Evaluation of the West Harlem Community Reentry and Restoration Project

Mid-Evaluation Report

Table of Contents

A.   Executive Summary

The West Harlem Community Reentry and Restoration Project (WHCRRP; hereafter West Harlem Project or the "Program") is an initiative funded under the Manhattan District Attorney's Office Criminal Justice Investment Initiative (CJII) diversion and reentry portfolio. The Program implements three core components: Restorative Justice, Credible Messengers (including the Alternatives to Violence Program), and a Capacity Building Incubator. These are intended to (1) promote healing among community members and between the community and law enforcement; (2) support community members who have recently returned or are soon to return from incarceration; and (3) strengthen and empower community-led anti-violence efforts. The Osborne Association (Osborne), in partnership with the Tayshana Chicken Murphy Foundation (TCMF), was funded to implement the initiative in 2020. Geographically, the Program focuses on the Manhattanville and Grant public housing projects and the surrounding community in West Harlem, New York City, all of which were affected by a June 2014 law enforcement intervention (LEI). The 2014 LEI in West Harlem resulted in the arrest and prosecution of 103 individuals from the community.

RTI International was funded to conduct a comprehensive, mixed-methods evaluation of the West Harlem Project. This 3.5-year evaluation involves two components: (1) a Process Evaluation of the Program's implementation and (2) an Outcome Evaluation exploring the associations among Program participation, recidivism (defined as rearrest), and the reentry experiences of those involved in the 2014 LEI (e.g., connection to services, supervision compliance, and personal resilience). The overall goals for the evaluation are to understand how the Program is implemented; determine the association between Program participation and risk factors for criminal justice system involvement; and identify the relationship, if any, between the Program and community perceptions of cohesion and reconciliation.

This report documents the Program's implementation progress, successes, challenges, and recommendations as identified by the evaluation activities conducted from January 2021 through December 2022. It includes comprehensive Process Evaluation findings by Program component as well as conclusions at the overall Program level. Findings from the Outcome Evaluation will be detailed in the final evaluation report, expected in early 2024. As part of its Process Evaluation activities, RTI engaged with various Program stakeholders and facilitated data

collection via interviews with Program staff, Advisory Board members, and Capacity Building Incubator (CBI) Grantees; focus groups with Program facilitators and Program participants; service provider surveys; and structured observations of Program activities.

The Program initiated its services in July 2020. All three Program components were still in the implementation phase at the conclusion of the Process Evaluation. Overall, the West Harlem Project is progressing in implementation of all three components of the Program. Although the CBI component is being implemented according to the original plan, the other components (Credible Messengers and Restorative Justice) had to be adapted to consider internal and external conditions faced by the Program. Despite the needed adaptations, the goals and focus of the Program to provide targeted and needed services and promote community healing remained the same, as confirmed through interviews and focus groups.

The Process Evaluation examined individual- and community-level needs and how the Program has addressed them. A major theme that emerged from participant focus groups was a need for job placement, especially after receiving employment preparatory services. Another theme related to employment was the need for greater diversity in types of trainings and employment opportunities beyond the construction field. CMs and participants alike indicated that timely meeting of community needs are essential to maintain the Program's credibility, strengthen the community, and provide long-term engagement to current participants as well as increased engagement of new participants.

Another recurring theme across different data sources was the importance of establishing trust within the West Harlem community where organizations are providing services. It is important for the community to see providers as reliable and trustworthy. This not only allows for successful implementation of current interventions but for future expansion to other components and programs. Directly related to this was a theme about the Program's ability to provide or connect to services needed by the community to maintain participant engagement and credibility. One of the West Harlem Project's most consistently noted achievements by Program staff, CMs, and Advisory Board members was building and gaining the trust of the community.

A major theme related to implementation challenges that emerged from interviews and focus groups was lack of awareness of the full range of services available through the Program. This was noted by Program participants and even among some CMs. Participants also indicated lack of awareness about events facilitated by the Program and suggested more

consistent and streamlined communication about upcoming events. Another noted barrier was about communication challenges between partnering organizations and external service providers, particularly as it pertains to coordinating Program activities and trainings.

Several recommendations can be drawn from the Program implementation and completed data analysis. These include increasing collaboration and communication between implementing agencies (Osborne and TCMF), defining clear roles for implementation staff, comprehensively documenting provided services, and increasing the Program's branding and advertisement of its services.

B.   Background

The West Harlem Community Reentry and Restoration Project (WHCRRP; hereafter "West Harlem Project" or the "Program") is a collaborative, community-driven initiative funded by the Manhattan District Attorney's Office under the diversion and reentry portfolio within the Criminal Justice Investment Initiative (CJII). The Program was funded to (1) promote healing among community members and between the community and law enforcement; (2) support community members who have recently returned or are soon to return from incarceration; and (3) strengthen and empower community-led anti-violence efforts.

The Program was created in response to the June 2014 law enforcement intervention (LEI) that led to the arrest and indictment of 103 individuals living in the Manhattanville and Grant public housing developments and surrounding areas. The LEI was a result of an ongoing violence between rival gangs from those two housing developments; although it reduced criminal activity in the area, it has had lasting impacts on the community, including increased mistrust of the police, trauma, and challenges surrounding reentry for those who served time as a result of the LEI. As such, the Program focuses on the West Harlem community (see Exhibit 1) that was directly affected by the LEI with a goal of reducing the direct effects of the LEI on the community and its members.

The Osborne Association (Osborne) was funded to implement the initiative. Osborne partnered with the Tayshana Chicken Murphy Foundation (TCMF) and the Living Redemption Youth Opportunity Hub (LRYOH)[1] to provide direct services to those in the Manhattanville and

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[1] LRYOH was the formal project partner through June 30, 2021.

Grant Houses and surrounding area. The Program focuses on (1) the 103 individuals who were arrested during the 2014 LEI ("the LEI individuals"), (2) family members of individuals arrested in the LEI, and (3) other members of the community affected by the intervention. The Program employs three interventions aimed at invigorating community cohesion: Credible Messengers (CM) (with the Alternatives to Violence Program [AVP]), Restorative Justice (RJ), and a Capacity Building Incubator (CBI). The Program initiated services in July 2020.

Exhibit 1. West Harlem, New York City
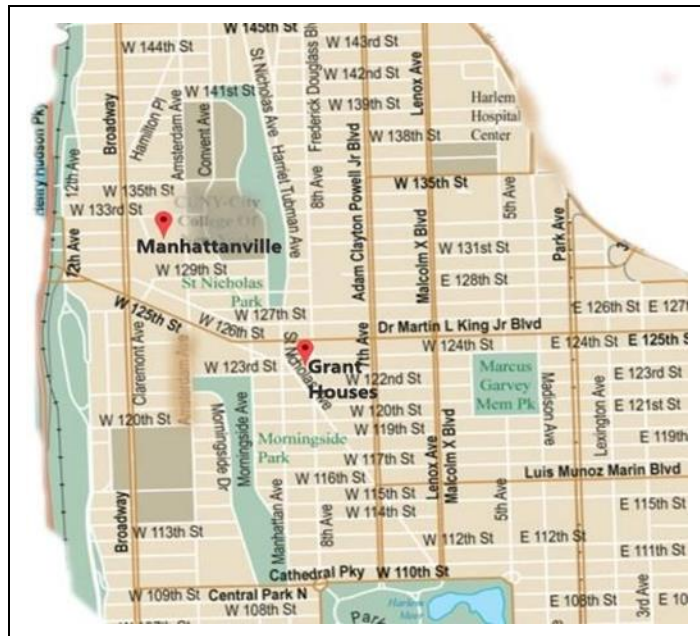
B.1   Interventions

CMs. This intervention was designed to be implemented by Osborne, TCMF, and LRYOH, with similar goals but with distinct programming by each organization. Osborne was to offer CM-led training in facilitation of the AVP, an approach to conflict resolution created by a group of incarcerated men. TCMF was to offer Strong, Intelligent Minds Building Alliances (SIMBA) groups, which use group processes and individual CM mentoring. Groups include *Know Your Rights* and *Political Education*, gun violence workshops, and classes in anger management, social media awareness, photography, and physical fitness. LRYOH was to offer group and individual mentoring. LRYOH-served participants were to engage in Individual Success Plan (ISP) conferencing and group meetings facilitated using cognitive-behavioral curriculums.

RJ practices, such as healing circles, victim-offender mediation, peer mediation, and community group conferencing are commonly used at the early stages of a person's involvement in the criminal justice system.[2] For the West Harlem Project, healing circles were going to be held in the community around the Manhattanville and Grant Houses. Led by circle keepers

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[2] Ernest, K. (2009). *Is restorative justice effective in the U.S.? Evaluating program methods and findings using meta-analysis* [Doctoral dissertation, Arizona State University]. ASU Library KEEP. https://hdl.handle.net/2286/R.I.54883

trained in RJ practices, they would engage those responsible for and affected by the violence in the community. RJ circles were to be open, without a requirement of enrollment or commitment to engage in a session, and were to cover a range of themes and purposes. The specific RJ offerings were to be informed by a mapping process (conducted during the planning phase) to identify opportunities and needs within the community as they relate to restorative practices. As originally designed, the RJ circles were to include accountability circles (engaging responsible parties in holding themselves accountable); peacekeeping circles (conflict resolution and healing); restorative dialogues (one-on-one encounters that address harmful actions, aspirations and needs); family group conferences (for families in the restorative process); and restorative conferences (which include the responsible party and others, and potentially the victim). Thematic RJ groups on topics such as grief, retaliation, or fatherhood were also to be offered.

CBIs involving community-based organizations (CBOs) are widely recognized as critical partners in efforts to reduce violence and foster successful reentry.[3] For the West Harlem Project, this component was implemented to build capacity of the local CBOs to serve the West Harlem community. Three local organizations were selected through a competitive solicitation. Each engaged in building community, cohesion, and trust within the West Harlem community, and received an annual $20,000 microgrant (for a total of $60,000 per organization over three years), oversight, and training and technical assistance (TTA) from Osborne. For additional information on the West Harlem Project, refer to the Program logic model in Appendix A.

The West Harlem Project also facilitates the Changing Attitudes Requires Excellence (CARE) Program that provides afterschool services for youth between the ages of 11 and 17. Although CARE is a part of the Program, it is not funded by the Manhattan District Attorney's Office and is therefore not included in this evaluation.

C.   Process Evaluation Methods

RTI International was funded to conduct a mixed-methods evaluation of the West Harlem Project that consists of a Process Evaluation and the Outcome Evaluation. The overall goal for

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[3] Crayton, A., Ressler, L., Mukamal, D. A., Jannetta, J., & Warwick, K. (2010). *Partnering with jails to improve reentry: A guidebook for community-based organizations*. Urban Institute. https://www.urban.org/sites/default/files/publication/29146/412211-Partnering-with-Jails-to-Improve-Reentry-A-Guidebook-for-Community-Based-Organizations.PDF

this evaluation is to understand how the West Harlem Project has been implemented in the Manhattanville and Grant Houses areas, determine the association between Program participation and risk factors for criminal justice involvement, and the relationship, if any, between the Program and community perceptions of cohesion and reconciliation. This report presents findings from the Process Evaluation, which was conducted in the first half of the evaluation project (January 2021 through December 2022). The final evaluation report, expected in June 2024, will present findings from the Outcome Evaluation, initiated in Year 2 of RTI's project. For additional information on the ongoing Outcome Evaluation, refer to Appendix B.

The aim of the Process Evaluation was to understand from different viewpoints the Program model and adaptations, implementation progress, implementation challenges and successes, Program impacts on individual and community needs, opportunities to enhance and expand the Program, and continued needs of the West Harlem community—particularly among individuals returning to the community from incarceration. As such, the Process Evaluation was guided by a set of research questions (presented in *Exhibit 2*). To address these research questions, RTI developed a data collection plan that gathered administrative

Exhibit 2. Process Evaluation Research Questions

1. How are the Program components implemented? In what ways are they consistent with or different from the original vision, and why?
2. How many individuals of each 2014 LEI–involved category group are served by each of the Program components?
3. To what extent are Program participants engaged and satisfied with the Program (e.g., participant responsiveness, quality of services delivered)?
4. What are the barriers and supports to implementing each component?

Program data, structured observations, and insights directly from Program staff, service providers, and participating community members. These data collection activities were concentrated between August 2021 and September 2022, as described in the Data Collection Activities section.

C.1 Data Collection Activities

The Process Evaluation findings are drawn from the following data collection activities:

- Four focus groups with the Program CMs between December 2021 and August 2022 to gauge lessons learned, recommendations for Program implementation, perceptions of community needs, training and resources needed to better serve participants, and any other implementation successes and challenges. Eight CMs participated.
- Six focus groups with Program participants between April 2022 and December 2022 to understand Program participants' attitudes toward the programming received, gauge

individual and community needs, and identify recommendations for Program implementation. A total of 18 Program participants attended these focus groups.

- Three Program Advisory Board members interviews between August 2021 and October 2021 to better understand perceptions and satisfaction developing the Program model, document initial implementation challenges and successes, generate lessons learned, and learn about the CBI Grantee selection process.

- Interviews with Osborne and TCMF staff members and consultants in September 2021 and September 2022 to better understand the process for developing, implementing, and adapting the Program, resources needed and used, organizational changes, and collaboration success. Six respondents participated.

- Interviews with CBI Grantees to better understand the application process, TTA needed and received by the Program, and satisfaction with and feedback to the Program. Five representatives from four Grantee organizations participated.

- Surveys with service providers to understand the types of services each organization provided, their satisfaction with the referral process and general communication with the Program staff, and resources needed to better support referred participants. Of the four invited organizations, two organizations responded and completed surveys between February and March 2022.

- Structured observations to gain a better understanding of how Program events were implemented. RTI observed four various Program sessions: a CBI training in March 2022, an Occupational Safety and Health Administration (OSHA) orientation session in April 2022, an Advisory Board meeting in August 2022, and an RJ training session in September 2022.

- RTI received four Program participation data transfers from Osborne to gather additional information about Program implementation and understand service referrals and other important implementation elements (e.g., intake/discharge dates, outreach, services provided).

RTI analyzed the various datasets gathered for the Process Evaluation to answer each research question. RTI then triangulated the data findings to more comprehensively understand how the Program components were implemented and experienced. The data integration and analysis centered on each Program component (i.e., CM, RJ, CBI), and then integrated results to

describe implementation of the full Program. For a complete list of the Process Evaluation measures and data sources, see Appendix C.

D.   Process Evaluation Results

The Process Evaluation results presented in this section are organized by the three Program components. For each, RTI described the component's goal, noted adaptations to the component model, implementation status, implementation achievements and challenges, and lessons learned, which ultimately addressed and answered each of the research questions presented in Exhibit 2.

D.1   Credible Messengers

Implementation Overview

The CM component is a community-based individualized service intervention to improve outcomes for individuals reentering the Manhattanville and Grant Houses and surrounding community from incarceration. The initial goal of the CM component was to: (1) prevent individuals from engaging in violent crime or other criminal behaviors; (2) support the entire community, not just arrested and prosecuted individuals; and (3) develop solutions and build community partnerships. Expected outcomes included improved physical and mental health; strengthened family and interpersonal relationships; increased engagement in education, employment, and community and civic affairs; better access to stable housing; and reduced involvement with the justice system.

RTI conducted interviews with the Program staff and CMs and analyzed Program data to gather in-depth details on implementation of the CM component. Interviewees noted that the CM component has been active since summer 2020, prior to formal implementation, although some planned activities were changed because of the COVID-19 pandemic. Originally, plans included structured individual and group mentorship sessions led by LRYOH CMs. Participants were to engage in ISP conferencing, which uses Motivational Interviewing strategies and allows participants to earn outcome-based stipends. Group meetings using cognitive-behavioral curriculums were also planned. There was also a plan to expand LRYOH's 24-hour on-call crisis support as part of the Program. Separately, TCMF was set to offer SIMBA, which included both group processes and individual CM mentoring. SIMBA groups include *Know Your Rights* and *Political Education 101*; gun violence workshops; classes in anger management, social media awareness, photography, and physical fitness; and recreational outings.

LRYOH was a formal Program partner until June 2021. Due to the departure of this core subcontractor and the impact of the COVID-19 pandemic, the CM component was restructured so that TCMF and Osborne would provide these services. As a result, the component's work shifted to focus on two main areas: (1) providing reentry support (e.g., for getting a GED or high school equivalency, identification cards, mentorship, housing, employment opportunities) to the LEI individuals and (2) building community trust by offering a wide range of "light-touch services" to community members (e.g., creating rapid connections to housing and employment support).

CMs have a list of individuals directly affected by the 2014 LEI and actively work to engage these individuals. Reentry services begin by CMs engaging the LEI individuals who have been released from incarceration and are reentering their communities in one-on-one conversations. Initial engagement includes CMs assessing immediate needs, which may include getting government-issued IDs, MetroCards, or benefits cards. CMs are responsible for making external referrals to other organizations for these needs (e.g., for transitional housing, employment, and mental health services), as well as internal referrals to Osborne programs (e.g., for *Jail to Jobs*, training programs, and substance abuse programs) or to TCMF (e.g., for OSHA training, security license training, obtaining a commercial driver's license).

TCMF CMs also build relationships with the parole officers of reentering community members. This connection helps to ease the reentry transition and can support a holistic approach to community reintegration. The CMs may also conduct groups and provide individual mentoring to participants, their families, and local community members. These groups and mentoring sessions are conducted at TCMF's or Osborne's offices, or outside in the community. When asked in focus groups what services the 2014 LEI members receive, in contrast to the groups within the general community, most CMs stated that individuals returning to their communities are offered the same services and resources as other community members; the only difference is how the different participants are recruited (i.e., LEI individuals are often recruited in the correctional facility before release).

Separately, the AVP, a subcomponent of the CM component, is an approach to conflict resolution created by a group of incarcerated men, including a former Osborne staff member who was to serve as the Mentor Coordinator for this portion of the Program. Upon completion of the conflict resolution course, participants would be eligible to co-facilitate AVP trainings and attend

advanced AVP trainings. Participants were to be paid a stipend for training and group facilitation. CMs who completed AVP training would use skills acquired through the training for anti-violence and violence interruption work within the community. The goal of the violence interrupters is to maintain peace between conflicted groups. As of December 2022, this subcomponent was still in the planning phase.

The current Program model is generally in alignment with reported implementation activities, based on interviews with Program staff, participants, and Program data. None of the deviations in Program implementation described throughout this report appear to have substantially changed the implementation approach or the extent of implementation. Most of the changes made were to specific activities conducted (i.e., the Program includes a greater focus on immediate needs such as job trainings rather than group mentorship) and the delivery format (i.e., greater focus on individual- and street-level engagement rather than on group mentoring sessions); however, the goals and focus of the Program to provide targeted and needed services and promote community healing remain the same. At the conclusion of the Process Evaluation, the Program was continuing to implement existing programming, working to strengthen and enhance the delivery of services, and planning strategies to integrate the RJ component and AVP programming into the CM work.

Description and Roles of Credible Messengers

A core aspect of the CM component is how the CM delivers services. The operational plan provides a guideline of the CM component and mainly focuses on the types of services provided and the manner of delivery. As of December 2022, there were six full-time CM positions funded through the West Harlem Project, with five part-time CMs working mostly with Osborne and four part-time CMs working mostly with TCMF. Notably, CMs hired for the West Harlem Project are current Harlem residents, some of whom are formerly incarcerated. In order to comprehensively understand the CM component, RTI asked the Program CMs to describe their roles, responsibilities, and the impacts of their lived experiences on their work. Generally, CMs described their role as an active service provider and resource to the community, particularly for high-priority and vulnerable community members (e.g., elderly residents, those experiencing food insecurity). See Exhibit 3 for several specific roles described by the CMs.

Trainings Provided to CMs: When asked, CMs were not able to provide a clear description of official CM-related training received during their onboarding. Many CMs mentioned attending trainings on data entry, employee conduct, and general guidance on how to work with people effectively (e.g., problem-solving, how to be a people person, understanding sexual harassment). Although the CMs expressed positive sentiments toward both mandatory and optional trainings they took, most felt that the core components of being a CM were not teachable but based on common sense and lived experiences. Furthermore, throughout interviews, CMs made explicit statements about the types and levels of credibility needed to perform this work. Some also discounted certain aspects of training for the job, stating the belief that lived experience has higher value for being a CM than receiving any particular training.

Exhibit 3.   Credible Messenger Roles

- **Needs Assessor**: The CM is there to connect with community members and "figure out what they need and provide those services or resources that we can use to be able to increase their living situation or behaviors."
- *Service Connector*: The CM provides linkages to services within their organization or other providers in the community. Additionally, the CMs help these organizations know what the community members' needs are. The CM must have the resources and cultural understanding to identify and address participant needs as soon as possible and be available to people in need. This helps build credibility but also allows them to ensure they intervene in problems before they grow and have bigger impacts.
- *Violence Interrupter:* The CM has to keep an ear within the community to listen for potential violence and point youth and/or involved parties to a different direction: *"It could be something simple, like on a basketball court. Two teens playing. One may check a person too hard and then they escalate to something. So, before they can escalate, here we come."* CMs described being viewed as "community elders" who have experienced similar lives to youth in the community and as a result can understand what youth need for success and how minor conflicts can quickly escalate to violence incidents.

> *"Like I said, it's not all about the training. You can train somebody. You can send somebody to school for this, and they can come home and still not know what to do because it's not just... It's not that black and white."*

The Program's CM Approach: As the Program was designed to meet the specific needs of the community, RTI inquired about the ways in which CMs engage the community and conduct their work. *"Generally, we do the same work, but everybody's method is different and techniques are different and the relationships are different."* There was agreement across interviewed CMs that each CM generally does the same work; however, CMs may have slightly different styles and processes, which some of those interviewed attributed to individual personality traits and connections with the community. For instance, some CMs are heavily based in the community and do more unstructured, face-to-face, and informal check-ins with participants, whereas others split their time between the office and the community and most often connect with participants

via text messages or social media. The delivery and engagement strategies may vary but ultimately, the CMs felt they all were authentically embedded in the community and provided needed resources to the community.

Individuals, Services, and Numbers Served

The West Harlem Project aims to support three groups within the community: the LEI individuals, the family members of the LEI individuals, and other West Harlem community members who were not known to be directly impacted by the 2014 LEI event. This section examines Program implementation within the CM component among these three groups.

The LEI individuals: There were 103 males who were directly involved in the 2014 LEI event. As of December 2022, West Harlem Project staff reported they have had contact with 85 of these individuals. Additionally, 61 had been enrolled in the Program at some point (with four enrolled prior to the official Program start date of July 2020 as part of early engagement) and 53 were active in the Program, meaning that they were not listed as "closed" or "screening" in Osborne's database system. Generally, the interviewed CMs did not mention any services specific for LEI individuals and stated that LEI individuals receive the same types of services as other individuals returning from incarceration and the larger community. One CM estimated that of the 61 members of the LEI individuals who have enrolled in the Program, 30 had attended OSHA classes and received their OSHA 30 scaffolding certification. Most of the enrolled participants are still waiting on job placement.

2014 LEI–Affected Family Members: Outside of the Program data presented later in this section, Osborne did not offer specialized programming or individual services to family members of those directly involved in the 2014 LEI event.

Non-2014-LEI–Affected Community Members: Throughout the Process Evaluation data collection sources, this group was only explicitly identified with an indicator in the Program data. The number of contacts with individuals in this group was not described in the interviews; however, most of the responses and CMs work appear to be directed toward this group (i.e., the larger West Harlem community).

Outreach, Intake, and Assessment

A key component of the West Harlem Project is community engagement and outreach. As of December 2022, there were 110 reported outreach events. Based on the Program data in Exhibit 4, 32 (29%) of the Program outreach events were related to events outside of Grant and

Manhattanville Houses, 19 (17%) were Grant and Manhattanville Houses events, home visits, coordination with other local groups, and correctional facility visits represented 22 (20%) outreach activities, and 37 (34%) of the recorded events were uncategorized. Program data indicate that Program staff have contacted more than 1,006 individuals at community events outside of the Manhattanville and Grant Houses (e.g., during programming, by distributing Program materials). Similarly, the Program estimates it has reached approximately 748 individuals at Grant- and Manhattanville-specific events.

Exhibit 4. Community Outreach Events
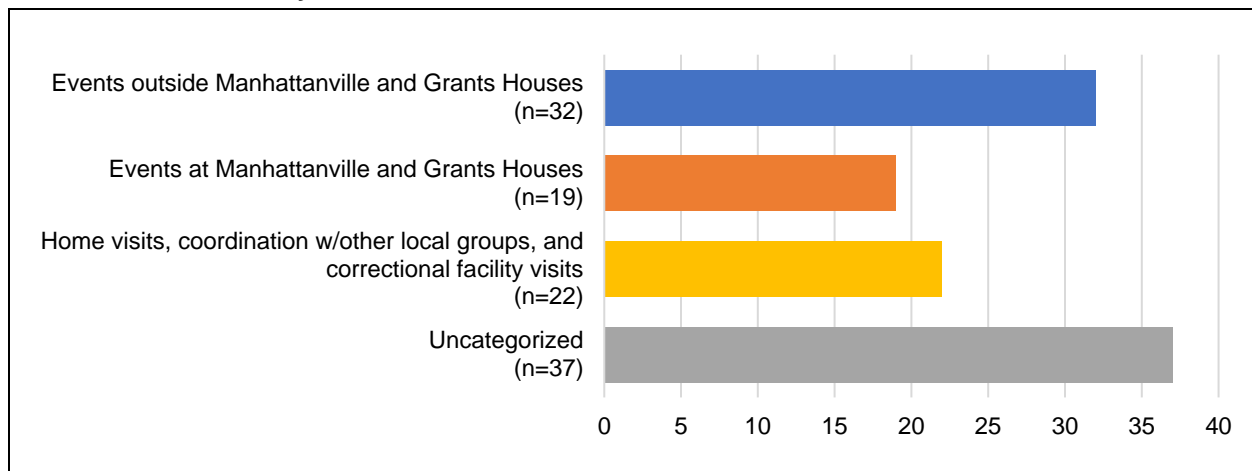
Additionally, CMs may begin the outreach process by visiting or calling the homes/families of participants and engaging the family members in a discussion to see whether they require services. During this process, the CM asks the family members questions to identify the family's needs. This is typically informal, but the CMs complete intake and assessment forms with participants to enroll them in services and communicate the voluntary nature of the Program. During the dialogue, the CMs introduce a variety of services, including workforce opportunities, available either directly or through a referral.

As indicated in the Program's operational plan, CMs have been provided a list of the 103 LEI individuals. Some of these individuals are incarcerated, while others are in the community (some are on probation). Initial contact may begin directly with the individual who was listed in the 2014 indictment or with their families, depending on the circumstances and the relationships that the staff member has with that family/individual. The CMs' and the TCMF's unique understanding of the history, relationships, and systems of influence and respect involved in the

situation, as well as the participant's needs, inform the timing of when each participant is contacted and the order in which they are engaged.

Referrals and Service Utilization

From the start of initial implementation in July 2020 through December 2022, the Program enrolled 275 participants and made 113 unique service referrals to 69 Program participants (25% of 275 Program participants). Of the 69 people who received referrals, 12 (17%) were members of the LEI individuals, 11 (16%) were affected family members, and 46 (67%) were community members. Of the 113 service referrals, 26 (23%) were made for members of the LEI individuals, 19 (17%) were made for a family member, and 68 (60%) were made for general West Harlem community

Exhibit 5.   Types of Service Referrals

Referral Type	Frequency (#)	Percentage (%)
Vocational/Workforce[a]	93	82.3
Family Services[b]	11	9.7
Reentry Support	3	2.7
Other	2	1.8
Addiction Services[c]	1	0.9
Education	1	0.9
Housing	1	0.9
Materials Support	1	0.9

[a] Included employment support, job readiness or skills training, Site Safety Training (SST), vocational training, help finding employment, and services from an employment specialist.

[b] Family therapy, parenting classes, child support–related support.

[c] Outpatient substance abuse treatment.

members. Most of the referrals were vocational/workforce-related or for family services. Only three (3%) were coded in the system as reentry support referrals (see Exhibit 5). Most of the family services referrals were to people listed as a 2014 LEI event–affected family member. As of December 2022, nearly half of all referrals were still pending (n = 47, 42%) or waitlisted (n = 7, 6%).

As part of the CM component, facilitators refer participants to external service providers when services are not available through the Program. Two of those providers completed RTI's service provider survey—one organization primarily provides educational services while the other provides employment-related services. Their survey responses provided insights into their organizational relationships with the Program, service challenges, and opportunities for improvement.

Both organizations acknowledged that the Program participants make up a minor proportion of their clientele and noted challenges with the Program participants' responses and engagement with service providers. These challenges include participant attendance, not completing trainings/sessions, not being aware of service requirements, and not responding to follow-up calls. Some of the noted reasons for Program participants not getting services despite referrals

included participants changing their minds about needing services, not being able to attend training, no longer needing services, and not following up with service providers.

Neither organization surveyed noted any major challenges with Program staff communication, funding to provide services, or other relevant challenges to working with Program participants. However, considering the challenges with participant engagement, the Program could benefit from more routine check-ins with external service providers to ensure a higher proportion of referrals are completed. Additionally, Program staff could proactively follow up with referred participants to confirm the participant has been contacted by the service provider, encourage engagement, and determine whether additional assistance from the Program is needed. When asked about other services received via referrals, focus group participants did not mention many other service providers. It is unclear whether this was because interviewed participants were not being referred to other service providers or that they were not aware that the outside service providers were distinct from the Program/Osborne/TCMF. However, as previously noted, participants were appreciative of the general suite of services provided. As one Program participant described:

> *"The resources that they have, is pretty good. That's the thing that I like about TCMF and Osborne. They have resources where they can outsource you out to other places that can help you, even if they can't. So, I think that's a plus in this type of community."*

Program participants received a wide range of services—generally related to counseling and employment support—through the Program. The data in Exhibits 6 and 7 reflect observations for 811 unique service events recorded through December 2022. There were 199 unique Program participants, comprising 74 LEI individuals, 23 affected family members, and 82 community members (20 individuals did not have a specific designation). The categories reported are not discrete and do not represent unique individuals served, as participants could receive multiple types of services multiple times. As pictured in Exhibit 6, most of the recorded individual services provided were brief supportive counseling (n = 648,

Exhibit 6.   Type of Services Provided

Service Provided	*n* (%)
Assessment/Reassessment	2 (0.2)
Brief Supportive Counseling	648 (79.9)
Case Conference	3 (0.4)
Crisis Intervention	18 (2.2)
Food	17 (2.1)
Incentive	5 (0.6)
Income Support Application	2 (0.2)
Individual Counseling	59 (7.3)
Intake Session	14 (1.7)
Resume Preparation	15 (1.8)
Re-engagement	9 (1.1)
Service Plan	18 (2.2)
Transportation	1 (0.1)
Total	**811 (100)**

80%). Other types of services included individual counseling, crisis intervention, service planning, intake sessions, resume preparation, or food delivery.

Brief supportive counseling is the most prevalent service received across all groups served by the Program (89% of services provided to LEI individuals, 63% of services provided to family members, and 70% of services provided to the general community group). Exhibit 7 contains other type of services provided within each group.

Exhibit 7.   Type of Services Provided by Target Population

Service Provided	*n* (%)		
	The LEI Indiv.	Family Members	Community Members
Assessment/Reassessment	2 (0.6)	0 (0.0)	0 (0.0)
Brief Supportive Counseling[a]	305 (88.7)	50 (63.3)	225 (70.3)
Case Conference	3 (0.9)	0 (0.0)	0 (0.0)
Crisis Intervention	5 (1.5)	8 (10.1)	5 (1.6)
Food	1 (0.3)	3 (3.8)	13 (4.1)
Incentive	1 (0.3)	3 (3.8)	1 (0.3)
Income Support Application	0 (0.0)	0 (0.0)	2 (0.6)
Individual Counseling	9 (2.6)	6 (7.6)	44 (13.8)
Intake Session	3 (0.9)	1 (1.3)	10 (3.1)
Resume Preparation	2 (0.6)	5 (6.3)	8 (2.5)
Re-engagement	3 (0.9)	2 (2.5)	4 (1.2)
Service Plan	10 (2.9)	1 (1.3)	7 (2.2)
Transportation	0 (0.0)	0 (0.0)	1 (0.3)
Total	**344 (100)**	**79 (100)**	**320 (100)**

[a] 68 Brief Supportive Counseling sessions were missing group designation
Data Source: 811 service records from Osborne databases.

Defining Program Completion and Exit

The Program's operational plan states that Program participation is considered complete and closed when a participant completes the goals of their service plan, voluntarily withdraws, or does not respond to outreach attempts over the course of at least 4 weeks. RTI asked Process Evaluation interviewees for the definition of Program exit—definitions were vague at the beginning of implementation, but have more recently consistently defined Program completion to be based on the needs and engagement of the Program participant. Although the initial plan was for Program participants to have more formal entry and exit points based on a completed service plan, in practice, Program exit is highly discretionary. CMs and Program staff consider Program completion or exit when the participant is either no longer engaged or has no service needs for a prolonged time period (which also was not defined).

In terms of length of engagement with participants, all interviewed CMs agreed that there is no minimum or maximum length of time for working with any participant. CMs will work with a participant for as long as the participant needs. Most often, the CMs will check in on a participant and, after a period in which they either do not have contact with the participant or the participant continues to state they have no service needs, the CM will mark the participant's case as closed. Program participants also can voluntarily end their participation. The Program

maintains an open-door policy—if a participant has needs in the future, their case will be reopened. As such, there is not a standardized measure of completed engagement.

> *"Even if people get jobs, there's always some other type of service. We work in a community that's impacted by poverty and poverty doesn't necessarily just mean money. It's also resources, it's also space. So, individuals have to sometimes need ongoing services even beyond, or sometimes a lifetime process, for individuals just to get themselves stable."*

Based on the participation data, 104 cases were closed as of December 2022. For participants who left the Program with valid intake and exit dates (103 out of 104), the average time in the Program was 413 days (580 days for the LEI individuals, n = 13; 521 days for the family members, n = 21; and 351 for the community members, n = 69).

Participant Engagement Strategies

In an attempt to understand how outreach and long-term engagement works, Program participants were asked how they typically engage and follow up with the Program. Nearly all described multiple access points: most participants described learning about the Program via word of mouth, flyers posted around the community, or from CMs in the community, attending a community event, or previous engagement with TCMF or Osborne. Most described frequently seeing the CMs in the community and having the opportunity to check in and learn about upcoming events from them. Second, most felt comfortable either seeking services or having a safe space for communal activities in the physical buildings that house TCMF and Osborne.

CMs also follow up directly with participants as needed to check in on progress (e.g., completed a course, were able to find a job), provide updates on upcoming events (e.g., community street events), and gauge whether additional resources are needed. Overall, participants felt that, once in the Program, there are plenty of ways to stay connected and learn about new services. As one participant indicated: *"There's things that they were able to assist me with when I didn't have the guidance, I didn't know which route to take."* CMs were also asked in focus groups how they typically engage and stay connected to participants. They indicated that participants and the larger community have a variety of options for accessing CMs and their organization. Trainings and events were identified as great opportunities to encourage new participants and keep existing ones engaged.

Participant Satisfaction and Additional Needs Indicated

Across the board, participants had very positive sentiments regarding Program staff at both partnering organizations. In terms of activities and services provided under the CM component, Program participants primarily highlighted educational supports (e.g., resources to earn diploma or GED) and employment services (e.g., job preparation support, resume building assistance) that are easily accessible, free, and are offered by Osborne and TCMF. One participant praised the Program, stating: *"It's a relief feeling like you got somebody compared to feeling like there's nobody or no hope. You have somebody that's going to support you, put you in a direction you need…"*

In addition to the individual services received from the Program, most participants positively reflected on Program events, such as the group trainings and community events, in interviews. Program participants who attended trainings (e.g., for OSHA certification) felt that the trainers were professional and courteous and noted that they appreciated the trainings. RTI observed one of the OSHA events that TCMF leadership and multiple CMs facilitated. The session was organized to provide information to attendees about an OSHA training that was scheduled for the following week and about other training opportunities available to attendees. During the session, the facilitators described the history of TCMF, various training and service opportunities, the CM component, and the process for completing OSHA training. Additionally, attendees were given tips for how to succeed in the trainings (e.g., supporting each other, showing up on time). Overall, the observed session appeared to be very motivating and informative; however, there were opportunities for improvements, such as better use of the prepared PowerPoint and increase the use of the Program's name to improve brand recognition.

Although all interviewed Program participants were appreciative of the Program and expressed satisfaction with the services received, they also identified numerous services or resources that they or the larger West Harlem community needed. A major theme that emerged from participant focus groups was the need for job placements, especially for those who enrolled in job preparation and training courses. Although participants expressed appreciation for the OSHA trainings and other employment supports (e.g., resume building), many wanted a greater diversity of types of trainings beyond construction work, such as clerical and office work, cosmetology, and medical work. One participant stated that repeatedly hearing only about OSHA trainings may turn community members, who need jobs but are not interested in construction

work, away from the Program. A few participants mentioned wanting to start a business or community nonprofit. These participants suggested the creation of resources to help community members plan and implement these ideas, as well as microgrant funding.

Some participants reflected that there are too few Program staff to adequately address all the community needs or fully staff events and requested more volunteers and paid staff positions. Several participants mentioned currently or previously volunteering with Osborne and TCMF and helping with the community events. Many others described larger reasons for engagement such as wanting to be more involved in the community, contribute to positive impacts in the community, and support community-driven initiatives. As such, some advocated for more opportunities for volunteer and paid positions within the Program and partnering organizations. This was further echoed by multiple CMs who noted in interviews that job placement is a major community need and that the work of CMs can both address some employment needs and add more staffing resources to heal the community from within.

Separately, CMs lamented that although the Program can provide job trainings and preparation (e.g., resume building), CMs cannot ensure there are jobs available for the community members. As such, CMs need a full job pipeline to help their participants. Without these employment outcomes, the CMs expressed difficulty maintaining engagement and credibility. As one CM described:

> *"I can refer somebody to him, get them a job, but we're talking about hundreds of kids [young people]. So, we need hundreds of jobs, not five jobs, not 10 jobs. We need like 100 job placements, 200 job placements. So, more resources would be better."*

Furthermore, interviewed CMs noted that many of their participants need training in soft skills (e.g., communication, conflict management) and guidance on how to heal from trauma. Many participants have various trauma, mental illness, and incarceration histories, which can impact how they live and succeed. CMs saw their role as helping give those who feel lost or overwhelmed a path toward healing and self-sufficiency.

Other service needs and ways to improve the Program that were noted include using strategies to better engage young people, providing a more expanded list of services, and expanding outreach beyond the office as much as possible. A couple of participants felt that the Program's offered services were too limited and that it needed to increase the number of

giveaways, household assistance, and youth-based activities. Participants also requested several other types of resources and assistance, including more housing support; more support for families, including childcare, food, and housing; financial literacy courses; and more opportunities for mentorship in general. Participants further noted many people lack general understanding about how to apply for Medicaid and public assistance or need help with general housing placement, including support completing paperwork and working through the process. Many of the needs expressed by the participants were also acknowledged by the CMs, which proves that the CMs have a strong understanding of community needs. For instance, participants requested more youth services to keep them engaged in prosocial activities and CMs suggested more game nights and other fun activities to blend with the mentorship and service options.

The interviewed CMs identified ways in which the Program can better serve the community, including increasing job placement opportunities; ensuring referred service providers are responsive to Program staff, CM referrals, and participant needs; and expanding the reach of CMs throughout the community. Furthermore, a few CMs called on Program leadership to hear and address the resources needed to keep the Program growing and credible. *"And it's important that the powers that be, back up what we bring to the table to. Don't make us look like liars."* Overall, CMs and participants alike indicated that meeting these community needs are essential to strengthen the community, create positive opportunities for young people, provide long-term engagement to participants, and engage new participants.

Implementation Barriers and Needs

The following section describes barriers to implementation that emerged from the staff interviews, CM focus groups, and focus groups with Program participants.

COVID-19 limited the Program's ability to hold in-person activities and meet the evolving needs of community members. There were challenges implementing programming during the COVID-19 pandemic and related lockdowns and social distancing. Due to limited abilities to meet in person and changing community needs, the Program had to deviate from previously mentioned plans for in-person group mentorship and other structured events to provide more direct community services, such as providing food and protective equipment support. Additionally, the pandemic slowed the integration of CM-led RJ events (as described later in this report). Recognizing the importance of such events in building community and trust, Osborne and TCMF have continued to hold community events as part of standard Program operations.

Partnering organizations experienced communication challenges due to staff turnover.
Another barrier that was identified in interviews was around communication challenges,
particularly with coordinating Program activities and trainings between the partnering
organizations (Osborne and TCMF). The Program funded a dedicated coordinator to provide
oversight to the CMs and work across organizations, but the coordinator for Osborne left in late
2021 and the position was vacant until April 2022. As a result, key Osborne staff were managing
multiple aspects of the Program within their organization, which inadvertently led to less cross-
organization collaboration. The work of each organization was more siloed than intended and
gaps in services, service delivery, and overall implementation were not quickly addressed. CMs
with TCMF were described as being less aware of the services and resources available through
Osborne (e.g., workforce development, drug treatment, housing, elder reentry, family services,
youth services, civic engagement, court advocacy). Respondents also identified missed
opportunities for referrals and relationship-building across the two organizations. However, by
the end of the Process Evaluation data collection, both organizations had similar numbers of
CMs and were in the early stages of strategizing ways to increase collaboration.

*CMs were challenged with ensuring timely and coordinated services from external service
providers.* Interviewed CMs had great confidence in being able to identify and connect
participants to services. Multiple CMs reflected that they or the larger organization had
connections and networks to help find service providers throughout the city as needed. However,
some of the CMs mentioned challenges with securing such referrals, including external service
providers not following through on referrals and not keeping CMs updated. Some CMs did not
feel the service providers were providing quality services; others mentioned changing the service
providers to whom they refer participants (those with proven records of providing quality and
timely services). CMs described these challenges with the external service providers as causing a
disconnect between the CMs themselves and the participants by (1) not providing a strong
continuity of services and threatening the reputation of being "credible" service providers in the
community and (2) leaving participants with unmet needs that may turn them away from future
engagement with the Program.

CMs experienced challenges consistently documenting and quantifying services. Multiple
Program staff and CMs noted the difficulty of consistently documenting and quantifying the
services provided by each of the CMs. A staff member noted:

"I think the challenge that we've experienced so far has really been on the data collection side of things, and that's something that we're very aware of and working on, it's kind of the nature of the work makes it... like it's not at all a desk job for the CMs… There's no desk involved. So, having time and a place to sit down and document all of the texts and phone calls and meetings with people just out on the street and in the plazas and whatnot…that's the challenge."

The reported challenges were not limited to data entry but also included operationalization and consistent documentation of engagement and interactions across CMs. Quality documentation of services needed and provided is important to include in case management records, so that multiple staff can support a participant as needed. Such documentation also allows an organization to provide crucial performance metrics and identify opportunities for the organizations to adjust and/or expand resources. Some of the challenges with timely and quality data entry were reportedly due to CMs consistently being in the community with little time in the office to enter data, uncertainty regarding when specific engagements should be entered, limited methods for entering data (e.g., no opportunities to enter by mobile device), and lack of prioritizing data entry over providing direct services to the community.

Another Program staff member noted that, upon reviewing Program data, the implementing organizations realized that not all participants were receiving appropriate and relevant service referrals despite having service needs. Though not described as intentional, staff acknowledged communication gaps across the two partnering organizations and across CMs and were working on identifying more effective ways to coordinate across the Program. Furthermore, the Program has increasingly stressed the need for stronger data collection and entry to document participant engagement and referrals. More recently, both organizations have conducted additional staff training and provided resources to encourage more timely and comprehensive data entry.

CMs experience more pressure to remain credible and balance the competing priorities of participants reentering the community after incarceration: As previously described, a key aspect of the CM component and the larger mission of the Program is to provide reentry programming for community members—particularly the LEI individuals—returning from incarceration. Generally, interviewed participants (both some of the LEI individuals and the general community) discussed their reentry experiences by indicating living essentials needs, such as

support with immediate and stable housing support; securing necessary identification(e.g., driver's license, state identification); employment training and job placement (particularly as a way of supporting self and family via non-illegal activities); help staying away from old patterns and negative influences (i.e., engaging with individuals that encourage illegal activities); and for developing a support system for healing and engaging in prosocial and positive behaviors. There were concerns that individuals who are released get overwhelmed with all the things needed to successfully reenter and therefore have a low ability to make immediate progress, which may result in a return to old lifestyles or overestimating the impact of their criminal history on finding success. One participant remarked, *"They doubt themselves before they actually get the ability to try it."* Program participants found that the Program can help returning individuals create a viable and appropriately paced plan for reentry.

However, the interviewed CMs described the substantial impact these unmet service needs have on those returning to the community from incarceration and the continued need for the Program to better support such individuals. Particularly, a major source of frustration among the CMs was not having jobs available for community members when needed. Immediate job placement is considered an important opportunity to build trust and credibility and help ensure returning individuals do not go back to delinquent behaviors. CMs described that many people come to the CMs looking for immediate support (e.g., job placement or housing) and get frustrated when there is no resolution by the next day. CMs asked for more accessible resources as well as more engagement with the participants to help manage expectations.

> *"It's a relief feeling, like you got somebody, compared to feeling like there's nobody or no hope. You have somebody that's going to support you, put you in a direction you need to. As long as you [have] that type of individual that do the footwork, then you get the help that you need."*

Participants desired increased awareness and availability of services and events. Another major theme that emerged from the interviews and focus groups was a lack of awareness of the full range of services available through the Program, among both Program participants and some of the CMs themselves. Many interviewed Program participants requested a better understanding of all the different services and programs offered by TCMF and Osborne and also suggested that follow-up communication with participants needs improvement (i.e., participants need to hear more from the Program). One participant described how she often learns about events, *"We'll*

hear it through hearsay. But [communication] can be better. It can be where they can contact us." Participants also requested to see more direct or streamlined announcements about community events and trainings posted earlier and in more high-traffic and visible platforms (e.g., lobbies in the public houses). Other participants provided recommendations, such as:

> *"More advertisement, like flyers… you want to place at least one flyer in each building that gives everybody in the building, the community, those that come in and out, the ability to see it. And if they choose to reach out, then they have that opportunity to do so."*

Additionally, participants noted that CMs have different communication methods (some are more procedural while others are more outgoing and use social media regularly) and participants would like to see more consistency. Since many participants informally meet with CMs as needed, participants noted that long-term participation was challenging, as they tended not to have strong understanding of available services. Most participants mentioned learning about specific services and events based on what the partnering agencies promote or based on services the participants directly ask of the CMs. Improved communication will encourage more community members to participate in the Program and continue to engage long-term. This issue was not mentioned by any of the interviewed CMs. In the CM focus groups, most noted good participation from the community, particularly in attending community events. When asked, most felt that the Program has options available for all groups in the community and that no groups were being left out of the programming.

Interestingly, interviewed CMs described that word of mouth is essential for sharing information about upcoming events and trainings. However, CMs were more resistant to the idea of frequent scheduled check-ins with participants as they felt this method was encouraging forced engagement. Instead, CMs make sure they are available and are making the community aware of service options. In fact, one CM mentioned that not forcing one accessibility approach is a benefit, as some community members may not feel comfortable making appointments or going into the office and may instead prefer catching a CM on the street. The CMs also preferred to use their time recruiting and engaging more of the community members rather than just focusing on providing updates to current Program participants. The Program should examine its outreach and long-term engagement protocols to ensure CMs feel authentic in their approach and that the community is receiving announcements, follow-ups, and services as needed.

On a larger scale, during the various interviews and observations, the RTI team determined the lack of a clear Program description that details the services it provides and which services are offered by partnering organizations. The ability to differentiate the Program from other community programs may be helpful in promoting the Program's mission and intended focus, helping potential participants understand where programming and services are available, and measuring impact. At the beginning of each focus group, the interviewed participants were asked whether they knew of the West Harlem Project. Unfortunately, most of the Program participants were not familiar with the West Harlem Project specifically (i.e., did not recognize the name) and instead discussed the services provided by Osborne or TCMF. As a result, the focus groups were largely gathering participant experiences and sentiments about Osborne or TCMF (depending on which organization they typically engaged with in the community).

Implementation Supports

The Program has consistently established trust between CMs and the community. Overall, one of the most consistently noted achievements of the West Harlem Project by Program staff, CMs, and Advisory Board members was building the trust of the community. Continuing to build that trust is crucial for sustaining the Program and expanding it to include other programming. Many of the interviewed CMs, Program staff members, and Advisory Board members stated that meeting the needs of the community, sticking to your word, and being there for the community helps with program sustainability and helps to garner buy-in for future programming such as group mentorship or restorative circles (which may meet more hesitation from community members). In essence, interviewees expressed that the community is watching and when they see action, they put their trust in the Program in ways they might have not done naturally. One staff member stated,

> *"... [the community] do trust our team to be the voice of the community...*
> *and I think that we have to keep building on the trust of the community*
> *and them knowing that we're going to look at things in their best*
> *interest..."Credible Messengers are actually out there to get the*
> *community to trust them, and once they gain that trust, that confidence*
> *and understanding for the community, then it's easier for them to roll that*
> *individual into a group setting of RJ or whether a one-on-one setting of*
> *RJ."*

In particular, CMs felt they have been able to meet the needs of the community and provide needed resources. *"[If] people need shelter, they get sheltered. They need jobs, they get jobs. They need training, they get the training."* One CM stated that many programs or organizations are funded to come into the community to gather information for funding requirements and leave, but this Program is actively building and healing the community. Trust in the community was built because the Program involves and is led by people who are from and live in the community and are focused on making positive changes. CMs reflected that working with those returning from incarceration is transactional; they open up and give trust once you can provide your authenticity and provide the promised resources.

Notably, at least one of the current CMs is one of the LEI individuals. He was approached and mentored by the director and founder of TCMF. Initially, he served as a volunteer and later joined as a CM. He has credited the Program and director for helping him to have a positive impact on his community. Several other interviewed CMs supported hiring more of the LEI individuals and formerly incarcerated individuals as CMs. They stated that many of the LEI individuals who are still incarcerated have been in contact with the Program/TCMF. Learning about the Program before release is helpful for creating a reentry plan; once released, seeing the Program in action helps build its credibility and leads to quicker engagement with the Program. Additionally, CMs expressed feeling satisfaction, trust, and support from their organizations and felt that leadership listened to and appreciated the work of CMs.

CMs quickly responded to the needs of Program participants and the larger community early in the pandemic. Multiple interviewees, both staff and Program participants, spoke to the success of TCMF and other community partners mobilizing quickly during the early days of the pandemic to deliver food and household supplies, check in on neighbors, and find resources for the community. These activities were connected directly to the CM component as foundational activities for the RJ component.

> *"Due to COVID, the whole team, we actually worked all through the pandemic and all through the COVID situation. We worked providing the basic needs, food, clothing and shelter, and PPE... [our team] were that backbone of the community to provide these needs."*

Staff noted that COVID shut down many West Harlem businesses and impacted the community in unprecedented ways. The Program provided needed community connections and support.

Staff's lived experiences and the Program's safe spaces create valuable violence-interrupting opportunities. Many respondents credited their success in the Program and hope for the future to Program staff with lived experiences of being incarcerated (e.g., many CMs) and/or being impacted by violence (such as members of Tayshana Murphy's family). Participants valued the mission of TCMF and the authenticity of the CMs. They saw TCMF's safe physical spaces as an important intervention against violence and incarceration for the community. Additionally, participants described the importance of having CMs who are from the different public houses and can bring youth and young adults together and form truces early, before conflict and violence escalates.

Generally, participants felt that violence in the community has decreased since TCMF has become more active in the community. When asked about the 2014 LEI, participants attributed the gun violence to idle youths and young adults. One participant stated a need for:

> *"More programs like TCMF. More programs like that, because like you have a lot of people that come home from being incarcerated and being that they don't have nothing to do, they're going to wind up doing the same thing and go right back. At the end of it all, if you've got a program like that, that's going to keep them out of the streets and keep them out of prison, it's all a plus and they're putting them to work at the same time."*

This participant highlighted the Program's positive impacts on general violence prevention and interruptions and its employment of those who have been incarcerated.

CMs take an informal and personalized approach to interacting with the community. The CM component is largely driven by the CMs themselves, who are considered to be critical elements of the Program success to date. CMs were asked about the most important characteristics a Credible Messenger must have to be effective. They named several important characteristics. To start, CMs stated they must have a strong relationship with the community and their participants—someone who has talked and worked with this particular community before. Additionally, CMs need to be available around the clock—not just during the organization's business hours. This availability helps build credibility within the community.

> *"Being that we're based in the area where the majority of participants either live or used to live and things of that nature, the communication is on a lot of different scales. I can walk down the street and see a participant, they can call me, I can call them. So, there's a different number of ways to communicate or how we communicate and how we receive any information."*

CMs also must have strong communication skills that allow them to build trust, engage with others, and understand how to work with different people. Furthermore, once a CM establishes trust and creates a solid line of communication, community members will openly and eagerly tell them what they need. As such, CMs need to quickly assess individuals' needs and provide solutions or guidance to both address those needs and commence long-term relationship building.

> *"It's a lot to a young man or young lady for them to know that they have somewhere to go if they're in a situation where they can come talk to somebody and they going to listen or give their opinion with no malice."*

Furthermore, Program staff noted the incredible work of the CMs themselves. In terms of building capacity with the CMs, one staff member stated:

> *"Being Credible Messengers is actually a gift, [it's] letting [young community members] know that their mistakes are stepping stones to enhance what we are doing and have other individuals understand that we understand what they're going through at this particular time, especially when you're dealing with young adults."*

Being a CM is not only a job—it can be a life-changing opportunity to follow a new pathway focused on healing oneself and one's community. A staff member stated that a *"Credible Messenger is really your first [Program] participant"* as they receive job training and placement and restorative healing through the Program. Another staff member emphasized that CMs are always out in the community and have influence that can interrupt violence. By being insiders, they are willing to go places that outsiders will not go (e.g., into the public houses), which further helps to build trust in the community. CMs must be comfortable working with different groups of people (e.g., youth, men and women, elderly, people who lack stable housing) and

understand how to meet their unique needs. The stated goal is to help as many people as possible; as such, CMs must be able to adapt to different scenarios, personalities, and needs.

D.2 Restorative Justice

The Program's partnering agencies have an established history of using a restorative approach to their work, even prior to creation of the Program. Program frontline staff operated in the restorative framework by listening to the needs of the community and building bridges with people on opposite sides of community conflict as well as with law enforcement. The Program formalized this approach and added layers of RJ into the interventions to promote healing, community-building, and trust.

Osborne and TCMF collaborate to provide RJ services, with Osborne leading the planning and implementation. The RJ component was conceptualized to repair harm and heal the community through provision of services, community engagement, and community dialogue. The RJ training that initiated the formal component implementation took place in September 2022 as the Process Evaluation was concluding. Thus, there is no data to report on Program participants engaged or served. As is true for the CM component, the definition of restorative events deviated from what was detailed in the Program's initial plan.

Implementation Overview

The original Program implementation plan proposed to facilitate healing circles, led by circle keepers trained in RJ practices and held in the community around the Manhattanville and Grant Houses. These healing circles were intended to engage those responsible for and affected by the violence in the community. Trainings on RJ practices were to be available to community members interested in becoming circle keepers themselves and the circles were to be open, without a requirement of prior enrollment or commitment to engage in a session. The specific RJ offerings were to be informed by a mapping process to identify opportunities and needs within the community as they relate to restorative practices. The plan was for the RJ circles to include a number of techniques, such as accountability circles, peacekeeping circles, restorative dialogues, family group conferences, and restorative conferences. The plan also considered thematic RJ groups focused on topics such as grief, retaliation, or fatherhood. Last, the RJ work was intended to include violence interruption and mediation, which could lead to impromptu RJ circles.

There were some substantial changes to the implementation of the RJ component in practice. As previously noted, the formalized RJ component was slated to start earlier in the Program.

Instead, the component officially started in September 2022. Delays are largely attributed to the Program staff shifting the concept and formalized set of activities to a broader approach that included more community-supportive events, such as giveaways of goods to the community, recreational activities like basketball tournaments for youth, and summertime "safe streets" events. Changes were based on evolved ideas about the types of restorative programming needed in the community, turnover of Program staff who were intended to lead this work, and a need to translate the RJ work into more tangible and feasible activities.

By March 2022, the Program had hired an RJ consultant to develop an updated model and implementation plan. The consultant had previously served on the West Harlem Project's Advisory Board. The consultant spoke with CMs and available Program staff to understand the needs, resources, and goals of the restorative work. From the various interviews with Program staff and the CMs, the RJ consultant developed a set of options that could be used to revise and implement the RJ component. Specifically, the consultant developed a plan presenting different types of activities to engage in, recommended trainings for the community and CMs, and suggested ways to hold difficult conversations and move toward healing. Once progress on the plan development was made, it was introduced to Osborne, TCMF, and the Advisory Board for feedback. During the plan's development, the consultant identified some missing resources and infrastructure gaps that challenged the ability to create a finalized implementation plan; instead, the consultant provided several different options for how the Program could implement and approach this work. In general, the plan was created to:

> *"Hold these [restorative] spaces and giving [participants] some skills to hold difficult conversations in a formalized way so that you can expand people's capacity to surface complex conversations, either among families or between law enforcement and community…it's to strengthen relationships and it's to surface difficult conversations that otherwise, are causing toxic harm because they're not kind of coming out. It's like getting the poison out. And a lot of families need support to get some of that poison out and to have difficult conversations."*

The individuals who were interviewed universally recognized that the CMs were building the necessary infrastructure to carry out this work. The consultant and some Program staff saw that RJ is both more intentional and "collective oriented" than the individualized service model of the

CM component. As such, the overall objectives of the RJ component are to create goals for relevant parties, help individuals and the community move forward from past harms, hold difficult and complex conversations, and learn how to strengthen and prioritize relationships.

The plan provided the Program with various options for RJ activities, such as options for facilitating proactive circles or conflict- or harm-centered circles, as well as how to train a cohort of paid community volunteers and interested CMs to facilitate circles and become community peacemakers. The plan further laid out action steps that started with creating reflective spaces for CMs, followed by an RJ training for the community, facilitating a series of community-NYPD or community-District Attorney (DA) spaces and creating self-contained harm processes for interested parties. In the most recent iteration, the model had aligned its focus to promoting healing and improving relations among members of the Manhattanville and Grant Houses and affected community members, as well as between the community and local law enforcement.

A finalized workplan for the RJ component was developed and official implementation started in September 2022 via a training for Program staff, CMs, and select community members. In the plan, the Program works to host a number of events, such as restorative community events involving residents from both Manhattanville and Grant Houses, the NYPD, and other community partners/resources—all of which are critical to the RJ strategy. These events are intended to bring together people and communities—that otherwise would not come together or would have tensions with one another—in a supportive way that focuses on the wellbeing of every member of the community. Having neutral or even positive interactions across groups is a critical starting point for restorative work. These events will include giveaways of goods to the community and recreational activities like basketball tournaments and summer safe streets.

During interviews, TCMF staff shared similar ideas for broad definitions of a "restorative event" and noted that restorative events can and have included the individuals directly affected by the 2014 LEI having a conversation with NYPD officers and Program staff as well as members from both housing complexes having attended OSHA trainings together without a conflict. A restorative event is envisioned as a setting where different individuals or groups with a history of conflict (and potential for violence) share a space to discuss past harms as well as opportunities to learn, grow, and coexist constructively. Other examples of RJ events include a community street event, TCMF engagement with NYPD, and the onboarding of a 2014 LEI

directly affected person as a CM. Overall, the concept of RJ shifted from solely structured sessions to implementing both structured RJ and community events, as well as including the philosophy of RJ and healing throughout all activities of the Program.

Interviewed Program staff also described that the Program was intentionally built around restoration and healing from the beginning. The sentiment of RJ being part of all work is that the Program is focused on supporting the community and building trust with the community. Once trust is built and community members have their basic needs met, it is easier to incorporate more structured events to discuss community healing and conflict resolution. Nevertheless, the goals and intended impacts of RJ have remained fairly consistent since the beginning of the Program.

RJ Training: With the development of a revised RJ plan, the next step is to engage all CM staff in intensive RJ training that allows them to learn about RJ while experiencing it. Once CMs have completed training, they can offer community healing circles to the community at large (i.e., the LEI individuals, affected family members, and impacted community members) and can also use their skills more informally to bring an RJ framework to other interactions with the community. If it is determined through the course of those community circles that it would be beneficial to have a group specifically between NYPD and the community members, an outside facilitator would be engaged to lead those discussions.

The formalized RJ component was initiated as the Process Evaluation was concluding. The formal 4-day training took place in September 2022 and was facilitated by a consultant using a combination of video presentations, lectures, and role play exercises to educate training participants on the principles, practices, and applications of RJ. Training participants learned about varied uses of restorative conferences, how to facilitate them, and how to prepare for facilitation. The general goal was that, upon completion of training, each participant should be comfortable being a circle keeper.

The final session of the training, which was an example of an RJ healing circle, was attended by 15 people: 11 participants, three facilitators, and one member of the evaluation team (not participating). Reportedly, eight CMs and five other Osborne/TCMF staff attended the training. Training participants have not immediately engaged in facilitating healing circles with community members and the RJ component was preparing to enter the more formalized implementation stage at the conclusion of the Process Evaluation data collection. Thus,

interviewed Program participants could not speak to the RJ component and there is no data to report on Program participants engaged or served.

Implementation Barriers and Needs

CMs lack a consistent understanding of RJ. When asked in interviews, CMs had varying understanding of what the RJ component would look like for the Program. Some described RJ as a reentry/incarceration-related approach to help heal and support the formerly incarcerated, while others described the intervention as providing support (e.g., clothes and school supplies giveaways) to the larger community. As such, descriptions of the act of conducting RJ varied from purposeful sit-down sessions to hear from people who were formerly incarcerated to engaging with community members on the street and building community trust and uplifting community voices. It is important to note that all CM interviews were conducted before the September 2022 formal weeklong RJ training.

Program participants and CMs report mixed emotions about working with law enforcement. Focus group participants were asked how they view law enforcement participating in community events and how receptive they would be to attending future events with law enforcement. There was a range of opinions. Some saw law enforcement attending events as a positive or at least did not feel it was a problem. Law enforcement frequently attend events and many are used to their presence. Others expressed that community members' negative experiences with police in the past limited the desire for future engagement; police are the ones who need to make the community feel more comfortable around them.

> *"And I understand that's their job, but they have to handle us as humans…But sometime, they come off very rudely, and that makes the next person trigger…and next thing you know, you're arrested for disorderly conduct, and I only asked you a question and you were rude to me."*

The participants who felt hesitant about law enforcement attending events recommended that Osborne and TCMF spend more time working directly with law enforcement and educate them on how to better collaborate with the community members before initiating community events. In other words, some Program participants saw Osborne and TCMF as having a greater ability to change law enforcement attitudes than the community and did not want to be part of these events if law enforcement officers were not ready to take accountability for their actions.

The interviewed CMs noted different events that NYPD law enforcement has attended, including OSHA trainings, block parties, and other community events. CMs stated that the intended goals were to build relationships with the community and support the events. Many attributed the engagement with law enforcement to the direct relationship-building by TCMF. Some CMs expressed discomfort with working with law enforcement. Although they saw the Program's engagement with law enforcement as a potential positive, they did not want to personally engage with law enforcement due to their own histories and the fear of losing credibility with the community.

Turnover of Program staff and the change in the primary partner of the RJ component delayed implementation. Program staff described the initial RJ plan as very complex and potentially lacking the resources and infrastructure to fully carry it out. Program staff turnover and the COVID-19 pandemic further hampered this work, leading to implementation delay. The initial partner identified to carry out this work formally ended its partnering arrangement (though it is still a community service provider) and the Program coordinator position at Osborne was vacant for several months. These initial implementation challenges caused further complications to the redesign. Although an RJ consultant was hired, there was not a consistent sounding board or RJ staff person at the Program with decision-making power who could work with the consultant to ensure the RJ plan was responsive to community needs, had the resources to implement as designed, and could be finalized and moved to implementation.

There is a need to proactively tackle future implementation threats. As the RJ component moves to implementation, interviewees identified a few areas that could threaten successful implementation. To start, there needs to be a strong Program lead to move the RJ component forward and continue to course-correct as needed. Separately, some flagged that there are conceptual differences between the work of CMs and an RJ facilitator. Specifically, CMs are focused on addressing individual needs that are often urgent, while RJ work is proactive, intentional, and focused on collective need. Ideally, the RJ facilitators will collaborate with the CMs, but do separate work to relieve current and emerging challenges in the community. The Program needs to identify the unique skillsets for both components and determine what work can be performed by the same facilitators and what should be done separately.

Implementation Supports

The newly developed RJ plan provides a clear outline for implementation. Despite barriers, an updated RJ plan was developed in spring 2022. A major support was identifying an RJ consultant who had previous familiarity with the Program. The consultant was a former Advisory Board member and had a working relationship with the Manhattan DA's office. As such, the consultant understood the history of the Program, and validated and educated staff on how restorative practices could be incorporated into multiple aspects of the Program. Furthermore, the consultant was able to speak with multiple CMs who have lived or live in the West Harlem community, many of whom were also formerly incarcerated.

Strong buy-in from the community, service providers, and City agencies has created an ideal infrastructure for RJ implementation. As previously discussed, the Program has strong community buy-in and both of the partnering organizations have strong ties with other service providers and city agencies. This joint partnership between Osborne and TCMF creates an opportunity to grow each organization in new dimensions (e.g., providing TCMF with more corporate structuring, connecting Osborne to more grassroots service delivery) and to collaborate on providing more holistic, well-resourced, and responsive community events. Furthermore, many of those interviewed referred to the personal story of a TCMF staff member as a testament to healing from trauma and loss; they see the TCMF staff member's work with law enforcement and the LEI individuals as an opportunity to promote healing and anti-violent conflict resolution.

D.3   Capacity Building Incubator

Implementation Overview

The third component of the Program is the CBI. Osborne is leading this component's implementation, providing funding, oversight, and TTA to Grantees. The planned goal for Grantees selected for this component was to prevent future violence in the community by working with community members who are at risk of violence. Grantees were selected through a competitive process that included a two-round proposal format: interested organizations submitted a Statement of Interest and a select number were invited to follow up with a full proposal. Each Grantee has a long-standing relationship with the community and is engaged in transformational services (e.g., using arts as a community-building tool or basketball as a violence prevention program). The primary expectations for all Grantees are to complete

quarterly reports and participate in trainings and meetings. Otherwise, they have the flexibility to work on their own organizational goals and seek direct TTA from Osborne as needed.

The main changes to the original CBI implementation plan were around Grantee selection. As planned, three organizations were initially selected for funding (up to $20,000 per year for a total of $60,000 per organization over 3 years) and another two organizations were selected to receive just TTA without funding. One of the three selected for funding declined to participate; subsequently, a decision was made to split the remaining funds across the two organizations initially selected to receive only TTA (up to $10,000 per year for a total of $30,000 per organization over 3 years); thus, the final cohort consists of four organizations. See Exhibit 8 for additional information on the four Grantees collected via interviews.

The CBI is an opportunity for a well-established organization like Osborne to support the transformation of newer organizations from startups into sustainable and fiscally sound CBOs. One Grantee organization described the CBI component as a grassroots approach to better understanding the dynamics within marginalized and underinvested communities. This approach is believed to ultimately improve public safety by creating more connections within the community, along with providing more holistic violence prevention. Staff saw great opportunities for sustainability, as this component creates the infrastructure for more seasoned organizations to continue to build and train the next generation of community-driven programming. The funding received through the grant was a step to enhance each organization's infrastructure for long-term sustainability and growth.

One part of the CBI component is providing ongoing trainings to Grantees. These trainings usually occur once a month and are open to all within the Grantee organization. The trainings are planned by Osborne and facilitated by a subject matter expert selected by Osborne. Training topics are tailored to the members of the CBI and have included creating a logic model, selecting a data system, nonprofit accounting, budgeting, financial systems, government grant writing, city discretionary funding, building relationships with funders, individual giving, and nonprofit board development. The list of trainings was based on Grantee feedback and Grantee-identified needs, as well as Osborne-suggested areas for enhancing corporate infrastructure.

As of December 2022, there had been 14 training sessions between June 2021 and July 2022. The training sessions were well attended by the CBI Grantees: WARM and Baller City each attended 13 sessions, Calliope attended six, and HAS attended 10. CBI Grantees received TTA

on bookkeeping/finances, budget and fundraising, proposal writing and budgeting, staffing, contracting, developing loan application, creating logic models, developing organizational structure, tax exemption status, and tracking performance. As such, most of the TTA provided was to strengthen Grantee fiscal and organizational structures.

Exhibit 8.   Description of Funded CBI Grantees[a]

Grantee	Brief Description of Organization	Main Goals and Needs	Impacts of CBI
Baller City Basketball[b] ($20k per year)	A youth-focused organization that uses education and sports as a means to connect to youth. The goal is to help "high-risk individuals from getting into trouble and give them skills for the real world."	• Identify a quality funding stream and "keep it going from year-to-year and not have to rely solely on Osborne for funding." • Learn how to write a high-quality funding proposal that can fund multiple years of programming.	Has used the funding to hold workshops, summer basket-ball tournaments, a back-to-school program, a Thanksgiving turkey giveaway for people in the neighborhood, and another gift giveaway for Christmas.
We All Really Matter (WARM)[b] ($20k per year)	A domestic violence-related service organization providing group presentations on domestic violence and supporting survivors.	Add things like an administrative assistant, pay the director a real salary, start creating a data infrastructure for evaluation and measuring performance, expand programming, and strengthen current services.	• Recently awarded $2 million grant for work over the next 2 years with Osborne's support. • Developing organizational performance metrics and data tracking system for future evaluations.
Calliope[c] ($10k per year)	A community-based theater in West Harlem focused on people of color, particularly African Americans and Latino Americans. A place for training actors and writers as well as for producing and showcasing plays.	• Improve and structure fiscal status; organizational planning. • Increase funding streams (number, award amount, funding type).	"Empowered me and motivated me to go back and rethink some of my own views about structuring organizations and accountability, the importance of it all."
Harlem Advocates for Seniors (HAS)[c] ($10k per year)	An organization with a mission to engage, empower, and support older adults in the community and also work with other partners and other community stakeholders to try to promote a more elder-friendly community.	Hire a professional accountant or bookkeeper.	Hired bookkeeper; has developed organization financial policy manual and is doing some monthly financial reconciliations and working to develop a comprehensive financial manual to guide future fiscal operations with appropriate protocols and procedures for the organization.

[a]   A description of the organization that declined participation (The Harlem F.U.N.D [Families United, Not Divided]) is not included in the table, as the organization has not accepted evaluation's invitation for interview.
[b]   Originally selected Grantee
[c]   Newly added Grantee

RTI observed a training that was focused on building a nonprofit board, including how to initially create the board, specific steps to take, and important considerations and pitfalls to avoid. In total there were eight attendees, four of whom were CBI Grantees (representing three different organizations). Overall, the training appeared to be useful for the Grantees, who had various experiences developing a nonprofit board and appeared to benefit from the open format of the training. There were ample opportunities for attendees to ask questions and the facilitators were quick to provide comprehensive answers.

RTI interviewed at least one representative from each Grantee. Overall, they expressed overwhelmingly positive satisfaction with the CBI component. All Grantees praised Osborne and the CBI coordinator for being responsive, supportive, and attentive to their organization's needs. Grantees shared that they applied to the Program to strengthen their administrative infrastructure, increase and diversify funding, and expand direct services provision.

> *"[They] helped me understand the value of planning and that's what I get from Osborne. They challenge us to plan with deadlines, timelines, and so forth. And so structure is very keenly on my mind in terms of how to advance and move my institution forward now."*

Though the age of the organization and level of expertise varied by organization, each of the Grantees remarked that the opportunity has been a tremendous step for their organization and that they have already seen the impact. Another Grantee reflected:

> *"I was troubled by not having [a] fiscal person [a part of the organization] and continuing to try to manage our fiscal operation and maintain the integrity that's so important, particularly for small nonprofits."*

Referring to the impact of the grant money, the same Grantee said:

> *"We immediately reached out and brought on, to support our infrastructure and the organization, a professional accountant and bookkeeper…. just the idea of having that person as an integral part of our operation has lifted so much anxiety and tension off of the organization and specifically myself, who was really finding myself just really being overwhelmed."*

Overall, the component, whose implementation is generally aligned with the original plan, has been implemented with great success. Modifications to the plan included reorganizing the number of funded Grantees (from three to four), which also triggered a change in the grant amount (some Grantees receive $10,000 per year, while others receive $20,000 per year).

Generally, the CBI component has faced no major challenges, partially because:

- the CBI application process was not impacted by COVID—in fact, COVID likely increased the applicants' need for this opportunity;
- component implementation was easily adaptable to a virtual delivery format (e.g., virtual trainings);
- the success of the CBI component is less about the Grantee's community work and more about Osborne directly supporting the building of administrative infrastructure for each Grantee organization;
- no major adjustments to the component were needed (other than needing more support to help with the application process and reallocating funds for the one Grantee that dropped out); and
- this component is solely led by Osborne and did not require cross-organizational collaboration.

Implementation Barriers and Needs

In line with the low number of implementation challenges, Grantees made few suggestions for improvement to the CBI component. They recommended making the application process easier and/or ensuring Osborne can provide support to applicants, such as working with applicants to iterate grant proposals and helping new Grantees set up the financial and fiscal infrastructures (e.g., liability insurance, reporting system) to accept the award. One originally awarded Grantee declined the award due to limited resources to fully participate in the incubator. Another described the process as intensive for small organizations with limited resources and grant-writing experience. Two Grantees received substantial support from Osborne to ensure the application was submitted correctly. Osborne assisted these applicants by providing feedback on the grant application, allowing the applicant to make specific revisions before resubmitting, and providing technical assistance to ensure the applicant had the fiscal infrastructure to meet the grant reporting requirements.

Grantees also mentioned they would like more engagement with one another, as Grantees rarely engaged beyond asking each other a few questions during the group trainings. The cohort experience was further impacted by the COVID-19 pandemic: all trainings sessions to date have been conducted virtually; however, Grantees welcomed the opportunity for in-person engagements in the future.

Grantees also suggested additional TTA for the future, on topics including managing employees; creating a human resources unit; getting competitive local government funding; having a physical incubator space for communal working and innovating; and how to be a more effective leader of a growing community-based organization.

Implementation Supports

All Grantees remarked on their satisfaction with Osborne and the CBI coordinator. Most described the suite of services (trainings, direct TA, and grants) as invaluable and as a "gamechanger." Grantees appreciated the minimum requirements of the component that still gave them easy access to the trainers' and Osborne's wealth of knowledge.

Most Grantees described very positive sentiments about their relationships with Osborne. Grantees appreciated Osborne's "hands-on approach" to support, including the delivery of personalized TA to each organization. Grantees mentioned a variety of TA Osborne has provided, such as Osborne's financial staff providing instruction on how to create accountant job descriptions, helping a Grantee accept a new grant and meet those fiscal requirements, teaching the Grantee to strengthen grant-writing skills, and sharing fundraising strategies.

> *"You can't take the education I've learned from these workshops and all this stuff that we get poured in through the Osborne and through the trainers…They [bring] some people that really know about it, very educated, very informative. So it is an honor for us to be receiving this and to be educated with some of the trainings and all of the work that they do."*

D.4   Broader Findings Across the Program

Although most of the Process Evaluation data collection targeted specific Program components, some themes emerged that addressed overall project implementation. These themes are described in this section.

There were challenges related to internal communication (across organizations and across components). All of the interviewed Program staff members and CMs held both Osborne and TCMF in high regard. The initial setup of this partnership built off Osborne's organizational strengths and TCMF's grassroots and community-based efforts. The partnership was intended to build on each organization's strengths, enhance each other's capacity, and provide a sustainable and community-oriented Program. Though the Program has steadily worked to achieve these goals, staff members and CMs noted some cross-collaboration communication issues (as previously discussed in the CM component section), as well as challenges making programmatic decisions. As implementation focus shifted (related to COVID or the exit of LRYOH), decisions for updating and revising the implementation took longer than expected, due to the lack of an official champion. For instance (as previously discussed), the RJ consultant had challenges identifying a decision-maker for settling on a RJ model, goals, and set of activities. Although the organizations have become more aware of this challenge, staff members and CMs expressed needs to identify better activity and component ownership.

There was a perceived lack of awareness of the Program. During the various participant focus groups, RTI asked participants what they knew about the reentry-specific aspects of the Program. Awareness of reentry services was mixed among the interviewed Program participants. Among those not directly involved in the 2014 LEI event, only some were able to speak about the 2014 arrests; general reentry programming available through TCMF, Osborne, and other community organizations; and the needs of those returning from incarceration. Considering the impacts of incarceration in the West Harlem community and the focus of reentry support for the Program, there may be a need to better promote reentry services to the larger community.

Additionally, many focus group participants also described events and resources for youth in the community, such as cookouts, afterschool activities, and backpack giveaways at the beginning of the school year. Some participants mentioned violence prevention services, events such as gun turn-in programs and rallies, and bringing in law enforcement and community affairs to discuss how to improve public safety. However, it is unclear when some of these activities occurred and whether interviewed participants were confusing other programming offered by Osborne and TCMF with Program-funded activities.

Some respondents described the Program activities as general community services, which may not reflect the complete objectives of the Program. Both Program participants and CMs

described the Program as a service and outreach program, which is an important but not full description of its scope and goals or of the CMs' goals. At least one CM described the Program as a community development project that has some focus on reentry but is largely intended to meet the needs of the West Harlem community, young and old.

E.   Discussion and Recommendations

As described in Section D, each of the three Program components have a host of successes, challenges, and opportunities to better support the West Harlem community. RTI identified several recommendations that can be drawn from the Program implementation and the data analysis conducted for this Process Evaluation. The recommendations include a mix of strategies to improve planned implementation activities, expand programming to better serve the community, and increase the evaluability of the program.

Increase Internal and External Collaboration and Communication

Implement greater coordination between Osborne and TCMF. In the Program staff interviews and CM group interviews, there were multiple examples of unclear roles and decision-making authority, communication gaps, lack of awareness of the other partnering organization's services and resources, and inconsistencies among CM practices. Based on these findings, it is essential to make sure CMs are more in tune with the different available opportunities in the partnering organizations, the larger community, and throughout the city. Many CMs indicated that they collaborate more closely with TCMF. A few stated they wanted to learn more about the services that Osborne offers.

> *"I'm still learning like what resources are available and the things out there. So yeah, I'm still learning stuff that Osborne has available now. I didn't know they had that, and I didn't know that we could do this, or call a person for that. So, we're still learning."*

Osborne and TCMF should utilize their Program coordinators to monitor CM work and identify needed trainings or revisions to work protocols. Regular CM meetings could facilitate information exchange and connection-building within the Program. Additionally, if it has not already done so, the Program should develop a roles and responsibilities chart across both Osborne and TCMF to describe each staff member's role, the decision-making process, and how oversight and review of work will be achieved.

Improve relationships between CMs and service providers. Results from the external service provider survey and interviews with Program staff and CMs revealed a need for improved communications. Notably, external service providers reported challenges with participant engagement and follow-through, while CMs described challenges with external partners providing quality and timely services. RTI recommends improving service referral coordination and communication between all service providers. This may include (1) requesting that service providers deliver more frequent and timely updates to the Program regarding participant enrollment and treatment status, (2) service providers utilizing the Program to increase engagement and enrollment, (3) the Program providing participants any useful information to ensure they are prepared to receive treatment, and (4) having routine check-ins or feedback checks between providers and the Program.

To implement these recommendations, the Program can establish communication protocols with the external service providers to gather updates specific to each participant (e.g., receive engagement confirmations per referred participant) and to receive general feedback on working with the Program and its participants. The Program can also establish benchmarks with the external service providers to ensure initial contact and service commencement are achieved shortly after referral (e.g., within 2 weeks of referral) and most participants are receiving the recommended programming and completing it. Furthermore, the communications protocol should include ways for the external service providers to inform the Program about additional services or resources needed by referred participants. Implementing these recommendations could facilitate relationship-building between the CMs and external service providers, with a long-term goal of providing effective services to Program participants.

Provide Clear Guidance and Training for CMs

Ensure consistency and training for CMs. The Program must balance supporting CMs to deliver programming and build trust in their own authentic ways (to stay credible) with the need to ensure participants are receiving the same minimum service engagements and opportunities. The Program could develop CM fidelity criteria based on core Program components and complete periodic assessments (both through review of data/observations and conversations with participants). At the time of the interviews, there did not appear to be any fidelity checks of CM work. These assessments could be conducted internally by a dedicated Program staff (e.g., Program coordinator) or by an independent evaluator. They will be simple to develop but will

need Program staff buy-in and engagement to complete the assessment as well as to develop and implement corrective actions as needed. Furthermore, Program leadership is encouraged to consider how onboarding and staff trainings help ensure CMs are achieving the Program's mission, providing consistent work, and are aware of the various resources and operational processes that best serve Program participants and the larger community.

Create more consistency in CM outreach efforts. Some participants and staff suggested that the CMs' follow-up communication could be improved. Participants noted they would like to hear about community events and trainings with more notice and have the information presented in a more direct or streamlined manner. Participants also noted the CMs' varied communication methods (some are more procedural while others are more outgoing and communicate regularly via tools like social media) and that they would like to see more consistency. The Program can develop a set of dissemination strategies (e.g., newsletters and social media posts) crafted to best suit the needs of participants. CMs should be trained on using these strategies and document the usage to measure effectiveness and identify gaps in use of specific strategies. Developing the Program's social media presence could also facilitate more timely and consistent communication about upcoming events, trainings, and other opportunities.

Formalize a feasible process for Program data collection. Several respondents across Program staff and CMs described challenges with the consistency and quality of CM data entry. Interviewed CMs noted the challenge of finding time daily to go into the office to document activities. Some suggested having dedicated staff to enter these data to relieve CMs who want to focus on field work, while others asked for the ability to enter data on their mobile devices. Another option would be for the Program to facilitate a thorough data entry training and implement routine checks to ensure data are entered consistently and on a timely basis.

Monitor and Assess CM Capacity

Regularly review CM caseload to ensure the service needs of the community are being met. CMs were described as carrying heavy caseloads and are still actively recruiting community members and those returning from incarceration. Some respondents suggested hiring more CMs and increasing salaries to encourage more people to do this type of work. With increased Program exposure in the community, many Program participants expressed a strong desire to be employed by the Program or serve as volunteers. Leadership should assess workloads to evaluate

staffing needs and/or the need to revise workplans. The Program should also identify more ways to involve the community as volunteers or develop more paid positions for community members.

Clearly define the scope of the CM's role. During interviews with Program staff and CMs, there were numerous comments about the different workstyles and approaches of the CMs. Some CMs felt more suited to working mainly in the community as a peer mentor, while others (particularly those with social work or counseling backgrounds) preferred a more practitioner-forward therapeutic working environment. Additionally, some CMs described being more connected to individuals who were formerly incarcerated, while others described having greater connections to parents or youth in the community. Although all the CMs understand their roles are to work with the formerly incarcerated, there should be an examination of whether it would be more efficient and productive to utilize different work models for CMs (e.g., peer mentor, therapeutic) and have CMs work with more specific types of participants (e.g., the LEI individuals, other formerly incarcerated individuals, youth, families, elderly community members).

Account for Varying Supports Needed for Different Groups

Consider developing and implementing more strategic reentry and restorative support. Interviewed CMs and Program participants felt that those returning to the community from incarceration may need a different set of resources (e.g., more comprehensive service plans that include counseling and more active support) and timelines for receiving these services. Some participants suggested having affinity-based support groups, such as for individuals who are formerly incarcerated, men and women, parents, and adolescents to best support the return to the community. Other recommendations included increasing job placement and housing support. Although the Program has been providing similar services to the general community and to returning individuals, RTI recommends a thorough evaluation of its reentry programming to increase participant enrollment, engagement, service utilization, and satisfaction.

Identify Strategies to Promote Greater Service Utilization

Increase awareness of other existing youth-focused engagement strategies. The Program operates a separate youth-focused component that is not funded under the Program; as such, it is out of scope for this evaluation. Although questions did not probe about that part of services, many Program participants expressed needs for afterschool programming, safe physical spaces, more school supply giveaways, and trips outside of the Harlem community (e.g., to sports

games, museums, nature walks). The participants felt that although the Program was engaging community members of all ages, adolescents in their community needed more opportunities. Participants suggested programming for adolescents and young adults that incorporates violence and gang prevention and conflict management skills. They felt that without strong and engaging support, young men in the community are at great risk for committing crimes or being victimized. If Osborne or TMCF already provide such resources, better advertising and outreach are needed. If these services are provided by other community organizations, better linkages to these services should be developed.

Increase Advertisement of the Program and Its Services

Create and better advertise a comprehensive list of services. It is recommended that the Program develop a comprehensive list of services offered to the community to include in increased branding efforts. The list should highlight services provided internally by main Program partners, as well as services offered through linkages to other organizations that provide low-cost or free services. Though interviewed CMs felt that they can usually find resources for Program participants when requested, the current process for initiating service requests (coming from the Program participants and the community at large) may pose service access challenges for those who (1) do not know what to ask for and (2) may only ask for things that they know the organizations provide. The Program should consider developing and disseminating information on the breadth of services available with clear instruction on how to access the services. Such information could be included on a flyer that could be posted in highly visible areas, such as lobbies in the public houses, community spaces, at community events, and on social media. Additionally, enhanced protocols are needed to strengthen and ensure the completion of a comprehensive needs assessment. These recommendations could facilitate reduction in unmet service needs among the Program participants and the larger West Harlem community and promote more long-term participant engagement.

Increase Program-specific awareness. As described, most participants were not familiar with the term or name West Harlem Project and referred to the services they received through either Osborne or TCMF. Although Program branding may not be a challenge for those providing services, it made evaluation activities challenging and adversely influenced the evaluator's ability to accurately assess impact of the Program. It is recommended to review existing Program documents and dissemination products and identify ways to better brand and promote the

Program consistently. For instance, the Program can work to improve the Program fliers with a more comprehensive list of services that would allow participants and providers to more easily identify services and, in turn, provide richer and more accurate data for Program evaluation.

Increase Engagement Between CBI Grantees

Provide more opportunities for the CBI Grantees to engage with each other. Grantees generally described their working relationship with Osborne or the trainers as highly satisfactory. However, when asked, Grantees indicated little interaction with the other Grantees beyond brief discussions during virtual trainings. Grantees were interested in connecting more with other Grantees to learn from each other, network, and identify potential collaboration opportunities. This might be accomplished by Osborne hosting in-person events for network and sharing, allowing Grantees to use limited training time for brief presentations about their organizations (e.g., overview, impact of CBI, and sustainability efforts), or holding post-training brainstorming sessions to help Grantees workshop how to integrate the training topic into their organization.

F.   Conclusion

Overall, the West Harlem Project is progressing in implementation of all three components of the Program. Although the CBI component is being implemented according to the original plan, other components (RJ and CM) had to be adapted to consider the impacts of internal and external conditions (i.e., COVID-19, losing one of the formal Program partners). Interview respondents explicitly described that each of the three components centers around the larger goals of achieving permanent peace, addressing root causes of violence, resolving long-term grievances among other community members and system actors, addressing individual and community trauma, and providing individualized support for the LEI individuals returning to West Harlem (and, where possible, to their families and the larger West Harlem community). Generally, interviewees attributed success to the trust each of the partners has built within the community, the presence of multiple voices at the table—including those whose presence was especially important, the strength of the CMs, and a shared goal of seeing healing and growth in the community.

All Program participants reported great satisfaction with the programming they had received, with Osborne and TCMF, and with the impact of the Program on the community. All stated they would recommend the Program to other community members and that they strongly support

expanding the Program as much as possible to increase its reach and types of services provided. Despite some implementation delays and challenges, the Program has made significant achievements in its mission to leverage its existing ties to the community and relationships with families and individuals directly or indirectly affected by the violence to promote healing, build trust, and improve community relations.

Appendix A: Program Logic Model

Project Inputs

- **6 CMs:** 3 FTEs from OA & 3 FTEs from TCMF
- **2 Program Managers** (OA & TCMF)
- **CBI grantees:** 4 funded; (2 at $20k/year, 2 at $10k/year)
- **Program participants**
- **Advisory Board:** 17 members
- **RJ consultant**

- AVP **trainer**
- **Connection** to the **community**
- CM, RJ & CBI **protocols/manuals**
- **Training:** RJ, ECM, motivational interviewing, Relias training portal

Project Activities and Strategies

- **Community outreach** to 103 persons affected by the 2014 LEI or their families
- **Credible Messenger** programming (led by TCMF) including groups, and individual mentoring to participants, their families and community members; may include needs assessment, supportive counseling and coaching, reentry planning, and engagement in restorative approaches
  - **Low-threshold services** including naloxone training, community-work transition, drop-in workshops (e.g., OSHA, financial literacy)
  - **Referrals** to housing, workforce opportunities, education (HSE, ESL, ABE, and college entry exams), anger management, parenting classes, and various other services

- **Restorative Justice** programming (led by consultant/CMs) including restorative events, training, and community circles
- Funding for **4 CBI microgrants**
- **TTA to 4 CBI organizations** (led by OA): TTA approach tailored based on needs
- **AVP programming** (led by OA): two 72-hour training retreats and co-facilitated workshops to become AVP Certified Peer Facilitators
- **Mapping process** (RJ; TCMF; relational process)
- Program **analytics/performance measurement**
- **Advisory Board** meetings (bi-monthly)

Project Outputs

- **Program enrollment** and participation metrics per component
  - RJ: 140 unique participants (Year 1, 40 participants; Years 2 and 3, 50 participants each)
  - CM: 110 unique participants (Year 1, 40 participants; Years 2 and 3, 35 participants each)
  - AVP: 20 unique participants (Years 2 and 3, 10 participants each)

- **Community outreach:** 120 contacts in Years 1 and 2, and 110 contacts in Year 3
- **Service delivery**
- Program participants' **satisfaction**
- CBI grantees: monthly **trainings**

Project Outcomes

- Improvement in access to services (e.g., connection to employment, housing, treatment, and healthcare as needed)
- Increased resilience (for 103)
- Reduction in recidivism (for 103)

- Improvement in perceived community cohesion, community reconciliation, and police-community relations
- Reduction in violence/increased capacity to respond to violence
- CBI grantees: organizational sustainability and stability

Process Evaluation

Dosage, Context

Outcome Evaluation

Process Evaluation

Research questions:
1. How are the Program components implemented? In what ways are they consistent with or different from the original vision, and why?
2. How many individuals of each 2014 LEI-involved category group are served by each of the Program components?
3. To what extent are Program participants engaged and satisfied with the program?
4. What are the barriers and supports to implementing each component?

Data: Focus groups with participants and CMs; interviews with program staff, AB members, and CBI grantees; service provider surveys; observations; administrative program data

Outcome Evaluation

Research questions:
1. 1a. What are program participants' perceptions of their belonging and participation in the community? 1b. What are program participants' perceptions of police involvement in the community?
2. What is the relationship between Program engagement and recidivism among those involved in the 2014 LEI?
3. What is the relationship between Program engagement and the reentry experiences of those involved in the 2014 LEI (e.g., connection to services, supervision compliance, and personal resilience)?

Data: Reentry Experience Survey; FGs with program participants; interviews with Program participants; program participation data; CJ history data

Note: RJ = Restorative Justice; CM = Credible Messengers; CBI = Capacity-Building Incubator; AVP = Alternatives to Violence Program; OA = Osborne Association; TCMF = Tayshana Chicken Murphy Foundation; FTE = full time employee; TTA = training and technical assistance; LEI = law enforcement intervention

Appendix B: Outcome Evaluation Methods

The West Harlem Project Outcome Evaluation was planned for the second half of the Program and as such, evaluation activities were initiated in summer 2022. The Outcome Evaluation intends to measure likely proximal and distal outcomes of the Program. The evaluation will focus in part on Program participation for those involved in the 2014 LEI, exploring how the Program facilitates reentry. In particular, RTI plans to examine the relationship between Program participation and new criminal behavior as observed through rearrest and incarceration for 2014 LEI–involved participants and a comparison group of LEI-involved non-participants from a comparable event in 2013. Similarly, the Outcome Evaluation will assess how Program participation may relate to traditional obstacles to reentry for justice-involved individuals, focusing on employment stability, housing, and service needs. The Outcome Evaluation will be guided by the research questions described in Exhibit B-1.

To answer Outcome Evaluation research question 1, RTI will collect focus group data from Program participants, with additional contextual information to assess perceptions of community belonging and participation, as well perceptions of police involvement in the community. To answer

Exhibit B-1.   Outcome Evaluation Research Questions

1a.   What are Program participants' perceptions of their belonging and participation in the community?
1b.   What are Program participants' perceptions of police involvement in the community?
2.   What is the relationship between Program engagement and recidivism among those involved in the 2014 LEI?
3.   What is the relationship between Program engagement and the reentry experiences of those involved in the 2014 LEI (e.g., connection to services, supervision compliance, and personal resilience)?

question 2, RTI will request administrative data on arrest, incarceration, and community supervision status for those involved in the 2014 LEI, paired with data from Osborne on Program participation of those same individuals. In addition, RTI will work with the Manhattan DA/Department of Criminal Justice Services to obtain administrative data for a comparison group of justice-involved individuals from the similar West Harlem LEI in 2013. To answer question 3, RTI will collect survey data on Program participation and the reentry experiences from those involved in the 2014 LEI who also participate in the Program. These surveys will be bolstered with data collected via semi-structured interviews and focus groups that cover the Program and perceptions of community cohesion, reconciliation, police-community relations, and sense of personal resilience.

During the first half of this evaluation project, Outcome Evaluation activities consisted of the formalization of data collection instruments and initiating data collection. At the time of this writing, data collection for the Outcome Evaluation was ongoing and no preliminary findings had been identified. The following Outcome Evaluation activities will be reported on in early 2024 when the final evaluation report is produced: Reentry Experience Survey, Reentry Experience follow-up interviews, and Program participants focus groups.

Appendix C: Process Evaluation Measures and Data Sources

Process Measures	Data Source(s)	Process Measures
▪ How are the Program components implemented? In what ways are they consistent with or different from the original vision, and why?		
Program design elements	▪ Administrative/program data ▪ Service provider surveys	▪ Observation ▪ Interviews with AB
Number of activities/sessions completed (i.e., dosage)	▪ Administrative/program data	▪ Observation
Training needs and receipt	▪ Facilitator FG	▪ Service provider surveys
Challenges and successes with implementation	▪ Facilitator FG ▪ Interviews with WHCRRP staff	▪ Interviews with CBI Grantees ▪ Service provider surveys ▪ Interviews with AB
Lessons learned and recommendations	▪ Program participant FG ▪ Facilitator FG	▪ Interviews with WHCRRP staff ▪ Interviews with CBI Grantees ▪ Interviews with AB
• How many individuals of each 2014 LEI–involved category group are served by each of the Program components?		
Enrollment, outreach, demographics, attendees	▪ Administrative/program data	▪ Observation
Organizational context	▪ Facilitator FG	▪ Interviews with WHCRRP staff ▪ Interviews with AB
Strategies and process with strengthening relationship with community/ collaboration success	▪ Interviews with WHCRRP staff	▪ Interviews with CBI Grantees ▪ Service provider surveys
• To what extent are Program participants engaged and satisfied with the Program (e.g., participant responsiveness, quality of services delivered)?		
Engagement and motivation to participate	▪ Program participant FG	▪ Facilitator FG
Satisfaction with program, accessibility, and program staff	▪ Program participant FG ▪ Facilitator FG	▪ Service provider surveys ▪ Interviews with CBI Grantees
Referrals/Local service needs	▪ Program participant FG	▪ Administrative/Program data
Perception of community needs	▪ Program participant FG ▪ Program facilitator FG	▪ Interviews with WHCRRP staff ▪ Interviews with CBI Grantees ▪ Interviews with AB
• What are the barriers and supports to implementing each component?		
Lessons learned and recommendations	▪ Program participant FG Facilitator FG	▪ Interviews with WHCRRP staff ▪ Interviews with CBI Grantees ▪ Interviews with AB

AB = Advisory Board; CBI = Capacity Building Incubator; FG = Focus group; LEI = Law enforcement intervention; WHCRRP = West Harlem Community Reentry and Restoration Project