2010

Comal County Youth Assets Assessment

Prepared for: The Comal County Youth Needs Council

INSTITUTE FOR INTEGRATION OF MEDICINE & SCIENCE
UT HEALTH SCIENCE CENTER®
COMMUNITY ENGAGEMENT

Comal County Youth Assets

by
Toan Tran
Sima Momin
Ayella Shams
Luis Solis
Hari Sagiraju
Jennifer Hixon
Elisabeth Martinez

The University of Texas School of Public Health
San Antonio Regional Campus

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In the Fall of 2009, a University of Texas School of Public Health student group joined an effort already underway to address youth issues in Comal County. In collaboration with the Youth Needs Council and the United Way, the student group undertook a survey of local services providers to examine community assets.

OVERVIEW OF COMAL COUNTY DEMOGRAPHY

Rapid and sustained population growth characterizes and challenges Comal County and the surrounding Alamo Area Council of Governments (AACOG) region. The U.S. Census Bureau's 2008 estimate of the population of Comal County was 109,635 people, which reflects an increase of 40.5 percent since 2000 and an increase of 111.5 percent since 1990 compared to 22.3 % and 43.2 % respectively for United States and the State of Texas[1]. Another important issue is the shift in the "dependency ratio". The dependency ratio is an expression of the combined number of children aged 18 years and younger and elders 65 and older in relation to the number of "working age" adults (ages 19-64). As this ratio increases more and more of the population is "dependent" on the working age segment of the population for goods and services[1].

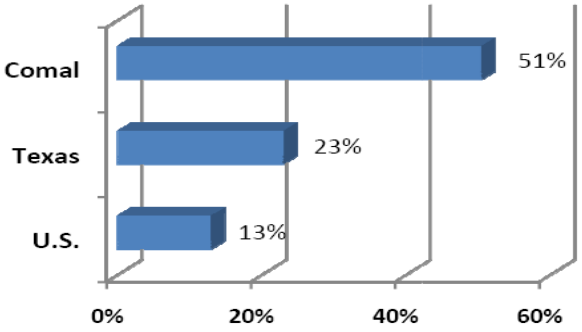
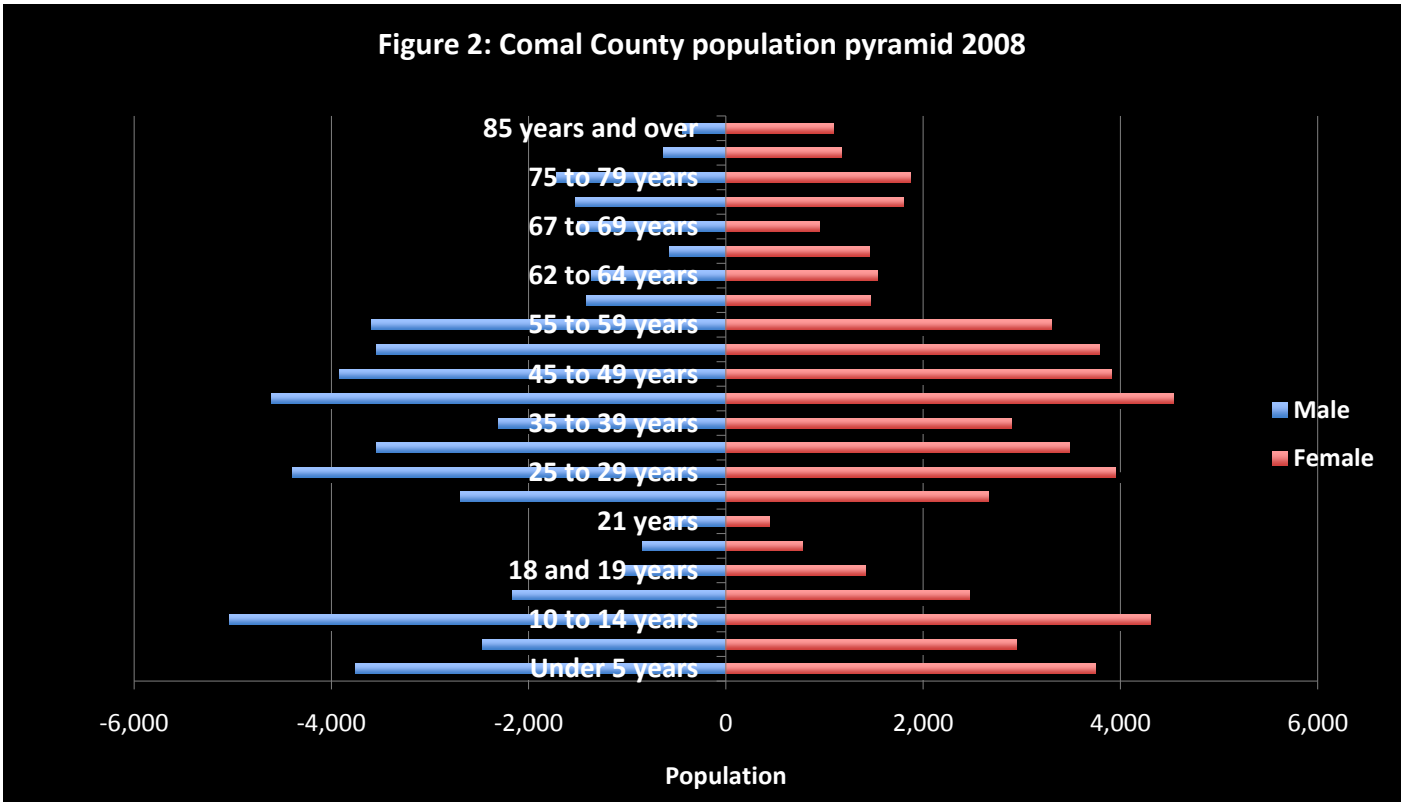


Figure 1: Population Growth 1990-2000



A crucial element in preserving and securing the future of the community resides in the well being of its youth. Concerns voiced both in the Comal County Key Informant Survey and in the Communities in Schools focus groups executed as part of the 2008 Comal County Needs Assessment, highlighted the desire of the community to identify preventive health efforts and determine needs of the youth of the community[2].

TABLE 1: ZIP CODE POPULATIONS FOR THE AGE GROUP 0-24YRS IN THE COMAL COUNTY FOR THE YEAR 2009

Zip code	Total Population	Age (0-24yrs)	% of Age (0-24yr)	Male (0-24yr)	Female (0-24yr)	%Male (0-24yr)	%Female (0-24yr)	% Growth of total Population 2009 to 2014
78070	12,638	4,279	33.9%	2,150	2,129	17.0%	16.8%	21.6%
78130	6,1148	21,402	35.0%	10,922	10,480	17.9%	17.1%	17.0%
78132	16,658	5,659	34.0%	2,909	2,750	17.5%	16.5%	18.4%
78133	17,138	4,903	28.6%	2,506	2,397	14.6%	14.0%	14.2%
78163	9,642	3237	33.6%	1,704	1,533	17.7%	15.9%	16.0%
78266	5,233	1,580	30.2%	839	741	16.0%	14.2%	18.6%
78623	617	199	32.3%	97	102	15.7%	16.5%	22.5%
Total	123,074	41,259	32.51%	21,127	20,132	16.63%	15.86%	18.33%

Following are the top 10 Concerns related to Children and Youth obtained by the key informants' evaluation of possible issues of concern. The percent beside each issue represents the proportion of respondents rating the issue as a major or greater concern[2].

1. Youth substance abuse 80.9%
2. Child abuse 72.5%
3. Education for children 6-18 71.6%
4. Drop-outs 69.6%
5. Juvenile crime 65.5%
6. Youth running from home 67.6%
7. Extracurricular activities for youth 58.6%
8. Physical fitness programs at school 54.9%
9. Health education regarding STDs for youth 50.0%
10. Safety for children in schools 46.1%

CHARACTERISTICS OF THE YOUTH ISSUE IN COMAL COUNTY

Between the years 2002 through 2006, an average of 57% of juvenile arrests in Comal County resulted from the possession of drugs[2]. Approximately 27.2 % (205 out of 753) of the drug tests administered in 2007 were positive[2]. The percentage of youth arrests in Comal County because of liquor violation has been on the rise since 2002, accounting for 12.6 percent in 2002 up to 31.7% in 2006[2].

Among those that responded to the Youth Survey performed as part of the 2008 Comal County Needs Assessment:

- One in five Comal County students (20.9%) are spending over three hours per day watching TV and/or using computers for fun
- One in three (31.4%) is spending the same amount of time on the cell phone.
- Nearly half (47.9%) indicated that they do not participate in even one hour of sports per week.
- More than half (56.7%) of students reported zero hours per week of participation in any extracurricular activities.
- 18.4% indicated that they only spend between one to two hours in extracurricular activities per week.
- 75% of the respondents have significant amounts of unsupervised and unfilled time after school.
- Nearly 40% of students reported 2 or more hours/day as being at home without an adult

- Majority of students indicated that their parents would find it 'very wrong' about engaging in risky behaviors. However they are less opposed to their drinking alcohol than engaging in other behaviors like stealing.
- One or more of respondents' friends smoked cigarettes (65%); drank beer, wine or hard liquor (78%) or smoked marijuana (64%) in the past 30 days.
- A total of 9.1% would try drugs or alcohol or participate in a risky activity if a close friend asked them to do so.

COSTS AND HEALTH ECONOMIC BENEFITS

The society as well as the economy will benefit from preventative efforts to solve various youth related problems. Effective and early interventions in youth can prevent bigger, costlier problems in the future such as chronic illness, juvenile crime, out of home placements and school dropouts. Many programs have proven to be effective in reducing costs associated with youth problems3.

Examples of some programs that have been successful in reducing costs include the following:

1. Strengthening Families Program 10-14: A group based parenting program for parents of early adolescents helped in reducing substance abuse and early delinquency. *Cost: $851 per youth. Savings: $7.82 per dollar invested. Total Savings: $5,805 per youth.*

2. Evidence based substance abuse curricula such as Towards No Tobacco Use (TNT) and Life Skills Training (LST): Implemented in school classrooms and have resulted in lower rates of substance abuse. *Cost: $5 (TNT) to $29 (LST) per student. Savings: $55.84(TNT) to $25.61 (LST) per dollar invested. Total Savings: $274(TNT) to $717(LST) per student*.

3. Multidimensional Treatment Foster Care: Foster family based alternative to incarcerations for adjudicated youth resulting in fewer arrests, reduced delinquency and reduced crime. *Costs: $2459 per youth. Savings: $10.88 per dollar invested. Total Savings: 24,290 per youth*.

YOUTH RISK REDUCTION

The 1998 estimated cost of problem behaviors occurring in all youth was calculated by the economist Ted Miller in 2004. He included violent crime, crime related to substance abuse or violence, binge drinking, heroin/cocaine abuse, high-risk sexual behavior, smoking, dropping out of high school, and suicide attempts in this calculation. These costs included medical treatment, use of government and community resources, loss of work, and decline in quality of life. He calculated the total costs of problem behaviors by youth in 1998 at $435.3 billion (Table 2). Miller estimated that we could save as much as $340 billion or about 80% of the total costs to society if we addressed the problems of youth with multiple problems.[4]

TABLE 2: ESTIMATED COSTS TO THE U.S SOCIETY OF BEHAVIOR PROBLEMS THAT OCCURRED IN 1998.[4]

Antisocial behavior	165.8 billion
Binge drinking	42 billion
Cocaine/heroin abuse	21.7 billion
High-risk sexual behavior	48.1 billion
Smoking	419 million
High school dropout	141.6 billion
Suicide attempts	15.7 billion
Totals	**$435.3 billion**

FAMILY VIOLENCE AND ABUSE

Family violence and childhood abuse impose a direct economic burden on the healthcare system in terms of treatment of the resulting physical and psychological conditions. However, an even greater cost is due to the poor health across the life span of the victims of family violence and childhood abuse. Common conditions such as heart disease, diabetes, asthma, mental illness stroke and back pain occur more frequently and severely in people with a history of abuse and violence.[5]

As a result of these long-term negative consequences, the true cost of health care system has increased exponentially reaching up to hundreds of billions of dollars per year. It is reported that those who had experienced abuse accessed the healthcare system 2 to 2.5 times more often than those not exposed to abuse.[6] Even though the full cost of violence and abuse to the health care system cannot be completely assessed, it is predicted that the incremental cost to the health care system ranges between $333 billion and $750 billion annually, or between 17% to 37.5% of the total health care expenditures.[5] The incremental costs associated with healthcare utilization by victims of family violence and abuse are clearly indicated in the tables 3 and 4 showed below.

TABLE 3: ASSUMING TWO TIMES THE AVERAGE RATE OF HEALTHCARE UTILIZATION.[5]

Percent of population exposed	Annual Per Capita Cost-No Abuse	Annual Per Capita Cost-Abuse	Annual Health Expenditures in Billions - Abuse History	Incremental Cost of Abuse in Billions	Percent of Health Care Dollar Spent Due to Abuse
20%	$5,555.56	$11,111.11	$667	$333	16.70%
30%	$5,128.21	$10,256.41	$923	$462	23.00%
40%	$4,761.90	$9,523.81	$1,143	$571	28.60%

TABLE 4: ASSUMING TWO AND ONE HALF TIMES THE AVERAGE RATE OF HEALTHCARE UTILIZATION.[5]

Percent of population exposed	Annual Per Capita Cost-No Abuse	Annual Per Capita Cost-Abuse	Annual Health Expenditures in Billions - Abuse History	Incremental Cost of Abuse in Billions	Percent of Health Care Dollar Spent Due to Abuse
20%	$5,128.21	$12,820.51	$769	$461	23.00%
30%	$4,597.70	$11,494.25	$1,034	$620	31.00%
40%	$4,166.67	$10,416.67	$1,250	$750	37.50%

MENTAL HEALTH AND SUBSTANCE ABUSE

It is reported that mental illness, substance abuse and behavioral problems among youth costs the United States $247 billion a year. This figure was reported in February 2009 by a panel set up by the National Research Council and Institute of Medicine. The panel looked at the costs associated with mental illnesses including depression, anxiety disorders and schizophrenia, drug and alcohol abuse as well as behavioral problems by youth (up to the age of 24). The $247 billion annual figure accounts only for treatment and lost productivity costs. Including criminal justice, education, workplace disruption and social welfare spending would further increase the costs by billions of dollars.[7]

For 1999, the Department of Health and Human Services estimated the annual total resource and productivity cost of substance abuse at $510.8 billion. This included the youth as well as the adults. Prevention measures taken at an early age may be able to contain the problem and reduce the overall costs. More specifically, costs to the nation related to: [8]

- Alcohol abuse - $191.6 billion
- Tobacco use - $167.8 billion
- Drug abuse - $151.4 billion

TEEN SEXUAL HEALTH

TABLE 5 BIRTHS IN COMAL COUNTY 2005 - 06

	2005		2006	
Mother's Age	**Number**	**Percent of total**	**Number**	**Percent of total**
14 and younger	0	0.0	4	0.3
15 to 17	45	3.7	52	4.3
18 to 19	78	6.4	89	7.3
20 to 29	627	51.8	626	51.4
30 to 39	434	35.9	417	34.2
40 and older	26	2.1	30	2.5
All Ages	1,210	100.0	1,218	100.0

The United States continues to lead industrialized nations in adolescent pregnancy [9]. Though the US experienced a decrease in adolescent births from 1991 to 2005, the newest trend data suggest that adolescent pregnancy is again on the rise [9]. Texas ranks third in the nation for teenage births with more than 30,000 births per year, representing a birth rate of over 69 per 1,000 [10]. In 2005, the Texas rate for repeat teen births was 23.4 percent compared to the national average of 19.4 percent [11].

Comal County is slightly better than the state average for births to adolescent mothers. In Comal, 3.7% of all births were to adolescent mothers (18<) compared to the state average of 4.9% in 2005.

TABLE 6 COMAL COUNTY BIRTHS 1997 - 2004

	1997		1998		1999		2000		2001		2002		2003		2004	
Age Group	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10 to 14	0	0.0	3	0.3	2	0.2	3	0.3	2	0.2	5	0.4	3	0.2	2	0.2
15 to 17	59	6.2	59	6.1	45	4.3	41	3.8	47	4.2	55	4.9	62	5.1	54	4.7
18 to 19	81	8.4	76	7.8	101	9.6	108	10.0	85	7.6	70	6.3	89	7.3	99	8.7
20 to 24	208	21.7	245	25.1	238	22.7	258	23.9	289	26.0	267	23.9	295	24.2	302	26.4
25 to 29	268	27.9	247	25.3	308	29.4	287	26.5	283	25.4	316	28.3	337	27.6	294	25.7
30 to 34	228	23.8	217	22.3	224	21.4	237	21.9	259	23.3	250	22.4	280	23.0	264	23.1
35 plus	115	12.0	128	13.1	129	12.3	147	13.6	147	13.2	152	13.6	154	12.6	129	11.3
All Ages	959	100	975	100	1,047	100	1,081	100	1,112	100	1,115	100	1,220	100	1,144	100

Teen pregnancy places the individual teen, her child, and her community at greater risk for negative outcomes. In 2006, the National Campaign to Prevent Teen and Unplanned Pregnancy reported that adolescent mothers are more likely to drop out of high school, become, and remain single parents compared to women who delay childbirth[9]. Additionally, the children of adolescent mothers are more likely to score lower in math and reading into adolescence, repeat a school grade, be in poor health, be taken to emergency rooms for care as infants, be victims of abuse and neglect, be placed in foster care, be incarcerated during adolescence or their early 20s, drop-out of high school, give birth as a adolescent, and be unemployed or underemployed as a young adult [12].

Adolescent childbearing costs the United States an estimated $9 Billion dollars per year with most costs attributed to the risks the children of adolescent mothers face in educational attainment and social success[9]. The costs to Texas were estimated at $1 Billion in 2004. According to Hoffman, the breakdown of these costs is as follows: $165 million for public health care (Medicaid and SCHIP), $83 million for child welfare, $161 million for incarceration (sons of teen mothers are more likely to be incarcerated), and $349 million in lost tax revenue due to decreased earnings and spending. Hoffman reported that the average annual cost in Texas associated with a child born to a mother 17 and younger is $2,997. A cost-benefit revealed that prenatal care is cost beneficial and would save between $2,369 and $3,242 per person.(Hueston, Quattlebaum, & Benich, 2008) These savings would occur due to the reduction in cost of caring for low-birth weight infants.

SURVEY ADMINISTRATION

The primary goal of the initial survey was to provide an overview of the services currently offered by youth service providers and the capacity of those services providers. The first survey (S1) was administered in December of 2009 to January 2010. A second survey (S2) was initiated in March 2010 to clarify and expand on questions identified through the first survey. Using the information gathered through the survey a Community Assets map was generated using Google Maps. Additionally, the survey will be used to identify existing gaps in services provided.

Survey 1(S1)

- Respondents were invited to complete the survey either through e-mail or snail mail
- The survey was distributed on 12/3/2009
- 22 respondents as of 1/11/2009
- 20 completed surveys

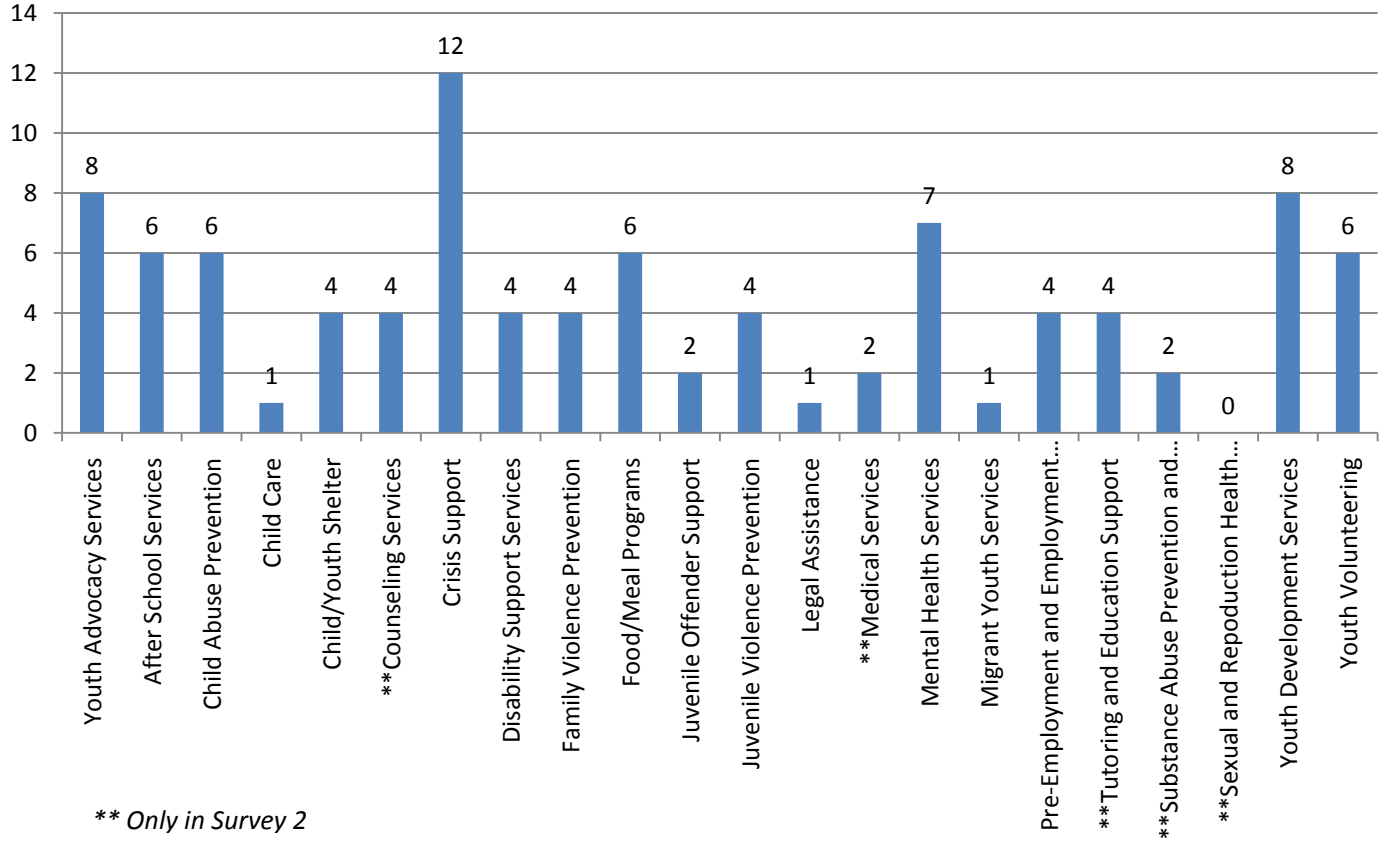
Survey 2(S2)

- Respondents were invited to complete the survey either through e-mail
- The survey was distributed on 3/9/2010
- 20 respondents as of 4/16/2010
- 12 completed surveys
- 9 respondents had not responded to the first survey

TABLE 5: RESPONDENTS TO COMAL COUNTY YOUTH SERVICE PROVIDER SURVEY	Survey 1	Survey 2
1. Adult Education Cooperative		X
2. Any Baby Can	X	
3. Big Brothers Big Sisters for Comal County	X	
4. CASA of Central Texas, Inc.	X	X
5. City of New Braunfels Parks	X	X
6. Comal County Juvenile Probation		X
7. Comal County Public Health	X	
8. Comal County Sheriff's Office	X	X
9. Comal Prescription Assistance		X
10. Communities In Schools of South Central Texas	X	X
11. Connections Individual and Family Services	X	X
12. Crisis Center of Comal County	X	X
13. CRRC of Canyon Lake, Inc.	X	X
14. ECI Homespun	X	
15. Family Life Center of New Braunfels		X
16. Girl Scouts of Southwest Texas	X	
17. Hope Hospice	X	X
18. McKenna New BraunFit Gym	X	
19. McKenna Parenting Program		X
20. McKenna Services		X
21. NBISD		X
22. New Braunfels Housing Authority		X
23. Options for Women	X	
24. Salvation Army		X
25. St. Jude's Ranch for Children	X	
26. St. Jude's Ranch for Children - New Braunfels	X	
27. St. Jude's Ranch for Children-Bulverde	X	
28. The Gabriel Project	X	
29. The Salvation Army	X	

Agencies were asked to select which services they offered from a list of 22 service categories. Unduplicated answers to both surveys are summarized in Figure 3. Agencies were also asked to identify which age groups were served under each service category (Table 6).

FIGURE 3: SERVICES OFFERED BY REPONDING AGENCIES S1 AND S2 COMBINED



With the exception of Sexual and Reproductive Health Services, all service categories had at least one service provider. Childcare, Juvenile Offender Support, Legal Assistance, Medical Services, Migrant Youth Services, and Substance Abuse Prevention all had very few providers.

TABLE 6: SERVICES OFFERED BY AGE CATEGORY

	Preschool	Elementary	Middle School	High School	College Age	Ages 0-3	Ages 0-5	Ages 5 - 10	Ages 11 - 14	Ages 14-18	Ages 18-20	Ages 20+
Youth Advocacy	X	X	X	X	X	X	X	X	X	X	X	X
After School Services	X	X	X	X		X	X	X	X	X		
Child Abuse Prevention	X	X	X	X	X	X	X	X	X	X	X	X
Child Care		X	X									
Child Youth Shelter	X	X	X	X	X	X	X	X	X	X	X	X
Counseling Services	X	X	X	X	X	X	X	X	X	X	X	X
Crisis Support	X	X	X	X	X	X	X	X	X	X	X	X
Disability Services	X	X	X	X	X	X	X	X	X	X	X	X
Family Violence Prevention	X	X	X	X	X	X	X	X	X	X	X	X
Food/Meal Programs	X	X	X	X	X	X	X	X	X	X	X	X
Juvenile Offender Support	X		X	X		X			X	X		
Juvenile Violence Prevention		X	X	X		X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Medical Services		X										
Mental Health Services	X	X	X	X	X	X	X	X	X	X	X	X
Migrant Youth Services		X	X	X				X	X	X		
Pre-Employment and Employment Training		X	X	X	X	X		X	X	X	X	X
Tutoring and Educational Support		X	X	X				X	X	X	X	X
Substance Abuse Prevention and Treatment	X	X	X	X			X	X	X	X		
Sexual and Reproductive Health												
Youth Development Services		X	X	X	X			X	X	X	X	
Youth Volunteering	X	X	X	X	X	X	X	X	X	X	X	X

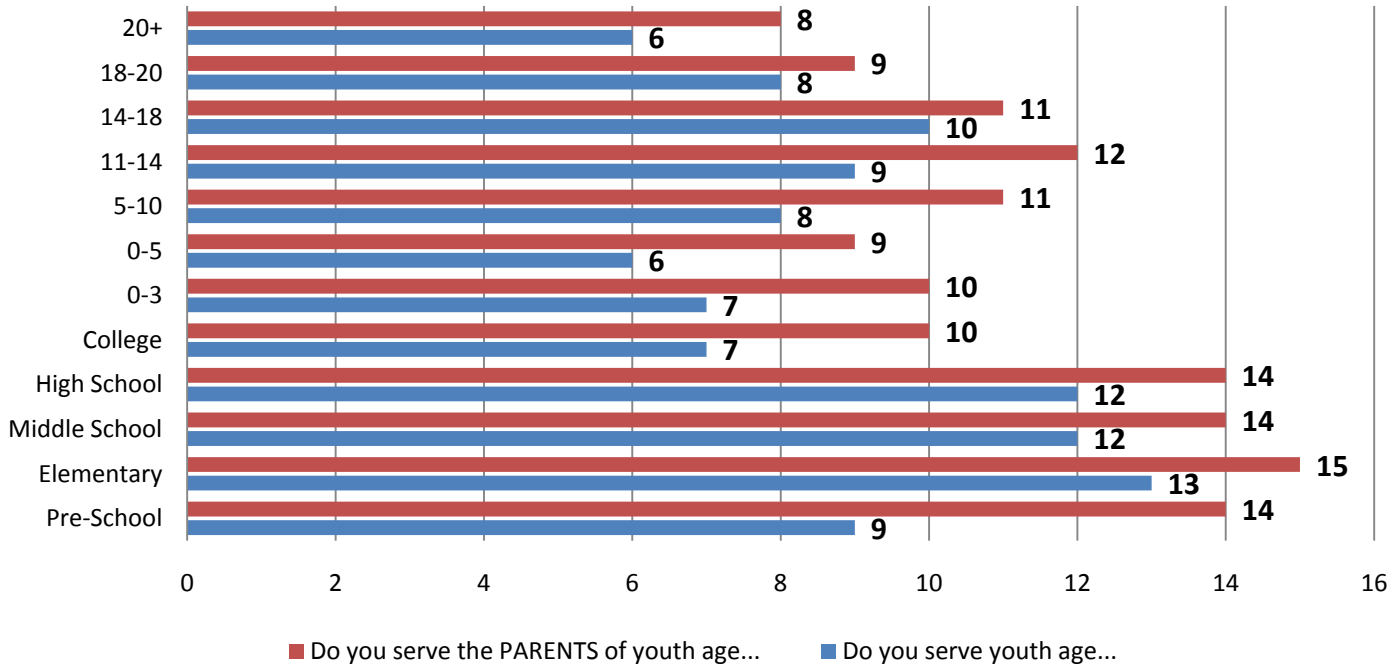
Demographics of Clients Served

- 1,059 Average Number of Youth Served per year (Min. 116 – Max. 3,100; Median – 500)
- 12,704 Total Number of Youth Served per year
- Average Number of Youth Served per month – 214.9 (2149 Total)
  Median – 135

***School District data was excluded from this section as it is much larger than the other agencies responding*

Agencies were asked to estimate the number of clients served per year and per month. School District data was excluded from this assessment as the school district serves several thousand students each year and would skew the perception of the data. Agencies responding served 2,149 unique clients per month or 5% of the population from 0-24. It should be noted that the while the clients were unique to each of the agencies, the same person may be represented in the monthly total for several agencies.

FIGURE 4: CLIENTS SERVED BY RESPONDING YOUTH ORGANIZATIONS



Agencies were also asked to identify the ages of clients and parents that they provided services too. Interestingly, more agencies responded that they served the parents of youth than serving actual youth. Obviously, it would be nearly impossible to provide services to a child ages 0-5 without also involving the parents, but in all categories more parents were served than children.

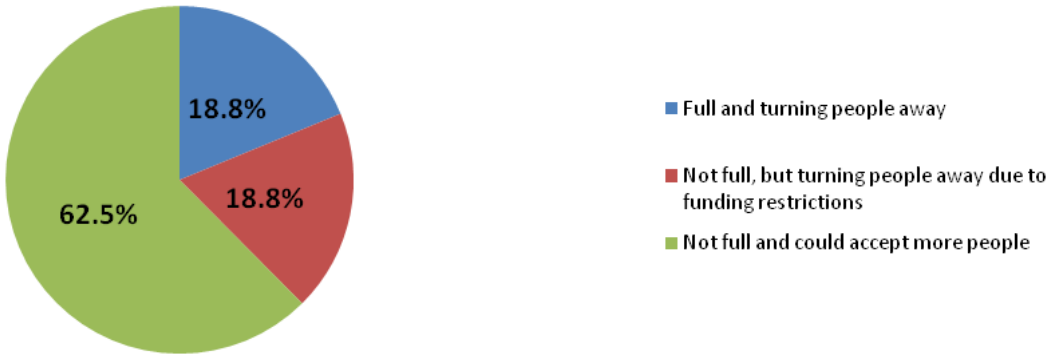
Staff and Volunteers Dedicated to Youth Issues

- 7.4 Staff Dedicated to Youth Issues on Average
- 74 Total Staff
- 646 Total Volunteers

***School District data was excluded from this section as it is much larger than the other agencies responding*

Of the 10 agencies responding, there were 74 staff dedicated to youth and 646 volunteers. Again, school district data was excluded from this analysis as the numbers provided were much larger than the other agencies responding.

FIGURE 5: AGENCY CAPACITY

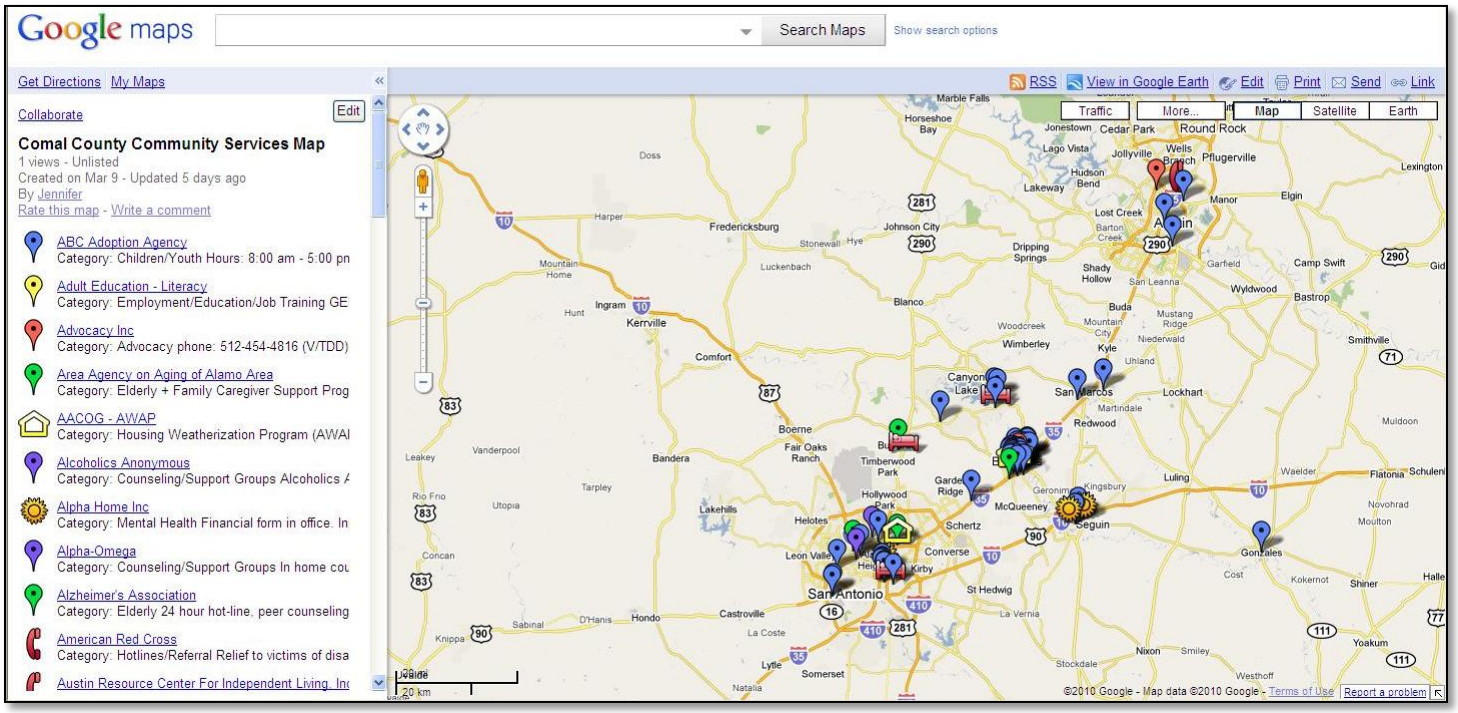


Agency Capacity

- 45 individuals are turned away each month in sum
- However, of the 12 agencies responding, the agencies estimated they could serve 865 more clients monthly

The majority of agencies responding (62.5%) had space to serve more clients. Agencies were asked to estimate how many more people they could serve per month. Agencies responded that they could serve 865 more clients monthly. It is important to note that this represents a very small percentage of all service providers in the area. We cannot draw sweeping conclusions based on this survey but it is encouraging that some service providers report having additional space for clients.

MAPPING OF COMMUNITY RESOURCES



In addition to the surveys described above, the UT SPH created a map of 211, Survey Respondents, and resources identified by the Socioeconomic Mapping and Resource Topography (SMART) system developed by the federal Office of Juvenile Justice and Juvenile Delinquency Prevention. Resources were mapped using Google Maps. The map can be accessed at this website:

http://tiny.cc/z9rpa

Though many service providers are located in New Braunfels and Comal County, many service providers are located in San Antonio and Austin requiring significant travel to access. This map can be used by community members to locate resources. Community planners and service providers can use the map to identify natural locations for clustering services.

CONCLUSIONS

While the small sample included in this survey should give pause to any large conclusions, it is evident that there is a wide array of services available to the youth of Comal County and their parents. Agencies have capacity to accept additional clients and serve a relatively large percentage of the youth each month. As has been suggested by the agencies in community meetings, additional coordination of resources could help address any identified gaps and provide more comprehensive services to youth in need.

1. Youth Substance Abuse

Youth Substance Abuse was identified in the 2008 Comal County Need Assessment as an issue of both high priority and high concern. However, only 2 youth service providers have substance abuse prevention and treatment programs. Greater investigation of the true community capacity in this area is necessary. However, it appears that substance abuse treatment and prevention may be an area requiring more focus.

2. Agency Capacity

The small number of agencies answering the capacity question should cause us to carefully consider any conclusion drawn from the findings. However, it is apparent that capacity exists in the community to expand youth services. A review of the 2008 Top 10 priorities reminds us that coordination and collaboration of services was an underlying goal of many of the top priorities. The Comal County Youth Needs Council (CCYN) has been exploring the issue of coordinating youth service provider efforts. The finding that additional capacity exists in the community should not be interpreted to mean that there are no longer any needs, but instead to suggest that services could be being offered which are not needed by the community. Coordination of efforts will allow service providers to share information about which programs are overflowing and which have additional capacity. An efficient use of existing resources could go far in alleviating service needs.

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