

Southern California Injury Prevention Research Center

Gang Activity Reduction Strategy Individual Development Factors Phase III Report

It is imperative that we develop a plan for the City of Los Angeles that includes both prevention and intervention. If we focus only on intervention and suppression for high-risk and gang involved youth, and use a law enforcement approach we will find that the results will be the same as they have been in the past, e.g. violent crime rates decrease as violent and crime involved youth are removed from the streets, but in another decade, when the youth now growing up do not receive the supportive and therapeutic support that they need, we will face another increase in gang and youth violence. This pattern is demonstrated in Los Angeles by tracking violent crime and homicide. We experience a dramatic increase beginning in the mid-1980s, followed by a dramatic decrease in the mid 1990s, we are now experiencing the beginning of an increase, and if we don't take a long-term strategy, we will experience another increase. Once again, if all we do is what we have done in the past, we can expect the same result: a lull and then another increase in homicides and other violent crime.

Sustainability

In Fiscal Year 06/07 the State of California allocated 817.4 million dollars to California Youth Crime and Violence Prevention Programs in various state departments. The majority of the funds were allocated to the Department of Education, 550 million to After School Education and Safety Act, 17.4 million to School Safety Consolidated Competitive Grants, and 94.9 million to School Safety and Violence Prevention.¹ However the majority of the funds not allocated to After School programs have been invested in school police and plans that are to be implemented after an incident has occurred. Few dollars are invested in prevention and youth development programs by the schools. At the same time the Corrections Standards Authority received 119.0 million to implement the Juvenile Justice Crime Prevention Act.² It is not clear how if at all these funds are reaching the City for prevention, and intervention programs to reduce youth and gang violence through strategies such as youth and child development. The Governor vetoed funds to address and support re-entry programs for youth.

Youth Development and funding

There is currently a unique opportunity for funding prevention and youth development. Funds from the mental health act can be accessed to assure that mental and emotional health screening and treatment is implemented for very young children (pre-school age), those 10-14, and youth between 14 and 21. Many of the very young children living in high risk, disorganized areas are witnesses and/or victims of community and family violence. These children are not now routinely screened at school entry for school

¹ Commonweal, the Juvenile Justice Program bulletin, October 2006.

² Ibid.

readiness or for symptoms of posttraumatic stress syndrome disorder or other mental health problems. It is our recommendation that all children entering school for the first time be screened and those found to need mental health services are referred or provided those services in their community. In addition, it is recommended that children be screened again upon entrance to middle and high school. Children suffering mental and emotional health deficits cannot learn and are not likely to be successful in school. Such an ongoing strategy would help to reduce the dropout rate in Los Angeles Schools.

Ideally, each selected cluster should have a community coalition composed of community leaders, law enforcement, schools, parents, health and mental health care providers, community based agencies, local business leaders, policy makers, and youth. Each coalition or network should have a facilitator or convener. These neighborhood or cluster coalitions should be based on the Los Angeles VPC model, which has been successfully implemented in local communities, cities and counties across the Country. It is critical to assure that community based agencies include faith based; gang intervention, youth violence prevention, domestic violence programs, victims or survivors support services and other interested parties. It is important to have youth represented on the decision making body of the coalition on a regular basis, since they are the most likely victims of gun violence in the community, and actually are important in getting buy-in by the youth.

All staff in each program and cluster will receive training on child development and program objectives will be reviewed to assure that they are developmentally appropriate for the children that will be receiving services. In addition, we strongly recommend in-service training for all teachers, teachers aides, parents and caretakers to assure that the developmental needs of children and youth are understood and incorporated into all programs and services.

It is important for these groups to conduct a neighborhood assessment of the assets and deficits within the neighborhood, as part of the implementation of the program.

We strongly recommend that centers for healthy children and families be included in each of the clusters targeted for prevention, and intervention services. These centers established with a partnership with the LA Department of Public Health and the Department of Mental Health should be fully staffed with preventive health services, including screening for mental and physical health with staff with the knowledge and expertise to refer those children and families to appropriate mental and physical health services, as needed. Evidence suggests that those children exposed to violence at a very early age, actually have changes in brain structure as a result of such exposure and in order to interrupt the next cycle of gang joining and violence promoting youth, early intervention with mental health treatment is critical.

We recommend that each cluster should include programs that are age appropriate and have had rigorous evaluations. Currently the Nurse Family Partnership is being implemented by the Los Angeles County Public Health Department on a limited basis for high-risk parents identified in Public Health Clinics. Arrangements with and funding for the Nurse Family Partnership Program should be put in place in each cluster so that high

risk pregnant and parenting individuals can be enrolled in this program as they are identified.

Furthermore, every effort should be made to assure that all high-risk four year olds are enrolled in “Perry” pre-school programs in order to facilitate school readiness. When possible these pre-school sites should be located in the community at a neutral site, i.e. a community center, school based clinic, school or faith-based facility. It is imperative that these sites are monitored to assure that they are implemented as intended in the Perry Pre-school plan.

The clinic centers should also house employment training and referral services, assistance with tax preparation, assistance with food and housing as well as ongoing community based activities for youth and their families.

Kindergarten and elementary school children should receive as part of their ongoing curriculum training in handling conflict non-violently, bullying prevention, and mental health services as appropriate. There are strong evidence based programs available in each of the targeted areas. Children suffering from PTSD (post traumatic stress disorder) cannot learn. Local businesses can be enlisted to provide mentoring and support for the neighborhood center. It is also critical that all programs implanted collect appropriate data to assure that the programs are implemented with fidelity to the program goals and objectives.

All personnel must receive training in child and youth development to assure that the programs are responsive to the needs of the children.

Health services for children and parents who have lost a loved one to violence should also be made available.

After-school programs are not enough, we also must provide programs that engage all students interest, so the implementation of sports, music and arts programs must be added back to all of the school clusters.

Best and Promising Practices

The Chicago CeaseFire Project currently operating in 19 areas in Chicago shows great promise in reducing gang violence. The strategies are similar to the case management strategies used by Community Youth Gang Services, a gang intervention project in the LA area in the 1990s. The elements of such a comprehensive program exist in Los Angeles. However, significant re-design of the programs such as Bridges II would be required, training in data collection, restructuring of staff and training for individuals, former gang members, and outreach workers is needed to implement such a program in Los Angeles. The City of Chicago similarly to Los Angeles is also focusing on reducing the accessibility and access to handguns as a necessary component to reduce violent youth and gang activity.

Comprehensive strategies for high-risk and gang involved youth must provide services to the entire family including parents, and siblings to reduce the likelihood of adding to the multi-generational structure of gang involvement, and lifetime criminal behavior. Jobs, multi-systemic therapy, and particularly drug and alcohol treatment for substance abusing youth and parents must also be available within the community.

Special support services for children and youth of incarcerated parents, and parents serving in the current conflict overseas are imperative to prevent these children and youth from acting out and head-off depression and other common occurrences of children in these situations.

Programs that we recommend for implementation within the cluster sites and costs per pupil are listed below:

1. Nurse-Family Partnership³ (Formerly Prenatal and Infancy Home Visitation by Nurses), guided by a strong theoretical orientation, consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth of the woman's first child. While the primary mode of service delivery is home visitation, the program depends upon a variety of other health and human services in order to achieve its positive effects.

Program Targets:

The program is designed to serve low-income, at-risk pregnant women bearing their first child. The program is currently being implemented in Los Angeles County by the LA County Public Health Department. A MOU would need to be initiated with the County to provide this program for all high-risk women within each cluster.

Program Content:

Nurse home visitors work with families in their homes during pregnancy and the first two years of the child's life. The program is designed to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the planning of future pregnancies, women's educational achievement, and parents' participation in the work force. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the program.

Program Outcomes:

³ Olds, D., Hill, P., Mihalic, S., & O'Brien, R. (1998). *Prenatal and Infancy Home Visitation by Nurses: Blueprints for Violence Prevention, Book Seven*. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

This program has been tested with both White and African American families in rural and urban settings. Nurse-visited women and children fared better than those assigned to control groups in each of the outcome domains established as goals for the program. In a 15-year follow-up study of primarily White families in Elmira, New York, findings showed that low-income and unmarried women and their children provided a nurse home visitor had, in contrast to those in a comparison group:

- 79% fewer verified reports of child abuse or neglect;
- 31% fewer subsequent births;
- an average of over two years' greater interval between the birth of their first and second child;
- 30 months less receipt of Aid to Families with Dependent Children;
- 44% fewer maternal behavioral problems due to alcohol and drug abuse;
- 69% fewer maternal arrests;
- 60% fewer instances of running away on the part of the 15-year-old children;
- 56% fewer arrests on the part of the 15-year-old children; and
- 56% fewer days of alcohol consumption on the part of the 15-year-old children.

Program Costs:

The cost of the program was recovered by the first child's fourth birthday. Substantial savings to government and society were calculated over the children's lifetimes. In 1997, the two-and-a-half-year program was estimated to cost \$3,200 per year per family during the start-up phase (the first three years of program operation) and \$2,800 per family per year once the nurses are completely trained and working at full capacity. Actual cost of the program will vary depending primarily upon the salaries of local community-health nurses. Communities have used a variety of local, state, and federal funding sources to support the program, including Medicaid, welfare-reform, maternal and child health, and child abuse prevention dollars.

For all pre-school children in high risk families within each cluster:

2. Perry Pre-School Program⁴ provides high-quality early childhood education to disadvantaged children in order to improve their later school and life performances. The

⁴ Administration for Children and Families, U.S. Department of Health and Human Services. (2005, June). [*Head Start Impact Study: First Year Findings*](#). Washington, DC: Author.

intervention combats the relationship between childhood poverty and school failure by promoting young children's intellectual, social and physical development. By increasing academic success, the Perry Preschool Project is also able to improve employment opportunities for its participants later on in life.

Program Targets:

The Project is aimed at low socioeconomic families who have children, ages 3 and 4.

Program Content:

The Perry Preschool Project is a two-year intervention that operates 2.5 hours per day, 5 days per week, for seven months per year, and includes weekly home visitations by teachers. Its success is largely due to the following components:

1. A developmentally appropriate curriculum that views children as active, self-initiated learners.
2. Small classrooms of no more than 20 children and at least 2 staff that allows a more supervised and supportive learning environment.
3. Staff who are trained in early childhood development and education, which receive supervision and on-going instruction, and who meet frequently with parents and other caregivers.
4. Sensitivity to the non-educational needs of disadvantaged children and their families, which includes providing meals and recommending other social service agencies.
5. Ongoing monitoring and evaluation of both teachers' activities and children's behaviors and development.

Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., & Weikart, D.P. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19*. Ypsilanti, MI: The High/Scope Press.

Epstein, A.S. (1993). *Training for Quality: Improving Early Childhood Programs through Systematic Inservice Training*. Ypsilanti, MI: The High/Scope Press.

Schweinhart, L.J., Montie, J., Xiang, Z., Barnett, W.S., Belfield, C.R., & Nores, M. (2005). *Lifetime Effects: The High/Scope Perry Preschool Study through Age 40*. Ypsilanti, MI: The High/Scope Press.

Schweinhart, L.J., & Weikart, D.P. (1980). *Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15*. Ypsilanti, MI: The High/Scope Press.

Schweinhart, L.J., & Weikart, D.P. (1997). The High/Scope Preschool Curriculum Comparison Study through Age 23. *Early Childhood Research Quarterly*, 12(2), 117-143.

Weikart, D.P., Bond, J.T., & McNeil, J.T. (1978). *The Ypsilanti Perry Preschool Project: Preschool Years and Longitudinal Results Through Fourth Grade*. Ypsilanti, MI: The High/Scope Press.

Program Outcomes:

Evaluations have demonstrated a wide range of successful outcomes for Perry Preschool children, compared to those who did not receive intervention, including:

1. Less delinquency, including less contact with juvenile justice officials, fewer arrests at age 19, and less involvement in serious fights, gang fights, causing injuries, and police contact.
2. Less antisocial behavior and misconduct during elementary school and at age 15.
3. Fewer lifetime arrests through age 40 (36% vs. 55% with 5 or more arrests); fewer arrests for violent crimes (32% vs. 48%), property crimes (36% vs. 58%), and drug crimes (14% vs. 34%).
4. Higher academic achievement, including higher scores on standardized tests of intellectual ability and higher high school grades.
5. Fewer school dropouts at age 19 (33% vs. 51%), and higher rates of high school graduation.
6. Greater commitment to school and more favorable attitudes about high school.
7. More employed at age 27 (69% vs. 56%) and age 40 (76% vs. 62%); higher median annual earnings at 27 (\$12,000 vs. \$10,000) and 40 (\$20,800 vs. \$15,300).
8. Greater economic independence and less reliance on public assistance, including welfare usage.
9. Fewer pregnancies and births for women at age 19.

For elementary age children we recommend the PATHS Program, which if not implemented in the schools could be incorporated into after school programs.

3. The PATHS (Promoting Alternative THinking Strategies)⁵ Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents.

Program Targets:

The PATHS Curriculum was developed for use in the classroom setting with all elementary school aged-children. PATHS has been field-tested and researched with children in regular education classroom settings, as well as with a variety of special needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly

⁵ Greenberg, M.T., Kusché, C. & Mihalic, S.F. (1998). *Promoting Alternative Thinking Strategies (PATHS): Blueprints for Violence Prevention, Book Ten*. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado

mentally delayed, and gifted). Ideally it should be initiated at the entrance to schooling and continue through Grade 5.

Program Content:

The PATHS Curriculum, taught three times per week for a minimum of 20-30 minutes per day, provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. A key objective of promoting these developmental skills is to prevent or reduce behavioral and emotional problems. PATHS lessons include instruction in identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, understanding the difference between feelings and behaviors, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude toward life, self-awareness, nonverbal communication skills, and verbal communication skills. Teachers receive training in a two- to three-day workshop and in bi-weekly meetings with the curriculum consultant.

Program Outcomes:

The PATHS Curriculum has been shown to improve protective factors and reduce behavioral risk factors. Evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf) compared to control youth in the following areas:

1. Improved self-control,
2. Improved understanding and recognition of emotions,
3. Increased ability to tolerate frustration,
4. Use of more effective conflict-resolution strategies,
5. Improved thinking and planning skills,
6. Decreased anxiety/depressive symptoms (teacher report of special needs students),
7. Decreased conduct problems (teacher report of special needs students),
8. Decreased symptoms of sadness and depression (child report – special needs), and
9. Decreased report of conduct problems, including aggression (child report).

Program Costs:

Program costs over a three-year period would range from \$15/student/year to \$45/student/year. The higher cost would include hiring an on-site coordinator, the lower cost would include redeploying current staff.

The following program is strongly recommended for children, teachers and families in the primary grades.

4. The Incredible Years Series⁶ is a set of three comprehensive, multi-faceted, and developmentally-based curriculums for parents, teachers and children designed to promote emotional and social competence and to prevent, reduce, and treat behavior and emotion problems in young children.

Program Targets:

Children, ages two to eight, at risk for and/or presenting with conduct problems (defined as high rates of aggression, defiance, oppositional and impulsive behaviors). The programs have been evaluated as "selected" prevention programs for promoting the social adjustment of high risk children in preschool (Head Start) and elementary grades (up to grade three) and as "indicated" interventions for children exhibiting the early onset of conduct problems.

Program Content:

This series of programs addresses multiple risk factors across settings known to be related to the development of Conduct Disorders in children. In all three training programs, trained facilitators use videotape scenes to encourage group discussion, problem solving, and sharing of ideas. The BASIC parent series is "core" and a necessary component of the prevention program delivery. The other parent training, teacher, and child components are strongly recommended with particular populations that are detailed in this document.

Incredible Years Training for Parents. The Incredible Years parenting series includes three programs targeting parents of high-risk children and/or those displaying behavior problems. The BASIC program emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, helping children learn, effective praise and use of incentives, effective limit-setting and strategies to handle misbehavior. The ADVANCE program emphasizes parent interpersonal skills such as: effective communication skills, anger management, problem solving between adults, and ways to give and get support. The SUPPORTING YOUR CHILD'S EDUCATION program (known as SCHOOL) emphasizes parenting approaches designed to promote children's academic skills such as: reading skills, parental involvement in setting up predictable homework routines, and building collaborative relationships with teachers.

Incredible Years Training for Teachers. This series emphasizes effective classroom management skills such as: the effective use of teacher attention, praise and encouragement, use of incentives for difficult behavior problems, proactive teaching strategies, how to manage inappropriate classroom behaviors, the importance of building

⁶ Webster-Stratton, C., Mihalic, S., Fagan, A., Arnold, D., Taylor, T., & Tingley, C. (2001). [*The Incredible Years: Parent, Teacher And Child Training Series: Blueprints for Violence Prevention, Book Eleven.*](#) Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

positive relationships with students, and how to teach empathy, social skills and problem-solving in the classroom.

Incredible Years Training for Children. The Dinosaur Curriculum emphasizes training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules and how to be successful at school. It is designed for use as a "pull out" treatment program for small groups of children exhibiting conduct problems.

Program Outcomes:

1. Six randomized control group evaluations of the parenting series indicated significant: Increases in parent positive affect such as praise and reduced use of criticism and negative commands.
2. Increases in parent use of effective limit setting by replacing spanking and harsh discipline with non-violent discipline techniques and increased monitoring of children.
3. Reductions in parental depression and increases in parental self-confidence.
4. Increases in positive family communication and problem solving.
5. Reduced conduct problems in children's interactions with parents and increases in their positive affect and compliance to parental commands.
6. Two randomized control group evaluations of the teacher training series indicated significant:
7. Increases in teacher use of praise and encouragement and reduced use of criticism and harsh discipline.
8. Increases in children's positive affect and cooperation with teachers, positive interactions with peers, school readiness and engagement with school activities.
9. Reductions in peer aggression in the classroom.

Two randomized control group evaluations of the child training series indicated significant:

- Increases in children's appropriate cognitive problem-solving strategies and more pro-social conflict management strategies with peers.
- Reductions in conduct problems at home and school.

Program Costs:

The costs of curriculum materials, including videotapes, comprehensive manuals, books and other teaching aids for the Parent Training Program are \$1,300 for the BASIC program, \$775 for the ADVANCE program, \$995 for the SCHOOL program; \$1,250 for the Teacher Training Program; and \$975 for the Child Training Program. Discounts are available for purchases of more than one set of any program. Training and technical assistance costs are charged based on a daily fee.

For those families with children who are acting out joining gangs and involved in delinquent behavior, we recommend a program that focuses on healthy changes in family interaction and has been shown to significantly change adolescent behavior.

5. Functional Family Therapy (FFT)⁷ is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes.

Program Targets:

Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

Program Content:

FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations.

Delivery modes:

Flexible delivery of service by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement.

Implementation:

Wide range of interventionists, including para-professionals under supervision, trained probation officers, mental health technicians, degreed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T.).

FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. These phases consist of:

- *Engagement*, designed to emphasize within youth and family factors that protect youth and families from early program dropout;
- *Motivation*, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;

⁷ Alexander, J., Barton, C., Gordon, D., Grotper, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). [*Functional Family Therapy: Blueprints for Violence Prevention, Book Three*](#). Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

- *Assessment*, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they related to change techniques;
- *Behavior Change*, which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and
- *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager.

Program Outcomes:

Clinical trials have demonstrated that FFT is cable of:

- Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent;
- Interrupting the matriculation of these adolescents into more restrictive, higher cost services;
- Reducing the access and penetration of other social services by these adolescents;
- Generating positive outcomes with the entire spectrum of intervention personnel;
- Preventing further incidence of the presenting problem;
- Preventing younger children in the family from penetrating the system of care;
- Preventing adolescents from penetrating the adult criminal system; and
- Effectively transferring treatment effects across treatment systems.

Program Costs:

The 90-day costs in two ongoing programs range between \$1,350 to \$3,750 for an average of 12 home visits per family.

For youth in Foster Care, those who may be re-entering the community from incarceration, and for many youth in place of incarceration we recommend implementing the following well-tested and evaluated program. This program would be implemented in partnership with County Probation, and DCFS.

6. Multidimensional Treatment Foster Care (MTFC)⁸ is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

Program Targets:

Teenagers with histories of chronic and severe criminal behavior at risk of incarceration.

Program Content:

MTFC Training for Community Families. Emphasized behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on youth progress and problems.

Services to the Youth's Family. Family therapy is provided for the youth's biological (or adoptive) family, with the ultimate goal of returning the youth back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC case manager to get information about their child's progress in the program.

Coordination and Community Liaison. Frequent contact is maintained between the MTFC case manager and the youth's parole/probation officer, teachers, work supervisors, and other involved adults.

Program Outcomes:

Evaluations of MTFC have demonstrated that program youth compared to control group youth:

- Spent 60% fewer days incarcerated at 12 month follow-up;
- Had significantly fewer subsequent arrests;

⁸ Chamberlain, P., & Mihalic, S.F. (1998). *Multidimensional Treatment Foster Care: Blueprints for Violence Prevention, Book Eight*. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

- Ran away from their programs, on average, three time less often;
- Had significantly less hard drug use in the follow-up period; and
- Quicker community placement from more restrictive settings (e.g., hospital, detention).

Program Costs:

The cost per youth is \$2,691 per month; the average length of stay is seven months.

All of the above programs that we recommend have been rigorously evaluated and shown to be effective. These programs work. A note of caution, once again is that these programs must be implemented with fidelity, and constant monitoring to assure that they are implemented as intended and that they are working as intended.

COMMUNITY, FAMILY & INDIVIDUAL RISK FACTORS LIFELINE

COMMUNITY

RISK FACTORS

- Lack of community stability (transient)
- Lack of jobs (poverty)
- Violence/Gangs
- Blighted neighborhood
- Nuisance businesses
- Public safety apartheid
- Availability of drugs/weapons
- Lack of green space
- Low performing schools

- Lack of civic infrastructure
- Lack of community leadership
- Lack of service providers

- Politically disenfranchised
- Community isolation

PROTECTIVE FACTORS

- + Economic investment/job development
- + Physical revitalization
- + Peace building between gangs
- + Baseline public safety
- + Smaller learning communities
- + Leadership development

FAMILY

RISK FACTORS

- Low-income/dual income (poverty)
- Low educational attainment
- Family violence/gang membership
- Single parent (isolated parent)
- Teen parents
- Lack of parenting skills
- Immigration status
- Mental illness
- Substance abuse/access

- Addiction
- Criminal activity
- Neglect/abuse
- + Jobs/living wage
- + Affordable housing
- + Parent education

PROTECTIVE FACTORS

- + Job training/life skills
- + Family support services
- + Gang intervention
- + Home visit/family preservation
- + Access to quality health care/mental health
- + Early intervention for abuse (appropriate removal for safety)

INDIVIDUAL RISK FACTORS / INTERVENTIONS

PRENATAL

- DV/substance abuse
- Single teen parent
- Low education (no GED)
- Low income
- Lack of prenatal care
- Incarcerated parents

0 – 2

- DV in home
- Lack of quality care
- Neglect/abuse
- Health/safety/injury risk
- Incarcerated parents

3 – 4

- DV in home
- Lack of quality care
- Neglect/abuse
- Health/safety/injury risk
- Incarcerated parents

5 – 9

- Lack of early intervention/assessment
- Neglect/abuse
- Poor school attendance/performance
- Gang recruitment
- Substance abuse
- Safety (community, school, home)
- No supervision (after school)
- Incarcerated parents

10 – 15

- Negative peer network/gang
- Risky sexual behavior
- Substance abuse
- Poor academic performance
- Dropout
- Availability of weapons
- Lack of supervision
- Incarcerated parents

16 – 21

- Negative peer network/gang
- Risky sexual behavior/parent
- Substance abuse
- Poor academic performance
- Dropout
- Availability of weapons
- Undocumented
- CalGang database/gang injunction

22 +

- Unemployed/underemployed
- Undocumented
- Parent
- Substance abuse
- Mental illness
- Homeless
- Unable to read/no life skills
- Prison/high recidivism
- Three strikes
- Gang membership
- Criminal activity

PRENATAL INTERVENTION:

- + Parent education
- + Job training/living wage
- + Nurse Family Partnership
- + Access to medical care
- + Access to prenatal care
- + Substance abuse treatment

0 – 2 INTERVENTION:

- + Parent education
- + High quality care
- + Nurse Family Partnership
- + Access to medical care

3 – 4 INTERVENTION:

- + Parent education
- + High quality preschool (cognitive, social-emotional, physical, psychological)
- + Access to medical care

5 – 9 INTERVENTION:

- + Parent education/involvement
- + Violence prevention
- + Mental health
- + After school/recreation
- + Role model/mentor
- + Good school/safe passage to school
- + Screen for learning difficulties

10 – 15 INTERVENTION:

- + Violence prevention
- + Mental health
- + After school/recreation
- + Role model/mentor
- + Good school/college prep
- + Life skills
- + Sex education
- + Gang intervention
- + Substance abuse prevention

16 – 21 INTERVENTION:

- + Violence prevention
- + Mental health
- + After school/recreation
- + Role model/mentor
- + Good school/college prep
- + Life skills
- + Sex education
- + Gang intervention
- + Jobs/youth center

22 + INTERVENTION:

- + Jobs/job training
- + Gang intervention

IF NOT, THEN:

- Low birth weight
- Health complications
- Removal/foster care
- Abuse victim

IF NOT, THEN:

- Developmentally delayed
- Life threatening injury
- Foster care

IF NOT, THEN:

- Developmentally delayed
- Life threatening injury
- Foster care
- Antisocial behavior

IF NOT, THEN:

- Bullying/victim of
- Antisocial behavior
- Held back in school
- School expulsion
- Safety/injury
- Foster care
- Join gang

IF NOT, THEN:

- Join gang
- Pregnancy/foster care
- Substance abuse
- Enters juvenile justice system
- Reading below grade level
- Truancy
- Dropout

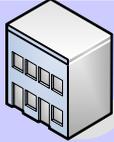
IF NOT, THEN:

- Gang membership
- Jail/Camp/CYA/Prison
- Homeless
- Unemployed
- Dropout
- Parent

Permanent Marginalization

COMMUNITY PROGRAMMATIC COVERAGE

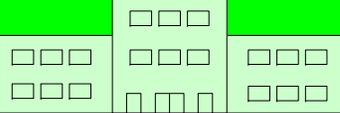
Risk of Youth Delinquency (By Hour) - Increased Risk During After School - Highest Risk (Including Weekends)

COMMUNITY VIOLENCE PREVENTION CENTER

CVP CENTER HOURS: 8:00 AM – 8:00 PM

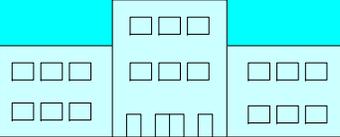
- Drop-in center
- Weekly zone team meeting; refer cases; monitor & follow-up
- Plan/coordinate community services
- Crisis Intervention Team



ELEMENTARY SCHOOL (K-5) / COMMUNITY BASED ORGANIZATION

AFTER SCHOOL 3:00 – 7:00 PM

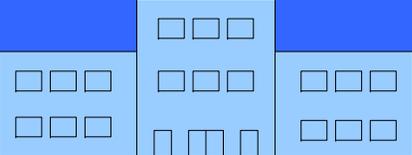
- Tutoring
- Enrichment
- Parenting classes
- Snack
- Transportation



MIDDLE SCHOOL / COMMUNITY BASED ORGANIZATION

AFTER SCHOOL 3:00 – 7:00 PM

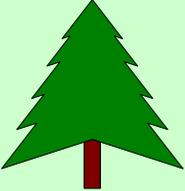
- Tutoring
- Enrichment
- Parenting classes
- Community organizing
- Library
- Computers
- Cafeteria
- Transportation



HIGH SCHOOL / COMMUNITY BASED ORGANIZATION

BEACON CENTER 3:00 – 10:00 PM (Full Day on Saturday and during Summer)

- Tutoring
- Enrichment
- Career
- Community Organizing
- Library
- Computers
- Cafeteria
- Transportation



REC & PARKS

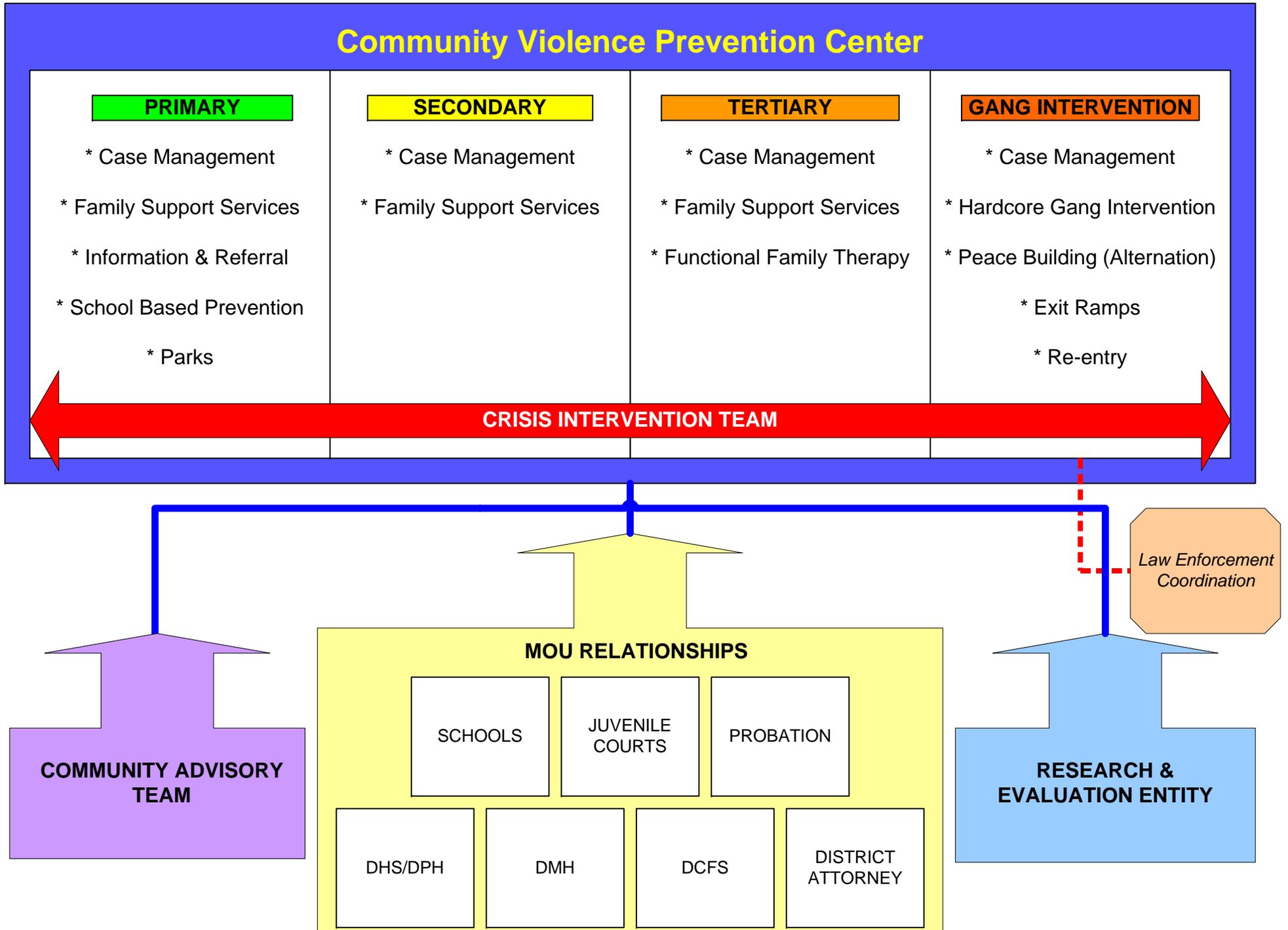
DEPARTMENT OF RECREATION & PARKS

PROGRAMS & FACILITIES:

M-TH: 4:00 PM – MIDNIGHT

FRI – SUN: 4:00 PM – 2:00 AM

COMMUNITY VIOLENCE PREVENTION: SERVICE DELIVERY MODEL



COMPREHENSIVE SERVICES

SCHOOL BASED SERVICES

- After-school
- College-prep
- Parent involvement in school
- Needs assessment (learning disabilities, assets)
- Remedial education
- Safe passage
- Transitions Institute
- Violence prevention curriculum

COMMUNITY HEALTH

- Teen pregnancy prevention
- Education on AIDS/HIV, STDs
- Gun removal program

YOUTH ADVOCATES

Recreation & Diversion	Community Service
<ul style="list-style-type: none"> - Parks & sports leagues - Drop-in centers - Youth leadership development - Mentoring - Annual calendar of community service projects 	<ul style="list-style-type: none"> - Mandated hours supervision - Graffiti removal/ environmental projects - Other misc. community service projects

CASE MANAGEMENT

- Need assessment of individual and family
- Coordination of services
- Information, referral and follow-up
- Family action plan and basic support services
- Differentiated protocol and expertise by referral source/risk of case
- Intensive transition services for youth

CHILD WELFARE

- Child abuse prevention, intervention and treatment
- Foster youth services
- Independent living program (emancipated youth)

MENTAL HEALTH

- Family counseling
- Individual counseling
- Parenting education
- MST/FFT for juvenile offenders

SUBSTANCE ABUSE TREATMENT

GANG INTERVENTION

- Peace Building
- Targeted case management for exit ramp
- Re-entry transition planning and case management
- Life skills development
- Graffiti removal

STRATEGIC SUPPRESSION

- Coordination with case management and gang intervention team
- Coordination with school police

LEGAL SERVICES

Public education on rights around arrest and children's rights, including:

- * Expungement of records
- * Gang injunction related legal problems resolution
- * Juvenile court liaison

COMMUNITY MOBILIZATION & ACTION TEAM

- Network and coalition building among community based organizations, faith based institutions and other civic groups to enhance "social efficacy" to ensure safety and vitality of community
- Safe passage
- Youth council

EMPLOYMENT

- Training and workforce readiness and entrepreneurship programs
- Coordination with schools for vocational training and higher education
- Placement for paid internships, apprentice programs, and jobs

WOMEN & GIRLS' SERVICES

- Gender based violence prevention
- Domestic violence prevention
- Sexual assault prevention programs
- Shelters

-  Primary Prevention
-  Secondary Prevention
-  Tertiary/Intervention
-  Other