

Community Response Network Evaluation Planning Project

Final Report

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Prepared by:

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and

**the University of California, San Francisco's
CTSI Community Engagement Program**

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Community Response Network Evaluation Planning Project

My ideal violence prevention system would be the development of a village. In this village youth would have all the mental health and employment support they needed so that referrals wouldn't have to be made out. These children would grow up as productive members of the community and help to create more villages of peace. (BVHP)

I advocate for services in the hopes that kids will learn self-determination and self-sufficiency. Only when they believe in the new tools they have gained will they have the ability to see the bigger picture instead of all the divisions, and only then can they even begin to think about the possibility of peace. (Mission)

I have two goals. One is our CRN goal to deescalate conflict in the street and in the schools. I have a personal goal that supports that: to know about different cultures by collaborating with other CRNs. (API)

I think success is when the elderly people in the Westside feel comfortable enough to sit on their porches at night. (WA)

Community Response Network (CRN) Evaluation Planning Project

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SECTION ONE: INTRODUCTION

The Community Response Network (CRN) Evaluation Planning Project was funded through a five-month agreement with the Community Engagement Program of the University of California, San Francisco's (UCSF) Clinical Translational Science Institute and the UCSF University-Community Partnership Program. Dr. Davis Ja and Associates, Inc. was independently contracted to partner with UCSF to co-design and conduct the CRN Evaluation Project. The goals of the evaluation planning activities were to: (1) assess the evaluation readiness and capacity of CRN programs, (2) understand how the CRN operates, and (3) lay the groundwork for an evaluation strategy and plan. The goal of the Evaluation Planning Project was not to assess the effectiveness of CRN activities or evaluate CRN outcomes. Outcomes of this Project will, however, contribute to a CRN capacity-building effort currently underway.

A. CRN Program Description

The Community Response Network is an emerging model using a collaborative, community-based consortium approach to address youth gang violence and the street violence crisis by providing violence prevention and care services and incorporating community-based programs and existing neighborhood services with those of the City of San Francisco. The CRN serves as a vehicle for multiple agencies to interact with and coordinate services with several City departments including the Juvenile Probation Department, Police Department, Department of Public Health, District Attorney's Victims Services Unit, and others as necessary.

The primary goals of the CRN are to de-escalate and prevent violence, follow up with families and communities after violence has occurred, facilitate community and individual healing after violence, and coordinate services of City departments in the service of the community. In order to accomplish these goals, the CRN uses the following strategies: (1) crisis response, (2) care management services, and (3) street level outreach.

The CRN was founded in the Mission District over four years ago and was built upon the philosophy of its predecessor, the CALLES program. Until 2006, it had operated on a minimal budget for three years, when the Department of Youth Children and Families expanded core funding for CRNs to support neighborhood-based violence prevention services in the Western Addition and Bayview-Hunter's Point/Potrero Hill neighborhoods. Another CRN organization was developed to provide city-wide violence prevention services primarily to the Asian American and Pacific Islander populations of San Francisco. In this report, we'll refer to the four CRN sites as the Mission-CRN (Mission), the Western Addition-CRN (WA), The Bayview Hunter's Point-Potrero Hill- CRN (BVHP/PH-CRN) and the Asian and Pacific Islander-CRN (API).

B. Background

Understanding the context in which the CRN works is critical to understanding the work of each CRN. The local economic, political and social-historical factors that impact CRN neighborhoods and communities provide the context to understand the more nuanced strategies, tactics, and

activities on which each program is based. In the Evaluation Plan Project, staff members shared how the increase in poverty, pervasiveness of the drug economy, gentrification, racism, segregation, systematic and internalized oppression, weak family structure, and community disorganization and fragmentation have led to the rapid development of youth gang sub-cultures and criminal activity.

Indeed, murder rates nationally and in San Francisco have reached unprecedented levels. In 2007, San Francisco's homicide rate was its highest in over a decade.¹ The impact of the national economic recession has had an adverse effect on the City's economy and ability to curb escalating violence. This recession can only amplify the problems of an already under-resourced social welfare system, hitting the City's most underserved and disadvantaged populations the hardest. The CRN disproportionately felt this impact because the City's most underserved communities reside within its program area. As a result, the CRN must contend with increasing violence rates without the support of a well-funded social service network and healthy local economy. Because social programs have continually been cut in CRN program areas, it is difficult for these neighborhoods to trust that new and emerging programs will be able to provide long-term support. This lack of trust has presented challenges to community engagement and buy-in.

¹ KCBS Local News. *Final Tally Shows SF Murder Rate Highest in 12 Years*. January, 15, 2008. Online Resource: <http://www.kcbs.com/pages/1482830.php?>

SECTION TWO: METHODS

A. Data Collection Approach and Design

The Evaluation Planning Project is a formative evaluation that employed qualitative data collection techniques. Because the CRN program uses innovative approaches to build community capacity and curb gang-related youth violence, the evaluation team needed to understand the program from the point of view of those who deliver program activities. Describing program staff's explicit or implicit assumptions that drive their activities required the nuance of narrative methods because these methods are best suited for understanding how programs operate. Qualitative measures allow the evaluator to capture the unpredictable and put participant's subjective perspectives in context.

Data collection methods involved a qualitative interview protocol developed by the Evaluation team. Interview questions were geared towards front-line CRN staff and program directors and attempted to capture the daily operations, activities, and policies of CRN workers, program strengths and challenges, underlying program theories and philosophical goals, and staff or program needs and assets. These descriptions can provide the foundation for a CRN-wide evaluation. Only by understanding the experience of providing services from the point of view of the providers can we begin crafting an appropriate evaluation. Ideally, interviews of CRN clients will also be included in the final Evaluation Project Plan. Unfortunately, funding limitations prohibited that step at this time.

In line with a participatory empowerment-based approach, CRN Program Directors, Consultants and Coordinators collaborated with the Evaluation Team, reviewed and modified the interview question guide, and helped develop an appropriate method of surveying program staff and to pilot the interview protocol. CRN consultants also helped frame the structure of this report.

B. Data Collection Procedure

The Evaluation Team trained thirteen clinical psychology doctoral (Ph.D.) students at the California School of Professional Psychology (CSPP) at Alliant International University to conduct and implement the interview protocol with CRN program staff. All of the students were enrolled in a required advanced research methods graduate course on program evaluation taught by Dr. Davis Ja.

Interview sessions were coordinated with each of the CRN program sites in order to provide a forum through which the CSPP doctoral students could interview CRN program staff.

In order to emphasize depth over breadth, coordination attempts focused on recruiting a purposive sample of staff members to be interviewed from each CRN site. Due to the strict time limitations of CRN program staff and interviewers, attempts were made to schedule one-hour long interviews with at least two-thirds of the CRN staff at each program site.

Twenty-seven CRN staff were surveyed out of a total number of 44 CRN program staff. Each interview lasted approximately one hour. Interviews were conducted from Oct.11, 2007 to November 1, 2007.

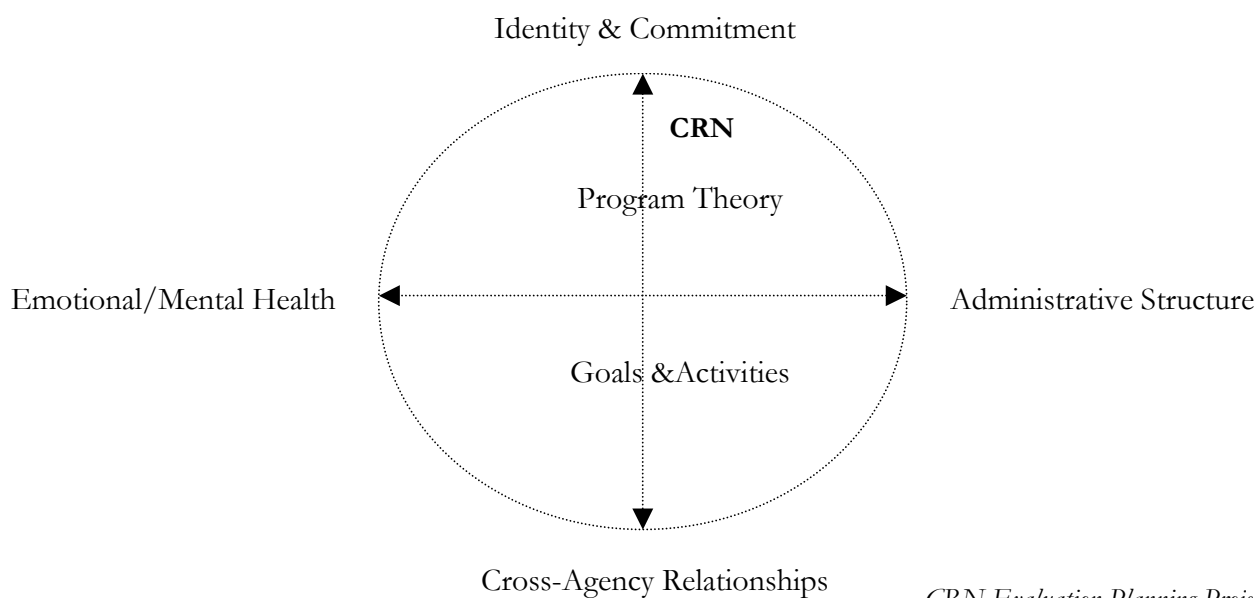
The interview structure varied slightly due to the different preferences of CRN Directors. For example, the BVHP/PH-CRN staff members were interviewed in small groups defined by job description. All other CRN interviews with other sites were conducted individually on a one-on-one basis. **Table 1** displays the percentage of CRN staff interviewed by program site.

Table 1. Percentage of CRN staff Interviewed

CRN Program	# Of Staff Interviewed	% Interviewed
API	9/14	64%
Mission	9/15	60%
BVHP-PH	7/10	70%
WA	2/5	40%
TOTAL	27/44	61%

C. Data Analysis

Student interviewers took detailed notes at each interview, including direct quotes from their interviewees. The Evaluation Team then summarized, coded, and analyzed the interviews by each CRN program and by the city-wide CRN program as a whole. Preliminary data were presented to the Consultation Team of the CRN (Joanna Uribe, Duane Poe, and Mitchell Salazar) who elaborated on the themes and suggested that the themes be organized within a framework akin to the traditional Medicine Wheel, using Four Directions for Four Attributes: North-Spiritual (Identity & Commitment), East-Physical (Administrative Structure), South-Intellectual (Cross-Agency Relationships), and West-Emotional (Emotional/Mental Health). These directions encircle the central organizing core of the CRN: the goals and theory. The following shows the themes that were initially developed as they emerged from the analysis of the interviews:



SECTION THREE: FINDINGS

From the interviews, it's clear that the CRNs have accomplished much in a relatively short time. Three neighborhood CRNs and one cross-city CRN have been launched. Each has responded uniquely to its context, assets, and history. All have developed multiple strategies for addressing both the threat and consequences of violence. From the interviews, we were able to learn about CRN successes, strengths, challenges, and needs. In the following report, we will present our analysis of the information learned in the interviews, and at the same time attempt to stay faithful to the words and spirit of the CRN staff and managers who generously gave their time and insights.

We will begin this section with success stories: some examples of the quality of work that has been accomplished by the CRNs. The sections that follow will present each of the five primary themes with quotes from the interviews to highlight key points. We have included the words of the CRN staff and managers because of their power to communicate their experiences directly. We will conclude with a series of recommendations based on these interviews.

A. Success Stories

We feel it would be important to begin with accounts of the successes that CRN staff members have been able to accomplish in their communities. The following program stories highlight effective interventions in each of the four CRN program sites, illustrating the CRN model's potential for revolutionary social change.

Outreach worker: *"This one time, there was a crisis with an API individual at a school in the Mission. I responded to that crisis and the youth (mainly Latino) in the neighborhood were thinking 'what is this guy doing here?' A kid who had seen one of my talks in his school in the Mission came up to me and said, 'Hey, I remember you. You spoke at my school and I liked what you had to say.' The other youth on the scene relaxed once they realized that I was cool and that this kid knew me."* (API CRN)

This staff member's ability to gain trust and respect broke down ethnic and neighborhood boundaries, which is essential for targeting one of the root causes of the violence; racism and ethnic/neighborhood division.

Care manager: *"I ended up working with a client whose brother was an old rival of mine. In the past I had really hurt his brother. He was forced to see me as his case manager due to the terms of his probation. In the beginning he was just seeing me because he had to and because he wanted to get his hours of counseling over with. Through our conversations we ended up building a connection. I began to convince him that back when I hurt his brother, I was a different person. I was a character playing a role and wearing a mask. I told him that the transformed person he was talking to now was not the same person that had hurt his brother. I stated that all of us who are in 'the life' share this experience. We are all characters playing out different roles and hiding our true selves under a mask. My client came to understand my remorse and began to see me for what I really was, not just who I had pretended to be in the past. He also became aware of his own act and the multiple masks that he wore, and got down to who he really was. I helped him get his GED license and get a construction job . . . get out of the gang and move out of the neighborhood . . ."*

. this experience was really successful . . . we were able to break down a lot of boundaries. We were former rivals and we were able to find a way to talk and heal over the pain we had inflicted on each other's families. I may have hurt his brother in the past, but I was now saving him from the same life that had hurt his brother." (MISSION CRN)

This staff member's experience underscores the power of rehabilitation and the importance of peer to peer interventions in healing the cycle of violence.

The CRN Internship program was really successful. Ten youth from the community were selected to shadow the CRN Staff. They learned how to be positive role models in the community. This internship program provided a venue to increase the critical mass of youth leaders against violence in BVHP. (BVHP-PH CRN)

Creating positive opportunities for youth is a critical method for changing the culture of violence. The CRNs play an important role in identifying barriers to youth success and helping youth see new and alternative options.

Outreach worker: *"We were really successful in handling a homicide that happened in June. X, who we all knew, was a young kid who got caught up in gambling. He ended up getting shot. One of our outreach workers was on the scene immediately. He told a bunch of X's friends who wanted to pop off, to come with him to our home base to talk about what had just happened. We had one of our mental health therapists there to talk to them. I saw 20 or so odd Black men walking down the street and I thought there was going to be a problem. But with our street outreach worker's leadership the men sat down and started to vent about how they felt with the therapist. The therapist really allowed them to share their feelings, which diffused the situation, and allowed them to use their anger in a different way."* (WA CRN)

This intervention shows how diffusing potentially violent situations by channeling outrage in a positive way can address of violent retaliatory action.

CRN managers describe their staff as success stories in themselves. Staff members' personal experience and, most importantly, their understanding of their experience, is a key part of how the CRNs are designed. CRNs provide a vehicle for community members to translate their community wisdom and street credibility into something that can be of service to others.

"X spent most of his adolescence and adult life in prison. He was tried as an adult for a felony he committed as a minor. X explained that as an adolescent, he was experiencing a lot of the same pressures and issues that many monolingual immigrant and refugee youth face today. His parents were working multiple jobs and he found his family and peers out on the street. He became involved in the gang life. Because of his history, X knows first hand the pressures that tempt young immigrant youth into the gang life. He also knows the challenges that monolingual youth face in navigating the criminal justice system.

In prison, X became self-educated, opening up his political and social consciousness. He went through a personal transformation by gaining a critical understanding of his past and what had led him to prison. X believes his background is his biggest asset, because he has walked down the path that many of his youth clients have. He understands what it is like to go through the criminal justice system as a monolingual youth from an immigrant family.

He understands the reality of prison and the conditions that lead youth on the path he had taken. His background gives him instant street credibility as soon as he opens his mouth and youth realize what he has been through.

X became involved in mentoring at risk youth after prison because he noticed the alarming number and increase of these youth in prison. It was difficult for him to get a job as a convicted felon. Employers could only see his prison record not his personal transformation. The support of his community and his employment with the CRN gives him the opportunity to contribute positively to the community and he is recognized for who he has become not for what he was before. With out that financial and personal support, it would be difficult for X not to resort to crime in order to support himself.

Because of the media hype around X's conviction and his success story coming out of prison, parents in the community will recognize X on the bus or in school and say; 'can you help my son or daughter? You ended up overcoming what my son and daughter is going through, you are the only one that can help him.' X explains that his very presence in the community gives families hope that their children can make it out of the street life as well. X's clients have hope when they work with him because they are staring at a success story. (CRN Staff)

B. Center – Program theory, goals and activities

Because evaluation activities are necessarily grounded in program theory, goals and activities, we begin with a description of how each CRN understands its mission and the activities that support this mission. How staff described program goals, intervention strategies and activities varied, depending on how long they had been working with the CRN, whether they were a part of the Street Outreach, Care Management, or Crisis Response Teams, and at which CRN they were employed. Because each CRN has a unique conceptual framework, activities from the CRN sites relied on different theories of change. For example, the WA-CRN operates from an arts-based community capacity-building and healing perspective, utilizing many creative and visual strategies to build community and foster social change.

In comparison, the Mission-CRN resides in a highly politicized environment due to the recent gang injunction in the neighborhood. As a result, many activities rely on mediating politics that heighten tensions between law enforcement and local gangs. Conceptually, the Mission-CRN is grounded in the CALLES program, emphasizing that “knowledge is power” as a theory of change. Within this context, the Mission-CRN mental health component employs intervention and community/client healing activities with indigenous Mexican, Caribbean, Central and Latin American roots. These interventions promote healing and learning through wholeness and spirituality and a connection to history and ethnic identity.

The API-CRN, on the other hand, serves San Francisco's culturally and linguistically diverse Asian and Pacific Islander communities. As a result, an emphasis is placed on culturally specific interventions. Because the CRN-API covers a citywide program area, intervention activities have focused on reducing school-based violence and Asian gang activity across the City.

Lastly, the BVHP/PH-CRN is located in neighborhoods consistently responding to potential turf warfare and homicides. As a result, the focus of the BVHP/PH-CRN emphasizes a tightly coordinated crisis response protocol and community wrap-around services for victims. These

include a focus on victims' families including bereavement services and body identification and pick up. The CRN-BVHP-HP is grounded in a community-driven street model that emphasizes "tough love" utilizing "any means necessary" to keep youth alive and out of gangs. It also relies on teachings about racism and the history of oppression as the core for the violence; changing youth's mindset is a component of how BVHP/PH addresses violence.

Overall, staff surveyed described a vision for program success whereby people had the fundamental right and opportunity to live in healthy communities free from violence. To this end, program sites organize their preventative and responsive activities according to three strategies: (1) Crisis response, (2) Care management, and (3) Street level outreach. CRN sites prioritize the three strategies differently, and not all CRNs conduct all activities described below. Many staff expressed a need to develop a shared understanding in order to gain more clarity and work together more effectively.

1. Crisis Response

Goals: Crisis Response Team (CRT) members surveyed reported that their overall goal was to provide immediate and ongoing comfort and support to families and friends directly impacted by a homicide. Crisis Response Teams tried to meet this goal by:

- Providing counseling to bereaved parents and other victimized community members;
- Providing support in getting funds for funeral and other related expenses.

Theory for Change: The Crisis Response component assumes that tightly coordinated services will provide healing for victimized families, resulting in reduced stress and trauma. Additionally, by assisting with the practical and emotional aftermath of violence and death, the Crisis Response Teams reduce trauma and interrupt the cycle of retaliatory violence and suffering.

Activities: CRT members engaged in the following activities to accomplish these goals:

- Provide body identification and pick up support for grieving families;
- Serve as a liaison between hospitals, law enforcement and families to provide families with important information about the death of a loved one;
- Provide a presence at wakes, funerals, crime scenes, and hospitals to perform crowd control, diffuse retaliatory violence, and support family and community members who are grieving;
- Provide information to victimized families about a homicide or crime;
- Communicate with medical social workers in hospitals to ensure families have a continuum of care;
- Conduct home visits to assess victimized families needs;
- Support DPH's Crisis Response Team/SFGH Trauma Services provide intensive 30-day wrap-around support to youth and their families after a violent homicide;
- Take full responsibility for supporting families and victims after the first 30 days.
- Create and promote crisis prevention and intervention strategies through presentations and trainings.

“The strength of the CRN is the wrap-around services. Because we have developed strong and effective protocols with General Hospital and the DPH-CRT, families receive a better quality of service. For example, we have streamlined the process so that when a victim comes in the hospital from the BVHP community, the social workers at the hospital know to contact the District Attorney’s Victims Services Unit located at the BVHP-CRN Site. With one phone call to Victims Services, the family will know if they qualify for financial aid to bury their loved one. The strain on families is tremendous. They also know right away at the height of crisis that they will bury their loved one, have short-term therapy and mental health support.” (BVHP)

2. Care Management

Goals: Care Management Team members expressed that their overall goal is to produce functional and productive members of the community by developing protective factors against gang membership in at risk youth aged 16-24. Points of referral most often come from CRN street outreach teams, Victim Services, Adult Probation, Juvenile Probation, DPH-crisis response teams, schools and community-based organizations. The Care Management Team attempts to meet overall goals through the following objectives:

- Work with youth and families to set positive goals for the future and develop plans for reaching these goals;
- Link youth and families to needed services;
- Provide support for follow through;
- Provide court advocacy;
- Be available at times of crisis or doubt;
- Help in celebrating client successes.

Theories for Change: Many care managers surveyed reported that consistent support and follow through help build trust and rapport, serving as vital strategies in inspiring youth to transition out of the gang/street life. Some staff members noted that a care manager’s ability to work with people and develop community buy-in were important strategies to maintain program credibility.

Activities: Care management staff members engaged in the following activities to achieve the overall component goal:

- Visit schools and jails to follow up on progress of clients;
- Develop exit plans and identify court dates for criminal justice involved youth;
- Create action plans for criminal justice involved youth and present them in court;
- Build relationships with teachers and principals to identify possible clients;
- Conduct educational presentations at schools to let youth know what services are available to them;
- Run counseling groups to present positive lifestyle alternatives to youth;
- Conduct home visits with clients during times of crisis or conflict;
- Make referrals to services that can meet a variety of client needs; and
- Organize and mobilize needed client resources that do not exist in the community.

“Knowing where to refer and getting the kids there, educating myself on what is available and making sure it is appropriate, sometimes the relationships we have with the kids, which are great, do not do the job because there are no services for them. Relationships with the kids are key, but I wonder if they are as important as the pragmatic stuff these kids actually need”. (Mission)

It really doesn't matter what we say or do, our success is in showing them that we will stick with them no matter what and that we will be there to support them no matter what. Through this, kids learn to trust again, that have been let down over and over again. (API)

“During a typical day I am on the phone with clients, advocating for them, I go see them or they come to see me. When I go see them I help them with so many things, one day it could be working on a resume or trying to get them into see a therapist. I basically try to meet their needs, its really different from one person to the next, everyone needs something different, and there are no band aids there; we meet the needs, we don't just cover them up.” (BVHP)

3. Street Outreach

Goals: Street Outreach Team members described two main goals that were central to their work. These goals included: de-escalate potentially violent conflict and/or retaliation; and mentor, recruit and refer youth to care management and direct services. Staff reported that these goals are met through the following activities:

- Reaching out to street identified youth to build trusting relationships;
- Connecting youth to support towards a positive future;
- Visiting incarcerated youth before they are released;
- Patrolling hot spots after school where youth hang out to diffuse tensions;
- Providing youth with rides home, to job interviews, services, or safe places;
- Encouraging youth to get involved in fun recreational activities to learn skills and stay safe; and
- Conducting late night outreach at different neighborhood hot spots to diffuse tensions.

Theory of Change: Many street outreach workers voiced that building trust, credibility, and rapport with youth on the street is a critical element to being effective at street level outreach and intervention. As a result, many of the strategies staff used to engage youth focused on building rapport and trust. Many experienced street outreach workers cited ‘consistency’ on the street as an important factor in building relationships with youth. Staff described that when youth consistently see them on the street they learn to recognize them and count on their steady presence and available support. Some staff members mentioned that giving youth small stipends or movie tickets was one way to engage resistant youth. Being present where youth are, such as school bus stops, hot spots, and in the neighborhood at large might be perceived as not “doing anything”, but street outreach workers know that they are showing youth their commitment to being available when someone is ready to reach out.

Once street outreach workers have established trust, they advocate for youth to access direct services. Some staff members believe that direct service advocacy is an effective strategy to reduce

risk factors for gang/street involvement because youth learn the skills to gain control of their own lives and as a result begin to see the possibility for peace instead of a violent future.

Many staff members also lead by example and use their own experience having gone through the trials and tribulations of the street as a strategy to help youth overcome challenges and seek positive alternatives. Other staff members described that developing the critical consciousnesses of youth and helping them to come to terms with internalized oppression was a critical strategy in addressing causes for violence.

Activities: Street Outreach staff members engaged in the following activities. (Not all CRN sites conduct all listed activities):

De-escalation of Potentially Violent Conflict:

- Identify potential hot spots through personal connections staff have in the community and from their relationships with schools, beat officers, and other community contacts;
 - Mediate and intervene in local gang/turf politics to protect community members;
 - Provide information to criminal justice involved youth and gang members regarding probation violations and gang injunction policies in order to avoid clashes between law enforcement and gangs at public events;
 - Talk members of the community out of committing a crime or violent act;
 - Transport youth safely across gang turf to avoid conflict;
 - Organize events to unify rival members from different neighborhoods.
- Community Healing:
- Sponsor and organize candlelight vigils and healing circles;
 - Sponsor and organize memorials for victims of violence in the community;

Youth Mentorship and Referral:

- Organize and coach youth neighborhood basketball leagues;
- Help youth with homework and setting behavioral limits;
- Organize young men's groups to provide safe places to talk and advocate for positive lifestyle choices;
- Sponsor drop in meals for youth;
- Talk to youth in schools and jail;
- Refer youth to job placement and training services, tattoo removal, GED programs, safe youth facilities and programs, mental health and substance abuse services, immigration and translation services;
- Give youth gift certificates, movie tickets or \$25 stipends to get kids off the streets or to reward them for completing a goal.

"From 3 to 4, I go to the schools. I deal with fights, secure the premises, and stop the kids from fighting. I do outreach in eight sections of the Mission, ride around or foot patrol, give out referrals to case management, and do office work. I

provide safe passage to get kids home. I get drunk kids off the corner and get them fed. We intervene when youth are being arrested.” (Mission)

“Really what we do as members of the community is to patrol the area and to assess the level of community stress . . . If we see a kid that is overwhelmed because of what is going on at home or is so hungry that he can’t think straight—we’ll take him out for pizza. This activity is preventative in itself because he won’t be prone to act out.” (WA).”

“I try to be around at the hot spots for Asian gang violence and especially at the schools. Friday nights are prime time for gang activity and problems. I know a lot of kids and I am able to talk to people easily. I think having an activity that the kids want to do really helps and I have been really active in creating programs for kids to come to. It helps if we can pick up some kids and get them out of the neighborhood and off the street for a few hours on a Friday.” (API)

“We had an event where residents in the community could name their pain. We put up poster board and butcher paper all over the community, where people could write down their feelings. People were saying, ‘I am going to stop doing crack, or I miss my brother that was shot . . . etc.’. . These posters were so powerful and the community felt that they had such ownership over them that no one ever tore one down.” (WA)

“We have just started to create young men’s groups. One of our outreach workers started a basketball league for a group of young men. It is a place where they can talk, eat, and play basketball. The outreach worker shows them what a positive role model is like and gave them all baseball caps.” (WA)

“The staff tries to put the killing into perspective by telling youth that the hatred and anger people have is because of an oppressive and unjust history that has made people turn against their own. By giving youth this perspective, Z feels that the staff is effective.” (BVHP)

C. East – Administrative Structure

We use the Physical component of the Medicine Wheel to describe the Internal Organizational Structure of the CRN sites. How these structural components function internally was a significant theme in the interviews and varied by respondent and by CRN site. The following section explores this aspect of the CRN network.

1. Structure

Across multiple CRN sites, some directors, coordinators, and front-line staff emphasized the need for a tighter, more centralized administrative structure. Administrative structural needs varied depending on the CRN program site and whether or not the CRN site covered a citywide or neighborhood based program area. One issue for two of the CRNs related to dispersed program offices. The CRN-API program site, for example, serves all of San Francisco through subcontracts with 7 different agencies, presenting challenges for administrative organization and communication. Many staff from the API-CRN reported that a central program office or a 24-hour youth drop in center would be beneficial in centralizing program services. Similarly, the Mission-CRN operates two program sites in the Northern and Southern sectors of the Mission District. Some staff reported difficulties in sharing resources and coordinating events between the two sites.

On the other hand, staff from BVHP-PH CRN stressed that because they are located in the same building as the District Attorney's Victims Services, they are easily able to coordinate crisis response, care management services and referrals. The BVHP-PH CRN is also the only site to have a designated Crisis Response Coordinator. Management reported that by designating one person for Crisis Response, they were able to institutionalize strong administrative protocols with the Department of Public Health's Crisis Response Team in order to quickly coordinate effective response to crisis and make referrals.

Other administrative issues were noted in the interviews. Because the API-CRN is conducted through multiple agencies, rates of pay and staff supervision standards vary, creating challenges to streamlining governance and administrative procedures. Many staff also expressed that having clear job descriptions focusing on one specific CRN program component enabled them to do their jobs well. Staff who were assigned crisis response, care management, and street outreach reported more difficulties in time management and job clarity. These staff members felt that they were unable to do all jobs well with multiple and competing demands on their time, saying that they would rather focus on one CRN component.

2. Recruitment

CRN sites' philosophy and approach to staff recruitment varied. Different CRNs use different standards and screening procedures to hire staff, leading to a range of staff skill sets. Some CRNs recruit based on experience in the neighborhood as well as in the field of violence prevention. Other CRNs focus on identifying people who have experienced personal transformation through incarceration. Still others bring someone into the workforce as an immediate intervention to keep that individual from gang life or criminal activities. Each of these strategies has benefits and drawbacks, which we heard about in the interviews.

Hiring from incarceration: CRN staff members who had served prison sentences stressed that they were not employable because of the stigma attached to their criminal record, noting that it would have been difficult not to rely on gang life and drug running to survive if they hadn't found a job with the CRN. In this way, hiring staff from the criminal justice system curbed the cycle of violence by providing released felons with a positive alternative to participating in the criminal economy. Some staff members who had served time stated that they had undergone a personal transformation in prison and wanted to contribute positively to their communities. A job with the CRN allowed these staff members the opportunity to put this need for restitution into action and maintain the personal and spiritual transformation they had come to realize in prison.

Hiring as intervention: Some interviewees reported hiring friends or family who were in trouble. This strategy is intended to prevent an at risk youth from entering into the drug business or gang life due to a personal crisis. It's clear that some youth recruited this way have credibility and often a passion to make a difference in their communities. A caution is that, based on the stories during the interviews it seems that some youth might not be ready to commit to working as a member of the CRN team, intervene in dangerous situations, or cope with the emotional stress of CRN work.

Hiring from work experience: Other CRN sites recruited staff members who worked previously at other violence prevention programs or community-based organizations in the City and had extensive experience in working with at-risk youth and preventing conflict on the streets. The WA-CRN reported that they strategically hire street outreach workers from rival sectors of the Western Addition in order to employ community leaders who have the ability to mediate and unify these neighborhood rivalries. These potential staff members must also pass a screening process in order to be hired. Similarly, the BVHP/PH CRN reported that all of their staff had to pass a careful screening process overseen by the Steering Committee before staff members could be eligible for hire.

Required skills: Many staff members cited the following key features of their backgrounds and experiences as critical to being effective and competent in street level intervention:

- Because many staff members have “walked down the same path”, they have a high capacity to empathize, identify with and mentor clients.
- Because staff members are from the communities, they are able to identify potential problem areas. They are able to de-escalate conflict and talk fellow community members into choosing non-violent alternatives because of the trust and credibility that come with being from the neighborhood.
- Frontline staff who have been incarcerated or are former gang members can intervene and diffuse gang politics in ways nobody else can.

While hiring staff with neighborhood and/ or gang experience is essential for the CRN model to work, staff reported some cautions. Some CRN staff noted that some younger, less experienced staff members who were still transitioning out of the street/gang life or coming out of jail had difficulties in adjusting to their roles as professionals and as role models. Some staff members reported that some younger staff who do not understand the value of community work keep up old gang affiliations and engage in negative activity after working hours. Staff members who had critical distance from their former gang/street life or prison experience and a social and political consciousness about anti-violence work reported that they were able to effectively implement interventions and adjust to their roles as professionals working to counter gang violence.

We found the kid in the park and once he saw my gang tattoos he listened to me. (Mission)

My client ended up running away to (another city). Because I had been through the Criminal Justice System in (another city) I had personal connections there. I called up my old probation counselor and he helped me find my client and brought her in . . . (API)

The Street Outreach Workers were recruited to the CRN through partner and ally organizations. They were chosen because they are from the community and have gone through the trials and tribulations of the street. They can walk the walk. The Steering Committee carefully screens each individual. (BVHP)

The way we identified our Street Intervention workers was extremely effective. We sought out and recruited leaders from five different sectors of Western Addition who were having problems with each other. We brought in these leaders as outreach workers in order to have a positive impact on the community. They have a lot of respect within this

community and can mediate problems between different sectors of Westside really well because of the relationships they have with each other. The rest of the staff also had input about hiring the street out workers or not. This process is a lot more effective than Craig's list. (WA)

3. Training/Staff Development

Staff surveyed felt that the following priority areas were critical to staff development and training

Administrative Skills Development: Many staff reported that street outreach workers lacked strong administrative skills. One person noted that staff members struggled to document and monitor their work. Some managers noted that they often use valuable time to teach outreach workers basic administrative skills. Some suggested that frontline workers complete a “certificate in specialized skills” before they begin employment.

“The staff had never used computers before or learned how to use email, so I took them to a community development center with computers and taught them how to use them.” (WA)

Education and Marketable Job Skills: Some staff surveyed felt that they needed to get an education and learn marketable job skills in order “to move beyond the CRN itself.” Currently, staff can start as a street outreach worker and move up care manager and finally achieve promotion as a coordinator or director. Some staff expressed the need to gain the educational tools and marketable job skills to move beyond this “glass ceiling.” If the CRN program were cut, they feared they would not have the education or marketable skills to enter the mainstream work force and would therefore encounter increased pressure to re-enter the underground economy and gang life in order to make a living. In this way, some staff members reported that they felt “trapped” in that they were helping clients achieve what they themselves could not.

Staff members who were committed to receiving college degrees expressed that it was difficult to go back to school because of the constant stress of the CRN job. The stress of always being on call for a crisis or an alert served as a major barrier to going to college. In addition, some staff members expressed concerns that the skills they were developing within the CRN were not applicable to the mainstream job market and requested resume building training and support in this area.

“If we can't change the CRN to really help staff get their degrees and move up professionally and give them the tools to handle the mental pressures they face, then I think we are doing more harm than good.” (Mission)

“Staff can say that they've stopped 6 shootings, but how are they going to put that on a resume? How is that going to help them get a job?” (Mission)

“We are always worried about when the next alert is going to happen or when we are going to be on call. This puts a lot of stress on us and makes it difficult for us to think about furthering our education even with the positive encouragement from the CRN leadership.” (Mission)

Staff Compensation: A common theme across all CRN program sites was the need for more street outreach staff to build the quality and effectiveness of street level interventions. This would help

decrease the number of staff members who are working overtime. Staff members also requested that current staff wages be increased to a living wage. Life insurance for all staff, as well as a comprehensive benefits package, was also seen as crucial.

Social and Political Consciousness: Several interviewees said that trainings emphasizing a social/political ideology for change and cross-cultural mediation trainings were critical pieces to staff development. They were concerned that younger staff did not have a critical political and social consciousness, and as a result were unable to embrace an ideology for change. Some staff members suggested that training should help staff to “see the bigger picture” by learning lessons from other mass movements of social and political change, with the intention that this training would revolutionize the CRN by moving beyond direct service advocacy and linking itself to a broader political movement for non-violence.

“We need to do a better job training our new staff so that they are committed to working against violence. The trainings should go beyond job training in direct services and raise the staffs’ political and social consciousness. We need to bring in examples from the Chicano Movement, Cesar Chavez, and lessons from the civil rights movement in order to speak to staff in a new light. Only in this way will they begin to see the importance of the community work they are doing and get in touch with their own history.” (Mission)

4. Program Needs

Transportation. All program sites requested more vans to improve street level outreach and interventions by getting youth off the street and driving them safely across gang turf to positive activities or job interviews. Some program sites are currently using private cars to meet this need.

Office Equipment and Facilities: Program sites requested updated computers and phones as well as new identification cards and uniforms; a centralized office to connect sub-contracting organizations and create a central meeting place; and a 24-hour youth drop in center or recreational facility to better monitor youth and divert them to safe places at any hour of the day.

Communication Technology: Program sites requested Nextel cell phones/walkie-talkies to improve crisis response and street level intervention. Many staff members are currently using their personal cell phones.

Program Materials: All program sites requested more program brochures and pamphlets to give to potential clients and partners. Program sites that serve a diverse multilingual client base also requested translation services to reach monolingual populations in the dissemination of information.

D. South – Cross-agency relationships

The next broad category describes the functioning of the CRN sites in relationship to each other; the CRN network as a whole; and the coordination with government departments, police officers, and community-based organizations.

1. Inter-CRN Relationships

Many respondents described their relationships with other CRN program sites in the City and spoke of feeling solidarity with or isolation from other CRN sites. We expect that the extent to which each CRN program site coordinates with other program sites will be one indicator of overall program success.

Many of those interviewed across program sites expressed that the following elements were crucial to maintaining and building inter-CRN solidarity: a shared purpose; collaboration and shared resources; and a multicultural framework. They also commented on the barriers to coordinating services between and across CRNs.

Shared Purpose: Many staff surveyed felt a strong sense of solidarity with the other program sites. They reported feeling united under a common mandate: to curb gang/turf violence and create communities of peace. Staff described that this shared purpose fostered “a common feeling of the we.” Still, experiences varied across and within CRN sites, with some workers not feeling connected to other CRN staff.

“We are together...we have one reason...If there is a crisis somewhere (e.g., school riot) and people are needed, we get dispatched regardless of the unit you are in. It all depends on the specific need.” (API)

“I have no contact with them personally. I see them at trainings. They are really respectful, and just how we know our hood, they know theirs. Just to see them being neutral and professional is good.” (Mission)

Collaboration and Shared Resources: Some CRN management felt that if one program site had a problem it was a problem for them as well. As a result, management and staff reported a strong commitment to share resources with one another and a willingness to conduct cross-trainings so that program sites could learn from each other’s strengths and weaknesses. Many management staff surveyed described that one of their best sources of support came from other CRN program sites. In this area though, as well, some interviewees reported experiencing a disconnect between sites and need for increased coordination efforts.

“If the other CRNs need help, we help each other out. Hunter’s Point was helping a friend’s brother after they got shot, and Mission provided a check. It there’s a funeral, we will come to support the family and the other staff.” (Mission)

“I do have a lot of relationships with other CRN workers and we definitely collaborate. The thing is, these relationships are based on my personal relationships, not really based on any formal collaboration with other CRNs, which I think we need.” (API)

“The Mission CRN has also been an inspiration to all of us and has provided us with support and staff training as we begin to move citywide.” (BVHP)

Multicultural Framework: Because respective CRN program sites are committed to sharing resources and holding cross-trainings, many street outreach workers cross into different CRN program areas. Some staff reported that this ability to cross program boundaries was an asset to

building inter-agency rapport and helped to break down ethnic and neighborhood rivalries. Not only did staff from other program areas learn to more effectively interact and intervene with ethnic groups and neighborhoods different from their own, but CRN clients were able to relate and learn to “respect” street outreach workers from different ethnic backgrounds and neighborhoods as well. Some staff members emphasized that their ability to create multicultural solidarity between CRN staff as well as their clients was essential in targeting racism, one of the core causes underpinning gang/turf-related violence. Some staff recommended more cross-cultural diversity training so that CRN staff from different ethnic backgrounds and neighborhoods could understand each other better.

“There is debate to whether or not we should be responding based on the ethnicity of participants. Sometimes it may make more sense for an outreach worker from the neighborhood who is not API to respond to the crisis because they know the neighborhood unlike we do. We also don’t have any Korean staff on board at the API-CRN. If an incident occurs with a Korean in the Mission we shouldn’t respond to that crisis, someone from the Mission neighborhood should.” (API)

“I also don’t think the Mission CRN should be all Latinos. It is focused on Latino youth, but the youth have to be referred somewhere else based on race. They feel comfortable where they’re already at. It’s stated somewhere that the Mission is about Latinos because when it started, back in the day, Latinos didn’t have too many services. It’s different, now, though.” (Mission)

Barriers to CRN coordinated services: Some staff felt that the lack of a centralized administrative communications structure and the absence of regular CRN retreats and inter-agency events were barriers to inter-CRN solidarity. Some staff reported that more retreats and cross-program social and training events was needed.

“There needs to be a decision-making body made up certain key CRN staff to decide this. When an alert comes in it should be routed to a centralized CRN referral system. CRN staff made up of all the different CRNs around the city would be knowledgeable of the individual strengths they could bring to each individual crisis situation and then decide on who the best team would be to send to a particular crisis. In this system, all the different CRNs’ individual strengths would be recognized.” (API)

2. City Coordination and Relationship Building

All CRN respondents spoke about the coordination of CRN program sites with city government departments such as SF General Hospital, San Francisco Police Department (SFPD), the Department of Public Health (DPH), and other non-governmental community-based organizations. Effective CRN coordination with city government departments and CBOs is a crucial factor in achieving one of the CRN’s goals: to increase positive communication and collaboration among city and community agencies to operate efficiently during times of crisis.

In the interviews, staff described their relationships with city government departments and other community-based organizations as well as their perceptions on how effectively crisis response protocols, community-wrap-around services, and care management referral systems operate. The following relationships were reported to have the greatest impact on these systems, policies and

procedures: Coordinated crisis response, police relations; and relationships with Juvenile Probation Services and community-based organizations.

Coordinated Crisis Response: A significant concern among CRN Coordinators, Directors, and the CRN-based Crisis Response Teams surveyed was the effectiveness of CRN program coordination with SF General Hospital (SFGH), the Department of Public Health (DPH), and San Francisco Police Department (SFPD) in activating the crisis response protocol. Overall those surveyed, with the exception of BVHP/PH-CRN, described their relationships with these agencies as weak, rendering the formal crisis response protocol broken or ineffective.

As formally described in the CRN program description, DPH developed a Crisis Response Team to assist family members, relatives or witnesses of violent accidents. A procedure and protocol has been developed in which SFPD notifies a DPH response coordinator when a homicide incident occurs. The Crisis Response Team responds to the scene to engage with the family or the community members. The CRN-Crisis Response Team (CRN-CRT) is often called to perform crowd control, mediate potential retaliatory violence, or conduct community healings at the scene of a homicide or death in the hospital, while the (DPH-CRT), provides immediate crisis services and therapeutic support to the family. Should a victim of violence die in SFGH, a protocol has been developed for the medical social worker to contact and activate the response team to begin working with the family.

Despite written guidelines, protocols, and procedures, many CRN staff members described the inadequacy of protocol implementation and activation. Many staff members, except those from BVHP/PH-CRN, reported that these City agencies often don't call CRN program sites when there is a crisis. Staff expressed that these agencies do not seem to understand the purpose and the goals of the CRN and how they ought to be working together. As a result, some program sites are more likely to hear about a crisis or homicide through word of mouth rather than by the formal response protocol. Because crisis alerts primarily occur informally, some program sites are delayed from responding to a crisis or homicide immediately after it happens. This delay in response undermines the objectives and quality of the crisis response component.

Members from the BVHP/PH-CRN stressed the importance of the strong relationships and formal protocols they have with city government departments that help them to efficiently implement and maintain the quality of crisis response services and provide immediate relief for victim's families. Some program sites noted that they are trying to work on building these crucial relationships in order to implement more formal protocols.

"We need improved protocols. Last night there was a homicide in our region and the hospital neglected to call us. The family was suffering and we didn't even know. Today we found out about the homicide through word of mouth and are now responding. There needs to be better communication between the hospital and CRN staff. They should know to call us." (API)

"Because we have developed strong and effective protocols with General Hospital and the DPH-CRT, families receive a better quality of service. For example, we have streamlined the process so that when a victim comes in the hospital from the BVHP community the social workers at the hospital know to contact Victims Services located at the

BVHP-CRN Site... Other CRNs rely more on personal relationships than having protocols in place. Our strength is that we have a tightly coordinated system with wrap-around services.” (BVHP)

Police Relationships: Many street outreach staff described relationships with SFPD as an important factor in effectively implementing crisis response protocols and engaging in street outreach activities. Many staff noted that it was important to have a good working relationship with police in order to de-escalate potentially violent conflict. The staff members that did report positive working relationships with police expressed that they were more effectively able to de-escalate potentially violent conflicts and divert youth from being incarcerated by working collaboratively with police rather than against them.

Many staff however, felt that they had a poor or non-existent working relationship with police. According to those interviewed, this negative working relationship was due to SFPD’s lack of understanding about the common goals and purpose they share with the CRN: to increase safety on the streets by reducing gang-related violence. Some staff attributed this poor relationship to racism and the stigma attached to their former gang background or criminal record. Some staff members noted that police officers’ inability to respect or work collaboratively with the street outreach teams often made potentially violent situations even more dangerous. Some staff members recommended police education trainings as a way to foster respect between agencies and develop a working relationship.

“The officers gave us a lot of respect, let us deal with it, didn’t take no one to jail, let us talk to the girls, let us talk to the young guys. They went their separate ways and it was really nice the way they let us resolve it.” (WA)

“I need the cops to relate with me more. They, well some of them, they look at me like I’m a street person and still have my picture in the police department as a gang member. So some of them will be very good and others will harass me, make me put my hands on the wall and frisk me, and just act like they are going to arrest me saying that ‘I’m recruiting gang members’.” (API)

“I would want a better working relationship with the police, to meet them and let them know who we are and what the CRN wants to do. It’s important to work with the police to try and set up a working system. Right now it’s hard because even though we always wear nametags and identification, they still don’t know who we are.” (BVHP)

Relationships with Public Agencies Services and Community-Based Organizations: Many staff reported that their ability to build relationships and coordinate services with community-based organizations, juvenile probation, and the family members of youth clients had an impact on the quality of services they could provide. Building strong and trusting relationships and tight coordination with community stakeholders and CBOs is central to one of the CRN’s primary goals: to provide a quality care management component and service delivery system and to support families and the community through facilitating healing. Many staff reported that churches have been the most supportive in this regard.

Some staff surveyed also noted that gaining access to and building relationships with youth client’s families was an important part of quality intervention and care management. Some staff members reported a need to strengthen long-term “after-care” for victimized families by developing a community support system to bring food, sit with families, and provide faith-based support. Some

staff members requested funding in order to take families out to dinner as a way to build relationships with the primary care givers of at-risk clients.

CRN staff shared that they weren't sure if community members or community agencies understood the purpose of the CRNs, making collaboration difficult. Some staff members requested more funding to launch a public relations campaign through the ethnic media in order to clarify the CRNs' role in the community. Additionally, some staff members thought that CRN management would benefit from help to identify CBO partners.

Neighborhood vs. Ethnicity: An interesting theme was the tension between utilizing a neighborhood-based or ethnically-based response. Among those surveyed, there was a lack of consensus whether or not the sole criteria used to dispatch a particular CRN Crisis Response Team should be an ethnic match between the CRN responder and the client in crisis.

Because the CRN programs operate within neighborhoods that predominately include a specific ethnic group, the ethnic background of CRN staff often reflect the demographics of the neighborhood. As a result, many CRN program sites define their program area by neighborhood and also by ethnic community. While crisis response and street outreach activities are often linked to a program site's particular geographic area, other times, the call to respond is determined by the ethnicity of the CRN staff member and/or the ethnicity of a client. Street outreach workers and crisis response teams cross into different neighborhoods based on the ethnicities of those involved in crisis or conflict

Some staff members question the ethnically-defined criteria for determining response and intervention protocols, reporting that in some cases a "neighborhood match" between the crisis responder and the client in crisis may be a more influential factor in de-escalating crisis than ethnic commonality.

"Because the API-CRN covers areas that are not covered by the other CRNs, we find ourselves responding to crises with other ethnicities not just the API community. Other times, we will call Bayview or Western Addition staff to handle incidents with the African American community in the geographic region we cover." (API)

"I also don't think the Mission CRN should be all Latinos. It is focused on Latino youth, but the (non-Latino) youth have to be referred somewhere else based on race. They feel comfortable where they're already at." (Mission)

There is debate to whether or not we should be responding based on the ethnicity of participants. Sometimes it may make more sense for an outreach worker from the neighborhood (in which the crisis took place) who is not API to respond to the crisis because they know the neighborhood unlike we would. (API)

E. North – Identity, Commitment

A powerful theme expressed by many CRN workers was how deeply the staff personally identified with the work they do at the CRN. Because CRN staff members are recruited from the communities in which they work, many staff members strongly identify with their youth clients and the community's pain caused by constant violence. Many staff members explained that they have

“walked down the same path” as their clients, and as a result, feel that they owe it to the youth in the community to protect them from the gang life and lead them to positive alternatives. Many staff members strive to show youth positive alternatives through living as a role model of what is possible. As a result, many staff reported that they see their work as not just a job, but a way of life, an experience that is both deeply spiritual and personally transformative.

1. Calling to do the work

Notably many staff described that they have a “special calling” to do this work. They’ve struggled to create a new life and have committed themselves to living and promoting peace, further binding the work with their personal identity. Some staff members felt that they were “chosen” either by the community or by God to be peacekeepers and leaders in the community. Staff members reported feeling that this special calling was granted to them as a result of their own experiences of the street. Working at the CRN has allowed them to participate in a revolutionary movement against violence, enabling some staff members to feel restitution for the past hurt they may have inflicted. Some staff explained that the opportunity to give back to the community inspired a spiritual transformation, facilitating their own rehabilitation and healing.

“The CRN is like ministry work. It has to become a way of life where we come to remember who we are.” (BVHP)

“I have a personal motivation to do this work...to help gang youth. You have to be selfless; I could get shot at any time.” (Mission)

“This life is all I know, but now I’m on the other side, the positive side. This isn’t an experience or a job, this is life.” (Mission)

“I offer myself and everything about me.” (WA)

2. “24/7” availability

It is this kind of passion and dedication to sustain community life that drives some staff members to make themselves available to the community’s needs well beyond contracted hours. Many staff passionately described their mission of preventing violence as something that they don’t turn off, don’t put down. They expressed the tension between commitment and pride in serving the community and stress of always feeling obligated to respond to the community’s needs “24/7”, that the job was more of an identity than something that ends at the close of a work day. They talked about the pull of setting limits and the opposite pull of serving the community’s needs above their personal needs.

Living in the neighborhoods where they work, CRN staff members don’t have the luxury of leaving their work at the office, of signaling when they are working and when they are off-duty. Their value is in the relationships they build with youth, with gang members, with families over time. Without these relationships, they wouldn’t be able to intervene effectively to de-escalate violent situations.

There's value in having a deep understanding of and commitment to the people in the neighborhood. Building and sustaining the relationships requires a full commitment of time, spirit, and identity.

It is this same commitment that also motivates staff to keep their CRN jobs despite the danger and limited funding. While they work to help other people leave the violent neighborhoods or dead end jobs, they are essentially stuck in dangerous, low-paying, high stress jobs.

While the commitment is laudable, there are mental health consequences of feeling responsible at all times to preserve peace, to intervene in dangerous situations, and to be available at all times when people need help. The impact on spirit brings some CRN workers to self-medicate or suffer stress-related symptoms. While the mental health impacts are discussed elsewhere in this report, the linkage of work to personal identity brings its own issues.

"This job has become my whole life. I am at a point in my life that I would like to be dating but I work with these kids all the time. I end up taking them to dinner on Friday nights! I would like to step out of this at some point, but not until I feel confident that the program is in a good place and I can leave without worrying. Until then, the kids are my Friday night date." (API)

"People in the community would come to me for everything at any hour of the night. I needed to have personal time to kick it with my family and raise my children." (WA)

"Our day starts at about 8 or 9 a.m. but we have an 'on-call' alert phone that broadcasts a recorded message, text message, or email when something has happened. It tells us where to go, what time, and to what area so officially we are never really 'off duty'." (BVHP)

3. Street Credibility

A tension evident in the interviews is between the need to maintain street credibility in order to be effective in the work and the need to separate from that "street" identity in order to be a role model of a more peaceful way to live. Given the tie between CRN work and identity, maintaining an alliance with street behaviors while living as a role model of how to renounce the street violence serves as an area of deep, spiritual conflict for many CRN staff.

"There are still those in the neighborhood that see me as the 'guy who hurt their Uncle' and don't trust or respect me because they can't get over what I did to their family. I get around this by letting them know of my personal transformation. I show this through my compassion and by the fact that I really care. I tell them that I am providing public services, and that I am doing it for the community. Also, a lot of the gang members see me and they know I am doing something good and positive. They tell me that it is too late for them to get out of the life, but that they don't want their son following down the same road they did. They tell me, 'Homie, look after my kid. Make sure they don't make the same mistakes I did... keep them out of the life. I protect the youth and the dads in the gangs protect me back.'" (Mission)

F. West – Emotional & Mental Health

Many of the CRN staff poignantly described the emotional toll that this work takes on them and on their colleagues as well as the creative ways that they cope.

1. Stressors

Daily, unpredictable exposure to violence: The reported severity of mental health stressors varied based on the CRN program site. This variation can be attributed to the qualitatively different violence that exists in each of the four CRN program areas. BVHP/PH-CRN frequently deals with intense and concentrated violence, turf warfare among warring sets, and death. As a result, the intensity and frequency of violence in Bayview-Hunters Point may impact the mental health of BVHP/PH-CRN staff differently from those in other program sites. Additionally, many staff working in this context expressed that the unpredictable nature of crisis response contributed to increased mental stress, anxiety, and trauma.

“Some staff can’t handle the daily horrors they encounter. They don’t expect to see what they see. They’ll pull up to a scene and see a young kid all twisted with his head blown off. The staff doesn’t have a lot of emotional support to work through the things they see. Some end up keeping it inside and self-medicating. Some shut down and can’t work the rest of the day.” (BVHP)

Personally knowing the victims of violence: Whether or not a street outreach worker was likely to respond to a crisis where s/he knew the victim of a homicide varied by the geography and neighborhood dynamics of the different CRN programs. For example, the WA-CRN is located in a close knit and geographically smaller neighborhood than other CRN program sites, making it more likely that street outreach workers will know the victims of a homicide. In contrast, the API-CRN covers a citywide program area, and as a result, staff responding to a crisis are less likely to know the victims of homicide.

“We have had two staff members die in the last few months and some homicides. We deal with a lot of death and loss. One of the drawbacks from hiring from the community is that we know the people that get killed. That is really hard on us.” (WA)

Balancing former criminal background/identity with current professional role: Staff members with a former gang background who once subscribed to a culture of violence are now advocating for a non-violent culture and shared that they sometimes struggle to negotiate the roles and expectations that come with being perceived as a positive role model in the community. The discomfort created by assuming a different identity and the new expectations attached to that identity led some staff members to revert to old habits such as drinking or flashing gang symbols in order to reduce this discomfort and return to a familiar sense of self.

Some street outreach workers said that they experience the violence differently as a professional peacekeeper than as a gang member. With this critical awareness, staff reported that they were more likely to experience violence as traumatic. As a result, they feel more vulnerable and less able to cope with violence. In addition, some staff members with former gang backgrounds reported that

through this new understanding they were forced to come to terms with the past violence they had contributed to, causing increased mental stress.

“I still struggle with my image as a positive role model and my comfort zone out on the street. The media was really hyping me up as a role model and a success story. This new role was scary for me... I felt caught between what I knew I could be and the comfortable and familiar old life I put behind me.” (Mission)

“We are under a lot of mental stress... It is a lot different seeing the murders, violence, and the bloodshed as a professional than as a gang member. As a gang member the violence was normal. As a professional working against violence you are forced to relive what you went through on the streets and think about the violence you contributed to. A lot of the staff has vicarious PTSD from what they see out on the street.” (Mission)

Balancing street credibility with personal safety: Some staff reported that another source of mental stress stemmed from the tensions of negotiating street credibility with personal safety in their attempt to de-escalate potentially violent conflict. Staff members who have transitioned out of gang life and continue to work against gang violence in the community need to emphasize that they are not “sell outs” and that they are “compassionate” and “genuine” in providing services for the public.

Because street outreach worker’s street credibility and respect is their “armor” out on the street, some street outreach workers described situations where they had to step in front of guns, putting their personal safety in jeopardy in order to avoid being seen as a “sell-out” and to maintain their “respect.”

“I had no choice but to put myself in front of those guns. I wasn’t about to let my friend get shot and have a death on my hands. No, I had to act. I also have to keep up my street credibility and respect. If I don’t back up my friend, I’ll be seen as a sell-out, selling out for this (CRN) job. I lose my respect and that is it for me – I am dead out there on the street.” (API)

2. Coping Mechanisms

Staff across CRN program sites described a range of different methods they use to cope with the daily mental pressures of the job. Positive methods of coping included finding support through family, friends, supervisors, faith, music, sports, staff meetings and debriefing sessions.

In addition to these supportive structures and strategies, the Mission-CRN provides mental health support to its staff through Instituto Familiar de la Raza’s *La Cultura Cura* mental health component. Some staff members are allowed to participate in the *Calmecac* or drumming circles in order to promote spiritual healing and mental health, which they reported was effective in addressing their needs. The WA-CRN provides mental health support through staff EAP benefits as well. These services may be underutilized due to the cultural stigma attached to needing mental health support.

Some interviewees reported that staff members cope and self-medicate by abusing alcohol or drugs. One CRN staff member reported that when members of the community see this behavior, they struggle to see these staff members as positive role models. Other staff members reported that they

had to move out of the neighborhood in order to cope with the demands of the job and to preserve their mental health.

In light of the different ways staff cope with the mental pressures they face, some staff members expressed the need for an internal program therapist for additional support. Many staff stressed that an effective therapist would have to be “real” and “street-wise,” and have the ability to understand where they were coming from.

“The Calmecac teaches us about the moon, the sun, and the elements of the earth. We begin to feel whole again through this process of healing that is connected to our own history.” (Mission)

“The healing circles are a good way for staff to ease their pain and mental suffering but only a few staff members are allowed to participate.” (Mission)

“I try to take care of myself the same way I teach the kids to take care of themselves: exercise, journal, self care.” (API)

“A lot of the staff has vicarious PTSD from what they see out on the street. A lot of the staff self-medicates and hits the bars right after work in order to deal with it. Lots of staff take days off of work in order to deal with the stress and trauma.” (Mission)

“The people I work with are good to talk to. I guess I wish we had a bigger team and were more supportive of one another. This is a hard job sometimes!” (API)

SECTION FOUR: EVALUATION READINESS

The primary goal of the Evaluation Planning Project was to learn about how the CRNs operate in order to inform an evaluation plan. The following points highlight what would be necessary for a formal CRN Evaluation.

1. The evaluation will need to be flexible to capture the flexible, responsive, creative activities of CRN staff. Qualitative and quantitative methods will need to be used.
2. Each CRN will need to have a tailored evaluation, based on differences in operations, goals, staffing and recruitment, cultural specifics, neighborhood differences in patterns of violence, and history within the respective communities.
3. Additionally, an overall evaluation strategy will need to be used to assess coordinated efforts between CRNs and to understand the value of the network. The evaluation will need to examine the extent to which CRNs coordinate with other CRNs, SFPD, SFGH, DPH, and other CBOs.
4. Relationships between staff and clients will need to be explored and measured as part of the evaluation (i.e. friends, family, same or different neighborhood) to assess reach and the role of social networks in CRN activities.
5. Since each component of the CRN has different goals (Crisis Intervention, Care Management, and Street Outreach), each will need to have a tailored evaluation plan.
6. Clients will need to be included in the evaluation to validate CRN staff's view of their work. Clients and community members can report on CRN's role in de-escalating violence, diffusing and mediating gang politics, diverting youth to safe alternatives, and creating structures for healing community pain.
7. The evaluation can document recruitment, hiring, training, and staff support activities, all noted as important components of CRN staff success.
8. In order to accomplish an evaluation, the following must be articulated by CRN leadership:
 - Optimal staff recruitment and hiring procedures
 - Standardization of protocols for crisis response dispatch
 - Expectations for outcomes of CRN staff activities

Building the Data Collection/Tracking & Documentation Capacity of the CRNs for Evaluation & Data Collection

Because many staff members work beyond contacted hours and are underfunded, the evaluation design would require non-time consuming and non-invasive data collection methods that do not add a significant extra burden to staff's already demanding work schedules. As a result, evaluation planning should focus on developing the technological and data collection capacity of the CRNs to streamline data collection procedures (i.e. implement a Geographic Information Systems & GPS tracking system where staff can enter what neighborhoods they've patrolled and ethnicities of clients

with a map overlay of neighborhood demographic information and violence rates. The API CRN is already implementing Social Solutions Software). Additionally, before an evaluation can be implemented, staff need to gain the administrative skills and training to document what they are doing.

SECTION FIVE: FINAL RECOMMENDATIONS

Violence in San Francisco is clearly on the rise and, from the CRN staff perspective, several factors are responsible. Neighborhoods suffer from extremely high unemployment, and offer few financial alternatives to crime. School systems are not able to address the deep needs of the youth, either in the classroom, by way of extra-curricular activities, or in terms of counseling and support. The lack of adequate employment training and employment opportunities for youth and young adults is significant. The use of drugs at home and by parental figures contributes to the culture of violence and resulting homicide rates. Since drug trafficking is lucrative, it provides a competitive avenue of economic freedom and status that contributes to the violence. Finally, there continues to be a need for coordinated response to multicultural impoverished and disadvantaged youth in terms of support from social services, police, juvenile probation, the school district and public health.

This project and report represents the first effort to interview and document the stories of the CRNs' staff as a whole. CRN staff and managers describe our streets, at times and in certain neighborhoods, as combat zones where competing groups battle over turf and where status, money and hierarchies and violence and death are everyday threats and facts of daily life. Although not initially designed as such, this process produced compelling descriptions of the lives of the staff as they attempt to calm the violence in our streets.

The stories reflect resourceful integration of street credibility, professional experience, and creativity. In attempting to capture the CRN theory of change, we requested that staff share with us their successes and the elements utilized to effect these changes. The narratives that emerged were compelling and insightful. They show the commitment and dedication of a majority of the staff despite enormous stress, overwhelming odds and minimal resources in wages, benefits and emotional support.

Creative interventions by individual staff members offer potential models for street violence interventions; however, significant issues and barriers hinder their efficacy. First, the CRNs' training and orientation lacks standardization and doesn't always prepare staff for their roles as interveners in difficult and dangerous situations. Recruitment into staff roles vary greatly and potentially undermine the CRNs' effectiveness and reputation. Secondly, the CRN programs need greater coordination, sharing of experiences and more centralized leadership while maintaining and preserving their cultural distinctions and approaches. Thirdly, the CRNs need additional infrastructure resources, including a centralized site, the ability to transport youth and a consistent channel and means of communications. Staff members requested life insurance and worry not so much for themselves, but for their families if they are killed in their efforts to mediate on the streets.

For individual staff members, working on the streets is a 24/7 job. There is no respite when violence, shootings and retaliations are an every day and every night occurrence. The CRNs efforts to provide emotional support for staff may not be enough, and the danger of the work might lead some staff to experience vicarious post-traumatic stress syndrome (PTSD). Because the traumatic experiences can occur daily, weekly or monthly, we're concerned that working in the CRN can lead to complex PTSD, a state when traumatic experiences are chronic and repetitive.

We can only conclude with the fact that interventions are occurring on the streets every day, with creativity and risks, the staff are making a difference, but there is so much more that can be done with additional resources and support. The following recommendations are made in order to address these concerns:

1. A more centralized coordination site with a central coordinating administration and support is needed, including better communications and technology such as two-way radios, newer computers and transportation such as identified vans.
2. This centralized coordinating center would also be vested with resources and the ability to better coordinate CRN services with other CBOs, the school district and city departments.
3. The CRNs need to develop recruitment protocols that take into account cultural distinctions and factors, yet maintain consistency in determining appropriate levels of skills and experiences.
4. The CRNs need to coordinate development of mandatory training and orientation curriculum and protocols to include mentorship by seasoned CRN staff.
5. There is the need for development of staff enrichment resources to combat vicarious complex PTSD to include living wages, survivor benefits, culturally distinct (i.e. *Calmeac*) group counseling support and possible tuition supported academic paid furloughs of up to three months annually.
6. There is an important need to create more opportunities to cross-fertilize skills and experiences between the different CRN groups, including cross-training and mentorship, joint retreats and workshops.
7. Clearer parameters and program protocols need to be in place in terms of intervention tactics and overall strategies when potentially violent situations occur.
8. An important evaluation parameter for the CRNs is to determine whether street interventions are more effective by neighborhood or by ethnicity or both (hybrid model).