# GRYD GANG PREVENTION 2017 EVALUATION REPORT

**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

# Acknowledgements

This report was made possible by the City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD). The authors would like to acknowledge and thank all those who supported and contributed to this work. Specifically, we wish to thank GRYD Director Anne Tremblay for her continued commitment to the evaluation of GRYD and would like to extend our appreciation to all GRYD Office Staff for their partnership and assistance with coordination and implementation of evaluation efforts.

We also extend a special thank you to the GRYD Prevention Providers for their contributions to on-going data collection efforts through GRYD's institutionalized data systems as well as their participation in and facilitation of qualitative focus groups and interviews held with staff, clients, and client families. We appreciate the insights that you shared with us throughout the data collection and evaluation process.

We are also grateful to our copyeditor, Margaret Finnegan, for her review and contributions to this report.

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# List of Acronyms

| | |
|---|---|
| CBO | Community-Based Organization |
| CSULA | California State University, Los Angeles |
| DCFS | Department of Children and Family Services |
| ETO | Efforts to Outcomes |
| FCM | GRYD Intervention Family Case Management |
| GRYD | City of Los Angeles Mayor's Office of Gang Reduction and Youth Development |
| IEP | Individualized Education Plan |
| LAPD | Los Angeles Police Department |
| LAUSD | Los Angeles Unified School District |
| MOU | Memorandum of Understanding |
| NIJ | National Institute of Justice |
| YSET | Youth Services Eligibility Tool |
| YSET-I | Youth Services Eligibility Tool Intake |
| YSET-R | Youth Services Eligibility Tool Retest |
| USC | University of Southern California |

# Introduction

T he City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) oversees a Comprehensive Strategy which 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 C. 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 B. Dierkhising, Ph.D.; and Akhila Ananth, Ph.D.
- Harder + Company Community Research: Loraine Park, MSW and Alfonso Martin, MA
- University of California, Los Angeles: Jorja Leap, Ph.D.; Laura Rivas, MSW/MPP; Kim Manos; P. Jeffrey Brantingham, Ph.D.; and Nick Sundback
- University of Southern California: Karen M. Hennigan, Ph.D. and Kathy A. 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 Prevention Services, this report presents evaluation results based on GRYD Prevention data collected between September 2011 and March 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 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



Eric Garcetti
Mayor

**GRYD Zones**
Office of Gang Reduction and Youth Development
City of Los Angeles

**GRYD Zones**
- 77th 1
- 77th 2
- 77th 3
- Devonshire-Topanga
- Foothill
- Harbor
- Hollenbeck 1
- Hollenbeck 2
- Hollenbeck 3
- Hollywood
- Mission
- Newton 1
- Newton 2
- Northeast
- Olympic
- Pacific
- Rampart 1
- Rampart 2
- Southeast 1
- Southeast 2
- Southeast 3
- Southwest 1
- Southwest 2

**Features**
- SNL Sites
- Council District
- Freeway
- Street
- Coastline
- L.A. City Bdry

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



**OVERVIEW OF THE GRYD COMPREHENSIVE STRATEGY**

**MISSION**: GRYD's mission is to strengthen youth/young adults, family, and community resilience to the influence of gangs by fostering public/private collaborations and supporting community-based prevention and intervention services.

COMMUNITY ENGAGEMENT
GANG PREVENTION
GANG INTERVENTION
VIOLENCE INTERRUPTION

Pop-Up Events
Gun Buy-Back
Community Education Campaign
Public/Private Partnerships

Gang Prevention Services for At-Risk Youth & their Families

Gang Intervention Services for Gang-Involved Young Adults & their Families
GRYD/Probation Juvenile Reentry Partnership

Incident Response
Proactive Peacemaking
LAVITA

Provide Access to Prevention & Intervention Services

Facilitate communication & responses to gang violence

Educate the Community
Increase Protective Factors among At-Risk Youth
Increase Prosocial Connections among Gang-Involved Young Adults
Educate the Community

Summer Night Lights & Fall Friday Nights

As shown in Figure 2, the Comprehensive Strategy has multiple prongs, including community engagement, gang prevention, gang intervention and violence interruption. This report focuses on gang prevention services for at-risk youth and results related to increasing youth resiliency against joining gangs. To begin, a brief description of GRYD Prevention Services is provided.

# An Overview of GRYD Prevention Services

GRYD Prevention Services are directed at youth (ages 10-15) who are identified as high risk for gang joining and their families. High-risk youth are not identified as members of a gang, but they may have behaviors that increase the likelihood of gang involvement or gang membership. Therefore, the model is designed to reduce risk factors and their associated behaviors by addressing the youth at the individual, family, and peer level while strengthening problem solving skills and the family's structure and cohesion. Ultimately, GRYD's goal is to increase protective factors against gang joining among at-risk youth (see Figure 3 for an overview of GRYD Prevention programming).

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

- youth must be between ages 10 and 15 years old;
- have a significant presence in a GRYD Zone; and,
- score at risk for gang membership on the Youth Services Eligibility Tool (YSET).

Youth and their families who are referred to the program are invited to participate in a one-on-one assessment interview with a case manager. At that time, they also complete the Youth Services Eligibility Tool (YSET) to determine their eligibility for the services. The YSET is composed of nine scales. Seven of these scales are attitudinal, two are behavioral, and each scale contains 2 – 17 questions. The scales include:

Attitudinal Scales

- Antisocial Tendencies
- Weak Parental Supervision
- Critical Life Events
- Impulsive Risk Taking
- Guilt Neutralization
- Negative Peer Influence
- Peer Delinquency

Behavioral Scales

- Family Gang Influence
- Self-Reported Delinquency

Youth determined to be at a "high-risk level" on a scale must be equal to or greater than the pre-established threshold. To be eligible for GRYD Prevention Services, a youth must meet or exceed the risk threshold on four or more YSET scales[3].

Once identified eligible for services by the YSET, the youth and families who enroll in programming receive services within a cycle comprised of seven phases. Phase 1 is used to complete the referral and intake process. Phases 2-7 incorporate service delivery. Each phase is described in more detail below.

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[3] More detailed information on these scales including the number of items scored, maximum scores, and risk thresholds are presented later in the report.

## Figure 3. GRYD Prevention Services Logic Model
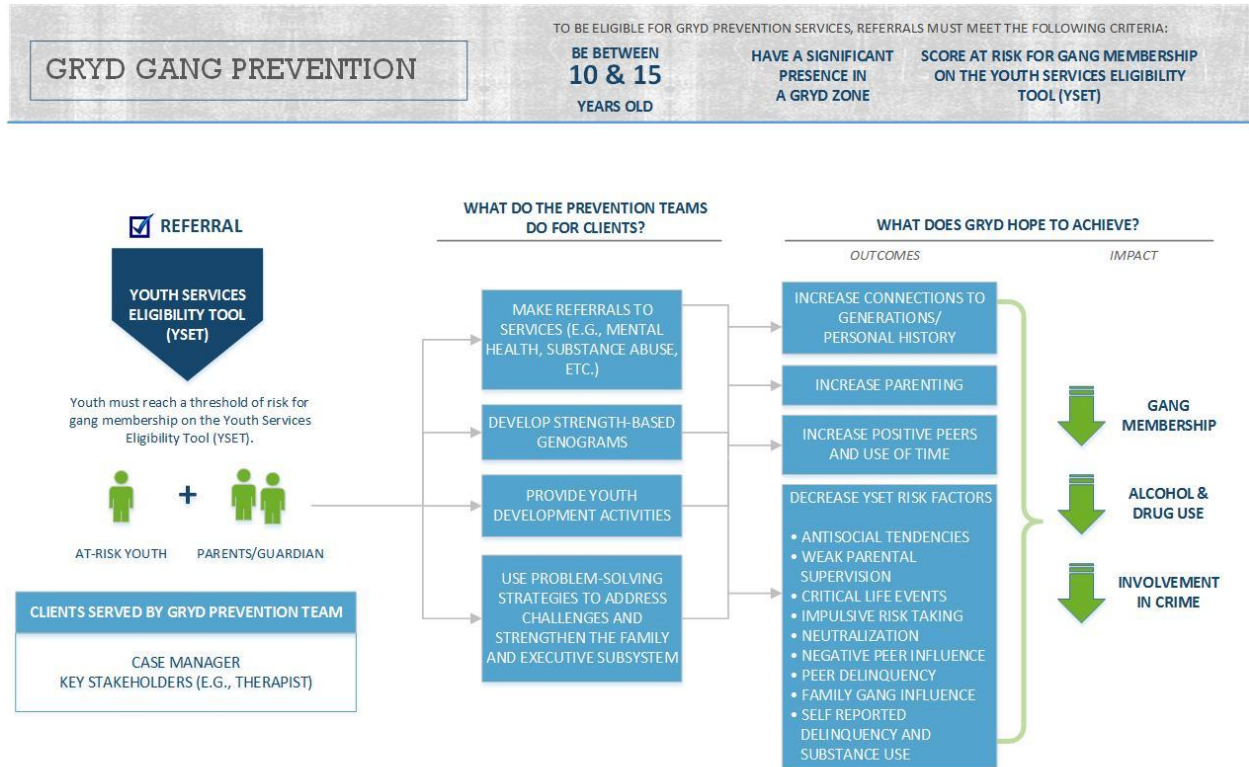


The GRYD Prevention Services model consists of the following phases:[4]

- **Phase 1: Referral/Collaboration.** The GRYD Prevention Provider meets with the referred youth and family to gather initial information related to the reason for the referral and to begin to define problems that the youth and family are encountering. At this time, providers administer the initial YSET (YSET-I), to determine whether the youth meets the eligibility criteria (i.e., is at risk for gang membership).[5]

- **Phase 2: Building Agreements.** Eligible youth who enroll begin services in Phase 2. The provider team works with the family to identify client and family strengths and the key issues to address during their participation in the program. Case plans for client and family are developed, and the team helps the family identify individual roles and responsibilities to help the client change behavior. The client participates in individual and peer program sessions and undertakes the initial steps to build a strength-based genogram.[6]

- **Phase 3: Redefining.** The client and family reconvene with the team to discuss progress, obstacles, and to reflect on experiences throughout the last month. If the problems identified in Phase 2 have been resolved, new priority problems are identified. If not, new strategies are developed.

- **Phase 4: Celebrating Changes.** The team affirms family efforts to reduce behaviors and issues identified in the previous phases in order to strengthen the family's motivation to change. The type of celebration is defined by the family and client.

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[4] City of Los Angeles Mayor's Office of Gang Reduction and Youth Development. (2016). *GRYD Prevention Services Policies and Procedures Handbook (v.1.6.2016).* Los Angeles: GRYD Office.

[5] NOTE: The referral and eligibility determination process are described in more detail later in the report.

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

- **Phase 5: Mainstreaming.** The team works with the client and family to identify social supports in the community and to facilitate continuing progress. Skills developed and utilized in the program are put to use and "tested" outside the program.
- **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 YSET is re-administered to assess progress (YSET-R). If sufficient progress is made, the client and family graduate. Graduation includes public recognition of the client and family accomplishments. 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 family meetings of at least an hour in length;
- one individual meeting at least an hour in length;
- at least one strategy session[7] of at least 30 minutes; and,
- at least ten group activities (completed over a full cycle) of at least 45 minutes in duration.

Within each of these required meetings/activities, the provider 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). At the end of Phase 7 or six months in services (whichever comes first), clients retake the YSET, providing a measure of behavior over time.

# Research Questions

The goal of the current evaluation is to better understand who GRYD is serving, the types of services clients and their families received as part of GRYD Prevention Services, and the types of changes observed among clients over time. To that end, this study examines both process and outcome evaluation questions. The questions driving the evaluation are listed below. Process evaluation questions focus on the referral and eligibility process, retention, and services received (Table 1) whereas outcome evaluation questions measure attitude and behavior changes over time (Table 2).

## Table 1. Process Evaluation Questions

| Process Evaluation Questions | Source | Page |
|---|---|---|
| 1.  **Referral and Eligibility Process** | | |
| • How many youth were referred to GRYD and how many participated in services? | YSET and ETO Data | 12 |
| • Who refers youth to GRYD Prevention Services? | YSET Data | 13 |

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[7] Strategy sessions include provider staff who are familiar with the youth's case and are used to determine next programming steps for the youth and family, specifically as they relate to strategizing around identified assets and problems and the discussion of progress or lack of progress made in modifying the behaviors identified.

| Process Evaluation Questions | Source | Page |
|---|---|---|
| • What outreach and recruitment strategies are used by GRYD Prevention Providers with referrals? | Ethnographic Observations/ Provider Interviews/Client & Family Focus Groups | 14 |
| **2. Referrals and Determining Eligibility for Services** | | |
| • What are the demographic characteristics of referred youth who complete the YSET? | YSET Data | 17 |
| • What are the provider reflections around age eligibility? | Provider Interviews/Client & Family Focus Groups | 17 |
| • How many referred youth were eligible for services based on the YSET? | YSET and ETO Data | 18 |
| • What are provider perspectives regarding the administration of the YSET? | Provider Interviews/Client & Family Focus Groups | 19 |
| **3. Client Enrollment in GRYD Prevention Services** | | |
| • At what rates do eligible youth enroll in services? | YSET and ETO Data | 21 |
| • What are the demographics and other characteristics of GRYD Prevention Services clients? | YSET and ETO Data | 23 |
| **4. Program Experiences and Services Received** | | |
| • What dosage of services do clients receive? | ETO Data | 25 |
| • What is the nature and content of individual experience with GRYD Prevention Services? What makes individuals stay? What individuals return for more services? | Ethnographic Observations/ Provider Interviews/Client & Family Focus Groups | 26 |
| • How are genograms used? What occurs in the delivery and experience of genograms as a part of GRYD Prevention Services? | Ethnographic Observations/ Provider Interviews/Client & Family Focus Groups | 28 |
| **5. Retention in Services** | | |
| • What are program completion rates? | YSET and ETO Data | 31 |
| • How do client characteristics relate to program completion? | YSET and ETO Data | 32 |
| • How does length in programming differ between clients who completed the program and those who did not? | YSET and ETO Data | 33 |

| Process Evaluation Questions | Source | Page |
|---|---|---|
| • How does dosage differ between clients who complete the program and those who do not? | ETO Data | 34 |
| • What is the nature and content of individual experience with GRYD Prevention Services? How does this relate to staying in/quitting services? | Ethnographic Observations/ Provider Interviews/Client and Family Focus Groups | 35 |
| • What programmatic strategies are used by GRYD Prevention 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 | 36 |

Table 2. Outcome Evaluation Questions

| Outcome Evaluation Questions | Source | Page |
|---|---|---|
| 1. **Measuring Changes in Client Risk** | | |
| • Are there changes in YSET-based eligibility scales over time for GRYD clients? | YSET Data | 38 |
| • How did YSET scales change in order to reduce eligibility rates over time? | YSET Data | 38 |
| • Are some clients more likely to experience change compared to others? | YSET Data | 40 |
| • How do GRYD clients compare to youth who did not receive GRYD Prevention Services? Do both groups experience similar changes in risk over time? | GRYD and Comparison Group YSET Data | 42 |

# Data and Methods

Evaluation of these questions uses data captured through the administration of the Youth Services Eligibility Tool (YSET); data entered into the GRYD Efforts to Outcomes (ETO) database; and data collected through focus groups conducted with provider staff, participating families, and participating youth. A description of each data source is provided below.

*YSET Database*

As mentioned, all youth referred to GRYD Prevention Services complete the YSET in order to determine eligibility for services. The YSET database contains the eligibility of the youth at initial assessment (e.g., eligible or not eligible), demographic and referral information (without identifying information such as name),

as well as changes in level of risk over time if the client remains in programming. The YSET is administered approximately every six months during the reassessment phase of the program for the duration of their participation in the program (during the reassessment phase), using the date of enrollment as the baseline date for the re-test timeline. The YSET database tracks data from all initial YSETs (YSET-Is) and reassessments (YSET-R). Youth who do not enroll or who drop out before completing services are not reassessed.

YSET data collected between September 1, 2011 and March 31, 2016 were used for analysis in the current report.[8] During this period of time, the GRYD Prevention Services model was implemented in 23 GRYD Zones.[9] In total, 10,903 initial YSETs were completed during this period; however, analysis focused on youth with a record in the GRYD ETO database (N=9,098).[10] Analysis of reassessment results were limited to clients who retook the YSET between four and eight months after their initial YSET.

*YSET Comparison Group*

The comparison group used in this evaluation consists of a sample of high-risk youth on juvenile probation in Los Angeles County. These youth were engaged in a recent study funded by the National Institute of Justice (NIJ)[11] and led by the Center for Research on Crime at the University of Southern California (USC). The study focused on youth in catchment areas in neighborhoods (outside of the city of Los Angeles) where street gangs were prevalent. Recruitment was conducted with permission from the Los Angeles County Probation Department and assistance from 28 Deputy Probation Officers. Study participants were largely referred by Deputy Probation Officers, but 13.0% were referred by other participating youth or their parents.

A total of 428 youth between the ages of 11 and 16 agreed to participate and were enrolled in the NIJ study. Almost all of the participating youth (n=391; 91.4%) completed both a YSET-I and a YSET-R. Of these, 179 county sample youth were high risk (four or more risk factors) and were used as a comparison group for GRYD Prevention services clients. They were 70.4% male and 82.7% Latino. The YSET-I was administered to the county study participants between April 4, 2011 and June 12, 2013, and the YSET-R was completed between July 5, 2012 and September 16, 2013.

The county sample was compared to a sample of 1,023 GRYD Prevention clients, also youth with four or more risk factors. The GRYD sample was comprised of 59.5% males and 77.0% Latinos. These interviews were conducted for the following dates: YSET-I administration took place between April 26, 2013 to April 11, 2016; YSET-R interviews were completed April 29, 2014 to September 7, 2016.[12]

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[8] GRYD began prevention programming in January 2009, but the GRYD Prevention Services model did not begin until 2011. Between 2009 and 2011, contracted providers delivered services based on their own policies and procedures, and little to no process data were collected. Beyond the use of the YSET to determine eligibility, there was little to no uniformity in the delivery of services during this time. To ensure appropriate comparisons are made, the current report limits analysis to the data collected under the GRYD Prevention Services model. This includes (1) all youth who completed the initial YSET to determine program eligibility (referred to as YSET-I) after September 1, 2011, and (2) youth who completed their YSET-I prior to September 2011 but completed their first reassessment (referred to as the YSET-R) as of September 2011 and received at least 4 months of services.

[9] GRYD has expanded its areas of coverage, increasing from the original 12 GRYD Zones and 4 prevention-only secondary areas of services to 23 GRYD Zones by July 1, 2015; hence, not all Zones contribute to the data collected for the entire time period included in this report.

[10] Some youth are referred to the program more than once; therefore, there is a small amount of duplication in the number of cases reported here. In other words, youth who were referred more than once are counted each time they completed a YSET-I.

[11] Hennigan, K. M., Kolnick, K. A., Vindel, F., & Maxson, C. L. (2015). Targeting youth at risk for gang involvement: Validation of a gang risk assessment to support individualized secondary prevention. Children and youth services review, 56, 86-96.

[12] The present analyses statistically account for the amount of time between baseline and retest visits, meaning the observed differences between the GRYD and LA County samples cannot be attributed to the fact that some participants were assessed at 6 months, while others were assessed at 18 months.

*GRYD ETO Database*

The GRYD ETO database houses information (de-identified for evaluation use) about all youth who are referred to the GRYD program, including demographic information, activities related to programming, as well as information about the services they receive as part of the GRYD Prevention Services.

Data collected in the GRYD ETO database was matched to the YSET database. The data were cleaned to address duplicate records and additional variables were created for analysis. Only youth with matched IDs in both the YSET and GRYD ETO databases were included in the analyses presented in this report. Once cleaned, the data was restructured and only youth whose first YSET was labeled as YSET-I or YSET-R1 (first reassessment) were included in the analyses. It is important to note that some youth were re-referred to the program and completed a YSET-I more than once. These youth were also included in the analyses and counted every time they completed a YSET-I.

A set of criteria were used to identify youth who enrolled as GRYD Prevention clients including YSET-I eligibility and completing baseline criteria for data collection in the GRYD ETO database.[13] While all matched youth are included in the referral and outreach analyses presented in this report, only youth meeting the client criteria were included in all other analyses conducted.

Quantitative analyses included the use of a number of different tests that were used to test for statistical significance, including Paired Sample T-Test, Multiple Regression Analysis, and Chi-Square Tests.

*Interviews and Focus Groups*

Ethnographic research was used to create a narrative to tell the story of GRYD Prevention Providers and the clients and families served. In consultation with GRYD Office staff and California State University, Los Angeles (CSULA), the qualitative evaluation team created an observation protocol with open-ended questions to guide these introductory discussions. These site visits were designed to be informational as well as ethnographic and included discussions with case managers, 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."[14] 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.[15] 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

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[13] Multiple criteria were used to identify clients enrolled in GRYD Prevention Services. In order to be considered a GRYD Prevention Services client, each youth must have completed an Initial Family Meeting Form, a Basic Client Information Form, have at least one activity on the Activity Log, be categorized as having been enrolled in services on the Referral and Basic Client Information Form, and be categorized as either Model or Traditional Programming groups.
[14] 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.
[15] 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.

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.

In total, the qualitative evaluation team conducted preliminary site visits with all 15 providers, covering all 23 GRYD Zones[16]; completed 31 focus groups with client (16) and family (15) participants, and spoke to 358 additional participants – 187 clients and 171 family members. Two different providers, covering two GRYD Zones, did not participate in focus groups.[17]

## Table 4. Completed Client and Family Focus Groups

| GRYD Prevention Provider | GRYD Zone(s) | Client Focus Group (N) | Family Focus Group (N) |
|---|---|---|---|
| AADAP | 77th 1 & 3 | 20 | 18 |
| Alma Family Services | Hollenbeck 2 & 3 | 16 | 14 |
| Barrio Action | Hollenbeck 1 | 8 | 9 |
| Bresee Foundation | Olympic | 11 | 14 |
| Brotherhood Crusade | Southwest 2 | 18 | 10 |
| Communities in Schools | Devonshire-Topanga | 0 | 0 |
| Community Build | 77th 2 | 13 | 9 |
| Community Build | Southwest 1 | 12 | 15 |
| El Centro Del Pueblo | Northeast | 10 | 12 |
| El Centro Del Pueblo | Rampart 1 & 2 | 13 | 6 |
| El Nido Family Centers | Foothill | 10 | 16 |
| Latino Resource Organization | Pacific | 8 | 8 |
| New Directions for Youth | Mission | 13 | 21 |
| SEA | Newton 1 | 8 | 0 |
| SEA | Newton 2 | 0 | 0 |
| Toberman | Harbor | 10 | 2 |
| WLCAC | Southeast 1, 2, & 3 | 10 | 8 |
| Youth Policy Institute | Hollywood | 7 | 9 |
| | Total | 187 | 171 |

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[16] GRYD Regional Program Manager Refugio Valle facilitated this communication. Sites received an introductory email on February 3, 2016 and several follow-up emails after that in order to elicit full participation.
[17] Communities in Schools (Devonshire-Topanga) and Soledad Enrichment Action (Newton 2).

# Process Evaluation Results

T he goal of this evaluation is to better understand who the City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) is serving, the types of services clients and their families receive as part of GRYD Prevention Services, and the types of changes observed among clients 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 eligibility process, the programmatic experiences and services that clients and families receive, and program retention.

## Referral and Eligibility Process

Since the inception of the GRYD Prevention program, numerous referral sources have identified and recruited youth between the ages of 10-15 who are perceived to be at risk for gang involvement. This section begins with findings based on Youth Services Eligibility Tool (YSET) and GRYD Efforts to Outcomes (ETO) data, which provide a portrait of the youth who were referred and the source of these referrals. Additionally, qualitative data from provider interviews, focus groups, YSET, and GRYD ETO data are summarized to better understand the strengths and challenges related to the recruitment and enrollment of youth and families in GRYD Prevention Services. Next, eligibility rates across all GRYD Zones and characteristics of those who enroll in programming are presented. Accompanying these findings are provider views on challenges and concerns related to YSET administration.

**How many youth were referred to GRYD and how many participated in services?**

Between September 1, 2011 and March 31, 2016, 9,098 youth were referred to GRYD Prevention Services; completed the YSET; and had matched records in both the YSET and GRYD ETO database. Figure 4 below illustrates that flow of youth through the program. For example, 54.4% or 4,945 of those 9,089 youth were eligible for GRYD Prevention Services. The subsection on client enrollment identifies which GRYD Zones youth were enrolled in and their demographic characteristics. Seventy-six percent of those who were eligible for the program enrolled (3,781 out of 4,945). Finally, 42.8% of those who were enrolled completed a YSET retest 4-8 months after their initial assessment (1,620 out of 3,781).

Also included in Figure 4 are ineligible youth who received GRYD Primary Prevention Services. Primary Prevention is a less intensive service model that includes fewer monthly contacts and does not include strategy sessions or the use of genograms. While all youth are included in referral and intake analyses, those who enroll in Primary Prevention are not included in the following sections of the report.

## Figure 4. Client Data Flow Chart, GRYD Prevention Clients



**Referred to GRYD, completed a YSET, and the YSET was matched to the GRYD ETO Database**
9,098

**Ineligible**
4,153

**Eligible**
4,945

**Enrolled In Primary Prevention**
1,938

**Enrolled**
3,781

**Eligible, Not Enrolled**
1,164

First YSET retest

**No YSET Retest**
1,541

**0-3 Months**
7

**4-8 months**
1,620

**9+ months**
613
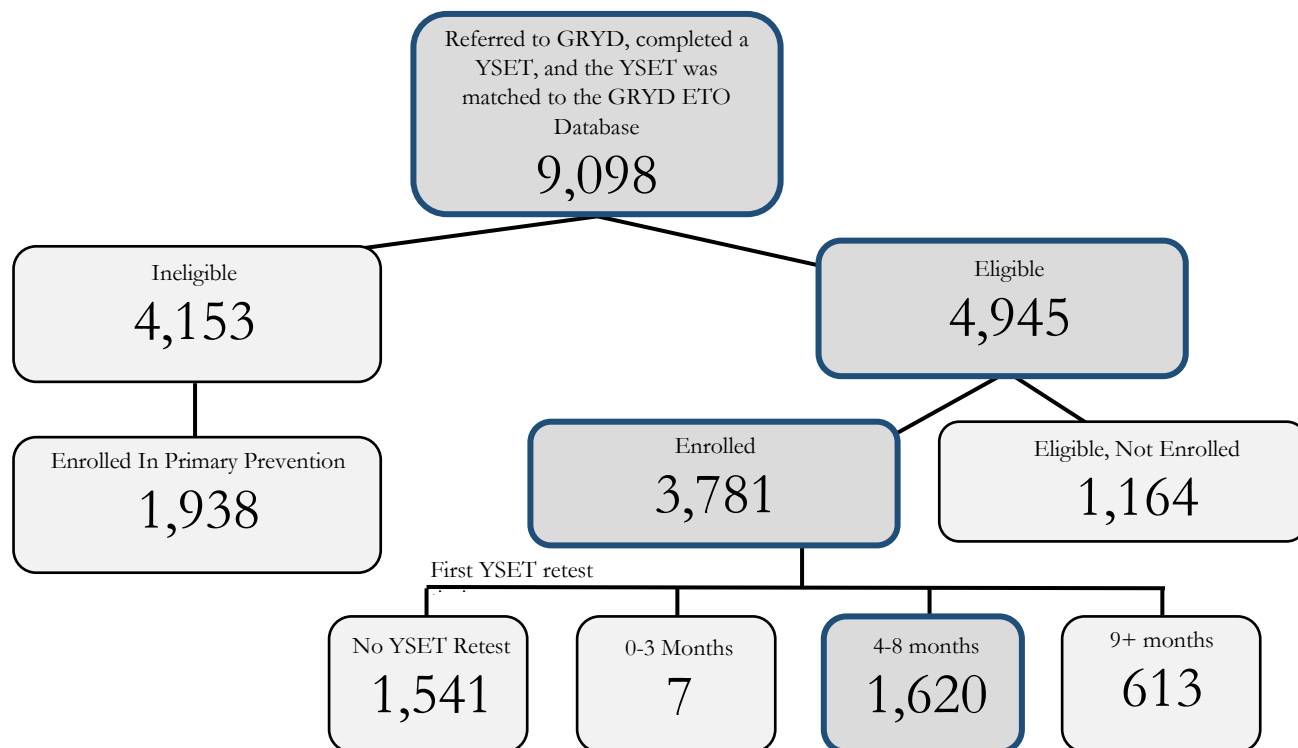
### Who refers youth to GRYD Prevention Services?

As the observations, interviews, and discussion of outreach and recruitment reveal, youth were initially referred to GRYD by a variety of sources including schools, law enforcement agencies, community-based organizations, parents, and youth themselves. As seen in Table 5, parent walk-ins, school counselors, and youth walk-ins account for the top three referral sources for youth who completed the YSET.

## Table 5. Referral Source

| Referral Source (N=9,057) | N | % |
|---|---|---|
| Parent Walk-in | 2,952 | 32.6 |
| School Counselor | 2,606 | 28.8 |
| Youth Walk-in | 2,380 | 26.3 |
| Summer Night Lights (SNL) | 946 | 10.4 |
| Other School | 585 | 6.5 |
| Other Service Provider | 183 | 2.0 |
| Probation | 123 | 1.4 |
| Law Enforcement | 121 | 1.3 |
| Church | 50 | 0.6 |
| Other | 876 | 9.7 |
| *Percentages do not add up to 100% because respondents check all that apply.* | | |

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

Across GRYD Prevention Providers, the diversity in years of involvement with GRYD clearly explains the various strategies, challenges, and successes regarding outreach across GRYD Zones. What emerged from observations, provider interviews, and group discussions, was the finding that there was no single recruitment strategy. Providers have similar challenges during outreach and recruitment, and here several key observations related to successful outreach, including the importance of effective communication, expectation setting, and the necessity of referral partnerships, are presented.

*Use of Vocabulary and Effective Communication*

Vocabulary and effective communication were seen as vital to GRYD Prevention Services outreach efforts. Slightly over half, or 53.3%, of the providers (8 of 15) viewed the word "gang" as a barrier to securing parental as well as school buy-in. One case manager noted:

> *"Parents are taken aback by the program title, the word itself has a negative connotation, there's a certain stigma, and parents become defensive."*

Another case manager captured the dilemma perfectly, observing, *"The parents want their kids to get help, but they don't want to label them gang members."* During a group discussion, one provider agreed,

> *"We have to be careful with how we talk to the parents and to their children. We want to be sensitive and we want to be honest. Good outreach means we have to do both."*

As part of their outreach efforts, providers reported that the term "client" also presented similar dilemmas and a resulting hesitation – with several sites suggesting that parents respond defensively when staff use this terminology. Providers attempted to be both thoughtful and sensitive in developing their own vocabulary and semantics. However, this well-intentioned practice also meant there was sometimes a lack of consistency across GRYD Zones. One development across GRYD Prevention Providers proved effective in helping move beyond the barrier of parental hesitation or denial: sites engage in "*psychoeducation*" around risk factors – explaining to parents that their children's behaviors are indicative of future gang involvement and that these risk factors are *why* they were referred to the program.[18] Other sites referred to the program as a "*youth development initiative,*" which carried a more positive connotation and proved to successfully elicit more participation.

The most consistent finding to emerge in terms of successful outreach and recruitment involved informal communication within community-based networks. The majority of providers repeatedly delineated "word of mouth" as one of their primary referral and recruitment sources. One case manager observed, *"Families are satisfied with our services and want to share this with a neighbor or friend who may be in need."* This informal recruitment strategy includes sibling and cross-generational referrals. Several individuals echoed the words of one case manager who reported,

> *"When we do well with one kid – pretty soon the mothers and the fathers or the grandmothers want the other sisters and brothers involved. We don't even have to ask, they just come in with the other children or their cousins."*

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[18] Providers consistently used the term "psychoeducation" that they first learned in training to refer to the education/training/therapy offered to families who are dealing with crisis, trauma, and mental health concerns. Providers seem to approach this model with an emphasis on strengths and ways to overcome these barriers.

Another provider observed,

> *"The word gets out that this is a good program and then families want their kids to be part of it. Sometimes they just think it's a great after-school program but we have to explain about the YSET and risk factors. The parents are disappointed when their kids can't be part of GRYD."*

### *The Use of Outreach Coordinators*

Several GRYD Zones served by large, established providers with extensive capacity, which did not encounter the same budget limitations as smaller providers, instituted the model of having one dedicated outreach staff to ensure a more targeted, focused approach. This outreach staff or "outreach coordinator" was responsible for setting up an introductory family meeting, performing an assessment, and collecting consent. As an outreach strategy, this type of established provider promotes GRYD in its entirety – that is, the GRYD Office, the community based organizations, and the referral sources. The emphasis is truly on the rich collaboration and partnership. Additionally, the outreach coordinator is always certain to emphasize the role of the family. For one organization, successful outreach is dependent on managing expectations and being transparent, as well as providing clarity around parental commitment and responsibility. Participation in GRYD is delineated carefully as:

> *"...commitment on the part of the parents to be successful. If they want change or improvement in terms of behavior or reduced risk factors. Parents are seen as the leaders of our team – without their participation, we cannot expect much change to happen. We focus on the family system."*

### *Building Relationships with Schools*

While all sites have been in communication with, and visited, the schools[19] in their respective GRYD Zone, 53.3% (8 of 15 sites) indicated that work was delayed or complicated by the need for a memorandum of understanding (MOU) or by the lack of an existing relationship. In these cases, this was most frequently due to the GRYD Prevention Provider starting outreach as a new service provider in that Zone or being a new partner with a school. It is important to note that schools were receptive to GRYD programming, recognized the need, and were interested in providing services, but they simply could not move forward without a formal understanding in place. According to one site's Executive Director,

> *"Schools are interested. They have students who want to participate, but we are struggling with recruitment, eligibility services, and developing a partnership with [the Los Angeles Unified School District] LAUSD."*

In their efforts to build their credibility in school settings, the different providers had innovative approaches.

- One site recommended passing out GRYD promotional items at community education and community engagement campaigns to garner greater interest in the program and to ensure that the GRYD name/logo is more recognizable throughout the community.
- Across the GRYD Zones in different geographic areas, these sites reported that they achieved greater levels of successful outreach and partnership with charter schools, whose administrators expressed willingness to move forward without the same bureaucratic barriers.

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[19] Considering the age of clients, this includes elementary, middle, and high school. Charter schools, catering to a wider age range, are also included.

- To combat the barriers created by the structure within many LAUSD schools, one GRYD Zone has built relationships using safe and accessible community spaces, including a library or recreation center. The provider used these settings to hold meetings and integrate additional services. This is demonstrated by the fact that four sites that report a lengthy partnership with GRYD (some tracing their engagement with Los Angeles City government even further back to LA Bridges) and a more embedded relationship in their GRYD Zone do not struggle with LAUSD barriers. Instead, these sites have successfully leveraged and collaborated with other programs on LAUSD school campuses.

This presents an important opportunity for GRYD. Eight sites were enthusiastic about developing partnerships with LAUSD and both hoped and recommended that GRYD reinforce program goals and criteria with LAUSD administration. Providers explained that this *"clarification and transparency from the top down"* would help newer GRYD Prevention Providers (whether to GRYD or the respective Zone) to build more fluid and flexible relationships within the schools. If this relationship were strengthened, sites believe that referral sources would pay more attention to detail, ensuring that providers receive all pertinent information about each youth's case. For example, one site shared that they do not have access to Individualized Education Plan (IEP) information, which severely hinders service provision. The providers uniformly believed that having a more formal *"GRYD stamp of approval"* would improve credibility and validation, making schools more willing to offer GRYD services on school campus. In addition, several providers believed that if GRYD requested a dedicated space on campus for onsite activities and engagement, this formal setting and structural recognition might help to establish service provider presence, build relationships, and ensure trust.

*Partnerships with Government Agencies*

Extensive discussion of the importance of ongoing – and successful – partnerships with government agencies such as the Los Angeles County Probation Department and Los Angeles Police Department (LAPD) were specifically highlighted. One provider enthusiastically shared, "*We are thrilled to see this buy-in,*" while another site echoed this positive stance, explaining, *"I never thought we would see that the police were our greatest referral source – but they are!"* Providers in several GRYD Zones referenced the use of LAPD "pocket cards" that have resulted in increased referrals. The significance of relationships with local police divisions, probation officers, and other community-based organizations (CBOs) was evident throughout the observations and interviews. Repeatedly and emphatically, these partnerships were defined as key to successful outreach and enable GRYD Prevention Providers to serve clients more effectively. One site suggested that GRYD could continue to build these relationships by hosting trainings for juvenile justice professionals (LAPD, Probation, the Courts) so that they have a more complete understanding of the program, can address specific community needs, target hot spots, and discuss potential referrals. Another provider proposed that LAPD and Probation attend a GRYD training session so that there could be "cross-training."

The qualitative findings tell us that the significance of community networks and *"word of mouth"* for GRYD referrals undergirded the work of multiple providers. It is critical to note that GRYD Prevention Providers were thoughtful about outreach, wanted to continue to improve, refine terminology, enlarge engagement with LAUSD, and strengthen the networks that existed. There was a clear appreciation of the relationships that were established and the partnerships that were functioning well. With this in mind, the next section delves into eligibility determination since 2011 using YSET data and the demographics of youth completing the YSET.

# Referrals and Determining Eligibility for Services

**What are the demographic characteristics of referred youth who complete the YSET?**

As seen in Table 6, more than half of the youth who were referred to the GRYD Prevention Services and completed a Youth Services Eligibility Tool (YSET) assessment were male (58.8%) and under 13 years old (55.8%). The vast majority of these youth were Latino (75.3%) and African American (20.1%).

Table 6. Demographic Characteristics of Referred Youth

| Completed YSET | N | % |
|---|---|---|
| **Gender (N=9,097)** | | |
| Male | 5,350 | 58.8 |
| Female | 3,747 | 41.2 |
| **Age (N=9,052)** | | |
| Under 13 | 5,076 | 55.8 |
| 13 and older | 4,022 | 44.2 |
| **Race/Ethnicity (N=9,098)** | | |
| Latino | 6,815 | 75.3 |
| African American | 1,821 | 20.1 |
| Multi-Racial/Ethnic | 286 | 3.2 |
| Other | 61 | 0.7 |
| Asian | 37 | 0.4 |
| White | 32 | 0.4 |
| *Note: N may vary due to missing responses* | | |

**What are the provider reflections around age eligibility?**

Nearly 50.0% of providers (7 of 15) expressed changing trends in the age of at-risk youth: seeing an increase in the number of youth referred to GRYD Prevention Services as young as 8 years old and as old as 18. Several teams suggested that the age range be expanded to reflect the changing dynamics in their communities. GRYD Prevention Providers would like to see the inclusion of an age appeal process. Many individuals expressed their frustration at feeling *"forced"* to refer potential clients to other external, or in-house, services because individuals do not fit within the GRYD age-range specifications. One provider explained,

> *"We really do think the GRYD Prevention programming would best fit these kids, because they are kids, but some of them are too young and some of them are too old. We need to change the age range so we can help them."*

Staff at these sites reported consistently seeing older clients who do not qualify for GRYD Intervention Family Case Management (FCM) but who are in desperate need of case management services. One site suggested that there could be separate prevention teams depending on the age of the client, recognizing that the older clients will have different needs than the younger ones. There may also be a benefit to this age

diversity – one provider suggested that as older youth find themselves *"growing"* and developing more prosocial connections and positive attitudes as a result of GRYD services, perhaps they could serve as mentors for the younger clients. Next, YSET data begin to illustrate the referrals that became clients enrolled in GRYD Prevention Services.

**How many referred youth were eligible for services based on the YSET?**

Nine scales in the YSET are used to determine eligibility for GRYD Prevention Services (see Table 7). Risk thresholds have been identified within each scale that indicate an elevated level of risk and some scales have a modest upward adjustment in the risk threshold for older youth (13 to 15 years old). In order to be eligible, youth must meet or exceed the risk thresholds on four or more scales.[20]

### Table 7. YSET Scales Used to Determine Eligibility

| Scale | Number of Scored Items | Maximum Possible Score | Risk Threshold Score 13 years or older |
|---|---|---|---|
| **Attitudinal Scales** | | | |
| Antisocial Tendencies | 6 | 30 | 16 |
| Weak Parental Supervision | 3 | 15 | 7 |
| Critical Life Events | 7 | 7 | 4 |
| Impulsive Risk Taking | 4 | 20 | 14 |
| Guilt Neutralization | 6 | 30 | 19 |
| Negative Peer Influence | 5 | 25 | 13 |
| Peer Delinquency | 6 | 30 | 14 |
| **Behavioral Scales** | | | |
| Family Gang Influence | 2 | 2 | 1 |
| Self-Reported Delinquency | 17 | 17 | 6 |

During the time period examined, over 9,000 YSETs were administered to determine eligibility for GRYD Prevention Services. Across all GRYD Zones, a little over half of the completed YSETs (54.4%) were determined to be eligible for services. However, eligibility rates varied widely across GRYD Zones and ranged from 67.3% in Southeast 2 to 15.4% in Hollenbeck 2. It is important to note that many of the GRYD Zones with lower eligibility rates are those that were first established in June 2015 or where there was a change in provider at that time. New GRYD Zones and those with a new provider serving the area may still be experimenting with outreach and recruitment strategies; therefore, these eligibility rates may change over time.

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[20] There is a process in place that allows provider staff to challenge an ineligible finding if there is sufficient evidence that the extent of the youth's behavior was not captured as part of the YSET interview. The outcome of YSET challenges are determined by the GRYD Prevention Service Provider Review Committee based on documentation submitted by the provider including letters of support from parents, referral source, etc.; school behavioral charts; and other pertinent items. Due to this process, some youth may enroll in GRYD Prevention Services having met the risk thresholds on fewer than four scales.

### Table 8. YSET Eligibility Rates

| GRYD Zone | Total YSETs (N=9,098) | Eligible | | Not Eligible | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| Southeast 2 | 382 | 257 | 67.3 | 125 | 32.7 |
| Southeast 3 | 762 | 499 | 65.5 | 263 | 34.5 |
| Newton 1** | 619 | 399 | 64.5 | 220 | 35.5 |
| Harbor* | 37 | 23 | 62.2 | 14 | 37.8 |
| Devonshire-Topanga** | 183 | 113 | 61.7 | 70 | 38.3 |
| 77th 2 | 474 | 290 | 61.2 | 184 | 38.8 |
| Olympic | 306 | 187 | 61.1 | 119 | 38.9 |
| 77th 1 | 901 | 549 | 60.9 | 352 | 39.1 |
| Rampart 1 | 393 | 239 | 60.8 | 154 | 39.2 |
| Southwest 2 | 526 | 312 | 59.3 | 214 | 40.7 |
| Southwest 1 | 539 | 302 | 56.0 | 237 | 44.0 |
| Foothill | 515 | 281 | 54.6 | 234 | 45.4 |
| Mission | 788 | 412 | 52.3 | 376 | 47.7 |
| Rampart 2** | 208 | 97 | 46.6 | 111 | 53.4 |
| Hollenbeck 1 | 322 | 148 | 46.0 | 174 | 54.0 |
| Hollenbeck 3 | 731 | 333 | 45.6 | 398 | 54.4 |
| Northeast** | 700 | 291 | 41.6 | 409 | 58.4 |
| 77th 3* | 169 | 66 | 39.1 | 103 | 60.9 |
| Newton 2* | 81 | 30 | 37.0 | 51 | 63.0 |
| Southeast 1* | 75 | 22 | 29.3 | 53 | 70.7 |
| Hollywood** | 283 | 78 | 27.6 | 205 | 72.4 |
| Pacific* | 26 | 5 | 19.2 | 21 | 80.8 |
| Hollenbeck 2* | 78 | 12 | 15.4 | 66 | 84.6 |
| **Total** | **9,098** | **4,945** | **54.4%** | **4,153** | **45.6%** |

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

**What are provider perspectives regarding the administration of the YSET?**

While the YSET is intended to help ensure that the appropriate youth receive the services they need, it has traditionally posed several challenges for GRYD Prevention Providers. Based on interviews with staff, providers supported the use of the YSET and readily accepted the use of the tool as part of their fidelity to the model, but they provided several areas for improvement.

One example is the format of the tool. Staff indicated that the newest iteration represents a meaningful improvement, and overall, providers endorsed the new version, stating, *"This one is much better,"* and *"I think this really comes closest to what we need."* Still, there were remaining concerns. According to 73.3% (11 of 15) of sites interviewed, there are still several outstanding problems with the YSET. Key concerns surround the issue of language comprehension, with some terminology and questions deemed not suitable for younger youth, the general administration of the tool prior to building rapport and developing a trusting relationship, and the determination of "Primary Prevention" and "GRYD Prevention Services" clients.

*Language and Comprehension*

As part of this desire to effectively administer the YSET, many individuals at different sites consistently expressed their concerns about the language used in certain questions as many potential prevention clients are young and often have trouble understanding what is being asked. Sites report that they have provided feedback about language concerns and they truly want their suggestions to be addressed.

There were additional concerns noted by a small number of providers who discussed their wishes to see some revision in terms of survey length, cultural sensitivity, resistance/fear of disciplinary action, need for more family-centered questions (or a separate test), invasive questions about criminal involvement, slow turnaround (makes securing families difficult), and unaddressed feedback (sites make suggestions on terminology and little is done in response). There was also some general concern across sites that the YSET stay *"up to date."* The provider team at one site raised an important concern about the YSET's inability to capture the change in gang culture, to include tagging crews, for instance. For this site's clients:

> *"The tool does not address the changing culture. In my day, it was about party crews, and now there are tagging crews, which are distinctly different from the traditional definition of "gang." The tool needs to be adapted – and more reflective of the dynamic culture. There are complicated dynamics at play and the YSET is very narrow."*

*Administration Challenges*

Several staff members at different sites expressed their belief that clients were anxious and apprehensive about the YSET and often omitted key information. Because the YSET is administered early, staff feel that youth do not yet trust the provider and due to this, sites feel that YSET results are often misleading. The lack of honesty may result in an incorrect classification (e.g., the youth is deemed ineligible for services), so that ultimately, providers feel youth are not receiving the services they actually need. Many staff expressed qualms about *"relying solely on the [dishonest] responses of the youth for qualification."* In order to confront this challenge and correct the situation, staff requested a space to provide a more comprehensive narrative that is *actually* considered when determining eligibility.

Providers also reported a sense of "responsible guilt" on the part of staff. They experience conflict between "model fidelity vs. responding to families" needs and servicing them appropriately. As indicated by one staff, *"We are ultimately doing them a disservice."* Provider staff shared that they often challenge results, but find that this process delays services for the youth and family – sometimes over a month – which results in losing the family completely, creating unnecessary dropouts before enrollment is possible. One case manager shared, *"Parents get turned off because of time lapse in service provision, we try to keep potential clients engaged with various activities."* Staff at another site explained that it is difficult to get kids to come back after the YSET, with one worker stating:

> *"After such personal questions they are scared away. Families like to keep their lives private. This perceived invasion of privacy impacts people coming back. People in the community talk...if [a provider] gets [a] reputation for intruding into their lives, people turn away."*

Despite the challenges discussed above, GRYD Prevention Provider staff was focused on finding solutions to increase the utility and effectiveness of the YSET. Below are recommendations offered by the providers:

- Staff suggested that there be several introductory meetings perhaps at the school or a "trusted site" before the tool is administered.
- One site suggested parents also complete a survey regarding the youth's behavior to validate youth responses.
- Some felt the survey was too long, especially for younger children. Attention is lost and they are less apt to participate fully. Several sites suggested that the test be administered using a computer or iPad so that youth would be more engaged, the survey process would be more participatory, and results could be determined more quickly. This would also address several sites' concerns about the lack of quality control with data entry completed by hand.
- Many staff indicated that they would like to have a better understanding of the scoring process and how eligibility is computed.
- Staff requested additional training to address emotional outbursts and resistance to the survey.
- Staff also indicated a desire to have regular reports of findings from the process evaluation to reinforce and inform their daily practice.

# Client Enrollment in GRYD Prevention Services

**At what rates do eligible youth enroll in services?**

The majority of eligible youth were enrolled in GRYD Prevention Services (87.7%). All GRYD Zones enrolled over half of those eligible for services and seven GRYD Zones enrolled over 90% of those found eligible. The Zones with the lowest enrollment rates were 77th 3 (54.9%) and Hollenbeck 2 (54.5%).

## Table 9. Client Enrollment Rates

| GRYD Zone | Total Eligible (N=4,311) | Enrolled | | Not Enrolled | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| Harbor* | 23 | 23 | 100 | -- | -- |
| Southwest 1 | 294 | 283 | 96.3 | 11 | 3.7 |
| Mission | 389 | 372 | 95.6 | 17 | 4.4 |
| 77th 2 | 251 | 234 | 93.2 | 17 | 6.8 |
| Foothill | 243 | 226 | 93.0 | 17 | 7.0 |
| Southeast 3 | 462 | 425 | 92.0 | 37 | 8.0 |
| Devonshire-Topanga** | 94 | 85 | 90.4 | 9 | 9.6 |
| Newton 1** | 357 | 319 | 89.4 | 38 | 10.6 |
| Southeast 2 | 241 | 212 | 88.0 | 29 | 12.0 |
| Hollenbeck 3 | 289 | 250 | 86.5 | 39 | 13.5 |
| Rampart 1 | 199 | 172 | 86.4 | 27 | 13.6 |
| Olympic | 149 | 128 | 85.9 | 21 | 14.1 |
| 77th 1 | 447 | 381 | 85.2 | 66 | 14.8 |
| Northeast** | 244 | 204 | 83.6 | 40 | 16.4 |
| Southwest 2 | 294 | 237 | 80.6 | 57 | 19.4 |
| Pacific* | 5 | 4 | 80.0 | 1 | 20.0 |
| Rampart 2** | 68 | 53 | 77.9 | 15 | 22.1 |
| Hollywood** | 58 | 45 | 77.6 | 13 | 22.4 |
| Southeast 1* | 20 | 15 | 75.0 | 5 | 25.0 |
| Newton 2* | 22 | 16 | 72.7 | 6 | 27.3 |
| Hollenbeck 1 | 100 | 63 | 63.0 | 37 | 37.0 |
| 77th 3* | 51 | 28 | 54.9 | 23 | 45.1 |
| Hollenbeck 2* | 11 | 6 | 54.5 | 5 | 45.5 |
| Total | 4,311 | 3,781 | 87.7 | 530 | 12.3 |

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

**What are the demographic and other characteristics of GRYD Prevention Services clients?**

During the period examined, 3,781 youth were enrolled in GRYD Prevention Services.[21] The demographic characteristics of youth who completed the Youth Services Eligibility Tool (YSET), those referred to the program, and those who enrolled in services were fairly similar. Over half of those who enrolled in the program were male (60.6%) and under 13 years old (53.0%). The vast majority of GRYD clients were Latino (73.4%) or African American (22.6%). For the breakdown of the demographic characteristics GRYD clients, please refer to the Appendix.

The majority of clients either lived at home with one biological parent only (44.9%) or at home with both biological parents (34.3%).

<p align="center"><span style="color:#2e75b6">Table 10. Client Characteristics: Living Situation</span></p>

| Living Situation (N=3,770) | Enrolled | |
| --- | --- | --- |
|  | N | % |
| Home with one biological parent only | 1,694 | 44.9 |
| Home with both biological parents | 1,293 | 34.3 |
| Home with biological parent and stepparent | 454 | 12.0 |
| Home of relative (Living with a relative, legal guardian, or grandparent) | 266 | 7.1 |
| Splits time between biological parents and relatives | 39 | 1.0 |
| Out of home placement (Foster care and group home placements) | 24 | 0.6 |

About one in five clients (20.3%) had current or previous Department of Children and Family Services (DCFS) child welfare involvement. In terms of involvement in the juvenile justice and criminal justice system, only a small portion reported being arrested in the last 6 months (4.3%) or having ever been on probation (3.2% currently on probation and 1.5% previously on probation).

The majority of clients were enrolled in public schools (92.4%) and close to one-third (31.0%) reported that there was some type of disciplinary action taken against them in school within the past 6 months. Close to 15.0% of all clients had an individualized education plan (IEP) indicating a need for special education services.

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[21] A small number of clients who leave GRYD Prevention Services return at a later time. If a youth meets eligibility guidelines at both time points, they are allowed to re-enroll in the program. The demographic characteristics presented here represent the number of program enrollments; therefore, youth enrolled in the program twice are counted twice.

## Table 11. Client Characteristics: Systems Involvement and School

| | Enrolled | |
|---|---|---|
| | **N** | **%** |
| **Open DCFS Case as a victim? (N=3,773)** | | |
| No | 3,006 | 79.7 |
| Yes – previously | 554 | 14.7 |
| Yes – currently | 213 | 5.6 |
| **Arrested in last 6 months? (N=3,745)** | | |
| No | 3,609 | 95.7 |
| Yes | 163 | 4.3 |
| **Ever on Probation? (N=3,774)** | | |
| No | 3,600 | 95.4 |
| Yes, currently | 119 | 3.2 |
| Yes, previously | 55 | 1.5 |
| **Client enrolled in school? (N=3,772)** | | |
| Yes, public school | 3,487 | 92.4 |
| Yes, alternative school | 159 | 4.2 |
| No | 87 | 2.3 |
| Yes, nonpublic school | 39 | 1.0 |
| **School disciplinary actions in last 6 months? (N=3,781)** | | |
| No | 2,608 | 69.0 |
| Yes | 1,173 | 31.0 |
| **Currently have an IEP? (N=3,175)** | | |
| No | 3,175 | 85.2 |
| Yes | 552 | 14.8 |
| *Note: N may vary due to missing responses* | | |

# Program Experiences and Services Received

For each service phase, clients are expected to receive a dosage of two family meetings, one individual meeting, and one strategy session. Additionally, clients are also expected to complete ten group activities over the course of a cycle. While these meetings represent the required minimum, there are a number of other activities provided as well. Program dosage for GRYD Prevention Services clients considers both the frequency of different activities recorded as part of GRYD services as well as who attended and the amount of contact with clients and families based on hours spent attending programming. This is followed by client and family observations related to the nature and content of GRYD services, genogram use and delivery in programming, and provider identified challenges to service delivery.

**What dosage of services do clients receive?**

Overall, a total of 164,254 activities were recorded in the GRYD Efforts to Outcomes (ETO) database from September 2011 through March 2016. As seen in Table 12 below, the top three most frequently logged activities were family meetings (24.8%), group activities (22.0%), and individual meetings (16.6%), which are all required activities as part of the GRYD Prevention Services dosage requirements per Phase. Also part of Phase dosage are team meetings which account for 12.5% of activities overall.

The top three activities citywide were also the most frequent activity types for about half of the GRYD Zones, though not always in this order. In the remaining Zones, other activities such as team meetings, other youth development activities, or other family meetings made up a greater portion of the activities recorded.[22]

### Table 12. Frequency of Activities Logged

| Activities (N=164,254) | N | % |
|---|---|---|
| Family Meeting | 40,682 | 24.8 |
| Group Activity | 36,131 | 22.0 |
| Individual Meeting | 27,296 | 16.6 |
| Other Youth Development Activity | 22,512 | 13.7 |
| Team Meeting | 20,570 | 12.5 |
| Other Family Activity | 13,682 | 8.3 |
| Collateral contact | 3,374 | 2.1 |
| Uncategorized | 7 | -- |
| **Total** | **164,254** | **100.0** |

Attendance for different activities was high for those targeted by each type of activity. For example, 87.8% of family sessions were attended by clients and their families together, and over 90.0% of clients attended scheduled individual meetings, group activities, and other youth development activities.

### Table 13. Activities Logged by Client and Family Attendance

| Activities (N=140,303) | Total | Attended by Client Alone | | Attended by Family Alone | | Attended by Client and Family | | Not attended by Client or Family | |
|---|---|---|---|---|---|---|---|---|---|
| | N | N | % | N | % | N | % | N | % |
| Family Meeting | 40,682 | 908 | 2.2 | 2,814 | 6.9 | 35,727 | 87.8 | 1,233 | 3.0 |
| Group Activity | 36,131 | 35,097 | 97.1 | 10 | -- | 499 | 1.4 | 525 | 1.5 |
| Individual Meeting | 27,296 | 26,061 | 95.5 | 83 | 0.3 | 529 | 1.9 | 623 | 2.3 |
| Other Youth Activity | 22,512 | 21,267 | 94.5 | 30 | 0.1 | 504 | 2.2 | 711 | 3.2 |
| Other Family Activity | 13,682 | 4,110 | 30.0 | 3,443 | 25.2 | 1,621 | 11.8 | 4,508 | 32.9 |
| **Total** | **140,303** | **87,443** | **62.3** | **6,380** | **4.5** | **38,880** | **27.7** | **7,600** | **5.4** |

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[22] NOTE: Results by Zone are summarized but are not shown in this report.

Time spent in these activities is shown in Table 14. For this analysis, family meetings were considered completed when both the client and family attended while group activities and individual meetings were considered completed when attended by the client alone. On average, the length of family meetings was about an hour while individual meetings and group activities were both about two hours.

### Table 14. Number of Hours of Contact by Completed Activity Type

| | Total Complete Meetings | Hours of Complete Meetings | Total Complete Family Meetings | Hours of Family Meetings | Total Complete Individual Meetings | Hours of Individual Meetings | Total Complete Group Activities | Hours of Group Activities |
|---|---|---|---|---|---|---|---|---|
| **Total:** | **97,913** | 165,600 | **35,727** | 35,643 | **26,590** | 60,855 | **35,596** | 69,102 |

**What is the nature and content of individual experience with GRYD Prevention Services? What makes individuals stay? What individuals return for more services?**

Given the significant amount of time spent in activities with clients and their families, the qualitative team was interested in obtaining their program experiences directly from their voices. There was significant and meaningful focus group data regarding client and family experiences.

*Client Experience*

At the start of each focus group, many of the client participants reported that they "*didn't choose to come to the program,*" and that they were being "*forced*" to participate in the program. This is perhaps not surprising as they reported they were referred to GRYD through their school counselor or school principal because of bad grades, behavioral problems, and/or poor school attendance. While hesitant about their involvement in GRYD, once the focus groups were underway, client comments softened. As the focus groups continued, client feelings and experiences of GRYD began to emerge.

The majority of clients who participated in focus groups described how they felt "*supported*" and "*taken care of*" by their "*counselors.*" Several clients cited tutoring as one of the most useful services, declaring, "*[GRYD] helped me with my behavior at school…and to raise my grades!*" Clients said that they also expected that with time, they would develop trust and build a more solid relationship with their case managers. It is notable that, to date, many of the client participants were fairly new to GRYD Prevention Services and, in fact, were not even aware what GRYD stood for – or what the program was intended to provide. This did not affect their positive response to the program but supports providers' belief that they want to partner with the GRYD Office and do more to enhance name recognition in the community.

Along with concerns noted by provider staff regarding the use of the word "gang" the clients also expressed their feelings about being labeled. One young man insisted, "*this program is for gangs…I don't need to be here because I didn't do anything wrong.*" Others echoed this sentiment saying, "*It scared me at first*" and, "*I didn't want to be known as a gang member. I could wind up on probation.*" However, clients reported that once they realized what the program was for, they moved beyond their initial hesitation. Clients expressed being able to talk to their case managers about life, school, and problems at home, stating, "*They encourage us – they give us strategies. They help us with things that we are struggling with.*" One youth expressed:

> *"Let's say I wanted to join a gang and be a gang member…by going to this program it'll like help me by preventing that – not being a gangster."*

Clients also appreciated that the GRYD staff provided them with supplies for school and sports. There was an implicit indication that clients would continue to be involved in GRYD programming. The majority of

young men and women in all of the focus groups talked about what they would like to experience moving forward, indicating they would like to participate in more group activities that give them time to bond with one another. At one particular site, clients had a long list of positive program experiences, including but not limited to, food drives, basketball tournaments, life skills classes, arts and crafts, community parties, and field trips. One client reminisced, sharing:

> *"My favorite memory is when we went sailing in San Pedro.*
> *We were taught how to sail and we got to help. We got to explore*
> *the boat. I hope we do it again. I'd never done this before."*

When asked about their experience with GRYD and what program aspects they valued, clients came to life and were articulate about their involvement. One client shared, *"It helps minors get ready for life. And be a better person."* Other enthusiastic comments, heard repeatedly across sites, included:

> *"A place to come together and get support."*
>
> *"[We] trust our case managers and they help us."*
>
> *"We want to keep coming back."*
>
> *"We get to go on field trips and do a lot of things."*
>
> *"A place to come to and talk and get your mind off things."*

*Parent Experience*

Although youth were initially hesitant to express their feelings about the GRYD experience, this did not prove to be the case with their parents. The focus groups conducted with parents consisted primarily of mothers and they were lively and enthusiastic from the onset. All of the parent participants spoke positively about their involvement with GRYD. They consistently reported that they feel supported by their case managers and are beginning to notice changes in their children's behavior and attitude at home and at school, such as their children getting better grades, exhibiting better behavior, and acting more responsibly and respectfully as a result of the afterschool tutoring that GRYD provides.

> *"He's more respectful. The school has noticed a change. My son is more responsible.*
> *He doesn't tell everyone off. We went from a 0.05 GPA to a 3.75 GPA because of our*
> *Case Manager! Without our Case Manager I couldn't get across to him."*

Parents agreed that having the chance to meet with and talk to other parents has been invaluable. Many parents expressed concern about the program coming to an end and hope that they are given the opportunity to continue services. By and large, they felt that the period of service provision is too short and that they would benefit from an extended timeline. Some parents mentioned that they have other children who don't fit in the age bracket but who could definitely benefit from GRYD Prevention Services. All parent participants felt that the program met their expectations and, as a result, they would enthusiastically recommend it to other parents, citing:

> *"This program helps you immediately; it's like a family and you're not alone. There's*
> *always a solution to the problem and it gives you more hope. It's given my children*
> *and myself more self-esteem. I have more self-esteem than I used to."*

Overwhelmingly, parents noted that in addition to seeing positive changes in their children, they too are experiencing positive changes in themselves. Their comments reflect this experience, with parents observing:

*"My child has changed a lot. I have changed a lot."*

*"The program helped me build trust with him [my son]."*

*"We receive counseling here."*

*"The activities we do with the kids, like art projects, help connect us. I never thought it would help unite us."*

*"It's made me a little more understanding, a little more open."*

*"I have changed. Here I've learned that we need to support our youth, understand them, and find solutions."*

*"We don't fight anymore. We don't scream anymore. We talk."*

### How are strength-based genograms used? What occurs in the delivery and experience of genograms as a part of GRYD Prevention Services?

A unique aspect of GRYD Prevention Services is the use of strength-based genograms in programming. A genogram is a visual depiction of family connections and dynamics, and in GRYD Prevention 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 clients 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, clients and families also work to identify family strengths and achievements and become more knowledgeable about their family origin. This component of the GRYD Prevention Services 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.[23]

The use of strength-based genograms is apparent across all providers. This was evident throughout participant observation, when the researchers noted that there were genograms displayed at several sites. Provider staff were eager to explain its content and talked at length about the child or the family who had created the genogram. One case manager offered a poignant illustration:

> *"The young man who created this had never met his father. He was incarcerated. He talked about what his father had done to go to prison but how he was close to his grandfather, who was like his father. The youth also wanted to include his case manager in his genogram, he felt like she was an auntie who helped him too. It was great working on this together."*

Many provider staff valued the genogram—or, as it is more commonly referred, the family tree. There was general consensus that it was a valuable part of GRYD programming and assessment. Many sites said they were *"excited about getting started and using the genogram"* and *"interested to see how it works with our clients."* Sites observed that there is undeniable value in locating positive people in the lives of these youth as it creates a newfound resilience and begins the development of a more positive sense of identity. Displaying and talking about these strengths and positive linkages helps to highlight important relationships that clients and their families may have overlooked. However, along with the positive reactions, the providers expressed their concerns. They described how the genogram proves logistically, and perhaps more importantly, emotionally, challenging. There was a great deal of hesitation that surfaced among GRYD Prevention Providers on behalf

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[23] 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

of clients and their families. For several workers across sites, the genogram was far too intrusive and *"too personal too soon."* Several providers elaborated on the issues that arise when, as one case manager explained:

> *"The genogram opens up a can of worms that pulls us away from our goals and distracts from the task at hand. We are put in a therapeutic role that we are not prepared to handle."*

With higher-risk clients, the genogram often revealed extensive family trauma, crises, and chaos that staff was not necessarily equipped to address. Another staff member thoughtfully reported that providers *"are not prepared to handle the difficult feelings and situations that arise with the client nor the secondary trauma [we] deal with."* Having access to a clinician, whether internally or externally, to provide support during this time was highly desired. The majority of providers believed this would prove extremely beneficial. A supervisor delineated this widely held concern:

> *"Some things are out of our scope, so we have to refer...as first responders, and we need our issues attended to. Our work starts to reflect these conflicts [that is, the quality of our work is compromised], community is traumatized, family is traumatized, workers are traumatized...we need more support from the [GRYD Office]."*

There was general agreement that is incredibly important that GRYD Prevention Providers be meticulous and sensitive about how they respond to the trauma that is shared. Providers felt that mandatory debriefing, counseling, and support should be built into the GRYD model. For several sites, having case managers share their own genograms has made the process easier and more seamless. Most significantly, several providers suggested that working on the genogram in stages is also helpful. As one case manager offered, *"this way we don't overwhelm clients, we can talk about issues and not rush to get the genogram done."*

It is critical to note that the concerns surrounding the administration of the genogram should **not** be translated to a rejection of this approach. Virtually all providers agreed that it was a useful component of GRYD Prevention Services. One site appreciated the opportunity to uncover family history, enthusing:

> *"[The genogram] reveals history that [the youth] weren't aware of, helps identify relatives and how lives evolved, barriers that have been broken down, kids are encouraging family discussions, families are staying connected to those they are close to..."*

Along with this appreciation of the genogram, across nearly all sites, staff discussed the need to establish trust and respect and provide a safe space for the clients and/or families to be vulnerable. In summarizing their concerns, providers requested additional training around the creation and facilitation of the genogram, which would increase consistency in administration across sites. One individual observed:

> *"There's a real need for consistency, I know there are basic formats, but people are utilizing different versions – we'd benefit from standardization."*

The majority of clients, many of whom were relatively new to GRYD, were unfamiliar with the genogram. Those who have completed, or were in the process of completing, indicated that the experiences of constructing their family trees were positive and openly stated that they liked learning more about their extended families. Client focus group participants were open to working with case managers further on their genogram as they learned more about their families. One client shared, *"we may have never known our other family members, so this way we can learn about them."* Two others openly enthused that they found *"positive relationships"*

and "*role models*" in their family. What emerged from the client focus groups were their feelings that the experience of the genogram was useful along with being emotionally meaningful. It was very clear from participant responses that they gained a great deal from this exercise. As one client offered, *"I always thought my family had nothing but trouble, but there were a lot of good things going on in my family. I can learn from that."*

Family members who learned about the genogram and received the opportunity to participate in the exercise found it extremely valuable. It was clear that GRYD Prevention Providers worked to include parents in the construction of the genogram, even when they were initially reluctant or unsure what they needed to do to participate. One mother mentioned that after completing the exercise, her son was so excited to learn about their extended family that they planned a trip across country to visit family members whom they've never met before. In addition, another parent shared that while her children had always asked questions about their relatives and extended family, it had never occurred to her to discuss with them any relationships other than grandparents. The genogram exercise helped her realize that they could and should be having these discussions. Yet another woman noted that while she had not kept in touch with "either side" of her family, because of the genogram she was able to identify family members at her father's funeral. She also was able to share the "family tree" with other family members and that it encouraged and helped her kids introduce themselves to other relatives. Several parents provided helpful insight:

*"Because of all the branches my son knows who is family is, who is there to help support him. He knows there are college graduates in our family. It's good. It motivated my son and gave him something to look up to."*

*"It was great to teach my child about our multicultural heritage."*

*"The family tree helped us to see that each person has needs, it helps us talk about things. What does each family member do, what do they like/ not like. We learned about how we can work together – be a better team."*

# Retention in Services

At the end of each cycle of services, a reassessment process is completed in order to assist with determining if a client should continue for another cycle, if they are ready to graduate, or if further review is required (such as applying for a third cycle or possible transfer to GRYD Intervention Family Case Management (FCM) Services). Reassessment is intended to be a holistic look at progress made over the course of the cycle and includes examination of Youth Services Eligibility Tool (YSET) results; progress on identified problem behaviors; input from the client, family, and provider staff; and other factors. Not all clients remain in programming long enough to reach reassessment; some formally withdraw and some leave for other reasons.

This section examines the 2,499 GRYD Prevention Services cases for which exit information was available during the period examined. Exit information was recoded into two categories:

- **Successful completions:** This category included clients who graduated the program successfully.
- **Unsuccessful completions:** This category included cases in which (1) the case was closed due to long-term non-attendance; (2) client and family formally dropped out or refused services; and (3) GRYD Prevention Services were no longer appropriate or necessary. It is important to note that this category may include clients and families that stop attending because they felt they received sufficient support to be successful on their own.

This section examines: (1) the percentage of cases that were completed successfully and unsuccessfully, (2) the relationship between client characteristics and program exit status (i.e., successful or unsuccessful completion), (3) enrollment length by program exit status, and (4) dosage by program exit status.

**What are program completion rates?**

Close to two-thirds (62.9%) of clients who were eligible and enrolled in services did not complete the program successfully, but these rates varied across GRYD Zones and providers (see Table 15). The GRYD Zone with the highest successful completion rate was Southwest 1 with 61.1% of their clients completing successfully.

<div align="center">

Table 15. Program Completion by Exit Type

</div>

| GRYD Zone | Total Exits (N=2,499) | Successful Completion of Program | | Unsuccessful Completion of Program | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| Southwest 1 | 193 | 118 | 61.1 | 75 | 38.9 |
| Foothill | 147 | 83 | 56.5 | 64 | 43.5 |
| Mission | 286 | 151 | 52.0 | 135 | 47.2 |
| Olympic | 51 | 25 | 49.0 | 26 | 51.0 |
| Southeast 3 | 287 | 115 | 40.1 | 172 | 59.9 |
| Rampart 2** | 30 | 11 | 36.7 | 19 | 63.3 |
| 77th 1 | 306 | 108 | 35.3 | 198 | 64.7 |
| 77th 2 | 114 | 37 | 32.5 | 77 | 67.5 |
| Newton 1** | 294 | 87 | 29.6 | 207 | 70.4 |
| Hollenbeck 3 | 101 | 29 | 28.7 | 72 | 71.3 |
| Southeast 2 | 121 | 34 | 28.1 | 87 | 71.9 |
| Southwest 2 | 129 | 35 | 27.1 | 94 | 72.9 |
| Rampart 1 | 127 | 33 | 26.0 | 94 | 74.0 |
| Northeast** | 186 | 45 | 24.2 | 141 | 75.8 |
| Devonshire-Topanga** | 73 | 13 | 17.8 | 60 | 82.2 |
| Hollenbeck 1 | 11 | 1 | 9.1 | 10 | 90.9 |
| Hollywood** | 41 | 2 | 4.9 | 39 | 95.1 |
| 77th 3* | 2 | 0 | -- | 2 | 100 |
| Harbor* | -- | -- | -- | -- | -- |
| Hollenbeck 2* | -- | -- | -- | -- | -- |
| Newton 2* | -- | -- | -- | -- | -- |
| Pacific* | -- | -- | -- | -- | -- |
| Southeast 1* | -- | -- | -- | -- | -- |
| Total | 2,499 | 927 | 37.1 | 1,572 | 62.9 |

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

**How do client characteristics relate to program completion?**

Chi-square tests examined the relationship between a number of client characteristics (e.g., gender, age, living situation, child welfare involvement, arrests, probation, school status, school disciplinary action, and special education status) and exit status (i.e., successful and unsuccessful program completion). Results showed statistically significant differences across the following client characteristics:

- Clients under the age of 13 were more likely to successfully complete the program compared to clients 13 and older. (See Table 16.)
- Clients who live with both biological parents had the highest rate of successful program completion (42.4%), while those in a home care placement had the lowest completion rate at 23.5%. However, it should be noted that the number of clients living in home care placements is small (n=17). (See Table 16.)
- Clients without an open child welfare (DCFS) case had a higher rate of successful program completion (38.8%) compared to clients with a current or previous DCFS case (29.7 and 29.8% respectively). (See Table 17.)
- Clients with no arrests in the last 6 months had a higher rate of successful program completion (37.7%) compared to those who had been arrested (22.9%). (See Table 17.)
- Clients with no disciplinary actions at school in the last 6 months had a higher rate of successful program completion (39.8%) compared to clients who experienced disciplinary action (30.5%). (See Table 17.)

### Table 16. Characteristics Related to Program Completion: Age and Living Situation

| | Total | Successful Completion of Program | | Unsuccessful Completion of Program | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| **Age (N=2,499)** $X^2(1, N=2,499)=5.52, p=.01$ | | | | | |
| Under 13 | 1,339 | 525 | 39.2 | 814 | 60.8 |
| 13 and older | 1,160 | 402 | 34.7 | 758 | 65.3 |
| **Living Situation (N=2,490)** $X^2(5, N=2,490)=18.18, p<.01$ | | | | | |
| Home with both biological parents | 864 | 366 | 42.4 | 498 | 57.6 |
| Home with one biological parent only | 1,105 | 396 | 35.8 | 709 | 64.2 |
| Home of relative (Living with a relative, legal guardian, or grandparent) | 171 | 56 | 32.7 | 115 | 67.3 |
| Home with biological parent and stepparent | 309 | 98 | 31.7 | 211 | 68.3 |
| Splits time between biological parents and relatives | 24 | 7 | 29.2 | 17 | 70.8 |
| Home care placement (Foster care and group home placements) | 17 | 4 | 23.5 | 13 | 76.5 |
| *Note: N may vary due to missing responses* | | | | | |

### Table 17. Characteristics Related to Program Completion: Systems Involvement and School

| | Total | Successful Completion of Program | | Unsuccessful Completion of Program | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| **Open DCFS Case as a victim? (N=2,493)** $X^2(2, N=2,493)=13.74, p<.01$ | | | | | |
| No | 2,012 | 781 | 38.8 | 1,231 | 61.2 |
| Yes – previously | 336 | 100 | 29.8 | 236 | 70.2 |
| Yes – currently | 145 | 43 | 29.7 | 102 | 70.3 |
| **Arrested in last 6 months? (N=2,491)** $X^2(1, N=2,491)=8.65, p<.01$ | | | | | |
| No | 2,395 | 903 | 37.7 | 1,492 | 62.3 |
| Yes | 96 | 22 | 22.9 | 74 | 77.7 |
| **School disciplinary actions in last 6 months? (N=2,499)** $X^2(1, N=2,499)=19.27, p<.01$ | | | | | |
| No | 1,765 | 703 | 39.8 | 1,062 | 60.2 |
| Yes | 734 | 224 | 30.5 | 510 | 69.5 |
| *Note: N may vary due to missing responses* | | | | | |

**How does length in programming differ between clients who completed the program and those who did not?**

As shown in Table 18, the longer a client remained in services, the more likely they were to successfully complete the program. Clients who successfully completed GRYD Prevention Services were enrolled in the program for an average of 365 days, while those who did not successfully complete the program were enrolled for an average of 240 days. The percentage of successful exits increased consistently through 21-24 months of service where it peaked for this group. Only two exceptions exist for this pattern: there is a dip in successful completion clients in the 9-12 months of service (from 44.6% to 37.4%) and a small decrease for those enrolled for more than 24 months from 65.1% to 63.3%. Conversely, less than one percent of clients who were enrolled for 1-3 months successfully completed programming.

Table 18. Enrollment Length by Exit Status

| Length in services | Total (N=2,420) | Successful Completion of Program | | Unsuccessful Completion of Program | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| 1 – 3 months | 198 | 1 | 0.5 | 197 | 99.5 |
| 3 – 6 months | 434 | 38 | 8.8 | 396 | 91.2 |
| 6 – 9 months | 663 | 296 | 44.6 | 367 | 55.4 |
| 9 – 12 months | 361 | 135 | 37.4 | 226 | 62.6 |
| 12 – 15 months | 379 | 219 | 57.8 | 160 | 42.2 |
| 15 – 18 months | 224 | 134 | 59.8 | 90 | 40.2 |
| 18 – 21 months | 88 | 47 | 53.4 | 41 | 46.6 |
| 21 – 24 months | 43 | 28 | 65.1 | 15 | 34.9 |
| 24+ months | 30 | 19 | 63.3 | 11 | 36.7 |
| Average enrollment (days) | | 365 | | 240 | |

*Clients with a negative number of enrollment months and those in services for more than 5 years were removed from analysis.*

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

Clients who successfully exited the program attended an average of 56 activities during their time in programming while those who exited unsuccessfully attended an average of 26 activities. As can be seen in Table 19 below, the more activities attended the greater the likelihood that clients will successfully complete the program. Only a very small percentage of clients (2.7%) who attended 1-10 activities were exited successfully from programming. For the clients who received the largest dosage of activities (101+), 63.8% successfully completed the program. Yet, this trend reverses in two instances; 59.5% of clients who attended between 71-80 activities were successful (a decrease from 68.8% for clients in the 61-70 activity bracket) and for those who attended more than 100 activities (decreasing to 63.8% from 68.8% for clients who attended 91-100 activities).

Table 19. Dosage Received by Exit Status

| Total Number of Activities Attended by Clients | All Exits (N=2,499) | Successful Completion of Program | | Unsuccessful Completion of Program | |
|---|---|---|---|---|---|
| | | N | % | N | % |
| 0 | 51 | 3 | 5.9 | 48 | 94.1 |
| 1-10 | 547 | 15 | 2.7 | 532 | 97.3 |
| 11-20 | 387 | 67 | 17.3 | 320 | 82.7 |
| 21-30 | 403 | 180 | 44.7 | 223 | 55.3 |
| 31-40 | 271 | 131 | 48.3 | 140 | 51.7 |
| 41-50 | 192 | 101 | 52.6 | 91 | 47.4 |
| 51-60 | 192 | 132 | 68.8 | 60 | 31.3 |
| 61-70 | 132 | 91 | 68.9 | 41 | 31.1 |
| 71-80 | 74 | 44 | 59.5 | 30 | 40.5 |
| 81-90 | 53 | 35 | 66.0 | 18 | 34.0 |
| 91-100 | 48 | 33 | 68.8 | 15 | 31.3 |
| 101+ | 149 | 95 | 63.8 | 54 | 36.2 |
| **Average number of activities** | | **56** | | **26** | |

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

Across GRYD Zones, client dropout is a specific concern for GRYD Prevention Providers. This was explored closely in focus groups with clients. There were multiple reasons cited as causing or contributing to dropout. These included, but were not limited to: client/family have had their needs met and/or have met their goals. Sites saw these reasons as positive explanations for withdrawal, but in most instances, dropout reasons include decreased family engagement, relocation (either moving out of the state or, specifically, out of the GRYD Zone), chronic non-attendance, or economic pressures on family (poverty, unemployment, immigration, and health/well-being).

One of the main concerns, and reasons clients expressed for considering dropping out surrounded the GRYD Prevention Providers' connection with the parents. However, there was a divergence of opinion. Some clients did not like how involved their parents were; several clients added that it made them "*uncomfortable*" that GRYD providers came to their house. The remarks of one young man embody this sentiment: "*It feels weird. Them coming to your house. That you're in our house and you see some people talking about you. It's sort of weird.*" But there were clients at another site that believed parental involvement was crucial to their success. Another young man observed, "*It is important for family to be involved…it helps my mom and dad so that they can help me…at home and at school.*" Several of the clients who participated in focus groups expressed their feelings and opinions that GRYD has helped their relationships with their parents and has increased communication at home. One young woman highlighted this positive relationship, explaining, "*They help work with family problems…help us have a better bond with family.*" Another stressed the importance of good decision-making strategies instilled by their case manager, "*They give me advice…like for high school and family.*"

**What programmatic strategies are used by GRYD Prevention 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?**

Most of the providers felt that it was too early to comment on reasons for dropout or associate it with a potential phase, but there were five sites (nearly 40%) that indicated that dropout was most frequently seen early on, within the first month, or, in phase three through phase five. Provider staff expressed:

> *"Participation level decreases, excitement has worn off, and when we begin to talk more seriously about deep issues, there's some push back."*

Attrition concentrated early in the program was not surprising, with one worker commenting, *"If we can't capture them in the first month, they aren't ready...this is why we lose them in the beginning."* Another staff member offered that dropout is related to parental involvement – parents misunderstand the process and "*want staff to be miracle workers, without making their own changes.*"

Providers expressed the belief that the primary reason for drop out could be attributed to the very heavy schedule of family engagement. Overall, all of the sites (with the exception of one) thought that the 30-day dosage of two family sessions, one individual session, and one strategy session proved to be somewhat difficult for family to fulfill. The GRYD Prevention Providers wanted to make it clear that they were not simply complaining. Instead, several sites explained that when coupled with the contractual obligation to hold 10 group activities[24] across six months, sites are struggling to meet the defined requirements in a timely manner. Many staff claimed that these activities are crucial to the success of their clients and that they serve as incentives, promote new experiences, enhance education, increase prosocial embeddedness with peers, and support positive family functioning. In actuality, sites felt that they do far more than the minimal GRYD requirements but have trouble compartmentalizing their efforts into the prescribed dosage and the prescribed time period, a time line it was frequently difficult for families to meet.

Family sessions, in particular, posed barriers to service provision in terms of scheduling, transportation, and degree of commitment. Providers at two sites offered their observations on the struggle to engage the family:

> *"Family sessions are a challenge – it's a real concern...parents make the commitment and then they falter/realize what they are getting into. Parental lack of participation often results in clients being discharged."*
>
> *"Parents don't want to do the activities, they say, 'there's nothing wrong with me, it's my child.' They come in to us and say 'fix my child.'"*

It is critical to note that providers in several GRYD Zones have been thoughtful and pro-active in terms of outreach and retention. Reaching these parents required a great deal of psychoeducation in addition to creating a foundation of trust, neither of which can be solidified so quickly. One site implemented a parent committee to appropriately determine their wants and needs and to establish ongoing parental inclusion in the service delivery process. Another site has created a particularly robust parent engagement component to their programming, including a commitment form and clearly outlined expectations. This form sets high standards, ensures transparency, and helps hold parents accountable. This method helps reframe GRYD from a "fix the kids" model to a model based on parental responsibility. Team members from this site shared:

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[24] Including, but not limited to: life skills, arts and crafts, leadership skills, college visits, job development, team building, poetry/writing workshops, tutoring, family game nights, food/supply giveaways, resource fairs, or cooking/nutrition demonstrations.

> *"Parents need to contribute, participate, monitor, and supervise. Family includes community – the schools, churches, and the coaches – anyone who has an impact on this child. We are expanding the definition of a parent to include caregivers."*

*Challenges to Service Delivery*

GRYD Prevention Providers reported facing challenges with regards to GRYD Zone boundaries, with some of the newer Zones expressing their concern that at times those boundaries are confusing, or that Zones are exceedingly large – making accessibility, and more significantly, safety, a substantial concern. For example, if a GRYD Zone covers a large territory (e.g. multiple neighborhoods) it could result in a larger than usual number of program participants. One provider suggested breaking their zone down into more geographically accessible regions, a strategy used in both Hollenbeck and Southeast Divisions. These larger Zones also present safety and financial concerns for many clients and parents who may encounter challenges, such as having to cross rival or outside gang territory or rely on public transportation that is often perceived as dangerous. In order to get referrals, and meet the demands of their GRYD contracts, providers are doing duplicate work and repeating activities in order to cater to all interested clients. Great care is taken to make sure programs and activities are held in different areas (of the same GRYD Zone) in order to protect client safety and ensure fair service provision across the Zone. One site shared,

> *"Youth from certain neighborhoods can't make it to our center. It's dangerous. It's a safety hazard. And transportation is also complicated. And the geography – it's not walkable. We don't have an accessible office for youth in this part of the Zone yet. Really, the zoning has complicated things. We have to think outside the box and use community spaces that are safe and convenient for our youth and families."*

When considering the GRYD Prevention Services model, the vast majority of sites, 73.3% (11 of 15), report concern over the 6-month timeframe allocated for this one cycle and the transition period between phases. One case manager described their challenges trying to help clients in a short time period, explaining that, *"The 6-month timeframe is not realistic—how much can we really expect a youth to change in 6 months? Change takes a long time."* Another echoed this sentiment, *"The desired GRYD outcomes simply cannot be measured in 6 months."* This is further reinforced by the high rate of clients who enter into a second cycle. *"It takes a second cycle to get the job done,"* a provider insisted. At a different provider, one case manager echoed this observation:

> *"This is when we actually see the changes beginning to take affect... families are reaching out on their own for help as we've finally built a relationship based on communication and trust."*

In reality, all providers are allowed to enter clients into a second 6 month phase cycle if at Cycle 1 reassessment they determine that that is the best course for the client without seeking approval from GRYD. In order to ensure that sites understand GRYD policies, it appears to be important for policy surrounding dosage and timeline be reviewed. Based on feedback from staff, as well as interviews with clients and families, several sites are not aware that they can enter into a second cycle without approval from GRYD. Reiterating this policy would likely alleviate many of the frustrations with the "short" timeline and clarify the reality that GRYD policy shows sensitivity to the need to allow adequate time for change to take hold.

Understanding these challenges to their work, GRYD Prevention Providers reported that they always leave the door open for families to return when/if they are ready. Whether or not they are actual/current clients, providers do what they can to provide youth with the services they need. One staff member eloquently summarized, *"They may drop out but they don't leave us."* Another echoed these sentiments, *"We never close the door."*

# Outcome Evaluation Results

I n addition to examining who is served by the City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) Prevention Services and their experiences in programming, this evaluation also measured whether client behaviors changed over time. As mentioned earlier, clients participating in services complete the Youth Services Eligibility Tool (YSET) every six months, which provides a measure of how their behaviors may have changed during the course of receiving services from GRYD Prevention Providers. This section examines the impact of programming on the changes in clients' levels of risk—i.e., the impact of programming on reducing risk and increasing protective factors.

## Measuring Changes in Client Risk

Changes in client risk levels and increase in positive factors was measured in two ways. First, eligibility rates for clients were compared over time, and secondly, changes in each YSET scale were compared at the time of enrollment and six months after enrollment in services. To determine whether any attitude and/or behavioral changes were due to GRYD programming, the YSET scale results for GRYD Prevention Services clients were compared to YSET results for probation-involved youth who were part of a separate study.

**Are there changes in the YSET-based eligibility over time for GRYD clients?**

To be eligible for GRYD Prevention Services, a youth's YSET must indicate an elevated level of risk on four or more of the nine scales used to determine eligibility. All GRYD Prevention Services clients were eligible at their initial YSET, but as Table 20 shows, only 42.5% of clients were still eligible after receiving six months of GRYD services. Youth eligibility status can only change if there has been a reduction in the number of risk factors that exceed the threshold for "high risk."

### Table 20. Eligibility Results at YSET-R

| Total N | Remained Eligible at Six Months | No Longer Eligible at Six Months |
|---|---|---|
| 1,620 | 689 (42.5%) | 931 (57.5%) |

**How did YSET scales change in order to reduce eligibility rates over time?**

Analysis of the number of scales on which clients demonstrated an elevated level of risk at intake and their first reassessment was conducted to examine changes in their overall level of risk. Client YSET scores at their initial assessment were compared to their scores at reassessment (six months after beginning programming). Changes in YSET scores over time were classified into three categories: an increased level of risk, no change, or a decrease. As shown in Table 21, 83.4% of clients had a decrease in the number of scales that either met or exceeded the risk thresholds between the YSET Intake (YSET-I) and YSET Retest (YSET-R).

## Table 21. Changes in Total Number of Risk Factors between Initial and Re-Test YSET

| Total N | Increase | No Change | Decrease |
|---|---|---|---|
| 1,472 | 129 (8.8%) | 115 (7.8%) | 1,228 (83.4%) |

Table 22 presents the changes in each of the nine scale's scores. The scale with the largest decrease was antisocial tenancies at 70.8%. The scale with the smallest percentage change was family gang influence at 25.2%. These findings suggest that GRYD Prevention Services impact all scales; however, services appear to be more impactful for some scales (such as antisocial tendencies, impulsive risk taking, and guilt neutralization) than others (such as family gang influence).

## Table 22. Changes in YSET Scale Scores from YSET-I to YSET-R

| Scale (N=1,620) | Increase | No Change | Decrease |
|---|---|---|---|
| **Attitudinal Scales** | | | |
| Antisocial Tendencies | 190 (11.7%) | 282 (17.4%) | 1,147 (70.8%) |
| Impulsive Risk Taking | 181 (11.2%) | 340 (21.0%) | 1,098 (67.8%) |
| Guilt Neutralization | 185 (11.4%) | 337 (20.8%) | 1,098 (67.8%) |
| Weak Parental Supervision | 232 (14.3%) | 346 (21.4%) | 1,041 (64.3%) |
| Critical Life Events | 294 (18.2%) | 369 (22.8%) | 956 (59.1%) |
| Negative Peer Influence | 241 (14.9%) | 423 (26.1%) | 954 (59.0%) |
| Peer Delinquency | 231 (14.3%) | 680 (42.0%) | 708 (43.7%) |
| **Behavioral Scales** | | | |
| Family Gang Influence | 181 (13.0%) | 861 (61.8%) | 351 (25.2%) |
| Self-Reported Delinquency | 220 (13.9%) | 657 (41.6%) | 702 (44.5%) |

Paired sample t-tests were conducted to determine if there are statistically significant differences on the scale scores from Intake to Retest. Table 23 shows the average scores at Intake and Retest for each of the scale scores. There was a statistically significant reduction in the average scale scores from YSET-I to YSET-R for all nine scales.

### Table 23. Average YSET Scale Scores at YSET-I and YSET-R

| | N | Average at YSET-I | Average at YSET-R |
|---|---|---|---|
| **Attitudinal Scales** | | | |
| Antisocial Tendencies* | 1,620 | 17.7 | 13.6 |
| Critical Life Events* | 1,619 | 4.2 | 3.0 |
| Guilt Neutralization* | 1,620 | 20.4 | 16.4 |
| Impulsive Risk Taking* | 1,619 | 15.4 | 12.0 |
| Weak Parental Supervision* | 1,619 | 8.6 | 6.0 |
| Peer Delinquency* | 1,619 | 13.0 | 11.0 |
| Negative Peer Influence* | 1,618 | 14.4 | 11.0 |
| **Behavioral Scales** | | | |
| Family Gang Influence* | 1,340 | 0.5 | 0.4 |
| Self-Reported Delinquency* | 1,583 | 4.4 | 3.2 |
| *p < .001 | | | |

**Are some clients more likely to experience change compared to others?**

Multiple regression analysis was conducted to further investigate the client characteristics that are related to changes in YSET scores between YSET-I and YSET-R. The dependent variable for the model presented below is the change in the number of scales above the threshold between their initial YSET and their first reassessment. Change scores were calculated by subtracting the number of scales that scored above threshold at the YSET-R from the YSET-I and could range from -9 to 9. A positive change score indicates a decreased level of risk over time while a negative change score indicates increased risk over time. The independent variables used in this analysis were coded as dummy variables to indicate the presence or absence of a trait (e.g., male or not male, African American or not, etc.).

Overall, the regression was statistically significant (p<.01) but the percent of variance in change scores by client characteristics was very small (R2=.025). Four factors were statistically significant with regard to their impact in reducing risk over time. Specifically, the following groups were more likely to result in a decrease in risk over time:

- male clients;
- younger clients (under 13);
- clients without DCFS involvement; and,
- clients without disciplinary actions at schools.

Table 24. Summary of Multiple Regression Analysis Examining Relationship between Client Characteristics and Changes in the Number of Risk Factors

| Factor | Changes in the Number of Risk Factors between YSET-I and YSET-R | | |
|---|---|---|---|
| | **Beta** | **t** | **Significance** |
| Male | **.059** | **2.234** | **.026** |
| African American | .045 | .610 | .542 |
| Latino | .000 | -.005 | .996 |
| Older Clients (13 and over) | **-.059** | **-2.190** | **.029** |
| DCFS Case as Victim Ever Opened | **-.066** | **-2.491** | **.013** |
| Ever Arrested | -.040 | -1.270 | .204 |
| Ever on Probation | -.024 | -.777 | .438 |
| In School | .014 | .519 | .604 |
| Ever having disciplinary actions | **-.072** | **-2.682** | **.007** |
| Ever having an IEP | -.005 | -.188 | .851 |

The small amount of the variance ($R^2$=.025) related to change in risk factors suggests that other variables, especially those related to client engagement and involvement with the program or program implementation may be important to examining significant changes in overall scale scores.

**Which YSET scales showed a decrease over time?**

Table 25 provides an overview of the change in each YSET scale over time for all GRYD clients as well as for clients who completed successfully and those who did not complete successfully. As indicated in this table, all YSET scales decreased over time and these changes were statistically significant regardless of group. There were differences found when comparing the clients who successfully completed the program and those who did not. Without exception, the percentage decrease in YSET scales (i.e., positive changes) were greater for those who successfully completed the program; thus, clients who participated longer in services and engaged in more activities were more likely to have greater success in the reduction of risk related to joining gangs. While these results are compelling and provide a limited scope of comparison (successful vs. not successful), they are limited because all those in the sample were clients to some degree. To examine the impact of GRYD services on attitudes and behaviors further, YSET scales for GRYD clients compared to a sample of youth who did not participate in GRYD services are presented in the next section.

## Table 25. Change in Average YSET Scale Scores at YSET-I and YSET-R

| Scale | All Clients (N=1340 – 1620) | | | Completed Successfully (N=396 – 537) | | | Closed Unsuccessfully (N=570 – 680) | | |
|---|---|---|---|---|---|---|---|---|---|
| | YSET-I | YSET-R | % Change | YSET-I | YSET-R | % Change | YSET-I | YSET-R | % Change |
| **Attitudinal Scales** | | | | | | | | | |
| Antisocial Tendencies | 17.7 | 13.6* | -23.2 | 17.8 | 12.9* | -27.5 | 17.8 | 14.2* | -20.2 |
| Critical Life Events | 4.2 | 3.0* | -28.6 | 4.2 | 2.8* | -33.3 | 4.4 | 3.3* | -25.0 |
| Guilt Neutralization | 20.4 | 16.4* | -19.6 | 20.4 | 15.5* | -24.0 | 20.6 | 17.1* | -17.0 |
| Impulsive Risk Taking | 15.4 | 12.0* | -22.1 | 15.3 | 11.3* | -26.1 | 15.4 | 12.4* | -19.5 |
| Weak Parental Supervision | 8.6 | 6.0* | -30.2 | 8.7 | 5.6* | -35.6 | 8.7 | 6.5* | -25.3 |
| Peer Delinquency | 13.0 | 11.0* | -15.4 | 12.9 | 10.4* | -19.4 | 13.6 | 11.8* | -13.2 |
| Negative Peer Influence | 14.4 | 11.0* | -23.6 | 14.2 | 10.4* | -26.8 | 14.3 | 11.5* | -19.6 |
| **Behavioral Scales** | | | | | | | | | |
| Family Gang Influence | 0.5 | 0.4* | -20.0 | 0.5 | 0.3* | -40.0 | 0.6 | 0.5** | -16.7 |
| Self-Reported Delinquency | 4.4 | 3.2* | -27.3 | 4.4 | 2.8* | -36.4 | 4.8 | 3.7* | -22.9 |

*$p < .001$    **$p < .005$
Note: N may vary due to missing responses

**How do GRYD clients compare to youth who did not receive GRYD Prevention Services? Do both groups experience similar changes in risk over time?**

The analysis included in this section compares changes in risk over time among a sample of GRYD Prevention Services clients and a sample of similar youth in Los Angeles County who were engaged in a recent study funded by the National Institute of Justice (NIJ).[25] This comparison group provides an opportunity to document the impact GRYD Prevention Services had on changes in attitudes and behaviors over time relative to the County comparison group.

A total of 428 youth between the ages of 11 and 16 agreed to participate and were enrolled in the NIJ study. Almost all of the participating youth (n=391; 91.4%) completed both a YSET-I and a YSET-R. Of these, 179 county sample youth were high risk (4 or more risk factors) and were included in the comparison. Of this group, 70.4% were male and 82.7% were Latino. The YSET-I was administered to the county study participants between April 4, 2011 and June 12, 2013. The follow-up YSET-R was conducted between July 5, 2012 and September 16, 2013.

The county sample was compared to a sample of 1,023 GRYD clients, who also scored above thresholds for 4 or more risk scales. The GRYD sample was comprised of 59.5% males and 77.0% Latino. These interviews were conducted for the following dates: for the YSET-I – April 26, 2013 to April 11, 2016; for the YSET-R – April 29, 2014 to September 7, 2016.[26]

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[25] Hennigan, K. M., Kolnick, K. A., Vindel, F., & Maxson, C. L. (2015). Targeting youth at risk for gang involvement: Validation of a gang risk assessment to support individualized secondary prevention. *Children and Youth Services Review*, 56, 86-96.

[26] The present analyses statistically account for the amount of time between baseline and retest visits, meaning the observed differences between the GRYD and LA County samples cannot be attributed to the fact that some participants were assessed at 6 months, while others were assessed at 18 months.

Table 26. Description of the YSET Comparison Groups

| | GRYD (N = 1,023) | | County (N = 179) | |
|---|---|---|---|---|
| | N | % | N | % |
| **Gender** | | | | |
| Male | 609 | 59.5 | 126 | 70.4 |
| Female | 414 | 40.5 | 53 | 29.6 |
| **Race/Ethnicity** | | | | |
| Latino | 788 | 77.0 | 148 | 82.7 |
| African American | 204 | 19.9 | 14 | 7.8 |
| Asian | 1 | 0.1 | 2 | 1.1 |
| White | 1 | 0.1 | 3 | 1.7 |
| Multiracial | 19 | 1.9 | 10 | 5.6 |
| Other | 10 | 1.0 | 2 | 1.1 |
| **Age** | | | | |
| Age 9 | 1 | 0.1 | 0 | 0.0 |
| Age 10 | 89 | 8.7 | 0 | 0.0 |
| Age 11 | 178 | 17.4 | 2 | 1.1 |
| Age 12 | 298 | 29.1 | 8 | 4.5 |
| Age 13 | 268 | 26.2 | 28 | 15.6 |
| Age 14 | 153 | 15.0 | 37 | 20.7 |
| Age 15 | 35 | 3.4 | 62 | 34.6 |
| Age 16 | 1 | 0.1 | 42 | 23.5 |

The administration of the YSET was similar for both groups, with one exception. The time between the YSET-I and YSET-R was approximately six months longer for the County participants than for the GRYD clients. To control for this difference, longitudinal measures of risk factors were compared while controlling for differences in the length of time between administration of YSET-I and YSET-R.[27]

Comparison results indicated that the change for GRYD clients was significantly stronger than the change for the county comparison group participants on all but two risk factors (peer delinquency and family gang influence) as seen in Table 27 below.

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[27] In addition, it was determined that when the longer time between YSET-I and YSET-R in the comparison group is ignored, similar results are found.

## Table 27. Comparison of Average Scores and Percent Change for GRYD and County Samples

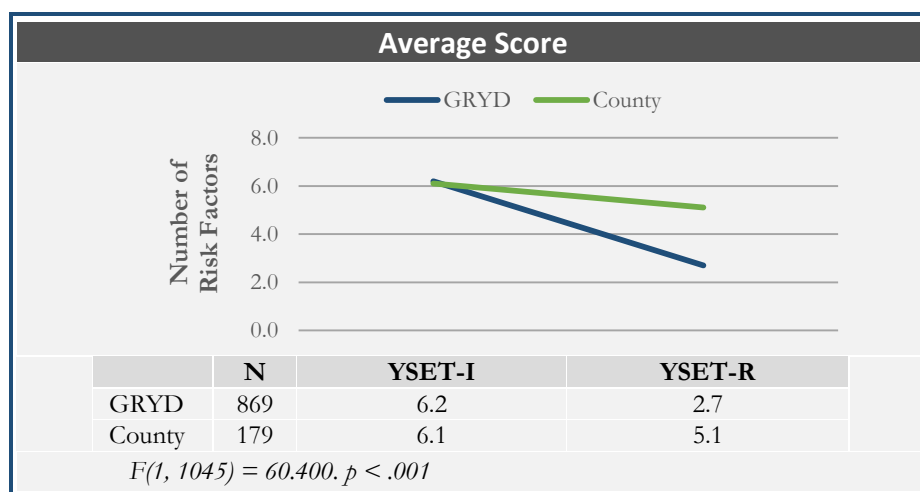| | GRYD | | | | County | | | |
|---|---|---|---|---|---|---|---|---|
| | N | Average Score at YSET-I | Average Score at YSET-R | % Change | N | Average Score at YSET-I | Average Score at YSET-R | % Change |
| Change in Number of Risk Factors | 869 | 6.2 | 2.7* | -56.5 | 179 | 6.1 | 5.1* | -16.4 |
| **Attitudinal Scales** | | | | | | | | |
| Antisocial Tendencies | 1,023 | 18.0 | 13.6* | -24.4 | 179 | 16.9 | 15.8* | -6.5 |
| Critical Life Events | 1,022 | 4.4 | 3.0* | -31.8 | 179 | 3.8 | 3.7* | -2.6 |
| Guilt Neutralization | 1,023 | 20.5 | 16.3* | -20.5 | 179 | 20.2 | 19.6* | -3.0 |
| Impulsive Risk Taking | 1,022 | 15.4 | 11.8* | -23.4 | 179 | 14.9 | 13.4* | -10.1 |
| Weak Parental Supervision | 1,023 | 8.8 | 6.1* | -30.7 | 179 | 7.6 | 7.3* | -3.9 |
| Peer Delinquency | 1,021 | 13.7 | 11.6 | -15.3 | 179 | 18.9 | 17.6 | -6.9 |
| Negative Peer Influence | 1,022 | 14.9 | 11.3* | -24.2 | 179 | 13.6 | 13.2* | -2.9 |
| **Behavioral Scales** | | | | | | | | |
| Family Gang Influence | 722 | 0.5 | 0.3 | -40.0 | 179 | 1.2 | 1.0 | -16.7 |
| Self-Reported Delinquency | 1,003 | 4.8 | 3.5* | -27.1 | 179 | 9.4 | 9.1* | -3.2 |

*$p < .001$*
*Note: N may vary due to missing responses*

At the YSET-I interview, the two groups had a similar level of risk factors for gang involvement (with an average of about 6 high risks for each group). Both groups also showed a statistically significant decrease in the number of high risks when assessed again 6 to 18 months later.

However, the magnitude of improvement over time (decreasing risk) was significantly greater for GRYD clients than for youth in the county sample. Over time, GRYD Prevention Services clients reported significantly fewer risk factors than did youth in the county sample. At YSET-R, those in the GRYD sample reported an average reduction to 2.7 average risk factors relative to an average reduction to 5.1 risk factors among the youth in the county sample as shown in Figure 5. Next, the change in each risk factor is examined across the two groups.
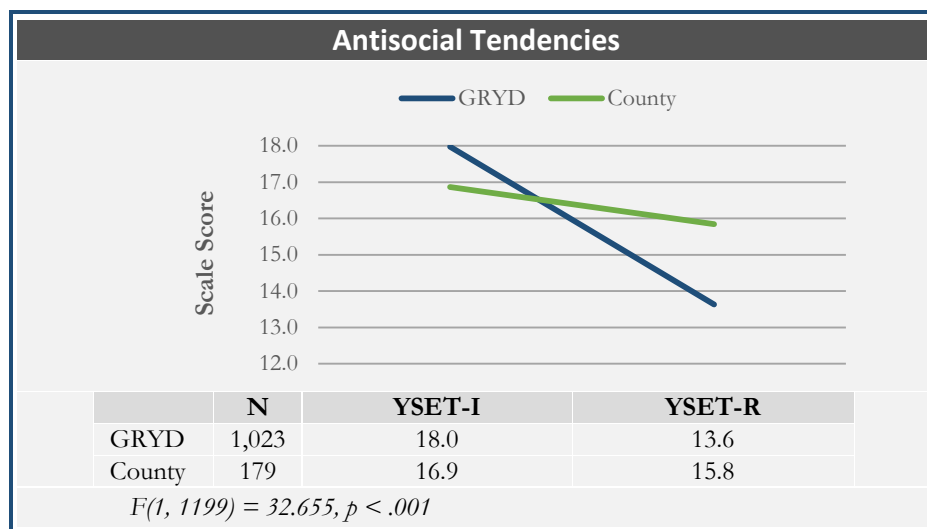
## Figure 5. Change in Number of Risk Factors at YSET-I and YSET-R



| | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 869 | 6.2 | 2.7 |
| County | 179 | 6.1 | 5.1 |

$F(1, 1045) = 60.400. p < .001$
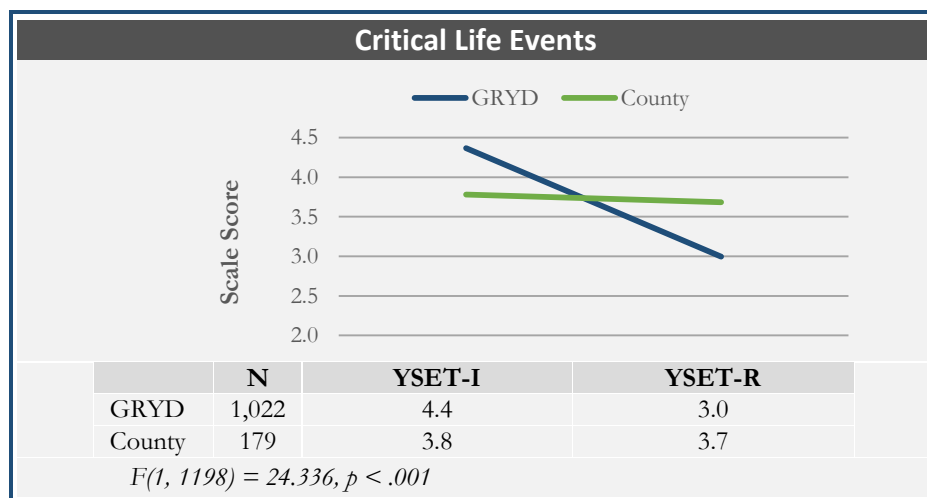
*Risk Factor: Antisocial Tendencies*

At YSET-I, GRYD Prevention Services clients reported significantly more antisocial tendencies (18.0) than did youth in the county sample (16.9). At YSET-R, youth in the county sample reported significantly more antisocial tendencies (15.8) than did GRYD clients (13.6). Although both groups' antisocial tendencies decreased over time relative to their baseline scores at the time of the YSET-I, GRYD clients improved significantly more than the youth in the county sample.

### Figure 6. Antisocial Tendencies: Difference in Change Over Time

**Antisocial Tendencies**



| | N | YSET-I | YSET-R | |
|---|---|---|---|---|
| GRYD | 1,023 | 18.0 | 13.6 | |
| County | 179 | 16.9 | 15.8 | |
| | $F(1, 1199) = 32.655, p < .001$ | | | |

*Risk Factor: Critical Life Events*

At YSET-I, GRYD clients reported experiencing an average of 4.4 critical life events (e.g., school suspension/expulsion, death of a family member/close friend, etc.) in the past year while youth in the county sample experienced 3.8 events, which was a significantly higher average for the GRYD clients. At YSET-R, youth in the county sample reported experiencing significantly more critical life events than did GRYD clients. For clients in the GRYD sample, the number of critical life events significantly decreased over time to 3.0 events, while the number of critical life events reported by youth in the county sample remained virtually unchanged at 3.7.
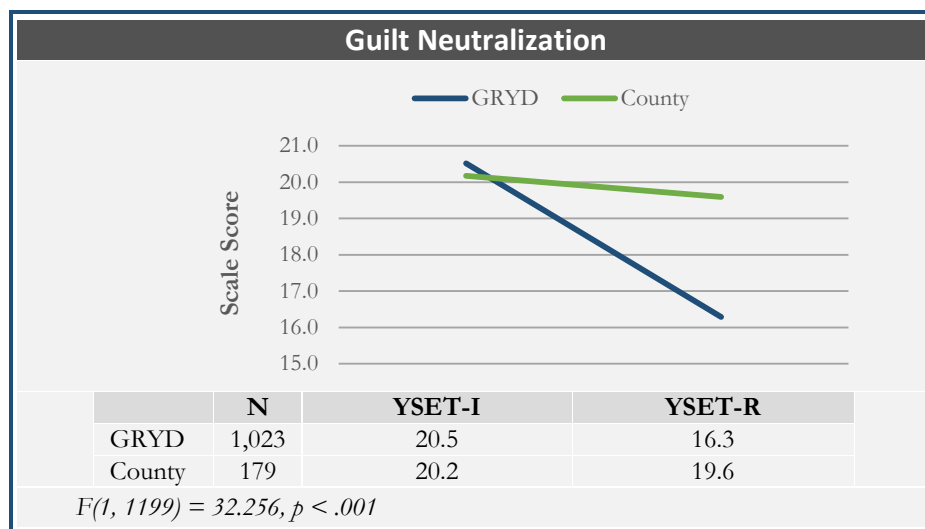
### Figure 7. Critical Life Events: Difference in Change Over Time

**Critical Life Events**



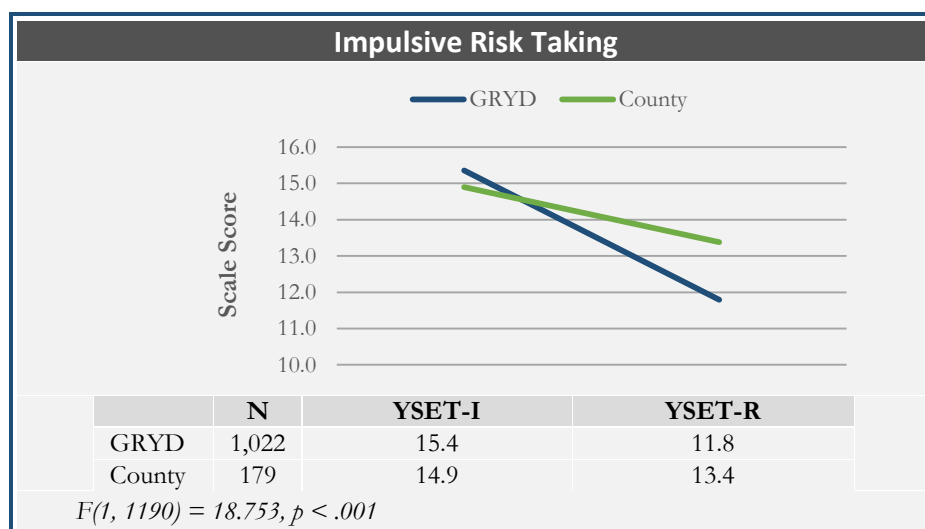| | N | YSET-I | YSET-R | |
|---|---|---|---|---|
| GRYD | 1,022 | 4.4 | 3.0 | |
| County | 179 | 3.8 | 3.7 | |
| | $F(1, 1198) = 24.336, p < .001$ | | | |

*Risk Factor: Guilt Neutralization*

At YSET-I, both groups reported similar levels of guilt neutralization (i.e., the ability to rationalize their behavior and, thus, feel less guilty after committing acts of gang-related violence) at 20.5 for GRYD and 20.1 for the county sample. Levels of guilt neutralization remained virtually unchanged for youth in the county sample (19.6), but significantly decreased for GRYD clients (to 16.3), who reported significantly lower levels at YSET-R.

### Figure 8. Guilt Neutralization: Difference in Change Over Time

**Guilt Neutralization**



| | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,023 | 20.5 | 16.3 |
| County | 179 | 20.2 | 19.6 |
| *F(1, 1199) = 32.256, p < .001* | | | |

*Risk Factor: Impulsive Risk Taking*

At YSET-I, GRYD Prevention Services clients (15.4) and youth in the county sample (14.9) reported similar levels of impulsive risk taking. Although both groups showed a statistically significant decrease in their levels of impulsive risk taking, at YSET-R, GRYD clients reported significantly lower levels of impulsive risk taking (11.8) compared to the county sample (13.4). The magnitude of improvement over time was significantly greater for GRYD clients than youth in the county sample.
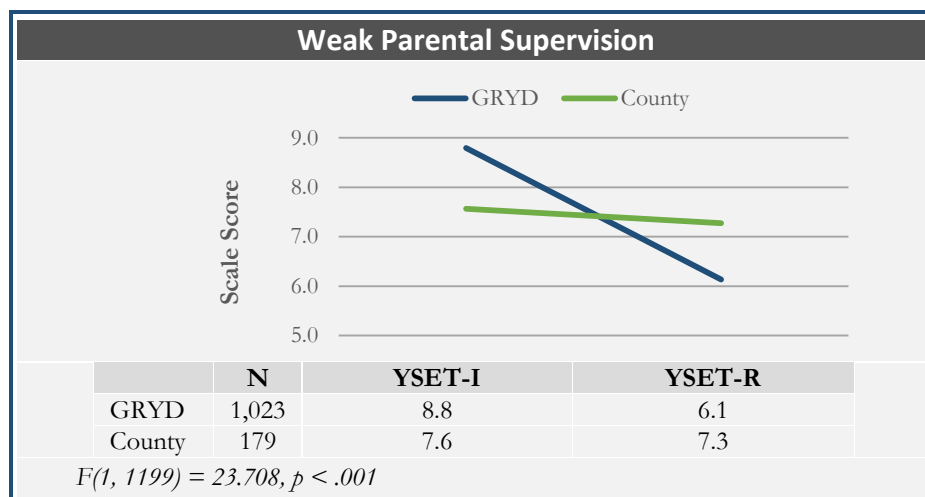
### Figure 9. Impulsive Risk Taking: Difference in Change Over Time

**Impulsive Risk Taking**



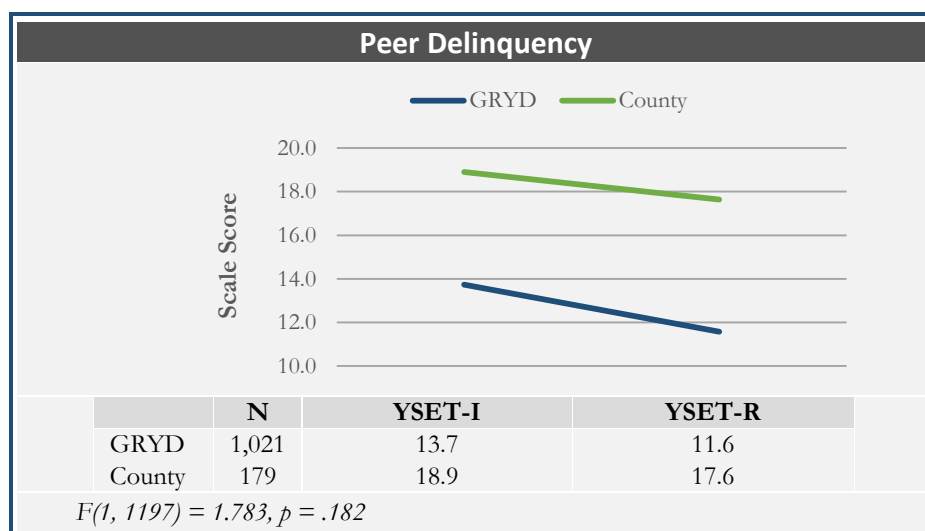| | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,022 | 15.4 | 11.8 |
| County | 179 | 14.9 | 13.4 |
| *F(1, 1190) = 18.753, p < .001* | | | |

*Risk Factor: Weak Parental Supervision*

At YSET-I, GRYD clients reported significantly weaker parental supervision (8.8) than did youth in the county sample (7.6). At YSET-R, youth in the county sample reported significantly weaker parental supervision (7.3) than did those enrolled in GRYD Prevention Services (6.1). Only GRYD clients' degree of parental supervision significantly improved (i.e., became less weak) over time, while the degree of parental supervision received by youth in the county sample remained virtually unchanged.

### Figure 10. Weak Parental Supervision: Difference in Change Over Time



**Weak Parental Supervision**

|  | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,023 | 8.8 | 6.1 |
| County | 179 | 7.6 | 7.3 |

*F(1, 1199) = 23.708, p < .001*

*Risk Factor: Peer Delinquency*

At both YSET-I and YSET-R, youth from the county sample reported affiliating with more severely delinquent peers (18.9) than did clients enrolled in GRYD Prevention Services (13.7). Although both groups reported significantly lower levels of peer delinquency at YSET-R (11.6 for GRYD clients versus 17.6 for the county sample), the magnitude of the change over time did not significantly differ between the samples. That is, these peers seem to be less frequently engaging in delinquent behavior over time, irrespective of whether they were enrolled in GRYD programming or not.
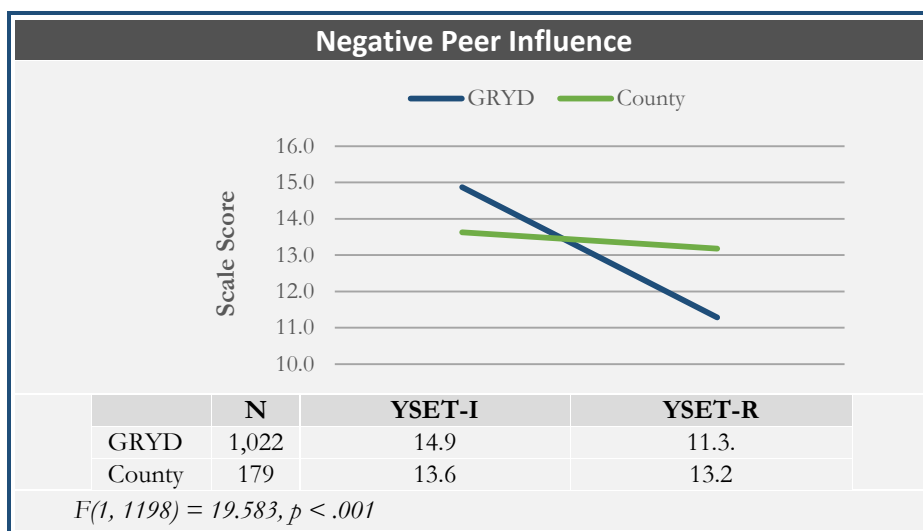
### Figure 11. Peer Delinquency: Difference in Change Over Time



**Peer Delinquency**

|  | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,021 | 13.7 | 11.6 |
| County | 179 | 18.9 | 17.6 |

*F(1, 1197) = 1.783, p = .182*
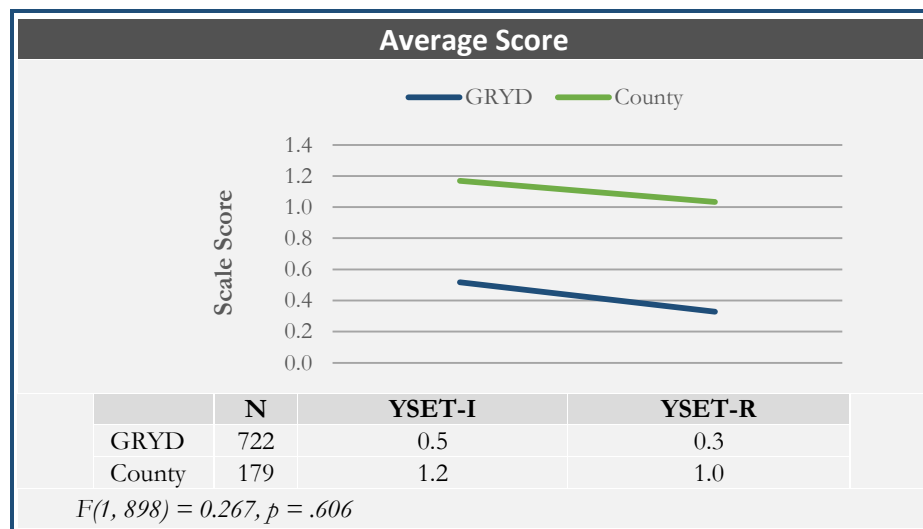
*Risk Factor: Negative Peer Influence*

Relative to youth in the county sample, GRYD clients reported significantly higher levels of negative peer influence at YSET-I (14.9), but significantly lower levels during their re-test visit (11.3). The difference between YSET-I and YSET-R scores was statistically significant for GRYD clients, but not for youth in the county sample.

### Figure 12. Negative Peer Influence: Difference in Change Over Time

**Negative Peer Influence**



| | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,022 | 14.9 | 11.3. |
| County | 179 | 13.6 | 13.2 |
| $F(1, 1198) = 19.583, p < .001$ | | | |

*Risk Factor: Family Gang Influence*

Youth from the county sample reported a stronger family gang influence at both YSET-I (1.2) and YSET-R (1.0) than did clients in the GRYD sample at the time of the YSET-I (0.5) and YSET-R (0.3). Only GRYD clients' family gang influence significantly decreased over time (possibly due to the larger sample size); the family gang influence reported by youth in the county sample did not decrease significantly. Even so, the magnitude of the change over time did not significantly differ between the samples.[28]

### Figure 13. Family Gang Influence: Difference in Change Over Time

**Average Score**



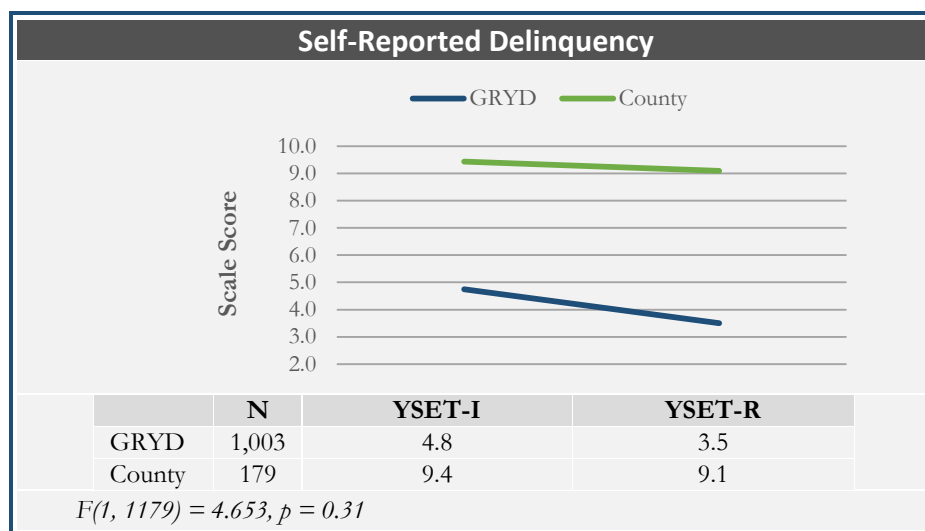| | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 722 | 0.5 | 0.3 |
| County | 179 | 1.2 | 1.0 |
| $F(1, 898) = 0.267, p = .606$ | | | |

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[28] Note: The sample size on this risk factor is lower because it was added some months after the YSET assessments began. This also reduced the number of overall participants in the first table.

*Risk Factor: Self-Reported Delinquency*

At both YSET-I (9.4) and YSET-R (9.1), youth from the county sample reported engaging in more delinquency and substance abuse than did GRYD Prevention Services clients (YSET-I at 4.8; YSET-R at 3.5). Only GRYD clients' delinquency and substance abuse decreased over time, while the number of negative behaviors reported by youth in the county sample remained virtually unchanged.

## Figure 14. Self-Reported Delinquency: Difference in Change Over Time



**Self-Reported Delinquency**

|  | N | YSET-I | YSET-R |
|---|---|---|---|
| GRYD | 1,003 | 4.8 | 3.5 |
| County | 179 | 9.4 | 9.1 |

$F(1, 1179) = 4.653, p = 0.31$

The findings related to changes in client risk levels for gang membership replicate those in previous reports:

- Overall scores for eligibility for clients decreases over time, with the majority of clients no longer eligible for services after 6 months.
- GRYD clients consistently show decreases in YSET risk factors.
- YSET risk factor decreases are greater for clients who successfully complete GRYD services.

This report, however, is unique in that it demonstrates the relationship between these results and GRYD Prevention Services by using a non-GRYD sample comparable to clients in GRYD services. Using this comparison group, GRYD clients demonstrate significantly greater decreases in their overall scale score as well as their scores on individual scales with only two exceptions (peer delinquency and family gang influence). From these results, it appears that the magnitude of improvement over time for GRYD clients was significantly impacted by their exposure and participation in GRYD services.

# Summary and Recommendations

*"This program helps you immediately; it's like a family and you're not alone. There's always a solution to the problem and it gives you more hope. It's given my children and myself more self-esteem. I have more self-esteem than I used to."*

Taken together, the results of this study provide substantial insight into who the City of Los Angeles Mayor's Office of Gang Reduction and Youth Development (GRYD) Prevention Services referrals and clients are; the experiences of clients and families participating in GRYD Prevention Services; and the impact of GRYD Prevention Services on client attitudes and behaviors. The 2017 report builds on previous reports completed by the Urban Institute and represents the most comprehensive review of GRYD services and their impact 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 September 1, 2011 through March 31, 2016 and complement these results with the voice and perceptions of clients, their families, and program staff. Collectively, the findings show that GRYD Prevention Services:

1) reached a large number of at-risk clients and their families;
2) provided a large number of activities and assistance to clients and their families; and
3) for those who enrolled in services, significantly reduced the risk of clients joining a gang, especially among clients who successfully completed the services over time.

**Summary of Findings from GRYD Efforts to Outcomes (ETO) and Youth Services Eligibility Tool (YSET) Data**

Referrals to GRYD Prevention Services largely came from parent inquiries, school counselors, and youth who self-referred. Most of the referrals were male, but slightly more than one-third were female. About half of referrals were less than 13 years old while the other half were between 13 and 15 years old. The race/ethnicity of referrals was largely Latino and African American, which is reflective of the neighborhoods served by GRYD providers. Just over half of referrals met the eligibility requirements for services. Enrollment rates varied by Zone, but taken together, nearly all of the eligible youth subsequently enrolled in services.

The demographics of clients reflected those of the referrals with little difference. Additionally, clients often lived with one biological parent or both and were enrolled in public schools. Few clients were involved in the juvenile justice system, but about a third experienced a school

| **GRYD Prevention Client Profile** |
| --- |
| • **3,781 high-risk GRYD Prevention Clients** |
| • 60.6% male |
| • 53.0% under 13 years old |
| • 73.4% Latino and 22.6% African American |
| • 79.2% lived at home with one biological parent only (44.9%) or at home with both (34.3%) |
| • 31.0% had a school disciplinary action taken against them in the last 6 months |
| • 20.3% had current or previous child welfare involvement. |
| • 14.8% had an Individualized Education Plan |
| • Received 165,254 activities during the study |

disciplinary action in the six months prior to their enrollment. With regard to special issues, about a fifth of clients had some contact with the Los Angeles County Department of Children and Family Services and only slightly fewer had an active Individualized Education Plan for special education issues.

With regard to services, clients and their families received 164,254 activities during the study timeframe. Nearly all clients attended scheduled activities specifically targeted to them and almost all families attended scheduled family meetings.

The outcome results related to risk levels demonstrate the impact of these activities on subsequent attitudes and behaviors. Just over half of clients who were eligible at intake were no longer eligible for GRYD Prevention Services at their first reassessment (YSET-R), and nearly all clients showed a decrease on at least one YSET scale. The largest percentage of clients decreased in their antisocial tendencies score whereas family gang influence showed the lowest amount of change among clients. Male clients, younger clients, clients without DCFS involvement and clients without a school disciplinary action in the past 6 months were more likely than their counterparts to have experienced a greater reduction in risk scale scores. Importantly, participation in a greater number of services and a longer length of enrollment was highly correlated with successful completion of the program and larger decreases in risk levels over time. Conversely, a shorter time in services and fewer activities were associated with higher levels of unsuccessful completion and smaller decreases in risk levels over time.

> **Changes Observed Among GRYD Prevention Clients As Measured by the YSET**
>
> - 83.4% of clients decreased their risk of gang joining overall from YSET-I to YSET-R.
>   - 70.8% of clients decreased in antisocial tendencies.
> - 57.5% saw enough reduction in risk level that they were no longer eligible for services at YSET-R.
> - Clients who completed the program successfully experienced greater reductions in risk scales scores.
>   - These clients participated in more activities and were enrolled longer than youth who did not complete the program successfully.

## Summary of Findings from the Comparison Group

Analyses was conducted that examined changes in risk over time among a sample of 1,023 GRYD Prevention clients and a comparison group of 179 high-risk youth in Los Angeles County enrolled in a recent study funded by the National Institute of Justice (NIJ). Change over time for GRYD clients was significantly stronger than County youth for all but two risk factors; peer delinquency, and family gang influence.

At the YSET Intake (YSET-I) interview, the two groups had a similar level of risk factors for gang involvement (with an average of about 6 high risks for each group). Both groups also showed a statistically significant decrease in the number of high risks when assessed again 6 to 18 months later; however, the magnitude of improvement over time (decreasing risk) was significantly greater for GRYD clients than for youth in the county sample. Over time, GRYD Prevention Services clients reported significantly fewer risk factors than did youth in the county sample. At YSET Retest, those in the GRYD sample reported an average reduction to 2.7 average risk factors relative to an average reduction to 5.1 risk factors among the youth in the county sample.

> **Changes Observed Among GRYD Prevention Clients Compared to High-Risk Youth in a Los Angeles County NIJ Study**
>
> - GRYD clients reported fewer risk factors at YSET-R than the County youth.
>   - The average number of risk factors for GRYD clients reduced 56.5% (from 6.2 to 2.7).
>   - The average number of risk factors for County youth reduced 16.4% (from 6.1 to 5.1).
> - GRYD clients also experienced a greater magnitude of change than County youth for all but two risk factors.

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

Overall, staff, clients, and client families felt GRYD Prevention Services had a significant and positive impact. Despite initial hesitation, clients developed trust and rapport with their case managers. As time spent in the program progressed, clients became more engaged and excited about their participation. Providers said that parents' express their enthusiasm for the program by referring other people they know to the program. *"Families are satisfied with our services and want to share this with a neighbor or friend who may be in need."* Another provider offered, *"When we do well with one kid – pretty soon the mothers and the fathers or the grandmothers want the other sisters and brothers involved. We don't even have to ask, they just come in with the other children or their cousins."* Clients were most excited about the opportunity to become involved in myriad activities, including field trips, homework help, and creative outlets. For parents, case managers became an extension of their family, as they reported finding themselves frequently turning to them for help and support. Parents were especially appreciative of the help they received for safe transportation and the purchase of supplies for school as well as sports. Importantly, parents reported increased communication, decreased risk factors, and enhanced relationships with their children. Families also gained much needed structure, time management, and positive parenting strategies.

Following the emergence of the GRYD Comprehensive Strategy in 2011, a process of struggle, resistance, accommodation, and acceptance has marked the landscape of GRYD Gang Prevention. In the early developmental years, several providers were extremely negative about GRYD programming requirements.

It is apparent, however, from the interviews and focus group conducted as part of this study, that GRYD Prevention Providers are no longer resistant, and in reality, have internalized program values and goals. Providers reported that their practices and services have changed. "*We don't do things the same way*," one provider offered, "*The changes have been hard for us, but it's getting better.*" Staff at another provider agreed. As one case manager explained, "*We see how it helps kids and that's all that matters to us.*" Providers ensured program fidelity, and went above and beyond GRYD program requirements and expectations to engage families and hold them accountable and responsible for the success of the program and the progress of their children.

> **GRYD Provider Staff, Client, and Client Family Experiences**
>
> - Overall, staff, clients, and client families felt GRYD Prevention Services had a significant and positive impact.
> - Both parents and youth were engaged with, and supported by, staff throughout the program.
> - GRYD Provider staff have internalized program values and goals and have reported that over time their practices and services have changed as they have worked to implement the GRYD Prevention Services model.
> - Areas for improvement identified by provider staff included:
>   - assistance building successful outreach strategies in the community;
>   - YSET support and review; and,
>   - support and training for addressing client and family trauma.

Despite many positive aspects of GRYD Prevention Services, areas for improvement surfaced in many areas. Each of these areas is described below.

*Outreach*

As a result of the diversity in years of involvement with GRYD, there was not a uniform recruitment strategy across sites. Furthermore, there was a significant difference in level of success in developing school and community partnerships. This appears to be directly correlated to the length of GRYD-provider partnership. For instance, veteran providers reported experiencing far fewer challenges in overcoming school bureaucracies compared with the accounts of newer providers. Despite these challenges, providers were

working to build their credibility in school settings through innovative and creative approaches. Overall, word of mouth was the most frequently cited—and most successful—outreach strategy. Not surprisingly, this correlated with the high rate of parent satisfaction and willingness to refer. Continuing to build successful partnerships with community-based organizations and governmental agencies will only strengthen outreach, recruitment, and referral efforts.

*YSET*

One marked internalization of GRYD values and culture involved use of the YSET to determine participation eligibility, as well as client needs, strengths, and challenges. The newest iteration of the assessment tool incorporated significant changes, resulting in more positive feedback than past versions. However, despite the overall positive reaction to the YSET, individuals still expressed lingering concerns about vocabulary and terminology, language comprehension for younger youth, as well as the length and number of questions. Sites also noted that they perceive youth are incorrectly categorized (as "GRYD Primary Prevention" or "GRYD Prevention Services"). Additionally, staff shared that many of the young men and women referred are not comfortable answering "personal" questions early in their program participation due to the lack of established relationship with the case manager. Prevention workers were focused on finding solutions. Notably, this concern did not translate into a lack of compliance surrounding the YSET, but instead resulted in a desire to create solutions to ease its administration.

*Genogram*

Both the acceptance and use of the family strength-based genogram has taken hold and solidified in sites across the city. However, this positive response also included some disquiet. While sites recognized the importance of the exercise, many voiced concerns about the implications of uncovering family trauma requiring clinical intervention for which they were not prepared or trained. There was general agreement that it is of the utmost importance that GRYD provider staff be meticulous and sensitive about how they respond to trauma with clients and their families. Despite these misgivings, enthusiasm for the genogram was consistent. There was general consensus that it was a valuable part of GRYD programming and assessment. During interviews, many family members, as well as staff across sites, spoke directly about the personal meaning of the genogram, offering such observations as: "*It helped me to understand myself,*" "*I think everyone in GRYD should be required to complete a genogram before we work with youth and their families,*" and "*This taught me a whole different way of thinking about myself, my family, and my community, you can see why it works for youth and their families.*"

# Recommendations

Recommendations for this report focus on areas of concern identified by GRYD Prevention Providers related to Youth Services Eligibility Tool (YSET) administration and processing, strength-based genograms, training needs, and other general items such as increasing program visibility and improving relationships within the communities served by GRYD.

*YSET*

- Allow for staff assistance with future revisions.
- Provide quicker turnaround of results (to reduce parental concern regarding "lapse in service").

*Genogram*

- Train staff on how to deal with trauma that arises.

*Training*

- Provide opportunities to have training held at various locations around LA.
- Follow through on the consistent suggestion that GRYD continue to expand training opportunities to include tangible, relevant tools and skills as well as on-going database and system training.
  - Offer refresher training to providers related to program policy and application such as the length of services, conditions for additional cycles without appeal, etc.
- Offer "self-care" services for staff. Comments and observations consistently acknowledged the lack of such support.
- Expand opportunities and diversify experts, to include tangible, relevant tools and skills:
  - Mental health (including self-mutilation and suicidal ideation)
  - Substance abuse (Narcotics Anonymous and Alcoholics Anonymous)
  - General case management
  - Grief, loss, and trauma informed care
  - Counseling/parenting skills (child development and child abuse)
  - Mediation and Conflict Resolution
  - Anger management and relationship violence (emphasis on younger children)
  - Cultural sensitivity (with specific emphasis on immigration)
  - Commercial sexual exploitation of children (CSEC)

*Other*

- Market "GRYD" widely and strategically straight from the GRYD Office.
- Assistance from the GRYD Office for Providers in brokering community relations.
  - GRYD needs to reinforce program goals and criteria with LAUSD administration.
  - GRYD Office to request dedicated space on school campus for GRYD services.
  - Need for "certification" of GRYD Prevention Services provider staff.
- Facilitate cross-site collaboration and better partnerships with GRYD Intervention FCM Providers.
- Have the GRYD Office staff engage with families at graduations, community events, etc.
- Review GRYD zoning – certain zones present geographic barriers and safety concerns.
- Expand age limits for program eligibility.

# Appendix

**What are the demographic characteristics of GRYD Prevention Services clients?**

During the period examined, 3,781 youth were enrolled in the GRYD Prevention Services.[29] Over half of the those enrolled in the program were male (60.6%) and under 13 years old (53%). The vast majority of clients were Latino (73.4%) or African American (22.6%).

Table 28. Client Characteristics

| | Enrolled | |
|---|---|---|
| | **N** | **%** |
| **Gender (N=3,781)** | | |
| Male | 2,292 | 60.6 |
| Female | 1,489 | 39.4 |
| **Age (N=3,781)** | | |
| Under 13 | 2,012 | 53.0 |
| 13 and older | 1,769 | 46.8 |
| **Ethnicity (N=3,768)** | | |
| Latino | 2,767 | 73.4 |
| African American | 853 | 22.6 |
| Asian | 7 | 0.2 |
| White | 13 | 0.3 |
| Other | 31 | 0.8 |
| Multi-Ethnic | 97 | 2.3 |
| *Note: N may vary due to missing responses* | | |

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[29] A small number of youth who leave GRYD Prevention Services return at a later time. If a youth meets eligibility guidelines at both time points, they are allowed to re-enroll in the program. The demographic characteristics presented here represent the number of program enrollments; therefore, youth who were enrolled in the program twice are counted twice.