

Comprehensive Statewide Approach to Improve Youth Outcomes: Experience of the New York State Youth Development Team

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Best practice research indicates a need for a policy shift toward positive youth development (YD) principles and strategies. The New York State Youth Development Team (YDT) is a public-private partnership of leading agencies whose holistic vision, “families, schools and communities partner to support the development of healthy, capable and caring youth,” requires key stakeholders at all levels to address adverse youth health outcomes through effective partnerships. To transform the YDT vision into statewide practice requires committed actions (policy, funding, and training) at the state and community levels. Key lessons learned and experience-based recommendations that guide YD efforts in New York State can help state and local agencies move more to a positive YD approach that helps young people become healthy, caring, competent, and contributing adults, fully prepared to be parents, workers, leaders, entrepreneurs, and citizens of the future.

KEY WORDS: program/policy development, state and community partnership, youth at risk, youth development, youth risk and protection

The emergency we are facing is an unprecedented adolescent health crisis—one that has serious repercussions for our economy and social well-being. For the first time in the history of this country, young people are less healthy and less prepared to take their places in society than were their parents. And this is happening at a time when our society is more complex, more challenging, and more competitive than ever before.^{1(pii)}

Because this emergency is even worse now than it was when first published in a joint report of the American Medical Association and the National As-

sociation of State Boards of Education 16 years ago, it is incumbent on those responsible to improve adolescent health to act in a manner to reverse the crisis in adolescent health. There is a growing body of literature that positive youth development (YD) approaches improve health, education, and other outcomes for youth²⁻⁶ if they are applied in a focused, consistent, sustained, and holistic manner across an array of service delivery systems and organizations.⁷⁻⁹ The research evidence for YD is presented elsewhere in this supplement (see Bernat and Resnick), but its promise is compelling, as articulated by two notable groups, Hawkins, Catalano, and colleagues^{8,10,11} through their risk and protective factor framework (*Communities That Care* model), and Benson and colleagues at the Search Institute^{9,12} through their developmental assets work (*Healthy Communities—Healthy Youth* model). However,

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the critical role of state-level entities in creating policies and priorities, in aligning partnerships, and in allocating funding that supports YD, has largely been overlooked and underappreciated in the literature.

In the mid-1990s, many New York State (NYS) government policy makers recognized that youth-focused programs were not reaching their full potential. In 1998, as each agency reevaluated strategies to improve pertinent youth outcomes and to reduce negative risk-taking behavior by youth, the NYS Department of Health (DOH) and NYS Office of Children and Family Services (OCFS) created a partnership. This partnership prevented planning in isolation, modeled partnerships being encouraged at the local level, and led to the creation of the NYS Youth Development Team (YDT). The mission of the DOH is to protect and promote the health of the increasingly diverse population of the state through oversight of public health services, the healthcare delivery system and environmental health programs, while the mission of OCFS is to integrate services for children, youth, families, and other vulnerable populations in the state, to promote their development, and to protect them from violence, neglect, abuse, and abandonment. Both agencies, now linked through YD, work closely with federal, state, and local government entities. YD has now become a major strategy to address the missions of both the DOH and the OCFS; the two agencies continue to cochair the YDT.

The YDT, with more than 40 members (see pp. 539–540) and 8 years of experience, has promoted a shift in policies and programs to focus on youth assets, rather than on liabilities; to perceive youth as problem solvers, rather than as problems; and to respect youth as capable of helping themselves as well as others. To our knowledge, this is the first evidence-based report of a state-level, public-private partnership focused on the goals and methods of positive YD to mobilize communities. The “subjects” of this article include the YDT and its members; the “methods” are descriptive analyses of the processes that occurred over the past 8 years; the “results” are outcome data, just beginning to emerge—evidence of the need to take a long-term view of YD; and the “discussion” represents consensus opinions, based on evidence accrued over time. We believe that the approach described here can be replicated elsewhere to further advance YD goals and the development of a comprehensive YD policy throughout the United States.

● Subjects

Evidence-based research and best-practice recommendations guided the creation of the YDT and its agenda,^{6,13–15} with responsibility for establishing a foun-

dation for developing and promoting YD strategies and approaches that are coordinated across agency systems in NYS. As cochairs, the DOH and OCFS serve as strategic implementers in partnership with other NYS agencies; partners from academic institutions advise the group about best practices and cutting-edge research; and partners from the private sector, advocacy, and youth-serving organizations disseminate information to stakeholders and help coordinate state and community YD efforts.

● Methods

Provide framework of principles and priorities for YDT

Working backward from desired outcomes, the YDT articulated basic assumptions about YD and identified the resources (inputs) needed to meet three achievable and encompassing strategic goals: (1) create a shared YD vision, common language, and culture, followed by a promotional message and dissemination plan at the state and local levels; (2) develop strategic collaborations to improve agencies’ and partners’ collaborations; and (3) develop YD outcome indicators and make data accessible to funders, policy makers, local programs, and communities (Figure 1).

With a long-term view of statewide YD activities, the YDT has been moving toward eight outcomes: (1) the infusion of YD principles into all programs, (2) staff competent to consult on YD issues, (3) organizational change that builds YD capacity, (4) an increase in community partnerships and YD programming, (5) increased YD visibility, (6) more youth engagement, (7) improved adult attitudes toward youth, and (8) a YD approach to evaluation. The degree to which these outcomes are accomplished will determine the degree to which the YDT vision is realized.

Operation and evaluation of YDT

Since its inception, the YDT has held bimonthly or quarterly meetings with agendas that include a keynote speaker; reports by work group chairs; dissemination of new studies and reports; and sharing of information about YD-related conferences, trainings, emerging issues, new initiatives, research, useful tools, and funding. Both in-kind and financial investments have sustained the YDT. From 1998 to 2002, approximately \$40,000 was contributed by the DOH, OCFS, and the State Education Department to support YDT training, education, and planning. Evidence of the coordination of YD at the state level is support for a professional staff liaison (0.4 full-time equivalent); modeling “YD readiness” through organizational restructuring is evident

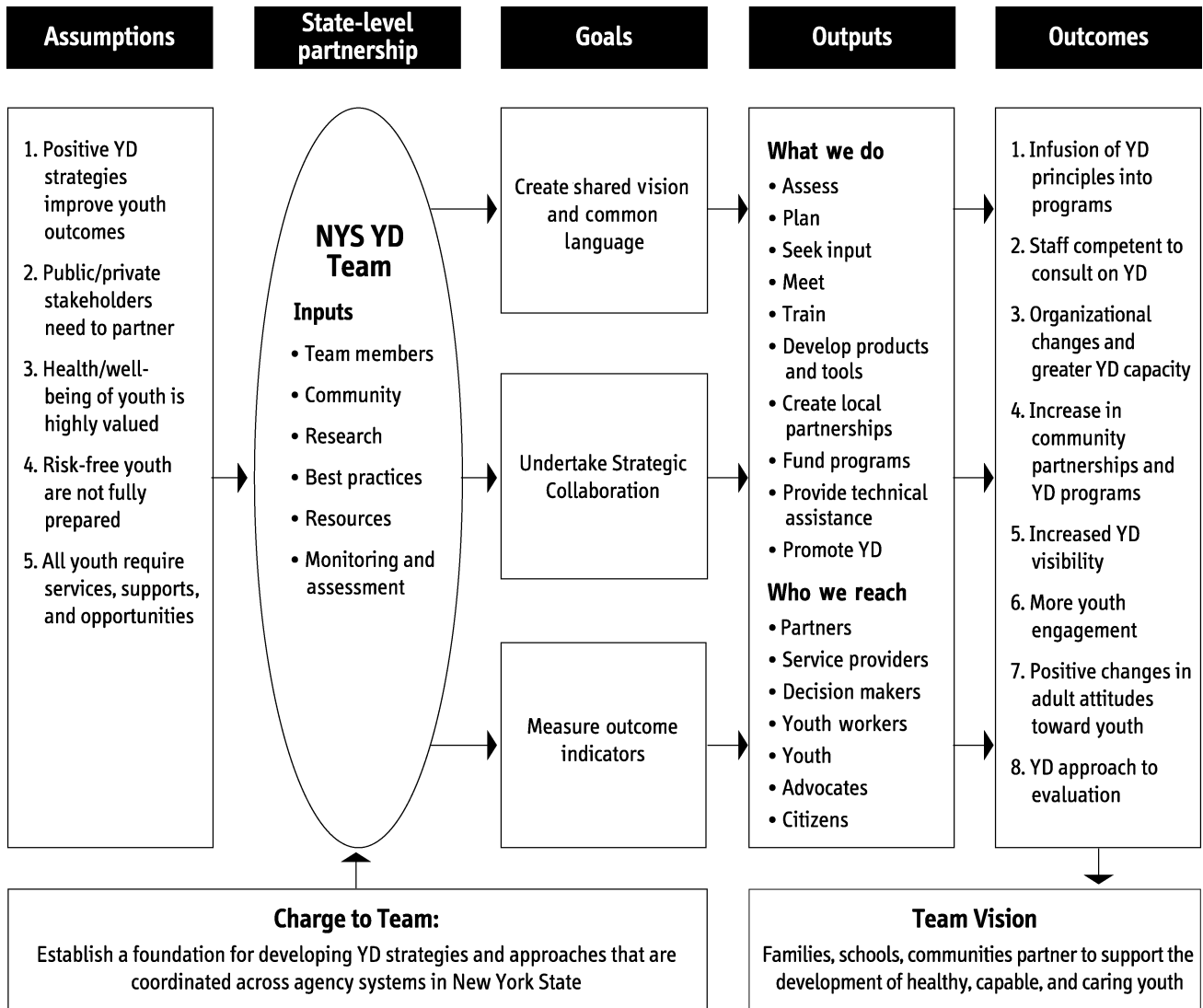


FIGURE 1. Logic model—NYS Youth Development Team.

by the creation of an Office of Youth Development in the OCFS, and a Youth Development Unit in the DOH.

In 2003, an evaluation of YDT by an independent firm revealed that the “inputs” to achieve the YDT goals were in place.¹⁶ That is, an inclusive cross section of stakeholders was involved in the process, the leadership team functioned smoothly, communication strategies were successful, resource sharing by partners was evident, as was a positive YD framework at both the state and local levels.

● Results

Goal #1: Create a shared vision and common language

In recognition of the critical importance of local stakeholders (parents, youth, service providers, schools, the faith and business communities, and others) working

together to make YD a priority, the YDT made its first goal the creation of a shared vision and common language. The creation of the shared vision of families, schools, and communities partnering to support the development of healthy, capable, and caring youth was more easily achieved than that of a common language. The first work group product, *Promoting Positive Youth Development in New York State: Moving From Dialogue to Action*, was developed over 15 months and disseminated in 2001.¹⁷ Central to engaging stakeholders and increasing YD awareness across NYS, this document was disseminated through presentations, mailings, and focus groups at major conferences sponsored by partnering organizations, and was Web-accessible. In 2002, a work group created a *YD Resource Notebook*¹⁸ for both community and state-level use. Other efforts included presentations and trainings for state and county agencies on Search Institute’s *Healthy Communities—Healthy Youth*,¹⁹ *Communities That Care (CTC)*,¹⁰

Number of youth involved

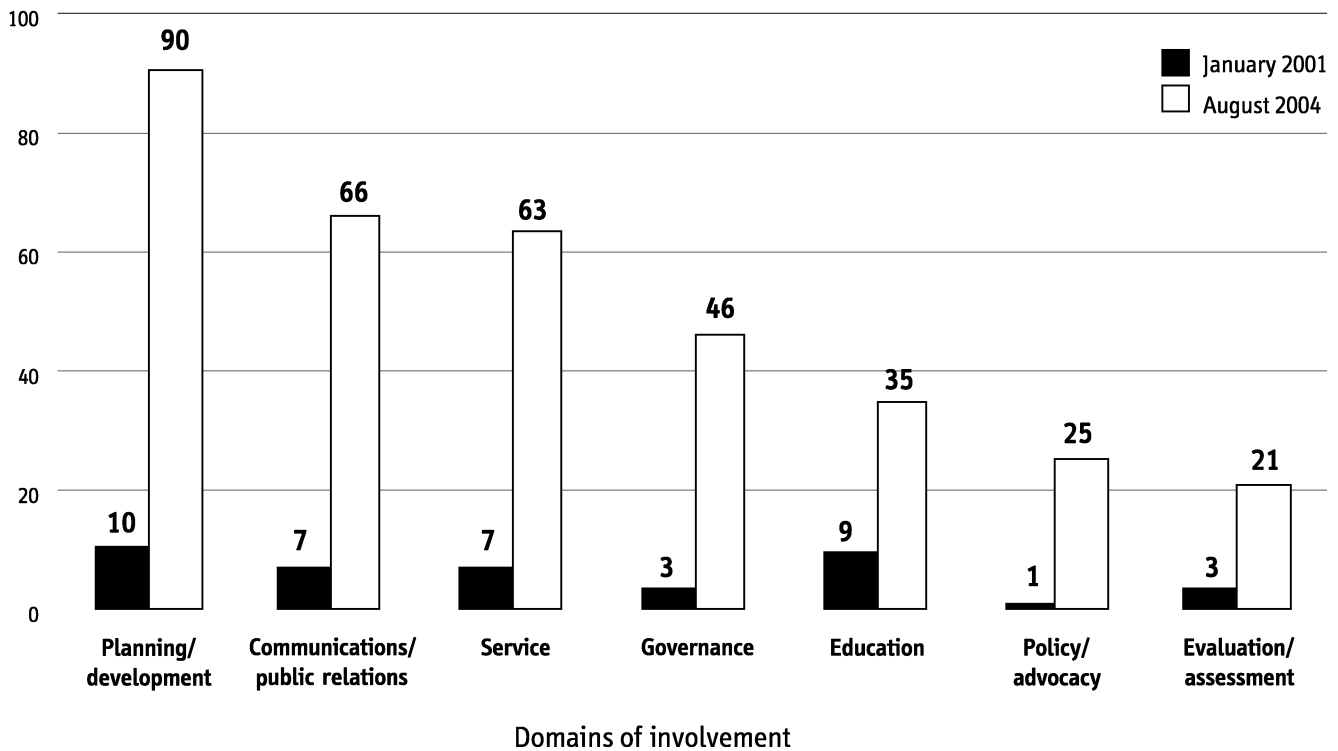


FIGURE 2.

Advancing Youth Development (AYD),²⁰ and *Asset-based Community Development (ABCD)*.²¹

As further evidence that this goal is being addressed, state agencies have begun to incorporate YD principles and language into competitive funding solicitations for community youth program and service grants. In addition, YD-related workshops have been held at major NYS conferences, and there was wide dissemination and promotion of research studies, best practices, and key reports, such as the 2002 National Research Council/Institute of Medicine report, *Community Programs to Promote Youth Development*.³

Goal #2: Undertake strategic collaboration

Assets Coming Together for Youth (ACT for Youth)

From inception, the YDT sought opportunities to foster strategic collaboration among key partners at both the state and local levels. In 1999, the NYS DOH invested \$2.6 million in a new statewide initiative called Assets Coming Together (ACT) for Youth, conceptualized by the YDT as a strategy to strengthen community partnerships to promote YD and replace risky, unhealthy behaviors among youth (10–19 years old) with health-promoting behaviors²² (see also Riser, Mesler, Tallon, and Birkhead in this supplement). ACT for Youth has since funded 11 Community Development Partnerships (CDPs) to build community capacity to improve outcomes and promote youth involvement

and leadership to enhance assets and resiliency, and two academic-based “Centers of Excellence” to provide CDPs with training, technical assistance, and other support.

Over the first 4 years of ACT for Youth, data including the number and type of new programs, the number of leadership and service opportunities created or expanded for youth, and the number of youth involved in meaningful roles were collected from and aggregated across all 11 CDPs, and used to describe the YD opportunities created in the CDP communities. Figure 2 depicts the average number of youth involved in meaningful roles in seven different YD domains as of January 2001 (6 months into the initiative) and as of August 2004 (at the beginning of the fifth year). Each meaningful role required youth to hold significant responsibility or serve in a leadership capacity. Large numbers of young people across the state served in leadership roles or had substantial responsibility for service to their communities. These data illustrate that the overall number of opportunities rose significantly over the course of the initiative in every role category.

The State Incentive Project

The State Incentive Project was initiated in the same year as ACT for Youth, but the grantee, a state-level YDT partner (NYS Office of Alcoholism and Substance Abuse Services [OASAS]), used a federal, rather than

a NYS, grant, to address three goals: (1) strengthen existing state and local partnerships among traditional and nontraditional substance abuse service providers, (2) fully implement the OASAS risk and protective preventive framework, and (3) reduce substance use risks and strengthen protective factors for 12- to 17-year-olds. The evaluation of the State Incentive Project had several elements, including baseline and 2-year follow-up CTC youth surveys, analysis of priority risk and protective factors, assessment of local resources for substance abuse prevention, development of site-specific intervention plans adhering to a specific model program, and periodic surveys to determine changes from baseline in partner knowledge, attitudes, and behavior regarding substance abuse prevention.²³ Synthesis of the data indicates that the YD approach was associated with decreased marijuana use by 8th, 10th, and 12th graders, with the percentage of 8th graders who recently used marijuana decreasing from 13 percent to 7 percent. Other significant findings include a decreased use of alcohol use by 8th and 10th graders and decreased cigarette use by 8th and 12th graders.

Other strategic collaborations

Partnerships among various members of the YDT resulted in a number of reports and programs addressing strategic collaborations. The OCFS issued *New York Youth—The Key to Our Economic and Social Future/Blueprint for State and Local Action: Youth Development Five-Year Progress Report*,²⁴ and initiated the Advantage After-School Program, and the Youth Development State Collaboration Demonstration Project. The State Education Department launched Supportive Learning Environments, 21st Century Community Learning Centers, Healthy Students + Healthy Schools = Educational Success, and SAFE PLACES, all programs with a YD focus. The NYS Division of Probation and Correctional Alternatives developed screening and assessment tools and software in its Youth Assessment and Screening Instrument (YASI) project. The DOH implemented the Eat Well Play Hard and Healthy Choices initiatives, as well as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) prevention and school-based health center activities. In another strategic collaboration, the Office of Managed Care at the DOH, in concert with health plans and adolescent health experts, developed measures to evaluate healthcare provider screening and counseling performance with respect to exercise, nutrition, substance use, depression, and risky sexual behaviors among adolescents. According to Dr F. Gesten of the NYSDOH Office of Managed Care (November 23, 2005), public reporting of these efforts is anticipated in 2006.

Considered together, these results indicate that the goal of forming strategic collaborations that will fur-

ther YD work in the state is being addressed. However, partnership development is an ongoing process and new opportunities to expand partnerships are constantly being sought.

Goal #3: Measuring outcomes

Sustaining YD activities requires evidence that goals are being met and outcomes achieved, both of which require valid and reliable measurement. Strength-based, well-being measures were created to supplement the existing NYS *Touchstones/KIDS COUNT* database.²⁵ The objective is to make YD outcome indicator data accessible to funders, policy makers, local programs, and communities for both needs and assets assessment. Starting with YD and adolescent well-being indicators from the literature and measurement instruments, existing state and local indicator sets, and nominations from YDT members, an iterative process involving expert ratings, concept mapping and a Web-based survey of youth program providers and young adults, reduced more than 600 items to a final list of 15 YD indicators. For details of this process, see the article by Surko and colleagues in this supplement.

● Discussion

The findings related to the three goals of YDT presented above, as well as the evaluation of the YDT in 2003 by an independent agency outside of NYS government, indicate the appropriateness of the framework guiding the statewide approach to improve youth outcomes described in this report. Furthermore, there is evidence that intermediate goals are being addressed, outputs appropriately applied, and that NYS is moving toward its eight desired YD outcomes. It is unlikely that this would be the case if the YDT members had not consistently embraced YD in all its dimensions since 1998. This discussion section will focus on three issues: (1) the question “why does the YDT partnership work?” is answered by addressing factors for success, while acknowledging the presence of significant challenges; (2) seven public health action steps to assist other states to advance youth development activities that improve youth health outcomes will be presented on the basis of the lessons learned from the experience of the past 8 years by the YDT; and (3) the continuing challenges to the overall YD effort.

Why does this partnership work?

From its inception, the YDT leaders focused on actively involving partners, building trusting relationships among diverse collaborators, making communication a top priority. The previously

mentioned monographs were developed early as marketing tools to build consensus and increase understanding of YD concepts among NYS partners. Six factors were identified by the various members of the YDT as having helped the partnership function effectively.

Shared leadership and common goals

Team leadership is shared by two state agencies (DOH and OCFS), both having a strong and early commitment to YD ideology. In their leadership, these two agencies modeled principles consistent with YD programming, demonstrating congruency between the internal and external aspects of a comprehensive statewide approach to YD. In addition, meetings hosted by different YDT members consistently addressed the identified needs of various member agencies with presentations and, sometimes, with resources. This fostered the group's perception of having common goals.

Sustained commitment

The commitment at the highest levels of these two state agencies for the past 8 years, with no end in this support anticipated, emphasizes the long-term nature of YD programming, enhances the credibility of the partnership and mitigates the inevitable challenges posed by decisions about resources and priorities. The commitment of substantial resources (\$2.6 million) by the DOH for ACT for Youth has been both instrumental and strategic in striving toward the goals and desired outcomes developed by the partnership.

Adaptable approaches

Social science researchers call for "fidelity" to theoretical models as they are implemented in the field, because the tendency is for workers to modify approaches in ways that violate the basic principles of underlying constructs. In ACT for Youth there was concern initially in some CDPs that they would have to choose between focusing on either risk/protective factors or developmental assets. Because these two approaches deal with slightly different domains, they are both valuable and complementary. Communities are successfully using one or both of these YD approaches. However, it is important to realize that adaptations maintain the essential elements of the model applied.

YDT members are both stakeholders and decision makers

The individuals on the YDT are mostly middle-level manager representatives of organizations, agencies or groups that are interested in implementing YD programming (stakeholders), as well as being middle-level change agents (decision makers) within their own entities. These managers have both the capacity to iden-

tify state and local opportunities to integrate YD and to serve as liaisons with other stakeholders.

Organizational relevance

Many YDT members are also interested in the answers to the question: What are the advantages of implementing the YD model for my agency? The YDT has provided a forum for member agencies and organizations to clarify and align objectives related to improving youth health, education, and other outcomes through applying a YD approach.

Nonexclusive membership

Organizational partners represent a diverse cross section of youth-serving and advocacy agencies, maximizing the opportunities to share resources, ideas, support, and momentum. YDT membership is not exclusive; any state-level organization, public or private, which has statewide influence and/or local stakeholders, is welcome to participate.

Action steps for other states and communities based on lessons learned by the YDT

Focusing on youth assets and potential, rather than on youth problems and deficits, requires a major conceptual leap and commitment to change. Service delivery systems tend to be oriented toward "fixing" problems of young people (eg, unintended pregnancy, drugs, crime, or violence) and planning and funding tend to isolate systems from each other ("silo effect"). In contrast, the collaboration embodied in the NYS YDT brings critical stakeholders together and applies a common language, perspective, goals, and commitment to affirm and promote a shared vision of families, schools, and communities partnering to support the development of healthy, capable, and caring youth. This transformation of YD from evidence-based principles to routine practice requires a statewide consensus, the creation and adoption of a YD policy framework, and a system with continual evaluation of progress toward improving youth health, education, and other outcomes. State and local agencies that serve children, adolescents, and young adults are urged to consider the following critical actions steps in order to advance a coordinated, positive YD approach.

Strategically partner

State and local YD partnerships must be created across systems and public-private sectors recognizing the value of youth and each partner's mission and contributions. Initial efforts should focus on the two to three most "pivotal" partners, those who have already embraced or are ready to embrace YD. Timely and

ongoing communication should also occur with critical stakeholders (eg, health, education, juvenile justice, social services, faith community, mental health, business, professional and private organizations).

Define YD

Early agreement among partnering organizations on YD definitions, common language, and common goals is fundamental. Documents such as *Promoting Positive Youth Development in New York State: Moving From Dialogue to Action* by the YDT¹⁷ are available on the Internet to help facilitate this process.

Obtain Buy-In

Executive leaders and middle-level managers need to embrace the YD framework and actively participate in public-private partnerships in order to realize the benefits of YD. Once buy-in is established, it needs to be regularly reinforced.

Connect and leverage

Linkage of partners with youth-oriented initiatives to others with skills in community assessment and planning, plans for strengthening families, commitment to community and workforce, or business/economic development, strengthens the base for systemic change, and provides opportunities to leverage funding and other resources. These linkages should be pursued early and continually in the collaboration process.

Persevere

The labor-intensive work of building strong collaborative partnerships takes time, patience, and trust. Successful cross-system, public-private sector work requires a long-term commitment.

Institutionalize YD

YD principles, strategies, and activities should be institutionalized in all programs for youth, across all health and human service systems. As an evidence-based, theory-driven way to view and support youth, YD is not an add-on; establishing a specific YD unit within an organization helps emphasize this point.

Plan and evaluate

Agreement on planning and evaluation strategies should occur early in the YD partnership so that data from the assessment of outcome indicators (for youth and the collaboration itself), community-based YD programs, communication and technical assistance activities, and education and training efforts can support the growth and further development of YD efforts.

What are continuing challenges?

Box 1 summarizes eight current YDT themes that present a variety of challenges. Among the most notable are (a) the need for periodic YDT strategic planning and evaluation, (b) YD social marketing, (c) engaging missing organizational partners, (d) larger, societal issues, and (e) YD policy development. Ongoing marketing of key YD messages, including the principles, successes, and a shift to “positive YD thinking,” to multiple stakeholders at the state and community level requires significant human and other resources. Two additional sectors that have yet to be integrated into the YDT are the faith and business communities. Studies indicate that the faith community plays an important role in positive YD,^{26,27} and professionals have long advocated for linkage of YD and economic/community development.^{4,13,28} Societal issues such as an increasingly diverse population, increased mobility of youth and their families, changes in sense of community, influence of media, and trends in family structure and support systems both challenge and underscore the importance of the YD approach.

Although many NYS agencies are using YD strategies, such efforts are not always employed statewide using cross-system, population-based approaches. One YDT challenge is to continue to reshape the policy and program environments in which YD operates. Elements of the YD model embedded in reform efforts (eg, health, education, juvenile justice, labor) will both benefit youth and increase the impact of these systemic reforms.

● Conclusion

The experience of the NYS YDT clearly demonstrates that a comprehensive statewide approach to improve youth outcomes using a YD framework is possible and yields desired outcomes. With shared leadership and common goals and language used by partners who are both stakeholders and decision makers, it is possible to identify and implement YD approaches that remain faithful to evidence-based best-practice theory. Moreover, partners are more likely to sustain their commitment to YD if the activities undertaken are relevant to their organizations and afford opportunities to develop new and broadly beneficial partnerships. Successful efforts require ongoing attention to support relationships, as well as evaluate and communicate outcomes. With partner commitment, perseverance, and a long-term view, NYS expects to document improved health outcomes for its youth in the near future. We believe that this model is replicable in other jurisdictions willing to make a similar commitment to these concepts and interventions.

BOX 1 ● Recurrent themes and challenges of YDT

Recurrent themes	Challenges
Leadership	Ongoing credibility and relevance of YDT Timely and accurate communication with partners Strategies to maintain continuity and momentum regardless of specific individuals who may leave/retire Periodic Team strategic planning and evaluation
Resources	Financial and in-kind support; varying assets of partners Funding for speakers, events, education, and training In-kind and strategic linking (integration/leveraging) of YDT's agenda Package funding and programs to enhance impact and outcomes "Quick fix" mentality (remediation leads to measurable results, but prevention leads to a "nonevent") Fragmentation of funding-requirements-outcomes
Marketing	Developing more and better tools and educational materials, for both internal and external promotion Marketing and promotion barriers (ie, financial, skepticism, terminology) Difficult to get stakeholders on board: addressing youth deficits or problems is familiar, strength-based, or assets approach is unfamiliar to many
Membership	Need for balance among youth development frameworks How to provide member-to-member support and reinforcement Engaging missing sectors (eg, faith, labor, business) "Rolling membership" expands the pool; keeps partnership fresh Balance and diversity is vital, as is continuity of mid-level managers Educating new members to compensate for member turnover
Buy-in/ownership	YDT agenda aligned with partners' agendas Must help partners "connect the dots" to YD Thorough orientation of new members
Integration	Positive YD may be viewed as add-on Potential to be viewed as latest fad in response to youth problems Skepticism (some people within partnering organizations do not embrace YD) Local concern that YD will not survive a serious economic downturn or change in political climate Long-term integration into agency or organizational culture
Local involvement	Unrealistic mandates Potential disruption of what is already in place Critical to maintain realistic goals and expectations Primary concerns of YDT members: potential to undermine state-level partners, YDT becoming too large, unmanageable
Collaboration	Labor-intensive, especially professional staff support for YDT Keeping YD as high priority by some leaders; YDT size Need to stay focused on concrete products and results Requires keeping YD on partners' radar screen

● Youth Development Team Composition

New York State (NYS) agencies

Council on Children and Families; Department of Health; Developmental Disabilities Planning Council; Division of Criminal Justice Services; Division of Military and Naval Affairs (NYS National Guard); Division of Probation and Correctional Alternatives; Education Department (and Board of Cooperative Educational Services [BOCES]); Office of Alcoholism and Substance Abuse Services; Office of Children and Family Services; Office of Mental Health; Office of Temporary and Disability Assistance.

Academic partners

Cornell University; Mount Sinai Adolescent Health Center; State University of New York (SUNY)/Albany, School of Public Health; University of Buffalo; University of Rochester; Yale University.

Private sector partners

Association of NYS Youth Bureaus; NYS Association of County Health Officials; NYS Conference of Local Mental Hygiene Directors; NYS Counseling Association; NYS Nurses Association; NYS United Teachers; United Way of NYS.

Advocacy and/or youth-serving organizations

Families Together of NYS; NYS Association of Family Service Agencies; NYS Center for School Safety; Schuyler Center for Analysis and Advocacy; YMCA of New York State.

REFERENCES

- American Medical Association and National Association of State Boards of Education. *Code Blue: Uniting for Healthier Youth: A Call to Action*. Chicago, Ill: National Commission on the Role of the School and the Community in Improving Adolescent Health; 1990:ii.
- Hamilton S, Hamilton M, eds. *The Youth Development Handbook: Coming of Age in American Cities*. Thousand Oaks, Calif: Sage Publications; 2004.
- National Research Council and Institute for Medicine. *Community Programs to Promote Youth Development*. Washington, DC: National Academy Press; 2002.
- Benson PL, Saito RN. The scientific foundations of youth development. In: Jaffe N, ed. *Youth Development: Issues, Challenges and Directions*. Philadelphia, Pa: Public/Private Ventures; 1998:125–147.
- CSR Inc. *Understanding Youth Development: Promoting Positive Pathways of Growth*. Arlington, Va: CSR Inc; 1997.
- Gambone MA, Klem AM, Connell JP. *Finding Out What Matters for Youth: Testing Key Links in a Community Action Framework for Youth Development*. Philadelphia, Pa: Youth Development Strategies Inc. and Institute for Research and Reform in Education; 2002.
- Pittman K, Irby M. *Preventing Problems or Promoting Development: Competing Priorities or Inseparable Goals?* Washington, DC: Academy for Educational Development; 1995.
- Hawkins JD, Catalano RF, Kosterman R, Abbott R, Hill K. Preventing adolescent health risk behaviors by strengthening protection during childhood. *Arch Pediatric Adolesc Med*. 1999;153:226–234.
- Benson PL. *All Kids Are Our Kids: What Communities Must Do to Raise Caring and Responsible Children and Adolescents*. San Francisco, Calif: Jossey-Bass Publishers; 1997.
- Hawkins JD, Catalano RF. *Communities That Care Prevention Strategies: A Research Guide to What Works*. Seattle, Wash: Developmental Research and Programs; 1996.
- Catalano RF, Hawkins JD. The social development model: a theory of antisocial behavior. In: Hawkins JD, ed. *Delinquency and Crime: Current Theories*. New York: Cambridge University Press; 1996:149–197.
- Scales PC, Leffert N. *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development*. Minneapolis, Minn: Search Institute; 1999.
- Kretzmann JP, McKnight JL. *Building Communities From the Inside Out, a Path Toward Finding and Mobilizing Communities Assets*. Evanston, Ill: Asset-Based Community Development Institute; 1993.
- Schorr LB. *Common Purpose, Strengthening Families and Neighborhoods to Rebuild America*. New York, NY: Anchor Books; 1997.
- Pittman K, Irby M, Tolman J, Yohalem N, Ferber T. *Preventing Problems, Promoting Development, Encouraging Engagement: Competing Priorities or Inseparable Goals?* Based on Pittman and Irby M. (1996). *Preventing Problems or Promoting Development?* Washington, DC: The Forum for Youth Investment, Impact Strategies Inc; 2003. Available at: www.forumfyi.org. Accessed March 9, 2006.
- Pasti L, Marsh N, Eaton N, et al, for MAGI Educational Services Inc. *Case Study Evaluation of the Family and Youth Services Bureau Youth Development State Collaboration Project—New York State*. White Plains, NY: MAGI Educational Services; 2003.
- Carter TP, Meservey F, Hamilton S, et al. *Promoting Positive Youth Development in New York State: Moving From Dialogue to Action*. Albany, NY: NYS Youth Development Team; 2001. Available at: <http://www.actforyouth.net>. Accessed March 17, 2006.
- NYS Youth Development Team. *Youth Development Resource Notebook*. Albany, NY: NYS Office of Children and Family Services; 2002. Available at: <http://www.actforyouth.net>. Accessed March 17, 2006.
- Search Institute. *Healthy Communities—Healthy Youth*. Available at: <http://www.search-institute.org>. Accessed March 6, 2006.
- Advancing Youth Development. Available at: <http://www.nyayd.org/about.php>. Accessed January 12, 2006.
- The Asset-based Community Development Institute. Institute for Policy Research. Northwestern University. Evanston, Ill. Available at: <http://www.northwestern.edu/ipr/abcd.html>. Accessed January 12, 2006.
- ACT for Youth. Albany, NY: NYS Department of Health. Available at: <http://www.actforyouth.net>. Accessed March 6, 2006.
- Donovan B, Natell T. *New York State Incentive Project (SICA): Final Report Summary*. Albany, NY: NYS Office of Alcoholism and Substance Abuse Services; 2004.
- NYS Office of Children and Family Services. *New York Youth—The Key to Our Economic and Social Future/Blueprint for State and Local Action: Youth Development Five-year Progress Report*. Albany, NY: NYS Office of Children and Family Services; 2002.
- NYS Council on Children and Family Services. *NYS Touchstones/KIDS COUNT 2003 Data Book*. Albany, NY: NYS Council on Children and Families; 2003.
- Roehlkepartain EC. *Building Assets, Strengthening Faith: An Intergenerational Survey of Congregations*. Minneapolis, Minn: Search Institute; 2003.
- Blank S, Davie F. *Faith in Their Futures: The Youth and Congregations in Partnership Program of the Kings County (Brooklyn, NY) District Attorney's Office*. Philadelphia, Pa: Public/Private Ventures; 2004.
- Johnson, Bassin and Shaw Inc. *Reconnecting Youth and Community: A Youth Development Approach*. Silver Spring, Md: National Clearinghouse on Families & Youth; 1996.