

# HEALING THE HOOD

## FINAL LOCAL EVALUATION REPORT

**GRANTEE:** The Center at Sierra Health Foundation

**FUNDING SOURCE:** California Violence, Intervention, and Prevention (CalVIP) Grant Program,  
Cohort 3

**PROJECT PERIOD:** October 1, 2020 – June 30, 2023

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## ABOUT EVIDENT CHANGE

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# EXECUTIVE SUMMARY

## PROJECT PURPOSE, BACKGROUND, AND GOALS

[The Center at Sierra Health Foundation's](#) Black Child Legacy Campaign (BCLC) developed its Healing the Hood strategy to reduce gun violence in Sacramento County through an integrated, collaborative approach of prevention, intervention, and crisis response. It is funded by the California Violence, Intervention, and Prevention (CalVIP) program through the California Board of State and Community Corrections. Overall, the BCLC focuses on reducing the four main causes of death for Black/African American children and is powered by investments from the County and City of Sacramento and First 5 Sacramento.

Healing the Hood is based on the Comprehensive Strategy of the Los Angeles Gang Reduction and Youth Development (GRYD) model, adapted for local context and needs. It is a three-tiered approach of services:

- 1) **Prevention:** focused on at-risk youth who may be vulnerable to gang involvement or gun violence
- 2) **Intervention:** designed for youth and young adults already involved in violence
- 3) **Crisis response and violence interruption:** engages those involved in gang activity and/or gun violence, and victims and survivors of violence and their families.

The BCLC's trusted neighborhood-based organizations, known as Community Incubator Leads (CILs), direct Healing the Hood implementation. This collective of nonprofits also coordinates with law enforcement, hospitals, and other public and community-based agencies. Healing the Hood has developed a network of organizations and Community Intervention Workers (CIWs) to aid vulnerable youth and deter them from gang involvement and violence; Healing the Hood also developed a crisis response protocol to decrease and mediate youth violence. Seven BCLC neighborhoods that experience high levels of violent crime and third-party homicide participated in Healing the Hood.<sup>1</sup>

Healing the Hood had two goals: (1) reduce the risk of community violence committed by youth who live in the BCLC focus neighborhoods; and (2) increase community capacity to intervene with gang-involved youth crime through a multilevel response to reduce the likelihood of retaliation or escalation.<sup>2</sup>

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<sup>1</sup> The following seven Sacramento neighborhoods and associated CILs participated in Healing the Hood: Arden Arcade and North Highlands/Foothill Farms—Mutual Assistance Network, Del Paso Heights/North Sacramento—Roberts Family Development Center, Oak Park—Greater Sacramento Urban League, Fruitridge/Stockton—Her Health First and Building Healthy Communities, Valley Hi—South Sacramento Christian Center, and Meadowview—Rose Family Creative Empowerment Center.

<sup>2</sup> “Community capacity” refers to the crisis response team’s ability to support families.

## KEY FINDINGS

Key findings that emerged from a mixed-methods evaluation of Healing the Hood include the following areas.

### FACILITATORS OF IMPLEMENTATION

Four main areas facilitated Healing the Hood implementation: CILs' community connectedness; strong collaboration among CILs and with other partners; consistent engagement of youth; and support for staff wellness and self-care.

*CILs' community connectedness.* The CILs are established, respected community-based organizations (CBOs) with extensive experience and deep community connections. CIL staff understand community dynamics and politics, are experts on available community resources, and develop and maintain long-term, trusting relationships with community members. These relationships often extend to knowing Healing the Hood participants and their family members for many years. These factors contributed to Healing the Hood being uniquely situated to prevent and intervene in community violence.

*Collaboration among CILs and with partners.* CILs' collaboration across sites and with partners contributed positively to Healing the Hood implementation. For example, CIWs and other CIL staff coordinated with law enforcement and hospitals when responding to crisis incidents, allowing for comprehensive support of victims and survivors of violence and their families. CIWs worked with the Sacramento County Probation Department, schools, and other CBOs to assist youth enrolled in Healing the Hood prevention and intervention services.

*Consistent engagement with youth.* CILs connected participants with programming and resources that supported positive youth development and provided mentoring and support for achieving personal goals. CIWs' lived experience served as an important component of understanding and building rapport with youth.

*Staff wellness and self-care opportunities.* Organizational strategies to equip staff with sustainable wellness and self-care practices, such as hosting health and wellness retreats and providing training opportunities to support staff with processing traumatic situations, contributed to Healing the Hood implementation.

### CHALLENGES TO IMPLEMENTATION

The main challenges affecting implementation were as follows. Limited resources and services, such as the need for increased resources to sustain Healing the Hood and to meaningfully incentivize youth participation, were a challenge. Staff-related issues included the need for increased staff capacity and compensation as well as additional training, self-care, and wellness opportunities. Additionally, the COVID-

19 pandemic presented challenges during much of the service period, impacting areas such as youth engagement and communication.

## **PARTICIPANT ENGAGEMENT AND OUTCOMES**

A total of 117 youth enrolled in Healing the Hood services. Of this number, 37 youth successfully exited (e.g., completed their goals or transitioned to Healing the Hood cohort 4). While this number fell short of the expected number of successful completions (anticipated to be 70 youth), CILs highlighted participants' steady engagement in services, which also is an indicator of progress and provides support for the strategy's positive influence on participants.

Youth assessments, which were administered near or at the end of program completion, indicated that most youth showed improvements on outcomes such as participation in school and other positive activities and positive connections with peers and adults. Additionally, 83% of youth enrolled in prevention strategies decreased their risk of gang joining during program participation, and 73% of youth in intervention services decreased their involvement in gang activity.

## **HEALING THE HOOD CRISIS RESPONSE**

Healing the Hood has developed a protocol and team to respond to crisis incidents such as shootings, physical fights, and school campus conflicts and to prevent potential retaliation. The Healing the Hood crisis response team is comprised of the CILs and CIWs, the crisis response lead (from Always Knocking, a CBO), and Movement 4 Life (formerly Advance Peace) and is supported by collaboration with hospital-based partners and community-based service providers and coordination with law enforcement. Crisis response team members responded to 189 crisis incidents during the service period (October 2020-September 2022), the majority of which were shootings (70%).

During the grant period, CIWs and other crisis response team members reported responding to fewer crisis incidents. Following a statewide increase of 35% in homicides from 2019 to 2020 during the height of the pandemic,<sup>3</sup> reported crises were down<sup>4</sup> and CIW responses paralleled the trend. For the period of October 2020-September 2021 and October 2021-September 2022, there was a 62% decrease in the team's reported response to crisis incidents overall and a 58% decrease in the team's reported response to shooting incidents. While other factors may also support these observed decreases, these trends suggest that Healing the Hood's efforts are contributing to noticeable reductions in community violence in the focus neighborhoods.

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<sup>3</sup> California Department of Public Health. (November 2022). *Homicide in California: Trends in 2020*.

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH Document Library/CA Violent Death Reporting System \(CalVDRS\)/CalVDRS\\_HomicidePandemicFactSheet2020.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_HomicidePandemicFactSheet2020.pdf)

<sup>4</sup> Neilson, S. (2023, October 19). Charts show how California crime trends compare to rest of U.S. *San Francisco Chronicle*, <https://www.sfchronicle.com/california/article/crime-data-us-fbi-18431100.php>

Qualitative findings indicate that the crisis response team worked collaboratively to coordinate provision of onsite, continued, and ongoing support for victims and survivors of violence and their families and to prevent potential retaliation. Onsite support focused on meeting families' immediate needs such as food and transportation, continued support included assisting with funeral arrangements or connecting survivors and families with counseling, and ongoing support involved engaging youth and families in a range of services based on specific needs.

## CONCLUSION

The evaluation results indicate that the project met its goals and objectives. Healing the Hood's strategies are engaging the intended population, connecting youth and families with a variety of community-based services and resources, and supporting substantial reductions in community violence. While some findings suggest opportunities for improvement – for example, related to retention of youth – as a whole these results indicate that Healing the Hood is a promising model of community violence prevention and reduction.

# PROJECT BACKGROUND

## PROJECT OVERVIEW AND COMMUNITY NEED

[The Center at Sierra Health Foundation's](#) Black Child Legacy Campaign (BCLC) developed its Healing the Hood strategy in 2018 to reduce gun violence in Sacramento County through an integrated, collaborative approach of prevention, intervention, and crisis response. It is funded by the California Violence, Intervention, and Prevention (CalVIP) program through the California Board of State and Community Corrections. Overall, the BCLC focuses on reducing the four main causes of death for Black/African American children and is powered by investments from the County and City of Sacramento and First 5 Sacramento.

In fiscal year 2019 (July 1, 2019–June 30, 2020), violent crime rates were 2.7 per 1,000 residents in the City of Sacramento and 2.1 per 1,000 residents in unincorporated Sacramento County. Firearm assaults occurred at a rate of 0.52 per 1,000 residents in the City and 0.46 per 1,000 in the County. In the neighborhoods served by the BCLC, violent crime occurred at an even higher rate of 3.1 per 1,000 residents and firearm assaults at a rate of 0.72 per 1,000 residents.<sup>5</sup> This crisis especially impacts Black/African American youth, as an estimated 71% of Black/African American child deaths from third-party homicide in the County involve firearms.<sup>6</sup> More broadly, the 2017 death rate of Black/African American children in Sacramento County was 63.2 per 100,000 children, while the death rate for all other groups was 31.0.<sup>7</sup>

## HISTORY OF THE CENTER IN THE COMMUNITY

The Center is committed to improving health equity, racial equity, and well-being in underserved communities and has a strong track record of supporting community-based programs that address the root causes of violence and promote community safety and development. To implement Healing the Hood, The Center works in partnership with the community-based BCLC, which was created in 2015 to decrease African American child deaths and increase protective factors for children and their families, as well as with law enforcement, hospitals, and other public and community-based agencies. Healing the Hood has developed a network of organizations and Community Intervention Workers (CIWs) to aid vulnerable youth and deter them from gang involvement and violence; Healing the Hood also developed a crisis response protocol to decrease and mediate youth violence. Other than services provided by Healing the Hood partners, communities in Sacramento generally lack adequate violence prevention and intervention

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<sup>5</sup> LPC Associates, Inc. (2020). *Black Child Legacy Campaign, Crime and Safety Report, FY 2019 Update*.

<sup>6</sup> The Child Abuse Prevention Center. (2019). *Sacramento County Child Death Review Team & Fetal Infant Mortality Review: 2016*.

<sup>7</sup> Black Child Legacy Campaign and The Center at Sierra Health Foundation. (2020). *Community Indicator Report: Presenting 2017 Data*.

resources. There are few comparable networks of organizations offering a similar range of services in the area.

## PROJECT SCOPE

### Project Strategy and Approach

Healing the Hood’s approach is based on the Comprehensive Strategy of the Los Angeles Gang Reduction and Youth Development (GRYD) model, which includes four components – community engagement, gang prevention, gang intervention, and violence interruption – and is adapted for the local context and needs in Sacramento.<sup>8</sup> To leverage the community engagement component of the GRYD model, the project uses the structure and resources of the BCLC. The BCLC is led by trusted neighborhood-based organizations known as Community Incubator Leads (CILs). The following seven Sacramento neighborhoods and associated CILs participated in Healing the Hood.

- Arden Arcade and North Highlands/Foothill Farms—Mutual Assistance Network
- Del Paso Heights/North Sacramento—Roberts Family Development Center
- Oak Park—Greater Sacramento Urban League
- Fruitridge/Stockton—Her Health First and Building Healthy Communities
- Valley Hi—South Sacramento Christian Center
- Meadowview—Rose Family Creative Empowerment Center

Healing the Hood uses the CIL infrastructure as well as partnerships with additional organizations to address the other components of GRYD. Healing the Hood’s strategy also includes partnerships with three other programs – My Brother’s Keeper-Sacramento Mentoring Program, Movement 4 Life (formerly known as Advance Peace), and the UC Davis Medical Center Wraparound Hospital Violence Intervention Program – to provide an integrated approach to violence prevention, intervention, and interruption.

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<sup>8</sup> The GRYD prevention model consists of seven phases: (1) Referral/Collaboration, (2) Building Agreements, (3) Redefining, (4) Celebrating Changes, (5) Mainstreaming, (6) Next Level Agreements, and (7) Reassessment. The GRYD intervention model also includes seven phases: (1) Referral and Assessment, (2) Building Agreements, (3) Work Ready Documentation, (4) Strategic Referrals, (5) Celebrating Changes, (6) Next-Level Agreements, and (7) Reassessment. The City of Los Angeles Mayor’s Office of Gang Reduction and Youth Development [GRYD] Research and Evaluation Team. [n.d.]. *GRYD Gang Prevention 2017 Evaluation Report*. [https://www.juvenilejusticeresearch.com/sites/default/files/2020-08/GRYD%20Prevention%20Report\\_Final.pdf](https://www.juvenilejusticeresearch.com/sites/default/files/2020-08/GRYD%20Prevention%20Report_Final.pdf); The City of Los Angeles Mayor’s Office of Gang Reduction and Youth Development (GRYD) Research and Evaluation Team. (n.d.). *GRYD Gang Intervention Family Case Management 2017 Evaluation Report*. [https://www.juvenilejusticeresearch.com/sites/default/files/2020-08/GRYD%20FCM%20Report\\_Final.pdf](https://www.juvenilejusticeresearch.com/sites/default/files/2020-08/GRYD%20FCM%20Report_Final.pdf)



## **Healing the Hood Project Components**

Healing the Hood uses a tiered approach that provides three sets of services: (1) prevention services, which focus on at-risk youth who may be vulnerable to gang involvement or gun violence; (2) intervention services, designed for youth and young adults already involved in violence; and (3) crisis response and violence interruption, which engages those involved in gang activity or gun violence as well as victims and survivors of violence and their families. It should be noted that while Healing the Hood was originally implemented using GRYD's seven phases for prevention and intervention services, The Center and the CILs revised this approach near the start of Healing the Hood cohort 3 to focus on four phases that correspond to but do not directly align with the GRYD phases. During cohort 3, the phases were implemented as follows: (1) Referral/Collaboration, (2) Building Agreements, (3) Case Management, and (4) Follow up. The following section describes Healing the Hood's components in more detail.

### *Prevention Services*

This component provided services to address the underlying factors that may lead to youth gang involvement. At-risk youth who have not yet become involved with gangs were identified (primarily through existing agreements with Sacramento-area school districts). Services were coordinated by CIWs, who have lived experience and are skilled in building trusting relationships with youth. CIWs assessed youth's needs, interests, and goals, worked with youth to develop a plan to meet their goals, and coordinated appropriate services with partners. Services supported positive youth development and included mentoring, substance abuse treatment, parent support and education, basic needs assistance, crisis intervention, health services, employment and job training, life skills planning, mental health services, victim services, and trauma-informed care. As youth demonstrated an increased sense of self-efficacy and a decreased likelihood of gang involvement, they transitioned to a less intensive level of services where they remained in contact with CIWs on an as-needed basis.

### *Intervention Family Case Management Services*

This component, based on referrals from law enforcement, family members, and other sources, served young people involved with gangs. After a youth was referred to Healing the Hood, the CIW and other CIL staff worked with the youth and their family to assess and understand needs, determine appropriate programming, and create shared goals and action plans with participants and their families. CILs then referred participants and their families to services, monitored progress, and facilitated individual and family meetings. Service offerings for youth were similar to those available through Healing the Hood prevention services. Once participants made sufficient progress, they moved to a lower intensity of services and continued to receive ongoing support as needed. For both prevention and intervention services, there was not a set timeline for youth to complete programming; duration of engagement was based on individual needs and progress.

## *Crisis Response and Violence Interruption*

To respond to violent incidents and de-escalate potential future violence, the Healing the Hood crisis response team collaborated through protocols established during the previous Healing the Hood CaVIP cycle. The crisis response team consisted of the CILs, the crisis response lead (from Always Knocking, a CBO), and Movement 4 Life and was supported by partnerships with law enforcement, hospital-based partners, and community-based service providers.

## *Crisis Response Process*

Healing the Hood crisis response is initiated by the crisis response lead, who receives alerts regarding violent incidents in the community. With extensive community experience, the crisis response lead has established reliable communication channels with CILs and other community members who provide real-time information about crisis incidents. In response to a crisis incident, the crisis response lead contacts the appropriate CIL(s) and provides preliminary information. CIL(s), informed by site-based knowledge, then assign CIWs to an incident based on their availability, proximity to the scene, and neighborhood connections and knowledge.

Neighboring CILs are also alerted to have CIWs on standby to respond as requested, facilitating a coordinated network of support across neighborhoods. Collaboration among CIWs from different sites is a common practice during crisis response, as having a CIW from the victim or survivor's neighborhood present was essential to providing appropriate support as well as assisting with crowd control and maintaining peace, if necessary. If the family of the victim or survivor resides across different neighborhoods or has a relationship with a CIW from another area, CIWs from multiple sites will often jointly facilitate engagement at the scene with family members and other individuals they have rapport with, enhancing information collection.

As a whole, the components of Healing the Hood were intended to provide wraparound services for youth participants and their families, while also strengthening community capacity to address gang involvement and violence. The Healing the Hood logic model (shown on next page) provides more information about the strategy's activities and anticipated outcomes.

## HEALING THE HOOD LOGIC MODEL

Resources/Inputs	Participants	Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> <li>Existing network of CBOs located in the communities and engaging youth [CILs]</li> <li>Partnerships with Sacramento City Unified School District, Movement 4 Life, and UC Davis Medical Center</li> <li>Existing relationships with public officials in law enforcement, education, and social services</li> <li>CalVIP and match funding</li> <li>Strong backbone organization</li> <li>Complementary programs (Black Child Legacy Campaign, My Brother's Keeper)</li> <li>Crisis response protocol</li> <li>Healing the Hood online database</li> </ul>	<p>Community Incubator Leads (CILs = Community-based organizations that lead the Black Child Legacy Campaign in each neighborhood and coordinate services)</p>	<ul style="list-style-type: none"> <li>Retain 7 CIWs, ensuring each neighborhood is served by one</li> <li>Work with schools and law enforcement to recruit at least 10 eligible youth in each neighborhood</li> <li>Maintain records for reporting and evaluation</li> <li>Coordinate deployment of crisis response</li> </ul>	<ul style="list-style-type: none"> <li>Increased capacity to prevent and intervene in response to gang-involved youth crime</li> <li>Diffusion of tensions after violent incidents</li> <li>Connection of youth and families to CIL Multi-Disciplinary Teams and other resources</li> </ul>	<ul style="list-style-type: none"> <li>Reduced retaliatory incidences following gang-related shootings or other violence</li> <li>Skilled community-based workforce and career path</li> </ul>	<ul style="list-style-type: none"> <li>Reduced community violence</li> <li>Sustained community capacity to intervene in response to gang-related violence</li> </ul>
	<p>Community Intervention Workers (CIWs)</p>	<ul style="list-style-type: none"> <li>Participate in training</li> <li>Assess youth risk for gang involvement and change in resiliency against violence</li> <li>Assess youth and families for basic and emerging needs</li> <li>Develop case plans with families and youth</li> <li>Track and support youth progress</li> <li>Use structured crisis response protocol to respond to gang-related violence</li> </ul>			
	<p>Youth and their families</p>	<ul style="list-style-type: none"> <li>Receive culturally competent case management</li> <li>Participate in services and activities identified in individual case plans</li> <li>Successfully complete the Healing the Hood program</li> </ul>	<ul style="list-style-type: none"> <li>Increased new positive connections</li> <li>Increased sense of self-determination</li> <li>Increased participation in school and other positive activities</li> </ul>	<ul style="list-style-type: none"> <li>Decreased risk of gang joining or reduced gang involvement</li> <li>Increased resilience and prosocial tendencies</li> </ul>	

## Intended Population and Eligibility

Healing the Hood was implemented in the seven highest-need neighborhoods in Sacramento County noted above, based on levels of violent crime and third-party homicide. The project intended to serve at least 70 high-risk youth (ages 12-17) in prevention or intervention services. Youth were identified through schools, law enforcement agencies, CIL partners, and other community referrals. The referring agency or CIL determined eligibility based on an assessment of the likelihood and extent of gang involvement.

## GOALS AND OBJECTIVES

The goals and objectives guiding implementation of Healing the Hood were as follows.

**Goal 1:** Reduce risk of community violence committed by youth who live in the seven targeted Sacramento communities of the Black Child Legacy Campaign.

*Objectives:*

- A. 70 youth (10 per site) complete a four-phase violence prevention or family-based management intervention program.
- B. At least 80% of participants receiving preventive services will have a decreased risk of gang joining and antisocial tendencies and increased participation in school and other positive activities.
- C. At least 80% of participating youth who are engaged in gang activities and/or criminal behavior upon entry to intervention services will reduce gang involvement.

**Goal 2:** Increase community capacity to intervene with gang-involved youth crime through a multilevel response to reduce likelihood of retaliation or escalation.<sup>9</sup>

*Objective:*

- A. CIWs, CILs, and County and City law enforcement will report reduced retaliatory incidences following gang-related shooting or other violence.

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<sup>9</sup> For Goal 2, “community capacity” refers to the crisis response team’s ability to support families.

# METHODS

Evident Change, a nonprofit research organization with an office in Oakland, California, served as the project’s local external evaluator. Evident Change collaborated with The Center and the CILs to develop and implement evaluation processes and tools that met project goals while also seeking to limit the data collection burden on evaluation participants.

## PROCESS EVALUATION METHODS AND DESIGN

The process evaluation used a descriptive, mixed-methods evaluation design to (1) document services provided to Healing the Hood participants (through prevention and intervention services) and other community members (through violence interruption and crisis response efforts) and (2) assess the implementation of Healing the Hood, including facilitators and challenges.

The Center led project oversight and quality assurance, which included managing an online case management system (known as CiviCore) used by the Healing the Hood sites for documenting and tracking participant information and crisis response data. To facilitate data entry, The Center provided CILs and CIWs with individual technical assistance to support use of the database and regularly reviewed information entered in the database for quality and completeness. In addition, The Center and its Healing the Hood partners provided ongoing training and technical assistance for CIWs and other program staff at weekly meetings as needed. The weekly meetings included sharing best practices, presentations by resource partners such as the hospital system, and providing updates on the database.

## EVALUATION QUESTIONS

The process evaluation is designed to respond to five process questions.<sup>10</sup>

1. Who is being served by Healing the Hood?
  - a. How many youth are being served and what are their demographic characteristics?
  - b. Of the youth who participate in Healing the Hood, what percent successfully complete the program?

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<sup>10</sup> Several process sub-questions were updated slightly from the local evaluation plan (LEP), as follows. Questions 1b and 2b were respectively framed in the LEP as “Of the youth who participate in Healing the Hood, what percent successfully complete the program by moving into the follow-up stage?” and “Are the CIWs following the sequence of phases used in the program model?” The updated questions reflect the overall adjustments of Healing the Hood to align more closely with practice. In addition, question 4a was updated to add “facilitators,” and 5a was added to collect additional information about areas that worked well and opportunities to consider for potential modification or improvement.

2. To what extent is Healing the Hood being implemented as intended (i.e., with fidelity to the program model adapted from GRYD, as applicable)?
  - a. Are Community Intervention Workers (CIWs) recruited and retained to implement the program in each site?
  - b. What modifications or adjustments to the adapted model have occurred?
3. How many crisis incidents have occurred during the evaluation period?
  - a. What is the nature of the incidents (e.g., shootings, physical force without weapons, etc.)?
  - b. What is the nature of the responses (e.g., connecting families to services, communicating with law enforcement, etc.) of Healing the Hood CIWs and CIL staff to crisis incidents?
4. What is the quality of the CILs' implementation of Healing the Hood?
  - a. What are the facilitators and challenges to implementation of the program?
5. What implementation practices are associated with the successful completion of the Healing the Hood program by youth?
  - a. What are the challenges, if any, to program completion?

## **DATA COLLECTION**

Process evaluation data was collected through the case management system and qualitative interviews and focus groups with CIWs, CIL leads, The Center's program staff, and external partners. Interviews and focus groups focused on Healing the Hood implementation, including successes, challenges, and opportunities for improvement. In all, 18 program staff (with one or more representatives from each Healing the Hood site) and partners, as well as three program staff members from The Center, participated in interviews and focus groups led by the Evident Change evaluation team. In addition, earlier in the evaluation period, The Center evaluation team conducted interviews with five Healing the Hood program staff and partners and shared the interview transcripts with Evident Change. (Note: In all but one of the five interviews conducted by The Center, Evident Change also conducted a subsequent interview, bringing the total number of interview and focus group participants to 19.) For the qualitative analysis, the Evident Change team combined the responses from The Center's five interviews with responses from the interviews and focus groups led by Evident Change. Other data sources included The Center's quarterly progress reports to the Board of State and Community Corrections and progress reports and quality self-assessments that the CILs completed and submitted to The Center.

The case management database served as the main source for participant-level data. CIWs used this database to track youth demographics, intake, assessment, referrals to services, program exit, and other program information. The database is also used to track crisis response information. At the participant level, the process indicators for the evaluation included participant number and demographics, participant referral to and engagement in services, and program completion. In addition, as it relates to CIWs' crisis response efforts, process indicators included number and type of crisis incidents and number and type of crisis responses. See Appendix A for more details about process evaluation indicators and data sources.

## DATA ANALYSIS

The Evident Change evaluation team analyzed the numeric indicators by frequencies. Qualitative interviews were recorded and transcribed, and then coded using NVivo (a qualitative analysis software program). Analysis of qualitative responses from program staff and partners focused on identifying and understanding key themes. Qualitative results are reported for both the CILs and external partners using the following semi-quantification terms.

- For CIL sites: All (6 CILs); most (4–5 CILs); some (3 CILs); and a few (2 CILs).
- For external partners: All (4 partners); most (3 partners); and a few (2 partners). “Some” is not used for external partners.

## OUTCOME EVALUATION METHODS AND DESIGN

The outcome evaluation was structured to address five outcome questions.<sup>11</sup>

1. To what extent has community violence committed by high-risk youth living in the seven targeted communities decreased or been deterred? (*overarching outcome evaluation question*)
2. What proportion of participants receiving preventive services have decreased their risk of gang joining?
3. What proportion of participants receiving intervention services have reduced their involvement in gang activities and/or criminal behavior?
4. What proportion of participants have increased resilience and prosocial tendencies (e.g., participation in school and other positive activities)?
5. What are staff perspectives on the role of the program in achieving outcomes?

For outcome question 1, data sources included youth assessment data, crisis response records, and qualitative interviews with CIL leads, CIWs, external partners, and The Center program team.<sup>12</sup> In addition, data that compares changes in rates of violent crime and gang-related crime over time provided contextual information for this question. The Center worked with another external consultant to collect and analyze data provided by the Sacramento County Sheriff’s Department, the City of Sacramento Police Department, and the Sacramento County Probation Department on these and other crime and safety

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<sup>11</sup> The LEP originally included the following outcome question, “To what extent has community violence committed by youth decreased?” This question was subsequently combined with outcome question 1. For question 5, primary data was not collected from youth participants. This collection will occur during cohort 4 of Healing the Hood.

<sup>12</sup> For this outcome question, the LEP also anticipated examining the number of crisis incidents involving retaliation. However, as a limited number of crisis response records (less than 25%) contained this information, analysis of this data is not included in this report. Interview data provides qualitative information about this data point.

measures for fiscal year (FY) 2016 (July 1, 2016 – June 30, 2017) to FY 2021 (July 1, 2021 – June 30, 2022).<sup>13</sup>

To examine youth-level outcomes (outcome questions 2-4), with a focus on youth’s gang joining or gang involvement, resilience, and prosocial tendencies such as participation in school and other positive activities and prosocial connections with peers and adults, CIWs used a retrospective approach to individually assess each participant on these measures near or at the end of program completion. Qualitative interview data served as the data source for question 5. See Appendix A for more details about outcome evaluation indicators and data sources, including revisions to the assessment tools described in the local evaluation plan.

## **DATA ANALYSIS**

Evident Change used descriptive statistics to analyze the youth assessment data. Qualitative responses/information from program staff and partners were analyzed to identify and understand key themes.

## **DETERMINING OUTCOMES’ CONNECTION TO THE PROJECT**

Through use of a mixed-methods approach, the evaluation design was anticipated to provide evidence of Healing the Hood’s value, such as the strategy’s positive contributions to youth- and community-level outcomes. In addition, outcome question 5 was intended to examine program staff’s perspectives on Healing the Hood’s role in meeting the anticipated outcomes. Due to the limitations of the evaluation design, the evaluation will likely not fully account for the presence of external factors as it relates to program outcomes.

## **DATA LIMITATIONS**

Limitations of the data include the following. The retrospective assessment was based on the perspectives of the CIWs and not the youth. Also, there may have been recall bias, based on the timing of the assessments. In addition, qualitative data from the youth on participant outcomes was not collected.

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<sup>13</sup> LPC Associates, Inc. (2023). *Black Child Legacy Campaign, Crime and Safety Report, FY 2021 update*. Report available upon request to The Center.



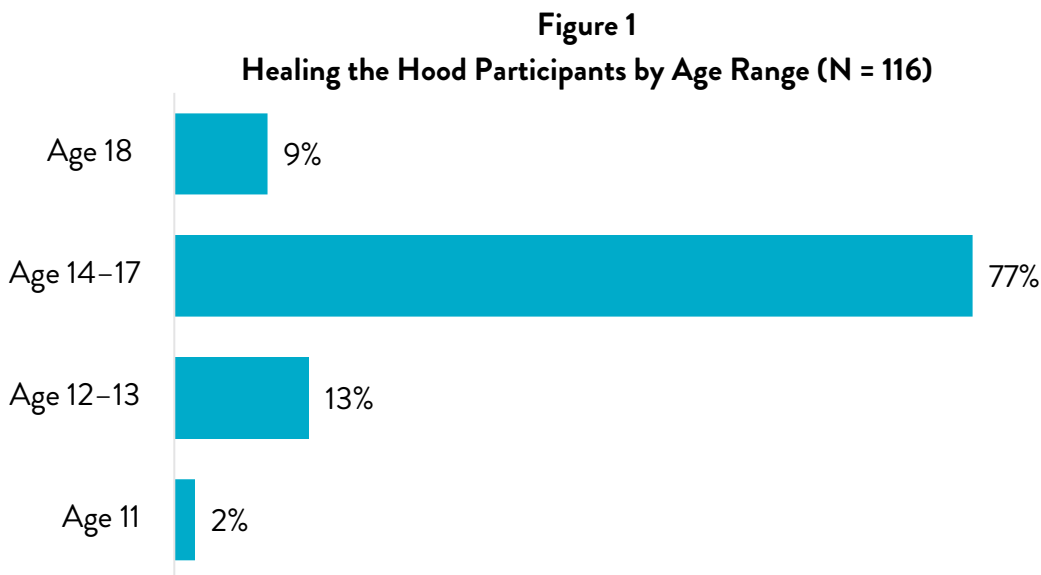
# FINDINGS

## PROCESS EVALUATION

### PARTICIPANT ENROLLMENT AND DEMOGRAPHICS

1. Who is being served by Healing the Hood?
  - a. How many youth are being served and what are their demographic characteristics?
  - b. Of the youth who participate in Healing the Hood, what percent successfully complete the program?

A total of 117 youth enrolled in Healing the Hood, exceeding the 70 youth who were anticipated for participation, based on the grant proposal.<sup>14</sup> The age range of participants was 11-18 years, with an average age of 16.<sup>15</sup> Most youth (90%) were in the intended age range of 12–17. About three quarters (71%) of participants were male. About three quarters (74%) identified as Black/African American, 11% as Latinx/Hispanic, and 6% as multiethnic (participants selected one race/ethnicity category; Figures 1–3).<sup>16</sup>

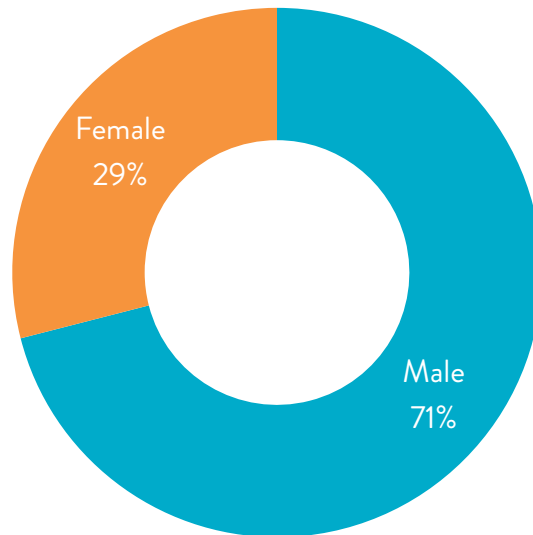


<sup>14</sup> Eight participants who were enrolled in Healing the Hood were excluded from the data because they were outside of the 11-18 age range.

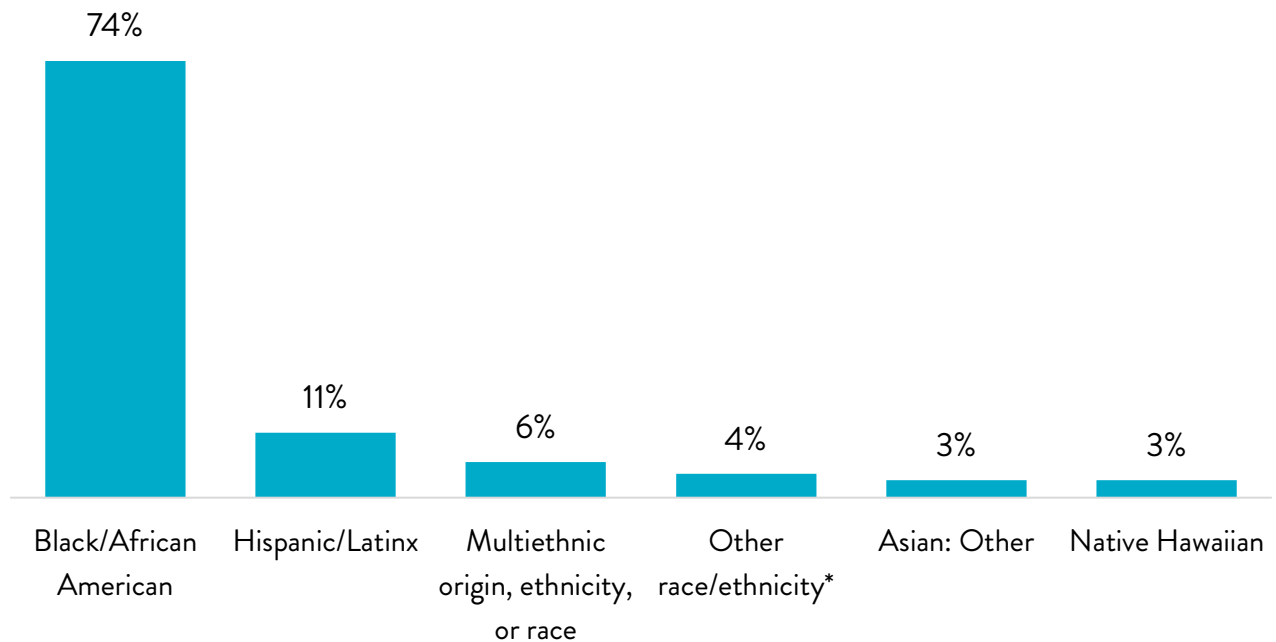
<sup>15</sup> The youth who were 11 years old may have been 12 and the youth who were 18 years old may have been 17, as originally the database only included a field for year of birth. (A field for age at enrollment was later added.) Given this, youth who were age 11 or 18 were included.

<sup>16</sup> Percentages may not add to 100% due to rounding; totals reflect the number of participants for whom each data point was available.

**Figure 2**  
**Healing the Hood Participants by Gender (N = 117)**



**Figure 3**  
**Healing the Hood Participants by Race/Ethnicity (N = 117)**



\* "Other race/ethnicity" includes participants who identified as Caucasian/White, Pacific Islander: Other, or other race/ethnicity not specified here.

About three quarters (74%) of participants were enrolled in school. Regarding employment status, about half (52%) of participants were students and not looking for employment while 12% were not employed but looking for employment. Most participants (86%) lived with their parents and 10% lived with relatives (not in foster care; not shown).<sup>17</sup>

## **PARTICIPATION IN SERVICES**

More than three quarters of the youth (78%) participated in prevention services; 22% were in intervention services. In both service components, youth most frequently participated in activities such as mentoring, life skills, prosocial activities, conflict resolution/anger management, and case management.

## **PROGRAM COMPLETION**

5. What implementation practices are associated with the successful completion of the Healing the Hood program by youth?
  - a. What are the challenges, if any, to program completion?

About two-fifths of youth (37%, n=37) successfully completed the program.<sup>18</sup> This statistic reflects youth who successfully completed Healing the Hood or who transitioned to Healing the Hood cohort 4.

Qualitative interview and focus group data highlighted consistent engagement of youth as a practice associated with youth's successful completion of Healing the Hood. Some CILs reported that youth who completed Healing the Hood did so because of their own consistency and that of CIWs and other program staff. One CIL lead noted:

“When the youth are consistent, and they're actively engaged with their mentor, that's when we see more success. When they're kind of standoffish and they don't want to participate in the program, they really don't want to be there, it's harder for them to get what they need out of it.”

A few external partners also reported that participants' relationships with CIWs played an integral part in successful program completion. One partner described the importance of consistency, being non-judgmental, and being open to listening to youth, as follows.

“Availability, being consistent, listening to them, not being judgmental about the actions that they have committed. But have a good ear and listen to what they're talking about and what they're trying to explain to us and try to provide as many resources for them as we possibly can and not giving them

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<sup>17</sup> Data on education, employment, and housing status was available for a subset of 91 participants.

<sup>18</sup> This is based on 99 youth for whom completion data was available. Successful completion was defined as follows: Monitoring by CIWs during the service period includes regular reassessment of gang involvement and regular completion of the Building Resilience Against Violent Extremism (BRAVE). As youth demonstrate a greater sense of self-efficacy (as measured via the BRAVE items) and a reduced likelihood of gang involvement (as measured via the gang involvement assessment), they are moved to a follow-up status, in which CIWs continue contact with youth without intensive case management.

a fairytale. And not judging them but instead, working right along with them and listen to what they're saying.”

Other attributes related to participant success, as shared by interview participants, included parent/family involvement, wraparound services, connections to other community partners, and providing recognition such as incentives to participants.

Regarding successful program completion, it is also important to note that some CILs indicated that while some youth may not complete Healing the Hood programming, they still demonstrate progress such as staying engaged with their CIW and taking steps to achieve personal goals, which are also measures of success. One CIL described working with a youth who was recently released from jail and is now participating in a life skills program, completing his community service requirements, and preparing to return to school. The CIL lead noted that while these activities have not yet led to program completion, “these are great strides and great things to be proud of and be excited about.”

### **Challenges to Program Completion**

In identifying the challenges related to completing Healing the Hood, all CILs indicated that in some cases, youth and their families may benefit from receiving additional services and resources that could support youth’s consistent involvement in programming. For example, this could include help with meeting basic needs (e.g., clean clothing, adequate food, housing, transportation, etc.) or addressing a parent’s mental health issues; access to these services may be available within the larger BCLC network. Other challenges to program completion, as described by one or more CILs, included pressure from participants’ peers, the need for meaningful incentives for Healing the Hood participation, and improved collaboration with some program partners.

## **CONTEXT FOR AND QUALITY OF HEALING THE HOOD IMPLEMENTATION**

2. To what extent is Healing the Hood being implemented as intended (i.e., with fidelity to the program model adapted from GRYD, as applicable)?
  - a. Are community intervention workers (CIWs) recruited and retained to implement the program in each site?
  - b. What modifications or adjustments to the adapted model have occurred?
  
4. What is the quality of the CILs’ implementation of Healing the Hood?
  - a. What are the facilitators and challenges to implementation of the program?

Data on crime rates for Sacramento County and the BCLC focus area offer context for Healing the Hood’s design and implementation.<sup>19</sup> While these data are not necessarily reflective or inclusive of Healing the Hood participants, they provide evidence of overall reductions in community violence. Between FY 2016 and FY 2021:

- The violent crime rate<sup>20</sup> in Sacramento County decreased by 17% (from 3.3 to 2.7) and decreased in the BCLC focus area by 28% (from 4.4 to 3.2).
- The gang-related crime rate<sup>21</sup> decreased in both Sacramento County and the BCLC focus area by 84% (from 0.15 to 0.02 and from 0.13 to 0.02, respectively).

As noted previously, Healing the Hood’s strategy is based on the LA GRYD model. Healing the Hood is also informed by components of the Chicago (Create Real Economic Destiny) CRED model. Both LA GRYD and Chicago CRED are evidence-based public health approaches to violence reduction. Examination of implementation fidelity was found to be less relevant in practice than originally anticipated, and consequently is not described in detail in the report. Appendix B provides more information about LA GRYD and Chicago CRED.

To evaluate the implementation of CIL services, CILs regularly complete a quality self-assessment process on 11 dimensions, including violence interruption, using the following four-point scale: (1) Beginning: Minimal to no implementation, (2) Emerging: Minimal to some aspects of implementation, (3) Developing and Integrating: Some to mostly quality development and integration toward implementation, and (4) Exemplary and Sustaining: Extensive high-quality implementation and movement toward long-term sustainability.

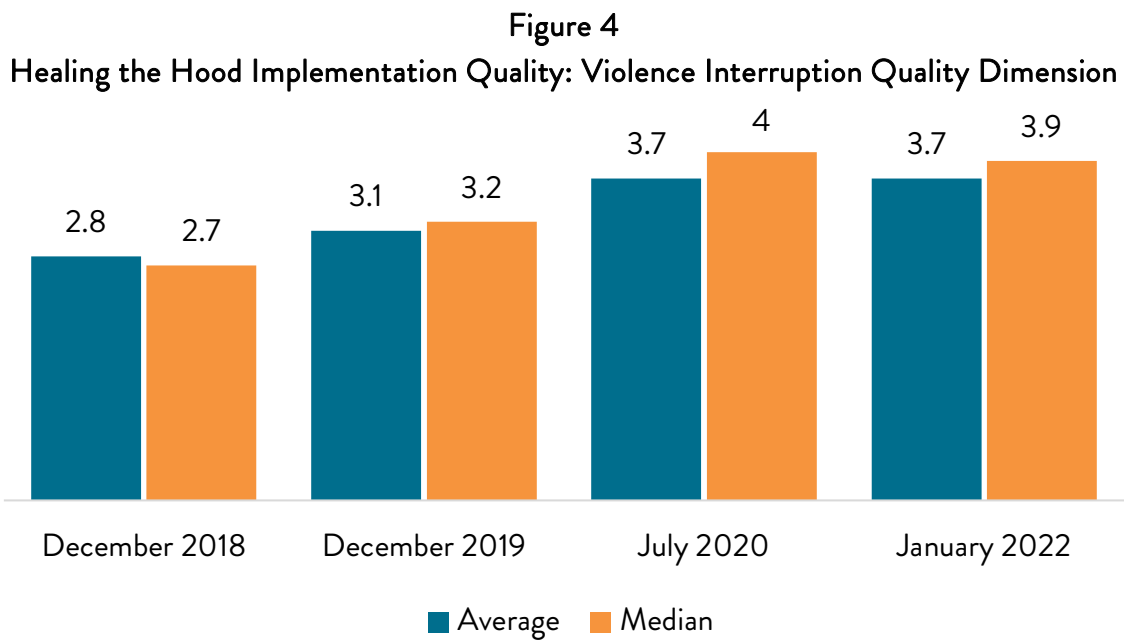
From December 2018 (following Healing the Hood’s launch earlier in the year) to January 2022, progress on the violence interruption quality dimension shows a steady upward trend, increasing from an average score of 2.8 in December 2018 to 3.7 in January 2022, and increasing from a median score of 2.7 to 3.9 during the same period (Figure 4). This increase suggests that over time Healing the Hood’s violence interruption, intervention, and prevention services have achieved a high level of consistency and coordination.

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<sup>19</sup> LPC Associates, Inc. (2023). *Black Child Legacy Campaign, Crime and Safety report, FY 2021 update*. Report available upon request to The Center.

<sup>20</sup> The violent crime rate is defined in the Crime and Safety report as “the aggregate number of Sacramento County Sheriff’s Department (SSD) and City of Sacramento Police Department (City PD) reported incidents of overall crime identified as being violent (homicide, rape, robbery, and shootings) per 1,000 residents who live in an area.” (LPC Associates, Inc., 2023)

<sup>21</sup> The gang-related crime rate is defined in the Crime and Safety report as “the aggregate number of SSD and City PD reported incidents of crime with a street gang sentencing enhancement [Penal Code 186.22] per 1,000 residents who live in an area. 186.22 crime makes it illegal to participate in a street gang and assist in any felony criminal conduct by the gang’s members.” (LPC Associates, Inc., 2023)



### CRISIS INCIDENT RESPONSE

3. How many crisis incidents have occurred during the evaluation period?

- a. What is the nature of the incidents (e.g., shootings, physical force without weapons, etc.)?
- b. What is the nature of the responses (e.g., connecting families to services, communicating with law enforcement, etc.) of Healing the Hood CIWs and CIL staff to crisis incidents?

This section summarizes quantitative and qualitative findings about the Healing the Hood crisis incident response process. Quantitative data are from the case management database and qualitative data are from interviews and focus groups with CIL leads, CIWs, and external partners.

#### Number and Type of Crisis Incidents

Crisis response team members responded to 189 crisis incidents during the service period.<sup>22</sup> The majority of incidents (132 out of 189 or 70%) were shootings. Other types of incidents included physical fights (without weapons) (5%), vehicular (3%), police involved (3%), blunt force trauma (2%), and verbal altercations or threats (2%). In about 3% of incidents, rather than responding to a specific crisis, CIWs conducted proactive community efforts such as distributing food and patrolling shopping centers.

Over the grant period, CIWs and other crisis response team members reported responding to fewer crisis incidents. Following a statewide increase of 35% in homicides from 2019 to 2020 during the height of the

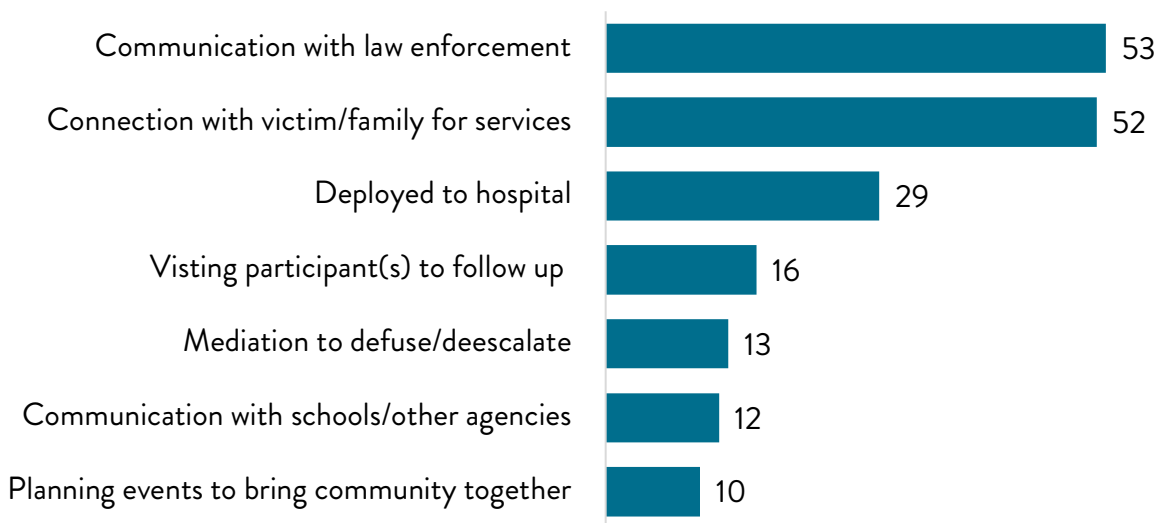
<sup>22</sup> Crisis incidents for cohort 3 of Healing the Hood are counted from October 1, 2020 to September 30, 2022. Crisis incidents that occurred after September 30, 2022 will be reported in the cohort 4 evaluation report.

pandemic,<sup>23</sup> reported crises were down<sup>24</sup> and CIW responses paralleled the trend. An analysis of two years of crisis incident data (October 2020-September 2021 and October 2021-September 2022) indicates a 62% decrease in the team’s reported response to crisis incidents overall and a 58% decrease in the team’s reported response to shooting incidents during this period.

### Type of Crisis Response

The most frequent types of crisis response provided by the Healing the Hood team were: (1) communicating with law enforcement, which typically occurred onsite at an incident scene; this type of response was reported for 53 out of 189 incidents (or 28% of incidents), and (2) making a connection with the victim or survivor’s family to identify needed services, as reported for 52 out of 189 incidents (also representing 28% of incidents). In 15% of incidents, CIWs or other crisis responders went to the hospital to meet with a survivor of violence. See Figure 5. Additional information on crisis response is provided in the next section.

**Figure 5**  
**CILs’ Response to Crisis Incidents (n=185)<sup>25</sup>**



<sup>23</sup> California Department of Public Health. (November 2022). *Homicide in California: Trends in 2020*. [https://www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/CDPH/Document Library/CA Violent Death Reporting System \(CalVDRS\)/CalVDRS\\_HomicidePandemicFactSheet2020.pdf](https://www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/CDPH/Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_HomicidePandemicFactSheet2020.pdf)

<sup>24</sup> Neilson, S. (2023, October 19). Charts show how California crime trends compare to rest of U.S. *San Francisco Chronicle*, <https://www.sfchronicle.com/california/article/crime-data-us-fbi-18431100.php>

<sup>25</sup> For Figure 5, the “n” or sample size is based on the number of types of responses to crisis incidents. The database did not indicate the type of response for all incidents.

## Overview of Healing the Hood Crisis Response

The Healing the Hood crisis response team works collaboratively to coordinate onsite, continued, and ongoing support for victims and survivors of violence and their families. The team also prevents potential retaliation by gathering information from their networks to identify individuals who may participate in retaliatory actions and having conversations with potential aggressors. The team's efforts to support victims, survivors, and families affected by violence are facilitated by robust communication and partnership among the crisis response team and coordination with law enforcement, hospitals, and other key agencies.

### *Collaboration Among CILs and With Other Partners*

Collaboration across CILs was reported by some sites to be an important component of crisis response efforts. Being able to work together, including sharing information and resources – as well as through the BCLC network – was described as beneficial due to each CILs' familiarity with the community and resources within their respective areas. One CIW shared an example of how this collaboration among CILs works.

“The victim may be from [one neighborhood] but the shooting actually happened in [another neighborhood]. Now as a result of that shooting or that incident, you have, say, 50 people coming from [one neighborhood] to the scene of this incident [in another neighborhood] and it's a powder keg situation because now you have a bunch of people from South Sac coming into North Sac and there is already this issue of, you have someone shot who is from [outside of the neighborhood].”

Most CILs reported coordinating with law enforcement as common practice when CIWs and other CIL staff arrive at the scene of a crisis incident, allowing crisis response team members to access real-time updated information about the incident and to provide support in identifying family members. Information gathering was reported to include demographics of the victim and/or survivor, circumstances leading to the incident, family needs, and potential retaliatory actions. One CIL reported that CIWs are equipped with identification cards that describe their role and purpose as Healing the Hood crisis responders. These cards help facilitate clear communication with law enforcement officers upon a CIW's arrival at a crisis incident. A CIL lead described the coordination with law enforcement as follows.

“We can't cross any [crime scene] tapes or anything like that, but [the police department] knows that our Healing the Hood team is out there and their gear, and they recognize them as trusted messengers, as part of that crisis response. And they look forward to us being part of that, they have told us that we have really stopped some of the things from happening that could have gotten worse.”

CIWs described collaborating with Movement 4 Life in dispatching support to hospitals and crime scenes. Movement 4 Life's focus on investigating shootings and identifying perpetrators was described to aid in information gathering and minimizing potential retaliatory actions.



The Sacramento County Probation Department was reported to assist with Healing the Hood's crisis response as well as prevention and intervention services. Most sites emphasized the importance of communication with law enforcement and probation during the crisis response process. An external probation partner characterized the collaboration between their department and Healing the Hood as mutually advantageous, as probation can in some cases provide CIWs with crucial information about the victim or survivor and their family, while also enabling the Healing the Hood team to offer support and services to youth on probation.

The coordination between the crisis response team and hospital-based partners was described by some CILs as a key component of supporting families dealing with traumatic incidents. CILs noted that this collaboration improved in recent years, highlighting that the inclusion of hospital social workers and other staff from UC Davis and Kaiser in the crisis response process has improved the flow of information for affected families. Hospital staff assisted in providing crucial updates to CIWs and families when public access to information about the victim or survivor was restricted by law enforcement. This communication provides families with updates about their loved one's condition and helps bridge the gap between hospital protocols and family needs during critical situations. Hospital staff also reported benefiting from the assistance provided by CIWs, such as managing the influx of concerned individuals related to a victim or survivor.

Most sites reported working regularly with schools to support Healing the Hood participants, often in the aftermath of crisis incidents. Sites work with principals and staff from school-based entities such as family support centers and student support teams. Some sites reported that other CBOs, in addition to the CILs, connected Healing the Hood participants and their families with important resources such as housing assistance, mentorship, life skills training, employment readiness, and sports. These collaborations supported CILs in providing families affected by violent incidents with comprehensive resources. A few CIWs also reported collaborating with other CBOs to help families navigate government agencies.

### **CILs Provide Continuous Support and Guidance to Gun Violence Survivors and Families**

CIWs provide ongoing support to those harmed by violence and their families. This support begins with an immediate response at the scene of the crisis and continues through stabilization of families' long-term needs.

#### *Onsite Support*

All CILs reported providing onsite support to families of victims and survivors during crisis response. Support included directly engaging with families to understand their immediate needs and coordinating with CILs to arrange for necessities such as food, water, coffee, blankets, and transportation. Most CILs described their main goal as providing family members with comfort, support, and assistance in understanding and navigating through the crisis. A few sites reported assisting families with the identification of their loved one at the coroner's office and in accessing personal possessions (i.e., vehicles) deemed evidence.

External partners, which included the probation department, Sacramento City Unified School District, and UC Davis Medical Center, agreed that CIWs' support with navigating the immediate crisis and providing emotional support are critical components of the crisis response process. One partner shared the following example.

“[Y]ou've got a family member in the ER whose kid was just shot, or maybe they're in surgery, they have no idea what's going on, this is the first time they've been in the hospital. You have a Healing the Hood crisis response team member who is ... able to guide this parent or this family member through, hey, here's what's going to happen next. That was the trauma surgeon who just talked to you. They're going to let you go see your son as soon as they can, and they'll sit with them, they'll get them food, they'll bring them coffee, whatever. Having family supported in that way is incredibly helpful and valuable for our staff.”

Many sites also reported acting as a liaison between law enforcement and affected families. CIWs relay important information from law enforcement to families about the status of a victim and rules regarding access to the crime scene. CIWs described the intense nature of crime scenes and the importance of their role in maintaining peaceful interactions between families and law enforcement as well as de-escalating tension between the families of the victim or survivor and the alleged perpetrator.

#### *Continued Support*

Following the onsite response, all CILs reported offering continued support to affected families, especially in situations involving the loss of a loved one. Many CILs described connecting families with counseling, assisting with funeral arrangements, and providing support with tasks such as identifying school-aged children in affected families and coordinating with their schools. CILs also connected families to resources for victims of violent crimes. One CIL described providing a range of services and support.

“Afterwards, we always want to get information because at [our CIL], we offer wraparound services. So, if it's getting somebody into grief counseling, if it's getting somebody paying for funerals, if it's going to funerals, if it's walking them through that process, because unfortunately, man, they don't know what to do in those moments. They don't know what decisions need to be made, and some of them are timely. Going to the coroner, signing this paperwork, doing these certain things, [helping apply for] victims of violent crime money. All those processes we know, and so we try to help the community and the victim's family in those moments.”

Most CILs reported assisting families by funding and arranging funeral services and ensuring families receive emotional support during funeral proceedings. A few CILs described collaborating with churches and community spaces for funeral arrangements, often in gang-affected areas where churches might be hesitant to host services. CILs also reported assisting with organizing community-led events, such as candlelight vigils

and wakes, and facilitating relocation of affected families to safe spaces or temporary accommodations, which included collaborating with county agencies and community-based partners.

### *Ongoing Support*

Most CILs described providing ongoing support to families and youth, with the duration tailored to specific needs. After a crisis response is initiated, youth are encouraged to enroll in Healing the Hood for ongoing services and case management. Adult family members needing support are connected to other services at the appropriate CIL. Healing the Hood's post-crisis case management was reported to have no fixed time limit and depended upon helping youth identify and meet specific needs and goals.

“The longer term is really working with that young person who has either been shot or injured and their family. And so they're then put on a caseload to look at all of their needs that they have. And we try to come up with some real intentional goals that they can work on within three months to six months. And sometimes we have these cases for a year simply because they're so high risk that there's layers to these cases that you can't just finish and complete and open a case in three to six months.”

## **FACILITATORS TO IMPLEMENTATION**

As reported in interviews with sites, external partners, and The Center, four main areas helped facilitate Healing the Hood implementation: (1) CILs' community connectedness; (2) robust collaboration among CILs and with other partners; (3) consistent engagement of youth; and (4) support for staff wellness and self-care.

### **CILs' Community Connectedness**

Most CILs reported being strongly connected to their respective neighborhoods. The CILs are established, respected organizations with longstanding experience and deep roots in their communities. CIL leads, CIWs, and other CIL staff understand community dynamics and politics and are experts on available community resources, including being connected to other organizations that do similar work. In addition, CIL leads, CIWs, and the crisis response lead have enduring relationships with community members, which often extends to knowing Healing the Hood participants and their family members for many years. Similarly, when a CIW responds to a crisis incident, they may have an existing relationship with the victim or survivor or with that individual's family. These connections foster trust and rapport, particularly in the aftermath of a crisis incident. The crisis response lead described this approach as follows.

“It's about knowing who to go to in the community, knowing who to talk to, and getting from one person to another person to sit down and talk to them, and getting other people in the community involved to help us to calm down the violence, and know whose son that is. Know who his grandfather is.

Know who his grandmother is. Who his mom and dad is. ... It's all about finding out who [we need to talk to], and finding out who on our team can go talk to that person because not anybody can just talk to anybody. Making sure the right person goes and talks.”

These factors contribute to Healing the Hood – including the CILs, CIWs, and crisis response lead – being uniquely positioned to prevent and intervene in community violence.

### **Consistent Engagement of Youth**

All sites reported working closely with youth to offer mentorship and support, identify their goals in areas such as education and career development, connect them with programming and resources that support positive youth development, and provide case management. CIWs and CIL leads highlighted the importance of rapport building with participants through regular communication such as phone calls, school visits, and home visits. Most CILs highlighted CIWs’ lived experience as an important component of understanding and connecting with youth in their mentoring, case management, and crisis response efforts. One CIL lead described this approach as follows.

“I think the empathy, the experience that comes from having had a shared experience, whether you were involved or impacted by some of the things that you are trying to prevent goes the extra mile. ...It’s actually a shared lived experience, and [the staff] understand. These are men and women who are invested in seeing [the youth] stay alive, progress in life, and experience a future that is different than what their history has promised, or they’ve seen in their environments.”

### **Staff Wellness and Self-Care**

Some CILs reported that organizational strategies to support staff wellness and self-care contributed to Healing the Hood implementation. For example, CILs offered health and wellness retreats for staff, allowing them to decompress and unwind with their colleagues. Retreats have also included a crisis incident management course for crisis response team members, with topics such as processing traumatic situations and gaining strategies to work with people in crisis. Regarding individual self-care strategies used by staff, interview participants described going to therapy, meditating, setting healthy boundaries, spending time with friends and family, spending time outside, and having a sense of accomplishment when working with youth. A few sites noted that additional resources to support staff wellness and self-care, such as training on vicarious trauma, would be beneficial.

## **CHALLENGES TO IMPLEMENTATION**

The main challenges affecting Healing the Hood implementation, as described in interviews, focus groups, and quarterly progress reports, were issues related to limited resources and services, staffing, and the COVID-19 pandemic.

## Limited Resources and Services

Some CILs and a few external partners reported that limited resources and services were a challenge affecting Healing the Hood. This included the need for increased resources for the long-term sustainability of Healing the Hood services. Also highlighted was the need for resources to meaningfully incentivize youth participation in Healing the Hood.

## Staff-Related Issues

Issues related to Healing the Hood staffing emerged as a challenge. This included having adequate staff capacity to case manage Healing the Hood participants and respond to crisis incidents, particularly due to the on-call, round-the-clock nature of the work; providing additional training for staff; and offering additional self-care and wellness opportunities. One CIW also expressed the need for enhanced precautions or protective measures to help increase CIWs' sense of safety when responding to crisis incidents. Staff compensation also surfaced as a challenge. A few CIL sites reported that their CIWs are undercompensated for the work they do, which one external partner also noted. This circumstance, coupled with the traumatic nature of the work, can contribute to staff burnout and turnover.

## COVID-19 Pandemic

As described in quarterly progress reports that The Center submitted to the Board of State and Community Corrections, the COVID-19 pandemic presented considerable challenges during the grant period. The pandemic impacted youth engagement and communication for approximately two years. To address this challenge, CILs and CIWs used innovative methods to communicate with youth and their families. Although Healing the Hood efforts continued throughout the pandemic, other community resources were challenging to access. The extended closure of public facilities such as community and recreation centers limited opportunities for youth to gather and pursue positive activities in safe spaces.

## OUTCOME EVALUATION

2. What proportion of participants receiving preventive services have decreased their risk of gang joining?
3. What proportion of participants receiving intervention services have reduced their involvement in gang activities and/or criminal behavior?
4. What proportion of participants have increased resilience and prosocial tendencies (e.g., participation in school and other positive activities)?

## **RISK OF GANG JOINING OR INVOLVEMENT IN GANGS**

Youth enrolled in preventive services were assessed for their risk of gang joining while youth enrolled in intervention services were assessed for their involvement in gang activities, with the goal of observing a reduction in either area. Participants who were never considered at risk of gang involvement were not included in this assessment. This assessment used the following scale: dramatic improvement; much improvement; some improvement; no improvement; worse. The following percentages reflect the sum of dramatic improvement, much improvement, and some improvement.

About one-third of participants (38% of 101, or 38 youth) were assessed by the CIWs to be at risk of joining a gang or being involved in gang activity. Of this group, 83% of youth receiving preventive services decreased their risk of gang joining and 73% of youth receiving intervention services reduced their gang involvement. The remaining youth (61 out of 101 youth) were assessed as never being at risk of gang involvement.<sup>26</sup>

## **RESILIENCE AND PROSOCIAL TENDENCIES**

This assessment considered participants' progress, if any, since Healing the Hood enrollment in the following four key areas, measured from dramatic improvement to worse.

1. Positive connections (peer and adult relationships, including family)
2. Sense of self-determination (ability to make good choices and manage daily life effectively)
3. Participation in school and other positive activities
4. Resilience (ability to adapt and persevere through adversity)

Most participants showed improvement on each measure (Figure 6). Percentages reflect the sum of dramatic improvement, much improvement, and some improvement. The total sample for this data is 101 participants.

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<sup>26</sup> For two youth, the assignment to preventive or intervention services was unknown and is not included in this portion of the analysis.

**Figure 6**  
**Participants' Resilience and Positive Tendencies (n=101)**



## **STAFF PERSPECTIVES ON ACHIEVING OUTCOMES**

5. What are staff perspectives on the role of the program in achieving outcomes?

### **Individual Youth Outcomes**

At the individual level, all CILs and a few external partners reported that Healing the Hood helped youth increase participation in school and other positive activities. In addition to education-related activities, this included participation in recreation, life skills, job readiness, employment, and other areas. One CIL noted the following.

“I have seen youth that weren’t even interested in graduating high school, or cared about graduating, actually, change their frame of mind and really be excited about graduating, and actually accomplishing that.”

Most CILs, as well as one external partner, also highlighted participants’ increased resilience, prosocial tendencies, and sense of self-determination. In addition, while not specifically indicated as an individual-level outcome on the Healing the Hood logic model, some CILs and one external partner reported that completing probation was a measure of Healing the Hood success.

In sharing an example of a participant’s success, one CIL described the progress of a youth who grew up in a difficult family situation and consistently experienced homelessness. Since joining Healing the Hood, he completed probation and recently moved into his first apartment. Healing the Hood supported him with this important step, including purchasing towels and other supplies for his new home. For more success stories of Healing the Hood participants, see Appendix C (Grantee Highlight).

## Community-Level Outcomes

Most CILs described achievements and activities related to the outcome of sustained community capacity to intervene in response to gang-related violence,<sup>27</sup> including the cultivation of robust partnerships among the CILs, the dedication and consistency of CIWs and other CIL staff who work with youth, and ongoing staff training and skills development provided by The Center and by CILs. One CIL lead expressed the partnership among CILs, as it relates to the success of Healing the Hood, as follows.

“I think that the success of Healing the Hood is the collaboration between the incubators who are involved in this... It’s not a situation where I’m only concerned about [my neighborhood]... I care what happens all throughout the city and the county. And so, if it’s happening in [my neighborhood] I’m affected by it, then the folks in [a nearby neighborhood] are affected by it... I think that the collaboration and the camaraderie among all of these hubs has just been a wonderful thing that we have never seen in Sacramento before.”

Most external partners also reported accomplishments related to Healing the Hood’s sustained community capacity for violence intervention. These partners highlighted the coordination between CILs and system partners, with one describing the impact of CIWs’ consistent presence at school campuses.

“In the [campus security] model we have now, the one common factor was Healing the Hood. I’ve got pictures of guys on campus with the BCLC showing up just at lunchtime to be present, asking them just to show up to the football games. Just to be present. Not to break up fights. Just be there.”

## REDUCTIONS IN POTENTIAL RETALIATION

In relation to outcome question 1, regarding decreases in or deterrence of community violence in the focus neighborhoods, CILs described Healing the Hood’s efforts to reduce violence and prevent retaliation. Sites reported using strategies such as observing behavior at crisis scenes, gathering information from family and community members to identify individuals at risk of engaging in retaliatory actions, and having dialogue with potential aggressors. One CIW described his approach of engaging with a victim’s family members at a crisis scene as follows.

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<sup>27</sup> As cited in the quality self-assessment reports completed by CILs, “[c]ommunity capacity can be defined as the ‘combined influence of a community’s commitment, resources, and skills’ that can be utilized to build on community strengths to address challenges.” Mayer, Steven E., *Building Community Capacity: The Potential of Community Foundations – A New Introduction*, Effective Communities Project. Downloaded from EffectiveCommunities.com, November 20, 2023. <https://effectivecommunities.com/building-community-capacity-the-potential-of-community-foundations-a-new-introduction/> The evaluation team used this definition to guide qualitative data analysis related to the community-level outcome of sustained community capacity to intervene in response to gang-related violence.



“I know these people’s family members, to a point to where it will be a very difficult conversation for me to have, and ... just go up there and say, ‘Man, don’t retaliate.’ ... So, my thing is more or less [to ask], “What do you have to live for now? ... So, you’ve been doing good, you’re off parole...you have a daughter. So be mindful of that.”

Efforts to defuse tension and prevent retaliation occurred onsite at crisis incidents and in the weeks and months following an incident. One CIW described providing support to limit the possibility of retaliatory violence at a victim’s funeral and subsequently conducting ongoing follow-up with the victim’s family members. The CIW reported that a check-in with the family indicated that “they’re still doing fine, they’re still letting the police do their investigation, they aren’t out seeking vengeance.”

Many CILs highlighted the value of CIWs’ lived experience and expertise in reducing retaliation as well as CIWs’ strong relationships and ties to the communities they work in, both of which support in identifying key individuals and facilitating de-escalation of the potential for additional violence. CILs also described the importance of partnerships in Healing the Hood’s efforts to prevent retaliation. CILs reported that Movement 4 Life was a key partner in defusing potential retaliation due to their staff’s expertise in working with potential shooters and gang members. As with Healing the Hood, Movement 4 Life was reported to have a strong community network that supported information gathering and engagement with potential perpetrators.

All CIL sites and external partners emphasized Healing the Hood’s contribution to reducing violence and retaliation. CILs and external partners shared examples of Healing the Hood’s intervention in de-escalating tension and preventing potential subsequent shootings. One CIL lead reported a decrease in retaliatory violence that may cross neighborhood lines.

“If you’re getting constant back-to-back shootings all the time and you’re saying, ‘Okay, we just had a shooting in [one neighborhood]. We just had another one in [a different neighborhood]. It’s a retaliation from the one [in the first neighborhood],’ but you’re not having as many of those conversations.”

Similarly, a probation partner reported observing a decrease in expected retaliations.

“There have been a lot of incidents where we’re expecting, oh, there will be a subsequent series of shootings relative to this one event. And most times I think that I’ve seen Healing the Hood in place, that has not happened, or at least not in the immediate moment. It isn’t like the shooting happened Friday night and the next day there’s another in this other area [as retaliation]. I don’t think we’ve seen that nearly as much as we would have [without Healing the Hood].”

## ASSESSMENT OF RESULTS: PROGRESS TOWARD GOALS

The evaluation results indicate that the project met its goals and objectives and achieved the anticipated outcomes (as outlined in the logic model). Healing the Hood had two goals: (1) reduce the risk of community violence committed by youth who live in the BCLC focus neighborhoods; and (2) increase community capacity to intervene with gang-involved youth crime through a multilevel response to reduce the likelihood of retaliation or escalation.<sup>28</sup>

Regarding Goal 1, while the program did not meet its intended number of successful completions, CILs provided youth participants with consistent mentoring and support and connected youth and their families to a range of services and resources. As it relates to completing Healing the Hood, CILs highlighted participants' consistent engagement in services, such as making strides to accomplish personal goals. While these activities may not always lead to youth successfully exiting, they indicate progress and provide evidence of the strategy's positive influence on participants. This finding may also suggest opportunities to consider additional options for measuring successful program completion. Also, it is possible that pandemic-related challenges affected completion for some youth, as many families relocated and/or experienced economic hardship which may have precluded some participants' consistent involvement in Healing the Hood services.

Also related to Goal 1, youth assessment data produced promising results. A retrospective assessment found that 83% of youth receiving preventive services decreased their risk of gang joining, which exceeds the stated objective of 80% for this group. Of youth receiving intervention services, 73% reduced their gang involvement, which nears the objective of 80% for this group.

Evidence shows that Goal 2 was attained. The Healing the Hood crisis response team responded to 189 crisis incidents, 70% of which were shootings. Healing the Hood has a well-established, coordinated crisis response protocol which includes efficient communication between crisis response team members, provision of a coordinated array of support for victims and survivors of violence and their families, and strong coordination with law enforcement and hospitals. Crisis response team members reported responding to fewer crisis incidents as the grant period progressed, with a 62% decrease in the team's reported response to crisis incidents overall and a 58% decrease in the team's reported response to shooting incidents from October 2020-September 2021 to October 2021-September 2022; the timing of this reduction aligns with statewide trends. In addition, CIWs, CIL leads, and external partners highlighted Healing the Hood's contribution to reducing community violence including multiple instances where this intervention helped to defuse tensions and prevent potential retaliatory violence.

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<sup>28</sup> For Goal 2, "community capacity" refers to the crisis response team's ability to support families.

# DISCUSSION OF RESULTS

The evaluation indicates that Healing the Hood's strategies are engaging the intended population, connecting youth and families with a variety of community-based services and resources, and supporting reductions in community violence. Facilitators of implementation included CILs' community connectedness, which uniquely positions them to prevent and intervene in community violence; robust collaboration among CILs and with other partners; consistent engagement of youth; and organizational support for CIL staff wellness and self-care. In addition, some findings – such as the relatively low completion rate by participants – suggest opportunities for improvement, which could include enhancements to further support youth in maintaining consistent involvement in Healing the Hood programming.

At the individual level, retrospective assessments indicated that most youth enrolled in Healing the Hood showed improvements on outcomes such as participation in school and other positive activities and positive connections with peers and adults. In addition, during program participation, most youth enrolled in prevention strategies decreased their risk of gang joining and most youth in intervention services decreased their involvement in gang activity.

At the community level, Healing the Hood's crisis response team successfully responded to more than 180 community violence incidents, the majority of which were shootings. As the grant period progressed, CIWs and other crisis response team members reported responding to fewer crisis incidents. While other factors may also contribute to these observed decreases, this information suggests that the team's efforts are contributing to noticeable reductions in community violence in the focus neighborhoods. Moreover, qualitative data emphasized Healing the Hood's positive contributions to decreasing community violence including deterring potential retaliatory violence. These findings are supported by contextual measures that indicate decreases in the rates of violent crime and gang-related crime in the BCLC focus neighborhoods.

The results of the evaluation suggest that Healing the Hood is a promising model of community violence prevention and reduction. Other communities could consider implementing components of Healing the Hood based on local conditions and needs. Some components may be more transferrable than others. For example, Healing the Hood is supported by the well-established, robust BCLC network of organizations that serve youth and families. Similar collaborative networks that include a focus on violence reduction may not exist in other communities, which could affect implementation.

# RECOMMENDATIONS

The evaluation team developed the following recommendations for consideration by The Center and CILs, particularly as it relates to future cohorts of Healing the Hood. Recommendations are based on data collected for the evaluation, best practices, and the team's expertise.

**Continue to enhance support of youth and their families.** The Center and CILs could work together to explore and address some of the evaluation findings related to Healing the Hood implementation. For example, related to helping youth remain consistently involved and advance through programming, there may be opportunities to enhance processes for youth outreach and retention as well as strategies to provide ongoing support for participants' families. This may include partnering with other organizations in the BCLC network to connect youth and their families with needed services (in addition to those provided by the CILs) such as support with basic needs, mental health, etc.

**Pursue diversified funding sources.** The Center could jointly seek additional philanthropic dollars to support the CILs' continued implementation of Healing the Hood. Additional funding, particularly from sources with more flexibility than government funding, could help address issues raised by evaluation participants, such as providing meaningful incentives for Healing the Hood participation, which may increase and sustain youth involvement in the program; increasing staff capacity and compensation; and enhancing sustainability.

**Enhance self-care and training opportunities for CIWs.** The Center could support CILs in providing strategies such as paid time off specifically for self-care and flexible work hours and arrangements when feasible. Suggestions for training from evaluation participants included areas such as vicarious trauma, cognitive behavioral therapy, and case management. The Center could survey CILs about the types of self-care and training that would be beneficial.

**Explore additional methods to measure and describe Healing the Hood's outcomes and successes.** This could include reassessing the definition of successful program completion and considering alternative strategies to collect meaningful information about Healing the Hood's contributions to reducing violence. For example, to collect additional data about CIWs' efforts to de-escalate tensions and avoid retaliation, one suggestion for consideration is whether the CIWs could periodically (e.g., quarterly, semi-annually, etc.) share qualitative information related to this topic.

# APPENDICES

## APPENDIX A: ADDITIONAL INFORMATION ABOUT METHODS

### UPDATING THE HEALING THE HOOD YOUTH ASSESSMENT

As described in the local evaluation plan, the assessment of Healing the Hood participants' resilience and prosocial tendencies, as well as their level of gang involvement, intended to use two sets of measures: (1) the Building Resilience Against Violent Extremism (BRAVE), a standardized measure of the risk and protective factors for young people's resilience that includes attention to the role of cultural identity in resilience,<sup>29</sup> and (2) a four-point scale of youth's likelihood of gang involvement, based on assessment by the CIWs.

During the implementation of Healing the Hood cohort 3, some concerns about the appropriateness and relevancy of the BRAVE and the gang involvement scale emerged. Similar concerns arose during the development and startup of Restorative Youth Justice, a youth diversion program managed by The Center in coordination with the BCLC. To help understand these concerns, the Evident Change team facilitated conversations about the tools with outreach workers for Healing the Hood and Restorative Youth Justice. Themes from these conversations indicated that some items on the BRAVE are not appropriate for youth and can hinder staff's relationship development with participants. Staff also reported that the gang involvement scale was not a suitable tool for use in community-based settings.

To address these concerns, some modifications were made to Healing the Hood's youth assessment approaches. The use of the BRAVE was shortened from 12 to five items, with adaptations to the remaining five items to increase their youth-friendliness. CIWs did not administer the gang involvement scale if it did not appear to be relevant to individual participants. In addition, The Center worked with the CIWs to develop and administer a retrospective assessment to measure positive change in participants' resilience, prosocial tendencies, and gang involvement during Healing the Hood participation. CIWs completed the retrospective assessment for each youth near or at the close of the program period. Analysis of the BRAVE and the gang involvement scale are not included in this report due to small sample sizes.

### PROCESS AND OUTCOME EVALUATION INDICATORS, DATA SOURCES, AND TIMING

The following tables provide details about the process and outcome evaluation indicators, data sources, and timing.

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<sup>29</sup> Grossman, M., Hadfield, K., Jefferies, P., Gerrand, V., & Ungar, M. (2020). Youth resilience to violent extremism: development and validation of the BRAVE measure. *Terrorism and Political Violence*, 34(3).

[DOI: 10.1080/09546553.2019.1705283](https://doi.org/10.1080/09546553.2019.1705283)

TABLE A1			
PROCESS EVALUATION INDICATORS, DATA SOURCES, AND TIMING			
INDICATOR	DEFINITION	DATA SOURCE	TIMING
Number and demographics of youth participants	The number of participants enrolled in Healing the Hood and their demographic characteristics	Online case management system	Ongoing data entry; monthly reporting
Number and type of services and supports for youth participants	Services and supports that youth were referred to based on their assessed needs	Online case management system	Ongoing data entry; monthly reporting
Number of participants who successfully completed the program	Program completion is based on regular reassessment of gang involvement and regular completion of the BRAVE. As youth demonstrate a greater sense of self-efficacy and a reduced likelihood of gang involvement, they are moved to a follow-up status, in which CIWs continue contact with youth without intensive case management.	Online case management system	Ongoing data entry; monthly reporting
Number and type of crisis incidents; number and type of crisis responses	This information is based on the deployment of CIWs to crisis incidents.	Online case management system	Ongoing data entry; monthly reporting
Implementation quality (including recruitment and retention of CIWs)	Includes a focus on facilitators and challenges	Interviews and focus groups with CIWs, CIL leads, external partners, and The Center staff	In general, once during the grant period (per interview and focus group participant), with some exceptions

TABLE A2		
OUTCOME EVALUATION INDICATORS, DATA SOURCES, AND TIMING		
INDICATORS	DATA SOURCE	TIMING
Participants' resilience and prosocial tendencies	Online case management system	Near or at the close of the program period
Participants' risk of gang joining; level of gang involvement	Online case management system	Near or at the close of the program period
Levels of violent and gang-related crime in focus neighborhoods	Crime and Safety Report	Every two years

## APPENDIX B: LA GRYD AND CHICAGO CRED

### LA GRYD

Healing the Hood is based on the Los Angeles Gang Reduction and Youth Development (GRYD) model, with modifications over time for local context and needs. Managed by the City of Los Angeles Mayor's Office of GRYD, this model includes four components – community engagement, gang prevention, gang intervention, and violence interruption. Research has found that GRYD's prevention services support increases in participants' resilience and help participants avoid gang associations.<sup>30</sup>

The GRYD prevention and intervention models are both phased approaches, each consisting of seven phases, with services implemented by community-based organizations. While Healing the Hood was originally implemented using GRYD's seven phases for prevention and intervention services, The Center and the CILs revised this approach near the start of Healing the Hood cohort 3 to focus on four phases that correspond to but do not directly align with the GRYD phases.

Other similarities between GRYD and Healing the Hood include the following. As with GRYD, Healing the Hood staff with lived experience who are skilled in engaging youth – the Community Intervention Workers (CIWs) – provide outreach, case management, and mentoring for participants at all Healing the Hood sites. Additionally, like GRYD, training of CIWs and other CIL staff is an integral part of Healing the Hood.

Also of note, Healing the Hood is supported by the BCLC network, which provides an infrastructure of comprehensive, coordinated partnership and service provision. The BCLC approach may distinguish Healing the Hood from other models of gang prevention and intervention. One CIL lead reported the following.

“We've got the Black Child Legacy umbrella so that information can flow, and the services can flow both ways. I think that's a unique point for us here in Sacramento, that we've got this Black Child Legacy umbrella that covers us all and with that covering it allows us to be able to do some of the things that we may not be able to do otherwise.”

### CHICAGO (CREATE REAL ECONOMIC DESTINY) CRED

Chicago (Create Real Economic Destiny) CRED has also influenced Healing the Hood's approach. Chicago CRED, which seeks to reduce local gun violence, includes street outreach, life coaching, trauma counseling, education, and job training. A preliminary evaluation indicates that Chicago CRED has success on participants' educational attainment; the program also supports reductions in gunshot injuries experienced

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<sup>30</sup> Brantingham, P.J., Herz, D.C., & Kraus, M. (2022). *Increasing resilience to prevent association with gangs: Assessing the impact of GRYD Prevention services* (GRYD Research Brief No. 12). California State University, Los Angeles.

[https://www.juvenilejusticeresearch.com/sites/default/files/2022-09/GRYD%20Brief%2012\\_The%20Impact%20of%20GRYD%20Prevention%20Services\\_9.2022.pdf](https://www.juvenilejusticeresearch.com/sites/default/files/2022-09/GRYD%20Brief%2012_The%20Impact%20of%20GRYD%20Prevention%20Services_9.2022.pdf)

by participants and in participants' arrests for violent crimes.<sup>31</sup> Guidance provided by Chicago CRED helped to shape Healing the Hood's crisis response protocol and strategy. Healing the Hood staff have attended several training sessions facilitated by Chicago CRED on topics including techniques for community engagement and interaction.

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<sup>31</sup> Northwestern Neighborhood & Network Initiative. (2021, August 25). *Reaching and connecting: Preliminary results from Chicago CRED's impact on gun violence involvement*. Institute for Policy Research Rapid Research Report.



## APPENDIX C: GRANTEE HIGHLIGHT

[The Center at Sierra Health Foundation's](#) Black Child Legacy Campaign (BCLC) developed its Healing the Hood strategy to reduce gun violence in Sacramento County through an integrated, collaborative approach of prevention, intervention, and crisis response. It is funded by the California Violence, Intervention, and Prevention (CalVIP) program through the California Board of State and Community Corrections. Overall, the BCLC focuses on reducing the four main causes of death for Black/African American children and is powered by investments from the County and City of Sacramento and First 5 Sacramento.

Healing the Hood is based on the Comprehensive Strategy of the Los Angeles Gang Reduction and Youth Development (GRYD) model, adapted for local context and needs. It is a three-tiered approach of services:

- 1) **Prevention:** focused on at-risk youth who may be vulnerable to gang involvement or gun violence
- 2) **Intervention:** designed for youth and young adults already involved in violence
- 3) **Crisis response and violence interruption:** engages those involved in gang activity and/or gun violence, and victims and survivors of violence and their families.

The evaluation of Healing the Hood indicated that consistent engagement of participants was a key facilitator of program implementation. Healing the Hood sites connected youth with programming and resources that supported positive youth development and provided mentoring and support. Services for participants were coordinated by Community Intervention Workers (CIWs), who have lived experience and are skilled in building trusting relationships with youth. Success stories of Healing the Hood participants, as shared by CIWs and other program staff, include the following.

- A youth who was involved in a gang began participating in Healing the Hood services and told staff that he wanted to make changes in his life. The CIW reports that this youth has begun to take steps toward this goal, including completing his community service hours, doing yard and maintenance work to earn extra money, and attending class more frequently. The CIW noted that this mindset represents a positive change for this youth.
- A young man who was part of Healing the Hood enrolled in a pre-apprentice training program for Heating, Ventilation, and Air Conditioning (HVAC) and plumbing. He excelled in this program, even helping to tutor others in the program. As the next step in his career, he passed the exam to join the HVAC apprenticeship program. However, he did not have a high school diploma and did not qualify for the apprenticeship program, as this is a requirement for participation. He was determined to join the apprenticeship program and returned to school to earn his high school diploma. The site reported that this youth recently received his diploma and is on track to start the apprenticeship program.
- During the COVID-19 pandemic, two brothers who needed additional support in their home environment and were not attending school regularly connected with a CIW at a Healing the Hood site. Through this connection, the brothers enrolled in a workforce development program that provided a stipend for participating. The Healing the Hood site helped them get involved in other community-based

programming, including basketball. These activities surrounded them with caring adults and helped increase their confidence. In the meantime, the boys' home life began to stabilize, which also positively affected them. "Those kids don't get in trouble at all anymore and they're really back in school, going to school like they should be," reported the Healing the Hood site.