

Nevada Youth Alliance

youth development

community partnerships

2010 - 2011 NEIGHBOR TO NEIGHBOR COALITION PROJECT ANNUAL REPORT

Nevada Youth Alliance is pleased to present this report.
Through collaboration and partnerships, Nevada Youth Alliance
has made a significant impact, improving the lives and successes
of at-risk youth and families in our community.





NEVADA YOUTH ALLIANCE

2011 and Beyond – Nevada Youth Alliance Annual Report

Welcome,

On behalf of Nevada Youth Alliance Board of Directors, our partners and agencies, we are pleased to present this report. Nevada Youth Alliance has served Clark County and the surrounding area for over fifteen years. The collaborative efforts and partnerships we have forged have served the community and our target population of at-risk youth and families well.

We are proud of the work we have accomplished at the local level as well as throughout the county and state. Our executive and advisory board has an impressive mix of professionals who each have unique skills and talents that continue to bring fresh ideas and concepts to NYA. The executive board engaged in a planning process that focused our efforts on those programs and services that present opportunities for the largest impact and the most significant outcomes.

The relationship we have with our partners who include local government, law enforcement, many non profit organizations, and businesses both local and national have been significant in our success and will continue to be in the future.

Clark County will continue to face challenges associated with crime and violence and our youth will continue to face the challenges of negative influences in their lives. Nevada Youth Alliance is committed to continuing to address these challenges through our service to the most vulnerable in the community.

We hope you find this report not only informative, but also of value to compliment your efforts in the community.

With Sincere Regards,

Nevada Youth Alliance Board of Directors

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Our Mission

Nevada Youth Alliance (NYA) was founded in 1996 as a 501(c)(3) not-for-profit community support agency. The mission for the agency encompassed youth development and creating community partnerships. That mission is still reflective of the organization's focus today.

The Mission Statement for Nevada Youth Alliance is as follows, "NYA engages in strategic marketing and implementation for youth and family related programs that fulfill the diverse needs of youth, families, community, businesses and organizations."

NYA strives to achieve this mission by:

- Creating a statewide atmosphere of nurturing, mentoring and volunteerism for youth and families;
- Collaborating on positive activities that promote health, education and opportunities for success with a variety of agencies that share our focus on families;
- Continuing to actively participate in community programs that reach out to youth/young adults through adult mentoring, peer mentoring and peer mediation; and
- Searching for and collaborating with organizations that promote our purpose and refer to our services.

For more than 15 years NYA has provided support and created community partnerships that have fulfilled the organization's mission and expanded the reach of the agency from community to county to state. NYA continues to be committed to this mission and the community it serves.

Meet Our Board And Volunteers

NYA engages a large number of community volunteers in the services they provide. The volunteers are found primarily through existing partner agencies and the communities and neighborhoods where NYA has a presence. They include representatives from corporations, government agencies, educational and faith based organizations.

The Board for NYA is a broad cross-section of the community, including representatives of different culture, ethnicity, ideological and spiritual beliefs, political affiliations, educational achievements, gender and age.

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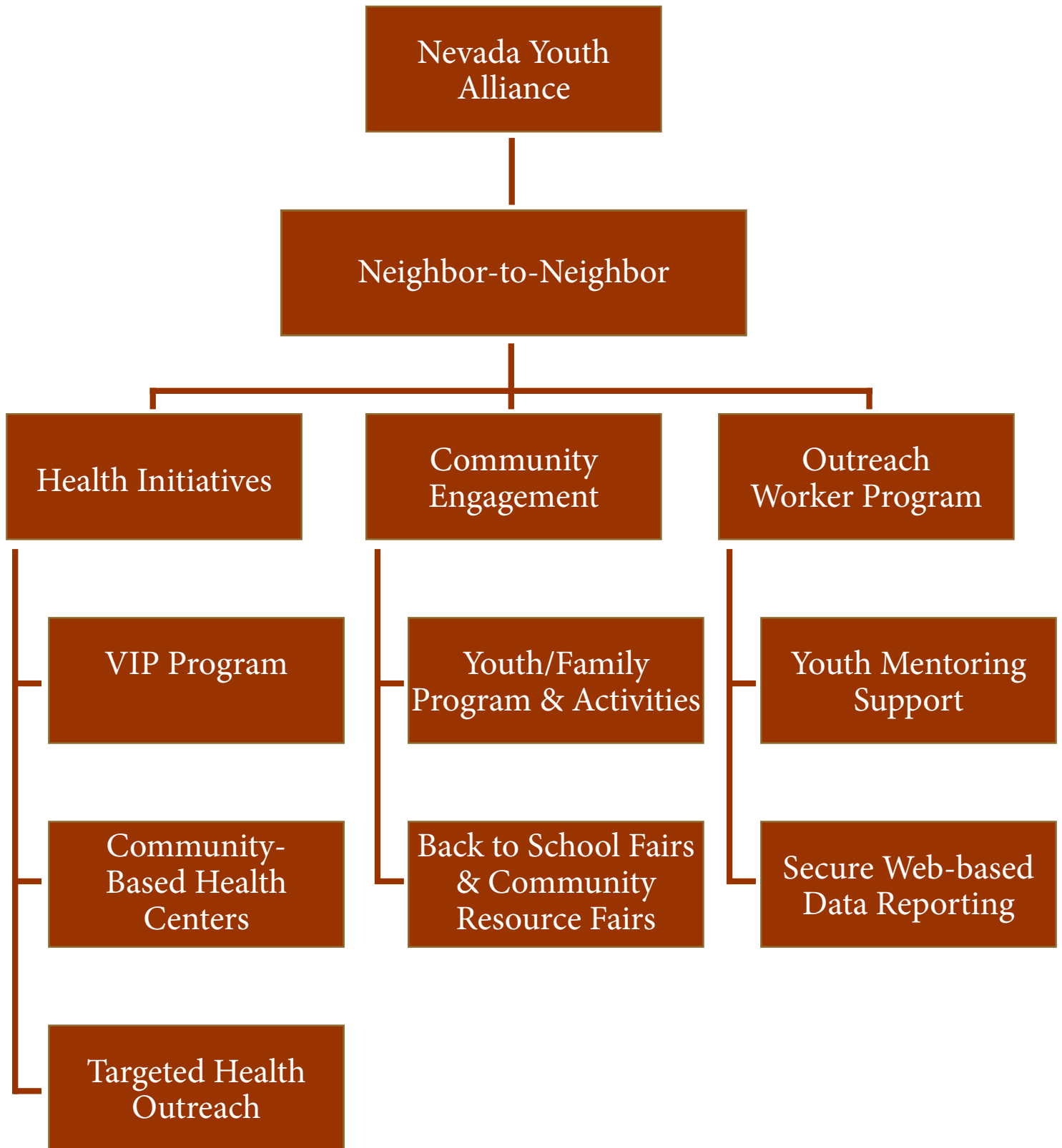
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Lujan Hickey Elementary
School

Julia Lyons
NYA Retired Board Member

"It has been a true honor to work with the Nevada Youth Alliance, their leadership and staff. It has been an outstanding partnership because of our shared vision and passion for the success of youth and families. We look forward to future opportunities in which we can work for the betterment of families for the continued success of our collective community". **Fritz Reese, Director Juvenile Justice Services**



Our Commitment To Those We Serve

Over the years NYA has focused much of its efforts and resources on mentoring, juvenile justice, family, health, education, employment and recreation. From the very beginning it was recognized that family and community were the cornerstones of youth development. A youth cannot be successful in today's environment without the support of both family and community.

As the needs of the community have evolved, so too have the efforts of NYA. Today, it is even more important to serve those most vulnerable in the community. The majority of NYA resources are focused on at-risk youth and families in the most violent and crime stricken areas of the community. The challenges facing youth and families today in communities throughout the country are significant.

Today's socio-economic climate, with high levels of community violence, drugs, gangs and crimes have created an environment that works against the success of our youth and families. To counter-balance these negative influences, NYA works with youth, families, the community and neighborhoods to provide the support and services needed to help every family they encounter to be as successful as possible.

The NYA mission and objectives work to address the needs of a number of target populations, including:

- Youth who are overcoming major stressors in their lives – this could include poverty, discrimination, abuse, unstable home and/or academic life. NYA's mentoring programs foster positive changes in these individuals through goal setting, self discipline, skill development and leadership; and
- Focusing on supporting the family unit by providing community resource education, adult mentoring and opportunities.

NYA functions as a social support system for these target populations providing them with opportunities to improve their chances of success and a more fulfilled life



2011 -13th Annual Community Back To School Health & Education Fair with nearly 10,000 in attendance

Our Funding & Partners

To support the services and programs it provides NYA relies on a variety of funding strategies and partnership opportunities:

- NYA actively seeks local and national grant funding. This includes both non-profit and private grant opportunities. Grant funding continues to provide a major source of support for NYA today
- Corporate partnerships provide NYA with a significant source of funding for the organization's many ongoing programs and services.

So many great things are being accomplished through Nevada Youth Alliance (NYA) and our many exceptional partners.

Through the generous donations and grants from the Amerigroup Community Care, Walmart, Sams Club, LEVI Strauss, College of Southern Nevada, and the for the purchase of various supplies, professional services to support our present three school based health centers and community neighborhood events in our target area: Matt Kelly and Booker Empowerment Elementary Schools, and West Preparatory Academy.

Neighbor-To-Neighbor Coalition Project Phase III 2010-2011 DPS PSN BUDGET OVERVIEW SUMMARY			
CATEGORY		CURRENT BUDGET	
Personnel		-0-	
Consultant/Contract		\$54,484.50	
Traveling/Training		-0-	
Supplies/Operating		\$6,286.75	
Other		\$1,495.77	
Equipment		\$988.98	
Grant Grand Total		\$63,256.00	

Note: Personnel category for staffing the project was volunteers from the NYA Board of Directors. Grant grand total expended during the granting cycle from September 2010 to November 2011.

Other major partners and sponsors include Amerigroup Community Care, Clark County School District - Partnership Office, College of Southern Nevada, University of Nevada Las Vegas, Outdoor World, Red Rock Canyon Interpretive Association, United States Forestry Service Education Program, Mexico Vivo Dance Company, GES, Town Square Las Vegas, Tommy Bahama's Restaurant – Town Square.

PARTNERSHIP WITH UNLV

Although youth crime and violence have traditionally been viewed as the business of law enforcement and court authorities, NYA has always recognized that other community stakeholders – such as universities, schools, hospitals, clergy, social service agencies, and public and private organizations – possess numerous resources that can be mobilized to address crime problems in local neighborhoods. It is with this spirit that NYA has partnered with UNLV over the past several years. This collaboration with UNLV has assisted NYA's efforts to disrupt the cycle of violence in Las Vegas communities and redirect the lives of young people caught up in dangerous street-life behavior.

One of the resources that UNLV provides is a research and evaluation capacity for NYA's projects and programs. UNLV has access to research studies on "best practices" from around the country in the fields of crime prevention, violence reduction, and family and youth counseling – all of which can help inform the various strategies that are developed and implemented by NYA. UNLV staff can also provide evaluation assistance for NYA programs. For example, UNLV researchers recently demonstrated that the Safe Village Initiative – a 2007 violence-reduction effort involving coordination between NYA, local police, government agencies, clergy, and community groups – was associated with a 55% reduction in gun violence in the neighborhood of west Las Vegas. In addition to its research and evaluation resources, UNLV can help provide technical assistance to NYA in terms of grant writing, database development, and information management.

The partnership with NYA has greatly benefited UNLV as well. Working with NYA assists in the university's goals of outreach and collaboration with local communities. NYA continues to provide UNLV faculty with numerous opportunities for research in the fields of juvenile justice, crime prevention, and counseling. Additionally, NYA projects have presented UNLV students with opportunities to gain invaluable experience through internships and employment.

- William Sousa, Ph.D.
Department of Criminal Justice
University of Nevada, Las Vegas

Neighbor To Neighbor Coalition Programs

Mission

The mission of the Neighbor to Neighbor Coalition Programs is to build stronger communities by working with residents to empower them with resources to help themselves. The various partners of the coalition for myriad of Neighbor to Neighbor programs helps residents improve and strengthen the health, safety and livability of their community through partnerships with community groups and agencies and faith-based organizations. NYA believe that every neighborhood has its own special personality which is the reason the Neighbor to Neighbor Coalition initiatives are based on the belief that residents know what is best for their community and have the ability to sustain positive change.

Goals

Engage in the strategic development and implementation of programs that fulfil the diverse needs of youth, families, community, businesses and organizations

Provide comprehensive outreach programs for at risk youth

Provide community resource education to residents and businesses

Facilitate community based activities which increase ownership of neighborhoods

Facilitate school-based initiatives, events and activities

Foster relationships with other non-profit organizations & the business community to assist with the growth & enhancement of services available to our youth & families

Partners and Sponsors Support our Mission and Vision

Creating a partnership with NYA supports many youth and families throughout Nevada. Successful partnerships with businesses, foundations and organizations are fundamental to supporting our various programs and community engagement events and activities contributing to a stronger community for all.

The Nevada Department of Public Safety (DPS) provides funds to NYA through the U. S. Department of Justice Project Safe Neighborhood grant in support of NYA's Neighbor to Neighbor program. NYA has been awarded DPS funding from 2007, 2008, 2009, 2010 & 2011.

Many agencies, organizations and the business community also provided valuable resources and support have provided the framework and background for this report. Therefore, we offer the following overview of partnerships and programs that have evolved over the past year.

In the summer of 2010, the NYA contracted through the Clark County Department of Juvenile Justice Services (DJJS) to provide its intervention outreach worker program. The initial periods evaluated included Fiscal Years 2006 to 2007, 2007 to 2008, 2008 to 2009, 2009 to 2010 & 2010 to present. Through this cycle of PSN funding NYA continues its focus on intervention/prevention programs that relate to

gangs or youth who are involved in, or at risk of involvement in a gang and weapons related activities. Funds originated through NYA were utilized in collaboration with partnering agencies or independent contractors in order to either establish or enhance existing prevention/intervention initiatives. The independent contractors whom are termed outreach worker are the primarily the largest entity supported in this annual report through this PSN funding.

NYA expanded partnerships are presently comprised of a variety of community based organizations, businesses and various law enforcement agencies across Southern Nevada. NYA's expansion continues to increase due to its community-wide engagement activities and demands for its broad-based outreach in violence prevention/intervention initiatives.

The Community Mobilization effort continue to be the focus of this proposal – specifically as it pertains to integration in neighborhoods and the critical role of community partnerships. NYA is working closely with Las Vegas Metropolitan Police Department Anti-Gang Coordinator & Gang Crimes Bureau in utilizing the OJJDP model for Gang Prevention, Intervention and Suppression which is currently implemented in Clark County. NYA as shared in the aforementioned outcomes over the past several years remains a leader in the community tasked with grassroots implementation programming efforts.

One of the primary outcomes of NYA in support of the Statewide Gang Task Force efforts a number of years ago was to mirror this model in other Nevada communities. At this time there are two communities that have initiated the process – Las Vegas & North Las Vegas. NYA mobilizing skills address issues of safety, prevention, and intervention as it relates to youth in some of their more high crime targeted areas. As noted above, the involvement and engagement of the community, schools, law enforcement and parents is the foundation for this type of model and the basis for the proposed effort and for the efforts of this funding was called Neighbor to Neighbor Coalition Program in southern Nevada.

The Clark County model focuses on five core strategies remain unchanged in order to address youth who are at risk of gang involvement:

- Community Mobilization – involves local groups, citizens, parents, schools and other agencies.
- Opportunities Provision – development and provision of academic, economic and social programs focused on gang-involved youth.
- Social Intervention – the use of grass root and faith-based organizations, schools and criminal justice system to connect gang-involved youth with their families and needed resources / services.
- Gang Suppression – informal and formal social controls.
- Organizational Change and Development – the development and implementation of programs and services that use available resources to address the identified needs of gang-involved youth.

We have found that the most essential element for the model is community involvement – including first and foremost the strong support from schools, families

and parents. For the past year, the NYA Neighbor-To-Neighbor Coalition Program has been funded in large part through DPS PSN grant.

NYA Outreach Worker Program enrolled over 100 extremely high risk youth participants over the past 4 1/2 years that were referred to the program through the DJJS and other outside agencies such as: faith based organizations, law enforcement agencies, hospitals/health centers and other community-based agencies.

In closing gangs are often a byproduct of a community and many gang members relocate to Nevada from various parts of the country locating themselves in communities which are the most vulnerable, traditionally with high levels of denial on the part of community (denial of the existence of gangs). Denial is a product of a lack of education on the scope and breadth of gang activity. Sometimes schools are reluctant to acknowledge gang activity because they don't want to alarm the community or parents unnecessarily. However, this situation has created an ideal breeding and recruitment ground for gangs. Community Mobilization is one of the most promising and successful ways of overcoming denial and dealing with gangs and gang activities. It becomes a most visible approach that focuses on all aspects of gang involvement.

Outreach Worker Mentoring Program

The Outreach Worker Mentoring Program is a vitally important piece of Nevada Youth Alliance's Neighbor To Neighbor Coalition Program which NYA provides to the community. The impetus of the NYA Outreach Worker Mentor Program was prompted in 2006 and focused on youth aged 12 to 18 years. The unique program was created to assign caring adults through NYA's initial Outreach Worker program directly with youth offenders (weapons involved) and their families, in an attempt to get them connected with needed community services and programs. Typically the youth assigned to the Outreach Worker are the most difficult to reach in the neighborhood; those who have already crossed over the line into violent and/or criminal behavior. The Outreach Worker functions as a coach/mentor for the youth assigned to him or her. In addition to referring the youth and their families to support programs and services, the Outreach Worker becomes a mentor and positive role model for the youth and often their families and friends. The primary objective of the program is to assist the youth in becoming self sufficient, providing the opportunities to make better choices that will turn their life around, and facilitate productive citizenship.

Youth risk factors for NYA mentor program eligibility include multiple formal reprimands for violent behavior and bullying or acting out at school, documented or known gang involvement, prior criminal/delinquent history (including but not limited to crimes against persons, pending or prior arrests for weapons offenses, property damage e.g. graffiti etc.), risky street behavior (street activity that is highly associated with violence), recent violent victimization (client has been shot, stabbed or suffering from other violent acts within the last 90 days), increased incidence of truancy, and mental challenges such as learning disabilities or mental health issues.

NYA receives referrals from various agencies including community partner organizations, Las Vegas Metropolitan Police Department, and Clark County Department of Juvenile Justice Services.

NYA sub-contracts outreach workers from several community organizations, including: Valley View Community Cares (VVCC), North Las Vegas Center Ring Boxing (NLVCRB), Youth ETERNAL, and the Lohan School of Shaolin.

Valley View Community Cares (VVCC) has been in operation for 10 years and works with the highest-risk delinquent and gang involved youth in the Las Vegas area. In addition to high-intensity mentoring and advocacy, VVCC provides an outlet for community service through VVCC's community food bank, which also provides needed groceries and supplied to youth and families in the program.

NLVCRB serves as a magnet program of the community for youth, ages 8 to 17 regardless of race, creed, religion, color, sex, sexual orientation, family status or physical challenges. The Club is firmly committed to providing positive interaction that promotes educational, physical and mental growth.

Youth ETERNAL has implemented several programs in the Las Vegas valley that have made a difference to reduce gang violence and delinquent behavior and increase high school attendance. Youth ETERNAL recently created a mentoring program called MAJORS (Mentoring After Juvenile Offenders Release System), which adopted the best practices use of the six stages of change.

Lohan School of Shaolin partners with NYA OWP by providing multi-service opportunities for health and wellness, fitness and exercise. The approach accepts and develops youth physically and mentally through martial arts discipline which assists youth who deal with anger and frustration.

In 2010, NYA implemented its new user-authenticated online form system for documentation and data collection for evaluation. This enabled NYA administration to better monitor case management, and to document case characteristics at the time of client intake and case closure. NYA has for two years conducted internal evaluation, using data exports from the website documentations, by comparing client characteristics prior to program intervention to characteristics noted at the time of intake. Areas targeted in data collection forms include: education, employment, anger management, family functioning, substance abuse, and self-esteem. The second evaluation conducted using the 2010/2011 caseload reveals not only some promising results, but areas for program enhancements and improvement.

"I am very grateful to the Nevada youth Alliance for the vision and leadership they provide in our community. They recognize, that a holistic approach is the only way to combat the many issues facing families and youth today. I am looking forward to our continued partnership and want to lend my assistance in growing their program to enrich our youth so that they come to know that they can reach their full potential." -
**Deborah A. Reyes, J.D. Community Outreach & Prevention Coordinator
Prevention Section, Gang Crimes Bureau Las Vegas Metropolitan Police**

Outreach Worker Program

Annual Program Evaluation

2010/2011

David Osman
NYA President
Neighbor To Neighbor Coalition Project
Executive Director

Bridget Kelly, MA
NYA Executive Assistant

Introduction

Evaluation of youth programming is an essential element of effective service provision. Research has supported the notion of youth mentoring as a method for improving the lives and behavior of at-risk and delinquent youth (DuBois, Holloway, Valentine, and Cooper, 2002; DuBois & Karcher, 2005; Jekielek, Moore, Hair & Scarupa, 2002; Rhodes, 2008; Zimmerman, Bingenheimer & Behrendt, 2005). Research has also identified several elements of mentoring programs that affect program effectiveness for clients; such as intensity of service provision, structure of program, and training of mentors (DuBois, Holloway, Valentine, and Cooper, 2002; DuBois & Karcher, 2005; Grossman & Garry, 1997; Grossman & Rhodes, 2002; Herrera, Sipe, & McClanahan, 2000; Jekielek, Moore, Hair & Scarupa, 2002; Rhodes, 2008; Royse, 1998; Zimmerman, Bingenheimer & Behrendt, 2005).

DuBois et al. (2002) advise internal evaluation of programs to assess implementation and progress. For this reason, as well as for program development and best practices, Nevada Youth Alliance has implemented an internal evaluation study of the Outreach Worker Program for the 2010/2011 fiscal year. Nevada Youth Alliance (NYA) is a non-profit organization serving at-risk adolescents in Nevada, with an Outreach Worker Program providing youth mentoring and intervention for delinquent youth in Las Vegas. NYA receives referrals from various agencies including community partner organizations, Las Vegas Metropolitan Police Department, and Clark County Department of Juvenile Justice Services. This study examines the current trends in mentoring research, an evaluation of NYA service provision and evaluation practices, and a discussion of the results and implications of the findings.

Mentoring Then and Now

The practice of youth mentoring is not new or novel idea. Historically, the concept of a mentor is first mentioned in *The Odyssey* in 800B.C. Mentorship has since then been described as a “relationship between an older, more experienced adult and an unrelated, younger protégé – a relationship in which the adult provides ongoing guidance, instruction, and encouragement aimed at developing the competence and character of the protégé” (DuBois & Karcher, 2005, p. 3). In the past, mentoring was a localized, decentralized, grass-root initiative conducted by good hearted and well intentioned individuals. What has changed is how youth mentoring is being approached and evaluated to best meet the pressing needs of delinquent youth today. Mentoring has grown to encompass many approaches to reach the intended program recipients with an often narrow scope (e.g. substance abuse, anti-social behaviors, academic performance, school attendance, preparation for a particular vocation and skill development) through mentoring based on unique structure of people “(e.g., group mentoring, team mentoring, cross-age mentoring), sites (e.g., school, workplace, faith-based organizations), and modes of communication (e.g., Internet)” (DuBois & Karcher, 2005, p. 5). Youth mentoring initiatives have also become increasingly popular among the general public as they are perceived as a way to help at-risk kids get on the right track and also as a way for successful adults to give back to their communities.

Over the past two decades there has been resurgence in youth mentoring programs globally as increasing number of nonprofit, business, and government entities have contributed to the expanding field of mentoring (DuBois & Karcher, 2005). Mentoring is increasingly becoming a close partner of law enforcement, social work, education, and health care as an effective method of intervention for youth with behavioral problems and/or risk factors associated with delinquency. As the practice of youth mentoring continues to expand, the field’s further growth and development is supported by theory and research. However, it is only in recent years that youth mentoring has begun to receive sustained interest from scholars working in fields such as psychology, sociology, education, human development, social work, public health, and medicine (DuBois & Karcher, 2005).

Why Mentoring?

Increased geographic mobility, the lack of organized youth activities in poor neighborhoods, the rise of struggling single-parent families, and families with two working parents have all reduced the number of positive adult role models. Today, twenty-five percent of children live with a single parent, and over one-half of children will live with only one parent before they are eighteen years old (Solutions, 2010). These underlying factors place youth at a higher risk of dropping out of school and becoming involved in criminal activities. Other factors were identified in 2007 comprehensive research study by Communities in Schools and the National Dropout Prevention Center at Clemson University: teen parenthood, substance abuse, criminal behaviors, lack of self-esteem, poor school performance / grade retention, absenteeism, discipline problems at

school, low educational expectations, lack of plans for education beyond high school, and lack of interaction with extracurricular activities.

Youth mentoring programs exist to provide youth with practical role models and help a child develop socially and emotionally. Mentors help kids learn to understand and communicate their feelings, to relate to their peers, and to develop relationships with other adults. The National Mentoring Database, a national repository for currently over 4,100 youth mentoring programs in the United States, best summarizes the “values of mentoring” as they pertain to education, workplace and day-to-day living support:

Support for education

- Mentors help keep students in school;
- Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class (Public/Private Ventures study of Big Brothers Big Sisters);
- Mentors help with homework and can improve their mentees’ academic skills.

Support with day-to-day living

- Mentors help improve a young person's self-esteem;
- Mentors provide support for students trying new behaviors;
- Youth who meet regularly with their mentors are 46% less likely than their peers to start using illegal drugs and 27% less likely to start drinking (Public/Private Ventures study of Big Brothers Big Sisters);
- About 40% of a teenager's waking hours are spent without companionship or supervision;
- Mentors provide teens with a valuable place to spend free time;
- Mentors teach young people how to relate well to all kinds of people and help them to strengthen communication skills.

Support in the workplace

- Mentors help young people set career goals and start taking steps to realize them;
- Mentors can use their personal contacts to help young people meet industry professionals, find internships and locate job possibilities;
- Mentors introduce young people to professional resources and organizations they may not know about;
- Mentors can help their mentees learn how to seek and keep jobs.

A number of studies show a correlation between a young person’s involvement in a quality mentoring relationship and positive outcomes in the areas of school, mental health, problem behavior and health (DuBois & Karcher, 2005; Rhodes, 2008; Jekielek, Moore, Hair & Scarupa, 2002; Zimmerman, Bingenheimer & Behrendt, 2005). In a meta-analysis of 55 program evaluations, DuBois, Holloway, Valentine, and Cooper (2002) found that mentoring had a positive effect on five outcomes: “emotional/psychological, problem/high risk behavior, social competence, academic/educational, and career/employment.”

In a subsequent review of mentoring research literature, Rhodes (2008) noted a sustained trend in positive impacts of mentoring on outcomes such as delinquency in

youth. These studies show the benefits that nonprofessional and para-professional helping relationships can provide, often rivaling those associated with services provided by therapists and other professionals with advanced training (Orford, 1992). In summary, all studies agree that mentoring programs can be useful as very effective tools for positive development of youth.

What Makes for an Effective Program?

There has been much discussion about what makes the most effective mentor program. While there is consensus that there is no single best recipe for a successful mentoring program, there are several elements for a successful mentoring program that researchers can agree on. However, before launching into “what works,” there are some very important and disturbing findings which should be mentioned beforehand as a warning. First, poorly designed and maintained programs with lax guidelines do more harm than good to mentored youth (DuBois et al., 2002). Next, studies have found that mentoring conducted over a short period of time (less than three months) can have detrimental effects on the well-being of youth (Jekielek et al., 2002). Therefore, once engaged in a mentoring program, the mentor must be prepared to stay the course and guide the youth while also being mindful of any special needs that youth might need to succeed (i.e. mental health or substance abuse).

There have been many studies trying to capture what makes a mentoring program effective. The largest in scope was the 2002 meta-analysis of 55 programs evaluated by DuBois et al., which offered a concise discussion of effective techniques. Their findings included: 1) Program effectiveness greatly increases when a greater number of both theory based and best practices are used; 2) Training for mentors needs to be ongoing; 3) Programs need strong structure including structured activities for mentors and youth to aid in developing their relationship and trust; 4) Programs need to demand a minimum of expectation for frequency of contact; 5) There need to be support elements embedded that go beyond the program to provide support services that the mentee requires and if possible involve parents; 6) Strong internal evaluation of overall program implementation and progress; 7) Best results occur in programs which encourage development of strong relationships between mentors and youth; and 8) Programs that are subjected to formal evaluation show greater success.

Other research has shown that frequency and length of visits between mentors and youth have been reviewed to find that longer and more frequent visits (minimum of one hour a week for at least twelve months) are shown to have more impact than anything less (DuBois et al., 2002; Grossman & Garry, 1997; Grossman & Rhodes, 2002; Herrera, Sipe, & McClanahan, 2000; Jekielek et al., 2002; Rhodes, 2008; Royse, 1998). Similarly, continued training and support of staff has been recognized as beneficial and greatly supporting to all participants (Grossman & Garry, 1997; Jekielek, Moore, Hair, & Scarupa, 2002; Mollard & Becker, 2009 Rhodes, 2008;). Youth mentoring works best when goals focus on developing trusting relationships with peers and adults as already mentioned in the findings by DuBois et al. (2002). Mentoring programs should try to help a child develop socially, because social skills benefit the child in other areas of his or her life rather than merely focus on narrow change in the child’s behavior (Herrera, Sipe, & McClanahan, 2000).

To expand further on DuBois et al. (2002), successful mentoring sessions should involve structured activities, and mentors and youth should be equals in planning sessions. Social and academic activities, such as going to lunch, attending sporting events, or visiting museums are well suited for mentor and youth bonding (Herrera, Sipe & McClanahan, 2000; Morrow & Styles, 1995;). Furthermore, an effective program should match mentors and youth on the basis of shared interests and family preference (Barron-McKeagney, Woody, & D'Souza, 2002; Johnson, 1998). While there is no perfect method to matching a mentor and youth, the age, gender, and education of the mentor matter much less than his or her outlook on mentoring. Mentors who are “results-oriented” and have behavioral goals for children are less successful than “process-oriented” mentors who want to build trust and become a friend and confidant of a child (DuBois et al., 2002; Herrera, Sipe & McClanahan, 2000; Johnson, 1998).

Methods

Nevada Youth Alliance implemented secure online form submission and data collection January 1, 2010. A series of online forms were designed to track clients through intake, case management, and closure to monitor service provision and outcome. Outreach workers providing services to clients were asked to complete the forms for each client, as well as to submit narrative case notes on a weekly basis. Data were collected through this series of intake and case closure forms, as well as through the data collected weekly from outreach worker notes. A total of 59 youth were provided with services under the 2010/2011 Project Safe Neighborhood grant, and were observed for the current study due to reporting deadlines. Data were collected on the 59 cases taken into the program between October 1, 2010 and September 30, 2011. Data were inconsistently available for many clients, as their ability to maintain consistent contact with their outreach workers was often mitigated by personal crises and instability at home. Therefore, the data presented in this evaluation does not always represent the entire caseload of 59 youth.

Independent Variables

The primary independent variables examined were client demographics and service dosage in length and intensity. Client demographics included gender, age, and race/ethnicity where available. Service dosage was measured three ways: length of time in program (in months), average weekly hours spent with client, and total hours spent with client. These variables were selected for their usefulness in program evaluation and consistency with mentoring research examining similar variables.

Dependent Variables

The primary dependent variables examined were case disposition (successful completion of the program v. other outcomes) and client scores on the Rosenberg Self Esteem Scale (Rosenberg, 1989). The Rosenberg Self Esteem Scale is a 10 question assessment of a person's self-esteem. Responses are presented in a four point Likert-type format, ranging from "strongly disagree" to "strongly agree." Each response holds a numeric value which is summed for a final score ranging from 0-30. Scores between 15 and 25 are within normal range; scores below 15 indicate low self-esteem. Clients completed a Rosenberg Self Esteem Scale (pre-intervention) at the time of intake, and at the time of case closure (post-intervention).

Analytic Procedures

Due to transiency of program participants in the current study period, longitudinal data were not available for all clients. For this reason, univariate analyses are provided with all available data from case processing forms (intake form, intake case notes form, Rosenberg Self-Esteem Scale, and closure form) as well as data derived from weekly outreach worker case notes. Known frequencies and valid percentages are reported in all tables. An independent samples t-test was conducted to determine statistical significance between pre- and post-participation Rosenberg Self-Esteem Scale scores. Additionally, selected crosstabulations were performed to provide some comparison of outcome between groups.

Client Characteristics

As indicated in Table 1, the majority of clients were male (84.3%), African-American (64%), and under 16 years of age. Clients were distributed geographically throughout the Las Vegas valley. The majority of clients were at a high school level of education (between 9th and 12th grade; 75.6%) at the time of intake. Although most client grade point averages (GPAs) were not available, available scores indicate that the majority of clients held a “C” average (81.6%).

Table 1

Client demographics

Characteristics	n	%
Gender		
Male	43	84.3
Female	8	15.7
Race/ethnicity		
African-American	32	64.0
Asian	1	2.0
Caucasian	4	8.0
Hispanic	13	26.0
Age		
11-15	11	39.5
16-18	26	60.5
Zip code of residence		
89030	3	8.8
89032	3	8.8
89052	1	2.9
89081	1	2.9
89101	2	5.9
89106	3	8.8
89107	3	8.8
89110	1	2.9
89115	7	20.6
89119	2	5.9
89121	1	2.9
89122	1	2.9
89132	1	2.9
89143	1	2.9
89156	2	5.9
89166	1	2.9

Table 1 (con't)

Client demographics

Grade level		
6 th -8 th	10	24.4
9 th -12 th	31	75.6
GPA		
2.0	3	27.3
2.1-2.4	2	18.2
2.5-2.9	4	36.4
3.0	2	18.2

Several indicators of justice system involvement were measured upon initiation of services. Table 2 indicates that the vast majority of the sample (83.7%) was on probation, and a small minority was on youth parole (2.3%).¹ Although not all offense types were known, known offenses were most often violent and/or weapons-related (61.5%). Nearly half of clients (46.5%) had been previously detained. The large majority of clients (86.0%) discussed terms of probation or parole with their outreach worker and received feedback regarding the need to comply with terms of supervision. A small minority of clients (27.9%) had a pending case at the time of intake.

Table 2

Justice System Involvement Among Clients

Justice System Involvement Indicators	n	%
Probation		
Yes	36	83.7
No	7	16.3
Parole		
Yes	1	2.3
No	42	97.7
Offense type		
Violent/Weapons-related	24	61.5
Other	15	38.5
Formerly detained		

¹ Whether parole clients were certified as adults in court is unknown.

² These data do not include services provided to youth who failed to maintain a client relationship beyond initial contacts from NYA outreach workers (n=5), or clients who started the program after August 31,

Yes	20	46.5
No	23	53.5

Table 2 (con't)

Justice System Involvement Among Clients

Discussed need to comply with terms of probation/parole		
Yes	37	86.0
No	6	14.0
Pending case at time of intake		
Yes	12	27.9
No	31	72.1

Client referrals to the NYA Outreach Worker Program for mentoring came from several organizations, as shown in Table 3. PHASES, Inc. referred 28.8% of the caseload, followed by Clark County Department of Juvenile Justice Services (DJJS; 22.0%), North Las Vegas Center Ring Boxing (20.3%), Las Vegas Metropolitan Police Department (15.3%), and Valley View Community Cares (13.6%).

Table 3

Referral Sources

Referral sources	n	%
Department of Juvenile Justice Services	13	22.0
Valley View Community Cares	8	13.6
PHASES, Inc.	17	28.8
Las Vegas Metropolitan Police Department	9	15.3
North Las Vegas Center Ring Boxing	12	20.3

Table 4 presents the preliminary assessment of risk level from the point of intake. The assessment questions were adopted from a similar program (Ceasefire) in Chicago, Illinois. Clients are assessed as soon as possible after being referred to the program to determine risk of violent behavior and suitability for the program so that they are met with the appropriate intensity of services from their outreach workers. The assessment is composed of several indicators of propensity for violent behavior. Half of clients

assessed (50%) were found to be high risk based on this assessment. Nearly one third (32%) were assessed as medium risk, and 18% were assessed as low risk.

Table 4

Risk Level at Time of Intake

Risk Level	n	%
High	25	50.0
Medium	16	32.0
Low	9	18.0

Table 5 presents indicators of client needs at time of intake. The vast majority of clients were unemployed at the time of intake (95.3%), of which 51.2% were actively seeking employment. A small minority of clients (20.9%, n = 9) were abusing substances at the time of intake. Of those clients, two-thirds (66.7%) were already in some sort of treatment program.

Table 5

Client Needs

Client Need Areas	n	%
Employment		
Employment Status:	41	95.3
Unemployed		
Seeking employment	21	51.2
Employment Status: Part-time	2	4.7
Substance Abuse		
Currently abusing substances	9	20.9
In treatment	6	66.7

Table 6 demonstrates descriptive statistics for weekly services provided to youth collected from outreach worker case notes². In the clear majority of weeks observed (70.3%), clients and/or their families were provided with a minimum of one hour of outreach services. When broken down by service type, services provided by outreach workers range from personal and telephone contacts with the client, parents or guardians, and probation officers (itemized below), to collaboration with outside entities on behalf of the clients and their families (not itemized in this study). Nearly half of weeks observed (47.8%) were characterized by a minimum of one client personal contact (face-

² These data do not include services provided to youth who failed to maintain a client relationship beyond initial contacts from NYA outreach workers (n=5), or clients who started the program after August 31, 2011 due to unavailability of data at the time of analysis (n=18).

to-face interaction). Personal contacts included community visit contacts (often in a community center), home visits, detention visits, or appearances in court, school, or the probation office with the client³. In small minority of weeks observed a phone contact with the client was made (18.6%) or that a parent or probation officer was contacted during the week (30.7% and 14.0% respectively). A minority of weeks observed also show attempted personal (5.7%) and phone contacts (11.7%).

Table 6

Weekly service provision in hours and contacts

Services Provided	n	%
Hours Spent with Client		
0	183	25.6
0.1-0.9	30	4.2
1.0-1.9	98	13.7
2.0-2.9	131	18.3
3.0+	274	38.3
M (SD)	2.48(2.48)	
Client Personal Contacts		
0	374	52.2
1	230	32.1
2	82	11.5
3+	30	4.3
M(SD)	.71(.95)	
Community Visit Contacts		
0	557	77.8
1	121	16.9
2	28	3.9
3+	10	1.4
M(SD)	0.29(.62)	
Home Visits		
0	525	73.3
1	143	20.0
2	44	6.1
3+	4	0.5
M(SD)	0.34(0.62)	
Detention Visits		

³ Personal contacts may include more than one subcategory of the type of contact. For example, a worker may visit the client and family in the home and proceed to escort the client to an event in a community location.

0	701	97.9
1	12	1.7
2	3	0.4
M(SD)	0.03(0.18)	

Table 6 (cont.)

Weekly service provision in hours and contacts

Court Appearances

0	700	97.8
1	15	2.1
2	1	0.1
M(SD)	0.02(0.16)	

Probation Appearances

0	704	98.3
1	12	1.7
M(SD)	0.02(0.13)	

School Appearances

0	709	99.0
1	5	0.7
2	1	0.1
3	1	0.1
M(SD)	0.01(0.16)	

Client Phone Contacts

0	583	81.4
1	73	10.2
2	35	4.9
3+	25	3.4
M(SD)	0.33(0.86)	

Attempted Phone Contacts

0	632	88.3
1	35	4.9
2	20	2.8
3+	29	3.9
M(SD)	0.31(1.14)	

Attempted Personal Contacts

0	675	94.3
1	31	4.3
2	8	1.1
3+	2	0.2
M(SD)	0.08(0.34)	

Table 6 (cont.)

Weekly service provision in hours and contacts

Parent/Guardian Contacts		
0	496	69.3
1	143	20.0
2	43	6.0
3+	34	4.8
M(SD)	0.49(0.93)	
Probation Officer Contacts		
0	616	86.0
1	72	10.1
2	16	2.2
3+	12	1.6
M(SD)	0.20(0.59)	

As shown in Table 7, 66.1% of NYA clients spent 8 weeks or less in the program, followed by 20.3% who spent 25 weeks or more in the program. A slight majority completed the program (54.2%) followed by 22% of clients who transferred to another similar program before completing NYA programming. Because those clients that transferred maintained satisfactory participation in the program during the brief period of 2 months or less that they were in the program, they are recorded as completing their time with NYA on successful grounds. These can be combined for a total of 76.2% of clients that were released from the program with satisfactory completion. Clients that did not successfully complete the program left the program because they were detained (3.4%), they moved (1.7%), lost contact (13.6%), demonstrated unsatisfactory participation (1.7%), or for “other” reasons (3.4%). Those with an “other” reason for leaving the program did so in this case because the parent chose to stop receiving services from outside organizations such as NYA.

At the time of case closure, half (49.7%) were on probation. The clear majority of clients (84.2%) were not arrested on new charges while in the program.⁴ Of those arrested

⁴ Recidivism records were provided by DJJS for clients referred directly from DJJS only (N=14). Closure form data confirmed these clients and did not provide additional data.

in which the offense type was known, 80% of new offenses were drug offenses. The number of clients employed increased from the time of intake from 1 to 3. The number of clients abusing substances stayed the same (n=9) and may be due to a short term in the program that is not reflective of time needed for completion of substance abuse treatment. Client grade point averages (GPAs) were not consistently available for clients at the time of case closure.

Aftercare was planned by outreach workers for a small majority (53.6%) of clients at the time of discharge from NYA's program. Outreach workers identified that 76.3% of clients had remaining family needs at the time of discharge, 68.4% of clients had remaining educational needs, and 55.3% had remaining employment needs. All clients receiving aftercare have entered programming through the outreach worker's service provider outside of NYA's outreach worker program.

Table 7

Client/case characteristics at time of closure

Characteristics	n	%
Case disposition summary		
Weeks in program		
8 or less	39	66.1
9-24	8	13.6
25 or more	12	20.3
Reason for case closure		
Completion of term in program/ expiration of grant cycle	32	54.2
Detention	2	3.4
Moved out of state	1	1.7
Lost contact	8	13.6
Transferred to another program	13	22.0
Unsatisfactory participation	1	1.7
Other	2	3.4
Justice System Involvement		
Probation/ Parole		
Yes	29	49.2
No	9	15.3
Unknown (transferred/no contact)	21	35.6
Arrested/Detained/Cited on new charges		
Yes	5	15.8
No	32	84.2

Offense type for new charges		
Drug	4	80.0
Status offense	1	20.0
Employment		
Employment Status: Unemployed	30	80.0
Seeking employment	3	8.0
Not interested	2	5.3
Employment Status: Part-time	2	5.3
Employment Status: Part-time	1	2.6
Substance Abuse		
Currently abusing substances	9	23.7
In treatment	5	55.6

Table 7 (cont.)

Client/case characteristics at time of closure

Discharge Plan

Aftercare plan at time of discharge		
Yes	43	53.6
No	16	46.4
Remaining needs identified by mentor at time of discharge		
Education	26	68.4
Employment	21	55.3
Anger Management	15	39.5
Substance abuse	7	18.4
Family	29	76.3
Other	14	36.8

Client scores on the Rosenberg Self Esteems Scale (pre and post program intervention) are presented in Table 8. At the time of intake, 79.6% of clients scored in the normal range, and 82.9% scored in the normal range at the time of case closure. The average intake score was 20.8, while the average score at closure was 22.2.

Table 8

Rosenberg Self Esteem Scale Scores Pre and Post Program Intervention

Scores	n	%
Pre		

Under 15	4	8.2
15 to 25	39	79.6
25+	6	12.2
M (SD)	20.8 (4.43)	
Post		
Under 15	0	0.0
15 to 25	29	82.9
25+	6	17.1
M(SD)	22.2(3.55)	

To assess whether the change between pre and post-intervention Rosenberg Self Esteem scores was significant, an independent samples t-test was conducted to compare means between scores. Although the reduction from four to zero clients with low-self esteem indicated by the assessment is noteworthy, the result shows that the change in mean scores was not statistically significant ($t = -1.628$; $p = 0.107$ for a mean difference of -1.473). It is important to note that both pre and post-intervention scores were only available for 34 (57.6%) of cases observed. This is largely due to difficulty establishing consistent contact with hard-to-reach clients at the onset of services and at the time of case closure.

To examine the relationship between demographics and case disposition, a layered crosstabulation of age, gender, and successful completion was conducted, as well as a crosstabulation of race/ethnicity and successful completion.⁵ Table 9 demonstrates the relationship between age, gender, and case disposition among clients. Males under 16 and females 16 and older were most likely to successfully complete the program (85.7% and 100% respectively).

Table 9

Case disposition by age category and gender

Demographic Categories	Successful completion	Other dispositions
Under 16		
Male	12 (85.7%)	2 (14.3%)
Female	2 (66.7%)	2 (33.3%)
16+		
Male	17 (77.3%)	5 (22.7%)
Female	4 (100.0%)	0 (0.0%)

⁵ Because of low cell counts in the crosstabulations, Pearson's Chi-Square analyses were not able to be conducted to determine statistical significance of differences between groups.

Table 10 demonstrates the relationship between race/ethnicity and program completion. All Caucasian clients (100%) completed the program successfully as well as 100% of Asian clients, and 90.6% of African-American clients. However, Hispanic/Latino participants were slightly less likely to complete successfully (46.2%) than with another disposition (53.8%)

Table 10

Case disposition by race category

Race/ethnicity	Successful completion	Other dispositions
African-American	29 (90.6%)	3 (9.4%)
Caucasian	4 (100%)	0 (0.0%)
Hispanic/Latino	6 (46.2%)	7 (53.8%)
Asian	1 (100.0%)	0 (0.0%)

To assess the relationship between frequency and intensity of services and outcome, Pearson correlation tests were performed. Total hours of service provided, weekly average hours spent with clients, and length of time in program (in months) were correlated with successful program completion. Table 11 shows a statistically significant positive relationship between weekly average hours spent with clients and successful completion of the program, as well as a positive but not statistically significant correlation between total hours and time in the program.

Table 11

Outcome correlations by length and dosage of service provision

Service provision indicators	Program completion	
	Pearson Correlation	Significance
Total hours	.311	.065
Weekly average hours	.684	.000
Time in program	.000	.997

Conclusions and Recommendations

The results of this study provide support for successful program outcomes for the NYA Outreach Worker Program. The majority of clients (72.6%) completed the program successfully or were transferred to another similar program to receive continued services. The majority of weekly service reports show that clients and/or their families were provided with a minimum of one hour of services as advised in best practices research, and average weekly hours of service provision were significantly correlated with successful program completion. In other words, cases served by the minimum standard of best practices were more likely to succeed than those who did not maintain regular participation in the program. Almost all program participants were found to have normal Rosenberg Self-Esteem Scale scores both entering and leaving the program, with higher average scores leaving the program. However, this increase was not statistically significant.

The current study yielded additional results regarding the intensity and length of service provision relative to best practices research that support continued development of program resources. Although the average weekly hours spent with clients met the one hour standard, nearly 25.6% of weekly reports show that no time was spent in contact with the client, their families, or their probation officers. None of the clients spent the evidence-based standard of 12 months in the program due to limitations on funding and reporting requirements of the primary funding source (DuBois et al., 2002; Grossman & Garry, 1997; Grossman & Rhodes, 2002; Herrera, Sipe, & McClanahan, 2000; Jekielek et al., 2002; Rhodes, 2008; Royse, 1998). Nearly two-thirds (66.1%) of clients studied spent two months or less in the program, a length of time which has been noted by research to be detrimental to long-term outcome (Jekielek et al., 2002). The failure of this study to find a significant relationship between length of time in the program and outcome may be due to the limited total length of time in the program for all cases. Whenever possible, future program plans should allow for a full 12 month or greater allowance for services, as well as stronger implementation of minimum weekly contact with clients.

Overall, NYA's Outreach Worker Program has demonstrated a fair degree of compliance with best practices research by providing a weekly minimum of service provision, structured programming, and by implementing internal evaluation processes. NYA's successes may be attributable to these factors. Similarly, NYA's room for improvement in terms of meeting best practice standards lies in the need for stricter implementation of weekly minimum service provision, a full 12 months or better for time youth spend in the program, and implementation of continued training for outreach workers. Improvement in these areas may help to increase success rates by providing clients with the length and quality of service needed to make lifestyle changes.

While the findings provide a number of implications, it is important to note a number of methodological limitations. First, indicators of client needs at the time of intake and case closure were not consistently available due to a lack of consistent contact between outreach workers and their clients. Clients in the target population for NYA's mentoring services were often in a state of crisis or need for additional services and stability at home, making them difficult to reach or establish consistent contact with. Additionally, some outreach workers demonstrated commitment issues at times, often due to demands from a full-time job or personal illness, which prevented them from being able to meet the needs of clients. As a result, data for many cases remained

incomplete at the time of data analysis. Second, several outreach workers were new to the program and to online form submission. This was usually the first time they encountered such a system, and were expected to learn and implement an entire system of tracking forms as well as procedures for online submission. Unfamiliarity with the system and with concepts related to formal documentation resulted in missing or invalid data at the point of entry. Due to complicated data export processes and technical delays, many of these issues were not completely resolved until late in the reporting cycle. In the future, NYA has pledged to continue development of these processes to maximize the utility of the system in terms of quality of internal records and data for evaluation.

In addition to limitations to the existing data, measures used in the current study do not include all measures found to be relevant in mentoring research. For example, the current study does not measure the training and support of staff. This is due to a limitation in the ability of NYA to provide extensive formal training. However, NYA does screen outreach workers prior to hire and should investigate methods for tracking previous training and providing ongoing training for workers. This issue has already been discussed among NYA administration and will continue to be developed in the future as part of a multi-pronged approach to improve both services and internal evaluation processes.

In summation, the NYA Outreach Worker Program has demonstrated positive outcomes for clients across service providers. Intensity of service provision was found to be significantly correlated with outcome, which is consistent with existing mentoring research. However, the system of documentation, measurement, and data collection must continue to be consistently implemented and must continue to improve in terms of quality and function in order to provide useful feedback for outreach workers and administrators. Therefore, NYA should continue to develop procedures and use of technology to advance the quality service provision and evaluation.

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Web Based Information – Casemanagement Referral Forms

Referral Form

Who: Referring agencies/ outreach workers

What (purpose): To advise NYA of a youth in need of services

When: Upon recognition of youth in need

Where: NYA website

Why: To give NYA preliminary information regarding youth eligibility

How: Collect basic information regarding youth risk factors and submit online form

Intake Form

Who: Outreach worker

What (purpose): To initiate services and provide basic youth demographics and risk factors

When: At time of case assignment/ initiation of services

Where: NYA website

Why: To initiate services and provide basic youth demographics and risk factors

How: Collect demographic information regarding youth demographics and risk factors and submit online form

Intake Case Notes

Who: Outreach worker

What (purpose): To collect detailed information regarding youth needs/risk factors to create a case plan

When: As soon as possible (first in-person meeting with youth)

Where: NYA website (may need to write notes in the field and re-enter into website)

Why: To collect detailed information regarding youth needs/risk factors to create a case plan

How: This form will be best completed with a lengthy meeting/ discussion with youth to cover various topics. To facilitate conversational tone with youth, the outreach worker may wish to reserve online form entry for a time following the meeting with the youth.

Rosenberg Self Esteem Scale (Pre)

Who: Outreach worker

What (purpose): To provide an initial assessment of youth self-esteem, prior to receiving services

When: At time of intake/ initiation of services, with youth present

Where: NYA website

Why: This data will be used to illustrate youth self-esteem prior to services. In addition, the reassessment of youth self esteem using this instrument will demonstrate progress made in the program.

How: This instrument may be self administered (give the youth a paper copy of the form to complete, and outreach worker will need to submit online at a later time) or administered by the outreach worker (via paper or NYA website). To be administered during client contact (meeting with youth).

Referral to services: Pre/post forms (Topic areas include: education, employment, anger management, substance abuse, and family support)

Who: Outreach worker

What (purpose): To provide a basic assessment of youth needs that require service provision in the topic area (pre), and to demonstrate outcome of the targeted service

When: At time the youth is referred to a program, or portion of a program, that is aimed at targeting the specific need (pre), and at the time the youth has exited the program/portion of the program (post)

Where: NYA website

Why: To provide a basic assessment of youth needs that require service provision in the topic area (pre), and to demonstrate outcome of the targeted service

How: Information regarding youth needs, service provider, and case plan should be collected and entered at the time youth is referred to a service targeting the specific area covered by the pre/post test. Once the youth has exited the program (successfully or not), a post test should be completed to document outcome and the discharge plan resulting from the service.

Closure (close-out) Form

Who: Outreach worker

What (purpose): To terminate service provision (as covered by NYA), to provide information regarding the outcome of services and remaining youth needs, and to provide a discharge plan for continued youth services

When: At the time case is closed for purposes of NYA service provision. This will be best done after a meeting with the youth, covering all areas (whenever possible). There are times when a case will be closed due to lack of contact with the youth, and it is understood that not all information will be available in these cases.

Where: NYA website

Why: To terminate service provision (as covered by NYA), to provide information regarding the outcome of services and remaining youth needs, and to provide a discharge plan for continued youth services

How: This form will be best completed with a lengthy meeting/ discussion with youth to cover various topics. To facilitate conversational tone with youth, the outreach worker may wish to reserve online form entry for a time following the meeting with the youth.

Rosenberg Self Esteem Scale (Post)

Who: Outreach worker

What (purpose): To provide an initial assessment of youth self-esteem, after receiving services

When: At time of case closure/ termination of services, with youth present

Where: NYA website

Why: This data will be used to illustrate youth self-esteem after services have been provided, to demonstrate progress made in the program.

How: This instrument may be self administered (give the youth a paper copy of the form to complete, and outreach worker will need to submit online at a later time) or administered by the outreach worker (via paper or NYA website). To be administered during client contact (meeting with youth).

Type of Contacts/Charting Codes

Truancies (T) Use this code to document and date known truancies for your client

Probation Officer Contacts (PO) Use this code when contact is made with the client's probation officer (by phone and in the community/office/court). This may be used in addition to personal contacts if the youth is present.

Parent/Guardian Contacts (PG) Use this code when contact is made with the client's parent or guardian (by phone or in person). This may be used in addition to personal contacts if the youth is present.

Client Phone Contacts (CP) Use this code when contact is made directly with the client by phone. Do not use if you were unable to reach the youth, or spoke to someone else and not the youth.

Attempted Phone Contacts (AP) Use this code when you have attempted to contact the client by phone, but were unable to reach them, even if you spoke to someone else.

Attempted Personal Contacts (APC) Use this code when you attempted to contact the client in person, but were unable to see them, even if you spoke to someone else.

Client Personal Contacts (CPC) Use this code for any in person contacts with the client. Use one of the codes below as needed to expand upon the nature of the contact. More than one type may be used at once. For example, you may conduct a Home Visit (HV) and take the youth to a community center (Community Visit, CV) all within the same visit (Client Personal Contact, CPC). In that case, you would chart it as CPC-HV/CV.

Types of Personal Contacts:

Community Visit Contacts (CV) Use this code for contacts WITH THE CLIENT in the community (community center, restaurant, etc.). Do not include your work in the community on the youth's behalf if the youth is not present. (For example, you visit the youth's probation officer, or pick up materials for the youth, but the youth is not with you.)

Detention Personal Contacts (DP) Use this code for contacts with the client in a detention facility.

Home Visits (HV) Use this code for home visits WITH THE CLIENT. Do not use if the client is not present, even if you spoke to someone else. If your home visit did not result in contact with the youth, but you were able to contact the parent/guardian, use the parent/guardian contact code (PG).

Court Appearances with Client (CA) Use this code for appearances in court with the client.

School Appearances with Client (SA) Use this code for appearances in school with the client.

Probation Appearances with Client (PA) Use this code for appearances with the client at the probation office or meeting with probation officer.

Referrals to services:

Education Referral Made (R-EDU) Use this code when a referral is made to services directed at education, such as tutoring, or a component of a/your program that focuses on education. At the time the referral is made, please complete the corresponding pre-referral assessment. When the program/service is terminated (or at the time of NYA case closure), please complete the corresponding post-referral assessment.

Employment Referral Made (R-EMP) Use this code when a referral is made to services directed at employment/ job readiness. At the time the referral is made, please complete the corresponding pre-referral assessment. When the program/service is terminated (or at the time of NYA case closure), please complete the corresponding post-referral assessment.

Substance Abuse Referral Made (R-SUBS) Use this code when a referral is made to services directed at substance abuse. At the time the referral is made, please complete the corresponding pre-referral assessment. When the program/service is terminated (or at the time of NYA case closure), please complete the corresponding post-referral assessment.

Anger Management Referral Made (R-AMGT) Use this code when a referral is made to services directed at Anger Management/Conflict Resolution. At the time the referral is made, please complete the corresponding pre-referral assessment. When the program/service is terminated (or at the time of NYA case closure), please complete the corresponding post-referral assessment.

Family Assistance/Counseling Referral Made (R-FAM) Use this code when a referral is made to services directed at the family. This could include social services, counseling, etc. At the time the referral is made, please complete the corresponding pre-referral assessment. When the program/service is terminated (or at the time of NYA case closure), please complete the corresponding post-referral assessment.

2010 – 11: Outreach Worker Success Stories

Client: 021102BV

Outreach Worker (OW) DO started working with client referred by DJJS named BV in December 2010 on making better decision and communicating with mom and step-dad. This young man had so much anger about his father abandoning him and his mom being with another man, he acted out negatively. BV negative behavior led him to use marijuana and breaking into homes for money or goods. BV upon on intake was on probation for robbery with a gun. DO set up meeting with BV two or three times a week to talk about interests and teach him how to communicate and make better decisions. BV is communicating with mom and building a relationship with step-dad and making better life decision. BV stop hanging out with negative peers and started helping mom and step-dad out around the house with chores such as cleaning, baby-setting and cooking. BV presently working 2 jobs; working at McDonald and at a car wash to help out family and pay his mom back the money she paid on his probation fines and to buy a car. DO shares; “I am so proud of this young man and the changes he made”. DO currently meets with BV once a month to touch bases with him to evaluate how he is coming along and provide continued encouragement.

Client: 021104DA

DO started working with client DA referred by DJJS in February 2011 about making better decision and peer choices. DA was on probation for following his peers in negative ways to make money by being look out man for burglaries. DA expressed that he communicates with his mom very well. DO set up meeting contract with DA for twice a week to discuss his choices of peers and his decision making. Today DA is making better peer choices and decision in his life. He is working out with Vegas High Football Team and is playing freshman basketball for them. DA grade point average is now a 3.0 and he completed his five hours per month community service with Protecting America Abused Children (PAAC). DO now meets with DA twice a month to touch bases and provide continued encouragement. DO shares these words; “I am very proud of this young man and the changes he have made”.

Client: 021112DD

DO started working with DD in April 2011 as another DJJS referral. DO’s goals were to aid the client in making better decision and peer choices. DD was on probation for gun possession. DD in his pass time hung-out with peers that were gang affiliated. DD communication with his mother was good. DO met with DD four time a month to talk about his decision life’s making and peer choices. DD is off probation and working for Protecting America’s Abused Children (PAAC). He is enrolled in Beacon Academy an online school. Today DD is making better peer choices and decision in his life and have plans to go to college. DO follows up with this youth monthly and notes; “I am very proud of this young man for change his environment”.

Client: 031104RG

DO started working with RG in May 2011 on making better decision, peer choices and communication. RG was not on probation, but per DO his mom saw him heading in direction of negative outcomes and consequences based on the peers he was hanging around. RG talks in a low voice and doesn't give eye contact when he talks and walks with his head down. DO communicates that RG is a very bright young man and have a very bright future but need to be shown so that he can discover that. DO to date RG is making better peer choices and working on his decision making and communication. RG will play basketball this year for Andre Agassi Preparatory Academy. RG has a grade point average of 3.0 and is looks up at you when he talks and walking with his head up. DO shares; "I am proud of this young man and his future is getting brighter every step he takes".

Client: EV

Outreach Worker (OW) YD received from DJJS probation officer M on August 8th 2011 an 18 year old Hispanic male EV to the program. DO reports that EV was highly associated with a Hispanic Gang that resides in Las Vegas and California. He and his brother reside in a share space apartment with a roommate and his father who is very ill. EV was cited with numerous charges after the death of a close friend who was stabbed to death while hanging out at the wrong place. The friend's death was recorded as a gang related incident. Upon entering the program EV was distraught and contemplated revenge for his friend. EV was provided with mentoring and support services to conquer his quest for revenge. EV made a transition out of the gang life he received assistance of food, bus passes, studio time and school enrollment. Today not only has EV's life changed by giving his life over to a higher/spiritual power which also impacted his surviving brother who was a well-known pimp in the valley. YD reports that EV effect on his brother help change his lifestyle as well

DPS PSN Supported Community Initiatives

Safe Summer Nights 2011

NYA in partnership with the Clark County School District, the city of Las Vegas, Sunrise Children's Foundation, Amerigroup Community Cares and the Las Vegas Metropolitan Police department held three Safe Summer Nights events in the West Las Vegas community. Each event provided an opportunity for residents to get to know their neighbors and to promote family safety. Evening activities included face painting, jump houses, games, food and a DJ. Area youth were encouraged to sign up for recreational activities and area agencies and organizations provided additional information to the community for family health and educational opportunities. Over 400 attended each event.

Additionally, a community resource fair was held in conjunction with the Booker Back to School night on September 2, 2011. Over 450 attended for a total of 1,650 youth attendees.

Back To School Fair

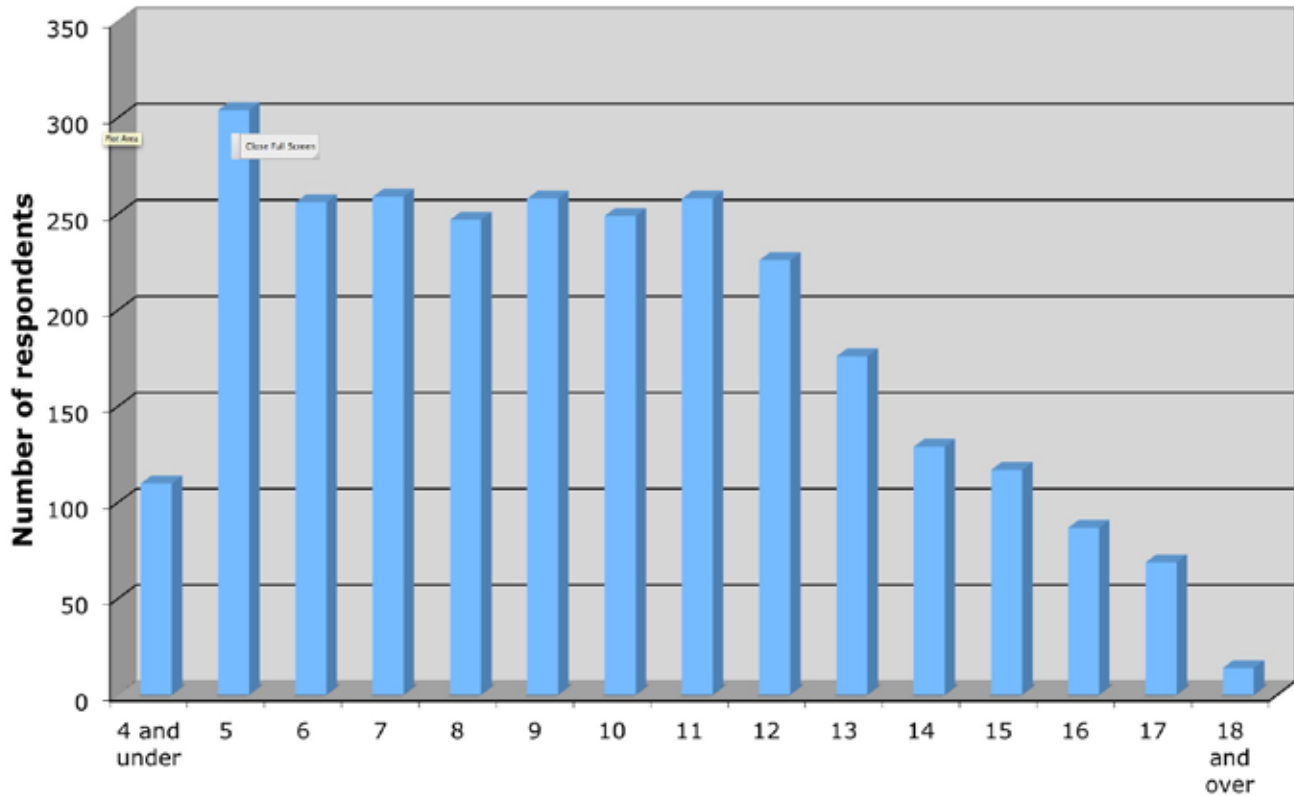
Back To School & resources fairs were held provide services to the community and at-risk families.. Each event provided an opportunity for residents to get to know their neighbors and to promote youth and family safety. Activities also included face painting, jump houses, games, food and a DJ. Area youth with their parents were encouraged to sign up for recreational, prevention activities and area agencies and organizations provided additional information to the community for family health and educational opportunities. Over 4000 youth attended each event except the Back To School Health & Educational Fair serving over 4,000 youth the "What Peace Means To Me" - Back to School Community Health & Educational Fair in 2011. All youth exposed to violence/gang prevention messaging during aforementioned events with various law enforcement agencies on hand passing out literature to youth and their parents.



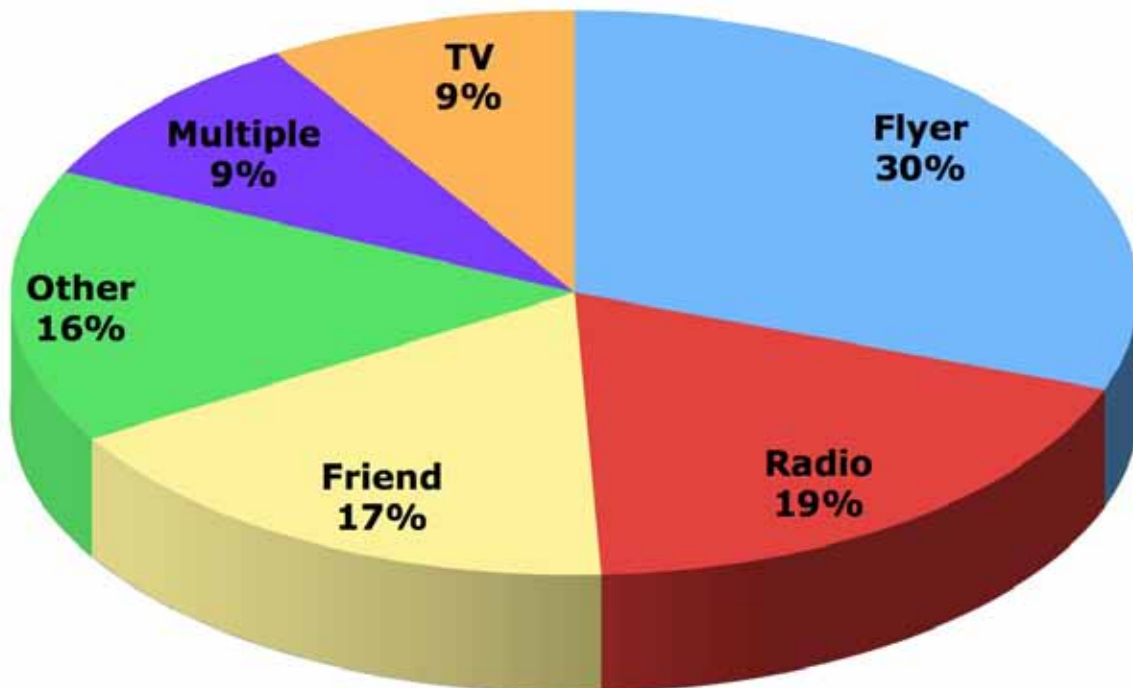
2011 -13th Annual Community Back To School Health & Education Fair which provided all services FREE for all 10,000 participants such as: Hair cuts, Immunizations, Back Packs with school supplies and more

13th Annual Community Back To School Health & Educational Fair Survey Sample

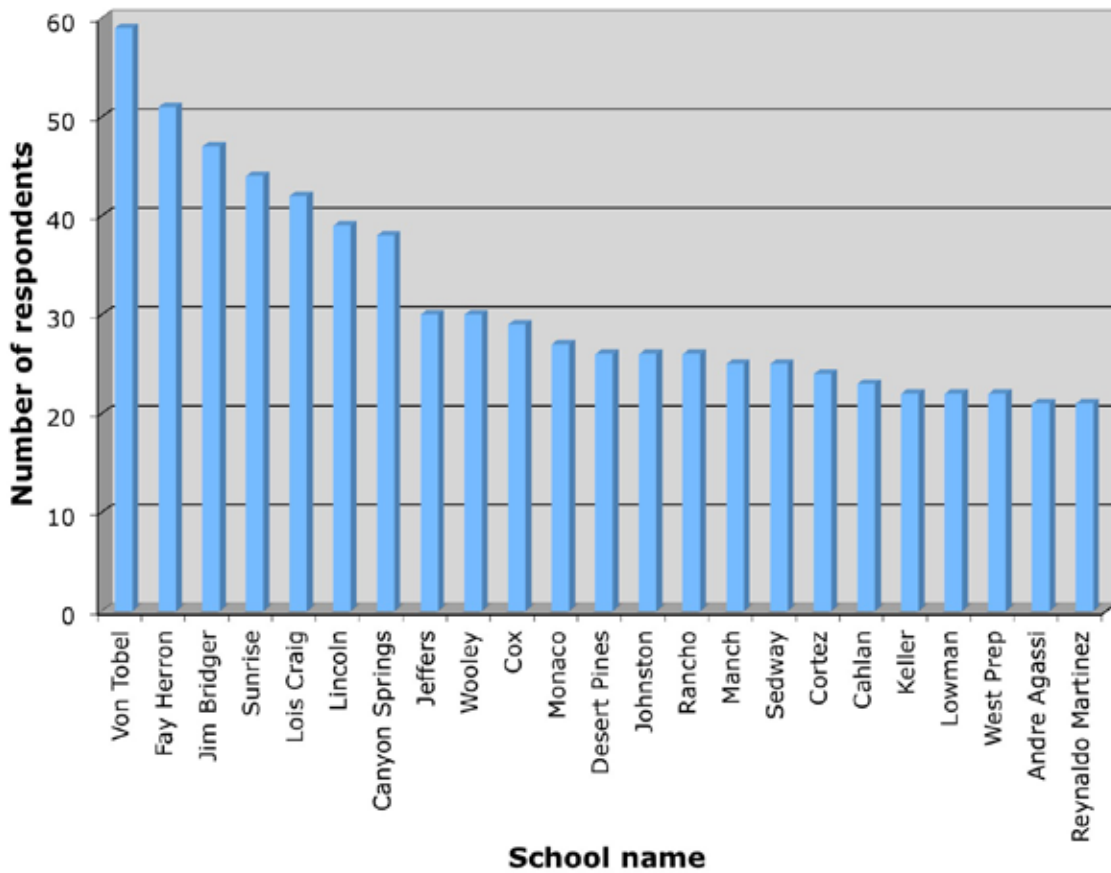
**There was a total of 2,850 survey respondents at the NYA BTSF:
The average age was 9.5 years old**



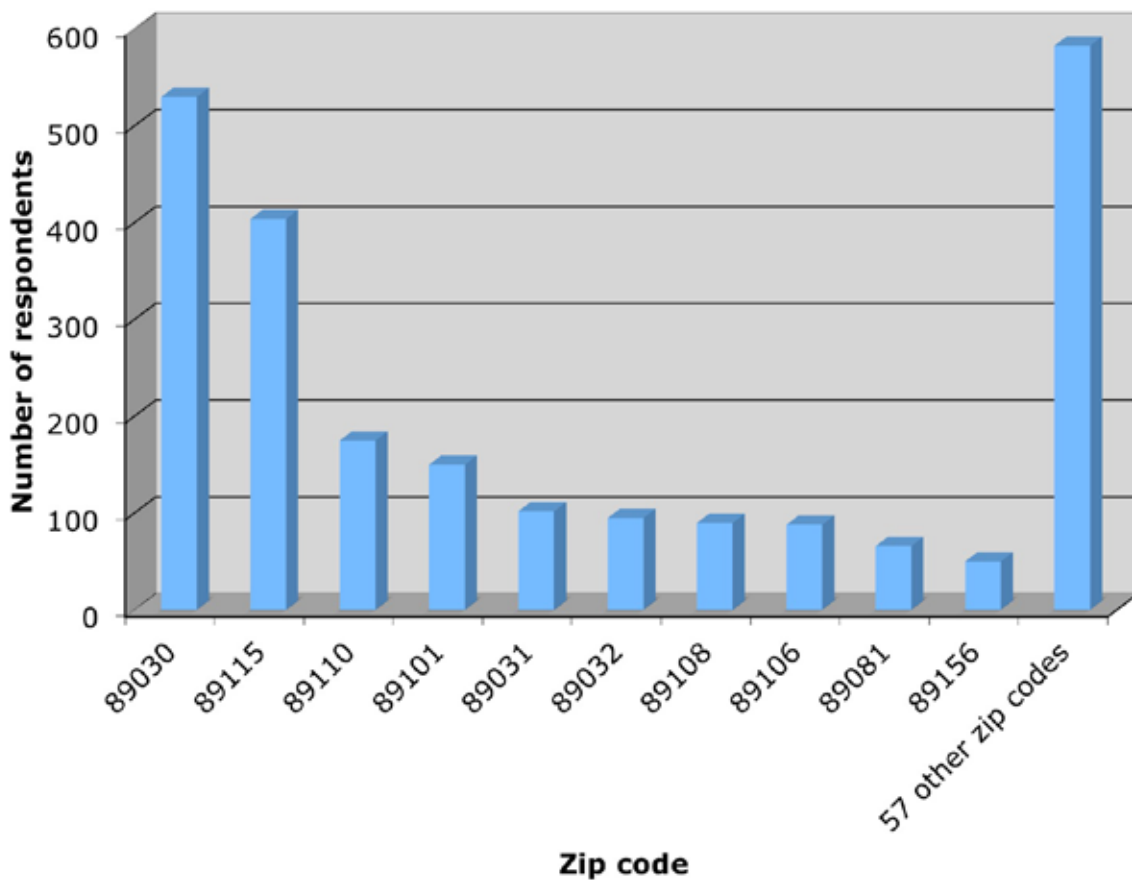
How did you hear about the NYA BTSF?



**A total of 520 schools were represented at the NYA BTSF.
The following indicates those schools with more than 20 respondents.**



**A total of 67 zip codes were represented at the NYA BTSF.
The following indicates those zip codes with 50 or more respondents.**





13th Annual Community

BACK TO SCHOOL

Health Educational Fair

Saturday August 20, 2011



National Network Hospital Violence Intervention Programs Affiliate Spotlight Interview



Volume: 2 Issue: 6

David Osman

Spotlight Interview

President/Founder of Nevada Youth Alliance & Executive Director for the Neighbor To Neighbor Coalition Program



Meet David Osman, the dynamic leader of Nevada Youth Alliance and the Executive Director of the Neighbor-to-Neighbor Coalition Program, which is the home of the Violence Intervention Program (VIP). His hands are in the work on all levels, literally. In the Violence Intervention Program, he is responsible for case-management with violently injured youth at the same time acting as the administrative head of the program and engaging the community in partnership and coalition-building. “Violence is a symptom of broader issues in the community. When I look at things globally, from health perspective, I see violence as a disease.”

Could you please describe your program for us?

The VIP (violence intervention program) has transitioned through two phases. When we first started the program a couple years ago, it involved upper-level trauma center staff such as the trauma department manager, directors, surgeons, and trauma medical director. There was, however, a lack of funding in the hospital needed for the case management piece

initially. To address this, the VIP was transitioned into the Neighbor-to-Neighbor Coalition program within the Nevada Youth Alliance (NYA), which applied for and received funding to pay for the community case management aspects of the VIP.

During the impetus of the program I wear various hats. Upon admission to the hospital, I am called by key staff to work with the parents of the youth suffering from gunshot wounds, blunt-force trauma or stabbings and considered as the main onsite case manager or point person as hospital staff. The NYA operates daily community case management programs and activities through its all-volunteer board and staff and has done so for 15 years.

How did you get started in Violence Prevention and Intervention?

My formal background is in nursing. Presently, my role in the hospital is working as a case manager and in the community working as a community case manager and in creating partnerships. About seven years ago I got involved in the community-based violence prevention side and founding the NYA. I still work in direct care with patients in the hospital and also work with a multitude of gang prevention; intervention/suppression task forces. In the last four years, NYA did site visits with the Chicago Ceasefire and Baltimore Maryland Trauma Shock VIP intervention programs. We then created a hybrid of the two models, taking the best of both worlds.

What motivates you in this work?

In all of the things that I am involved with, I see the inter-relationships. Violence is a symptom of broader issues in the community. When I look at things globally, from health perspective, I see violence as a disease.



David with NYA Board member Lisa Campbell, V.P., UMC V.I.P. Staff & National V.I.P. Partner University Maryland Baltimore R Adams Cowley - Shock Trauma Center

What challenges have you faced and what did you do to overcome them?

What did you learn that could be helpful to other organizations?

Fiscal management and the abilities of supporting programs such as this are a major challenge. Therefore, sustainability plays a huge role in the success of any program. I realize many organizations cannot operate their programs the way we do due to [the fact that] most organizations rely mostly on some paid staff. NYA board members and I function entirely on a volunteer basis. An additional challenge is the collaboration between hospital staff and community-based individuals. You can truly have buy-in in spirit, but if the finances do not measure up, nothing will happen.

What success stories do you have to share?

Some major successes are seen in the coalitions we have built! Southern Nevada's Clark County Department of Juvenile Justice Services joined with Safe Village through Las Vegas Metropolitan Police Department and many other community partners dealing with issues of violence. Through our collective efforts, there were reductions in hospital admissions or recidivism, and reduced cost. To date, 80-90 kids have gone through [the] program, and a large percentage had no weapons-related charges after the program. However, we continue to be committed to building the long term impact. A 90 day or 6 month graduation is great, but that which shows the most impact is for them to continue the graduation throughout their life.

What do you think is the next level in VIP? Where is this field going or where should it be going?

I hope we can be very much on the forefront of conversations surrounding the topic of violence in health. We should be reaching out to non-trauma centers, to institutions that are seeing these same patients and aligning that work with the community organizations that are doing similar work. Many agencies are already doing good work in the community. Partnering with these groups more may show us that we may not need an abundance of these resources. For NYA, partnerships have been our saving grace at the end day.

In addition, we have to show the value of our work or the bottom-line value. As a national network entity, we should look at this very closely as we try to sell our ideas to administrators. Hospitals may not have the monetary piece, but they can have the passion to support the effort. Explaining the impact of violence on tax payers is also an important aspect to strengthen our case.

Networking with national models and designs should continue to be fostered as well as managing and creating a competent work-force. Synergy of the community-based and hospital staff working together is central to any VIP's success. It is also important to realize that there is no cookie-cutter method that is the same for each site or community. One size doesn't fit all.

National Network of Hospital-based Violence Intervention Programs

Antioch, CA • Baltimore, MD • Boston, MA • Camden, NJ • Chicago, IL • Cincinnati, OH • Davis, CA • Indianapolis, IN • Las Vegas, NV • Los Angeles, CA • Milwaukee, WI • Oakland, CA • Philadelphia, PA • Richmond, CA • Richmond, VA • Sacramento, CA • San Francisco, CA • Savannah, GA, • Springfield, MA



2011 -13th Annual Community Back To School Health & Education Fair with nearly 100 vendors participating offering various health and social support information for attendees

“Nevada Youth Alliance as an authority continues to be a leader in community involvement regarding the health and safety of our youth! This commitment and involvement is a shining example of how a committed group of people can get together and have a positive impact on our community!”, **Dr. Dale Carrison, Chairman/Professor Emergency Medicine University of Nevada School of Medicine**



National Network of
Hospital-based Violence Intervention Programs

Ph: 510-594-2588 / Fax: 510-594-0667 / www.nnhvip.org

September 14, 2010

David Osman, VIP Screener/Primary Referral Lead
UMC Trauma VIP
1800 W. Charleston Ave.
Las Vegas, NV 89102

Dear Mr. Osman,

Congratulations! On behalf of the National Network of Hospital-based Violence Intervention Programs Steering Committee, I would like to welcome the UMC Trauma Services VIP to the National Network as an Affiliate Member.

The National Network is a partnership of programs across the country that provide hospital-based intervention services to individuals being treated for violent injuries. The National Network works to achieve sustainability of hospital-based violence intervention programs, develop and disseminate evidence-based resources, and inform public policies related to violent youth victimization.

Affiliate membership in the National Network provides many immediate benefits, including:

- Increased visibility for your program and affiliation with a national professional network
 - Listing as a Network Affiliate Member Program on the National Network Monthly E-bulletins
 - Listing as a Network Affiliate Member Program on the National Network Website (currently housed at <http://www.youthalive.org/network/>; the official National Network will be launched by October 2010)
- The opportunity to attend National Network annual conferences (the next conference will take place in Oakland, California in May 2011—stay tuned for more details)
- The opportunity to participate in multi-site evaluations
- Updates on Network working group activities (the working groups are currently closed to new members; new and additional working groups may be established in the future)
- Priority access to all National Network publications (a best practices training curriculum is currently in development; publication by the U.S. Dept. of Justice, Office of Victims of Crime is expected in late 2011)

The following page outlines the eligibility criteria for membership in the National Network, as well as the distinction between the General and Affiliate Membership levels. In order to maintain your program's membership in the National Network, it is necessary that your program continue to adhere to the core values and mission of the National Network, and that your program continues to meet the eligibility criteria listed under the Affiliate Membership Level. If there are any changes to your program that may affect your membership status, it is your responsibility to notify National Network staff. Likewise, if in the future your program satisfies the eligibility requirements for General Membership status, please contact Joseph Griffin, National Network Project Manager, at jgriffin@youthalive.org or 510-594-2588 x308.

If you have any questions, please feel free to contact me at mbecker@youthalive.org or 510-594-2588 x307. I look forward to meeting you at future National Network events!

Best regards,



NNHVIP Membership Criteria Overview

Membership	Affiliate Members	General Members	Core Members
Requirements	<ul style="list-style-type: none"> Must be a hospital-based or hospital-linked program that provides violence prevention/intervention services to violently injured patients Initial referrals must be based on the treatment for violent injury Initial contact with the client must take place in the hospital if possible 	<p><i>In addition to Affiliate Member requirements, General Members must...</i></p> <ul style="list-style-type: none"> Have a clearly stated program mission and goals* Have been in operation for at least one full year Have encounters with at least 50 violently injured patients annually** 	<p><i>In addition to General Member requirements, Core Members must...</i></p> <ul style="list-style-type: none"> Be in line with core values of NNHVIP*** Actively participate in at least one working group Have at least 2.0 FTE staff assigned to the program <p><i>General Members may be invited to be a Core Member if they satisfy <u>one</u> of the following requirements:</i></p> <ul style="list-style-type: none"> Be a founding member of NNHVIP Be a General Member for 2 years or more
Recommended	<ul style="list-style-type: none"> Must have a clearly stated program mission and goals* 	<ul style="list-style-type: none"> Must be in line with core values of NNHVIP** Have at least 2.0 FTE staff assigned to the program 	

***Program Mission and Goals**

- Program goals should include or directly relate to:
- Preventing retaliatory violence
 - Preventing/reducing violent re-injury
 - Preventing/reducing criminal involvement

**An "encounter" is defined as at least one in-hospital consultation/meeting and at least one in-person meeting post-discharge

*****NNHVIP Core Values**

Prevention: Violence is preventable, regardless of which community a person comes from.

Opportunity: There are golden moments in a person's life when he/she can decide to make a change for the better.

Care: The hospital is a place where not only physical wounds can be healed, but emotional and mental wounds as well. People should leave the hospital with a chance at a better life.

The mission of NNHVIP is to strengthen existing hospital-based violence intervention programs and help develop similar programs in communities across the country.

The goal of NNHVIP is to continue to strengthen the National Network by achieving program sustainability, developing and disseminating more evidence-based resources, and informing public policies related to violent youth victimization.

Synapse: Coming Together To Improve Children

THE MAGAZINE OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Synapse

Coming Together to Improve Children's Health

Advocacy for children in high-risk areas of Las Vegas.
STORY BY ANNE MCMILLIN, APR



Caroline Barangan, M.D., enlists the services of pediatric residents and medical students to help her run the three school-based health centers in Las Vegas. *Photo by Edgar Antonio Nunez*

That was the common goal of the University of Nevada School of Medicine's pediatrics department, the Clark County School District and the Nevada Youth Alliance when they came together over the past 18 months to form community-based health centers for children in at-risk areas of the city. This collaboration's main purpose was to make health care accessible to Las Vegas youth who are affected by gang violence and other unhealthy circumstances that create obstacles to their success.

Nevada Youth Alliance and the City of Las Vegas Neighborhood Services Department worked with the Las Vegas Police Department to compile information to identify challenges and needs for the target area in West Las Vegas. Through input from the community, youth violence prevention and

intervention programs and improving health care needs were identified as priorities. “We had identified disparities within the community that were issues to our kids’ health and access to health care was one of the top five,” said David Osman, president and founder of Nevada Youth Alliance. Osman and the Nevada Youth Alliance had fostered a good working relationship with the Clark County School District and knew the best way to reach parents and children was through the school system. He approached Caroline Barangan, M.D., an assistant professor in the pediatrics department whom he had met at University Medical Center while a case manager, and she jumped at the opportunity to join forces.

Through the hard work and coordination between the partners over several months in 2009, free health care is now being offered on a weekly basis to students in need at Matt Kelly Elementary, Kermit R. Booker, Sr. Empowerment Elementary School and West Preparatory School in Las Vegas.

“Working with the school, we initially set up space on campus at Matt Kelly Elementary in a converted storage room and got our equipment and supplies through donations from the Clark County School District,” Barangan said. Health care is offered one morning a week during the academic year at each school. Parents fill out health questionnaires and consent forms for their children to participate.

Students can be referred to the health centers through the school nurse by parents and teachers because of health concerns, such as acute illnesses. The medical team will also have students come in based on the health questionnaires if the answers reflect concerns or symptoms that may indicate a chronic illness that has or has not been diagnosed for preventive care. Eight children are seen on average per school session.

“We don’t do blood draws, lab tests or dispense narcotics or contraceptives, but we do have low-cost medications available off-campus and can check oxygen levels and give nebulizer treatments,” said Barangan, who volunteers her time and runs the health centers with help from pediatric residents and medical students.

The medical team also provides health education and disease prevention instruction on physical, dental and mental health issues, hygiene, asthma, obesity, Attention Deficit Hyperactivity Disorder and smoking cessation. “We’ve seen all the kids at Matt Kelly with chronic illnesses and are working through the charts at Booker,” Barangan said. Obesity, asthma, and the common cold are some of the most prevalent conditions seen by Barangan and her team. For her part, Barangan is a natural choice to lead the centers. Board certified in adolescent medicine, she has a passion for community-based health care based on her early training in New York and Florida. She said it is one of the primary ways to train pediatric health care providers and offers excellent clinical opportunities for residents and medical students alike.

David Gremse, M.D., Barangan’s chair, is proud of her accomplishment to reach out to children who lack access to health care providers. He is looking to apply for grants to expand his primary care residencies and is hopeful that access to community-based health centers in schools can provide an additional clinical setting for instruction and improve the overall training experience for residents. The benefits of the community-based health centers at these three schools are tremendous, according to Lynn Row, health services coordinator for the Clark County School District. “Students can be seen during school hours for sore throats, asthma or toothaches and parents don’t have to leave work to take them to the doctor,” she said. “There is no charge for visits and a minimal charge for medications.”

Funding for additional equipment and supplies for the community-based health centers comes from a variety of private sources and federal agencies including the Nevada Bankers’ Collaborative, Walmart, the Nevada Department of Public Safety and his own grant writing efforts, said Osman, who believes the collaboration between these partners is “key and necessary.” “Everyone is helping everyone and brings their own special skills sets to the table. We all have a similar vision for the health of our community,” he said.

NYA & UNSOM School Based Health Centers – Violence Prevention/Intervention In Targeted Area

Matt Kelly E.S.		Booker E.S.		West Preparatory	
ILLNESSES/STUDENTS					
		Asthma	38	Asthma	48
		Obesity , underweight	9	Disordered eating , obesity	17
		HTN	5	HTN	1
		URI	17	URI/ Pharyngitis	6
		Pharyngitis, otitis media, conjunctivitis, sinusitis	6	H/A	2
		HA	7	Trauma	6
		Trauma , burn	11	Sports Physicals	32
		Sports physical, gen physical	2	Mental Health	1
		Mental Health	2	Ringworm	2
		Skin infection, eczema	17	Chest Pain	1
		Chest pain	3	Nosebleed	1
		Allergies	17	Allergies	8
		Constipation	1	Hematuria	1
		Hearing deficit	2	Pseudotumor cerebri	1
		Cardiac, heart murmur	4	Guilamme bare	1
		Abdominal pain	3	Vomiting	1
		Diabetes	1	Cold Sore	1
		Nosebleed	1		
		Dental	2		
		Lymphadenopathy	3		
		Mouth ulcer	1		

Visits: West Prep - (4/12/10-3/21/11); 127 Students/30 sessions = avg 4 Students/session. Signed Student Releases: 1,200.
 Booker E.S. – (4/16/10 – 3/21/11); 121 Students/28 sessions= avg. 4 Students/ session. Signed Student Releases: 365



Grand Opening NYA-UNSOM SBHC Schools Partners

Imagination

CELEBRATION

Jazz For Peace



BLu7studio



Outside In Trio



Tony Deaugustine



Salzano



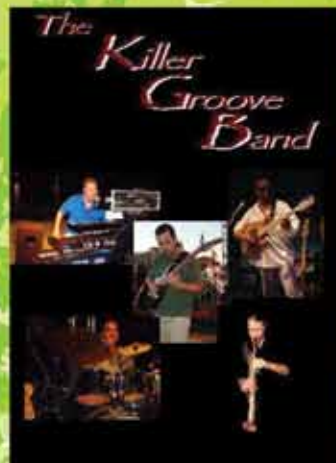
Wayne DeSilva



Cochoarbe



James



KGB



Brothers Ali



Rachel and EJ Delgado



Ken Levine



Imagination CELEBRATION

Celebrating Diversity Through The Arts
Saturday, October 15, 2011



Imagination CELEBRATION

"What Peace Means To Me" Art Contest
(Over 800 Entries Submitted from CCSD's Elementary and High School's)



Dog Days



Break Through The Caos



Changing One Peace At A Time



The World As One



Playing For The World



LIVE



Everything At Peace On Earth



Soldier Comes Home



Peace Through My Eyes



2011 and Beyond – Committed To Our Future

The Board of Directors of NYA is committed to the future of our community. As an organization, NYA will continue to provide support and sustainable services to at-risk youth and families in Clark County. The future development and expansion of the Outreach Worker Program and the services provided through community engagement opportunities will be a primary focus. The partnership forged among NYA and all of its community partners will also be a priority.

In addition, will NYA will continue fostering broader safety, health and educational opportunities. This will be accomplished by expanding partnerships, sponsorships so that additional families can be engaged. NYA's partnership with education will also be important. Forging strong relationships with K-12 in the highest at-risk neighborhoods will be imperative. NYA will continue to expand of its presence in the northern part of the state as well. Bringing on new partners such as the healthcare science/medical industries to aid in creating collaborative efforts to support the at-risk youth and families in northern Nevada will be an exciting new venture.

NYA will continue to improve internal, secure, web based data reporting systems. This will assist greatly in the monitoring of programs and services so that there are clearly defined outcomes that can provide the organization with the information needed to change or re-direct service and program delivery as needed.

The Neighbor To Neighbor Coalition Program sustainment of programs beyond 2011 has been identified by working over the years with various businesses that have agreed to step up with their continued support for the following initiatives:

- Safe Summer Nights/Health Education Fairs
- Annual Back To School Community Health & Educational Fair
- What Peace Means To Me Initiatives:
 1. “What Peace Means to Me” Art Contest – Imagination Celebration;
 2. Jazz For Peace- Imagination Celebration
 3. What Peace Means To Me – Back To School Fair
- School Based Health Centers
- University Medical Center Violence Intervention Program (UMC V.I.P.)

In conclusion: Several of the aforementioned community initiatives have only been strengthened over the years by funds through the PSN granting in supporting various enhancements to increase the advent of the message of “Peace” in a localized targeted and broad-based community's awareness and prevention effort.

To Learn More About Our Sponsors
&
To obtain additional copies of this
Annual Report please contact or write to:
Nevada Youth Alliance
PMB 125/ 7380 S. Eastern Ave. Ste. 124
Las Vegas, NV 89123-1552
702.393.6163
www.nevadayouthalliance.org





www.nevadayouthalliance.org