GRYD GANG INTERVENTION FAMILY CASE MANAGEMENT 2017 EVALUATION REPORT

GRYD

CAL STATE LA

THE CITY OF LOS ANGELES MAYOR'S OFFICE OF GANG REDUCTION AND YOUTH DEVELOPMENT (GRYD) RESEARCH AND EVALUATION TEAM

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COMMUNITY ENGAGEMENT | GANG PREVENTION | GANG INTERVENTION | VIOLENCE INTERRUPTION

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List of Acronyms

CSULA	California State University, Los Angeles
CIW	Community Intervention Worker
ETO	Efforts to Outcomes
FCM	GRYD Intervention Family Case Management
GRYD	City of Los Angeles Mayor's Office of Gang Reduction and Youth Development
LAPD	Los Angeles Police Department
MOU	Memorandum of Understanding
PO	Probation Officer
SET	Social Embeddedness Tool
USC	University of Southern California

Introduction

The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) oversees a Comprehensive Strategy that involves the provision of prevention services, gang intervention services, violence interruption activities, and involvement in proactive peace-making activities (see Figure 2). GRYD is committed to evaluating these programs and currently contracts with California State University, Los Angeles to oversee all research and evaluation activities related to GRYD.

Denise Herz, Ph.D., in the School of Criminal Justice and Criminalistics oversees and directs the GRYD Research and Evaluation Team, which includes:

- California State University, Los Angeles: Molly Kraus, MPL; Kristine Chan, MSW; Carly Dierkhising, Ph.D.; and Akhila Ananth, Ph.D.
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- University of Southern California: Karen Hennigan, Ph.D. and Kathy Kolnick, Ph.D.
- University of Utah: Patricia Kerig, Ph.D.

These team partners work to evaluate the GRYD Comprehensive Strategy using both qualitative and quantitative data. Key goals of this work are to assess the impact of GRYD services and to create a "research to practice" feedback loop for continuous improvement of GRYD services. In addition to providing an overview of the Comprehensive Strategy and GRYD Intervention Family Case Management Services (FCM), this report presents evaluation results based on GRYD FCM data collected between February 2012 and May 2016.

Overview of the GRYD Comprehensive Strategy

The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) was established in July of 2007 to address gang violence in a comprehensive and coordinated way throughout the City. Community-based service provision began in 2009. Over the years, GRYD developed and implemented a Comprehensive Strategy[1] to drive funding and practice decisions across areas designated as GRYD Zones. As shown in Figure 1, GRYD currently provides services in 23 GRYD Zones throughout the City of Los Angeles.[2]

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[1] Cespedes, G., & Herz, D. C. (2011). *The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) Comprehensive Strategy*; Los Angeles: GRYD Office
[2] GRYD services began in 2009 in 12 GRYD Zones offering gang prevention, gang intervention, and violence interruption. An additional eight secondary areas offered more limited programming; four implementing only gang prevention and four gang intervention and violence interruption. As of July, 2015 GRYD has expanded to 23 full GRYD Zones in which all prongs of the comprehensive strategy are employed.

Figure 1. GRYD Zones

Figure 1. GRYD Zones
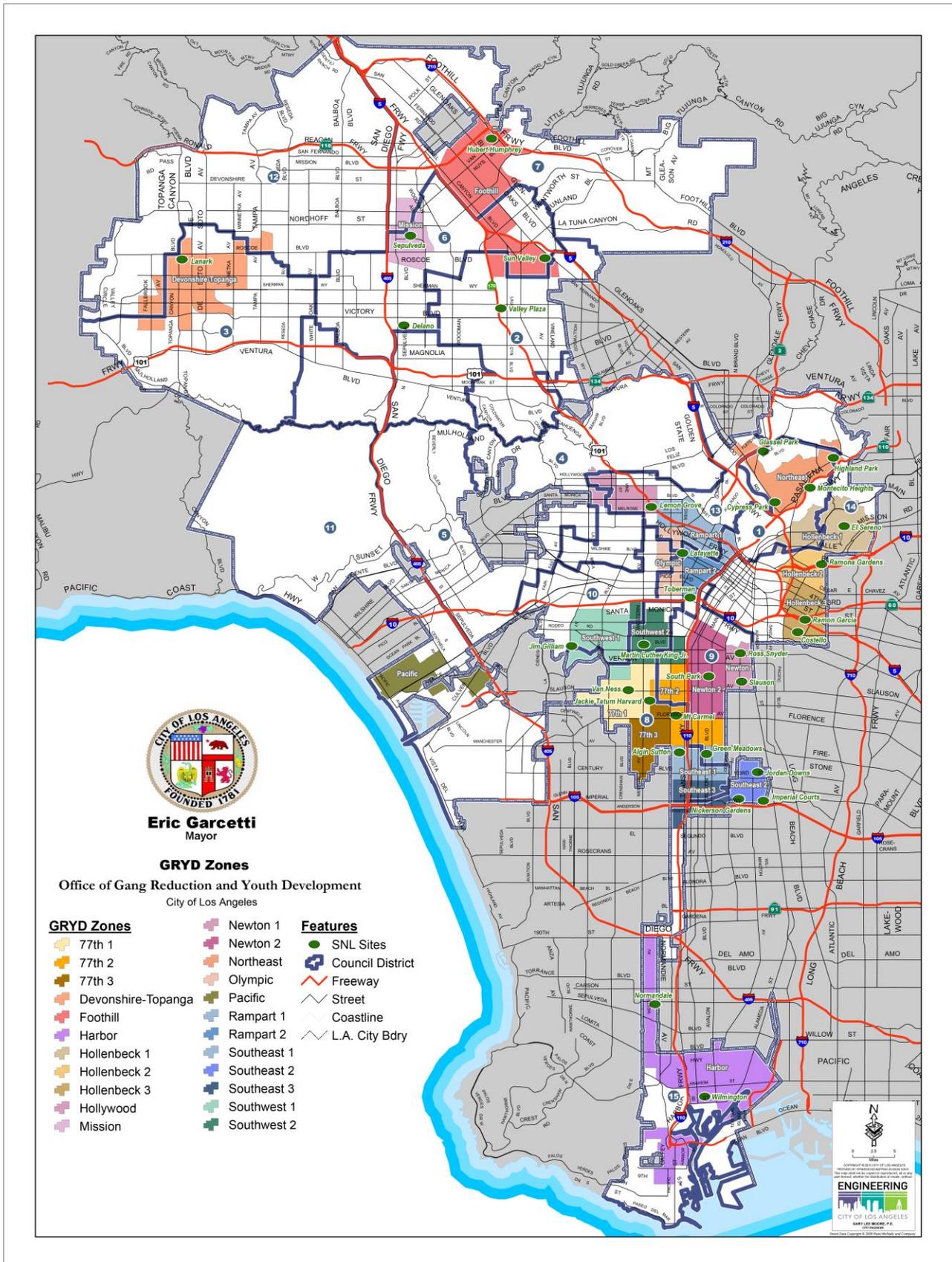
Figure 2 shows an overview of the programs and activities currently supported under the GRYD Comprehensive Strategy. Each of these programs and activities align with the following mission and goals:

GRYD Comprehensive Strategy Mission

GRYD's mission is to strengthen the resiliency of youth/young adults, families, and communities to the influence of gangs by fostering public/private collaborations and supporting community-based prevention and intervention services.

GRYD Comprehensive Strategy Goals

- **Goal 1:** To increase the community's knowledge and capacity to effectively address gang involvement and violence.
- **Goal 2:** To increase protective factors and reduce gang joining among at-risk youth aged 10-15.
- **Goal 3:** To increase prosocial connections and other protective factors for gang-involved young adults between the ages of 14 and 25.
- **Goal 4:** To facilitate effective communication and coordinated responses to address gang violence.

Figure 2. Overview of the Comprehensive Strategy
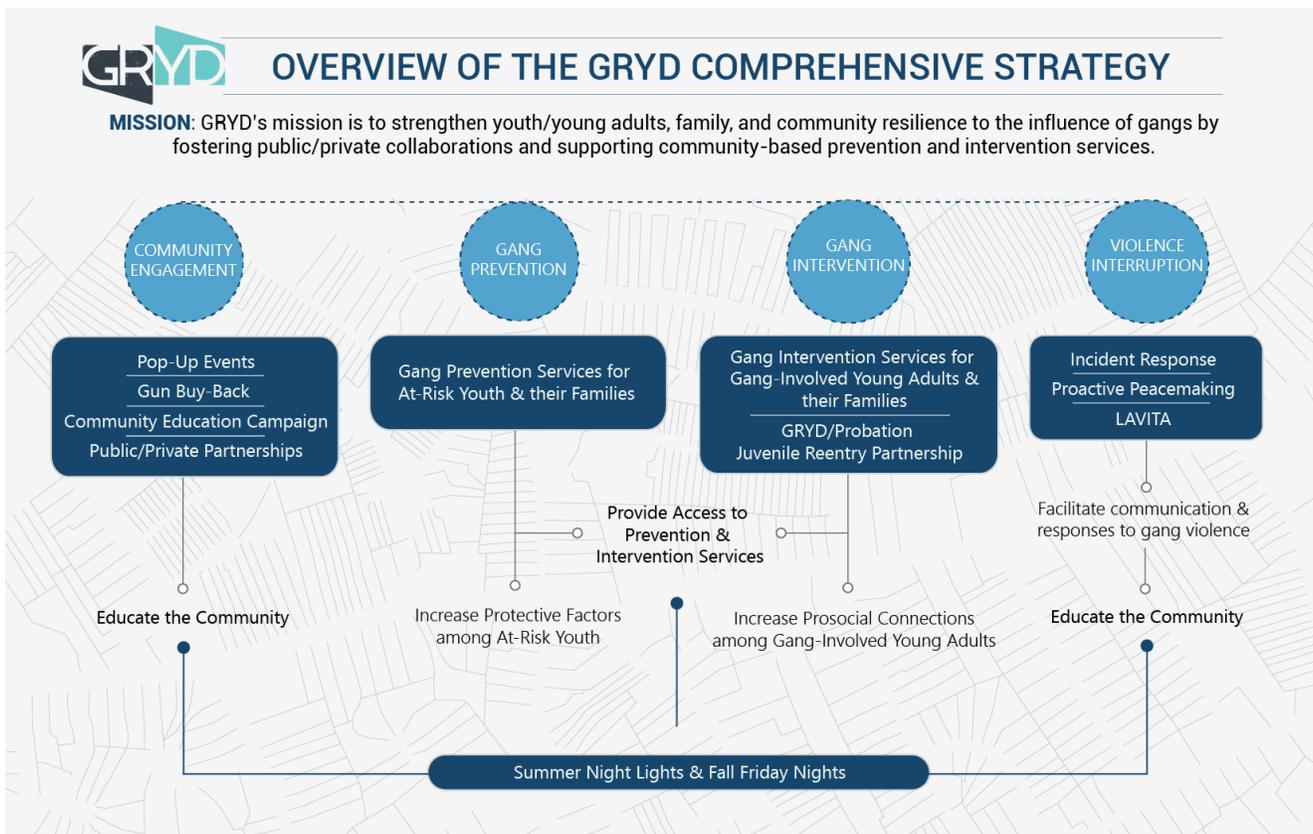
As shown in Figure 2, the Comprehensive Strategy has multiple prongs, including community engagement, gang prevention, gang intervention and violence interruption. The current report focuses on gang intervention services for gang-involved young adults and their families. This program is also referred to as the GRYD Intervention Family Case Management (FCM) Program.

A Conceptual Overview of the GRYD Intervention Family Case Management Program

The GRYD Intervention Family Case Management Program (FCM) is based on several concepts derived from Family Systems Theory. Three critical components that drive programming with clients are self-differentiation, family support, and the influence of conventional groups.

Self-Differentiation

A key objective of GRYD FCM Services is to support paths that lead to reductions in crime and violence associated with gang membership. Specifically, GRYD FCM is designed to support and document the independence of an individual in the context of a gang or other negative influences (i.e., self-differentiation). This includes emotional and behavioral control (i.e., ability to ignore or dismiss influences that are not in one's own best interests, even if they are tempting) and making one's own decisions independent of group influence. Program elements that support self-differentiation include:

- strengthening the client's focus on personal development, including broadening and strengthening relationships with persons outside of the gang;
- investing in oneself (i.e., taking personal responsibility for one's actions); promoting emotional and behavioral control; and,
- promoting opportunities to experience success in conventional settings through investment in education, developing skills, job training and job acquisition.

Family Support

Family dynamics can influence gang desistence, even if some family members are gang involved. Many families work together, and have prosocial rules and expectations while others may not. Within families with gang involvement, there is often someone (in the nuclear or extended family) who supports independence from gang influence. Strengthening a focus on and support from these family members can make a difference. Even if there is just one person in the family who advocates taking personal responsibility for one's actions, and nurtures support and inspiration, this person can be a vital and powerful influence. As part of the GRYD model, providers work with clients in the context of their family, engaging family members with strong positive influence to support personal development. For example, providers:

- encourage family support for prosocial relationships and activities;
- develop relationships with key family members who can be a source of personal inspiration for the client; and,
- inspire the client to take on responsibilities in the family context.

Influence of Participation in a Conventional Group

This third key part of the GRYD FCM strategy is focused on alternative social identities. Becoming part of a group with prosocial norms makes it more difficult to maintain ties with a gang. Engagement with groups that hold conventional norms encourages independence from violent and criminal groups. A positive commitment to a conventional group, especially those with structure and rules can have powerful influence. Research suggests that involvement in multiple groups with *widely different ideas of what is right and what is wrong* is hard to sustain, due to the conflict of values. A program goal is to help nurture and support clients' steps away from gang involvement. The gang may still be respected, but its influence can be marginalized if clients engage meaningfully with a conventional group such as a church group, work group, school-related group, sports team, or other non-gang friends.

Figure 3. Theory of Change for GRYD FCM Clients
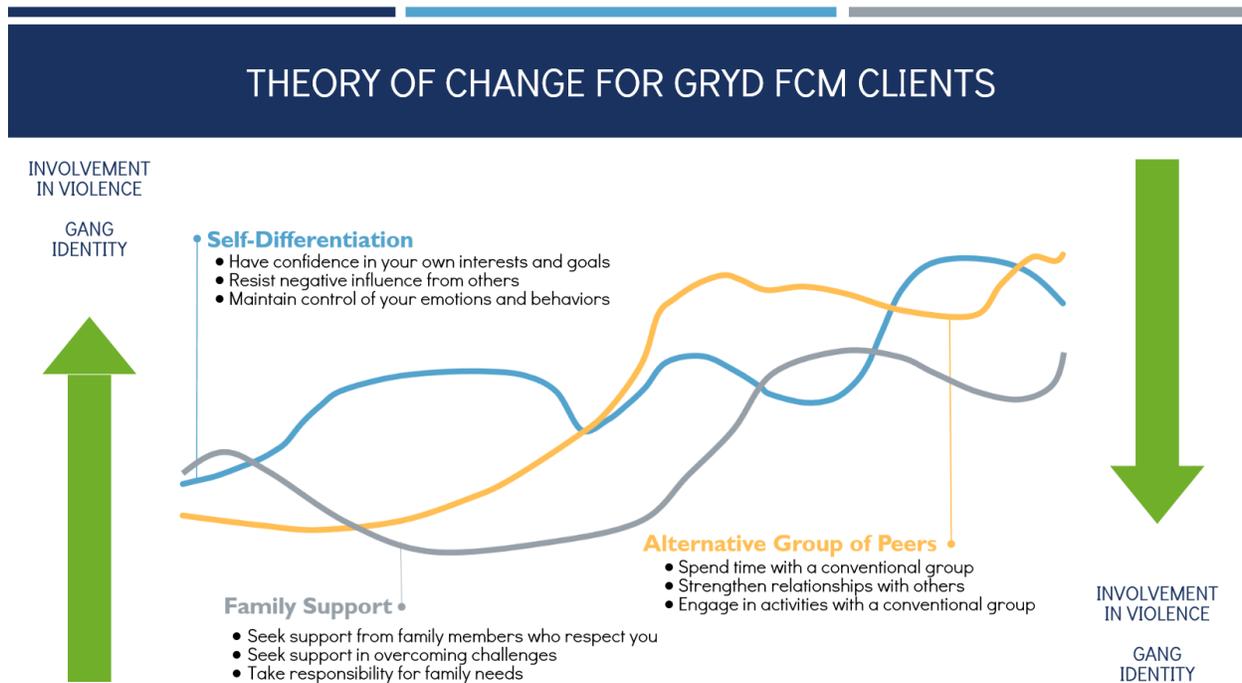
An Overview of GRYD FCM Services

GRYD Intervention Family Case Management (FCM) Services are directed at gang-involved young people between the ages of 14 and 25 years old. GRYD FCM Providers make referrals to services (e.g. mentoring, counseling, tattoo removal, etc.) and provide assistance and support for each of their clients. The model is designed to increase prosocial embeddedness and transfer attachments from gangs to positive activities through a multi-phased program that includes staff team meetings, individual client meetings, and client family meetings (see Figure 4 for an overview of GRYD FCM programming).

In order to be eligible for GRYD FCM Services, referrals to the program must meet the following criteria:

- referrals must be between the ages of 14 – 25;[3]
- have a significant presence in a GRYD Zone; and,
- be a tagger or member/affiliate of a gang or crew as determined by the provider.

Once identified as eligible by the provider, the youth and families who enroll receive services within a cycle comprised of seven phases. The first phase is used to complete the referral and intake process. Phases 2-7 comprise service delivery and are described in more detail below.

A unique aspect of GRYD FCM Services is the development and introduction of an assessment tool for clients in order to measure changes in gang commitment over time. The Social Embeddedness Tool (SET) was developed to document the significant challenges faced by clients at the time they enter the program. The

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[3] While 14-25 years old is the target age range for services, GRYD policy allows for up to 10.0% of the active caseload in each Zone to fall outside of this range via submission of an "Intervention Client Enrollment Petition" form.

SET interview is administered during Phase 2 of services to document the challenges clients face at the individual, family, gang and conventional group level when they enroll in programming.[4] The SET is also completed every six months while youth are receiving services in order to document improvement over time. Clients' responses on the SET interview are used to gauge progress towards "letting go" of strong gang ties.

Figure 4. GRYD Intervention Family Case Management Services Logic Model

The GRYD Intervention Family Case Management Services model consists of the following phases:[5]

- **Phase 1: Referral and Assessment.** The GRYD FCM Provider receives the referral and holds an intake meeting to determine whether the youth is eligible for services. If found eligible based on the provider's knowledge and information gathered about the youth's degree of gang involvement, the provider has a meeting with the youth and family to assess their needs for programming.

- **Phase 2: Building Agreements.** For youth assessed as eligible and enrolled in programming, the provider team begins meeting to monitor the case. The team holds regular meetings with the youth and family and works to identify strengths and key issues to address during their participation in the program.[6] Additionally, work begins on a strength-based genogram, which visually depicts family connections and dynamics.[7]

- **Phases 3–6: Ongoing Case Management and Linkage to Services.** The team works with the client to provide support, refer the client to outside services, monitor whether the client is following

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[4] A conventional group may be a church group, work group, school-related group, sports team, or other non-gang friends.

[5] Cespedes, G., & Herz, D. C. (2011). *The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) Comprehensive Strategy*; Los Angeles: GRYD Office

[6] GRYD FCM provider teams consist of the case manager and community intervention worker working with the youth and family and may include other staff who are familiar with the youth's case.

[7] A strength-based genogram is a visual depiction of family connections and dynamics. In GRYD FCM Services it is used as a tool to facilitate identification of positive multigenerational connections which support family and individual development and increased resiliency. The role and use of the genogram is described in greater detail later in the report.

through on those referrals, and check client progress in those services. Individual meetings, family meetings, and work on the genogram continue throughout the model. These phases have the following focus areas:

- o **Phase 3: Work Ready Documentation.** Client obtains, or is in the process of obtaining, the necessary work ready documents.
- o **Phase 4: Strategic Referrals.** The client is either enrolled, or is in the process of enrolling, in services for concerns identified.
- o **Phase 5: Celebrating Changes.** The team plans a celebration with the client and their family to acknowledge the progress that the client has made toward a goal.
- o **Phase 6: Next-Level Agreements.** Building on their success during the previous phases, the team guides the client and family to take on more difficult problems.

- **Phase 7: Reassessment.** The team reassesses the client to identify if the client is ready to exit the program or will continue on for another cycle of services. If sufficient progress has been made, the client completes the program successfully. In this case, a transitional ritual is developed and implemented to mark changes in family relationships, gang membership, and boundaries that accompany exceptional life events. If further progress is needed, the client and family remain in the program and a second program cycle begins.

With the exception of Phase 1, which is to be completed as quickly as possible, each phase is intended to last roughly a month. Each phase involves the following:

- two in-person meetings with the client of at least 30 minutes in length;
- one family meeting at least 45 minutes in length; and,
- a minimum of one strategy team meeting[8] of at least 20 minutes.

Within each of these required meetings, the team utilizes multigenerational coaching through the use of strength-based genograms (e.g., vertical strategy) and the use of problem-solving techniques (e.g., horizontal strategy). In the event that family engagement in the program is not achieved, the family meeting is held individually with the client. It should be noted that while family/caregiver participation is mandatory for those under 18 years of age, clients over the age of 18 define "family" according to their life circumstances.

Research Questions

The goal of the current evaluation is to better understand who GRYD is serving, the types of services clients and their families receive as part of GRYD Family Case Management (FCM) Services, and the emerging findings for the types of changes observed among clients over time. To that end, this study examines both process and outcome evaluation questions. Process evaluation questions focus on the referral and eligibility process, retention, and services received (Table 1). The outcome evaluation, on the other hand, is focused on measuring changes in client attitudes and behavior over time (Table 2).

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[8] Strategy team meetings include the case manager, CIW, and other provider staff who are familiar with the case. They are used to discuss and review the client's service needs and strategy approaches, identify appropriate referrals, and monitor client progress.

Table 1. Process Evaluation Questions

Process Evaluation Questions	Source	Page
1. Referral and Eligibility Process		
• How many young people were referred to GRYD and how many participated in services?	ETO Data	15
• Who refers to GRYD FCM Services?	ETO Data	16
• What outreach and recruitment strategies are used by GRYD FCM Providers with referrals?	Ethnographic Observations/Provider Interviews/Client & Family Focus Groups	17
2. Referrals and Determining Eligibility for Services		
• What are the demographic characteristics of those who are referred?	ETO Data	18
• How many referrals were eligible for services based on provider assessment?	ETO Data	19
3. Client Enrollment in GRYD FCM Services		
• At what rates do eligible referrals enroll in services?	ETO Data	21
• What are the demographic and other characteristics of those who enroll in GRYD FCM Services?	ETO Data	22
• How do key risk and protective factors relate to gang identity and involvement in crime and violence for clients at the start of GRYD FCM Services?	SET Data	24
• What are provider perspectives regarding the administration of the SET?	Provider Interviews/Client & Family Focus Groups	28
4. Program Experiences and Services Received		
• What dosage of services do clients receive?	ETO Data	30
• What is the nature and content of the client experience with GRYD FCM Services? What makes clients stay? What makes them return for more services?	Ethnographic Observations/Provider Interviews/Client & Family Focus Groups	32
• How are genograms used? What occurs in the delivery and experience of genograms as a part of GRYD FCM Services?	Ethnographic Observations/Provider Interviews/Client & Family Focus Groups	34

Process Evaluation Questions	Source	Page
5. **Retention in Services**		
• What are the program completion rates?	ETO Data	36
• How do client characteristics relate to program completion?	ETO Data	37
• How long are participants enrolled in services?	ETO Data	40
• How does dosage received differ between clients who complete the program and those who do not?	ETO Data	40
• What is the nature and content of individual experience with GRYD FCM Services? How does this relate to staying in/quitting services?	Ethnographic Observations/ Provider Interviews/Client and Family Focus Groups	41
• What programmatic strategies are used by GRYD FCM Providers to deliver services and encourage program completion? What are the primary reasons for dropping out and how does this relate to the "tipping point" for quitting services in the quantitative data?	Ethnographic Observations/ Provider Interviews/Client and Family Focus Groups	42

Table 2. Outcome Evaluation Questions

OUTCOME EVALUATION QUESTIONS	SOURCE	PAGE
1. **Measuring Changes in Client Embeddedness**		
• What are the emerging pre/post findings for clients? Does the SET Interview document reductions in participation in non-violent and violent crime, and participation in gang activities?	SET Data	45
• To what extent are these pre/post SET findings mediated by race/ethnicity, age, gender, or other factors?	SET and ETO Data	48

Data and Methods

To assess these questions listed above, a variety of data sources were used. A description of each data source is provided below.

GRYD Efforts to Outcomes (ETO) Database

The GRYD ETO database houses information (de-identified for evaluation use) about all individuals who are referred to the GRYD program. This data includes demographic information, activities related to programming, and information related to the services received while enrolled in GRYD FCM Services.

Standardized data collection, required for all GRYD FCM Providers, began in February of 2012 in coordination with the introduction of the GRYD Comprehensive Strategy.[9]

Data collected in the GRYD ETO database were cleaned to address duplicate records and additional variables were created for analysis. A set of criteria based on provider entered data were used to identify those who enrolled as GRYD FCM clients.[10]

Analysis focuses on two groups 1) the 4,878 referrals where the provider was able to follow-up with a referral received and, 2) the 2,854 client enrollments into GRYD FCM Services from February, 2012 through May 16, 2016. It is important to note that while these numbers reflect unique referrals and enrollments, they may not reflect unique individuals as clients may return for multiple enrollments or transition to a different service group. Qualitative analyses included the use of Chi-Square Tests to examine the relationship between client characteristics and program completion.

Social Embeddedness Tool (SET)

The SET was developed by the Center for Research on Crime at University of Southern California (USC) to measure changes in gang commitment over time for GRYD FCM clients. The development process began in early 2012 and has included input from GRYD FCM Providers, Community Intervention Workers (CIWs), and the GRYD Office to improve question wording, remove sensitive questions, and add more effective questions. Training in interview administration for citywide implementation began in mid-2013, and the first SETs were received at USC for processing in November 2013 following a pilot testing and review process. The following timeline highlights key developments.

Table 3. Timeline of Key SET Developments

Year	Development
2012	• Pilot testing and discussions of the Social Embeddedness Tool (SET) began with 23 case managers from 9 GRYD FCM Providers participating (February)
2013	• Pilot testing of SET begins (April) • 1st version of SET released citywide, in two parts designed to be given in two sittings if necessary (November)
2014	• Feedback reports with interview results introduced for case management (August) • 2nd version of SET released, with improved question wording and combined into 1 interview generally given in one sitting (October)
2015	• GRYD service areas expand to 23 Zones citywide (July)
2016	• SET feedback form released that combines cumulative SET results received for an individual client on one form for ease in comparison (February) • 3rd version of SET released, with improved question wording (February)

All GRYD FCM clients are asked to complete an Initial SET during the Phase 2 of services. A SET Retest is then administered approximately every six months during the reassessment phase of the program for the duration of participation in the program. Clients who drop out before this point are not reassessed.

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[9] Though GRYD programming began in 2009, it was not until the release of the GRYD Comprehensive Strategy in late 2011 that the programmatic structure based on the conceptual model was introduced. Between 2009 and 2011, contracted providers delivered services based on their own policies and procedures, and little to no data were collected. Data collection systems for the GRYD FCM model were implemented in February of 2012.

[10] In order to be considered a GRYD FCM client for this report, each individual must have completed a Referral and Intake Assessment Form and have been categorized as eligible for, and intending to enroll in, FCM services; an Initial Meeting Form; and have at least one activity entered in the Activity Log.

SET data collected between November 1, 2013 and May 16, 2016 were used for analysis in this report. This included 512 Initial SETs and 120 subsequent SET Retest interviews. For purposes of analysis, an Initial SET was defined as the first SET interview completed by a client irrespective of the length of time that they had been enrolled (i.e, the tool may have been completed at any phase during the first cycle of services). A SET Retest refers to a subsequent SET completed by the same individual approximately six months after the beginning of services or when they were re-referred for subsequent services if a six-month re-test did not exist. Thus, it is important to note that some youth are re-referred to the program after a gap in services and may not have been enrolled for the entire duration of time between the Initial SET and SET Retest.

Analysis of SET Retest results were limited to a sample of 101 Initial-Retest pairs completed more than three months apart.[11] These 101 pairs were examined using repeated measures analyses to look for change over time from the Initial SET interview to SET Retest.

The low number of completed SETs are due to several factors, including provider willingness to administer the tool. Unfortunately, there has been some reluctance among GRYD FCM Providers to fully participate in the SET interview process. However, this reluctance has decreased as efforts were made to address concerns with revised interview language and questions that were less likely to cause difficulties, as interviewers gained more experience with the SET, and as the GRYD program matured.

Additional reasons why clients don't complete the SET have ranged from clients who leave the program quickly after enrollment to clients who are reluctant to provide personal information. Providers in a number of GRYD Zones have been successful in engaging their clients to complete SET interviews when the client was ready, while other providers have struggled to engage in the process at all. Despite the challenges faced overall, about half of the sites found a way to administer the SET to many of their clients. Acceptance of the process is increasing over time. In sum:

- Four GRYD Zones completed SET interviews with 56.7% to 70.3% of their enrolled clients (Harbor, Hollywood, Southeast 1 and Southwest 1). Two of these Zones (Hollywood and Southeast 1) were new Zones starting July 1, 2015.
- Seven GRYD Zones completed SET interviews with from 22.4% to 36.8% of their enrolled clients (Foothill, Hollenbeck 1, Newton 2, Northeast, Rampart 1, Rampart 2 and Southeast 3).
- At the other end of the continuum, providers in eleven GRYD Zones only completed SET interviews with from 1.3% to 15.3% of their enrolled FCM clients (77th 1, 77th 2, 77th 3, Hollenbeck 2, Hollenbeck 3, Mission, Newton 1, Olympic, Pacific, Southeast 2 and Southwest 2). Four of these Zones (77th 3, Hollenbeck 2, Olympic and Southeast 2) were new Zones starting July 1, 2015.
- NOTE: A new GRYD Zone on July 1, 2015, Devonshire-Topanga, began to submit their first SET interviews to USC too late to be included in this report.

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[11] Of the 120 Initial-Retest pairs received, 22 pairs were removed from analysis (leaving 98 SETs) because the time between Initial SET and SET Retest was under 3 months. Another six cases were removed because of ID or SET completion issues that could not be resolved before analysis. The sample used for this report includes 92 SET Retest interviews completed by GRYD FCM clients. An additional nine Initial-Retest SET pairs administered to youth enrolled in GRYD Reentry Services were included in order to strengthen the analysis.

Table 4. SET Administration Rates for GRYD FCM Clients: 2013-2016

GRYD Zone	Total Clients[12]	Initial SET	% FCM Clients with an Initial SET	SET Retest	% FCM Clients with a SET Retest
	N	N	%	N	%
Hollywood*	37	26	70.3	11	29.7
Harbor	90	51	56.7	9	10.0
Southeast 1*	39	22	56.4	1	2.6
Southwest 1	141	77	54.6	39	27.7
Northeast**	125	46	36.8	14	11.2
Rampart 1	106	36	34.0	6	5.7
Foothill	149	45	30.2	4	2.9
Hollenbeck 1	162	47	29.0	5	3.1
Southeast 3**	84	21	25.0	0	--
Rampart 2	92	21	22.8	3	3.3
Newton 2*	67	15	22.4	0	--
Hollenbeck 2*	59	9	15.3	2	3.4
Mission	96	12	12.5	0	--
77th 2	126	15	11.9	1	0.8
77th 1**	193	22	11.4	0	--
77th 3*	63	7	11.3	0	--
Newton 1**	203	23	11.1	0	--
Hollenbeck 3	132	10	7.6	0	--
Olympic*	36	2	5.6	3	8.3
Southeast 2*	66	2	3.0	0	--
Southwest 2**	74	2	2.7	0	--
Pacific	79	1	1.3	0	--
Devonshire-Topanga*	37	0	--	0	--
Total	2,256	512	22.7	98	4.3

*New GRYD Zone as of July 2015.
**GRYD Zone changed providers as of July 2015.

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[12] For this analysis, enrollment data from the GRYD ETO database as of June 13, 2016 was used to determine the number of FCM clients. First, all individual FCM clients were identified. Of these, all FCM clients who were closed out of the GRYD program prior to 30 days before the start of SET interviewing November 1, 2013 and all clients who were

Interviews and Focus Groups

Ethnographic research was used to narrate the story of GRYD FCM Providers and the clients and families served. With consultation from GRYD Office staff and the California State University, Los Angeles (CSULA), the qualitative evaluation team created an informal protocol to guide these introductory discussions. These visits included case managers, Community Intervention Workers (CIWs), directors/supervisors, and administrative staff. The research team provided an overview of the qualitative evaluation piece, learned about the structure of each site, and discussed programming successes and challenges.

During site visits, members of the qualitative evaluation team took comprehensive field notes and conducted individual "memoing" to record events and processes ethnographically. "Memoing" is the act of recording reflective notes about what the researcher is learning from the data. "Memos are the theorizing write-up of ideas about substantive codes and their theoretically coded relationships as they emerge during coding, collecting and analyzing data, and during memoing."[13] These memos add to the credibility and trustworthiness of the qualitative research and provide a record of the meanings derived from the data. The researcher experience becomes part of the narrative, rather than detached from it.[14] These field notes and "memos" were transcribed and analyzed using an open coding process. To develop preliminary themes, members of the team reviewed a random sampling of notes and created a comprehensive list of over 30 line items. To ensure that the list of themes was comprehensive, all notes were reviewed twice and coded based on this complete list. Using codes developed from the open coding process, the second coding process created more highly refined key themes. The most prominent themes are discussed throughout this report; these were themes present in at least 40.0% of interviews, with some mentioned in as many as 75.0% of the interviews.

Overall, the qualitative evaluation team conducted preliminary site visits with all 14 GRYD FCM Providers covering 19 (of 23) Zones.[15] The research team also completed 22 focus groups with client (12) and family (10) participants and spoke with 141 participants – 93 clients and 48 family members. Five different providers, covering nine Zones, chose not to participate in focus groups.[16]

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enrolled in the program less than 30 days prior to May 16, 2016 were removed (thirty days equal to phase 2). The full GRYD IDs for the 512 1st SETs were matched to the full GRYD IDs in the ETO report. Added to this count of FCM clients were a number of other types of clients where 1st SETs had been submitted and processed: 14 TCS clients, 10 indirect clients and 13 marked as "not a client" in the ETO database. Finally, 6 additional clients were included: 3 SETs received for clients interviewed after November 1, 2016 but noted in the ETO database as closed out before the program began; 3 SETs received for clients who were enrolled less than 30 days before the May 16, 2016 cut off.

[13] Glaser, B. (1992). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press; Glaser BG (1998). *Doing Grounded Theory – Issues and Discussions*. Mill Valley, CA: Sociology Press.

[14] Leap, J. (2012). *Jumped In: What gangs taught me about violence, drugs, love and redemption*. Boston: Beacon Press. Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks: Sage Publications.

[15] Soledad Enrichment Academy (SEA) serving the Northeast GRYD Zone as well as Hollenbeck 1,2, and 3 did not participate in the visits. It is important to keep in mind that SEA oversees multiple zones and, as such, was still represented – as a provider – in these findings. GRYD Regional Program Manager, Refugio Valle, facilitated this communication. Sites received an introductory email on February 3, 2016 and several follow-up emails thereafter in order to elicit full participation.

[16] These Zones are: Developing Options (77th 1), Chapter Two (77th 2), New Directions for Youth (Mission), Soledad Enrichment Action (Hollenbeck 1,2, & 3; Northeast; and Southeast 2), and Urban Peace Institute (Southeast 3).

Table 5. Completed Client and Family Focus Groups by Provider

GRYD FCM Provider	GRYD Zone (s)	Client Focus Group (N)	Family Focus Group (N)
Alliance for Community Empowerment	Devonshire-Topanga	6	1
Chapter Two	77th 2	0	0
Communities in Schools	Foothill	8	10
Community Build	Southwest 1	3	0
Developing Options	77th 1	0	0
Going Beyond Boundaries	Newton 1	9	9
HELPER Foundation	Pacific	7	0
HELPER Foundation	Pacific (Mar Vista)	10	7
New Directions for Youth	Mission	0	0
PHFE	Olympic & Hollywood	12	1
PHFE	Rampart 1 & 2	7	3
SEA	Hollenbeck 1,2,3	0	0
SEA	Northeast	0	0
SEA	Southeast 2	0	0
Toberman Neighborhood Center	Harbor	9	6
Urban Peace Institute	Southeast 3	0	0
Vermont Village CDC	Southeast 1	6	6
Volunteers of America	Newton 2	11	4
Volunteers of America	Southwest 2	5	1
	Total	93	48

Process Evaluation Results

T he goal of this evaluation is to better understand who GRYD is serving, the types of services clients and their families receive as part of GRYD Intervention Family Case Management (FCM) Services, and the emerging findings for the types of changes observed among youth over time. Both qualitative and quantitative findings are presented together whenever possible and appropriate. The first section focuses on the process evaluation results related to the referral and enrollment process, the programmatic experiences and services that youth and families receive, and program retention.

Referral and Eligibility Process

Since the launch of GRYD Intervention Family Case Management (FCM) Services, a diversity of referral sources have identified and recruited young people between the ages of 14-25 who are perceived to be gang involved. This section begins with findings based on the GRYD Efforts to Outcomes (ETO) data, which provides a look into young adults who are referred and the source of these referrals. In addition, qualitative data from provider interviews and focus groups are summarized to present the provider perspective on the strengths and challenges related to the recruitment process. Next, eligibility rates across all GRYD Zones and characteristics of individuals who enroll in GRYD FCM are presented.

How many young people were referred to GRYD and how many participated in services?

Between February 1, 2012 and May 16, 2016, there were 5,351 referrals made to GRYD FCM Services. Overall, providers were able to follow-up with 4,878 (91.2%) of these referrals to assess interest in, and eligibility for, GRYD FCM Services. After follow-up with the referral occurs, provider staff make an assessment of the individual in order to determine eligibility. Figure 5 below presents an overview of the different paths that a referral may take. Nearly 90.0% of the young people identified as being eligible for GRYD FCM Services enrolled in programming (2,854 of 3,283). The subsection on client enrollment identifies which GRYD Zones these young people were enrolled in and their demographic characteristics. Social Embeddedness Tool (SET) analysis focuses on clients enrolled between November 1, 2013 and May 16, 2016 who have completed SET interviews.

The GRYD FCM model includes more than one service track, also included in Figure 5. In particular, Indirect and Transitional Client Services (TCS) are less intensive service models conceptualized as part of preparation for GRYD FCM Services.[17] While all referrals with follow-up are included in referral and intake analysis, enrollments into Indirect and Transitional Client Services (TCS) program types are not included elsewhere in the report.

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[17] From February 2012 – December 2014, individuals with peripheral engagement in services were referred to as Indirect Clients/Pre-Participants. In January 2015, the Indirect Client category was phased out and replaced by Transitional Client Services (TCS); a service model more specially designed as a stepping stone for future enrollment into the full FCM model of services.

Figure 5. Client Data Flow Chart, GRYD Intervention Clients
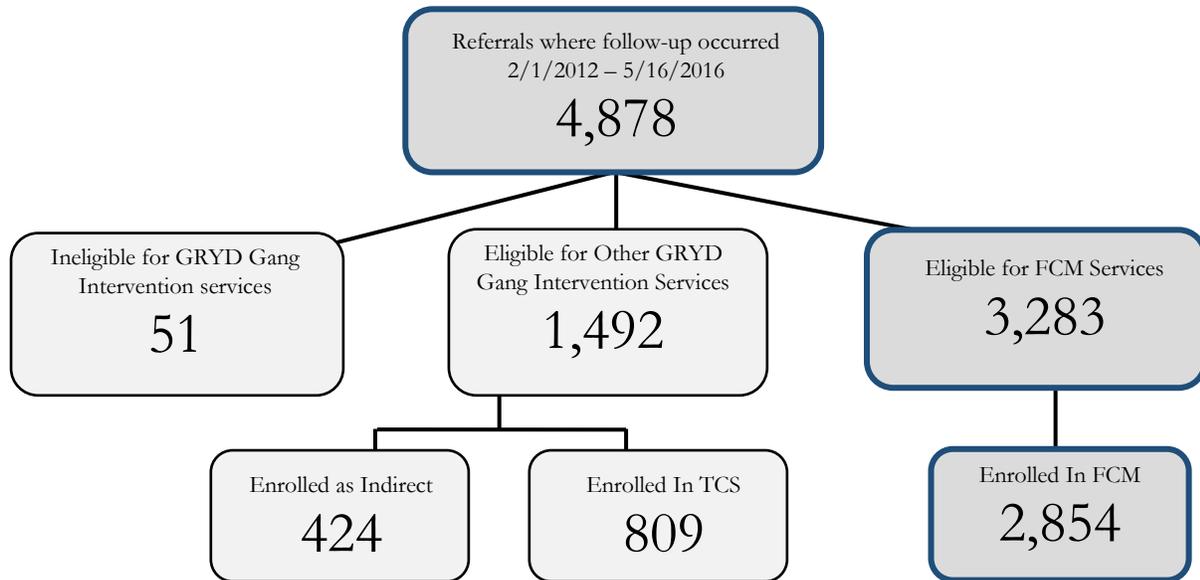
Who refers to GRYD FCM Services?

Reflective of provider observations regarding the effectiveness of in-reach, almost half of all referrals (44.7%) come internally from Community Intervention Workers (CIWs). Other top referral sources include self/walk-ins and referrals from other GRYD staff. [18]

Table 6. Referral Source

Referral Source (N=4,876)	N	%
Internal from CIW	2182	44.7
Self/walk-in	809	16.6
GRYD Staff	491	10.1
Other	427	8.8
School	374	7.7
Parent/caregiver	165	3.4
Probation	163	3.3
GRYD Prevention Provider/Other CBO	142	2.9
Community resident	101	2.1
Police officer/dept.—Agency	15	0.3
City of LA Park and Recreation	4	0.1
California Department of Corrections	3	0.1

[18] Note: Referral sources where "Other" was selected were recoded where possible and aligned with existing choices. After recode, all referral source data was collapsed for analysis.

What outreach and recruitment strategies are used by GRYD FCM Providers with referrals?

Interviews and site visits with GRYD FCM Provider staff revealed that across sites, providers rely heavily on Community Intervention Workers (CIWs) to establish relationships and build trust and credibility between youth and families and the GRYD program team. Providers have expressed similar observations related to the role of relationships in outreach and recruitment and here several key observations related to the importance of CIWs and other relationships are presented.

The CIW Role in Outreach and Recruitment

Many CIWs have lived and operated in their respective communities for 15 or more years and possess well-established relationships built on mutual respect. The long history between CIWs and the community proved critical to their success with outreach and recruitment. Fifty percent (7 of 14) of sites shared that "word-of-mouth" or "in-reach" effectively brings in the majority of referrals. One CIW described this dynamic emphatically:

> *"This is our community. We are key community stakeholders.*
> *We know the people. This is about relationships. They know the work that we do.*
> *This is primary! Communication is key – trust and availability.*
> *And consistency. Clients tell one another that they like the services."*

Staff at another site echoed these sentiments, explaining, *"We want clients to feel like they are at home. To feel comfortable. And to be receptive to receiving services. Our staff is proof that you can make a change. This is what gets us the buy-in."* This high level of community buy-in is essential for creating collaboration and building support among a variety of sources. Because of the relationships that CIWs have strengthened, providers can form partnerships in multiple spaces including schools, churches, housing developments, mental health facilities, WorkSource and FamilySource, shelters, funeral homes, and additional community-based organizations.

Building Relationships with Schools

The partnership that GRYD FCM Providers enjoyed with schools was one of the most remarkable findings to emerge. Nearly 80% (11 of 14) of sites interviewed reported fostering strong relationships with school counselors and administrators. One site shared that the schools have been so receptive to the CIWs that they were given school badges and provided with contact numbers for all of the school personnel; a result of the recognition and acceptance of their license to operate (LTO) in the community.[19]

Many CIWs and case managers explained that in the current environment they are not required to present a memorandum of understanding (MOU). This acceptance is based on their long and consistent history in the GRYD Zone, which enables them to establish and build relationships with school officials. Several of these sites made specific reference to their participation in the "Safe Passages" program. Drawing upon this program's protocols, CIWs ensure a client's safety to and from school, provide accurate incident-related information, and maintain open lines of communication with school administration. Two of the sites have been invited to host and facilitate a girls group every week – in addition to providing young women with "exposure trips" to local colleges and city hall. Case managers reported that each girls group tends to "take on

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19 While the LTO is generally recognized as a sign of credibility in violence and gang reduction efforts, it is not a formal license. Instead, it is a folk category that has developed within the community of gang interventionists to refer to the process by which a community, including active gang members, grants an individual permission to operate within geographic boundaries. These geographic boundaries are clearly defined and the LTO is not transferrable. For example, an individual may be granted a LTO within the street boundaries of a certain gang territory but they are not able to operate in another setting. The LTO is viewed as a privilege and can be revoked at any moment, particularly if an interventionist engages in improper or negative behaviors. Additionally, because the awarding of a LTO is based on community participation and sanctions, the process is bound by relationships and careful negotiations. Rather than an official stamp of approval, it is a community-designated status subject to reinforcement or withdrawal.

a life of its own depending on the particular interests of the cohort, whether it be sports, nutrition/exercise, or personal development." For the CIWs, *this is about identity formation and self-awareness."*

Partnerships with Government Agencies

In addition, nearly 64.3% of sites (9 of 14) credit strong relationships with the Los Angeles County Probation Department, the courts, and the Los Angeles Police Department (LAPD) for facilitating outreach and recruitment, thus creating and maintaining a steady influx of clients. CIWs were invited to make presentations to the gang units within several jurisdictions. Most significantly, LAPD officers often referred youth to GRYD FCM Services rather than citing them for minor infractions, fostering what amounted to a de facto diversion program. Similar to the LAPD, the providers report that the Los Angeles County Probation Department relied heavily on GRYD FCM Providers to help with clients – noting that they often virtually turn over case management to their workers. One GRYD Zone in particular highlighted how important their relationship with Probation is, explaining:

> *"We have personal relationships with our [Probation Officers] P.O.s.*
> *They refer kids and keep in touch with updates. They have heavy caseloads,*
> *so we can help with service provision – they appreciate our wraparound approach.*
> *The community knows our CIWs. We all work together."*

The qualitative findings highlight the importance that community networks and partnerships play for referrals to GRYD FCM Services. The next section presents the characteristics of young people referred and determined to be eligible for services.

Referral Characteristics and Eligibility

What are the demographic characteristics of those who are referred?

As seen in the Table 7, most young people referred to GRYD Intervention Family Case Management (FCM) Services were male (67.5%). The vast majority of those referred were Latino (71.1%) and African American (26.1%) and the average age at referral was 18. While referrals ranged in age from 11 to 63 years old, nearly all (93.1%) fell within the target age range of 14-25 years old. [20] It should be noted that GRYD does allow for age exceptions so it is expected that some referrals and clients will fall outside of this range. During provider interviews, staff expressed their desire to expand the age range, which would minimize the time and effort spent submitting an exception.

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[20] 70 Referrals where calculated age at referral was less than 5 or was negative have been excluded from analysis.

Table 7. Demographic Characteristics of Referred Young People

	All Referrals	
	N	**%**
Gender (N=4,845)		
Male	3,268	67.5
Female	1,577	32.5
Race/Ethnicity (N=4,843)		
Latino	3441	71.1
African American	1262	26.1
Other	75	1.5
African American and Latino	32	0.7
Caucasian	22	0.5
Asian American	11	0.2
Age at Referral (N=4,807)		
18 and older	2,599	54.1
Under 18	2,208	45.9
Average Age	18	
Age Range at Referral (N=4,807)		
14-25	4,477	93.1
Referral Age Range	11 - 63	
Note: N may vary due to missing responses		

How many referrals were eligible for services based on provider assessment?

Citywide, 67.3% (N = 3,283) of referrals were found eligible for GRYD FCM Services based on provider assessment. However, within GRYD Zones, this percentage ranged from 48.9% in Rampart 1 to 100% in Southeast 1. This may be due in part to variation in approach to outreach by GRYD FCM Providers or to variations within the types of individuals that are being referred.

Table 8. GRYD FCM Services Eligibility Rates

GRYD Zone	Total Referrals (N=3,283)	Eligible		Not Eligible	
		N	%	N	%
Southeast 1*	40	40	100.0	0	--
Southeast 2*	76	71	93.4	5	6.6
Newton 1**	309	287	92.9	22	7.1
77th 1**	293	247	84.3	46	15.7
Newton 2*	93	75	80.6	18	19.4
77th 2	262	200	76.3	62	23.7
77th 3*	92	70	76.1	22	23.9
Pacific	141	102	72.3	39	27.7
Foothill	316	221	69.9	95	30.1
Southwest 1	309	214	69.3	95	30.7
Rampart 2	188	125	66.5	63	33.5
Southeast 3**	159	105	66.0	54	34.0
Harbor	179	118	65.9	61	34.1
Hollywood*	58	38	65.5	20	34.5
Mission	230	150	65.2	80	34.8
Southwest 2**	195	126	64.6	69	35.4
Hollenbeck 2*	124	79	63.7	45	36.3
Olympic*	77	48	62.3	29	37.7
Hollenbeck 1	483	298	61.7	185	38.3
Hollenbeck 3	411	234	56.9	177	43.1
Northeast**	398	217	54.5	181	45.5
Devonshire-Topanga*	73	36	49.3	37	50.7
Rampart 1	372	182	48.9	190	51.1
Total	4,878	3,283	67.3	1,595	32.7

* New GRYD Zones starting July 1, 2015
** Change in GRYD provider July 1, 2015

Client Enrollment in GRYD FCM Services

At what rates do eligible referrals enroll in services?

Between February 1, 2012 and May 16, 2016 there were 2,854 enrollments into GRYD Intervention Family Case Management (FCM) Services, or 86.9% of all referrals found eligible. A difference can be seen in enrollment rates by GRYD Zone with the percentage of eligible referrals who enrolled ranging from 74.2% in Northeast to 100.0% in Harbor and Devonshire-Topanga GRYD Zones. While GRYD expanded to several new areas of coverage starting July 1, 2015, the new GRYD Zones did not have a noticeable difference from the existing GRYD Zones in eligibility and enrollment rates.

Table 9. Client Enrollment Rates

GRYD Zone	Total Eligible (N=3,283)	Enrolled		Not Enrolled	
		N	%	N	%
Harbor	118	118	100.0	0	--
Devonshire-Topanga*	36	36	100.0	0	--
Hollenbeck 2*	79	78	98.7	1	1.3
Hollywood*	38	37	97.4	1	2.6
77th 1**	247	236	95.5	11	4.5
Pacific	102	97	95.1	5	4.9
77th 3**	70	66	94.3	4	5.7
Newton 1**	287	263	91.6	24	8.4
Rampart 2	125	114	91.2	11	8.8
Hollenbeck 3	234	211	90.2	23	9.8
Southeast 2*	71	64	90.1	7	9.9
Southeast 1*	40	35	87.5	5	12.5
Newton 2*	75	65	86.7	10	13.3
Hollenbeck 1	298	258	86.6	40	13.4
Southwest 2**	126	109	86.5	17	13.5
77th 2	200	173	86.5	27	13.5
Foothill	221	183	82.8	38	17.2
Mission	150	122	81.3	28	18.7
Southeast 3**	105	84	80.0	21	20.0
Rampart 1	182	143	78.6	39	21.4
Olympic*	48	37	77.1	11	22.9
Southwest 1	214	164	76.6	50	23.4
Northeast**	217	161	74.2	56	25.8
Total	**3,283**	**2,854**	**86.9**	**429**	**13.1**

* New GRYD Zones starting July 1, 2015
** Change in GRYD provider July 1, 2015

What are the demographic and other characteristics of those who enroll in GRYD FCM Services?

Of the 2,854 enrollments into GRYD FCM Services during the time period examined, most (66.4%) were male and the vast majority were Latino (67.1%) and African American (29.6%). Nearly all clients (94.9%) fell within the target age range of 14-25. Clients were about evenly split across minors and those age 18 or older with an average age of 18; the youngest client was 12 while the oldest was 47 years old. Overall, the demographic characteristics of those who enrolled in programming were fairly similar to all referrals. For the full breakdown, please refer to the Appendix.

At enrollment, GRYD FCM Providers were asked to identify the characteristics of new clients and these are presented below. [21]

Living Situation

- Most (65.8%) clients lived at home with at least one biological parent; 43.0% lived at home with one biological parent and 22.8% lived at home with both biological parents.
- 12.2% were in need of housing services.

Table 10. Living Situation

	Enrolled	
	N	%
Living Situation (N=2,852)		
Home with one biological parent only	1227	43.0
Home with both biological parents	651	22.8
Home of relative	204	7.2
Home with biological parent & stepparent	184	6.5
Lives with boyfriend/girlfriend or husband/wife	165	5.8
Homeless	107	3.8
Lives with other non-relatives	100	3.5
Home with grandparent	81	2.8
Lives alone	58	2.0
Home of legal guardian	38	1.3
Foster care placement	19	0.7
Group home placement	18	0.6
In Need of Housing Services? (N=1,415)		
No	1,243	87.8
Yes	172	12.2
Note: N may vary due to missing responses		

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[21] Some individuals who leave GRYD FCM Services return at a later time. If a young person meets eligibility guidelines at both time points, they are allowed to re-enroll in the program. The characteristics presented here represent the number of program enrollments; therefore, those enrolled in the program twice are counted twice.

Mental Health and Substance Use

- 16.3% were identified as having some level of mental health problems.
- 61.8% of clients used alcohol or other drugs; while most used occasionally, 16.5% were identified as having a pattern of substance misuse, substance abuse, or substance dependency.

Table 11. Mental Health and Substance Use

	Enrolled	
	N	%
Current Mental Health Status (N=2,634)		
No problems	2,204	83.7
Some mental health problems	354	13.4
Moderate mental health problems	51	1.9
Significant mental health problems	24	0.9
Extreme mental health problems	1	--
Use of Alcohol or Other Drugs (N=2,579)		
Yes—uses occasionally	1,169	45.3
No—doesn't use alcohol or other drugs at all	984	38.2
Yes—pattern of misuse	313	12.1
Yes—substance abuse (regular use causing some problems to self and others as a result of use)	97	3.8
Yes—substance dependency (addicted, cannot go without use and causes significant harm in self and others)	16	0.6

Note: N may vary due to missing responses

Justice System Involvement and Prosocial Engagement

- 23.8% were arrested in the six months prior to enrollment.
- 29.8% were under the supervision of probation or the Department of Corrections at some point in the 6 months leading up to their enrollment in GRYD FCM Services.
- 20.7% had travelled to a place outside of a three-mile radius to engage in a prosocial activity in the six months prior to enrollment.

Table 12. Justice System Involvement and Prosocial Engagement

	Enrolled	
	N	**%**
Arrested in Past 6 Months (N = 2,630)		
No	2,005	76.2
Yes	625	23.8
Under the Supervision of Probation or the Department of Corrections in past 6 months (N=2,672)		
No	1876	70.2
Yes—Probation Supervision in Community	419	15.7
Yes—Department of Juvenile Justice Facility	93	3.5
Yes—Probation Camp	84	3.1
Yes—Adult Correctional Facility	71	2.7
Yes—Adult Correctional Parole	49	1.8
Yes—Diversion (e.g., WIC 654, 725(a))	30	1.1
Yes—Probation Suitable Placement	25	0.9
Yes—Department of Juvenile Justice Parole	19	0.7
Yes—Deferred entry of judgment (WIC 790)	6	0.2
Prosocial travel in past 6 months (2,654)		
No	2,063	77.7
Yes	591	22.3
Note: N may vary due to missing responses		

How do key risk and protective factors relate to gang identity and involvement in crime and violence for clients at the start of GRYD FCM Services?

Table 13 reports the correlation between key risk and protective factors measured shortly after a client enrolls in GRYD FCM Services using data collected as part of the Initial Social Embeddedness Tool (SET) interview. A total of 512 clients enrolled in GRYD FCM Services between November 1, 2013 and May 16, 2016 completed an Initial SET. Of these clients, 63.9% (327) were male and 36.1% (185) were female. The age range of male clients was 13-34 years old, while female clients were between 14-35 years old; the mean age was 19 for both males and females. Regarding ethnic identification, 65.8% (337) of the 512 clients identified as Latino and 28.3% (145) identified as African American. Taken together, 5.5% (28) of the 512 clients identified as either multi-ethnic (African American and Latino), Asian American, Caucasian, or another race/ethnicity not listed.[22]

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[22] Race/Ethnicity data was missing for 0.4% (2) of the 512 clients.

Individual Factors

Table 13 includes three individual risk factors: an accumulation of critical life events, impulsive risk taking and negative police relations. Each of these are correlated with participation in crime and violence (over the prior 6 months). Impulsive risk taking and negative police relations are also related to strength of gang identity. Critical life events were not correlated with gang identity.

Gang Factors

The next section in Table 13 includes three gang-related risk factors: gang social identity, gang cohesion, and gang emotional ties. Each of these are correlated with crime and violence reported over the prior 6 months. The fourth gang factor, I-Position in the Gang reflects a client's independence from gang influence. It is a protective factor that is negatively related to gang identity.

Family Factors

The final section in Table 13 includes four family related factors. The first three (horizontal, vertical, and family cohesion) all serve as protective factors. The first three are negatively related to crime, violence and strength of gang identity. However, the fourth factor, family emotional ties is more complicated and, while a risk factor overall for these clients, can serve as either a risk or protective factor depending on levels of gang involvement among family members.

Table 13. Correlations of SET Risk and Protective Factors with Crime, Violence & Gang Identity

Scales	Risk or Protective	Concepts Measured	Correlation with Crime		Correlation with Violence		Correlation with Gang Identity	
			N	Sig	N	Sig	N	Sig
Individual Factors								
Critical Life Events	Risk	Accumulation of critical life events over last 6 months	502	.33**	502	.36**	382	.09
Impulsive Risk Taking	Risk	Impulsivity and attraction to risk-taking	504	.43**	504	.35**	383	.40**
Negative Police Relations	Risk	Client's opinion of local police	506	.26**	506	.27**	384	.19**
Gang Factors								
Gang Social Identity	Risk	Strength of personal identification with gang	382	.27**	382	.27**		__
Gang Cohesion	Risk	Time spent with gang	382	.39**	382	.38**	384	.65**
Gang Emotional Ties	Risk	Emotional ties to gang are generally risky	382	.40**	382	.33**	384	.47**
I-Position in Gang (Self Differentiation)	Protective	Client views self as separate from gang	387	-.13	387	.09	384	-.27**
Family Factors								
Family (Horizontal)	Protective	Dynamics among parents and children	492	-.21**	492	-.20**	492	-.27**
Family (Vertical)	Protective	Legacy of client's family achievements over time	492	-.20**	492	-.17**	492	-.18**
Family Cohesion	Protective	Time spent with family	493	-.18*	493	-.17*	492	-.12*
Family Emotional Ties	Varies by situation	Emotional ties to family	493	.26**	493	.34**	374	.11*

*p < 0.05
**p < 0.01
Note: The number of clients answering questions vary. Some are not involved with gang or family. In the Gang section, 382 clients responded to all four of the gang-related questions included in the table (as others indicated that they were not gang involved). In the family section, 492 to 493 clients responded (as others indicated that they had no family).

Of the 512 clients who completed an Initial SET, 386 (75.4%) reported having joined a gang.[23] For these gang-involved clients, the age of first gang association ranged from younger than 9 years old to older than 16. Over half (62.4%) reported joining the gang between the ages of 12 and 15 with a mean age of 12.4 years old.

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[23] 115 clients (22.5%) indicated they were not in a gang, 2 clients refused to respond, and 9 responses were missing.

Figure 6. Age at Gang Joining

Age at First Gang Association

Age	All	< 9	9	10	11	12	13	14	15	16	> 16
N	386	33	12	15	26	55	78	60	48	24	35
%	100.0	8.5	3.1	3.9	6.7	14.2	20.2	15.5	12.4	6.2	9.1
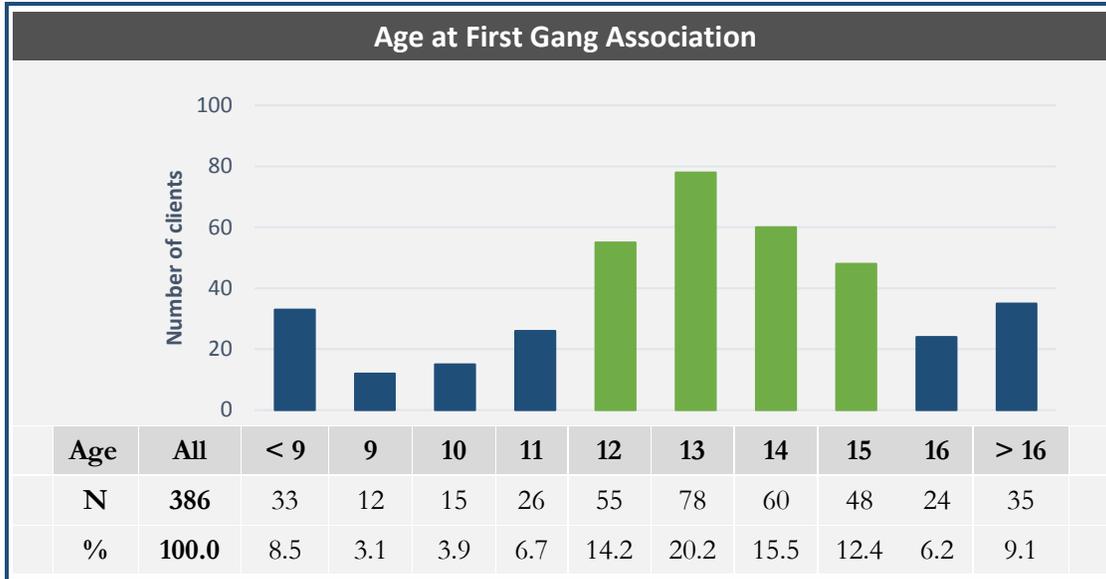
These same 386 clients who identified as gang members were asked "How close or far from the center of the GROUP are you now?" Clients were shown a picture of 5 concentric circles numbered "5" for in the center through "0" for outside the gang. In response, 117 clients (30.3%) indicated they placed themselves close to or in the center in relation to the gang (at a "4" or "5"), 198 clients (51.3%) placed themselves towards the middle (at a "2" or "3"), while 71 clients (18.4%) placed themselves close to or outside the gang (at a "1" or "0").

Table 14. Position in Relation to the Gang

	Position	Gang-Involved FCM Clients	
		N	%
	3=in the middle	125	32.4
	2=in the middle	73	18.9
	4=close to the center	70	18.1
	5=in the center	47	12.2
	0=outside the gang	39	10.1
	1=close to the outside	32	8.3
	Total	**386**	**100.0**
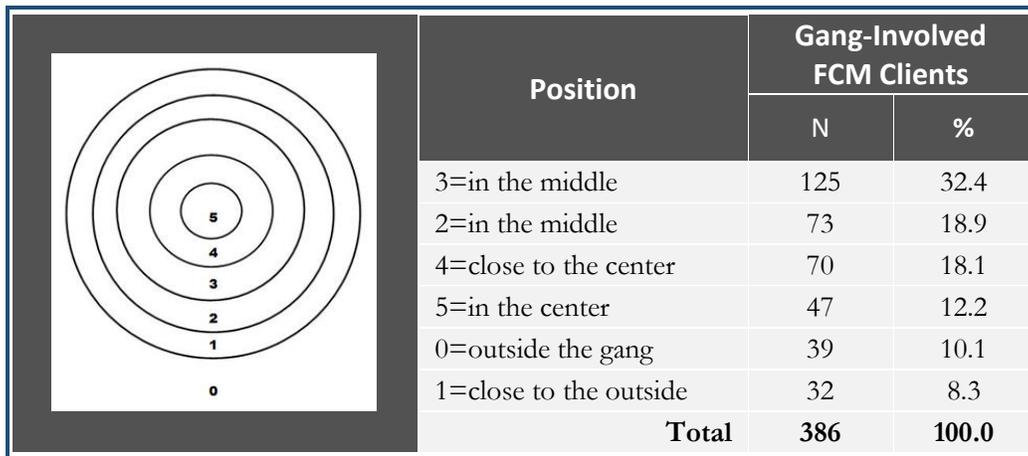
When asked whether or not they had thought about reducing their involvement in the gang, 67.1% responded "yes" (261 clients of 389). These 261 clients were then asked at what age they had thought about leaving the gang; 257 responded to this question. The majority of the clients (51.4%) who answered "yes" to this question had thought about leaving between the ages of 16 and 18.

Figure 7. Age of Client When Thinking about Reducing Gang Involvement

Age When Thinking About Reducing Involvement

Age	All	< 14	14	15	16	17	18	19	20	21	>21
N	257	18	12	25	43	44	45	17	23	13	17
%	100.0	7.0	4.7	9.7	16.7	17.1	17.5	6.6	8.9	5.1	6.6
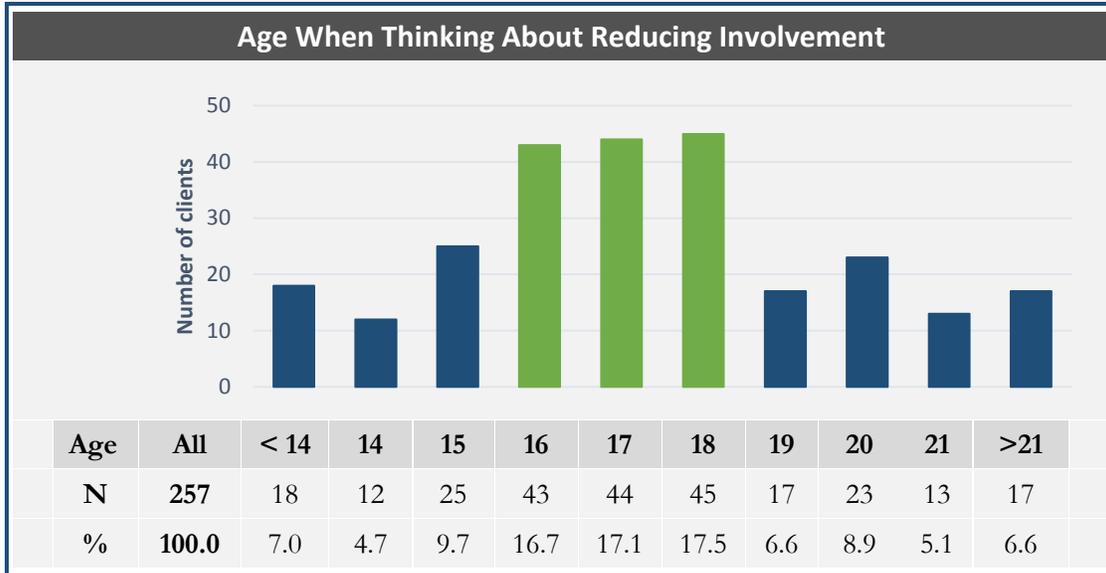
Of the 512 respondents who completed an Initial SET, 384 (75.0%) responded to questions related to how strongly they identified with their gang. The majority reported that they felt a very weak (92 or 24.0%) or somewhat weak (177 or 46.1%) connection with their gang. The remainder felt somewhat connected (104 or 27.1%) or very strongly connected (11 or 2.9%) to their gang.

Figure 8. Strength of Client's Identity with Gang (Social Identity)

Strength of Client's Identity with Gang

	All	Very Weak	Somewhat Weak	Somewhat Strong	Very Strong
N	384	92	177	104	11
%	100.0	24.0	46.1	27.1	2.9
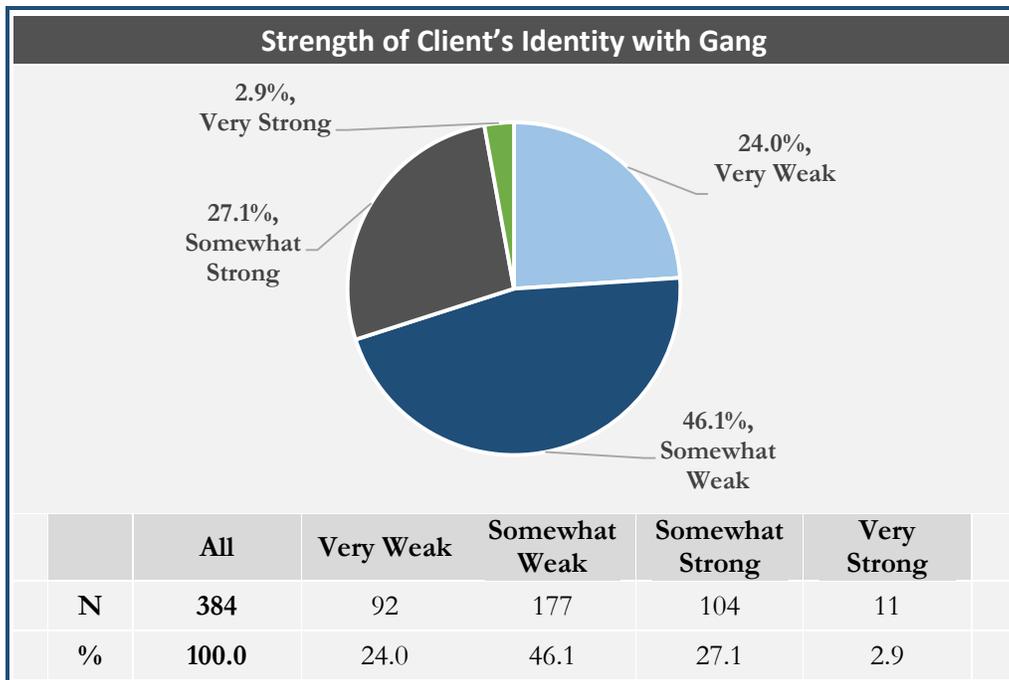
GRYD FCM clients were shown a list of 7 non-violent criminal behaviors and asked how many they had engaged in in the past 6 months (clients were not asked to reveal which of these activities they had done). At

Initial SET, 40.3% of the 506 respondents reported having engaged in none of the listed criminal behaviors.[24] In general, as the number of reported behaviors increased, the number of respondents who reported having engaged in these behaviors decreased. Only 5.9% of respondents reported having engaged in five or more of the listed behaviors.

Table 15. Number of Non-Violent Criminal Behaviors at Initial SET

What number of different things on this list have you done in the last 6 months? 0 1 2 3 4 5 more • Purposely destroyed property that did not belong to you • Sold drugs such as marijuana or prescriptions • Sold hard drugs • Stolen or tried to steal something worth less than $50 • Stolen or tried to steal something worth more than $50 • Gone into or tried to go into a building to steal something • Stolen or tried to steal a car or other motor vehicle	Number of Non-Violent Behaviors	All Initial SETs	
		N	%
	None	204	40.3
	One	93	18.4
	Two	64	12.6
	Three	62	12.3
	Four	31	6.1
	Five	22	4.3
	More than five	30	5.9
	Total	**506**	**100.0**

Clients were also shown a list of 7 violent criminal behaviors and asked how many they had engaged in in the past 6 months (clients were not asked to reveal which activities they had done). At Initial SET, 31.2% of the 506 respondents reported having engaged in none of the listed violent behaviors. Similar to the pattern observed for non-violent criminal behavior, there were generally fewer respondents as the number of behaviors increased. Only 4.7% percent of respondents reported having engaged in five or more of the listed behaviors.

Table 16. Number of Violent Criminal Behaviors at Initial SET

What number of different things on this list have you done in the last 6 months? 0 1 2 3 4 5 more • Kicked, attacked or hit someone with your fists • Stolen money or things from a person (not with a weapon) • Carried a weapon (a knife or a gun or something else) • Been involved in gang fights • Threatened to hurt someone to get them to do what you want them to do • Attacked someone with a weapon (a knife or a gun or something else) • Used a weapon or force to get money or things from people	Number of Violent Behaviors	All Initial SETs	
		N	%
	None	158	31.2
	One	118	23.3
	Two	79	15.6
	Three	71	14.0
	Four	40	7.9
	Five	16	3.2
	More than five	24	4.7
	Total	**506**	**100.0**

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[24] Of the 512 Initial SETs completed, six responses were missing for both non-violent and violent criminal behaviors.

What are provider perspectives regarding the administration of the SET?

Nearly 60.0% (8 of 14) of GRYD Zones described experiencing ongoing difficulties with SET administration. For these sites, providers report that they perceive the tool as off-putting and not conducive to relationship building or developing trust. Several indicated that clients are very resistant to completing it and answer dishonestly. The area of biggest concern surrounds the criminality component of the tool. Community Intervention Workers (CIWs) and case managers alike felt that this component places both their clients and staff at risk in a time of heightened suspicion, betrayal, the LAPD introduction of the CeaseFire program, and gang injunctions. One case manager eloquently addressed these concerns, explaining:

> *"This is kind of crazy. Kids aren't going to be honest. This interrupts the trust/relationship formed with the team. Case managers and CIWs are absorbing sudden impact from these questions. This is hard to process without a licensed therapist. This causes a disturbance in the individual's life – and without proper follow up. We are waking up some dormant/repressed feelings and we are not trained."*

Despite encountering complexities in the SET administration, the majority of GRYD FCM Providers also recognize the value in learning about the youth, their relationships, and the presence of risk factors. One site indicated that they would have liked to be involved in its creation or in the development of future iterations in order to make the tool more reflective of the reality in these communities. In addition, the majority of sites expressed the desire for more in-depth training, including a focus on dealing with the effect of the administration of the SET.

Program Experiences and Services Received

This section looks at the services received by clients while enrolled in GRYD Intervention Family Case Management (FCM) Services and the experiences of these young people and their families. For each phase, clients are expected to receive a dosage of two individual meetings, one family meeting, and one team meeting. While these meetings represent the required minimums, there are a number of other activities provided as well. Program dosage considers both the frequency of different types of activities recorded as part of GRYD FCM Services as well as who is attending those activities and the amount of contact with clients and their families that is taking place based on hours spent attending programming. This is followed by client and family experiences related to GRYD services and genogram use and delivery in programming.

What dosage of services do FCM clients receive?

A total of 73,586 activities were recorded into the GRYD Efforts to Outcomes (ETO) database from February 2012 through May 2016. As seen in Table 17 below, the most frequently recorded activities were individual meetings (35.8%), team meetings (17.7%), and family meetings (16.4%) which are required activities and represent the required dosage per Phase. A fourth activity accounting for a significant portion of all activities recorded is tracking down/checking up on a client (15.7%); reinforcing the fact that the population served through FCM can be at times difficult to engage.

Table 17. Frequency of Activities Logged

Type of Activity (N=73,586)	N	%
Individual Meeting	26,379	35.8
Team Meeting	13,013	17.7
Family Meeting	12,062	16.4
Tracking Down/Checking Up on Client	11,589	15.7
Other Activity (specify)	3,272	4.4
Facilitating Services for Client	1,835	2.5
Event/Activity/Field Trip	1,204	1.6
Provided Transportation for Client	848	1.2
Referral to Service Provider	695	0.9
Internal Life Skills Classes	636	0.9
Internal Substance Abuse Support Groups	516	0.7
Advocacy for Client at School	372	0.5
Advocacy-Other (specify)	242	0.3
Referral Follow-up	224	0.3
Internal Connections to Employment	203	0.3
Advocacy for Client with Probation/Parole Officer	189	0.3
Advocacy for Client at Criminal/Delinquency Court	149	0.2
Tattoo Services	86	0.1
Advocacy for Client at Dependency Court	49	0.1
Celebration Activity	20	--
Uncategorized	3	--
Total	**73,586**	**100.0**

Attendance for different activities was typically high for those targeted by each type of activity. For example, clients attended over 90.0% of all individual meetings, internal life skills classes, and internal substance abuse support groups while 79.9% of all family meetings were attended by clients and families together.

Table 18. Activities Logged by Client and Family Attendance

Type of Activity	Total Activities (N=73,586)	Attended by Client Alone		Attended by Family Alone		Attended by Client and Family		Not Attended by Client or Family	
		N	%	N	%	N	%	N	%
Individual Meeting	26,379	25,467	96.5	21	.1	435	1.6	456	1.7
Family Meeting	12,062	1,014	8.4	1,297	10.8	9,639	79.9	112	0.9
Facilitating Services for Client	1,835	1,020	55.6	49	2.7	123	6.7	643	35.0
Event/Activity/Field Trip	1,204	1,014	84.2	14	1.2	156	13.0	20	1.7
Provided Transportation for Client	848	702	82.8	8	.9	121	14.3	17	2.0
Referral to Service Provider	695	475	68.3	11	1.6	112	16.1	97	14.0
Internal Life Skills Classes	636	593	93.2	1	.2	31	4.9	11	1.7
Internal Substance Abuse Support Groups	516	480	93.0	1	.2	27	5.2	8	1.6
Internal Connections to Employment	203	160	78.8	2	1.0	14	6.9	27	13.3
Tattoo Services	86	75	87.2	0	--	7	8.1	4	4.7
Total	**44,464**	**31,000**	**69.7**	**1,404**	**3.2**	**10,665**	**15.3**	**1,395**	**3.1**

The number of hours spent in direct contact with clients during required meetings is included below. For this report, family and individual meetings were both considered to be complete when attended by the client alone. Ideally, family meetings would also be attended by a family member (as defined by the individual) and this was indeed the case 79.9% of the time; however, for some clients a family member may not have been engaged in programming. On average, family meetings lasted just under an hour and individual meetings were about 45 minutes.

Table 19. Number of Hours of Contact by Completed Activity Type

	Total complete Meetings	Hours of complete Meetings	Total complete Family Meetings	Hours of complete Family Meetings	Total complete Individual Meetings	Hours of complete Individual Meetings
Total	**36,555**	28,801	**10,653**	9,598	**25,902**	19,203

What is the nature and content of the client experience with GRYD FCM services? What makes young people stay? What makes them return for more services?

Client Experience

GRYD FCM Services clients felt extremely close to, and connected with, their case managers and CIWs. For several Zones, many clients came to services through referrals made by the Los Angeles County Probation Department or by court mandate. This collaboration – and buy-in – from Probation is crucial for the continued success of GRYD. However, it is equally important to note that referrals were not the sole source of participation. Several young people made the direct choice to seek out and engage in GRYD Intervention Family Case Management Services – there was no school referral or outside insistence that they participate in

programming. Clients reported that they confide in the CIWs and consider them to be "family." They define these relationships as "*long lasting*" and "*meaningful.*" One young man explained:

> *"My CIW is like a big homie but a good one, one that looks out*
> *for me and one who understands what I am going through.*
> *I can talk to him about what I am struggling with or worried about*
> *and he will listen and help me to figure out the best thing to do."*

Another young man shared,

> *"They [CIWs] grew up in the neighborhood and can give us advice on*
> *how to go the right way. They can relate to us. We can relate to them.*
> *This makes us more comfortable talking to them."*

Another client echoed these sentiments,

> *"All the opportunities and all the doors they open; them supporting*
> *me; the calls from staff and the follow-up; all of this motivates*
> *me to keep coming and not quit."*

Along with the value of the relationship, clients reported having received significant support in terms of completing probation and furthering their education including completing a GRE, enrolling in community college and seeking college admission. Several youth were enthusiastic about the educational support they received, sharing: *"I was going to quit school but they encouraged me [to stay in],"* another mimicked these sentiments, *"They help me get my grades up."* And still a third youth shared,

> *"After this [GRYD] graduation, I wanted to graduate High School.*
> *I didn't plan on finishing High School but I was motivated after*
> *GRYD graduation. My mom was watching and I know she was*
> *thinking about High School too."*

Additionally, clients reported that – for their own children – CIWs and case managers both provided advice and guidance on parenting as well as helping them improve family relationships. There were also practical concerns that were addressed such as obtaining a driver's license or California ID as well as developing their resume and conducting job searches. Most significantly, they reported that they repeatedly refer their friends to the program. One youth openly shared their feelings about the impact GRYD has had on their life,

> *"I would like to say I've had a great experience; I'd like to say*
> *something more than it's positive – it is life-changing. I came here to*
> *look for a job. They put me and my husband in touch with someone…*
> *and we actually got to work. Now we have our house, a car – we're doing great.*
> *We're doing really well. I feel blessed and grateful for the program."*

There was ongoing assistance with obtaining employment. As one youth commented,

"They helped step by step – from resume writing to clothes for an interview. It really gets your spirits up. I feel like I got saved. I'm so thankful for it. I can't express my gratitude and everything that's positive. I was so fortunate… I was living in my car – I'm not embarrassed to say it. I want you to know from the ground up so that way you know how important these services are and what they do. I was living with my baby in the parking lot and I wasn't receiving any disability support or anything. I was in a hard place. That's when I went to them [GRYD], waited 3 months, and that's when they came with the opportunity for the big job."

Along with the specific services discussed, in every single focus group there was an overall consensus that GRYD FCM Services were vital. As one young man summarized, *"GRYD should never go away. It helps a lot of people."*

Family Experience

Families receiving services reported "good" and "close" relationships with GRYD FCM Providers. While the type of family engagement varied by site, parents across the differing zones view their children as deeply connected to the providers. Because of this connection, they reported that they have seen great improvement in their children's interest in "changing" and "doing the right thing," particularly with school-related issues. Parents also view GRYD FCM Providers, especially CIWs, as extremely committed to their children. As one parent noted,

"We don't see them as case managers, we see them as family. They really care. We receive a lot of support and help. It's the trust we have with them, the support that they offer."

Families supported by GRYD FCM Services unanimously stated that they would – or already had – recommended the program to others. Because CIWs and other GRYD staff have come from or even continue to live in the neighborhoods they serve, there is a built-in understanding and level of trust present. In one Zone, some parents have watched the CIWs grow up and turn their lives around, and have used these examples as inspiration for their families.

How are genograms used? What occurs in the delivery and experience of genograms as a part of GRYD FCM Services?

A unique aspect of GRYD FCM services is the use of strength-based genograms in programming. A genogram is a visual depiction of family connections and dynamics and in GRYD FCM services, they are used as a tool to support multigenerational coaching. Construction of the genogram begins in Phase 2 and continues throughout the length of enrollment. It is considered to be a living document; one that is open to revision and is never considered to be "complete." As the youth and family construct the genogram, they are coached through the process of identifying and establishing relationships with positive familial connections across three generations. During this process, youth and families also work to identify family strengths and achievements and become more knowledgeable about their family origin. This component of the GRYD service model draws from the premise that expanded knowledge of family history and positive emotional connections work to increase the ability of individuals to self-differentiate, resulting in increased resiliency to gang-joining.[25]

Seventy percent (10 of 14) of sites valued the genogram, despite its complications and potential emotional burden, and relied heavily on the trust built with the client to administer it effectively. These sites did not

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[25] Cespedes, G., & Herz, D. C. (2011). *The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) Comprehensive Strategy*; Los Angeles: GRYD Office.

experience any resistance when the exercise was carried out through informal and sensitive conversations, over a series of sessions, and with a strong foundation of rapport, trust, and professionalism. One case manager summarized this approach clearly, *"When we help a client – we help the whole family – we help the community."* Many providers utilized a team approach, with the CIW and case manager working together with the client to identify positive and prosocial relationships. The CIW perspective and involvement is essential, as they often possess more familial context and knowledge. At one site, staff explained the importance of multiple perspectives, *"We are not going to get 100% truth unless we look at all team members' perspectives."* All sites mentioned the importance of taking a delicate approach and *"meeting the clients where they are."*

The discussion of the genogram however led to a discussion of related issues that took CIWs and case managers into a significant area of concern and frustration. Providers overwhelmingly expressed their distress that uncovering family history of trauma triggers difficult emotions that the staff is not equipped or trained to handle. In some cases, staff experienced high levels of secondary trauma and did not have the appropriate space, or time, to process this, unless it was something that is intentionally addressed by an in-house or contract therapist. One case manager elaborated on these deeply felt concerns explaining, *"We don't know how to control the wounds and trauma. We've got to learn how to close these. We are opening the doors – but we aren't able to close them."* Case managers at one site discussed the urgent need to increase staff support. This particular site has already been proactive in addressing the high levels of trauma, loss, and grief experienced by staff: the site brings in a therapist twice a month. These group and individual therapy sessions – or process sessions – help to ensure that *"staff is better in touch with themselves and can in turn, be better service providers."* For many CIWs and case managers who expressed strong opinions in site visits, the need for attention towards, or concern for, worker health and wellbeing is the number one priority. GRYD FCM Providers shared their concerns and discussed how critical it is for GRYD to invest more intentionally in this arena.

Retention in Services

At the end of each cycle of services, clients are reassessed in order to determine if they should continue for another cycle, if they are ready to graduate, or if there is another outcome. The team and the client together identify the reassessment outcome based on progress made throughout the current cycle. Per GRYD policy, those who exit successfully are expected to have obtained work ready documentation, enrolled in or completed services for identified areas of concern, and completed a genogram of at least three generations.[26] Not all clients who exit from GRYD Family Case Management (FCM) Services reach the reassessment phase and may close earlier for other reasons such as withdrawing from the program.

This section takes a closer look at the 1,876 clients who were exited from services during the reporting period in order to identify differences in enrollment length, dosage, or client characteristics between those who may have left for different reasons.[27] For purposes of analysis, reasons provided for service exit was recoded into the categories described below.

- **Successful completion:** This category includes all instances where a client was exited from services successfully as determined by the provider.
- **Unsuccessful completion:** Includes all instances where a case was closed due to formal withdrawal from the program; the need for different and/or additional services; long-term non-attendance; or for other reasons including incarceration, moving out of the area, etc.

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[26] Los Angeles Office of Gang Reduction and Youth Development (2016). *GRYD Intervention Services Policies and Procedures Handbook (v.1.6.2016).* Los Angeles: GRYD Office.

[27] Excluded from client exit numbers are 424 cases which were closed but for which a reason for exit was not provided.

What are the program completion rates?

Out of the 1,876 exits citywide, 37.9% successfully completed the program. There are deviations from this percentage that can be observed when looking at exits at the GRYD Zone level. Harbor had the highest rate of successful completion at 77.1% of all GRYD FCM clients; on the other end of the spectrum is Southeast 2, for which no clients had yet completed the program successfully. It should be noted that Southeast 2 is a newly formed GRYD Zone as of July 1, 2015 when GRYD programming was expanded and Zone boundaries reconfigured. Overall, the rate of successful graduation was lower for Zones that started at this time as noted in the table below.

Table 20. Program Completion by Exit Type

GRYD Zone	Total Exits (N=1,876)	Successful Completion of Program		Unsuccessful Completion of Program	
		N	%	N	%
Harbor	83	64	77.1	19	22.9
Southwest 2*	53	40	75.5	13	24.5
Devonshire-Topanga**	8	5	62.5	3	37.5
Rampart 2	86	47	54.7	39	45.3
Hollywood**	10	5	50.0	5	50.0
Southwest 1	116	55	47.4	61	52.6
Foothill	128	56	43.8	72	56.3
Southeast 1**	10	4	40.0	6	60.0
77th 1*	189	75	39.7	114	60.3
Newton 1*	215	82	38.1	133	61.9
77th 2	121	46	38.0	75	62.0
Rampart 1	118	41	34.7	77	65.3
Mission*	91	31	34.1	60	65.9
Hollenbeck 1	178	60	33.7	118	66.3
Northeast*	108	30	27.8	78	72.2
Olympic**	13	3	23.1	10	76.9
77th 3**	35	8	22.9	27	77.1
Hollenbeck 2**	35	8	22.9	27	77.1
Hollenbeck 3	157	36	22.9	121	77.1
Pacific	53	12	22.6	41	77.4
Newton 2**	12	1	8.3	11	91.7
Southeast 3*	24	2	8.3	22	91.7
Southeast 2**	33	0	--	33	100.0
Total	**1,876**	**711**	**37.9**	**1,165**	**62.1**

** New GRYD Zones starting July 1, 2015
* Change in GRYD provider July 1, 2015

How do client characteristics relate to program completion?

In order to investigate the association between reason for exit and demographic and other characteristics of clients identified at the time of program intake, chi-square tests were completed. In a number of instances, the results were significant and these are presented in the tables below. Overall, the analysis showed that gender, substance use, being under the supervision of probation or the Department of Corrections in the six months prior to enrollment, arrests in the six months prior to enrollment, and travel outside of a three-mile radius to engage in a prosocial activity in the 6 months prior to enrollment all have a relationship with client exits from programming.

Gender

- Females were more likely to complete programming successfully than males.

Living Situation

- Of all documented living situations, those who were in a foster care placement had the highest rate of completing the program successfully (43.1%). However, the number of youth who fall into this category is very small (N=17).
- Youth who lived with both biological parents have the next highest completion rate at 41.6%, followed closely by clients who lived with a significant other or spouse (40.5%) and those who lived alone (40.5%).

Substance Use

- Clients who did not use alcohol or other drugs had the highest successful completion rate (45.9%), followed those who used occasionally (38.5%).

Table 21. Characteristics Related to Program Completion: Gender, Living Situation, and Use of Alcohol or Other Drugs

	Total Exits	Successful Completion of Program		Unsuccessful Completion of Program	
		N	%	N	%
Gender (N=1,871) $X^2(1, N=1,871)=10.727, p=.001$					
Female	598	258	43.1	340	56.9
Male	1,273	449	35.3	824	64.7
Living Situation (N=1,875) $X^2(11, N=1,875)=20.358, p=.041$					
Foster care placement	17	10	58.8	7	41.2
Home with both biological parents	430	179	41.6	251	58.4
Lives with boyfriend/girlfriend or husband/wife	111	45	40.5	66	59.5
Lives alone	37	15	40.5	22	59.5
Home with one biological parent only	818	315	38.5	503	61.5
Home of relative	135	50	37.0	85	63.0
Home with biological parent & stepparent	122	41	33.6	81	66.4
Homeless	66	21	31.8	45	68.2
Lives with other non-relatives	55	17	30.9	38	69.1
Home of legal guardian	29	7	24.1	22	75.9
Home with grandparent	42	10	23.8	32	76.2
Group home placement	13	1	7.7	12	92.3
Use of Alcohol or other Drugs (N=1,689) $X^2(4, N=1,689)=28.923, p=<.001$					
No—doesn't use alcohol or other drugs at all	588	270	45.9	318	54.1
Yes—uses occasionally	798	307	38.5	491	61.5
Yes—substance abuse (regular use causing some problems to self and others as a result of use)	80	25	31.3	55	68.8
Yes—pattern of misuse	208	56	26.9	152	73.1
Yes—substance dependency (addicted, cannot go without use and causes significant harm in self and others)	15	3	20.0	12	80.0

Justice System Involvement

- Supervision of the Probation Department or Department of Corrections: Individuals who were not under supervision in the 6 months prior to enrollment had the highest rate of successful completion (42.8%), while those who were in Probation Camp or Probation Suitable Placement saw the lowest

rates (20.6% and 20.0% respectively). However, it should be noted that the number of individuals in several categories are small.

- Arrests: Clients who had not been arrested in the six months prior to enrollment in GRYD FCM Services were more likely to have completed the program successfully.

Prosocial Engagement:

- Individuals who had travelled outside of a three-mile radius to engage in a prosocial activity in the six months leading up to their enrollment into programming were also more likely to have a successful exit.

Table 22. Characteristics Related to Program Completion: Justice System Involvement and Prosocial Engagement

	Total Exits	Successful Completion of Program		Unsuccessful Completion of Program	
		N	%	N	%
Supervision in the past 6 months (N=1,766) $X^2(9, N=1,766)=25.527, p=.002$					
No	1,174	502	42.8	672	57.2
Yes—Adult Correctional Facility	48	18	37.5	30	62.5
Yes—Probation Supervision in Community	324	115	35.8	208	64.2
Yes—Adult Correctional Parole	38	13	34.2	25	65.8
Yes—Deferred Entry of Judgment (WIC 790)	3	1	33.3	2	66.7
Yes—Department of Juvenile Justice Parole	13	4	30.8	9	69.2
Yes—Diversion (e.g., WIC 654, 725(a))	20	6	30.0	14	70.0
Yes—Department of Juvenile Justice Facility	63	17	27.0	46	73.0
Yes—Probation Camp	63	13	20.6	50	79.4
Yes—Probation Suitable Placement	20	4	20.0	16	80.0
Arrested in the past 6 months (N=1,730) $X^2(1, N=1,730)=18.802, p=<.001$					
No	1,269	537	42.3	732	57.7
Yes	461	142	30.8	319	69.2
Prosocial travel in past 6 months (N=1,752) $X^2(1, N=1,752)=15.781, p=<.001$					
Yes	437	207	47.4	230	52.6
No	1,315	482	36.7	833	63.3

How long are participants enrolled in services?

The average length of enrollment for those who successfully completed the program was nearly a year (353 days).[28] For those that exited unsuccessfully, the average enrollment length was 6 months (180 days). For the most part, the longer that an individual remains in services, the better the likelihood that they will eventually complete successfully. Nearly a quarter (24.2%) of clients who exited programming at 3-6 months did so successfully; only 8% of those who exited earlier than this timeframe had the same outcome. The percentage of successful exits increased steadily until reaching 18-21 months when there was a sharp decline; the percentage falls to 57.8% from 72.3% in the previous period. After this drop, the percentage of successful completions rose again for the remaining time periods.

Table 23.Enrollment Length by Exit Type

Length of Enrollment	Total Exits (N=1,869)	Successful Completion of Program		Unsuccessful Completion of Program	
		N	%	N	%
Less than 1 month	87	17	19.5	70	80.5
1 – 3 months	329	25	7.6	304	92.4
3 – 6 months	530	128	24.2	402	75.8
6 – 9 months	305	139	45.6	166	54.4
9 – 12 months	177	101	57.1	76	42.9
12 – 15 months	172	115	66.9	57	33.1
15 – 18 months	101	73	72.3	28	27.7
18 – 21 months	64	37	57.8	27	42.2
21 – 24 months	43	27	62.8	16	37.2
24+ months	61	46	75.4	15	24.6
Average enrollment (in days)		**353**		**180**	

How does dosage differ between clients who complete the program and those who do not?

Those who successfully completed the program attended an average of 30 activities; those who were unsuccessful attended an average of 10 activities. As can be seen in Table 23 below, very few clients who attended more than 50 activities did not complete the program successfully (1.9%). Overall, the more activities attended, the greater the likelihood that a client would successfully complete the program. Only a very small percentage (12.6%) who attended 1-10 activities completed the program successfully. On the other hand, of the 344 clients who attended more than 30 activities, 283 (82.3%) exited successfully.

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[28] Seven clients with a negative enrollment length and those with an enrollment length of more than five years have been excluded from this analysis.

Table 24. Dosage Received by Exit Type

Total Activities Attended by Client	Total Exits	Successful Completion of Program		Unsuccessful Completion of Program	
	(N=1,876)	N	%	N	%
0	35	5	14.3	30	85.7
1-10	867	109	12.6	758	87.4
11-20	422	191	45.3	231	54.7
21-30	208	123	59.1	85	40.9
31-40	125	103	82.4	22	17.6
41-50	90	73	81.1	17	18.9
51-60	46	40	87.0	6	13.0
61-70	44	36	81.8	8	18.2
71-80	20	17	85.0	3	15.0
81-90	6	3	50.0	3	50.0
91-100	5	4	80.0	1	20.0
101+	8	7	87.5	1	12.5
Average number of activities		**30**		**10**	

What is the nature and content of individual experience with GRYD FCM Services? How does this relate to staying in/quitting services?

During participant observation and provider site visits and discussion, whenever dropout arose as an issue, there was consistent agreement that drop out occurred early in programming. At the majority of sites, both case managers and CIWs together described several factors as contributing to clients dropping out during early phases of GRYD FCM Services. These factors included fear, family relocation and most significantly loss, such as incarceration or death in family, which then triggered greater risk factors including anger, retaliation, and the need to establish "street cred." Family stress, such as lack of transportation and/or financial strain, also contributed to client dropout. Long-term non-attendance was also sighted as a reason for dropout, although this was typically not due to an individual client's lack of participation, but rather the family's refusal to participate. Drug use or relapse into substance abuse also "shuts down" participation – and while it does not necessarily lead to dropout, it certainly prolongs the process and hinders program completion based on GRYDs "prescription." Substance abuse is a common problem for many individuals who are attempting to exit and end gang involvement, often signaling the effort to deal with trauma through self-medication. Providers were very sensitive to the impact of all these factors upon client dropout.

Because of this, staff across sites expressed the desire that GRYD be a bit more flexible in terms of inactivity. One case manager reported that, *"Clients are occasionally discharged because we aren't meeting the minimum requirements, but they are doing want they can – maybe being seen 1-2 times per month – and this shouldn't warrant dismissal."* A CIW added, *"These youngsters face such pressure – to stay in the neighborhood or leave – we need to stand by them, even if they don't show up – because it's a long, hard process."*

What programmatic strategies are used by GRYD FCM Providers to deliver services and encourage program completion? What are the primary reasons for dropping out and how does this relate to the "tipping point" for quitting services in the quantitative data?

Many sites emphasized the importance of activities that expose clients and their families to new experiences and a reality beyond neighborhood boundaries. "We have kids that have never been to the beach, they've never seen the ocean," one CIW supervisor explained. A case manager at another provider observed:

> *"We want to take kids to walk on to college campuses and show them what is possible – that they don't have to go to prison, they can follow a different pathway – go to community college, go to a university – even if it's USC!"*

Youth engagement efforts and programs included, but were not limited to: job placement, educational support, goal planning, graffiti/art, camping, exercise, music, mentoring, and sports programs. This was an area of great strength for GRYD FCM Providers and a true contribution to building community capital and efficacy. For those sites who did not possess these services in-house, they consistently referred out to other partners. While providers are enthusiastic about partnering with other GRYD Zones, their referrals were met with client hesitation, uncertainty and even suspicion regarding outside entities. Providers strived to make programs and services relevant to each individual client. According to both CIWs and case managers, their efforts were *"all about meeting the client where they are"* and taking a holistic, flexible approach. Their strategies were thoughtful and intentional, frequently based on years of experience. In the majority of sites, there was also insightful discussion of the impact of this approach. Overall, sites appeared to see more consistent rates of participation from younger clients and their families than from older clients.

Overall, in focus groups and interviews, the repeated reports that *"clients leave but don't go away"* informed most of the discussion about the issue of dropout. Staff at multiple sites described their commitment to clients who may not be immediately ready for services but are going to someday be ready. Many described their conviction that *"We can't just give up."* One executive director observed, *"we don't want to give up on these young men and young women – it took them a long time to get into this life, and it's going to take a long time to get out."* Rather than labeling an individual a "drop-out" providers had alternative terms, describing youth as *"not ready"* or *"almost there."* There was a generally shared sentiment that at times staff at GRYD programs had to play what was termed, "a waiting game," to show gang-involved youth that, in the words of one CIW, *"We're there to catch them when they're ready."* CIWs maintain very strong relationships to the communities they serve and the depth and quality of these relationships ensure that they remain connected with clients and families. Many CIWs grew up in the communities they now work so their outreach to and retention of clients often takes on an almost familial tenor. In-house intake and assessment ensures that providers are enrolling youth who are appropriate for GRYD FCM Services: the youth who sincerely want to change and who are ready to seek help. A case manager at one site credited the CIW relationship with the clients as the key reason for low dropout, explaining, "*they* [CIWs] *are always available and the relationship is non-traditional.*" At another site the executive director explained:

> *"The CIWs have deep roots in the community – they grew up here, their families are still here – and everyone trusts in them. The kids who are on the edge of doing serious crime know that the relationship with a CIW is real – that the CIW really cares about them and has their best interests at heart. This is what works to get youth into programming and keeps them coming back."*

Furthermore, if a client is not ready for GRYD, most sites will provide services to the individual through other programs that may result in eventual GRYD FCM Services enrollment. It was reported that managing expectations while addressing client and family hopes and the need for instant gratification helps ensure long-term compliance. For many of these sites, once a family proves to have consistent participation and

commitment, they are fully engaged in GRYD programming. A case manager shared, *"They never leave! They stay connected post-services. We keep them calm. This becomes a lifetime connection."* Another case manager put it succinctly, *"They may go away but they never leave."* One youth summed it up the best, stating:

> *"It [GRYD FCM Services] changed my life. I'm an ex-gang member. It changed my demeanor. I was not a people person and it opened me up to talking and to sharing my story. They stopped me from gang banging and pretty much changed my life. Walking through the doors changed my life. They had their hands open."*

Challenges to Service Delivery

Many GRYD FCM Providers want to see one another as partners, not competitors, engaged in a shared struggle to diminish gang violence. However, several providers reported feeling as if they were pitted against one another because of contracts and pressure to meet numbers. There was a strong sentiment repeatedly expressed that partnerships with neighboring sites are crucial to the success of community intervention and should be continually facilitated and reinforced by GRYD Office leadership and staff, as well as being covered in training. Staff repeatedly discussed that GRYD needs to place more emphasis on the development of GRYD FCM Providers as a whole or, as one CIW explained, *"We need to think of ourselves as a team."* This emphasis became particularly important when considering the importance of GRYD visibility in the community. This visibility comprised GRYD's greatest strength and underscores the critical importance of organizations modeling cohesion rather than chaos.

When considering the GRYD FCM Services model, nearly 70% (9 of 14) of sites extensively discussed their difficulty with GRYD "prescription" of two individual, one family, and one strategy team meeting for each 30-day interval. There was also concern about the first cycle lasting only 6 months. Staff repeatedly voiced their perception that the timeline and plan were far too narrowly defined and the timing was not conducive to the work. They view youth as high-risk clients and believe it is not realistic to assume that providers can get to really know individuals, let alone meet contractual obligations, in such a short time line that lacks flexibility. One case manager observed, *"This is deeply embedded. This is multigenerational. This takes years of work to effect change."* Another case manager at a different site reinforced this viewpoint stating:

> *"It's hard for some youngsters and even dangerous for them to stay away from gang involvement. They may want to change but there's so much pressure for them to stay in gang life, to put their work in – as they say. It takes a long time for them to develop a new identity outside of the gang."*

There was also confusion among provider staff surrounding the measurable outcomes that warrant moving between phases. Providers wanted more flexibility and perhaps more information about how to best judge when to transition into another phase.

In a concern related to exits from programming, sites would like to see GRYD both understand and support a wider variety of circumstances surrounding dropout. One provider explained, *"A lot of our individuals don't drop out—they get a job and they feel they are out of the gang and now into mainstream life."* Along these lines, a case manager detailed:

> *"We get clients who drop out not because they want to stop coming but because they've got to go into work. They come here for help with bus passes and for support to get to work, have clothes to wear, and maintain their job. They might not be fulfilling the GRYD program requirements but they're still trying to start their lives in the real world. I don't think we should label that a drop out."*

At several sites, FCM staff discussed their desire to see the model expanded to explain these complex dynamics. Not surprisingly, GRYD FCM Providers want to be able to signify that a client is leaving services because they have achieved their goals and will be refocusing their efforts – whether it be in their new job, continuing their education, and/or focusing on changing family dynamics. Their suggestions signal that providers are eager to maintain a positive involvement with the process; it is also important to view this as a pathway for the active engagement of future providers around GRYD theory and program development.

Overall, providers consistently communicated the wish to possess a more concrete grasp on their scope of work – which they hope is more realistic, flexible, and reflective of the struggles experienced in these communities. While broaching these concerns, all of the GRYD FCM Providers also indicated that they wanted to maintain fidelity to GRYD's service model – that they believed in the goals of GRYD programming and were happy to be part of this effort.

Outcome Evaluation Results

In addition to examining who was served by GRYD Gang Intervention Family Case Management (FCM) Services and their experiences with programming, the current evaluation also begins to measure whether there have been changes in participation in crime and violence and gang embeddedness over time. As mentioned previously, youth enrolled in GRYD FCM Services complete the Social Embeddedness Tool (SET) interview shortly after enrollment and again every six months or so while they are receiving services. This section presents the emerging findings documented for GRYD clients.

Measuring Changes in Client Embeddedness

Client change over time was measured in several ways. First, participation in crime and gang activities, time spent with the gang and gang emotional attachment are compared over time from the Initial SET to the SET Retest completed. Next, the relationship between observed changes over time and factors such as age, gender, and race/ethnicity is examined.

What are the emerging pre/post findings for clients? Does the SET Interview document reductions in participation in non-violent and violent crime, and participation in gang activities?

In a sample that includes 101 pairs consisting of an Initial SET and a SET Retest received from November 1, 2013 through May 16, 2016, statistically significant differences between the Initial SET and at Retest have been found for GRYD FCM clients in the following areas: [29]

- reduction of client participation in both non-violent crime and violent crime;
- reduction in participation in gang activities;
- less time spent with their gang (gang cohesion); and,
- decreased emotional attachment to the gang over time.

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[29] Of these 101 pairs, 15 clients indicated they were not group members (5 on the Initial SET only, 1 on the SET Retest only, and 9 on both the Initial SET and at Retest) and did not respond to the questions in this section of the SET. Additionally, some clients declined to respond to one or more questions about the gang. If the questions are not answered in both the Initial SET and SET Retest, they cannot be compared and are not included in the particular analysis. Therefore, the numbers reported for the following outcome results vary and may be less than 101. Because of the low number of retest pairs available, the number was augmented with GRYD Reentry client pairs to strengthen the analysis, as described in the Data and Methods section of this report.

Table 25. Emerging Pre/Post Findings

	N	Change in Average Score	
		Initial	Retest
Non-violent criminal behavior**	90	2.9	2.2
Violent criminal behavior**	90	2.9	2.4
Self-reported position in gang**	76	2.8	2.1
Gang cohesion**	75	3.4	2.1
Gang emotional ties**	69	4.7	3.9
**$p < .01$ Note: N may vary due to missing responses			

As seen in Figure 9 below, clients exhibit lower levels of both non-violent criminal behavior (with a drop of 22.3%) and violent criminal behavior (a decrease of 17.2%) from the Initial SET to Retest.

Figure 9. Average Number of Non-Violent Criminal Behaviors and Violent Criminal Behaviors Reported at Initial SET and at SET Retest

	N	Non-violent criminal behavior	Violent Criminal behavior
Initial SET	90	2.9	2.9
SET Retest	90	2.2	2.4
**$p < .01$			
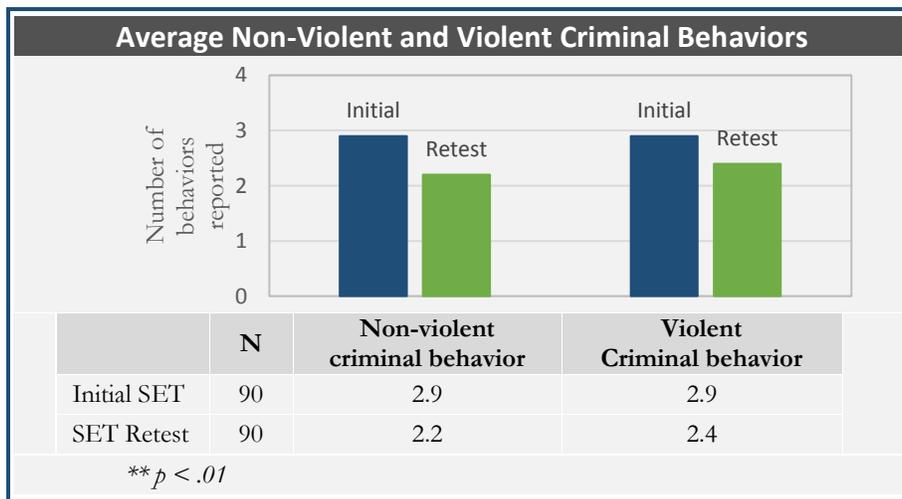
In comparing the Initial SET to the SET Retest for the 101 retest pairs analyzed, the number of respondents who reported having engaged in two or fewer non-violent criminal behaviors increased at Retest. Conversely, the number of respondents who reported having engaged in three or more criminal behaviors decreased at Retest.

Table 26. Number of Non-Violent Criminal Behaviors – 101 SET Pairs

| What number of different things on this list have you done in the last 6 months? 0 1 2 3 4 5 more • Purposely destroyed property that did not belong to you • Sold drugs such as marijuana or prescriptions • Sold hard drugs • Stolen or tried to steal something worth less than $50 • Stolen or tried to steal something worth more than $50 • Gone into or tried to go into a building to steal something • Stolen or tried to steal a car or other motor vehicle	Number of Non-Violent Behaviors	Initial SET		SET Retest	
		N	%	N	%
	None	30	29.7	41	40.6
	One	20	19.8	23	22.8
	Two	12	11.9	13	12.9
	Three	14	13.9	13	12.9
	Four	11	10.9	7	6.9
	Five	6	5.9	1	1.0
	More than five	8	7.9	3	3.0
	Total	101	100.0	101	100.0

A similar pattern was observed in the violent criminal behavior results. The number of respondents who reported having engaged in two or fewer violent behaviors increased at Retest. Conversely, the number of respondents who reported having engaged in three or more violent behaviors decreased or remained nearly constant at Retest.

Table 27. Number of Violent Criminal Behaviors – 101 SET Pairs

| What number of different things on this list have you done in the last 6 months? 0 1 2 3 4 5 more • Kicked, attacked or hit someone with your fists • Stolen money or things from a person (not with a weapon) • Carried a weapon (a knife or a gun or something else) • Been involved in gang fights • Threatened to hurt someone to get them to do what you want them to do • Attacked someone with a weapon (a knife or a gun or something else) • Used a weapon or force to get money or things from people	Number of Violent Behaviors	Initial SET		SET Retest	
		N	%	N	%
	None	21	20.8	34	33.7
	One	27	26.7	31	30.7
	Two	11	10.9	19	18.8
	Three	23	22.8	4	4.0
	Four	10	9.9	3	3.0
	Five	2	2.0	3	3.0
	More than five	7	6.9	7	6.9
	Total	101	100.0	101	100.0

A drop can also be seen for self-reported position in gang, with a decrease in level of affiliation of 23.3% over time (Figure 10).

Figure 10. Self-Reported Position in Gang at Initial SET and at SET Retest

Self-reported Position in Gang

FCM Clients Report Less Affiliation with Their Gang from 1st to 2nd SET Interview

	N	Current position in gang
Initial SET	76	2.8
SET Retest	76	2.1
***p < .01**		
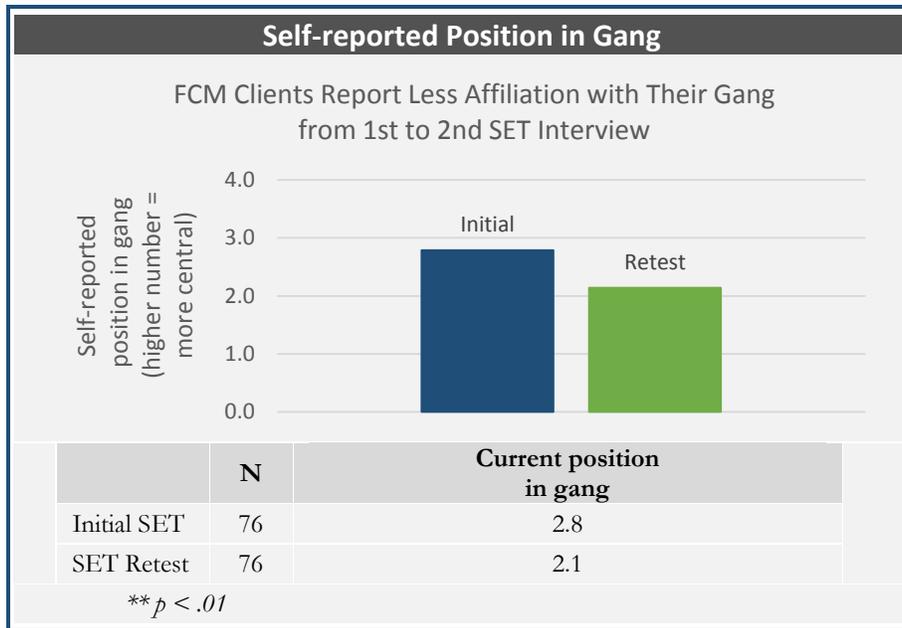
Focusing on the risk factors measured by the SET, (with a relatively small sample size at this time) statistically significant reductions have been observed for two risk factors, gang cohesion and gang emotional ties. Over time, clients spent less time with their gang and became less emotionally attached (as seen in Figure 11 below).

Figure 11. Gang Cohesion and Gang Emotional Ties at Initial SET and at SET Retest

Gang Cohesion and Gang Emotional Ties

	N	Gang cohesion	Gang emotional ties
Initial SET	75	3.4	4.7
SET Retest	69	2.1	3.9
***p < .01**			
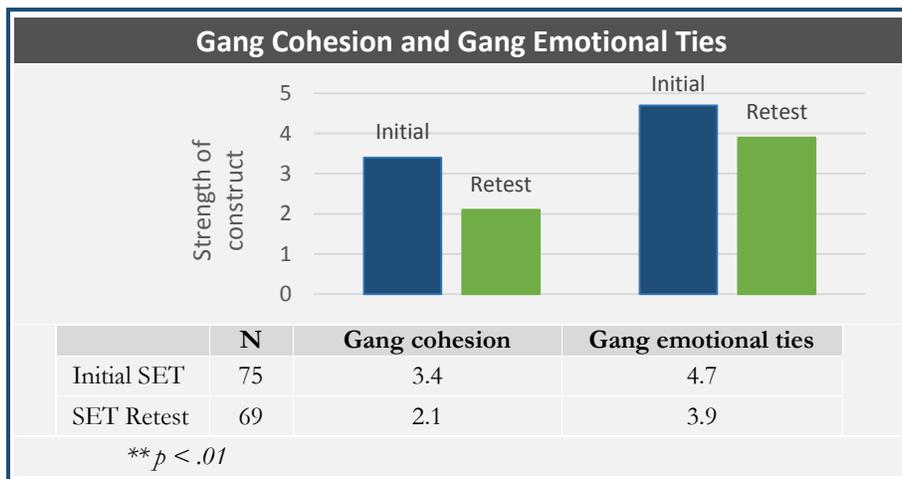
Change over time (from Initial SET to Retest) was also examined for all scales contained within the SET; however, these did not show significant change at this time with the relatively small sample currently available.

To what extent are pre-post findings mediated by race/ethnicity, age, gender, or other factors?
Changes over time observed for non-violent crime, violent crime, and participation in gang activities were next examined to determine if there is a relationship between these changes and other factors such as age, gender, race/ethnicity, or length of time in the program when the Initial SET was completed. Overall,

findings indicate no significant differences for most factors. There was a difference found, however, for reduction in participation in gang activities based on client race/ethnicity. Results for the factors reviewed are presented below.

Race/Ethnicity

At this time (with a relatively small sample size), the findings indicate no significant differences between Latino and African American clients for change in non-violent and violent crime. However, a larger change (reduction) in participation in gang activities is more prevalent among Latino clients than African American clients, as shown below in Figure 12.

Figure 12. Self-reported Position in Gang by Race/Ethnicity at Initial SET and at SET Retest

	N	Initial SET	SET Retest
Latino	34	2.9	1.8
African American	28	2.4	2.0
F(1,60) = 5.944, p = .018			
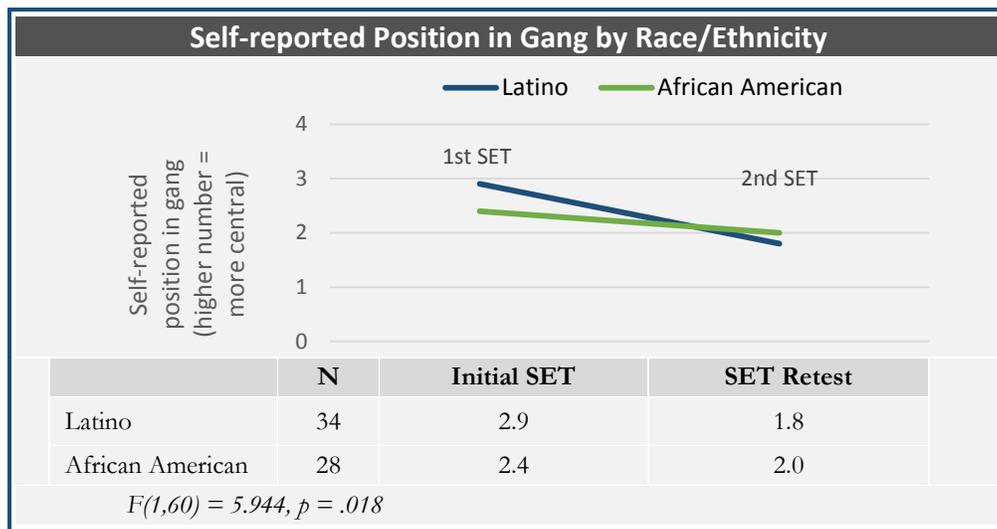
Gender, Age, and Length of time in program when the SET is administered

At this time (with a relatively small sample size), no statistically significant differences were found on rates of change on nonviolent crime, violent crime or in participation in gang activities between males and females or between older and younger clients. Additionally, no statistically significant differences were found between clients who completed the Initial SET within 31 days after enrollment and those clients who completed the Initial SET from 32 to 365 days after enrollment.

Summary and Recommendations

"It [GRYD FCM Services] changed my life. I'm an ex-gang member. It changed my demeanor. I was not a people person and it opened me up to talking and to sharing my story. They stopped me from gang banging and pretty much changed my life. Walking through the doors changed my life. They had their hands open."

Taken together, the results of this study provide substantial insight into who GRYD Family Case Management (FCM) Services referrals and clients are; the experiences of clients and families participating in GRYD FCM Services; and the types of changes related to gang identify and involvement in crime and violence that clients experience over time. The 2017 report builds on previous reports completed by the Urban Institute and represents the most comprehensive review of GRYD services and the emerging findings for the impact of these services on client attitudes and behavior to date. Such a comprehensive examination of GRYD services is possible due to institutionalized data systems throughout all GRYD Zones and the addition of in-depth qualitative interviews/focus groups with program staff, clients, and family members of clients. Using these data, this study was able to analyze data from February 1, 2012 through May 16, 2016 and complement these results with the voice and perceptions of clients, their families, and program staff. Collectively, the findings show that GRYD FCM Services:

1) reached a substantial number of gang-involved youth and their families;
2) engaged clients and their families in a large number of activities and assistance; and,
3) documented significant reductions in participation in crime, violence, and gang activities; and, reductions in gang cohesion and gang emotional attachment for GRYD FCM clients over time.

Summary of Findings from GRYD Efforts to Outcomes (ETO) and Social Embeddedness Tool (SET) Data

Referrals made to GRYD FCM Services came from Community Intervention Workers (CIW), other GRYD staff, and self-referrals. The majority of referrals were male, but just under a third were female. Referrals ranged in age from 11 to 63 years old. About half of the referrals were under 18 years old and the other half were over 18. The race/ethnicity of referrals was predominantly Latino and African American, reflective of the communities served by GRYD. Almost two-thirds of all referrals were found to be eligible for GRYD FCM Services based on eligibility requirements and provider determination. Nearly all referrals found eligible enrolled in services, though there was some variation in enrollment rates by Zone.

GRYD FCM Client Profile
• **2,854 GRYD FCM Clients**
• 66.4% male
• 48.3% under 18 years old
• 67.1% Latino and 29.6% African American
• 65.8% lived at home with one biological parent only (43.0%) or at home with both (22.8%)
• 16.3% had some level of mental health problems
• 16.5% had a pattern of substance misuse, abuse, or dependency
• 23.8% were arrested in the last 6 months
• 29.8% were under the supervision of probation or Department of Corrections in the last 6 months
• Received 73,586 activities

In general, there was little variation between the demographic characteristics of referrals and clients with one exception. The age range for clients was narrower (12 to 47 years old) than that of referrals. In addition, most clients lived at home with one or both biological parents. About a sixth of all clients were identified as having some level of mental health problems and about a sixth were identified as having a pattern of substance misuse, abuse, or dependency. With regards to justice systems involvement, nearly a quarter were arrested in the six months prior to enrollment while roughly a third were under the supervision of probation or the Department of Corrections at some point in the six months that led up to enrollment.

During the study timeframe, GRYD FCM clients and their families received 73,586 activities. Clients attended nearly all scheduled individual activities and more than two-thirds of scheduled family meetings were attended by the client and their family together. Importantly, clients who participated in a greater number of services and had a longer length of enrollment were far more likely to complete the program successfully. Conversely, a shorter time in services and reduced level of participation was typically associated with unsuccessful program completion.

The emerging outcome results related to gang identity and participation in crime and violence document statistically significant changes in these areas over time. At SET Retest clients showed: a reduction of participation in both non-violent crime and violent crime; reduction of participation in gang activities; a reduction in time spent with their gang (gang cohesion); and, decreased emotional attachment to the gang when compared to Initial SET results. Overall, findings indicate no significant differences for factors such as age, gender, race/ethnicity, or length of time in the program when the Initial SET was completed. There was a difference found, however, for reduction in participation in gang activities based on client race/ethnicity where Latino clients experienced a larger reduction in participation in gang activities than African American clients.

> ### Changes Observed Among GRYD FCM Clients As Measured by the SET
>
> - FCM clients showed reductions in participation in crime and violence and changes in gang identity from Intake SET to SET Retest.
>   - The average score for non-violent criminal behavior decreased 22.3% (2.9 to 2.2).
>   - The average score for violent criminal behavior decreased 17.2% (2.9 to 2.4).
>   - Clients reported a decreased level of gang affiliation with a 23.3% reduction (2.8 to 2.1) in how central to the gang they placed themselves.
> - FCM clients experienced reductions in two risk factors from Intake SET to SET Retest.
>   - Clients spent less time with the gang (a 38.2% decrease in average score from 3.4 to 2.1) and became less emotionally attached (a 17.0% decrease in average score from 4.7 to 3.9) over time.

Summary of Findings from Interviews and Focus Groups with GRYD Prevention Provider Staff, Clients, and Client Families

Overall, clients enrolled in GRYD FCM Services stated that their expectations had been met and that services, for the most part, had exceeded their expectations. Clients felt extremely connected to the GRYD providers. Because CIWs have good reputations in the community and are "*from the neighborhoods,*" trust was established early on in the relationship – virtually "built-in." One youth commented, "*They [staff] grew up in the neighborhood and can give us advice on how to go the right way. They can relate to us.*" Family members also felt that case managers and CIWs provide important advice and guidance on parenting and improving family relationships. Clients felt that they received help and services in a vast number of areas important to them. These included probation/court assistance, job searches and employment readiness, school advocacy and credit recovery, counseling and therapy, and recreational outings (field trips). The majority of youth surveyed indicated that they would recommend GRYD to others and would describe the program as "*extremely helpful,*" "*supportive,*"

and "life-changing." This is echoed in the reflections of family members who saw these changes, especially in regards to school behavior and family communication/relationships.

According to GRYD FCM Providers, the success of the program is highly dependent on the CIWs who have established deeply rooted and trusting relationships with their clients, their families, and their communities. This trust helps to attract clients and their families and to keep them engaged. Additionally, provider collaborations with community partners, GRYD FCM Providers in other GRYD Zones, and the GRYD Office are key to their on-going success.

Despite the many positive aspects of GRYD FCM Services, areas for improvement were identified. Each area is described below.

SET

Providers expressed ongoing difficulties with the SET administration, suggesting that the tool is

> ## GRYD Provider Staff, Client, and Client Family Experiences
>
> - Overall, staff, clients, and client families felt GRYD FCM Services had a life changing and positive impact.
> - Clients felt extremely connected to GRYD providers, CIWs in particular were viewed as key resources by both clients and staff in gaining trust.
> - GRYD FCM staff value collaboration with the GRYD Office, other GRYD Zone Providers, and community partners.
> - Areas for improvement identified by provider staff included:
>   - administration and development of the SET;
>   - support and training for addressing client and family trauma; and,
>   - resources for addressing secondary trauma among GRYD FCM Provider staff.

off-putting and not conducive to relationship building or developing trust. Several providers indicated that clients are resistant to completing the SET and may answer dishonestly. The area of biggest concern surrounds the criminality/violence component of the tool. In general, providers recognized the value of the tool. Despite complexities in the SET administration, the majority of the GRYD FCM Providers recognized the value in learning about the youth, their relationships, and the presence of risk factors.

Genogram

The majority of GRYD FCM Providers valued the genogram and relied heavily on the trust built with the client to administer it effectively. These Zones did not experience any resistance when the exercise was carried out through informal and sensitive conversations, over a series of sessions, and with a strong foundation of rapport, trust, and professionalism. All sites recognized the importance of taking a delicate approach and *"meeting the clients where they are."* However, providers overwhelmingly expressed distress that uncovering a family history of trauma triggered difficult emotions that the staff was not equipped or trained to handle. Staff indicated that they are in need of additional support in this regard.

Recommendations

Recommendations for this report focus on areas of concern identified by GRYD Intervention Family Case Management (FCM) Providers related to Social Embeddedness Tool (SET) development and administration, strength-based genograms, training needs, and other general items such as fostering collaboration among GRYD providers citywide.

SET

- Utilize the experiences and input from FCM providers in developing future iterations of the SET in order to make the tool more reflective of the realities of these communities.
- Continue to provide extensive and in-depth training around SET administration and processing.

Genogram

- Train staff on how to deal with trauma that arises.
- Provide support for staff who experience secondary trauma.

Training

- Provide tangible tools that will benefit day-to-day operations and develop GRYD FCM Providers as well as ongoing database and system training.
  - Develop more opportunities for certification that will increase knowledge, capacity, and future employability.
  - Offer refresher training to providers related to program policy and application such as the length of services, movement through the phases, conducting reassessment, etc.
- Provide training that is relevant to Los Angeles communities.
- Build "self-care" programs into contracts for case managers and CIWs that include access to mental health support with specific emphasis on secondary trauma.

Other

- Foster and support the partnership among GRYD FCM Providers across all GRYD zones by facilitating opportunities for collaboration; include Prevention providers in these opportunities.
- Have GRYD Office staff present and active both on-site (increase participation in activities offered by providers) and at trainings.
- Expanded the age range for program eligibility.

Appendix

What are the demographic and other characteristics of those who enroll in GRYD FCM Services?

Between February 1, 2012 and May 16, 2016 there were 2,854 enrollments into GRYD FCM Services. Most (66.4%) were male and the vast majority were Latino (67.1%) and African American (29.6%).

When looking at age at point of referral for those who went on to enroll, 94.9% fall within the target age range of 14-25. [30] It should be noted, however, that GRYD does allow for age exceptions so it is expected that some referrals and clients will fall outside of this range. Clients are about evenly split across minors and those who are age 18 or older with an average age of 18; the youngest client was 12 while the oldest was 47 years old.

Table 28. Demographic Characteristics of FCM Clients

	Enrolled	
	N	**%**
Gender (N=2,854)		
Male	1,895	66.4
Female	954	33.4
Race/Ethnicity (N=2,854)		
Latino	1,916	67.1
African American	846	29.6
Other	44	1.5
African American and Latino	25	0.9
Caucasian	11	0.4
Asian American	8	0.3
Age at Referral (N=2,805)		
18 and older	1,451	51.7
Under 18	1,354	48.3
Average Age	18	
Age Range at Referral (N=2,805)		
14-25	2,662	94.9
Age Range Youngest - Oldest	12 - 47	

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[30] 49 Referrals where calculated age at referral was less than 5 or was negative have been excluded from analysis.