

New York State's "Assets Coming Together (ACT) for Youth": A Statewide Approach Effects Community Change

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The New York State Department of Health launched an innovative initiative, *Assets Coming Together (ACT) for Youth*, implemented in 2000, as a public health strategy to promote youth development (YD) as a means to improve health outcomes for youth. *ACT for Youth* shifted the focus from problems and problem reduction to assets and strength-based means of improving health by enhancing opportunities and supports in communities for all youth and their families. *ACT for Youth* is innovative in its emphasis on community building and community change at multiple levels. This descriptive report mentions development, implementation, specific objectives, and highlights of accomplishments in mobilizing communities around YD. Lessons learned over the first 5 years of the initiative are reviewed, with emphasis on the elements of successful health department YD programming. From this foundation, New York State hopes to be in the vanguard of utilizing YD as a public health improvement strategy and hopes that others will follow.

KEY WORDS: adolescent pregnancy prevention, HIV prevention, New York State, public health, youth development, youth services

● New York State Adoption of Youth Development as a Public Health Approach

In the late 1990s, New York State (NYS) initiated a significant shift in its approach to programs serving youth, making major changes in the focus, design, and funding of both existing and new youth programs. The impetus was the emerging concept of positive youth development (YD), an approach focused on self-esteem

and resiliency, meaningful connections with adults, and the development of realistic opportunities for youth to make healthy choices. A compelling body of evidence, primarily in the social science literature, supported the potential benefits of a YD approach, in contrast to traditional prevention models.¹⁻¹³ The emerging literature and new, engaging, and user-friendly materials¹⁴ offered a conceptual framework and new tools to those interested in maximizing the impact of youth serving programs.

In 1997, the NYS Department of Health (NYSDOH) was 1 of 10 statewide public and private agencies and organizations with long-standing interests in community-based programs for young people who came together to collaborate as Partners for Children. The Youth Development Team of Partners for Children, created in 1998 by the NYSDOH and the NYS Office of Children and Family Services, was formed specifically to promote YD principles and strategies throughout NYS's health, human service, education, and other sectors. The Youth Development Team, composed of more than 40 leaders from a variety of agencies and organizations, is an active public-private partnership that spans sectors (see Carter et al in this supplement). A collaborative approach, exemplifying the "community change" required at the local level, took place at the state level

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to create policies conducive to, and supportive of, YD, to identify needs and resources, and to increase awareness of YD. Since its inception, the Youth Development Team has worked to create a statewide environment that fosters and motivates local YD efforts and to inspire a focus on YD among the diverse constituencies of its members.^{15,16}

Within NYSDOH itself, mobilization surrounding adoption of the YD framework was under way. With support from agency leadership, staff from two distinct organizational units, the Center for Community Health (CCH) and the AIDS Institute (AI), developed an “Agenda for Adolescent Health” containing guiding principles and recommendations. Staff from the CCH’s Bureau of Child and Adolescent Health and from the AI’s Bureau of Special Populations began working together as an interdisciplinary team, spanning organizational boundaries. Together, they identified an opportunity to join forces to propel NYS forward in providing leadership for YD by dedicating funds from multiple sources to support a statewide YD initiative. A total of \$2.6 million in combined state and federal funds from various funding streams previously administered separately by CCH and AI, was identified and prioritized to support community mobilization to promote positive YD in communities throughout NYS.

● Inauguration of *Assets Coming Together (ACT) for Youth*

In December 1998, with its release of a Request for Proposals (RFP), which, for the first time, incorporated the principles of YD in a competitive solicitation for a statewide initiative, the NYSDOH, in collaboration with Partners for Children, launched *Assets Coming Together (ACT) for Youth*.¹⁷ The purpose of the RFP was “to fund projects that demonstrate the effectiveness of community-based partnerships to promote positive youth development and improve health outcomes for youth.”^{17(p1)} Although the NYSDOH recognized that community change to promote YD would need to be individualized and adapted to the unique features and needs of each community, guiding principles contained in the RFP provided the structure for a consistent, comprehensive statewide approach. The RFP set forth a flexible model within a cohesive YD framework, inviting proposals for two components. One RFP component sought collaborative proposals for local Community Development Partnerships (CDPs) to mobilize stakeholders to design and develop community YD initiatives for vulnerable youth aged 10–19 years. The CDP component utilized an ecological approach, in which the interaction of youth and their environments in a highly dynamic manner is appreciated, with emphasis

on improving the environments in which youth spend their time. The other RFP component invited proposals to create Regional Centers of Excellence (COE) to provide technical assistance, training, and other support to the CDPs, to NYSDOH, to other statewide agencies and organizations, and to local community- or school-based health and human service organizations.

● Putting *ACT for Youth* Into Action

In February 2000, Governor George Pataki issued a press release, announcing that \$2.6 million in NYS funds were awarded to support YD.¹⁸ Eleven local CDPs located in a diverse group of urban, suburban, and rural communities were funded and charged with creating new opportunities to stimulate change in organizations and communities, expanding the responsibility for the well-being of youth. Funds provided to each CDP supported the work of a leader to organize and maintain the partnership. The specific outcomes that the CDPs were responsible for achieving were to (1) create, enhance, and maintain the CDP by improving collaboration among partners through improved communication, outreach to a variety of sectors in the community, and involvement of all partners in decision making; (2) increase services, opportunities, and support for young people by creating new opportunities in their families, schools, and communities with new or strengthened support services and new or enhanced activities promoting positive youth outcomes; (3) increase youth engagement by creating new opportunities to encourage youth to contribute to their community, including service work, advocacy, and leadership; (4) bring about changes within community organizations, and institutions so that they reflect YD principles, including changes in organizational structures, philosophy, tools, and physical environments to actively involve youth; and (5) bring about a policy change that reflects YD principles in community institutions such as schools, townships, city government, and county government.

Two Regional COE were funded to enhance *ACT for Youth’s* effectiveness. Located in Ithaca, New York, the Cornell University Regional COE was a partnership among Cornell University, the University of Rochester Division of Adolescent Medicine, and the NYS Center for School Safety. The second Regional COE was the Adolescent Health Center of The Mount Sinai Medical Center School of Medicine, located in NYC. Of the 11 CDPs, 5 were served by the Mount Sinai Adolescent Health Center COE and 6 were served by the Cornell COE (Figure 1).

Within the NYSDOH, the *ACT for Youth* initiative was jointly administered by staff from the CCH Bureau of Child and Adolescent Health and from the AI’s Bureau

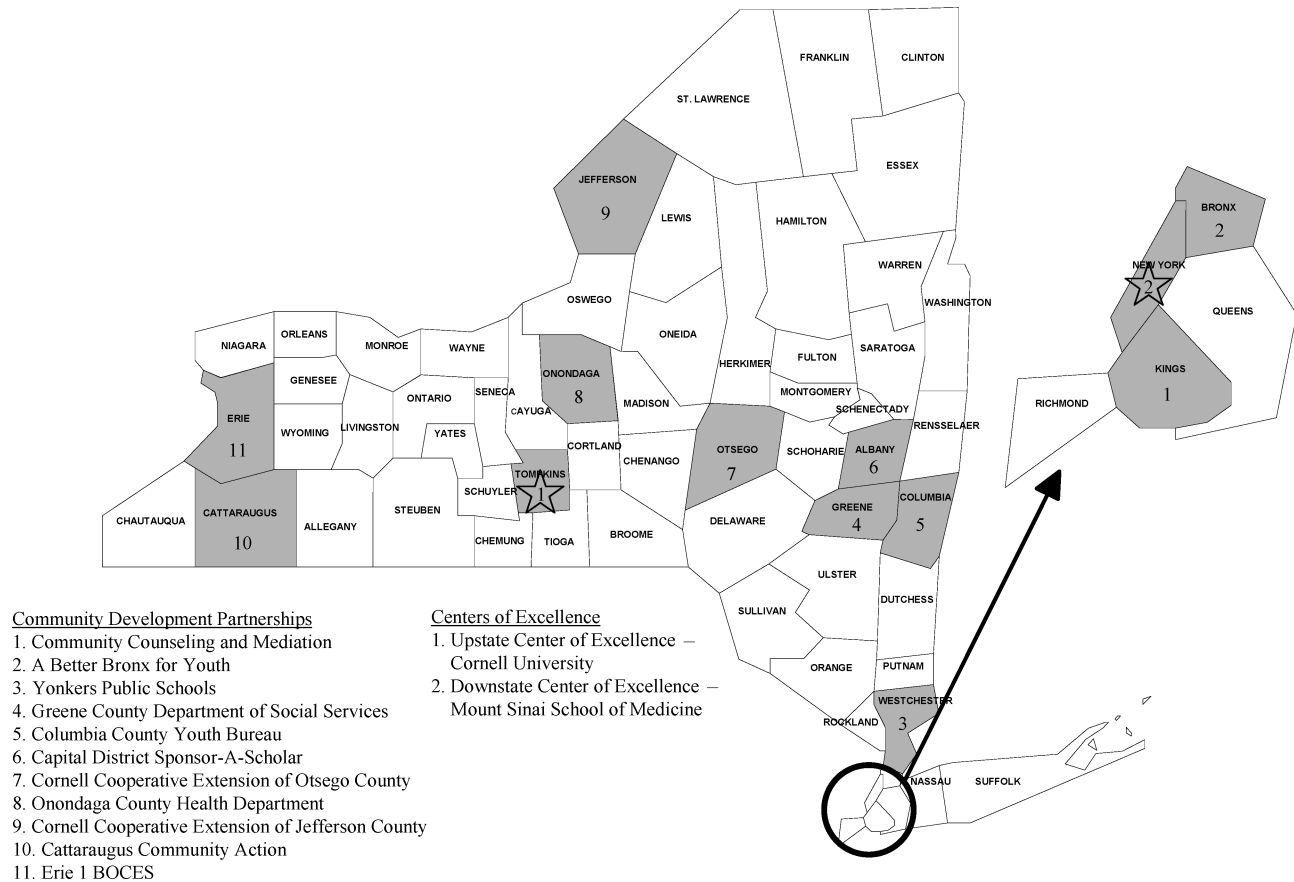


FIGURE 1. Community Development Partnerships and Centers of Excellence, New York State Department of Health *ACT for Youth* Initiative, 2000–2005.

of Special Populations. The statewide NYS Youth Development Team (see Carter et al in this supplement) provided input and guidance to the initiative, as did the two regional centers and the CDPs, described below. The collaborative partnership at the state level offered a template for communities to replicate and helped foster a consistent, cohesive program.

● **ACT for Youth Effected Community-level Change**

Each CDP was responsible for identifying and implementing strategies designed to achieve the five core outcomes, noted above, in their specific communities. Depending on the individual CDP, members of the partnerships included, in various combinations, not-for-profit, community-based health and human service organizations, local and county government agencies, schools, Boards of Cooperative Education Services (BOCES), academic institutions, settlement houses, and civic organizations. Each CDP represented broad-based, local community interests that gave voice to youth and family members. Table 1

contains brief highlights from selected CDPs’ YD community mobilization activities.

The two centers conducted an extensive 5-year evaluation of the *ACT for Youth* initiative. They used multiple methods (analysis of quarterly and annual reports, a CDP partnership survey, development of CDP case studies, youth focus groups, needs assessments, etc) to document notable progress in each of the five outcome areas, using an impressive array of indicators and case studies (H. A. Lawson, N. Claiborne, E. Hardiman, M. Surko, S. Austin, unpublished observations, 2006).²⁰ The centers found significant accomplishments, including the fact that community systems worked together, many for the first time, and became new and improved cross-sector community partnerships. These partnerships had a better understanding of how the theory and philosophy of positive YD can be translated into action through community change and the communities more clearly understood the mechanisms that engage youth and provided them with a forum for their voices to be heard in meaningful ways. The centers also found increased services, opportunities, and support for youth to transition into adulthood with increased competencies as well as new relationships that had emerged

TABLE 1 ● Selected highlights of community development partnership (CDP) community mobilization, 2000–2005

CDP A formed a coalition of youth from partnership organizations. Worked with the Borough President's Office to organize youth "speak outs" to inform violence prevention strategies. Through this CDP's efforts, a new charter High School for Youth & Community Development was established.
CDP B developed a broad CDP, bridging sectors and traditional interagency barriers. Composed of four distinct, but interrelated rural committees, this CDP addressed each community's specific needs. Extensive community education efforts increased engagement, youth employment opportunities, mentoring, and after-school programming.
CDP C collaborated with the school district to establish an alternative middle school with more than 90% retention rate for students returning to the traditional school. Well-established links provide ongoing opportunities for young people.
CDP D formed seven youth councils to create leadership opportunities, resulting in the creation, funding, and operation of a rural youth center. Significant organizational change was achieved when the County Probation Department, a CDP member, began to utilize a strength-based approach to probation plans, addressing the individual assets and needs of each youth.
CDP E completed a comprehensive Risk and Resource Assessment, including two teen surveys in the 12 school districts that incorporated the principles of <i>America's Promise</i> . ¹⁹ Through a mini grant fund, summer activities developed and led by young people provided an opportunity for youth philanthropy. Youth adult partnerships executed the grant application and selection process.
CDP F Provided training and support to county government programs, increasing youth involvement in planning and decision making for youth programs and services. Three county agencies established a mechanism for youth voice. Through creating a Youth Advisory Board, youth made decisions regarding program management and planning and coordinating projects for teens. Mini grants were provided to community-based agencies to incorporate youth opportunities.

with hard-to-reach sectors and nontraditional partners such as schools, law enforcement, businesses, and faith-based groups, resulting in key community stakeholders being able to identify common interests holding them together (H. A. Lawson, N. Claiborne, E. Hardiman, M. Surko, S. Austin, unpublished observation, 2006).²⁰

In the process of evaluating the various CDPs, the COEs identified partnerships with accomplishments that exemplified community change. The Erie County *ACT for Youth* initiative in Buffalo, New York, was identified as one such "exemplar."²⁰ Embracing the Search Institute's "asset framework"¹⁴ the lead agency, Erie 1 BOCES, educated the youth service and education communities about the developmental asset philosophy. Using a wide range of strategies, from large-scale trainings with well-known speakers to one-on-one outreach and education, the CDP reached out to various sectors. Key government and school officials were instrumental in promoting the goal of transforming Erie County into an asset-building community. In the second year of the initiative, the Erie County Executive signed a proclamation formally declaring Erie County an asset-building community, indicating buy-in at the highest levels.

The next step was to involve the larger community in asset building. The CDP used the Search Institute Survey of Student Attitudes and Behaviors as a mobilization tool. This survey, designed to provide a "snapshot" of how young people are doing in a community at any given time, provided results that could be used to engage community groups in planning improvements in the community, including in its schools. The Erie County *ACT for Youth* CDP enlisted all school districts

in the county to conduct the survey, reaching 50,000 eighth and 11th graders. This was not a small undertaking, given the diverse economic makeup of the county. Of the 40 developmental assets that are considered critical to young peoples' success, the young people surveyed reported having, on average, only 17.5 such assets. Of those surveyed, 77 percent reported not feeling safe in their learning environments and only 19 percent felt that their community valued them. Using the format of town meetings, youth and adult teams presented findings to school and community groups. New relationships between school and community groups evolved and concrete action plans were developed and implemented. Most recently, the City of Buffalo school district and the Board of Education expressed commitment to move this process forward, utilizing survey results to improve the environment and climate of Erie County schools.

This CDP has evolved into a major collaborative of more than 200 cross-system partners. YD was incorporated into *Blueprint for Change in Erie County*. The Erie County Human Services Department committed to using a strengths-based approach in all programs that engage children and families. Buffalo Public Schools have youth representation on all school management teams on the School Board.

● The Regional COE Facilitated Success of *ACT for Youth*

The regional centers supported the work of the CDPs in many ways, and their roles expanded beyond those

envisioned in the RFP. The centers established relationships with their assigned CDPs early in the initiative. Later, it became apparent that CDPs could benefit from both centers' expertise and resources and each center had opportunities to work with all CDPs. By providing training, technical assistance, information on research and best practices, tools and resource dissemination, advice on evaluation and planning, and feedback regarding progress toward goals, the regional centers supported, enhanced, and strengthened local youth involvement in YD. The content of training evolved over time and the centers used surveys and other means to tailor their activities to respond to the needs of the CDPs and other youth-serving organizations. The COEs established Web-based "clearing-houses" of information^{21,22} and electronic listservs in order to foster access to materials, resources, using the Internet to enhance awareness of *ACT for Youth* and YD in general. The centers also assisted the NYSDOH, the statewide Youth Development Team, and others in promoting a positive YD agenda for NYS.

● Lessons Learned and Other Benefits to NYSDOH

From the interactions within CDPs, between and among CDPs, the COE, and the NYSDOH, many valuable lessons were learned relative to community change and YD efforts. Key lessons included the following.

1. Involvement of diverse community sectors is essential to create community-level change. Such involvement allows for broad perspectives on how to promote YD and provides the ability to "leverage" larger networks of individuals and resources. Members of diverse partnerships need opportunities to network, to identify ways to contribute, and to learn how involvement benefits their own organizations.
2. Leadership, often in the form of an individual "champion" of the process, is critical to the success of local partnerships. Leaders must be respected by the community and committed to the initiative to maintain long-term continuity. Effective leadership helps maintain enthusiasm and kept community partners focused on common goals.
3. Programming must be accessible to all youth, not only to "at-risk" or "high-risk" youth. Inclusiveness allows for full community participation and comprehensive youth engagement. Inclusive partnerships can bring together diverse groups of youth that otherwise would have little reason to interact or build on each other's strengths.
4. Programs and services planned by youth-adult partnerships are more innovative and more likely to en-

gage youth by adding authenticity. This is a challenging concept as most adults are used to providing services *to*, rather than *with*, youth. Youth-adult partnerships that focused on community representation are more likely to be successful.

5. Once formed, partnerships require attention to facilitate their full development. Providing members with a project (eg, a community service event or conference) early in the development phase of the partnership increases commitment and builds capacity.
6. Community policy change is not likely to occur without an active and vocal cadre of youth. Youth participation can provide momentum for local efforts to be successful and sustainable.
7. Sustainable community policy change requires time for the changes to become institutionalized in the community.

The 5-year experience of the *ACT for Youth* initiative and the overwhelming validation received from communities and state-level organizations regarding YD motivated the NYSDOH to further infuse YD principles throughout programs that serve youth. For example, the NYS DOH incorporated principles and practices of YD in funded programming for both HIV and adolescent pregnancy prevention. These programs had heretofore been designed to promote awareness and provide education to young people about unplanned pregnancy, the modes of HIV transmission, and risk reduction. Yet, effective prevention services for young people must include programming that will result in a desire to practice safe and healthy behaviors in a proactive and prosocial manner. A YD framework recognizes that such motivation requires competence, confidence, connection, and character. Table 2 summarizes guidelines used by NYSDOH to integrate YD into categorically funded prevention programs.

NYSDOH also applied YD principles to use of peers in NYSDOH-funded adolescent prevention programs. Successful peer education programs embody principles of positive YD by emphasizing young people's strengths, promoting youth engagement and voice, fostering youth-adult relationships, promoting community involvement, and requiring long-term involvement. In 2003, NYSDOH instructed newly funded prevention programs to view peer programs as YD programs and to consider the peers as recipients of services. Given the relatively long-term involvement of peers with prevention programs and the intensive nature of that involvement, opportunities existed to assess the impact of peers' relationships with the programs on the peers' risk behaviors. As another way to frame peer programs in YD terms, the NYSDOH suggested that the assets and strengths of peer educators be measured at three points (at recruitment, after training, and

TABLE 2 ● Guidelines for integrating youth development (YD) into health department programs

1. Base program goals on a YD approach. Adopt program goals that support integration of prevention of risk behaviors with promotion of YD. Incorporate the principles of YD into program philosophy and design. Create environments conducive to assisting young people initiate and sustain changes in risk-taking behaviors.
2. Make sure that everyone involved has a core knowledge base about YD. All staff working with prevention programs need a common language and understanding of YD. Make available written guidance that clearly explains YD in a prevention programming context.
3. Offer practical assistance in putting the principles of YD into action. Provide initial and ongoing assistance regarding how to integrate and implement YD principles into prevention programming. Focus on assistance that is useful and pertinent to each individual program and use multiple methods (training, facilitated small group discussions and exercises, distribution of relevant materials, through ongoing interactions, etc) to provide assistance.
4. Promote YD through funding decisions. Challenge applicants for funding for prevention programs for young people to design programs that will deliver effective prevention interventions in a positive YD framework. Structure selection criteria to recognize that proposals designed to serve young people from a strength-based perspective, not solely from a deficit-based approach.
5. Encourage programs to offer increasingly meaningful opportunities and roles for young people. Support program goals that promote the concept that young people should have a voice in programs, agencies, and communities. Show how opportunities for meaningful roles for young people can be infused throughout a program design, including opportunities for planning, delivering, and evaluating services, as well as advisory and decision-making responsibilities.
6. Facilitate opportunities for programs to share successful strategies. Hold regular meetings of program staff to explore YD strategies and sharing experiences to help build programs' capacity and expertise. Consider how these meetings can assist in the development of relationships among program staff that can ultimately result in improved program performance.
7. Integrate YD into prevention programming with the support of academic and research institutions. Explore how program and health department staff can benefit from the expertise on YD available from academic and research institutions. Approach these institutions, noting that they may also benefit from exposure to the practical application of theoretical YD principles. Nurture relationships that result in the development of specific materials and seek ways to contribute to the YD literature and to the YD knowledge base.
8. Include YD outcomes in program evaluation activities. Enhance success of prevention programs through ongoing assessment of performance. Promote collaboration among programs, Health Department staff, and the research/academic institutions to develop methods and indicators for use in measuring impact of the YD initiatives.

after providing peer education for several months), using the Search Institute's checklist of 40 developmental assets.¹⁴ Such evaluation can further the programs' understanding of developmental assets and their relationship to primary prevention, as well as improve the performance of peer educators. For instance, one program that evaluated the change in assets among its peers reported significant increases in the number of peers who stated knowing adults who they can talk to about issues, participating in community events, and doing volunteer work in their communities.

● Moving Forward With YD: NYSDOH's *ACT for Youth*, 2005–2010

Building on the experience and incorporating the lessons learned during the initial phase of *ACT for Youth* in May 2005, NYSDOH released a competitive RFP totaling \$2.05 million to further advance YD strategies. Again, one component placed emphasis on supporting community mobilization through local "Collaborations for Community Change" while the second component sought to fund a single COE with a higher level of support for a statewide scope. After another interdisciplinary, objective review process, awards were an-

nounced in January 2006 for 12 local collaborations and a Center of Excellence for the Integration of Youth Development and Adolescent Programs. The core team of NYSDOH managers who have guided *ACT for Youth* since its inception continue to provide guidance and oversight. During the next 5 years it is expected that *ACT for Youth* will play an integral and expanded role in furthering the NYSDOH public health agenda of using YD as a strategy for improving health outcomes for young people.

● Conclusion

ACT for Youth was designed to create lasting opportunities and supports for youth in their communities by transforming the environments in which they develop. The findings, after 5 years, endorse the promise of YD strategies for creating long-term change. A baseline of optimism and positive change for community-level YD is now in place across NYS.

The YD approach, designed to change both communities and youth-serving programs, has already changed the environment in which young New Yorkers live in meaningful ways. In just 5 years, significant strides were made in improving the image of young

people in NYS and their communities. Many youth living in CDP communities now have leadership roles in program planning and evaluation, community education and public relations, agency governance, and community advocacy. Negative perceptions of young people are being challenged, and positive perceptions are multiplying.

Youth-serving prevention programs funded by the NYSDOH have embraced YD, making changes in organizational and program practices. Both youth and communities in NYS benefit from *ACT for Youth*. Youth are given opportunities to take leadership roles and to have a voice in the issues that affect them and their communities. Communities have made significant progress in creating new opportunities for young people to assume meaningful roles as planners, implementers, community builders, and social change agents. The end result is that youth feel empowered by collaborating and partnering with adults to solve community problems or to address community needs and the community benefits from their ideas and energy.

This change in direction has gathered momentum in a short period of time. Clearly, there is much work still to be done and much still to be accomplished. The NYSDOH is committed to building on the strong foundation that has been established and to increase the opportunities and create the environments that enable young people to make healthy choices. It is our hope that the information in this article will both inspire and provide guidance to others who want to help prepare young people to become productive and healthy adults.

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