SYSTEMS CHANGE ACROSS SECTORS:
A COLLABORATIVE COMMUNITY-BASED APPROACH TO IMPROVING OUTCOMES FOR REENTRY YOUTH IN OAKLAND

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DEPARTMENT OF HUMAN SERVICES
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“I want to go home...” – youth voice

This report is dedicated to the many young people and their families affected by the criminal justice system who struggle to survive and thrive in the most difficult of conditions at home, in school, in the community, and across systems.

1 http://www.youtube.com/watch?v=3jXGlhz4D1g
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EXECUTIVE SUMMARY

Significance
Students who have spent time in juvenile detention centers are more likely to drop out of school, have lower feelings of academic competence, and reoffend than students who have not been in such facilities; they are also stigmatized. Additionally, African-American and Latino youth are disproportionately represented in the juvenile justice system. Because of these and other challenges to the current juvenile system, a coordinated juvenile reentry system of providers and services was proposed by Alameda County to improve short- and long-term outcomes for youth released from correctional facilities. Linking youth with community institutions upon their return to the community is believed to reduce the likelihood of reoffending.

Second Chance – An Opportunity to Improve the Juvenile Reentry System in Oakland

The Alameda County Juvenile Justice Strategy, funded by Oakland Unite and supported by Second Chance since 2010, offers a unique opportunity to reflect upon and identify lessons learned for meeting the diverse needs of reentry youth. Since 2007, Alameda County has embarked upon an innovative juvenile justice reform that builds on principles of youth development, a culture of evidence-based community-based practices, and data sharing across the system. Phase I focused on creating a juvenile justice center, Phase II focused on creating a transition center and Phase III has been about creating community-based supports and services that meet the basic needs of reentry youth at home, in the community, and at school. Building on the achievements of Phases 1 and 2, Phase 3 (also known as Second Chance) engaged in system changes to enable key partners to effectively integrate their systems to enhance community support. Specific strategies ranged from community-based coordinated case management to cross-system training for all staff.

The Second Chance Initiative, a Comprehensive Community Cross-System Reentry Support (C³RS) Project, is a federally-funded collaborative partnership that built on significant public investments. Its basically a systems-change effort whose goal is to reduce juvenile recidivism by coordinating multiple partner services, and create a sustainable effective reentry system for Oakland youth. The major partners include: the City of Oakland Department of Human Services, Community-Based Organizations, Alameda County Health Care Services Agency, Alameda County Probation Department, and the Oakland Unified School District.

There are a limited number of evaluations of juvenile reentry systems, and those that exist generally struggle to measure comprehensively the specific system-level upstream processes that are critical to measure and ensure coordinated effective functioning. Working cross multiple agencies, such as mental health, medical/public health, probation, education, and community-based organizations, indeed offers many challenges; yet proficient and collaborative functioning is essential to have any impact on reentry youth, their families and subsequently on communities.

Second Chance provided a first time opportunity for the City to examine its existing and growing juvenile reentry system. In 2011-2013, WestEd was commissioned to conduct a process evaluation of the Second Chance demonstration project to better understand system-level processes and what’s working well or not. The WestEd research and evaluation team (www.wested.org), housed in Oakland, conducted a comprehensive process evaluation, collecting and analyzing qualitative and quantitative data. Data were
collected for the evaluation from the Online System-Wide Partner Survey, Key Informant Interviews with cross-system stakeholders, one focus group with Case Managers, and the Provider Site Visit Report Reviews. Key results and recommendations are presented below:

Results

Key Accomplishments:

✓ Staff and organizational capacity building occurred through numerous trainings provided on topics including: disability benefits, case management and youth benefits, housing, and public benefits for youth (e.g., CalWorks, food stamps, regional center eligibility).
✓ Improved data sharing and confidentiality protocols were developed, led by National Center for Youth Law.
✓ Improved partnerships, collaboration, and communication across sectors, agency partners, and systems.
✓ The Alameda County Office of Education, Bay Area Legal Aid, City of Oakland, Health Care Services Agency, OUSD and the Probation Department developed a common vision and flow for how youth can transition smoothly from detention to the community through mutually-reinforcing activities.
✓ New staffing and infrastructure development at all agency levels, supported by subcontractors and partners with MOUs.
✓ The Probation Department developed a new individualized approach for juvenile supervision, with all staff trained on positive youth development, individual achievement plans, risk-based supervision, and differential case management.
✓ At least 90% of the target population received pre- and post-release services and at least 75% of youth were enrolled in school in a timely manner post-release.
✓ HCSA staff were successful in connecting youth and families to health care insurance and services.
✓ School placement occurred at OUSD within three days of exiting the JJC for approximately 98% of Oakland youth. This is a major improvement; three years ago, the time period to enroll youth was more than eight days. This is likely due to having school representative housed directly at the JJC transition center.

Summary of Key Outcomes

• There is significant reduction in JJC youth convicted of a new non-violent offense 5 years before program (Second Chance/JJC strategy) enrollment to one-year post program enrollment, from 75% to 6%.
• Violent crime reduced significantly among youth who received Second Chance services/ JJC strategy from 25% in the last 5 years prior to program enrollment down to 1% post receiving services.
• Youth who received Second Chance services through 5 CBOs experienced significant decreases in criminal justice involvement. 18 months post-release, 60% of youth who received Second Chance services had not gotten further involved in the criminal justice system.
• School enrollment increased from 41% in 2008 to over 90% in 2010. There were significant improvement in school-related outcomes –chronic truancy (35% to 3%) and suspension rate (44% to 3%) improved for reentry youth who received Second Chance services from one-year prior to one-year post enrollment.
• The overall new conviction rate of youth participants was 26%, which is much lower than other studies of similar populations.

Evaluation findings by question:
(1) To what extent did Second Chance lead to a more integrated collaborative service system during pre and post-release?

- Multi-departmental common flow for how youth can transition from detention to the community, including connections to health care services and rapid school placement
- Staff and organizational capacity building through trainings and development of data sharing agreements
- Provided more structure for collaboration (ongoing meetings).

(2) To what extent are multidisciplinary assessments used to guide individualized case planning?

- The Juvenile Justice Center uses multiple instruments to assess risk for recidivism, mental health, medical and physical health, and academic proficiency and progress at intake.
- Case conferencing structure refined to increase use of data from multiple sources for case planning – can go to scale.
- A system is not in place to consistently use multidisciplinary assessment data for case planning.

(3) To what extent are multidisciplinary teams being implemented?

- In the last three years, there has been one case conferencing meeting held per month, with over 25 participants or providers. An average of 10 cases are reviewed each time.
- 60-65% of the stakeholders across the system reported that there is shared vision and goals across the system partners.
- 55% of the stakeholders reported that there has been an improvement in sharing data across partners for case planning and services.
- 85% of stakeholders reported high frequency of collaboration across partners. Though, many feel that collaboration between probation officers and case managers appears to be on a case-by-case basis.
- For youth involved in special education, the use of multi-disciplinary teams has been fairly consistent. However, many stakeholders perceived the implementation of multi-disciplinary teams at discharge as inconsistent, with a significant number reporting that they share and receive information once a year or less.

(4) What’s working well overall - strengths?

- Overall, the system is doing a better job of identifying needs of youth as they go through the system. Efforts have included an increased number of cases with individualized planning and an increased awareness of mental health and educational needs of youth involved in the juvenile reentry system.
- Juvenile Collaborative Court process

(5) What’s not working well – challenges or barriers?

- There has been difficulty garnering family involvement in youths’ development and transition back to the community.
- There is a lack of sufficient resources to meet the high and multiple service needs of youth.
- Most stakeholders had high familiarity with Motivational Interviewing, Restorative Justice, Wraparound, and Cognitive Behavioral Therapy. However, there was not much familiarity with several other evidence-based practices that have shown to be effective in improving lives of reentry youth. These include: trauma informed care, family functioning therapy, juvenile detention reform initiatives, positive
behavioral interventions and support, Aggression Replacement Therapy and Multi-Systematic Therapy.

**Conclusion**

Building a coordinated system of care for reentry youth that integrates multidisciplinary risk and strength-based assessments, service planning and treatment across agencies and departments with differing models, practices, languages, funding and more is a lofty task. It is particularly important in urban communities of color where violence is endemic and same youth circulate through multiple systems. It is thus critical to build youth-centered system of care that engages youth, families and their communities to effectively provide diverse services and supports long-term positive youth development and resilience, as well as providing therapeutic evidence-based services for more pressing substance abuse and mental health treatment needs.

Second Chance has indeed led to better supporting youth through expanded services to clients and families, including increased and expanded case management to reentry youth and multidisciplinary collaborations. There is nevertheless still room for improvement. The system needs better coordination across agencies and partners. It also needs plans to focus on the environment and unique supports and resources available to each youth, as well as a better method of tracking youth and their families as they enter the system and providing individualized specialized plans for them (i.e., more streamlined and comprehensive services).

**Recommendations:**

Oakland has a done a tremendous job of initiating and building in key processes, provide some structure, have shared understanding and commitment towards collectively meeting the complex needs of high-risk reentry youth – they are on the right path. At this point, we would suggest building on specific processes that are working well, and address the major gaps. Most importantly, there needs to be greater investment in developing an infrastructure (shared governance, monitoring tools, community-based strategic plan, communication mechanisms and sustainability plan) to hold the various components. Secondly, capitalize on the court process, initiation of multidisciplinary teams and multi-disciplinary assessments by using the data for coordinated case planning and program planning; and build provider capacity on specific evidence-based practices. Given limited resources and wealth of reentry youth with tremendous knowledge, experience and expertise who have successfully navigated the system - to intentionally capture their voice, strengths and strategically engage them and their families in the reentry services and system. The City might want to consider having a reentry system Youth Coordinator, to work more closely with existing youth and family initiatives. Finally, capitalize on consultants to conduct a facilitated process to develop shared strategic plan and quality improvement system. Specific recommendations are noted below. Note, these were developed based on the results and in consultation with the Second Chance committee, though should be vetted and modified as appropriate to ensure successful implementation.

**Continue to strengthen partnerships across sectors**

- Further build in meaningful structured opportunities for partners to collaborate on specific strategies, learn about each others organizations and services, and develop trust.
Facilitate a process to develop shared vision, shared protocols, and planning every 2-3 years towards shared outcomes.

Develop communication mechanisms/plan to more constructively share key information with each other, and within one’s agency to keep top leadership more informed, engaged and invested.

**Further develop infrastructure and systems capacity**

- Develop a shared community-based governance structure, supported by top leadership of key agencies. Address power imbalance between collaborators (e.g., case managers and deputy probation officers) as part of this structure.

- Build in and expand provision of continuous cross-sector trainings, technical assistance and information on most needed evidence-based practices like Trauma-Informed Treatment, Family Functioning, Multi-Systematic Therapy and Positive Behavioral Intervention Services.

- Develop a continuous quality improvement system where prioritized outcomes are monitored, shared and used for ongoing decision-making and improvement.

**Enhance use of data for coordinated case planning, and program planning and quality improvement**

- Pilot, test and go to scale with youth and family-centered case planning that works to more effectively engage family members in providing support to the youth is needed.

- Share needs and risk assessments data more frequently pre and post release to inform coordinated case planning and service delivery for all youth.

- Expand multi-disciplinary teams at schools and expand case conferencing meetings.

**Engage and empower youth and families**

- Develop a more youth and family-driven system - youth involved at service and system level (in governance, policy development, service planning). Identify specific ways youth and families can be more engaged within JJC, transition center and in the community.

- Assess and build on youth, family and community strengths. Conduct focus groups with youth and families.

- Incorporate positive youth development and strength-based approaches into programming and policies.

- Prioritize and monitor positive youth development and resilience, and family-level outcomes including family functioning and supports.

We hope this report is helpful to strengthen the existing juvenile reentry system in Oakland and Alameda County.
CHAPTER 1. INTRODUCTION

The City of Oakland in Alameda County, California, confronts some of our nation’s most critical juvenile crime and recidivism challenges. In response, key city, county, state and community partners have developed and initiated three phases of Juvenile Justice Reform since 2005. For phase 1, these partners designed and built a new juvenile facility, the Juvenile Justice Center (JJC), and implemented innovative programming. In phase 2, they created a transition center at the JJC. For Phase 3, they developed and implemented a comprehensive system of community reentry support for juvenile offenders. This report highlights results and recommendations from a process evaluation of the Phase 3 implemented juvenile reentry system in Oakland.

Alameda County, in the San Francisco East Bay, has long battled some of the highest crime rates, juvenile delinquency, and violent deaths in the country. Most notably concentrated in the low-income areas in the City of Oakland, i.e. East and West Oakland, and along I-80/880 corridor, crime related to organized street gangs and loosely affiliated ‘posses’ has turned many into what residents describe as ‘war zones”. Homicide is the leading cause of death for Oakland residents under age 25. Oakland was recently ranked as the fifth most dangerous city of its size in the country. In 2012, the homicide rate was 33.1 per 100,000 residents per year, six times the national rate, with number of homicides increasing

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substantially from 95 in 2010, 110 in 2011, to 131 in 2012. Youth in Oakland continue to be highly exposed to multi-forms of violence, significant stressors, trauma, as well as lack of protective factors in their environments — leading to a vicious cycle of victimization, delinquency and criminalization.

In the last decade, Alameda County has experienced large increases in its prison and juvenile population as a result of changes to state sentencing laws. There has been a massive increase in the number of juveniles and adults incarcerated, nationally and locally. From 1995-2004, the number of adult prisoners grew by 21% to over 2 million, and parolees grew by 14%. In addition, 91% of youth released by the California Division of Juvenile Justice (previously known as California Youth Authority) recidivate, many within the first 6 months of release, and 70% of parolees are rearrested within 2 years, many for more serious crimes. The flatlands of Oakland are home to large numbers of youth and adults on probation and parole. About 41% of the adults on probation in the county reside in Oakland (as of the latest probation report from November 2012), though the city makes up less than 25% of the County’s 1.5 million population. At the same time, the city is home to 45% of the county’s juvenile probationers. Over 3,000 youth in Alameda County cycle through the juvenile justice center over the course of a 12 month period, for instance, in 2011 about 3,261 youth were booked-in to juvenile justice center. An additional 3,150 juveniles were under probation supervision (Note, more information about the juveniles served is provided later.)

The neighborhoods where many reentry youth live share common stressors that increase their chances of involvement with the criminal or juvenile justice systems and/or likelihood that youth will reoffend. These stressors include high rates of domestic violence, child abuse, poverty, drop-out, truancy and school suspensions. Impacted by these community stressors both - before and after detention - youth released from the JJC have high rates of recidivism, and there is often escalation in the severity of their offenses. In 2004, approximately 73% of JJC youth at intake had been previously detained at the JJC within the past 12 months, and 2.7% had experienced more than three bookings during that same period.

Recognizing these unprecedented levels of reentry, and gaps in continuity of care with lifelong implications for the offenders, victims, and the communities impacted, there has been growing interest in the last decade in Alameda County among a diverse group of stakeholders from health, education, criminal justice, and youth development and community leaders in better addressing the needs of the formerly incarcerated individuals,

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4 For more information, see: http://www.oaklandmofo.com/blog/oakland-homicide-count-is-rising/
5 OJJDP; Bureau of Justice Statistics
8 Ibid
their families and communities to which they are returning. This call for action has been witnessed from all sectors of society, from the non-profit organizations, to county agencies, to state and national juvenile justice departments, philanthropic sector and universities. In Alameda County, since the release of the Huskey report in 2004, there have been several city-wide, county-wide and community-based efforts and initiatives to better meet the complex and multiple needs and gaps in services for the highest-risk – however, there continues to be a great need to have an integrated coordinated plan for juvenile reentry, piloting its efforts in Oakland.

1.1 PURPOSE OF THE REPORT

There are a limited number of evaluations of juvenile reentry systems, and the evaluations that exist rarely consider or comprehensively measure the implementation or process of complex, cross-sector initiatives. The Second Chance initiative provided a first time opportunity for the City and its major partners to examine the existing and growing juvenile reentry system that was implemented during Phase 3 of the juvenile justice reform effort in Alameda County.

In 2011-2012, WestEd conducted a process evaluation of the Second Chance demonstration project to better understand the implementation of the program and identify systems-level challenges and gaps. This evaluation report provides an overview of the key findings and recommendations that stem from the analyses. Evaluation results will be used to inform future program planning and quality improvement in Oakland, potentially improving youth service delivery outcomes.

Figure 1: Stages of System Development and Uses of Evaluation

This process evaluation was conducted to study the current structure and functioning of the Phase 3 juvenile reentry system in Oakland. Some of the overall driving questions for the process evaluation were:

- What have been key accomplishments and successes of the Second Chance Initiative?
- What have been barriers and challenges to successful implementation?
- What have we learned about the reentry system?
Note, specific evaluation questions were asked around particular processes like implementation of Multidisciplinary teams, extent of the use of multidisciplinary assessments for case planning, and extent of inter-agency collaboration across partners.

This formative evaluation provided critical information:

✓ As an opportunity to learn
✓ To improve program quality
✓ To increase awareness about what works
✓ As an advocacy tool for systems change
✓ For sustainability of most effective strategies
✓ For subsequent funding and policy decisions

1.2 SIGNIFICANCE

The United States has the largest incarcerated population in the world, with over 2.3 million people confined in prisons or jails in 2008. One out of every 15 people nationwide will serve time at some point in their lives, but 1 in 7 Californians will (14% as of 2004). In 2004 alone, over 400,000 adolescents were held in adult detention centers, also inhabited by adult criminals. And of these, approximately 1 out of 3 adolescents were held for status offenses, i.e., actions that are considered crime because they are adolescents (not for adults; for example, skipping school, underage drinking, or illegal possession of tobacco, breaking curfew).

In addition, youth are often discharged from the juvenile justice system back into families, communities and schools poorly equipped to support them. These are social institutions that are struggling to cope with violence, substance abuse, unresolved mental health issues and trauma, and poverty. The communities where the most vulnerable reside often lack positive environments necessary for the development of resilience and positive youth development.

The current juvenile justice and education systems struggle to address youth violence. Once youth are placed in juvenile detention centers, they are

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more likely to attain low levels of education, suffer from chronic illness, earn lower wages, re-cycle into the criminal justice system, and be treated more harshly for future offenses. For example, local educational placement data from 2007-2008 shows that of the 896 Oakland youth released from the JJC to the community, only 370 (41%) were re-enrolled in the Oakland Unified School District (OUSD). Of the 370 who were re-enrolled, 80% had a GPA of 0.99 or below, and 41% were found to be truant.

Despite evidence documenting the negative socio-emotional, cognitive and behavioral youth outcomes post-time spent in the criminal justice system, youth offenders are often placed in these facilities as a “solution” to their criminal behavior. This is an expensive option, costing an average of $200 to $300 per youth per day. This method of dealing with criminal behavior can lead to further isolation and stigmatization.

Students who have spent time in juvenile detention centers are more likely to have poor academic outcomes and reoffend than students who have not been in such facilities. This may be due to the way that detention affects opportunities for continuing their education. It is also theorized that detention disrupts the normal “aging out of crime” that most youth experience. The problems faced by these offenders are multi-fold, complex and cumulative. Almost 66% of males and 75% of females in detention have reportedly serious mental or behavioral issues, 60% need residential substance abuse treatment, and 15% have a dual diagnosis.

A System is a set of interacting or interdependent components forming an integrated whole or as set of elements and relationships. It has structure and processes. -Wikipedia

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46 Safe Passage/Youth Ventures Joint Power Authority Board of Trustees Oakland High Risk Youth Population Report (March 16, 2009).
48 Some jurisdictions might do it out of necessity as they lack space or separate facilities.
Adding to the stigmatization of youth in the juvenile justice system is disproportionate representation of African-American and Latino youth. For example, though African-American youth aged 12 - 24 make up 16% of the population, they account for 28% of arrests, and nearly 60% of all juveniles admitted to adult prisons. Furthermore, African-Americans and Latino youth account for two-thirds of the youth arrested and placed into juvenile detention centers.

Some have argued that current policies and practices fail to address root causes of youth offense nor do they appropriately deal with the actions of delinquent students. Therefore, alternative methods must be developed and utilized to reduce youth incarceration, which has fortunately declined some in recent years. The State of Connecticut has illustrated some of the myriad possibilities. Community-based individualized programs and practices work well to ensure successful and safe reentry into school, home and community life. In recent years, states and cities are beginning to develop policies and programs to support juvenile reentry back into the community and schools.

The system has been criticized for taking a youthful offender out of school and away from class time, isolating them from their community, and putting them further at high risk for other negative life and health outcomes. Moreover, individuals affected by crime are generally not given a forum to voice their experience, feel empowered, and rebuild community ties that the crime may have weakened.

**Potential Solution: Community-Based Positive Programming**

Because of these and other challenges to the current juvenile system, a coordinated comprehensive juvenile reentry system of providers and services was proposed by Alameda County to improve short- and long-term outcomes for youth released from detention facilities. Linking youth with community-based organizations and programming upon their return to the community is believed to reduce the likelihood of reoffending.

Following figure presents the differences in the traditional juvenile justice system practices compared to the integrated, therapeutic, developmental approach to meeting the needs of the youth in and released from the juvenile justice system (see National Center on Youth in Custody).

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Youth are typically detained in the Alameda County Juvenile Justice Center (ACJJC) for 30-60 days, leaving little time from intake assessment to provide the necessary services youth may require. In addition, the duration of medical, mental health, educational and other services received during the short period, no matter how intense and high quality, is an opportunity for intervention – though sustained programming that provides continuity of care post-release is necessary for successful development in the long-run. Many JJC youth return to their communities still struggling with emotional well-being, educational, and physical health issues. ACJJC serves as a supportive community-based program designed to promote independent life skills and provide crucial mental, emotional, and educational services for these youth.

Figure 2: Traditional versus Innovative Juvenile Justice Reform

The vicious cycle of criminalization generally begins with victimization or marginalization during childhood and worsens into adulthood, peaking during adolescent years – a time of heightened risks, uncertainty, identity development, and expanding exposures. Providing structured supervised opportunities and relationships even more critical during this

Over 40 years of resilience research tells us that when the focus is on supporting youth, at least 70% of young people in the most challenging of life’s conditions not only survive but grow into thriving young adults.

– Bonnie Benard, 2003

particular window of opportunity, and especially for the youth who have been exposed to the highest number and intensity of risks in their lives. Unless effectively mediated during the critical transitional stage from adolescence to young adulthood, the ‘offender’ may forego restoration and enter a life of crime and delinquency. Adolescents are also much more vulnerable as well as susceptible to change as a result of positive influences.

It is imperative that we focus on creating positive environments and conditions by changing the institutional policies, protocols and practices - within school, health or juvenile justice system for instance, and not solely blame the victim for his/her behavior. Environments (e.g., both JJC, family and home communities post-release) affect youth development by exposing them to positive or negative opportunities that alter their chances for success.39, 40

1.3 JUVENILE JUSTICE REFORM IN OAKLAND, ALAMEDA COUNTY-AN INNOVATIVE APPROACH

Phases 1 and 2 of the juvenile justice reform focused on the creation of high-impact services and supports for juveniles and their families during detention and the immediate transition back into the community. Phase 1’s goal was to design and build the Juvenile Justice Center (JJC) implementing innovative programming and Phase 2’s goal was to create a Transition Center at this new JJC.

Figure 3: Stages of Juvenile Justice Reform, Alameda County 2005-2012

The JJC opened in 2007. It is a state-of-the-art facility with 360 beds co-locating court, public defender, district attorney’s office, probation, medical, mental health, and schools. Units are designed with integrated programming, including services from Probation, Health Care or Medical, Behavioral Health, and Education. Alameda County has an excellent opportunity with the ACJJC to set national standards of services to its most vulnerable and troubled youth. The overriding philosophy of the Alameda County JJC is

the therapeutic principle coupled with providing alternatives to detention, and sustained through high levels of interagency collaboration. In 2008, the Transition Center at the JJC opened; it uses the 90 minute waiting period to provide pre-release planning to support youth and parents. Discharge planning services include school placement, medical and behavioral health services, and case management. Phase 3 was initiated in 2011 and expanded community support by developing an individualized reentry plan informed by the multi-disciplinary assessments upon JJC entry, and expanding provision of support services post-release, including community-based case management, restorative justice circles, civic advocacy and transitioning back to schools.

Second Chance leveraged significant resources, including those provided by a local Oakland tax-payer initiative, called Measure Y, to expand a strong network of community supports and services for successful reentry. Passed in 2004, Measure Y provides approximately $19 million every year for ten years to fund violence prevention programs, additional police officers, and fire services. Measure Y funds are generated through a new parcel tax along with a parking surcharge in commercial lots. Annually, approximately $5 million is allocated for the Oakland Unite violence prevention programs, administered through the Oakland Department of Human Services (www.oaklandunite.org). These programs are designed to work together with community policing to provide a continuum of support for high risk youth and young adults. Interventions reach out to those children, youth and young adults most at risk for committing and/or becoming victims of violence.

Building on the achievements of Phases 1 and 2, Phase 3 (partly funded by Second Chance) engaged in system changes to enable key partners to effectively integrate their agencies by creating a seamless system of community support. Specific strategies for phase 3 ranged from community-based coordinated case management to cross-system training for all staff.

The following diagram (figure 4) describes the current juvenile reentry process used in Oakland, Alameda County, from intake to reintegration.41

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41 This process was adapted from the Adult Reentry Network strategic plan 2008-2012, accessible at: http://acreentry.org/wp-content/uploads/2008/02/Strategic-Plan_05.6.09.pdf. This was also highlighted in the Second Chance Grant Strategic plan.
The *Second Chance* Initiative in Oakland- A Comprehensive Community Cross-System Reentry Support (C³RS) Initiative- was funded by U.S. Department of Justice initially in 2010 as a demonstration project. It then received continuation funding for an additional year, and subsequently was one of five Initiatives from across the country selected to participate in a national Second Chance evaluation, with two years of additional funding. It is a collaborative partnership and builds on significant public investments. Signed into law on April 9, 2008, the Second Chance Act (P.L. 110-199) was designed to improve outcomes for people returning to communities after incarceration. This first-of-its-kind legislation authorizes federal grants to government agencies and nonprofit organizations to provide support strategies and services designed to reduce recidivism by improving outcomes for people returning from prisons, jails, and juvenile facilities. The Second
Chance Act’s grant programs are funded and administered by the Office of Justice Programs in the U.S. Department of Justice.

Second Chance provided a first time opportunity for the City and its major partners to examine the existing and growing juvenile reentry system, as the third phase of juvenile justice reform in Alameda County. Its goal is to reduce juvenile recidivism, and create a sustainable effective reentry system for Oakland youth. The major partners included the City of Oakland Department of Human Services, Community-Based Organizations (CBOs), Alameda County Health Care Services Agency (ACHCSA), Alameda County Probation Department, and the Oakland Unified School District (OUSD). Second Chance is primarily a systems change effort that coordinates multiple partners more effectively to provide services and reduce juvenile recidivism.

Key activities of the project included:

- Community-based coordinated case management beginning at intake
- Multidisciplinary team meetings such as case conferencing
- Reentry task force meetings
- Cross-system trainings
- Legal assistance on cross agency data sharing
- Data collection and evaluation

The goal of Second Chance is the creation of a sustainable community-based reentry system with potential for replication. Second Chance builds upon the significant investments that the collaborating partners have made to create a Transition Center at the JJC and a system of community reentry support for juvenile offenders.

The City of Oakland was funded from December 2010-May 2012 to expand the existing Measure Y/ Oakland Unite services for the Juvenile Justice Center (JJC)'s Wraparound Strategy to serve an additional 90 youth for a total of 355 youth, who would be referred to five community-based organizations (CBOs): California Youth Outreach, East Bay Agency for Children, East Bay Asian Youth Center, The Mentoring Center, and Youth Uprising, each of which were selected through a competitive application process. The Juvenile Justice wraparound strategy begins when youth enter the Juvenile Justice Center, where they meet with a case manager and receive education-related services. Upon release from the juvenile justice center into the community, they are supervised by a probation office and receive wraparound case management services to support them in their continued engagement with education and training. Youth also receive support related to mental health, housing, medical, substance abuse, job training, and other services as appropriate.

1.5 METHODOLOGY

The WestEd research and evaluation team conducted a comprehensive process evaluation, collecting and analyzing qualitative and quantitative data. Data were collected for the evaluation from the Online System-Wide Partner Survey, Key Informant Interviews.

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43 WestEd is a research, development, evaluation and service agency (see www.wested.org) whose mission is to work with education and other communities to promote excellence, achieve equity, and improve learning for children, youth and adults.
with cross-system stakeholders, one focus group with Case Managers, and the Provider Site Visit Report Reviews. The following were primary questions that guided this evaluation overall.

1. To what extent did Second Chance lead to a more coordinated planning and integrated services during pre and post-release?
2. To what extent are multidisciplinary assessments used to guide individualized case planning?
3. To what extent are multidisciplinary teams being implemented?
4. What’s working well or not?

The primary data sources included the following.

**Figure 5: Primary Data Sources**

1. **Focus group with case managers**: In Fall 2011, we conducted a focus group at one of the case conferencing meetings that included about 30 participants – all case managers from the contracted CBOs, transition center staff, City of Oakland core staff, medical, mental health, school representative. The participants were encouraged to be honest and share examples. A set of questions were developed in partnership with Second Chance coordinator and core staff from the City of Oakland.

2. **Key informant interviews (summer 2011)**: WestEd conducted key informant interviews in June and July of 2011 with 15 stakeholders, including from the Alameda County Probation Department, the Alameda County Behavioral Health Care Services (guidance clinic staff), executive directors from two Community-Based Organizations, the Alameda County Health Care Services Agency Children's director, the City of Oakland Human Services Director, medical staff from JJC, Transition Center staff, and the Oakland Unified School District (including the special needs unit). These individuals were identified as critical players in the juvenile reentry system and provided a representative sample of key persons across the system and throughout the continuum from pre-release to post-release. For the key informant interviews, answers were kept confidential and were recorded without names. The interview recordings were then transcribed and reviewed for common themes. See key informant interview questions in Appendix A.

3. **Literature and reports reviews**: We reviewed evaluations, research and tools from other juvenile justice or reentry systems locally and nationally to capitalize on the
existing evidence base on evaluation tools. We also informally observed of planning and case conferencing meetings.

4. **Online system-wide survey:** A streamlined survey of system-level processes was developed to gauge progress. To develop the survey, the research team conducted a comprehensive literature review of existing system-wide reentry related surveys. We reviewed the relatively few tools we found. The survey WestEd developed captures more upstream system-level processes than the instruments we reviewed. The survey can serve as a baseline, and can be repeated annually or bi-annually to measure changes/trends over time in the same domains. The questions were developed based on items used in existing surveys, on the areas of interest noted by staff or the key informant interviews, or developed or refined in collaboration with core group of staff across agencies. The items were then vetted by a diverse group of partners for language and accuracy. The survey was piloted with a few staff and edits/ refinements made accordingly. The survey has eight domains with 20 sets of questions and captures current status or functioning of the reentry system in:

- Evidence-based practices
- Inter-agency collaboration and communication
- Collaborative case planning
- Multidisciplinary assessments
- Infrastructure/ capacity building
- Sustainability
- Role of Second Chance
- Other (includes perceptions around shared vision, data sharing)

The online survey was administered twice via SurveyMonkey and sent to all staff from various agencies and organizations. These include the CBOs, mental health, probation, and OUSD, as their staff are involved with the juvenile reentry system in Oakland either pre- (JJC or Transition Center) or post-release in the community or schools. There were 75 respondents, and these comprised a diverse sample. Almost 42% of the respondents were African American, 15% Latino, 21% White, 12% More than one race, 7% Asian/Pacific Islander and 3% Native American. Almost 68% were from county or city departments, mostly comprised of government employees from Probation, education/schools, OUSD, public health, and health care. Another 24% were employed by community-based organizations.

5. **DC-TAT Reports:** City of Oakland submitted bi-annually progress reports to the OJJDP as required for Second Chance grant recipients, including output and outcome data. We obtained and reviewed both numeric and narrative data from June 2011, January 2012, June 2012, and January 2013 reports and included selected data on accomplishments, challenges, services provided and outcomes achieved in this report.

6. **CBO Site Visit Reports:** The City of Oakland does annual site visits of each of the five community-based organizations, and uses a standard template to review performance and progress of key indicators of interest. We reviewed the reports and included selected data as informs the research questions.
The Second Chance initiative, which builds on the Juvenile Justice Center (JJC) strategy of Measure Y, began implementation in January 2011. The Measure Y JJC strategy began implementation in June 2009. This strategy provides wraparound case management and support services for youth leaving the Alameda County Juvenile Justice Center (JJC) and reconnecting with OUSD or other appropriate educational institutions. Case Managers work with a multidisciplinary team to promote school attendance and academic progress, family support, and employment as appropriate for youth, starting from the time a youth arrives at the JJC through their return home. Services are coordinated with Probation to support the successful completion of Court Orders and disengagement from the Juvenile Justice System. The OUSD Placement Coordinator whose position is partially funded by Measure Y and who is housed at the JJC interacts with all JJC stakeholders and makes the school and case management placements.

The key activities for Second Chance included comprehensive intake assessment, treatment and reentry support for the most serious offending juvenile population and their families. Overall, Second Chance made significant progress and contribution towards achieving the 4 goals and 10 objectives (see Table 1 below). Almost 100% of the objectives were achieved within two years.

Table 1: Summary of Second Chance- Oakland Juvenile Reentry System Goals and Objectives

<table>
<thead>
<tr>
<th>Goal 1: To improve the coordination and efficacy of the juvenile reentry system in Oakland.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1.1</strong></td>
</tr>
<tr>
<td><strong>Objective 1.2</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2: To increase the number of youth and families receiving necessary behavioral health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 2.1</strong></td>
</tr>
<tr>
<td><strong>Objective 2.2</strong></td>
</tr>
</tbody>
</table>

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44 Second Chance–Oakland Proposal and Strategic Plan to US Department of Justice. (2010).
<table>
<thead>
<tr>
<th><strong>Objective 2.3</strong></th>
<th>At least 60% of reentry youth with alcohol/substance abuse concerns receive services while in JJC and post release.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 2.4</strong></td>
<td>Increase the percentage of reentry youth and families receiving Cognitive Behavioral Therapy post-release treatment by 5% each year.</td>
</tr>
<tr>
<td><strong>Goal 3: To ensure successful transition to schools and stable jobs for reentry youth.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3.1</strong></td>
<td>At least 60% of youth are enrolled in school post-release.</td>
</tr>
<tr>
<td><strong>Objective 3.2</strong></td>
<td>At least 50% of reentry youth are employed annually.</td>
</tr>
<tr>
<td><strong>Objective 3.3</strong></td>
<td>Increase by 5% annually the percentage of reentry youth with updated Individualized Educational Plans (IEP) and enrollment in needed special education and AB3632 services.</td>
</tr>
<tr>
<td><strong>Objective 3.4</strong></td>
<td>At least 50% of reentry youth participate in employment training/job skills programs.</td>
</tr>
<tr>
<td><strong>Goal 4: To increase positive youth development supports, outcomes and community connectivity for reentry youth.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 4.1</strong></td>
<td>Increase percentage of reentry youth participating in ongoing meaningful structured opportunities within JJC and post-release by 5% each year.</td>
</tr>
<tr>
<td><strong>Objective 4.2</strong></td>
<td>At least 30% of reentry youth are connected to mentors annually.</td>
</tr>
<tr>
<td><strong>Objective 4.3</strong></td>
<td>To expand restorative justice strategies to enhance protective factors and crisis response by 10%.</td>
</tr>
<tr>
<td><strong>Objective 4.4</strong></td>
<td>Increase percentage of families of detained youth receiving support services by 5% each year.</td>
</tr>
<tr>
<td><strong>Objective 4.5</strong></td>
<td>To increase community connectivity among the reentry youth by 50%.</td>
</tr>
</tbody>
</table>

**Reduced Recidivism and Improved Public Safety**
2.1 KEY ACCOMPLISHMENTS

✓ Staff and organizational capacity building occurred through numerous trainings provided on disability benefits, case management and youth benefits, housing, and public benefits for youth (e.g., CalWorks, food stamps, regional center eligibility).

✓ Improved data sharing and confidentiality protocols were developed, led by National Center for Youth Law.

✓ Improved partnerships, collaboration, and communication across sectors, agency partners, and systems.

✓ The Alameda County Office of Education, Bay Area Legal Aid, City of Oakland, Health Care Services Agency (HCSA), OUSD and the Probation Department developed a common vision and flow for how youth can transition smoothly from detention to the community through mutually-reinforcing activities.

✓ New staffing and infrastructure development at all agency levels, supported by subcontractors and partners with MOUs.

✓ The Probation Department developed a new individualized approach for juvenile supervision, with all staff trained on positive youth development, individual achievement plans, risk-based supervision, and differential case management.

✓ At least 90% of the target population received pre- and post-release services.

✓ HCSA staff were successful in connecting youth and families to health care insurance and services.

✓ School placement occurred at OUSD within three days of exiting the JJC for approximately 98% of Oakland youth. This is a major improvement; three years ago, the time period to enroll youth was more than eight days. This is likely due to having school representative housed directly at the JJC transition center.

**A Success Story**

“In the past, to talk to a mental health specialist about a youth in the system, you had to get an order from the court, giving permission for the information to be shared. But now, you can pick up the phone and talk with mental health about a youth in the system and feel that they have a desire to make sure we know what’s going on and want to collaborate.”

- Case Manager
Table 2. Number and Types of Trainings provided through Second Chance, 2011-2012

<table>
<thead>
<tr>
<th>Name of Training</th>
<th>Trainer</th>
<th>Type of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Five trainings covering:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Education (including special education, school discipline policy)</td>
<td>Bay Area Legal Aid</td>
<td>Second Chance Planning Committee</td>
</tr>
<tr>
<td>- Mental Health services</td>
<td></td>
<td></td>
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<tr>
<td>- Benefits for youth, Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Disability Benefits (including Supplemental Security Income)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Housing (including Section 8 termination, reasonable accommodation, rent board appeals, housing discrimination and habitability)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Benefits for Youth (including California Work Opportunity and Responsibility to Kids, General Assistance, Aid to Families with Dependent Children, food stamps, and Regional Center eligibility)</td>
<td>Bay Area Legal Aid</td>
<td>Second Chance Partners</td>
</tr>
<tr>
<td>Recent Changes in Law (with The California Work Opportunity and Responsibility to Kids and General Assistance)</td>
<td>Bay Area Legal Aid</td>
<td>Second Chance Partners</td>
</tr>
<tr>
<td>Case Management and Youth Benefits</td>
<td>Bay Area Legal Aid</td>
<td>Second Chance Partners</td>
</tr>
<tr>
<td>Civil Legal Needs</td>
<td>Bay Area Legal Aid</td>
<td>Second Chance Partners</td>
</tr>
<tr>
<td>Two Motivational Interviewing 101 trainings, with Coaching Circles to train the trainers</td>
<td>Health Care Services Agency, and Probation Dept</td>
<td>20 probation and health staff/providers selected and trained to become MI trainers</td>
</tr>
<tr>
<td>Restorative Justice 101 and Multi-disciplinary team (MDT) Welcoming Circles</td>
<td>Oakland Unified School District</td>
<td>Community-based Case Managers</td>
</tr>
</tbody>
</table>
2.2 REENTRY YOUTH SERVED

This section provides information about who is served by the Second Chance Initiative – Juvenile Reentry Programs in Oakland in terms of the demographics and service needs of the youth. It provides selective information about the changes in population of youth served and released in Oakland and the community context.

DEMOGRAPHICS

From July 2011- March 2012, 289 youth were served through Second Chance. Of these, 81% were male and 19% female. The majority (69%) were African American, 22% Latino, 6% Asian or Pacific Islander, and 3% were White. The mean age was 16.2 years.

At any given time, up to 270 juvenile offenders are held at the Juvenile Justice Center in Alameda County, and nearly 3,000 youth cycle through JJC over the course of 12 months. An additional 3,150 juveniles are under out-of-custody probation supervision45 - Of these, 38% required field supervision, 33% total community probation, 8% family preservation, 11% placement services, 5% Camp Sweeney, and 5% truancy. The average age of juveniles in detention was 15.5 years, with highest for 16-17 year olds, and some under age of 12.

Overall, the total number of referrals to probation has declined by 18% from 2011 to 2012 (from 4,549 to 3,738), averaging about 340 per month. The majority are placed on probation for property offenses (31%), person offense (24%), or failing to obey a court order (20%).

The average length of stay at detention is 30 days and 1.3 years on probation. In general, youth who land at DJJ facilities tend to stay there for terms far longer than their original disposition, adding time for fighting or other disciplinary infractions.

45 Probation: Conditional suspension of the convicted offender’s sentence. Probationers must remain in the community, under the supervision of a probation officer. Probationers’ original sentences remain in force and can be invoked should they violate provisions of the probation. Probation differs from parole that the latter requires the offender to have served a portion of his or her sentence in an institution.
Disproportionate Minority Contact

The juvenile reentering the community post-incarceration tend to be largely male, and youth of color, in need of culturally competent services and supports/opportunities/caring relationships. In September 2012, 56% of the juveniles detained at JJC were African American, 27% were Hispanic, 9% were White, and 5% Asian/Pacific Islanders, and 3% other race/ethnicity. Note, there has been a slight increase in the Latino youth detained from 23% in 2009 to 27% in 2012.

Growing Female Detainees

The overwhelming majority of detained juveniles (82% as of September 2012) and those on community probation has consistently been males (84.5%). However, there is a growing population of female detainees (about 1 in 5 – 20%) and those reentering the communities in Alameda County, a trend that has been seen nationally. Girls represent a population with unique problems and issues that need gender-specific services. Currently, there are an average of 30-40 girls in ACJJC detention, the majority are African American (63%).

Almost 10 out of 13 reported significant histories of physical and sexual abuse, including being raped and molested many times by family members and witnessing domestic violence; more than half being repeatedly placed in multiple foster group homes, having either one or both parents in prison or on parole, expelled or suspended from school, previous pregnancy, sexually transmitted diseases, etc. When asked what they need upon release, the majority report that they need mentors, job development and individual counseling and tutoring.

SERVICE NEEDS OF THE POPULATION

The needs of the young offenders tend to be complex, multi-fold and cumulative. Many come from broken homes and families with significant involvement in the criminal justice system themselves. Majority of the boys and girls in detention have prior system involvement with both dependency and delinquency courts. They have significant mental health issues, substance abuse problems, physical health as well as low self-esteem, low educational attainment/motivation. They suffer from striking health care disparities, including disproportionately higher rates of respiratory illness, sexually transmitted diseases including high prevalence of HIV/AIDS and Hepatitis-B and

When asked what they need upon release, the majority (of girls) report that they need mentors, job development/placement, individual counseling and tutoring.

-- Girls Study

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46 ibid

49 Recommendations from girls study: a coordinated system that provided rehabilitative and gender-responsive services throughout detention, release, supervision and aftercare would greatly help decrease recidivism, victimization and placement instability rates of the population.
Hepatitis-C, tuberculosis than the general youth population. As of January 2010 transition center data, 25% did not have medical insurance (54% of these covered by MediCal), 69% were interested and referred for counseling services, and 44% were on medication mostly from psychiatric conditions. More than 80% had no jobs. There are numerous impediments to healthy transition, including long waiting lists, limited space, and lack of funding or services to meet the needs of all those in need. As an indication of these limitations, partly, almost 38% youth discharged during the past 12 months in 2010 had not participated in any treatment program. As of April 2013, the percent of students with Mental Health referrals from the Transition Center is about 63%. This estimate includes past history and new referrals from court, probation, guidance center and medical health.50 The need or request for additional counseling support is huge. Continuity of medical care post-detention continues to be major gap in service delivery. There are additional social consequences for reentry youth that impact their health and life chances, due to loss of social support, strained relationships, loss of health insurance, and lack of self-sufficiency. They continue to face formal and informal punishment in the community as a result of their past involvement in the criminal justice system – policy barriers that must be addressed. These may include losing the right to vote, stereotyping by potential employers or school systems, exclusion from public housing, limited financial support including lifetime bans on food stamps, TANF, and federal student loan programs for certain drug convictions.

Underlying Root Causes – lack of supportive structured opportunities in school, community and home

Eventually, juvenile offenders are likely to return to communities that are burdened with poverty and lacking the social supports and a continuum of care (intensive and preventive) they need. Unemployment, poverty, education, housing, transportation, and lack of structured supports/ opportunities, and poor neighborhood conditions are some of the unjust and unfair underlying root causes that marginalize the violent behavior.51 The state department of corrections for example has reported that approximately 10% of parolees released in the past 12 months had no permanent living arrangement to return to, and were considered homeless. Unless these social conditions and environments that particularly impact minority youth since childhood, are addressed collaboratively using evidence-based therapeutic models of care, the vicious cycle of violence will continue!

50 Email from Ms. Hattie Tate, OUSD administrator at Transition Center, 04/11/2013.
more details about the specific needs, see the Alameda County Juvenile Reentry Blueprint.52

2.3 SERVICES PROVIDED

Five Community-based Organizations were contracted by the City of Oakland to provide comprehensive case management and related services to meet the diverse needs of reentry youth (see Table 3 below). These included: 1. East Bay Asian Youth Center, 2. East Bay Agency for Children, 3. The Mentoring Center, 4. Youth Uprising and 5. California Youth Outreach.

Based on the 2009/2010 outcome evaluation report53 on the Oakland Unite Juvenile reentry programs, the average duration of client engagement in service was about 6 months, and average cost per client per hour was $22, totaling about $3,751 per client. The costs are comparable to other such programs, for instance those in New York City, and such costs are associated with subsidized employment and work experience, which generally increase programming costs. They also found that services related to employment were most closely and consistently associated with lower rates of violation, fewer felonies, and fewer violent crimes.

<table>
<thead>
<tr>
<th>Community-Based Organization</th>
<th>Area of City Served</th>
<th>Number of Youth Served Per Year</th>
<th>Agency Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Asian Youth Center</td>
<td>Central and East</td>
<td>99</td>
<td>Youth support groups</td>
</tr>
<tr>
<td>East Bay Agency for Children</td>
<td>East</td>
<td>44</td>
<td>Mental health services for full scope Medi-Cal for 14 participants</td>
</tr>
<tr>
<td>The Mentoring Center</td>
<td>West</td>
<td>54</td>
<td>Gender-specific transformative mentoring groups</td>
</tr>
<tr>
<td>Youth Uprising</td>
<td>East</td>
<td>70</td>
<td>Recreational media programming, employment opportunities, mental health services, and client incentives</td>
</tr>
<tr>
<td>California Youth Outreach</td>
<td>Central and East</td>
<td>54</td>
<td>Working with gangs, client incentives, and access to recreational activities</td>
</tr>
</tbody>
</table>

51 ibid
Through Second Chance, the City of Oakland proposed to increase activities that better assess and meet the needs of reentry youth, provide them with sustained case planning (including developing a post-exit treatment plan while the youth is in the transition center), and support a comprehensive range of services for these youth.

The ACJJC continued to use the Youth Level of Service-Case Management Inventory (YLS-CMI) to identify the level of risk for recidivism (and the issues to include in case planning to avoid recidivism); the Massachusetts Youth Screening Instrument (MAYSI-2) for mental health screening at intake; the Home, Education/employment, Activities, Drugs, Sexuality, and Suicide/depression assessment (HEADSS) to evaluate medical and physical health; and the Measure of Academic Proficiency and Progress (MAPP) to pinpoint a juvenile’s educational strengths and areas to target for improvement. Continuous data monitoring using the YLS/CMI helped to identify the level of risk for recidivism by identifying the factors most closely associated with the offending behavior(s), and make adjustments to improve outcomes for participants.

Table 4a. Number of Youth Served by Juvenile Reentry System in Oakland as part of Second Chance, 2011 -2012

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<tr>
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<tbody>
<tr>
<td>Number of youth enrolled into the reentry program</td>
<td>482</td>
<td>202</td>
<td>265</td>
<td>189</td>
</tr>
<tr>
<td>Number of youth carried over from the previous reporting period</td>
<td>N/A</td>
<td>152</td>
<td>128</td>
<td>111</td>
</tr>
<tr>
<td>New admissions</td>
<td>N/A</td>
<td>50</td>
<td>140</td>
<td>84</td>
</tr>
<tr>
<td>Number of youth served using an evidenced-based model or program</td>
<td>164</td>
<td>74</td>
<td>90</td>
<td>66</td>
</tr>
<tr>
<td>Number of program youth tracked for</td>
<td>448</td>
<td>172</td>
<td>249</td>
<td>172</td>
</tr>
</tbody>
</table>
The Juvenile Justice Center/OUSD Wrap Around Services provide case management and advocacy for youth leaving the Alameda County Juvenile Justice Center (JJC) and reconnecting with Oakland Unified School District or other appropriate educational institutions. Youth Advocates/Case Managers work with a multi-disciplinary team to promote school attendance and academic progress, family support, and employment as appropriate for youth, starting from the time a youth arrives at the JJC through their return home. Services are coordinated with Probation to support the successful completion of Court Orders and disengagement from the Juvenile Justice System. For more information, see: http://oaklandunite.org/juvenile-justice-center-wraparound-services/
The primary goals of Oakland juvenile reentry system are to reduce recidivism and increase public safety; thus, it is critical to understand what a difference the current system (through Oakland Unite - juvenile justice wraparound strategy, enhanced by Second Chance) is making for the youth participating in those services - as an indication of how well the system and various strategies are working. The results below show significant reduction in recidivism and violence perpetrated by youth after receiving juvenile justice reentry services in Oakland, compared to before receiving services.

- There is a significant difference in JJC youth convicted of a new non-violent offense 5 years before program enrollment and one year post program participation, reducing from 75% to only 6% who had been convicted of a new non-violent offense after participating in JJC/Second Chance strategy.

- About 25% of youth in the Oakland Unite JJC strategy had been convicted of a violent crime in the last five years, but one year post-program enrollment, only 1% had been convicted of a violent crime.

- Youth who received Second Chance reentry services through the 5 CBOs, experienced statistically significant decreases in criminal justice involvement. Eighteen months post-release, 60% of youth who had received services had not gotten further involved in the criminal justice system.

**Figure 6. Recidivism Rates Pre and Post Second Chance- Juvenile Reentry Wraparound Services (2011-12)**
There has been a significant increase in the percent of JJC released youth who were successfully re-enrolled into school (mostly within 3 days), from 41% in 2008 to over 90% in 2010. However, reentering youth still showed high rates of truancy, dropout, low academic performance and disengagement and disconnectedness from school in 2008. Student enrollment into vocational classes also continued to be low.

Based on 2010-11 report, reentry youth missed less school, that is, attendance improved, after enrolling into the JJC/ Wraparound program.

Also, the number of students who were chronically truant and suspended decreased significantly for youth enrolled in 2010-2011. The year before program enrollment, 35% of the youth were chronically traunt, and 44% were suspended at least once, whereas one year after JJC/Wrapround program enrollment, only 3% each were suspended or truant.

**Figure 7. Educational Outcomes for reentry youth, pre-post services (2011)**


Photo Courtesy of Transition Center, ACJJC 2013. First graduate from Bridge Academy (new transition school at Oakland Unified School District where reentry youth re-enroll).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number served this period</td>
<td>482</td>
<td>202</td>
<td>265</td>
<td>189</td>
</tr>
<tr>
<td>Number of new cases</td>
<td>241 (50%)</td>
<td>50 (24.8%)</td>
<td>140 (52.8%)</td>
<td>84 (44.4%)</td>
</tr>
<tr>
<td>% Received an evidence-based practice</td>
<td>34.0%</td>
<td>36.6%</td>
<td>34%</td>
<td>34.9%</td>
</tr>
<tr>
<td>% Successfully found housing</td>
<td>7.1%</td>
<td>5.0%</td>
<td>9.1%</td>
<td>10.1%</td>
</tr>
<tr>
<td>% Adjudicated (committed to a residential facility, sentenced)</td>
<td>46.9%</td>
<td>25%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>% Adjudicated (for a new delinquent offense) who existed the program 6-12 months ago</td>
<td>N/A</td>
<td>0%</td>
<td>11.7%</td>
<td>11.1%</td>
</tr>
<tr>
<td>% with Technical Violation**</td>
<td>0%</td>
<td>0%</td>
<td>8.0%</td>
<td>12.2%</td>
</tr>
<tr>
<td>% With Technical Violation** who exited the program 6-12 months ago</td>
<td>N/A</td>
<td>0%</td>
<td>13.0%</td>
<td>8.6%</td>
</tr>
<tr>
<td>% Committed to a juvenile residential facility as the result of a new adjudication</td>
<td>5.2%</td>
<td>1.7%</td>
<td>8.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>% Given some other sentence as the result of new adjudication</td>
<td>16.6%</td>
<td>10.5%</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Juveniles re-entering the Oakland community receive diverse services and supports by at least 5 different community-based providers to appropriately meet their diverse needs. For example, 11.3% of reentry youth were enrolled in mental health services from July-December 2011, 3.7% enrolled in substance abuse counseling and 1.7% received housing assistance. Given the expected need at intake, and that almost all youth receive mental health and substance abuse services while in the JJC pre-release, the level of services received post-release seems low. Though based on service need that, only about 5% of the released youth have unmet substance abuse and mental health needs, that are not enrolled into such services.

The data show a substantive increase in the proportion of reentry youth enrolled in school and receiving case management through wraparound services: from 52% in the first half of 2011 to 73% in the second half of 2011.

Almost 80% of participants were enrolled in OUSD and 64% who were diagnosed with a disability and had an Individualized Education Plan (IEP). Improving educational outcomes has been a major priority for many community-based providers – partly because it was the focus, the City required through Oakland Unite and Second Chance Initiative. Accordingly, when the system-wide survey, when we asked about which outcomes the partners felt they had been particularly successful in helping their clients with, many providers listed educational outcomes, such as re-entering school, increasing school attendance, and motivating youth to successfully complete school.

Finally, based on data measuring service delivery linked to probation and school district outcomes, 26% of the 447 youth who received services recidivated, two to three times lower than the 55%-75% recidivism rate observed in most states throughout the country.57,58

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2.4 A SPECIAL STUDY

**Overview:** Dr. Laura Abrams, Associate Professor at University of California Los Angeles, was commissioned to conduct additional analysis as part of a special study to better understand factors leading to recidivism among youth involved in the reentry program in Oakland. A summary of key findings by research question is provided here (full paper available online59).

**Methods:** Five datasets were merged including 1. City Span (July 1, 2009- June 30 2012), service data by agency,2. YLS/CMI assessments data by the Alameda County Probation Department, 3. bookings, demographic data of all youth in ACJJJC, 4. arrests data from January 1, 2005 – December 31, 2011, and 5. convictions data of all dispositions for minors in Alameda County from Jan 1, 2005- Dec 31, 2011. The data were limited by some missing information and the absence of a control or comparison group. Descriptive and regression analyses were conducted using SPSS.

The main questions posed were:

1) Among youth served, what was the recidivism rate for crimes overall and violent crimes in particular?
2) What risk factors correlated most significantly with likelihood to be reconvicted of a crime?
3) What effect did agency or dosage have on recidivism rates?

**Key Findings:**

1) The 447 JJC youth served had a 1.2 point higher risk score on average than those who were not served. This difference was statistically significant (15.4 vs. 14.2 p < 0.01), and in the “moderate” range.

2) **Among youth served, what was the recidivism rate for crimes overall and violent crimes in particular?**
   - Overall, the average recidivism rate hovers around 26% of all youth served, which is potentially lower than expected based on studies with similar populations.60 This needs to be examined in relation to a similar group of youth who were not served by the program for more rigorous data on recidivism reduction.
   - Of the remaining youth, 63.2% had no new contact with the law and 11.2% were arrested for a new charge but were not convicted.
   - Not surprisingly, recidivism was more likely to occur the longer that a young person has been released from the program.

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• The overall rate of violent recidivism was quite low, which bodes well for the goals of Oakland Unite. Specifically, only 24 out of the 447 served (5.4%) had been convicted of a violent crime.

3) What risk factors correlated most significantly with likelihood to be reconvicted of a crime?
   • Youth with higher risk score and prior convictions were more likely to have new convictions (i.e., The YLS-CMI risk score and the number of prior convictions had a strong and consistent association (even after controlling for gender) with the likelihood of a new conviction.
   • The YLS-CMI appears to be a reliable predictor of risk. Number of prior convictions should be utilized in treatment planning as well.

4) What effect did agency or dosage have on recidivism rates?
   • Overall the 5 agencies are serving youth with nearly equivalent major risk factors.
   • Agency rates of re-conviction ranged to some extent year by year, but the differences were not statistically significant.
   • Program dosage level appeared not to make a large difference in reconviction rates, although those with the highest risk scores received fewer hours overall.

Implications for Future Research
Future program studies\(^6\) should continue to examine optimal program dosage for various risk groups and the relative effects of curbing violent crime in relation to those not offered services who had similar risk factors.

CHAPTER 3. SYSTEM-LEVEL PROCESSES

This section describes, dissects and draws lessons from Oakland’s juvenile reentry system. It highlights dimensions of change in Oakland’s Juvenile justice system over the past 2 years since Second Chance has been in place. It was important for us to examine system-level processes and protocols pre and post release to see whether the current system is aligned with or making progress towards best practices of justice reform. Given that Oakland (and the larger Alameda County) have spent unprecedented time, effort and resources in the last decade on adapting youth development practices and principles, shifting towards more community-based programming, building in data sharing and confidentiality agreements, focused on capacity building of staff across sectors, and reforming its juvenile reentry system into an innovative collaborative system of service delivery. Below, we provide some initial insights and perspectives into what’s working well or not for each of the areas of dimensions. Note, these findings are preliminary due to small size of this evaluation, and deserve greater in-depth exploration of system and provider-level processes and lessons learned, particularly as they impact specific youth outcomes.

3.1 SHARED VISION AND GOALS

According to the system-wide survey, the majority (65%) of the stakeholders reported that there is shared vision and goals across the partners. However, the shared vision is not unanimous. There were no statistically significant differences between how government and CBO participants responded. A majority (65%) agreed or strongly agreed that the juvenile reentry system has strong commitments from its partners. A similar majority (60%) agreed or strongly agreed that the reentry system has commitments from top leadership. Half (50%) of respondents agreed or strongly agreed that the system has pooled or leveraged resources to meet common goals. When asked what is their vision for reentry youth, responses included:

- “More comprehensive, high quality and immediate access to needed mental health and medical services in the community (post release)”. Stakeholders wanted the same quality of services outside of JJC that youth are getting in the facility.

- Consistency in case planning across continuum. This included: 1) having concrete education, job, and personal goals; 2) not losing information; 3. Getting rid of the one size fits all approach; 4). Prepare youth for different types of challenges; and 5. Plans that involve meeting with parents.

- Increase youths’ knowledge about accountability to courts and probation officer if successful.

- Break down walls of communication across multi-sector providers.

- Connect youth to an adult/role model/mentor.

“We have many youth that have the very highest level of services we have...and they are still failing.”

– Provider
3.2 INFORMATION SHARING AND DATA USE

About 55% of the stakeholders responded that there has been an improvement in data sharing across partners for case planning and service delivery. Almost half reported that the system has outcomes and uses them to assess progress (47%) and inform planning (48%). Only 25% of respondents reported that there sufficient resources have been dedicated to ensure data sharing and confidentiality. There was statistically significant difference in responses of CBOs and government staff.

Approximately half of the respondents said that they are rarely receiving (46%) or sharing information (52%) (i.e. less than monthly, and sometimes even less than annually). Only 17% of stakeholders reported that they receive information at least weekly, and these were all government employees - none of the CBO respondents reported receiving information that frequently. There seems to be a bimodal distribution of information sharing across the system (see Figure 9 below); some respondents who have a high frequency of information sharing/receiving (e.g., weekly) and others with a low frequency (e.g., once a year). For more coordinated case planning, sharing information about individualized cases across sectors is crucial, particularly as needs-based services are provided by various sectors.

The monthly case conferencing facilitates monthly information sharing about a limited number of cases; however, that might not be sufficient. We urge system leaders to develop and merge data confidentiality protocols and memoranda of understanding. We also recommend developing a coordinated data system that links

Cityspan education data with Probation and Transition Center, and that these data permit longitudinal tracking of individuals.
3.3 INTER-Agency COLLABORATION AND COMMUNICATION

In 2011, many stakeholders noted the fragmented nature of the juvenile reentry system, reporting that inter-agency collaboration varied significantly and was dependent on individuals and specific personalities, rather than being institutionalized or systematic. Specifically, they mentioned that the communication between probation officers and case managers varied on a case-by-case basis. Nevertheless, the stakeholders also reported that there seems to be a greater sense of collaboration. Case conferencing has helped to provide clear goals, share information and develop a coordinated individualized plan for each youth’s specific situation and conditions. More probation officers seem to be invested in collaboration; the bimonthly or monthly meetings held by Measure Y were recognized as an excellent opportunity to collaborate with other providers.

In the survey administered a year later in summer 2012, the majority of stakeholders (84%) reported high frequency of collaboration (a lot or frequently) across organizations or partners across sectors. All of the community-based organization respondents and 84% of all respondents reported collaborating with other organizations or partners across sectors a lot, frequently, or sometimes; only 16% reported collaborating occasionally, rarely, or none, and all of these individuals were government employees.

Though frequency of collaboration was high across partners, especially among community-based organizations, the partners are not highly satisfied with the existing collaborations.

- While 1 out of 4 (26%) were extremely or very satisfied with the level of collaboration across the system, and 22% were slightly or not at all satisfied, the other 52% were somewhat satisfied.
- Relatedly, 40% of those who collaborated viewed the existing collaborations as extremely or very useful.
- And about half (50%) thought that it was very or somewhat easy to collaborate with other providers across sectors.
- A majority (52%) thought that collaboration and communication across partners had improved a lot or some in the past year, and a majority (56%) also affirmed that participants were accessible and open to collaborating.

<table>
<thead>
<tr>
<th>Table 6. Characteristics of Inter-agency Collaboration across agencies/partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>High frequency of collaboration</td>
</tr>
<tr>
<td>Collaborations have been extremely or very helpful in betting meeting client needs</td>
</tr>
<tr>
<td>Easy to collaborate</td>
</tr>
<tr>
<td>Collaboration and communication has increased</td>
</tr>
<tr>
<td>Partners are accessible and open to collaborating</td>
</tr>
</tbody>
</table>

*Source: Cross-system partner survey 2012*
When asked to identify three major challenges to collaboration the respondent had faced in the last six months, the three leading challenges identified by government respondents were changing administrators and leadership, different agendas and a lack of shared vision, and power imbalance among collaborators. However, among CBO respondents, only the top leading challenge (changing administrators and leadership) was the same; the subsequent two were difficulty in sharing pooled funds or resources, and cultural make-up of organization/partners.

Only 34% of the partners reported frequent communication with other partners, and most did not know whether the executive committee met regularly. This suggests that there needs to be more structured communication venues. Many of the stakeholders felt that strengths of all the organizations are not currently being fully utilized; perhaps building in regular presentation/ and information sharing by various partners about their agencies/organizations and work they do at meetings would help partners across the system understand and appreciate the strengths each has. It may also lend itself to greater ideas for collaboration and lessons learned. Finally, only 17% reported having mutual trust and understanding across sectors.

In response to an open-ended question, survey participants had several suggestions for what could be done to make the collaborations more helpful or effective. Some were quite content with how collaborations were working so far, but many had constructive criticism. Respondents identified the importance of building a better infrastructure, including by having dedicated staff to support and lead these collaborations. They also wanted meetings better run—including with a clear leader—and to be better attended. They also thought that it would be helpful for people to better understand each other’s organizations, including their culture but also why they wanted to have certain types of information about youth; networking events could help accomplish this goal, as well as more frequent communication and holding collaborators accountable for being responsive to each other. Respondents wanted to move towards equal or more balanced power between collaborators.

<table>
<thead>
<tr>
<th>Figure 10. Top Challenges Reported to Inter-Agency Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Administrators</td>
</tr>
<tr>
<td>Power Imbalance*</td>
</tr>
<tr>
<td>Different Agendas**</td>
</tr>
<tr>
<td>Lack of trust and...</td>
</tr>
<tr>
<td>Lack of information</td>
</tr>
<tr>
<td>Lack of interest in...</td>
</tr>
<tr>
<td>Lack of infrastructure</td>
</tr>
</tbody>
</table>
3.4 COORDINATED CASE PLANNING

One of the key evaluation questions we asked was: To what extent did Second Chance lead to more coordinated planning and integrated services among partner agencies pre- and post-release? Though there seems to be some improvement in coordinated planning services post-Second Chance, stakeholders noted an absence of a formal coordinated system of services. Issues with communication and limitations of data sharing due to confidentiality concerns have provided many barriers to coordinated case planning.

A few stakeholders indicated that they were starting to see providers sharing information and resources with one another, giving each other a “heads up” concerning issues and incidents in the neighborhood of youth they are simultaneously serving. Practices such as monthly case conferencing meetings where a number of youth are discussed and data are shared across mental health, probation officer, school representative and medical sectors and the multi-sector trainings on civil legal needs, education, disability benefits, MediCal health insurance, welfare, GA food stamps, and CalWORKs were reported as examples of increased coordinated planning among partners.

Through the increased roles of Measure Y (now Oakland Unite) and OUSD with the Juvenile Justice Center, there has been greater opportunity to develop treatment plans through the Individualized Planning (IDP) process, though some stakeholders still expressed that there should be a more formalized or systematic method of case planning. There continue to be multiple case plans that are not integrated with each other. The multiple individualized case planners (e.g., probation officer, case manager) would like to see more youth-centered case plans.

In an open-ended question, respondents identified several barriers to collaborative case planning. Common barriers included having time to meet and actually scheduling a convenient time, although others noted that their time was better spent elsewhere. Another common barrier was that multiple case managers making the collaboration quite complicated without any one person taking the lead. Additionally, respondents described a lack of information and lack of consistent information shared, including no access to data beyond Cityspan; respondents noted that this could potentially be addressed by inviting teachers and families into the collaboration as well, having Probation share their data, and simply ensuring that everyone had each others’ contact information. However, respondents also noted that confidentiality (especially for clients who were minors) was an issue, and that they wanted to ensure that only relevant information was shared (to avoid information overload).

Suggestions for how to improve collaborative case planning touched upon many of these same themes. For example, respondents suggested creating a set, dedicated, mandatory time for all the meetings to make scheduling easier and to ensure consistent attendance,
and identifying who will lead each meeting (this could be someone hired specifically for this purpose). Respondents also suggested that they use the meeting time to the fullest, in part by circulating information to review in advance and using the meeting to troubleshoot priority clients. Others recommended that lines of communication be improved, in part by understanding the role and culture of each of the different organizational partners and any other relevant partners who have not historically participated. Respondents also suggested tensions that appear to exist between Probation and Oakland Unified School District, and recognized the importance of those two agencies being able to collaborate well and potentially co-lead some of these sessions.

"Creating a Better Future Together." Quilt created by Youth at Alameda County Juvenile Justice Center. Alameda County Arts Commission.
3.5 USE OF EVIDENCE-BASED PRACTICES

One of the areas we assessed in the juvenile reentry partner survey was knowledge and use of specific evidence-based practices by various stakeholders (see Table 7 below). Most respondents had high familiarity with Motivational Interviewing, Restorative Justice, Wraparound, and Cognitive Behavioral Therapy. This was expected as partners have been recently trained on some of these or been using these for many years.

### Table 7. Knowledge and use of evidence-based practices across system

<table>
<thead>
<tr>
<th>EVIDENCE-BASED PRACTICE</th>
<th>LEVEL OF FAMILIARITY AND USE</th>
<th>WANT MORE TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-informed Care</td>
<td>Low</td>
<td>Priority</td>
</tr>
<tr>
<td>Family Functioning Therapy (FFT)</td>
<td>Low</td>
<td>Priority</td>
</tr>
<tr>
<td>Juvenile Detention reform initiatives (JDAI)</td>
<td>Low</td>
<td>Priority</td>
</tr>
<tr>
<td>Positive Behavioral Interventions and Support (PBIS)</td>
<td>Mid</td>
<td>Priority</td>
</tr>
<tr>
<td>Aggression Replacement Therapy (ART)</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Multi-systematic Therapy (MST)</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Motivational Interviewing (MI)</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Wraparound</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Restorative Justice (RJ)</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Low: I am not familiar with this practice, or familiar but not using. 
Mid: trained and would like to use. 
High: started using, or using this practice for many years.

However, there was not much familiarity with several other evidence-based practices for improving lives of reentry youth. These include: trauma informed care, family functioning therapy, juvenile detention reform initiatives, positive behavioral interventions and support, Aggression Replacement Therapy and Multi-Systematic Therapy. Respondents identified the first four as areas for which they would like training. Providing trainings to increase knowledge and use of specific evidence-based practices that engage and provide support to families would build on positive strengths and environments. It would also help to address the trauma that many reentry youth experience, particularly those exposed to violence and other adversities since childhood. This would be a highly effective way to increase capacity and promote what works within the reentry system in Oakland.
Another primary evalutaion question we aimed to answer was: To what extent are multidisciplinary assessments being implemented and used throughout juvenile reentry system? Why or why not? Though the use of specific multidisciplinary assessments seem to have increased substantially over the last few years, including MAYSI-2, YLS-CMI, risk assessment at intake, physical health assessment, the use of these assessments and sharing of information for coordinated case planning remains limited and inconsistent. It appears that multidisciplinary assessments are being used to guide individualized case planning on a case-by-case basis. For youth involved in special education, the use of multi-disciplinary teams has been fairly consistent.

Oakland, Alameda county has done a great job of adapting and administering the multidisciplinary assessments across the system, from intake, during detention to inform service provision, at discharge as part of transition center, and then by community-based organizations post-release. The tools used are validated and reliable instruments shown to work well with this diverse population, including MAYSI-2, etc. All staff have been trained and consistently use the tools to assess client needs. However, there is variation in the types of tools used throughout the continuum, and there is limited sharing of information with partners due to confidentiality and legal issues. Some effort and trainings have been provided by National Center for Youth Law to address confidentiality issues and develop MOU’s though that work needs to be expanded, and communicated to all partners.

However, many stakeholders perceived the implementation of multi-disciplinary teams at discharge as inconsistent, with many reporting in the partner survey that they share and receive information from these assessments with other service providers once a year or less. Many reported that they do not think there has been enough attention to using these assessments to better coordinate and ensure everyone involved is carrying through with the individualized plan. Some stakeholders interviewed indicated that, though helpful, the multidisciplinary assessments have not done enough to involve the youth and their family in the planning in the courts.
3.7 MULTI-DISCIPLINARY TEAMS

How well are Multidisciplinary Teams (MDTs) being implemented throughout the juvenile reentry system at intake, in custody, pre-, and post-release? In the last three years, there has been one case conferencing meeting held per month, with over 25 participants or providers on average, with high attendance. An average of 10 cases are reviewed each time. Various providers, including case managers, medical/health nurses, schools, and probation officers, share information with each other. Though the format has changed for these collaborative meetings over time, the MDTs are perceived as highly beneficial and effective in improving systems collaboration and increasing a youth’s sense of involvement and inclusion (based on the interviews). Though, in the recent survey which reached a broader sector of system partners and leadership, many were neutral regarding whether MDTs are working well. They might not be exposed to the MDTs, or hear about much progress from MDTs – additional information sharing and success stories from MDTs across the system, reaching leadership, might be beneficial.

All respondents mentioned a need to intentionally reach more youth and involve more community providers and parents in MDTs. Challenges to successful implementation of MDTs include inconsistency in implementation including wide variation between school sites.

“"The MDT itself... I think will be a powerful thing. "That[’s] number one; just that students feel welcomed and like people are coming to the table to help them, this [is a] very powerful feeling."”

- Key Informant

Photo courtesy from Youth Uprising, youth during a training.
CHAPTER 4. SUMMARY AND RECOMMENDATIONS

The following section details the strengths and gaps of the Oakland Juvenile Reentry System, while sharing feedback from stakeholders and providers involved.

4.1 WHAT’S WORKING WELL - OVERALL

The following table summarizes current gaps and strengths in the juvenile reentry system.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better assessment of youth needs</td>
<td>Limited capacity and sufficient resources</td>
</tr>
<tr>
<td>Creation of specialty courts</td>
<td>Limited parental involvement</td>
</tr>
<tr>
<td>Greater inter-agency collaboration</td>
<td>Differing organizational cultures and tensions; competing interests</td>
</tr>
<tr>
<td>Increased data sharing</td>
<td>Limited knowledge and use of evidence-base practices</td>
</tr>
</tbody>
</table>

Source: System-wide Partner Survey 2012, key informant interviews and focus group with case managers.

1. BETTER ASSESSMENTS OF YOUTH NEEDS AND ASSETS

Overall, the system is doing a better job of identifying needs of youth as they go through the system. Efforts have included an increased number of cases with individualized case planning and an increased awareness of mental health and educational needs of youth involved in the juvenile reentry system. Yet building on existing efforts and what is working well, there is a need to further develop infrastructure at transitional center to coordinate case planning across partners that has data available and uses data from mental health, medical, educational, probation and youth/family strengths for individualized case planning.

2. CREATION OF SPECIALTY COLLABORATIVE COURTS

Respondents mentioned that the creation of specialty courts and courts promoting community reintegration has led to better communication between groups, including in
promoting multidisciplinary case planning. Oakland Unite helped create “community navigator” positions, which was a “huge investment that paid off.”

A report by National Center for Youth Law shared lessons learned from the first three years of operation of the Alameda County Juvenile Collaborative Court (ACJC).62 The ACJC was established in 2007 to support youth with mental health needs by connecting them and their families to individualized, community-based mental health services, educational opportunities and other community supports.

The ACJC Multidisciplinary Team (the MDT) is the core that meets regularly, determines eligibility for the ACJC, obtains consent from the youth and the family, identifies needed services and supports, and develops and monitors individualized service plan (ISP) that identifies positive outcomes for youth that are strength-based, family-centered, and culturally appropriate. “ACJC focuses on early intervention, including connecting youth and their families with counseling, medication management, case management, school enrollment, and a civil legal services advocate as soon as possible after a youth is admitted to the ACJC.”

ACJC model has shown to decrease number of detentions (by 76%), number of youth detained by 52%, the total number of detention days by 63%, and new law violations by 68%.

Though mental health service utilization seems to decline significantly after the youth leave the Court and the youth spent over 1,800 cumulative days in juvenile hall while participating the Court, this model is working well. Tracking of outcome data, expanding the eligibility criteria to serve greater number of youth, and improved communication and involvement of families, and program expansion/administration were some of the future areas of improvement.

3. GREATER CROSS-AGENCY COLLABORATION

Enhanced multisystem collaboration is perceived as a benefit of the JJC Strategy/Second Chance Initiative. As a result of larger group case reviews and monthly or bi-monthly planning meetings, an increased number of probation officers have invested in collaboration. Additionally, many stakeholders have noticed an increase in collaboration between case managers, probation officers and medical and mental health experts. In the May 2012 Juvenile Re-

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entry Cross-System Partner Survey, this commitment to collaboration showed: a majority of respondents (70%) agreed or strongly agreed that information sharing across medical, mental health, probation, school district, and case management is necessary to develop a coordinated case plan.

**Figure 11. Stakeholders reported system strengths**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Timely&quot; information sharing is sufficient for most cases.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The multidisciplinary team approach to individualized case planning is working well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information sharing across medical, mental health, probation, school district and case management is necessary to develop a coordinated case plan.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

4.2 WHAT’S NOT WORKING WELL – GAPS IN THE SYSTEM

1. LIMITED CAPACITY AND INSUFFICIENT RESOURCES

There continues to be limited resources and capacity within the system to meet the high number and multiple service needs of reentry youth. Shortage of services, staffing and funding to meet the diverse and many needs of reentry youth were consistently mentioned by respondents. This includes lack of resources to meet employment, educational and vocational services. It also includes having consistently high caseloads for case managers and probation officers, which prevents them from investing more time and building sustainable relationships with youth. Having a care adult in high-risk youth lives is crucial for their success.

Given the lack of capacity and resources, it is also a challenge to address health concerns, especially mental health and substance abuse issues. Stakeholders have listed the following issues as areas for which attention and/or resources should be increased: mental health, substance abuse, violence prevention, gang-related issues, and family involvement. When asked what trainings people could benefit from, there were different responses by domain. Probation officers wanted more cultural competence trainings. Case managers wanted training on how to communicate effectively and be an effective advocate in court and in the schools. School staff requested training about what the juvenile justice system is like, and what processes are involved in getting any person through the juvenile justice system.
2. LIMITED FAMILY INVOLVEMENT

There has been difficulty garnering family involvement in youths’ development and transition back to the community. Some stakeholders feel that there is low parental involvement in classes offered, sharing that involvement should be made mandatory for parents to attend. However, other stakeholders posited that low involvement may be due to parents’ perception of parenting classes. Others mentioned limited involvement of parents and youth in obtaining their feedback and reflection. Explicit ways to involve and engage youth and their parents in assessing, improving, evaluating and decision-making at the system and service-level would be very worthwhile effort – aligned with principle of youth development – and towards youth and family-driven.

Parents themselves are struggling to navigate the system and get their children to probation. There is a need to provide comprehensive family support. There are few culturally sensitive interpreters (for under-represented populations) and family liaisons. Specifically, it was mentioned that they need Cambodian interpreters and interpreters of Chinese dialects.

3. LACK OF CONSISTENT EVIDENCE-BASED AND INDIVIDUALIZED CASE PLANNING

Stakeholders interviewed expressed a desire for more evidence-based practices, noting that although there are lots of data on juvenile reentry youth, data are not always being utilized. Many respondents did not know whether the system regularly used data or measurable outcomes to inform ongoing planning.

In the May 2012 Juvenile Re-entry Cross-System Partner Survey, the majority of partners though familiar with wraparound, were not amiliar with Juvenile Detention Reform Initiatives, Trauma-informed Treatment, Family Functioning Therapy, or Multi-Systematic Therapy.

Many of the respondents were also unfamiliar with Multidisciplinary Teams, Motivational Interviewing, Aggression Replacement Therapy, or Positive Behavioral Interventions and Support, indicating a need for better method of information sharing, trainings, information sessions, and assistance related to evidence-based practice. The majority of participants (71%) seemed to agree, expressing an active interest in receiving technical assistance, information, and/or trainings related to evidence-based practices. Stakeholders mentioned that they are not able to re-create services from JJC in the outer community setting. When we look at the full continuum of juvenile reentry system, including services provided within JJC, and at pre-release, stakeholders mentioned that JJC does not currently have the resources and capacity to know how to engage youth in their education. Then, post-release,
there is a lack of wraparound services to the youth when they enter the community. Combined, this makes it difficult for youth to transition back to their communities. Youth also enter and exit the system so quickly that it can sometimes be difficult to track them longitudinally.

A significant number of stakeholders did not think there was mutual trust and understanding between providers across sectors. Many partners indicated that the system did not recognize differences among partner agencies and did not strive to leverage the strengths of each organization.

4. COMPETING ORGANIZATIONAL INTERESTS AND CULTURES – FRAGMENTED SYSTEM

Stakeholders repeatedly mentioned during the interviews and survey that there are competing interests between departments, “though we all work for the same county, many people in leadership positions are bound by their way of doing things – not open or flexible to having shared.” This also included lack of communication between providers. See prior results for details about areas of fragmentation.
4.3. CONCLUSION

The main benefits of Second Chance include: (1) Better supporting youth through expanded services to clients and families; (2) Increased and expanded case management to reentry youth; (3) Multidisciplinary collaborations - collaborations with schools and CBOs have increased and there are coordinated trainings.

Although the Oakland juvenile reentry system remains a work in progress, our process evaluation results suggest that it is a promising model for collaboratively and more efficiently serving and meeting the complex needs of individual youth throughout the continuum, through family and community involvement, inter-agency collaboration, individualized evidence-based case planning, and the provision of training for staff.

Is the current juvenile reentry system meeting the needs of reentry youth and their families? Though substantial effort has been made over the last 3 years and so towards an integrated assessment, planning and service delivery, there is still room for improvement. They are not fully aligning practices and programs with specific needs. This is likely due to lack of use of data – though they have a lot of data/information being collected, the assessments are not being shared and used across providers consistently. Providers, though highly committed to youth development principles and approach, have not yet fully integrated and aligned their practices, protocols and policies with strength-based youth development and resilience principles. Programs that parallel the documented basic needs – such as employment, education, mental health, substance abuse – do not yet exist. For example, the availability of mental health services for trauma victims is not sufficient, and families need more support (e.g., through family strengthening models) than is currently given.

In summary, the system needs better coordination across agencies and partners, it needs plans to focus on the environment and unique supports and resources available to each youth, and it needs a better method of tracking youth and their families as they enter the system and receive individualized specialized plans for more streamlined and comprehensive services.
4.4. RECOMMENDATIONS

Oakland has done a tremendous job of initiating and building in key processes, provide some structure, have shared understanding and commitment towards collectively meeting the complex needs of high-risk reentry youth – they are on the right path. At this point, we would suggest building on specific processes that are working well, and address the major gaps. Most importantly, there needs to be greater investment in developing an infrastructure (shared governance, monitoring tools, community-based strategic plan, communication mechanisms and sustainability plan) to hold the various components. Secondly, capitalize on the court process, initiation of multidisciplinary teams and multi-disciplinary assessments by using the data for coordinated case planning and program planning; and build provider capacity on specific evidence-based practices. Given limited resources and wealth of reentry youth with tremendous knowledge, experience and expertise who have successfully navigated the system - to intentionally capture their voice, strengths and strategically engage them and their families in the reentry services and system. The City might want to consider having a reentry system Youth Coordinator, to work more closely with existing youth and family initiatives. Finally, capitalize on consultants to conduct a facilitated process to develop shared strategic plan and quality improvement system. Specific recommendations are noted below. Note, these were developed based on the results and in consultation with the Second Chance committee, though should be vetted and modified as appropriate to ensure successful implementation.

Continue to strengthen partnerships across sectors

- Further build in meaningful structured opportunities for partners to collaborate on specific strategies, learn about each others organizations and services, and develop trust.

- Facilitate a process to develop shared vision, shared protocols, and planning every 2-3 years towards shared outcomes.

- Develop communication mechanisms/plan to more constructively share key information with each other, and within one's agency to keep top leadership more informed, engaged and invested.

Further develop infrastructure and systems capacity

- Develop a shared community-based governance structure, supported by top leadership of key agencies. Address power imbalance between collaborators (e.g., case managers and deputy probation officers) as part of this structure.

- Build in and expand provision of continuous cross-sector trainings, technical assistance and information on most needed evidence-based practices like Trauma-Informed Treatment, Family Functioning, Multi-Systematic Therapy and Positive Behavioral Intervention Services.
• Develop a continuous quality improvement system where prioritized outcomes are monitored, shared and used for ongoing decision-making and improvement.

Enhance use of data for coordinated case planning, and program planning and quality improvement

• Increase youth and family-centered case planning that works to more effectively engage family members in providing support to the youth should be considered.
• Share needs and risk assessments data more frequently pre and post release to inform case planning and coordinated service delivery for all youth.
• Expand multi-disciplinary teams at schools and expand case conferencing meetings.

Engage and empower youth and families

• Develop a more youth and family-driven system - youth involved at service and system level (in governance, policy development, service planning). Identify specific ways youth and families can be more engaged within JJC, transition center and in the community.
• Assess and build on youth, family and community strengths. Conduct focus groups with youth and families.
• Incorporate positive youth development and strength-based approaches into programming and policies.
• Prioritize and monitor positive youth development and resilience, and family-level outcomes including family functioning and supports.

We hope this report is helpful to strengthen the existing juvenile reentry system in Oakland and Alameda County.
REFERENCES (SELECTED)


Families Unlocking Futures: Solutions to the Crisis in Juvenile Justice: Executive Summary. A report by Justice for Families with research support by DataCenter. September 2012.


APPENDICES

Second Chance: Evaluation of Juvenile Reentry System in Oakland
Key Stakeholder Interview Questions

Introduction

Hello, my name is _______ and I work at the WestEd Center for Resilience and Youth Development! Thank you for agreeing to talk with me about the juvenile justice system in Alameda County. You are being interviewed because we consider you a vital stakeholder in the juvenile reentry process in our county. We hope you can provide important insights into what’s working well or not related to the juvenile reentry system, policies and community-level efforts in Oakland. We are interested in hearing your honest opinions. Please give examples whenever possible. The interview should take approximately 1 hour. Your answers are completely confidential and will be recorded and coded without names. Again, we are interested in your perspective and experience. It’s important for you to know that there are no “right” or “wrong” answers. The responses you give will be reported back to the Second Chance planning committee in group form only. As you can see, I will be using a script for this interview. We do this because it’s important for us to ask everyone the same questions. Although your responses will only be reported as part of a group, it is helpful to make an audio record of your responses. Is it okay if I make an audio record of this interview? The audio record will be erased as soon as we have confirmed that we accurately summarized in notes what was said during the interview. Do you have any questions?

Interview Questions

Q1. What is your position and how long have you been in it? What is your role in connection with the juvenile reentry system in Alameda County?

Q2. Describe the role of stakeholders in the reentry process.

Q3. What is your vision for JJC youth reentering the community?

Q4. Do you think the current juvenile reentry system meets the needs of reentry youth and their families? Give examples.

Q5. What are the major barriers or gaps in the current juvenile reentry system, and how can we address those?

Q6. What are 3 critical strategies of this reentry system you wish are in place in the next 6 months?

Q7. What are key changes (system, policy, community-level) that you would like to see in the next 3 years to improve juvenile reentry in Oakland?

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May 2011 -- WestEd
Q8. What do you think is working well across the systems to support community reintegration? What are the strengths of the system?

Q9. Do you think there is effective collaboration and communication across providers (Health care, schools, mental health, probation) within JIC or post-release (PO, CM)? Give examples. How can this be improved?

Q10. To what extent are multidisciplinary teams being implemented within JIC, at discharge or post-release? Are these working well? Why or why not?

Q11. Do you think there is sufficient cross-sector coordination and trainings within JIC or beyond? What else could be provided or improved? [capacity building for staff, youth and families]

Q12. To what extent are multidisciplinary assessments used to guide individualized case planning within JIC or beyond?

Q13. Any other comments you would like to share with us?

Thank you
Dear Juvenile Reentry System Partner,

Please take 15 minutes to complete the attached survey regarding your beliefs, attitudes, and experiences with the juvenile reentry system in Oakland, CA. Please remember your participation is voluntary, and all responses will be anonymous and kept confidential.

The purpose of this survey is to inform and improve juvenile reentry system and ensure safe and successful reentry for JRC youth. The audience for this survey is all people or stakeholders who know about the juvenile reentry system or provide services within JRC or post-release in the community or in schools (e.g., administration, medical/mental health staff, case managers, educators, youth development organizations, probation officers). You have been selected as a respondent for this survey as a person who is knowledgeable about juvenile reentry system or youth in Oakland or Alameda County. There are no right or wrong answers. Your input is highly valuable.

Thank you for your participation in this survey, and for being an integral part of juvenile systems reform in Alameda County. If you have any questions about the survey, please contact Lead Evaluator for Second Chance, Dr. Sonata Jam, WestEd @ 510.302.4251.

Your Organization: ___________ Title/Role (e.g., probation officer): ___________ Length of time in this organization: _______ Months/Year

Gender: M/F How do you identify yourself? Latino, African American, Asian, Native American, Caucasian/White, More than One Race, Other

EVIDENCE-BASED PRACTICES

1. Please rate the following statements on a scale of 1 to 5. Evidence-based practices are identified by USDJ as those practices or services that are backed by sufficient evidence or research to be highly effective in improving outcomes for juvenile reentry. (Check all that apply)

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<tr>
<th>Practice</th>
<th>I am not familiar with this practice (1)</th>
<th>I am familiar with but not using it (2)</th>
<th>I have been trained on and would like to use this practice (3)</th>
<th>I have just begun to use this practice (4)</th>
<th>I have been using this practice for many years (5)</th>
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<td>Multidisciplinary Team (MDTs)</td>
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<td>Juvenile Detention Alternatives Initiative (JDAI)</td>
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<td>Trauma-informed Treatment</td>
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<td>Aggression Replacement Therapy</td>
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<td>Cognitive Behavioral Therapy</td>
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<td>Family Functioning Therapy</td>
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<td>Skills Systematic Therapy</td>
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<td>Restorative Justice</td>
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2. Would you like more information, technical assistance or trainings about specific evidence-based practices? Yes  No

OUTCOMES
3. How do you define “success” for your clients?

4. How do you or your organization define recidivism?

5. How do you track client recidivism?

INTERAGENCY COLLABORATION AND COMMUNICATION

Definition: A formal process concerned with facilitating collaboration among the various system youth-serving sectors (e.g., mental health, education, child welfare, juvenile justice). This process includes the Interagency Planning Committee, which has designated participants who represent the various agencies and have regularly scheduled meetings

6. Please rate the following statements:
   a) Overall, how much have you collaborated with other organizations or partners across sectors in the past year?
      Very Satisfied  Satisfied  Neutral  Not Satisfied  Very Not Satisfied
   b) How satisfied are you with the level of collaboration across the system?
      Extremely Satisfied  Very Satisfied  Satisfied  Neutral  Not Satisfied  Very Not Satisfied
   c) How helpful or useful have the existing collaborations been in better meeting client needs?
      Very Helpful  Helpful  Neutral  Not Helpful  Neutral/Don’t Know
   d) How easy or difficult is it for you to collaborate with other providers across sectors (MH, Medical, Probation, schools)?
      Very Difficult  Difficult  Neutral  Easy  Very Easy
   e) To what extent do you think collaboration and communication across partners has increased in past year?
      Gotten worse  Stayed the same  Not at all  A bit  Definitely
   f) Patterns are accessible and open to collaborating
      Very True  True  Neutral  False  Very False

7. Please identify 3 major challenges you have faced to collaboration in the last 6 months?
   a) Different agendas – lack of shared vision
   b) Lack of trust and understanding
   c) Power imbalance among collaborators
   d) No opportunities to collaborate
   e) Lack of information
   f) Changing administration and leadership
   g) Other

8. What do you think can be done to make the collaboration more helpful or effective?

COLLABORATIVE CASE PLANNING

Definition: Collaborative case planning explained through the monthly case conference, a defined set providers from mental health, probation, CBOs, schools collaborating to share information and develop individualized pre-release plans for each juvenile being released from JJC.

9. Please indicate your level of agreement for following statements:
   a) I am satisfied with the monthly case conference meeting.
   b) The information sharing across medical, mental health, probation, CBOs is necessary to develop a coordinated response.
   c) The multi-disciplinary team approach to individualized case planning is working well.
   d) The timely information sharing is lacking from most agency services.

10. What are your barriers to collaborative case planning?

11. What can be done to improve collaborative case planning?

USE OF MULTIDISCIPLINARY ASSESSMENTS

12. Do you conduct an assessment of client needs? Yes  No

12a. If yes, please identify what tools or instruments do you or your organization use, and what specific domains do the tools have. Please be as specific as possible, and include copies of measurement tools if available.
   a) At least:
   b) In addition/JJC:

Oakland Juvenile Detention Cross-System Survey, Summer 2012 (Copyright @ WestEd)
11. How often do you share information from these assessments with other service providers? Not at all  Rarely  Sometimes  Frequently  All the time

INFRASTRUCTURE CAPACITY BUILDING SUSTAINABILITY

These next set of questions are about your perception of the juvenile reentry system in five areas. For each of these questions, please indicate your level of agreement:

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<tr>
<th>14. Shared Vision and Goals</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>a) The reentry system partners have a shared vision and goal</td>
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<td>b) The juvenile reentry system has strong commitments from its partners</td>
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<td>c) The reentry system has commitments from top leadership in our partner organizations</td>
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<td>d) The system has pooled or leveraged resources to meet common goals</td>
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<td>e) The system members communicate frequently and easily enough to achieve their goals</td>
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<th>15. Data Sharing and Data Use</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<td>a) The system systematically uses data to inform ongoing planning</td>
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<td>b) The system has set measurable outcomes and uses them to assess progress</td>
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<td>c) There has been improvement in sharing data across system partners to inform case planning and service delivery</td>
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<td>d) There are sufficient resources to ensure data sharing and confidentiality</td>
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<th>16. Effective Communication and Decision-making</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>a) System partners communicate frequently and easily enough to achieve their goals</td>
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<td>b) There is minimal miscommunication</td>
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<td>17. Youth and Family Involvement and Strengthening</td>
<td>Strongly Agree</td>
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<td>a) The system recognizes and builds upon strengths of youth</td>
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<td>b) There are sufficient resources and capacity/skill across systems to adequately meet the needs of family youth</td>
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<td>c) The system recognizes and builds upon the strengths of families</td>
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<td>d) There are sufficient resources and capacities across systems to adequately engage and support parents and families</td>
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18. Role of Second Chance and Sustainability

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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>a) Second Chance helped improve coordinated planning among partner agencies pre- and post-release</td>
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<td>b) SC helped improve service coordination</td>
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19. Are there any major lessons learned you'd like to share with us?

20. Anything else we should know?
“graduation not incarceration”

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