TARGETING HIGH RISK OFFENDERS: A VIOLENCE REDUCTION STRATEGY

A strategic planning report for the City of Oakland’s Human Service Department

Prepared by Corey Matthews
Goldman School of Public Policy
University of California Berkeley

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EXECUTIVE SUMMARY

The City of Oakland’s Human Services Department plans and administers violence intervention programs and services for city residents. This network of programs and services, housed under the name “Oakland Unite” is undergoing a comprehensive strategic planning process. This report highlights the opportunities to enhance service delivery for those at highest risk of offense or re-offense in Oakland Unite’s four violence intervention strategies: Focused Youth Services, Family Violence Intervention, Young Adult Reentry Services, and Incident/Crisis Response. It incorporates:

1) A qualitative analysis of focus group discussions with providers of violence intervention services.
2) A municipality comparison of promising practices used by professionals in the field.
3) A literature review of city-led violence reduction strategy reports.

It concludes with recommendations on how to refine the City of Oakland’s violence intervention model and improve service delivery practices to better serve the highest risk youth and young adults. Recommendations are made with short and long-term considerations.

In the short-term, Oakland Unite should:

- Invest in After School Programs for young people to offer more options for extracurricular involvement
- Research risk assessment tools
- Staff a grants manager to apply for and administer external funding resources

In the long-term, Oakland Unite should:

- Reorganize its referral network to leverage neighborhood, place-based service delivery (i.e. services in East Oakland might be different than those in West Oakland)
- Increase Oakland Unified School District support to provide onsite mental health, case management and additional services for young people at the highest risk for re-offense
- Adopt a standardized risk assessment
- Apply for state, federal and philanthropic funding to increase resources for service delivery
GLOSSARY & ACRONYMS

Case Manager – A paid staff position that provides referrals to support services, advocacy, and coordination with other departments to ensure client success.

Clients – Individuals that are participating in Oakland Unite’s violence intervention and prevention services.

OUSD – Oakland Unified School District

OPD – Oakland Police Department

Probation – Alameda County Department of Probation

Providers – Refers to nearly 30 nonprofit direct service organizations that provide case management, job placement, and mental health counseling and other services to clients.

Violence Interruption – A strategy that supports the providers that use street outreach workers to create relationships with high risk youth and young adults, mediate conflicts and refer clients to services and resources.

Violence Intervention – The services and programs that are provided for those that have a history of criminal arrest and/or conviction.

Violence Prevention – School-based and community programs designed to prevent potential offenders from committing acts of violent crime.

INTRODUCTION AND OVERVIEW

As the City of Oakland’s “Oakland Unite” team conducts its comprehensive strategic planning process, this report provides an assessment of key opportunities uncovered in focus group sessions with providers and an analysis of new practices being used by violence intervention professionals in other cities to inform Oakland’s violence intervention model. With a focus on all four violence intervention strategies, the report highlights the opportunities to enhance service delivery for those at highest risk of committing violence. It provides a qualitative analysis of focus group discussions with providers of violence intervention services, uses a municipality comparison to identify promising practices implemented by other practitioners, and reviews literature to take stock of new programs and models that have experienced success. It concludes with recommendations on how to refine the City of Oakland’s violence intervention model and service delivery practices to better serve the highest risk youth and young adults.
Understanding Community Violence and its Costs

Violence reduction in cities is a key priority for many city officials, nonprofit service providers, community based organizations, and families. Violence takes on various forms but cities are generally providing services that target the reduction of violent crimes – homicide, rape, robbery and assault – and implementing strategies for violence intervention, prevention, and interruption. According to the Center for American Progress report on the “Economic Benefits of Reducing Violence” (2012), violent crimes costs the United States approximately 42 billion dollars a year in direct costs: medical treatment, court fees, police officers, correctional institutions, and lost earnings for those involved (victims and perpetrators). The costs of violent crimes on cities and counties are pervasive with far-reaching implications on suppressed investments in property values and the constrained ability of municipalities to attract businesses. Using eight cities to conduct an economic analysis of the costs of violence, this same report states that direct annual costs of crime total 3.7 billion dollars a year; which also include the costs paid by taxpayers for the administration of government services and the benefits forfeited due to crime. Moreover, the report also describes the “intangible” costs of crime defined as the pain, suffering and a diminished quality of life experienced by families of victims. It presents the rationale for violence reduction as inclusive of both individual and community level factors.

Community violence, a term used to describe the insidious impacts of witnessing crime in public spaces can lead to trauma that often results in: poor performance in schools, negative cognitive behavioral development and later violence. Community violence (or violence at the neighborhood-level) is different from random acts of violent crime in that it refers to the impact of experiencing violence in public spaces. According to a report funded by the “National Institute for Justice”, 60% of American children are exposed to violence in their homes, schools and communities. Children who have not attended to the accompanying needs as a result of exposure to violence are more likely to be aggressive and have poor outcomes with schools, which several studies have linked to an increased likelihood for stifled development and behavioral problems. Community violence is a unique form that is often cyclical and intergenerational.

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2 Cure Violence: Economies and Violence
4 African Americans Living and Coping With Community Violence on Chicago's South Side. Journal of Interpersonal Violence
Explaining Violence Prevention and Intervention Service Planning

Cities with long histories of violence have designed various services and programs in an effort to prevent and reduce violence. While violence prevention refers to the coordination and provision of services for those who have not engaged in violence, violence intervention services are designed specifically for those who have committed a violent crime. Researchers, service providers and city officials use risk assessments to determine the key factors that are most associated with violent offenders. Dynamic risk factors are housed within two different categories:

<table>
<thead>
<tr>
<th>Individual</th>
<th>Community Level</th>
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<tbody>
<tr>
<td>1. Family and Parenting Problems</td>
<td>1. Poverty</td>
</tr>
<tr>
<td>2. Negative Beliefs and Attitudes</td>
<td>2. Gangs</td>
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<td>3. Poor School Performance</td>
<td>3. Homicides</td>
</tr>
<tr>
<td>4. Substance Abuse</td>
<td>4. Unemployment</td>
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<tr>
<td>5. Anti-Social peers</td>
<td>5. Poor Housing Conditions</td>
</tr>
</tbody>
</table>

An analysis of the community level risk factors inform the target population for violence prevention and intervention services and guides development and implementation of programs. Individual risk assessments are typically used in case management functions for clients referred to programs administered by nonprofit service providers and/or city agencies. Though there are a number of strategies for reducing violence through prevention and intervention services, research has pointed to the importance of using evidence based practices. Evidence based practices help to reduce offender risk for recidivism with a goal of influencing positive behavior change. Practitioners often expend resources according to the evidence based practice principles, which are typically agreed upon and supported by research (as data is made available) in the field.

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6 Best Practices Series: Johns Hopkins Bloomberg School of Public Health
7 U.S. Department of Justice Office of Justice Programs
Putting Violence in Context

According to city-data statistics, Oakland has averaged 113 homicides per year since 2000. Most recent data shows that Oakland averages: .22 homicides per 1,000 residents, .63 rapes per 1,000 residents, 12.20 robberies per 1,000 residents, and 6.89 per 1,000 residents. The chances of becoming a victim of violent crime in Oakland are 1 in 50 compared to 1 in 249 in the entire state of California.

In comparison to other cities of comparable size with violence reduction strategies, we note that Oakland, CA faces a challenge of inconsistent violence reduction since Oakland Unite was formed in 2004. Baltimore, Maryland experienced a reduction in murder rates since the Office of Youth Violence Prevention was formed in 2003. New Orleans is an outlier because it is smallest in population size but has the highest murder rate that has been consistent since its New Orleans for Life Program formed in 2010. Seattle’s Violence Prevention Initiative is the least crime ridden of the

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8 City Data: Crime Rates in Oakland
9 Neighborhood Scout: Crime in Oakland
other three and has found success in reducing violence over time since its program was formed in 2009.

The California Department of Corrections and Rehabilitation report the three-year recidivism rate of 59.1% for Alameda County, which is where the City of Oakland is located.\(^\text{10}\)

**Defining the Problem**

At the time of this report, Oakland Unite is engaging its stakeholders: providers, clients, researchers, agency leaders, and other officials in a strategic planning review process. Oakland Unite maintains a standard evaluation schedule with several research partners, all of whom have conclusively reported that the program boasts a nearly 90% success rate on the measurable outcomes of recidivism and re-arrest of program participants.\(^\text{11}\) Program participants have a 90% no reconviction rate (recidivism) and an 87% no re-arrest rate within the

\(^{10}\) 2013 Outcome Evaluation Report, California Department of Corrections and Rehabilitation.
two years after program enrollment. Against the backdrop of a countywide recidivism rate at 59.1%, the program has been regarded as a successful prevention, intervention and interruption model for the participants that it serves.

Research and program evaluation reports contend that even with a near 90% success rate, the single best predictor for recidivism is the conviction and arrest history of participants. Data shows that those with higher levels of conviction and/or arrest history prior to participating in Oakland Unite programs are still at highest risk for recidivism despite all the intervention programs and services in place. ¹²

The Oakland Unite team is interested in refining the violence intervention model to target those at highest risk for violent offense or re-offense.

**Highest Risk for Offense or Re-Offense**

Professionals in the field define risk as situational factors that impact one’s likelihood to offend or re-offend. Those at highest risk come from the underserved neighborhoods (i.e. high unemployment and poverty) and have the most individual risk factors (i.e. antisocial peers and poor school performance). ¹³ Often, those at highest risk for violence also have mental health needs that have gone unmet. Unmet needs reduce the likelihood for program success and many providers report a gap in the resources available to provide ongoing mental health service delivery. According to a report from the Bureau of Justice Statistics (2006), offenders detained in state prisons and local jails had higher rates of mental health issues, suffered more from substance dependence or abuse, homelessness, sexual abuse, and were even more likely

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¹² Internal Program Evaluation Report 2014
¹³ U.S. Department of Justice Office of Justice Programs
to be injured in a fight during their detention.\textsuperscript{14} The interrelated factors that exist in an individual client’s family, community, and personal history have implications for the types of services that should be provided in order to reduce risk of future offense and subsequent recidivism.

**OAKLAND UNITE**

The unique challenges of violent crime in Oakland inspired the passage of Measure Y in 2004, which raised money from taxpayers in order to provide violence prevention and intervention services for city residents. A team and network of resources within the Human Services Department in the City of Oakland, entitled “Oakland Unite,” was instituted after Measure Y passed. The measure was renewed ten years later in 2014 and the Oakland Unite team is looking forward to refining its model and approach to reduce violence amongst those that are at highest risk for offending and re-offending.

Through a coordinated system of referrals and service provision, Oakland Unite works within four core areas known as its “strategies” for violence intervention: Focused Youth Services, Family Violence Intervention, Young Adult Reentry Services, and Incident/Crisis Response Services. The use of evidence-based practices in each of these strategy areas (See Appendix 1), allows the team at Oakland Unite to train its funded nonprofit providers to strengthen service delivery and incorporate the most promising practices into violence intervention programs.

\textsuperscript{14} U.S. Department of Justice Bureau of Statistics
Oakland Unite coordinates across various agencies to provide services. See below for just some of the functions that agencies and providers maintain to enhance service delivery for clients.

**STRATEGY OVERVIEW**

*Focused Youth Services*

The Focused Youth Services program components provide support for juvenile justice offenders. Program approaches include wraparound services for persons released from probation, youth employment placement, restorative justice and gang prevention. The intended and measurable outcomes for providers within this strategy are to:

- Serve youth transitioning out of the Juvenile Justice Center and ensure that they are enrolled in, attending and succeeding in school, or alternate education or employment options.
- Support youth in completing probation without re-arrest.
- Help youth to build skills, change criminal and high risk behavior, and avoid recidivism.
The 2013-2014 year reports 1,057 total clients, 61% of which are Black and 26% Latino. 64% of clients are male and 32% are female.

*Family Violence Intervention*

Family Violence Intervention is comprised of three core programs: commercially sexually exploited children, family violence intervention (domestic violence), and mental health services for Children 0 to 5. The intended and measurable outcomes for providers within this strategy are to:

- Ensure safety and remove minors from sexual exploitation.
- Engage clients in support services and pro-social activities in order to decrease high risk behaviors.
- Improve the health and stability of victims of family violence: decrease incidences of violence, child exposure to violence, and place victims into safe housing.

The 2013-2014 year reports 1,574 clients receiving services, 47% of which are Black, 27% Latino, and 10% White. 81% of clients (excluding the Mental Health Services program) are female.

*Young Adult Reentry Services*

Young Adult Reentry is the reentry employment strategy, primarily focused on providing job placement and career planning services for adults returning to society. The intended and measurable outcomes for providers within this strategy are to:

- Help clients with high risk criminal histories re-enter society successfully through gainful and sustained employment.
- Support clients in completing probation or parole.

The 2013-2014 year reports 541 clients of which nearly 80% are Black. 80% of program participants are male.

*Incident/Crisis Response Services*

The Incident/Crisis Response Services strategy focuses on the interrupting violence amongst those at highest risk for violent crime. It includes street outreach functions and a crisis response system
through its highland hospital intervention. The intended and measurable outcomes for providers within this strategy are to:

- Reduce gun violence through street outreach and crisis/near-crisis intervention.
- Support families and friends of victims of violence and prevent violent retaliation.

The 2013-2014 year reports 515 clients of which 50% are Black and 31% are Latino. Participants are 45% female and 53% male.

See Appendix 2 for numbers served by each strategy since 2004.

**METHODOLOGY**

This strategic planning document provides an analysis of the key opportunities that exist for targeting the most high risk clients with an emphasis on: allocation of limited resources, refinement of partnership and network systems, and integration of promising practices to bolster the impact of Oakland Unite’s violence intervention model. It takes into account the reflections and considerations of providers, and highlights practices being used in the field to make recommendations on Oakland Unite programs and services.

See Appendix 3 for more detailed information about the methodology.

**KEY FINDINGS AND OPPORTUNITIES**

This section reports the themes and insights uncovered in the focus groups held with providers. Focus group participants shared their experiences working with clients and 1) Noted the strengths and effective practices 2) Flagged the persistent challenges that impact service delivery. This section highlights the cross cutting themes followed by strategy-specific sections that report the most salient themes of the focus groups. Each section begins with a table that summarizes the key challenges and opportunities for each strategy. The primary goals of this section are to:

- Showcase the assets of each strategy’s model and practices
- Identify gaps in service delivery and resource allocation
- Recommend short-term solutions for Oakland Unite officials
CROSS CUTTING THEMES

The focus groups uncovered some cross cutting themes with specific implications for each strategy area.

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<th>STRATEGY PRACTICES</th>
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<td>THEMES</td>
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<td>Case Management Relationships</td>
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<td>Case Management for Stability and Crisis Priority</td>
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<td>Trauma and Mental Health Status and Service Delivery</td>
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<td>Poor Academic Outcomes</td>
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<td>Family &amp; Environment</td>
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<td>Risk Assessment and Readiness Indicators</td>
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<td>Leveraging Partnerships for Additional Resources</td>
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FOCUSED YOUTH SERVICES

Focused Youth Services providers support clients with intensive case management and employment services. It is the largest of the four strategies and engages key stakeholders: the Juvenile Justice Center, Probation, and the Oakland Unified School District.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>Case management loads are high.</td>
<td>Everyone does not need intensive case management services. Service delivery should be streamlined service based on level of risk: low, medium, and high.</td>
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<tr>
<td>Referring out for services present retention challenges for clients.</td>
<td>Provide onsite resources whenever possible. Schools would be the ideal location.</td>
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<td>Partnerships are relationship-driven.</td>
<td>Enhance system wide referral and management practices through staffing or a retooling of the intake and referral system.</td>
</tr>
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<td>Environments are unchanging and antisocial.</td>
<td>Cultivate peer support within youth development programs to build trust and foster encouragement.</td>
</tr>
<tr>
<td>Limited resources for field trips and other forms of engagement.</td>
<td>Providers can pool resources and collaborate to offer exposure activities for their clients.</td>
</tr>
<tr>
<td>Providers do not have the capacity to attract new employers.</td>
<td>Plan opportunities to promote the youth employment strategies to potential employers.</td>
</tr>
<tr>
<td>Relationships facilitate client motivation to participate in programs.</td>
<td>Relationships take time to build but there should be internal tracking to target “readiness” for program participation and expend resources accordingly.</td>
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</table>

Strong relationships are most important to effective intensive case management.

"Intensive case management is being in every important area of this young person's life… you've got to show up on the track, if you've got to show up on the turf, if you've got to come to Juvenile Hall, if you've got to go to granny's house, wherever is important for this young person."

Relationships help case managers to assess clients, provide services and resources, and create case plans. Case managers across Oakland Unite providers maintain that a relationship with a client facilitates better outcomes in program participation. Case managers assess:
- Targeting High Risk Offenders: A Violence Reduction Strategy -

- Activities, Peers and Family
- Academic Performance
- Living Situations
- Risk Level

Case managers determine the intensity of service planning based on risk assessment level. Some providers encourage home visits to get a sense of the living situation. Risk assessment can be performed along a number of dimensions but assessments of family engagement and the living environment provide more information about income, support, and pro/anti social influences. Case managers suggest 10-15 person caseloads to provide intensive case management.

**Onsite service provision reduces attrition.**

Case managers refer clients out to other providers within their referral networks for various services including: mental health services, social services, substance abuse, and anger management. Providers reflect that clients are less likely to participate in supplemental services when they have to travel off site, are not good with returning phone calls, and lack follow through in meeting appointment times. Offering services onsite has the potential to ease client participation in service delivery programs and help case managers to more effectively support clients.

**Stronger Partnerships between providers and agencies help to fill service gaps.**

As partners are a vital part of service delivery and wraparound service provision, the collaboration and coordination practices have implications for the client experience in Oakland Unite programs. Providers contend that schools, probation, and sometimes employers can be difficult to reach out to and work with due to capacity challenges.

It is difficult to build a strong relationship with probation because the turnover rates amongst officers are pretty high. “No PO stays in one place for too long … so, you can build a rapport, a relationship with this probation officer … one day you will call that PO and a totally different PO will answer the phone.”

Oakland Unite has developed a content management system for providers and Oakland Unified School District to share student/client information. Though that system is fully operable, some challenges in this partnership still exist:
- Targeting High Risk Offenders: A Violence Reduction Strategy -

- Only some schools alert case managers about absences and truancies
- Continuation school students do not have access to sports programs
- Extracurricular activities are limited

Youth Employment providers emphasize the importance of prosocial environments.

Youth employment providers assert the importance of environmental and familial support in promoting better employment outcomes. The prosocial environment is essential in helping clients to 1) Maintain their participation in job training and readiness programs and 2) Understand how difficult it is for clients to make a change without additional support. Providers advocate for more resources for field trips and extracurricular activities.

“I would say personal issues, friends. A lot of our kids, they hang in cliques. And you have some kids that are actually trying to do good and stay on the right path and then it’s kind of like they kind of backslide; oh, no, come do this.”

Youth Employment providers assess risk before placing clients into jobs.

Youth employment providers also conduct risk assessments to plan training and placement schedules. They ask questions such as, “How many folks are residing in the household? Have they finished school? Are they on probation or out of home placement?” The assessment helps providers to get a sense of the types of additional services that clients need to be successful. Providers report the following risk factors for job training dissatisfaction or job release:

- Clients from unsupportive households
- Unpaid training
- Varying levels of soft skills

Employer Engagement is a capacity challenge that Oakland Unite can meet.

Youth employment providers agree that building in a means of attracting new employers might be a way to contribute value from the City’s vantage point. There is a certain level of relationship and expectation management that has to occur from the provider to the employer to secure placements for young people at risk for offense or re-offense. Oakland Unite can help provide a platform that helps job developers from these agencies to interface with employers.
FAMILY VIOLENCE INTERVENTION

The family violent intervention strategy provides case management support and legal services for clients involved in domestic violence, and wraparound and safety-planning services for commercially sexually exploited children (CSEC). The key stakeholders in this strategy are the Juvenile Justice Center and the Oakland Police Department.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>Housing is an integral part of crisis intervention and safety planning.</td>
<td>The City has to identify resources for safe housing and long-term shelters through affordable housing development incentives.</td>
</tr>
<tr>
<td>The Foster Care System is the only agency that has resources for CSEC survivors that were foster care youth.</td>
<td>Government agencies have not specifically allocated resources for CSEC and DV survivors.</td>
</tr>
<tr>
<td>Case management services are focused on crisis intervention.</td>
<td>Case managers should only plan for short-term service delivery and coordinate follow up through other entities.</td>
</tr>
<tr>
<td>Families are not always the safest places for survivors.</td>
<td>Family supports should be included in short-term case management.</td>
</tr>
<tr>
<td>There is a shortage of available training resources for agencies and other stakeholders that work with survivor populations.</td>
<td>Oakland Unite can help to promote training participation and raise awareness about the uniqueness of survivor issues.</td>
</tr>
</tbody>
</table>

Providers have very limited support for housing.

“They might be running from a residential family often, from their families, from a number of situations. It’s really challenging.”

Providers within the family violence intervention strategy agree that most of their services are focused on safety planning and immediate crisis intervention for their clients (referred to as “survivors”). Whether it is a young woman with children who is leaving her spouse because of abuse, or a young girl who was being exploited for sex trafficking. Survivors are in need of long-term housing and that is a persistent challenge because shelter and safe housing for survivors is very limited. Providers agree that there is opportunity to:
- Targeting High Risk Offenders: A Violence Reduction Strategy -

- Use incentives that encourage investment in the development of housing
- Strengthen advocacy in the foster care system for more supportive placements
- Utilize AB-12 funding (for foster care youth) to identify additional supports
- Provide training to faith based communities to increase awareness of how to support victims of sexual and domestic violence

Case Management focuses on crisis intervention and safety.

Case managers have a difficult time providing support beyond addressing the immediate crises and are often in emergency mode as opposed to long-term planning for service provision. Providers for domestic violence deliver a limited form of legal case management that helps survivors to navigate the legal process but often do not 1) Have the capacity to sustain delivery beyond immediate crisis response and 2) Are not met with willing participation from survivors.

Family relationships present challenges in service delivery.

Case managers also work with families but contend that families are not always supportive of client services. Survivors are overwhelmingly young women with very limited financial means and children, which contributes greatly to their dependence on their family for support. As the resources available for survivors are limited, it is difficult to establish independence as a survivor within the family violence intervention strategy.
YOUNG ADULT REENTRY SERVICES

This strategy focuses primarily on young adult males and provides employment services for its clients. The key stakeholders are the probation department and employers.

<table>
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<tr>
<th>Challenge</th>
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<tbody>
<tr>
<td>Assessment is critical in determining readiness for job placement.</td>
<td>Clients that are not ready for job placement should be rerouted to another agency.</td>
</tr>
<tr>
<td>Demeanor, attitude, and environment are factors that determine success.</td>
<td>Anger management and counseling should be available to those that would like to work through these challenges.</td>
</tr>
<tr>
<td>Job placement works best when clients have a choice.</td>
<td>Job Developers make clients a part of their own case planning and conduct an assessment of their interests.</td>
</tr>
<tr>
<td>Case management is not comprehensive but is directly related to employment success.</td>
<td>Every client does not need case management but those who do need intensive case management.</td>
</tr>
<tr>
<td>Continued education presents a challenge on both the individual and systematic levels.</td>
<td>Onsite education services integrated into program planning and employer engagement would build a system of support around continued education.</td>
</tr>
</tbody>
</table>

Risk assessment is critical to service planning and delivery.

Providers agree that the most important step in case planning is to learn as much as possible about the client’s background and support system prior to providing service delivery. They are interested in learning about the level of risk based on clients’ lifestyles, living arrangements and arrest histories. It is also important to consider the client’s health-related factors, “… whether you need glasses, dental, etc. those kinds of things that get in the way of somebody getting into the program”

“How one is carrying themselves… as far as their motivation, if they’re stuck in their ways… or if they’re really motivated to change.”

Employment is mostly skills-based and an assessment of the client’s interest to participate in the training is important. One provider even mandates a mental health assessment prior to service delivery and uses that to determine whether or not someone is ready for job placement.
Job developers agree that finding the clients’ interests is critical in job placement.

Providers are interested in working with clients to vet options for placements, whenever possible. They are mindful that clients have varying levels of interest in the types of jobs that are available, on both a long and short-term basis, and that to find a “fit”, clients have to be at the center of planning. Training and placement helps to assess:

- Client interest
- Client readiness for placement
- Client punctuality, attitude and efficiency

Case management for high risk clients is focused on employment-related services.

“The idea is to work them down, so we have individuals that have gotten, you know, into employment situations who need less case management.”

Case managers often have to address more than just the client needs and assessments, with many taking on their clients’ families as well. Case management services are offered to:

- Identify housing
- Helping clients to obtain a drivers license
- Enrolling clients in other job training/education programs

“It’s taken a little over two years, but he’s finally got his SSI, has a California ID, social security card… his own place now...”

Clients often have poor relationships with school.

Clients in this strategy are mostly males with the highest conviction histories of all clients in Oakland Unite. They have had unsatisfactory schooling experiences and are not easily motivated to continue developing their skills post placement. Providers have been innovative in finding ways to bring education resources to participants. Education and onsite training helps to alleviate travel burden and makes education central to program participation.
INCIDENT/CRISIS RESPONSE SERVICES

The Incident/Crisis Response Services is comprised of two core programs: the Crisis Response Support Network and the Oakland Street Outreach. These two programs are based on evidence based practice models that involve the Highland hospital first responder and crisis intervention, along with Ceasefire and Cure Violence strategies for violence interruption. Providers serve the highest risk actors for violence, the victims, and the families of victims. The key stakeholders are the Highland Hospital, Alameda County Probation Department and the Oakland Police Department.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management is focused on crisis intervention and immediate priorities.</td>
<td>Focus case management services on strengthening collaboration and partnership with entities that clients will have to engage during their immediate recovery.</td>
</tr>
<tr>
<td>Resource allocation for housing and safety planning is scarce.</td>
<td>Oakland Unite can help identify new avenues for resource support in order to strengthen service delivery.</td>
</tr>
<tr>
<td>Government agencies do not know how to work with victims of crime and their families.</td>
<td>Special training should be offered for government officials to strengthen engagement of families in unique circumstances.</td>
</tr>
<tr>
<td>High risk actors often have poor relationship with schools.</td>
<td>Create new peer support systems that integrate skill building into spaces that are comfortable and familiar.</td>
</tr>
</tbody>
</table>

Case Management is focused on responding to crises including safety and stability.

Providers within the Crisis Response Network (CRSN) focus on:

- Being with someone during their time of grief
- Ensuring the safety of the victim
- Engaging the family of the victim

“You ask the client, “What’s bothering you the most? What needs attention because you can’t grieve if you can’t pay your rent?”

First responders provide grief support for the first 6 to 8 weeks after a client is shot. After this period, providers refer clients to clinical case managers at another agency. This agency then
conducts a deeper needs assessment that is focused on safety. “First we assess safety and then we sort of move down the hierarchy to employment.” Some service supports include help with adopting a grandchild, relocating for safety, and dealing with emotional trauma.

**Case management is client-focused and involves families.**

“The initial stuff is like safety survival stuff right up front. But the goal is to then hopefully transition into really some more sustainable thrive.”

Home visits present an opportunity to learn more about the family and is a critical step in case management planning. “It is important for us to engage and do an initial home visit, so that you can really assess the kind of family dynamics, kind of who the hotheads are, how they’re grieving, what response the community that the family live in.” This allows providers to learn more about the family and to cite potential retaliatory violence as a factor when necessary. Clients within this strategy often have deep ties with family members that would also be considered high risk, thus services and engagement is planned for at least a year.

**Coordination of resources is critical to effective service planning and delivery.**

“Section 8 has a terrible, terrible, terrible policy and procedure.”

“So, it’s the VOC that needs a little tutoring on what is needed from them”

Families of victims in crisis mode are faced with several resource restraints that often involve interfacing with other government entities; and they typically move much slower than what is required to address a crisis. Case managers help families to navigate the Section 8 process, victims of crime (VOC) applications and advocate for guardianship when needed. Case managers are also tasked to console the families of victims through grief counseling and mental health services. There is an opportunity to enhance service delivery by coordinating resources across agencies but often state regulations and other bureaucratic processes are too slow to shift. Currently, few exceptions are made for families in extenuating circumstances.
High Risk and “Over” Risk are 2 different clients within the same environment.

“So if the family is dysfunctional, everybody in the family is high risk to me… so if they’re not going to school, if they’re tardy all the time, if they’re cussing back and forth at their moms … they are high risk. They all have potential.”

<table>
<thead>
<tr>
<th>High Risk</th>
<th>“Over” High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Non-Active</td>
<td>• Active</td>
</tr>
<tr>
<td>• Carries a Gun</td>
<td>• Influential</td>
</tr>
<tr>
<td>• Potential for Violence</td>
<td>• Power</td>
</tr>
</tbody>
</table>

Families that have more support and prosocial behavior are more likely to help reroute high risk young people to services within the Oakland Street Outreach.

**Service Delivery is driven by client incentives.**

As Oakland Street Outreach workers maintain communication with many high risk actors in the neighborhood, they identify that a major barrier to participation is money. The targeted population within this strategy is often making a lot of money in the underground economy, and the only incentive that sparks receptivity to the message of Oakland Street Outreach, is a promise of money. Aside from having limited understanding of how money works this is often learned behavior taught within families and insular environments.

**Poor Academic Outcomes create resistance to life skills training.**

Case managers assert that getting young people back into school is very difficult to do because many have had poor school attendance in the past and are behind in skill development. Clients:

- Lack an understanding of how the “real” world works
- Have anti social peer influences that make it difficult to learn new ways of doing things
- Have limited culturally relevant education models
“We need to find a way that’s an interim step between job placement and leaving the street that's actually probably some of the most intense training that we can give them.”

Street Outreach Workers contend that mediations for violence interruption are often simple. Providers share that most violence starts often with two individuals, who are familiar with another, but can quickly escalate to group violence due to peer influence. Many conflicts actually start from small issues, “From luck to a girlfriend, so minor nowadays … because most of the time their friends egg it on.” Street outreach workers help both parties to communicate with one another.

“They really want to yell and holler at the dude but they can’t really come at him like that because the other cat, want do to the gun thing.”

LESSONS FROM THE FIELD

Through interviews with agency officials in Baltimore, Los Angeles, New Orleans, and Seattle and a literature review of intervention models and strategies launched by other cities (i.e. Chicago), this report makes recommendations to strengthen Oakland Unite’s violence intervention model. It informs the practices used by providers to serve those at highest risk for violent offense or re-offense. This section begins with evaluative insights from models employed by other cities and concludes with key lessons and opportunities framed around four recommendation areas.
Safe Streets Program Baltimore

In 2007, the Baltimore Health City Department (BCHD) obtained a 1.6 million grant from the U.S. Department of Justice to replicate Chicago’s Ceasefire Program in 4 neighborhoods in Baltimore.¹⁵

<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Data Outcomes</th>
<th>Model</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill</td>
<td>Number of clients</td>
<td>Three sites in East Baltimore occupy a single office</td>
<td>Site Director</td>
</tr>
<tr>
<td>Elwood Park</td>
<td>In-Person contacts with participants</td>
<td>Cherry Hill is the only site in West Baltimore</td>
<td>Violence Prevention Coordinator</td>
</tr>
<tr>
<td>McElderry Park</td>
<td>Community events held - number of people attending each event</td>
<td>Uses survey data to capture attitudes about youth violence</td>
<td>Outreach Workers (4 per site)</td>
</tr>
<tr>
<td>Madison-Eastend</td>
<td>Community responses to shootings</td>
<td>Participants meet with outreach workers 3 or more times per week for more than an hour</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of incidents mediated</td>
<td>- Job Placement</td>
<td>Outreach Supervisor</td>
</tr>
<tr>
<td></td>
<td>More positive attitudes about gun violence</td>
<td>- Job Interviewing Skills</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Job Training</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- School or GED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Family Conflict</td>
<td></td>
</tr>
</tbody>
</table>

Impact

Cherry Hill – 56% reduction in Homicide Incidents and 34% reduction in nonfatal shootings

Elwood Park – 34% reduction in nonfatal shootings

McElderry Park – 53% reduction in Homicide incidents and 34% reduction in nonfatal shootings and the first 22 months of implementation resulted in zero homicides

Madison-Eastend – Surge in gang violence likely due to movement in territory after McElderry Park program implementation. Likely due to the proximity of the other interruption program

35 to 60 participants at each program site connected with outreach workers

127 to 271 participant contacts per month and 276 mediations from July 2007 to December 2010.

- 88% of mediations involved individuals with a history of violence
- 75% involved gang members
- Weapons present at 2/3 of the incidents
- 69% of mediation incidents were successfully diffused.
- Average # of mediations per month
  - 3.2 in Cherry Hill
  - 1.4 Elwood Park
  - 4.0 in McElderry Park
  - 1.2 in Madison –Eastend

Final Takeaways:

- 5.4 fewer homicide incidents and 34.6 fewer nonfatal shootings on average
- Young men ages 18-24 in one neighborhood were surveyed and found to be less accepting of using guns after program implementation.

¹⁵ Evaluation of Baltimore Safe Streets Program: Effects on Attitudes, Participants’ Expectations, and Gun Violence. Bloomberg School of Public Health
Los Angeles Gang Reduction and Youth Development Program

In 2007, the Office of the Mayor of Los Angeles established the Gang Reduction and Youth Development Program (GRYD) to reduce gang violence. 16

<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Data Outcomes</th>
<th>Model</th>
<th>Funding</th>
</tr>
</thead>
</table>
| 12 primary GRYD zones offering intervention and prevention services but 20 additional locations offering one or the other | • Improved community perceptions of safety  
• Improved access to gang prevention/intervention services  
• Improved perceptions of trust and credibility  
• Youth Services Eligibility Tool Test and Retest  
• Anti-Social/Pro Social Tendencies  
• Parental Supervision  
• Critical Life Events  
• Impulsive Risk Taking  
• Neutralizaton  
• Negative/Positive Peer Influence  
• Peer Delinquency  
• Self-Reported  
• Delinquency or Substance Abuse  
• Family Gang Influence  
• Respond quickly to violent incidents in the community  
• Reduce gang violence and crime | • Secondary Prevention referrals are assessed using the Youth Services Eligibility Tool (YSET)  
• Programs are provided to address the following components.  
  - Primary prevention  
    1. Gun Buy Back Program  
    2. GRYD Cabinet for enhanced service delivery  
    3. GRYD Community Action Team  
    4. Community Education Campaign  
    5. Summer Night lights – programs, activities, and jobs  
  - Secondary prevention  
    1. YSET Tool  
    2. Intervention Case Management  
      1. Target Gang Involved individuals between ages 14 and 25  
      2. Referrals for counseling, career/job training or placement, educational activities, tattoo removal, arts and cultural events and other pro-social activities  
  - Intervention Violence Interruption  
    1. Police Call GRYD office and Community Intervention Workers after an incident is reported through the Real Time Analysis and Critical Response (RACR)  
    2. GRYDs are organized around police | • Each GRYD zone is allocated $1,000,000 for prevention and $500,000 for intervention  
• Prevention zones receive $375,000  
• Intervention zones receive $375,000  
• GRYD Program Managers  
• Community Intervention Workers |

Impact

1. In 2011, 2066 firearms were turned in across 6 Gun Buy Back locations.
2. Community Survey Respondents:  
   a. Improved community perceptions of safety and quality of life
3. Youth Services Eligibility Retest  
   a. Risk levels on every scale (i.e. antisocial, peer influence and critical life events) declined by nearly 20% in just one year
4. In 9 months (July 2010 – April 2011) 643 LAPD notifications for shooting were sent to GRYD. 70% were gang related – Rumor control and violence interruption activities have very limited evaluation findings but surveys provide some evidence of positive effects.

Chicago One Summer Plus Program

A summer Youth Employment program administered by the Mayor's Office in Chicago provides jobs, social emotional learning therapy and mentorship to at-risk youth.  

1. Participant Characteristics
   a. Average Age: 16
   b. 94% African American
   c. Over 90% eligible for free or reduced price lunches
   d. Grade Point Average: C
   e. Participants missed about 18% (6 weeks) of the school year
   f. 20% were arrested and a little more than 20% had been victim of crime
   g. Participants live in impoverished neighborhoods with a high violent crime and unemployment rate
2. 3.95 fewer arrests per 100 youth
3. 43% reduction in violence over the 16 month follow up period
4. Violent crime arrests among the treatment group decrease by 43% relative to the control group
5. 30% decline in summer school enrollment
6. No significant differences in other school outcomes (GPA and attendance)

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Impact

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Neighborhoods | Data Outcomes | Model | Funding
---|---|---|---
1,634 Youth in grades 8th - 12th attending 13 high-violence Chicago Schools | Randomized controlled trial to test impact of One Summer Plus program | 8 week program | $3,000 per participant
- Key Measures: 
  - Violent crime arrests
  - Drug arrests
  - Property arrests
  - Other arrests
  - School attendance
- Youth are assigned job mentors that are expected to make job visits
- Social Emotional Learning Therapy
- 1634 participants in three groups
  - Jobs only (25 hours of paid work per week)
  - Jobs and Social Emotional Learning (15 hours of paid work per week and 10 hours of therapy)
  - Control Group (Excluded from program)
RECOMMENDATIONS FOR OAKLAND UNITE

**Leverage Schools**

**Truancy Reduction**

**Lesson:** Preventative strategies from the field consider a truancy reduction model, which allocates space and resources to schools to aide in providing care and special attention to those at highest risk of violence. This model assesses risk by truancy, absence, and suspension rates. And this model also provides high risk students with adult advocates to intervene prior to drop out. The truancy reduction model conceptualized by the State of Washington is a network of resources and coordination in schools to facilitate better engagement with police officers. A key goal is to help police officers feel comfortable returning youth to schools, and youth to rebuild relationships with academics through targeted holistic service provision offered for the highest risk clients.

**Opportunity:** Oakland Unified schools have a bidirectional relationship with probation and the Juvenile Justice Center but do not have a robust truancy reduction model that ties low attendance to

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likelihood to engage in violence. A strong system of coordination amongst providers and schools along with a resource rich environment targeting potential high risk actors present an opportunity to better outcomes of students that are not attending schools regularly.

**Standardize Risk Assessment**

**Targeted Case Planning and Resource Allocation**

**Lesson:** Standardized risk assessments are useful tools in discovering where a client ranks (low, medium, or high) prior to administering case management services. Clients that have been assessed at low and medium risks do not need intensive case management services and those resources are preserved to provide extra attention to those at highest risk. In reentry employment strategies, risk assessments are used to streamline training and job placement services according to the level of risk. Streamlining services according to risk allows providers to better address highest risk clients.

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Targeting High Risk Offenders: A Violence Reduction Strategy

for violence through customizable training that is longer and incentivized, which reduces the likelihood to recommit violence. Also, in Seattle and Los Angeles, risk assessments are used to determine where a client should be placed prior to enrollment in a program.

Opportunity: Oakland Unite providers currently use risk assessments to plan case management services but more often these assessments are only used to address immediate crises and there is not the capacity to plan more long-term service delivery. Though the Probation Department has its own risk assessment tool that is completed upon intake and prior to release, the department should share its risk assessment tool with providers to share information and target case planning more effectively. In the reentry employment strategy, providers note that not everyone needs the same level of case management and that services should be delineated based on level of risk.

Evaluating and Reporting

Lesson: All four municipalities have a standing relationship with universities that regularly track and monitor assessment data against the intended outcomes to provide a report program participants. Los Angeles takes this process a step further by partnering with three universities that are able to evaluate risk assessment data and offer recommendations for service planning prior to delivery. The regular feedback loop helps to integrate data driven service delivery into the day-to-day administration of programs to enhance the model and ensure that the highest risk clients receive intensive and customized services.

Opportunity: Oakland Unite has an independent evaluator that conducts an annual program evaluation and works on special projects but it has not instituted a system that uses data analysis to plan service delivery. The University of California Berkeley has the infrastructure and knowledge to serve as the research and evaluation arm of Oakland Unite programs.

Neighborhood Hub Model

Intake and Referral

Lesson: Seattle and Los Angeles have a system that sources clients from the probation department, schools, and community members. Clients are referred to a neighborhood-based office for intake and referral and upon completion of the risk assessment clients are routed to the provider that best aligns with their level of risk. Seattle employs two intake and referral specialists for each of their
three neighborhood hubs, a total of six, who are responsible for sourcing, assessing, and coordinating client placement into providers. In Los Angeles, specialists are used to conduct risk assessments and upon evaluation feedback from university partners have the responsibility of providing the receiving agency with information about the newly enrolled client.20

**Opportunity:** The Juvenile Justice Center within the Focused Youth Strategy employs a centralized intake system that reroutes young people back into schools but it has not designed this system to determine which programs youth should enroll in based on location. There exists an opportunity to staff a clinically trained referral and intake specialist to conduct risk assessments and recommend service planning for program enrollment based on risk level and location. Better practices for the reentry employment strategy, in particular, argue the need for more targeted service planning based on risk. As providers explain their assessment practices there is an opportunity to coordinate across providers in order to share information that enhances services for clients in their neighborhood. This would in turn help case managers work with those at the highest risk, inform job developer responsibilities with career development and training support for medium risk, and quickly place those at the lowest risk. Moreover, within the focused youth services strategy, providers would be able to work collectively in meeting performance metrics by working with youth who are better suited for their programs. The Family Violence Intervention strategy is more crises driven so is not likely a good fit, while the incident/crisis response services already has its own system of referral and information sharing.

**Community Asset Building**

**Lesson:** Los Angeles, Baltimore and Seattle all have a system of community partners that refer at risk young people to violence intervention services within their neighborhood network. Baltimore’s Safe Streets program operates within particular neighborhoods noting that violence in each part of the city is different and people do not typically travel outside of their areas. Baltimore has implemented a neighborhood-based model that builds relationships to support referral processes, built community engagement in violence intervention, and integrated services delivery for clients

20 Interviews with Seattle and Los Angeles Professionals
from the local partners. Los Angeles and Seattle have robust programs for neighborhood violence intervention and align the local partners with the neighborhood hub/program manager. This approach enhances service delivery, addresses transportation burdens, and cultivates a neighborhood-based approach to violence.

**Opportunity:** Oakland Unite has a strong program officer infrastructure that convenes providers within each strategy to share information and participate in training. Outside of the Ceasefire and Oakland Street Outreach programs, Oakland Unite does not use neighborhood centers to assess, refer, and service clients. There exist an opportunity to co-locate Oakland Unite outreach and engagement in the neighborhoods where the violence is happening. This would build community trust and create supports for clients that are in their neighborhoods.

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**Fill Service Gaps**

**Lesson:** In New Orleans and Baltimore, agency officials provide recommendations to take advantage of the federal and philanthropic resources to fill service gaps in housing and mental health. They report major shifts in strategy design and planning with the support of external funding: New Orleans has a core innovation team that does the internal evaluation to inform strategy and program delivery, and Baltimore is a part of a network of other cities doing violence prevention and intervention to share resources and utilize technical assistance funding.

**Opportunity:** The City of Oakland has an opportunity to participate in the national platform around city violence prevention and intervention strategies and to secure resources to supplement and enhance existing efforts. The City of Oakland can use funds to integrate risk assessment evaluation and targeted service planning, fund clinical mental health professionals, incentivize housing development, and subsidize jobs for young people.

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21 The NOLA FOR LIFE PLAYbook: Promoting Life for All Youth. New Orleans, Louisiana, U.S.
22 Interviews with New Orleans and Baltimore Professionals
ANALYSIS OF RECOMMENDATIONS

Criteria

Efficiency: Situate proposed strategies in a cost of service model developed using a current payscale analysis of Oakland Unite providers. This model projects the annual costs for staffing and aligns with annual numbers served.

Effectiveness: This will address the recommended strategy’s ability to target the most high risk clients with considerations to implementation and practice.

Political Feasibility: Investigate the likelihood of adoption given the other considerations within the City of Oakland’s political environment.

Integration and Alignment: Is the strategy on the short-term or long-term time horizon? Does it require additional staffing? Is it an internal or external consideration?

Analysis

Across the four recommendation strategies there are cost, effectiveness and feasibility considerations that must be taken into account prior to implementing each strategy. This analysis focuses on the aspect of each recommended strategy that is feasible and holds the most promise for implementation and impact.
Targeting High Risk Offenders: A Violence Reduction Strategy

Leverage Schools

Efficiency: Medium
Effectiveness: Medium
Political Feasibility: Low
Integration and Alignment: Low

This opportunity focuses on providing services for youth at the school site. It is most applicable to young people being served in the focused youth services strategy with very little implications for commercially sexually exploited children.

Efficiency: Medium
The leveraging schools strategy which encompasses the creation of after school programs, a truancy reduction program and the institution of onsite service delivery has significant cost implications for administrative and program support. According to a payscale analysis of Oakland Unite’s current expenditures on case management, job development and program management functions (See Appendix 4), leveraging schools would cost ~ $130,500 annually excluding program costs. This amount is based on an average of $43,500 per case manager providing services for 58 students per year. Three case managers would serve 174 students but this model does not take into account the intensity that differs for after school programming, truancy reduction, and referral to other services. The afterschool program would be the most affordable of the three options and requires the lowest intensity of case management.

Effectiveness: Medium
This recommendation can target clients at highest risk with fewer caseloads and more intense service delivery but if the after school program model is adopted, it is difficult to serve 174 high risk students with three case managers/program associates. In practice, it would be more effective to provide truancy reduction services at the school coupled with management of onsite service delivery with a smaller caseload of students.
Political Feasibility: Low
Leveraging schools requires participation from the Oakland Unified School District and even after approval must be implemented at the individual school site level. This would require political will and some insider knowledge of how to navigate the schools to focus efforts on only those at highest risk for truancy (prevention) and/or recidivism (intervention).

Integration & Alignment: Low
While after school programs require staffing and programming resources at a school site, the truancy reduction pilot and onsite service delivery are longer-term considerations because of the internal coordination that has to occur at the school-level. The process in identifying the best school site and supporting staff to implement this strategy is also an important consideration.

Standardize Risk Assessment

Efficiency: Low
Effectiveness: High
Political Feasibility: Medium
Integration and Alignment: Medium

This strategy centers on the successful choice and adoption of a standardized risk assessment to be shared amongst all providers and agencies within the Oakland Unite network. It is applicable to all clients within the four strategies.

Efficiency: Low
The Standardize Risk Assessment strategy encompasses the adoption and standardization of a risk assessment used by probation, Oakland Unified School District, and service providers. It requires a tool that has to be developed and later validated. A University partner and the City of Oakland can share the research costs associated with this project; however, the direct costs do not relate to actual service delivery thus it is not efficient. Training costs for using the tool is an additional expense.
Effectiveness: High
This strategy is the most effective because it would provide a standardized way of reaching the highest risk clients and deploying services accordingly. The aforementioned risk assessment model encapsulates the services that should be provided at each level of risk. A standardized risk assessment would be most useful in ensuring that resources are allocated according to level of risk and would ultimately save time and money once training and implementation is completed.

Political Feasibility: Medium
Standardizing Risk Assessments are politically feasible given the successful infrastructure of case conferencing and referral network that already exists, however, bringing providers and agencies together to use the same risk assessment tool will take time and political will. Every participating agency and provider will be able to assess clients and offer appropriate service provisions but the performance management objectives would have to be readjusted for providers based on the risk level of clients they would primarily work with. Also, agencies will have to agree to share information and refer students based on risk accordingly.

Integration and Alignment: Medium
The standardized risk assessment tool is a short-term goal but the adoption and use of it by providers and agencies is a long-term goal as data sharing and general coordination challenges are inevitable.

*Neighborhood Hub Model*

Efficiency: Low
Effectiveness: Medium
Political Feasibility: Medium
Integration and Alignment: Low

The neighborhood hub model strategy enhances coordination and collaboration amongst providers by streamlining service delivery for clients. A neighborhood-based model is already institutionalized within the Incident/Crisis Response Services strategy and it can be used to guide community support and broader participation in Oakland Unite programs.
Efficiency: Low
A staff and intake referral specialist, priced at $43,500 would be able to conduct up to 31 hours of case management and follow up for 58 students each year. This would result in direct costs of $304,500 to serve 400 clients each year in this model. This is a modest estimate based on our model, as costs will be much higher if a clinically trained intake coordinator is responsible for conducting the assessment before rerouting clients to the appropriate provider.

Effectiveness: Medium
If community members participate in the referral process this would enhance the scale and reach of Oakland Unite programs to serve those who otherwise would not have been involved in service delivery. However, there is no guarantee that implementation of the neighborhood hub model would explicitly target those at highest risk and the added value of such model is that services will be provided in the area that clients live in thus reducing attrition.

Political Feasibility: Medium
Coordination and collaboration are very difficult to establish amongst many stakeholders, however, the already established case conferencing infrastructure presents an opportunity to model all strategy networks after that of the existing Incident/Crisis Response Services strategy.

Integration and Alignment: Low
This is undoubtedly a long-term strategy that would require the reconvening of all providers and agencies to augment service delivery to be neighborhood-specific. This type of change management requires time and staff support and is not a quick process.

*Fill Service Gaps*

Efficiency: High
Effectiveness: Low
Political Feasibility: Medium
Integration and Alignment: Medium

This strategy focuses on bolstering development and fundraising efforts to acquire new funds that could pay for service gaps.
Efficiency: High
Filling service gaps requires the funding of a new grants manager staff position to write, administer, and manage grants. The total cost for this position is ~$103,000\textsuperscript{23} based on a posting by the City of Oakland for a position with similar duties. Functions include grant administration, program management, and coordination.

Effectiveness: Low
The effectiveness of this strategy is contingent upon securing funds that supplement program services without much disruption to client intake, support, and service functions at the provider level. Though foundation grants offer more flexibility, government grants are typically for longer periods of time and fund at higher levels. Both types of grants will have implications for how programs are administered, evaluated and reported on.

Political Feasibility: Medium
Despite the cost effectiveness of adding a grants manager position, this recommendation presents challenges to the current program infrastructure. It is an internal consideration as program staff at Oakland Unite would be most affected by newer sources of funding that inevitably comes with new program management and reporting requirements.

Integration and Alignment: Medium
Capacity building to support new grant writing and administration functions can be implemented in the short-term. However, the grant cycles, availability of “good fit” grants, and uncertainty of success each have longer-term time horizons. Finally, there are organizational and structural changes that must ensue so that grants can be properly managed.

\textsuperscript{23} City of Oakland
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Short-Term</th>
<th>Long-Term</th>
<th>Important Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leverage Schools</strong></td>
<td>▪ After school programs</td>
<td>▪ Institute new truancy reduction pilot at one school site</td>
<td>▪ Costs of staffing</td>
</tr>
<tr>
<td></td>
<td>▪ Develop partnerships with traditional high schools to provide sports</td>
<td>▪ Provide services onsite for students reentering schools</td>
<td>▪ Costs of program development</td>
</tr>
<tr>
<td></td>
<td>for clients</td>
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<td>▪ School Capacity</td>
</tr>
<tr>
<td></td>
<td>▪ Use supplemental tutoring, music, and recreation programs to keep kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>at school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Standardize Risk</td>
<td>▪ Conduct research on standardized risk assessments</td>
<td>▪ Adopt a risk assessment for standard use</td>
<td>▪ Validation of the risk assessment</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>▪ Train providers on how to align program administration with the</td>
<td>▪ Train providers on how to align program administration with the risk assessment planning and</td>
<td>▪ Costs to create a risk assessment</td>
</tr>
<tr>
<td></td>
<td>risk assessment planning and evaluation framework</td>
<td>evaluation framework</td>
<td></td>
</tr>
<tr>
<td>**Neighborhood Hub</td>
<td>▪ Within each strategy meeting hosts neighborhood-specific meetings to</td>
<td>▪ Employ clinically trained intake and referral specialists for neighborhood centers</td>
<td>▪ Costs of staffing</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>share information</td>
<td>▪ Establish an independent commission</td>
<td>▪ Location</td>
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<tr>
<td></td>
<td>▪ Host neighborhood meetings to promote Oakland Unite programs and</td>
<td></td>
<td>▪ Costs of center operation</td>
</tr>
<tr>
<td></td>
<td>services</td>
<td></td>
<td>▪ Coordination with additional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>entities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Information sharing protocols</td>
</tr>
<tr>
<td><strong>Fill Service Gaps</strong></td>
<td>▪ Identify prospective funders for program services</td>
<td>▪ Employ a grants manager to coordinate federal and philanthropic reports and deliverables</td>
<td>▪ Grant administration costs</td>
</tr>
<tr>
<td></td>
<td>▪ Submit grant applications</td>
<td></td>
<td>▪ Program Management implications</td>
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</table>
FINAL RECOMMENDATION

Each outlined recommendation area considers the short-term and long-term horizon with analysis about efficiency and effectiveness. There are some recommendations that if adopted would take considerably less internal capacity to implement while others require capacity building and external coordination with other units. This report assesses the tradeoffs and provides a framework for situating each recommendation area within the broader context of differences that exist between each of the four program strategy areas, thus there is not one singular recommendation that will work completely for every strategy.

This report suggests that the standardization of a risk assessment is the most feasible recommendation to help Oakland Unite refine its model and most directly target those at highest risk for offense or re-offense. If implemented, it would provide a means of allocating resources and tailoring programmatic approaches to fit the risk level of clients. It will have far-reaching implications for each of the four strategy areas and will have an affect on how management functions such as case conferencing, referral network coordination and performance evaluation are planned and administered. This report highlights that the standardization of a risk assessment to be shared with all providers and coordinated agencies has the most promise in tracking high risk clients and providing service delivery.

LIMITATIONS AND CONCLUSION

Due to the breadth of the strategy areas led by Oakland Unite, this report only focuses on the most crosscutting recommendations for model refinement and offers relevant insights that impact each strategy area. As the focus groups were used to provide more strategy-specific challenges and opportunities, this report only presents recommendations that address challenges shared across strategies. Next steps might include revisiting the focus group insights to deepen analysis of strategy-specific opportunities that better inform program approaches. In the municipality comparison, this report uses both a literature review and key stakeholder interviews. A more exhaustive comparison might include interviews with both providers and program officers in each city to learn even more about better practices. The report uses a multi-level data collection and analysis approach to evaluate Oakland Unite in its current model and offers recommendations that are more feasible in the short-term but also those that offer opportunities for reimagining Oakland
Unite in the long-term. The multiple modes of data collection and analysis provide a comprehensive report that is more useful in this strategic planning process. Thus, the limitations were intentional but present good direction for next steps.

Oakland Unite's success is widely regarded and staff's collective commitment to refinement for even better outcomes has been the guiding spirit of this process. Oakland Unite is the most comprehensive violence intervention model of any of the other cities cited in this report and is one of the very few models in the nation that has a strategy area for both domestic violence and commercially sexually exploited children. It has the opportunity to be a national thought leader and partner in scaling better practices in city-led violence reduction strategies and as providers and clients alike attest to its criticality, other cities would also be interested in learning more about its approach and impact. This report with its lessons learned, opportunities, and far-reaching recommendations is submitted with excitement and assurance that Oakland Unite will continue in its successful track record especially now as it targets those young people that are at highest risk for offense and re-offense.
Appendix 1

**Evidence Based Practice (EBP)** is the integration of evidence, research and client-satisfaction practices into a service delivery model that 1) reflects the values and views of clients and 2) uses best practices to achieve outcomes.

**Oakland Unite and Evidence Based Practices**

Juvenile Justice Oakland Unified School District Wraparound – The six programs in the JJC/OUSD Wraparound Strategies use EBPs including assessment done prior to case planning and incorporating families into case planning processes.

Street Outreach – targeting services to areas where the most shootings occur and to the youth most at risk for involvement in gun violence; a validated risk assessment tool to assess their risk for justice system involvement; case management EBPs – establishing milestones and collaborating with a variety of partners, including OUSD, probation, employment programs; Violence interruption and conflict mediation

Crisis Response Network – Harvard Model, the volunteer model, and the ITISA practice as areas of progress; clinical case management

Highland Hospital Intervention – hospital-based violence intervention; trauma-informed care; staff create safety plans; ongoing check-ins, shadowing and bi-weekly case conferences

Our Kids/Our Families – employs EBPs such as cognitive behavioral interventions (CBIs) for students who have experienced trauma; restorative justice principles; a validated student assessment tool; Mental Health Consultation model in which school-based social workers focus on empowering school staff and parents to address student needs; Community Schools model that organizes community resources around student success; and a Positive Behavioral Intervention Supports (PBIs) that focus on improving school climate

Family Violence Intervention Unit – there are not very many EBPs in the field of domestic violence but staff are kept abreast on the latest interventions and other practices; Staff received training on lethality assessments and have adapted it for use with shorter-term client engagement, and staff use this tool to better assess which of the hundreds of monthly police reports need their immediate attention first

Project Choice – The model itself is an Evidence Based Practice. Reentry planning and case management services begin during incarceration and continue through release; validated intake and case management planning tools are used; cognitive behavioral modification methods
Appendix 2

- Targeting High Risk Offenders: A Violence Reduction Strategy -

![Bar Chart]

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
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<tbody>
<tr>
<td>Focused Youth Services</td>
<td>4301</td>
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<tr>
<td>Family Violence Intervention</td>
<td>609</td>
</tr>
<tr>
<td>Young Adult Reentry Services</td>
<td>1986</td>
</tr>
<tr>
<td>Incident/Crisis Response Services</td>
<td>2239</td>
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Appendix 3

Focus Groups

As part of the strategic plan for Oakland Unite, management was very interested in hearing from the providers and clients about ways to target and support the most high risk clients. We designed and implemented focus groups with providers in each of the strategy areas. As part of the planning process, I met with the program officers in each area to review their notes from previous meetings and reports on the toughest issues in service delivery, unmet needs, and case management challenges. We then created customized protocols for each focus group to do a deep dive on the most persistent challenges and how they might have worked around them, even if on a case by case basis. This approach allowed us to streamline our focus groups and have targeted discussion on issues and how they were being addressed and the implications on model refinement, coordination, and delivery.

Focus groups as a qualitative method of research allow us to shape our lines of inquiry to uncover the “on the ground” nuanced experience of providers and participants. Focus groups allow us to discover key insights in a participant-friendly environment using predetermined questions.24 Our structure was 80min focus groups with providers and clients, with program officers sitting in as a silent note taker. We wanted to limit focus each group to 6-10 participants but for strategies such as the focused youth services we had to have a larger group to represent all areas within the strategy. We transcribed each group and used a coding system to record and analyze responses in the following areas:

- Opportunities for collaboration
- Service delivery
- Unmet need
- Oakland Unite (management notes)
- Prosocial, Friends, Family and Environment

Also, better practices in focus groups generally exclude anyone who has the ability to influence response due to their presence but for the nature of these groups, the program officers were invited to attend to foster a familiar environment.

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24 Focus Group Practices
Protocols

Juvenile Justice Center

1. How do you assess your clients’ risk for recidivism and/or engagement in violence?
   a. How do you think that serving youth who are actively engaged in violence fits with your agency’s mission?
   b. What has your program put in place programmatically, to serve this population?

2. How do you address challenges faced by youth that are outside your agency’s capacity? (I.e. substance abuse, mental health, housing, etc.)

3. What are the unique needs of “crossover” youth? JJC has been talking about this for more than a year, so it’s something that we are interested in learning more about.
   a. How do you address them in your service delivery model?

4. Which opportunities exist for fostering stronger collaboration with probation and parole?

5. How do you promote your clients’ ability to be successful once placed in school?
   a. What are the greatest barriers to long-term success in school?
   b. What are the key challenges and supports needed to help youth transition into employment once they are in school?

6. How do you define intensive case management in your program model?
   a. What supports would you need in order to continue developing a shared approach to intensive case management throughout the strategy (e.g., training, caseload, etc.)?

7. How do you involve youth’s families as part of providing support services?
   a. What are the barriers to this?

8. What strategies or practices do you use to help clients cope with previous or ongoing trauma? “trauma-informed care” is another buzzword.
   a. What are the barriers to this?
Family Violence Intervention

1. We have heard consistently that housing is an issue for both CSEC and DV…
   a. What are the biggest barriers to housing?
   b. Have you come across any innovating housing solutions for these populations?
   c. What is more critical short-term or long-term support
   d. In general, how do you address needs that are outside your agency’s capacity (i.e. substance abuse and mental health)

2. How do you administer follow up and sustained support in your program model?
   a. What supports would you need in order to develop or continue developing a shared approach to this type of service delivery throughout the strategy (e.g., training, caseload, etc.)?

3. For CSEC providers, how has the recent movement of trafficking activity to online platforms affected your work?
   a. What innovative practices have you all instituted to address these new challenges?

4. How does your organization work with LGBTQ and foster care youth?
   a. What are the unique challenges that you have faced in serving these populations and what has been your approach to addressing these issues? (I.e. safety and shelter)

5. How do you incorporate and/or prioritize personal development/growth programs for your clients? (i.e. life skills training, education and career development)
   a. What are the barriers to integrating a personal development/growth component in your services?

6. What opportunities exist for creating better coordination and collaboration of entities within the network? (I.e. healthcare providers, OUSD, and probation)

7. What strategies or practices do you use to help clients cope with previous or ongoing trauma?

8. How do you involve client’s support networks as part of providing services?
   a. What are the barriers to this?
Young Adult Reentry

1. How do you assess your clients’ risk for recidivism and/or engagement in violence?
   a. How do you think that serving individuals who are actively engaged in violence fits with your agency’s mission?
   b. What has your program put in place programmatically, to serve this population?

2. Generally speaking, what are the challenges that impact clients’ ability to stay employed?
   a. How do you address these challenges, particularly those outside your agency’s capacity? (I.e. substance abuse, mental health, housing, etc.)

3. How do you engage businesses and employers in your work?
   a. What would you need to develop better long-term job opportunities?
   b. What would make employers more likely to hire reentry clients?

4. Is there an intensive case management component of your program model?
   a. If so, how is it used now (or how could it be used) with job development and placement activities? **Does anyone have insight to share with the group here?**
   b. Have you worked with Ceasefire or Street Outreach Case Managers? If so, what has the partnership looked like?

5. How do you incorporate and/or prioritize education services for your clients?
   a. What are the barriers to integrating an education component in employment services?

6. How do you involve client’s families as part of providing employment services?
   a. What are the barriers to this?

7. What strategies or practices do you use to help clients cope with previous or ongoing trauma?
   a. What are the barriers to this?
Incident Crisis Response Services

1. Tell us about the intensive case management component of your program model - how do you define intensive case management?
   a. How do you assess your clients’ risk for future engagement in violence?
   b. What needs assessment tool is used by case managers?
   c. How is this information used for case planning?
   d. What supports would you need in order to continue developing a shared approach to intensive case management throughout the strategy (e.g., training, caseload, etc.)?

2. Generally speaking, what challenges do you face in engaging clients?
   a. What about retaining client participation? (e.g. does participation drop off once health needs are met? Do clients living out of Oakland create retention issues?)
   b. What has your program put in place programmatically to facilitate both initial engagement and retention?

3. How do you involve youth’s families as part of providing support services?
   a. What are the barriers to this? What opportunities exist?

4. How do you address challenges/needs faced by individuals that are outside your agency’s capacity? (i.e. substance abuse, housing, etc.)
   a. Do you find yourself unable to serve all those who meet your eligibility criteria due capacity? What about those outside it? (e.g., older shooting victims, younger friends of homicide victims)

5. What strategies or practices do you use to help clients cope with previous or ongoing trauma? “Trauma-informed care” is another buzzword.
   a. Which other healing strategies do you include in your model?
## Appendix 4

<table>
<thead>
<tr>
<th>Position</th>
<th>Average Salary</th>
<th>Average # of Clients Served</th>
<th>Average # of Hours</th>
<th>Detailed Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager</td>
<td>$43,500.00</td>
<td>58.6666666667</td>
<td>1802.75</td>
<td>One case manager salaried at $43,500 can serve 58 students per year for an average of 1802 total hours. This translates into 31 hours of service delivery per student.</td>
</tr>
<tr>
<td>Job Developer</td>
<td>$40,385.56</td>
<td>17.777777778</td>
<td>347</td>
<td>One job developer can place nearly 18 clients into employment positions and provide up to 20 hours of follow up support per year.</td>
</tr>
<tr>
<td>Violence Interrupter</td>
<td>$35,927.11</td>
<td>66.777777778</td>
<td>314</td>
<td>A street outreach worker can reach out to 67 potential clients and provide 314 hours of intensive outreach work per year.</td>
</tr>
</tbody>
</table>
Works Cited


Providers, Street Outreach (2015, March). Focus Group. (C. Matthews, Interviewer)

Providers, Young Adult Reentry Services (2015, February). Focus Group. (C. Matthews, Interviewer)


