

CITY OF OAKLAND HUMAN SERVICES DEPARTMENT

Oakland ReCAST Disparities Impact Statement

Prepared by: Oakland ReCAST Team
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Oakland Resiliency in Communities After Stress and Trauma (ReCAST) will promote resiliency, healing, belonging, joy, and equity for Oakland's high-risk youth and families most affected by the interrelated challenges of violence, civil unrest, trauma, and COVID-19 pandemic. A multi-sector coalition will work together to improve behavioral health and reduce trauma among the highest-risk youth and families, empower residents, and improve community-police relations.

The populations of focus for Oakland ReCAST include residents of low-income, high-stress neighborhoods in East and West Oakland; children attending high-stress schools; victims of violence; and African American children and youth, as well as other vulnerable populations such as immigrants and refugees; Latinx, Native American, and Asian/Pacific Islander children and youth; lesbian, gay, bisexual, transgender, and queer youth; and youth with disabilities.

Oakland ReCAST will continue to build upon the work of two divisions within the Human Services Department (HSD) - Head Start Early Childhood Education and Oakland Fund for Children & Youth) - and the work of the Department of Violence Prevention (DVP). They serve Oakland's most marginalized and at-risk populations who will benefit from trauma-informed behavioral health supports. Their efforts involve working with a network of community-based organizations and reach over 28,600 individuals and families.

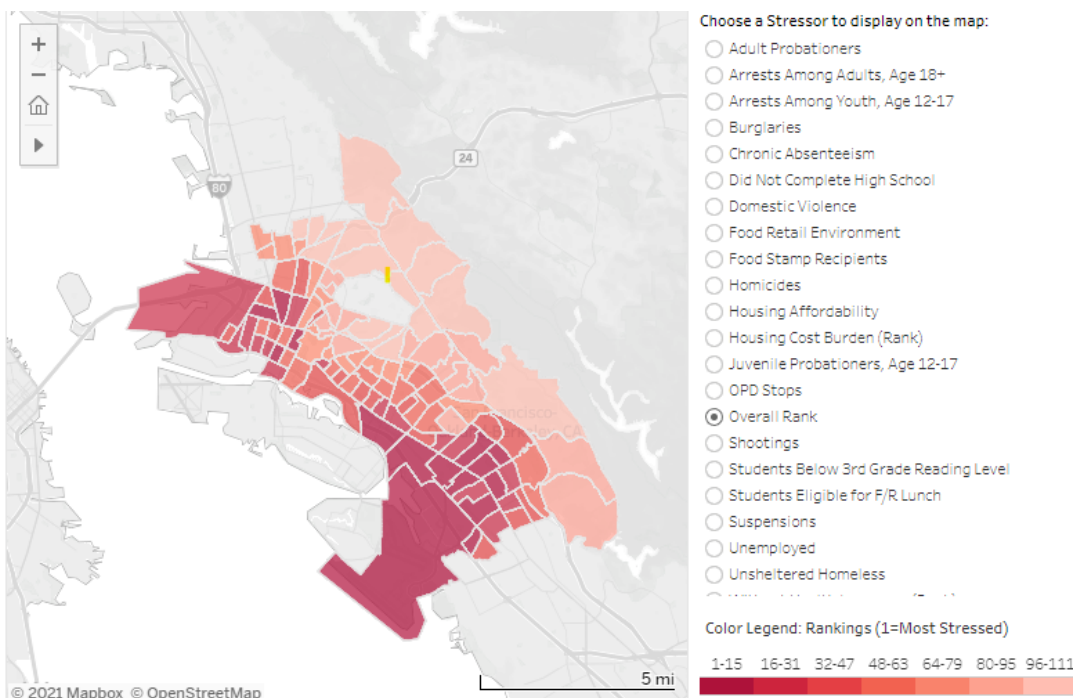
- **Head Start** provides early care and education, comprehensive support, and family services to 1,006 low-income families with children who are 0-5 years of age including pregnant mothers, with Center sites located in the most underserved areas in East and West Oakland. Licensed mental health consultants work with teachers and parents to help provide strategies and tools to support young children experiencing the effects of trauma.
- The **Oakland Fund for Youth and Children (OFCY)** is a citizen initiative that increases positive outcomes for children and youth from birth to 20 years of age, through the allocation of funding to community organizations and public agencies to meet the needs of Oakland children and their families.
- **Department of Violence Prevention (DVP)** provides intensive services to youth and young adults, age 14 to 35,¹ at highest risk of violence with the goals of 1) reducing violence in Oakland among young people, and 2) creating a well-integrated violence intervention system, with strong links among social services, school district, police, workforce development, and criminal justice agencies.

¹Though DVP targets intensive case management and employment services to residents aged 14-35, the Crisis Response strategy, which serves individuals, their families and others immediately impacted by gun violence, and the Family Violence strategy do not limit services to a specific age range.

Overview of Oakland

Oakland, population of 433,031, is one of the most ethnically diverse cities in the nation: 36% of residents are White, 27% Hispanic, 24% African American, 17% Asian or Pacific Islander, and 8% other. Approximately 27% of residents are foreign born. 40% of Oakland residents speak a language other than English at home. ²

HSD efforts are focused on neighborhoods that experience chronic stress, violence, and trauma that has serious negative consequences on communities and individuals. It leads to lower social capital and decreased collective efficacy and impacts the psychological development, health, and well-being of individuals.³ The Oakland Community Stressors Index indicates that many intersecting sources of stress and trauma are concentrated in East and West Oakland, home to much of the City’s African American population.



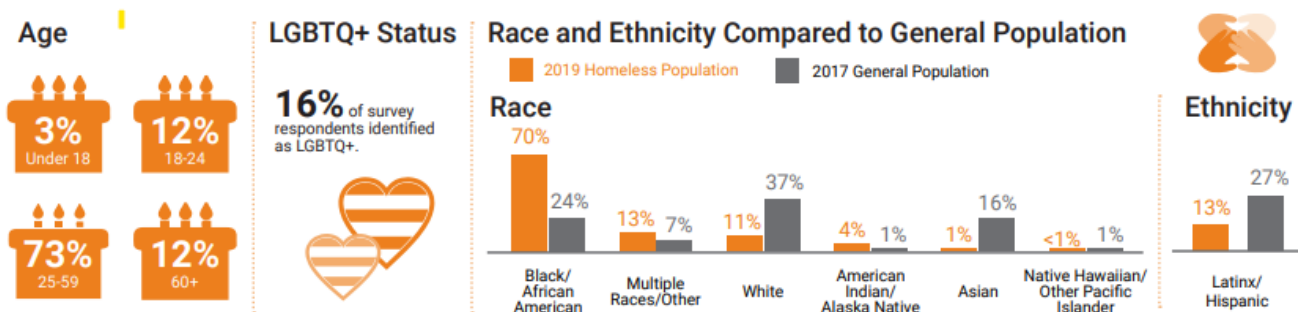
About the Oakland Community Stressors Index: Community stress is the experience of chronic stress, violence, and trauma that has serious negative consequences on communities and individuals. The Oakland Stressors Index summarizes the impact of multiple risk factors on community stress. Click on individual Census tracts on the map to see detailed ranking information by Stressor and the racial ethnic composition of each area.

The City faces significant and interrelated challenges related to poverty, homelessness, violent crime, and mental health, all of which have been intensified by the spread of COVID-19. Over 17% of

² <https://www.census.gov/quickfacts/fact/table/oaklandcitycalifornia/PST045219>

³ <https://www.oaklandca.gov/resources/oakland-community-stressors-index>

Oakland residents live in poverty. The City’s 2019 Homeless Point-in-Time Count⁴ found 4,071 homeless individuals, 79% of whom were unsheltered. This number has grown in the intervening years and will grow exponentially as COVID-19-related eviction protections lapse. Notably, this population includes many families; the City’s expanded family shelter was at capacity upon opening at the beginning of 2021. In its first month, housing 30 children, 18 of whom are under five.



After a near 50% decrease in homicides and shootings from 2012-2018 and a slight increase in 2019, Oakland saw a 47% increase in homicides and a 72% increase in shootings in 2020. Last year, 102 lives were lost in Oakland due to gun violence and almost 500 people were shot. This trend has continued into 2021; as of November 2021, there were 124 homicides. While research on the drivers of this increase is limited, anecdotally, it is widely recognized to be an indirect response to COVID-19.

Multiple factors have consistently limited the number of high-risk youth and families who seek out needed services, including real and perceived barriers to access, mistrust of government, fear of bias among service providers, and confusion about how to access services. This is particularly detrimental now, when miscommunication poses a very real risk to the City’s ability to reduce stress and trauma resulting from the pandemic and recent civil unrest. According to the 2019 California Healthy Kids survey, among Oakland Unified School District (OUSD) students, 30% of elementary, 31% of middle, and 28% of high school students have lost a family member or friend to violence (8%, 8%, and 7% respectively have lost more than three). The same survey found that 27% of middle school and 11% of high school students had seriously considered attempting suicide in the last 12 months. Further, local service providers and staff from across OUSD and City agencies have noted a considerable increase in demand for mental health services as the pandemic stretches on.

Young people in HSD’s neighborhoods of focus face much greater exposure to violence. The vast majority of shooting and homicide victims and suspects are young African American and Latino men ages 18-35.⁵ Most violent crime is perpetrated by young people involved in gang activity, and homicide is the leading cause of death for Oakland residents under age 25. Research on the effects of Adverse Childhood Experiences (ACEs) has shown that the more adverse

⁴ <https://www.oaklandca.gov/documents/2019-city-of-oakland-point-in-time-count>

⁵ Gilbert, Daniela et al. Understanding Serious Violence in Oakland: A Problem and Opportunity Analysis, California Partnership for Safe Communities, January 2014

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experiences a child has, the greater his or her likelihood of poor outcomes throughout life.⁶ Having more than three or four ACEs is correlated with increased risk of youth violence⁷ and, for males, perpetrating intimate partner violence.⁸ ACE exposure also increases risk factors for violence, such as mental health problems and substance abuse⁹.

The National Center on Early Childhood Health and Wellness reported that children who experience 4 or more ACEs are at a greater risk for intravenous drug use and attempted suicide and developing heart disease and cancer; are more likely to have learning and behavioral problems, and is a leading cause of death in the U.S.

More broadly, there are limited mental health resources for those who are not enrolled in MediCal and/or do not have a formal diagnosis. As a result, there is a tremendous need for upstream investments in training and capacity building for the teachers, mental health clinicians, and other staff who interact with high-risk youth and families to ensure their ability to deliver trauma-informed services.

These challenges are not felt equally by all. The Oakland Community Stressors Index indicates that many intersecting sources of stress and trauma are concentrated in East and West Oakland, home to much of the City's African American population. As of November 2021, Oakland had reported 38,123 COVID-19 cases,¹⁰ with a disproportionate percentage of cases, hospitalizations, and deaths among Black and Latinx residents. A 2020 Oakland Fund for Children and Youth (OFCY) Evaluation Report found that "the pandemic has exacerbated continued and persistent inequities. These ranged from poverty and unemployment, food insecurity, housing insecurity, continued system involvement, and gaps in access to digital learning."

Head Start. HSD operates both Head Start and Early Head Start programs at multiple locations throughout the City of Oakland. Over 1,006 children ages 0 to 5, and their families, were served in FY19/20. Over 95% of the children participating are children of color- 28% African American, 46% Latino and 17% Asian/Pacific Islander, while the remaining 4% are Two or More Races/Other/Unspecified

⁶ ACEs include traumatic experiences such as emotional and physical abuse or neglect; sexual abuse; witnessing violence against one's mother; alcohol and other drug abuse, incarceration or mental illness among household members; and parental divorce or separation. National Center for Injury Prevention and Control, CDC. "Adverse Childhood Experiences."

⁷ [CDC. Youth Violence: Risk and Protective Factors](#), 2016.

⁸ Whitfield CL et al. Violent Childhood Experiences and the risk of intimate partner violence in adults: assessment in a large health maintenance organization. *J Interper Viol.* 2003;18:166-185

⁹ CDC. "Adverse Childhood Experiences," *ibid.*

¹⁰ <https://covid-19.acgov.org/data.page?#cases>

Total Children Served by Oakland Head Start/Early Start (2019-2020): By Race/Ethnicity

Race/Ethnicity	Clients Served	Percentage
African American	320	28.37%
American Indian, Alaskan Native	5	.44%
Asian, Pacific Islander	197	17.46%
White (non-Hispanic)	38	3.37%
Hispanic/Latino	524	46.45%
Two or More Races/Other	30	2.66%
Unspecified/Unknown	14	1.24%
Total	1,128	100.00%

Source: 2019-2020 City of Oakland Head Start data system

Oakland Fund for Children and Youth. OFCY supports programs providing child and youth development activities year-round, (including summer months), through a variety of school and community-based partners, guided by four main investment strategies: Early Childhood, Student Success, Positive Youth Development, and Transitions to Adulthood. Over 21,200 youth participated in after-school and summer programs funded by OFCY in 2019- 2020.¹¹ Similar to Head Start, over 95% of OFCY participants are youth of color; Latino (44%) and African American (32%) youth are the primary focus for program services.

OFCY funding focuses on year-round youth development and empowerment, career awareness, and academic support, for older youth. There are 49 programs funded through these strategies that serve over 10,000 youth, and primarily focus on serving African American (34%) and Latino (47%) youth. In addition, 45% of youth served are ages 16-20.

Department of Violence Prevention. In FY19/20, DVP served over 5,000 individuals. The majority (over 60%) of DVP participants are African American followed by Latino participants who make up close to 20% of those served by Oakland's violence intervention programs. Most DVP participants range in age from 16 to 28 and historically close to 70% of DVP participants are male.

Total Clients Served by Department of Violence Prevention (2019-2020): By Race/Ethnicity

Race/Ethnicity	Clients Served	Percentage
African American	2,396	47.64%
American Indian/Alaskan Native	47	.93%
Asian/Pacific Islander	437	8.67%
White (non-Hispanic)	537	10.68%
Hispanic/Latino	1,189	23.64%
Two or More Races/Other	99	1.97%
Decline to State	75	1.49%
Missing	250	4.97%
Total	5,029	100.00%

Source: Department of Violence Prevention Participant Data from CitySpan, July 1, 2019 to June 30, 2020

¹¹ Oakland Fund for Children and Youth (2020). Oakland Fund for Children & Youth FY 2019-20 Evaluation Report.

Oakland has a strong framework of systems and services that support Oakland's high-risk youth and families, but much work still remains to be done to align City and County efforts to focus not only on addressing violence, but also on the underlying trauma that results from living in high crime, high poverty communities. Through a multi-sector, participatory approach aligned to the work of Oakland Thrives, Oakland ReCAST will build upon existing local efforts and the work accomplished through the City's 2016-2021 ReCAST grant to promote resiliency, healing, belonging, joy, and equity among Oakland residents most affected by trauma and unrest.

Overview of Behavioral Health Services Available to HSD Participants

Behavioral health services in Alameda County are provided by different provider networks based upon the severity of the presenting mental health diagnosis. Alameda County Behavioral Health Care Services (BHCS) oversees a network of 510 individual and organizational Mental Health and Substance Use Treatment service providers¹², using a trauma-informed care lens to serve Alameda County residents diagnosed with moderate to severe mental illness. In Fiscal Year 2019-2020, over 9,600 youth accessed services offered by BHCS contracted providers.¹³

Individuals presenting mild to moderate mental health needs are served through Medi-Cal managed care. Alameda Alliance for Health (Alliance), a local initiative not-for-profit health plan, coordinates care and services for more than 250,000 Alameda County residents who are enrolled in Medi-Cal Managed Care. The Alliance delegates the administration of the mental health benefit that they are required to provide to Beacon Health Options.

School-Based Services. Through the Oakland Unified School District (OUSD) Behavioral Health Unit students and their families can access clinical counseling services, crisis intervention supports and restorative justice practices. OUSD works in partnership with BHCS to contract with providers from community-based organizations for on-site trauma informed care behavioral health services at over 80 school sites. In collaboration with BHCS, OUSD also provides traumainformed practice trainings for teachers, school leaders and staff to better manage traumatized students in the classroom.

Strategies to Increase Access and Service Coordination

Through a multi-sector, participatory approach, Oakland ReCAST will build on and support the network of City and County agencies, OUSD, CBOs, and residents engaged in trauma-informed behavioral health care to increase collaboration across sectors and ensure more equitable access to resources that promote resiliency and community health. Oakland ReCAST partners seek to:

- Increase the capacity of City agencies, local service provider networks, and community interventionists to provide and collaborate in the provision of trauma-informed and culturally relevant services and activities for high-risk youth and families.

¹² Utilizations data provided by Alameda Alliance for Health on November 30, 2016.

¹³ <https://www.acbhcs.org/mental-health/child-youth-services-0-24-years/>

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- Expand the usage of trauma-informed practices and increase alignment of plans to promote trauma-informed systems across City agencies and local service provider networks.
- Increase opportunities for community-driven resilience and healing among and between community members most effected by violence and trauma.

Number of Unduplicated Individuals to be Served with Grant Funds

We are currently in the process of conducting a Community Needs and Resources Assessment and a Community Strategic Plan. These documents will identify existing resources and gaps in service for Oakland’s high-risk residents and further breakdown the areas and specific populations that we will serve.

<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
<i>325</i>	<i>440</i>	<i>555</i>	<i>670</i>	<i>785</i>	<i>2,775</i>

Projected numbers served within SAMHSA-mandated performance measures.

Plan for Progress and Quality Improvement Monitoring

The Oakland ReCAST planning body will be guided by the Oakland Thrives ReCAST Impact Table (RIT), a diverse coalition of community stakeholders representing education, government agencies, law enforcement, local service providers, and youth and adult community leaders.

The RIT is working to develop a data-driven continuous quality improvement plan to address the disparities we have detected initially within our aggregated population and help design and implement program activities based on the strategic plan to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the target disparate population.

Data Collection Plans and Evaluation Methodology. OFCY and DVP grantees enter client services and progress data into an online database developed by HSD in partnership with a local database firm, CitySpan Technologies. Head Start collects children and family program information in a centralized data system named ChildPlus. Oakland ReCAST activities will be held to the same standards, ensuring all activities are tracked, including all training events, service contacts, and group events. Once the project’s strategic plan is finalized and evaluation indicators have been developed, Oakland ReCAST evaluator, Resource Development Associates (RDA) will work with the RIT and HSD to identify appropriate respondents for participation in evaluation data collection activities and to recruit individuals to participate in these activities. We anticipate leveraging existing community input bodies, such as the City of Oakland Youth Commission, BHCS’ Pool of Consumer Champions, and others, to identify and outreach to community members to participate in the evaluation.

Using a participatory evaluation approach with both quantitative and qualitative methods,

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Oakland ReCAST has already established a strong evaluation infrastructure that we will utilize to collect, analyze, and report on performance measures required by SAMHSA and the program objectives identified here. The evaluation will be led by the City's current evaluator, RDA. In addition to gathering data for quarterly progress reports, RDA will utilize a mixed-methods approach to assess individual, agency, and community progress and outcomes throughout the life of the grant, with a focus on identifying program strengths, challenges, and gaps and developing recommendations to inform continuous quality improvement. In year one, staff will establish a ReCAST Continuous Quality Improvement (CQI) team comprised of RDA, RIT members, and other stakeholders that will collaborate to develop a CQI plan based on the Plan Do Study Act model and present it to the RIT for approval.

Oakland ReCAST activities will be examined to assess individual, agency, and community progress and outcomes. RDA will work collaboratively with the RIT and community members to develop an overall evaluation plan that ensures cultural appropriateness, aligns relevant outcome and process questions with appropriate measures tracking baseline data and progress, and ensures that data collected is in alignment with program objectives and SAMHSA's performance measures.

We will continue to leverage HSD's secure online database to collect program administrative data. Staff will use this system to track grant activities delivered directly by their team. Service providers who receive ReCAST funding will be required to regularly enter data for SAMHSA performance measures, as well as individual participant service data. To enhance these data, RDA will lead surveys, focus groups, and interviews with stakeholders to further assess the impact of activities and identify strengths and challenges of implementation. RDA will work with the staff and RIT to analyze all data. Language assistance for limited English speakers will be utilized as needed.

Monitoring and Quality Improvement. RDA, HSD staff, and the RIT will monitor program progress in relation to the goals, objectives, and timelines for ReCAST and SAMHSA's performance measures. HSD staff will meet with RDA monthly to review data and discuss whether objectives are being met. Strategies for improvement will be proposed such as adjusting service delivery methods, referrals, and networking collaborations and ensuring services are culturally competent. Highlights and challenges will be brought to the full RIT and community leadership groups at least quarterly for input and discussion. Together, this multi-sector coalition of stakeholders will work to improve behavioral health and reduce trauma among the highest-risk young people.

Adherence to the CLAS standards

HSD and the Oakland ReCAST partners currently incorporate many of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in providing trauma informed behavioral health services and adherence to CLAS standards will be a priority for any new efforts as well. Examples of best practices and policies in use by HSD and ReCAST partners, which incorporate the CLAS standards, are discussed below.

Governance, Leadership and Workforce. Key Oakland ReCAST partner, BHCS, requires all contracted providers to provide plans on how they will adhere to the CLAS standards

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and offers trainings to them on the 15 CLAS standards along with conducting yearly follow-up training to ensure implementation. BHCS will also provide Cultural Competency trainings, utilizing the California Brief Multicultural Competency Scale (CBMCS) training tool to provider agency staff.

Communication and Language Assistance. The City of Oakland's Equal Access Ordinance (EAO) ensures that Oakland residents, regardless of their English proficiency, have full and equal access to all city services, including many basic and potentially life-saving city services, and that they are able to participate in city government. EAO requires City departments to hire a sufficient number of bilingual employees in Public Contact Positions, translate vital written documents, and provide recorded telephone messages in languages spoken by at least 10,000 Oakland residents. In addition, all departments must inform all residents of the availability of language assistance services in their preferred language. A written sign translated into the 19 most spoken languages in Oakland is posted at the Human Services Department reception desk where residents are able to point to the language for which they require interpretation and interpretation services are provided at no cost to Oakland residents. In compliance with the EAO, all client consent forms are translated into Spanish and Chinese.

In addition to the EAO, Head Start adheres to federal Head Start Performance Standards and Personnel Policies on cultural competency and language access. As such, Oakland's Head Start programs must ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition. Head Start must also ensure staff and program consultants or contractors (such as mental health providers) are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency. In addition, whenever a majority of children in a class speak the same language, typically Chinese or Spanish, at least one class staff member speaks that language. Head Start's contracted mental health providers are required to provide group consultation and training to staff and parents including special training for staff with limited English proficiency.

Engagement, Continuous Improvement, and Accountability. Both DVP and OFCY require applicants to address their experience and capacity to work with the intended target population and to provide linguistically and culturally appropriate services in the proposal. Applicants must also address whether and how proposed services are appropriate to the target population's developmental needs, gender, sexual orientation, and cultural identification. Post-award, services offered by grantees are evaluated upon these requirements. OFCY providers utilize a variety of strategies that addresses diversity and inclusion at multiple levels, including staff, participants, and curricula, such as embracing language, engaging in diversity-focused activities, attending to staff diversity, and engaging in targeted recruitment of children and youth.

All HSD divisions require grantees to collect accurate and reliable demographic data. As described in the *Plan for Progress and Quality Improvement Monitoring* section, HSD data

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will be used to monitor and evaluate CLAS impact on health equity and outcomes and to inform service delivery. For any new program, HSD will partner with the appropriate community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness and competency.