

Regional Needs Assessment

REGION VII: BRAZOS VALLEY COUNCIL ON ALCOHOL AND
SUBSTANCE ABUSE (BVCASA)
PREVENTION RESOURCE CENTER 7

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Executive Summary

What is the Regional Needs Assessment (RNA)?

The Prevention Resource Center's (PRC) RNA is a document created by Kevin Cunagin in PRC region 7 along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC serves 30 counties in central-to-east Texas.

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

Who creates the RNA?

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

- Youth and young adults
- Parents
- Business communities
- Media
- Schools
- Organizations serving youth and young adults
- Law enforcement agencies
- Religious or fraternal organizations
- Civic or volunteer groups
- Healthcare professionals and organizations
- State, local, and tribal government agencies
- Other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, Education Services Centers, and Local Mental Health Authorities²

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

How is the RNA informed?

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

¹ Watkins, R., et al. (2012).

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

Main key findings from this assessment includes:

Demographics

With a growing and diverse population region 7 will have increasing challenges to face. A growing population, particularly in the urban areas will likely bring increase availability of substances. The diversity of the region's ethnicity also indicates a need for diverse outreach programs both in English and in Spanish as the Spanish speaking population grows. Additionally, the diversity of the rurality of the area will require variations in outreach for treatment and prevention.

Substance Use Behaviors

Alcohol, marijuana, and nicotine remain the main substances used in region 7 among youth, college, and adult populations. However, other substances remain constant with an increase of fentanyl deaths in the last few years indicating an underlying problem with opioids and fentanyl poisoned substances. Finally, age of first use for high school students who use has been consistent across the last few years, while actual use has been decreasing for high school students.

Underlying Risk Factors

The presence of numerous colleges suggests that a substantial portion of this use is exploratory rather than disordered. However, perception of risk remains a risk factor for youth use, particularly for the main 3 substances (alcohol, tobacco/vape, and marijuana). Unfortunately, youth that feel hopeless has been increasing in Texas which can lead to substance abuse if not treated. Finally, another risk factor is a low graduation rate which has been seen in several counties in region 7, most notably Mills.

Behavioral Health Disparities

Health disparities, particularly in terms of mental health providers, are most notable in the more rural counties which have far fewer services for mental health issues. Additionally, economic disparities can be readily seen from the median income maps.

Protective Factors and Community Strengths

There are numerous coalitions and services available in region 7, mostly around the major population centers in region 7. Certain counties in region 7 also have good social association rates which can be a major benefit to mental health. Due to the numerous colleges in this region there is also a high rate of graduate degrees in certain counties.

Introduction

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

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

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

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

Prevention Resource Centers (PRCs)

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

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

- Underage alcohol use;
- Underage tobacco and nicotine products use;
- Marijuana and other cannabinoids use; and
- Non-medical use of prescription drugs.

PRCs have four fundamental objectives:

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

Regions

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

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



Image courtesy of HHSC.

How PRCs Help the Community

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

Data

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

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

Training

The PRC Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings. To accomplish this, Public Relations Coordinators:

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

Media

The PRC Public Relations Coordinators also use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion. To accomplish this, Public Relations Coordinators:

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

Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco, e-cigarette, and other nicotine products. To accomplish this, Tobacco Coordinators:

- Conduct on-site, voluntary checks with tobacco and e-cigarette retailers in the region to verify compliance with state and federal regulations regarding proper signage and placement of tobacco and e-cigarette products;
- Provide education to tobacco and e-cigarette retailers in the region that require additional information on the most current tobacco and e-cigarette laws as they pertain to minor access;
- Conduct follow-up voluntary compliance visits with all tobacco and e-cigarette retailers who have been cited for violations of tobacco and e-cigarette regulations.

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors (see *Stakeholders/Audience* section below for these) and different geographic locations within that region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of

four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

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

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

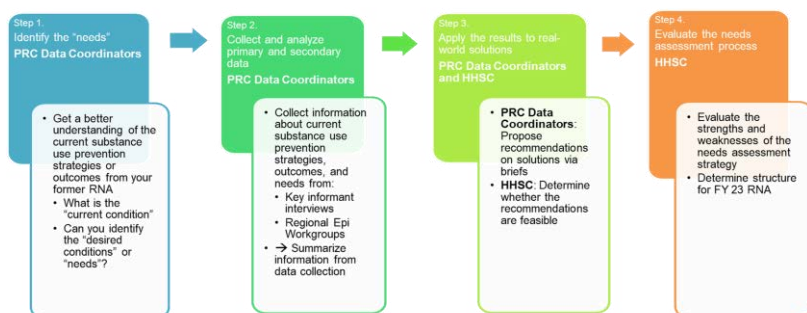


Image courtesy of HHSC.

Stakeholders/Audience

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

³ Watkins, R., et al. (2012).

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

Stakeholders within the twelve sectors both contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.⁴ The information gathered in these interviews was compiled to create the 2022 RNA and will be utilized in the 2023 RNA. These twelve sectors are:

- | | |
|--|--|
| <ul style="list-style-type: none">• youth and young adults• parents• business communities• media• schools• organizations serving youth and young adults• law enforcement agencies• religious or fraternal organizations | <ul style="list-style-type: none">• civic or volunteer groups• healthcare professionals and organizations• state, local, and tribal government agencies• and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities |
|--|--|

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

Regionwide Event

The Region 7 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues. The Region 7 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues. Region 7 uses its region wide event to disseminate information to as many counties and coalitions as possible as well as to highlight the regional epidemiological workgroup. This year the epi workgroup has focused on smaller data deliverables as well as encouraging coalition collaborations within region 7.

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

Methodology

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

Conceptual Framework

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

Process

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

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

Quantitative Data Selection

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

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

Longitudinal Data

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

COVID-19 and Data Quality

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

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

The primary sources of quantitative data for substance use behaviors for this report are the Texas School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use. TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA) at Texas A&M University. For TSS, PSAA actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year.

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

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Table 1. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

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

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

Table 2. Texas School Survey Distribution Across Grades in 2020 and 2022

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

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

Qualitative Data Selection

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

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection methods

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provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources.

Key Informant Interviews

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

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

Each participant was asked the following questions:

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

Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then analyzed the data. This involved categorizing the information by topics and themes and looking for patterns across the interviews.

Key Concepts

Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.⁵ This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance use and the contributing factors influencing this behavior.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.⁶

Social-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.⁷ This RNA is organized using the four domains of the SEM (See Figure 2)⁸ as described below:

- Societal Domain – Social and cultural norms, policies, and socio-demographics such as the economic status of the community and legislation about the availability of different substances.
- Community Domain – Social and physical factors that indirectly influence youth including educational attainment of the community and community levels of poverty, community environments that youth engage with like school or religious institutions, and community conditions like the physical built environment, the health care/service system, and retail access to substances.

⁵ Centers for Disease Control and Prevention. (2012).

⁶ Substance Abuse and Mental Health Services. (2019).

⁷ Centers for Disease Control and Prevention. (2022a).

⁸ Adapted from: D'Amico, EJ, et al. (2016).

- Interpersonal Domain – Social factors and experiences that impact youth including their peer groups at school, friends, family conditions, perceptions of parental attitudes about substance use, perceptions of peer consumption, and perceptions about ease of access to substances.

Figure 2. Social-Ecological Model for Substance Use, with Examples

		Risk Factors	Protective Factors
	Society	<ul style="list-style-type: none"> • Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media 	<ul style="list-style-type: none"> • Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
	Community	<ul style="list-style-type: none"> • Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
	Interpersonal	<ul style="list-style-type: none"> • Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers 	<ul style="list-style-type: none"> • Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
	Individual	<ul style="list-style-type: none"> • Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

- Individual Domain – Intrapersonal characteristics of youth such as an individual’s knowledge, skills, attitudes, beliefs, and perceptions.

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

Social Determinants of Health (SDOH)

The U.S. Department of Health and Human Services, Healthy People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁹ The SDOH are grouped into 5 domains (see Figure 3): economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. SDOH’s have a major impact on health, well-being, and quality of life, and they also contribute to health disparities and inequities.

Figure 3. Social Determinants of Health



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

⁹ Healthy People 2030, U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023).

Adolescence

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

A similar but slightly different term that is used in the justice system is “juvenile.” The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of “delinquent conduct” or “conduct in need of supervision”.¹² Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to more precisely define the population of interest.

Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.¹³ ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

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

¹⁰ American Psychological Association. (2023).

¹¹ World Health Organization. (2023).

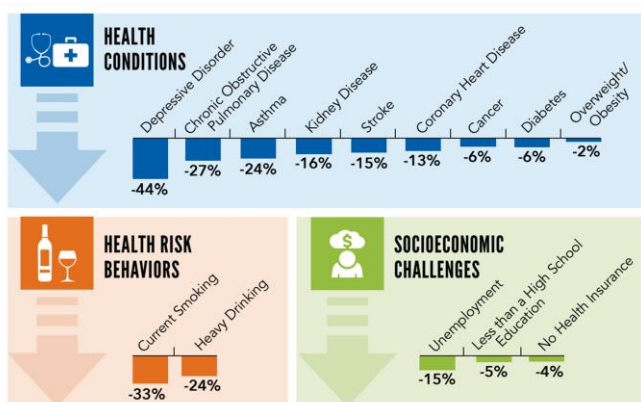
¹² Texas Juvenile Justice Department. (2022).

¹³ Felitti, VJ, et al. (1998).

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

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make these experiences more likely to occur.¹⁴ Figure 4 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 4. Potential reduction of negative outcomes in adulthood from preventing ACEs in childhood.



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

Positive Childhood Experiences (PCEs)

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

¹⁴ Centers for Disease Control and Prevention. (2022b).

times.”¹⁵ Dr. Bethell and her colleagues conducted a similar study to the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.
4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.
7. Feeling safe and protected by an adult in the home.¹⁶

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower odd of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE’s remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.¹⁷

Consumption Patterns

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

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

These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and other illicit drugs, and their non-medical use of prescription drugs. The TSS therefore serves as the primary outcome measure of Texas youth substance use in this needs assessment.

¹⁵ Kreitz, M. (2023).

¹⁶ Pinetree Institute. (2023).

¹⁷ Bethell, C. et al. (2019).

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PART II – GEOGRAPHICAL AREA AND COMMUNITY DEMOGRAPHICS

Regional Demographics

Overview of Region Geographic Boundaries

In general, Texas is a state of vast land area and a rapidly growing population, second only to Alaska in land mass and second in population to California. Public Health Region 7 (PHR7) sits in the center of Texas and includes 30 counties major metropolitan areas like Austin, as well as very rural counties like San Saba. In the middle of Texas region 7 sits between region 6's major metropolitan area (Houston), region 8's major metropolitan area (San Antonio), and region 3's major metropolitan area (Dallas/Fort Worth). This leads to an interesting mix of demographics due to region 7 being a mixture of rural and urban as well as notable issues stemming from its inclusion of numerous large highways between large metropolitan areas.



Counties In region 7

Region 7 is comprised of: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson. Of these counties the bulk of the population of this region is in Travis, Brazos, Bell, McLennan, Hays, and Williamson. Major population centers for Region 7 are Austin, Round Rock, Waco, San Marcos, and

Bryan/ College Station. 27 Major Metropolitan Areas (i.e., Concentrations of populations) Major metropolitan areas can be seen in the map below which maps out the populations of the various counties. In Region 7 the main population centers are Brazos County (Bryan/College Station), Bell county (Killeen, Temple), Williamson county (Round Rock), Travis county (Austin), and Hays county (Kyle).



Demographic Information

Further data not included in the body of the report lies in the Appendix. Demographic information is largely derived from the 2022 American Community Survey, conducted by the Census Brueau.

Table II.1.b.i. simply shows the total population of each county, as aligned with the map above. Major anomalies in population by sex are Falls and Llano counties, where the ratio of men to women is about .9, and Madison county, where the ratio is 1.3. The biggest standout in ethnicity distribution is Hays county, with an unusually high number of people reporting as Hispanic or Latino. Travis, Williamson, and Bastrop counties also have high Hispanic populations, plus some of the much smaller counties (notably Caldwell) being majority Hispanic.

Most counties have fewer than 20% single-parent housholds. Exceptions are Bell, Brazos, Freestone, Hill, Limestone, Llano, and Mills. Almost no counties have a substantial proportion of *male* single parent households, with Falls, Milam, and Lee being unusual in this regard.

Total Population

Bastrop	98435	Hill	36138
Bell	372821	Lampasas	21829
Blanco	11608	Lee	17543
Bosque	18404	Leon	15928

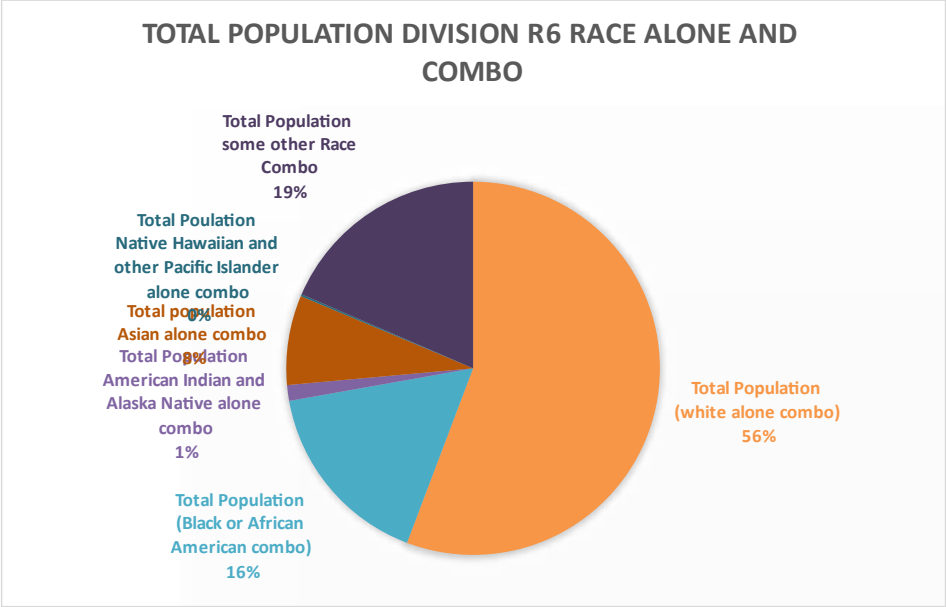
Brazos	234548	Limestone	22222
Burleson	17958	Llano	21637
Burnet	49684	McLennan	261090
Caldwell	46141	Madison	13556
Coryell	82927	Milam	25080
Falls	17013	Mills	4501
Fayette	24564	Robertson	16912
Freestone	19599	San Saba	5779
Grimes	29442	Travis	1289054
Hamilton	8244	Washington	35807
Hays	245351	Williamson	617396

Population by Sex and Age

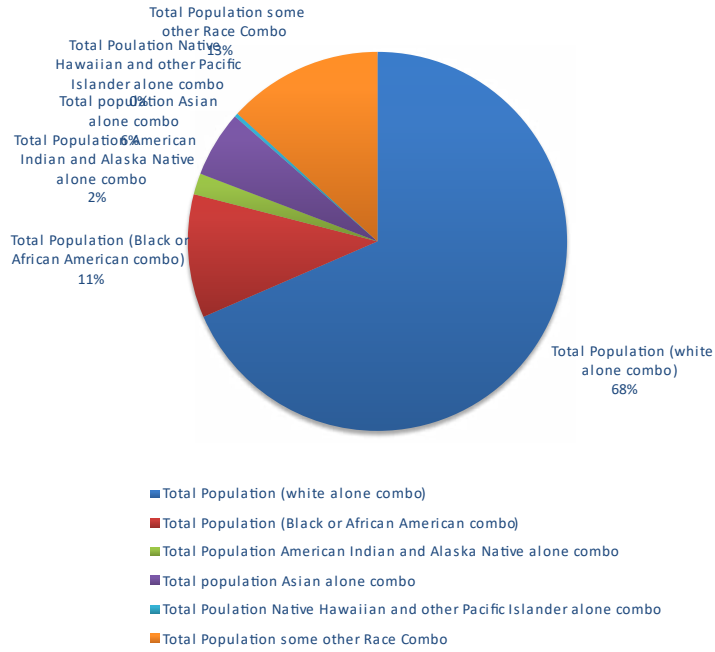
county	fips_code	estimate	estimate_TotalPop_Male	estimate_TotalPop_Female
Bastrop	48021	98435	49988	48447
Bell	48027	372821	186259	186562
Blanco	48031	11608	5853	5755
Bosque	48035	18404	9135	9269
Brazos	48041	234548	118812	115736
Burleson	48051	17958	8767	9191
Burnet	48053	49684	24537	25147
Caldwell	48055	46141	23228	22913
Coryell	48099	82927	42084	40843
Falls	48145	17013	8065	8948
Fayette	48149	24564	12244	12320
Freestone	48161	19599	10221	9378
Grimes	48185	29442	15894	13548
Hamilton	48193	8244	4103	4141
Hays	48209	245351	122589	122762
Hill	48217	36138	18161	17977
Lampasas	48281	21829	11019	10810
Lee	48287	17543	8665	8878
Leon	48289	15928	7918	8010
Limestone	48293	22222	11315	10907
Llano	48299	21637	10332	11305
Madison	48313	13556	7679	5877
McLennan	48309	261090	128169	132921
Milam	48331	25080	12359	12721
Mills	48333	4501	2279	2222
Robertson	48395	16912	8398	8514
San Saba	48411	5779	3086	2693
Travis	48453	1289054	658063	630991

Washington	48477	35807	17609	18198
Williamson	48491	617396	307076	310320

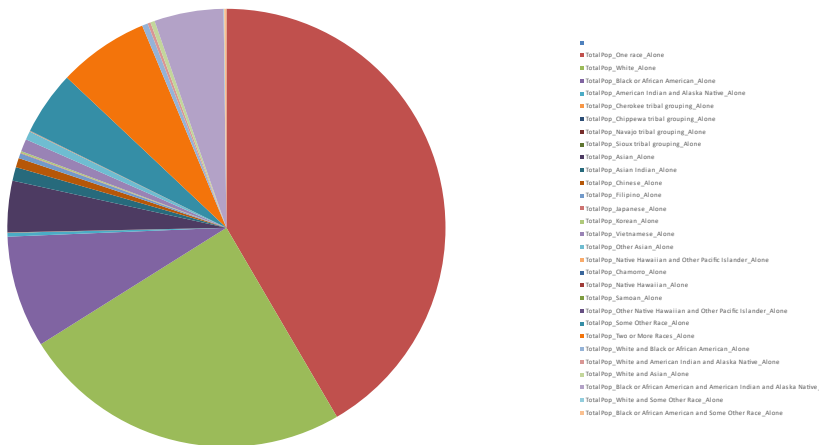
Population by Race Alone and In Combo



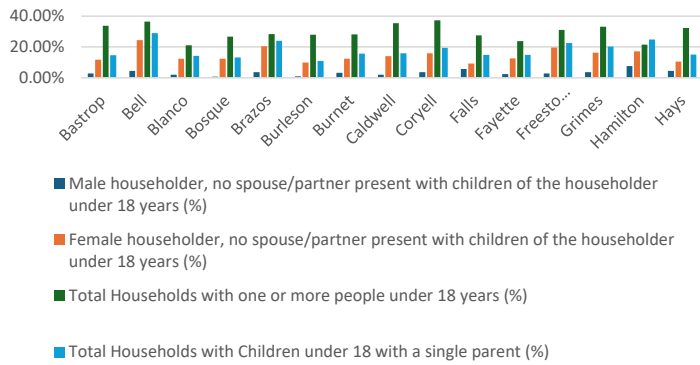
Total Population Race alone and combo for R7



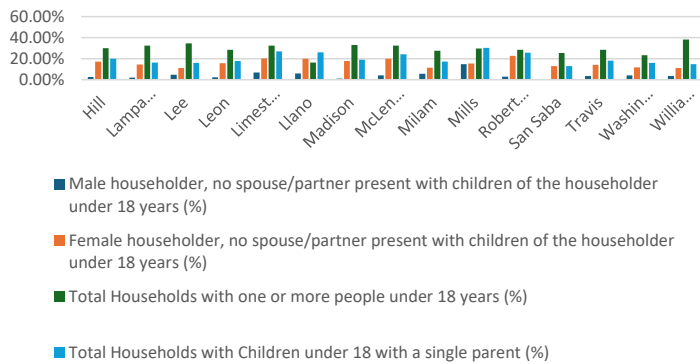
TOTAL POPULATION DIVISION FOR R6



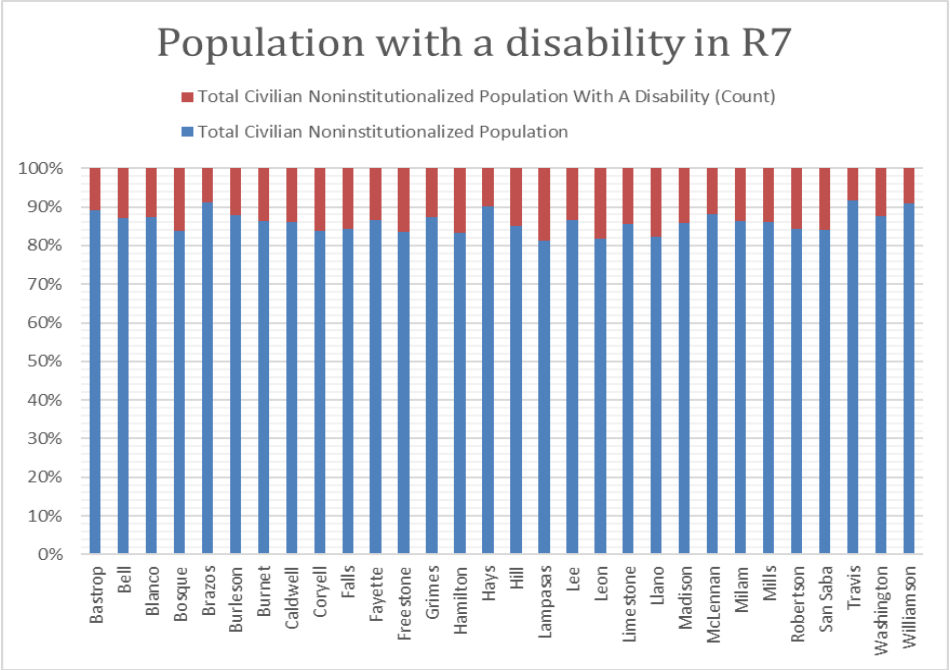
Single Parent Families by County



Single Parent Families by County



Percent of Population with a Disability



LGBTQ

LGBTQ population of Texas is approximately 1,071,300 per 2021 BRFSS data,

Limited English Speaking Households

Report Area	Year (5-year Estimates)	Region	Total Households (Count)	Total Limited English-Speaking Households (Count)	Total Limited English-Speaking Households (Percent)
Bastrop	2022	7	33,259	1,132	3.4%
Bell	2022	7	134,495	3,575	2.7%
Blanco	2022	7	4,836	75	1.6%
Bosque	2022	7	7,277	109	1.5%
Brazos	2022	7	86,289	3,619	4.2%
Burleson	2022	7	7,586	229	3.0%
Burnet	2022	7	18,629	160	0.9%
Caldwell	2022	7	15,087	1,044	6.9%
Coryell	2022	7	25,156	510	2.0%

Falls	2022	7	5,499	128	2.3%
Fayette	2022	7	9,310	35	0.4%
Freestone	2022	7	6,701	54	0.8%
Grimes	2022	7	9,769	341	3.5%
Hamilton	2022	7	3,131	15	0.5%
Hays	2022	7	89,328	3,032	3.4%
Hill	2022	7	13,390	299	2.2%
Lampasas	2022	7	7,934	70	0.9%
Lee	2022	7	6,313	289	4.6%
Leon	2022	7	6,397	135	2.1%
Limestone	2022	7	8,195	249	3.0%
Llano	2022	7	9,612	78	0.8%
McLennan	2022	7	94,985	5,793	6.1%
Madison	2022	7	4,081	126	3.1%
Milam	2022	7	9,767	476	4.9%
Mills	2022	7	1,833	21	1.1%
Robertson	2022	7	6,309	121	1.9%
San Saba	2022	7	2,014	49	2.4%
Travis	2022	7	538,109	27,123	5.0%
Washington	2022	7	14,482	258	1.8%
Williamson	2022	7	229,906	7,206	3.1%

PART III: Risk & Protective Factors (See Appendix)

A few key points are listed below:

- Standardized income is broadly centered around the \$60,000 range, with Falls and Caldwell unusually low. Unemployment *trends* largely resemble one another, with a few exceptions like Mills not changing much even in the broader 2020 worsened unemployment and 2022 improved unemployment. Unemployment *actual numbers* are quite significantly different across the counties, however: Freestone and Grimes particularly stand out as problematic.
- Curiously, the economically disadvantaged student rate doesn't seem to track unemployment very closely, but Falls and Caldwell (and Lee) are much worse off here, which makes sense given the income numbers. Student homelessness is fortunately fairly low in absolute terms and, broadly, dropping, except in Hamilton for reasons that are not immediately clear.
- Educational attainment (percentage of population with a high school diploma, percentage of population with a bachelor's or higher) exhibits some strange characteristics. Higher education attainment seems to map with income, which is unsurprising, but several counties have a dramatically higher bachelor's rate than high school rate.
- Alcohol arrests trend broadly down over the years, which is probably a good thing but could very easily be a confoundment in the data (changing law enforcement practices). Drug arrests do not show a clear trend over time, with Washington being unusually high and rising.

- Juvenile and adult violent arrests hover around the 100 per 100k mark with no obvious pattern, and a distinct poor performance from McLennan. It's curious to me that the two populations would have extremely loosely the same arrest rate. The same general phenomenon seems to happen with property crime, but with an (understandably) higher actual rate.
- Alcohol licenses is another dataset where we only have regional data, not a county breakdown, so instead the comparison is between region 6 and region 7. The two regions have extremely similar alcohol license per capita numbers, but region 7 is far more spread out. Tobacco and e-cig permits have broadly increased over the last several years.
- The uninsured child rate only has one year's data and ranges between approximately 8 and 15%. This is lower than the adult rate, but still a problem.
- The underinsured adult rate remains flat for a given county over the four years in question, and generally sits between 20 and 30%, which is high enough to be a serious public health concern.
- Student school infractions display a small upward trend overall, which isn't good, with a huge dip in 2020-2021, which makes sense because so many fewer children were in school. The vast majority of infractions in Texas were for controlled substances.
- The number of social associations, per capita, per county, has remained virtually flat. This makes some sense given that it takes some effort to start one up and some significant event to shut very many down.
- Schedule 2 and 3 drug prescription rates have also remained mostly flat.
- Some counties are extremely well served by mental health providers, at least by number per capita (Bell, Travis), while more are extremely poorly served (mostly but not entirely rural). It also likely correlates to some degree with income.
- Family violence rate doesn't seem to display an especially clear timing trend. Coryell and McLennan stand out as having particularly poor numbers. I would caution that this may be a metric that is particularly vulnerable to reporting shifts. Victims of maltreatment doesn't have all that clear a time component either, although 2022 seems to have been oddly low.
- Substitute care rates seem unusually high in Mills and Llano counties. Adult depression rates, curiously, don't vary much by county.
- Getting to Texas School Survey reporting, which represents a very large portion of my datasets between the perils involved in self-reporting, expected parental approval of substance use doesn't seem to change too much over the years and is overwhelmingly "strongly disapprove". This isn't a surprise. Also a very important note about TSS results is that they're statewide, for privacy reasons: no county breakdowns here, but large and interesting datasets.
- Perceived substance use among friends seems to fairly consistently have dropped over time, which is a positive sign as a proxy for overall substance use. Perceived ease of access has dropped as well, although as one would expect the older grades have an easier time acquiring substances, particularly alcohol and tobacco. Drug presence at parties doesn't show any particularly obvious trends.
- Dropout rates don't have an especially clear time trend either. Bell, Caldwell, Mills and arguably Limestone counties stand out with unusually high rates – Mills is in particularly bad straits. Average daily attendance has some strange anomalies, but they're not strange in an obvious pattern.

- Around a third of youths report having experienced serious feeling of sadness or hopelessness. This trended slightly up over time, which is bad, but I'm also not sure the wording on the question was all that well-designed.
- Perceived harm of substance use hasn't changed much over time, and substances are generally perceived as dangerous. The number of people who report substances as dangerous is in some cases greater than the number of people who don't use them, which isn't really a surprise given their addictive nature.
- Average age of first use within a grade doesn't change much over four years, but interestingly, older generations report an older age of first use, even when comparison between grades suggests that shouldn't be the case (for example, 10th graders in 2018 should be reporting a somewhat similar age to 12th graders in 2020). This may be an artifact or sign of increased first use over a lifetime: a child that didn't try anything until 16 would not show up on this chart at all until they appeared at a relatively late age. Adjusting for this phenomenon would be an interesting experiment.
- Spiritual congregations per capita are particularly high in Leon and San Saba counties, which so far haven't stuck out in any particular category, and particularly low in Travis (plausibly less religious), Williamson, and Hays. Percentage of population who consider themselves religious doesn't map all that closely to congregation count at a glance, which might be interesting to combine together and look at whether congregation size has any interesting correlations.
- Involvement in extracurricular activities hasn't changed much over the four years in the data. Athletics is the most popular activity by a fair margin.

PART IV: Consumption Patterns (See Appendix)

- Self reported (last month, last year, lifetime) substance use generally goes up with grade, which is unsurprising, but broadly dropped between 2020 and 2022. This may say more about 2020 than a longer term trend, but if fortunate it may suggest that the heightened use during the worst of the coronavirus pandemic may not stick around in Texan youth.
- Adult alcohol use is particularly high in the 25-34 demographic.
- Adult binge drinking numbers don't show much of an obvious annual pattern. It appears to be most common among Hispanics, which is relevant to public health interventions.
- Adult smoking within a given age bracket has dropped slightly over time, which is good, and been consistently less common with the younger age groups, which is better. Adult smoking as correlated with ethnicity doesn't present too many obvious patterns, in large part because 2020 was a highly anomalous year.

Part V: Public Health & Public Safety (See Appendix)

A few key points are listed below:

- Moving on to opioid inpatient visits – yet another decent but not complete proxy for substance abuse – the trend over time seems to be a slow decline. Robertson County stands out as higher than most. Inpatient visits are similar, with Limestone and Llano standing out as having high but dropping numbers. Region 6 and 7 regionwide numbers are broadly similar to one another. Region 7 exhibits somewhat more of a decline over time.
- In drug-related deaths in Region 7, heroin deaths have dropped significantly, “other opioid” deaths have risen significantly, and deaths from psychostimulant and “other synthetic narcotics” which may include fentanyl are high and rising.
- Adult and teen deaths from suicide both peaked in 2020 and then fell.
- Alcohol related vehicular fatalities in Region 7 as compared to Region 6 were very high in 2022 and then fell. No individual county really stands out as particularly bad, but several of those (as one would expect) peaked in 2022. This may be related to other observations about pandemic-related increases in reckless driving.
- Statewide drug delivery incarcerations dropped during the worst of the pandemic and stayed low, whereas drug possession incarcerations rose almost back to their previous level.

PART VI: REGION IN FOCUS

Prevention Resources & Capacities

Providers:

1. Substance Use/Misuse and Behavioral Health Community Coalitions- Various HHSC coalitions across Region 7 include the Voice Against Substance Abuse Coalition in Waco; the Community Alcohol and Substance Awareness Partnership (CASAP) in Bryan and Brenham; and the Hearne Zero Tolerance Youth Coalition in Hearne.

2. Other Coalitions: The Blanco Coalition on Awareness, Prevention, and Treatment of Substance Abuse (CoAPT) has been a noteworthy coalition as their efforts to reduce substance use and promote community-level change has been very successful. CoAPT has consistently implemented and coordinated various health services such as health fairs, presentations, trainings, sticker shock campaigns, anti-bullying campaigns, and SIM mapping (identifying resources and gaps in services related to behavioral health, community paramedic expansion, early intervention, and mental health awareness).

3. Community Programs and Services- The Boys and Girls Club (Region 7) have been extremely adamant about collaborating with prevention-funded agencies as well as community members within their service areas. Additionally, a more localized non-profit program called A Reason to Dream has also been fundamental in providing services to those in the Robertson County area where resources are sparse and/or non-existent.

4. Other State/Friendly Funded Prevention- Other state-funded organizations that are worth mentioning include the Sexual Assault Resource Center as they have been extremely resourceful for those who have experienced risk factors such as these, which put them at a higher risk for substance

use. The Helping Youth Pursue Excellence non-profit organization has also collaborated with prevention-funded agencies to provide education and alternative activities. Lastly, health districts across Region 7 have also been a crucial resource as it pertains to increasing protective factors and addressing risk factors.

5. SUD Treatment Providers- In addition to the intervention and treatment providers within the BVCASA organization, there are other providers who have also helped provide SUD resources to the community. Organizations such as More Than Rehab, Alpha Recovery, La Hacienda, and Promises have been SUD staples within the communities of Region 7.

6. Healthcare Providers- Several healthcare providers, especially those who provide mental health services have always been a crucial part in regard to Region 7 services. A few organizations we provide referrals to include our regional mental health districts, Bluebonnet Trails, Promises Behavioral, Woodland Springs, Integral Care, and Promises.

Emerging Trends

Impact of COVID-19 on Behavioral Health

Overall COVID-19 and the subsequent reactions from state and news agencies had a very damaging effect on mental health and substance abuse in both Texas and the United States as a whole (Prati & Mancini, 2021; Şimşir, Koç, Seki, & Griffiths, 2022). As a whole there were a myriad of ranges of effects ranging from small to large mental effects on the population (Kim, Qian, & Aslam, 2020). While many of these effects have disappeared the chronic nature of substance use disorder characterizes it as one of the longer lasting impacts seen from COVID-19 and its subsequent lockdowns, fear, and stress (Cénat et al., 2022; Kilian et al., 2022).

Community Interview Findings

The PRCs main role has long been a data repository and behind the scenes assistant to coalitions and more hands-on organizations, as such this PRC has sought to ensure schools, coalitions, and organizations have the appropriate, accurate, and up to date information regarding youth use. As noted by one key informant one until better data is available inroads to the use of meth and opioids is near impossible as nobody is really sure of where and how bad the problem is in this large 30 county region.

The regional needs assessment is a tool used by the community, coalitions, and organizations to better understand the needs in the community. In this region that usually takes the form of assistance towards grant writers, and assisting in spreading accurate information to improve care and build roads to improve the continuum of care in the region.

From this region there was one informant from Blanco a very rural area, a few from Travis and Williamson counties which are very urban areas, and several from the Brazos Valley where it is semi-rural. All sectors were represented with the best information coming from informants in the medical sector, the law enforcement sector, and one researcher who does prevention work in the region and Texas as a whole.

All interviews were conducted via zoom, participants were recruited in part with the regional epi workgroup and were largely already familiar with substance abuse counseling, treatment, prevention, or

enforcement in some way prior to being willing to do the interview leading to a biased but informed sample.

Text analysis will be done to code the main thematic elements in each interview and combined by question to get the major impressions of the data. Given the small and heterogeneous sample and an initial viewing of the interviews there will be bias in the results and limited conclusions able to be drawn.

Coalitions were the main attendees as they cared the most about the subject matter and in the past the REWs were more focused on problems that concerned coalition members. The current workgroup was maintained, little recruitment was done this year as the change and upheaval in the structure left less time for the workgroup itself and less for the PRC to provide, the workgroup attendance waned as efforts to utilize the workgroup for finding key informants increased. To fix this new effort to recruit a larger more diverse group will be made next year.

The key informant interviews highlighted a few obvious results (death is the worst outcome of substance use) and a few more niche results (mental health and substance abuse related access issues). Vaping, alcohol, and marijuana are the universal concerns for the majority of the youth populations with certain subsets seeing some use of harder drugs. Methamphetamine in pill form is growing in usage, now mixed with fentanyl, and meth is a consistent concern in the more rural areas. Opioid use especially fentanyl is a concern due partially to high overdose fatality ratio compared to other drugs but partially because of the increase of fentanyl and its presence in other drugs of abuse. Many efforts are being made but the ease of access for alcohol, marijuana, THC products, and vape products in particular has made it hard to make real gains in curbing youth use. Major barriers to access include lack of insurance, transportation, and knowledge of where and what services are available. Key resources were largely resources in the informants' area of expertise (e.g., medical informants spoke about medical care facilities) indicating a real lack of intercommunication between the sectors on this particular area of need.

Takeaways are that the communities across this region largely see substance use as a tangential problem to mental health and find that issues of transportation, barriers to service, and mental health treatment and prevention services should take priority. This was not true for the law enforcement sector and the medical sector where participants saw use as larger or equal issue. My recommendations are to utilize the PRCs to open up dialogues with transportation sectors and utilize the state evaluator to open inroads to improve treatment access.

Region in Focus

There are many indicators that suggest a lack of readiness in numerous areas that are required before meaningful progress can be made in reducing alcohol and substance abuse problems. These factors that must be addressed include student homelessness, low social association rates in several counties, a low number of students that would seek help if needed, high and unchanging drop-out rates, high rates of uninsured children and TANF/SNAP qualified students, and economic and social disruptions due to COVID-19. In many other areas the community appears to be ready to address ATOD issues in a more direct manner. The evidence of this readiness is the acceptance and demand for YP coalitions in schools, the small successes of YP programs in changing knowledge of ATOD issues, the high rates of use among students, and the admittance of low approval of parents and peers all suggest there is some readiness.

Service Gaps

Transportation throughout the Brazos Valley, as well as the region, has continued to be an issue. Lack of transportation can be considered a determinant of health as it acts as a barrier to accessing necessary services. The Bryan College Station (Brazos Transit Authority) bus system is a good start, but at only about 600 riders per day in a population center of over 250,000 people, it is a drop in the bucket.

Mental health services have also been difficult to provide, as there is consistently a lack of facilities and beds for those who are in need of short or long-term care. Additionally, a lack of providers to provide counseling services has also remained a problem. Lastly, those with or without health insurance may also find it difficult to afford services if available.

Here is the link to the Greater Brazos Valley Report for 2022. This report provides a more in-depth view of the current status of BV as it pertains to health, resources, and issues.

<https://cchd.us/publications/>

Data Gaps

The Texas School Survey is honestly fairly robust, but still does not provide an adequately full picture of youth substance use and related factors and needs. In particular, among both adults and children it is very difficult to get a true understanding of the actual prevalence of substance abuse. The TSS relies on self-reporting, which obviously is going to have significant underreporting problems – the actual changes in trends from year to year are probably reliable, but the absolute numbers may not be.

The TSS only collecting data every two years (and other, related surveys and data sources having similar problems) does interfere a great deal with having up-to-date material in off years, and sufficiently granular material in all years. This problem may not realistically be able to remedied.

It would also be *incredibly* useful to have more county-by-county breakdowns than regionwide (or statewide). I recognize that this is functionally impossible for the TSS due to privacy concerns, and a very big problem with low-population counties for the same reason. Low-population counties often show up as, essentially, [more than zero but less than ten] entries into the data because eg reporting that there were exactly four opiate deaths in a small town might make it feasible for an intrepid person to figure out exactly who those were.

Moving Forward

It is important to address many factors in the region including economic, housing, social associations, medical data gaps, and lack of willingness to seek help, and lack of enforcement of existent laws, perception of marijuana as not harmful, evident demand for drugs. It is recommended that stakeholders, coalitions, and concerned individuals pursue:

- Development of economic improvements, such as bringing industry and economic opportunities to their local areas
- Increase affordable housing by improving competition in the market and showing demand for housing in their communities
- Improve access to care through telehealth and improved transportation infrastructure and
- Attempt to coordinate with hospitals to gather substance use data in their area

- Encourage help-seeking behavior among students and adults alike for substance use and mental health concerns
- Build resilience in youth to provide a buffer against negative substance abuse outcomes
- Improve the accuracy of perceptions of students regarding marijuana including the deleterious effects of use
- Increase caution among youth when it comes to vape products
- Encourage local governance to pursue the enforcement of existent laws
- Encourage local governance to create ordinances that benefit public health initiatives in their communities.
- Decrease the number of seizures of large amounts of illicit substances through lowering demand and increasing the number of adults and youth in treatment

Conclusion

Primary substance abuse concerns based on the data in this report:

- Alcohol, marijuana, and vape product use among youth
 - Based on TSS, TCS, YRBSS, and Treatment data
- Alcohol, marijuana, and methamphetamine use among adults
 - Based on drug seizure and treatment data

Substance abuse perception & behavior concerns:

- Marijuana use acceptance and low perception of risk among students
- High risk alcohol use among college students
- Use of homemade vape products
- Possible increased use of marijuana-adjacent substitutes

Related concerns:

- Homelessness
- Data gaps
- Economic instability
- Low social association
- Suicide rates

Data	Citations
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	Administrative Violations: Sales to Minors. Texas Alcoholic Beverage Commission. Available at https://apps.tabc.texas.gov/publicinquiry/ . Accessed 28 May 2021.
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ATOD Education Programs	Website: https://www.tdlr.texas.gov/court-ordered/oep/oepcourses.htm?type=AEPM
BRFSS	Texas MSA Alcohol Prevalence BRFSS e. https://www.cdc.gov/brfss/brfssprevalence/ , Accessed June 9, 2021.
COVID-19	Department of State Health Services: https://dshs.state.tx.us/coronavirus/ https://dshs.state.tx.us/coronavirus/additionaldata/ https://txdshs.maps.arcgis.com/apps/opsdashboard/index.html#/ed483ecd702b4298ab01e8b9cafc8b83
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Drug and Alcohol On-Hand Population	Texas Department of Criminal Justice. Open Records Exec Services. OpenRecords.ExecServices@tdcj.texas.gov, Request for On Hand Population for Drug and DWI Related Offenses for 2019 by County. Requested January 14, 2020, Received January 21, 2020, as of August 31, 2019
Drug and Alcohol Related Death	Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Apr 14, 2021 3:13:02 PM
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Economic Costs	2. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual Healthcare Spending Attributable to Cigarette Smoking: An Update. <i>American Journal of Preventive Medicine</i> 2014;48(3):326–33 [accessed 2017 Feb 28].
Economic Costs	3. Centers for Disease Control and Prevention. Excessive Drinking is Draining the U.S. Economy. https://www.cdc.gov/features/costsofdrinking/ Updated January 2016. Accessed April 21, 2017.
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Economic Costs	5. Birnbaum, HG. et al. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. <i>Pain Medicine</i> 2011; 12: 657-667.
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EMS Runs	Office of Injury Prevention and EMS & Trauma registries, Texas Department of State Health Services. EMS Runs and Overdose or Poisoning Toxic Ingestion. 2018. Received on April 27, 2020
Free and Reduced School Lunches	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 May 10, 2021.

HIV	People Living with HIV, Texas Department of State Health Services, 2018, healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv . Accessed 2/22/2021.
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Homeless Adults	Point-in-Time Count (PIT) Reports https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/ . Accessed May 11, 2021.
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PDMP	Texas State Board of Pharmacy. https://www.pharmacy.texas.gov/resources.asp . Accessed 3/30/2020
Income	Texas Income by County e. https://data.census.gov , Accessed June 9, 2021.
BRFSS Depression	Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2020]. [accessed May 12, 2021]. URL: https://www.cdc.gov/brfss/brfssprevalence/ .
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Poison Center Opioids	"Opioid-Related Poison Center Calls." Texas Health Data, Texas Department of State Health Services, https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-poison-center-calls . Accessed 27 July 2021.
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Population Projections	Texas Demographics Center; Website: http://osd.texas.gov/Data/TPEPP/Projections/Tool?fid=F4BDAAD084D34A37ACDAE05E1C93798D
Seizure	TDPS; https://txucr.nibrs.com/Home/Index
Single-Parent Households	U.S. Census Bureau, 2014-2019 American Community Survey 5-Year Estimates. https://data.census.gov/cedsci/ Accessed May 12, 2021
SNAP Benefits	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 12, 2021.
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TEA Discipline	Discipline Actions. The Texas Education Agency. Public Information Request fulfilled February 6, 2021.

TEDS	Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by states to TEDS through April 1, 2021.
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Tobacco YRBSS	Texas Department of State Health Services. 2001 - 2017 High School Youth Risk Behavior Survey Data.
Treatment Facilities	U.S. Department of Health and Human Services. SAMSHA. Behavioral Health Treatment Services Locator. https://findtreatment.samhsa.gov/ . Accessed April 16, 2021
TSS	Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2008,2010,2012,2014,2016,2018 State Report. Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014,2016,2018,2020 HHSC Region 7&8 Report.
Unemployment Rates	United States Department of Labor. U.S. Bureau of Labor Statistics. bls.gov/lau/#tables . Published March 16, 2018. Accessed August 8, 2021.
Uninsured Children	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 JULY 26, 2021 .
YP Pretest/Posttest	Collected from Youth prevention programs by data coordinator
YRBSS Alcohol	Texas Department of State Health Services. 2001 - 2017 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/ . Accessed February 3, 2020

Glossary of Helpful Terms and Definitions

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

Commented [J(4)]: Michelle is going to add a definition from CDC

Commented [MM5R4]: Done

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

Commented [J(6): Anna and Cindy are going to add something in here about illegally manufactured fentanyl]

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

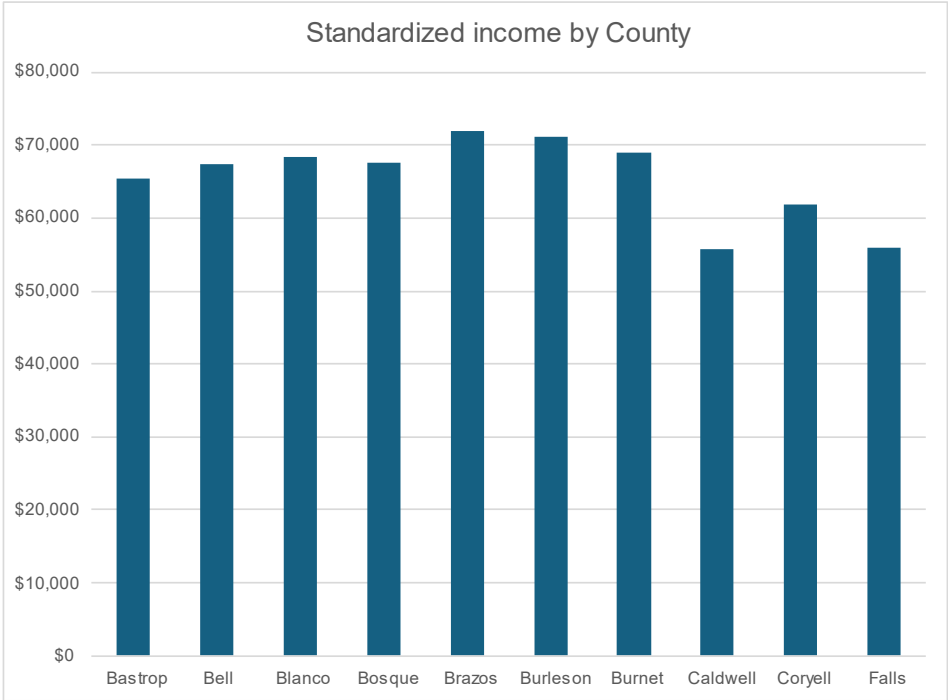
PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related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

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

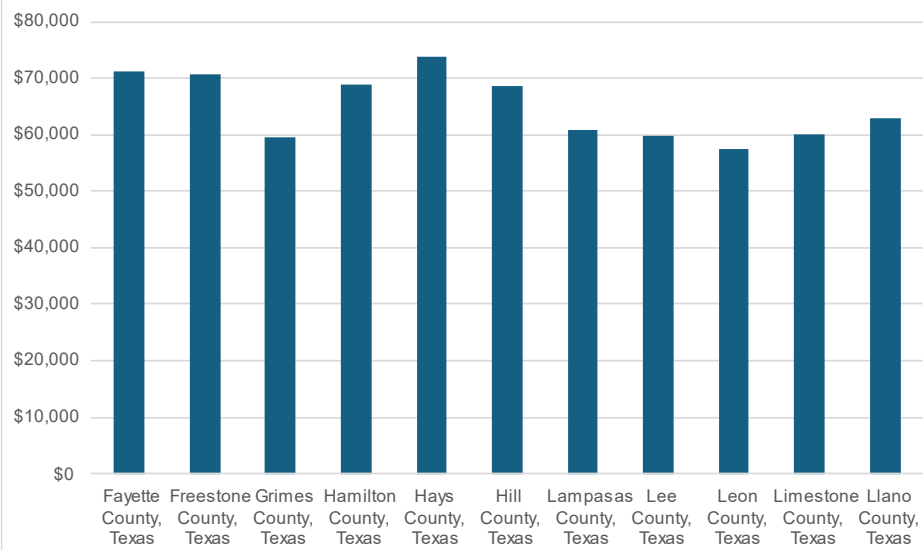
Substance Use	The consumption of any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
TSS	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.
YRBSS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.

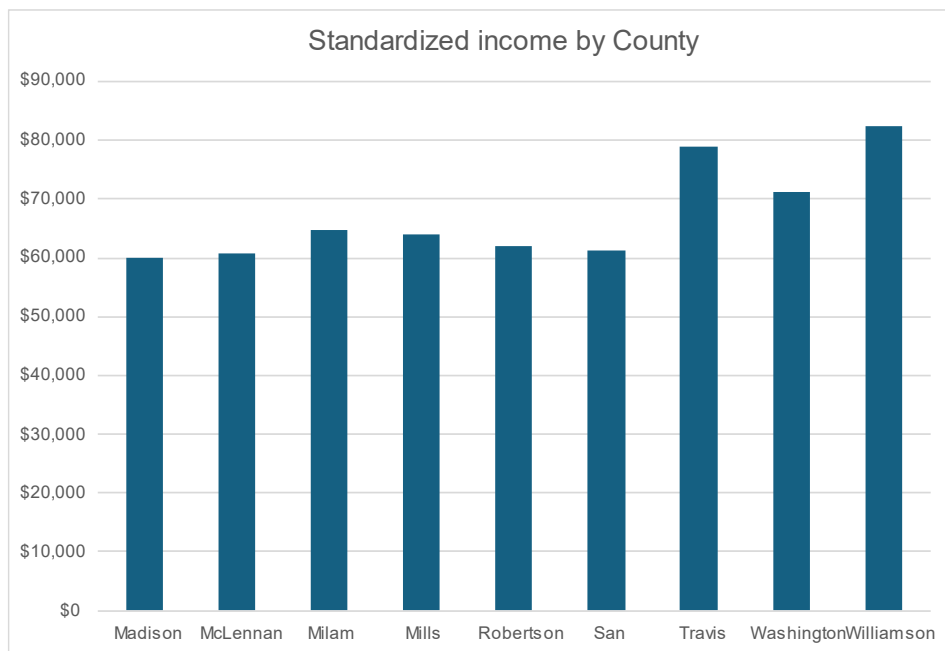
APPENDIX: Parts III-V

Income

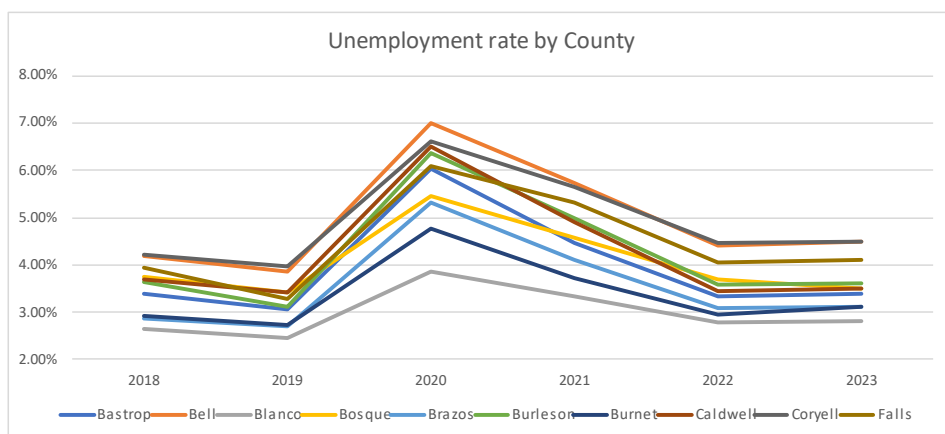


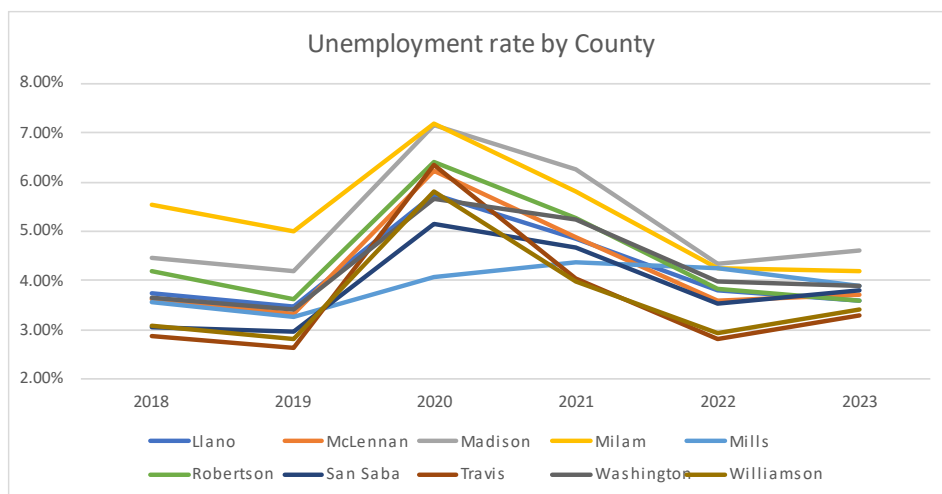
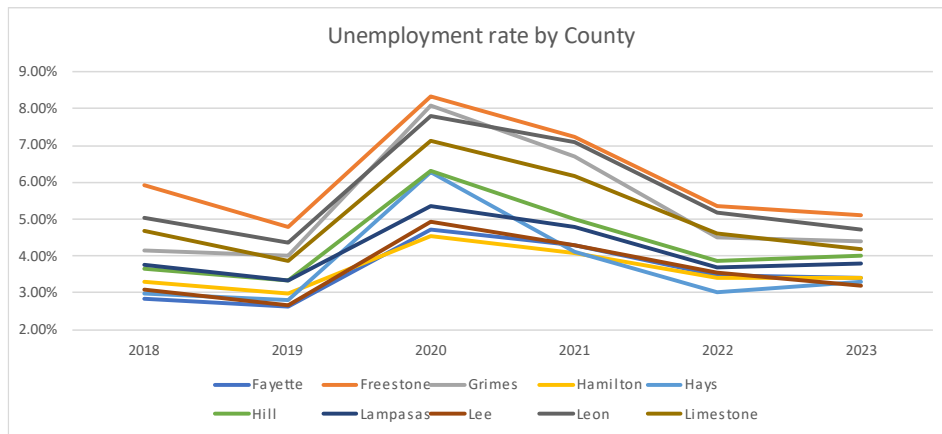
Standardized income by County



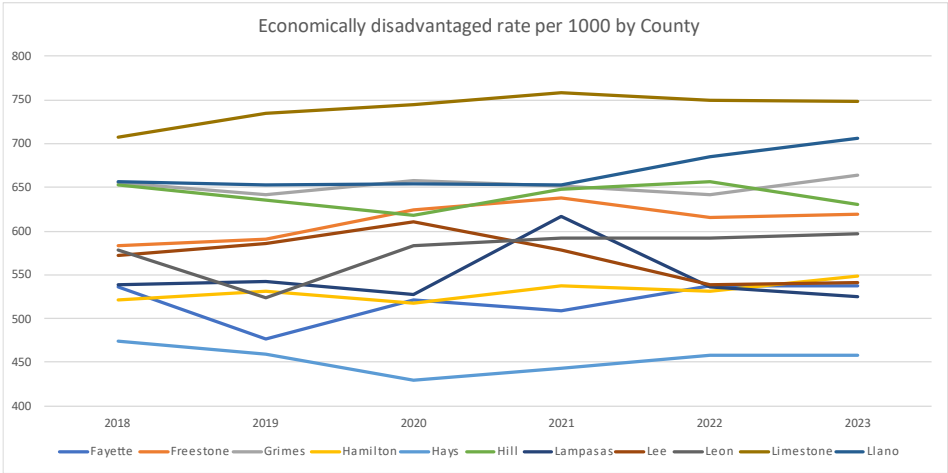
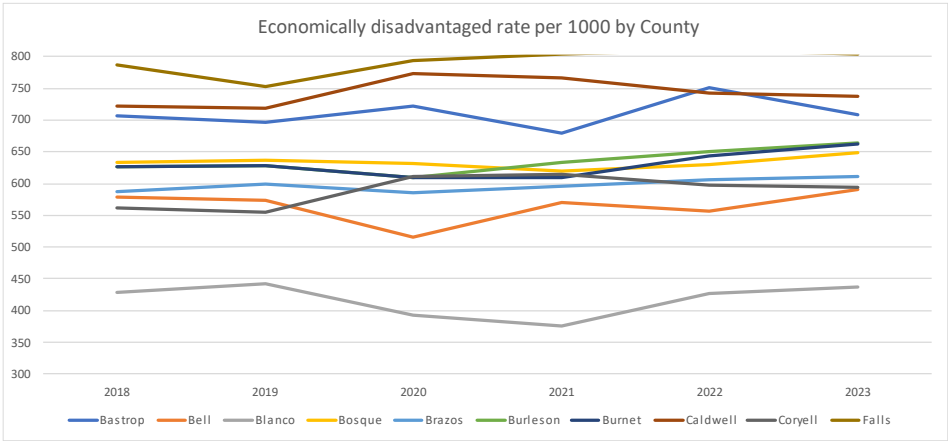


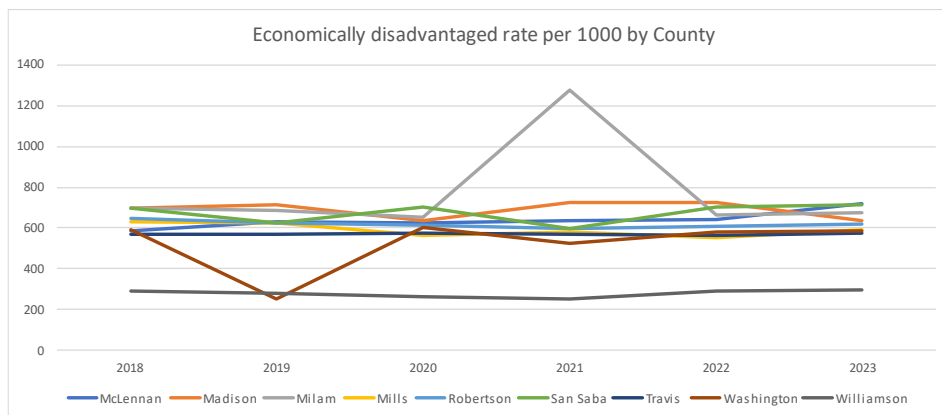
Unemployment



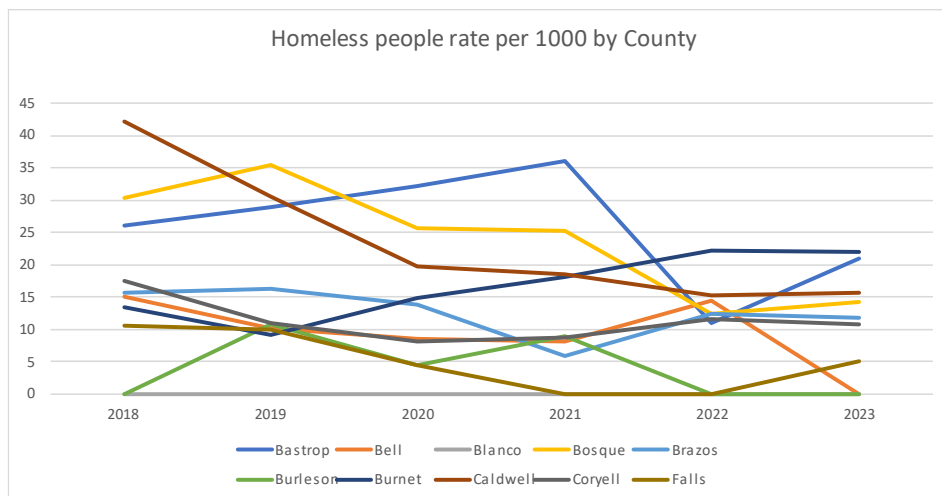


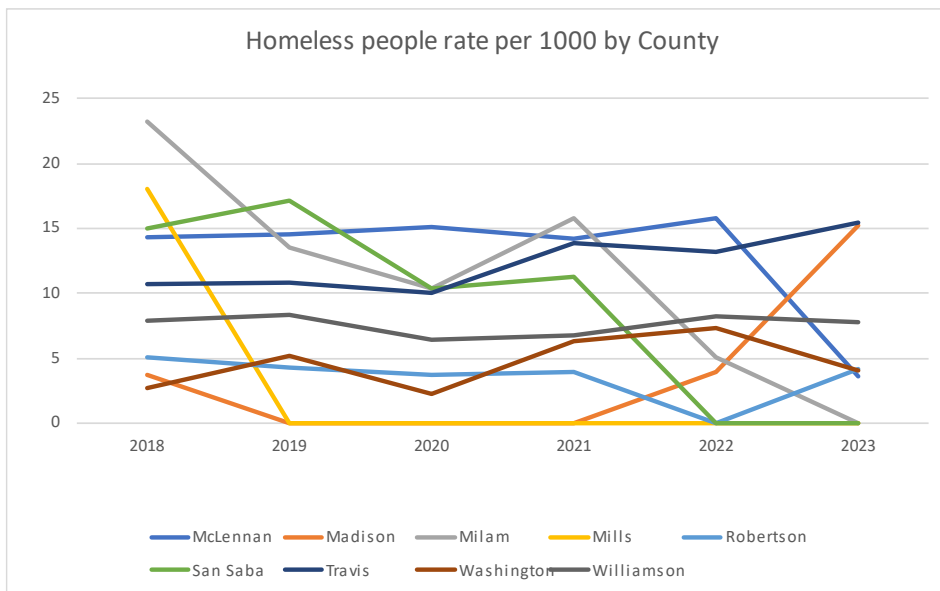
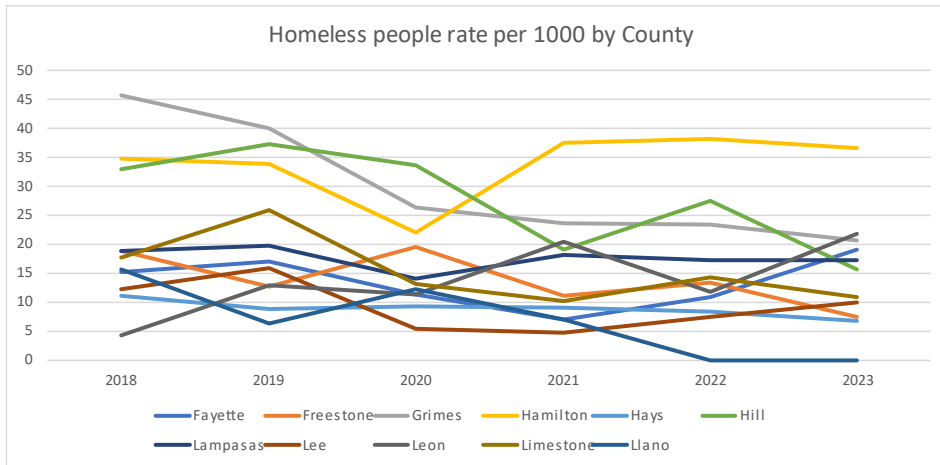
Economically Disadvantaged Students



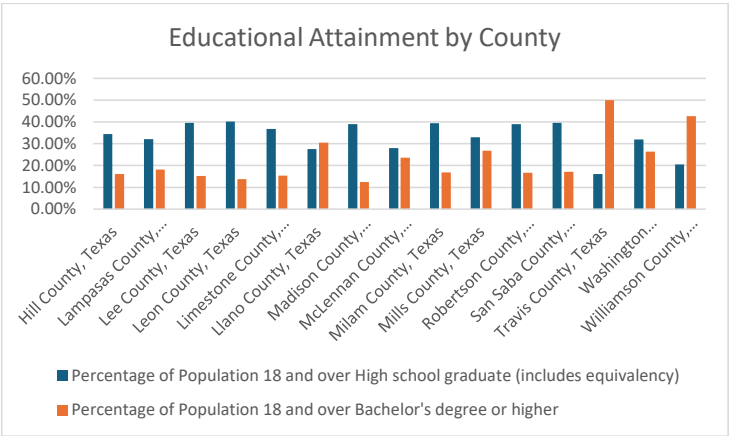
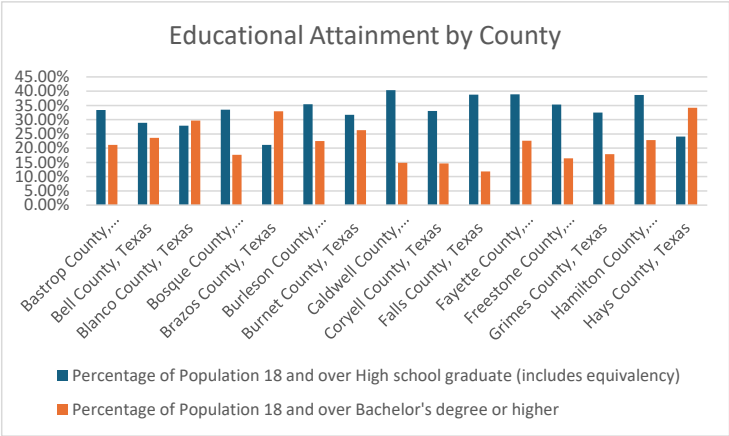


Homeless Students

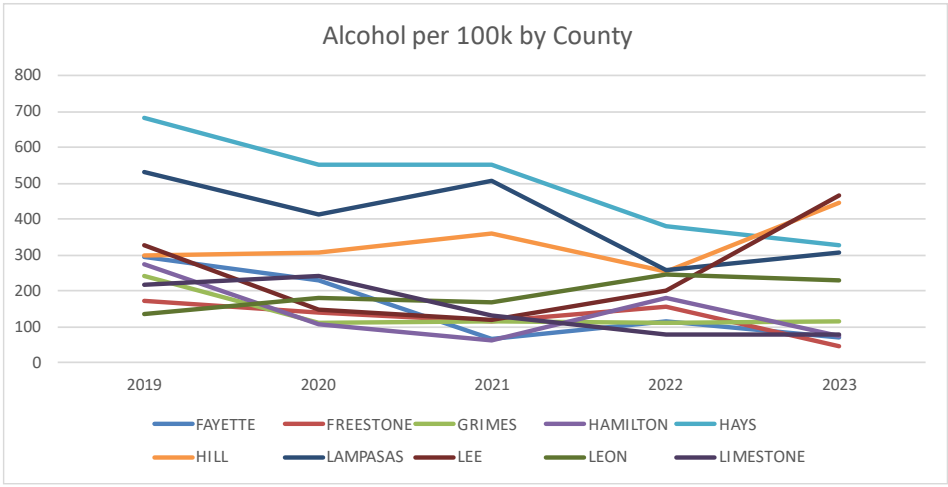
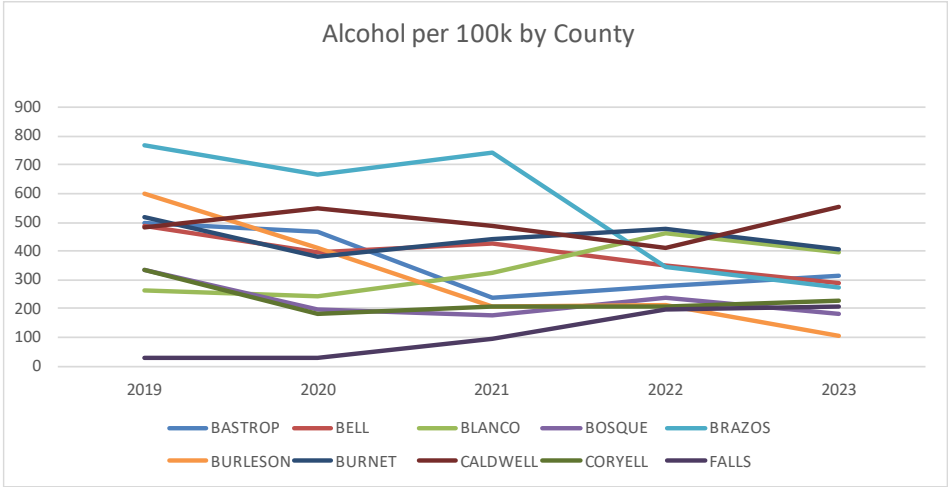


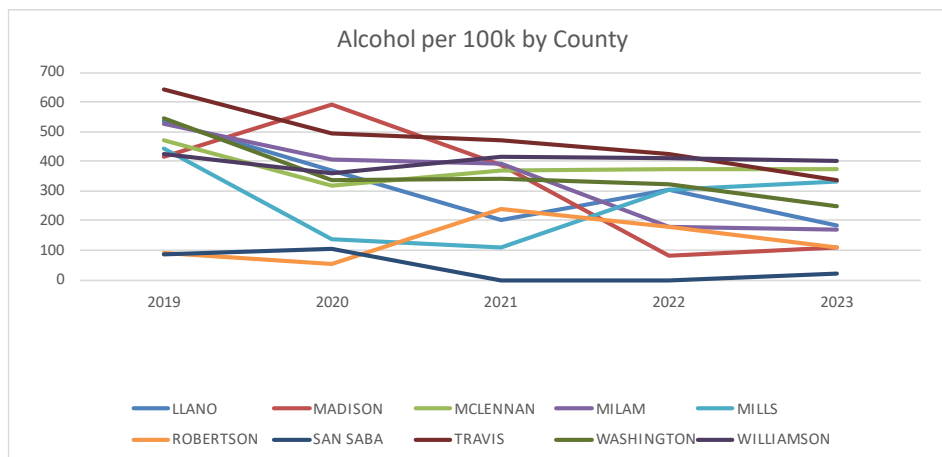


Educational Attainment

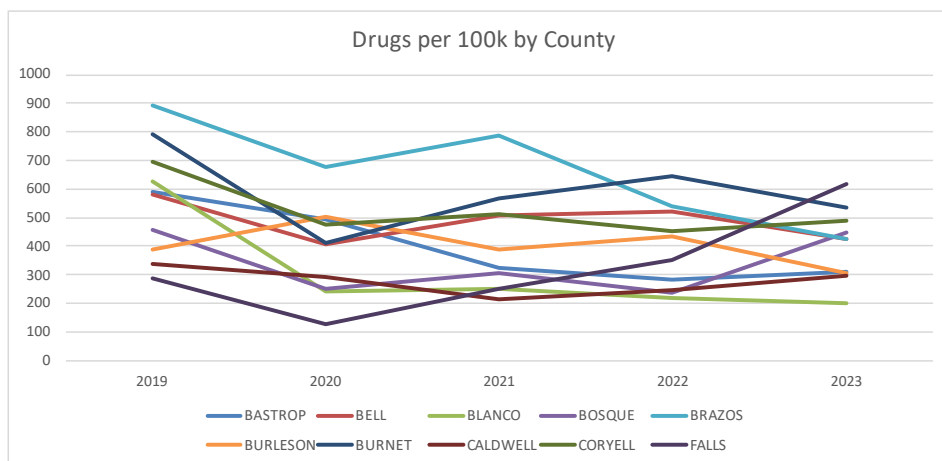


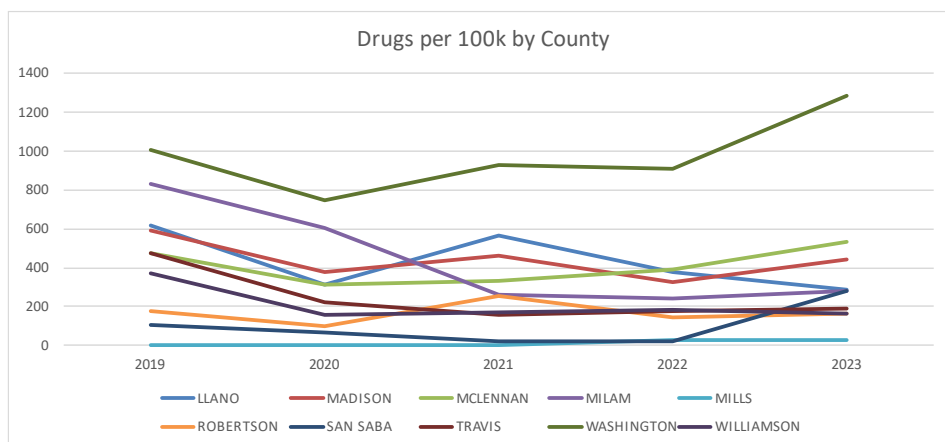
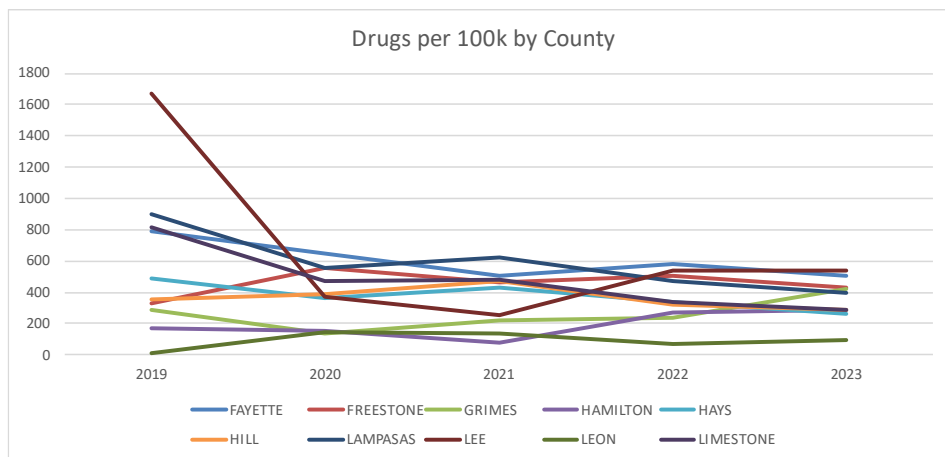
Alcohol Arrests



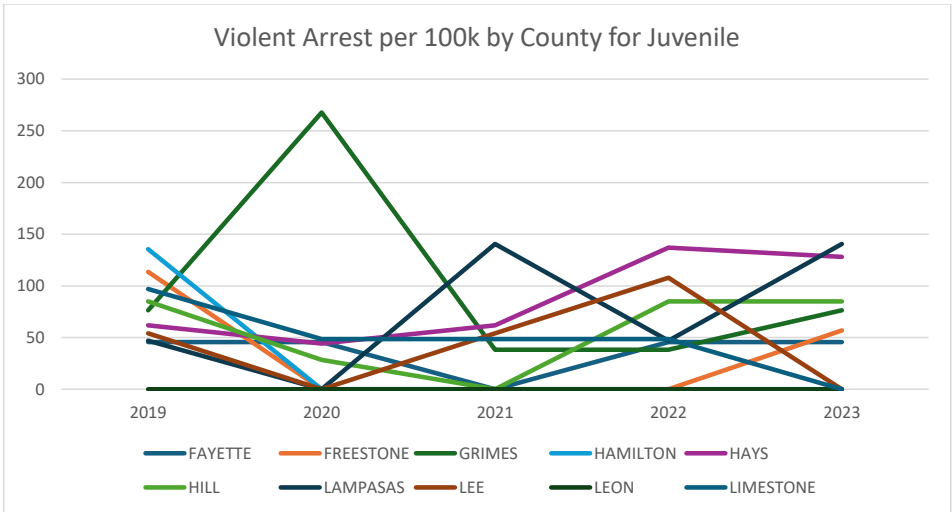
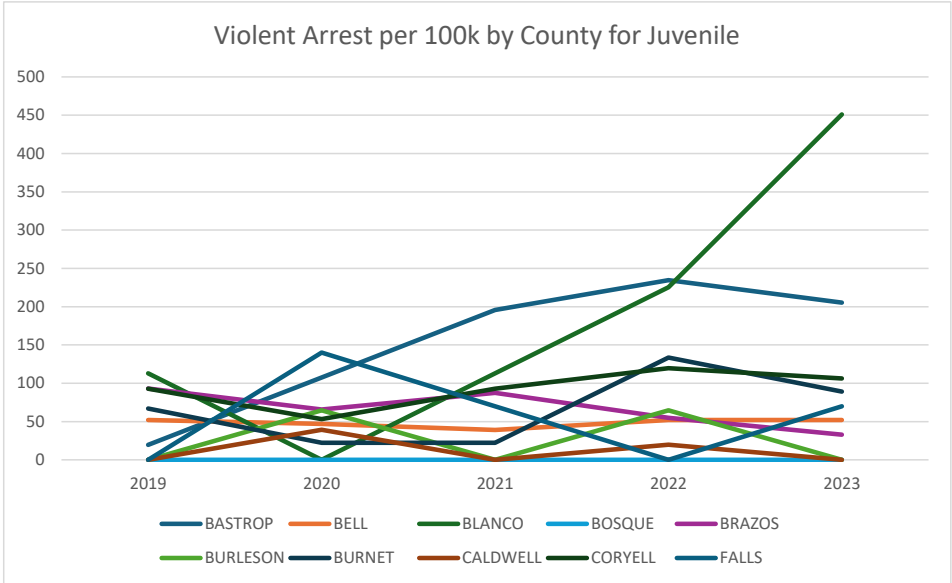


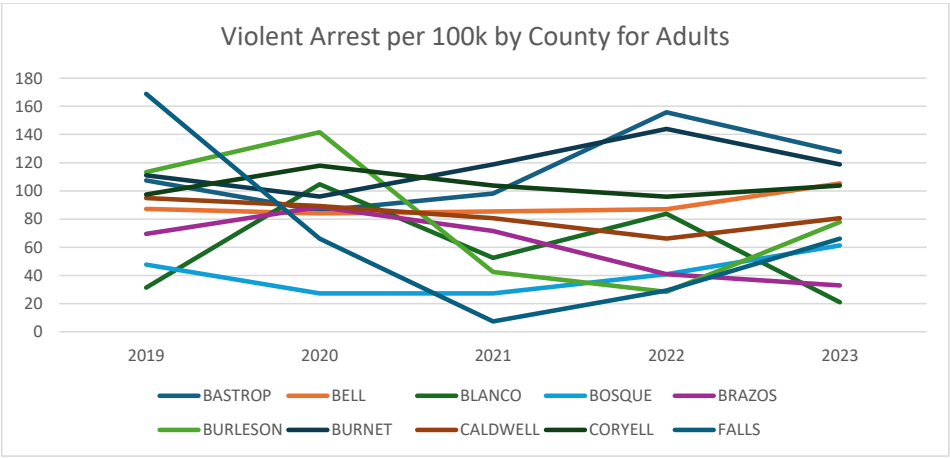
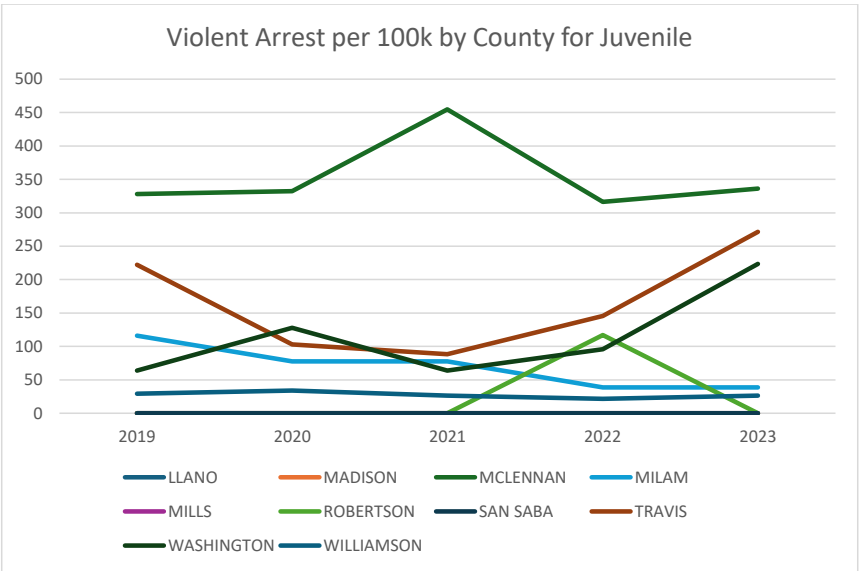
Drug Arrests, Adult

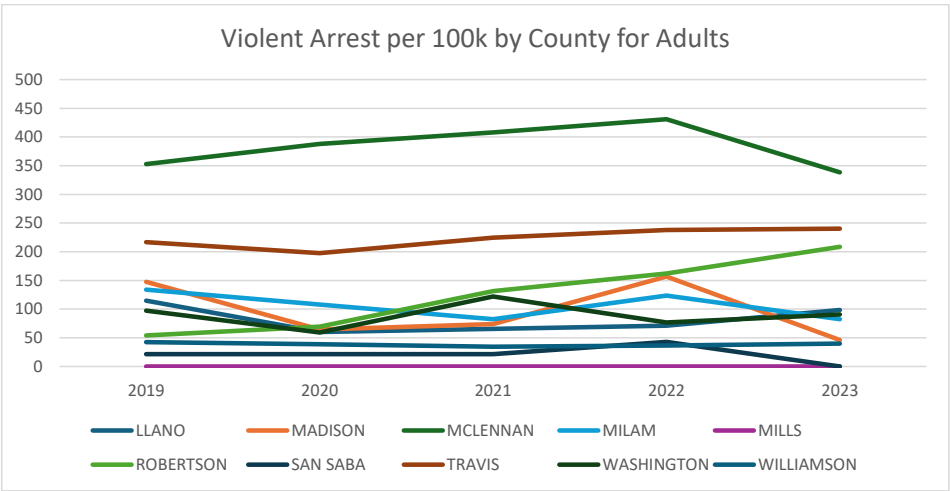
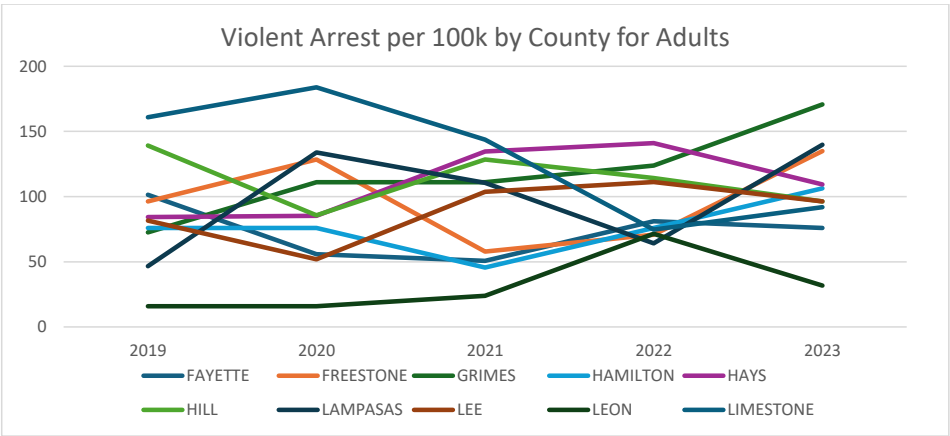




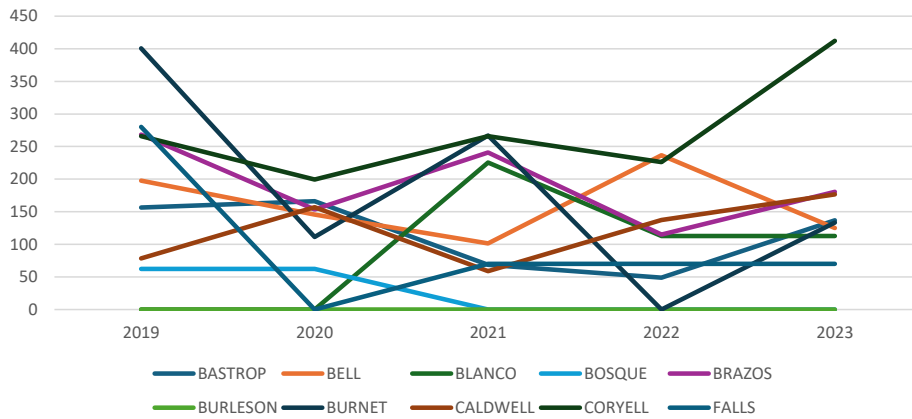
Violent and Property Crime



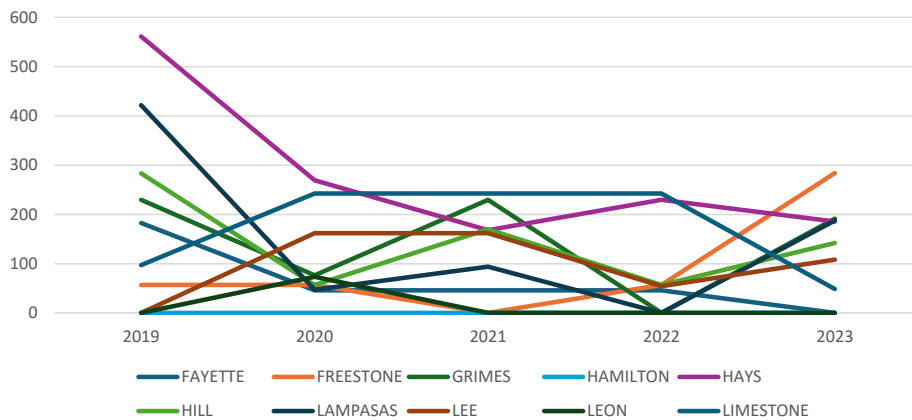




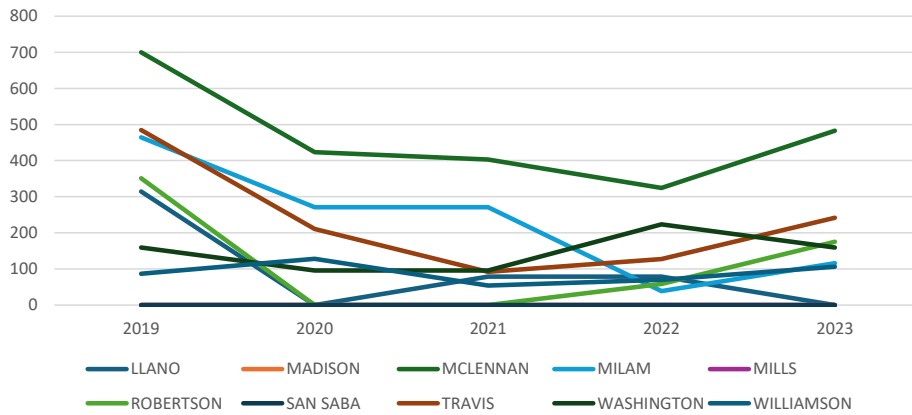
Property Arrest per 100k by County for Juvenile



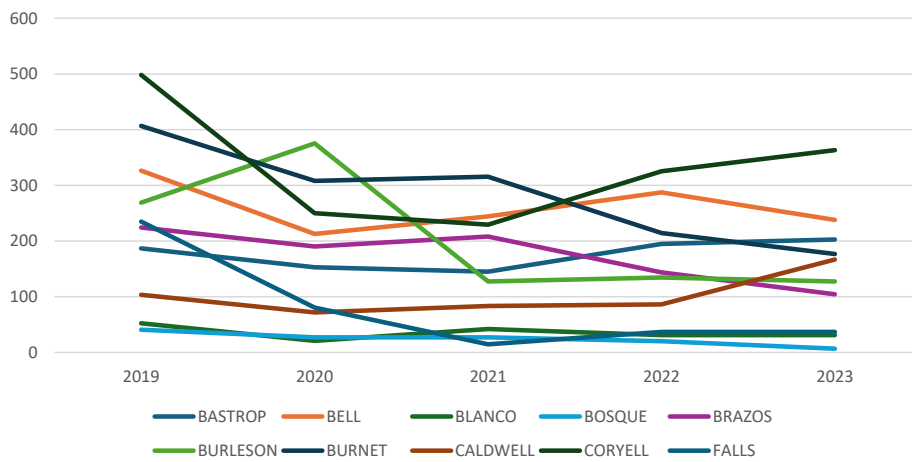
Property Arrest per 100k by County for Juvenile



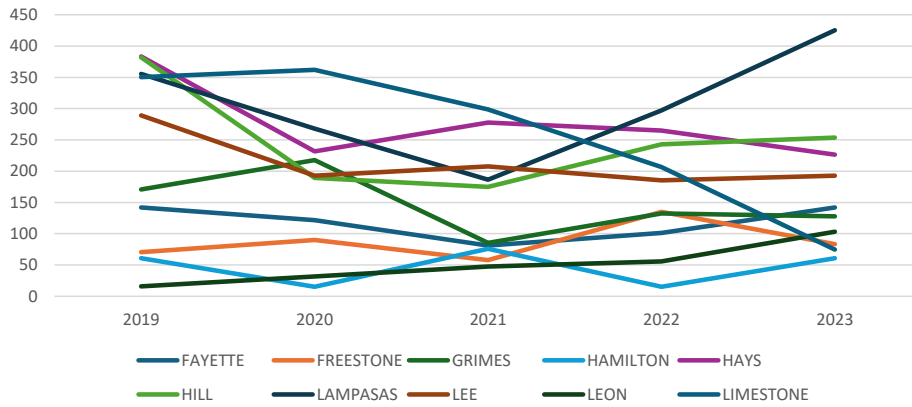
Property Arrest per 100k by County for Juvenile



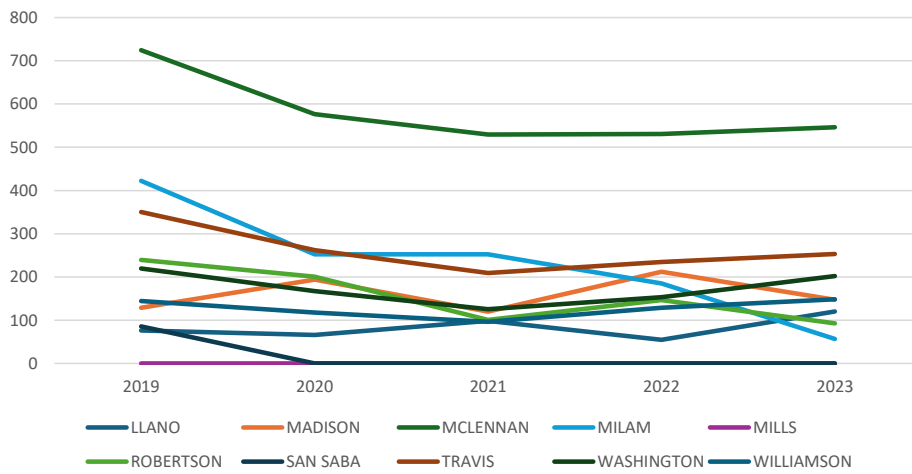
Property Arrest per 100k by County for Adults



Property Arrest per 100k by County for Adults

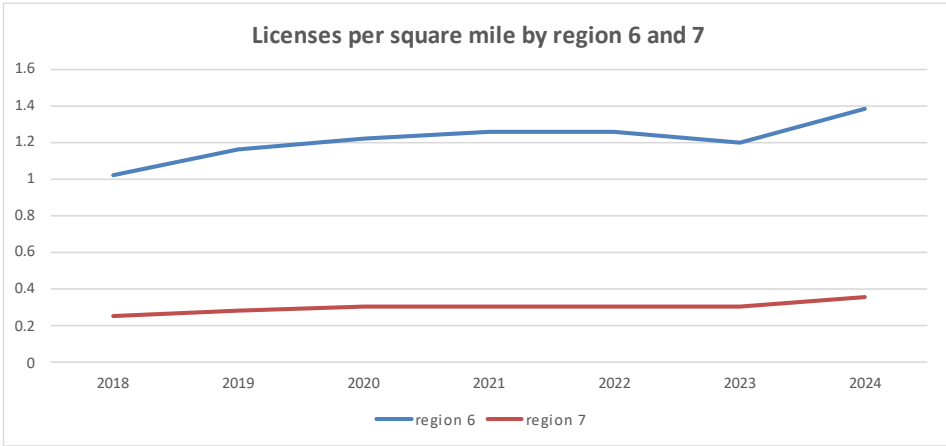
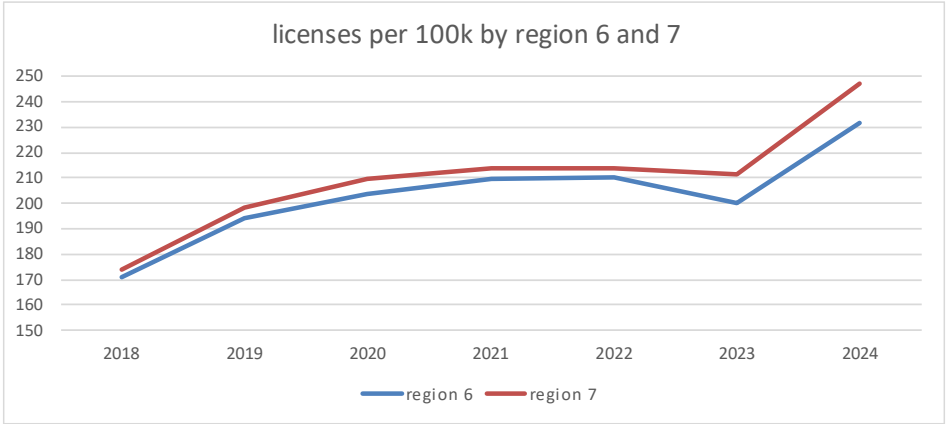


Property Arrest per 100k by County for Adults

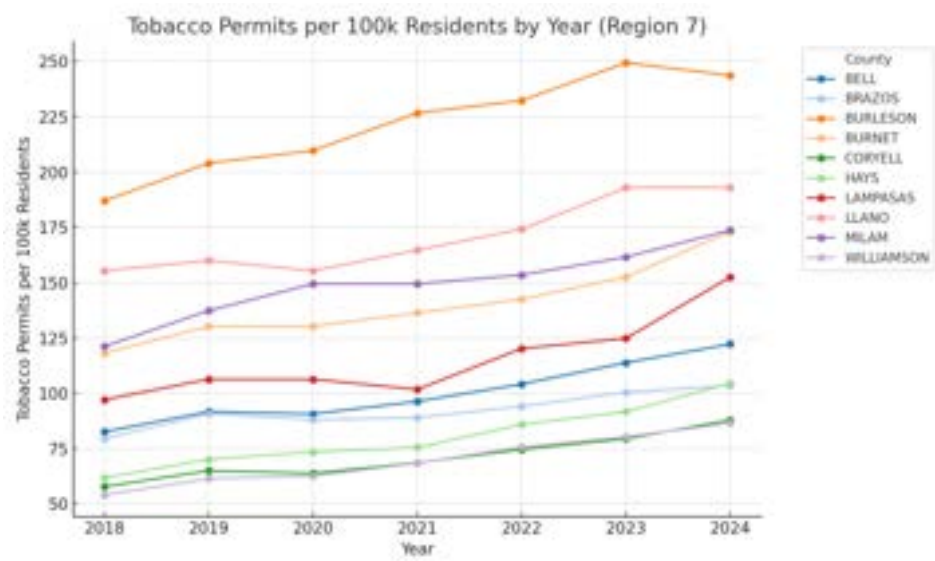
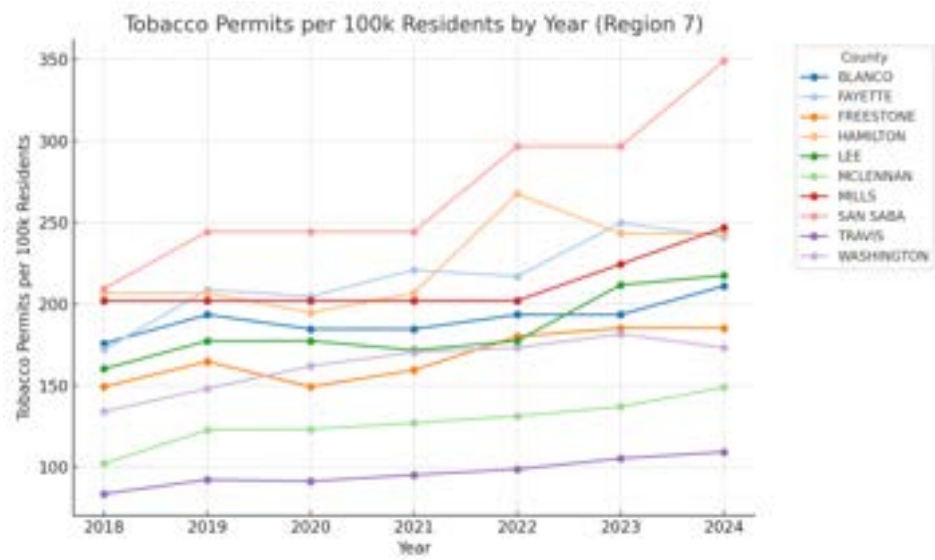


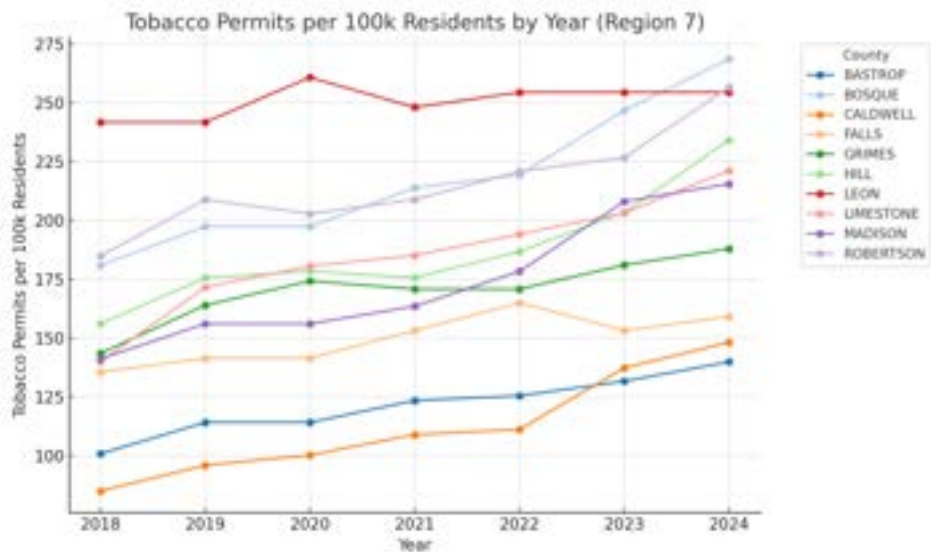
Alcohol Retail Density

Alcohol Licenses per 100k

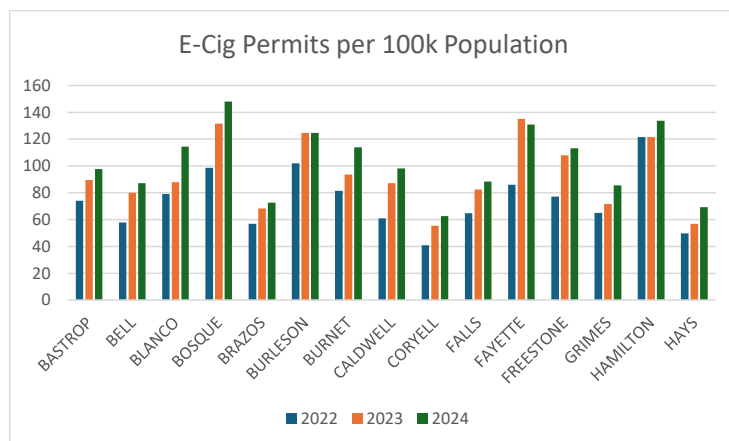


Tobacco Retail Density

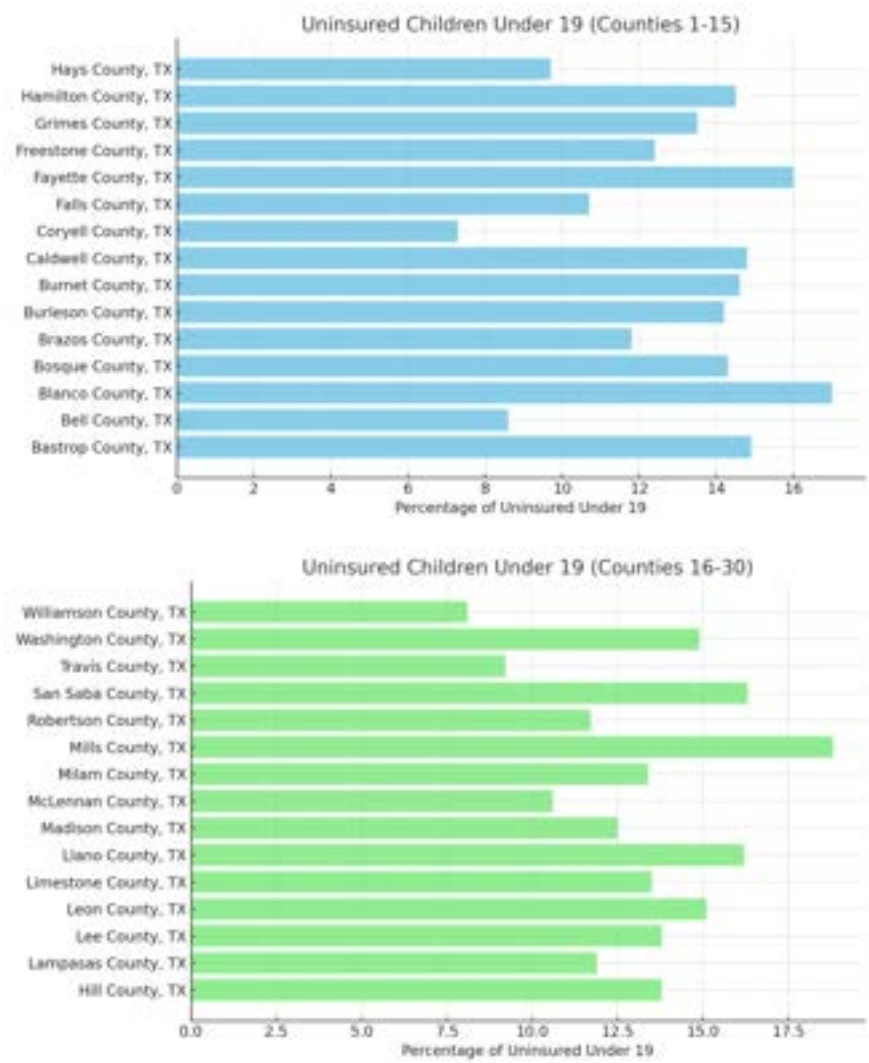




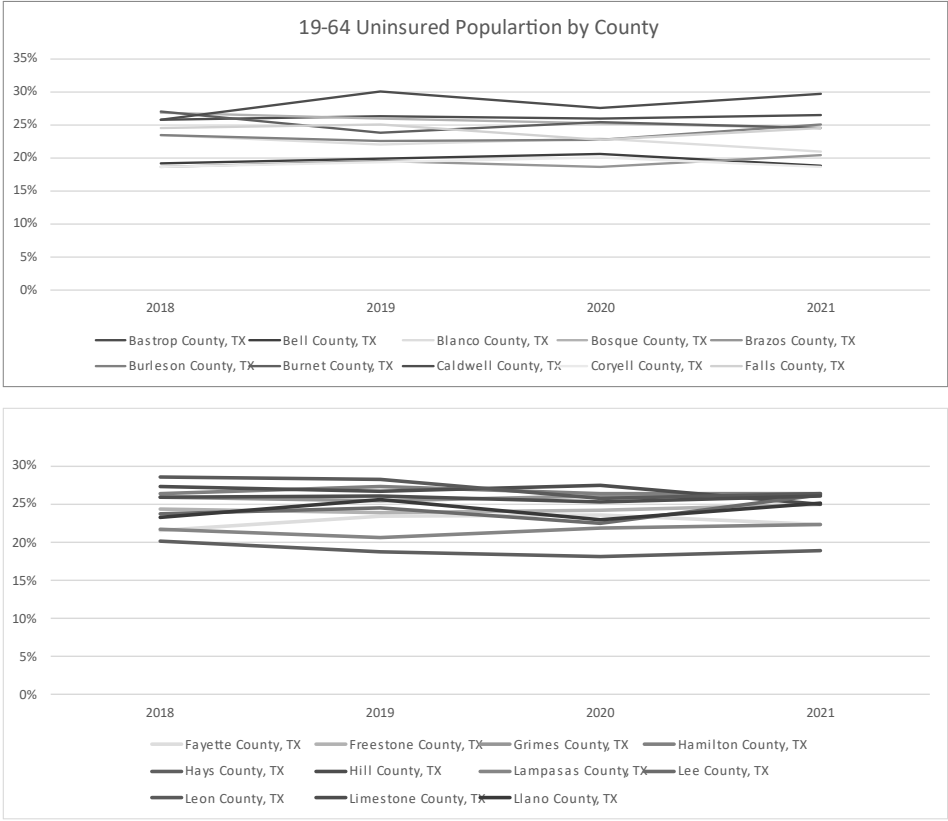
E-Cig Retail Permit Density

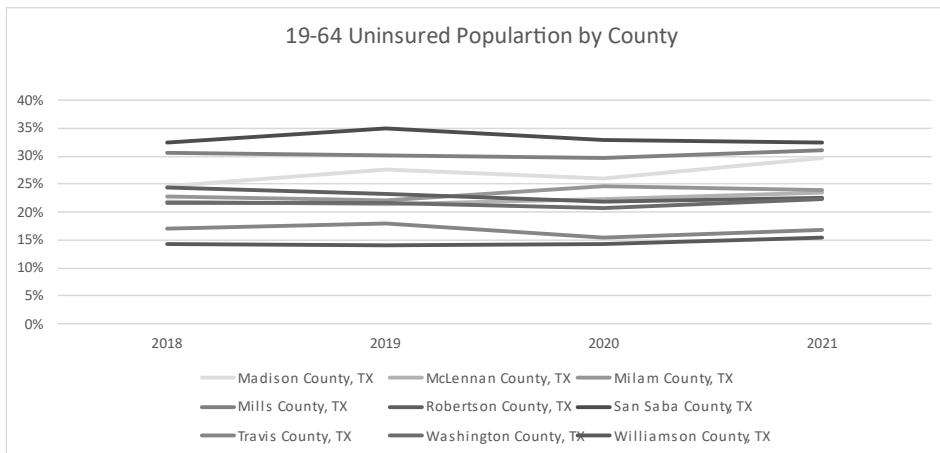


Uninsured Children

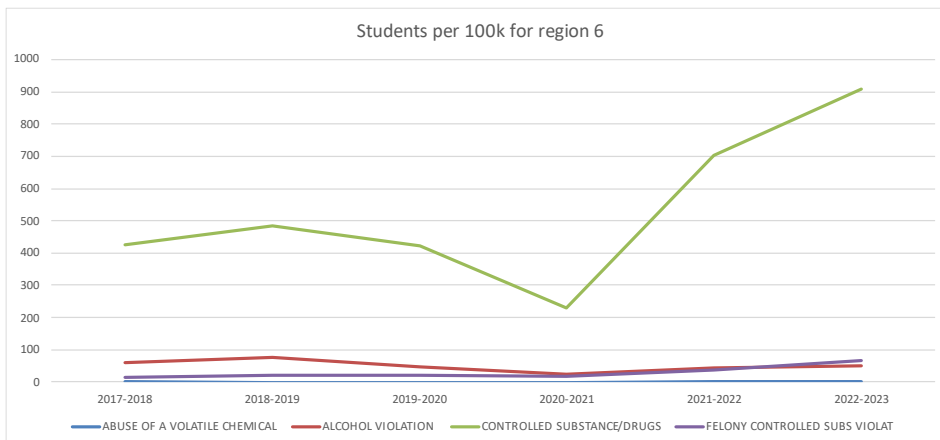


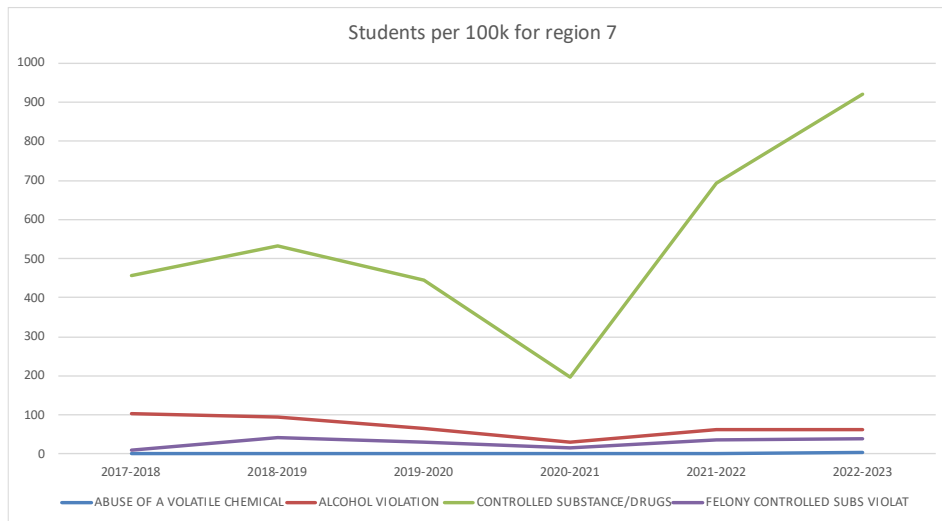
Uninsured Adults



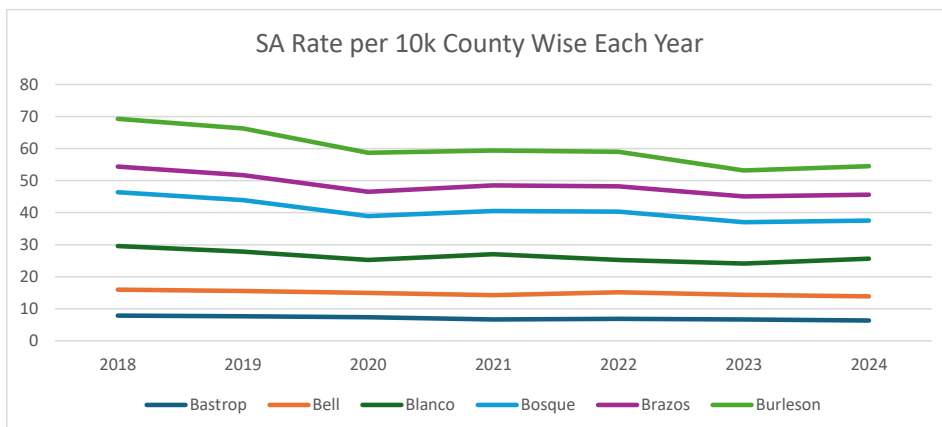


Student Substance Abuse Infractions

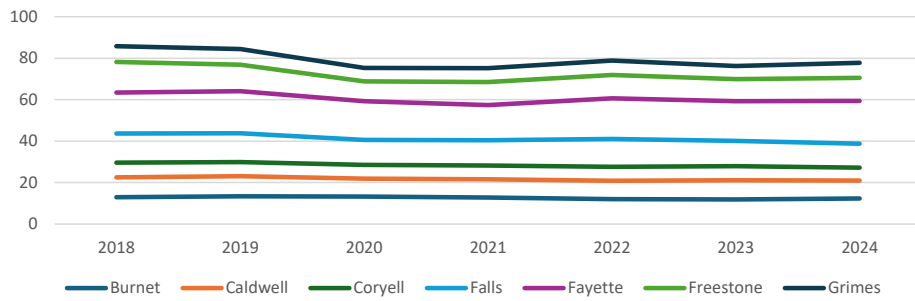




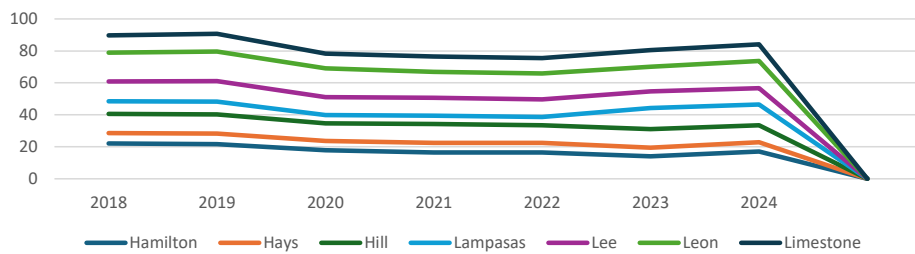
Social Associations



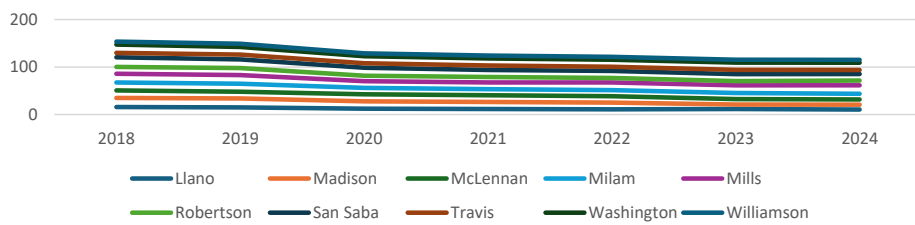
SA Rate per 10k County Wise Each Year



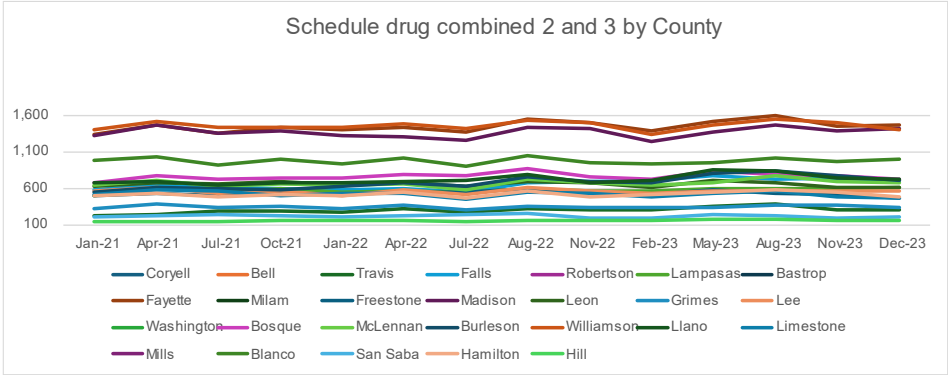
SA Rate per 10k County Wise Each Year



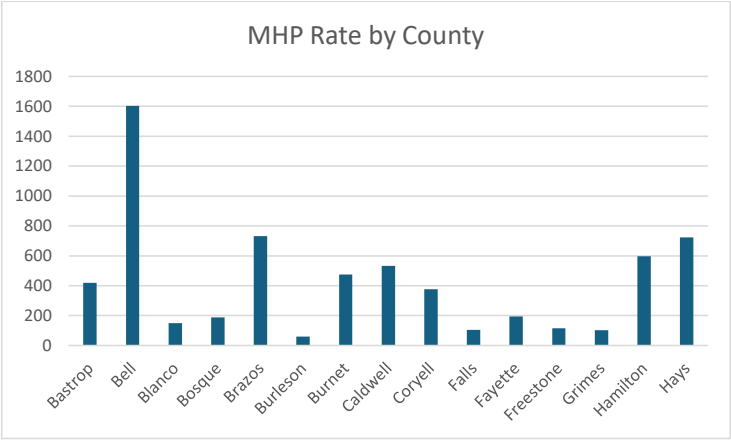
SA Rate per 10k County Wise Each Year

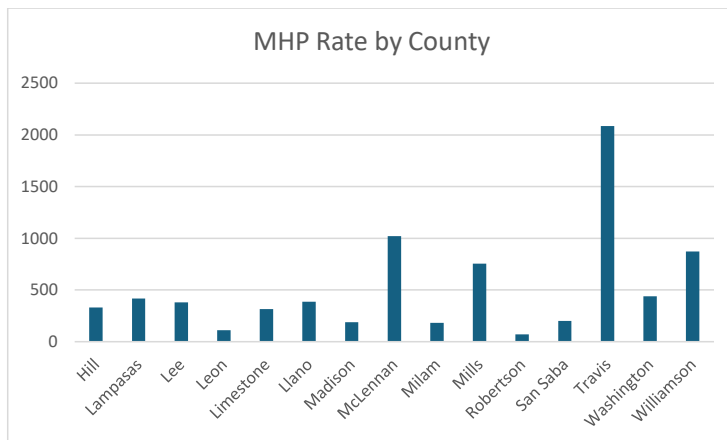


PDMP Schedule 2 and 3 Prescriptions

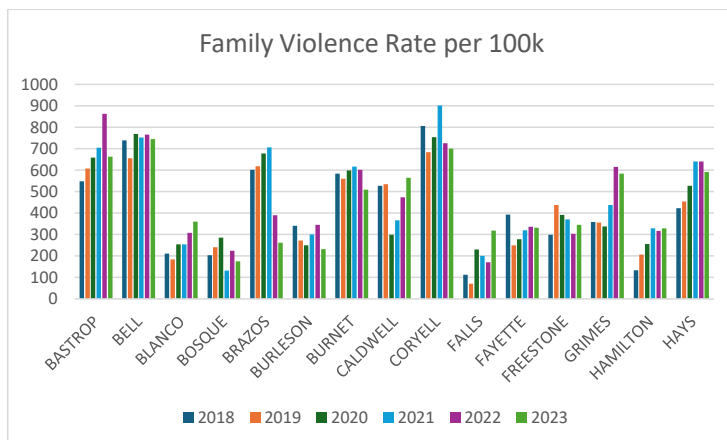


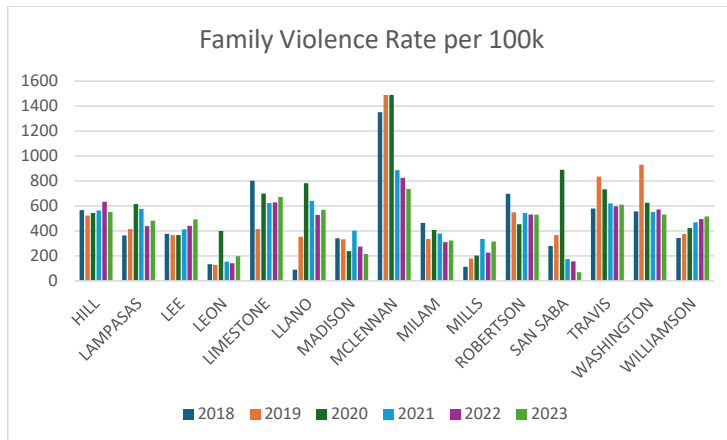
Mental Health Providers



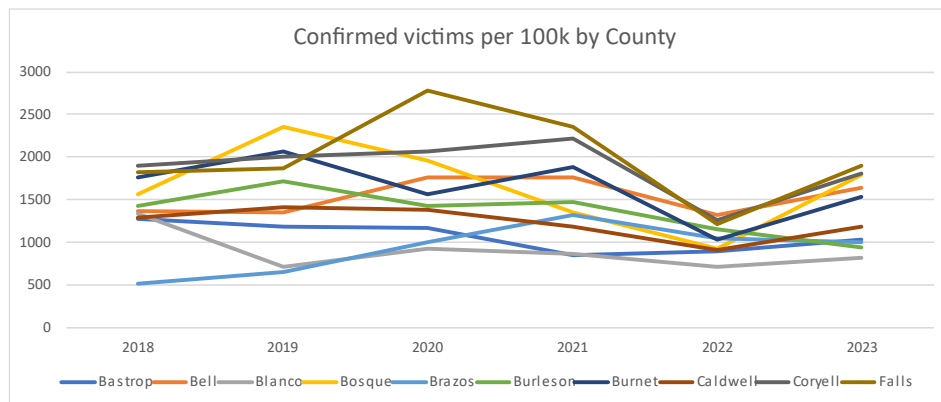


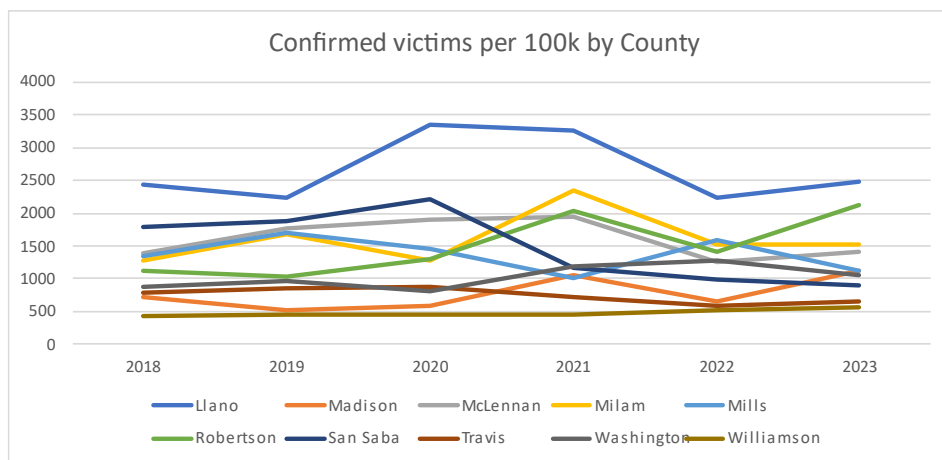
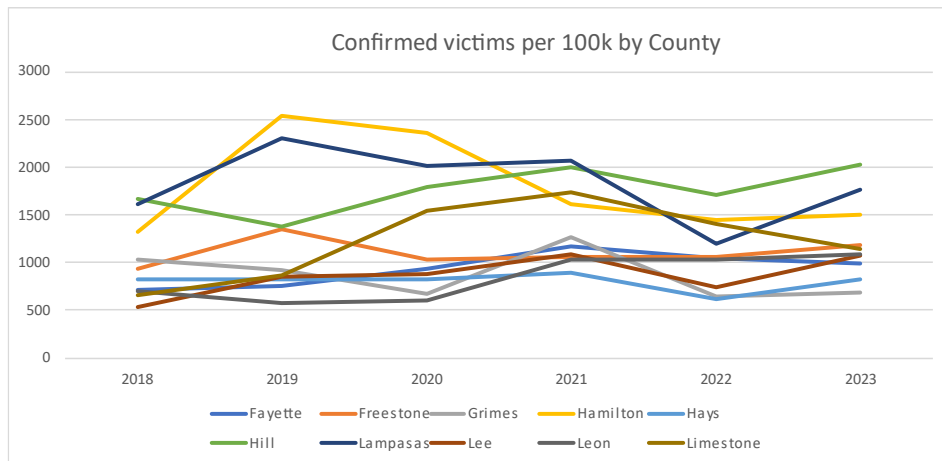
Family Violence



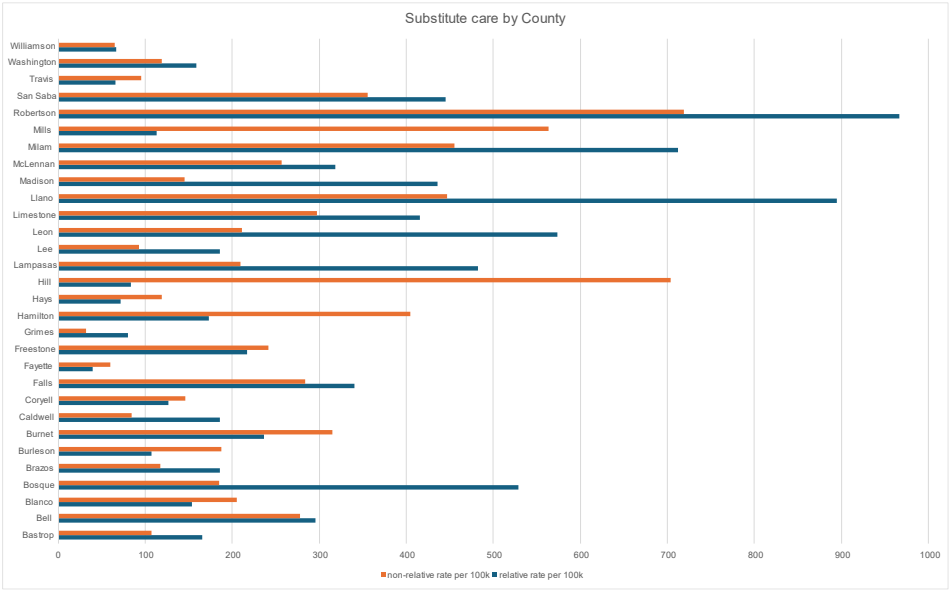


Victims of Maltreatment

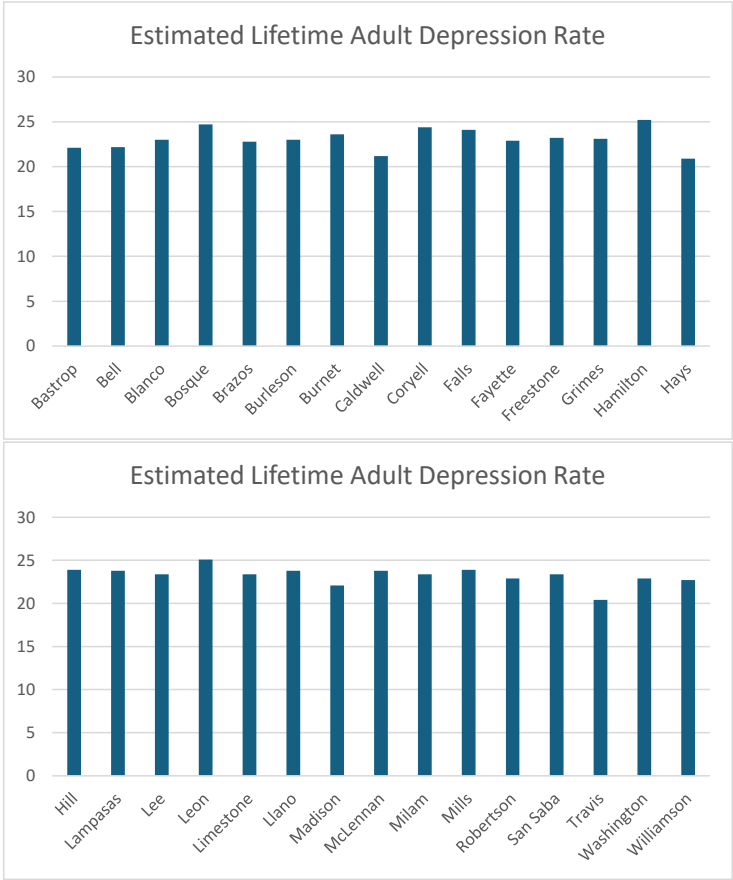




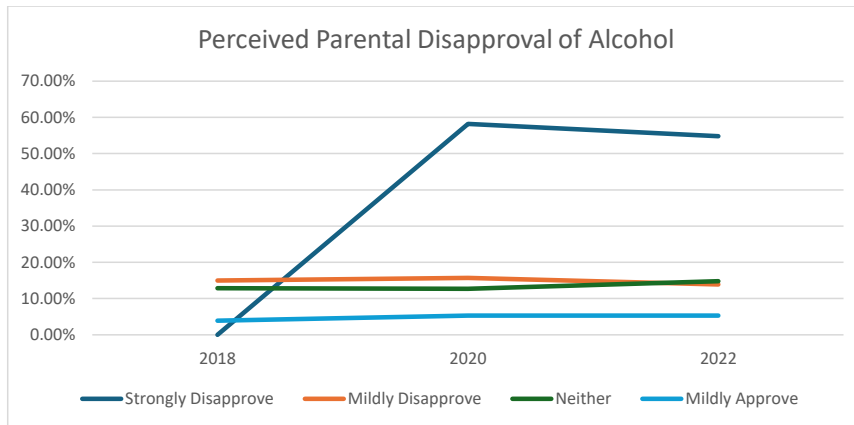
Substitute Care



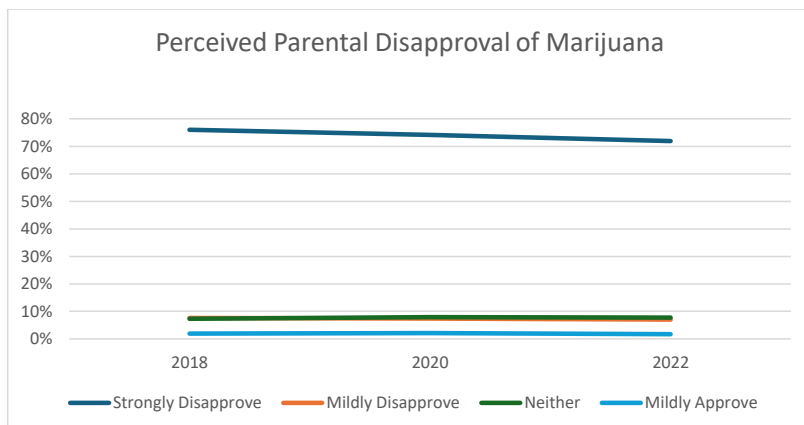
Adult Depression



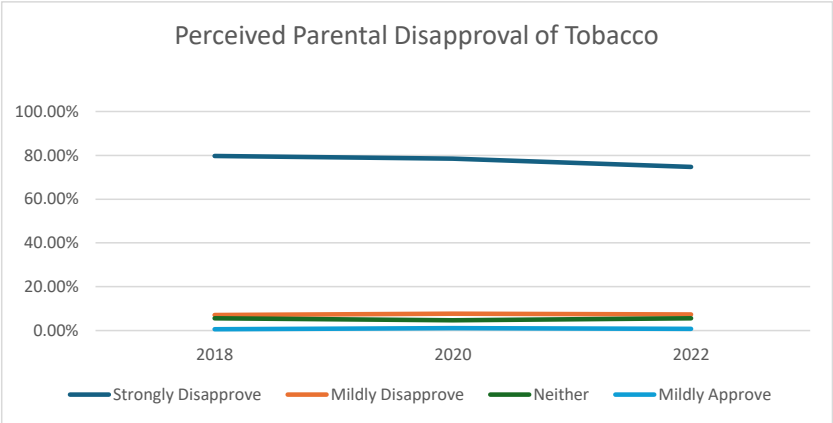
Perceived Parental Disapproval of Alcohol



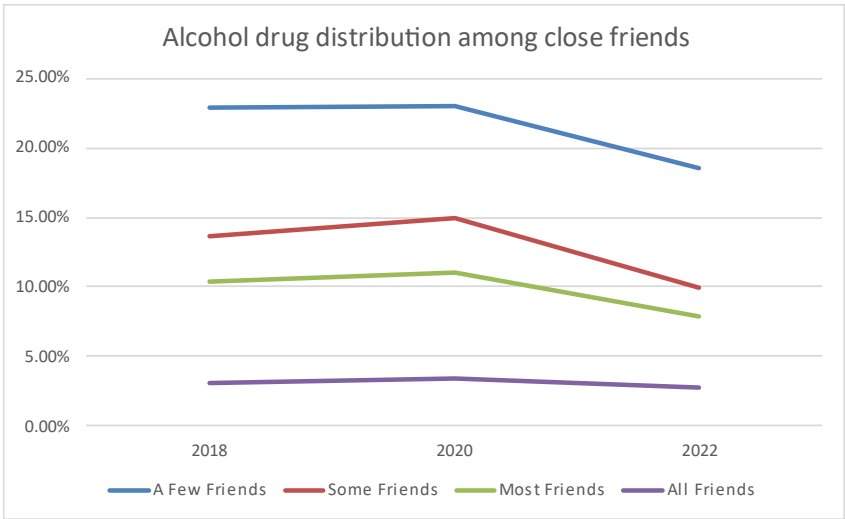
Perceived Parental Disapproval of Tobacco

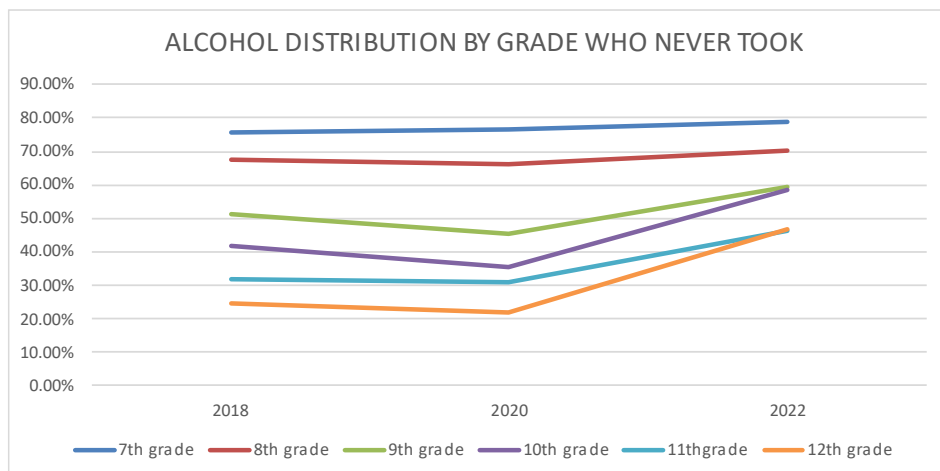


Perceived Parental Disapproval of Marijuana

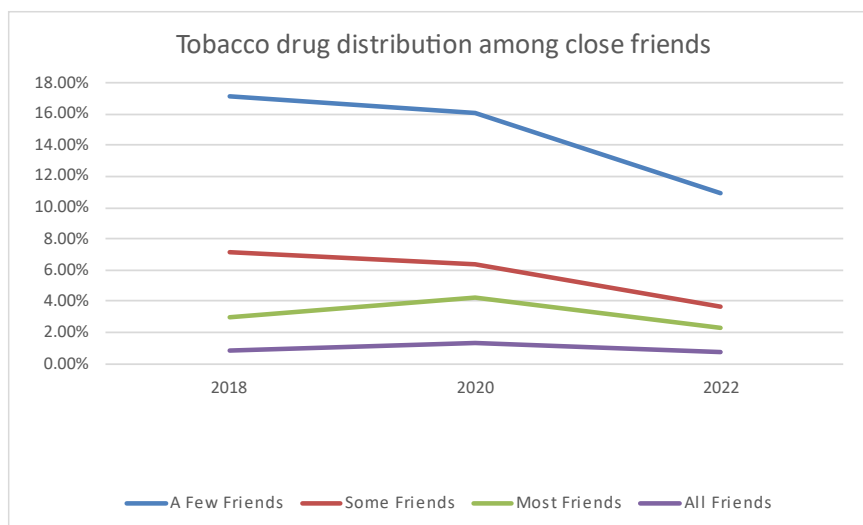


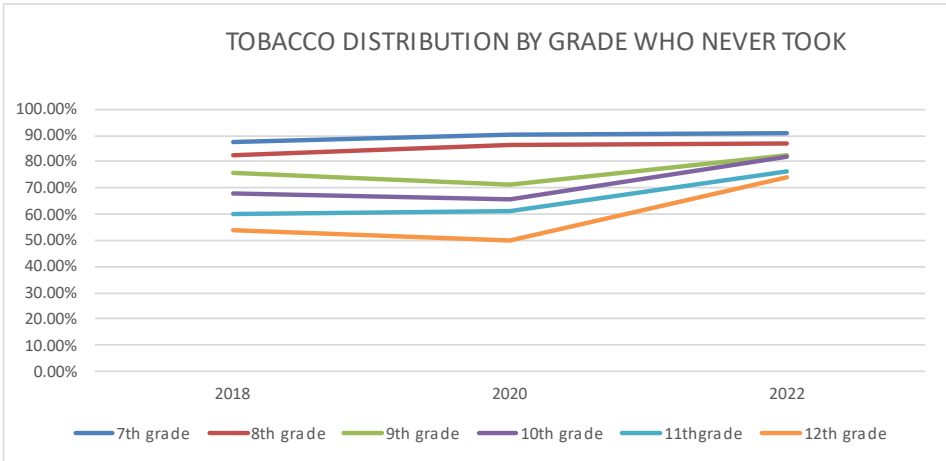
Alcohol Use Among Close Friends



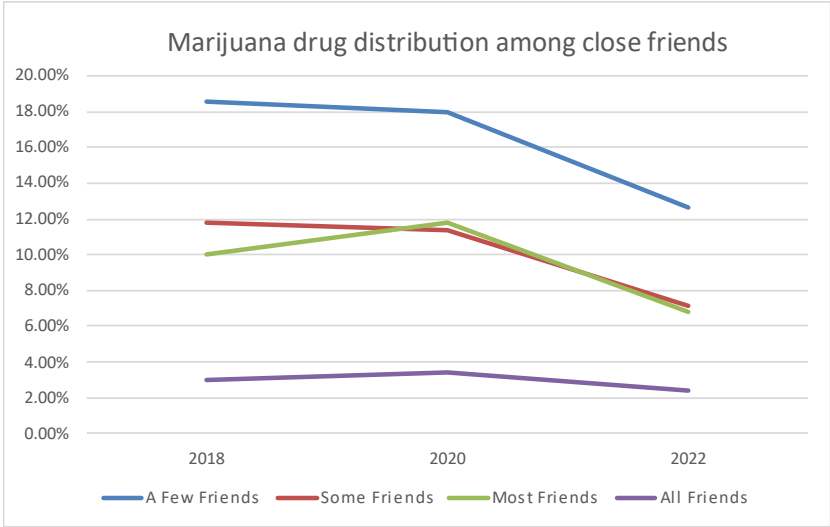


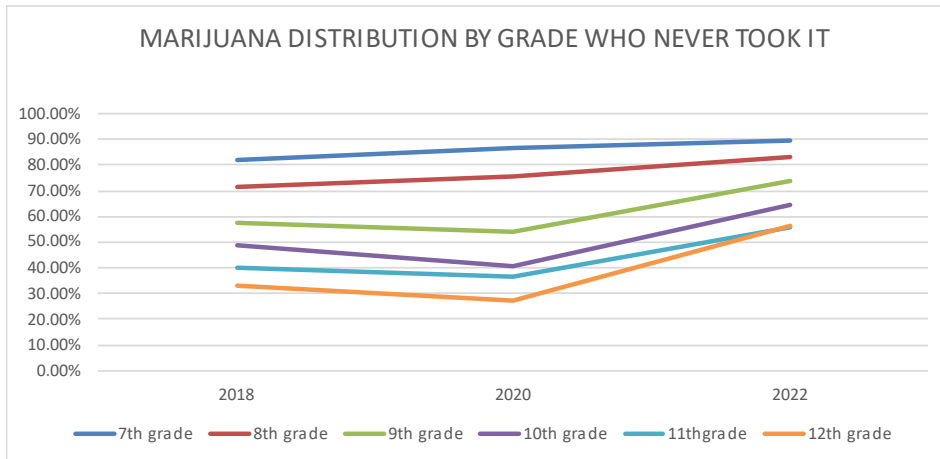
Tobacco Use Among Close Friends





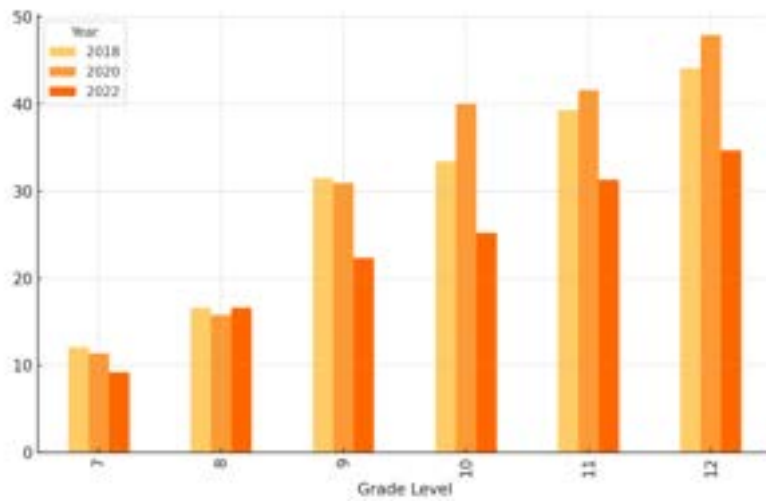
Marijuana Use Among Close Friends



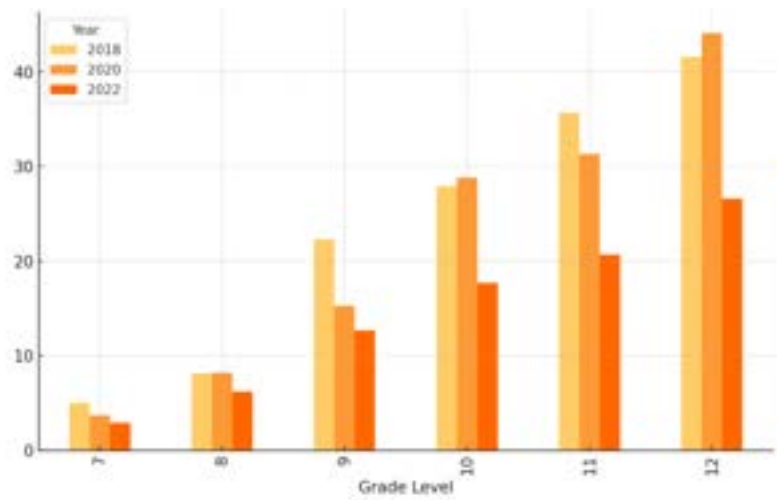


Perceived Ease of Access by Substance

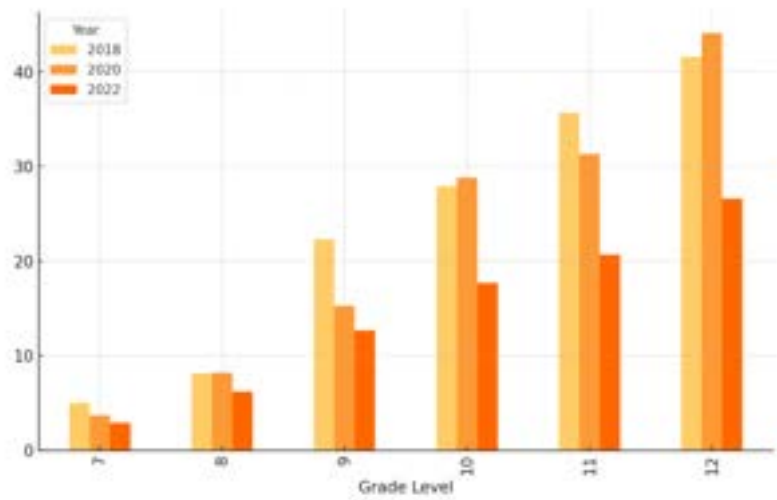
Alcohol



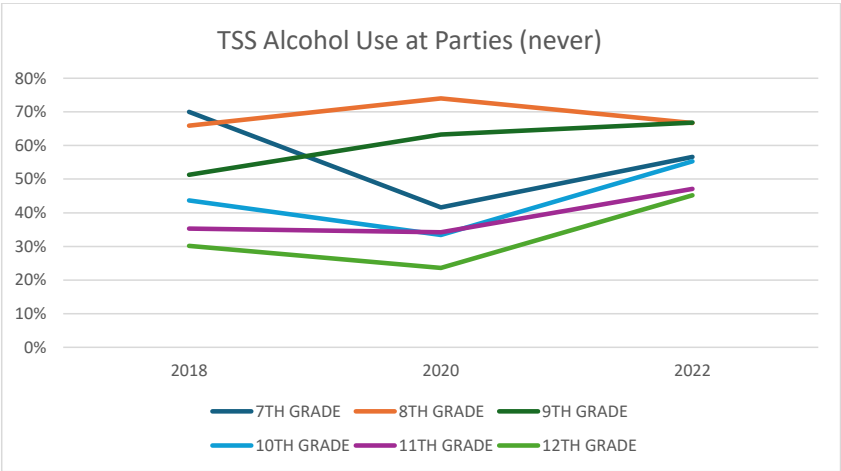
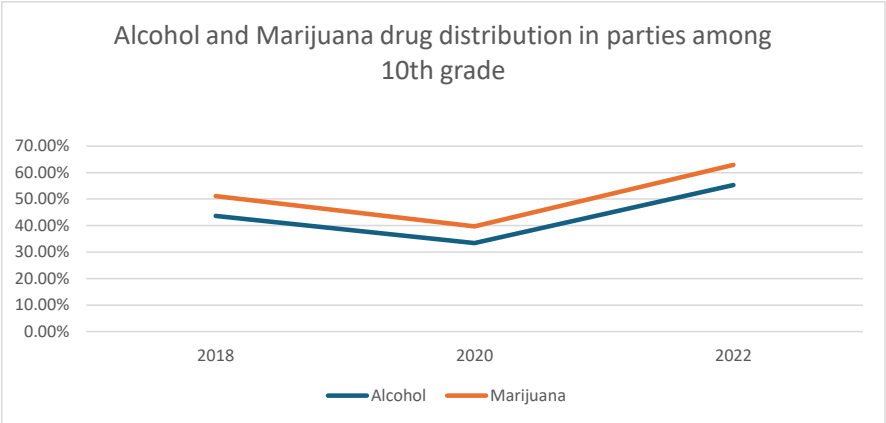
Tobacco

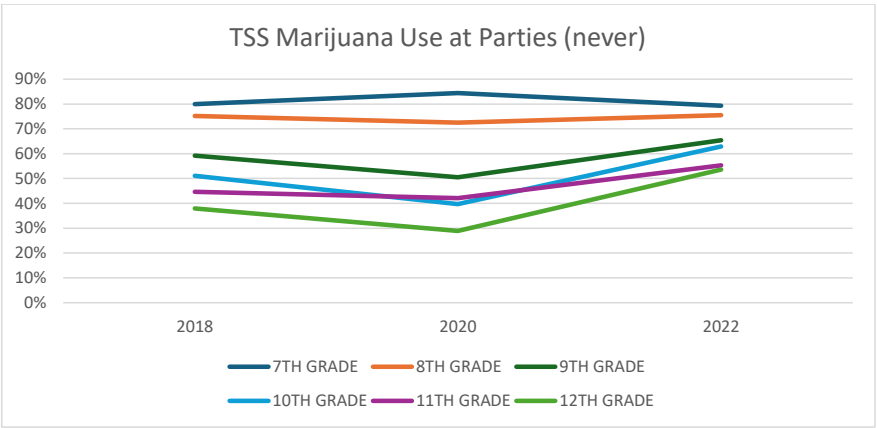


Marijuana

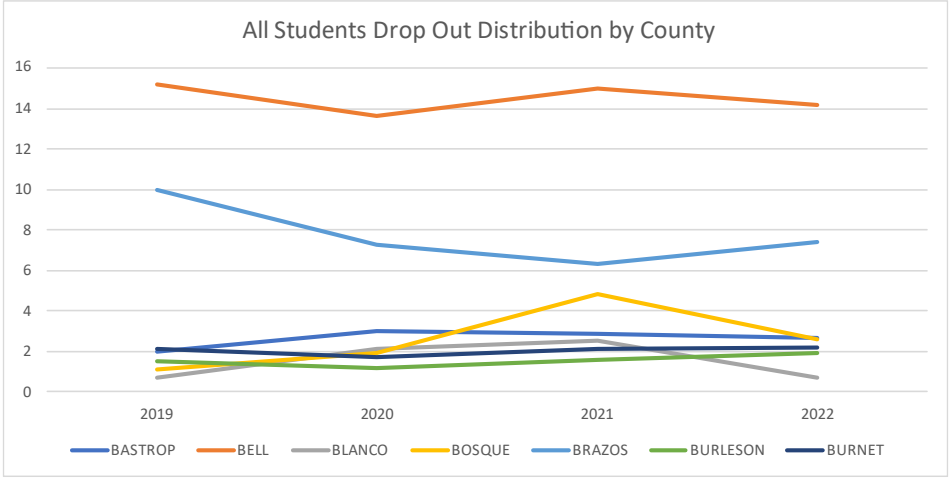


Substance Presence at Parties

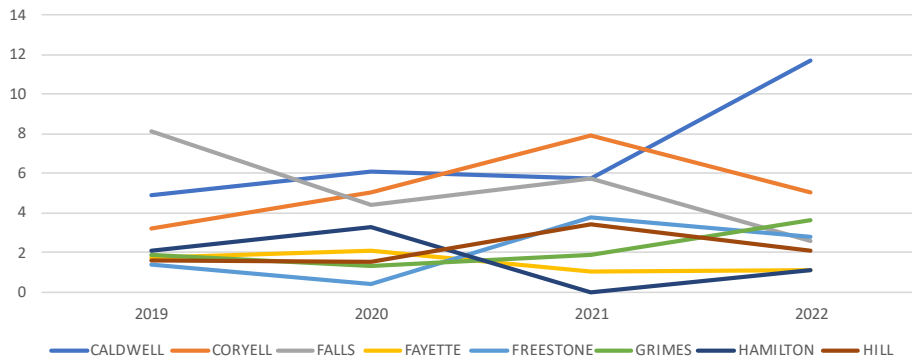




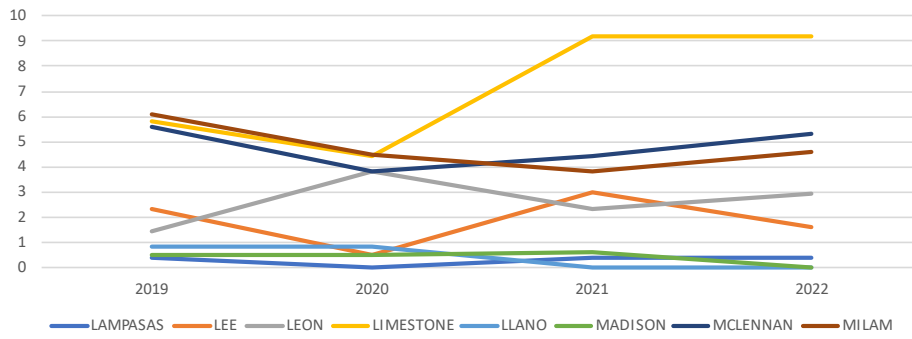
Dropout Rates

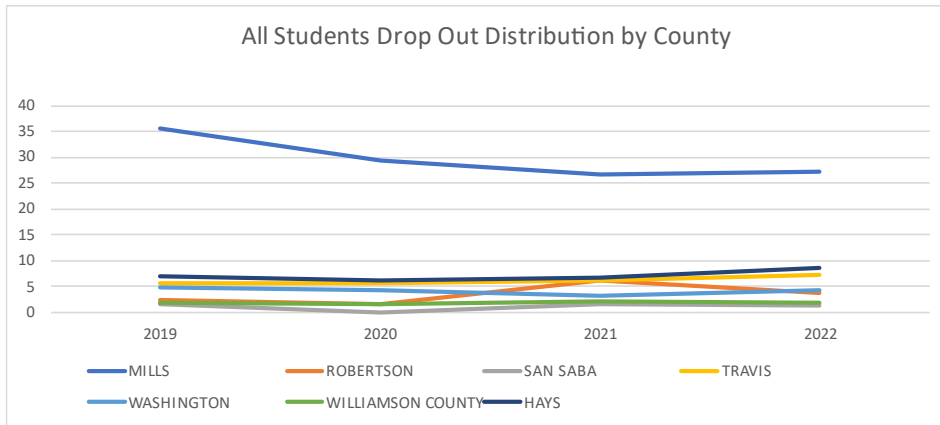


All Students Drop Out Distribution by County

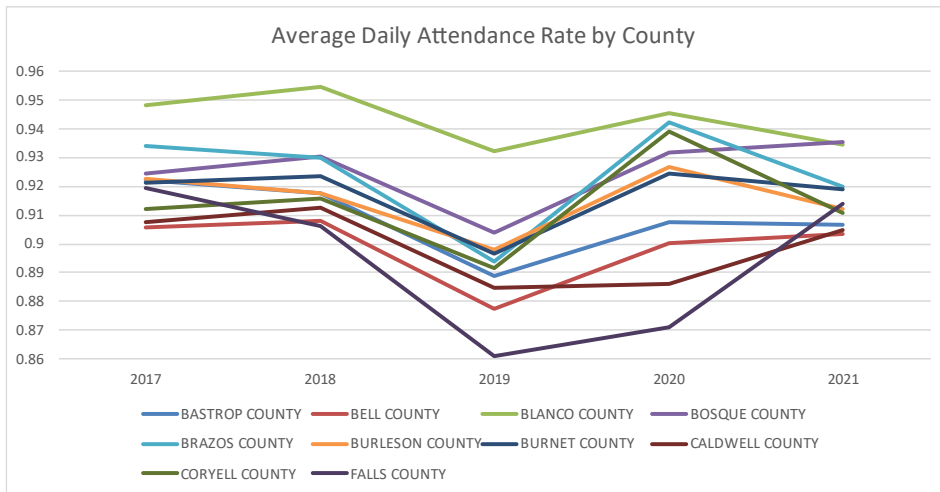


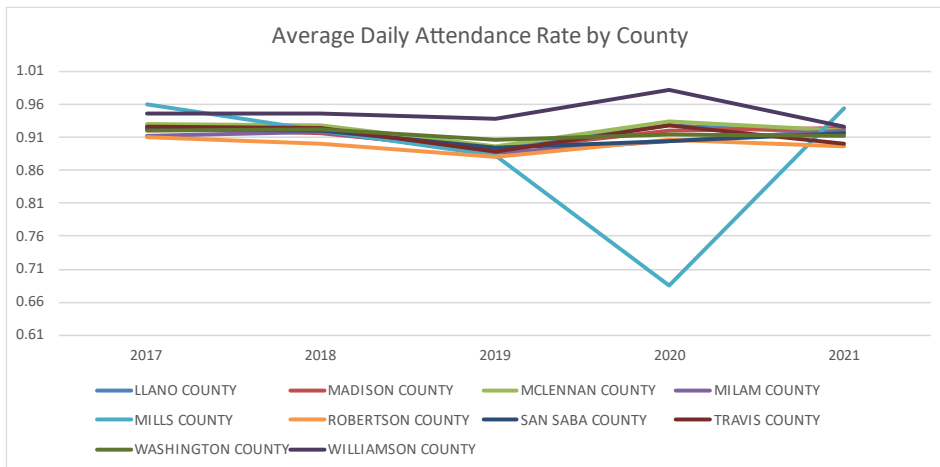
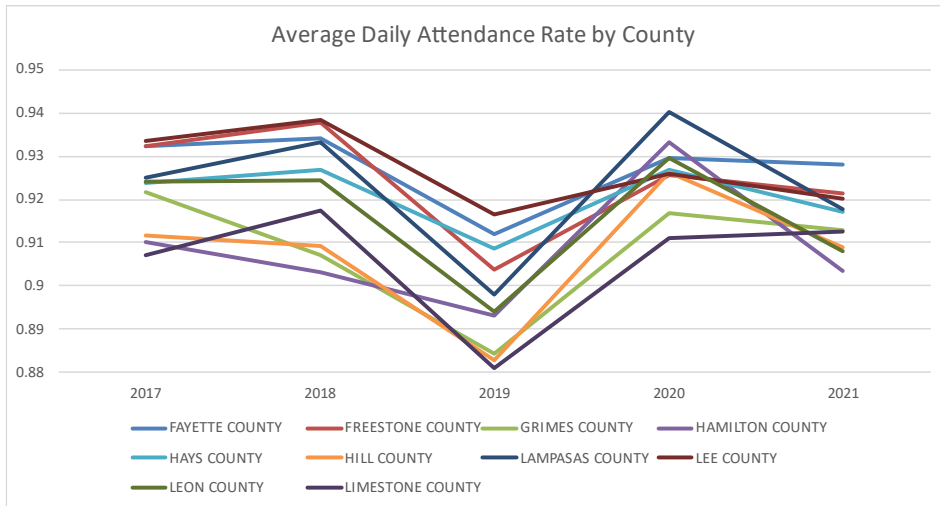
All Students Drop Out Distribution by County



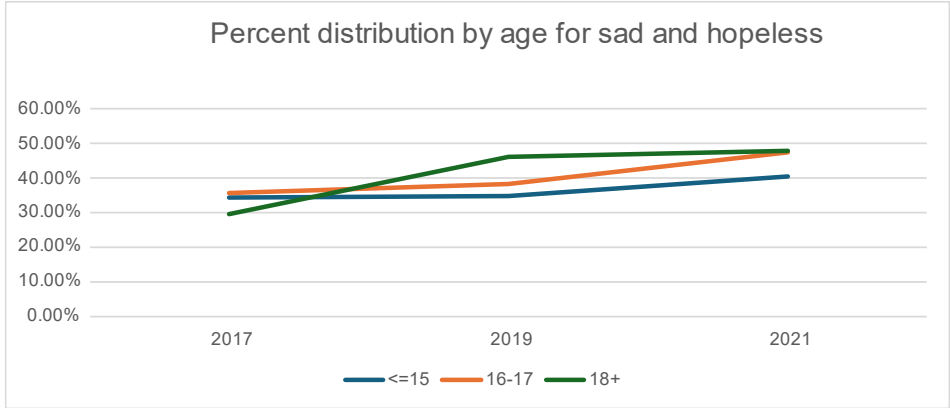


Average Daily Attendance

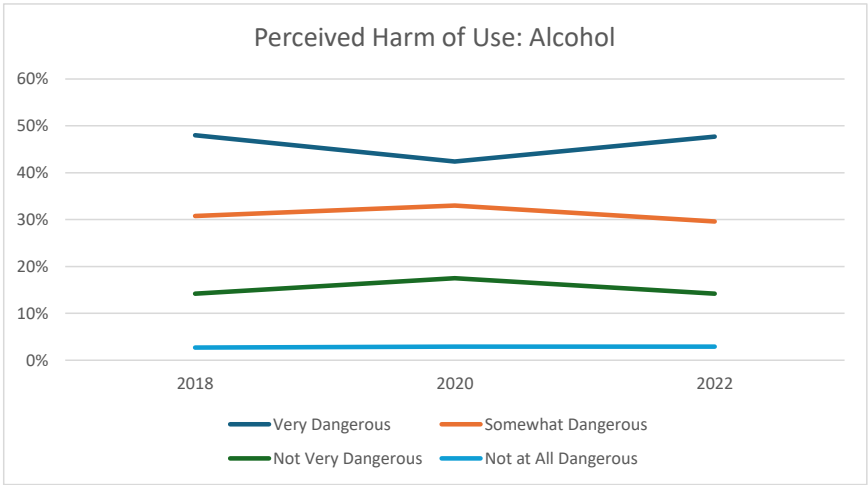




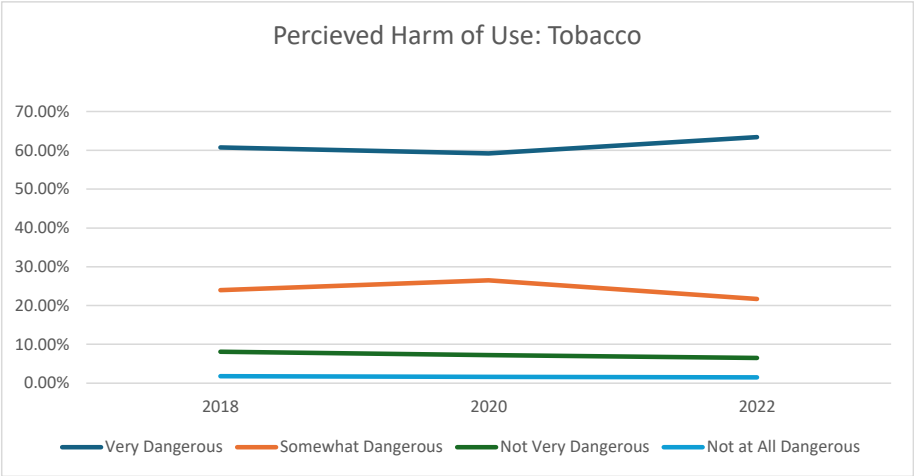
Youth Depression / Sadness and Hopelessness



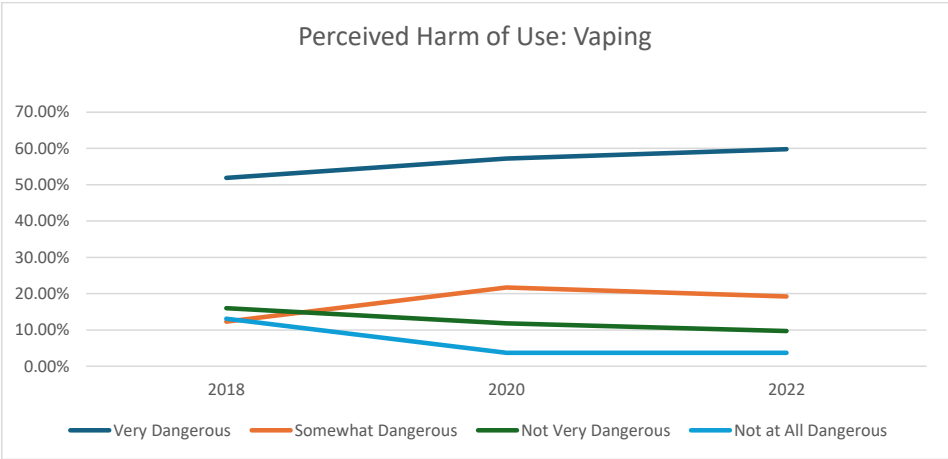
Perceived Harm of Use: Alcohol



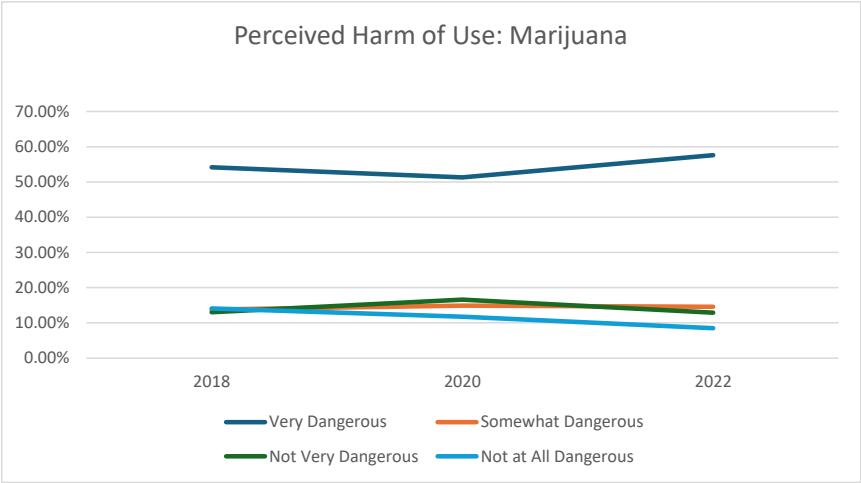
Perceived Harm of Use: Tobacco



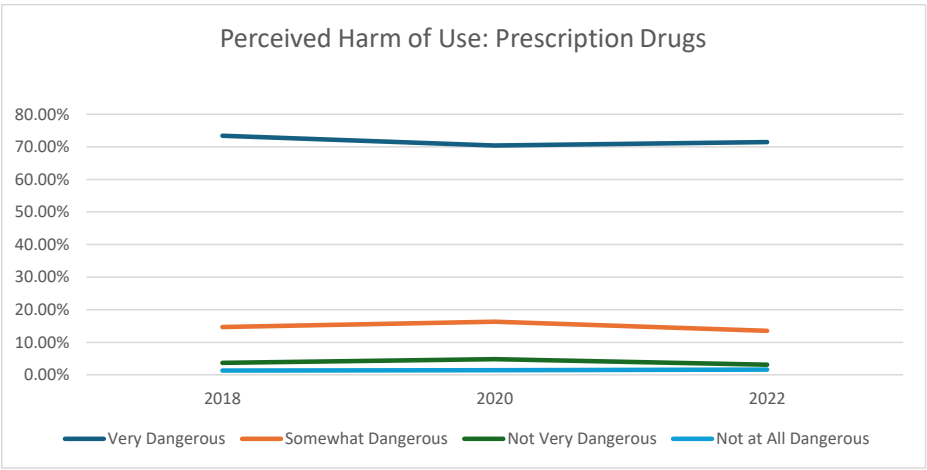
Perceived Harm of Use: Vapes



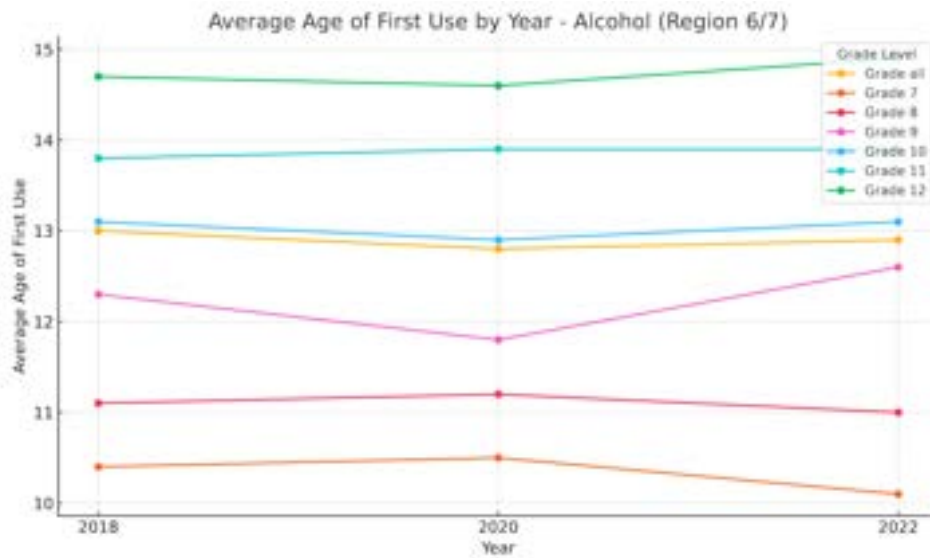
Perceived Harm of Use: Marijuana



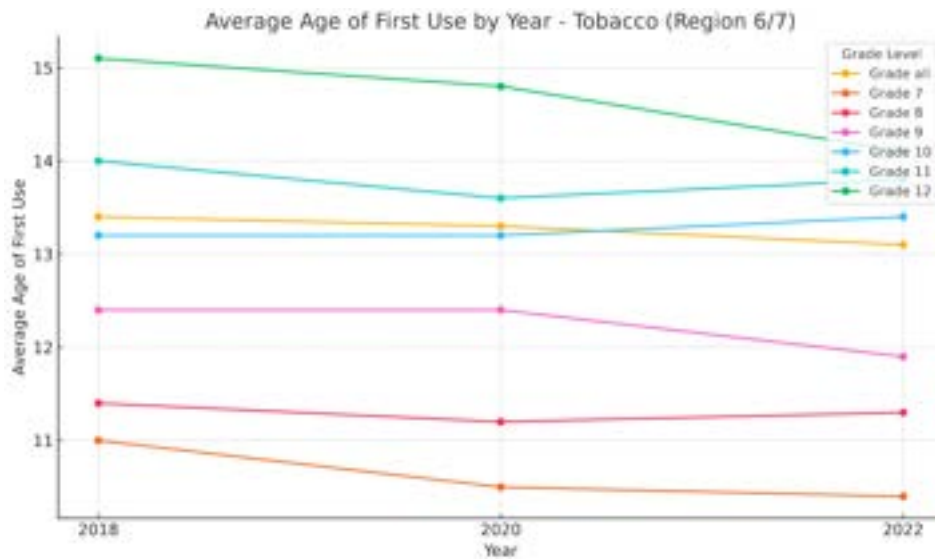
Perceived Harm of Use: Illicit Prescription Drugs



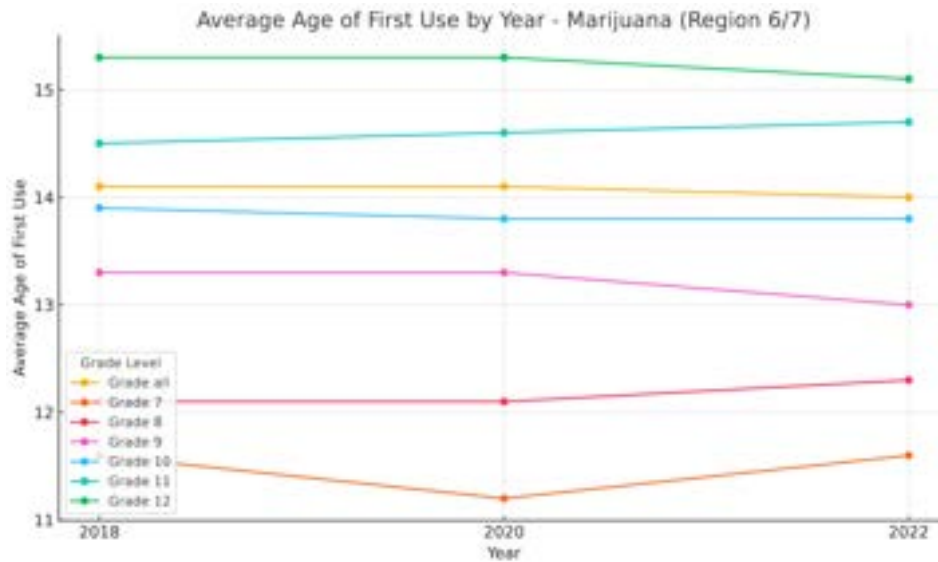
Age of First Use: Alcohol



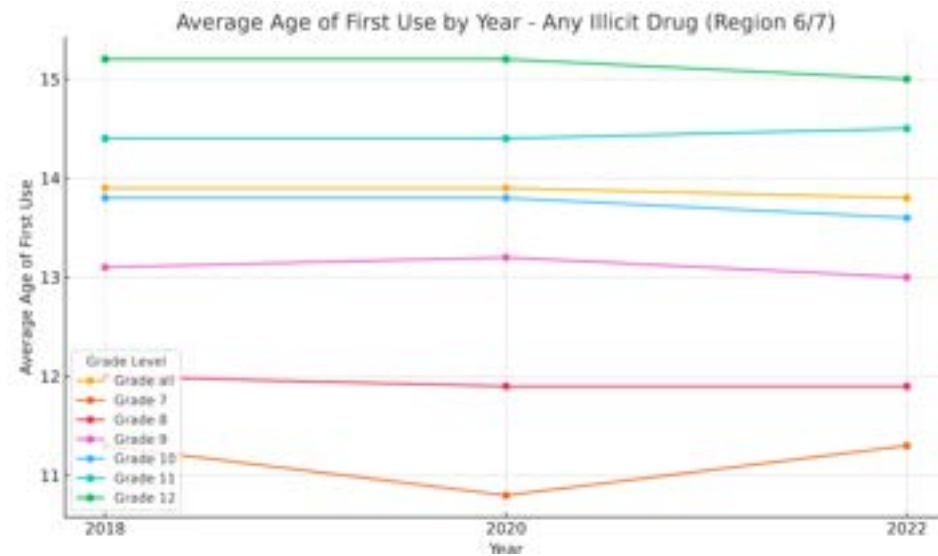
Age of First Use: Tobacco



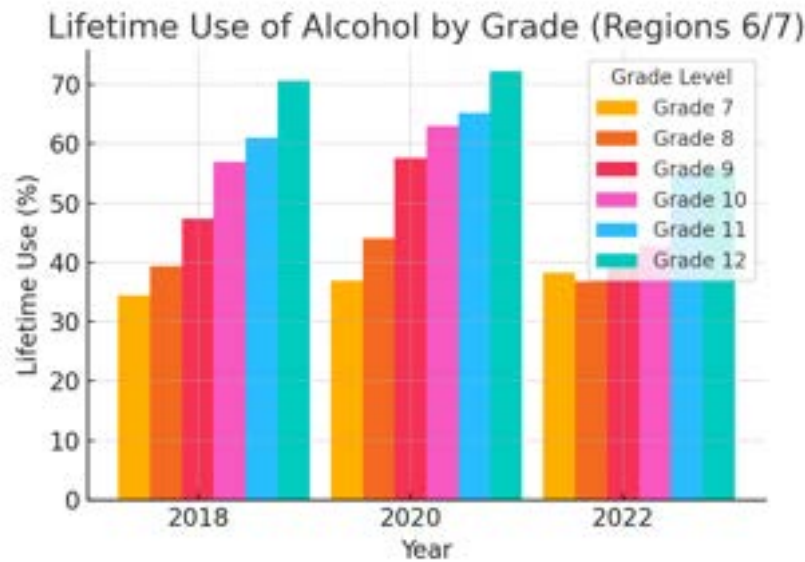
Age of First Use: Marijuana



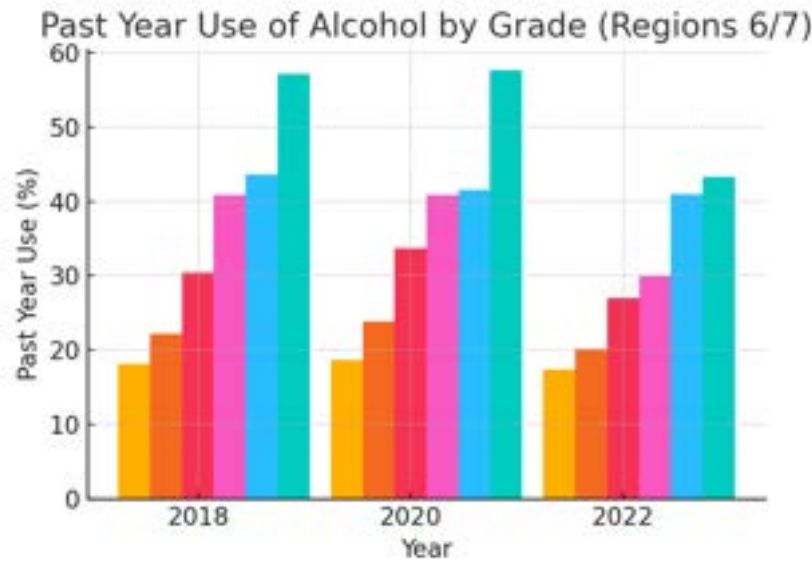
Age of First Use: Illicit Drugs



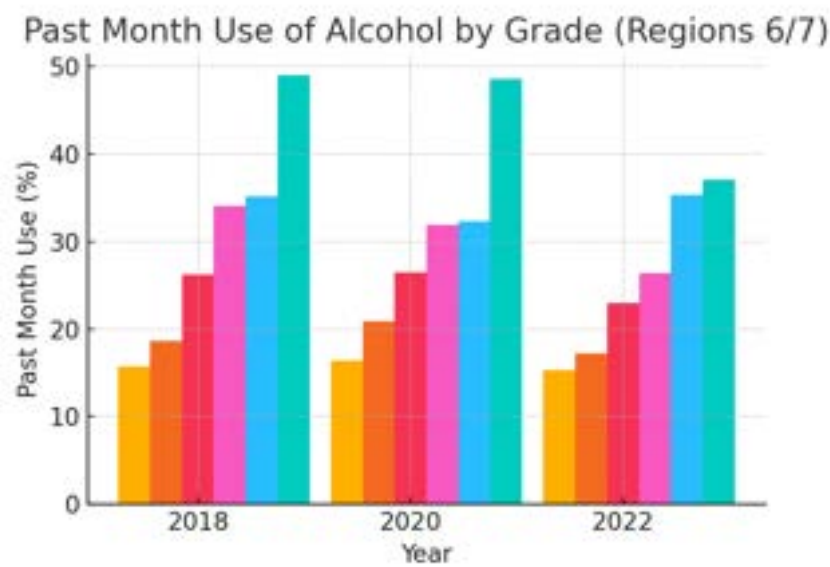
Student Lifetime use – Alcohol



Student Past School Year use – Alcohol

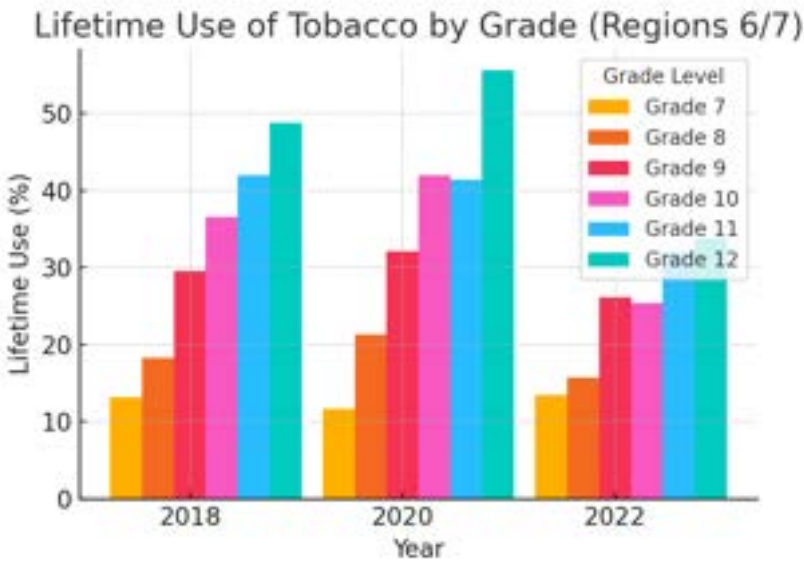


Student Past Month Use – Alcohol

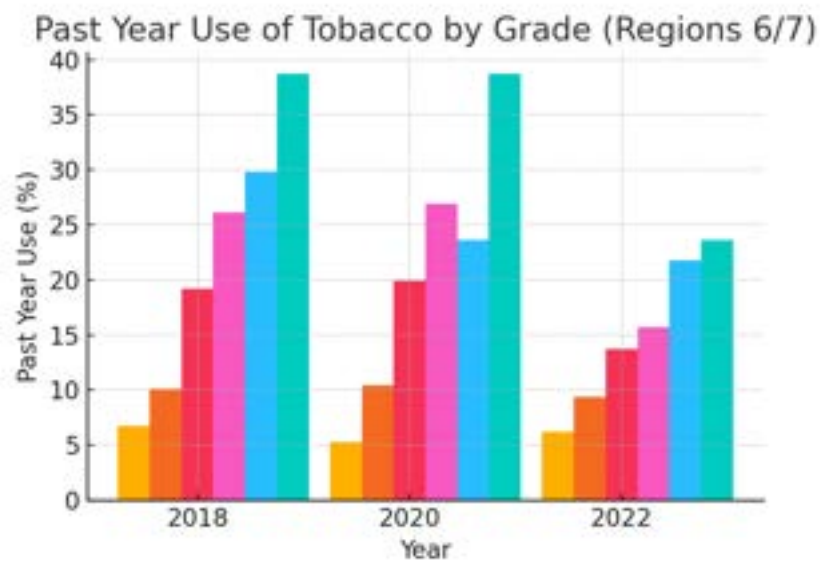


Student Binge Drinking

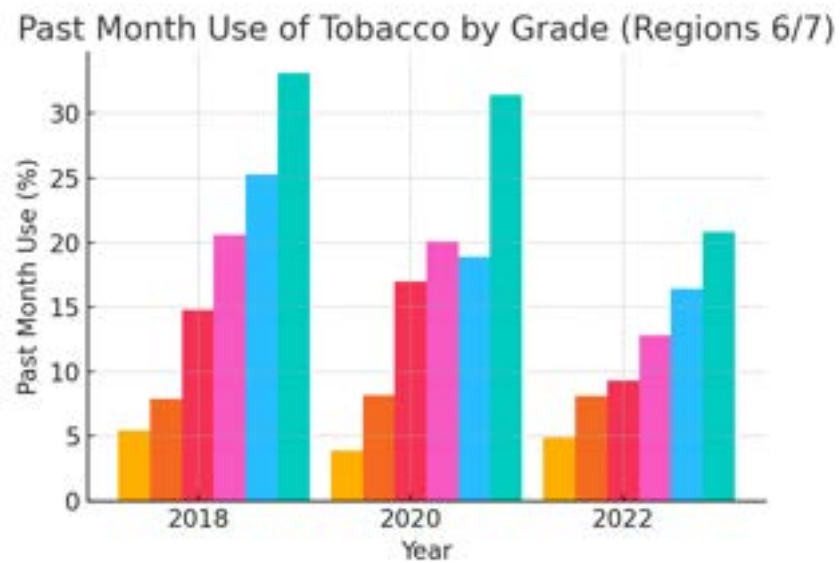
Student Lifetime Use – Tobacco



Student Past School Year Use – Tobacco

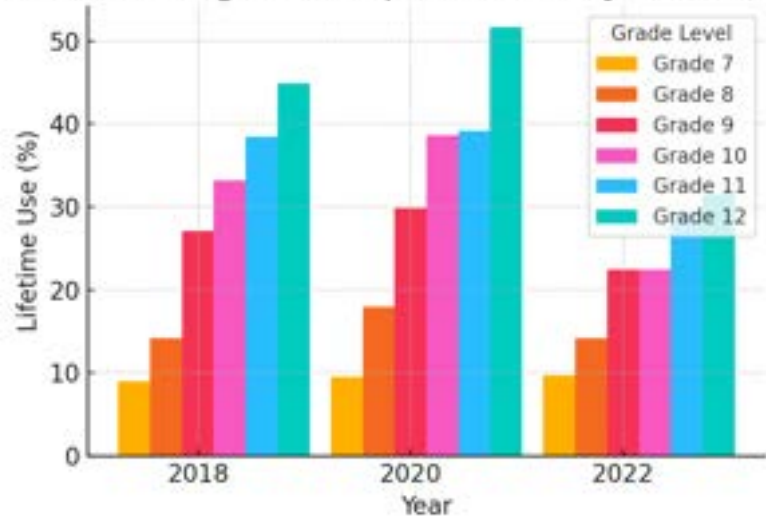


Student Past Month Use – Tobacco



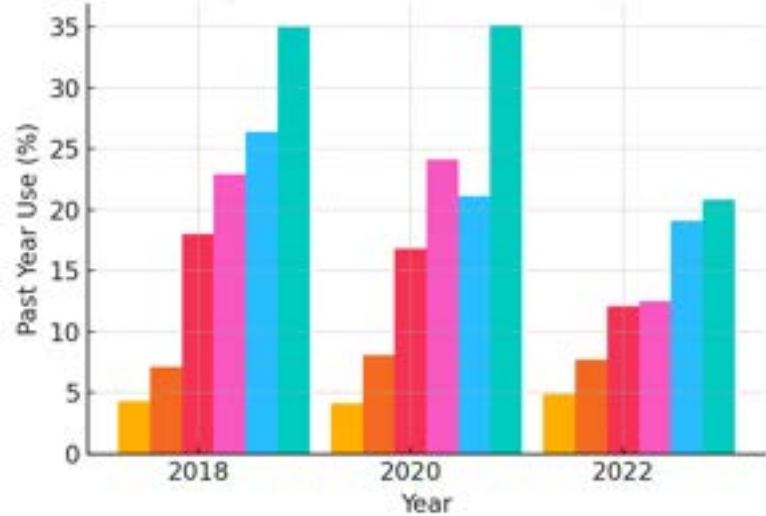
Student Lifetime Use – E-Cigs

me Use of E-Cigarette/Vapor Product by Grade (Regio

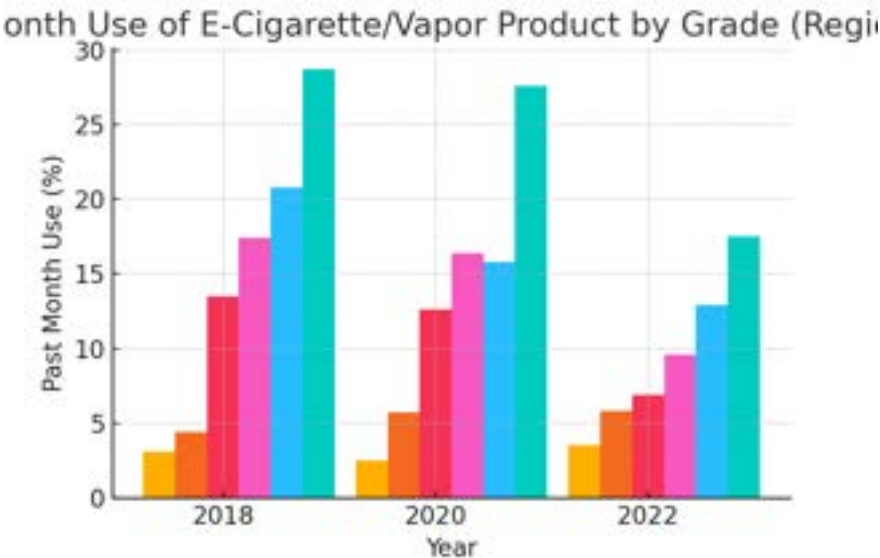


Student Past School Year Use – E-Cigs

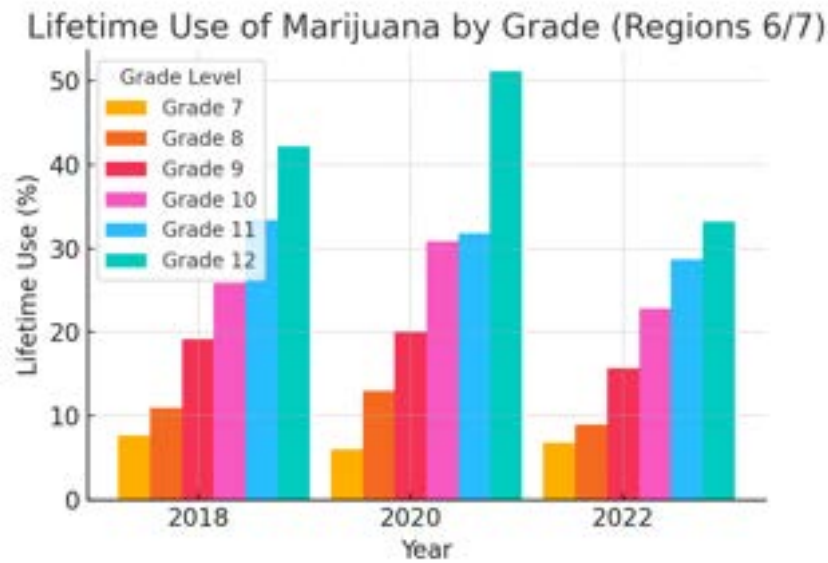
Year Use of E-Cigarette/Vapor Product by Grade (Regio



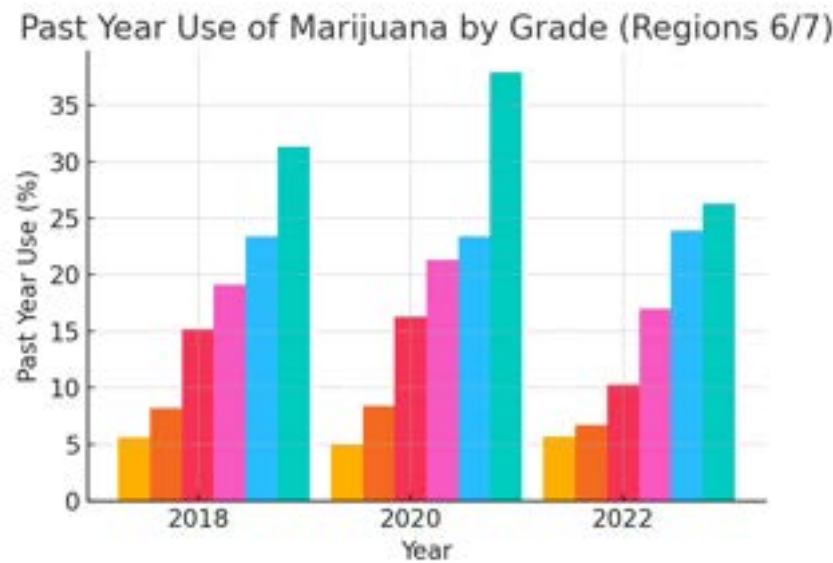
Student Past Month Use – E-Cigs



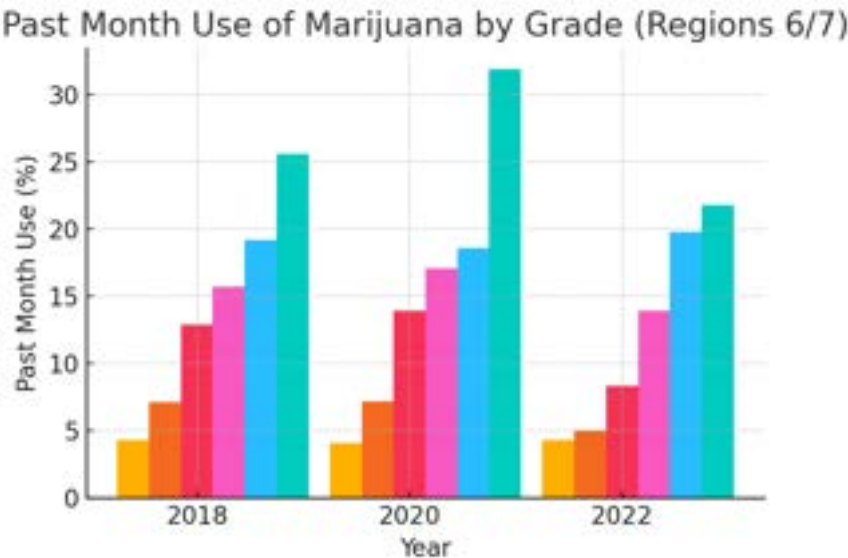
Student Lifetime Use – Marijuana



Student Past School Year Use – Marijuana

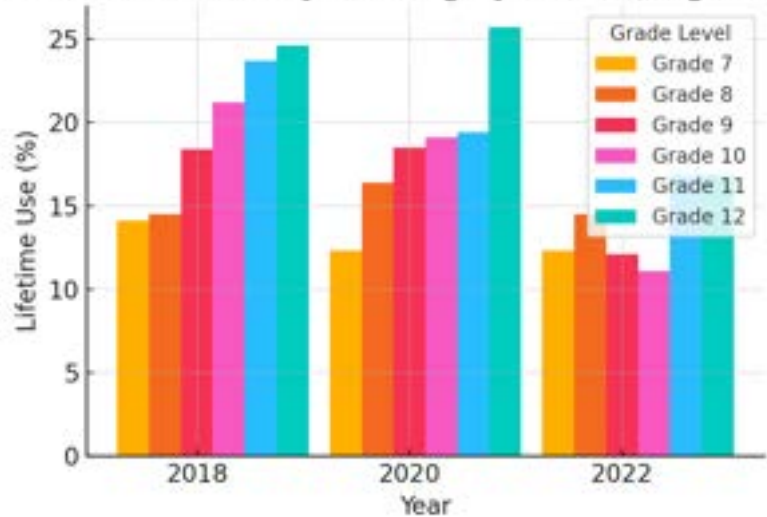


Student Past Month Use – Marijuana



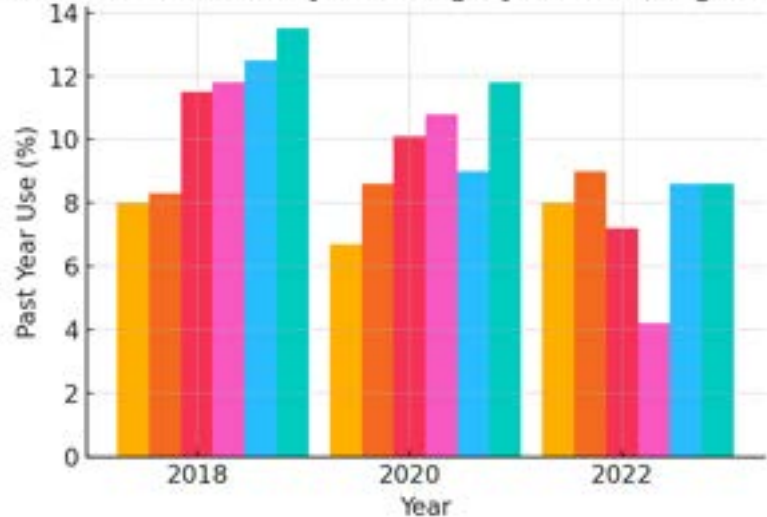
Student Lifetime Use – Rx Drugs

Lifetime Use of Any Rx Drug by Grade (Regions 6/7)



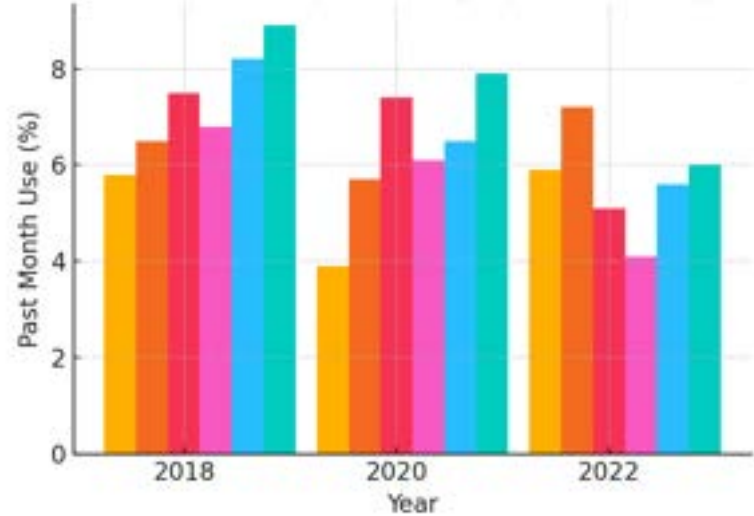
Student Past School Year Use – Rx Drugs

Past Year Use of Any Rx Drug by Grade (Regions 6/7)



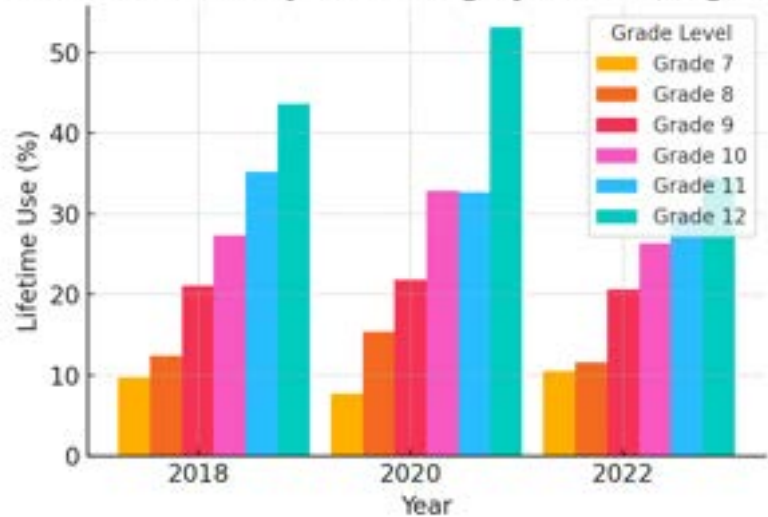
Student Past Month Use – Rx Drugs

Past Month Use of Any Rx Drug by Grade (Regions 6/7)



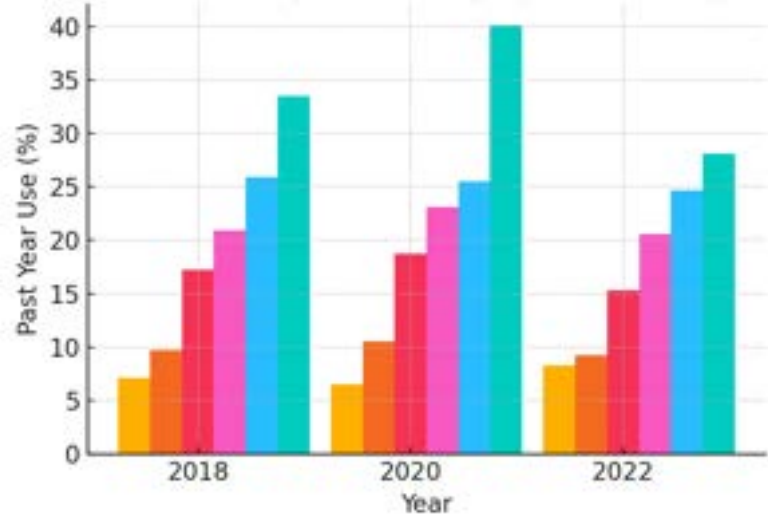
Student Lifetime Use – Illicit Drugs

Lifetime Use of Any Illicit Drug by Grade (Regions 6/7)



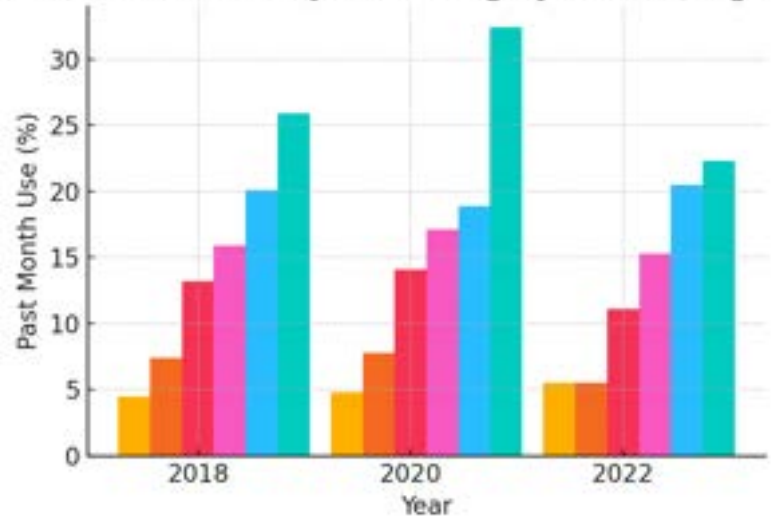
Student Past School Year Use – Illicit Drugs

Past Year Use of Any Illicit Drug by Grade (Regions 6/7)

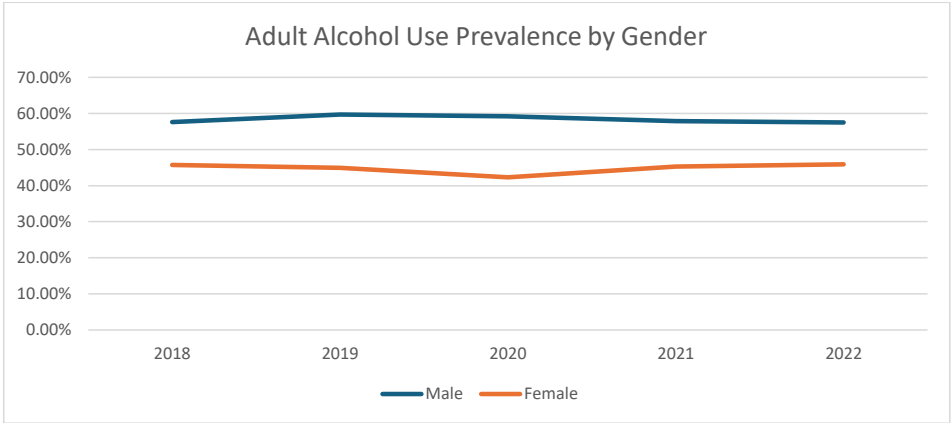


Student Past Month Use – Illicit Drugs

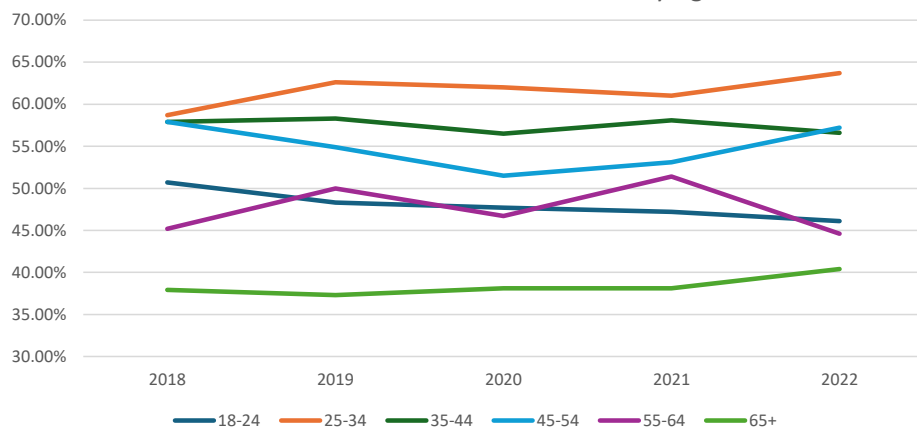
Past Month Use of Any Illicit Drug by Grade (Regions 6)



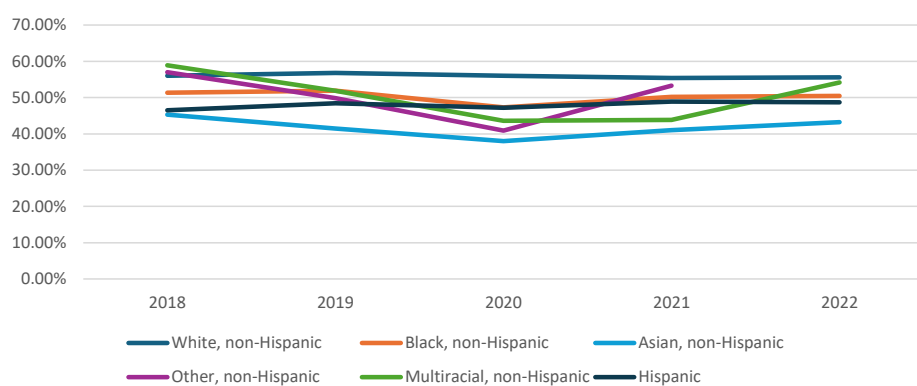
Adult Alcohol Use



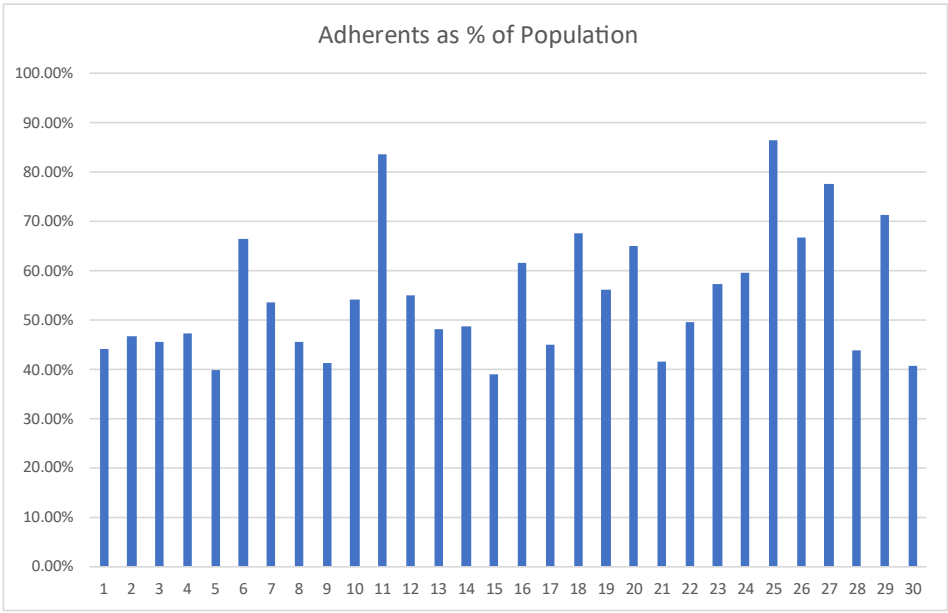
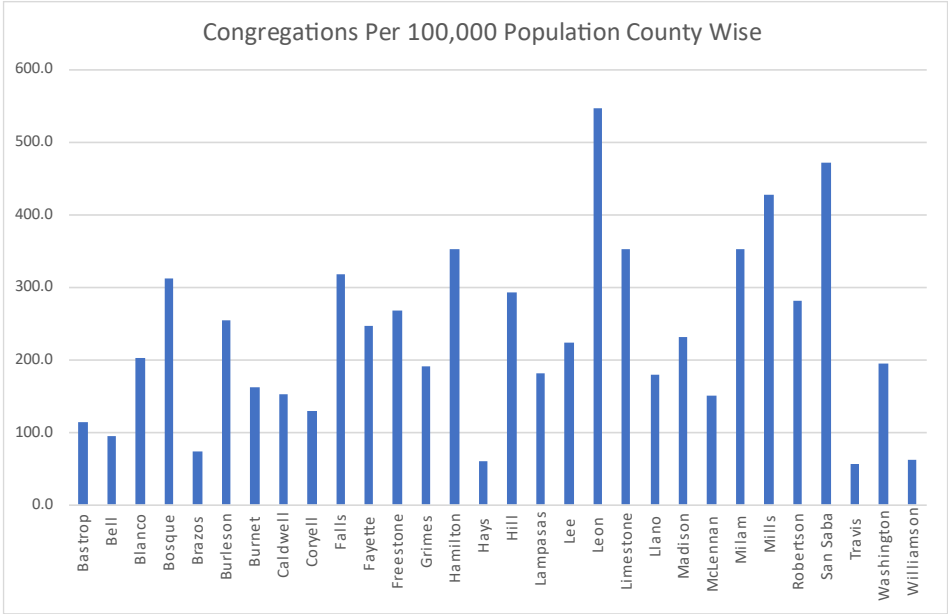
Adult Alcohol Use Prevalence by Age



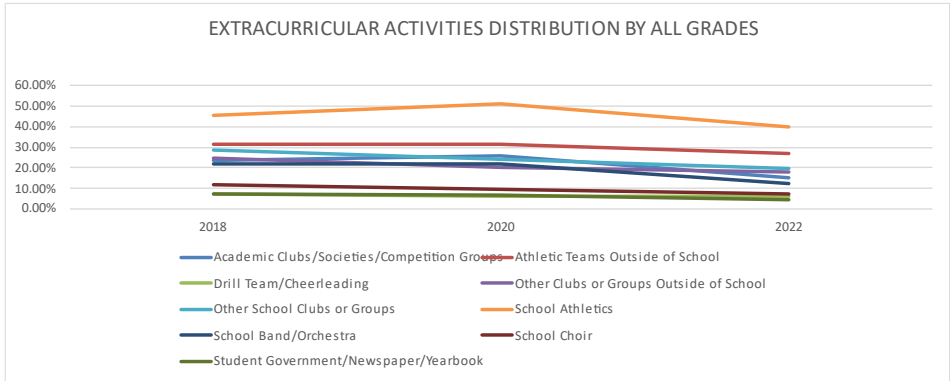
Adult Alcohol Use Prevalence by Ethnicity



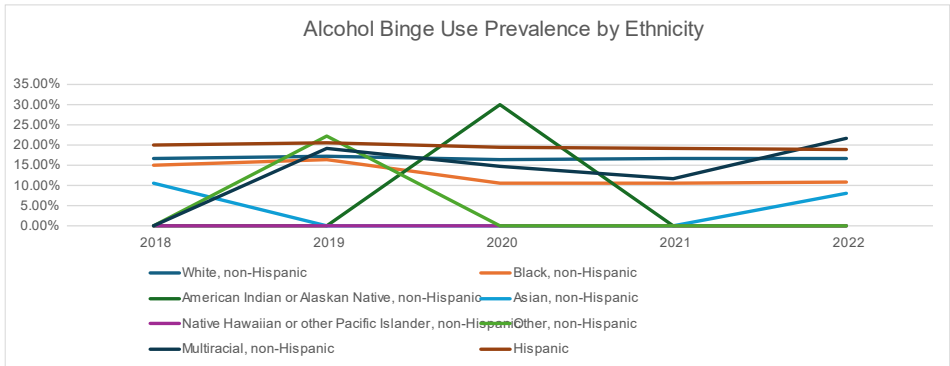
Spirituality



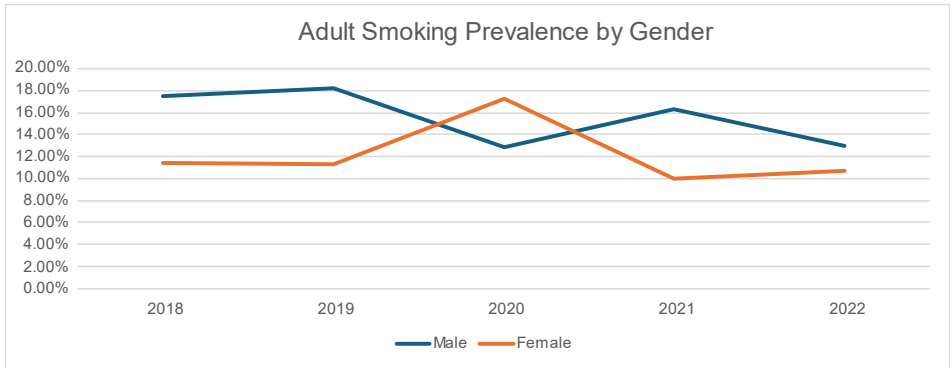
School Connectedness

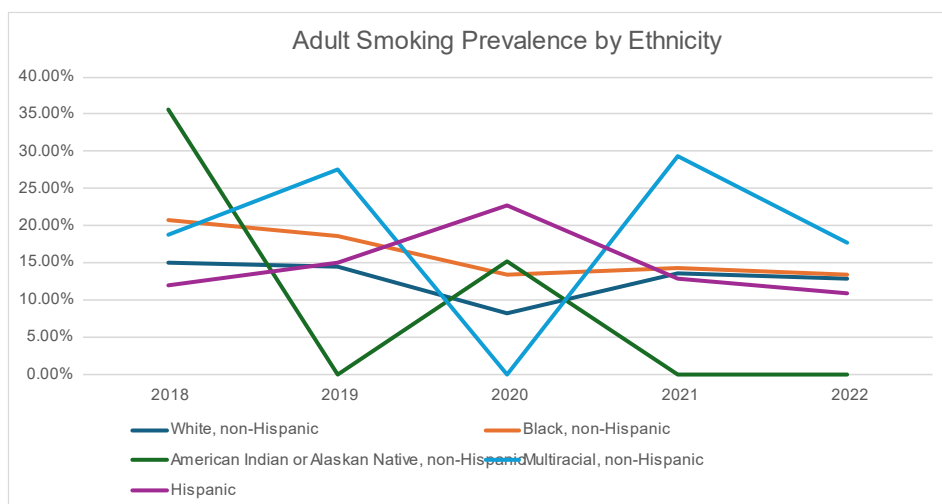
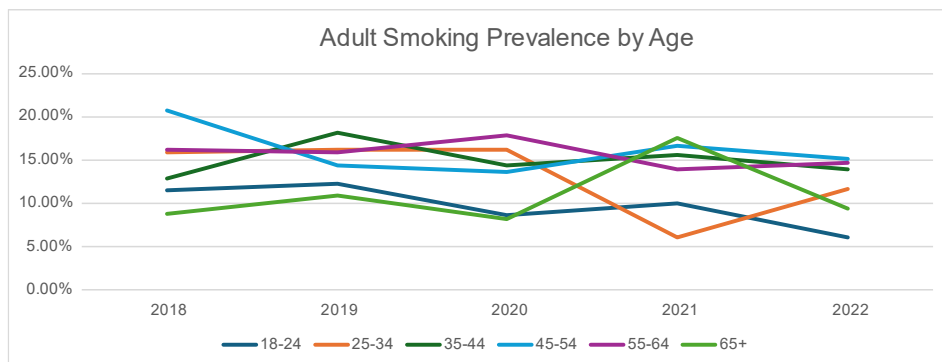


Adult Binge Drinking

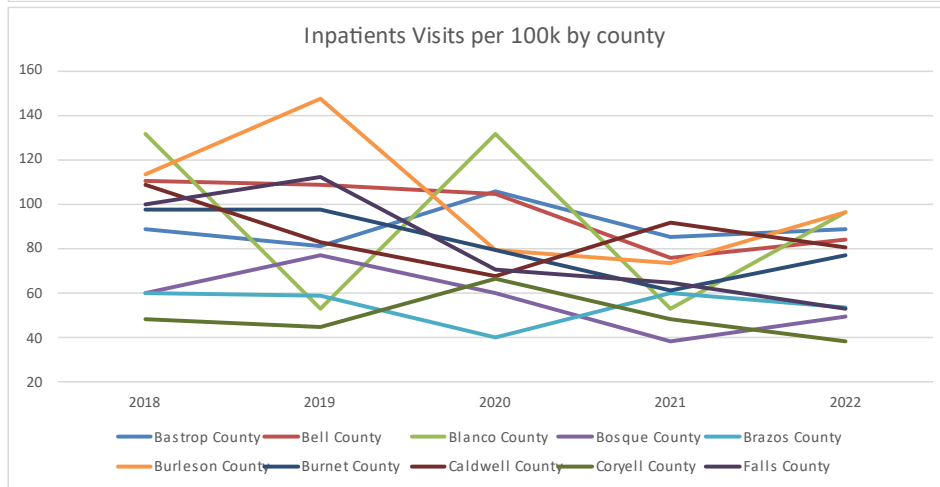
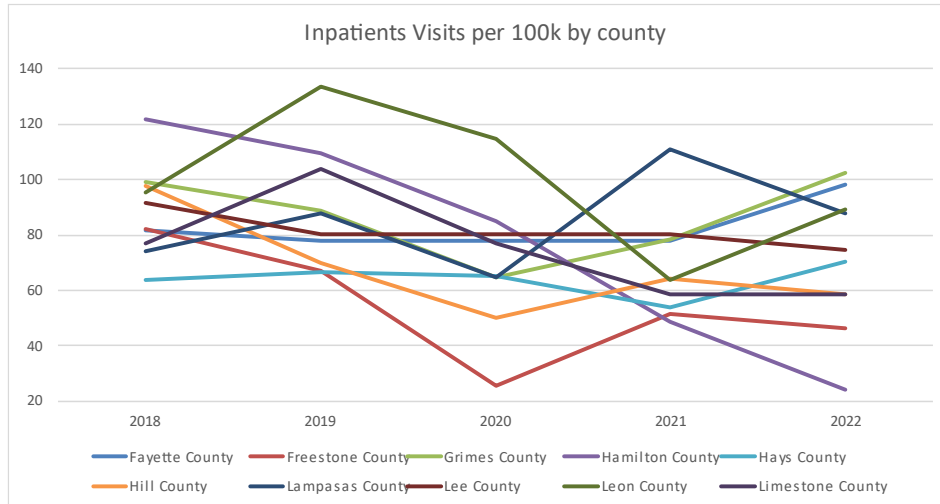


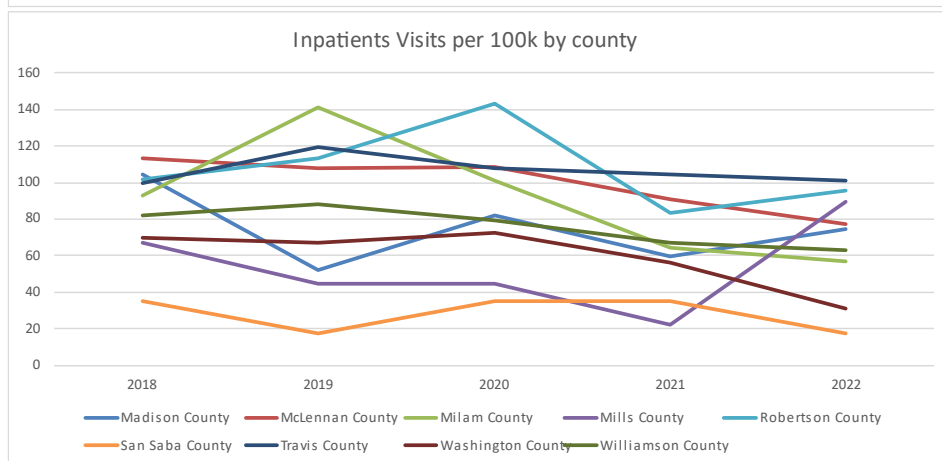
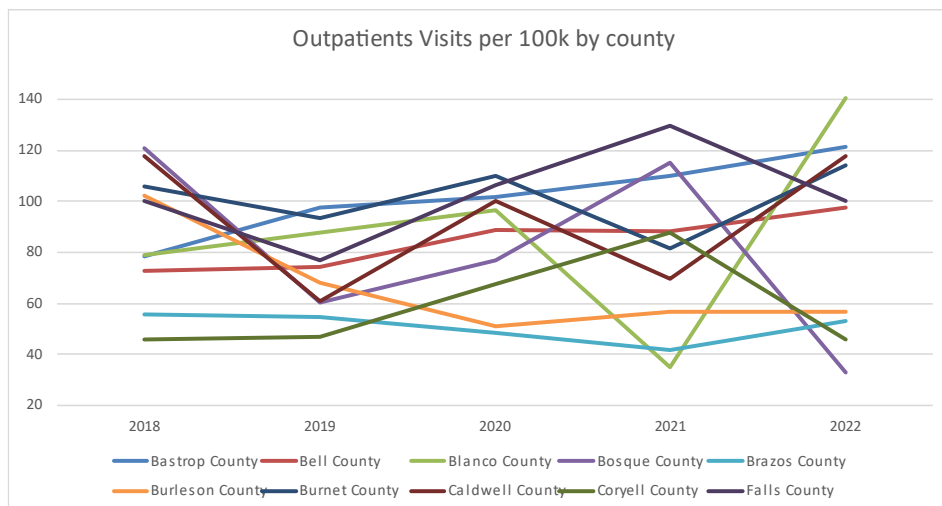
Adult Smoking

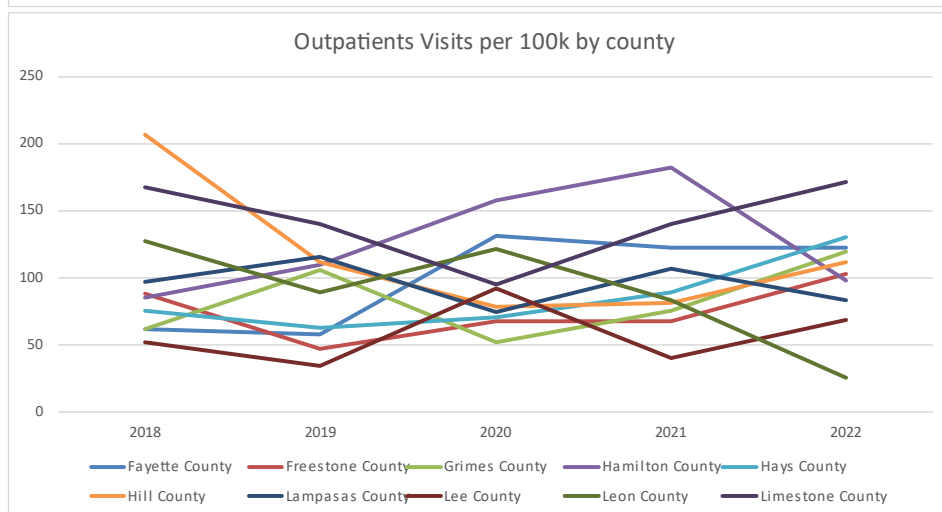
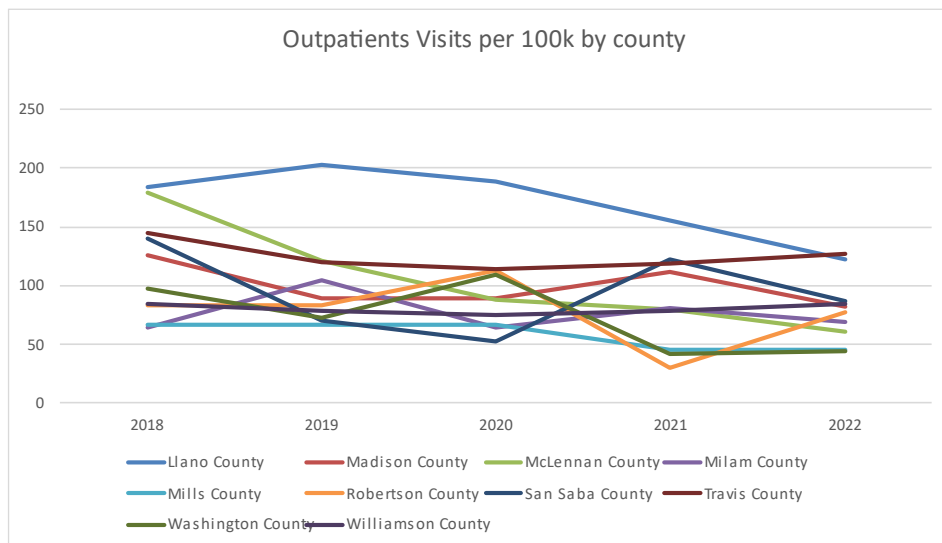


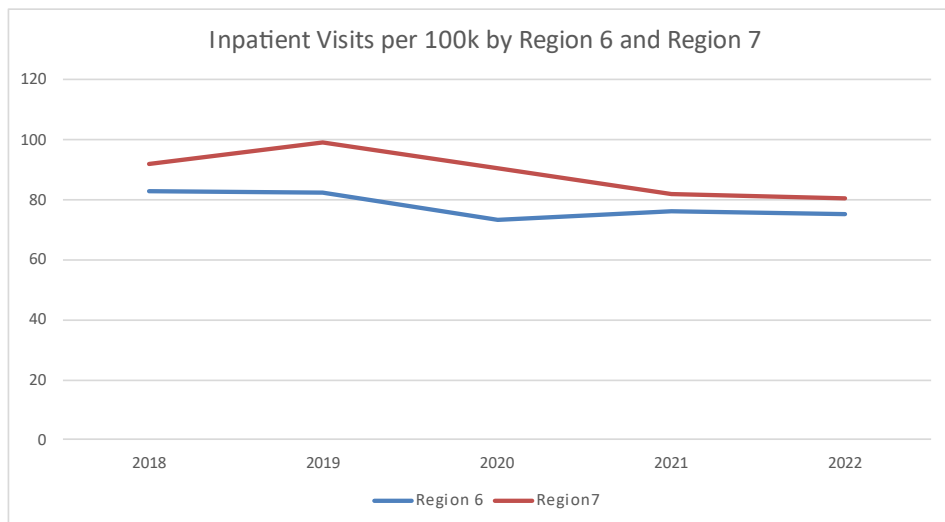


Opioid ED Visits

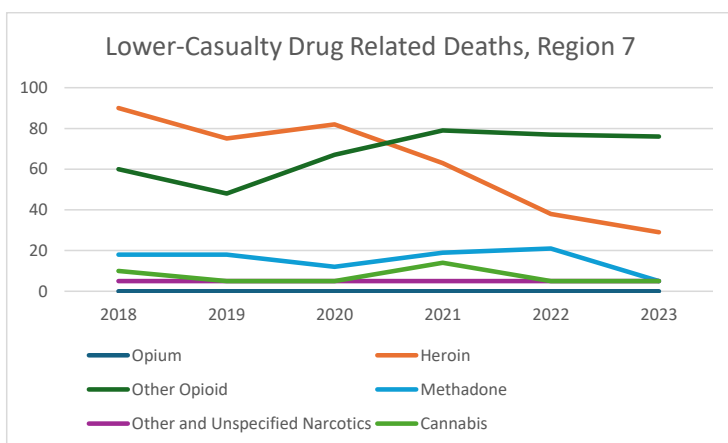


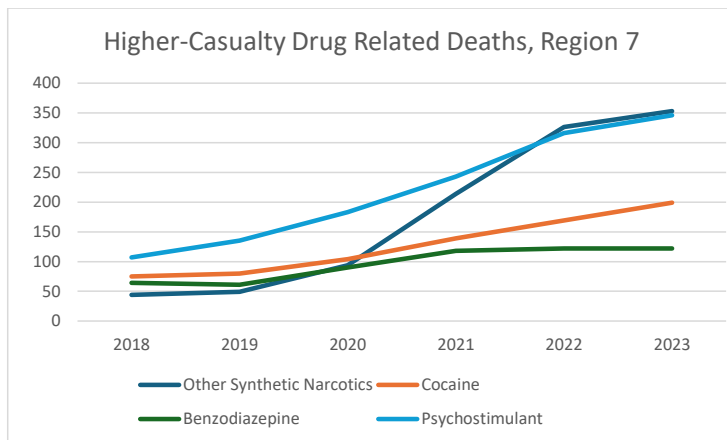




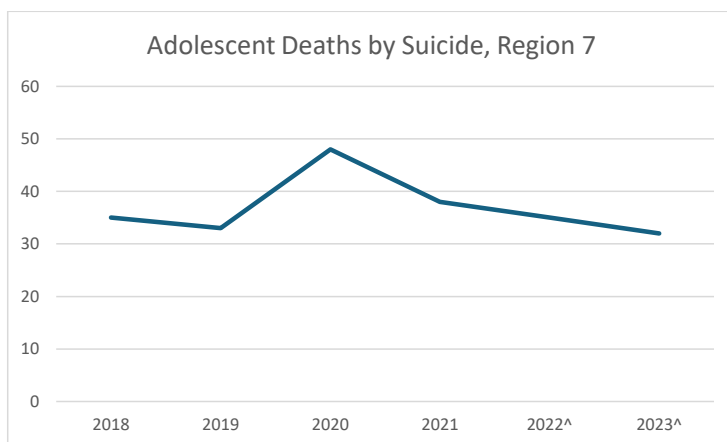


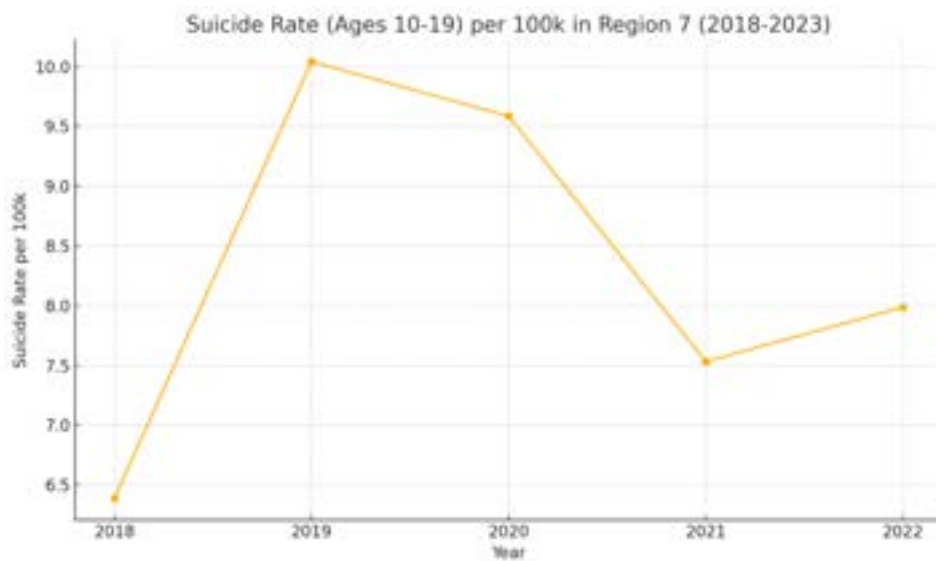
Drug Overdoses and Other Related Deaths





Adolescent Deaths by Suicide

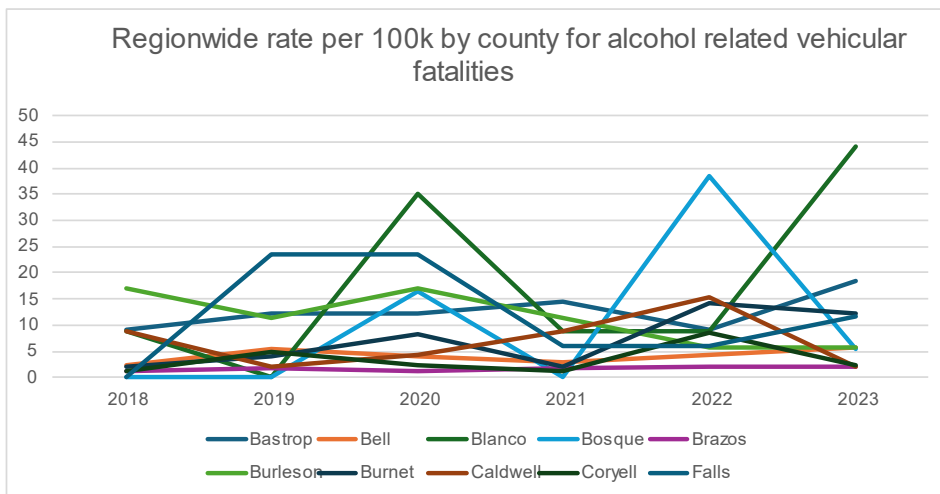
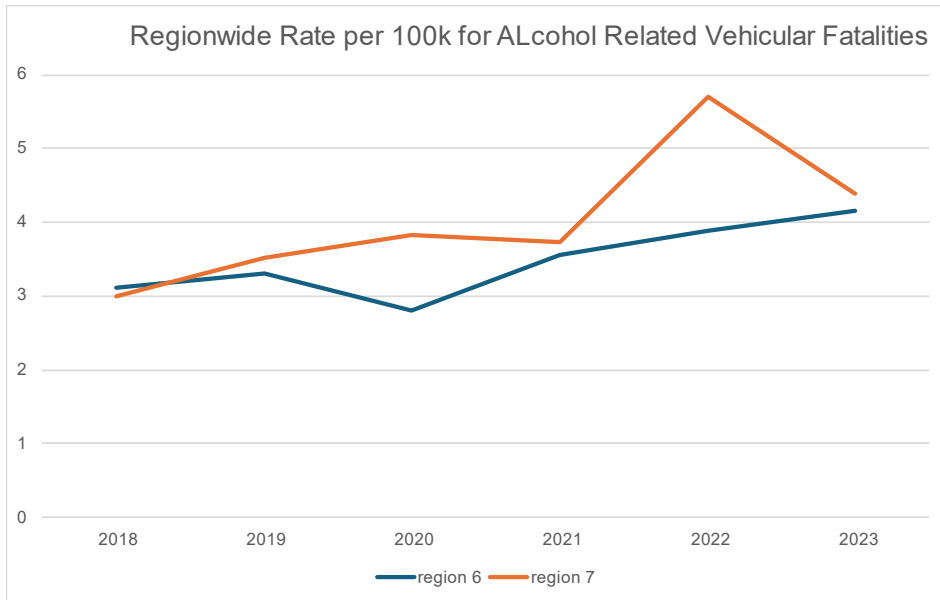




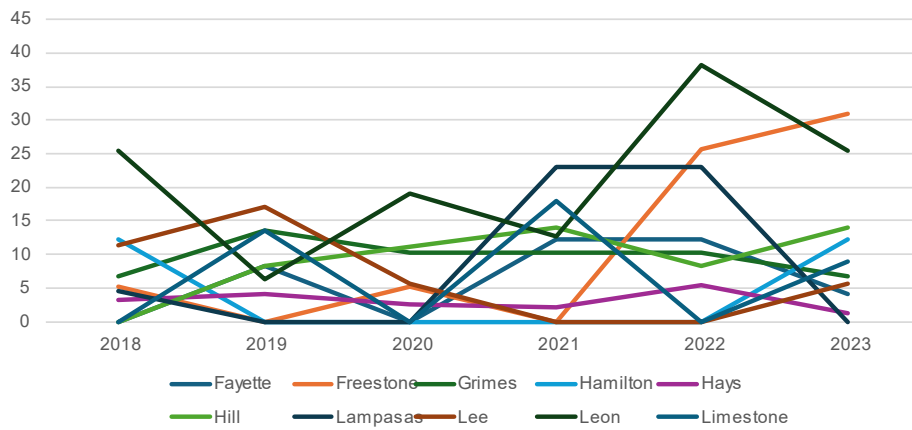
All deaths by suicide

5-14 YEARS Pop	5-14 Rate per 100k	15-24 YEARS Pop	15-24 Rate per 100k	25-34 YEARS Pop	25-34 Rate per 100k	35-44 YEARS Pop	35-44 Rate per 100k	45-54 YEARS Pop	45-54 Rate per 100k
400085	N/A	569778	14.2162627	574280	28.37333705	512636	21.65279667	428037	28.55897
55-64 YEARS Pop	55-64 Rate per 100k	65-74 YEARS Pop	65-74 Rate per 100k	75-84 YEARS Pop	75-84 Rate per 100k	85+ YEARS Pop	85+ Rate per 100k	Total Pop	Total Rate
397912	18.34576489	298767	14.48948165	134694	29.6969427	47702	N/A	3661292	15.51365

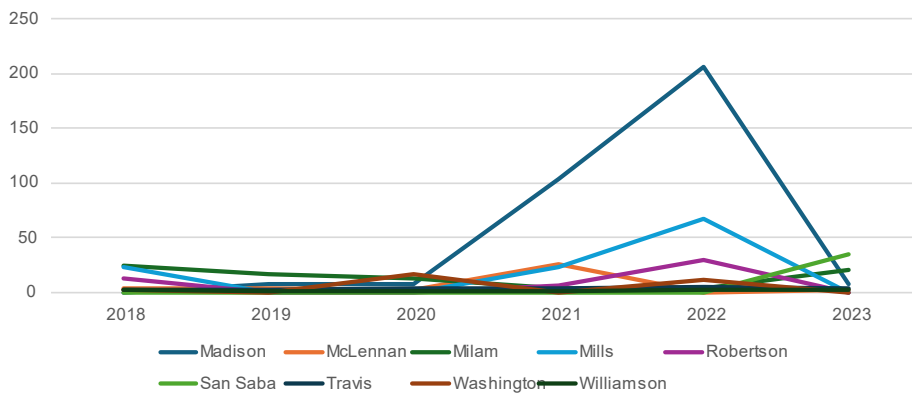
Alcohol-related Vehicular Fatalities



Regionwide rate per 100k by county for alcohol related vehicular fatalities



Regionwide rate per 100k by county for alcohol related vehicular fatalities



Drug Related Incarceration (Statewide)

