

Regional Needs Assessment

REGION 7: CENTRAL TEXAS
PREVENTION RESOURCE CENTER
WWW.PRCSEVEN.ORG

Table of Contents

Executive Summary	v
Prevention Resource Centers	vi
Conceptual Framework of This Report.....	vii
Introduction	1
Methodology.....	2
Regional Demographics.....	4
Population	5
General Socioeconomics.....	14
Average Wages	14
Employment Rates.....	17
Environmental Risk Factors.....	22
Alcohol Permits	22
Education	23
Criminal Activity.....	26
Property Crime	26
Court Cases	27
Domestic/Child Abuse	28
Violent Crime and Sexual Assault.....	29
Drug Seizures/Trafficking.....	30
Juvenile Justice.....	31
Mental Health.....	31
Youth Mental Health.....	31
Suicide	32
Psychiatric Hospital Admissions.....	34
State Funded Screenings	35
Depression.....	35
Hospital Discharge Rates	36
Social Factors	37
Teen Births.....	37
Divorce.....	38
Uninsured Children	39

Social Norms of Substance Consumption	40
Adolescent Sexual Behavior	43
Cultural Factors	45
Misunderstandings about Marijuana.....	45
Accessibility.....	46
Perceived Access.....	46
Alcohol Access	48
Marijuana Access.....	48
Prescription Drugs Access	48
Illegal Drugs on School Property	49
Perceived Risk of Harm	50
Alcohol.....	51
Marijuana	51
Prescription Drugs	52
College Students Perception of Harm.....	52
Regional Consumption.....	53
Alcohol.....	53
Age of and Early Initiation	54
Current and Lifetime Use	54
College Student Alcohol Consumption.....	55
Marijuana.....	56
Age of and Early Initiation	57
Prescription Drugs	58
Age of Initiation.....	59
Early Initiation	59
Current and Lifetime Use	59
Additional Data	61
Special Topic: Opiates.....	62
Emerging Trends.....	62
Synthetic Cannabinoids.....	63
Synthetic Cathinoids	64
BHO “Dabbing” and Consumables	65
E-Cigarettes/Vaping	65

Other Substances.....	66
Consequences.....	70
Overview of Consequences	70
Years of Potential Life Lost	70
Mortality	71
Overdose Deaths.....	71
Drug and Alcohol Related Fatalities	71
Legal Consequences	73
Substance Use Criminal Charges	76
Hospitalization and Treatment	77
Hospital Use due to AOD.....	77
Adolescent AOD-related ER Admits.....	77
Substance Abuse Treatment	77
Economic Impacts.....	78
Underage Drinking/Drug Use	78
Average Cost of Treatment in Region.....	78
Employability and College Admissions	79
Environmental Protective Factors	79
Overview of Protective Factors	79
Community Domain.....	79
Community Coalitions.....	79
Treatment/Intervention Providers.....	80
Supportive Services.....	83
School Domain.....	84
YP Programs	84
Students Receiving AOD Education in School	84
Academic Achievement	84
Family Domain.....	85
Parental/Social Support.....	85
Parental Attitudes toward Alcohol and Drug Consumption	87
Students Talking to Parents about ATOD.....	87
Individual Domain	87
Life Skills Learned in YP Programs	87

Mental Health and Family Recovery Services	88
Youth Employment	88
Youth Perception of Access.....	88
Youth Perception of Risk and Harm.....	88
Trends of Declining Substance Use	89
Region in Focus	89
Gaps in Services	89
Gaps in Data.....	89
Regional Partners.....	90
Regional Successes	90
Conclusion	90
Key Findings.....	91
Moving Forward	91
Appendix A	91
PRC Region	91
Counties.....	91
1: Panhandle and South Plains	91
2: Northwest Texas	91
3: Dallas/Fort Worth Metroplex	91
4: Upper East Texas.....	91
6: Gulf Coast	91
7: Central Texas.....	92
11: Rio Grande Valley/Lower South Texas	92
Appendix B	92
Glossary of Terms	93
References	95

Executive Summary

The Regional Needs Assessment (RNA) contains information collected by the Prevention Resource Center in Region 7 (PRC 7) with the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) and the Health and Human Services (HHSC). The RNA provides stakeholders (i.e., policymakers, health care workers, and interested residents) in the state, PRC and community at large, with a comprehensive view about the trends, outcomes and consequences associated with drug and alcohol use within the region and across the state. The RNA enables stakeholders to engage in long-term strategic prevention planning relative to the needs of the community. This RNA also serves as a template for sharing information with stakeholders in the future. Finally, this RNA will influence the development of a Regional Data Repository (RDR) which will function as part of a state data repository.

In this RNA, members of the PRC 7 sought to provide a descriptive account of Central Texas based on multiple datasets to address the following questions: What do we know from datasets? And what could be perceived as a concern from data? **Most data presented is available at a county level upon request (contact the PRC to make a request).** As datasets were examined, several concerns were made visible by illustrating county level extremes (e.g., the highest percentage in dropouts), including:

- Perceptions of marijuana as harmful have decreased among college students and adolescents.
- Alcohol and marijuana were the primary substances for which people sought DSHS treatment.
- There were more drug arrests than arrests related to alcohol.
- There are more prescriptions than people (1.3 prescriptions per person).
- Social support association scores for Region 7 were greater than the state average score.
- The number of students as polled by the TSS, Texas School Survey, who say none of their friends use marijuana, tobacco, or alcohol has increased greatly in the last few years.
- Perceived access to alcohol (and to a lesser extent marijuana and tobacco) has dropped in the last few years among students polled by the TSS.
- Perceived danger of alcohol, marijuana and prescription drugs among students polled by the TSS has decreased since 2014.
- Current and lifetime use of alcohol and prescription drugs has decreased some, while marijuana has stayed the same.
- Percent of Juvenile Justice problems related to alcohol, tobacco and other drugs increased between 2014 and 2016
- The dropout rate in Mills County has greatly increased starting in 2015, with many other counties seeing a jump to above 10% in 2016, while Brazos country has stayed consistently high for the region.

Determining needs of communities requires both a scientific and thoughtful approach. It would be negligent for the authors to present data describing conditions for communities or the state without also offering insight about contextual values inherent within those communities or the state. For, although communities can be described with numbers and percentages, they also contain residents with a fluid set of collective experiences, lifestyles, histories, traditions, and expectations. While Texas is a cultural, geographical, and social experience of diversity for many residents; the state is also culturally similar across its many community types (i.e., rural, suburban, city, and region). There are ubiquitous hallmarks within Texas many inhabitants see as familiar sentries in the farming and ranching communities of rural west Texas, the suburbs of Dallas/Fort Worth, the inner-city of Houston, or the Rio Grande Valley, thus making the residents of Texas part of a rugged and hard-working tapestry. The five

point star, Austin stone, Longhorn cows, and Dairy Queen are but a handful of iconic imagery likely to be experienced by residents in the communities found across the extensive landscape of Texas.

Given the various distinctions between community types, it would be easy to see how trends may present differently amongst the regions of Texas. For example, some stakeholders might assume border regions are plagued more by drug cartels. However, it should be noted that the activity of these cartels plague many of the more interior regions as well. These regions are integral to the supply and trade routes of these powerful cartels (see Texas DPS Threat Overview, 2013). Some stakeholders might also assume suburban and inner-city community types with more treatment centers for substance abuse have higher drug use rates, based on the likelihood of individuals to remain in a given community after concluding treatment and the high recidivism rate of addiction. Again, these would be assumptions, the nature of which may be verified or refuted through empirical investigation. Hence, a needs assessment would be an appropriate place to start. It is not the aim of this document, however, to imply causality between substance and prevalence rates and the contextual values in community types. Broader implications of meaning or etiology with relation to data are not addressed in this assessment.

The information presented in this assessment has been acquired by a team of regional evaluators through local and state entities, and compared with information from state and national datasets. Secondary information, taken from local surveys, focus groups, and interviews allows for participation by residents in the community, whose expertise lends a local voice to identified issues. It is the intent of the authors for the reader to ascertain standardized measures of substance use-related trends, with an understanding of the explicit contextual values of the communities within Region 7. The information obtained and presented can be used by community, region, and state level stakeholders to better understand the needs and serve residents within Region 7.

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), 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) that provides 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 alcohol, tobacco, and other drug use among adolescents and adults 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 ATOD use; and, (4) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Efforts carried out by PRCs are focused on the state's three prevention priorities of underage drinking, use of marijuana and other cannabinoids, and prescription drug misuse.

Our Regions

Current areas serviced by a Prevention Resource Center are:

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

How 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 needs 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).

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.

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

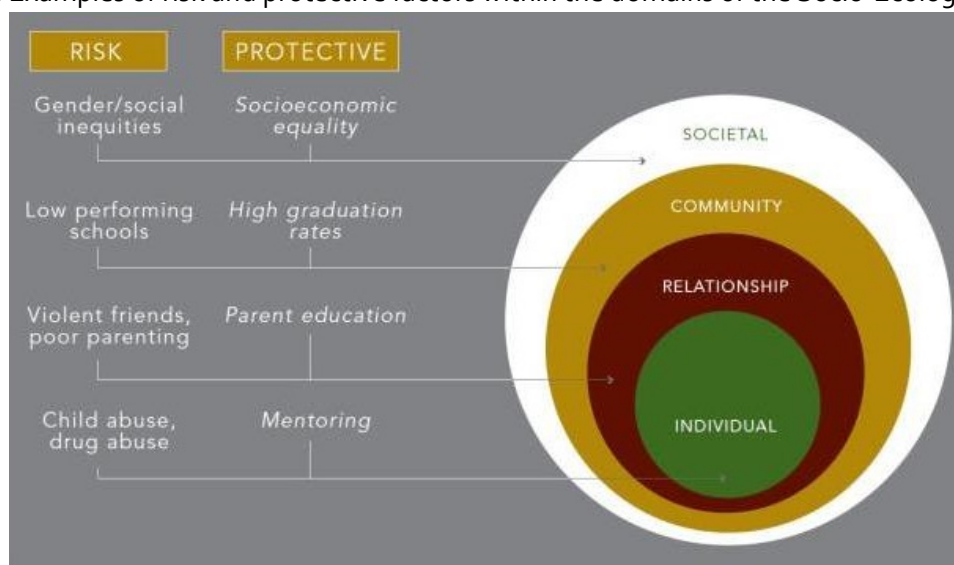
Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence

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.

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

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



Source: Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). <http://www.urbanpeaceinstitute.org/cvrs/> Accessed May 29, 2018.

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,

³ Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). <http://www.urbanpeaceinstitute.org/cvrs/>. Accessed May 29, 2018.

⁴ Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. <http://www.texaschoolsurvey.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.

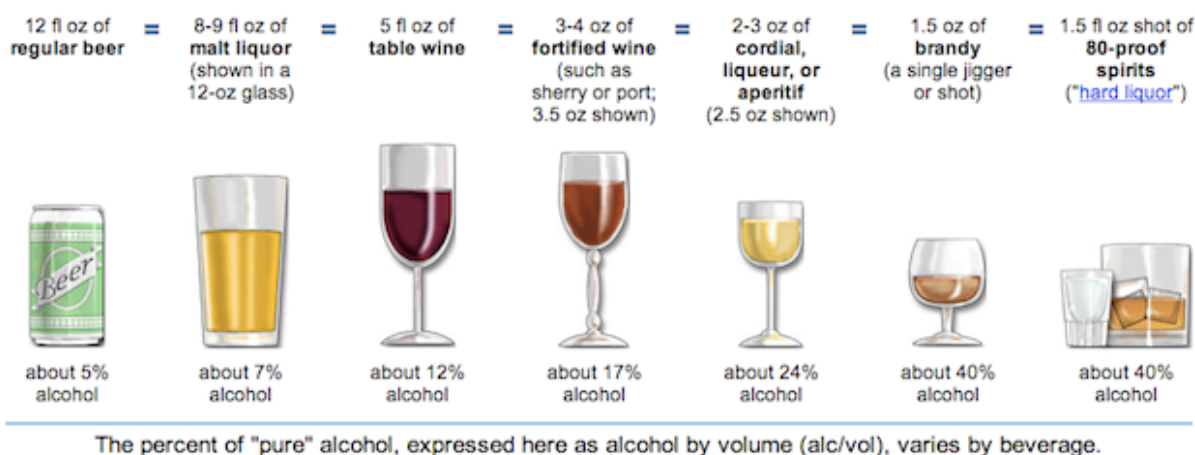
⁶ Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>. Accessed May 30, 2018.

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

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 quantitative measurement of alcohol consumption.⁸ These standards define binge drinking as the 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. See Figure 3 for the NIAAA's operational definitions of the standard drink.

Figure 3. NIAAA (2004) rubric for operationalizing the standard drink by ounces and percent alcohol across beverage type



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.

Source: 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.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly 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

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.

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 in Appendix A 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 B.

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.

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 in order 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

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 discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

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.

Purpose of This Report

This needs assessment reviews substance abuse data and related variables across the state that aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and Health and Human Services. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug consumption trends and

¹¹ SAMHSA. Strategic Prevention Framework. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>. Last updated June 5, 2017. Accessed July 30, 2017.

consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

Figure 4. Strategic Prevention Framework (SPF)



Source: SAMHSA. Strategic Prevention Framework. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>. Last updated June 5, 2017. Accessed July 30, 2017.

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), 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.

Specifically, this 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 policy-makers 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 regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2017 and May 30, 2018. The state evaluator met with the regional evaluators at a statewide conference in September 2017 to discuss the expectations of the regional needs assessment for the fourth year.

Between September and July the State Evaluator meet with Regional Evaluators 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. Also, adults and youth in the region were selected as primary sources.

Qualitative Data Selection

During the year, focus groups, surveys and interviews are conducted by the Regional Evaluator 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 provides access to any quantitative data that each participant may have access to.

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.

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.

Surveys

Occasionally, organizations approach the PRC asking for guidance to construct and administer surveys in order to collect information about how their adolescents perceive and consume Alcohol Tobacco and Other Drugs (ATOD). All survey questions are either copied from tools that have been tested and vetted or they are subjected to rigorous testing through focus groups or other research methods. Many of the questions used by the PRC originate from the following survey tools:

- 40 Developmental Assets Survey
- Youth Risk Behavior Surveillance System
- Monitoring the Future
- Texas School Survey

Longitudinally Presented Data

In an attempt 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 data 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 county, state, and national-level agencies in the development of this needs assessment.

Regional Demographics

The state of Texas demographic section will describe statewide conditions for the following categories: Population, Age, Race, Ethnicity, Languages, Concentrations of Populations, and General Socioeconomics, which includes: Average Wages by County, Household Composition, Employment Rates, Industry, TANF Recipients, Food Stamp Recipients, and Free School Lunch Recipients. This section will also highlight some of the regions of the state that may be identified as priority populations in terms of higher needs related to demographic and socio-economic status indicators. A priority population may be defined by demographic factors such as age, gender, race/ethnicity, income level, education attainment or grade level, or health care coverage status; disparities among demographic factors should be identifiedⁱ.

**TABLE 1 - REGIONAL POPULATION AND PERCENT CHANGE, 2010-2018**

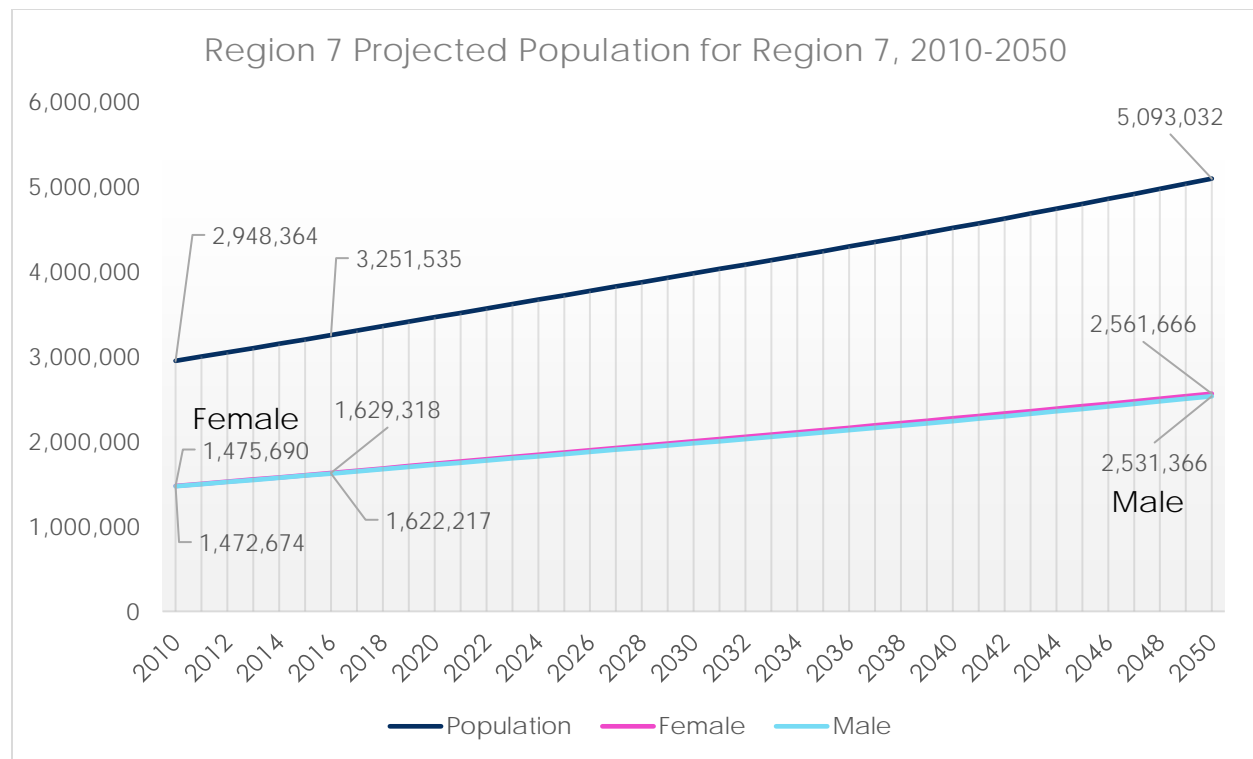
Region	2010 Population	2018 Population Estimate	Growth (+/-)	Percent Female
7	2,948,316	3,363,305	414,989	50.22%
Texas	25,146,105	29,366,479	4,220,374	50.21%
U.S.	308,758,105	326,766,748	14,369,408	50.49%

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2018 population estimate of 27,315,362 people ranks it as the second-most populous state, behind California's 39,144,818, and Texas ranks as the second-fastest growing state with a 2010-2015 growth change of 9.33% well ahead of the national growth rate of 4.10%¹²

The population for PRC7 in 2012 was 2,962,195 with a population density of 115.98. While PRC 7 has a total land area (square miles) of 25,540.27, the 2013 estimates for the region reflect a 118.48 population density with a 3,025,901 total population. The Texas 2012 population density was 96.53 while the United States had a population density of 87.55. For 2013, increases in population on land area for Texas rose to a population density of 98.17 and a population density of 88.23 for the United States.

¹² U.S. Census Bureau, 2016 Population, Population Change, and Components of Change.



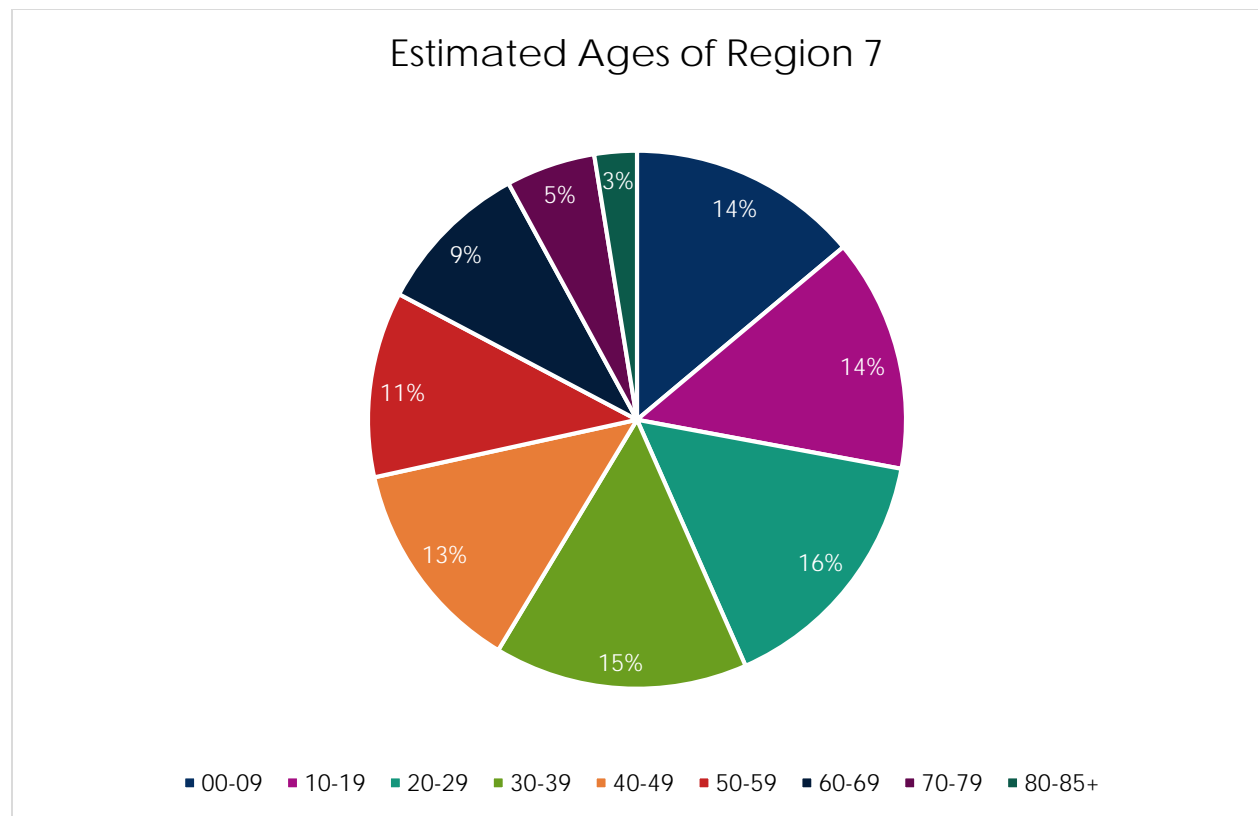
Age

Texas' population is significantly younger than the United States as a whole. In 2014 the categories of teen-aged youth (0-18 years of age), Texas stands at 26.23% while the U.S. is 22.80%. The younger population is also revealed in the category of persons 65 years and over, where Texas has fewer in that group (11.83%) than the U.S. at 15.20%.¹³

TABLE 2 - REGIONAL POPULATION BY AGE CATEGORY

Region	Population <19	Percent	Population 60+	Percent
7	999,994	29.73%	618,573	18.39%
Texas	8,460,247	28.81%	5,249,520	17.88%

¹³ Texas State Data Center, 2016 Population Projections, and U.S. Census Bureau, 2014 Annual Estimates of Population.



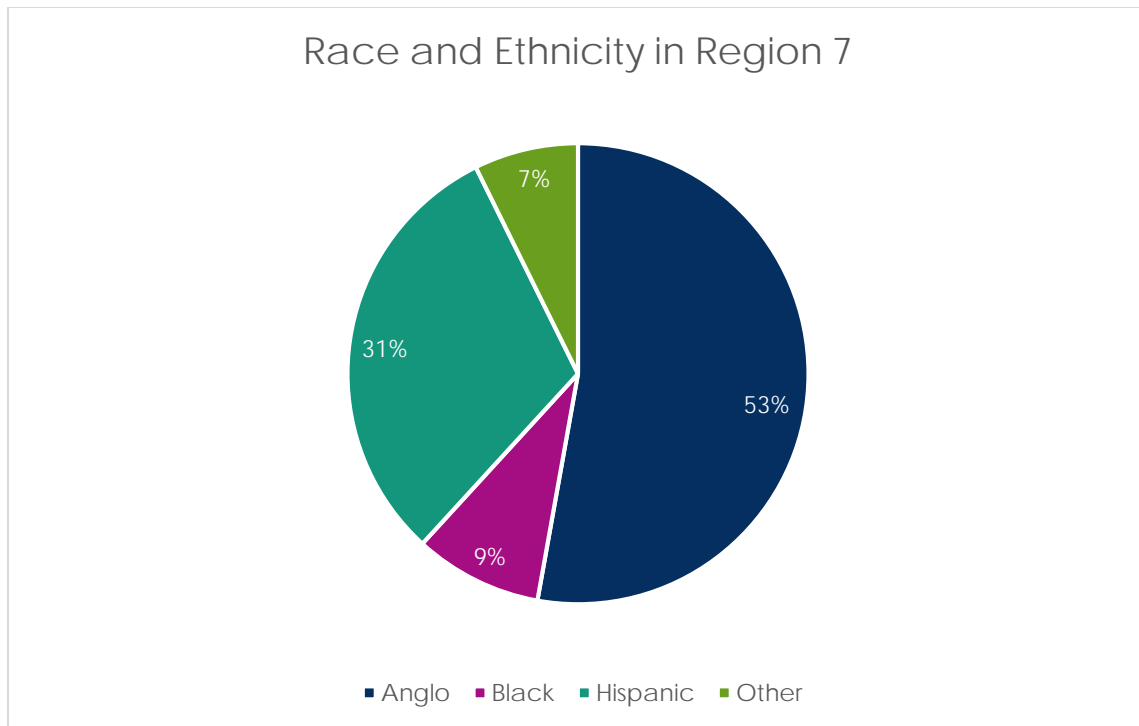
Race/Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethnic make-up of Texas' population, which is represented by slightly fewer black and other races and a significantly higher Hispanic or Latino population.¹⁴ The Hispanic population is concentrated in region 11 and region 10, which are the regions with the highest percent of Hispanics.

TABLE 3 - REGIONAL POPULATION BY RACE AND ETHNICITY

Region	Anglo	Black	Hispanic	Other
7	52.82%	8.98%	30.89%	7.31%
Texas	40.27%	11.40%	41.48%	6.85%

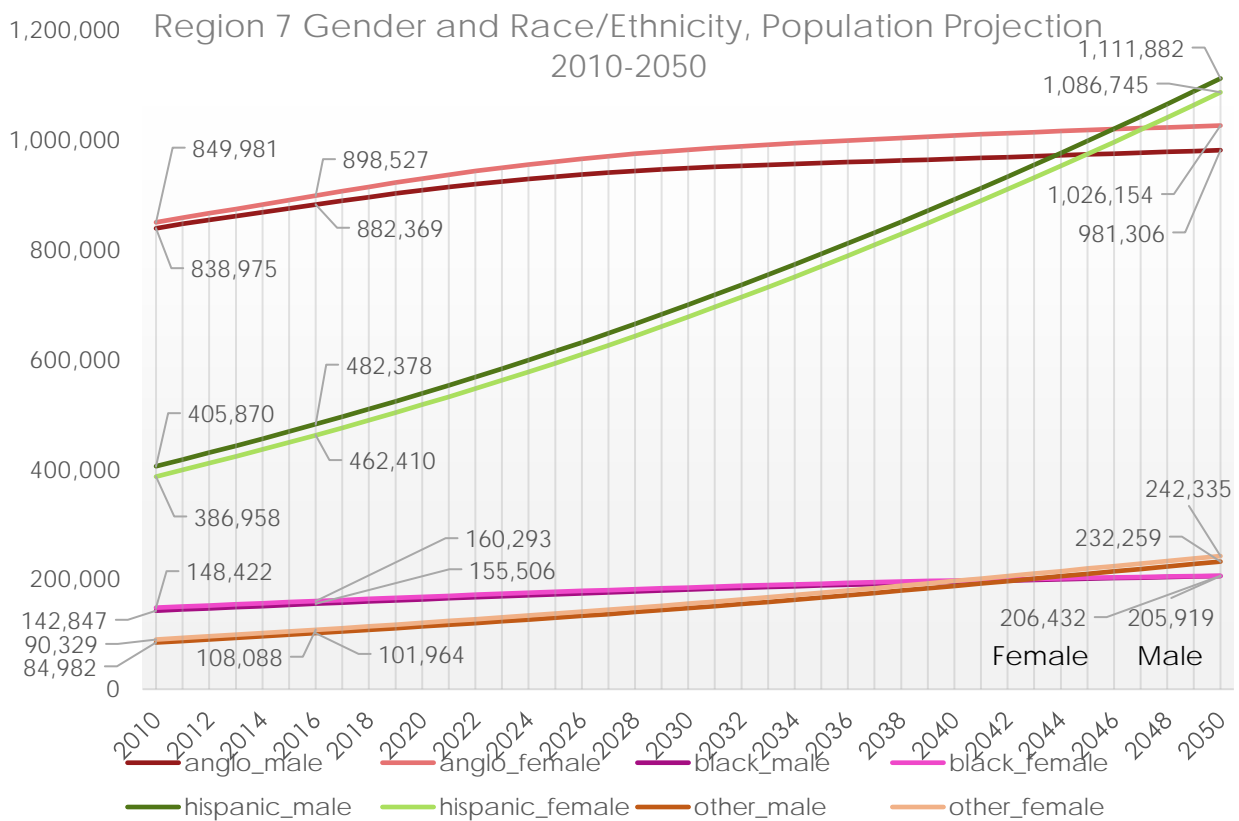
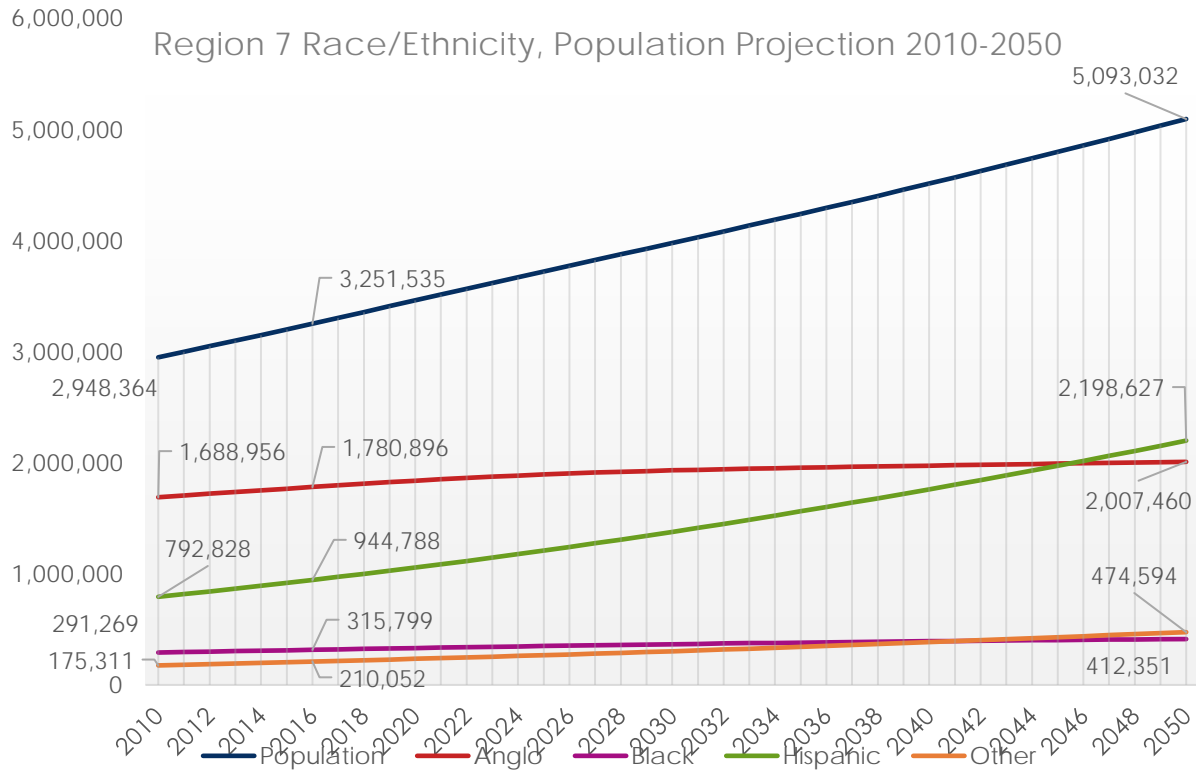
¹⁴ Texas State Data Center, 2016 Population Projections, and U.S. Census Bureau, 2015 Annual Estimates of Population.



The total population in relation to race is graphically illustrated in three different pie charts. The first chart displays the total population in Region 7 and how they break into the seven race categories listed. The second chart shows the population percentage difference when the Hispanic population is taken from the total population. Then, the Hispanic population is assessed on how they see themselves in the listed race categories. The last pie chart provides a Non-Hispanic population amount.

Ethnicity

Using the Texas State Data Center projections on population from 2010 to 2050, the next figures provides information on race/ethnicity and gender in Region 7.



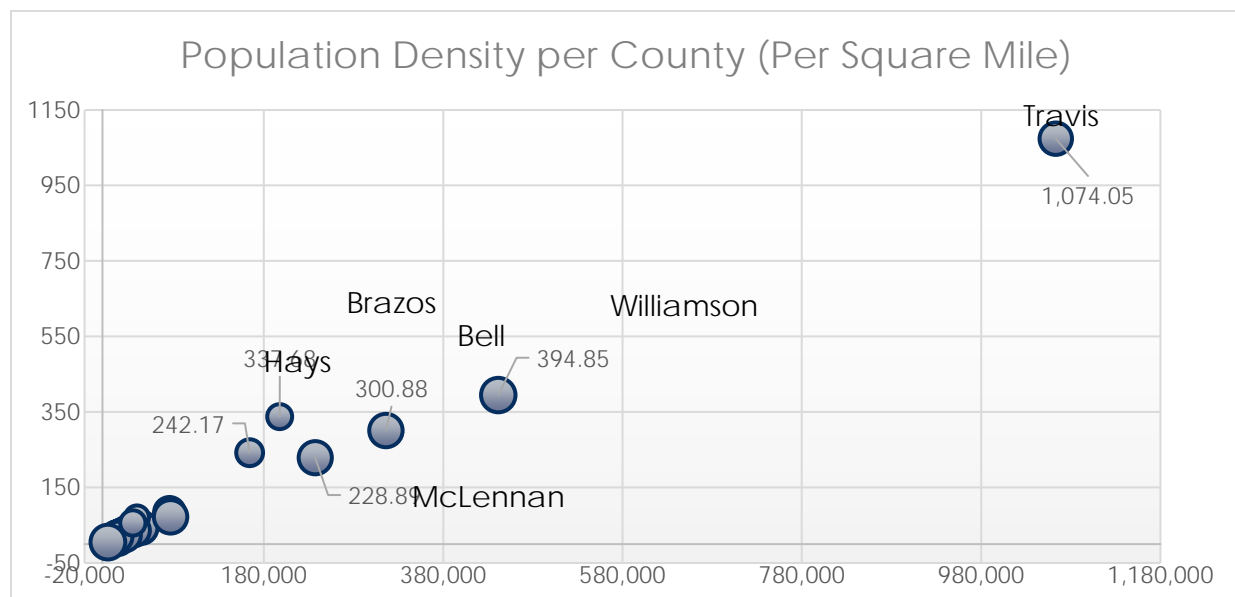
Concentrations of Populations

Texas' land area of 268,580.82 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 96.3 persons per square mile (density) is very close to the national average of 87.3, with New Jersey (1,195.5) and Alaska (1.2) representing the highest and lowest density.¹⁵

Also, Table 5 below contains the 2010 Census designations of populations by urban and rural status. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core.

"Rural" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units.

Most of the population in Region 7 can be found in the following counties: Travis, Williamson, Bell, Brazos, McLennan and Hays. Of the 6 counties mentioned, five are closely positioned to Interstate Highway (IH) 35. Brazos County is the only county mentioned outside the IH 35 route.



The proportion of land to population in Region 7 is presented in the above figure to illustrate that large amounts of land are still available for the growing population in the region. The potential for further housing development is indicated in the figure as the trajectory of the population density is closer to population rather than land area. This suggests people in the region are living in concentrated areas. In the table below comparisons of Region 7 totals for population, population density and land area are

¹⁵ U.S. Census Bureau: State and County QuickFacts. Last Revised: Thursday, 28-May-2015. (See Appendix A, Table 2.)

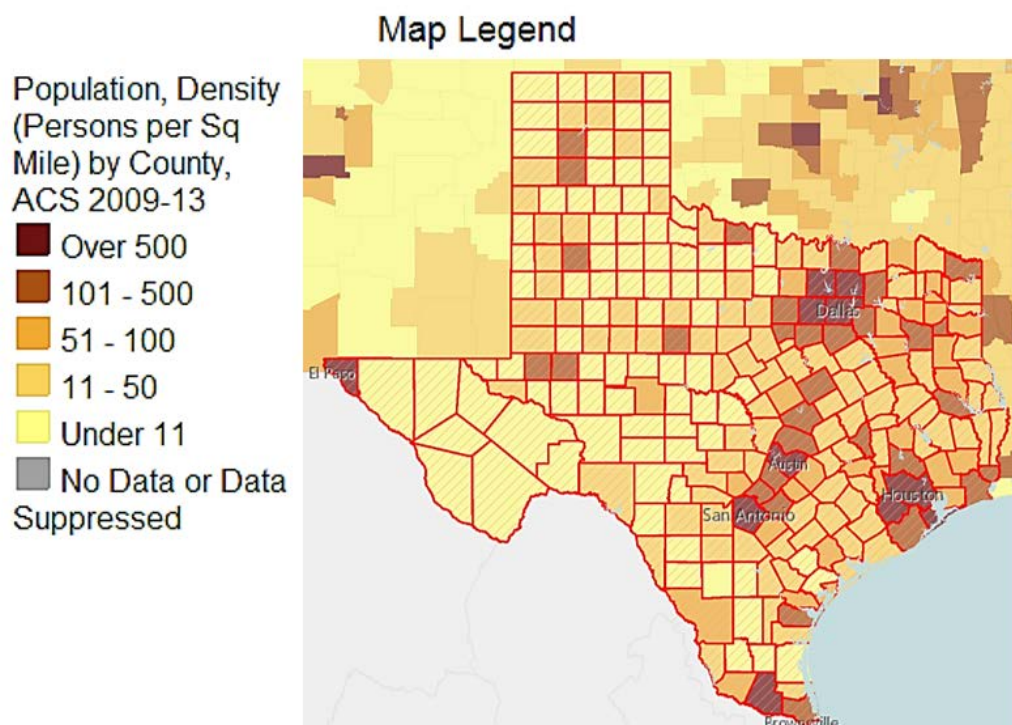
provided. These values indicate Region 7 or Central Texas has plenty of room for future growth and development. In fact, most of the Region 7 land area has considerable potential for economic gain in relation to the Texas Triangle (a mega region anchored by Houston, Dallas-Fort Worth, Austin, and San Antonio).

Population Density of Region 7 Compared to Texas and U.S.			
Report Area	Total Population	Population Density*	Total Land Area**
Region 7	3,025,901	118.48	25,540
Texas	25,639,372	261,162.44	98.17
United States	311,536,591	3,530,997.60	88.23
Note. *=per square mile; **=unit in square miles. American Community Survey 2009-2013.			

TABLE 4 - REGIONAL URBAN AND RURAL POPULATIONS

Region	2010 Population	Urban	Urban Percent	Rural	Rural Percent
1	839,586	649,052	77.31%	190,534	22.69%
2	550,250	354,892	64.50%	195,358	35.50%
3	6,733,179	6,100,919	90.61%	632,260	9.39%
4	1,111,696	542,818	48.83%	568,878	51.17%
5	767,222	432,088	56.32%	335,134	43.68%
6	6,087,133	5,625,713	92.42%	461,420	7.58%
7	2,948,364	2,309,329	78.33%	639,035	21.67%
8	2,604,647	2,143,709	82.30%	460,938	17.70%
9	571,871	451,190	78.90%	120,681	21.10%
10	825,913	793,905	96.12%	32,008	3.88%
11	2,105,700	1,894,424	89.97%	211,276	10.03%
Texas	25,145,561	21,298,039	84.70%	3,847,522	15.30%
United States	312,471,327	252,746,527	80.89%	59,724,800	19.11%

¹ *Assessment, Prioritization, and Priority Populations.* (2016, July 27) Retrieved from Community Health Improvement Resources. Missouri Department of Health and Senior Services. http://health.mo.gov/data/InterventionMICA/AssessmentPrioritization_5.html



Languages

Texas has a significantly higher number of residents that are foreign born (16.5%) than the U.S. as a whole (13.1%). As a result, there are also significantly higher numbers of the population (ages 5+, 2010-2014) that report a "language other than English is spoken at home," with Texas at 34.9% compared to 20.9% nationally.¹⁶ Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.22% of the population versus 8.60% for the U.S. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well," measured as a percentage of the population aged 5 or older.

TABLE 5 - REGIONAL LIMITED ENGLISH PROFICIENCY

Region	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	789,750	69,948	8.86%
2	514,095	26,457	5.15%
3	6,495,307	843,803	12.99%
4	1,048,689	56,541	5.39%
5	719,756	39,320	5.46%
6	5,885,315	987,163	16.77%
7	2,873,636	264,024	9.19%
8	2,516,577	299,357	11.90%
9	550,027	65,133	11.84%

¹⁶ U.S. Census Bureau: State and County QuickFacts. 2014 Vintage.

10	780,139	240,145	30.78%
11	1,977,989	543,369	27.47%
Texas	24,151,279	3,435,260	14.22%
United States	294,133,388	25,305,204	8.60%

The rising population of English language learners (ELL) is also a concern in Central Texas because language can serve as a barrier to services. In this report, ELL population is tied to limited English proficient individuals. The inability to speak English can relate to barriers in healthcare access, provider communications, and health literacy or education. Below is a chart showing the percent of people older than 5 that speak English less than "very well" provided by the US Census Bureau.

Percent who speak English less than "very well"					
County	2016	2015	2014	2013	2012
Bastrop	10.02	9.98	10.9	10.3	9.7
Bell	5.34	5.64	5.5	5.2	5.2
Blanco	4.65	6.38	5.8	7.3	7.5
Bosque	5.35	5.77	4.9	4.4	4.8
Brazos	9.26	9.70	9.6	9.7	9.2
Burleson	5.21	5.50	5.7	6	6.4
Burnet	5.07	6.13	6.6	6.3	6.1
Caldwell	10.08	9.91	9.6	8.5	7.5
Coryell	4.43	4.36	4.3	4	3.7
Falls	6.93	7.93	7.2	7.1	5.8
Fayette	3.94	4.70	6.1	6.4	6.9
Freestone	5.28	5.10	5.3	5.3	4.4
Grimes	7.27	7.69	7.5	7.2	7.4
Hamilton	3.42	4.14	3	2.4	2.7
Hays	7.08	7.32	7.1	6.9	6.7
Hill	5.86	6.13	6.2	6.5	6.3
Lampasas	3.72	4.15	4.8	5.5	4.5
Lee	7.51	7.43	7.2	8.1	8.2
Leon	6.28	6.40	6.3	5.8	5.6
Limestone	11.92	12.73	14	12.5	12
Llano	2.88	2.49	2.8	2.9	3
Madison	9.17	8.98	8.3	8.2	8.2
McLennan	7.39	5.81	4.6	4.5	4.5
Milam	4.38	4.34	4.6	5.3	5.5
Mills	7.26	5.86	4.7	5.5	7
Robertson	6.39	6.47	5.7	5	6.4
San Saba	12.21	10.92	10.4	7.6	7.3
Travis	12.17	12.72	13.1	13.5	13.8
Washington	4.77	3.53	3.1	3.5	4.1

Williamson	6.69	6.78	6.7	6.5	6.6
-------------------	------	------	-----	-----	-----

General Socioeconomics

Approximating general socioeconomics for the State of Texas has led to describing several components of socioeconomic status. The RNA provides descriptive information for average wages, household composition in relation to single-parent households, employment rates, and industry.

Average Wages

In Texas, the average weekly wage was \$842.10 (including federal). Excluding federal wages, the average weekly wage was 833.40. The employment numbers in Texas were 11,388,114 (including federal) and 11,197,863 (excluding federal). The total wages amounted to \$156,873,914,181 (including federal) and \$153,542,103,331 (excluding federal). In the table below, we see higher employment in Bell and McLennan counties. Higher average weekly wages exist in Travis, Lee, and Leon Counties.

County	Employment	Total (Including Federal)	
		Wages	AWW
Bastrop	15,846	\$149,654,837	\$726.49
Bell	112,608	\$1,178,088,801	\$804.76
Blanco	2,965	\$32,299,760	\$838.07
Bosque	3,814	\$39,657,625	\$799.91
Brazos	99,371	\$997,572,171	\$772.22
Burleson	4,253	\$47,235,133	\$854.40
Burnet	13,508	\$143,485,472	\$817.12
Caldwell	8,211	\$79,895,823	\$748.49
Coryell	14,968	\$123,265,183	\$633.49
Falls	3,031	\$27,836,754	\$706.54
Fayette	9,551	\$104,168,979	\$838.94
Freestone	5,915	\$70,614,150	\$918.32
Grimes	8,535	\$109,889,603	\$990.36
Hamilton	2,578	\$22,132,664	\$660.40
Hays	59,884	\$571,312,900	\$733.87
Hill	9,634	\$96,497,763	\$770.49
Lampasas	4,572	\$37,843,917	\$636.76
Lee	7,269	\$98,523,549	\$1,042.61
Leon	5,776	\$77,336,746	\$1,029.95
Limestone	8,563	\$80,231,741	\$720.71
Llano	4,363	\$38,091,090	\$671.63
Madison	5,007	\$44,090,116	\$677.36
McLennan	106,148	\$1,148,710,874	\$832.44
Milam	5,677	\$66,689,349	\$903.69
Mills	1,361	\$11,113,103	\$627.95
Robertson	3,947	\$46,296,292	\$902.34
San Saba	1,613	\$12,938,080	\$617.01
Travis	667,437	\$10,152,693,762	\$1,170.11

Washington	15,392	\$157,642,397	\$787.83
Williamson	147,604	\$1,843,042,197	\$960.49
Source. Quarterly Census of Employment and Wages. AWW=Average Weekly Wage			

One of the most important factors related to risk for, and protection from, substance abuse is the ability to provide for the necessities of life. One of the indicators that measures this is household income. The table below shows the median household incomes for each county and how much it has changed since 2012.

Household Income

	2016	2015	2012-2016
COUNTY	Household Income	Household Income	% change
Bastrop	\$56,400	\$56,900	12.75%
Bell	\$52,000	\$48,900	7.46%
Blanco	\$57,600	\$53,400	9.36%
Bosque	\$47,600	\$47,100	16.77%
Brazos	\$42,300	\$44,800	5.58%
Burleson	\$48,500	\$50,100	11.34%
Burnet	\$55,900	\$53,100	12.51%
Caldwell	\$49,600	\$46,100	15.45%
Coryell	\$50,100	\$46,000	8.60%
Falls	\$38,600	\$37,900	12.25%
Fayette	\$53,800	\$53,200	14.70%
Freestone	\$45,700	\$48,100	0.66%
Grimes	\$50,900	\$44,200	19.28%
Hamilton	\$45,700	\$46,200	22.24%
Hays	\$64,900	\$61,100	16.27%
Hill	\$47,300	\$45,000	25.76%
Lamar	\$41,900	\$39,400	10.43%
Lee	\$51,800	\$54,700	3.80%
Leon	\$44,900	\$47,700	6.40%
Limestone	\$39,400	\$40,700	7.96%
Llano	\$48,100	\$46,400	8.54%
Madison	\$42,400	\$40,900	15.91%
McLennan	\$46,700	\$46,300	14.31%
Milam	\$42,300	\$46,400	9.26%
Mills	\$43,500	\$41,000	10.42%
Robertson	\$42,700	\$53,600	7.36%
San Saba	\$40,000	\$42,600	7.80%
Travis	\$70,100	\$65,200	22.35%

Washington	\$53,200	\$51,900	16.52%
Williamson	\$82,400	\$78,500	15.61%

Household Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. One basic indicator is the number of persons per household. Texas has a greater number of persons per household (2.83, 2010-2014) than the U.S. as a whole (2.63).¹⁷ The Community Commons report defines an overcrowded unit as one that has more than one occupant per room. Information related to the percent of overcrowded housing is presented below. This indicator is relevant as housing conditions are associated with a wide range of health conditions and increased risk for diseases. Region 11 has the highest percent of population living in an overcrowded unit.

TABLE 6 - REGIONAL HOUSING CONDITIONS

Region	Total Households	Total Occupied Housing Units	Overcrowded Housing Units	% of Housing Units Overcrowded
7	752,154	894,120	39,920	4.46
Texas	6,933,496	6,909,687	444,709	6.44
U.S.	73,019,542	90,364,208	3,852,710	4.26

Also children in single-parent households are statistically at greater risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.

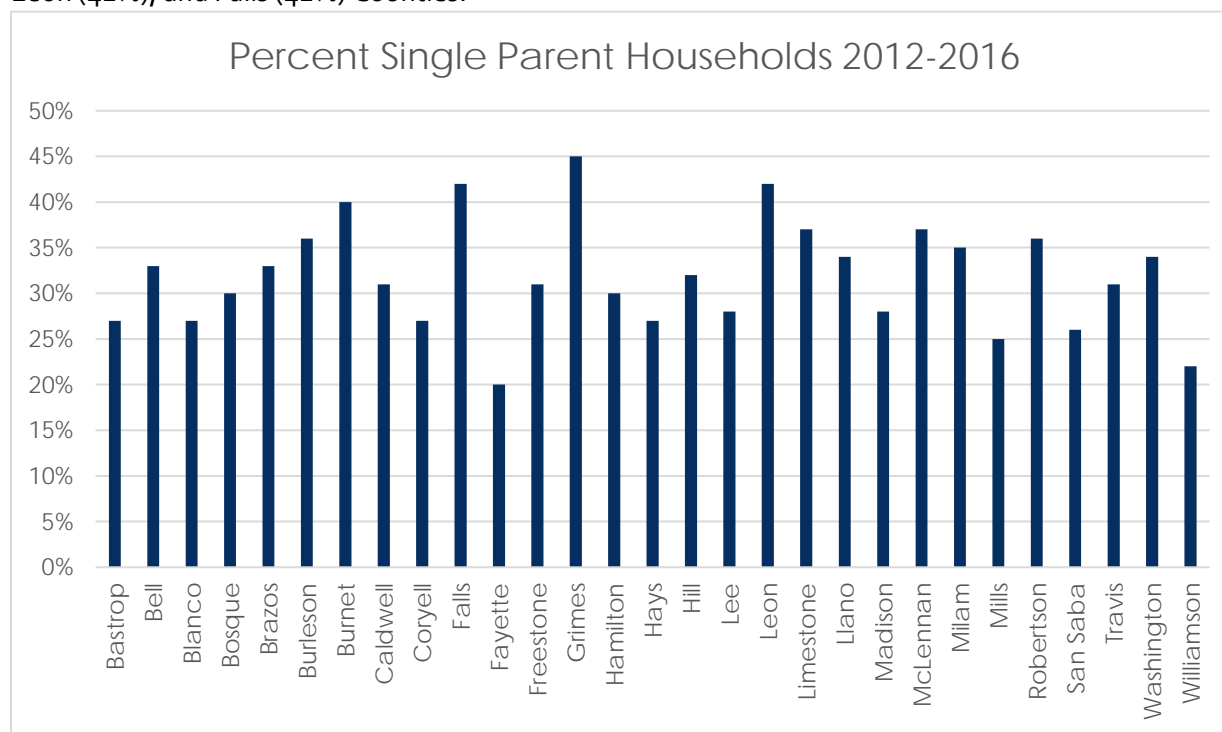
TABLE 8 - REGIONAL HOUSEHOLD COMPOSITION

	Percent Single Parent Household		
	2017	2016	2015
Region 7	30.49%	31.28%	31.53%
Texas	33.29%	33.39%	33.24%
U.S.	--	27.43%	26.84%

In Region 7 between 2012-2016 more single-parent households with children exist within Grimes (45%),

¹⁷ U.S. Census Bureau, American Community Survey. 2010-14.

Leon (42%), and Falls (42%) Counties.



Employment

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS, April 2016) indicates that Texas currently holds an April 2016 unemployment rate of 4.2%, while the nation as a whole sits at 4.7%. The current rate of 4.2% represents a 0.1% increase from April 2015. The rates by region are indicated below, with Regions 3 and 1 in the metro Austin and Panhandle areas having the least current unemployment.¹⁸ Lemstra et al. (2008) conducted a meta-analysis of marijuana and alcohol use in adolescents (aged 10-15) by socio-economic status (SES). They concluded that "lower SES adolescents have higher rates of marijuana and alcohol risk behavior than higher SES adolescents. Observing the implication of what Lemstra et al. (2008) described, poverty measures for Region 7 can help identify at-risk counties.

Employment Rates

In Region 7 the labor force consisted of 1,685,311 individuals. Of the Region 7 labor force, 1,624,989 individuals were employed. The unemployment rate in Region 7 was 3.58%, which was lower than the

¹⁸ U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, April 2016. Rates are seasonally adjusted.

State (4.61%) and the nation (4.9%). In the figure below counties in red are the five counties with the highest rates in Region 7.

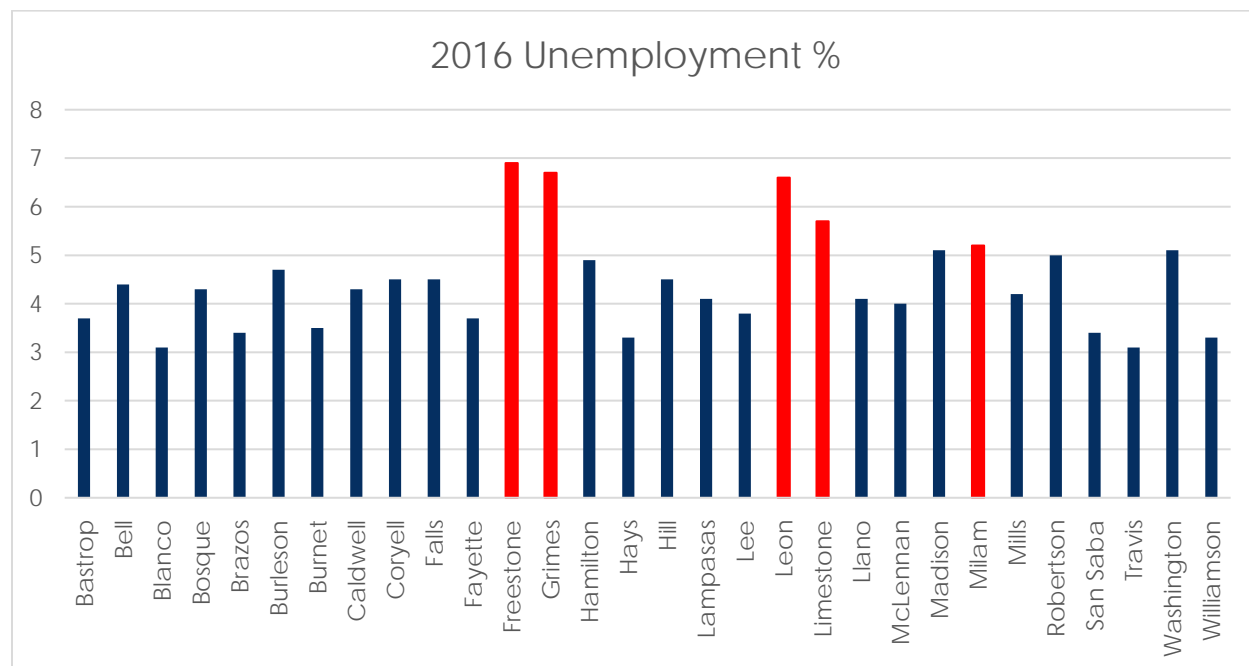


TABLE 9 - REGIONAL EMPLOYMENT RATES

	2016 Labor Force	2016 Unemployment %	2015 Labor Force	2015 Unemployment %	2014 Labor Force	2014 Unemployment %	2013 Labor Force	2013 Unemployment %
Region 7	1,685,311	3.58%	1,634,006	3.66%	1,609,007	4.50%	1,582,878	5.50%
Texas	13,284,651	4.61%	13,044,106	4.45%	13,004,363	5.10%	12,872,236	6.23%
U.S.	159,187,000	4.9	157,130,000	5.3	155,922,000	6.2	155,389,000	7.4

Industry

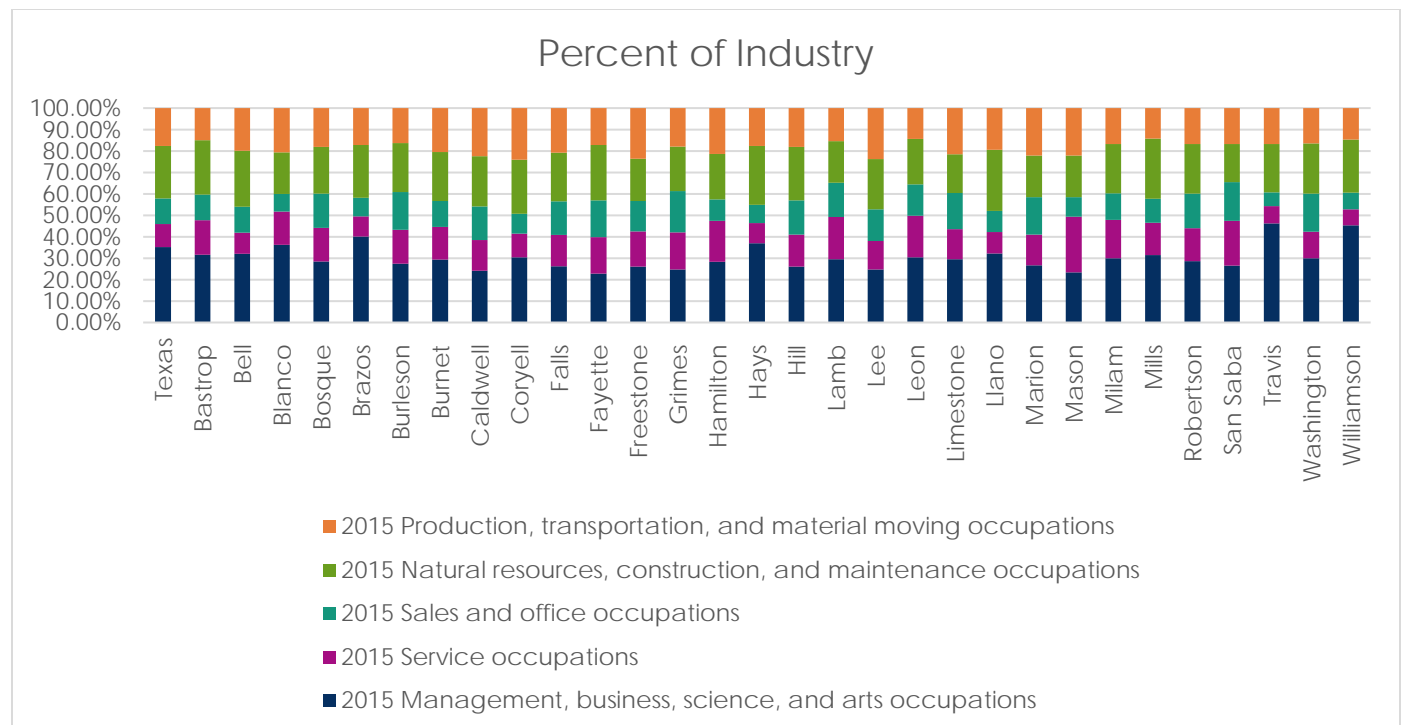
When compared to the U.S., Texas firms employ roughly the same proportions of workers by industry type. The data in the chart below indicates that Texas has a slightly more “blue collar” workforce, with marginally fewer management and business employees and slightly more mining, construction and similar labor force types. Region 7 (Austin area) and Region 3 (Dallas/Ft. Worth area) pace the state for white collar, high-tech industries.¹⁹

TABLE 10 - REGIONAL EMPLOYMENT BY INDUSTRY TYPE

Region	Civilian employed population 16+	Management, business, science, arts	Service	Sales and office	Natural resources, construction, maintenance	Production, transportation, and material moving
7	1,386,140	40.67%	9.56%	8.77%	23.86%	17.14%

¹⁹ Series S2406: Occupation by Class of Worker for the Civilian Employed Population 16 Years and Over. U.S. Census Bureau, American Community Survey. 2010-15.

Texas	12,094,262	35.11%	10.87%	11.95%	24.40%	17.67%
U.S.	191,756,000	34.92%	15.44%	26.09%	8.80%	14.75%



TANF Recipients

This indicator reports the percentage of recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas who receive public assistance income of this type varies significantly from county to county, but the rates in Regions 11 and 10 are higher than the state rate of 242.27 per 100K population.²⁰ There is no U.S. calculation available for this measure.

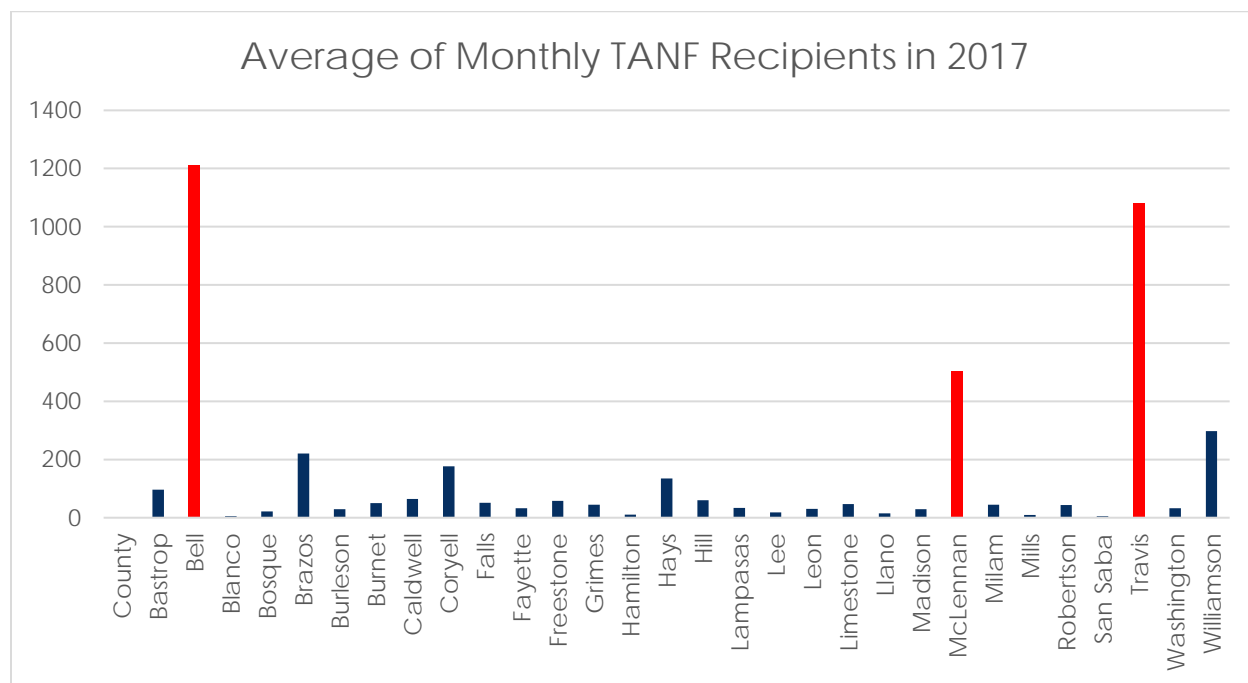
TABLE 11 - REGIONAL TANF RECIPIENTS PER 100K POPULATION

Region	2015 Population	2015 TANF Recipients	Recipients Per 100K Population
7	3,210,292	4,119	128.31
Texas	26,947,116	65,286	242.27

In Region 7, there were 1,093,074 total households recorded from the American Community Survey (2013, 5-year average). Of the total households, 19,341 were households with public assistance income. The 5-year average percent of households with public assistance income in Region 7, as a result, is 1.77%.

²⁰ Texas Health and Human Services Commission, TANF Recipients by County, December 2015.

Region 7 has a lower percent of households with public assistance income compared to the State (1.84%) and the nation (2.82%). In the figure below counties in red illustrate percentages above the State average.



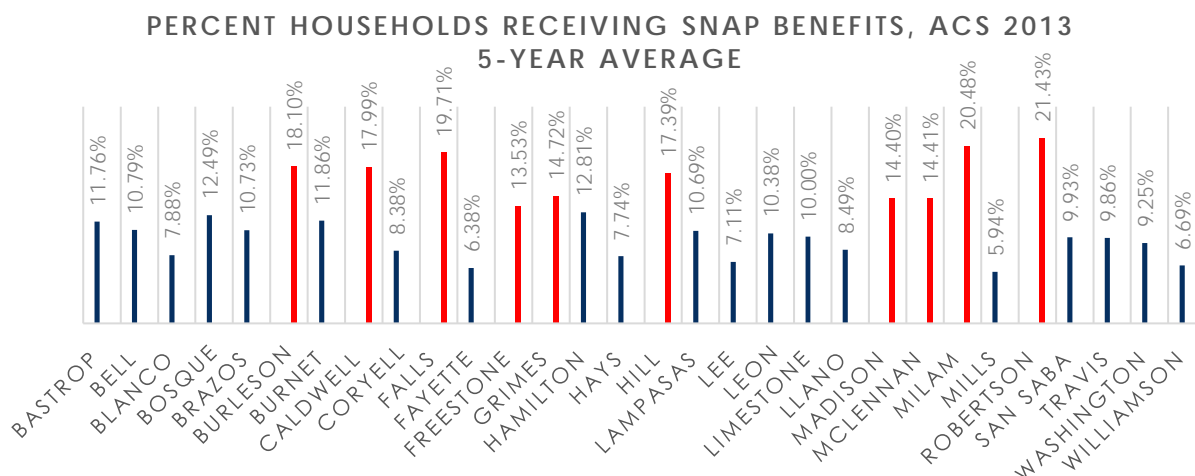
Food Assistance Recipients

Another estimate of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment.

TABLE 12 - REGIONAL SNAP RECIPIENTS PER 100K POPULATION

Region	2018 Estimated Population	Number of SNAP Recipients	Percent SNAP Recipients
7	3,363,305	148,830	4.43%
Texas	29,366,479	1,668,798	5.68%

In Region 7, there were 1,093,074 total households recorded from the American Community Survey (2013, 5-year average). Of the total households, 112,705 were households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. The 5-year average percent of households receiving SNAP benefits in Region 7, as a result, is 10.31%. Region 7 has a lower percent of households receiving SNAP benefits compared to the State (13.20%) and the nation (12.40%). In the figure below counties in red illustrate percentages above the State average.



Free and Reduced-Price School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

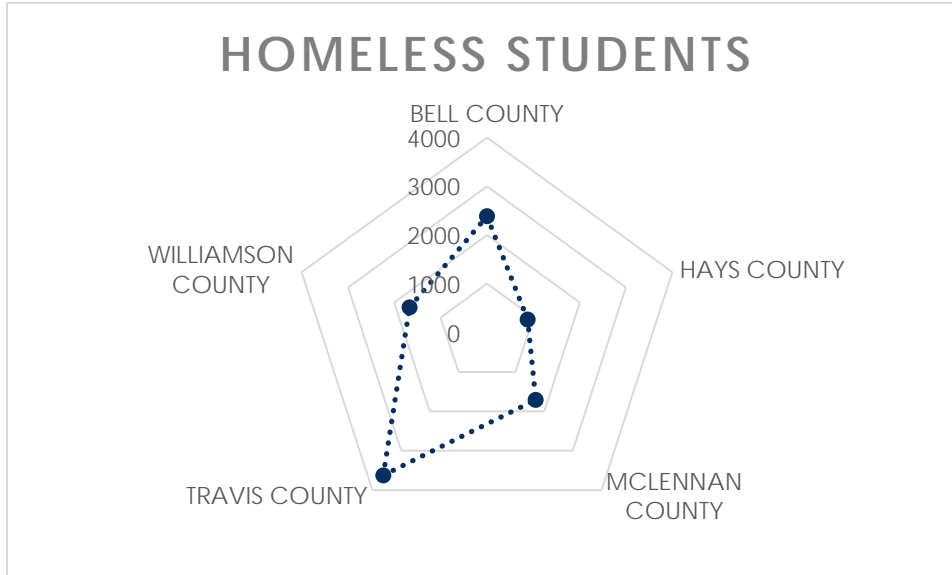
Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2013-2014 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes. Region 7 between 2012 and 2015 saw a decrease in the percent of students eligible for free or reduced school lunches by 1.28% while Texas saw a decrease by 1.95%. The counties that saw the biggest increases in the percent of students eligible for free or reduced price school lunches were: San Saba (increase of 7.35%), Limestone (4.18%), and Falls (3.46%). The counties that saw the biggest decreases in the percent of students eligible were: Grimes County (decrease of 5.59%), Leon (3.52%), and Washington (2.89%)

TABLE 7 - REGIONAL SCHOOL LUNCH ASSISTANCE

	Total Students, All Grades 2014- 15	Total Students, All Grades 2013-14	Total Students, All Grades 2012- 13	Percent Free and Reduced Lunch Eligible 2014-15	Percent Free and Reduced Lunch Eligible 2013-14	Percent Free and Reduced Lunch Eligible 2012-13
Region 7	559206	548901	539556	51.78%	52.64%	53.06%
Texas	5,233,736	5,153,642	5,077,632	58.30%	59.78%	60.25%

Homeless Students

In the school year 2014-2015 Texas had around 114,602 students identify as homeless approximately 14,015 of those students were in Region 7. The counties with the most homeless students were Travis, McLennan, Bell, Williamson, and Hays (see figure below).



Environmental Risk Factors

Alcohol Permits

The availability to access alcohol is an important environmental risk factor for both alcohol abuse, binge drinking, and underage drinking. Below is the number of alcohol permits per county for region 7.

County	Number of Alcohol Permits	County	Number of Alcohol Permits
Bastrop	221	Hill	86
Bell	641	Lampasas	44
Blanco	80	Lee	57
Bosque	67	Leon	46
Brazos	499	Limestone	61
Burleson	73	Llano	83
Burnet	127	Madison	29
Caldwell	104	McLennan	555
Coryell	89	Milam	83
Falls	38	Mills	13
Fayette	152	Robertson	50
Freestone	41	San Saba	24
Grimes	113	Travis	3256
Hamilton	36	Washington	141

Hays	443	Williamson	909
-------------	-----	-------------------	-----

Education

Courtesy of CommunityCommons.org – Educational Attainment shows the distribution of educational attainment levels in Region 7. Educational attainment is calculated for persons over 25, and is an average for the period from 2009 to 2013. In the Table below, Falls County has the highest percent of individuals without a high school diploma, followed by Robertson and Burleson counties.

Report Area	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelor's Degree	Percent Graduate or Professional Degree
Region 7	13.5	23.6	22.9	7.0	21.6	11.4
Bastrop	19.6	32.2	24.7	7.3	11.3	4.9
Bell	10.5	29.6	28.2	10.1	14.2	7.4
Blanco	13.0	30.6	25.2	4.4	18.7	8.0
Bosque	18.0	34.2	26.5	5.9	10.7	4.8
Brazos	15.0	20.9	20.2	5.2	20.9	17.9
Burleson	22.3	38.0	24.2	3.9	8.2	3.4
Burnet	15.8	31.6	25.4	5.3	15.1	6.9
Caldwell	21.0	37.6	20.1	5.6	11.5	4.2
Coryell	12.5	31.7	30.7	9.9	10.1	5.1
Falls	25.6	38.2	21.4	4.0	7.3	3.5
Fayette	19.9	36.6	21.1	5.7	12.7	4.1
Freestone	21.2	34.5	25.2	7.4	8.6	3.1
Grimes	21.5	37.3	23.5	6.6	7.4	3.7
Hamilton	18.3	34.5	23.7	5.8	13.3	4.5
Hays	10.7	21.4	24.3	6.9	25.8	10.9
Hill	21.3	30.7	25.3	7.9	10.4	4.4
Lampasas	14.0	28.0	29.1	9.1	13.0	6.8
Lee	18.4	37.4	21.8	6.7	10.8	5.0
Leon	17.1	35.6	27.3	5.2	10.3	4.5
Limestone	20.7	37.7	22.4	6.8	9.2	3.2
Llano	13.3	26.7	28.0	6.6	18.2	7.2
McLennan	17.7	28.3	23.0	9.4	14.3	7.5
Madison	21.3	37.9	22.3	6.1	9.3	3.2
Milam	18.8	39.5	21.5	5.8	10.5	3.9
Mills	18.5	30.1	22.5	7.0	15.3	6.7
Robertson	23.7	37.2	20.1	3.2	11.2	4.6
San Saba	19.0	36.0	28.1	3.8	10.2	2.9
Travis	13.0	16.9	19.6	5.6	28.6	16.3
Washington	19.1	29.3	19.8	8.3	17.3	6.2
Williamson	8.01	20.6	25.2	8.2	26.4	11.6
Texas	18.8	25.3	22.7	6.5	17.7	8.9
United States	14.0	28.1	21.3	7.8	18.1	10.8

Source. US Census Bureau, American Community Survey. 2009-13.

Dropout Rates

The counties with the highest high school dropout rates were Bell, Brazos, Falls, Lampasas, and Mills. Of particular note is the consistently high dropout rate in Brazos County and the large increase in the dropout rate in Mills County starting in 2015.

County	Dropout rate 2013	Dropout rate 2014	Dropout rate 2015	Dropout rate 2016
Bastrop	4.2	5.5	3.2	3.6
Bell	6.9	6.2	9.6	13.8
Blanco	1.7	3.5	1.7	3.2
Bosque	1.9	2	2.9	1.6
Brazos	12.2	10.3	10.9	10.2
Burleson	6.3	4.5	2.7	4.4
Burnet	2.9	4.5	2.5	2.6
Caldwell	3.3	5.5	5.7	4.8
Coryell	3.4	4.3	4.2	3.9
Falls	5.9	6.8	6.8	10.1
Fayette	1.4	2.4	2.2	4.3
Freestone	2.8	2.3	0.9	2.1
Grimes	3.7	5	6.2	3.4
Hamilton	2.2	4.5	0	1.2
Hays	4.6	5.7	5.7	5.8
Hill	2.5	2.7	2.1	3.2
Lampasas	4.3	0	1.2	11.2
Lee	2.8	2.2	4.8	3.3
Leon	3.5	6.3	2.3	2.1
Limestone	6.2	7.8	3	5.6
Llano	0	0	1.7	0
Madison	1.8	0.5	2	2.9
McLennan	5.9	6.3	6.2	5.3
Milam	4.1	5.2	3.5	4.5
Mills	1.4	5.1	18.4	17.6
Robertson	7	3.3	2.5	1.5
San Saba	0	4.2	0	1.7
Travis	7.4	6.4	5.9	5.7

Washington	2	3.4	2	3.2
Williamson	2.4	1.9	1.9	2.1
Texas	6.6	6.6	6.3	6.2

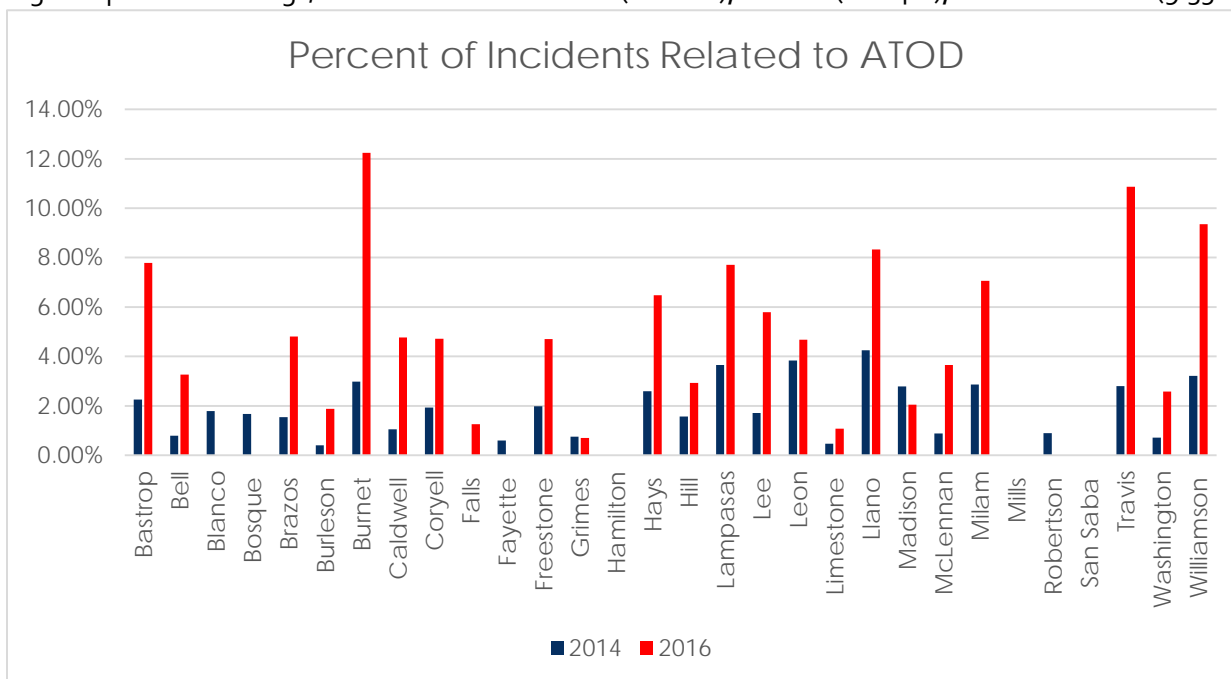
School Discipline

The table below shows alcohol and drug violations as well as total in-school and out-of-school suspensions for Region 7 in 2017 provided by the Texas Education Agency (TEA).

County	Year-End Enrollment 2017	Number of Students with Alcohol Violations	Number of Students with Controlled Substance Violations	In-School Suspensions Total	Out-of-School Suspensions Total
Bastrop	18199	37	178	2633	1039
Bell	83174	*	*	10543	4566
Blanco	1824	*	*	83	12
Bosque	3137	*	0	158	32
Brazos	31894	28	120	3246	1666
Burleson	2928	*	15	647	116
Burnet	7941	12	48	895	149
Caldwell	7942	21	34	965	341
Coryell	12804	16	28	1389	378
Falls	2370	0	*	222	69
Fayette	4033	*	*	429	68
Freestone	4054	*	*	254	116
Grimes	4891	*	*	568	183
Hamilton	1518	*	0	99	23
Hays	38570	26	231	2642	938
Hill	7149	*	11	693	215
Lampasas	1448	*	12	407	64
Lee	3309	*	*	417	141
Leon	3401	*	0	229	35
Limestone	4342	*	19	648	201
Llano	2034	*	13	340	63
Madison	1400	0	*	287	94
McLennan	276	38	156	6961	3308
Milam	5017	14	*	617	124
Mills	1451	N/A	N/A	109	35
Robertson	3552	*	*	544	144
San Saba	1055	*	0	25	11

Travis	174222	132	989	10894	6106
Washington	5727	*	21	755	255
Williamson	122293	120	460	6762	1952
* = masked data, 1-9 cases					

Of the TEA discipline rates related to alcohol and drugs in 2014 and 2016, the following counties had the highest percent of drugs/alcohol incidents: Travis (10.86%), Burnet (12.24%), and Williamson (9.35%).



Criminal Activity

Property Crime

The table below displays the amount of offenses and arrests known to law enforcement from 2015, as well as the number of property crime dispositions in 2015. All arrest and offense numbers were acquired from the sheriff's office and all case disposition numbers were acquired from the Texas Office of Court Administration's Court Activity Reporting and Directory System.

County	Property Crime Offenses	Property Crime Arrests	Dispositions
BASTROP	1579	273	1814
BELL	9312	1474	8506
BLANCO	104	22	50
BOSQUE	105	28	451
BRAZOS	5841	1170	5206
BURLESON	197	87	1532
BURNET	647	154	878
CALDWELL	679	123	1530
CORYELL	1265	371	2824
FALLS	169	29	448

FAYETTE	321	68	558
FREESTONE	200	31	836
GRIMES	463	94	529
HAMILTON	130	39	102
HAYS	3637	1048	4516
HILL	738	136	1745
LAMPASAS	350	70	440
LEE	226	56	689
LEON	255	8	1158
LIMESTONE	595	177	1098
LLANO	244	30	600
MADISON	285	28	102
MCLENNAN	7619	2278	9018
MILAM	524	96	656
MILLS	40	5	380
ROBERTSON	246	74	438
SAN SABA	36	5	29
TRAVIS	41326	4730	43703
WASHINGTON	534	200	1151
WILLIAMSON	6307	1360	9769
Region 7	83974	14264	100756

Court Cases

The data for the table below was gathered through the Texas Office of Court Administration Court Activity Reporting and Directory System.

Court Cases 2016					
County	Assaults	Murders	Theft, Robbery, & Burglary	Sexual Assault	Total Cases
Bastrop	101	3	243	17	1189
Bell	78	4	85	11	11678
Blanco	6	1	7	1	74
Bosque	39	0	81	18	551
Brazos	311	0	873	37	5880
Burleson	57	1	87	8	701
Burnet	136	8	354	13	1763
Caldwell	290	4	426	13	2047
Coryell	198	1	547	16	1669
Falls	43	0	98	9	518
Fayette	63	3	131	11	818
Freestone	36	3	56	13	502

Grimes	73	0	142	6	678
Hamilton	18	5	38	21	298
Hays	654	3	1029	34	5258
Hill	75	2	285	15	1572
Lampasas	55	0	53	6	594
Lee	76	1	98	5	774
Leon	103	0	96	3	807
Limestone	82	0	186	8	824
Llano	46	2	98	6	543
McLennan	650	7	1528	92	7252
Madison	26	2	61	2	560
Milam	114	8	172	15	1088
Mills	8	0	20	4	159
Robertson	57	1	107	11	722
San Saba	2	1	40	1	119
Travis	4424	44	5822	238	43306
Washington	80	4	219	20	1269
Williamson	999	4	1291	90	10513

Domestic/Child Abuse

The value for confirmed victims of child abuse/neglect per 1,000 children was highest in 2015 in San Saba (38.8), Llano (26.1), and Falls (19.9). Looking at the ratio between total Child Protective Services (CPS) completed investigations and confirmed CPS investigations, the counties with the highest percent were Blanco (42.2%), San Saba (37.9%), and Milam (32.0%).

County	Child Population	Confirmed Victims of Child Abuse/Neglect	Confirmed Victims of Child Abuse/Neglect per 1,000 Children	Total CPS Completed Investigations	Confirmed CPS Investigations	Percent Investigations Confirmed
Bastrop	21,379	291	13.6	668	176	26.3%
Bell	98,721	1,046	10.6	3,160	664	21.0%
Blanco	2,278	29	12.7	45	19	42.2%
Bosque	4,089	55	13.5	141	35	24.8%
Brazos	47,729	308	6.5	976	195	20.0%
Burleson	4,140	70	16.9	167	40	24.0%
Burnet	10,299	172	16.7	409	113	27.6%
Caldwell	10,317	122	11.8	335	83	24.8%
Coryell	22,926	259	11.3	681	162	23.8%
Falls	3,876	77	19.9	129	26	20.2%

Fayette	5,417	38	7.0	123	27	22.0%
Freestone	4,646	39	8.4	135	21	15.6%
Grimes	6,105	81	13.3	171	48	28.1%
Hamilton	1,789	14	7.8	59	11	18.6%
Hays	47,624	378	7.9	938	227	24.2%
Hill	8,734	133	15.2	278	85	30.6%
Lampasas	4,923	92	18.7	181	47	26.0%
Lee	4,076	46	11.3	116	28	24.1%
Leon	3,867	48	12.4	119	29	24.4%
Limestone	5,653	81	14.3	193	51	26.4%
Llano	3,144	82	26.1	186	53	28.5%
Madison	3,082	22	7.1	88	15	17.0%
McLennan	61,080	884	14.5	2,055	548	26.7%
Milam	6,366	95	14.9	197	63	32.0%
Mills	1,153	9	7.8	41	7	17.1%
Robertson	4,243	24	5.7	99	17	17.2%
San Saba	1,212	47	38.8	58	22	37.9%
Travis	274,241	2,157	7.9	7,151	1,434	20.1%
Washington	7,696	79	10.3	183	49	26.8%
Williamson	137,516	731	5.3	2,241	457	20.4%
STATEWIDE	7,266,760	66,572	9.2	168,164	40,369	24.0%

Violent Crime and Sexual Assault

The table below displays the amount of offenses and arrests known to law enforcement from 2015 as well as the number of violent crime dispositions in 2015.

County	Violent Crime Offenses	Violent Crime Arrests	Violent & Sexual Crime Dispositions
BASTROP	272	77	1014
BELL	1254	195	9307
BLANCO	9	10	50
BOSQUE	9	10	259
BRAZOS	692	270	2904
BURLESON	37	26	224
BURNET	104	29	490
CALDWELL	89	31	1428
CORYELL	152	75	1445
FALLS	34	19	343
FAYETTE	58	27	461
FREESTONE	24	13	376
GRIMES	90	40	246
HAMILTON	9	37	92
HAYS	460	166	3275
HILL	78	58	986
LAMPASAS	25	7	370
LEE	38	15	553
LEON	17	18	382
LIMESTONE	79	46	521

LLANO	14	26	346
MADISON	40	27	80
MCLENNAN	1034	482	5142
MILAM	53	32	478
MILLS	0	0	310
ROBERTSON	31	23	213
SAN SABA	5	5	52
TRAVIS	4314	1417	34009
WASHINGTON	86	33	459
WILLIAMSON	611	223	6401
Region 7	9718	3437	72216

Drug Seizures/Trafficking

Among the 30 counties in Region 7 the table below is the summation of drug seizures (2014) in Region 7. The counties that had the highest rates of drug seized to general population were Bell, Fayette, McLennan, Travis, Washington, and Williamson are graphed in the figure below (Excluding ounces of marijuana seized in Travis county which was .

Drug	Region 7 2014	Region 7 2015	Region 7 2016
Marijuana(Packaged) (lbs.)	85130.8125	4121.5625	21878.625
Hashish(Solid) (lbs.)	108.4205264	14.12191744	147.1836468
Opiates (combined) (lbs.)	163.2216814	93.00618466	657.2437276
Opiates (combined) (dose units)	9831	2252	2410
Cocaine(Solid) (lbs.)	987.644627	215.3063349	853.5438778
Hallucinogens (combined) (lbs.)	42.15256775	102.4173369	31.08996051
Hallucinogens (combined) (dose units)	4607	4650	5610
Barbiturates (ounces)	22	17	67
Barbiturates (dose units)	1512	2649	3049
Methamphetamine and Amphetamine (lbs.)	985.4618777	2748.685422	1147.376561
Methamphetamine and Amphetamine (dose units)	1416	1532	4327
Tranquilizers (ounces)	2	484	1118
Tranquilizers (dose units)	13199	23864	23212
Synthetic Narcotics (ounces)	71	50	328
Synthetic Narcotics (dose units)	11504	6180	11830

Juvenile Justice

The table below shows the number of drug referrals as reported by the Texas Juvenile Justice Department.

County	Drug Referrals 2014	Drug Referrals 2015	Drug Referrals 2016	Drug Referrals 2017
BASTROP	49	36	39	31
BELL	97	76	75	85
BLANCO	9	1	2	0
BOSQUE	2	4	0	0
BRAZOS	84	70	67	75
BURLESON	7	3	4	0
BURNET	19	18	27	24
CALDWELL	18	15	19	15
CORYELL	20	11	16	14
FALLS	0	5	1	4
FAYETTE	4	11	0	2
FREESTONE	4	4	4	5
GRIMES	7	3	12	4
HAMILTON	0	4	0	1
HAYS	75	73	85	92
HILL	5	3	1	6
LAMB	7	7	4	2
LEE	7	4	2	1
LEON	1	1	2	0
LIMESTONE	7	4	3	4
LLANO	0	5	4	10
MCCULLOCH	1	15	6	0
MATAGORDA	13	13	8	8
MILAM	3	3	2	8
MILLS	0	0	0	0
ROBERTSON	0	2	0	4
SAN SABA	2	0	0	0
TRAVIS	446	380	427	382
WASHINGTON	9	6	11	11
WILLIAMSON	185	144	176	172
Texas Total	9507	8100	7883	7868

Mental Health

Youth Mental Health

The table below compares the percent of cases of the state in each of the public health regions in 2016 and 2017.

Region	2017 % of Clients	2016 % of Clients
1	2.81%	2.64%

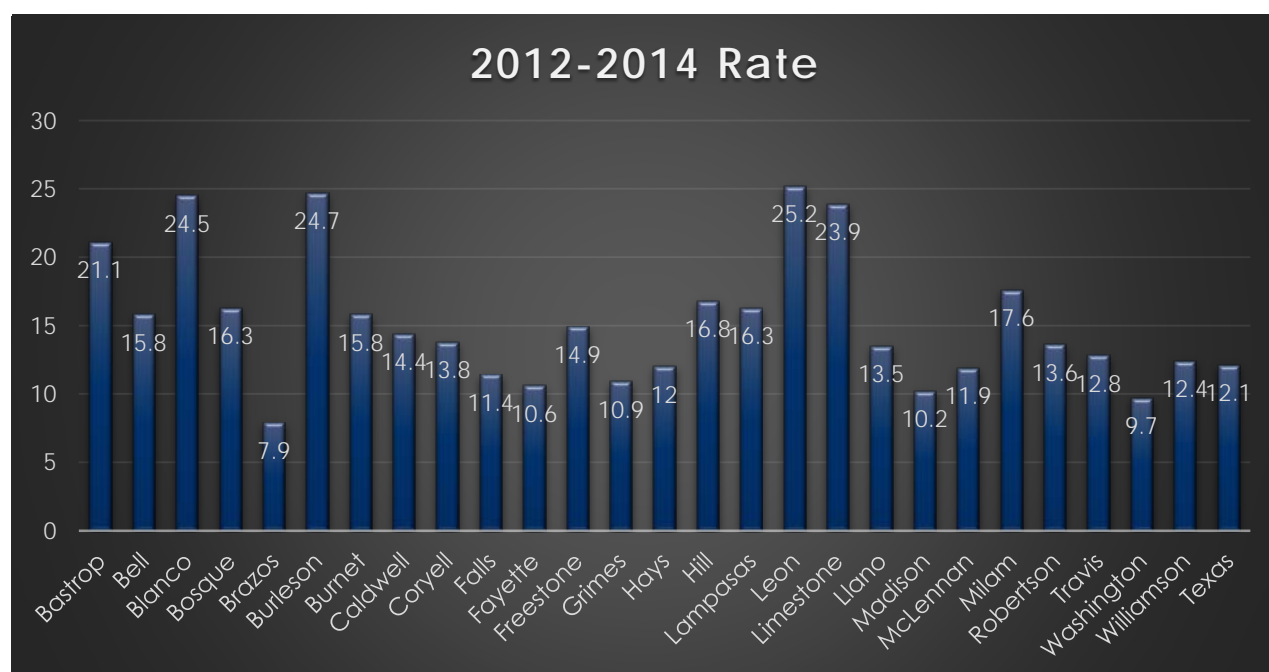
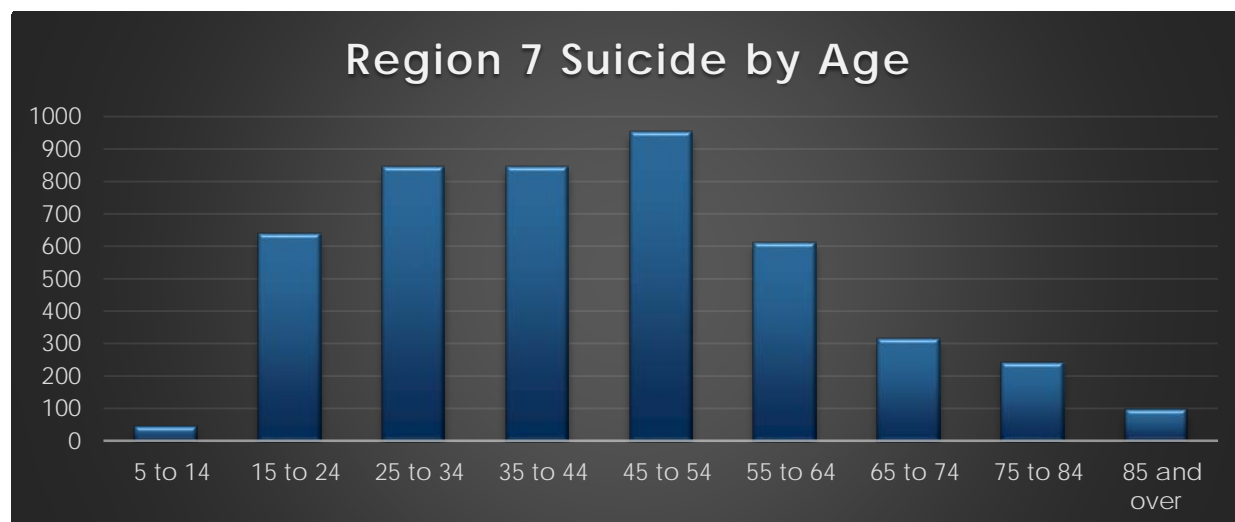
2	2.63%	2.73%
3	30.49%	31.26%
4	4.65%	4.93%
5	4.91%	4.38%
6	13.06%	12.90%
7	11.63%	11.33%
8	8.91%	8.73%
9	2.44%	2.62%
10	2.52%	2.38%
11	15.95%	16.11%
Texas	100.00%	100.00%

The table below shows the makeup of mental health problems for youth in Region 7 in 2016 and 2017 with blank cells being too small to be reported as a percentage with 2 decimal digits.

Primary Diagnosis	2017 % of Clients	2016 % of Clients
Region 7 Subtotal	100.00%	100.00%
Adjustments / Other non-psychotic	21.72%	21.86%
Affective disorders - Bipolar	3.95%	4.28%
Affective disorders - Major depression	18.18%	16.58%
Affective disorders - Other	8.58%	9.36%
Alcohol related disorders		
Anxiety / Somatoform / Dissociative	4.54%	4.69%
Attention Deficit Disorder	23.31%	24.67%
Autism / Pervasive Disorders	1.17%	1.20%
Dementia / Other cognitive disorders	0.38%	0.48%
Disruptive Behavior Disorder	5.91%	6.92%
Drug Related disorders	0.21%	
Mental Retardation	0.65%	0.92%
Not Applicable	8.08%	5.83%
Other Developmental / Behavioral	0.43%	0.52%
Other psychoses	0.42%	0.43%
Personality / Factitious / Impulse	0.74%	0.67%
Schizophrenia and related disorders	0.43%	0.34%
Undiagnosed Mental Health	1.30%	1.25%

Suicide

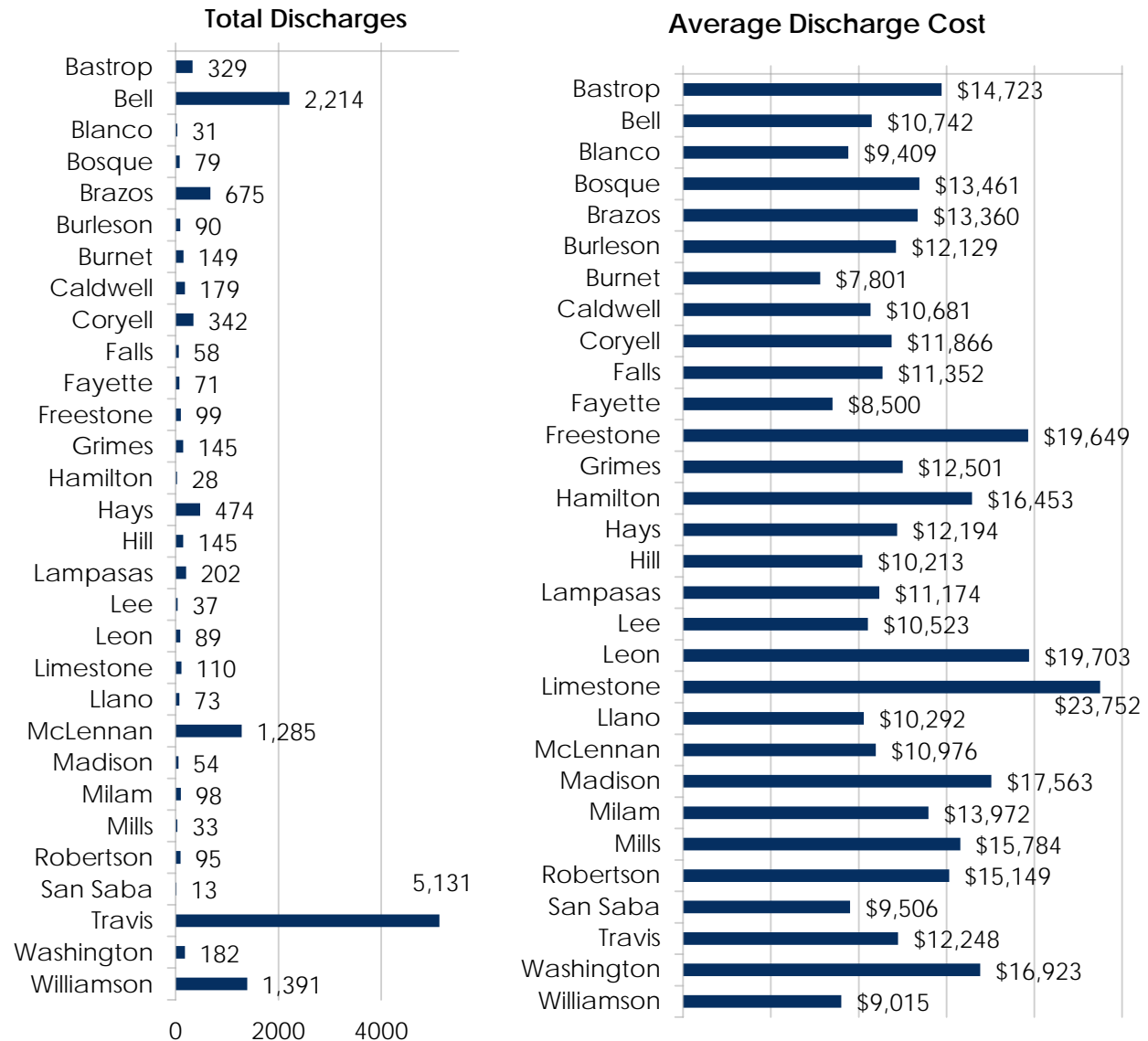
The ages that saw the most suicides were adults between 25 and 54 with the highest rates of suicide in adults aged 75 and older. The total number of suicide cases between 1999 and 2014 was 1,583.



Supportive data from the Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10 also reports similar results. For a population of 2,820,031, the average annual deaths from 2006-2010 was 312 in Region 7. Additionally, the age-adjusted (adjusted to 2000 estimates) death rate for suicide (per 100,000 population) for Texas was 12.1 rate. The Healthy People 2020 Target seeks to observe suicide death rates below 10.20. Unfortunately, suicide death rates in Region 7 from 2012-14 do not reflect any indication of dropping to the Healthy People 2020 Target suicide rate goal, especially with increasing suicide numbers reported annually.

Psychiatric Hospital Admissions

Data is showing in Region 7 that there are a total of 13,901 hospital discharges, which have a total cost of \$391,614 and had an average rate per 1,000 at 4.38 (TX rate=4.5; U.S. rate = 4.8). Among the 30 counties in Region 7.



Reported Regional Psychiatric Hospital Discharges Rate per 1,000					
Bastrop	4.2	Fayette	2.8	Llano	3.7
Bell	6.8	Freestone	4.9	McLennan	5.4
Blanco	2.8	Grimes	5.3	Madison	3.9
Bosque	4.3	Hamilton	3.2	Milam	3.9
Brazos	3.3	Hays	2.8	Mills	6.7
Burleson	5.2	Hill	4.0	Robertson	5.6

Burnet	3.3	Lampasas	9.8	San Saba	2.1
Caldwell	4.5	Lee	2.2	Travis	4.8
Coryell	4.6	Leon	5.1	Washington	5.3
Falls	3.3	Limestone	4.6	Williamson	3.0
<i>Source.</i> MONARHQ 2012					

Substance abuse related disorder discharge, from MONARHQ, for Region 7 totaled 177 discharges with a mean cost of \$33,082 (Discharge per 1,000 rate = 0.06). The top three counties are listed in the table below.

Substance Related Disorder Discharges (Rate per 1,000)			
County	No. of Discharges	Rate of Discharge	Mean Costs
Travis	78	0.1	\$39,779
Bell	28	0.1	\$15,334
Williamson	26	0.1	\$37,400
<i>Source.</i> MONARHQ 2012			

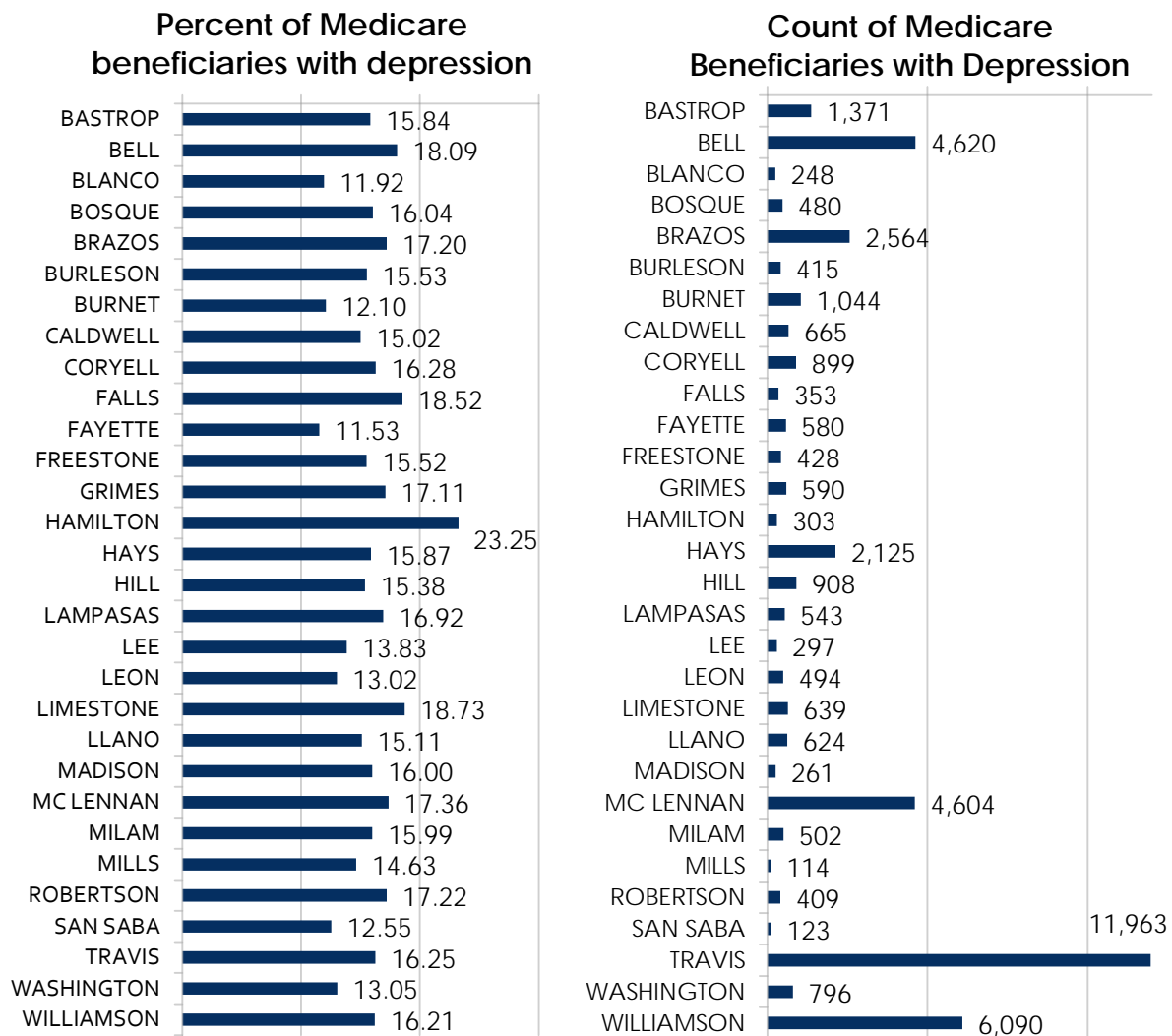
State Funded Screenings

In Region 7, there were 10175 people screened for substance abuse treatment in 2015 and 9808 in 2016. The primary substances for which treatment was sought were alcohol and amphetamines followed by cannabis.

Preliminary Diagnosis	2015 Number Screened	2016 Number Screened
Alcohol	3468	3265
Amphetamines	1667	1661
Cannabis	1622	1541
Cocaine	788	692
Diagnosis Deferred	77	417
Hallucinogens	12	0
Inhalants	0	0
No Diagnosis	1087	1290
Opioids	1046	805
Other	0	0
PCPs	58	38
Polysubstance Abuse	246	5
Sedatives, Hypnotics, or Anxiolytics	104	94

Depression

In the figures below is data describing depression among older individuals.



Hospital Discharge Rates

While we do not have access to the number of people who go to the hospital for drug and alcohol problems the number of discharges in general can tell us about changes in the population in general as well as how burdened the health care system is in that county.

Hospital County	2013 Total Discharges	2014 Total Discharges	2015 Total Discharges
Bastrop	337	261	245
Bell	48092	37681	51659
Bosque			406
Brazos	26786	26757	28693
Burleson	264	214	214
Burnet	1279	1128	1766
Caldwell	1316	1093	1043

Coryell	581	547	673
Falls			343
Fayette	1747	1877	1947
Freestone	432	417	441
Grimes	402	309	247
Hamilton	N/A	N/A	1040
Hays	12278	12506	13444
Hill	1605	1466	1237
Lampasas	732	714	668
Limestone	837	736	975
Llano	982	931	647
Madison	345	231	244
McLennan	31347	30855	34576
Milam	437	453	343
Travis	145019	142167	138975
Washington	1815	1212	1693
Williamson	33425	34216	40808

Social Factors

Teen Births

Below is the percent of births by teens by county for Region 7 between 2011 and 2014.

County	2011 Total Percent	2012 Total Percent	2013 Total Percent	2014 Total Percent
BASTROP	3.7	3.4	2.8	3.9
BELL	2.3	2.2	1.9	2.1
BLANCO	1	2.2	1.5	1
BOSQUE	4.6	1.6	3	1.2
BRAZOS	3	2.7	2.5	2.1
BURLESON	1.1	3.5	1.7	2.9
BURNET	3.7	4	4.2	2.6
CALDWELL	5.6	4.9	3.9	1.9
CORYELL	1.8	1.6	0.8	1.4
FALLS	4.8	3.5	3.9	3.2
FAYETTE	4	2.3	2	2.9
FREESTONE	2.5	2.6	4.7	3.4
GRIMES	2.8	2.1	2.8	2.7
HAMILTON	3	4.2	3.7	2.4
HAYS	3.2	2.7	2	2

HILL	4.3	4.8	5.4	2.7
LAMPASAS	3.5	2.8	2.8	2.8
LEE	5	1	1.1	2.2
LEON	4.6	4.6	4.1	2.4
LIMESTONE	6.4	2.5	6.2	3.2
LLANO	2.8	0.6	2.5	4.3
MCLENNAN	4.3	4.1	3.4	3
MADISON	5.6	3.8	3.3	3
MILAM	7.2	6.1	2.3	2.7
MILLS	-	2.6	4.1	1.7
ROBERTSON	2.8	7.2	4.3	2.6
SAN SABA	2.8	5.3	1.7	2.9
TRAVIS	3	2.6	2.2	2
WASHINGTON	3.3	3.8	2.8	3.6
WILLIAMSON	2.2	1.9	1.5	1

Below is the number of births per 1,000 female population ages 15-19. Region 7 between 2010 and 2016.

County	Teen Birth Rate (2010-2016)	County	Teen Birth Rate (2010-2016)
Bastrop	38	Hill	41
Bell	49	Lampasas	40
Blanco	26	Lee	40
Bosque	32	Leon	52
Brazos	20	Limestone	55
Burleson	46	Llano	56
Burnet	38	Madison	49
Caldwell	42	McLennan	39
Coryell	37	Milam	51
Falls	62	Mills	38
Fayette	27	Robertson	54
Freestone	46	San Saba	48
Grimes	41	Travis	31
Hamilton	40	Washington	29
Hays	21	Williamson	19
TEXAS AVERAGE		41	

Divorce

Data from the 2014 census bureau put the percent of population 15 years and older who are divorced for Texas at 10.9% percent. The counties with the highest divorce population were Llano (14.9%), Freestone

(14.8%), and Hamilton (14%). The counties with the lowest divorce population were Brazos (7.2%), Blanco (9%), and Lee (9.5%).

County	2013 Marriages	2013 Divorces	2014 Marriages	2014 Divorces
BASTROP	462	254	401	225
BELL	3949	2142	3688	2121
BLANCO	74	43	77	25
BOSQUE	83	58	69	48
BRAZOS	1348	261	1394	326
BURLESON	111	26	106	25
BURNET	260	188	258	186
CALDWELL	173	119	173	102
CORYELL	464	323	474	305
FALLS	75	13	82	12
FAYETTE	142	89	117	67
FREESTONE	139	53	136	60
GRIMES	166	82	143	52
HAMILTON	50	28	37	40
HAYS	995	524	1048	371
HILL	216	129	211	124
LAMPASAS	125	98	118	78
LEE	93	54	85	34
LEON	88	66	115	61
LIMESTONE	161	9	129	12
LLANO	94	66	104	64
MCLENNAN	1644	805	1576	886
MADISON	86	56	133	50
MILAM	139	97	143	82
MILLS	20	16	34	25
ROBERTSON	93	30	98	25
SAN SABA	33	8	40	9
TRAVIS	8220	2752	8618	2792
WASHINGTON	213	106	214	100
WILLIAMSON	2348	938	2682	872

Uninsured Children

Data from the 2011-2015 showing the percentage of the population under age 19 that has no health insurance coverage is presented below for Region 7.

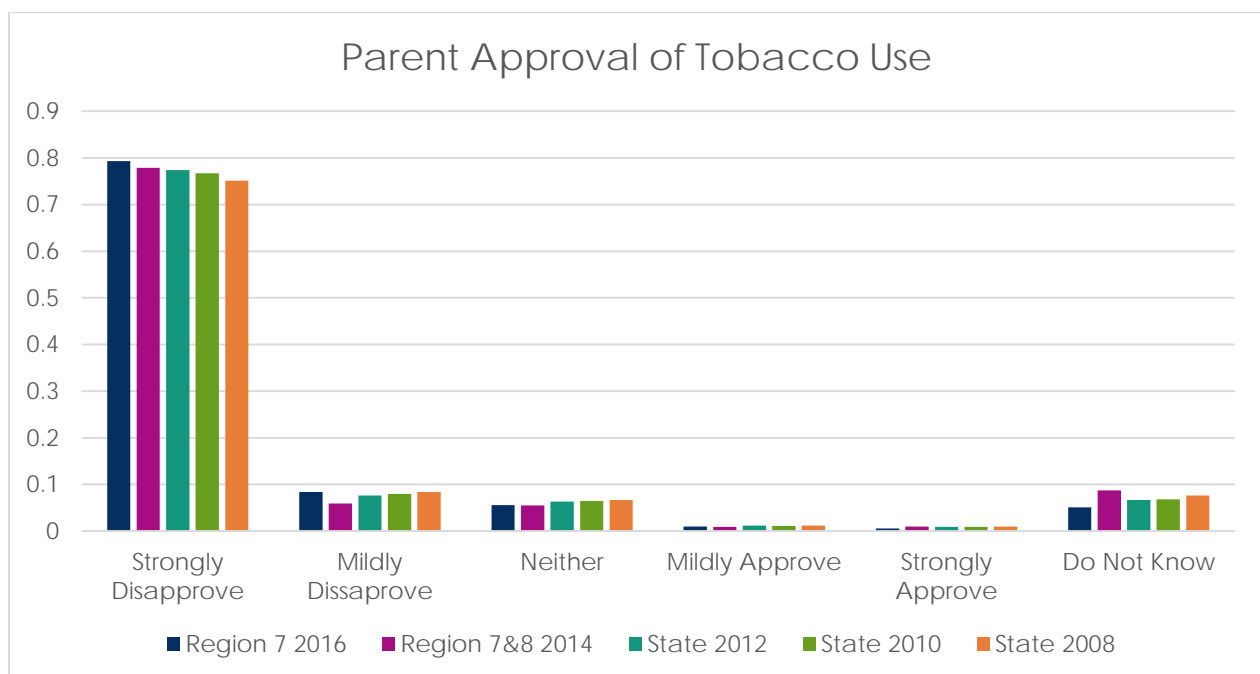
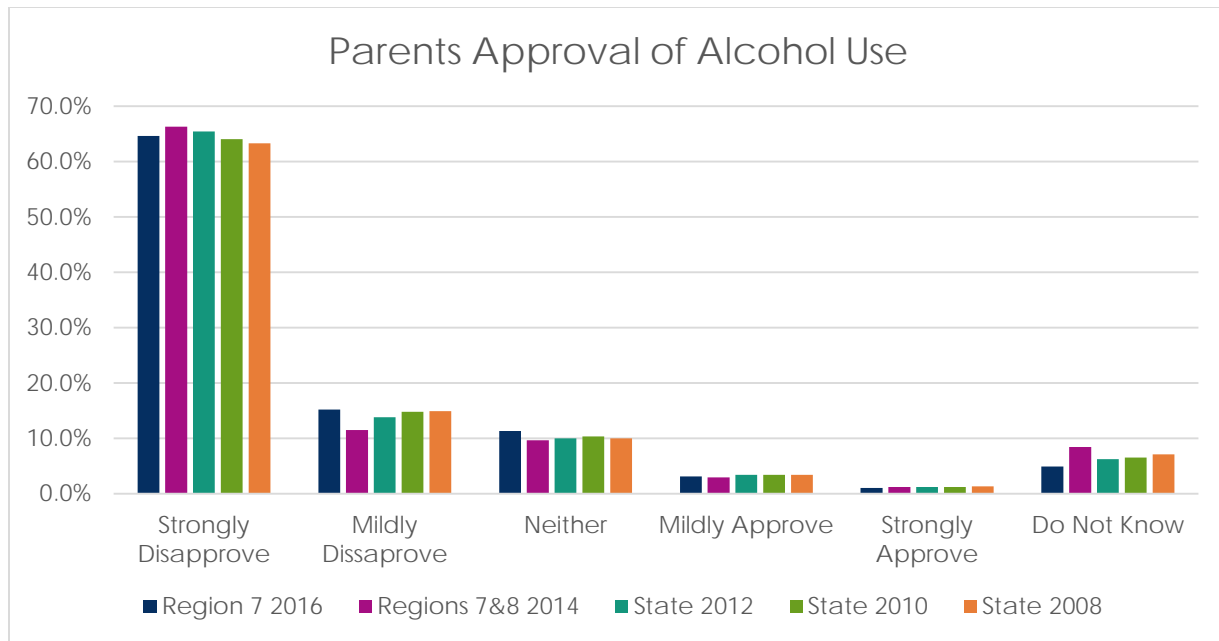
County	2015 % Uninsured Children	2014 % Uninsured Children	2013 % Uninsured Children	2012 % Uninsured Children	2011 % Uninsured Children
Bastrop	12%	16%	18%	16%	16%

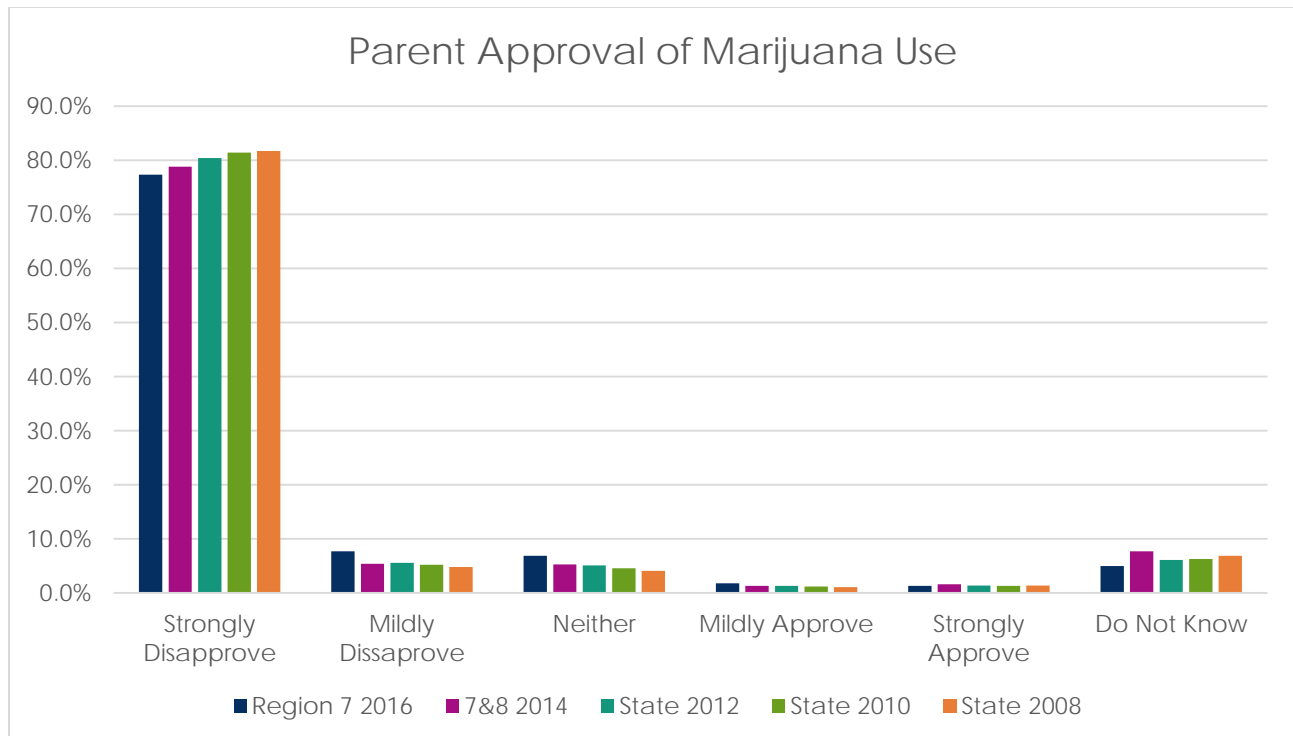
Bell	6%	8%	10%	10%	11%
Blanco	19%	22%	23%	20%	23%
Bosque	15%	19%	18%	16%	16%
Brazos	10%	12%	13%	12%	12%
Burleson	15%	17%	19%	17%	17%
Burnet	14%	17%	17%	16%	16%
Caldwell	14%	13%	14%	12%	16%
Coryell	7%	9%	11%	10%	10%
Falls	12%	15%	16%	14%	15%
Fayette	15%	18%	20%	17%	16%
Freestone	15%	15%	18%	15%	15%
Grimes	14%	17%	18%	16%	18%
Hamilton	15%	17%	18%	17%	16%
Hays	10%	11%	13%	12%	13%
Hill	14%	16%	16%	15%	15%
Lampasas	14%	16%	17%	14%	17%
Lee	13%	15%	19%	16%	17%
Leon	16%	19%	19%	17%	19%
Limestone	13%	16%	16%	14%	15%
Llano	13%	16%	17%	16%	15%
Madison	13%	16%	17%	16%	19%
McLennan	9%	11%	12%	12%	14%
Milam	11%	15%	15%	15%	15%
Mills	18%	24%	24%	20%	21%
Robertson	12%	16%	17%	16%	16%
San Saba	17%	21%	19%	17%	19%
Travis	9%	11%	11%	12%	12%
Washington	13%	13%	17%	15%	15%
Williamson	7%	9%	11%	10%	10%

Social Norms of Substance Consumption

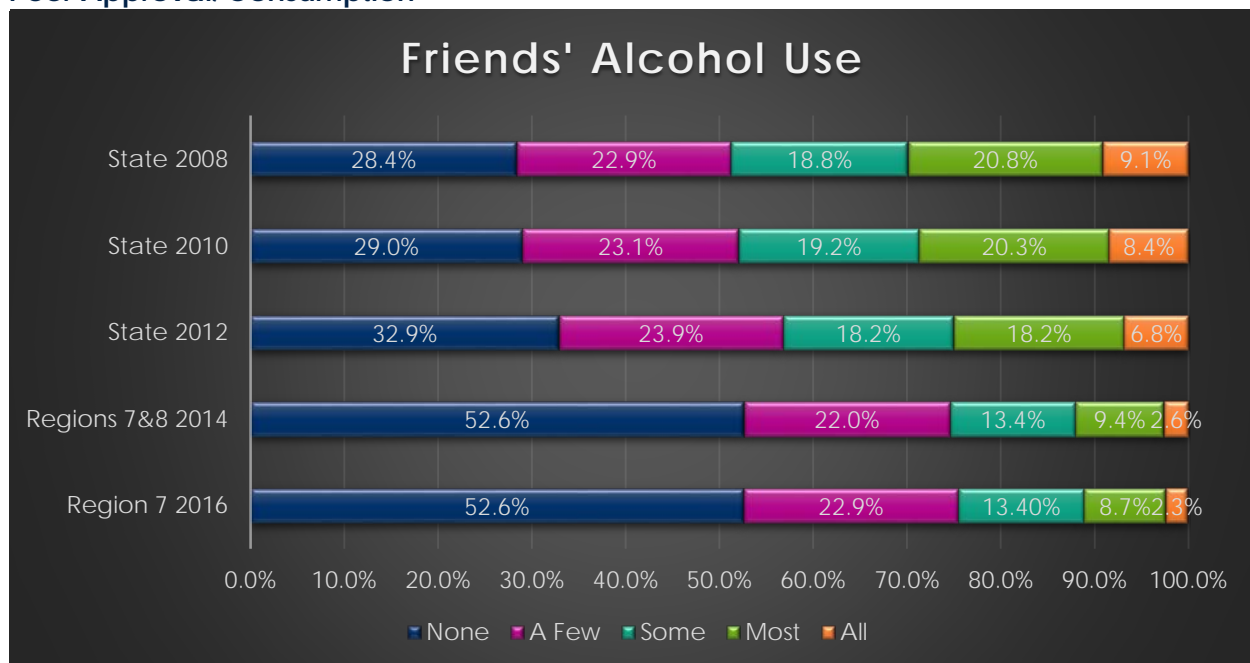
Data from the Texas School Survey (TSS, 2016; TSS, 2014; TSS, 2012; TSS, 2010; TSS, 2008) for Region 7 is combined with Region 8. As a result, what follows are numbers from two regions. The data extracted from the TSS is presented below as best matching social norms of substance consumption.

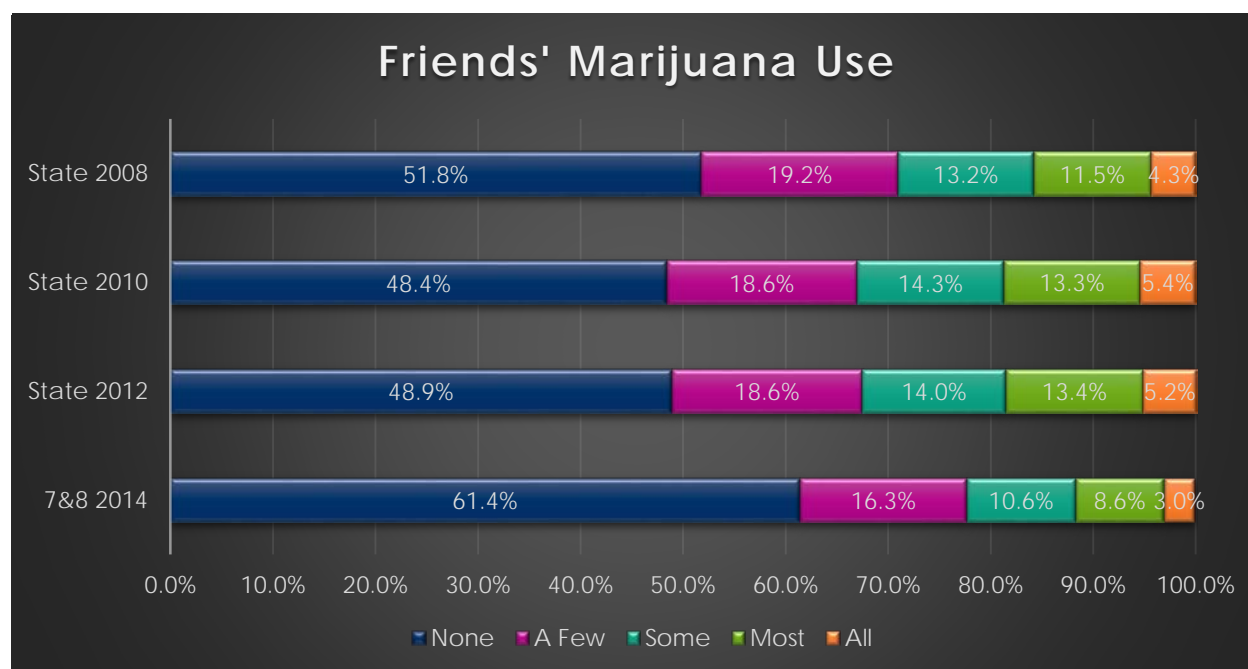
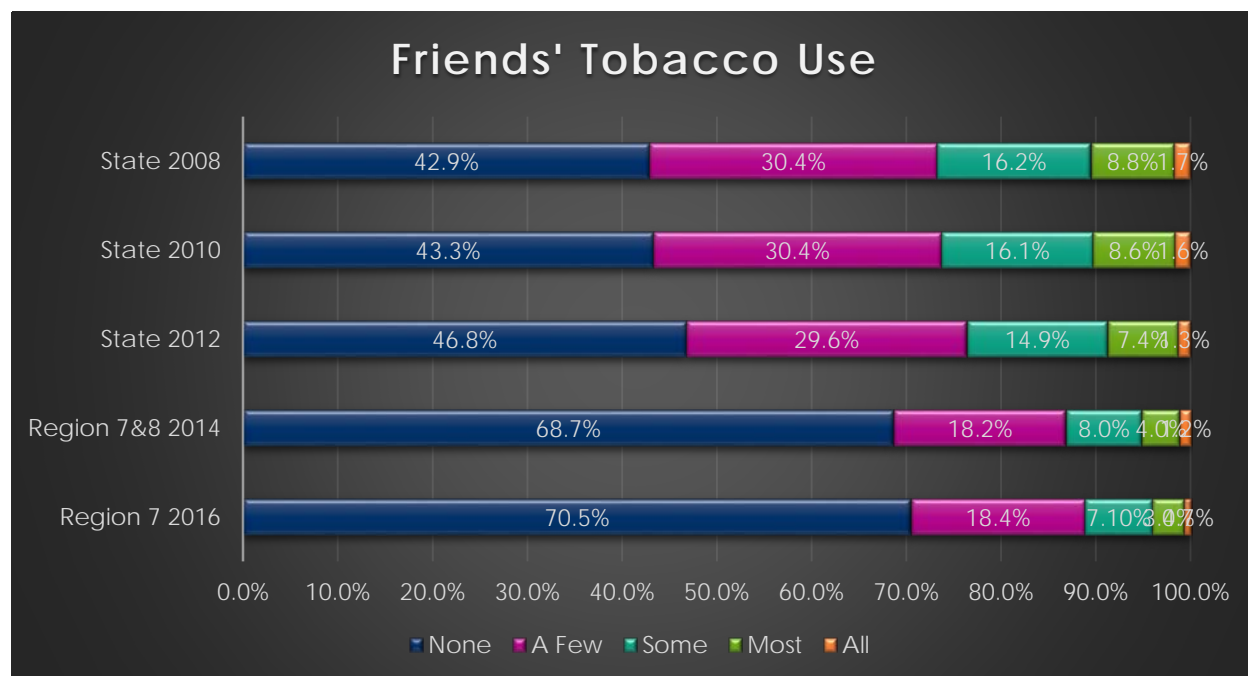
Parental Approval/Consumption





Peer Approval/Consumption





Adolescent Sexual Behavior

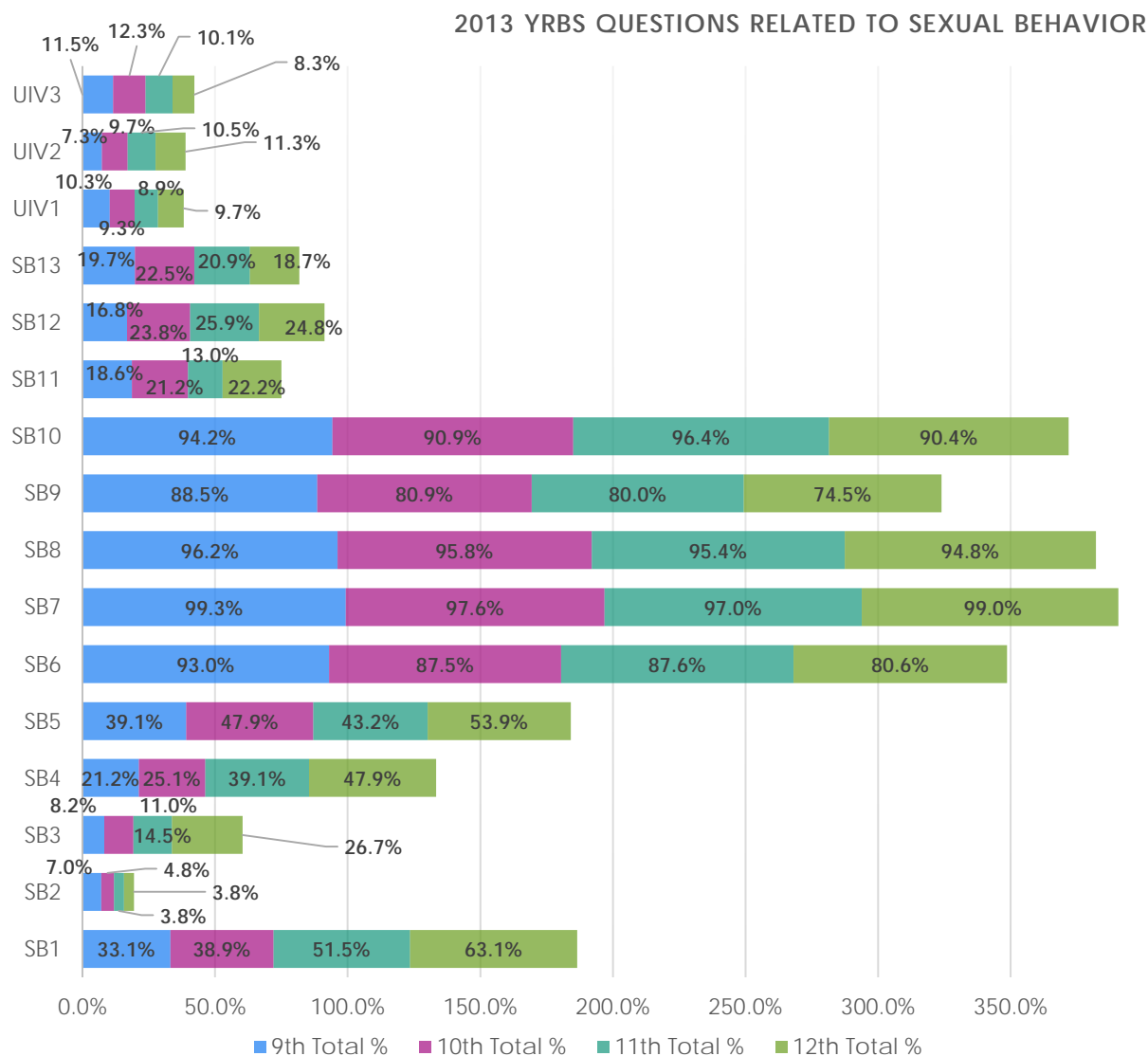
The Youth Risk Behavior Survey (YRBS) collects responses from high school students in Texas. For the year 2013 the following questions were asked:

Youth Risk Behavior Survey questions related to sexual behavior

Coded for
proceeding
figure

Sexual Behaviors (SB)

Ever had sexual intercourse	SB1
Had sexual intercourse before age 13 years (for the first time)	SB2
Had sexual intercourse with four or more persons (during their life)	SB3
Were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	SB4
Did not use a condom (during last sexual intercourse among students who were currently sexually active)	SB5
Did not use birth control pills (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	SB6
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	SB7
Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	SB8
Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy among students who were currently sexually active)	SB9
Did not use both a condom during and birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse (to prevent STD and pregnancy among students who were currently sexually active)	SB10
Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)	SB11
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	SB12
Were never taught in school about AIDS or HIV infection	SB13
Unintentional Injuries and Violence (UIV)	
Were ever physically forced to have sexual intercourse (when they did not want to)	UIV1
Experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	UIV2
Experienced sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	UIV3



The teen birth rate per 1,000 population of females aged 15-19 was 43.57 in Region 7. In the region, a total of 4,664 births occurred for mothers between 15 and 19. In comparison, Texas has a teen birth rate (per 1,000 population) of 55, while the national rate is 36.60. The three counties with the highest teen birth rate are Llano (70.40, $n=28$), Robertson (68.80, $n=39$), and Limestone (67.50, $n=49$).

Cultural Factors

Cultural factors influence decisions related to substance use. Many times, substance use is connected to accessibility. While misunderstanding or misbeliefs about a substance can also relate to cultural factors, a greater danger occurs when new habits or patterns for substance use connect themselves to culture.

Misunderstandings about Marijuana

One misunderstanding concerning marijuana use is the difference between medical and recreational marijuana use. Recreational marijuana is commonly known to have more THC, while medical marijuana will have more Cannabidiol (CBD). The high from marijuana comes from THC. Another

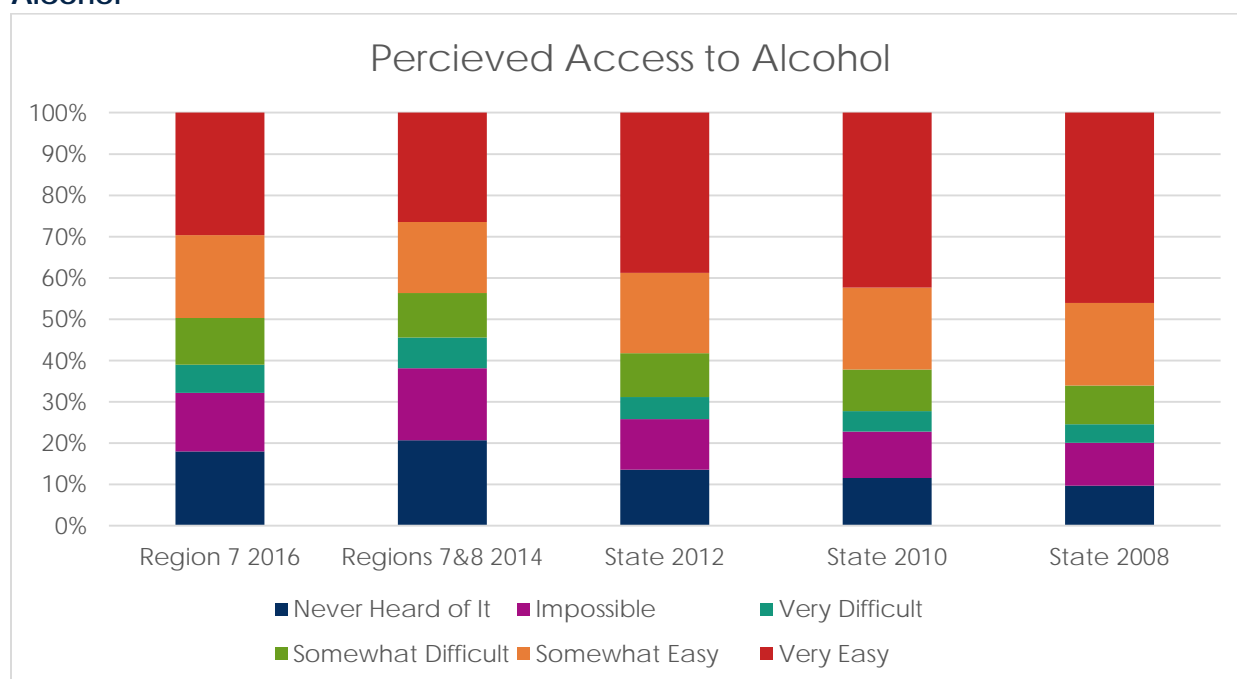
misunderstanding, especially among children, is that marijuana is legal in Texas as it is in Colorado or Washington.

Accessibility

The ease of alcohol and drug accessibility for adolescents is a concern because of the potential to promote use at earlier ages. According to the Texas College Survey in 2015 12% of underage respondents have a fake ID and 22% of underage respondents were not carded at liquor stores, bars, or restaurants. However, the predominant method was through a friend who was over 21 with 74% of underage respondents reporting that that is how they acquired alcohol. The following figures based off of the Texas School Survey provide insight into how students perceive their access to substances (TSS, 2016; TSS, 2014; TSS, 2012; TSS, 2010; TSS, 2008).

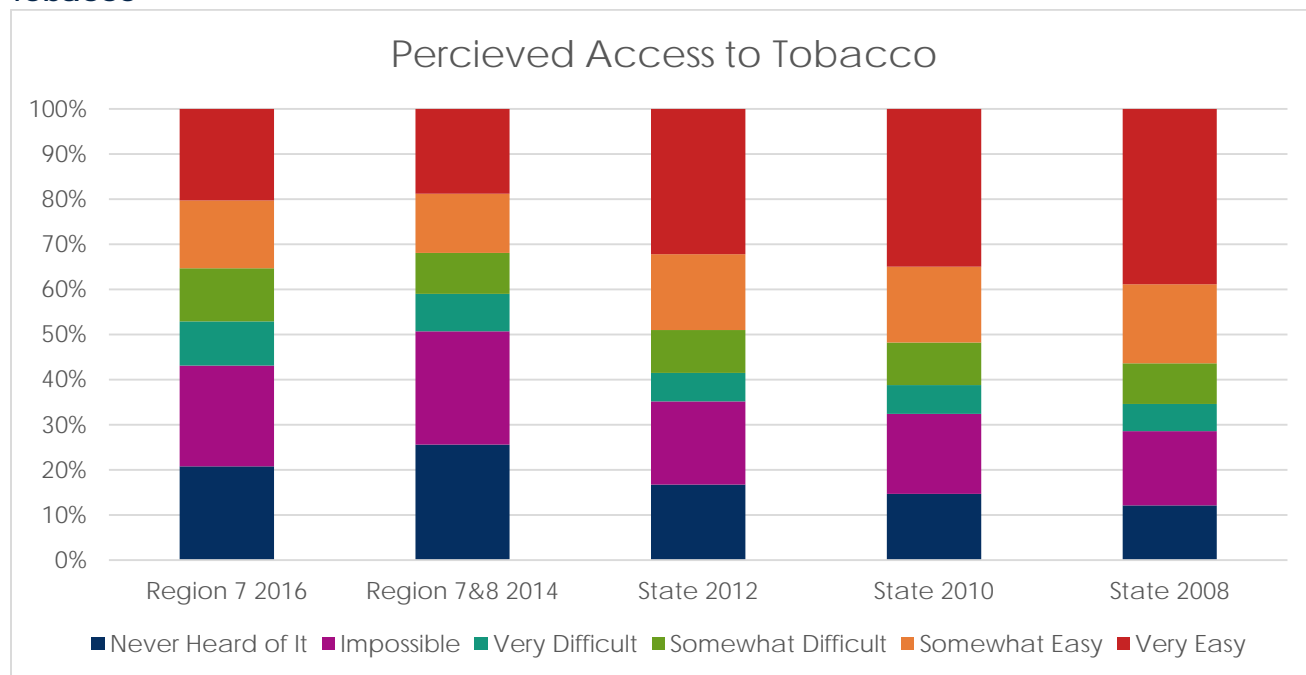
Perceived Access

Alcohol

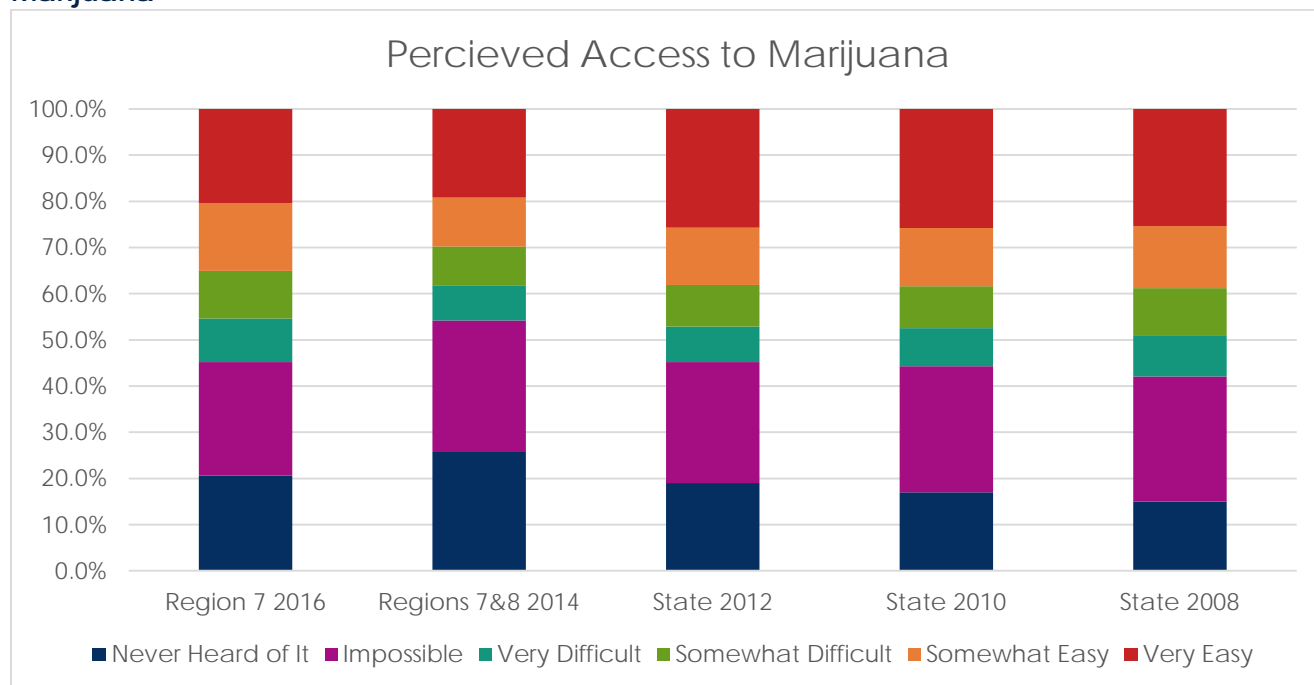


Source of Alcohol	Home	Friends	Store	Parties	Other Sources
Region 7 2016	23.9%	21.0%	6.0%	22.9%	12.8%

Tobacco



Marijuana



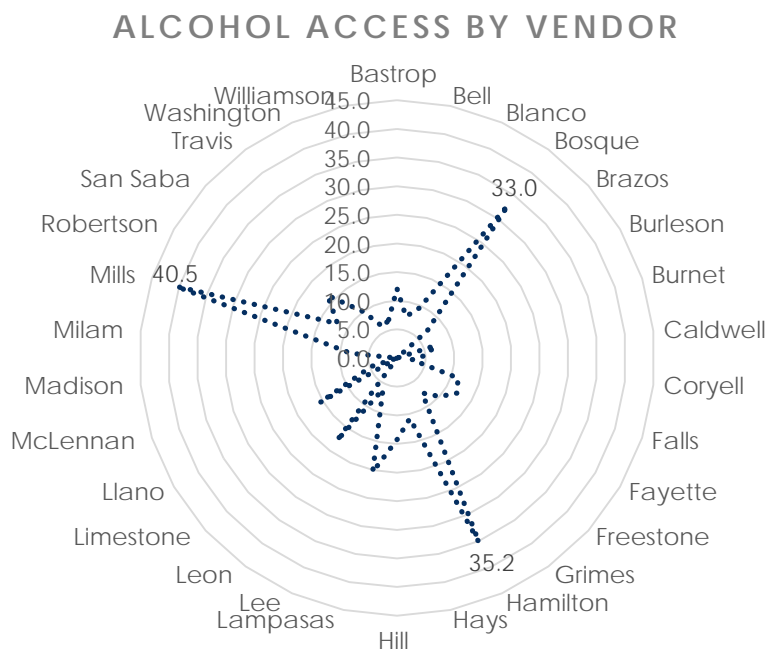
Prescription Drugs

Data on the accessibility of prescription drugs is limited. Yet, we know there are more prescriptions compared to the population in Region 7. Because prescriptions outnumber individuals in Region 7, there

is a real danger in the accessibility of prescription drugs to adolescents. For more information, see Early Initiation of prescription drugs within the Regional Consumption Section.

Alcohol Access

In the figure below, access to alcohol in Region 7 is illustrated by county-level rates. The rates are calculated by the number of alcohol establishments divided by 100,000, as defined by North American Industry Classification System (NAICS) Code 445310. Alcohol establishments in this sample include those selling beer, wine, and liquor. In the figure below, the three counties with the most access to alcohol based on the number of establishments are Mills, Hamilton, and Bosque counties.



Marijuana Access

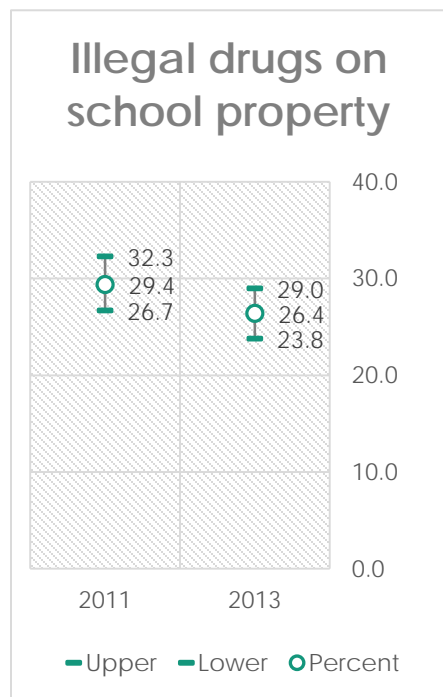
Although medical marijuana is legalized in Texas only for intractable epilepsy and under the care of an authorized doctor after trying two FDA-approved drugs and the cannabis subsequently used must contain less than 10% THC, there are many advocates attesting to beneficial uses outside of epilepsy. However, the short-sightedness of marijuana use is the long-term health concerns. While, other states in the US have legalized medical marijuana, while other states have legalized marijuana for recreational use, recreational use in Texas still illegal. At the time of writing this Texas does allow medical cannabis oil for patients with epilepsy. Access to marijuana is mostly influenced from outside sources and will depend on law enforcement or marijuana decriminalization policies in order to reduce and control marijuana access.

Prescription Drugs Access

Access to prescription drugs is a growing trend in Texas and in Region 7 with prescription drugs outnumbering people (1.3 prescriptions per person). Coalitions have advocated that prescription pills be locked away and secured from potential abuse. To that purpose there have been several prescription drug drop boxes permanently established as well as numerous prescription pill takeback events. More information about the permanent drop boxes is provided under Regional Successes.

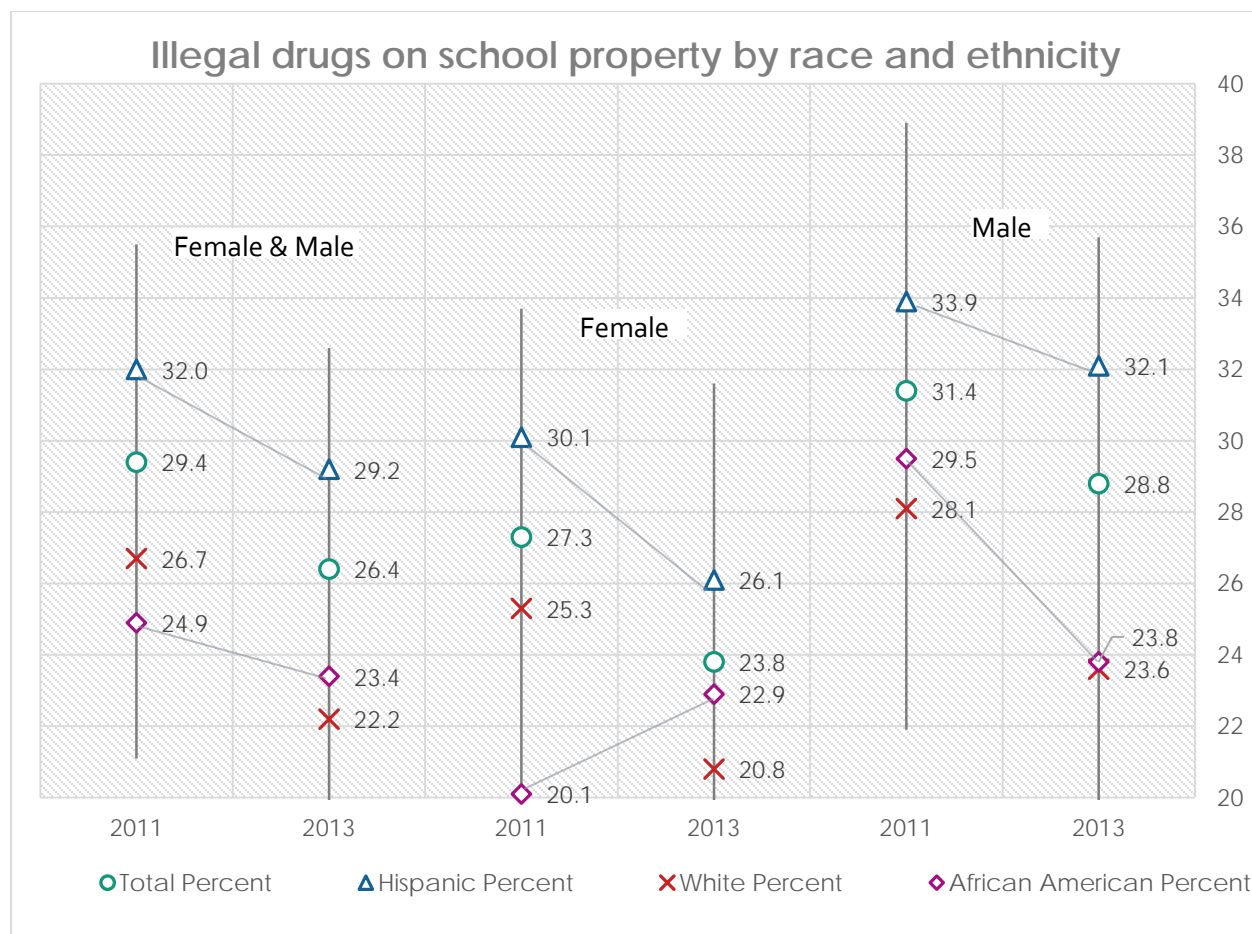
Illegal Drugs on School Property

The Youth Risk Behavior Survey (YRBS) 2013 and 2011 illustrates what we know about illegal drugs on school property. For Texas, only high school data is available; other states also include middle school data.



Texas high school students 9-12 were asked during the 12 months before the survey if they were offered, sold, or given an illegal drug on school property. As illustrated in the figure, there is a decline of student 9-12 responses from 2011 (29.4%, $n = 4130$) to 2013 (26.4, $n = 3120$), and the student sample includes all races and ethnicities. The additional upper and lower values are confidence limits also derived from the YRBS and serve as a range of possible values.

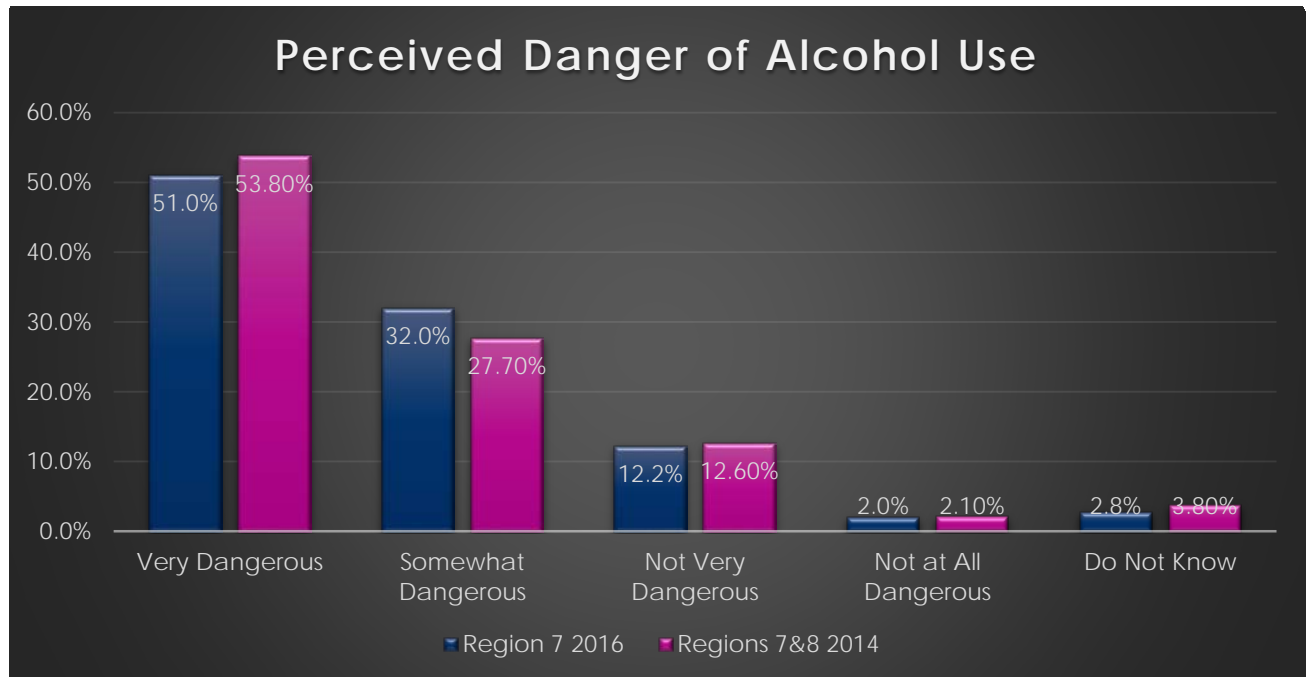
Across all races and ethnicities, when combining all high school grade levels together, from 2011 to 2013 YRBS responses for the offer, selling, giving of illegal drugs on school property has declined. However, the gap of decline is small among Hispanics and African Americans in the Female & Male 2011-2013 section of the figure. Furthermore, among African Americans, females had an increase related to illegal drugs on school property from 2011 to 2013 compared to male African Americans. Among Hispanics, the gap is smaller among Hispanic males compared to Hispanic females. For instance, see the next figure with race and ethnic comparisons.



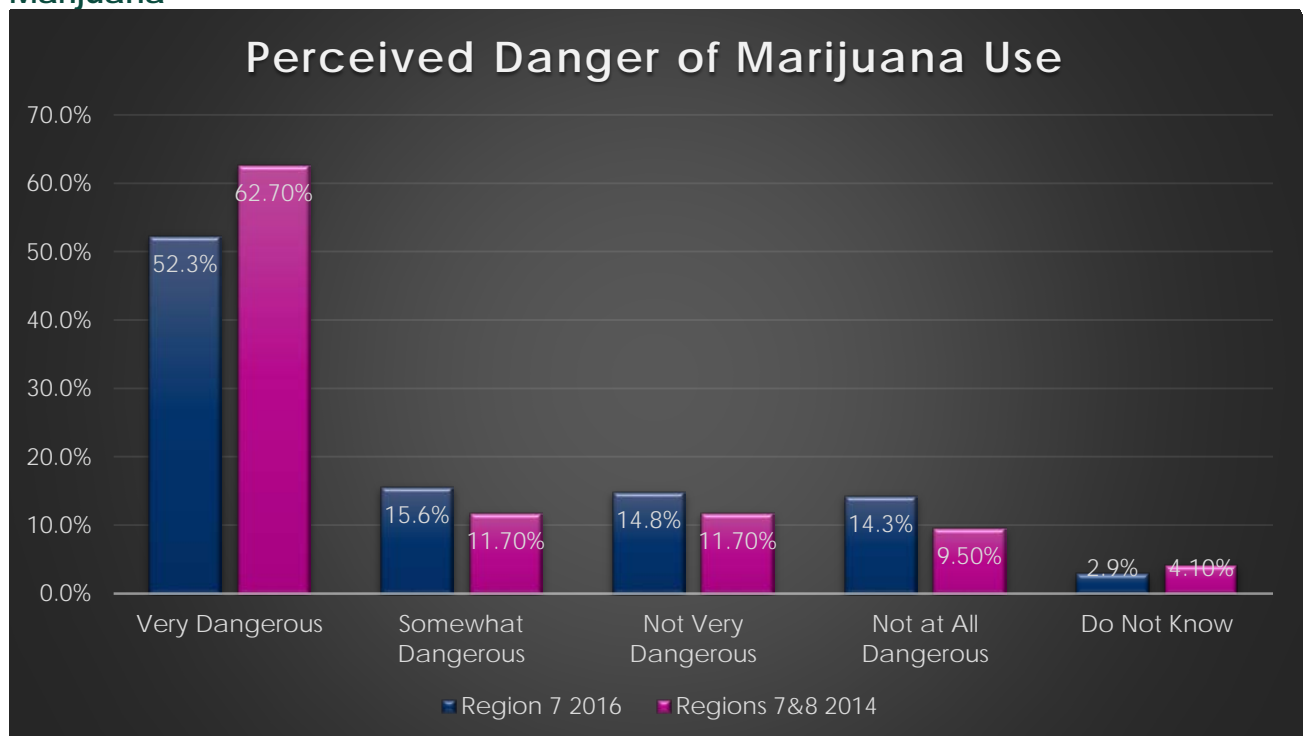
Perceived Risk of Harm

Results from the Texas School Survey for Alcohol and Drugs 2008-2014 identifies the level of danger students (i.e., grades 6-12) associate with use of alcohol, marijuana, and prescription drugs. Region 7 and 8 results were combined according to the Public Policy Research Institute to improve sampling outcomes.

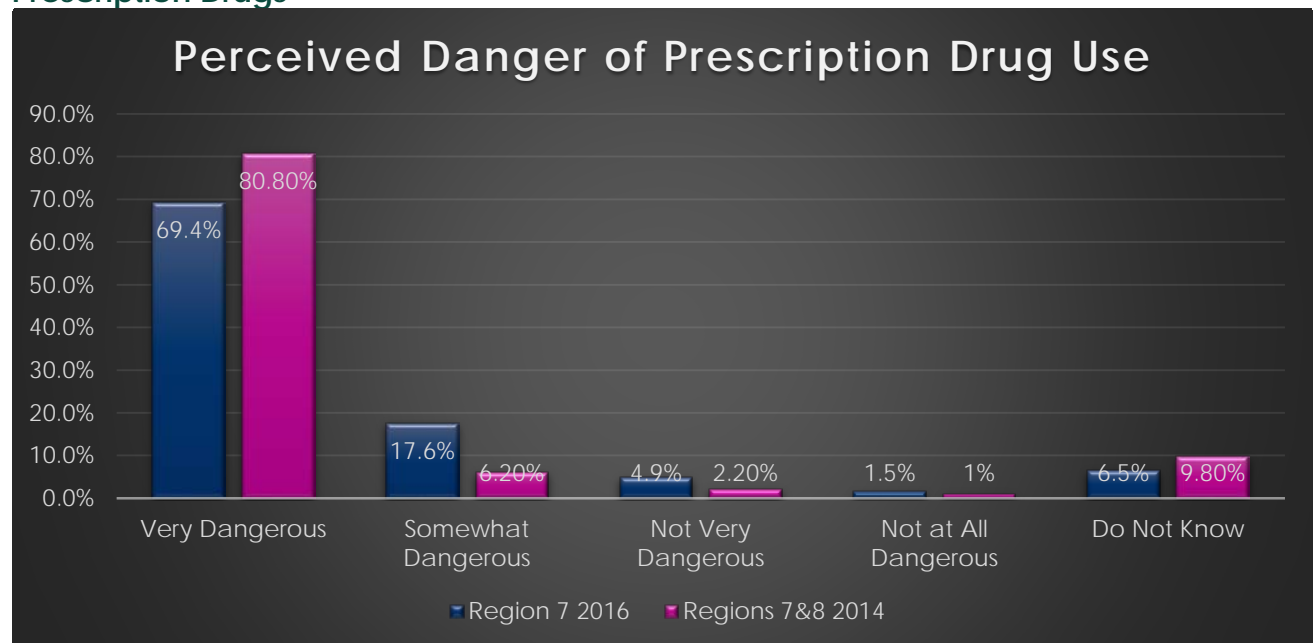
Alcohol



Marijuana

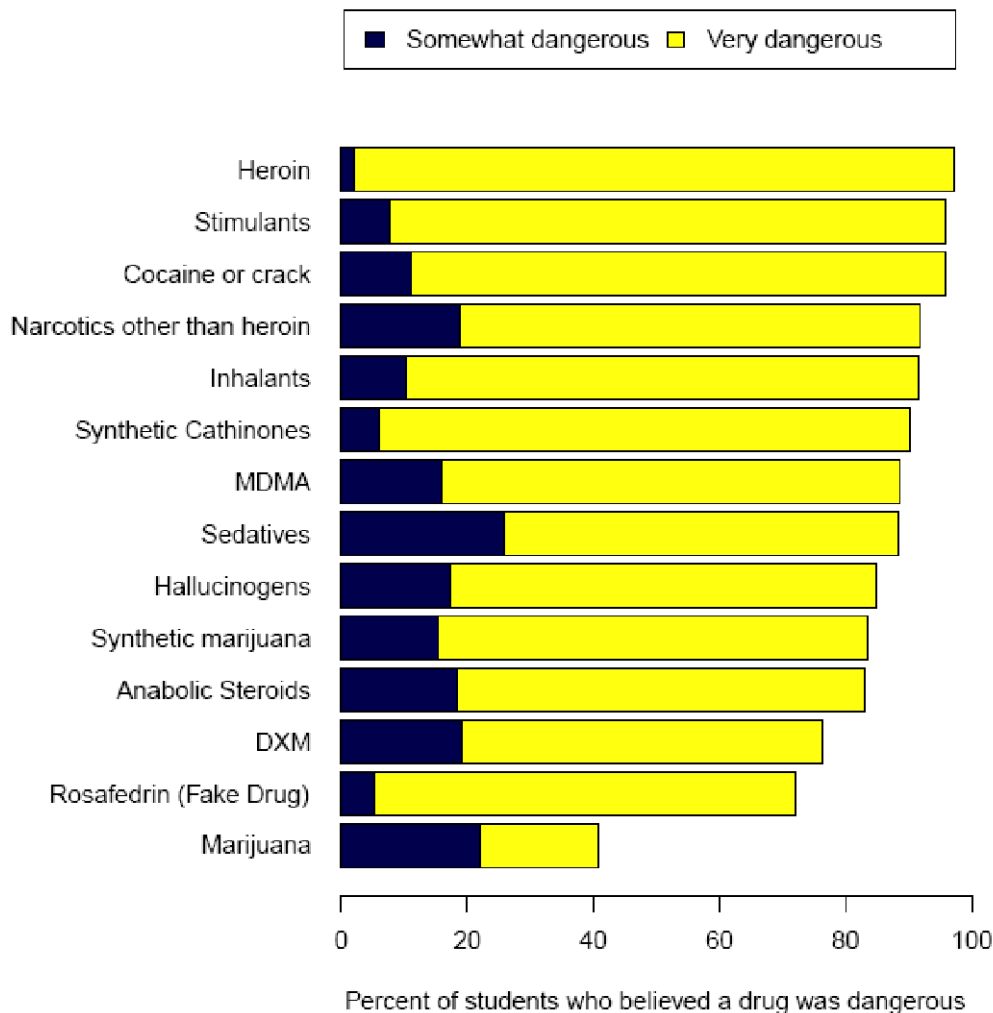


Prescription Drugs



College Students Perception of Harm

The 2015 Texas Survey of Substance Use among College Students or the Texas College Survey reported that for most drugs 80% of college students surveyed considered them to be dangerous with the exception of Marijuana and DXM. For Marijuana 41% of respondents considered it to be somewhat or very dangerous down 4% from 2013.



Regional Consumption

Alcohol

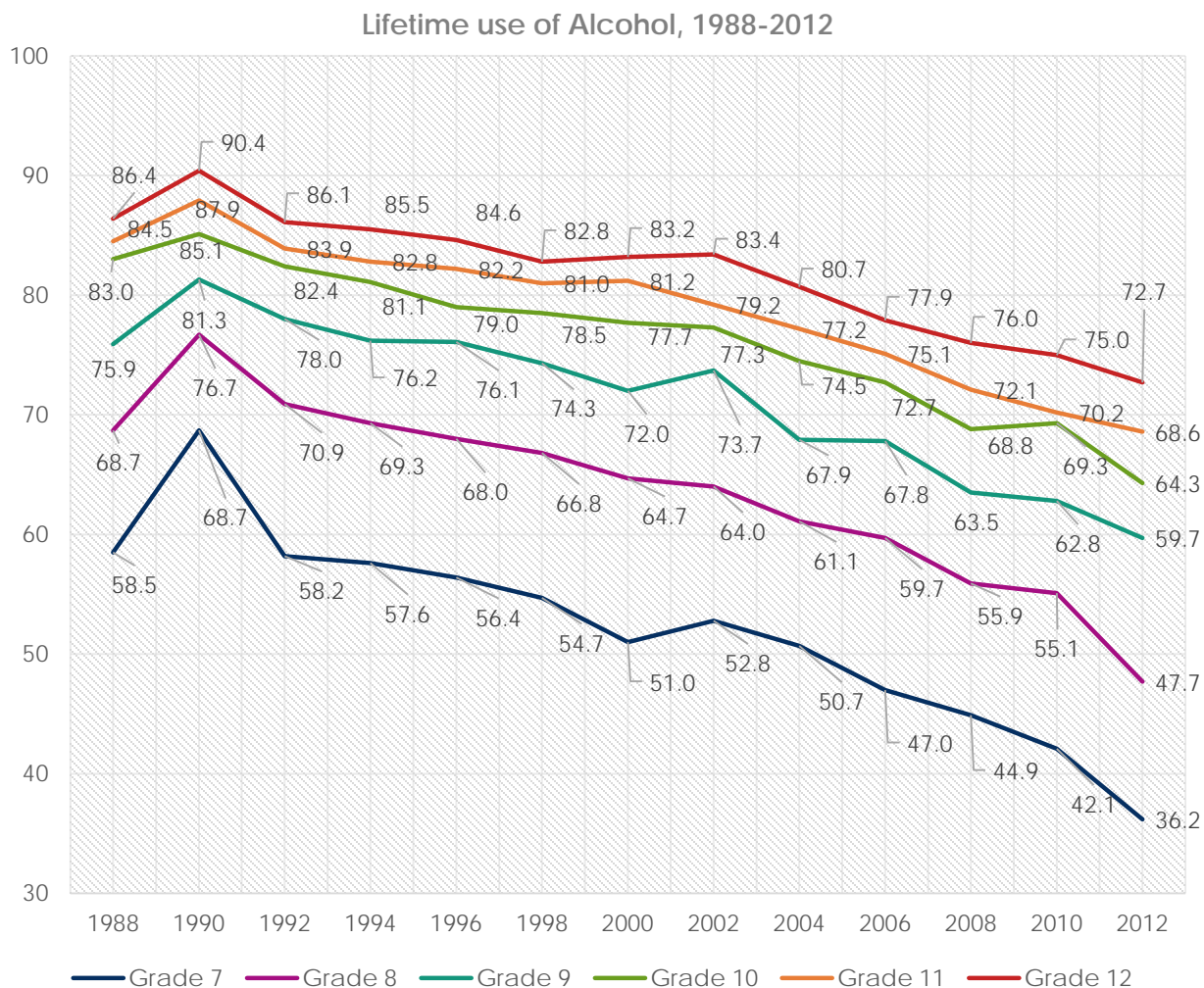
According to the Texas Drug Facts among Youth 2012, alcohol continues to be the most commonly used substance among secondary school students. Additionally, Dr. Jane Maxwell (2013) has found this to be apparent from Texas School Survey (TSS) data. Students in grades 7-12, over time, illustrate a gradual decrease in alcohol use and binge drinking (see Table on next page). For younger students (grades 4-6), observations from the Texas School Survey data indicate a decrease of overall alcohol use from 2010 to 2012. For example, lifetime alcohol use for students in grades 4-6 decreased from 21.5 percent (2010) to 17.7 percent (2012). Further highlights from TSS data demonstrate that past-school-year alcohol use also followed this downward trend from 13.7 percent to 11.2 percent.

Age of and Early Initiation

Region(s) and Year	Age of Initiation	Early Initiation (<13)
Regions 7&8 2014	12.6	44.0%
State 2012	12.6	45.4%
State 2010	12.4	49.2%
State 2008	12.3	50.5%

Current and Lifetime Use

Region(s) and Year	State 2008	State 2010	State 2012	Regions 7&8 2014	Region 7 2016
Current Use, All Grades	30.4%	29.0%	25.1%	18.6%	25.7%
Lifetime Use, All Grades	62.9%	61.8%	57.5%	45.7%	51.1%
High-Risk Use*, All Grades	20.6%	20.3%	17.8%	11.3%	9.8%
Current Use, Grade 7	16.9%	15.0%	11.5%	10.4%	10.1%
Lifetime Use, Grade 7	44.9%	42.1%	36.2%	27.8%	31.5%
High-Risk Use*, Grade 7	8.7%	8.7%	6.7%	5.2%	2.6%
Current Use, Grade 12	45.2%	43.4%	40.3%	33.6%	44.6%
Lifetime Use, Grade 12	76.0%	75.0%	72.7%	61.5%	70.3%
High-Risk Use*, Grade 12	34.0%	33.3%	31.2%	21.0%	20.9%



College Student Alcohol Consumption

According to the Texas College Survey for 2015 around 82% of respondents have had alcohol in their lifetime, 76% have used alcohol in the past year and 61% in the past month, 16% of respondents abstain completely from alcohol, 41% of male respondents reported binge drinking in the past month while only 35% of female respondents did. The majority of students who reported drug use indicated that they continue to do drugs while 50% reported decreasing or stopping their use since starting college (down 13% from 2013) and 25% of students reported increasing their usage since starting college (up 5% from 2013).

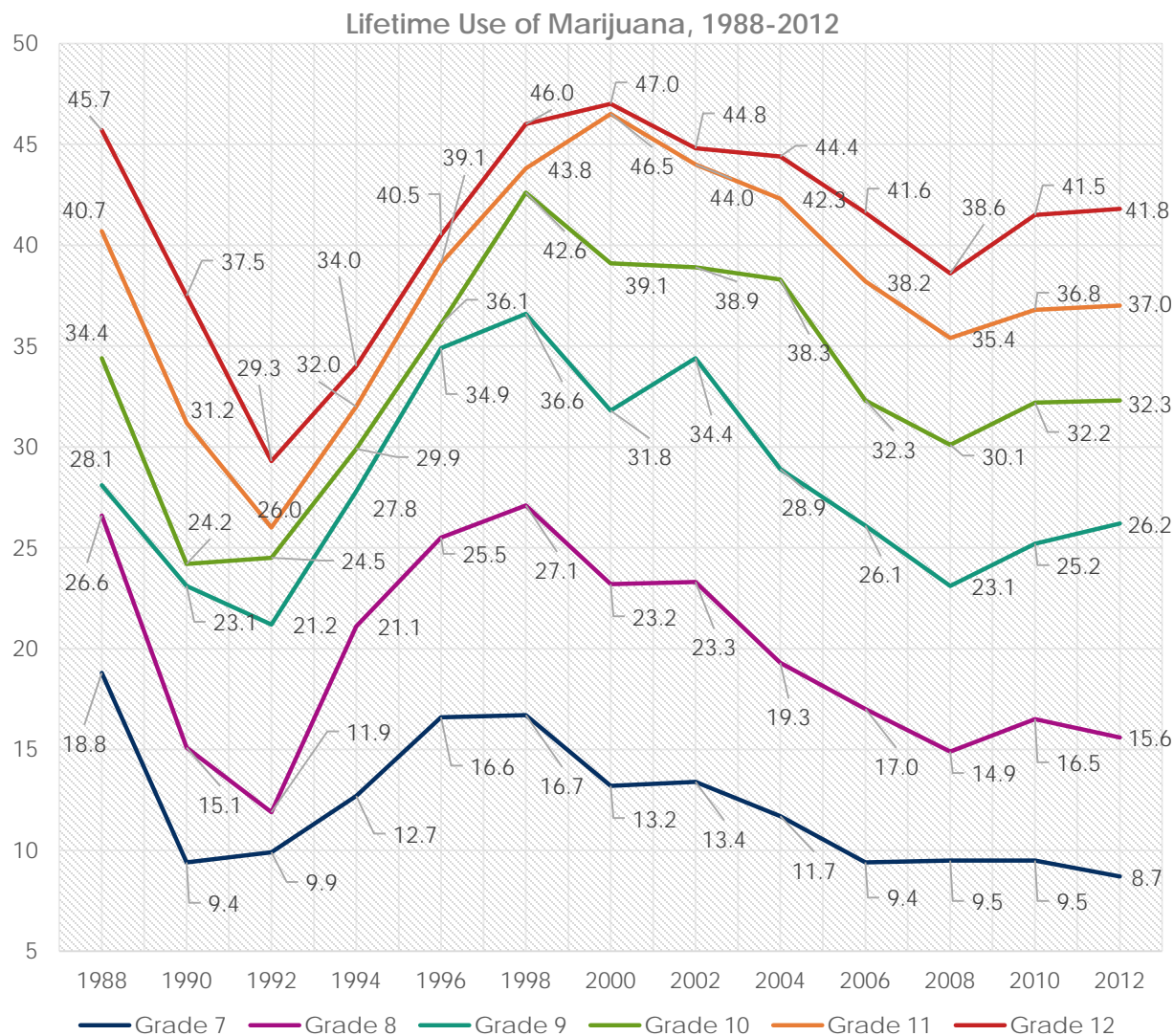
Drug Usage by Texas College Students			
Drug	Lifetime Use	Past Year Use	Past Month Use
Alcohol	81.9%	75.8%	60.9%
Tobacco	55.0%	43.1%	25.7%
Inhalants	3.9%	1.3%	0.4%

DXM	7.3%	4.0%	1.8%
Marijuana	42.8%	29.8%	17.6%
Synthetic Marijuana	9.0%	1.1%	0.2%
Cocaine	8.8%	4.9%	2.1%
Stimulants	6.5%	3.9%	2.2%
Sedatives	12.1%	7.4%	3.0%
Hallucinogens	10.8%	5.7%	1.6%
Heroin	1.2%	0.3%	0.1%
Other Narcotics	11.2%	6.6%	2.1%
Steroids	1.0%	0.5%	0.2%
Bath Salts	1.1%	0.3%	0.1%
MDMA	9.5%	4.1%	1.1%

Marijuana

The most frequent age of initiation for marijuana use is 14 years old according to the Texas School Survey of Drug and Alcohol Use (2012). Early initiation of marijuana use among 7-12 graders was 6% (94,898). Also, 26.2 percent of students in grades 7-12 reported on the Texas School Survey (TSS 2012) that they had used marijuana at some point during their lives. The same result was found for students in 2010. Downward trends continue when observing student in grades 4-6. For example, lifetime marijuana use from 2010 to 2012 decreased from 1.9 percent to 1.7 percent with past-school year use dropping from 1.3 percent to 1.2 percent. Also, there was a decrease for students in grade 6 (3.8 percent to 3.2 percent).

Region(s) and Year	State 2008	State 2010	State 2012	Regions 7&8 2014	Region 7 2016
Current Use, All Grades	10.0%	11.4%	11.1%	6.9%	10.6%
Lifetime Use, All Grades	24.6%	26.2%	26.2%	19.2%	19.7%
Current Use, Grade 7	4.0%	3.9%	3.2%	1.7%	1.6%
Lifetime Use, Grade 7	9.5%	9.5%	8.7%	5.1%	4.1%
Current Use, Grade 12	15.3%	18.4%	18.9%	11.1%	21.9%
Lifetime Use, Grade 12	38.6%	41.5%	41.8%	35.0%	38.0%



Marijuana edibles and vapor are new trends in marijuana use, especially in conjunction with the e-cigarette. As a result, marijuana in the form of oils, wax, and concentrates will become more prevalent, especially in promoting the presence of vapor shops across the region.

The consequences of marijuana legalization can lead to increased availability and the normalization of marijuana use. Following the legalization path would lead to further negative health consequences, especially among youth. A negative health aspect involving adolescent with chronic use can lead to dependence and addiction. Unfortunately, the legalization of marijuana will not solve the current public health challenges.

Age of and Early Initiation

	Age of Initiation	Early Initiation (<13)
Regions 7&8 2014	13.7	26.5%
State 2012	13.7	24.9%

State 2010	13.7	25.8%
State 2008	13.6	27.5%

Prescription Drugs

In 2011, the Executive Office of the President of the United States called the abuse of prescription drugs an epidemic. The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on to reduce prescription drug abuse. The four areas focused on education, monitoring, proper medication disposal, and enforcement. Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring in Texas includes implementation of prescription drug monitoring programs. One such program already established in Texas is the Prescription Access in Texas (PAT).

In a report conducted by the Trust for American's Health (TFAH 2013), Texas was found to have the eighth lowest drug overdose mortality rate in the U.S. The 2010 mortality rate (per 100,000) for Texas was 9.6. A mortality rate of 9.6 is alarming for Texas because in 1999 the mortality rate (per 100,000) used to be 5.4. As a result, the rate change from 1999-2010 has increased by 78 percent. In fact, according to Lankenau et al. (2012) prescription opioids are most abused by young adults.

Adolescents are at risk for prescription drug use. In fact, estimates from the TFAH indicates that one in four teens have abused or misused a prescription drug during their lifetime. As an example, Ritalin and Adderall use by students was one in eight (13 %). The nonmedical use of Vicodin was another significant prescription drug used among high school students (one in twelve students used Vicodin) as well as OxyContin (one in twenty high school students).

Top 17 Abused Prescription Drugs of 2013			
Prescription Drug	2012 Sales	2011 Sales	% change
OxyContin (Oxycodone HCl controlled-release)	2.695 billion	2.791 billion	-3.4%
Suboxone (buprenorphine HCl and naloxone) Sublingual Film Subutex (buprenorphine HCl)	1.349 billion	1.228 billion	9.8%
Concerta (methylphenidate HCl)	1.073 billion	1.268 billion	-15.4%
Ambien (zolpidem tartrate)	670.6 million	661.1 million	1.4%
Ritalin/Focalin (methylphenidate HCl)	554 million	550 million	0.7%
Zoloft (Sertraline HCl)	541 million	573 million	-5.6%
Lunesta (Eszopiclone)	447.0 million*	420.1 million*	6.4%
Adderall XR (amphetamine/ dextroamphetamine)	429.0 million	532.8 million	-19.5%
Opiana ER (oxymorphone HCl)	299.287 million	384.339 million	-22.1%
Xanax XR (alprazolam)	274 million	306 million	-10.5%
Klonopin/Rivotril (clonazepam)	194 million	211 million	-8.1%
Fentora (fentanyl citrate)	121 million ¹	186 million ¹	-34.9%
Percocet (oxycodone acetaminophen)	103.406 million	104.600 million	-1.1%
Ativan (lorazepam)	30 million ¹	25 million ¹	20.0%
Soma (carisoprodol)	27 million ¹	46 million ¹	-41.3%
Valium (diazepam)	8 million ¹	10 million ¹	-20%

Top 17 Abused Prescription Drugs of 2013			
Vicodin (hydrocodone bitartrate and acetaminophen)	-	168 million ¹	-
<i>Source.</i> Drugs.com and EvaluatePharma. *=2012-2013, 2011-2012 sales. 1 = sales from EvaluatePharma. List retrieved from http://www.genengnews.com/insight-and-intelligence/top-17-abused-prescription-drugs-of-2013/77899961/?page=1			

Age of Initiation

The Age of Initiation for prescription drugs was not asked on the 2014 TSS. However, the prevalence of prescriptions in the region is an indication of prescription drug access. Because of the large amount of prescriptions relative to the 2014 population, the potential for youth to become involved with prescription drug abuse is a viable concern in Region 7.

Early Initiation

Adolescents initiating the use of prescription drugs are a real concern given that Region 7 has a high number of prescriptions compared to population. For example, in 2014 there were 3,589,960 prescriptions for a population of 3,148,709. The number of prescriptions to population in Region 7 is 8 prescriptions for 7 individuals. Of all 30 counties in Region 7, only three counties had more population compared to prescriptions (Bell, Brazos, and Coryell). Travis (1,202,860 prescriptions/1,094,126 population), Williamson (568,398 prescriptions/466,057 population), and McLennan (307,466 prescriptions/241,469 population) counties had the highest prescriptions to population ratio.

In addition, the amount of Schedule 2 prescriptions in Region 7 increases the likelihood of early initiation among adolescents abusing dangerous prescriptions. There were 1,770,742 scheduled 2 prescriptions in Region 7 among a 2014 population of 3,148,709. Schedule 2 prescriptions in Region 7, if viewed as a prescription per person, would translate to a rate of 14 out of every 25 individuals.

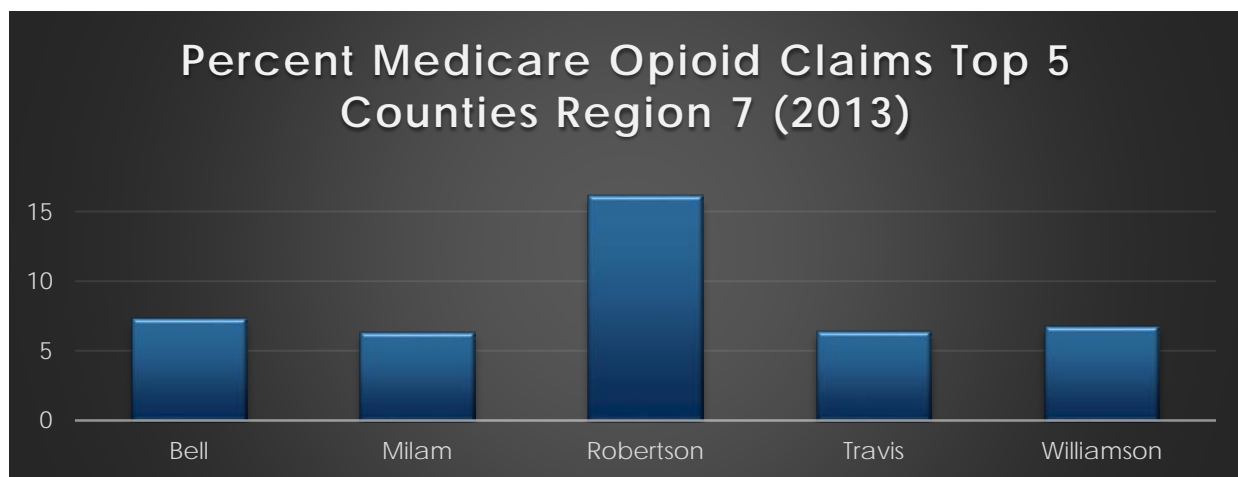
Schedule 2 drugs are defined as “drugs with a high potential for abuse, less abuse potential than Schedule I drugs, with use potentially leading to severe psychological or physical dependence. These drugs are considered dangerous” (DEA). Examples of Schedule 2 prescriptions are Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. In contrast, Schedule I drugs include heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3, 4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote. These drugs are defined by the federal government “with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules.

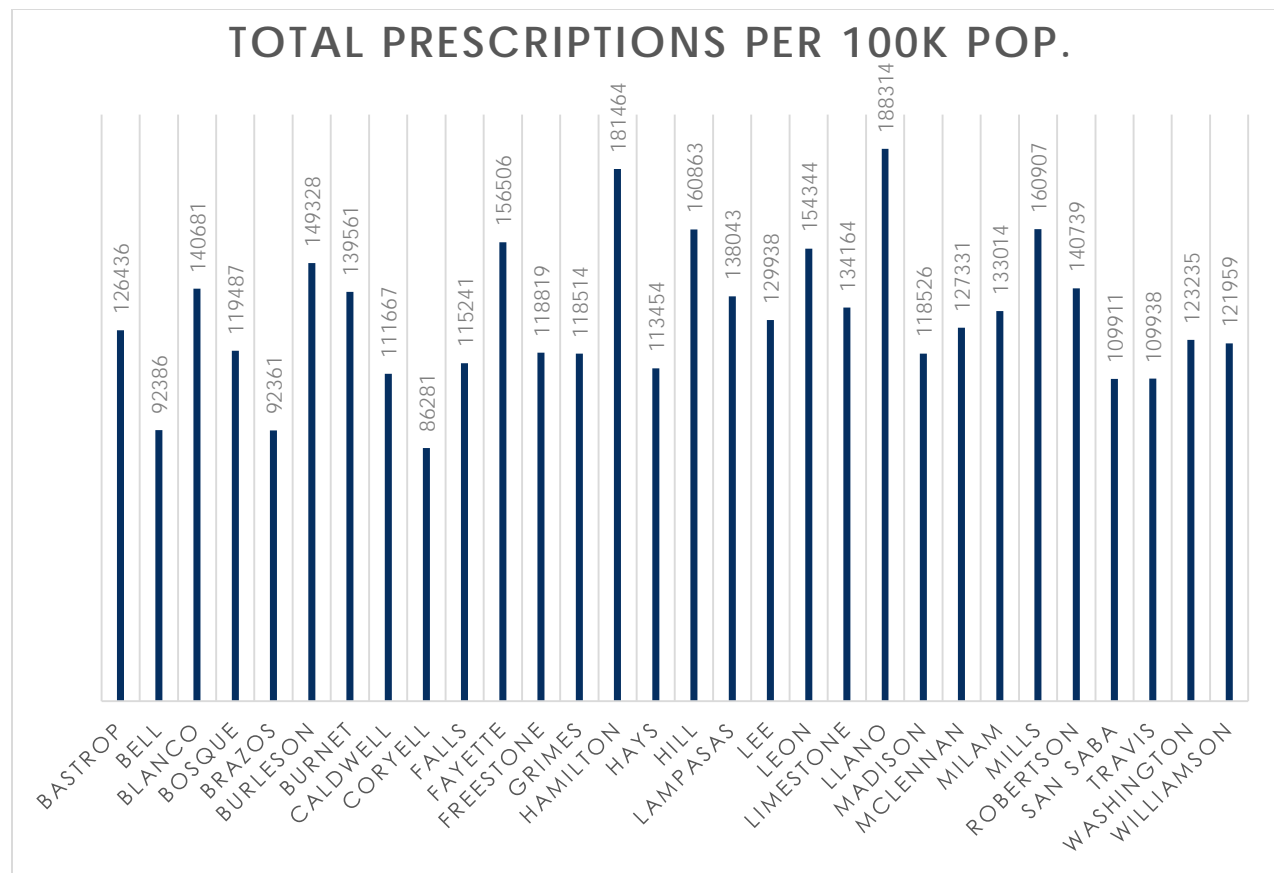
Current and Lifetime Use

When asked if students ever used prescription drugs in their lifetime, the Regions 7 and 8 outcome for students in grades 7-12 was 14.6%. Regions 7 and 8 are the top areas for students in grades 7-12 to self-report current use of prescription drugs (i.e., second in highest percent reported). Additionally, comparatively to lifetime use, Region 7 and 8 are tied with Region 4 (14.6%) and third in highest percent reported from students.

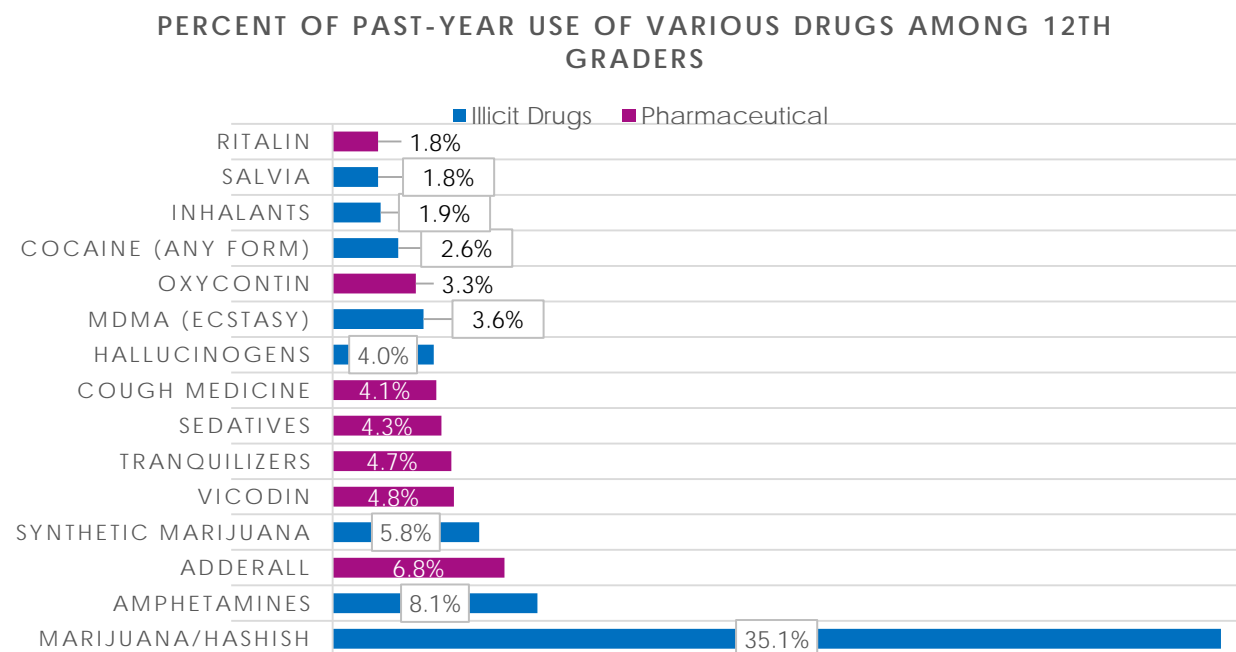
Region(s) and Year	Region 7 2016	Regions 7&8 2014	State 2012	State 2010	State 2008
Current Use, All Grades	10.1%	7.3%	5.9%	6.3%	6.4%
Lifetime Use, All Grades	18.3%	13.1%	14.2%	14.8%	15.3%
Current Use, Grade 7	8.5%	3.0%	3.5%	3.7%	3.9%
Lifetime Use, Grade 7	15.2%	5.2%	7.9%	8.3%	8.5%
Current Use, Grade 12	13.1%	10.2%	7.8%	7.7%	7.9%
Lifetime Use, Grade 12	24.0%	22.2%	20.8%	19.8%	20.8%

The state average percent of opioid Medicare claims to total claims for Texas is 5.79 and for Region 7 it was 5.53. The county that had the highest percent in Region 7 was Robertson at 16.16%. The below figure shows the top 5 highest in Region 7.





Additional Data



Source. University of Michigan, 2014 Monitoring the Future Study

Special Topic: Opiates

National Crisis

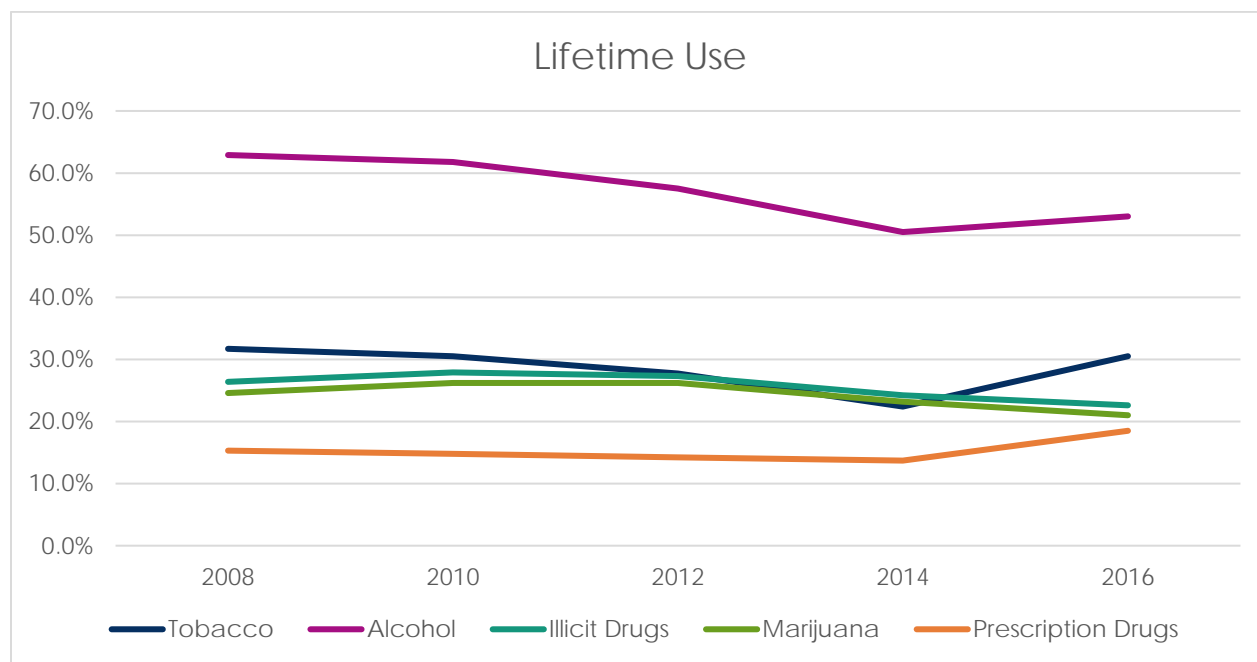
As use of prescription and illicit opiates has increased and an estimated 91 Americans die from an opioid overdose every day the opioid epidemic has reached national news many times in the last couple years. The death toll seems to be focused predominantly in the northeast of the U.S. in 2013-2015. Since 1999 the number of overdose deaths involving opioids has quadrupled (CDC, 2016).

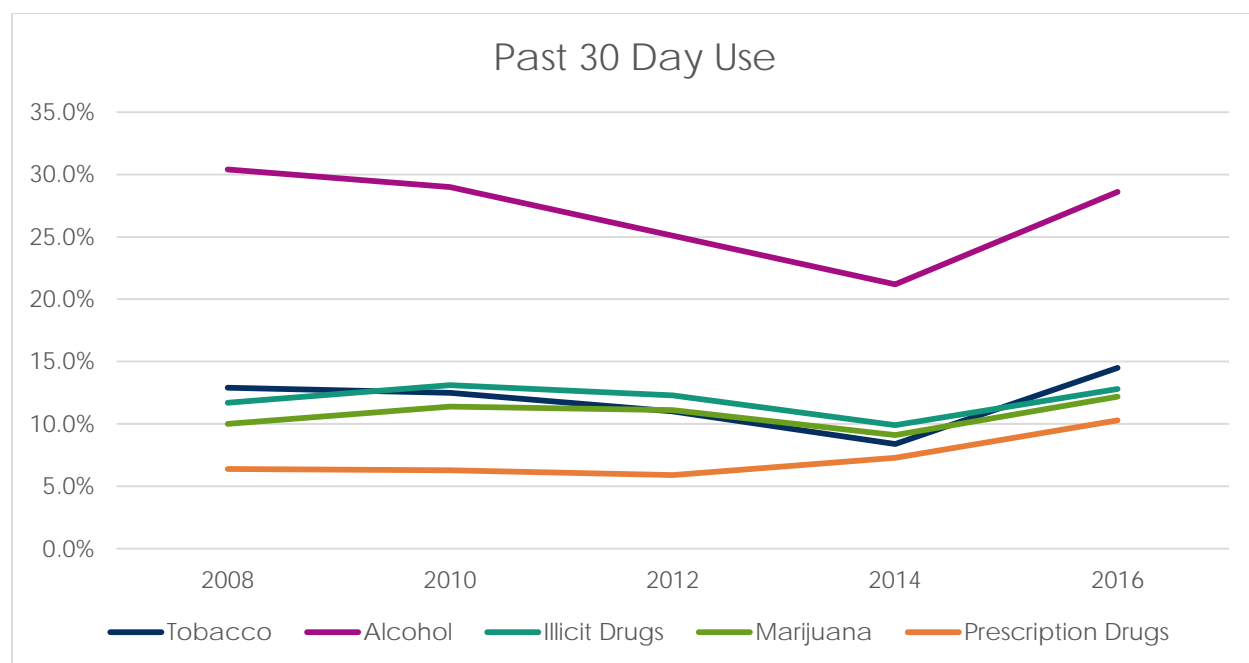
Regional Use

Region 7 has not seen an increase in opioids and while many states saw an increase in drug overdose death Texas, despite its proximity to Mexico was not one of them (CDC 2016). The primary drugs seized and used in Region 7 are Marijuana, Cocaine, and Methamphetamine. But this is not to downplay the problems of opioid use in this region, the majority of drug deaths involve an opioid and this is expected to hold true for Region 7 as well.

Emerging Trends

The description of emerging trends is guided by the following tables and figures describing substance use in Texas. Alcohol use among adolescents is still the number one concern. The second concern is marijuana use. Sporadic in use, the use of synthetic marijuana tends to make headlines during spring and summer. Also, related to marijuana use, the perceived risk of harm has steadily declined.





Synthetic Cannabinoids

In Region 7, use of synthetic marijuana has been sporadic and inconsistent. Below are a series of figures describing use of synthetic cannabinoids by adolescents.

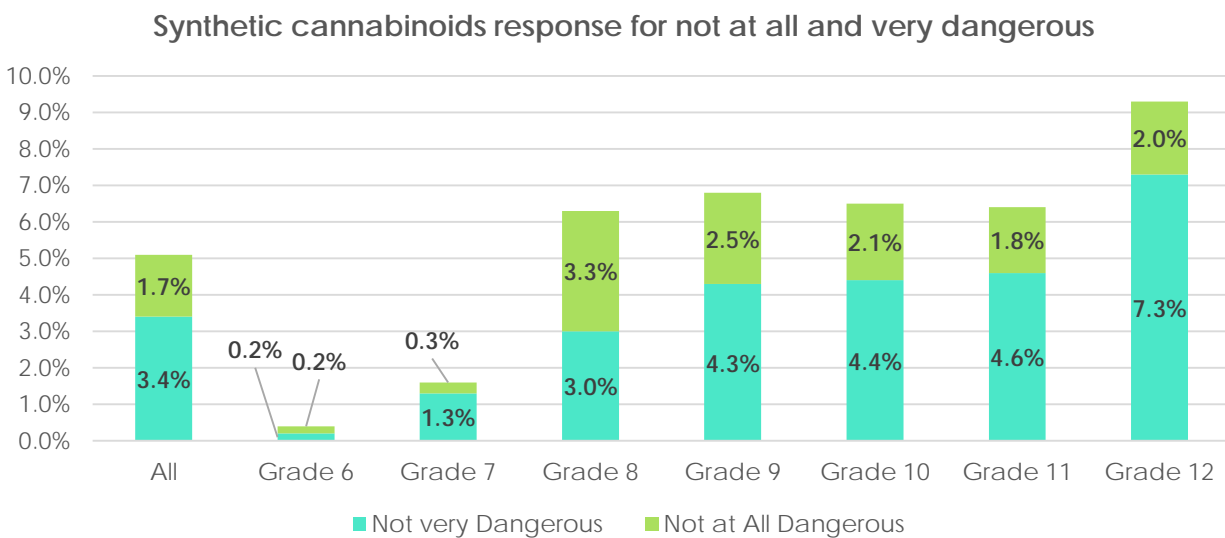
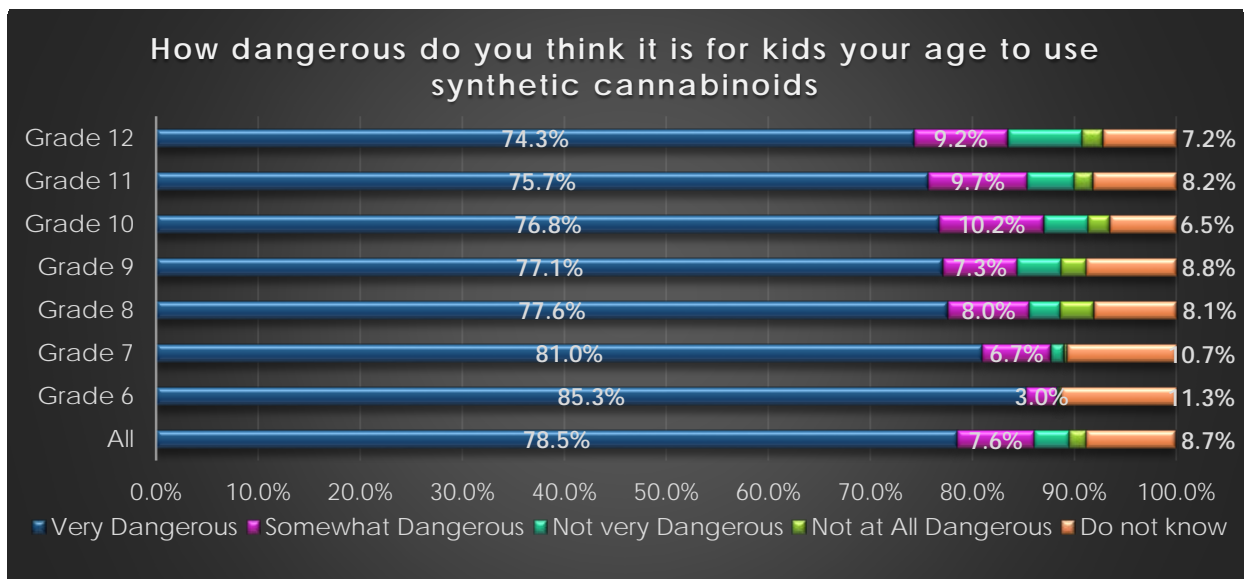
Synthetic Marijuana Consumption, Grades 6-12				
Area	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12
Texas	1.8%	6.6%	2.1%	9.4%*
Region 1 and 2	1.5%	7.3%	3.0%	13.2%
Region 3	1.1%	3.8%	1.1%	6.4%*
Region 4	1.3%	6.9%	1.4%	12.1%*
Region 5 and 6	1.8%	6.3%	2.0%	9.5%*
Region 7 and 8	1.3%	5.5%	2.9%	9.4%
Region 9 and 10	2.3%	7.9%	3.5%	15.4%
Region 11	2.5%	7.6%	2.6%	10.5%*

Source. 2014 Texas School Survey (tD-1). *=Use 10th and 11th grade is equal to or greater than 12th grade.

Synthetic Marijuana Initiation, Grades 6-12		
Area	Age of Initiation	Early Initiation (<13)
Texas	14.2	14.7%
Region 1 and 2	14.2	11.6%
Region 3	14.1	15.7%
Region 4	14.5	9.8%

Synthetic Marijuana Initiation, Grades 6-12		
Region 5 and 6	14.2	14.9%
Region 7 and 8	14.2	18.3%
Region 9 and 10	14.0	16.5%
Region 11	14.1	18.9%

Source. 2014 Texas School Survey (q21L).



Synthetic Cathinoids

Bath salts were more prevalent in 2011. As recorded by the Texas Poison Center Network the number of bath salt cases had declined in Region 7. From the table that follows, only 11 counties in Region 7 had cases of synthetic cathinoids. An observable improvement is the decline in bath salt exposures in Travis County.

County	2010	2011	2012	2013	2014
Bastrop		1			
Bell	2	9	1	1	
Brazos				1	
Burleson		3		1	
Burnet		1			
Hays		1	1	1	
McLennan		2			
Milam					1
Travis		14	4	4	
Washington			1	1	
Williamson	2	2	4		
Total	4	33	11	9	1
Source. Annual number of synthetic cathinone (bath salts) exposures reported to the Texas Poison Center Network during 1/1/2010 to 11/30/2014. Counties not present did not have any reported.					

BHO “Dabbing” and Consumables

Butane hash oil (BHO) or honey oil is a more condensed version of THC (component of marijuana providing the high) use. The practice of cooking BHO has led to individuals blowing up their homes and injuring themselves and those in proximity. BHO “dabbing” and consumables need marijuana. The table below provides an idea of possible BHO in Region 7.

Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Marijuana(Packaged)	166365	234	0	0	0	0
Hashish(Liquid Oil)	0	0	0	27	0	0
Hashish(Solid)	69	29	100	0	0	0
Total	166434	263	100	27	0	0
Source. 2013 Texas DPS Drug Seizures						

E-Cigarettes/Vaping

The use of e-cigarettes (e-cigs) is a new trend. In the table below, the Texas Poison Center Network (TPCN) received reports on electronic cigarette exposures from 2009-2014. Counties missing from the list in Region 7 are counties where no calls exist. From 2013 to 2014, the amount of e-cigs exposure increased by a multiple of 3 – an incredible jump in exposure among 14 counties in Region 7.

County	2010	2011	2012	2013	2014
Bastrop					2
Bell			1		4
Bosque				1	
Brazos		1			2
Burnet					2
Coryell				2	2
Hays				1	1

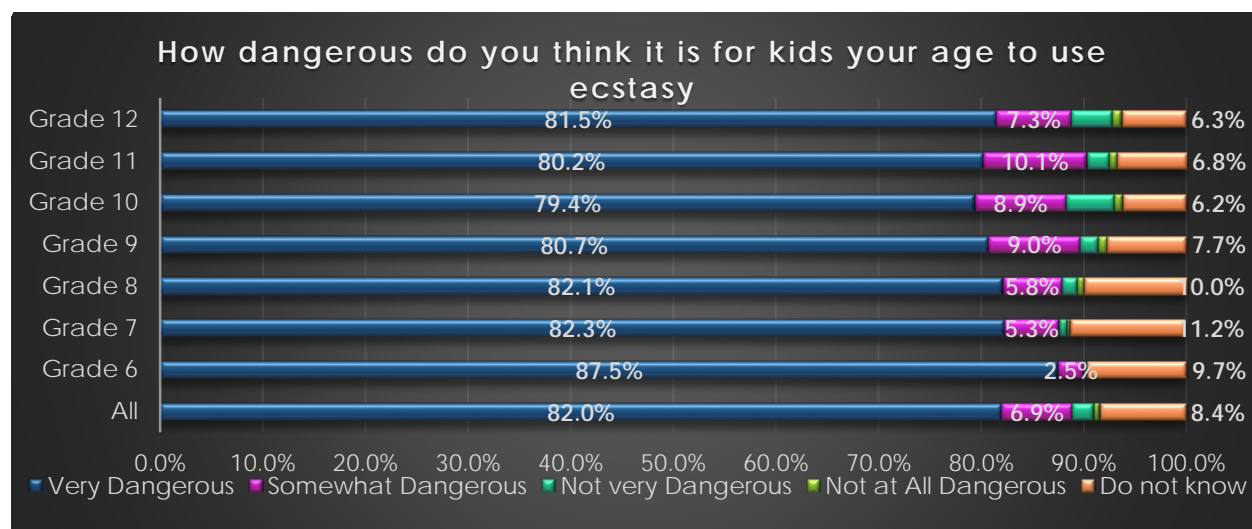
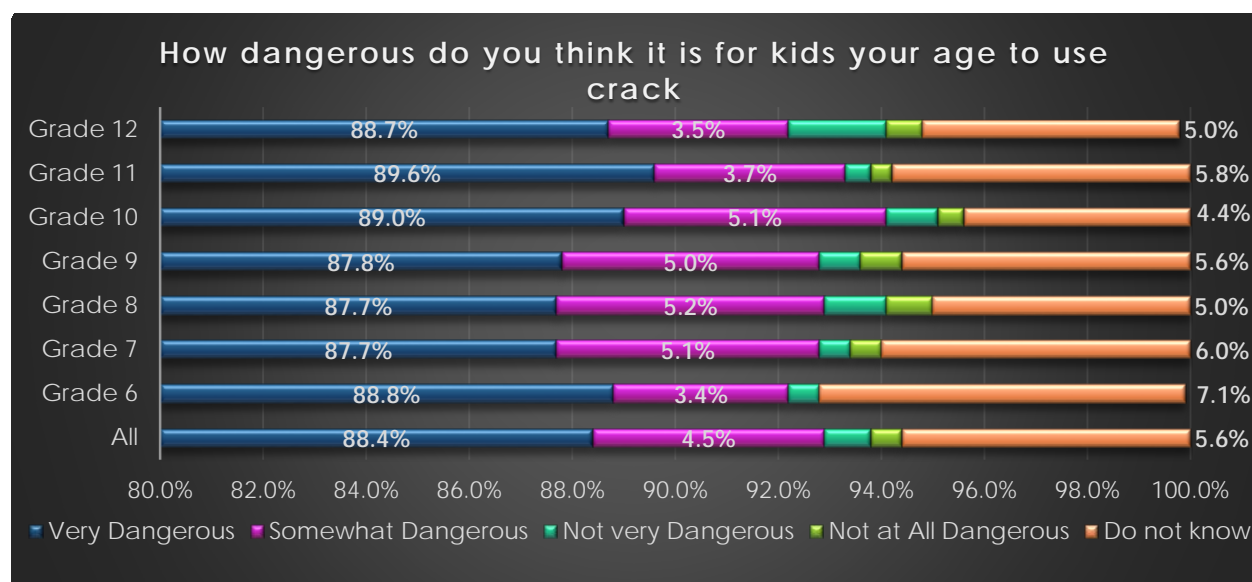
County	2010	2011	2012	2013	2014
Hill					1
Madison					1
McLennan					4
Milam					1
Travis			3	6	13
Washington					1
Williamson			1	4	7
Total	0	1	5	14	41

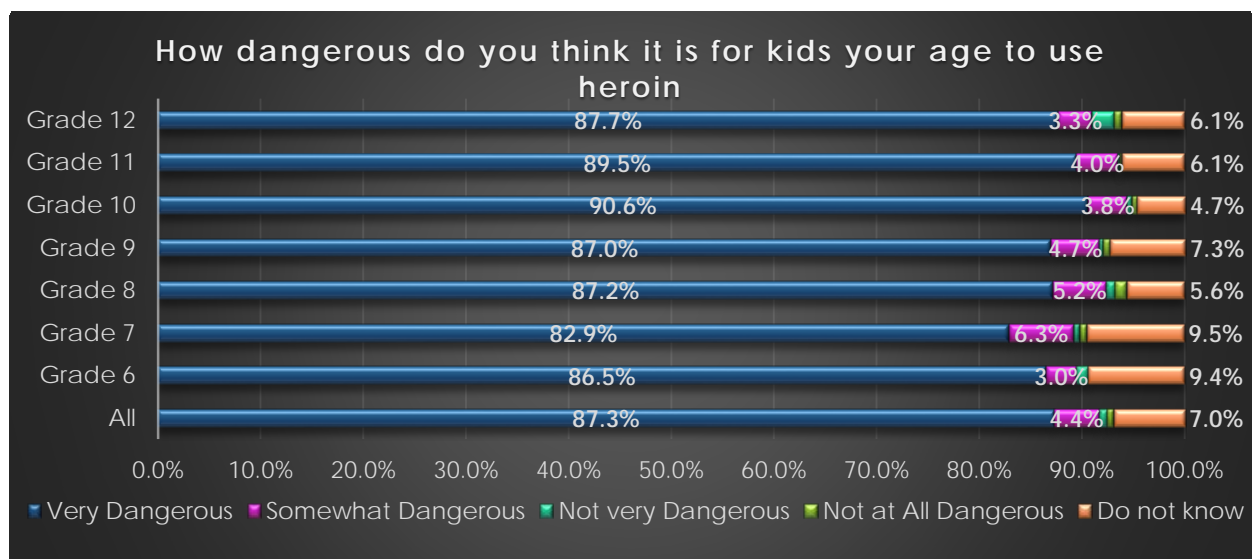
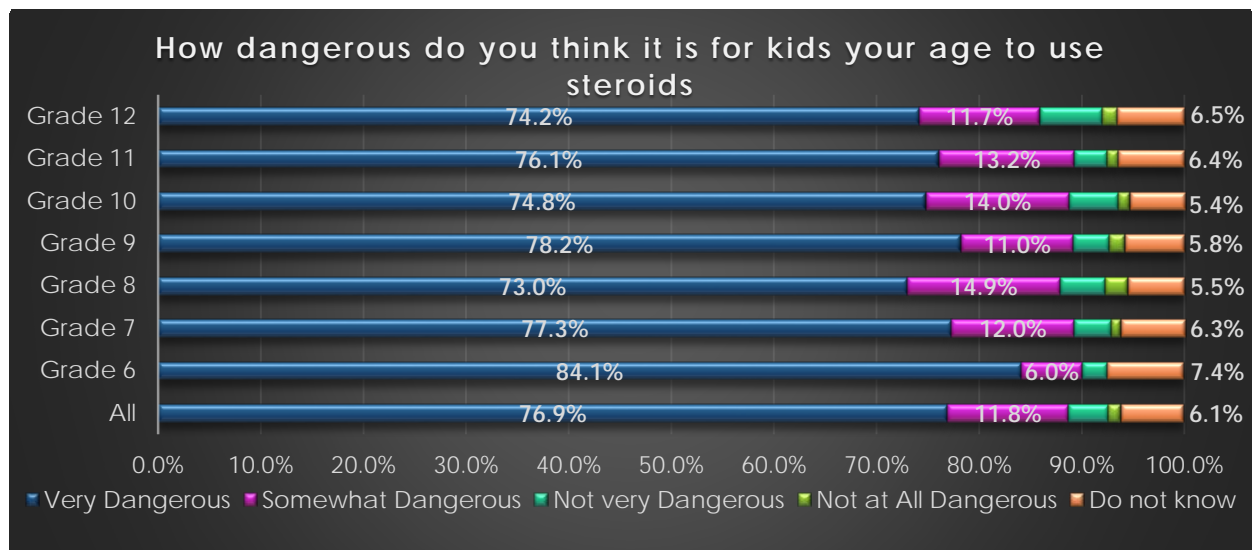
Perception of the Dangers of Vaping

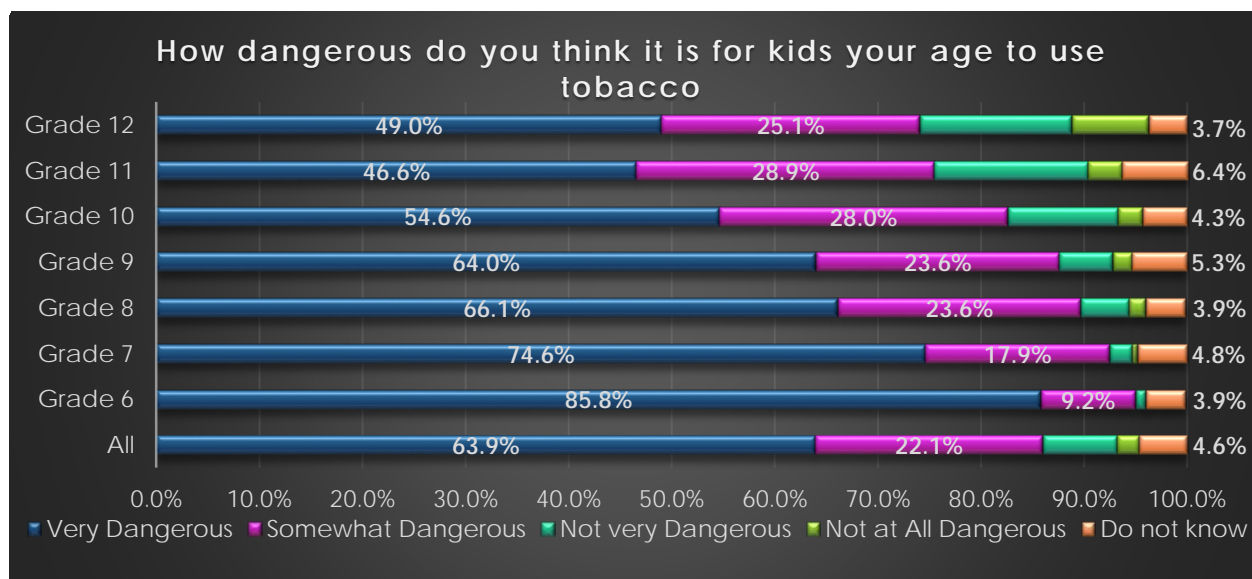
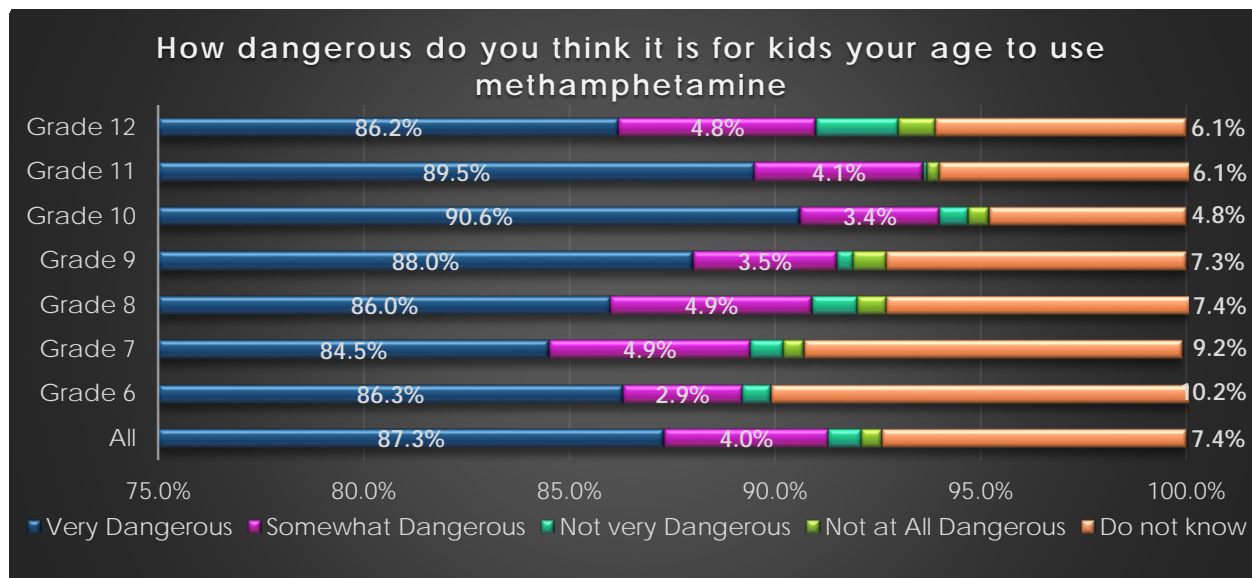
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	52.1%	13.4%	15.2%	13.5%	5.8%
1&2	50.3%	14.7%	17.7%	11.2%	6.1%
1&9	51.4%	15.2%	16.50%	11.8%	5.2%
2	53.1%	14.2%	16.60%	9.8%	6.2%
3	48.4%	14.0%	16.6%	15.6%	5.4%
4&5	55.2%	13.2%	14.5%	10.5%	6.5%
5&6	52.4%	12.5%	15.2%	13.1%	6.7%
6&8	50.9%	12.8%	15.70%	14.2%	6.4%
7	48.3%	14.8%	17.0%	14.8%	5.1%
7&8	49.2%	14.0%	16.40%	15.0%	5.4%
9&10	53.9%	14.3%	14.4%	12.0%	5.4%
10	55.1%	13.8%	13.50%	12.1%	5.6%
11	60.8%	11.5%	10.6%	10.3%	6.8%

Other Substances

Taken from the Texas School Survey (TSS), how students felt about the following drugs helped to describe their thoughts.







Tobacco Use from the TSS

	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 7	Lifetime Use, Grade 7	Current Use, Grade 12	Lifetime Use, Grade 12
Region 7 2016	13.0%	26.5%	2.7%	7.5%	26.5%	46.3%
Region 7&8 2014	7.4%	19.4%	1.9%	8.8%	15.3%	32.5%
State 2012	11.0%	27.7%	3.7%	12.9%	21.3%	42.3%
State 2010	12.5%	30.5%	4.8%	15.1%	22.7%	45.1%
State 2008	12.9%	31.7%	4.8%	16.6%	24.0%	47.8%

	Age of Initiation	Early Initiation (<13)
Region 7&8 2014	13.2	35.7%
State 2012	13.1	38.5%
State 2010	13	40.2%
State 2008	12.9	42.1%

Consequences

Overview of Consequences

Several consequences are associated with alcohol and drug use, including: death, incarceration, hospitalization, and lower SES status. Below is an attempt to describe consequences as a result of alcohol and substance abuse.

Years of Potential Life Lost

The Texas Department of State Health Services estimated the years of potential life lost before 65 due to deaths related to drugs and alcohol between 2010 and 2015 this data is shown in the tables below.

County	2010	2011	2012	2013	2014	2015
BASTROP	96.5	49.5	72.5	151.5	143.5	42.5
BELL	368.5	266.5	535.5	465.5	321.0	340.5
BLANCO	49.0	.	10.0	(0.5)	.	10.5
BOSQUE	52.5	10.5	13.5	(1.5)	.	.
BRAZOS	198.0	235.0	68.5	92.0	132.5	474.5
BURLESON	30.5	.	34.0	30.5	(1.5)	28.0
BURNET	66.5	124.0	83.0	.	58.0	18.5
CALDWELL	43.5	52.5	.	37.0	11.5	24.5
CORYELL	.	32.5	90.5	89.0	58.5	77.5
FALLS	.	25.5	.	20.5	.	36.5
FAYETTE	.	.	.	.	20.5	14.5
FREESTONE	.	.	.	49.0	.	.
GRIMES	91.5	.	.	.	17.5	63.0
HAMILTON	.	.	38.5	.	.	20.0
HAYS	201.0	198.0	82.0	242.5	133.5	238.5
HILL	12.5	24.5	94.5	76.5	.	76.5
LAMPASAS	.	45.0	.	.	0.5	11.5
LEE	.	47.0	.	.	13.5	17.0
LEON	.	7.5	4.5	28.5	15.0	34.5
LIMESTONE	46.0	.	42.5	.	47.5	.
LLANO	21.0	39.0	80.0	32.5	.	11.0
MC CULLOCH	38.5	40.5	.	.	.	.

MC LENNAN	299.0	100.5	401.5	144.5	172.0	361.0
MADISON	22.0	15.5	.	46.5	10.5	48.0
MILAM	38.5	9.5	39.0	51.0	9.5	47.5
MILLS	.	.	.	.	.	.
ROBERTSON	49.0	13.5	.	33.5	19.0	22.5
SAN SABA	.	.	22.5	.	.	.
TRAVIS	1,719.5	2,031.5	1,687.0	1,918.5	1,022.5	2,693.5
WASHINGTON	38.5	38.5	.	2.5	.	15.5
WILLIAMSON	376.0	408.0	377.5	450.5	232.0	548.5
. = suppressed numbers						

The table below compares the years of potential life lost due to drugs and alcohol for each of the Public Health Regions for Texas.

Region	2010	2011	2012	2013	2014	2015
1	596.5	875.5	580.0	1,162.5	858.0	1,217.0
2	674.5	685.5	531.5	790.0	977.5	689.5
3	8,827.5	10,715.0	11,898.5	10,906.5	14,014.5	12,734.0
4	1,127.5	1,161.0	1,258.5	1,476.0	1,632.0	1,524.0
5	1,306.5	1,156.0	1,193.0	896.5	1,123.0	1,299.5
6	11,839.5	10,306.0	9,905.0	9,896.0	10,142.0	12,432.0
7	3,819.5	3,774.0	3,777.0	3,960.0	2,437.0	5,276.0
8	4,892.0	6,961.5	4,823.0	4,811.5	4,185.5	4,704.0
9	758.5	603.5	676.0	988.0	923.0	714.5
10	392.0	480.5	293.5	592.5	717.5	876.0
11	2,546.5	2,685.0	2,975.5	2,836.5	2,126.5	2,208.0
Texas Total	36,780.5	39,403.5	37,911.5	38,316.0	39,136.5	43,674.5

Mortality

Overdose Deaths

From the Texas Poison Center Network during 2010-2014 8 individuals died from synthetic cannabinoids and cathinones (see below table).

Medical outcome	Synthetic cannabinoid	%	Synthetic cathinone	%
No effect	151	5.4	21	3.5
Minor effect	615	22.0	78	13.0
Moderate effect	1146	41.0	290	48.3
Major effect	220	7.9	70	11.7
Death	4	0.1	4	0.7

Drug and Alcohol Related Fatalities

From CDC Wonder the following table shows the death rate attributed to alcohol and drugs.

County	Age Adjusted Rate per 100K 2012-2016	Age Adjusted Rate per 100K 2007-2011
Bastrop	20.5	18.5
Bell	14.3	13.3

Blanco	Unreliable	Unreliable
Bosque	Unreliable	Unreliable
Brazos	14.3	14.9
Burleson	Unreliable	Unreliable
Burnet	17.6	19.4
Caldwell	13.3	19.5
Coryell	13.2	11.3
Falls	Unreliable	Suppressed
Fayette	Unreliable	Unreliable
Freestone	Unreliable	Suppressed
Grimes	11.6	18.3
Hamilton	Unreliable	Suppressed
Hays	15.2	17.8
Hill	23.5	15.3
Lampasas	Suppressed	Suppressed
Lee	Suppressed	Unreliable
Leon	Unreliable	Unreliable
Limestone	Unreliable	16.7
Llano	49	29.1
Madison	Suppressed	Suppressed
McLennan	20.4	13.9
Milam	22.9	18.8
Mills	Suppressed	Suppressed
Robertson	22.7	24.3
San Saba	Suppressed	Suppressed
Travis	21.2	19.4
Washington	11.7	11.8
Williamson	13.1	12.2
Texas	17.1	15.9

Rural counties display (in the table below) higher DUI fatality rates. For example, Blanco (16.81), San Saba (16.28), and Fayette (15.29) are counties with higher DUI fatality rates. Looking into the crash rate, we observe that counties Blanco (218.56), Burleson (194.84), and Llano (155.01) are greater in rate. Of the two rates, Blanco appears twice and would be an area of interest for improvement.

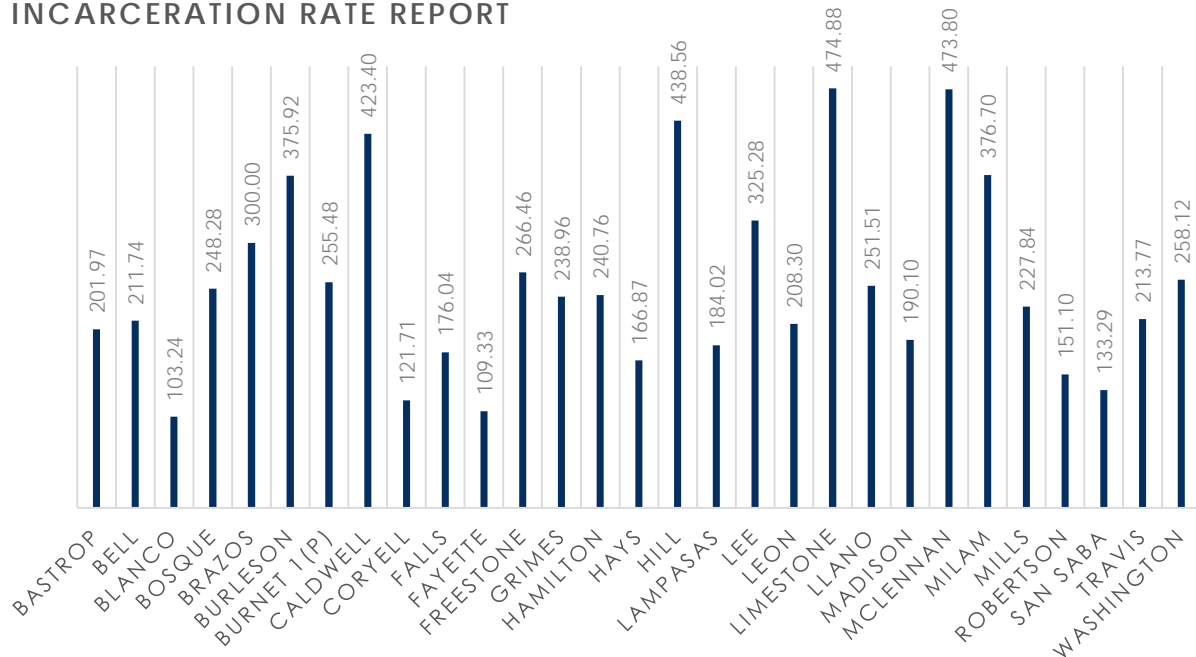
County	County Population 2010-14	Total DUI Crashes, 2010-14	Total DUI Fatalities, 2010-14	DUI Crash Rate per 100K, 2010-14	DUI Fatality Rate per 100K, 2010-14
Bastrop	383785	353	25	91.98	6.51
Bell	1613971	1504	67	93.19	4.15
Blanco	53531	117	9	218.56	16.81
Bosque	92050	90	8	97.77	8.69
Brazos	1003418	1093	16	108.93	1.59
Burleson	87249	170	10	194.84	11.46

County	County Population 2010-14	Total DUI Crashes, 2010-14	Total DUI Fatalities, 2010-14	DUI Crash Rate per 100K, 2010-14	DUI Fatality Rate per 100K, 2010-14
Burnet	218396	306	16	140.11	7.33
Caldwell	196214	272	22	138.62	11.21
Coryell	387292	290	13	74.88	3.36
Falls	90339	79	5	87.45	5.53
Fayette	124224	157	19	126.38	15.29
Freestone	100463	145	3	144.33	2.99
Grimes	135698	202	10	148.86	7.37
Hamilton	42578	35	1	82.2	2.35
Hays	836521	1083	28	129.46	3.35
Hill	178140	207	18	116.2	10.1
Lampasas	100364	91	0	90.67	0
Lee	84402	119	9	140.99	10.66
Leon	85411	103	10	120.59	11.71
Limestone	118685	135	8	113.75	6.74
Llano	96770	150	8	155.01	8.27
Madison	69464	65	6	93.57	8.64
McLennan	1190932	1478	63	124.1	5.29
Milam	125127	183	10	146.25	7.99
Mills	24691	25	3	101.25	12.15
Robertson	84736	127	13	149.88	15.34
San Saba	30721	36	5	117.18	16.28
Travis	5296170	7387	169	139.48	3.19
Washington	170746	222	10	130.02	5.86
Williamson	2221217	1285	57	57.85	2.57

Legal Consequences

For legal consequences, the incarceration rate for offenders is highest among the following counties: Limestone (474.88), McLennan (473.80), and Hill (438.56). The rates presented here come from the Texas Commission on Jail Standards, Incarceration rate report for March 2014 to February 2015. Also, the rates are based on 100,000 population amounts. The incarceration rate report provides a general estimate.

INCARCERATION RATE REPORT

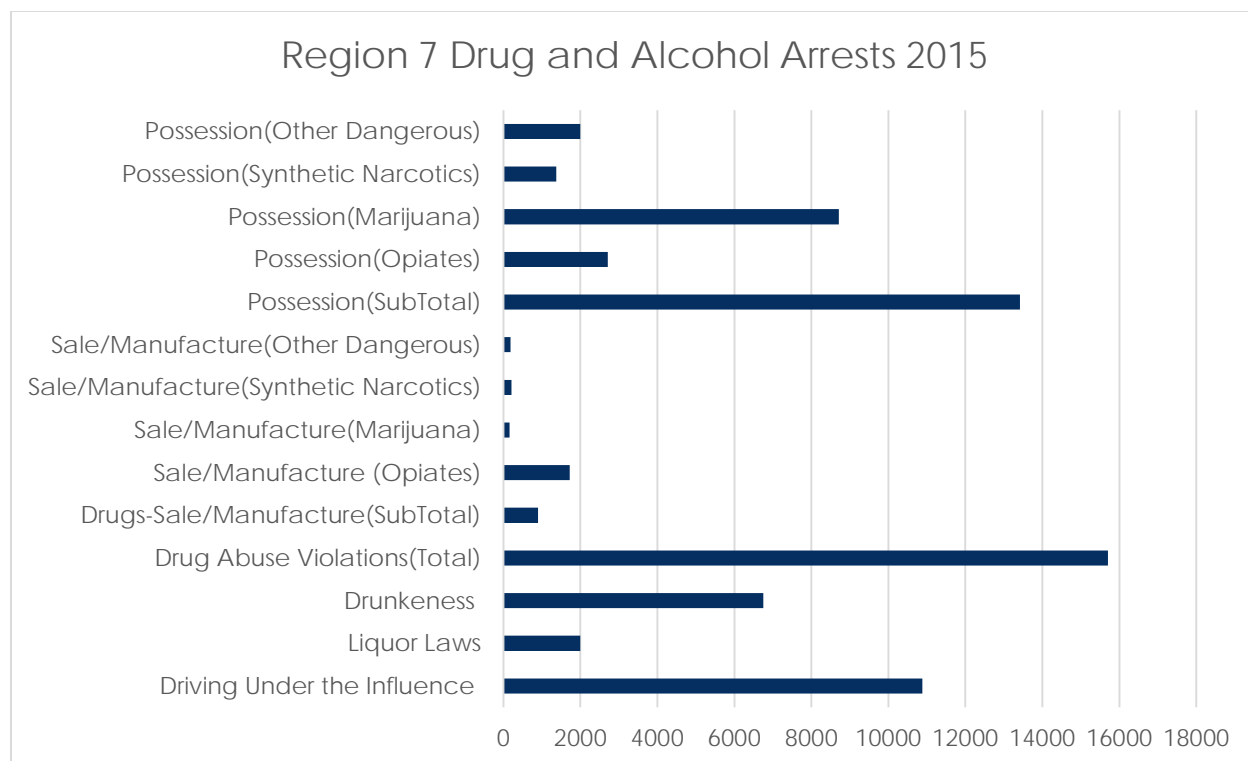


The table below shows the Region 7 case dispositions for drug and alcohol related arrests for 2016.

County	DWI	Drug Offenses	County	DWI	Drug Offenses
Bastrop	177	218	Lampasas	76	201
Bell	106	187	Lee	51	168
Blanco	9	27	Leon	125	90
Bosque	38	148	Limestone	49	183
Brazos	583	1,194	Llano	68	164
Burleson	124	145	McLennan	819	1,532
Burnet	184	442	Madison	72	149
Caldwell	188	374	Milam	91	218
Coryell	155	278	Mills	8	53
Falls	120	224	Robertson	45	135
Fayette	81	258	San Saba	19	22
Freestone	61	132	Travis	8,128	8,213
Grimes	90	151	Washington	70	372
Hamilton	15	113	Williamson	1644	3,288
Hays	655	1,233	Region 7	13,992	20,247
Hill	141	335			

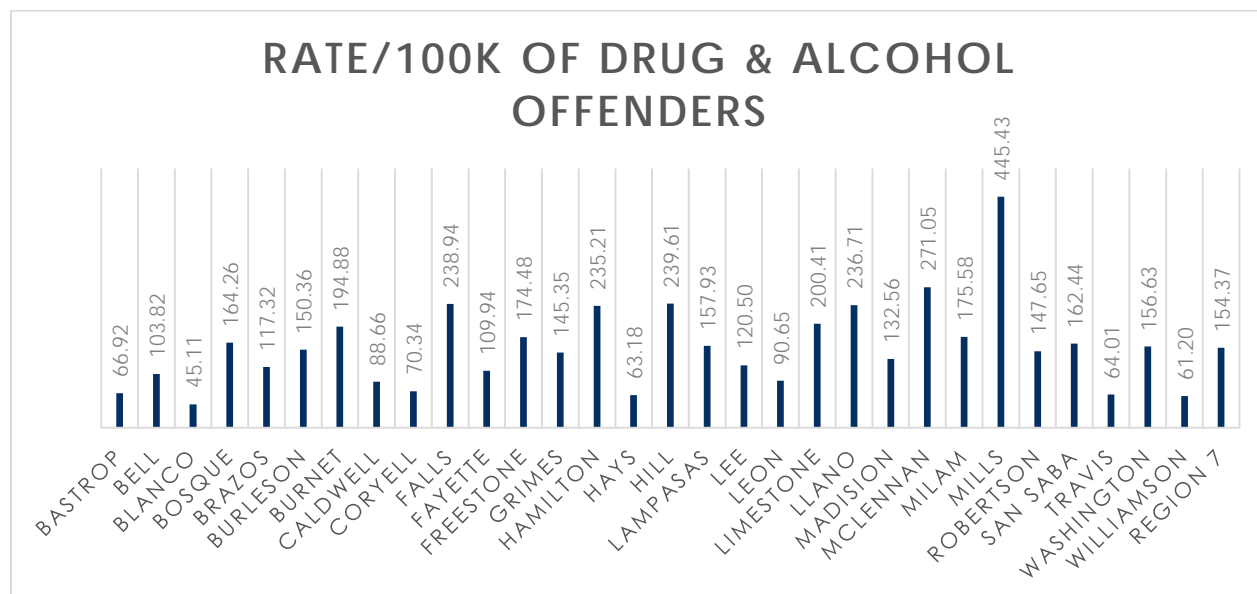
Below are Arrests for 2015 Drug and Alcohol Abuses.

County	Driving Under the Influence	Liquor Laws	Drunkennes s	Drug Abuse Violations(Total)	Sale/Manu facture (Subtotal)	Possession(Sub total)
Bastrop	199	26	188	346	11	264
Bell	577	62	536	1567	33	1412
Blanco	25	2	26	60	11	42
Bosque	22	38	33	82	18	59
Brazos	658	277	573	1223	75	1052
Burleson	59	17	33	47	2	41
Burnet	46	14	90	179	15	153
Caldwell	51	7	136	152	8	125
Coryell	101	26	94	291	73	208
Falls	20	1	7	40	9	29
Fayette	26	2	74	109	12	96
Freestone	59	1	47	69	5	63
Grimes	50	15	22	84	7	75
Hamilton	32	11	35	125	28	89
Hays	536	342	483	749	30	636
Hill	109	8	52	148	17	129
Lampasas	70	52	31	180	7	153
Lee	54	13	25	111	12	95
Leon	10	4	0	14	0	14
Limestone	27	32	37	141	10	125
Llano	40	6	42	106	15	90
Madison	25	8	48	80	7	72
McLennan	513	251	582	1144	60	1043
Milam	67	16	66	117	3	110
Mills	9	0	5	46	2	41
Robertson	51	9	66	100	11	86
San Saba	3	0	0	8	0	8
Travis	6443	557	2832	6013	333	5089
Washington	55	37	119	221	20	183
Williamson	942	162	468	2147	67	1832
Region 7	10879	1996	6750	15699	901	13414



Substance Use Criminal Charges

Listed below are the number of inmates serving alcohol and drug sentences divided by the population, and then multiplied by 100,000. The formulaic approach paints the picture that the highest rate occurs in Mills County (445.34). Next, we observe that McLennan County (271.05) and Llano (236.71) have the second and third highest rates for criminals serving alcohol and drug sentences. The three counties show inmates are placed or found in rural counties. This indicates monitoring of rural counties and the flow of drugs into urban counties should be considered.



Hospitalization and Treatment

Hospital Use due to AOD

In Region 7 in 2013, there were 177 AOD discharges. This resulted in a mean cost of \$33,082 (MONAHRO 2012 data). If we multiple the number of discharges by the mean cost we get a total of \$5,855,496.52. However, there are significant costs in several counties: Bell (\$15,334; 28 discharges), Brazos (\$21,087; 6 discharges), Coryell (\$40,297; 10 discharges), McLennan (\$23,233; 14 discharges), Travis (\$39,779; 78 discharges), and Williamson (\$37,400; 26 discharges). For other counties in Region 7, their data has been suppressed because for 5 discharges or less the data is protected.

Adolescent AOD-related ER Admits

ER numbers were not determined. However, health professionals express that they usually help with any bodily injury and do not necessarily address substance use. As a result, a repeat substance abuser would keep coming to the ER if sustaining bodily injury.

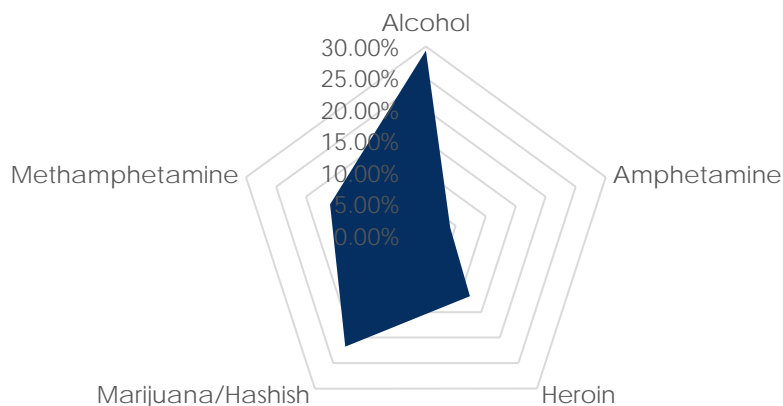
In Region 7, there were 196 cases of synthetic cannabinoid use. This represented a 7.4% regional use compared to the rest of the State. Region 7 had the fifth highest synthetic cannabinoid use in the State with a rate per 100,000 of 6.65. Also, data from the Texas Poison Center Network (TPCN), 2009-2014 indicates that 8 individuals died from synthetic cannabinoid and synthetic cathinone exposures. For synthetic cathinone use, Region 7 had 58 cases. This total made up 9.9% use of total State percentages; Region 7 had the fourth highest percentage in synthetic cathinone use.

Medical outcome	Synthetic cannabinoid	%	Synthetic cathinone	%
No effect	151	5.4	21	3.5
Minor effect	615	22.0	78	13.0
Moderate effect	1146	41.0	290	48.3
Major effect	220	7.9	70	11.7
Death	4	0.1	4	0.7
Not followed, judged as nontoxic exposure (clinical effects not expected)	1	0.0	1	0.2
Not followed, minimal clinical effects possible (no more than minor effect possible)	171	6.1	24	4.0
Unable to follow, judged as a potentially toxic exposure	452	16.2	102	17.0
Unrelated effect, the exposure was probably not responsible for the effect(s)	32	1.1	10	1.7
Total	2792		600	

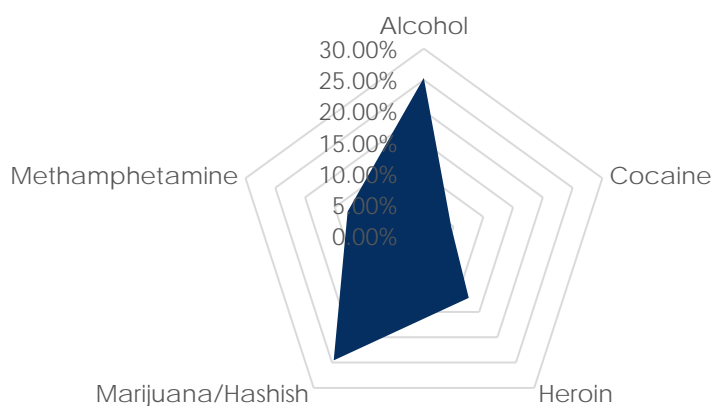
Substance Abuse Treatment

Region 7 in 2015 518 adolescents (12-17) received DSHS (now under HHSC) treatment and 3,687 adults (18+). The majority of treatment in Region 7 was for alcohol (1234 people) and marijuana use (916 people) followed by methamphetamine (672 people) and Heroin (500 people). Region 7 had slightly higher rates of individuals seeking alcohol and methamphetamine while the state had slightly higher rates for amphetamine and marijuana.

Top 5 Substances Region 7



Top 5 Substances State



Economic Impacts

Underage Drinking/Drug Use

Problems related to the misuse of alcohol can cost the United States \$223.5 billion with \$18.82 billion of that coming from Texas (\$14.97 billion of that is attributed to binge drinking). That is \$1.99 per drink and \$748 per person in Texas. The Centers for Disease Control and Prevention has determined that almost three-quarters of the total cost for alcohol abuse is tied to binge drinking [2].

Average Cost of Treatment in Region

The average cost of treatment in Region 7 varies and is subject to change over time. However, some examples in the region include the following: Austin Recovery (Austin, TX)-\$8,850 per month; Burning Tree (Kaufman and Elgin, TX)-\$33,000 for a 3 month stay [3]; Christian Farms Treehouse Inc. (Temple, TX)-intensive treatment for \$4,500 per month and supportive treatment for \$3,000 per month. For more precise estimates, evaluators need additional information.

Employability and College Admissions

Two very effective means for encouraging adolescents and youth to stay away from alcohol and drugs is employment and college admissions. Today's young people are concerned about getting a job or going to college. In Region 7 a media effort was used to address these two concerns. Current estimates indicate 3 out of 5 businesses drug test employees; we know marijuana remains in the human system for long periods of time. Therefore, the notion of not keeping or not receiving employment because of drug use connects with people. Most of the media efforts were concentrated in Greater Austin and the Brazos Valley.

Environmental Protective Factors

Overview of Protective Factors

Protective factors range in several different categories. In this section, the author has attempted to begin identifying the protective factors by choosing apparent contributors.

Community Domain

The use of coalitions is the current method for reaching into communities to address issues of substance abuse. Alcohol and drugs are present everywhere and each community must be transparent in making issues of substance abuse known to all members of the community. Currently, there are 39 HHSC-funded coalitions in Texas. Of these 39 coalitions, 4 operate in Region 7. The presence of these coalitions serves as proactive factors in helping adolescents remain drug-free. There are also several noteworthy agencies working in Region 7, such as Texans Standing Tall and the Heart of Texas MHMR working to develop a Waco ROSC (Recovery Oriented System of Care). As well as a movement to develop a ROSC in Brazos County.

Community Coalitions

In Region 7, according to Coalitions Texas, four DSHS-funded coalitions currently operate. These coalitions include the Voice Against Substance Abuse Coalition in Waco; the Community Alcohol and Substance Awareness Partnership (CASAP) in Bryan and Brenham; the Hearne Zero Tolerance Youth Coalition in Hearne; and the LifeSteps Substance Abuse Prevention Coalition in Round Rock.

Regional Coalitions

A fifth coalition working in Region 7 is the Robertson County Community Coalition (RCCC). This coalition is financially supported through a Drug-Free Communities (DFC) grant and works in partnership with the Hearne Zero Tolerance Youth Coalition. Together, both coalitions work with partners in Robertson County to address issues of alcohol abuse and drug use in the community. There is also an Anti-Smoking coalition for Brazos County funded under HHSC.

Also, another coalition of note is the Hays Caldwell Council on Alcohol and Substance Abuse. This coalition is involved in education and advocacy for better conditions free of substance abuse concerns is inspiring. They are well informed on their communities and knowledgeable about specific substance abuse struggle is present.

A final noteworthy organization is Texans Standing Tall (TST). This state-wide coalition is known for being leaders in producing reports and generating activities for awareness concerning underage drinking. One such report describes how the increase of an alcohol tax by 10 cents can dramatically

change the health and economic status of Texas school children. This coalition, however, is expanding to address state-wide issues related to the dangers of substance abuse.

Treatment/Intervention Providers

Substance abuse and mental health treatment providers are centered in San Marcos, Austin, Georgetown, Belton, Waco, and Bryan/College Station. Most service providers are located in Austin. There are a few mental health providers located in areas such as Caldwell, Cameron, Hearne, Navasota, Killeen, Lampasas, Hamilton, and Liberty Hill counties. BVCASA (which serves Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington counties) has adult and adolescent outpatient treatment services and has the pregnant-postpartum intervention program providing intervention and HIV/AIDS services. **More Treatment facilities available upon request.**

Organization	Services	Counties Served
MHMR Authority of the Brazos Valley	<ul style="list-style-type: none"> • Veteran Services • Vocational Services for Disabled Individuals • Day Habilitation and Skill Building Services • Residential Services for Disabled Individuals • Health, Dental, and Nursing Services • Specialized Therapies (physical, occupational, etc...) • Crisis services • Intake • Individual, Group, and Family Counseling • Skills training • Parent Support Groups • Psychiatric Evaluation, Medication Monitoring and Management • Patient and Family Education • Respite • Routine Case Management • Intensive Case Management with Wraparound Planning • Peer Support Services • Psychosocial Rehabilitation Services • Diagnostic Assessment 	<ul style="list-style-type: none"> • Brazos • Burleson • Grimes • Leon • Madison • Robertson • Washington
Heart of Texas Region MHMR Center	<ul style="list-style-type: none"> • Early Childhood Interventions • Veterans Services • Intellectual/Developmental Disabilities Services • Child/Adolescent Mental Health Services • Crisis Treatment Center • Mental Health Admissions • Crisis Hotline • Inpatient Psychiatric Hospitalization • Mobile Crisis Outreach Teams • Mental Health Case Management • Psychiatric Services 	<ul style="list-style-type: none"> • Bosque • Falls • Freestone • Hill • Limestone • McLennan

	<ul style="list-style-type: none"> • Rehabilitation/Counseling • Medication Coordination • Assertive Community Treatment • Independence Center • Mexia Peer Support Center • Supported Housing • Supported Employment Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Services 	
Central Counties Services	<ul style="list-style-type: none"> • Crisis Hotline • Crisis Intervention • Screening • Intake • Routine Case Management • Skills Training • Psychiatric Services • Supported Employment • Supported housing • Counseling • Assertive Community Treatment (ACT) • Psychosocial Services • Respite • Day Programs • Children's Mental health Services • YES Waiver • Early Childhood Intervention • Service Coordination • Behavior Supports • Home and Community Based Services • Day Habilitation • Veteran Services 	<ul style="list-style-type: none"> • Bell • Coryell • Hamilton • Lampasas • Milam
Bluebonnet Trails Community Services	<ul style="list-style-type: none"> • Crisis Hotline • Psychiatric Services • Counseling • Case Management • Psychosocial Services • Supported Housing • Supported Employment • Peer Support • Respite • Mobile Crisis Outreach Team • Skills training • TCOOMMI Services • Referrals • Financial Support • Outreach-Screening-Assessment-Referral Services (OSAR) • Outpatient Services 	<ul style="list-style-type: none"> • Bastrop • Burnet • Caldwell • Fayette • Gonzales • Guadalupe • Lee • Williamson

	<ul style="list-style-type: none"> • Medical and Dental services • Peer Support Services • Veteran Services • Early Intervention for Babies and Toddlers • Early Childhood Intervention • Specialized Therapies (physical, occupational, etc...) • Community Supports 	
Austin Travis County Integral Care	<ul style="list-style-type: none"> • Crisis Hotline • Community AIDS Resources and Education (C.A.R.E.) • E-Merge Program (behavioral health and integral care collaboration) • Jail Diversion Services • Substance Use Services • Integrated Care Clinics • Family Preservation Program • Early Childhood Intervention • First Steps Program (birth to age 3) Services • Intensive Case Management • Juvenile Justice • Out-Patient Services • YES Waiver Medicaid program • Disability Employment Program • Individual Support Services for Disabled Individuals • Mental Health first Aid • Suicide Prevention • Tobacco Cessation Programs • Mobile Crisis Outreach • Psychiatric Services • Transitional Services 	<ul style="list-style-type: none"> • Travis
Center for Life Resources	<ul style="list-style-type: none"> • Crisis Hotline • Information & Referral • 24-Hour Crisis Services • Diagnostic Assessment • Symptom Management • Psychiatric Services • Client & Family Mental Health Education • Service Coordination • Community Living & Problem Solving Skills • Respite • Housing Assistance • Vocational Training & Employment Assistance • Family Support Services • Autism Services and Support Group • Case Management and Treatment Planning • Skills Training 	<ul style="list-style-type: none"> • Brown • Coleman • Comanche • Eastland • MucCulloch • Mills • San Saba

	<ul style="list-style-type: none"> • Family Partner Support • Inpatient services • Wraparound Planning • Counseling • Nurturing Parenting Skills Training • School-Based Services • Nursing • Day Habilitation • Adaptive Aids • Residential Assistance • Supported Employment • Early Childhood Interventions • Inpatient and Outpatient Services • Veteran Services 	
Hill Country Mental Health & Developmental Disabilities Centers	<ul style="list-style-type: none"> • Crisis Hotline • Skills training • Psychiatric Services • Peer Groups • Supported Employment • Supported Housing • Mental Health Crisis Support • Day Programs • Residential Services • Supported Home Living • Respite • Service Coordination • Vocational Services • Community Supports • Adult Outpatient Services • Ambulatory Detoxification Services • Early Childhood Intervention • Veteran Services • 1115 and YES waivers 	<ul style="list-style-type: none"> • Bandera • Blanco • Comal • Edwards • Gillespie • Hays • Kendall • Kerr • Kimble • Kinney • Llano • Mason • Medina • Menard • Real • Schleicher • Sutton • Uvalde • Val Verde

Supportive Services

Although it's powerful for youth to witness testimonies from their peers overcoming addictions, the data involved in such occurrences lends itself to a rich qualitative nature. The transformative motivation and inspirational call to not get involved with drugs and alcohol after a testimony can have incredible influence over a community. Among other supportive options related to intervention and supportive services are Celebrate Recovery, Alcoholics Anonymous, and Narcotics Anonymous which aim to help with recovery and support as well as Al-Anon which aims to help family members and loved ones of people addicted to substances. These organizations have numerous testimonies of being effective in helping those who are struggling with an addiction, yet clear numbers of how many individuals are recovering from an addiction and remain free from their addiction is not readily known partially due to the anonymous nature of such groups.

School Domain

YP Programs

Agencies providing youth prevention (YP) programs are empowered by local coalitions and the Prevention Resource Center. Considering all YPs, along with coalitions and the Regional Prevention Resource Center, there are 9 agencies that contribute to youth prevention. According to HHSC, the following agencies are funded in Region 7 and work in some capacity toward youth prevention, if not directly: (1) Austin-Travis County MHMR and Austin Travis County Integral Care, (2) Brazos Valley Council on Alcohol and Substance Abuse, (3) Connections Individual and Family Services Inc., (4) Hays Caldwell Council on Alcohol and Drug Abuse, (5) Phoenix Houses of Texas, Inc., (6) Viable Options in Community Endeavors, (7) Williamson Council on Alcohol and Drugs, DBA LifeSteps, (8) Youth and Family Alliance, and (9) YWCA of Greater Austin.

Students Receiving AOD Education in School

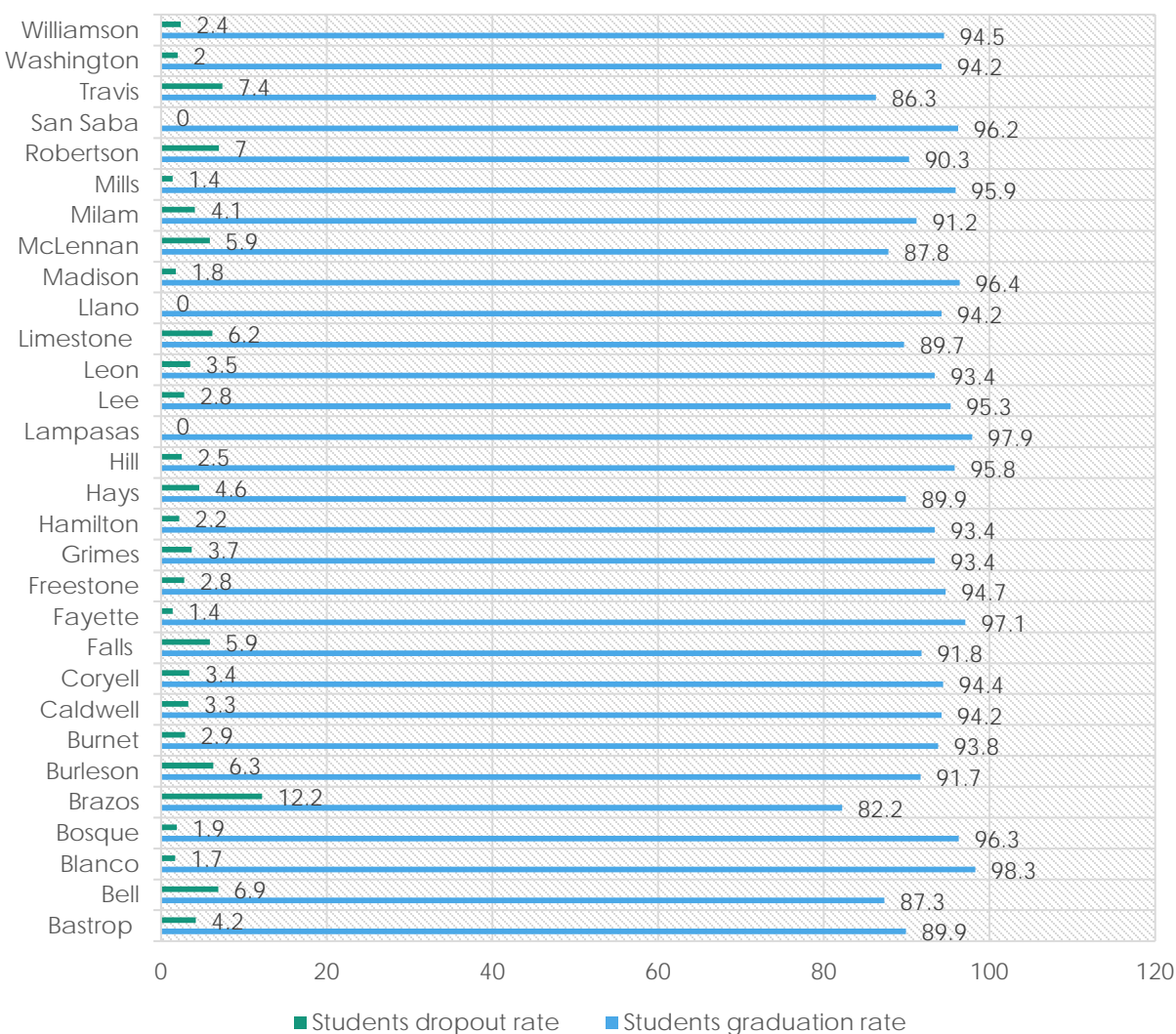
Although students across Texas and in Region 7 receive education about the dangers of alcohol and other drugs, complete data collection is still needed. From the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA), 1310 students receive education about the danger of alcohol and other drugs in 2016 and approximately 14,770 students were involved in a prevention program across the 30 counties in 2016. All of these students are from Education Service Center 6. Further data collection and inquiry is needed to identify more students receiving education.

Academic Achievement

In the figure below graduation rates are compared to dropout rates. Early in this report, we described the dropout rates and witnessed the highest dropout rate in Brazos County. Also, in the below figure, we see the relationship between graduation and dropout rates since Brazos County has the lowest

graduation rate. The highest graduation rates are in Blanco (98.3), Lampasas (97.9), and Fayette (97.1).

Graduation and Dropout Rates, 2013



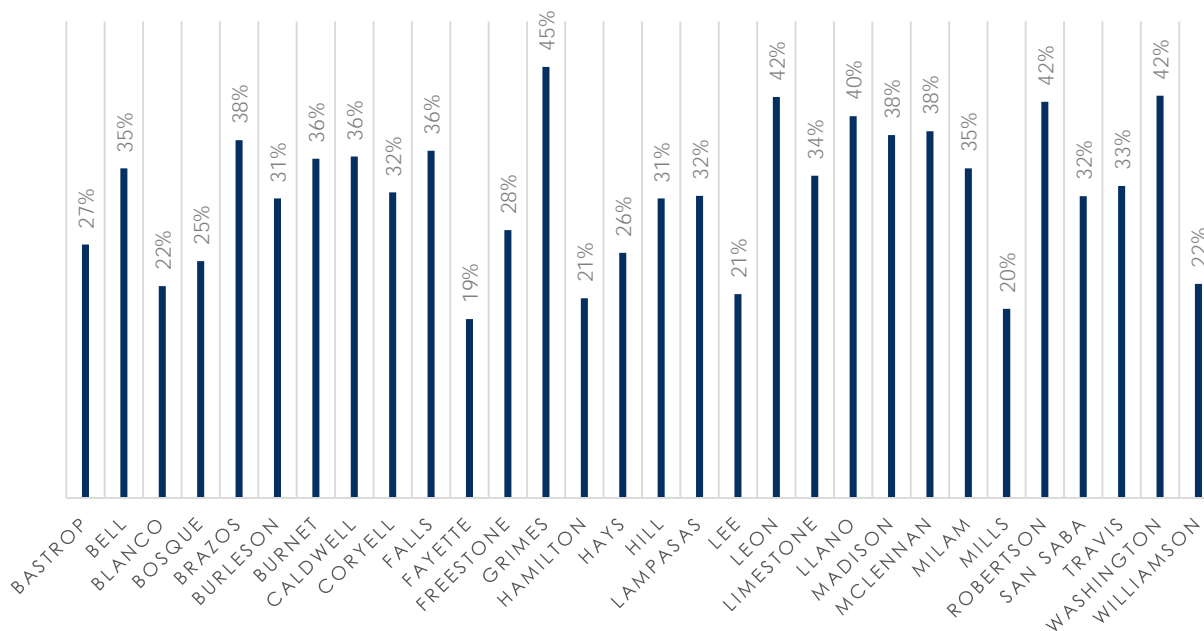
Family Domain

Parental/Social Support

According to a 2012 SAMHSA study [4], “more than 10 percent of U.S. children live with a parent with alcohol problems”.

Additionally, 32% of children in Region 7 are in single-parent households. As a specific example, Grimes County leads all Region 7 counties in having the highest percentage (45%) of children living in single-parent households. In contrast, Fayette County has the lowest percentage of children living in single-parent households (19%).

PERCENT OF CHILDREN IN SINGLE-PARENT HOUSEHOLDS



In terms of social support, members of Region 7 work to identify and support social associations in the region. Associations identified include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations and professional organizations. Social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. Social association numbers and rates for 2015 were collected from County Health roadmaps. In Region 7 Williamson County having the lowest association rate (6.0) and Hamilton County having the highest rate (22.1).

County	# Associations	Association Rate
TEXAS	--	7.6
Bastrop	64	7.9
Bell	270	8.1
Blanco	15	13.6
Bosque	30	16.8
Brazos	171	8
Burleson	26	14.9
Burnet	59	13
Caldwell	39	9.6
Coryell	53	7
Falls	24	14
Fayette	50	19.9
Freestone	29	14.7

Grimes	21	7.6
Hamilton	18	22.1
Hays	127	6.5
Hill	42	12
Lamar	81	16.4
Lee	21	12.4
Leon	31	18.1
Limestone	25	10.7
Llano	31	15.7
Madison	13	9.2
McLennan	298	12.1
Milam	41	16.7
Mills	9	18.4
Robertson	24	14.4
San Saba	12	20.3
Travis	1,099	9.3
Washington	61	17.5
Williamson	315	6.2

Parental Attitudes toward Alcohol and Drug Consumption

Parental attitudes toward alcohol and drug use influence decisions made by youth and adolescents. For example, in one meeting from the LifeSteps Coalition (Round Rock, TX), a high school student organization introduced – SOS, Students Opposing Substances. The SOS organization worked to establish an agreement between students and parents that parental drug testing of students only occurred after spending time with other students. Students described this method as a way to not give into peer pressure and to inform parents of students' choices in peers. Strengthening the parent-student relationships is important for describing current struggles of both parties.

Students Talking to Parents about ATOD

Youth prevention (YP) services provide a unique opportunity for students to start the conversation with parents about alcohol, tobacco, and other drug (ATOD) use. There are several YP programs in Region 7, yet data collection methods and psychometric evaluation of instruments is required. Data from some YP services have undergone rigorous data quality measures to yield reliable results for informing policy makers and stakeholders.

Individual Domain

Life Skills Learned in YP Programs

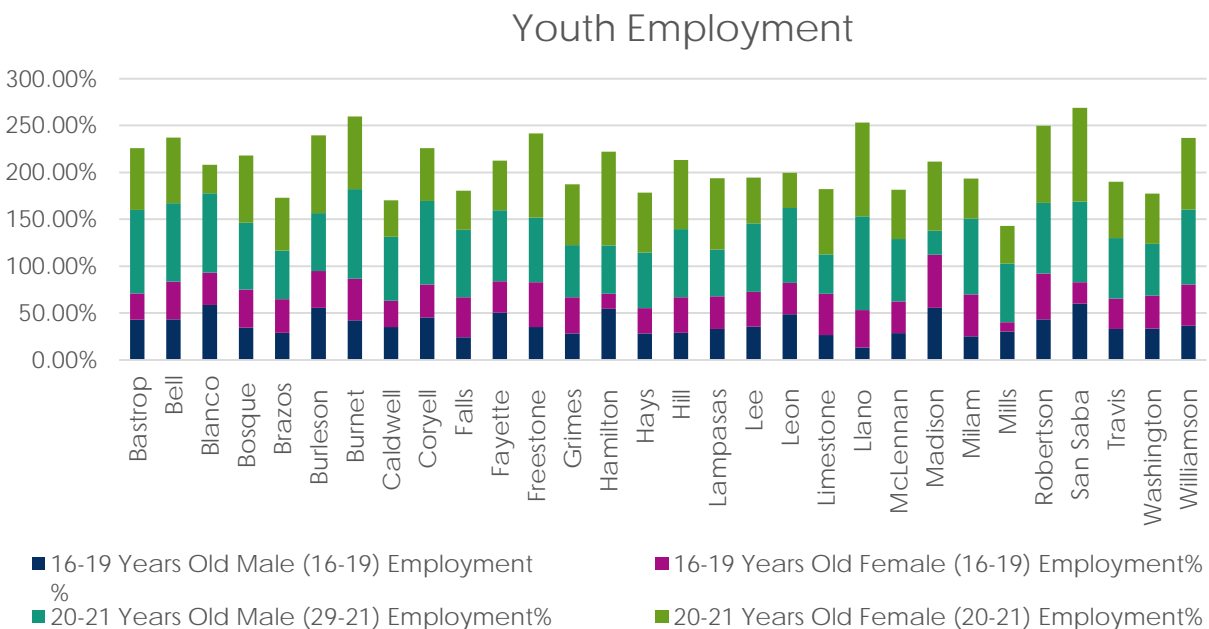
Youth Prevention Programs occur in Region 7, yet exact data from youth prevention is still not incorporated or evaluated for feasibility in the RNA. We know youth prevention programs are required to inform evidenced based practices. With that said, more work is needed to identify how impact life skills learned in YP programs have reshaped the community. For example, there is evidence that resiliency program have helped youth overcome difficult circumstances and succeed by going to college.

Mental Health and Family Recovery Services

Mental health and family recovery services continue to expand and meet the changing needs of mental health first aid in the classroom. For example, Austin Integral Care has offered services to educators because of increased incidences of violence among youth in schools. In fact, the ACE study demonstrated that students no longer feel safe in schools.

Youth Employment

The percentage of youth working can create a positive factor in reducing drug use. For example, Llano County had the lowest employment for males, 16-19 years of age (13.35%). For females, 16-19 years of age, the county with the lowest employment was Mills (10.08%). For males, 20-21 years of age, the county with the lowest employment was Madison (25.57%). As for females, 20-21 years of age, the county with the lowest employment was Blanco. Other specific percentages can be found in Appendix B. From the figure below, San Saba and Burnet Counties have the most youth employed.



Youth Perception of Access

Illustrated in Accessibility, youth easily gain access to alcohol, marijuana, and prescription drugs. Therefore, the use of youth prevention programs becomes vital in helping youth decide drugs are not for them. Our cause as prevention professionals also comes into the picture, because youth have access “in a sense” to whatever they want. Our message about the dangers of alcohol and drug use becomes a priority and the cost for prevention becomes that more necessary. As we continue to limit access, helping youth be aware of the real life dangers in alcohol and drug use remains important.

Youth Perception of Risk and Harm

Illustrated in Perceived Risk of Harm section, youth tend to develop the belief that alcohol and prescription drugs are not dangerous. That trend is seen by observing the increased “not harmful” perspective of students from grades 6 to 12. For students in grade 12, the largest numbers occur for youth perceiving low risk in relation to alcohol and prescription drug use. For marijuana use, however,

the largest numbers occur with students in grades 10 and 11. This suggests high school prevention programs talking about marijuana have been influenced by youth in grade 12.

Trends of Declining Substance Use

Although there is indication of downward trends related to alcohol and drugs over time, the sporadic spikes of synthetic marijuana use have led to an increase in concern across communities and changes in community and user behaviors. For example, quick and sudden spikes in synthetic marijuana use have been driven by employers' effort to drug test employees. Community stakeholders offer the possibility that marijuana users seek synthetic marijuana to get the same high and pass drug test.

Region in Focus

Gaps in Services

There are many opportunities for improvement concerning the services of Region 7. A growing issue in Region 7 is the language barrier. Not all service providers can help the Spanish-speaking population. This becomes more apparent in rural areas where services are already limited (e.g., San Saba County). Access to services (e.g., detox facility) is also lacking in rural areas. Finally, navigating the healthcare system is a challenge for many individuals living in Region 7.

Gaps in Data

Gaps exist in county-level data collection efforts across the region. In addition, as efforts are made to unify counties in data collection, gathering data in Spanish becomes apparent. The need to support local communities in collecting data remains a constant effort; especially as regional needs assessments attempt to tie into relevance at the local level. Stakeholders in the community have expressed that data become more local or specific to their communities.

A significant source of surveying across the region is conducted through the Public Policy Research Institute. For the most part, drug and alcohol data collected from adolescents throughout the region is short of rich and detailed regional assessment, especially at the county-level. There are a number of coalitions assessing their community needs, but data outcomes are not representative for the region. Community-level data reporting can be collected for our evaluation and study of variables and factors at work, but more region-wide data collection is necessary. As a result, existing data is currently the only way to begin assessing and estimating the effects of alcohol, marijuana, and prescription drug use in the region. Therefore, continued encouragement and support for community-level efforts in the region is required. Further community-level activity is necessary to translate community data to a regional-level assessment. Expanding community data gathering efforts allows members of the region to develop county-level assessments and relational connections to neighboring counties.

The evaluation of certain seasonal occurrences is also necessary. For example, times related to the numerical value of 420 are commonly used in marijuana activity. The numerical value 420 can mean April 20th or the times 4:20pm or 4:20am. Also, the term "420 friendly" is sometimes used in online social media settings as an indication of being open to marijuana use. In addition to marijuana activity, alcohol use generally increases during holidays (e.g., New Year's Eve). However, instruments (e.g., surveys) are needed to measure spikes in alcohol abuse to address this issue in the following years.

Regional Partners

Many regional partners support the efforts of the Prevention Resource Center 7. Public schools and districts have been vital in providing necessary education to students concerning the dangers of alcohol and drug use. Likewise, coalitions have been instrumental in prompting local change in communities. Though we are many people working for the same cause, we should continue in our work to identify others doing the same work and build stronger relationships.

Regional Successes

Region 7 has several permanent drop boxes for individuals to drop off unwanted prescribed medicine. There are 2 drop boxes in Robertson county one in Hearne: City of Hearne Office 209 Cedar Street, Hearne, Texas 77859 and one in Franklin: Robertson County Sheriff's Department 113 W. Decherd St. Franklin, Texas 77856. There are 2 drop boxes in Brazos county one in College Station: College Station Fire Department Administration Offices 300 Krenk Tap Road College Station, Texas 77842 and one in Bryan: Brazos County Sheriff's Office 1700 Hwy 21 West Bryan, TX 77803. There is also a drop box in Washington county in Brenham: Brenham Fire Department 101 N Chappell Hill St Brenham 77833.

Additionally, there are several prescription drug collection events conducted in the region. Also, through the efforts of CVS/pharmacy and The Partnership at Drugfree.org, another site for the collection of prescription drugs, MedReturn, was created. In Region 7, the collection site is located at the following: San Marcos Police Department, 630 E. Hopkins, San Marcos, TX 78666.

Several individuals involved in policy making at the city and college level in Region 7 are now discussing and developing policies related to the use of e-cigarettes in public establishments. For example, Baylor University has created policy disallowing e-cigarettes on-campus. The same discussion is occurring at the community-level as tobacco-free individuals have expressed discomfort when in close proximity to users of e-cigarettes.

Due to the presences of numerous public and private universities, Region 7 is enriched with access to academic scholars. These scholars have been instrumental in forming an epidemiological workgroup to address issues of marijuana use, prescription drug abuse, and underage drinking among adolescents. A second epidemiological workgroup is currently working to address issues related to tobacco use. Having multiple epidemiological workgroups helps foster the scientific investigation of alcohol and substance abuse issues in Central Texas. Finally, the work and efforts of several coalitions in the area have been vital in addressing issues of marijuana use, underage drinking, and the status of prescription drug abuse in Region 7. A key aspect of the coalition in Central Texas has been the willingness of members to participate with the Prevention Resource Center and to contribute information from their experiences.

Conclusion

Although efforts to make people in Region 7 think twice about using marijuana has led to resistance, the PRC continues to address misconceptions about marijuana use through directed media activities. One such activity utilized free billboards in the Austin area to remind the public of the dangers associated with alcohol and substance abuse. Strong and negative public reaction toward the billboards concerning anti-marijuana messages served to inform the PRC where to strategically begin dialogues and work to eliminate misconceptions about marijuana use. Although preventive alcohol and

prescription drug messages did not spark activity from the Austin public further, work by members of the PRC with nearby coalitions is being conducted to begin understanding root causes for issues in this densely populated region (especially in the form of an epidemiological workgroup).

Key Findings

The following key findings can be said of Region 7:

- Perceptions of marijuana as harmful have decreased among college students and adolescents.
- Alcohol and Marijuana were the primary substances for which people sought DSHS treatment.
- There were more drug arrests than arrests related to alcohol.
- There are more prescriptions than people (1.3 prescriptions per person).
- Social support association score for Region 7 were greater than the state average score.
- The number of homeless kids per school for Region 7 is lower than the state average per school.
- Percent of Juvenile Justice problems related to Alcohol, Tobacco and other drugs has increased between 2014 and 2016
- The dropout rate in Mills County has greatly increased starting in 2015, with many other counties seeing a jump to above 10 in 2016, while Brazos country has stayed consistently high for the region.

Moving Forward

Prevention activities in Region 7 that address underage drinking, marijuana use, and prescription drug abuse are still important for stakeholders. Education for youth is needed to change perceptions about the dangers of alcohol and drugs. Similarly, we believe key findings should direct our actions as we continue moving forward in addressing alcohol and drug use in our region.

Appendix A

PRC Region	Counties
1: Panhandle and South Plains	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, and Yoakum (41)
2: Northwest Texas	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stonewall, Stephens, Taylor, Throckmorton, Wichita, Wilbarger, and Young (30)
3: Dallas/Fort Worth Metroplex	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise (19)
4: Upper East Texas	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood (23)
6: Gulf Coast	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton (13)

7: Central Texas	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson (30)
11: Rio Grande Valley/Lower South Texas	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata (19)
<i>Note.</i> PRC stands for Prevention Resource Center and the number in parenthesis is the total number of counties in that particular region.	

Appendix B

County	16-19 Years Old		20-21 Years Old	
	Male (16-19) Employment%	Female (16-19) Employment%	Male (20-21) Employment%	Female (20-21) Employment%
Bastrop	43.06%	27.88%	89.01%	66.10%
Bell	43.33%	40.39%	83.52%	69.87%
Blanco	58.81%	34.52%	84.35%	30.37%
Bosque	34.60%	40.50%	71.19%	71.74%
Brazos	28.99%	35.73%	51.97%	56.44%
Burleson	55.53%	39.48%	61.69%	82.76%
Burnet	42.47%	44.37%	95.45%	77.45%
Caldwell	35.03%	28.08%	68.37%	38.93%
Coryell	45.37%	35.03%	89.09%	56.53%
Falls	24.29%	42.61%	71.89%	41.84%
Fayette	50.51%	33.28%	76.00%	52.78%
Freestone	35.10%	47.93%	68.79%	89.89%
Grimes	28.33%	38.50%	55.58%	64.93%
Hamilton	54.75%	15.85%	51.69%	100.00%
Hays	28.27%	27.09%	59.43%	63.54%
Hill	29.07%	37.93%	72.45%	73.73%
Lampasas	33.22%	34.54%	50.00%	76.12%
Lee	35.56%	37.13%	72.86%	48.82%
Leon	48.77%	33.41%	80.00%	37.50%
Limestone	26.51%	44.15%	42.00%	69.43%
Llano	13.35%	39.89%	100.00%	100.00%
McLennan	28.67%	33.91%	66.35%	52.52%
Madison	55.66%	56.65%	25.57%	73.81%
Milam	25.23%	44.67%	80.90%	42.55%
Mills	30.25%	10.08%	62.50%	40.00%
Robertson	43.26%	48.81%	75.55%	82.25%
San Saba	60.10%	22.67%	86.11%	100.00%
Travis	33.22%	32.29%	64.55%	60.16%

	16-19 Years Old		20-21 Years Old	
Washington	33.29%	35.42%	55.03%	53.82%
Williamson	36.51%	43.96%	79.77%	76.70%

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.
Adolescent	An individual between the ages of 12 and 17 years.
Age-adjustment	Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes allowing communities with different age structures to be compared
ATOD	Alcohol, tobacco, and other drugs.
Crude Mortality Rate	the mortality rate from all causes of death for a population during a specific time period
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who

	has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
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

References

1. Hingson, R.W.; Zha, W.; and Weitzman, E.R. Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18–24, 1998–2005. *Journal of Studies on Alcohol and Drugs* (Suppl. 16):12–20, 2009. PMID: 19538908 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701090/>
2. Centers for Disease Control and Prevention. Excessive drinking costs U.S. \$223.5 billion. Available at: <http://www.cdc.gov/features/alcoholconsumption/>
3. Lee, J. The costs of drug rehab. Retrieved from <http://www.choosehelp.com/topics/drug-rehab/the-costs-of-drug-rehab>
4. SAMHSA. Data spotlight: Over 7 million children live with a parent with alcohol problems. 2012. Available at: <http://media.samhsa.gov/data/spotlight/Spot061ChildrenOfAlcoholics2012.pdf>
5. Children in single-parent households. County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/texas/2018/measure/factors/82/data>. Accessed June 29, 2018.
6. Social Associations in Texas. County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app>. Accessed June 26, 2018.
7. Youth Mental Health and Substance Use Disorder. Texas Department of State Health Services. Michelle.Neal@hhsc.state.tx.us
8. Center for Health Statistics. Texas Department of State Health Services. Available at <http://www.dshs.texas.gov/chs/vstat/Default.shtm>. Updated December 7, 2017. Accessed April 25, 2018.
9. Referrals and Adjudications by Texas Counties. Texas Juvenile Justice Department. Jocelyn.Lewis@tjjd.texas.gov Acquired July 17, 2018
10. Completion, Graduation, and Dropouts. The Texas Education Agency. <https://tea.texas.gov/acctres/dropcomp/years.html>. Published December 14, 2017. Accessed April 24, 2018.
11. Median Household Income. County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/texas/2018/measure/factors/63/data>. Accessed June 29, 2018.
12. Alcohol Permits by County. Texas Alcoholic Beverage Commission. <ftp://ftp.tabc.texas.gov/Rosters/ByAddr/>. Updated July 27, 2017 Accessed April 30, 2018.
13. U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates: Language Spoken at Home. American FactFinder - Results. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1601&prodType=table. Published October 5, 2010. Accessed April 24, 2018
14. County Health Rankings. U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE). <http://www.countyhealthrankings.org/app/texas/2018/measure/factors/122/data?sort=sc-0>. Accessed April 24, 2018.
15. Teen births. County Health Rankings & Roadmaps. <http://www.countyhealthrankings.org/app/texas/2018/measure/factors/14/data?sort=sc-0>. Accessed June 6, 2018.
16. Texas Education Agency Drug Violations. Texas Education Agency. PIR@tea.texas.gov. Acquired July 17, 2018
17. Texas Education Agency. Year-end enrollment, homelessness enrollment, expulsions, in-school suspensions, and out-of-school suspensions for 2017. Report run July 5, 2018.
18. Temporary Assistance for Needy Families. Texas Health and Human Services Commission. <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics>. Accessed June 29, 2018.

19. Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics>. Accessed May 7, 2018.
20. EMS Alcohol and Substance Data. Texas EMS and Trauma Registry. Injury.Epi@dshs.state.tx.us. Acquired May 14, 2018
21. Population Projections by Age, Sex, and Race for Texas. Texas Demographic Center. <http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=F4BDAAD084D34A37ACDAE05E1C93798D> Accessed May 28, 2018
22. U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI - Elementary and Secondary Information System. <https://nces.ed.gov/ccd/elsi/tableGenerator.aspx>. Accessed April 24, 2018.
23. Employment Status. U.S. Census Bureau. 2012-2016 American Community Survey 5-Year Estimates. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed June 28, 2018.
24. M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). <https://texascollegesurvey.org>. Published August 2017. Accessed March 2018.
25. M.P. Trey Marchbanks III, PhD. Texas School Survey. Public Policy Research Institute (PPRI). <https://texascollegesurvey.org>. Published August 2017. Accessed March 2018.
26. Texas Court Data. Texas Office of Court Administration. <https://card.txcourts.gov/> Accessed March 2017.
27. SAMHSA. Strategic Prevention Framework. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>. Last updated June 5, 2017. Accessed July 30, 2017.
28. 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.
29. McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior*, 15(4), 351-377.
30. Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). <http://www.urbanpeaceinstitute.org/cvrs/>. Accessed May 29, 2018.
31. 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.
32. 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.
33. 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.
34. 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.
35. 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.
36. 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.
37. Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

38. Assessment, Prioritization, and Priority Populations. (2016, July 27) Retrieved from Community Health Improvement Resources. Missouri Department of Health and Senior Services.
http://health.mo.gov/data/InterventionMICA/AssessmentPrioritization_5.html
 39. U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, April 2016. Rates are seasonally adjusted.
 40. Maxwell, J.C. (2014). Substance Abuse Trends: June 2013. The Center for Social Work Research, University of Texas at Austin. Retrieved from
<http://www.utexas.edu/research/cswr/gcattc/documents/CurrentTrendsJune2013.pdf>
-