2019

Regional Needs Assessment

REGION VIII: PREVENTION RESOURCE CENTER

PROGRAM OF THE SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS (SACADA)

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 8 along with Evaluators from PRCs across the State of Texas and supported by the Texas Health and Human Services (HHSC). The PRC 8 serves 28 counties in Upper Central South Texas.

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

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of focus groups and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 8 recognizes those collaborators who contributed to the creation of this RNA.

Region 8 Key Findings from this assessment include:

1. Nearly 1 million people (37.5%) age five and older speak a language other than English at home while an estimated 302,546 people (30.4%) age five and older spoke English less than "very well.

2. Methamphetamine seizures ranked the highest accounting for 93 percent of all methamphetamines seized in the State. Cocaine ranked second, accounting for 58 percent of the State's seizures and marijuana ranked third, accounting for only 4.7 percent of the State's seizures.

3. In 2017, the number of youth that received mental health services in Region 8 increased 10.6 percent from 5,608 in 2016 to 6,203. The most reported diagnosis was for attention deficit disorder accounting for 28 percent of Region 8 youth served. Next was affective disorders – major depression (19%) and bipolar (7.5%).

5. The 2018 TSS for Region 8 reported 16 percent of students in grades 7th thru 12th initiated alcohol use prior to age 13, higher than the state's rate of 14.7 percent; 4.3 percent initiated tobacco use early and 4 percent initiated marijuana use prior to age 13.

6. E-Vapor use continues to be the fastest growing trend among our youth. In 2016, 24 percent of students reported that they had used Electronic Vapor products at some point in their lives, increasing to 28.9 percent in 2018.

7. Region 8 accounted for 9.2 percent of all juvenile drug arrests in the state. Youth between the ages of 15 and 16 accounted for 67.4 percent of drug arrests, 13 and 14-year-olds 29.3 percent, 10 and 12-year-olds 3 percent and under age 10 accounted for 0.4 percent.

8. Substance abuse treatment funded by the state for youth ages 12 to 17 years of age decreased from 312 in 2014 to 279 in 2018. Most of the youth received outpatient services (77.8%), followed by Intensive Residential (13.6%) and Outpatient CYT Wrap-around (6.8%).

9. In 2018, 71.8 percent of percent of students in grades 7th-12th reported that they would seek help from their parents if they had a problem with alcohol or durgs.

10. In 2018, the Region 8 TSS reported 69 percent of students surveyed reported they had received information on drugs or alcohol since school began. Most information was received during a school health class (45%) or an assembly program (42.4%).

Prevention Resource Centers

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

Our Purpose

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

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

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

Our Regions

Current areas serviced by a Prevention Resource Center are:

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

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual

regional needs assessment. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

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

Adolescence

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

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

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

Socio-Ecological Model: The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.[2] Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and

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

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

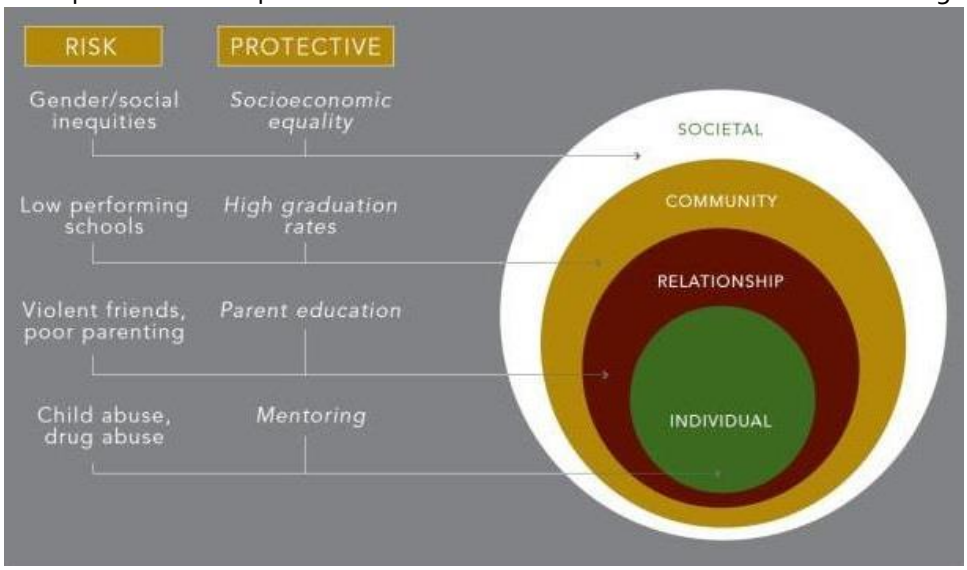
interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

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

Risk and Protective Factors

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

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



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

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

Consumption Patterns

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS)[4], the Texas Youth Risk Surveillance System (YRBSS)[5], and the National Survey on Drug Use and Health (NSDUH)[6], consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

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

For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption.[8] These standards define binge drinking as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking, is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking. See Figure 3 for the NIAAA's operational definitions of the standard drink.

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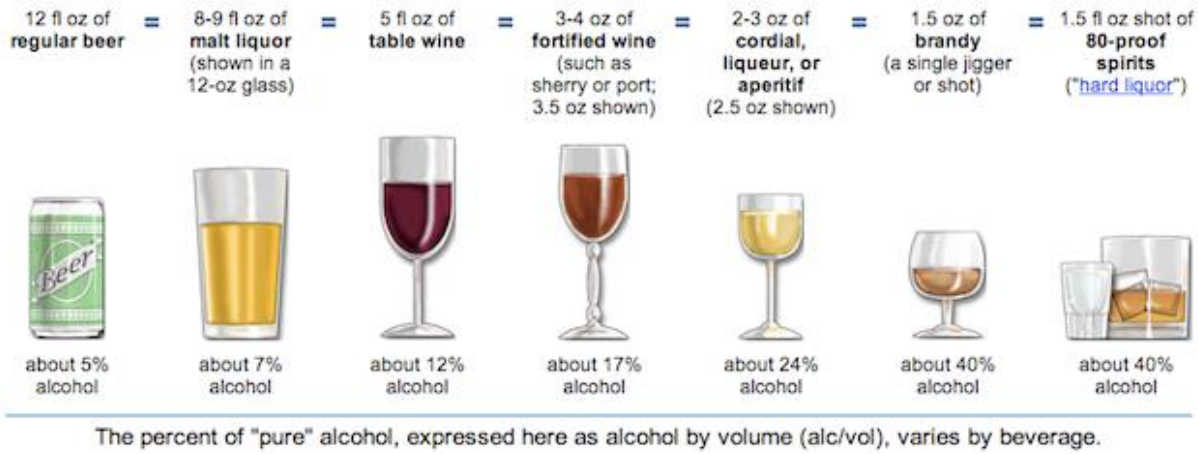
[4] Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.
[5] Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.
[6] Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.
[7] Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.
[8] National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

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



Source: National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

Consequences

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

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

Audience

Potential readers of this document include stakeholders from a variety of disciplines: substance use prevention and treatment providers; medical providers; school districts and higher education; substance

[9] National Institute on Drug Abuse. *2016-2020 NIDA Strategic Plan*. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.
[10] Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

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

Introduction

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

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

The Health and Human Services Commission Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

Our Audience

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

Purpose of a Regional Needs Assessment

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

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

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

Figure 4. Strategic Prevention Framework (SPF)

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

Methodology

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

Specifically, this regional needs assessment can serve in the following capacities:

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2018 and May 30, 2019.

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

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

Qualitative Data Selection

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

Focus Groups

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

Interviews

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

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

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

Longitudinally Presented Data

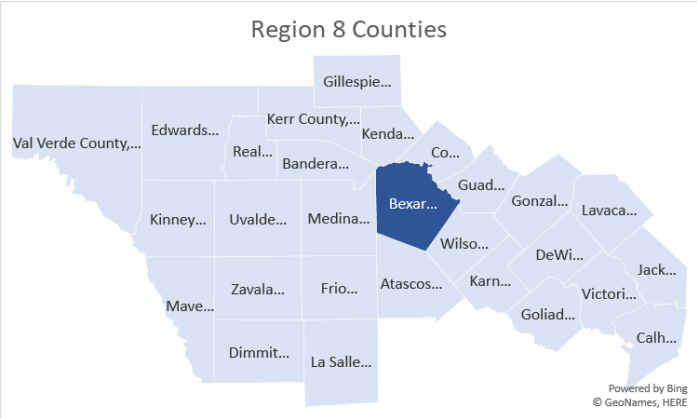
In an attempt to capture a richer depiction of possible trends in the data presented in this needs assessment, data collection and reporting efforts consist of multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but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

Regional Demographics

Region 8 includes 28 counties and covers over 31,057 square miles located in the Upper Central South part of Texas bordering the Rio Grande River and Mexico to the west and the Gulf Coast to the east. The Region contains almost every type of geographical setting found in Texas: rolling hills and plains, hill country, coastal plains, brush country, and desert. Within Region 8, San Antonio's estimated population of over 1.5 million persons, makes it the largest city encompassing just over 50 percent of the Region's population. Of the approximately 3,091,606 residents in Region 8, 82.3 percent of the population lives in urban areas and 17.7 percent live in rural areas. Most of the population identifies as Hispanic (57%), followed by White (33%), Black or African American (6%) and Other (4%).

Counties served in Region 8 include Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala.

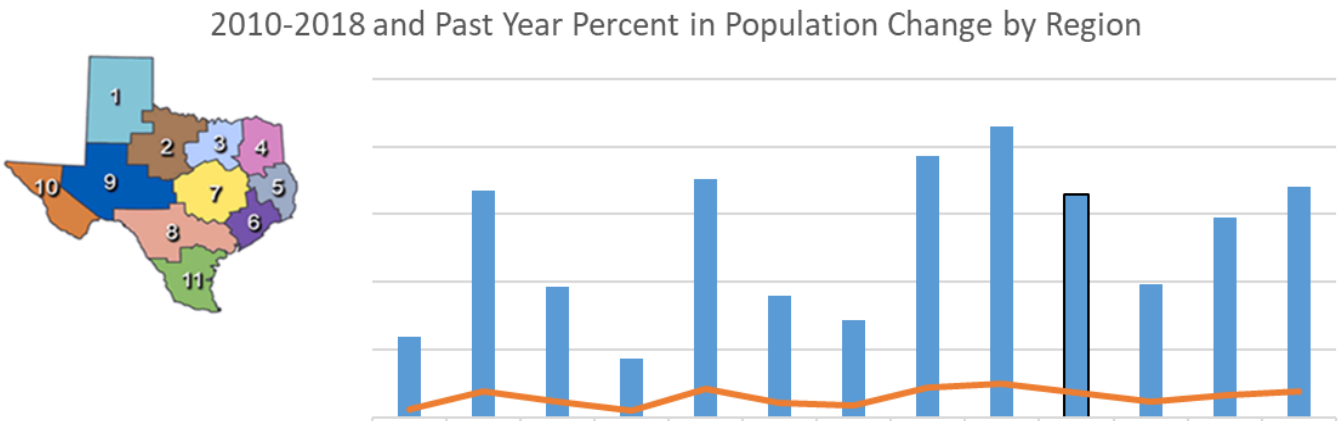
Figure 5. Map of Region 8 Counties



Population

The population change in Texas between 2010 and 2019 increased by 4,802,530 persons or 19.1 percent with the most significant increase of 21.5 percent in Region 7 compared to Region 2 that experienced a 4.4 percent increase. Region 7 also had the highest increase in the past year of 2.5 percent compared to Region 2 that had an increase of 0.5 percent. See Appendix B, Table 1 for Regional data.

Figure 6. 2010-2018 and Past Year Percent in Population Change by Region



	United States	Texas	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
Percent Change 2010-2018	6.0	16.8	9.6	4.4	17.6	9.0	7.2	19.3	21.5	16.5	9.9	14.7	17.0
Percent Change 2017-2018	0.6	2.0	1.2	0.5	2.1	1.1	0.9	2.2	2.5	1.9	1.1	1.7	2.0

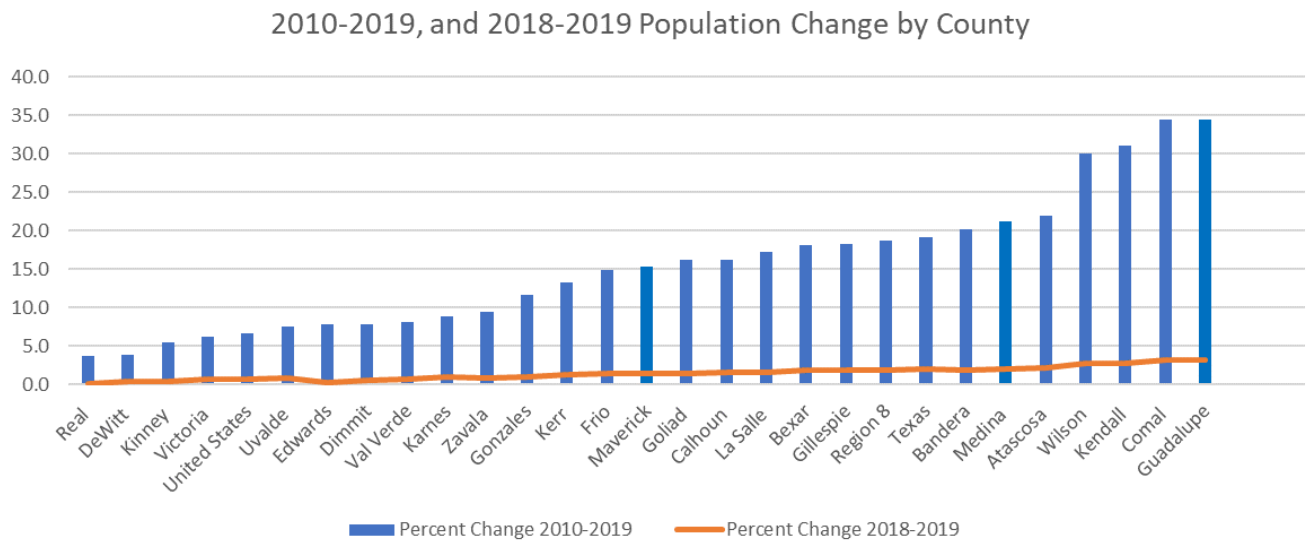
Source: Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm

Region 8 population growth between 2010 to 2019 increased by 486,959 persons or 18.7 percent. During the same period, all counties experienced increases with the highest growth in Comal (34.4%) and Guadalupe at 34.5 percent. Jackson county had the least population growth at 1.8 percent.

During the past year between 2018 and 2019, Region 8 population increased by 57.341 persons or 1.9 percent, more than 3 times the U.S. population growth change of 0.6 percent. Again, during the same period, Comal and Guadalupe counties showed the highest population growth at 3.2 percent and Real the lowest at 0.1 percent.

Over 80 percent of the Region 8 population resides in the San Antonio-New Braunfels Metropolitan Area, where most of the changes have occurred and continues to grow. By 2020, projected population growth is expected to increase by over 100 thousand persons or 4 percent. See Appendix B, Table 2 for county level data.

Figure 7. Population Percent Change by County, 2010 Census and Past Year



Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm

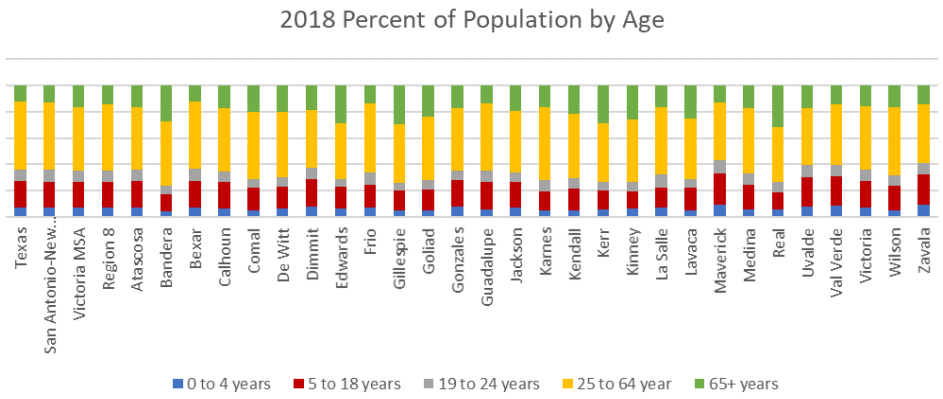
Age and Gender

Over one-quarter (26.7%) of the Region's residents were 18 years of age and younger, similar to Texas at 27.3 percent; 8.7 percent were between 19 and 24 years of age, the same as Texas, 50.4 percent between 25 and 64 years of age (Texas 51.5%) and 14.1 percent were 65 and older (Texas 12.5%).

Maverick county had the highest population of youth between birth and 24 years of age (36.6%) compared to Real's senior population for age 65 and older at 31.5 percent

Seniors 65 and older were the lowest in Bexar county (12%) with the highest percentage in Gillespie county at 29.7 percent. Bexar, our most populus county that is the home to 65.5 percent of our residents had a disproportionatlely low percentage of seniors. Seniors were more likely to live in rural counties. See Appendix B, Table 3 for county data.

Figure 8 – 2018 Percent of Population by Age

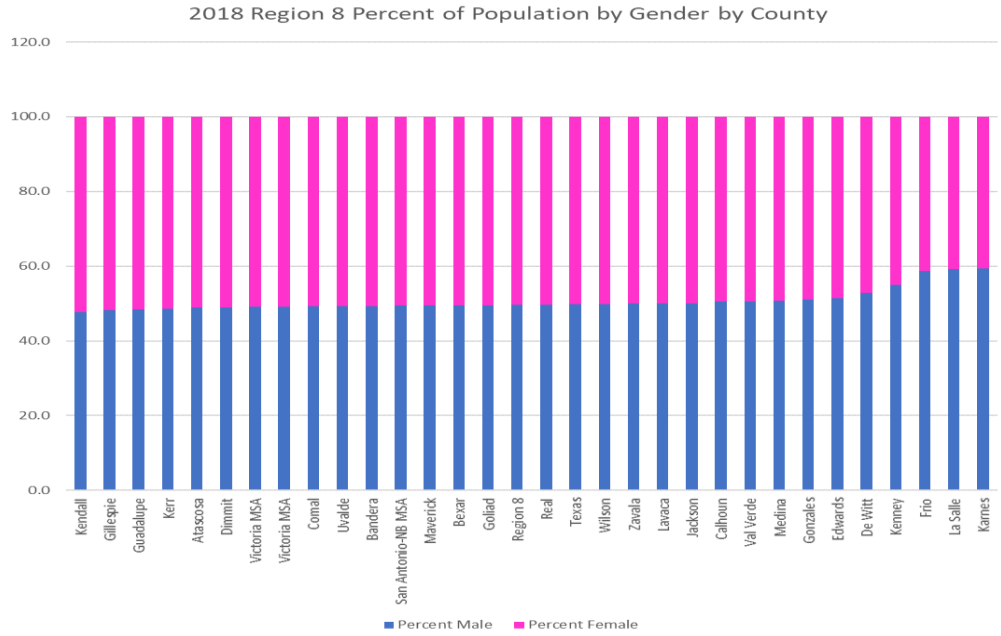


Source: Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm

Gender

The Region 8 population was distributed among 50.4 percent females and 49.6 percent males, very similar to Texas at 50.2 percent females and 49.8 percent males. Kendall county reported the lowest male population at 47.7 percent compared to Karnes county at 59.4 percent male population. See Appendix B, Table 5 for county level data.

Figure 9. Population by Gender

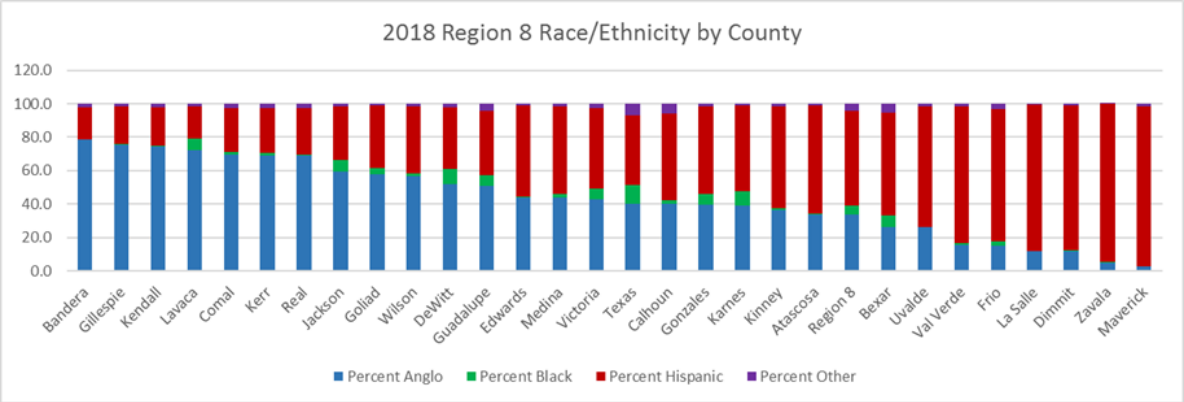


Source: Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm

Race/Ethnicity

Latest estimates for Region 8 show that 56.5 percent of the population reported their race/ethnicity as Hispanic, followed by Anglo (33.6%); Black (5.6%) and Other (4.3%). Counties vary greatly across the region with Bandera county showing 78.4 percent White compared to Maverick county at 2.7 percent White. See Appendix B, Table 6 for county level data.

Figure 10. 2018 Region 8 Population by Race/Ethnicity



DSHS, Texas Population 2019 Population Projections

Concentrations of Populations

Region 8 includes two Metropolitan Statistical Areas (MSA) including San Antonio – New Braunfels MSA and Victoria Metropolitan MSA. Together they emcompas 87 percent of the Region 8 population. See Appendix B, Table 7 for special concentrations of populations discussed below.

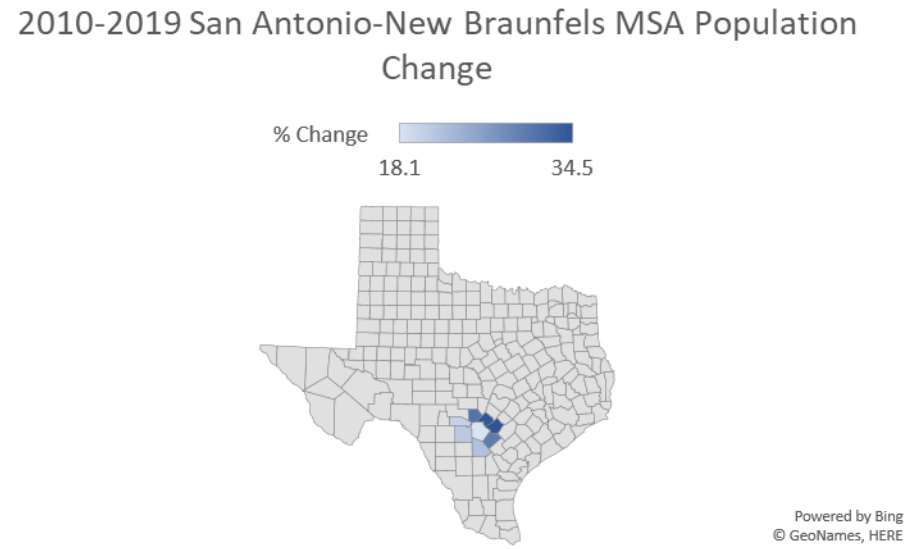
San Antonio–New Braunfels MSA also referred to as Greater San Antonio, include Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson. The 2019 U.S. Census estimate showed the metropolitan area's population at 2,582,701 —up 20.5 percent from a reported 2,142,508 in 2010. San Antonio–New Braunfels is the third-largest metro area in Texas, after Dallas–Fort Worth–Arlington and Houston–The Woodlands–Sugar Land[12].

Figure 11. 2010-2019 San Antonio-New Braunfels MSA Population Change

2010-2019 San Antonio-New Braunfels MSA Population Change							
Geography	**April 1, 2010 - Census**	**Population Estimate (as of July 1) - 2018**	**Population Estimate (as of July 1) - 2019**	**Number Change 2010-2019**	**Percent Change 2010-2019**	**Number Change 2018-2019**	**Percent Change 2018-2019**
Atascosa	44,911	**53,655**	54,803	9,892	22.0	1,148	2.1
Bandera	20,485	**24,187**	24,632	4,147	20.2	445	1.8
Bexar	1,714,773	**1,988,364**	2,025,211	310,438	18.1	36,847	1.9
Comal	108,472	**141,332**	145,804	37,332	34.4	4,472	3.2
Guadalupe	131,533	**171,409**	176,937	45,404	34.5	5,529	3.2
Kendall	33,410	**42,562**	43,766	10,356	31.0	1,204	2.8
Medina	46,006	**54,632**	55,770	9,764	21.2	1,138	2.1
Wilson	42,918	**54,265**	55,778	12,860	30.0	1,513	2.8
San Antonio-New Braunfels MSA	2,142,508	2,530,406	2,582,701	440,193	20.5	52,295	2.1
DSHS, Projected Texas Population by Area 2010-2019							

[12] Wikipedia contributors. Greater San Antonio. Wikipedia, The Free Encyclopedia. July 18, 2018, 23:25 UTC. Available at: https://en.wikipedia.org/w/index.php?title=Greater_San_Antonio&oldid=850935133. Accessed May 28, 2019.

Figure 12. 2010-2019 San Antonio-New Braunfels MSA Map by Population Change



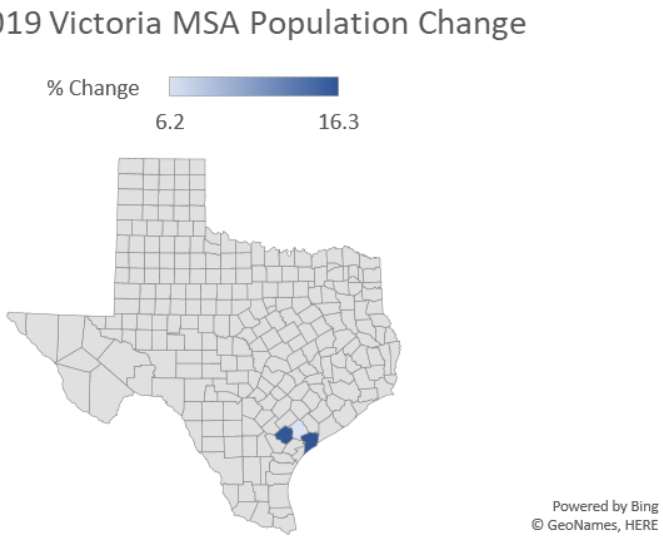
Source: DSHS Projected Population 2010-2019

Victoria MSA, also known as the Golden Crescent Region, include Calhoun, Goliad and Victoria counties.

Figure 13. 2010-2019 Victoria MSA Population Change

2010-2019 Victoria MSA Population Change							
Geography	**April 1, 2010 - Census**	**Population Estimate (as of July 1) - 2018**	**Population Estimate (as of July 1) - 2019**	**Number Change 2010-2019**	**Percent Change 2010-2019**	**Number Change 2018-2019**	**Percent Change 2018-2019**
Calhoun	21,381	**24,472**	24,862	3,481	16.3	**390**	**1.6**
Goliad	7,210	**8,255**	8,374	1,164	16.1	119	1.4
Victoria	86,793	**91,624**	92,200	5,407	6.2	**576**	**0.6**
Victoria MSA	94,003	99,879	100,574	6,571	6.99	695	0.7
DSHS, Projected Texas Population by Area 2010-2019							

Firgure 14 2010-2019 Victoria MSA Population Change Map



Kickapoo Traditional Tribe of Texas (KTTT), formerly known as the Texas Band of Traditional Kickapoo. It is one of three federally recognized Tribes of Kickapoo people. The KTTT Reservation is located on the Rio Grande on the US-Mexico border in western Maverick County. Also, it's just south of the city of Eagle Pass, as part of the community of Rosita Valley. The KTTT has a population of 960 enrolled members and was officially recognized by the Texas Indian Commission in 1977.[13]

Figures 15. Kickapoo Traditional Tribe of Texas, Maverick County

County	Estimated Population as of July 1, 2018	Land Area in Acres
Maverick	960	118.6
https://en.wikipedia.org/wiki/Kickapoo_Traditional_Tribe_of_Texas		

Urban and Rural Populations

In accordance with the Texas Health and Safety Code (§ 104.44 and §105.003), HPRC compiles, analyzes, and disseminates much of its data by Urban and Rural Counties or Border and Non-Border Counties. Below are explanations of those designations:

Urban and Rural Counties: Counties are designated as Metropolitan or NonMetropolitan by the U.S. Office of Budget and Management. Texas Health Professions Resource Center (HPRC) currently uses the designations that took effect in 2013. In Texas, 82 counties are designated as Metropolitan and 172

[13] Kickapoo Traditional Tribe of Texas. https://kickapootexas.org/. Accessed May 28, 2019.

are designated as Non-Metropolitan. HPRC uses the terms 'Non-metropolitan and Metropolitan' interchangeably with 'Rural and Urban'.

Border and Non-Border Counties: Counties are designated as Border or Non-Border according to Article 4 of the La Paz Agreement of 1983, which defines a county as a Border county if that county is within 100 Kilometers of the U.S./Mexico border. There are 32 counties in Texas designated as Border counties by this definition[14].

Region 8 has 18 counties (64%) that are designated as rural (Non-metropolitan) and 10 counties that border Mexico (36%). See Appendix B, Table 10 for county level data.

"Life in Rural America: Part I" is a recent survey conducted for National Public Radio, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health that focused on the current views and experiences of rural Americans on economic and health issues. A few of the key findings include:

Strengths and Challenges:

- Problems facing rural communities - Drug addiction/abuse (including opioids) is the biggest problem facing their local community (25%), followed by economic concerns, including the availability of jobs, poverty, and the economy (21%).

- Problems facing rural families – more than one-quarter of rural Americans say financial problems (27%), while 16% cite concerns related to health or health care.

- Major strengths of rural communities - about one in five rural adults (21%) say it is the closeness of their community, while 11% say it is living a small town, and 11% say it is being around good people.

Major Health Problems:

- Drug addiction or abuse, including opioid addiction/abuse, have had major impacts on the lives of rural Americans. Almost one-quarter of rural Americans (23%) say that drug addiction or abuse is the most urgent health problem currently facing their community, followed by cancer (12%) and access to health care (11%).

- About half of rural Americans (49%) say they personally know someone, such as a friend or family member, who has struggled with opioid addiction. In addition, a majority of rural Americans (57%) say the problem of people being addicted to opioids in their local community is a serious problem, including one-third (33%) who say it is a very serious problem. Many rural Americans view this problem as getting worse (Figure 1). Almost half of rural Americans (48%) say the problem of people being addicted to opioids in the local community has gotten worse in the past 5 years, while only 5% say it has gotten better.

[14] Texas Department of State Health Services, "Definitions of County Designations," 3 June 2015. [Online]. Available: https://www.dshs.state.tx.us/chs/hprc/counties.shtm. [Accessed May 28, 2019].
[

- About three in ten rural Americans (31%) say suicide is a serious problem in their local community, including more than one in ten (12%) who say it is a very serious problem. While a majority of rural Americans (64%) think the problem of suicide in their local community has stayed the same over the past 5 years, more than one in five (23%) think it has gotten worse, and only 7% think it has gotten better. A majority of rural Americans (56%) say they personally know someone, such as a friend or family member, who has struggled with suicidal thoughts or tried to commit suicide.

- Half of all rural Americans (50%) say the cost of their family's health care in recent years has caused a serious problem for their family's overall financial situation, including 21% who say it has caused a very serious problem.[15]

"Life in Rural America: Part II" focused on adults living in rural America and their personal experiences with health, social, civic and economic issues[16]. Findings below:

- A majority of rural adults (62%) say people like them can make an impact in their community, including more than one-quarter (27%) who believe they can make a big impact. More than half (61%) belong to a health, social, or community service group.

- One-third (33%) say homelessness is a problem in their rural community, while more than one in five (22%) worry their housing conditions affect their family's health or safety.

- One-quarter of rural adults (26%) say there has been a time in the past few years when they needed health care but didn't get it.

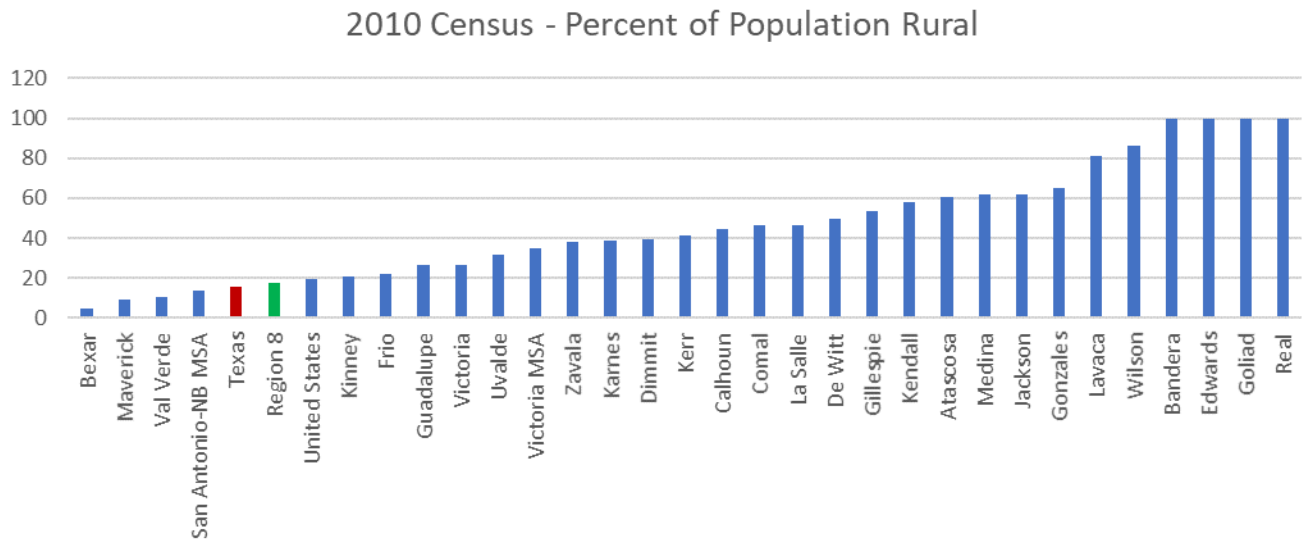
- Asked why they weren't able to get health care, nearly half (45%) said they couldn't afford it and nearly one in five (19%) said they couldn't find a doctor who would take their health insurance. Physical access is another challenge, with nearly one-quarter citing distance (23%) or difficulty getting appointments during the hours they needed (22%).

- When asked what was the most important thing that could be done to improve their health, more than a third (36%) of rural adults identify options related to fixing health care, including improving access, quality, and reducing costs.

Eighteen percent of Region 8 population resides in rural areas. The figure below See Appendix B, Table 9 for county level data.

[15] NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America, 6/6/18 – 8/4/18, https://www.rwjf.org/en/library/research/2018/10/life-in-rural-america.html, Accessed May 28, 2019.
[16] NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19, https://www.rwjf.org/en/library/research/2019/05/life-in-rural-america--part-ii.html. Accessed May 28, 2019

Figure 16 – 2010 U.S. Census Percent of Population that live in Rural Areas



Source: U.S. Census Bureau, Urban and Rural Universe: Total Population, 2010 Census Summary File

Additional research has shown there are environmental and social determinants of health in both urban and rural populations as noted below[17].

Urban

Social Enviornment

More likely to see large disparities in socioeconomic status, higher rates of crime and violence, the presence of marginalized populations (e.g., sex workers) with high risk behaviors, and a higher prevalence of psychological stressors that accompany the increased density and diversity of cities.

The Physical Environment

In densely populated urban areas, there is often a lack of facilities and outdoor areas for exercise and recreation. In addition, air quality is often lower in urban environments which can contribute to chronic diseases such as asthma.

Rural

Social Enviornment

Rural elders have significantly poorer health status than urban elders, smoke more, exercise less, have less nutritional diets, and are more likely to be obese than suburban residents. Public health problems faced in rural areas (e.g., obesity, tobacco use, failure to use seat belts)

The Physical Environment

While poor air quality and crime rates are likely to be less of an issue in rural areas, insufficiencies in the built environment make it difficult for rural residents to exercise and maintain healthy habits.

[17] : Unite for Sight, Urban Versus Rural Health, http://www.uniteforsight.org/global-health-university/urban-rural-health#_ftn7, Accessed May 28, 2019

Access to Health and Social Service

Persons of lower socioeconomic status and minority populations are more likely to live in urban areas and are more likely to lack health insurance. Thus, these populations face barriers to care, receive poorer quality care, and disproportionately use emergency systems. Other commonly represented populations in cities are undocumented immigrants and transient populations. The high prevalence of individuals without health insurance or citizenship creates a greater burden on available systems. This often leads to vast disparities in health care outcomes as well as a two-tiered health care system where insured individuals have access to preventive and routine health care while marginalized populations utilize "safety-net" emergency room care.

Source: Unite for Sight, *Urban Versus Rural Health*

Access to Health and Social Service

Evidence indicates that rural residents have limited access to health care and that rural areas are underserved by primary care physicians. Many rural individuals must travel substantial distances for primary medical care, requiring significantly longer travel times to reach care than their urban counterparts. Furthermore, some rural areas have a higher proportion of uninsured and individually insured residents than urban areas.

Languages

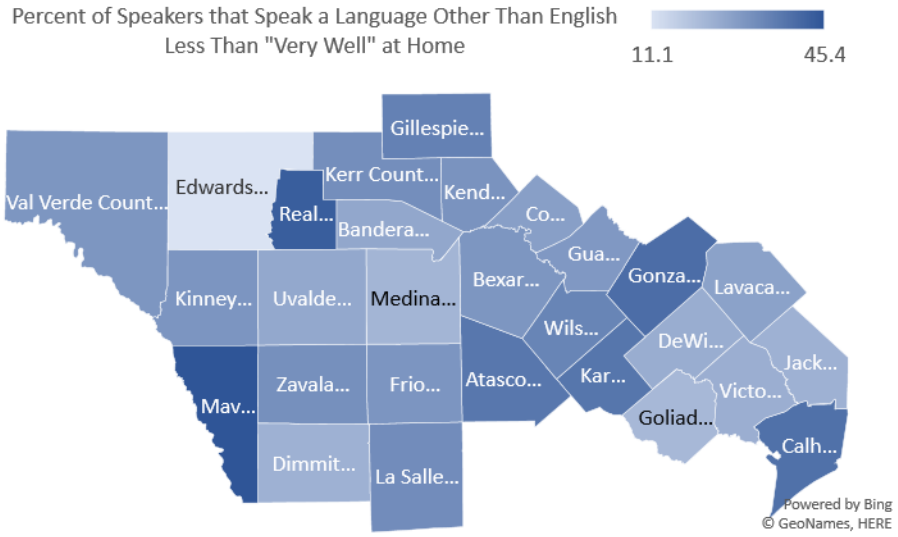
Language barriers can have detrimental effects on persons ability to access care and resources. Patients who face such barriers are less likely than others to have a usual source of medical care; they receive preventive services at reduced rates; and they have an increased risk of nonadherence to medication. Among patients with psychiatric conditions, those who encounter language barriers are more likely than others to receive a diagnosis of severe psychopathology — but are also more likely to leave the hospital against medical advice.[18]

According to the American Community Survey (ACS) in 2017, the United States estimated that over 64 million people or 21.3 percent of the population age five and older spoke a language other than English at home while approximately 25,654,421 or 39.9 percent spoke English less than "very well".

In Texas, nearly 9 million people (35.3%) age five and older spoke a language other than English at home while nearly 3.6 million (39.8%) spoke English less than "very well". And in Region 8, nearly 1 million people (37.5%) age five and older speak a language other than English at home while an estimated 302,546 people (30.4%) age five and older spoke English less than "very well. Counties that border Mexico had higher percentages of people that spoke English less than "very well" like Maverick at 45.4 percent and Val Verde at 29.8 percent. County level data is available at Appendix B, Table 11.

[18] Flores, Glenn MD., Language Barriers to Health Care in the United States, N Engl J Med 2006.

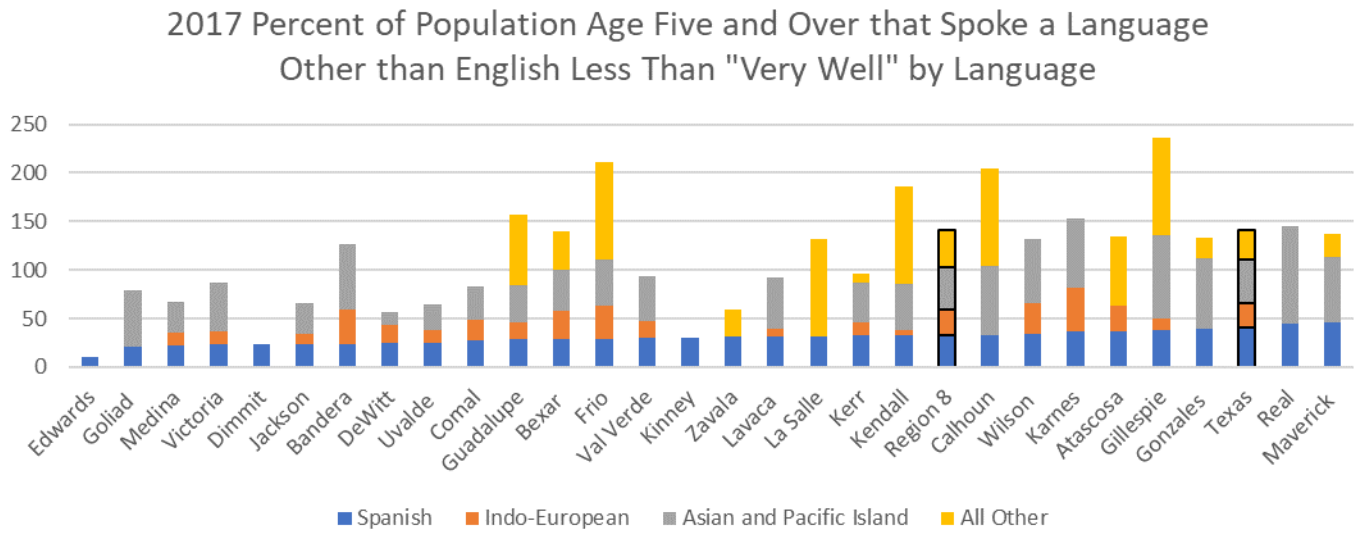
Figure 17 - Percent of Speakers that Speak a Language Other than English Less than "Very Well"



Source: 2013-2017 American Community Survey 5- Year estimates: Language Spoken at Home

While 1 in 3 (33.2%) Spanish Speakers age 5 and over speak English less than "very well", it is much higher for those that speak Asian and Pacific Island languages (43.1%) and those in All Other languages (39.3%) followed by Indo-European (26%).

Figure 18 – 2017 Percent of Population Age Five and Over that Speak Englis Less Than "Very Well"



General Socioeconomics

Socioeconomic status (SES) encompasses not just income but also educational attainment, occupational prestige, and subjective perceptions of social status and social class. Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society. Poverty, specifically, is not a single factor but rather is characterized by multiple

physical and psychosocial stressors. Further, SES is a consistent and reliable predictor of a vast array of outcomes across the life span, including physical and psychological health. Thus, SES is relevant to all realms of behavioral and social science, including research, practice, education, and advocacy.[19]

Lower levels of SES have been found to be associated with higher levels of emotional and behavioral difficulties, higher rates of depression, anxiety, attempted suicide, cigarette dependence, illicit drug use, and episodic heavy drinking among adolescents, higher levels of aggression, hostility, perceived threat, and discrimination for youth; and higher infant mortality.

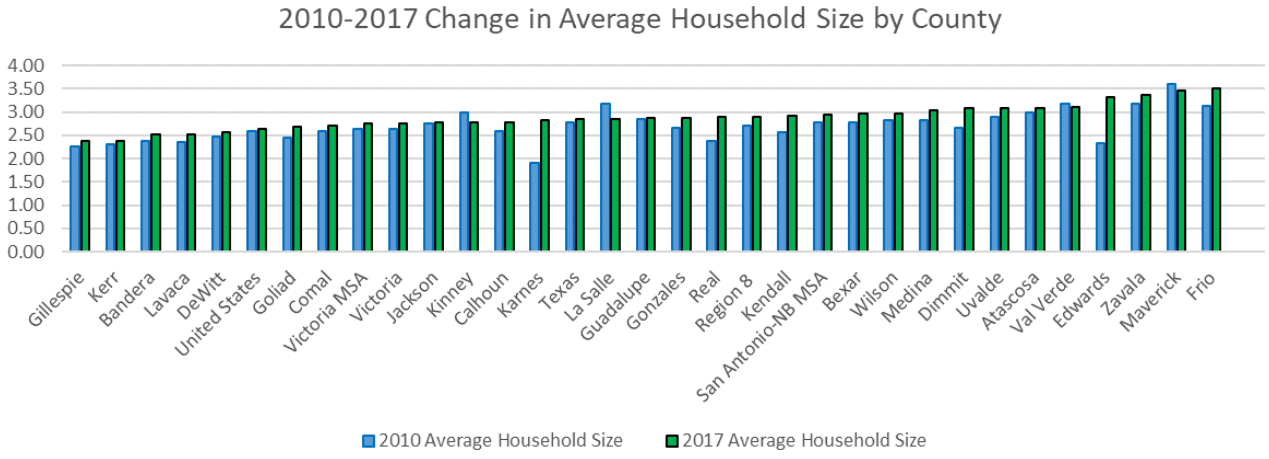
The following topics will provide insight on vulnerable populations in the Region 8 community: Household Composition, Employment, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Free and Reduced School Lunch Program and the Uninsured.

Household Composition

In 2017, 665,889 or 70 percent of households in Region 8 were family households and 36.4 percent of these families had one or more children under the age of 18 living in their household. The average household size in Region 8 was 2.89 members, higher then Texas (2.84 members) and the U.S. (2.63 members). The largest average household size was recorded in Frio County (3.52 members), while the smallest were in Gillespie County (2.37 members), and Kerr County(2.38 members). County level data is available in Appendix B, Table 12.

Average Household Size – From 2010 to 2017, the average household size increased in 86 percent of the counties in Region 8. Counties that decreased in household size include Kinney, La Salle, Val Verde and Maverick. The most significant change since 2010 was the **increase** in Edwards County, with an average household size going from 2.34 members in 2010 to 3.31 members in 2017. The largest **decrease** since 2010 was in La Salle County, with an average household size going from 3.17 to 2.85 in 2017.

Figure 19, 2010 – 2017 Average Household Size



Source: ACS 5-Year Estimates

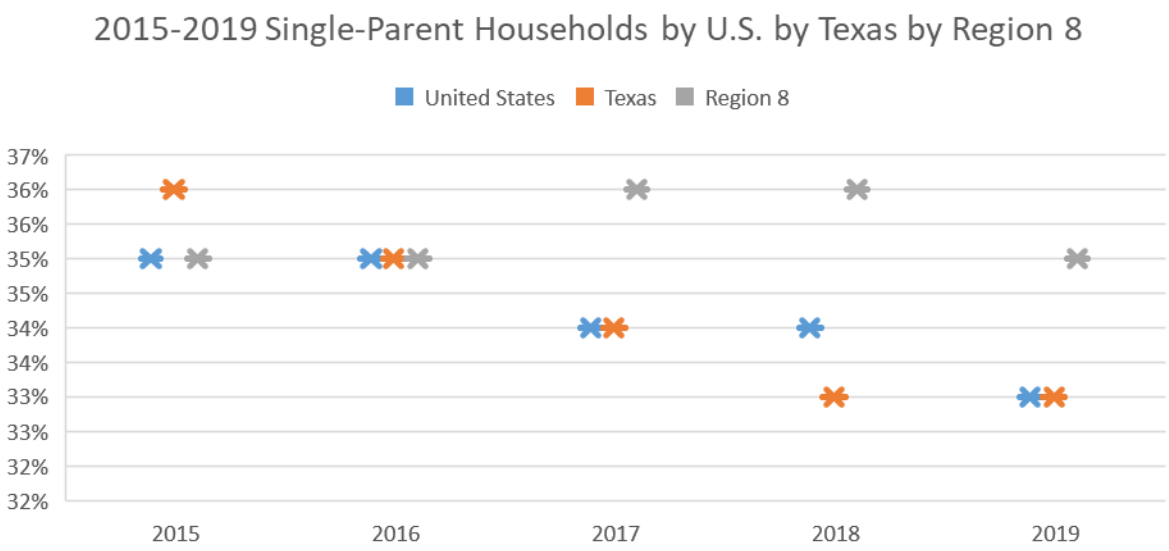
[19] American Psychological Association. Children, Youth, Families and Socioeconomic Status. http://www.apa.org/pi/ses/resources/publications/children-families.aspx. Accessed May 3, 2019.

Single-Parent Households –

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Compared with children in married-couple families, children raised in single-parent households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood.[20]

Although Region 8 saw a decrease from 36 percent in 2018 to 35 percent in 2019, we continue to have more children living in single-parent households then the United States and Texas as shown below.

Figure 20. 2015-2019 Single-Parent Households by Area

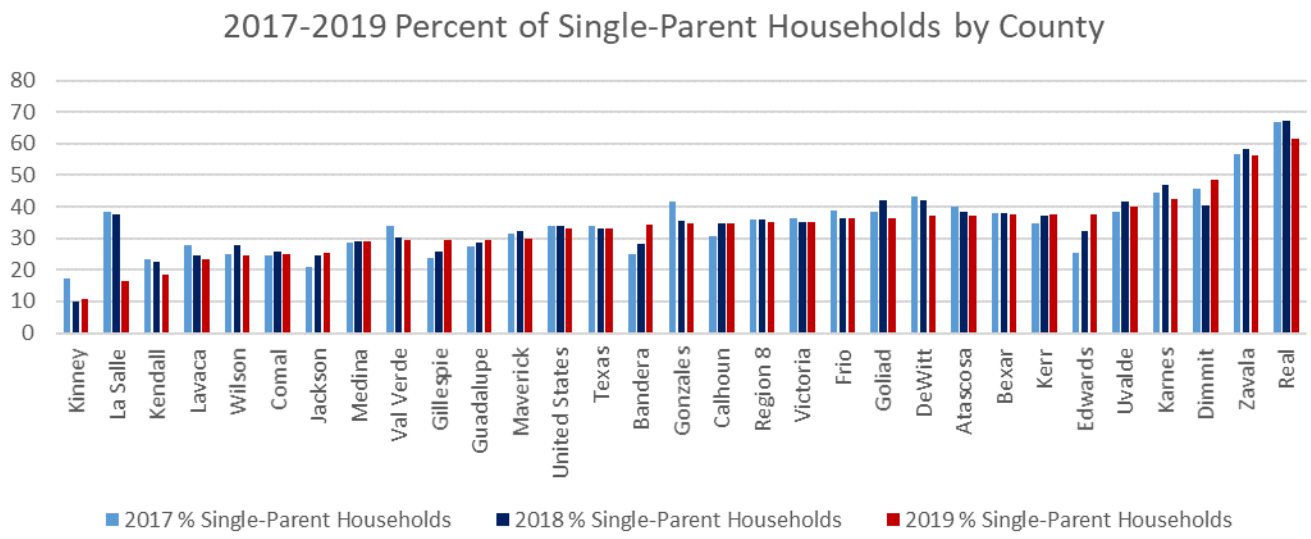


Source: County Health Rankings and Roadmaps. http://www.countyhealthrankings.org

In 2019, Single-Parent Households among our counties ranged from 11 percent in Kinney County to 62 percent in Real County. See Appendix B, Table 13 for county level data.

[20] Kids Count Data Book. Children in single-parent families. http://datacenter.kidscount.org/publications. Accessed May 29, 2019

Figure 21. 2017-2019 Percent of Single-Parent Households by County



Source: County Health Rankings

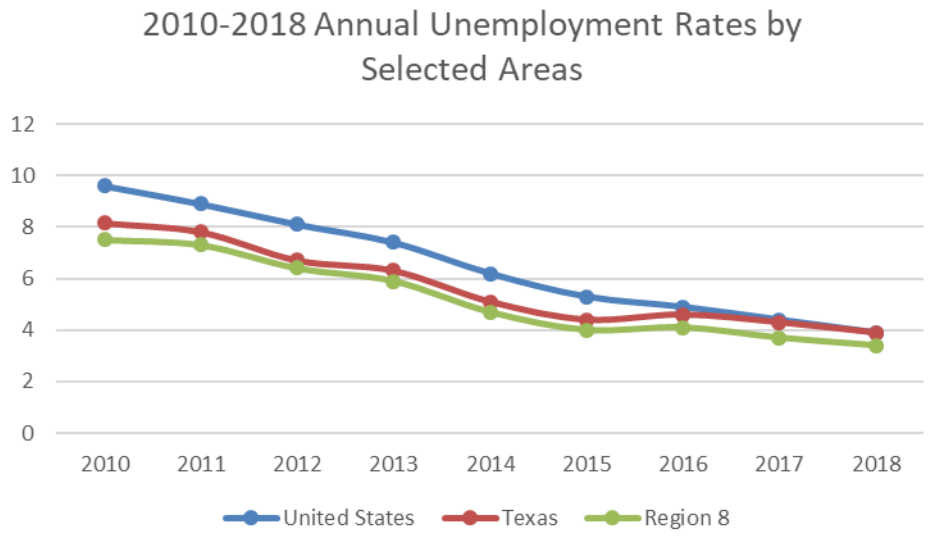
Employment

One of the most important factors related to risk for and protection from substance abuse is the ability to provide for the necessities of life. Research has shown that unemployed people are more likely to have poor health habits, characterized by excess drinking, smoking, lack of exercise, and a sedentary lifestyle. In addition, the Center for Disease Control (CDC), reports the risk of depression is higher among the unemployed than among the employed, but little is known about the relationship between unemployment and mental health among emerging adults.[21]

In 2018, Region 8 unemployment rate of 3.4 percent, was lower than the state and national rates. Since 2010, like the National rates, Texas, and all Region 8 Counties have seen continual decreases in unemployment rates.

[21] McGee RE, Thompson NJ. Unemployment and Depression Among Emerging Adults in 12 States, Behavioral Risk Factor Surveillance System, 2010. Prev Chronic Dis 2015; 12:140451. DOI: http://dx.doi.org/10.5888/pcd12.140451.

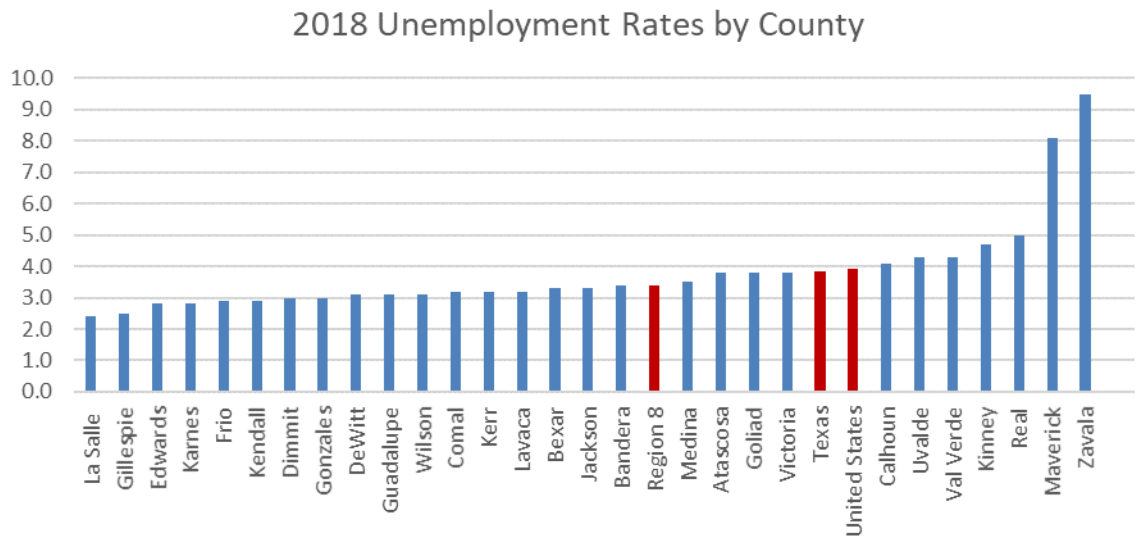
Figure 22. 2010-2018 Annual Unemployment Rates by Selected Areas



Source: Bureau of Labor Statistics. https://www.bls.gov/lau/#cntyaa

2018 Unemployment rates for Region 8 counties ranged from a low of 2.4 percent in La Salle to a high of 9.5 percent in Zavala. Seven counties (25%) in Region 8 have have unemployment rates higher than national and state rates of 3.9 percent. See Appendix B, Table 14 for county and level data.

Figure 23. 2018 Unemployment Rates by County



Source: Bureau of Labor Statistice, https://www.bls.gov/lau/#cntyaa

TANF Recipients

The Temporary Assistance for Needy Families (TANF) program provides temporary financial assistance for pregnant women and families with one or more dependent children. TANF provides financial

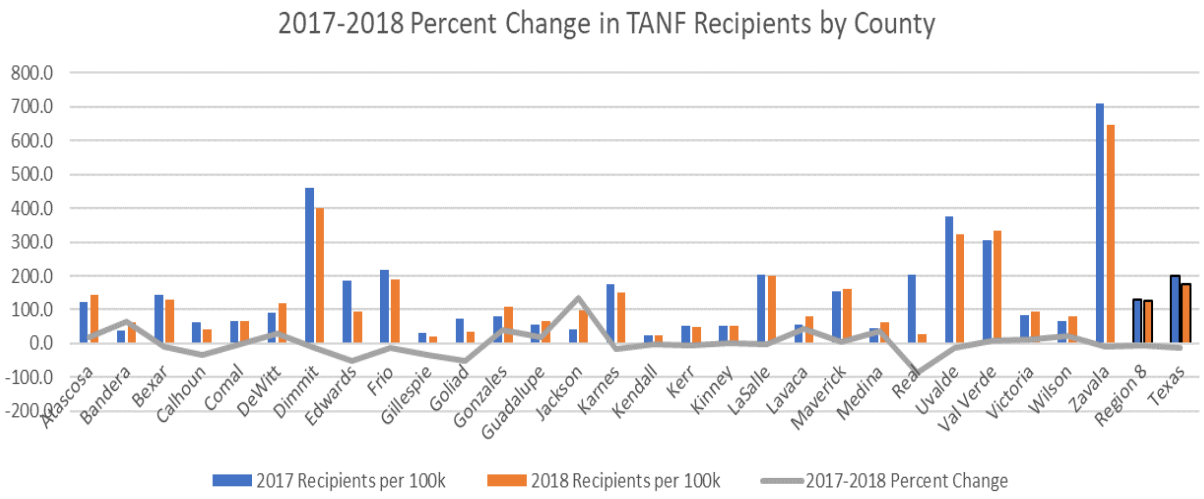
assistance to help pay for food, shelter, utilities, and expenses other than medical. The Temporary Assistance for Needy Families (TANF) program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program.[22]

The four purposes of the TANF program are to:

- Provide assistance to needy families so that children can be cared for in their own homes
- Reduce the dependency of needy parents by promoting job preparation, work and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

In 2018, there were 124.6 recipients per 100,000 persons receiving Temporary Assistance for Needy Families (TANF) in Region 8. This is a decrease of 4.6 percent from 130.6 per 100,000 persons in 2017. Counties ranged from 20.8 recipients per 100,000 persons in Gillespie to 647.2 recipients per 100,000 persons in Zavala. Eighteen Counties (64%) saw a decrease in TANF recipients from 2017 to 2018. County level data is available in Appendix B, Table 15.

Figure 24. 2017-2018 Percent Change in TANF Recipients by County



Source: Temporary Assistance for Needy Families (TANF)

Food Assistance Recipients

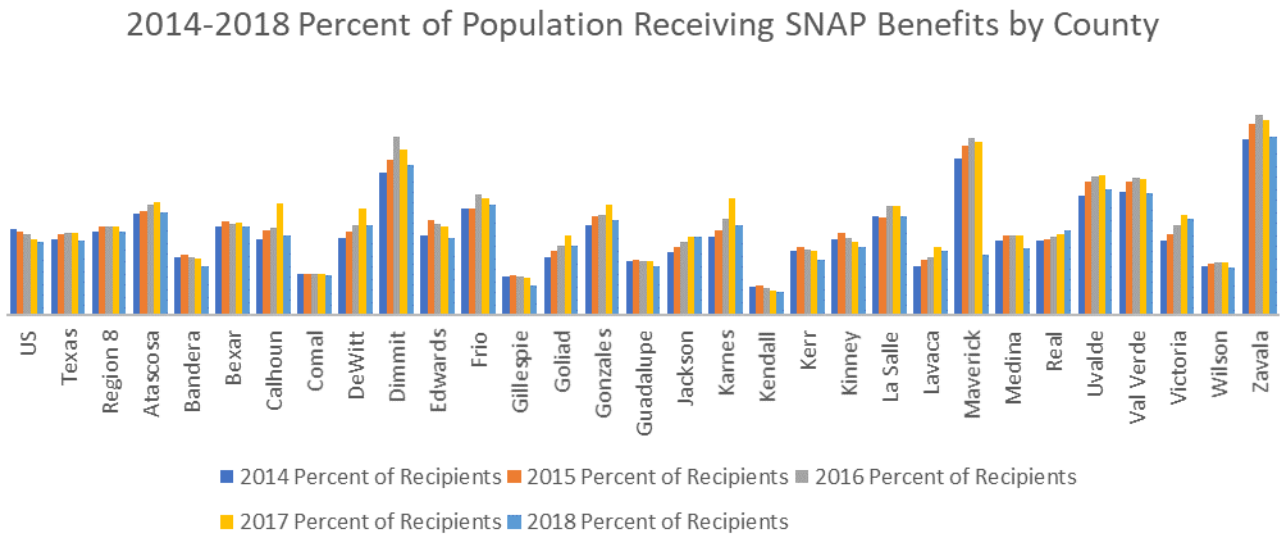
The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service (FNS) works with State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

[22] U.S. Department of Health & Human Services, Administration for Children and Families, Temporary Assistance for Needy Families (TANF). https://www.acf.hhs.gov/ofa/programs/tanf . Last Reviewed June 28, 2017. Accessed June 15, 2018.

access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity.[23]

In 2018, 14.2 percent of the Region 8 population received Supplemental Nutrition Assistance, a decrease from 15.1 percent in 2017. Although twenty-six (93%) counties saw a decrease in SNAP receipients, Region 8 (14.2%) had higher rates than both Texas (12.7%) and the United States (12.3%). Sixteen (57%) counties in Region 8 had higher percentages of recipients receiving Supplemental Nutrition Assistance (SNAP) benefits than the United States and Texas. Zavala (30.2%) and Dimmit (25.4%) counties reported the highest percentages of recipients while Kendall (4%) and Gillespie (5.1%) reported the lowest. See Appendix B, Table 16 & 17 for county level data.

Figure 25. 2014-2018 Percent of Population Receiving SNAP Benefits by County



Source: Supplemental Nutritional Assistance Program (SNAP) Statistics

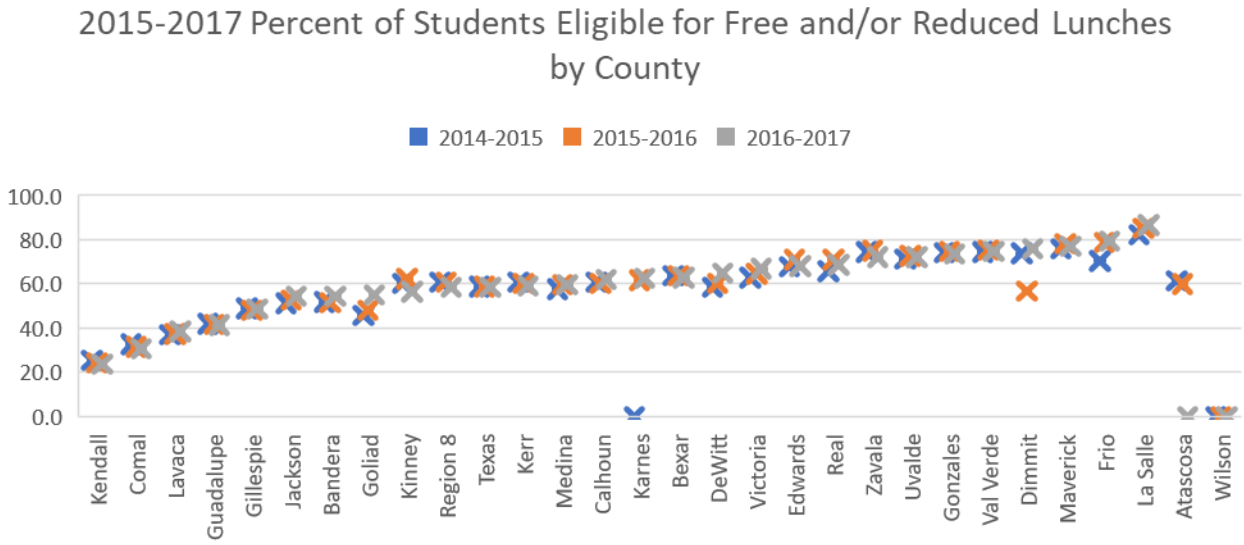
Free and Reduced-Price School Lunch Recipients

Another measure of possible food insecurity is the percentage of children who are eligible for free or reduced-price lunches in public schools. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

In Region 8 the percent of the student population eligible for free and/or reduced lunches decreased from 60.7 percent or 321,382 students during the 2015-2016 school year to 58.3 percent or 316,456 students during 2016-2017. Counties in Region 8 ranged from the lowest student population eligible for free and or reduced lunches in Kendall at 23.8 percent to a high in La Salle at 86.4 percent. See Appendix B, Table 18 for county level data.

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

Figure 26. 2015-2017 Percent of Students Eligible for Free and/or Reduced Lunches by County

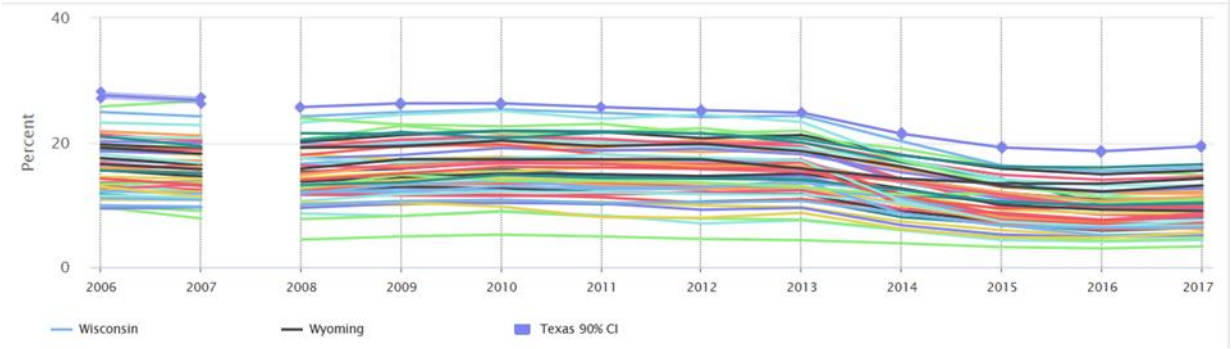


Source: U.S. Department of Education, National Center for Education Statistics, https://nces.ed.gov/ccd/elsi/

Uninsured

The lack of insurance can be a barrier to accessing healthcare and other health services that contribute to poor health outcomes. In 2017, Texas (19.4%) continued to have the highest percentage of people without health insurance in the Nation as seen below, while Massachusetts (3.3%) held the lowest uninsured.

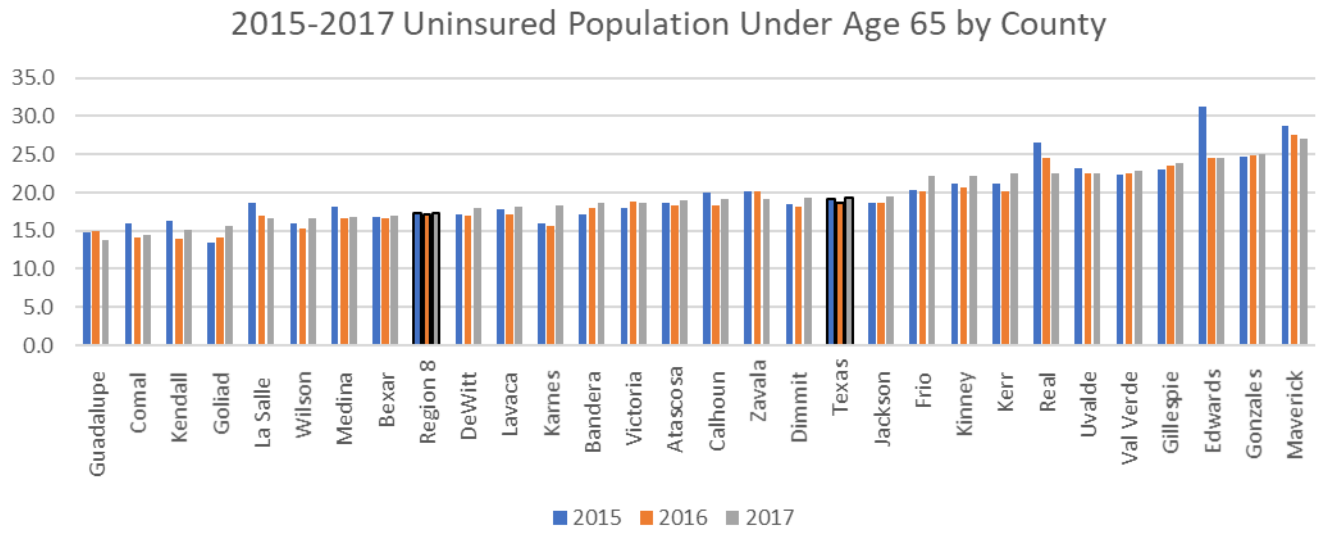
Figure 27. 2006-2017 Percent of Uninsured Population by State



Source: Small Area Health Insurance Estimates

In 2017, the Region 8 uninsured population under age 65 was 432,175 persons or 17.3 percent, up by 0.2 from 2016 at 17.1 percent or 419,719 persons. The uninsured population in the counties ranged from 13.8 percent in Guadalupe to 27 percent in Maverick. See Appendix B, Table 19 for county level data.

Figure 28. 2015-2017 Uninsured Population Under Age 65 by County



Source: Small Area Health Insurance Estimates

Environmental Risk Factors

The influence of the home environment, especially during childhood, is a very important factor. Parents or older family members who abuse alcohol or drugs, or who engage in criminal behavior, can increase children's risks of developing their own drug problems. Friends and acquaintances can have an increasingly strong influence during adolescence. Drug-using peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put a child at further risk for using or becoming addicted to drugs.[24]

Education

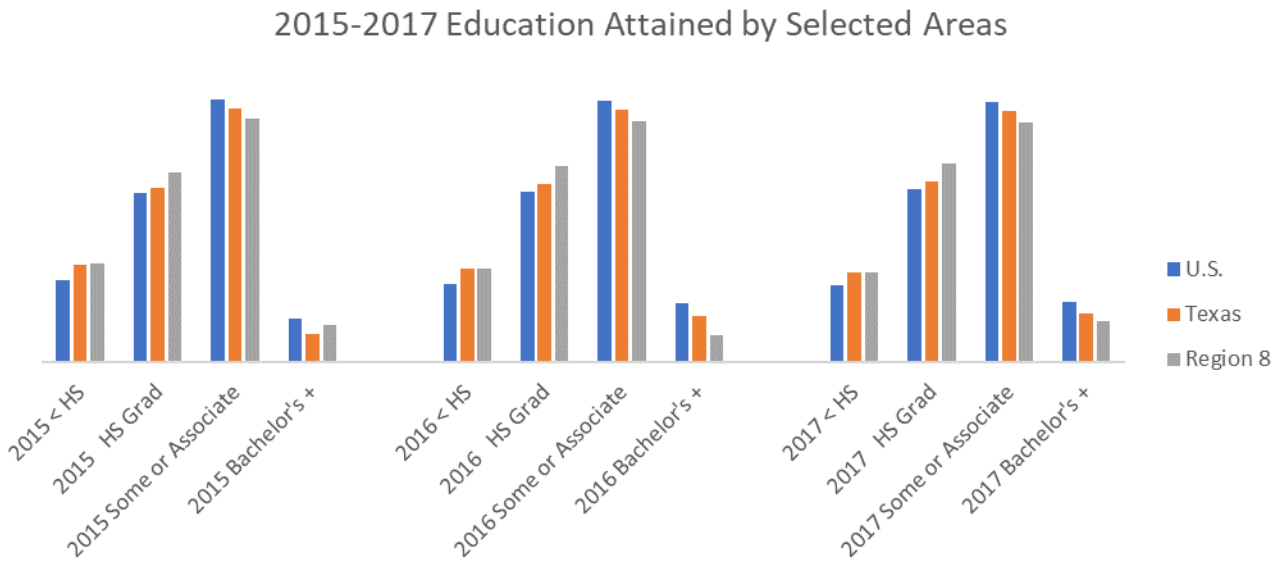
Educational attainment is a predictor of well-being. Persons that have completed higher levels of education are more likely to achieve economic success than those who have not. The lack of educational attainment is associated with higher rates of substance use, lower earnings and lower economic status that continues into adulthood. A study was conducted using the 2010 National Survey on Drug Use and Health that compared high school dropouts with graduates with respect to substance use, mental health, and criminal behavior. The findings showed that dropouts were more likely to meet criteria for nicotine dependence and report daily cigarette use, and more likely to report having attempted suicide in the previous year, been arrested for larceny, assault, drug possession or drug sales relative to their high school graduate counterparts.[25]

The educational attainment of persons 18 to 24 years of age reveals that 89.3 percent of the counties in Region 8 have higher percentages of persons with less than a high school education than the U.S average

[24] NIDA. (2014, July 1). Drugs, Brains, and Behavior: The Science of Addiction. Retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction on 2018, June 20.
[25] Maynard, B.R., Salas-Wright, C.P. & Vaughn, M.G. Community Mental Health J (2015) 51: 289. https://doi.org/10.1007/s10597-014-9760-5).

of 13.4 percent. Region 8 estimates 15.7 percent of persons 18 to 24 years of age have less than high school diploma, 34.9 percent are high school grads, 42.2 percent have some college or associate degree and 7.2 percent have a bachelor's degree or higher. The Chart below compares the United States, Texas and Region 8 distribution of educational attainment of persons 18 to 24 Years of age. See Appendix B, Table 20 for County level data.

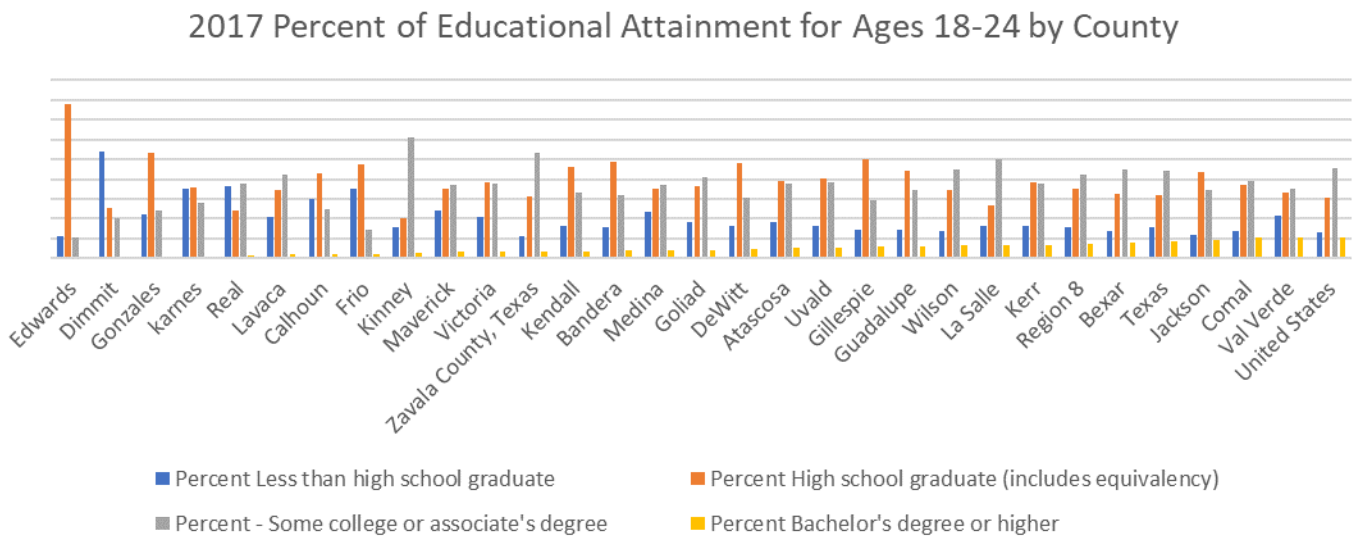
Figure 29. 2015-2017 Percent of Education Attainment by Selected Area



Source: American Community Survey 5-Year Estimates, 2015, 2016 and 2017 Educational Attainment.

In 2017 Region 8 counties with persons between the ages of 18-24 having less than a high school diploma ranged from 11.4 percent in Zavala to 54.2 percent in Dimmit ; high school graduates ranged from 20.3 percent in Kinney to 78 percent in Edwards ; some college or Associate degress ranged from 10.5 percent in Edwards to 60.9 percent in Kinney ; Bachelor's degree or higher ranged from 0.0 percent in Edwards and Dimmit to Val Verde at 10.4 percent.

Figure 30. Percent of Education Attained for Ages 18-24 by County



Source : American Community Survey 5-Year Estimates, 2017 Educational Attainment.

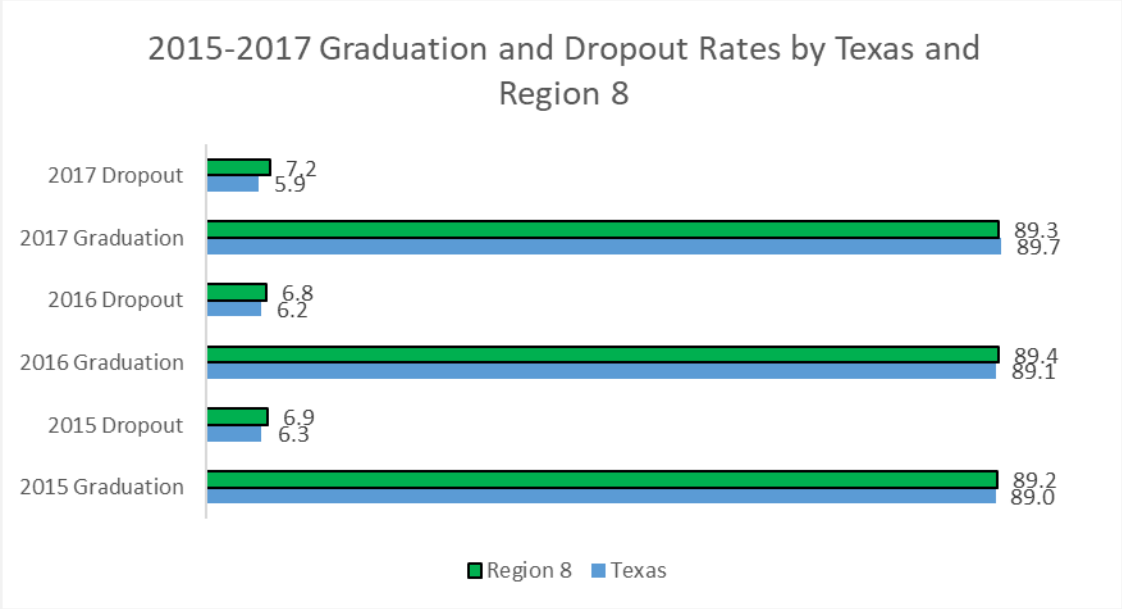
Dropout Rates

In Texas, out of 360,606 students in the class of 2017, 89.7 percent graduated within four years. An additional 4.0 percent of students continued school the fall after expected graduation, and 0.4 percent received a TxCHSE. The four-year longitudinal dropout rate for the class of 2017 was 5.9 percent. Compared to the class of 2016, the class of 2017 had a higher graduation rate and lower continuation, TxCHSE recipient and dropout rates.[26]

In Region 8, in the class of 2017, 89.3 percent graduated within four years. The four-year longitudinal dropout rate for the class of 2017 was 7.2 percent. In comparrison, the 2016 class had a higher graduation rate (89.4%) and lower dropout rate (6.8%).

[26] Texas Education Agency. Office of Academics, Division of Research and Analysis, Secondary School Completion and Dropouts in Texas Public Schools 2016-17, September 2018. Accessed June 5, 2019.

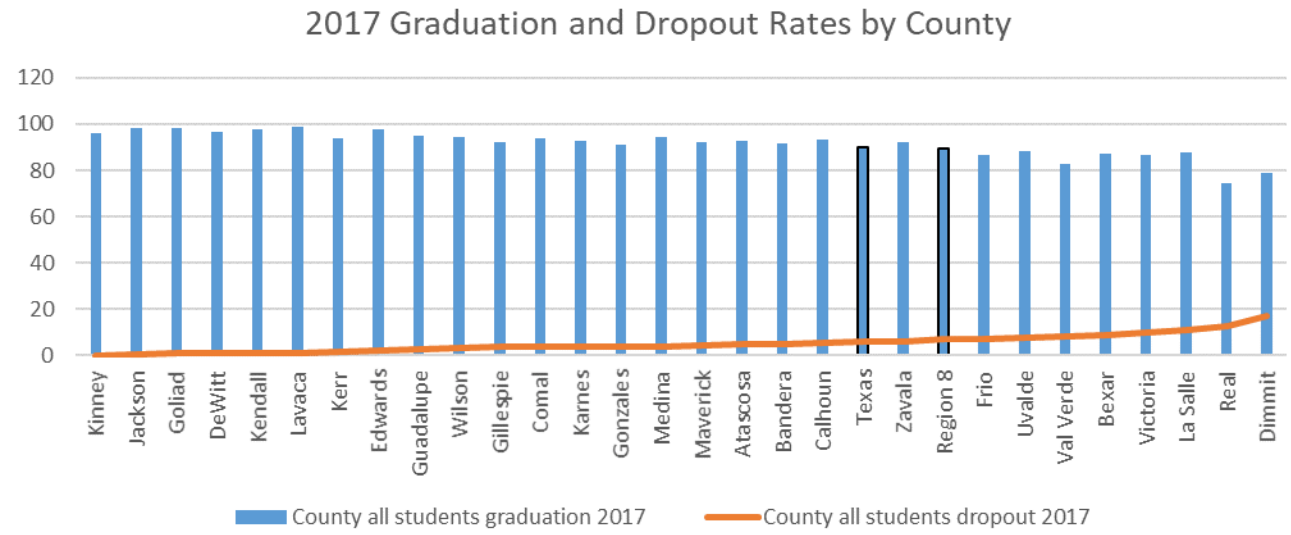
Figure 31. 2015-2017 Graduation and Dropout Rates by Texas and Region 8



Source : TEA Division of Research and Analysis

In 2017 county graduation rates ranged from 74.4 percent in Real to 98.7 percent in Lavaca ; dropout rates ranged from 0 percent in Kinney to 17 percent in Dimmit. County level data is available in Appendix B, Table 21.

Figure 32. 2017 Graduation and Dropout Rates by County



Source : TEA Division of Research and Analysis

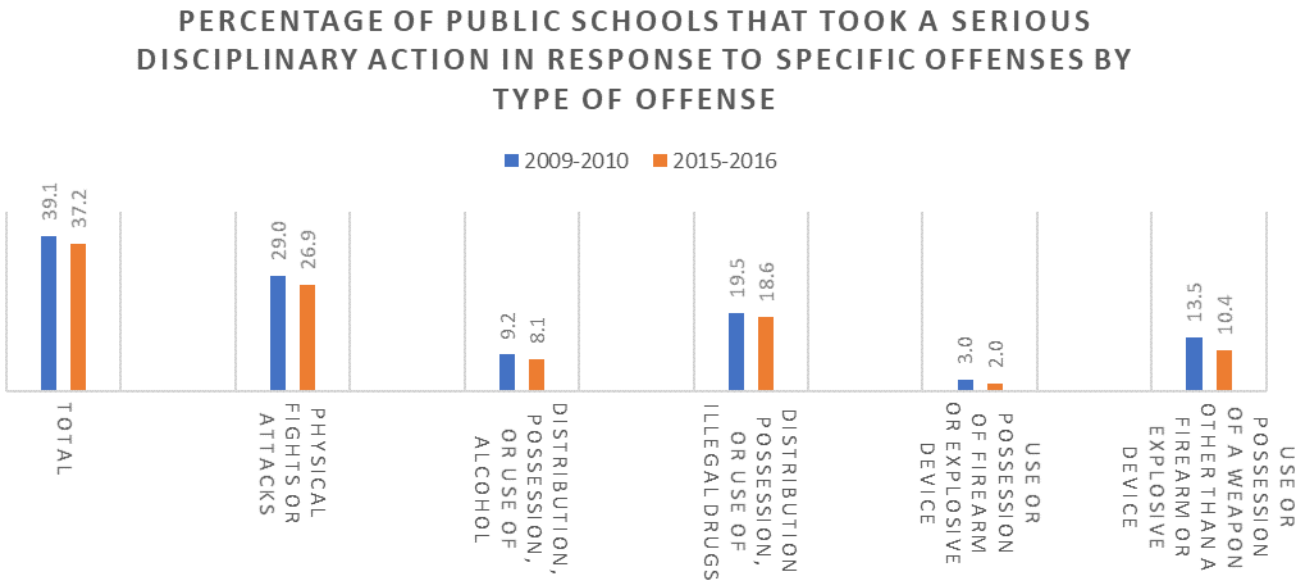
School Discipline

In the School Survey on Crime and Safety (SSOCS), public school principals were asked to report the number of disciplinary actions their schools had taken against students for specific offenses. Indicator 18, Serious Disciplinary Actions Taken by Public Schools are discussed below.[27]

During the 2015–16 school year, 37 percent of public schools (31,100 schools) took at least one serious disciplinary action—including out-of-school suspensions lasting 5 days or more, removals with no services for the remainder of the school year, and transfers to specialized schools—for specific offenses (figure 33).

Out of all offenses reported, physical attacks or fights prompted the largest percentage of schools (27 percent) to respond with at least one serious disciplinary action. In response to other offenses by students, 19 percent of schools reported that they took disciplinary actions for the distribution, possession, or use of illegal drugs; 10 percent took actions for the use or possession of a weapon other than a firearm or explosive device; 8 percent did so for the distribution, possession, or use of alcohol; and 2 percent did so for the use or possession of a firearm or explosive device.

Figure 33. Percentage of Public Schools that Took a Serious Disciplinary Action in Response to Specific Offenses by Type of Offense



Source: U.S. Department of Education, National Center for Education Statistics, 2009–10, and 2015–16 School Survey on Crime and Safety (SSOCS), 2010, and 2016.

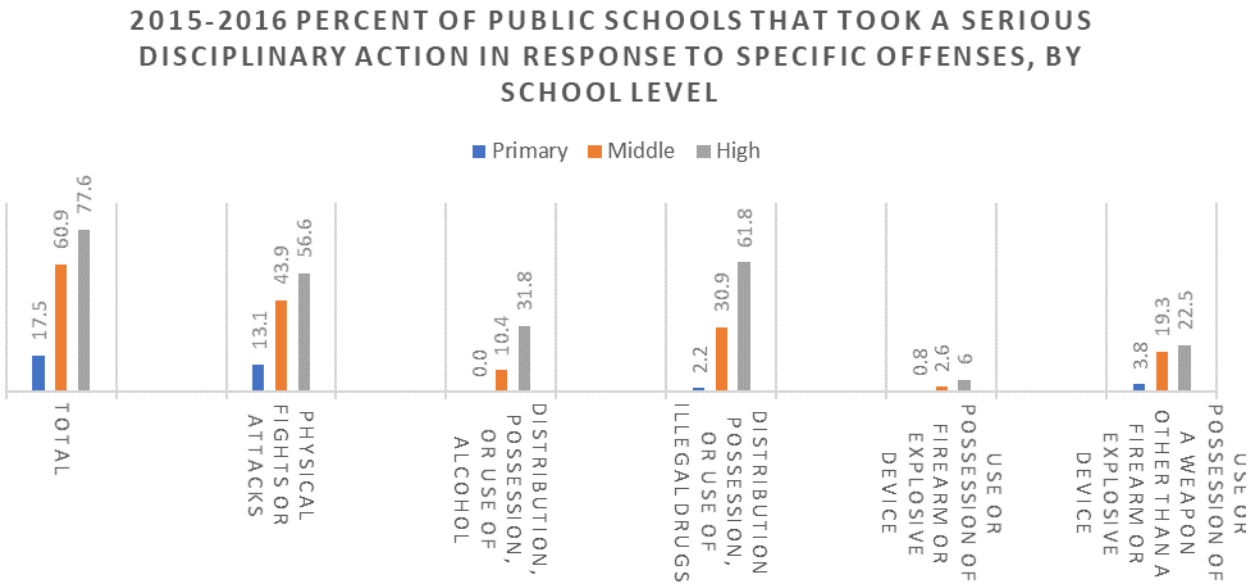
During the 2015–16 school year, a higher percentage of high schools (78 percent) took at least one serious disciplinary action than did middle schools (61 percent) and primary schools (18 percent); See figure 34 below. This pattern by school level was generally observed for disciplinary actions taken in response to specific offenses as well. For example, 62 percent of high schools took serious disciplinary actions in

[27] U.S Department of Education, U.S Department of Justice Office of Justice Programs. Indicators of School Crime and Safety: 2018

response to distribution, possession, or use of illegal drugs, compared with 31 percent of middle schools, and 2 percent of primary schools.

A higher percentage of schools with 76 percent or more of students eligible for free or reduced-price lunch took at least one serious disciplinary action (44 percent) than did schools with 0 to 25 (25 percent) and 26 to 50 percent (34 percent) of students eligible for free or reduced-price lunch.80 The percentage was also higher for schools where 51 to 75 percent of students were eligible for free or reduced-price lunch (41 percent) than for schools where a lower percentage of students were eligible.

Figure 34. School Year 2015-2016 Percentage of Public Schools that took a Serious Disciplinary Action in Response to Specific Offenses, by Type of Offense and School Level



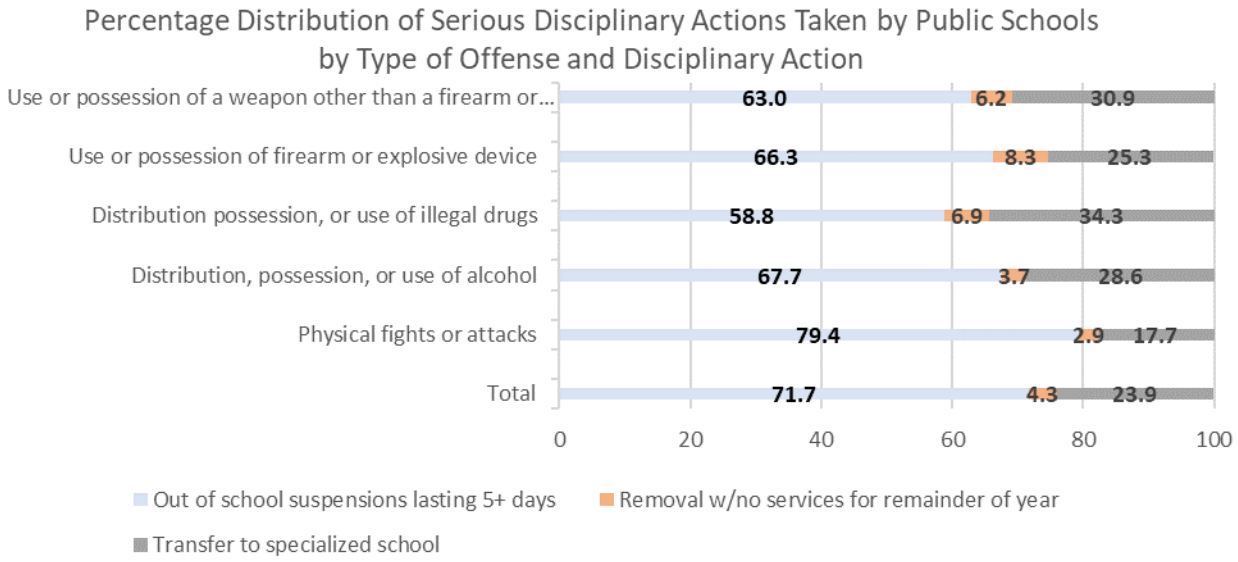
SOURCE: U.S. Department of Education, National Center for Education Statistics, 2015–16 School Survey on Crime and Safety (SSOCS), 2016

A total of 305,700 serious disciplinary actions were taken by public schools during the 2015–16 school year for specific offenses (Figure 33). The largest number of these reported disciplinary actions were taken in response to physical attacks or fights (178,000 actions). Of the serious disciplinary actions taken during the 2015–16 school year, 72 percent were outof-school suspensions for 5 days or more, 24 percent were transfers to specialized schools, and 4 percent were removals with no services for the remainder of the school year (figure 35).

Greater percentages of out-of-school suspensions lasting 5 days or more were imposed upon students in response to physical attacks or fights (79 percent) than were imposed in response to the distribution, possession, or use of alcohol (68 percent), and drugs (59 percent), and the use or possession of a weapon other than a firearm or explosive (63 percent). Greater percentages of removals with no services for the remainder of the school year were imposed upon students in response to the distribution, possession, or use of drugs (7 percent) than were imposed in response to the distribution, possession, or use of alcohol (4 percent), and physical attacks or fights (3 percent). Greater percentages of transfers to specialized schools were imposed in response to the distribution, possession, or use of alcohol (29 percent), and

drugs (34 percent), and the use or possession of a weapon other than a firearm or explosive (31 percent) than were imposed in response to physical attacks or fights (18 percent).

Figure 35. 2015-2016 Percentage Distribution of Serious Disciplinary Actions Taken by Public Schools by Type of Offense and Disciplinary Action



SOURCE: U.S. Department of Education, National Center for Education Statistics, 2015–16 School Survey on Crime and Safety (SSOCS), 2016

In Texas every disciplinary action that results in the removal of a student from any part of their regular academic program is categorized in one of the following general categories:

- In-School Suspension (ISS)
- Out-of-School Suspension (OSS)
- Expulsion
- Juvenile Justice Alternative Education Program (JJAEP)
- Disciplinary Alternative Education Program (DAEP) assignments

Of the 5,536,631 students enrolled in Texas public schools in 2017-2018:

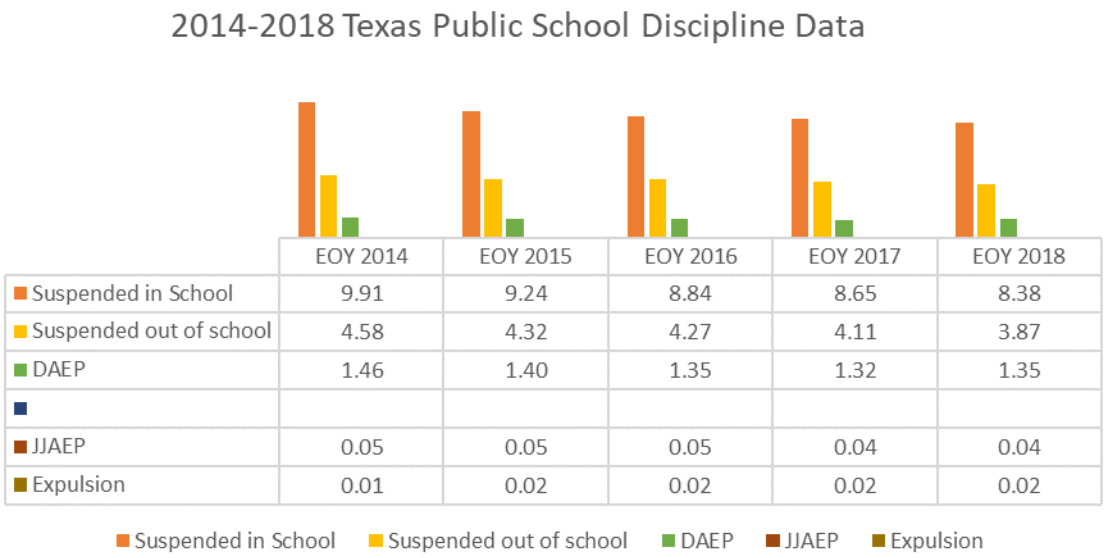
- 464,004 (8.38%) were suspended in school
- 214,051 (3.87%) were suspended out of school
- 74,565 (1.35%) were placed in DAEP
- 2,408 (0.04) were placed in JJAEP
- 1,081 (0.02) Expulsions

Compared to the 5,500,606 students enrolled in Texas public schools in 2016-2017:

- 5,500,606 (8.65%) were suspended in school
- 226,039 (4.11%) were suspended out of school
- 72,380 (1.32%) were placed in DAEP

- 2,255 (0.04) were placed in JJAEP
- 910 (0.02) Expulsions

Figure 36. 2014-2018 Texas Public School Discipline



	EOY 2014	EOY 2015	EOY 2016	EOY 2017	EOY 2018
Suspended in School	9.91	9.24	8.84	8.65	8.38
Suspended out of school	4.58	4.32	4.27	4.11	3.87
DAEP	1.46	1.40	1.35	1.32	1.35
JJAEP	0.05	0.05	0.05	0.04	0.04
Expulsion	0.01	0.02	0.02	0.02	0.02

Source: Texas Education Agency, Discipline Action Group Summary Reports 2014-2018

Data by Region and/or County were not available due to the amount of masked numbers.

Homeless Students

The Youth Risk Behavior Survey (YRBS) in 2017 included an optional question list that included two questions relating to homelessness and was only used in 17 states (not Texas). The findings demonstrate that young people experience homelessness at an even higher rate than currently measured by the United States Department of Education. The YRBS indicates that 4.9% of students surveyed in the 17 states experienced homelessness at some point during the 2016-2017 school year, while public schools reported only 2.57% of their students as experiencing homelessness. The significant under-identification indicated by the YRBS means as many as one million students experiencing homelessness are not receiving the services that are their right under federal law.

Additionally, young people who experience homelessness engage in a wide variety of health risk behaviors at significantly higher rates than their housed peers. Youth experiencing homelessness were:[28]

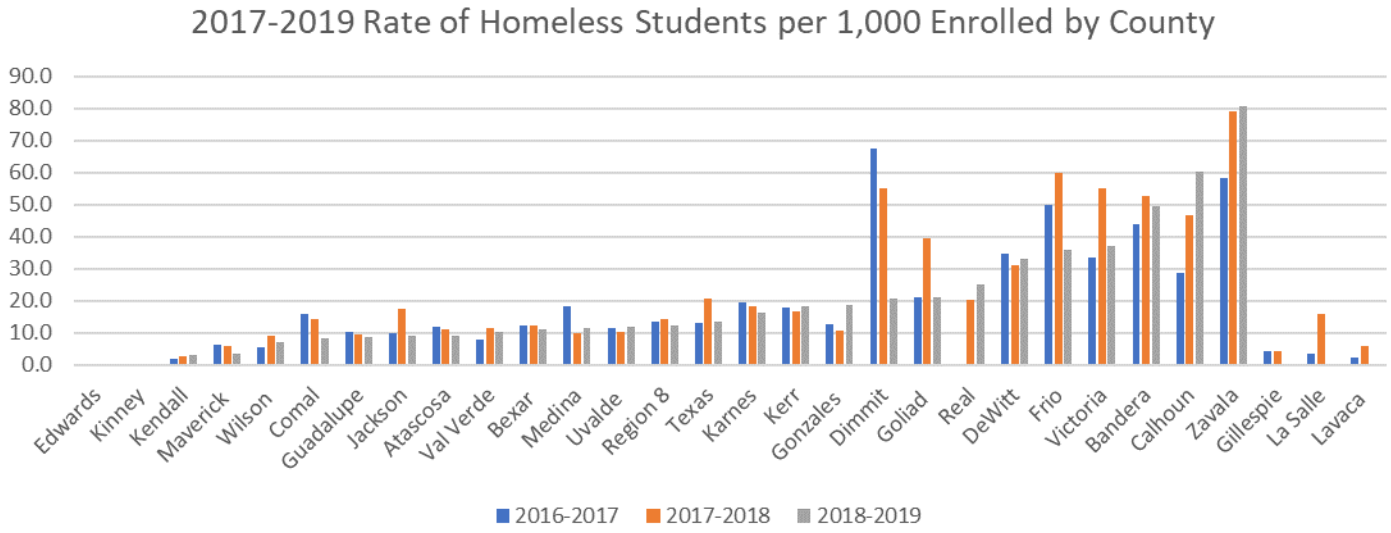
- 5.23 times more likely to miss school due to safety concerns
- 5.03 times more likely to be victims of sexual dating violence
- 5.88 times more likely to be victims of physical dating violence

[28] School House Connection. Student Homelessness: Lessons from the Youth Risk Behavior Survey. https://www.schoolhouseconnection.org/wp-content/uploads/2019/05/YRBS-identification.pdf. Published May 21, 2019. Accessed June 7, 2019.

- 4.63 times more likely to misuse prescription pain medicine
- 3.21 times more likely to make a suicide plan
- 7.19 times more likely to attempt suicide

During the 2018-2019 school year there were 72,782 or 13.4 homeless students per 1,000 students enrolled in Texas public schools a decrease from 111,931 homeless or 20.7 per 1,000 students in the 2017-2018 school year. In Region 8 during the same period there were 6,668 or 12.3 homeless students per 1,000 students enrolled in Texas public schools a decrease from 7,438 or 14.3 per 1,000 students enrolled in the 2017-2018 school year. Homeless students in counties ranged from 0.0 students in Edwards and Kinney to 80.8 per 1,000 students enrolled in a Texas public school in Zavala. See Appendix B, Table 22 for county level data.

Figure 37. 2017-2019 Rate of Homeless Students per 1,000 Enrolled in Texas Public Schools by County



Source: Texas Education Agency, Student Program and Special Populations Report

Criminal Activity

One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs and crime. Alcohol and drugs are implicated in an estimated 80 percent of offenses leading to incarceration in the United States such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses. Our nation's prison population has exploded beyond capacity and most inmates are in prison, in large part, because of substance abuse:

- 80 percent of offenders' abuse drugs or alcohol.
- Nearly 50 percent of jail and prison inmates are clinically addicted.
- Approximately 60 percent of individuals arrested for most types of crimes test positive for illegal drugs at arrest.

Alcohol, more than any illegal drug, was found to be closely associated with violent crimes, including murder, rape, assault, child and spousal abuse. About 3 million violent crimes occur each year in which

victims perceive the offender to have been drinking and statistics related to alcohol use by violent offenders generally show that about half of all homicides and assaults are committed when the offender, victim, or both have been drinking. Among violent crimes, with the exception of robberies, the offender is far more likely to have been drinking than under the influence of other drugs. [29]

Crime Rates

Region 8 crime rates decreased 16.4 percent from 3,931.3 crimes per 100,000 persons in 2017 to 3,287.5 crimes per 100,000 persons in 2018. Texas also saw a 7.1 percent decrease in crimes from 2,976 crimes per 100,000 persons in 2017 to 2,765.3 in 2018. Crime rates include violent crime and property crime offenses. Seventy-nine percent of the counties in Region 8 saw a decrease in crime ranging from a 91.3 percent decrease in Kinney to 3.8 percent increase in Atascosa. See Appendix B, Table 23 for county level data.

Figure 38. 2017-2018 Percent Change in Crimes per 100,000 Persons

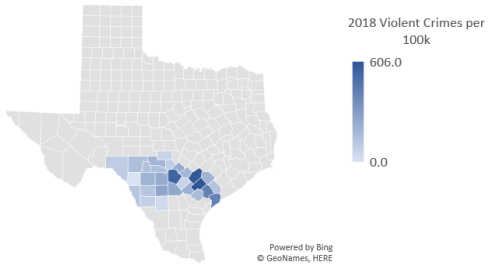
2017-2018 Percent Change in Crimes per 100,000 Persons by County							
County	2017 Population	2017 Total Crime	2017 All Crime Rate	2018 Population	2018 Total Crimes	2018 All Crime Rate	Percent Change
Texas	28,304,596	842,351	2976.0	28,701,845	793,694	2765.3	-7.1%
Region 8	2,958,362	116,302	3931.3	2,995,445	98,475	3287.5	-16.4%

Source: Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm

Index Violent Crime

Violent crimes involve the element of personal confrontation between the perpetrator and the victim. Because of their nature, violent crimes are considered to be more serious than property crimes. In Region 8 a reported 13,003 violent crimes occurred during 2018, a 7.8% decrease from 2017. The violent crime rate was 434.1 crimes per 100,000 Region 8 residents, a 9% decrease from the 477.0 rate reported in 2017. Region 8 violent crime rates were higher than the state. In 2018, violent crimes in Region 8 counties ranged from 0 in Kinney to 606 per 100,000 persons in DeWitt. County level data available in Appendix B, Table 24.

Figure 40. 2018 Region 8 Violent Crimes per 100,000 Persons by County



[29] National Council on Alcoholism and Drug Dependence, Inc. Alcohol, Drugs and Crime. https://www.ncadd.org/about-addiction/addiction-update/alcohol-drugs-and-crime. Last modified June 27, 2015. Accessed June 22, 2018.

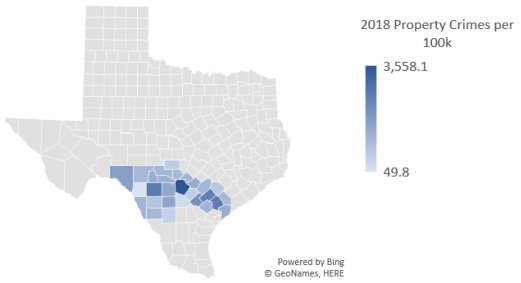
Figure 39. 2017-2018 Percent Change in Violent Crimes

2017-2018 Percent Change in Violent Crimes by State and Region									
Year	Area	Population	Murder	Rape	Robbery	Assault	Total Violent Crime	Rate Violent Crime per 100k	Percent Change
2017	**Region 8**	**2,958,362**	**170**	**1959**	**2776**	**9205**	**14,110**	**477.0**	
2018	Region 8	2,995,445	157	2021	2123	8702	13,003	434.1	-9.0%
2017	Texas	28,304,596	1415	14480	32122	75315	123,332	435.7	
2018	Texas	28,701,845	1324	14866	28272	74183	118,645	413.4	-5.1%

Source: Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm

Index Property Crime

Figure 42. 2018 Region 8 Property Crimes per 100,000 Persons by County



Property crime is a category of crime that includes, among other crimes, burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism. Property crime is a crime to obtain money, property, or some other benefit. This may involve force, or the threat of force, in cases like robbery or extortion. In Region 8, the number of property crimes reported in 2018 was 85,472. The number of property crimes decreased 16.4 percent from 102,192 crimes reported in 2017. Burglary accounted for 16.3 percent of all property offenses, larceny-theft accounted for 74.6 percent, and motor vehicle theft accounted for 9.1 percent. The 2018 property crime rate was 2,853.4 crimes per 100,000 Region 8 residents, a decrease of 17.4 percent when compared to the 2017 rate of 3,454.3. In 2018 property crimes in the counties ranged from 49.8 in Kinney to 3,558.1 crimes per 100,000 persons in Bexar. See Appendix B, Table 25 for county level data.

Figure 41. 2017-2018 Percent Change in Property Crimes

2017-2018 Percent Change in Property Crimes by State and Region								
Year	Area	Population	Burglary	Larceny	Auto Theft	Total Property Crime	Rate Property Crime per 100k	Percent Change
2017	Region 8	2,958,362	18,102	75,204	8,886	102,192	3,454.3	
2018	Region 8	2,995,445	13,947	63,781	7,744	85,472	2,853.4	-17.4%
2017	Texas	28,304,596	132,692	518,988	67,339	719,019	2,540.3	
2018	Texas	28,701,845	116,869	489,467	68,713	675,049	2,351.9	-7.4%

Source: Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm

Family Violence

The Texas Family Code defines Family Violence as an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm. The law excludes the reasonable discipline of a child and defines abuse as physical injury that results in substantial harm or genuine threat; sexual contact, intercourse, or conduct; or compelling or encouraging the child to engage in sexual conduct.[30]

In Texas, the number of family violence incidents reported in 2018 was 190,927, unchanged from 190,929 incidents reported in 2017. The 2018 family violence rate was 665.2 crimes per 100,000 Texas residents, a 1.4 percent decrease when compared to the 2017 rate of 674.6.

In Region 8, the number of family violence incidents reported in 2018 was 20,297, an increase of 2.4 percent from 19,819 incidents reported in 2017. The 2018 family violence rate was 677.6 incidents per 100,000 Region 8 residents, a 1.1 percent increase when compared to the 2017 rate of 669.9.

Figure 43. 2016-2018 Family Violence Incidents by State by Region

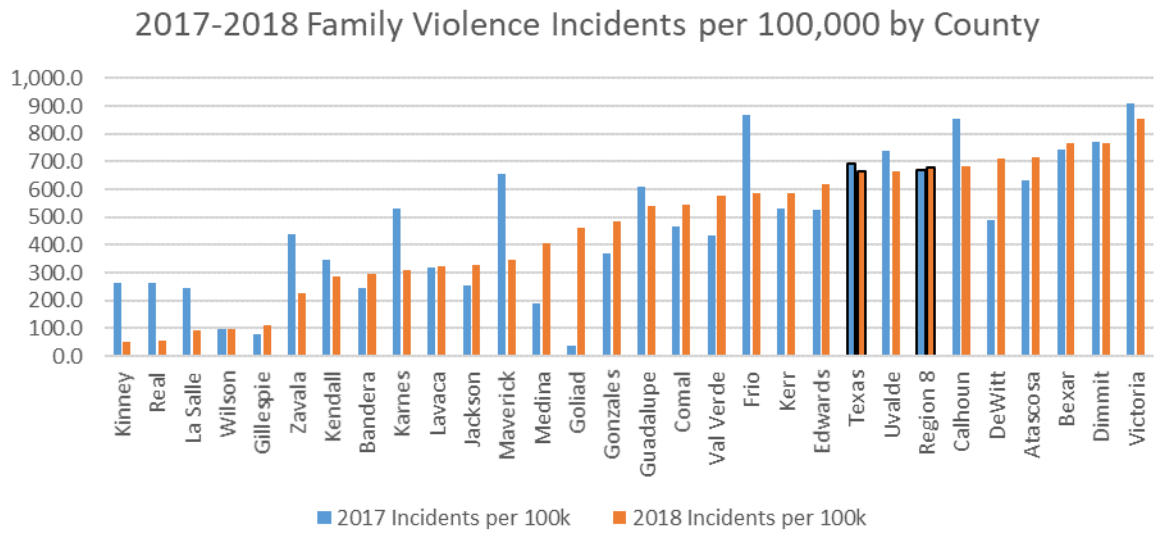
2016-2018 Family Violence Incidents by State by Region						
Year	Area	Population	Number Incidents	Percent Change in Number of Incidents 2017 to 2018	Rate per 100,000	Percent Change in Rates per 100k 2017 to 2018
2016	Region 8	2,905,622	21,695		746.7	
2017	Region 8	2,958,362	19,819		669.9	
2018	Region 8	2,995,355	20,297	2.4%	677.6	1.1%
2016	Texas	27,821,692	197,479		709.8	
2017	Texas	28,304,596	195,475		690.6	
2018	Texas	28,701,845	190,929	-2.3%	665.2	-3.7%

Texas Dept of Public Safety, https://txucr.nibrs.com/Report/FamilyViolence

Fifty percent of the counties in Region 8 saw an increase in family violence incidents in 2018 compared to 2017. In 2018 family violence rates ranged from 49.8 incidents per 100,000 in Kinney county to 852.1 incidents in Victoria county. County level data is available in Appendix B, Table 26.

[30] Texas Department of Public Safety, 2016 Crime in Texas, Chapter 5, Family Violence. http://www.dps.texas.gov/crimereports/16/citCh5.pdf. Accessed June 11, 2019.

Figure 44. 2017-2018 Family Violence Incidents per 100,000 by County

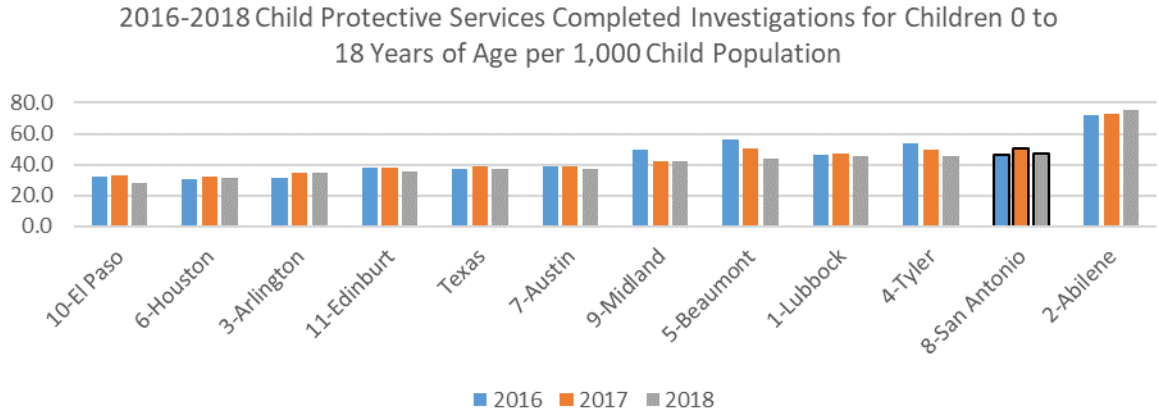


Source: Texas Department of Public Safety, https://txucr.nibrs.com/Report/FamilyViolence

Child Abuse

Between 2016-2018, Texas saw a 1.4 percent increase (276,433 to 280,533) in the number of victims investigated per 1,000 child population. In 2018 the total number of Child Protective Services (CPS) victims in Texas was 280,533 or 37.0 victims per 1,000 children. This was a 3.4 percent increase from 2016 with 276,433 or 37.3 victims per 1,000 children. Region 2 had the highest percent of child victims investigated at 75.1 per 1,000 children compared to the lowest reported in Region 10 at 28.3 per 1,000 children. Seven of the eleven regions in Texas or 64 percent had higher numbers of victims per 1,000 children investigated by CPS during 2018 than the Texas rate of 37.0. See Appendix B, Table 27 for Regional data.

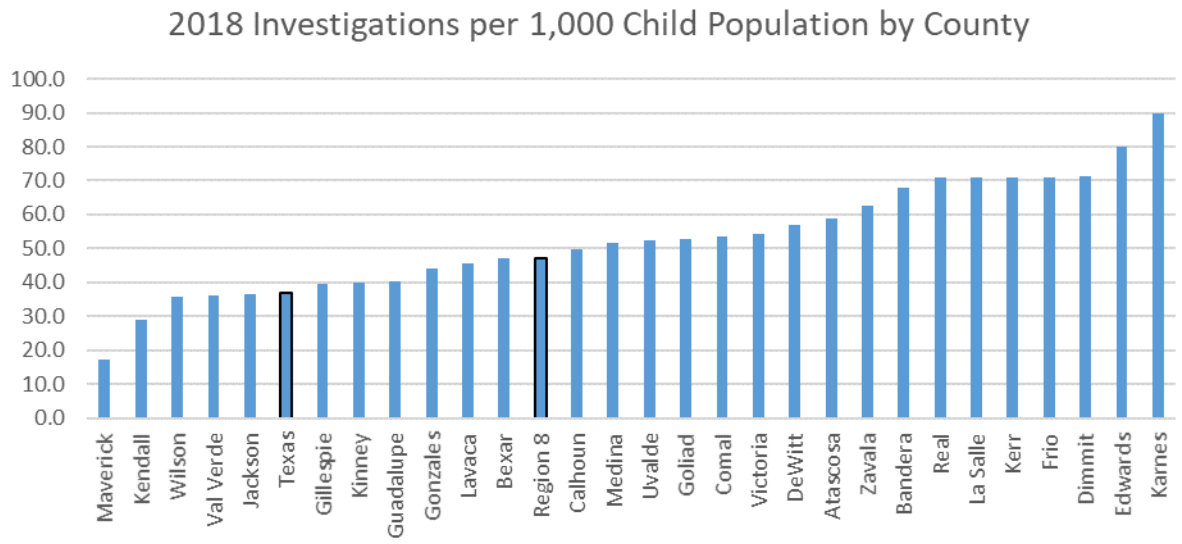
Figure 45. 2016-2018 CPS completed Investigations for Children 0-18 per 1,000 Child Population



Source: Texas Department of Family and Protective Services, DFPS Data Book 2016-2018

In 2018, Region 8 had the 2nd highest number of child abuse and or neglect victims investigated at 47.0 per 1,000 children. This was a 7.1 percent decrease from 50.6 per 1,000 children investigated in 2017. Twenty-three (23.2%) percent of the victims investigated were confirmed as child abuse or neglect in 2018 compared to 21.5 percent in 2017. Twenty-three or 82% of region 8 counties had higher rates of CPS victims investigated than Texas' rate of 37.0 per 1,000 child population in 2018. Counties ranged from 17.4 victims per 1,000 child population in Maverick to 89.9 in Karnes. See Appendix B, Table 28 for county data.

Figure 46. 2018 Investigations per 1,000 Child Population by County



Source: Texas Department of Family and Protective Services, DFPS Data Book 2016-2018

Drug Seizures/Trafficking Arrests https://ndews.umd.edu/sentinel-sites/cross-site-data-nflis-2016-drug-reports-items-seized-law-enforcement

Drug seizure data provide indicators of availability of substances in the illicit market and law enforcement engagement and are one of our most important indicators for identifying emerging drugs and changes in drug availability. All law enforcement agencies in Texas are required to report on a monthly basis all arrests for drug offenses made and quantities of controlled substances seized. This **data does not include** drugs seized by federal law enforcement agencies (i.e. U.S. Bureau of Alcohol, Tobacco and Firearms, U.S. Customs and Border Protection, U.S. Drug Enforcement Administration and U.S. Federal Bureau of Investigation).

In 2018 the most frequently identified drugs seized in Region 8 were (in descending order): methamphetamine, cocaine (solid), marijuana, amphetamines, heroin, morphine, mushrooms and designer drugs. State and Region 8 data is available in Appendix B, Tables 29 and 30.

Figure 47. 2018 Top Drugs Seized in Solid Pounds by State by Region 8

2018 Top Drugs Seized in **Solid Pounds** by State by Region 8			
Substance Seized	Texas	Region 8	Region 8 Percent of State Seizures
Hallucinogens(Peyote)	5		
Opiates(Gum Opium)	8		
Precursor Chemicals	13	6	46.2
Hallucinogens(Mushrooms)	30	16	53.3
Hallucinogens(PCP)	140		
Opiates(Codeine)	438	1	0.2
Opiates(Morphine)	461	24	5.2
Hashish(Solid)	581		
Hallucinogens(Designer Drugs)	1971	15	0.8
Opiates(Heroin)	9783	52	0.5
Cocaine(Solid)	13458	7809	58
Other Drugs(Amphetamines)	17041	116	0.7
Other Drugs(Methamphetamines)	54544	50845	93.2
Marijuana(Packaged)	143244	6726	4.7
Texas Department of Public Safety UCR Bureau. https://txucr.nibrs.com/Report/DrugSeized			

Region 8 drug seizure highlights:

- Methamphetamines ranked first in and was reported within the top of seventeen (61%) counties. Gonzales county seizures included 50,342 solid pounds, 34 solid ounces, 116 solid grams, and 18 units of methamphines. Ninety-three percent (93%) of Texas' methamphetamine seizures came from within Region 8.
- Cocaine (solid) ranked as the second highest drug seizures with Gonzales county reporting nearly 8,000 pounds. Seventeen counties reported cocaine seizures. Fifety-eight percent of Texas' cocaine seizures came from within Region 8.
- Marijuana seizures ranked third with the highest seizures in Gonzales (3,844 solid pounds) and Bexar (2,620 solid pounds) counties. All counties reported marijuana seizures. Only 4.7 percent of marijuana seizures came from withing Region 8.
- Amphetamines seizures ranked the fourth highest with Victoria county reporting 46 solid pounds, 59 solid ounces, and 287 solid grams. Twenty counties (71%) reported amphetamine seizures. Less than 1 percent of amphetamines came from within Region 8.
- Heroin seizures ranked fifth in the Region with Bexar reporting the most at 47 solid pounds, 97 solid ounces, 319 solid grams and 2 liquid ounces. Fifteen counties (54%) reported heroin seizures.
- Seizures for pills or unit doses of synthetic narcotics (32,709 dose units) and barbiturates (29,681 dose units) were among the highest. Bexar county reported the most barbiturates seizures while Gonzales county had the highest synthetic narcotic seizures.

County level drug seizures are available in Appendix B, Table 31.

Mental Health

Addiction to drugs or alcohol are mental illnensses according to the National Institute of Mental Health (NIH). Substance use disorder changes normal desires and priorities. It changes normal behaviors and interferes with the ability to work, go to school, and to have good relationships with friends and family. In 2014, 20.2 million adults in the U.S. had a substance use disorder and 7.9 million had both a substance use disorder and another mental illness. More than half of the people with both a substance use disorder and another mental illness were men (4.1 million). Having two illnesses at the same time is known as "comorbidity" and it can make treating each disorder more difficult.[31]

In 2017 the National Survey on Drug Use and Health, estimated 46.6 million adults aged 18 or older in the United States suffered with Any Mental Illness (AMI). This number represented 18.9% of all U.S. adults. The prevalence of AMI was higher among women (22.3%) than men (15.1%). Young adults aged 18-25 years had the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%). The prevalence of AMI was highest among the adults reporting two or more races (28.6%), followed by White adults (20.4%). The prevalence of AMI was lowest among Asian adults (14.5%).

Adults with Serious Mental Illness (SMI) in 2017, reported an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults. The prevalence of SMI was higher among women (5.7%) than men (3.3%). Young adults aged 18-25 years had the highest prevalence of SMI (7.5%) compared to adults aged 26-49 years (5.6%) and aged 50 and older (2.7%). The prevalence of SMI was highest among the adults reporting two or more races (8.1%), followed by White adults (5.2%). The prevalence of SMI was lowest among Asian adults (2.4%).

Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), AMI among U.S. adolescents aged 13-18.1, an estimated 49.5% of adolescents had any mental disorder. Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV based criteria were used to determine impairment level.[32]

Suicide

The American Foundation for Suicide Prevention estimated that in 2017, 47,173 Americans died by suicide and another 1,400,000 suicide attempts. In 2015, suicide and self-injury cost the U.S. $69 billion. Additional facts about suicides in the U.S. :[33]

- The age-adjusted suicide rate in 2017 was **14.0 per 100,000** individuals.
- In 2017, men died by suicide 3.54 x more often than women.
- White males accounted for 69.67% of suicide deaths in 2017.
- The rate of suicide is highest in middle-age white men in particular.
- On average, there are 129 suicides per day.

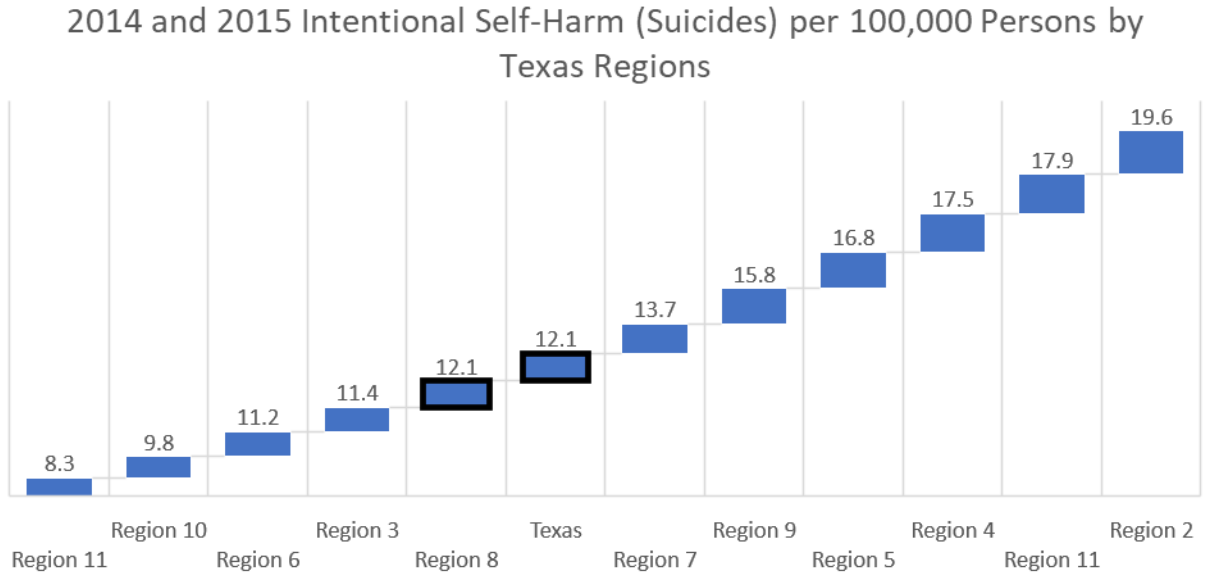
[31] National Institute of Mental Health, Mental Health Information, Health Topics, Substance Use and Mental Health. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml . Updated May 2016, Accessed June 2019.
[32] National Institute of Mental Health. Mental Health Information, Statistics. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771. Accessed June 2019.
[33] American Foundation for Suicide Prevention, Suicide Statistics, https://afsp.org/about-suicide/suicide-statistics/. Accessed June 18, 2019.

- In 2017, firearms accounted for 50.57% of all suicide deaths.

In 2015, Texas had a 4.4 percent increase in the total of 3,368 intentional self-harm (suicide) deaths reported or 12.3 intentional deaths per 100,000 persons, compared to 3,225 or 12 intentional self-harm deaths per 100,000 persons reported in 2014. The crude death rate increased .3 percent.

The 2014 - 2015 rates ranged from the highest in Region 2 at 19.6 intentional deaths per 100,000 persons to the lowest in Region 11 at 8.3 intentional deaths per 100,000 persons. Region 8 was consistent with Texas' rate of 12.1 intentional deaths per 100,000 persons. See Appendix B, Table 32 for Regional data.

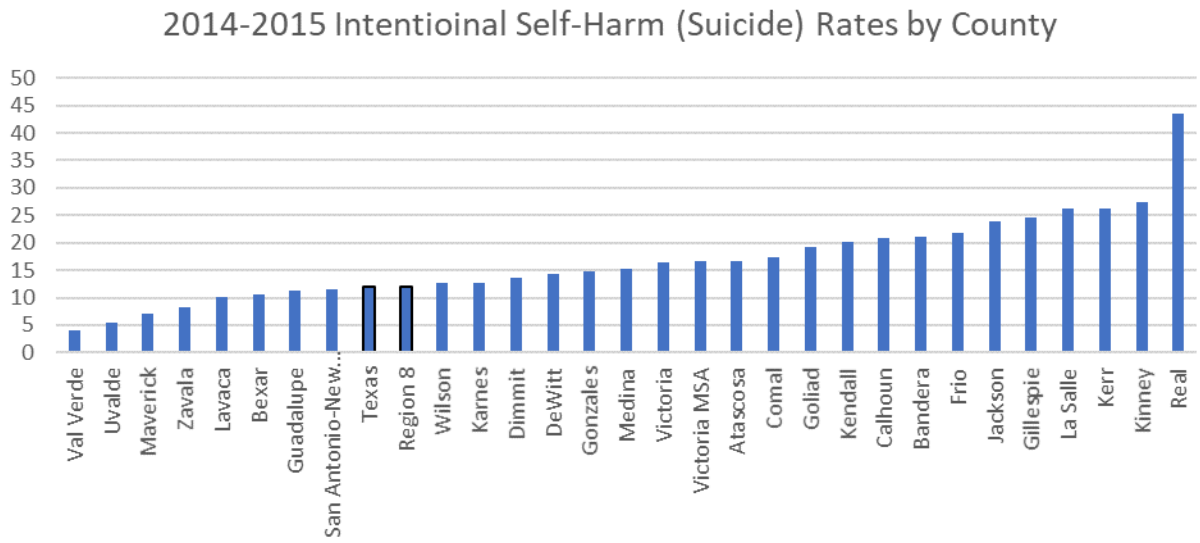
Figure 48. 2014 - 2015 Intentional Self-Harm (Suicide) by Region



Source : Texas Health Data, Center for Health Statistics, Intentional Self-Harm (Suicide), retrieved June 18, 2019

In 2015, Region 8 had a 4.6 percent decrease in the total of 331 intentional self-harm (suicide) deaths reported or 11.6 intentional deaths per 100,000 persons, compared to 347 deaths or 12.5 intentional self-harm deaths per 100,000 persons reported in 2014. The crude death rate decreased .9 percent from 12.5 in 2014 to 11.6 in 2015. Counties ranged from 43.5 intentional self-harm deaths per 100,000 persons in Real to 4.1 deaths per 100,000 persons in Val Verde. See Appendix B, Table 33 for county level data.

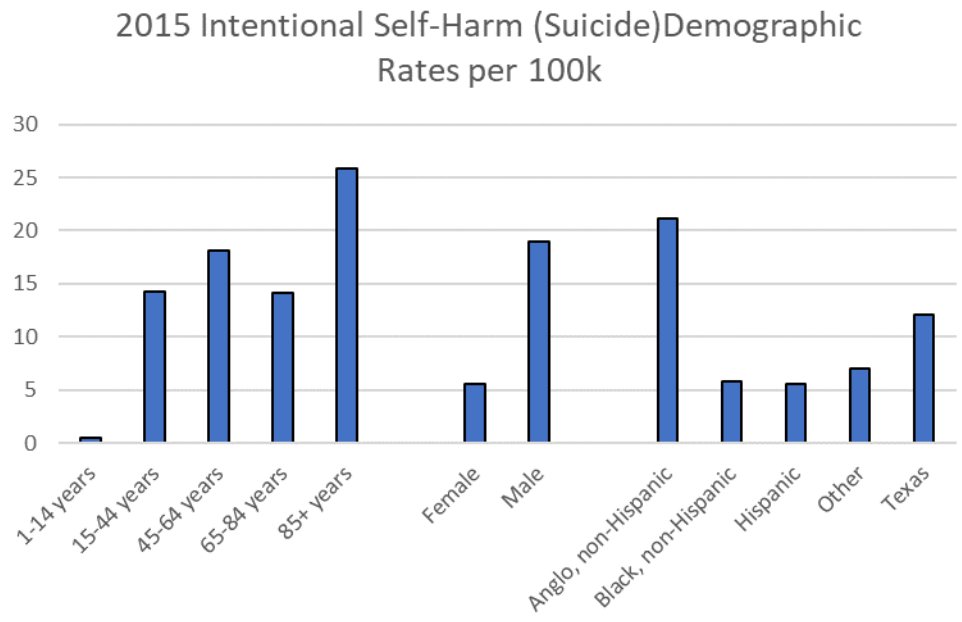
Figure 49. 2014-2015 Intentional Self-Harm (Suicide) Death Rates by County



Source : Texas Health Data, Center for Health Statistics, Intentional Self-Harm (Suicide), retrieved June 18, 2019

During 2015 in Texas, 77 percent of intentional deaths were by males. The highest number of intentional deaths occured for persons ages 15-44, however the highest rate of intentional deaths were for persons over the age of 85 (25.9%). For racial and ethnic groups, Anglo intentional deaths were the highest at 73 percnet followed by Hispanic 18.3 percent, Black 5.4 percent and Other 3.7 percent. See Appendix B, Table 34 for Texas demographics.

Figure 50. 2015 Intentional Self-Harm (Suicide) Rates by Demographics



Source : Texas Health Data, Center for Health Statistics, Intentional Self-Harm (Suicide), retrieved June 18, 2019

Results from the 2017 Texas Youth Risk Behavior Survey (YRBS) indicate the following [34]:

- 34.2 percent of Texas high school students felt so sad or hopeless almost every day for 2 or more weeks in a row in the past 12 months that they stopped doing some usual activities. (National rates 31.5 percent)
- 17.6 percent seriously thought about suicide. (National 17.2 percent)
- 14.5 percent made a plan. (National 13.6 percent)
- 12.3 percent attempted suicide (National 7.4 percent)
- 4.5 percent made a suicide attempt so severe in the past 12 months that it required medical intervention. (National 2.4 percent)
- 28.3 percent of Texas high school students who identify as gay or lesbian have attempted suicide in the past 12 months (National 23 percent), compared to 9.6 percent of their peers who identify as straight (National 5.4 percent).

Psychiatric Hospital Admissions

National Level Data for Psychiatric Services

In 2016 the U.S. reported a **total of 5,629,511 individuals** received mental health services.

The number of youth served aged **17 years and younger** totaled 1,602,571 accounting for 28 percent of all persons served; 1,379,353 individuals had a valid mental health diagnosis code, of which 885,889 were reported to have, or be at risk of, SED. In addition :

- 29 percent of male diagnoses were Add/ADHD, 18 percent adjustment disorders and 9 percent anxiety disorders.
- 25 precent of female diagnoses were adjustment disorders, 20 percent depressive disorders and 15 percent ADD/ADHD.

A total of 574,657 individuals **aged 18 to 24 years** were served accounting for 10 percent of all individuals served; 448,131 had a valid mental health diagnosis code, of which 287,555 were reported to have SMI. In addition :

- Depressive disorders were the most frequently reported diagnoses among these individuals.

For persons **25 to 54 years of age,** a total of 2,580,445 were served accounting for 46 percent of all individuals served; 2,035,831 had a valid mental health diagnosis code, of which 1,408,115 were reported to have SMI. In addition:

- 26 percent of male diagnosis was for depressive disorders, 25 percent schizophrenia and other psychotic disorders, 18 percent bipolar disorders

[34] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Surveillance Summaries/Vol.67/No.8, pages 24-27. Published June 15, 2018. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf, Accessed June 19, 2019.

- 35 percent of female diagnosis was for depressive disorders, 21 percent bipolar disorders and 14 percent anxiety disorders

Persons served **aged 55 years and older** totaled 867,781 accounting for 15 percent of all individuals served; 632,425 had a valid mental health diagnosis code, of which 464,115 were reported to have SMI. In addition:

- 31 percent of male diagnosis were for depressive disorders, 31 percent schizophrenia and other psychotic disorders, 14 percent bipolar disorders.

- 21 percent of female diagnosis were for depressive disorders, 19 percent schizophrenia and other psychotic disorders and 17 percent bipolar disorders.

Individuals with **co-occurring mental health and substance use disorders aged 12 years and older** totaled 619,961 accounting for 11 percent of all individuals served. In addition: [35]

- 25 percent of males with co-occuring mental health and substance use disorders report diagnoses were schizophrenia and other psychotic disorders most frequently, and 24 percent depressive disorders.

- 31 percent of females with co-occuring mental health and substance use disorders report diagnoses were depressive disorders and 25 percent bipolar disorders.

- Depressive disorders were the most frequently reported diagnoses for individuals served who had co-occurring mental health and substance use disorders: Among the highest were alcohol dependence (33 percent), opioid dependence and non-dependent opioid use (33 percent and 34 percent respectively), and cocaine dependence (28 percent)

State Level Data for Psychiatric Services

The total number of persons that received mental health services by the Texas Mental Health Authority in the report period ending August 2018 was 400,154, an increase of 8.5 percent from 2016 (368,722). There was a 8.4 percent increase in the number of persons receiving mental health services in Community Programs for both youth and adults, however the biggest increases were noted in psychiatric hospital services for youth (13.9%) and adults (10.6%).

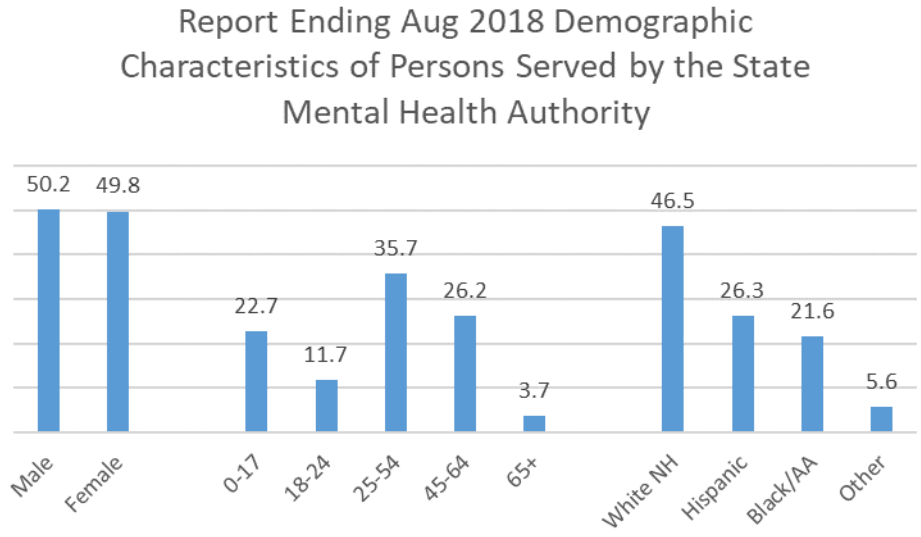
[35] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Mental Health Annual Report: 2016. Use of Mental Health Services: National ClientLevel Data. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Figure 51. 2016-2018 Persons Served by the State Mental Health Authority

2016-2018 Persons Served by the State Mental Health Authority								
	2016 Number Served	2016 Percent Served	2017 Number Served	2017 Percent Served	2018 Number Served	2018 Percent Served	2016 to 2018 Number Change (+/-)	2016-2018 Percent Change(+/-)
Total	368,722		379,956		400,154		31,432	8.5
Youth 0-17	81,201	22.0	83,648	22.0	90,999	22.7	9,798	12.1
Adults 18+	287,520	78.0	296,307	78.0	309,155	77.3	21,635	7.5
Community Programs	366,531		377,201		397,448		30,917	8.4
Youth 0-17	80,996	22.1	83,361	22.1	90,802	22.8	9,806	12.1
Adults 18+	285,535	77.4	293,839	77.9	306,646	77.2	21,111	7.4
Psychiatric Hospital	14,352		15,536		15,906		1,554	10.8
Youth 0-17	1,091	7.6	1,284	8.3	1,243	7.8	152	13.9
Adults 18+	13,261	92.4	14,252	91.7	14,663	92.2	1,402	10.6
Source: SAMHSA, Uniform Reporting System (URS) 2016, 2017, 2018								

The majority of those served (99.3%) received services in community settings while 4.1 percent in state hospitals. The total number of youth between the ages of 0-17 that received services was 83,648 or 22 percent of the total served in Texas. Young adults between 18-24 years of age accounted for 11.4 percent or 43,409 persons. Persons age 25-44 that received services totaled 135,355 or 35.6 percent of the total served in Texas. Those age 45-64 totaled 104,227 persons or 27.4 percent of the total served in Texas. The remaining 13,316 persons were age 65 and older and accounted for 3.5 percent of the total served in Texas.[36]

Figure 52. 2018 Texas Demographic Characteristics of Persons Served by the State MHA



Source: SAMHSA Uniform Reporting system

[36] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. 2017 Uniform Reporting System (URS)

Region 8 Level Data for Psychiatric Services

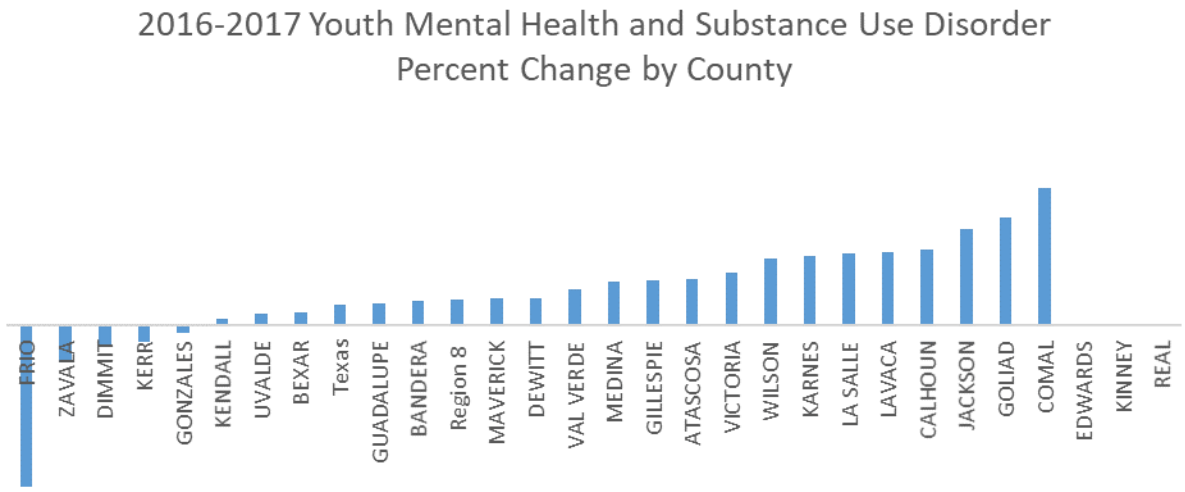
In 2017, the number of youths served in Region 8 increased 10.6 percent from 5,608 in 2016 to 6,203. The most reported diagnosis was for attention deficit disorder accounting for 28 percent of Region 8 youth served. Next was affective disorders – major depression (19%) and bipolar (7.5%).

Figure 53. 2016-2017 Region 8 Youth Mental Health Services by Diagnosis

2016-2017 Region 8 Youth Mental Health Services by Diagnosis by Percentage Change						
Diagnosis	2016 Number Served	2016 Percent Served	2017 Number Served	2017 Percent Served	2016 to 2017 Number Change (+/-)	2016-2017 Percent Change(+/-)
Region 8 Subtotal	5608		6203		595	10.61
Adjustments / Other non-psychotic	314	5.60	413	6.66	99	31.52
Affective disorders - Bipolar	500	8.92	465	7.50	-35	-7.00
Affective disorders - Major depression	970	17.30	1178	18.99	208	21.44
Affective disorders - Other	639	11.39	501	8.08	-138	-21.59
Anxiety / Somatoform / Disassociative	219	3.91	263	4.24	44	20.09
Attention Deficit Disorder	1647	29.37	1721	27.74	74	4.49
Autism / Pervasive Disorders	27	0.48	24	0.39	-3	-11.11
Dementia / Other cognitive disorders	26	0.46	17	0.27	-9	-34.61
Disruptive Behavior Disorder	255	4.55	272	4.38	17	6.66
Drug Related disorders	*	*	*	*	*	*
Mental Retardation	10	0.18	*	*	*	*
Not Applicable	677	12.07	872	14.06	195	28.80
Other Developmental / Behavioral	34	0.61	33	0.53	-1	-2.94
Other psychoses	40	0.71	35	0.56	-5	-12.50
Personality / Factitious / Impulse	51	0.91	65	1.05	14	27.45
Schizophrenia and related disorders	27	0.48	53	0.85	26	96.30
Undiagnosed Mental Health	172	3.07	291	4.69	119	69.19
Source: Texas Health and Human Services Commission						

In 2017, the percent change in clients served in the counties ranged from a 54.8 percent increase in Comal to a 63.7 percent decrease in Frio. County level data is available in Appendix B, Table 35.

Figure 54. 2016-2017 Percent Change in Youth Served by County



Source: Texas Health and Human Services

Depression

Depression is a mental illness frequently co-occurring with substance use. The relationship between the two disorders is bi-directional, meaning that people who abuse substances are more likely to suffer from depression, and vice versa. People who are depressed may drink or abuse drugs to lift their mood or escape from feelings of guilt or despair. But substances like alcohol, which is a depressant, can increase feelings of sadness or fatigue. Conversely, people can experience depression after the effects of drugs wear off or as they struggle to cope with how the addiction has impacted their life.[37]

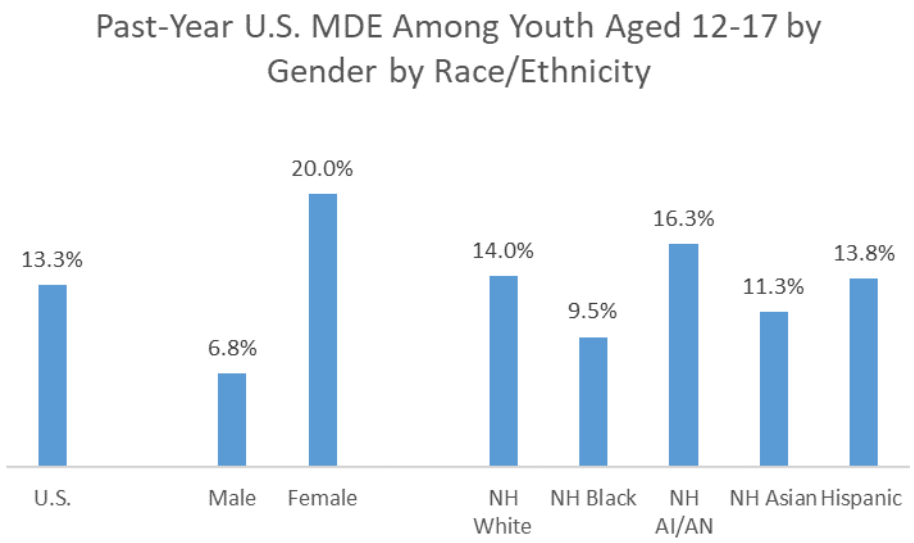
National Depression Data

Among youth aged 12-17 in the U.S. in 2017, 13.3% (or 3.2 million) had at least one major depressive episode (MDE) in the past year. Past-year major depressive episode was higher among female youth than among male youth. Compared to the national average, past-year major depressive episode was higher among non-Hispanic white youth and was lower among non-Hispanic black youth.[38]

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

[38] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: United States, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA–19–Baro-17-US. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

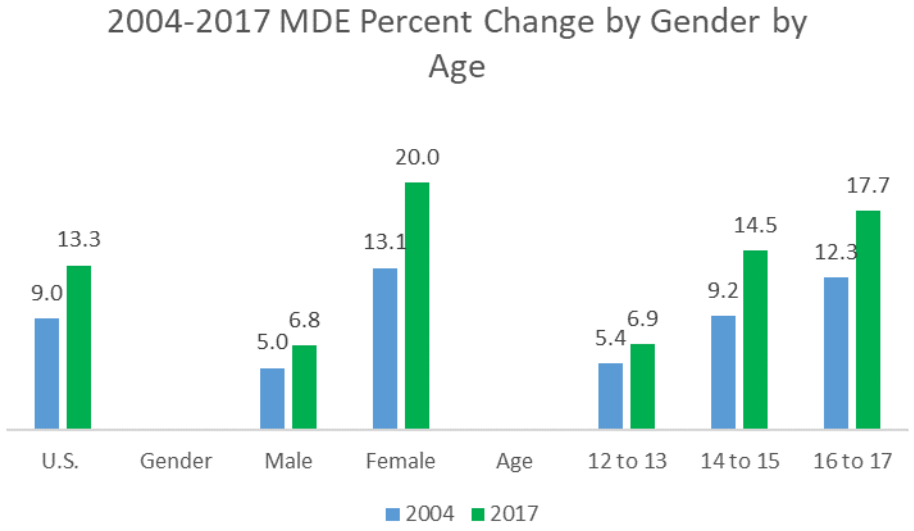
Figure 55. Past-Year Major Depressive Episode (MDE) Among Youth Aged 12-17 in the U.S.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017.

Between 2004 and 2017, past-year major depressive episode increased among youth aged 12-17 in the U.S. overall, among both male and female youth, and among youth aged 12-13, 14-15, and 16-17.

Figure 56. 2004-2017 U.S. Changes in Past-Year Major Depressive Episode (MDE) Among Youth Aged 12-17 by Gender by Age



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017.

In 2017, among youth aged 12-17 in the U.S. with a past-year major depressive episode, 41.5% (or 1.3 million) received depression care in the past year. Receipt of depression care in the past year was higher among female youth with past-year major depressive episode than among their male counterparts.

Compared to the national average, past-year receipt of depression care was higher among depressed non-Hispanic white youth and was lower among depressed Hispanic youth.

Texas Depression Data Served by the State Mental Health Authority

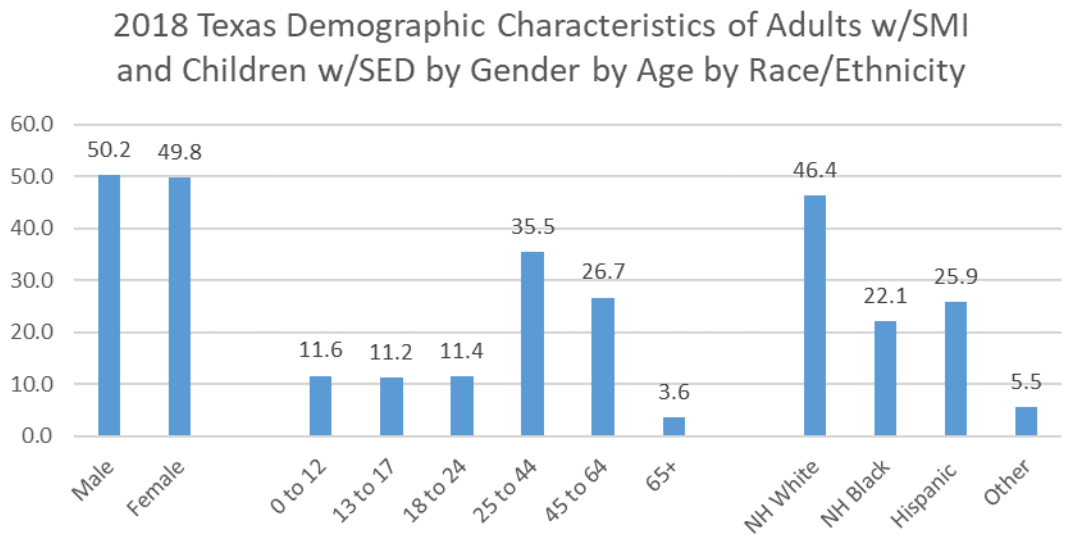
The total number of adults with SMI and Children with SED that received mental health services by the Texas Mental Health Authority in the report period ending August 2018 was 378,856, an increase of 10.1 percent from 2016 (343,777). There was a 10.1 percent increase in the number of persons receiving mental health services in community programs and a 10.8 percent increase in psychiatric hospital services for SMI and SED.

Figure 57. 2016-2018 Adults with Serious Mental Illness (SMI) and Children with Serious Emotional Disturbance (SED)

2016-2018 Adults w/SMI and Children w/SED Served by the State Mental Health Authority								
	2016 Number Served	2016 Percent Served	2017 Number Served	2017 Percent Served	2018 Number Served	2018 Percent Served	2016 to 2018 Number Change (+/-)	2016-2018 Percent Change(+/-)
Total	343,777		360,079		378,633		34,856	10.1
Youth 0-17	73,408	21.4	78,133	21.7	86,565	22.9	13,157	17.9
Adults 18+	270,369	78.6	281,946	78.3	292,068	77.1	21,699	8.0
Community Programs	341,586		357,324		375,927		34,341	10.1
Youth 0-17	73,203	21.4	77,846	21.8	86,368	23.0	13,165	18.0
Adults 18+	268,383	78.5	279,478	78.2	289,559	77.0	21,176	7.9
Psychiatric Hospital	14,352		15,536		15,906		1,554	10.8
Youth 0-17	1,091	7.6	1,284	8.3	1,243	7.8	152	13.9
Adults 18+	13,261	92.4	14,252	91.7	14,663	92.2	1,402	10.6
Source: SAMHSA, Uniform Reporting System (URS) 2016, 2017, 2018								

In 2018, most of those adults with SMI and Children with SED (99.3%) received services in community settings while 4.1 percent in state hospitals. The total number of youth between the ages of 0-17 that received services was 86,565 or 23 percent of the total served in Texas. Young adults between 18-24 years of age accounted for 11.4 percent or 43,307 persons. Persons age 25-44 that received services totaled 134,228 or 35.5 percent of the total served in Texas. Those age 45-64 totaled 101,003 persons or 26.7 percent of the total served in Texas. The remaining 13,530 persons were age 65 and older and accounted for 3.6 percent of the total served in Texas.

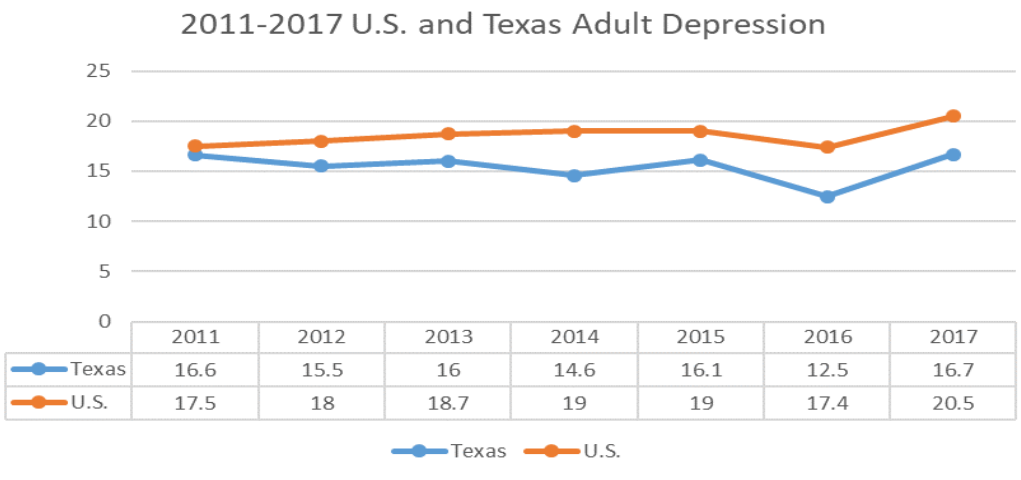
Figure 58. 2018 Texas Demographic Characteristics of Adults with Serious Mental Illness (SMI) and Children with Serious Emotional Disturbance (SED) by Gender, by Age by Race/Ethnicity



Substance Abuse and Mental Health Services Administration. 2018 Uniform Reporting System (URS) Table for Texas.

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual state-based telephone survey of the U.S. civilian, non-institutionalized adult population. One of the core questions asked is about whether a person has been diagnosed with depression. In Texas, between 2011 and 2017, there was a .1 increase in the reported adult depression from 16.6 percent reported in 2011 to 16.7 percent in 2017. The most current 2017 BRFSS continues to show more women report depression (21.7%) than males (11.3%) and individuals aged 55-64 report the highest rate of depression at 23.9 percent compared to the lowest for ages 18-24 (8.2%) and 65 and older (15.5%). Texas has continued to remain below the National rates over time.

Figure 59. 2011-2017 U.S. and Texas Adult Depression



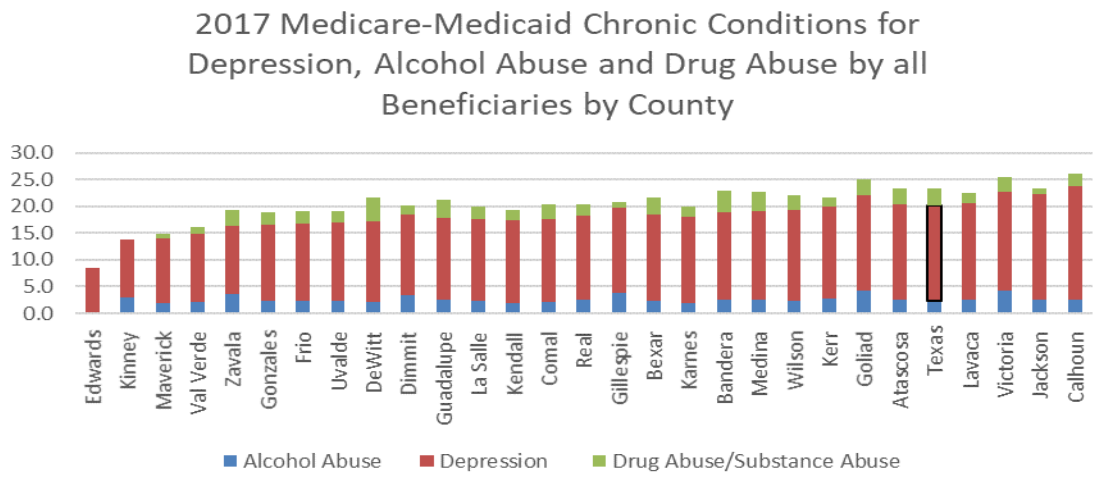
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Those individuals with less than a college degree reported higher rates of depression as well as those that earned less than $50,000.

2017 Characteristics of Depression	
Percent	Race/Ethnicity
15.2	White, non-Hispanic
14.9	Black, non-Hispanic
8.7	Hispanic
Percent	Income
29.4	Less than $15,000
15.9	$15,000-$24,999
19.0	$25,000-$34,999
15.2	$35,000-$49,999
13.9	$50,000+
Percent	Education Level
17.5	Less than H.S.
16.9	H.S. or G.E.D.
18.7	Some post-H.S.
13.3	College graduate
Source: Behavioral Risk Factor Surveillance System	

The Centers for Medicare and Medicaid Services provides statistics and data by county for chronic conditions like depression, alcohol abuse, drug abuse and many others. In 2017, reports of depression ranged from the lowest in Edwards County at 8.5 percent to the highest in Calhoun at 21.4 percent. County level data is available in Appendix B, Table 36.

Figure 60. 2017 Selection of Medicare-Medicaid Chronic Conditions by County



Source: Centers for Medicare & Medicaid Services, Medicare Chronic Conditions

MHMR Crisis Hotline/MCOT Team Data

The Mobile Crisis Outreach Team (MCOT) is a resource designed to bring a crisis worker into the community to provide a face-to-face assessment and intervention, follow-up and relapse prevention services. Through the 24-Hour Crisis & Substance Use Helpline: 800-316-9241 or 210-223-SAFE (7233), the MCOT team may be dispatched to a person's location for assessment. Services are coordinated with community organizations, and designed to reduce inpatient hospitalizations and intervention with law enforcement. Additionally, MCOT provides mental health assessments in emergency rooms, and can recommend appropriate care.

For youth 17 years and younger, please contact the Children's Mobile Outreach Team (CMOT) at 800-316-9241 or 210-223-SAFE (7233), or bring the child to the Children's Crisis Unit at 227 W. Drexel 8 a.m. to 8 p.m. Monday through Friday for immediate crisis concerns.

In Fiscal Year 2018, Center for health Case Services (CHCS), Mobil Crisis Outreach Team (MCOT) and/or Children's Mobil Outreach Team (CMOT) were dispatched to 1,370 locations for crisis intervention assistance in Bexar County[39].

Social Factors

While parents may provide the first form of protection against risk for substance abuse, it's not long before they compete for a young person's attention from a variety of societal influences. Thrust into unfamiliar conditions, the desire for companionship can lead to poor decision-making. The process of self-discovery changes dramatically during formative years. Media messages also continue to portray drugs and alcohol as acceptable, enjoyable ways to relate to others and have a good time. Peer pressure can make even the most steadfast young adult submit to experimentation and a "just this once" mindset. Even with no other risk factors present, peer pressure can be one of the most influential forces in an individual's life. Add to all the above the desire for stress relief, and social factors present a strong influence on teen substance abuse. Below are some results from the 2018 Texas School Survey of Drug and Alcohol Use relating to what the data shows regarding the social factors of substance abuse as reported by the surveyed students.

Youth Perception of Parental Approval of Consumption

While many parents think that allowing their teens and their teens' friends to drink at home under adult supervision keeps kids safe and leads to healthier attitudes about drinking, there are serious negative consequences for both parents and teens. Supplying alcohol to minors increases, rather than decreases, the risk for continued drinking in the teenage years and leads to problem drinking later in life. Research from the Partnership Attitude Tracking Study (PATS) reveals that teens who perceive their parents to be more permissive about alcohol use are more likely to abuse alcohol and to use other drugs.

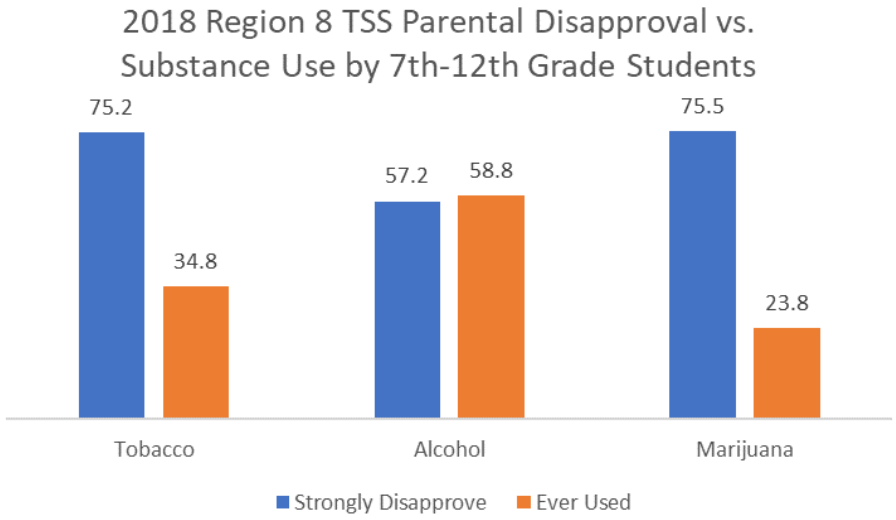
In 2018, Texas Health and Human Services Commission (HHSC), in conjunction with the Public Policy Research Institute (PPRI) at Texas A&M University, conducted its sixteenth biennial Texas School Survey of Substance Use (TSS). The survey collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The chart below displays students' perception of how their parents strongly disapprove about kids their age using tobacco, alcohol and

[39] The Center for Health Care Services, Annual Report Fiscal Year 2018, https://chcsbc.org/wp-content/uploads/2019/07/Annual-Report-FY-2018-Final.pdf, page 7. Accessed July 28, 2019

marijuana versus what they report as ever used. Alcohol was reported as the substance with the least parental disapproval and as the substance most ever used.

Students that perceive their parents would strongly disapprove of their using specific substances were less likely to use these substances, for example, in 2018, 75.2 percent of students perceive that their parents would strongly disapprove of their tobacco use so only 34.8 percent of students ever used tobacco. For alcohol, the perception of parents' strong disapproval was much lower at 57.2 percent and with a much higher rate of 58.8 percent of students ever used. Marijuana (75.5%) also had higher rates for parental disapproval and less marijuana (23.8%) use.

Figure 61. 2018 Region 8 TSS Parental Disapproval vs. Substance Use by 7th-12th Grade Students



Source: Texas A&M University, Public Policy Research Institute, Texas School Survey of Drug and Alcohol Use, 2018 Region 8

Student's perception of parental disapproval becomes less as they progress through higher grades while their use increases. Region 8 has lower perceptions of parental disapproval and higher rates of substance use than the state when it comes to tobacco, alcohol and marijuana.

Figure 62. 2018 TSS Region 8 Parental Disapproval vs. Use by Grade

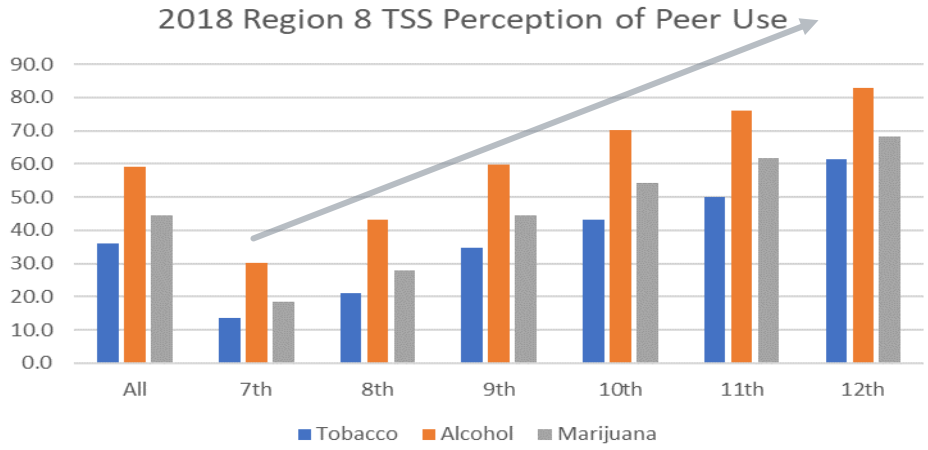
2018 TSS Texas and Region 8 Parental Disapproval vs. Ever Used by Grade								
Area	**Indicator**	**All**	**7th**	**8th**	**9th**	**10th**	**11th**	**12th**
Texas	Tobacco Strongly Disapprove	78.3	85	83.5	78.7	77	75.1	68.4
Texas	Tobacco Ever Used	30.3	13.8	20.5	29.2	35.1	39.9	46.9
Region 8	Tobacco Strongly Disapprove	75.2	82.8	81.9	74.2	75.1	71.7	62.4
Region 8	Tobacco Ever Used	34.8	17.5	26.2	32.8	39.2	44.1	55.8
Texas	Alcohol Strongly Disapprove	62	76	71.3	62.5	58.1	54.4	47
Texas	Alcohol Ever Used	51.5	34.3	42.5	50.1	55.9	61.6	68.5
Region 8	Alcohol Strongly Disapprove	57.2	72.5	67.1	57.3	54.4	45.9	41.7
Region 8	Alcohol Ever Used	58.8	39.4	51.9	57.3	63.7	70.0	76.2
Texas	Marijuana Strongly Disapprove	76.5	84.8	83	76.1	74.1	71.3	68
Texas	Marijuana Ever Used	22.1	6.7	12.1	20.7	25	32	39.7
Region 8	Marijuana Strongly Disapprove	75.5	82.8	82.0	74.5	73.9	71.2	66.0
Region 8	Marijuana Ever Used	23.8	6.7	13.5	19.2	26.6	37.5	46.9
Source: Texas A&M University, Public Policy Reasearch Institute, Texas School Survey of Drug and Alcohol Use: Region 8								

Youth Perception of Peer Approval of Consumption

People that are of the same age, with the same experiences and interests often influence each other's choices and behaviors. As youth become more independent, their peers begin to play a bigger role because they spend more time with them than they do with their parents or siblings. As students advance through middle school and high school, they are more likely to report peer approval of tobacco, alcohol, marijuana, and other drugs. Research has shown that a predictor for substance misuse and other problem behaviors is the association with friends.

The 2018 TSS asked students "About how many of your close friends use tobacco, alcohol or marijuana". The perception that peers are using substances increase with each grade level.

Figure 63. 2018 Region 8 TSS Perception of Peer Use of Select Substances



Source: Texas A&M University, Public Policy Reasearch Institute, 2018 Texas School Survey of Drug and Alcohol Use: Region 8

Cultural Normas and Substance Abuse

Human behavior is motivated, in part, by perceptions of what is common (descriptive norms) and what is socially acceptable (injunctive norms; Cialdini, 2003). Social norms have well documented associations with adolescent substance use. Youth who perceive more substance use among their friends and/or schoolmates are more likely to use alcohol, cigarettes, or marijuana themselves. Youth who believe that their friends and peers are accepting of substance use are also more likely to use substances (e.g., Elek, Miller-Day, & Hecht, 2006).[40]

Research has shown that sharing healthy truths can reduce student use of alcohol and other drugs. The reality is that most students do not regularly use alcohol or other drugs and by sharing this information with sutdents, their parents, schools, communities, and especially peers, young people are taught to hold healthier, more reallistic beliefs and to feel less pressure to "fit in" by using substances. [41]

In the 2018 Region 8 TSS,

- 36 percent of students perceived at least a few of their friends used tobacco when only 19.9 per reported tobacco use in the school year. Nearly twice (1.8 times)as few as the students perceived as using tobacco.
- 59 percent of students perceived at least a few of their friends used alcohol when only 34.4 percent reported alcohol use in the school year. Nearly twice (1.7 times) as few as the students perceived as using alcohol.

[40] Lori-Ann Palen, Adolescent Substance Use Norms in Cape Town, South Africa. National Institute on Drug Abuse. https://www.drugabuse.gov/international/abstracts/adolescent-substance-use-norms-in-cape-town-south-africa. Published 2008. Accessed June 26, 2019.

[41] Hazelden Betty Ford Foundation, The Social Norms Approach to Student Substance Abuse Prevention, Published September 2015, https://www.hazeldenbettyford.org/education/bcr/addiction-research/social-norms-ru-915, Accessed June 26, 2019.

- 44.5 percent of students perceived at least a few of their friends used marijuana when only 18.4 percent reported marijuana use in the school year. More than two times fewer as the students perceived as using marijuana.

Figure 64. 2018 Texas and Region 8 Perception of Peer Use vs. Reported Use in School Year by Grade

2018 Texas and Region 8 Perception of Peer Use vs. Reported Use in School Year by Grade								
Area	**Indicator**	**All**	**7th**	**8th**	**9th**	**10th**	**11th**	**12th**
Texas	Perception of Peer Tobacco Use	29.9	13.4	18.6	28.8	35.5	40.8	46.2
Texas	Tobacco Use School Year	19.9	6.9	11.2	18.7	24	26.8	34.9
Region 8	Perception of Peer Tobacco Use	36.0	13.5	21.0	34.9	43.3	49.9	61.5
Region 8	Tobacco Use School Year	24.2	9.0	14.3	23.8	29.3	31.7	43.6
Texas	Perception of Peer Alcohol Use	51.6	24.2	35.9	52	60.5	68.4	72.8
Texas	Alcohol Use School Year	34.4	17.1	24.1	32.4	39.7	43.2	54.1
Region 8	Perception of Peer Alcohol Use	59.0	30.2	43.1	59.8	70.3	76.0	83.0
Region 8	Alcohol Use School Year	41.9	21.7	30.2	39.3	48.6	53.8	65.7
Texas	Perception of Peer Marijuana Use	43.1	17.6	27.3	45.1	51.4	58.7	62.5
Texas	Marijuana Use School Year	16.3	4.9	9	15.9	18.2	22.7	29.6
Region 8	Perception of Peer Marijuana Use	44.5	18.4	27.9	44.5	54.4	61.6	68.3
Region 8	Marijuana Use School Year	18.4	5.1	9.8	16.3	20.6	28.1	36.4
Source: Texas A&M University, Public Policy Reasearch Institute, Texas School Survey of Drug and Alcohol Use: 2018 Texas & Region 8 Report								

Adolescent Sexual Behavior

U.S. and Texas 2017 YRBS

Many young people engage in sexual risk behaviors and experiences that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2017:

- 40 percent had ever had sexual intercourse; Texas reported 39.2 percent.
- 10 percent had four or more sexual partners; Texas reported 11.2 percent.
- 7 percent had been physically forced to have sexual intercourse when they did not want to.
- 30 percent had had sexual intercourse during the previous 3 months (Texas 27.5%), and, of these
    - 46 percent did not use a condom the last time they had sex; Texas reported 47.6 percent.
    - 14 percent did not use any method to prevent pregnancy.
    - 19 percent had drunk alcohol or used drugs before last sexual intercourse; Texas reported 19.1 percent.

Nearly 10% of all students have ever been tested for human immunodeficiency virus (HIV). (The CDC recommends all adolescents and adults 13-64 get tested for HIV at least once as part of routine medical care.)

CDC data show that lesbian, gay, and bisexual high school students are at substantial risk for serious health outcomes as compared to their peers.

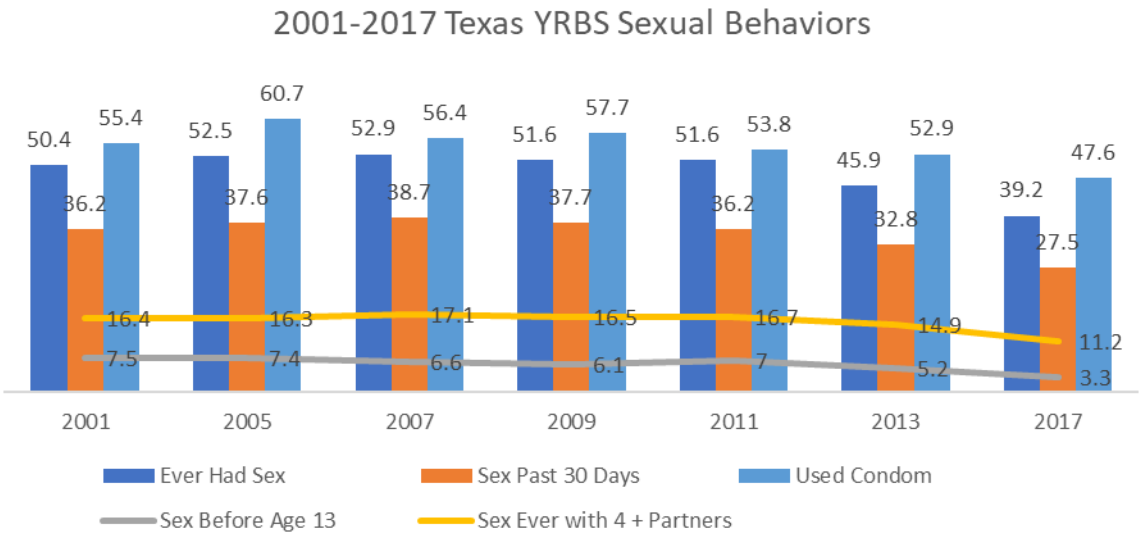
Sexual risk behaviors place youth at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy:

- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2016, 81% were gay and bisexual males.
- Half of the 20 million new STDs reported each year were among young people, between the ages of 15 to 24.
- Nearly 210,000 babies were born to teen girls aged 15–19 years in 2016.[42]

Results from the 2017 Texas YRBS indicated, 39.2 percent of students had ever had sexual intercourse, a 24 percent decrease from 51.6 reported in 2011. Students who had had sexual intercourse with four or more persons during their life decreased 32.9 percent from 16.7 percent reported in 2011 to 11.2 percent in 2017. Currently sexually active students who had sexual intercourse in the past three months decreased 24 percent from 36.2 percent in 2013 to 27.5 percent in 2017. Among currently sexually active students, 47.6 percent reported that either they or their partner had used a condom during their last sexual intercourse, an 11.5 percent decrease from 53.8 reported in 2011. Students who had drank alcohol or used drugs before their last sexual intercourse decreased 21.1 percent from 24.2 percent reported in 2011 to 19.1 percent in 2017.

[42] CDC. Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention. Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm#1. Updated June 14, 2018. Accessed July 11, 2018.

Figure 65. 2001-2017 Texas YRBS Sexual Behaviors

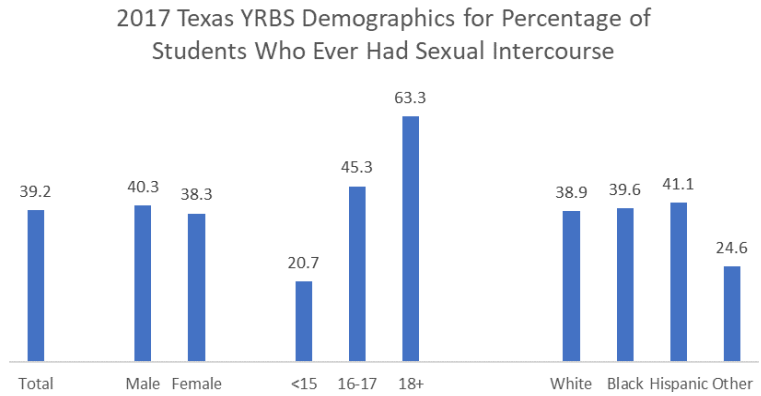


Source: Texas YRBS 2011-2013

Males (5.1%) were 3 times more likely to report having had sexual intercourse for the first time before age 13 than females (1.5%).

Males (15%) were two times more likely to report having had sexual intercourse with four or more people during their life than females (7.6%).

Figure 66. 2017 Texas YRBS Demographics for Percentage of Students Who Ever Had Sexual Intercourse



Source: Texas YRBS 2017

In 2017, 39.2% of Texas students had ever had sex. More male students (40.3%) had ever had sex than female students (38.3%). Hispanic students (41.1%) had higher rates of ever having sexual intercourse followed by Black (39.6%), White (38.9%) and Other (24.6%). More than half (63.3%) of students age 18 and over had had sexual

Misunderstandings about Marijuana

Texas 86th Legislature passed two bills relating to cannabis in 2019.

House bill 1325 did not Did Not Decriminalize Marijuana in Texas.

Texas Govenor Greg Abbot signed House Bill 1325 into law June 10, 2019. However, while the bill sets forth guidelines for growing, selling and transporting industrial hemp, its threshold of 0.3 percent of tetrahydrocannabinol – the psychoactive constituent of cannabis has created a gray area for law enforcemnt and prosecutors. Currently, field tests performed by law enforcement cannot differentiate between hemp and marijuana and do not provide a percentage of THC. Additionally, crime labs, including the Texas Department of Public Safety, don't always have the capability to provide a percentage of THC. In a four-page letter dated, July 18, 2019 to Texas district and county attorneys, Govenor Abbott stated that persons claiming to transport hemp must have a certificate. Failure to have the required certificate while transporting hemp is a separate crime. Second, lab tests are not required in every case and are more affordable than initial reporting indicated. Failing to enforce marijuana laws cannot be blamed on legislation that did not decriminalize marijuana in Texas.[43]

House Bill 3703. – Changes go into effect September 1, 2019.

The second bill expands the existing Compassionate Use program. The new bill allows physicians to prescribe low-THC marijuana (less than .5% THC) to patients with qualifying conditions. The list includes epilepsy, seizure disorder, multiple sclerosis, spasticity, amyotrophic lateral sclerosis, autism, terminal cancer, and incurable neurodegenerative disease.

Accessibility

Reducing easy access to substances can help prevent youth from exposure to unhealthy behaviors.

Exposure to substances in adolescence, and their easy availability, increase the likelihood of substance use in adolescence and increases use in young adulthood. Youth who have easy access to drugs or alcohol may be at increased risk of substance use in adulthood.[44]

The Texas School Survey of Drug and Alcohol Use (TSS) report differences in the perceived access of various drugs, however, the more widely used substances were reported to be accessible by higher proportions. In addition, older age groups generally perceived substances to be more available.

Students perceived alcohol as the easiest accessible substance and as the most widely used, followed by tobacco and then marijuana.

Perceived Access of Alcohol

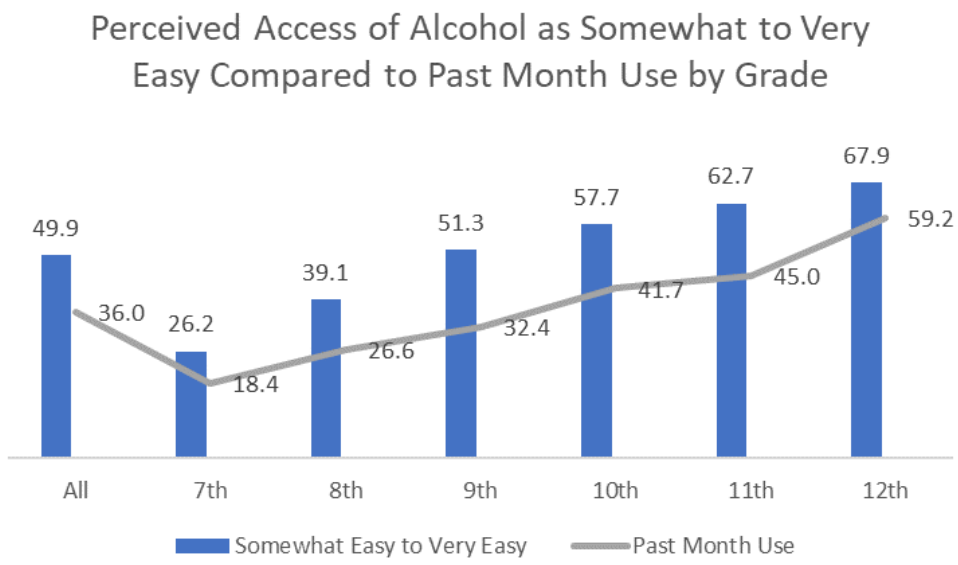
In the 2018 TSS, 39.1 percent of 8th graders said alcohol would be "somewhat" to "very easy" to get, versus 51.3 percent of 9th graders and 67.9 percent of 12th graders. There is a 31 percent increase in the perception of access from Middle School (8th Grade) to High School (9th Grade) as well as a 21.8 percent

[43] Dominguez C. *Abbott says new law did not decriminalize marijuana in Texas.* https://www.chron.com/neighborhood/moco/news/article/Abbott-says-new-law-did-not-decriminalize-14109440.php. Published July 19, 2019. Accessed July 28, 2019

[44] Clifford L. Broman (2016) The Availability of Substances in Adolescence: Influences in Emerging Adulthood, Journal of Child & Adolescent Substance Abuse, 25:5, 487-495, DOI: 10.1080/1067828X.2015.1103346

increase in past month alcohol use. The easier the access reported the higher the use of alcohol as seen below.

Figure 67. 2018 Region 8 Perceived Access of Alcohol as Somewhat or Very Easy Compared to Past Month Use by Grade.



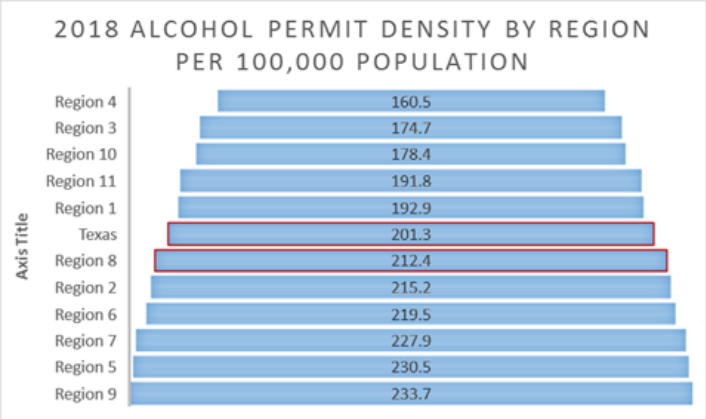
Source : Texas School Survey of Drug and Alcohol Use : 2018 Region 8 Report

Alcohol Retail Permit Density and Violations

The number and density of bars, taverns and liquor stores in communities has been shown to correlate with alcohol-related problems such as assault, traffic crashes, injury, suicide and child abuse. Areas with higher concentrations of alcohol outlets (per capita) have higher concentrations of alcohol-related problems.

Six of the 11 (54.5%) Regions in Texas have alcohol permit density rates higher then Texas' rate of 201.3 persons per 100,000 population. Region 9 rate is the highest at 233.7 persons per 100,000 population compared to Region 4 at 160.5 persons per 100,000 population. The rate for alcohol permits in Region 8 was 212.4, higher than Texas rate of 201.2 per 100,000.

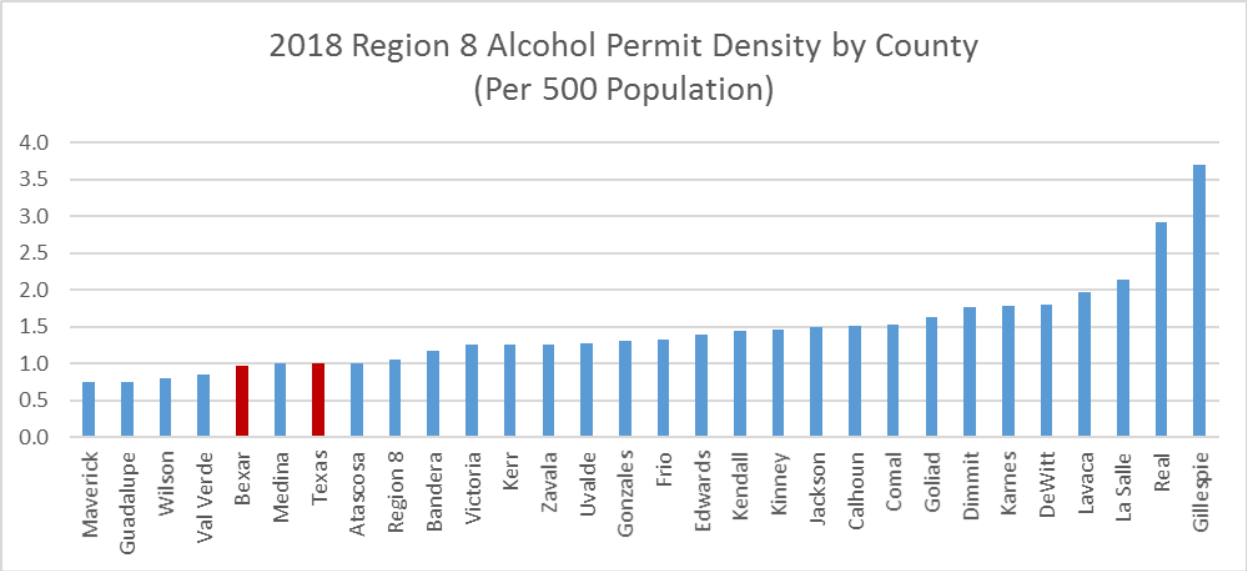
Figure 68. 2018 Alcohol Permit Density by Region



Source : Texas Alcoholic Beverage Commission, Texas Demographic Center, Pop Est. 2018

Seventy-nine percent of Region 8 counties have alcohol permit density rates higher then Texas' rate of one person per 500 population or 201.2 per 100,000 population. Gillespie county rate is the highest at 3.7 persons per 500 population compared to Maverick county at 0.7 persons per 500 population. Bexar county rate is 1 person per 500 population or 192.7 per 100,000 population. County level information about the number of alcohol sales licenses in relation to the number of people in the county are in Appendix B, Table 54.

Figure 69. 2018 Region 8 Alcohol Permit Density by County



Source : Texas Alcoholic Beverage Commission, Texas Demographic Center, Pop Est. 2018

In 2017, Region 8 had 832 alcohol violations reported to the Texas Alcoholic Beverage Commission (TABC), a decrease of 3.5 percent from 2016 of 862 violations. In 2017, 19 percent of the violations involved the selling or serving to a minor or permitting a minor to possess or consume alcohol and or other miscellaneous violations. This was a .7 percent decrease from 2016.

As of July 2018, 10 alcohol pemits in Region 8 were suspended. 7 in Bexar, 1 Guadalupe, 1 La Salle and 1 in Lavaca county.[45]

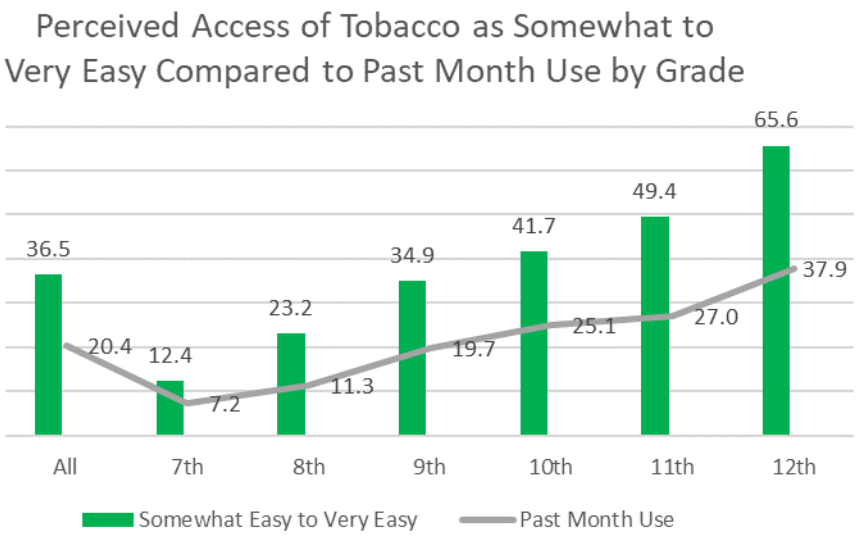
Social Hosting of Parties

A social host is an adult who host parties or allow alcohol to be served to minors on property they control. **In Region 7&8, one out of three or 30 percent of students reported that alcohol was used at parties they attended**. When asked, "*where do you get your alcoholic beverages from",* one out of four report they got it at parties (26.4%), followed by home (23.8%), friends (23.3%), store (6.5%) and other sources (14.7%).

Perceived Access of Tobacco Products

In the 2018 TSS, 23.2 percent of 8th graders said tobacco would be "somewhat" to "very easy" to get, versus 34.9 percent of 9th graders and 65.6 percent of 12th graders. The perception of tobacco access increases 50.4 percent from Middle School (8th - 23.2%) to High School (9th - 34.9%) as well as a 74.3 percent increase in past month tobacco use from 11.3 percent in Middle School (8th grade) to 19.7 percent in High School (9th grade). The easier the access reported the higher the use of tobacco as seen below.

Figure 70. 2018 Region 8 Perceived Access of Tobacco as Somewhat to Very Easy Compared to Past Month Use by Grade



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Access of Other Nicotine Products

Regional and State data was not available for access of other nicotine products.

In 2018, Monitoring the Future (MTF) reported in 8th grade the percentage who reported they could fairly easily or very easily get a vaping device was 44% and for e-liquids with nicotine it was 37%. The respective availability levels in 10th grade were 66% and 61%, and in 12th grade they were 78% and 75%. In all grades

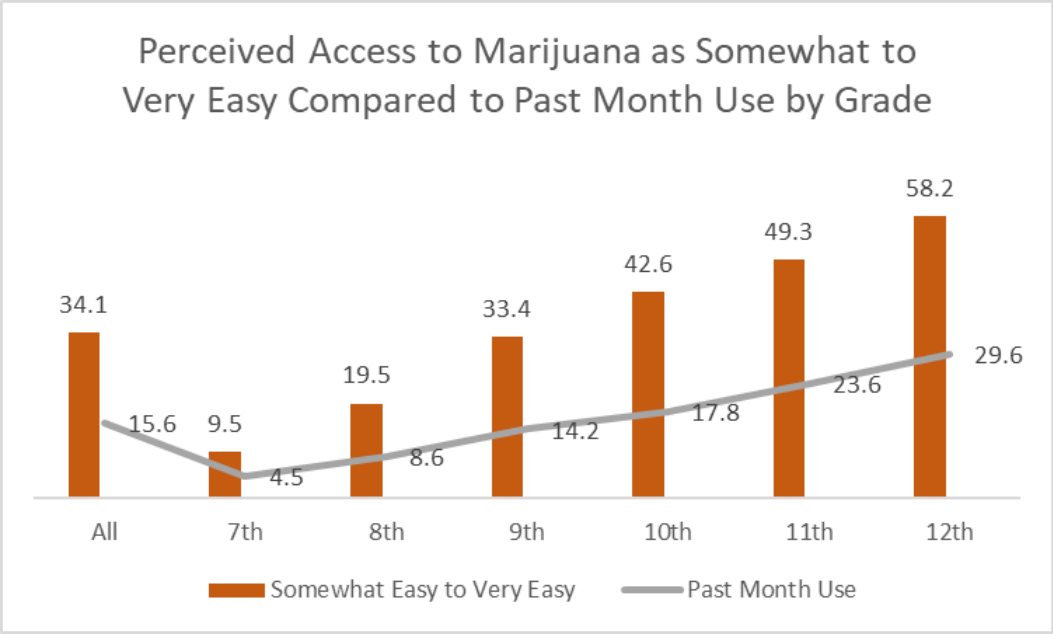
[45] Texas Alcoholic Beverage Commission. TABC: Online. https://www.tabc.state.tx.us/PublicInquiry/Default.aspx. Accesssed July 23, 2018

these availability levels were similar to the availability levels for cigarettes. The availability of vaping devices percent change increased 18.4 percent from 38.6 in 2017 to 45.7 in 2018. Availability for E-liquid with nicotine (for vaping) percent change also increased 22.3 percent from 31 percent in 2017 to 37.9 percent in 2018.

Perceived Access of Marijuana

In the 2018 TSS, 19.5 percent of 8th graders said marijuana would be "somewhat" to "very easy" to get, versus 33.4 percent of 9th graders and 58.2 percent of 12th graders. The perception of marijuana access increases 71.3 percent from Middle School (8th – 19.5%) to High School (9th – 33.4%) as well as a 65.1 percent increase in past month marijuana use from 8.6 percent in 8th grade to 14.2 percent in 9th grade. The easier the access reported the higher the use of marijuana as seen below.

Figure 71. 2018 Region 8 Perceived Access of Marijuana as Somewhat to Very Easy Compared to Past Month Use by Grade



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Access of Prescription Drugs

Regional and State data was not available for prescription drug access.

Like the Texas School Survey of Drug and Alcohol Use (TSS), the 2018 Monitoring the Future (MTF) results show an increase in access to prescription drugs increasing with each grade level as well as past 30-day use as seen below.

Figure 72. 2018 Monitoring the Future National Perceived Access to Prescription Drugs as "Fairly Easy" to "Very Easy" to Get by 8th, 10th and 12th Grade Students by Use

2018 MTF National Perceived Access to Prescription Drugs as "Fairly Easy" to "Very Easy" to Get by 8th, 10th and 12th Grade Students by Use						
Substance	8th Grade Past 30 Day Use	8th Grade Easy Access	10th Grade Past 30 Day Use	10th Grade Easy Access	12th Grade Past 30 Day Use	12th Grade Easy Access
* Narcotics other than Heroin	***	8.3	***	16.8	1.1	32.5
**Amphetamines	1.8	11.6	2.4	23.4	2.4	39.3
***Sedatives (Barbiturates)	***	8.6	***	14.1	1.2	23.0
Tranquilizers	0.9	12.2	1.3	24.2	1.3	13
*Narcotics include Vicodin, OxyContin, Percocet, etc						
** Amphetamines include uppers, speed, Adderall, Ritalin, etc						
***Sedatives (Barbiturates) described only as Downers						
Source: The Monitoring the Future Study, the University of Michigan, 2018						

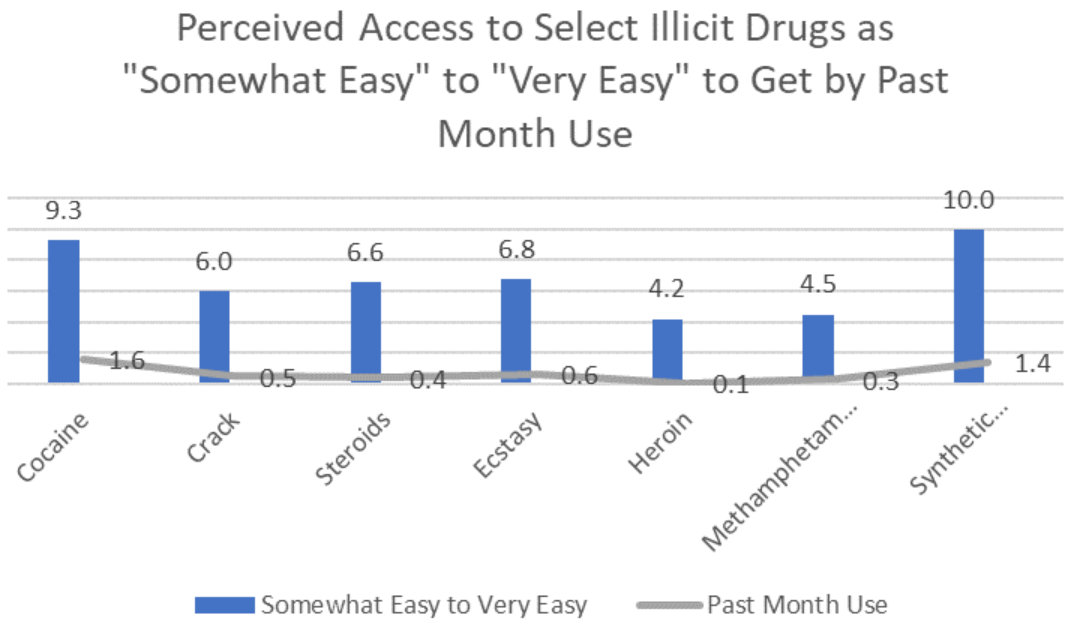
Narcotics other than heroin fall into the more general class of prescription drugs used outside of medical supervision (tranquilizers, sedatives, amphetamines, and narcotics), which have been the subject of concern in the 2000s as their prevalence rose and then sustained for some years. Substantial efforts to curb their availability to young people include "take-back" programs and efforts by various government agencies and private organizations to persuade parents and other family members not to leave any such drugs where adolescents can get them. In addition, the medical and dental communities have been alerted about the potential for the misuse of these drugs. The results reported here, showing a considerable decline in perceived availability of these drugs to adolescents, suggest that these efforts may be working.[46]

Perceived Access to Illicit Drugs

Students perceived to have access to synthetic marijuana the most at 10 percent followed by cocaine (9.3%) with past month usage the highest at 1.4 percent and 1.6 percent as seen below.

[46] Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2019). Monitoring the Future national survey results on drug use, 1975–2018: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan. Available at http://monitoringthefuture.org/pubs.html#monographs, Accessed June 27, 2019

Figure 73. Perceived Access to Select Illicit Drugs as "Somewhat Easy" to "Very Easy" to Get by Past Month Use.



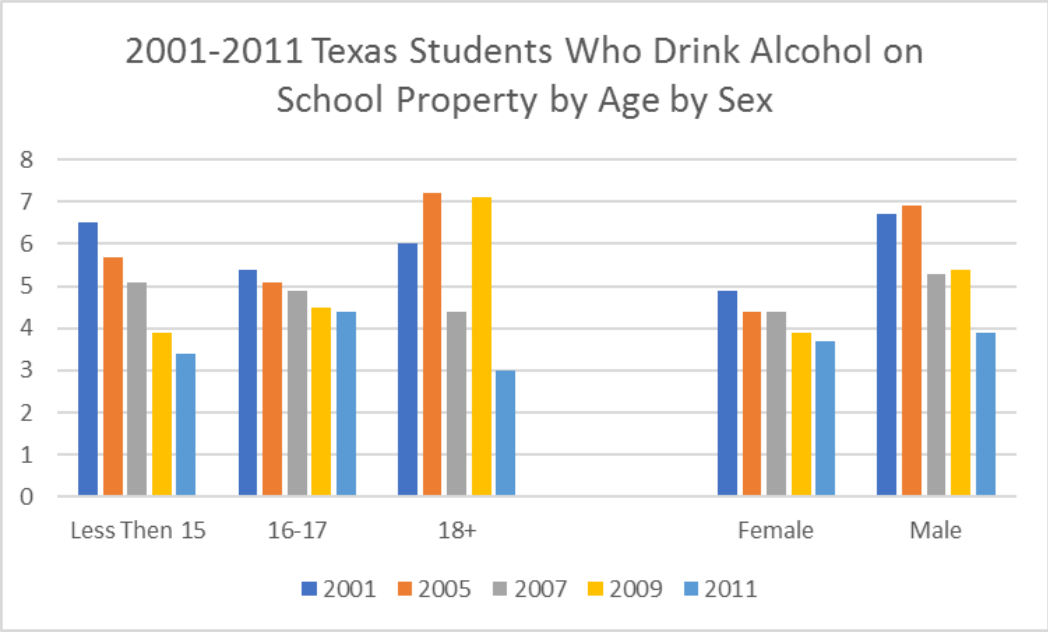
Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Illegal Drugs on School Property

The Youth Risk Behavior Surveillance Survey (YRBSS) asks questions about substance related behaviors on school campus. The first indicator addresses students' behavior of consuming alcohol on school campus followed by students who were offered, sold or given illegal drugs on school campus.

Between 2001 to 2011, alcohol use on Texas school campuses has steadily declined across all age groups, students 15 years of age or less decreased 3.1, 16 to 17 years of age decreased 1.0, and 18 and older decreased 3.0. Females are just as likely as males to consume alcohol on school campus. Male use decreased 2.8 while females decreased only 1.2 over the same period.

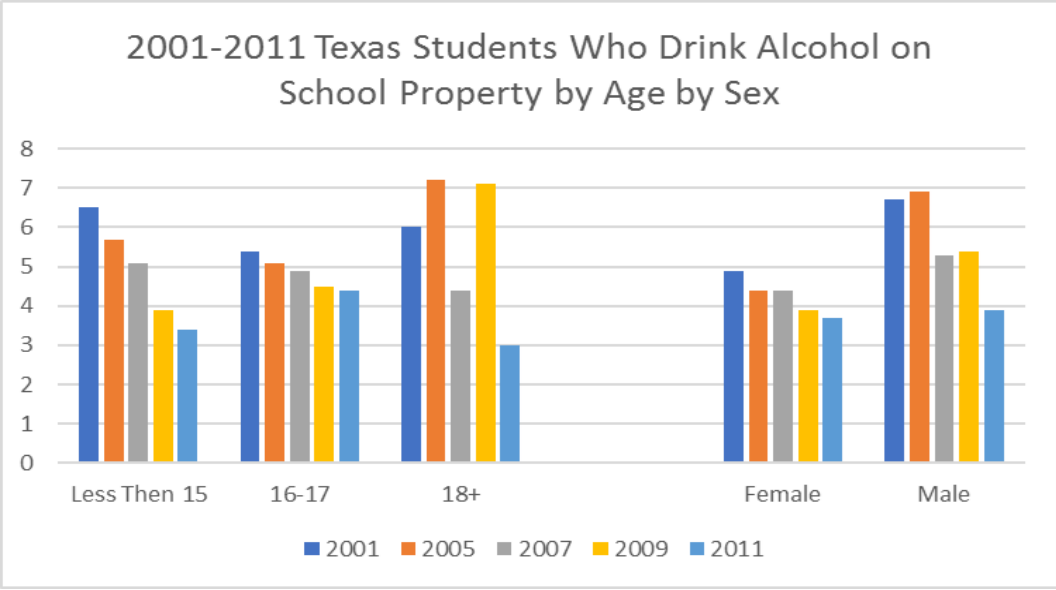
Figure 74. 2001-2011 Texas Students Who Drink on School Campus



Source : Texas Department of State Health Services, 2001-2017 Texas High School Youth Risk Behavior Survey Data

Between 2001 to 2017 there were significant increases in 2005 and 2011 of students who were offered, sold or given drugs on school campus while there has been no significant change between 2013 and 2017. Female students who were offered, sold or given drugs on school property increased 2.7 from 23.3 percent in 2001 to 26 percent in 2017 while males decreased 4.2 from 32.8 percent in 2001 to 27.5 percent in 2017. The most significant increase occurred with the students less than 15 years of age, increasing 1.0 from 27 percent in 2013 to 28 percent in 2017.

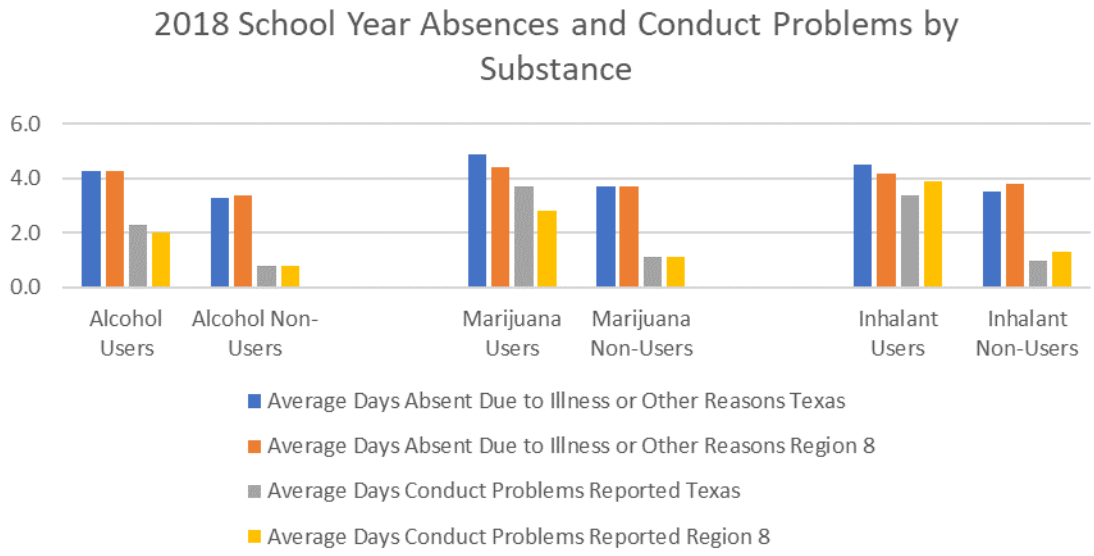
Figure 75. 2001-2017 Students Offered, Sold or Given Drugs on School Property



Texas Department of State Health Services. 2001 - 2011 Texas High School Youth Risk Behavior Survey Data.

The Texas School Survey provides some insight into the associated behaviors of substance use and student campus life. With the first indicator, students self-report their conduct problems and absenteeism for those who identify as user and non-users of alcohol, marijuana and inhalants. Non-users are less likely to miss school or have bad conduct days compared to those who use substances. Marijuana users are more likely to miss school, while inhalant users are more likely to have bad conduct days as seen in the diagram below in Region 8.

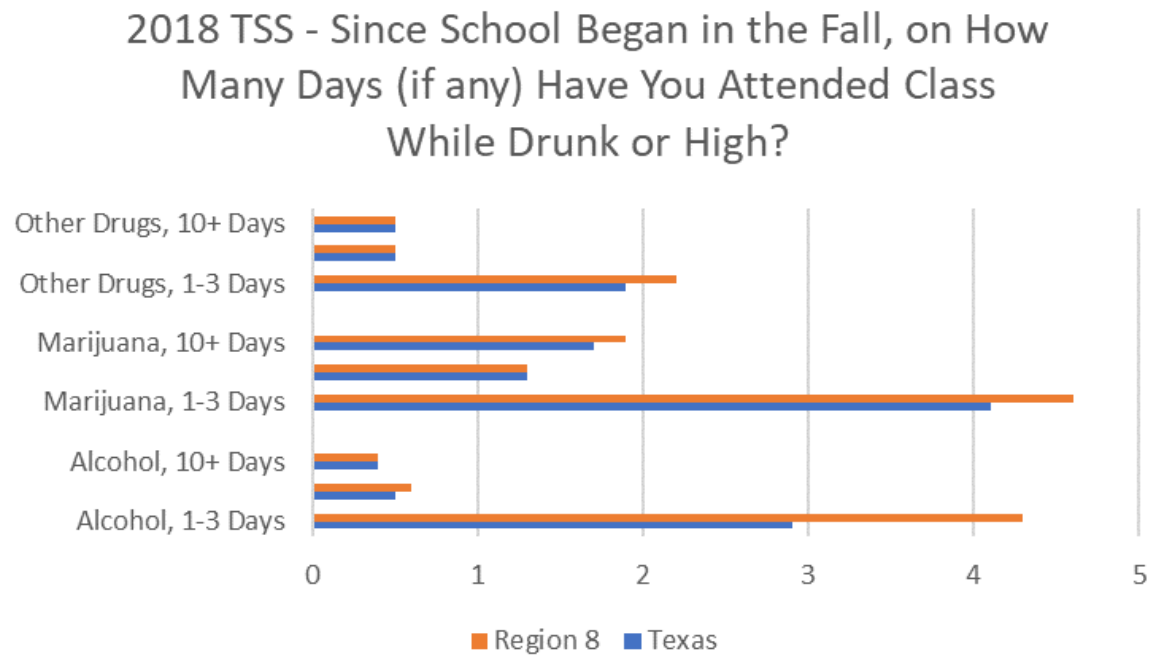
Figure 76. 2018 TSS School Year Absences and Conduct Problems by Substance



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report & State Report

Finally, the second indicator, students self-report the number of days they attended classes while drunk on alcohol, high from marijuana use, or high from some other drug. Students are more likely to attend school while high from marijuana use than from any other substance. Region 8 rates are significantly higher than Texas for substance use reported in the 1 to 3-day range as seen below.

Figure 77. Attended Class While Drunk or High

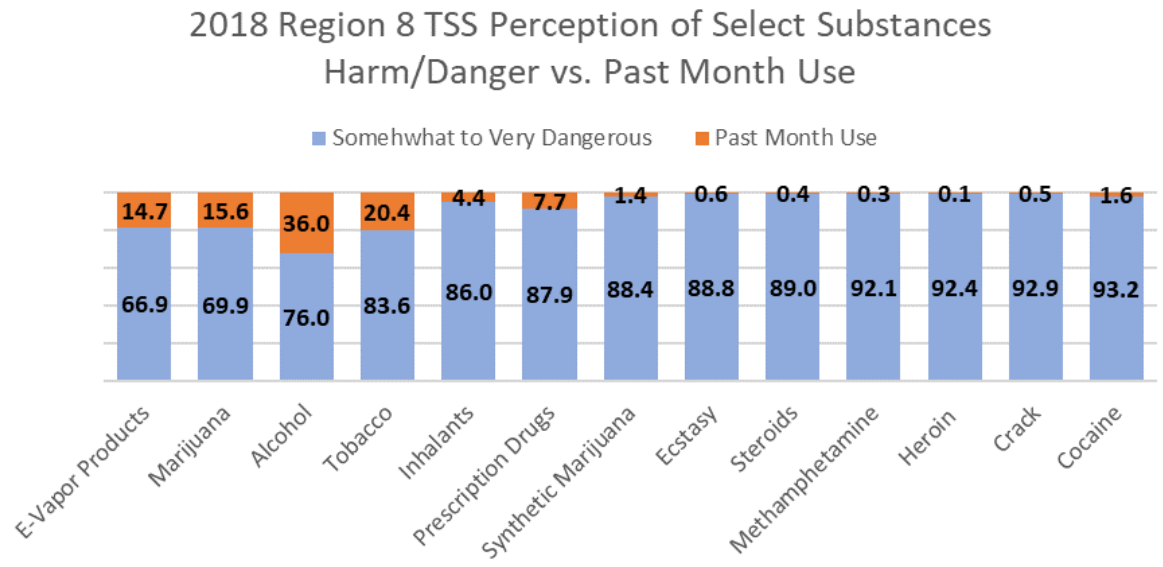


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report & State Report

Perceived Risk of Harm

The perception of risk (danger) associated with drug use has been established as a key factor in the decision of whether to use a drug or not. When the perception of harm is high, students are less likely to use. Cocaine, crack and heroin are perceived to have the highest risk of danger, therefore, have less use by students. On the hand, E-vapor products, marijuana, alcohol and tobacco products have the least perception of harm and have the highest percentage of past month usage as seen below.

Figure 78. 2018 Region 8 TSS Perception of Select Substances Harm/Danger vs. Past Month Use



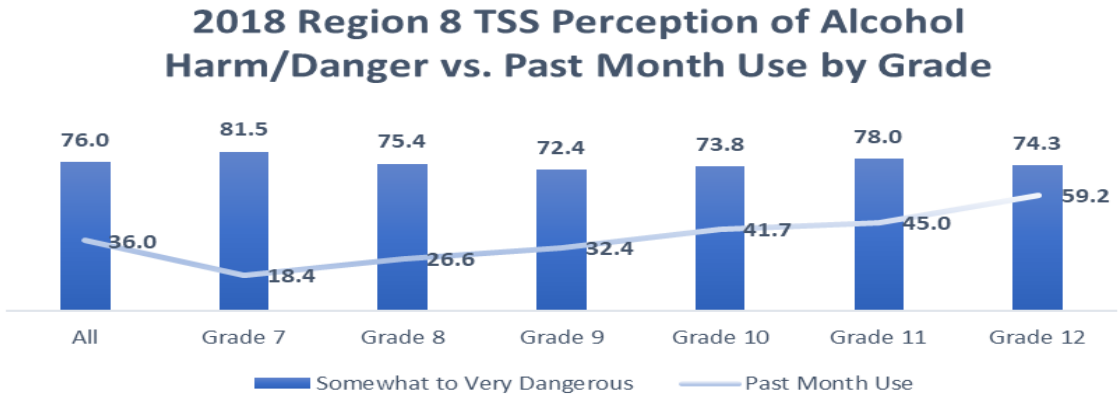
Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Risk of Harm from Alcohol

As students progress through school their peers, more independence and socializing may influecnce their decrease in perception of harm while use increases.

In the 2018 TSS, 75.4 percent of 8th graders said alcohol was "somewhat dangerous" to "very dangerous" to use, versus 72.4 percent of 9th graders and 74.3 percent of 12th graders. The perception of alcohol's risk of harm decreased 4 percent from Middle School (8th – 75.4%) to High School (9th – 72.4%) and increased 22 percent in past month alcohol use from 26.6 percent in 8th grade to 32.4 percent in 9th grade.

Figure 79. 2018 Region 8 TSS Perception of Alcohol Harm/Danger vs. Past Month Use by Grade

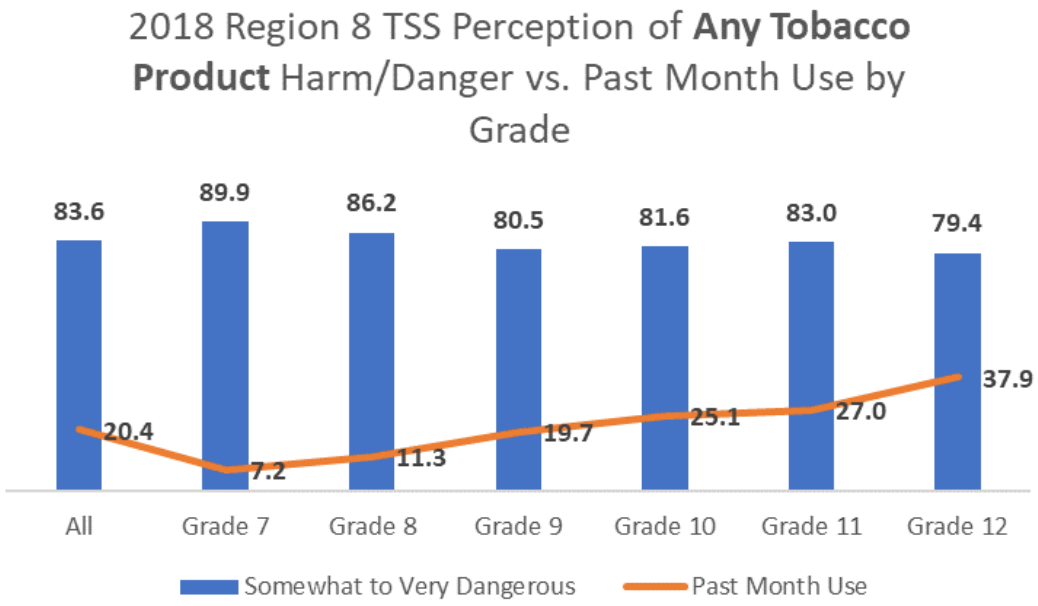


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Risk of Harm from Tobacco

In the 2018 TSS, 86.2 percent of 8th graders said any tobacco product was "somewhat dangerous" to "very dangerous" to use, versus 80.5 percent of 9th graders and 79.4 percent of 12th graders. The perception of tobacco risk of harm decreased 1.4 percent from Middle School (8th – 80.5%) to High School (9th – 79.4%) and increased 74.3 percent in past month tobacco use from 11.3 percent in 8th grade to 19.7 percent in 9th grade.

Figure 80. 2018 Region 8 TSS Perception of Any Tobacco Product Harm/Danger vs. Past Month Use by Grade

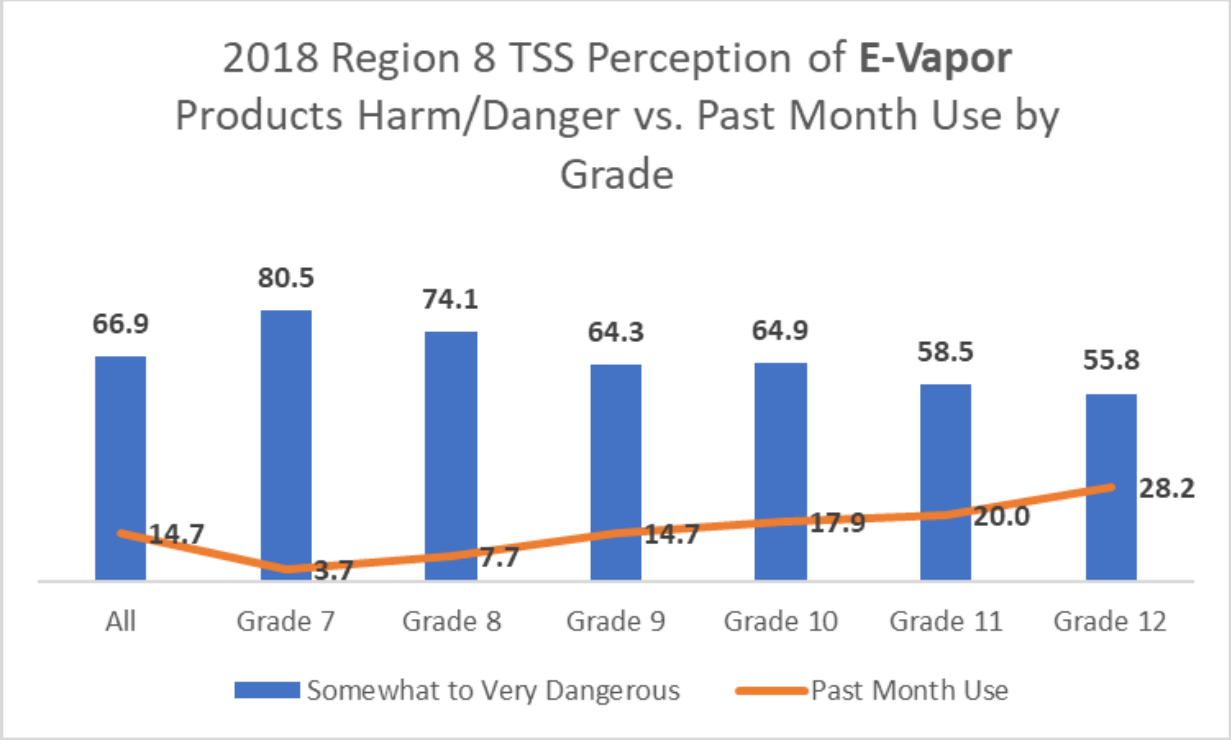


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Risk of Harm from E-Vapor

In the 2018 TSS, 74.1 percent of 8th graders said any E-Vapor product was "somewhat dangerous" to "very dangerous" to use, versus 64.3 percent of 9th graders and 55.8 percent of 12th graders. The perception of any E-Vapor product risk of harm decreased 13.6 percent from Middle School (8th – 74.4%) to High School (9th – 64.3%) and increased 90.9 percent in past month E-Vapor use from 7.7 percent in 8th grade to 14.7. percent in 9th grade.

Figure 81. 2018 Region 8 TSS Perception of E-Vapor Products Harm/Danger vs. Past Month Use by Grade

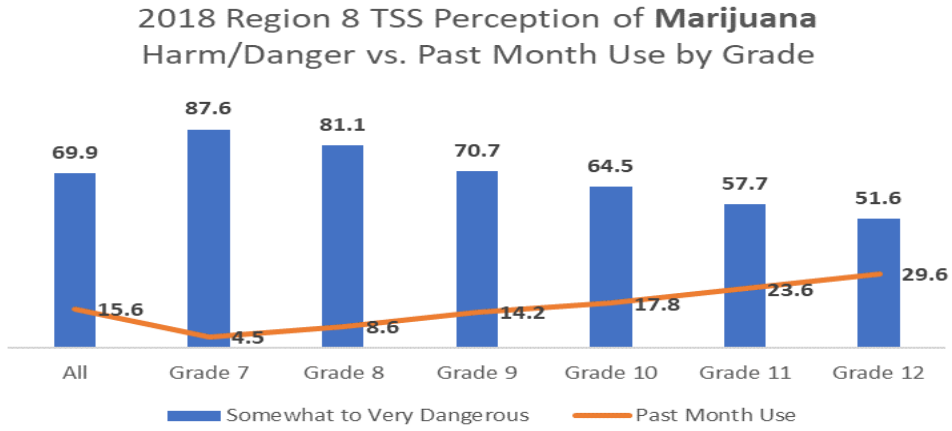


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Perceived Risk of Harm from Marijuana

In the 2018 TSS, 81.1 percent of 8th graders said marijuana was "somewhat dangerous" to "very dangerous" to use, versus 70.7 percent of 9th graders and 51.6 percent of 12th graders. The perception of any marijuana risk of harm decreased 7.4 percent from Middle School (8th – 81.1%) to High School (9th – 70.7%) and increased 65.1 percent in past month marijuana use from 8.6 percent in 8th grade to 14.2 percent in 9th grade.

Figure 82. 2018 Region 8 TSS Perception of Marijuana Harm/Danger vs. Past Month Use by Grade

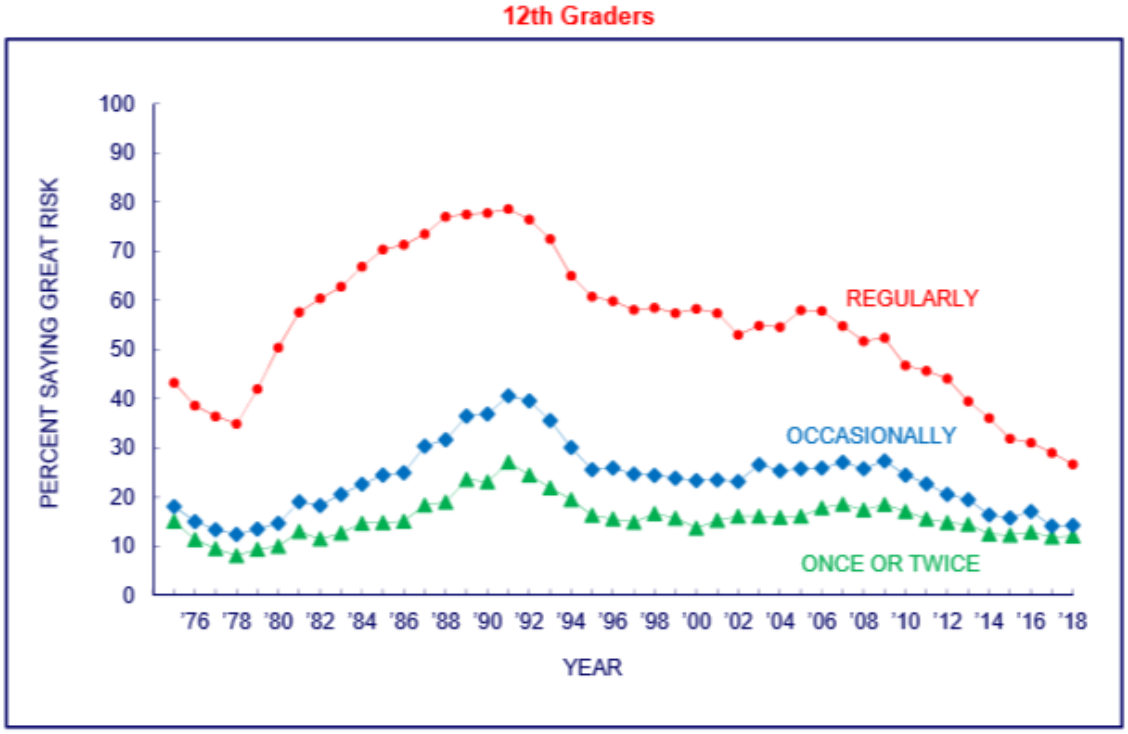


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Monitoring the Future (MTF) is an ongoing national survey conducted by, a team of research professors at the University of Michigan's Institute for Social Research. In the most recent 2018 MTF survey, some of the most important trends in perceived risk have involved marijuana. Currently, the proportion of 12th graders who perceive great risk of harm from regular use is at the lowest level ever recorded by the survey. It stands at 27% and has been in a steady decline for the past decade.

This finding is concerning in light of the fact that declines in perceived risk in the past have predicted future increases in use, a pattern that we interpret as reflecting a causal connection.[47]

Figure 83. 1976-2018 MTF National Trends in Marijunana Perceived Harmfulness for Different Levels of Use in 12th Grade



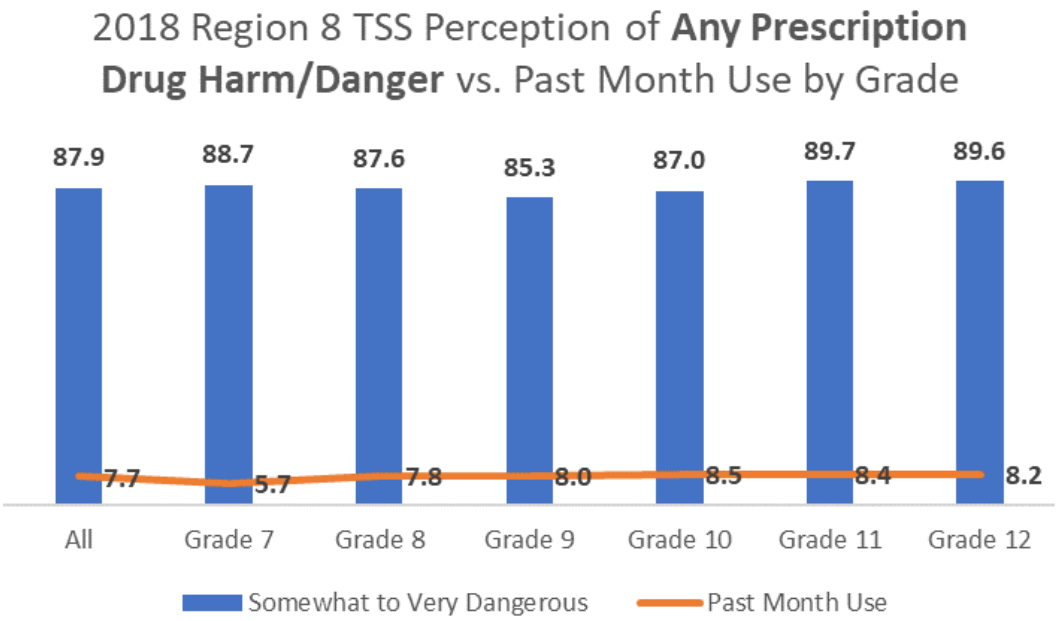
Source: The Monitoring the Future Study, the University of Michigan

Perceived Risk of Harm from Prescription Drugs

In the 2018 TSS, 87.6 percent of 8th graders said any prescription drug not prescribed to them was "somewhat dangerous" to "very dangerous" to use, versus 85.3 percent of 9th graders and 89.6 percent of 12th graders. The perception of any prescription drug not prescribed, risk of harm, decreased 2.6 percent from Middle School (8th – 87.6%) to High School (9th – 85.3%) and increased 2.6 percent in past month prescription drug use from 7.8 percent in 8th grade to 8 percent in 9th grade.

[47] Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2019). Monitoring the Future national survey results on drug use, 1975–2018: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, the University of Michigan. Available at http://monitoringthefuture.org/pubs.html#monographs. Page 419

Figure 84. 2018 Region 8 TSS Perception of Any Prescription Drug Harm/Danger vs. Past Month Use by Grade



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 Region 8 Report

Regional Consumption

The Texas School Survey is the most comprehensive survey for substance use in Texas and will be used for our regional consumption data. The survey, administered every two years, provides timely and relevant information about current drug and alcohol use patterns among young people enrolled in Texas' public schools. Various regional breakdowns including border, non-border and regional analyses provide the ability to compare various diverse areas of Texas with the state as a whole. These results can yield important information on the unique needs of different regions in Texas, thus informing policy makers for purposes of program design and resource allocation for substance abuse prevention among youth in Texas. Furthermore, longitudinal analysis can provide insight into changes in drug and alcohol prevalence over time. [48]

Early Initiation of Alcohol, Tobacco and Marijuana

Alcohol, tobacco, and marijuana are the substances American adolescents use the most. A recent study led by researchers at the National Institute on Alcohol Abuse and Alcoholism examined how adolescents' substance use patterns are associated with substance use disorders in young adulthood. Their findings, published in Drug and Alcohol Dependence in March 2014, show that adolescents who drink alcohol and also smoke cigarettes and marijuana are more likely to suffer from alcohol and other substance use disorders as young adults than adolescents who delay trying these substances.

[48] Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 Methodology Report. http://texasschoolsurvey.org/Documents/Reports/Methods/2016Methods.pdf. Accessed June 28, 2019

The researchers used data from Waves I (1994–1995) and IV (2008) of the National Longitudinal Study of Adolescent Health (Add Health), the largest, most comprehensive survey of adolescents in the United States, to estimate the prevalence of various patterns of early adolescent use of alcohol, cigarettes, and marijuana, individually and in combination. They also examined the differences in these patterns based on age, gender, and race/ethnicity among users of all three substances. Then, they examined the effects of these patterns on subsequent young adult substance use behaviors and DSM-IV substance use disorders.

Researchers found that multiple substance use is highly prevalent among U.S. adolescents, with 34.1% reporting early use of alcohol and marijuana, or alcohol, marijuana and cigarettes. They also found that early use of multiple substances is associated with higher rates of substance use dependence in young adults. According to their analyses, about one-fourth of young adults ages 24 to 32 who had used alcohol, marijuana, and cigarettes before age 16 met the DSM-IV criteria for a substance use disorder. By contrast, only about 16% of young adults who had used these same substances after age 16 met the criteria for a substance use disorder.

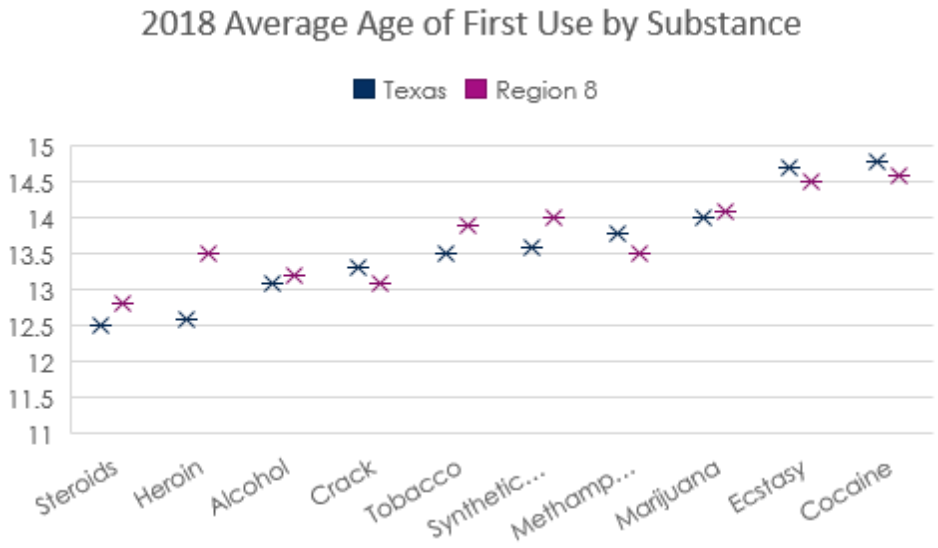
The researchers also examined the associations between the use of multiple substances in early adolescence with a range of subsequent young adult substance use behaviors. **They found that adolescents who used alcohol, cigarettes, and marijuana prior to age 16 were twice as likely to meet the criteria for marijuana dependence and three times as likely to be dependent on other illicit drugs**.

The authors conclude that prevention programs should aim to encourage kids to delay use of all three problematic substances – alcohol, cigarettes, and marijuana – rather than targeting each substance separately.[49]

The average age of first use for students in Region 8 were more likely to have tried crack, methamphetamine, ecstasy and cocaine at an earlier age than the state.

[49] Babitz S, Combined use of alcohol, cigarettes, and marijuana in early adolescence can lead to substance dependence in early adulthood. NIH, https://www.niaaa.nih.gov/research/niaaa-research-highlights/combined-use-alcohol-cigarettes-and-marijuana-early-adolescence. Published March 14, 2014, Accessed July 25, 2018.

Figure 85. 2018 Average Age of First Use by Substance



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, 2018 Region 8 Report

Alcohol

Alcohol continues to be the substance most commonly misused by adults and youth. As long as alcohol remains easily accessible, social norms unchanged and the perception of danger low, alcohol will continue to be the most commonly misused substance.

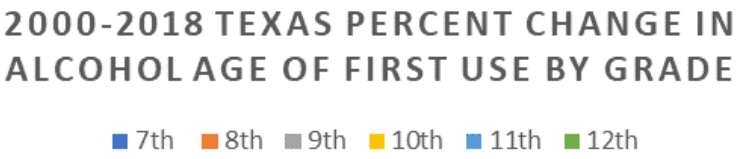
In the 2018 TSS, almost half (48.6%) of Region 8 high school students in 10th grade reported drinking in the past year. The numbers rise with age—jumping to 53.8 percent for 11th grade and 65.7 percent for 12th grade. While these numbers reflect even a single drink within the calendar year, studies have shown that a significant number of underage drinkers meet the criteria for binge drinking — consuming 5 or more alcoholic drinks in a single sitting. (NIAA, 2013; CDC, 2015; Weddle and Kokotailo, 2009)

In addition the 2018 TSS for Region 7&8 reported Drinking and Driving increased from 2.7 percent in 2016 to 4.8 percent in 2018 and driving high from Drugs increased from 4.1 percent to 5.6 percent. Students that attended class drunk on Alcohol increased from 3.7 percent in 2016 to 4.6 percent in 2018; high on Marijuana increased from 6.3 percent to 7.1 percent; high on Inhalants increased from 0.7 percent to 0.9 percent and all other drugs increased from 3.1 percent to 3.3 percent.

Alcohol Age of Initiation

In 2018 TSS, the average age of first use for any alcohol product in Region 8 was 13.2, older than the state and Region 7&8 age of 13.1. From 2000 to 2018 the State saw increases in alcohol age of first use for 8th grade by 1.8 percent, 9th grade by 5.1 percent, 10th grade by 6.4 percent, 11th grade by 6.1 percent, 12th grade by 7.2 percent while 7th grade showed no change.

Figure 86. 2000-2018 Texas Percent Change in Alcohol Age of Initiation by Grade



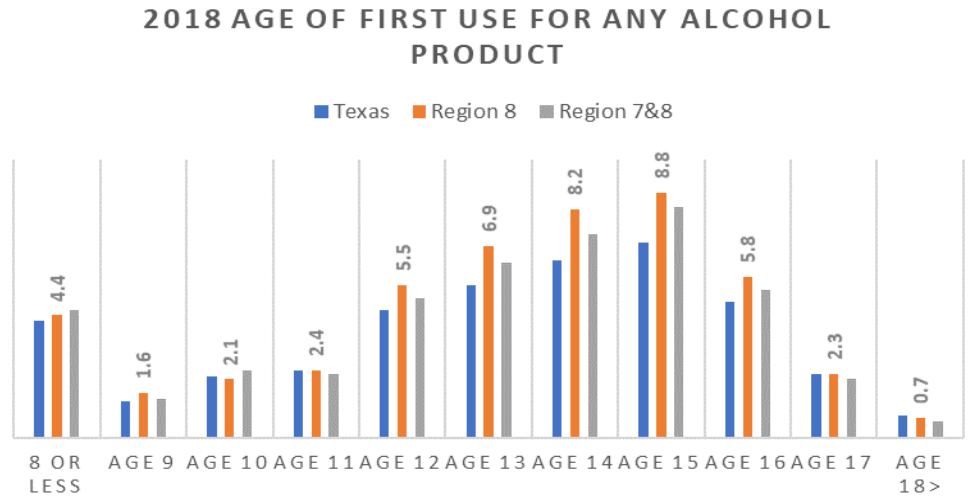
	2000	2002	2004	2006	2008	2010	2012	2014	2018	% Change
7th	10.6	10.5	10.5	10.5	10.6	10.6	10.5	10.6	10.6	0
8th	11.1	11.1	11	11	11.2	11.2	11.2	11.3	11.3	1.8
9th	11.8	11.8	11.8	11.8	11.9	12	12.1	12.2	12.4	5.1
10th	12.5	12.5	12.4	12.5	12.6	12.6	12.9	13	13.3	6.4
11th	13.2	13.1	13.1	13.1	13.3	13.3	13.5	13.9	14	6.1
12th	13.8	13.7	13.9	13.8	13.9	14	14.1	14.6	14.8	7.2

Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report

Alcohol Early Initiation

The 2018 TSS for Region 8 reported 16 percent of students in grades 7th thru 12th initiated alcohol use prior to age 13, higher than the state's rate of 14.7 percent and Region 7&8 at 15.7 percent. The following table details the rate of adolescents beginning use of alcohol by age.

Figure 87. 2018 Age of First Use for Any Alcohol Product

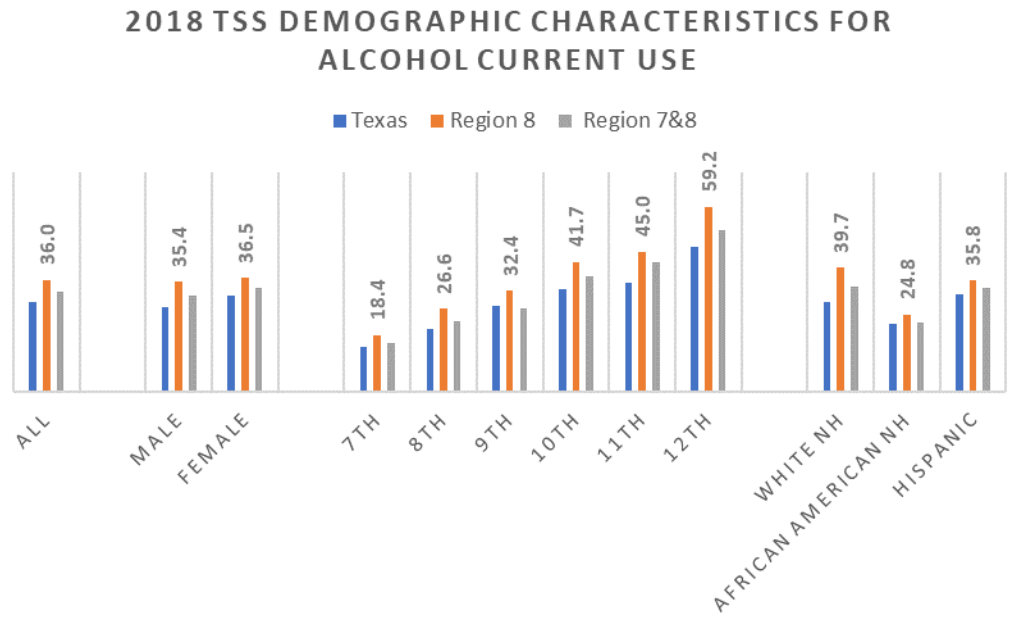


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report, Region 7&8 Report

Alcohol Current Use (Past 30 Days)

In the 2018 TSS, Region 8 past month use for any alcohol product for all students surveyed in 7th- 12th grades was 36 percent. Females (36.5%) were more likely to use any alcohol products then males (35.4%). Past month use of any alcohol product increased 21.8 percent from 8th grade (26.6%) students in Middle School to 9th grade (32.4%) students in High School. White Non-Hispanic (39.7%) students were more likely to use any alcohol products compared to Hispanic (35.8%) students and African American (24.8%) students.

Figure 88. 2018 TSS Demograpic Characteristics for Alcohol Current Use

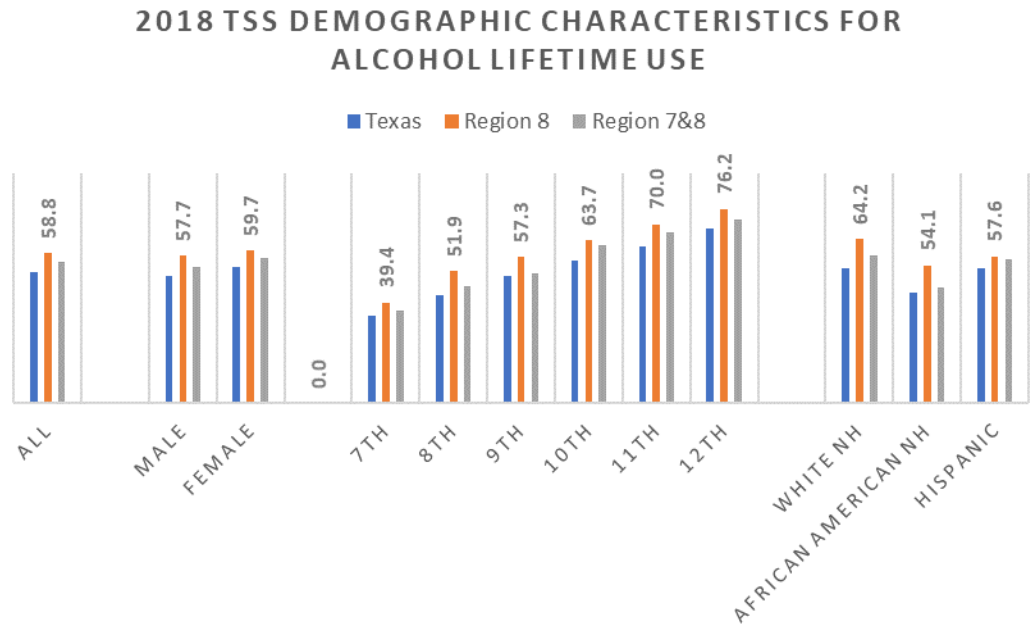


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report, Region 7&8 Report

Alcohol Lifetime Use (Ever Used)

In the 2018 TSS, Region 8 lifetime use for any alcohol products for all students surveyed in 7th- 12th grades was 58.8 percent. Females (59.7%) were more likely to have ever tried any alcohol products then males (57.7%). Lifetime use of any alcohol products increased 10.4 percent from 8th grade (51.9%) students in Middle School to 9th grade (57.3%) students in High School. White Non-Hispanic (64.2%) students were more likely to have ever tried any alcohol products in their lifetime compared to Hispanic (57.6%) students and African American (54.1%) students.

Figure 89. 2018 TSS Demographic Characteristics for Alcohol Lifetime Use



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report, Region 7&8 Report

Qualitative Data

The Social Host Implementation Workgroup meets monthly to plan events and hold law enforcement accountable in enforcing San Antonio's Social Host Ordinance. The group monitors underage drinking trends and media related to underage drinking throughout Bexar County. In May 2019, the SHI Workgroup collaborated with law enforcement, San Antonio College, the TABC, and the Bethel Prevention Coalition to host an Underage Drinking Town Hall

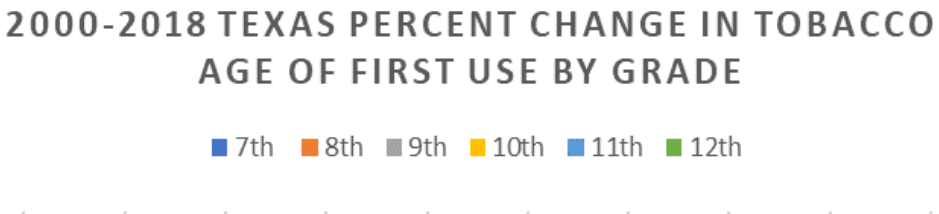
Tobacco

According to the 2014 Surgeon General's Report,(SGR) nearly 9 out of 10 adult smokers started before age 18, and nearly all started by age 26. The report estimates that about 3 out of 4 high school smokers will become adult smokers – even if they intend to quit in a few years.

Tobacco Age of Initiation

In the 2018 TSS, the average age of first use for any tobacco product in Region 8 was 13.9, older then the state's age of 13.5 and Region 7&8 at 13.7. From 2000 to 2018 the State saw increases in tobacco age of first use for 7th grade by 1.9 percent, 8th grade by 2.7 percent, 9th grade by 5.9 percent, 10th grade by 6.4 percent, 11th grade by 7.6 percent, and 12th grade by 8.8.

Figure 90. 2000-2018 Texas Percent Change in Tobbaco Age of Initiation by Grade



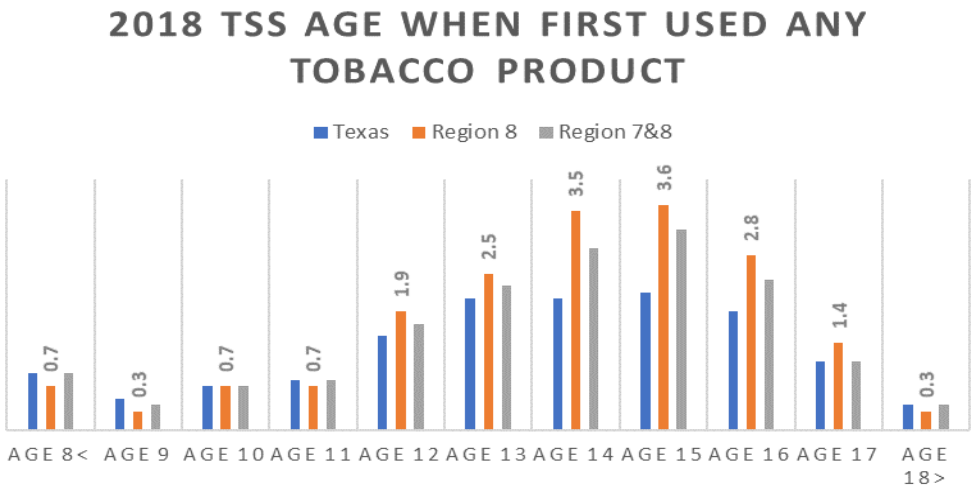
	2000	2002	2004	2006	2008	2010	2012	2014	2018	% Change
7th	10.7	10.6	10.6	10.7	10.9	10.8	10.8	11.0	10.9	1.9
8th	11.2	11.2	11.2	11.3	11.5	11.5	11.5	11.5	11.5	2.7
9th	11.9	11.8	12.0	12.1	12.2	12.3	12.4	12.3	12.6	5.9
10th	12.5	12.6	12.6	12.8	12.9	13.0	13.1	13.2	13.3	6.4
11th	13.1	13.1	13.3	13.5	13.6	13.7	13.9	14.0	14.1	7.6
12th	13.7	13.6	14.1	14.3	14.5	14.5	14.6	14.8	14.9	8.8

Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2000-2018 State Report

Tobacco Early Initiation

The 2018 TSS for Region 8 reported 4.3 percent of students in grades 7th thru 12th initiated any tobacco product use prior to age 13, lower than the state's rate of 4.4 percent. The following table details the rate of adolescents beginning use of any tobacco product by age.

Figure 91. 2018 TSS Age When First Used Any Tobacco Product

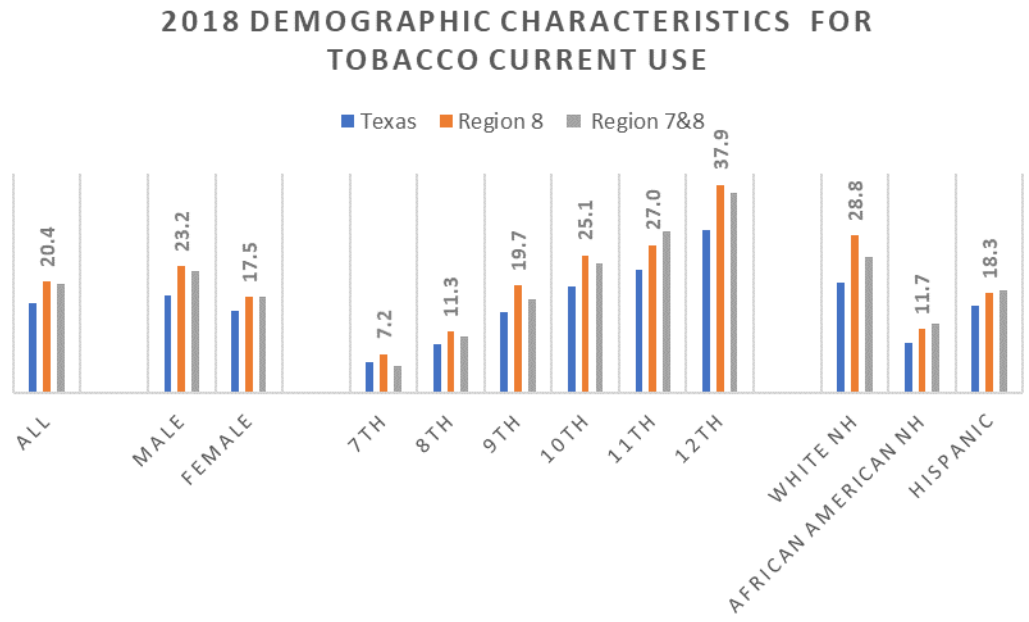


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Tobacco Current Use

In the 2018 TSS, Region 8 past month use for any tobacco product for all students surveyed in 7th- 12th grades was 20.4 percent. Males (23.2%) were more likely to use any tobacco product then females (17.5%). Past month use of any tobacco product increased 74.3 percent from 8th grade (11.3%) students in Middle School to 9th grade (19.7%) students in High School. White Non-Hispanic (28.8%) students were 1.6 times more likely to use any tobacco products compared to Hispanic (18.3%) students and 2.5 times more likely then African American (11.7%) students.

Figure 92. 2018 Tobacco Demographic Characteristics for Current Use

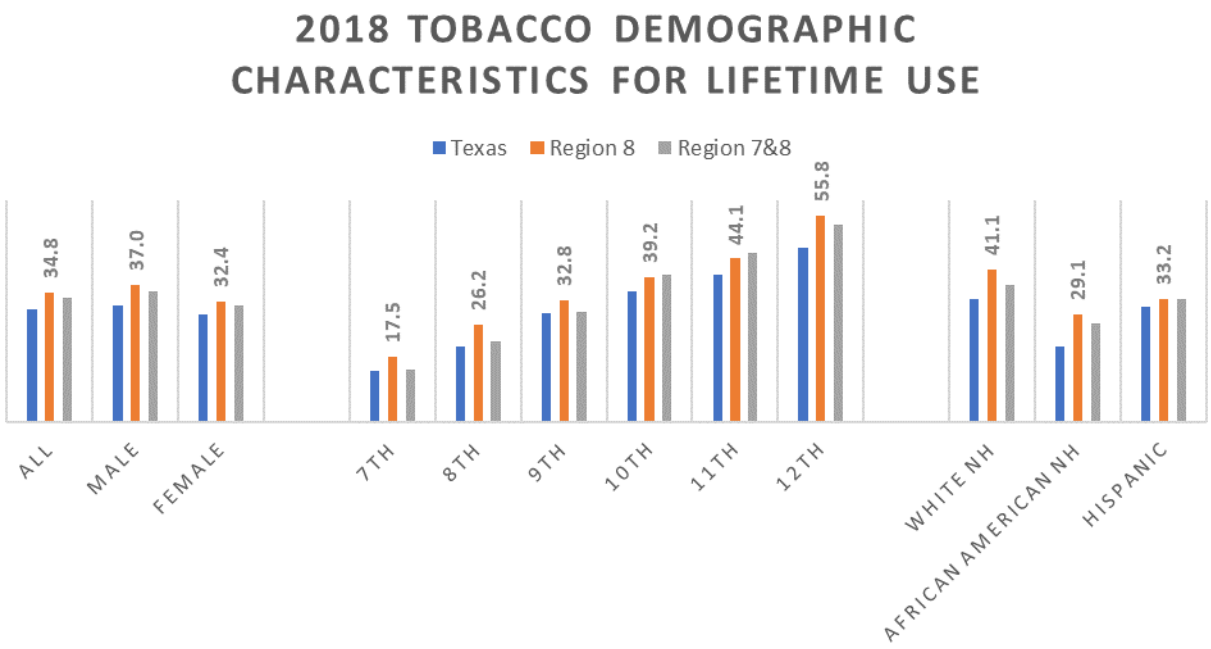


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Tobacco Lifetime Use

In the 2018 TSS, Region 8 lifetime use for any tobacco product for all students surveyed in 7th- 12th grades was 34.8 percent. Males (37%) were more likely to use any tobacco product then females (32.4%). Past month use of any tobacco product increased 25.2 percent from 8th grade (26.2%) students in Middle School to 9th grade (32.8%) students in High School. White Non-Hispanic (41.1%) students were more likely to use any tobacco products in their lifetime compared to Hispanic (33.2%) students and African American (29.1%) students.

Figure 93. 2018 Tobacco Demographic Characteristics for Lifetime Use



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Marijuana

Marijuana remains the most widely used illicit drug among youth and adults.

Marijuana Age of Initiation

In the 2018 TSS, the average age of first use for marijuana in Region 8 was 14.1, older than the state at 14. From 2000 to 2018 the State saw increases in marijuana age of first use for 8th grade by 2.5 percent, 9th grade by 2.3 percent, 10th grade by 3.0 percent, 11th grade by 3.5 percent, 12th grade by 2.7 percent while 7th grade age of initiation decreased by 0.9 percent.

Figure 94. 2000-2018 Texas Percent Change in Marijuana Age of First Use by Grade

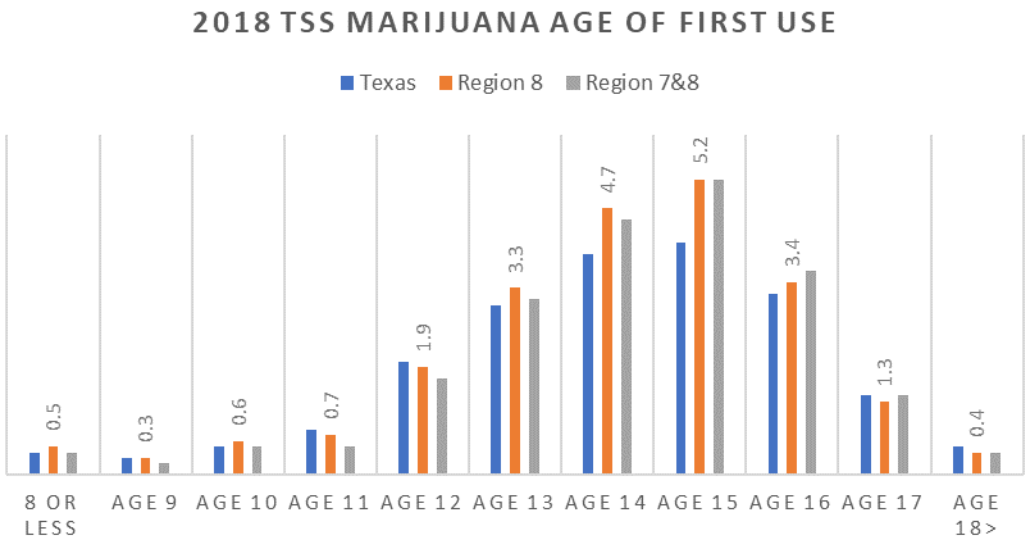
	2000	2002	2004	2006	2008	2010	2012	2014	2018	% Change
7th	11.6	11.5	11.4	11.5	11.6	11.5	11.6	11.6	11.5	-0.9
8th	12.1	12.2	12.1	12.2	12.2	12.3	12.3	12.3	12.4	2.5
9th	12.8	12.9	12.9	12.8	12.9	13.0	12.9	12.9	13.1	2.3
10th	13.5	13.6	13.5	13.6	13.5	13.6	13.7	13.8	13.9	3.0
11th	14.1	14.3	14.1	14.2	14.4	14.4	14.3	14.4	14.6	3.5
12th	14.8	14.8	14.9	14.8	14.8	14.9	14.9	15.0	15.2	2.7

Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report

Marijuana Early Initiation

The 2018 TSS for Region 8 reported 4 percent of students in grades 7th thru 12th initiated marijuana use prior to age 13, the same as the state. The following table details the rate of adolescents beginning use of marijuana by age.

Figure 95. 2018 TSS Marijuana Age of First Use

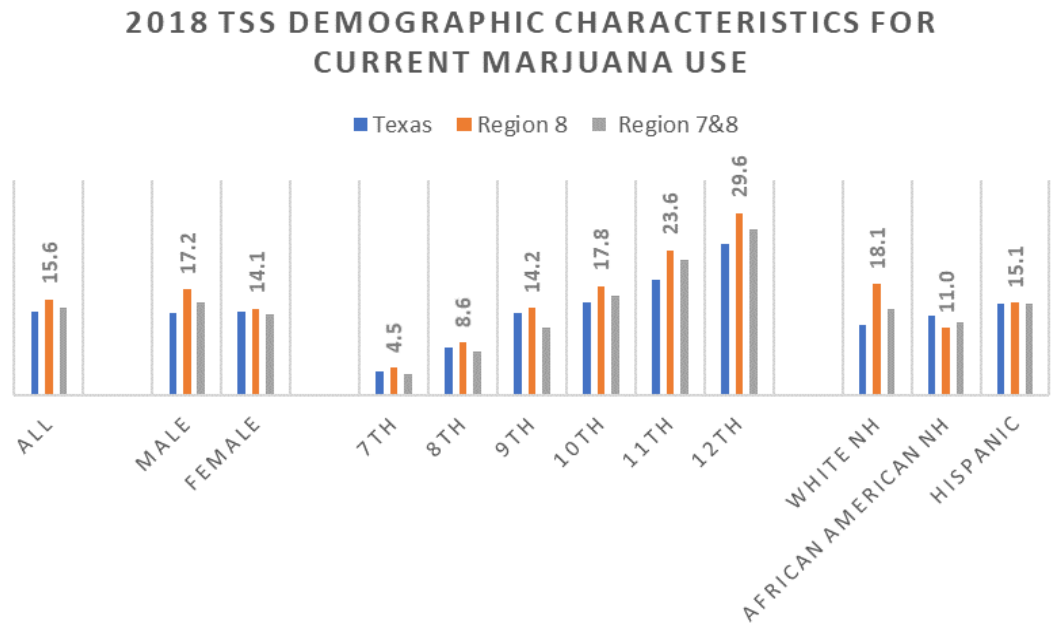


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Marijuana Current Use

In the 2018 TSS, Region 8 past month use for marijuana for all students surveyed in 7th- 12th grades was 15.6 percent. Males (17.2%) were more likely to use marijuana then females (14.1%). Past month use of marijuana increased 65.1 percent from 8th grade (8.6%) students in Middle School to 9th grade (14.2%) students in High School. White Non-Hispanic (18.1%) students were more likely to use marijuana compared to Hispanic (15.1%) students and African American (11.0%) students.

Figure 96. 2018 TSS Demographic characteristics for Current Marijuana Use

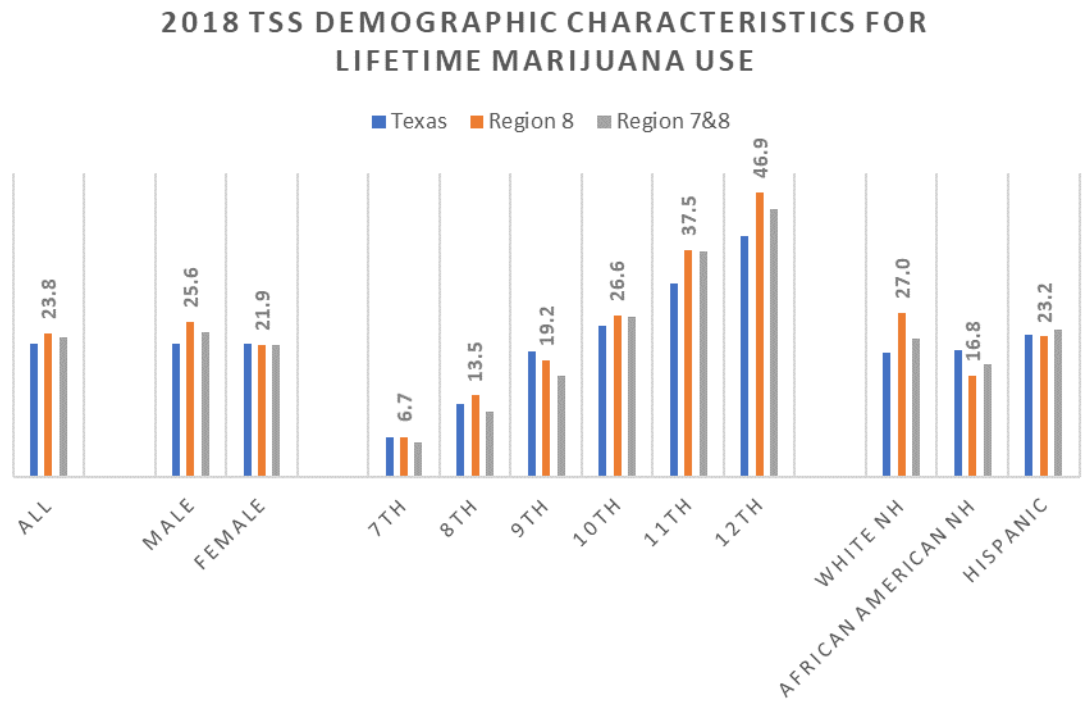


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Marijuana Lifetime Use

In the 2018 TSS, Region 8 lifetime use for any tobacco product for all students surveyed in 7th- 12th grades was 34.8 percent. Males (37%) were more likely to use any tobacco product then females (32.4%). Past month use of any tobacco product increased 25.2 percent from 8th grade (26.2%) students in Middle School to 9th grade (32.8%) students in High School. White Non-Hispanic (41.1%) students were more likely to use any tobacco products in their lifetime compared to Hispanic (33.2%) students and African American (29.1%) students.

Figure 97. 2018 TSS Demographic Characteristics for Lifetime Marijuana Use



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

Marijuana Qualitative Data

The Marijuana Workgroup is currently assessing needs in Bexar County for environmental marijuana prevention activities. The group currently provides community education about CBD and local enforcement policies such as the Bexar County cite-and-release program. Law enforcement officials reported marijuana use as becoming more popular among youth within the entire region. With the ever-growing popularity of legalizing this substance combined with being fueled with misconceptions driven by social media, youth seem to have developed an unrealistic perception of the short term and long term effects of the substance. Officials reported a stigma associated with the legalization perception; youth believe it is a "natural" substance and will not cause any harmful effects. It can be quite difficult for law enforcement officials to educate youth on the effects of the substance when the "world" (according to social media) is informing them daily of false information about the substance in general. Officials also reported those caught with marijuana are typically consuming other substances such as alcohol.

Prescription Drugs

There has been an increase in the non-medical use of prescription drugs (NMUPD) in the United States over the past 15 years. In 2004, approximately 2.4 million Americans aged 12 years or older initiated non-medical use of prescription opioids within the past year, which exceeded the numbers of initiates for marijuana (2.1 million) or cocaine (1.0 million). Despite recent increases in NMUPD, there is a gap in

knowledge regarding the association between early onset of NMUPD and the development of prescription drug abuse and dependence in the United States.

A national study was conducted and the findings showed a higher percentage of individuals who began using prescription drugs non-medically at or before 13 years of age were found to have developed prescription drug abuse and dependence versus those individuals who began using at or after 21 years of age. [50]

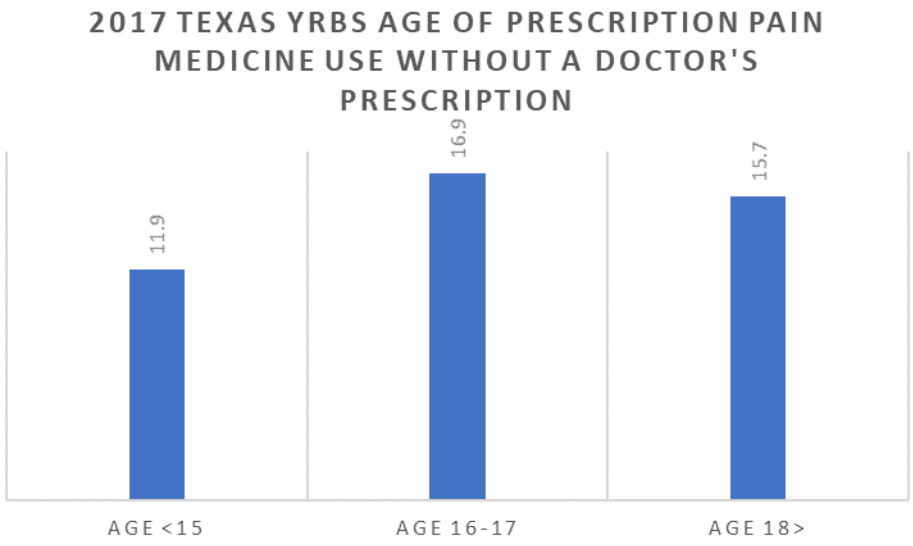
NMU Prescription Drug Age of Initiation

No data available in the Texas School Survey (TSS) of Drugs and Alcohol for age of initiation for NMU of prescription drugs.

NMU Prescription Drugs Age of Use

The 2017 Texas Youth Risk Behavior Survey (YRBS) asked students about taking prescription pain medicine such as codeine, Vicodin, OxyContin, Hydrocodone, or Percocet without a doctor's prescription one or more times during their life with the results of their ages below.

Figure 98. 2017 Texas YRBS Age of Prescription Pain Medicine Use Without a Doctor's Prescription



Source : Texas Department of State Health Services 2017 High School Youth Risk Behavior Survey Data

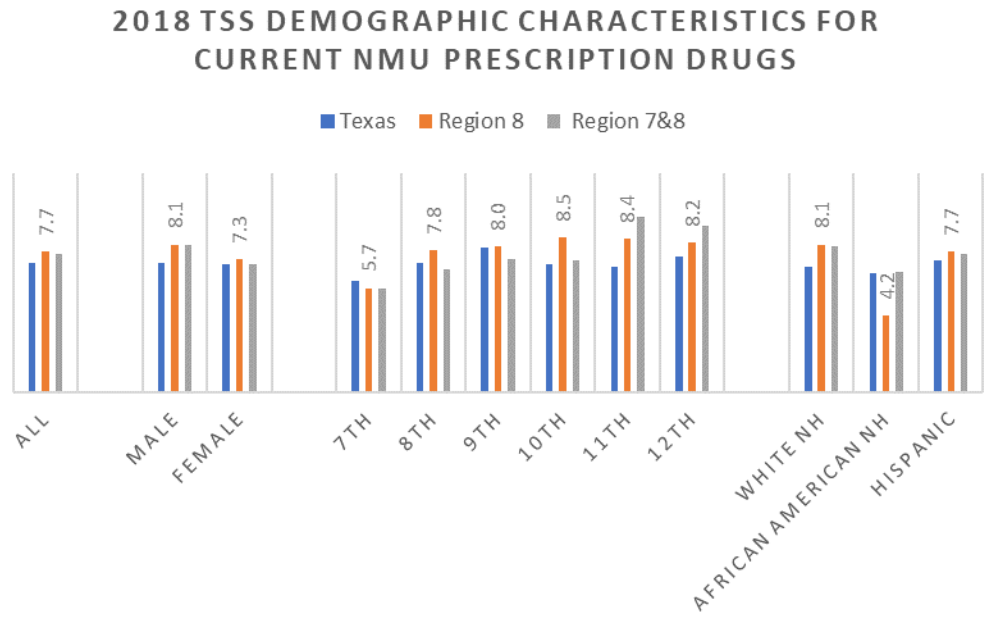
NMU Prescription Drugs Current Use

In the 2018 TSS, Region 8 past month use for NMU of prescription drugs for all students surveyed in 7th-12th grades was 7.7 percent. Males (8.1%) were more likely to use prescription drugs not perscribed by a doctor than females (7.3%). Past month NMU prescription drugs increased 2.6 percent from 8th grade (7.8%) students in Middle School to 9th grade (8.0%) students in High School. White Non-Hispanic (8.1%)

[50] McCabe SE, West BT, Morales M, Cranford JA, Boyd CJ. Does early onset of non-medical use of prescription durgs predict subsequent prescription drug abuse and dependence? Results from a national study. Addiction. 2007; 102(12): 1920-1930. Doi:10.1111/j.1360-0443.2007.02015.x.

students were more likely to use prescription drugs not prescribed by a doctor compared to Hispanic (7.7%) students and African American (4.2%) students.

Figure 99. 2018 Demographic Characteristics for Current NMU of Prescription Drugs

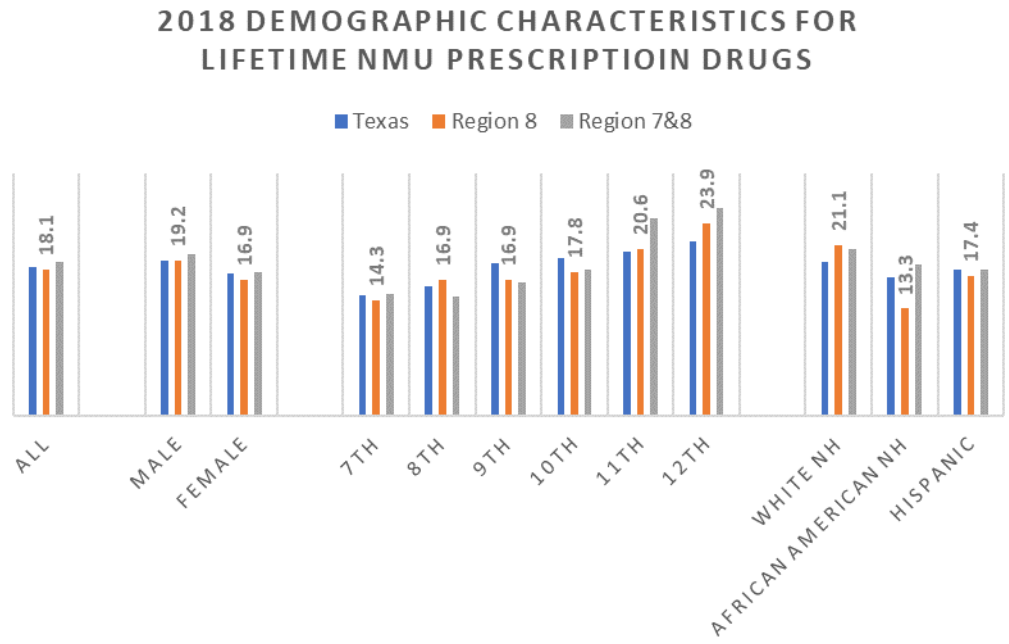


Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

NMU Prescription Drug Lifetime Use

In the 2018 TSS, Region 8 lifetime use for any prescription drug not prescribed by a doctor for all students surveyed in 7th- 12th grades was 18.1 percent. Males (19.2%) were more likely to use NMU prescription drugs then females (16.9%). Past month NMU prescription drugs remained unchanged from 8th grade (16.9%) students in Middle School to 9th grade (16.9%) students in High School. White Non-Hispanic (21.1%) students were more likely to use NMU prescription drugs in their lifetime compared to Hispanic (17.4%) students and African American (13.3%) students.

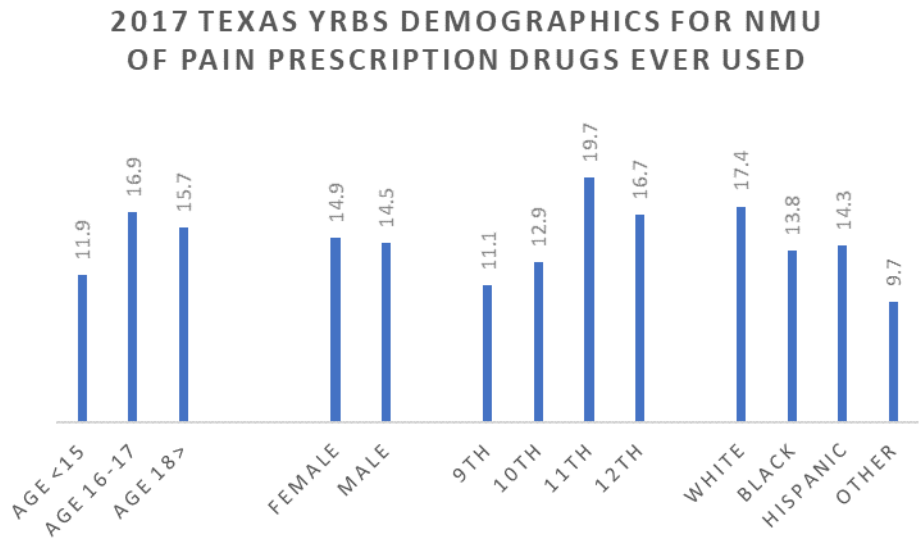
Figure 100. 2018 Demographic Characteristics for Lifetime NMU of Prescription Drugs



Source : Texas School Survey of Drug and Alcohol Use (TSS) : 2018 State Report, Region 8 Report and Region 7&8 Report

In the 2017 Texas YRBS, 14.9 percent of students had ever used prescription pain medicine without a prescription from a doctor. More female students (14.9%) had ever used pain medicine without a prescription than male students (14.5%). White students (17.4%) had higher rates of use followed by Hispanic (14.3%), Black (13.8%) and Other (9.7%). Nearly 1 in 6 (16.9%) students between 16-17 years of age had ever used prescription pain medicine without a prescription from a doctor. Prescription pain medicine included codeine, Vocodin, OxyContin, Hydrocodone, or Percocet.

Figure 101. 2017 Texas YRBS Demographic Characteristics for Non-Medical Use of Prescription Pain Medicines Ever Used



Source : Texas Department of State Health Services 2017 High School Youth Risk Behavior Survey Data

NMU Prescription Qualitative Data

The NMUPD Workgroup provides assistance during the semi-annual DEA Prescription Drug Takeback Events. This workgroup works on evidence-based strategies to address misuse of prescription drugs, including distribution of drug deactivation pouches and establishing permanent drug drop boxes.

College Student Consumption

The Texas College Survey of Substance Use – 2017 Executive Summary by Kevin Davis, M.Ed., LPC

The Texas College Survey of Substance Use is a biennial collection of selfreported data related to alcohol and durg use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. The survey is conducted by the Public Policy Research Institute, a branch of Texas AA&M University, in cooperation with the Texas Health and Human Services Commission.

The 2017 survey included 18,327 undergraduate students aged 18-26 from 52 colleges and community college districts from across Texas. Students were invited to participate via email and completed the survey on line.

Primary Findings :

- Alcohol remains the most commonly used substance on campus ; almost 73 percent of Texas college students drank alcohol in the past year and about 35 percent binge drank at least once in the past month.
- About 1 in 3 Texas college students used marijuana at least once in the past year.
- There has been a significant decrease in prescription drug abuse

Texas College Student Alcohol Use

About 73 percent of Texas College students reported having at least one alcoholic drink in the past year and about 58 percent reported drinking alcohol in the past month. Binge drinking, defined as five or more drinks in a sitting for males and four or more drinks in a sitting for females, was more prevalent among males (37%) than females (34%). College males were more likely than college females to report binge dirnking at least six times in the past 30 days (7% vs. 4%), although this is down from the previous survey. On average, respondents said they had had enough alcohol to feel drunk 2.2 times in the preceding 30 days. Most underage Texas college students obtain alcohol from others, and 70 percent stated they obtained it from a friend.

Texas College Student Illicit Drug Use

Marijuana was still the most commonly used illicit drug among Texas college students in 2017, with 89 percent reporting past year use. Past year use of synthetic marijuana continued to decrease from 1 percent in 2015 to 0.6 percent in 2017, while past year use of cocaine decreased from 5 percent to 4.1 percent in the same two year period. Male college students were more likely to have used illicit drugs in the past year compared with female college students. Asian students had the lowest overall levels of past year illicit drug use, while Anglo students reported having the highest use. Students who reported illicit drug use also showed a slightly lower grade poing average: 3.24 for users vs. 3.40 for non-users.

Texas College Student Prescription Drug Misuse

There was a significant decrease in prescription drug abuse. In 2015, 26 percent of respondents reported misuse, while only 22 percent reported misuse in 2017. About 11 percent had used pain killers (e.g., Vicodin, OxyContin, and Codeine) in the past year for the experience or feeling they caused. The number of college students who misused prescription stimulants in the past year dropped from 9 percent in 2015 to 7 percent in 2017. There was a reduction in lifetime usage of pain killers, with reports of Oxycontin misuse dropping from 16 percent to 11 percent. The most commonly reported way to obtain prescription drugs was from someone else with a prescription (55%).

Texas College Student Perceptions

A little less than 49 percent of respondents believed that a drug abuse is either a minor, moderate, or major problem on their campus, while 32percent said it is not a problem at all (19% saud tget were not sure). More than 64 percent of students said that underage drinking is a problem on campus, and about 55 percent said that heavy alcohol use is a problem on their campus.

Texas College Student Mental Health

Respondents were asked to rate their mental state by describing how often they felt nervous, hopeless, depressed, worthless, or restless. Heavy drinkers reported feeling the highest levels in all four areas with worthlessness and nervousness being the highest reported. Illicit drug users reported higher levels of hopelessness and nervousness than non-users.

Texas College Student Drunk Driving

Reports of drunk driving decreased with 18 percent in 2017 reporting driving after drinking at least once a month as opposed to 23 percent in 2015. There was a significant drop in the number of students who

said they have driven high or stoned in the past month (13.4% in 2015 vs 11.5% in 2017P. Almost 47 percent said they had been designated driver at least once a month.[51]

Emerging Trends

The 2018 Texas School Survey of Drugs and Alcohol for Region 7&8 are used for the emerging or increases in trends below.

E-Cigarettes/Vaping

E-Vapor use continues to be the fastest growing trend among our youth. In 2016, 24 percent of students reported that they had used Electronic Vapor products at some point in their lives, **increasing** to 28.9 percent in 2018. Past-Month increased from 8.8 percent to 15.6 percent, and School-Year increased from 13.4 percent to 20 percent. Students reported using E-Vapor Products 3 times more than Cigarettes and nearly 4 times more than Smokeless Tobacco in the past month.

Female E-Vapor use increased nearly 2 times more in Past-Month use from 7.7 percent in 2016 to 14.2 percent in 2018. Males surpassed Females in Past-Month, School-Year and Lifetime use although Females are making great strides in catching up.

Lifetime Electronic Vapor use by Whites was highest at 33.4 percent followed by Hispanics at 27.8 percent and then African Americans at 23.9 percent. Past-Month use by Whites was 21.3 percent followed by Hispanics at 13.4 percent and then African Americans at 10.8 percent. School-Year use by Whites was 25.8 percent followed by Hispanics at 17.9 percent and then African Americans at 15 percent.

Synthetic Cathinones

Lifetime Synthetic Cathinone use **increased** from 0.3 percent in 2016 to 0.5 percent in 2018. Past-Month use remained unchanged at 0.1 percent and School-Year increased from 0.1 percent to 0.2 percent. The average age of first use for Synthetic Cathinones was 14.1. Lifetime Synthetic Cathinone use by Females was highest at 0.5 percent compared to Males at 0.4 percent. Past-Month use for Males and Females was 0.1 percent and School-Year use for Males and Females were 0.2 percent.

Lifetime Synthetic Cathinone use by Whites was highest at 0.6 percent followed equally by African Americans and Hispanics at 0.4 percent. Past-Month use for Whites and Hispanics was 0.1 percent followed by African Americans at 0.0 percent. School-Year use for Whites was 0.3 percent followed by Hispanics at 0.2 percent and then African Americans at 0.0 percent.

Inhalants

Lifetime Inhalant use **increased** from 10.6 percent in 2016 to 11.7 percent in 2018. Past-Month use remained unchanged at 4 percent. Seventh and 8th grade students used Inhalants the most for Past-Month, School-Year and Lifetime. The most popular Inhalants used to get high among secondary students in 2018 were: Helium, Butane, Propane, Whippets and Freon at 6.3 percent; followed by Whiteout, Correction Fluid or Magic Markers at 4.3 percent then Spray Paint at 1.7 percent and finally Computer Dusting Sprays at 0.8 percent. The average age of first use for Inhalants was 12.

[51] M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Researrch Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019

Students' perception of danger for Inhalant use decreased from 88 percent in 2016 to 86.6 percent in 2018 while the perception of Inhalant access as somewhat easy to very easy decreased from 35.1 percent to 33.6 percent.

Lifetime use of Inhalants for Females was highest at 12.6 percent compared to Males at 10.8 percent. PastMonth use by Males was 3.7 percent and Females at 4.8 percent and School-Year use for Males was 4.9 percent compared to Females at 6.3 percent.

Lifetime Inhalant use by Hispanics was highest at 12.2 percent, followed equally by African Americans and Whites at 10.8 percent. Past-Month use was highest for Hispanics at 4.7 percent followed by African Americans at 4.6 percent and Whites at 2.9 percent and School-Year use for Hispanics at 6.2 percent followed by African Americans at 5.5 percent and then Whites at 4.6 percent.

Cocaine

Lifetime Cocaine use **increased** from 2.4 percent in 2016 to 2.7 percent in 2018. Past-Month increased from 1.2 percent to 1.4 percent and School-Year increased from 1.6 percent to 1.7 percent. Past-Month Cocaine use by 8th grade decreased by 50 percent from 1.4 percent in 2016 to 0.7 percent in 2018. The average age of first use for Cocaine was 14.9.

Students' perception of danger for Cocaine use remained unchanged at 94.5 percent from 2016 to 2018 while perception of access increased from 8.7 percent to 9.1 percent.

Lifetime Cocaine use for Males was highest at 3.2 percent compared to Females at 2.2 percent. Past-Month Cocaine use for Males was 2 percent compared to Females at 1.3 percent and School-Year use by Males was 2 percent and Females at 1.3 percent.

Lifetime Cocaine use for Hispanics was highest at 2.9 percent followed by Whites at 2.8 percent and then African Americans at 1.2. A larger race difference exists in Past-Month Hispanic use at 1.6 percent followed by Whites at 1.1 percent and then African American at 0.7 percent. School-Year use for Hispanics was 1.8 percent followed by Whites at 1.6 percent and African Americans at 0.9 percent.

Steroids

Lifetime Steroid use **increased** from 1.4 percent in 2016 to 1.7 percent in 2018. Past-Month increased from 0.3 percent to 0.5 percent and School-Year increased from 0.6 percent to 0.7 percent. Eighth grade students reported the highest Past-Month use at 0.8 percent and School-Year at 1.1 percent. The average age of first use for Steroids was 12.5.

Students' perception of danger for Steroid use decreased from 89.4 percent in 2016 to 88.7 percent in 2016 while the perception of access increased from 6.9 percent to 7.3 percent.

Lifetime Steroid use for Females was highest at 1.8 percent compared to Males at 1.6 percent. Past-Month Steroid use for Females was 0.4 percent compared to Males at 0.5 percent and School-Year use for Females was 0.8 percent compared to Males at 0.7 percent.

Lifetime Steroid use by African Americans was highest at 2 percent followed by Whites at 1.9 percent and then Hispanics at 1.5 percent. The most significant difference exists in School-Year use by Whites at 0.9 percent followed by African Americans and Hispanics equally at 0.6 percent. Past-Month use by

African Americans was highest at 0.6 percent followed by Whites at 0.5 percent and then Hispanics at 0.4 percent.

Synthetic Marijuana

Lifetime Synthetic Marijuana use remained unchanged at 3.8 percent from 2016 to 2018. Past-Month use increased from 1.0 percent to 1.2 percent and School-Year increased from 1.5 percent to 1.7 percent. The average age of first use for Synthetic Marijuana was 14.1.

Students' perception of danger for Synthetic Marijuana use decreased from 89.1 percent in 2016 to 88.7 percent in 2018 while the perception of access decreased from 11.5 percent to 10.3 percent.

Lifetime Synthetic Marijuana use by Females was higher 3.9 percent compared to Males at 3.6 percent. PastMonth use for Females was 1.3 percent and Males at 1 percent. School-Year use for Females was 2 percent compared to Males at 1.4 percent.

Lifetime Synthetic Marijuana use by Hispanics was highest at 4.7 percent followed by Whites at 2.7 percent and then African Americans at 2.2 percent. Past-Month use for Hispanics was 1.4 percent followed equally by African Americans and Whites at 0.8 percent. School-Year use for Hispanics was 2.1 percent followed by Whites at 1.3 percent and then African Americans at 0.8 percent.

Hallucinogens

Lifetime use for Hallucinogens increased from 3.4 percent in 2016 to 3.7 percent in 2018. Past-Month use remained unchanged at 1.1 percent while School-Year increased from 1.8 percent to 1.9 percent.

Lifetime Hallucinogen use for Males was highest at 4.7 percent compared to Females at 2.8 percent. PastMonth use for Males was 1.4 percent compared to Females at 0.8 percent and School-Year for Males was 2.5 percent compared to Females at 1.4 percent.

Lifetime Hallucinogen use for Whites was highest at 4.5 percent, followed by Hispanics at 3.5 percent then African Americans at 1.2 percent. Past-Month use for Whites was 1.3 percent followed by Hispanics at 1 percent then African Americans at 0.6 percent. School-Year for Whites was 2.4 percent followed by Hispanics at 1.7 percent then African Americans at 0.8 percent.

Crack

Lifetime use of Crack **decreased** from 1.1 percent in 2016 to 0.7 percent in 2018. Past-Month use decreased from 0.5 percent to 0.4 percent and School-Year decreased from 0.6 percent to 0.4 percent. The average age of first use for Crack was 13.3.

Students' perception of danger for Crack use decreased from 94.6 percent in 2016 to 93.4 percent in 2018 while the perception of somewhat easy to very easy access remained unchanged at 6.3 percent.

Males and Females both reported 0.4 percent use for Past-Month and School-Year. Male Lifetime use was slightly higher at 0.7 percent compared to Females at 0.6 percent.

Lifetime Crack use by African Americans was highest at 1.1 percent followed by Hispanics at 0.8 percent then Whites at 0.4 percent. Past-Month use for African Americans was 0.8 percent followed by Hispanics

at 0.4 percent then Whites at 0.2 percent. School-Year use for African Americans was 0.9 percent followed by Hispanics at 0.5 percent then Whites at 0.2 percent.

Heroin

Lifetime use of Heroin **decreased** from 0.7 percent in 2016 to 0.4 percent in 2018. Past-Month decreased from 0.2 percent to 0.1 percent and School-Year decreased from 0.3 percent to 0.2 percent. The average age of first use for Heroin was 13.3.

Students' perception of danger for Heroin use decreased from 93.8 percent in 2016 to 93 percent in 2018 while the perception of somewhat easy to very easy access increased from 4.2 percent to 4.6 percent.

Lifetime Heroin use by Females was highest at 0.5 percent compared to Males at 0.4 percent. Past-Month use at 0.1 percent and School-Year at 0.2 percent were equal for Males and Females.

Lifetime Heroin use by African Americans was highest at 0.7 percent followed by Hispanics at 0.4 percent and then Whites at 0.3 percent. Past-Month use by African Americans was 0.3 percent followed by Hispanics at 0.1 percent and Whites at 0 percent. School-Year use by African Americans was 0.6 percent followed by Hispanics at 0.2 percent and Whites at 0.1 percent.

Methamphetamine

Lifetime use of Methamphetamine **decreased** from 1.2 percent in 2016 to 0.9 percent in 2018. Past-Month remained unchanged at 0.3 percent and School-Year decreased from 0.5 percent to 0.4 percent. The average age of first use was 13.8.

Students' perception of danger for Methamphetamine use decreased from 93.8 percent in 2016 to 92.6 percent in 2018 while the perception of somewhat easy to very easy access decreased from 5.3 percent to 5.2 percent.

Lifetime Methamphetamine use for Females was highest at 0.9 percent compared to Males at 0.8 percent. PastMonth use for Females was 0.4 percent compared to Males at 0.3 percent and School-Year was 0.5 percent for Females compared to Males at 0.4 percent

Lifetime Methamphetamine use by Whites and Hispanics were equally highest at 0.9 percent followed by African Americans at 0.5 percent. Past-Month use for Hispanics was 0.4 percent followed by Whites at 0.3 percent and African Americans at 0.1 percent. School-Year use for Whites was 0.5 percent followed by Hispanics at 0.4 percent and then African Americans at 0.1 percent.

Any Prescription Drugs

Lifetime use of any Prescription Drug **increased** from 18.5 percent in 2016 to 19 percent in 2018. Past-Month use showed a significant decrease from 10.5 percent to 7.6 percent. School-Year decreased from 13.9 percent to 11.2 percent. The most popular abused prescription drug was Codeine Cough Syrup followed by Amphetamines, then Benzodiazepines and finally Opioids.

Lifetime Prescription drug use for Males was highest at 20 percent compared to Females at 17.8 percent. PastMonth use for Males was 8 percent compared to Females at 7 percent and School-Year for Males was 12.2 percent compared to 10.2 for Females.

Lifetime Prescription drug use was highest by Whites at 20.7 percent followed by African Americans at 18.8 percent then Hispanics at 18.1 percent. Past-Month use for Whites was 8 percent followed by Hispanics at 7.6 percent and then African Americans at 6.6 percent. School-Year use for Whites was 12.7 percent followed by Hispanics at 10.6 percent and then African Americans at 9.1 percent.

Codeine Cough Syrup

Lifetime Codeine Cough Syrup use **increased** from 11.4 percent in 2016 to 12.2 percent in 2018. Past-Month use decreased from 5.6 percent to 3.5 percent and School-Year also decreased from 8 percent to 6.1 percent.

Opioids Used for Pain

Lifetime Opioids use for pain **decreased** from 5.1 percent in 2016 to 4.4 percent in 2018. Past-Month use decreased from 2.4 percent to 1 percent and School-Year decreased from 3.6 percent to 2 percent. Drugs used for pain include OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet or Hydrocodone.

Benzodiazepines - Anti-Anxiety

Lifetime Anti-Anxiety drugs, Valium (or Diazepam) and Xanax (or Alprazolam) **increased** from 4.6 percent in 2016 to 5.7 percent in 2018. Past-Month decreased from 2.1 percent to 1.6 percent and School-Year decreased from 3.1 percent to 2.9 percent.

Amphetamines – Stimulants

Lifetime use of Amphetamine Stimulants for Adderall, Ritalin, Dexedrine, Concerta, or Focalin **increased** from 5.2 percent in 2016 to 5.7 percent in 2018. Past-Month use remained unchanged at 2.1 percent. School-Year increased from 3.3 percent to 3.4 percent. These drugs are stimulants commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD) but also abused by students seeking to improve their academic performance.

Any Other Prescription Drug

Lifetime use of any other Prescription drugs not listed **decreased** from 8.8 percent in 2016 to 8.4 percent in 2018. Past-Month decreased from 4 percent to 3.4 percent and School-Year decreased from 5.5 percent to 4.6 percent.

Consequences

Overview of Consequences

Several

Mortality

Overdose Deaths

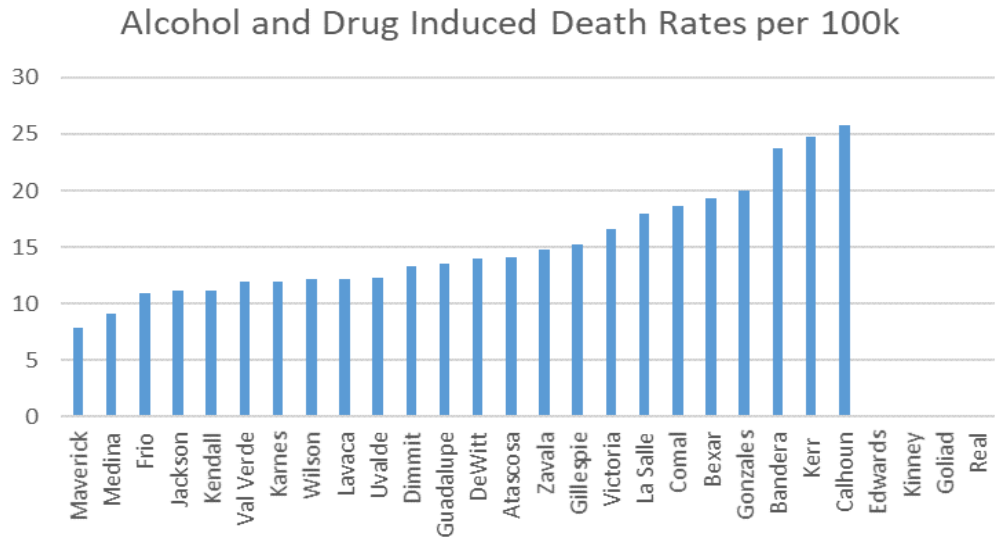
In Region 8 during 1999-2017, the number of drug induced deaths (approximately 4,735) outweighed the number of alcohol-induced (approximately 3,725) deaths. Kerr and Calhoun counties had the highest

drug-induced death rates at 11.8 and 11.4 per 100,000 population while Maverick had the lowest drug-induced death rate at 3.5 deaths per 100,000 population.

During the same period, Calhoun and Bandera had the highest alcohol-induced death rates at 14.4 and 13.5 per 100,000 population while Kendall had the lowest alcohol induced death rate at 3.9 per 100,000 poulation.

Overall, during the same period in Region 8, the number of combined drug and alcohol induced deaths were highest in Calhoun and Kerr counties at 25.8 and 24.8 per 100,000 population while Maverick had the lowest combined death rate of 7.9 deaths per 100,000 population. County level data is available in Appendix B, Table 37.

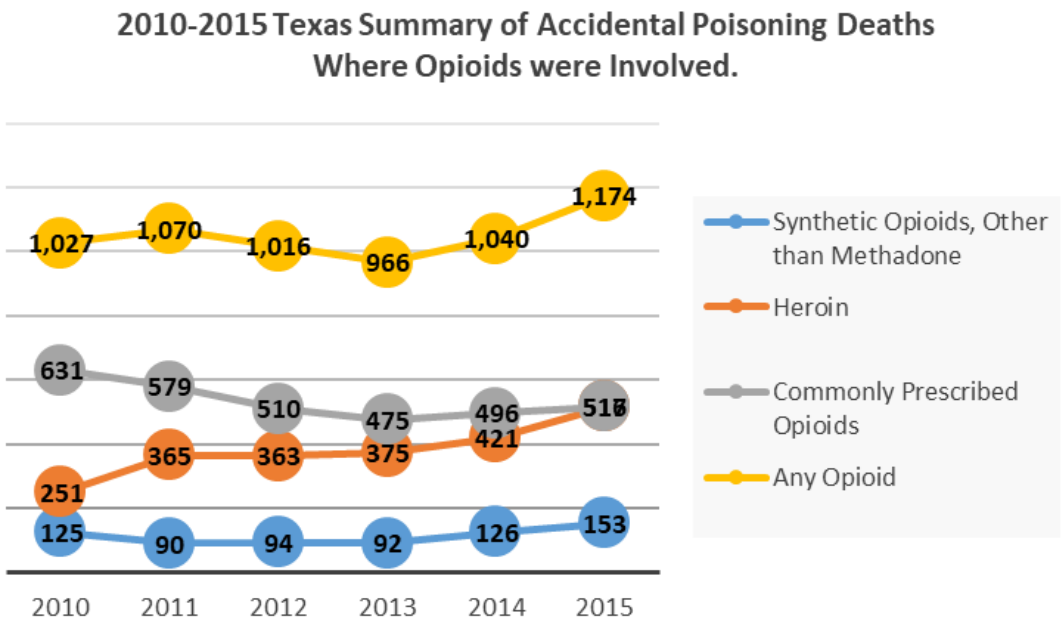
Figure 102. 1999-2017 Region 8 Drug and Alcohol Induced Rates per 100,000 Population



Note: Counties with no information have data that is suppressed or unreliable.
Source: CDC Wonder. Drug and Alcohol Induced Deaths

2010-2015, Texas had a 14.3 percent increase in the number of accidental opioid related poisoning deaths as seen in the figure below. During the same period, Bexar County decreased 7.5 percent in opioid related deaths. See Appendix B, Table 38 for county level data.

Figure 103. 2010-2015 Texas Summary of Accidental Poisoning Deaths Where Opioids Were Involved



Source: Texas Health Data

Motor Vehicle Drug and Alcohol Related Fatalities

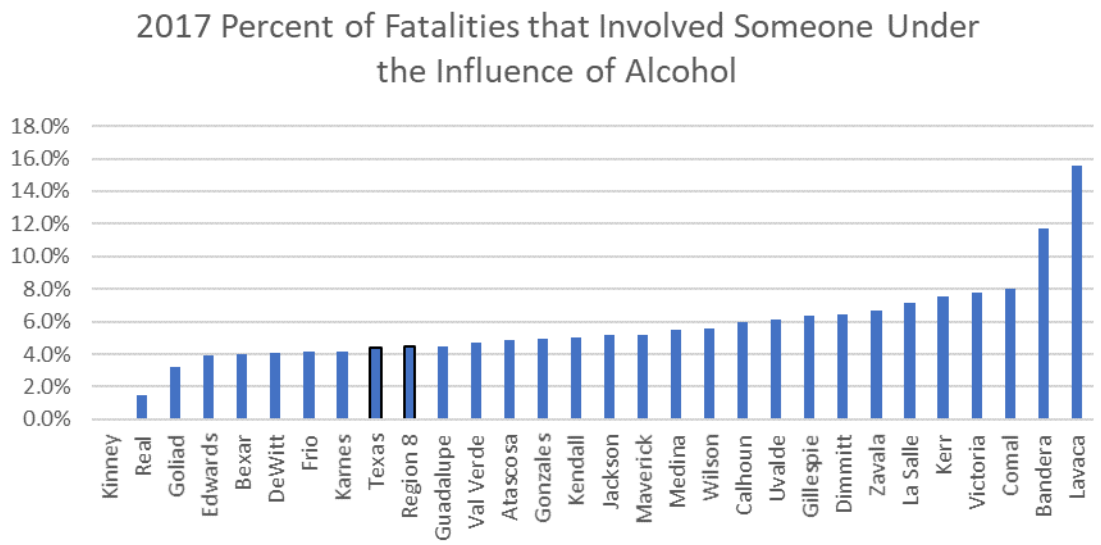
In 2017, Texas reported that 1,024 people were killed in motor vehicle traffic crashes where a driver was under the influence of alcohol. This is 28 percent of the total number of people killed in motor vehicle traffic crashes across Texas. During 2017, more DUI - Alcohol crashes were reported in the hour between 2:00 am and 2:59 am than any other hour of the day. Also, more of these crashes occurred on Sunday than any other day of the week.[52] Texas DUI fatalities increased 0.6 percent from 1,018 DUI fatalities in 2016 to 1,024 DUI fatalities in 2017.

In 2017, Region 8 reported 89 people were killed in motor vehicle traffic crashes where a driver was under the influence of alcohol. This is 26 percent of the total number of people killed in motor vehicle traffic crashes. Region 8 DUI fatalities decreased 19.1 percent from 110 DUI Fatalities in 2016 to 89 DUI fatalities in 2017.

The counties with the highest percent of people killed in motor vehicle crashes that involved a driver under the influence of alcohol were Lavaca and Bandera at 15.6 and 11.7 percent while Kinney and Real had the fewest 0.0 and 1.5 percent. See Appendix B, Tables 39 and 40 for county level data.

[52] Texas Department of Transportation. Texas Motor Vehicle Traffiic Crash Facts 2017. http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2017/01.pdf. Accessed July 26, 2018

Figure 104. 2017 Percent of Fatalities that Involved Someone Under the Influence of Alcohol



Source: Texas Department of Transportation, Texas Peace Officer's Crash Reports (CR-3)

Disease (Morbidity) Related to Substance Abuse

Malignant neoplasms (cancer), cardiovascular disease, and respiratory diseases are often related to lifetime use of substances and lead to a shorten life expectancy. Long term exposure on a person's physical and mental health from heavy drinking can lead to hypertension, liver disease, and cancer; regular marijuana use is associated with chronic bronchitis; and use of stimulants such as cocaine and methamphetamines can lead to heart disease. In addition, substance misuse during pregnancy can result in long lasting health effects for the baby including fetal alcohol specturm disorders (FASDs).

Diseases of the heart, malignant neoplasms and chronic liver disease ranked in the top ten leading causes of death in Texas and Region 8 as seen below. Region 8 had higher rates for all diseases except for Chronic Lower Respiratory Disease and the same rate for Septicemia as Texas. County level data is available in Appendix B, Table 41.

Figure 105. Ten Leading Causes of Death for Texas Residents

2014-2015 Ten Leading Causes of Death to Texas Residents		
Cause of Death	**Texas**	**Region 8**
Nephritis, Nephrotic Syndome & Nephrosis	14.8	15.4
Septicemia	15.6	15.6
Chronic Liver Disease & Cirrhosis	13.8	17.9
Diabetes Mellitus	19.9	25.5
Alzheimer's Disease	28.7	32.2
Chronic Lower Respiratory Disease	36.5	35.0
Accidents	35.9	38.8
Cerebrovascular Disease	37.3	43.4
Malignant Neoplasms	142.8	152.0
Diseases of the Heart	155.1	177.6
Source: Texas Health Data, Causes of Death		

Region 8 and 4 counties have higher death crude rates for chronic liver disease and cirrhosis of the liver then Texas 19.6 per 100,000 population. Counties with the highest death crude rate for chronic liver disease and cirrhosis of the liver include Victoria (19.6), Bexar (17.1), Guadalupe (17.0) and Comal (14.2).

Region 8 and 22 counties reported higher death rates for malignant neoplasms than Texas 142.8 per 100,000 population. Counties with the highest malignant neoplasms include Real (333.3), Kerr (292.5) and Kinney (287.8) and those with the lowest include Frio (107.4) and Maverick (121.2)

Region 8 and 25 counties reported higher death rates for heart disease than Texas 155.1 per 100,000 population. Counties with the highest rates for heart disease include Real (362.3), DeWitt (355.1) and Dimmit (332.6) and those with the lowest include Maverick (149.3) and Val Verde (157.0).

Legal Consequences

Substance abuse involving drugs, alcohol, or both has been associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. In addition, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs, exceed $600 billion annually.[53]

One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs and crime.

Alcohol and drugs are implicated in an estimated 80% of offenses leading to incarceration in the United States such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses.

Our nation's prison population has exploded beyond capacity and most inmates are in prison, in large part, because of substance abuse:

- 80% of offenders abuse drugs or alcohol.
- Nearly 50% of jail and prison inmates are clinically addicted.
- Approximately 60% of individuals arrested for most types of crimes test positive for illegal drugs at arrest.

The relationship between drugs and crime is complex, and one question is whether drug use leads people into criminal activity or whether those who use drugs are already predisposed to such activity. Many illegal drug users commit no other kinds of crimes, and many persons who commit crimes never use illegal drugs. However, at the most intense levels of drug use, drugs and crime are directly and highly correlated and serious drug use can amplify and perpetuate preexisting criminal activity.

[53] Office of Disease Prevention and Health Promotion (ODPHP), Healthy People.gov., Substance Abuse. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse. Accessed July 5, 2019.

There are essentially three types of crimes related to drugs:

- Use-Related crime: These are crimes that result from or involve individuals who ingest drugs, and who commit crimes as a result of the effect the drug has on their thought processes and behavior.

- Economic-Related crime: These are crimes where an individual commits a crime in order to fund a drug habit. These include theft and prostitution.

- System-Related crime: These are crimes that result from the structure of the drug system. They include production, manufacture, transportation, and sale of drugs, as well as violence related to the production or sale of drugs, such as a turf war.

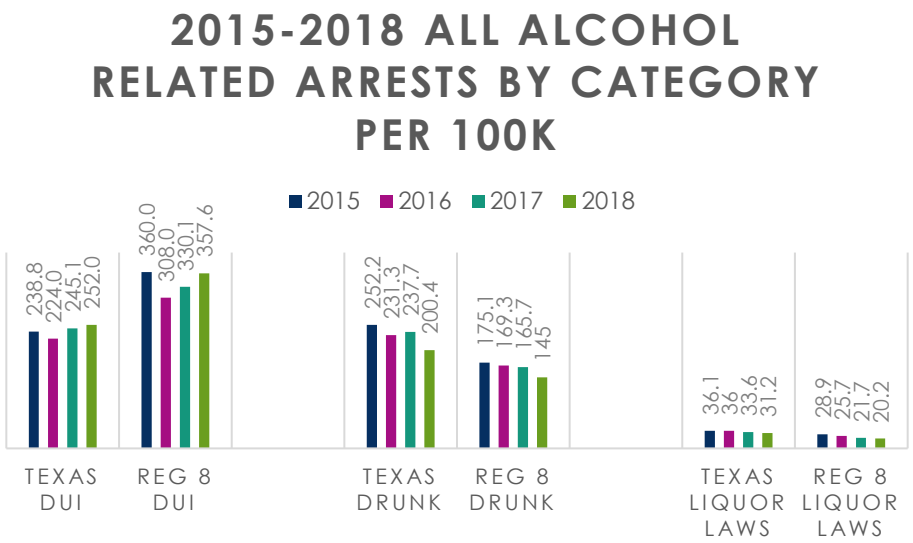
Those with a drug use dependency are more likely to be arrested for acquisitive crimes such as burglary or shop theft, or for robbery and handling stolen goods -- crimes often related to "feeding the habit." For example, in 2004, 17% of state prisoners and 18% of federal inmates said they committed their current offense to obtain money for drugs. There are also close links between drug use and women, men and children who are involved in, or exploited by, the sex trade, many of whom are caught up in the criminal justice system. However, there is evidence that drug use is both a pre-determining factor in such sexual exploitation and a means of coping with it.

Adult Alcohol Related Arrests

The number of all alcohol related arrests in Texas decreased 1.9 percent from 144,790 in 2015 to 142,023 in 2018. During the same period arrests for Driving Under the Influence increased 12.8 percent from 65,609 to 74,001, arrests for Drunkenness decreased 15 percent from 69,264 to 58,865 and Liquor Law arrests decreased 7.7 percent from 9,917 to 9,157.

For Region 8, the number of all alcohol related arrests decreased 2.6 percent from 16,078 in 2015 to 15,658 in 2018. During the same period arrests for Driving Under the Influence increased 4.4 percent from 10,262 to 10,712, arrests for Drunkenness decreased 13 percent from 4,992 to 4,342 and Liquor Law arrests decreased 26.7 percent from 824 to 604.

Figure 106. 2015-2018 All Alcohol Related Arrests by Category per 100,000 Population



DUI = Driving Under the Influence
Drunk = Drunkenness
Source : Texas Department of Public Safety UCR Bureau

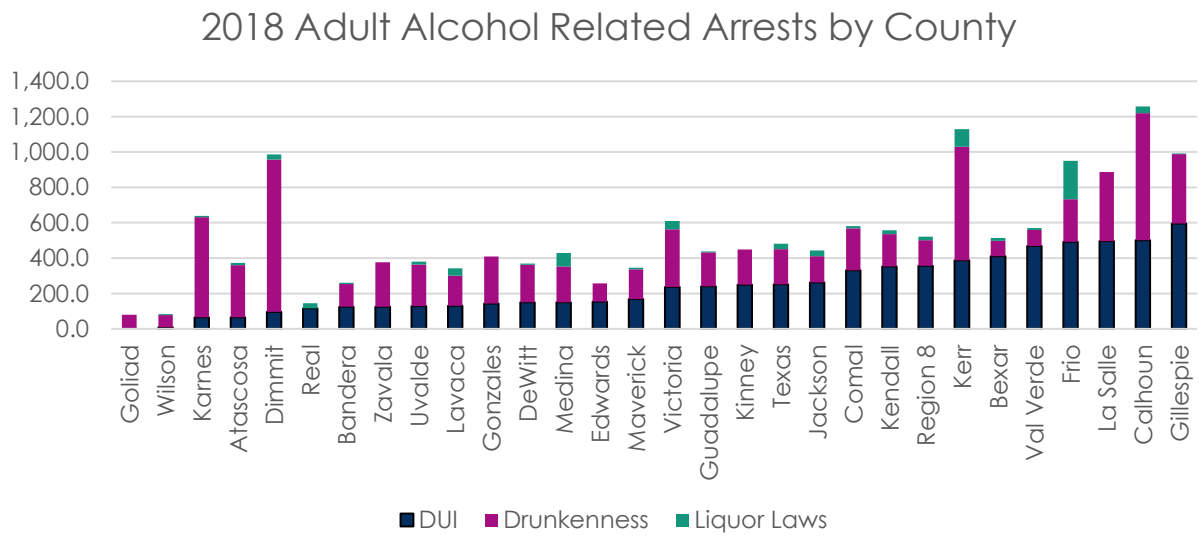
In 2018, Region 8 rate for all alcohol related arrests at 522.7 was higher then the Texas rate of 483.6 persons per 100,000 population. Driving under the influence rates were higher at 357.6 compared to Texas at 252.0 per 100,000 population ; Drunkenness arrests were lower at 145 compared to Texas at 200.4, and Liquor Law arrest rates were lower at 20.2 compared to Texas 31.2 arrests per 100,000 population.

Figure 107. 2018 Alcohol Related Arrests Rates per 100,000 Population

2018 Alcohol Related Arrests Rates per 100,000 Population							
Area	Arrest Category	Juvenile	Adult	Total	2018 Population	Adult Rate	Total Rate
Region 8	**Driving Under the Influence**	**6**	**10,706**	**10,712**	**2,995,445**	**357.4**	**357.6**
Texas	**Driving Under the Influence**	**124**	**73,877**	**74,001**	**29,366,479**	**251.6**	**252.0**
Region 8	**Drunkenness**	**11**	**4,334**	**4,345**	**2,995,445**	**144.7**	**145.1**
Texas	**Drunkenness**	**140**	**58,725**	**58,865**	**29,366,479**	**200.0**	**200.4**
Region 8	**Liquor Laws**	**38**	**566**	**604**	**2,995,445**	**18.9**	**20.2**
Texas	**Liquor Laws**	**548**	**8,609**	**9,157**	**29,366,479**	**29.3**	**31.2**
Region 8	**Total Alcohol Related Arrests**	**55**	**15,576**	**15,658**	**2,995,445**	**520.0**	**522.7**
Texas	**Total Alcohol Related Arrests**	**812**	**141,211**	**142,023**	**29,366,479**	**480.9**	**483.6**
Texas Department of Public Safety UCR Bureau							

Counties with the highest Adult rates for driving under the influence include Gillespie (596.3), Calhoun (501.9) and LaSalle (495.8) while those with the lowest include Goliad (0.0) and Wilson (10.0). Counties with the highest Adult rates for drunkenness include Dimmit (861.5), Calhoun (717.0) and Kerr (641.8) while the lowest rates were in Real (0.0) and Wilson (67.8). Counties with the highest Adult liquor law arrests include Frio (216.0), Kerr (100.2) and Medina (76.0) while six counties reported 0.0 adult arrests. See Appendix B, Table 42 for county level data.

Figure 108. 2018 Adult Alcohol Related Arrests by County per 100,000 Populatioin



Source : Texas Department of Public Safety

Adult Alcohol Related Incarcerations

In 2018, Region 8 accounted for 10 percent of Texas adult incarcerations for DWIs. County level data is available in Appendix B, Table 43.

The number of adult DWI incarcerations in the Texas Department of Criminal Justice decreased 15.9 percent from 7,171 adults in 2015 to 6,031 in 2018. For Region 8, the number of adult incarcerations for DWIs decreased 18 percent from 742 in 2015 to 605 in 2018. Counties with the highest increases for DWI incarcerations included Atascosa, and Valverde. In 2018, Region 8 accounted for 10 percent of Texas adult incarcerations for DWIs. County level data is available in Appendix B, Table 43.

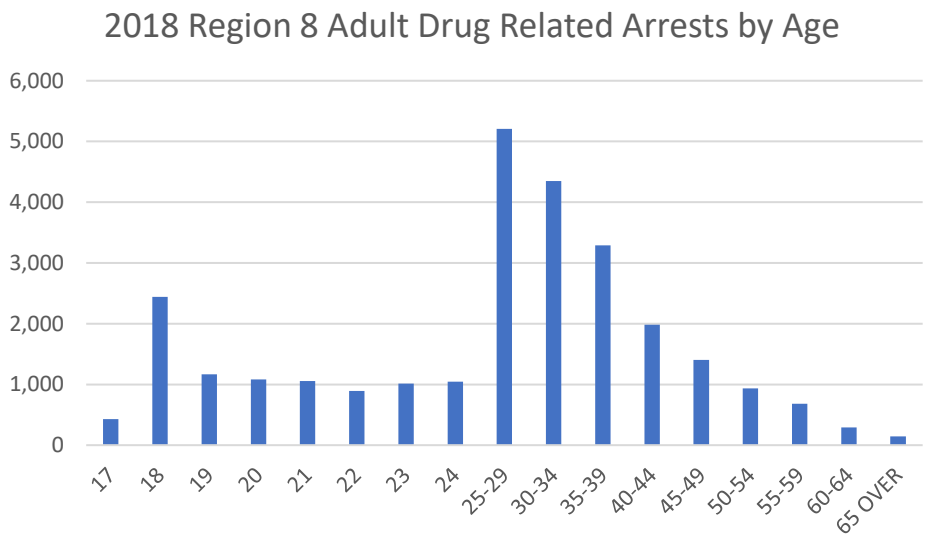
Figures 109. 2015 to 2018 Percent Change for Driving While Intoxicated (DWI) Incarcerations with the Texas Department of Criminal Justice (TDCJ)

2015 to 2018 Percent Change for DWI Incarcerations in TDCJ					
Area	2015	2016	2017	2018	% Change
Texas	7,171	7,044	6,643	6,031	-15.9
Region 8	742	730	678	605	-18.0
Source: Texas Department of Criminal Justice					

Adult Drug Related Arrests

In 2018, Region 8 had 27,410 drug related arrests or 19.3 percent of all adult drug related arrests in the State (Texas drug arrests 142,284). There was a 465.9 percent increase in the number of arrests from 17 year olds to 18 year olds in Region 8 compared to a 92.3 percent increase for the State. See Appendix B, Table 53 for county level data.

Figure 110. 21018 Region 8 Adult Drug Related Arrests by Age



Source: Texas Department of Public Safety

Adult Drug Related Incarcerations

In Texas, the number for all adult drug incarcerations in the Texas Department of Criminal Justice increased 1.6 percent from 23,577 adults in 2015 to 23,963 in 2018. In 2018, there were 9,825 persons on-hand in TDCJ for drug delivery (41%) and 14,116 (58.9%) persons on-hand for drug possession and another 22 (0.09%) on-hand for other type drug offenses.

In Region 8, the number for all adult drug incarcerations in the Texas Department of Criminal Justice on-hand increased 23.2 percent from 2,336 adults in 2015 to 2,887 adults in 2018. In 2018, there were 1,250 persons on-hand in TDCJ for drug delivery (43.4 %) and 1,624 (56.4%) persons on-hand for drug possession and another 3 (0.10%) on-hand for other type drug offenses. See Appendix B, Table 44 for county level data.

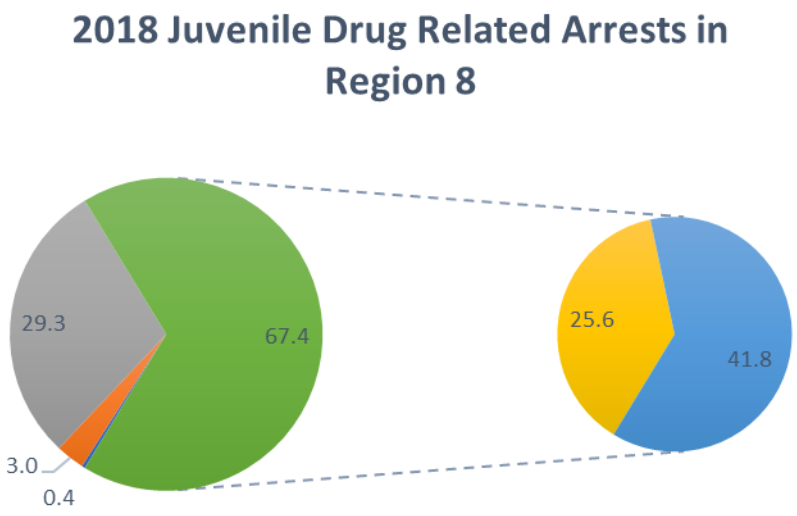
Figure 111. 2015-2018 Adult Incarcerations On-Hand for All Drug Offenses in TDCJ

2015-2018 Adult Incarceration On-Hand for All Drug Offenses in TDCJ						
Offense	Area	2015	2016	2017	2018	2015 to 2018 % Change
Drug Delivery	Region 8	1,000	1,032	1,095	1,250	25.0
Drug Possession	Region 8	1,335	1,358	1,516	1,624	21.6
Drug Other	Region 8	1	1	1	3	200.0
Total Drug	Region 8	2,336	2,391	2,612	2,877	23.2
Drug Delivery	Texas	9,514	9,686	9,686	9,825	3.3
Drug Possession	Texas	14,008	13,841	13,917	14,116	0.8
Drug Other	Texas	55	31	28	22	-96.3
Total Drug	Texas	23,577	23,558	23,631	23,963	1.6
Source: Texas Department of Criminal Justice						

Juvenile Drug Related Arrests

Region 8 accounted for 9.2 percent of all juvenile drug arrests in the state. In Region 8 youth between the ages of 15 and 16 accounted for 67.4 percent of drug arrests, 13 and 14-year olds 29.3 percent, 10 and 12-year-olds 3 percent and under age 10 accounted for 0.4 percent. See Appendix B, Table 52 for county level data.

Figure 112. 2018 Juvenile Drug Related Arrests in Region 8



Source: Texas Department of Public Safety, 2018

Juvenile Incarcerations

In Texas, a youth may be referred multiple times in a year. In calendar year 2017, 38,559 juveniles accounted for 53,522 formal referrals to Texas juvenile probation departments compared to region 8's 4,738 juveniles with 6,379 formal referrals to juvenile probation departments. The state referral rate for calendar year 2017 was 19 youth per 1,000 compared to Region 8 of 22 youth per 1,000. The state felony referral rate of 5 per 1,000 youth compared to Region 8 felony referral rate of 4.9 per 1,000. County level data is available in Appendix B, Table 54.

Figure 113. 2017 Juvenile Probation Offense Percent Distributiion by Region and State

2017 Offenses	Region 8		Texas	
	Total	%	Total	%
Felony Offenses	1,397	21.9%	14,345	26.8%
Misd. A&B	3,750	58.8%	26,965	50.4%
VOP	1,023	16.0%	8,276	15.5%
Status Offense	153	2.4%	2,997	5.6%
CINS Offense	56	0.1%	939	1.8%
Total Referrals	6,379	100%	53,522	100%
Source: The State of Juvenile Probation Activity in Texas				

Hospitalization and Treatment

Health care facilities often serve as the first lines of support and defense in consequential treatment. However, these facilities may not be able to provide other needed services if rooms are consistently filled with patients related to patients overdosing on alcohol or drugs. Individuals, families and the community may be affected if hospitals are not available for regular services.

Adolescents and Adults Receiving Substance Abuse Treatment

National Survey on Drug Use and Health (NSDUH)

The 2017 National Survey on Drug Use and Health (NSDUH) estimate there are 19.7 million persons age 12 and older with a substance use disorder (SUD) while 92.3 percent will receive no treatment. Additoinal findings:

In 2017, in a single-day count, 1.4 million people in the U.S. were enrolled in substance use treatment — an increase from 1.2 million people in 2013.

In 2017, in a single-day count, among individuals enrolled in substance use treatment in the U.S., 47.4% received treatment for a drug problem only, 37.0% received treatment for both drug and alcohol problems, and 15.6% received treatment for an alcohol problem only.

Among people aged 12 or older with a past-year alcohol use disorder in the U.S., 4.2 percent (or 613,000) received specialty treatment for their alcohol use in the past year. About 9 in 10 people (91.6%) with a past-year alcohol use disorder did not receive speciality treatment and did not perceive a need for treatment for their alcohol use, and 4.2 percent perceived a need for treatment but did not receive specialty treatment.

Changes in the Number of People Enrolled in Opioid Treatment Programs in the United States Receiving Methadone: Single-Day Counts (2013 and 2015-2017). The number increased by 16% between 2013 (330,308) and 2017 (382,867) among people who received methadone in opioid treatment programs as part of their substance use treatment in the U.S. The number more than doubled between 2013 (48,148) and 2017 (112,223) among people who received buprenorphine as part of their substance use treatment in the U.S.

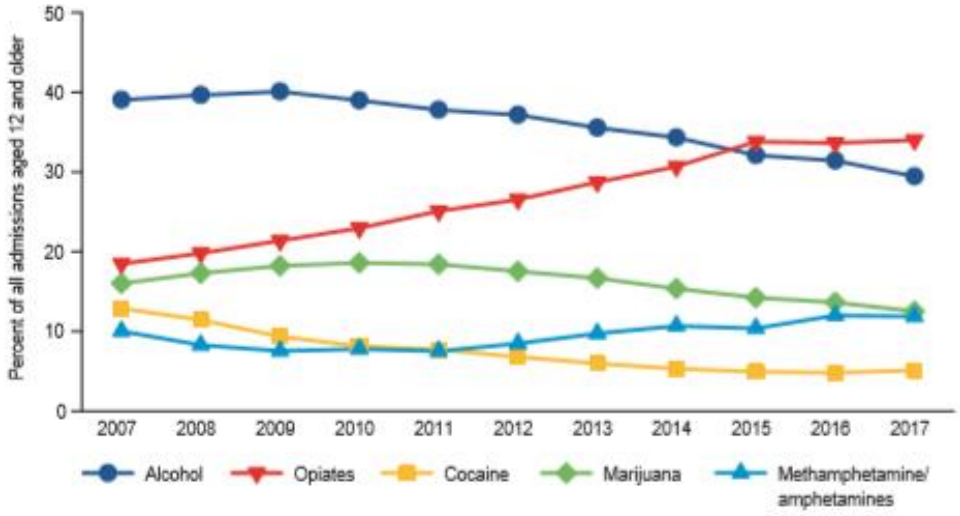
Among people aged 12 or older with past-year illicit drug use disorder in the U.S., 13 percent (or 979,000) received specialty treatment for their illicit durg use in the past year, 79.9 percent did not receive speciality treatment and did not perceive a need for treatment for their illicit drug use and 7.1 percent perceived a need for treatment but did not receive treatment.[54]

Treatment Episode Data Set (TEDS)

National Treatment Episode Data Sets

The number of all admissions aged 12 years and older decreased from 2,162,877 in 2007 to 2,005,395 in 2017. Between 2007 and 2017, five substance groups accounted for between 93 and 97 percent of the primary substances reported among treatment admissions aged 12 years and older: alcohol, opiates, marijuana/hashish, cocaine, and methamphetamine/amphetamines.

Figure 114. 2007-2017 TEDS Primary Substance Use at Admission



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.21.18.

Opiates were the most frequently reported primary substances in 2017, accounting for 34 percent of all admissions aged 12 years and older. About 80 percent of opiate-related admissions were for primary heroin use. In 2017, 73 percent of admissions aged 15 to 17 years were for primary marijuana use.

[54] U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality, HHS Publication No. SMA – 19 – Baro – 17 – US Published 2019. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/National-BH-BarometerVolume5.pdf. Accessed June 21, 2019.

The average age for all admissions was 36 years; 7 percent of admissions were aged 12 to 20 years. Non-Hispanic Whites represented 61 percent of all admissions aged 12 years and older (37 percent were male, and 23 percent were female). Non-Hispanic Blacks represented 17 percent of all admissions (12 percent were male and 5 percent female).

Of all admissions, 36 percent reported no prior treatment episodes, 23 percent had one prior treatment episode, and 15 percent had five or more previous treatment episodes.

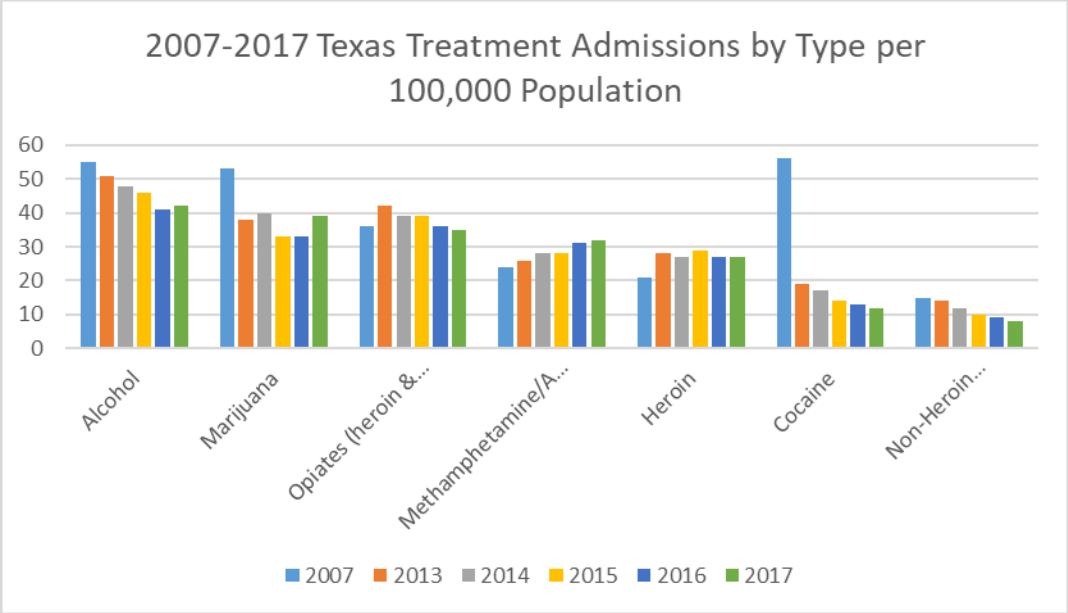
The two largest sources of referrals to treatment were self- or individual referrals (43 percent) and the courts/criminal justice system (28 percent).

Most admissions (62 percent) received ambulatory treatment, 20 percent received detoxification (free-standing residential or hospital inpatient) treatment, and 18 percent received rehabilitation/ residential treatment.

Texas Treatment Episode Data Sets

The number of all admissions aged 12 years and older decreased from 44,572 in 2007 to 38,819 in 2017. Between 2007 and 2017, five substance groups accounted for between 93 and 97 percent of the primary substances reported among treatment admissions aged 12 years and older: alcohol, opiates, marijuana/hashish, cocaine, and methamphetamine/amphetamines.

Figure 115. 2007-2017 Texas Treatment Admissions by Type per 100,000 Population



Source: Treatment Episodes Data Sets (TEDS)

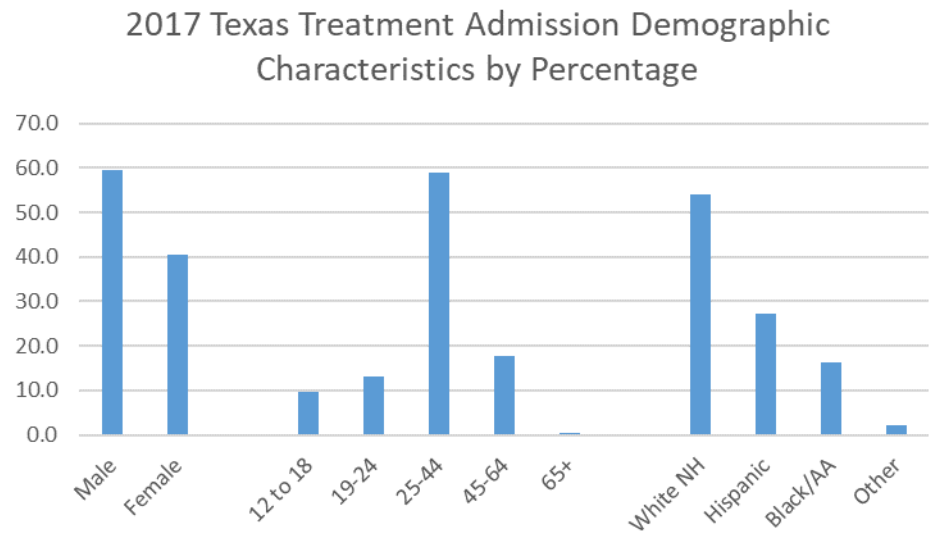
In 2017, marijuana admissions were the highest primary substance, accounting for 24 percent of all admissions aged 12 years and older. Opiates ranked second at 21 percent, followed by methamphetamines/amphetamines at 20 percent. Alcohol ranked fourth at 14 percent and cocaine at 7 percent of all admissions. There were 3,179 youth between the ages of 12 to 18 that accounted for 34.7 percent of all marijuana admissions in Texas.

Figure 116. 2017 Texas Admissions Age 12 Year and Older by Primary Substance

2017 Texas Admissions Age 12 Years and Older, by Primary Substance					
	Description	Total	Percent	Combined %	Highest Ranked Admissions
TEXAS	Admissions	38,819	100.0%		
	Alcohol Only	**5,461**	**14.1%**	**14.1%**	No. 4
ALCOHOL	With Secondary Drug	4,423	11.4%		
	Heroin	**6,340**	**16.3%**		
OPIATES	**Other opiates**	**1,833**	**4.7%**	**21.0%**	No. 2
	Smoked cocaine	**1,361**	**3.5%**		
COCAINE	**Other route**	**1,497**	**3.9%**	**7.4%**	No. 5
	Marijuana/hashish	**9,167**	**23.6%**		No. 1
	Methamphetamine/amphetamines	**7,586**	**19.5%**		No. 3
	Tranquilizers	684	1.7%		
	Sedatives	53	0.1%		
	Hallucinogens	46	0.1%		
	PCP	276	0.7%		
	Inhalants	17	0.04%		
	Other non specified	75	0.2%		
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.21.18.					

Males (59.6%) were 1.5 times more likely to receive treatment then females (40.4%). Racial/ethnicity characteristics include 54 percent White, Hispanic 27.4 percent, Black/AA 16.2 percent and Other 2.3 percent.

Figure 117. 2017 Texas Treatment Admission Demographic Characteristics by Percentage



Source: 2017 Treatment Episode Data Sets (TEDS)

Most admissions (50.4 percent) received ambulatory treatment, 22.4 percent received detoxification (free-standing residential or hospital inpatient) treatment, and 24.2 percent received rehabilitation/ residential treatment (23.5% Less Than 30 Days) and (0.9% More Than 30 Days).

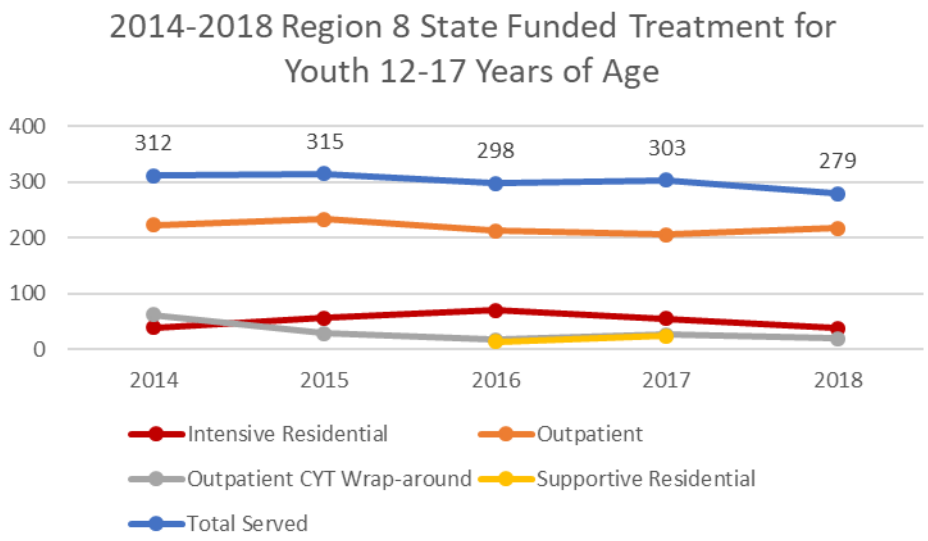
Figure 118. 2017 Texas Admissions Aged 12 Year and Older by Type of Service Admission

2017 Texas Admissions Aged 12 Years and Older by Type of Service at Admission												
		Ambulatory[1]		Detoxification[1]			Rehabilitation/residential[1]			Medication-assisted Opioid therapy[2]		
	Number Admissions	Out-patient	Intensive outpatient	Free Standing residential	Hospital inpatient	Ambulatory	Short Term (<30 days)	Long Term (30+ days)	Hospital (non-detox)	Out-patient	Detox-ification	Residential
Texas	38,819	15,399	4,142	8,694	0	243	9,111	281	...	943	2	4
% Distribution	38,819	39.7	10.7	22.4	0.0	0.6	23.5	0.7	...	2.4	*	*
- - Quantity is zero; ‡ No data, or less than a full calendar year of data, submitted. * Less than 0.05 percent. 1 Ambulatory, detoxification, and rehabilitation/residential types of service exclude medication-assisted opioid therapy. 2 Therapy with methadone, buprenorphine, and/or naltrexone is part of client's treatment plan.												
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.21.18.												

Region 8 Treatment

State funded treatment admissions for youth ages 12 to 17 years of age decreased from 312 in 2014 to 279 in 2018. Most of the youth received outpatient services (77.8%), followed by Intensive Residential (13.6%) and Outpatient CYT Wrap-around (6.8%).

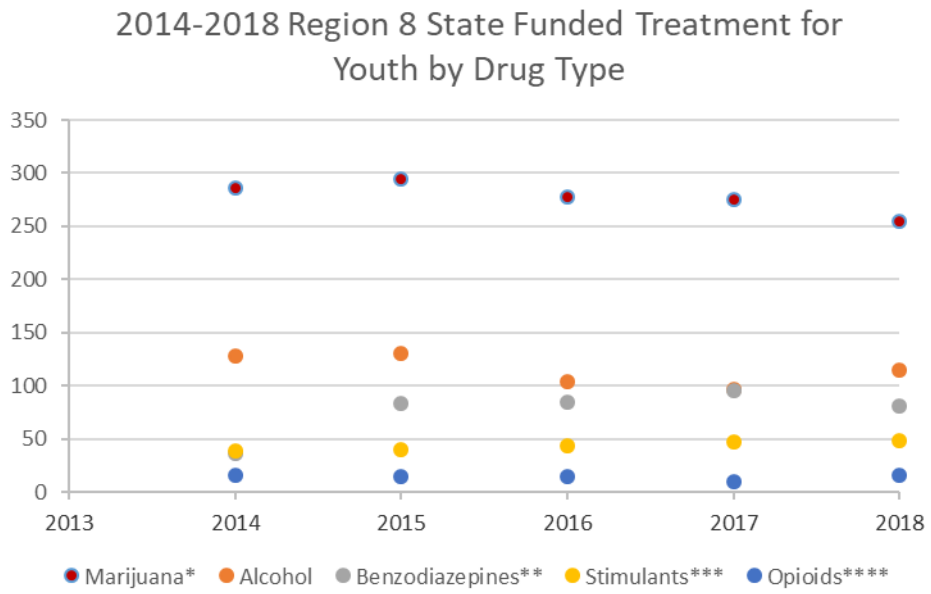
Figure 119. 2014-2018 Region 8 State Funded Treatment for Youth 12-17 Years of Age



Source: Texas Health and Human Services Commission

In 2018, marijuana admissions continued to be the highest for youth ages 12-17 (49.5%), followed by alcohol (22.3%), benzodiazepines (15.7%), stimulants (9.3%) and opioids (3.1 %).

Figure 120. 2014-2018 Region 8 Youth Served by Drug Type



Source: Texas Health and Human Services Commission

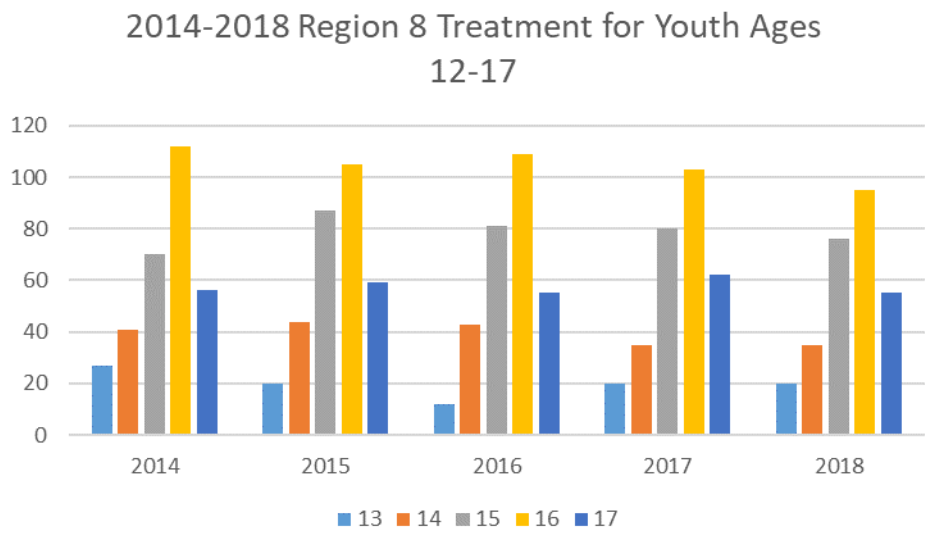
From 2014 to 2018 youth treatment for benzoidazepines increased 125 percent as well as stimulants with a 23.1 percent increase. Marijuana (-10.8%) and alcohol (10.2%) admissions decreased while opioid admissions for treatment remained unchanged during the same period.

Figure 121. 2014-2018 Region 8 State Funded Treatment for Youth Ages 12-17 by Drug Type

2014-2018 Region 8 State Funded Treatment for Youth Ages 12-17 by Drug Type					
	Marijuana*	Alcohol	Benzodiazepines**	Stimulants***	Opioids****
2014	286	128	36	39	16
2015	294	130	83	40	15
2016	278	104	85	43	15
2017	275	97	95	47	10
2018	255	115	81	48	16
Marijuana* = marijuana/hasish ** Benzodiazepines = xanax benzo = (Alprazolam)",'Benzodiazepines *** Simulants = 'Cocaine','Methamphetamine','Crack','Amphetamine' **** Opioids = 'Heroin','Opiates and Synthetics',"Vicodin (Hydrocodone)",'Codeine'					
Source: Texas Health and Human Services Commission					

Continuing in 2018, over half of youth admissions (60.9%) were for ages 15-16. Since 2014, only 15-year-old youth admissions increased by 8.6 percent, 13-year olds decreased 25.9 percent, age 14 decreased by 14.6 percent, age 16 decreased by 15.2 percent, and age 17 decreased 1.8 percent.

Figure 122. 2014-2018 Region 8 Treatment for Youth Ages 12-17.



Source: Texas Health and Human Services Commission

AOD-related ER Admits

Texas EMS and Trauma Registry had data submitted by Texas EMS entities and hospitals during 2010-2017, however during years 2015 and 2016, there were issues reporting the data to the Registery resulting in missing information for important fields, therefore only years 2010-2014 are reviewed. During 2010-2014, Texas responded to 12,700 calls for EMS with the primary symptom of overdose, by either drug or alcohol. In Region 8, over 8,600 EMS runs were made during the same period. Due to the population size, the majority of the EMS runs were in Bexar (4,893), Comal (909) and Victoria (522) counties. County level data is available in Appendix B, Table 45.

In 2017, Texas had 9,121 Emergency Department (ED) visits for Any Opioids, a 0.18 percent decrease from 9,105 reported in 2016. Commonly Prescribed Opioids decreased 0.8 percent from 5,373 ED visits in 2016 to 5,329 in 2017, Heroin ED visits increased 4.8 percent from 1,822 in 2016 to 1,909 in 2017 and Non-Heroin Opioids decreased 1 percent from 7,283 in 2016 to 7,212 in 2017.

Due to the masking of many counties for ED visits, a regional analysis wasn't possible, so Bexar County data was used, as it holds the largest population in Region 8.

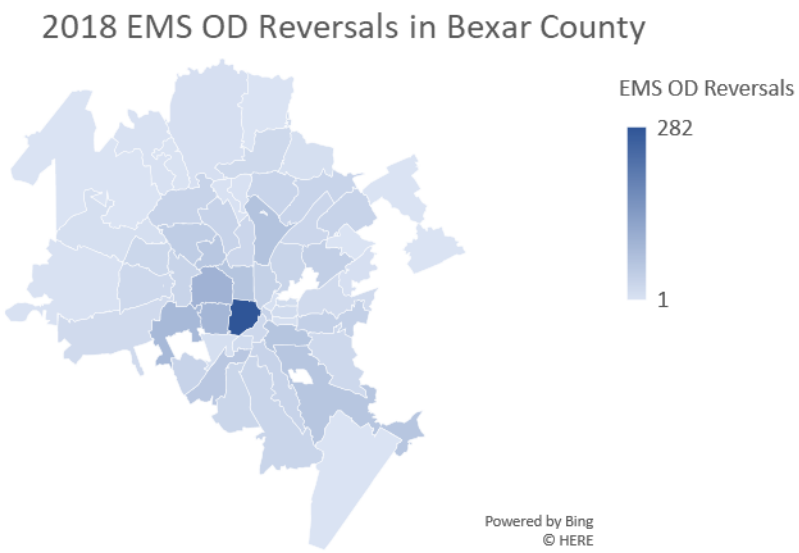
In 2017, Bexar County had 655 Emergency Department (ED) visits for Any Opioids, an 8.3 percent decrease from 714 reported in 2016. Commonly Prescribed Opioids decreased 12.3 percent from 405 ED visits in 2016 to 356 in 2017, Heroin ED visits increased 4.1 percent from 170 in 2016 to 177 in 2017 and Non-Heroin Opioids decreased 12.1 percent from 544 in 2016 to 478 in 2017. County level data is available in Appendix B, Table 46.

Figure 123. 2016-2017 Opioid-Related Emergency Department Visits

2016-2017 Opioid-Related Emergency Department Visits									
Year	Area	Any Opioid	% Change Any Opioid	Commonly Prescribed Opioids	% Change Commonly Prescribed Opioids	Heroin	% Change Heroin	Non-Heroin Opioids	% Change Non-Heroin
2016	Texas	9,105		5,373		1,822		7,283	
2017	Texas	9,121,	0.2	5,329	-0.8	1,909	4.8	7,212	-1.0
2016	Bexar	714		405		170		544	
2017	Bexar	655	-8.3	356	-12.1	177	4.1	478	-12.1
The Texas Health Care Information Council (THCIC) (now called Texas Health Care Information Collection Program)									

In 2018, the San Antonio Fire Department (SAFD) reported 1,783 EMS runs where overdose reversals were administered in Bexar County. Zip codes are located in Appendix B, Table 47.

Figure 124. 2018 SAFD EMS OD Reversals in Bexar County



Source: SAFD 2018

Economic Impacts

The National Institute on Drug Abuse reports that abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than $740 billion annually in costs related to crime, lost work productivity and health care.

- Tobacco: $168 billion in health care expenses, $300 billion overall
- Alcohol: $27 billion in health care expenses, $249 billion overall
- Illicit drugs: $11 billion in health care expenses, $193 billion overall
- Prescription Opioids: $26 billion in health care expenses, $78.5 billion overall

Underage Drinking/Drug Use

In 2013, underage drinking cost the citizens of the United States $56.9 billion. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to $1,903 per year for each youth in the United States or $3.75 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in the United States totaled $20.01 billion each year or $1.32 per drink. In contrast, a drink in the United States retails for $0.93.

In comparison, in 2013, underage drinking cost the citizens of Texas $5.5 billion. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to $2,075 per year for each youth in the state or $3.50 per drink consumed underage. Excluding pain and suffering from these costs, tangible costs of underage drinking including medical care, criminal justice, property damage, and loss of work in Texas totaled $1.78 billion each year or $1.14 per drink. In contrast, a drink in Texas retails for $0.78.

Average Cost of Treatment in Region

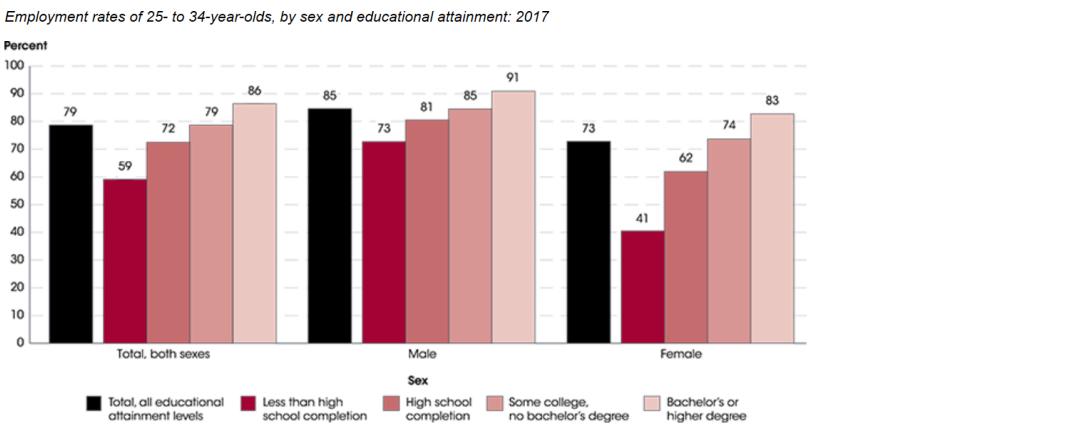
The National Institute on Drug Abuse reports that drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $24,000 per person. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft.

Employability and College Admissions

Employability is the often described as a set of achievements, understandings, and personal attributes that make an individual more likely to gain employment and be successful within that occupation. In 2017, the employment rate was higher for those with higher levels of educational attainment. For example, the employment rate was highest for young adults with a bachelor's or higher degree (86 percent). The employment rate for young adults with some college1 (80 percent) was higher than the rate for those who had completed high school2 (72 percent), which was, in turn, higher than the employment rate for those who had not completed high school (57 percent). The same pattern was observed among both young adult males and young adult females. For example, the employment rate for young adult females was highest for those with a bachelor's or higher degree (83 percent) and lowest for those who had not completed high school (42 percent).[55]

[55] National Center for Education Statistics, Fast Facts Employment Rates of College Graduates, https://nces.ed.gov/fastfacts/display.asp?id=561 . Accessed July 29, 2019

Figure 125. 2017 Employment Rates of 25-34-Year-Olds, by Sex and Educational Attainment



NOTE: Data are based on sample surveys of the noninstitutionalized population, which excludes persons living in institutions (e.g., prisons or nursing facilities); this figure includes data only on the civilian population (excludes all military personnel). The employment rate, or employment to population ratio, is the number of persons in each group who are employed as a percentage of the civilian population in that group. "Some college, no bachelor's degree" includes persons with an associate's degree. "High school completion" includes equivalency credentials, such as the GED.

Source: National Center for Education Statistics

Qualitative Data on Consequences

Qualitative data for Region 8 was obtained through focus groups, workgroups, and Town Halls mostly in our most populous county of Bexar.

Environmental Protective Factors

The Substance Abuse and Mental Health Services Administration defines protective factors as: a characteristic associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes. Some identified protective factors include: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; and adoption of conventional norms about drug use.

Overview of Protective Factors

Protective factors are instrumental in healthy development; they build resiliency, skills and connections. This document will cover four domains of protective factors: community, school, family, and individual. The next sections of the RNA will report on these domains.

Community Domain

Community Coalitions

The information in this section comes diretly from the Circles of San Antonio Community Coalition Community Needs Assessment revised in June 2019.[56]

[56] Circles of San Antonio Community Coalition. Community Needs Assessment, Revised June 2019, Inclusive pages 11-20.

Specific community-based programs, such as prevention programs and community coalitions, offer drug and drinking and driving prevention services to persons who use drugs, their families, and service providers (e.g., healthcare providers, homeless shelters, and substance abuse treatment programs). Several community-based coalitions exist within Bexar County and most have a stake in addressing issues regarding alcohol, tobacco, and other drugs.

San Antonio is home to four Drug Free Community (DFC) Coalitions - Circles of San Antonio Community Coalition, San Antonio Fighting Back, George Gervin Youth Center, and Bethel Prevention.

- Circles of San Antonio Community Coalition is working to prevent and reduce youth substance use by: engaging and expanding a youth coalition; implementing a multi-media awareness campaign and comprehensive social norms strategy; changing the norms of social access through changing environments, enhancing skills and increasing negative consequences for providers; developing a civil citation program and advocating for social host violation laws; implementing a comprehensive marijuana social access and norms strategy to ensure perceptions of risk and ensure the community is aware of the negative effects of recreational and commercialization of marijuana.

- San Antonio Fighting Back is implementing the following strategies to prevent and reduce youth substance use : establish and strengthen collaboration among communities; public and private non-profit agencies, and federal, state, local and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth. Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

- George Gervin Youth Center's Project Alert's Coalition prevents and reduces youth substance abuse, in part by, mobilizing resources; focusing on adult perception of underage alcohol use; providing support to parents; increasing communication between schools, the community and parents; providing support that reduces marijuana use; supporting youth prevention education in the community.

- Bethel Prevention Coalition is working to prevent and reduce youth substance use by expanding and enhancing the membership of the coalition, enhancing the leadership skills of the Steering Committee and Action Committees; strengthening collaboration with other DFC Coalitions in San Antonio and the State of Texas; conduct community outreach to increase visibility of Coalition and awareness of problem; increase perception of risk or harm of alcohol and marijuana use among youth; increase perception of peer disapproval of alcohol drinking and marijuana use among youth; decrease past 30-day use of alcohol and marijuana use among youth; and increase perceptions of parental disapproval of use.

The Circles of San Antonio Community Coalition maintains an active membership with Texans Standing Tall (TST), a statewide coalition and is an active member on the TST statewide strategy team.

In addition, the Coalition utilizes Texans Standing Tall as their technical assistance provider for strategic planning and environmental strategy process to reduce underage alcohol social access.

In addition to Circles of San Antonio, there are three coalitions that help to reduce alcohol related motor vehicle fatalities - the Bexar County DWI Taskforce, The Texas Department of Transportation Traffic Jam Coalition, and The San Antonio Police Department formed the San Antonio Team Driving While Intoxicated (SA Team DWI).

- The Bexar County DWI Task Force's mission is to (1) reduce alcohol and drug related motor vehicle accidents, injuries, and deaths in Bexar County, (2) seek out and arrest those who disobey impaired-driving laws through law enforcement special operations, training, and community involvement; and (3) create a safer community through law enforcement and education of the public.

- The San Antonio Traffic Jam Coalition's purpose is to educate and bring awareness for a safer community by focusing on issues such as drinking and driving, texting and driving, drowsy driving, motorcycle safety and bicycle/pedestrian safety. The coalition's primary responsibility is to save lives.

- The San Antonio Police Department formed the San Antonio Team Driving While Intoxicated (SA Team DWI) as a combined law enforcement effort to reduce DWI rates and fatalities associated with alcohol use. The SA Team DWI matches current data related to DWI and motor vehicle incidences to strategically place DWI saturation patrols and Texas Alcoholic Beverage Commission seller-server compliance checks. The Bexar County District Attorney's office has implemented a full time year round no-refusal initiative for impaired driving in Bexar County.

The Circles of San Antonio Community Coalition maintains an active partnership with SA Team DWI. SA Team DWI also works with at risk bars in San Antonio that have been identified by arrested DWI offenders as last place of drink.

Other coalitions, committees, and task forces that are an important part of prevention in San Antonio and Bexar County are:

- Alamo Area Coalition Against Trafficking (AACAT) exists to prosecute offenders, prevent future exploitation and serve current victims of human trafficking. Their goal is the total eradication of human trafficking from Bexar and the surrounding counties.

- The Alamo Area Teen Suicide Prevention Coalition works to advance efforts to prevent teen suicide in the Alamo Area by engaging youth voices and build on best practices to provide clear and ongoing prevention messages; to improve access to care and strengthen the continuum of youth mental health care; and influence related policy. The Teen Advisory Board B141 Campaign helps students to understand the warning signs of a mental health crisis, the importance of finding a trusted adult to help and to use the Suicide Prevention Lifeline for assistance with a peer in crisis.

- Alamo Senior Advisory Committee serves as the advisory committee for the Alamo Area Agency on Aging (AAAA). The AAAA is dedicated to building a community that supports older residents and allows them to age in place with dignity security and enhanced quality of life.

- Baby Education for South Texas (BEST) is a collaboration of regional leaders in pediatric health, advocacy and education working to keep the children of South Texas safe, especially while they sleep. With representatives of many of San Antonio's community organizations and each major health care system, BEST is pooling resources and coordinating citywide efforts to ensure every child born in Bexar County is safe and health. BEST works to decrease infant mortality utilizing community resources, education, advocacy and awareness15.

- The Bexar County Child Fatality Review Team is a public health strategy to understand child deaths through multidisciplinary review at the local level. The lessons learned from the reviews inform local and statewide prevention activities and reduce preventable child deaths.

- The Bexar County Community Health Collaborative (also known as The Health Collaborative) has been improving the health status of the community through collaborative means, for the past 20 years. It leads the countywide community health needs assessment and community health improvement planning process every three years, supports several community coalitions with their training, education, and programing needs. It also offers three free programs to the community: the exercise and nutrition Healthy Me Healthy We program, the youth mental health Young Minds Matter program, and the Grow Health Together Pathways Community HUB, an evidence-based model that works to address at-risk populations' social determinants of health.

- The Bexar County Joint Opioid Task Force convened in 2017. The interagency public-private collaboration is seeking to decrease the number of opioid deaths in Bexar County and develop strategies to address the opioid crisis in a comprehensive manner. The task force is focusing on four key initiatives: increasing the use of overdose reversal drugs by first responders; improved provider training on evidence-based prescribing and dispensing of opioid-based pharmaceutical products; increasing access to and awareness of treatment options; improving community education on the safe disposal of prescribed drugs and the effects of prescription opioids and heroin.

- The Bicycle Mobility Advisory Committee (BMAC)'s purpose is to improve bicycle mobility within the Alamo Area Metropolitan Planning Organization Study Area. BMAC's vision is for the region to be distinguished as a place where cyclists can safely travel on and off-road and cycling is recognized as a clean, healthy, and affordable form of transportation and recreation.

- The Healthy Futures of Texas organization provides and promotes strategies that work to help young people make healthy decisions and avoid unplanned pregnancies.

- The Safe Kids San Antonio Coalition works to prevent unintentional childhood injuries, the number one cause of death for children in the United States. Using local trauma data to address community needs, the coalition implements evidence-based programs that help parents and caregivers prevent childhood injuries.

- The San Antonio Coalition for Veterans and Families provides support by connecting veterans and their families with community resources to improve their lives.

- The San Antonio Crime Coalition provides valuable information and intelligence to its registered participants within San Antonio & Bexar County. It acts as a go-between the civilian population and law enforcement agencies in addressing the fear of retaliation from the criminal element. The Coalition is a collaboration of many businesses, homeowners, churches, schools, neighborhood groups and associations, community organizations and law enforcement agencies.

- The San Antonio Grandparents Raising Grandchildren Coalition provides mentorship and easy access to information and resources for grandparents raising grandchildren. They provide opportunities geared at improving the health and quality of life for grandparents raising grandchildren and other family caregivers by connecting them to resources in San Antonio.

- South Alamo Regional Alliance for the Homeless (SARAH) works with agencies across San Antonio and Bexar County to end homelessness. As the local Continuum of Care Lead Agency, SARAH is charged to create an improved service system that effectively provides support, coordination, and housing to all homeless populations in the area, with a primary focus on moving individuals and families out of homelessness efficiently and permanently. SARAH also supports a community-wide Coordinated Entry program which is a centralized access point for people to visit if they are experiencing literal homelessness and need housing. By visiting a Coordinated Entry hub site, clients can gain access to the area's housing waitlist, which several community partners pull from to provide housing assistance.

- The South-Central Texas Water Safety Coalition was founded to help educate the public on water safety and prevent needless water related deaths. The Coalition seeks to improve water safety knowledge and practices among all recreationalists through education and awareness programs, outreach events, and inter-agency cooperation, cost and resource sharing.

- The mission of the Southwest Texas Regional Advisory Council (STRAC) Injury Prevention Consortium is to help reduce the burden of injuries by promoting evidence-based injury prevention strategies and practice that raise awareness, promote collaboration and foster understanding on the importance of injury prevention.

- Vision Zero Communications Task Force is focused on eliminating motor vehicle, bicycling and

pedestrian deaths within San Antonio. The purpose of the Task Force is to grow a support system of stakeholders and use this network to leverage the resources available.

Environmental Changes

In 2016, the Circles of San Antonio Community Coalition joined federal partners: High Intensity Drug Trafficking Agency (HIDTA) - South Texas, Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI), and the U.S. Attorney's Office to form the Alamo Drug Awareness and Prevention Team (ADAPT). ADAPT holds monthly meetings, quarterly community meetings, and hosts ommunity events and training on the problem of illicit drugs in Bexar County.

Unfortunately, funding for San Antonio Tobacco Prevention and Control Coalition (SATPCC) ended in August 2013. Despite this, San Antonio's Metropolitan Health District, along with Circles of San Antonio Community Coalition and the City of San Antonio, was successful in enacting the Tobacco 21 ordinance. This ordinance took effect in October 2018, to increase the age for sale of tobacco products from 18 years of age to 21 years of age. This public health measure will delay the age of first tobacco use, reduce the risk of youth becoming regular smokers, and help keep tobacco out of schools. In addition to the Tobacco 21 initiative, the City of San Antonio Parks and Recreation Department has proposed tobacco and vape-free parks as part of their 2019-2029 Parks System Plan29. Two local municipalities in Bexar County, Kirby and Leon Valley, have also passed Tobacco 21 ordinances.

Also, in 2018, the City of San Antonio was awarded the Center for Disease Control and Prevention Racial and Ethnic Approaches to Community Health (REACH) grant. As a recipient of this grant, the City of San Antonio will expand upon the current areas and strategies in use by Metropolitan Health's Healthy Neighborhoods program to implement the tobacco, nutrition, and community-clinical linkage strategies to reduce health disparities among African Americans and Hispanic Americans.

Public Health Region 8 does have a Tobacco Prevention and Control Office whose purpose is to reduce the health and economic toll tobacco has placed on the citizens of Texas. In addition, the Tobacco Specialist with the Region 8 PRC completes over 1800 voluntary compliance checks with tobacco retailers each year within the 28 counties of Region 8.

Treatment/Intervention Providers

The National Directory of Drug and Alcohol Abuse Treatment Facilities – for 2018 is a listing of federal, state, and local government facilities and private facilities that provide substance abuse treatment services. It includes treatment facilities that (1) are licensed, certified, or otherwise approved for inclusion in the Directory by their State Substance Abuse Agencies, and (2) responded to the 2017 National Survey of Substance Abuse TreatmentServices (N-SSATS). The information about each facility that appears in this Directory was provided by that facility in response to the 2017 N-SSATS. N-SSATS is conducted annually by the Substance Abuse and MentalHealth Services Administration (SAMHSA).

Region 8 has 29 substance abuse treatment facilities listed in the National Directory of Drug and Alcohol Abuse Treatment Facilities which include 12 treatment facilities that provide opioid medications used in treatment for opioids ; 10 treatment facillities use Buprenorphine in treatment ; 8 treatment facilities use Methadone in treatment ; 5 treatment facilities use Naltrexone in treatment ; 3 treatament facilities do not treat opioid addiction ; 1 treatment facility for females only ; 28 facilities offer treatment for males and females ; 6 facilities provide detox ; 2 provide transitional housing or halfway housing ; 4 Provide special programs for youth ; 7 Provide special programs for transitional age young adults ; 24 privately operated ; 3 operated by local, county or community government ; 1 operated by U.S. Dept of Veterans Affairs and 1 state government operated. See Appendix B, Table 48 for a listing of Region 8 facilities.

Local Social Services

Throughout Region 8, there are many programs that service and reach out to the diverse communities in the area including:

- The San Antonio Council on Alcohol and Drug Awarness (SACADA) is a nonprofit organization that provides education, youth prevention programs, information resources and services to prevent alcohol and drug abuse to youth and adults in Bexar County and the 28 surrounding counties of Region 8. The SACADA youth prevention programs are targeted to youth in Bexar County, providing evidence-based, age-appropriate curriculum, to elementary, middle and high school youth. The youth prevention programs also provide prevention service to youth and adults though presentations on alcohol, tobacco and other drugs and information on living healthy lifestyles.

- Center for Health Care Services– focuses on improving the lives of people with mental health disorders, substance abuse challenges and developmental disabilities. Primary service area includes the 28 counties of Region 8.

- Connections Individual and Family Services - focuses on providing a safe and secure alternative to the "streets" for homeless, abused, or at-risk youth. Connections Individual and Family Services provides program services in 18 rural counties and operates thirteen 13 counseling offices and three 3 residential locations. Connections services are available to the following counties: Aransas, Atascosa, Bastrop, Bee, Caldwell, Comal, Frio, Goliad, Gonzales, Guadalupe, Karnes, Lee, Live Oak, McMullen, Refugio, San Patricio, Wilson, and Zavala.

- Family Service Association – is a private, non-profit, non-sectarian agency funded by the United Way, United States Department of Health and Human Services, fee-for-service contracts with both public and private organizations, foundation and corporate grants, private contributions, client fees, and outpatient mental health insurance. Prevention services include providing prevention education and Families and Schools Together (FAST). FAST services 7 elementary schools, 2 middle schools and 4 Head Start centers in Bexar County, as well as families and 9 schools in Uvalde and Zavala Counties. In a collaborative effort among schools, Family Service Association and families, FAST focuses on children at risk for school failure, juvenile delinquency and substance abuse in adolescence.

- Family Violence Prevention Services – focuses on breaking the cycle of violence to strengthen

families, by providing the necessary tools for self-sufficiency through the delivery of emergency shelter, transitional housing, education, effective parenting education, and early intervention with children and youth. Primary service area for prevention includes Bexar County.

- Karnes/Wilson Juvenile Board- focuses on providing evidence-based, age-appropriate curriculum, to elementary, middle and high school youth. Primary service area includes Karnes, Wilson, Atascosa, Frio, LaSalle counties.

- JOVEN-Juvenile Outreach and Vocational Educational – focuses on developing character and resiliency in children by providing them with innovative and exciting programs, as well as structured alternative activities that are designed to help them to succeed. JOVEN provides in-school programming in 8 school districts in the surrounding areas of Bexar, Guadalupe and Comal County.

- South Texas Rural Health – focuses on providing health services to the people of LaSalle, Dimmitt, and Frio counties. This service area has been designated as a Medically Underserved Area and as a Health Professional Shortage Area. The clinic maintains five program/service delivery sites and provides services such as laboratory, pharmacy, radiology, dental, family planning, HIV/AIDS testing and counseling, health education, nutrition counseling, substance abuse counseling, and transportation assistance

- Servicing Children and Families in Need (SCAN), Inc. – focuses on fostering the healthy development of individuals and families through empowerment opportunities that are effective, culturally-responsive, trauma-informed and community-centered. Provides services to the following Region 8 counties including: Dimmit, Frio, LaSalle, Maverick, Real, Uvalde, and Zavala.

Law Enforcement Capacity and Support

The San Antonio Police Department has embraced Community Policing for many decades, through its Community Services and School Services Programs, Crime Prevention Programs (Neighborhood Watch, National Night Out), Store Fronts, Decentralized Patrol Substations, and the Downtown Foot and Bicycle Patrol Unit. In 1995 the Department created a special Community Policing Unit, the San Antonio Fear Free Environment Unit (SAFFE) which links closely with community involvement programs, such as Cellular on Patrol (initiated in 1993) and the Citizen Police Academy (initiated 1994).

The Southwest Texas Fusion Center (SWTFC) was recognized by the State of Texas and the Department of Homeland Security (DHS) as a Level 2 Major Urban Area Fusion Center in November 2011. A Fusion Center is a collaborative effort of two or more agencies that provide resources, expertise, and information to the center with the goal of maximizing their ability to detect, prevent, investigate and respond to criminal and terrorist activity. The mission of the SWTFC is to serve as an all threat/all hazard center for information/intelligence sharing and public safety through a process of collaboration with other regional and national partners, which is balanced and guided by the need and responsibility to preserve the rights and privacy of the citizens we protect. The SWTFC is managed by the San Antonio Police Department (SAPD) and operates under the guidance of an advisory board that includes representatives from public and private partners throughout the southwest Texas region.

The San Antonio Regional Intelligence Center (SARIC) provides intelligence for officers of the SAPD and its regional partners. This has been accomplished by means of strengthening intelligence sharing methods and receiving support from local, state and federal law enforcement as SARIC continues to support the efforts of the Southwest Texas Fusion Center.

After years of planning and implementation, the Bexar County Sheriff's Office, Bexar County Fire Marshal, Bexar County Constables, and several municipal police departments supported by Bexar County, went live on a new public safety command and control system in August 2010. The new system was developed through a regional partnership including Bexar County, Bexar Metro 911, City of San Antonio and City of Schertz to improve the flow of information between the participating communication centers and field personnel.

A critical component of the new system included TriTech's Inform Mobile data solution which provides an automated and accelerated flow of data, including locations, incident information, and historical information directly to resources in the field. With immediate access to comprehensive data and extensive messaging capabilities, Inform Mobile serves as a seamless extension of Inform computer aided dispatch (CAD). With real-time information, field personnel are empowered to make quick, informed decisions.

Southwest Border South Texas Region High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. This grant program is administered by the Office of National Drug Control Policy (ONDCP). Counties include Bexar, Cameron, Dimmit, Hidalgo, Jim Hogg, Kinney, La Salle, Maverick, Starr, Travis, Val Verde, Webb, Zapata and Zavala counties.

Healthy Youth Activites

Many alternative activities have been identified as health activities for youth to participate in to curb illicit drug use and alcohol consumption. Below are some of the identified youth activities and services that can be found in Region 8.

Youth participation in sport and other organized physical activity can very easily be considered a double-edged sword in reference to substance abuse and prevention. Evidence suggests that youth participation in prosocial activities such as sport and exercise can build positive social relationships, self-confidence, and life skills (CCSA); all of which are considered protective factors against substance abuse. However, it has also been noted that sport participation has been found to be associated with increases in alcohol consumption and/or steroid use. Keeping in mind that these activities help to build self-confidence and self-esteem, their inherent value should not be negated. To support this, it has been shown that experiential challenge programs are highly effective in building these characteristics and have been implemented for prevention purposes through the following forms (NIDA; HSR):

- Experiential Wilderness Programs
- Ropes Courses
- Recreation & Sport Programs

Entities in Region 8 that provide services that actively engage youth populations in physical activity and sports are the YMCA/YWCA and the Boys & Girls Club of America. These organizations provide afterschool programming for youth (children & teens) to participate in physical activity and social bonding.

Work Force Training

Allowing youth to engage in workforce aptitude testing and training early can help to provide them with a sense of self-efficacy and confidence in their development trajectory. In Region 8, Gary Job Corps offers hands-on career training and education for youth ages 16-24. These programs offer zero-tolerance for substance abuse and violence, creating an environment that is indicative of substantial learning and growth.

Religion and Prevention

Engagement in prosocial activities and involvement religious activities has been determined by the National Institute on Drug Abuse (1996) as a protective factor against substance abuse and other behavioral issues in youth. Churches and religious entities are paramount to the success of communities and often provide services in the form of support groups and facility space for prevention and recovery programs. In Region 8, the Methodist Health Care Ministries offer a range of in-patient and day treatment programs for persons with mental health and chemical dependency concerns. In addition to this, some churches host 12-step programs, alcohol-anonymous, and chemical dependence support.

School Domain

The social environment of the school is a key factor influencing the healthy development of young people. Research indicates that students who feel attached to their schools are less likely to engage in anti-social behavior or drug use practices. Indicators such as high school completion, college admissions, youth prevention programs, and students who receive ATOD education at school will be discussed in this section.

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
- Correct misconceptions about the prevalence of use in conjunction with other educational approaches.
- Involve youth in peer-led interventions or interventions with peer-led components.
- Give students opportunities to practice newly acquired skills through interactive approaches. Help youth retain skills through booster sessions.
- Involve parents in school-based approaches.
- Communicate a commitment to substance abuse prevention in school policies.

SAMHSA also argues that school climate is another factor contributing to the lack of attachment to school. Together, teachers' instructional methods, classroom management techniques, class size, student-teacher ratios, classroom organization, and educators' attitudes toward students affect the climate in a particular school.

YP Programs

The Youth Prevention (YP) programs consist of using age-appropriate, evidence-based curriculum to educate youth on the negative health consequences of alcohol tobacco and other drugs. These curriculums are incorporate life skills which, coupled with drug education, can build resiliency in youth. The prevention programs are broken down in to three sub-categories: Universal, Selected and Indicated.

- Universal prevention (YPU) reaches the general population, without regard to individual risk factors, and are generally designed to reach a very large audience or population, such as a community, school, or neighborhood. Participants are not recruited to participate in the activities and the degree of individual substance abuse.

- Selective prevention (YPS) activities promote a proactive process to address health and wellness for individuals, families, and communities by enhancing protective factors and by averting and precluding negative factors that place individuals at risk for substance abuse. Selective prevention activities target subgroups of the general population that are determined to be at risk for substance abuse.

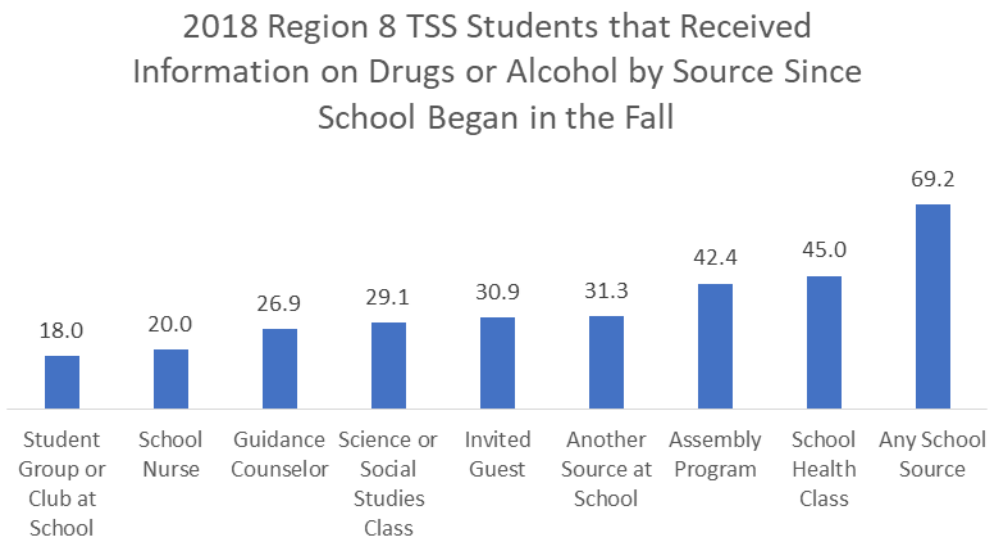
- Indicated prevention (YPI) approaches are used for individuals who are experiencing early signs of substance use and other related problem behaviors associated with substance use. The individuals may or may not be abusing substances, but exhibit risk factors such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or psychological problems, such as depression or suicidal behaviors that increase their chances of developing a drug abuse problem.

Region 8 has 7-substance abuse prevention providers as funded by Texas Health and Human Services Commission (HHSC). The service area each organization covers, age-group targeted, and prevention sub-category taught is all directed by the grants.

Students Receiving AOD Education in School

In 2018, the Region 8 TSS reported a 6 percent increase from 65.1 percent in 2008 to 69 percent in 2018, the number of students surveyed that reported they had received information on drugs or alcohol since school began. Most information was received during a school health class (45%) or an assembly program (42.4%).

Figure 126. 2018 Region 8 TSS Students that Received Information on Drugs or Alcohol by Source



Source: Texas A&M University, Public Policy Reasearch Institute, Texas School Survey of Drug and Alcohol Use: 2018 Region 8 Report

The Center for Substance Abuse Prevention (CSAP) identifies prevention education as one of the six CSAP Prevention Strategies and defines prevention education as a two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. The activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Students receiving alcohol and other drug (AOD) education in school vary from district to district. There are a number of districts who provide AOD education through the health education classes, and others who collaborate with community organizations to bring in presentations and curriculum.

The following organizations are prevention providers who are funded by HHSC to provide prevention education in Region 8:

- The San Antonio Council on Alcohol and Drug Awareness (SACADA) – prevention in the following counties: Bexar, Bandera, Comal, Kendall, and Kerr.
    - In Fiscal Year 2018 SACADA served 88,825 persons, 5,692 youth received Prevention Education/Skills Training; 23,860 Youth and Adults attended 601 Prevention Presentations; 12,847 Youth and Adults attended Alternative Activities; 43,426 Youth and Adults received ATOD information; 3,000 Adults in Recovery served; 314 Groups completed and 293 New/Renewed Community Agreements.

- Connections Individual and Family Services - serves the following counties: Aransas, Atascosa, Bastrop, Bee, Caldwell, Comal, Frio, Goliad, Gonzales, Guadalupe, Karnes, Lee, Live Oak, McMullen, Refugio, San Patricio, Wilson, and Zavala.

- Family Service Association – serves, Bexar and Uvalde counties.
- Family Violence Prevention Services – serves Bexar county residence.
- Karnes/Wilson Juvenile Board – serves Atascosa, Karnes, La Salle, Medina and Wilson counties.
- Mid-Coast Family Services – serves Victoria, Calhoun, DeWitt, Goliad, Gonzalez, Jackson and Lavaca counties.
- JOVEN-Juvenile Outreach and Vocational – serves Bexar and Kendall counties.

Sober Schools

High schools specifically designed for students recovering from a substance use disorder (substance abuse or dependence) have been emerging as a continuing care resource since 1987. According to the Association of Recovery Schools (ARS), this continuing care model has slowly grown since that time to include 31 high schools in 10 states.

Texas has 8 Recovery high Schools, Winfree Academy Courage Program – Grand Prairie (formerly Irving Campus), Grand Prairie, Texas; Serenity High School, McKinney Texas; Archway Academy, Houston, Texas; Cates Academy (formerly Three Oaks Academy), Houston, Texas; Winfree Academy Courage Program – Richardson Campus, Richardson, Texas; Winfree Academy Courage Program – North Richland Hills Campus, North Richland Hills, Texas and University High School, Austin, Texas.

Region 8 currently has no Recovery High Schools, however, San Antonio created a Recovery High School Task Force in January 2019 with several interested parties from various backgrounds. They have since created a vision and mission statement, developed core values and guiding principles. A few members of the task force recently attended the National Conference and are eager to continue taking the necessary steps to create a Recovery High School. Part of the next steps is creating an Advisory Board, determining the appropriate path for the educational options, and obtaining the necessary funds.

The recovery high schools conduct an Annual Recovery School Survey which was last administered in the spring of 2015. Nineteen recovery schools participated in the survey.

- 26 percent were classified as Charter schools, 37 percent Alternative, 16 percent Private and 21 percent Other.
- Average student enrollment at a Recovery high school, 24 males and 19 females.
- Range of students enrolled 2 – 115.
- Average student enrollment is 32.
- Average GPA 2.75 compared to National GPA 3.0.
- Students average 2 treatment episodes prior to Recovery school admittance.[57]

Alternative Peer Group

The Alternative Peer Group (APG) model encompasses the necessary ingredients for successful treatment of adolescents struggling with substance abuse or drug addictions. This model was created in

[57] Association of Recovery Schools. (2016). The State of Recovery High Schools, 2016 Biennial Report. Denton, TX. Retrieved from www.recoveryschools.org. Accessed July 12, 2019

Houston, Texas about forty years ago. Alternative Peer Groups were created to address the emotional, psychological, spiritual and social needs of teens struggling with substance abuse.

An APG offers an adolescent a new group of friends that provide alternative attitudes, values, judgments, processes, and behavior that support the change necessary to recover from substance abuse disorders (Binarium Productions, 2011). The APG model of substance abuse recovery services has been used with adolescents and young adults. It includes 12-step meetings, counseling (individual, family, and group), multifamily group, and psychosocial education for youth and parents. Most importantly, the foundation of the APG is the social component (Cates & Cummings, 2003; Meehan, 1984). Namely, social functions include afterschool hangouts, sober social weekend activities, and retreats. The hallmark of this model is the basic assumption that peer relationships, much like the ones that initiate and support drug and alcohol use, are necessary to facilitate recovery (Morrison & Bailey, 2011; Rochat et al., 2011). [58]

Figure 127. Alternative Peer Group: A Model for Youth Recovery

Dr. Scott Basinger of Baylor College of Medicine has been studying the outcomes of alternative peer groups and recently presented his data at the Teens and High-Risk Symposium. He compared the national rates of teen relapse to the rates of teens enrolled in local APGs. The national relapse rate for teens in recovery is between 50-90%. In Houston, for those adolescents participating in APGs between January 2007 and 2010, the relapse rates were between 8%-11%. Overall, since APGs have been in existence, they have a recovery rate greater than 85% versus a nationwide recovery rate of around 30%

[58] Crystal Collier, Robert Hilliker & Anthony Onwuegbuzie (2014) Alternative Peer Group: A Model for Youth Recovery, Journal of Groups in Addiction & Recovery, 9:1, 40-53, DOI: 10.1080/1556035X.2013.836899. http://dx.doi.org/10.1080/1556035X.2013.836899. Date: October 21, 2015, Accessed July 25, 2019.

according to the research gathered in Journal of Groups in Addiction & Recovery, Alternative Peer Group: A Model for Youth Recovery, 2014.[59]

Just like Sober Schools, the Alternative Peer Groups, are currently not available in Region 8 and is a gap within our region.

High School to College and Academic Achievement

In Academic Year 2013 to 2014, 303,109 Texas Public High School Graduates enrolled in Texas Higher Education during academic year 2014-2015. Region 8 accounted for 10.4 percent or 31,379 of those students. Forty-two percent of Region 8 students choose to attend a college or university out of state. See Appendix B, Table 49 for county data.

Figure 128. 2013-2014 Graduates Enrolled in Higher Education During 2014-2015 Academic Year

Area	4 Year	2 Year	Not Trackable	Not in Texas	Total
Texas	26.1	31.4	5.2	37.3	303,109
Region 8	25.5	29.5	2.4	42.4	31,379

Source: Texas Higher Education Data

Family Domain

Parental/Social Support

Research shows that the main reason that youth don't use alcohol, tobacco, or drugs is because of their parents. Parents are the strongest influence that children have. Drug use is much less likely to happen if a parent provides guidance and clear rules about not using drugs, has frequent conversations with children and youth, spends quality time with his/her child, and does not use alcohol or other drugs themselves. Some of the familial protective factors identified as a guard against drugs use are included in this section of the RNA. Indicators such as inadequate social support, parental attitudes toward alcohol and other drugs consumption, and teens talking to parents about ATOD will be addressed.

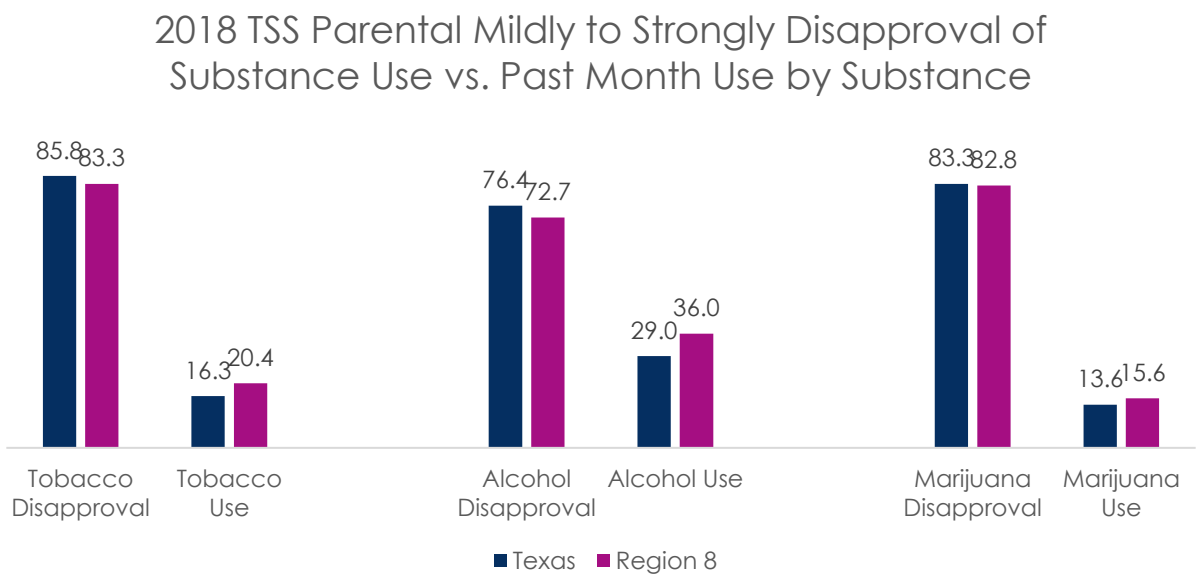
Parental Attitudes toward Alcohol and Drug Consumption

Research has shown, when parents hold attitudes favorable to the use of alcohol and other drugs, or engage in heavy drinking or drug use themselves, their children are more likely to drink alcohol or use drugs, according to the publication, the role of risk and protective factors in substance use across adolescence, National Institute of Health.

In the 2018 TSS, alcohol is reported as having the least parental disapproval and the highest past month usage.

[59] Morrison C, Bailey C, Data Supporting Alternative Peer Groups: A Recovery Model for Teens and Young Adults. http://www.drug-addiction-help-now.org/blog/2012/03/alternative-peer-groups-successful-recovery-model/. Accessed July 25, 2019.

Figure 129. 2018 TSS Parental Mildly to Strongly Disapproval of Substance Use vs. Past Month Use



Source: Texas A&M University, Public Policy Reasearch Institute, Texas School Survey of Drug and Alcohol Use: 2018 Texas & Region 8 Report

According to the Partnership Attitude Tracking Study (PATS), Teens & Parents, 2013:

- one-third of parents (34%) believe there is little they can do to prevent their kids from trying drugs other than alcohol
- one in four parents (23%) feel uncomfortable telling their child not to use drugs because of their own history of drug use
- Among parents who suspect their child has used drugs or alcohol, one in five (21%) have not intervene.
- PATS data show that if parents communicate their disapproval of marijuana use, and if they effectively communicate the risks associated with heavy marijuana use, then they increase the chances that their child will avoid becoming a heavy marijuana user, even if he or she decides to experiment with marijuana.
- More than one in ten teens (12%) continue to indicate their parents would be okay with their marijuana use.
- Perceived parental permissiveness and perceived risk in using marijuana regularly also has a strong influence on the more frequent marijuana user.
- More than one in five teens (22%) say parents would not care as much if their teen were caught abusing or misusing prescription drugs, when compared to illicit drugs.
- More than half of parents (55%) say anyone can access their medicine cabinet
- One-third of teens (32 percent) believe their parents would say it's okay for them to drink beer every once in a while, while only 4 percent of parents corroborate this statement.

Students Talking to Parents about ATOD

According to the National Crime Prevention Council, their research shows the main reason that kids don't use alcohol, tobacco, or drugs is because of their parents. Their parents positive influence and because they know it would disappoint them are the main reasons why kids abstain from drug use. It is so important that parents build a strong relationship with their kids and talk to them about substance abuse.

The role of parents is critical, if a teen learns about the risks from his or her friends or "on the street" rather than from parents, then that teen is more likely to engage in substance use according to the research from this publication.

In 2018, the TSS reported that in Texas, 70.6 percent of students in grades 7th-12th reported that they would seek help from their parents if they had a problem with alcohol or durgs compared to Region 8 where 71.8 percent would seek help from their parents.

Individual Domain

SAMHSA states that most interventions aimed at the individual are designed to change knowledge about and attitudes toward substance abuse with the ultimate goal of influencing behavior.

Principles of Effective Substance Abuse Prevention:

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- Social and personal skills-building can enhance individual capacities, influence attitudes, and promote behavior inconsistent with use. These interventions usually include information about the negative effects of substance use.

- To be effective, interventions must be culturally sensitive and consider race, ethnicity, age, and gender in their designs.

- Youth tend to be more concerned about social acceptance and the immediate rather than long-term effects of particular behaviors. Citing consequences such as stained teeth and bad breath has more impact than threats of lung cancer, which usually develops later in life.

- Used alone, information dissemination and media campaigns do not play a major part in influencing individual knowledge, attitudes, and beliefs, but they can be effective when combined with other interventions.

- Alternatives such as organized sports, involvement in the arts, and community service provide a natural and effective way of reaching youth in high-risk environments who are not in school and who lack both adequate adult supervision and access to positive activities. Positive alternatives can help youth develop personal and social skills inconsistent with substance use.

- Effective programs recognize that relationships exist between substance use and a variety of other adolescent health problems, such as mental disorders, family problems, pregnancy,

sexually transmitted diseases, school failure, and delinquency—and include services designed to address them.

• Incorporating problem identification and referral into prevention programs helps to ensure that participants who are already using drugs will receive treatment.

• Providing transportation to treatment programs can encourage youth participation.

Life Skills Learned in YP Programs

In Fiscal Year 2018, there were about 6,000 youth served in region 8 that were enrolled in evidence based curriculum throughout Bexar, Kendall, Kerr and Bandera counties by SACADA. Data from other agencies were not available and identified as a data gap for our region.

Mental Health and Family Recovery Services

Region 8, Local Mental Health Authorities deliver mental health services and include two organizations that provide services in multiple counties :

Center for Health Care Services Local Mental Health 210-731-1300 (Bexar County) – services include Crisis Care Services, Mental Health Services, Treatment for Substance Use Disorders, Programs for IDD, Children Services, Transformational Services for Homelessness, Veterans Services, Community Reintegration Programs, Recovery and Health Services and Primary Care Services.

Hill Country MHDD Centers, 877-466-0660 - serves Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schieicher, Sutton, Uvalde and Val Verde Counties. Services include : Mental Health Services, IDD Transition Team Support, Parent Support Groups, and Substance Abuse Services.

Alamo Area Council of Governments (AACOG), 210-832-5020 – serves Bexar county. IDD Services include community services and supports for eligible adults and children with intellectual disabililties, developmental disabilities, and related conditions and their families such as Eligibility Determinitation, Consumer Benefits Screening, Service Coordination, Medicaid Waiver Programs such as Home and Community-Based Services (HCS) or Texas Home Living (TxHmL), General Revenue (GR) funded services, Assisted Residential Living and Present Community Options.

OSARS - Outreach, screening, assessment and referral centers may be the first point of contact for people seeking substance use disorder treatment services. Texas residents who are seeking services and information may qualify for services based on need. Physical location : 601 N. Frio, Bldg. II-Entrance C., San Antonio, TX 78207, Crisis Phone : 800-316-9241 or 210-223-7233, OSAR@chcsbc.org or visit www.chcsbc.org. Counties served include Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala. Services include Detoxification Services, Intensive and supportive residential (adult and youth), Outpatient (adult and youth), Medication Assisted Treatment, Co-occurring psychiatric and substance use disorders services (adult and youth), and Specialized female services (adult and youth).

Recovery Oriented Systems of Care (ROSC) is a framework for coordinating multiple systems, services, and supports that are person-centered, self-directed and designed to readily adjust to meet the

individual's needs and chosen pathway to recovery. The system builds upon the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, recovery from substance use disorders and improved quality of life.

- Kerrville Recovery Initiative - Meetings are held the first Tuesday of the month, 12:15 pm to 1:00 pm at Union Church located on Memorial Blvd, Kerrville, TX 78028, Sabine Kuenzel, sabine3722@att.net.

- San Antonio/Alamo Addiction Recovery Initiative - Alamo Heights United Methodist Church, 825 E. Basse Rd. 78209 Room – West 104. The call-in number is: 712-432-6297 Conference ID: 548354#Abigail Moore, 210-225-4741, amoore@sacada.org.

Youth Employment

Employment at a young age gives youth real world responsibilities while also building on their social skills, interactions, and professional skills. Many youth are employed in order to assist in the financial stability for their family. Youth employment is one of the best ways a young person may engage in our community while gaining experience and skills for their future professional self.

In 2016, the average employment force for ages 16-19 in Region 8 was 37.9 pecent compared to Texas at 35 percent. For ages 20-24 the average employment force was 73.6 percent for Region 8 compared to Texas at 72.7 percent. Counties with the highest employment rates for ages 16-19 included Edwards (55.8%) and Frio (50.6%) compared to Goliad (22%) and Karnes (17.2%) with the lowest employment rates. Counties with the highest employment rates for ages 20-24 included Edwards (87.1%), Kerr (84.7%) and Zavala (84.4%) compared to La Salle (41.7%) and Kinney (42.7%) with the lowest employment rates. County level data is available in Appendix B, Table 50.

Trends of Declining Substance Use

According to the 2018 Texas School Survey of Drug and Alcohol Use, from 2016 to 2018, the use of alcohol, tobacco, and marijuana while other illicit drugs decreased as seen below. **Due to Region 8 not having enough school participation over several cycles, Regions 7&8 were combined, however in 2018 Region 8 had enough schools, but had no previous years to compart to, so Texas A&M conducted a special report for Region 7&8 for 2018 so a comparison could be completed**. Some of these results are below. A complete report is located in Appendix D.

- Lifetime Ecstasy use decreased from 2.7 percent in 2016 to 2.1 percent in 2018. Past-Month use decreased from 0.7 percent to 0.6 percent and School-Year decreased from 1.2 percent to 1.0 percent in.
- Lifetime use of Crack decreased from 1.1 percent in 2016 to 0.7 percent in 2018. Past-Month use decreased from 0.5 percent to 0.4 percent and School-Year decreased from 0.6 percent to 0.4 percent.
- Lifetime use of Heroin decreased from 0.7 percent in 2016 to 0.4 percent in 2018. Past-Month decreased from 0.2 percent to 0.1 percent and School-Year decreased from 0.3 percent to 0.2 percent.

- Lifetime use of Methamphetamine decreased from 1.2 percent in 2016 to 0.9 percent in 2018. Past-Month remained unchanged at 0.3 percent and School-Year decreased from 0.5 percent to 0.4 percent.
- Lifetime use of any Over the Counter drug use decreased from 3.3 percent in 2016 to 3.2 percent in 2018. PastMonth use decreased from 1.5 percent to 1 percent and School-Year decreased from 2 percent to 1.6 percent. Over the Counter Drugs include DXM, Triple Cs or Coricidin.
- Lifetime Opioids use for pain decreased from 5.1 percent in 2016 to 4.4 percent in 2018. Past-Month use decreased from 2.4 percent to 1 percent and School-Year decreased from 3.6 percent to 2 percent. Drugs used for pain include OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet or Hydrocodone.
- Lifetime use of any other Prescription drugs not listed decreased from 8.8 percent in 2016 to 8.4 percent in 2018. Past-Month decreased from 4 percent to 3.4 percent and School-Year decreased from 5.5 percent to 4.6 percent.

Region in Focus

The Prevention Resource Center (PRC) is dedicated to capturing the needs of the Region 8 communities by identifying the gaps in resources, current drug trends, drug prevention resources and prevention training needs.

Through data collection efforts and partnerships with key stakeholders, schools, and organizations, the PRC serves as an invaluable resource to all who seek relevant information as it pertains to the 28 counties of Region 8.

We serve our communities by providing data on the state's Three Prevention Priorities of alcohol, marijuana, and prescription drug use, as well as tobacco and other drugs. We provide data to schools, colleges, universities, coalitions, councils, events, and other stakeholders within our communities. This is done through Information Dissemination which provides awareness and knowledge of substance abuse issues and trends through the data collected by the central data repository.

Gaps in Services

Rural areas of the region must travel outside their community because services are not available in their particular county. There are also limited organizations that provide substance abuse prevention education and must rely on the Prevention Resource Center for these types of services. Lack of community awareness and participation in prevention activities from both schools and the community.

Other gaps include the budget shortfalls with school districts and the lack of participation in the Texas School Survey. Since the schools are working with less, there is more of a demand for PRC Region 8 services including literature, community outreach and presentations.

Training gaps include shortage of CTS training slots, and encouraging communities to continue education on substance abuse all year round instead of just during Red Ribbon Week. The PRC is currently working on a tool to survey the entire Region 8 counties, soliciting for training request that is beyond what DSHS training are necessary to prevention providers.

Texas Health and Human Services Commission (HHSC) provides a summary of adults and youth on a waiting list by substance abuse programs. In 2019, the number of adults on a waiting list for treatment in Region 8 decreased 21.1 percent from 821 in 2018 to 582 in 2019.

Figure 130. Number of Adults and Youth on Wait List by Service County and Substance in FY19

Number of Adults on Wait List by Service County and Substance in FY19											
	Primary Substance Group										
0	Alcohol	Benzodiazepines	Hallucinogens	None	Opiates and Synthetics	Other Drugs	Other Sedatives	Over-the-counter	Sedatives	Stimulants	Total
Bexar	177	5	52	13	102	2	2	0	0	206	559
Gillespie	0	0	1	0	0	0	0	0	0	0	1
Gonzales	2	0	1	0	1	0	0	0	0	2	6
Guadalupe	0	0	2	0	0	0	0	0	0	0	2
Kerr	3	0	0	0	0	0	0	0	0	3	6
Uvalde	1	0	1	0	0	0	0	0	0	0	2
Victoria	3	0	0	0	0	0	0	0	0	3	6
Region 8	**186**	**5**	**57**	**13**	**103**	**2**	**2**	**0**	**0**	**214**	**582**
Texas	1,900	97	729	36	1,249	5	66	1	9	2,662	6,754

In 2019, the number of youth on a waiting list for treatment in Region 8 decreased 77.8 percent from 9 in 2018 to 2 in 2019. Bexar was the only county in Region 8 with youth on a wait status in 2019.

Number of Youths on Wait List by Service County and Substance in FY19											
	Primary Substance Group										
Service County	Alcohol	Benzodiazepines	Hallucinogens	None	Opiates and Synthetics	Other Drugs	Other Sedatives	Over-the-counter	Sedatives	Stimulants	Total
Bexar	0	0	0	1	0	0	0	0	0	1	2
Region 8	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Texas	2	9	52	1	1	0	0	0	0	4	69

Source : Texas Health and Human Services Commission, Adult and Youth Substance Wait List

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health; or mental health. These shortages may be geographic-, population-, or facility-based.

Region 8 Mental Health Shortage Designations :

- 14 counties are designated as having Mental Health Geographic HPSA shortages.
- 2 Health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Health Centers include Atascosa Healthcare and South Texas Rural Health Services.
- 6 Counties designated as High Needs Geographic HPSA areas include Bexar, DeWitt, Dimmit, Frio, Maverick and Zavala counties.

Region 8 Primary Care Shortage Designations :

- 5 counties are designated as having primary care shortages including Atascosa, Wilson, Frio, Bandera and Goliad.
- 8 counties designated as High Needs Geographic areas including Zavala, Real, Dimmit, Karnes, Uvalde, Val Verde, La Salle, Kinney and Northwest Bexar.
- The Kickapoo Tribe of Texas is designated as Native American, Tribal Facility, Population.
- The Children's Clinic of Dimmit and Zavala, Rural Health Clinic.
- Fabian Dale Dominguez State Jail, Correctional Facility.

See Appendix B, Table 51 for county level data.

Gaps in Data

There are still data gaps in county-level data collection efforts across the region. Yet, as efforts are made to unify the counties for data collection, the need to gather data in Spanish is also relevant. A growing issue in Region 8 is the language barrier. Not all service providers can help the Spanish-speaking population, this becomes more apparent in rural areas where services are already limited.

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

The evaluation of certain seasonal occurrences is also necessary to assess. For instance, among marijuana users time related to the numerical value of 420 is commonly use as when to conduct marijuana activity. The numerical value 420 can mean April 20th as the day for marijuana use or the time 4:20pm or 4:20am. Also, the term "420 friendly" is sometimes used in online social media setting as an indication of being open to marijuana use. Additionally, alcohol use is generally seen to increase during holidays (e.g., New Year's Eve). However, measures are needed to observe spikes in alcohol and substance abuse in order to deter instances in the following year.

The national, state and local statistics are breathtaking in their wealth of information; however, they are not consistent, and some research is contradicting or outdated. Regardless of the data gaps, Region 8 will provide data at a national, state, and local level per request that fulfill its requirements, from all the various systems; data can be analyzed with or without interpretation from the available resource with clear evidence drawn from reputable sources if requested as well.

Regional Partners

There are many local social services agencies that facilitate access to information and resources across the diverse communities in Region 8. These agencies focus on prevention as well as remediation of problems and maintaining a commitment to improving the overall quality of life of service populations. Some of the local social services agencies that provide aid to the population in the region and that contribute to strengthen communities include: The San Antonio Food Bank, and the Communities in School (CIS) program.

The San Antonio Food Bank informs, refers and assists clients in the Food Stamp application process along with any other assistance available through Health and Human Services Commission. The San Antonio Food Bank provides food and grocery products to more than 500 partner agencies in 16 counties throughout Southwest Texas including Atascosa, Bandera, Bexar, Comal, Edwards, Frio, Guadalupe, Karnes, Kendall, Kerr, La Salle, Medina, Real Uvalde, Wilson and Zavala.

Communities in Schools (CIS) program was created to promote and facilitate delivery of community social services, health, educational services, enrichment and other support services to youth and their families. This initiative was established to address the high rate of dropouts that exists within school districts. CIS is a year-round program with services based on an individual assessment of the participant, family and school. Services include the support and promotion of health awareness, healthy life styles and provision of basic needs; provide support and help to increase the participation of parents in the students' educational experience; provide support in all educational areas as needed to promote student achievement and success in their school experience, as well as activities that promote career awareness, job readiness, skills training, preparation for the workforce and assistance in the attainment of employment. This program is being implemented across the region, and students and families are able to benefit from the variety of services that it offers.

Furthermore, there are community programs in the region that provide training to local residents as "promotoras" to provide and lead culturally appropriate group education and exercise sessions in community centers located across South Texas and the Central Rio Grande Valley. Texas A&M University Colonias Program, located in Webb County with community resources centers in Maverick and Val Verde Counties, provide community health advisor, emergency response, cancer survivorship, and "taking control of your health" program education to local residents to form a core leadership group in order to help fellow colonia residents to gaining access to education, health, job training, human services, youth, and elderly programs in the colonia areas. Promotoras disseminate knowledge through door to door visits to their colonia neighbors, and they provide a break through the communication barriers that exist between colonia residents and service and program providers.

These agencies contribute to better access of resources to populations in region 8. They promote improved service delivery systems by addressing not only the quality of direct services, but by also seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery for all communities in the region.

Regional Successes

Since its development, the Prevention Resource Center 8 has been able to secure networks and strong collaboration alliances with diverse local and regional organizations and their key representatives. This combined effort has made it possible for PRC 8 to gain access to a great deal of data and information that only strengthen the information that is already available through national and federal resources. Additionally, these partnerships have successfully enabled PRC 8 to share resources and information relevant to each organization's unique needs.

The Region 8 Epidemiology Workgroup met quarterly with the purpose to eliminate or reduce substance abuse and its related consequences in Bexar and surrounding counties. The Workgroup is

charged with 4 core Tasks: Identify drug abuse patterns, Changes over time, detect emerging substances and Communicate and disseminate our findings. Workgroup topics have included 86th Legislature updates, methamphetamines as the next epidemic, creating a data repository accessible to the public, licit drug use of alcohol, tobacco, caffeine, OTC, NMU Prescription Drugs. Dr. Timothy Grigsby, Assistant Professor of Community Health, UTSA, was appointed to serve as the Prevention Resource Center (PRC), Region 8 Epidemiology (EPI) Workgroup Facilitator.

The Circles of San Antonio Community Coalition is working on a social host accountability ordinance locally and increasing the alcohol excise tax at the state level to reduce youth access to alcohol. The Social Host accountability Ordinance was passed in December 2016 and is in the implementation phase. The coalition's collaboration with the City of San Antonio and the San Antonio Police Department (SAPD) produced a public service announcement to educate the community on the new ordinance. In collaboration with SAPD the coalition has also produced Violation Notice rack cards which have been adopted by SAPD as an official form. The violation notices are distributed to all of the substation precincts in San Antonio. This distribution allows patrol officers to be informed and reminded of the addition tool they can use. The cards are also used as an official warning when evidence collected during an investigation does not support pursuing a fine. The coalition has also created a web page www.nopartyparents.com and a compatible NoPartyParents educational rack card that contains information on underage drinking and the new ordinance. Mothers Against Drunk Driving (MADD), a coalition collaborative partner, recently awarded their Community Partner award to Circles of San Antonio Community Coalition at the annual Law Enforcement Recognition Event. This year the coalition is gathering data to monitor the effect both strategies

The coalition collaborated with Bexar County DWI Task Force to train local police officers on reducing underage drinking. In addition to this, the coalition has joined forces with Texans Standing Tall (TST) to train San Antonio Police Department Vice Unit on how to break up underage drinking parties. The coalition will be implementing additional controlled party dispersal trainings to local law enforcement through the collaboration with Bexar County DWI Task Force and Texans Standing Tall and local university police departments.

The Circles of San Antonio Community Coalition collaborated with the Prevention Resource Center Region-8 and the San Antonio Metropolitan Health District to form the San Antonio Tobacco 21 Coalition (SAT21). The initiative is aimed at preventing the access of tobacco products by minors by cutting of the primary supply of tobacco to those under 18 by increasing the purchase age of tobacco from 18 to 21. Tobacco sales data indicates that only 2% of tobacco sold is purchased by 18-20 year olds. However, that 2% supplies 90% of the tobacco to younger people through peer to peer influences. The premise is that if an 18 year old, who is still in high school can purchase tobacco then it is easily transferred through their relationships with 14-17 year olds. A 21 year old person is less likely to interact daily with 14-17 year olds due age differences and social involvement. When tobacco purchase is restricted to the purchase age of 21 this interrupts the majority of the peer to peer transfer of tobacco. The San Antonio City Council assigned the Tobacco 21 initiative as a top priority to improve the health outcomes of its citizens and passed a revision to the city's smoking ordinance on January 2018 with an effective date of October 21, 2018. The Tobacco 21 ordinance includes all tobacco products; cigarettes, cigars, pipe tobacco, chewing tobacco (dip), snuff, snus, electronic smoking devices (e-cigs) disposable or refillable, electronic smoking device liquids (vapes), and hookahs. Since the passage of the Tobacco 21 ordinance, the team has collaborated to educate all tobacco retailers in San Antonio. Compliance

education visits has occurred in more than 1,460 tobacco retail stores in San Antonio. As a result of the effort two other cities in Bexar County, Leon Valley and Kirby, passed a Tobacco 21 ordinance in 2018-2019. As news spread across the state, the ripple effect helped the Texas State Legislature understand the importance and severity of address the growing trend of youth tobacco consumption. During the 86th legislative session the state of Texas passed the Texas Tobacco 21 law.

Our youth coalition members have been very instrumental members of the coalition and has assisted these strategies through advocacy and education from a youth perspective. They have produced opinion editorials that have been published and continue to educate on the dangers of substance use and misuse. Five coalition members attended the TST Statewide Summit and educated state elected officials on evidenced based prevention strategies to reduce underage drinking. The Coalition boasts great involvement with two local universities that have substance abuse and HIV prevention grants.

The coalition has received a Drug Free Communities grant this fiscal year and is in the assessment phase to determine strategies for the zip codes in the San Antonio Independent School District boundaries. The coalition has secured a collaborative agreement with the San Antonio Independent School District to conduct the Drug Free Communities Core Measures survey in the 2018-2019 school year at participating middle and high school campuses. The coalition continues to collaborate with the three other Drug Free Communities grantees and providing technical assistance on environmental prevention strategies.

Furthermore, coalition's efforts to mobilize communities throughout the region have been improving the way substance abuse and related behavioral issues among youth are addressed locally. Awareness and prevention efforts made by coalitions, along with the support from county officials and key organization members have made an impact in Region 8.

Conclusion

Completion of this Regional Needs Assessment has allowed for identification of some of the major challenges that the communities in Region 8 face regarding adolescent drug use and the need for more prevention programs to service the area.

Summary of Region Compared to State

While Region 8 poses some similarities with the state, there are also several differences. Comparrisons are below.

Figure 131. Summary of Region 8 Compared to State

Summary of Region 8 Compared to State		
Region 8		Texas
17.7% population lives in Rural		15.3% population lives in Rural
82.3% Population lives in Urban		84.7% Population lives in Urban
30.4% Speak a Language Other Than English Less Than "Very Well"		39.8% Speak a Language Other Than English Less Than "Very Well"
35% Single-Parent Households		33% Single-Parent Households
2017 Unemployment Rate 3.4%		2017 Unemployment Rate 3.9%
2018 TANF 124.6 Recipients per 100k		2018 TANF 173.9 Recipients per 100k
2016-2017 Free and/or Reduce Lunches 58.4%		2016-2017 Free and/or Reduce Lunches 58.3%
2017 Uninsured 82.7		2017 Uninsured 80.6
2017 Less than HS Graduate 15.7%		2017 Less than HS Graduate 15.7%
2017 Dropout Rate 7.2%		2017 Dropout Rate 5.9%
2018-2019 Homeless Students 12.3 per 1,000 Students		2018-2019 Homeless Students 13.4 per 1,000 Students
2018 All Crime 3287.5 per 100k		2018 All Crime 2765.3 per 100k
2018 Child Abuse Investigations 47 per 1,000 Child Pop		2018 Child Abuse Investigations 37 per 1,000 Child Pop
2018 Methamphetamine Seized 50,845 Pounds (92% of Meth was seized in Region 8)		2018 Methamphetamine Seized 54,544 Pounds
2016-2017 10.6% Increase in Youth MH Served		2016-2017 8.4% Increase in Youth MH Served
2017 % of Fatalities that Involved DUI 25.6%		2017 Percent of Fatalities that Involved DUI 27.5%
2015-2015 Crude Death Rate Chronic Liver Disease and Cirrhosis 17.9		2015-2015 Crude Death Rate Chronic Liver Disease and Cirrhosis 13.8
2014-2015 Crude Death Rate Malignant Neoplasms 152.0		2014-2015 Crude Death Rate Malignant Neoplasms 142.8
2014-2015 Crude Death Rate Diseases of the Heart 177.6		2014-2015 Crude Death Rate Diseases of the Heart 155.1
2018 Adult DUI Arrest Rates per 100k - 357.4		2018 Adult DUI Arrest Rates per 100k - 251.6
2018 Adult Drunkenness Arrest Rates per 100k - 144.7		2018 Adult Drunkenness Arrest Rates per 100k - 200.0
2018 Adult Liquor Law Arrest Rates per 100k - 18.9		2018 Adult Liquor Law Arrest Rates per 100k - 29.3
2015-2018 Percent Change in Drug Incarcerations TDCJ - 23.2% increase		2015-2018 Percent Change in Drug Incarcerations TDCJ - 1.6% increase
2017 EMS Runs for Drug or Alcohol OD - 17,801		2017 EMS Runs for Drug or Alcohol OD - 25,400
2018 Lifetime Any Tobacco Use 34.8		2018 Lifetime Any Tobacco Use 30.3
2018 Lifetime E-Vapor 28.9		2018 Lifetime E-Vapor 25.7
2018 Lifetime Any Alcohol Use 58.8		2018 Lifetime Any Alcohol Use 51.5
2018 Lifetime Marijuana 23.8		2018 Lifetime Marijuana 22.1
2018 Lifetime Any Prescription Drug 18.1		2018 Lifetime Any Prescription Drug 18.5

Moving Forward

This Regional Needs Assessment provides an opportunity for key stakeholders, business professionals, and community members in general to identify regional strengths and weaknesses as well as become able to produce comparisons among the diverse counties of the region. This document highlights the main strengths of the region while also addressing the gaps found in services and data available. As stated in the earlier pages of this document, this regional assessment serves the following purposes:

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

This report also provides a means to facilitate data-driven decisions and mobilization of communities, as it informs key community, local, state, and federal representatives about the needs that communities in Region 8 and the rest of the State have. This RNA helps gain a deeper understanding of the community, as each community within the region has its own needs and assets, as well as its own culture and social structure. Furthermore, this document will help make decisions related to priorities for program or system improvement. In order to address community issues, one has to fully understand what the problems are and how they arose. This in turn will increase the community's capacity for solving its own problems and creating its own change, with support of state and federal authorities.

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Appendix A - Regional Contributors RNA

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Region 3 Prevention Resource Center
Region 5 Prevention Resource Center
Region 6 Prevention Resource Center
Region 7 Prevention Resource Center
Region 8 Committee for Eliminating Disproportionality and Disparity
Region 9 Prevention Resource Center
Rene White
Ruben Gonzalez
SACADA - Amore
SACADA - BCOR Program
SACADA - Drug Free Communities
SACADA - Youth Prevention Universal
SACADA- Amore Program
SACADA- Community Coalition Partnership Program
SACADA- Partnership for Success Program
SACADA- Recovery Support Services
SACADA- Drug Free Communities
SACADA- Hill Country Youth Prevention
SACADA- Partnership for Success
SACADA- Youth Prevention Indicated
SACADA- Youth Prevention Selective
San Antonio Coaliton for Veterans and Families (SACVF)
San Antonio Housing Authority
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Second Baptist Chapel, Rev. Juhion Jones
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SHAPE! IHDR
Sheriff Arnold S. Zwicke, Guadalupe County
Sheriff Charles Mendeke, Uvalde County
Sheriff Jamie Moore, Medina County
South Texas High Intensity Drug Trafficing Areas (HIDTA)

Appendix B - Data Source Tables

Table 1. Population Change by Region

2010-2018 and 2017-2018 Percent Change in Population by Region							
Area	**April 1, 2010 - Census**	**Population Estimate (as of July 1, 2017)**	**Population Estimate (as of July 1, 2018)**	**Number Change 2010-2018**	**Percent Change 2010-2018**	**Number Change 2017-2018**	**Percent Change 2017-2018**
United States	308,745,538	325,147,121	327,167,434	18,421,896	6.0	2,020,313	0.6
Texas	25,145,561	28,797,290	29,366,479	4,220,918	16.8	569,189	2.0
Region 1	839,586	909,914	920,560	80,974	9.6	10,646	1.2
Region 2	550,250	571,340	574,231	23,981	4.4	2,891	0.5
Region 3	6,733,179	7,755,244	7,919,315	1,186,136	17.6	164,071	2.1
Region 4	1,111,696	1,198,815	1,211,644	99,948	9.0	12,829	1.1
Region 5	767,222	815,056	822,135	54,913	7.2	7,079	0.9
Region 6	6,087,133	7,103,171	7,262,352	1,175,219	19.3	159,181	2.2
Region 7	2,948,364	3,495,220	3,581,472	633,108	21.5	86,252	2.5
Region 8	2,604,647	2,978,568	3,034,265	429,618	16.5	55,697	1.9
Region 9	571,871	621,166	628,255	56,384	9.9	7,089	1.1
Region 10	825,913	931,965	947,668	121,755	14.7	15,703	1.7
Region 11	2,105,700	2,416,831	2,464,582	358,882	17.0	47,751	2.0
Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm							

Table 2. Population Change by County

2010 - 2019 Populatioin Change by County						
Geography	**April 1, 2010 - Census**	**Population Estimate (as of July 1) - 2018**	**Population Estimate (as of July 1) - 2019**	**Number Change 2010-2019**	**Percent Change 2010-2019**	**Number Change 2018-2019**	**Percent Change 2018-2019**
United States	308,745,538	**327,167,434**	329,243,667	20,498,129	6.6	2,076,233	0.6
Texas	25,145,561	**29,366,479**	29,948,091	4,802,530	19.1	581,612	2.0
Region 8	2,604,647	**3,034,265**	3,091,606	486,959	18.7	57,341	1.9
Atascosa	44,911	**53,655**	54,803	9,892	22.0	1,148	2.1
Bandera	20,485	**24,187**	24,632	4,147	20.2	445	1.8
Bexar	1,714,773	**1,988,364**	2,025,211	310,438	18.1	36,847	1.9
Calhoun	21,381	**24,472**	24,862	3,481	16.3	**390**	**1.6**
Comal	108,472	**141,332**	145,804	37,332	34.4	4,472	3.2
DeWitt	20,097	**20,770**	20,864	767	3.8	**94**	**0.5**
Dimmit	9,996	**10,719**	10,785	789	7.9	**66**	**0.6**
Edwards	2,002	**2,153**	2,158	156	7.8	5	0.2
Frio	17,217	**19,512**	19,782	2,565	14.9	270	1.4
Gillespie	24,837	**28,827**	29,374	4,537	18.3	547	1.9
Goliad	7,210	**8,255**	8,374	1,164	16.1	119	1.4
Gonzales	19,807	**21,871**	22,101	2,294	11.6	230	1.1
Guadalupe	131,533	**171,409**	176,937	45,404	34.5	5,529	3.2
Jackson	14,075	**14,291**	14,327	252	1.8	**36**	**0.3**
Karnes	14,824	**15,976**	16,130	1,306	8.8	**154**	**1.0**
Kendall	33,410	**42,562**	43,766	10,356	31.0	1,204	2.8
Kerr	49,625	**55,505**	56,240	6,615	13.3	735	1.3
Kinney	3,598	**3,778**	3,793	195	5.4	15	0.4
La Salle	6,886	**7,957**	8,078	1,192	17.3	**121**	**1.5**
Lavaca	19,263	**19,717**	19,764	501	2.6	47	0.2
Maverick	54,258	**61,696**	62,606	8,348	15.4	910	1.5
Medina	46,006	**54,632**	55,770	9,764	21.2	1,138	2.1
Real	3,309	**3,430**	3,434	125	3.8	4	0.1
Uvalde	26,405	**28,161**	28,381	1,976	7.5	220	0.8
Val Verde	48,879	**52,475**	52,875	3,996	8.2	400	0.8
Victoria	86,793	**91,624**	92,200	5,407	6.2	**576**	**0.6**
Wilson	42,918	**54,265**	55,778	12,860	30.0	1,513	2.8
Zavala	11,677	**12,670**	12,777	1,100	9.4	**107**	**0.8**

Source: U.S. Census Bureau, 2010 Census Count, 2010 - 2019 Population Estimates

Table 3. 2018 Population by Age

2018 Region 8 Population County and MSA by Age												
	Number Pre-School	Percent Pre-School	School Age	Percent School Age	College Age	Percent College Age	Employment Age	Percent Employment Age	Retirement Age	Percent Retirement Age	Total Ages
	0 to 4 years	0 to 4 years	5 to 18 years	5 to 18 years	19 to 24 years	19 to 24 years	25 to 64 year	25 to 64 year	65+ years	65+ years	All
Texas	2,107,132	7.2	5,920,538	20.2	2,558,073	8.7	15,109,553	51.5	3,671,183	12.5	29,366,479
San Antonio-NB MSA	176,425	7.0	500,714	19.8	224,254	8.9	1,294,591	51.2	334,422	13.2	2,530,406
Victoria MSA	7,113	7.1	19,629	19.7	8,244	8.3	48,288	48.3	16,605	16.6	99,879
Region 8	**212,516**	**7.0**	**597,720**	**19.7**	**265,435**	**8.7**	**1,529,445**	**50.4**	**429,149**	**14.1**	**3,034,265**
Atascosa	3,619	6.7	11,042	20.6	4,471	8.3	25,678	47.9	8,845	16.5	53,655
Bandera	975	4.0	3,204	13.2	1,485	6.1	11,890	49.2	6,633	27.4	24,187
Bexar	147,342	7.4	398,743	20.1	181,542	9.1	1,022,035	51.4	238,702	12.0	1,988,364
Calhoun	1,611	6.6	4,898	20.0	1,974	8.1	11,688	47.8	4,301	17.6	24,472
Comal	7,287	5.2	23,857	16.9	9,812	6.9	71,560	50.6	28,816	20.4	141,332
De Witt	1,250	6.0	3,581	17.2	1,457	7.0	10,266	49.4	4,216	20.3	20,770
Dimmit	855	8.0	2,247	21.0	927	8.6	4,711	43.9	1,979	18.5	10,719
Edwards	137	6.4	355	16.5	123	5.7	912	42.4	626	29.1	2,153
Frio	1,337	6.9	3,405	17.5	1,867	9.6	10,273	52.6	2,630	13.5	19,512
Gillespie	1,477	5.1	4,242	14.7	1,811	6.3	12,740	44.2	8,557	29.7	28,827
Goliad	395	4.8	1,307	15.8	611	7.4	3,962	48.0	1,980	24.0	8,255
Gonzales	1,632	7.5	4,423	20.2	1,665	7.6	10,362	47.4	3,789	17.3	21,871
Guadalupe	9,463	5.5	35,900	20.9	14,647	8.5	87,661	51.1	23,738	13.8	171,409
Jackson	1,002	7.0	2,744	19.2	1,031	7.2	6,790	47.5	2,724	19.1	14,291
Karnes	774	4.8	2,325	14.6	1,416	8.9	8,778	54.9	2,683	16.8	15,976
Kendall	1,981	4.7	7,299	17.1	3,230	7.6	20,853	49.0	9,199	21.6	42,562
Kerr	2,981	5.4	8,308	15.0	3,501	6.3	24,719	44.5	15,996	28.8	55,505
Kinney	227	6.0	507	13.4	275	7.3	1,781	47.1	988	26.2	3,778
La Salle	540	6.8	1,227	15.4	813	10.2	4,076	51.2	1,301	16.4	7,957
Lavaca	1,025	5.2	3,364	17.1	1,318	6.7	9,073	46.0	4,937	25.0	19,717
Maverick	5,805	9.4	14,704	23.8	6,042	9.8	27,186	44.1	7,959	12.9	61,696
Medina	3,171	5.8	10,308	18.9	4,706	8.6	26,998	49.4	9,449	17.3	54,632
Real	202	5.9	444	12.9	263	7.7	1,432	41.7	1,089	31.7	3,430
Uvalde	2,258	8.0	6,141	21.8	2,796	9.9	12,155	43.2	4,811	17.1	28,161
Val Verde	4,654	8.9	11,590	22.1	4,570	8.7	23,965	45.7	7,696	14.7	52,475
Victoria	6,718	7.3	18,322	20.0	7,633	8.3	44,326	48.4	14,625	16.0	91,624
Wilson	2,587	4.8	10,361	19.1	4,361	8.0	27,916	51.4	9,040	16.7	54,265
Zavala	1,211	9.6	2,872	22.7	1,088	8.6	5,659	44.7	1,840	14.5	12,670

*San Antonio-New Braunfels MSA includes Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson - **Victoria MSA includes Goliad and Victoria

Texas Department of State Health Services (DSHS), https://www.dshs.texas.gov/chs/popdat/downloads.shtm

Table 4. Population by Gender and Race

2018 Population by Gender by Race																
Area	Total	Total Male	Total Female	Total Anglo	Anglo Male	Anglo Female	Total Black	Black Male	Black Female	Total Hispanic	Hispanic Male	Hispanic Female	Total Other	Other Male	Other Female
Texas	29,366,479	14,620,675	14,745,804	11,826,470	5,858,177	5,968,293	3,348,098	1,622,443	1,725,655	12,181,167	6,156,337	6,024,830	2,010,744	983,718	1,027,026
San Antonio-NB MSA	2,530,406	1,250,865	1,279,541	830,523	412,215	418,308	153,745	78,190	75,555	1,426,727	703,348	723,379	119,411	57,112	62,299
Victoria MSA	99,879	49,047	50,832	44,135	21,478	22,657	5,952	2,871	3,081	47,075	23,371	23,704	2,717	1,327	1,390
Region8	3,034,265	1,505,424	1,528,841	1,020,855	505,959	514,896	169,761	87,301	82,460	1,713,966	849,695	864,271	129,683	62,469	67,214
Atascosa	53,655	26,297	27,358	18,060	8,629	9,431	295	165	130	34,620	17,162	17,458	680	341	339
Bandera	24,187	11,938	12,249	18,973	9,297	9,676	90	50	40	4,666	2,384	2,282	458	207	251
Bexar	1,988,364	984,997	1,003,367	521,289	262,729	258,560	138,307	69,920	68,387	1,224,470	602,329	622,141	104,298	50,019	54,279
Calhoun	24,472	12,368	12,104	9,831	4,934	4,897	560	292	268	12,670	6,357	6,313	1,411	785	626
Comal	141,332	69,704	71,628	98,103	48,475	49,628	2,356	1,257	1,099	36,931	18,140	18,791	3,942	1,832	2,110
De Witt	20,770	10,984	9,786	10,772	5,490	5,282	1,890	1,123	767	7,684	4,182	3,502	424	189	235
Dimmit	10,719	5,257	5,462	1,261	668	593	88	48	40	9,273	4,497	4,776	97	44	53
Edwards	2,153	1,108	1,045	950	473	477	10	7	3	1,175	620	555	18	8	10
Frio	19,512	11,441	8,071	2,920	1,568	1,352	513	481	32	15,467	8,876	6,591	612	516	96
Gillespie	28,827	13,900	14,927	21,797	10,211	11,586	53	25	28	6,578	3,468	3,110	399	196	203
Goliad	8,255	4,089	4,166	4,772	2,336	2,436	310	151	159	3,064	1,542	1,522	109	60	49
Gonzales	21,871	11,171	10,700	8,633	4,285	4,348	1,456	770	686	11,461	5,967	5,494	321	149	172
Guadalupe	171,409	82,916	88,493	87,472	41,284	46,188	10,823	5,466	5,357	66,026	32,926	33,100	7,088	3,240	3,848
Jackson	14,291	7,156	7,135	8,471	4,198	4,273	995	479	516	4,606	2,368	2,238	219	111	108
Karnes	15,976	9,497	6,479	6,233	3,388	2,845	1,370	1,262	108	8,219	4,770	3,449	154	77	77
Kendall	42,562	20,305	22,257	31,639	14,702	16,937	149	86	63	9,830	5,054	4,776	944	463	481
Kerr	55,505	26,998	28,507	38,443	18,318	20,125	824	498	326	14,867	7,538	7,329	1,371	644	727
Kinney	3,778	2,076	1,702	1,375	671	704	38	21	17	2,307	1,353	954	58	31	27
La Salle	7,957	4,714	3,243	944	502	442	18	17	1	6,937	4,158	2,779	58	37	21
Lavaca	19,717	9,856	9,861	14,261	7,039	7,222	1,361	698	663	3,788	1,963	1,825	307	156	151
Maverick	61,696	30,536	31,160	1,693	934	759	79	47	32	59,029	29,079	29,950	895	476	419
Medina	54,632	27,676	26,956	24,075	11,716	12,359	973	836	137	28,584	14,592	13,992	1,000	532	468
Real	3,430	1,704	1,726	2,366	1,155	1,211	24	11	13	957	499	458	83	39	44
Uvalde	28,161	13,890	14,271	7,367	3,614	3,753	121	74	47	20,287	10,013	10,274	386	189	197
Val Verde	52,475	26,528	25,947	8,224	4,485	3,739	630	369	261	42,911	21,305	21,606	710	369	341
Victoria	91,624	44,958	46,666	39,363	19,142	20,221	5,642	2,720	2,922	44,011	21,829	22,182	2,608	1,267	1,341
Wilson	54,265	27,032	27,233	30,912	15,383	15,529	752	410	342	21,600	10,761	10,839	1,001	478	523
Zavala	12,670	6,328	6,342	656	333	323	34	18	16	11,948	5,963	5,985	32	14	18

Texas Department of State Health Services, https://www.dshs.texas.gov/chs/popdat/downloads.shtm

Table 5. 2018 Percent of Population by Gender

2018 Percent of Population by Gender					
Area	**Total Population**	**Total Male**	**Percent Male**	**Total Female**	**Percent Female**
Texas	29,366,479	14,620,675	49.8	14,745,804	50.2
San Antonio-NB MSA	2,530,406	1,250,865	49.4	1,279,541	50.5
Victoria MSA	99,879	49,047	49.1	50,832	50.9
Region8	3,034,265	1,505,424	49.6	1,528,841	50.4
Atascosa	53,655	26,297	49.0	27,358	51.0
Bandera	24,187	11,938	49.4	12,249	50.7
Bexar	1,988,364	984,997	49.5	1,003,367	50.5
Calhoun	24,472	12,368	50.5	12,104	49.5
Comal	141,332	69,704	49.3	71,628	50.7
De Witt	20,770	10,984	52.9	9,786	47.1
Dimmit	10,719	5,257	49.0	5,462	51.0
Edwards	2,153	1,108	51.5	1,045	48.5
Frio	19,512	11,441	58.6	8,071	41.4
Gillespie	28,827	13,900	48.2	14,927	51.8
Goliad	8,255	4,089	49.5	4,166	50.5
Gonzales	21,871	11,171	51.1	10,700	48.9
Guadalupe	171,409	82,916	48.4	88,493	51.6
Jackson	14,291	7,156	50.1	7,135	49.9
Karnes	15,976	9,497	59.4	6,479	40.6
Kendall	42,562	20,305	47.7	22,257	52.3
Kerr	55,505	26,998	48.6	28,507	51.4
Kinney	3,778	2,076	54.9	1,702	45.1
La Salle	7,957	4,714	59.2	3,243	40.8
Lavaca	19,717	9,856	50.0	9,861	50.0
Maverick	61,696	30,536	49.5	31,160	50.5
Medina	54,632	27,676	50.7	26,956	49.3
Real	3,430	1,704	49.7	1,726	50.3
Uvalde	28,161	13,890	49.3	14,271	50.7
Val Verde	52,475	26,528	50.6	25,947	49.4
Victoria	91,624	44,958	49.1	46,666	50.9
Wilson	54,265	27,032	49.8	27,233	50.2
Zavala	12,670	6,328	49.9	6,342	50.1
Texas Department of State Health Services, https://www.dshs.texas.gov/chs/popdat/downloads.shtm					

Table 6. 2018 Percent of Population by Race/Ethnicity

2018 Region 8 Population by Race/Ethnicity by County									
Area Name	Total Pop	Angle	Percent Anglo	Black	Percent Black	Hispanic	Percent Hispaic	Other	Percent Other
Texas	29,366,479	11,826,470	40.3	3,348,098	11.4	12,181,167	41.5	2,010,744	6.8
Region 8	3,034,265	1,020,855	33.6	169,761	5.6	1,713,966	56.5	129,683	4.3
Atascosa	53,655	18,060	33.7	295	0.5	34,620	64.5	680	1.3
Bandera	24,187	18,973	78.4	90	0.4	4,666	19.3	458	1.9
Bexar	1,988,364	521,289	26.2	138,307	7.0	1,224,470	61.6	104,298	5.2
Calhoun	24,472	9,831	40.2	560	2.3	12,670	51.8	1,411	5.8
Comal	141,332	98,103	69.4	2,356	1.7	36,931	26.1	3,942	2.8
DeWitt	20,770	10,772	51.9	1,890	9.1	7,684	37.0	424	2.0
Dimmit	10,719	1,261	11.8	88	0.8	9,273	86.5	97	0.9
Edwards	2,153	950	44.1	10	0.5	1,175	54.6	18	0.8
Frio	19,512	2,920	15.0	513	2.6	15,467	79.3	612	3.1
Gillespie	28,827	21,797	75.6	53	0.2	6,578	22.8	399	1.4
Goliad	8,255	4,772	57.8	310	3.8	3,064	37.1	109	1.3
Gonzales	21,871	8,633	39.5	1,456	6.7	11,461	52.4	321	1.5
Guadalupe	171,409	87,472	51.0	10,823	6.3	66,026	38.5	7,088	4.1
Jackson	14,291	8,471	59.3	995	7.0	4,606	32.2	219	1.5
Karnes	15,976	6,233	39.0	1,370	8.6	8,219	51.4	154	1.0
Kendall	42,562	31,639	74.3	149	0.4	9,830	23.1	944	2.2
Kerr	55,505	38,443	69.3	824	1.5	14,867	26.8	1,371	2.5
Kinney	3,778	1,375	36.4	38	1.0	2,307	61.1	58	1.5
La Salle	7,957	944	11.9	18	0.2	6,937	87.2	58	0.7
Lavaca	19,717	14,261	72.3	1,361	6.9	3,788	19.2	307	1.6
Maverick	61,696	1,693	2.7	79	0.1	59,029	95.7	895	1.5
Medina	54,632	24,075	44.1	973	1.8	28,584	52.3	1,000	1.8
Real	3,430	2,366	69.0	24	0.7	957	27.9	83	2.4
Uvalde	28,161	7,367	26.2	121	0.4	20,287	72.0	386	1.4
Val Verde	52,475	8,224	15.7	630	1.2	42,911	81.8	710	1.4
Victoria	91,624	39,363	43.0	5,642	6.2	44,011	48.0	2,608	2.8
Wilson	54,265	30,912	57.0	752	1.4	21,600	39.8	1,001	1.8
Zavala	12,670	656	5.2	34	0.3	11,948	94.3	32	0.3

Source: Texas Demographic Center, Population Estimates, 2018

Table 7. 2010-2019 MSA Population Change

2017-2019 Population by Area						
		Population	Anglo	Black	Hispanic	Other
2017	Texas	27,797,290	11,779,132	3,289,228	11,804,795	1,924,135
2017	Region 8	2,978,568	1,014,077	166,721	1,673,855	123,915
2017	San Antonio-New Braunfels MSA	2,479,874	823,832	150,816	1,391,324	113,902
2017	Victoria MSA	99,155	44,386	5,900	46,252	2,617
2018	Texas	29,366,479	11,826,470	3,348,098	12,181,167	2,010,744
2018	Region 8	3,034,265	1,020,855	169,761	1,713,966	129,683
2018	San Antonio-New Braunfels MSA	2,530,406	830,523	153,745	1,426,727	119,411
2018	Victoria MSA	99,879	44,135	5,952	47,075	2,717
2019	Texas	29,948,091	11,871,540	3,407,148	12,568,914	2,100,489
2019	Region 8	3,091,606	1,027,409	172,874	1,755,409	135,914
2019	San Antonio-New Braunfels MSA	2,582,701	837,051	156,755	1,463,520	125,375
2019	Victoria MSA	100,574	43,864	6,011	47,883	2,816
DSHS, Texas Population 2017-2019 Population Projections, https://dshs.texas.gov/chs/popdat/downloads.shtm						

Table 8 – 2017 Population Density by County

2017 Population Density by County					
County	Land Area (Sq. Mi.)*	2010 Population	2010 Population Density	2017 Population	2017 Population Density
United States	3,531,905.4	308,758,105	87.4	325,719,178	92.2
Texas	261,231.7	25,146,100	96.3	28,304,596	108.4
Region 8	31,057.8	2,604,655	83.86	2,958,133	95.24
Atascosa	1,219.5	44,911	36.8	48,981	40.2
Bandera	791.0	20,485	25.9	22,351	28.3
Bexar	1,239.8	1,714,774	1,383.1	1,958,578	1,579.8
Calhoun	506.8	21,381	42.2	21,744	42.9
Comal	559.5	108,471	193.9	141,009	252.0
DeWitt	909.0	20,097	22.1	20,226	22.3
Dimmit	1,328.9	9,996	7.5	10,418	7.8
Edwards	2,117.9	2,002	0.9	1,953	0.9
Frio	1,133.5	17,217	15.2	19,600	17.3
Gillespie	1,058.2	24,837	23.5	26,646	25.2
Goliad	852.0	7,210	8.5	7,562	8.9
Gonzales	1,066.7	19,807	18.6	20,893	19.6
Guadalupe	711.3	131,537	184.9	159,659	224.5
Jackson	829.4	14,075	19.0	14,805	17.9
Karnes	747.6	14,824	19.8	15,187	20.3
Kendall	662.5	33,419	50.4	44,026	66.5
Kerr	1,103.3	49,625	45.0	51,720	46.9
Kinney	1,360.1	3,598	2.6	3,745	2.8
La Salle	907.2	6,886	4.6	7,584	8.4
Lavaca	969.7	19,263	19.9	20,062	20.7
Maverick	1,279.3	54,258	42.4	58,216	45.5
Medina	1,325.4	46,006	34.7	50,066	37.8
Real	699.2	3,309	4.7	3,429	4.9
Uvalde	1,552.0	26,405	17.0	27,132	17.5
Val Verde	3,144.8	48,879	15.5	49,205	15.6
Victoria	882.1	86,793	98.4	92,084	104.4
Wilson	803.7	42,913	53.4	49,304	61.3
Zavala	1,297.4	11,677	9.0	11,948	9.2
U.S. Census Bureau, QuickFacts, Population Estimates, (V2017), 2010					

Table 9. Percent Population by Urban and Rural by County

2010 Census Percent Population by Urban and Rural by County					
Area	**Total Population**	**Urban Population**	**Percent Urban Population**	**Rural Population**	**Percent Rural Population**
United States	308,745,538	249,253,271	80.7	59,492,267	19.3
Texas	25,145,561	21,298,039	84.7	3,847,522	15.3
San Antonio-NB MSA	2,142,508	1,847,855	86.2	294,653	13.8
Victoria MSA	115,384	75,500	65.4	39,884	34.6
Region 8	2,604,647	2,143,709	82.3	460,938	17.7
Atascosa	44,911	17,645	39.3	27,266	60.7
Bandera	20,485	0	0.0	20,485	100.0
Bexar	1,714,773	1,636,938	95.5	77,835	4.5
Calhoun	21,381	11,817	55.3	9,564	44.7
Comal	108,472	58,417	53.9	50,055	46.1
De Witt	20,097	10,124	50.4	9,973	49.6
Dimmit	9,996	6,050	60.5	3,946	39.5
Edwards	2,002	0	0.0	2,002	100.0
Frio	17,217	13,398	77.8	3,819	22.2
Gillespie	24,837	11,511	46.3	13,326	53.7
Goliad	7,210	0	0.0	7,210	100.0
Gonzales	19,807	6,877	34.7	12,930	65.3
Guadalupe	131,533	97,121	73.8	34,412	26.2
Jackson	14,075	5,374	38.2	8,701	61.8
Karnes	14,824	9,133	61.6	5,691	38.4
Kendall	33,410	13,979	41.8	19,431	58.2
Kerr	49,625	29,228	58.9	20,397	41.1
Kinney	3,598	2,862	79.5	736	20.5
La Salle	6,886	3,694	53.6	3,192	46.4
Lavaca	19,263	3,599	18.7	15,664	81.3
Maverick	54,258	49,236	90.7	5,022	9.3
Medina	46,006	17,687	38.4	28,319	61.6
Real	3,309	0	0.0	3,309	100.0
Uvalde	26,405	18,118	68.6	8,287	31.4
Val Verde	48,879	43,914	89.8	4,965	10.2
Victoria	86,793	63,683	73.4	23,110	26.6
Wilson	42,918	6,068	14.1	36,850	85.9
Zavala	11,677	7,236	62.0	4,441	38.0
Urban and Rural Universe: Total Population, 2010 Census Summary File					

Table 10. Texas Health and Safety Code Designations for Urbanization Status and Border Status

County Designations as of 3 June 2015		
ounty	**Urbanization Status**	**Border Status**
Atascosa	Urban	Non-Border
Bandera	Urban	Non-Border
Bexar	Urban	Non-Border
Calhoun	Rural	Non-Border
Comal	Urban	Non-Border
De Witt	Rural	Non-Border
Dimmit	Rural	Border
Edwards	Rural	Border
Frio	Rural	Border
Gillespie	Rural	Non-Border
Goliad	Urban	Non-Border
Gonzales	Rural	Non-Border
Guadalupe	Urban	Non-Border
Jackson	Rural	Non-Border
Karnes	Rural	Non-Border
Kendall	Urban	Non-Border
Kerr	Rural	Non-Border
Kinney	Rural	Border
La Salle	Rural	Border
Lavaca	Rural	Non-Border
Maverick	Rural	Border
Medina	Urban	Non-Border
Real	Rural	Border
Uvalde	Rural	Border
Val Verde	Rural	Border
Victoria	Urban	Non-Border
Wilson	Urban	Non-Border
Zavala	Rural	Border
Texas Department of State Health Services		
https://www.dshs.state.tx.us/chs/hprc/counties.shtm		

Table 11. 2017 Language – Speake English Less Than "Very Well" by County

2017 Language - Number of Speakers that Speak English Less Than "Very Well" by County									
Geography	Total; Estimate; Population 5 years and over	Number of Speakers that Speak a Language Other Than English at Home	Percent of Speakers that Speak a Language Other Than English at Home	Number of Speakers that Speak a Language Other Than English Less Than "Very Well" at Home	Percent of Speakers that Speak a Language Other Than English Less Than "Very Well" at Home	Number of Speakers that Speak Spanish at Home	Percent of Speakers that Speak Spanish at Home	Percent of Speakers that Speak Spanish at Home and Speak English Less Than "Very Well"	Percent of Spanish Speakers Ages 5-17, that Speak English Less Than "Very Well"
United States	301,150,892	64,221,193	21.3	25,654,421	39.9	39,769,281	13.2	41.1	19.7
Texas	25,437,762	8,981,907	35.3	3,576,480	39.8	7,498,255	29.5	40.7	25.6
Region 8	2,657,455	995,857	37.5	302,546	30.4	914,040	34.4	29.9	17.5
Atascosa County, Texas	44,692	17,385	38.9	6,457	37.1	16,892	37.8	37.5	41.2
Bandera County, Texas	20,414	2,229	10.9	568	25.5	2,039	10.0	24.0	9.2
Bexar County, Texas	1,755,248	704,204	40.1	209,125	29.7	637,947	36.3	29.0	19.0
Calhoun County, Texas	20,361	5,811	28.5	2,250	38.7	4,735	23.3	33.3	20.9
Comal County, Texas	121,612	22,164	18.2	6,106	27.5	19,470	16.0	28.1	22.6
DeWitt County, Texas	19,100	3,766	19.7	907	24.1	3,513	18.4	24.4	4.0
Dimmit County, Texas	9,771	6,321	64.7	1,460	23.1	6,293	64.4	23.2	13.6
Edwards County, Texas	2,006	886	44.2	98	11.1	876	43.7	10.0	0.0
Frio County, Texas	17,885	10,737	60.0	3,214	29.9	10,473	58.6	29.5	29.4
Gillespie County, Texas	24,667	4,862	19.7	1,686	34.7	4,023	16.3	38.6	12.7
Goliad County, Texas	7,134	1,027	14.4	220	21.4	997	14.0	21.4	0.0
Gonzales County, Texas	19,065	7,100	37.2	2,803	39.5	6,960	36.5	39.8	24.6
Guadalupe County, Texas	141,118	32,071	22.7	9,322	29.1	28,826	20.4	28.8	14.5
Jackson County, Texas	13,710	2,929	21.4	679	23.2	2,818	20.6	23.3	5.4
Karnes County, Texas	14,220	4,322	30.4	1,622	37.5	4,148	29.2	36.8	76.7
Kendall County, Texas	38,219	4,880	12.8	1,484	30.4	4,258	11.1	32.5	2.8
Kerr County, Texas	48,174	7,873	16.3	2,489	31.6	7,214	15.0	32.3	22.4
Kinney County, Texas	3,523	1,794	50.9	537	29.9	1,794	50.9	29.9	25.9
La Salle County, Texas	6,826	4,394	64.4	1,406	32	4,365	63.9	32.0	9.2
Lavaca County, Texas	18,677	3,230	17.3	868	26.9	2,477	13.3	31.7	0.9
Maverick County, Texas	52,025	48,442	93.1	22,007	45.4	47,982	92.2	45.4	25.6
Medina County, Texas	45,745	15,798	34.5	3,505	22.2	15,368	33.6	22.3	7.5
Real County, Texas	3,129	381	12.2	165	43.3	368	11.8	44.6	6.7
Uvalde County, Texas	24,887	13,005	52.3	3,299	25.4	12,811	51.5	25.4	9.4
Val Verde County, Texas	44,777	30,613	68.4	9,117	29.8	30,103	67.2	29.8	11.7
Victoria County, Texas	84,881	20,272	23.9	4,834	23.8	18,619	21.9	23.2	6.8
Wilson County, Texas	44,444	10,936	24.6	3,702	33.9	10,275	23.1	33.6	41.8
Zavala County, Texas	11,145	8,425	75.6	2,616	31.1	8,396	75.3	31.1	25.8
2013-2017 American Community Survey 5- Year estimates: Language Spoken at Home									

Table 12. 2017 Household Size by County

2017 Household Size by County							
Area	**Total Households**	**Family Households**	**Percent Family Households**	**Households with 1+ Children <18**	**Percent Household with 1+ Children <18**	**Average Household Size**	**Average Family Size**
United States	118,825,921	78,298,703	65.9	37,676,388	31.7	2.63	3.24
Texas	9,430,419	6,560,303	69.6	3,530,159	37.4	2.84	3.44
Region 8	958,627	665,889	69.5	348,481	36.4	2.89	3.52
San Antonio-NB MSA	795,519	549,504	69.1	291,648	36.7	2.94	3.57
Victoria MSA	35,489	25,096	70.7	12,511	35.3	2.75	3.24
Atascosa	15,509	11,819	76.2	6,032	38.9	3.08	3.57
Bandera	8,278	5,694	68.8	1,839	22.2	2.51	2.98
Bexar	627,889	423,390	67.4	231,739	36.9	2.96	3.66
Calhoun	7,733	5,412	70.0	2,830	36.6	2.79	3.32
Comal	47,253	35,407	74.9	15,559	32.9	2.71	3.11
DeWitt	7,260	5,251	72.3	2,542	35.0	2.56	3.03
Dimmit	3,476	2,294	66.0	1,302	37.5	3.08	3.94
Edwards	634	404	63.7	90	14.2	3.31	4.44
Frio	4,530	3,366	74.3	1,876	41.4	3.52	4.25
Gillespie	10,795	7,558	70.0	2,580	23.9	2.37	2.87
Goliad	2,755	2,107	76.5	771	28.0	2.69	3.11
Gonzales	7,018	5,054	72.0	2,641	37.6	2.88	3.48
Guadalupe	51,990	39,413	75.8	20,911	40.2	2.87	3.31
Jackson	5,232	3,667	70.1	1,587	30.3	2.77	3.35
Karnes	4,303	2,919	67.8	1,407	32.7	2.82	3.56
Kendall	13,691	10,265	75.0	4,524	33.0	2.91	3.38
Kerr	20,580	13,712	66.6	5,414	26.3	2.38	2.89
Kinney	1,200	680	56.7	161	13.4	2.77	4.01
La Salle	2,286	1,471	64.3	670	29.3	2.85	3.69
Lavaca	7,684	5,540	72.1	2,380	31.0	2.52	3.02
Maverick	16,416	13,297	81.0	8,224	50.1	3.47	3.96
Medina	15,154	11,151	73.6	5,171	34.1	3.03	3.57
Real	1,123	693	61.7	244	21.7	2.89	3.65
Uvalde	8,624	5,860	67.9	2,554	29.6	3.08	3.89
Val Verde	15,189	11,541	76.0	6,431	42.3	3.12	3.68
Victoria	32,734	22,989	70.2	11,740	35.9	2.75	3.26
Wilson	15,755	12,365	78.5	5,873	37.3	2.96	3.33
Zavala	3,536	2,570	72.7	1,389	39.3	3.37	4.11
U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Selected Social Characteristics							
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP02&src=pt							

Table 13. 2017-2019 Percent of Population with Single-Parent Households

2017-2019 Percent of Population with Single-Parent Households			
Area	**2017 % Single-Parent Households**	**2018 % Single-Parent Households**	**2019 % Single-Parent Households**
United States	34	34	33
Texas	34	33	33
Region 8	36	36	35
Atascosa	40	38	37
Bandera	25	28	34
Bexar	38	38	38
Calhoun	30	35	35
Comal	25	26	25
DeWitt	43	42	37
Dimmit	46	41	48
Edwards	25	32	38
Frio	39	36	36
Gillespie	24	26	30
Goliad	38	42	37
Gonzales	42	35	35
Guadalupe	28	29	30
Jackson	21	24	25
Karnes	44	47	43
Kendall	24	22	19
Kerr	35	37	38
Kinney	17	10	11
La Salle	39	38	16
Lavaca	28	24	23
Maverick	32	32	30
Medina	29	29	29
Real	67	67	62
Uvalde	39	41	40
Val Verde	34	30	29
Victoria	36	35	35
Wilson	25	28	25
Zavala	57	58	56
Source: County Health Rankings			
http://www.countyhealthrankings.org			

Table 14. 2017-2018 Change in Unemployment Rates by County

2017 to 2018 Change in Unemployment Rates by County									
Area	2017 Labor Force	2017 Employed	2017 Unemployed	2017 % Unemployment	2018 Labor Force	2018 Employed	2018 Unemployed	2018 % Unemployment	2017 to 2018 Change
United States	160,588,786	153,594,231	6,994,555	4.4				3.9	-0.5
Texas	13,538,411	12,960,611	577,800	4.3	13,848,097	13,314,215	533,882	3.9	-0.4
Region 8	1,380,788	1,329,486	51,302	3.7	1,409,821	1,361,487	48,334	3.4	-0.3
Atascosa	21,181	20,295	886	4.2	21,247	20,447	800	3.8	-0.4
Bandera	9,639	9,293	346	3.6	9,920	9,582	338	3.4	-0.2
Bexar	924,590	892,277	32,313	3.5	940,900	909,581	31,319	3.3	-0.2
Calhoun	10,424	9,818	606	5.8	11,213	10,749	464	4.1	-1.7
Comal	66,826	64,580	2,246	3.4	70,132	67,878	2,254	3.2	-0.2
DeWitt	9,586	9,160	426	4.4	9,784	9,476	308	3.1	-1.3
Dimmit	6,480	6,150	330	5.1	7,414	7,190	224	3.0	-2.0
Edwards	904	875	29	3.2	892	867	25	2.8	-0.4
Frio	9,300	8,942	358	3.8	10,071	9,782	289	2.9	-0.9
Gillespie	13,193	12,853	340	2.6	13,417	13,076	341	2.5	-0.1
Goliad	3,244	3,084	160	4.9	3,305	3,179	126	3.8	-1.1
Gonzales	9,361	9,035	326	3.5	9,552	9,262	290	3.0	-0.5
Guadalupe	77,510	74,946	2,564	3.3	79,824	77,327	2,497	3.1	-0.3
Jackson	7,366	7,072	294	4.0	7,412	7,169	243	3.3	-0.7
Karnes	6,424	6,200	224	3.5	6,845	6,652	193	2.8	-0.7
Kendall	20,705	20,070	635	3.1	21,491	20,863	628	2.9	-0.2
Kerr	21,290	20,564	726	3.4	21,848	21,143	705	3.2	-0.2
Kinney	1,150	1,087	63	5.5	1,257	1,198	59	4.7	-0.8
La Salle	4,203	4,048	155	3.7	4,599	4,487	112	2.4	-1.3
Lavaca	8,712	8,400	312	3.6	8,784	8,507	277	3.2	-0.4
Maverick	23,860	21,651	2,209	9.3	23,789	21,863	1,926	8.1	-1.2
Medina	21,273	20,459	814	3.8	21,595	20,849	746	3.5	-0.3
Real	1,049	989	60	5.7	1,060	1,007	53	5.0	-0.7
Uvalde	11,714	11,168	546	4.7	11,506	11,011	495	4.3	-0.4
Val Verde	20,007	18,991	1,016	5.1	20,445	19,569	876	4.3	-0.8
Victoria	42,923	40,853	2,070	4.8	43,370	41,717	1,653	3.8	-1.0
Wilson	24,155	23,320	835	3.5	24,556	23,806	750	3.1	-0.4
Zavala	3,719	3,306	413	11.1	3,593	3,250	343	9.5	-1.6
Bureau of Labor Statistics, https://www.bls.gov/lau/#cntyaa									

Table 15. Temporary Assistance for Needy Families (TANF) by County

	2017 Temporary Assistance for Needy Families (TANF)						2018 Temporary Assistance for Needy Families (TANF)					
Area	TANF Basic				TANF State Program		TANF Basic				TANF State Program	
County	2017 Population	**Recipients per 100k**	Number Recipients	Amount Recipients	Number Recipients	Amount Recipients	2018 Population	Recipients per 100k	Number Recipients	Amount Recipients	Number Recipients	Amount Recipients
Atascosa	52,520	**121.9**	64	$79.50	6	$60.66	53,655	145.4	78	$79.41	3	$35.28
Bandera	23,725	**37.9**	9	$93.64	0	$0.00	24,187	62.0	15	$78.05	1	$35.63
Bexar	1,953,028	**142.0**	2,773	$79.17	182	$74.05	1,988,364	131.0	2,605	$80.50	162	$78.01
Calhoun	24,071	**62.3**	15	$77.44	1	$11.44	24,472	40.9	10	$90.20	0	$3.48
Comal	136,927	**66.5**	91	$80.36	3	$65.01	141,332	65.8	93	$84.04	2	$30.32
DeWitt	20,673	**91.9**	19	$77.70	0	$0.00	20,770	120.4	25	$80.13	0	$0.00
Dimmit	10,645	**460.3**	49	$80.72	13	$67.62	10,719	401.2	43	$80.60	10	$68.02
Edwards	2,144	**186.6**	4	$81.03	0	$0.00	2,153	92.9	2	$73.95	0	$0.00
Frio	19,230	**218.4**	42	$76.78	2	$19.13	19,512	189.6	37	$85.81	0	$0.00
Gillespie	28,288	**31.8**	9	$88.37	0	$0.00	28,827	20.8	6	$97.75	0	$0.00
Goliad	8,122	**73.9**	6	$92.25	1	$30.26	8,255	36.3	3	$86.11	0	$0.00
Gonzales	21,615	**78.6**	17	$84.00	2	$64.60	21,871	109.7	24	$80.13	2	$72.43
Guadalupe	166,027	**56.0**	93	$83.01	9	$86.79	171,409	67.1	115	$83.71	11	$90.95
Jackson	14,277	**42.0**	6	$99.10	3	$102.61	14,291	98.0	14	$95.53	1	$25.56
Karnes	15,853	**176.6**	28	$82.77	1	$17.79	15,976	150.2	24	$75.86	2	$78.36
Kendall	41,370	**24.2**	10	$75.69	4	$37.53	42,562	23.5	10	$88.13	3	$39.02
Kerr	54,742	**53.0**	29	$84.45	3	$20.44	55,505	50.4	28	$81.72	2	$25.48
Kinney	3,765	**53.1**	2	$72.71	0	$0.00	3,778	52.9	2	$67.34	0	$0.00
LaSalle	7,837	**204.2**	16	$75.74	0	$0.00	7,957	201.1	16	$70.52	0	$0.00
Lavaca	19,649	**56.0**	11	$77.54	6	$78.67	19,717	81.1	16	$72.24	9	$79.56
Maverick	60,789	**154.6**	94	$76.71	3	$42.77	61,696	162.1	100	$74.30	6	$80.16
Medina	53,517	**46.7**	25	$87.26	3	$40.30	54,632	64.1	35	$85.53	0	$12.27
Real	3,418	**204.8**	7	$76.41	1	$65.19	3,430	29.2	1	$37.40	1	$91.45
Uvalde	27,942	**375.8**	105	$84.10	4	$45.45	28,161	323.1	91	$83.33	5	$81.82
Val Verde	52,041	**305.1**	164	$74.58	8	$66.55	52,475	333.5	175	$75.94	11	$69.27
Victoria	91,033	**82.4**	75	$81.25	0	$0.00	91,624	92.8	85	$83.02	3	$34.20
Wilson	52,760	**66.3**	35	$84.91	5	$58.62	54,265	81.1	44	$83.91	5	$95.41
Zavala	12,560	**708.6**	89	$76.69	12	$62.85	12,670	647.2	82	$71.42	10	$59.09
Region 8	2,978,568	**130.6**	3,890	$81.57	270	$39.94	3,034,265	124.6	3,780	$79.52	249	$42.35
Texas	28,797,290	**200.8**	57,827	74.78	2,483	76.36	29,366,479	173.9	51,055	$75.82	2,040	$78.20

Temporary Assistance for Needy Families (TANF)

https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-fan

Table 16. 2017-2018 Supplemental Nutrition Assistance Program (SNAP) Recipients by County

2017 - 2018 Supplemental Nutrition Assistance Program (SNAP)						
	2017 Population	2017 # of Recipients	2017 Percent of Recipients	2018 Population	2018 # of Recipients	2018 Percent of Recipients
US	325,719,178	42,101,365	12.9	327,167,434	40,324,454	12.3
Texas	28,304,596	3,943,512	13.9	29,366,479	3,725,683	12.7
Region 8	2,958,133	446,014	15.1	3,034,265	431,522	14.2
Atascosa	48,981	9,400	19.2	53,655	9,277	17.3
Bandera	22,351	2,161	9.7	24,187	1,991	8.2
Bexar	1,958,578	306,086	15.6	1,988,364	299,101	15.0
Calhoun	21,744	4,126	19.0	24,472	3,308	13.5
Comal	141,009	9,733	6.9	141,332	9,582	6.8
DeWitt	20,226	3,659	18.1	20,770	3,162	15.2
Dimmit	10,418	2,910	27.9	10,719	2,718	25.4
Edwards	1,953	295	15.1	2,153	281	13.1
Frio	19,600	3,865	19.7	19,512	3,631	18.6
Gillespie	26,646	1,684	6.3	28,827	1,485	5.2
Goliad	7,562	1,015	13.4	8,255	976	11.8
Gonzales	20,893	3,923	18.8	21,871	3,505	16.0
Guadalupe	159,659	14,549	9.1	171,409	14,383	8.4
Jackson	14,805	1,970	13.3	14,291	1,910	13.4
Karnes	15,187	3,008	19.8	15,976	2,443	15.3
Kendall	44,026	1,825	4.1	42,562	1,710	4.0
Kerr	51,720	5,603	10.9	55,505	5,152	9.3
Kinney	3,745	464	12.4	3,778	436	11.5
La Salle	7,584	1,397	18.4	7,957	1,339	16.8
Lavaca	20,062	2,319	11.6	19,717	2,155	10.9
Maverick	58,216	17,065	29.3	61,696	16,352	10.3
Medina	50,066	6,720	13.4	54,632	6,225	11.4
Real	3,429	470	13.7	3,430	490	14.3
Uvalde	27,132	6,410	23.6	28,161	5,981	21.2
Val Verde	49,205	11,321	23.0	52,475	10,794	20.6
Victoria	92,084	15,667	17.0	91,624	14,888	16.2
Wilson	49,304	4,429	9.0	54,265	4,417	8.1
Zavala	11,948	3,941	33.0	12,670	3,830	30.2

Supplemental Nutritional Assistance Program (SNAP) Statistics, https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics

Table 17. 2014-2018 Supplemental Nutrition Assistance Program (SNAP) Recipients by County

2014 - 2018 Percent of Population Receiving Supplemental Nutrition Assistance Program (SNAP)					
	2014 Percent of Recipients	2015 Percent of Recipients	2016 Percent of Recipients	2017 Percent of Recipients	2018 Percent of Recipients
US	14.6	14.3	13.7	12.9	12.3
Texas	12.9	13.8	13.9	13.9	12.7
Region 8	14.2	15.0	14.9	15.1	14.2
Atascosa	17.2	17.7	18.7	19.2	17.3
Bandera	9.7	10.2	9.8	9.7	8.2
Bexar	15.0	15.9	15.5	15.6	15.0
Calhoun	12.9	14.3	14.9	19.0	13.5
Comal	7.0	7.1	6.9	6.9	6.8
DeWitt	13.1	14.0	15.3	18.1	15.2
Dimmit	24.1	26.2	30.2	27.9	25.4
Edwards	13.6	16.0	15.4	15.1	13.1
Frio	18.1	18.0	20.3	19.7	18.6
Gillespie	6.6	6.7	6.6	6.3	5.2
Goliad	9.7	10.8	11.8	13.4	11.8
Gonzales	15.2	16.7	17.0	18.8	16.0
Guadalupe	9.2	9.4	9.2	9.1	8.4
Jackson	10.7	11.6	12.4	13.3	13.4
Karnes	13.3	14.3	16.3	19.8	15.3
Kendall	4.8	5.1	4.7	4.1	4.0
Kerr	10.9	11.5	11.2	10.9	9.3
Kinney	12.9	14.0	13.0	12.4	11.5
La Salle	16.8	16.6	18.4	18.4	16.8
Lavaca	8.3	9.4	9.7	11.6	10.9
Maverick	26.6	28.7	30.0	29.3	10.3
Medina	12.6	13.5	13.6	13.4	11.4
Real	12.7	12.8	13.3	13.7	14.3
Uvalde	20.2	22.6	23.4	23.6	21.2
Val Verde	20.9	22.6	23.3	23.0	20.6
Victoria	12.6	13.6	15.3	17.0	16.2
Wilson	8.3	8.8	8.9	9.0	8.1
Zavala	29.8	32.2	33.9	33.0	30.2
Supplemental Nutritional Assistance Program (SNAP) Statistics https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics					

Table 18. 2015-2017 Percent of Free and/or Reduced Lunch by County

End of School Year 2015-2017 Percent of Students Eligible for Free and or Reduced Lunch by County									
Area	Total Students 2014-2015	Eligible Free and Reduced Lunch 2014-2015	Percent Eligible for Free and Reduced Lunch 2014-2015	Total Students 2015-2016	Eligible Free and Reduced Lunch 2015-2016	Percent Eligible for Free and Reduced Lunch 2015-2016	Total Students 2016-2017	Eligible Free and Reduced Lunch 2016-2017	Percent Eligible for Free and Reduced Lunch 2016-2017
Atascosa	8,684	5,320	61.3	8,232	4,919	59.8	8,122	‡	‡
Bandera	2,549	1,317	51.7	2,502	1,285	51.4	2,549	1,389	54.5
Bexar	351,598	223,258	63.5	355,644	225,861	63.5	359,001	225,229	62.7
Calhoun	4,224	2,564	60.7	4,179	2,516	60.2	4,013	2,479	61.8
Comal	24,075	7,897	32.8	24,629	7,762	31.5	25,677	7,864	30.6
DeWitt	4,695	2,743	58.4	4,653	2,804	60.3	4,506	2,921	64.8
Dimmit	2,449	1,805	73.7	2,314	1,311	56.7	2,213	1,679	75.9
Edwards	388	263	67.8	386	273	70.7	402	273	67.9
Frio	3,407	2,398	70.4	3,284	2,581	78.6	3,240	2,566	79.2
Gillespie	3,637	1,781	49.0	3,770	1,850	48.1	3,837	1,867	48.7
Goliad	1,408	643	45.7	1,368	656	48.0	1,337	733	54.8
Gonzales	4,193	3,103	74.0	4,275	3,186	74.5	4,304	3,155	73.3
Guadalupe	26,110	10,967	42.0	26,713	11,105	41.6	27,085	11,201	41.4
Jackson	3,345	1,712	51.2	3,323	1,754	52.8	3,325	1,804	54.3
Karnes	2,523	‡	‡	2,504	1,542	61.6	2,514	1,567	62.3
Kendall	8,050	2,059	25.6	8,559	2,077	24.3	8,603	2,050	23.8
Kerr	6,967	4,223	60.6	6,962	4,186	60.1	6,973	4,116	59.0
Kinney	641	385	60.1	615	382	62.1	620	350	56.5
La Salle	1,353	1,110	82.0	1,361	1,157	85.0	1,368	1,182	86.4
Lavaca	2,295	852	37.1	2,358	878	37.2	2,428	931	38.3
Maverick	15,076	11,420	75.7	15,093	11,778	78.0	14,831	11,425	77.0
Medina	10,301	5,939	57.7	10,825	6,442	59.5	11,005	6,545	59.5
Real	542	356	65.7	563	399	70.9	584	400	68.5
Uvalde	5,763	4,094	71.0	5,755	4,177	72.6	5,778	4,166	72.1
Val Verde	11,261	8,384	74.5	11,090	8,324	75.1	11,119	8,309	74.7
Victoria	15,749	9,864	62.6	15,765	10,189	64.6	15,612	10,414	66.7
Wilson	8,837	‡	‡	8,883	‡	‡	8,869	‡	‡
Zavala	2,693	2,005	74.5	2,655	1,988	74.9	2,557	1,841	72.0
Region 8	532,813	316,462	60.7	538,260	321,382	60.7	542,472	316,456	58.3
Texas	5,233,736	3,058,606	58.6	5,300,635	3,107,545	58.7	5,360,756	3,132,073	58.4

Data Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Local Education Agency (School District)

‡ indicates that the data do not meet NCES data quality standards.

Table 19. 2015-2017 Uninsured Population Under Age 65 by County

2015-2019 Uninsured Population Under Age 65 by County						
Year	Name	Population Under 65 Years of Age	Number Uninsured	Percent Uninsured	Number Insured	Percent Insured
2017	Texas	24,261,733	4,704,625	19.4	19,557,108	80.6
2016	Texas	23,943,499	4,444,791	18.6	19,498,708	81.4
2015	Texas	23,676,871	4,536,765	19.2	19,140,106	80.8
2017	Region 8	2,493,762	432,175	17.3	2,061,587	82.7
2016	Region 8	2,458,492	419,719	17.1	2,038,773	82.9
2015	Region 8	2,425,173	421,039	17.4	2,004,134	82.4
2017	Atascosa County, TX	41,662	7,924	19.0	33,738	81.0
2016	Atascosa County, TX	41,543	7,590	18.3	33,953	81.7
2015	Atascosa County, TX	41,356	7,750	18.7	33,606	81.3
2017	Bandera County, TX	16,209	3,023	18.7	13,186	81.3
2016	Bandera County, TX	15,915	2,865	18.0	13,050	82.0
2015	Bandera County, TX	15,658	2,696	17.2	12,962	82.8
2017	Bexar County, TX	1,686,722	285,140	16.9	1,401,582	83.1
2016	Bexar County, TX	1,663,368	276,390	16.6	1,386,978	83.4
2015	Bexar County, TX	1,640,479	274,865	16.8	1,365,614	83.2
2017	Calhoun County, TX	17,832	3,430	19.2	14,402	80.8
2016	Calhoun County, TX	18,146	3,335	18.4	14,811	81.6
2015	Calhoun County, TX	18,142	3,625	20.0	14,517	80.0
2017	Comal County, TX	115,072	16,543	14.4	98,529	85.6
2016	Comal County, TX	109,734	15,496	14.1	94,238	85.9
2015	Comal County, TX	105,473	16,838	16.0	88,635	84.0
2017	DeWitt County, TX	14,705	2,629	17.9	12,076	82.1
2016	DeWitt County, TX	15,229	2,576	16.9	12,653	83.1
2015	DeWitt County, TX	15,217	2,607	17.1	12,610	82.9
2017	Dimmit County, TX	8,593	1,656	19.3	6,937	80.7
2016	Dimmit County, TX	9,044	1,650	18.2	7,394	81.8
2015	Dimmit County, TX	9,267	1,714	18.5	7,553	81.5
Source: Small Area Health Insurance Estimates						

Table 19 Continued. 2015-2017 Uninsured Population Under Age 65 by County

Continued 2015-2019 Uninsured Population Under Age 65 by County						
Year	Name	Under 65 Years of Age	Number Uninsured	Percent Uninsured	Number Insured	Percent Insured
2017	Edwards County, TX	1,402	345	24.6	1,057	75.4
2016	Edwards County, TX	1,404	344	24.5	1,060	75.5
2015	Edwards County, TX	1,396	436	31.2	960	68.8
2017	Frio County, TX	13,807	3,068	22.2	10,739	77.8
2016	Frio County, TX	13,335	2,674	20.1	10,661	79.9
2015	Frio County, TX	13,243	2,692	20.3	10,551	79.7
2017	Gillespie County, TX	18,803	4,483	23.8	14,320	76.2
2016	Gillespie County, TX	18,589	4,392	23.6	14,197	76.4
2015	Gillespie County, TX	18,350	4,214	23.0	14,136	77.0
2017	Goliad County, TX	5,846	913	15.6	4,933	84.4
2016	Goliad County, TX	5,865	835	14.2	5,030	85.8
2015	Goliad County, TX	5,907	799	13.5	5,108	86.5
2017	Gonzales County, TX	17,228	4,315	25.0	12,913	75.0
2016	Gonzales County, TX	17,271	4,298	24.9	12,973	75.1
2015	Gonzales County, TX	17,002	4,195	24.7	12,807	75.3
2017	Guadalupe County, TX	137,274	18,945	13.8	118,329	86.2
2016	Guadalupe County, TX	132,881	19,985	15.0	112,896	85.0
2015	Guadalupe County, TX	129,709	19,226	14.8	110,483	85.2
2017	Jackson County, TX	12,070	2,353	19.5	9,717	80.5
2016	Jackson County, TX	12,175	2,272	18.7	9,903	81.3
2015	Jackson County, TX	12,198	2,273	18.6	9,925	81.4
2017	Karnes County, TX	10,093	1,844	18.3	8,249	81.7
2016	Karnes County, TX	10,174	1,583	15.6	8,591	84.4
2015	Karnes County, TX	10,248	1,628	15.9	8,620	84.1
2017	Kendall County, TX	35,729	5,405	15.1	30,324	84.9
2016	Kendall County, TX	34,011	4,763	14.0	29,248	86.0
2015	Kendall County, TX	32,304	5,262	16.3	27,042	83.7
Source: Small Area Health Insurance Estimates						

Table 19 Continued. 2015-2017 Uninsured Population Under Age 65 by County

Continued 2015-2019 Uninsured Population Under Age 65 by County						
Year	Name	Under 65 Years of Age	Number Uninsured	Percent Uninsured	Number Insured	Percent Insured
2017	Kerr County, TX	36,082	8,108	22.5	27,974	77.5
2016	Kerr County, TX	36,049	7,275	20.2	28,774	79.8
2015	Kerr County, TX	35,801	7,559	21.1	28,242	78.9
2017	Kinney County, TX	2,499	555	22.2	1,944	77.8
2016	Kinney County, TX	2,371	489	20.6	1,882	79.4
2015	Kinney County, TX	2,331	494	21.2	1,837	78.8
2017	La Salle County, TX	4,897	811	16.6	4,086	83.4
2016	La Salle County, TX	4,910	833	17.0	4,077	83.0
2015	La Salle County, TX	4,955	922	18.6	4,033	81.4
2017	Lavaca County, TX	15,349	2,793	18.2	12,556	81.8
2016	Lavaca County, TX	15,268	2,616	17.1	12,652	82.9
2015	Lavaca County, TX	15,349	2,731	17.8	12,618	82.2
2017	Maverick County, TX	49,931	13,501	27.0	36,430	73.0
2016	Maverick County, TX	49,546	13,611	27.5	35,935	72.5
2015	Maverick County, TX	49,602	14,293	28.8	35,309	71.2
2017	Medina County, TX	39,888	6,717	16.8	33,171	83.2
2016	Medina County, TX	39,327	6,524	16.6	32,803	83.4
2015	Medina County, TX	38,685	7,049	18.2	31,636	81.8
2017	Real County, TX	2,393	538	22.5	1,855	77.5
2016	Real County, TX	2,361	578	24.5	1,783	75.5
2015	Real County, TX	2,296	609	26.5	1,687	73.5
2017	Uvalde County, TX	22,061	4,959	22.5	17,102	77.5
2016	Uvalde County, TX	22,297	5,022	22.5	17,275	77.5
2015	Uvalde County, TX	22,328	5,185	23.2	17,143	76.8
2017	Val Verde County, TX	40,266	9,222	22.9	31,044	77.1
2016	Val Verde County, TX	40,064	9,023	22.5	31,041	77.5
2015	Val Verde County, TX	40,352	8,997	22.3	31,355	77.7
2017	Victoria County, TX	76,119	14,200	18.7	61,919	81.3
2016	Victoria County, TX	76,978	14,481	18.8	62,497	81.2
2015	Victoria County, TX	77,257	13,916	18.0	63,341	82.0
2017	Wilson County, TX	41,541	6,890	16.6	34,651	83.4
2016	Wilson County, TX	40,736	6,225	15.3	34,511	84.7
2015	Wilson County, TX	40,114	6,427	16.0	33,687	84.0
2017	Zavala County, TX	9,689	1,865	19.2	7,824	80.8
2016	Zavala County, TX	9,901	1,994	20.1	7,907	79.9
2015	Zavala County, TX	10,154	2,037	20.1	8,117	79.9
Source: Small Area Health Insurance Estimates						

Table 20. 2015-2017 Educational Attainment for 18-24 Year Olds by County

2015-2017 Educational Attainment for 18 to 24 Year Olds by County										
Year	Area	Population 18 to 24	Number Less than high school graduate	Percent Less than high school graduate	Number High school graduate (includes equivalency)	Percent High school graduate (includes equivalency)	Number Some college or associate's degree	Percent - Some college or associate's degree	Number Bachelor's degree or higher	Percent Bachelor's degree or higher
2017	United States	31,131,484	4,169,856	13.4	9,479,784	30.5	14,222,740	45.7	3,259,104	10.5
2016	United States	31,296,577	4,326,831	13.8	9,390,475	30.0	14,398,370	46.0	3,180,901	10.2
2015	United States	31,368,674	4,503,448	14.4	9,321,843	29.7	14,459,475	46.1	209,935	7.7
2017	Texas	2,752,064	433,371	15.7	876,380	31.8	1,212,346	44.1	229,967	8.4
2016	Texas	2,738,831	447,119	16.3	855,325	31.2	1,213,652	44.3	222,735	8.1
2015	Texas	2,714,461	463,866	17.1	833,353	30.7	1,207,307	44.5	210	5.0
2017	Region 8	288,861	45,365	15.7	100,765	34.9	121,881	42.2	20,850	7.2
2016	Region 8	286,716	47,261	16.5	98,671	34.4	121,633	42.4	19,151	4.6
2015	Region 8	282,888	48,863	17.3	94,227	33.3	121,194	42.8	18,604	6.6
2017	Atascosa County, Texas	4,290	783	18.3	1,677	39.1	1,613	37.6	217	5.1
2016	Atascosa County, Texas	4,249	803	18.9	1,691	39.8	1,558	36.7	27	2.1
2015	Atascosa County, Texas	4,189	813	19.4	1,521	36.3	1,645	39.3	20	1.6
2017	Bandera County, Texas	1,311	203	15.5	640	48.8	417	31.8	51	3.9
2016	Bandera County, Texas	1,304	239	18.3	547	41.9	491	37.7	15,029	7.5
2015	Bandera County, Texas	1,238	270	21.8	600	48.5	348	28.1	14,820	7.5
2017	Bexar County, Texas	201,070	28,406	14.1	66,092	32.9	90,575	45.0	15,997	8.0
2016	Bexar County, Texas	200,276	29,580	14.8	65,002	32.5	90,665	45.3	76	4.3
2015	Bexar County, Texas	198,519	30,907	15.6	62,770	31.6	90,022	45.3	64	3.7
2017	Calhoun County, Texas	1,895	564	29.8	818	43.2	470	24.8	43	2.3
2016	Calhoun County, Texas	1,778	455	25.6	703	39.5	544	30.6	848	9.0
2015	Calhoun County, Texas	1,722	395	22.9	633	36.8	630	36.6	774	8.5
2017	Comal County, Texas	9,809	1,347	13.7	3,625	37.0	3,823	39.0	1,014	10.3
2016	Comal County, Texas	9,453	1,323	14.0	3,806	40.3	3,476	36.8	72	4.8
2015	Comal County, Texas	9,073	1,240	13.7	3,749	41.3	3,310	36.5	75	5.1
2017	DeWitt County, Texas	1,410	236	16.7	678	48.1	429	30.4	67	4.8
2016	DeWitt County, Texas	1,497	247	16.5	731	48.8	447	29.9	0	0.0
2015	DeWitt County, Texas	1,483	256	17.3	798	53.8	354	23.9	0	0.0
2017	Dimmit County, Texas	1,002	543	54.2	256	25.5	203	20.3	0	0.0
2016	Dimmit County, Texas	1,034	513	49.6	320	30.9	201	19.4	0	0.0
2015	Dimmit County, Texas	1,003	256	25.5	410	40.9	337	33.6	0	0.0
2017	Edwards County, Texas	191	22	11.5	149	78.0	20	10.5	0	0.0
2016	Edwards County, Texas	243	62	25.5	135	55.6	46	18.9	40	1.4
2015	Edwards County, Texas	197	63	32.0	92	46.7	42	21.3	24	0.9
2017	Frio County, Texas	3,030	1,072	35.4	1,442	47.6	443	14.6	73	2.4
2016	Frio County, Texas	2,917	1,029	35.3	1,371	47.0	477	16.4	41	2.3
2015	Frio County, Texas	2,793	987	35.3	1,074	38.5	708	25.3	98	5.8
2017	Gillespie County, Texas	1,766	258	14.6	886	50.2	515	29.2	107	6.1
2016	Gillespie County, Texas	1,777	346	19.5	809	45.5	581	32.7	16	2.6
2015	Gillespie County, Texas	1,687	253	15.0	658	39.0	678	40.2	42	6.8
2017	Goliad County, Texas	671	125	18.6	246	36.7	274	40.8	26	3.9
2016	Goliad County, Texas	607	84	13.8	267	44.0	240	39.5	23	1.2
2015	Goliad County, Texas	615	87	14.1	314	51.1	172	28.0	21	1.1
2017	Gonzales County, Texas	1,814	404	22.3	968	53.4	436	24.0	6	0.3
2016	Gonzales County, Texas	1,882	498	26.5	864	45.9	497	26.4	790	5.9
2015	Gonzales County, Texas	1,851	662	35.8	701	37.9	467	25.2	659	5.1
2017	Guadalupe County, Texas	13,571	1,986	14.6	6,040	44.5	4,684	34.5	861	6.3
2016	Guadalupe County, Texas	13,360	2,128	15.9	5,544	41.5	4,898	36.7	100	9.1
2015	Guadalupe County, Texas	12,953	2,417	18.7	4,784	36.9	5,093	39.3	84	7.4
2017	Jackson County, Texas	1,189	144	12.1	521	43.8	412	34.7	112	9.4
2016	Jackson County, Texas	1,094	170	15.5	495	45.2	329	30.1	17	1.1
2015	Jackson County, Texas	1,130	220	19.5	522	46.2	304	26.9	49	3.1
2017	Karnes County, Texas	1,603	564	35.2	575	35.9	447	27.9	17	1.1
2016	Karnes County, Texas	1,609	653	40.6	515	32.0	424	26.4	39	1.3
2015	Karnes County, Texas	1,563	579	37.0	542	34.7	393	25.1	140	4.7

Source: American Community Survey 5-Year Estimates, 2015, 2016 and 2017 Educational Attainment.

Table 20. Continued. 2015-2017 Educational Attainment for 18-24 Year Olds by County

2015-2017 Educational Attainment for 18 to 24 Year Olds by County										
Year	Area	Population 18 to 24	Number Less than high school graduate	Percent Less than high school graduate	Number High school graduate (includes equivalency)	Percent High school graduate (includes equivalency)	Number Some college or associate's degree	Percent - Some college or associate's degree	Number Bachelor's degree or higher	Percent Bachelor's degree or higher
2017	Kendall County, Texas	3,195	533	16.7	1,470	46.0	1,070	33.5	122	3.8
2016	Kendall County, Texas	2,966	447	15.1	1,389	46.8	1,091	36.8	195	4.6
2015	Kendall County, Texas	2,968	585	19.7	988	33.3	1,255	42.3	59	1.4
2017	Kerr County, Texas	4,171	692	16.6	1,601	38.4	1,585	38.0	293	7.0
2016	Kerr County, Texas	4,215	865	20.5	1,635	38.8	1,520	36.1	8	2.6
2015	Kerr County, Texas	4,241	833	19.6	1,699	40.1	1,650	38.9	7	2.4
2017	Kinney County, Texas	266	42	15.8	54	20.3	162	60.9	8	3.0
2016	Kinney County, Texas	309	92	29.8	97	31.4	112	36.2	56	7.9
2015	Kinney County, Texas	289	72	24.9	110	38.1	100	34.6	12	1.8
2017	La Salle County, Texas	745	121	16.2	202	27.1	371	49.8	51	6.8
2016	La Salle County, Texas	709	157	22.1	202	28.5	294	41.5	37	2.6
2015	La Salle County, Texas	656	187	28.5	223	34.0	234	35.7	49	3.5
2017	Lavaca County, Texas	1,471	312	21.2	505	34.3	624	42.4	30	2.0
2016	Lavaca County, Texas	1,429	296	20.7	489	34.2	607	42.5	255	3.8
2015	Lavaca County, Texas	1,416	309	21.8	471	33.3	587	41.5	115	1.8
2017	Maverick County, Texas	6,857	1,647	24.0	2,418	35.3	2,567	37.4	225	3.3
2016	Maverick County, Texas	6,629	1,683	25.4	2,197	33.1	2,494	37.6	96	2.0
2015	Maverick County, Texas	6,506	1,670	25.7	2,121	32.6	2,600	40.0	87	1.9
2017	Medina County, Texas	4,777	1,116	23.4	1,695	35.5	1,780	37.3	186	3.9
2016	Medina County, Texas	4,693	1,135	24.2	1,507	32.1	1,955	41.7	0	0.0
2015	Medina County, Texas	4,594	1,166	25.4	1,528	33.3	1,813	39.5	0	0.0
2017	Real County, Texas	270	99	36.7	65	24.1	102	37.8	4	1.5
2016	Real County, Texas	223	84	37.7	45	20.2	94	42.2	165	5.7
2015	Real County, Texas	212	103	48.6	30	14.2	79	37.3	139	4.8
2017	Uvalde County, Texas	2,870	471	16.4	1,154	40.2	1,099	38.3	146	5.1
2016	Uvalde County, Texas	2,895	457	15.8	1,104	38.1	1,169	40.4	389	7.1
2015	Uvalde County, Texas	2,868	356	12.4	1,067	37.2	1,306	45.5	497	9.2
2017	Val Verde County, Texas	5,496	1,170	21.3	1,839	33.5	1,916	34.9	571	10.4
2016	Val Verde County, Texas	5,464	1,274	23.3	1,954	35.8	1,847	33.8	349	4.0
2015	Val Verde County, Texas	5,391	1,277	23.7	1,912	35.5	1,705	31.6	401	4.7
2017	Victoria County, Texas	8,644	1,793	20.7	3,304	38.2	3,238	37.5	309	3.6
2016	Victoria County, Texas	8,754	1,866	21.3	3,396	38.8	3,143	35.9	240	6.2
2015	Victoria County, Texas	8,587	1,973	23.0	3,178	37.0	3,035	35.3	158	4.3
2017	Wilson County, Texas	3,914	534	13.6	1,354	34.6	1,768	45.2	258	6.6
2016	Wilson County, Texas	3,852	595	15.4	1,311	34.0	1,706	44.3	46	3.1
2015	Wilson County, Texas	3,652	643	17.6	1,286	35.2	1,565	42.9	0	0.0
2017	Zavala County, Texas	1,563	178	11.4	491	31.4	838	53.6	56	3.6
2016	Zavala County, Texas	1,498	180	12.0	545	36.4	727	48.5	46	3.1
2015	Zavala County, Texas	1,492	284	19.0	446	29.9	762	51.1	0	0.0
Source: American Community Survey 5-Year Estimates, 2015, 2016 and 2017 Educational Attainment.										

Table 21. 2015-2017 Graduation and Dropout Rates by County

2015-2017 Graduation and Dropout Rates by County

County Name	County all students graduation, continuation, or GED rate 2015	County all students graduation rate 2015	County all students continuation rate 2015	County all students GED rate 2015	County all students dropout rate 2015	County all students graduation, continuation, or TxCHSE 2016	County all students graduation 2016	County all students continuation 2016	County all students TxCHSE 2016	County all students dropout 2016	County all students graduation, continuation, or TxCHSE 2017	County all students graduation 2017	County all students continuation 2017	County all students TxCHSE 2017	County all students dropout 2017
Texas		89			6.3		89.1			6.2		89.7			5.9
Region 8		89.2			6.9		89.4			6.8		89.3			7.2
Atascosa	96.5	94.1	2.3	0.2	3.5	95.6	93.9	1.6	0.2	4.4	95.1	92.5	2.3	0.3	4.9
Bandera	98.2	97.6	0	0.6	1.8	94.7	94.3	0.5	0	5.3	94.9	91.5	2.3	1.1	5.1
Bexar	91.8	87.7	3.5	0.6	8.2	92.3	88.3	3.6	0.4	7.7	91.1	87.3	3.4	0.4	8.9
Calhoun	97.1	92.6	2.3	2.3	2.9	96.3	91.6	3	1.7	3.7	94.6	93	0.9	0.6	5.4
Comal	94.9	92.5	1.7	0.7	5.1	96.2	93.5	2.3	0.4	3.8	96.2	93.8	2.1	0.3	3.8
DeWitt	99	93.4	4.8	0.7	1	97.9	93.4	4.2	0.3	2.1	98.9	96.5	1.8	0.7	1.1
Dimmit	87.6	85.2	2.4	0	12.4	85.1	82.9	2.2	0	14.9	83	78.9	3.4	0.7	17
Edwards	97.4	97.4	0	0	2.6	96.3	96.3	0	0	3.7	97.6	97.6	0	0	2.4
Frio	89.7	85.4	4.2	0	10.3	88.2	84.6	2.6	0.9	11.8	92.6	86.8	5.4	0.5	7.4
Gillespie	98.9	97.5	1.4	0	1.1	96.6	94.9	1.7	0	3.4	96.2	92.4	3.1	0.7	3.8
Goliad	100	99	1	0	0	100	99	1	0	0	99.1	98.1	0.9	0	0.9
Gonzales	91.5	88.6	2.1	0.8	8.5	88.8	84.5	3.9	0.4	11.2	95.9	90.8	4.8	0.3	4.1
Guadalupe	97.7	94.7	2.7	0.4	2.3	97.7	94.2	3.3	0.3	2.3	97.5	95	2.3	0.1	2.5
Jackson	96.5	93.4	3.1	0	3.5	97.9	96.3	1.6	0	2.1	99.5	98.2	0.9	0.5	0.5
Karnes	95.5	93.8	1.7	0	4.5	95.5	94.9	0.6	0	4.5	96.1	92.9	3.2	0	3.9
Kendall	99	97.2	1.6	0.1	1	99.4	97.9	1.3	0.1	0.6	98.9	97.6	1.2	0.1	1.1
Kerr	96.8	91	3.8	2	3.2	98.5	94	2.8	1.7	1.5	98.2	93.8	3	1.4	1.8
Kinney	92.2	92.2	0	0	7.8	95.3	93	2.3	0	4.7	100	95.8	4.2	0	0
La Salle	93.9	92.7	0	1.2	6.1	88.8	86.7	1	1	11.2	88.8	87.6	1.1	0	11.2
Lavaca	99.3	97.8	0	1.5	0.7	98.6	96.5	2.1	0	1.4	98.7	98.7	0	0	1.3
Maverick	92.2	86.1	5	1.2	7.8	91.8	86.9	4.4	0.6	8.2	95.3	92.2	2.5	0.6	4.7
Medina	96.4	95.2	0.8	0.3	3.6	95.3	93.5	1.5	0.3	4.7	95.9	94.6	1.3	0	4.1
Real	78.6	69	2.4	7.1	21.4	77.4	71	3.2	3.2	22.6	87.2	74.4	12.8	0	12.8
Uvalde	89.1	83.8	3.7	1.5	10.9	86.8	77.5	8.2	1.1	13.2	92.2	88.5	3	0.7	7.8
Val Verde	96.2	92.7	3.5	0	3.8	92.6	86.1	6.3	0.3	7.4	91.7	82.9	8.5	0.3	8.3
Victoria	89.8	83.5	4.9	1.4	10.2	87.7	81.4	4.8	1.5	12.3	90.2	86.7	3	0.5	9.8
Wilson	97.8	96	1.7	0.2	2.2	97.4	96.3	1.1	0	2.6	96.6	94.4	2.1	0.1	3.4
Zavala	87.7	82.6	5.1	0	12.3	92.8	90.4	0.6	1.8	7.2	93.9	92.2	1.7	0	6.1

Table 22. 2017-2019 Rate of Homeless Students per 1,000 Enrolled in Texas Public Schools

2017-2019 Rate of Homeless Students per 1,000 Enrolled in Texas Public Schools									
Area	2016-2017 Enrollment	2016-2017 Homeless	Rate of Homeless Students per 1,000 Enrolled in School	2017-2018 Enrollment	2017-2018 Homeless	Rate of Homeless Students per 1,000 Enrolled in School2	2018-2019 Enrollment	2018-2019 Homeless	Rate of Homeless Students per 1,000 Enrolled in School3
Texas	5,359,127	69,213	12.9	5,399,682	111,931	20.7	5,431,910	72,782	13.4
Region 8	543,483	7,438	13.7	545,868	7,792	14.3	541,625	6,668	12.3
Atascosa	8,928	105	11.8	9,138	101	11.1	9,071	84	9.3
Bandera	2,549	112	43.9	2,605	137	52.6	2,540	126	49.6
Bexar	354,665	4,393	12.4	354,828	4,297	12.1	349,962	3,883	11.1
Calhoun	4,013	115	28.7	3,907	182	46.6	3,846	232	60.3
Comal	31,447	503	16.0	32,558	460	14.1	33,510	275	8.2
DeWitt	4,506	156	34.6	4,556	141	30.9	4,519	150	33.2
Dimmit	2,213	149	67.3	2,211	122	55.2	2,219	46	20.7
Edwards	570	0	0.0	588	N/A	N/A	586	0	0.0
Frio	3,240	162	50.0	3,269	196	60.0	3,139	113	36.0
Gillespie	3,837	16	4.2	3,821	16	4.2	3,724	N/A	N/A
Goliad	1,337	28	20.9	1,341	53	39.5	1,330	28	21.1
Gonzales	4,271	55	12.9	4,247	45	10.6	4,263	79	18.5
Guadalupe	26,177	270	10.3	26,505	254	9.6	26,613	236	8.9
Jackson	3,551	35	9.9	3,524	61	17.3	3,503	32	9.1
Karnes	2,523	49	19.4	2,597	48	18.5	2,479	40	16.1
Kendall	9,519	18	1.9	9,926	27	2.7	10,395	33	3.2
Kerr	6,867	122	17.8	6,912	116	16.8	6,919	127	18.4
Kinney	620	0	0.0	585	0	0.0	560	0	0.0
La Salle	1,368	5	3.7	1,380	22	15.9	1,347	N/A	N/A
Lavaca	2,428	6	2.5	2,439	14	5.7	2,437	N/A	N/A
Maverick	14,831	96	6.5	14,582	85	5.8	14,561	49	3.4
Medina	10,199	187	18.3	10,584	105	9.9	10,816	125	11.6
Real	506	N/A	N/A	542	11	20.3	517	13	25.1
Uvalde	5,917	69	11.7	5,644	58	10.3	5,424	65	12.0
Val Verde	10,731	85	7.9	10,791	123	11.4	10,636	110	10.3
Victoria	15,386	513	33.3	15,286	841	55.0	15,140	562	37.1
Wilson	8,866	48	5.4	9,062	84	9.3	9,130	63	6.9
Zavala	2,418	141	58.3	2,440	193	79.1	2,439	197	80.8

N/A and ranges (e.g., <10 and <20) indicate counts are not available (i.e., masked) to comply with the Family Educational Rights and Privacy Act (FERPA). Masked numbers are typically small, although larger numbers may be masked to prevent imputation.
TEA, Student Program and Special Populations Reports, https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html.

Table 23. 2017-2018 Percent Change in Crimes per 100,000 Persons by County

2017-2018 Percent Change in Crimes per 100,000 Persons by County							
County	2017 Population	2017 Total Crime	2017 All Crime Rate	2018 Population	2018 Total Crimes	2018 All Crime Rate	All Crime Percent Change
Texas	28,304,596	842,351	2976.0	28,701,845	793,694	2765.3	-7.1%
Region 8	2,958,362	116,302	3931.3	2,995,445	98,475	3287.5	-16.4%
Atascosa County	50,006	1,201	2401.7	50,059	1248	2493.1	3.8%
Bandera County	21,966	310	1411.3	22,557	318	1409.8	-0.1%
Bexar County	1,966,517	96,763	4920.5	1,992,664	81678	4098.9	-16.7%
Calhoun County	19,804	450	2272.3	19,525	354	1813.1	-20.2%
Comal County	151,132	2,527	1672.1	158,668	2222	1400.4	-16.2%
DeWitt County	18,770	479	2551.9	16,006	502	3016.3	18.2%
Dimmit County	10,916	142	1300.8	10,447	125	1196.5	-8.0%
Edwards County	1,895	26	1372.0	1,942	24	1235.8	-9.9%
Frio County	19,238	467	2427.5	19,904	371	1863.9	-23.2%
Gillespie County	26,778	229	855.2	26,832	185	689.5	-19.4%
Goliad County	7,559	108	1428.8	7,591	107	1409.6	-1.3%
Gonzales County	21,049	348	1653.3	21,005	363	1728.2	4.5%
Guadalupe County	146,374	2,779	1898.6	149,399	2428	1625.2	-14.4%
Jackson County	14,990	193	1287.5	14,869	179	1203.8	-6.5%
Karnes County	15,306	340	2221.4	15,189	351	2310.9	4.0%
Kendall County	42,011	927	2206.6	43,365	499	1150.7	-47.9%
Kerr County	51,765	919	1775.3	51,882	692	1333.8	-24.9%
Kinney County	1,913	11	575.0	2,008	1	49.8	-91.3%
La Salle County	7,731	69	892.5	7,664	42	548.0	-38.6%
Lavaca County	22,095	269	1217.5	22,232	204	917.6	-24.6%
Maverick County	58,175	1,054	1811.8	58,611	786	1341.0	-26.0%
Medina County	47,980	1,034	2155.1	48,678	875	1797.5	-16.6%
Real County	3,397	52	1530.8	3,435	52	1513.8	-1.1%
Uvalde County	27,399	765	2792.1	27,156	769	2831.8	1.4%
Val Verde County	48,809	857	1755.8	49,099	893	1818.8	3.6%
Victoria County	93,339	3,308	3544.1	92,593	2768	2989.4	-15.7%
Wilson County	49,385	514	1040.8	50,118	328	654.5	-37.1%
Zavala County	12,063	161	1334.7	11,947	111	929.1	-30.4%
Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm							

Table 24. 2018 Violent Crimes per 100,000 Persons by County

2018 Violent Crimes per 100,000 Persons by County							
Area	2018 Population	Murder	Rape	Robbery	Assault	Total Violent Crimes	2018 Rate Violent Crimes per 100k
Atascosa County	50,059	4	15	9	99	127	253.7
Bandera County	22,557	1	24	2	7	34	150.7
Bexar County	1,992,664	120	1570	1935	7153	10,778	540.9
Calhoun County	19,525	1	14	4	63	82	420.0
Comal County	158,668	2	88	26	272	388	244.5
DeWitt County	16,006	2	7	1	87	97	606.0
Dimmit County	10,447	0	1	0	8	9	86.1
Edwards County	1,942	0	1	0	2	3	154.5
Frio County	19,904	2	1	3	47	53	266.3
Gillespie County	26,832	3	3	1	11	18	67.1
Goliad County	7,591	0	4	0	9	13	171.3
Gonzales County	21,005	0	18	5	101	124	590.3
Guadalupe County	149,399	5	70	38	180	293	196.1
Jackson County	14,869	0	8	2	11	21	141.2
Karnes County	15,189	0	1	3	29	33	217.3
Kendall County	43,365	0	18	2	21	41	94.5
Kerr County	51,882	1	20	6	74	101	194.7
Kinney County	2,008	0	0	0	0	0	0.0
La Salle County	7,664	0	1	0	2	3	39.1
Lavaca County	22,232	1	13	0	31	45	202.4
Maverick County	58,611	1	4	13	55	73	124.5
Medina County	48,678	1	30	7	79	117	240.4
Real County	3,435	0	0	0	5	5	145.6
Uvalde County	27,156	1	11	7	37	56	206.2
Val Verde County	49,099	1	14	3	31	49	99.8
Victoria County	92,593	9	77	50	255	391	422.3
Wilson County	50,118	2	3	4	25	34	67.8
Zavala County	11,947	0	5	2	8	15	125.6
Region 8	2,995,445	157	2021	2123	8702	13,003	434.1
Texas	28,701,845	1324	14866	28272	74183	118,645	413.4
Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm							

Table 25. 2018 Property Crimes per 100,000 by County

2018 Property Crimes per 100,000 by County						
Area	2018 Population	2018 Burglary	2018 Larceny	2018 Auto Theft	2018 Total Property Crime	2018 Property Crime per 100k
Texas	28,701,845	116,869	489,467	68,713	675,049	2,351.9
Region 8	2,995,445	13,947	63,781	7,744	85,472	2,853.4
Atascosa County	50,059	235	774	112	1,121	2,409.5
Bandera County	22,557	108	134	42	284	1,259.0
Bexar County	1,992,664	10,659	53,384	6,857	70,900	3,558.1
Calhoun County	19,525	93	153	26	272	1,393.1
Comal County	158,668	386	1,319	129	1,834	1,155.9
DeWitt County	16,006	158	233	14	405	2,530.3
Dimmit County	10,447	21	88	7	116	1,110.4
Edwards County	1,942	11	10	0	21	1,081.4
Frio County	19,904	114	188	16	318	1,597.7
Gillespie County	26,832	27	131	9	167	622.4
Goliad County	7,591	27	53	14	94	1,238.3
Gonzales County	21,005	62	169	8	239	1,137.8
Guadalupe County	149,399	356	1,660	119	2,135	1,429.1
Jackson County	14,869	50	97	11	158	1,062.6
Karnes County	15,189	86	212	20	318	2,093.6
Kendall County	43,365	61	351	46	458	1,056.2
Kerr County	51,882	96	474	21	591	1,139.1
Kinney County	2,008	1	0	0	1	49.8
La Salle County	7,664	6	33	0	39	508.9
Lavaca County	22,232	48	101	10	159	715.2
Maverick County	58,611	162	530	21	713	1,216.5
Medina County	48,678	165	529	64	758	1,557.2
Real County	3,435	18	26	3	47	1,368.3
Uvalde County	27,156	144	544	25	713	2,625.6
Val Verde County	49,099	199	622	23	844	1,719.0
Victoria County	92,593	491	1,758	128	2,377	2,567.1
Wilson County	50,118	109	168	17	294	586.6
Zavala County	11,947	54	40	2	96	803.5

Texas Department of Public Safety, https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm

Table 26. 2017-2018 Family Violence Incidents Rater per 100,000 by County

2017-2018 Family Violence Incidents per 100,000 by County						
County	2017 Population	2017 Incidents	2017 Incidents per 100k	2018 Population	2018 Incidents	2018 Incidents per 100k
Texas	28,304,596	195,475	690.6	28,701,845	190,929	665.2
Region 8	2,958,362	19,819	669.9	2,995,355	20,297	677.6
Atascosa	50,006	316	631.9	50,059	359	717.2
Bandera	21,966	54	245.8	22,557	67	297.0
Bexar	1,966,517	14,611	743.0	1,992,664	15,240	764.8
Calhoun	19,804	169	853.4	19,525	133	681.2
Comal	151,132	706	467.1	158,668	862	543.3
DeWitt	18,770	92	490.1	16,006	114	712.2
Dimmit	10,916	84	769.5	10,447	80	765.8
Edwards	1,895	10	527.7	1,942	12	617.9
Frio	19,238	167	868.1	19,904	117	587.8
Gillespie	26,778	21	78.4	26,832	30	111.8
Goliad	7,559	43	39.7	7,591	35	461.1
Gonzales	21,049	78	370.6	21,005	102	485.6
Guadalupe	146,374	889	607.3	149,399	807	540.2
Jackson	14,990	38	253.5	14,869	49	329.5
Karnes	15,306	81	529.2	15,189	47	309.4
Kendall	42,011	145	345.1	43,365	125	288.3
Kerr	51,765	276	533.2	51,882	305	587.9
Kinney	1,913	5	261.4	2,008	1	49.8
La Salle	7,731	19	245.8	7,664	7	91.3
Lavaca	22,095	70	316.8	22,232	72	323.9
Maverick	58,175	381	654.9	58,611	203	346.4
Medina	47,980	191	189.7	48,678	199	408.8
Real	3,397	9	264.9	3,435	2	58.2
Uvalde	27,399	202	737.3	27,156	181	666.5
Val Verde	48,809	212	434.3	49,009	282	575.4
Victoria	93,339	849	909.6	92,593	789	852.1
Wilson	49,385	48	97.2	50,118	50	99.8
Zavala	12,063	53	439.4	11,947	27	226.0
Texas Dept of Public Safety, https://txucr.nibrs.com/Report/FamilyViolence						

Table 27. 2016-2018 Completed Investigations for Children 0-18 by Region

2016-2018 Completed Investigations for Children 0 to 18 Years by Region						
	2016 Victims	2016 Rate per 1,000 Child Pop	2017 Victims	2017 Rate per 1,000 Child Pop	2018 Victims	2018 Rate per 1,000 Child Pop
1-Lubbock	10,829	45.9	11,209	47.1	10,874	45.2
2-Abilene	9,546	72.2	9,673	72.9	9,993	75.1
3-Arlington	63,414	31.6	70,237	34.5	70,871	34.5
4-Tyler	15,138	54.1	14,072	49.9	12,875	45.4
5-Beaumont	10,714	56.3	9,621	50.2	8,362	43.4
6-Houston	55,820	30.5	60,030	32.4	58,413	31.2
7-Austin	32,835	38.6	33,532	38.6	32,837	37.0
8-San Antonio	34,647	46.3	38,287	50.6	35,918	47.0
9-Midland	7,963	49.4	6,851	42.1	6,952	42.4
10-El Paso	8,189	31.8	8,512	32.8	7,426	28.3
11-Edinburt	27,311	38.2	27,362	37.9	25,975	35.7
Out of State	27	0.0	50	0.0	37	0.0
Texas	276,433	37.3	289,436	38.6	280,533	37.0
Texas Department of Family and Protective Services, DFPS Data Book 2016-2018						
http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp						

Table 28. 2017-2018 Child Protective Services Investigations by County

2017-2018 Child Protective Services Investigations by County										
	2017 Status	2017 Investigations by Status	2017 Number Victims Investigated	2017 Investigations per 1,000 Child Population	2018 Status	2018 Investigations by Status	2018 Number Victims Investigated	2018 Investigations per 1,000 Child Population	2017 Percent Confirmed	2018 Percent Confirmed
Texas	Not Confirmed	225,790			Not Confirmed	214,159				
Texas	Confirmed Victim	63,646	289,436	38.6	Confirmed Victim	66374	280,533	37.0	22.0	23.7
Region 8	Not Confirmed	30,057			Not Confirmed	27624				
Region 8	Confirmed Victim	8,267	38,287	50.6	Confirmed Victim	8325	35,918	47.0	21.5	23.2
Atascosa	Not Confirmed	730			Not Confirmed	627				
Atascosa	Confirmed Victim	308	1,037	75.8	Confirmed Victim	186	813	58.9	29.7	22.9
Bandera	Not Confirmed	192			Not Confirmed	211				
Bandera	Confirmed Victim	83	275	70.6	Confirmed Victim	56	267	68.0	30.2	21.0
Bexar	Not Confirmed	20,201			Not Confirmed	18353				
Bexar	Confirmed Victim	5,588	25,762	50.5	Confirmed Victim	5865	24,195	46.9	21.7	24.2
Calhoun	Not Confirmed	199			Not Confirmed	231				
Calhoun	Confirmed Victim	99	298	49.1	Confirmed Victim	75	306	49.8	33.2	24.5
Comal	Not Confirmed	1,150			Not Confirmed	1174				
Comal	Confirmed Victim	455	1,603	55.7	Confirmed Victim	378	1,550	53.3	28.4	24.4
DeWitt	Not Confirmed	261			Not Confirmed	209				
DeWitt	Confirmed Victim	65	326	71.4	Confirmed Victim	51	260	56.9	19.9	19.6
Dimmit	Not Confirmed	173			Not Confirmed	149				
Dimmit	Confirmed Victim	51	224	76.5	Confirmed Victim	61	210	71.2	22.8	29.0
Edwards	Not Confirmed	30			Not Confirmed	35				
Edwards	Confirmed Victim	5	35	75.6	Confirmed Victim	3	38	79.8	14.3	7.9
Frio	Not Confirmed	243			Not Confirmed	220				
Frio	Confirmed Victim	94	337	76.0	Confirmed Victim	97	317	71.0	27.9	30.6
Gillespie	Not Confirmed	153			Not Confirmed	154				
Gillespie	Confirmed Victim	42	195	36.6	Confirmed Victim	58	212	39.5	21.5	27.4
Goliad	Not Confirmed	94			Not Confirmed	69				
Goliad	Confirmed Victim	16	110	69.2	Confirmed Victim	15	84	52.7	14.5	17.9
Gonzales	Not Confirmed	282			Not Confirmed	222				
Gonzales	Confirmed Victim	77	358	62.9	Confirmed Victim	32	254	44.1	21.5	12.6
Guadalupe	Not Confirmed	1,538			Not Confirmed	1476				
Guadalupe	Confirmed Victim	317	1,855	44.4	Confirmed Victim	237	1,713	40.3	17.1	13.8

Investigation Status includes All CPS Investigations

Number Investigated Includes Ages 0-18

http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp

Table 28 Continued. 2017-2018 Child Protective Services Investigations by County

Continued	2017-2018 Child Protective Services Investigations by County										
	2017 Status	2017 Investigations by Status	2017 Number Victims Investigated	2017 Investigations per 1,000 Child Population	2018 Status	2018 Investigations by Status	2018 Number Victims Investigated	2018 Investigations per 1,000 Child Population	2017 Percent Confirmed	2018 Percent Confirmed
Jackson	Not Confirmed	117			Not Confirmed	98				
Jackson	Confirmed Victim	42	159	50.6	Confirmed Victim	32	130	36.7	26.4	24.6
Karnes	Not Confirmed	216			Not Confirmed	202				
Karnes	Confirmed Victim	64	279	95.3	Confirmed Victim	60	262	89.9	22.9	22.9
Kendall	Not Confirmed	257			Not Confirmed	201				
Kendall	Confirmed Victim	39	296	34.5	Confirmed Victim	48	248	28.8	13.2	19.4
Kerr	Not Confirmed	483			Not Confirmed	560				
Kerr	Confirmed Victim	182	664	62.8	Confirmed Victim	199	757	70.9	27.4	26.3
Kinney	Not Confirmed	23			Not Confirmed	19				
Kinney	Confirmed Victim	7	30	43.4	Confirmed Victim	9	28	39.8	23.3	32.1
La Salle	Not Confirmed	122			Not Confirmed	84				
La Salle	Confirmed Victim	38	160	97.3	Confirmed Victim	34	118	70.8	23.8	28.8
Lavaca	Not Confirmed	143			Not Confirmed	157				
Lavaca	Confirmed Victim	20	163	39.0	Confirmed Victim	32	189	45.5	12.3	16.9
Maverick	Not Confirmed	294			Not Confirmed	290				
Maverick	Confirmed Victim	38	332	17.3	Confirmed Victim	49	338	17.4	11.4	14.5
Medina	Not Confirmed	527			Not Confirmed	495				
Medina	Confirmed Victim	108	634	50.6	Confirmed Victim	155	650	51.5	17.0	**23.8**
Real	Not Confirmed	46			Not Confirmed	34				
Real	Confirmed Victim	6	52	86.2	Confirmed Victim	10	44	70.7	11.5	22.7
Uvalde	Not Confirmed	392			Not Confirmed	324				
Uvalde	Confirmed Victim	120	512	64.9	Confirmed Victim	91	415	52.4	23.4	21.9
Val Verde	Not Confirmed	418			Not Confirmed	437				
Val Verde	Confirmed Victim	74	492	32.1	Confirmed Victim	118	554	36.0	15.0	21.3
Victoria	Not Confirmed	1,179			Not Confirmed	1028				
Victoria	Confirmed Victim	206	1,384	58.5	Confirmed Victim	264	1,292	54.4	14.9	20.4
Wilson	Not Confirmed	405			Not Confirmed	364				
Wilson	Confirmed Victim	87	492	40.9	Confirmed Victim	68	431	35.8	17.7	15.8
Zavala	Not Confirmed	189			Not Confirmed	201				
Zavala	Confirmed Victim	36	223	58.0	Confirmed Victim	42	243	62.5	16.1	17.3

Investigation Status includes All CPS Investigations

Number Investigated Includes Ages 0-18

Texas Department of Family and Protective Service, DFPS Data Book.

http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Victims.asp

Table 29. 2017-2018 Texas Drug Seizures

2017-2018 Texas Drug Seizures								
Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Texas	2017	Clandestine Labs	0	0	0	0	0	50
Texas	2018	Clandestine Labs	0	0	0	0	0	79
Texas	2017	Cocaine(Liquid)	0	0	0	3,736	0	0
Texas	2018	Cocaine(Liquid)	0	0	0	109	0	0
Texas	2017	Cocaine(Solid)	19,790	2,344	14,753	0	0	0
Texas	2018	Cocaine(Solid)	13,458	2,419	15,962	0	0	0
Texas	2017	Hallucinogens(Designer Drugs)	622	1,427	6,245	878	19,583	0
Texas	2018	Hallucinogens(Designer Drugs)	1,971	1,372	6,767	1,740	53,700	0
Texas	2017	Hallucinogens(LSD)	0	35	501	198	7,161	0
Texas	2018	Hallucinogens(LSD)	0	35	454	20	5,268	0
Texas	2017	Hallucinogens(Mushrooms)	47	150	1,721	0	64	0
Texas	2018	Hallucinogens(Mushrooms)	30	165	1,295	0	41	0
Texas	2017	Hallucinogens(PCP)	38	227	1,353	252	179	0
Texas	2018	Hallucinogens(PCP)	140	190	1,619	93	54	0
Texas	2017	Hallucinogens(Peyote)	2	9	59	0	0	0
Texas	2018	Hallucinogens(Peyote)	5	17	66	0	0	0
Texas	2017	Hashish(Liquid Oil)	0	0	0	11,708	0	0
Texas	2018	Hashish(Liquid Oil)	0	0	0	5,344	0	0
Texas	2017	Hashish(Solid)	823	833	3,398	0	0	0
Texas	2018	Hashish(Solid)	581	1,298	5,057	0	0	0
Texas	2017	Marijuana(Cultivated Fields)	0	0	0	0	0	93
Texas	2018	Marijuana(Cultivated Fields)	0	0	0	0	0	13
Texas	2017	Marijuana(Gardens)	0	0	0	0	0	118
Texas	2018	Marijuana(Gardens)	0	0	0	0	0	83
Texas	2017	Marijuana(Green Houses)	0	0	0	0	0	79
Texas	2018	Marijuana(Green Houses)	0	0	0	0	0	135
Texas	2017	Marijuana(Packaged)	115,060	18,215	0	0	0	0
Texas	2018	Marijuana(Packaged)	143,244	20,604	0	0	0	0
Texas	2017	Marijuana(Plants)	0	0	0	0	0	10,795
Texas	2018	Marijuana(Plants)	0	0	0	0	0	877
Texas	2017	Marijuana(Wild Fields)	0	0	0	0	0	14
Texas	2018	Marijuana(Wild Fields)	0	0	0	0	0	5
Texas	2017	Opiates(Codeine)	346	519	1,717	1,164,779	19,522	0
Texas	2018	Opiates(Codeine)	438	494	1,772	5,438	7,909	0
Texas	2017	Opiates(Gum Opium)	8	53	532	0	0	0
Texas	2018	Opiates(Gum Opium)	8	102	553	0	0	0
Texas	2017	Opiates(Heroin)	878	898	5,712	71	1,045	0
Texas	2018	Opiates(Heroin)	9,783	1,001	6,265	117	1,430	0
Texas	2017	Opiates(Morphine)	2	47	444	9	3,069	0
Texas	2018	Opiates(Morphine)	461	53	568	111	1,050	0
Texas	2017	Other Drugs(Amphetamines)	580	934	8,821	1,147	15,522	0
Texas	2018	Other Drugs(Amphetamines)	17,041	2,053	14,725	17,087	7,459	0
Texas	2017	Other Drugs(Barbiturates)	0	0	0	527	77,486	0
Texas	2018	Other Drugs(Barbiturates)	0	0	0	468	68,188	0
Texas	2017	Other Drugs(Methamphetamines)	4,895	3,385	22,195	1,432	1,518,276	0
Texas	2018	Other Drugs(Methamphetamines)	54,544	3,196	19,509	9,082	7,864	0
Texas	2017	Other Drugs(Synthetic Narcotics)	9	0	0	3,501	138,040	0
Texas	2018	Other Drugs(Synthetic Narcotics)	0	0	0	9,089	266,586	0
Texas	2017	Other Drugs(Tranquilizers)	0	0	0	2,699	580,279	0
Texas	2018	Other Drugs(Tranquilizers)	0	0	0	1,552	90,840	0
Texas	2017	Precursor Chemicals	1	34	184	78	0	0
Texas	2018	Precursor Chemicals	13	50	126	26	0	0

Texas Department of Public Safety UCR Bureau.
https://txucr.nibrs.com/Report/DrugSeized

Table 30. 2017-2018 Region 8 Drug Seizures

2017-2018 Region 8 Drug Seizures								
Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Region 8	2017	Clandestine Labs	0	0	0	0	0	8
Region 8	2018	Clandestine Labs	0	0	0	0	0	2
Region 8	2017	Cocaine(Solid)	229	192	1176	0	0	0
Region 8	2018	Cocaine(Solid)	7809	189	1107	0	0	0
Region 8	2017	Hallucinogens(Designer Drugs)	20	67	444	0	2057	0
Region 8	2018	Hallucinogens(Designer Drugs)	15	80	587	3	4977	0
Region 8	2017	Hallucinogens(LSD)	0	0	26	0	1016	0
Region 8	2018	Hallucinogens(LSD)	0	5	14	0	273	0
Region 8	2017	Hallucinogens(Mushrooms)	0	17	271	0	40	0
Region 8	2018	Hallucinogens(Mushrooms)	16	27	231	0	0	0
Region 8	2017	Hashish(Liquid Oil)	0	0	0	24	0	0
Region 8	2018	Hashish(Liquid Oil)	0	0	0	178	0	0
Region 8	2017	Hashish(Solid)	0	20	98	0	0	0
Region 8	2018	Hashish(Solid)	0	43	175	0	0	0
Region 8	2017	Marijuana(Gardens)	0	0	0	0	0	1
Region 8	2018	Marijuana(Gardens)	0	0	0	0	0	8
Region 8	2017	Marijuana(Packaged)	9376	1799	0	0	0	0
Region 8	2018	Marijuana(Packaged)	6726	1659	0	0	0	0
Region 8	2017	Marijuana(Plants)	0	0	0	0	0	16
Region 8	2018	Marijuana(Plants)	0	0	0	0	0	26
Region 8	2018	Marijuana(Wild Fields)	0	0	0	0	0	5
Region 8	2017	Opiates(Codeine)	0	17	107	66	633	0
Region 8	2018	Opiates(Codeine)	1	15	60	62	401	0
Region 8	2017	Opiates(Gum Opium)	0	1	55	0	0	0
Region 8	2018	Opiates(Gum Opium)	0	1	68	0	0	0
Region 8	2017	Opiates(Heroin)	67	197	835	3	63	0
Region 8	2018	Opiates(Heroin)	52	125	648	2	0	0
Region 8	2017	Opiates(Morphine)	0	2	41	1	518	0
Region 8	2018	Opiates(Morphine)	24	0	28	1	181	0
Region 8	2017	Other Drugs(Amphetamines)	1	74	976	0	765	0
Region 8	2018	Other Drugs(Amphetamines)	116	132	1161	4	1242	0
Region 8	2017	Other Drugs(Barbiturates)	0	0	0	0	36153	0
Region 8	2018	Other Drugs(Barbiturates)	0	0	0	4	29681	0
Region 8	2017	Other Drugs(Methamphetamines)	189	325	2433	70	140	0
Region 8	2018	Other Drugs(Methamphetamines)	50845	348	2164	64	428	0
Region 8	2017	Other Drugs(Synthetic Narcotics)	0	0	0	31	5881	0
Region 8	2018	Other Drugs(Synthetic Narcotics)	0	0	0	87	32709	0
Region 8	2017	Other Drugs(Tranquilizers)	0	0	0	106	4285	0
Region 8	2018	Other Drugs(Tranquilizers)	0	0	0	3	2396	0
Region 8	2017	Precursor Chemicals	0	4	18	0	0	0
Region 8	2018	Precursor Chemicals	6	1	1	0	0	0
Texas Department of Public Safety UCR Bureau. https://txucr.nibrs.com/Report/DrugSeized								

Table 31. 2018 Drug Seizures by County

2018 Drug Seizures by County								
Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Atascosa	2018	Marijuana(Packaged)	5	56	0	0	0	0
Atascosa	2018	Other Drugs(Methamphetamines)	0	16	164	0	110	0
Atascosa	2018	Cocaine(Solid)	0	2	2	0	0	0
Atascosa	2018	Hallucinogens(Designer Drugs)	0	0	0	0	0	0
Atascosa	2018	Hallucinogens(Mushrooms)	0	0	10	0	0	0
Atascosa	2018	Opiates(Codeine)	0	0	7	0	37	0
Atascosa	2018	Opiates(Heroin)	0	1	42	0	0	0
Atascosa	2018	Other Drugs(Amphetamines)	0	0	11	0	0	0
Atascosa	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	1,063	0
Bandera	2018	Other Drugs(Methamphetamines)	0	31	92	0	0	0
Bandera	2018	Marijuana(Packaged)	0	6	0	0	0	0
Bandera	2018	Opiates(Heroin)	0	3	2	0	0	0
Bandera	2018	Cocaine(Solid)	0	0	11	0	0	0
Bandera	2018	Other Drugs(Amphetamines)	0	0	0	0	75	0
Bandera	2018	Opiates(Codeine)	0	0	0	0	42	0
Bandera	2018	Other Drugs(Tranquilizers)	0	0	0	0	33	0
Bandera	2018	Opiates(Morphine)	0	0	0	0	8	0
Bandera	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	2	0
Bexar	2018	Marijuana(Packaged)	2,620	455	0	0	0	0
Bexar	2018	Other Drugs(Methamphetamines)	395	133	595	2	6	0
Bexar	2018	Hallucinogens(Designer Drugs)	84	138	470	1	4,505	0
Bexar	2018	Opiates(Heroin)	47	97	319	2	0	0
Bexar	2018	Other Drugs(Amphetamines)	28	51	424	2	46	0
Bexar	2018	Opiates(Morphine)	24	0	0	0	8	0
Bexar	2018	Hallucinogens (Mushrooms)	16	26	173	0	0	0
Bexar	2018	Precursor Chemicals	6	0	0	0	0	0
Bexar	2018	Hashish(Solid)	0	31	33	0	0	0
Bexar	2018	Hallucinogens(LSD)	0	4	13	0	144	0
Bexar	2018	Opiates(Codeine)	0	2	20	13	106	0
Bexar	2018	Hashish(Liquid Oil)	0	0	0	165	0	0
Bexar	2018	Marijuana(Plants)	0	0	0	0	0	8
Bexar	2018	Opiates(Gum Opium)	0	0	14	0	0	0
Bexar	2018	Other Drugs(Barbiturates)	0	0	0	4	29,105	0
Bexar	2018	Other Drugs(Synthetic Narcotics)	0	0	0	4	1,612	0
Bexar	2018	Other Drugs(Tranquilizers)	0	0	0	0	1,543	0
Calhoun	2018	Marijuana(Packaged)	15	28	0	0	0	0
Calhoun	2018	Other Drugs(Amphetamines)	1	8	22	0	0	0
Calhoun	2018	Cocaine(Solid)	0	0	15	0	0	0
Calhoun	2018	Hashish(Solid)	0	0	27	0	0	0
Calhoun	2018	Opiates(Gum Opium)	0	0	9	0	0	0
Calhoun	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	33	0

Table 31 Continued. 2018 Drug Seizures by County

Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Comal	2018	Cocaine(Solid)	0	0	35	0	0	0
Comal	2018	Hallucinogens(Designer Drugs)	0	0	6	0	0	0
Comal	2018	Hallucinogens(LSD)	0	0	0	0	126	0
Comal	2018	Hallucinogens(Mushrooms)	0	0	1	0	0	0
Comal	2018	Marijuana(Packaged)	14	86	0	0	0	0
Comal	2018	Other Drugs(Methamphetamines)	0	7	151	0	0	0
Comal	2018	Opiates(Heroin)	0	0	47	0	0	0
Comal	2018	Opiates(Morphine)	0	0	24	0	0	0
Comal	2018	Other Drugs(Amphetamines)	0	0	2	0	26	0
Comal	2018	Hashish(Solid)	0	0	2	0	0	0
Comal	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	296	0
Comal	2018	Other Drugs(Tranquilizers)	0	0	0	0	3	0
Comal	2018	Other Drugs(Barbiturates)	0	0	0	0	1	0
Comal	2018	Marijuana(Plants)	0	0	0	0	0	5
Comal	2018	Marijuana(Gardens)	0	0	0	0	0	1
DeWitt	2018	Marijuana(Packaged)	0	5	0	0	0	0
DeWitt	2018	Other Drugs(Amphetamines)	0	3	67	0	50	0
DeWitt	2018	Marijuana(Packaged)	0	2	0	0	0	0
DeWitt	2018	Precursor Chemicals	0	1	0	0	0	0
DeWitt	2018	Cocaine(Solid)	0	0	4	0	0	0
DeWitt	2018	Hallucinogens(Designer Drugs)	0	0	10	0	0	0
DeWitt	2018	Opiates(Gum Opium)	0	0	6	0	0	0
DeWitt	2018	Opiates(Morphine)	0	0	4	0	0	0
DeWitt	2018	Other Drugs(Synthetic Narcotics)	0	0	0	16	72	0
DeWitt	2018	Other Drugs(Tranquilizers)	0	0	0	0	8	0
Dimmitt	2018	Marijuana(Packaged)	2	5	0	0	0	0
Dimmitt	2018	Other Drugs(Methamphetamines)	0	5	55	0	0	0
Dimmitt	2018	Opiates(Heroin)	0	1	17	0	0	0
Dimmitt	2018	Cocaine(Solid)	0	0	8	0	0	0
Dimmitt	2018	Hallucinogens(Designer Drugs)	0	0	23	0	0	0
Dimmitt	2018	Opiates(Codeine)	0	0	0	47	0	0
Dimmitt	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	228	0
Edwards	2018	Marijuana(Packaged)	0	5	0	0	0	0
Edwards	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	2	0
Frio	2018	Other Drugs(Amphetamines)	41	1	33	0	0	0
Frio	2018	Cocaine(Solid)	4	5	29	0	0	0
Frio	2018	Marijuana(Packaged)	4	20	0	0	0	0
Frio	2018	Other Drugs(Methamphetamines)	0	0	12	1	0	0
Frio	2018	Hallucinogens(Designer Drugs)	0	0	0	0	1	0
Frio	2018	Hallucinogens(Mushrooms)	0	0	0	0	0	0
Frio	2018	Other Drugs(Barbiturates)	0	0	0	0	24	0
Frio	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	2	0

Table 31 Continued - 2018 Drug Seizures by County

Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Gillespie	2018	Marijuana(Packaged)	7	31	0	0	0	0
Gillespie	2018	Cocaine(Solid)	0	4	30	0	0	0
Gillespie	2018	Other Drugs(Methamphetamines)	0	0	39	0	11	0
Gillespie	2018	Hallucinogens(Designer Drugs)	0	0	16	2	77	0
Gillespie	2018	Hallucinogens(Mushrooms)	0	0	6	0	0	0
Gillespie	2018	Hallucinogens(Mushrooms)	0	0	1	0	0	0
Gillespie	2018	Hashish(Solid)	0	0	8	0	0	0
Gillespie	2018	Marijuana(Gardens)	0	0	0	0	0	0
Goliad	2018	Opiates(Gum Opium)	0	1	16	0	0	0
Goliad	2018	Marijuana(Packaged)	0	1	0	0	0	0
Goliad	2018	Other Drugs(Amphetamines)	0	0	8	0	0	0
Goliad	2018	Cocaine(Solid)	0	0	2	0	0	0
Gonzales	2018	Other Drugs(Methamphetamines)	50,342	34	116	0	18	0
Gonzales	2018	Cocaine(Solid)	7,688	22	37	0	0	0
Gonzales	2018	Marijuana(Packaged)	3,844	69	0	0	0	0
Gonzales	2018	Hallucinogens(Designer Drugs)	0	0	27	0	0	0
Gonzales	2018	Opiates(Heroin)	0	0	9	0	0	0
Gonzales	2018	Other Drugs(Amphetamines)	0	0	0	0	23	0
Gonzales	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	27,004	0
Gonzales	2018	Opiates(Codeine)	0	0	0	0	10	0
Gonzales	2018	Marijuana(Gardens)	0	0	0	0	0	1
Gonzales	2018	Marijuana(Plants)	0	0	0	0	0	1
Guadalupe	2018	Other Drugs(Methamphetamines)	105	54	265	0	219	0
Guadalupe	2018	Marijuana(Packaged)	3	239	0	0	0	0
Guadalupe	2018	Hallucinogens(Designer Drugs)	0	26	109	0	26	0
Guadalupe	2018	Hashish(Solid)	0	11	53	0	0	0
Guadalupe	2018	Opiates(Heroin)	0	7	65	0	0	0
Guadalupe	2018	Cocaine(Solid)	0	3	69	0	0	0
Guadalupe	2018	Other Drugs(Amphetamines)	0	1	45	0	95	0
Guadalupe	2018	Hallucinogens(LSD)	0	0	1	0	0	0
Guadalupe	2018	Hallucinogens(Mushrooms)	0	0	28	0	0	0
Guadalupe	2018	Hashish(Liquid Oil)	0	0	0	12	0	0
Guadalupe	2018	Other Drugs(Synthetic Narcotics)	0	0	0	6	389	0
Guadalupe	2018	Other Drugs(Tranquilizers)	0	0	0	0	326	0
Guadalupe	2018	Other Drugs(Barbiturates)	0	0	0	0	79	0
Guadalupe	2018	Opiates(Codeine)	0	0	0	2	45	0
Guadalupe	2018	Opiates(Morphine)	0	0	0	1	14	0
Guadalupe	2018	Marijuana(Gardens)	0	0	0	0	0	6
Guadalupe	2018	Marijuana(Plants)	0	0	0	0	0	6

Table 31 Continued. 2018 Drug Seizures by County

Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Jackson	2018	Marijuana(Packaged)	6	39	0	0	0	0
Jackson	2018	Cocaine(Solid)	0	3	39	0	0	0
Jackson	2018	Other Drugs(Amphetamines)	0	0	46	0	41	0
Jackson	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	9	0
Karnes	2018	Hallucinogens(Designer Drugs)	1	11	14	0	0	0
Karnes	2018	Marijuana(Packaged)	0	4	0	0	0	0
Karnes	2018	Other Drugs(Methamphetamines)	0	1	22	0	0	0
Karnes	2018	Cocaine(Solid)	0	0	10	0	0	0
Kendall	2018	Marijuana(Packaged)	4	101	0	0	0	0
Kendall	2018	Cocaine(Solid)	1	15	41	0	0	0
Kendall	2018	Other Drugs(Amphetamines)	0	7	124	2	88	0
Kendall	2018	Hashish(Solid)	0	1	32	0	0	0
Kendall	2018	Hallucinogens(Designer Drugs)	0	0	49	0	339	0
Kendall	2018	Opiates(Heroin)	0	0	24	0	0	0
Kendall	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	92	0
Kendall	2018	Other Drugs(Tranquilizers)	0	0	0	0	69	0
Kendall	2018	Other Drugs(Barbiturates)	0	0	0	0	52	0
Kendall	2018	Hallucinogens(LSD)	0	0	0	0	2	0
Kerr	2018	Marijuana(Packaged)	10	71	0	0	0	0
Kerr	2018	Hallucinogens(Designer Drugs)	7	11	76	0	1	0
Kerr	2018	Opiates(Codeine)	1	13	16	0	22	0
Kerr	2018	Other Drugs(Methamphetamines)	1	31	204	1	0	0
Kerr	2018	Opiates(Heroin)	0	2	60	0	0	0
Kerr	2018	Hallucinogens(LSD)	0	1	0	0	1	0
Kerr	2018	Other Drugs(Amphetamines)	0	1	25	0	21	0
Kerr	2018	Cocaine(Solid)	0	0	56	0	0	0
Kerr	2018	Hashish(Solid)	0	0	3	0	0	0
Kerr	2018	Hallucinogens(Mushrooms)	0	0	1	0	0	0
Kerr	2018	Other Drugs(Synthetic Narcotics)	0	0	0	40	717	0
Kerr	2018	Other Drugs(Tranquilizers)	0	0	0	3	27	0
Kerr	2018	Other Drugs(Barbiturates)	0	0	0	0	5	0
Kinney	2018	Marijuana(Packaged)	0	0	0	0	0	0
La Salle	2018	Marijuana(Packaged)	0	22	0	0	0	0
Lavaca	2018	Marijuana(Packaged)	1	11	0	0	0	0
Lavaca	2018	Other Drugs(Amphetamines)	0	0	23	0	0	0
Lavaca	2018	Other Drugs(Methamphetamines)	0	0	1	0	0	0
Lavaca	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	86	0
Lavaca	2018	Other Drugs(Tranquilizers)	0	0	0	0	18	0
Maverick	2018	Marijuana(Packaged)	10	43	0	0	0	0
Maverick	2018	Opiates(Heroin)	5	9	27	0	0	0
Maverick	2018	Other Drugs(Methamphetamines)	2	14	10	0	57	0
Maverick	2018	Cocaine(Solid)	0	5	39	0	0	0
Maverick	2018	Opiates(Morphine)	0	0	0	0	91	0
Maverick	2018	Opiates(Codeine)	0	0	0	0	6	0
Maverick	2018	Other Drugs(Tranquilizers)	0	0	0	0	4	0

Table 31 Continued. 2018 Drug Seizures by County

Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Medina	2018	Marijuana(Packaged)	0	50	0	0	0	0
Medina	2018	Other Drugs(Methamphetamines)	0	7	96	60	1	0
Medina	2018	Other Drugs(Amphetamines)	0	1	37	0	0	0
Medina	2018	Cocaine(Solid)	0	0	8	0	0	0
Medina	2018	Opiates(Heroin)	0	0	8	0	0	0
Medina	2018	Hallucinogens(Designer Drugs)	0	0	2	0	0	0
Medina	2018	Hallucinogens(Mushrooms)	0	0	0	0	0	0
Medina	2018	Hashish(Liquid Oil)	0	0	0	1	0	0
Medina	2018	Hashish(Solid)	0	0	0	0	0	0
Medina	2018	Marijuana(Plants)	0	0	0	0	0	1
Medina	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	297	0
Medina	2018	Opiates(Codeine)	0	0	0	0	60	0
Medina	2018	Other Drugs(Tranquilizers)	0	0	0	0	56	0
Medina	2018	Opiates(Morphine)	0	0	0	0	0	0
Medina	2018	Other Drugs(Barbiturates)	0	0	0	0	0	0
Real	2018	Marijuana(Packaged)	0	4	0	0	0	0
Region 8	2018	Other Drugs(Methamphetamines)	50,845	348	2,164	64	428	0
Region 8	2018	Cocaine(Solid)	7,809	189	1,107	0	0	0
Region 8	2018	Marijuana(Packaged)	6,726	1,659	0	0	0	0
Region 8	2018	Other Drugs(Amphetamines)	116	132	1,161	4	1,242	0
Region 8	2018	Opiates(Heroin)	52	125	648	2	0	0
Region 8	2018	Opiates(Morphine)	24	0	28	1	181	0
Region 8	2018	Hallucinogens(Mushrooms)	16	27	231	0	0	0
Region 8	2018	Hallucinogens(Designer Drugs)	15	80	587	3	4,977	0
Region 8	2018	Precursor Chemicals	6	1	1	0	0	0
Region 8	2018	Opiates(Codeine)	1	15	60	62	401	0
Region 8	2018	Hashish(Solid)	0	43	175	0	0	0
Region 8	2018	Hallucinogens(LSD)	0	5	14	0	273	0
Region 8	2018	Opiates(Gum Opium)	0	1	68	0	0	0
Region 8	2018	Hashish(Liquid Oil)	0	0	0	178	0	0
Region 8	2018	Other Drugs(Synthetic Narcotics)	0	0	0	87	32,709	0
Region 8	2018	Other Drugs(Barbiturates)	0	0	0	4	29,681	0
Region 8	2018	Other Drugs(Tranquilizers)	0	0	0	3	2,396	0
Region 8	2018	Marijuana(Plants)	0	0	0	0	0	26
Region 8	2018	Marijuana(Gardens)	0	0	0	0	0	8
Region 8	2018	Marijuana(Wild Fields)	0	0	0	0	0	5
Region 8	2018	Clandestine Labs	0	0	0	0	0	2
Region 8	2018	Clandestine Lab Type	1 Crack	1 THC				
Uvalde	2018	Marijuana(Packaged)	6	45	0	0	0	0
Uvalde	2018	Opiates(Heroin)	1	1	9	0	0	0
Uvalde	2018	Other Drugs(Methamphetamines)	0	13	154	0	0	0
Uvalde	2018	Cocaine(Solid)	0	2	44	0	0	0
Uvalde	2018	Hallucinogens(Mushrooms)	0	1	3	0	0	0
Uvalde	2018	Other Drugs(Amphetamines)	0	0	5	0	8	0
Uvalde	2018	Hashish(Solid)	0	0	3	0	0	0
Uvalde	2018	Opiates(Codeine)	0	0	2	0	0	0
Uvalde	2018	Other Drugs(Synthetic Narcotics)	0	0	0	18	0	0
Uvalde	2018	Other Drugs(Barbiturates)	0	0	0	0	140	0
Uvalde	2018	Marijuana(Plants)	0	0	0	0	0	5
Uvalde	2018	Marijuana(Wild Fields)	0	0	0	0	0	5

Table 31 Continued. 2018 Drug Seizures by County

Area	Year	Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Val Verde	2018	Marijuana(Packaged)	9	70	0	0	0	0
Val Verde	2018	Opiates(Heroin)	0	4	17	0	0	0
Val Verde	2018	Other Drugs(Methamphetamines)	0	2	106	0	6	0
Val Verde	2018	Cocaine(Solid)	0	1	111	0	0	0
Val Verde	2018	Hallucinogens(Designer Drugs)	0	0	12	0	0	0
Val Verde	2018	Opiates(Gum Opium)	0	0	8	0	0	0
Val Verde	2018	Opiates(Codeine)	0	0	1	0	73	0
Val Verde	2018	Other Drugs(Synthetic Narcotics)	0	0	0	3	234	0
Val Verde	2018	Other Drugs(Amphetamines)	0	0	0	0	747	0
Val Verde	2018	Other Drugs(Tranquilizers)	0	0	0	0	306	0
Val Verde	2018	Other Drugs(Barbiturates)	0	0	0	0	200	0
Val Verde	2018	Opiates(Morphine)	0	0	0	0	60	0
Victoria	2018	Marijuana(Packaged)	152	152	0	0	0	0
Victoria	2018	Other Drugs(Amphetamines)	46	59	287	0	0	0
Victoria	2018	Cocaine(Solid)	39	15	189	0	0	0
Victoria	2018	Hallucinogens(Designer Drugs)	0	4	91	0	0	0
Victoria	2018	Opiates(Gum Opium)	0	0	15	0	0	0
Victoria	2018	Hashish(Solid)	0	0	14	0	0	0
Victoria	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	484	0
Wilson	2018	Marijuana(Packaged)	14	47	0	0	0	0
Wilson	2018	Cocaine(Solid)	0	1	18	0	0	0
Wilson	2018	Other Drugs(Methamphetamines)	0	0	79	0	0	0
Wilson	2018	Opiates(Codeine)	0	0	14	0	0	0
Wilson	2018	Hallucinogens(Mushrooms)	0	0	8	0	0	0
Wilson	2018	Opiates(Heroin)	0	0	2	0	0	0
Wilson	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	76	0
Wilson	2018	Other Drugs(Barbiturates)	0	0	0	0	75	0
Wilson	2018	Hallucinogens(Designer Drugs)	0	0	0	0	28	0
Wilson	2018	Other Drugs(Tranquilizers)	0	0	0	0	3	0
Zavala	2018	Marijuana(Packaged)	0	2	0	0	0	0
Zavala	2018	Cocaine(Solid)	0	1	2	0	0	0
Zavala	2018	Other Drugs(Amphetamines)	0	0	2	0	0	0
Zavala	2018	Precursor Chemicals	0	0	1	0	0	0
Zavala	2018	Other Drugs(Synthetic Narcotics)	0	0	0	0	11	0
Zavala	2018	Clandestine Labs	0	0	0	0	0	2
Zavala	2018	Clandestine Lab Types	Crack 1	THC 1				

Texas Department of Public Safety UCR Bureau.
https://txucr.nibrs.com/Report/DrugSeized

Table 32. 2014-2015 Intentional Self-Harm (Suicide) Death Rates by Region

2014-2015 Intentional Self-Harm (Suicide) Deaths by Region				
		Age-Adjusted Rate	Crude Death Rate per 100k	Total Number of Deaths
2014	Texas	12.1	12	3,225
2015	Texas	12.4	12.3	3,368
2014-2015	Texas	12.2	12.1	6,593
2014	Region 1	18.2	17.4	139
2015	Region 1	19.4	18.5	148
2014-2015	Region 1	18.8	17.9	287
2014	Region 2	22.7	22.7	116
2015	Region 2	16.8	16.5	83
2014-2015	Region 2	19.8	19.6	199
2014	Region 3	11.2	11.1	802
2015	Region 3	11.8	11.7	862
2014-2015	Region 3	11.5	11.4	1,664
2014	Region 4	16.7	16.6	189
2015	Region 4	17.8	18.4	210
2014-2015	Region 4	17.2	17.5	399
2014	Region 5	16.7	17	132
2015	Region 5	16.8	16.7	128
2014-2015	Region 5	16.8	16.8	260
2014	Region 6	10.7	10.5	702
2015	Region 6	12	11.8	802
2014-2015	Region 6	11.4	11.2	1,504
2014	Region 7	14.1	13.9	443
2015	Region 7	13.6	13.5	442
2014-2015	Region 7	13.9	13.7	885
2014	Region 8	12.6	12.5	347
2015	Region 8	11.6	11.6	331
2014-2015	Region 8	12.1	12.1	678
2014	Region 9	14.6	14.8	86
2015	Region 9	16.8	16.9	97
2014-2015	Region 9	15.6	15.8	183
2014	Region 10	11.8	11.2	95
2015	Region 10	8.6	8.4	71
2014-2015	Region 10	10.2	9.8	166
2014	Region 11	8.4	7.9	174
2015	Region 11	9.3	8.8	194
2014-2015	Region 11	8.9	8.3	368
Texas Health Data, Center for Health Statistics, retrieved June 18, 2019				

Table 33. 2014-2015 Intentional Self-Harm (Suicide) Death Rates by Region

2014-2015 Intentional Self-Harm (Suicide) Death Rates by County				
Year	**Area**	**Age Adjusted**	**Per 100k**	**Number of Deaths**
2014	Texas	12.1	12	3,225
2015	Texas	12.4	12.3	3,368
2014-2015	Texas	12.2	12.1	6,953
2014	Region 8	12.6	12.5	347
2015	Region 8	11.6	11.6	331
2014-2015	Region 8	12.1	12.1	678
2014	San Antonio-New Braunfels MSA	11.8	11.5	268
2015	San Antonio-New Braunfels MSA	11.3	11.4	271
2014-2015	San Antonio-New Braunfels MSA	11.5	11.5	539
2014	Victoria MSA		---	19
2015	Victoria MSA		---	14
2014-2015	Victoria MSA	16.9	16.6	33
2014	Atascosa	---	20.9	10
2015	Atascosa		---	6
2014-2015	Atascosa	---	16.6	16
2014	Bandera	---	23.6	*
2014-2015	Bandera	---	21.2	*
2015	Bandera County		---	*
2014	Bexar	10.4	10.2	188
2014-2015	Bexar	10.6	10.5	393
2015	Bexar County	10.8	10.8	205
2014	Calhoun	---	23.2	*
2014-2015	Calhoun	---	20.9	*
2015	Calhoun County		---	*
2014	Comal	19.6	20.2	25
2014-2015	Comal	17	17.3	44
2015	Comal County		---	19
2014	DeWitt	---	23.9	*
2014-2015	DeWitt	---	14.3	*
2015	DeWitt County		---	*
2014	Dimmit	---	9.1	*
2015	Dimmit County		---	*
2014-2015	Dimmit	---	13.7	*
2014	Edwards	0	0	0
2015	Edwards	0	0	0
2014-2015	Edwards	0	0	0
2014	Frio	---	21.7	*
2015	Frio	0	0	0
2014-2015	Frio	---	21.7	*

Table 33 Continued. 2014-2015 Intentional Self-Harm (Suicide) Rates by County

Year	Area	Age Adjusted	Per 100k	Number of Deaths
2014	Gillespie	---	30.5	*
2015	Gillespie County		---	*
2014-2015	Gillespie	---	24.7	13
2014	Goliad	---	12.8	*
2015	Goliad County		---	*
2014-2015	Goliad	---	19.2	*
2014	Gonzales	---	19.6	*
2015	Gonzales County		---	*
2014-2015	Gonzales	---	14.7	*
2014	Guadalupe	---	12.9	19
2015	Guadalupe County		---	15
2014-2015	Guadalupe	11.6	11.3	34
2014	Jackson	---	40.8	*
2015	Jackson County		---	*
2014-2015	Jackson	---	23.8	*
2014	Karnes	---	6.4	*
2015	Karnes County		---	*
2014-2015	Karnes	---	12.8	*
2014	Kendall	---	15.4	*
2015	Kendall County		---	10
2014-2015	Kendall	---	20.1	16
2014	Kerr	---	23.5	12
2015	Kerr County		---	15
2014-2015	Kerr	21.8	26.3	27
2014	Kinney	---	27.7	*
2015	Kinney County		---	*
2014-2015	Kinney	---	27.4	*
2014	La Salle County	0	0	0
2015	La Salle County		---	*
2014-2015	La Salle	---	26.2	*
2014	Lavaca	---	10	*
2015	Lavaca County		---	*
2014-2015	Lavaca	---	10.1	*
2014	Maverick	---	8.8	*
2015	Maverick County		---	*
2014-2015	Maverick	---	7	*
2014	Medina	---	16.4	*
2015	Medina County		---	*
2014-2015	Medina	---	15.3	15

Table 33 Continued. 2014-2015 Intentional Self-Harm (Suicide) Rates per County

Year	Area	Age Adjusted	Per 100k	Number of Deaths
2014	Real	---	58	*
2015	Real County		---	*
2014-2015	Real	---	43.5	*
2014	Uvalde	---	3.7	*
2015	Uvalde County		---	*
2014-2015	Uvalde	---	5.5	*
2014	Val Verde	---	6.2	*
2015	Val Verde County		---	*
2014-2015	Val Verde	---	4.1	*
2014	Victoria	---	19.8	18
2015	Victoria County		---	12
2014-2015	Victoria	16.9	16.4	30
2014	Wilson	---	15	*
2015	Wilson County		---	*
2014-2015	Wilson	---	12.6	12
2014	Zavala	0	0	0
2015	Zavala County		---	*
2014-2015	Zavala	---	8.2	*
Texas Health Data, Center for Health Statistics, retrieved June 18, 2019				

Table 34. 2014-2015 Texas Intentional Self-Harm (Suicide) Demographic Rates

2014-2015 Texas Intentional Self-Harm (Suicide)Demographic Rates per 100k			
Ages	Rate/Number	2014	2015
1-14 years	Crude Death Rate:	0.9	0.5
1-14 years	Total Number of Deaths	50	26
15-44 years	Crude Death Rate:	13.4	14.2
15-44 years	Total Number of Deaths	1536	1651
45-64 years	Crude Death Rate:	17.5	18.1
45-64 years	Total Number of Deaths	1127	1194
65-84 years	Crude Death Rate:	15.9	14.1
65-84 years	Total Number of Deaths	437	405
85+ years	Crude Death Rate:	22	25.9
85+ years	Total Number of Deaths	75	91
<1 year	Crude Death Rate:	0	0
<1 year	Total Number of Deaths	0	0
Gender	Rate/Number	2014	2015
Female	Crude Death Rate:	5.3	5.6
Female	Total Number of Deaths	717	774
Male	Crude Death Rate:	18.7	19
Male	Total Number of Deaths	2508	2594
Race/Ethnicity	Rate/Number	2014	2015
Anglo, non-Hispanic	Crude Death Rate:	20.1	21.2
Anglo, non-Hispanic	Total Number of Deaths	2302	2444
Black, non-Hispanic	Crude Death Rate:	7.2	5.8
Black, non-Hispanic	Total Number of Deaths	225	183
Hispanic	Crude Death Rate:	5.7	5.6
Hispanic	Total Number of Deaths	608	616
Other	Crude Death Rate:	5.3	7
Other	Total Number of Deaths	90	125
Texas Health Data, Center for Health Statistics, retrieved June 18, 2019			

Table 35. 2016-2017 Youth Mental Health and Substance Use Disorder by County

2016-2017 **Youth** Mental Health and Substance Use Disorder by County						
	2016 Number Served	2016 Percent Served	2017 Number Served	2017 Percent Served	2016-2017 Number Change (+/-)	2016-2017 Percent Change(+/-)
Texas	64,293		69,725		5,432	8.4
Region 8	5,608	8.7	6,203	8.9	595	10.6
ATASCOSA	135		160		25	18.5
BANDERA	40		36		-4	10.0
BEXAR	2,892		3,051		159	5.5
CALHOUN	33		44		10	30.3
COMAL	283		438		155	54.8
DEWITT	55		61		6	10.9
DIMMIT	76		70		-6	-7.9
EDWARDS	*		*		*	*
FRIO	91		133		-58	-63.7
GILLESPIE	39		46		7	17.9
GOLIAD	14		20		6	42.9
GONZALES	70		68		-2	-2.9
GUADALUPE	436		474		38	8.7
JACKSON	26		36		10	38.5
KARNES	58		74		16	27.6
KENDALL	34		35		1	2.9
KERR	162		152		-10	-6.2
KINNEY	*		*		*	*
LA SALLE	21		27		6	28.6
LAVACA	17		22		5	29.4
MAVERICK	356		394		38	10.7
MEDINA	62		73		11	17.7
REAL	*		*		*	*
UVALDE	122		128		6	4.9
VAL VERDE	116		133		17	14.7
VICTORIA	243		294		51	21.0
WILSON	108		137		29	26.9
ZAVALA	115		98		-17	-14.8
*Analyses includes clients who received Child and Adolescent Needs and Strengths (CANS) Assessments, which are typically administered to clients aged 6-17. **0-9 served are masked by ***						
*NorthSTAR services are not included in this report. NorthSTAR clients are reported in overall counts, MH/SUD dual diagnosis counts, and primary diagnosis counts.						
*County and Region are based on clients' reported residential addresses.						
Source: Texas Health and Human Services Commission						

Table 36. 2017 Medicare-Medicaid Select Chronic Conditions by County

2017 Medicare-Medicaid Select Chronic Conditions by County						
Area	**Alcohol Abuse**	**Depression**	**Drug Abuse/Substance Abuse**	**HIV/AIDS**	**Hepatitis (Chronic Viral B & C)**	**Schizophrenia/Other Psychotic Disorders**
Texas	2.3	17.9	3.1	0.4	0.9	2.9
Atascosa	2.6	17.7	2.9	0.3	0.8	3.1
Bandera	2.5	16.3	4.2	*	0.7	1.8
Bexar	2.3	16.1	3.2	0.4	0.8	2.7
Calhoun	2.5	21.2	2.4	*	1.0	3.6
Comal	2.2	15.4	2.8	0.2	0.5	1.7
DeWitt	2.1	15.1	4.4	*	0.4	2.7
Dimmit	3.3	15.1	1.6	*	*	2.2
Edwards	*	8.5	*	0.0	*	*
Frio	2.3	14.4	2.3	*	0.7	4.2
Gillespie	3.8	15.9	1.2	*	0.3	1.6
Goliad	4.3	17.7	3.1	0.0	*	2.1
Gonzales	2.3	14.3	2.3	*	0.8	2.2
Guadalupe	2.6	15.3	3.3	0.2	0.6	2.1
Jackson	2.5	19.7	1.1	*	*	3.7
Karnes	1.9	16.1	2.0	*	0.7	4.5
Kendall	2.0	15.4	2.0	*	0.3	1.8
Kerr	2.7	17.3	1.7	0.1	0.7	2.1
Kinney	2.9	11.0	*	*	*	1.8
La Salle	2.2	15.4	2.4	*	*	3.3
Lavaca	2.5	18.2	1.7	*	0.4	3.4
Maverick	2.0	12.1	0.9	0.3	0.5	2.2
Medina	2.5	16.6	3.7	*	0.8	3.7
Real	2.6	15.6	2.2	*	*	4.8
Uvalde	2.3	14.6	2.2	*	0.5	1.7
Val Verde	2.1	12.8	1.3	0.2	0.5	1.4
Victoria	4.2	18.5	2.9	0.2	0.8	3.6
Wilson	2.3	17.1	2.8	*	0.5	2.4
Zavala	3.6	12.8	2.9	*	*	2.6
Source: Centers for Medicare & Medicaid Services, Medicare Chronic Conditions						

Table 37. 1999-2017 Region 8 County Level Drug and Alcohol Induced Death Rates per 100,000 Pop.

1999-2017 Region 8 County Level Drug and Alcohol Induced Deaths per 100,000 Population						
County Name	**Public Health Region**	**Deaths (1999-2017)**	**Crude Rate per 100K**	**Age Adjusted Rate per 100K**	**% of Total Deaths**	**Population (1999-2017)**
Atascosa County, TX	Drug-Induced Deaths	65	7.8	8.4	0.20%	836,125
Atascosa County, TX	Alcohol Induced Deaths	53	6.3	6.2	0.20%	836,125
Atascosa County, TX	Drug and Alcohol Induced Deaths	118	14.1	14.7	0.20%	836,125
Bandera County, TX	Drug-Induced Deaths	39	10.3	10	0.10%	378,409
Bandera County, TX	Alcohol Induced Deaths	51	13.5	9	0.20%	378,409
Bandera County, TX	Drug and Alcohol Induced Deaths	90	23.8	19	0.10%	378,409
Bexar County, TX	Drug-Induced Deaths	3524	11.2	11.5	8.10%	31,378,805
Bexar County, TX	Alcohol Induced Deaths	2530	8.1	8.5	8.70%	31,378,805
Bexar County, TX	Drug and Alcohol Induced Deaths	6054	19.3	19.9	8.40%	31,378,805
Calhoun County, TX	Drug-Induced Deaths	46	11.4	12.4	0.10%	402,456
Calhoun County, TX	Alcohol Induced Deaths	58	14.4	13.3	0.20%	402,456
Calhoun County, TX	Drug and Alcohol Induced Deaths	104	25.8	25.6	0.10%	402,456
Comal County, TX	Drug-Induced Deaths	218	11.1	11.1	0.50%	1,967,978
Comal County, TX	Alcohol Induced Deaths	148	7.5	6.3	0.50%	1,967,978
Comal County, TX	Drug and Alcohol Induced Deaths	366	18.6	17.4	0.50%	1,967,978
DeWitt County, TX	Drug-Induced Deaths	21	5.5	5.6	0.00%	384,589
DeWitt County, TX	Alcohol Induced Deaths	33	8.6	7	0.10%	384,589
DeWitt County, TX	Drug and Alcohol Induced Deaths	54	14	12.6	0.10%	384,589
Dimmit County, TX	Drug-Induced Deaths	11	Unreliable	Unreliable	0.00%	194,917
Dimmit County, TX	Alcohol Induced Deaths	15	Unreliable	Unreliable	0.10%	194,917
Dimmit County, TX	Drug and Alcohol Induced Deaths	26	13.3	14.6	0.00%	194,917
Edwards County, TX	Drug-Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	38,304
Edwards County, TX	Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	38,304
Edwards County, TX	Drug and Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	38,304
Frio County, TX	Drug-Induced Deaths	16	Unreliable	Unreliable	0.00%	328,789
Frio County, TX	Alcohol Induced Deaths	20	6.1	7	0.10%	328,789
Frio County, TX	Drug and Alcohol Induced Deaths	36	10.9	12.2	0.00%	328,789
Gillespie County, TX	Drug-Induced Deaths	27	6	6.4	0.10%	452,606
Gillespie County, TX	Alcohol Induced Deaths	42	9.3	7.4	0.10%	452,606
Gillespie County, TX	Drug and Alcohol Induced Deaths	69	15.2	13.8	0.10%	452,606
Goliad County, TX	Drug-Induced Deaths	11	Unreliable	Unreliable	0.00%	137,078
Goliad County, TX	Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	137,078
Goliad County, TX	Drug and Alcohol Induced Deaths	19	Unreliable	Unreliable	0.00%	137,078
Gonzales County, TX	Drug-Induced Deaths	33	8.8	9.6	0.10%	374,081
Gonzales County, TX	Alcohol Induced Deaths	42	11.2	10.6	0.10%	374,081
Gonzales County, TX	Drug and Alcohol Induced Deaths	75	20	20.2	0.10%	374,081
Guadalupe County, TX	Drug-Induced Deaths	169	7.3	7.4	0.40%	2,313,389
Guadalupe County, TX	Alcohol Induced Deaths	143	6.2	5.8	0.50%	2,313,389
Guadalupe County, TX	Drug and Alcohol Induced Deaths	312	13.5	13.2	0.40%	2,313,389
Jackson County, TX	Drug-Induced Deaths	16	Unreliable	Unreliable	0.00%	271,176
Jackson County, TX	Alcohol Induced Deaths	14	Unreliable	Unreliable	0.00%	271,176
Jackson County, TX	Drug and Alcohol Induced Deaths	30	11.1	10	0.00%	271,176
Karnes County, TX	Drug-Induced Deaths	13	Unreliable	Unreliable	0.00%	286,590
Karnes County, TX	Alcohol Induced Deaths	21	7.3	6.9	0.10%	286,590
Karnes County, TX	Drug and Alcohol Induced Deaths	34	11.9	11.3	0.00%	286,590
Kendall County, TX	Drug-Induced Deaths	44	7.2	8.1	0.10%	608,125
Kendall County, TX	Alcohol Induced Deaths	24	3.9	3.2	0.10%	608,125
Kendall County, TX	Drug and Alcohol Induced Deaths	68	11.2	11.3	0.10%	608,125
Kerr County, TX	Drug-Induced Deaths	108	11.8	14	0.20%	912,578
Kerr County, TX	Alcohol Induced Deaths	118	12.9	10.4	0.40%	912,578
Kerr County, TX	Drug and Alcohol Induced Deaths	226	24.8	24.4	0.30%	912,578

Table 37 Continued. 1999-2017 Region 8 County Level Drug and Alcohol Induced Death Rates per 100,000 Pop.

County Name	Public Health Region	Deaths (1999-2017)	Crude Rate per 100K	Age Adjusted Rate per 100K	% of Total Deaths	Population (1999-2017)
Kinney County, TX	Drug-Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	66,830
Kinney County, TX	Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	66,830
Kinney County, TX	Drug and Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	66,830
La Salle County, TX	Drug-Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	128,075
La Salle County, TX	Alcohol Induced Deaths	16	Unreliable	Unreliable	0.10%	128,075
La Salle County, TX	Drug and Alcohol Induced Deaths	23	18	20.6	0.00%	128,075
Lavaca County, TX	Drug-Induced Deaths	16	Unreliable	Unreliable	0.00%	367,812
Lavaca County, TX	Alcohol Induced Deaths	29	7.9	6.3	0.10%	367,812
Lavaca County, TX	Drug and Alcohol Induced Deaths	45	12.2	11.4	0.10%	367,812
Maverick County, TX	Drug-Induced Deaths	35	3.5	4	0.10%	998,666
Maverick County, TX	Alcohol Induced Deaths	44	4.4	5.2	0.20%	998,666
Maverick County, TX	Drug and Alcohol Induced Deaths	79	7.9	9.1	0.10%	998,666
Medina County, TX	Drug-Induced Deaths	37	4.4	4.5	0.10%	847,096
Medina County, TX	Alcohol Induced Deaths	40	4.7	4.4	0.10%	847,096
Medina County, TX	Drug and Alcohol Induced Deaths	77	9.1	9	0.10%	847,096
Real County, TX	Drug-Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	61,520
Real County, TX	Alcohol Induced Deaths	Suppressed	Suppressed	Suppressed	Suppressed	61,520
Real County, TX	Drug and Alcohol Induced Deaths	11	Unreliable	Unreliable	0.00%	61,520
Uvalde County, TX	Drug-Induced Deaths	25	5	5.5	0.10%	503,250
Uvalde County, TX	Alcohol Induced Deaths	37	7.4	7.5	0.10%	503,250
Uvalde County, TX	Drug and Alcohol Induced Deaths	62	12.3	13	0.10%	503,250
Val Verde County, TX	Drug-Induced Deaths	48	5.3	5.8	0.10%	902,877
Val Verde County, TX	Alcohol Induced Deaths	59	6.5	6.9	0.20%	902,877
Val Verde County, TX	Drug and Alcohol Induced Deaths	107	11.9	12.7	0.10%	902,877
Victoria County, TX	Drug-Induced Deaths	155	9.4	9.7	0.40%	1,654,816
Victoria County, TX	Alcohol Induced Deaths	119	7.2	7.1	0.40%	1,654,816
Victoria County, TX	Drug and Alcohol Induced Deaths	274	16.6	16.8	0.40%	1,654,816
Wilson County, TX	Drug-Induced Deaths	42	5.4	5.5	0.10%	772,986
Wilson County, TX	Alcohol Induced Deaths	52	6.7	5.9	0.20%	772,986
Wilson County, TX	Drug and Alcohol Induced Deaths	94	12.2	11.4	0.10%	772,986
Zavala County, TX	Drug-Induced Deaths	16	Unreliable	Unreliable	0.00%	223,676
Zavala County, TX	Alcohol Induced Deaths	17	Unreliable	Unreliable	0.10%	223,676
Zavala County, TX	Drug and Alcohol Induced Deaths	33	14.8	17.1	0.00%	223,676
Source: CDC Wonder. Drug-and-Alcohol-Induced Deaths. https://wonder.cdc.gov/wonder/help/mcd.html						

Table 38. 2010-2015 Opioid Related Deaths in Region 8 by County

2010-2015 Opioid Related Deaths in Region 8 by County								
Column1	**2010**	**2011**	**2013**	**20132**	**2014**	**2015**	**Total**	**Percent Increase 2010-2015**
Texas	1,027	1,070	1,016	966	1,040	1,174	6,293	14.31
Atascosa	0	---	---	---	0	0	---	
Bandera	---	---	0	0	0	0	---	
Bexar	120	165	113	98	89	111	696	-7.5
Calhoun	0	---	---	---	0	0	---	
Comal	---	---	---	0	---	---	31	
DeWitt	0	0	0	0	0	0	0	
Dimmit	---	0	---	0	---	0	---	
Edwards	0	0	0	0	0	0	0	
Frio	0	---	0	0	0	---	---	
Gillespie	---	0	0	---	0	0	---	
Goliad	---	0	---	0	---	---	---	
Gonzales	0	---	0	0	0	0	---	
Guadalupe	---	---	---	---	---	---	23	
Jackson	0	0	0	0	0	0	0	
Karnes	0	0	0	0	0	0	0	
Kendall	---	0	---	0	0	0	---	
Kerr	---	---	---	---	---	---	17	
Kinney	0	0	0	0	0	0	0	
La Salle	0	0	0	0	0	0	0	
Lavaca	0	0	0	0	0	0	0	
Maverick	0	---	---	---	---	0	---	
Medina	0	---	0	---	0	0	---	
Real	0	0	0	0	0	0	0	
Uvalde	---	0	---	0	0	0	---	
Val Verde	---	0	0	0	---	0	---	
Victoria	---	---	0	---	0	---	---	
Wilson	0	---	---	0	---	0	---	
Zavala	0	0	0	0	0	0	0	
---- supressed (1 to 9 deaths)								
DSHS Vital Statistics Section								

Table 39. 2017 Region 8 Percent of DUI Crashes and DUI Fatalities by County

2017 Region 8 Percent DUI Crashes DUI Fatalities by County								
County	**DUI Crashes**	**Crashes NO Alcohol**	**% Crashes DUI**	**Total Crashes**	**DUI Fatalities**	**NO Alcohol Fatalities**	**Total Fatalities**	**Percent DUI Fatalities**
Atascosa	38	747	4.8%	785	1	8	9	11.1%
Bandera	39	294	11.7%	333	2	5	7	28.6%
Bexar	2,016	48,520	4.0%	50,536	53	111	164	32.3%
Calhoun	20	314	6.0%	334	0	1	1	0.0%
Comal	166	1,913	8.0%	2,079	4	13	17	23.5%
DeWitt	12	281	4.1%	293	1	4	5	20.0%
Dimmit	12	175	6.4%	187	1	2	3	33.3%
Edwards	2	49	3.9%	51	0	1	1	0.0%
Frio	7	160	4.2%	167	0	3	3	0.0%
Gillespie	33	487	6.3%	520	3	10	13	23.1%
Goliad	3	91	3.2%	94	0	1	1	0.0%
Gonzales	21	405	4.9%	426	1	11	12	8.3%
Guadalupe	119	2,546	4.5%	2,665	4	15	19	21.1%
Jackson	15	276	5.2%	291	2	1	3	66.7%
Karnes	12	274	4.2%	286	0	4	4	0.0%
Kendall	43	810	5.0%	853	2	2	4	50.0%
Kerr	70	857	7.6%	927	0	3	3	0.0%
Kinney	0	17	0.0%	17	0	0	0	0.0%
La Salle	10	129	7.2%	139	1	6	7	14.3%
Lavaca	19	103	15.6%	122	2	5	7	28.6%
Maverick	41	790	5.2%	831	3	6	9	33.3%
Medina	42	718	5.5%	760	2	15	17	11.8%
Real	1	66	1.5%	67	0	2	2	0.0%
Uvalde	25	385	6.1%	410	0	15	15	0.0%
Val Verde	38	765	4.7%	803	0	1	1	0.0%
Victoria	95	1,128	7.8%	1,223	5	10	15	33.3%
Wilson	32	539	5.6%	571	0	4	4	0.0%
Zavala	4	56	6.7%	60	2	0	2	100.0%
Region 8	2,935	62,875	4.5%	65,810	**89**	259	**348**	**25.6%**
Texas	23,760	514,210	4.4%	537,970	**1,024**	1,361	**3,721**	**27.5%**
Source: Texas Department of Transportation, Texas Peace Officer's Crash Reports (CR-3)								

Table 40. 2016-2017 Region 8 Percent Change in DUI Fatalities by County

2016 - 2017 Region 8 Percent Change in DUI Fatalities by County				
County	2016 DUI Fatalities	2017 DUI Fatalities	Number Change from 2016 to 2017	Percent Change from 2016 to 2017
Atascosa	1	1	0	0.0%
Bandera	0	2	2	200.0%
Bexar	64	53	-11	-17.2%
Calhoun	1	0	-1	-100.0%
Comal	6	4	-2	-33.3%
DeWitt	2	1	-1	-50.0%
Dimmit	0	1	1	100.0%
Edwards	0	0	0	0.0%
Frio	2	0	-2	100.0%
Gillespie	0	3	3	300.0%
Goliad	1	0	-1	100.0%
Gonzales	2	1	-1	-100.0%
Guadalupe	11	4	-7	-63.6%
Jackson	2	2	0	0.0%
Karnes	1	0	-1	-100.0%
Kendall	1	2	1	100.0%
Kerr	3	0	-3	-100.0%
Kinney	1	0	-1	-100.0%
La Salle	1	1	0	0.0%
Lavaca	0	2	2	200.0%
Maverick	2	3	1	50.0%
Medina	5	2	-3	-60.0%
Real	1	0	-1	-100.0%
Uvalde	1	0	-1	100.0%
Val Verde	1	0	-1	100.0%
Victoria	0	5	5	500.0%
Wilson	1	0	-1	-100.0%
Zavala	0	2	2	200.0%
Region 8	110	**89**	-21	-19.1%
Texas	1,018	**1,024**	6	0.6%

Source: Texas Department of Transportation, Texas Peace Officer's Crash Reports (CR-3)

Table 41. 2014-2015 Region 8 High Risk Substance Misuse Morbidity by County

2014-2015 Region 8 High Risk Substance Misuse Morbidity by County per 100,000						
Area	**Chronic Liver Disease and Cirrhosis**	**Crude Death Rate Liver**	**Malignant Neoplasms**	**Crude Death Rate Malignant Neoplasms**	**Diseases of the Heart**	**Crude Death Rate Heart**
Atascosa County	11	*	153	158.4	237	245.3
Bandera County	10	*	110	258.7	94	221.1
Bexar County	640	17.1	5,123	137.1	5,994	160.4
Calhoun County	*	*	88	204.6	103	239.4
Comal County	36	14.2	448	176.4	465	183.1
DeWitt County	*	*	100	237.6	141	335.1
Dimmit County	11	*	42	191.3	73	332.6
Edwards County	*	*	14	0.0	11	0.0
Frio Couonty	*	*	40	107.4	91	244.3
Gillespie County	12	*	140	266.5	138	262.7
Goliad County	*	*	42	269.4	34	218.1
Gonzales County	*	*	78	191.2	86	210.9
Guadalupe County	51	17.0	433	144.2	538	179.2
Jackson County	*	*	63	214.5	68	231.5
Karnes County	10	*	57	182.4	67	214.4
Kendall County	*	*	149	187.6	170	214.0
Kerr County	19	*	300	292.5	332	323.7
Kinney County	*	*	21	287.8	20	0.0
La Salle County	0	*	14	0.0	33	216.5
Lavaca County	*	*	110	277.6	129	325.6
Maverick County	28	*	138	121.2	170	149.3
Medina County	17	*	180	183.3	219	223.0
Real County	*	*	23	333.3	25	362.3
San Antonio-NB MSA	791	16.8	6,748	143.5	7,914	168.3
Victoria MSA	42	21.1	380	191.1	358	180.0
Region 8	**1010**	**17.9**	**8,613**	**152.0**	**10,062**	**177.6**
Texas	**7504**	**13.8**	**77,745**	**142.8**	**84,426**	**155.1**
Uvalde County	18	*	93	169.7	109	198.9
Val Verde County	22	*	118	121.9	152	157.0
Victoria County	36	19.6	338	184.4	324	176.8
Wilson County	20	*	152	159.9	197	207.3
Zavala County	14	*	46	188.5	42	172.1
Source: Texas Health Data, Center for Health Statistics						
* 1 to 20 deaths are masked						

Table 42. 2018 Alcohol Related Arrests by Juveniles and Adults by County

2018 Alcohol Related Arrests by Juveniles and Adults by County							
County	**Classification of Arrests**	**Juvenile Arrests**	**Adult Arrests**	**Total Arrests**	**2018 Population**	**Adult Rate per 100k Population**	**Rate per 100k for all Arrests**
Texas	**Driving Under the Influence**	**124**	**73,877**	**74,001**	**29,366,479**	**251.6**	**252.0**
Texas	**Drunkenness**	**140**	**58,725**	**58,865**	**29,366,479**	**200.0**	**200.4**
Texas	**Liquor Laws**	**548**	**8,609**	**9,157**	**29,366,479**	**29.3**	**31.2**
Texas	**Total Alcohol Arrests**	**812**	**141,211**	**142,023**	**29,366,479**	**480.9**	**483.6**
Region 8	**Driving Under the Influence**	**6**	**10,706**	**10,712**	**2,995,445**	**357.4**	**357.6**
Region 8	**Drunkenness**	**11**	**4,334**	**4,345**	**2,995,445**	**144.7**	**145.1**
Region 8	**Liquor Laws**	**38**	**566**	**604**	**2,995,445**	**18.9**	**20.2**
Region 8	**Total Alcohol Arrests**	**55**	**15,576**	**15,658**	**2,995,445**	**520.0**	**522.7**
Atascosa	Driving Under the Influence	0	33	33	50,059	65.9	65.9
Atascosa	Drunkenness	6	147	153	50,059	293.7	305.6
Atascosa	Liquor Laws	0	7	7	50,059	14.0	14.0
Atascosa	Total Alcohol Arrests	**6**	**187**	193	50,059	373.6	385.5
Bandera	Driving Under the Influence	0	28	28	22,557	124.1	124.1
Bandera	Drunkenness	0	29	29	22,557	128.6	128.6
Bandera	Liquor Laws	0	2	2	22,557	8.9	8.9
Bandera	Total Alcohol Arrests	**0**	**59**	59	22,557	261.6	261.6
Bexar	Driving Under the Influence	5	8,181	8,186	1,992,664	410.6	410.8
Bexar	Drunkenness	1	1,750	1,751	1,992,664	87.8	87.9
Bexar	Liquor Laws	21	298	319	1,992,664	15.0	16.0
Bexar	Total Alcohol Arrests	**27**	**10,229**	10,256	1,992,664	513.3	514.7
Calhoun	Driving Under the Influence	0	98	98	19,525	501.9	501.9
Calhoun	Drunkenness	0	140	140	19,525	717.0	717.0
Calhoun	Liquor Laws	0	7	7	19,525	38.9	35.9
Calhoun	Total Alcohol Arrests	**0**	**245**	245	19,525	1,254.8	1,254.8
Comal	Driving Under the Influence	1	525	526	158,668	330.9	331.5
Comal	Drunkenness	0	377	377	158,668	237.6	237.6
Comal	Liquor Laws	0	20	20	158,668	12.6	12.6
Comal	Total Alcohol Arrests	**1**	**922**	923	158,668	581.1	581.7
DeWitt	Driving Under the Influence	0	24	24	16,006	149.9	149.9
DeWitt	Drunkenness	0	34	34	16,006	212.4	212.4
DeWitt	Liquor Laws	0	1	1	16,006	6.2	6.2
DeWitt	Total Alcohol Arrests	**0**	**59**	59	16,006	368.6	368.6
Dimmit	Driving Under the Influence	0	10	10	10,447	95.7	95.7
Dimmit	Drunkenness	0	90	90	10,447	861.5	861.5
Dimmit	Liquor Laws	7	3	10	10,447	28.7	95.7
Dimmit	Total Alcohol Arrests	**7**	**103**	110	10,447	985.9	1,052.9

Table 42 Continued. 2018 Alcohol Related Arrests by Juveniles and Adults by County

County	Classification of Arrests	Juvenile Arrests	Adult Arrests	Total Arrests	2018 Population	Adult Rate per 100k Population	Rate per 100k for all Arrests
Edwards	Driving Under the Influence	0	3	3	1,942	154.5	154.5
Edwards	Drunkenness	0	2	2	1,942	103.0	103.0
Edwards	Liquor Laws	0	0	0	1,942	0.0	0.0
Edwards	Total Alcohol Arrests	**0**	**5**	5	1,942	257.5	257.5
Frio	Driving Under the Influence	0	98	98	19,904	492.4	492.4
Frio	Drunkenness	0	48	48	19,904	241.2	241.2
Frio	Liquor Laws	0	43	43	19,904	216.0	216.0
Frio	Total Alcohol Arrests	**0**	**189**	189	19,904	949.6	949.6
Gillespie	Driving Under the Influence	0	160	160	26,832	596.3	596.3
Gillespie	Drunkenness	0	105	105	26,832	391.3	391.3
Gillespie	Liquor Laws	2	1	3	26,832	3.7	11.2
Gillespie	Total Alcohol Arrests	**2**	**266**	268	26,832	991.4	998.8
Goliad	Driving Under the Influence	0	0	0	7,591	0.0	0.0
Goliad	Drunkenness	0	6	6	7,591	79.0	79.0
Goliad	Liquor Laws	0	0	0	7,591	0.0	0.0
Goliad	Total Alcohol Arrests	**0**	**6**	6	7,591	79.0	79.0
Gonzales	Driving Under the Influence	0	30	30	21,005	142.8	142.8
Gonzales	Drunkenness	0	56	56	21,005	266.6	266.6
Gonzales	Liquor Laws	0	0	0	21,005	0.0	0.0
Gonzales	Total Alcohol Arrests	**0**	**86**	86	21,005	409.4	409.4
Guadalupe	Driving Under the Influence	0	361	361	149,399	241.6	241.6
Guadalupe	Drunkenness	0	286	286	149,399	191.4	191.4
Guadalupe	Liquor Laws	0	7	7	149,399	4.7	4.7
Guadalupe	Total Alcohol Arrests	**0**	**654**	654	149,399	437.8	437.8
Jackson	Driving Under the Influence	0	39	39	14,869	262.3	262.3
Jackson	Drunkenness	0	22	22	14,869	148.0	148.0
Jackson	Liquor Laws	1	5	6	14,869	33.6	40.4
Jackson	Total Alcohol Arrests	**1**	**66**	67	14,869	443.9	450.6
Karnes	Driving Under the Influence	0	10	10	15,189	65.8	65.8
Karnes	Drunkenness	1	86	87	15,189	566.2	572.8
Karnes	Liquor Laws	1	1	2	15,189	6.6	13.2
Karnes	Total Alcohol Arrests	**2**	**97**	99	15,189	638.6	651.8
Kendall	Driving Under the Influence	0	153	153	43,365	352.8	352.8
Kendall	Drunkenness	1	79	80	43,365	182.2	184.5
Kendall	Liquor Laws	1	10	11	43,365	23.1	25.4
Kendall	Total Alcohol Arrests	**2**	**242**	244	43,365	558.1	562.7

Table 42 Continued. 2018 Alcohol Related Arrests by Juveniles and Adults by County

County	Classification of Arrests	Juvenile Arrests	Adult Arrests	Total Arrests	2018 Population	Adult Rate per 100k Population	Rate per 100k for all Arrests
Kerr	Driving Under the Influence	0	201	201	51,882	387.4	387.4
Kerr	Drunkenness	0	333	333	51,882	641.8	641.8
Kerr	Liquor Laws	3	52	55	51,882	100.2	106.0
Kerr	Total Alcohol Arrests	**3**	**586**	589	51,882	1,129.5	1,135.3
Kinney	Driving Under the Influence	0	5	5	2,008	249.0	249.0
Kinney	Drunkenness	0	4	4	2,008	199.2	199.2
Kinney	Liquor Laws	0	0	0	2,008	0.0	0.0
Kinney	Total Alcohol Arrests	**0**	**9**	9	2,008	448.2	448.2
LaSalle	Driving Under the Influence	0	38	38	7,664	495.8	495.8
LaSalle	Drunkenness	0	30	30	7,664	391.4	391.4
LaSalle	Liquor Laws	0	0	0	7,664	0.0	0.0
LaSalle	Total Alcohol Arrests	**0**	**68**	68	7,664	887.3	887.3
Lavaca	Driving Under the Influence	0	29	29	22,232	130.4	130.4
Lavaca	Drunkenness	0	38	38	22,232	170.9	170.9
Lavaca	Liquor Laws	0	9	9	22,232	40.5	40.5
Lavaca	Total Alcohol Arrests	**0**	**76**	76	22,232	341.8	341.8
Maverick	Driving Under the Influence	0	99	99	58,611	168.9	168.9
Maverick	Drunkenness	1	98	99	58,611	167.2	168.9
Maverick	Liquor Laws	0	6	6	58,611	10.2	10.2
Maverick	Total Alcohol Arrests	**1**	**203**	204	58,611	346.4	348.1
Medina	Driving Under the Influence	0	73	73	48,678	150.0	150.0
Medina	Drunkenness	0	99	99	48,678	203.4	203.4
Medina	Liquor Laws	0	37	37	48,678	76.0	76.0
Medina	Total Alcohol Arrests	**0**	**209**	209	48,678	429.4	429.4
Real	Driving Under the Influence	0	4	4	3,435	116.4	116.4
Real	Drunkenness	0	0	0	3,435	0.0	0.0
Real	Liquor Laws	0	1	1	3,435	29.1	29.1
Real	Total Alcohol Arrests	**0**	**5**	5	3,435	145.6	145.6
Uvalde	Driving Under the Influence	0	35	35	27,156	128.9	128.9
Uvalde	Drunkenness	0	64	64	27,156	235.7	235.7
Uvalde	Liquor Laws	0	4	4	27,156	14.7	14.3
Uvalde	Total Alcohol Arrests	**0**	**103**	103	27,156	379.3	379.3
Val Verde	Driving Under the Influence	0	230	230	49,099	468.4	468.4
Val Verde	Drunkenness	0	45	45	49,099	91.7	91.7
Val Verde	Liquor Laws	1	5	6	49,099	10.2	12.2
Val Verde	Total Alcohol Arrests	**1**	**280**	281	49,099	570.3	572.3

Table 42 Continued. 2018 Alcohol Related Arrests by Juveniles and Adults by County

County	Classification of Arrests	Juvenile Arrests	Adult Arrests	Total Arrests	2018 Population	Adult Rate per 100k Population	Rate per 100k for all Arrests
Victoria	Driving Under the Influence	0	219	219	92,593	236.5	236.5
Victoria	Drunkenness	1	302	303	92,593	326.2	327.2
Victoria	Liquor Laws	1	44	45	92,593	47.5	48.6
Victoria	Total Alcohol Arrests	**2**	**565**	567	92,593	610.2	612.4
Wilson	Driving Under the Influence	0	5	5	50,118	10.0	10.0
Wilson	Drunkenness	0	34	34	50,118	67.8	67.8
Wilson	Liquor Laws	0	3	3	50,118	6.0	6.0
Wilson	Total Alcohol Arrests	**0**	**42**	42	50,118	83.8	83.8
Zavala	Driving Under the Influence	0	15	15	11,947	125.6	125.6
Zavala	Drunkenness	0	30	30	11,947	251.1	251.1
Zavala	Liquor Laws	0	0	0	11,947	0.0	0.0
Zavala	Total Alcohol Arrests	**0**	**45**	45	11,947	376.7	376.7

Source: Texas Department of Public Safety

Table 43. 2015 to 2018 Percent Change for DWI Incarcerations in TDCJ

2015 to 2018 Percent Change for DWI Incarcerations in TDCJ					
County	**2015**	**2016**	**2017**	**2018**	**2015 to 2018 Percent +/-**
Texas	7,171	7,044	6,643	6,031	-15.9
Region 8	742	731	678	606	-18.3
Atascosa	1	7	7	5	400.0
Bandera	7	5	7	6	-14.3
Bexar	445	396	358	326	-26.7
Calhoun	6	6	10	10	66.7
Comal	52	67	56	48	-7.7
Dewitt	10	9	9	8	-20.0
Dimmit	2	2	3	2	0.0
Edwards	1	0	0	0	-100.0
Frio	6	9	10	11	-83.3
Gillespie	10	8	10	16	60.0
Goliad	3	2	2	1	-66.7
Gonzales	14	23	20	19	35.7
Guadalupe	41	42	32	32	-22.0
Jackson	22	19	25	13	-40.9
Karnes	4	5	7	4	0.0
Kendall	7	3	6	6	-14.3
Kerr	23	26	28	26	13.0
Kinney	0	1	0	1	100.0
Lasalle	0	1	3	0	0.0
Lavaca	4	4	2	2	-100.0
Maverick	5	5	2	3	-40.0
Medina	13	14	10	12	-8.3
Real	2	0	2	0	-100.0
Uvalde	5	6	6	4	-20.0
Val Verde	4	11	13	11	175.0
Victoria	46	50	43	34	-26.1
Wilson	9	8	6	6	33.3
Zavala	0	2	1	0	0.0
Source: Texas Department of Criminal Justice					

Table 44. 2015-2018 Percent Change for Drug Incarcerations in TDCJ

2015-2018 Percent Change for Drug Incarcerations in TDCJ						
Offense	**County**	**2015**	**2016**	**2017**	**2018**	**2015-2018 Percent +/-**
Drug Delivery	**Texas**	**9,514**	**9,686**	**9,686**	**9,825**	**3.3**
Drug Possession	**Texas**	**14,008**	**13,841**	**13,917**	**14,116**	**0.8**
Drug Other	**Texas**	**55**	**31**	**28**	**22**	**-96.3**
Total Drug	**Texas**	**23,577**	**23,558**	**23,631**	**23,963**	**1.6**
Drug Delivery	**Region 8**	**1000**	**1032**	**1095**	**1250**	**25.0**
Drug Possession	**Region 8**	**1335**	**1,358**	**1516**	**1624**	**21.6**
Drug Other	**Region 8**	**1**	**1**	**1**	**3**	**200.0**
Total Drug	**Region 8**	**2,336**	**2,391**	**2,612**	**2,877**	**23.2**
Drug Delivery	Atascosa	14	11	14	14	0.0
Drug Possession	Atascosa	19	19	21	28	47.4
Drug Other	Atascosa	0	0	0	0	0.0
Total Drug	Atascosa	33	30	35	42	27.3
Drug Delivery	Bandera	9	14	16	14	55.6
Drug Possession	Bandera	12	6	8	16	33.3
Drug Other	Bandera	0	0	0	0	0.0
Total Drug	Bandera	21	20	24	30	42.9
Drug Delivery	**Bexar**	**524**	**531**	**522**	**604**	**15.3**
Drug Possession	**Bexar**	**859**	**890**	**984**	**1026**	**19.4**
Drug Other	**Bexar**	**1**	**0**	**0**	**1**	**0.0**
Total Drug	**Bexar**	**1,384**	**1,421**	**1,506**	**1,631**	**17.8**
Drug Delivery	Calhoun	20	19	21	23	15.0
Drug Possession	Calhoun	7	9	10	10	42.9
Drug Other	Calhoun	0	0	0	0	0.0
Total Drug	Calhoun	27	28	31	33	22.2
Drug Delivery	Comal	45	61	73	90	100.0
Drug Possession	Comal	51	72	67	81	58.8
Drug Other	Comal	0	0	0	0	0.0
Total Drug	Comal	96	133	140	171	78.1
Drug Delivery	Dewitt	16	12	21	24	50.0
Drug Possession	Dewitt	11	9	14	20	81.8
Drug Other	Dewitt	0	0	0	0	0.0
Total Drug	Dewitt	27	21	35	44	63.0
Drug Delivery	Dimmit	5	3	5	5	0.0
Drug Possession	Dimmit	8	8	7	6	-25.0
Drug Other	Dimmit	0	0	0	0	0.0
Total Drug	Dimmit	13	11	12	11	-15.4

Table 44 Continued. 2015-2018 Percent Change for Drug Incarcerations in TDCJ

Offense	County	2015	2016	2017	2018	2015-2018 Percent +/-
Drug Delivery	Edwards	0	0	0	0	0.0
Drug Possession	Edwards	1	0	0	0	-100.0
Drug Other	Edwards	0	0	0	0	0.0
Total Drug	Edwards	1	0	0	0	-100.0
Drug Delivery	Frio	14	21	23	18	28.6
Drug Possession	Frio	19	15	17	10	-47.4
Drug Other	Frio	0	0	0	0	0.0
Total Drug	Frio	33	36	40	28	-15.2
Drug Delivery	Gillespie	9	8	9	22	144.4
Drug Possession	Gillespie	5	9	14	28	460.0
Drug Other	Gillespie	0	0	0	0	0.0
Total Drug	Gillespie	14	17	23	50	257.1
Drug Delivery	Goliad	1	2	0	2	100.0
Drug Possession	Goliad	6	4	3	2	-66.7
Drug Other	Goliad	0	0	0	0	0.0
Total Drug	Goliad	7	6	3	4	-42.9
Drug Delivery	Gonzales	4	10	21	23	475.0
Drug Possession	Gonzales	19	20	30	30	57.9
Drug Other	Gonzales	0	0	0	0	0.0
Total Drug	Gonzales	23	30	51	53	130.4
Drug Delivery	Guadalupe	62	76	89	106	71.0
Drug Possession	Guadalupe	59	45	56	72	22.0
Drug Other	Guadalupe	0	0	0	0	0.0
Total Drug	Guadalupe	121	121	145	178	47.1
Drug Delivery	Jackson	38	33	28	29	-23.7
Drug Possession	Jackson	18	9	15	17	-5.6
Drug Other	Jackson	0	0	0	0	0.0
Total Drug	Jackson	56	42	43	46	-17.9
Drug Delivery	Karnes	3	3	5	2	-33.3
Drug Possession	Karnes	22	15	12	8	-63.6
Drug Other	Karnes	0	0	0	0	0.0
Total Drug	Karnes	25	18	17	10	-60.0
Drug Delivery	Kendall	2	6	11	13	550.0
Drug Possession	Kendall	7	8	11	14	100.0
Drug Other	Kendall	0	0	0	0	0.0
Total Drug	Kendall	9	14	22	27	200.0

Table 44 Continued. 2015-2018 Percent Change for Drug Incarcerations in TDCJ

Offense	County	2015	2016	2017	2018	2015-2018 Percent +/-
Drug Delivery	Kerr	83	79	95	115	38.6
Drug Possession	Kerr	53	51	75	74	39.6
Drug Other	Kerr	0	1	0	0	0.0
Total Drug	Kerr	136	131	170	189	39.0
Drug Delivery	Kinney	1	0	0	1	0.0
Drug Possession	Kinney	1	0	1	2	100.0
Drug Other	Kinney	0	0	0	0	0.0
Total Drug	Kinney	2	0	1	3	50.0
Drug Delivery	Lasalle	5	3	4	4	-20.0
Drug Possession	Lasalle	5	4	4	3	-40.0
Drug Other	Lasalle	0	0	0	0	0.0
Total Drug	Lasalle	10	7	8	7	-30.0
Drug Delivery	Lavaca	4	6	4	3	-25.0
Drug Possession	Lavaca	3	5	4	4	33.3
Drug Other	Lavaca	0	0	0	0	0.0
Total Drug	Lavaca	7	11	8	7	0.0
Drug Delivery	Maverick	1	2	1	2	100.0
Drug Possession	Maverick	20	20	24	18	-10.0
Drug Other	Maverick	0	0	0	0	0.0
Total Drug	Maverick	21	22	25	20	-4.8
Drug Delivery	Medina	10	8	10	15	50.0
Drug Possession	Medina	10	10	9	20	100.0
Drug Other	Medina	0	0	1	2	200.0
Total Drug	Medina	20	18	20	37	85.0
Drug Delivery	Real	0	0	0	0	0.0
Drug Possession	Real	1	1	0	2	100.0
Drug Other	Real	0	0	0	0	0.0
Total Drug	Real	1	1	0	2	100.0
Drug Delivery	Uvalde	1	1	2	2	100.0
Drug Possession	Uvalde	7	12	16	18	157.1
Drug Other	Uvalde	0	0	0	0	0.0
Total Drug	Uvalde	8	13	18	20	150.0
Drug Delivery	Val Verde	1	1	1	3	200.0
Drug Possession	Val Verde	9	11	7	10	11.1
Drug Other	Val Verde	0	0	0	0	0.0
Total Drug	Val Verde	10	12	8	13	30.0

Table 44 Continued. 2015-2018 Percent Change for Drug Incarcerations in TDCJ

Offense	County	2015	2016	2017	2018	2015-2018 Percent +/-
Drug Delivery	Victoria	112	103	106	103	-8.0
Drug Possession	Victoria	80	81	89	72	-10.0
Drug Other	Victoria	0	0	0	0	0.0
Total Drug	Victoria	192	184	195	175	-8.9
Drug Delivery	Wilson	16	18	11	9	-43.8
Drug Possession	Wilson	17	17	6	28	64.7
Drug Other	Wilson	0	0	0	0	0.0
Total Drug	Wilson	33	35	17	37	12.1
Drug Delivery	Zavala	0	1	3	4	400.0
Drug Possession	Zavala	6	8	12	5	-16.7
Drug Other	Zavala	0	0	0	0	0.0
Total Drug	Zavala	6	9	15	9	50.0

Source: Texas Department of Criminal Justice

Table 45. 2010-2014 EMS Runs with Primary Symptom of Overdose (Drug or Alcohol) by County

EMS Runs with Primary Symptom of Overdose (Drugs or Alcohol) by County of Incident, Texas, 2010 - 2014									
County of Resident	**2010 N**	**2011 N**	**2012 N**	**2013 N**	**2014 N**	**2010-2014**	**2015 Unavailable**	**2016 N**	**2017 N**
Texas	1,789	4,102	3,939	1,086	1,784	12,700			25,400
Region 8	946	1,063	4,047	1,745	881	8,682		437	17,801
Atascosa	--	--	--		34	34		33	101
Bandera	15	28	34	13	6	96		-	192
Bexar	239	158	3,104	1,061	331	4,893		113	9,899
Calhoun	35	39		32	22	128		-	256
Comal	185	190	167	192	175	909		117	1,935
DeWitt	16	23	11	11	15	76		-	152
Dimmit	--	15	7	8	--	30		-	60
Edwards			--			0		-	0
Frio	5	9	8			22		-	44
Gillespie	19	22	42	27	5	115		-	230
Goliad	6	8	--	--	7	21		5	47
Gonzales	11	23	5	--	19	58		-	116
Guadalupe	76	93	110	111	77	467		53	987
Jackson						0		-	0
Karnes	--	--			5	5		-	10
Kendall	29	40	37	23	30	159		25	343
Kerr	56	85	157	92	20	410		10	830
Kinney						0		-	0
La Salle	5	12	--		--	17		-	34
Lavaca	10	10	7	5	6	38		-	76
McMullen				--		0		-	0
Medina	27	60	59	14	--	160		5	325
Real	--	--	6	--	--	6		7	19
Uvalde	27	52	58	27	6	170		-	340
Val Verde	56	59	104	44	8	271		-	542
Victoria	105	102	115	85	115	522		47	1,091
Wilson	9	14	8	--	--	31		22	84
Zavala	15	21	8	--	--	44		-	88
Texas EMS and Trauma Registry									

Table 46. 2016-2017 Opioid-Related Emergency Department Visits by County

2016-2017 Opioid-Related Emergency Department (ED) Visits by County					
Year	**County**	**Any Opioid**	**Commonly Prescribed Opioids**	**Heroin**	**Non-Heroin Opioids**
2016	Atascosa	15	11	***	***
2017	Atascosa	17	11	***	***
2016	Bandera	***	***	0	0
2017	Bandera	11	***	***	***
2016	Bexar	714	405	170	544
2017	Bexar	655	356	177	478
2016	Calhoun	12	***	0	12
2017	Calhoun	14	12	***	***
2016	Comal	52	28	***	***
2017	Comal	47	32	***	***
2016	DeWitt	***	***	0	***
2017	DeWitt	***	***	0	***
2016	Dimmit	***	0	***	0
2017	Dimmit	***	***	***	0
2016	Edwards	0	0	0	0
2017	Edwards	0	0	0	0
2016	Frio	***	***	0	***
2017	Frio	***	***	***	***
2016	Gillespie	12	10	***	***
2017	Gillespie	***	***	0	***
2016	Goliad	***	***	0	***
2017	Goliad	***	***	0	***
2016	Gonzales	***	***	0	***
2017	Gonzales	***	***	0	***
2016	Guadalupe	43	31	***	***
2017	Guadalupe	32	26	***	***
2016	Jackson	***	***	0	***
2017	Jackson	***	***	0	***
2016	Karnes	***	***	0	***
2017	Karnes	***	***	0	***
2016	Kendall	11	***	***	***
2017	Kendall	***	***	***	***
2016	Kerr	35	24	***	***
2017	Kerr	26	19	***	***

Table 46 Continued. 2016-2017 Opioid-Related Emergency Department Visits by County

Year	County	Any Opioid	Commonly Prescribed Opioids	Heroin	Non-Heroin Opioids
2016	Kinney	0	0	0	0
2017	Kinney	0	0	0	0
2016	La Salle	0	0	0	0
2017	La Salle	0	0	0	0
2016	Lavaca	***	***	0	***
2017	Lavaca	***	***	0	***
2016	Maverick	***	***	***	***
2017	Maverick	***	***	***	***
2016	Medina	24	16	***	***
2017	Medina	15	***	***	***
2016	Real	0	0	0	0
2017	Real	0	0	0	0
2016	Region 8	***	***	***	***
2017	Region 8	***	***	***	***
2016	Texas	9,105	5,373	1,822	7,283
2017	Texas	9,121,	5,329	1,909	7,212
2016	Uvalde	***	***	***	***
2017	Uvalde	***	***	0	***
2016	Val Verde	***	***	***	***
2017	Val Verde	15	10	***	***
2016	Victoria	37	24	***	***
2017	Victoria	48	40	***	48
2016	Wilson	16	12	***	***
2017	Wilson	16	***	***	***
2016	Zavala	***	***	***	***
2017	Zavala	***	***	0	***

The Texas Health Care Information Council (THCIC) (now called Texas Health Care Information Collection Program)

Table 47. 2018 San Antonio Fire Department EMS Overdose Reversals by Zip Code

2018 SAFD EMS OD Reversals				
Zip Code	EMS OD Reversals		Zip Code	EMS OD Reversals
78207	282		78251	23
78228	97		78222	22
78237	90		78204	22
78227	84		78258	21
78216	65		78219	18
78210	61		78245	18
78201	61		78202	17
78223	58		78225	17
78229	57		78208	15
78211	56		78259	9
78240	45		78254	9
78218	41		78226	9
78220	38		78203	9
78212	37		78257	8
78249	33		78244	8
78214	33		78215	7
78233	33		78255	5
78242	32		78231	5
78230	32		78248	4
78205	32		78253	4
78209	31		78256	3
78238	31		78239	1
78247	30		78023	1
78232	30		78260	1
78221	29		78216	1
78224	27		78112	1
78217	26		78154	1
78213	26		78206	1
78250	25		78238	1
Source: San Antonio Fire Department				

Table 48. 2018 Region 8 Substance Abuse Treatment Facilities

2018 Region 8 Substance Abuse Treatment Facilities				
Agency	Age Groups Accepted	Gender	Opioid Medications Used in Treatment	Payment
Starlite Recovery Center 230 Mesa Verde Drive East Center Point, Texas 78010 Phone: (830) 634-2212 Intake: (800) 292-0148	Adults Young Adults	Male Female	Buprenorphine Naltrexone	Military Insurance Private Health Insurance Cash or Self-Payment
South Texas Rural Health Services Inc Cotulla Wellness Center 105 South Stewart Cotulla, Texas 78014 Phone: (830) 879-2502	Adult Children/Adolescents	Male Female		All types
Hill Country MH/DD Centers Outpatient Treatment Services 819 Water Street Suite 300 Kerrville, Texas 78028 Phone: (830) 792-3300 Intake: (830) 258-5409	Adult Young Adults	Male Female		Federal or any Government funding Medicaid Private Health Insurance Cash or Self-Payment
Hill County Council on Alcohol and Drug Abuse Inc 102 Business Drive Kerrville, Texas 78028 Phone: (830) 367-4667	Adult Children/Adolescents	Male Female		Federal or any Government funding Medicaid Private Health Insurance Cash or Self-Payment State Financed other than Medicaid
River City Rehabilitation Center New Braunfels 1149 South Academy Avenue New Braunfels, Texas 78130 Phone: (830) 620-0282	Adult Young Adults	Male Female	Methadone	Cash or Self-Payment
Alamo Area Resource Center Inc 303 North Frio Street San Antonio, Texas 78207 Phone: (210) 625-7200	Adult Children/Adolescents Young Adults	Male Female	Naltrexone	Federal or any Government funding Cash or Self-Payment
Alamo City Treatment Services 12042 Blanco Road Suite 101 San Antonio, Texas 78216 Phone: (210) 541-8400	Adult Children/Adolescents	Male Female		Private Health Insurance Cash or Self-Payment State Funded other than Medicaid
Alcohol and Drug Treatment Assoc 701 San Pedro Avenue San Antonio, Texas 78212 Phone: (361) 572-3007x1916 Intake: (210) 212-4853				Military Insurance Private Health Insurance Cash or Self-Payment
Alpha Home Inc 419 East Magnolia Avenue San Antonio, Texas 78212 Phone: (210) 735-3822	Adult Young Adult	Male Female		State Funded other than Medicaid Medicaid Private Health Insurance Cash or Self-Payment
A Turning Point Counseling and Rehab Center 3201 Cherry Ridge Suite B 206-1 San Antonio, Texas 78230 Phone: (210) 764-3700	Adult Children/Adolescents	Male Female		Cash or Self-Payment

Table 48 Continued. 2018 Region 8 Substance Abuse Treatment Facilities

2018 Region 8 Substance Abuse Treatment Facilities				
Agency	Age Groups Accepted	Gender	Opioid Medications Used in Treatment	Payment
Best Option LLC 3700 Fredericksburg Road Suite 137 San Antonio, Texas 78201 Phone: (210) 265-1133	Adult Children/Adolescents	Male Female		Medicaid Private Health Insurance Cash or Self-Payment
Center for Healthcare Services Methadone Services 601 North Frio Street Building 2, 1st Floor San Antonio, Texas 78207 Phone: (210) 246-1300 Intake: (210) 261-1300	Adult Young Adult	Male Female	Methadone Buprenorphine	Federal or any Government funding Medicaid Private Health Insurance Cash or Self-Payment
Elite Counseling Deborah Judith Inc 700 South Zarzamora Street Suite 209 San Antonio, Texas 78207 Phone: (210) 822-9493	Adult Children/Adolescents	Male Female		ATR Voucher Federal or any Government funding Medicaid Cash or Self-Payment State Funded other than Medicaid
Laurel Ridge Treatment Center 17720 Corporate Woods Drive San Antonio, Texas 78259 Phone: (210) 491-9400 Intake: (210) 491-9400x3591	Adult Young Adult	Male Female	Buprenorphine Naltrexone	Medicare Medicaid Military Insurance Private Health Insurance Cash or Self-Payment State Funded other than Medicaid
Mars SA LLC 437 McCarty Road Suite 600 San Antonio, Texas 78216 Phone: (210) 314-1934	Adult Young Adult	Male Female	Buprenorphine Methadone	Cash or Self-Payment
MedMark Treatment Centers San Antonio 7428 Military Drive West Suite D San Antonio, Texas 78227 Phone: (210) 673-8111	Adult Young Adult	Male Female	Buprenorphine Methadone	State Funded other than Medicaid Medicaid Cash or Self-Payment State Funded other than Medicaid
New Season NW San Antonio Treatment Center 3615 Culebra Road San Antonio, Texas 78228 Phone: (210) 314-6473	Adult Young Adult	Male Female	Buprenorphine Methadone	Cash or Self-Payment
River City Rehabilitation Center Inc 680 Stonewall Street San Antonio, Texas 78214 Phone: (210) 924-7547	Adult Young Adult	Male Female	Methadone	Cash or Self-Payment
San Antonio Treatment Center 3701 West Commerce Street San Antonio, Texas 78207 Phone: (210) 434-0531	Adult Young Adult	Male Female	Buprenorphine Methadone	Cash or Self-Payment
SOBA Texas 1401 Dezarae Lot 3 San Antonio, Texas 78253 Phone: (210) 439-6342 Intake: (210) 727-2692	Adult Young Adult	Male Female	Buprenorphine Naltrexone	Private Health Insurance Cash or Self-Payment

Table 48 Continued. 2018 Region 8 Substance Abuse Treatment Facilities

2018 Region 8 Substance Abuse Treatment Facilities				
Agency	Age Groups Accepted	Gender	Opioid Medications Used in Treatment	Payment
South Texas Veterans Healthcare Sys Villa Serena 4455 Horizon Hill San Antonio, Texas 78229 Phone: (210) 321-2700x64110 Intake: (210) 321-2700	Adult Young Adult	Male Female	Buprenorphine Naltrexone	Federal or any Government funding Medicare Medicade Military Insurance Private Health Insurance Cash or Self-Payment
Texas Treatment Services LLC DBA STOP SA 3780 NW Loop 410 San Antonio, Texas 78229 Phone: (210) 736-4405	Adult Young Adult	Male Female	Buprenorphine Methadone	Cash or Self-Payment
TRS Behavioral Care Inc The Right Step San Antonio 12042 Blanco Road Suite 101 San Antonio, Texas 78216 Phone: (210) 541-8400 Intake: (877) 627-4389	Adult Children/Adolescents	Male Female		Private Health Insurance Cash or Self-Payment
Volunteers of America Texas Inc LIGHT San Antonio 6487 Whitby Road Building 4 San Antonio, Texas 78240 Phone: (210) 558-0731 Intake: (210) 696-5300	Adult Young Adult	Female		Federal or Government funding Cash or Self-Payment
Care Counseling Services Cenikor Foundation 1901 Dutton Drive Suite E San Marcos, Texas 78666 Phone: (512) 396-7695 Intakes: (888) 236-4567 (888) CENIKOR	Adult Children/Adolescents	Male Female		Federal or Government funding Medicaid Private Health Insurance Cash or Self-Payment
Bluebonnet Trails Community Servs Bluebonnet Trails Recovery 1104 Jefferson Street Seguin, Texas 78155 Phone: (512) 863-8968	Adult Children/Adolescents	Male Female		Federal or any Government funding Medicaide Private Health Insurance Cash or Self-Payment
Guadalupe Regional Medical Center Teddy Buerger Center 1215 East Court Street Seguin, Texas 78155 Phone: (830) 401-6158 Intake: (830) 401-1367	Adult Children/Adolescents	Male Female		Federal or Government funding Medicaid Private Health Insurance Cash or Self-Payment Medicare Military Insurance State Funded other than Medicaid
Billy T Cattan Recovery Outreach Inc 802 East Crestwood Drive Victoria, Texas 77901 Phone: (361) 576-4673				Federal or any government funding Medicaid Private Health Insurance Cash or Self-Payment State Funded other than Medicaid
Treatment Associates of Victoria 107 Cozzi Circle Victoria, Texas 77901 Phone: (361) 572-3006	Adults Young Adults	Male Female		Cash or Self-Payment
Source: SAMHSA The National Directory of Drug and Alcohol Abuse Treatment Facilities				

Table 49. 2013-2014 Texas Public HS Grads Enrolled in Higher Education in Academic year 2014-2015

Academic Year 2013-2014 Texas Public High School Gruduates Enrolled in Texas Higher Education in Academic Year 2014-2015					
Area	**Enrolled in Texas Public or Independent 4-Year Institution**	**Enrolled in Texas Public or Independent 2 Year College**	**Not Trackable in Texas Higher Education**	**Not Located in Texas Higher Education**	**Total**
Texas	79,171	95,058	15,699	113,181	303,109
Region 8	8,013	9,247	753	13,314	31,379
Atascosa	111	164	2	282	559
Bandera	60	27	1	94	182
Bexar	5,049	6,067	573	8,372	20,061
Calhoun	40	79	10	158	287
Comal	588	383	29	810	1,810
DeWitt	54	91	6	134	285
Dimmit	27	53	1	48	129
Edwards	11	12	0	19	42
Frio	30	33	1	93	157
Gillespie	91	56	6	122	275
Goliad	26	29	2	37	94
Gonzales	40	54	19	112	225
Guadalupe	470	360	29	795	1,654
Jackson	41	91	2	77	211
Karnes	34	52	0	55	141
Kendall	260	146	12	237	655
Kerr	146	61	17	194	418
Kinney	13	14	0	26	53
La Salle	*	*	*	*	52
Lavaca	27	59	0	41	127
Maverick	202	376	8	333	919
Medina	168	171	6	302	647
Real	6	12	0	11	29
Uvalde	56	140	1	93	290
Val Verde	127	224	5	221	577
Victoria	138	290	16	349	793
Wilson	174	147	7	240	568
Zavala	24	56	0	59	139

* College enrollment counts do not include graduates that enrolled in out-of-state institutions of higher education or graduates with ID numbers that were non-trackable or not located.

Source: Academic Year 2013-2014 Texas Public High School Graduates Enrolled in Texas Higher Education, Academic Year 2014-2015. Texas Higher Education Data. http://www.thecb.state.tx.us/reports/PDF/7514.PDF?CFID=80883979&CFTOKEN=56853660. Accessed July 29, 2018

Table 50. 2016 Youth Employment for Ages 16-19 and 20-24

2016 Youth Employment for Ages 16-19 and 20-24						
Area	Total Population (Ages 16-19)	Labor Force Participation (Ages 16-19)	Unemployment Rate (Ages 16-19)	Total Population (Ages 20-24)	Labor Force Participation Rate (Ages 20-24)	Unemployment Rate (Ages 20-24)
TEXAS	1,536,407	35.0	21.7	1,977,688	72.7	11.3
Region 8 Average	163,282	37.9	22.0	204,994	73.6	16.5
Atascosa	2,568	40.3	20.5	2,982	75.9	13.6
Bandera	730	28.2	8.7	964	69.0	9.6
Bexar	108,983	38.7	21.2	144,538	74.8	11.0
Calhoun	1,201	34.1	30.6	1,156	69.6	14.8
Comal	6,285	35.4	14.8	6,645	76.6	9.9
DeWitt	915	45.4	23.9	1,052	71.9	9.5
Dimmit	970	36.8	19.9	519	60.9	27.8
Edwards	86	55.8	70.8	194	87.1	0.0
Frio	1,229	50.6	34.6	2,118	52.1	1.8
Gillespie	1,563	49.3	14.9	915	83.0	22.9
Goliad	428	22.0	29.8	495	78.8	19.2
Gonzales	1,119	48.0	23.6	1,349	67.2	11.2
Guadalupe	9,069	37.3	20.3	9,125	73.8	12.2
Jackson	805	49.1	25.3	755	80.1	5.0
Karnes	612	17.2	23.8	1,292	43.3	4.8
Kendall	2,088	41.3	10.4	2,018	82.2	5.3
Kerr	2,535	38.8	29.1	2,979	84.7	19.3
Kinney	161	49.7	0.0	192	42.7	97.6
La Salle	290	31.4	37.4	556	41.7	25.0
Lavaca	911	41.6	2.6	1,034	80.5	19.4
Maverick	4,255	30.5	32.6	4,628	73.6	20.1
Medina	2,759	28.1	20.0	3,333	66.4	12.2
Real	217	32.3	30.0	151	67.5	14.7
Uvalde	1,810	37.6	14.0	1,980	77.8	21.7
Val Verde	3,078	32.5	19.1	4,026	70.5	12.7
Victoria	5,086	44.5	10.7	6,292	79.8	11.1
Wilson	2,681	36.5	15.0	2,631	71.9	12.4
Zavala	848	26.8	12.3	1,075	84.4	18.3

Source: American Community Survey, Employment Status, 2016, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Table 51. Region 8 Health Professional Shortage Areas (HPSAs)

Region 8 Health Professional Shortage Areas (HPSAs)			
HPSA Name	**Designation Type**	**HPSA Discipline Class**	**HPSA Score**
Atascosa County	Geographic HPSA	Primary Care	8
Atascosa County	Geographic HPSA	Dental Health	9
Atascosa Healthcare	Federally Qualified Health Center	Primary Care	9
Atascosa Healthcare	Federally Qualified Health Center	Mental Health	12
Atascosa Healthcare	Federally Qualified Health Center	Dental Health	18
Bandera County	Geographic HPSA	Mental Health	15
Bandera County	Geographic HPSA	Primary Care	16
Bexar County	High Needs Geographic HPSA	Mental Health	12
Calhoun County	Geographic HPSA	Mental Health	18
CF-Fabian Dale Dominguez State Jail	Correctional Facility	Primary Care	6
Children's Clinic of Dimmit and Zavala	Rural Health Clinic	Primary Care	0
Community Health Centers of South Central Texas	Federally Qualified Health Center	Primary Care	11
DeWitt County	High Needs Geographic HPSA	Dental Health	5
DeWitt County	High Needs Geographic HPSA	Mental Health	17
Dimmit County	High Needs Geographic HPSA	Primary Care	10
Dimmit County	High Needs Geographic HPSA	Mental Health	17
Edwards County	Geographic HPSA	Mental Health	10
Edwards County	High Needs Geographic HPSA	Dental Health	12
Frio County	High Needs Geographic HPSA	Dental Health	11
Frio County	Geographic HPSA	Primary Care	17
Frio County	High Needs Geographic HPSA	Mental Health	18
Gillespie County	Geographic HPSA	Mental Health	16
Goliad County	Geographic HPSA	Primary Care	12
Gonzales County	High Needs Geographic HPSA	Dental Health	8
Guadalupe County	Geographic HPSA	Mental Health	12
Health Center of Southeast Texas	Federally Qualified Health Center	Primary Care	4
Immigration Customs Enforcement-South Texas/Pearsall	Correctional Facility	Dental Health	18
Karnes County	Geographic HPSA	Mental Health	17
Karnes County	High Needs Geographic HPSA	Primary Care	12
Kerr County	Geographic HPSA	Mental Health	11
Kickapoo Tribe of Texas	Native American/Tribal Facility/Population	Primary Care	8
Kinney County	Geographic HPSA	Mental Health	12
Kinney County	High Needs Geographic HPSA	Dental Health	19
Kinney County	High Needs Geographic HPSA	Primary Care	17
La Salle County	High Needs Geographic HPSA	Dental Health	17
La Salle County	High Needs Geographic HPSA	Primary Care	17
Low Income - Calhoun County	HPSA Population	Primary Care	15
Maverick County	High Needs Geographic HPSA	Mental Health	18
Maverick County	High Needs Geographic HPSA	Dental Health	19
Northwest Bexar	High Needs Geographic HPSA	Primary Care	9
Real County	Geographic HPSA	Mental Health	12
Real County	High Needs Geographic HPSA	Primary Care	17
South Texas Rural Health Services	Federally Qualified Health Center	Dental Health	21
South Texas Rural Health Services	Federally Qualified Health Center	Mental Health	21
Uvalde County	High Needs Geographic HPSA	Primary Care	10
Uvalde County	High Needs Geographic HPSA	Dental Health	12
Uvalde County	Geographic HPSA	Mental Health	19
Val Verde County	High Needs Geographic HPSA	Primary Care	14
Val Verde County	Geographic HPSA	Mental Health	18
Victoria County	Geographic HPSA	Mental Health	14
Wilson County	Geographic HPSA	Mental Health	13
Wilson County	Geographic HPSA	Primary Care	6
Zavala County	High Needs Geographic HPSA	Primary Care	9
Zavala County	High Needs Geographic HPSA	Mental Health	18
Source: HRSA Health Workforce, https://bhw.hrsa.gov/shortage-designation/hpsas			

Table 52. 2018 Juvenile Drug Related Arrests by County by Age

2018 Juvenile Drug Related Arrests by County by Age						
	UNDER 10	Ages 10 -12	Ages 13 - 14	Age 15	Age 16	TOTAL
Texas	18	317	1,652	1,736	2,492	6,213
Region 8	2	17	168	147	240	574
Atascosa	0	0	0	2	8	10
Bandera	0	0	0	0	0	0
Bexar	2	10	105	93	142	352
Calhoun	0	0	1	2	7	10
Comal	0	2	29	17	18	66
DeWitt	0	0	0	3	2	5
Dimmit	0	0	0	0	0	0
Edwards	0	0	0	0	0	0
Frio	0	0	0	1	2	3
Gillespie	0	0	0	0	1	1
Goliad	0	0	0	0	0	0
Gonzales	0	0	2	2	4	8
Guadalupe	0	0	7	6	10	23
Jackson	0	0	0	0	2	2
Karnes	0	0	0	3	2	5
Kendall	0	0	2	7	6	15
Kerr	0	2	2	2	9	15
Kinney	0	0	0	0	0	0
La Salle	0	0	0	0	0	0
Lavaca	0	0	0	3	1	4
Maverick	0	0	1	1	3	5
Medina	0	0	1	1	1	3
Real	0	0	0	0	0	0
Uvalde	0	0	0	0	1	1
Val Verde	0	0	4	2	12	18
Victoria	0	1	12	1	5	19
Wilson	0	2	1	1	4	8
Zavala	0	0	1	0	0	1

Texas Department of Public Safety, https://txucr.nibrs.com/SRSReport/ArresteeSummary

Table 53. 2018 Region 8 Adult Drug Related Arrests by County by Age

2018 Region 8 Adult Drug Related Arrests by County by Age

Area	17	18	19	20	21	22	23	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 OVER	TOTAL
Texas	**4,389**	**8,442**	**7,380**	**7,101**	**6,412**	**5,928**	**5,873**	**5,796**	**26,504**	**20,856**	**15,944**	**9,856**	**7,289**	**4,972**	**3,374**	**1,498**	**670**	**142,284**
Region 8	431	2,439	1,167	1,081	1,055	890	1,015	1,044	5,209	4,349	3,291	1,983	1,403	937	680	294	142	27,410
Atascosa	13	8	17	15	17	15	22	13	105	67	50	28	14	18	13	4	0	419
Bandera	2	4	0	4	1	1	1	0	12	16	6	10	8	7	7	2	0	81
Bexar	203	2,141	801	716	751	652	770	814	4,032	3,420	2,628	1,601	1,136	736	524	222	120	21,267
Calhoun	5	10	9	12	5	7	12	8	18	27	14	9	10	8	7	0	1	162
Comal	28	50	58	54	42	37	30	41	172	133	85	49	36	29	19	9	3	875
Dewitt	1	4	6	6	2	1	2	5	18	16	6	7	3	4	2	1	0	84
Dimmit	0	0	2	2	0	2	3	3	10	14	4	8	0	2	2	1	1	54
Edwards	0	4	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	6
Frio	4	4	14	14	10	5	4	8	39	36	26	19	13	5	5	3	2	211
Gillespie	4	11	18	13	12	6	10	8	35	24	22	14	10	4	2	3	2	198
Goliad	0	0	1	2	0	2	1	0	1	1	0	0	2	1	3	0	0	14
Gonzales	6	10	9	7	10	13	6	8	39	32	26	8	5	8	2	3	0	192
Guadalupe	23	30	44	53	35	25	30	35	144	114	83	39	27	27	19	4	2	734
Jackson	2	5	5	5	5	4	4	2	12	16	19	9	5	3	1	1	0	98
Karnes	2	3	4	6	8	3	4	1	12	10	16	1	5	4	0	0	0	79
Kendall	23	19	28	18	24	26	22	18	67	51	34	27	19	13	15	8	0	412
Kerr	18	20	35	33	20	12	16	15	82	78	53	37	24	14	9	10	3	479
Kinney	0	1	0	1	0	4	1	1	4	0	1	0	0	0	2	1	0	16
La Salle	1	1	3	2	0	0	2	4	14	8	6	3	3	1	1	0	0	49
Lavaca	3	4	2	1	2	4	8	2	17	11	10	3	5	1	5	1	1	80
Maverick	4	14	14	5	10	4	4	6	18	19	13	4	0	3	4	2	0	124
Medina	20	25	32	21	26	10	15	12	84	70	51	22	21	22	12	6	4	453
Real	0	0	0	1	0	0	1	0	1	2	0	1	0	0	0	0	0	6
Uvalde	12	20	11	26	18	15	8	12	54	35	33	21	16	9	10	1	2	303
Val Verde	16	6	8	18	17	5	15	6	44	23	11	12	2	1	1	2	0	187
Victoria	31	33	39	35	33	31	20	22	147	104	81	48	33	14	10	5	1	687
Wilson	10	11	2	10	6	5	4	0	22	21	10	1	5	2	3	4	0	116
Zavala	0	1	4	1	1	1	0	0	6	1	3	2	0	1	2	1	0	24

Texas Department of Public Safety, https://txucr.nibrs.com/SRSReport/ArresteeSummary

Table 54. 2015-2017 Juvenile Probation Referrals

2015	Texas	2,798,160	5,803	8,725	30,973	9,957	4,281	1,534	61,273	22	43,439
2016	Texas	2,824,828	5,720	8,538	27,901	8,722	3,319	974	55,174	22	39,616
2017	Texas	2,842,884	6,009	8,336	26,965	8,276	2,997	939	53,522	19	38,559
2015	Region 8	284,286	503	821	3,817	1,275	388	276	7,071	25	5,058
2016	Region 8	285,463	492	742	3,453	1,169	235	52	6,143	22	4,545
2017	Region 8	285,595	569	828	3,750	1,023	153	56	6,379	22	4,738
2015	Atascosa	5,355	5	10	76	13	15	1	120	22	91
2016	Atascosa	5,360	6	17	34	20	12	0	89	17	67
2017	Atascosa	5,351	8	9	38	16	8	0	79	15	60
2015	Bandera	1,634	1	4	20	1	9	3	38	23	29
2016	Bandera	1,599	2	18	10	5	9	1	45	28	32
2017	Bandera	1,597	3	7	28	4	3	1	46	29	42
2015	Bexar	188,545	345	493	2,671	800	112	244	4,665	25	3,345
2016	Bexar	189,502	343	434	2,482	720	44	22	4,045	21	3,026
2017	Bexar	190,084	384	503	2,682	649	28	34	4,280	23	3,162
2015	Calhoun	2,256	9	24	71	19	1	0	124	55	93
2016	Calhoun	2,267	7	17	52	19	0	0	95	42	72
2017	Calhoun	2,267	3	11	45	11	0	0	70	31	57
2015	Comal	11,363	15	23	90	31	30	0	189	17	149
2016	Comal	11,398	19	32	98	19	15	1	184	16	165
2017	Comal	11,224	27	30	154	13	13	0	237	21	211
2015	De Witt	1,709	5	15	49	23	2	0	94	55	67
2016	De Witt	1,722	6	15	41	21	4	0	87	51	62
2017	De Witt	1,721	9	25	51	20	1	2	108	63	67
2015	Dimmit	1,148	2	10	6	0	0	0	18	16	15
2016	Dimmit	1,158	0	7	17	1	0	0	25	22	18
2017	Dimmit	1,176	0	2	6	0	0	0	8	7	8
2015	Edwards	164	0	0	1	0	0	0	1	6	1
2016	Edwards	175	0	0	0	0	0	0	0	0	0
2017	Edwards	179	1	0	1	0	0	0	2	11	2
2015	Frio	1,664	4	5	33	4	4	0	50	30	43
2016	Frio	1,692	1	8	18	1	7	0	35	21	32
2017	Frio	1,665	4	5	21	4	6	0	40	24	33
2015	Gillespie	2,077	4	7	9	2	0	4	26	13	24
2016	Gillespie	2,047	3	2	9	2	1	6	23	11	22
2017	Gillespie	2,003	1	3	11	0	2	2	19	9	16
2015	Goliad	676	0	1	3	0	0	0	4	6	4
2016	Goliad	655	0	0	11	1	0	0	12	18	8
2017	Goliad	635	0	10	2	0	0	0	12	19	10
2015	Gonzales	2,180	3	9	23	7	0	0	42	19	30
2016	Gonzales	2,183	4	2	14	6	3	0	29	13	25
2017	Gonzales	2,210	7	9	17	8	1	1	43	19	34
2015	Guadalupe	16,116	20	30	136	79	45	5	315	20	222
2016	Guadalupe	16,215	15	42	119	45	70	3	294	18	209
2017	Guadalupe	16,330	25	39	150	60	49	1	324	20	228
2015	Jackson	1,340	3	10	18	0	1	1	33	25	26
2016	Jackson	1,390	1	9	14	4	0	1	29	21	20
2017	Jackson	1,368	3	8	20	1	0	1	33	24	26
2015	Karnes	1,134	2	1	8	3	8	1	23	20	21
2016	Karnes	1,153	5	5	23	12	2	12	59	51	34
2017	Karnes	1,157	5	8	11	9	0	8	41	35	33
2015	Kendall	3,624	1	8	30	1	1	0	41	11	37
2016	Kendall	3,575	4	11	39	0	0	1	55	15	42
2017	Kendall	3,448	7	8	31	0	0	0	46	13	41
2015	Kerr	4,027	10	18	63	56	28	2	177	44	106
2016	Kerr	4,015	8	16	43	27	4	0	98	24	74
2017	Kerr	3,988	5	10	40	33	4	0	92	23	58

Table 54 Continued. 2015-2017 Juvenile Probation Referrals

Year	County	Juvenile Population	Violent Felony	Other Felony	Misd. A & B	VOP	Status	Other CINS	Total Referrals	Referral Rate/1,000	Youth Referred
2015	Kinney	230	0	0	0	0	0	0	0	0	0
2016	Kinney	240	0	0	0	0	0	0	0	0	0
2017	Kinney	243	1	1	4	0	0	0	6	25	5
2015	La Salle	567	0	2	11	0	2	0	15	26	13
2016	La Salle	554	4	6	12	1	1	0	24	43	21
2017	La Salle	541	1	0	3	0	4	0	8	15	7
2015	Lavaca	1,705	0	11	7	7	0	1	26	15	17
2016	Lavaca	1,709	4	4	11	5	1	0	25	15	20
2017	Lavaca	1,750	2	6	23	10	0	0	41	23	37
2015	Maverick	7,296	13	33	84	10	9	9	158	22	109
2016	Maverick	7,275	3	11	77	9	1	3	104	14	89
2017	Maverick	7,223	4	29	33	0	0	0	66	9	60
2015	Medina	5,009	7	10	33	4	1	0	55	11	50
2016	Medina	5,029	11	12	27	4	0	0	54	11	51
2017	Medina	4,997	3	10	29	1	0	0	43	9	39
2015	Real	204	0	0	10	0	0	0	10	49	10
2016	Real	206	0	0	0	0	0	0	0	0	0
2017	Real	212	0	0	0	0	0	0	0	0	0
2015	Uvalde	3,064	4	14	51	4	12	2	78	28	78
2016	Uvalde	3,067	12	14	68	2	4	2	102	33	81
2017	Uvalde	3,059	15	22	126	1	14	4	182	60	128
2015	Val Verde	5,712	15	28	89	14	1	1	148	26	104
2016	Val Verde	5,731	2	15	66	22	0	0	105	18	82
2017	Val Verde	5,654	11	14	60	15	0	1	101	18	82
2015	Victoria	9,025	28	38	175	187	48	0	476	53	254
2016	Victoria	9,065	28	29	138	218	56	0	469	52	246
2017	Victoria	9,093	26	43	126	162	15	0	372	41	222
2015	Wilson	5,076	5	6	35	10	58	2	116	23	101
2016	Wilson	5,060	4	14	22	5	1	0	46	9	41
2017	Wilson	5,003	12	13	28	6	5	0	64	13	59
2015	Zavala	1,386	2	11	15	0	1	0	29	21	19
2016	Zavala	1,421	0	2	8	0	0	0	10	7	6
2017	Zavala	1,417	2	3	10	0	0	1	16	11	11

Glossary of Terms

30 Day Use	**The percentage of people who have used a substance in the 30 days before they participated in the survey.**
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who

	has four glasses of wine one evening and wakes up the next day with a hangover.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

Appendix D

2018 Texas School Survey of Drug and Alcohol Use for Region 7 & 8

Alcohol:

➢ Alcohol continues to be the most commonly used substance among secondary students. Lifetime use increased from 53.3 percent in 2016 to 55.2 percent in 2018. Past-Month Alcohol use also increased from 28 percent to 32.1 percent and School-Year increased from 34.1 percent to 37.6 percent. Past-Month use increased across all grade levels with 10th grade reporting the highest change from 28.4 percent to 36.9 percent followed by 12th grade students from 44.3 percent to 51.9 percent.

➢ The average age of first use for Alcohol was 13.1.

➢ Students' perception of danger for Alcohol use decreased from 82.1 percent in 2016 to 78.7 percent in 2018 while the perception of Parental Approval increased from 4.4 percent to 5.9 percent. In 2016, students perceived that 51.3 percent of their close friends used Alcohol while 53.3 percent reported Lifetime use. In 2018, students perceived that 55.2 percent of their close friends used Alcohol while 55.2 percent reported Lifetime use. The perception of Alcohol access as somewhat easy to easy increased from 48.9 percent in 2016 to 50.1 percent in 2018.

➢ Binge drinking increased. Defined as having five or more drinks in a two-hour period during the past month, increased from 10.9 percent in 2016 to 14.2 percent in 2018. Students report beer as their Alcohol of choice however, when it comes to binge drinking, students report drinking Liquor and Beer equally at 9.1 percent of the time.

➢ Female Alcohol use increased and continues to surpass the Males for Past-Month, School-Year and Lifetime. Lifetime Alcohol use for Males was 53.3 percent compared to Females at 56.9 percent. Past-Month use for Males was 31 percent compared to Females at 33.2 percent and School-Year for Males was 36.4 percent compared to Females at 38.7 percent. Past-Month use by Males increased from 26.7 percent in 2016 to 31 percent in 2018 while Females increased from 29.2 percent to 33.2 percent in 2018.

➢ Drinking and driving increased for high school students in grades 9 through 12 from 3.6 percent in 2016 to 6.3 percent in 2018.

➢ Lifetime use by Whites was highest at 57.8 percent followed by Hispanic at 56.2 percent and then African Americans at 45.4 percent. Past-Month use for Whites was 33.9 percent followed by Hispanic at 33.5 percent and then African Americans at 22.1 percent. School-Year use by Hispanics was highest at 39.4 percent followed by Whites at 39.2 percent and then African Americans at 27.3 percent.

Tobacco:

➢ Lifetime use of any Tobacco product increased from 28.8 percent in 2016 to 33.5 percent in 2018. Past-Month use increased from 13.8 percent to 19.9 percent and School-Year increased from 18.2 percent to 23.8 percent. Past-month use increased for all grades with 12th grade students having the highest increase from 26.4 percent in 2016 to 36.5 percent in 2018. 7th grade students increased from 4.7 percent to 5.1 percent, 8th grade students increased from 8.5 percent to 10.3 percent, 9th grade

students increased from 12.5 percent to 17 percent, 10th grade students increased from 13.9 percent to 23.6 percent, 11th grade increased from 20.3 percent to 29.5 percent. The increase in

Tobacco products is the result of E-Vapor products which includes items such as ECigarettes, E-Cigars, Vaping Pens, Vape Pipes, etc.

➢ The average age of first use for any Tobacco product was 13.7.

➢ Students' perception of danger for Tobacco use decreased from 85.6 percent in 2016 to 83.9 percent in 2018 while the perception of Parental Approval remained unchanged at 1.7 percent. In 2016, students perceived that 31.1 percent of their close friends used Tobacco while only 28.8 percent reported Lifetime use. In 2018, students perceived that 33.1 percent of their close friends used Tobacco while 33.5 percent reported Lifetime use. The perception of Tobacco access as somewhat easy to very easy increased from 34.6 percent in 2016 to 36.8 percent in 2018.

➢ Lifetime use of any Tobacco product for Males was highest at 35.3 percent compared to Females at 31.6 percent. Past-Month use for Males was 22.3 percent compared to Females at 17.5 percent and School-Year use by Males was 25.8 percent and Females at 21.8 percent.

➢ Lifetime use of any Tobacco products was highest for Whites at 37 percent followed Hispanics at 33.3 percent and African Americans at 26.6 percent. White Past-Month use was highest at 24.9 percent followed by Hispanics at 18.7 percent and then African Americans at 12.8 percent. School-Year use was the highest for Whites at 28.8 percent followed by Hispanics at 22.7 percent and African Americans at 16.3 percent.

➢ E-Vapor use continues to be the fastest growing trend among our youth. In 2016, 24 percent of students reported that they had used Electronic Vapor products at some point in their lives, increasing to 28.9 percent in 2018. Past-Month increased from 8.8 percent to 15.6 percent, and School-Year increased from 13.4 percent to 20 percent. Students reported using E-Vapor Products 3 times more than Cigarettes and nearly 4 times more than Smokeless Tobacco in the past month.

➢ Female E-Vapor use increased nearly 2 times more in Past-Month use from 7.7 percent in 2016 to 14.2 percent in 2018. Males surpassed Females in Past-Month, School-Year and Lifetime use although Females are making great strides in catching up.

Lifetime Electronic Vapor use by Whites was highest at 33.4 percent followed by Hispanics at 27.8 percent and then African Americans at 23.9 percent. Past-Month use by Whites was 21.3 percent followed by Hispanics at 13.4 percent and then African Americans at 10.8 percent. School-Year use by Whites was 25.8 percent followed by Hispanics at 17.9 percent and then African Americans at 15 percent.

Inhalants:

➢ Lifetime Inhalant use increased from 10.6 percent in 2016 to 11.7 percent in 2018. Past-Month use remained unchanged at 4 percent. Seventh and 8th grade students used Inhalants the most for Past-Month, School-Year and Lifetime. The most popular Inhalants used to get high among secondary students in 2018 were: Helium, Butane, Propane, Whippets and Freon at 6.3 percent; followed by

Whiteout, Correction Fluid or Magic Markers at 4.3 percent then Spray Paint at 1.7 percent and finally Computer Dusting Sprays at 0.8 percent.

➢ The average age of first use for Inhalants was 12.

➢ Students' perception of danger for Inhalant use decreased from 88 percent in 2016 to 86.6 percent in 2018 while the perception of Inhalant access as somewhat easy to very easy decreased from 35.1 percent to 33.6 percent.

➢ Lifetime use of Inhalants for Females was highest at 12.6 percent compared to Males at 10.8 percent. PastMonth use by Males was 3.7 percent and Females at 4.8 percent and School-Year use for Males was 4.9 percent compared to Females at 6.3 percent.

➢ Lifetime Inhalant use by Hispanics was highest at 12.2 percent, followed equally by African Americans and Whites at 10.8 percent. Past-Month use was highest for Hispanics at 4.7 percent followed by African Americans at 4.6 percent and Whites at 2.9 percent and School-Year use for Hispanics at 6.2 percent followed by African Americans at 5.5 percent and then Whites at 4.6 percent.

Use of Illicit Drugs

Marijuana:

➢ Lifetime Marijuana use increased from 20.8 percent in 2016 to 23 percent in 2018. Past-Month use increased from 11.6 percent to 14.2 percent and School-Year increased from 14.5 percent to 17.1 percent. Seventh and 8th grade use decreased while 9ththrough 12th grade use increased. Lifetime use for 9th grade increased from 15.6 percent in 2016 to 16.8 percent in 2018, 10th grade increased from 23.8 percent to 26.4 precent, 11th grade increased from 32.8 percent to 37.2 percent and 12th grade increased from 37.6 percent to 44.2 percent. PastMonth use for 9th grade increased from 9.1 percent to 11.1 percent, 10th grade increased from 11.9 percent to 16.2 percent, 11th grade increased from 17.8 percent to 22 percent and 12th grade increased from 22.1 percent to 27.1 percent.

In 2018, 1.8 percent of students reported using Marijuana daily making it the 2nd most frequently used substance next to Tobacco at 2 percent.

➢ The average age of first use for Marijuana was 14.2.

➢ Students' perception of danger for Marijuana use increased from 68.2 percent in 2016 to 68.6 percent in 2018 while the perception of Parental Approval increased from 3.1 percent to 3.3 percent. In 2016, students perceived that 43.2 percent of their close friends used Marijuana while only 20.8 percent reported Lifetime use. In 2018, students perceived that 43.8 percent of their close friends used Marijuana while only 23 percent reported Lifetime use. The perception of Marijuana access as somewhat easy to very easy decreased from 35 percent in 2016 to 34.7 percent in 2018.

➢ Lifetime Marijuana use for Males was highest at 24 percent compared to Females at 21.8 percent. Past-Month use for Males was 15.2 percent compared to Females at 13.1 percent and School-Year use by Males was 18.2 percent compared to Females at 15.9 percent.

➢ Lifetime Marijuana use by Hispanics was highest at 24.4 percent followed by Whites at 22.8 percent and then African Americans at 18.7 percent. Past-Month use by Hispanics was 15 percent followed by

Whites at 14.1 percent and African Americans at 11.8 percent. School-Year use by Hispanics was 18.1 percent followed by Whites at 17.3 percent and then African Americans at 12.4 percent.

Cocaine:

➢ Lifetime Cocaine use increased from 2.4 percent in 2016 to 2.7 percent in 2018. Past-Month increased from 1.2 percent to 1.4 percent and School-Year increased from 1.6 percent to 1.7 percent. Past-Month Cocaine use by 8th grade decreased by 50 percent from 1.4 percent in 2016 to 0.7 percent in 2018.

➢ The average age of first use for Cocaine was 14.9.

➢ Students' perception of danger for Cocaine use remained unchanged at 94.5 percent from 2016 to 2018 while perception of access increased from 8.7 percent to 9.1 percent.

➢ Lifetime Cocaine use for Males was highest at 3.2 percent compared to Females at 2.2 percent. Past-Month Cocaine use for Males was 2 percent compared to Females at 1.3 percent and School-Year use by Males was 2 percent and Females at 1.3 percent.

➢ Lifetime Cocaine use for Hispanics was highest at 2.9 percent followed by Whites at 2.8 percent and then African Americans at 1.2. A larger race difference exists in Past-Month Hispanic use at 1.6 percent followed by Whites at 1.1 percent and then African American at 0.7 percent. School-Year use for Hispanics was 1.8 percent followed by Whites at 1.6 percent and African Americans at 0.9 percent.

Steroids:

➢ Lifetime Steroid use increased from 1.4 percent in 2016 to 1.7 percent in 2018. Past-Month increased from 0.3 percent to 0.5 percent and School-Year increased from 0.6 percent to 0.7 percent. Eighth grade students reported the highest Past-Month use at 0.8 percent and School-Year at 1.1 percent.

➢ The average age of first use for Steroids was 12.5.

➢ Students' perception of danger for Steroid use decreased from 89.4 percent in 2016 to 88.7 percent in 2016 while the perception of access increased from 6.9 percent to 7.3 percent.

➢ Lifetime Steroid use for Females was highest at 1.8 percent compared to Males at 1.6 percent. Past-Month Steroid use for Females was 0.4 percent compared to Males at 0.5 percent and School-Year use for Females was 0.8 percent compared to Males at 0.7 percent.

➢ Lifetime Steroid use by African Americans was highest at 2 percent followed by Whites at 1.9 percent and then Hispanics at 1.5 percent. The most significant difference exists in School-Year use by Whites at 0.9 percent followed by African Americans and Hispanics equally at 0.6 percent. Past-Month use by African Americans was highest at 0.6 percent followed by Whites at 0.5 percent and then Hispanics at 0.4 percent.

Synthetic Cathinones:

➢ Lifetime Synthetic Cathinone use increased from 0.3 percent in 2016 to 0.5 percent in 2018. Past-Month use remained unchanged at 0.1 percent and School-Year increased from 0.1 percent to 0.2 percent.

➢ The average age of first use for Synthetic Cathinones was 14.1.

➢ Lifetime Synthetic Cathinone use by Females was highest at 0.5 percent compared to Males at 0.4 percent. Past-Month use for Males and Females was 0.1 percent and School-Year use for Males and Females were 0.2 percent.

➢ Lifetime Synthetic Cathinone use by Whites was highest at 0.6 percent followed equally by African Americans and Hispanics at 0.4 percent. Past-Month use for Whites and Hispanics was 0.1 percent followed by African Americans at 0.0 percent. School-Year use for Whites was 0.3 percent followed by Hispanics at 0.2 percent and then African Americans at 0.0 percent.

Synthetic Marijuana:

➢ Lifetime Synthetic Marijuana use remained unchanged at 3.8 percent from 2016 to 2018. Past-Month use increased from 1.0 percent to 1.2 percent and School-Year increased from 1.5 percent to 1.7 percent.

➢ The average age of first use for Synthetic Marijuana was 14.1.

Students' perception of danger for Synthetic Marijuana use decreased from 89.1 percent in 2016 to 88.7 percent in 2018 while the perception of access decreased from 11.5 percent to 10.3 percent.

➢ Lifetime Synthetic Marijuana use by Females was higher 3.9 percent compared to Males at 3.6 percent. PastMonth use for Females was 1.3 percent and Males at 1 percent. School-Year use for Females was 2 percent compared to Males at 1.4 percent.

➢ Lifetime Synthetic Marijuana use by Hispanics was highest at 4.7 percent followed by Whites at 2.7 percent and then African Americans at 2.2 percent. Past-Month use for Hispanics was 1.4 percent followed equally by African Americans and Whites at 0.8 percent. School-Year use for Hispanics was 2.1 percent followed by Whites at 1.3 percent and then African Americans at 0.8 percent.

Ecstasy:

➢ Lifetime Ecstasy use decreased from 2.7 percent in 2016 to 2.1 percent in 2018. Past-Month use decreased from 0.7 percent to 0.6 percent and School-Year decreased from 1.2 percent to 1.0 percent.

➢ The average of first use for Ecstasy was 15.

➢ Students' perception of danger for Ecstasy use decreased from 89.7 percent in 2016 to 89.5 percent in 2018 while the perception of access decreased from 8.8 percent to 7.7 percent.

➢ Lifetime Ecstasy use for Males was highest at 2.4 percent compared to Females at 1.8 percent. Past-Month use for Males was 0.6 percent and Females at 0.5 percent. School-Year for Males was 1.1 percent compared to Females at 0.9 percent

➢ Lifetime Ecstasy use by Hispanics was highest at 2.4 percent followed by Whites at 2 percent and then African Americans at 1 percent. Past-Month use for Hispanics was 0.7 percent followed by African Americans at 0.5 percent and then Whites at 0.4 percent. School-Year use for Hispanics was 1 percent followed by Whites at 0.9 percent and then African Americans at 0.7 percent.

Hallucinogens:

➢ Lifetime use for Hallucinogens increased from 3.4 percent in 2016 to 3.7 percent in 2018. Past-Month use remained unchanged at 1.1 percent while School-Year increased from 1.8 percent to 1.9 percent.

➢ Lifetime Hallucinogen use for Males was highest at 4.7 percent compared to Females at 2.8 percent. PastMonth use for Males was 1.4 percent compared to Females at 0.8 percent and School-Year for Males was 2.5 percent compared to Females at 1.4 percent.

➢ Lifetime Hallucinogen use for Whites was highest at 4.5 percent, followed by Hispanics at 3.5 percent then African Americans at 1.2 percent. Past-Month use for Whites was 1.3 percent followed by Hispanics at 1 percent then African Americans at 0.6 percent. School-Year for Whites was 2.4 percent followed by Hispanics at 1.7 percent then African Americans at 0.8 percent.

Crack:

➢ Lifetime use of Crack decreased from 1.1 percent in 2016 to 0.7 percent in 2018. Past-Month use decreased from 0.5 percent to 0.4 percent and School-Year decreased from 0.6 percent to 0.4 percent.

➢ The average age of first use for Crack was 13.3.

➢ Students' perception of danger for Crack use decreased from 94.6 percent in 2016 to 93.4 percent in 2018 while the perception of somewhat easy to very easy access remained unchanged at 6.3 percent.

➢ Males and Females both reported 0.4 percent use for Past-Month and School-Year. Male Lifetime use was slightly higher at 0.7 percent compared to Females at 0.6 percent.

➢ Lifetime Crack use by African Americans was highest at 1.1 percent followed by Hispanics at 0.8 percent then Whites at 0.4 percent. Past-Month use for African Americans was 0.8 percent followed by Hispanics at 0.4 percent then Whites at 0.2 percent. School-Year use for African Americans was 0.9 percent followed by Hispanics at 0.5 percent then Whites at 0.2 percent.

Heroin:

➢ Lifetime use of Heroin decreased from 0.7 percent in 2016 to 0.4 percent in 2018. Past-Month decreased from 0.2 percent to 0.1 percent and School-Year decreased from 0.3 percent to 0.2 percent.

➢ The average age of first use for Heroin was 13.3.

➢ Students' perception of danger for Heroin use decreased from 93.8 percent in 2016 to 93 percent in 2018 while the perception of somewhat easy to very easy access increased from 4.2 percent to 4.6 percent.

➢ Lifetime Heroin use by Females was highest at 0.5 percent compared to Males at 0.4 percent. Past-Month use at 0.1 percent and School-Year at 0.2 percent were equal for Males and Females.

➢ Lifetime Heroin use by African Americans was highest at 0.7 percent followed by Hispanics at 0.4 percent and then Whites at 0.3 percent. Past-Month use by African Americans was 0.3 percent followed by Hispanics at 0.1 percent and Whites at 0 percent. School-Year use by African Americans was 0.6 percent followed by Hispanics at 0.2 percent and Whites at 0.1 percent.

Methamphetamine:

➢ Lifetime use of Methamphetamine decreased from 1.2 percent in 2016 to 0.9 percent in 2018. Past-Month remained unchanged at 0.3 percent and School-Year decreased from 0.5 percent to 0.4 percent.

The average age of first use was 13.8.

➢ Students' perception of danger for Methamphetamine use decreased from 93.8 percent in 2016 to 92.6 percent in 2018 while the perception of somewhat easy to very easy access decreased from 5.3 percent to 5.2 percent.

➢ Lifetime Methamphetamine use for Females was highest at 0.9 percent compared to Males at 0.8 percent. PastMonth use for Females was 0.4 percent compared to Males at 0.3 percent and School-Year was 0.5 percent for Females compared to Males at 0.4 percent

➢ Lifetime Methamphetamine use by Whites and Hispanics were equally highest at 0.9 percent followed by African Americans at 0.5 percent. Past-Month use for Hispanics was 0.4 percent followed by Whites at 0.3 percent and African Americans at 0.1 percent. School-Year use for Whites was 0.5 percent followed by Hispanics at 0.4 percent and then African Americans at 0.1 percent.

Over the Counter Drugs

➢ Lifetime use of any Over the Counter drug use decreased from 3.3 percent in 2016 to 3.2 percent in 2018. PastMonth use decreased from 1.5 percent to 1 percent and School-Year decreased from 2 percent to 1.6 percent. Over the Counter Drugs include DXM, Triple Cs or Coricidin.

Nonmedical Use of Prescription Drugs:

Any Prescription Drugs: ➢ Lifetime use of any Prescription Drug increased from 18.5 percent in 2016 to 19 percent in 2018. Past-Month use showed a significant decrease from 10.5 percent to 7.6 percent. School-Year decreased from 13.9 percent to 11.2 percent. The most popular abused prescription drug was Codeine Cough Syrup followed by Amphetamines, then Benzodiazepines and finally Opioids.

➢ Lifetime Prescription drug use for Males was highest at 20 percent compared to Females at 17.8 percent. PastMonth use for Males was 8 percent compared to Females at 7 percent and School-Year for Males was 12.2 percent compared to 10.2 for Females.

➢ Lifetime Prescription drug use was highest by Whites at 20.7 percent followed by African Americans at 18.8 percent then Hispanics at 18.1 percent. Past-Month use for Whites was 8 percent followed by Hispanics at 7.6 percent and then African Americans at 6.6 percent. School-Year use for Whites was 12.7 percent followed by Hispanics at 10.6 percent and then African Americans at 9.1 percent.

Codeine Cough Syrup: ➢ Lifetime Codeine Cough Syrup use increased from 11.4 percent in 2016 to 12.2 percent in 2018. Past-Month use decreased from 5.6 percent to 3.5 percent and School-Year also decreased from 8 percent to 6.1 percent.

Opioids Used for Pain:

➢ Lifetime Opioids use for pain decreased from 5.1 percent in 2016 to 4.4 percent in 2018. Past-Month use decreased from 2.4 percent to 1 percent and School-Year decreased from 3.6 percent to 2 percent. Drugs used for pain include OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet or Hydrocodone.

Benzodiazepines - Anti-Anxiety:

➢ Lifetime Anti-Anxiety drugs, Valium (or Diazepam) and Xanax (or Alprazolam) increased from 4.6 percent in 2016 to 5.7 percent in 2018. Past-Month decreased from 2.1 percent to 1.6 percent and School-Year decreased from 3.1 percent to 2.9 percent.

Amphetamines – Stimulants:

➢ Lifetime use of Amphetamine Stimulants for Adderall, Ritalin, Dexedrine, Concerta, or Focalin increased from 5.2 percent in 2016 to 5.7 percent in 2018. Past-Month use remained unchanged at 2.1 percent. School-Year increased from 3.3 percent to 3.4 percent. These drugs are stimulants commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD) but also abused by students seeking to improve their academic performance.

Any Other Prescription Drug:

➢ Lifetime use of any other Prescription drugs not listed decreased from 8.8 percent in 2016 to 8.4 percent in 2018. Past-Month decreased from 4 percent to 3.4 percent and School-Year decreased from 5.5 percent to 4.6 percent.

Other Facts: ➢ Inhalants were identified as the youngest age of first use at 12 followed by Steroids (12.5), Alcohol (13.1), Crack and Heroin (13.3), Tobacco (13.7) Methamphetamines (13.8), Synthetic Marijuana (14.1), Marijuana (14.2) Cocaine (14.9) and Ecstasy (15).

➢ Drinking and Driving increased from 2.7 percent in 2016 to 4.8 percent in 2018 and driving high from Drugs increased from 4.1 percent to 5.6 percent.

➢ Students that attended class drunk on Alcohol increased from 3.7 percent in 2016 to 4.6 percent in 2018; high on Marijuana increased from 6.3 percent to 7.1 percent; high on Inhalants increased from 0.7 percent to 0.9 percent and all other drugs increased from 3.1 percent to 3.3 percent.

The average number of days absent from school for Alcohol Users was 4.2 days compared to Alcohol Non-Users at 3.2 days; Marijuana Users was 4.3 days compared to Marijuana Non-Users at 3.5 days and Inhalant Users was 4.1 days compared to Inhalant Non-Users at 3.6 days.

➢ The average number of days for conduct problems at school for Alcohol Users was 2.1 days compared to Alcohol Non-Users at 0.7 days; Marijuana Users was 2.9 days compared to Marijuana Non-Users at 1 day and Inhalant Users at 4.2 days compared to Inhalant Non-Users at 1.2 days.

➢ Students that sought help for drug or alcohol use increased from 5.7 percent in 2016 to 6.6 percent in 2018. However, in 2018 students reported a decrease in those that would not seek help for a drug or alcohol problem (from 83.1 percent to 82.4 percent).

➢ In 2016, students reported an increase of having more friends that feel close to their parents (54%) and caring about making good grades (67%). In 2014, friends that feel close to their parents was 50 percent and caring about making good grades was 66 percent.

Safety:

➢ Students reported feeling less safe at school than at home or in their neighborhood. In 2016 10.1 percent of students did not feel safe at school increasing to 12.2 percent in 2018. Students feeling unsafe in their neighborhood increased from 5.8 percent to 6 percent. Fewer students felt unsafe in their home decreasing from 1 percent to 0.8 percent in 2018.

➢ Friends that carried a weapon decreased from 23.9 percent in 2016 to 22.4 percent in 2018. However, friends that belonged to a gang increased from 12.7 percent to 13.3 percent.

Prevention Education:

➢ Students report a decrease in receiving prevention education at school. Prevention education decreased from 66.3 percent in 2016 to 65.4 percent in 2018. Most of their prevention education was taught during a school Health class.