

Part I: Disconnected Youth in New York State



Typically, the adolescent years are a heady mix of friends, new adventures, biological change, parental demands, and endless plans for a bright future.

Fortunately, many of New York's young residents have numerous opportunities for new experiences during this time in their lives and it is these opportunities that bode well for successful college applications, persuasive resumes and, as researchers are discovering, healthy adolescent brain development. Picture then, youth who do not have a supportive family or a good neighbor to vouch for them as they apply for a job. Imagine youth who are cut off from these traditional adolescent experiences, as a result of their own or others' actions. These youth, often referred to as 'disconnected youth,' are disengaged from traditional youth-focused systems and traditional adolescent rites of passage, such as high school graduation, college enrollment, and participation in entry-level jobs or trade school apprenticeships. Most importantly, youth who are disengaged are not able to realize their full potential.

The Governor's Children's Cabinet recognizes the challenges faced by New York's youth and has identified disconnected youth as a priority, focusing attention on the necessary supports required to keep at-risk youth connected to family, education, community and the workforce. Cabinet members understand that every child deserves the opportunity to grow, learn, advance, and participate in the state's economic and cultural life. As a result, their work is focusing on New York's vulnerable youth, including youth in foster care, the juvenile justice system and youth with incarcerated parents.

This essay uses a variety of data sources and adolescent age groupings to provide readers with a description of the current social, economic and biological challenges youth encounter as they transition to adulthood, highlighting state and national data that depict youth at-risk of being disconnected as well as approaches to successful reconnection. The statewide perspective shared in this essay is essential for sound policies that ensure all of New York's children and youth have the opportunity to embrace their dreams.

Transition to Adulthood

The transition to adulthood is an exciting, yet complex time in the life of youth. The personal challenges faced by youth who may not be connected to family, schools or their communities are compounded by external circumstances that include a shift in social mores and an increasingly global economy. These external forces have the unexpected consequence of further complicating youths' rite of passage to adulthood, leaving a swath of young adults behind.

The Transition to Adulthood is Less Clear-cut and Longer

In the mid-twentieth century, social markers such as finishing school, getting a job, getting married, and starting a family followed a predictable sequence. Compared to that relatively orderly sequence of roles, the trend for today's youth includes longer periods of schooling, combination of work and education, delayed marriage and lower lifetime fertility.

Richard Settersten (1)

Compared to previous generations' transition to adulthood, which typically involved leaving home, attaining stable employment and financial independence, getting married and starting a family, contemporary youth face a longer and less clear-cut transition to adulthood.

Instead of the more traditional route, today's youth will spend more time in school, combine work and school, marry later and raise fewer children and establish independent households later than their parents did. Researchers have dubbed this trend as the 'odyssey years' or 'extended adolescence' and the phrase, 'failure to launch' has also been used in pop culture to describe this extended transition period.

In New York, seven percent of youth ages 16 though 19 are considered 'disconnected' (2).

14 percent of youth ages 18 through 24 are not in school, not employed and have no degree beyond high school (3).

It may be surprising to some that the US is not alone in this cultural shift. In fact, from 1980 to 2000, the median age of first marriage rose in many of the major European countries and it is predicted that the median age for first marriage in the US will continue to rise as well as the percentage of couples that cohabitate at least once before marriage (4).

The longer period of adolescence means greater resources are needed to successfully manage this transition; yet, such resources are unevenly distributed across the population. For instance, many contemporary youth rely on their parents to help them to manage this transition and, not surprisingly, the amount of financial assistance provided by parents to youth has increased. Since the 1970s, there has been a 50 percent increase in the number of youth ages 18 through 34 who are living at home, which has yielded a 19 percent increase in parental financial assistance (5). However, disconnected youth, whose parents are not actively involved in their lives or do not have the financial resources to support them, are at a disadvantage relative to their more privileged peers. Moreover, these social changes are occurring in concert with economic changes, which also influence the type of opportunities available to youth.



The Transition to Adulthood Requires New Standards

An ounce of prevention is worth a pound of cure.
Benjamin Franklin (6)

Today's labor market is undergoing fundamental changes that have resulted in a massive restructuring of entry level positions. The inherent changes in our 21st century economy have led to the demand for a workforce with higher entry level skills. An example of this is observed in the food service industry, which has long been a field with many entry level positions. We see that although the overall number of jobs has remained constant, the number of entry level positions has decreased and, in some cases, the jobs have geographically located away from urban areas. The consolidation of food service preparation and delivery has produced a need for an increased number of managers to handle the regionalization of services and simultaneously has produced a need for more skilled entry level workers due to the specialization of food preparation. An unforeseen consequence of this vast consolidation of food service companies is the increased professionalism of management and the need for entry-level workers who enter with skills rather than the old model of workers learning skills inside the company and moving up within it (7). Another example of job restructuring that influenced entry level qualifications is in the field of nanotechnology where maintenance staff require special schooling in order to be 'clean lab technicians' (Figure 1). Clean room technology and the importance of contaminant control for research laboratories is paramount in this field and requires room cleaners to clean on a micro-level with new and innovative tools (8). A final example of workforce challenges faced by young adults



Figure 1. An example of a 'clean lab' that requires special techniques for contamination control

is related to the downturn on Wall Street. With this economic climate, we see companies hiring a limited number of expensive, experienced workers rather than several less experienced, lower wage workers.

Clearly, these examples emphasize the need for higher level skills among our emerging workforce but also point to a need for strong workforce development and educational opportunities that allow our youth to be competitive in diverse fields, especially during difficult economic times.

The twin issues of a longer transition to adulthood and the restructured labor market pose unique challenges for the 'disconnected youth' of New York who are less able to capitalize on opportunities for professional and personal development, strong relationships with supportive adults or financial support from family. For those at-risk of disconnecting, it becomes more challenging to remain connected. The gap between disconnected youth and their peers is widened further by educational disparities. As Settersten notes, 'Although the prolonged and more variable patterns of entry into adulthood today may, from the outside, characterize young people from different social classes and racial-ethnic groups, the processes that drive these patterns may be quite different. For more privileged groups, these fragmented patterns are more likely the result of active choices to extend schooling, to consider more fully the range of career choice and relationship options and choose those that provide the best fit, or to travel and explore other opportunities, all of which may be facilitated by family resources. For less privileged groups, in contrast, these fragmented patterns are not so much about choice as they are about having more limited skills and experience coming into the transition and more limited and even foreclosed opportunities in education and work' (1).

The twin issues of a longer transition to adulthood and the restructured labor market pose unique challenges for the 'disconnected youth' of New York who are less able to capitalize on opportunities for professional and personal development, strong relationships with supportive adults or financial support from family.

A Work in Progress – Adolescent Brain Development

As we begin the 21st century, the Hubble space telescope is providing us with information about as yet uncharted regions of the universe and the promise that we may learn something about the origin of the cosmos. This same spirit of adventure is also being directed to the most complex structure that exists in the universe – the human brain.

Floyd E. Bloom (9)

Although early childhood has been thought of as a time when most brain growth occurs, seminal research points to the adolescent period, classically identified as 13 through 18 years of age, as an equally, if not more, important time for growth of developmental tasks necessary for adulthood. Innovative researchers have discovered that the Magnetic Resonance Imaging (MRI) machine is an effective tool for taking brain scans of normally developing children. This technology is a vast improvement over the forensic research methods previously used to study brain development. The MRI has given researchers a whole new perspective of normal brain growth and has allowed them to observe changes over time. In fact, several brain researchers have used the MRI to examine childhood brain development over extended developmental periods, including adolescence (10). This new brain research has shown that adolescence is a time of renewed brain growth and activity (11).

There are three developmental tasks in adolescence that we all must achieve for survival of the species: (1) individualization – development of a personal identity; (2) separation – ability to think for one’s self; and (3) autonomy – the ability to self-govern. These survival tasks develop during a time when we observe increased brain changes in the nucleus accumbens, amygdala and prefrontal cortex. Thus, adolescents and young adults are faced with significant growth in these survival tasks while also experiencing development in their neuro-chemical, hormonal and physiological systems, making the adolescent life phase and transition to adulthood a perilous journey.

The nucleus accumbens is the area of the brain associated with motivation, revealing the phenomena of adolescents preferring low effort for high reward. Some have labeled adolescents in this state as ‘lazy’ when in fact their neurochemistry (nucleus accumbens) has considered the rewards and found them lacking for the required effort. The amygdala is the emotion center of the brain and also undergoes a great deal of growth during adolescence. Changes in the amygdala can explain why adolescents act in explosive or impetuous ways. Research findings indicate that teenagers misread facial expressions in others. They often see anger instead of fear or apprehension or sadness (12). This misreading of facial cues can lead to misunderstandings, violent confrontations and other emotionally fraught situations. A third area of the brain that is critical during this rapid time of development is the prefrontal cortex, which regulates executive functions, such as “thinking” or critical analysis, and can control impulses. MRI studies that examine brain activity of developing adolescents reveal that this ‘executive functioning’ part of the brain experiences slower growth than the areas of the brain that influence motivation and emotion, resulting in situations where adolescents may seek out novel experiences and higher

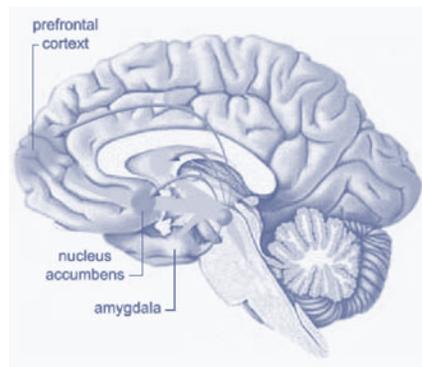


Figure 2. Cross-section of the human brain.
Brain diagram accessed with permission from http://the.brain.mcgill.ca/flash/v1_03/v1_03_cr/v1_03_cr_par/v1_03_cr_par.html

levels of stimulation. This means that what used to be adequate stimulation in pre-adolescence is no longer sufficient. For example, receiving good grades for homework and tests, earning money or privileges for home chores, and minimum wage for work may not be adequate stimulation for adolescents. The rewards that were effective for youth in their pre-adolescence are no longer motivators in their

The rewards that were effective for youth in their pre-adolescence are no longer motivators in their adolescent years.

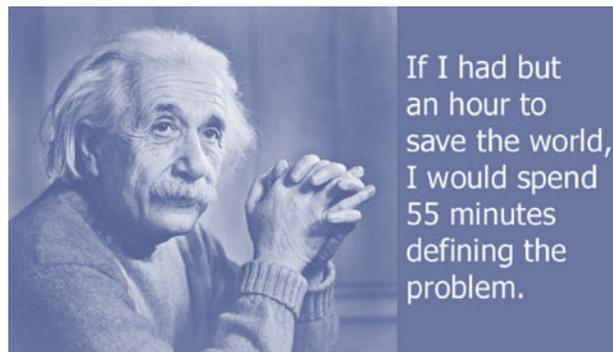
adolescent years. Additionally, the need for heightened stimulation that occurs during this time is often paired with immature self-regulation. This can result in an imbalance of sorts and perhaps we can all remember an episode of ‘impaired’ decision-making from our youth; yet, it is also a time of great creativity and productivity for multi-tasking and thrill-seeking behaviors.

Healthy risk-taking is important for species survival, in that it helps build self-confidence and learn new skills. Healthy risks can include participating in such activities as rock-climbing, band performance, talent contests, poetry slams, roller coasters, entrepreneurial efforts, sports and dance concerts. We have learned adolescent risk-taking has a biologically driven purpose that can be seen as healthy and normative in the adolescent life stage. Building self-confidence and independence comes from taking risks and succeeding in those situations. Another purpose of risk-taking is to learn consequences and problem-solving skills for the future. Risk-taking can build new skills, bring new friendships and provide avenues for more successful risks. Therefore, with successful risk-taking, adolescents are creating brain pathways for new skills and affirming complex and critical skills for their future.

As a result of brain imaging research, we have also learned that adolescence is a period of increased ‘synaptic pruning’ where the adolescent brain only retains information and pathways it needs (i.e., use it or lose it), while effectively pruning the rest. Essentially, neurons and synapses are the pathways of the brain that bring messages from the different body parts such as eyes, ears, fingers and send messages back to these disparate parts of the whole. These pathways are created as we learn new skills or hear new sounds and as we practice what we learn, we keep those pathways. The experiences encountered during adolescence determine our capabilities in adulthood. New skills acquired or reinforced skills in an adolescent’s daily life are synapses that are kept while others unused are pruned away ostensibly for a more efficient brain. This aspect of brain development underscores the need for opportunities that allow youth to have new experiences under the guidance of caring adults.

Who are New York’s Disconnected Youth?

Research points to six, sometimes overlapping, groups of youth ages 15 through 19 years old who are at-risk for becoming ‘disconnected’: youth engaged in high-risk behaviors; teen mothers; youth involved in the justice system; youth not engaged in school; adolescents in foster care; and adolescents with early onset of or an undiagnosed mental health disorder. Another vulnerable group identified by the Children’s Cabinet includes youth of incarcerated parents. The separation of these youth from families, schools, and employment places them at a disadvantage for a successful transition to adulthood. This inequity is further intensified by external factors such as the restructuring of the US labor market and changes in the nature and duration of the transition to adulthood discussed earlier.



If I had but an hour to save the world, I would spend 55 minutes defining the problem.

The following data provide us with a better understanding of New York’s disconnected youth, allowing us to define areas of concern and need. They are intended to assist in decision making and effective program management. The value of sound data is evident in the words of Albert Einstein who once said, “If I had but an hour to save the world, I would spend 55 minutes defining the problem (13).”

Unhealthy Risk Behaviors

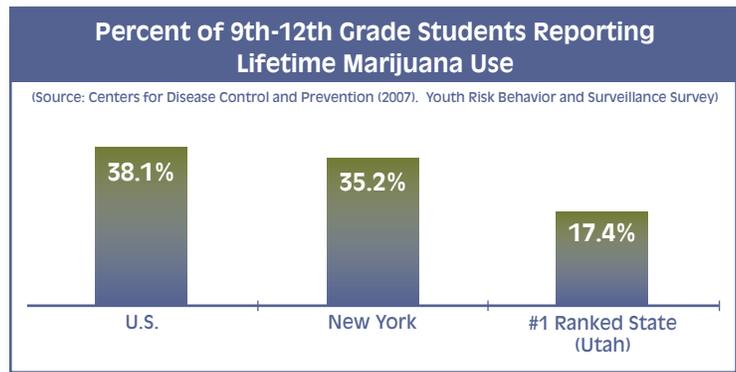
Children have never been very good at listening to adults but they have never failed to imitate them.

James Baldwin (14)

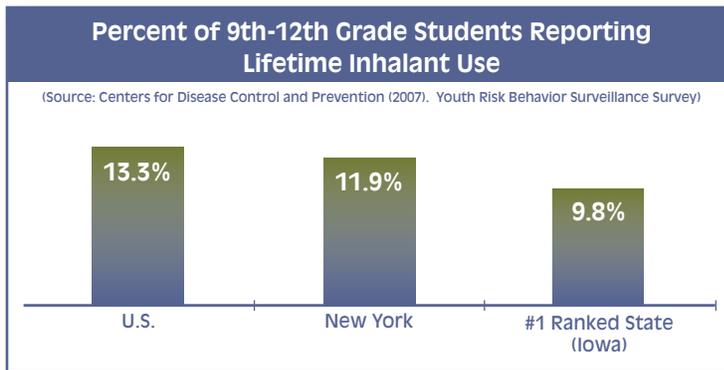
Drug and alcohol use and misuse by adolescents is seen by some as a rite of passage, by others as an illegal activity and still others as taking a risk with a high probability of danger. While it is true that each of these views exists among parents, community members, public safety officers and town judges, the data show that people who use drugs and alcohol in their early adolescence are more likely than their non-using peers

to become addicted. Adolescents who have tried drugs and/or alcohol by eighth grade are 40 percent more likely to become addicted than their peers while those who initiated drug or alcohol use when in their 20s have a 10 percent chance of becoming addicted (15).

The Youth Risk Behavior Surveillance System (YRBSS)¹ is a self-reporting survey administered to ninth through twelfth grade students and is used to monitor health risk behaviors among high school students. The survey gathers information about risk factors in teenagers' lives, such as marijuana use, inhalant use and binge drinking. With respect to marijuana use, a comparison of US and state data indicate marijuana use among New York's ninth

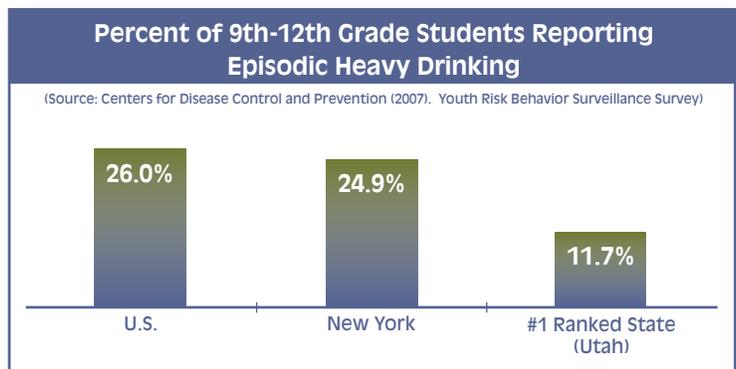


through twelfth grade students is slightly below the national level. However, New York ranks below Utah, which has the lowest percent of students who report they have ever used marijuana. Overall, YRBSS results indicate marijuana use has remained somewhat stable over the past two decades among teenagers.



Inhalants are another form of drug use among adolescents. In fact, there are over one thousand known chemicals that adolescents have been known to sniff to get high with nearly all able to cause brain damage

and impair cognitive functions. Physical symptoms of short-term use of inhalants in adolescents are: dizziness, headaches, heart palpitations, and breathing difficulties. YRBSS results indicate approximately one in ten high school students in New York report lifetime inhalant use (11.9%). Results for the US, New York, and top-ranked Iowa are within four percentage points of one another.



Alcohol use is considerable among youth as evidenced by the fact that underage drinkers consumed 19.7 percent of alcohol sold in the US which translated to \$22.5 billion of the \$116.2 billion in consumer expenditures for alcohol in 1999 (16). An episode of heavy drinking or 'binge' drinking refers to five or more drinks in one night and can have significant health and safety consequences for the individual. Approximately one in four New York students in ninth through twelfth grade report they have experienced an episode of

Alcohol use is considerable among youth as evidenced by the fact that underage drinkers consumed 19.7 percent of alcohol sold in the US which translated to \$22.5 billion of the \$116.2 billion in consumer expenditures for alcohol in 1999 (16).

¹ The YRBSS is a nationwide pen and paper survey that is administered to students during the school day. School districts can opt out and those that do administer the YRBSS use differing degrees of parental consent to allow the teenaged students to complete the survey. Passive parental consent requires a parent to write a note only if they do not allow their child to complete the survey, which means that parents who do nothing are passively consenting for their child to complete the survey. Active consent requires a parent to write or sign a note allowing their child to complete the survey. Due to the national scope of this survey and the ability of school districts to opt out, most data analysis is only available at the state and national level. However, twenty-two metropolitan school districts/areas have separate analyses, which are not presented here.

binge drinking within a 30 day period. This is somewhat comparable to nationwide results; however, student use in New York is almost twice that of Utah, which has the lowest percentage of students participating in this risk behavior.

These behaviors surrounding alcohol and drug use are significant when discussing risky adolescent behavior because of the impairment to one's cognition and bodily control. The use of alcohol or drugs impairs vision, cognitive judgment, coordination and motor skills and can inhibit

short-term memory and the ability to concentrate. Even at a very low blood alcohol content (i.e., .02-.03), alcohol impairs the ability to attend and respond to complex stimuli, such as road and traffic conditions, speed, traffic control devices, lane position, pedestrians, other vehicles, or roadway signs (17). This places youth, who have less driving experience than adults, at an increased risk of auto accidents, injury and death. Similar impairment effects occur under the influence of drugs creating a situation for heightened risk-taking, such as unprotected sex, and criminal or violent behavior (18). It is estimated that approximately four out of five youth (78.4%) in the juvenile justice system are under the influence of alcohol or drugs while committing their crimes, test positive for drugs, are arrested for committing a drug or alcohol offense, and/or admit to having substance abuse problems (19).

It is estimated that approximately four out of five youth (78.4%) in the juvenile justice system are under the influence of alcohol or drugs while committing their crimes, test positive for drugs, are arrested for committing a drug or alcohol offense, and/or admit to having substance abuse problems (19).

On the reverse side of an adolescent's own alcohol use is the possibility that an adolescent was prenatally exposed to alcohol, which has a well-documented impact on the fetus' brain development and physical growth in-utero. Research has shown that children with Fetal Alcohol Spectrum Disorder (FASD) have lifelong problems related to poor coordination, difficulty knowing right from wrong, and a certain percentage of FASD children have mental retardation. FASD is undercounted, under screened and often misdiagnosed (20). An adolescents' vulnerability from parental alcoholism or prenatal exposure is particularly acute in an environment that includes maltreatment, stress, trauma, gang involvement, and poverty. Predisposition towards alcohol usage combined with the adolescent brain growth and an unstable environment make for a combustible trigger for violent or risky behavior.

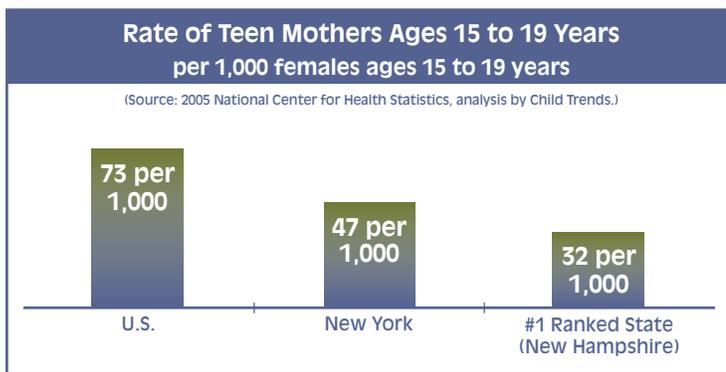
Teen Parents – We Know Much More about Teen Mothers Than Teen Fathers

... through the mid-'90s we have a dramatic drop in the teen pregnancy rate and that's very important. But we have to put that in the context of where we were to begin with, which is that we have one of the highest teen pregnancy rates of all industrialized countries.

Susan Tew, spokesperson for the Alan Guttmacher Institute (21)

Assuming the responsibilities of parenting before one is emotionally, financially and socially prepared carries increased risks of later difficulties for the parent, the child and the community. Adolescent mothers are less likely than their non-parenting peers to complete high school and marry. Additionally, they are more likely to have large families and live in poverty (22). The outcomes for their children are no more optimistic. Their children are at greater risk of infant mortality, poor health, lower cognitive development, worse educational outcomes, higher rates of behavior problems and of adolescent childbearing themselves (23). Beyond these personal consequences, adolescent childbearing places a greater financial burden on society in terms of the increased supports required to assist these families.

The good news for New York is that the teen birth rate has declined 41 percent between 1991 and 2004, meeting the national *Healthy People 2010* goals, saving taxpayers an estimated \$484 million in 2004 alone (23).



It is estimated that teen childbearing cost New York taxpayers at least \$421 million in 2004 (24). Of the \$421 million, 44 percent were federal costs and 56 percent were state and local costs. These costs represent a combination of expenditures for public health care, child welfare, incarceration plus lost tax revenues due to decreased earnings and spending. The good news for New York is that the teen birth rate has declined 41 percent between 1991 and 2004, meeting the national Healthy People 2010 goals, saving taxpayers an estimated \$484 million in 2004 alone (23).

In 2005, the New York rate of teen motherhood was 47 teen mothers per 1,000 females ages 15 through 19 years compared to 73 teen mothers nationwide. However, if we were to examine the highest performing state in this category, in other words the state with the least teen mothers, we see New Hampshire with a rate of 32 teen mothers per 1,000 females.

Currently, there is no corresponding source of data regarding the numbers of teen fathers or young adult fathers of children with teen mothers. However, in one study of teen births resulting from unplanned pregnancies, discussions with fathers revealed that more than half (52%) of births to teen males were the result of an unplanned pregnancy and 49 percent of births to young males ages 20 through 24 were the result of an unplanned pregnancy (25). Study findings indicated that about six in ten (58%) teen births were to non-Hispanic white males, about three in ten (28%) were to Hispanic males with the remainder (14%) to non-Hispanic black males (25).

Youth Involved in the Juvenile Justice System

We are willing to spend the least amount of money to keep a kid at home, more to put him in a foster home and the most to institutionalize him.

Marian Wright Edelman (26)

In New York State, approximately 4,197 adolescents are in residential custody² on any given day (27). This represents 4.5 percent of the youth in residential custody nationwide (N=92,854). Vermont, the state with the lowest number of youth in residential custody reported 54 youth during the census period. The percent of youth in residential custody for non-violent crimes in New York was similar to the national percentage (63% and 66% respectively); yet, indicates a need for improvement when compared to the top ranked state, Oregon (44%). The estimated nationwide annual cost of incarcerating a juvenile is \$43,000 (19). Structured evaluations of juvenile delinquency prevention programs have shown benefits of more than \$7 for every \$1 invested in them (28).

Nationwide annual cost of incarcerating a juvenile is \$43,000 (19).

Juvenile delinquency prevention programs produce benefits of more than \$7 for every \$1 invested in them (28).

Juveniles in New York may be committed to a facility as part of a court-ordered disposition or they may be detained prior to adjudication or after adjudication while awaiting disposition or placement elsewhere. In addition, a small proportion of juveniles may be voluntarily admitted in lieu of adjudication as part of a diversion. Because detention stays tend to be short

compared with commitment placements, detained juveniles represent a much larger share of population flow data than one-day count data. In New York, the rate of detained and committed youth was 133 per 100,000 youth ages 10 through 15 years. The national rate was 125 per 100,000 youth ages 10 through 15 years and the

² The source of the one-day count data is the Census of Juveniles in Residential Placement (CJRP) which identifies juvenile residential facilities for court-involved offenders across the U.S. then gathers information on each youth assigned a bed in the facility on the census reference date. One-day counts give a picture of the standing population in facilities. One-day counts are substantially different from annual admission and release data, which give a measure of facility population flow.

state with the lowest rate of detained and committed youth was Maine with just 33 per 100,000 youth ages 10 through 15 years.

An issue of particular relevance to the juvenile justice system is disproportionate minority contact where youth identified as a member of a minority group are more likely to be detained or in placement than their non-minority peers. When we look at youth in custody, we see New York had a 4 to 1 ratio of youth of color to white youth. Nationwide that ratio was 3 to 1 and in Idaho, it was 1 to 1, indicating no disparity between the groups. National, New York and top ranked state statistics for the indicators described above are detailed in Table 1.

Table 1
Comparison of Juvenile Justice Indicators for the US, New York and the Top Ranked States

Juvenile Justice Indicator	USA	New York	Top Ranked State
Estimated daily count of detained and committed youth in custody (2006) ³	92,854	4,197	54 (Vermont)
Percent of youth in custody for non-violent offenses (2006) ⁴	66%	63%	44% (Oregon)
Rate of detained and committed youth in custody per 100,000 youth ages 10-15 (2006) ⁵	125	133	33 (Maine)
Ratio of rates of youth of color to white youth in custody (2006) ⁶	3:1	4:1	1:1 (Idaho)
Juvenile violent crime arrest rate (arrests per 100,000 youth ages 10-17): 2005 ⁷	486	283	60 (South Dakota)

Typically, adolescence is viewed as the period from 13 through 18 years of age. We are not able to accurately gather juvenile justice data on this age group due to a number of factors that influence how juvenile cases are handled. For example, these factors include age at time of crime (i.e., age of criminal responsibility), type of crime and local discretion. This patchwork quilt situation makes data collection by adolescent age groups difficult. Currently, the New York State Division of Criminal Justice Services is working with the more than 550 law enforcement agencies in New York State to improve data collection and the reporting system for juvenile arrest data while advocacy groups are investigating the possibility of raising the age of criminal responsibility.

Youth Not Engaged in Education

Education is a precondition to survival in America today.

Marian Wright Edelman (26)

Now more than ever youth need a sound educational foundation to support them as they transition to adulthood and a life of self-sufficiency. We have seen how even the more traditional entry level positions in food services are being restructured in a way that requires more advanced skills from employees earlier in their employment. We also know that youth who are not engaged in their education are at greater risk of entering a trajectory that leaves them vulnerable and inadequately prepared for adulthood. This course can include low school attendance, poor academic performance and eventually leaving school before they graduate.

Average Annual Salary

\$17,299
without a high school diploma

\$26,933
with a high school diploma

\$52,671
with a Bachelor's Degree (29).

Youth who do not finish high school are at risk for lower paying jobs, longer periods of unemployment, and

³ Annie E. Casey Foundation, analysis of the National Center for Juvenile Justice, special analysis of data from the 2006 Census of Juveniles In Residential Placement

⁴ Annie E. Casey Foundation, analysis of the National Center for Juvenile Justice, special analysis of data from the 2006 Census of Juveniles In Residential Placement

⁵ National Center for Juvenile Justice, special analysis of data from the 2006 Census of Juveniles in Residential Placement

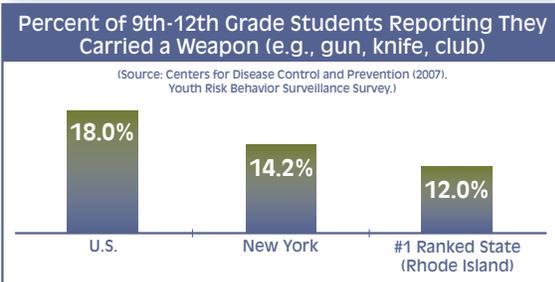
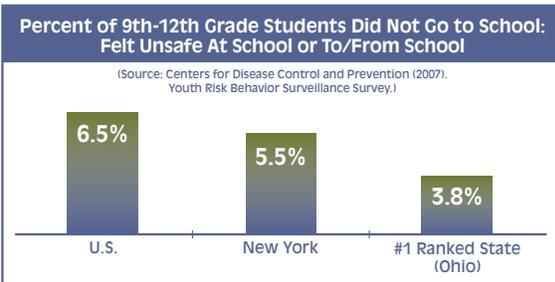
⁶ Annie E. Casey Foundation, analysis of the National Center for Juvenile Justice, special analysis of data from the 2006 Census of Juveniles In Residential Placement

⁷ National Center for Juvenile Justice, special analysis of data from the FBI Uniform Crime Reporting Program

A 5 percent improvement in male graduation rates nationwide would see an annual savings of \$4.9 billion in crime-related costs (32).

decreased earnings over their lifetime as evidenced by study findings where the average annual salary of a high school drop out was estimated at \$17,299 compared to \$26,933 for an individual with a high school diploma or \$52,671 for an individual with a Bachelor's Degree (29).

Lost income among high school drop outs translates to lost revenue for society too. For example we have learned that high school drop outs contribute \$60,000 less in taxes over a lifetime (30). Also, it is estimated that the US would save between \$7.9 and \$10.8 billion annually by improving educational attainment among recipients of Temporary Assistance to Needy Families, food stamps and housing assistance (31) and a 5 percent improvement in male graduation rates nationwide would see an annual savings of \$4.9 billion in crime-related costs. (32). Researchers report that if the estimated numbers of dropouts from the Class of 2007 were to have graduated, the total lifetime additional income would have been \$23.4 billion (30). Clearly high school drop out prevention efforts are cost-effective.

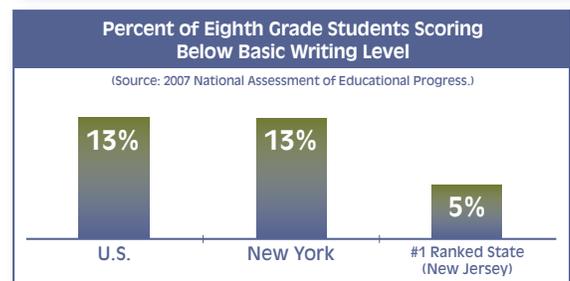
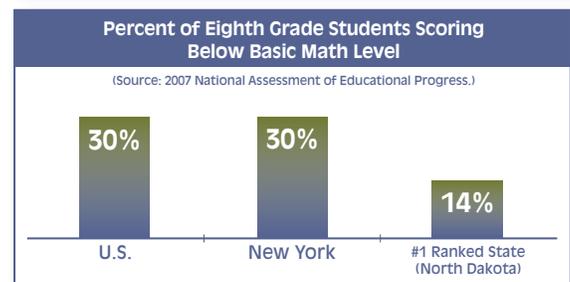
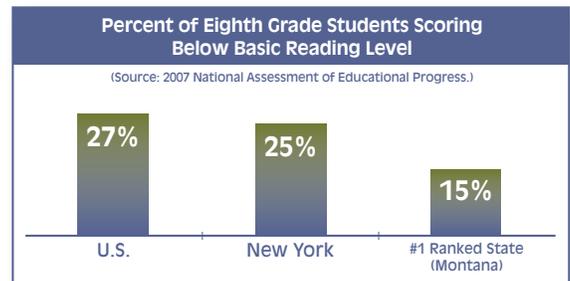


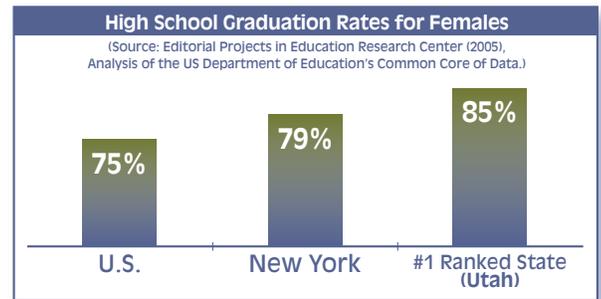
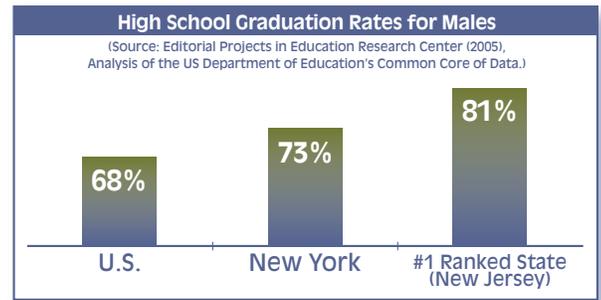
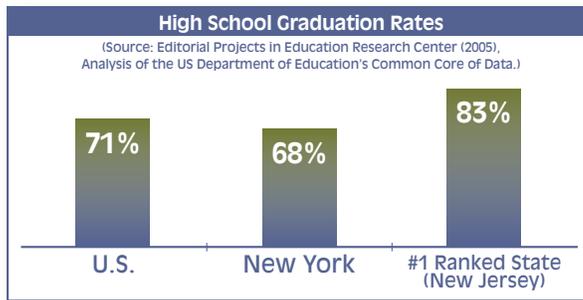
Research is clear about the relationship between time on task and academic performance, so it makes intuitive sense that missed class time, either for safety or other reasons, can influence student academic performance. It is also important to keep in mind that personal safety is a factor that can influence the overall school environment and school attendance, which ultimately influence school performance. When students were asked if they ever missed school because they felt unsafe either at school or on their way to/from school, about one in 20 (5.5%) ninth through twelfth grade students in New York responded that they had a concern for their safety. This is comparable to nationwide reports where 6.5

percent of students voiced this concern. Ohio leads the country (3.8 %), with the smallest percentage of students stating they missed school due to feeling unsafe.

Related to safety is the percentage of ninth through twelfth grade students who report they carried a weapon (i.e., gun, knife) to school at least one day during the last 30 days. About 14 percent of students in New York carried a weapon compared to 18 percent nationwide. The state with the lowest reporting of this behavior, Rhode Island, had 12 percent of its students state they carried a weapon.

Students' risk of dropping out of school can be detected early as evidenced by middle school test scores in reading and math. Studies show that if students are not reading proficiently by this point in their education or experience poor academic performance, they are at a greater risk of dropping out of high school. As school material becomes more complicated, students who are not proficient in reading, writing and math fall further and further behind (33).





One in four New York eighth grade students (25%) scored below the basic reading level as compared to 28 percent of eighth grade students nationwide. Montana had 15 percent of its eighth graders scoring below the basic reading level.

Student scores on basic math and writing skills show similar results with New York's eighth grade students scoring toward the national average but below the top ranked states.

When we look at graduation rates in the US, we see rates that hover around 70 percent with a range of 38 percentage points between the highest and lowest performing states (New Jersey and Nevada respectively) (34). A review of New York's standing indicates New York has a graduation rate of 68 percent, similar to the national rate (71%). New Jersey graduates the most students with 83 percent. Furthermore, when we examine graduation rates for males and females, we see marked differences between genders but those same differences persist nationwide and among the highest performing states.

It is important to note that if we were to apply the 2005 New York graduation rate of 68 percent to the numbers of ninth graders in 2005 who had the potential to graduate in 2008, New York would have 83,905 high school drop outs or 466 students lost each school day.

Adolescents in Foster Care

Nobody has ever before asked the nuclear family to live all by itself in a box the way we do. With no relatives, no support, we've put it in an impossible situation.

Margaret Mead (35)

Youth in the foster care system are particularly vulnerable for becoming disconnected as they age out of the system at age 18 or, in some instances, age 21. Most adolescents aging out of the system lack the family supports other youth have for post secondary education or training programs. Furthermore, if supports are available, youth in foster care may not be academically prepared due to disrupted schooling caused by repeated moves. After being removed from their family, this deprivation and trauma may also have implications for their school work and temperament (36). A study of former foster care youth who were 21 years old revealed that youth who have been in foster care are less likely to have a high school diploma or GED, less likely to be enrolled in school, less likely to be employed, and more likely to report experiencing economic hardship (37).

In 2004, there were 8,680 youth ages 16 through 21 who were in New York's foster care system (38). Furthermore, an analysis of 2004 data indicated New York had 1,481 children who aged out of foster care without having a permanent family (39). Nationwide 22,718 children (6.5 %) aged out of foster care without having a permanent family. The best performing state, Alaska, reported 30 children who aged out of foster care without having a permanent family.

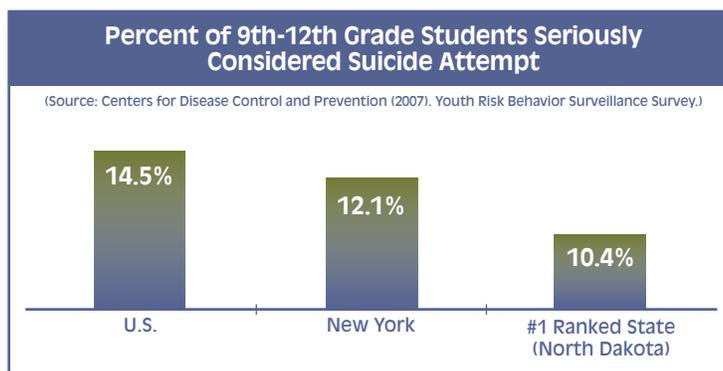
Mental Health Risks among Adolescents

Nothing defines the quality of life in a community more clearly than people who regard themselves, or whom the consensus chooses to regard, as mentally unwell.

Renata Adler (40)

Adolescent onset of psychiatric disorders can add a particularly poignant perspective to the passage of teen years. The convergence of an emerging psychiatric disorder with the normal developmental and hormonal changes in an adolescent's growth creates high risk situations for teenagers and their parents with social supports and can become more acute if supports are not available. Research has shown that not all adolescent mental health visits or needs are covered by parents' employer-based health insurance adding to the stress already experienced by youth and their families and there is evidence of mental health disorders going undiagnosed in adolescents, which can lead to more complex outcomes when the issues come to light (41).

Although extensive data are not available on mental illness among adolescents, we do know that approximately 12 percent of New York's students in ninth through twelfth grade report they have seriously considered suicide. New York is similar to the national percentage (14.5%) as well as the state with the lowest percentage of students who report they seriously contemplated suicide.



Approximately one-third of teens who die by suicide have made a previous suicide attempt. It should be noted, as well, that while more females attempt suicide, more males are successful in completing suicide (42).

Youth with Incarcerated Parents

I have the right to speak with, see and touch my parent.

Excerpt from the Bill of Rights for Children of Incarcerated Parents (43)

In addition to the at-risk youth described earlier, the Governor's Children's Cabinet recognizes the vulnerability of youth with incarcerated parents. Of particular concern are children who enter the foster care system when their parents are incarcerated. It is estimated that between 7 to 14 percent of children in New York's foster care system have a parent in a state or local prison. This represents approximately 1,900 to 3,700 children (44).

That Works!

All who have meditated on the art of governing mankind have been convinced that the fate of empires depends on the education of youth.

Aristotle (45)

Comprehensive programs, targeted policy change and innovative partnerships are among the strategies that New York must continue to employ to prepare disconnected youth for educational attainment, social integration, labor force participation, and thus, a successful transition to adulthood. Policy and programmatic approaches already in place in New York and those recommended by researchers and advocates working to

maintain and expand the necessary supports required to keep at-risk youth connected to their family, school, community and the workforce are presented in the following section.

Unhealthy Risk Behaviors

Research on promotion of healthy behavior among adolescents points to several factors that decrease the likelihood of teens exhibiting unhealthy risk behaviors. First, meaningful community involvement has been shown to reduce risk-taking behaviors as evidenced by youth participation in Youth Corps and certain other youth development programs (46). Second, promotion of sober, healthy risk-taking among adolescents through community-based efforts, such as Youth Bureaus and other youth development initiatives is essential. This redirection of risk impulses under the guidance of caring adults builds social skills and self-confidence in youth. A third essential support for youth that enables them to development more positive, healthy behaviors is a non-judgmental and universal approach that promotes alcohol and drug use screening as part of the primary care setting in addition to brief interventions for youth caught under the influence at school or community events.

It has become apparent that a singular approach to healthy behavior that can be used with all youth does not exist. Rather, research indicates a diverse system of treatment modalities serves the community best and a multi-faceted, comprehensive adolescent treatment program that views the youth holistically is essential. In particular, a holistic approach that incorporates assessments and treatments focused on socio-emotional health, physical health, family health, spiritual health and educational status has proven effective (47). Furthermore, the provision of clear and candid information positively impacts youth with drug or alcohol addictions. Psycho-educational sessions designed to share useful information that is applicable to the lives of youth is particularly effective with recommended educational topics including relapse prevention, medical aspects of addiction and recovery, family dynamics, education, and emotional management.

Teen Parents

Studies have shown that delaying sexual activity and consistently using contraceptives when sexually active prevent teenage pregnancy. This highlights the importance of family planning services that: (1) are consistent with community needs and (2) promote comprehensive and high-quality health care that includes reproductive services and education for all families. As evidenced by decreased numbers of teenage pregnancies and sexually transmitted infections, successful education approaches for teens and young adults are comprehensive, medically-accurate and age-appropriate sexual health education curriculum with decision making and role playing activities, such as, *Safer Choices: Preventing HIV, other STDs and Pregnancy* (22, 48). Furthermore, numerous studies have shown that improving educational attainment for individuals decreases the number of unwanted pregnancies (22).

Researchers and advocates point to the role of parenting and childcare support, in addition to continued schooling and workforce skills training, as necessary supports for teen parents. This means that for teenagers who have become parents, continuation of schooling and access to supportive services, such as child care and parenting groups for young parents in high school and college are important services to provide in the community. Through the *Nurse-Family Partnership* program, which begins with home visits during pregnancy, teenage mothers-to-be and new teen mothers meet with highly trained nurses who help support and follow the family through the first two years of the infant's life. The *Nurse-Family Partnership* is currently operating in all five boroughs of New York City, Onondaga and Monroe counties. *Healthy Families*



NY, offered in 28 communities, provides home visits designed to focus on parenting skills, child health and development and parent's life course development. *Early Head Start* is a home-based, year-round program for pregnant women, infants and toddlers, ages birth to three. There are thirty-nine *Early Head Start* programs in New York.

Youth Involved in the Juvenile Justice System

Research has shown that harsh punishment for first time adolescent offenders is not the deterrent that adherents to the 'lock 'em up and throw away the key' theory of punishment had thought it would be back in the mid 1990's. Instead, the time has come for an approach to juvenile crime that emphasizes evidence-based treatment and avoids draconian punishment for all but repeat violent offenders. The need for this approach is evident in the fact that we now have most adolescent offenders returning to their communities and the majority of youth in custody are non-violent offenders (63% in New York) (27). Clearly, this approach emphasizes the importance of prevention and treatment programs for youth that provide systematic treatment in family and community settings. Furthermore, data collection systems that allow officials to track what happens to youth who leave their programs are particularly important.

Research and advocates point to the effectiveness of rehabilitative programs that connect youth in detention to services to initiatives that help youth earn a GED and begin their work experience. An example of this is the civic justice corps. The civic justice corps is offered as a component of a multi-dimensional sentence that fosters positive outcomes in three areas: (1) community trust; (2) offender change; and (3) community capacity (49).

The *New York City Justice Corps* helps court-involved youth to become work-ready through skill building and assessment, community-benefit projects, and subsidized internship placements with job coaching and support. The initiative employs a sequenced model with total participant engagement up to one year. The first month includes participant orientation and individual assessments, skill building, team building, community project scoping, selection, and/or matching. In months 2 through 4 participants engage as a team in a community-based service project identified by the local community. This service builds soft work skills and teamwork ability, provides participants an opportunity to give back to the community, and prepares participants for their internships and the labor market. In months 5 and 6 participants are placed in a subsidized internship with job coaching and support. At the end of the internship, participants are supported in pursuing employment and educational goals. Participants will receive \$8 or \$9 per hour for their participation in the program. After the community service and internship components are completed, participants receive up to six months of follow-up placement and retention services to find and maintain unsubsidized, permanent employment (50).

An example of an institutional system that provides youth with evidence-based services is the *District of Columbia Department of Youth Rehabilitation Services* (DCDYRS), which provides citywide services for delinquency prevention while ensuring the protection of the community and the rehabilitation of youth. Specifically, the DCDYRS provides security, supervision, and residential and community support services for committed and detained juvenile offenders and juvenile Persons in Need of Supervision (PINS). Youth are engaged in a variety of educational, therapeutic, recreational, and cultural enrichment programs. The DCDYRS has a football team, a debate team and has community involvement in its strategic planning, implementation and evaluation of these activities (51).

Youth Not Engaged in Education

Drop out prevention has several components including adequate data collection systems; appropriate student screening; school/community strategies concerning courses offered and skills taught; and personalized individual interventions targeting at-risk students (52). Middle school mentoring programs and after-school activities that involve community members are essential to broadening support for at-risk students. Improving data collection for a realistic number of high risk students and simultaneous screening for identification of high-risk students may entail better use of existing resources or require additional resources, depending on the current mix of staff skills and district wide resources.

For youth already disengaged from education, researchers and advocates point to practical help in attaining a Graduation Equivalent Diploma (GED), life training in a skill trade (e.g. carpentry, construction, plumbing, electrical or culinary arts), and support to ensure stable housing for students who have dropped out of high school (53). The challenge in this approach is in appropriate identification and recruitment of these youth to the GED and supportive skills training programs.



Adolescents in Foster Care

Researchers and advocates point to the important role of placement stability. A simulation conducted by Casey Family Programs indicated that an overall improvement in placement history and experience, defined as maximizing placement stability and minimizing the length of time in care, reunification failures and runaway episodes, would generate a greater improvement in alumni educational outcomes than having cash, household items and a driver's license upon emancipation or having a nurturing foster family and a mentor (54). This approach would necessitate ensuring foster care placement stability for thousands of youth. Once overlooked but gaining momentum is the promotion of kinship care. This may help explain how greater flexibility in licensing standards and provision of supports to caregivers outside the formal foster care system provides stability for some youth by keeping them in their larger family of origin.

Research has shown that home visiting to vulnerable families, families with parental substance abuse, homelessness, mental health issues, domestic violence and low parental education levels have lowered the risk of families having an incident of child abuse or neglect (55). This translates into evidence-based effective pre-

vention programs that screen, identify and serve more families in child abuse and neglect prevention services including effective programs that address parenting skills, inadequate family income, homelessness, substance abuse issues for parent or youth, and adequate childcare or after school services.

One example of a framework for public-private and cross-agency partnership to meet the needs of current and former foster care youth is the *Opportunity Passport*[™], a promising new tool with three related components: (1) a personal debit account to be used to pay for short-term expenses; (2) a matched savings account, also known as an Individual Development Account (IDA), to be used for specific assets, such as education expenses and housing down payments/deposits; and (3) Door Openers, a host of opportunities to be developed on a local basis. Examples of Door Openers include pre-approval for registration for community college courses or expedited access to job-training or adult education courses (56). The *Opportunity Passport*[™] helps participants learn financial management; obtain experience with the banking system; save money for education, housing, health care, and other specified expenses; and gain streamlined access to educational, training, and vocational opportunities. In each community's unique approach, the *Opportunity Passport*[™] becomes a lifeline for the foster youth and provides adult mentors, learning moments and practical financial help to make a successful transition to adulthood (56).

In addition to maximizing placement stability, it is important to also provide for improved transition to adulthood through youth development services for younger youth in foster care with the goal of completing high school, obtaining appropriate health and mental health counseling services, and providing job training that includes the necessary supportive services (57). The New York State Permanent Judicial Commission on Justice for Children provides a checklist of ten questions that parties in Family Court proceedings should ask in order to ensure that the educational interests of foster children and youth are factored into the resulting decisions. Questions include, "How does this placement affect the child's school continuity and stability?" and "What is the transition plan to address this older child's educational and vocational needs and goals?" (58).

The educational needs of foster care youth have been well documented and the goal of minimizing disruption in the educational career is emphasized.

The John H. Chaffee Foster Care Independence Program of the Foster Care Independence Act of 1999, also known as the Chaffee Act, provides flexible federal funding to New York to promote independent living for youth in foster care ages 16 through 21 in housing, health employment, life skills and education, including vouchers for college expenses. The New York State Office of Children and Family Services (OCFS) contracts with the Orphan Foundation of America (OFA) to administer the Educational Training Voucher (ETV) Program for foster care youth. During the 2005-06 school year, the Chaffee ETV Program provided grants to 886 youth (59).

Mental Health Risks among Adolescents

Researchers have shown that mental health screening and brief interventions have successfully been able to identify teenagers suffering from a mental health disorder (60). Provision of socio-emotional health screening in the primary care setting through training of medical professionals and promotion of evidence-based screening tools and brief interventions have received positive reviews from researchers and practitioners alike. Also, group counseling has been shown to positively impact youth with depression, eating disorders, bi-polar disorders and obsessive compulsive disorders (60).

The statewide initiative, *New York's Child and Family Clinic Plus*, allows for free voluntary screening in community settings like schools and health centers, and if emotional difficulties are identified, the program works with family members to pinpoint a child's individual needs (61). In addition to providing access to cutting-edge treatments that have been scientifically proven to work, services are also offered right in the family home to ensure that interventions work in the child's own personal environment and natural surroundings.



Adolescents with Incarcerated Parents

Research has shown that effective services for children with incarcerated parents include: education programs for incarcerated parents; parent-child visiting situations; mentoring for youth; and support groups for youth with community activities (62). Child-friendly and parent-friendly prison visiting policies and environments that encourage parent-child interaction during the incarceration period can be beneficial for parents and children. Collaborations that provide multi-faceted programming that involves the incarcerated parent (male or female), children and the non-incarcerated parent or caregiver would also help families during this difficult time.

The New York State Department of Correctional Services (NYS DOCS) offers *Family Reunion Services* in 20 prisons. These services allow prisoners and their families to spend time together in a home-like setting, usually an overnight and the next day or an entire weekend. Offered through DOCS contracts, staff and volunteers provide parenting classes; individual and family counseling; supportive services for inmates' families in their community, nursery programs for inmates who give birth while incarcerated; mentoring for inmates' children in the community; and referrals to community services upon inmate's release. These services are collectively titled 'family services programs' and are offered at various prisons throughout New York State (63).

Conclusion

New York policy makers and advocates clearly understand the substantial value of prevention services. This is evident in the current work of the Governor's Children's Cabinet where access to child healthcare was expanded and universal pre-kindergarten programs were implemented across the state. The sound foundation set at this stage of child development can be maximized by focusing attention on our adolescents and young adults and providing them with supportive systems and services that facilitate successful adulthood. A concerted effort among local policymakers, service providers and advocates, similar to efforts made in early childhood, will enable disconnected youth and the younger cohort of at-risk youth to successfully transition to adulthood. The imperative is clear and the benefits are real – what is good for children and youth is ultimately good for New York.

References

1. Settersten, Jr., R.A., (2006). *Coming of age in America*. Accessed on-line October 1, 2008 at: <http://www.trasad.pop.upenn.edu/downloads/SetterstenBecomingAdult3-06.pdf>
2. Population Reference Bureau. Analysis of data from *US Census 2000 Supplementary Survey, 2001 Supplementary Survey, and 2002-2007 American Community Survey*. Accessed on-line September 12, 2008 at: http://www.kidscount.org/datacenter/compare_results.jsp?i=120.
3. Population Reference Bureau. Analysis of data from *US Census 2000 Supplementary Survey, 2001 Supplementary Survey, and 2002-2006 American Community Survey*. Accessed on-line September 12, 2008 at: http://www.kidscount.org/datacenter/compare_results.jsp?i=130.
4. Galston, W.A. (2007). *The changing twenties for the National Campaign to Prevent Teen and Unplanned Pregnancy*. Washington, DC: Brookings Institute.
5. Schoeni, R. and Ross, K., (2004, October). *Family support during transition to adulthood*. (Policy brief No. 12). Washington, DC: MacArthur Foundation Research Network. Accessed on-line October 1, 2008 at: <http://www.trasad.pop.upenn.edu/downloads/chap2012-formatted.pdf>.
6. Benjamin Franklin Quote from the Electric Ben Franklin: The Quotable Franklin website accessed on-line October 12, 2008 at: <http://www.ushistory.org/franklin/quotable/quote67.htm>.
7. Lane, J., Moss, P., Salzman, H., and Tilly, C. (2003/4). Too many cooks? Changing wages in the food industry, *Regional Review*, p. 21-27.
8. McFadden, R. A basic introduction to clean rooms. *Coastwide Laboratories*, Wilsonville, Oregon. Accessed on-line November 19, 2008 at: <http://www.coastwidelabs.com/Technical%20Articles/CleaningtheCleanroom.htm>
9. Bloom, F.E., (2002). The spirit of exploration continues in L.R. Squire, F. E. Bloom, S. K. McConnell, J. L. Roberts, N. C. Spitzer, and M. J. Zigmond (Eds.), *Fundamental Neuroscience* MA: Academic.
10. Giedd, J., Blumenthal, J., Jeffries, N., Castellanos, F., Liu, H., Zijdenbos, A., Pais, T., Evans, A and Rappoport, J. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. *Nature Neuroscience*, 2 (10), 861-863.
11. Weinstein, N. (2008, April). *Rollercoaster highs: Substance abuse and adolescence*. Presentation at the conference of the New York State Unified Court System, Division of Court Operations, Albany, NY.
12. Monk, C.S., McClure, E.B., Nelson, E. E., Zarah, R. M., Leibenluft, E., Charney, D.S., Ernst, M., & Pine, D.S. (2003). Adolescent immaturity in attention-related brain engagement to emotional facial expressions. *NeuroImage*, 20, 420-428.
13. Albert Einstein Quote accessed on-line November 18, 2008 at: <http://litemind.com/problem-definition/>.
14. James Baldwin Quote accessed on-line November 19, 2008 at: <http://www.brainyquote.com/quotes/quotes/j/jamesabal121311.html>.
15. Grant, B.F., and Dawson, D.A. (1998). Age at onset of drug use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 10, 163-173.
16. National Center on Addiction and Substance Abuse (2003, February). *Economic value of underage drinking and adult excessive drinking*. New York, New York: Columbia University.
17. Brick, J. (1996). *Facts on driving while intoxicated*. (Fact Sheet Number 5). Piscataway, NJ: Rutgers Center of Alcohol Studies.
18. National Institute on Drugs, National Institute on Health (2007, April). *Drugs, brain, and behavior: the science of addiction*, (NIH Pub. No. 07-5605). Rockville, MD, Author. Accessed on-line November 19 at: <http://www.drugabuse.gov/scienceofaddiction/>.
19. National Center for Addiction and Substance Abuse (2004, October). *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. New York, New York: Columbia University.
20. Little, B.B., Snell, L.M., Rosenfeld, C.R., Gilstrap, L.C., & Gant, N.F. (1990). Failure to recognize fetal alcohol syndrome in newborn infants. *American Journal of Diseases of Children*, 144, 1142-1146.
21. Susan Tew Quote from the October 16, 1998 *Michigan Daily* newspaper published by the University of Michigan Board of Student Affairs, accessed on November 20, 2008 at: <http://www.pub.umich.edu/daily/1998/oct/10-16-98/news/news15.html>.
22. Kirby, D. (1997). *No easy answers: Research finding on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
23. Terry-Humen, E., Manlove, J., & Moore, K. (2005). *Playing catch-up: How the children of teen mothers fare*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
24. National Campaign to Prevent Teen Pregnancy (2006, November). *By the numbers: The public costs of teen childbearing in New York*. Washington, DC: Author.
25. Martinez, G.M., Chandra, A., Abma, J.C., Jones, J., & Mosher, W.D. (2006). *Unplanned pregnancy among men are from the National Survey for Family Growth (NSFG)*. Washington, DC: National Center for Health Statistics.
26. Marian Wright Edelman Quotes from About.Com Women's History website accessed on-line November 20, 2008 at: http://womenshistory.about.com/od/quotes/a/marian_edelman_2.htm.
27. Annie E. Casey Foundation (2008). *2008 National Kids Count Data Book*, Baltimore, MD: Author.

28. Steinberg, L. & Haskins, R. (2008, Fall). Keeping adolescents out of prisons. *The Future of Children*.
29. Day, J. C., and Newburg, E. (2002). *The big pay-off: Educational attainment and synthetic estimates of work-life earnings*. (U.S. Bureau of the Census, Current Population Reports, P23-210). Washington, DC: U.S. Government Printing Office.
30. Rouse, C. E., (2005, October). *Labor market consequences of an inadequate education*. Paper prepared for the symposium on the Social Costs of Inadequate Education, Teachers College Columbia University.
31. Garfinkel, I., Kelly, B., & Waldfogel, J. (2005, October). *Public assistance programs: How much could be saved with improved education?* Paper prepared for the symposium on the Social Costs of Inadequate Education, Teachers College Columbia University.
32. Alliance for Excellent Education. (2006b). *Saving futures, saving dollars: The impact of education on crime reduction and earning*. Washington, DC: Author.
33. Carnevale, A.P., (2001). *Help wanted ...College required*. Washington, DC: Education Testing Service, Office for Public Leadership.
34. Editorial Project in Education Research Center (2008, June). Graduation rates in the United States. *Education Week*, 27, 40. Bethesda, MD: Author.
35. Margaret Mead Quote from Brainy Quotes, Accessed on-line November 20, 2008 at: <http://www.brainyquote.com/quotes/quotes/m/margaretme157500.html>.
36. Smithgall, C., Gladden, R.M., Howard, E., Goerge, R.M., & Courtney, M.E., (2004). *Educational experiences of children in out-of-home care*, Chicago, IL: Chapin Hall Center for Children. Accessed on-line November 20, 2008 at: http://www.chapinhall.org/article_abstract.aspx?ar=1372.
37. Courtney, M. E., Dworsky, A., Cusick, G.R. Keller, T., Havlicek, J., Perez, A., Terao, S., Bostet, N., (2007) *Midwest evaluation of the adult functioning of former Foster youth: Outcomes at age 21*. Chicago, IL: Chapin Hall Center for Children. Accessed on-line October 28, 2008 at: http://www.chapinhall.org/article_abstract.aspx?ar=1355.
38. Davis, M. & Losey, E., (2008). *Getting foster youth to and through college: Successes and challenges of the New Jersey foster care scholars program*. Newark, NJ: Association for Children of New Jersey.
39. Annie E. Casey Foundation (2008). Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Accessed on-line from the Annie E. Casey Foundation Kids Count Data Center at: http://www.kidscount.org/datacenter/compare_results.jsp?i=749, on November 20, 2008.
40. Renata Adler Quote from Brainy Quotes. Accessed on-line November 20, 2008 at: <http://www.brainyquote.com/quotes/quotes/r/renataadle394480.html>.
41. Judge David L. Bazelon Center for Mental Health Law (2004). Fast facts on insurance coverage and access to services for children with serious mental health needs. Washington, DC: Author.
42. NAMI National Academy of Mental Illness Teenage Suicide Information. Accessed on-line October 10, 2008 at: http://www.nami.org/Content/ContentGroups/Helpline1/Teenage_Suicide.htm.
43. San Francisco Children of Incarcerated Parents Partnership. Excerpt from the proposed Bill of Rights for Children of Incarcerated Parents. Accessed on-line November 20, 2008 at: <http://www.sfcipp.org/images/brochure.pdf>.
44. Correctional Association of New York (2008, May). Children of incarcerated parents data analysis from Foster Care and Criminal Justice data for proposed ASFA Expanded Discretion Bill, prepared by the Incarcerated Mothers Committee of the Coalition for Women Prisoners. New York, NY: Author.
45. Aristotle Quote from the Quote Gallery website, accessed on-line November 20, 2008 at: <http://www.quotegallery.com/asp/allaquotes.asp?author=Aristotle>.
46. Hair, E., Ling, T., & Cochran S.W. (2003) *Youth development programs and educationally disadvantaged oder youths: A Synthesis*. Washington, D.C: Child Trends. Accessed on-line November 21, 2008 at: http://childtrends.com/what_works/clarkwww/older/YC.pdf.
47. Mark, T.L., Song, X., Vandivort, R., Duffy, S., Butler, J., Coffey, R., & Schabert, V.F. (2006). Characterizing substance abuse programs that treat adolescents. *Journal of Substance Abuse Treatment*, 31(1):59-65.
48. Safer Choices Curriculum. Accessed on-line November 20, 2008 at: <http://www.etr.org/recapp/programs/saferchoices.htm>
49. Bazemore, G. & Karp, D. (2004). *A civic justice corps: Community service as a means of reintegration*. Fort Lauderdale, FL: Florida Atlantic University Community Justice Institute. Accessed on-line November 20, 2008 at: <http://www.cji.fau.edu/pdf/civicjustice-karp.pdf>.
50. New York City Mayor's Center for Economic Opportunity. *The New York City civic justice core*. Accessed on-line at: <http://nycjusticecorps.org/mission.html> and http://www.nyc.gov/html/ceo/downloads/pdf/appendixb_nycjusticecorps.pdf.
51. District of Columbia. *District of Columbia Department of Youth Rehabilitation Services*. Accessed on-line October 1, 2008 at: <http://dyrs.dc.gov/>
52. Dynarski, M., Clarke, L., Cobb, B., Finn, J., Rumberger, R., & Smink, J. (2008). *Dropout Prevention: A Practice Guide* (NCEE 2008-4025). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences. Accessed on-line November 21, 2008 at: http://ies.ed.gov/ncee/wwc/pdf/practiceguides/dp_pg_090308.pdf.
53. Eastside Settlement House. (2008). *Young adult initiative at the Eastside Settlement House: Background and program components summarized*. Accessed on-line November 21, 2008 at: <http://www.eastsidehouse.org/pmwiki/Main/YoungAdultInitiative>.
54. Pecora, P.J., Kessler, R.C., O'Brien, K., Roller White, C., Williams, J., Hiripi, E. English, D. White J., & Herrick, M.A. (2006, December). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review*, 28, 12, 1459-1481.
55. Olds, D., Henderson, Jr, C.R., Cole, R., Eckenrode, J., Kitzman, H., Luckey D., Pettitt, L., Sidor, K., Morris, P., & Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-Year follow-up of a randomized controlled trial. *JAMA*, 280:1238-1244.
56. Jim Casey Youth Opportunities Initiative (2008). *Opportunity Passport™* Accessed on-line October 29, 2008 at: <http://www.jimcaseyyouth.org/opportunitypassport.htm>
57. The Future of Teens in Foster Care. (2001). *The impact of foster care on teens and a new philosophy for preparing teens for participating in citizenship*. Youth Advocacy Center, Inc. & the Annie E. Casey Foundation, accessed on-line November 21, 2008 at: <http://www.aecf.org/upload/publicationfiles/future%20teens.pdf>.
58. New York State Permanent Judicial Commission on Justice for Children (2005). *Addressing the educational needs of children in foster care: A guide for judges, advocates and child welfare professionals*. Albany, NY: Author. Accessed on-line November 21, 2008 at: <http://www.courts.state.ny.us/jp/justiceforchildren/PDF/EducationalNeeds.pdf>.
59. National Foster Care Coalition (2007). *The Chaffee educational and training voucher program: Six state experiences*. Washington, DC: Author.
60. US Department of Health and Human Services (1999). *Mental health: A report of the Surgeon General*. Accessed on-line October 20, 2008 at: <http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec5.html>.
61. New York State Department of Mental Health. (2008). *Child and Family Clinic Plus Program Information*. Accessed on-line October 30, 2008 at: <http://www.omh.state.ny.us/omhweb/clinicplus>.
62. Annie E. Casey Foundation (2008). *Focus on children with incarcerated parents: An overview of the research literature*. Baltimore, MD: Author.
63. New York State Department of Correctional Services (NYSDOCS) Program Services – Ministerial, Family and Volunteer Services web page. Accessed on-line November 13, 2008 at: <http://www.docs.state.ny.us/ProgramServices/ministerial.html>