2020

Regional Needs Assessment

REGION 2: ABILENE RECOVERY COUNCIL

PREVENTION RESOURCE CENTER

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Executive Summary

What is the RNA

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 2 along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC 2 serves 30 counties in Northwest Texas.

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

Who writes the RNA?

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

How is the RNA informed?

Qualitative data collection has been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 2 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

Demographics: 25.7% of the population in Region 2 are adults 25-44, the next largest group is under 18 making up 24.2% of our population. The smallest population group is ages 18-24 at 10.23%. People who are classified as Anglo continue to make up much of our population, however the Hispanic population is growing at a faster rate than the Anglo population according to the population projections for 2020.

Consumption: Opiates, Methamphetamines, and Marijuana are the most seized substances by law enforcement in our reported area in 2017-2019. Alcohol and marijuana are the most consumed substances among high school and college aged students in Region 2.

Consequences: Child abuse, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing. OSAR screenings and referrals to treatment have also increased over time.

Protective Factors: Our area is fortunate to have hundreds of non-profits and social service agencies within our counties. Many of these services basic needs such as food, water, clothes; others provide treatment for mental health, the intellectually disabled, 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 participants or community members in their needs. Region 2 has an atmosphere of a small town in which people truly do care in assisting one another.

Prevention Resource Centers

There are eleven regional Prevention Resource Centers (PRCs) servicing the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRC are focused on the state's prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and prescription drug use, as well as other illicit drugs.

Our Purpose

Prevention Resource Centers (PRC) are a program 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.

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to state's prevention priorities and share findings with community partners (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use, and (4) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Our 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

Source: Department of State Health Services
https://www.dshs.state.tx.us/IDCU/data/annual/2016-Texas-Annual-Report/2016-Annual-Report/ Accessed April 17, 2020.

What Evaluators Do

Regional PRCs are tasked with compiling and synthesizing data and disseminating findings to the community. Data collection strategies are organized around risk and protective factors, consumption data, and related consequences associated with substance use and misuse. PRCs engage in building collaborative partnerships with key community members who aid in securing access to information.

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual regional needs assessment. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

As one reads through this assessment, two guiding concepts will appear throughout the report: a focus on the youth population and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of substance misuse and substance use disorders (SUDs).

Key Concepts

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. [1]

The information presented in this document is compiled from multiple data sources and will therefore consist of varying demographic subsets of age which generally define adolescence as ages 10 through 17-19. Some domains of youth data conclude with ages 17, 18 or 19, while others combine "adolescent" and "young adult" to conclude with age 21.

Epidemiology

The WHO describes epidemiology as the "study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems." This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior. SAMHSA adopted an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

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

Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. [2] Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

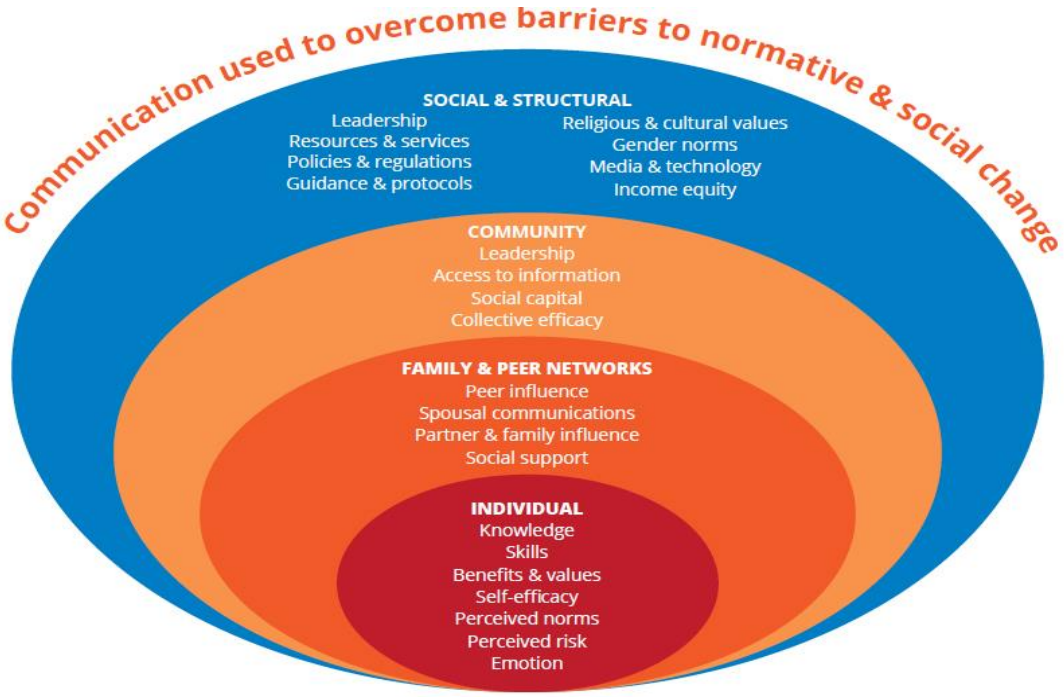
Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a substance use disorder. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2). [3]

2 McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education & Behavior, 15(4), 351-377.

[3] The SBCC Capacity; Health Communication Capacity Collaborative. https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020

Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological Model



Source: Health Community Capacity Collaborative
https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020.

Consumption Patterns

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS)[4], the Texas Youth Risk Surveillance System (YRBSS)[5], and the National Survey on Drug Use and Health (NSDUH)[6], consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even 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 categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

[4]Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.
[5] Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.
[6] Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States, for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates). [7] When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption. [8] See Figure 3 for the NIAAA's operational definitions of the standard drink.

Figure 3: National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Source: National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/ *Accessed April 16, 2020*

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

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*. [9]

[7] Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.
[8] National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.
[9] National Institute on Drug Abuse. *2016-2020 NIDA Strategic Plan*. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent, and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse. [10] Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

Stakeholder/Audience

Potential readers of this document include stakeholders from a variety of disciplines: substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields, each yielding specialized genres of professional terms and concepts related to substance misuse and substance use disorders prevention, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in Appendix A, B, and C.

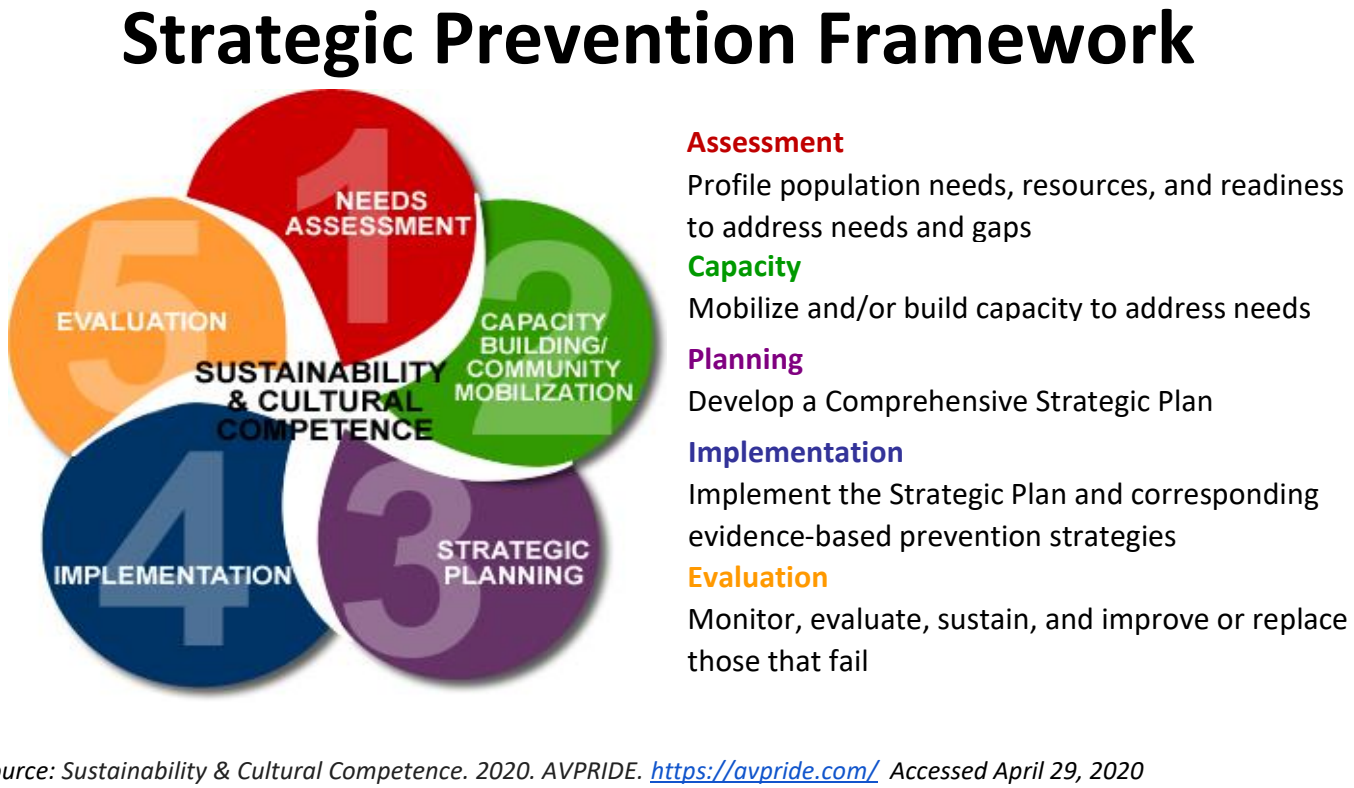
[10] Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

Introduction

The Texas Health and Human Services Commission (HHSC) administers approximately 225 school and community-based prevention programs across 72 different providers with federal funding from the Substance Abuse Prevention and Treatment Block Grant to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated. [11]

Figure 4. Strategic Prevention Framework (SPF)



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

[11] SAMHSA. Strategic Prevention Framework. https://avpride.com/ Accessed April 29, 2020.

The Health and Human Services Commission Substance Abuse Services Funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by the reduction of substance use and misuse.

Our Audience

Readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

Methodology

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following: primary focus on the state-delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, prescription drugs, and other drug use among adolescents; exploration of drug consumption trends and consequences, particularly where adolescents are concerned; and an exploration of related risk and protective factors as operationalized by CSAP.

Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities:

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

Process

The State Evaluator and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2019 and June 30, 2020. Due to the global pandemic, COVID-19, the Regional Needs Assessment deadline was extended to August 31, 2020.

Between September and July, the State Evaluator meets with the Data Coordinators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information is primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data is collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources are identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

During the year, focus groups, surveys and interviews are conducted by the Data Coordinator to better understand what members of the communities believe their greatest need to be. The information collected by this research serves to identify avenues for further research and provide access to any quantitative data that each participant may have access to.

Identification of Variables: The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes, the data is an accurate measure of the associated indicators.

Key Data Sources: For the Regional Needs Assessment, the Data Coordinators and the Statewide Prevention Evaluator chose data sources for this document based on specific criteria. The data provided is a measure of substance use consumption, consequence, and related risk and protective factors.

Criterion for Selection: The criterion used for this document is relevance, timeliness, methodologically sound, representative, and accuracy. The data is well-documented methodology and valid or reliable data collection tools.

Qualitative Data Selection

During the year focus groups, surveys and interviews are conducted by the Data Coordinator to better understand what members of the communities believe their greatest need to be. The information collected by this research serves to identify avenues for further research and provide access to any quantitative data that each participant may have access to.

Key Informant Interviews

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

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

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

Focus Groups

Participants for the focus groups are invited from a wide selection of professionals including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by alcohol, marijuana, and prescription drugs.

Longitudinally Presented Data

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

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 27th and Taylor County ranks 34th in the state. Kent county ranks last at 246th in the state. Below is the top four and lowest four counties in Region 2, population per square mile (density) according to the U.S. Census 2010 population projections.[12] *County total population density may be found in Appendix A Table 1.*

Area	Population Per Square Mile (Density)
United States	92.9
Texas	96.3
Region 2	20.45
	Highest Density Counties
Wichita	209.5
Taylor	143.6
Brown	403
Jones	21.8
	Lowest Density Counties
Throckmorton	1.8
Cottle	1.7
Stonewall	1.6
Kent	0.9

Source: Texas Counties: 2010 Population, density. Accessed July 14, 2020.

[12] Texas Counties, 2010 Population density. www.texascounties.net/statistics/population2010

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

Zip Codes

Zip codes are numbered with the first digit representing a certain group of U.S. states, the second and third together represent a region within that group, possibly a large city, and the fourth and fifth represent a group of delivery addresses within that region. Zip codes are not determined by population, but rather by mail volume and geography.

The two largest counties within Region 2, Taylor and Wichita Counties have multiple zip codes. Taylor County has 19 zip codes, 5 within the city limits of Abilene, 1 for Dyess Air Force Base, 1 for each of the 3 Universities, and 2 for P.O. Boxes, the remaining belonging to the rural cities within Taylor County. Wichita County has 13 zip codes, 7 within the city limits of Wichita Falls, 1 for Sheppard Air Force Base, and 1 for P.O. Boxes, the remainder belonging to rural cities with the county. [13] *Listing of all zip codes by county can be found in Appendix A as Table 2.*

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**

[13] United States Postal Service Zip Code Database https://www.unitedstateszipcodes.org/zip-code-database/ Accessed June 9, 2020

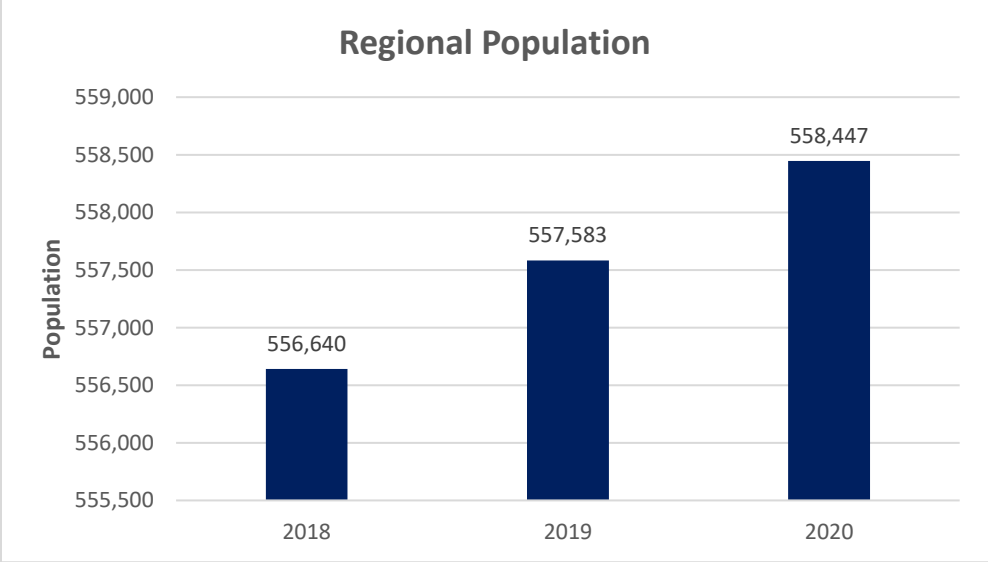
Major Metropolitan Areas (i.e., Concentrations of Populations)

Region 2 is generally described as rural, however there are a few areas considered urban. **Abilene** is an urban area centrally located in our region within Taylor County with an estimated population in 2020 of 139,457. Taylor County continues to have residential growth and is the largest city within our area. **Wichita Falls,** 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 an estimated population in 2020 of 133,138, this represents a very small decrease from 2019 with an estimated population of 133,147. Lastly, **Brownwood,** is in the southernmost part of Brown County with an estimated population in 2020 of 38, 923, which is also a decrease from the 2019 estimated population of 40,404. Brown County is the third largest urban area. Estimated population data is reported by the Texas State Data Center, Texas Population data for 2018 – 2020.

Demographic Information:

Total Population

The Texas Demographic Center, Texas Populations Projections Programs produces a biannual projections report for all counties in the state of Texas. This report includes totals for age, sex, and race/ethnicity. [14] These projections are utilized extensively by public and private entities across the state and region. Region 2 has shown a continuous growth in residents over the past three years. **2018 regional population was 556,640, the population increased in 2019 to 557,583, and finally the projected population in 2020 is 558,447 residents.** *County level population projects for 2020 may be found in Appendix A as Table 3.*

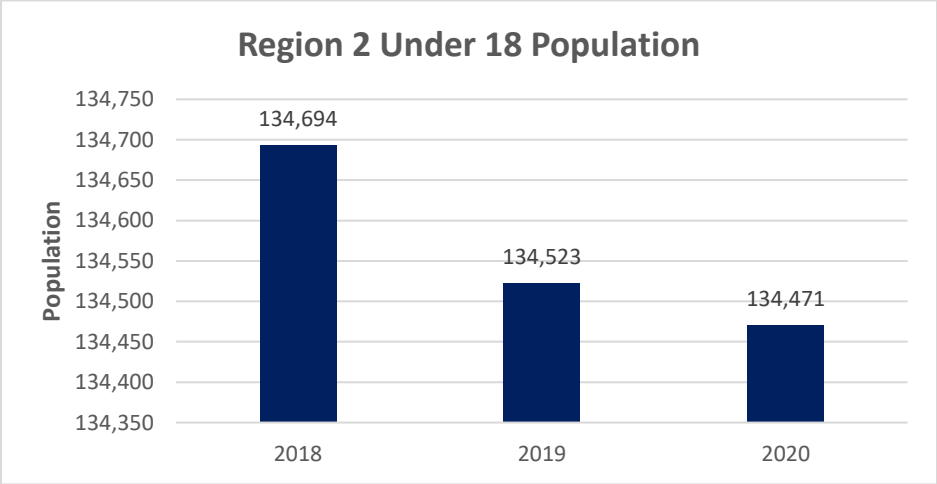


[14] Texas Demographic Center. Age, Sex, and Race/Ethnicity Population. TCD – Texas Population Estimates Program. https://demographics.texas.gov?Data/TPEPP/Projections/Tool?fid=E78EA7A7FA040DEA6D207B2F06C607

Source: Texas Demographic Center, Texas Population Projects Program, 2018-2020

Population <Age 18 including percentage

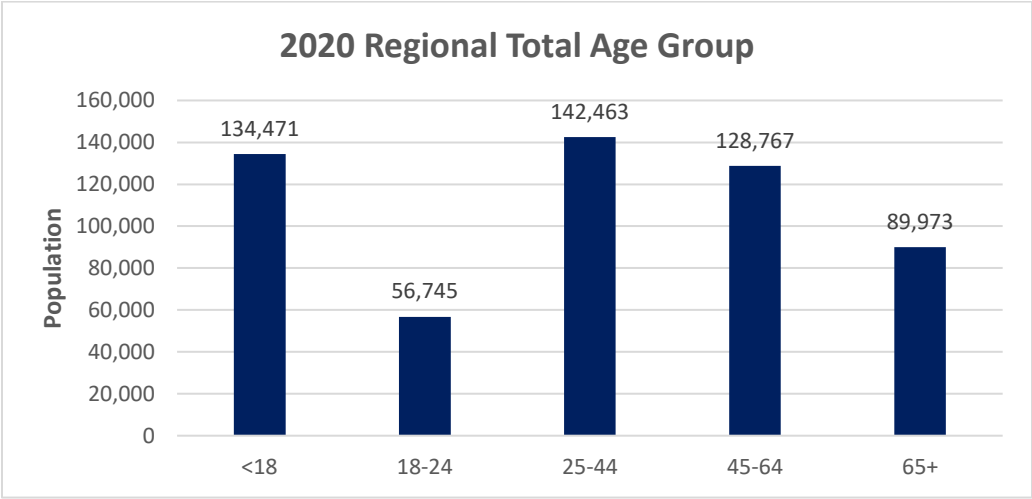
The population under 18 has shown a slight decrease since 2018. In 2018 under 18 population was 134,694, in 2019 it was 134,523, and in 2020 the under 18 population is 134,471. The state population under 18 has continued to increase during the same time period. In 2018 the state of Texas under 18 population was 7,785,651, in 2019 it was 7,858,443, and in 2020 the under 18 population is 7,932,713. *County level data for under 18 age group may be found in Appendix A Table 4.*



Source: Texas Demographic Center, Texas Population Projects Program, 2018-2020.

Age

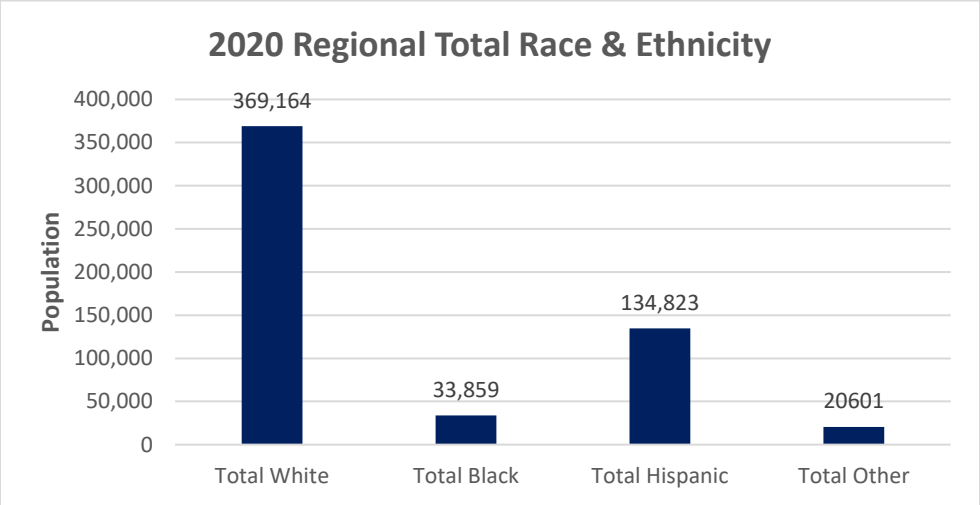
The Texas State Data Center organizes total population into age categories. These categories are: <18, 18-24, 25-44, 45-64, and 65+ years old. In 2019 the largest age group was 25-44, followed by 45-64. **In 2020, persons 25-44-years old remain the largest population, followed by <18, the smallest age group continues to be 18-24. The percentage breakdown is: <18 – 24.24%, 18-24 – 10.23%, 25-44 – 25.68%, 45-64 – 23.21%, and 65+ 16.62%.** The following chart shows the total number for each age category for 2020. *County level data for Total Age Groups in 2020 may be found in Appendix A Table 5.*



Source: Texas Demographic Center, Texas Population Projects Program, 2018-2020

Race/Ethnicity

Ethnicity continues to be diverse in Region 2. Trends continue to show that the ethnic makeup of Region 2 is changing. The Anglo population continues to decrease, while Black and Hispanic populations are increasing, populations identifying as Other have stayed close to the same between 2019 and 2020. The ethnic breakdown for Region 2 is Anglo – 369,164, Black – 33,859, Hispanic – 134,823, and Other – 20,601. *County level Race and Ethnicity in 2020 may be found in Appendix A Table 6.*

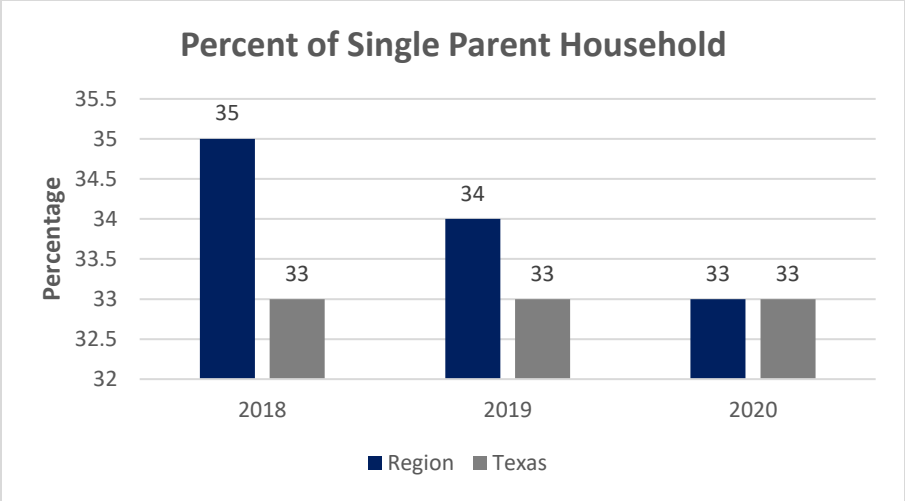


Source: Texas Demographic Center, Texas Population Projects Program, 2018-2020.

Single-parent households

The County Health Rankings Model, which uses data obtained through the American Community Annual Survey provides communities with a profile of mortality and morbidity. 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, misuse, smoking and excessive alcohol use. [15] Region 2 has had only minor changes to their percentage of single-parent households over a three-year period. *County level data for Single-Parent Households for 2018-2020 may be found in Appendix A Table 7.*

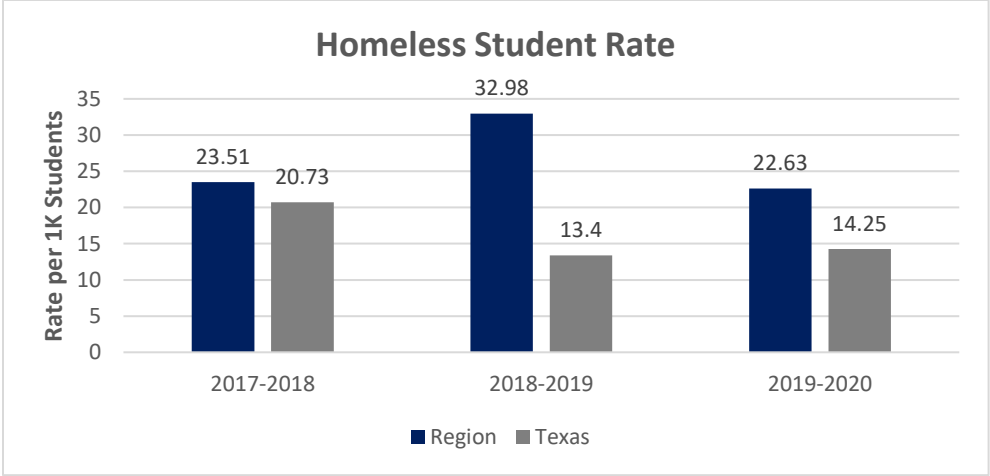
[15] Single-Parent Households. County Health Rankings & Roadmaps. Accessed March 3, 2020. http://www.countyhealthrankings.org/rankings/data/TX



Source: County Health Rankings and Roadmaps, Single-parent households, 2018-2020.

Homeless Students

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. 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. Finally, students living in a shelter or transitional housing. Shelters provide temporary living accommodations; these do not include residential treatment facilities.[16] 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 2017-2018, 2018-2019, and 2019-2020. Region 2 has a higher level than the state in all three school years shown below. *County level data for Total number of Homeless Students for each school year may be found in Appendix A Table 8.*

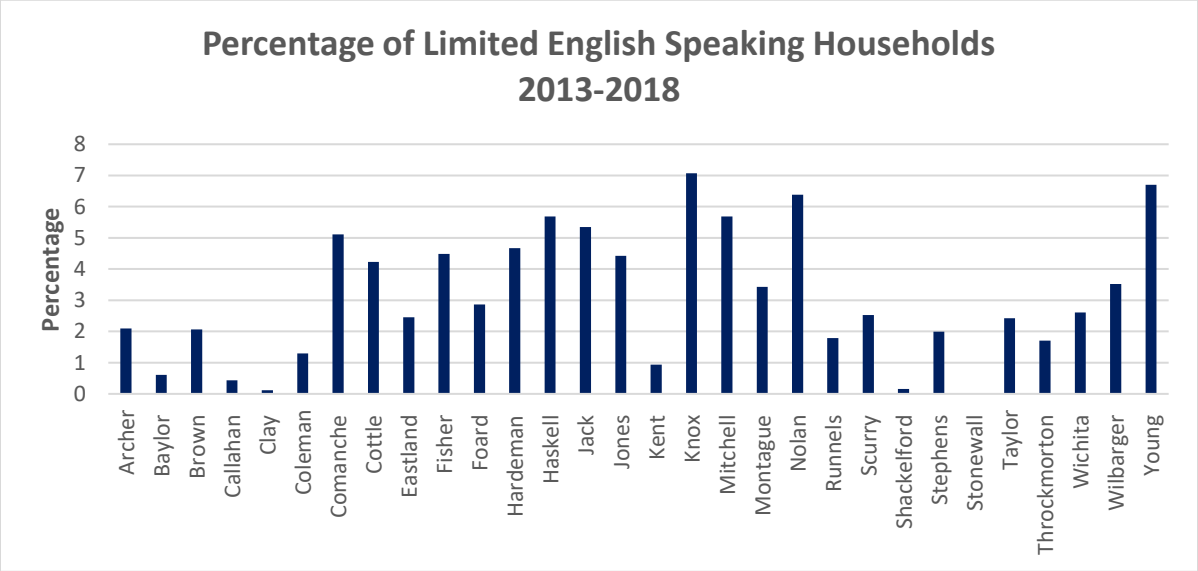


Source: Texas Education Agency, Homelessness Counts, 2017-2020.

[16] The Texas Education Agency, PEIMS Student Program and Special Populations. Accessed July 8, 2020. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html

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 difficulty 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 Appendix A Tables 9 & 10.*



Source: United States Census, American Community Survey; Limited English Speaking Households.

Socio-Economic Data

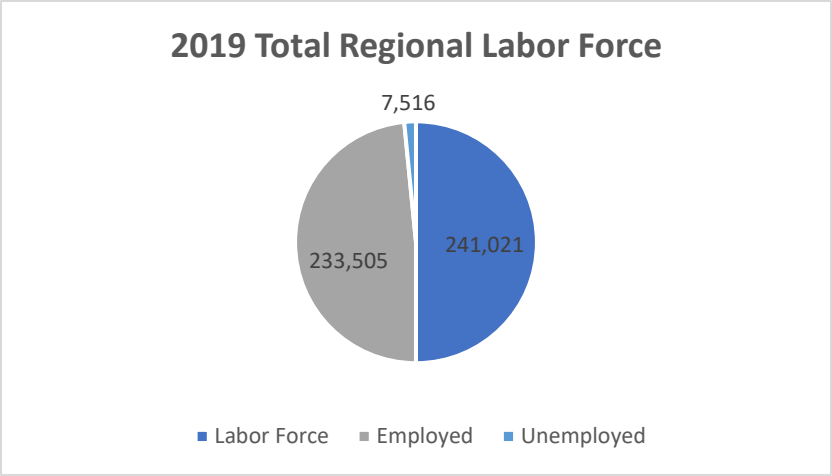
Social and economic data is examined and reported to provide a greater understanding of our region's household composition. This data also assists our communities to be better identify the risk and protective factors influencing the population in our region.

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.[18] **In 2019, Region 2 had a total Labor Force of 241,021, 233,505 were reported as Employed, and 7,516 as Unemployed. The average Unemployment rate is 3.2% which is lower than the state rate of 3.5%.** *2019 County level total numbers of labor force, employment, and unemployed may be found in Appendix A Table 11.*

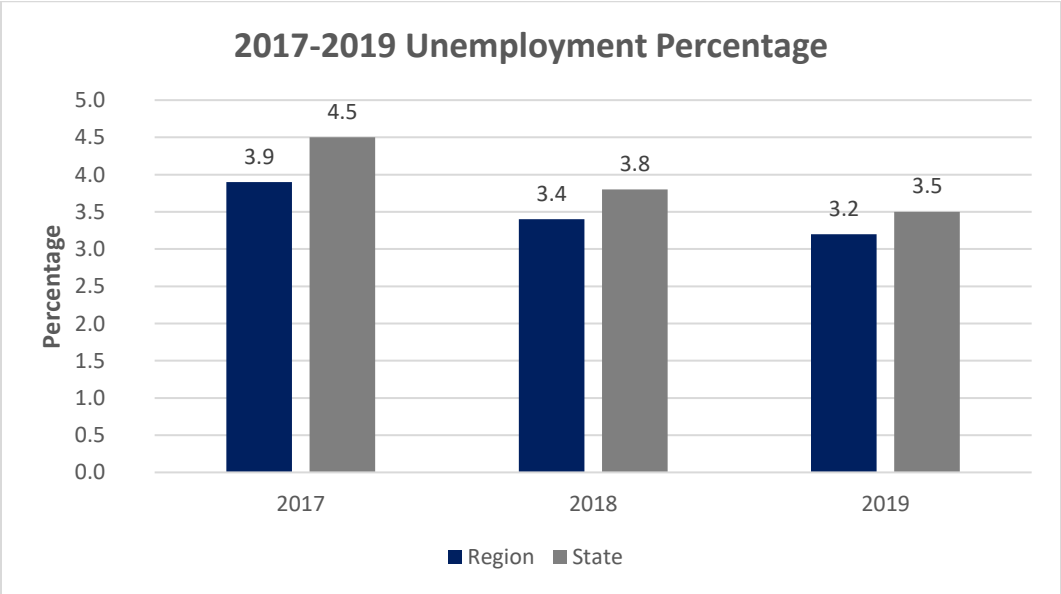
[17] United States Census Bureau. 2013-2018 American Community Survey, 5-Year estimates. Accessed April 1, 2020 https://data.census.gov/cedsci

[18] United States Department of Labor. U.S. Bureau of Labor Statistics. Accessed March 3, 2020 https://www.bls.gov/lau/home.htm



Source: United States Department of Labor, Labor Force, Employment and Unemployment, 2019

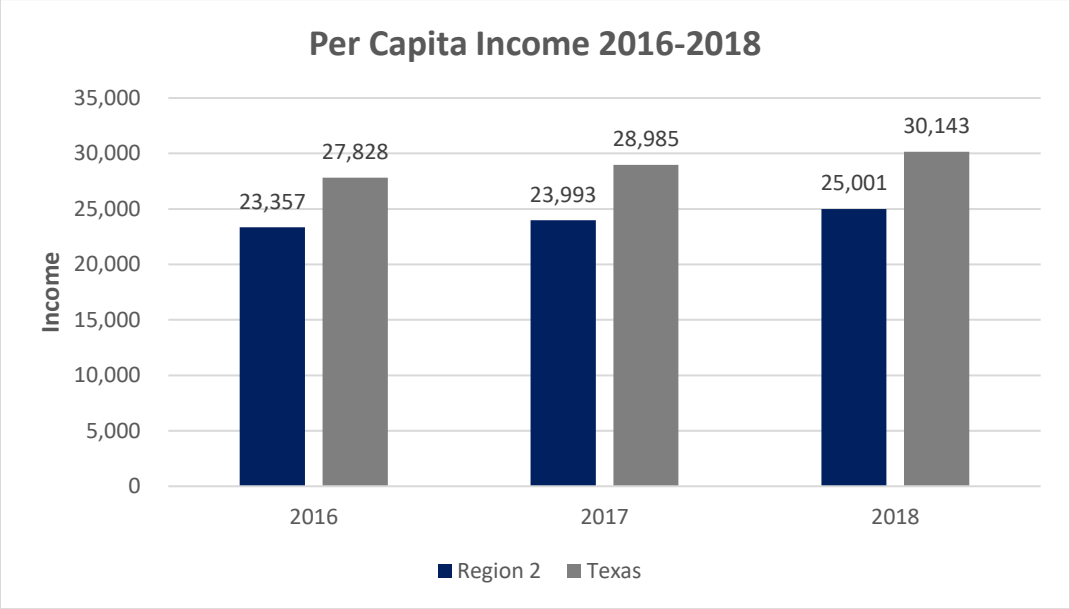
The chart below reports Region 2's unemployment percentage for 2017-2019. Our region's unemployment rate is below the state rate. The regional unemployment continues to decrease, this data is also from U.S. Department of Labor. We forecast a greater unemployment rate for 2020 for the U.S., state of Texas, and Region 2 due to COVID-19 stay-at-home order that lasted several months.*County level data for the total percentage of unemployment for 2017-2019 is available in Appendix A Table 12.*



Source: United States Department of Labor, Unemployment Percentage 2017-2019.

Average Salaries/wages by county/per capita by county

The U.S. Census Bureau collects data regarding county average rates of income. Per capita income measures the resident's average income for a particular year. To calculate per capita income the total area's income is divided by its population. The Community Commons, a data tool of the U.S. Census , uses 5-year estimates.[19] The data for 2016-2018 shows our region has a lower per capita income than the state of Texas, and additionally, lower than the U.S. *County level data for Per Capita Income may be found in Appendix A Table 13.*



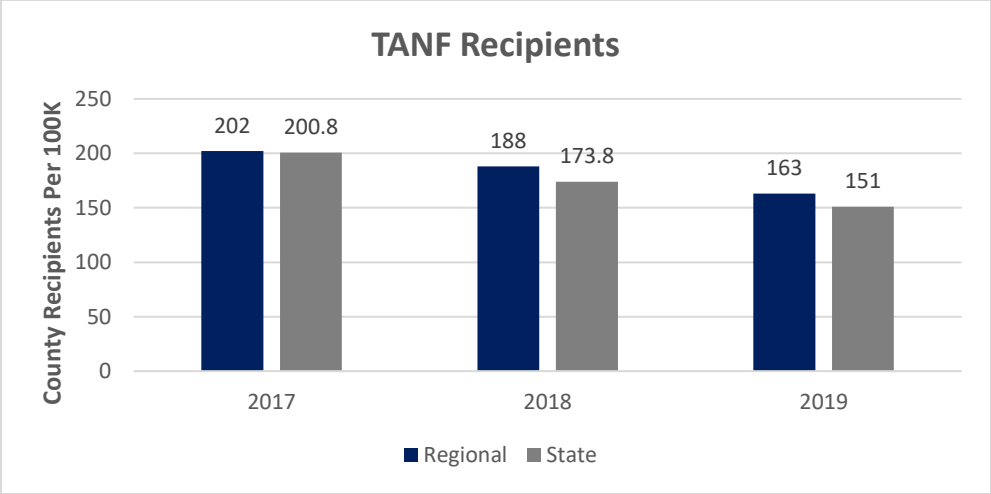
Source: United States Census Bureau, 2016-2018

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 record the number of recipients for this benefit in our local counties; a recipient rate is calculated for each county[20]. 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 163 recipients per 100k in 2019; the state reported a lower rate of 151 recipients per 100k in 2019. In 2018 Region 2 reported 188 recipients per 100k, and the state reported a lower rate again of 174 recipients per 100k.** This indicates an important need of financial and medical assistance for the families in our region. *Total County recipients and recipients per 100k data may be found in Appendix A Table 14, 15 & 16.*

[19] U.S. Census Bureau. American Community Survey, 5-year estimates. Accessed June 19, 2020 Per Capita Income in the Past 12 months. https://data.census.gov/cedsci

[20] Temporary Assistance for Needy Families. Texas Health and Human Services Commission. 2014-2019 https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics Accessed April 28, 2020.

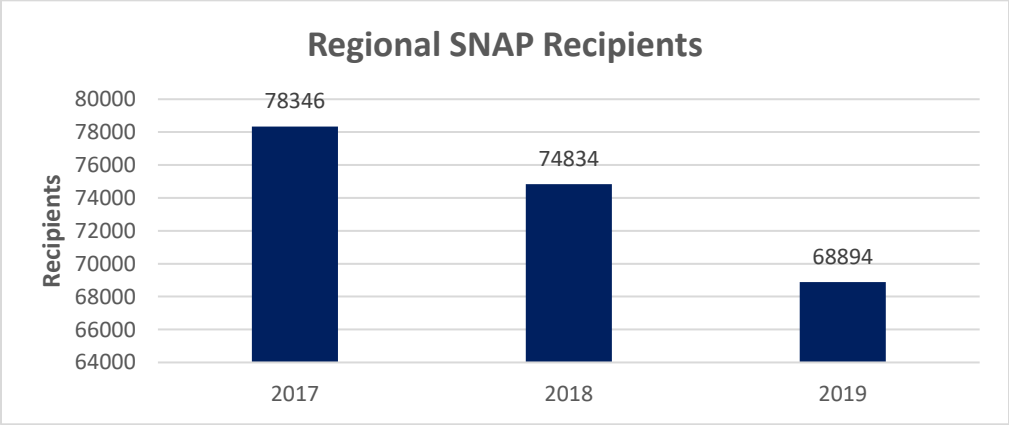


Source: Texas Health and Human Services Commission, TANF Basic and State Program, 2017-2019

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 currently are employed, they cannot quit without good reason. Individuals who are disabled or pregnant may not have to work to get benefits.[21]

Region 2 continues to see a decrease in recipients receiving SNAP benefits. The regional totals decreased from 78,346 in 2017 to 74, 834 in 2018, and 68,894 in 2019. A snapshot of 2020 sees an increase in individuals receiving SNAP benefits beginning in April & May of 2020 due to COVIC-19. *County level data of SNAP recipients can be found in Appendix A Table 17.*

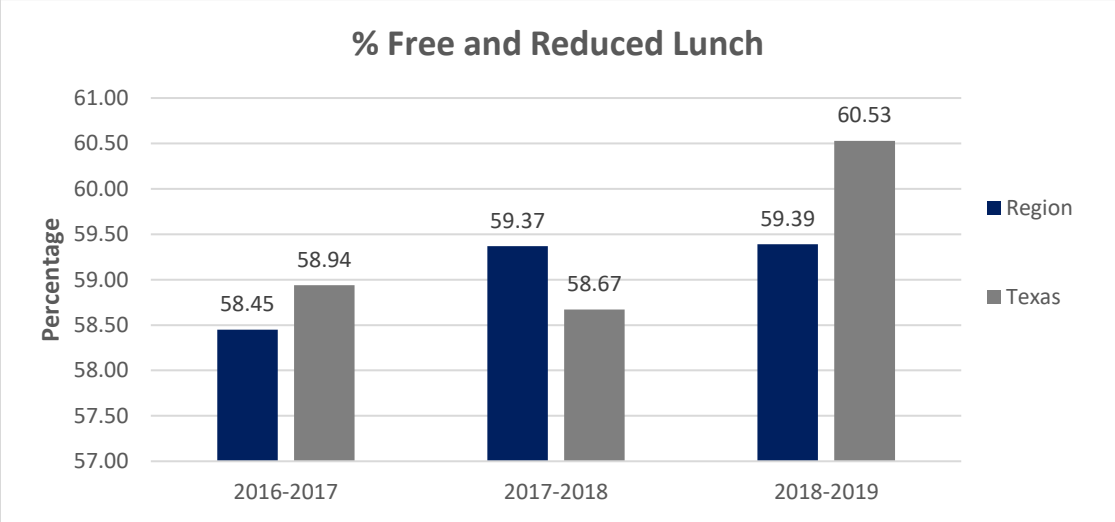


Source: Texas Health and Human Service Commission, SNAP Recipients, 2017-2019.

[21] Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. Accessed May 10, 2020. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics

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 2016-2019 may be found in Appendix A Table 18 & 19.*



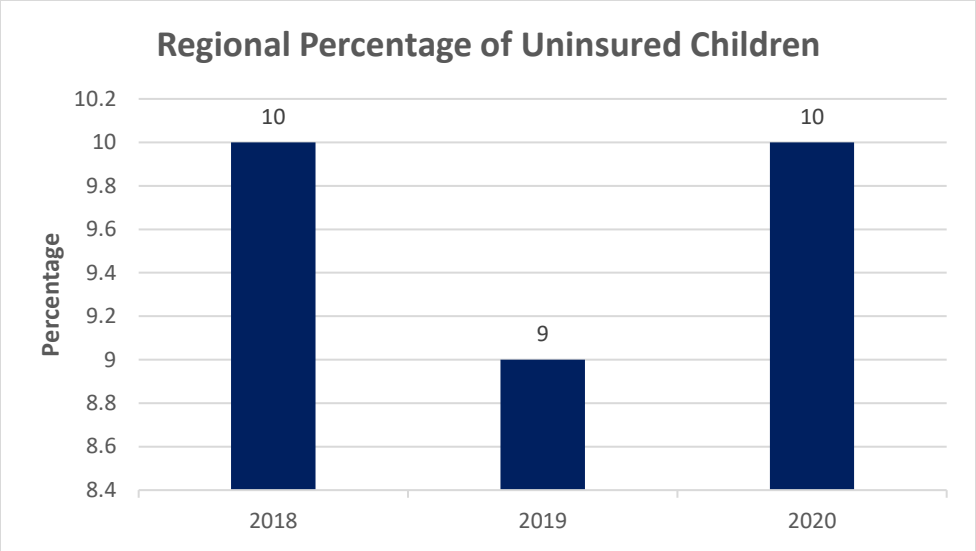
Source: National Center for Education Statistics, Free and Reduced Lunch, 2016-2019

Uninsured Children

Uninsured children are the percentage of the population under 19 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. Children ages 0-18 are included in this data, percentages are the number of uninsured children compared to the total number of children within each county. Region 2 is had been seeing a decrease in uninsured children, in 2016 there were 18,000, in 2017, 16,587, and in 2018 there were 13,972, and in 2019 there were 13,565. However, in 2020, possibly due to COVID-19 the number of uninsured children increased to 14,510. This indicator shows children that do not have general access to healthcare through either private or public insurance according to the Small Area Health Insurance Estimates[23] *County level data for total number and percentages of uninsured children may be found in Appendix A Table 20 & 21.*

[22] U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI – Elementary and Secondary Information System. Accessed April 22, 2019 https://nces.ed.gov/ccd/elsi/

[23] Small Area Health Insurance Estimates, U.S. Census Bureau. Accessed July 7, 2020. https://datacenter.kidscount.org/



Source: U.S. Census Bureau, Kids Count Data Center, 2016-2018.

Environmental Risk Factors

Retail Access

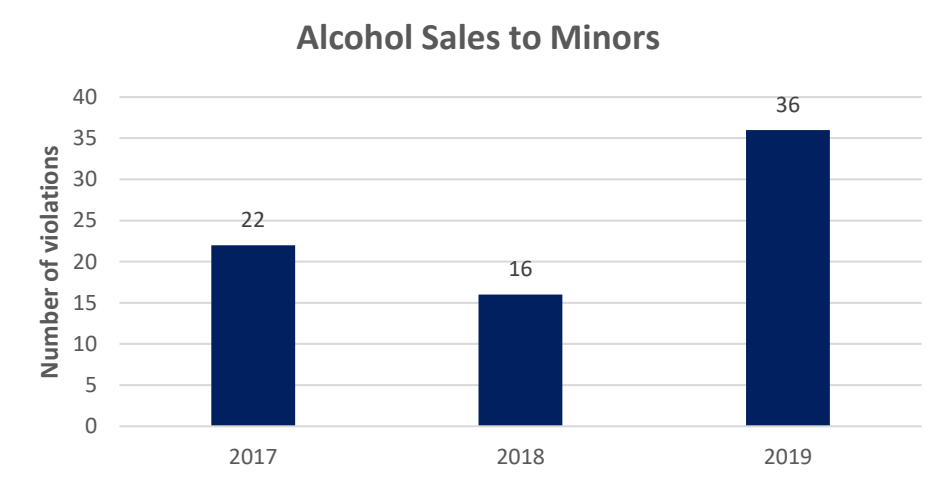
Alcohol

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. Region 2 holds 1,271 permits to sell/distribute alcohol. The state of Texas currently holds 59,630 permits. Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC).[24]*County level number of Permits and Permits by density may be found in Appendix B Table 22.*

Alcohol Sales Violations

According to The Texas Health and Human Services and Texas Alcohol Beverage Commission (TABC) sales to minors is on the increase in Region 2. Adults who give alcohol to minors can face harsh penalties. Making alcoholic beverages available to minors is a Class A misdemeanor. Persons 21 or older (other than parents and guardians) can also be held liable for damages caused by intoxication of a minor.[25] *County level data for Alcohol Sales to Minors may be found in Appendix B Table 23.*



Source: Texas Health and Human Services, TABC. 2017-2019

[24] Texas Alcoholic Beverage Commission (TABC) Accessed March 3, 2020. https://tabc.gov/PublicInquiry/RosterSummary.aspx

[25] Underage Drinking Laws. Accessed July 9, 2020. https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp

Tobacco and other Nicotine products

In December 2019, the United States adopted a law raising the federal minimum age of 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. [26] Retails 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. In 2017-2019 there were only 3 tobacco and nicotine violations in Region 2. *County* level n*umber of tobacco licenses in Region 2 available upon request.*

Marijuana (law changes regarding marijuana)

Marijuana legalization continues to broaden its scope across the country. More states are legalizing marijuana on some level, however recreational use of marijuana is prohibited by anyone under the age of 21. Each state can weigh the bills in their state legislatures; Texas is under the same jurisdictional pressure for the legalization of marijuana as well.

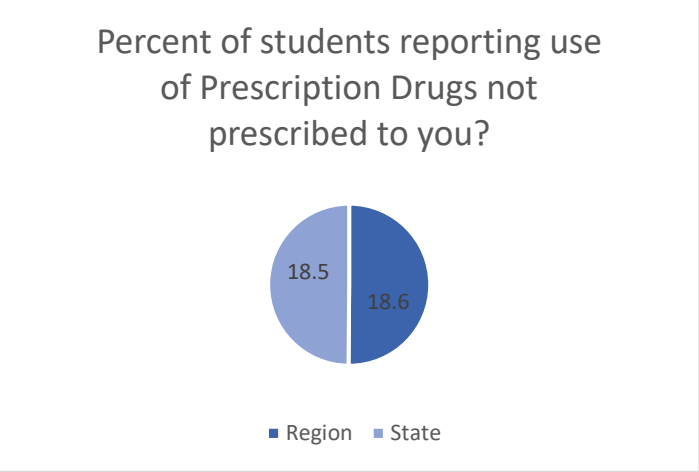
In early 2018, the first sales of low-THC medical cannabis began in Texas according to the Compassionate Use Act. Initially only patients with serious seizure conditions could participate. This law changed in 2019. House Bill 3703 was passed expanding the Texas Compassionate Use Program. This bill was ultimately passed by the Senate allowing qualifying conditions to include epilepsy, multiple sclerosis, spasticity, amyotrophic lateral sclerosis (ALS), autism, terminal cancer, and incurable neurodegenerative disease. (THC). Unlike other states limiting medical marijuana products, Texas law requires doctors to join a registry to include information regarding dosage recommendations, means of administration and the total amount required to fill the patient's prescription.

As marijuana has become legal in other states, social constructs of teens have been influenced. In a previous focus group of college students, the group shared their perception that marijuana is as common as having a beer with their peers. Social media continues to be a large influence on this age group. As these substances become legal, prevention professionals must be mindful on how to reach college students and other groups when addressing prevention strategies for marijuana use.

[26] 2019 Texas Tobacco fact sheet, Accessed July 12, 2020. https://truthinitiative.org/research-resources/smoking-region/tobacco-use-texas-2019

Prescription Drugs

Region 2 has a total of 198 pharmacies, 2 counties within our region do not have a local pharmacy. The TSS asked students if they had ever used prescription drugs not prescribed to them. Our region and the state were the same with 18% of students using prescription drugs not prescribed to them. Codeine Cough Syrup was the highest percentage prescription drug misused by 7th – 12th graders at 12.5%.

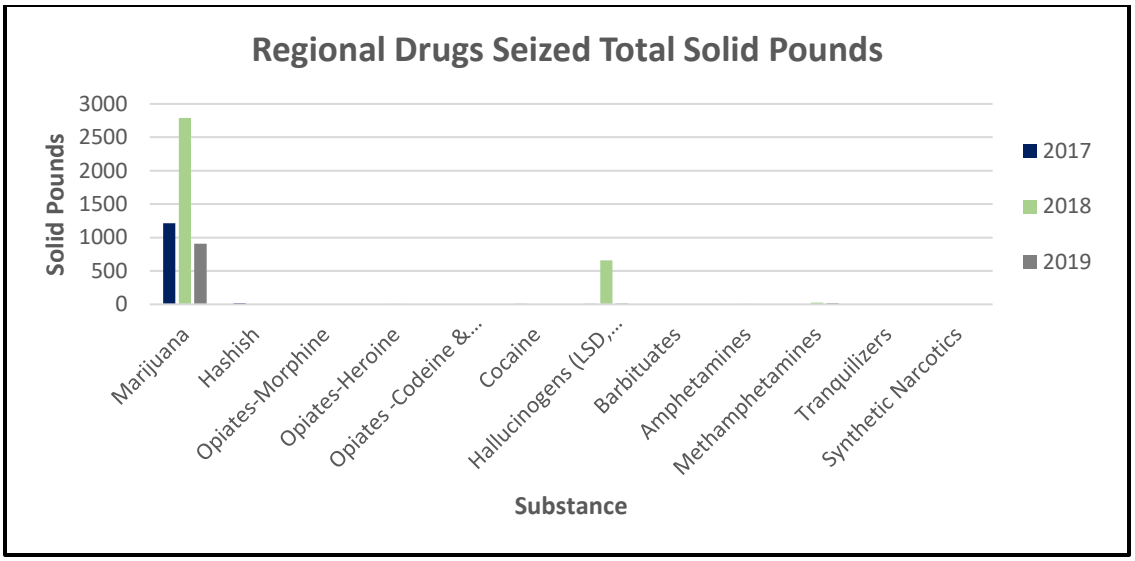


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

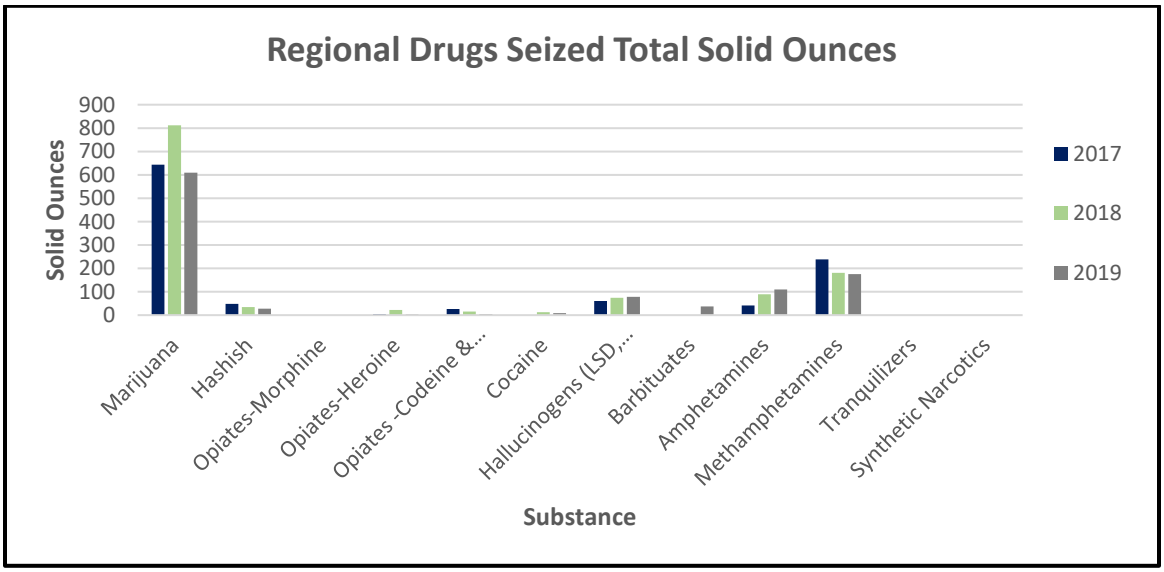
Drug Seizures/Trafficking Arrests

Law enforcement officers across our reported area spend countless hours seizing drugs. These drugs are then categorized in reporting groups which include: Marijuana, Hashish, Opiates (Morphine, Heroine, Codeine and Opium gum), Cocaine, Hallucinogens (LSD, PCP, Mushrooms, Peyote, and Designer Drugs), Barbiturates, Amphetamines, Methamphetamines, Tranquilizers and Synthetic Narcotics. These substances are measured in units of solid pounds, solid ounces, solid grams, liquid ounces, and dose units. According to the Texas Department of Public Safety Drug Seizures Report for 2017-2019[27], the most substances seized for our area include Opiates, Methamphetamines, and Marijuana. The following charts report the total amount seized for each substance over a three-year period. *County level data is available upon request.*

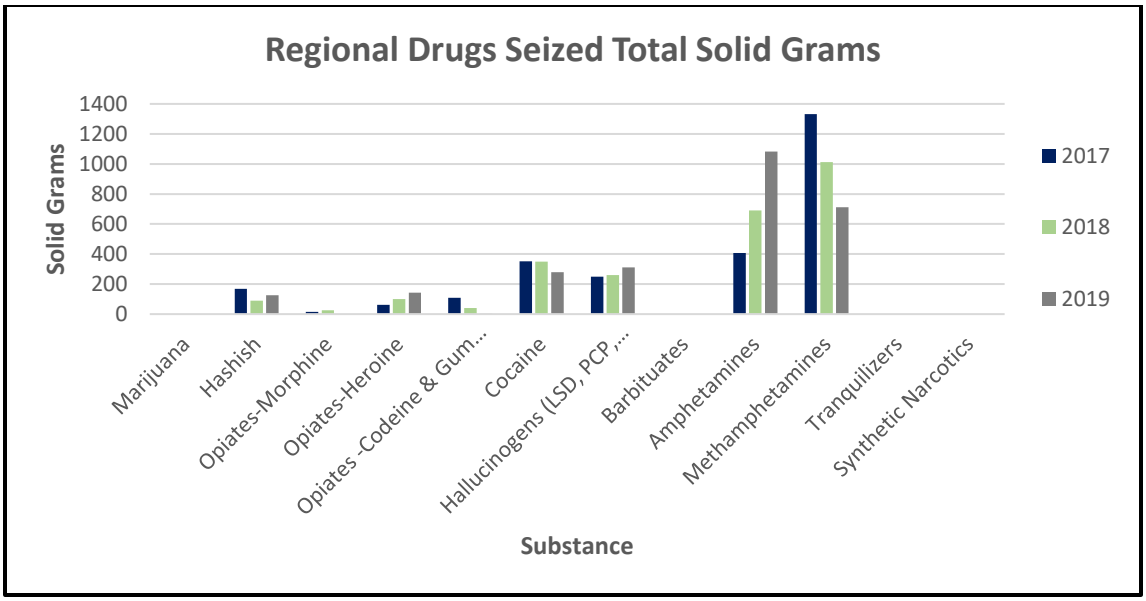
[27] Texas Department of Public Safety - Total Drugs Seized. Accessed July 17, 2020. http://www.txucr.nibrs.com/Report/DrugSeized



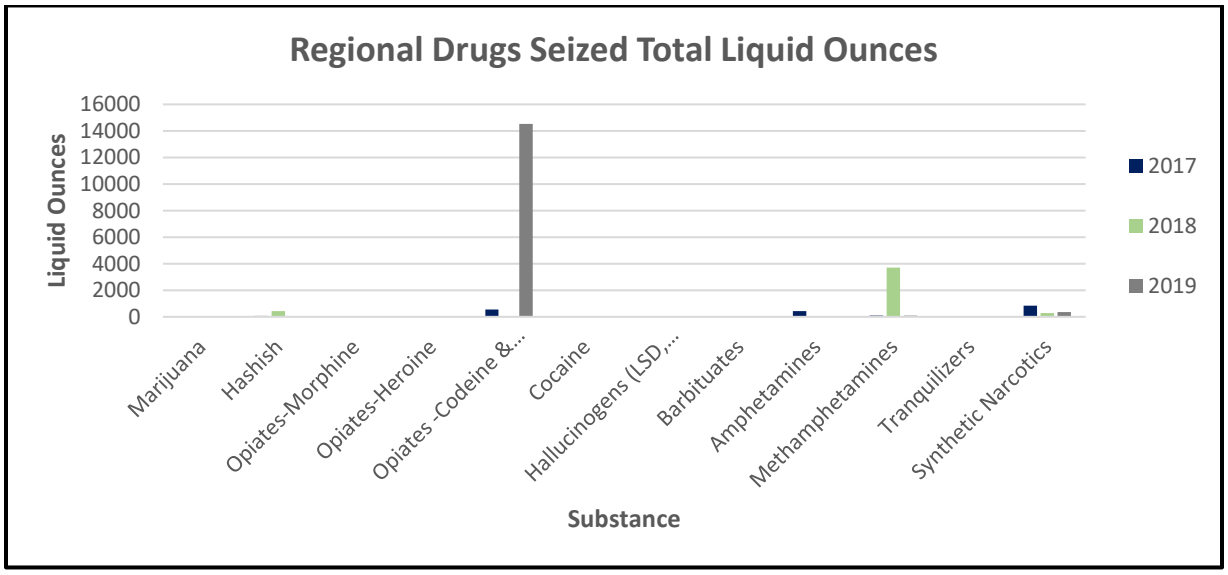
Source: Texas Department of Public Safety, Drug Seizures Report, 2017-2019



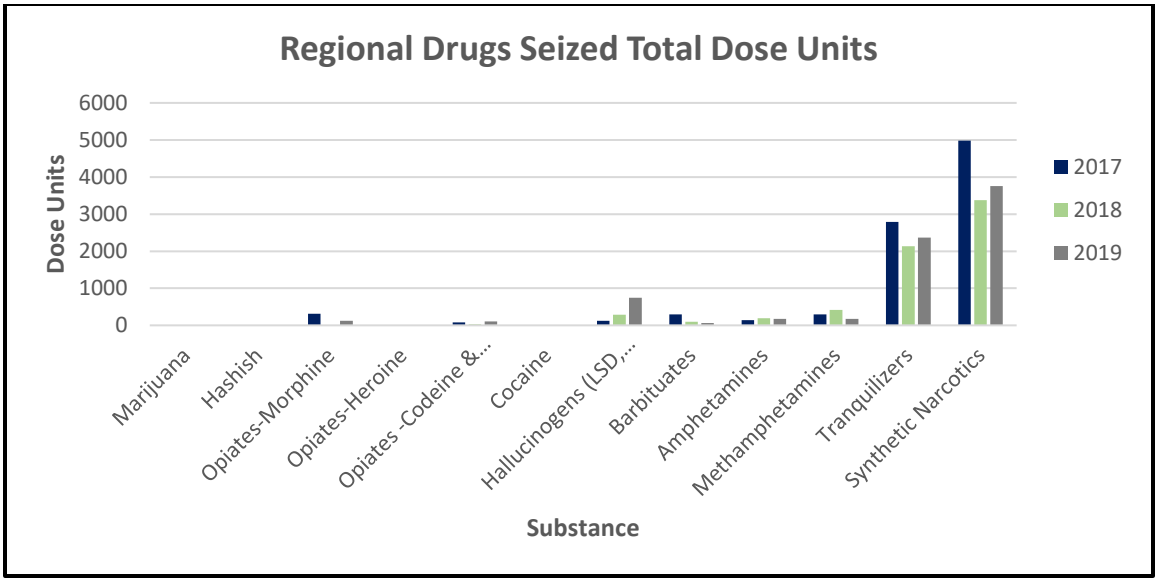
Source: Texas Department of Public Safety, Drug Seizures Report, 2017-2019



Source: Texas Department of Public Safety, Drug Seizures Report, 2017-2019



Source: Texas Department of Public Safety, Drug Seizures Report, 2017-2019



Source: Texas Department of Public Safety, Drug Seizures Report, 2017-2019

Social Access

The risk of substance use works in congruence with the risk factor model, 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 abuse if there is a low perception of harm the risk of abuse increases. Family associations may influence the risk of abuse if parents are social hosts for adolescent parties the risk of abuse is influenced. 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 most recent TSS data is from 2018 survey.

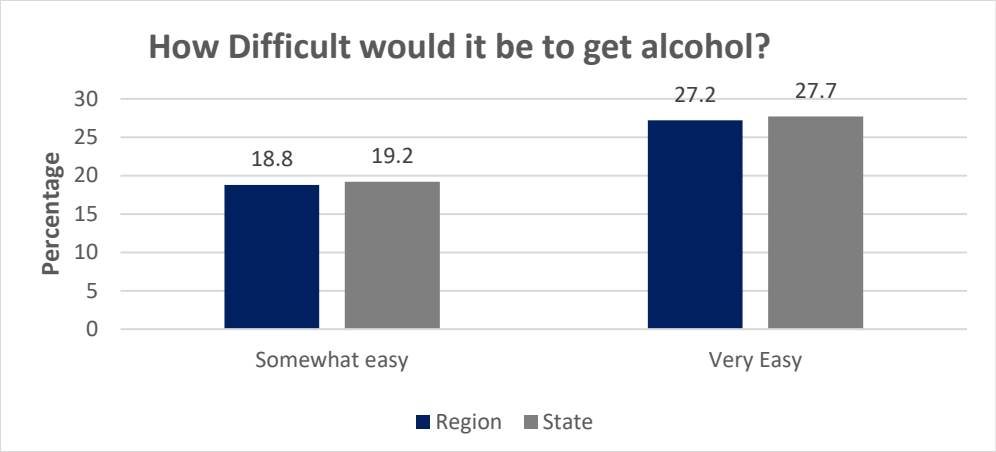
Perceived Access

The TSS addresses a teenager's perception of how difficult it would be for them to acquire alcohol, tobacco, 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.

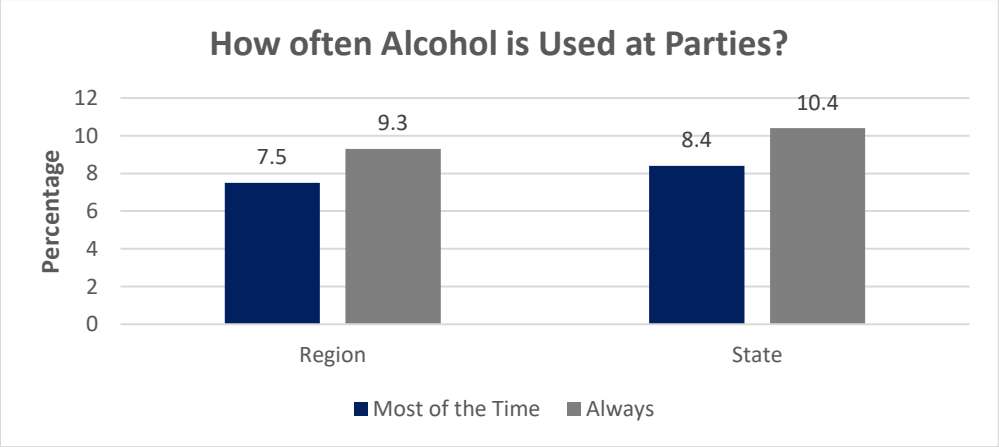
Alcohol

The numbers reported describe the percentage of students who reported it was "somewhat easy" or "very easy" for them to acquire alcohol. The state and region percentages of students reporting the ease of acquiring alcohol is very similar. **Students in our region report when attending parties during the school year 9.3% report "always" using alcohol at parties.** [28] *Regional data percentages for each grade may be in found in Appendix B Table 24.*

[28] Texas School Survey. Texas A & M Public Policy Research Institute, 2018. Accessed May 26, 2019. https://www.texasschoolsurvey.org



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

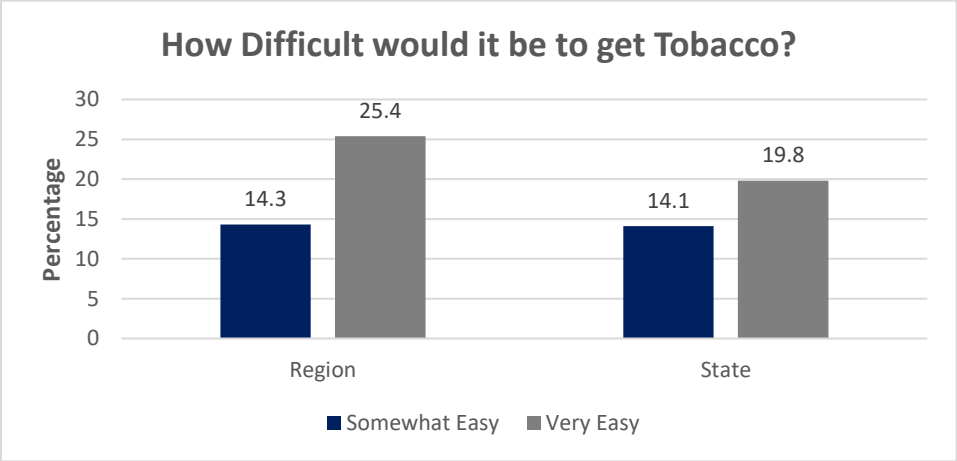
Social Hosting of Parties

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, if they do not know their 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 the Texas Standing Tall, "a social host ordinance is a prevention 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 (TST, 2017).

Tobacco and Other Nicotine Products

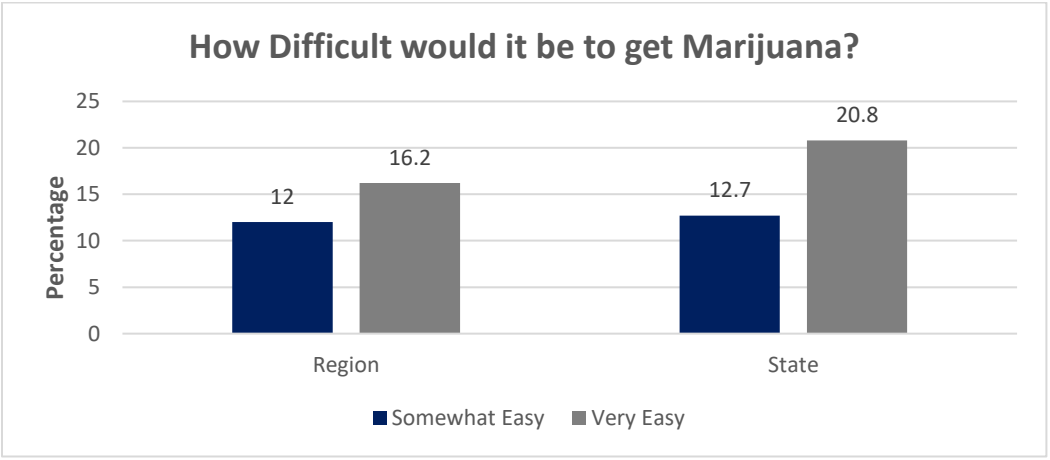
The Texas School Survey (TSS) includes questions regarding the perceived access to tobacco among 7th – 12th graders. Students in our region report accessibility above the statewide percentage when asked "How difficult would it be to get tobacco?" An increased perception of access increases the risk of accessibility to the young people within our region. The following chart shows the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question. *Regional and State data percentages for each grade may be found in Appendix A Table 23.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Marijuana

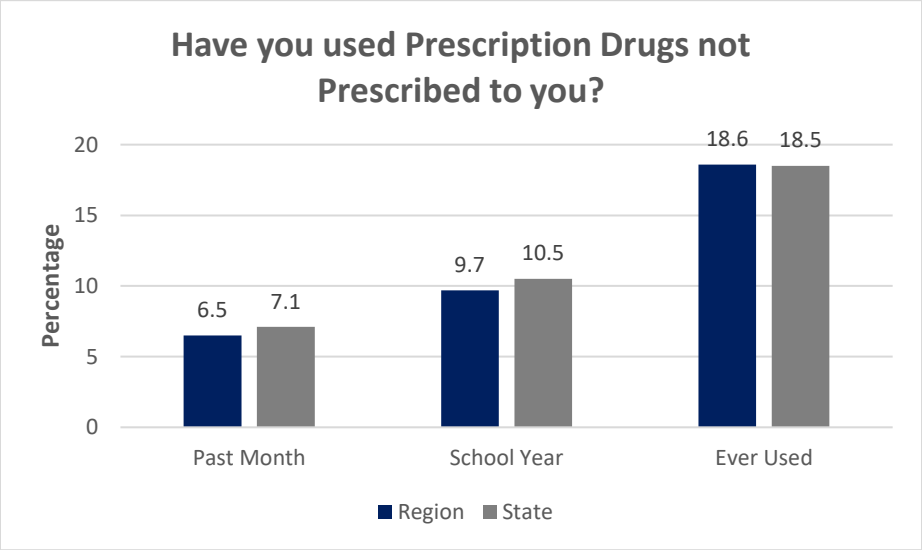
The TSS includes questions regarding the perceived access to marijuana among 7th – 12th graders. Students within our area report under the statewide percentage when asked how difficult marijuana would be for them to get. Region 2 also had a lower percentage of students report marijuana being at parties they attend during the year. A lower perception of access lowers the risk of accessibility among young people within our region. The follow 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 questions asked below. *Regional and State data percentages for each grade may be in found in Appendix B Table 23.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Prescription Drugs

The 2018 TSS includes questions regarding the perceived access to prescription drugs not prescribed to students. Students within Region 2 reported a lower rate than the statewide percentage when asked if they had used prescription drugs not prescribed to them. *Regional and State data percentages for each grade may be found in Appendix B Table 23-1.*

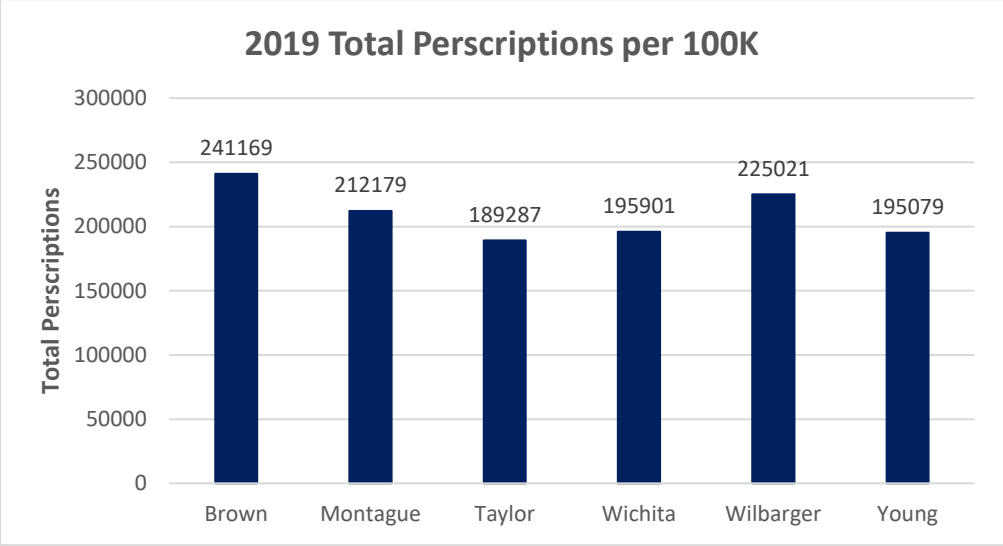


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

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 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. This program was created to investigate and prevent drug diversion while being cost efficient. Diversion of prescription drugs signifies the drug abuse problem in communities. The federal government monitors the distribution of the 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 will be required to check patient's prescription history before prescribing and/or dispensing any opioids, benzodiazepines, barbiturates, or carisoprodol effective September 2018.

In 2019 TPP reported there were 167,478 total prescriptions per 100k in our region. 6 counties in our region exceeded the regional rate.[29] The regional rate exceeds the state rate of total prescriptions per 100k of 126,238. *County level totals for 2019 may be found in Appendix B Table 25, 26, & 27.*



Source: Texas State Board of Pharmacy, 2019.

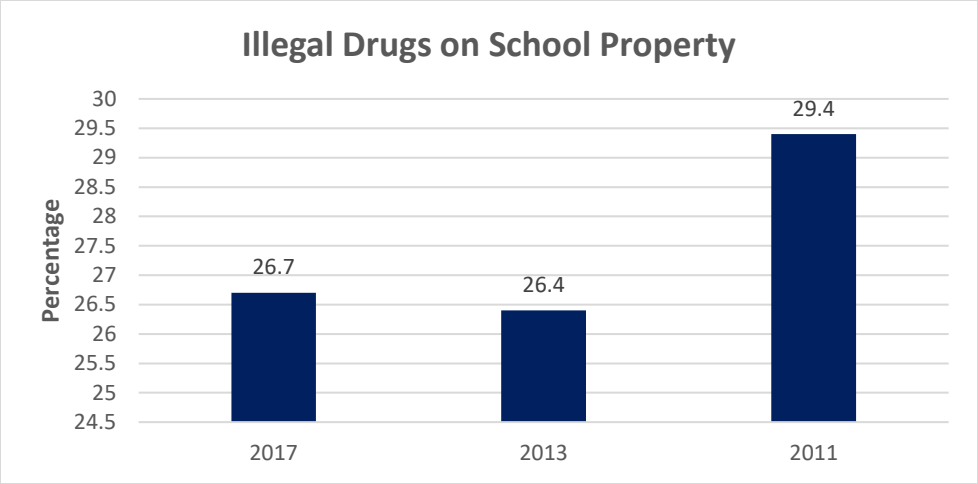
Source of Access

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. In Texas, the percent of students who were offered, sold, or given illegal drugs on school property by someone during the past 12 months is 26.4% of students in 2017 ages <15 – 18+ reported being offered drugs on school property. [30] 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.

[29] Texas State Board of Pharmacy. Total dispensation data submitted to the PDMP by pharmacies located in Texas 2019.

[30] Texas Department of State Health Services. 2001-20017 High School Youth Risk Behavior Survey Data. Accessed February 3, 2020. www.htp://healthdata.dshs.texas.gov/HealthRisks/YRBS



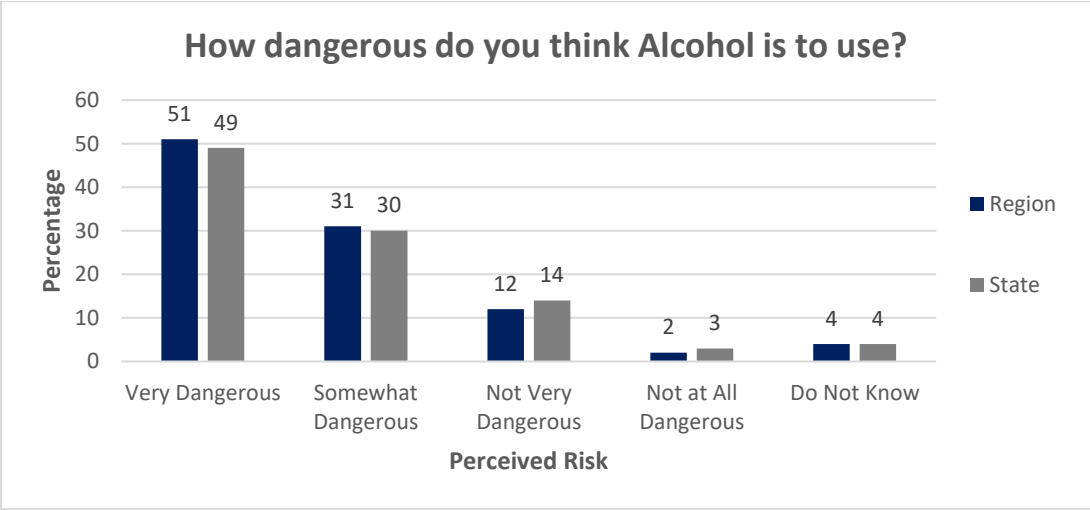
Source: Center for Disease Control and Prevention, High School YRBS, 2011-2017.

Perceived Risk of Harm

When assessing the risk of abusing 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 abuse. Likewise, a lower perception of harm often means a person is likely to use a substance. According to the results of the Texas School Survey, alcohol is perceived as the least harmful of all three statewide priorities when comparing the reported percentages of all 7th – 12th graders.

Alcohol

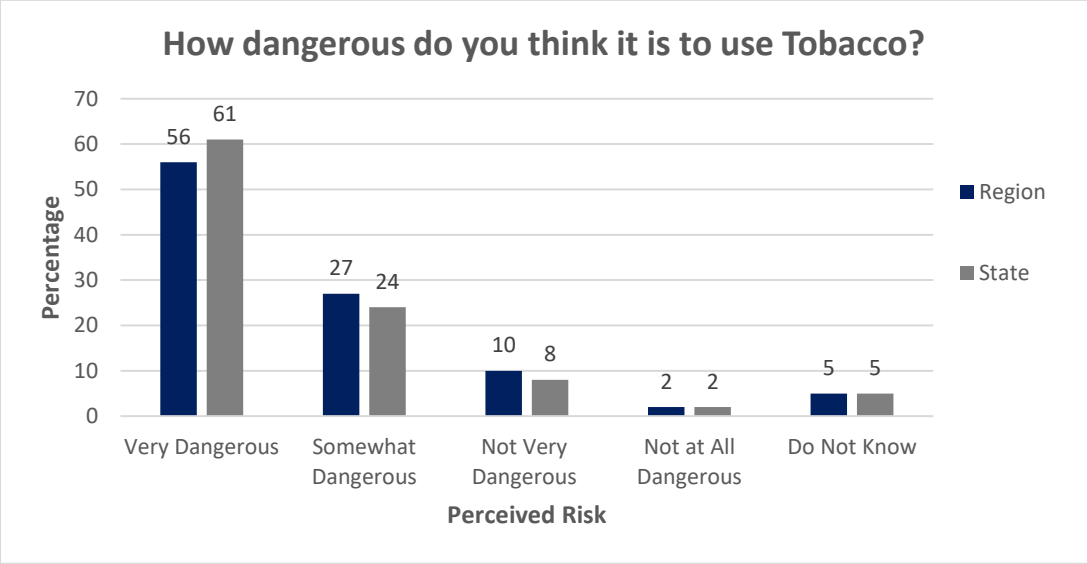
According to the Texas School Survey (TSS) in 2018, 51% of students within our area reported alcohol as being "very dangerous". The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. *Region 2 data percentages for each grade level may be found in Appendix B Table 28.*



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Tobacco and Other Nicotine Products

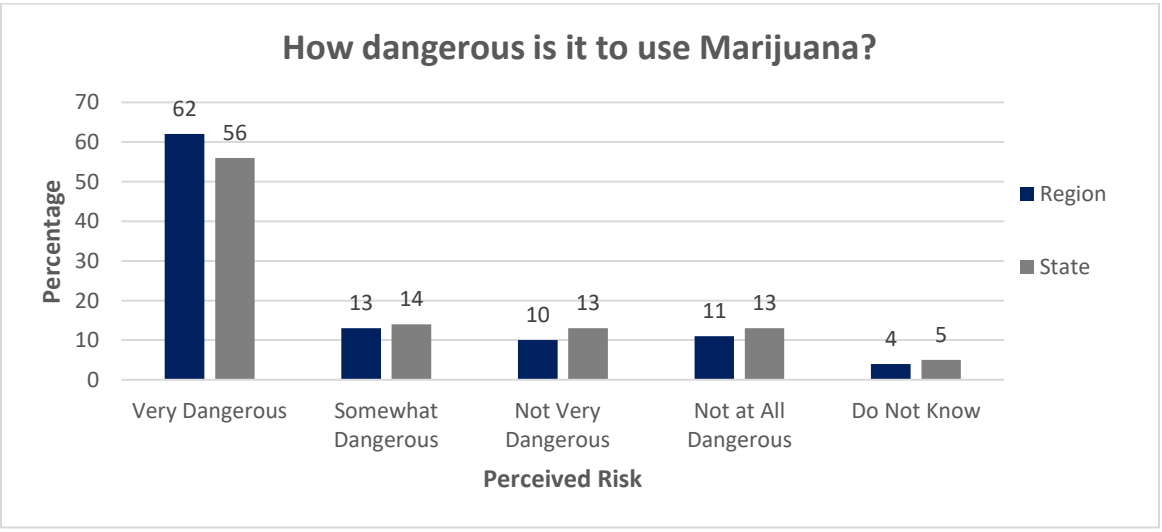
56.4% of surveyed students within our region reported using tobacco as "very dangerous". This report is lower than the state percentage reports. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. *Region 2 data percentages for each grade level may be found in Appendix B Table 28.*



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Marijuana

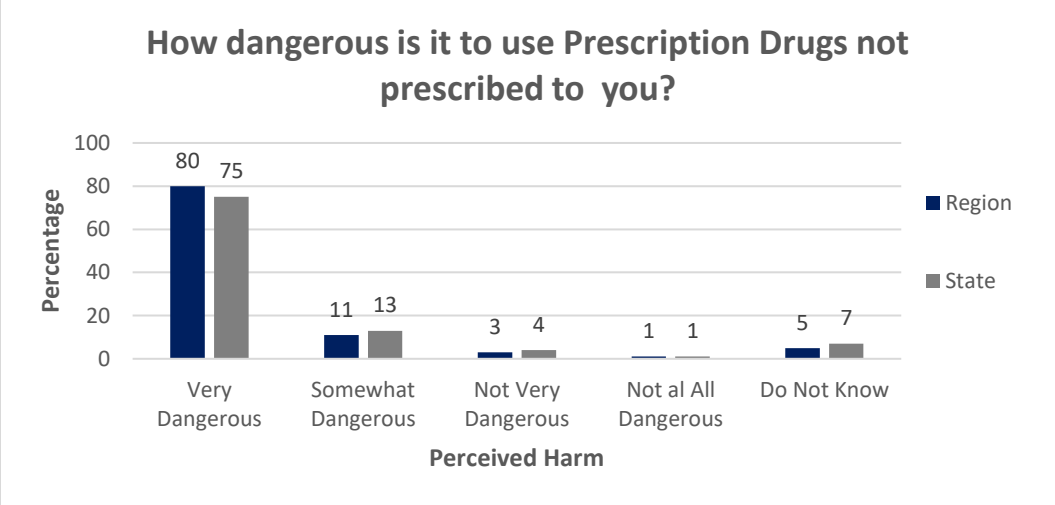
Over 61% of students surveyed within our region reported marijuana use as "very dangerous". This percentage is higher than the state percentage. The follow chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. *Region 2 data percentages for each grade level may be found in Appendix B Table 28.*



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Prescription Drugs

Over 80% of surveyed students within our area reported taking other people's prescriptions as "very dangerous". This is also higher than the state percentage. The follow chart reports 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. *Region 2 data percentages for each grade level may be found in Appendix B Table 28.*



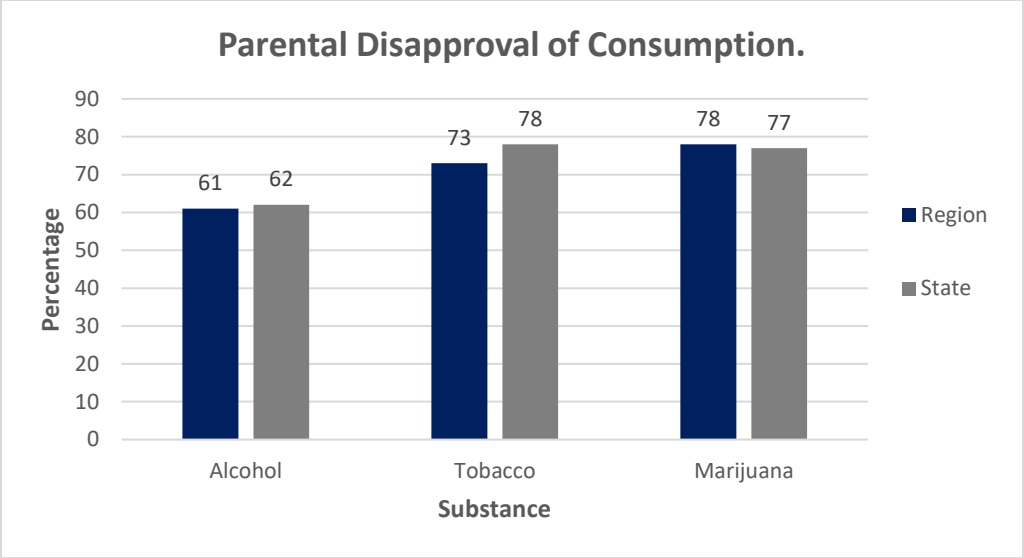
Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Social Norms

Parental Approval/Consumption

Parental views on students consuming substances is 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. Less than 1% of students in Region 2 believe their parents "strongly approve" of them using tobacco; 1.2% believe their parents "strongly approve" of them consuming alcohol, and 1.4% of students believe their parents "strongly approve" of them using marijuana. More students believe their parents would approve of kids their age using marijuana when it is compared to other substances. The approval rate for all three substances has increased slightly since the TSS in 2016.

The chart below reports the percentage of students' belief their parents "strongly disapprove" of them consuming these substances. Alcohol has the least percentage of students' belief their parents "strongly disapprove" of them consuming alcohol. Marijuana has the highest parental disapproval when students consider their parents belief regarding marijuana. Region 2 students report a lower parental disapproval percentage for two out of the three substances listed when compared to the state's percentage of parental disapproval. *Region 2 data for each grade level may be found in Appendix B Table 29.*

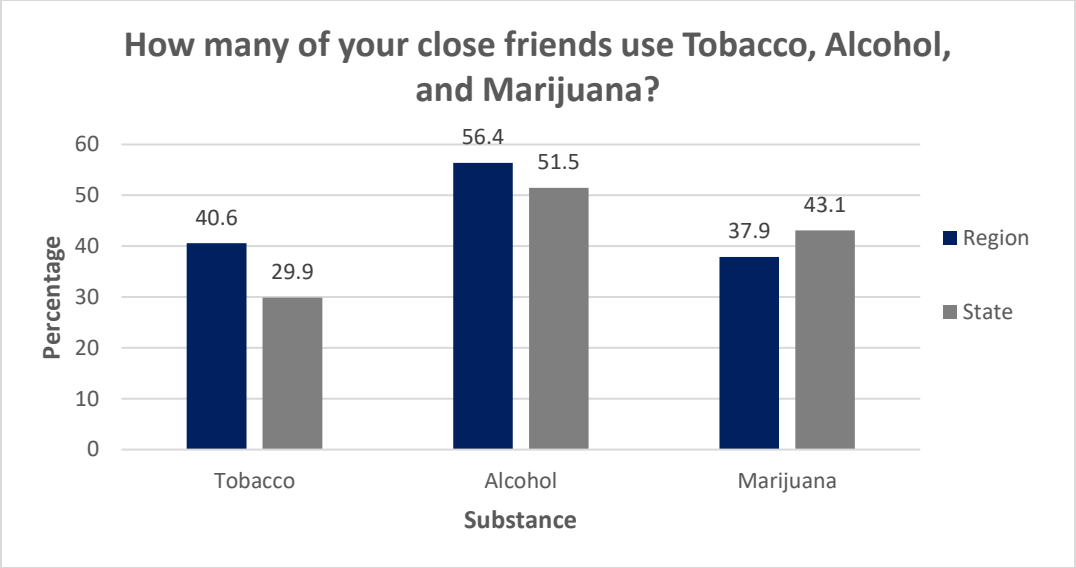


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Peer Approval/Consumption

The TSS also questions students' belief of their friends' consumption behavior. Peer approval is asked through the question: "About how many of your close friends use tobacco, alcohol or marijuana?" in 2018. 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 all students who believe their friends consume these substances. 40.6% of students report their friends use tobacco; 56.4% report their friends consume alcohol, and 37.9% report their friends use marijuana. Alcohol is reported as the highest consumed substance among youth 7th – 12th grade in our Region. Percentages exceed the state percentage of peer consumption. Tobacco and alcohol both exceed the state percentages when comparing overall percentages of peer approved consumption. Marijuana is reported as the lowest consumed and is below the state percentage of peer consumption.

Peer approval is a powerful indicator of youth belief and behavior of consuming substances. This approval is often correlated with a person's behavior and belief regarding a substance. Regarding the above chart (Parental Disapproval of Consumption) data reports that students believe less of their peer's approve of them consuming alcohol. Additionally, students believe more of their parents disapprove of them consuming tobacco and marijuana while they believe less of their friends consume it. *Region 2 data for each grade level may be found in Appendix B Table 30.*



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Regional Consumption

College Student Consumption

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. **At the time of print for the 2020 RNA the 2019 Texas College Survey has not been published, all data included in this report will be from the 2017 Texas College Survey.** The purpose of this research is to "assess the prevalence of alcohol, tobacco, and illicit drug use on college campuses and community college districts." In 2017 65 school districts were invited to participate; 52 provided all information needed and were included in the results. Schools ranged from 18 large four-year universities, 20 small four-year universities, and 26 two-year colleges. 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."[31]

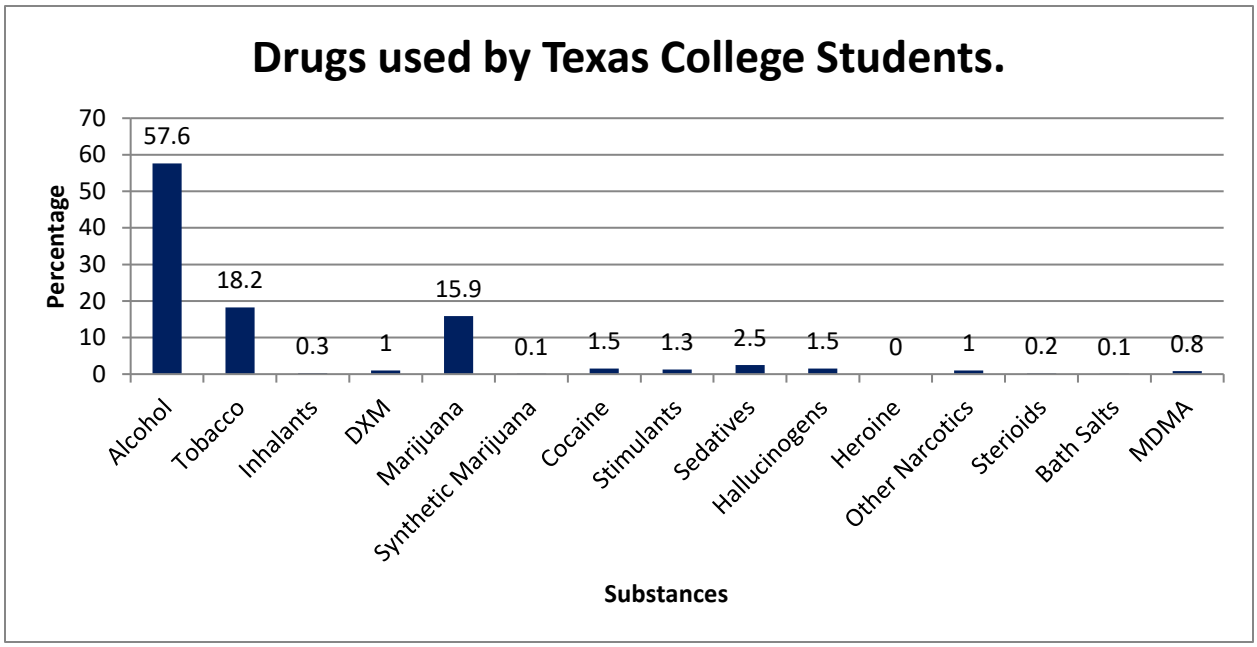
Results indicated positive and negative trends in overall consumption and behaviors. Fewer students reported drinking and driving in 2017 than in 2015. The report indicated a decrease in consumption of tobacco, sedatives, and narcotics; there was not a decrease in heroin.

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.

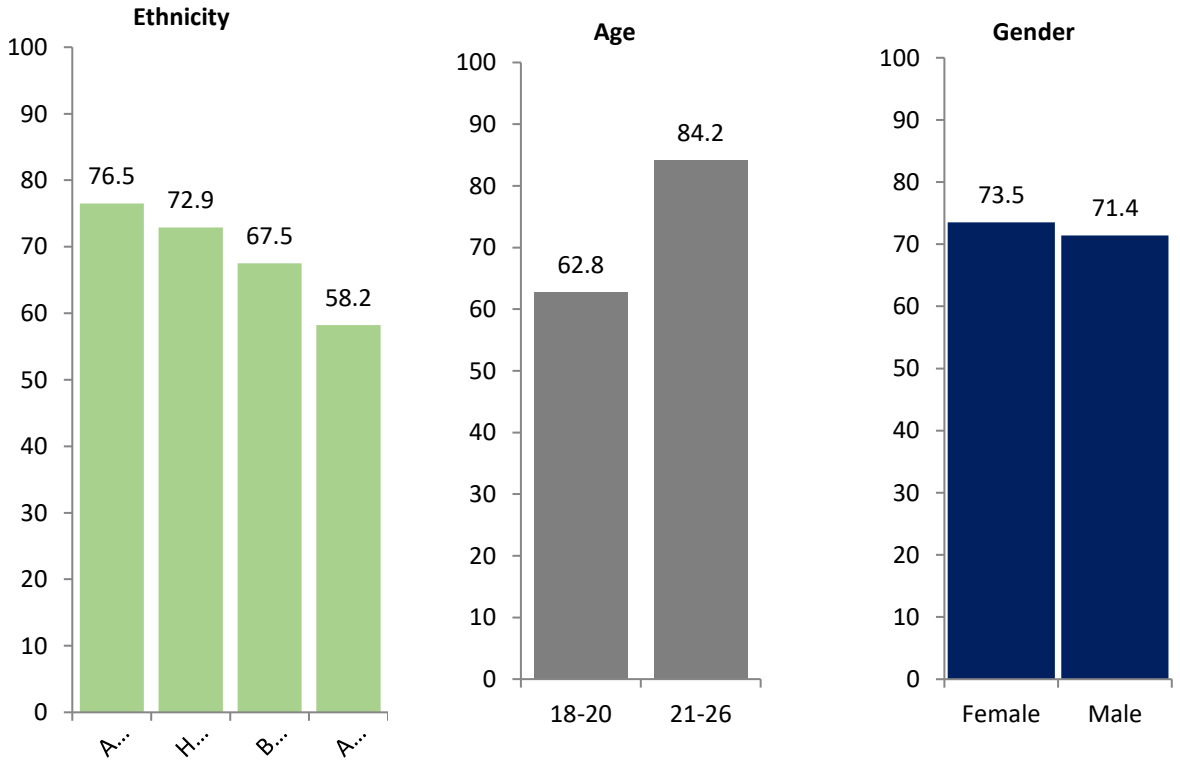
Students perceived drugs as dangerous, except for marijuana. 37% of students reported marijuana as somewhat dangerous or very dangerous. The chart below is a snapshot from 2017 of the overall reported use of all substances within the past 30 days.

[31] Texas College Survey, 2017 Official Report. www.https://texascollegesurvey.org



Source: Texas A&M University Public Policy Research Institute, Texas College Survey, 2017.

Alcohol is reported as the most consumed substance among college students. The following chart includes information on alcohol use in the past year.



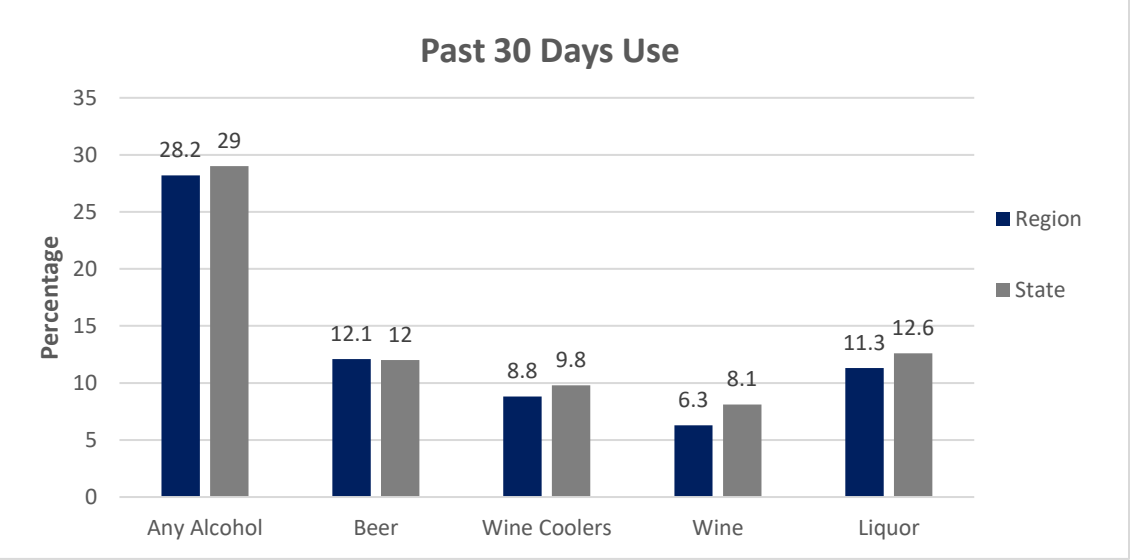
Source: Texas A&M University Public Policy Research Institute, Texas College Survey, 2017.

Current Use

The following is information on consumption rates of alcohol, marijuana use, tobacco, and prescription drugs. Age of initiation is also reported in this section. Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey. In 2016, the decision was made to eliminate grade 7 from the survey population. Eliminating 6th grade students due to them not being mature enough for the survey materials. *Region 2 data for each grade level for Past 30-day use of Alcohol, Tobacco, and Drug use may be found in Appendix B Table 31.*

Alcohol

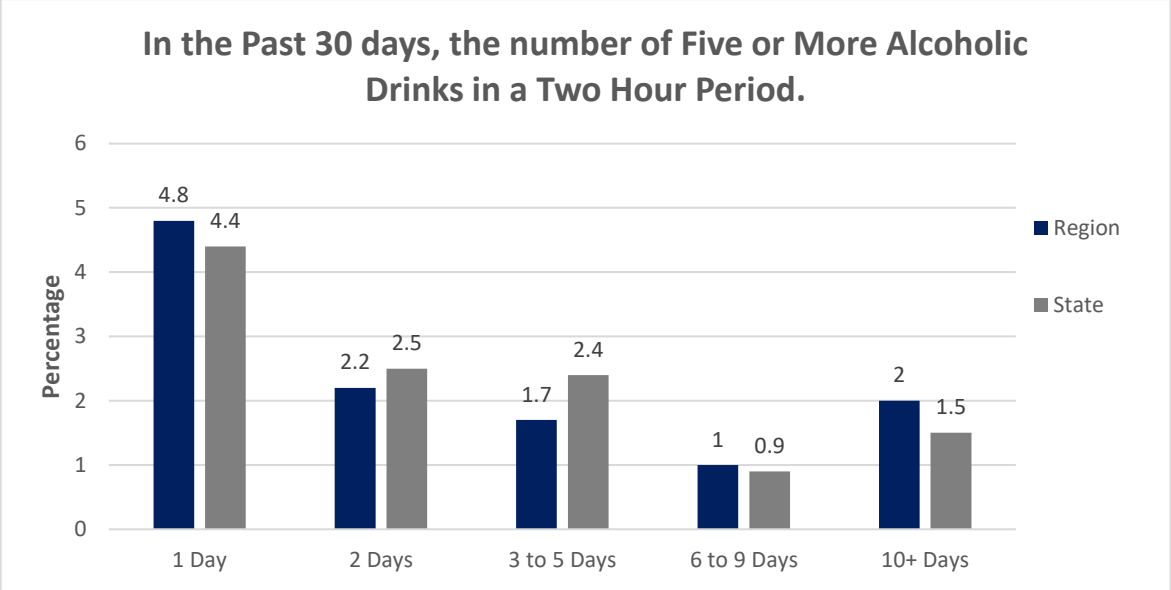
Alcohol is one of the most consumed substances among youth. Also, it may have long term effects on an adolescent's biological development and functioning. The following information is from the 2018 Texas School Survey. The following chart reports the data for the total percentage of students in Region 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?"



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

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.[32] 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.

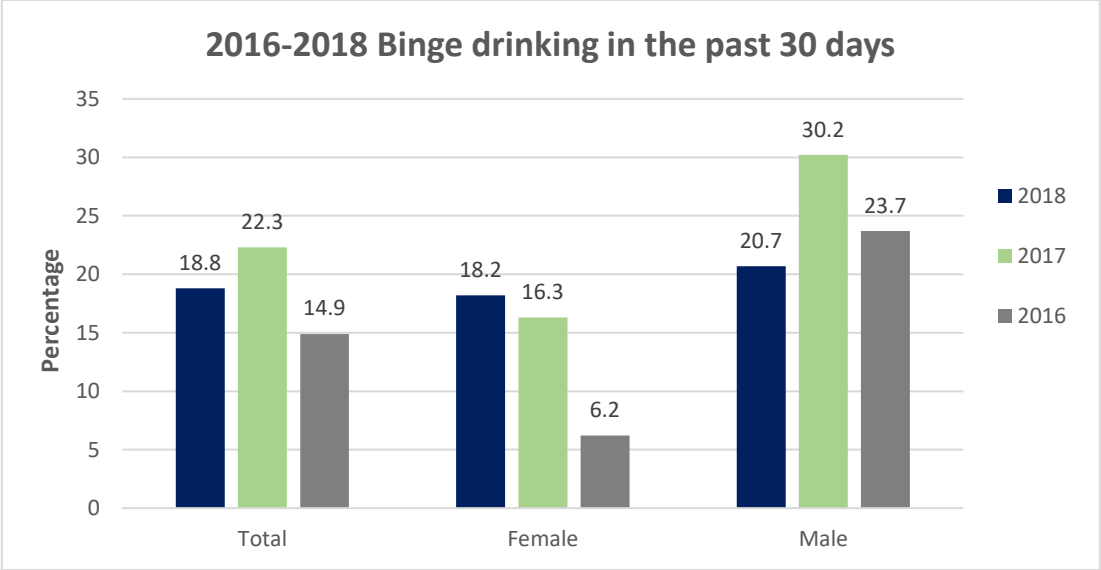


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Adult binge drinking rates

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.

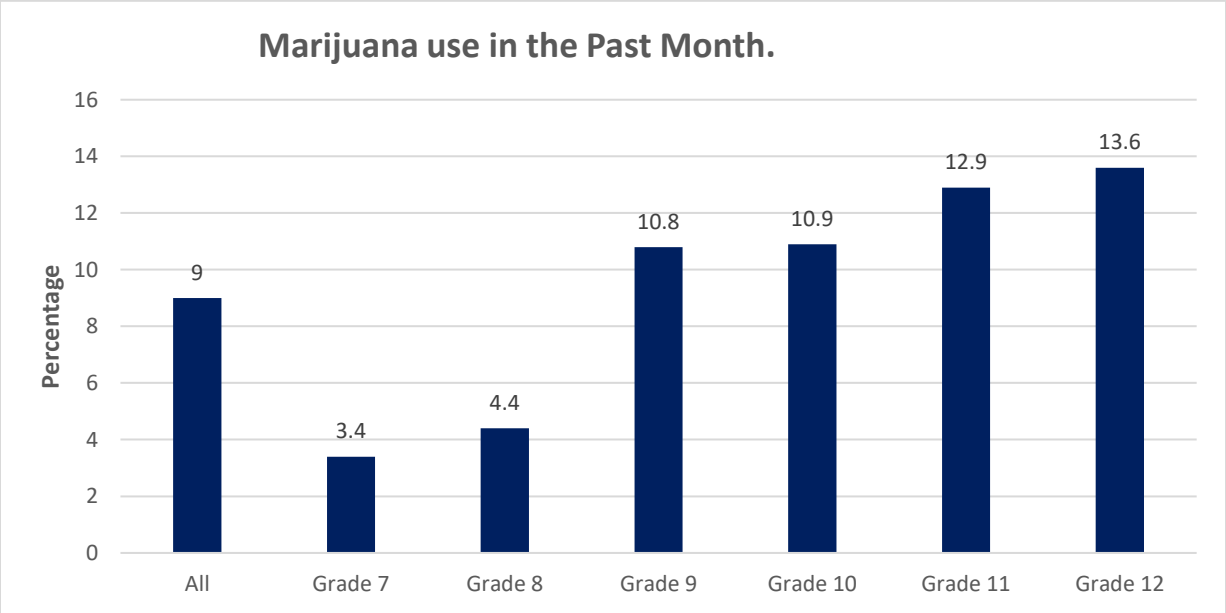
[32] The National Institute on Alcohol Abuse and Alcoholism, Underage Drinking fact sheet https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends. Accessed Apr 16, 2020. https://www.cdc.gov/brfss/brfssprevalence/

Marijuana

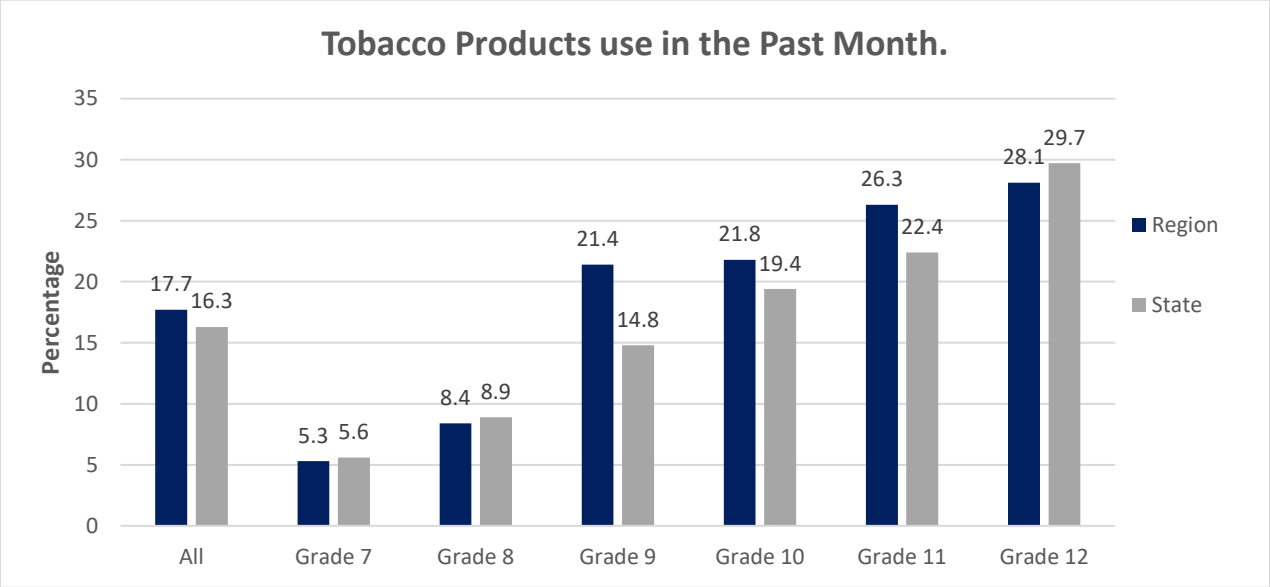
Marijuana continues to be a drug used among young people today. Generally young individuals consider societal norms such as the legalization of marijuana in eleven states (as well as the District of Columbia), social media, and general misconceptions as their reasoning for use. Prevention curriculum is necessary to educate the Region's students on the harmful effects of marijuana use.



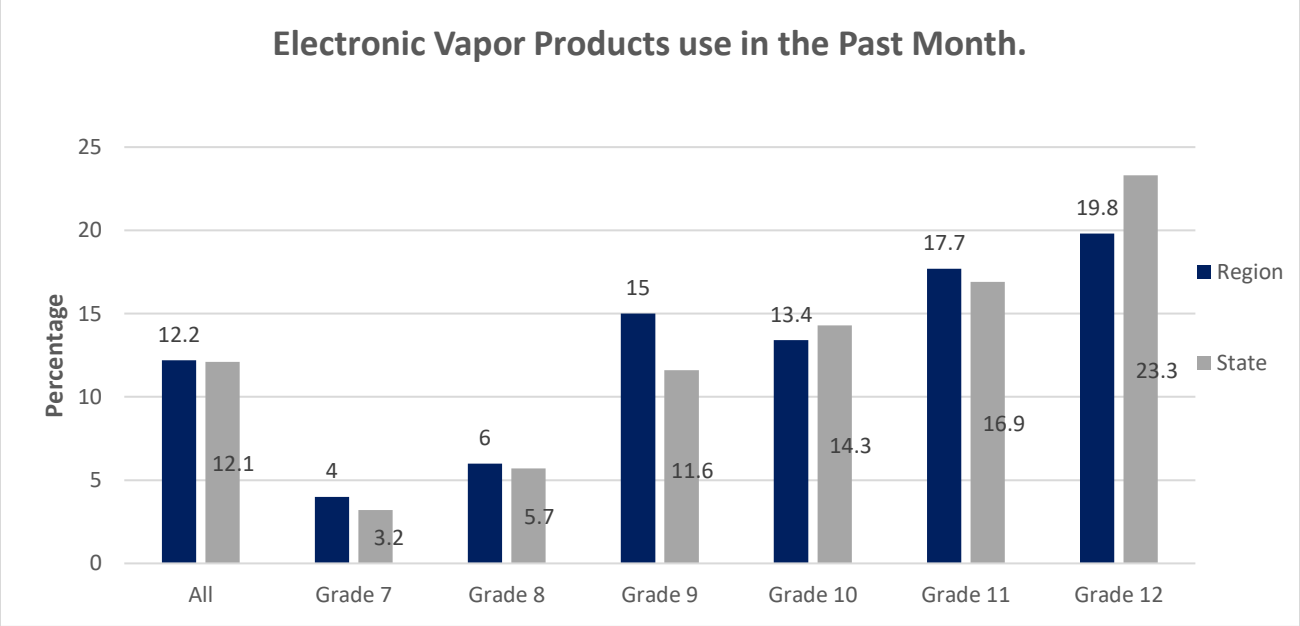
Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Tobacco

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.[33] The law also does not allow for minors to possess tobacco products in the presence of a parent, guardian, or spouse. The following charts show the percentage of students in our Region and State that use tobacco and electronic cigarettes in the past month from the 2018 TSS.



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

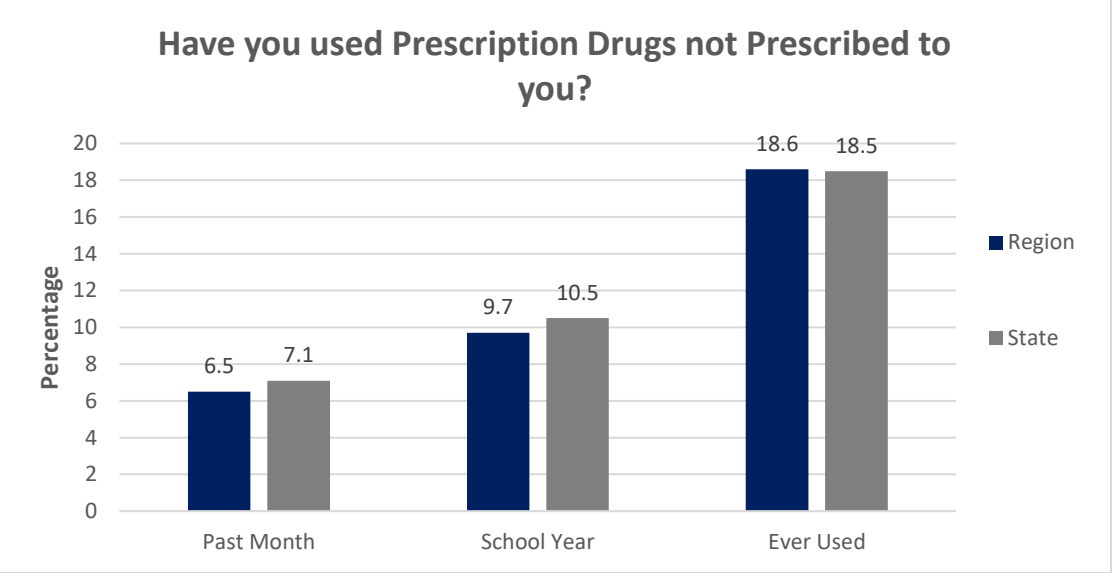


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

[33] Texas Comptroller, Accessed July 27, 2020. https://comptroller.texas.gov/taxes/tobacco/regulatory.php

Prescription Drugs

According to the 2018 Texas School Survey the percentage of students who report using Prescription Drugs not Prescribed to them in our region compared to the state percentage is nearly the same. 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 with Region 2 and the state of Texas.



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

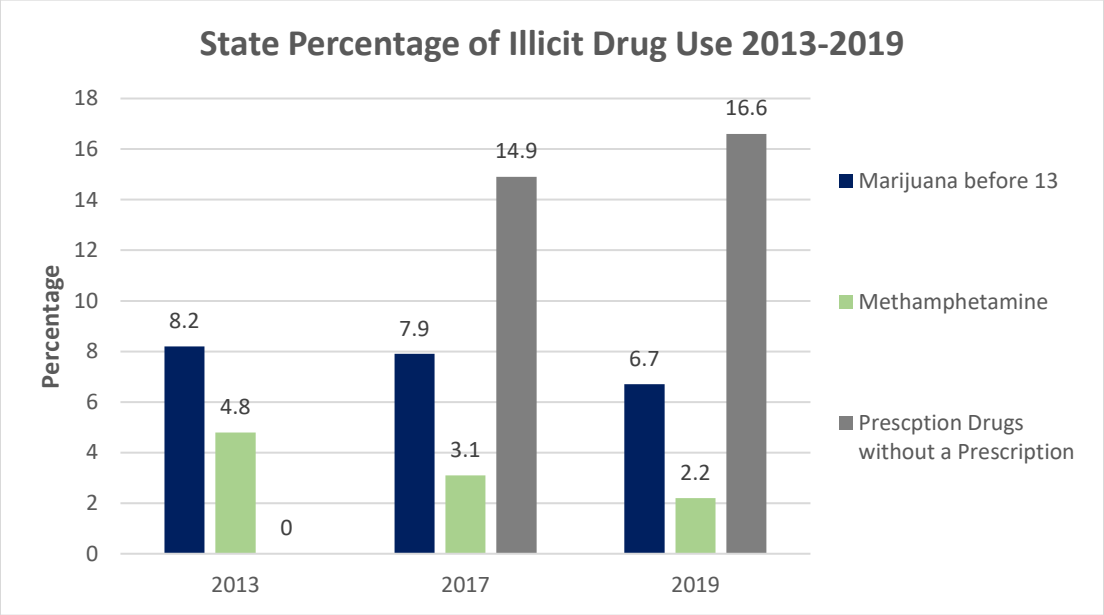
Illicit

Texas Department of State Health Services, 2001 – 2017 High School Youth Risk Behavior Survey[34] is completed on a biennial basis. The YRBSS is a federally funded classroom-based paper survey conducted in odd-years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. This can be used to monitor the Healthy People 2020 objectives of smoking, overweight, exercise, seat belt use, alcohol consumption, drug use, sexual activity, and other risk factors. This allows for intervention priorities to be established and long-term impact of health promotion programs to be monitored. State and federal public and private health authorities rely on the YRBS to identify current health issues, and help to write policy, set goals, and measure their progress.

Adults with substance use disorders report using illicit substances during their teen and young adult years. There are many risk factors that increase the probability of substance use disorders in youth. These risk factors include family history, parental attitudes, family rejection of sexual orientation, sexual abuse, and mental health issues, among others. Protective factors that reduce the risk of substance use include,

[34] Texas Department of State Health Services. 2001-2017 High School youth Risk Behavior http://healthdata.dshs.texas.gov/HealthRisks/YRBS/ Accessed February 3, 2020.

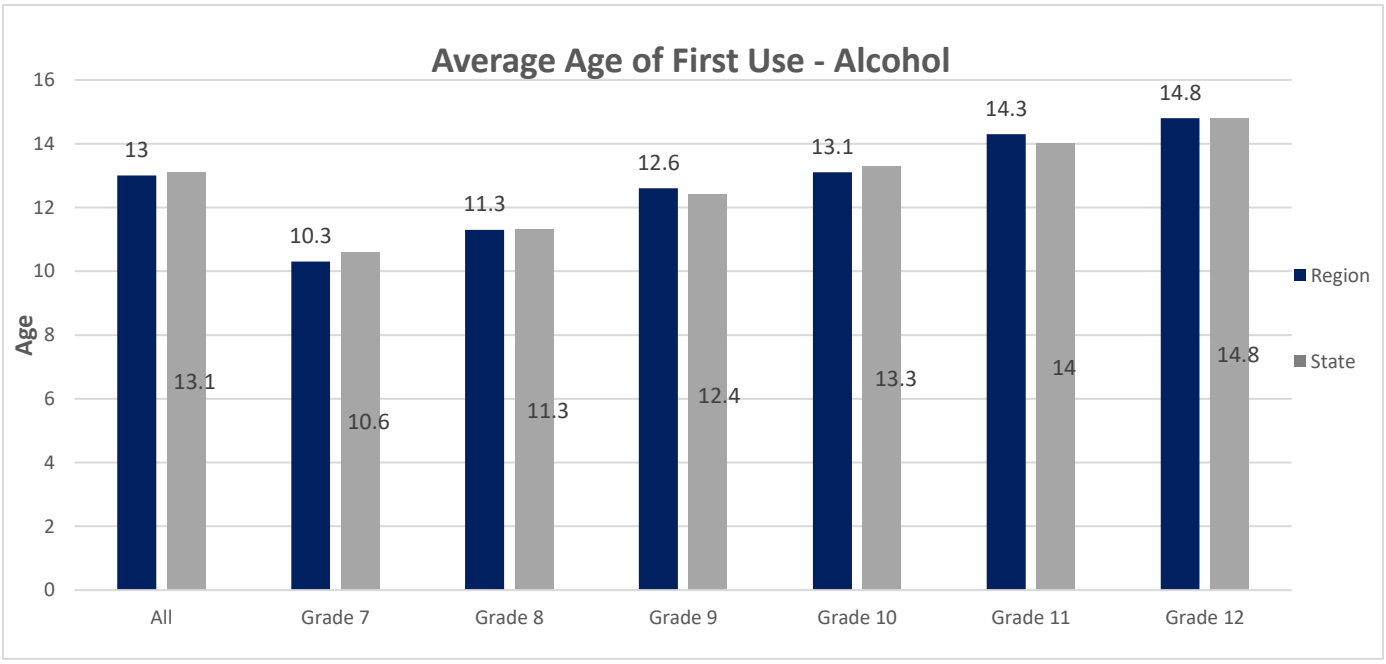
family support and engagement, disapproval of use, and connections at school. *Statewide percentages for illicit drug use may be found in Appendix B Table 32*



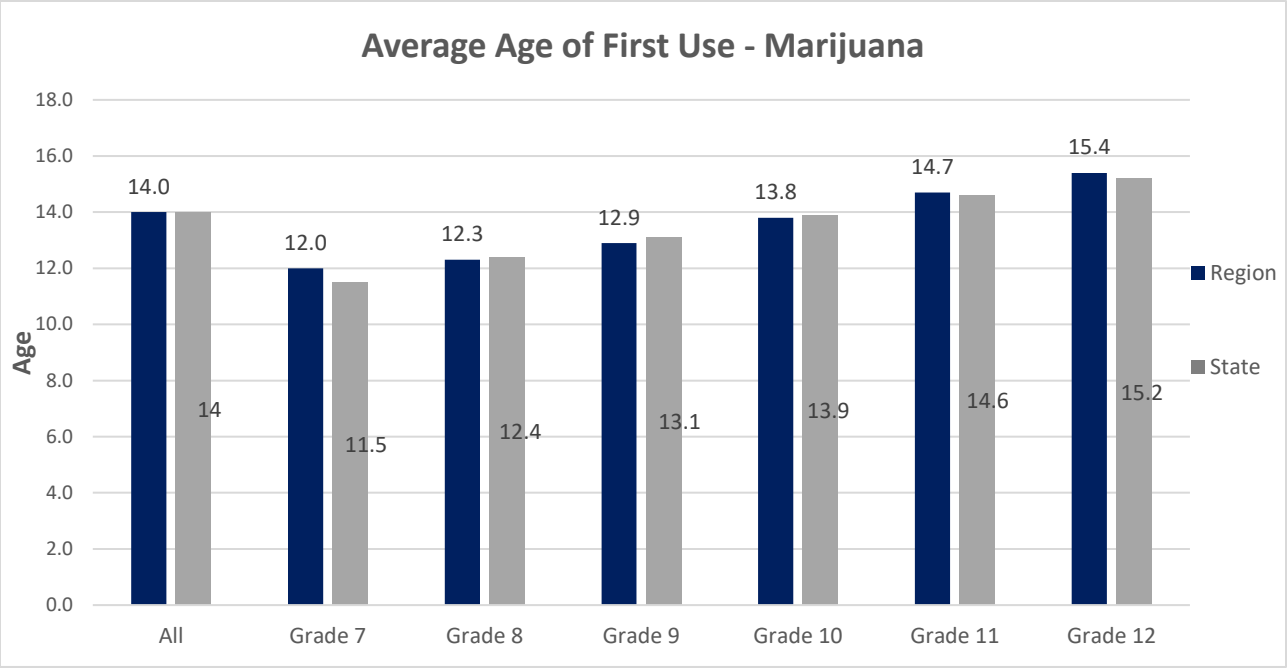
Source: Texas Department of State Health Services, YRBSS

Age of Initiation

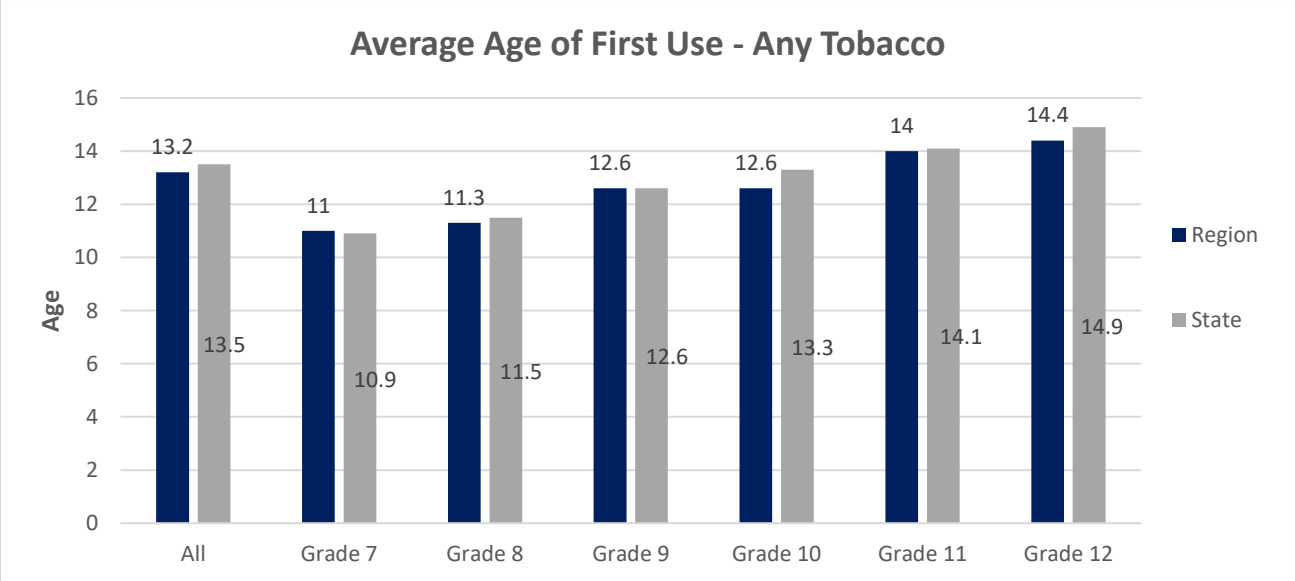
The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response when asked about their average age of First Use of Alcohol, Marijuana, and Tobacco.



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Emerging Trends

Vaping

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.[35]Juuls are battery operated devices "designed to deliver nicotine with flavorings and other chemicals" in vapor instead of smoke. E-Cigarettes are marketed to the general 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.

According to the Texas Department of State Health Services (DSHS), as of February 2020, there has been 250 cases of severe lung disease associated with vaping, including four deaths. The patients range in age from 13-75 years old, with a median age of 22. Three-quarters are male, and nine in ten report vaping THC or marijuana, possibly in combination with other substances. Most of these cases required hospitalization with many requiring intensive care.

Legalization of CBD oil:

In April 2019 CBD was removed as a Schedule 1 controlled substance following the 2018 Hemp Farming bill. House Bill 1325 was signed in June 2019 which establishes regulations for hemp production, cultivation, and testing. Access to Cannabidiol (CBD) in Texas is only available to people with sever illnesses. The Texas Compassionate Use Act legalizes CBD with .5% THC or less for patients with certain illnesses. The illnesses included: Autism, ALC or Lou Gehrig's disease, Incurable neurodegenerative disorders, intractable epilepsy, spasticity, Multiple sclerosis, Seizure disorders, or terminal cancer. Patients who qualify may apply for a medical CBD card. Possession of CBD is legal in Texas as long as it follows the limitations of .3% THC threshold.

Local Covid-19 Situation

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

[35] Center for Disease Control. Accessed July 27, 2020. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

COVID-19 is a global pandemic. A pandemic is a disease that is classified as a global disease outbreak. This differs from an outbreak or epidemic as it has wide geographical, often worldwide affects. Pandemics infect a greater number of people than an epidemic, it is also often caused by a new virus or strain of virus.

COVID-19 Epidemiologists work with other scientists about new infectious diseases once discovered. Scientists work to find out who has it, why they have it, and what the CDC can do about it. Since the beginning of COVID-19 the scientists at the CDC have been working to learn:

> Identification of the source of the outbreak, monitor and track, study, develop guidance for action to slow the spread.

Currently there is no vaccine to prevent COVID-19, however there are steps that people can take to avoid exposure to the virus.

Texas Department of State Health Services recommends the following actions to prevent the spread of COVID-19:

Actions to prevent the spread of COVID-19	
Wash hands for 20 seconds	Use hand sanitizer when soap and water is unavailable
Wear a cloth face covering in public and large gatherings	Cover coughs and sneezes
Avoid touching eyes, nose, and mouth	Disinfect surfaces
Stay six (6) feet away from others	Avoid close contact with people who are sick

Currently information about how the virus is spread is largely based on what is known about similar viruses. The virus is believed to spread between person to person through:

> Close contact – less than 6 feet
>
> Respiratory droplets produced by an infected person
>
> COVID-19 may be spread by asymptomatic persons

Symptoms of COVID-19	
Fever	Cough
Shortness of Breath	Chills
Fatigue	Muscle and Body Aches
Headache	New loss of taste or smell
Sore throat	Congestion or runny nose
Nausea or vomiting	Diarrhea

The CDC recommends certain precautions if you have COVID-19 or suspect you may have COVID-19.

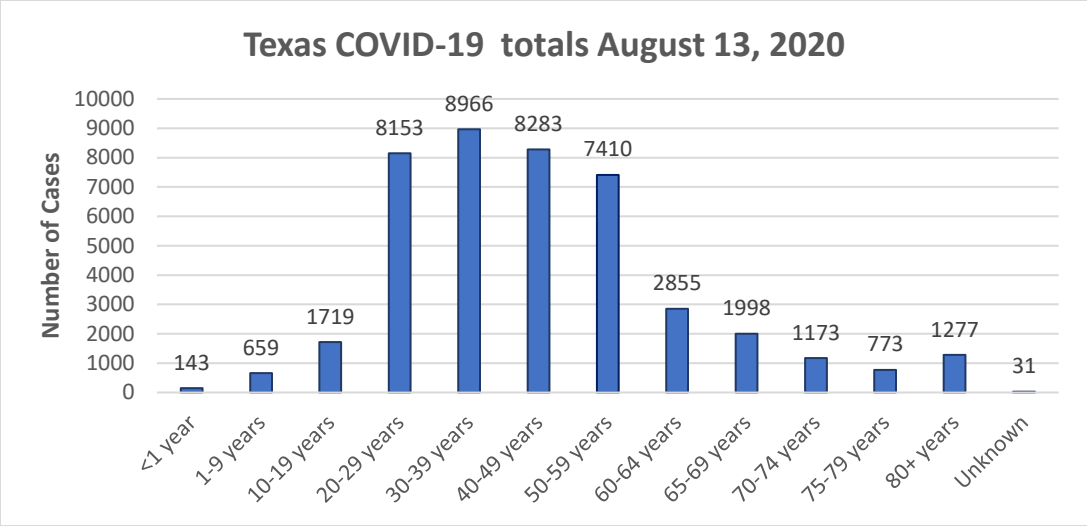
Steps to help prevent the spread of COVID-19	
Stay home except to get medical care	Separate yourself from other people
Monitor your symptoms	Call before visiting your doctor
Wear a mask over your nose and mouth	Cover your coughs and sneezes
Clean hands often	Avoid sharing personal household items
Clean all high-touch surfaces daily	

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

The CDC also provides information on taking care of mental health concerns during a pandemic. The COVID-19 pandemic can be very stressful for many people. Both adults and children experience fear and anxiety. Being isolated can increase feelings of loneliness, there are recommendations to cope with stress in a healthy way.

Healthy Ways to Cope with Stress	
Know where and how to get treatment	Take breaks from social media, and watching news
Take deep breaths, exercise, get plenty of sleep	Avoid excessive alcohol and drug use.
Make time to unwind	Connect with others safely
Connect with community or faith-based organizations	Take care of emotional health

Region 2 reported its first COVID-19 positive case in **Wichita County** on March 20, 2020, followed by **Brown County** on March 21st. As of August 13, 2020, Region 2 has reported a total of 5,181 positive cases of COVID-19, these numbers do not include probable cases. Also, Region 2 reports a total of 89 deaths. *County level totals may be found in Appendix B Table 33.*



Source: DSHS, probable cases are not included in the above totals.

Consequences

Overview of Consequences

In assessing environmental risk factors, one may face certain consequences due to the amount of risk accumulated. Consequences may include mortality, legal consequences, hospitalizations, economic impact, and general knowledge of risk within the community. Each realm of the listed consequences may affect the community, school, family, and individual sector.

Consequences may come in a variety of forms, overdose deaths, diseases related to alcohol and drug use, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, the cost of treatment as well as employment and college admissions are all consequences. Individuals, families, schools, and communities may need to deal with any of these consequences if harmful behavior is occurring. These indicators are relevant because of the effect of risk to the community at large.

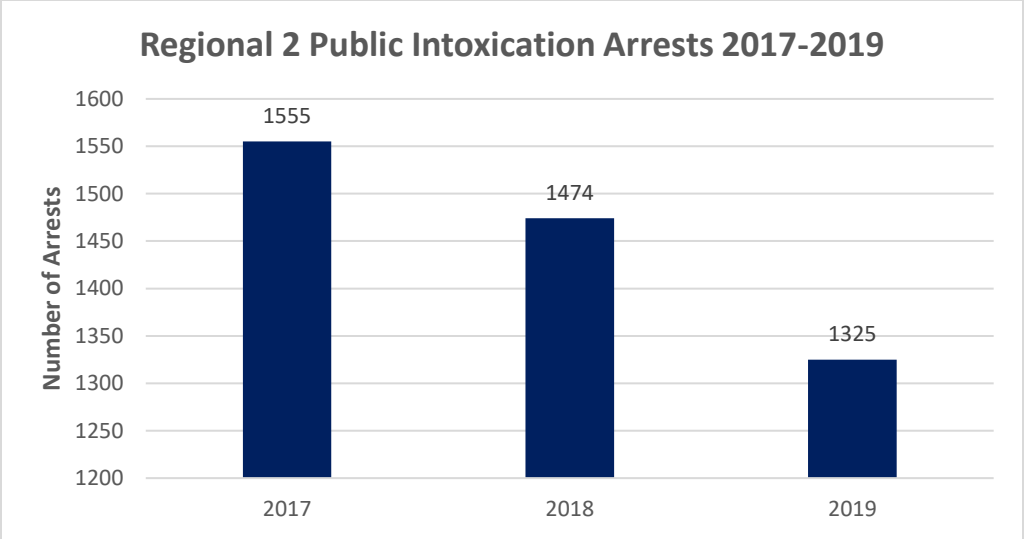
Legal

Behaviors may lead to legal consequences. The following information includes the latest consequences on the below areas. The Texas Department of Public Safety, Liquor Law Arrests records the number of arrests made for Drunkenness, Driving Under the Influence, and Liquor Law violations for each county within our region. Within Region 2 in 2019 there were 1325 arrests for drunkenness, and 1187 arrests for Driving Under the Influence, and finally 139 arrests for liquor law violations. **Taylor County reported 428 DUI arrests in 2019, Wichita County reported 200 for 2019.** Driving under the influence is a high-risk factor for the public health of each county. This places both the driver and passengers at risk, along with anyone on the road with the intoxicated driver. *County level data for Drunkenness and DUI rates for 2017-2019 may be found in Appendix C Table 34 & 35.*

Public Intoxication arrests

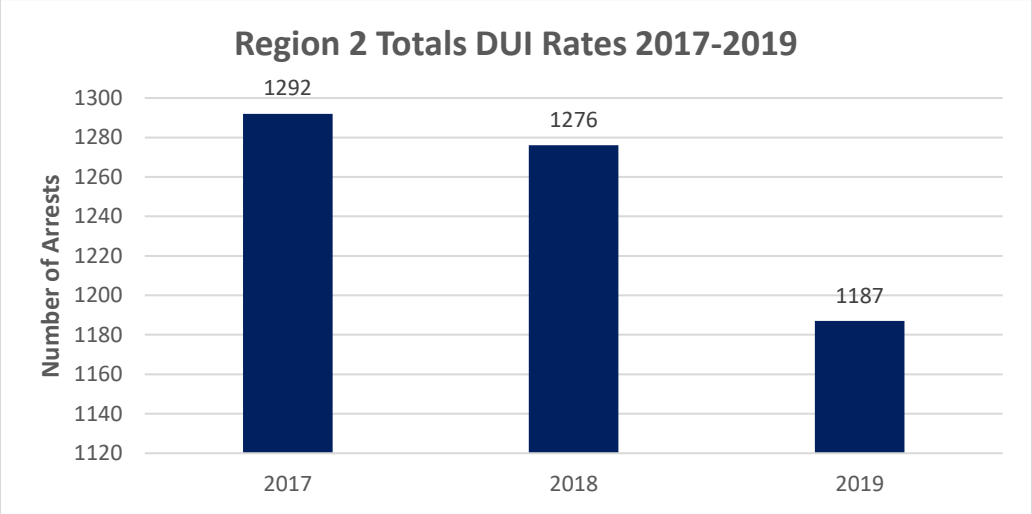
Rates for arrests due to drunkenness is on the decrease in Region 2 according to the Uniform Crime Report, Liquor Law Arrests.[36] The two largest cities in Region 2 are also the counties with the highest arrests, all counties show a decrease in arrests.

[36] Texas Department of Public Safety. Liquor Law Arrests, 2017-2019, Accessed March 13, 2020 https:///txucr.nibrs.com/SRSReport/LiquorLawArresteeSummary



Source: Texas Department of Public Safety UCR Bureau

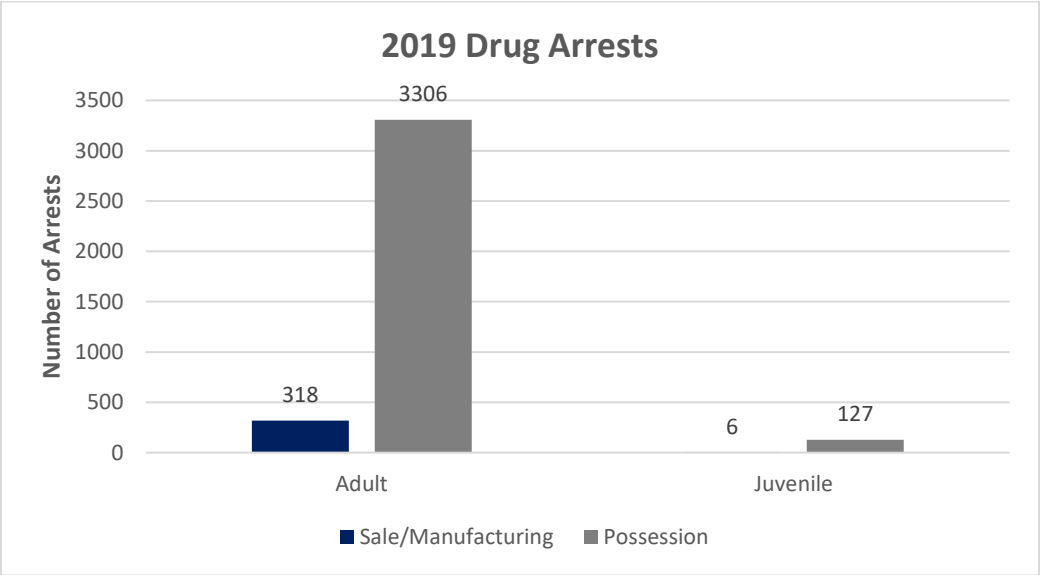
DWI Rates



Source: Texas Department of Public Safety UCR Bureau

Possession of illicit drug (arrests)

The Texas Department of Public Safety, Uniform Crime Report, reports type of arrests per county**. In 2019, adult arrests for Sale/Manufacturing is 318, for possession is 3306, Juvenile arrests for Sale/Manufacturing is 6, for Possession is 127.** These totals are for all drug arrests, a breakdown by drugs is available upon request. *County level totals for adult and juvenile drug arrests for sale/manufacturing, and possession may be found in Appendix C Table 36 & 37.*

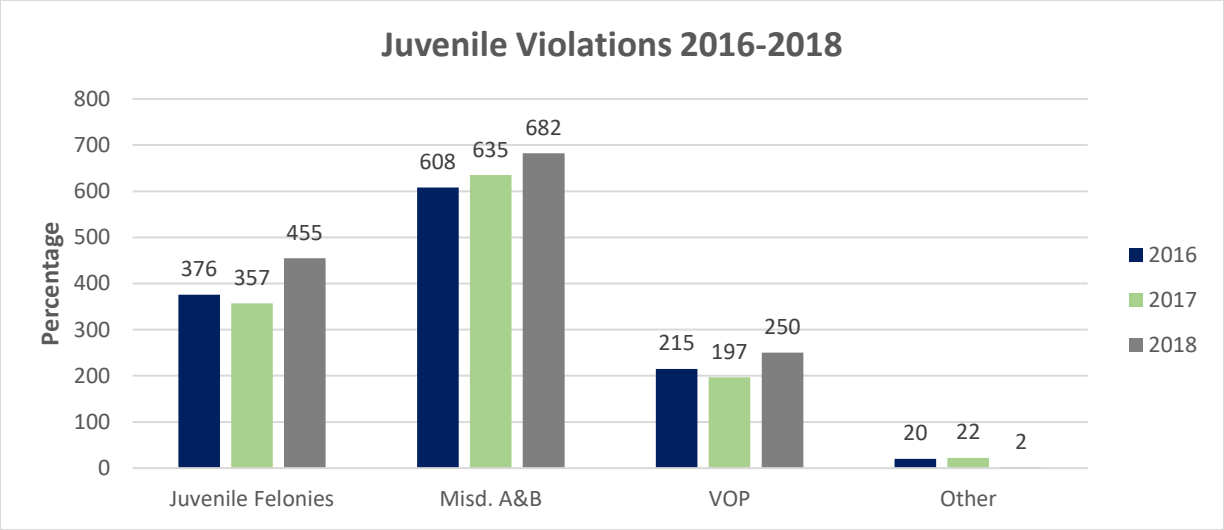


Source: Texas Department of Public Safety UCR Bureau

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 by emphasizing on treatment and rehabilitation vs punishment. Even during time of needed incarceration of youth, the goal is not punitive but however, education about discipline, values, and work ethics. 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.[37]

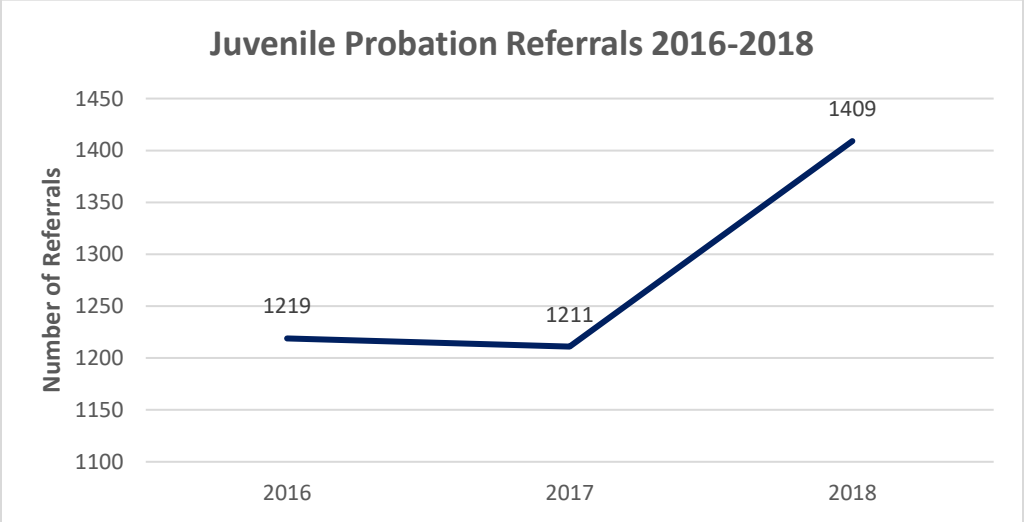
[37] Texas Juvenile Justice Department (TJJD) Annual activity report 2016-2018, Accessed April 2019 www.tjjd.texas.gov



Source: Texas Juvenile Justice Department annual activity report 2016-2018

Probation/Parole Rates

In 2016 and 2017 the juvenile referrals to probation stayed close to the same, however in 2018 the number of referrals increased by nearly 200. The rate per 1,000 was 24 referrals per 1,000 juveniles for both 2016, and 2017, in 2018 that increased to 27 referrals per 1,000 juveniles. This increase demonstrates a probable increase in risk factors and a decrease in protective factors for the youth involved in these cases whether they were felonies, misdemeanors, or other violations.



Source: The Texas Juvenile Probation Department (TJJD) annual activity report

Alcohol sales to minors

Alcohol sales to minors is increasing in Region 2. Adults who give alcohol to minors can face harsh penalties. Making alcoholic beverages available to minors is a Class A misdemeanor. Persons 21 or older (other than parents and guardians) can also be held liable for damages caused by intoxication of a minor. *County level number of Permits and Permits by density may be found in Appendix B Table 22.*

Tobacco sales to minors

Minors are prohibited from buying tobacco, and nicotine products which also includes alternative nicotine products and e-cigarettes. Retails 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. In 2017-2019 there were only 3 tobacco and nicotine violations in Region 2.

Social Host ordinance violations

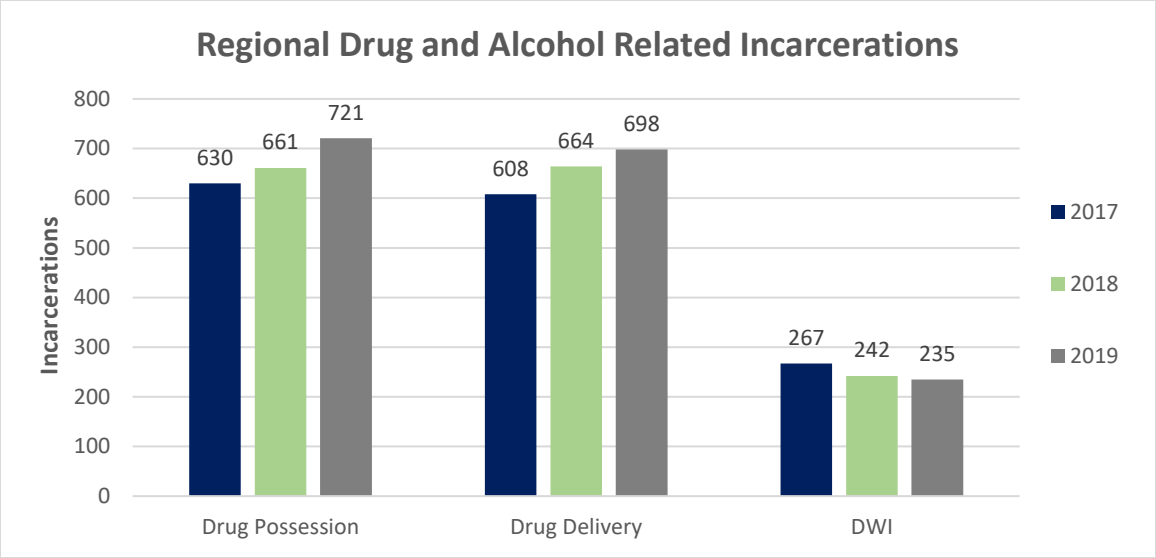
Texas passed legislation in 2005 that holds a person liable if they host a party where alcohol is provided to underage minors. Section 2.02 of the TABC extends the liability to those who provide alcohol to minors on their property or if the host supplies car keys to an intoxicated adult on the host's property. The law states that the host must know the minor's age, 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 are 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 of loss of driver's license of 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. *County total Juvenile alcohol related arrests can be found in Appendix C Table 38.*

Texas Prison Incarcerations

The Texas Criminal Justice Department records incarcerations made in each county. Categories include: Drug Delivery, Drug Possession, Drug Other, and DWI. Region 2 reports increases in both **Drug Possession and Drug Delivery from 2017-2019.** Drug Possession incarcerations in 2017 = 630, 2018 = 661, and 2019 = 721. Drug Delivery incarcerations in 2017 = 608, 2018 = 664, and 2019 = 698. DWI incarcerations continue to decrease 2017 = 267, 2018 = 242, and 2019 = 235. The chart below indicates the total number of incarcerations for drug possession, drug delivery and DWI in 2017 – 2019 for Region 2. These incarcerations are total On Hand Populations according to TDCJ as of August 31, 2019. *County total adult drug related arrests and incarcerations 2017- 2019 may be found in Appendix C Table 39.*



Source: Texas Department of Criminal Justice, Drug and Alcohol Incarcerations, 2017 – 2019

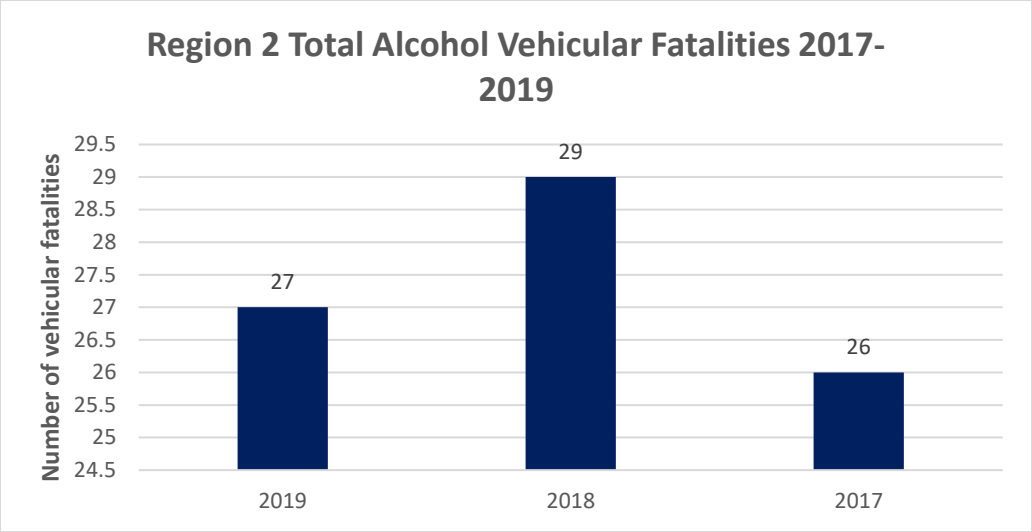
Mortality

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.[38] One in four deaths is attributable to alcohol, tobacco, and illicit or prescription drug use.

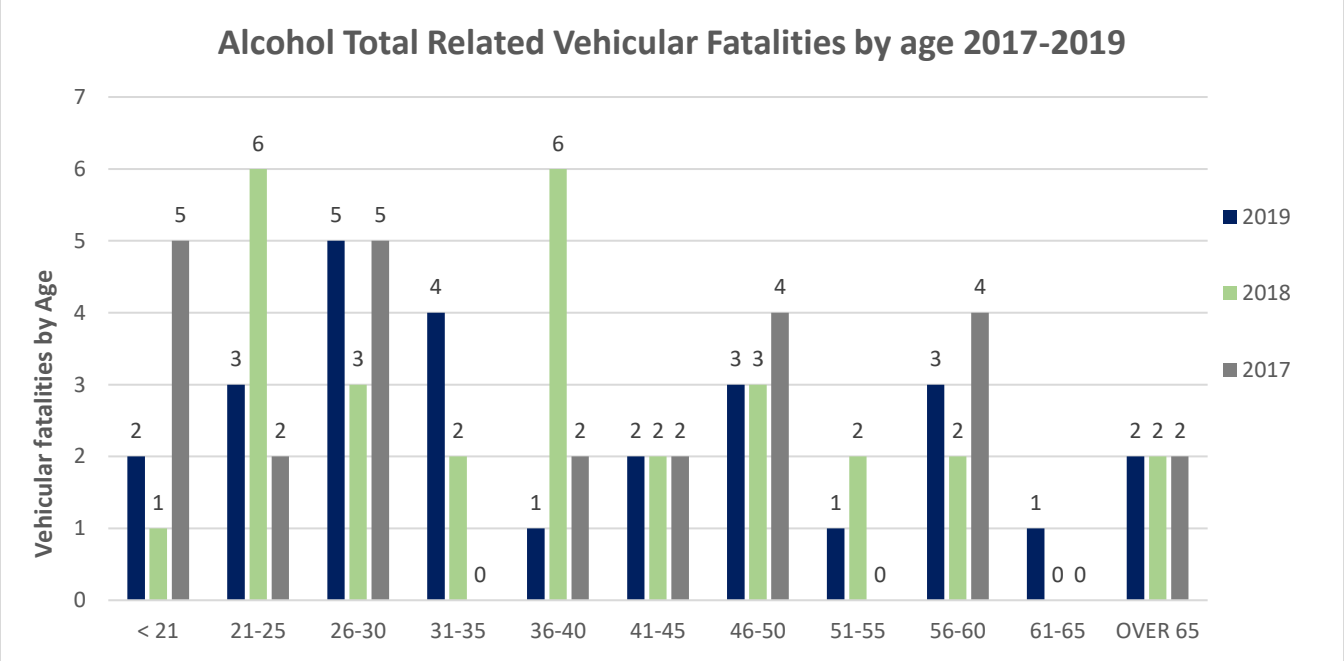
Alcohol related vehicular fatalities

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. According to the Center for Disease Control outlines strategies to reduced 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 Appendix C Table 40*

[38] National Institute on Drug Abuse, June 15, 2020 https://www.drugabuse.gov/drug-topics/health-consequences-drug-miseuse/death Accessed August 10, 2020



Source: Texas Department of Transportation, alcohol related fatalities 2017 – 2019.



Source: Texas Department of Transportation, alcohol related fatalities 2017 – 2019.

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. [39]

Risk factors include family history of suicide, child maltreatment, previous suicide attempts, isolation, feeling of hopelessness, barriers to accessing mental health treatment, unwillingness to seek help due to the stigma attached to mental and substance use disorder help.

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. **According to the Texas Suicide Related Behavior YRBS youth attempting suicide that required medical attention in 2019 reports a total of 1762 attempts, <15 = 632, 16-17 = 834, 18+ = 296.** *County total suicides for 1999-2018 may be found in Appendix A Table 41, not all counties are represented due to lack of available data.*

Overdose Deaths

The Center for Disease Control and Prevention, National Center for Health Statistics compiles data on alcohol induced deaths, 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 1999-2018 is 21.7, the state of Texas crude rate is 15.9 for the same time period. Alcohol related and drug related deaths for the period of 1999-2018 are higher than the state rate, **alcohol related rate per 100k deaths for region is = 10.2, the state is 6.4, drug related rate per 100k deaths for region 2 is 11.2, compared to the state at 9.5.**

The National Institute on Drug Abuse, Advancing Addiction Science reports on overdoses deaths as either Intentional or Uninventional. The death certificate records whether the overdose was purposely self-inflicted, or accidental.[40] *County totals for Alcohol Induced Deaths, Drug Induced Deaths, and Combined Deaths may be found in Appendix C Table 42, 43, and 44.*

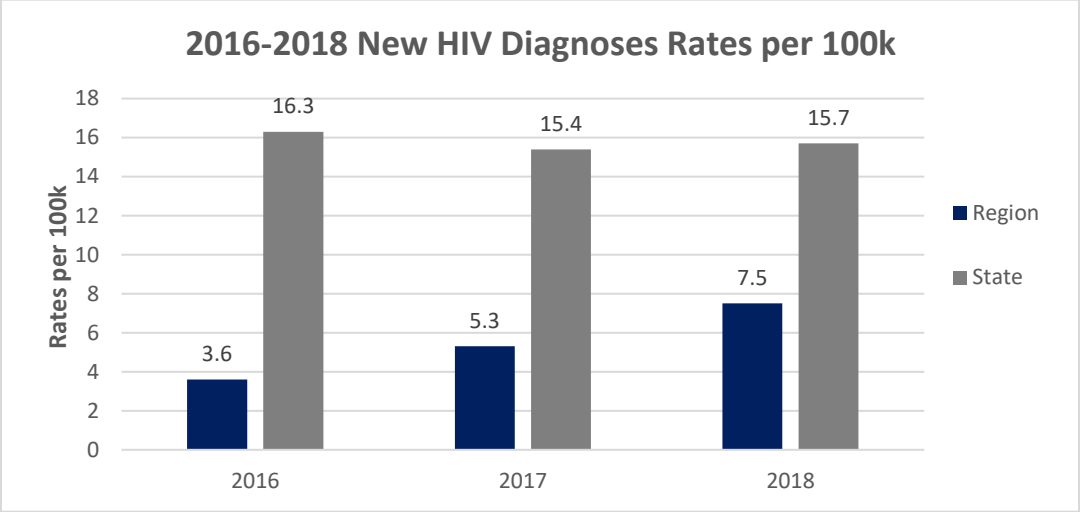
[39] Center for Disease Control and Prevention, Risk and Protective Factors
https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html Accessed August 10, 2020

[40] National Institute on Drug Abuse, Advancing Addiction Science. Intentional vs. Unintentional Overdose Deaths
https://www.drugabuse.gov/drug-topics/treatment/intentional-vs-unintentional-overdose-deaths Accessed August 10, 2020.

Hospitalization

HIV infection rates and transmission route

The Texas HIV Surveillance Report is annually generated by the Texas Department of State Health Services, HIV/STD Epidemiology and Surveillance Branch. Current definitions used for this report are defined by the Centers for Disease Control and Prevention of the U.S. Public Health Service.[41] Definitions address calculations that account for both "sex assigned at birth" and "current gender identity". The chart below shows the rate per 100k of new HIV diagnoses in the State of Texas and Region 2 for 2016-2018. *County level data on Persons Living With HIV/AIDS for 2018 may be found in Appendix C Table 45.*



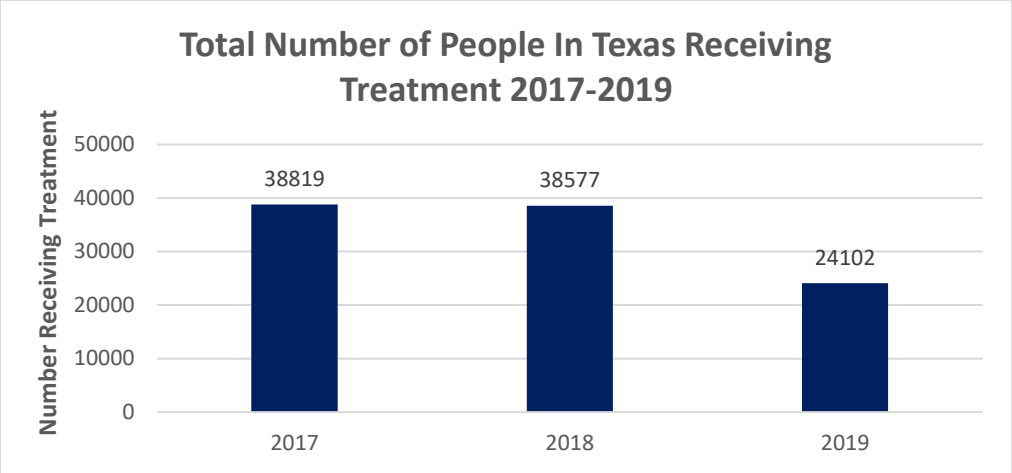
Source: Texas Department of State Health Services. HIV Surveillance 2018 Annual Report

Treatment episode admission data (treatment utilization)

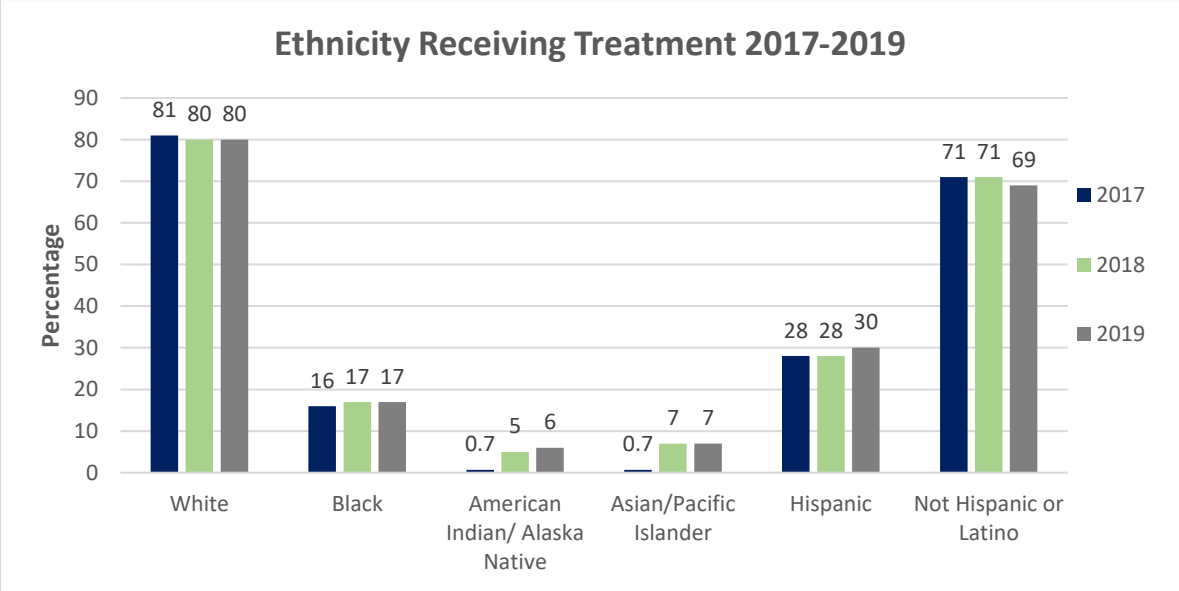
The Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental health Services Administration, Treatment Episode Data Set (TEDS)[42] The total number of people being receiving treatment for all substances continues to decreases, 2017 = 38,819, 2018 = 38,577, and 2019 = 24,102. Men continue to receive treatment at a higher percentage than women 59% vs 40%. Caucasian people receive treatment at a much greater percentage than any other ethnicity.

[41] Center for Disease Control and Prevention of the United States Public Health Service. www.cdc.gov/hiv/library/reports/hiv-surveillance.html Accessed March 27, 2020

[42] Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) Accessed June 4, 2020 https://www.samhsa.gov/data/quick-statistics-results?qs_type=teds&state=Texas&year=2016&type=Admissions&view=full



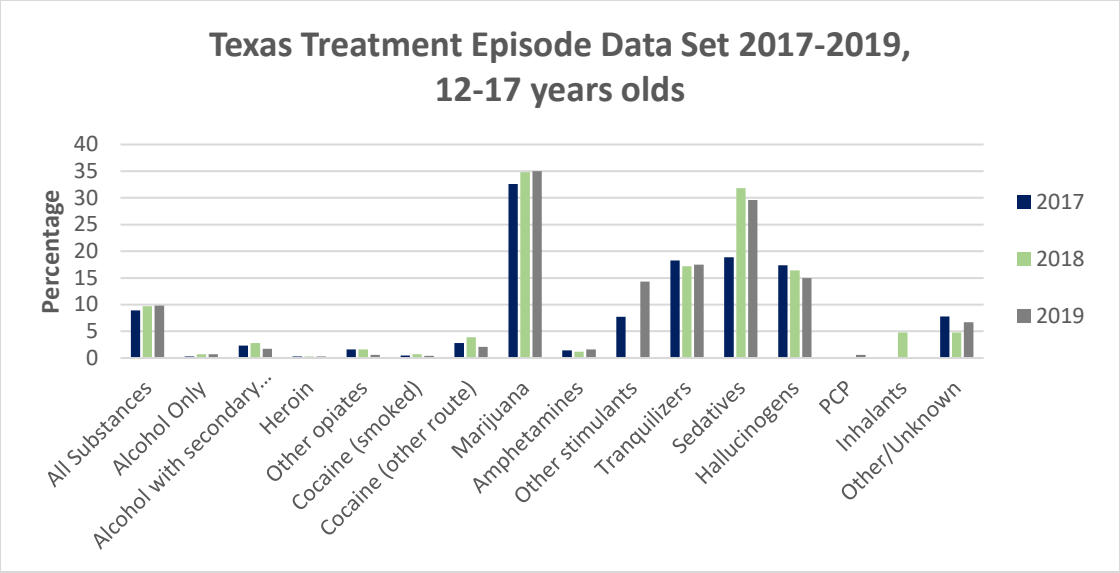
Source: 2017-2019 Treatment Episode Data Set Admissions



Source: Texas Department of State Health Services. HIV Surveillance 2018 Annual Report

Adolescents Receiving SA 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 2017-2019.



Source: 2017-2019 Treatment Episode Data Set Admissions

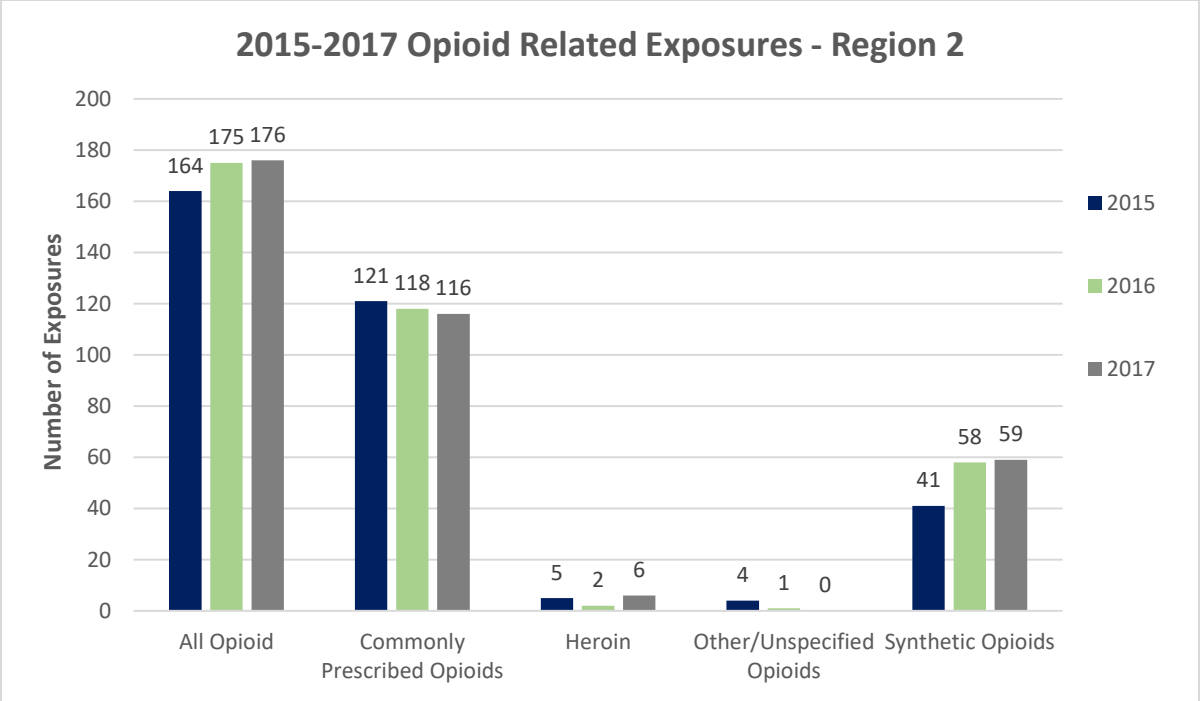
Opioid Related Exposures

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] The state of Texas reports that in 2017 the highest age group having opioid related exposures to All Opioids is 20-39 years of age with 1807 cases, followed by 40-59 year old's at 1268. Commonly Prescribed Opioids highest age group is also 20-39 with 1125 cases, followed again by 40-59 with 857 cases. Region 2 has seen a decrease in exposures to Commonly Prescribed Opioids, however, Synthetic Opioids are on the increase. The chart below shows regional totals for 2015-2017. *State totals for 2017 Opioid Related Exposures by Age may be found in Appendix C Table 46.*

2017 to 2018 the United States saw small decreases in deaths involving all opioids, prescription opioids, and heroin. Synthetic Opioids increased in 2018 and accounted for 2/3 of opioid-involved deaths according to the CDC.[44]

[43] Substance Abuse and Mental Health Services Administration. Opioid Overdose https://www.samhsa.gov/medication-assisted-treatment/treatment/opioid-overdose

[44] Centers for Disease Control and Prevention Drug and Opioid – Involved Overdose Deaths – United States, 2017-2018. Accessed March 20, 2020 https://www.cdc.gov/mmwr/volumes/69/wr/mm6911a4.htm



Source: Texas Department of State Health Services, Texas Health Data, Texas Poison Center Network(TPCN), http://healthdata.dshs.texas.gov/Opioids/PoisonCenter Accessed January 2020

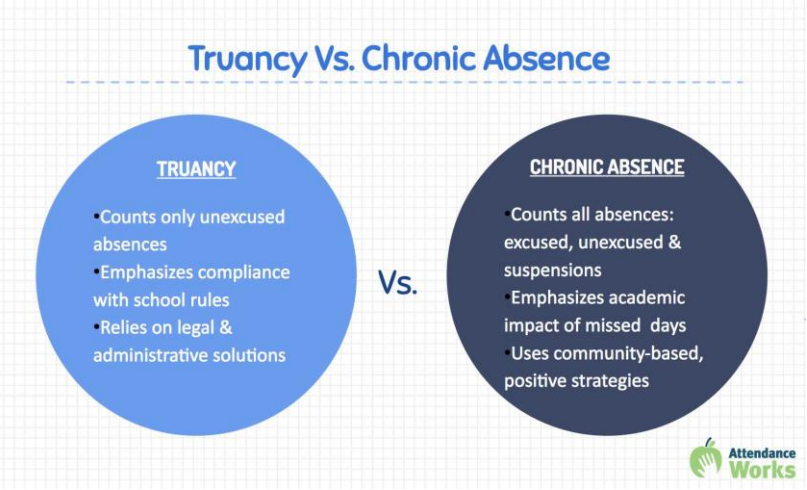
Education

School disciplinary issues

During the 2018-2019 school year Region 2 had 902 school discipline actions, grades 6 – 12, including in-school suspension, out-of-school suspension, and placement in off campus DAEP. Discipline action reasons were tobacco violation, alcohol violation, and controlled substance/drugs. *2018-2019 Discipline Data Reports for Region 2 may be found in Appendix C Table 47.*

Truancy data/drop-out rates

According to Attendance Works – Advancing Student Success by Reducing Chronic Absence[45] 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 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.



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

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.

[45] State Attendance Policy. Attendance Works, Advancing Student Success by Reducing Chronic Absence. Accessed August 2020 https://www.attendanceworks.org/policy/state-education-policy/texas/

In 2017-2018, Region 2 has an overall low rate of dropouts. The counties with the highest dropout rates are: **Coleman County** with a dropout rate of 2.5%, **Baylor County** and **Hardeman County** both at 1.7% and **Nolan** County at 1.5%.

Ethnicity rates: **Stephens County** 11% Black, 1.1% White, **Coleman County** 10% Black, 2.6% Hispanic, and 2.3% White, **Nolan County** 5.1% Black, 1.7% Hispanic, and 1.1% White.

Homeless rates: **Stephens County** 10%, **Jack County** 7,7%, **Clay County, Shackelford County** 7.1%, **Runnels County,** and **Taylor County** 5.9%.

Foster Care: **Young County** 20%, and **Taylor County** 10.2%.

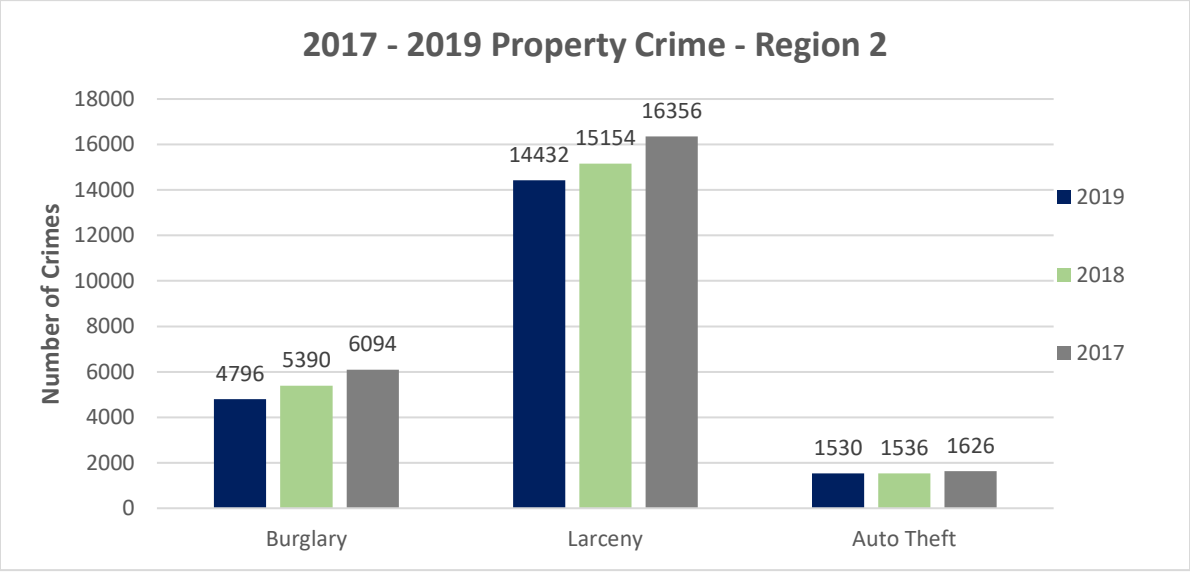
Bilingual or English as a Second Language: **Brown County** 21.4%, **Wilbarger County** 6.9%, **Scurry County** 4.5%.

Criminal Activity

The Texas Department of Public Safety, Uniform Crime Reporting program produces reliable crime statistics for law enforcement administration, operation, and management.[46] The index shows totals of offenses whether or not arrests were made, stolen property was recovered or prosecution took place. Arrest reports are categorized on age, sex, race, and ethnicity.

Property Crime

Property crime includes burglary larceny, and auto theft. There were 20,758 property crimes in Region 2 in 2019. 23.1% were burglary, 69.5% were larceny, and 7.37% were auto theft.

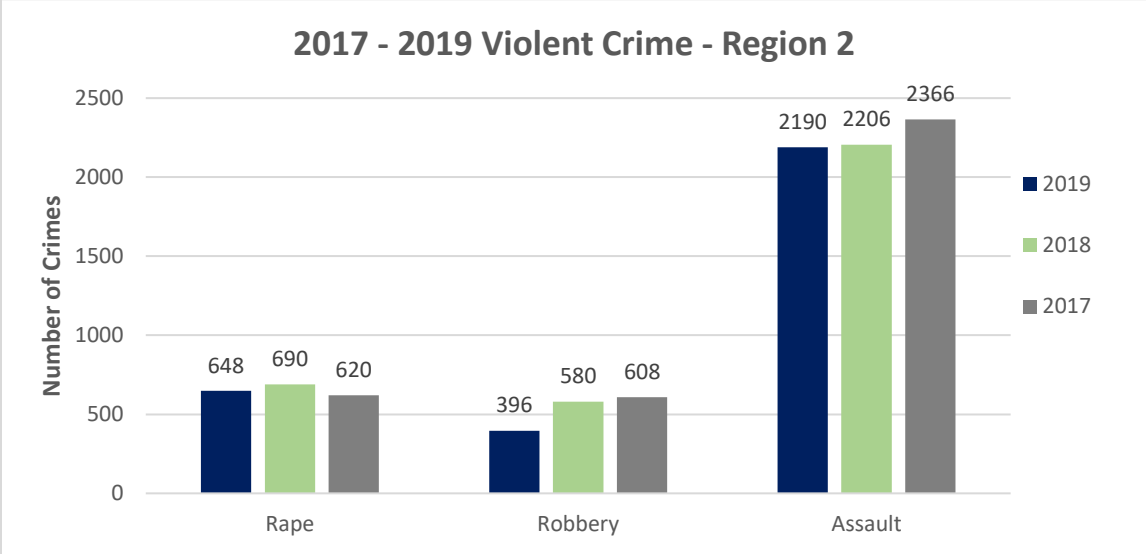


Source: Texas Department of Public Safety, Index Crimes Report 2017 – 2019

[46] Texas Department of Public Safety, Index Crimes Report. Accessed February 2020. https://txucr.nibrs.com/Report/IndexCrimesReport

Violent Crime

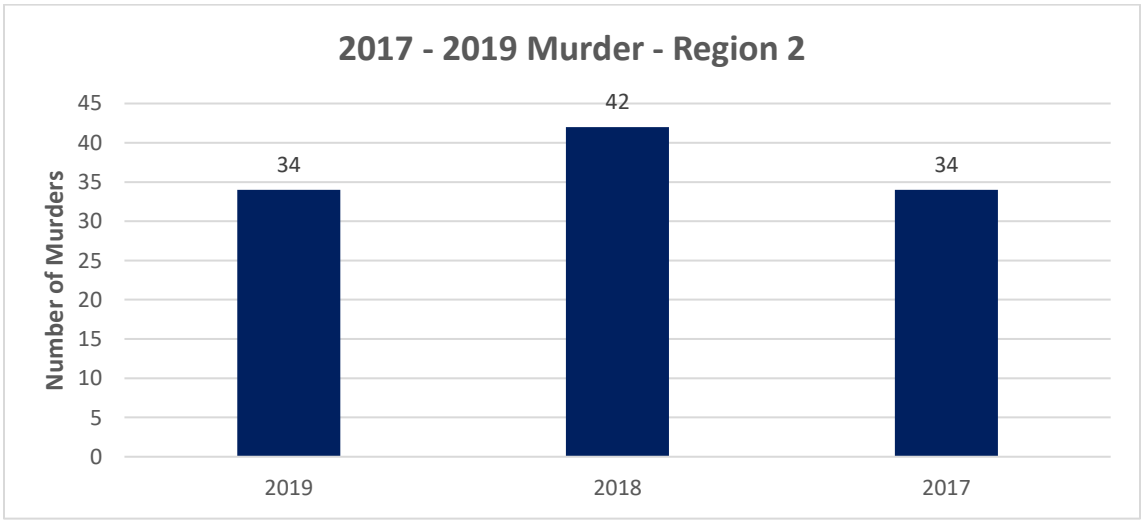
Violent Crime includes rape, robbery, and assault. In 2019 there were 3234 reports of violent crime. 20% were rape, 12.24% was robbery, and 67.7% was assault. Violent crimes are defined as a personal confrontation between a perpetrator and a victim.



Source: Texas Department of Public Safety, Index Crimes Report 2017- 2019

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.



Source: Texas Department of Public Safety, Index Crimes Report 2017- 2019

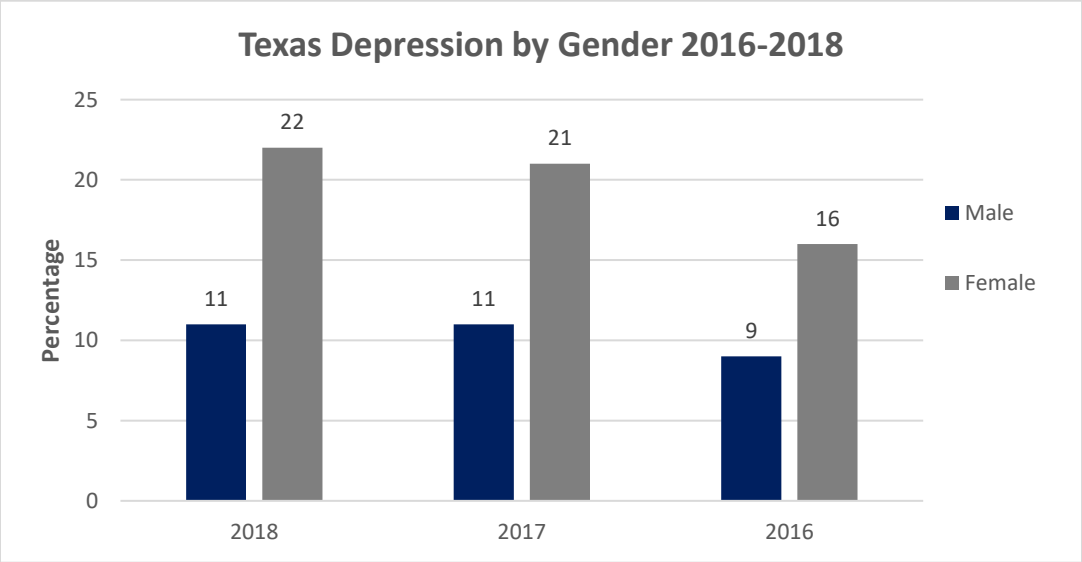
Mental Health

Mental health disorders vary widely in impact and severity, with approximately one in four adults in the United States have a diagnosable mental health disorder. Depression is the leading cause of disability in the U.S. for persons 15-44.[47] Disorders can occur no matter the racial, ethnic, or socioeconomic group. Risk factors for mental health have been identified, family history and addictive disorders can increase the risk factors, however there is still a lot to learn about mental health. The risk factors of biological, psychological, and sociocultural factors are still being determined.

Depression

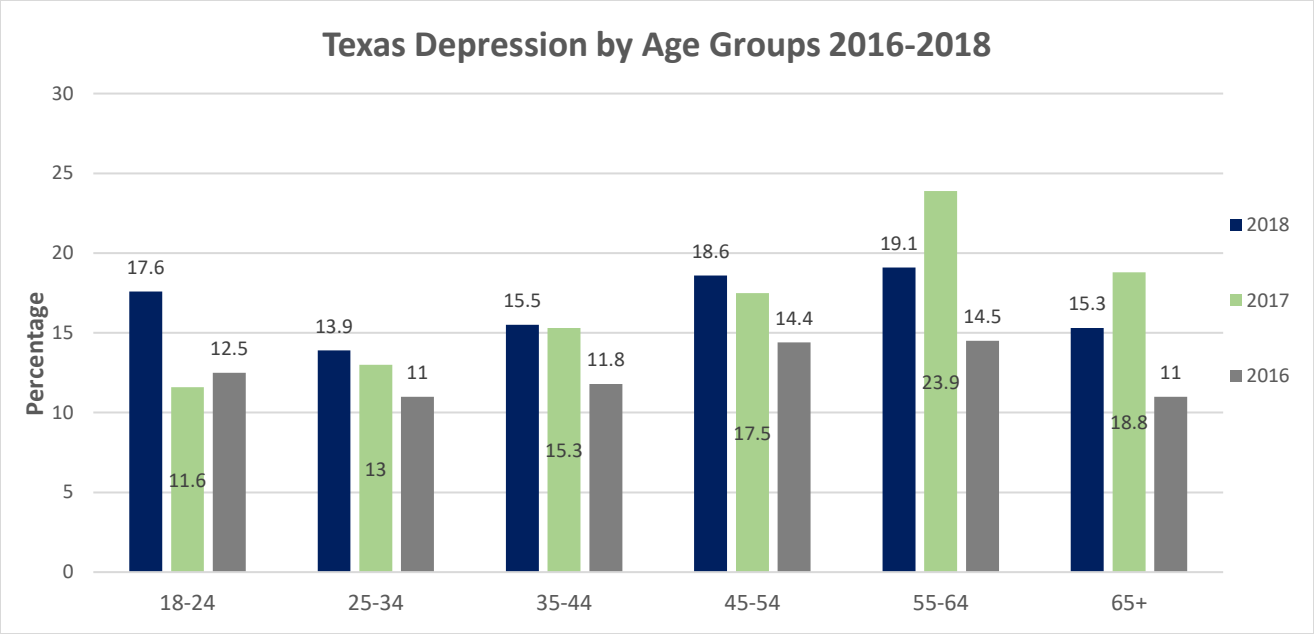
Depression symptoms can be long lasting and interfere with normal everyday function. Symptoms include feeling sad or anxious, irritable, or easily frustrated, trouble sleeping, trouble concentrating, plus many others. The cause of depression is unknown; however, it can be caused by a combination of factors. Factors that can increase the likelihood of depression are genetic, biological, environmental, and psychological. There are factors that may increase a person's chance of depression, such as, family history, traumatic events, major life changes, and significant health issues.

In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS) a cross-sectional telephone survey that state health departments conduct monthly over landline and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. BRFSS is used to collect prevalence data among adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. Respondent data are forwarded to CDC to be aggregated for each state, returned with standard tabulations, and published at year's end by each state. Data is provided for overall, gender, age, race, educational attainment, and household income. Full report is available upon request.



Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, BRFSS Prevalence & Trends Data.

[47] Centers for Disease Control and Prevention, Mental Health Awareness https://www.cdc.gov/genomics/resources/diseases/mental.htm



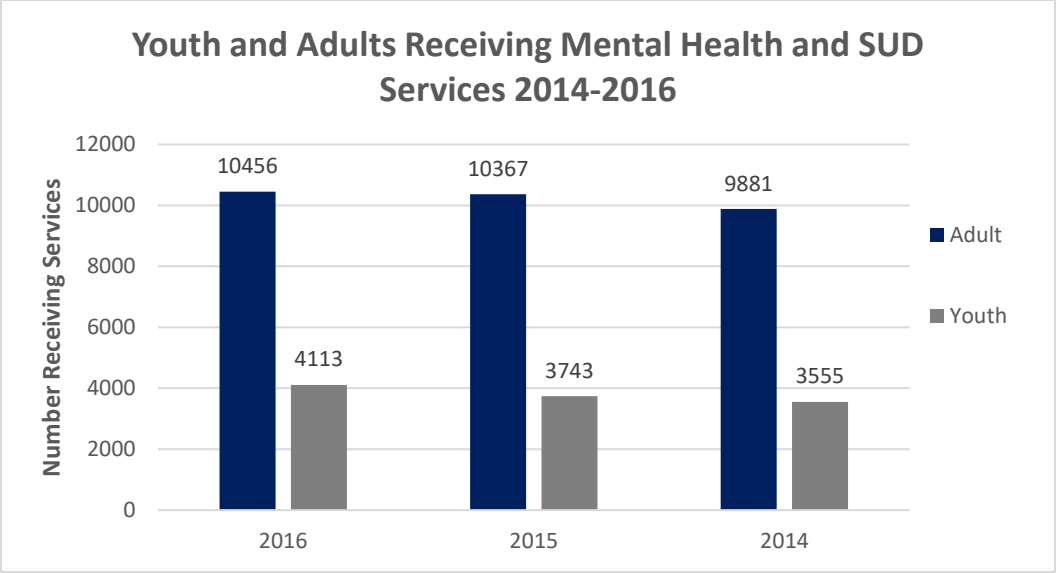
Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, BRFSS Prevalence & Trends Data.

Adolescents/Adults Receiving Mental Health Services

The Texas Department of Health and Human Services, and TX Medicaid Behavioral/Mental Health and Substance Use Disorder Clients[48] by County report youth and adults receiving mental health services. Youth are categorized as 12-17 years of age, anyone over 18 is categorized as an adult. In the United States over 15 million children and adolescents need mental health services, however only approximately 8,300 receive services. [49] There are many barriers that have been identified in the use of mental health services, these differ by gender, age, ethnicity, economics. According to the National Institute of Mental Health report that half of all chronic mental illness begins by age 14. Mental Health America report 56.5 % of adults with mental health issues did not receive the necessary services. *County level totals for persons receiving Mental Health and SUD services for 2016 may be found in Appendix C Table 48.*

[48] Texas Department of Health and human Services. Youth/Adults Receiving Mental Health Services. TX Medicaid BHMH and SUD Clients by County, SFY2008-2016 Accessed March 13, 2020.

[49] American Academy of Child & Adolescent Psychiatry.
(2016). http://www.aacap.org/aacap/resources_for_primary_care/Workforce_Issues.aspx



Source: Health and Human Services, TX Medicaid BHMH and SUD

Source: The Chronicle of Evidence Based Mentoring

Environmental Protective Factors

Overview of Protective Factors

According to the Substance Abuse and Mental Health Administration, protective factors are the characteristics at a community, family, or individual level that are associated with a lower likelihood of problematic outcomes. It is important to remember different age groups have different protective factors. Some protective factors may overlap between age groups. Protective factors ay also be correlated or have cumulative effects and could be predictive of other issues.

For the purpose of this report, protective factors will include community coalitions, community programs and services, state and federally funded prevention, SUD treatment providers, healthcare providers, and YP programs to include students talking to parents about ATOD, students receiving education about ATOD, and life skills learned in YP programs.

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 The Department of State Health Services. The group works within Taylor County to reduce and prevent you 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 now 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, and 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.

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 8th 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. 2nd 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
Shades of Hope	402 Mulberry St. Buffalo Gap, TX 79508	Taylor	325-572-3843 www.shadesofhope.com
West Texas Centers	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	Mitchell Nolan Runnels Scurry	325-728-3953 325-236-6619 325-754-5591 325-573-4947 www.wtcmhmr.org

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 the Department of State Health Services. Their purpose is to develop a service plan for families or individual's needing collaboration between social services. Available to all Texans, CRCG's consist of representatives from commuters 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 Offender 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 provide services to community members in need.

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 the 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 those 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 treatment and interventions in the Abilene for over 55 years and an award-winning organization for over 20 years. The Abilene Recovery Council is a non-profit agency offering many programs to assist those with substance use and misuse related issues. The ARC houses programs such as Drug Offender Education, Alcohol Awareness (MIP), the Texas Youth Tobacco Awareness Program, the Outreach, Screening, Assessment and Referral (OSAR) program, Peer Recovery, Pregnant Postpartum Intervention (PPI) program, and the Prevention Resource Center. Each program serves its own purpose for intervention, treatment, and prevention services for the region.

The Drug Offender Education, Alcohol Awareness and Texas Youth Tobacco Awareness programs all work to educate certain populations regarding alcohol and drug use and abuse within the big country we who have legal obligations to attend. Attendees for these classes are primarily mandated through the courts to fulfill a legal consequence of certain behaviors conducted.

The Outreach Screening Assessment and Referral (OSAR) program provides assistance for individuals' and families with dependence issues free of charge and are self-referred or referred by other social services within the area. Counselors in this program screen and assess clients who need recovery services on a short term or long-term basis. The counselor determines the most applicable place for the client to receive the treatment for rehabilitation; these could in patient or outpatient services.

Pregnancy Postpartum Intervention (PPI)/Labor of Love is a unique program designed to assist pregnant mothers and postpartum females both youth and adult with substance use disorders or who may be at risk of developing use disorders. HOPE serves the client's by offering screenings and assessments, service plans, OSAR and local mental health referrals when needed, HIV/STD education, evidence-based education on parenting, child developments, family violence, safety pregnancy planning, reproductive

health, and education on Fetal Alcohol Spectrum Disorders (FASD). They also offer alternatives to promote family bonding, case management, and transitional planning. Unfortunately, only Callahan, Jones, Nolan, Shackelford, Stephens, and Taylor counties are served at this time; they are funded through the Post-Partum Initiative Grant. **This program will end August 31, 2020, PADRE program will begin September 1, 2020. Below is information on PADRE**

PADRE – Parenting Awareness and Drug Risk Education will work with parents, male and female along with their children 0-6 years of age and expectant parents. PADRE will serve families in all 30 counties included in Region 2, there will be two offices; one in Abilene and the other in Wichita Falls, additionally once a week participant will be seen in Sweetwater at Rolling Plains Memorial Hospital. Rural communities will primarily be served using virtual platforms or phone services, only needing to be seen in person once a month. Participants will be enrolled for approximately 12 weeks and then referred out if needed, except in extreme situations. PADRE will provide substance use counseling, case management, community referrals, parenting education, Family Group, psychoeducational sessions, relapse prevention, rapid HIV testing, pregnancy testing, street outreach, educational community presentations, screening and assessments. PADRE will also advocate for their participants by making court appearance 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 Coalition (ROSC), funded through the Department of State Health Services, works to build community support for a person's recovery care. Region 2 has established groups in Abilene and Wichita Falls. Their goals are to understand every person is unique with their own specific needs in recovery; recovery is a reality, everyone is invited to participate, also they strive to identify and build upon strengths in order to make our community a healthy place to live, recover and improve their quality of life.

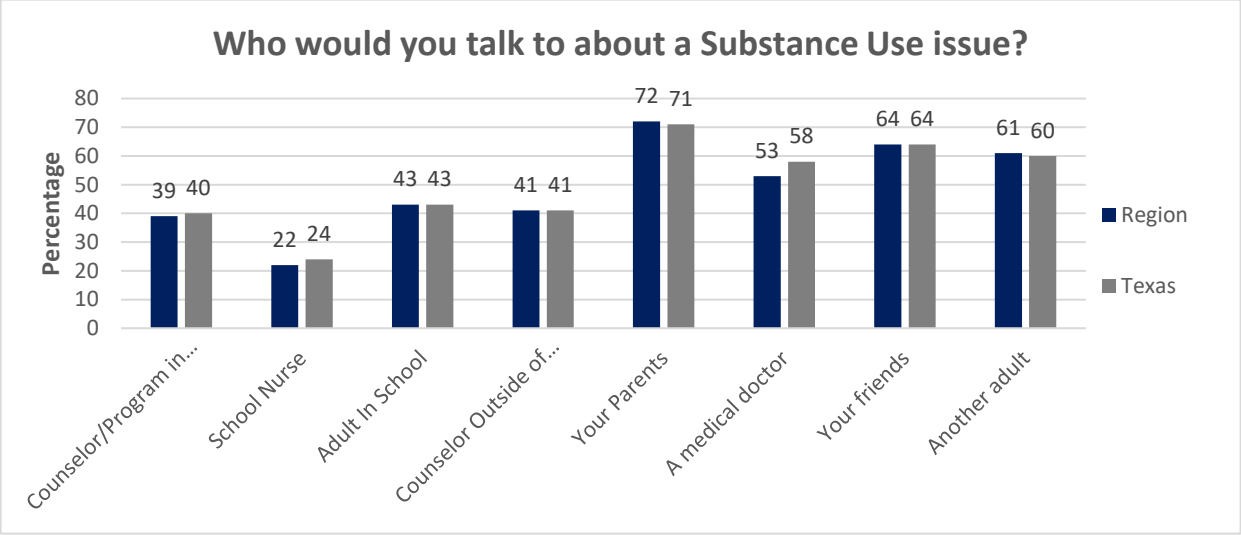
YP Programs

The 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 curriculum which is designed to teach students life skills in order to know to strategize and handle life's difficult choices. For our region, the youth prevention program is 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.

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 established make the awkwardness worthwhile.

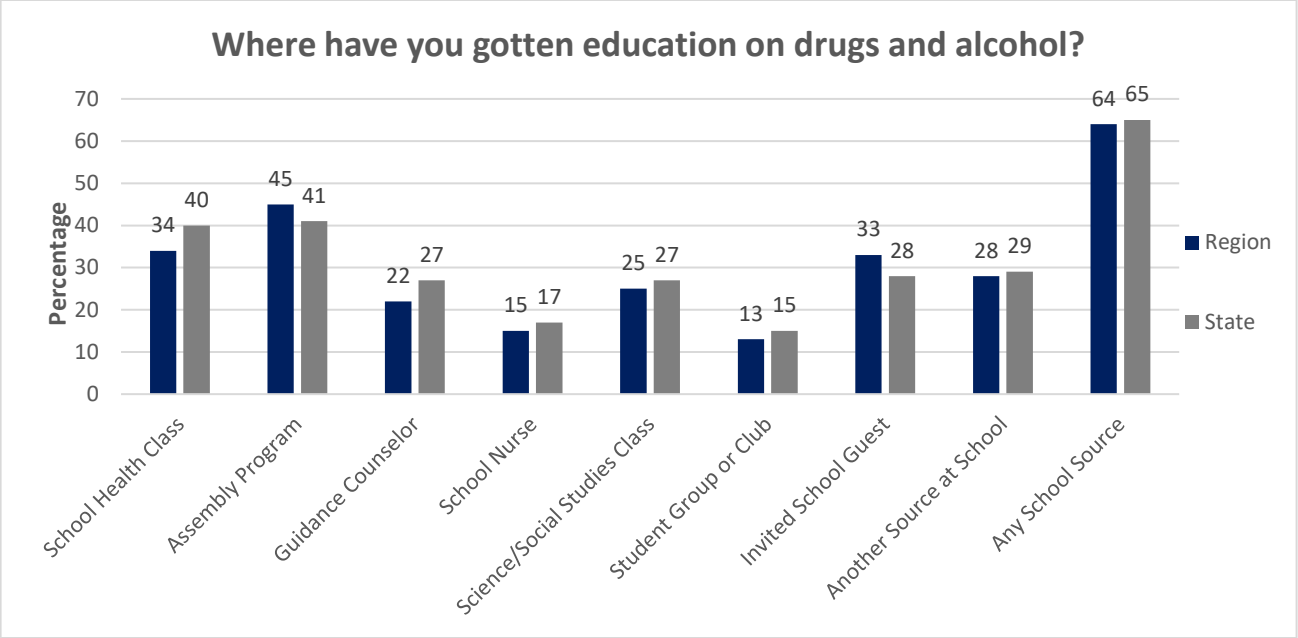
The 2018 Texas School Survey asked students "If you had a drug or alcohol problem and needed help, who would you go to?" 39% said they would go to a counselor or program in school, 22% reported they would talk to a school nurse, 43% said they would talk to another adult in their school, 41% would talk to a counselor outside of school, 72% reported they would speak to their parents, 53% would speak to their doctor, 63% said they would talk to their friends, and 61% said they would talk to another adult for help. **Students 7th – 12th grade 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 University Public Policy Research Institute, Texas School Survey, 2018

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 University Public Policy Research Institute, Texas School Survey, 2018

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 in learning how to make friends and 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, 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.

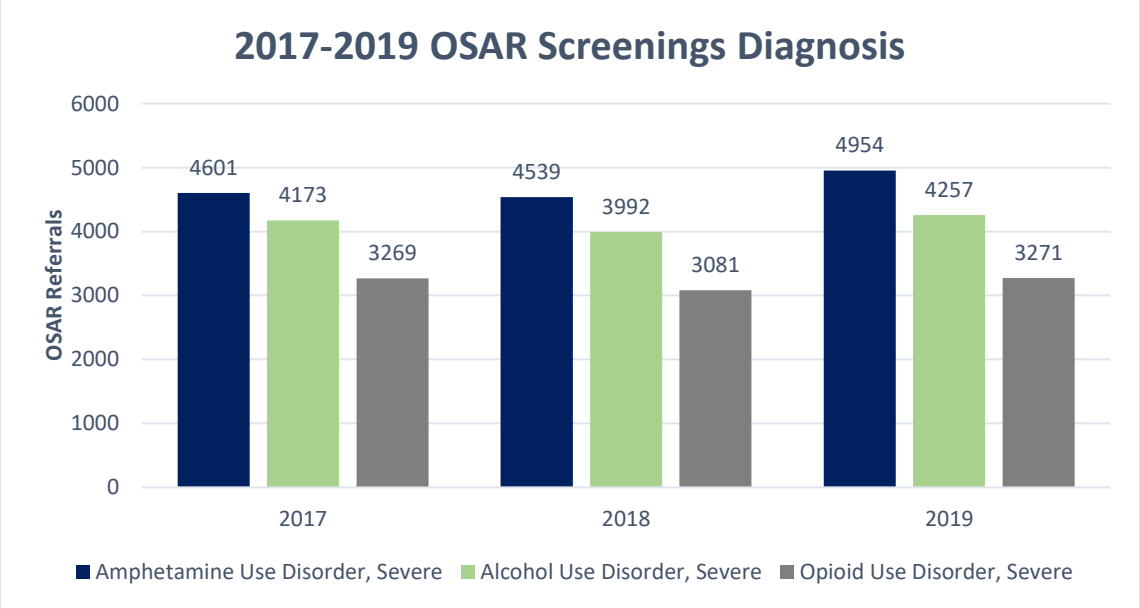
Region in Focus

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. Abilene has developed ThriveABI to determine to key focus areas that Abilene needs, since Abilene is part of Taylor County some of these focus areas spill over to the rural surrounding areas. Keeping in mind the cultural competence of the communities we serve help to enrich and better serve these communities.

Data in Outreach Screening Assessment and Referral (OSAR)

The Texas Health and Human Services Commission records the number of substance use disorder screenings by county and by diagnosis. OSAR screenings in Texas report the highest screenings in 2019 were for Amphetamine use disorder, Severe was 4,954; Alcohol use disorder, Severe was 4,257; Opioid use disorder, Severe was 3,271. In 2018, Amphetamine substance use disorder, Severe was 4,539; Alcohol use disorder, Severe was 3,992, Opioid use disorder, Severe 3,081. In 2017, Amphetamine use disorder, Severe was 4,601; Alcohol use disorder, Severe was 4,173; Opioid use disorder, Severe was 3,269.



Source: Texas Health and Human Services Commission, OSAR Screenings 2017-2019

Gaps in Services

There are tremendous services available for children, adolescents, and adults in our communities, however our rural communities are still in need of services that are geographically more accessible.

Substance misuse treatment for youth: There are preventative strategies and programs being offered, there is a lack of long-term treatment facilities particularly for youth in our region, 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 continue to be issue in our region. More education and preventative measures need to be in place to prevent prescription misuse by both the individual the prescription is issued for and the individuals prescriptions are not prescribed.

Family services: We are seeing an increase in domestic and family violence due to COVID-19, 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 and anger management is 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 Department of State Health Services show data on both adult and child/adolescent waiting lists for substance use treatment. COVID has also made it difficult to receive in patient treatment safely.

Gaps in Data

Certain indicator information is still needed in assessing the area for potential risk. The following information describes the gaps in data desired for purposes 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 need of the youth in communities. This information would help knowledge 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 types 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 of some other psychotropic effect, including recreational use of a substance for any effect." Exposures are generally reported to a hospital when in route to an emergency room.

Texas College Survey: The 2019 Texas College Survey of Substance Use has yet to be released. This report is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. This report summarizes patterns of illicit and licit substance use amongst college students. The results of this study aid in determining risk and protective factors among college age students. The PRC will continue to encourage universities and colleges to participate in this survey.

Rural area stakeholder input: The PRC values the input of all rural stakeholders. Although stakeholder meetings were done 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. The Data Coordinator was unable to meet with each of our communities, COVID-19 halted all in-person meetings beginning March 2020.

COVID-19: Due to the global pandemic of COVID-19 some data was delayed being reported or being released. The Texas School Survey will not be administered until the fall of 21-22 school year. The delay in data's release or being gathered can increase the difficulty of providing services to the communities served in Region 2.

Texas School Survey: The TSS survey will next be conducted in the fall of the 2021-2022 school year, which creates a gap in data for school districts and for upcoming Regional Needs Assessment. This delay is also in direct correlation to COVID-19, since school districts are uncertain of their ability to provide and maintain in-person learning and at the same time limiting the number of extra people on school campuses for the safety and health of everyone.

Moving Forward

Again, during a time of a global pandemic we need to be creative in our efforts to share the information contained in this document, and to reach our communities to learn and aid in their needs. This is a time when we all need to continue to be flexible and resilient in our commitment to our communities and the residents of those communities.

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

Conclusion

What have you identified as your region's primary substance use behaviors issue and the intervening variables associated with the identified issue? Why?

Prescription misuse by both the prescribed individual and individuals not prescribed the medication is a primary substance misuse in our region. During a time when children/adolescents are home, some alone, and doctors are doing more tele - health visits prescriptions are being misused and not properly disposed of.

Alcohol sales have increased during a time of COVID, bars and restaurants offering curb side and home delivery of alcohol as well as drive thru liquor stores. This can lead to alcohol misuse and underage drinking through increased social hosting as young people are home more.

What have you identified as your secondary or tertiary substance use behavior issues and respective intervening variables associated with them? Why?

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 to which young people have access to marijuana and nicotine products have not decreased.

COVID-19 is more than a global pandemic, it is a cause for the decrease in protective factors in our communities. Since schools closed in March 2020 and school and youth sports, youth groups, church, scouting, just to name a few have stopped meeting the protective factors those social associations provided for the youth in our region have depleted greatly. These protective factors for some of youth are the only protective factors they have in their day to day life. Therefore, the risk factors increase without school and youth social groups. The increase of child predators due to young people spending more time online increases their vulnerability to online predators.

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 continues to be lower in Region 2 compared to the state, single-parent households continue to decrease from being above the state percentage to close to the same as reported by the state. The population requesting public assistance for 2019 continues to decrease, however we see SNAP is increasing since March 2020 due to COVID, unemployment rates for 2020 are currently unavailable, the U.S. is seeimg a large increase in the unemployment rate which is a predictor of our regional unemployment rates for 2020.

Consumption: Marijuana and Prescription Drugs are the most seized substances by law enforcement in our region. Alcohol and marijuana are the most consumed substances among high school and college aged students in our region.

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 PPI program has seen a measurable increase since the beginning of COVID-19.

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, 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.

References

1. The National Center on Addiction and Substance Abuse at Columbia University. 2011 CASA analysis of the National Survey on Drug Use and Health, 2009 [Data File]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
2. McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education & Behavior, 15(4), 351-377.
3. The SBCC Capacity; Health Communication Capacity Collaborative. https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16,
4. Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.
5. Texas Department of State Health Services. 2001-2017 High School Youth Risk Behavior Surveillance System Data. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.
6. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.
7. Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.
8. National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.
9. National Institute on Drug Abuse. 2016-2020 NIDA Strategic Plan. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.
10. Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. Addiction. 2014. 109(11): 1773-1778.
11. SAMHSA. Strategic Prevention Framework. https://www.samhsa.gov/capt/applying-strategic-prevention-framework. Last updated June 5, 2017.Accessed July 30, 2017.
12. Texas Counties, 2010 Population density. www.texascounties.net/statistics/population2010
13. United States Postal Service Zip Code Database https://www.unitedstateszipcodes.org/zip-code-database/ Accessed June 9, 2020
14. Texas Demographic Center. Age, Sex, and Race/Ethnicity Population. TCD – Texas Population Estimates Program. https://demographics.texas.gov?Data/TPEPP/Projections/Tool?fid=E78EA7A7FA040DEA6D207B2F06C607
15. Single-Parent Households. County Health Rankings & Roadmaps. Accessed March 3, 2020. http://www.countyhealthrankings.org/rankings/data/TX
16. The Texas Education Agency, PEIMS Student Program and Special Populations. Accessed July 8, 2020. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html

17. Temporary Assistance for Needy Families. Texas Health and Human Services Commission. 2014-2019 https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics Accessed April 28, 2020.
18. United States Department of Labor. U.S. Bureau of Labor Statistics. Accessed March 3, 2020 https://www.bls.gov/lau/home.htm
19. U.S. Census Bureau. American Community Survey, 5-year estimates. Accessed June 19, 2020 Per Capita Income in the Past 12 months. https://data.census.gov/cedsci
20. Temporary Assistance for Needy Families. Texas Health and Human Services Commission. 2014-2019 https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics Accessed April 28, 2020.
21. Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. Accessed May 10, 2020. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics
22. U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI – Elementary and Secondary Information System. Accessed April 22, 2019 https://nces.ed.gov/ccd/elsi/
23. Small Area Health Insurance Estimates, U.S. Census Bureau. Accessed July 7, 2020. https://datacenter.kidscount.org/
24. Underage Drinking Laws. Accessed July 9, 2020. https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp
25. Texas Alcoholic Beverage Commission (TABC) Accessed March 3, 2020. https://tabc.gov/PublicInquiry/RosterSummary.aspx
26. 2019 Texas Tobacco fact sheet, Accessed July 12, 2020. https://truthinitiative.org/research-resources/smoking-region/tobacco-use-texas-2019
27. Texas Department of Public Safety, Total Drugs Seized. Accessed July 17, 2020. http://www.txucr.nibrs.com/Report/DrugSeized
28. Texas School Survey. Texas A & M Public Policy Research Institute, 2018. Accessed May 26, 2019. https://www.texasschoolsurvey.org
29. Texas State Board of Pharmacy. Total dispensation data submitted to the PDMP by pharmacies located in Texas 2019.
30. Texas Department of State Health Services. 2001-20017 High School Youth Risk Behavior Survey Data. Accessed February 3, 2020. www.htp://healthdata.dshs.texas.gov/HealthRisks/YRBS
31. Texas College Survey, 2017 Official Report. www.https://texascollegesurvey.org
32. The National Institute on Alcohol Abuse and Alcoholism, Underage Drinking fact sheet https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking
33. Texas Comptroller, Accessed July 27, 2020. https://comptroller.texas.gov/taxes/tobacco/regulatory.php
34. Texas Department of State Health Services. 2001-2017 High School youth Risk Behavior http://healthdata.dshs.texas.gov/HealthRisks/YRBS/ Accessed February 3, 2020.
35. Center for Disease Control. Accessed July 27, 2020. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
36. Texas Department of Public Safety. Liquor Law Arrests, 2017-2019, Accessed March 13, 2020 https:///txucr.nibrs.com/SRSReport/LiquorLawArresteeSummary

37. Texas Juvenile Justice Department (TJJD) Annual activity report 2016-2018, Accessed April 2019 www.tjjd.texas.gov
38. National Institute on Drug Abuse, June 15, 2020 https://www.drugabuse.gov/drug-topics/health-consequences-drug-miseuse/death Accessed August 10, 2020
39. Center for Disease Control and Prevention, Risk and Protective Factors https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html Accessed August 10, 2020
40. National Institute on Drug Abuse, Advancing Addiction Science. Intentional vs. Unintentional Overdose Deaths https://www.drugabuse.gov/drug-topics/treatment/intentional-vs-unintentional-overdose-deaths Accessed August 10, 2020.
41. Center for Disease Control and Prevention of the United States Public Health Service. www.cdc.gov/hiv/library/reports/hiv-surveillance.html Accessed March 27, 2020
42. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) Accessed June 4, 2020 https://www.samhsa.gov/data/quick-statistics-results?qs_type=teds&state=Texas&year=2016&type=Admissions&view=fullI
43. Substance Abuse and Mental Health Services Administration. Opioid Overdose https://www.samhsa.gov/medication-assisted-treatment/treatment/opioid-overdose
44. Centers for Disease Control and Prevention Drug and Opioid – Involved Overdose Deaths – United States, 2017-2018. Accessed March 20, 2020 https://www.cdc.gov/mmwr/volumes/69/wr/mm6911a4.htm
45. State Attendance Policy. Attendance Works, Advancing Student Success by Reducing Chronic Absence. Accessed August 2020 https://www.attendanceworks.org/policy/state-education-policy/texas/
46. Texas Department of Public Safety, Index Crimes Report. Accessed February 2020. https://txucr.nibrs.com/Report/IndexCrimesReport
47. Centers for Disease Control and Prevention, Mental Health Awareness https://www.cdc.gov/genomics/resources/diseases/mental.htm
48. Texas Department of Health and human Services. Youth/Adults Receiving Mental Health Services. TX Medicaid BHMH and SUD Clients by County, SFY2008-2016 Accessed March 13, 2020.
49. American Academy of Child & Adolescent Psychiatry. 2016 http://www.aacap.org/aacap/resourcesforprimarycare/WorkforceIssues.aspx

Appendix A

Table 1. County total Population Density, Ranked Order

Rank	Name	Population Density (mi2)	Population 2010	Land Area (mi2)	Projected 2020 Population
27	Wichita	209.5	131,500	627.8	133138
34	Taylor	143.6	131,506	915.6	139457
88	Brown	40.3	38,106	944.4	38923
127	Jones	21.8	20,202	928.6	19735
129	Montague	21.2	19,719	930.9	19199
133	Young	20.3	18,550	914.5	18712
134	Eastland	20.1	18,583	926.5	18205
139	Scurry	18.7	16,921	905.4	18368
145	Nolan	16.7	15,216	912	15642
151	Callahan	15.1	13,544	899.4	13456
152	Comanche	14.9	13,974	937.8	13075
156	Wilbarger	13.9	13,535	970.8	13038
165	Stephens	10.7	9,630	896.7	9570
166	Mitchell	10.3	9,403	911.1	9865
169	Archer	10	9,054	903.1	8344
170	Runnels	10	10,501	1,051.00	11009
171	Jack	9.9	9,044	910.7	8841
172	Clay	9.9	10,752	1,088.70	9787
186	Coleman	7	8,895	1,262.00	8478
192	Haskell	6.5	5,899	903.1	6197
195	Hardeman	6	4,139	695.1	3870
205	Fisher	4.4	3,974	898.9	3985
206	Knox	4.4	3,719	850.6	3937
208	Baylor	4.3	3,726	867.5	3624
215	Shackelford	3.7	3,378	914.3	3405
231	Foard	1.9	1,336	704.4	1240
233	Throckmorton	1.8	1,641	912.6	1519
234	Cottle	1.7	1,505	900.6	1510
235	Stonewall	1.6	1,490	916.3	1523
246	Kent	0.9	808	902.5	795
		96.3	550,250	27302.9	558447

Table 2. County Zip Codes

Zip	County	Primary cities	Acceptable cities
76351	Archer County	Archer City	
76366	Archer County	Holliday	
76370	Archer County	Megargel	
76379	Archer County	Scotland	
76389	Archer County	Windthorst	
76380	Baylor County	Seymour	Red Springs, Vera
76432	Brown County	Blanket	
76801	Brown County	Brownwood	
76802	Brown County	Early	Brownwood
76803	Brown County	Brownwood	
76804	Brown County	Brownwood	
76823	Brown County	Bangs	
76827	Brown County	Brookesmith	
76857	Brown County	May	
76890	Brown County	Zephyr	
76443	Callahan County	Cross Plains	
76469	Callahan County	Putnam	
79504	Callahan County	Baird	
79510	Callahan County	Clyde	
76228	Clay County	Bellevue	
76352	Clay County	Bluegrove	
76357	Clay County	Byers	
76365	Clay County	Henrietta	
76377	Clay County	Petrolia	
76828	Coleman County	Burkett	
76834	Coleman County	Coleman	
76845	Coleman County	Gouldbusk	
76873	Coleman County	Rockwood	
76878	Coleman County	Santa Anna	Whon
76882	Coleman County	Talpa	
76884	Coleman County	Valera	
76888	Coleman County	Voss	Leaday
79519	Coleman County	Goldsboro	
79538	Coleman County	Novice	
76442	Comanche County	Comanche	Hasse
76444	Comanche County	De Leon	
76452	Comanche County	Energy	
76455	Comanche County	Gustine	
76468	Comanche County	Proctor	

76474	Comanche County	Sidney	
79223	Cottle County	Cee Vee	
79248	Cottle County	Paducah	Dumont
76435	Eastland County	Carbon	
76437	Eastland County	Cisco	
76445	Eastland County	Desdemona	
76448	Eastland County	Eastland	
76454	Eastland County	Gorman	
76466	Eastland County	Olden	
76470	Eastland County	Ranger	
76471	Eastland County	Rising Star	
79534	Fisher County	Mc Caulley	
79543	Fisher County	Roby	
79546	Fisher County	Rotan	
79560	Fisher County	Sylvester	
79227	Foard County	Crowell	Truscott
79225	Hardeman County	Chillicothe	
79252	Hardeman County	Quanah	
76388	Haskell County	Weinert	
79521	Haskell County	Haskell	
79539	Haskell County	O Brien	
79544	Haskell County	Rochester	
79547	Haskell County	Rule	
79548	Haskell County	Rule	Sagerton
76427	Jack County	Bryson	
76458	Jack County	Jacksboro	
76459	Jack County	Jermyn	
76486	Jack County	Perrin	
79501	Jones County	Anson	
79503	Jones County	Avoca	
79520	Jones County	Hamlin	
79525	Jones County	Hawley	
79533	Jones County	Lueders	
79553	Jones County	Stamford	
79518	Kent County	Girard	
79528	Kent County	Jayton	
76363	Knox County	Goree	
76371	Knox County	Munday	
79505	Knox County	Benjamin	
79529	Knox County	Knox City	
79512	Mitchell County	Colorado City	
79532	Mitchell County	Loraine	
79565	Mitchell County	Westbrook	

76230	Montague County	Bowie	
76239	Montague County	Forestburg	
76251	Montague County	Montague	
76255	Montague County	Nocona	
76261	Montague County	Ringgold	
76265	Montague County	Saint Jo	
76270	Montague County	Sunset	
79506	Nolan County	Blackwell	
79535	Nolan County	Maryneal	
79537	Nolan County	Nolan	
79545	Nolan County	Roscoe	
79556	Nolan County	Sweetwater	
76821	Runnels County	Ballinger	
76861	Runnels County	Miles	
76865	Runnels County	Norton	
76875	Runnels County	Rowena	
79567	Runnels County	Winters	
79516	Scurry County	Dunn	
79517	Scurry County	Fluvanna	
79526	Scurry County	Hermleigh	
79527	Scurry County	Ira	
79549	Scurry County	Snyder	Dermott
79550	Scurry County	Snyder	
76430	Shackelford County	Albany	
76464	Shackelford County	Moran	
76424	Stephens County	Breckenridge	
76429	Stephens County	Caddo	
79502	Stonewall County	Aspermont	
79540	Stonewall County	Old Glory	
79508	Taylor County	Buffalo Gap	
79530	Taylor County	Lawn	
79536	Taylor County	Merkel	
79541	Taylor County	Ovalo	
79561	Taylor County	Trent	
79562	Taylor County	Tuscola	
79563	Taylor County	Tye	
79566	Taylor County	Wingate	
79601	Taylor County	Abilene	
79602	Taylor County	Abilene	
79603	Taylor County	Abilene	
79604	Taylor County	Abilene	
79605	Taylor County	Abilene	

79606	Taylor County	Abilene	
79607	Taylor County	Dyess Afb	Abilene
79608	Taylor County	Abilene	
79697	Taylor County	Abilene	
79698	Taylor County	Abilene	
79699	Taylor County	Abilene	
76483	Throckmorton County	Throckmorton	
76491	Throckmorton County	Woodson	
76301	Wichita County	Wichita Falls	
76302	Wichita County	Wichita Falls	
76305	Wichita County	Wichita Falls	Cashion Cmnty, Cashion Community, Dean, Jolly, Pleasant Valley, Pleasant Vly
76306	Wichita County	Wichita Falls	
76307	Wichita County	Wichita Falls	
76308	Wichita County	Wichita Falls	
76309	Wichita County	Wichita Falls	
76310	Wichita County	Wichita Falls	
76311	Wichita County	Sheppard Afb	
76354	Wichita County	Burkburnett	
76360	Wichita County	Electra	
76367	Wichita County	Iowa Park	
76369	Wichita County	Kamay	
76364	Wilbarger County	Harrold	
76373	Wilbarger County	Oklaunion	
76384	Wilbarger County	Vernon	
76385	Wilbarger County	Vernon	
79247	Wilbarger County	Odell	
76372	Young County	Newcastle	Elbert
76374	Young County	Olney	
76450	Young County	Graham	
76460	Young County	Loving	
76481	Young County	South Bend	Eliasville

Table 3. County Total Population 2018-2010

County	2018 Total Population	2019 Total Population	2020 Total Population
Archer	8,452	8,393	8,344
Baylor	3,640	3,629	3,624
Brown	38,827	38,873	38,923
Callahan	13,437	13,454	13,456
Clay	9,984	9,885	9,787
Coleman	8,569	8,527	8,478
Comanche	13,260	13,173	13,075
Cottle	1,512	1,515	1,510
Eastland	18,307	18,261	18,205
Fisher	3,985	3,983	3,985
Foard	1,248	1,240	1,240
Hardeman	3,899	3,888	3,870
Haskell	6,107	6,150	6,197
Jack	8,866	8,845	8,841
Jones	19,790	19,766	19,735
Kent	791	792	795
Knox	3,888	3,912	3,937
Mitchell	9,764	9,802	9,865
Montague	19,298	19,247	19,199
Nolan	15,524	15,589	15,642
Runnels	10,890	10,948	11,009
Scurry	18,045	18,208	18,368
Shackelford	3,387	3,394	3,405
Stephens	9,567	9,573	9,570
Stonewall	1,513	1,519	1,523
Taylor	137,915	138,697	139,457
Throckmorton	1,537	1,528	1,519
Wichita	132,841	133,012	133,138
Wilbarger	13,130	13,085	13,038
Young	18,667	18,695	18,712
Region	574,231	577,063	558,447
Texas	29,193,268	29,948,091	29,366,479

Table 4. Population Under 18; 2018-2020

County	Population <18 2018	Population <18 2019	Population <18 2020
Archer	1,847	1,813	1,800
Baylor	852	851	851
Brown	9,101	9,017	8,959
Callahan	2,810	2,777	2,741
Clay	2,076	2,035	2,001
Coleman	2,045	2,043	2,048
Comanche	3,139	3,102	3,091
Cottle	339	337	327
Eastland	4,373	4,354	4,335
Fisher	870	868	876
Foard	253	254	257
Hardeman	982	988	985
Haskell	1,299	1,312	1,332
Jack	1,995	1,989	2,011
Jones	3,502	3,477	3,436
Kent	168	165	163
Knox	1,033	1,045	1,045
Mitchell	1,974	1,980	1,997
Montague	4,463	4,473	4,459
Nolan	4,203	4,224	4,245
Runnels	2,670	2,683	2,696
Scurry	4,757	4,809	4,856
Shackelford	801	814	815
Stephens	2,284	2,288	2,289
Stonewall	321	326	325
Taylor	36,498	36,594	36,723
Throckmorton	325	322	320
Wichita	31,862	31,778	31,720
Wilbarger	3,239	3,197	3,160
Young	4,613	4,608	4,608
Regional Total	134,694	134,523	134,471
State Total	7,785,651	7,858,443	7,932,713

Table 5. County Total Age Groups; 2020

County	Age <18	Age 18-24	Age 25-44	Age 45-64	Age 65+
Archer	1,800	627	1,973	2,298	1,527
Baylor	851	265	764	904	729
Brown	8,959	3,042	9,296	9,549	2,738
Callahan	2,741	926	3,230	3,615	2,091
Clay	2,001	603	2,147	2,763	1,819
Coleman	2,048	712	1,692	1,987	2,892
Comanche	3,091	832	2,606	3,411	354
Cottle	327	120	278	350	3,679
Eastland	4,335	1,481	4,010	4,432	891
Fisher	876	250	828	1,035	279
Foard	257	77	233	336	682
Hardeman	985	294	857	997	1,136
Haskell	1,332	572	1,611	1,397	1,330
Jack	2,011	800	2,314	2,278	2,743
Jones	3,436	1,840	6,669	4,824	196
Kent	163	69	122	204	723
Knox	1,045	349	802	915	1,491
Mitchell	1,997	1,254	2,965	2,025	3,892
Montague	4,459	1,282	4,219	5,007	2,514
Nolan	4,245	1,304	3,868	3,526	2,194
Runnels	2,696	802	2,518	2,567	2,350
Scurry	4,856	1,686	5,261	4,036	628
Shackelford	815	244	748	935	1,742
Stephens	2,289	847	2,374	2,172	350
Stonewall	325	92	278	368	18,360
Taylor	36,723	17,393	37,309	29,277	369
Throckmorton	320	96	300	387	18,989
Wichita	31,720	16,482	35,559	29,651	2,285
Wilbarger	3,160	1,025	3,378	3,001	3,583
Young	4,608	1,379	4,254	4,520	82,556
Region	134,471	56745	142,463	128,767	462,446
Texas	7,932,713	2,980,352	8,305,013	6,965,146	3,492,480

Table 6. County Total Race & Ethnicity 2020

County	Total Anglo	Total Black	Total Hispanic	Total Other
Archer	7,186	48	914	196
Baylor	2,915	81	567	61
Brown	27,061	1,524	9,266	1072
Callahan	11,411	165	1,492	388
Clay	8,753	73	616	345
Coleman	6,297	216	1,752	213
Comanche	8,904	45	3,867	259
Cottle	956	148	384	22
Eastland	14,002	337	3,453	413
Fisher	2,573	144	1,205	63
Foard	931	65	235	9
Hardeman	2,408	241	1,110	111
Haskell	3,937	219	1,883	158
Jack	6,568	360	1,739	174
Jones	11,114	2,377	5,838	406
Kent	635	6	141	13
Knox	2,295	234	1,334	74
Mitchell	4,774	1,075	3,855	161
Montague	16,249	62	2,366	522
Nolan	8,400	729	6,197	316
Runnels	6,581	195	4,066	167
Scurry	9,328	815	7,926	299
Shackelford	2,876	16	437	76
Stephens	6,672	215	2,507	176
Stonewall	1,162	47	265	49
Taylor	86,434	9,834	36,251	6,938
Throckmorton	1,281	9	193	36
Wichita	85,849	13,144	27,175	6,970
Wilbarger	7,384	1,178	4,007	469
Young	14,228	257	3,782	445
Region	369,164	33,859	134,823	20601
Texas	12,138,523	3,557,892	11,804,659	27,501,074

Table 7. County Total Single-Parent Households 2018-2020

County	2018 % Single-parent Households	2019 % Single-parent Households	2020 % Single-Parent Households
Archer	14	19	24
Baylor	20	23	17
Brown	28	29	27
Callahan	27	25	22
Clay	26	28	25
Coleman	24	31	34
Comanche	29	36	27
Cottle	31	26	49
Eastland	32	23	23
Fisher	20	19	23
Foard	38	34	26
Hardeman	23	16	16
Haskell	46	46	45
Jack	18	26	26
Jones	37	34	30
Kent	17	27	12
Knox	31	24	24
Mitchell	40	42	35
Montague	28	25	25
Nolan	44	39	31
Runnels	42	40	35
Scurry	32	34	27
Shackelford	32	38	35
Stephens	32	31	37
Stonewall	21	24	31
Taylor	37	36	35
Throckmorton	49	50	39
Wichita	38	38	37
Wilbarger	44	42	47
Young	38	39	34
Region	31	31	30
Texas	35	34	33

Table 8. County Total Homeless Students 2017-2020

County	2017-2018 Homeless Students	2018-2019 Homeless Students	2019-2020 Homeless Students
Archer	29	26	masked
Baylor	0	0	masked
Brown	82	75	77
Callahan	74	48	45
Clay	42	31	70
Coleman	49	41	33
Comanche	106	65	78
Cottle	0	0	0
Eastland	125	153	144
Fisher	28	10	29
Foard	0	0	0
Hardeman	17	0	Masked
Haskell	30	25	40
Jack	32	27	20
Jones	262	243	270
Kent	0	0	0
Knox	17	0	masked
Mitchell	22	10	13
Montague	22	32	20
Nolan	65	38	57
Runnels	63	27	33
Scurry	35	27	11
Shackelford	38	27	24
Stephens	47	43	64
Stonewall	6	0	15
Taylor	1,113	1,047	1126
Throckmorton	0	23	34
Wichita	290	340	294
Wilbarger	10	14	22
Young	28	28	59
Region	2,632	2,400	1772
Texas	111,931	72,782	78296

Table 9. County Total Languages 2018

County	% English	% Spanish	% Indo-European	% Asian and Pacific	% Other
Archer	97.3	5.1	0	0.5	0
Baylor	99.7	2.3	0.8	0.2	0
Brown	96.1	10	0.4	0.5	0.1
Callahan	98.7	5.6	0.8	0.2	0
Clay	97.6	4.9	0.2	0.5	0
Coleman	96.7	6.5	0.8	0	0.1
Comanche	91.3	21.7	0.6	0.2	0
Cottle	96.3	18.4	1	0	0
Eastland	93.6	10.9	0.4	0.7	0.1
Fisher	93.6	19.9	0.4	0.4	0
Foard	94.9	14.9	0	0	0
Hardeman	93.6	14.7	0.1	0	0.1
Haskell	87.4	20.9	0.8	0.6	0.1
Jack	92	12.9	0.2	0	0.1
Jones	94.4	18.2	0.8	0.4	0.4
Kent	97.1	12.7	0	0	0
Knox	90.1	22.8	0.7	0.1	0
Mitchell	93.1	25.6	0.1	0.1	0.1
Montague	95.9	9.3	0.7	0	0
Nolan	92.6	24.4	0.7	0.1	0.4
Runnels	96.8	10.2	0.1	0.3	0.1
Scurry	95.1	25.3	0.2	0.1	0.2
Shackelford	97.4	6.3	0	0.4	0
Stephens	95.1	16.3	0.3	0.3	0.5
Stonewall	98.7	10.9	0	0	0
Taylor	95.9	13.1	1.4	1.7	0.8
Throckmorton	93.5	12.3	0	0	0.1
Wichita	94.5	10.8	1.1	1.7	0.5
Wilbarger	93.4	16.2	0.2	0.7	0.1
Young	89.2	13.9	0.2	0.3	0
Region	94.7	13.9	0.4	0.3	0.1
Texas	86	29	2.2	2.9	1

Table 10. Limited English Proficiency 2013-2018

County	Total All households 2013-2018	Limited English-speaking household 2013-2018	Percent 2013-2018
Archer	3332	70	2.10%
Baylor	1474	9	0.61%
Brown	14016	290	2.07%
Callahan	5319	23	0.43%
Clay	4045	5	0.12%
Coleman	3460	39	1.13%
Comanche	5260	269	5.11%
Cottle	686	29	4.23%
Eastland	6460	159	2.46%
Fisher	1649	74	4.49%
Foard	557	16	2.87%
Hardeman	1519	71	4.67%
Haskell	2125	121	5.69%
Jack	3160	169	5.35%
Jones	5593	247	4.42%
Kent	318	3	0.94%
Knox	1330	94	7.07%
Mitchell	2441	139	5.69%
Montague	7995	274	3.43%
Nolan	5469	349	6.38%
Runnels	3749	67	1.79%
Scurry	5884	149	2.53%
Shackelford	1234	2	0.16%
Stephens	3268	65	1.99%
Stonewall	582	0	0.00%
Taylor	49482	1199	2.42%
Throckmorton	703	12	1.71%
Wichita	47951	1253	2.61%
Wilbarger	5263	185	3.52%
Young	7105	476	6.70%

Table 11. County Total Labor Force, Employed, and Unemployed 2018

County	Labor Force	Employed	Unemployed
Archer	4,145	4,027	118
Baylor	1,765	1,725	40
Brown	15,701	15,117	584
Callahan	6,113	5,925	188
Clay	4,936	4,785	151
Coleman	2,888	2,770	118
Comanche	5,591	5,410	181
Cottle	551	528	23
Eastland	8,354	8,079	275
Fisher	1,634	1,586	48
Foard	585	567	18
Hardeman	1,722	1,670	52
Haskell	2,285	2,210	75
Jack	3,471	3,362	109
Jones	5,738	5,494	244
Kent	478	467	11
Knox	1,444	1,397	47
Mitchell	2,325	2,243	82
Montague	9,323	9,058	265
Nolan	7,066	6,860	206
Runnels	4,604	4,475	129
Scurry	6,736	6,518	218
Shackelford	1,910	1,868	42
Stephens	4,109	3,983	126
Stonewall	588	571	17
Taylor	66,926	65,005	1,921
Throckmorton	656	631	25
Wichita	56,362	54,574	1,788
Wilbarger	4,975	4,798	177
Young	8,040	7,802	238
Region	241,021	233,505	7,516
Texas	14,054,334	13,551,806	493,528

Table 12. County Total Unemployment Percentages 2017-2019

County	2017 % Unemployment	2018 % Unemployment	2019 % Unemployment
Archer	3.4	3.0	2.8
Baylor	3.4	3.2	2.3
Brown	3.9	3.7	3.7
Callahan	3.6	3.3	3.1
Clay	3.5	3.1	3.1
Coleman	4.5	3.9	4.1
Comanche	3.7	3.6	3.2
Cottle	4.2	4.3	4.2
Eastland	4.3	3.3	3.3
Fisher	3.6	3.2	2.9
Foard	3.5	2.9	3.1
Hardeman	4.0	3.6	3.0
Haskell	4.8	3.8	3.3
Jack	3.7	2.5	3.1
Jones	5.3	4.8	4.3
Kent	2.6	2.4	2.3
Knox	4.0	3.6	3.3
Mitchell	5.4	4.1	3.5
Montague	4.0	3.2	2.8
Nolan	4.0	3.3	2.9
Runnels	3.7	3.1	2.8
Scurry	4.3	3.4	3.2
Shackelford	3.0	2.3	2.2
Stephens	4.5	3.6	3.1
Stonewall	3.4	3.4	2.9
Taylor	3.5	3.1	2.9
Throckmorton	4.3	3.3	3.8
Wichita	3.7	3.4	3.2
Wilbarger	4.7	4.1	3.6
Young	3.8	3.2	3.0
Region	3.9	3.4	3.2
Texas	4.5	3.8	3.5

Table 13. County Total Per Capita Income 2016-2018

County	Per Capita Income 2016	Per Capita Income 2017	Per Capita Income 2018
Archer	29086	31103	31806
Baylor	30495	30820	25264
Brown	22090	24040	25145
Callahan	22557	22205	24537
Clay	26696	27593	27678
Coleman	25178	26436	27842
Comanche	21681	22751	25127
Cottle	20397	20566	20108
Eastland	21577	20433	23940
Fisher	26796	27750	28355
Foard	23323	26034	25636
Hardeman	19493	21517	22938
Haskell	21072	21120	21308
Jack	24677	25553	25626
Jones	17279	17960	17673
Kent	27434	27515	29503
Knox	19673	21046	21796
Mitchell	19334	19741	20896
Montague	25403	26278	28457
Nolan	22240	23686	25820
Runnels	22856	22190	23042
Scurry	23758	24140	24508
Shackelford	24190	24296	23855
Stephens	22307	23044	24405
Stonewall	24285	28063	28746
Taylor	24328	25419	26469
Throckmorton	28860	27732	28895
Wichita	23239	23263	23921
Wilbarger	21638	28612	24078
Young	25837	19950	25855
Region 2	23357	23993	25001
Texas	27828	28985	30143
United States	31128	32397	33831

Table 14. County Total TANF Recipients 2017-2019

County	2017 Number of Recipients	2018 Number of Recipients	2019 Number of Recipients
Archer	12	13	6
Baylor	5	6	10
Brown	79	60	69
Callahan	9	14	10
Clay	18	14	13
Coleman	20	22	17
Comanche	16	22	13
Cottle	3	3	8
Eastland	29	33	20
Fisher	13	21	12
Foard	2	1	2
Hardeman	13	9	8
Haskell	12	12	8
Jack	7	7	8
Jones	19	17	18
Kent	2	0	0
Knox	4	3	3
Mitchell	12	13	8
Montague	28	21	13
Nolan	23	28	19
Runnels	8	8	7
Scurry	31	22	8
Shackelford	2	2	1
Stephens	11	8	6
Stonewall	5	5	3
Taylor	313	306	259
Throckmorton	0	0	0
Wichita	374	337	334
Wilbarger	31	29	25
Young	53	39	31
Region	1153	1073	940
Texas	57827	51055	44344

Table 15. County Total TANF Recipients per 100k 2017-2019

County	2017 Rate per 100K	2018 Rate per 100K	2019 Rate per 100K
Archer	124.47	153.81	71.49
Baylor	134.81	164.84	275.56
Brown	197.52	154.53	177.5
Callahan	62.71	104.19	74.33
Clay	158.05	140.22	131.51
Coleman	218.65	256.74	199.37
Comanche	109.76	165.91	98.69
Cottle	189.51	198.41	528.05
Eastland	148.63	180.26	109.52
Fisher	330.7	526.98	301.28
Foard	146.63	80.13	161.29
Hardeman	297.82	230.83	205.76
Haskell	200.13	196.5	130.1
Jack	73.67	78.95	90.45
Jones	87.77	85.9	91.1
Kent	247.52	0	0
Knox	106.47	77.16	76.69
Mitchell	121.79	133.14	81.62
Montague	133.65	108.82	67.54
Nolan	144.81	180.37	121.88
Runnels	73.76	76.46	63.94
Scurry	169.64	121.92	43.94
Shackelford	55.23	59.05	29.46
Stephens	108.98	83.62	62.68
Stonewall	332.01	330.47	197.5
Taylor	228.92	221.88	186.74
Throckmorton	0	0	0
Wichita	281.89	253.69	251.11
Wilbarger	213.87	220.87	191.06
Young	272.03	208.92	165.82
Region	201.81	186.86	162.89
Texas	200.81	174.89	148.07

Table 16. County Total TANF Recipients per 1K 2017-2019

County	2017 Rate per 1K	2018 Rate per 1K	2019 Rate per 1K
Archer	1.24	1.54	1.55
Baylor	1.35	1.65	1.66
Brown	1.98	1.55	1.55
Callahan	0.62	1.05	0.75
Clay	1.58	1.5	1.32
Coleman	2.19	2.57	2
Comanche	1.1	1.66	0.99
Cottle	1.9	1.99	5.29
Eastland	1.5	1.8	1.1
Fisher	3.31	5.27	3.02
Foard	0.15	0.8	1.62
Hardeman	2.98	2.31	2.06
Haskell	0.21	1.97	1.4
Jack	0.74	0.79	0.91
Jones	0.88	0.86	0.92
Kent	2.48	0	0
Knox	1.07	0.78	0.77
Mitchell	1.22	1.34	0.82
Montague	1.34	1.09	0.68
Nolan	1.45	1.81	1.22
Runnels	0.74	0.74	0.64
Scurry	1.7	1.22	0.44
Shackelford	0.56	0.6	0.3
Stephens	1.1	0.84	0.63
Stonewall	3.33	3.31	1.98
Taylor	2.29	2.22	1.87
Throckmorton	0	0	0
Wichita	2.82	2.54	2.51
Wilbarger	2.14	2.21	1.92
Young	2.73	2.1	1.66
Region	2.02	1.87	1.68
Texas	2.01	1.75	1.51

Table 17. County Total SNAP Recipients 2017-2019

County	2017 Number of Recipients	2018 Number of Recipients	2019 Number of Recipients
Archer	648	629	577
Baylor	603	546	516
Brown	5503	5401	5023
Callahan	1869	1733	1574
Clay	971	870	783
Coleman	1328	1266	1023
Comanche	1907	1748	1570
Cottle	230	205	180
Eastland	2989	2709	2532
Fisher	387	422	419
Foard	170	132	110
Hardeman	543	517	491
Haskell	984	950	810
Jack	991	921	831
Jones	2153	2061	1931
Kent	53	55	47
Knox	590	523	438
Mitchell	1047	942	887
Montague	2491	2258	2080
Nolan	2700	2582	2434
Runnels	1437	1289	1181
Scurry	2117	1922	1801
Shackelford	381	321	266
Stephens	1658	1515	1177
Stonewall	133	124	133
Taylor	20274	19736	18246
Throckmorton	138	132	123
Wichita	19504	18949	17757
Wilbarger	2109	2118	1911
Young	2438	2258	2043
Region	78346	74831	68894
Texas	3943512	3725683	3427736

Table 18. County Total Free & Reduced Lunch Recipients 2017-2018

County	2016-2017 Free and Reduced Lunch	2017-2018 Free and Reduced Lunch	2018-2019 Free and Reduced Lunch
Archer	601	561	650
Baylor	333	330	338
Brown	4244	4349	4279
Callahan	1401	1323	1360
Clay	811	805	831
Coleman	824	851	865
Comanche	1547	1478	1615
Cottle	147	143	131
Eastland	1744	1767	1765
Fisher	292	292	303
Foard	165	161	147
Hardeman	614	591	561
Haskell	697	672	663
Jack	945	1009	1017
Jones	1710	1656	1691
Kent	41	55	52
Knox	451	453	453
Mitchell	833	783	777
Montague	1855	1849	1896
Nolan	2014	1990	1967
Runnels	1166	1106	1114
Scurry	1657	1796	1963
Shackelford	297	306	275
Stephens	960	947	925
Stonewall	135	101	101
Taylor	14056	14634	13841
Throckmorton	191	186	190
Wichita	12307	12645	12758
Wilbarger	1485	1407	1505
Young	2007	1875	1962
Region	55530	56121	55995
Texas	3159896	3169088	3288771

Table 19. County Total Free & Reduced Lunch Percentages 2017-2019

County	2015-2016 % Free and Reduced Lunch	2016-2017 % Free and Reduced Lunch	2017-2018 % Free and Reduced Lunch
Archer	32.00%	29.39%	33.23%
Baylor	55.97%	57.00%	58.08%
Brown	61.02%	62.89%	61.88%
Callahan	55.35%	52.25%	53.99%
Clay	47.04%	46.34%	50.46%
Coleman	61.77%	64.32%	67.42%
Comanche	65.03%	63.60%	67.01%
Cottle	71.01%	66.82%	64.22%
Eastland	61.00%	62.17%	62.26%
Fisher	54.07%	52.14%	54.70%
Foard	72.69%	74.88%	70.33%
Hardeman	80.05%	78.80%	80.14%
Haskell	72.76%	74.83%	75.51%
Jack	58.01%	61.41%	61.86%
Jones	63.85%	61.74%	63.05%
Kent	32.03%	36.18%	34.21%
Knox	61.87%	64.53%	64.07%
Mitchell	56.28%	55.57%	56.43%
Montague	55.64%	54.92%	55.23%
Nolan	63.63%	61.60%	61.51%
Runnels	57.07%	55.58%	55.62%
Scurry	49.52%	55.97%	61.92%
Shackelford	46.62%	48.03%	45.38%
Stephens	64.30%	63.09%	62.46%
Stonewall	54.22%	44.50%	45.09%
Taylor	57.84%	59.98%	56.64%
Throckmorton	62.01%	62.00%	65.29%
Wichita	59.35%	61.22%	61.57%
Wilbarger	62.71%	60.44%	65.07%
Young	58.70%	56.62%	60.20%
Region	58.45%	59.37%	59.39%
Texas	58.94%	58.67%	60.53%

Table 20. County Total Uninsured Children 2018-2020

County	2018 Number of Uninsured Children	2019 Number of Uninsured Children	2020 Number of Uninsured Children
Archer	251	260	298
Baylor	106	87	105
Brown	863	813	917
Callahan	404	395	360
Clay	272	272	296
Coleman	222	216	265
Comanche	553	454	520
Cottle	67	58	62
Eastland	482	488	539
Fisher	101	104	141
Foard	41	39	50
Hardeman	146	154	176
Haskell	137	152	153
Jack	318	268	322
Jones	417	423	444
Kent	27	23	24
Knox	177	152	186
Mitchell	233	214	247
Montague	691	644	712
Nolan	423	377	400
Runnels	330	288	301
Scurry	593	483	531
Shackelford	124	132	143
Stephens	341	276	328
Stonewall	53	48	62
Taylor	2784	2895	2928
Throckmorton	71	55	74
Wichita	2751	2844	2833
Wilbarger	351	341	374
Young	643	610	719
Region	13972	13565	14510
Texas	747567	735079	814817

Table 21. County Total Percentages Uninsured Children 2018-2020

County	2018 % Uninsured	2019 % Uninsured	2020 % Uninsured
Archer	13	14	17
Baylor	12	10	12
Brown	10	10	10
Callahan	14	14	13
Clay	13	13	15
Coleman	11	11	13
Comanche	17	14	17
Cottle	20	17	19
Eastland	11	11	12
Fisher	12	12	16
Foard	16	15	19
Hardeman	15	15	18
Haskell	11	12	11
Jack	16	13	16
Jones	12	12	13
Kent	16	14	15
Knox	17	15	18
Mitchell	12	11	12
Montague	15	14	16
Nolan	10	9	9
Runnels	12	11	11
Scurry	12	10	11
Shackelford	15	16	18
Stephens	15	12	14
Stonewall	17	15	19
Taylor	8	8	8
Throckmorton	2	2	2
Wichita	9	9	9
Wilbarger	11	11	12
Young	14	13	15
Region	10	10	11
Texas	10	9	10

Appendix B

Table 22. County level totals for Alcohol Sales to Minors 2017-2019

County	# of Alcohol Sales to Minors 2017	# of Alcohol Sales to Minors 2018	# of Alcohol Sales to Minors 2019
Archer	0	0	1
Baylor	0	0	1
Brown	0	1	2
Callahan	1	0	0
Clay	0	0	0
Coleman	6	1	0
Comanche	0	0	3
Cottle	0	0	0
Eastland	2	0	1
Fisher	0	0	0
Foard	0	0	0
Hardeman	1	0	0
Haskell	0	0	0
Jack	0	1	0
Jones	0	0	0
Kent	0	0	0
Knox	0	0	0
Mitchell	0	0	0
Montague	0	0	1
Nolan	0	1	1
Runnels	0	0	1
Scurry	0	1	0
Shackelford	0	0	0
Stephens	0	0	0
Stonewall	0	0	0
Taylor	6	10	13
Throckmorton	0	0	0
Wichita	6	1	11
Wilbarger	0	0	0
Young	0	0	1

Table 23. Alcohol Density Permits 2020

County	# of Alcohol Permits	Density Rates per 100K
Archer	21	1,205.5
Baylor	15	422.1
Brown	88	231.9
Callahan	31	221.9
Clay	19	183.6
Coleman	26	481.2
Comanche	38	281.9
Cottle	3	219.6
Eastland	47	268.5
Fisher	8	206.1
Foard	4	332.5
Hardeman	14	353.5
Haskell	12	211.3
Jack	20	227.7
Jones	24	168.4
Kent	0	0.0
Knox	11	297.5
Mitchell	17	204.4
Montague	47	254.8
Nolan	41	306.5
Runnels	32	289.4
Scurry	34	199.8
Shackelford	4	120.8
Stephens	26	280.4
Stonewall	3	219.1
Taylor	311	218.7
Throckmorton	0	0.0
Wichita	317	240.8
Wilbarger	34	269.3
Young	24	134.4
Region	1271	268.4

Table 24. How Difficult Would It Be to Get Alcohol?

Table T-4: If You Wanted Some, How Difficult Would It Be to Get Tobacco?						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	23.5%	20.1%	6.9%	9.9%	14.3%	25.4%
Grade 7	38.8%	34.3%	5.6%	6.8%	6.1%	8.3%
Grade 8	27.3%	27.6%	9.9%	12.2%	11.3%	11.8%
Grade 9	19.7%	20.4%	9.4%	10.8%	17.9%	21.9%
Grade 10	16.6%	16.9%	6.9%	12.3%	19.2%	28.1%
Grade 11	17.8%	9.7%	5.6%	11.1%	19.6%	36.1%
Grade 12	16.9%	7.1%	3.4%	5.8%	13.3%	53.6%
Table A-6: If You Wanted Some, How Difficult Would It Be to Get Alcohol?						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	19.2%	14.6%	7.7%	12.5%	18.8%	27.2%
Grade 7	32.2%	28.2%	6.7%	9.4%	10.4%	13.2%
Grade 8	23.6%	18.2%	8.2%	14.2%	16.4%	19.6%
Grade 9	16.2%	13.7%	9.8%	12.8%	19.5%	28.0%
Grade 10	12.6%	11.9%	7.5%	12.5%	22.7%	32.8%
Grade 11	14.1%	6.0%	7.4%	13.1%	21.9%	37.6%
Grade 12	13.9%	6.5%	6.6%	13.5%	23.8%	35.8%
Table D-4 If You Wanted Some, How Difficult Would It Be to Get Marijuana?						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	26.4%	27.0%	8.7%	9.8%	12.0%	16.2%
Grade 7	40.5%	41.3%	6.1%	3.5%	3.6%	4.9%
Grade 8	31.2%	36.5%	9.7%	5.9%	7.1%	9.5%
Grade 9	23.0%	29.6%	10.0%	9.2%	12.2%	16.0%
Grade 10	18.7%	23.2%	8.9%	15.3%	14.9%	19.0%
Grade 11	20.8%	14.2%	9.7%	12.4%	17.9%	25.0%
Grade 12	20.9%	12.4%	7.6%	14.0%	18.5%	26.5%

Table 24-1. Have You Used Prescription Drugs?

Table D-12: Have You Used Prescription Drugs Not Prescribed to You…						
	Past Month	School Year	Ever Used	Never Used		
All	6.5%	9.7%	18.6%	81.4%		
Grade 7	6.9%	9.2%	14.9%	85.1%		
Grade 8	5.1%	6.9%	16.4%	83.6%		
Grade 9	8.6%	12.4%	21.3%	78.7%		
Grade 10	6.0%	10.9%	20.2%	79.8%		
Grade 11	4.6%	8.8%	18.6%	81.4%		
Grade 12	7.5%	10.3%	21.0%	79.0%		

Table 25. County Level Totals for Prescriptions Dispensed 2017-2019

County	Total Prescriptions Dispensed 2017	Total Prescriptions Dispensed 2018	Total Prescriptions Dispensed 2019
Archer	0	0	0
Baylor	6476	6627	5916
Brown	112923	99696	93750
Callahan	6111	6786	7088
Clay	7531	7717	7771
Coleman	7715	8874	8890
Comanche	22961	21674	20566
Cottle	0	0	0
Eastland	30962	25893	26062
Fisher	4067	3753	3775
Foard	1570	1417	1185
Hardeman	5842	6160	5266
Haskell	9608	8739	8953
Jack	9360	9736	9350
Jones	14545	12862	11018
Kent	0	0	0
Knox	4010	3860	3757
Mitchell	14495	13352	11578
Montague	43664	41780	40838
Nolan	27370	23681	24085
Runnels	17486	15664	15155
Scurry	26873	24711	23156
Shackelford	2147	2258	2235
Stephens	16260	14628	13135
Stonewall	1603	1311	1277
Taylor	269427	259777	262536
Throckmorton	0	0	0
Wichita	287392	276758	260572
Wilbarger	34570	32192	29444
Young	45515	42920	36470
Region Totals	1030483	972826	933828

Table 26. County Level Totals for Prescriptions Dispensed Per 100k, 2019

County	Total Prescriptions Dispensed 2019	Prescriptions Per 100K
Archer	0	0
Baylor	5916	163020
Brown	93750	241169
Callahan	7088	52683
Clay	7771	78614
Coleman	8890	104257
Comanche	20566	156122
Cottle	0	0
Eastland	26062	142720
Fisher	3775	94778
Foard	1185	95565
Hardeman	5266	135442
Haskell	8953	145577
Jack	9350	105709
Jones	11018	55742
Kent	0	0
Knox	3757	96038
Mitchell	11578	118119
Montague	40838	212179
Nolan	24085	154500
Runnels	15155	138427
Scurry	23156	127175
Shackelford	2235	65851
Stephens	13135	137209
Stonewall	1277	84068
Taylor	262536	189287
Throckmorton	0	0
Wichita	260572	195901
Wilbarger	29444	225021
Young	36470	195079
Region Totals	933828	167478

Table 27. County Level Totals for Prescriptions Dispensed Per 1k, 2019

County	Total Prescriptions Dispensed 2019	Prescriptions Per 1K
Archer	0	0
Baylor	5916	1630
Brown	93750	2412
Callahan	7088	527
Clay	7771	786
Coleman	8890	1043
Comanche	20566	1561
Cottle	0	0
Eastland	26062	1427
Fisher	3775	948
Foard	1185	956
Hardeman	5266	1354
Haskell	8953	1458
Jack	9350	1057
Jones	11018	557
Kent	0	0
Knox	3757	960
Mitchell	11578	1182
Montague	40838	2122
Nolan	24085	1545
Runnels	15155	1384
Scurry	23156	1272
Shackelford	2235	659
Stephens	13135	1372
Stonewall	1277	841
Taylor	262536	1893
Throckmorton	0	0
Wichita	260572	1959
Wilbarger	29444	2250
Young	36470	1416
Region Totals	933828	1618

Table 28. How Dangerous is for Kids Your Age to Use Alcohol, Tobacco, and Marijuana?

Table A-14: How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	51.0%	31.2%	12.0%	2.1%	3.7%
Grade 7	65.7%	21.3%	8.6%	1.1%	3.4%
Grade 8	56.1%	28.5%	9.1%	2.6%	3.7%
Grade 9	46.5%	34.1%	12.6%	2.2%	4.6%
Grade 10	45.2%	34.1%	15.3%	2.8%	2.6%
Grade 11	46.1%	34.7%	13.9%	1.9%	3.4%
Grade 12	43.2%	36.7%	13.7%	2.2%	4.3%
Table T-7: How Dangerous Do You Think It Is for Kids Your Age to Use…					
Tobacco	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	56.4%	26.5%	10.4%	2.0%	4.7%
Grade 7	75.5%	17.3%	3.4%	0.4%	3.3%
Grade 8	67.6%	22.4%	5.5%	0.6%	4.0%
Grade 9	52.3%	29.3%	10.8%	1.8%	5.8%
Grade 10	49.5%	31.4%	13.5%	1.8%	3.8%
Grade 11	46.1%	30.2%	16.2%	2.6%	5.0%
Grade 12	41.5%	30.7%	15.6%	5.7%	6.5%
Table D-11: How Dangerous Do You Think It Is for Kids Your Age to Use…					
Marijuana	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	61.7%	13.4%	9.9%	10.9%	4.2%
Grade 7	83.3%	6.7%	3.6%	2.8%	3.6%
Grade 8	76.7%	10.5%	3.9%	5.7%	3.2%
Grade 9	60.6%	15.0%	9.4%	9.9%	5.1%
Grade 10	54.3%	16.2%	11.2%	14.3%	4.0%
Grade 11	44.9%	16.3%	16.4%	18.3%	4.0%
Grade 12	43.3%	17.1%	17.3%	16.8%	5.5%
Table D-14: How Dangerous Do You Think It Is for Kids to Use Prescription Drugs Not Prescribed					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	80.4%	10.7%	2.6%	0.9%	5.4%
Grade 7	86.8%	6.5%	1.9%	0.8%	4.0%
Grade 8	83.9%	8.4%	1.8%	0.9%	5.0%
Grade 9	75.2%	14.1%	3.0%	1.0%	6.7%
Grade 10	80.8%	10.7%	3.8%	0.6%	4.2%
Grade 11	79.6%	11.7%	2.2%	1.3%	5.2%
Grade 12	74.2%	13.9%	3.3%	0.7%	7.9%

Table 29. How Do Your Parents Feel About You Using Tobacco, Alcohol, and Marijuana?

Table T-6: How Do Your Parents Feel About Kids Your Age Using Tobacco?						
	Strong Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	72.5%	10.0%	8.5%	1.3%	0.9%	6.8%
Grade 7	84.3%	3.0%	2.7%	0.7%	0.2%	9.2%
Grade 8	83.8%	6.7%	3.6%	0.3%	1.0%	4.7%
Grade 9	75.9%	8.8%	8.0%	1.1%	0.3%	5.9%
Grade 10	68.4%	13.1%	10.2%	1.1%	1.2%	5.9%
Grade 11	64.1%	14.7%	11.1%	2.1%	1.1%	6.9%
Grade 12	53.1%	15.6%	17.8%	3.2%	1.9%	8.4%
Table A-13: How Do Your Parents Feel About Kids Your Age Drinking Alcohol?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	61.4%	15.0%	12.4%	3.4%	1.2%	6.5%
Grade 7	75.8%	8.5%	4.6%	1.8%	0.7%	8.7%
Grade 8	71.6%	12.3%	6.7%	2.3%	1.2%	5.8%
Grade 9	60.7%	16.0%	12.8%	3.9%	0.7%	5.9%
Grade 10	55.8%	17.1%	15.5%	4.9%	1.6%	5.1%
Grade 11	52.9%	17.9%	17.7%	3.1%	1.7%	6.6%
Grade 12	47.0%	20.0%	19.5%	5.2%	1.5%	6.8%
Table D-10: How Do Your Parents Feel About Kids Your Age Using Marijuana						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	78.1%	6.0%	6.9%	1.5%	1.4%	6.1%
Grade 7	84.7%	3.0%	2.4%	1.1%	0.4%	8.4%
Grade 8	83.7%	5.2%	4.0%	1.0%	1.5%	4.5%
Grade 9	81.1%	4.2%	7.0%	1.2%	1.3%	5.2%
Grade 10	74.4%	7.4%	9.4%	1.0%	2.0%	5.4%
Grade 11	71.8%	8.3%	10.1%	2.4%	1.5%	5.9%
Grade 12	70.6%	8.4%	10.1%	1.8%	2.1%	7.0%

Table 30. Peer Approval of Using Tobacco, Alcohol, and Marijuana

Table T-5: About How Many of Your Close Friends use Tobacco?					
	None	A Few	Some	Most	All
All	59.4%	24.0%	9.9%	5.5%	1.2%
Grade 7	88.1%	7.9%	2.8%	1.2%	0.0%
Grade 8	72.7%	18.5%	5.6%	2.9%	0.3%
Grade 9	57.8%	25.4%	10.8%	5.6%	0.4%
Grade 10	47.8%	30.2%	11.6%	9.2%	1.2%
Grade 11	41.3%	35.4%	13.3%	7.4%	2.6%
Grade 12	40.8%	30.2%	17.5%	8.1%	3.4%
Table A-5: About How Many of Your Close Friends use Alcohol?					
	None	A Few	Some	Most	All
All	43.5%	27.9%	13.9%	12.0%	2.6%
Grade 7	75.6%	17.0%	4.3%	2.9%	0.2%
Grade 8	52.0%	27.4%	10.9%	8.1%	1.5%
Grade 9	40.8%	32.3%	12.3%	13.1%	1.5%
Grade 10	32.3%	31.2%	16.7%	15.5%	4.2%
Grade 11	25.3%	33.4%	20.0%	17.0%	4.3%
Grade 12	28.1%	27.5%	22.1%	17.8%	4.5%
Table D-8: About How Many of Your Close Friends Use Marijuana					
	None	A Few	Some	Most	All
All	62.2%	20.3%	8.8%	6.7%	2.1%
Grade 7	86.9%	7.5%	3.5%	1.9%	0.1%
Grade 8	75.4%	13.2%	5.1%	5.5%	0.8%
Grade 9	62.0%	20.2%	7.8%	6.9%	3.1%
Grade 10	50.3%	27.6%	10.8%	8.1%	3.2%
Grade 11	45.1%	30.0%	13.8%	8.1%	3.0%
Grade 12	46.7%	26.5%	13.7%	10.7%	2.4%

Table 31. Past 30 Days Use of Tobacco, Alcohol, and Drugs

Table T-1: How recently, if ever, have you used…				
Any Tobacco	Past Month	School Year	Ever Used	Never Used
All	17.7%	22.1%	35.3%	64.7%
Grade 7	5.3%	6.2%	17.2%	82.8%
Grade 8	8.4%	11.2%	23.0%	77.0%
Grade 9	21.4%	25.5%	36.3%	63.7%
Grade 10	21.8%	27.8%	44.0%	56.0%
Grade 11	26.3%	34.0%	48.7%	51.3%
Grade 12	28.1%	34.1%	49.8%	50.2%
Electronic Vapor Products	Past Month	School Year	Ever Used	Never Used
All	12.2%	17.1%	28.7%	71.3%
Grade 7	4.0%	5.1%	13.7%	86.3%
Grade 8	6.0%	9.7%	19.9%	80.1%
Grade 9	15.0%	20.2%	29.2%	70.8%
Grade 10	13.4%	19.6%	33.6%	66.4%
Grade 11	17.7%	25.7%	40.7%	59.3%
Grade 12	19.8%	26.3%	40.1%	59.9%
Table A-1: How Recently, If Ever, Have You Used…				
Any Alcohol	Past Month	School Year	Ever Used	Never Used
All	28.2%	34.0%	54.6%	45.4%
Grade 7	17.5%	20.0%	38.3%	61.7%
Grade 8	21.0%	24.1%	46.1%	53.9%
Grade 9	29.8%	35.8%	57.2%	42.8%
Grade 10	29.4%	37.4%	60.8%	39.2%
Grade 11	35.7%	44.1%	63.7%	36.3%
Grade 12	39.8%	48.2%	67.4%	32.6%
Beer	Past Month	School Year	Ever Used	Never Used
All	12.1%	18.0%	43.5%	56.5%
Grade 7	5.8%	7.6%	28.4%	71.6%
Grade 8	8.4%	11.8%	38.9%	61.1%
Grade 9	10.5%	16.8%	43.6%	56.4%
Grade 10	15.2%	22.0%	49.8%	50.2%
Grade 11	17.3%	25.4%	52.1%	47.9%
Grade 12	17.5%	28.6%	52.8%	47.2%

Table D-1: How Recently, If Ever, Have You Used…				
Any Illicit Drug	Past Month	School year	Ever Used	Never Used
All	9.2%	12.9%	19.7%	80.3%
Grade 7	3.8%	5.3%	7.8%	92.2%
Grade 8	4.4%	7.3%	10.3%	89.7%
Grade 9	10.9%	13.2%	19.4%	80.6%
Grade 10	11.2%	16.3%	25.2%	74.8%
Grade 11	13.0%	18.4%	29.3%	70.7%
Grade 12	13.9%	20.0%	30.9%	69.1%
Marijuana	Past Month	School year	Ever Used	Never Used
All	9.0%	11.4%	18.6%	81.4%
Grade 7	3.4%	4.2%	6.4%	93.6%
Grade 8	4.4%	5.8%	9.2%	90.8%
Grade 9	10.8%	11.8%	18.4%	81.6%
Grade 10	10.9%	14.5%	23.9%	76.1%
Grade 11	12.9%	17.1%	28.6%	71.4%
Grade 12	13.6%	18.3%	30.5%	69.5%

Appendix C

Table 32. Illicit Drug Use, YRBSS

Current Marijuana Use		2019	2017	2013
	Total	17.7%	17.0%	20.5%
Age	<=15	14.7%	13.4%	14.5%
	16-17	18.5%	18.8%	22.1%
	18+	21.5%	19.8%	26.4%
Grade	9th	15.3%	11.9%	14.9%
	10th	15.8%	16.7%	20.2%
	11th	18.3%	17.9%	23.0%
	12th	22.0%	22.0%	24.7%
Race/Ethnicity	Black	19.0%	17.2%	22.5%
	Hispanic	19.0%	19.9%	21.5%
	White	16.2%	13.1%	18.5%
	Other	13.9%	11.6%	17.4%
Gender	Female	18.8%	16.0%	18.9%
	Male	16.6%	17.6%	22.0%

Ever Use Cocaine		2019	2017	2013
	Total	4.8%	5.9%	8.3%
Age	<=15	3.1%	4.9%	5.8%
	16-17	5.3%	6.5%	9.0%
	18+	7.1%	6.4%	10.6%
Grade	9th	3.0%	3.7%	6.0%
	10th	4.6%	5.9%	9.1%
	11th	4.1%	7.2%	8.7%
	12th	8.0%	6.6%	9.0%
Race/Ethnicity	Black	2.5%	5.6%	5.7%
	Hispanic	5.4%	6.8%	10.2%
	White	5.0%	4.0%	5.8%
	Other	2.2%	4.1%	6.9%
Gender	Female	3.9%	3.6%	5.3%
	Male	5.4%	7.4%	11.2%

Ever Use Methamphetamines		2019	2017	2013
	Total	2.2%	3.1%	4.8%
Age	<=15	2.2%	2.5%	4.7%
	16-17	2.6%	3.1%	5.1%
	18+	1.0%	4.8%	4.0%
Grade	9th	1.5%	2.4%	4.9%
	10th	2.9%	3.2%	5.0%
	11th	2.0%	2.6%	4.9%
	12th	2.3%	3.0%	3.1%
Race/Ethnicity	Black	2.3%	5.5%	7.5%
	Hispanic	2.1%	3.1%	4.1%
	White	1.6%	1.4%	3.8%
	Other	3.2%	4.0%	4.0%
Gender	Female	1.9%	1.5%	3.2%
	Male	2.2%	4.2%	6.4%

Ever Use Prescription Drugs without a Prescription		2019	2017	2013
	Total	16.6%	14.9%	n/a
Age	<=15	17.6%	11.9%	n/a
	16-17	16.3%	16.9%	n/a
	18+	15.3%	15.7%	n/a
Grade	9th	17.0%	11.1%	n/a
	10th	16.0%	12.9%	n/a
	11th	16.2%	19.7%	n/a
	12th	17.4%	16.7%	n/a
Race/Ethnicity	Black	18.3%	13.8%	n/a
	Hispanic	16.8%	14.3%	n/a
	White	15.8%	17.4%	n/a
	Other	14.6%	9.7%	n/a
Gender	Female	19.3%	14.9%	n/a
	Male	13.8%	14.5%	n/a

Ever Offered, Sold, or Given Drugs at School		2019	2017	2013
	Total	27.6%	26.7%	26.4%
Age	<=15	27.6%	28.0%	27.0%
	16-17	28.3%	27.2%	27.2%
	18+	25.4%	22.8%	22.6%
Grade	9th	27.4%	27.6%	25.6%
	10th	28.3%	27.7%	27.1%
	11th	28.6%	24.2%	28.6%
	12th	25.8%	26.5%	23.9%
Race/Ethnicity	Black	21.4%	25.3%	23.4%
	Hispanic	30.1%	29.0%	29.2%
	White	25.6%	26.4%	30.8%
	Other	28.1%	24.5%	22.2%
Gender	Female	26.5%	26.0%	23.8%
	Male	28.5%	27.5%	28.8%

Table 33. County Level Total Positive COVID-19 Cases as of August 13, 2020

County	Cases	Fatalities
Archer	29	0
Baylor	13	0
Brown	403	17
Callahan	51	3
Clay	45	1
Coleman	29	0
Comanche	171	3
Cottle	18	2
Eastland	86	1
Fisher	30	1
Foard	2	0
Hardeman	22	0
Haskell	44	0
Jack	70	0
Jones	599	0
Kent	3	0
Knox	62	2
Mitchell	69	1
Montague	79	2
Nolan	137	3
Runnels	149	2
Scurry	503	1
Shackelford	21	0
Stephens	47	3
Stonewall	6	0
Taylor	1137	28
Throckmorton	4	2
Wichita	1079	11
Wilbarger	77	1
Young	196	5
Region Totals	5181	89

Table 34. County Total Drunkenness 2017-2019

County	2017	2018	2019
Archer	3	1	0
Baylor	9	3	1
Brown	78	69	61
Callahan	20	34	17
Clay	25	36	15
Coleman	11	0	0
Comanche	5	19	7
Cottle	0	0	0
Eastland	37	42	11
Fisher	2	0	0
Foard	0	0	0
Hardeman	0	0	1
Haskell	3	2	0
Jack	3	4	8
Jones	38	29	28
Kent	2	1	3
Knox	4	3	1
Mitchell	19	22	13
Montague	88	58	27
Nolan	5	7	0
Runnels	4	7	4
Scurry	12	28	26
Shackelford	6	4	0
Stephens	9	9	13
Stonewall	0	0	0
Taylor	568	571	551
Throckmorton	0	0	0
Wichita	516	429	462
Wilbarger	41	58	47
Young	47	38	29
Region Totals	1555	1474	1325
State Totals	67539	58728	51961

Table 35. County Total Driving Under the Influence 2017-2019

County	2017	2018	2019
Archer	9	1	0
Baylor	2	4	5
Brown	193	143	104
Callahan	18	18	19
Clay	30	29	5
Coleman	6	0	2
Comanche	35	30	46
Cottle	1	0	0
Eastland	53	35	11
Fisher	2	0	0
Foard	0	0	0
Hardeman	0	3	1
Haskell	14	15	13
Jack	17	23	33
Jones	40	54	58
Kent	0	2	1
Knox	2	4	0
Mitchell	31	14	11
Montague	34	41	35
Nolan	63	45	36
Runnels	19	38	11
Scurry	25	49	88
Shackelford	3	7	1
Stephens	13	7	6
Stonewall	1	0	0
Taylor	326	428	428
Throckmorton	0	2	2
Wichita	274	198	200
Wilbarger	30	27	22
Young	51	59	49
Region Totals	1292	1276	1187
State Totals	70160	73907	71396

Table 36. County Total Adult Drug Arrests 2019

County	2019 Sale/Manufacturing	2019 Possession
Archer	2	8
Baylor	2	13
Brown	12	139
Callahan	6	71
Clay	3	38
Coleman	2	1
Comanche	18	92
Cottle	0	0
Eastland	5	38
Fisher	3	6
Foard	0	0
Hardeman	0	2
Haskell	1	24
Jack	13	69
Jones	34	78
Kent	2	1
Knox	1	3
Mitchell	1	31
Montague	17	78
Nolan	6	64
Runnels	6	57
Scurry	5	103
Shackelford	0	1
Stephens	8	54
Stonewall	0	0
Taylor	61	908
Throckmorton	4	0
Wichita	97	1121
Wilbarger	2	79
Young	7	227
Region Totals	318	3306
State Totals	19498	102972

Table 37. County Total Juvenile Drug Arrests 2019

County	2019 Sale/Manufacturing	2019 Possession
Archer	0	0
Baylor	0	0
Brown	1	10
Callahan	0	2
Clay	0	0
Coleman	0	0
Comanche	2	0
Cottle	0	0
Eastland	0	0
Fisher	0	0
Foard	0	0
Hardeman	0	0
Haskell	0	0
Jack	0	1
Jones	0	0
Kent	0	0
Knox	0	0
Mitchell	0	2
Montague	0	0
Nolan	0	3
Runnels	0	0
Scurry	0	0
Shackelford	0	0
Stephens	0	0
Stonewall	0	0
Taylor	1	44
Throckmorton	0	0
Wichita	2	62
Wilbarger	0	2
Young	0	1
Region Totals	6	127
State Totals	493	5443

Table 38. County Total Juvenile Alcohol Related Arrests

County	2019 Juvenile Driving Under the Influence	2019 Juvenile Drunkenness	2019 Juvenile Liquor Laws
Archer	0	0	0
Baylor	0	0	1
Brown	0	0	2
Callahan	0	0	2
Clay	0	0	0
Coleman	0	0	0
Comanche	0	0	0
Cottle	0	0	0
Eastland	0	0	0
Fisher	0	0	0
Foard	0	0	0
Hardeman	0	0	0
Haskell	0	0	0
Jack	0	0	0
Jones	0	0	0
Kent	0	0	0
Knox	0	0	0
Mitchell	0	0	0
Montague	0	0	0
Nolan	0	0	0
Runnels	0	0	0
Scurry	0	0	0
Shackelford	0	0	0
Stephens	0	0	0
Stonewall	0	0	0
Taylor	0	1	0
Throckmorton	0	0	0
Wichita	0	1	2
Wilbarger	0	0	0
Young	0	0	0
Region Totals	0	2	7
State Totals	93	118	571

Table 39. County Total Adult Drug and Alcohol Related Incarcerations 2017-2019.

County	2019 Drug Delivery	2019 Drug Possession	2019 DWI
Archer	3	0	2
Baylor	2	1	1
Brown	156	107	33
Callahan	6	7	4
Clay	3	3	0
Coleman	21	18	4
Comanche	6	19	6
Cottle	1	2	0
Eastland	43	58	16
Fisher	1	2	0
Foard	0	0	0
Hardeman	5	2	1
Haskell	11	12	4
Jack	5	2	4
Jones	11	6	6
Kent	0	2	1
Knox	0	1	2
Mitchell	6	6	5
Montague	14	16	3
Nolan	11	17	6
Runnels	13	5	8
Scurry	3	24	11
Shackelford	3	0	0
Stephens	14	12	0
Stonewall	0	0	1
Taylor	242	226	71
Throckmorton	2	1	0
Wichita	83	125	28
Wilbarger	14	21	11
Young	19	26	7
Region Totals	698	721	235
State Totals	9663	13750	5475

Table 40. County Total Adult Vehicular Fatalities 2017-2019

County	2019 Vehicular Fatalities	2018 Vehicular Fatalities	2017 Vehicular Fatalities
Archer	2	0	0
Baylor	2	0	0
Brown	0	1	1
Callahan	0	1	0
Clay	1	2	2
Coleman	3	1	0
Comanche	1	0	0
Cottle	0	0	0
Eastland	0	5	3
Fisher	0	0	1
Foard	0	0	0
Hardeman	0	1	1
Haskell	0	0	4
Jack	0	2	0
Jones	2	0	3
Kent	0	0	1
Knox	0	0	0
Mitchell	0	0	1
Montague	4	2	1
Nolan	2	3	2
Runnels	0	1	0
Scurry	0	2	0
Shackelford	0	0	0
Stephens	1	0	0
Stonewall	0	0	0
Taylor	4	4	1
Throckmorton	0	1	0
Wichita	5	3	3
Wilbarger	0	0	2
Young	0	0	0
Region Totals	27	29	26
State Totals	886	940	1046

Table 41. County Level Suicide Rates 1999-2018

County	Deaths	Population	Crude Rate	Age Adjusted Rate
Archer	22	177611	12.4	11.8
Brown	119	758793	15.7	16.2
Callahan	47	267224	17.6	16.2
Clay	36	216131	16.7	14.3
Coleman	23	175305	13.1	15.4
Comanche	31	274426	11.3	11.9
Eastland	51	367549	13.9	13
Fisher	10	80706	Unreliable	Unreliable
Hardeman	10	85009	Unreliable	Unreliable
Haskell	27	117608	23	21.6
Jack	26	178621	14.6	14
Jones	91	403353	22.6	21.1
Mitchell	24	184829	13	12.6
Montague	84	389873	21.5	21.2
Nolan	46	302174	15.2	16.3
Runnels	25	213198	11.7	11.7
Scurry	38	333488	11.4	11.4
Stephens	43	189985	22.6	22.6
Taylor	377	2613223	14.4	14.8
Wichita	420	2627275	16	16.3
Wilbarger	39	272128	14.3	14.1
Young	66	362296	18.2	18.8

Table 42. County Level Alcohol Induced Deaths 1999-2018

County	Deaths (1999-2018)	Population (1999-2018)	Crude Rate Per 100K
Archer	22	177611	12.4
Baylor	10	75827	Unreliable
Brown	76	758793	10
Callahan	26	267224	9.7
Clay	30	216131	13.9
Coleman	23	175305	13.1
Comanche	10	274426	Unreliable
Cottle	Suppressed	31488	Suppressed
Eastland	17	367549	Unreliable
Fisher	Suppressed	80706	Suppressed
Foard	Suppressed	27692	Suppressed
Hardeman	Suppressed	85009	Suppressed
Haskell	10	117608	Unreliable
Jack	10	178621	Unreliable
Jones	32	403353	7.9
Kent	Suppressed	15956	Suppressed
Knox	Suppressed	77121	Suppressed
Mitchell	31	184829	16.8
Montague	42	389873	10.8
Nolan	49	302174	16.2
Runnels	17	213198	Unreliable
Scurry	33	333488	9.9
Shackelford	Suppressed	66603	Suppressed
Stephens	22	189985	11.6
Stonewall	Suppressed	29338	Suppressed
Taylor	261	2613223	10
Throckmorton	Suppressed	33180	Suppressed
Wichita	330	2627275	12.6
Young	37	362296	10.2
Region	1088	10675882	10.2
Texas	31419	490548174	6.4

Table 43. County Level Drug Induced Deaths 1999-2018

County	Deaths (1999-2018)	Population (1999-2018)	Crude Rate Per 100K
Archer	30	177611	16.9
Baylor	17	75827	Unreliable
Brown	99	758793	13
Callahan	25	267224	9.4
Clay	25	216131	11.6
Coleman	Suppressed	175305	Suppressed
Comanche	21	274426	7.7
Cottle	Suppressed	31488	Suppressed
Eastland	23	367549	6.3
Fisher	Suppressed	80706	Suppressed
Foard	Suppressed	27692	Suppressed
Hardeman	Suppressed	85009	Suppressed
Haskell	Suppressed	117608	Suppressed
Jack	19	178621	Unreliable
Jones	23	403353	5.7
Kent	Suppressed	15956	Suppressed
Knox	Suppressed	77121	Suppressed
Mitchell	12	184829	Unreliable
Montague	59	389873	15.1
Nolan	37	302174	12.2
Runnels	11	213198	Unreliable
Scurry	34	333488	10.2
Shackelford	Suppressed	66603	Suppressed
Stephens	Suppressed	189985	Suppressed
Stonewall	Suppressed	29338	Suppressed
Taylor	272	2613223	10.4
Throckmorton	Suppressed	33180	Suppressed
Wichita	411	2627275	15.6
Wilbarger	30	272128	11
Young	79	362296	21.8
Region	1227	10948010	11.2
Texas	46483	490548174	9.5

Table 44. County Level Combined Deaths 1999-2018

County	Deaths (1999-2018)	Population (1999-2018)	Crude Rate Per 100K
Archer	52	177611	29.3
Baylor	27	75827	35.6
Brown	175	758793	23.1
Callahan	51	267224	19.1
Clay	55	216131	25.4
Coleman	31	175305	17.7
Comanche	31	274426	11.3
Cottle	Suppressed	31488	Suppressed
Eastland	40	367549	10.9
Fisher	12	80706	Unreliable
Foard	Suppressed	27692	Suppressed
Hardeman	10	85009	Unreliable
Haskell	19	117608	Unreliable
Jack	29	178621	16.2
Jones	55	403353	13.6
Kent	Suppressed	15956	Suppressed
Knox	Suppressed	77121	Suppressed
Mitchell	43	184829	23.3
Montague	101	389873	25.9
Nolan	86	302174	28.5
Runnels	28	213198	13.1
Scurry	67	333488	20.1
Shackelford	Suppressed	66603	Suppressed
Stephens	31	189985	16.3
Stonewall	Suppressed	29338	Suppressed
Taylor	533	2613223	20.4
Throckmorton	Suppressed	33180	Suppressed
Wichita	741	2627275	28.2
Wilbarger	46	272128	16.9
Young	116	362296	32
Region	2379	10948010	21.7
Texas	77902	490548174	15.9

Table 45. County Level of Persons Living with HIV/AIDS 2018

Coumty	2018 PLW HIV Cases	2018 PLW HIV Rate	2018 Cumulative HIV Diagnoses - Cases
Archer	2	22.8	6
Baylor	2	55.8	2
Brown	43	113.4	63
Callahan	9	64.3	16
Clay	8	76.5	12
Coleman	7	83.4	13
Comanche	11	81.3	14
Cottle	1	72.0	1
Eastland	15	81.9	25
Fisher	3	78.1	5
Foard	1	83.3	2
Hardeman	3	76.5	10
Haskell	10	172.0	12
Jack	3	33.9	7
Jones	15	75.7	29
Kent	1	137.7	0
Knox	2	54.7	2
Mitchell	5	61.4	12
Montague	13	66.3	21
Nolan	18	122.0	25
Runnels	13	127.0	15
Scurry	12	71.1	9
Shackelford	2	61.5	2
Stephens	9	95.4	8
Stonewall	0	0.0	1
Taylor	237	172.2	338
Throckmorton	0	0.0	1
Wichita	162	122.7	351
Wilbarger	6	46.8	36
Young	6	33.3	18
Region	619	112.6	1,056
Texas	94,106	327.9	147,715

Table 46. State Level of Opioid Related Exposures for 2017 by Age

Region	Opioid Category	Category	Demographic	Cases
Texas	All Opioids	Age	<13	636
Texas	All Opioids	Age	13-19	631
Texas	All Opioids	Age	20-39	1,807
Texas	All Opioids	Age	40-59	1,268
Texas	All Opioids	Age	60+	703
Texas	All Opioids	Age	Unknown	220
Texas	Commonly Prescribed Opioids	Age	<13	447
Texas	Commonly Prescribed Opioids	Age	13-19	429
Texas	Commonly Prescribed Opioids	Age	20-39	1125
Texas	Commonly Prescribed Opioids	Age	40-59	857
Texas	Commonly Prescribed Opioids	Age	60+	501
Texas	Commonly Prescribed Opioids	Age	Unknown	153
Texas	Heroin	Age	<13	0
Texas	Heroin	Age	13-19	21
Texas	Heroin	Age	20-39	178
Texas	Heroin	Age	40-59	44
Texas	Heroin	Age	60+	---
Texas	Heroin	Age	Unknown	16
Texas	Synthetic Opioids, Other than Methadone	Age	<13	192
Texas	Synthetic Opioids, Other than Methadone	Age	13-19	195
Texas	Synthetic Opioids, Other than Methadone	Age	20-39	537
Texas	Synthetic Opioids, Other than Methadone	Age	40-59	389
Texas	Synthetic Opioids, Other than Methadone	Age	60+	205
Texas	Synthetic Opioids, Other than Methadone	Age	Unknown	53
Texas	Other/Unspecified Opioids	Age	<13	---
Texas	Other/Unspecified Opioids	Age	13-19	14
Texas	Other/Unspecified Opioids	Age	20-39	44
Texas	Other/Unspecified Opioids	Age	40-59	30
Texas	Other/Unspecified Opioids	Age	60+	14
Texas	Other/Unspecified Opioids	Age	Unknown	---

Table 47. 2018-2019 TEA Discipline Data Region 2

County	Discipline Action	Discipline Action Reason	Grade	# of Actions
Brown	In-School Suspension	Tobacco	9	11
Clay	In-School Suspension	Tobacco	10	11
Montague	In-School Suspension	Tobacco	9	12
Nolan	In-School Suspension	Tobacco	6	17
Nolan	In-School Suspension	Tobacco	8	16
Scurry	In-School Suspension	Tobacco	9	12
Taylor	In-School Suspension	Tobacco	7	10
Taylor	In-School Suspension	Tobacco	8	25
Taylor	In-School Suspension	Tobacco	9	40
Taylor	In-School Suspension	Tobacco	10	40
Taylor	In-School Suspension	Tobacco	11	15
Taylor	In-School Suspension	Tobacco	12	13
Taylor	Out-of-School Suspension	Alcohol Violation	7	13
Taylor	Out-of-School Suspension	Controlled Substance/Drugs	9	15
Taylor	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	9	25
Wichita	In-School Suspension	Tobacco	6	21
Wichita	In-School Suspension	Tobacco	7	15
Wichita	In-School Suspension	Tobacco	8	21
Wichita	In-School Suspension	Tobacco	9	62
Wichita	In-School Suspension	Tobacco	10	67
Wichita	In-School Suspension	Tobacco	11	51
Wichita	In-School Suspension	Tobacco	12	42
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	6	16
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	7	11
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	8	30
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	9	27
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	10	25
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	11	26
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	12	18
Wichita	Out-of-School Suspension	Controlled Substance/Drugs	6	19
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	6	16
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	7	16

Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	8	33
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	9	32
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	10	29
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	11	30
Wichita	Placement in On/Off Campus DAEP	Controlled Substance/Drugs	12	20

Table 48. County Level Totals for Persons Receiving Mental Health and SUD Services for 2016

County	Adult Clients	Youth Clients	BHMH Adult Clients	BHMH Youth Clients	SUD Adult Clients	SUD Youth Clients
Archer	93	39	93	39	5	0
Baylor	87	17	85	17	4	1
Brown	919	353	907	353	38	6
Callahan	213	128	210	128	11	1
Clay	143	65	141	65	7	1
Coleman	169	58	167	58	4	0
Comanche	243	82	241	82	7	0
Cottle	16	8	16	8	1	0
Eastland	494	133	486	133	17	2
Fisher	40	12	40	12	1	0
Foard	28	12	28	12	0	0
Hardeman	65	21	64	21	4	0
Haskell	90	39	90	39	1	0
Jack	98	45	97	45	6	1
Jones	224	109	222	109	5	0
Kent	22	4	21	4	1	0
Knox	100	27	100	27	6	0
Mitchell	108	34	108	34	4	1
Montague	418	115	408	115	30	0
Nolan	313	98	311	97	7	1
Runnels	176	61	175	61	3	0
Scurry	216	61	214	59	7	4
Shackelford	36	28	34	28	2	0
Stephens	173	71	172	70	4	2
Stonewall	24	1	24	1	2	0
Taylor	2,251	986	2,223	985	99	6
Throckmorton	5	8	4	8	1	0
Wichita	3,130	1,163	3,052	1,157	234	16
Wilbarger	214	186	205	185	18	5
Young	348	149	346	149	15	1
Region Total	10,456	4,113	10,284	4,101	544	48

Appendix D

Table 49. Data Coordinator Contact Information

2020 Data Coordinator		
Region	**Evaluator**	**Email**
1	Vacant	N/A
2	Cindy Frazier	cfrazier@abirecovery.org
3	Kaothar Ibrahim Hashim	k.ibrahimhashim@recoverycouncil.org
4	Mindy Robertson	mrobertson@etcada.com
5	Kim Bartel	kbartel@adacdet.org
6	Melissa Romain-Harrott	mromain-harrott@councilonrecovery.org
7	Jared Datzman	jdatzman@bvcasa.org
8	Teresa Stewart	tstewart@sacada.org
9	Travis Cress	tcress@pbrcada.org
10	Michelle Millen	mmillen@aliviane.org
11	Karen Rodriguez	krodriguez@bhsst.org

Table 50. 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, Edinburgh, 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

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance use/misuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to have a certain substance misuse problem.
Protective Factor	Characteristics at the biological, psychological, family, culture, or community level, that lowers the likelihood of problematic outcomes or reduces negative impact.
Risk Factor	Characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes.
SPF	There are five steps and two guiding principles of the Strategic Prevention Framework. The SPF offers prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their state, region, and community.
Substance Misuse	Substance misuse is the harmful use of substances (like drugs and alcohol) for non-medical purposes. The term “substance misuse” often refers to illegal drugs. However, legal substances can also be misused, such as alcohol, and prescription medications.

Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
Substance Use Disorder	Substance use disorders 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.
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey