HEALTH AND WELFARE

SUBSTANCE ABUSE

Substance abuse is a major public health problem that affects millions of people and places enormous financial and social burdens on society. It can destroy families and tremendously impact educational, criminal justice, and social service systems. Every man, woman, and child in America pays nearly $1,000 annually to cover the costs of unnecessary health care, extra law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.

Definitions:

***Substance Use*: Refers to sporadic use of drugs and/or alcohol which may progress to abuse and dependence.**

***Substance Abuse* and Dependence: Refers to more severe and regular use which is classified as a medical condition and usually requires specialized treatment.[8]**

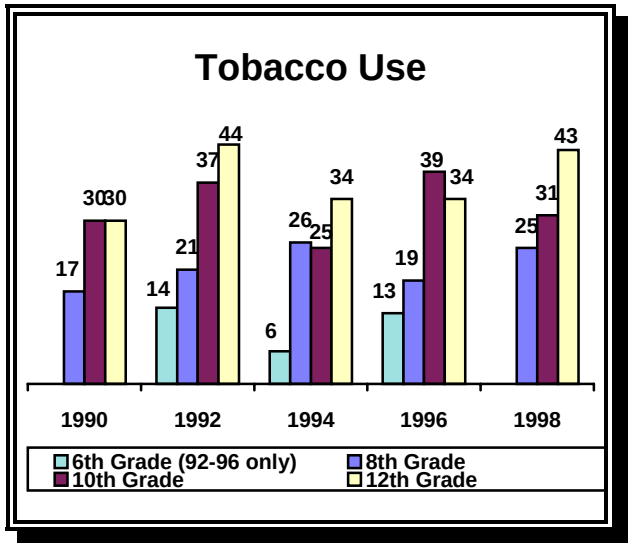
Substance use involves millions of children, adolescents and young adults, most of whom began smoking, drinking, and using other psychoactive drugs in late childhood and adolescence. Substance use leading to serious behavioral or health problems is all too common and the level of drug use in the United States is still higher than that in any other industrialized society. By the time they are high school seniors, most adolescents have tried alcohol, tobacco, and marijuana, and many smoke cigarettes daily.

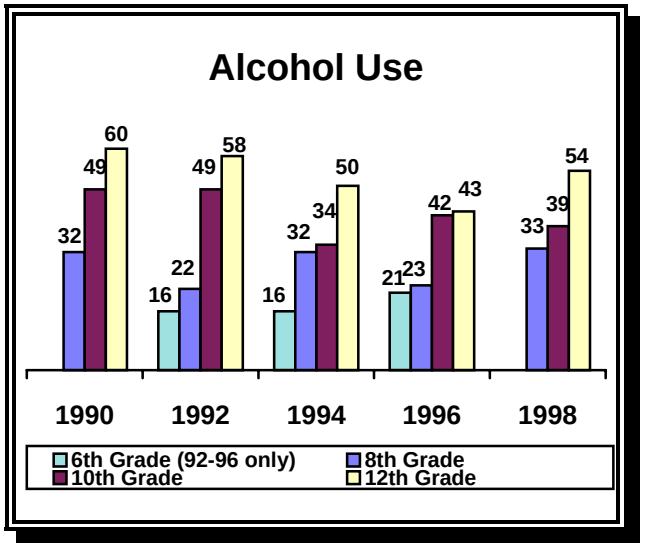
Every two years Texas A&M University, in cooperation with the Texas Council on Alcohol and Drug Abuse (TCADA), conducts a survey of Texas 6th, 8th, 10th, and 12th graders across the state. This survey contains an enormous amount of information about many different types of substances. The survey could not be included in its entirety, however the graphs on the page opposite show the percentage of Georgetown Independent School District (GISD) students reporting past-month use of four different substances by grade and by year. Percentage of students reporting past month use is thought to correlate highly with frequent, rather than experimental, substance use. Though state-wide numbers for 1998 were not available in time for publication, past-month substance use among students in Texas was generally higher than it was in Georgetown in 1996. However, there were two interesting exceptions to this. In grades eight, ten, and twelve, GISD student past month use of hallucinogens was at or above state levels. Additionally, past-month use among GISD tenth graders equaled or exceeded state-wide averages in each of six substance categories except for cocaine.

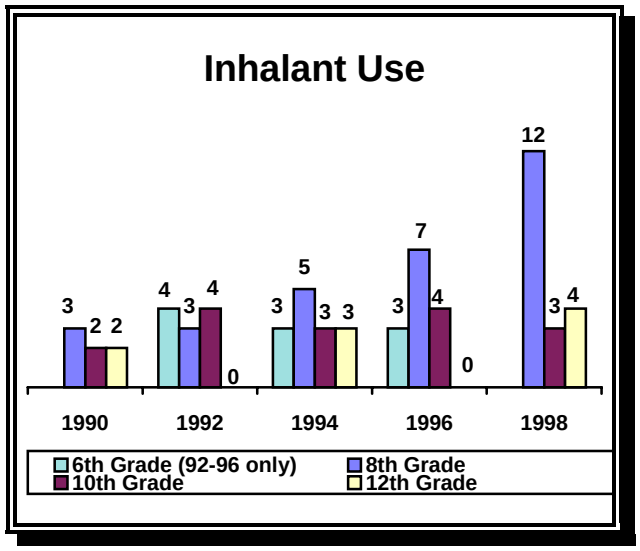
''Georgetown High School is definitely no different from any other high school in the nation concerning substance abuse. We have a major problem and it is frustrating to see adults pretend to be oblivious.''

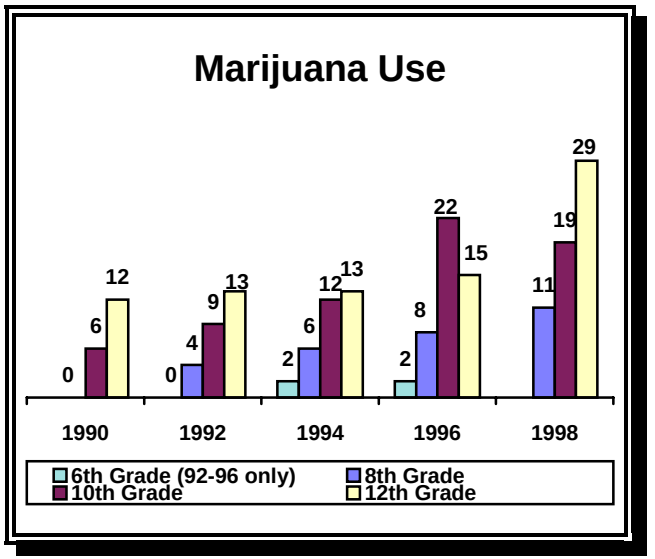
-Georgetown High School Student

Percentage of GISD Students Reporting Past-Month Use









Source: Texas A&M Public Policy Research Institute.

HEALTH AND WELFARE

HEALTH AND WELFARE

The "drug scene" is rapidly changing. It is not the one that parents of the '90s may remember from their college years. Cocaine is now used by far more people, including adolescents, in much more hazardous ways. Today's marijuana is highly cultivated and contains higher levels of THC than the marijuana used in the 1960s. It may also be laced with a hallucinogen such as PCP. Alcohol is the most abused drug in the nation by both adults and adolescents. Many suburban communities are experiencing an increase in heroin use primarily by upper middle class adolescents. Alcohol and drug use place youth at risk for exposure to HIV, and are strongly correlated with violent behavior and school truancy.

Risk markers for youth substance abuse include: [9]

- **Early initiation-*use of any substances at an early age (10-12)***
- **School Problems-*lack of expectation that school will be a successful experience, low grades, acting out in school, or school truancy***
- **Family Problems-*lack of parental support and guidance***
- **Peer Influence-*having friends who use substances and lacking resistance to negative peer influence***
- **Personality-*being nonconformist, rebellious, or having a strong sense of independence***

TEENAGE PREGNANCY

Across the nation each year almost one million teens - approximately 10 percent of all 15- to 19-year old females - become pregnant. About one third of these teens abort their pregnancies, 14 percent miscarry, and 52 percent (or more than half a million teens) bear children.[10] The American Medical Association has found that of these pregnancies, more than 75 percent are unplanned. Teen pregnancy rates are twice as high in the US than any other developed country, and more than ten times as high as in the Netherlands or Japan.[11]

1996	TEXAS	GEORGETOWN
Number of Teen Births	36,313	26
Percent of Teen Births	11%	8.8%
Number of Single Teen Births	25,823	17
Percent of Single Teen Births	7.8%	5.7%

Source: Texas Department of Health, special data run by Sharon Riley

Thirty years ago, only 15 percent of births to teens were outside of marriage; now the rate is almost 75 percent.[12] During the 1970s, the national teen pregnancy rate increased, reaching 110 pregnancies per 1000 adolescent females ages 15 to 19 years old in 1980. The rate remained relatively stable until the late 1980s, when it rose

Consequences for the Children of Teen Mothers[13]

- ***Low-birthweights***
- ***Childhood health problems***
- ***Less likely to grow up in homes with fathers***
- ***More likely to run away***
- ***More likely to experience abuse or neglect***
- ***More likely to drop out of high school***
- ***More likely to become teen parents***

again slightly. The majority of state data for 1992 indicated a decline in teen pregnancy rates.[14] Preliminary 1996 data from the National Center for Health Statistics show the US birth rate was 54.7 live births per 1,000 women ages 15-19, a 4 percent drop from 1995 and a 12 percent drop from 1991, when the rate was 62.1.[15] Teen pregnancy and teen childbearing carry serious health and social consequences for both mother and child, as well as for society. Teen mothers are less likely to receive adequate prenatal care, and are more likely to deliver low birthweight babies who are at risk for lifelong develop-mental and health problems. Teen mothers also tend to have subsequent births within short time periods, resulting in larger families and greater reliance on public assistance.[16] The cost to society of adolescent childbearing and the entire web of social problems that confront adolescent mothers, ultimately leads to poor and sometimes devastating outcomes for their children.

During the 1997-1998 school year, GISD's Pregnancy, Education, and Parenting (PEP) program identified 53 students who were either pregnant or parenting. The increase in the number of students identified is well above the average of 24 students per year identified during the previous six years. However, it is difficult to attribute this rise to any single factor. GISD administrators note that during the 1997-1998 school year, a number of either pregnant or parenting teens moved into the school district and were subsequently identified by the program. Also, since the implementation of the PEP program, personnel from GISD and various agencies have continued to refine the system for identifying pregnant and parenting teens within the school district. Thus, students who are pregnant or parenting are being more accurately identified, and this may have increased the number of students identified. While it is probable that there was an overall rise in the number of pregnant and parenting teens during this school year, it is difficult to gauge this rise within the context of a rapidly expanding youth population.

Further information regarding birth statistics can be found in the Early Childhood section beginning on page 34 of this report.

MENTAL HEALTH

Not all children grow from infancy through their adolescent years without experiencing some bumps along the way. Just as children or adolescents may become physically ill, they also may experience emotional and behavioral problems. Many problems can be completely overcome and symptoms can most often be improved with treatment. There are many factors which may contribute to emotional or behavioral problems including genetic, family, and social factors. Childhood depression continues to rise, due to factors such divorce, moving, or the loss of a loved one. Children who grow up in violent homes are six times more likely to commit suicide. Data also shows that younger generations are experiencing earlier onset and higher rates of both major depression and drug abuse/dependence.

Nationally, 9 to 13 percent of children between the ages of 9 and 17 have a serious emotional disturbance. Insufficient research has been conducted to determine the rates among children ages birth to 8. 'Serious emotional disturbance' includes a range of diagnosable mental, behavioral, or emotional disorders of sufficient duration to meet specific diagnostic criteria, which substantially interferes with the child's functioning in family, school, or community activities. Through better understanding of the causes and treatment of both situational, emotional and behavioral problems, as well as serious emotional disturbances over the past decade, children and families can receive effective treatment and support through community-based systems of care.

The mental health components of a system of care encompass a wide range of mental health and related services and supports organized to work together to provide comprehensive, community-based care. The system should include structures providing physical and mental health interventions collaboratively with all other services the child and family may require from other sectors such as education, child welfare, and juvenile justice. The range of services that have been shown to be effective include: outpatient counseling services (both individual and group) in a variety of settings including community centers, private offices, and the child's home and school environment; family support services including counseling, support groups, respite care, and accurate and comprehensive information and referral; crisis and emergency services; case management or case coordination to ensure that services are delivered to the child and family; and residential inpatient care.

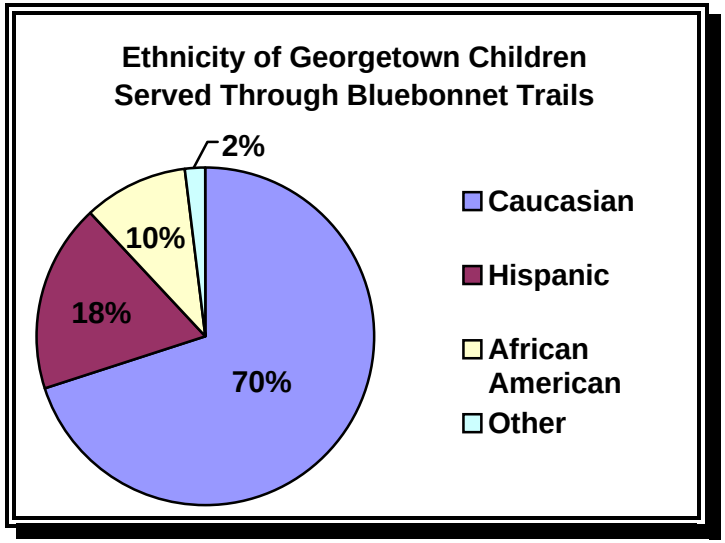
Estimates indicate a prevalence rate as high as 50 percent for co-occurence of alcohol and other drug (AOD) use and mental health disorders for adolescents.[17] Special treatment needs for adolescents demand that services be coordinated and integrated across multiple systems and points of contact.

Williamson County Council on Alcohol and Drug Abuse offers drug and alcohol assessments and short term family and individual counseling as well as school based support groups and counseling services.

Practicing in Georgetown, and accepting both insurance and private pay clients are:

- **3 psychologists, only 2 treating children and adolescents**
- **6 family therapists; one practicing part time and one treating only adults**
- **1 child psychiatrist practicing part time**
- **1 adult psychiatrist practicing part time**

Intervention Services Unlimited offers school based services at GISD school campuses, as well as family support group services to families through the county juvenile justice system.



Source: TX Dept. of Mental Health and Mental Retardation, special data run by Molly Lopez

There are no publicly funded counseling services currently available in Georgetown. Publicly funded services for children with serious emotional disturbances are available through Bluebonnet Trails MHMR in Round Rock. During fiscal year 1997, 40 children were served, the average age being 10.6 years.--31 children were male and 9 were female. Of those served, 10 per cent were involved with the juvenile justice system. Previously services were offered through a Family Preservation program located in Georgetown. That program is no longer present in Georgetown.

HEALTH INSURANCE

It is commonly estimated that 25 percent of Texas residents of all ages do not have health insurance. Children under 15 whose family incomes are below 100 percent of the Federal Poverty Level may be eligible for Medicaid – approximately 300 have been served annually in Georgetown over the last 2 years. In July, 1998, that guideline increased to include children through age 19. Outreach efforts are presently under way to reach this new group of Medicaid eligible children.

HEALTH AND WELFARE

Many low income families whose income or resources exceed Medicaid guidelines, or who are undocumented, may be assisted through two programs offered by Williamson County and Cities Health Indigent Health Care Program. In 1997 these programs paid for 2, 961 doctor visits and 3,597 prescriptions for 3,131 individuals. 875 low income, uninsured pregnant women were provided with access to prenatal care and case management.

WCCHD offers preventive health services to families who do not have access to private care--including prenatal care, child health checkups, immunizations, and selected adult health screenings. All services are available at the Georgetown clinic site, at 100 W. 3rd St. Women, Infant and Children Nutrition Program (WIC) is offered at the same site--last year WIC logged 7,869 client contacts for Georgetown residents.

While many families may be eligible for programs that pay for medical care, Georgetown is experiencing a shortage of physicians who will accept such programs. Presently no Georgetown physicians are accepting new Medicaid clients, except for pregnant women. Consequently, families are traveling to Round Rock, Granger, Temple and Austin to find care for their children. Although many physicians have chosen not to participate in the Medicaid program for a variety of reasons, the price is paid by families who have increasing difficulty in accessing care.

BASIC NEEDS

In 1997, for the second consecutive year, the numbers of Texans receiving AFDC and food stamp benefits have declined. 1996 was a year of momentous change for the Texas Department of Human Services (DHS), as the agency began implementing state welfare reforms passed by the 74th Texas Legislature and signed by Gov. George W. Bush. Subsequently, in late summer 1996, Congress approved and the President signed a massive federal welfare reform bill requiring dramatic changes in welfare programs. One of the most significant provisions of the federal welfare reform is that it ended the long-standing entitlement status of the program once known as Aid to Families with Dependent Children (AFDC), and abolished many of the federal rules governing cash assistance programs. States now receive their funds through the Temporary Assistance to Needy Families (TANF) block grant, and each state is responsible for designing and implementing its own cash assistance program.

As required by HB 1863, clients must sign a personal responsibility agreement requiring that they participate in activities leading to self-sufficiency, provide proof of their children's immunizations and school attendance, and agree not to abuse alcohol or use, sell, or possess drugs. Benefit reductions are assessed against clients who fail to meet these requirements. Texas' time limits range from 12 to 36 months, depending on the family caretaker's education and work experience. Caretakers whose time limits expire must wait five years before reapplying; however, children in the family can continue receiving assistance.

Number of Families with Children by Program

Program	TANF		Food Stamps		Non-TANF Medical		TANF Medical	
Year	**1997**	**1998**	**1997**	**1998**	**1997**	**1998**	**1997**	**1998**
Georgetown	92	60	255	192	291	222	6	15
Williamson County	540	413	1431	1,136	887	874	112	95
Texas	203,273	158,053	502,834	411,259	284,246	272,031	29,575	29,659

Source: Texas Department of Human services, Program Budget and Statistics, special data run by Andi Overall (data for February of both years)

Non-TANF Medical are medical services provided to individuals not receiving Temporary Aid to Needy Families, while TANF Medical indicates those served are also receiving TANF benefits.

The Caring Place serves people in need in Georgetown and northern Williamson County. They provide emergency assistance due to financial, medical, or family crisis. They serve indigent families with a focus on families with children, the elderly, and the disadvantaged. Most cases include assistance with clothing, food, utilities, health care, and rent. A new program in 1996 offers childcare subsidies in conjunction with job placement.

CARING PLACE ASSISTANCE PROVIDED

Year	Total Cases	Total Clients served	Children served	First-Time Adults served	First-Time Children served	Number of childcare subsidies
1996	5,465	16,880	7,488	611	413	6
1997	4,686	14,623	7,862	549	445	46

Source: The Caring Place