

Adults, Families and Children Chapter

Introduction

As the MAG Region grows and changes dramatically, the character, resources and needs of adults, families and children will evolve simultaneously. As a community, we will be faced with new challenges and offered new opportunities. The way we embrace both will define not just our current environment, but future generations to come.

The Social Service Block Grant (SSBG) funding supports the people who have not been able to face these challenges alone. Adults, families and children represent the largest of the four SSBG categories with nearly half of all funds allocated for the programs within the Division of Adults, Families and Youth in the Department of Economic Security. These programs encompass diverse needs including homelessness, domestic violence and high-risk youth. The Human Services Technical and Coordinating Committees recognize the need for the following issues as well: affordable housing, job coaching, healthy and safe environments for children, behavioral health issues such as teen suicide and substance abuse, overrepresentation of minorities in the juvenile correction system, teen pregnancy, positive socialization and a fragmented service delivery system. Limited funding resulted in the committees not recommending any funding for these issues.

This chapter will focus on youth issues including the juvenile correction system, education, physical and mental health, community engagement, abuse and neglect. The other SSBG program areas, homelessness and domestic violence, are covered in depth in their own chapters. The data supporting this discussion was collected through focus

groups conducted with youth in the MAG Region, extensive research and the advisement of the Human Services Coordinating Committee's Subcommittee on Youth Policy. These layers of expertise and experience lend considerable knowledge to produce an accurate portrait of current youth issues in the MAG Region. This discussion will begin with a profile of the need and resources. This will transition into a review of best practices and will culminate with an offering of solutions to create positive change.

Profile

Youth represents the foundation for tomorrow. Our children will grow and learn to lead, continuing the work we have started today. The youth population is growing nationally, but is growing at a much higher rate in Arizona. While the rest of the country can expect a 4.8 percent increase in the national youth population, the increase for Arizona's youth age 0 to 19 is projected to be 25.4 percent by 2015 (ASU 2002). This raises the stakes not just by the importance of the population, but also by its sheer numbers. Needs unmet today have the potential to grow into tomorrow's crises.

Need

Definition: Defining at-risk youth helps to focus in on the issues. Increasingly, research points to the existence of both protective and risk factors. Not surprisingly, youths low in protective factors and high in risk factors are more likely to engage in delinquent and destructive behaviors. Protective factors include strong family support, community engagement and a safe school environment. Risk factors include availability of drugs and firearms, academic failure, family conflict and peers who encourage delinquent behavior. Youth who struggle with one or more risk factors and lack the support of the protective factors are more likely to engage in delinquent behaviors such as

drug abuse, dropping out of school, teen pregnancy and violent behavior (Arizona Criminal Justice Commission 2005).

Some indicators suggest youth in Arizona may turn more often to delinquent behaviors. The rate for births to mothers with less than 12 years education in Arizona for 2002 is the same rate for 1998 at 30 percent. The national rate for the United States in 2002 however is just 22 percent. Teen deaths caused by accidents, homicide and suicide have only increased by one point to 66 per 1,000 in 2002, yet this remains higher than the national rate at 52 per 1,000 (Kids Count 2005).

Juvenile Corrections: Fortunately, some trends are declining. A report released by the Arizona Department of Juvenile Corrections (ADJC) in 2004 indicates a substantial decline in the number of juvenile arrests statewide and within the MAG Region. This decline of 27.5 percent was greater than the rest of the country and among other western states. The decline occurs after peaks in the number of juveniles placed on probation in 2001, for intensive probation in 1998, for juvenile corrections in 1997 and the number of transfers or direct filings to adult courts in 1998. All these areas have declined in addition to the overall decline in juvenile arrests (ADJC 2004).

Such progress is the combination of many factors. Some cite gang, school and family-based interventions. The City of Glendale attributes the decline to holding gang members more accountable for their actions. The City of Peoria cited increased interaction between the police department and the charter schools and a new initiative on educational discipline in the juvenile detention. The City of Mesa has been more active in the junior high schools and has been able to intervene with younger children before they go too far astray (ADJC 2004).

Early intervention and diversion is critical. Currently the country spends most of the juvenile justice dollars on training schools to confine youths. This may be inappropriate for many of the youth residing in training schools. Seventy three percent are not violent offenders and recidivism rates are consistently high with a re-arrest rate between 50 and 70 percent, and sometimes more than 90 percent (American Youth Policy Forum 2005).

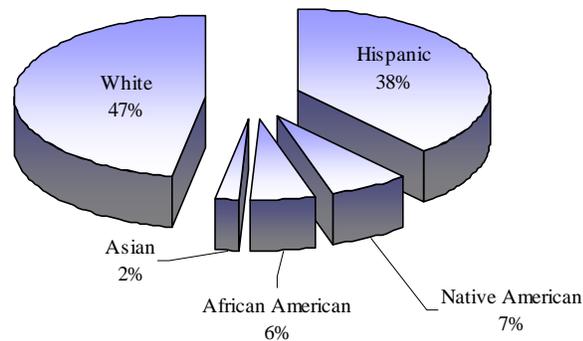
Some ethnic and racial groups are affected more than others by the juvenile justice system. The Commission on Minorities released a follow up report in 2002 to the 1993 Equitable Treatment Report. They found persistent disparities with the number of Hispanic, African American and Native American youth being referred to the juvenile justice system in Maricopa County. Their research indicates nearly one in six African American youth, one in nine Native American youth, and one in twelve Hispanic youth are referred to the system. Minority youth are also more likely to be detained and face trial in adult court than their white peers. Hispanic and Native American youth are twice as likely to be committed to ADJC while African American youth are three times as likely. The trend for African American youth, despite its incredibly higher percent, has actually declined since 1990. Concurrently, the overall minority youth population nearly doubled, compared to the white youth population showing an increase of only 7 percent (Commission on Minorities 2002).

The Commission did report some encouraging trends including increases for pay bonuses for bilingual staff and more aggressive recruitment of minority agencies and treatment staff. This can be pivotal especially for Hispanic youth, as many will not utilize a service if they perceive a lack of cultural competency (Commission on Minorities

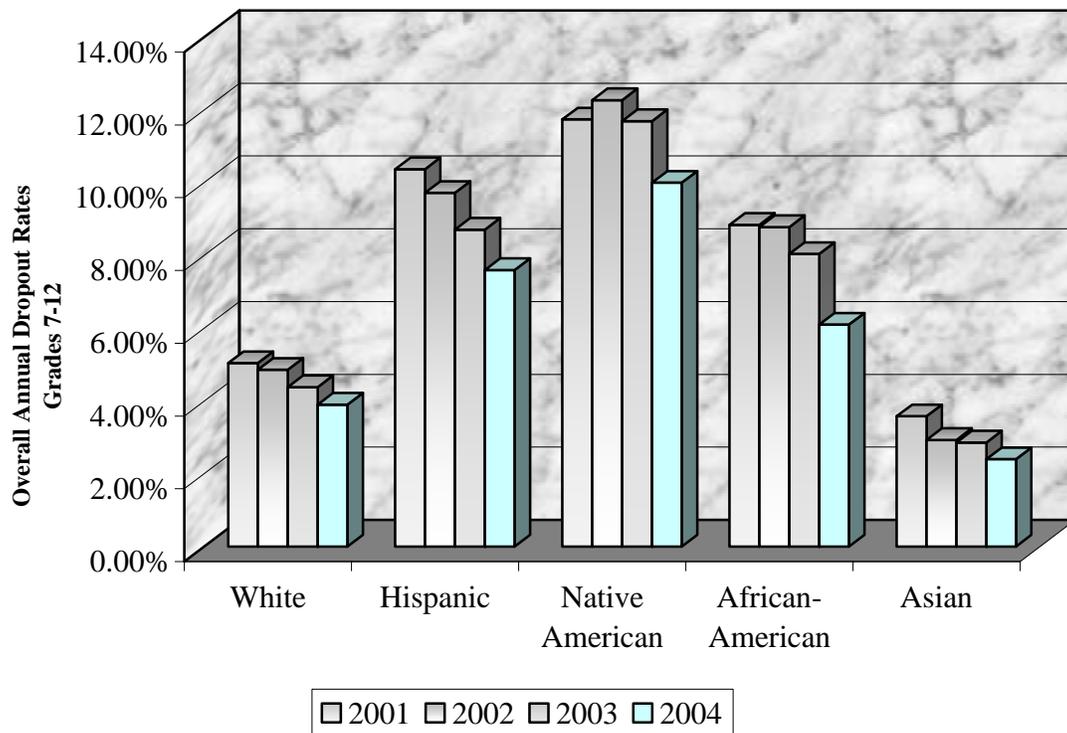
2002). In a similar way, if minority youth in general cannot access culturally appropriate services in the school setting, they are more likely to drop out. This subsequently increases their likelihood for delinquency and decreases their chances of securing gainful employment.

Education: A drop out is defined by the Arizona Department of Education as a student enrolled in a public school who is not enrolled at the end of the school year who did not transfer to another school or graduate. A summer drop out is a student who is enrolled at the end of the school year but is not enrolled in another school for the following school year. Arizona had a statewide drop out rate of 5.8 percent for the 2003-2004 school year. Maricopa County had the fifth lowest drop out rate in Arizona at 5.5 percent (Arizona Department of Education 2005).

White youth make up the majority of students enrolled. Hispanic youth make up the next largest group within the student population (Arizona Department of Education 2005). Spanish is the language most often spoken aside from English, yet there are a total of 43 different languages spoken by students in school. This puts Arizona second behind California in the percentage of teachers working with students with limited or no ability to speak English proficiently (ASU 2005). Please refer to the enrollment chart below.



In Arizona, the youth least likely to graduate from both elementary school and high school is a Native American male. With an overall drop out rate of 10.4 percent, Native American males stand in sharp contrast to Asian females, the most likely to graduate with a drop out rate of only 2.3 percent. White youth have the second lowest drop out rates with 4.4 percent for males and 3.4 percent for females. The largest gender difference is found in African American youth with males showing a drop out rate of 7 percent compared to the females drop out rate of 5.1 percent. While drop out rates are generally higher for minority youth, drop out rates for Native American youth and African American youth made the greatest improvements as shown in the chart below (Arizona Department of Education 2005).



Historically, minority youth have had the highest drop out rates. Given this trend, it is even more distressing that research indicates schools with higher percentages of minority students may also have less staff and fewer resources. The Educational Testing Services 2005 report, *One Third of a Nation*, demonstrates that as the number of minority students increases, the number of counselors decreases. The staff the schools do have also spend far more time on standardized testing than on counseling when compared to schools with fewer minority students. While the signals to identify students at risk of dropping out are clear- low grades, skipping classes and being uncooperative- if no one is looking, no one will see these signs and intervene before it is too late (Educational testing Service 2005).

Socio-economic status also affects the likelihood youth will drop out of school. Research has shown that 74 percent of students in the highest socioeconomic quartile

complete high school. This is in sharp contrast to the 33 percent of youth that graduate from the lowest socioeconomic quartile. Research also indicates that youth growing up in poverty are more likely to remain impoverished if they do not graduate from high school. This picture is even grimmer for minority students who drop out of school. Over half of white and Hispanic youth age 16 to 24 who drop out of school, have jobs at 57 percent and 61 percent respectively while only 35 percent of their African American peers are employed. Forty five percent of African American youth in this age range are not even looking for work (Educational Testing Service 2005).

This is critical for Arizona particularly. Youth here have only a 55 percent completion rate, meaning over half the students dropped out. Some may have gone on to earn their General Equivalency Degree (GED). Only students graduating with their high school diploma are included in the completion rate. This is the lowest completion rate in the entire country with the exception of the District of Columbia. Other states like Vermont have completion rates as high as 88 percent. When the nation's economy provided good employment opportunities in manufacturing, especially for young males who dropped out of school, there was a better chance that people could be gainfully employed and support their families. In today's high tech economy, high school dropouts find fewer jobs and more chances they will end up in poverty or prison (Educational Testing Service 2005).

Dropping out of school is a symptom of other problems in the youth's life. Research has identified 14 correlations that impact school achievement. These include low birth weight, hunger, nutrition, parents who read to their children, watching television, qualifications of teachers and student behavior climate in the school. When a

child enjoys a quality educational setting and a supportive home life, they are more likely to finish school and succeed later in life. Absent these benefits, a child is more susceptible to the risk factors and more likely to turn to drugs and delinquency (Educational Testing Service 2005).

Health: Like adults, there are more children in Arizona who do not have health insurance when compared to the national average. The national average was 11.6 percent but in Arizona the rate was higher at 15.7 percent. This represents a decline from 1998 when the rate of children without health insurance was 25 percent (Kids Count 2005). Lack of health insurance mean children are more likely to go without critical medical care or to access this through expensive emergency rooms.

Low birth weight also predisposes children to problems early on as well as later in life. Arizona's rate has increased steadily since 1991. Eighty percent of all babies that die in the first 28 days were born with low birth weight while those that survive within the first month are still 24 times more likely to die within the first year. More African American infants were born with low birth weight than any other racial/ethnic group. This contributes to African American babies having the highest infant mortality rate in Arizona at 22.7 percent, nearly four times higher than white infants at 5.7 percent (ASU 2002).

The health challenges do not end as children grow older. As youths confront problems in other areas of their lives, they may make decisions that affect their health. Teenagers are more at risk for sexually transmitted diseases than adults. While the national rate of teens who admit to having sexual intercourse has declined, nearly half or 45.6 percent, report they have had sex (ASU 2002). The youth who participated in the

MAG focus groups cited sex as an important issue to discuss. Teenage girls age 15 to 19 exhibit the second highest rates for chlamydia and gonorrhea. Youth under the age of 20 in Arizona made up 1.6 percent of all AIDS and HIV cases between 1981 and 2001 (ASU 2002). Youth are not only living by their decisions. In some cases, they are dying by them.

In 2001, one out of every six youth age 15 to 19 who died did so as a result of homicide or suicide with firearms. Arizona's homicide rate by firearms for this age group was nearly 50 percent higher at 12.9 percent than the national average of 8.7 percent in 1999. The suicide rate for Arizona was also higher at 8.2 percent than the national average of 4.9 percent. Native American youth age 15 to 19 experiences the highest number of suicides and nearly equals all the suicides of white youth (ASU 2002). Unintentional injuries accounted for 1.9 times as many deaths as homicide and suicide combined, making it the cause for 70 percent of all deaths for youth age 1 to 19 in Arizona between 1989 and 1999 (ASU 2002).

Use of drugs and alcohol can influence one's tendency to partake in such risky behaviors. Twenty five percent of youth surveyed nationally reported they had used drugs or alcohol they last time they had sexual contact (Campaign for Our Children 2002). The Arizona Criminal Justice Commission reports in their 2004 Arizona Youth Survey that "a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy and violence (Arizona Criminal Justice Commission 2004).

According to the 2003 National Survey on Drug Use and Health, illicit drug use peaks at age 18 and declines steadily after that. Nationally, nearly 4 percent of 12 to 13 year olds reported illicit drug use compared to 23.3 of 18 to 20 year old youth. The

Arizona Criminal Justice Commission reports the use of alcohol, marijuana, cocaine, methamphetamines and inhalants over a 30 day period is higher for youth in Arizona than the national average. When surveyed, 10th and 12th graders exhibited attitudes that placed them at greater risk for drug use in the future. According to their 2004 Annual Youth Survey, nearly 20 percent of 8th graders had used any drug including alcohol, cigarettes, ecstasy and the previously mentioned illicit drugs, 25.7 percent of 9th graders and 28.6 percent of 12th graders. Nearly a third of 12th graders reported binge drinking, followed by 26 percent of 10th graders and 14.1 percent of 8th graders (Arizona Criminal Justice Commission 2004).

Abuse and Neglect: Not all harm youth experience is self-inflicted. Sadly, many youth experience abuse and neglect at the hands of their family and caretakers. According to the Arizona Child Abuse Info Center, a child in Arizona is abused or neglected every hour. Children three years old, especially ones with disabilities, are the most frequent victims. In turn, such abuse and neglect causes disabilities in thousands of children nationwide each year. Arizona ranks 41st out of the 50 states in terms of child wellbeing, with 37 children dying in Arizona as a result of maltreatment in 2003. Murders of children five years old and younger are most often committed by family members through beatings and suffocation. Substance abuse influenced 16 out of these 37 deaths (Arizona Child Abuse Info Center 2005).

For the children who do not die from abuse and neglect, many in Arizona are removed from their home. On September 30, 2004, for example, 8,839 children in Arizona were kept safe in foster care homes and group homes. These same children face more challenges in the future as research indicates higher arrest rates at younger ages.

Early arrests have not proven to be a deterrent as maltreated children go on to commit more crimes increasing in intensity. These children in fact commit nearly twice the number of crimes as children raised without abuse and neglect (Arizona Child Abuse Info Center 2005).

Arizona's Child Protective Services made headlines over the last few years when children died from abuse and neglect that went unchecked. Governor Napolitano instituted reforms that have since made progress. According to the CPS Reform Watch, the federal Department of Health and Human Services congratulated Arizona in December 2004 for being one of the first states in the country to complete its Program Improvement Plan. This plan includes changes such as pay increases for staff and foster care families, decreased time in processing application and responding to 100% of calls to the hotline that were determined to reflect children in abusive situations. Caring for abused and neglected children continues to be a challenge, especially with shortages of staff, foster care homes and persistent abuse (CPS Reform Watch 2005).

The 37 youth who participated in MAG focus groups expressed concern about their safety. While a few did not feel safe at home, the majority feared violence outside the home more. The groups identified violence occurring at school, the malls and within their neighborhoods. Most respondents connected violence with substance abuse. When asked about the weaknesses in their communities, the youth said they did not always feel safe walking in their neighborhoods at night and wanted more protection from gangs and crime. The youth predicted improvement if more teen centers, community involvement and police were present in their neighborhoods. They also saw themselves as a catalyst for positive change.

In addition to their own strength, youth have many resources within the community to resolve the challenges they face. The next section will discuss resources such as programs and services, resiliency research, families, schools and faith-based organizations.

Resources

There are a number of resources in the MAG Region to help struggling youth and their families. These are provided by various levels of government, community organizations, faith-based groups, the private sector, schools and by families themselves. As the saying goes, “It takes a village to raise a child.” It takes a community rich with resources to face the challenges faced by our youth today.

Cash Assistance This benefits people normally associate with welfare. According to the Department of Economic Security (DES), this program provides cash assistance and supportive services to youth, their families and single adults. As of July 2004, there were 63,172 people receiving this benefit in Maricopa County. The average cash given per person each month was \$118.77. There were 27,105 households receiving on average \$275.81 each month (Association of Arizona Food Banks 2005). Eligibility guidelines include parents, foster care parents or specified relatives caring for children under the age of 19 who may or may not receive Supplemental Security Income. Refugees may also receive benefits under this program if the Immigration and Naturalization Services has designated their immigration entry status as qualifying for cash assistance. There is also a crisis component of the program that allows for a one-time cash benefit to be given to help a person through specific crisis situations as defined by the Cash Assistance Grant Diversion program (DES 2005).

Food Stamps Hunger plagues many people living in the MAG Region, yet only about half the people eligible for programs like food stamps actually receive the benefit, according to the Association of Arizona Food Banks. According to the 2002 report, *Hunger and Food Insecurity in the Fifty States*, Arizona ranks sixth highest in food insecurity at 13.13 percent. Food insecurity occurs when nutritious and safe foods have limited or uncertain availability. This is above the national average of 10.8 percent and much higher than other states like New Hampshire at 7.5 percent (Center on Hunger and Poverty, 2002). Food banks gave people suffering from food insecurity 50,366,917 pounds of food during the 2004 fiscal year (Association of Food Banks 2005).

The food stamp program provides additional relief for people grappling with hunger. According to DES, this program is meant to supplement people's ability to maintain a healthy diet. Benefits offered reflect the estimated cost to make sure such food is available. Participants in this program no longer actually use paper stamps, but rather, have an electronic benefits transfer card that works like a debit card. As of July 2004, there were 265,207 individuals receiving food stamps in Maricopa County with an average benefit of \$91.96 a month. There were 107,495 households in this same time period receiving an average of \$226.87 a month (Association of Food Banks 2005).

Medical Assistance The Arizona Health Care Cost Containment System (AHCCCS) provides medical assistance in a variety of ways. According to DES, these services include physician office visits, physical examinations, immunizations, prenatal care, hospital care and prescriptions. Eligibility guidelines, like income, dictate the availability and level of service offered. These eligibility guidelines were expanded in 2001 to include families with incomes up to the federal poverty limit. The income limit

for a family of three is just \$16,090 a year. Since that time, enrollment on AHCCCS has increased by 74 percent. Currently, one in five people in Arizona are covered by this benefit. The number of AHCCCS participants who work has also increased from 39 percent in 2001 to 45 percent in 2005 (Crawford et. al. 2005).

These increases reflect two things, more money being spent by the state government and fewer employers that offer medical benefits. Wal-Mart, the largest private employer in Arizona with 28,000 employees, has ten percent of its workers on AHCCCS. This costs the state an estimated \$15 million a year. Each family receiving AHCCCS, typically one working parent and 1.7 children, costs the state \$5,500 a year. With more than one million people enrolled in AHCCCS, these costs add up to \$6 billion a year with \$1.5 billion coming directly out of Arizona's General Fund. The federal government pays for the remaining bill after tobacco tax and settlement funds pay for \$643 million. Less than half of the people living in Arizona were covered by their employers' health insurance in 2003, less than the national average of 54 percent. Seventeen percent don't have insurance at all (Crawford et. al. 2005).

Child Care The Child Care Administration Services Department under the Department of Economic Security provides payments for child care services under a number of eligibility factors. These may include income and circumstances such as the inability or limited availability of the parents to provide care due to a physical, mental or emotional condition. Parents staying in homeless or domestic violence shelters also receive assistance paying for child care, as do parents who work and who attend school or training activities in addition to working at least part time. Child Protective Services may also qualify parents for childcare assistance for other factors. People participating in the

DES JOBS program, substance abuse treatment or court-ordered community services programs may also be eligible for assistance. According to the Child Care Administration, there is no waiting list for services and none is anticipated over the next year. Statewide, over 50,000 children have been authorized to receive assistance with Maricopa County making up more than 50 percent of this number.

Child Support Enforcement According to the Department of Economic Security, the Child Support Enforcement program is a collaborative effort between federal, state and local governments. This program is designed to collect child support payments from parents legally bound to do so. This activity has three goals: for children to receive the support they need from their parents, to encourage a sense of responsibility to the family and to help reduce welfare costs to taxpayers. This program will help to locate parents, establish paternity, process court orders and collect the payments. The Child Support Enforcement Department Program reports 250,000 cases statewide with Maricopa County making up 40-50 percent of that number.

Other programs A number of other programs offer critical services and resources for youth and their families in the MAG Region. Mental health services are provided through a state contract with the Regional Behavioral Health Authority, Value Options. Care seats are available to low-income families through a state program with the hospitals. Many non-profit agencies and faith-based organizations also provide vital assistance.

Resiliency Research

Research and experience have shown that sometimes the most important resource lies within a person. A person's ability to not just survive but even flourish despite

overwhelming odds does not necessarily rest on government programs or even community services, but more often, on a person's inner source of strength. This can exist despite harsh circumstances and even beyond reason. This factor has been identified as resiliency.

Much of resiliency research focuses on youth, but applications have involved a number of other groups including older adults. The movement began in the 1970's as researchers discovered that about one third of the at-risk children studied did not succumb to the pressures around them, but rather, succeeded in building constructive and prosperous lives. These children had every reason to fail. They faced seemingly insurmountable odds like living with poverty, abuse and non-existent support systems, yet they retained a sense of self and followed a positive course. Their success forced researchers to reframe their work from concentrating on dysfunctions to discovering strengths and uncovering the keys to promoting resilience (Institute for Mental Health Initiatives 2002).

Researchers define resilience as “manifested competence in the context of significant challenges to adaptation or development,” (Institute for Mental Health Initiatives 2002). Many assume such challenges are only found in low-income areas stereotyped for having at-risk youth. While a common misconception, this is not supported by research or by the focus groups conducted in the development of this plan. Youths participating in the focus groups resisted the concept of “at-risk youth” charging that all youth are at risk for something to some extent. Research comparing youth in low socioeconomic classes with youth in more affluent areas actually found higher levels of stress, substance abuse and depression among the higher income youth. The rates of

delinquency between the two groups were comparable. The study identified the pressure to achieve combined with the youth's own sense of perfectionism with feelings of isolation as contributing to the higher levels of stress and abuse (Institute for Mental Health Initiatives 2002).

This suggests that what is within a person can matter more than what exists around them. Three pillars of resilience have been identified, as external supports, inner strengths and learned skills. External supports include the resources found within one's community such as faith-based groups, schools, health and social services. Internal supports represents the qualities youth develop such as empathy, confidence and respect. Learned skills include problem-solving and relational skills such as the ability to communicate well and manage impulses. Two out three pillars represent one's character and all three define the interaction between a person and their environment. It is this interaction that gives a person strength, not just what happens to them or around them (Institute for Mental Health Initiatives 2002).

How can this interaction be supported and maximized to benefit youth? Research recommends adult role models who focus on the future and who adapt to change and challenges well. It is also important to concentrate on the person and not the problem. Youth may very keenly be aware of their problems. They need help finding the strength within themselves to confront and resolve these difficulties. This builds trust as well, which helps youth to trust themselves and their ability to navigate their environment successfully. Setting high expectations will help youth to see the potential in themselves that others see. Adults do need to make sure they are encouraging high expectations and not demanding perfection. A healthy support system and realistic goals will help youths

to distinguish between the two. Putting resilience to the test in a safe environment will help them to confront challenges in a constructive way and to learn from their mistakes (Institute for Mental Health Initiatives 2002).

Local youth participating in the focus groups echoed research when they said they wanted to become more involved in the community and to feel valued for their contributions. This fosters a sense of pride and compassion for others, as well as benefiting the community. The youth conveyed a sense of ownership would also reduce crime rates as the community becomes more tight knit. As much as possible, youth and research indicate parents are an important part of this effort as well. Some youth expressed more respect and even fear of disobeying their parents than the police. Research illustrates that participation in activities like community engagement with their children will not only have a positive influence on the youth, but will also help the parents acquire improved parenting skills (Institute for Mental Health Initiatives 2002).

Participants in the focus groups identified a number of opportunities for engagement and positive reinforcement including schools, faith-based organizations, recreational centers, their neighbors, families and themselves. While they did not always find the support they needed, the youth expressed hope that these resources could become available and were invested in making this happen. The next section will highlight a few examples that offer such opportunities.

Best Practices and Local Solutions

(The following are suggestions to be reviewed, amended if needed and approved by the HSCC Subcommittee on Youth Policy.)

While youth in the MAG Region face challenges, they also have important resources on hand. The following are recommendations received from youth, the community and local experts, including the MAG Human Services Coordinating Committee's Subcommittee on Youth Policy, on local initiatives that exemplify effectiveness and empowerment. There are many programs and solutions that offer similar assistance, so this represents a sampling of the best efforts in the MAG Region.

America's Promise This national program is operated locally by Communities In Schools, who has been recognized independently as a national best practice by Educational Testing Services in their 2005 report, "One-Third of a Nation." America's Promise is a national alliance that supports the development of pro-youth policies and programs that espouse five promises. These promises include the following:

- Caring adults in their lives, as parents, mentors, tutors, coaches
- Safe places with structured activities in which to learn and grow
- A healthy start and healthy future
- An effective education that equips them with marketable skills
- An opportunity to give back to their communities through their own service

The program started in 1997 as a national effort under the leadership of Retired General Colin L. Powell. Since then, the movement has grown to include more than a dozen states of promise and a number of cities, towns, faith-based organizations and youth programs. In the MAG Region, Tempe, Glendale and Sunnyslope have all committed to promoting the five promises for youth within this program. Through partnerships like this, America's Promise strives to positively influence public policy, resources and service delivery to youth.

National Drop Out Prevention Center Strategies This national program has identified a number of strategies to keep youth in school. This is a particularly important issue for youth in Arizona because drop out rates continue to be above the national average, extremely so for some racial and ethnic groups. The following is a sampling of their recommended list:

- Early Childhood Education: Birth to age five interventions have proved critical for promoting healthy brain development with long lasting effects on future school achievement.
- Family Involvement: Engaging the family has been shown through research to be the most accurate predictor of youth's academic achievement.
- Professional Development: This can help a teacher to feel supported by the community and to have an opportunity to continue skill development.
- School-Community Collaborations: Partnerships can help build a strong infrastructure that will support healthy youth development (US Department of Education 2005).

Others?

Conclusion

Youth today face many challenges and risk factors, yet they also have a vast resource in their communities, their families and in themselves to confront these issues directly. The Region is strengthened and renewed when youth are able to succeed and

mature into productive adults. They will carry on the work underway today. It is our collective responsibility to help them meet this task with creativity and commitment.