

# **Incorporating Youth Development Principles into Adolescent Health Programs:**

## ***A Guide for State-Level Practitioners and Policy Makers***

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## Introduction

The youth development approach, which calls for a focus on young people’s capacities, strengths and developmental needs and not solely on their problems, risks or health compromising behaviors, has gained traction over the past twenty-plus years across a range of youth-serving fields, including public health. Research that supports youth development is ongoing, but not new. As far back as the 1950s, researchers like Werner and Rutter began longitudinal studies of resilience and of how risk and protective factors affect adolescent and young adult outcomes.<sup>1</sup> Since that time, other researchers have consistently shown positive associations between protective factors and adolescent well-being.<sup>2</sup> More recently, the Healthy People 2010 *National Initiative to Improve Adolescent Health by 2010* and its *Guide for States and Communities* identify youth development as a means to achieving greater health and well being among adolescents.<sup>3</sup>

While it is important for Adolescent Health Coordinators and other practitioners and policy makers focused on youth to be knowledgeable about youth development concepts, it is critically important they know how to apply those concepts in the context of specific functions and program responsibilities. While the emphasis of this paper is on incorporating youth development into state adolescent health programs, the information is relevant to other state-funded programs that address adolescent issues (e.g., teen pregnancy, HIV/AIDS, tobacco, substance abuse, suicide, violence or obesity).

### Applying Youth Development to Public Health

The public health approach to adolescence focuses on three broad functions: Assessment, policy development and assurance.<sup>4</sup> The youth development approach can be integrated across these core functions. For this paper, public health services for adolescents are organized into five areas, with policy and advocacy interwoven throughout (this format is based on the *System Capacity Tool for Adolescent Health*).<sup>5</sup>

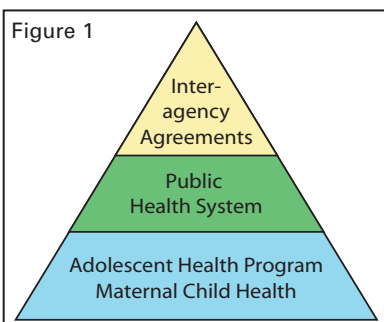
#### Public Health Functional Areas for Adolescent Health

1. Commitment to Adolescents and Youth Development
2. Partnerships and Collaborations for Health and Youth Development
3. Programs and Services (including program assessment, planning and evaluation)
4. Education and Technical Assistance
5. Data Collection and Surveillance

Following the overview of youth development principles, each functional area is summarized and specific strategies are suggested for integrating youth development principles at different levels. Examples of how states have implemented these strategies are included, and in Appendix B, additional resources for each functional area are provided.

Actions taken to integrate youth development principles are divided into three levels of influence within each functional area, reflecting increasing intensity and commitment:

- Actions taken by the Adolescent Health Coordinator and the state Maternal Child Health program;
- Actions adopted by the Public Health system and its stakeholders; and
- Actions taken through state interagency agreements.



**COMMONLY USED ACRONYMS**

- AH** . . . Adolescent Health
- AHC** . . . Adolescent Health Coordinator
- AHP** . . . Adolescent Health Program
- MCH** . . Maternal and Child Health (typically housed within Public Health)
- MOA** . . Memorandum of Agreement
- RFP** . . . Requests for Proposals
- RFA** . . . Request for Agreements
- YD** . . . Youth Development

Actions at the adolescent health program level often form the foundation for policies and practices that take place at other levels (see figure 1). In some functional areas levels are combined.

We recognize that in different states, different approaches may need to be adopted and adapted. We welcome states’ efforts to add to these examples, build on their previous efforts, and share their experiences with others through the Forum for Youth Investment and the National Network of State Adolescent Health Coordinators.

A note on terminology: States use different terms to describe similar functional responsibilities within each state agency. Definitions of terms used throughout this paper are included in Appendix A. Commonly used acronyms are described in the box to the left.

## Youth Development Principles

**Y**outh development is an approach that focuses on young people’s capacities, strengths and developmental needs — not solely on their problems, risks, or health compromising behaviors. It recognizes the need to broaden beyond crisis management and problem reduction to strategies that increase young peoples’ connections to positive, supportive relationships and challenging, meaningful experiences.

Because “problem-free is not fully prepared, and fully prepared is not fully engaged,”<sup>6</sup> the youth development approach calls for a balance between services designed to prevent, intervene or treat health problems and efforts that promote development through preparation, participation and leadership experiences. While health problems must be addressed and prevented, youth must also be prepared for the responsibilities of adulthood. In order to be fully prepared, adolescents need to be fully engaged — with responsibilities and opportunities to practice the skills needed for full civic engagement.

The following four basic principles capture the essence of the youth development approach. Each principle and the research base supporting it are summarized below.

YOUTH DEVELOPMENT PRINCIPLES	RESEARCH BASE
<p><b>Developmental Areas</b></p> <ul style="list-style-type: none"> <li>• Growth occurs across developmental domains                             <ul style="list-style-type: none"> <li>• Cognitive      • Vocational</li> <li>• Physical        • Civic Engagement</li> <li>• Social/Emotional (inclusive of spiritual/moral development)</li> </ul> </li> <li>• Multiple factors influence adolescent development and well-being                             <ul style="list-style-type: none"> <li>• Protective factors and personal resilience</li> <li>• Environmental and personal risk factors</li> </ul> </li> </ul>	<p>The National Research Council (NRC) identified key personal and social assets across several developmental domains.</p> <p>The National Longitudinal Study of Adolescent Health</p>
<p><b>Supports, Services and Opportunities</b></p> <ul style="list-style-type: none"> <li>• <b>Supports:</b> Ongoing positive relationships youth have with adults and peers; motivational and emotional supports help increase opportunities and connection to positive groups and organizations.</li> <li>• <b>Services:</b> Basic services include education, health care, transportation, treatment and prevention of threats to health.</li> <li>• <b>Opportunities:</b> Youth engagement and skill building (see below)</li> </ul>	<p><b>NRC’s Key Features of Positive Developmental Settings:</b></p> <ul style="list-style-type: none"> <li>• Physically and psychologically safe</li> <li>• Appropriate structures (organizational)</li> <li>• Positive Social Norms</li> <li>• Opportunities to Belong (supports, connections)</li> <li>• Opportunities for Skill Building</li> <li>• Support for Efficacy and Mattering (contribution)</li> <li>• Integrating family, school, and community efforts.</li> </ul>
<p><b>Youth Engagement</b></p> <ul style="list-style-type: none"> <li>• Adult perceptions of youth are positive. Youth are seen as resources to develop, not problems to be fixed.</li> <li>• Youth engagement teaches life skills, provides opportunities to practice those skills, and offers a variety of leadership experiences.</li> <li>• Young people need a variety of <i>opportunities</i> and meaningful <i>roles</i> to contribute to their world, through relationships with adults.</li> </ul>	
<p><b>Community Context</b></p> <ul style="list-style-type: none"> <li>• Development occurs across multiple contexts including family, school and community. Culturally-specific settings (tribal or ethnic groups, religious/faith organizations) can provide youth with additional opportunities to test and demonstrate new skills.</li> <li>• Collaborations between sectors are important (e.g., school business partnerships, or school-health provider collaborations).</li> </ul>	
<p><b>Research Base References</b></p> <p>National Research Council and Institute of Medicine. (2002). <i>Community Programs to Promote Youth Development</i>. J. Eccles and J. Gootman, eds. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press. <a href="http://www.nap.edu/catalog/10022.html">www.nap.edu/catalog/10022.html</a>.</p> <p>The National Longitudinal Study on Adolescent Health. <a href="http://www.cpc.unc.edu/projects/addhealth">www.cpc.unc.edu/projects/addhealth</a>.</p>	

## Functional Area 1: Commitment to Adolescents and Youth Development

**Definition:** Commitment involves building an understanding of and supporting the adoption of a broad vision for adolescent health that reflects positive youth development principles. This broad vision can inform efforts taking place at many levels, from service delivery to policy. Such commitment is visible through the inclusion of youth development principles in program mission statements, the use of such principles to guide strategic planning efforts, and the integration of youth development principles into legislation and policy that influence resource allocation.

### Level 1: Strategies Implemented by Adolescent Health and MCH Programs

*Note:* See page 2 for definitions to commonly-used acronyms.

#### **Vision and mission incorporate youth development principles**

- There is general agreement about basic youth development principles by the Adolescent Health Coordinator (AHC) and key staff within Maternal Child Health (MCH).
- Basic youth development (YD) principles (see page 3) are integrated into Adolescent Health (AH) advocacy, services and programming.
- Adolescent Health Program (AHP) adopts a mission statement for adolescent health that is holistic, interdisciplinary and reflects youth development principles.

#### **Strategic Planning, Policies and Investment of Resources**

- AHP planning documents and reports reflect youth development principles.
- AHP national and federal funding proposals reflect YD principles.
- AHP state grants, contracts, requests for proposals (RFPs), requests for applications (RFAs), and/or memorandums of agreement (MOAs) reflect YD principles.
- Adequate funding is available for staff to attend YD training and access YD resources.

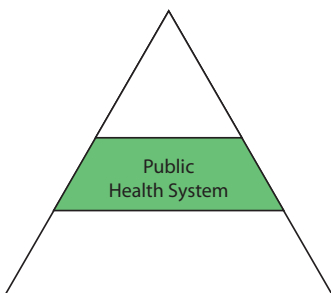
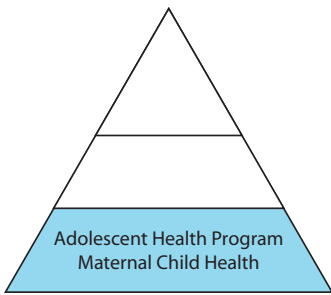
### Level 2: Strategies Implemented by Public Health Agency

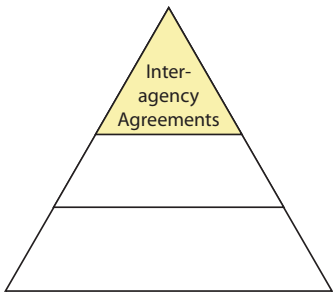
#### **Vision and Mission**

- AHC is a strong youth development advocate within the state agency and in public settings.
- Public Health department staff across the agency (e.g., AHC, MCH director, Public Health director, epidemiologists and other staff that address youth issues) understand and adopt a holistic adolescent health mission that incorporates YD principles.

#### **Strategic Planning, Policies and Investment of Resources**

- AH mission and YD principles are incorporated into: strategic plans, Title V block grant; public health population-based indicators; state's 2010 Health Plan; program planning (e.g., logic models, program performance measures, health education materials and other agency documents related to adolescence).
- Public Health policies, practices, strategies that address adolescents and their families are in alignment with YD principles.





### Level 3: Strategies Implemented across State Agencies

#### **Vision and Mission**

- State agencies that address youth issues share a holistic AH mission that incorporates YD principles. This mission is shared among key health stakeholders and advocacy groups.
- A holistic AH mission that incorporates YD principles is endorsed by the Governor; adopted by the state's interdisciplinary coordinating body (e.g., Children's Cabinet); embedded in state-level strategic plans and guides the work of youth programs and services across state agencies (*see Programs and Services section, page 11*).
- State agencies that address youth issues share standard AH and YD language and definitions.

#### **Strategic Planning, Policies and Investment of Resources**

- YD principles are incorporated into youth policy plans, state block grants, state performance measures, population-based indicators, program planning and logic models (*see Appendices C and D*).
- RFPs/RFAs grants and contracts across state agencies include youth development principles, positive measures for tracking success and program performance measures.



## Commitment to Adolescents and Youth Development State Examples

### Adolescent Health Plans

#### Alaska

[www.hss.state.ak.us/dbh/prevention/publication/adolescenthealthplan.pdf](http://www.hss.state.ak.us/dbh/prevention/publication/adolescenthealthplan.pdf)

#### California

[www.californiateenhealth.org](http://www.californiateenhealth.org)

#### Massachusetts

[www.mass.gov/dph/fch/adhealth03/intro.doc](http://www.mass.gov/dph/fch/adhealth03/intro.doc)

#### Minnesota

[www.health.state.mn.us/divs/fh/mch/adolescent/actionplan/index.html](http://www.health.state.mn.us/divs/fh/mch/adolescent/actionplan/index.html)

#### New Hampshire

[www.dhhs.state.nh.us/DHHS/MCH/LIBRARY/Program+Report-Plan/Adolescent+-Health.htm](http://www.dhhs.state.nh.us/DHHS/MCH/LIBRARY/Program+Report-Plan/Adolescent+-Health.htm)

### Other Strategic Plans

#### Iowa Youth Development Results Framework

[www.icyd.org/framework.asp](http://www.icyd.org/framework.asp)

#### Maine Marks

[www.mainemarks.org](http://www.mainemarks.org)

#### Social Well-Being of Vermonters

[www.ahs.state.vt.us/publs/docs/04SWB/04SWB.pdf](http://www.ahs.state.vt.us/publs/docs/04SWB/04SWB.pdf)

#### Colorado Plan for Prevention, Intervention and Treatment Services for Children and Youth

[www.cdphe.state.co.us/ps/ipsp/index.html](http://www.cdphe.state.co.us/ps/ipsp/index.html)

### Other Policy Documents

#### Iowa state systems for youth development logic model, Iowa Collaboration for Youth Development

[www.icyd.org/images/pdf/Logic\\_model.pdf](http://www.icyd.org/images/pdf/Logic_model.pdf)

#### Policy Makers: A Checklist of Youth Development Principles, California Collaborative for Youth Development

[www.ccyouthdev.org/Polycymakers.pdf](http://www.ccyouthdev.org/Polycymakers.pdf)

#### Youth development concepts to provide guidance as adolescent health programs and policies, Oregon Section of Adolescent Health

<http://oregon.gov/DHS/ph/ah/youth/youth.shtml>

#### Benefits and Costs of Prevention and Early Intervention Programs for Youth, Washington State Institute for Public Policy

[www.wsipp.wa.gov/rptfiles/04-07-3901.pdf](http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf)

### Spotlight:

#### MINNESOTA'S ADOLESCENT HEALTH ACTION PLAN

Minnesota's comprehensive action plan for adolescent health makes the case for planning and investing in youth. The report combines indepth information on the current health status of young people in the state along with detailed plans for developing the capacity, resources and infrastructure to support adolescent health. With action steps targeted to individuals and families, communities and systems, the report offers ten recommendations for providing the means to build a nurturing and supportive environment for all young people in Minnesota.

## Functional Area 2: Partnerships and Collaborations

**Definition:** Adolescent health and youth development span multiple disciplines across multiple public and private sectors. As a result, it is critical that states develop collaborative partnerships in order to be effective in their efforts. These collaborations include partnerships within and between state agencies, non-governmental organizations and stakeholder groups (families and youth themselves). Youth voice and meaningful engagement deserves special emphasis as it is a core principle of youth development and is often overlooked or minimized (see Appendix E).

### Level 1: Strategies Implemented by Adolescent Health and MCH Program

#### **Programmatic Partnerships**

- There are positive working relationships and regular communication between AH funded programs, grantees and stakeholders.
- The AH and MCH program has positive working relationships and regular communication with state agencies related to youth health and safety issues.
- AH program develops and maintains formal and informal partnerships with state and local agencies to promote YD.
- AH program works informally with other state agencies, and stakeholders (e.g., parents, community members) to identify new initiatives to improve the health, safety and well-being of adolescents within a YD framework.
- An informal interdisciplinary YD/AH work group is established. It includes participation from across the health agency, some stakeholders and youth members and, an informal decision-making processes.

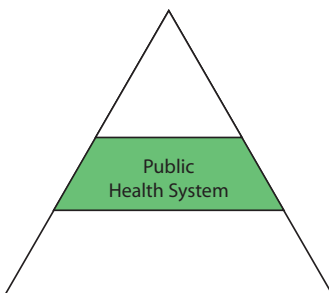
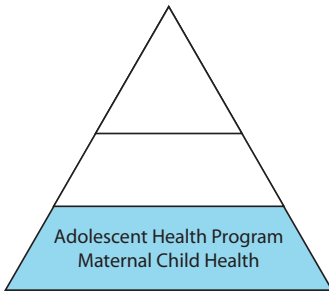
#### **Youth Involvement**

- AH program seeks youth voice and input to guide its work (e.g., planning youth programs and services, creating educational materials or training, developing assessment, survey or evaluation instruments). This input could come in the form of youth forums, focus groups, surveys or other methods.
- Effective recruitment strategies are used when seeking youth input (e.g., recruiting from diverse backgrounds and locations, addressing barriers to participation such as transportation and scheduling, and providing incentives for participation.)
- AH program recognizes youth who contribute to their communities and youth who contribute to the AH/MCH program’s work.

### Level 2: Strategies Implemented by Public Health agency

#### **Programmatic Partnerships**

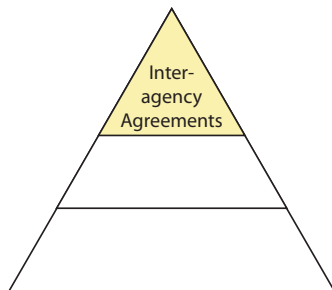
- AH program creates formal and informal partnerships (with both public and private sector entities) to deliver programming and services with a youth development focus (*see Programs and Services section, page 11*).
- A formal interdisciplinary Adolescent Council is developed and maintained with a YD perspective. This Council is characterized as follows:
  - Membership includes youth-focused staff from across state agencies, community organizations, youth, and parents; reflects the cultural and economic diversity of the state; and, involves three or more youth members on the Council;



- Leadership includes a full-time coordinator who leads the Council, coordinates activities and maintains ongoing follow-up communication. Financial support assured to carry out Council activities;
- Structure and scope of work includes agreed upon mission and frameworks, an established governance structure, work groups, a clear decision-making process, and specific outcomes and goals for the Council that have been developed and adopted by members. All members (including youth) have equal voice and input into development and implementation of Council initiatives.

### **Youth Involvement**

- There are several opportunities for youth to be involved in state advisory groups (e.g., Adolescent Council and other youth-focused advisory groups). These opportunities are characterized by consistent youth participation in a variety of roles, orientation and leadership training for youth, equal voice and input for youth and adult members into work of the advisory group.
- Youth participate in funding decisions for community-based programs (e.g., review and score RFPs and RFAs).
- Community-based funding decisions are tied to youth involvement in the creation of the proposals or youth engagement in the planning, implementation and evaluation of strategies.
- Youth interns are hired within state agencies.
- Community based funding is provided to develop opportunities for youth organizing, advocacy, service and leadership (*see Programs and Services section, page 11 and Appendix E, page 32*). Strategies ensure that higher-risk youth are among those participating in these opportunities.



### **Level 3: Strategies Implemented across State Agencies**

#### **Programmatic Partnerships**

- A strong, strategic, interdisciplinary Council is institutionalized as an independent organization and/or established in legislation (e.g., Children’s Cabinet). This Council is characterized as follows:
  - The Council has long-term funding and is guided by a sustainability plan.
  - Membership includes orientation of new members, mentoring of new members by seasoned members and actively involved youth.
  - Structure and scope of work is characterized by a solidified structure that is guided by a framework, vision and mission that is agreed upon by all members; jointly developed results/outcomes and indicators for all youth; assessments that are conducted with youth input and result in identification and prioritization of issues; funding — if needed — to support activities of the Council; and partners who are willing to contribute to Council activities.

#### **Youth Involvement**

- Youth are routinely included on state commissions (e.g., Board of Education) and interdisciplinary coordinating bodies (e.g., Children’s Cabinet).
- Interdisciplinary youth councils, caucuses or alliances have the following characteristics:
  - Orientation and leadership training for youth;
  - Broad representation of youth;

- Youth leadership in partnership with adults from the sponsoring agency;
  - Adequate financial and human resources support;
  - Youth members with power to act on the issues identified by the council;
  - Youth research issues of importance to them, gather feedback from other youth, meet with and provide recommendations to state agency directors, secretaries, governor and legislators; and
  - Recognition is provided to youth for their contributions to social, policy and program efforts.
- There is broad based support for youth involvement in local governance and boards of directors.

## Partnerships and Collaborations State Examples

### Collaborative Councils

**California Collaborative on Youth Development**

[www.ccyouthdev.org](http://www.ccyouthdev.org)

**Colorado Interagency Prevention Council**

[www.cdphe.state.co.us/ps/ips/council.html](http://www.cdphe.state.co.us/ps/ips/council.html)

**Connecticut Commission on Children**

[www.cga.ct.gov/coc](http://www.cga.ct.gov/coc)

**New Mexico Children’s Cabinet**

[www.ltgovernor.state.nm.us/childrenscabinet.html](http://www.ltgovernor.state.nm.us/childrenscabinet.html)

**New York Partners of Children**

[www.nyspartnersforchildren.org/teen.htm](http://www.nyspartnersforchildren.org/teen.htm)

**Oregon Commission on Children and Families (Youth Development Policy Council)**

[http://egov.oregon.gov/OCCF/about\\_us.shtml](http://egov.oregon.gov/OCCF/about_us.shtml)

### Youth Advisory Councils

**New Mexico Youth Alliance**

[www.ltgovernor.state.nm.us/youthalliance.html](http://www.ltgovernor.state.nm.us/youthalliance.html)

**Arizona Governor’s Youth Commission**

[www.governor.state.az.us/cyf/com\\_youth\\_development/YouthCommission.htm](http://www.governor.state.az.us/cyf/com_youth_development/YouthCommission.htm)

**Iowa Youth Action Committee**

[www.idph.state.ia.us/bhpl/siyac.asp](http://www.idph.state.ia.us/bhpl/siyac.asp)

**Maine Legislative Youth Advisory Council**

[www.maine.gov/education/mecitizenshiped/youth/lyac.html](http://www.maine.gov/education/mecitizenshiped/youth/lyac.html)

**Nebraska Governor’s Youth Advisory Council**

[www.pcanebbraska.org/includes/downloads/1\\_gyacwebpage.pdf](http://www.pcanebbraska.org/includes/downloads/1_gyacwebpage.pdf)

**Vermont Youth Advisory Council**

[www.state.vt.us/educ/vtlsp/Yac.htm](http://www.state.vt.us/educ/vtlsp/Yac.htm)

### Spotlight:

#### NEW MEXICO YOUTH ALLIANCE

Following the 2003 passage of New Mexico’s Youth Council Act SB 425, the New Mexico Youth Alliance was created as a unique public/private partnership between the State Government and the New Mexico Forum for Youth in Community, a nonpartisan, nonprofit organization that supports building capacity, leveraging resources, identifying best practices and advocating for sound policies for youth. The Alliance has organized 112 young people between ages 14–19 from around the state — one from each legislative district — to make positive contributions in their communities and to inform state policy making with youth voices.

## Functional Area 3: Programs and Services

**Definition:** Youth development principles can be incorporated into programs and services at the planning, implementation and evaluation stages. Across those stages, collaboration with and input from key stakeholders, including young people themselves and their families, is critical. Program assessment or intake processes should include the identification of youth needs as well as their assets, strengths and interests. Program evaluation efforts should be designed to routinely inform program quality improvement, and performance measures designed to assess impact should assess positive development, not just problem reduction. Finally, a commitment to youth development means ensuring that investments in children are early and sustained — focused not just on early childhood or adolescence, but across the continuum from birth to adulthood (see Appendix A for clarification of measurement terms).

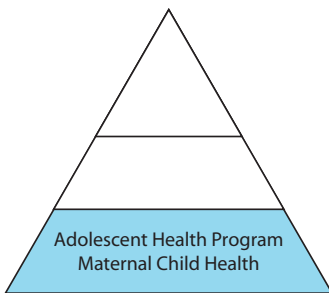
### Level 1: Strategies Implemented by Adolescent Health and MCH Programs

#### Assessment

- Clinical settings use assessments that go beyond identifying problems to finding out clients' healthy habits, emotional supports, personal strengths and interests.
- Needs, resource and asset assessments inform the development of programs and services. Assessments are conducted routinely and include strengths-based measures such as emotional supports in place at home, school or in the community; opportunities to be involved; healthy habits and positive behaviors (see Appendix D for sample performance measures and indicators).

#### Program Development and Collaboration

- AH programs address (or are partners in addressing) related, interdisciplinary adolescent issues such as teen pregnancy, substance use, mental health, violence, suicide, obesity and intentional injuries.
- Programs are designed to enhance protective factors (including resiliency and Developmental Assets™) while reducing risk factors. Programs provide critical supports, services and opportunities (e.g., supportive youth-adult relationships, more opportunities for skill-building and meaningful contributions to the community).
- Programs go beyond a focus on individual behavior change, creating positive environments in family (e.g., parenting classes), school, and in out-of-school and community settings. Positive program settings are described by the National Research Council<sup>7</sup> as offering:
  - Physically and psychologically safety;
  - Appropriate structures;
  - Positive social norms;
  - Opportunities to belong;
  - Opportunities for skill building;
  - Support for efficacy and mattering; and
  - Integration of family, school and community efforts.



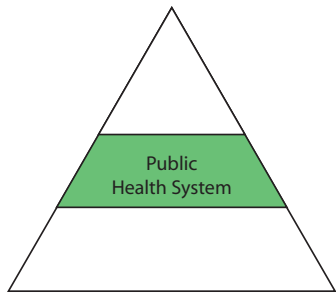
**Evaluation**

- Programs and services are held accountable and use evaluation instruments that include strengths-based measures or outcomes (see Appendix D).
  - Clinical tools identify patient’s emotional supports, healthy habits, strengths and interests;
  - Program evaluation tools measure emotional supports, opportunities for meaningful involvement and youth voice, healthy habits, decision-making skills).

**Funding**

- Local funding through grants and contracts is based on health and youth development research, best practices and guiding principles, like those articulated by the National Research Council.<sup>8</sup>
- Funding is allocated across the service delivery continuum, from efforts aimed at treatment and prevention, to those focused on preparation and participation.<sup>9</sup>

Service Delivery Continuum					
Treatment	Intervention	Prevention	Promotion	Preparation	Participation



**Level 2: Strategies Implemented by Public Health Agency**

**Program Development and Collaboration**

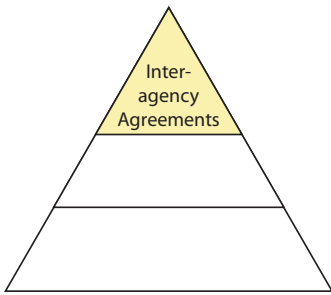
- There is broad-based agreement and willingness to support YD principles across Public Health programs focused on adolescents. This is evidenced by the incorporation of YD principles in programs designed to prevent injury, pregnancy, substance use and sexually transmitted disease among adolescents.
- There is coordination between Public Health programs and services based on the holistic AH and YD shared mission (e.g., coordination of planning, review of each agency’s RFPs and RFAs proposals).
- Research-based YD principles of effective practice are agreed upon and incorporated across some programs.

**Evaluation**

- Adolescent programs and services within the Public Health agency use program evaluation instruments focused on assessing and improving the setting. The focus on setting (assessing program quality) is in addition to measuring the individual well-being of participants.
- Adolescent programs and services within the Public Health agency adopt common performance measures with program-specific indicators (see Appendix D for specific examples).

**Funding:**

- The Public Health agency integrates YD principles into grants and contracts for community-based programs and services.
- There is some pooling of interdisciplinary funding for adolescent focused programs and services based on YD principles.



### Level 3: Strategies Implemented across State Agencies

#### **Assessment**

- There is a coordinated interdisciplinary review using a YD lens of state-funded child/adolescent programs/services as evidenced by:
  - Inventory of program/services by age, goals of service delivery, etc.; and
  - Analysis of program/service utilization and access (e.g., numbers served, wait lists, and identification of barriers and enhancers to access).
- A budget analysis is conducted on child/adolescent programs/services in state agencies regarding how much is spent by age, sector and strategy (e.g., treatment, early intervention, prevention, promotion, preparation, participation).
- Information from such analyses is used to identify and address gaps in programs/services across the five developmental areas (cognitive, physical, social/emotional, work/career, and civic engagement.) Overlapping programs/services are identified and encouraged to work together to avoid duplication, enhance services and maximize resources.

#### **Program Development and Collaboration**

- State agencies have developed a means for integrating YD principles into grants and contracts for community based programs and services (see examples in Functional Area 1).
- Youth voice and recommendations are incorporated into program planning (see Functional Area 2).
- State agencies collaborate on child/adolescent programs/services with a AH and YD focus. Activities might include joint planning, pursuing joint funding, development of collaboratives, cross-disciplinary training and joint research.

#### **Evaluation**

- State agencies agree upon and adopt performance measures and evaluation instruments that are interdisciplinary and include positive measures of development and well being (see examples in Appendix D).

#### **Funding**

- State agencies integrate YD and AH principles into grants and contracts for community based programs and services (see examples in stage one).
- State agencies collaborate on funding for adolescent programs and services that are based on effective practice principles as evidenced by:
  - Standard application for prevention and YD grants;
  - Uniform grant/contract guidance with common requirements (e.g., performance measures for programs, evaluation requirements, coordination/collaboration requirements).



## Programs and Services

### State Examples

There are numerous examples of state-supported prevention programs that incorporate youth development principles, but few are easily referenced online and funding cycles trigger ongoing changes.

#### Program Development

##### Colorado Best Practices in Health

[www.cdphe.state.co.us/ps/bestpractices/bestpracticeshom.asp](http://www.cdphe.state.co.us/ps/bestpractices/bestpracticeshom.asp)

##### Vermont What Works

[www.ahs.state.vt.us/WhatWorksPubls.cfm](http://www.ahs.state.vt.us/WhatWorksPubls.cfm)

#### Funding/RFP Examples

##### New York

[www.forumfyi.org/Files/NY\\_ACT\\_RFA\\_Feb8\\_2005.pdf](http://www.forumfyi.org/Files/NY_ACT_RFA_Feb8_2005.pdf)

##### Alaska Comprehensive Behavioral Health Prevention

[www.hss.state.ak.us/dbh/prevention/grants/default.htm](http://www.hss.state.ak.us/dbh/prevention/grants/default.htm)

#### Spotlight:

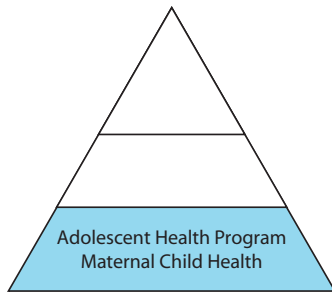
##### ASSETS COMING TOGETHER: COLLABORATIONS FOR COMMUNITY CHANGE

Assets Coming Together (ACT) for Youth is the Department of Health's premier initiative designed around the principles of youth development. Up to 12 Collaborations for Community Change (CCC) local grants will implement comprehensive and integrated strategies to develop and improve healthy outcomes among New York State youth ages 10–19. The collaborations will represent broad-based community interests and work to strengthen the community infrastructure through resource and capacity development. The four core outcomes of the CCC are:

1. Increased opportunities and supports for young people
2. Increased youth engagement and youth voice
3. Organizational changes reflecting positive youth development principles
4. Community policy changes reflecting positive youth development principles

## Functional Area 4: Education and Technical Assistance

**Definition:** Education and technical assistance are a routine part of an Adolescent Health program’s menu of activities aimed at building the capacity of individuals, families, communities and partners to successfully address adolescent health and development issues. Education and technical assistance can be provided directly to young people, their families and community-based organizations. Information, advocacy and skill building efforts should increase awareness capacity and support for adolescent health issues and youth development .



### Level 1: Strategies Implemented by Adolescent Health MCH Programs

#### **Public Education**

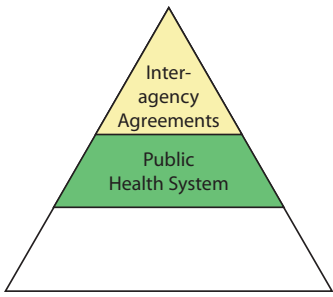
- AH program (or contractors) sponsor or conduct education and outreach events for the public (e.g., health fairs, forums) based on YD principles.
- AH program public information campaigns and media messages:
  - Incorporate YD themes (e.g., supportive relationships, need for meaningful opportunities);
  - Portray a balanced view of youth (focusing on both their needs and contributions);
  - Address the conditions that contribute to and compromise health.
- AH public education/information campaigns, professional education/trainings and educational materials including newsletters, Web sites, videos, e-lists, blogs, online courses, pamphlets, posters, reports, etc.) reflect a “strengths-based” perspective on adolescent health and development issues.
- Youth are routinely involved in advising and crafting adolescent-focused messages used in public and professional education conducted by the AH Program.
- AH program cultivates relationships with the media in order to influence and provide more balanced coverage of youth that addresses the conditions that contribute to and compromise health.

#### **Professional Education/Training**

- AH program participates in interdisciplinary training on adolescent issues sponsored by other state agencies.
- AH program (or contractors) sponsor or conduct trainings (e.g., conferences, workshops, inservice training) based on YD themes for professionals who address adolescent health issues (including grantees).
- AH program (or contractors) sponsor or provide YD training to department staff either formally or informally.
- YD materials are adapted for clinical and treatment settings, and training is provided for treatment professionals, counselors and probation officers.

#### **Technical Assistance**

- AH program provides technical assistance to contractors and grantees to build their capacity to integrate youth development principles and adolescent health issues.
- AH program funds technical assistance centers or intermediaries to promote and integrate concepts of youth development with adolescent health.



### **Levels 2 and 3: Strategies Implemented by Public Health and across State Agencies**

In this functional area, strategies in stages two and three are similar to those in stage one. The primary difference is that in stage two, education and technical assistance is provided through coordination between the AH program, other programs within the Public Health Department and some of its partners. In stage three public education, media strategies and technical assistance are provided through collaborative interagency agreements.

## Education and Technical Assistance State Examples

### Resource Centers

The New York State Health Department funds two technical assistance centers to address health and youth development:

**Cornell University**

[www.actforyouth.net](http://www.actforyouth.net)

**Mount Sinai Adolescent Health Center**

[www.positiveyouth.org/4\\_1\\_about\\_cfe.php](http://www.positiveyouth.org/4_1_about_cfe.php)

### Publications

**Montana: Montana's Prevention Resource Center, Prevention Connection Newsletter**

[www.prevention.state.mt.us/resource/prevconn/prevconn.asp](http://www.prevention.state.mt.us/resource/prevconn/prevconn.asp)

**Washington: Adolescent Health Fact Sheets**

[www.doh.wa.gov/cfh/adolescenthealth.htm](http://www.doh.wa.gov/cfh/adolescenthealth.htm)

**Tennessee: Adolescent Health Fact Sheets**

[www.state.tn.us/health/MCH/Adolescent/adolescent\\_index.htm](http://www.state.tn.us/health/MCH/Adolescent/adolescent_index.htm)

### Positive Media Campaigns

**“Be There for Teens.” Rhode Island media campaign**

[www.familiesaretalking.org/approaches/aprch0002.html](http://www.familiesaretalking.org/approaches/aprch0002.html)

**NW Center for Excellence in Media Literacy**

[http://depts.washington.edu/nwmedia/view.cgi?section=nw\\_center&page=aboutus](http://depts.washington.edu/nwmedia/view.cgi?section=nw_center&page=aboutus)

**Spirit of Youth. Alaska media campaign**

[www.spiritofyouth.org](http://www.spiritofyouth.org)

### Spotlight:

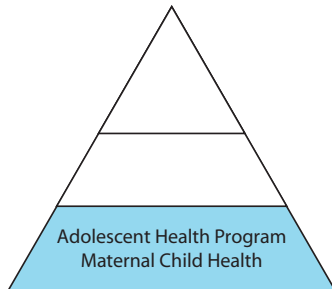
#### NEW YORK STATE CENTERS OF EXCELLENCE

New York State's Assets Coming Together for Youth (ACT) is a project of the State Department of Health, developed in cooperation with Partners for Children. Partners for Children is a joint public/private sector partnership committed to improving the health and education of children and adolescents throughout New York State.

ACT for Youth, and its partner, the Center for Excellence (CfE), a division of Mount Sinai Adolescent Health Center, have been designated Centers for Excellence under the New York State Department of Health's ACT Initiative, which focuses on reducing negative health outcomes for young people by promoting positive Youth Development. Both sites offer workshops and technical assistance on youth development concepts, youth adult partnerships, and youth and community involvement.

## Functional Area 5: Data Collection and Surveillance

**Definition:** Sound surveillance and data systems that systematically collect, analyze and disseminate data are critical to the foundation of adolescent health and development initiatives, policy development and programming. Appropriate resources and expertise are necessary to ensure data is collected on a range of positive and negative indicators, promote data collection practices that are appropriate for adolescents and their development, encourage uniform definitions and data elements, and promote quality data analysis and dissemination. Surveillance and population-based data collection efforts (as opposed to data about programs or services) often take place as part of a state agency’s commitment to broader agendas or funding requests and are carried out via cross agency agreements.



### Level 1: Strategies Implemented by Adolescent and MCH Programs

#### Data Collection — Content

- AH program advocates for and participates in ensuring that population-based data collection instruments (e.g., Youth Risk Behavior Survey) include:
  - Positive measures (e.g., youth report having one or more non-parenting adult they can turn to; youth report feeling valued in their community).
  - Development across domains (e.g., Cognitive — youth perform at grade level; Physical — youth report wearing bike helmets; Social/Emotional — youth report having positive adult role models; Civic — youth report involvement in service activities).
- Adolescent health and development indicators measure the social environments affecting the health/development of adolescents in addition to surveillance of adolescent behavior.

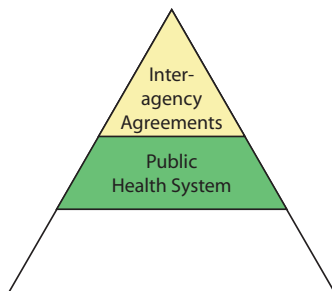
#### Data Collection — Process

- AH program participates in (or advocates for) a review of all current adolescent surveys and reports to assess gaps and duplication of surveys across departments.
- AH program outcome and evaluation data collection efforts are aligned with YD and AH mission statements and strategic plans (see Fundamental Area 3).

### Levels 2 and 3: Strategies Implemented by Public Health State Agencies

#### Data Collection — Content

- AH outcomes are positively framed and interdisciplinary, reflecting the full range of developmental areas (e.g., cognitive, physical, social/emotional, vocational, civic).
- Indicators tracked include positive measures of well-being among adolescents. Surveillance systems collect data on:
  - Health compromising (e.g., carries a weapon, uses alcohol) and health enhancing (e.g., helps others, exercises regularly) behaviors.
  - Quality of the social environments that affect adolescent health/development (e.g., home life, school quality, community supports, opportunities and impediments).
  - Risk and protective factors that impact adolescent health and development; and
  - Competencies and qualities associated with successful navigation of life (e.g., decision-making skills, positive identify, sense of future).



**Data Collection — Process**

- Data collection is linked to YD and AH mission statements and strategic planning.
- State agencies have cooperative agreements in place to support and collect interdisciplinary data tracking.
- State agencies collect qualitative data related to AH from key stakeholders (e.g., youth, parents, schools and service providers, advocates, funders, government officials and the public) through town hall meetings, youth summits, forums, interviews or focus groups. Assessments address stakeholder perceptions, stakeholder readiness to address youth issues, stakeholder efficacy and stakeholder prioritization of youth issues.

**Research**

- State agencies support research to better understand the factors affecting adolescent health and development and the strategies to address those factors.
- Regional research is conducted to examine variability across populations in terms of health issues, contributing factors and service utilization.

## Data Collection and Surveillance State Examples

### Surveys with Asset-Based Questions

#### Alaska 2003 Youth Risk Behavior Survey

[www.epi.hss.state.ak.us/pubs/YRBS/2003/YRBS%202003.pdf](http://www.epi.hss.state.ak.us/pubs/YRBS/2003/YRBS%202003.pdf)

#### California Healthy Kids Survey

[www.wested.org/pub/docs/chks\\_home.html](http://www.wested.org/pub/docs/chks_home.html)

#### Oregon Healthy Teens Survey

<http://oregon.gov/DHS/ph/chs/youthsurvey/index.shtml>

#### Vermont 2003 Youth Risk Behavior Survey

[www.healthyvermonters.info/adap/pubs/2003/yrbs2003report.pdf](http://www.healthyvermonters.info/adap/pubs/2003/yrbs2003report.pdf)

#### Washington State Healthy Youth Survey

[www3.doh.wa.gov/HYS](http://www3.doh.wa.gov/HYS)

#### Wisconsin 2003 Youth Risk Behavior Survey

<http://dpi.wi.gov/sspw/yrbsindx.html>

#### Grading Grown-ups Alaska Style

[www.alaskaice.org/files/031204\\_gg-state-exec.pdf](http://www.alaskaice.org/files/031204_gg-state-exec.pdf)

### State Reports and Youth Report Cards that Include Positive Data:

#### Maine Benchmarks

[www.mainemarks.org](http://www.mainemarks.org)

#### Oregon Benchmarks

<http://egov.oregon.gov/DAS/OPB/obm.shtml>

#### YOUTH COUNT: The Vermont Youth Report

[www.childrensforum.org/sub.php/sid/13/aid/29](http://www.childrensforum.org/sub.php/sid/13/aid/29)

### Spotlight:

#### CALIFORNIA HEALTHY KIDS SURVEY RESILIENCY MODULE

The Healthy Kids Survey (HKS) collects and provides data on youth health, risks and resilience to California schools, districts, and communities. Designed to equip decision makers with indepth findings to guide the development of effective health, prevention, and youth development programs, the HKS is based on nearly 20 years of survey research. The survey centers on a research-based "Core" that provides indicators of drug use, violence, crime, and physical and mental health. Combining data from the Core with the stand-alone Resilience and Youth Development Module not only provides all of the data for NCLB compliance, but also for comparability to state and national data. The HKS is also customizable to meet local needs.

## Appendix A

# Glossary of Terms

### General Terms

**Adolescent Health** is a program or set of services typically offered in the state’s Public Health agency, most often within Maternal Child Health. Depending on funding and definition of scope, the program addresses teen pregnancy, substance abuse, intentional and unintentional injuries, substance use, mental health issues and health care services.

**Collaborative Councils** are state structures whose primary purpose is to coordinate child/youth programs and services. They differ from mid-level staff coming together to address specific issues (inter-agency collaborations). Collaborative Councils typically involve heads of multiple state agencies (e.g., health, education, employment, juvenile justice, social services, etc.) working toward shared goals and addressing a broad spectrum of policies and programs. They often take the form of Children’s Cabinets or Commissions. Some states also include other key stakeholders and youth on their collaborative council. (Adapted from Foster, 2005).<sup>10</sup>

**Interdisciplinary** is used to describe the range of interrelated issues adolescents face (e.g., teen pregnancy, substance use, intentional and unintentional injuries, mental health and education). Adolescent health and youth development programs, policies and practices address the overlap of these issues. Since most states also fund specific efforts within each of these disciplines or topics, **inter-agency collaborations** refer to partnerships between other state agencies (e.g., education, health, juvenile justice, etc.)

**Youth Advisory Councils** consist primarily of youth and are established by legislatures, Governors or other elected officials to directly involve youth in a range of policy issues. Some Youth Councils are created informally on an ad hoc basis or are mandated and publicly funded. (Adapted from Foster, 2005).<sup>10</sup>

### Measurement and Accountability

Adapted from the Fiscal Policy Studies Institute. ([www.resultsaccountability.com](http://www.resultsaccountability.com))

**Indicators** (or benchmarks) are measures that help quantify the achievement of an outcome or result. Examples: Third grade reading scores help quantify whether children are succeeding in school; percent of youth volunteering helps quantify youth choosing health behaviors. (*Occasionally*, staff will refer to indicators or benchmarks related to programs or service delivery. If so, it is helpful to clarify that the indicator or benchmarks are for the program targeted populations, *not* the whole population.)\*

**Outcomes** (Goals or Results) are conditions of well-being for *whole* populations (children, adults, families or communities.) Examples: “Healthy youth, children succeeding in school, strong families.” They are *not* about programs or agencies services, since no single action by any one agency can create the desired improved result. (*Occasionally*, the term: “program outcomes” is used. In this case, it refers to conditions of well-being hoped for in a *specific* population receiving *specific* services.)\*



**Performance Measures** are typically measures of how well programs and agencies are working. They report whether the clients or customers of the service are better off. These measures are sometimes referred to as *client* or *customer* results (instead of *community population* results). They typically answer the questions: How much did we do, how well did we do it, is anyone better off? For clarity, its useful to designate these measures as program performance measures so the audience is not confused with whole populations.\*

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\* A common error is to confuse measures of whole populations and targeted populations. For example, whole populations could be the populations of adolescents between the ages of 15 and 19. The target population for a program or service might be 15- to 19-year-olds that receive family planning services. It would be misleading to use the state teen birthrate as the performance measure for services provided in one community targeting only girls that come in for services.

Another common confusion is between ends and means. Outcomes and indicators are about the ends, and strategies and performance measures are about the means to get there. Processes that fail to make these crucial distinctions often mix up ends and means.

## Appendix B

### Additional Resources — General and by Functional Area

#### **Youth Development Web sites**

Academy for Educational Development, Center for Youth Development and Policy Research

[www.aed.org/Youth/US/development.cfm](http://www.aed.org/Youth/US/development.cfm)

ACT for Youth, Centers for Excellence

[www.actforyouth.net/](http://www.actforyouth.net/) and [www.positiveyouth.org/1\\_1\\_home.php](http://www.positiveyouth.org/1_1_home.php)

Administration for Children and Families, Family and Youth Services Bureau

[www.ncfy.com](http://www.ncfy.com)

Child Trends

[www.childtrends.org](http://www.childtrends.org)

The Forum for Youth Investment

[www.forumfyi.org](http://www.forumfyi.org)

Innovation Center for Community and Youth Development

[www.theinnovationcenter.org](http://www.theinnovationcenter.org)

Konopka Institute for Best Practices in Adolescent Health

[www.allaboutkids.umn.edu/cfahad/index\\_konopka.htm](http://www.allaboutkids.umn.edu/cfahad/index_konopka.htm)

National Adolescent Health Information Center

<http://nahic.ucsf.edu>

National Youth Development Information Center

[www.nydic.org/nydic](http://www.nydic.org/nydic)

Youth Development Strategies, Inc.

[www.ydsi.org](http://www.ydsi.org)

#### **General Youth Development Principles**

*A Guide to Youth Development.* ACT for Youth, Centers for Excellence

[www.actforyouth.net](http://www.actforyouth.net)

*Premises, Principles and Practices: Defining the Why, What and How of Promoting Youth Development through Organizational Practice.* Academy for Educational Development

[www.aed.org/Youth/US/development.cfm](http://www.aed.org/Youth/US/development.cfm)

*Preventing Problems, Promoting Development, Encouraging Engagement: Competing Priorities or Inseparable Goals?* The Forum for Youth Investment.

[www.forumfyi.org/Files//PPE.pdf](http://www.forumfyi.org/Files//PPE.pdf)

*Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health,* Journal of the American Medical Association

[www.allaboutkids.umn.edu/cfahad/Reducing\\_the\\_risk.pdf](http://www.allaboutkids.umn.edu/cfahad/Reducing_the_risk.pdf)

*Toward a Blueprint for Youth: Making Positive Youth Development a National Priority.*

Administration for Children and Families, Family and Youth Services Bureau

[www.ncfy.com/resource-yd.htm](http://www.ncfy.com/resource-yd.htm)

*Youth Development Summary Volume.* Annals of the Academy of Political and Social Sciences

[www.aapss.org/uploads/591peterson\\_quickread\\_202-220.pdf](http://www.aapss.org/uploads/591peterson_quickread_202-220.pdf)

## Functional Area 1 Resources: Commitment to Adolescents and Youth Development

### **Population-based Outcomes and Indicators**

*Also see Data Collection and Surveillance Resources, page 29*

**Outcome-Based Planning Working Together to Improve the Well-Being of All Vermonters. 2004.** Vermont State Team for Children, Families and Individuals  
[www.ahs.state.vt.us/publs/docs/04OutcomeBasedPlanning.pdf](http://www.ahs.state.vt.us/publs/docs/04OutcomeBasedPlanning.pdf)

**“Results and Performance Accountability, Decision Making and Budgeting.” 2003.**  
Fiscal Policy Studies Institute  
[www.resultsaccountability.com/powerpoint\\_-\\_rba\\_101.htm](http://www.resultsaccountability.com/powerpoint_-_rba_101.htm)

### **Policy and Funding**

**The Cost of Youth Development.** Academy for Educational Development  
<http://cyd.aed.org/cost/costofyouthdevelopment.html>

**Forum Focus: A Portfolio Approach to Youth Policy.** Nov. 2003. The Forum for Youth Investment  
[www.forumfyi.org/Files//ForumFOCUS\\_Nov2003.pdf](http://www.forumfyi.org/Files//ForumFOCUS_Nov2003.pdf)

**Forum Focus: What Gets Measured, Gets Done.** Nov. 2004. The Forum for Youth Investment  
[www.forumfyi.org/Files//ForumFOCUS\\_Nov04.pdf](http://www.forumfyi.org/Files//ForumFOCUS_Nov04.pdf)

**Involving Youth in Policy Making and Coordinating Youth Policy: State Level Structures in California and Other States.** California Research Bureau  
[www.library.ca.gov/crb/05/05/05-005.pdf](http://www.library.ca.gov/crb/05/05/05-005.pdf)

**Missouri’s Youth Development Policy Handbook.** 2002. Citizens for Missouri’s Children  
[www.mokids.org/publications/youth\\_handbook.pdf](http://www.mokids.org/publications/youth_handbook.pdf)

**Policy Matters: Setting and Measuring Benchmarks for State Policies. Engaging youth in Positive and Productive Roles.** 2003. Center for the Study of Social Policy  
[www.cssp.org/uploadFiles/engaging\\_youth.pdf](http://www.cssp.org/uploadFiles/engaging_youth.pdf)

**The Youth Policy Action Center.** A collaborative effort by leading national advocacy and youth organizations to offer everyone an opportunity to make their voice heard.  
[www.youthpolicyactioncenter.org](http://www.youthpolicyactioncenter.org)

**Youth Policy Resource Center.** A compilation of resources related to local, state and national youth policy.  
[www.forumfyi.org/\\_catdisp\\_page.cfm?LID=E2E78973-C960-42E7-A097F48C27D118AA](http://www.forumfyi.org/_catdisp_page.cfm?LID=E2E78973-C960-42E7-A097F48C27D118AA)

### **Youth Development Frameworks**

*See General Youth Development Principle Resources, page 23*

## Functional Area 2 Resources: Partnerships and Youth Involvement

### **Partnerships and Coordination**

*A Governor's Guide to Children's Cabinets.* National Governors Association  
[www.earlychildhoodnm.com/Documents/0409GOVGUIDECHILD.pdf](http://www.earlychildhoodnm.com/Documents/0409GOVGUIDECHILD.pdf)

### **Youth Engagement in State Policy**

*Influencing Public Policy in Your State: A Guide for Youth in Care.* Maine Youth Advisory Team  
[www.ylat.org/publications/policy.pdf](http://www.ylat.org/publications/policy.pdf)

*Involving Youth in Public Policy.* California Adolescent Health Collaborative  
[www.californiateenhealth.org/download/youth\\_in\\_policy.pdf](http://www.californiateenhealth.org/download/youth_in_policy.pdf)

*State Policies that Work: Engaging Youth in Positive, Productive Roles.* Center for the Study of Social Policy  
[www.cssp.org/uploadFiles/engaging\\_youth.pdf](http://www.cssp.org/uploadFiles/engaging_youth.pdf)

*State Youth Policy: Helping All Youth to Grow Up Fully Prepared and Fully Engaged.* The Forum for Youth Investment  
[www.forumfyi.org/Files/StateYouthPolicy.pdf](http://www.forumfyi.org/Files/StateYouthPolicy.pdf)

The Youth Council Institute  
[www.nww.org/yqi/tools](http://www.nww.org/yqi/tools)

### **Youth Engagement in Local Policy**

**The Coalition of Community Foundations for Youth** (See best practices in youth civic engagement and youth philanthropy)  
[www.ccfy.org](http://www.ccfy.org)

**Indiana Association of Cities and Towns** (See youth council section)  
[www.citiesandtowns.org/content/member\\_resources/youth/overview\\_DHT.html](http://www.citiesandtowns.org/content/member_resources/youth/overview_DHT.html)

**Local Initiative Support Training and Education Network\***  
[www.lisn.org](http://www.lisn.org)

### **General Youth Engagement**

*Also see Functional Area 3: Youth-Led Research and Evaluation.*

**ACT for Youth, the Upstate New York Center for Excellence**  
[www.actforyouth.net](http://www.actforyouth.net) and [www.theinnovationcenter.org](http://www.theinnovationcenter.org)

**At the Table, The Innovation Center for Community and Youth Development\***  
[www.atthetable.org](http://www.atthetable.org)

**The Centre for Excellence in Youth Engagement** (Extensive resources and research summarized by a Canadian collaboration of universities and organizations)  
[www.tgmag.ca/centres](http://www.tgmag.ca/centres)

**Community Partnerships with Youth\***  
[www.cpyinc.org](http://www.cpyinc.org)

**Youth on Board\***  
[www.youthonboard.org](http://www.youthonboard.org)

**Youth Engagement and Voice**  
[www.youthengagementandvoice.org/about.cfm](http://www.youthengagementandvoice.org/about.cfm)

\* Organizations also provide training in youth engagement.

## Functional Area 3 Resources: Programs and Services

### ***Best Practices, Best Bets, Guiding Principles***

*Community Programs to Promote Youth Development.* National Research Council  
[www.bocycf.org/Recent\\_Publications.html](http://www.bocycf.org/Recent_Publications.html)

*What Works for Child and Youth Development.* Child Trends  
[www.childtrends.org/\\_catdisp\\_page.cfm?LID=91F45245-56E6-4782-9807023A43EEB254](http://www.childtrends.org/_catdisp_page.cfm?LID=91F45245-56E6-4782-9807023A43EEB254)

*Improving the Health of Adolescents and Young Adults: A Guide for States and Communities.* National Adolescent Health Information Center University of California, San Francisco  
<http://nahic.ucsf.edu>

### ***Program Evaluation Information***

*The Handbook of Positive Youth Outcomes and Core Competencies of Youth Workers.* Youth Development Institute, Fund for the City of New York  
[www.fcny.org/portal.php/syd/ydi/pubs](http://www.fcny.org/portal.php/syd/ydi/pubs)

*Out-of-School-Time Program Evaluation database and issue briefs.* Harvard Family Research Project  
[www.gse.harvard.edu/hfrp/projects/afterschool/resources/index.html](http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/index.html)  
[www.gse.harvard.edu/~hfrp/projects/afterschool/evaldatabase.html](http://www.gse.harvard.edu/~hfrp/projects/afterschool/evaldatabase.html)  
[www.gse.harvard.edu/hfrp/content/projects/afterschool/resources/issuebrief3.pdf](http://www.gse.harvard.edu/hfrp/content/projects/afterschool/resources/issuebrief3.pdf)

### ***Program Quality Assessment Tools***

*Youth Program Quality Assessment (YPQA).* High/Scope Educational Research Foundation  
[www.highscope.org/EducationalPrograms/Adolescent/YPQA.htm](http://www.highscope.org/EducationalPrograms/Adolescent/YPQA.htm)

*Youth and Adult Leaders for Program Excellence: A Practical Guide for Program Assessment and Action Planning (YALPE).* CYC and Act for Youth  
[www.actforyouth.net/?yalpe](http://www.actforyouth.net/?yalpe)

*Building Partnerships for Youth 4-H.* University of Arizona  
<http://msg.calsnet.arizona.edu/fcs>

### ***Program Assessments of Youth Participants***

*YDSI Youth Survey,* Youth Development Strategies, Inc.  
[www.ydsi.org/ydsi/measuring/index.html](http://www.ydsi.org/ydsi/measuring/index.html)

*R.E.A.D.Y.* University of Rochester  
[jonathan\\_klein@urmc.rochester.edu](mailto:jonathan_klein@urmc.rochester.edu)

*Four-Fold Survey Instruments.* Purdue University  
[www.four-h.purdue.edu/fourfold](http://www.four-h.purdue.edu/fourfold)

*Assessing Outcomes in Youth Programs: A Practical Handbook.* University of Connecticut School of Family Studies  
[www.opm.state.ct.us/pdpp1/grants/JJAC/handbook.pdf](http://www.opm.state.ct.us/pdpp1/grants/JJAC/handbook.pdf)

### ***Clinical Assessment Tools***

**Adquest and Marquest intake assessments, Mount Sinai Adolescent Health Center**  
[www.mountsinaimedicalcenter.org/ahc](http://www.mountsinaimedicalcenter.org/ahc)

**Values in Action Inventory, in *Character Strengths and Virtues: A Handbook and Classification***  
[www.amazon.com/exec/obidos/tg/detail/-/0195167015/103-8532215-179061?v=glance](http://www.amazon.com/exec/obidos/tg/detail/-/0195167015/103-8532215-179061?v=glance)

**Anticipatory Guidance for Positive Youth Development in Adolescence**  
<http://nursingworld.org/mods/mod620/ceythver.htm>

### ***Juvenile Justice Assessments***

**Youth Competency Assessment (YCA). NPC Research**  
[www.npcresearch.com](http://www.npcresearch.com)

**Youth Assessment and Screening Instrument, New York State Division of Probation and Correctional Alternatives**  
<http://dpca.state.ny.us>

**Person-Centered Strengths Assessment. Center for Strengths in Juvenile Justice.**  
[mclark936@aol.com](mailto:mclark936@aol.com)

**“Change-Focused Youth Work: The Critical Ingredients of Positive Behavior Change.” *Journal of the Center for Families, Children and the Courts***  
[www.talkingcure.com/index.asp?id=47](http://www.talkingcure.com/index.asp?id=47)

### ***Youth-Led Research and Evaluation***

***A Handbook for Supporting Community Youth Researchers.* John W. Gardner Center for Youth and their Communities. Stanford University**  
[http://gardner.stanford.edu/sharing\\_what\\_works/pubs\\_tools/handbook.html](http://gardner.stanford.edu/sharing_what_works/pubs_tools/handbook.html)

***Participatory Action Research Curriculum for Empowering Youth.* Institute for Community Research**  
[www.incommunityresearch.org/publications/pubborderrev6.pdf](http://www.incommunityresearch.org/publications/pubborderrev6.pdf)

***Youth REP Step by Step: An Introduction to Youth-Led Research and Evaluation.* Youth in Focus**  
[www.youthinfocus.net/resources\\_publications\\_2.htm](http://www.youthinfocus.net/resources_publications_2.htm)

***Youth Research Training Manual.* Florida Prevention Research Center, University of South Florida.**  
<http://hsc.usf.edu/publichealth/prc/youth+focus+group+training.pdf>

## Functional Area 4: Advocacy, Education and Technical Assistance

### **Training**

#### **High/Scope Educational Research Foundation**

[www.highscope.org/EducationalPrograms/Adolescent/Training&Certification.htm](http://www.highscope.org/EducationalPrograms/Adolescent/Training&Certification.htm)

#### **National Training Institute/Academy for Educational Development**

<http://nti.aed.org/Curriculum.html>

#### **Search Institute**

[www.search-institute.org](http://www.search-institute.org)

### **General Youth Development**

*Note: Many organizations that provide training also provide specific training in youth engagement. Also see Youth Engagement Resources on page 25 and Youth-Led Research and Evaluation Resources on page 27.*

### **Media Resources**

#### **Turning Point: Engaging the Public on Behalf of Children. The Ad Council**

[www.adcouncil.org/research/commitment\\_children](http://www.adcouncil.org/research/commitment_children)

#### **Reframing Youth Issues for Public Consideration and Support. Frameworks Institute**

[www.frameworksinstitute.org/products/youth.shtml](http://www.frameworksinstitute.org/products/youth.shtml)

#### **Youth in the Media. McKnight Foundation**

[www.mcknight.org/hotissues/youth\\_1.aspx](http://www.mcknight.org/hotissues/youth_1.aspx)

## Functional Area 5 Resources: Data Collection and Surveillance

### ***Population-Based Indicators and Outcomes***

**Child Trends DataBank**

[www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)

*The Child Indicator: The Child, Youth and Family Indicators Newsletter.* Child Trends

[www.childtrends.org/\\_catdisp\\_page.cfm?LID=0F761B03-F725-41B6-8D70417D547FAD5B](http://www.childtrends.org/_catdisp_page.cfm?LID=0F761B03-F725-41B6-8D70417D547FAD5B)

*Results and Performance Accountability: Decision Making and Budgeting.*

**A Presentation, Fiscal Policy Studies Institute**

[www.resultsaccountability.com/powerpoint\\_-\\_rba\\_101.htm](http://www.resultsaccountability.com/powerpoint_-_rba_101.htm)

*Youth Development Outcomes Compendium.* Child Trends

[www.childtrends.org/what\\_works/clarkwww/compendium\\_intro.asp](http://www.childtrends.org/what_works/clarkwww/compendium_intro.asp)

*Measuring the Positives: Review of Positive Indicators and Guidelines for their Use.*

**National Adolescent Health Information Center at UCSF**

[http://nahic.ucsf.edu/index.php/data/article/measuring\\_the\\_positives\\_review\\_of\\_positive\\_indicators\\_and\\_guidelines](http://nahic.ucsf.edu/index.php/data/article/measuring_the_positives_review_of_positive_indicators_and_guidelines)

*Youth Indicators in Use in States.* Chapin Hall Center for Children

[www.chapinhall.org/category\\_archive\\_new.asp?L2=65&L3=120](http://www.chapinhall.org/category_archive_new.asp?L2=65&L3=120)

*The Social Well-Being of Vermonters: A Report on Outcomes for Vermont's Citizens.*

**Vermont Agency of Human Services**

[www.ahs.state.vt.us/publs/docs/04SWB/04SWB.pdf](http://www.ahs.state.vt.us/publs/docs/04SWB/04SWB.pdf)

*Outcome-Based Planning: State Partners and Local Communities Working Together to Improve the Well-Being of All Vermonters.* Vermont Agency of Human Services

[www.ahs.state.vt.us/publs/docs/04OutcomeBasedPlanning.pdf](http://www.ahs.state.vt.us/publs/docs/04OutcomeBasedPlanning.pdf)

### ***Community-Based Assessments***

**Search Institute Survey Services.** Search Institute

[www.search-institute.org/surveys](http://www.search-institute.org/surveys)

**Communities that Care**

[www.channing-bete.com/positiveyouth/pages/CTC/CTC.html](http://www.channing-bete.com/positiveyouth/pages/CTC/CTC.html)

*Improving the Health of Adolescents and Young Adults: A Guide for States and*

*Communities.* National Adolescent Health Information Center, UCSF

<http://youth.ucsf.edu/nahic>

### ***Data Collection***

*What Do Children Need to Flourish? Conceptualizing and Measuring Indicators of Positive Development.* The Search Institute Series on Developmentally Attentive Community and Society (url forthcoming)

*The Uses (and Misuses) of Social Indicators: Implications for Public Policy.*

**Child Trends**

[www.childtrends.org/Files/SocialIndicatorsRB.pdf](http://www.childtrends.org/Files/SocialIndicatorsRB.pdf)

*Indicators of Child Well-Being: The Promise for Positive Youth Development.* Annals of the American Academy of Political and Social Science

<http://ann.sagepub.com/cgi/reprint/591/1/125>.

*Youth Indicator Initiatives in Place in States.* Chapin Hall Center for Children

[www.chapinhall.org/categoryarchive\\_new.asp?L2=65&L3=120](http://www.chapinhall.org/categoryarchive_new.asp?L2=65&L3=120)



## Appendix C

# Sample Youth Development Outcomes and Indicators for Adolescents and Young Adults

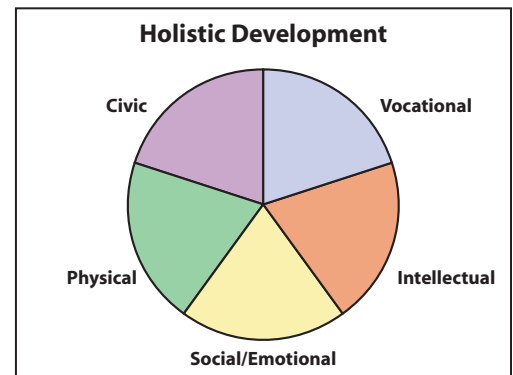
The following indicators of successful growth span five developmental outcome areas. To help young people prepare to become 21st century citizens, strategies must reflect a commitment to prevention/education, preparation and participation or leadership activities. When prevention and education activities are not enough, some youth need intervention, treatment or protection services.

### Developing Cognitive Competence

- Performing at or above grade level
- Completes high school
- Demonstrates “critical thinking skills”
- Participates in creative activities

### Developing Physical Competence

- Maintains good health and health habits:
  - Exercises regularly
  - Eats nutritious food
  - Practices preventive care
- Refrains from health compromising behaviors
  - Use of tobacco products, alcohol or other drugs
  - Nonparticipation in violence or crime related activities
  - Practices abstinence, or uses contraception if sexually active, has only one partner



### Developing Social/Emotional Competence

- Practices stress management and coping strategies
- Maintains a positive sense of self identity
- Practices stress management and coping strategies
- Is not depressed, anxious, eating disordered or suicidal
- Practices good communication skills and able to work with a team
- Maintains positive supportive relationships with peers and adults
- Participates in religious services or spiritual activities

### Developing Work/Vocational Competence

- Identifies personal interests, skills and aptitudes
- Maintains “work ethic” in paid/unpaid employment
- Able to make a budget and manage personal finances

### Developing Civic Competence

- Understands the principles of democracy (and tribal governance as appropriate)
- Informed about and participates in public issues
- Participates in school or community service activities
- Votes in elections

*Note:* This list is offered as a starting point for discussion; Many of the indicators are developmental and need more specific definitions (e.g., through public health guidelines). The outcomes and indicators are based on resources from Child Trends and draw from numerous national studies and surveys. (*Forum Focus: What Gets Measured Gets Done*. [www.forumfyi.org/Files/ForumFOCUS\\_Nov04.pdf](http://www.forumfyi.org/Files/ForumFOCUS_Nov04.pdf).) Specific surveys and measures are identified in the *Youth Development Outcomes Compendium* ([www.childtrends.org](http://www.childtrends.org)).

## Appendix D

# Sample Youth Development Performance Measures for state funded programs and services

### Youth maintains good health and healthy practices

Program-specific indicators\*:

- Youth exercise regularly
- Youth eat nutritious food
- Youth maintain healthy weight
- Youth practice preventive care and self exams

\* *As per Public Health guidelines*

### Youth feel supported and connected

Program-specific indicators:

- Youth believe their teachers care about them
- Youth care about their school
- Youth have one or more non-parenting adults they can turn to for support or guidance
- Youth believe adults care about people their age
- Youth believe adults respect what youth think
- Youth believe adults listen to their opinions
- Youth who do not feel alone

### Youth involved in out-of-school activities

Program-specific indicators:

- Youth are involved in community-based helping or service activities
- Youth have a say about decisions made at their school (or within their chosen after-school program)

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\* As per Public Health guidelines related to health screenings, dental care, contraceptive use (if sexually active), stress relief strategies. Uses safety equipment: Seat belt, lifejacket or helmet as appropriate.

## Appendix E

# Meaningful Roles for Youth

<b>Youth Activism</b>	<b>Youth in Organizational Decision Making</b>	<b>Youth as Community Change Agents</b>
<p>Projects (activities, programs, services) are provided by or done by youth with adult support (not to youth).</p> <ul style="list-style-type: none"> <li>Youth provide the leadership and direction within programs.</li> <li>Youth decide the rules, plan the activities, conduct the projects, evaluate progress.</li> </ul> <p style="text-align: center;"><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>Peer helpers</li> <li>Peer outreach workers</li> <li>Peer educators, cross-age teachers</li> <li>Tutors</li> <li>Cross-age mentors</li> <li>Youth judges, attorneys (youth courts)</li> <li>Youth artists and actors</li> <li>Youth organizers of specific events/ projects for other students</li> <li>Youth in service to help others</li> <li>Youth news reporters</li> <li>Youth-created media-videos, PSAs, posters, blogs, etc.</li> <li>Youth researchers</li> <li>Youth-run businesses</li> </ul>	<p>Youth with adults, are involved in a range of decision-making roles within a specific organization. This is distinguished from youth involvement in specific projects or programs within an organization.</p> <p>Decision-making roles range from having influence to voting on decisions that affect the entire organization or its services.</p> <p style="text-align: center;"><b>EXAMPLES</b></p> <p><b>Youth Voice</b></p> <ul style="list-style-type: none"> <li>Youth opinions about the organization and its programs, services or projects are specifically solicited (focus groups, youth conducted surveys etc.).</li> </ul> <p><b>Youth Consultants/Advisors</b></p> <ul style="list-style-type: none"> <li>Youth are “consultants” and provide input, plan and evaluate programs, provide recommendations to the organization.</li> <li>Youth advisory group, caucus, or commission to boards, administrations, and legislative bodies.</li> </ul> <p><b>Youth in Governance: Shared Leadership and Decision Making</b></p> <ul style="list-style-type: none"> <li>Youth philanthropy (youth make funding decisions on youth-conceived, -planned and -led projects)</li> <li>Youth have voting responsibilities and privileges in hiring, funding, strategic planning, organizational policies, grant writing.</li> <li>Participation on major organizational committees with voting responsibilities and privileges.</li> <li>Youth on Boards of Directors, Municipal Commissions, Tribal Councils with voting responsibilities and privileges.</li> </ul>	<p>Young people with the supportive adults work to improve the community conditions (usually accomplished as a group, not individually).</p> <ul style="list-style-type: none"> <li>Youth identify issues important to them and their community.</li> <li>Youth research and analyze the causes and solutions.</li> <li>Youth learn community organizing strategies.</li> <li>Youth develop and carry out action plans to effect change in their community.</li> </ul> <p style="text-align: center;"><b>EXAMPLES</b></p> <p><b>Youth Voice</b></p> <ul style="list-style-type: none"> <li>Youth identify the issues and problems through “speak-outs”, polls, forums, focus groups, youth conducted surveys. Asking youth what are the problems facing your generation, what do you think are the solutions).</li> <li>“Youth-adult Partnerships” organized to improve community conditions.</li> <li>Youth group does community service activities to improve the community.</li> <li>Advocates for social justice issues: (e.g. prevent drinking and driving, clean air/tobacco-free policies in public places, pesticide right to know campaigns).</li> <li>Participates in “public affairs” though forums; contacting public officials, talk shows or media; organizing community awareness events.</li> <li>Participates in elections, campaigns, legislation, or political parties.</li> <li>Votes in elections or is involved in voter registration/advocacy.</li> </ul>

Adapted by Becky Judd, Alaska Division of Behavioral Health from: Act for Youth. (2004). *Strengthening Youth Involvement*; LISTEN (2003) *An Emerging Model for Working with Youth*; Coalition of Community Foundations for Youth. *Youth Civic Engagement*; The Forum For Youth Investment. (2001). *Youth Action: Youth Contributing to Communities Supporting Youth*.

## Endnotes

1. Rutter, M. (1985). "Resilience in the Face of Adversity." *British Journal of Psychiatry*, 147, 598–611.  
  
Werner, E.E., & Smith, R.S. (1992). *Overcoming the Odds: High-Risk Children from Birth to Adulthood*. Ithaca, NY: Cornell University Press.
2. Hawkins, J.D. et al. (1992). "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention." *Psychological Bulletin*, 112(1), 64–105.  
  
Scales, P.C. & Leffert, N. (1999). *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development*. Minneapolis, MN: Search Institute.  
  
Resnick, M.D. et al. (1997). "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health." *Journal of the American Medical Association*, 278(10), 823–832.  
  
National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*. J. Eccles and J. Gootman, eds. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.  
  
Commission on Children at Risk. (2003). *Hardwired to Connect: The New Scientific Case for Authoritative Communities*. New York, NY: Institute for American Values.
3. *Improving the Health of Adolescents and Young Adults: A Guide for States and Communities*. (2004). Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. Available online at <http://nahic.ucsf.edu/downloads/niah/Complete2010Guide.pdf>
4. The core functions were first introduced in the 1988 Institute of Medicine report *The Future of Public Health*. These core functions have been applied to adolescent health through the following framework, *Ten Essential Public Health Services to Promote Adolescent Health*.
  - Monitoring and assessing adolescent health status to identify and address adolescent needs, as well as opportunities for health promotion.
  - Diagnosing and investigating health problems and hazards, as well as related individual, family and community risk and resiliency factors, affecting adolescents.
  - Informing and educating families, youth and the general public about adolescent health and development issues.
  - Mobilizing community partnerships among policy makers, health care providers, youth, families, the general public and others to identify and address adolescent health issues.
  - Providing leadership for priority-setting, planning and policy development to support community efforts that promote and maximize the health of adolescents.
  - Promoting and enforcing legal requirements that promote and protect the health and safety of youth and ensure public accountability for their well-being.
  - Linking youth and their families to health and other community services, and assuring access to comprehensive, quality systems of preventive, primary and specialty care.
  - Assuring the capacity and competency of the public health and personal health workforce to effectively address adolescent health, developmental needs, and the needs of individuals with disabilities.

- Evaluating the accessibility, quality and effectiveness of personal and population-based adolescent health services for youth with the full range of typical and special needs.
- Supporting research, demonstrations and related evaluations that develop new insights and approaches to promoting and addressing adolescent health and development.

This framework, adapted by K. Teipel, Konopka Center for Best Practices in Adolescent Health, was published in the *Conceptual Framework and Policy Agenda for Adolescent Health*, Association of Maternal and Child Health Programs, State Adolescent Health Coordinators Network, 2002. The Youth Development approach fits into the identified *Ten Essentials*.

5. The five functional areas are based on the *System Capacity for Adolescent Health, Public Health Improvement Tool* (2004), a collaborative project of the Association of Maternal and Child Health Programs and the National Network of State Adolescent Health Coordinators with support from the Annie E. Casey Foundation. The *System Capacity Tool's* purpose is to assess a state MCH program's existing capacity, organizational and environmental supports for Adolescent Health.
6. Pittman, K., Irby, M., Tolman, J., Yohalem, N., & Ferber, T. (2003). *Preventing Problems, Promoting Development, Encouraging Engagement: Competing Priorities or Inseparable Goals?* Based upon Pittman, K. & Irby, M. (1996). *Preventing Problems or Promoting Development?* Washington, DC: The Forum for Youth Investment, Impact Strategies Inc. Available online at [www.forumfyi.org/Files/PPE.org](http://www.forumfyi.org/Files/PPE.org).
7. National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*. Committee on Community-Level Programs for Youth. Jacquelynne Eccles and Jennifer Gootman, eds. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
8. Ibid.
9. Ferber, T., & Pittman, K., with Marshall, T. (2002). *State Youth Policy: Helping All Youth to Grow Up Fully Prepared and Fully Engaged*. Washington, DC: The Forum for Youth Investment, Impact Strategies, Inc. [www.forumfyi.org/Files/StateYouthPolicy.pdf](http://www.forumfyi.org/Files/StateYouthPolicy.pdf).
10. Foster, L. et al. (2005). *Involving Youth in Policy Making and Coordinating Youth Policy: State Level Structures in California and Other States*. California Research Bureau. [www.library.ca.gov/crb/05/05/05-005.pdf](http://www.library.ca.gov/crb/05/05/05-005.pdf).