

GRYD INTERVENTION FAMILY CASE MANAGEMENT (FCM) SERVICES: A SUMMARY OF PARTICIPANTS AND SERVICES

Between January 1, 2016 and December 31, 2020, 4,874 young people and emerging adults enrolled in GRYD Intervention Family Case Management (FCM) Services and participated in over 100,000 program sponsored activities.

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GRYD RESEARCH & EVALUATION BRIEF NO. 9

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MESSAGE FROM THE DIRECTOR

The GRYD Research Brief Series highlights the accomplishments of the GRYD Office and its community partners as they implement the GRYD Comprehensive Strategy.¹ The current research brief provides an overview of GRYD Intervention Family Case Management (FCM) services and the young people and emerging adults who participated in these services. GRYD's utilization of FCM services plays an essential role within the GRYD Comprehensive Strategy to reduce violence in the City of Los Angeles. These services are an investment in the strengths and resiliency that exists within communities. GRYD FCM services provide community-based support systems that link our young people, emerging adults, and families/support systems to a roadmap that leads to thriving. Case managers and credible messengers (i.e., Community Intervention Workers) work with participants and their families/support systems as a team to address basic needs and to foster decision-making independence aligned with well-being. GRYD is grateful for the opportunity to serve our communities by investing in the forward movement of young people, emerging adults, and their families and support systems.

REGINALD ZACHERY

GRYD DIRECTOR



The City of Los Angeles Mayor's Office of Gang Reduction and Youth Development's (GRYD) Comprehensive Strategy strives to create communities that are healthy, peaceful, and thriving. GRYD invests in this vision by hosting community engagement events; contracting with community-based agencies to deliver gang prevention and intervention services; and partnering with the community and the Los Angeles Police Department to reduce violence.² These activities and programs provide a pathway for improving the overall health and well-being for young people and emerging adults, families, and their communities.

One primary gang intervention goal of GRYD's mission is to increase protective factors and resiliency while reducing gang embeddedness for gang-involved young people and emerging adults between the ages of 14 and 25. In this brief, the GRYD Research & Evaluation Team at Cal State LA explores how GRYD Intervention Family Case Management (FCM) services contribute to this goal. The current brief provides an overview of GRYD FCM's service model and summarizes the characteristics of GRYD FCM participants and the services they received. GRYD Research Brief No. 10, *The Impact of GRYD Intervention Family Case Management (FCM) Services on Increasing Decision-Making Independence*, builds on this work by assessing the impact of GRYD FCM services on reducing gang embeddedness among participants.

A BRIEF OVERVIEW OF GRYD FCM SERVICES

GRYD Intervention Family Case Management (FCM) services are designed for young people and emerging adults between the ages of 14 and 25 who have a significant presence in a GRYD Zone and are identified as a tagger or member/affiliate of a gang or crew. The primary objectives of GRYD FCM services are to engage and support gang-involved young people and emerging adults to (1) provide the services they need to improve their health and well-being (e.g., basic needs, education, employment, and behavioral health); (2) increase decision-making independence; and (3) transfer their “embeddedness” from the gang to other prosocial activities and opportunities. GRYD FCM services are delivered across 23 GRYD Zones by community-based organizations contracted through the GRYD Office (See Appendix A for a list of agencies contracted during this period to provide GRYD FCM services).

GRYD FCM participants receive prescribed programming across six service phases that begin after a referral and intake process. As part of this process, they complete an assessment tool, the Social Embeddedness Tool (SET), shortly after enrollment and then again, every six months of services.

Once enrolled in GRYD FCM services, participants are required to attend two individual meetings with their case management teams and one family meeting during each phase of programming. The GRYD FCM case manager and Community Intervention Worker (CIW) work as a “strategy team,” meeting regularly with participants and their family/support system to review the participants’ progress and adjust plans accordingly. Throughout programming, the GRYD case manager and CIW provide case management, address basic needs, make service referrals, connect the participant and their family/support system to resources based on their identified needs, and provide on-going support.³

Figure 1 illustrates the basic process underlying GRYD FCM services. The completion of a full cycle of services (i.e., all phases of the program) requires approximately six months, and participants can continue for an additional cycle of services if deemed necessary and appropriate.

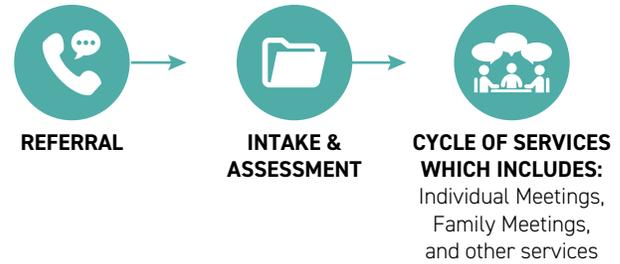


Figure 1: GRYD FCM Structure of Services

PREVIOUS EVALUATION FINDINGS

In 2017, the GRYD Gang Intervention Family Case Management (FCM) Services Evaluation Report presented process evaluation results on all GRYD FCM referrals and participants between February 1, 2012 and May 16, 2016. This evaluation found that 5,351 referrals were made to GRYD FCM services, with CIWs being the largest source of the referrals (45%). The program enrollment rate was 53% with 2,854 young people and emerging adults enrolled in GRYD FCM services during this period. Of the 2,854 enrollments into services, most participants were male (66%) and Latino/a (67%); approximately a third of participants were Black (30%). Their sociodemographic characteristics included the following:

- 66% lived at home with at least one biological parent
- 12% needed housing
- 16% were self-identified as experiencing mental health problems
- 24% were arrested in the six months prior to enrollment
- 30% were under the supervision of probation or the Department of Corrections at some point in the 6 months leading up to their enrollment in services
- 22% had traveled to a place outside of a three-mile radius to engage in a prosocial activity in the six months prior to enrollment

GRYD FCM services were successfully completed by 38% of those who exited from services during this timeframe. Analysis of program activities showed a positive relationship between program engagement and completion—i.e., participants who participated in a greater number of services were more likely to complete the program successfully (only 13% of participants who attended 1-10 activities completed the program successfully, while 82% of participants who attended more than 30 activities exited successfully).

This brief updates the 2017 GRYD FCM services evaluation report by analyzing data for all referrals and participants between January 1, 2016 and December 31, 2020 to document how many young people were referred to services; how many participated; the characteristics of participants, and the types of services they received.^a

^a In order to include five complete years of data in this report, the timeframe begins January 1, 2016, which overlaps with the last few months of data included in the 2017 GRYD FCM services evaluation report.

DATA AND METHODS

The data used for this study were drawn from the GRYD Database, a web-based case management system built on Bonterra's Efforts to Outcomes (ETO) software. It includes all GRYD FCM referrals and participants enrolled in services between January 1, 2016 and December 31, 2020. The GRYD Database includes demographic information, all services and activities led by GRYD providers once participants are enrolled, and multiple measures to assess change over the duration of services.

GRYD providers are contractually required to document all service provision activities in the GRYD Database. Data are entered into the database anonymously using a generic identification number for tracking; thus, participants included in the analysis are not necessarily unique individuals because some participants may return to services over multiple enrollments.

To meet contractual data obligations, GRYD providers must assign a designated staff person to oversee data entry and management. All GRYD provider staff who use the GRYD Database are required to complete a training and earn their GRYD Database Certification prior to delivering any GRYD services. Additional training certification is required for GRYD provider staff who administer the Social Embeddedness Tool (SET). Over time, such protocols have enhanced the quality of GRYD FCM service data by reducing data entry errors and missing data.

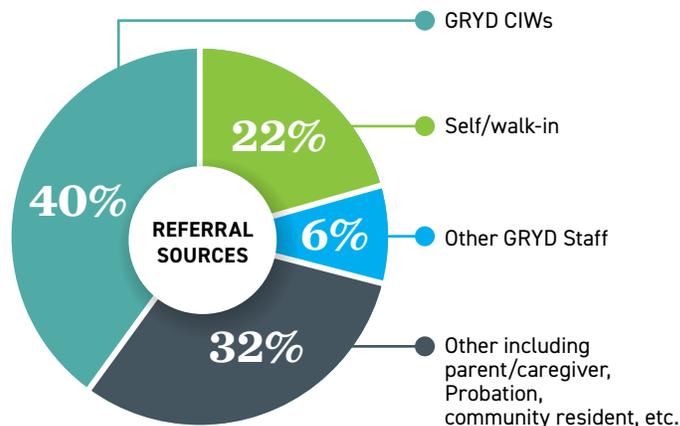


Figure 2. Referral Sources

HOW MANY REFERRALS ENROLLED IN GRYD FCM PROGRAMMING?

As soon as a referral is received, GRYD provider staff (typically case managers or intake specialists) engage with the young person and their family/support system to assess their eligibility and interest in GRYD FCM services. They hold an intake meeting to reiterate the purpose of GRYD FCM services, review participation expectations, and identify the participant's expectations for programming. GRYD provider staff also utilize this meeting to assess eligibility for the program. Participants deemed eligible are invited to participate in GRYD FCM services.⁹ If a participant is eligible and agrees to participate in GRYD FCM services, the case manager will hold an initial meeting, which includes the participant and sometimes family members and/or members of their support system. This meeting marks the beginning of GRYD FCM services and program enrollment. The Social Embeddedness Tool (SET) is also administered at this time.

A total of 4,874 young people and emerging adults (50% of 9,725 referrals) and their families enrolled in and received GRYD FCM services. On average, enrollment into GRYD FCM services occurred within four days of the date of referral to the program.

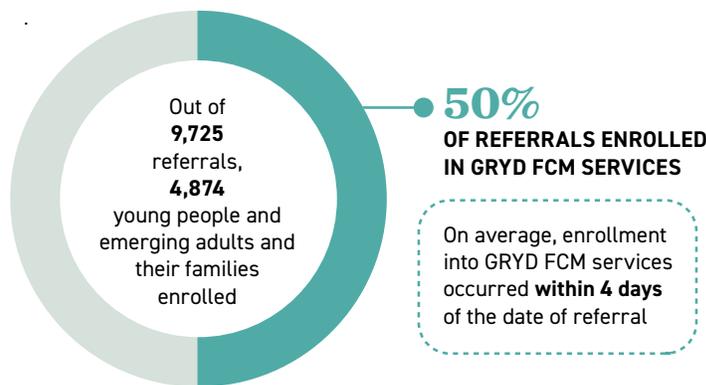


Figure 3. Referrals and Enrollments

RESULTS

WHO REFERS YOUNG PEOPLE TO GRYD FCM PROGRAMMING?

The GRYD Intervention Family Case Management (FCM) service model begins with the referral and intake processes. Referrals for services are made by GRYD provider staff, particularly GRYD Community Intervention Workers (CIWs), and other sources such as self/family, schools, other community-based organizations, and law enforcement agencies. Between January 1, 2016 and December 31, 2020, a total of 9,725 young people and emerging adults were referred to GRYD FCM services (see Figure 2). Community Intervention Workers (CIWs) were the largest source of referrals (40%, n=3,889) underscoring the vital role they play in connecting to and engaging with young people who are involved (in some way) with a gang. Approximately a quarter of referrals were self-referrals (22%, n=2,172), and 6% were made by other GRYD staff.

⁹ Eligible young people who are not ready to commit to the full GRYD FCM services model are offered placement in GRYD Transitional Client Services (TCS), a less intensive service model that seeks to build relationships and prepare the participant for future engagement in programming through GRYD FCM services. Participants in GRYD TCS services are not included in current analyses.

WHO WAS SERVED BY GRYD FCM SERVICES?

GENDER, RACE/ETHNICITY, AND AGE

Participants who enrolled in GRYD FCM services between 2016 and 2020 were mostly male (61%) and were between 14 and 25 years old (96%). With regard to race/ethnicity, 32% were Black, and 65% were Latino/a. Overall, participant ages ranged from 11 to 51 with an average age of 18 years old, but only 3% were younger than 14 and only 2% were older than 25.⁶

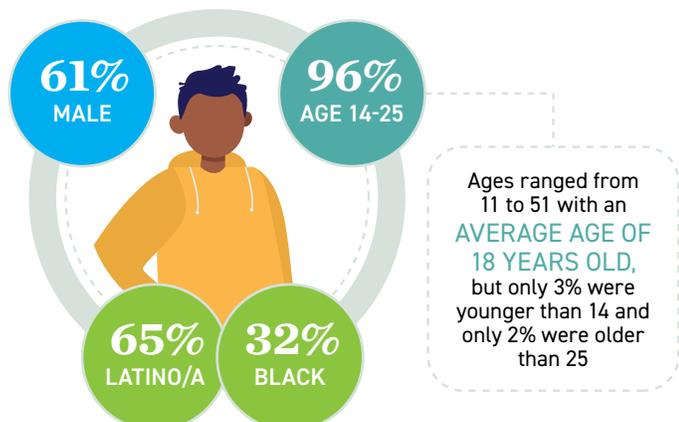


Figure 4. Gender, Race/Ethnicity, and Age

EDUCATION, EMPLOYMENT, AND PROSOCIAL CONNECTIONS

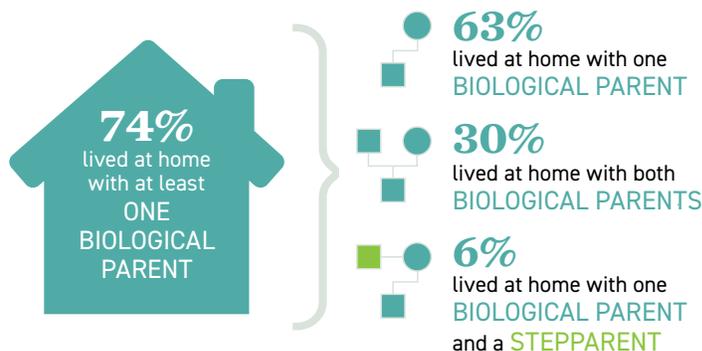
A total of 2,439 participants (50%) were school-aged at the time of enrollment, and three-quarters (77%, n=1,878) of these young people were enrolled in school and attending regularly. Nearly all participants (96%, n=4,658) were eligible for employment at the time of enrollment, but most (89%, n=4,124) were not employed. Within six months prior to enrollment in GRYD FCM services, only a quarter (23%, n=1,102) of participants had traveled outside of a three-mile radius to engage in a prosocial development activity, and only a third (33%, n=1,627) had participated in organized recreational activities.



Figure 5. Education, Employment, and Prosocial Connections

LIVING SITUATION AND FAMILY CONNECTIONS

At enrollment, most participants (74%, n=3,606) lived at home with at least one biological parent. Of these, 63% (n=2,286) lived with one biological parent, 30% (n=1,099) lived with both biological parents, and 6% (n=221) lived with one biological parent and a stepparent. Of the 4,874 participants who enrolled in services, 14% (n=696) were identified as being in need of housing services at the time of enrollment. The 2,208 participants who created strength-based genograms during the first phase of GRYD FCM services identified an average of 2.21 positive relational lines with family members.



PARTICIPANTS IDENTIFIED 2.21 POSITIVE RELATIONAL LINES WITH FAMILY MEMBERS

Figure 6. Living Situation and Family Connections

PREVIOUS SYSTEM INVOLVEMENT

At least 10% of participants were currently or previously involved with the Department of Children and Family Services (DCFS) as a victim of maltreatment. In the six months prior to enrollment in services at least 16% (n=795) had been arrested, and 20% (n=969) had been under the supervision of Probation or the Department of Corrections (DOC). Of the participants who had been arrested or under the supervision of Probation or the DOC (24%, n=1,191), a third (34%, n=400) had been released from a correctional facility within the last six months.

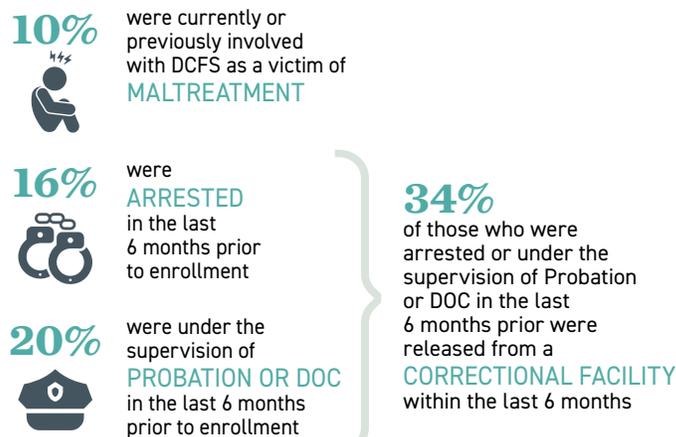


Figure 7. Previous System Involvement

⁶ Participants younger or older than the set age range for service occurs because GRYD policies allow for exemptions both for young people and emerging adults younger than 14 who are already gang-involved and for adults older than 25 who are reentering the community after incarceration.

HOW MANY AND WHAT TYPES OF ACTIVITIES DID GRYD FCM PARTICIPANTS ENGAGE IN?

During the study timeframe, 4,874 participants attended a total of 103,947 contractually required meetings and other additional activities, which translates to a total of 93,550 hours. Contractually required meetings, such as individual and family meetings, comprised 90% (n=93,929/72,872 hours) of the total activities, and 67% (n=63,068) of these meetings were individual meetings between the participant and the GRYD FCM strategy team.

In addition to individual and family meetings, GRYD FCM participants attended 10,018 other additional activities. These activities included internal life skills classes (34%), planned events/activities/field trips (30%), substance abuse support groups (16%), celebration activities (5%), and other programmatic activities (16%). The number of hours spent in these additional activities totaled 20,678 hours.

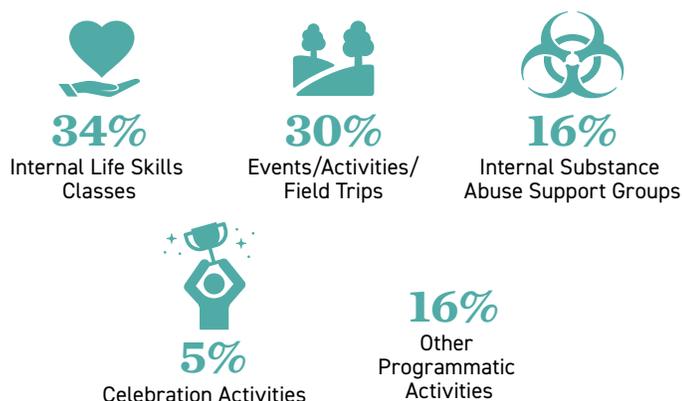


Figure 8. Other Additional Activities Attended by Participants

HOW MANY GRYD FCM PARTICIPANTS SUCCESSFULLY COMPLETED THEIR PROGRAMMING?

Of the 4,874 participants who enrolled in GRYD FCM services between January 1, 2016 and December 31, 2020, 3,749 (77%) participants exited the program. Of those who exited, 61% (n=2,282) completed the program successfully while 39% (n=1,467) formally dropped out/refused services, needed a different type/level of service, or were removed due to long-term non-attendance. Overall, the average length of enrollment for all participants who completed services was eight months.

ARE PARTICIPANTS WHO SUCCESSFULLY COMPLETED GRYD FCM SERVICES DIFFERENT FROM THOSE WHO DID NOT COMPLETE SERVICES SUCCESSFULLY?

The characteristics and experiences of the 2,282 participants who successfully completed GRYD FCM services were compared to the characteristics and experiences of the 1,467 participants who exited services before program completion using data collected at intake.

When comparing the two groups on their intake responses at the time of enrollment, participants who successfully completed programming were more likely to:^e

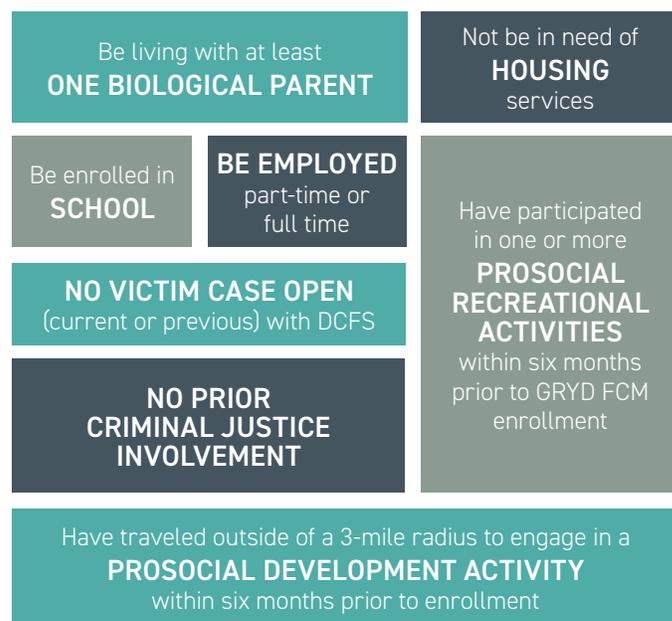


Figure 9. Characteristics of Participants Who Successfully Complete Programming

PARTICIPATION IN GRYD FCM SERVICES

Regarding experiences in programming, participants who successfully completed programming were more likely to:

- Be enrolled approximately two months longer than participants who exited services before program completion
- Spend more time engaged and participating in contractually required activities
- Spend more time engaged and participating in other programming offered within GRYD FCM services

Taken together, these findings show that participants with more social support and stability at home and in the community and who engaged in more programming activities were more likely to complete GRYD FCM services successfully.

^e Chi-square tests and independent sample t-tests were used to assess for statistically significance differences between groups.

A COMPARISON OF FINDINGS WITH THE 2017 GRYD FCM SERVICES EVALUATION REPORT

When the results from the current study are compared with those from the 2017 GRYD FCM services evaluation report, several similar findings and a few differences were found. Participants in both studies had comparable rates for their referral source, demographics, and program enrollment. The largest source for all referrals was a Community Intervention Worker (CIW), approximately two-thirds of GRYD FCM participants were male, two-thirds were Latino/a, and a third of participants were Black. The program enrollment rate was similar across both studies (50% and 53%, respectively). With regard to differences, participants were 8% more likely to be living at home with at least one biological parent and less likely to have been arrested or under the supervision of Probation or the Department of Corrections (DOC) in the six months prior to enrollment in services compared to participants in the 2017 study.

Comparisons also revealed improvements in programming over time. The number of referrals and enrollments increased by approximately half from the 2017 numbers. This increase reflects both the expansion of GRYD Zones offering GRYD FCM services from 16 areas to 23 (a 44% increase) starting July 1, 2015 and the sustained capacity of GRYD FCM providers to connect young people and their families/support systems to programming! Additionally, participants in the current study were more likely to complete GRYD FCM services successfully. In the 2017 report, only 38% successfully completed programming compared to 61% between 2016 and 2020. A strong predictor for successful completion was the same across timeframes, with higher completion rates for participants who engaged in more programming activities.

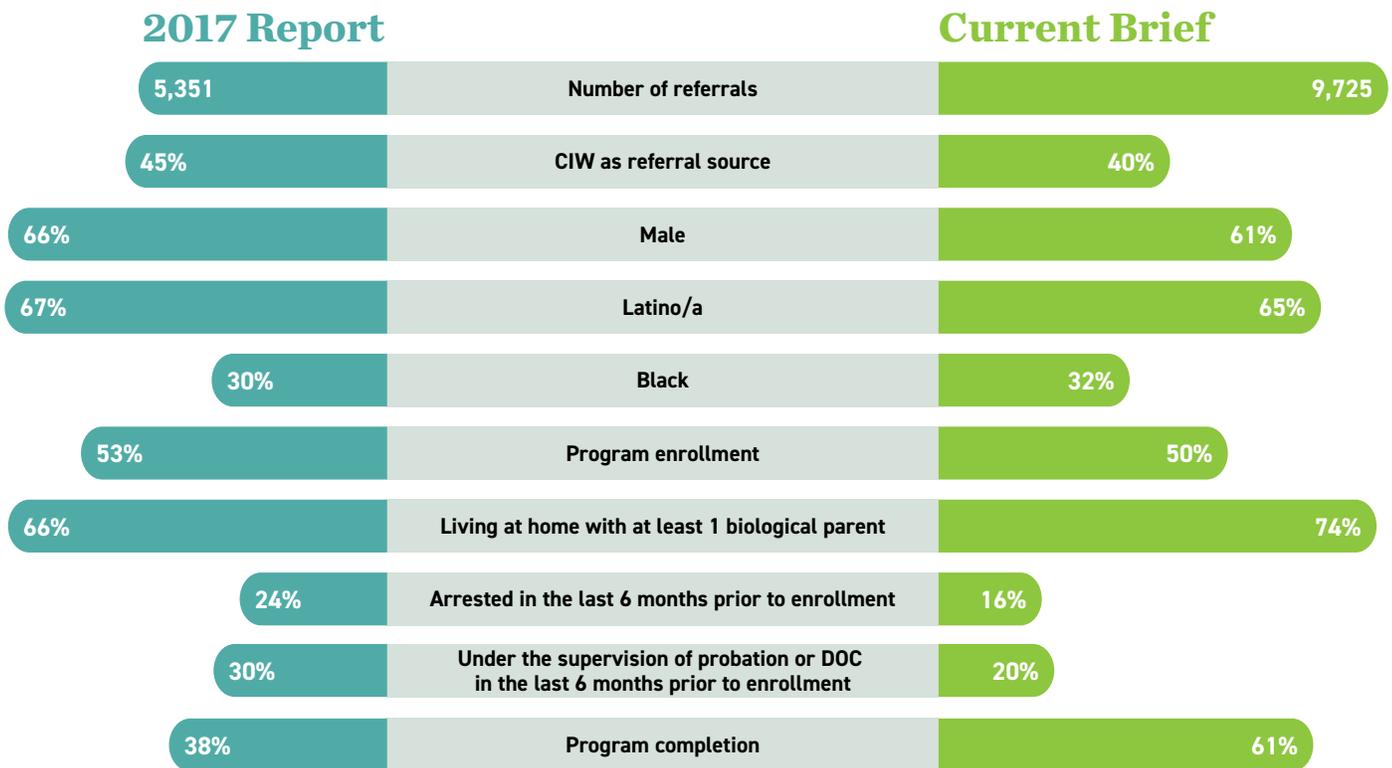


Figure 10. Comparison of Findings with the 2017 GRYD FCM Services Evaluation Report

¹ 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. GRYD FCM services under the GRYD Comprehensive Strategy began February 1, 2012. As of July, 2015 GRYD has expanded to 23 GRYD Zones in which all prongs of the GRYD Comprehensive Strategy are employed.

SUMMARY

Between January 1, 2016 and December 31, 2020, a total of 9,725 young people and emerging adults were referred to GRYD Intervention Family Case Management (FCM) services, and 4,874 young people and emerging adults (50% of all referrals) enrolled in GRYD FCM services. Participants were mostly male, Latino/a, and between the ages of 14 and 25. While enrolled in GRYD FCM services, participants and their families attended 103,947 activities; 93,929 contractually required meetings and activities; and, 10,018 other activities such as internal life skills classes and field trips.

On average, GRYD FCM participants were enrolled in services for eight months. Approximately two-thirds of participants exited the program successfully. Participants who successfully completed programming were more likely to have greater social support and stability, as well as be engaged in more programming activities.

When these results are compared with those from the 2017 GRYD FCM services evaluation report, several similar findings and a few differences were found. Participants in both studies had comparable rates for their referral source, enrollment rates, and demographics. The source for approximately half of all referrals was a CIW (45%), and half of these referrals subsequently enrolled in GRYD FCM services. Approximately two-thirds of GRYD FCM participants were male and Latino/a and a third of participants were Black. With regard to differences, participants were 8% more likely to be living at home with at least one biological parent at the time of enrollment and were approximately 10% less likely to have had criminal justice system contact in the six months prior to enrollment compared to participants in the 2017 study.

The comparison also revealed improvements in programming over time. The number of referrals and enrollments nearly doubled in the current study compared to 2017 (mirroring the increase in the number of GRYD Zones providing GRYD FCM services), and participants were more likely to finish successfully. In the 2017 report, only 38% successfully completed programming compared to 61% between 2016 and 2020. A strong predictor for successful completion was the same across timeframes, with higher completion rates for participants who engaged in more activities.

In sum, the results presented in this brief are consistent with findings from the GRYD Gang Intervention Family Case Management 2017 Evaluation Report and the GRYD Data Feedback Loop Training Project and provide valuable insight into ways in which providers have continuously improved the delivery of intervention services to young people and emerging adults involved in gangs.^{3,4}

MOVING FORWARD

Evaluation of participant and service data promotes the continuous improvement of gang intervention services by helping providers identify innovative programming solutions based on insightful program data and results. To this end, the findings presented in the current brief lead to the following considerations for providers delivering gang intervention services to young people and emerging adults:

1. Intake and assessment are keys to success: Intake and assessment are important for establishing rapport between the provider and participant in order to build a trusting relationship. This allows the provider to gain insight into the participant and their needs so comprehensive and appropriate case plans can be built. Importantly, this process helps participants identify who their support systems are so that they are able to receive support and thrive not only while receiving intervention programming but beyond programming as well. During this time, program staff can identify individualized ways to support the participant and their families to sustain engagement and lead to successful outcomes.
2. Build case plans to incentivize and support engagement: Case plans should outline the expectations of program engagement to address the needs and goals of participants and their families. The development of case plans should be tailored to participants and consider their areas of strength and development. On-going engagement in services should be intentional and consist of identifying prosocial connections and support participants in the process of self-differentiation in order to increase decision-making independence while reducing impulsivity and gang embeddedness. High levels of engagement increase the likelihood participants will thrive.
3. Prioritize and value the data feedback loops: Integrating data and practice through the implementation of data feedback loops allows for the identification of best practices and gaps or challenges in programming to be addressed for ongoing program development. This requires a comprehensive and easy to use data infrastructure combined with the consistent provision of on-going training for staff and application of quality assurance measures for data.
4. Integrate evaluation into programming: Utilize data to assess the impact of intervention services on the young people and emerging adults. Data collection is valuable for documenting what programs are doing, but it is also instrumental in testing whether programs are achieving their goals. Ensuring appropriate measures are collected within program data systems is instrumental to facilitating evaluation in a regular and consistent way.

The current study documents the delivery of GRYD Intervention Family Case Management (FCM) services to inform the continuous improvement of intervention services in the City of Los Angeles as well as across the nation. GRYD Research Brief No. 10, The Impact of GRYD Intervention Family Case Management (FCM) Services on Increasing Decision-Making Independence, builds on this work by evaluating the impact of GRYD FCM services

on increasing participants' decision-making independence while reducing impulsivity, gang embeddedness, and involvement in crime and violence.

SUGGESTED CITATION

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Appendix A: List of Agencies Contracted between January 1, 2016 and December 31, 2020 to Provide GRYD FCM Intervention Services

ZONE CODE	INTERVENTION AGENCY
77th 1	Developing Options
77th 2	Chapter Two
77th 3	Soledad Enrichment Action
Devonshire-Topanga	Alliance for Community Empowerment
Foothill	Champions in Service
Harbor	Toberman Neighborhood Center
Hollenbeck 1	Soledad Enrichment Action
Hollenbeck 2	Soledad Enrichment Action
Hollenbeck 3	Soledad Enrichment Action
Hollywood	Heluna Health
Mission	Champions in Service
Newton 1	Going Beyond Boundaries (July 2015-July 2018); Volunteers of America (July 2018-present)
Newton 2	Volunteers of America
Northeast	Soledad Enrichment Action (July 2015-July 2018); Community Warriors 4 Peace (July 2018-present)
Olympic	Heluna Health (July 2015-July 2018); Community Warriors 4 Peace (July 2018-present)
Pacific	HELPER Foundation
Rampart 1	Heluna Health
Rampart 2	Heluna Health (July 2015-July 2018); Volunteers of America (July 2018-present)
Southeast 1	Vermont Village Community Development Corp. (July 2015-July 2018); APUU (July 2018-present)
Southeast 2	Soledad Enrichment Action
Southeast 3	Urban Peace Institute
Southwest 1	Community Build
Southwest 2	Volunteers of America

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