



City of Inglewood
I-CARE Project
Local Evaluation Plan
July 2015

OVERVIEW OF THE I-CARE PROJECT

The figure below is a logic model of the I-CARE Project. It graphically represents the project's theory of action to achieve the overall goal, which is to reduce the risk-factors that contribute to gang-related crime and violence through a regional approach that coordinates multi-jurisdictional law-enforcement efforts with the evidence-based programs and services of city, school and community partners. The target population includes at-risk and high risk youth. Tier 1 includes at-risk youth who are status offenders based on school discipline problems, underage drinking, truancy, curfew violations, defiance, and other risk-associated behaviors. Tier 2 includes high-risk youth attached to the juvenile justice system (e.g. cited/arrested for misdemeanor and/or felony offenses).

Moving from left to right, the logic model begins with inputs, which are the resources available and dedicated to the project. The project activities describe how the inputs will be used to achieve the outcomes, i.e., the anticipated benefits or changes as a result of program activities. The outputs (or process measures) are the direct products of the project activities (e.g., the number of participants served, type of services provided, etc.) that will help to accomplish the desired outcomes.

The I-CARE Project objectives include the following for the 600 youth, aged 11-17 to be served:

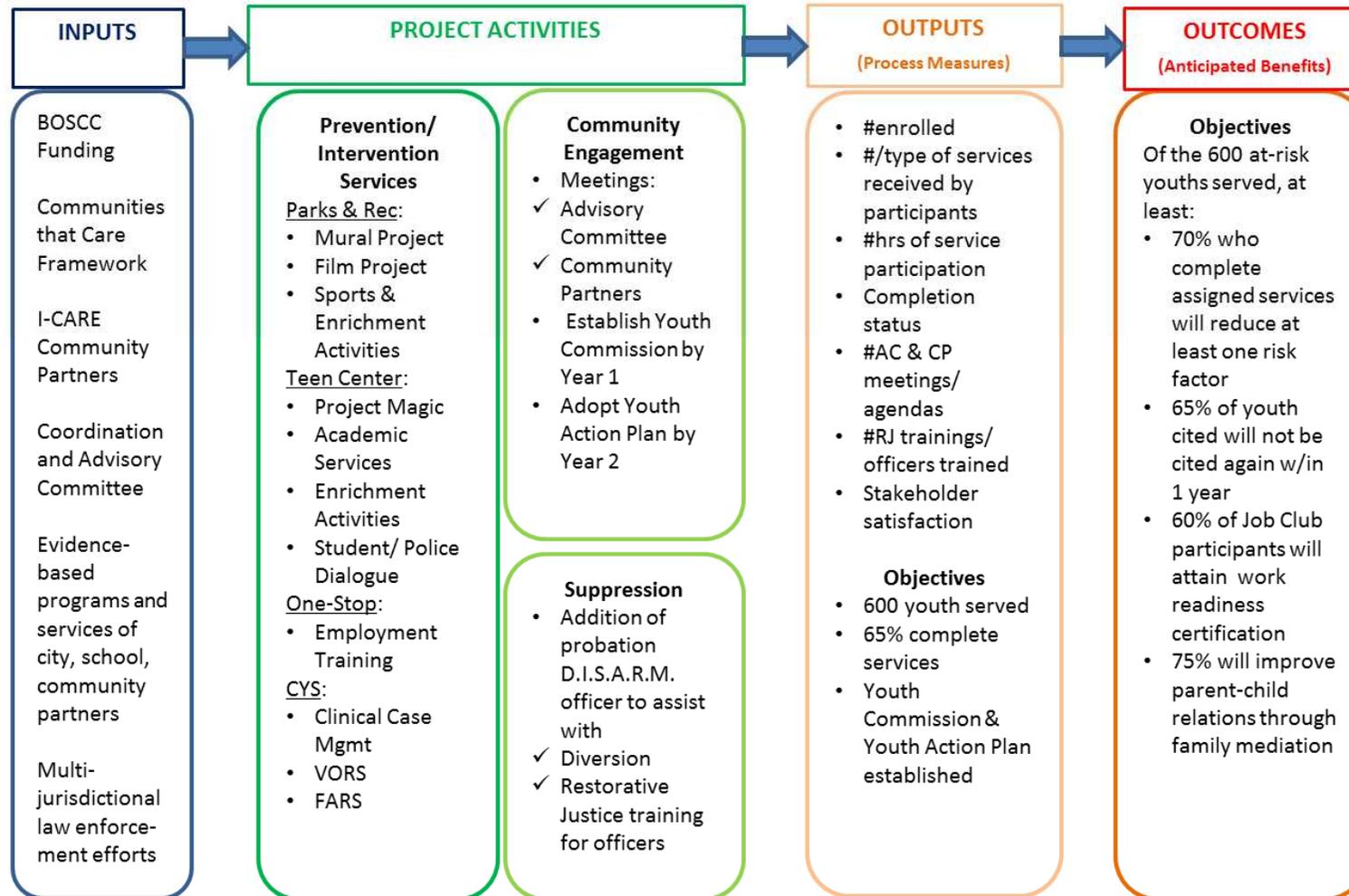
1. At least 65% of youth will complete assigned services
2. At least 70% of youth who complete assigned services will reduce at least one risk factor that contributes to gang-related crime and violence
3. At least 65% of youth who are cited for a juvenile offense will not be re-cited within one year
4. At least 60% of participants in Job Club will attain industry-recognized work readiness certification
5. At least 75% of parent-child relations will improve through family mediation (Outcome)
6. The community engagement process will result in the establishment of an Inglewood Youth Commission by Year 1 and an adoption of a Youth Action Plan by Year 2

Objectives #1 and #6 will be addressed in the process evaluation, and Objectives #2 through #5 will be addressed in the outcome evaluation.

I-CARE Project Logic Model (draft)

Overall Goal: *To reduce the risk-factors that contribute to gang-related crime and violence through a regional approach that coordinates multi-jurisdictional law-enforcement efforts with the evidence-based programs and services of city, school and community partners.*

Target Population: Tier 1 - *at-risk youth who are status offenders* ; Tier 2 - *high-risk youth attached to the juvenile justice system* .



LOCAL EVALUATION PLAN

The design of the I-CARE Project Local Evaluation Plan (LEP) consists of a mixed-method process and outcome evaluation, involving quantitative and qualitative data collection and analysis. The evaluation seeks to answer the following questions:

1. How is the I-CARE project being implemented? (Process Evaluation)
 - a. Who participates in the I-CARE project and what is the nature of participation?
 - i. How many youth participated in Tier 1 or Tier 2 services?
 - ii. What services were received by each participant?
 - iii. How many youth completed or dropped out before completing the assigned services?
 - b. How were services coordinated and delivered by collaborating agencies?
 - i. Did the community engagement process result in the establishment of an Inglewood Youth Commission by Year 1 and an adoption of a Youth Action Plan by Year 2?
 - c. What has been successful?
 - d. What have been the challenges?
2. To what extent have the outcome objectives been met? (Outcome Evaluation)
 - a. At least 70% of youth who complete assigned services will reduce at least one risk factor that contributes to gang-related crime and violence
 - b. At least 65% of youth who are cited for a juvenile offense will not be re-cited within one year
 - c. At least 60% of participants in Job Club will attain industry-recognized work readiness certification
 - d. At least 75% of parent-child relations will improve through family mediation (Outcome)
3. How can the results of this evaluation be used to support the refinement and sustainability of the I-CARE project?
 - a. In what ways can the results of the evaluation be used to better direct funds into areas of highest need?
 - b. Which services and elements of the project should be sustained?
 - c. In what ways can the results of the evaluation be used to develop a plan for delivery of sustained services, including opportunities to merge and deliver activities with other services or providers?

Process Evaluation

In order to address the questions about program implementation, the process evaluation will include collecting data on the:

- Number of participants enrolled
- Number of participants receiving services
- Type of services received by each participant
- Number of services (dosage) received by each participant
- Number of hours of participation in each service
- Completion status of each participant

- Satisfaction of stakeholders (youth, program team, community partners, law enforcement) with the program implementation, including successes and challenges
- Establishment of an Inglewood Youth Commission by Year 1
- Adoption of a Youth Action Plan by Year 2

The process data are being collected by key community partner organizations that are providing the majority of services. These community partners have well established data collecting systems to track the number of youth who are enrolled in their programs and receiving services, the type and number (dosage) of services received by each participant, the number of hours of participation in each service, and completion stats of each participant. The intent is to standardize and centralize these data and collection utilizing CYS's participant database. The evaluators will work with the partners and the database programmer to expand and upgrade the database to meet the demands of tracking the project participants. Surveys, interviews and focus groups as appropriate with each stakeholder group will be conducted regarding satisfaction with the program.

The process evaluation will provide timely feedback on program implementation to the project team, Advisory Council and I-CARE community partners. Such data will provide the basis for determining progress against meeting monthly, quarterly and annual project benchmarks. As reports will provide data enabling a comparison between planned performance/accomplishments and what is actually achieved, variations from planned levels will serve as the basis for adjustments in I-CARE strategies, approaches, services, content, and dosage. Variations (downward or upward) exceeding 10% will trigger review and possible action. The Project Manager, along with assigned South Bay Workforce Investment Board (SBWIB) and CYS managers and staff, will confer on a weekly basis regarding project activities and progress. As monthly reports are released, the team will identify variances that require attention. The Project Manager will be authorized to make real time process improvements that do not alter design. For issues suggesting a design change, staff will consult with the I-CARE Partners to consider options and devise solutions. Substantive changes may be directed to the attention of the Advisory Council.

Outcome Evaluation

Data will be collected and analyzed to determine the extent to which the outcome objectives have been met.

- **At least 70% of youth who complete assigned services will reduce at least one risk factor that contributes to gang-related crime and violence (Objective 2):** Prior to participating in the I-CARE project, youth will be given an assessment that will measure risk factors that contribute to gang-related and/or pro-criminal violence and behaviors. Upon exiting the I-CARE project, participants will be given the same assessment. Participants may be assessed for a third time within the 12 month period after exit, if deemed necessary. The external evaluator will work with project staff to refine and/or develop this assessment. The tools used to collect this data may be in-take forms, surveys, assessments, self-reports from the youth, staff observations, or a combination of these data collection methods. I-CARE partners have identified a robust list of risk factors that contribute to gang-related crime and violence, and the external evaluators will collaborate with the partners to create a list of select risk factors and determine how to best collect these data.

Review of existing tools will include but not be limited to those found in The Colorado Trust's *After-School Initiative's Toolkit for Evaluating Positive Youth Development* (2004) and Rutgers

University Behavioral Health Care's site *Searchable Inventory of Instruments Assessing Violent Behavior and Related Constructs in Children and Adolescents* (<http://pluto.rbhs.rutgers.edu/vinj/vaid/browse.asp>).

Repeated measures analysis of youth participants' pre and post risk assessments will help to determine whether participation in I-CARE has contributed to a reduction in risk factors.

In addition, pre and post to participating in the I-CARE project, youth will be asked to complete a survey on key attitudinal and behavioral changes that are anticipated as a result of participation in I-CARE. The domains included on the survey will be determined after discussion with I-CARE staff and review of the risk assessment. Pre-post survey analysis will be one additional measure of the impact I-CARE may have had on the participants. The survey can also include feedback from the youth participants on the project.

- **At least 65% of youth who are cited for a juvenile offense will not be re-cited within one year (Objective 3):** Data will come from participating law enforcement agencies. These agencies systematically collect and track this information at the individual level and will share this data with the I-CARE evaluation team.
- **At least 60% of participants in Job Club will attain industry-recognized work readiness certification (Objective 4):** The data will be collected and reported by South Bay One-Stop. This program provides employment readiness assessment and training to youth, and it documents the number of youth who receive a work-readiness certificate through its Job Club program. One-Stop will provide this information to the I-CARE evaluation team.
- **At least 75% of parent-child relations will improve through family mediation (Objective 5):** The main partner that oversees this intervention and collects and reports this data is Centinela Youth Services. CYS will provide this information to the I-CARE evaluation team.

The results of the process and outcome evaluation will be able to address the following questions, leading to the I-CARE Project's next steps.

- In what ways can the results of the evaluation be used to better direct funds into areas of highest need?
- Which services and elements of the project should be sustained?
- In what ways can the results of the evaluation be used to develop a plan for delivery of sustained services, including opportunities to merge and deliver activities with other services or providers?

Evaluation Activities

Table 1 summarizes the evaluation tasks and timeline.

Table 1. Evaluation Tasks and Timeline

Evaluation Activities & Deliverables for Year 1	Tentative Timeline
Planning Phase	
Meet with SBWIB, Inc. to discuss overview of project, discussion of scope of work, evaluation questions and start-up.	June 23, 2015
Meet strategic partners engaged in the project; attend partnership and advisory council meeting(s) as scheduled. Review CalGRIP I-CARE Project application, partner roles and background for planning.	June – July 2015
Submission of a Local Evaluation Plan: The purpose of the Local Evaluation Plan is to develop a detailed description of how the CalGRIP I-CARE Project will be evaluated. Respondents will need to submit an Evaluation Plan that describes the research design that will be used to evaluate the effectiveness of the project, with the project goals (i.e., the expected benefits to participants or the community) and the project objectives (i.e., specific measurable accomplishments intended to advance project goals) stated clearly.	July 24, 2015
Data Collection & Monitoring Phase	
Instrument Selection and Development	October 15, 2015
Consultation on the Expansion of CYS Database for Participant Tracking	September 15, 2015
Database Training of Key Staff	December 10, 2015
Data Collection	Ongoing
Data Processing/Management	Ongoing
Data Analysis & Reporting Phase	
Quantitative/Qualitative Data Analysis	Ongoing
Monthly Feedback Reports	Ongoing
Evaluation Management <ul style="list-style-type: none"> • In-person, virtual, conference call meetings • Communications - Emails/Calls • Administration 	Ongoing

Evaluation Activities & Deliverables for Year 2	Tentative Timeline
Data Collection & Monitoring Phase	
Instrument Development/Refinement	January 29, 2016
Maintenance of CYS Database	Ongoing
Data Collection	Ongoing
Data Processing/Management	Ongoing
Data Analysis & Reporting Phase	
Quantitative/Qualitative Data Analysis	Ongoing
Monthly Feedback/Interim Progress Reports	Ongoing
Evaluation Management <ul style="list-style-type: none"> • In-person, virtual, conference call meetings • Communications - Emails/Calls • Administration 	Ongoing
Evaluation Activities & Deliverables for Year 3	Tentative Timeline
Data Collection & Monitoring Phase	
Maintenance of CYS Database	Ongoing
Data Collection	September 29, 2017
Data Processing/Management	October 14, 2017
Data Analysis & Reporting Phase	
Quantitative/Qualitative Data Analysis	November 11, 2017
Monthly Feedback/Interim Progress Reports	Ongoing
Draft of Final Local Evaluation	December 15, 2017
Final Local Evaluation:	January 15, 2018
Evaluation Management <ul style="list-style-type: none"> • In-person, virtual, conference call meetings • Communications - Emails/Calls • Administration 	Ongoing

ADDITIONAL INFORMATION ON THE TARGET POPULATION AND INTERVENTIONS

In the I-CARE Project, specific evidenced-based (EB) strategies and programs are being delivered through two tiers of service. Tier 1 provides prevention services to 180 at-risk youth per year who are status offenders (referred from School Attendance Review Board (SARB), school police and other agencies/mechanisms) based on school discipline problems, underage drinking, truancy, curfew violations, defiance, and other risk-associated behaviors. EB strategies in Tier 1 will focus on regular attendance (2-3 times per week) in quality after-school program activities provided primarily through City of Inglewood Parks, Recreation and Library Services Department, and the South Bay Workforce Investment Board (SBWIB) Inglewood Teen Center and South Bay One-Stop Center/Inglewood. Table 2 provides details of the key Tier 1 projects of I-CARE.

Tier 2 consists of diversion interventions that address specific behaviors and attitudes of 20 high-risk youth per year attached to the juvenile justice system (e.g. cited/arrested for misdemeanor and/or felony offenses). Interventions will be provided through CBO partner Centinela Youth Services (CYS) Everychild Restorative Justice Center (ERJC) and a referral network of approved mental health and social service providers. The ERJC has adopted the National Association for Social Workers standards for evidence-based social work, which includes intensive person-centered case management services, person-in-environment framework, a strengths-based perspective, and intervention at the micro, mezzo and macro levels. Table 3 presents the services offered through the key Tier 2 programs in the I-CARE project.

Table 2. Key Tier 1 Project Details

Project	Program Components	Target # per year	Ages	Program Length	Eligibility Criteria	Successful Completion	Dropout Tracking	Referral Methods
Parks and Recreation, Mural Project	Youth work with artist and art advocate to design, develop, and produce mural/art work at Rogers Park	20	11-17	3 days a week, 3 hours a day, for 8 weeks	Age, living in gang hot spot, in foster care, open case with DCFS, appeal from parent based on need/behavior, family situation	Complete 70% of service hours	Maintain attendance logs and participation assessed throughout process	PRLS Case Management, I-CARE partners, open call
Park and Recreation, Film Project	Students learn the craft of filmmaking and learn the value of storytelling	25	11-17	3 days a week, 3 hours a day, for 8 weeks	Have status offenses, school discipline problems, defiance and other behavior associated with risk for gang affiliation, reside in risk factor area	70% attendance	Maintain attendance logs and participation assessed throughout process	I-CARE Partners
Parks and Recreation, Sports & Enrichment	Football, basketball, track, etc., and afterschool recreation	50	11-17	2-4 times a week for 3 hours for 8 weeks	Age, residency, open case with DCFS, appeal from parent based on need/behavior, family situation	70% of service hours	Maintain attendance logs and participation assessed throughout process	PRLS Case Management, open recruitment, IUSD, I-CARE partners
Teen Center, Project Magic	Provide academic success by modifying attitudes towards alcohol and drugs while enhancing life skills	25	13-17	20 half hour sessions (3x/wk for 2 months)	Completed enrollment packet, open enrollment	Certificate of completion	Complete 70% of sessions	Existing Teen Center youth, partner agencies
Teen Center, Academic Services	Provide homework assistance and tutoring	30	13-17	4 days a week, 3 hours a day	Completed enrollment packet, open enrollment	N/A	N/A	Existing clients, partner agencies
Teen Center, Enrichment Activities	Different clubs for students to belong to, such as leadership club, nutrition club, anime club, and field trips	60	13-17	2 times a week, 1.5-2 hours per session	Completed enrollment packet, open enrollment	N/A	N/A	Existing clients, partner agencies
Teen Center, Student/Police Dialogue	Dialogue with police officers and youth to enhance relationships between the two and change negative attitudes	30	13-17	4 times a year for 2 hours	Completed enrollment packet, open enrollment	Complete post-survey	N/A	Existing clients, partner agencies
One-Stop, Employment Preparation	Provide pre-employment assessment and training to youth	20	14-17	30 hours of instruction	At least one risk factor, did not pass work-readiness pre-assessment	21 hours (70%) of instruction, completion of post-assessment	Sign-in sheets	Schools, partner agencies, walk-ins/self-referrals

Table 3. Key Tier 2 Project Details

Project	Program Components	Target # per year	Ages	Program Length	Eligibility Criteria	Successful Completion	Dropout Tracking	Referral Methods
CYS, Clinical Case Management	Conduct evidence-based risk assessments for case management and make home and school visits, connecting youth and families with necessary services such as mental health treatment, educational recovery, enrichment, etc.	20	11-17	3-6 months, depending on risk level/needs	Felony or misdemeanor offense (1 st , 2 nd , or 3 rd offense), no prior sustained felony petition or conviction, youth agrees to participate (voluntary)	Complete assigned case plan	Noted as "unsuccessful" in database, with key reasons	Law enforcement, probation, courts
CYS, VORS	mediation with victim and perpetrator of crime to make amends and negotiate restitution		11-17	One meeting (average 90 minutes each) and follow on restitution agreement	Felony or misdemeanor offense (1 st , 2 nd , or 3 rd offense), no prior sustained felony petition or conviction, youth agrees to participate (voluntary)	Complete restitution agreement	Tracked in database	Law enforcement, probation, courts
CYS, FARS	mediation between parents and teens in conflict to negotiate resolution		11-17	3-4 sessions (average 1.5-2 hours each), usually across 2.5-3 months	Parent and teen willing to participate (voluntary), not an abuse/mental health situation	Participate in 2 sessions and come to agreement on key issues	Tracked in database	I-CARE partners, schools, law enforcement, probation, SARB boards, self-referral