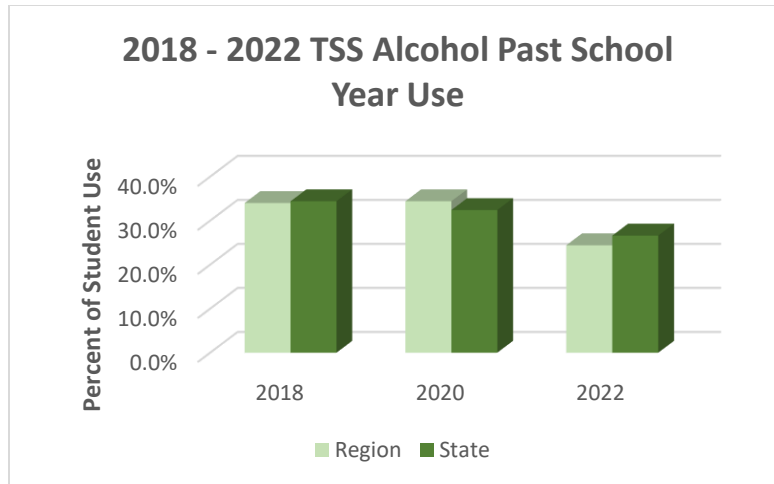
Alcohol

Lifetime, Past School Year, and Current 30-Day Use

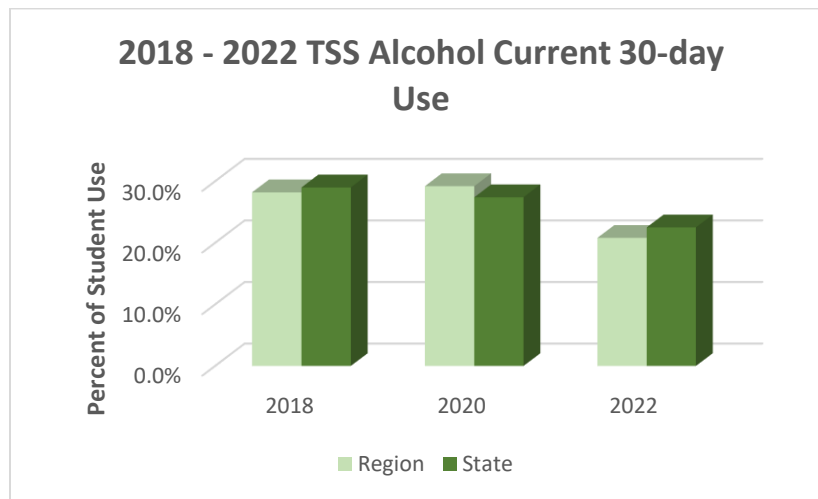
Alcohol is one of the most consumed substances among youth. Also, it may have long term effects on an adolescent’s biological development and functioning. The following information is from the 2022 Texas School Survey. This chart reports the data for the total percentage of students in Region 2 compared to the state percentage of Texas students’ response when asked “How recently, if ever, have you used any alcohol, beer, wine coolers, wine, and liquor?” The Regional rates for all types of alcohol is slightly lower than the state rates indicating a decreased risk factor among our youth 7th – 12th grade. In Region 2, beer and liquor are the highest reported alcohol used during the past 30-day and lifetime use. *Region and State level data may be found in Table 56, 57, & 58.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



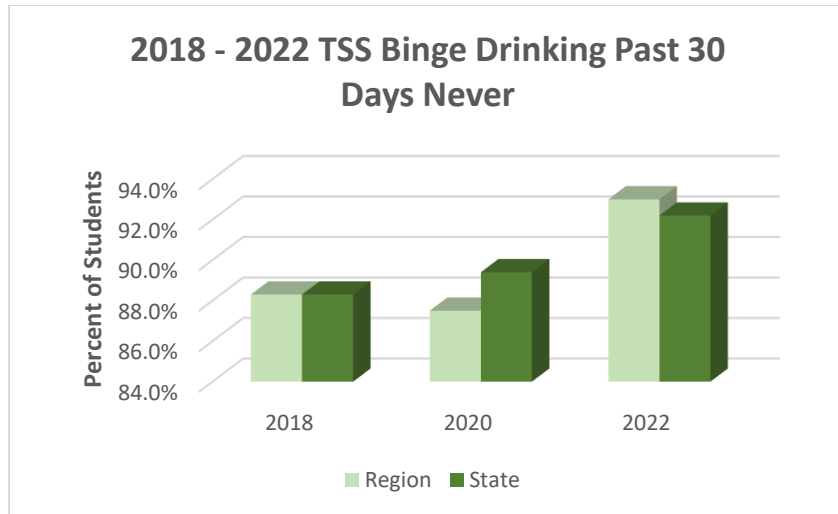
Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

Underage binge drinking rates

According to the National Institute on Alcohol Abuse and Alcoholism, underage drinking is a serious public health problem. The consequences include aggressive behavior, property damage, injuries, violence, and deaths.³⁵ Recent research on underage binge drinking estimates that children may reach BAC levels equal to adults with fewer drinks. Some warning signs of underage drinking include changes in mood, academic and behavioral problems in school, changes in friend groups, coordination problems, and low energy level. Region 2 students report a slightly higher rate than the state regarding days of binge drinking. *Region and State data may be found in Table 59.*

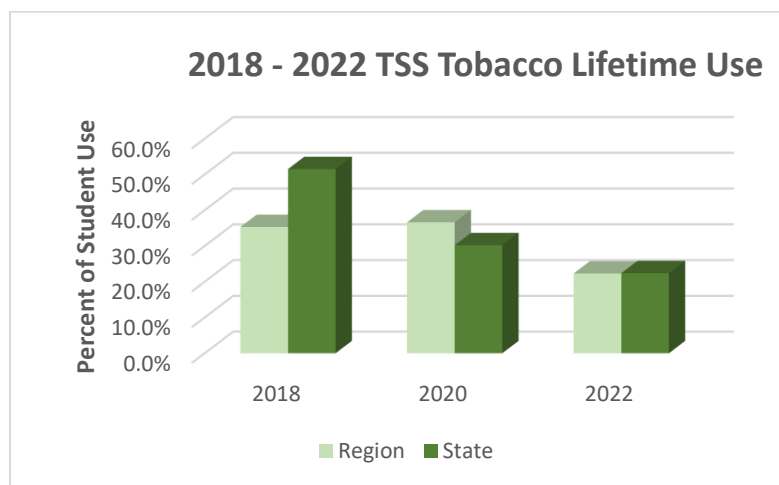


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

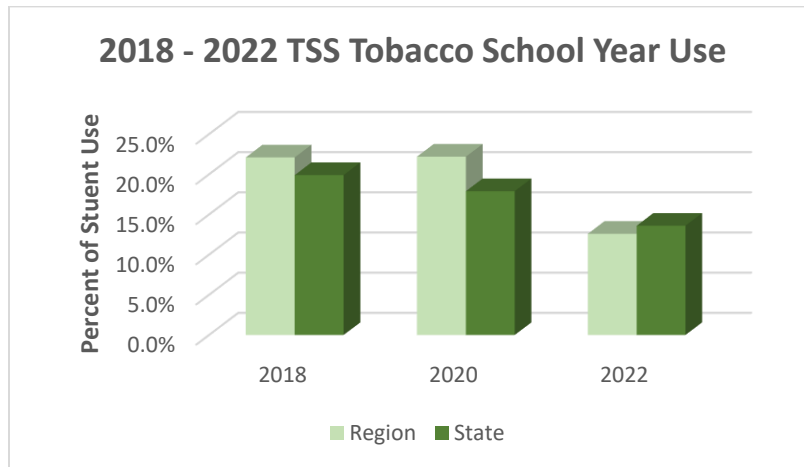
Tobacco

Lifetime, Past School Year, and Current 30-Day Use

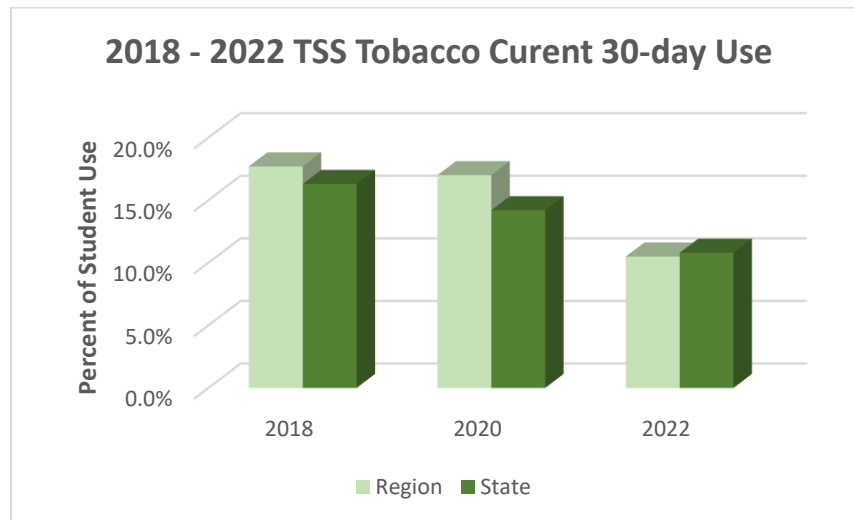
December 2019 legislation was signed increasing the federal minimum age for purchasing tobacco products, including cigarettes, cigars, and e-cigarettes from 18 to 21, with no exceptions.³⁶ The law also does not allow for minors to possess tobacco products in the presence of a parent, guardian, or spouse. E-cigarette use among middle school and high school students in the U.S. increased greatly between 2017-2018. The FDA’s 2018 National Youth Tobacco Survey³⁷ reports a 78% increase in high school students, and a 48% increase among middle school students. The 2020 NYTS report shows a decrease of 1.8 million U.S. youth using e-cigarettes. Region 2 has a higher than the state rate for 30-day, school year, and lifetime use of tobacco. *Region 2 data percentages for each grade level for Tobacco, and Electronic Vapor Products use may be found in Table 60, 61, & 62.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

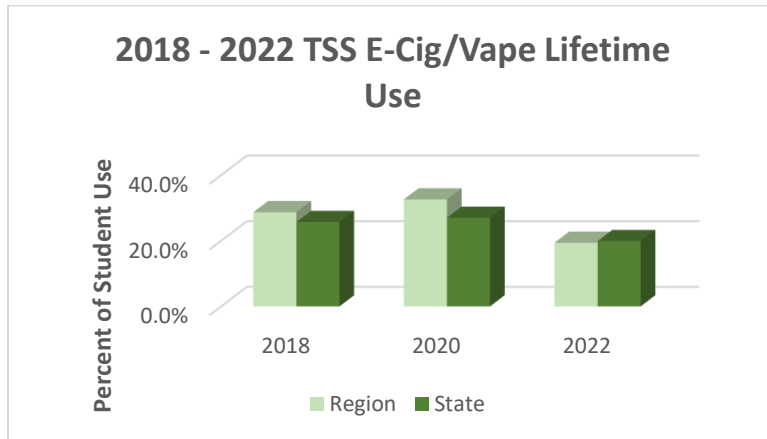
E-Cigs/Vaping Products

Lifetime, Past School Year, and Current 30-Day Use

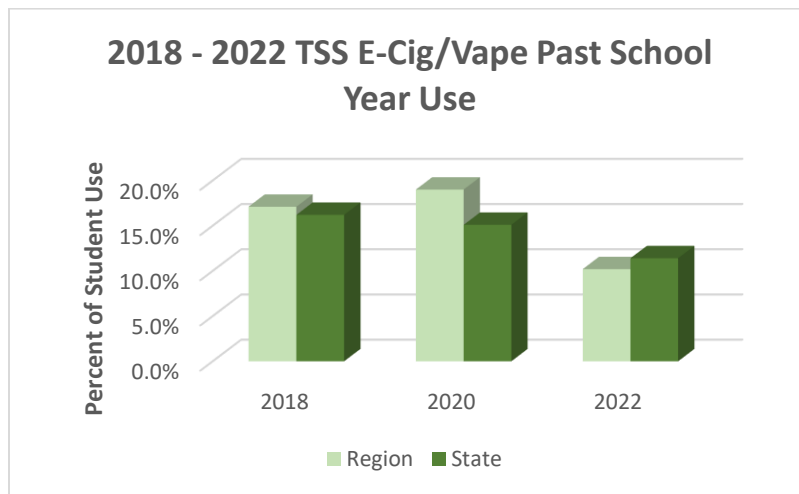
E-Cigarettes or Vaping continues to be an emerging trend. E-Cigarettes are sometimes called “e-cigs,” “Vapes,” “e-hookahs,” “vape pens,” and “electronic nicotine delivery systems (ENDS).” Some e-cigarettes look like regular cigarettes, cigars, or pipes, while others look like USB flash drives, pens, and other everyday items.³⁸Juuls are battery operated devices “designed to deliver nicotine with flavorings and other chemicals” in vapor instead of smoke. E-Cigarettes are marketed to the public as a safer alternative to smoking, yet little is known about the actual health risks associated with using these devices on a

regular basis. Not only are there unknown health effects but using these devices may accustom youth to initiate use of tobacco products at an earlier age.

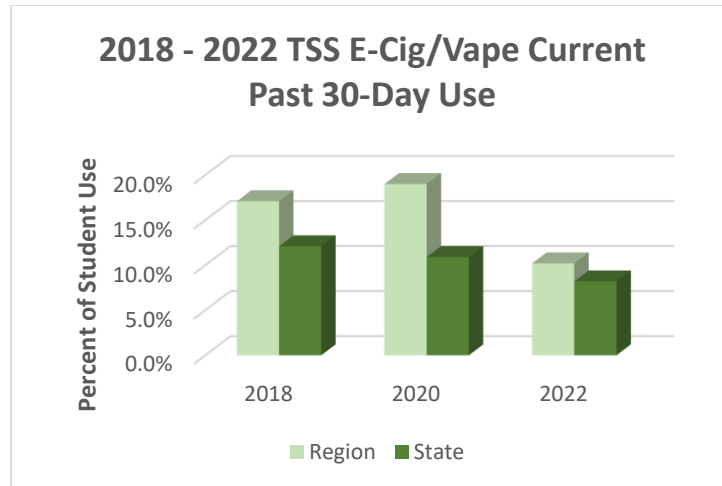
E-cigarette poisoning can occur by swallowing, breathing, or absorbing e-cigarette liquid. According to the CDC, approximately 50% of calls to the poison control center for e-cigarettes are for kids 5 years of age or younger nationally³⁹. *Region and State level data is available in Tables 63, 64, & 65.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

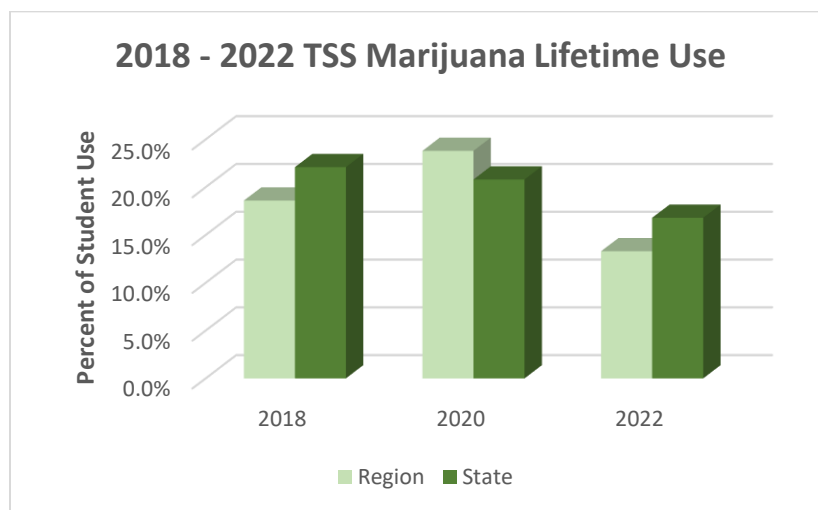


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

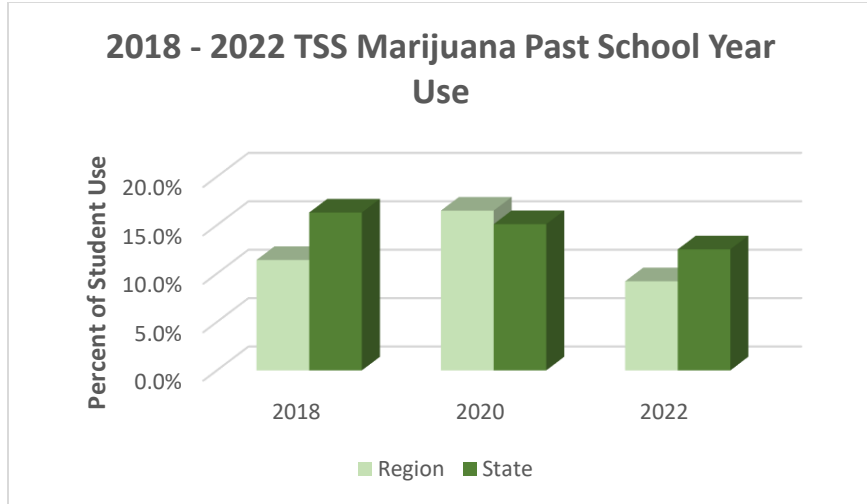
Marijuana

Lifetime, Past School Year, and Current 30-Day Use

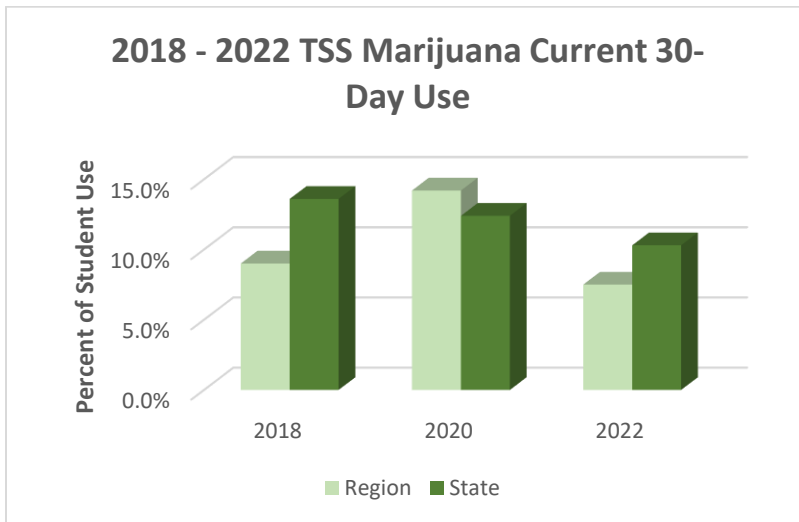
Marijuana continues to be a drug used among young people today. Generally young individuals consider societal norms such as the legalization of marijuana in eleven states (as well as the District of Columbia), social media, and general misconceptions as their reasoning for use. Prevention curriculum is necessary to educate the region’s students on the harmful effects of marijuana use. Region 2 had a higher than the state rate for 30-day, school year, and lifetime use of marijuana in 2020, however was less than the state rate in both 2018, and 2022. *Region 2 data percentages for each grade level for Marijuana use may be found in Table 66, 67, & 68.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

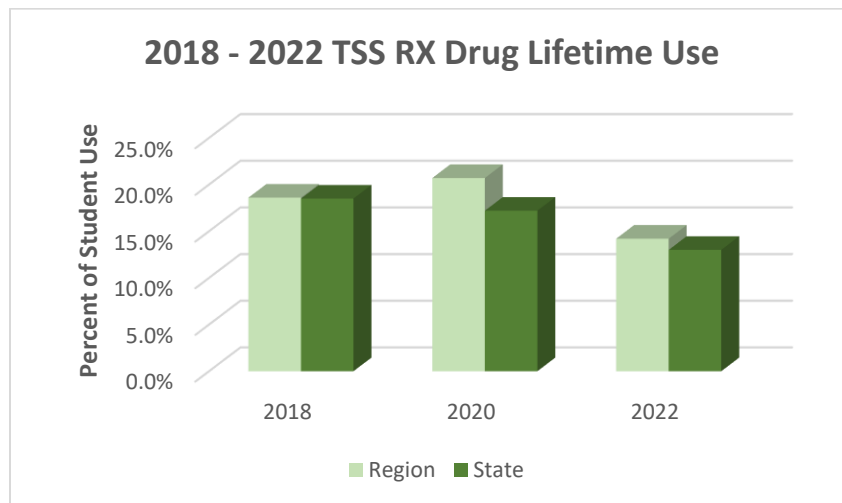


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

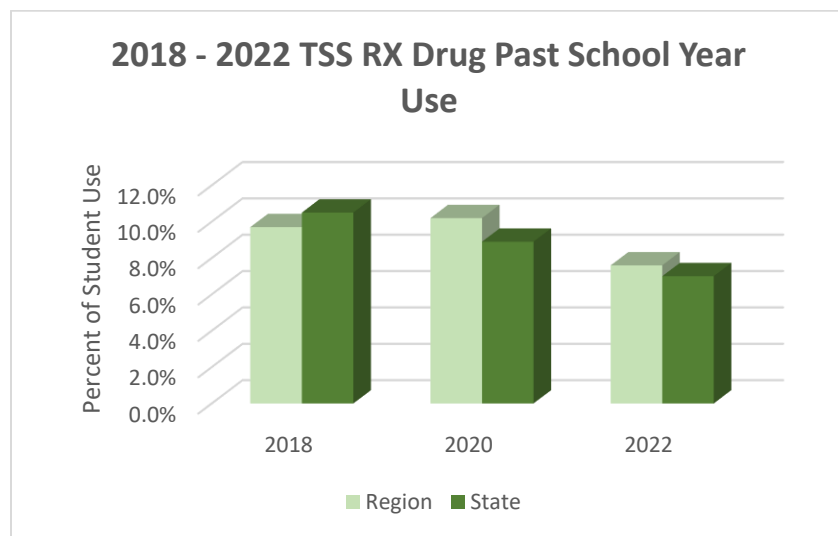
RX Drugs

Lifetime, Past School Year, and Current 30-Day Use

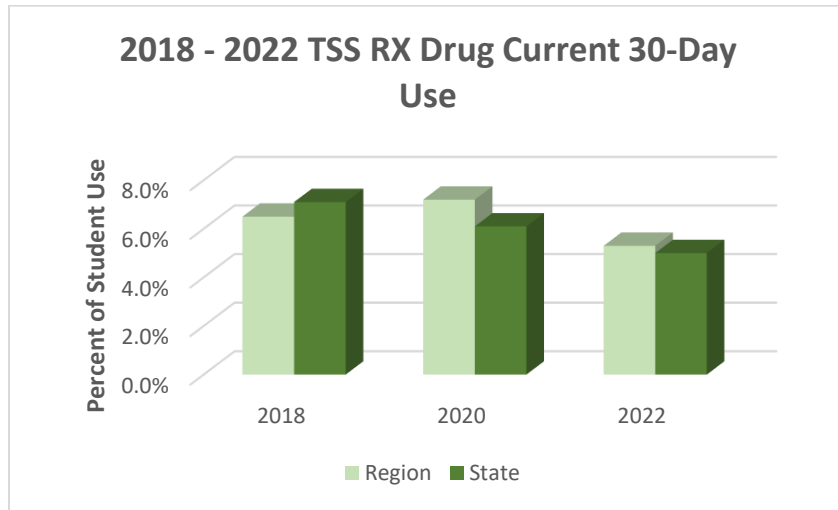
According to the Texas School Survey, since 2020, the percentage of students who report using prescription drugs not prescribed to them in our region is higher when compared to the state percentage. The chart below shows the percentage of 7th – 12th grade students that report using prescription drugs not prescribed to them within the past month, school year, and ever used within Region 2 and the state of Texas. *Region 2 data percentages for each grade level for Prescription Drugs Not Prescribed use may be found in Table 69, 70, & 71.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

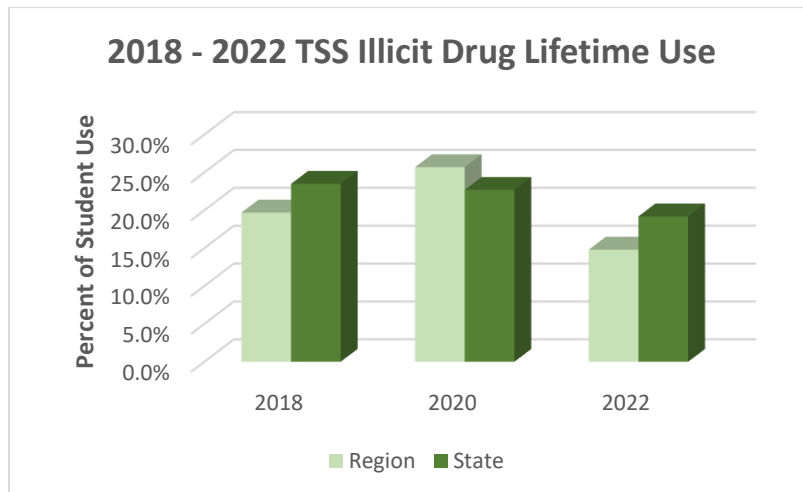


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

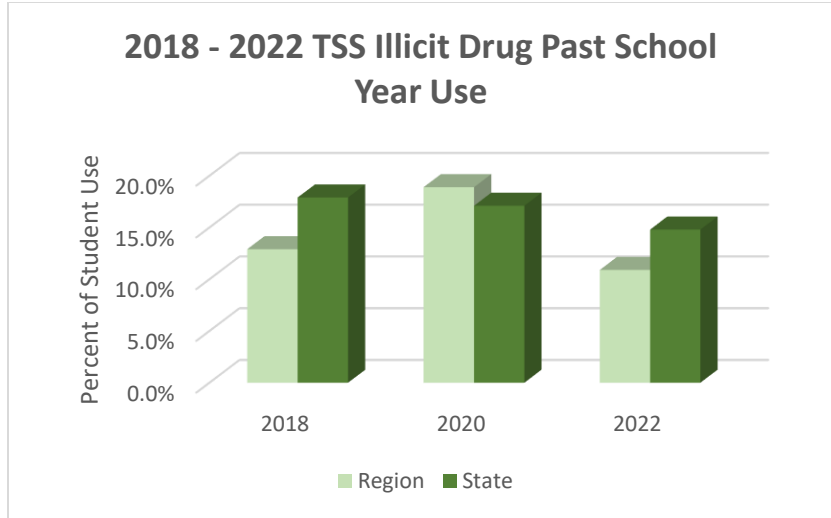
Illicit Drugs

Lifetime, Past School Year, and Current 30-Day Use

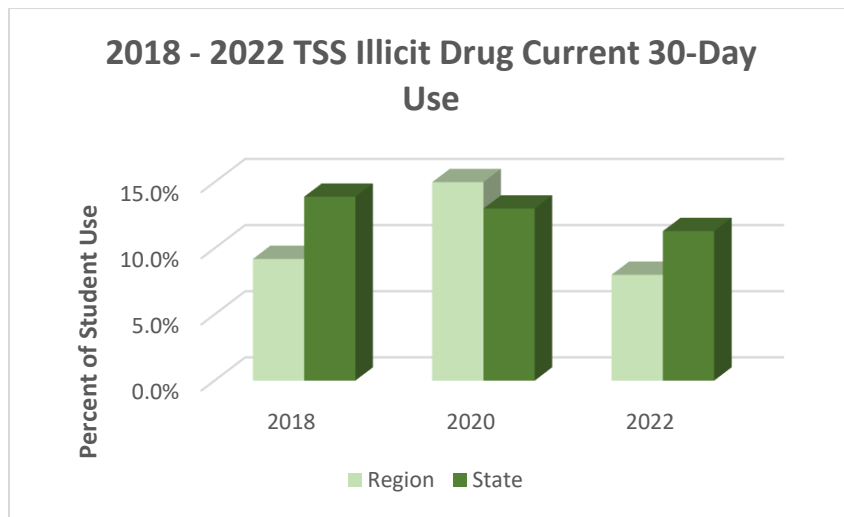
According to the 2020 Texas School Survey, the percentage of students who report using Illicit drugs in our region was higher when compared to the state percentage. In 2022, the state rate is higher than the region. The chart below shows the percentage of 7th – 12th grade students that report using illicit drugs within the past month, school year, and ever used with Region 2 and the state of Texas. *Region 2 data percentages for each grade level for Illicit Drug use may be found in Table 72, 73, & 74.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022

College Consumption

Lifetime, Past School Year, and Current 30-Day Use of Alcohol, Tobacco, and Marijuana

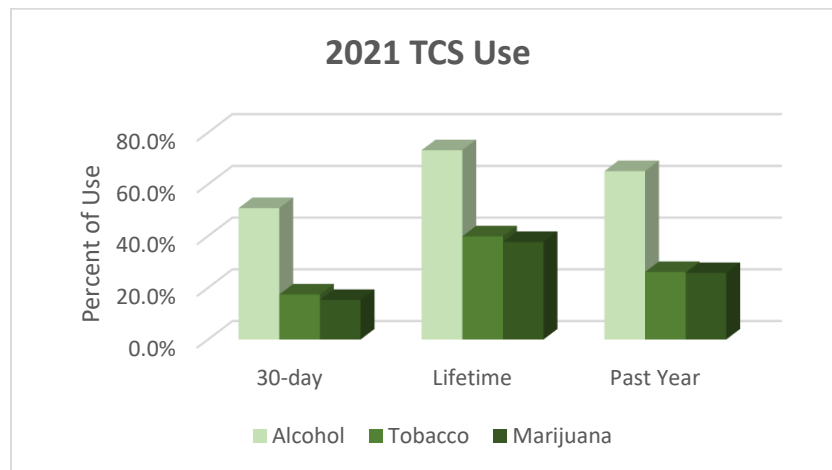
The Public Policy Research Institute at Texas A&M University continues to research college student consumption through a bi-yearly survey of students across Texas. This survey consists of nine sections, and 200 questions. The purpose of this research is to “assess the prevalence of alcohol, tobacco, and illicit drug use on college campuses and community college districts.” The survey is relevant as it “outlines patterns of licit and illicit substance use among college students, behaviors associated with substance use, demographic associations with substance use, and consequences of substance use as perceived by the respondents.”⁴⁰

Results indicated positive and negative trends in overall consumption and behaviors. 39% of students who report drinking before entering college report drinking more since arriving at college. Tobacco use decreased by 8% since 2019. Marijuana is reported as the most commonly used drug by students (94%) who report using drugs at least once during the academic year.

Students continue to report being unaware of school policies, procedures, or prevention programs on campus regarding drug and alcohol misuse. Underage drinking is still common among students and alcohol is easily accessible to them. More students report not being able to obtain alcohol without an ID from businesses and restaurants.

Illicit drug and alcohol use were reportedly associated with a lower quality of life; students reported higher levels of hopelessness and depression. Additionally, students received lower grades and had unplanned and unprotected sex when compared to students who did not engage in drug and alcohol use.

Substance use has overall declined since the 2019 survey: however, fewer students report having a designated driver or using a driving service after drinking.



Source: Texas A&M University Dept. of Public Service and Administration

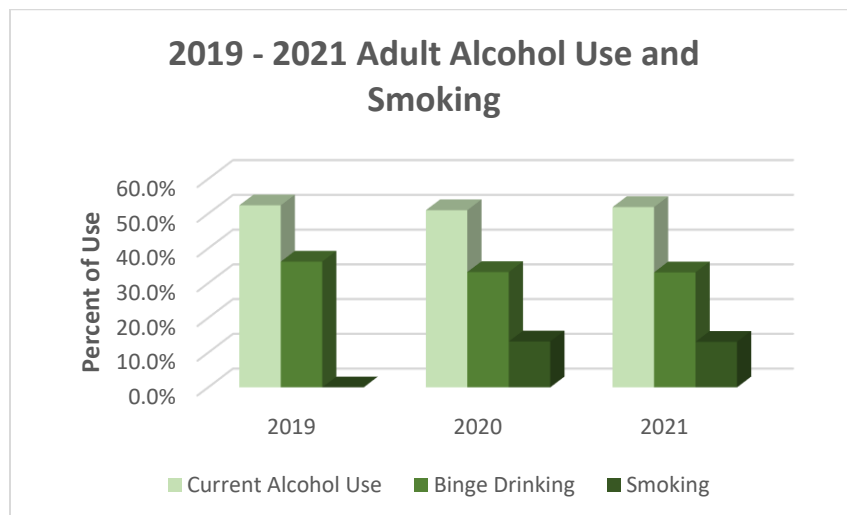
Adult Substance Use

Current Alcohol Use, Adult Binge Drinking

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) standard definition of binge drinking is drinking behaviors that raise an individual’s Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. “Benders” are considered two or more days of sustained heavy drinking. The chart below shows adult binge drinking rates are decreasing in Texas between 2019 to 2021.

Adult smoking rates

Smoking causes adverse health impacts including heart disease, stroke, respiratory diseases, diabetes, and multiple forms of cancer. More than 16 million Americans live with a disease caused by smoking.⁴¹ Secondhand smoke causes an estimated 41,000 deaths each year. Populations identified as having a higher prevalence for smoking include adults with disabilities, adults with behavioral health issues, LGBTQIA+, 25+ year olds who did not graduate high school, and adults with an annual income less than \$25,000. The charts below shows current smokers 2019- 2021.



Source: Centers for Disease Control, National Center for Chronic Disease and Health Promotion, BRFSS

Public Health and Public Safety

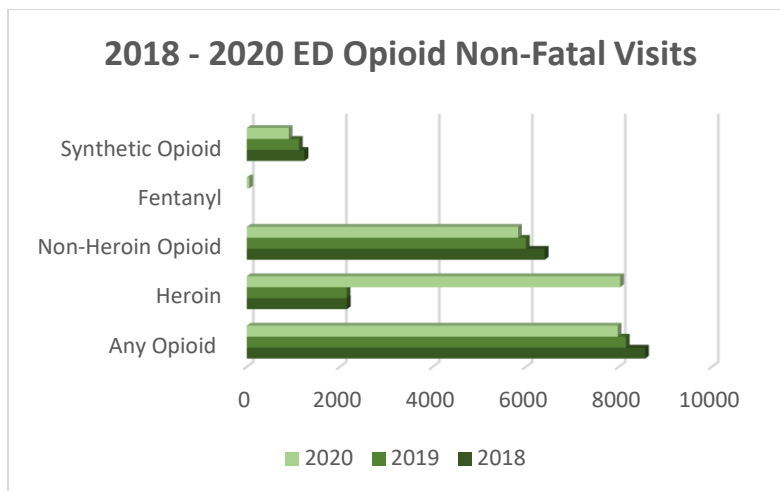
Detrimental effects of consequential behavior may have lifelong consequences on families, schools, and communities. When risk factors outweigh protective factors, the consequences can be abrupt with long-term impacts. There have been more deaths, illness, and disabilities from substance misuse than from any other preventable health condition. One in four deaths is attributable to alcohol, tobacco, and illicit or prescription drug use.⁴²

Mortality

Adult Opioid Ed Visits

The Substance Abuse and Mental Health Services Administration classifies Opioids as prescription or illegal drugs used for pain. These include Morphine, Codeine, Methadone, Oxycodone (OxyContin, Percodan, and Percocet), Hydrocodone (Vicodin, Lortab, and Norco), Fentanyl (Duragesic, Ferntora), Hydromorphone (Dilaudid, Exalgo), and Buprenorphine (Subutex, Sub Oxone). Illegal substances also include heroine. Opioids minimizes pain and can also affect other systems in the body including breathing, mood, and blood pressure.⁴³

Opioid-related emergency department visits offer data that is based upon DSHS Hospital Discharge Data (HDD). Data is gathered from patients who were seen in a hospital- emergency departments (ED) and outpatient medical providers. Non-fatal emergency department visits involving opioids is based on guidance from Centers for Disease Control and Prevention. Visits containing opioid diagnoses are defined as non-fatal acute poisoning due to the effects of opioids, regardless of intent.



Source: Department State Health Services, Hospital Discharge Data

Overdose Deaths

The Center for Disease Control and Prevention, National Center for Health Statistics compiles data on alcohol induced deaths and drug induced deaths. Some data is suppressed when data meets the criteria for confidentiality. The crude rate per 100k for combined deaths in Region 2 for the years 1999-2020 is 22.8, the state of Texas crude rate is 16.7 for the same time period. Alcohol induced and drug induced deaths for the period of 1999-2020 are higher than the state rate. **The alcohol induced rate per 100k deaths for region is 11.2; the state is 6.8; drug induced rate per 100k deaths for Region 2 is 12.3, compared to the state at 8.9.**

The National Institute on Drug Abuse, Advancing Addiction Science reports on overdoses deaths as either intentional or unintentional. The death certificate records whether the overdose was purposely self-inflicted, or accidental.⁴⁴ *County totals for Alcohol Induced Deaths, Drug Induced Deaths, and Combined Deaths may be found in Table 75, 76, and 77.*

Suicide Rates

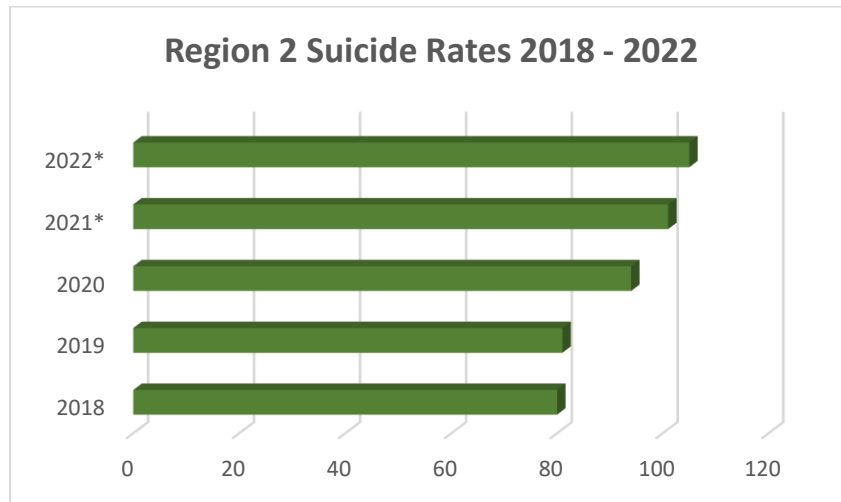
There are many risk and protective factors regarding suicide. There is a combination of individual, relationship, community and societal factors that contribute to a person's risk for suicide. Although less studies have been done on protective factors, identifying, and understanding protective factors are equally important.⁴⁵ Suicide rates in the U.S. have increased approximately 33% from 1999 to 2019. Suicide is the 10th leading cause of death in the U.S; the 2nd leading cause of death among persons 10 – 34; the fourth leading cause of death of persons ages 34-54; and the fifth leading cause of death among persons ages 45-54. Risk factors include family history of suicide, child maltreatment, previous suicide attempts, isolation, feeling of hopelessness, barriers to accessing mental health treatment, and unwillingness to seek help due to the stigma attached to mental and substance use disorder help. Mental health disorders and substance use disorders are significant risk factors for suicide. Males are 3.7 times more likely to die by suicide than females, and older adults and veterans have a 1.5 times higher rate than non-veterans, individuals living in rural areas compared to urban areas, and persons in the LGBTQIA+ community.

Protective factors include effective clinical care for mental and substance use disorders, family and community support, skills in problem solving, conflict resolution, and nonviolent ways of handling disputes, as well as support for ongoing medical and mental health.

There are strategies to help reduce suicide, these include:

- Emergency room screening
- Safety planning
- Behavioral therapy
- Reducing access to lethal means; firearms, medications, and alcohol
- Utilizing Suicide Prevention Resource Center

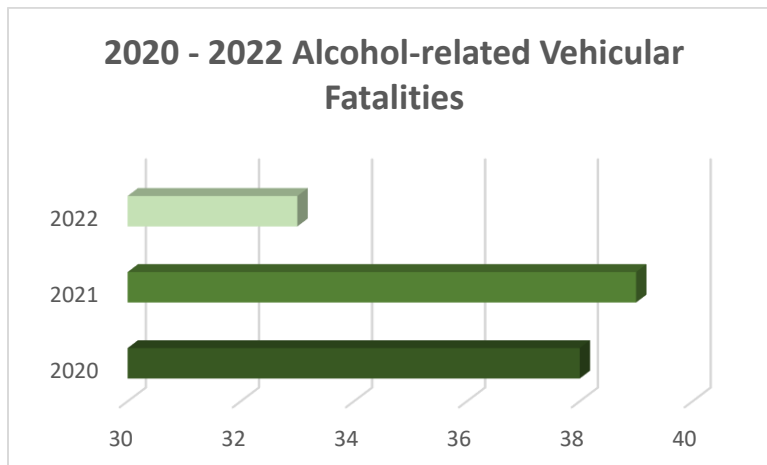
In 2017, suicide became the second leading cause of death for adolescents ages 15-24. In 2018, the CDC analysis extended deaths by suicide to include youth 10-24. Suicide rate is based on the number of deaths per 100,000 population. The National Vital Statistics reports the suicide rate for people aged 10-24 has increased from 2007 through 2021 (from 6.8 deaths per 100,000 to 11.0). Risk factors for suicide among adolescents include major depressive disorders, substance use disorders, family history, physical and/or sexual abuse, feelings of isolation, and bullying. The chart below shows suicide rates in Region 2 for individuals 15 years of age to 85+ in 2018 – 2022.



Source: Department of State Health Services, Center for Health Statistics. Data request received April 28, 2023.

Alcohol-related vehicular fatalities

Approximately one in three traffic deaths in the U.S. involve a drunk driver. Dedicated efforts have resulted in reduced rates of alcohol-involved fatalities in recent years. The Center for Disease Control outlines strategies to reduce drinking and driving, which would in turn reduce alcohol-related vehicular fatalities. The following charts show the total alcohol vehicular fatalities and vehicular fatalities by age. County level totals of alcohol related vehicular fatalities may be found in Table 78.

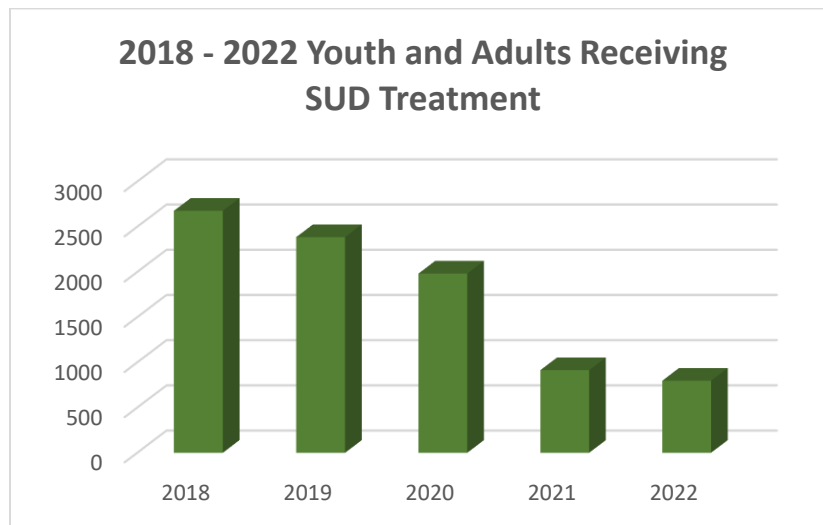


Source: Texas Department of Transportation, Annual Texas motor vehicle crash statistics, 2020-2022.

Healthcare

Youth and Adults Receiving SUD Treatment

The Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) also reports Texas youth aged 12 – 17 years of age with a diagnosed substance use disorder may receive treatment. Treatment can be administered through residential treatment, outpatient services, and recovery communities. Youth are given treatment that includes logical thinking, decision-making, recreation choices, interactions with others, and living with life’s challenges. Youth 12 – 17 years old receive the most treatment for sedatives and marijuana. The following chart shows the breakdown of treatment for 2018-2022 for both youth and adults.



Source: HHSC

Emerging Trends

Impact of COVID-19 on Behavioral Health



Source: Texas Health and Human Services, Texas COVID-19 Data

COVID-19 brought many changes to our lives, daily routines, finances, social interactions, and our mental and physical health. Many individuals report experiencing added stress, anxiety, fear, sadness, and loneliness during the stay-at-home order. Those dealing with mental health disorders were at risk of their symptoms increasing. The National Institute of Health (NIH) reports that a study conducted in 2021 showed nearly half of Americans dealing with recent symptoms of anxiety or depressive disorder. Rates of anxiety, depression, substance use disorders increased since the beginning of the pandemic. Individuals who experienced COVID-19 and had mental health issues report experiencing symptoms related to brain and mental health including brain fog, psychosis, seizures, and suicidal ideations. The NIH reports that those individuals with mental health disorders who then get COVID-10 are more likely to die than those who aren't dealing with mental health issues. What can we do? Self-care strategies are important for everyone's mental and physical wellbeing. Some things we can all do are to get enough sleep, get regular physical activity, eat healthy, avoid tobacco, alcohol, and drugs, limit screen time, relax, and recharge.



Source: Tips for Managing Mental Health during COVID-19, TOC

Region in Focus

Prevention Resources and Capacities

Community Coalitions

Communities have a unique opportunity to provide support services for their residents. Protective factors within the community may include coalitions, policy development or change, treatment providers, social services, law enforcement capacity and support while also providing healthy youth activities and prevention through religious communities. Each of these areas serve as a protective factor and has their own roles and responsibilities within the communities they serve.

The Taylor Alliance for Prevention (TAP) is a Community Coalition Partnership group funded by Texas Health and Human Services Commission. The group works within Taylor County to reduce and prevent youth and college-aged substance misuse. They also work to reduce underage access to alcohol, marijuana, and prescription drugs through various strategic efforts through media advertisements, health education, and working with law enforcement. TAP provides the opportunity for any citizen to become a member of the coalition and support prevention efforts throughout the community.

The West Texas Homeless Network is comprised of shelter providers, mental health professionals, substance misuse prevention professionals, treatment facility professionals, job corps representatives and social service representatives who collaborate to find solutions for homelessness within Taylor County and surrounding areas. The network also attends the Basic Needs Network meetings and receives quarterly reports on the work being done within the area. The network is funded through the Texas Department of Housing and Community Affairs and Texas Department of Mental Health and Mental Retardation. Currently, the West Texas Homeless Network services Taylor County in Texas.

Basic Needs Network of West Central Texas is a multifaceted group consisting of social services agencies across nineteen counties within the area. The group is facilitated through Texas 211: A Call for Help and meets on a quarterly basis. Its purpose is to collaborate with all organizations in order to better meet the needs of those living within the area. It serves clients by providing food, clothing, shelter, and paying bills. This group is only a small picture of the assistance and willingness of people within the area to assist with client needs by the provision of services.

Drive-Safe Coalition is a valuable group facilitated through the Texas Department of Transportation. Their mission is “To create a partnership to raise public awareness and improve traffic safety throughout the communities”. This group is committed to issues such as impaired and distracted driving, seat belt usage, child passenger safety, motorcycle safety, teen drivers, underage drinking, pedestrian, bicycle, and school bus safety in ten counties within the region. This group has been an active partner with the PRC and other local coalitions in the area when opportunities arise for public awareness.

Other Coalitions

Community Resource Coordination Groups (CRCG) are local interagency groups comprised of public and private agencies. These groups are mandated by the state and funded through HHSC. Their purpose is to develop a service plan for families or individuals needing collaboration between social services. Available to all Texans, CRCGs consist of representatives from the community and caregivers, the Texas Health and Human Services Commission, the Texas Department of Aging and Disability Services, the Texas Department of Assistive and Rehabilitative Services, the Texas Department of Family and Protective Services, the Texas Department of Criminal Justice, the Texas Correctional Office on Offenders with Medical or Mental Impairments, the Texas Department of Housing and Community Affairs, the Texas Education Agency, the Texas Juvenile Probation Commission, the Texas Workforce Commission, the Texas Youth Commission, and private child and adult serving providers. All representatives and agencies cooperate and coordinate services to meet the needs of community members.

School Health Advisory Councils (SHAC), A School Health Advisory Council is a group appointed by the school district to serve at a district level. Members of the SHAC come from different areas of the community and within the specific school district. Most members are required to be parents who are not employed by the district. Texas Education Code, Title 2, Chapter 28, requires a SHAC in every school district. They are required to meet at least four times per year. SHAC plays an essential role in strengthening the connection between health and learning by assisting parents and the community to reinforce the knowledge and skills children need to maintain a healthy lifestyle.

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

Youth Ahead is a program through Goodwill West Texas facilities. This program targets at-risk youth in local communities providing curriculum in partnership with local schools and organizations to provide employability. The goal is to prepare youth to enter the workforce. The program is divided into 5 modules: 1-communication, 2-positive attitudes, 3-teamwork, 4-problem-solving, and 5-professionalism.

Goodlife is a retail operations employment program within Goodwill which began in 1983. Employees receive on-the-job training and supportive services to ensure their success in the workplace.

Work Adjustment Training (WAT) partners Goodwill with Texas Workforce Solutions – Vocational Rehabilitation Services to provide on-the-job training for people with disabilities. This program is by referral only.

Project Phoenix – YMCA, formally known as ISP, is a 5-phase mentoring program for at-risk youth ages 7-17. This program is partially funded by the Taylor County Probation Office, City of Abilene, and Abilene United Way. The program is free of charge to YMCA members and their families. This program operates during high-risk hours and is a behavior modification program. The program is designed to teach accountability. It is based on close monitoring and mentoring, working with both the participants and their families. Anger management is an essential tool that is taught, along with community service projects focusing on implementing a sense of community and helping others. Transportation is provided for AISD and WISD students.

SUD Treatment Providers (Treatment/Intervention providers)

The Abilene Recovery Council has been an asset to prevention, intervention, treatment, and recovery in the Abilene for over 65 years and an award-winning organization for over 20 years. The -Council houses programs such as Court-Ordered Education, including Drug Offense Education, DWI Intervention Program, DWI education, Taking Texas Tobacco Free (TTTF) tobacco cessation, Outreach, Screening, Assessment, and Referral (OSAR) program, Recovery Support Services, Parenting Awareness and Drug Risk Education Services (PADRES), Youth Prevention, and the Prevention Resource Center. Each program provides different services in the field of prevention, intervention, treatment, and recovery for the region.

The Court Ordered Education, Alcohol Awareness and Texas Youth Tobacco Awareness programs all work to educate certain populations regarding alcohol and drug use/misuse within the Big Country. Attendees for these classes are primarily mandated through the courts to fulfill a legal consequence of violating alcohol, tobacco/nicotine, and substance use laws.

The Outreach, Screening, Assessment, and Referral (OSAR) program provides assistance for individuals and families with substance dependence issues free of charge who are self-referred or referred by other social services within the area. Counselors in this program screen and assess clients who need treatment and/or recovery support services to determine the level of care needed.. *PADRES – Parenting Awareness and Drug Risk Education* works with parents, male and female, along with their children ages 0 to under 6 years of age and expectant parents. PADRES serves families in all 30 counties of Region 2. There are two offices: one in Abilene and the other in Wichita Falls. Additionally, participants are seen in Sweetwater at Rolling Plains Memorial Hospital one time per week. Rural communities will primarily be served using virtual platforms or phone services, only needing to be seen in person once a month. Participants are enrolled for approximately 12 weeks and then referred out if additional support is needed or enrollment in the PADRES program can be extended when necessary . PADRES provides substance use counseling, case management, community referrals, parenting education, family groups, psychoeducational sessions, relapse prevention, rapid HIV testing, pregnancy testing, street outreach, educational community presentations, screening, and assessments. PADRES staff also advocate for their participants by making court appearances on their behalf, working with DFPS caseworker or probation officers, and advocating for any community resources they are or could be utilizing.

Oceans Behavioral Hospital in Abilene is a behavioral health facility in the area committed to utilizing a comprehensive approach in treating their clients. Their clients include helping adolescents, adults and seniors manage anxiety, depression, and other mental health issues. They offer inpatient services, family, and caregiver therapy as well as education in behavioral challenges and offering tools for those in care of the client. The agency has psychiatrists and medical physicians to ensure clients' health and healing while being served.

The Recovery Oriented Systems of Care (ROSC) coalitions, an initiative started by the Texas Health and Human Services Commission, works to build community support for persons in substance use and mental health recovery. Region 2 has one active ROSC group in Abilene, Big Country ROSC . The goals of the group are to understand every person is unique with their own specific needs and deserves to have a voice in their own recovery plan and to work together to affect system-level change that follows recovery-oriented principles. Everyone is invited to participate, and the group strives to identify and build upon strengths in order to make our community a healthier place to live, recover, and improve individuals' quality of life.

Healthcare Providers

Name	Address	Facility - County Location	Contact Information
Community Connections of Central Texas	408 Mulberry St. Brownwood, TX 76801 100 E. Live Oak St. Coleman, TX 76834 1009 S. Austin St. Comanche, TX 76442 301 Pogue Ave. Eastland, TX 76448	Brownwood, Coleman, Comanche, Eastland	325-643-3363 www.cflr.us
Graham Regional Hospital	1301 Montgomery Rd. Graham, TX 76450	Young	940-549-3400 www.grahamrmc.com
Helen Farabee Centers	500 Broad St. Wichita Falls, TX 76301 516 Denver St. Wichita Falls, TX 76307 510 King St. Quanah, TX 79252		www.helenfarabee.org
North Texas State Hospital	4730 College Dr. Vernon, TX 76385	Wilbarger	940-552-9901
Red River Hospital	1505 8 th St. Wichita Falls, TX 76301	Wichita	877-627-1134 www.redriverhospital.com
Rose Street Mental Health Care	1808 Rose St. Wichita Falls, TX 76301 1800 Rose St. Wichita Falls, TX 76301	Wichita	940-723-4488 www.rosestreet.org
Serenity Foundation	1502 N. 2 nd St. Abilene, TX 79601	Taylor	325-673-6489 www.serenitytexas.com
Seymour Hospital	511 E. Ingram Seymour, TX 76380	Baylor	940-889-4259 www.seymourhospital.com

<p>Shades of Hope</p>	<p>402 Mulberry St. Buffalo Gap, TX 79508</p>	<p>Taylor</p>	<p>325-572-3843 www.shadesofhope.com</p>
<p>West Texas Centers</p>	<p>505 Chestnut St. Colorado City, TX 79512 1200 Henderson St. Sweetwater, TX 79556 126 State St. Winters, TX 79567 1300 26th St. Snyder, TX 79549</p>	<p>Mitchell Nolan Runnels Scurry</p>	<p>325-728-3953 325-236-6619 325-754-5591 325-573-4947 www.wtcmhmr.org</p>

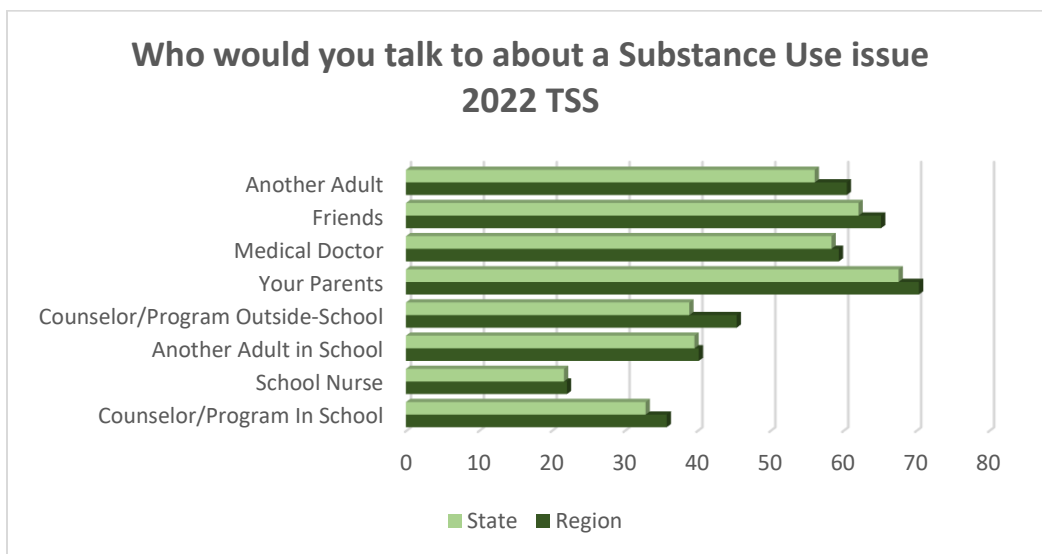
YP Programs

Youth Prevention programs are offered throughout the state of Texas. These programs offer education to youth and empower them to make positive choices for their life. The programs utilize evidence-based curriculum designed to teach students life skills in order to know how to strategize and handle life’s difficult choices. For our region, the youth prevention programs are offered in some schools but not to all schools across the reported area. Prevention Specialists work diligently to support our young people by offering them prevention education, life skills, and a unique atmosphere to discuss ways to handle difficult social situations which may or may not include drug and alcohol use. Youth Prevention programs are essential to providing positive education for life skills and drug-alcohol prevention throughout our reported area. *Abilene Recovery Council* and *Serenity House* are the two HHSC-funded Youth Prevention providers in Region 2.

Students talking to parents about ATOD

Young people are curious about alcohol and drug use and what their parents think of drugs and alcohol. Maintaining an open communication line between parents, guardians, or trusted adults and young people allows for discussions regarding substance use. These conversations aren’t always comfortable for anyone involved; however, the protective factors that can be established make the awkwardness worthwhile.

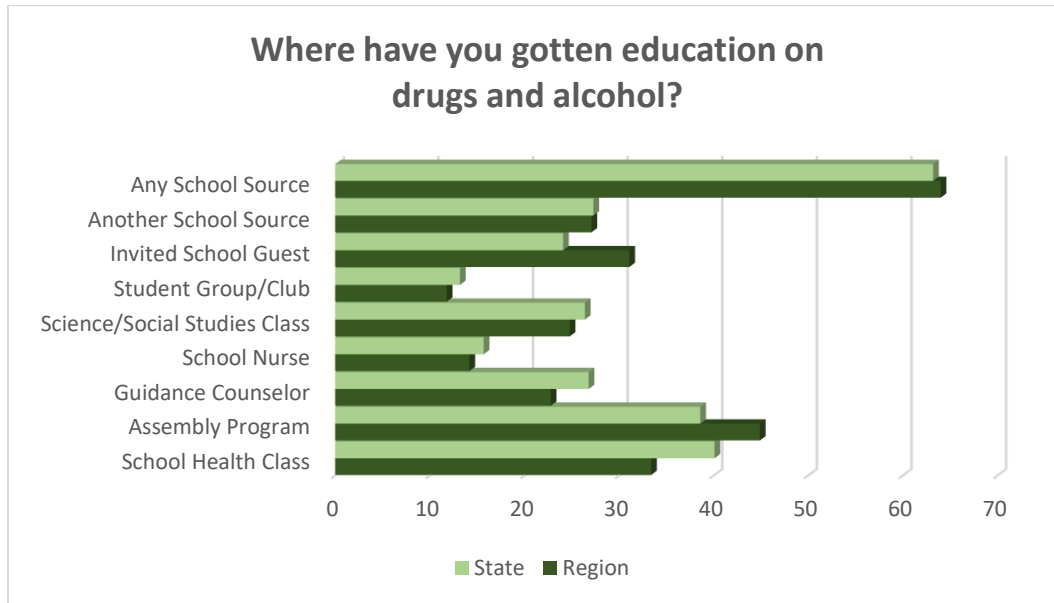
The 2022 Texas School Survey asked students “If you had a drug or alcohol problem and needed help, who would you go to?” 32.9% said they would go to a counselor or program in school, 21.7% reported they would talk to a school nurse, 39.6% said they would talk to another adult in their school, 38.9% would talk to a counselor outside of school, 67.6% reported they would speak to their parents, 58.4% would speak to their doctor, 62.1% said they would talk to their friends, and 56.1% said they would talk to another adult for help. **7th – 12th grade students in Region 2 reported the highest percentage of adults they would go to with a substance use issue was their parents.** This data identifies the trust youth have with their parents. It also strengthens the importance of educating parents about how to speak with their children regarding substance use issues.



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022.

Students receiving education about ATOD

Students in Region 2 are provided alcohol and drug education through certain schools who have adopted new curriculum provided by their districts as well as through the schools who host the Youth Prevention programs. These programs are designed to communicate a positive message regarding healthy behaviors while educating youth on the harmful effects of alcohol and drugs; however, many schools within our region do not offer prevention education regarding substances to their students. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to the question asked below.



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2022.

Life Skills Learned in YP Programs

Prevention education programs are offered in a few schools throughout Region 2. In this ten-week curriculum students learn how to set goals for themselves, both short- and long-term. They learn social skills such as how to make friends and how to identify positive peer groups. Good decision-making is an important aspect of being successful in life. The curriculum also teaches students how to identify and manage their emotions. Most programs teach students 2nd – 12th grade. Students will experience an array of emotions through the school year, and this program teaches them positive techniques to handle these emotions. Communication is also taught to students so they can learn to communicate effectively to people in their daily lives.

Overview of Community Readiness

There are many aspects that contribute to community readiness, and those can vary by community as well. It is important to use the Strategic Prevention Framework (SPF) to determine a community's needs and how best to serve that community. Central to the entire SPF process is the importance of maintaining cultural awareness to ensure cultural competence and better meet the unique needs of each community.

Gaps in Services

There are a multitude of services available for children, adolescents, and adults in our communities; however, our rural communities are still in need of services more geographically accessible. Wait times for inpatient and outpatient services can be lengthy, keeping families in crisis longer.

Substance misuse treatment for youth: There are preventive strategies and programs being offered, but there is a lack of long-term treatment facilities, particularly for youth in our region and especially for the youth in our rural communities. Alcohol, prescription drugs, and marijuana continue to be consumed more than other substances among the youth, both high school and college-aged students.

Opioids: Although opioids are a necessary and effective treatment for chronic pain, the misuse of opioids continues to be an issue in our region. More education and preventive measures need to be in place to prevent prescription misuse. Counterfeit drugs are on the rise within our country, state, and region making education about the dangers of opioids and counterfeit opioids imperative.

Family services: There remains an increase in domestic and family violence. The family court calendar is filled with cases of child neglect and abuse cases, requiring more attention to the safety of our children and our families. Parenting classes, life skills education, and anger management are essential to reduction in these cases.

Transportation to treatment: Region 2 is primarily described as a rural area. Services to treatment and general welfare assistance agencies are not available in outlying areas. Participants referred to drug and alcohol treatment facilities or other social service agencies are generally located in urbanized communities such as Abilene, Brownwood, and Wichita Falls. Social services agencies do their best to provide necessary services in rural communities; however, most are unable to provide transportation to those they serve.

Waiting lists for state funded agencies: Mental health and substance misuse treatment waiting lists generated by the Texas Health and Human Services Commission show data on both adult and child/adolescent waiting lists for substance use treatment.

Gaps in Data

Certain indicator information is still needed in assessing the region for potential risks. The following information describes the gaps in data desired for the purpose of this report.

Hospital discharges for youth substance overdose/poisoning

Data on hospital discharges for overdose/poisoning is currently not available. This data is vital in recognizing the needs of the youth in communities. This information would help to find areas where gaps in service are and help to build programs and services that would increase the protective factors for these youth.

Adolescent AOD-related ER Admits

The Texas Poison Control Network follows exposures to substances which may be harmful to an individual's health. Data for this information is currently unavailable. The type of data that has been collected is for intentional abuse. Intentional Abuse is defined as "an exposure resulting from the intentional improper or incorrect use of a substance where the patient was likely attempting to gain a high, euphoric effect or some other psychotropic effect, including recreational use of a substance for any effect." Exposures are generally reported to a hospital when enroute to an emergency room.

Rural area stakeholder input: The PRC values the input of all rural stakeholders. Although stakeholder meetings were held in rural communities with law enforcement, school administrators, and church organizations, greater efforts are needed to gain insight from the many rural communities that make up Region 2.

Texas School Survey: The TSS continues to provide data regarding substance use, parental disapproval rates, where substances are obtained, where students are receiving education regarding substances, and who they would turn to if they developed a substance use disorder. This is a self-reported survey, and not all students feel their answers are anonymous. Nevertheless, it is the best tool we have to learn about their risk and protective factors. Since the return to school following the stay-at-home order during COVID, we have administered one TSS survey. In the coming years, we will continue to learn about the effects COVID has had on our youth and communities.

Moving Forward

Agencies that provide services need to continue to work together, collaborating and partnering whenever possible to provide the best services for the citizens in our service area. It will take continued and increased education for parents and community members about services for families of those dealing with a SUD or that have been justice impacted. There needs to be more opportunities for members of the communities we serve and those we don't to tell us what is needed in their community, city, county, and neighborhoods.

We will continue to provide data and information needed to our communities and stakeholders to assist them in meeting the needs of their communities.

Putting It all Together

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?

Prescription misuse by both the prescribed individual and individuals not prescribed the medication is a primary substance misuse concern in our region. Counterfeit drugs are affecting every region in Texas and all across the United States. Illicit drugs being tainted with other substances can have a deadly result.

Alcohol sales increased during the time of COVID, with bars and restaurants offering curbside and home delivery of alcohol as well as drive thru liquor stores. This service has continued since 2020 and can lead to alcohol misuse and underage drinking.

Vaping marijuana and marijuana use continue to be on the rise, despite the age increase to 21 to purchase nicotine and tobacco products. The ease with which young people have access to marijuana and nicotine products has not decreased.

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?

Unresolved and continuing trauma continues to be an underlying risk factor, whether that is related to family violence, homelessness, unemployment, or any of a list of factors. Lack of education for youth and parents contributes to substance use within our region.

What are your key findings?

Demographics: Region 2 is primarily made up of individuals 25-44 years of age, followed by <18-years old. 25-44-years old make up 68% of our population, <18 is 24%, followed closed by 45-64-years old at 23%. Ethnicity is dominated by Anglos; however, there is a growing Hispanic population in our area.

Socioeconomics: Regional per capita income remains lower than the state percentage. Unemployment has returned to the rates during 2018 – 2019 after a significant increase in 2020 due to COVID-19. Unemployment rates have returned to 4%. Students receiving free & reduced lunch remain below the state rate; however, we still report a rate of 57% of students receiving either free or reduced lunch. There are many factors that make up the socioeconomics in our region and within each county. The rates and percentages don't always tell the entire story; qualitative data helps to fill in the gaps.

Consumption: Alcohol and marijuana are the most consumed substances among high school and college aged students in our region. Methamphetamines are the most used substance by the adult population according to stakeholder interviews within Region 2.

Consequences: Child abuse, domestic violence, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. OSAR screenings and referrals to treatment have also increased. The PADRES program has seen a measurable increase in program participants.

Protective Factors: Our region has numerous non-profits and social service agencies within our counties. Many of these services provide basic needs such as food, water, and clothes; others provide treatment for mental health, an array of disabilities, psychiatric treatment; others provide counseling inpatient/outpatient services; intervention services include drug and alcohol referrals and counseling, peer recovery coaching, pregnancy intervention for new and expecting mothers at-risk, and the numerous coalitions and community groups all willing to assist client and community members in needs. Region 2 has an atmosphere of a small town in which people truly care in assisting one another.

Tables

Table 1. County Total Population 2018-2020

County	Estimated Population 2018	Estimated Population 2019	U.S. Census Population 2020
Archer	8,789	8,716	8,560
Baylor	3,591	3,577	3,465
Brown	37,834	37,855	38,095
Callahan	13,770	13,856	13,708
Clay	10,387	10,403	10,218
Coleman	8,391	8,334	7,684
Comanche	13,495	13,529	13,594
Cottle	39,571	1,642	1,380
Eastland	1,623	18,273	17,725
Fisher	18,270	3,856	3,672
Foard	3,883	1,275	1,095
Hardeman	1,408	3,945	3,549
Haskell	5,809	5,726	5,416
Jack	8,842	8,852	8,472
Jones	19,891	19,943	19,663
Kent	749	647	753
Knox	3,733	3,705	3,353
Mitchell	8,558	8,523	8,990
Montague	19,409	19,489	19,965
Nolan	14,966	14,904	14,738
Runnels	10,310	10,277	9,900
Scurry	17,239	17,096	16,932
Shackelford	3,311	3,296	3,105
Stephens	9,372	9,364	9,101
Stonewall	1,385	1,476	1,245
Taylor	136,348	136,870	143,208
Throckmorton	1,567	1,436	1,440
Wichita	131,818	131,596	129,350
Wilbarger	12,906	12,833	12,887
Young	18,114	18,036	17,867
Region	585,339	549,330	549,130
Texas	27,885,195	28,260,856	29,145,505

Table 2. Total Male & Female Population, 2020

County	U.S. Census Population 2020	Total Male	Total Female
Archer	8560	4261	4299
Baylor	3465	1671	1794
Brown	38095	18960	19135
Callahan	13708	6812	6896
Clay	10218	5076	5142
Coleman	7684	3790	3894
Comanche	13594	6798	6796
Cottle	1380	671	709
Eastland	17725	8706	9019
Fisher	3672	1816	1856
Foard	1095	539	556
Hardeman	3549	1767	1782
Haskell	5416	2828	2588
Jack	8472	4708	3764
Jones	19663	12246	7417
Kent	753	370	383
Knox	3353	1679	1674
Mitchell	8990	5495	3495
Montague	19965	9820	10145
Nolan	14738	7292	7446
Runnels	9900	4917	4983
Scurry	16932	8932	8000
Shackelford	3105	1510	1595
Stephens	9101	4778	4323
Stonewall	1245	595	650
Taylor	143208	69920	73288
Throckmorton	1440	684	756
Wichita	129350	66109	63241
Wilbarger	12887	6381	6506
Young	17867	8821	9046
Region	549,130	277,952	271,178
Texas	29,145,505	14,394,682	14,750,823

Table 3. County Total Age Groups; 2020

County	Age <18	Age 18-24	Age 25-44	Age 45-64	Age 65 - 85+
Archer	1,948	584	1,830	2,509	1,689
Baylor	829	207	705	890	839
Brown	8,217	3,350	8,405	9,932	8,191
Callahan	3,012	885	3,076	3,723	3,012
Clay	2,074	625	2,153	2,992	2,374
Coleman	1,519	407	1,370	2,230	2,158
Comanche	3,028	888	2,716	3,665	3,297
Cottle	283	77	298	352	370
Eastland	3,739	1,850	3,568	4,536	4,032
Fisher	810	199	769	994	900
Foard	196	67	205	309	318
Hardeman	809	280	770	877	813
Haskell	1,084	392	1,306	1,397	1,237
Jack	1,823	642	2,281	2,243	1,483
Jones	3,476	1,601	6,384	5,156	304
Kent	145	39	140	191	238
Knox	827	210	705	853	758
Mitchell	1,775	848	2,990	2,050	1,327
Montague	4,413	1,371	4,171	5,402	4,608
Nolan	3,710	1,171	3,260	3,687	2,910
Runnels	2,264	673	2,048	2,626	2,289
Scurry	4,283	1,617	4,428	3,976	2,628
Shackelford	743	216	609	866	671
Stephens	1,974	681	2,256	2,268	1,922
Stonewall	242	64	209	352	378
Taylor	34,643	17,597	37,366	31,454	22,148
Throckmorton	312	70	284	370	404
Wichita	28,658	16,285	33,395	30,265	20,747
Wilbarger	2,966	1,178	3,147	3,229	2,367
Young	4,219	1,297	3,982	4,583	3,786
Region	124,021	55,371	134,826	133,977	98,198
State	7,446,176	2,796,936	8,159,336	6,839,335	3,620,798

Table 4. County Total Race & Ethnicity 2021

County	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Native Hawaiian & Pacific Islander	Non-Hispanic Asian	Non-Hispanic American Indian and Alaska Native	Non-Hispanic Other	Non-Hispanic 2 or more Races
Archer	7,356	30	0	18	71	21	322
Baylor	2,797	52	0	9	11	8	149
Brown	26,672	1,353	27	269	134	96	1,333
Callahan	11,555	118	7	52	66	50	554
Clay	8,941	35	0	50	78	31	442
Coleman	6,013	142	0	32	36	29	240
Comanche	9,197	39	3	38	49	24	377
Cottle	902	96	1	0	2	0	52
Eastland	13,653	335	16	95	96	26	570
Fisher	2,496	92	2	13	15	11	70
Foard	845	19	1	3	0	2	28
Hardeman	2,441	130	1	18	14	7	120
Haskell	3,628	181	5	22	28	24	151
Jack	6,358	294	5	41	35	9	209
Jones	11,485	1,978	4	111	66	41	474
Kent	657	2	0	0	3	3	7
Knox	1,935	146	3	24	8	5	102
Mitchell	4,328	925	1	54	34	11	183
Montague	16,342	73	4	84	155	34	912
Nolan	8,138	625	2	103	53	31	432
Runnels	6,062	132	6	24	39	15	268
Scurry	8,637	599	5	82	60	27	383
Shackelford	2,612	20	0	14	6	2	88
Stephens	6,256	237	1	60	36	27	280
Stonewall	958	18	0	5	3	2	33
Taylor	87,316	10,980	161	2,815	589	468	6,123
Throckmorton	1,248	1	0	3	3	0	40
Wichita	79,694	13,379	140	2,647	992	476	6,219
Wilbarger	7,012	1,013	0	566	96	32	434
Young	13,409	174	0	86	79	38	573
Region	358,943	33,218	395	7,338	2,857	1,550	21,168

Table 5. Race & Ethnicity 2020

County	Hispanic White	Hispanic Black	Hispanic Native Hawaiian & Pacific Islander	Hispanic Asian	Hispanic American Indian and Alaska Native	Hispanic Other	Hispanic 2 or more Races
Archer	195	2	37	1	0	280	227
Baylor	239	5	0	0	0	106	89
Brown	2,654	109	98	5	0	2,705	2,640
Callahan	599	15	14	1	0	302	375
Clay	237	4	16	0	0	162	222
Coleman	569	9	29	0	0	305	280
Comanche	1,098	9	67	0	0	1,397	1,296
Cottle	125	0	3	0	1	121	77
Eastland	1,024	21	54	9	0	937	889
Fisher	425	15	15	1	0	243	274
Foard	79	0	0	2	0	79	37
Hardeman	307	13	4	0	5	306	183
Haskell	504	24	16	6	0	512	315
Jack	305	17	35	0	0	770	394
Jones	1,417	46	54	3	3	2,933	1,048
Kent	19	0	3	1	0	28	30
Knox	458	19	1	0	0	449	203
Mitchell	1,071	36	54	0	0	1,607	686
Montague	724	8	39	0	0	678	912
Nolan	2,097	87	55	1	3	1,519	1,592
Runnels	1,418	14	47	0	1	940	934
Scurry	2,230	38	66	1	3	2,819	1,982
Shackelford	119	3	4	4	0	126	107
Stephens	757	9	25	3	0	869	541
Stonewall	74	2	7	0	0	64	79
Taylor	11,909	791	673	109	28	10,194	11,052
Throckmorton	46	1	2	0	0	32	64
Wichita	7,024	508	451	100	41	9,963	7,716
Wilbarger	1,080	49	81	5	0	1,603	916
Young	989	9	105	3	0	1,474	928
Region	39,792	1,863	2,055	255	85	43,523	36,088

Table 6. Race Ethnicity Alone

County	White alone or with one or more races	Black alone or with one or more races	Native Hawaiian, Pacific Islander alone or with one or more races	Asian alone or with one or more races	American Indian, Alaska Native alone or with one or more races	Other race alone or with one or more races
Archer	8077	106	19	74	297	581
Baylor	3252	113	9	22	84	235
Brown	33202	1881	82	382	1116	5576
Callahan	13068	269	27	109	412	800
Clay	9831	121	7	87	416	477
Coleman	7079	236	11	58	258	616
Comanche	11943	127	15	62	445	2740
Cottle	1132	128	13	18	39	202
Eastland	16081	497	32	169	561	1920
Fisher	3254	149	11	27	78	523
Foard	982	33	6	12	28	117
Hardeman	3034	195	17	30	101	501
Haskell	4577	268	10	43	148	851
Jack	7256	350	14	72	241	1191
Jones	14386	2187	37	158	415	4071
Kent	704	11	8	9	13	59
Knox	2669	210	10	34	80	676
Mitchell	6224	1072	15	71	212	2293
Montague	18854	206	20	129	879	1762
Nolan	12158	953	29	150	419	3156
Runnels	8645	252	43	65	258	1916
Scurry	13172	812	23	140	406	4810
Shackelford	2906	46	12	33	87	243
Stephens	7801	327	27	89	281	1480
Stonewall	1139	41	7	9	33	148
Taylor	115557	14655	453	4299	4570	21804
Throckmorton	1394	17	5	8	45	95
Wichita	99899	16588	440	3968	4906	18335
Wilbarger	9392	1259	24	632	482	2542
Young	15872	324	19	132	582	2487
Region	453,540	43,433	1,445	11,091	17,892	82,207

Table 7. County Total Limited English Speak Households 2017 - 2021

County	Total Households 2017-2021	Limited English- Speaking Household 2017-2021	Percent 2017-2021
Archer	3,371	65	1.9%
Baylor	1,509	8	0.5%
Brown	14,651	284	1.9%
Callahan	5,247	35	0.7%
Clay	4,119	0	0.0%
Coleman	3,222	25	0.8%
Comanche	5,138	143	2.8%
Cottle	654	5	0.8%
Eastland	6,697	109	1.6%
Fisher	1,533	47	3.1%
Foard	471	27	5.7%
Hardeman	1,222	86	7.0%
Haskell	2,030	106	5.2%
Jack	2,914	91	3.1%
Jones	5,792	229	4.0%
Kent	243	9	3.7%
Knox	1,251	120	9.6%
Mitchell	2,258	216	9.6%
Montague	7,835	95	1.2%
Nolan	5,548	275	5.0%
Runnels	3,746	50	1.3%
Scurry	5,973	111	1.9%
Shackelford	1,269	0	0.0%
Stephens	3,385	52	1.5%
Stonewall	472	14	3.0%
Taylor	53,292	1,308	2.5%
Throckmorton	618	12	1.9%
Wichita	48,173	1,376	2.9%
Wilbarger	4,586	150	3.3%
Young	7,409	284	3.8%
Region	204,628	5,332	3.0%

Table 8. County Total Languages Spoken

County	% English	% Spanish	%Indo-European	% Asian and Pacific	% Other
Archer	94.50%	1.78%	0.00%	0.14%	0.00%
Baylor	86.41%	0.05%	0.00%	0.00%	0.00%
Brown	79.98%	0.18%	0.02%	0.01%	0.00%
Callahan	88.86%	0.04%	0.03%	0.00%	0.00%
Clay	95.02%	0.00%	0.00%	0.00%	0.00%
Coleman	81.41%	0.65%	0.01%	0.00%	0.00%
Comanche	77.46%	0.03%	0.00%	0.00%	0.00%
Cottle	83.33%	0.07%	0.00%	0.00%	0.00%
Eastland	85.87%	0.15%	0.00%	0.11%	0.00%
Fisher	77.30%	0.28%	0.00%	0.03%	0.00%
Foard	82.17%	0.06%	0.00%	0.00%	0.00%
Hardeman	77.91%	0.05%	0.00%	0.20%	0.00%
Haskell	80.30%	0.05%	0.00%	0.00%	0.00%
Jack	92.97%	0.31%	0.00%	0.00%	0.00%
Jones	82.91%	0.05%	0.00%	0.02%	0.00%
Kent	50.05%	0.04%	0.00%	0.00%	0.00%
Knox	10.59%	0.06%	0.03%	0.00%	0.00%
Mitchell	68.42%	0.95%	0.00%	0.00%	0.00%
Montague	90.81%	0.12%	0.00%	0.00%	0.00%
Nolan	68.08%	0.45%	0.03%	0.00%	0.00%
Runnels	76.27%	0.12%	0.00%	0.00%	0.00%
Scurry	69.58%	0.19%	0.00%	0.00%	0.00%
Shackelford	92.59%	0.00%	0.00%	0.00%	0.00%
Stephens	85.29%	0.15%	0.00%	0.00%	0.00%
Stonewall	81.99%	0.29%	0.00%	0.00%	0.00%
Taylor	75.45%	0.15%	0.02%	0.02%	0.03%
Throckmorton	89.80%	0.20%	0.00%	0.00%	0.00%
Wichita	84.73%	0.23%	0.02%	0.02%	0.00%
Wilbarger	80.50%	0.20%	0.00%	0.11%	0.00%
Young	87.77%	0.38%	0.00%	0.00%	0.00%
Region	79.66%	0.22%	0.01%	0.02%	0.01%

Table 9. County Total Median and Per Capita Income

County	Median Household Income	Per Capita Income
Archer	\$ 67,083	\$ 36,369
Baylor	\$ 43,705	\$ 26,586
Brown	\$ 49,232	\$ 27,819
Callahan	\$ 55,820	\$ 28,303
Clay	\$ 69,967	\$ 33,703
Coleman	\$ 47,216	\$ 26,700
Comanche	\$ 55,743	\$ 27,646
Cottle	\$ 43,654	\$ 26,325
Eastland	\$ 43,953	\$ 28,110
Fisher	\$ 55,862	\$ 31,291
Foard	\$ 37,679	\$ 26,585
Hardeman	\$ 56,400	\$ 27,232
Haskell	\$ 48,432	\$ 34,429
Jack	\$ 56,916	\$ 26,493
Jones	\$ 55,757	\$ 19,153
Kent	\$ 63,994	\$ 30,380
Knox	\$ 50,163	\$ 24,555
Mitchell	\$ 50,144	\$ 21,765
Montague	\$ 59,127	\$ 29,920
Nolan	\$ 44,700	\$ 26,397
Runnels	\$ 52,103	\$ 27,519
Scurry	\$ 53,376	\$ 25,498
Shackelford	\$ 54,896	\$ 31,474
Stephens	\$ 46,537	\$ 28,042
Stonewall	\$ 62,273	\$ 24,660
Taylor	\$ 57,811	\$ 29,698
Throckmorton	\$ 47,500	\$ 30,232
Wichita	\$ 53,272	\$ 27,231
Wilbarger	\$ 45,262	\$ 22,560
Young	\$ 52,074	\$ 31,127
Region	\$ 52,688	\$ 27,927
Texas	\$ 67,321	\$ 34,255

Table 10. County Total Labor Force 2022

County	2022 Labor Force	2022 Employed	2022 Unemployed
Archer	4,013	3,878	135
Baylor	1,925	1,873	52
Brown	15,271	14,609	662
Callahan	6,279	6,055	224
Clay	4,867	4,680	187
Coleman	3,046	2,914	132
Comanche	6,323	6,103	220
Cottle	862	839	23
Eastland	6,694	6,389	305
Fisher	1,641	1,584	57
Foard	562	544	18
Hardeman	1,792	1,729	63
Haskell	2,771	2,689	82
Jack	3,443	3,313	130
Jones	5,826	5,575	251
Kent	627	614	13
Knox	1,484	1,426	58
Mitchell	2,309	2,207	102
Montague	9,242	8,909	333
Nolan	6,782	6,528	254
Runnels	4,694	4,539	155
Scurry	6,283	6,023	260
Shackelford	1,830	1,780	50
Stephens	4,073	3,921	152
Stonewall	695	674	21
Taylor	68,871	66,574	2,297
Throckmorton	738	715	23
Wichita	55,458	53,290	2,168
Wilbarger	4,832	4,596	236
Young	8,083	7,806	277
Region	241,316	232,376	8,940

Table 11. County Total Unemployment Rates 2018 - 2022

County	2022 Unemployment	2021 Unemployment	2020 Unemployment	2019 Unemployment	2018 Unemployment
Archer	3.4%	4.2%	5.3%	2.8%	3.1%
Baylor	2.7%	3.4%	3.4%	2.3%	3.2%
Brown	4.3%	5.2%	6.5%	3.7%	3.8%
Callahan	3.6%	4.6%	5.4%	3.1%	3.4%
Clay	3.8%	4.9%	5.5%	3.1%	3.2%
Coleman	4.3%	6.0%	7.3%	4.1%	4.0%
Comanche	3.5%	4.6%	5.5%	3.2%	3.6%
Cottle	2.7%	4.6%	5.0%	4.2%	4.4%
Eastland	4.6%	5.8%	6.7%	3.3%	3.4%
Fisher	3.5%	4.2%	4.5%	2.9%	3.2%
Foard	3.2%	3.4%	4.0%	3.0%	2.9%
Hardeman	3.5%	4.3%	4.4%	3.0%	3.6%
Haskell	3.0%	3.9%	4.3%	3.3%	3.9%
Jack	3.8%	5.5%	7.0%	3.2%	2.5%
Jones	4.3%	6.2%	7.1%	4.3%	4.8%
Kent	2.1%	2.9%	3.9%	2.4%	2.5%
Knox	3.9%	4.7%	5.6%	3.2%	3.6%
Mitchell	4.4%	7.1%	7.9%	3.7%	4.2%
Montague	3.6%	5.1%	6.6%	2.9%	3.2%
Nolan	3.7%	4.8%	5.4%	2.9%	3.3%
Runnels	3.3%	4.1%	4.9%	2.8%	3.2%
Scurry	4.1%	6.7%	8.2%	3.2%	3.4%
Shackelford	2.7%	4.0%	5.3%	2.2%	2.3%
Stephens	3.7%	4.9%	6.1%	3.0%	3.6%
Stonewall	3.0%	4.1%	5.1%	2.9%	3.4%
Taylor	3.3%	4.3%	5.5%	2.9%	3.2%
Throckmorton	3.1%	2.8%	4.7%	3.7%	3.3%
Wichita	3.9%	5.3%	6.6%	3.2%	3.4%
Wilbarger	4.9%	6.6%	5.9%	3.6%	4.2%
Young	3.7%	4.5%	5.3%	3.0%	3.3%
Region	3.9%	5.7%	6.0%	3.1%	3.6%

Table 12. County Total TANF Recipients 2020 - 2022

County	Number of Recipients 2020	Number of Recipients 2021	Number of Recipients 2022
Archer	31	69	22
Baylor	117	114	29
Brown	542	319	92
Callahan	116	125	23
Clay	108	49	15
Coleman	199	152	58
Comanche	187	136	15
Cottle	78	12	0
Eastland	237	166	45
Fisher	106	81	31
Foard	6	10	0
Hardeman	135	102	41
Haskell	134	94	18
Jack	28	17	2
Jones	261	147	59
Kent	4	0	0
Knox	36	26	0
Mitchell	97	79	32
Montague	96	83	52
Nolan	235	144	12
Runnels	96	70	13
Scurry	153	126	91
Shackelford	0	6	6
Stephens	65	78	20
Stonewall	8	0	0
Taylor	2,263	1,646	621
Throckmorton	9	0	0
Wichita	2,944	1,955	691
Wilbarger	279	204	6
Young	282	126	78
Region	8,852	6,136	2,072
Texas	413,366	413,336	90,441

Table 13. County Total TANF Recipients Per 100k

County	2020 Recipients per 100k	2021 Recipients per 100K	2022 Recipients per 100k
Archer	362.20	806.10	257.00
Baylor	3,376.60	3,290.00	837.00
Brown	1,422.80	837.40	241.50
Callahan	846.20	912.00	167.80
Clay	1,034.10	479.50	146.80
Coleman	1,057.00	1,978.10	754.82
Comanche	1,375.60	1,000.40	110.34
Cottle	5,652.20	869.60	0.00
Eastland	1,337.10	936.50	253.90
Fisher	2,887.00	2,206.00	844.20
Foard	548.00	913.20	0.00
Hardeman	3,804.00	2,874.00	1,155.30
Haskell	2,474.20	1,735.60	332.35
Jack	331.00	200.70	23.61
Jones	1,327.40	747.60	300.05
Kent	531.30	0.00	0.00
Knox	1,074.00	775.40	0.00
Mitchell	1,079.00	878.70	355.95
Montague	481.00	415.70	260.45
Nolan	1,595.00	977.10	81.42
Runnels	970.00	707.00	131.31
Scurry	904.00	744.20	537.44
Shackelford	0.00	193.20	193.24
Stephens	714.20	857.00	219.76
Stonewall	642.60	0.00	0.00
Taylor	1,580.20	1,149.40	433.63
Throckmorton	625.00	0.00	0.00
Wichita	2,276.00	1,511.40	534.21
Wilbarger	2,165.00	1,583.00	46.60
Young	1,578.30	705.20	436.60
Region	1,612.00	1,117.40	377.32
Texas	1,418.30	544.40	310.31

Table 14. County Total TANF Per 1k

County	2020 Recipients per 1k	2021 Recipients per 1K	2022 Recipients per 1k
Archer	3.62	8.06	2.57
Baylor	33.77	32.90	8.37
Brown	14.23	8.37	2.52
Callahan	8.46	9.12	1.68
Clay	10.34	4.79	1.47
Coleman	10.57	19.78	7.55
Comanche	13.76	10.00	1.10
Cottle	56.52	8.70	0.00
Eastland	13.37	9.36	2.54
Fisher	28.87	22.06	8.44
Foard	5.48	9.13	0.00
Hardeman	38.04	28.74	11.55
Haskell	24.74	17.36	3.32
Jack	3.31	2.01	2.40
Jones	13.27	7.48	3.00
Kent	5.31	0.00	0.00
Knox	10.74	7.75	0.00
Mitchell	10.79	8.79	3.56
Montague	4.81	4.16	2.60
Nolan	15.95	9.77	8.40
Runnels	9.70	7.07	1.31
Scurry	9.04	7.44	5.37
Shackelford	0.00	1.93	1.93
Stephens	7.14	8.57	2.20
Stonewall	6.43	0.00	0.00
Taylor	15.80	11.49	4.34
Throckmorton	6.25	0.00	0.00
Wichita	22.76	15.44	5.34
Wilbarger	21.65	15.83	4.70
Young	15.78	7.05	4.36
Region	16.12	11.17	3.77
Texas	14.18	5.44	3.00

Table 15. County Total SNAP Eligible Individuals 2020 – 2022

County	2020 Median # Cases Per 100 Households	2021 Median # Cases Per 100 Households	2022 Median # Cases Per 100 Households
Archer	8.91	7.69	8.19
Baylor	17.63	17.00	16.93
Brown	16.80	15.50	15.54
Callahan	13.38	12.43	12.84
Clay	9.80	8.95	9.77
Coleman	16.41	15.42	15.55
Comanche	13.81	12.99	13.37
Cottle	16.48	16.39	16.64
Eastland	17.36	15.71	16.34
Fisher	12.99	12.35	12.67
Foard	13.50	12.45	13.40
Hardeman	17.10	15.18	14.84
Haskell	20.05	17.85	18.54
Jack	13.37	12.29	12.03
Jones	15.75	14.52	15.00
Kent	9.62	8.97	9.94
Knox	16.81	15.59	17.45
Mitchell	15.36	14.02	14.94
Montague	12.92	12.17	11.82
Nolan	19.28	17.87	18.41
Runnels	15.01	14.15	14.44
Scurry	14.89	13.78	13.76
Shackelford	11.30	10.75	11.58
Stephens	17.24	15.80	16.14
Stonewall	11.09	9.64	10.91
Taylor	15.57	13.95	14.14
Throckmorton	11.82	9.43	10.59
Wichita	18.24	16.69	16.94
Wilbarger	19.16	18.26	18.79
Young	13.41	12.71	12.66

Table 16. County Total Free and Reduced Lunches 2018 - 2022

	2018-2019 Free and Reduced Lunch	2019-2020 Free and Reduced Lunch	2020-2021 Free and Reduced Lunch	2021-2022 Free and Reduced Lunch
Archer	650	629	639	646
Baylor	338	347	356	374
Brown	4,279	4,104	3,737	3,856
Callahan	1,360	1,361	1,240	1,246
Clay	831	782	784	668
Coleman	865	879	841	854
Comanche	1,615	1,676	1,535	1,388
Cottle	131	136	121	116
Eastland	1,765	1,731	1,630	1,659
Fisher	303	559	308	337
Foard	147	178	152	140
Hardeman	561	593	561	516
Haskell	663	603	535	557
Jack	1,017	1,066	1,081	1,054
Jones	1,691	1,667	1,645	1,645
Kent	52	66	68	68
Knox	453	503	468	481
Mitchell	777	736	670	740
Montague	1,896	1,875	1,838	1,838
Nolan	1,967	1,984	1,941	3,543
Runnels	1,114	1,177	1,175	1,233
Scurry	1,963	1,961	1,904	1,883
Shackelford	275	314	321	303
Stephens	925	890	884	922
Stonewall	101	116	122	94
Taylor	13,841	13,648	13,099	12,461
Throckmorton	190	187	152	147
Wichita	12,758	12,441	11,445	12,296
Wilbarger	1,505	1,466	1,318	1,521
Young	1,962	1,871	1,796	1,926
Region	55,995	55,546	52,366	54,512
Texas	3,288,771	3,303,400	3,233,649	3,289,711

Table 17. County Total Percentage of Students Free and Reduced Lunches 2018-2022

County	2018-2019 Free and Reduced Lunch	2019-2020 Free and Reduced Lunch	2020-2021 Free and Reduced Lunch	2021-2022 Free and Reduced Lunch
Archer	33%	32%	32%	30%
Baylor	58%	60%	57%	60%
Brown	63%	62%	58%	60%
Callahan	54%	54%	50%	48%
Clay	50%	47%	48%	40%
Coleman	67%	71%	67%	70%
Comanche	67%	67%	65%	60%
Cottle	64%	68%	66%	72%
Eastland	62%	62%	60%	62%
Fisher	55%	57%	56%	59%
Foard	70%	77%	75%	73%
Hardeman	80%	82%	76%	74%
Haskell	76%	74%	68%	72%
Jack	62%	65%	66%	64%
Jones	63%	62%	62%	62%
Kent	34%	39%	39%	40%
Knox	64%	64%	61%	63%
Mitchell	56%	54%	53%	57%
Montague	55%	55%	54%	54%
Nolan	62%	62%	62%	64%
Runnels	56%	57%	58%	61%
Scurry	62%	62%	60%	61%
Shackelford	45%	50%	52%	49%
Stephens	62%	61%	63%	65%
Stonewall	45%	53%	57%	51%
Taylor	57%	55%	55%	52%
Throckmorton	65%	59%	50%	46%
Wichita	62%	60%	57%	61%
Wilbarger	65%	64%	59%	69%
Young	60%	58%	56%	60%
Region	59%	58%	57%	57%
Texas	61%	60%	60%	61%

Table 18. County Total Homeless Students 2018 - 2022

County	2018-2019 Homeless Students	2019-2020 Homeless Students	2020-2021 Homeless Students	2021-2022 Homeless Students	2022-2023 Homeless Students
Archer	26	masked	25	12	30
Baylor	0	masked	masked	masked	masked
Brown	75	77	83	68	49
Callahan	48	45	67	52	76
Clay	31	70	58	60	77
Coleman	41	33	48	19	26
Comanche	65	78	88	58	60
Cottle	0	0	0	0	0
Eastland	153	144	101	94	123
Fisher	10	29	21	27	34
Foard	0	0	0	masked	masked
Hardeman	masked	masked	18	11	27
Haskell	25	40	28	45	37
Jack	27	20	masked	28	14
Jones	243	270	279	206	197
Kent	0	0	0	0	0
Knox	masked	masked	masked	14	masked
Mitchell	10	13	masked	masked	11
Montague	32	20	18	15	44
Nolan	38	57	46	77	69
Runnels	27	33	41	32	39
Scurry	27	11	26	masked	29
Shackelford	27	24	23	19	24
Stephens	43	64	74	30	35
Stonewall	masked	15	17	masked	masked
Taylor	1,047	1,126	908	707	903
Throckmorton	23	34	26	39	29
Wichita	340	294	276	235	161
Wilbarger	14	22	18	24	38
Young	28	59	52	40	57
Region	2,400	2,578	2,341	1,912	2,189
Texas	72,782	78,131	57,580	61,362	71,639

Table 19. Homeless Adults 2019 - 2023

County	Year	Total Homeless	Male	Female	Under 18	18-24	Chronically Homeless	Veterans
Brown	2019	4	3	1	0	4	0	0
Brown	2020	23	12	11	0	0	5	1
Brown	2021	15	5	10	3	0	0	0
Brown	2022	23	6	10	0	1	1	2
Brown	2023	31	9	12	3	1	4	1
Taylor	2019	206	130	73	29	10	16	7
Taylor	2020	116	69	42	3	7	18	12
Taylor	2021	87	48	15	13	2	14	10
Taylor	2022	208	18	33	42	15	43	20
Taylor	2023	208	110	74	30	17	62	17

Table 20. County Total High School Graduate 2018 - 2021

County	2018 Less than High School Graduate	2018 High School Graduate or Equivalent	2019 Less than High School Graduate	2019 High School Graduate or Equivalent	2020 Less than High School Graduate	2020 High School Graduate or Equivalent	2021 Less than High School Graduate	2021 High School Graduate or Equivalent
Archer	657	2,314	675	2,396	654	2,491	657	2,563
Baylor	304	923	383	997	318	1,054	398	1,065
Brown	4,057	10,407	3,868	10,720	3,708	10,582	3,761	10,537
Callahan	1,226	4,073	1,260	3,921	1,212	3,850	1,132	3,657
Clay	837	3,197	843	3,005	789	2,897	737	2,828
Coleman	1,242	2,225	944	2,362	917	2,348	866	2,105
Comanche	1,820	3,724	1,731	3,601	1,575	3,515	1,581	3,339
Cottle	236	347	275	293	242	289	184	308
Eastland	2,365	4,986	2,233	4,542	2,079	4,468	2,051	4,144
Fisher	427	1,061	417	1,027	340	1,048	381	1,027
Foard	254	302	176	303	172	255	212	209
Hardeman	692	1,013	730	973	614	963	430	1,012
Haskell	1,346	1,620	1,481	1,634	1,356	1,529	1,115	1,635
Jack	1,548	2,858	1,462	2,843	1,509	2,698	1,388	2,567
Jones	3,913	6,468	3,917	6,318	3,832	6,333	3,388	6,537
Kent	104	198	67	165	50	140	51	107
Knox	521	973	519	980	557	868	495	841
Mitchell	1,704	2,566	1,725	2,769	1,313	3,007	1,548	3,020
Montague	2,287	5,550	2,204	5,806	2,082	5,531	2,167	5,651
Nolan	2,280	3,612	2,151	3,839	2,160	3,833	2,175	3,559
Runnels	1,676	2,767	1,614	2,814	1,432	2,780	1,241	2,760
Scurry	2,932	4,329	2,766	4,659	2,649	4,366	2,612	4,367
Shackelford	468	598	408	545	369	514	282	509
Stephens	1,792	2,230	1,625	2,238	1,503	2,558	1,105	2,523
Stonewall	142	471	202	378	177	413	133	354
Taylor	11,549	31,488	10,637	32,815	10,656	32,242	11,451	31,754
Throckmorton	174	481	151	455	154	462	117	439
Wichita	12,704	34,734	12,534	34,875	11,650	35,201	11,527	34,366
Wilbarger	2,099	3,384	2,293	3,399	2,045	3,391	2,099	3,427
Young	2,276	4,869	2,300	4,874	1,978	4,553	1,740	4,584
Region	63,632	143,768	61,591	145,546	58,092	144,179	57,024	141,794
Texas	3,414,448	5,353,036	3,366,181	5,448,957	3,277,855	5,504,492	3,217,101	5,529,033

Table 21. County Total College Associate Degree or Higher 2018 - 2021

County	2018 Some College or associate degree	2018 Bachelor's Degree or Higher	2019 Some College or Associate Degree	2019 Bachelor's Degree or Higher	2020 Some College or Associate	2020 Bachelor's Degree or Higher	2021 Some College or Associate Degree	2021 Bachelor's Degree or Higher
Archer	2,375	1,531	2,214	1,537	2,286	1,411	2,070	1,379
Baylor	1,052	512	855	596	847	545	728	488
Brown	9,527	5,220	9,733	5,147	9,807	5,481	10,178	5,330
Callahan	3,383	1,867	3,449	2,124	3,554	2,281	3,752	2,208
Clay	2,770	1,430	2,783	1,645	2,814	1,839	2,946	1,749
Coleman	2,100	995	2,197	1,046	2,126	1,094	2,114	1,168
Comanche	3,010	1,918	3,152	2,026	3,396	2,076	3,587	1,908
Cottle	335	158	382	179	426	205	427	202
Eastland	5,406	1,772	5,578	2,097	5,369	2,504	5,011	2,688
Fisher	1,051	537	1,023	519	1,016	610	939	569
Foard	420	170	413	152	452	113	331	140
Hardeman	925	407	1,030	392	1,122	469	949	391
Haskell	1,153	572	1,064	495	1,074	696	961	713
Jack	1,804	766	1,853	817	1,922	905	1,801	870
Jones	4,277	1,736	4,404	1,822	4,473	1,758	4,566	1,789
Kent	149	131	136	120	167	157	140	142
Knox	751	467	736	482	831	485	825	365
Mitchell	1,912	727	1,667	674	1,567	669	1,824	546
Montague	4,971	2,159	4,648	2,364	5,143	2,466	4,901	2,555
Nolan	3,612	1,570	3,531	1,511	3,556	1,499	3,531	1,620
Runnels	2,061	1,321	2,139	1,314	2,427	1,182	2,323	1,210
Scurry	3,776	1,899	3,533	1,839	3,897	1,821	4,035	1,771
Shackelford	901	560	888	683	902	737	919	706
Stephens	2,146	1,095	2,321	1,061	2,133	1,053	2,163	1,235
Stonewall	318	146	341	157	321	119	301	134
Taylor	37,620	22,012	36,881	22,655	36,480	24,109	37,179	25,922
Throckmorton	384	220	359	241	341	238	353	233
Wichita	34,375	20,254	34,330	20,427	35,145	20,372	34,067	19,976
Wilbarger	3,038	1,474	2,872	1,393	3,069	1,372	3,025	1,385
Young	4,034	2,549	4,028	2,458	4,101	2,975	3,969	3,227
Region	139,636	76,175	138,540	77,973	140,764	81,241	139,915	82,619
Texas	6,367,061	5,457,964	6,439,120	5,668,153	6,537,090	5,934,523	6,520,654	6,149,617

Table 22. County Total Juvenile Liquor Law Violations

County	2018 Liquor Law Violations	2019 Liquor Law Violations	2020 Liquor Law Violations	2021 Liquor Law Violations	2022 Liquor Law Violations
Archer	0	0	0	0	0
Baylor	1	1	0	0	0
Brown	8	3	3	6	2
Callahan	0	2	0	0	0
Clay	2	0	3	0	0
Coleman	0	0	0	0	0
Comanche	2	0	0	0	0
Cottle	0	0	0	0	0
Eastland	0	0	0	0	0
Fisher	0	0	0	0	0
Foard	0	0	0	0	0
Hardeman	0	0	0	0	0
Haskell	0	0	0	0	0
Jack	0	0	0	0	0
Jones	0	0	2	3	0
Kent	0	0	0	0	0
Knox	0	0	0	0	0
Mitchell	0	0	0	0	0
Montague	0	0	0	0	0
Nolan	2	0	0	1	0
Runnels	0	0	0	0	0
Scurry	0	1	0	0	0
Shackelford	0	0	0	0	0
Stephens	0	0	0	0	0
Stonewall	0	0	0	0	0
Taylor	1	0	2	2	1
Throckmorton	0	0	0	0	0
Wichita	4	3	0	0	0
Wilbarger	2	0	0	0	0
Young	0	0	0	0	1
Region	22	10	10	12	4

Table 23. County Total Adult Driving Under the Influence 2018 - 2022

County	2018 Driving Under the Influence	2019 Driving Under the Influence	2020 Driving Under the Influence	2021 Driving Under the Influence	2022 Driving Under the Influence
Archer	1	0	0	1	1
Baylor	4	5	3	3	2
Brown	148	113	87	143	120
Callahan	18	19	7	5	9
Clay	29	7	7	5	17
Coleman	0	2	2	6	5
Comanche	29	52	42	21	19
Cottle	0	0	0	0	0
Eastland	35	11	14	54	30
Fisher	0	0	1	1	3
Foard	0	0	0	0	0
Hardeman	3	1	0	0	3
Haskell	16	13	1	0	0
Jack	28	36	22	17	11
Jones	61	61	72	19	19
Kent	2	1	1	0	0
Knox	4	0	0	1	6
Mitchell	14	17	16	0	0
Montague	45	41	36	14	12
Nolan	49	38	11	37	25
Runnels	38	12	6	6	7
Scurry	54	95	70	61	85
Shackelford	7	1	5	2	11
Stephens	7	6	4	13	5
Stonewall	0	0	0	0	0
Taylor	466	456	443	480	407
Throckmorton	3	2	0	5	2
Wichita	214	222	176	193	267
Wilbarger	29	24	51	39	24
Young	63	50	71	77	64
Region	1367	1285	1148	1203	1154
Texas	79883	78170	66676	68072	63491

Table 24. County Total Adult Drunkenness 2018 - 2022

County	2018 Drunkenness	2019 Drunkenness	2020 Drunkenness	2021 Drunkenness	2022 Drunkenness
Archer	1	1	1	0	2
Baylor	3	1	6	2	0
Brown	72	66	58	5	9
Callahan	35	17	11	5	2
Clay	39	16	15	3	9
Coleman	0	0	0	1	1
Comanche	20	7	8	10	12
Cottle	0	0	0	0	0
Eastland	42	12	14	23	17
Fisher	0	0	1	0	0
Foard	0	0	0	0	0
Hardeman	0	1	0	0	3
Haskell	2	0	0	0	0
Jack	5	9	10	11	1
Jones	30	27	23	6	2
Kent	1	3	0	0	0
Knox	3	1	1	1	1
Mitchell	23	13	11	0	0
Montague	62	28	16	0	0
Nolan	7	0	3	26	0
Runnels	7	5	6	1	2
Scurry	29	28	14	4	0
Shackelford	4	0	0	0	0
Stephens	11	12	11	11	2
Stonewall	0	0	0	0	0
Taylor	603	591	483	68	2
Throckmorton	0	0	0	1	0
Wichita	468	496	251	270	15
Wilbarger	65	48	62	34	12
Young	39	31	27	18	4
Region	1571	1413	1032	500	96

Table 25. County Total Adult Drug Violations 2018 - 2022

County	2018 Drug Abuse Violation	2019 Drug Abuse Violation	2020 Drug Abuse Violation	2021 Drug Abuse Violation	2022 Drug Abuse Violation
Archer	1	10	5	6	14
Baylor	11	15	14	5	4
Brown	342	278	223	249	264
Callahan	115	74	24	4	22
Clay	90	41	22	29	49
Coleman	6	4	4	3	21
Comanche	132	127	78	61	31
Cottle	0	0	0	0	0
Eastland	154	44	46	70	57
Fisher	0	8	4	0	0
Foard	0	0	3	2	0
Hardeman	4	2	0	0	21
Haskell	20	29	13	5	3
Jack	70	90	42	57	49
Jones	122	112	68	31	53
Kent	5	3	1	0	0
Knox	10	4	1	4	1
Mitchell	39	31	35	0	0
Montague	159	96	82	31	22
Nolan	173	76	41	90	20
Runnels	73	71	17	18	15
Scurry	52	116	85	67	50
Shackelford	11	1	0	0	0
Stephens	50	72	60	53	38
Stonewall	0	0	0	0	0
Taylor	1181	1008	550	457	462
Throckmorton	1	5	11	1	0
Wichita	1371	1294	569	508	633
Wilbarger	92	83	104	150	56
Young	243	234	162	188	221
Region	4527	3928	2264	2089	2106

Table 26. County Total Juvenile Drug Violations 2018 - 2022

County	2018 Drug Abuse Violation	2019 Drug Abuse Violation	2020 Drug Abuse Violation	2021 Drug Abuse Violation	2022 Drug Abuse Violation
Archer	0	0	1	0	0
Baylor	0	0	0	0	0
Brown	25	16	18	20	16
Callahan	4	2	3	0	1
Clay	2	0	0	0	1
Coleman	0	0	0	0	0
Comanche	0	4	0	3	1
Cottle	0	0	0	0	0
Eastland	3	1	0	1	0
Fisher	0	1	0	0	0
Foard	0	0	0	0	0
Hardeman	0	0	0	0	0
Haskell	0	0	0	0	0
Jack	4	1	3	2	2
Jones	3	4	0	0	0
Kent	0	0	0	0	0
Knox	2	0	0	0	0
Mitchell	1	3	0	0	0
Montague	2	2	0	3	0
Nolan	14	4	2	4	3
Runnels	0	1	0	0	0
Scurry	1	2	1	2	0
Shackelford	0	0	0	0	0
Stephens	3	1	2	4	0
Stonewall	0	0	0	0	0
Taylor	93	75	29	16	12
Throckmorton	0	0	0	0	0
Wichita	100	102	40	63	85
Wilbarger	5	4	2	12	9
Young	20	6	11	14	6
Region	282	229	112	144	136

Table 27. County Total Violent Crimes 2018 - 2022

County	2018 Violent Crime	2019 Violent Crime	2020 Violent Crime	2021 Violent Crime	2022 Violent Crime
Archer	4	6	1	1	1
Baylor	7	5	9	2	2
Brown	148	127	148	163	117
Callahan	9	9	19	11	17
Clay	25	16	13	11	15
Coleman	20	26	23	9	10
Comanche	24	16	37	33	33
Cottle	0	0	0	0	0
Eastland	45	34	37	49	26
Fisher	0	0	11	0	16
Foard	0	0	0	0	0
Hardeman	0	5	2	3	4
Haskell	2	9	5	10	5
Jack	11	13	16	13	11
Jones	22	12	15	16	17
Kent	2	4	0	0	0
Knox	2	2	5	3	4
Mitchell	25	16	12	0	0
Montague	28	62	32	32	31
Nolan	59	35	25	74	109
Runnels	27	19	31	25	20
Scurry	41	166	91	146	166
Shackelford	0	5	4	2	6
Stephens	2	14	22	26	23
Stonewall	4	1	2	0	0
Taylor	668	531	587	639	614
Throckmorton	4	4	3	8	0
Wichita	465	434	486	667	521
Wilbarger	47	51	40	45	39
Young	35	35	34	42	31
Region	1726	1657	1710	2030	1838

Table 28. County Total Property Crime 2018 - 2022

County	2018 Property Crime	2019 Property Crime	2020 Property Crime	2021 Property Crime	2022 Property Crime
Archer	12	2	16	7	8
Baylor	35	28	28	17	16
Brown	756	899	911	757	642
Callahan	143	127	112	41	89
Clay	124	103	92	67	62
Coleman	42	39	20	78	39
Comanche	181	201	191	156	185
Cottle	0	0	0	0	0
Eastland	200	168	220	224	173
Fisher	0	14	9	0	36
Foard	0	3	0	0	0
Hardeman	6	18	25	21	17
Haskell	26	42	38	30	39
Jack	104	70	86	40	43
Jones	120	133	127	66	92
Kent	9	5	8	0	0
Knox	37	43	17	6	19
Mitchell	303	175	81	0	0
Montague	87	227	204	211	264
Nolan	340	333	169	243	172
Runnels	113	58	136	105	105
Scurry	225	268	206	284	196
Shackelford	9	3	11	10	12
Stephens	47	125	160	112	102
Stonewall	3	0	0	0	0
Taylor	3770	3333	2860	2699	2630
Throckmorton	5	8	6	2	6
Wichita	3760	3642	3623	3491	3175
Wilbarger	287	206	166	152	108
Young	161	152	161	116	144
Region	10905	10425	9683	8935	8374

Table 29. County Total Murder 2018 - 2022

County	2018 Murder	2019 Murder	2020 Murder	2021 Murder	2022 Murder
Archer	0	0	0	0	0
Baylor	0	0	0	0	0
Brown	1	1	0	0	3
Callahan	0	0	0	0	0
Clay	0	0	0	0	0
Coleman	0	1	0	0	0
Comanche	1	2	4	1	0
Cottle	0	0	0	0	0
Eastland	0	3	1	0	0
Fisher	0	0	0		1
Foard	0	0	0	0	0
Hardeman	0	0	0	1	0
Haskell	0	0	0	0	0
Jack	1	0	0	0	0
Jones	1	0	2	0	0
Kent	0	0	0	0	0
Knox	0	0	0	0	0
Mitchell	0	0	0		0
Montague	0	0	0	0	0
Nolan	0	0	0	0	0
Runnels	0	0	1	0	0
Scurry	0	0	1	2	0
Shackelford	0	0	0	0	0
Stephens	0	0	0	0	0
Stonewall	2	0	0		0
Taylor	8	6	4	7	8
Throckmorton	0	0	0	0	0
Wichita	6	4	9	12	15
Wilbarger	0	0	0	0	2
Young	0	1	2	0	0
Region	20	18	24	23	29

Table 30. County Total Juvenile Referrals 2021

County	2021 Juvenile Felonies	2021 Misdemeanor A & B	2021 Violations of Parole	2021 Referral Rate per 1,000
Archer	3	1	1	7
Baylor	0	0	0	0
Brown	17	30	0	45
Callahan	4	5	1	8
Clay	3	2	0	5
Coleman	1	2	0	3
Comanche	9	7	2	18
Cottle	1	0	0	1
Eastland	8	7	0	14
Fisher	0	3	0	3
Foard	1	0	0	1
Hardeman	1	1	0	1
Haskell	4	2	0	2
Jack	1	0	0	1
Jones	5	3	0	8
Kent	0	0	0	0
Knox	1	0	0	1
Mitchell	0	4	0	2
Montague	7	9	1	16
Nolan	25	55	2	72
Runnels	4	13	0	18
Scurry	14	24	0	44
Shackelford	1	2	0	3
Stephens	1	5	1	7
Stonewall	0	0	0	0
Taylor	98	131	25	209
Throckmorton	0	0	0	0
Wichita	172	166	84	292
Wilbarger	8	16	0	23
Young	18	19	1	37
Region	407	507	118	839
Texas	13162	15191	3628	26155

Table 31. County Total Juvenile Disposition 2021

County	2021 Juvenile Deferrals	2021 Probations	2021 Supervisory Caution	2021 Dismissed
Archer	2	0	0	1
Baylor	0	0	0	0
Brown	21	7	6	17
Callahan	8	1	0	0
Clay	4	1	0	0
Coleman	2	0	0	2
Comanche	5	4	0	9
Cottle	0	1	0	0
Eastland	8	5	2	2
Fisher	3	0	0	0
Foard	1	0	0	0
Hardeman	1	0	0	1
Haskell	1	0	0	4
Jack	1	1	0	0
Jones	2	5	0	3
Kent	0	0	0	0
Knox	1	0	0	0
Mitchell	3	0	0	2
Montague	9	4	1	1
Nolan	15	3	43	4
Runnels	3	0	7	4
Scurry	10	3	35	1
Shackelford	2	1	1	0
Stephens	6	0	0	3
Stonewall	0	0	0	0
Taylor	125	49	23	47
Throckmorton	0	0	0	0
Wichita	96	46	56	142
Wilbarger	14	7	9	1
Young	21	9	2	5
Region	364	147	185	249
Texas	8469	7513	5761	9393

Table 32. County Total Juvenile Violent Crime 2018 - 2022

County	2018 Violent Crime	2019 Violent Crime	2020 Violent Crime	2021 Violent Crime	2022 Violent Crime
Archer	0	0	0	0	0
Baylor	0	0	0	0	0
Brown	7	8	5	5	2
Callahan	0	0	1	0	1
Clay	1	3	0	0	0
Coleman	1	0	0	0	0
Comanche	2	0	0	1	1
Cottle	0	0	0	0	0
Eastland	1	3	1	1	1
Fisher	0	0	0	0	0
Foard	0	0	0	0	0
Hardeman	0	0	0	0	0
Haskell	0	0	0	0	0
Jack	0	0	0	1	1
Jones	1	2	0	0	0
Kent	0	0	0	0	0
Knox	0	0	0	0	0
Mitchell	0	0	1	0	0
Montague	16	1	1	0	0
Nolan	0	5	1	0	0
Runnels	0	0	0	0	0
Scurry	1	1	1	1	2
Shackelford	0	0	0	0	0
Stephens	0	0	1	0	1
Stonewall	0	0	0	0	0
Taylor	40	29	18	17	24
Throckmorton	0	0	0	0	0
Wichita	19	26	27	30	26
Wilbarger	0	1	2	5	1
Young	0	0	0	1	0
Region	89	79	59	62	60

Table 33. County Total Uninsured Children 2018 - 2020

County	2018 Uninsured Children	2019 Uninsured Children	2020 Uninsured Children
Archer	233	320	313
Baylor	104	104	106
Brown	850	1116	783
Callahan	361	370	373
Clay	291	314	284
Coleman	263	309	204
Comanche	529	525	443
Cottle	58	53	45
Eastland	545	603	492
Fisher	134	143	135
Foard	41	44	39
Hardeman	149	166	188
Haskell	167	162	154
Jack	291	364	292
Jones	383	507	381
Kent	18	20	28
Knox	178	188	174
Mitchell	225	257	242
Montague	667	668	694
Nolan	417	525	478
Runnels	273	316	380
Scurry	520	624	637
Shackelford	133	146	136
Stephens	288	308	302
Stonewall	51	56	65
Taylor	3216	4108	2951
Throckmorton	62	64	57
Wichita	2653	3723	3392
Wilbarger	333	336	368
Young	642	756	595
Region	14075	17195	14731

Table 34. County Total Uninsured Adults 2018 - 2020

County	2018 Uninsured Adults	2019 Uninsured Adults	2020 Uninsured Adults
Archer	1158	1356	1338
Baylor	456	432	465
Brown	5200	5812	5103
Callahan	2098	2016	2124
Clay	1502	1498	1447
Coleman	1513	1541	1226
Comanche	2550	2462	2217
Cottle	261	226	217
Eastland	2929	3274	2801
Fisher	573	555	545
Foard	201	191	164
Hardeman	774	801	869
Haskell	1040	1042	968
Jack	1449	1550	1362
Jones	2235	2407	2218
Kent	85	77	87
Knox	731	77	694
Mitchell	1163	1085	1077
Montague	3475	3321	3310
Nolan	2166	2383	2367
Runnels	1576	1617	1812
Scurry	2473	2820	2739
Shackelford	547	578	555
Stephens	1670	1633	1631
Stonewall	197	192	224
Taylor	19920	21168	19311
Throckmorton	268	257	242
Wichita	17440	18616	18633
Wilbarger	2203	2192	2297
Young	3130	3309	3012
Region	80983	84488	81055

Table 35. County Total Alcohol Retail 2018 - 2022

County	2018 Alcohol Retail	2019 Alcohol Retail	2020 Alcohol Retail	2021 Alcohol Retail	2022 Alcohol Retail
Archer	17	17	16	15	17
Baylor	10	11	15	15	13
Brown	62	79	84	85	92
Callahan	22	25	28	30	34
Clay	13	14	18	20	22
Coleman	19	21	27	31	24
Comanche	24	25	29	29	29
Cottle	2	2	3	3	4
Eastland	40	46	51	53	53
Fisher	5	6	6	5	5
Foard	2	3	3	2	2
Hardeman	10	12	14	14	13
Haskell	10	11	10	11	12
Jack	13	14	15	15	17
Jones	24	24	27	29	24
Kent	1	0	0	0	0
Knox	9	10	10	14	11
Mitchell	14	15	15	17	17
Montague	39	44	46	44	41
Nolan	35	36	39	38	35
Runnels	25	31	30	29	26
Scurry	28	29	32	33	32
Shackelford	3	3	3	3	3
Stephens	21	27	29	29	30
Stonewall	2	4	3	3	3
Taylor	260	277	295	312	301
Throckmorton	0	0	0	0	0
Wichita	255	281	288	292	282
Wilbarger	23	27	29	30	29
Young	24	24	24	29	32
Region	1012	1118	1189	1226	1203
Texas	58022	53310	56185	57214	57098

Table 36. County Total Alcohol Density Per 100k 2018 - 2022

County	2018 Alcohol Density per 100k	2019 Alcohol Density Rate per 100k	2020 Alcohol Density Rate per 100k	2021 Alcohol Density Rate per 100k	2022 Alcohol Density Rate per 100k
Archer	198.60	198.60	186.92	175.23	198.60
Baylor	288.60	317.46	432.90	432.90	375.18
Brown	162.75	207.38	220.50	223.13	241.50
Callahan	160.49	182.38	204.26	218.85	248.03
Clay	127.23	137.01	176.16	195.73	215.31
Coleman	247.27	273.30	351.38	403.44	312.34
Comanche	176.55	183.90	213.33	213.33	213.33
Cottle	144.93	144.93	217.39	217.39	289.86
Eastland	225.67	259.93	287.73	299.01	299.01
Fisher	136.17	163.40	163.40	136.17	136.17
Foard	182.65	273.97	273.97	182.65	182.65
Hardeman	281.77	338.12	394.48	394.48	366.30
Haskell	184.64	203.10	184.64	203.10	221.57
Jack	153.45	165.25	177.05	177.05	200.66
Jones	122.06	122.06	137.31	147.49	122.06
Kent	132.80	0.00	0.00	0.00	0.00
Knox	268.42	298.24	298.24	298.24	328.06
Mitchell	155.73	166.85	166.85	189.10	189.10
Montague	195.34	220.39	230.40	220.39	205.36
Nolan	237.48	244.27	264.62	257.84	237.48
Runnels	252.53	313.13	303.03	292.93	262.63
Scurry	165.37	171.27	188.99	194.90	188.99
Shackelford	96.62	96.62	96.62	96.62	96.62
Stephens	230.74	296.67	318.65	318.65	329.63
Stonewall	160.64	321.29	240.96	240.96	240.96
Taylor	181.55	193.42	205.99	217.86	210.18
Throckmorton	0.00	0.00	0.00	0.00	0.00
Wichita	197.14	217.24	222.65	225.74	218.01
Wilbarger	178.47	209.51	225.03	232.79	225.03
Young	134.33	134.33	134.33	162.31	179.10
Region	184.29	203.59	216.52	223.26	219.07
Texas	156.01	143.34	151.07	153.84	153.53

Table 37. County Total Tobacco Retail 2018 - 2022

County	2018 Tobacco Retail	2019 Tobacco Retail	2020 Tobacco Retail	2021 Tobacco Retail	2022 Tobacco Retail
Archer	14	15	18	22	30
Baylor	6	6	7	10	14
Brown	47	53	62	72	117
Callahan	21	24	26	33	53
Clay	13	14	17	22	30
Coleman	14	15	19	25	36
Comanche	20	22	26	32	47
Cottle	4	4	5	6	8
Eastland	36	42	47	56	79
Fisher	6	8	9	10	13
Foard	3	3	3	4	6
Hardeman	8	8	11	14	19
Haskell	12	13	16	21	27
Jack	11	13	14	16	28
Jones	22	22	24	30	39
Kent	1	1	1	1	2
Knox	9	9	9	11	16
Mitchell	13	13	13	14	24
Montague	24	28	31	37	56
Nolan	30	33	35	38	57
Runnels	17	19	19	22	34
Scurry	26	26	29	34	51
Shackelford	7	8	8	10	12
Stephens	17	17	20	25	42
Stonewall	3	4	4	5	6
Taylor	160	166	178	207	343
Throckmorton	4	4	5	6	7
Wichita	145	153	161	179	289
Wilbarger	17	18	23	27	37
Young	22	23	23	28	41
Region	732	784	863	1017	1563
Texas	26582	29766	32936	37361	59076

Table 38. County Total Tobacco Density Per 100k 2018 - 2022

County	2018 Tobacco Density per 100k	2019 Tobacco Density Rate per 100k	2020 Tobacco Density Rate per 100k	2021 Tobacco Density Rate per 100k	2022 Tobacco Density Rate per 100k
Archer	198.60	198.60	186.92	175.23	198.60
Baylor	288.60	317.46	432.90	432.90	375.18
Brown	162.75	207.38	220.50	223.13	241.50
Callahan	160.49	182.38	204.26	218.85	248.03
Clay	127.23	137.01	176.16	195.73	215.31
Coleman	247.27	273.30	351.38	403.44	312.34
Comanche	176.55	183.90	213.33	213.33	213.33
Cottle	144.93	144.93	217.39	217.39	289.86
Eastland	225.67	259.93	287.73	299.01	299.01
Fisher	136.17	163.40	163.40	136.17	136.17
Foard	182.65	273.97	273.97	182.65	182.65
Hardeman	281.77	338.12	394.48	394.48	366.30
Haskell	184.64	203.10	184.64	203.10	221.57
Jack	153.45	165.25	177.05	177.05	200.66
Jones	122.06	122.06	137.31	147.49	122.06
Kent	132.80	0.00	0.00	0.00	0.00
Knox	268.42	298.24	298.24	298.24	328.06
Mitchell	155.73	166.85	166.85	189.10	189.10
Montague	195.34	220.39	230.40	220.39	205.36
Nolan	237.48	244.27	264.62	257.84	237.48
Runnels	252.53	313.13	303.03	292.93	262.63
Scurry	165.37	171.27	188.99	194.90	188.99
Shackelford	96.62	96.62	96.62	96.62	96.62
Stephens	230.74	296.67	318.65	318.65	329.63
Stonewall	160.64	321.29	240.96	240.96	240.96
Taylor	181.55	193.42	205.99	217.86	210.18
Throckmorton	0.00	0.00	0.00	0.00	0.00
Wichita	197.14	217.24	222.65	225.74	218.01
Wilbarger	178.47	209.51	225.03	232.79	225.03
Young	134.33	134.33	134.33	162.31	179.10
Region	184.29	203.59	216.52	223.26	219.07
Texas	156.01	143.34	151.07	153.84	153.53

Table 39. County Total E-Cig Retail and Density Per 100k 2022

County	2022 E-Cig Retail	2022 E-Cig Density Rate per 100k
Archer	9	105.14
Baylor	3	86.58
Brown	37	97.12
Callahan	17	124.01
Clay	6	58.72
Coleman	12	156.17
Comanche	12	88.27
Cottle	2	144.92
Eastland	31	174.89
Fisher	3	81.69
Foard	2	182.64
Hardeman	7	197.23
Haskell	9	166.17
Jack	9	106.23
Jones	11	55.94
Kent	1	132.80
Knox	3	89.47
Mitchell	9	100.11
Montague	22	110.19
Nolan	18	122.13
Runnels	14	141.41
Scurry	21	124.02
Shackelford	2	64.41
Stephens	13	142.84
Stonewall	2	160.64
Taylor	126	87.98
Throckmorton	1	69.44
Wichita	114	88.13
Wilbarger	14	108.63
Young	16	89.55
Region	546	99.43
Texas	21640	74.24

Table 40. County Total Prescriptions Dispensed 2020 - 2022

County	2020 Total Prescriptions Dispensed	2021 Total Prescriptions Dispensed	2022 Total Prescriptions Dispensed
Archer	298	1004	1312
Baylor	5890	6147	5743
Brown	93341	86433	84802
Callahan	7399	8514	8313
Clay	7479	7162	6679
Coleman	8139	8165	8979
Comanche	20433	19476	19279
Cottle	0	0	0
Eastland	26115	26189	27312
Fisher	3771	3969	4066
Foard	1013	1039	1229
Hardeman	4892	4755	5054
Haskell	12008	12208	12812
Jack	8549	8184	8315
Jones	7203	6457	5619
Kent	0	0	0
Knox	3850	3428	3293
Mitchell	9434	8858	8578
Montague	40087	39936	39806
Nolan	22544	21526	21343
Runnels	14767	14894	14832
Scurry	21121	20515	20306
Shackelford	2099	2043	2230
Stephens	12048	11421	11798
Stonewall	1308	1368	1505
Taylor	259407	256767	258844
Throckmorton	0	0	0
Wichita	247751	244971	240901
Wilbarger	28729	27396	27058
Young	33935	34475	36037
Region	903610	887300	886045

Table 41. County Total Mental Health Providers 2017 - 2019

County	2017 Mental Health Providers	2017 Ratio of MH Providers	2018 Mental Health Providers	2018 Ratio of MH Providers	2019 Mental Health Providers	2019 Ratio of MH Providers
Archer	1	8,700:1	0	0	0	0
Baylor	0	0	0	0	0	0
Brown	60	640:1	62	610:1	69	550:1
Callahan	2	6,910:1	2	6970:1	1	13990:1
Clay	0	0	0	0	0	0
Coleman	1	8,420:1	1	8430:1	1	8400:1
Comanche	7	1,930:1	7	1940:1	6	2260:1
Cottle	3	0	0	0	0	0
Eastland	3	6,090:1	4	4600:1	4	4580:1
Fisher	0	0	0	0	0	0
Foard	0	0	0	0	0	0
Hardeman	3	1,300:1	3	1330:1	3	1310:1
Haskell	3	1890:1	3	1920:1	3	1940:1
Jack	1	8740:1	1	7730:1	1	8840:1
Jones	1	20010:1	1	19980:1	1	19820:1
Kent	0	0	0	0	0	0
Knox	0	0	0	0	0	0
Mitchell	0	0	0	0	0	0
Montague	6	3240:1	5	3910:1	5	9920:1
Nolan	7	2140:1	7	2110:1	9	1640:1
Runnels	3	3480:1	3	3420:1	4	2560:1
Scurry	3	5780:1	3	5680:1	4	4220:1
Shackelford	2	1660:1	2	1660:1	2	1630:1
Stephens	2	4950:1	2	4670:1	2	4720:1
Stonewall	2	710:1	2	690:1	2	680:1
Taylor	190	720:1	204	670:1	227	610:1
Throckmorton	1	1530:1	1	1530:1	1	1520:1
Wichita	174	760:1	186	710:1	199	660:1
Wilbarger	19	680:1	18	710:1	20	640:1
Young	9	2020:1	9	2000:1	9	2010:1
Region	500	1142:1	526	1091:1	573	1007:1
Texas	27513	1010:1	29561	960:1	32666	880:1

Table 42. County Total Single Parent Households 2021

County	2021 Male Household with children under 18	2021 Percent of Male Households with children under 18	2021 Female Household with children under 18	2021 Percent of Female Household with children under 18	Total Households with Children under 18	Percent of Households with Children under 18	Average Household Size
Archer	42	1.4%	154	4.6%	1003	29.8%	2.54
Baylor	0	0.0%	46	3.0%	444	29.4%	2.27
Brown	163	1.1%	703	4.8%	4325	29.5%	2.49
Callahan	31	0.6%	111	2.1%	1287	24.5%	2.61
Clay	35	0.8%	128	3.1%	1212	29.4%	2.47
Coleman	32	1.0%	127	3.9%	829	25.7%	2.42
Comanche	51	1.0%	154	3.0%	1443	28.1%	2.60
Cottle	9	1.4%	63	9.6%	193	29.5%	2.39
Eastland	37	0.6%	306	4.6%	1745	26.1%	2.52
Fisher	10	0.7%	77	5.0%	452	29.5%	2.41
Foard	4	0.8%	7	1.5%	68	14.4%	2.24
Hardeman	6	0.5%	35	2.9%	308	25.2%	2.90
Haskell	26	1.3%	126	6.2%	532	26.2%	2.52
Jack	25	0.9%	238	8.2%	896	30.7%	2.55
Jones	81	1.4%	220	3.8%	1844	31.8%	2.28
Kent	0	0.0%	0	0.0%	55	22.6%	2.39
Knox	22	1.8%	38	3.0%	325	26.0%	2.62
Mitchell	7	0.3%	147	6.5%	652	28.9%	3.24
Montague	115	1.5%	369	4.7%	2195	28.0%	3.24
Nolan	36	0.6%	408	7.4%	1903	34.3%	2.62
Runnels	33	0.9%	162	4.3%	1064	28.4%	2.59
Scurry	127	2.1%	157	2.6%	2203	36.9%	2.53
Shackelford	31	2.4%	70	5.5%	413	32.5%	2.45
Stephens	68	2.0%	218	6.4%	987	29.2%	2.58
Stonewall	0	0.0%	7	1.5%	203	43.0%	2.80
Taylor	707	1.3%	2996	5.6%	17694	33.2%	2.54
Throckmorton	0	0.0%	30	4.9%	125	20.2%	2.31
Wichita	713	1.5%	2825	5.9%	14045	29.2%	2.42
Wilbarger	24	0.5%	154	3.4%	1291	28.2%	2.61
Young	105	1.4%	427	5.8%	2230	30.1%	2.38
Region	2540	1.2%	10503	5.1%	61966	3.0%	3.20
Texas	139759	1.4%	640866	6.3%	3707603	36.2%	2.76

Table 43. County Total Family Violence 2018 - 2022

County	2018 Family Violence	2019 Family Violence	2020 Family Violence	2021 Family Violence	2022 Family Violence
Archer	3	9	4	3	1
Baylor	16	16	15	22	7
Brown	440	446	491	355	314
Callahan	46	47	45	24	56
Clay	42	37	31	31	27
Coleman	24	25	15	22	17
Comanche	123	79	134	77	102
Cottle	0	0	0	0	0
Eastland	77	70	70	83	61
Fisher	0	7	8	0	26
Foard	0	0	2	0	0
Hardeman	1	17	9	4	12
Haskell	9	10	21	14	9
Jack	32	38	35	30	22
Jones	51	21	50	36	39
Kent	0	3	1	0	0
Knox	3	4	9	5	4
Mitchell	29	48	17	0	0
Montague	24	69	98	77	68
Nolan	62	65	46	129	138
Runnels	28	27	43	45	39
Scurry	138	133	100	87	104
Shackelford	7	2	4	4	6
Stephens	38	50	77	59	56
Stonewall	0	3	1	0	0
Taylor	1785	1983	1955	1555	1630
Throckmorton	4	0	2	2	4
Wichita	1693	1533	1342	1167	1005
Wilbarger	124	90	98	107	61
Young	59	55	62	74	66
Region	4858	4887	4785	4012	3874
Texas	191649	199460	218352	204767	201060

Table 44. County Total Victims of Maltreatment 2018 - 2022

County	2018 Victims of Maltreatment	2019 Victims of Maltreatment	2020 Victims of Maltreatment	2021 Victims of Maltreatment	2022 Victims of Maltreatment
Archer	16	14	17	18	22
Baylor	12	14	20	27	6
Brown	191	232	293	241	163
Callahan	70	48	45	46	87
Clay	35	20	25	32	58
Coleman	56	51	54	39	38
Comanche	42	58	30	44	77
Cottle	3	9	3	8	2
Eastland	61	76	56	105	106
Fisher	18	8	23	25	19
Foard	5	4	3	3	3
Hardeman	9	6	9	8	6
Haskell	28	23	16	25	20
Jack	46	43	36	37	31
Jones	122	95	63	65	43
Kent	3	1	0	0	8
Knox	10	13	12	8	6
Mitchell	59	33	64	54	35
Montague	139	138	115	95	91
Nolan	125	102	107	104	105
Runnels	41	26	34	44	21
Scurry	88	68	77	85	90
Shackelford	15	4	3	9	10
Stephens	25	36	27	36	55
Stonewall	5	4	8	3	776
Taylor	912	862	943	911	572
Throckmorton	3	1	8	3	0
Wichita	504	485	526	565	572
Wilbarger	43	55	53	47	32
Young	61	64	62	65	62
Region	2747	2593	2732	2752	3116

Table 45. County Total Children in Substitute Care 2018 - 2022

County	2018 Children in Substitute Care	2019 Children in Substitute Care	2020 Children in Substitute Care	2021 Children in Substitute Care	2022 Children in Substitute Care
Archer	3	5	10	11	10
Baylor	7	6	16	10	0
Brown	144	151	156	158	123
Callahan	22	17	25	23	32
Clay	16	10	8	18	11
Coleman	40	28	26	17	23
Comanche	17	26	18	23	33
Cottle	1	1	3	0	4
Eastland	29	22	27	49	37
Fisher	6	1	4	6	3
Foard	4	1	4	3	4
Hardeman	2	2	1	4	4
Haskell	19	13	12	25	12
Jack	13	11	12	9	8
Jones	57	72	48	37	37
Kent	0	0	0	0	0
Knox	1	2	4	7	1
Mitchell	21	20	29	22	13
Montague	50	40	41	34	27
Nolan	45	43	59	57	52
Runnels	24	24	17	17	10
Scurry	33	27	43	52	45
Shackelford	9	4	2	5	2
Stephens	11	13	14	19	25
Stonewall	1	1	1	0	0
Taylor	433	486	473	387	375
Throckmorton	0	1	5	1	1
Wichita	243	249	240	281	251
Wilbarger	25	20	32	39	26
Young	33	41	38	36	24
Region	1309	1337	1368	1350	1193

Table 46. TSS Parental Disapproval Alcohol, Tobacco, Marijuana 2022

State/Region	2022 TSS Parental Disapproval of Alcohol	2022 TSS Parental Disapproval of Tobacco	2022 TSS Parental Disapproval of Marijuana
Texas			
All Grades	71.9%	83.8%	81.0%
7th	79.0%	85.0%	84.6%
8th	78.6%	86.7%	86.1%
9th	72.2%	79.4%	80.9%
10th	69.0%	82.1%	77.8%
11th	67.7%	84.1%	79.0%
12th	62.0%	82.1%	73.9%
Region 2			
All Grades	72.3%	85.1%	81.5%
7th	68.0%	85.2%	85.7%
8th	77.7%	85.8%	84.7%
9th	73.1%	85.3%	82.4%
10th	71.8%	84.1%	78.1%
11th	66.9%	85.2%	79.1%
12th	62.6%	84.8%	76.0%

Table 47. TSS Close Friends That Use Alcohol, Tobacco, Marijuana 2022

State/Region	2022 TSS Close Friends that Use Alcohol	2022 TSS Close Friends that Use Tobacco	2022 TSS Close Friends that Use Marijuana
Texas			
All Grades	9.3%	3.9%	8.1%
7th	2.1%	0.7%	2.3%
8th	4.0%	1.4%	3.5%
9th	7.4%	2.4%	6.8%
10th	11.0%	3.1%	10.4%
11th	15.0%	4.9%	12.7%
12th	18.8%	6.6%	14.5%
Region 2			
All Grades	7.1%	3.5%	5.3%
7th	3.3%	1.0%	2.7%
8th	3.0%	1.5%	3.9%
9th	3.8%	1.7%	2.6%
10th	6.8%	2.6%	3.4%
11th	11.9%	6.6%	6.8%
12th	16.5%	9.2%	14.0%

Table 48. TSS Perceived Ease of Access Alcohol, Tobacco, Marijuana 2022

State/Region	2022 TSS Perceived Ease of Alcohol Access	2022 TSS Perceived Ease of Tobacco Access	2022 TSS Perceived Ease of Marijuana Access
Texas			
All Grades	37.6%	22.4%	23.0%
7th	23.1%	9.5%	6.6%
8th	30.6%	13.9%	12.0%
9th	36.1%	21.4%	20.6%
10th	40.0%	25.7%	28.8%
11th	47.5%	31.0%	34.2%
12th	32.5%	37.0%	41.0%
Region 2			
All Grades	39.3%	23.7%	19.4%
7th	25.3%	12.7%	8.5%
8th	32.2%	17.7%	11.9%
9th	35.9%	19.3%	11.8%
10th	44.8%	26.0%	26.0%
11th	48.0%	32.5%	27.4%
12th	56.0%	39.7%	37.6%

Table 49. TSS Alcohol Used at Parties 2022

State/Region	2022 TSS Alcohol Used Most of the Time at Parties	2022 TSS Alcohol Used Always at Parties	2022 TSS Alcohol Never Used at Parties
Texas			
All Grades	6.8%	7.4%	58.9%
7th	3.7%	2.6%	70.8%
8th	4.2%	3.0%	67.7%
9th	6.1%	5.7%	59.7%
10th	7.6%	7.9%	55.7%
11th	9.7%	11.6%	49.5%
12th	10.8%	15.9%	45.9%
Region 2			
All Grades	5.5%	5.4%	57.9%
7th	2.5%	1.7%	74.8%
8th	3.8%	2.1%	64.5%
9th	5.7%	1.6%	58.1%
10th	7.2%	3.9%	52.1%
11th	6.6%	10.3%	47.3%
12th	8.9%	15.0%	43.2%

Table 50. TSS Marijuana Used at Parties 2022

State/Region	2022 TSS Marijuana Used Most of the Time at Parties	2022 TSS Marijuana Used Always at Parties	2022 TSS Marijuana Never Used at Parties
Texas			
All Grades	3.8%	3.8%	66.8%
7th	1.0%	0.6%	80.6%
8th	2.0%	0.9%	76.0%
9th	2.7%	2.8%	66.7%
10th	4.2%	4.9%	62.8%
11th	6.7%	6.0%	56.5%
12th	7.0%	9.1%	54.0%
Region 2			
All Grades	2.9%	2.3%	65.2%
7th	1.0%	0.4%	79.3%
8th	2.4%	1.1%	72.0%
9th	0.7%	0.6%	67.1%
10th	3.0%	1.8%	50.7%
11th	4.5%	4.1%	55.4%
12th	6.8%	6.9%	50.0%

Table 51. County Total High School Dropout Rate 2019 - 2021

County	2019 High School Dropout rate	2020 High School Dropout rate	2021 High School Dropout rate
Archer	0.0	0.0	2.9
Baylor	5.3	0.0	2.3
Brown	1.8	1.1	1.9
Callahan	1.9	0.6	1.9
Clay	4.3	1.7	4.7
Coleman	7.9	6.8	6.4
Comanche	0.0	0.0	0.7
Cottle	0.0	0.0	0.0
Eastland	1.5	1.9	0.5
Fisher	8.6	7.3	0.0
Foard	0.0	0.0	0.0
Hardeman	3.7	2.0	2.2
Haskell	3.6	0.0	5.2
Jack	0.8	1.0	0.0
Jones	2.7	0.0	2.2
Kent	0.0	0.0	0.0
Knox	0.0	0.0	2.2
Mitchell	1.1	0.0	2.3
Montague	0.4	0.9	0.4
Nolan	6.5	4.7	4.5
Runnels	0.9	1.9	0.7
Scurry	1.5	0.5	1.1
Shackelford	5.3	0.0	2.4
Stephens	4.2	7.2	3.8
Stonewall	0.0	0.0	4.5
Taylor	4.2	4.2	4.6
Throckmorton	0.0	0.0	0.0
Wichita	0.9	1.4	1.6
Wilbarger	7.2	5.0	5.3
Young	3.2	0.9	2.4
Region	2.6	1.6	2.2

Table 52. County Total Absenteeism 2021-2022

County	2021-2022 Student Enrollment	2021-2022 Student Total Absences	2021-2022 Average number of absences per student
Archer	2,240	15,859	7.1
Baylor	664	7,000	10.5
Brown	6,800	69,097	10.2
Callahan	2,774	23,258	8.4
Clay	1,819	15,118	8.3
Coleman	1,322	13,584	10.3
Comanche	2,508	21,163	8.4
Cottle	169	1,576	9.3
Eastland	2,900	20,188	7.0
Fisher	644	4,170	6.5
Foard	213	1,871	8.8
Hardeman	743	6,392	8.6
Haskell	837	7,388	8.8
Jack	1,761	17,864	10.1
Jones	2,911	24,892	8.6
Kent	184	1,432	7.8
Knox	785	6,573	8.4
Mitchell	1,380	16,419	11.9
Montague	3,668	33,369	9.1
Nolan	10,783	84,459	7.8
Runnels	2,200	22,195	10.1
Scurry	3,294	45,514	13.8
Shackelford	664	6,188	9.3
Stephens	1,529	15,742	10.3
Stonewall	194	1,380	7.1
Taylor	42,551	445,656	10.5
Throckmorton	356	2,593	7.3
Wichita	21,658	223,179	10.3
Wilbarger	2,374	26,252	11.1
Young	3,429	30,071	8.8
Region	4,112	40,348	9.8

Table 53. TSS Age of Initiation Alcohol, Tobacco, Marijuana, Illicit Drugs 2022

State/Region	2022 TSS Age of First Use Alcohol	2022 TSS Age of First Use Tobacco	2022 TSS Age of First Use Marijuana	2022 TSS Age of First Use Any Illicit Drug
Texas				
All Grades	12.8	13.0	14.1	13.9
7th	10.2	10.6	11.5	11.2
8th	11.1	11.4	12.3	12.1
9th	12.3	12.3	13.2	13.1
10th	13.1	13.1	13.8	13.7
11th	13.8	13.7	14.6	14.5
12th	14.7	14.1	15.2	15.1
Region 2				
All Grades	12.8	12.9	13.7	13.5
7th	10.4	10.8	11.5	11.4
8th	11.2	11.7	12.4	12.2
9th	12.4	12.3	12.3	12.2
10th	13.2	12.6	13.6	13.3
11th	13.9	13.4	14.0	14.1
12th	14.7	14.3	15.3	15.2

Table 54. County Total Graduation Rate 2018 - 2021

County	2018 Graduation Rate	2019 Graduation Rate	2020 Graduation Rate	2021 Graduation Rate
Archer	99.3	99.3	99.3	94.2
Baylor	97.3	94.7	100.0	95.5
Brown	96.7	96.5	96.7	97.1
Callahan	95.3	96.9	99.4	97.5
Clay	95.5	95.7	94.8	94.4
Coleman	92.0	89.9	91.8	90.4
Comanche	98.4	97.7	99.3	98.0
Cottle	100.0	100.0	100.0	100.0
Eastland	95.8	96.4	97.2	98.5
Fisher	100.0	88.6	92.7	100.0
Foard	100.0	100.0	95.7	100.0
Hardeman	89.8	92.6	93.9	95.6
Haskell	98.1	96.4	98.0	94.8
Jack	97.3	97.5	97.1	98.1
Jones	97.9	95.7	98.9	96.7
Kent	100.0	100.0	100.0	91.7
Knox	100.0	100.0	100.0	97.8
Mitchell	97.2	98.9	100.0	96.6
Montague	97.6	98.4	97.4	97.4
Nolan	89.0	91.6	91.8	93.9
Runnels	95.0	96.6	97.5	98.0
Scurry	92.4	96.1	96.3	94.9
Shackelford	95.2	92.1	98.0	95.2
Stephens	89.0	90.5	89.2	95.2
Stonewall	100.0	100.0	100.0	90.9
Taylor	92.3	92.9	93.2	92.9
Throckmorton	100.0	100.0	100.0	94.7
Wichita	96.2	97.3	95.1	95.4
Wilbarger	83.6	89.2	92.2	90.8
Young	95.9	95.0	96.7	96.6
Region	95.9	95.9	96.7	95.8

Table 55. County Total Spirituality 2020

County	2020 Number of Congregations	2020 Congregations Per 1,000
Archer	21	2.45
Baylor	12	3.46
Brown	85	2.23
Callahan	37	2.69
Clay	26	2.54
Coleman	44	5.72
Comanche	49	3.60
Cottle	9	6.52
Eastland	71	4.00
Fisher	15	4.08
Foard	7	6.39
Hardeman	14	3.95
Haskell	29	5.36
Jack	33	3.89
Jones	51	2.59
Kent	5	6.64
Knox	20	5.96
Mitchell	27	3.00
Montague	61	3.05
Nolan	43	2.90
Runnels	37	3.73
Scurry	42	2.48
Shackelford	18	5.79
Stephens	22	2.41
Stonewall	10	8.03
Taylor	215	1.50
Throckmorton	9	6.25
Wichita	198	1.53
Wilbarger	37	2.87
Young	61	3.41
Region	44	8.01

Table 56. TSS Alcohol Lifetime Use 2018 - 2022

State/Region	2018 Alcohol Lifetime Use	2020 Alcohol Lifetime Use	2022 Alcohol Lifetime Use
Texas			
All Grades	51.5%	50.5%	42.3%
7th	34.3%	35.9%	34.5%
8th	42.5%	43.5%	36.6%
9th	50.1%	50.8%	38.5%
10th	55.9%	55.8%	42.7%
11th	61.6%	57.1%	50.1%
12th	68.5%	63.9%	54.4%
Region 2			
All Grades	54.6%	54.8%	41.6%
7th	38.3%	40.2%	34.3%
8th	46.1%	50.0%	38.5%
9th	57.2%	58.5%	38.0%
10th	60.8%	51.9%	46.4%
11th	63.7%	65.7%	46.5%
12th	67.4%	66.1%	50.1%

Table 57. TSS Alcohol Use Past School Year 2018 - 2022

State/Region	2018 Alcohol Past School Year Use	2020 Alcohol Past School Year Use	2022 Alcohol Past School Year Use
Texas			
All Grades	34.4%	32.4%	26.6%
7th	17.1%	18.8%	16.0%
8th	24.1%	24.8%	19.7%
9th	32.4%	31.0%	23.4%
10th	39.7%	36.5%	28.5%
11th	43.2%	39.0%	35.6%
12th	54.1%	48.7%	40.0%
Region 2			
All Grades	34.0%	34.4%	24.4%
7th	20.0%	19.4%	15.3%
8th	24.1%	27.0%	19.1%
9th	35.8%	36.9%	23.3%
10th	37.4%	33.3%	27.0%
11th	44.1%	44.7%	30.5%
12th	48.2%	49.3%	36.2%

Table 58. TSS Alcohol Use Current 30-Day Use 2018 - 2022

State/Region	2018 Alcohol Current 30-Day Use	2020 Alcohol Current 30-Day Use	2022 Alcohol Current 30-Day Use
Texas			
All Grades	29.0%	27.4%	22.5%
7th	14.7%	16.5%	14.0%
8th	20.4%	21.5%	16.6%
9th	27.7%	26.0%	20.1%
10th	33.1%	30.8%	24.3%
11th	34.9%	31.9%	29.2%
12th	46.6%	41.6%	33.9%
Region 2			
All Grades	28.2%	29.2%	20.8%
7th	17.5%	16.4%	13.7%
8th	21.0%	23.2%	16.1%
9th	29.8%	32.4%	18.6%
10th	29.4%	28.0%	24.1%
11th	35.7%	37.5%	25.1%
12th	39.8%	41.3%	31.2%

Table 59. TSS Binge Drinking Past 30 Days – Never 2018 - 2022

State/Region	2018 Alcohol Binge Drinking Past 30 days Never	2020 Alcohol Binge Drinking Past 30 days Never	2022 Alcohol Binge Drinking Past 30 days Never
Texas			
All Grades	88.3%	89.4%	92.2%
7th	96.2%	96.1%	96.9%
8th	94.2%	94.7%	95.8%
9th	90.0%	91.1%	93.3%
10th	86.6%	87.9%	92.0%
11th	84.5%	85.0%	89.1%
12th	76.5%	79.3%	84.3%
Region 2			
All Grades	88.3%	87.5%	93.0%
7th	94.2%	94.1%	96.4%
8th	92.8%	92.7%	96.5%
9th	88.2%	87.2%	91.5%
10th	86.1%	89.0%	91.7%
11th	82.4%	80.8%	92.8%
12th	84.4%	79.4%	86.8%

Table 60. TSS How Tobacco Use Lifetime 2018 - 2022

State/Region	2018 Tobacco Lifetime Use	2020 Tobacco Lifetime Use	2022 Tobacco Lifetime Use
Texas			
All Grades	51.5%	30.2%	22.4%
7th	34.3%	13.2%	12.5%
8th	42.5%	23.1%	15.9%
9th	50.1%	27.7%	22.3%
10th	55.9%	37.3%	25.2%
11th	61.6%	38.9%	29.9%
12th	68.5%	45.7%	31.6%
Region 2			
All Grades	35.3%	36.6%	22.3%
7th	17.2%	22.0%	16.2%
8th	23.0%	29.1%	19.8%
9th	36.3%	38.4%	19.9%
10th	44.0%	38.0%	22.0%
11th	48.7%	47.2%	30.3%
12th	49.8%	49.0%	28.6%

Table 61. TSS Tobacco Past School Year Use 2018 - 2022

State/Region	2018 Tobacco Past School Year Use	2020 Tobacco Past School Year Use	2022 Tobacco Past School Year Use
Texas			
All Grades	19.9%	17.9%	13.6%
7th	6.9%	5.8%	5.8%
8th	11.2%	12.1%	8.9%
9th	18.7%	16.5%	13.2%
10th	24.0%	22.0%	15.8%
11th	26.8%	24.1%	19.1%
12th	34.9%	30.9%	21.2%
Region 2			
All Grades	22.1%	22.2%	12.6%
7th	6.2%	9.7%	6.3%
8th	11.2%	16.9%	10.3%
9th	25.5%	23.2%	11.7%
10th	27.8%	22.7%	12.2%
11th	34.0%	31.2%	18.5%
12th	34.1%	32.7%	19.3%

Table 62. TSS Tobacco Current 30-Day Use 2018 - 2022

State/Region	2018 Tobacco Current 30-Day Use	2020 Tobacco Current 30-Day Use	2022 Tobacco Current 30-Day Use
Texas			
All Grades	16.3%	14.2%	10.8%
7th	5.6%	4.4%	4.5%
8th	8.9%	9.6%	7.2%
9th	14.8%	13.7%	9.9%
10th	19.4%	16.8%	12.4%
11th	22.4%	19.1%	15.3%
12th	29.7%	24.7%	17.2%
Region 2			
All Grades	17.7%	17.0%	10.5%
7th	5.3%	7.1%	5.1%
8th	8.4%	12.9%	8.3%
9th	21.4%	16.4%	9.9%
10th	21.8%	17.7%	8.8%
11th	26.3%	25.0%	16.1%
12th	28.1%	25.8%	16.8%

Table 63. TSS E-Cig/Vape Lifetime Use 2018-2022

State/Region	2018 E-Cig/Vape Lifetime Use	2020 E-Cig/Vape Lifetime Use	2022 E-Cig/Vape Lifetime Use
Texas			
All Grades	25.7%	27.0%	19.9%
7th	10.1%	10.5%	9.9%
8th	16.1%	20.2%	14.3%
9th	25.1%	25.1%	19.8%
10th	30.3%	33.3%	22.2%
11th	34.9%	35.5%	27.5%
12th	41.2%	41.8%	28.5%
Region 2			
All Grades	28.7%	32.6%	19.4%
7th	13.7%	18.8%	13.6%
8th	19.9%	25.1%	16.8%
9th	29.2%	34.2%	17.5%
10th	33.6%	33.7%	19.9%
11th	40.7%	45.0%	26.2%
12th	40.1%	42.3%	25.3%

Table 64. TSS E-Cig/Vape Past School Year Use 2018 - 2022

State/Region	2018 E-Cig/Vape Past School Year Use	2020 E-Cig/Vape Past School Year Use	2022 E-Cig/Vape Past School Year Use
Texas			
All Grades	16.2%	15.1%	11.4%
7th	4.7%	4.1%	4.5%
8th	8.3%	9.7%	7.4%
9th	15.7%	13.8%	11.3%
10th	19.0%	18.7%	13.1%
11th	22.3%	20.7%	16.0%
12th	29.5%	27.2%	18.0%
Region 2			
All Grades	17.1%	19.0%	10.2%
7th	5.1%	7.6%	5.9%
8th	9.7%	12.5%	8.2%
9th	20.2%	21.0%	7.6%
10th	19.6%	19.9%	11.6%
11th	25.7%	28.2%	14.5%
12th	26.3%	27.7%	16.3%

Table 65. TSS How E-Cig/Vape Current Past 30-Day Use 2018 - 2022

State/Region	2018 E-Cig/Vape Current Past 30- Day Use	2020 E-Cig/Vape Current Past 30- Day Use	2022 E-Cig/Vape Current Past 30- Day Use
Texas			
All Grades	12.1%	10.9%	8.2%
7th	3.2%	2.6%	3.2%
8th	5.7%	6.9%	5.3%
9th	11.6%	10.2%	7.7%
10th	14.3%	12.7%	9.3%
11th	16.9%	15.3%	11.9%
12th	23.3%	20.4%	13.5%
Region 2			
All Grades	17.1%	19.0%	10.2%
7th	5.1%	7.6%	5.9%
8th	9.7%	12.5%	8.2%
9th	20.2%	21.0%	7.6%
10th	19.6%	19.9%	11.6%
11th	25.7%	28.2%	14.5%
12th	26.3%	27.7%	16.3%

Table 66. TSS Marijuana Lifetime Use 2018 - 2022

State/Region	2018 Marijuana Lifetime Use	2020 Marijuana Lifetime Use	2022 Marijuana Lifetime Use
Texas			
All Grades	22.1%	20.8%	16.8%
7th	6.7%	5.3%	5.4%
8th	12.1%	11.7%	8.7%
9th	20.7%	17.4%	13.4%
10th	25.0%	25.9%	20.6%
11th	32.0%	30.6%	25.9%
12th	39.7%	39.9%	30.6%
Region 2			
All Grades	18.6%	23.8%	13.3%
7th	6.4%	7.8%	6.9%
8th	9.2%	16.2%	8.7%
9th	18.4%	24.1%	7.9%
10th	23.9%	26.9%	13.7%
11th	28.6%	33.6%	21.8%
12th	30.5%	38.8%	25.2%

Table 67. TSS Marijuana Past School Year Use 2018-2022

State/Region	2018 Marijuana Past School Year Use	2020 Marijuana Past School Year Use	2022 Marijuana Past School Year Use
Texas			
All Grades	16.3%	15.1%	12.5%
7th	4.9%	3.9%	4.3%
8th	9.0%	8.3%	6.5%
9th	15.9%	13.8%	9.7%
10th	18.2%	18.5%	15.5%
11th	22.7%	22.6%	19.4%
12th	29.6%	27.4%	23.0%
Region 2			
All Grades	11.4%	16.5%	9.2%
7th	4.2%	5.7%	5.4%
8th	5.8%	11.2%	6.9%
9th	11.8%	18.0%	4.7%
10th	14.5%	17.1%	6.2%
11th	17.1%	23.4%	16.5%
12th	18.3%	26.8%	18.0%

Table 68. TSS Marijuana Current 30-Day Use 2018-2022

State/Region	2018 Marijuana Current 30-Day Use	2020 Marijuana Current 30-Day Use	2022 Marijuana Current 30-Day Use
Texas			
All Grades	13.6%	12.4%	10.3%
7th	4.0%	3.4%	3.4%
8th	7.7%	7.1%	5.2%
9th	13.5%	11.6%	8.1%
10th	15.1%	14.9%	12.8%
11th	18.8%	18.3%	16.0%
12th	24.6%	22.0%	18.7%
Region 2			
All Grades	9.0%	14.2%	7.5%
7th	3.4%	5.2%	4.3%
8th	4.4%	9.1%	5.9%
9th	10.8%	15.4%	3.2%
10th	10.9%	15.0%	4.3%
11th	12.9%	20.6%	14.1%
12th	13.6%	22.1%	15.5%

Table 69. TSS RX Drug Lifetime Use 2018-2022

State/Region	2018 RX Drug Lifetime Use	2020 RX Drug Lifetime Use	2022 RX Drug Lifetime Use
Texas			
All Grades	18.5%	17.2%	13.0%
7th	14.9%	13.7%	12.2%
8th	16.1%	18.3%	13.5%
9th	18.9%	17.3%	11.7%
10th	19.5%	16.9%	11.7%
11th	20.4%	17.2%	15.8%
12th	21.6%	20.3%	13.5%
Region 2			
All Grades	18.6%	20.7%	14.2%
7th	14.9%	18.4%	13.5%
8th	16.4%	20.8%	13.3%
9th	21.3%	20.2%	15.3%
10th	20.2%	17.0%	14.5%
11th	18.6%	26.0%	17.3%
12th	21.0%	22.8%	11.3%

Table 70. TSS RX Past School Year Use 2018-2022

State/Region	2018 RX Drug Past School Year Use	2020 RX Drug Past School Year Use	2022 RX Drug Past School Year Use
Texas			
All Grades	10.5%	8.9%	7.0%
7th	6.3%	7.7%	7.1%
8th	10.5%	10.0%	7.9%
9th	17.8%	9.2%	6.8%
10th	19.7%	8.9%	5.3%
11th	24.7%	8.8%	7.7%
12th	31.2%	8.6%	7.0%
Region 2			
All Grades	9.7%	10.2%	7.6%
7th	9.2%	11.3%	7.2%
8th	6.9%	9.9%	9.0%
9th	12.4%	9.9%	9.5%
10th	10.9%	8.0%	7.2%
11th	8.8%	12.1%	6.3%
12th	10.3%	10.1%	5.6%

Table 71. TSS RX Drug Current 30-Day Use 2018 - 2022

State/Region	2018 RX Drug Current 30-Day Use	2020 RX Drug Current 30-Day Use	2022 RX Drug Current 30-Day Use
Texas			
All Grades	7.1%	6.1%	5.0%
7th	6.1%	5.3%	5.3%
8th	7.1%	6.9%	5.9%
9th	7.9%	7.0%	5.0%
10th	7.0%	5.5%	3.9%
11th	6.9%	6.0%	5.3%
12th	7.4%	5.7%	4.5%
Region 2			
All Grades	6.5%	7.2%	5.3%
7th	6.9%	8.8%	4.8%
8th	5.1%	7.0%	6.1%
9th	8.6%	6.9%	5.6%
10th	6.0%	5.5%	5.2%
11th	4.6%	9.0%	5.9%
12th	7.5%	5.8%	4.1%

Table 72. TSS Illicit Drug Lifetime Use 2018 - 2022

State/Region	2018 Illicit Drug Lifetime Use	2020 Illicit Drug Lifetime Use	2022 Illicit Drug Lifetime Use
Texas			
All Grades	23.5%	22.7%	19.2%
7th	8.5%	7.7%	8.4%
8th	13.4%	14.7%	11.0%
9th	22.3%	18.9%	16.4%
10th	26.2%	27.7%	23.2%
11th	33.3%	31.5%	27.9%
12th	40.6%	41.0%	32.2%
Region 2			
All Grades	19.7%	25.7%	14.8%
7th	7.8%	11.2%	8.6%
8th	10.3%	18.3%	11.0%
9th	19.4%	25.4%	9.9%
10th	25.2%	28.5%	14.4%
11th	29.3%	35.7%	23.0%
12th	30.9%	39.5%	25.8%

Table 73. TSS Illicit Drug Past School Year Use 2018 - 2022

State/Region	2018 Illicit Drug Past School Year Use	2020 Illicit Drug Past School Year Use	2022 Illicit Drug Past School Year Use
Texas			
All Grades	17.9%	17.1%	14.8%
7th	6.3%	6.0%	6.6%
8th	10.5%	10.9%	8.8%
9th	17.8%	15.7%	12.6%
10th	19.7%	20.2%	18.3%
11th	24.7%	24.2%	21.1%
12th	31.2%	29.4%	24.6%
Region 2			
All Grades	12.9%	18.9%	10.9%
7th	5.3%	8.9%	6.6%
8th	7.3%	13.8%	9.0%
9th	13.2%	19.7%	6.1%
10th	16.3%	19.6%	7.9%
11th	18.4%	25.7%	17.7%
12th	20.0%	28.2%	20.7%

Table 74. TSS Illicit Drug Current 30-Day Use 2018 – 2022

State/Region	2018 Illicit Drug Current 30-Day Use	2020 Illicit Drug Current 30-Day Use	2022 Illicit Drug Current 30-Day Use
Texas			
All Grades	13.9%	13.0%	11.3%
7th	4.3%	4.4%	4.3%
8th	8.0%	7.8%	5.8%
9th	13.7%	12.1%	9.5%
10th	15.3%	15.1%	13.9%
11th	19.5%	18.8%	17.0%
12th	24.9%	22.4%	19.5%
Region 2			
All Grades	9.2%	15.0%	8.0%
7th	3.8%	6.0%	4.9%
8th	4.4%	10.6%	6.3%
9th	10.9%	16.1%	3.8%
10th	11.2%	15.5%	4.5%
11th	13.0%	21.2%	14.9%
12th	13.9%	22.9%	16.0%

Table 75. County Total Drug and Alcohol Related Deaths 1999 - 2020

County	1999 - 2020 Drug and Alcohol Induced Deaths	1999 - 2020 Drug and Alcohol Induced Death Per 100K
Archer	53	27.2
Baylor	18	36.2
Brown	202	24.2
Callahan	64	21.7
Clay	65	27.4
Coleman	37	19.3
Comanche	37	12.3
Cottle	0	0.0
Eastland	49	12.1
Fisher	15	Unreliable
Foard	0	0.0
Hardeman	13	Unreliable
Haskell	22	17.1
Jack	35	17.8
Jones	68	15.3
Kent	0	0.0
Knox	0	0.0
Mitchell	49	24.3
Montague	116	27.0
Nolan	101	30.4
Runnels	36	15.4
Scurry	81	22.1
Shackelford	10	Unreliable
Stephens	35	16.8
Stonewall	0	0.0
Taylor	609	21.1
Throckmorton	0	0.0
Wichita	830	28.7
Wilbarger	50	16.8
Young	126	31.6
Region	2733	23.1
Texas	91595	16.7

Table 76. County Total Drug Induced Deaths 1999 - 2020

County	1999 - 2020 Drug Induced Deaths	1999 - 2020 Drug Induced Death Per 100K
Archer	31	15.9
Baylor	18	Unreliable
Brown	114	13.7
Callahan	31	10.5
Clay	30	12.7
Coleman	0	0.0
Comanche	23	7.6
Cottle	0	0.0
Eastland	26	6.4
Fisher	0	0.0
Foard	0	0.0
Hardeman	0	0.0
Haskell	12	Unreliable
Jack	21	10.7
Jones	25	5.6
Kent	0	0.0
Knox	0	0.0
Mitchell	15	Unreliable
Montague	69	16.1
Nolan	46	13.9
Runnels	12	Unreliable
Scurry	39	10.6
Shackelford	0	0.0
Stephens	10	Unreliable
Stonewall	0	0.0
Taylor	305	10.6
Throckmorton	0	0.0
Wichita	453	15.7
Wilbarger	32	10.8
Young	83	20.8
Region	1395	12.3
Texas	54222	9.9

Table 77. County Total Alcohol Induced Deaths 1999 - 2020

County	1999 - 2020 Alcohol Induced Deaths	1999 - 2020 Alcohol Induced Death Per 100K
Archer	22	11.3
Baylor	12	Unreliable
Brown	88	10.5
Callahan	33	11.2
Clay	35	14.8
Coleman	28	14.6
Comanche	14	Unreliable
Cottle	0	0.0
Eastland	23	5.7
Fisher	10	Unreliable
Foard	0	0.0
Hardeman	0	0.0
Haskell	10	Unreliable
Jack	14	Unreliable
Jones	43	9.0
Kent	0	0.0
Knox	0	0.0
Mitchell	34	16.9
Montague	47	10.9
Nolan	55	16.6
Runnels	24	10.3
Scurry	42	11.4
Shackelford	0	0.0
Stephens	25	12.0
Stonewall	0	0.0
Taylor	304	10.5
Throckmorton	0	0.0
Wichita	377	13.0
Wilbarger	18	Unreliable
Young	43	10.8
Region	1301	11.2
Texas	37373	6.8

Table 78. County Total Alcohol-related Vehicular Fatalities 2020 - 2022

County	2020 Alcohol Related Vehicular Fatalities	2021 Alcohol Related Vehicular Fatalities	2022 Alcohol Related Vehicular Fatalities
Archer	1	3	0
Baylor	1	1	0
Brown	3	0	3
Callahan	2	1	1
Clay	1	0	2
Coleman	0	1	1
Comanche	0	1	0
Cottle	0	0	0
Eastland	4	1	5
Fisher	1	0	2
Foard	0	0	0
Hardeman	1	1	0
Haskell	3	0	0
Jack	0	3	1
Jones	3	4	0
Kent	0	1	0
Knox	2	0	0
Mitchell	1	1	1
Montague	0	3	2
Nolan	3	4	0
Runnels	3	1	0
Scurry	0	0	1
Shackelford	0	2	0
Stephens	1	0	0
Stonewall	0	0	0
Taylor	4	3	3
Throckmorton	0	0	0
Wichita	3	6	9
Wilbarger	0	1	1
Young	1	1	1
Region	38	39	33

Table 79. Data Coordinator Contact Information

2020 Data Coordinator		
Region	Data Coordinator	Email
1	Lisa Howe	lhowe@myluccock.us
2	Cindy Frazier	cfrazier@abirecovery.org
3	Cindy Ledat	C.Ledat@recoverycouncil.org
4	Mindy Robertson	mrobertson@etcada.com
5	Kim Bartel	kbartel@adacdet.org
6	Vacant	
7	Jared Datzman	jdatzman@bvcasa.org
8	Paris Sheridan	psheridan@sacada.org
9	Jennifer Weston	jweston@pbrcada.org
10	Michelle Millen	mmillen@aliviane.org
11	Karen Rodriguez	krodriguez@bhsst.org

Table 80. Texas Health and Human Services Regions

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

Glossary of Terms

<p>ACES</p>	<p>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.</p> <p>May also refer to adverse <i>community</i> experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).</p>
<p>Adolescent</p>	<p>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” at the beginning of the RNA.</p>
<p>ATOD</p>	<p>Acronym for alcohol, tobacco, and other drugs.</p>
<p>BRFSS</p>	<p>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.</p>

<p><i>Counterfeit Drug</i></p>	<p>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.</p>
<p><i>DSHS</i></p>	<p>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.</p>
<p><i>Drug</i></p>	<p>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.</p>
<p><i>Epidemiology</i></p>	<p>The study (scientific, systematic, and data driven) and analysis of the distribution (who, when, and where), patterns, determinants of health and disease conditions in defined populations.</p>
<p><i>Evaluation</i></p>	<p>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.</p>

<i>HHS</i>	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.
<i>Incidence</i>	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.
<i>LGBTQIA+</i>	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.
<i>Justice-Impacted</i>	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.
<i>MAT/MOUD</i>	Medication-Assisted Treatment or Medication for Opioid Use Disorder. The use of medications, in combination with counseling and behavioral therapies, to provide a “whole patient” approach to the treatment of substance use disorders.
<i>Neurotoxin</i>	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.

<p><i>Person-Centered Language or Person-First Language</i></p>	<p>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.</p>
<p><i>PRC</i></p>	<p>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.</p>
<p><i>Prevalence</i></p>	<p>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.</p>
<p><i>Protective Factor</i></p>	<p>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.</p>
<p><i>Recovery</i></p>	<p>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.</p>

<i>Risk Factor</i>	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
<i>Self-Directed Violence</i>	Anything a person does intentionally that can cause injury to self, including death.
<i>Stigma</i>	The stigma of substance use—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorders. 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.
<i>SDoH</i>	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.
<i>Substance Abuse</i>	This is considered an antiquated term and should be avoided as it contributes to stigma. This term has been found to have a high association with negative judgements and punishments. The term “abuse” should only be used when defining use, misuse, and abuse.
<i>Substance Dependence</i>	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.

<p><i>Substance Misuse or Non-Medical Substance Use</i></p>	<p>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.</p>
<p><i>Substance Use</i></p>	<p>The consumption of low and/or infrequent doses of prescription medications, alcohol, tobacco. 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 to relieve pain, treat a medical or behavioral health disorder.</p>
<p><i>SUD</i></p>	<p>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.</p>
<p><i>Telehealth</i></p>	<p>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.</p>
<p><i>TCS</i></p>	<p>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.</p>

<i>TSS</i>	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.
<i>YRBS</i>	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.
<i>30 Day Use</i>	The percentage of people who have used a substance in the 30 days before they participated in the survey.

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