

THE GEORGETOWN PROJECT

2007 SNAPSHOT OF CHILDREN AND YOUTH



THE
GEORGETOWN
PROJECT

BUILDING A HEALTHY COMMUNITY
FOR CHILDREN AND YOUTH



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Executive Director, The Georgetown Project



Our Vision:

A community where no child is hungry, hurt, alone or rejected and where all children and youth believe they are loved, respected, and treated with dignity.

Our Mission:

Mobilize our community to coordinate, strengthen and develop resources and relationships so that our children and youth become caring, capable, and resilient individuals.

The Georgetown Project is a nonprofit organization founded in 1997 by a partnership including the business, government, education, health, and religious sectors of the community. Our goal is to create community conditions that protect, nurture, and realize the full potential of every child and youth in our community.

A SNAPSHOT OF GEORGETOWN CHILDREN AND YOUTH

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TABLE OF CONTENTS

A LETTER FROM THE EXECUTIVE DIRECTOR _____	PAGE 6
INTRODUCTION _____	PAGE 7
THE DEVELOPMENTAL ASSET APPROACH _____	PAGE 8
GEORGETOWN DEMOGRAPHICS _____	PAGE 15
BASIC NEEDS _____	PAGE 17
HEALTH _____	PAGE 22
MENTAL HEALTH _____	PAGE 28
SUBSTANCE USE AND ABUSE _____	PAGE 33
EARLY CHILDHOOD DEVELOPMENT _____	PAGE 36
PUBLIC EDUCATION _____	PAGE 40
ADDRESSING BARRIERS TO LEARNING _____	PAGE 43
PUBLIC SAFETY _____	PAGE 49
COMMUNITY ENGAGEMENT _____	PAGE 57
ASSETS IN ACTION _____	PAGE 59
NEXT STEPS FOR THE GEORGETOWN COMMUNITY _____	PAGE 63
APPENDIX: SUMMARY OF FINDINGS _____	PAGE 64

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Georgetown Municipal Court
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Georgetown Police Department
Georgetown Prevention Partnership
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Texas Education Agency
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A LETTER FROM THE EXECUTIVE DIRECTOR

Ten years ago the original *Snapshot of Georgetown Children and Youth* was researched and published as a foundational document for a newly formed nonprofit, The Georgetown Project. Its original Executive Director, Barbara Pearce, used this *Snapshot* to challenge citizens to accept an active role in a collaborative effort to create a healthy community for the well-being and success of all children.

Barbara inspired us with her introductory letter by recounting a story that asks one of my favorite questions: “How are the children?” This question, borrowed from the Masai culture of Africa, assumes that when we take care of our children, the daily routines of life have some purpose, and life is indeed good. One has to wonder about what a difference it would make if all Georgetown residents reflected daily on this question regarding the status of children and youth in Georgetown.

I am a strong believer in the fact that a person or society can affect the future through a “self-fulfilling prophecy.” If the adults of Georgetown collectively reacted to the above question by responding, “In Georgetown, every kid is a winner,” we could influence it to be so. I am confident that this spirit would drive us to make intentional decisions that would indeed enable every child to be successful.

The mission of The Georgetown Project is to energize our community, to identify needed areas of service, and to develop new programs for children, youth, and families. This *Snapshot of Georgetown Children and Youth* provides a collection of information and data regarding the current state of the health and well-being of children and youth. It is intended to function as a planning guide for human service and youth-related organizations, schools, and governmental entities that accept the challenge to serve as collaborative partners in nurturing our children. This *Snapshot* can serve as a tool to help us intentionally foster the creation of a “healthy community” for children, youth, and families.

Georgetown is a growing, changing, and dynamic place. The complexities of life that accompany such an environment can be overwhelming to the family and community structure in ways that impact our youth. The vision of The Georgetown Project is that together we can make a positive difference in the life of *every* child in this community. As Georgetown continues to grow from a small, relatively rural community in a once sparsely populated area to a major suburban city in the highly populated Williamson County, attention to data and detail about “kids” will enable us to make critically important decisions for the betterment of all.

Together we can make a difference!

How are the children? In Georgetown, every kid is a winner!

Gene E. Davenport
Executive Director

“In pursuing this mission, we have accumulated powerful evidence that it is through relationships with caring adults that youth build the strengths, resilience, and skills they need to thrive as adults. Not just connections with relatives, but connections with many caring adults in the community.”

-- Kathleen Kimball-Baker
Search Institute Author,
TAG, You're It!

INTRODUCTION

Given the general over-all well being of children and youth in Georgetown, one might question why the need exists to continuously focus on their welfare. While it is true that this community generally provides a “healthy climate” for its children, there is evidence of continued “need” documented in this *Snapshot*, just as there is evidence of need in all communities throughout the United States.

Since its founding ten years ago, The Georgetown Project has kindled the collaborative spirit of this community and encouraged each of us to place a priority on children and youth. Many citizens have accepted this challenge, and there exists a strong commitment and investment in youth activities and programs. Progress has been made. We should be proud.

Nonetheless, despite our many successes, the vision of creating an environment that serves the needs of all the children who live in Georgetown remains elusive. We continue to face significant challenges as represented by the facts outlined below.

- Homelessness has emerged as an issue for children of all ages.
- Alcohol and substance abuse continue to plague students and their families.
- Educational success for all students continues to be a challenge.
- Family conflict and dysfunction often leave children in a state of turmoil and confusion.
- The basics of existence—home, health, food/nutrition—can no longer be assumed for all Georgetown families.

Positive behaviors and attitudes on the part of our youth and children are a direct product of our collective wisdom and action.

--Peter L. Benson, Ph.D., President, Search Institute

During the past ten years, Georgetown has chosen to focus on a potential solution for many of the ills faced by healthy communities that choose to focus on youth. This strength-based solution emerged from the *Search Institute*. This organization has identified 40 positive experiences and qualities, called Developmental Assets, that all of us have the power to bring into the lives of children and youth.

Regardless of other solutions that may be identified to address issues that surface in the data of this document, the assets can become a source of ideas and inspiration in the face of frustration and despair as we seek the best for all children.

Relationships are a key component to success in nurturing our children and youth. Asset building demands strong communications between adults and young people, young people and their peers, as well as teenagers communicating with and becoming positive role models for younger children. A fundamental component of The Georgetown Project’s vision is that all adults will assume a supportive role for each of “our children.” When this happens, noticeable results will follow.

THE DEVELOPMENTAL ASSET APPROACH

The Search Institute of Minneapolis Minnesota has been conducting research for over 40 years and has identified a framework of positive experiences and personal qualities that young people need to grow up healthy, caring, and responsible. This youth development framework, named the 40 Developmental Assets, was introduced in the Georgetown community ten years ago by The Georgetown Project. **The assets are spread across eight broad areas of human development and paint a picture of the positive things that all of us have the power to bring into the lives of children and youth.** Building assets allows adults to focus on enhancing the strengths in young people, shifting from a negative to a positive approach.¹



“When we use the word assets, we’re not talking about money or property, although you can build financial assets in kids too. We’re really talking about human capital, the kind of assets that make people strong, resilient and happy.”

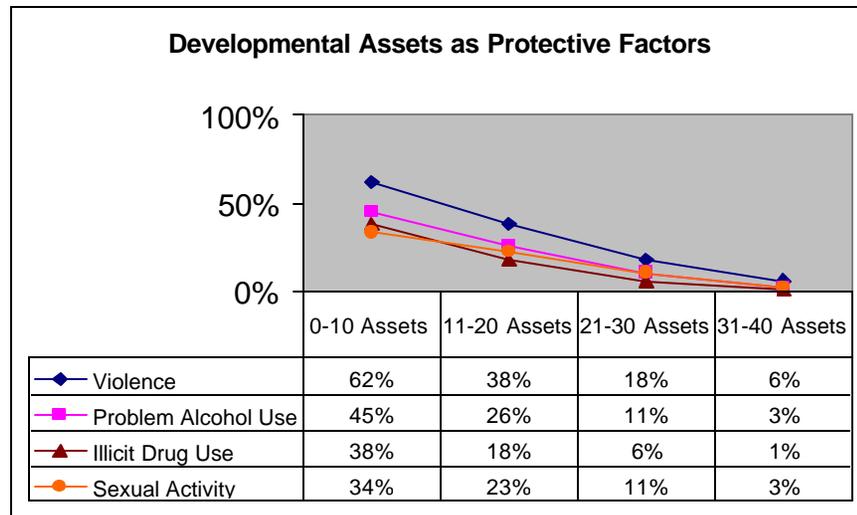
--Kathleen Kimball-Baker, Author, TAG, You're It!, Search Institute

Since 1989 Search Institute has surveyed over two million youth across the United States and Canada, and researchers have learned about the experiences, attitudes, behaviors, and the number of Developmental Assets at work for young people. Studies reveal strong and consistent relationships between the number of assets present in young people’s lives and the degree to which they develop in positive and healthful ways. Results show that the greater numbers of Developmental Assets experienced by young people, the more positive and successful their development. Regardless of gender, ethnic heritage, economic situation, or geographic location, these assets promote positive behaviors and attitudes and help protect young people from risky behaviors such as drug use, unsafe sex, and violence.²

¹ “The Asset Approach”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002. www.search-institute.org. 1 & 2.

² “The Asset Approach”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002. www.search-institute.org. 3.

Protecting Youth from High-Risk Behaviors

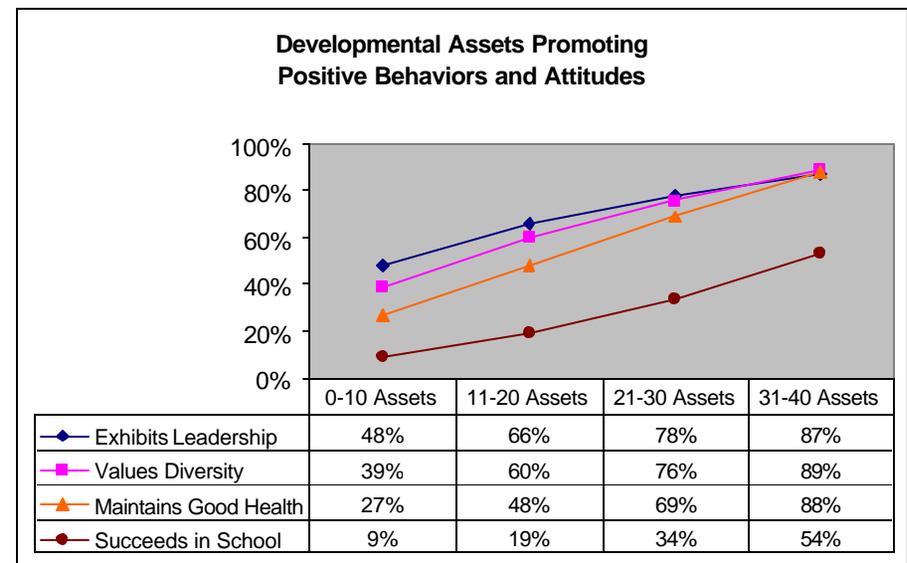


Assets have tremendous power to protect youth from many different harmful or unhealthy choices, thus focusing on prevention as opposed to intervention. To illustrate this power, the table at left shows that—based on surveys of almost 200,000 6th- to 12th-grade youth in 203 communities across the United States—the youth with the most assets are least likely to engage in four different patterns of high-risk behavior.³

The same kind of impact is evident with many other problem behaviors including tobacco use, depression, attempted suicide, antisocial behavior, school problems, driving under the influence, and gambling.⁴

Promoting Positive Behaviors and Attitudes

In addition to protecting youth from negative behaviors, having more assets increases the chances that young people will have positive attitudes and behaviors as the table at right shows. The good news is that assets are powerful and everyone can build them. The bad news is that most young people aren't experiencing enough of them. **While there is no magic number, Search Institute research suggests that 31 is a benchmark for experiencing the positive effects of the assets most strongly.** The reality is that the average young person surveyed in the United States experiences only 19 of the 40 assets. Overall, only 9% of young people experience 31 or more of the assets, and 59% of young people surveyed have 20 or fewer of the 40 assets. In short, the majority of young people in this country—from all walks of life—are lacking in sufficient Developmental Assets needed for healthy development. These statistics, as well as the role assets play in predicting both positive and negative outcomes for youth, underscore the importance of the developmental asset framework and its application.⁵



³ Adapted with permission from “The Asset Approach”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002, 2006. www.search-institute.org. 2.

⁴ Adapted with permission from the Search Institute website: <http://www.search-institute.org/research/assets/assetpower.html> Accessed 1/18/08.

⁵ Adapted with permission from “The Asset Approach”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002, 2006. www.search-institute.org. 3 & 4.

What Are the 40 Developmental Assets? – THE EXTERNAL ASSETS

SUPPORT	Family support	Family life provides high levels of love and support.
	Positive family communication	Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).
	Other adult relationships	Young person receives support from three or more nonparent adults.
	Caring neighborhood	Young person experiences caring neighbors.
	Caring school climate	School provides a caring, encouraging environment.
	Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.
EMPOWERMENT	Community values youth	Young person perceives that adults in the community value youth.
	Youth as resources	Young people are given useful roles in the community.
	Service to others	Young person serves in the community one hour or more per week.
	Safety	Young person feels safe at home, at school, and in the neighborhood.
BOUNDARIES AND EXPECTATIONS	Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.
	School boundaries	School provides clear rules and consequences.
	Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behavior.
	Adult role models	Parent(s) and other adults model positive, responsible behavior.
	Positive peer influence	Young person's best friends model responsible behavior.
	High expectations	Both parent(s) and teachers encourage the young person to do well.
CONSTRUCTIVE USE OF TIME	Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
	Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
	Religious community	Young person spends one hour or more per week in activities in a religious institution.
	Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.

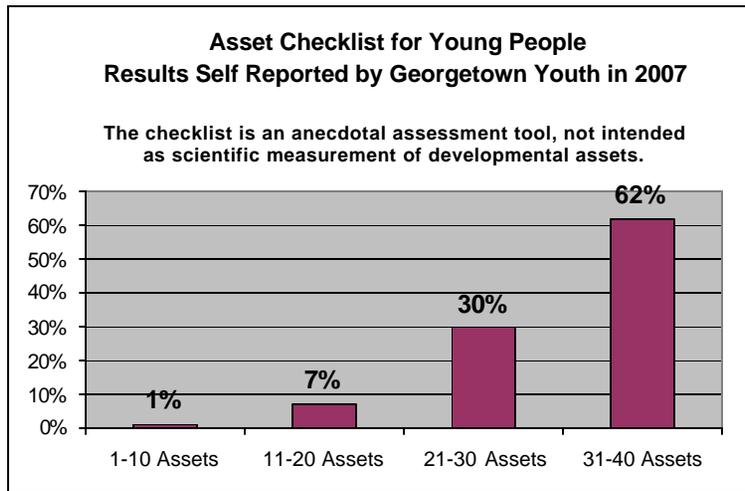
What Are the 40 Developmental Assets? – THE INTERNAL ASSETS⁶

COMMITMENT TO LEARNING	Achievement motivation	Young person is motivated to do well in school.
	School engagement	Young person is actively engaged in learning.
	Homework	Young person reports doing at least one hour of homework every school day.
	Bonding to school	Young person cares about her or his school.
	Reading for pleasure	Young person reads for pleasure three or more hours per week.
POSITIVE VALUES	Caring	Young person places high value on helping other people.
	Equality and social justice	Young person places high value on promoting equality and reducing hunger and poverty.
	Integrity	Young person acts on convictions and stands up for her or his beliefs.
	Honesty	Young person "tells the truth even when it is not easy."
	Responsibility	Young person accepts and takes personal responsibility.
	Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.
SOCIAL COMPETENCIES	Planning and decision making	Young person knows how to plan ahead and make choices.
	Interpersonal competence	Young person has empathy, sensitivity, and friendship skills.
	Cultural competence	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
	Resistance skills	Young person can resist negative peer pressure and dangerous situations.
	Peaceful conflict resolution	Young person seeks to resolve conflict nonviolently.
POSITIVE IDENTITY	Personal power	Young person feels he or she has control over "things that happen to me."
	Self-esteem	Young person reports having a high self-esteem.
	Sense of purpose	Young person reports that "my life has a purpose."
	Positive view of personal future	Young person is optimistic about her or his personal future.

⁶Adapted with permission from "The Asset Approach", Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002. www.search-institute.org. 2.

How Many Assets Do Georgetown Youth Possess?

In 1997, 794 Georgetown High School students in 9th and 11th grades were surveyed using Search Institute’s *Profiles of Student Life*. Surveys were based on a 30 asset model, which has since been expanded to 40 assets. At that time, Georgetown youth reported having an average of 17.1 of the 30 assets, just above the national average of 16.5.⁷ In 2000, the *Profiles of Student Life* survey was administered to a small sample of 260 8th graders at Benold Middle School who reported having 18 of the 40 Assets.



Local surveys using Search Institute’s *Asset Checklist for Young People* were conducted in 2007 with a convenient sample of 1,190 Georgetown students in grades 6-12. While the Asset Checklist is not a scientific measurement of Developmental Assets, the tool does encourage youth to think about the assets present in their lives by providing a checklist of 40 positive statements corresponding with the internal and external assets. Youth surveyed with the checklist indicated having 30 of the 40 positive internal and external experiences and supports listed on the checklist, thus providing some gauge of progress in the absence of funding to support a full Search Institute *Profiles of Student Life* survey.⁸

Giving Youth a Voice!

The Georgetown Project has hosted youth summits every two years since 1998 that have provided young people and community leaders the opportunity to identify community strengths and critical challenges facing youth. After the second summit, it was noted that divergent sets of youth repeatedly identified the following things as important.

Our youth should have at least 31 assets, but the national average is only 19.

- A safe place to “hang out” with their friends after school and on weekends with a variety of activities reflecting the diverse interests of teens
- A voice in the community through youth advisory councils or leadership groups
- Opportunities for intergenerational activities such as family fun days, community-wide service days, neighborhood block parties, mentoring and career programs, etc.
- Support from adults to make a difference in reducing drug and alcohol use among their peers⁹

⁷ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

⁸ The convenient sample consisted of a diverse variety of GISD middle school and high school students. The checklist project was conducted by Georgetown Project staff.

⁹ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

Community leaders listened and responded. A third summit focused entirely on developing a strategy for expanding the city’s recreation center to build a multi-purpose teen center in hopes of providing youth a safe place to hang out with their friends. With support from caring adults in the community, Georgetown youth became engaged in the community change process; researched successful models; put a power-point presentation together with local data supporting the need, highlighting model centers, and calling for action; then they took their show on the road. The youth made presentations to local civic clubs, nonprofit organizations, neighborhood associations, and the city council. They walked neighborhoods handing out information flyers about the bond issue and promoting the need for a teen center.

Georgetown City Council members lent their support to the youth by voting to include the teen center on a bond election in 2004 that passed by an overwhelming majority. Doors to the new 10,000 square-foot teen center are scheduled to open in 2009. Local youth will choose a name for their center and are currently serving in an advisory capacity as plans are made on interior design, programming, and center management structure. This is but one example of how youth can have a powerful impact on the community if given the chance.

Since many community leaders have embraced the asset framework, youth in Georgetown are actively involved in city government, school- and faith-based leadership and service groups, and community organizations. A few of the active community-based youth advisory groups include:

- The Georgetown Project’s Youth Action Council
- The City of Georgetown’s Youth Advisory Board
- The Chamber of Commerce’s Junior Leadership Georgetown.¹⁰

***Imagine an Asset Building Community...
IMAGINE GEORGETOWN!***

Developmental Assets provide a framework for action that encourages all individuals to make a difference, no matter who they are or what their lives are like. While the power of one is strong, imagine what young people experience when they have many people in their lives who are committed to nurturing and strengthening them by building assets together; families that communicate and enjoy spending time together; supportive teachers and school staff, elected officials who work diligently to protect rights and opportunities for all youth, and so on. Our asset building power grows exponentially in such an environment.



¹⁰ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

Communities across the world are discovering that the asset framework brings them together in new and exciting ways. It serves as a call to action and a catalyst for uniting people who never before had reason to work together. In exploring asset building in our community, there are a few guiding principles that have helped along the way:



- **Everyone can build assets.** Building assets isn't just about great families or schools or neighborhoods. It requires consistent messages across a community.
- **All young people need assets.** While it is crucial to pay attention to youth who struggle—economically, emotionally, or otherwise—nearly all young people need more assets than they have.
- **Relationships are key.** Strong relationships between adults and young people, young people and their peers, and teenagers and children are central to asset building.
- **Asset building is an ongoing process.** Building assets starts when a child is born and continues through high school and beyond.
- **Consistent messages are important.** It is important for families, schools, communities, the

media, and others to all give young people consistent and similar messages about what is important and what is expected from them.

- **Intentional repetition is important.** Assets must be continually reinforced across the years and in all areas of a young person's life.¹¹

IMAGINE -- A community where no child is hungry, hurt, alone or rejected ... and where all children and youth believe they are loved, respected, and treated with dignity ... **Imagine Georgetown!**

¹¹ Adapted with permission from "The Asset Approach", Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002, 2006. www.search-institute.org. 8.

GEORGETOWN DEMOGRAPHICS

Georgetown is a historic county seat in central Williamson County striving to retain its family friendly, neighborly charm in the face of fast growth. It experienced a 76% increase in population from 1990 to 2000,¹² and the City of Georgetown estimated the 2006 population to be 44,286 within the city limits.¹³

Estimates predict that Georgetown’s population will almost triple by 2030,¹⁴ and Williamson County itself is reported to be one of the fastest growing counties in Texas, the second-fastest growing state in the nation. By annexing large tracts of land, Georgetown has increased its geographic area as its population has burgeoned. A 2007 Demographic Study prepared for the Georgetown School Board states that “Georgetown grew by 41% in land area in 2006 by annexing 8,909 acres. City limits now span 48 square miles, up from 34 sq. mi. in 2005.”¹⁵ The median age of the Georgetown population is about nine years older than the state average, partially due to the development of the Sun City retirement community. Ironically, the population of 25 to 34 year-olds, major child bearing years, residing in the city declined from 2000 to 2006. In spite of this the number of babies born in Georgetown has increased almost every year since 1993.¹⁶ **Georgetown is a thriving community on the verge of becoming a boomtown, and managed growth remains a major community concern.**

Between 1997 and 2002, Health Care & Social Services (nurses, dental hygienists, nursing home attendants) constituted the fastest growing employment sector with a 192.6% increase (+1246).¹⁹

Georgetown Community at a Glance (The DeskMap Systems estimates in the third column are based largely on GISD service area as opposed to city limits.)	1990 Georgetown Census Data	2000 Georgetown Census Data	2006 Estimates
Total Population	24,149	42,581	58,489
Median Age	30.7	35.5	39.5
Educational Attainment			
% High School Grad or Higher	78.3%	87.8%	89.2%
% Bachelor’s Degree or Higher	25.3%	34.8%	36.2%
Median Household Income	\$32,147	\$58,630	\$63,345
Total Households	8,174	15,028	21,439
Average Household Size	2.8	2.7	2.6
Tenure			
% Owner Occupied Housing Units	67.7%	77.1%	78.9%
% Renter Occupied Housing Units	32.3%	22.9%	21.1%

Source: DeskMap Systems 2007 Report to the GISD Board of Trustees

2005-06 Demographic Information on Williamson County & Texas	Georgetown ¹⁷ 2005	Williamson County ¹⁸ 2006	Texas ¹⁸ 2006
Ethnic Make Up			
White	74.9%	81%	71.98%
Latino	19.2%	19.9%	35.5%
Black	4.2%	5.7%	11%
Asian	1.8%	3.6%	3.3%
Native American	.02%	0.3%	0.5%
Language Other Than English Spoken in Home		18.3%	33.6%
Income Information			
Median Household Income	*	\$65,418	\$49,769
Individuals Below Poverty Level	*	5.9%	17.6%
Families Below Poverty Level	*	4.3%	14.2%
Educational Attainment			
Adult High School Graduates	*	90.9%	78.8%
Bachelor’s Degree or Higher	*	38.3%	25.1%

¹² DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 5.

¹³ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 4.

¹⁴ “Georgetown’s growth plan gets first nod”, Williamson County Sun, , 1/13/08, 1A.

¹⁵ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 14, 19.

¹⁶ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 17, 23, 26, 31.

¹⁷ City of Georgetown, Georgetown data in this table is based on 2005 City statistics

¹⁸ Head Start 2007 Community Needs Assessment, 3. Williamson County and Texas data in this table is based on 2006 Census Data

¹⁹ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 5.

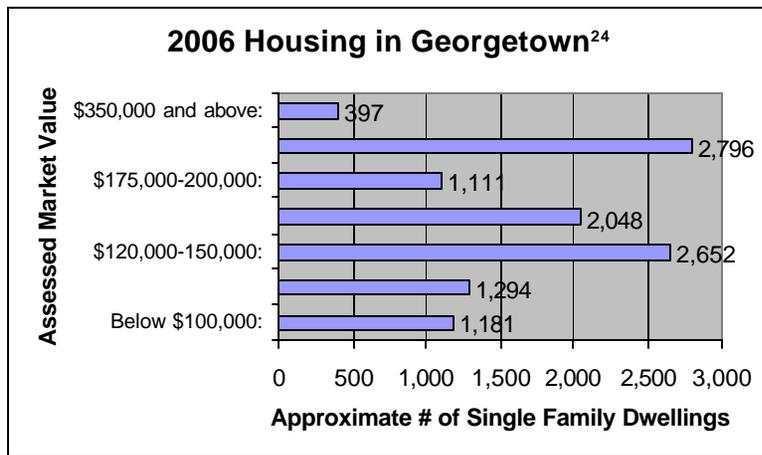
Largest Employment Sectors in Georgetown²⁰	
Health Care & Social Services	1,893 employees
Retail Trade	1,763 employees
Georgetown ISD	Approximately 1,650
Williamson County	1,000 employees
City of Georgetown	434 employees

A 2007 Community Needs Assessment conducted by Williamson and Burnet Counties Head Start states that salary scales have increased locally as the level of educational attainment has risen. The WBCO study reports that “Low income families face the same problems in Georgetown as in other rapid growth communities – high rent, increasing utility costs, a small number of affordable child care centers, and overcrowding in the public schools.”²¹

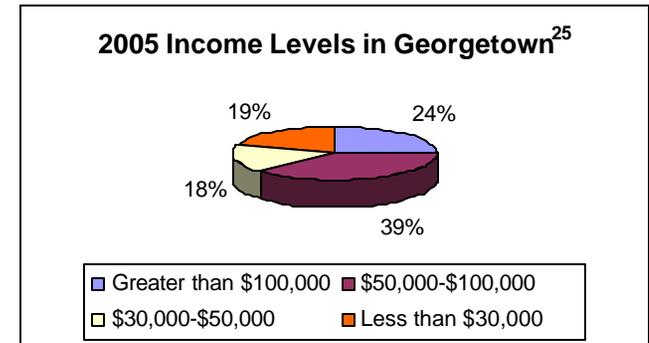
Growth in GISD Enrollment²²		
1997-98	6,945	
1998-99	7,321	5.40%
1999-2000	7,578	3.50%
2000-01	8,041	6.10%
2001-02	8,385	4.30%
2002-03	8,602	2.60%
2003-04	8,662	0.70%
2004-05	8,902	2.80%
2005-06	9,104	2.30%
2006-07	9,538	4.80%

In their 2007 demographic report to the GISD Board of Trustees, DeskMap Systems, Inc. states that “The Central Texas region has remained strong economically and this is expected to continue. The total workforce has reached a record high of 728,300 non-farm jobs and the unemployment rate is at a six-year low. This translates into a local market that is good for job seekers and one that will draw new home buyers.” It is predicted that from 2000 to 2040 the Williamson County population will more than double

from 249,967 in 2000 to 760,740 with the Hispanic population rising from 42,990 to 238,227, a noteworthy 454.1% increase.²³



Although partially due to inflation, it is important to note that Georgetown’s median household income has increased significantly over the past decade. The percentage of owner-occupied homes is on the rise, and DeskMap



Systems projects that “the vast majority of new single-family homes in GISD attendance zones will be priced between \$200,000 and \$400,000.”²⁶ Coupled with a noticeable rise in low-income households, it has been suggested that a growing income disparity can be expected to evolve.²⁷

²⁰ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 5.
²¹ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 43.
²² DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 38.
²³ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 18, 33.
²⁴ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 7.
²⁵ Data in this table is based on 2005 City of Georgetown statistics.
²⁶ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 9, 23, 24, 74.

BASIC NEEDS

GISD Students Participating in Federally Subsidized Meal Plans	Total Student Population	Students on Free Lunch Program	% Free Lunch	Students on Reduced Lunch Program	% Reduced Lunch	% on Free & Reduced Lunch Combined
2005-2006 ²⁸	9,104	2,298	25.2%	861	9.5%	34.7%
October 2007 ²⁹	9,916	3,340	33.7%	1,092	11%	44.7%

A 2007 needs assessment conducted by Head Start provides a window into a less fortunate and less visible side of the community in stating that despite Georgetown’s overall prosperity, “7.2% of individuals live below the poverty level. Overcrowded households are prevalent as

rent is high, and many families are forced to move in together to reduce expenses. No public or subsidized housing units are available without a lengthy waiting period, and 6.6% of families with children under five live below the poverty level. In families with children under five who have a female head of household with no spouse, 15.3% live below the poverty level.”³⁰

THE CARING PLACE SERVICES TO THE COMMUNITY ³²	NUMBERS SERVED IN 2007
Emergency food and clothing assistance <i>In 2005 - 1,100 families representing 3,100 individuals; at a value of \$157,000 - 37% age 14 or under.</i>	Served over 1,800 families representing 4,100 individuals - valued at over \$200,000 - 40% of those served were ages 14 and under
Rent and utility assistance	Served more than 1,000 families - expended over \$275,000
Other financial assistance including: medical, dental and prescription assistance; temporary housing; transportation; employment assistance, minor home repairs, etc.	Served 438 families - expended over \$50,000
School supplies	Served more than 3,500 children
Blue Santa recipients approved	1,162
Thanksgiving baskets approved	2,600 individuals (620 families)
Caring Place Christmas baskets approved	1,287 individuals (515 families)
Project Share Christmas baskets approved	2,240 individuals (600 families)
Coats for Kids	1,000

Basic needs are defined as food, clothing housing/shelter, transportation, and utilities.³¹ The Caring Place is a proactive community-oriented nonprofit organization that assists citizens with temporary needs and helps them progress toward independent and self-sufficient living. The Caring Place has a staff of ten full-time and one part-time staff members and over 350 local volunteers. Volunteers are the “heartbeat” of the organization working as cashiers, merchandise sorters, caseworkers, and in most every other capacity at The Caring Place.³²

²⁷ Payne, Ruby K., PhD, author of *A Framework for Understanding Poverty*, in an August 2006 address to community leaders sponsored by GISD.

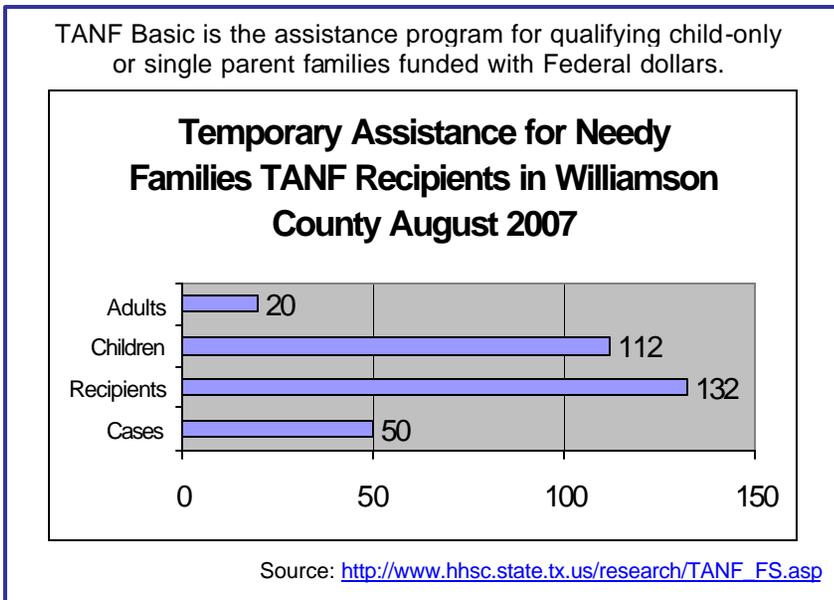
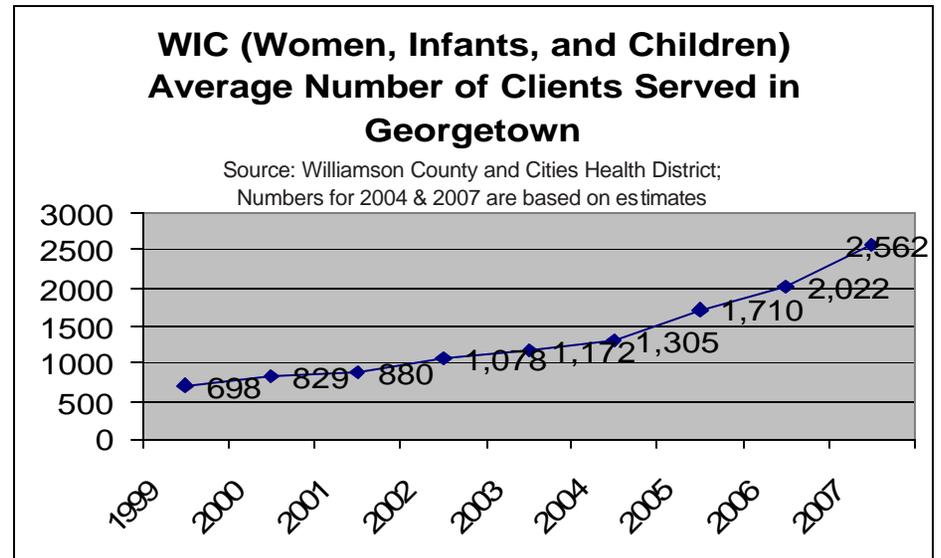
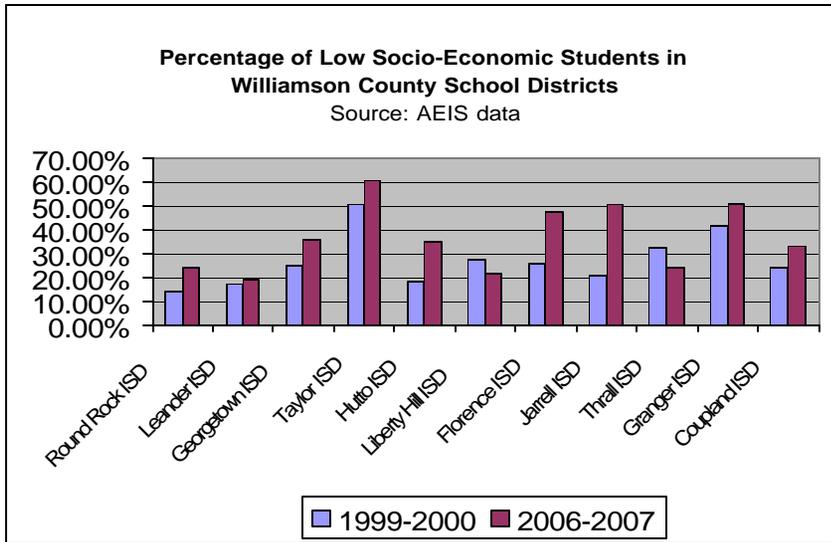
²⁸ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 5.

²⁹ Karen Kovach, Director of GISD Nutrition Services, kovachk@georgetownisd.org

³⁰ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 43.

³¹ Williams on Burnet County Opportunities Head Start 2007 Community Needs Assessment. 3.

³² Don Loving, Executive Director, The Caring Place, <http://www.caringplacegeorgetown.com/index.html>



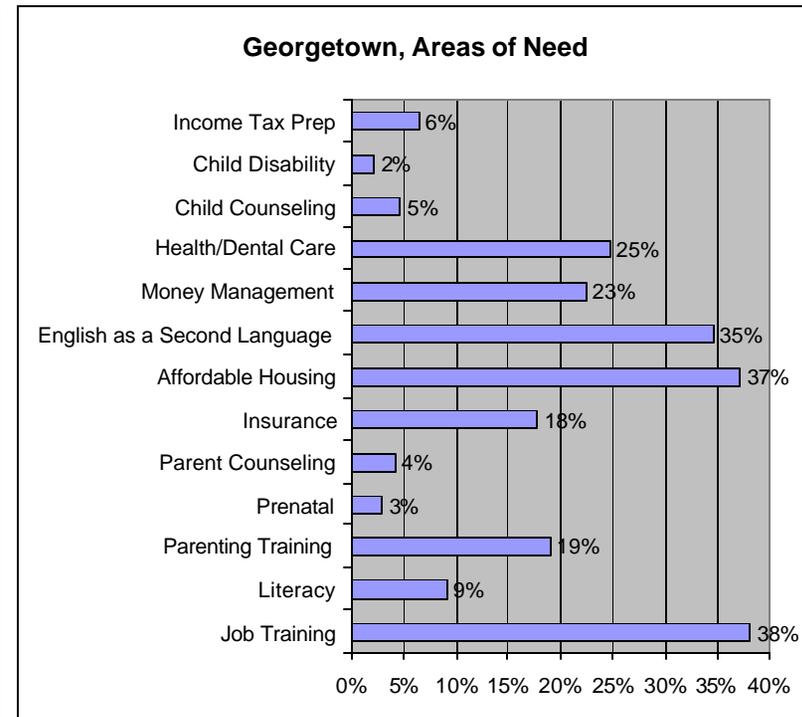
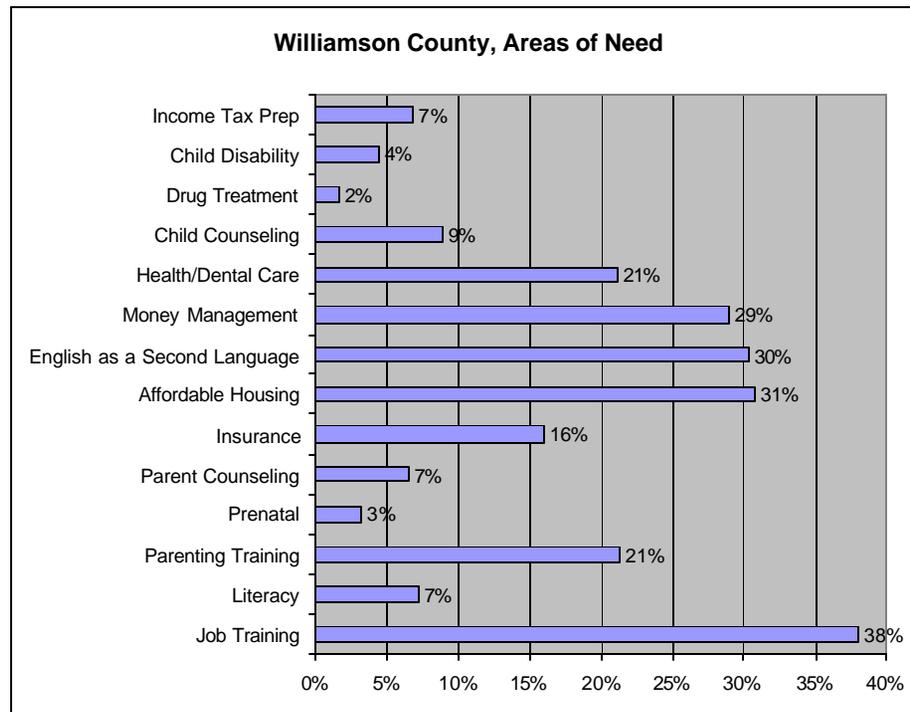
Williamson County Food Stamps Cases And Recipients October 2007

Source: <http://www.hhsc.state.tx.us/research/FS/200710.xls>

Number of Cases	4,696
Number of Recipients	13,116
Recipients: Age 5 or younger	2,739
Recipients: Ages 5-17	4,626
Recipients: Ages 18-59	4,872
Recipients: Ages 60-64	195
Recipients: Ages 65+	684
Total Food Stamps Payments	\$1,123,717
Average Payment Per Case	\$242

Case = designated group of people certified to receive the benefit (can be more than one person).
 Recipients = the individuals receiving the benefit.

In 2007 the Williamson & Burnet County Opportunities (WBCO) Head Start centers conducted a survey in neighborhoods served by Head Start Centers. There were 1,258 Williamson County respondents providing data on 1,631 families. County-wide, the mean number of surveyed families living in each household was 1.3. In the Georgetown area there were 352 households responding with 1.26 families per household. Survey participants were asked to indicate areas where their families needed help. The results are shown below.³³



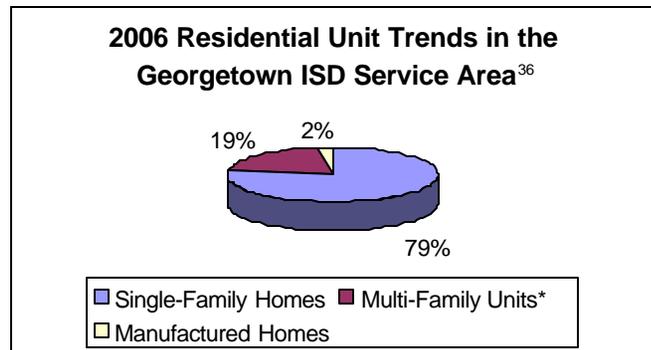
Housing and Shelter

According to the WBCO Head Start 2007 Needs Assessment, there is a growing gap between family income and home prices. WBCO cites 2004 Census Bureau figures which show that 35% of households in Williamson County have **excessive housing burdens** (over 30% of their earned income).³⁴ The rising cost of housing is placing an increased burden on families and individuals living below the poverty level, and calculations show that to afford a two-bedroom apartment at Williamson County’s Fair Market rent, a family of minimum wage earners

³³ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 6, 11, 44, 49.

³⁴ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 3.

would need to work 125 hours weekly.³⁵ With three full-time wage earners needed to pay the rent, it is no wonder that many low income households experience overcrowding or that many teens from low income families drop out of school to go to work full-time.



Jennifer Bills, City of Georgetown Housing Coordinator explains, “Using information from City of Georgetown Long Range Planning and U.S. Census, 2006 American Community Survey, Williamson County, the **Area Median Income (AMI)** is determined to be \$62,494 per household. The gross annual income needed to afford a \$120,000 house is approximately \$50,000. 45.5% of area households are making less than \$50,000, and the percentage of total homes available for less than \$120,000 is only 21.5%.”³⁷ The DeskMap Systems 2007 Demographic Report further points out that “Homes are priced higher in the City of Georgetown than in any other city in

Williamson County (excluding portions of Austin that extend into the county) according to data from the Williamson County Appraisal District. The appraisal district indicates the average home value in Georgetown is \$179,064.”³⁸

Also, according to Georgetown’s City Housing Coordinator, “**Attainable Housing** is any housing unit, either owned or rented, that is affordable to households that make 80% of the Georgetown Area Median Income (AMI) or less, spending no more than 30% of the total household gross income on rental or mortgage payments. In 2006 the AMI was \$62,494 so all households making less than \$49,995 (\$24.00/hr) fall into the category of requiring moderately priced housing.”³⁹ The chart below, developed by the Georgetown Affordable Housing Task Force in 2005, punctuates the stark relationship between lower income groups and available housing.⁴⁰

Georgetown Median Family Income Levels (MFI)	Household Income	% of Households in Income Level	# of Households	# of People	Monthly Income Available for Housing	Maximum Feasible Sales Price of Unit	Total # Housing Units Available in Price Range
Low Income (80% MFI)	\$53,850	24%	2494	6284	\$815.50	\$92,453	1316
Very Low Income (50% MFI)	\$33,650	10%	1039	2618	\$209.50	\$23,751	25
Extremely Low Income (30% MFI)	\$20,190	4%	415	1046	\$105.70	\$11,983	2
Poverty Level	Less than \$20,190	6%	624	1572	Less than \$105.70		1
TOTALS		44%	4572	11520			1316

³⁵ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 3

³⁶ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 30.

³⁷ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 6.

³⁸ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 73.

³⁹ Jennifer C. Bills, Housing Coordinator for the City of Georgetown’s Housing & Neighborhood Development Department, *Housing Attainable for All Report*. 13.

⁴⁰ Katie Ryan, Community Impact Director, United Way of Williamson County, katie@unitedway-wc.org

Types of Services Provided to Homeless Students	Number of GISD Students receiving McKinney Vento services ⁴¹
Academic/enrichment services provided at a school facility over a holiday/break	224
Assistance with participation in other school programs (besides Title I and Special Education)	80
Assistance with participation in Special Education	39
Birth certificate	11
Child nutrition (school lunch)	214
College application assistance	5 or fewer
College financial aid assistance	5 or fewer
Community agency referral	200
Consultation with McKinney-Vento staff	200
Emergency clothing/referral	100
Emergency food/referral	112
Emergency shelter referral	51
Emergency utility assistance referral	48
Enrollment assistance	17
Family support services	224
Holiday food baskets	62
Immunizations or immunization records	21
Medical/dental/visual/health services referral	178
Mentoring	12
Non-emergency housing referral	58
Parent education	62
Referrals for medical, dental, and other health services	172
School records	19
School supplies	143
Transportation	26

GISD Homeless Students

Some GISD teens are displaced when their parents leave the area. Some teens are pushed out of—or choose to runaway from—their homes. Evicted families may be forced to live out of the family car, lacking the means to eat proper meals or take care of their personal hygiene. Homelessness is showing up in many ways in the Georgetown schools and is presenting many barriers to learning for GISD students and significant challenges for teachers.

- ◆ Under the standard set by the McKinney Vento Act,⁴¹ 223 GISD students met the definition of “homeless” in 2006-2007.
- ◆ Though not qualifying categorically as “homeless”, thirty-one other GISD At Risk students did qualify for and receive McKinney Vento (MV) services.
- ◆ Of the total GISD students receiving services under the McKinney Vento Act, 116 were female and 138 were male.
- ◆ The students were evenly distributed between all GISD grade levels.
- ◆ The ethnicity of students receiving MV services in 2006-07 was reported to be 131 Hispanic, 85 White, and 34 Black.⁴²

⁴¹ For more information on the Federal McKinney Vento Act visit: <http://www.serve.org/nche/m-v.php>

⁴² Zelinda Richards, Family Specialist, richardsz@georgetownisd.org

Transportation

Georgetown has been experiencing economic growth with numerous restaurants, small businesses, and retail shops opening recently to offer more local employment opportunities. Yet, 57% of the city's labor force still commutes to Austin and other surrounding communities with a mean 21.3 minute travel time.⁴³ *Many GISD students report that one or both of their parents commute to work, making before and after school supervision a challenge for many. Additionally, Georgetown ISD personnel report that many students are unable to take advantage of after hours extra-curricular and tutorial opportunities because of transportation constraints. Lack of transportation is a well documented barrier to parent involvement in schooling as well.* The new 130 toll road provides better access to Austin to the east with a Parmer Lane extension (Ronald Reagan Blvd) projected to open in June 2008 that will improve Austin access to the west.⁴⁴ Improved access to rural areas continues to drive area growth, but rising gas prices have decreased disposable income, and commuters in particular are feeling the pinch at the pump. In the face of rapid growth, transportation infrastructure issues are affecting all who live in the community.

The lack of public transportation remains a major concern for organizations providing social services in Georgetown. According to a Williamson County Health and Human Services Survey, *almost all social services providers in the county agree that transportation is the single most problematic issue, and this holds true for Georgetown as well.* The only public transportation currently serving Georgetown is the Capitol Area Rural Transportation System (CARTS). CARTS is now working with city officials to begin providing fixed-route bus service in the city with connections to inter-city routes, but the timeline and funding sources remain unconfirmed.⁴⁵ According to a Williamson County Public Transportation Planning Study (Jan 26, 2007), the framework for regional coordination does exist for the implementation of improved transit services, but any options must address both the funding and operation of a new transit provider.⁴⁶

HEALTH

According to the 2007 Head Start Community Needs Assessment, "There is a need for more **direct care physicians** within the county. The Texas Department of State Health Services reports that in 2002 there was a ratio of 1,009 individuals per direct care physicians, compared to the state average of 661 individuals per direct care physicians."⁴⁷ Williamson County has long been recognized as a medically underserved area, but with a highly competitive healthcare boom in progress, things are changing rapidly. St. David's Round Rock, St. David's Georgetown, Seton Williamson, Scott & White and the Lone Star Circle of Care are all stepping up with changes, expansions, and new facilities to help meet the needs of a rapidly growing citizenry. At this point in time, lack of adequate health insurance coverage remains among the most significant healthcare issues facing Williamson County. According to The Lone Star Circle of Care April, 2007 newsletter:

- 1.3 million children are uninsured in Texas – more than any other state in the nation.
- Approximately 25% of Williamson County residents are uninsured.

⁴³ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 33.

⁴⁴ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 66.

⁴⁵ *Georgetown City Reporter* newsletter, Vol. 5. No. 12, December 2007.

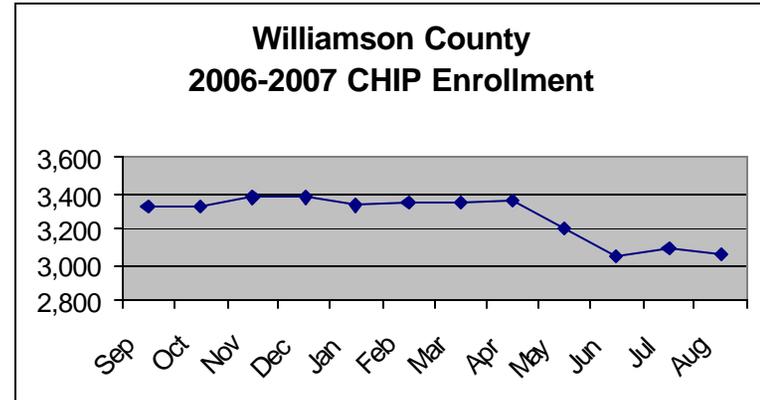
⁴⁶ CARTS website: http://ridecarts.com/assets/reports/CARTS-Williamson_Co_Trans_Study-a.pdf, Accessed 12/2/07.

⁴⁷ WBCO Head Start 2007 Community Needs Assessment. 5.

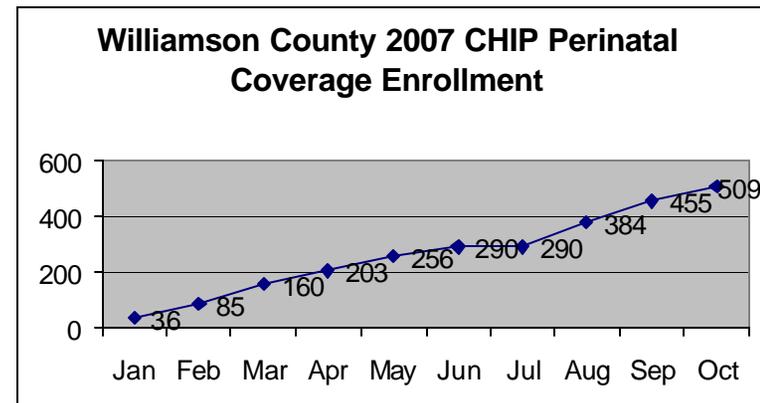


- 8 of 10 uninsured individuals are in working families.
- One third of Lone Star Circle of Care’s patients are uninsured.
- According to the Institute of Medicine, about 18,000 Americans die each year because they lack health coverage.⁴⁸

In the accompanying graphs, the **State Children’s Health Insurance Plan (CHIP)** perinatal coverage enrollment numbers are in addition to the numbers of children enrolled in traditional CHIP. CHIP perinatal coverage provides prenatal care for the unborn children of low-income women who do not qualify for **Medicaid**. Enrollment counts shown in the perinatal graph represent the sum of both women and children enrolled in CHIP coverage. The state is closely watching federal action on CHIP, but no immediate changes are expected in the Texas program. The state has sufficient federal funding available to maintain the Texas CHIP program including the recent changes authorized by the 80th Texas Legislature.⁴⁹



Source: <http://www.hhsc.state.tx.us/research/CHIP/ChipDataTables.asp>



Source: <http://www.hhsc.state.tx.us/research/CHIP/ChipDataTables.asp>

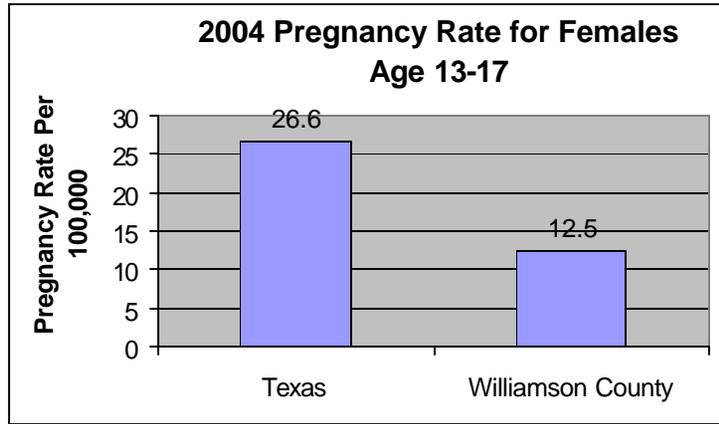
Williamson County “Point in Time Count” Medicaid Enrollment November 2007	
Source: http://www.hhsc.state.tx.us/research/MedicaidEnrollment/PIT/200711.html	
Williamson County Total Medicaid Enrollment	15,188
Total Enrollment in Children's Medicaid	10,447
Total Children Under Age 19 Enrolled in Medicaid	10,870
Children Age 6-18	2,960
Children Age 1-5	2,947
TANF Children (Temporary Assistance to Needy Families)	2,941
Disabled & Blind	1,687
Aged	1,442
Newborns	1,091
TANF Adults (Temporary Assistance to Needy Families)	855
Pregnant Women	745
Foster Care Children	508
Medically Needy	12

Williamson County had low birth weight (7.7% state wide), and that Kids First 2003 data revealed that 17% of pregnant women in the county

⁴⁸ Lone Star Circle of Care Newsletter, April 2007.

⁴⁹ Texas Health and Human Services Commission website: <http://www.hhsc.state.tx.us/research/index.html>, Accessed 11/23/07.

WBCO quotes the Texas Department of State Health Services 2002 data in reporting that 6.4% of children born in



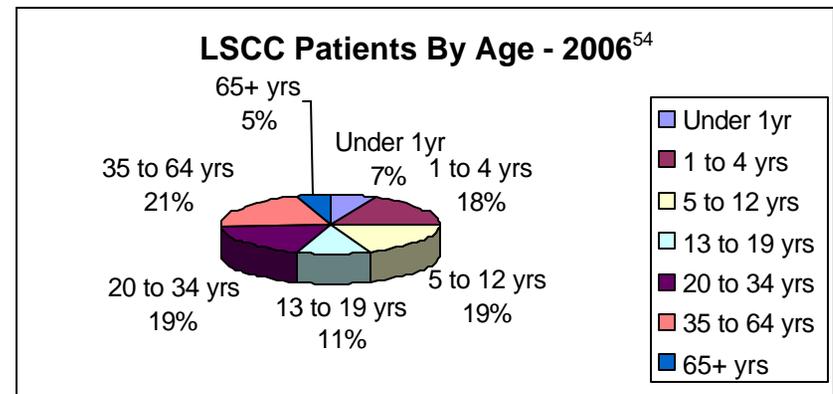
2004 Reported Pregnancies for Women Age 13-17 in Williamson County⁵³

received little or no prenatal care (17.7% statewide). The 2007 Head Start Needs Assessment further relates that “Low birth weight and preterm births are becoming a rapidly increasing problem throughout the county,” and “the exact causes of this problem are unknown, but social economic factors such as lack of good prenatal care, poor nutrition, and teen pregnancy likely play important roles.”⁵⁰

GISD reports that 50 students participated in their pregnancy related services in 2006-2007.⁵¹ Research is consistent in showing that parent/child connectedness or closeness, parental supervision or monitoring, and parental values favoring sexual abstinence are related to a reduced risk of teen pregnancy. Conversely, a research synthesis about family influences on adolescent pregnancy shows that teens are more likely to become pregnant or cause a pregnancy if they live in disadvantaged neighborhoods or with single parents, have older sexually active or pregnant siblings, or were sexually abused.⁵²

In 2006 the **Lone Star Circle of Care** was awarded a grant from the Texas Department of State Health Services to provide family planning services. Family planning includes reproductive health education and services. Family planning is a critical component of healthcare and as a Federally Qualified Health Center, it is a service LSCC is required to provide. LSCC had over 3,000 family planning visits in 2006. In September 2006, LSCC hired a full-time **OB/GYN** to provide prenatal, labor and delivery, postpartum and gynecological care to uninsured and underinsured women. LSCC has the only full-time OB/GYN dedicated to caring for the underserved population, and its OB/GYN practice is overwhelmed with uninsured and underinsured mothers in need of comprehensive Women’s Health care. LSCC plans to staff at least one additional OB/GYN in 2007.⁵⁴

An average of 295 patients are seen each day in the **eight Lone Star Circle of Care Clinics** that serve Williamson County children and adults on a **sliding fee basis**. LSCC provides OB/GYN services, dental and mental health care, discounted medications, chronic illness management, and wellness classes.⁵⁵



⁵⁰ Williamson Burnet County Opportunities Head Start 2007 Community Needs Assessment. 5.

⁵¹ Jan Williams, ESE Director, williamsj@georgetownisd.org

⁵² Miller, B., *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*. Washington DC: National Campaign to Prevent Teen Pregnancy. 1998.

⁵³ Dept. of State Health Services, Vital Statistics 2004 Annual Report, <http://www.dshs.state.tx.us/chs/vstat/latest/t14b.shtml>, Accessed 11/28/07.

⁵⁴ Lone Star Circle of Care 2006 Annual Report, <http://www.lscctx.org/images/PDFs/Annual%20Rpt%2006.pdf>, Accessed 11/23/07.

⁵⁵ “Health-Care CEOs Meet With State, National Officials”, Williamson County Sun, , 6/13/07, 11A.

Lone Star Circle of Care
Number of employees: 100

- Physicians 10
- Psychiatrist 1
- Dentists..... 2
- Dental hygienist 1
- Midlevels (NPs, Pharmacist) 12
- RNs / LVNs 9
- Medical assistants 22
- Clinical staff 25
- Finance/IT 7
- Fundraising/Grants 3
- Administration 8

In May 2006 LSCC hired a **full-time psychiatrist** and launched an **Integrated Primary Healthcare model**. The psychiatrist and primary care providers work closely to treat the patient physically and mentally. LSCC clinics also provide **psychotropic drugs** at a low cost to its patients, which are the key to keeping many of them stable, healthy, and productive. The LSCC psychiatrist provided 556 patient visits in 2006, and LSCC mental health support staff provided 2,109 visits.⁵⁶

Lone Star Circle of Care’s Georgetown Dental Center is the only full-time dental practice for uninsured and underinsured adults and children in Williamson County.

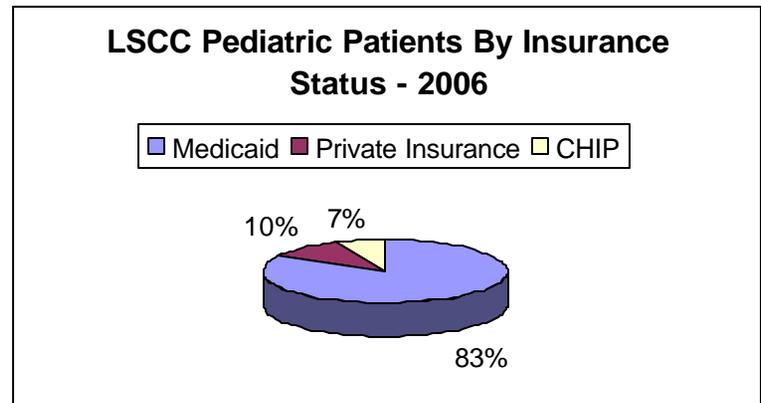
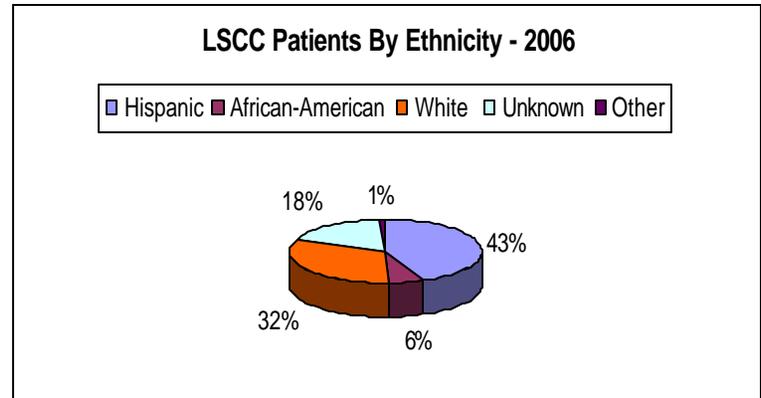
Lone Star Circle of Care has expanded on its integrated medical approach by opening a **Learning & Wellness Center**. Plans call for the center to be an interactive environment where people can take ownership of their own health by learning and applying life skills and health management techniques for optimal health and quality of life, and by finding support among others in similar circumstances. Examples of classes held free of charge for patients include diabetes, prenatal care, teen pregnancy, nutrition, childhood obesity, child behavioral health and parenting.⁵⁷

Lone Star Circle of Care
Total Patient Visits, 2006
43,000

Projected Total Patient Visits, 2007
73,000

Source: Lone Star Circle of Care 2006 Annual Report

There is a broad national recognition that a growing problem with **obesity** exists in America. In speaking about overweight children, the 2007 Head Start Report says that “In 2001, the U.S. obesity rate for children 6-11 was 15.8%. Rates for children ages 0-5 were not available. However, Texas rates were



⁵⁶ Lone Star Circle of Care 2006 Annual Report, <http://www.lscctx.org/images/PDFs/Annual%20Rpt%2006.pdf>, Accessed 11/23/07.

⁵⁷ Lone Star Circle of Care 2006 Annual Report, <http://www.lscctx.org/images/PDFs/Annual%20Rpt%2006.pdf>, Accessed 11/23/07.

much higher at 37.1% with the highest prevalence being reported for Hispanic boys and African American girls, two fast growing segments of the Texas population. The need for weight assessment and nutritional counseling is great.”⁵⁸ A 2006 Texas Health Institute policy brief reports that Texas ranked sixth among the 50 states for largest single-year increase in the rate of obesity. The number of obese Texans has more than doubled in the last 14 years from 12 percent in 1990 to 27 percent in 2005. Less than half of all adult Texans (47%) exercise enough, and about 27 percent reported that they engaged in *no physical activity* in the previous month.⁵⁹

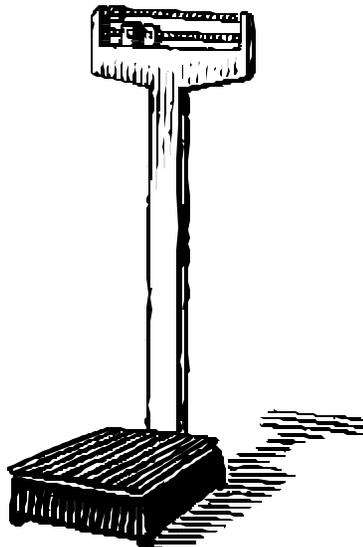
Students in the 4th, 8th, and 12th grades in Georgetown, Taylor, and Liberty Hill School Districts completed a self-administered Youth Activity, Weight, Nutrition (YAWN) project questionnaire. The Williamson County and Cities Health District staff measured the height and weight of each participant and recorded the results. A total of 2,504 questionnaires were completed in the three school districts.

Notable responses showed that

- ◆ 47% of the Williamson County students reported being physically active three or more times per week.
- ◆ In Georgetown, 48% exercise 3+ times/ week; 35% 1-2 days/week; 17% never.
- ◆ 48% eat fruit and 41% eat vegetables 2 or more times/day.
- ◆ In Georgetown, 43% eat veggies 2+/day; 10% no veggies; 49% eat fruit 2+/day; 7% no fruit.

Comparison YAWN results from 2001 to 2005 (All percentages are approximations.)

- ◆ 2001 – 16% of all students are at risk for becoming overweight.
- ◆ 2005 – 17.3% of all students are at risk to become overweight.
- ◆ 2001 – 17% of all students are already overweight.
- ◆ 2005 – 18.7% of all students are already overweight.
- ◆ 2001 - 33% of all students are at risk or already overweight, as compared to an expected rate of 14% of all children ages 6 to 19 years of age nationwide.
- ◆ 2005 - 36% of all students are at risk or already overweight, as compared to an expected rate of 16% of all children ages 6 to 19 years of age nationwide.⁶⁰



⁵⁸ Head Start 2007 Community Needs Assessment. 6.

⁵⁹ *Obesity in Texas: Policy Implications*, Texas Health Institute, A Policy Brief from the Health Policy Forum held in Austin, Texas, August 4, 2006.1-4. http://www.healthpolicyinstitute.org/healthpolicy/ObesityBriefForum_080406.pdf, Accessed 11/23/07.

⁶⁰ Williamson County and Cities Health District website, http://www.publichealthwilliamson.org/health_data.htm, Accessed 11/21/07.

A survey of the literature generates some potential solutions. “It has been found that (those) children who reduced their overall television watching and videogame playing did show weight loss as one result (Robinson, 1999). It has also been found that simply spending more time outdoors is correlated with increased activity (Pate, 2004). Finally, community-based interventions have proven to be an effective promotion of physical activity and weight change. These programs were most effective when focusing on decreasing sedentary behaviors and increasing motivation for activity (Epstein, Valoski, et al, 1995; Pate, et al, 2003).”⁶¹

In response to the growing obesity problem, the state legislature is asking Texas public schools to administer fitness tests for students in grades 3–12 beginning in Spring 2008. In addition to current mandates that all Texas elementary students participate in daily physical activity, starting with the 2008-2009 school year, students in grades 6-8 will also be required to participate in at least four semesters of moderate or vigorous daily physical activity.⁶²



Asthma is the most common serious chronic disease of childhood affecting nearly five million children in the United States. It has significantly risen over the past four decades. More than 5 percent of the U.S. population younger than 18 years is affected by this disorder.⁶³ GISD school nurses, coaches and PE teachers report seeing an increasing number of children with asthma enrolled in local schools.



In children ages 5-14 years, the rate of death from asthma almost doubled between 1980 and 1993. In 1993 alone asthma was the reason for almost 200,000 hospital stays and about 340 deaths among persons under age 25 nationally.⁶⁴ For children with asthma to function normally, school personnel, families, and health care providers must effectively communicate and work together to encourage them to fully participate in activities with their peers.⁶⁵

Asthma is the leading cause of school absences nationally, and on average **in Central Texas, in a classroom of 30 children, 6 or more children are likely to have asthma.**⁶⁶ As a result, area schools have formed linkages among school, home, and health care providers to optimize daily

⁶¹ Hedstrom, Ryan & Gould, Daniel, *Research in Youth Sports: Critical Issues Status - White Paper Summaries of the Existing Literature*, Institute for the Study of Youth Sports, College of Education, Department of Kinesiology, Michigan State University, 2004.18-19.

⁶² Barbara Townsend Johnson, presentation to the Georgetown Prevention Partnership, 12/12/07.

⁶³ Courtney Ursulla A., et al, *American Family Physician*, May 15, 2005, <http://www.aafp.org/afp/20050515/1959.html>, Accessed 11/23/07.

⁶⁴ Asthma & Allergy Foundation of America website, <http://www.aafa.org/display.cfm?id=8&sub=16&cont=44>, Accessed 11/23/07.

⁶⁵ American Academy of Allergy, Asthma, & Immunology website, <http://www.aaaai.org/patients/publicedmat/tips/childhoodasthma.stm> Accessed 11/23/07.

⁶⁶ Conti, Steven W., Director of Disease Management, Seton Family of Hospitals, presenting at the Williamson County Joint School and Public Nurses Conference, sponsored by Williamson County and Cities Health District, 8/22/07.

asthma management plans. GISD and many other Central Texas districts participate in an Asthma Network through the Seton Asthma Center, and school nurses have begun utilizing consistent asthma action plans for seamless care between home and school in an effort to reduce illness and absenteeism among this group of students. GISD school nurses have received supplemental training this year in coordinated care for students with asthma and for care of the student with anaphylaxis related to allergies and asthma. Other topics covered in 2007 supplemental nurses training have included immunization requirements, communicable diseases, dealing with MRSA infections, and the benefits of integrating physical and mental health.⁶⁷

In addition to participating in the Seton Asthma Network, GISD school nurses have taken a leadership role in planning **Williamson County Joint School and Public Nurses' Training** since those trainings were first organized by the Williamson County and Cities Health District and the University of Mary Hardin Baylor in 2004 as an outgrowth of the WCCHD insure-a-kid program. GISD school nurses are also active participants in the **Central Texas School Safety Consortium**, a collaborative of schools and school districts that have worked toward standardizing crisis and emergency response procedures and practices among Central Texas community responders and schools. The Consortium has been an active driver in drafting a set of **Texas Unified School Safety Standards** that are currently undergoing a 90 day period of public review and comment and are scheduled to be finalized in February, 2008. Spurred on by lessons learned from Hurricane Katrina, every GISD campus has formed a crisis response team and now has a crisis and emergency management plan in place.⁶⁸



MENTAL HEALTH

In April 2002 President George W. Bush established the **President's New Freedom Commission on Mental Health** as part of a commitment to eliminate inequality for Americans with disabilities.⁶⁹ In a report to the Texas Senate, the **Texas Mental Health Transformation Working Group** summed up the findings of the New Freedom Commission, "The President's New Freedom Commission on Mental Health described the mental health system in America as being in 'shambles'. The system was identified in various ways as fragmented, inadequate, inefficient, and deficient. The national picture also describes Texas."⁷⁰ In 2005 the Texas Health Institute and the Texas Department of State Health Services, in partnership with the Office of the Governor, applied for one of the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Transformation State Incentive Grants. Texas was selected as one of the original seven states to be awarded a 5-year Mental Health Transformation grant. The Texas Health Institute subsequently contracted with the

⁶⁷ Mary McKenna, GISD Health Services Coordinator, McKennaM@georgetownisd.org

⁶⁸ Linda Meigs, former GISD SAIL Coordinator, lindameigs@aol.com and Mary McKenna, GISD Health Services Coordinator, McKennaM@georgetownisd.org

⁶⁹ President's New Freedom Commission on Mental Health website: <http://www.mentalhealthcommission.gov/> Accessed 12/11/2007.

⁷⁰ *The Future Mental Health System in Texas: Recommendations for Mental Health Transformation - Report of the Mental Health Transformation Workgroup to the Senate of Texas Committee on Health and Human Services*, 11/1/06. 4. http://www.mhtransformation.org/documents/MHT_MtgDoc_SenateReport110106-nographic.pdf

Department of State Health Services to develop mental health transformation collaboratives in eight diverse Texas communities.⁷¹ In January 2007 the Williamson County Mental Health Committee applied for and became one of the eight designated communities leading the mental health transformation effort in Texas.



Texas is one of 8 states participating in the federally funded Mental Health Transformation effort spawned by the President's New Freedom Commission Report, and **the success of Williamson County's jail diversion program has gained notice at both the state and national level, as has the GISD SAIL program.**⁷² In a Nov. 24, 2007 webinar, former GISD SAIL Coordinator Linda Meigs, was asked to make a presentation to interested mental health transformation participants from around the state.⁷³ A School Mental Health Policy Forum followed on 11/16/07 at which two students who had benefited from the SAIL referral process at Georgetown High School gave moving testimony as to how SAIL had lifted them out of trauma-induced depressive episodes.⁷⁴

For many years the citizens of Georgetown and Williamson County have struggled with significant barriers in obtaining mental health care including a high percentage of under and uninsured residents; a shortage of mental health practitioners and psychiatrists; a dearth of services in the rural areas of the county; no public transportation system; little or no information about when and how to access mental health care; and a lack of Medicaid providers.⁷⁵

Since the early 1990's, Williamson County and Georgetown have both experienced rapid population growth. Much of this growth occurred in the same time period that state-funded mental health services were curtailed. The loss of basic mental health services combined with the pre-existing access issues and rapid growth have created **a well-documented mental health crisis. The impact of this crisis is felt by the schools, our social service providers, area hospitals, local clinics, and law enforcement agencies.** Acute and ongoing psychiatric care was and to some extent, still is being provided in the jail, the juvenile justice alternative placement facility, local health clinics, and emergency rooms that have become **ad hoc and ill-prepared mental health facilities.**⁷⁶

The Williamson County Jail has a daily population of about 650 inmates. At any given time 15-20% of those inmates are diagnosed with a mental illness.

- Williamson County Mental Health Committee

Since 2003 the Williamson County Commissioner's Court has approved funding for several recommendations made by the Williamson County Mental Health Committee collaborative. Such funding has drastically reduced jail, EMS, and emergency room costs, and has saved

⁷¹ Texas Health Institute website, <http://www.healthpolicyinstitute.org/community/MentalHealthTransformation.html> Accessed 12/11/07.

⁷² Information about the GISD SAIL student assistance program is available on the GISD website at: <http://www.georgetownisd.org/programs/outreach/index.htm>

⁷³ Texas Health Institute website, http://texashealthinstitute.org/frontpage/MHT_Webinars_07/Meigs.ppt Accessed 12/11/07.

⁷⁴ Texas Health Institute website, <http://www.texashealthinstitute.org/frontpage/> Accessed 12/11/07.

⁷⁵ Williamson County Mental Health Committee grant application, January 2007.

⁷⁶ Williamson County Mental Health Committee grant application, January 2007.

the county over 2.5 million dollars. The group has analyzed and found significant and perilous gaps in the local mental health delivery system. These gaps were amplified by our county's rapid population growth, cuts in Medicaid mental health benefits, and restricted and decreased State appropriations for mental health services. **Our local mental health system was inadequate, over-taxed, and very difficult to access.** Furthermore, emergency and safety-net services (EMS, emergency departments, law enforcement) were inundated by persons needing mental health care. EMS mental health calls skyrocketed from 204 in 2002 to 606 in 2004; ER visits due to mental illness were up 43% resulting in millions of dollars of uncompensated care for our local hospitals; 63% of individuals arrested due to mental illness had previous arrests in Williamson County, that in turn, caused medical and pharmaceutical expenses to increase dramatically in the jail.⁷⁷

After analyzing their data, one of the first recommendations made by the Williamson County Mental Health Committee was to create a Jail/MHMR Liaison. The Committee also suggested and jail personnel enacted a Mental Disability/Suicide Intake Screening form. A Mobile Outreach Team was formed to link people in crisis with mental health, social service, or medical providers in order to prevent escalation or interaction with law enforcement and other "first responders." **The Committee expected that early intervention and treatment facilitated by the Mobile Outreach Team would help alleviate or avoid serious and costly situations that were created when individuals decompensated due to the lack of intervention and treatment programs.** During the first year of operation (10/01/04 - 9/31/05), savings due to diversions from state hospitals, local emergency rooms, and the justice system were conservatively estimated to be \$375,730. In the twelve month period from Oct. 1, 2006 to September 30, 2007, the Williamson County Mobile Outreach Team received 202 referrals for mental health services.⁷⁸

Williamson County's Crisis Intervention Team (CIT) is a specialized ten-person unit staffed by well-trained and certified mental health officers who deal exclusively with mental health calls. **CIT officers are located away from the main Sheriff's office, drive unmarked cars, and wear plain clothes in an effort to reduce the stigma associated with mental illness.** The Crisis Intervention Team has also been gathering statistics on diversion savings, and from January 2006 through November 2006 the program saved taxpayers \$1,011,840 by diverting 2,093 mental health consumers away from jails and hospitals to more appropriate treatment options.⁷⁹

U.S. adults with
mental health
disabilities reported
the onset at around
14 years old.
- Kessler et al., 2005

The Mental Health Committee, with the assistance of the 2-1-1 Texas Capital Area United Way and Williamson Counties and Cities Health District, created and distributed the "Williamson County Community Resource Directory." This **350-page resource guide** lists all of the social services available in Williamson County and the surrounding counties. This resource was distributed to community clinics in each precinct, local hospitals, and nonprofits agencies. Monday through Friday, Health District Healthcare Helpline personnel assist mental health consumers who call requesting assistance.⁸⁰

⁷⁷ Williamson County Mental Health Committee grant application, January 2007.

⁷⁸ Williamson County Mental Health Committee grant application, January 2007.

⁷⁹ Williamson County Mental Health Committee grant application, January 2007.

⁸⁰ Bride Roberts & Billye Navarro, Williamson County & Cities Health District, broberts@wcchd.org, bnavarro@wcchd.org

Bluebonnet Trails MHMR is the Mental Health Authority for Williamson County and seven other counties in our area. **The MHMR Center** is located in Round Rock and provides services to children, adolescents, and adults with serious mental illnesses, autism, developmental disorders, and/or mental retardation. **The center annually provides mental health services to over 10,000 people, of whom approximately 2,000 are under 18 years of age. Each year Bluebonnet Trails provides early childhood intervention services to more than 1,200 infants and toddlers along with their families.**⁸¹

In 2006, Lone Star Circle of Care provided:

- ◆ \$750,000 worth of mental health medications,
- ◆ \$475,000 in uncompensated psychiatric and therapeutic services

A potential savings of over \$8M in prevented emergency room visits for mental health services.

- Lone Star Circle of Care website

In January through October 2007, the Lone Star Circle of Care provided mental health services to 194 individuals from Georgetown who list addresses in the 78626, -27, -28 and -33 zip codes. These are people who have probably visited the Clinic multiple times, and many receive mental health medications through the clinic.⁸²

St. David's Round Rock Medical Center is a 107-bed hospital that serves Williamson and surrounding counties. St. David's Healthcare is a partnership between the not-for-profit St. David's HealthCare System and HCA Healthcare. This hospital hosts the busiest emergency room in the area. **In 2006 the department counted 5,255 emergency visits for mental health issues.**⁸³

Williamson County Emergency Medical Services (EMS) serves all the unincorporated areas, the cities in the county, and Round Rock and Cedar Park citizens who live in Travis County. The department has 12 stations and handles 24,000 calls per year. Over the past several years the call volume has increased from 30% to 35% a year, challenging the department to keep up with the tremendous population growth in the county. **Mental health calls to EMS had doubled every year since 2002 until in 2006 they saw a slight drop-off.**⁸⁴

Family support in the treatment of mental illness increases the likelihood of recovery. Consumers who can stay close to home and family often have a better chance of becoming productive members of the community, but **there are no inpatient mental health facilities in the county, and Williamson County children have been placed as far away as El Paso.**⁸⁵

Less than 30% of children with mental health needs get help.

70% of those who get any help get it from school.

-Dr. Albert Duchnowski, Deputy Director, Research and Training Center for Children's Mental Health

⁸¹ Bluebonnet Trails MHMR website: <http://www.bluebonnetmhmr.org/ourstory.htm>, Accessed 11/23/07.

⁸² Amy Ellsworth, Director, Media & Community Relations Lone Star Circle of Care, aellsworth@lscctx.org

⁸³ Williamson County Mental Health Committee grant application, January 2007.

⁸⁴ Williamson County Mental Health Committee grant application, January 2007.

⁸⁵ Williamson County Mental Health Committee grant application, January 2007.

Though Federal Educational Rights and Privacy Act (FERPA) confidentiality issues make it difficult to paint a picture at the local level, the manner in which Georgetown youth are being affected by mental and behavioral health issues is easily surmised when looking at national data reported in a November 2007 Texas Health Institute Policy Brief entitled *The ABC's of School Mental Health*.

Ample evidence suggests **the reported increase in prevalence of mental illness among youth is, in fact, an accurate reflection of an actual expansion of mental health problems** (Burns, Hoagwood, & Mrazek, 1999; Coy, 2001; Kelleher, McInerney, Gardner, Childs, & Wasserman, 2000; Loeber, Farrington, & Petechuk, 2003). The proportion of pediatric patients in primary care with psychosocial problems has increased to 19 percent from 7 percent 20 years ago (Kelleher et al., 2000). The U.S. Surgeon General's Call to Action to Prevent Suicide 1999 reported that the rate of suicide by those 10-14 years of age increased 100 percent from 1980-1996 and 14 percent for those 15-19 during the same period. The World Health Organization predicts that psychopathology will be among the five leading causes of mortality and disability by 2020 (United States Public Health Service, 1999).

An increase in juvenile delinquents has been blamed in part to diagnosed and undiagnosed mental illness. There has been **a 33 percent increase of children 7-12 years old appearing in juvenile court since 1991** (Snyder, 2001; United States General Accounting Office, 2003).

Bullying and school violence have become a virtual epidemic with 77 percent of children saying they have been victims of such aggressive behavior (Finn-Stevenson, Ginicola, & Yekelchik, 2005). A mental health survey of 24 Iowa schools found a significant increase in student aggression from 2000 to 2005. Students were asked what they liked and disliked about their school. Unprompted, more than 70 percent of more than 2,000 mentioned problems with bullying in 2005, compared to no such responses in the 2000 survey (Finn-Stevenson et al, 2005).

An estimated 20 percent of children need active mental health interventions, 11 percent have significant functional impairment, and 5 percent have extreme functional impairment according to a U.S. Surgeon General's report on children's mental health. The study showed 13 percent of children and adolescents had anxiety disorders, 6.2 percent had mood disorders, and 10.3 percent had disruptive disorders (United States Public Health Service, 1999).

Georgetown High School's Communities in Schools counselor worked with an average of 67 students per month in fiscal year 2007. Additionally, in November 2007 alone, the **GHS SAIL Coordinator and At Risk Coordinators** together provided over 444 contacts on behalf of struggling students. Those contacts included parent conferences, student conferences and all case management contacts, which might include outside agencies, administrators, counselors, or teachers for students struggling with issues besides mental health.

Source: GHS SAIL & CIS Offices

Risk behaviors are another potential indicator of mental health. A Centers for Disease Control and Prevention survey of youth risk behavior reported 30 percent of youth engaged in episodic heavy drinking, 14 percent used cigarettes frequently, 24 percent used marijuana in the past month, and **9 percent attempted suicide in the previous 12 months** (Centers for Disease Control and Prevention, 2000).⁸⁶

The 2007 THI report further states that “Major government reports—including the 1999 Report of the Surgeon general on the Mental Health of the Nation and the 2003 report from the New Freedom Commission on Mental Health—have cited **school-based mental health services as key to improving academic performance and emotional well-being of schoolchildren** (Kutash, Duchnowski, & Lynn, 2006). The 1976 Individuals with Disabilities Act (IDEA) caused a major shift in the child mental health landscape, dictating the education system’s financial responsibility to educate children with emotional and physical disabilities. **The legislation firmly placed schools into the mental-health services arena but has caused confusion on the roles of schools and community mental health in treating children** (Pumariega &

Thirteen percent of **Georgetown High School** seniors have reported experimenting with cocaine.
- Texas School Survey on Alcohol and Drug Abuse

Vance, 1999).⁸⁷ **In too many instances, teachers are becoming the “de facto” providers of mental health to youth in the U.S., and it is contributing significantly to teacher burnout.**⁸⁸

Texas School Survey on Alcohol and Drug Use	Substance	GISD 8th GRADERS		GISD 10th GRADERS		GISD 12th GRADERS	
		Original Baseline: 1998	Most Current: 2006	Original Baseline: 1998	Most Current: 2006	Original Baseline: 1998	Most Current: 2006
% of GISD Students Self-Reporting Past 30 Day Use	Alcohol	32.6	22.8	38.5	34.8	53.8	44.8
	Tobacco	24.7	10.9	31.1	17.3	43.2	26.6
	Marijuana	10.7	6.1	18.6	11.9	28.6	16.5
% of Self-Reported Age of Onset of Use by GISD Students	Alcohol	10.6	10.9	12.6	12.6	13.7	14.2
	Tobacco	11.1	11.7	12.4	13.1	13.6	14.7
	Marijuana	12.1	12.6	13.8	13.8	15.1	15.6
% Self-Reported Perception of Risk In Using	Alcohol	70.9	78.3	83.6	76.7	82.2	81.1
	Tobacco	70.7	83.6	71.7	73.1	71.7	69.2
	Marijuana	82.4	88	78.5	76.7	70.1	64.4
% Self-Reported Perception of Parental Disapproval	Alcohol	81.3	81.5	82.8	81	74.6	78
	Tobacco	86.8	88.4	80.9	86.8	75.3	79.2
	Marijuana	82.4	88.9	78.5	88.5	70.1	91

Table Comparing 1998 & 2006 GISD Student Responses on the Texas School Survey on Alcohol and Drug Use
Data compiled by Stephanie Rivaux, LMSW, Georgetown Project evaluation specialist.

SUBSTANCE USE AND ABUSE

While alcohol remains the **gateway drug** of choice among GISD students, Georgetown Police Department Narcotics

⁸⁶ Texas Health Institute, http://www.healthpolicyinstitute.org/frontpage/HealthPolicyForum/November16/HPF_Nov16_Brief.pdf, 2-5, Accessed 11/30/07.

⁸⁷ Texas Health Institute, http://www.healthpolicyinstitute.org/frontpage/HealthPolicyForum/November16/HPF_Nov16_Brief.pdf, 2, Accessed 11/30/07.

⁸⁸ Jenni Jennings, Texas Health Institute Policy Forum on School Based Mental Health, Austin, Texas, 11/16/07.

Officer, Sergeant Cory Tchida, reports that based upon local arrest records the current **illicit drugs of choice include: (1) Marijuana (2) Cocaine (3) Methamphetamine and (4) Prescription Drugs.** Sgt. Tchida reports that the three prescription medications currently most frequently seen being abused by teens and adults in Georgetown include: **(1) Xanax/Alprazolam**, a benzodiazepine used to treat anxiety disorders **(2) Vicodin/Hydrocodone**, a narcotic analgesic used to relieve pain and **(3) Darvocet/Propoxyphene**, also a narcotic analgesic used to relieve pain.⁸⁹ **The Guiding Healthy Choices Task Force** meets monthly to plan and enact prevention programming across multiple sectors in the Georgetown community, using local drug and alcohol surveys to direct programming. Representatives from GISD, The Georgetown Project, LifeSteps, and the City of Georgetown share time, talents, and resources to bring a collaborative, community-wide approach to prevention.⁹⁰

Discover Y.O.U. is a newly formed group of Georgetown parents dedicated to educating the community on the dangers of underage drinking. They disseminate information on what is currently happening with Georgetown teens, what law enforcement is doing, and how parents can get involved to help reduce underage drinking. This effort is directly targeted at letting students know in no uncertain terms that the majority of GISD parents do not approve of underage drinking and for good reasons. (Refer to the table on the prior page for student perceptions of parental disapproval of underage alcohol use.) Discover Y.O.U. literature reports the following:

Did you know that...

- Underage drinking is the leading cause of death among teenagers?
- According to our TX school survey, Georgetown 8th graders have stated that the average age they have started drinking is 10.9 years?
- Kids who start drinking before the age of fifteen years are 5 times more likely to become alcoholic?
- Drinking before the age of 21 can cause irreparable damage to the teenage brain?
- Youth who drink are 7.5 times more likely to use an illicit drug, 22 times more likely to use marijuana, and 50 times more likely to use cocaine than those who never drank?⁹¹

It's not just a youth problem -- Where there's underage drinking, an adult is involved! Work with us to create a healthier community! Reduce youth access to alcohol, the drug that kills 6 1/2 times more youth than all illicit drugs combined.

– Betty Sandefur, LifeSteps Williamson County Coalition on Underage Drinking

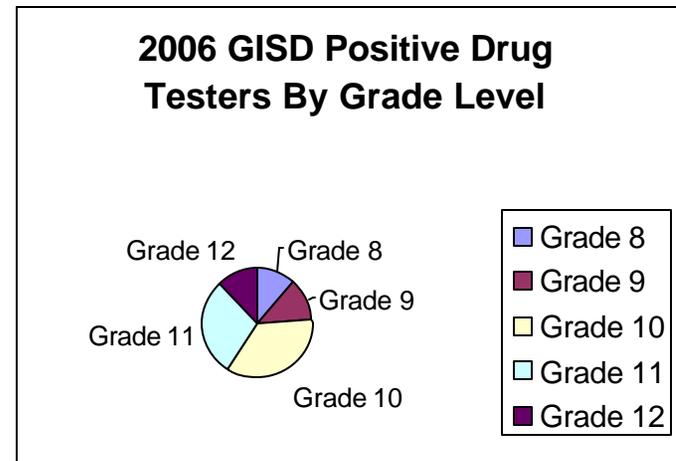
⁸⁹ GISD staff development presentation by Sergeant Cory Tchida, Georgetown Police Department Narcotics Officer, June 2007.

⁹⁰ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

⁹¹ *Discover YOU* presentations to the Williamson County Underage Drinking Coalition, 2/21/07 and 1/16/08.

GISD Random Drug Testing and Referral

In accordance with GISD school policy, random sampling was conducted monthly over a nine-month period for the past two years.⁹² For the 2006-2007 reporting period, this resulted in 3,385 random drug tests—1,672 (49%) boys and 1,713 (51%) girls—conducted by a reputable, certified, drug testing company contracted by GISD in accordance with the project plan and school policy regarding drug testing procedures, confidentiality and methods for monitoring the program. **In the 2005-2006 reporting period, 25 students tested positive: 9 students tested positive for cocaine and 16 tested positive for marijuana with 2 students testing positive for both drugs. In the 2006-2007 reporting period, a total of 17 students tested positive. This represents a 32% reduction in students testing positive on the first and second time (follow-up) drug tests.** These test results mirror information provided by the Georgetown Police Department confirming that marijuana, cocaine, and amphetamines are being used by Georgetown students, but results do not reflect that alcohol remains the drug of choice among GISD students since alcohol is not included in GISD’s routine drug screening procedures.⁹³



LifeSteps Services to Georgetown for FY 2006-2007

Source: Pat Charlaire, Executive Director of LifeSteps

Community-Based Prevention Programs

- 269 participants in Offender Education classes
- 94 chemical dependency assessments
- 32 drug screens
- 25 youth in individual counseling sessions

School-Based Prevention Programs

- 17 in elementary support groups
- 1166 in universal prevention program
- 106 in middle & high school support groups
- 19 in family programs

The SAIL Student Assistance Program is an essential part of GISD’s comprehensive approach toward drug prevention and intervention. The SAIL referral process connects students to existing on-campus services and/or community resources that can help with problems that interfere with learning including depression, emotional trauma, peer conflict, suspected learning difficulties, and illicit use of alcohol, tobacco or other drugs. The SAIL Coordinator personally case manages all of the students who test positive. The general student sentiment about the drug-testing program is positive because it offers intervention to students struggling with drug use problems.⁹⁴

The Williamson Council on Alcohol and Drugs was organized in 1978 when concerned Williamson County residents saw the need to assist fellow citizens of the county with problems related to the use and abuse of alcohol, tobacco and other drugs. Services included education, substance abuse assessments, and counseling. As the needs of clients changed, the services have expanded, and the agency took the name LifeSteps in 2001.⁹⁵

⁹² The second year added all students who participate in extra-curricular activities to the original athletics drug testing pool.

⁹³ Linda Simonson, GISD Superintendent for Instruction, excerpted from GISD U.S. Department of Education Grant Performance Report, Dec. 2007.

⁹⁴ Linda Simonson, GISD Superintendent for Instruction, excerpted from GISD U.S. Department of Education Grant Performance Report, Dec. 2007.

⁹⁵ LifeSteps website: <http://www.LifeStepsCouncil.org/about.htm>, Accessed 12/1/07.

EARLY CHILDHOOD DEVELOPMENT

In 2000 the National Research Council and the Institute of Medicine published *From Neurons to Neighborhoods: The Science of Early Childhood Developments* that provides scientific evidence to support focused interest on infants and toddlers. Among its findings (as summarized by the Zero to Three Policy Center) are the following:

- **From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds.** In addition to their remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory, and moral capacity. All of these critical dimensions of early development are intertwined, and each requires focused attention.
- **Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance.** Redressing these disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school, achieve academic success, and ultimately sustain economic independence and engage constructively with others as adult citizens.
- Early child development can be seriously compromised by social, regulatory, and emotional impairments. Indeed, **young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma, loss, and early personal rejection.**⁹⁶



The Zero to Three Policy Center further emphasizes that “Early relationships provide the foundation that determines whether a baby’s brain is hard-wired for social and emotional well-being or isolation and failure. Stress and trauma alter brain development and how chronically neglected children view the world. **Maltreated babies are at great risk for future school failure, juvenile justice system involvement, and other poor developmental outcomes.** By age three, a baby’s brain is 85% of its adult size. The brain is laying down the pathways that will ultimately govern the child’s reaction to events—long after he or she becomes an adult.”⁹⁷

⁹⁶ Shonkoff, Jack P. and Deborah A. Phillips, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C: National Academies Press, 2000,5.

⁹⁷ Hudson, Lucy, Eva Klain, Margaret Smariga, and Victoria Youcha. *Healing the Youngest Children: Model Court-Community Partnerships*. American Bar Association Center on Children and the Law, Zero to Three Policy Center. Washington, D.C. March 2007.1.

More than 4,000 children, birth to five, currently reside in Georgetown. The quality of life for these youngest Georgetown citizens can in part be measured by the number of women who receive appropriate prenatal care before giving birth, the number of children enrolling in school with their required immunizations, the availability of quality child care, access to early intervention services, access to supports and activities for families with preschoolers, and results on kindergarten readiness tests.

Georgetown ISD Age Distribution & Growth Rate⁹⁸	2000	Percent of Total Population	2006	Percent of Total Population	Rate of Increase 2000-2006
Total Population	42,581	100%	58,489	100%	37.4%
Birth to Age 5	3,450	8.1%	4,281	7.3%	24.1%
Ages 6 - 13	4,959	11.6%	6,619	11.3%	33.5%
Ages 14 - 17	2,626	6.2%	3,739	6.4%	42.4%

According to data from the Texas Department of State Health Services, throughout 2004 an average of 98.8% of women had some kind of **prenatal care** during the first two trimesters of their pregnancy. Only .6% of births occurred without any prenatal care in 2004.

The 4:3:1 immunization series includes 4 doses of DPT, 3 doses of Polio, and 1 dose MMR vaccines. In 2006 the average for completion of the 4:3:1 series of immunizations required by most Texas public schools was 66.8%. According to information obtained from the Williamson County and Cities Health District, the Williamson County average was 75.6%, well above the state average.⁹⁹



Early Childhood Education

In 2006, 243 children were enrolled in **Pre-Kindergarten programs on 4 Georgetown ISD elementary campuses.**¹⁰⁰ In accordance with State of Texas guidelines, GISD Pre-K programs are open to children who are at least three by Sept. 1, and who also meet at least one of the following criteria: unable to speak and comprehend the English language, educationally disadvantaged (i.e. eligible for National Free or Reduced-Price Lunch Program), homeless, or the child of an active duty member of the US armed forces. GISD enrollment in **Bilingual Pre-K** is 82, with 7 enrolled in **English as a Second Language Pre-K.**¹⁰¹ For the 2006-2007 school year, 93% of all Pre-K students in Georgetown tested “on level” for math competency, and 91% tested “on level” for language and

⁹⁸ GISD Demographic Study. DeskMap Systems, Inc. Austin, TX. June 2007. 27.

⁹⁹ Joy Dillman, Director of Bluebonnet Trails ECI PRIDE, joy.dillman@bluebonnetmhm.org

¹⁰⁰ Texas Education Agency Academic Excellence Indicator System (AEIS), 2006-2007 data, <http://www.tea.state.tx.us/perfreport/aeis/>, Accessed 12/1/07.

¹⁰¹ Texas Education Code, Chapter 29, Subchapter E

literacy. The screening instrument used was the **GISD District Developed Pre-K Assessment**.¹⁰²

In 2006, 86 children, birth through age two, received services from **Bluebonnet Trails MHMR Early Childhood Intervention Program (ECI)**. To be eligible for ECI, a child must have a delay or atypical development in at least one developmental domain (communication, gross motor, fine motor, cognition, self-help, or social/emotional), or have a medical diagnosis that has a high probability of developmental delay. Therapeutic, educational, developmental, and mental health services are provided by ECI to all eligible children, and, consequently, there is no waiting list in Williamson County.¹⁰³

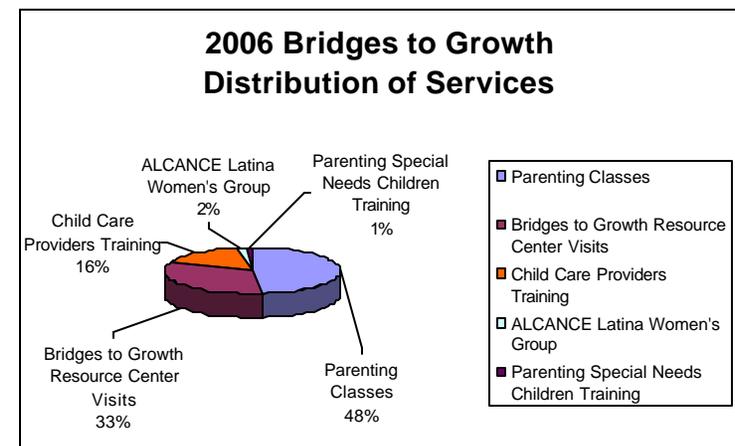
In 2006, 49 children ages 3-5 received services from the **GISD Preschool Program for Children with Disabilities**. Children eligible for PPCD receive specialized educational services so that their disability or developmental delay will have a minimal effect on their long-term educational achievement. Many children in the PPCD program are referred from the ECI program.¹⁰⁴

In Georgetown the **Mary Bailey and Rawleigh Elliott Head Start Centers** serve 84 three to five-year-olds with approximately 140 children on a waiting list. Head Start provides educational, health, nutritional, and social services to children who may be at risk. The **Rawleigh Elliott Early Head Start Program** serves 45 children, birth to three years old, with over 200 on a waiting list. In addition to providing educational, health, nutritional, and social services to the children and their families, Early Head Start also conducts a prenatal program serving 8 pregnant women at any one time.¹⁰⁵

Bridges to Growth, the Early Childhood Program of the Georgetown Project, counted 2,381 parent contacts during 2006. Services regularly provided to participating families include parenting classes, child care provider training, resource center, toddler playgroups, and other special activities for children and families.¹⁰⁶

Childcare

During the summer of 2007, there were 54 registered child care facilities in the zip codes 78626 and 78628 with a total capacity to serve 2,433 children under five.¹⁰⁷ Nearly all registered child care facilities report continual waiting lists for infants 6 weeks to 18 months.¹⁰⁸



¹⁰² Hilda Franks, GISD Pre-Kindergarten Coordinator, FranksH@georgetownisd.org

¹⁰³ Joy Dillman, Director of Bluebonnet Trails ECI PRIDE, joy.dillman@bluebonnetmhmr.org

¹⁰⁴ Hilda Franks, GISD Pre-Kindergarten Coordinator, FranksH@georgetownisd.org

¹⁰⁵ Williamson-Burnet Counties Opportunities 2007 Community Needs Assessment, 43.

¹⁰⁶ Jane Hazelton, Bridges to Growth Resource Center Coordinator, jhgproject@suddenlinkmail.com

¹⁰⁷ Department of Family and Protective Services website: http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/default.asp Accessed 12/5/07.

¹⁰⁸ Joy Dillman, Director of Bluebonnet Trails ECI PRIDE, joy.dillman@bluebonnetmhmr.org

The Rural Capital Area Workforce Development Board (RCAWDB) assists parents who are striving to become self-sufficient and provides child care, technical assistance, and training to child care providers through the Texas Workforce Commission’s Child Care Management Services (CCMS) program. The Rural Capital CCMS provides child care subsidies for families earning up to 80% of the State Median Income. Eighteen of Georgetown’s registered child care facilities are CCMS providers, and they report that 25 of their children received CCMS subsidies.¹⁰⁹ Families must be working and/or in school at least 25 hours a week and be within income guidelines to be eligible. The program benefits families, providers and local communities.¹¹⁰

The average salary of a child care worker in Texas is \$7.55/hour, and most registered child care homes in Georgetown report \$8.00 as the average starting pay for a child care worker.

Source: Joy Dillman, Director of Bluebonnet Trails ECI Pride Program

Early Childhood Economic Impact

Growing evidence for the developmental necessity of quality care during the earliest years, combined with concern that public and private money needs to be spent in economically sustainable ways has led child advocates and economists to examine the economic impact of early childhood development investments.¹¹¹ In *Early Childhood Investment Yields Big Payoff*, economist Robert G. Lynch reveals that studies show that children who participate in high-quality Early Childhood Development programs tend to have the following:

- “higher scores on math and reading achievement tests;
- greater language abilities;
- less grade retention;
- less need for special education and other remedial work;
- lower dropout rates;
- higher high school graduation rates;
- higher levels of schooling attainment;
- improved nutrition and health; and
- experience less child abuse and neglect.”

“Investing in the education of children in their earliest years makes sense as an economic development strategy precisely because the returns are large, reliable and reaped by both the individuals involved and the general public.”

Source: *Early Childhood Development on a Large Scale*, Grunewald & Rolnick, 2005

According to Nobel Prize-winning Economist James Heckman (University of Chicago), “In the long run, significant improvements in the skill levels of American workers, especially workers not attending college, are unlikely without substantial improvements in the arrangements that foster early learning. **We cannot afford to postpone investing in children until they become adults, nor can we wait until they reach**

¹⁰⁹ Williamson-Burnet Counties Opportunities 2007 Community Needs Assessment, 43.

¹¹⁰ Rural Capital CCMS website: <http://www.ruralcapitalworkforce.com/Main/Child%20Care/Child%20Care.htm>, Accessed 11/23/07.

¹¹¹ Child Welfare League of America website: <http://www.cwla.org/programs/daycare/economics.htm>, Accessed 12/1/07.

school age — a time when it may be too late to intervene. Learning is a dynamic process and is most effective when it begins at a young age and continues through adulthood. The role of the family is crucial to the formation of learning skills, and government interventions at an early age that mend the harm done by dysfunctional families have proven to be highly effective.”¹¹²

PUBLIC EDUCATION

The Georgetown Independent School District currently serves 9,900 students at 15 campuses in Georgetown, Texas. A historical review reveals healthy management and policy decisions made over time to support the district’s 4 major strategic planning goals: (1) Exemplary Education (2) Prepared Graduates (3) Quality Staff and (4) Health and Safety. In 2007, as for the past several years, GISD remains on the cusp of Chapter 41 status which would require sending money back to the state under the Texas “Robin Hood Initiative.” When the Chapter 41 share-the-wealth threshold is reached, it is inevitable that the GISD budget will become significantly leaner. The GISD Superintendent of Finance reports that approximately 87% of the GISD budget is payroll. This makes the looming Chapter 41 belt tightening appear quite daunting.¹¹³



With fast growth come many new teachers, and in response, GISD hosted its first “New Teacher Academy” for newly hired teachers in August 2007. The Superintendent of Human Resources reports that GISD continues to be blessed with multiple qualified applicants for every open position, and GISD remains the largest employer in Georgetown.¹¹⁴ Dr. Benjamin Canada, Texas Association of School Boards Associate Executive Director for District Services, reported in a June 26, 2007 focus group held at Sun City, that even before TASB had formally posted its GISD superintendent search that he was being contacted by candidates interested in working in a district that enjoyed such a high degree of community support. **GISD clearly benefits from a positive reputation within state-wide education circles.**



According to an April 1, 2007 search of the *SchoolMatch*® Database, only 16% of the nation's public schools consistently provide "What Parents Want" in public education. **Georgetown ISD has been selected for the *What Parents Want* Award for the twelfth consecutive year.** Corporations and consumers use SchoolMatch® when moving across town, up-grading residences, relocating to a new area, when negotiating child custody issues and for general information about schools¹¹⁵. For five consecutive years, GISD has received a “Superior” rating from the Financial Integrity Rating System of Texas (FIRST), the state financial accountability rating system for school districts,¹¹⁶ and for two consecutive years GISD was named to the "Best 100 Communities for Music Education in America" by the American Music Conference¹¹⁷.

¹¹² Lynch, Robert, *Early Childhood Investment Yields Big Payoff*. WestEd. 2005. http://www.wested.org/online_ppubs/pp-05-02.pdf, Accessed 11/23/07.

¹¹³ Meigs, Linda Frasher, *A Special Report to the Board of Trustees*, Georgetown Independent School District, 7/10/07.

¹¹⁴ GISD District Planning Committee meeting, April 26, 2007.

¹¹⁵ <http://www.schoolmatch.com/search/wpwa.cfm>, Accessed 11/23/07.

¹¹⁶ http://www.georgetownisd.org/filing_cabinet/documents/GISD06-07Accomplishments.pdf, Accessed 11/23/07.

¹¹⁷ http://www.georgetownisd.org/filing_cabinet/documents/GISD06-07Accomplishments.pdf, Accessed 11/23/07.

Commitment to Continuous Academic Improvement

GISD continues to make steady gains in all of the Academic Excellence Indicator System (AEIS) indicators by which the district is evaluated. “Student performance in science was the only hurdle keeping our district from achieving the ‘Recognized’ rating,” said Superintendent Joe Dan Lee.¹¹⁸ The district received an overall “Academically Acceptable” rating and improvement initiatives in science, math and literacy continue to be a major focus for the district.

GISD Student Composition ¹¹⁹	2003	2004	2005	2006	2007
African American	3.7%	3.8%	3.7%	4.2%	4.1%
Hispanic	26.4%	27.4%	29.0%	30.2%	31.5%
White	68.9%	67.8%	66.3%	64.2%	62.9%
Economically Disadvantaged	31.8%	32.9%	34.1%	34.8%	36.3%

GISD District Performance Council priorities, including improvements to the Bilingual and English as a Second Language programs, are reflected in the multi-year history of selected AEIS District Data shown at left. GISD planning priorities are very consistent with state and nation-wide trends.

Percent meeting passing standard ¹¹⁹ On All TAKS Tests Taken	2003	2004	2005	2006	2007	District Change 2003-2007	State Change 2003-2007
All GISD Students	61	70	75	81	82	+21%	+20%
African American	35	50	55	66	66	+31%	+22%
Hispanic	41	49	59	66	69	+28%	+23%
White	68	78	82	87	88	+20%	+20%
Economically Disadvantaged	38	49	59	65	68	+30%	+22%

Percent meeting passing standard TAKS Reading/Language Arts	2003	2004	2005	2006	2007	District Change 2003-2007	State Change 2003-2007
All GISD Students	79	87	90	92	93	+14%	+15%
African American	66	74	78	89	86	+20%	+21%
Hispanic	64	73	79	85	86	+22%	+19%
White	85	92	94	95	97	+12%	+11%
Economically Disadvantaged	62	73	79	84	86	+24%	+20%

Percent meeting passing standard TAKS Mathematics	2003	2004	2005	2006	2007	District Change 2003-2007	State Change 2003-2007
All GISD Students	73	78	83	87	88	+15%	+18%
African American	55	63	69	77	76	+21%	+20%
Hispanic	56	62	71	77	79	+23%	+21%
White	79	85	88	91	93	+14%	+15%
Economically Disadvantaged	53	62	70	76	78	+25%	+20%

Percent meeting passing standard TAKS Science	2003	2004	2005	2006	2007	District Change 2003-2007	State Change 2003-2007
All GISD Students	56	69	74	83	82	+26%	+28%
African American	37	33	41	66	61	+24%	+30%
Hispanic	32	43	50	64	63	+31%	+32%
White	63	79	83	90	89	+26%	+26%
Economically Disadvantaged	35	44	51	65	65	+30%	+33%

Texas has been officially declared a minority-majority state...

According to the U.S. Census Bureau, Texas has become the fourth state to have a non-white majority population, a trend driven by a surging number of Hispanics moving to the state. Texas' 12.2 million minority population makes up 12% of the country's total. Texas joins California, New Mexico and Hawaii as states with majority-minority populations - with Hispanics the largest group in every state but Hawaii, where it is Asian-Americans. Five other states - Maryland, Mississippi, Georgia, New York and Arizona - aren't far behind, with about 40 percent minorities. *Public policy analysts said these states and the country as a whole need to bring minority education and professional achievement to the levels of whites. Otherwise, these areas risk becoming poorer and less competitive...*

Excerpted from the Associated Press, Thursday, August 11, 2005

¹¹⁸ GISD District Planning Committee meeting, April 26, 2007

¹¹⁹ Multi-year AEIS data tables are available for all schools in Texas at: <http://www.tea.state.tx.us/perfreport/aeis/hist/district.srch.html>, Accessed 12/1/07.

High School Completion Rate I ¹²⁰ Grades 9-12	2003	2004	2005	2006	2007	GISD Change 2003- 2007	State Change 2003-2007
All GISD Students	-	92.4	92.6	94.9	95.0	+2.6%	-0.3%
African American	-	93.3	100	80.0	91.7	-1.6%	+0.2%
Hispanic	-	89.0	82.2	90.4	89.0	0.0%	-0.3%
White	-	93.6	95.0	96.6	96.7	+3.1%	-0.4%
Economically Disadvantaged	-	83.1	85.2	93.9	89.3	+6.2%	-0.8%

Dropout Rates	GISD	Texas
06-07 AEIS Report	0.8%	2.6%
05-06 AEIS Report	0.8%	0.9%
00-01 AEIS Report	0.7%	1.3%
95-96 AEIS Report	0.4%	1.8%
90-91 AEIS Report	6.0%	5.1%

Sixty-nine students graduated in the 2007 class of Richarte High School. Richarte is the academic alternative school of choice for GISD that serves students ages 16-21 through accelerated/self-paced instruction. Students that attend Richarte are considered at risk for a myriad of factors including, but not limited to, credit deficiency, difficulty succeeding in a traditional school environment, illness, family issues, or teen parenthood. **Richarte seeks to prevent students from dropping out of school as well as to recover those who have already left the system.**¹²¹ In 2006-2007 Richarte High School was one of 100 campuses in Texas to receive the prestigious Governor’s Education Excellence Award for academic improvement.¹²²

Percentage participating in SAT Testing ¹²³	% of GISD Students Taking SAT Test	Mean SAT - ACT Scores in GISD	Mean SAT - ACT Scores in Region	Mean SAT - ACT Scores in Texas
06-07 AEIS Report	70.4%	1067 - 22.6	1034 - 21.3	991 - 20.1
05-06 AEIS Report	76.3%	1057 - 21.8	1041 - 21.2	992 - 20.0
00-01 AEIS Report	79.4%	1056 - 21.2	1039 - 21.2	990 - 20.3
95-96AEIS Report	73.1%	988 - 22.1	935 - 21.2	891 - 20.1
90-91 AEIS Report	45.8%	968 - 21.1	876 - 20.5	872 - 19.8

GISD progress in early dyslexia identification is evidenced by having 6 first grade students and 37 second grade students identified and served during the 2006-2007 school year.

Source: Abbie Baker, Elementary Language Arts Coordinator, bakera@georgetownisd.org

GISD has a well respected Department of Special Education whose students are represented in the categories below.

- Learning Disabled – 290 students
- Speech Impairment – 238 students
- Other Health Impaired – 100 students
- Mental Retardation – 57 students
- Autistic – 53 students
- Emotionally Disturbed – 21 students
- Orthopedic Impairment – 14 students
- Visual Impairment – 10 students
- Auditory Impairment – 9 students
- Traumatic Brain Injury – Fewer than 5
- Deaf/Blind – No students in this category

Source: Dawn Jennings, GISD Special Education Parent Liaison, jenningsd@georgetownisd.org

¹²⁰ Completion Rate I data is unavailable prior to 2004.

¹²¹ Marsha Winship, Richarte Principal, WinshipM@georgetownisd.org

¹²² http://www.georgetownisd.org/filing_cabinet/documents/GISD06-07Accomplishments.pdf, Accessed 11/23/07.

¹²³ Historical AEIS data for any school district or individual campus in the State of Texas can be accessed at the Texas Education Agency website at the following URL: <http://www.tea.state.tx.us/perfreport/aeis/>.

ADDRESSING BARRIERS TO LEARNING

As the Williamson County population burgeons, Georgetown ISD also experiences rapid growth with **a rapidly changing student demographic that boasts an increase in both minority students and low socio-economic students, the two sub-groups that historically tend to lag behind academically.**

In response, one new program being implemented in 2007-08 is **AVID (Advancement Via Individual Determination)** that will be piloted at Tippit Middle School and later expanded to Forbes and Benold. AVID targets students in the academic middle–B, C, and even D students– who have the desire to go to college and the willingness to work hard toward that goal. These students are capable of completing a rigorous curriculum but are falling short of their potential. Typically, they will be the first in their families to attend college, and many come from low-income or minority families. AVID pulls these students out of courses they find unchallenging and puts them on the college track: acceleration instead of remediation.¹²⁴

In the Fall of 2006 the **SAIL (Student Assistance & Intervention Liaison)** student assistance program, that identifies and links struggling students to school-based and community-based support services as needed, served a total of 4% of the GISD student population, including 146 elementary students and 235 secondary students.¹²⁵ In the previous three years SAIL referrals averaged 5.45% of GISD students per semester. Over the past year GISD has made an intentional effort to begin “front loading” supports for all students in an effort to reduce the need for providing individual interventions for students who begin to struggle. It will be interesting to see if this front loading of support will lead to a reduction in SAIL referrals over time.

Percentage participating in Advanced Placement Courses	% of GISD Students	% of Students in Region	% of Students in Texas
06-07 AEIS Report	21.5%	26.5%	18.9%
05-06 AEIS Report	21.3%	26.9%	18.4%
00-01 AEIS Report	14.1%	20.2%	14.3%
95-96 AEIS Report	11.5%	7.6%	14.1%
90-91 AEIS Report	Not Available	Not Available	Not Available

Advanced Courses & Dual College Enrollment	Percentage of GISD Students Participating	Percentage of Students in Region Participating	Percentage of Students in Texas Participating
06-07 AEIS Report	21.9%	22.2%	21.0%
05-06 AEIS Report	21.1%	21.6%	20.5%
00-01 AEIS Report	18.2%	20.7%	20.1%
95-96 AEIS Report	24.2%	17.2%	15.1%
90-91 AEIS Report	Not Available	Not Available	Not Available

Limited English Proficiency (LEP) Students	Total # of LEP Students in GISD	Percentage of LEP Students in GISD	LEP percentage in Texas
06-07 AEIS Report	880	9.3%	16.0%
05-06 AEIS Report	716	7.9 %	15.8 %
00-01 AEIS Report	450	5.6 %	14.1 %
95-96 AEIS Report	223	3.5 %	12.8 %
90-91 AEIS Report	197	3.9 %	9.4 %

Academic Excellence Indicator System (AEIS) data is updated annually for all school districts in Texas and can be found on the Texas Education Agency webpage at

<http://www.tea.state.tx.us/perfreport/aeis/>

¹²⁴ GISD District Planning Committee meeting, April 26, 2007

¹²⁵ Ginna Beal, GISD SAIL Coordinator, BealG@georgetownisd.org

Types of SAIL Recommendations to help struggling students Fall 2006 + Spring 2007 = Annual Total	Academic Interventions	Psycho-Social & Behavioral Interventions	Further Assessment Requested	Other Miscellaneous Interventions
Elementary SAIL Referrals	286 + 666 = 952	125 + 269 = 394	116 + 149 = 265	115 + 249 = 364
Secondary SAIL Referrals	175 + 135 = 310	414 + 211 = 625	20 + 9 = 29	45 + 98 = 143

GISD principals and SAIL teams report that they are seeing a frustrating increase in **mobility rates** among GISD students that results in an increased number of students transitioning in and out of GISD classrooms throughout the school year. In some cases, this simply reflects Williamson County’s fast growth, but in other cases, it reflects the general housing instability of many low income families. These constant transitions are providing a new and ongoing challenge for all GISD classrooms, but they are especially challenging when elementary, middle school, and high school students enroll who have had spotty or no prior formal schooling in their native country and may not be proficient speakers of English. It is interesting to note that a June 2007 Demographic Report prepared for GISD School Trustees by DeskMap Systems, Inc. states that 103 students transferred into GISD from other school districts in 2006. Of those 103, only 3 came from outside the Central Texas area, with 23 coming from Round Rock ISD, 18 from Jarrell, 15 from Liberty Hill, 11 from Florence, and 10 from Leander. 74 of the transfer students were Anglo, and 29 were minority students. DeskMap also estimates that there are probably about 400 children who are **home-schooled** within GISD boundaries.¹²⁶

Communities in Schools, a drop out prevention agency that helps students stay in school and prepare for a successful life, worked with 175 students at Georgetown High School during the 2006-2007 school year, providing them with individual and group counseling, tutoring, mentors, service referrals and/or resources, and field trip opportunities.¹²⁷

Fiscal 2007 Services - Communities in Schools in GISD	Total # of Students Served	Supportive Guidance	Health & Human Services	Parental Involvement	Career Awareness	Enrichment	Educational Enhancement
# of Individually Case Managed Students	146	137	21	114	39	46	54
# of Students Served in Support Groups	64	94	15	0	6	7	53

During 2006-2007, **Intervention Services** assisted over 200 GISD students (K-12) and their families in achieving goals such as fewer disciplinary referrals, a decrease in symptoms related to anxiety and depression, and better social skills. Approximately 75 students and families were referred but were wait-listed for services due to the limited time of *Intervention Services* staff on the school campuses.¹²⁸

¹²⁶ DeskMap Systems 2007 Demographic Report to the GISD Board of Trustees. 6, 43.

¹²⁷ Carrie Jones, Georgetown HS Program Manager, Communities In Schools -Central Texas, Inc., cjones@cisaustin.org

At a November, 2007 School Mental Health Policy Forum sponsored by The Texas Health Institute in collaboration with the Texas Department of State Health Services, Austin Hooser, a student who lost his mother to cancer, and Camilla Hornsby, a student evacuee from Hurricane Katrina, gave testimony about school-based support they had received in surviving traumatic life situations. Both credited GISD’s nationally recognized SAIL student assistance program for keeping them academically on track for college.¹²⁹ **GISD principals and SAIL teams continually lament the lack of community mental health services available** to meet the needs of Georgetown families and youth. While school systems are clearly not responsible for meeting every need of their students, when the need directly impairs learning, the school must meet the challenge.¹³⁰

GISD CAMPUS PROFILES Source: AEIS & GISD SAIL	Percent Economically Disadvantaged			Percent Minority (Non-“White”)			Percent At Risk**		Percentage of Students Referred to SAIL***			Accountability Rating	
	00-01	05-06	06-07	00-01	05-06	06-07	05-06	06-07	Spring 2005	Spring 2006	Spring 2007	2005-2006	2006-2007
Frost Elementary	26.2	46.1	41.9	21.6	41.3	42.7	43.7	45.1	9.0	5.5	4.3	Acceptable	Acceptable
Purl Elementary	47.7	61.8	65.5	42.9	63.6	64.9	55.4	57.1	5.3	8.2	5.0	Recognized	Acceptable
Carver Elementary	44.6	57.8	58.9	43.9	49.7	52.4	40.6	44.8	6.6	8.3	8.7	Recognized	Acceptable
Williams Elementary	NA*	51.7	56.2	NA*	53.7	58.5	46.9	44.6	3.5	7.8	3.3	Recognized	Acceptable
Cooper Elementary	34.0	34.6	35.8	34.9	26.2	28.4	34.6	43.9	9.6	8.8	6.7	Recognized	Recognized
Pickett Elementary	32.3	43.2	42.8	31.6	44.1	41.6	43.7	40.9	7.1	8.6	3.2	Recognized	Acceptable
McCoy Elementary	28.0	36.5	37.7	29.6	35.6	35.1	31.9	36.2	4.1	14.7	4.1	Acceptable	Acceptable
Village Elementary	10.3	22.1	24.8	12.6	19.3	23.3	23.0	20.8	3.8	5.0	8.1	Exemplary	Exemplary
Ford Elementary	NA*	13.2	11.6	NA*	18.0	16.5	28.3	18.8	2.8	3.9	5.6	Recognized	Exemplary
Tippit Middle School	31.4	39.6	44.6	33.5	44.7	45.9	36.2	38.3	0.4	1.5	0.1	Recognized	Recognized
Forbes Middle School	NA*	26.7	31.7	NA*	31.4	30.5	34.2	34.1	2.4	2.1	2.2	Acceptable	Recognized
Benold Middle School	18.4	24.7	25.8	21.5	25.0	27.3	32.6	29.3	0.4	0.4	1.6	Recognized	Recognized
Ninth Grade Campus	21.2	28.7	27.8	25.0	28.7	34.5	39.0	31.1	3.5	2.9	0.7	Acceptable	Acceptable
Georgetown HS	25.9	24.4	26.2	21.6	28.7	29.6	38.9	37.4	3.3	3.3	4.7	Acceptable	Acceptable
Richarte Alternative HS	45.5	58.8	48.7	31.8	41.2	41.0	100	92.3	12.3	23.2	12.7	Acceptable	Acceptable
GISD District Total	26.1	34.8	36.3	28	35.8	37.1	38.9	38.1	4.0	5.2	4.0	Acceptable	Acceptable
*NA indicates that data was not available because campus was not open in year 2000-2001. **2000-2001 At Risk data was not reported in AEIS. ***SAIL referral data was not available in 2000-2001.													

¹²⁸ Allyson Jervy, LCSW, Director, Intervention Services, a school-based mental health program of Jervy and Associates, allyjervy@earthlink.net

¹²⁹ Ginna Beal, GHS SAIL Coordinator, bealg@georgetownisd.org

¹³⁰ Carnegie Council on Education Task Force

GISD integrated pregnancy educational and support services are delivered to the student when (1) the student is pregnant and attending classes on a district campus (2) the pregnancy prenatal period prevents the student from attending classes on a district campus or (3) the pregnancy postpartum period prevents the student from attending classes on a district campus. GISD students receiving these services in 2006-2007 spanned from 8th to 12th grades. Of these 24 were Hispanic, 21 were White (non-Hispanic), and fewer than 5 were African American. Sixty-six percent were economically disadvantaged based on Federal Free/Reduced Lunch Program guidelines.¹³¹ Additionally, sixty-one female and twelve male students were enrolled in GISD’s integrated program of educational and **Life Skills support services for students who are pregnant or parenting**. Of these students, 36 were Hispanic, 28 were White (non-Hispanic), and 9 were African American. Sixty-two percent were economically disadvantaged based on Federal Free/Reduced Lunch Program guidelines.¹³²

The GISD Eagle Wings Child Development Center is licensed by the Department of Protective and Regulatory Services and accredited by the National Association for the Education of Young Children (NAEYC). The center enrolls the children of GISD students who are participating in GISD integrated pregnancy educational and support services as well as the children of GISD employees when space is available. Students utilizing Eagle Wings Child Development Center must follow guidelines outlined in the handbook, provided to them, to continue using child care privileges. The child development center has an early childhood curriculum in place that is implemented and supervised by trained staff members, and it serves as a lab school for GISD students who wish to learn more about the growth and development of children. In 2006-2007 Eagle Wings maintained an enrollment of 75 children (birth to age four) who were served by a staff of 18.¹³³

The Top “10” Issues That Georgetown Teens Face Today

1. **Academic deficits leading to school failure and truancy**
2. **Mental health issues**
3. **Alcohol and drug use**
4. **Consequences of sexual activity (both emotional and physical)**
5. **Conflict with parent or school personnel**
6. **Dysfunction within the family system**
7. **Bullying**
8. **Coping with self-destructive behavior of close friends and/or family**
9. **Difficulty tolerating and modulating strong emotions**
10. **Struggles with identity issues**
11. **Coping with the consequences of abuse and/or neglect**
12. **Media messages that undermine self esteem and encourage bad choices**
13. **Internet and computer game addictions**

Sources: Ginna Beal, Georgetown High School SAIL Coordinator, and Alan Oakes, Georgetown High School At risk Counselor

¹³¹ Jan Williams, ESE Director, williamsj@georgetownisd.org

¹³² Jan Williams, ESE Director, williamsj@georgetownisd.org

¹³³ GISD Staff & Staff Guide to Programs & Services and telephone interview with Eagle Wings receptionist, (512-943-5123) on 12/7/07.

The **Georgetown Alternative Program (GAP)** is a state-mandated Disciplinary Alternative Educational Placement (DAEP) for all GISD secondary students (grades 6-12) needing a long-term disciplinary placement. The “GAP” is intended to provide educational services to students who have experienced major behavioral difficulties at their previous campus or in the community. The range of sentences imposed on GAP students ranged from 10 days to 158 days. The most frequently cited student discipline offense was “serious or persistent misconduct.”¹³⁴

Grade Level	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
2006-2007 Number of Students Referred to GAP	5 or fewer	5 or fewer	7	27	47	49	16	10
% of Total Grade Level Enrollment	Less than 1%	Less than 1%	1%	3.6%	5.7%	7.3%	2.5%	2%
Total Enrolled Per Grade Level*	742	697	696	749	819	671	636	535

Offense Codes used in 2006-2007 GISD GAP Referrals	# of GISD Referrals Per Offense Code
2 - Conduct punishable as a felony	5 or fewer
4 - Possessed, sold, used, or was under the influence of marijuana or other controlled substance	18
5 - Possessed, sold, used, or was under the influence of an alcoholic beverage	9
7- Public lewdness or indecent exposure	5 or fewer
8 - Retaliation against school employee	5 or fewer
10 - Based on conduct occurring off campus and while the student is not in attendance at a school-sponsored or school-related activity for felony offenses not in Title 5, Penal Code	5 or fewer
14 - Used, exhibited, or possessed a prohibited weapon	5 or fewer
21 - Serious or persistent misconduct (Violation of student code of conduct not included under TEC §§37.002(b), 37.006, or 37.007)	103
22 - Criminal mischief	5 or fewer
28 - Assault against someone other than a school district employee or volunteer	6
30 - Aggravated assault against someone other than a school district employee or volunteer	5 or fewer
34 - School-related gang violence - Action by three or more persons having a common identifying sign or symbol or an identifiable leadership who associate in the commission of criminal activities	6
36 - Felony controlled substance violation	5 or fewer
50 - Used, exhibited, or possessed a non-illegal knife as defined by student code of conduct (less than 5 inches long)	5 or fewer

¹³⁴ GAP Principal, Bob Fischer, fischerr@georgetownisd.org

Looking at 2006-2007 GISD “Serious & Persistent Misconduct” Referrals with Juvenile Justice Diversion in Mind

“A perception of community is shaped by daily experiences and probably is best engendered when a person senses s/he is welcome, supported, nurtured, respected, liked, connected to others in reciprocal relationships, and a valued member who is contributing to the collective identity, destiny, and vision.”
 - Howard Adelman & Linda Taylor, Center for Mental Health in Schools

GISD ELEMENTARY SCHOOLS Top Ten Reasons for Office Referral	Number Referred
Aggression	242
Persistent Misbehavior	240
Failure to Follow Directions	175
Violation of Student Code of Conduct	108
Disrespectful	85
Other Violation	83
Class Rule	61
Offensive Language	55
Academic	36
Fighting	33

GISD MIDDLE SCHOOLS Top Ten Reasons for Office Referral	Number Referred
Failure to Follow Directions	530
Disrespectful	478
Offensive Language	314
Unruly with Class	227
Aggression	200
Other Rule	121
Academic	87
Persistent Misbehavior	77
Unruly with Teacher	76
Truancy	72

GEORGETOWN HIGH SCHOOL Top Ten Reasons for Office Referral	Number Referred
Truancy	599
Other Rule	521
Failure to Follow Directions	458
Tardy	364
Classroom Disruption	331
Offensive Language	228
Violated Class Rule	211
Skip Detention Hall	199
Other Violation	153
Disrespectful	149

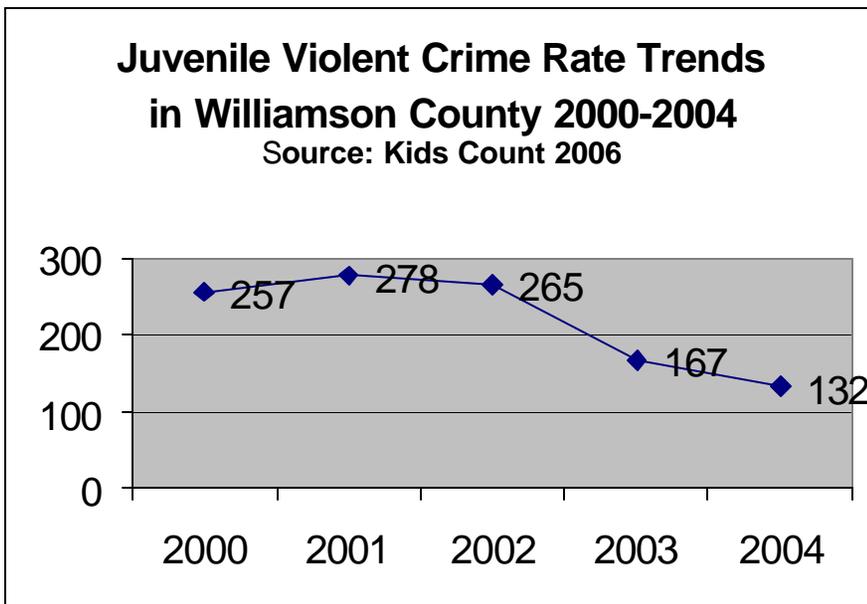
- The per pupil expenditure for students attending Georgetown High School in 2006-2007 was **\$6,733**.
- The per pupil expenditure for students attending Richarte High School (alternative school of choice) in 2006-2007 was **\$8,568**.
- The per pupil expenditure for students attending Georgetown Alternative Program (GAP Disciplinary Alternative Educational Program) in 2006-2007 was **\$14,571**.

- The Williamson County Academy is a Juvenile Justice Alternative Education Program (JJAEP) subject to the approval of the Texas Juvenile Probation Commission in conjunction with the Williamson County Juvenile Board. The Academy is for students who have engaged in delinquent conduct on school grounds or during school events or who have been court ordered to attend the JJAEP. All 12 school districts in Williamson County participate in the school. In calendar year 2006, thirty-six Georgetown ISD students were placed in the Williamson County Academy where the average stay per cadet is 45 days. Comparable apples-to-apples comparison data on the per pupil expenditure for students attending the Williamson County JJAEP (Williamson County Academy + Juvenile Detention) in 2006-2007 was not available.
- In Texas it costs approximately **\$24,000** annually to care for a child incarcerated in the juvenile system.

Data Sources: This information was compiled by Linda Meigs with information provided by GISD Superintendent, Joe Dan Lee; Linda Simonson, GISD Asst. Superintendent of Curriculum & Instruction; David McLaughlin, GISD Superintendent of Finance; Marsha Winship, Richarte Principal; Bob Fischer, GAP Principal; Tina Walden, Academy Secretary; Charly Skaggs, Williamson County Juvenile Services Director; and Wendell Teltow of Prevent Child Abuse Texas.

PUBLIC SAFETY - Youth Crime

While the Juvenile Violent Crime Rate has been on a precipitous decline in Williamson County during this decade, Williamson County continues to have **the second highest Juvenile Violent Crime Rate in the 10-County Central Texas Region**. In addition, referrals to the Juvenile Probation department tell a varied story about youth crime overall in the county with referrals fluctuating from 1205 from Williamson County in 2002, to 1187 in 2003 and back up to 1266 in 2004. Cases adjudicated by the Texas Youth Commission of youth from Williamson County have fluctuated quite a bit over the past decade as well.



The “Top 10” Issues*That Georgetown Elementary Children Face Today

1. Divorce - blended families
2. Switching schools often - transitions
3. \$ - Low income or change in income
4. Violence in the home
5. Parents’ lifestyle - not modeling good behavior or not having enough time to spend with their children
6. Parent incarceration
7. Children in Foster Care/Under Child Protective Services
8. Frustration with academics/Low self-esteem
9. Social issues with peers
 - Problems with friends or with making friends
 - Dealing with a bully
 - Worries about not fitting in
10. Family member illness or military deployment overseas**

* These issues often occur in multiples, which only compound the difficulties.

** The greatest trauma a child can face is loss of a parent, but thankfully, that doesn't happen too often.

Sources: Terri Boccella, Williams Elementary Social Issues Coordinator, and Jan Liepman, Pickett Elementary Counselor

“Even in the most troubled communities, there are people, places and programs that are building developmental assets. Any work we do in vulnerable communities ought to begin with finding, celebrating, and strengthening these asset-building resources.”

--Peter L. Benson, Ph.D., President, Search Institute, Before White House Conference on Teenagers

In Georgetown, specifically, juvenile arrests by the **Georgetown Police Department** went from 114 in 2003/4 to 93 in 2004/5 (data from Georgetown PD is reported by the departmental fiscal year).¹³⁵ In 2006 the Georgetown Police Department's dispatch center received 197 calls related to juvenile violations; 67 such calls have been received in

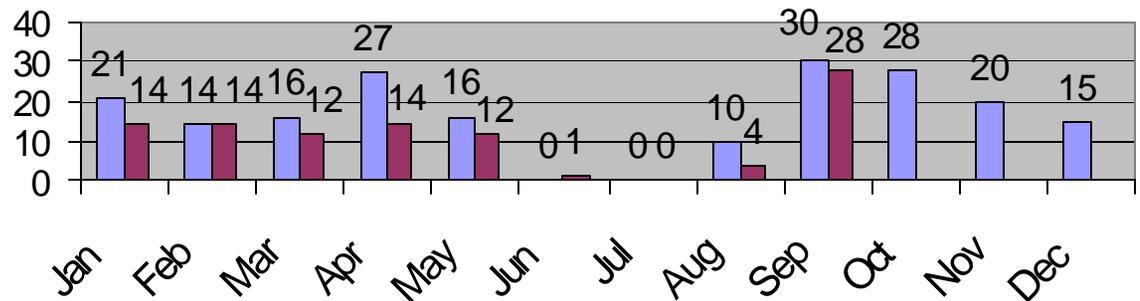


As part of community policing programs in Georgetown, officers visit schools to teach children about safety and crime prevention.

(Photo courtesy of the LBJ School of Public Affairs)

GPD Calls Received for Juvenile Violations¹³⁶

■ 2006 ■ 2007 (Jan. through Sep.)



the first six months of 2007.¹³⁶ It is interesting to note that in both 2006 and 2007, GPD calls show that reports of juvenile violations fell precipitously during the summer months.¹³⁷

The Georgetown Police Department began in 1948 when the City Council established the positions of Chief of Police and two patrolmen. The first patrol vehicle was purchased in that year. Until that period of time, a City Marshall answered all calls for police protection. The number of police officers now totals 59, and they are supported by 21 support personnel, 6 animal services personnel and numerous volunteers.¹³⁸ **A community policing philosophy remains central to their mission.**

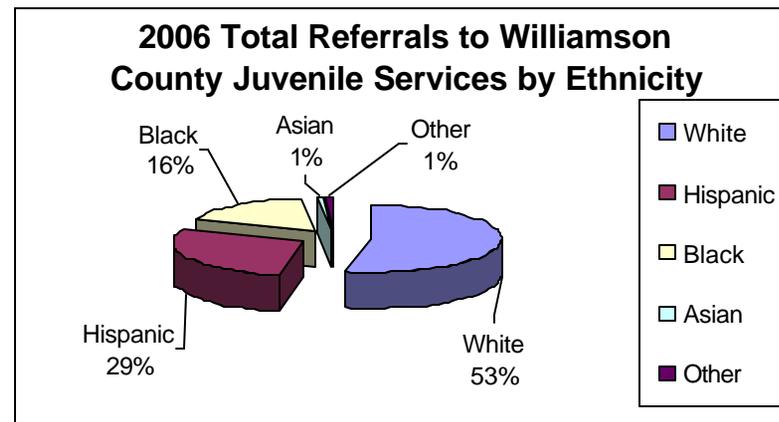
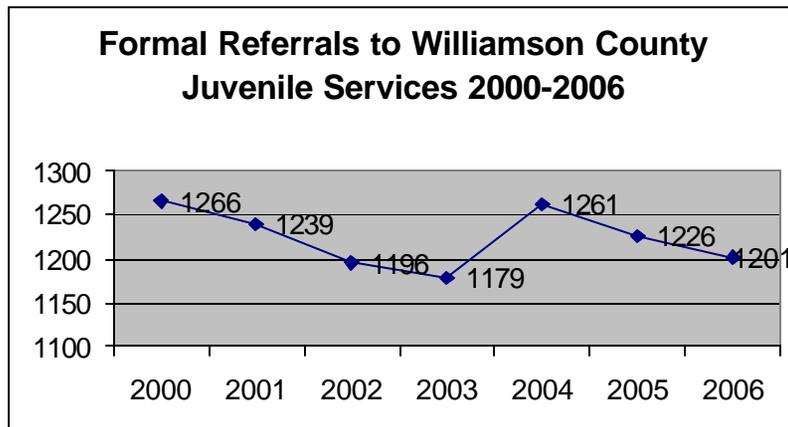
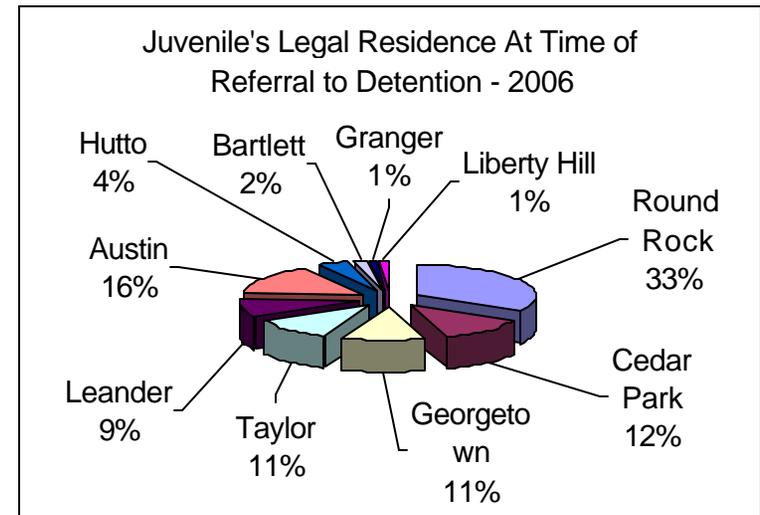
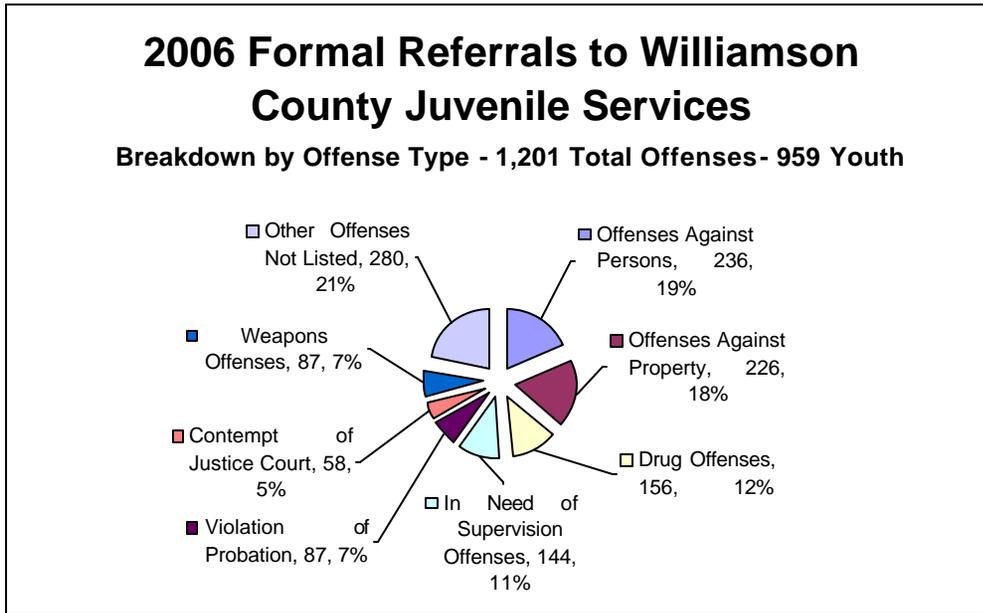
¹³⁵ Katie Ryan, Community Impact Director, United Way of Williamson County, katie@unitedway-wc.org

¹³⁶ Georgetown Police Department Call Type Totals: http://public.coronasolutions.com/43/reports/Agency_CallTypeTotals.html, Accessed 11/5/07.

¹³⁷ GPD call-type data represents Computer Aided Dispatch (CAD) calls for service data. GPD stresses that CAD call-type data is NOT the same as reported crime data. See further information about the GPD disclaimer at: http://public.coronasolutions.com/43/reports/Agency_CallTypeTotals.html

¹³⁸ City of Georgetown website: <http://www.georgetown.org/departments/pd/>. Accessed 11/05/07.

On average, approximately 74% of formal referrals to **Williamson County Juvenile Services** are juveniles between the ages of 14-16. Approximately 64% of referrals are males and 36% females. Offenses against persons included 80 felonies and 156 misdemeanors including 3 attempted homicides, 22 sexual assaults, 4 robberies, 51 aggravated assaults, and 156 misdemeanor assaults. Offenses against property included 78 felonies and 148 misdemeanors including 41 burglaries, 21 felony thefts, 16 car thefts, and 148 misdemeanor thefts.¹³⁹



¹³⁹ Williamson County Juvenile Services 2006 Annual Report, Charly Skaggs, charlyskaggs@wilco.org

¹⁴⁰ Source for all graphs on this page: Williamson County Juvenile Services 2006 Annual Report, Charly Skaggs, charlyskaggs@wilco.org

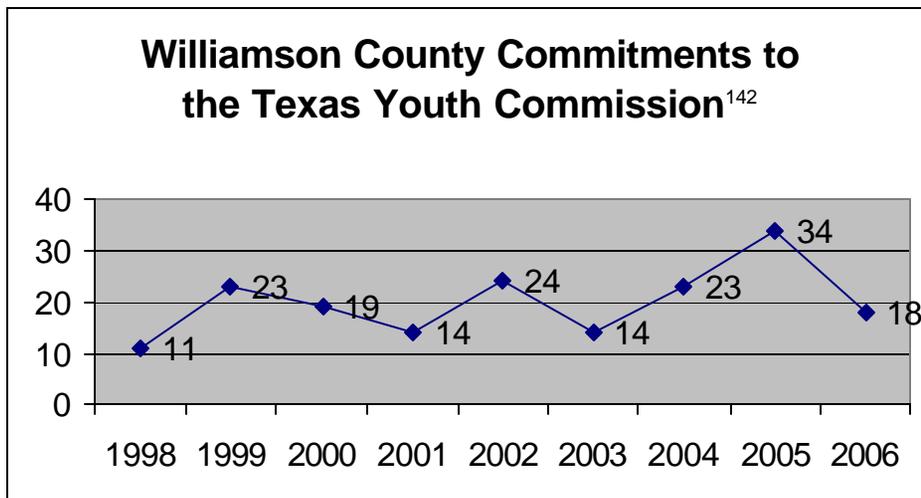
The Texas Youth Commission (TYC), the state's juvenile corrections agency, is currently under reorganization. TYC provides for the care, custody, rehabilitation, and re-establishment in society of Texas' most chronically delinquent or serious juvenile offenders. Texas judges commit these youth to TYC for mostly felony-level offenses committed when they were at least age 10 and less than age 17. TYC can maintain jurisdiction over these offenders until their 19th birthdays.

The youth sent to the Texas Youth Commission (TYC) are the state's most serious or chronically delinquent offenders. In fiscal year 2006 (9/05 - 8/06) 33% of new arrivals committed violent offenses, the same percentage as in fiscal 2005. Overall, 39% of new arrivals were categorized as high risk offenders.¹⁴¹

Who Are TYC Offenders?

- 89% were boys
- 11% were girls
- 44% were Hispanic
- 34% were African American
- 22% were Anglo
- 24% admitted at intake that they are gang members
- Median age at commitment was 16
- Median reading achievement level was 6th grade (4 years behind their peers)
- Median math achievement level was 5th grade (5 years behind their peers)
- 40% were identified as eligible for special education services
- 7% of the TYC population were English language learners
- 83% had IQs below the mean score of 100
- 46% were chemically dependent
- 41% had serious mental health problems
- 76% had parents who never married or who divorced or separated
- 36% had a documented history of being abused or neglected
- 60% came from low-income homes
- 74% came from chaotic environments
- 52% had families with histories of criminal behavior
- 12% had family members with mental impairments
- 48% were in juvenile court for two or more felony-level offenses before being committed to TYC

Source: http://www.tyc.state.tx.us/research/youth_stats.html



¹⁴¹ Texas Youth Commission website: <http://www.tyc.state.tx.us/about/overview.html>, Accessed 11/14/07.

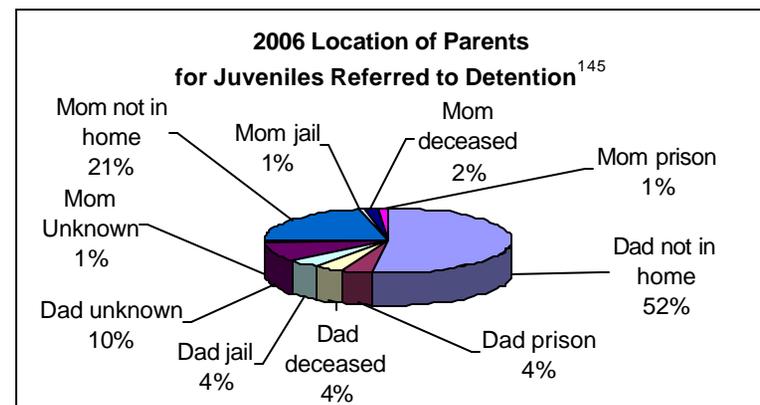
¹⁴² Source for graph: Williamson County Juvenile Services 2006 Annual Report, Charly Skaggs, charlyskaggs@wilco.org

The City of Georgetown Municipal Court has jurisdiction over juveniles (16 years or younger) charged with a Class "C" misdemeanor offenses except public intoxication. The parent of a juvenile charged in the Municipal Court is required to be present in court with their child. Juveniles who fail to appear in court or who fail to pay their fine are reported to the Department of Public Safety who suspend or deny issuance of a driver's license. Juveniles, who disobey a court order, may be found in contempt and assessed a fine not to exceed \$500 or referred to juvenile court for contempt.¹⁴³

The City of Georgetown, in cooperation with Georgetown Independent School District and Williamson County, administers a Teen Court program. Teen Court is a specifically designed court that hears only certain Class C misdemeanor cases. The individual cases are defended and prosecuted by teen attorneys, and the verdict is rendered by a jury of teens. The Judge for Georgetown Municipal Court serves as the Teen Court Judge. In lieu of a fine, a Teen Court defendant must agree to perform Community Service Restitution (CSR) hours as determined by the jury. CSR hours must be performed at a nonprofit organization in the Georgetown area. In addition to CSR hours, juries assign mandatory jury terms. Defendants have 90 days in which to complete these hours. Successful completion of assigned CSR hours and Jury Terms will result in dismissal of the citation. All Teen Court sessions are open to the public. Teen Court offenses are categorized into five classes. They include:

- Individual seat belt, vehicle equipment, and parking: 5-10 hours CSR + 1-2 jury terms.
- Expired driver's license, traffic light, stop sign, fail to yield/signal, speeding 1-9 mph over the limit, and noise violations: 10-20 hours CSR + 1-3 jury terms.
- Speeding 10-24 mph over the limit, third party seat belt violations, speeding 1-24 mph over the limit in a school zone, and driving without a license: 20-30 hours CSR + 2-3 jury terms.
- Public order, handicap parking, and Failure to Maintain Financial Responsibility: 30-40 hours CSR + 2-4 jury terms.
- Any violation involving a collision and theft under \$50.00: 40-60 CSR + 3-4 jury terms.¹⁴⁴

The Office of the Attorney General provides parents with a full range of child support services at no cost. The services are required by federal law and funded by the federal government and the State of Texas. **The Attorney General's Child Support Division is responsible for assisting parents in obtaining the financial support necessary for children to grow up and succeed in life.** To encourage parental responsibility, the Attorney General establishes paternity of children, establishes court orders for financial and



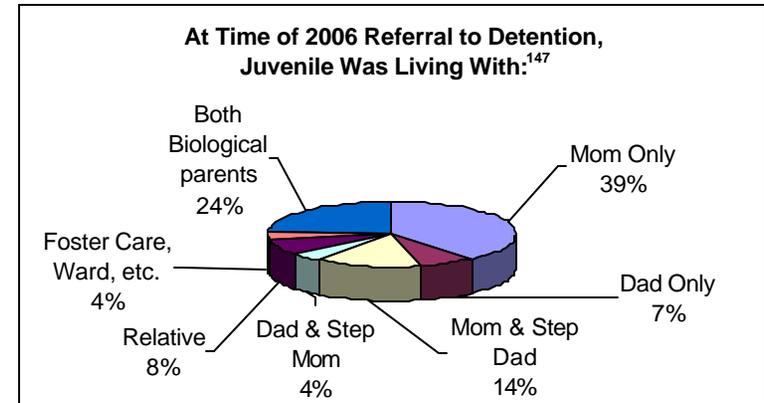
¹⁴³ City of Georgetown website: <http://www.georgetown.org/departments/municipalcourt/juveniles.php>, Accessed 11/14/07.

¹⁴⁴ City of Georgetown website: <http://www.georgetown.org/departments/municipalcourt/teencourt.php>, Accessed 11/14/07.

¹⁴⁵ Williamson County Juvenile Services 2006 Annual Report, Charly Skaggs, charlyskaggs@wilco.org

medical support, and vigorously enforces support orders. The Attorney General promotes the emotional involvement of both parents in the life of the child by working with community groups, schools and hospitals. The Child Support Division determines, on a case-by-case basis, which of the child support services listed below are appropriate.

- Locating the absent parent
- Establishing paternity
- Establishing and enforcing child support orders
- Establishing and enforcing medical support orders
- Reviewing and adjusting child support payments
- Collecting and distributing child support payments¹⁴⁶



The Cyber Crimes Unit of the State Attorney General’s Office is committed to protecting the Internet as a safe place to learn and shop for children and families.

The Cyber Crimes Unit brings together police officers and prosecutors with expertise in investigating and prosecuting high-tech crimes, including the following:

There were 43 registered sex offenders living in Georgetown in early 2007. The number of registered sex offenders compared to the number of residents in this city is smaller than the state average.

Source: <http://www.city-data.com/>

- **Predator Cases:** The Attorney General's office is actively pursuing predatory pedophiles who use the Internet to develop relationships with children for the purpose of luring them to a meeting.
- **Child Pornography:** The Attorney General's office accepts complaints and conducts investigations into online child pornography. Cyber Crimes Unit staff work with local, state, and federal authorities to prosecute crimes involving child pornography.
- **Children's Privacy:** A new federal law, the Children's Online Privacy Protection Act (COPPA), seeks to protect the privacy of children online. The Cyber Crimes Unit will monitor Web sites and take enforcement actions against those who are not in compliance.
- **Breach of Computer Security:** The Attorney General's office accepts complaints and conducts investigations into violations of the Texas Breach of Computer Security Statute, Texas Penal Code, Section 33.02. The Cyber Crimes Unit staff works with local, state, and federal authorities to prosecute

crimes involving malicious and damaging computer intrusions in violation of this statute.¹⁴⁸

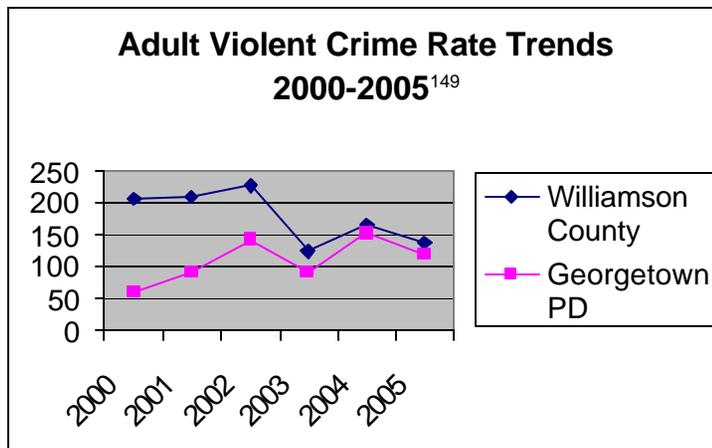
¹⁴⁶ Texas Attorney General’s Office website: <http://www.oag.state.tx.us/cs/about/index.shtml> , Accessed 11/14/07.

¹⁴⁷ Williamson County Juvenile Services 2006 Annual Report, Charly Skaggs, charlyskaggs@wilco.org

¹⁴⁸ Texas Attorney General’s Office website: <http://www.oag.state.tx.us/internet/inbhome.shtml> , Accessed 11/14/07.

Adult Crime Statistics

The changes in youth crime trends closely mimic those of adult crime throughout the county, though youth crimes occur in substantially lower numbers according to the make up of the population.



Georgetown’s adult violent crime rate does not follow Williamson County’s downward trend but rather shows some substantial fluctuation from 2000 to present. This could be due to multiple factors including increased growth and/or changes in law enforcement or reporting processes. **Adult criminal behavior is having a significant impact on the lives of Georgetown children and adolescents** as reflected in Georgetown ISD SAIL referrals that remain confidential under the Family Educational Rights and Privacy Act.¹⁵⁰

Crimes Against Youth and Families

Of particular concern in Georgetown is what appears to be alarming increases in **family violence** incidents.

Throughout all of 2006, the Georgetown Police Department’s dispatch center received 51 calls related to domestic violence. In just the first 6 months of 2007, 120 calls had been received. Certainly, some increases could be partially explained

Types of Incidents Called in to GPD ¹⁵²	2006	2007 (Jan. through Sept.)
Assault	156	154
Criminal Threats	90	91
Disturbance	783	592
DUI	112	151
Narcotics	142	143

Types of Incidents Called in to GPD ¹⁵²	2006	2007 (Jan. through Sept.)
Domestic Violence	51	148
Child Abuse	213	133
Runaway	154	97
Indecent Exposure	9	9
Sexual Assault	49	31

by successful efforts of family violence advocates but not a *135% increase in only 6 months!*¹⁵¹

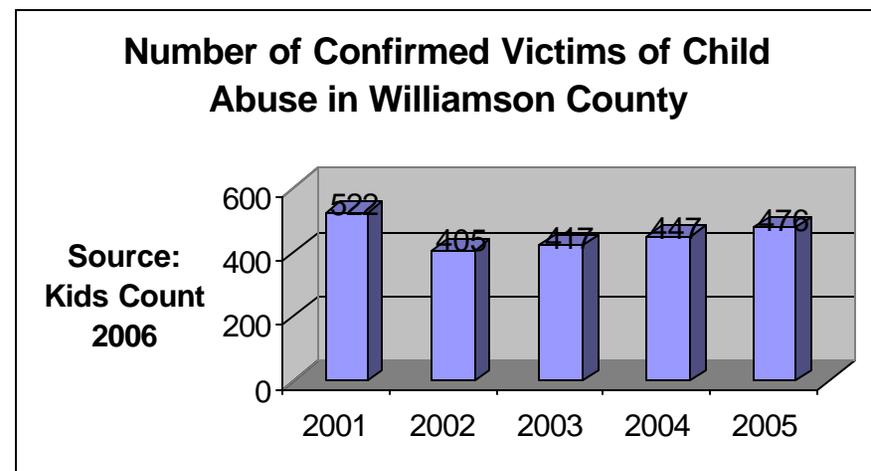
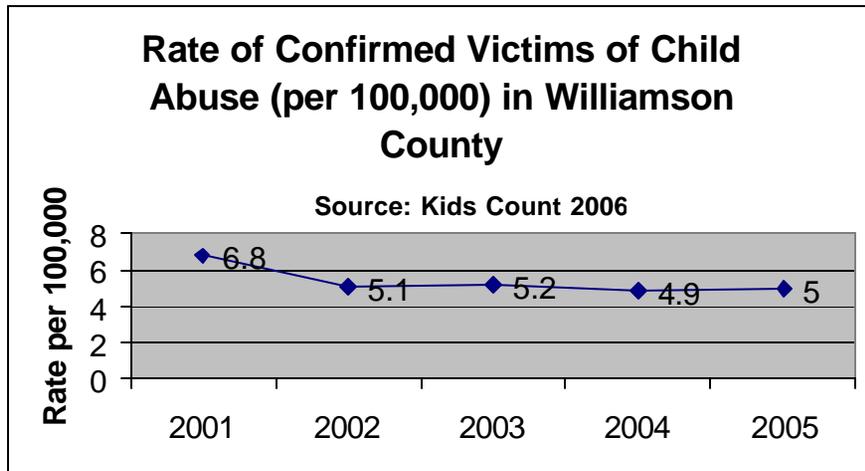
Child abuse data reveals that Williamson County has had a fairly steady rate of confirmed cases of child abuse after a peak in 2001. Unfortunately, with the growth of the county, this represents an ever increasing number of child abuse victims. Throughout all of 2006, the Georgetown Police Departments dispatch center received 213 calls related to child abuse. In the first 6 months of 2007, 97 calls were received.¹⁵²

¹⁴⁹ Source for graph: Bureau of Justice Statistics: <http://www.ojp.gov/bjs/> Accessed 12/2/07.

¹⁵⁰ Elementary and Secondary GISD campus SAIL Coordinators

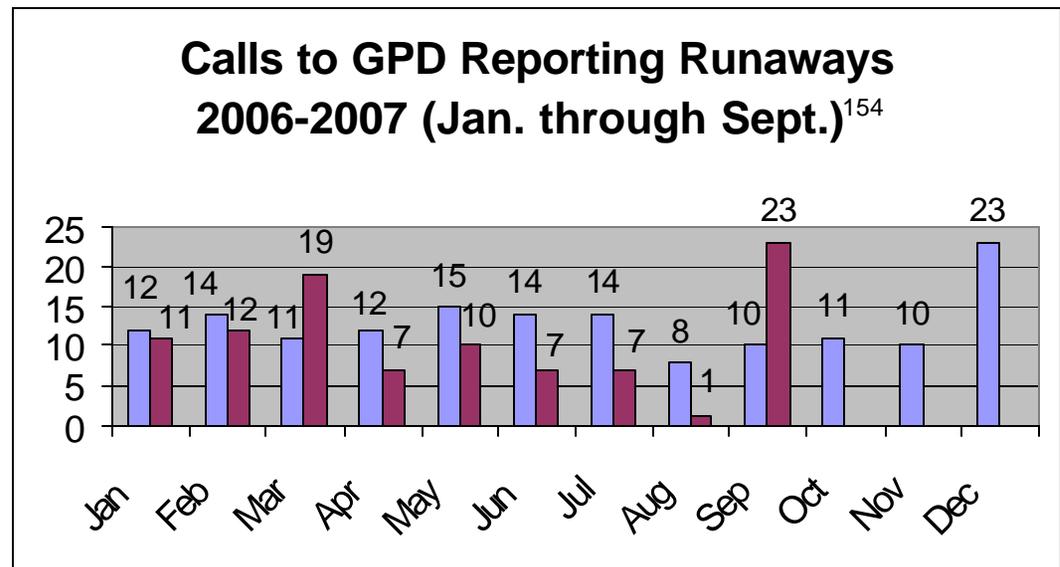
¹⁵¹ Katie Ryan, Community Impact Director, United Way of Williamson County, katie@unitedway-wc.org

¹⁵² Georgetown Police Department Call Type Totals: http://public.coronasolutions.com/43/reports/Agency_CallTypeTotals.html, Accessed 11/5/07.



Issues such as abuse and other family dynamics are cited nationally as the most common reasons that youth run away. In Georgetown there were 154 calls to the GPD related to **youth runaways** in 2006. In the first six months of 2007, 66 such calls were received. Youth runaways are more likely to fall victim to further abuse, prostitution, drugs and untimely death. It is of interest to note that calls to GPD regarding truancy have dropped from 20 in 2006 to only 1 in the first nine months of 2007.¹⁵³

While many of the crime and safety numbers appear to be quite low, and most are, several areas continue to be of concern particularly around family violence including domestic violence and child abuse, both of which have devastating effects on young people. Addressing issues of family violence can be sensitive, but it appears that this is precisely what the community in Georgetown must begin to do to assure that youth are safe and secure in this growing and changing community.



¹⁵³ Georgetown Police Department Call Type Totals: http://public.coronasolutions.com/43/reports/Agency_CallTypeTotals.html, Accessed 11/5/07.

¹⁵⁴ Source for GPD graph: Georgetown Police Department Call Type Totals: http://public.coronasolutions.com/43/reports/Agency_CallTypeTotals.html, Accessed 11/5/07.

COMMUNITY ENGAGEMENT

The mission, vision, and programs of The Georgetown Project are deeply rooted in the Developmental Assets model, and through the years, asset building has become integrated into multiple sectors of the community as well. We've also recognized that in a fast growing community like Georgetown, it is important to be intentional about sharing the assets message in a comprehensive and coordinated way. In January 2007, The Georgetown Project more formally enlisted the help of local Asset Champions to spread the message, and as a result, 15 Asset Ambassadors have actively promoted asset building through presentations, trainings, and workshops. Teachers, coaches, nonprofit organizations, parents, school administrators, city employees, youth, pastors, daycare workers, college students, and others have learned about the developmental assets, and the powerful difference they can make in the lives of young people.

The Georgetown Project continues to mentor cities, towns, and school districts in Texas, across the nation, and in other countries, about mobilizing communities around the assets. The Georgetown Project, in partnership with Georgetown ISD, serves as a resource to Search Institute



“We talk about at risk kids and assume these kids come from poverty or broken homes. Search Institute research shows that regardless of circumstances, all kids need more assets.”

--Barbara Pearce, former Executive Director,
The Georgetown Project

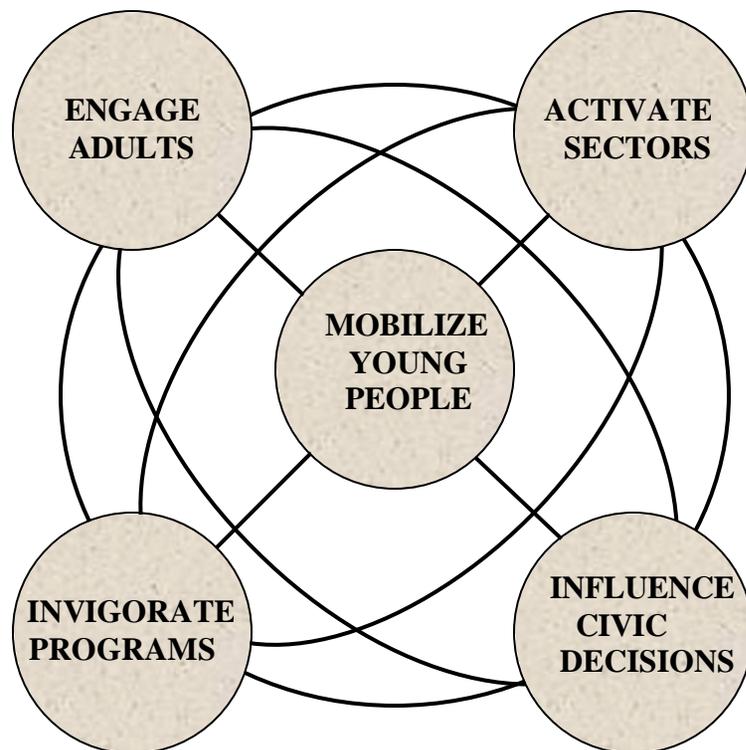
by sharing with others about Georgetown's unique model of asset building through school and community collaborations during the National & Global Healthy Community Healthy Youth Conference each year.

While there is always work to be done, and the long-term effects of asset building are sometimes never known, we must stop to celebrate the small successes along the way. And there have been many over the past ten years. Asset building happens every day in Georgetown through the little things that adults do to support our youth. We continue to believe that Georgetown can—and will—become a community where all children and youth have the opportunity to thrive.¹⁵⁵

¹⁵⁵ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

The Search Institute’s Five Action Strategies for Transforming Communities and Society: Creating a World Where All Young People Are Valued and Thrive¹⁵⁶

- 1. ENGAGE ADULTS** – Engage adults from all walks of life to develop sustained, strength-building relationships with children and adolescents, both within families and in neighborhoods.
- 2. MOBILIZE YOUNG PEOPLE** – Mobilize young people to use their power as asset builders and change agents.



- 3. ACTIVATE SECTORS** – Activate all sectors of the community—such as schools, congregations, youth, businesses, human services, and healthcare organizations—to create an asset-building culture and to contribute fully to young people’s healthy development.
- 4. INVIGORATE PROGRAMS** – Invigorate, expand, and enhance programs to become more asset rich and to be available to and accessed by all children and youth.
- 5. INFLUENCE CIVIC DECISIONS** – Influence decision makers and opinion leaders to leverage financial, media, and policy resources in support of this positive transformation of communities and society.

¹⁵⁶ Reprinted with permission from “The Five Action Strategies”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2005. www.search-institute.org.

ASSETS IN ACTION

Georgetown ISD has taken asset building seriously and publishes a district-wide prevention calendar. Each month a set of the assets are linked to the school's character education traits and to school and community events being offered to support the targeted assets. In addition, the school's prevention coordinator provides tips to teachers for easy ways to integrate the assets and character education traits of the month into the classroom. GISD also offers asset training to teachers and administrators provided by Search Institute trainers and local Asset Champions. Several GISD campuses serve as national models for integrating assets into school communities, and the asset-rich student assistance program is second to none.

The **City of Georgetown Parks & Recreation Department** piloted a teambuilding course with an assets approach offered at the beautiful city challenge course. While Parks & Recreation staff remain committed partners in building assets for Georgetown kids, this particular teambuilding asset training targeted adults who serve on The Georgetown Project Board of Advisors. The city also partners with the Georgetown Project in providing monthly intergenerational activities at the recreation center for high school youth and in offering Kid City, a summer food and enrichment program for low income elementary students in GISD. These programs are rich in developmental assets and provide youth with intergenerational connections and positive experiences.

The **Georgetown Project**, in collaboration with nonprofit community partners, hosts two community-wide youth service days each year. One is held on **Martin Luther King, Jr. Day** in January and another is held in conjunction with **National & Global Youth Service Day** in April. Both events are intergenerational and link youth with community leaders and nonprofit agencies that serve fellow citizens in need. Youth take the forefront in planning and conducting service days.¹⁵⁷

Southwestern University is intentionally enhancing the undergraduate experience through service learning opportunities offered through its **Office of Civic Engagement**. The university also offers **Operation Achievement and Upward Bound**, two support and empowerment initiatives for at risk high school and middle school youth. **Southwestern's Upward Bound**



¹⁵⁷ Leslie Janca, Georgetown Project Program Director, janca@georgetownproject.com

program (UB) is designed to help high school students prepare for college. 100% of the 2004, 2006, and 2007 UB graduates enrolled in college the fall semester immediately following high school graduation. In 2005, 85% enrolled. The national average is 22%.¹⁵⁸ In the **Operation Achievement** (OA) program, SU students mentor at risk middle school students. OA serves approximately 20-22 students per middle school (60-66 students total) with equal or higher numbers of SU students serving as mentors.¹⁵⁹

The **Georgetown Police Department** hosts National Night Out every August in support of building a community that nurtures and protects our youth. Myriad neighborhoods in Georgetown spend time in creative and fun asset-building events that strengthen connections between young people and the adults who live near them.

Georgetown Utility Systems employees visit elementary schools each year to educate children on the “Safe Place” hand symbol located on all city utility trucks indicating that children in need can approach the vehicles for help and that the city employees in the trucks are safe adults that can assist in a crisis situation.



The **Georgetown Project, Georgetown ISD, the City of Georgetown Parks and Recreation Department, and the Williamson County Art Guild** joined forces with funding from the Drug Free Communities Support Program and private donations to create the **After School Action Program (ASAP)** in 1998. The middle school students who participate in the After School Action Program receive homework and tutoring assistance each day prior to participating in a full selection of enrichment activities. Close to 300 Georgetown middle school students each year take part in team building activities, ropes/challenge course, canoeing, rock climbing, caving, art, computer enrichment, dance, drama, cooking, kick boxing, fencing, tutorials, service clubs, and much more. ASAP participants, historically over 50% economically and academically at risk, have shown improvement in core subject grades, discipline referrals, attendance and standardized test scores. The consistent relationships formed with caring adults in the program are of utmost importance to all involved.¹⁶⁰

Georgetown Partners in Education is a nonprofit organization that seeks to motivate and prepare Georgetown's students not only for success in school but also for success in the workplace, in the community, and in their personal lives. **Partners in Education is a partnership between Georgetown Independent School District, the Georgetown Chamber of Commerce, Southwestern University, and the community of Georgetown.** Community members can volunteer to participate in a variety of the organization's programs and

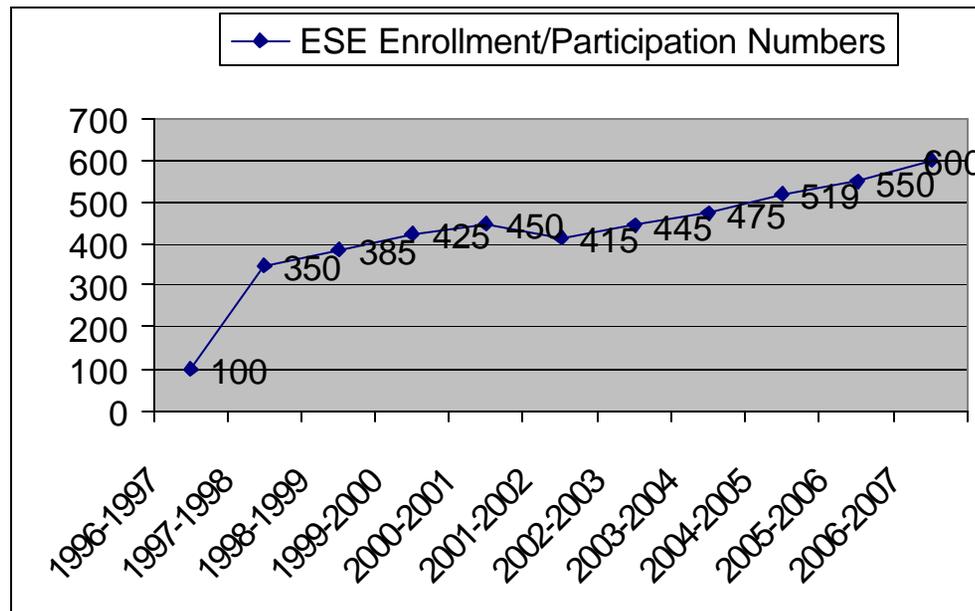
¹⁵⁸ Lorna Hermosura, Upward Bound Program Director, hermosul@southwestern.edu

¹⁵⁹ Joni Rangle, Operation Achievement Director, rangle2@southwestern.edu

¹⁶⁰ Carrie Thornell, ASAP Director, thornellc@georgetownisd.org

services, including Project Mentor, Helping Hand Tutoring, Business Link, Extended School Enrichment, School-to-Career Concentrations, Sun City Partners in Education, Seeds of Learning, PIE Newsletter, and the Partnership Contribution Drive.¹⁶¹

Partners in Education’s Project Mentor provides youth with consistent adult support through a well-supervised, long-term mentoring relationship. In 2006-2007 Project Mentor matched 965 GISD students in need with a caring adult once a week for thirty minutes (approximately 10% of the total student population). **Helping Hand Tutoring (HHT)** is a community-based tutoring program that provides free tutoring in math, reading, writing, science, and homework assignments for GISD students in grades K - 8. The 98 HHT students tutored in 2006-2007 were identified as below grade level prior to receiving HHT tutoring services, and 56% of HHT students tutored in 2006-2007 were identified as students of low income.¹⁶²



Six hundred Pre-Kindergarten through 5th grade students received before and after-school care and enrichment in 2006-2007 from Partners in Education’s **Extended School Enrichment**. The **ESE** program offers before and after school care, as well as a full day summer program. A constant search for financial resources to support the ESE student scholarship fund occurs on a regular basis.¹⁶³

In February 2006 **The Georgetown Project** hosted “**Connecting the Dots: Engaging Your Community So That All Kids Thrive**”, the first regional Developmental Assets conference in Texas, where they shared community strategies for building assets in children and youth from pre-school through college. Model programs rooted in the Developmental Assets, made possible through unique community collaborations, were highlighted for over 200 people attending from communities across Central Texas.¹⁶⁴

“Children don't always remember what we tell them, but they always remember how we made them feel. Our job is to help them feel secure, loved, and worthy.” -- Michael Josephson, charactercounts.org

¹⁶¹ <http://www.georgetownisd.org/community/partners.asp> and <http://www.georgetownpie.org/>, Accessed 11/23/07.

¹⁶² Laura Antoine, Executive Director, Georgetown Partners in Education, antoinel@georgetownisd.org

¹⁶³ Jan Williams, ESE Director, williamsj@georgetownisd.org

The Ride On Center for Kids (R.O.C.K.), a therapeutic equine riding center serving over 200 children with disabilities, expanded services to incorporate the assets into new programming for at risk youth involved in the juvenile justice system in the community. The Equine-Assisted Educational Program (“Step Up To Success”) is an innovative experiential learning program incorporating character building, the 40 Developmental Assets, and academic standards.¹⁶⁵

Upon learning about the 200-plus homeless students in GISD, members of The Georgetown Project’s Youth Action Council mobilized to create the SARAH Project. **Students Awareness Regarding Adolescent Homelessness (SARAH)** is an awareness project to encourage adults and youth in Georgetown to rally in support of their peers in need. Youth Action Council members have organized two community art auctions in partnership with a local bistro to showcase high school talent. They raised over \$700 to support the basic needs of high school students who are homeless. The SARAH Project youth also donated 300 English-Spanish dictionaries to the GISD Homeless Education Program. These fundraisers provide excellent examples of youth building their own assets by serving peers in need.¹⁶⁶

The answers and solutions
to the problems facing
our children exist within
our community.

--Peter L. Benson, Ph.D., President, Search Institute,
Before White House Conference on Teenagers

“Our research shows that assets protect and empower youth. Best of all their effect is cumulative. The more assets you have the less likely you are to struggle; and the more likely you are to succeed in life.”

--Peter L. Benson, Ph.D., President, Search Institute



¹⁶⁴ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

¹⁶⁵ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

¹⁶⁶ Leslie Janca, Georgetown Project Program Director, jancal@georgetownproject.com

NEXT STEPS FOR THE GEORGETOWN COMMUNITY

Ten years ago, the *Snapshot of Georgetown Children and Youth* stated “Services should be sufficient in kind and number to meet the multiple needs of children, youth, and families, and to respond to the overlapping risk factors that lead to school failure, teen pregnancy, substance abuse, domestic violence, and other negative outcomes.” That original *Snapshot* closed with the observation that “Our success in maintaining a healthier environment in Georgetown ultimately depends upon how successfully we bring together our community—families, neighborhoods, government, education, business, religious, healthcare and nonprofit sectors—in a long-term commitment to be intentional about valuing children, youth and families.”

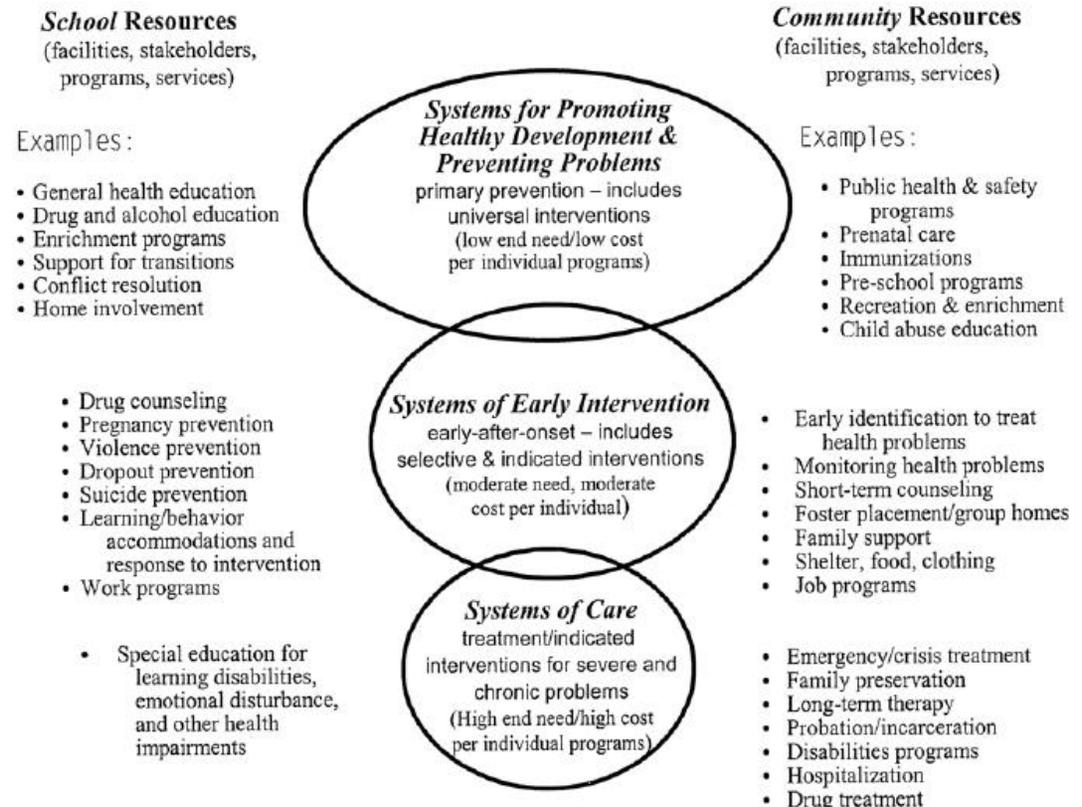
Confronted by rapid growth and an increasingly diverse population, all Georgetown families are facing more complex problems today than in the past. Expanding the community’s capacity to assess and meet the needs of children, youth, and families—to ensure that a full continuum of programs and services exists to meet the broad range of needs and to ensure that assets remain abundant—is more important now than ever.

“And how are the children?”...

Only by working together can we ever hope to respond: “In Georgetown, the children are well!”

The Interconnected Systems for Meeting the Needs of All Children¹⁶⁷

- Providing a *Continuum of School-Community Programs & Services**
- Ensuring the use of the *Least Intervention Needed*
- *Building Assets* as a proactive approach to promoting healthy development & preventing problems



Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems of prevention, systems of early intervention, and systems of care.

¹⁶⁷ Adapted with permission from Adelman, Howard and Taylor, Linda, School Mental Health Project, UCLA Center for Mental Health in Schools, email smhp@ucla.edu, Ph. Toll free (866) 846-4843, <http://smhp.psych.ucla.edu/summit2002/txassuringpaper.pdf>, Accessed 12/12/07.

APPENDIX – SUMMARY OF FINDINGS

Positive things became apparent in collecting the information for this document.

- In the past ten years, Georgetown schools and nonprofits have made vast improvements in their data collecting and reporting.
- Nonprofit annual reports and data summaries, published on the web, are useful in compiling community data reports only if the information is updated regularly.
- The Academic Excellence Indicator System (AEIS) data published on the web by the Texas Education Association provides invaluable information not only for school evaluation and planning, but community planning as well.
- Over the past ten years, an increased willingness to share data between local organizations for the collaborative good of the community has been apparent. Information and statistics supplied by the Georgetown Independent School District have proven particularly helpful.
- The goal of producing a document that is referenced in a manner that facilitates annual or biennial updates was accomplished.
- The data contained in this *Snapshot of Georgetown Children and Youth* should provide local schools, the nonprofit sector, business sector, and local governmental agencies with an invaluable tool to help guide both their independent and collaborative strategic planning and grant writing efforts.
- The *Snapshot* can serve as a guide to other communities seeking to encourage data-driven, synergistic planning to evolve a seamless continuum of services and supports for children and families.

The *Snapshot* team leaders also noted the following:

- There is value to regularly surveying Georgetown youth about the assets present in their lives using both formal and informal survey instruments.
- The value of the *Snapshot of Georgetown Children and Youth* will be maximized if it is web-published, with hard copies made available as well.
- The web-published *Snapshot of Georgetown Children and Youth* would best be updated annually or biennially.



WHAT YOUTH SAY ABOUT THE ASSETS¹⁶⁸ ...



POSITIVE IDENTITY

- “Help me hope and dream.”
- “Celebrate my uniqueness.”
- “Tell me what’s good about me.”

POSITIVE VALUES

- “Listen when I talk about the things that mean something to me.”
- “Help me act from my ideals.”

BOUNDARIES AND EXPECTATIONS

- “Be a role model.”
- “Set fair boundaries.”
- “Challenge me to succeed and comfort me when I fail.”

CONSTRUCTIVE USE OF TIME

- “Let me play.”
- “Offer lots of fun things to do after school.”
- “Open up more places for young people to go.”

¹⁶⁸ Adapted with permission from “The Asset Approach”, Search Institute, 700 S Third St., Suite 210, Minneapolis, MN 55415, 2002. www.search-institute.org. 5.

WHAT YOUTH SAY ABOUT THE ASSETS...

EMPOWERMENT

“Give me a voice.”
“Take me seriously.”
“Help me change things for the better.”

COMMITMENT TO LEARNING

“Make my school more like a community.”
“Feed my interests.”
“Be excited about your subject.”



SOCIAL COMPETENCIES

“Tell me what’s good about me.”
“Teach acceptance and respect, and we won’t have to learn tolerance.”

SUPPORT

“Never give up on me.”
“Try to understand me.”

Hewlett

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"The Hewlett Family of Dealerships is proud to support this publication and the other good works of the Georgetown Project. The Georgetown Project provides much needed services to the youngest members of our community by ensuring that all children receive the greatest chance for health and success. We urge other local businesses to get behind this very worthwhile organization."

--Don Hewlett

THE GEORGETOWN PROJECT

*BUILDING A HEALTHY COMMUNITY
FOR CHILDREN AND YOUTH*



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