CITY OF OAKLAND

AGENDA REPORT

TO:	Sabrina B. Landreth City Administrator	**FROM:**	Sara Bedford Director, Human Services
SUBJECT:	SAMHSA ReCAST Grant Year Two Project Plan	**DATE:**	November 14, 2017

City Administrator Approval _____ Date: __11/21/17__

RECOMMENDATION

Staff Recommends That The City Council Adopt A Resolution Authorizing The City Administrator Under The Federal Health And Human Services Substance Abuse And Mental Health Administration (SAMHSA) ReCAST Grant To:

1) **Enter Into Grant Agreements With Youth Leadership Institute In An Amount Not To Exceed $85,000 To Provide Training And Fiscal Sponsorship For Youth Led Grants; And AECreative In An Amount Not To Exceed $45,000, To Provide Art Activities And Capacity Building For Community Engagement; And**

2) **Amend Grant Agreements With Mental Health Providers In A Total Amount Not To Exceed $210,000 To Provide Behavioral Health Services To Head Start Families; And**

3) **Enter Into Professional Service Agreements With:**

   (A) **East Bay Agency For Children In An Amount Not To Exceed $100,000 To Provide Trauma-Informed Systems Assessments, Training And Coaching To Providers And City Staff;**
   (B) **Resource Development Associates In An Amount Not To Exceed $100,000 To Provide Required Evaluation Services And Technical Support;**
   (C) **Prevention Institute In An Amount Not To Exceed $30,000, To Provide Training And Coaching On Community Level Trauma Curriculum**

4) **Amend The Above Grants And Professional Service Agreements For Three Additional Years In The Same Amounts Pending Receipt Of Federal SAMHSA Grant Funding; And**

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Waiving The Request For Qualifications/Proposals Requirements For The Professional Service Agreements.

BACKGROUND / LEGISLATIVE HISTORY

The City of Oakland was one of eight successful cities to apply for and receive a federal Substance Abuse and Mental Health Services Administration (SAMHSA) ReCAST grant during the summer of 2016. Council approved this grant and the first-year spending plan in October 2016 Resolution No. 86464 C.M.S. The purpose of ReCAST is to promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. ReCAST is designed to support local communities to work together in ways that lead to improved behavioral health outcomes, empowers community residents, reduce and addresses trauma, and sustain community change. The Human Services Department (HSD) recently culminated the first year of funding and the second year began September 30, 2017.

Oakland's successful ReCAST proposal that was approved by SAMHSA had three key elements: creating a trauma informed care system in HSD and ultimately throughout the City; enhancing access to traditional and non-traditional behavioral health services for key populations including building on the department's existing work by to promote resilience and expand access to traditional and non-traditional behavioral health services especially in key areas including Head Start, Oakland Fund for Children and Youth (OFCY) and Oakland Unite (OU). Together these divisions reach over 50,000 young people and families through a network of local service providers that have an ability to have a deep impact on multiple communities and neighborhoods.

ANALYSIS AND POLICY ALTERNATIVES

Year One Accomplishments

The first year of Oakland ReCAST required extensive work in meeting required SAMHSA planning and implementation of required deliverables, developing an advisory working group, expanding partnerships, hiring staff and developing a needs assessment, strategic plan, and evaluation framework. ReCAST deliverables included the following:

- Formation of ReCAST Advisory Working Group
- Disparity Impact Statement
- Community Needs and Resource Assessment
- Developing Strategic Plan
- Finalizing Partnership Agreements
- Hiring dedicated Project Manager

Resilience Working Group (RWG), was formed and includes community members, consumers, community based agencies, Oakland Unified School District, multiple County agencies, multiple City departments, health care providers, and community arts and healing organizations. The RWG has been working collaboratively to leverage existing services, build stronger community engagement practices and helped guide Oakland ReCAST through the first year of planning and deliverables. A sample of RWG members include the following: Oakland's Chief Resilience Officer and the Rockefeller Resilient Cities Initiative, Alameda County Health Care Services Agency (ACHCSA) and its contracted providers, Oakland Unified School District, Oakland Police Department Youth Outreach Unit (OPD Y.O.U.), Alameda County Probation Department, East Bay Agency for Children (EBAC), Alameda Alliance for Health, Beacon Health Option, Prevention Institute. (See **Attachment A** for full list of RWG members)

Disparity Impact Statement (DIS) focused on access to trauma-informed behavior health services. The DIS reviewed which individuals have been served by HSD and its partners in Oakland and identified sub-populations vulnerable to behavioral health disparities including an emphasis on young adult males of color and young boys of color. (See **Attachment B** for the DIS)

The Community Needs and Resources Assessment (CNRA) process prioritized community input to inform and identify existing community resources, needs and aid in prioritization of target populations and resources that would best address trauma and build resiliency (See **Attachment C** for the CNRA). In development of the CNRA, Oakland ReCAST engaged approximately 200 community members, service providers, and key informants to create, vet, and disseminate assessment findings through interviews with experts in trauma-informed care across a range of organizations, agencies and departments within the City of Oakland.

The CNRA Process:
- Reviewed existing and current Oakland services, initiatives, published data and reports relevant to the City of Oakland.
- Key informant interviews were also conducted with experts across a range of organizations and departments within the City of Oakland (e.g., Head Start, OFCY, and OU); and other agencies and organizations such as Oakland Police Department (OPD), Alameda County Behavioral Health Care Services (BHCS), Oakland Unified School District (OUSD), EBAC and Youth in Mind (a non-profit agency that works with youth and young adults impacted by the mental health system).
- Input from Oakland residents- youth, young adults, and families- eleven listening sessions were conducted with community and stakeholder groups and service providers.
- Identified the types of trauma communities are facing, services and community assets, gaps and barriers.
- Suggestions were made on how we could improve engagement and strengthen the relationship between Oakland community members and law enforcement.
- Several steps were taken to ensure the safety, inclusion, and privacy of all participants present at the listening sessions.
- Mental health counselor(s) were on site to provide on the spot support and linkages to services at all listening sessions, if desired.

- Translation services were available to assure participation, engagement, and inclusion of all community members present.
- Oakland ReCAST attended a local Barber Shop forum (part of a series of forums) organized by the community and staff from the Alameda County Sheriff's office with the goal of bridging law enforcement and community bridging understanding
- Finally, a survey tool called the Trauma-Informed Agency Assessment (TIAA) was distributed to OFCY and OU's community-based service providers to gather information on perceptions of their organization's strengths regarding trauma-informed approaches.

The CNRA findings were shared and presented to over 50 community members and community-based service providers at two community forums held in both East and West Oakland. Attendees at the community forums engaged in dynamic conversation through 'world cafes' to provide input to the Oakland ReCAST strategic planning process *and* brainstorm solutions and promising practices *to* strengthen the systems that address trauma in our community.

Strategic Plan for Oakland ReCAST was developed to outline a coordinated strategy and theory of change to achieve the deliverables of the ReCAST goals based on the results of the DIS and CNRA The RWG held a full day retreat which included developing shared landscape of existing trauma informed work though out the City. Smaller working groups were formed that aligned with each of the ReCAST goal areas which subsequently met several times to develop goals and activities aligned with the specific needs and recommendations that had emerged from the listening sessions and other community input efforts. The first iteration of Oakland ReCAST strategic plan has been accepted by SAMHSA and approved to move forward with implementation for Year 2 activities.   It is designed to be a living, evolving document.

Hiring Project Manager. Oakland ReCAST Project Manager, Stephanie Montgomery was hired in August 2017. Prior to joining HSD, Stephanie managed a Family Care Network at UCSF Benioff Children's Hospital, which is funded by a Health Resources and Services Administration (HRSA). Stephanie is also a trainer in Trauma Informed Systems and familiar with SAMHSA grants and reporting. She brings 15 years of experience promoting wellness, equity and safety for some of Oakland's most vulnerable and marginalized community members

Year One Specific Implementation Projects were proposed in Oakland's successful application. The following provides specific activities that were accomplished. Most of this work will continue and expand in Year Two with more robust implementation based on the strategic plan and SAMHSA requirements and goals. Implementation projects were organized in the following goals:

Goal (1) Support increased access to trauma-informed behavioral health services.

- Oakland ReCAST collaborated with Alameda Alliance for Health provider of Alameda County's largest Medi-Cal Managed Care Plan and Beacon Health Options(Beacon), who the Alliance contracts with to provide mild to moderate benefit for enrolled Oakland residents, along with Alameda County Behavioral Health to develop coordinated links to behavioral health resources.

- Beacon and Alameda Alliance provided an overview of available services and access points, to an estimated 160 contracted, community-based service providers under Oakland Unite and Oakland Fund for Children and Youth including insurance options and behavioral health supports, and how to connect to services.

- Beacon has also begun the process of assessing and outreaching to HSD funded agencies that have the potential to join their network as a provider (having in-house behavioral health services) and be reimbursed by Medi-Cal. Expanding availability, accent reach of these services and allowing for more non-traditional modes of service delivery.

- Over 600 Head Start families and their teachers were provided with mental health services through Oakland ReCAST, which included expanding mental health consultation in Head Start classrooms, an evidence-based model in which teachers and parents are given the tools and supported by clinicians to help detect and support the mental health needs of young children and their parents, increasing well-being and resilience. Clinicians also help teachers develop strategies to recognize and address challenging behaviors and to ensure classroom management practices do not have an unintended equity outcome for boys of color.

Year 2 Plans for Goal 1

- Continued mental health consultation with Head Start families and teachers. In Year 2, special emphasis on supporting families raising young boys of color and parenting strategies to build resilience given structural racism and its impact on educational outcomes. Building lessons learned on OUSD's Hellman Foundation grant looking at early childhood education and boys of color with mental health supports in West Oakland.
- Providing technical support to HSD funded agencies to be able to do Medi-Cal billing for mental health services allowing for more community based clinicians and para-professionals who can provide culturally appropriate and community based services to populations least likely to have access.
- Developing pilot projects with Alameda Alliance to partner on services to historically underserved communities including seniors and singles, including ensuring enrollment in health care.
- Exploration of mental health services models that are non-traditional and partnering with existing. Research and plan implementation of deployable, culturally competent and resilient response to crisis situations such as police shootings, immigration policies, and natural and man-made disasters. Currently staff and community agencies respond but in an ad hoc fashion. The goal of this strategy will be to make sure of existing infrastructure, City field staff, churches, community centers and funded community agencies, who will have specific and agreed upon roles to play in a crisis with a trauma informed perspective and promoting resilience and healing. The plan will help us identify formal and informal resources, forecasting and problem solving of potential pain points

for marginalized communities and cultural values that may present at the time of a crisis or thereafter.

Goal (2) Expand the usage of trauma-informed practices across Human Services Department and with its extensive networks of community based services providers reaching over 100,000 Oakland children, youth and adults. Supporting use of trauma informed practices in other City departments as well.

- An estimated 250 HSD staff received the first in a series of trainings on trauma-informed approaches through Alameda County Behavioral Health Care. This is a first in a series of trauma informed systems assessments and trainings to promote staff self-care and resilience and to build a true trauma informed system of care.
- Head Start teachers at three (3) City run Head Start program sites including the partnership with Oakland Unified School District at Arroyo Viejo are taking part in a pilot trauma informed early childhood curriculum and class management training accompanied by a monthly learning circles in partnership with OUSD staff with the goal of supporting healing and resiliency. This work is in partnership with the Early Learning Lab and Oakland Starting Smart and Strong Initiative
- HSD in partnership with the Prevention Institute (PI) developed a Community Level Trauma training of trainer's curriculum. The curriculum's goal is to provide a framework to shift understanding of trauma from a solely individual concern to also include community-level understanding, understand the implications for their work and identify potential strategies to address community trauma. The training is based on PI's Adverse Community Experiences and Resilience (ACER) framework and includes a combination of didactic presentation and interactive discussions.
- The training of trainer's curriculum will be piloted with the ReCAST HSD team and selected RWG members in Year 2.
- Working with OPD and Ceasefire Partnership and key service providers, staff are exploring strategies for a more community centered and trauma informed protocol and practice at the scene of shootings and homicide.
- HSD supported OPD's application to the International Police Chief Association Supporting Collective Healing designed to align with ReCAST and providing opportunity to provide specific trauma informed training for police officers. If funded, the ReCAST Project Director will support the implementation of this effort as needed by OPD and ensure alignment with other work.

Year 2 Plans for Goal 2

- HSD will continue to develop the capacity to be a trauma-informed organization through ongoing trainings to deepen learning, and coaching for HSD staff and funded providers. Trainings will explore the six-core trauma-informed principles with the goal of further embedding trauma-informed approaches amongst staff and service providers in both their work and personal care.

- ReCAST will have the capacity to provide trainings to all Oakland Parks and Recreation staff on trauma informed systems and self-care. Creating alignment with two City departments and opportunities to expand beyond that in in later project years.
- ReCAST will fund additional trauma informed curriculum trainings for Head Start and OUSD teachers and peer learning groups and coaching. This training was very well received and oversubscribed so ReCAST will expand opportunities and help build a community of practice in this area.
- Pending approval of OPD's grant application to the International Chief's Association, all OPD officers will receive trauma informed system training, again creating even greater alignment across all City departments and deepening the understanding of how to build resilience in the face of trauma.
- Implement expanded Oakland Unite Friday Night Live summer events tied to year-round agency involvement in deployable crisis response network designed to provide supports in the face of various trauma events. Partnership with HSD, Department of Violence Prevention and Oakland Parks and Recreation and critical service providers.
- Partnerships and opportunities will be developed to work with Alameda County Behavioral Health and Oakland Unified School District to develop professional learning communities.
- Trauma Informed Systems readiness tools will be developed for community based agencies providing services under City funded program such as Oakland Fund for Children and Youth and Oakland Unite/ Department of Violence Prevention.
- ACER training developed by Prevention Institute, will be delivered to HSD staff and contracted providers. Champions from among these two groups will be identified to be trained to provide additional sessions direct to the community in year three.

Goal (3) Support community resiliency and healing through promoting compassion and increased understanding of community trauma with a special emphasis on police/ community relationships but also including trauma due to structural racism, homelessness, and generational poverty.

- Oakland ReCAST team worked with the Oakland Youth Advisory Commission (OYAC) to establish a youth-led mini-grant making program called #OYACgivesback.
- Youth Leadership Institute (YLI) provided training, technical assistance and coaching to Youth Commissioners and Oakland ReCAST staff on youth-led grant making. The training included and an overview of grant making with specific attention on review and selection of grantees.
- The first-year applicants were asked to focus on implementing recommendations from OYAC's 2015 report entitled *Youth Perspective: Reforms, Solutions, and Recommendations for Accountable and Effective Policing in Oakland to Improve Relations Between Law Enforcement, the Community and Youth.* Project categories included: 1) Education and Awareness; 2) Community Engagement and Relationship Building; 3) Resiliency and Healing
- Eight youth-led projects with adult allies were selected out of 25 applications (See **Attachment D** for a full list of projects). Projects in partnership with youth and OPD

include the following: restorative justice healing circles, development of an OPD youth council; community building block parties, community healing art projects and town hall meetings. Projects will be completed during 2017-18 school year and staff are exploring community events to promote and expand the lessons learned about resiliency and trauma from these projects.

Year 2 Activities for Goal 3

- Oakland Youth Commission via #OYACgivesback mini-grants program will conduct a second round of grants and seek to deepen their impact on projects focusing on community resilience and healing in Oakland's most historically traumatized communities.
- Youth Commissioners and youth participants in grants will be trained by Youth Leadership Institute in grant making and social impact, facilitation and other leadership skills.
- ReCAST will also organize a series of conversations with community members focused on historical trauma and the intersection of racism at the Oakland Impact Hub, Youth Impact Hub, and various other community based locations in the neighborhoods most impacted by trauma and violence. These events are also an opportunity for #OYACgivesback youth-led projects to lift up their project outcomes and reach beyond the projects' immediate participants.
- Other community arts and cultural projects and forums for solution oriented dialogue and information sharing will be explored and implemented to validate trauma and promote healing especially regarding law enforcement and the community interactions that compound traumatic experiences.
- HSD/ Department of Violence Prevention and OPD will continue building their partnership through Ceasefire, developing procedural justice protocols for crime scenes after a shooting.
- If OPD's grant application is approved, trauma informed training for all OPD officers aligned with ReCAST training for other departmental staff will be launched moving toward being a trauma informed city.

Resources Required To Meet Program Goals

Human Services Department proposes to execute a variety of grants and professional service agreements with the following agencies and in the following amounts to support implementation of Oakland ReCAST activities:

➢ Grant agreement with Youth Leadership Institute (YLI) for an amount not to exceed $85,000 to provide training, technical assistance, and implementation support for youth-led projects sponsored by Oakland-based community providers. This amount includes $50,000 for youth-led projects and the balance for training and technical assistance during the program year. YLI will support ReCAST staff and Oakland Youth Advisory Commissioners to develop, plan and coordinate comprehensive training and technical assistance efforts. YLI will also serve as the fiscal agency to allocate funds to

#OYACgivesback grantees from September 30, 2017 to September 29, 2018. YLI is a nationally recognized, community based youth development organization with extensive experience and expertise on training and providing technical assistance for youth-led initiatives and youth-led grant making.

➢ Grant Agreement with AECreative for an amount not to exceed $45,000 to provide space (Oakland Impact Hub) for the final presentation of #OYACgivesback projects, organize a series of conversations with community members focused on historical trauma and the intersection of racism at the Oakland Impact Hub, Youth Impact Hub, and various other community based locations in the neighborhoods most impacted by trauma and violence and research and development of Creative Arts Practices (CAP) via cultural equity lens, and mapping and inventory of current and emerging creative arts practices for community healing from trauma.

➢ Amending grant agreements with various mental health providers that include Family Paths, Through the Looking Glass, Jewish Family, Community Services and Si Se Puede Behavioral Interventions, (SSPBI) that went through a prior yearly competitive process previously. The total amount across all grant agreements will not exceed $210,000 to support 450 individuals and families enrolled in Head Start and supporting Head Start classrooms with consultation services. These providers are familiar with Head Start families, are trained in trauma informed care, and provide a wide range of cultural and linguistic capacity. ReCAST will work with providers to address the specific nature of supports for families with young boys of color who show dramatic gap in kindergarten readiness compared to their other peers.

➢ Professional Service Agreement with East Bay Agency for Children in an amount not to exceed $100,000 to provide training, technical assistance, and coaching on Trauma-Informed Approaches and Systems for an estimate of 500 City staff in Human Services and Oakland Parks and Recreation, and non-profit grantees during the program year. EBAC is a regional center and clearinghouse for seven Bay Area Counties that provides training and technical assistance to promote trauma-informed systems. EBAC currently provides trainings, technical assistance/coaching, and policy guidance on Trauma Informed approaches for systems of care, community-based providers, and other City and County agencies located in the region. EBAC's efforts strengthen the pipeline of mental health services by sharing information and resources with project partners throughout Oakland. They have unique expertise and long history working on SAMHSA related projects.

➢ Professional Service Agreement with Resource Development Associates (RDA) for an amount not to exceed $100,000 to provide required evaluation services for Oakland ReCAST. RDA is a local research and evaluation firm with extensive experience in criminal justice, and health and mental health fields. RDA is uniquely qualified to provide this support given their experience with supporting Oakland ReCAST deliverables during Year 1, conducting an evaluation for Oakland Unite, their work with Alameda County Behavioral Health on their crisis intervention model, and experience with Alameda County Probation conducting evaluations.

> ➢ Professional Service Agreement with Prevention Institute (PI) for an amount not to exceed $30,000 to provide technical assistance and coaching to selected HSD staff and funded providers for the Community Level Trauma Training of Trainer's curriculum during the program year. PI is a national leader in community resilience and violence prevention and has extensive experience providing technical assistance to SAMHSA grantees. PI was also involved in the development of various aspects of Oakland's community safety planning effort.

Oakland Municipal Code (OMC) section 2.04.051.A requires the City Administrator to conduct a request for proposals/qualifications (RFP/Q) process for professional services contracts. OMC section 2.04.051.B allows Council to waive the Request for Proposal/ Qualifications requirements upon a finding by the Council that it is in the best interest for the City to do so. HSD seeks a waiver of the RFP/Q requirements for the professional service agreements with East Bay Agency for Children, Resource Development Associates, and Prevention Institute given their unique expertise and understanding of SAMHSA requirements and regulations and unique local expertise in trauma informed care as discussed above. All three are local Oakland vendors. Furthermore, waiving the competitive bidding process will ensure timely delivery of services. The City Administrator has determined that the professional service agreements with RDA, East Bay Agency for Children, and Prevention Institute are of a professional and temporary nature and shall not result in the loss of employment or salary by any person having permanent status in the competitive civil service.

FISCAL IMPACT

SAMHSA funding for Program Year Two is appropriated in Department of Health and Human Services Fund (2128), Department of Human Services Organization (78111), and SAMHSA Oakland ReCAST Project (1003227).

Table 1 below provides a breakdown of the annual costs by category:

Table 1: SAMHSA Budget Year 2

Cost	Description	Account	Annual Estimated Amount
Personnel (Salary and Fringe)	Project Manager 1.00 FTE to provide daily oversight of all grant activities for the five years	Salaries & Fringe (51XXX – 51613) Including all overhead charges (58521 – 58522)	$321,413
	Administrative Assistant II .50 FTE		($49,419 of this amt is central svcs overhead)

Consultants/ Contractors	Grant Agreements and Professional Service Agreements as described in report and resolution.	Service Contract (549XX)	$570,000
Travel	Required travel for grantee and partners to conference in Washington DC and local travel Site visits and exchanges with other ReCAST grantee cities	Travel (55112, 55113, 55114, 55119)	$11,000
Supplies	General office supplies and computers and furniture	Supplies (52211, 52213)	$15,000
Other	Communication materials Support for community trauma response network and Friday Night Live Events (specific categories tbd)	529XX, 532XX, 537XX	$82,587
		Oakland ReCAST	**$1,000,000**

PUBLIC OUTREACH / INTEREST

HSD conducted eleven community listening sessions during the Community Needs and Resources Assessment (CNRA) process to prioritize community input, identify community needs, and aid in prioritization of target populations and resources to best address trauma and build resiliency. Oakland ReCAST engaged approximately 200 community members, service providers, and key informants to create, vet, and disseminate assessment findings. In addition, two Community Forums, with over 50 members in attendance, were held at East and West Oakland locations to share the findings of the CNRA.

COORDINATION

ReCAST Working Group partners will support the development of strategic priorities to carry out the grant. This report and resolution have been reviewed by the Office of the City Attorney, Budget Bureau and Contracts and Compliance Division of the City Administrator's Office.

PAST PERFORMANCE, EVALUATION AND FOLLOW-UP

Using a participatory evaluation approach with both quantitative and qualitative methods, Oakland ReCAST activities will be examined to assess individual, agency, and community progress and outcomes. Resource Development Associates will work collaboratively with the Project Manager or and community members to develop an overall evaluation plan and data collection system. This plan will align relevant outcome and process questions with appropriate

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measures for tracking baseline data and progress, and ensuring that data collected is in alignment with program objectives and SAMHSA's performance measures. Individual participant service data will be entered HSD's secure online database. The Project Manager will enter all relevant performance measure data into SAMHSA's reporting system in accordance with required specifications and timelines.

SUSTAINABLE OPPORTUNITIES

Economic: Healing and resiliency through increased use of trauma informed approaches can improve education outcomes, employment opportunities, and economic stability for Oakland's communities most affected by trauma, racism, violence, and civil unrest.

Environmental: There are no environmental impacts.

Social Equity: The overarching goal of this grant is to promote social and racial equity by acknowledging historical trauma and building community and city staff capacity to respond to trauma and build community resilience and healing from our youngest residents to our police officers.

ACTION REQUESTED OF THE CITY COUNCIL

Staff Recommends Adopting A Resolution Authorizing The City Administrator Under The Federal Health And Human Services Substance Abuse And Mental Health Administration (SAMHSA) Recast Grant To:

1) Enter Into Grant Agreements With Youth Leadership Institute In An Amount Not To Exceed $85,000 To Provide Training And Fiscal Sponsorship For Youth Led Grants; And AECreative In An Amount Not To Exceed $45,000, To Provide Art Activities And Capacity Building For Community Engagement; And

2) Amend Grant Agreements With Mental Health Providers In A Total Amount Not To Exceed $210,000 To Provide Behavioral Health Services To Head Start Families; And

3) Enter Into Professional Service Agreements With:
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   (B) Resource Development Associates In An Amount Not To Exceed $100,000 To Provide Required Evaluation Services And Technical Support;
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4) Amend The Above Grants And Professional Service Agreements For Three
   Additional Years In The Same Amounts Pending Receipt Of Federal SAMHSA
   Grant Funding; And

   Waiving The Request For Qualifications/Proposals Requirements For The
   Professional Service Agreements

For questions regarding this report, please contact Sara Bedford, Human Services Director at
(510) 238-6794.

Respectfully submitted,

SARA BEDFORD
Director, Human Services Department

Prepared by:
Mona Shah, Acting Human Services Planner
Stephanie Montgomery, Project Manager

Attachments (4):

Attachment A: Oakland ReCAST Resiliency Working Group List
Attachment B: Oakland ReCAST Disparity Impact Statement
Attachment C: Oakland ReCAST Community Needs and Resource Assessment
Attachment D: #OYACgivesback Youth-led Project Grantee List

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Attachment A

City of Oakland Resiliency in Communities after Stress and Trauma (ReCast) Community Needs and Resource Assessment (CNRA)

City of Oakland Resiliency in Communities after Stress and Trauma (ReCAST) Community Needs and Resource Assessment (CNRA)

CITY OF OAKLAND
HUMAN SERVICES DEPARTMENT
Helping our City grow strong!

Grantee Site:	City of Oakland
Grant #:	1H79SM063517-01
Project Manager Name:	Mona Shah
Project Manager Email:	mshah@oaklandnet.com
Data Report Submitted:	March 31, 2017
GPO:	Wendie Veloz

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Background

In September 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the City of Oakland a five-year Resiliency in Communities After Stress and Trauma (ReCAST) grant. Awarded to eight cities, including Oakland, ReCAST is intended to increase access to trauma-informed services in cities impacted by high levels of civil unrest, and to establish a broader understanding of trauma and its effect on the lives of individuals, families, and communities impacted by violence.

Led by the City of Oakland's Human Services Department (HSD), Oakland ReCAST builds on three HSD initiatives: Head Start, the Oakland Fund for Youth and Children (OFCY), and Oakland Unite (OU). These initiatives reach over 50,000 individuals and families and target the most at-risk populations in need of trauma-informed behavioral supports.[1] HSD and its project partners use this effort to increase their ability to successfully identify trauma, refer people to trauma-informed clinical services, use trauma-informed approaches in the delivery of other City services, improve police community relations, and ultimately foster healing in people's lives.

Oakland ReCAST convened a multi-sector Resilience Working Group (RWG) composed of representatives from city and county agencies and the community to act as steering committee for the ReCAST Program. The RWG has been working collaboratively with HSD to leverage existing services and build stronger community engagement practices. HSD also contracted with Resource Development Associates (RDA) to assist with strategic planning and evaluation services for grant implementation. RDA provided assistance in the creation of this Community Needs and Resources Assessment.

In December 2016, Oakland ReCAST submitted a Behavioral Health Disparities Impact Statement (DIS) to SAMHSA. The DIS reviewed which individuals have been served by HSD and partners in Oakland, and identified sub-populations vulnerable to behavioral health disparities. This document is the next step of ReCAST planning which involves a community needs and resources assessment (CNRA).

Key SAMHSA Definitions

Civil Unrest: "Demonstrations of mass protest and mobilization, community harm, and disruption through violence often connected with law enforcement issues."

Trauma: "An event, series of events, or set of circumstances that is experienced by and individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social emotional or spiritual well-being. This concept can be expanded to define trauma experienced by communities that have experienced civil unrest and are impacted by historical, economic, and race-based trauma.

Trauma-Informed Approach: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."

Source: ReCAST Grantee Manual, SAMSHA.

See Appendix A for glossary of terms.

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[1] Oakland ReCAST Behavioral Health Disparities Impact Statement, December 2016.

Purpose of Needs and Resources Assessment

In order to implement a thoughtful and comprehensive approach to implementation of Oakland ReCAST, HSD is conducting this CNRA to identify community needs and to inform prioritization of target populations and resources to help resolve local problems deemed to be of critical importance to the well-being of the community. HSD has employed a collaborative approach for the CNRA which actively engages important stakeholders from every level of the community. Findings from this needs assessment will inform policy and decision-making for ReCAST.

Goals of Needs and Resources Assessment

This community needs and resources assessment uses data to promote a common understanding of the City of Oakland's trauma-related needs, how those needs ought to be prioritized, and how to target resources to address these needs through the Oakland ReCAST strategic plan.

The primary goals of this needs assessment are to:

- Authentically engage a diverse set of stakeholders around the experiences of Oakland residents in communities that experience high levels of trauma related to violence, poverty, and racism;
- Understand community, services provider, and key stakeholder perspectives on strengths, gaps, and barriers; and
- Identify recommendations from community input that are responsive to the needs of populations most vulnerable to behavioral health disparities and tensions with law enforcement.

Methodology

The Oakland ReCAST CNRA used a mixed methods approach, using qualitative and quantitative data collection approaches, to gather information about community needs and resources. The CNRA utilized data from the following methods: key informant interviews, listening sessions, review of literature and existing data, and a Trauma-Informed Agency Assessment (TIAA) Survey. The following sections provide a detailed description of each method.

Key Informant Interviews

To gather feedback for the CNRA, nine key informant interviews were conducted with experts across a range of organizations and departments within the City of Oakland. Oakland ReCAST staff identified likely planning and implementation participants and experts in trauma-informed care. Interviews were conducted by telephone and lasted approximately one hour each; a transcript of responses was recorded. Staff asked semi-structured and open ended questions to assess knowledge of trauma-informed practices, strengths and barriers to receiving services, and system challenges. The key informant protocol is included in Appendix A.

Listening Sessions

Between January and March 2017, 10 listening sessions were conducted with community groups and service providers. Oakland ReCAST staff collaborated with organizations with strong ties to the community to schedule listening sessions; sessions were held in trusted venues in a community setting where community members could comfortably engage. In some instances, facilitators attended an already established meeting or group. In others, the groups were convened for the purpose of the listening session.

A number of steps were taken to ensure the safety, inclusion, and privacy of all participants present at the listening sessions. At every listening session with Oakland residents, a mental health counselor was on site to provide support and linkages to services, if appropriate. Each organization was also offered translation services to assure participation, engagement, and inclusion of all community members present. Additionally, sign in sheets were provided to allow Oakland ReCAST to follow up with participants who were interested in getting involved with the project or in receiving further information.

To promote ongoing community engagement after the conclusion of the listening sessions, Oakland ReCAST will host community feedback sessions in April 2017 to validate findings from the needs assessment. The sign-up sheets will also be used to compile a list of community members who may be interested in receiving ongoing updates such as email announcements of meetings, opportunities to provide comment, or newsletter style updates on the progress of the project.

Oakland ReCAST staff collaborated with community partners to develop an open-ended listening session protocol aimed at identifying the types of trauma communities are facing, services and community assets, gaps and barriers, and suggestions for improvement. The protocol also included a section directed at community/police relations as well as ways to engage and strengthen the relationship between Oakland community members and the police. The protocol was developed to be brief enough to gather substantial community feedback in a semi-structured environment. Each session, which lasted approximately one hour, included two staff from RDA and one staff from HSD. A staff person recorded a transcript of responses. The listening session protocol is included in the Appendix.

After completion of each key informant interview or listening session, staff reviewed the transcripts, coded them for key themes and priority populations, and included quotes and comments that were outliers. Themes were compared across interviews and listening sessions. These themes are presented in the results section of this report.

At each listening session, participants were asked to complete an anonymous demographic form. These forms asked participants to report their age, gender, race/ethnicity, and whether they identified as a community member, community-based organization (CBO), law enforcement, or education agency. Because demographic forms were optional for participants, some participants may not have submitted forms or may have declined to respond to certain questions. All forms were anonymous to protect participant privacy and confidentiality.

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Data were synthesized from participant demographic forms to capture the representation of participants in the CNRA process. The listening session protocols are included in Appendix C.

Trauma-Informed Agency Assessment (TIAA) Survey

The System of Care Trauma-Informed Agency Assessment (TIAA) is an in-depth, validated data collection tool intended to identify organizational strengths and areas for improvement regarding trauma-informed services and care.[2] The TIAA was developed by the Maine Department of Health and Human Services with a work group including youth and their families, and was based on Trauma-Informed Systems Theory[3] and System of Care Guiding Principles. Since its inception, the TIAA has been adapted and implemented in over 100 agencies.

The TIAA was made available on SurveyGizmo, from February 21, 2017 through March 17, 2017. Head Start, OCFY, and OU invited their funded programs and agencies to participate and engage as many employees in taking the survey as possible. At the close of the survey, staff downloaded the raw survey data, calculated frequencies for each survey item, and then disaggregated domain-level results by funding stream. The results are presented in the results section of this report.

Stakeholder Participation

Oakland ReCAST sought to create change with community participation by undertaking a series of activities to authentically engage Oakland residents and service providers. Authentic community engagement seeks to involve community members throughout all aspects of the process at hand, from sharing input in the development of data collection strategies to validating the data in community report-back sessions. An authentic community engagement process comes from the belief that building on the strengths of individuals and community members is imperative to the success of the project. At every stage of the needs assessment, Oakland ReCAST sought to authentically engage the community in identifying community needs and informing the development of program services that are individualized to the neighborhoods, cultures, and languages of Oakland's diverse populations.

Participation by a diverse range of community stakeholders was essential to the needs assessment process. Numerous strategies were employed to ensure that community stakeholders, including youth and families, were included and engaged in the process of information gathering and problem solving specific to their concerns. The following is an overview of the strategies used throughout this needs assessment to ensure authentic community engagement.

Oakland ReCAST conducted a series of activities that involved stakeholders from across the service delivery system, including public agencies, nonprofit providers, and community members. The following section described who participated in the stakeholder engagement activities.

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[2] *System of Care Trauma-Informed Agency Assessment (TIAA) Overview.* THRIVE. 2012.
[3] *A trauma-informed approach to screening and assessment.* Harris M and Fallot R. 2006.

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Resilience Working Group

The Resilience Working Group (RWG) acts as the steering committee for this project to ensure collaboration of an interdisciplinary, cross-sector team in decision-making. The RWG, or a subcommittee of RWG members, met every two months, as appropriate to the project timeline, to guide project decision making. The RWG will continue to be involved in strategic plan development, including reviewing needs assessment findings and establishing priorities.

The RWG involves a broad network, including staff from city and county agencies, community-based non-profits, and law enforcement. HSD is in the process of expanding the RWG to include members in the community with lived experiences. Please see Table 1 for a list of RWG partners.

Table 1. Existing Resilience Working Group Partners

Type of Partner	Agency, Community Group, and/or Role	Community Reach and Representation
Lead Agency	City of Oakland Human Services Department • Head Start • Oakland Fund for Children and Youth • Oakland Unite	Serves 50,000+ youth/young adults in Oakland yearly through 100 CBOs; all from communities most affected by violence and trauma.
Local Education Agency	Oakland Unified School District	Serves 48,000 students across Oakland, 88.2% people of color
Local Public Entities	Alameda County Health Care Services Agency, Behavioral Health Care Services (BHCS)	Serves over 35,000 people in County each year, 77% people of color. Community leadership includes the BHCS "Pools of Consumer Champions" Transition Age Youth Advisory Group*
	Oakland Mayor's, Resiliency, and Race and Equity Offices	Community Safety and Resilience efforts involve extensive partnership with Community Leaders across broad cross-section of City efforts with focus on race and equity
	Alameda Alliance	Medi-Cal provider serving 260,000 people in Alameda County annually, 40% of whom live in Oakland
Law Enforcement	Oakland Police Department	721 officers, 33% live in Alameda County, 60% people of color
	Alameda County Probation Department	13,000+ adults on probation in County, 41% from Oakland and 80% people of color. 2,100+ youth on probation in county, 47% from Oakland and 91% people of color[4]
Non-Profit	Prevention Institute and UC	Oakland-based nonprofit with diverse staff and board

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[4] Alameda County Probation Department. A Look into Probation Monthly Report, July 2013

Community, University, and Faith-Based Organizations	San Francisco	in partnership with local university
	Resource Development Associates and UCLA	Oakland-based evaluation firm with decades of experience working with Oakland community groups; university partner focused on racial disparities and community engagement
	Youth in Mind	Non-profit agency that works with youth and young adults impacted by the mental health system
	Oakland Community Organizations	Oakland faith-based non-profit organization organizing community members around violence prevention issues
	Youth Alive	Oakland-based violence prevention non-profit serving youth and youth adults
	Oakland Impact Hub	Oakland-based gathering space that supports an ecosystem of change makers
	East Bay Agency for Children	Serves over 20,000 children and families in Alameda County each year

Key Informant Interviews

Key informant interviews were used as the mechanisms for fostering community buy-in for the assessment and planning process. Interviewees for key informant interviews included representatives from HSD's investments (e.g., Head Start, OFCY, and OU); and other agencies such as Oakland Police Department (OPD), Alameda County Behavioral Health Care Services (BHCS), and Oakland Unified School District (OUSD). Additionally, interviews were conducted with representatives from Trauma Transformed or T^2 (a regional center and clearing house in the Bay Area that promotes trauma-informed practices coordinated by the East Bay Agency for Children (EBAC)) and Youth in Mind (a non-profit agency that works with youth and young adults impacted by the mental health system). Table 2 describes the name, position, and agency of the experts that participated in key informant interviews.

Table 2. Key Informants Included in Interviews

Key Informant(s)	Position	Department
Jen Leland	Trauma Transformed Center Director	East Bay Agency for Children, Trauma Transformed
Barb McClung	Director, Behavioral Health	Oakland Unified School District
Jessie Warner	Planner	Human Services Department, Oakland Unite
Sandra Taylor Mike Wetzel	Manager Planner	Oakland Fund for Children and Youth
Maria Lavanderos	Program Coordinator	Head Start
Tracy Hazelton Lori Delay	Division Director Trauma-informed Care Coordinator	Alameda County Behavioral Health
Reygan Harmon	Ceasefire Project Manager	Oakland Police Department
Officer Doria Neff	Mental Health Liaison	Oakland Police Department

| Susan Manzi | Executive Director | Youth in Mind |
| Nguyen Weeks | Program Coordinator | |

Listening Sessions

Listening sessions served the dual function of informing participants about the project and soliciting their perspective and input on areas of need. In total, 79 community members and 20 service providers attended the listening sessions (Table 3).

Table 3. Listening Sessions with Locations, Populations, and Attendees

Listening Session	Location	Primary Population	Number Attended
Community Listening Sessions			
City of Oakland Mayor's Youth Advisory Commission	Downtown Oakland	Youth council members	9
Alternatives in Action	West Oakland	High School Students	9
Oakland Unite (OU) Young Adult Leadership Council	Downtown Oakland	Youth and young adults receiving OU services	9
Youth in Mind	East Oakland	Adults/Community Members	8
Lotus Bloom	East Oakland	Parents receiving family resource center services	6
Oakland Community Organization	East Oakland	OCO and community members; Residents of East and West Oakland	13
Head Start Parents	East Oakland	Parents receiving Head Start services	14
Hoover and Sobrante Park Resident Action Council Members	West Oakland	Community Members	11
			Total: 79
Provider Listening Sessions			
CBOs that provide OU/OFCY Services	Downtown Oakland (2 sessions)	Providers	14
Head Start Family Advocates and Site Directors	East Oakland	Providers	6
			Total: 20

Stakeholder participation in the listening sessions represented a broad spectrum of populations. The following list describes the demographic characteristics and affiliations of participants:

- Participation was highest among community members, with 47% participants identifying as members of the community. The remaining participants identified as service providers (39%), educators (7%), law enforcement (1%), or other (7%).
- The largest proportion of respondents (62%) were adults ages 25-59; youth and young adults up to 24 years old represented 27% of participants. The remaining 11% were older adults.
- Half (52%) of participants identified as male, 45% identified as female, and 3% identified as other or preferred not to answer.
- Participants were asked to report their ethnicity (i.e., Hispanic or Non- Hispanic) and racial identity (Figure 1). The largest share of representation were African- Americans (39%) followed by Hispanic/ Latino (24%). Asian or Pacific Islander and multi-race participants were the least represented in this process. There was no instance of self-identified Native Americans or Native Alaskans participation in the listening sessions.

Figure 1. Count of Participants by Race/Ethnicity (n=175[5])
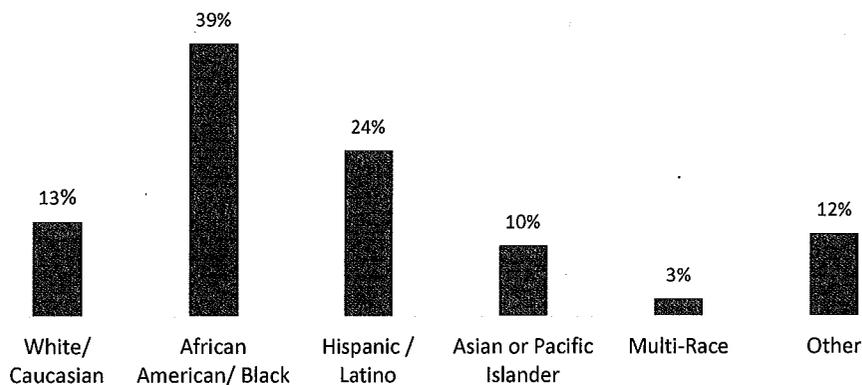
Trauma-Informed Agency Assessment (TIAA) Survey

In addition to the engagement strategies described above, Oakland ReCAST employed a Trauma-Informed Agency Assessment (TIAA) survey. The surveys were completed by service providers and gathered information on community-based organizations' perceptions of their organization's strengths with regard to trauma-informed care.

Figure 2. Respondents' Organizational Funding Stream (n = 51)

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[5] Some participants selected more than one race/ethnicity.

Of the 51 individuals who responded to the survey, half (49%) reported that their organization was funded by Oakland Unite (OU), a quarter (25%) reported that their organization was funded by Oakland Fund for Youth and Children (OFCY), a tenth (10%) reported that their organization was funded by both OU and OFCY. (Figure 2). In addition, 16% of respondents did not identify their organization's funding stream.

OFCY 25%

OU 49%

Did Not Report 16%

OU + OFCY 10%
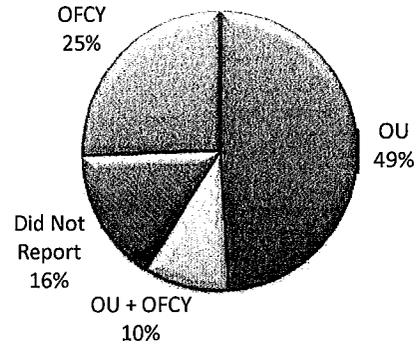
Over half of respondents (51%) reported that they held leadership positions (e.g., program manager/coordinator, administrator/organizational manager, supervisor, program director), while 16% were direct service staff and 8% were administrative staff. Among survey respondents, 14% listed their position in their organizations as "other" and provided positions that were primarily direct service or administrative (e.g., outreach worker, service coordinator, finance manager) (Table 4). Finally, 10% of respondents did not report their positions.

Table 4. Respondents' Positions in Their Organizations (n = 51)

Position	%
Program Manager/Coordinator	24%
Program Director	14%
Administrator/Organizational Management	12%
Administrative Staff	8%
Case Manager	8%
Youth Advocate	4%
Supervisor	2%
Clinician	2%
Workforce Coach	2%
Other	14%
Did Not Report	10%

Over half of the respondents (54%) reported that their primary work setting was in the agency/program office, 12% reported that they primarily work at a school or afterschool site, and 8% reported working primarily at residential facilities (Figure 3). Another 8% reported "other" as their primary work setting, listing their locations as street outreach or an equal mix of two locations.

Figure 3. Respondents' Primary Work Setting (n = 51)
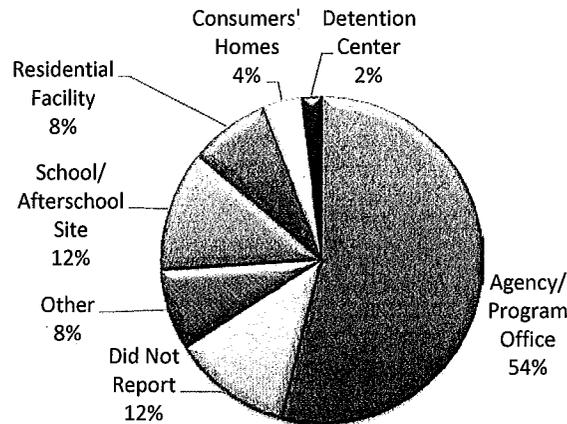
Community Landscape: Resources

In order to create sustainable change, Oakland ReCAST intends to build upon existing resources and assets in the City of Oakland. The existing resources consist of multiple systems structured to involve community members and ensure their voice in decision-making. Oakland ReCAST will build primarily upon three HSD programs that serve Oakland's most marginalized, at-risk populations in need of trauma-informed behavioral health supports: Head Start early childhood, Oakland Fund for Children and Youth, and Oakland Unite violence intervention, which together reach over 50,000 young people and families through a network of local service providers.

Head Start

HSD operates both Head Start and Early Head Start programs at multiple locations throughout the City of Oakland. In addition to child care and pre-school programs Head Start family advocates identify family needs and help them navigate resources in the community.

Head Start provides comprehensive early care, education, and family support services to over 1,200 low-income families with children age 0-5, in neighborhoods throughout the city. Licensed mental health consultants work with teachers and parents providing strategies and tools to support young children experiencing the effects of trauma.

Oakland Unite

Oakland Unite (OU) provides a network of intensive services to youth and young adults, age 14 to 35, 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.

Though OU 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.

OU's Shooting and Homicide Response and Support Network

The Shooting and Homicide Response and Support Network helps those affected by an incident address their immediate needs and provide longer-term supports as they begin to heal, be it from physical injury or loss. Immediate, basic needs of victims and/or their families may range from assistance with Victim of Crime application, access to safe housing, or, in the case of a homicide, assistance with funeral arrangements and costs. Network providers engage in longer-term stabilization support including mental health services, and have the capacity to serve young children directly impacted by the violent incident.

Oakland Fund for Children and Youth (OFCY)

Oakland Fund for Children and Youth (OFCY) provides strategic funding to support Oakland's children and youth from birth to 20 years of age to become healthy, happy, educated, engaged, powerful and loved community members. They leverage their efforts with partners for greater collective impact towards social and economic equity, build the capacity of community agencies to work together to fully develop each child's potential, achieve positive outcomes, and promote the positive contributions of children and youth to Oakland's greatness.

OFCY funds programs providing child and youth development activities year-round and in summer months through a variety of school and community-based partners for youth and children aged 0-20. OFCY also funds mental health consultants to support the Head Start children and their families.

In addition, Oakland ReCAST is working to leverage existing resources available in the City of Oakland (the City). A network of government agencies, community organizations, parents, faith leaders, youth, and law enforcement officers are working to provide culturally relevant, trauma-informed violence prevention and behavioral health services to Oakland's high-risk populations. All of the partners described in the network are participating in the Oakland ReCAST initiative.

Oakland Unified School District

Through the Oakland Unified School District (OUSD) Behavioral Health Unit, students and their families can access clinical counseling services, crisis intervention supports, restorative justice practices, violence prevention programs, and transitional services for homeless, migrant, foster, and refugee/asylee youth and their families. 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.

The OUSD Office of African-American Male Achievement program, the first of its kind in the country, is working to dramatically improve academic and ultimately life outcomes for African-American male students.

In collaboration with Alameda County Behavioral Health Services (BHCS), OUSD also provides trauma informed practice trainings for teachers, school leaders and staff to better manage traumatized students in the classroom.

Alameda County Behavioral Health Services (BHCS)

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 900 individual and organizational mental health service providers, using a trauma-informed care lens to serve Alameda County residents diagnosed with moderate to severe mental illness. Individuals presenting mild to moderate mental health needs are served through Medi-Cal Managed Care.

BHCS currently offers a monthly Trauma Informed Workforce Training workshop for Alameda County Health Care Services staff. These workshops will be provided to HSD staff and contracted providers in 2017.

Alameda County Trauma Informed Care Learning Collaborative

The overarching goal of the Alameda County Trauma Informed Care Learning Collaborative (LC) is to improve the quality of consumer care across Alameda County through coordinated Trauma Informed Care systems and practice change. The LC representatives include consumers, family members, community-based providers, the center for healthy schools and communities, behavioral health care services, public health care services, and county system partners (e.g. social services, probation, etc.). Participants of the group share a common interest in enhancing trauma informed care within Alameda County and will collaborate over an extended period to share ideas, find solutions, and build innovations.

Alameda Alliance for Health

Alameda Alliance for Health (Alliance), a local initiative not-for-profit health plan, coordinates care and services for more than 270,000 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.

Oakland Police Department

Oakland Police Department (OPD) already partners with the County, HSD, and community members on a number of efforts to increase the use of trauma-informed approaches. Trauma Informed Care training for law enforcement officers in Alameda County and Crisis Intervention training is mandatory for all 721

OPD officers. OPD also coordinates training procedural justice approaches for OPD officers to enhance police-community trust and will collaborate with the Oakland Youth Commission in its efforts to improve community/law enforcement relations. The Alameda County Crisis Intervention Training Program, a partnership between BHCS and Oakland Police Department (OPD), provides mandatory training for officers in assisting individuals with mental health challenges.

OPD also leads Oakland Ceasefire, a multi-sector strategy aimed at reducing gun violence and recidivism by providing alternatives to violence, in partnership with HSD, the Mayor's' Office, local faith and community organizations, and other law enforcement agencies.

Trauma Transformed (T^2), Seven Bay Area County Initiative and Regional Center

Oakland also benefits from the SAMHSA-supported Trauma Transformed (T2) Initiative, funded in 2014 and operated by EBAC, which is working to create a shared regional infrastructure to implement, improve, and sustain services for children and youth affected by trauma. Trauma Transformed is the only regional center and clearinghouse in the Bay Area that promotes a trauma-informed system by providing trainings and policy guidance to systems of care professionals and organizations. A trauma-informed system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them. Oakland benefits from the T^2 site being located in the City and the inclusion of T^2's director on the RWG.

My Brother's Keeper, Local Action Plan

Oakland has accepted the President's challenge to improve outcomes for boys and men of color through the My Brother's Keeper initiative and instituted an Office of Race and Equity in 2015 to examine the impact of City policy and practices. The City of Oakland has been leading the local action plan for My Brother's Keeper to ensure that all boys and young men of color (BYMOC) have equal opportunity to live up to their full potential

Oakland Thrives

Oakland Thrives is an initiative driven by top leadership in the City of Oakland to combine and coordinate efforts to secure and leverage resources to improve outcomes for vulnerable children and youth. This collaboration includes the County of Alameda, the Oakland Unified School District, San Lorenzo Unified School District, and the City of Oakland

Prevention Institute

Prevention Institute, in partnership with experts at UCSF, is developing a curriculum on Adverse Community Experiences and Resilience (ACE|R) along with a series of training for trainers workshops. The ACE|R trainings will initially be delivered to staff working for the RWG partnership and their contracted providers.

The following table provides an overview of services available to Oakland Residents, which Oakland ReCAST aims to leverage (Table 5).

Table 5. Overview of Services Available to Oakland Residents by Target Population Age Group

		Age	Service	Provided By
Oakland Unite Crisis Response Support Network — Serves individuals, their families and others immediately impacted by gun violence with supportive counseling services to address grief and trauma Activated in response to a shooting or homicide	Behavioral Health Care Services — Moderate to Severe Mental Illness- Alameda County Behavioral Health Care Services Mild to Moderate- Medi-Cal Managed Care Providers and other Private Health Insurance	0-5	Child Care and Family Advocacy	Head Start (HSD)
			Early Childhood Programs (including MH consultants at Head Start sites)	OFCY Contracted Providers
		5-13	School-based Health Care (Physical and Mental Health	Center for Healthy Schools and Communities (Alameda County) in partnership with OUSD
			After-School and Summer Programs	OFCY Contracted Providers
		14-18	School-based Health Care (Physical and Mental Health	Center for Healthy Schools and Communities (Alameda County) in partnership with OUSD
			After-School and Summer Programs	OFCY Contracted Providers
			After-School Career Exploration/Academic Support at Alternative Education Sites	OU Contracted Providers in partnership with Alameda County Office of Education
			Life Coaching/Case Management for Youth on Probation	OU Contracted Providers
		18-20	Career Awareness and Academic Support for Older Youth	OFCY Contracted Providers
		18-35	Life Coaching/Case Management for Young Adults	OU Contracted Providers as well as in-house
			Workforce Programs	OU Contracted Providers

Although a strong network of resources exist in City of Oakland, some programs face barriers in increasing access to specific populations, increasing capacity of the organization and staff, and increasing financial resources to support ongoing efforts.

Community Landscape: Risk Factors

In addition to listening sessions, the CNRA conducted a review of Oakland ReCAST's Disparity Impact Statement and additional existing literature related to community characteristics of populations in Oakland. Findings confirmed community held knowledge about local trends. Key findings from the review are summarized below.

What types of trauma are community members experiencing?

Communities in Oakland experience a disproportionately higher burden of violence and instability, particularly among youth and young adults. Over the last 25 years, Oakland's crime rates have been higher than the state average.[6] According to Healthy Alameda County report, homicide was the leading cause of death among youth 15-24 years in 2010 to 2012. In 2012-2014 in Alameda County, there were 20,165 assault-related injury ED visits (age-adjusted rate of 422.2 visits per 100,000 population), and assault-related ED rates were highest among residents of East and West Oakland. In 2009-2011, the rate of ED visits for self-inflicted injury was exceedingly high among females 15 to 24 years (344.3 per 100,000).[7]

During CNRA listening sessions, **the majority of community members shared that persistent violence within their communities is a major contributing factor to trauma.** When community members were asked about challenging and traumatic situations that they or the community have faced, many spoke from their own individual lived experiences. Specifically, participants mentioned direct or indirect exposure to gun violence as a common theme that emerged in the listening sessions. Several community members had family or friends that had been shot and injured or killed as a result of gun violence. For those members that did not report personal experience, they spoke of hearing about incidents in the community. Other members mentioned break-in to their homes and domestic violence in the neighborhood.

Community-based service providers affirmed community members' statements and highlighted how the persistence of violence throughout the community is an ongoing issue that affects a family's home environment. CBOs spoke about how communities struggle to heal from repeated traumatic events. Additionally, it can be a struggle for community services to meet the needs of communities that are facing regular, persistent trauma.

Furthermore, several key informants spoke about the trauma that community-based service providers experience personally. Many service providers live in the same communities as their clients. Some service providers may experience the same trauma as the communities they serve, and they also

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[6] McCarthy, B., Lawrence, S. (2014). Crime Trends in the City of Oakland: A 25-Year Look (1987-2012). UC Berkeley School of Law. The Chief Justice Earl Warren Institute on Law and Social Policy. Accessed on March 22, 2017 from https://www.law.berkeley.edu/files/Crime_Trends_in_the_City_of_Oakland_-_A_25-Year_Look.pdf.
[7] Alameda County. (2014). *Alameda County Health Data Profile.* Accessed on March 14, 2017 from http://www.acphd.org/media/353060/acphd_cha.pdf.

experience vicarious trauma from consistently hearing about traumatic events from the youth and families in their programs.

Many members stated that violence is an unfortunate reality within their community and that the events that they encounter are somewhat normalized. A common theme emerged that participants feel they need to continue functioning in their lives so they normalize violence as a coping mechanism. For example, a youth respondent reported not being impacted by a homicide in the

"When you hear the shots, you have to be able to get back to sleep. You unfortunately get accustomed to it. It's where you live and you just have to deal with it," - East Oakland community member

neighborhood because the youth did not know the victim personally.

Youth in Oakland face particularly challenging situations. Oakland ReCAST's Disparity Impact Statement (DIS) highlighted that the vast majority of shooting and homicide victims and suspects are young African American and Latino men ages 18-35. 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.[8] However, intervention efforts have only reached about 10% of Oakland's active gang members.[9]

For youth in particular, violence can affect one's ability to function in ways that will affect their school performance. Parents reported the struggle they face when asking their children to focus on school work after witnessing a crime. Similarly, youth reported the challenge of functioning at school while dealing with struggles in the community. Several members of the youth commission spoke about how it is much harder to be successful in school when one lives in a community with a lot of violence compared to youth that live in more affluent neighborhoods.

In addition to violence, communities living in poverty experience more youth incarcerations for non-violent offenses compared to affluent communities. One in 40 youth (10 to 17 years) in very high-poverty neighborhoods are incarcerated for mostly non-violent offenses, compared to one in 200 youth in affluent neighborhoods—an over five-fold difference in youth incarceration rates (Figure 4). This inequity may be largely due to social factors such as "institutional racism, a legacy of segregation and discrimination, inequitable education systems, and limited economic opportunity, and is not merely a consequence of individual behavior." [10]

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[8] Gilbert, Daniela et al. Understanding Serious Violence in Oakland: A Problem and Opportunity Analysis, California Partnership for Safe Communities, January 2014.
[9] Ibid.
[10] Healthy Community Institute. *Healthy Alameda County.* Accessed on February 13, 2017 from http://www.healthyalamedacounty.org.

Figure 4. Youth Incarceration Rate by Neighborhood Poverty Level, Alameda County, CA 2011
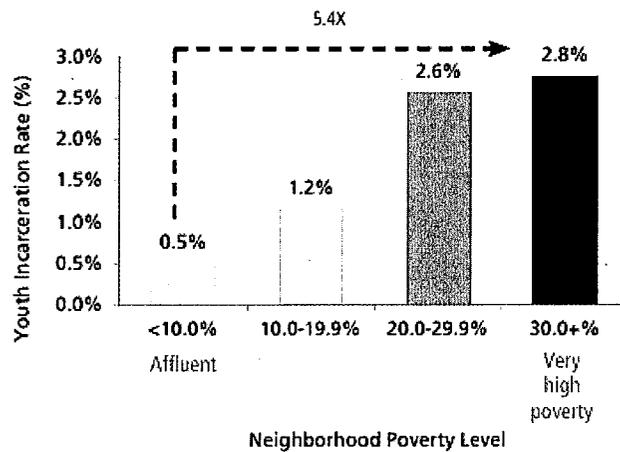
Source: CAPE, with data from Urban Strategies Council and Alameda County Probation Department, Aug 2010–Jun 2011.

Which Oakland Communities are most affected by violence and trauma?

Neighborhoods across Oakland experience stress from poverty, violence, and blight; neighborhoods in West Oakland and East Oakland are particularly impacted with many of the highest stress neighborhoods deep within East Oakland as identified by the 2014 Stressor Index map (Figure 5).[11]

Figure 5: Stressor Index by Police Beat

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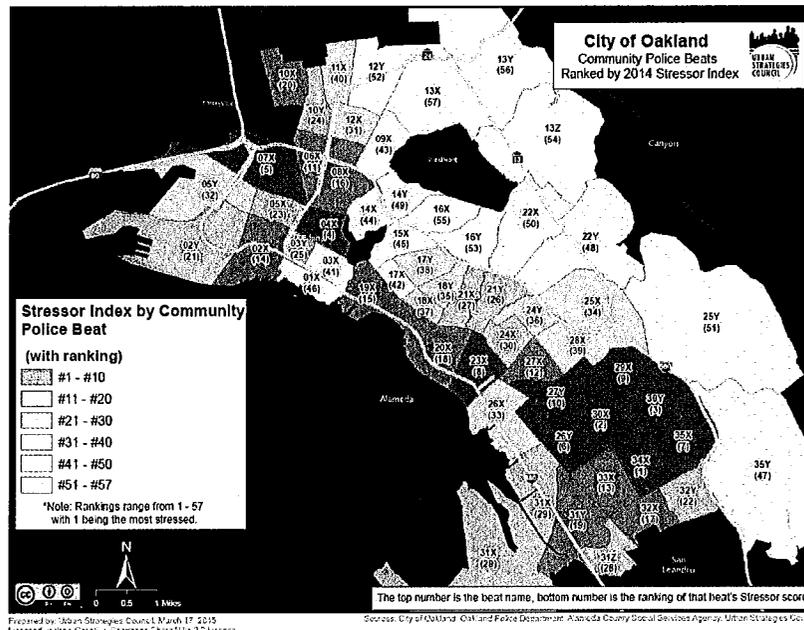
[11] "2014 Assessment of Community Stressors", OaklandUnite.org, http://oaklandunite.org/about/research-and-reports

What are Oakland ReCAST's Priority Populations and Disparate Subpopulations?

As defined by SAMSHA, one aspect of the CNRA process is to further define a priority population(s) of focus. Additionally, the CNRA must also include information about the disparate populations each selected to focus on in the project. Disparate population(s) refers to racial and ethnic minorities within the population of focus, as well as populations based on gender, religion, sexual orientation, geographic location, or socioeconomic status.

Based on the findings of the CNRA Oakland ReCAST has defined the following:

Priority Population: Children, youth, and young adults.

Disparate Population: Low income, people of color, living in Oakland's highest stress neighborhoods of East and West Oakland as defined by the Stressor Index.

Oakland ReCAST Goals

Oakland seeks to focus on resilience and healing while acknowledging current and historical contributors to trauma among individuals, families, and communities. Oakland ReCAST will build on existing City and County efforts to address the needs of Oakland's highest-risk community members through a multi-sector, participatory initiative with three main goals. (Figure 6)

Figure 6. Goals for Oakland ReCAST

Goal 1:	Goal 2:	Goal 3:
Support increased access to trauma-informed behavioral health services.	Expand usage of trauma-informed practices across service providers.	Support the work of community partners to address tensions in law enforcement-community relations to promote community resiliency and healing.
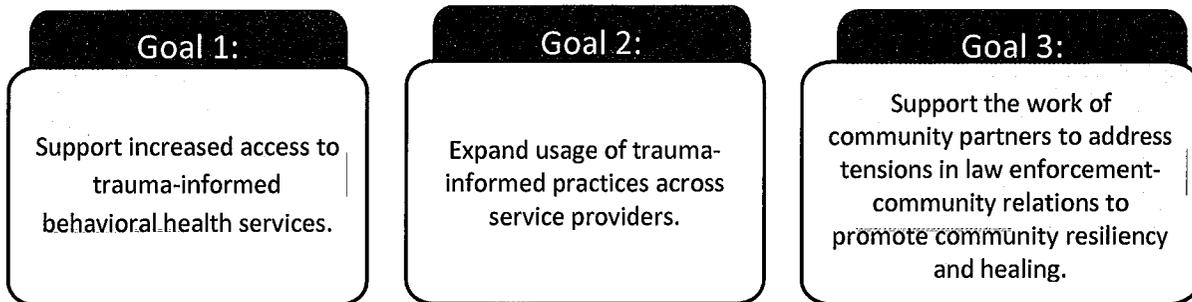
A guiding principle of the ReCAST grant is for "local communities to work together in ways that lead to improved behavioral health, empowered community residents, and reductions in trauma and sustained community change."[12] Building on this principle, SAMSHA has identified five additional goals to guide the ReCAST grant, which focus on providing culturally responsive, equitable access to trauma-informed services; strengthening the behavioral health system; and partnering with the community in assessing needs and designing services (Figure 7).

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[12] Substance Abuse and Mental Health Services Administration, ReCAST grant manual, 2016.

Figure 7. SAMHSA Goals for ReCAST

Oakland ReCAST Goal 1: Support increased access to trauma-informed behavioral health services.

SAMHSA Goal #3:
Strengthen behavioral health and community systems

SAMHSA Goal #4:
Create change with community participation

As a way to strengthen behavioral health and community systems, Oakland ReCAST assessed where the community currently goes to find support, what resources are available, and what gaps and barriers exist.

Where does the community currently go to find support?

The City of Oakland provides a rich array of behavioral health services to children, youth, and families:

- Over 1,200 children age 0 to 5 and their families were served in FY15/16 through Head Start.
- Over 27,000 youth participated in after-school and summer programs funded by OFCY in 2015-2016.

- In FY15/16, OU served over 5,000 individuals.
- Alameda County Behavioral Health Care Services (BHCS) oversees a network of 900 individual and organizational mental health service providers, using a trauma-informed care lens to serve Alameda County residents diagnosed with moderate to severe mental illness. In Fiscal Year 2015-2016, over 12,000 youth and adults in the City of Oakland accessed services offered by BHCS contracted providers.
- 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 270,000 Alameda County residents who are enrolled in Medi-Cal Managed Care. Approximately 2,000 Oakland residents age 0-35 accessed behavioral health services between January 2014 and November 2016.

These findings indicated that many individuals in Oakland find services to meet behavioral health needs.

Indeed, when community members were asked what services or resources that they presently use to help with addressing existing stress or trauma, they shared a wide range of services or community-based organizations that they go to for services. While no specific organizations or resources emerged as the most used, community members found support from Oakland based community organizations, schools, churches, and neighborhood associations. For example, one East Oakland community member stated that a trauma counseling phone number has helped her to cope with stress and frustration. Additionally, several Oakland Unite consumers noted that the services they experienced were helpful in addressing their needs.

> *"Churches have stepped up in the neighborhood. The church came to me and stepped up in recent trauma."*
> —*West Oakland community member*

Overall, community members reported appreciation for the services they did receive, although services were often not sufficient to meet their needs. However, for many in the community, their own families and friends were the most reliable and trusted source of support.

How do community members learn about existing resources?

There is no single referral path for community members seeking services. As previously mentioned, **many community members identified churches and schools as a good place to acquire information.** One community member stated that she learned of the Alameda County Behavioral Health ACCESS number from a posting in a coffee shop. The resident finds the hotline number to be a valuable resource and hopes that others in her community make use of it. She mentioned how she uses the hotline when she needs food, shelter or access to mental health services. A senior community member stated that she learned of services from social media, but not all seniors have access to social media platforms.

For youth, public schools remain the main way they connect to services. Several youth noted that if one is not attending a public school it is harder to access services. For example, several youth reported they attend charter schools that do not have the same level of onsite resources as public schools in the

"People aren't aware about what's out there. That's why we rely on family and community"

- *West Oakland community member*

neighborhood. These youth reported choosing a charter school for academics, but sacrificing other resources; they reported that being disconnected to a public school meant they needed to be proactive to find services and resources. Youth identified contacting community centers and searching the internet as the proactive ways they found information about services.

What services or resources do community members believe are missing?

Transitional age youth and youth that are not connected to public school have fewer opportunities to connect with services. This finding speaks to both the strength of the services available to youth in Oakland public schools as well as the challenge for youth that are not connected. Several service providers and key informants noted that transition age youth may "fall through the cracks." Additionally, because many services are offered at public schools, youth that are not attending a public school may not have access to the same services.

Lastly, community members frequently shared their concerns with the lack of affordable housing. Although affordable housing is not a direct gap in trauma-informed services, it is an issue that was consistently shared and a factor that affects one's ability or willingness to discuss trauma, which indirectly affect one's ability to seek supportive services.

What challenges or barriers do community members experience when seeking support?

With respect to the challenges or barriers of receiving trauma-informed services, community members and providers noted system-level and individual-level barriers that impeded one's ability to receive services and support.

Community members stated that they are unaware of what information and/or existing services are out there. Even for community members who are connected to organizations such as Head Start or the Youth Commission, it can be hard to know what resources are available. Additionally, hubs that might be ideal places to provide referrals, such as churches, are often unsure where to refer people when they come for help. As evidence of the need to be connected to services, community members at most listening sessions took advantage of connecting with the on-site mental health counselor to obtain referrals to services in their communities.

For many members of the community, youth in particular, any programs that are perceived as part of the mental health system are seen as negative. Many youth find it difficult to build trusting relationships with service providers, staff and teachers. Other youth stated that some organizations do not create or cultivate personal relationships with individuals seeking support. Youth expressed feeling as though they are treated as a number rather than as a person.

"Some people's family tell them don't trust counselors. But I do need a counselor because I have bad anger. Some counselors are messy. They will tell your business to other adults so you can't trust them."
- West Oakland youth

For some of these youth, it is simply easer to rely on friends or other outlets, such as self-medication. One provider described conducting focus groups with several youth and learning that many reported self-medicating with medical marijuana is easier than using traditional means to get prescription medication both for mental health and pain management. For these youth, the process of going to Highland Hospital to try to obtain medication feels challenging. Staff at the hospital are quick to question the youth and assume they may abuse the medications; it is simply easier to find less traditional solutions.

Similarly, service providers and key informants spoke of how the mental health system as it currently operates is based on a model that is too traditional. This model exacerbates the reluctance of community members to partake in services that they feel are like "therapy." These service providers spoke of the need to transform the system to be more community-based.

Similarly, stigma is a larger barrier to connecting communities to mental health services. Community members shared their sentiments that many people within the community are unwilling to seek mental health support because of the perceived negative perception of mental health within the community. Community-based providers also shared that the mental health stigma is a significant barrier towards reaching the people in need of support.

"(We need to change) the mindset set of what mental health is because otherwise they won't sign up. Sometimes it will take years to have them sign the paper to just have their child signed up for assessment or observation."
— Service Provider

Community members reported that navigating the system without support can be especially difficult. Several community members stated that it is harder to be proactive in looking for support in the midst of a trauma. In one community listening session, several members of the group reported the challenge of looking for service while also experiencing their own mental health challenges, like depression. Community members spoke of the desire to have more peer navigation or proactive support to help find services to deal with trauma.

Eligibility criteria and cost can both impede one's ability to receive support. Some participants noted the restrictive eligibility or criteria requirements as a barrier to receiving services. Although there are services intended to support low-income families, participants noted that there are unexpected costs or expenses that individuals are unable to pay. As one parent explained, some programs are based on a previous time period's income. If one's income changes, they may find themselves not eligible for services, but unable to support their families.

Public schools struggle to meet the needs of community members. Both youth and adult participants stated that the schools within their neighborhood do not have access to the same support services and resources as other schools throughout the city. Community members noted a core set of services that are currently needed within the schools, including counselors, proper grievance support when youth have lost a classmate or family member, and supportive services such as restorative justice that

"Our schools don't have access to all the extra-curricular or the classes. Not everyone has access to that or can give up that time. You're told that the best way to alleviate your community [is] through school, but you aren't given the resources." —West Oakland community member

were once present within the schools. As many community members stated, when there is a shooting of a classmate, the schools are only able to bring in one or two grief counselor to try to meet the needs of hundreds of youth, so most families are left trying to support their children without formal services.

Community-based service providers are challenged to meet community needs. Service providers also highlighted the fact that the high level of demand to support community members exceeds the number of staff available to properly respond.

Not only is the limited number of staff a challenge for service providers to properly assist community members, but limited hours is also a problem for community members. Providers stated that limited hours of mental health consultants does not meet demand and that the hours of service do not meet the availability of working families. Additionally, youth shared

"In order to provide services, we need more trauma based care for staff. Due to time and finances, teachers cannot deal with 17 crises. (We) need more training and support for teachers across the board. (Staff) are not able to sustain the work they are doing, so they are burning out left and right." --Early Childhood Educator

their disappointment with their inability to seek service support when they are in need.

Who are the communities that may need behavioral health services and face inequities in access?

Oakland ReCAST's Disparity Impact Statement (DIS) highlighted that there are many children and youth in Oakland who indicate they may need services, as evidenced by a high score on the Adverse Community Events (ACEs) survey, but only a fraction actually receive services. As the DIS noted, "9,900

children ages 5-17 have had four or more ACEs, a strong sign of the need for trauma-informed services. However, only 185 students in OUSD had been referred for trauma-related services in 2015-16."[13]

Communities with low socioeconomic status face inequities in access to behavioral health services. Social, economic, and cultural barriers may all contribute to decreased access to services.

This analysis confirms the importance of addressing barriers in access to behavioral health services among communities in Oakland, particularly for communities with low socioeconomic status. Communities in Oakland with lower socioeconomic (e.g. high household cost burden, poverty, citizenship status, educational attainment) are at greater risk of facing barriers to behavioral health services:

- **Household Cost Burden:** According to the Healthy Alameda County report, 55% of renters in Oakland spent 30% or more of their household income on rent in 2011-2015.[14] A high household cost burden can create financial hardship, particularly for low-income households, which limits families' ability to pay for other necessary expenses such as food, transportation, and health services.
- **Child Poverty:** According to Healthy Alameda County report, 28.6% of children younger than 18 years old were living below the federal poverty level in 2011-2015.[15] Poverty impacts a child's well-being by increasing risk of physical health problems, behavioral health problems, emotional problems, and cognitive difficulties. Children living in poverty are also less likely to complete basic education.

Citizenship Status: According to Healthy Alameda County report, approximately 5.9% (or 83,900) children ages 0-17 had non-citizen status in 2014. Citizenship status can impact a child's access to behavioral health services. In 2015, there were 22,640 families with children living in poverty; of these families, approximately 27% of families had both parents of foreign born origin and approximately 22% of families with a single foreign born parent.[16] The following table characterizes these families by nativity. (Table 6)

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[13] Gilbert et al, California Partnership for Safe Communities, ibid. January 2014.
[14] Healthy Community Institute. *Healthy Alameda County.* Accessed on February 13, 2017 from http://www.healthyalamedacounty.org.
[15] Healthy Community Institute. *Healthy Alameda County.* Accessed on February 13, 2017 from http://www.healthyalamedacounty.org.
[16] U.S. Census Bureau American Community Survey. *Households who speak a language at home other than English and speak English less than "very well".* Accessed on March 14, 2017 from https://factfinder.census.gov.

Table 6. Families with children living in poverty by nativity, City of Oakland, 2011-2015[17]

Households	Native Parents	Foreign Born Parents	Both Native and Foreign Born Parents	Total
Household Living in Poverty with two parents and children < 18 years	903	6,058	1,086	8,047
Household Living in Poverty with single parent and children < 18 years	9,668	4,925	Not Applicable	14,593

Education: Oakland ReCAST's Disparity Impact Statement (DIS) highlighted educational attainment as an important factor which affects behavioral health services enrollment.[18] In 2015, only 66% of Oakland residents 25 years and older with less than a high school education enrolled in health insurance.[19] Low educational attainment can also impact both health insurance as well as economic opportunity.

How can Oakland ReCAST provide culturally responsive services to residents?

SAMHSA Goal #5:
Provide culturally responsive services

Many community members cited a need for more socially or culturally responsive providers and services, as well as services and resources offered in alternative languages. Many community members and providers shared similar sentiments that services are not designed in ways that feel culturally responsive, and that there are not enough mental health consultants that share the same racial and

"People only go to people that look like them. We need people that come from where families are from and look like them."

\- *Service Provider*

ethnic background as the community members. Community members and informants spoke of how traditional models of mental health do not feel culturally relevant. In addition, the English-limited proficiency population reported they do not feel as though they can navigate the system and find the services they need given that there are not enough providers who speak their native language.

When parents do find culturally relevant services, they can be very helpful. For example, one Head Start parent spoke about how she used the services of a CBO located in Chinatown to learn about additional social services throughout Oakland. The CBO provided the parent with translation services and informed her about additional local services that might meet her needs, such as support with subsidized housing

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[17] U.S. Census Bureau American Community Survey. *Households who speak a language at home other than English and speak English less than "very well"*. Accessed on March 14, 2017 from https://factfinder.census.gov.

[18] Oakland ReCAST Team and Resilience Working Group. (2016). *Oakland ReCAST Behavioral Health Disparities Impact Statement.* Oakland ReCAST.

[19] U.S. Census Bureau American Community Survey. *Health Insurance Coverage Status and Type by Age By Educational Attainment.* Accessed on March 23, 2017 from https://factfinder.census.gov.

applications. However, the parent expressed that she was unsure about whether she qualify for those recommended services.

Below is a map of linguistically isolated households where primary language is not English and no one over 14 years of age speaks English very well (Figure 8). In 2011-2015, areas with high number of linguistically isolated households in the City of Oakland included Chinatown, San Antonio, Fruitvale, Central East Oakland, and Elmhurst.[20]

Figure 8. Linguistically Isolated Household, 2011-2015[21]
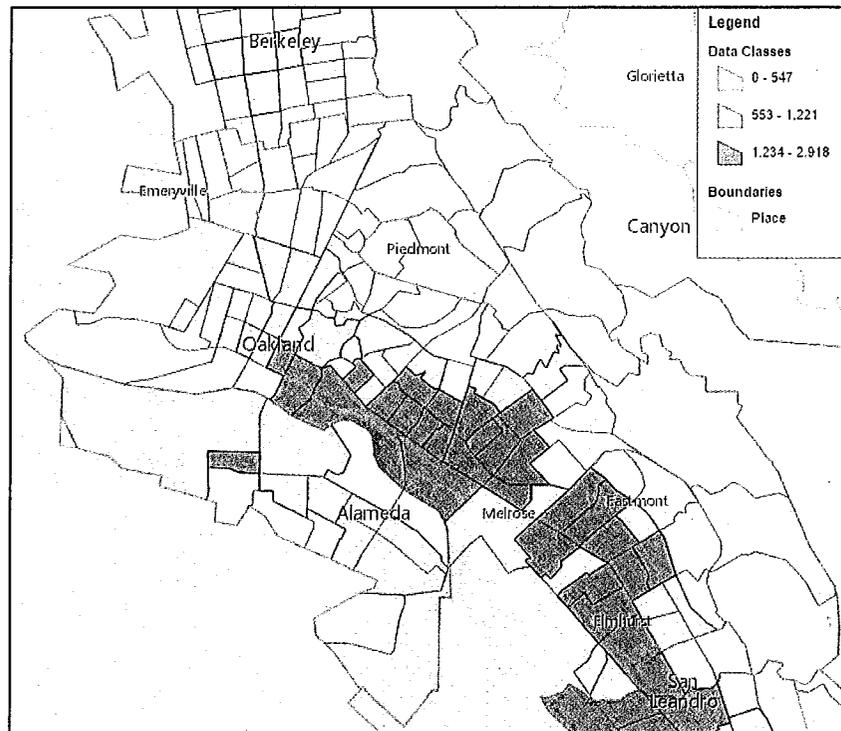
The following areas continue to be challenges for services providers striving to provide culturally relevant services:

- **Cultural Barriers:** The DIS highlighted that "high risk young adults on parole are often matched by their parole officers with mental health professionals that do not provide culturally

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[20] U.S. Census Bureau American Community Survey. Households who speak a language at home other than English and speak English less than "very well." Accessed on February 14, 2017 from https://factfinder.census.gov.

[21] U.S. Census Bureau American Community Survey. Households who speak a language at home other than English and speak English less than "very well." Accessed on February 14, 2017 from https://factfinder.census.gov.

competent services resulting in negative experiences with mental health providers and decreased motivation to continue receiving support." [22]

- **Language Barriers:** 42% of Oakland residents who speak a language other than English at home, most commonly Spanish and Cantonese. Language barriers can pose behavioral health access issues for children and parents who may have difficulty finding services in their native language.[23]
- **Awareness of Services:** There is confusion about which services exist or how to sign up for them, and participants do not understand what mental health services are or how they can benefit from them. These barriers can be further exacerbated by educational, cultural, and language disparities in access to information.

Oakland ReCAST Goal 2: Expand usage of trauma-informed practices across service providers.

SAMHSA Goal #2:
Create equitable access to trauma informed resources

In order to learn about the existing landscape of trauma-informed services, Oakland ReCAST surveyed CBOs using the TIAA survey. As mentioned in the methodology section, the TIAA is a validated data collection tool that assesses trauma-informed practices across the following six domains: Physical and emotional safety best practice standards; trustworthiness; youth and family empowerment, choice, and collaboration; cultural populations and trauma; trauma competence; and commitment to trauma-informed philosophy:[24]

- **Physical and Emotional Safety Best Practice Standards** assesses whether the organization offers secure reception/waiting areas, non-judgmental treatment, flexible scheduling, and promote a sense of safety.
- **Youth and Family Empowerment, Choice, and Collaboration** encompasses whether policies and practices empower clients through strength-based participation and/or community-based partnerships.
- **Trustworthiness** assesses if factors such as consistency, accessibility of staff and interpersonal boundaries foster trust between an agency and the consumer.

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[22] Oakland ReCAST Team and Resilience Working Group. (2016). *Oakland ReCAST Behavioral Health Disparities Impact Statement.* Oakland ReCAST.
[23] Oakland ReCAST Team and Resilience Working Group. (2016). *Oakland ReCAST Behavioral Health Disparities Impact Statement.* Oakland ReCAST.
[24] *System of Care Trauma-Informed Agency Assessment (TIAA) Overview.* THRIVE. 2012.

- **Trauma Competence** is the extent to which staff, policies, procedures, services and treatment serve the unique experiences and needs of trauma survivors.
- **Cultural Populations and Trauma** is the extent to which staff, policies, procedures, services and treatment accommodate the cultures, traditions, and beliefs of youth and family consumers.
- **Commitment to Trauma-Informed Philosophy** is the extent to which all agency staff with consumer contact integrate a trauma-informed philosophy into everything they do.

Which domains did service providers report the highest areas of competence?

- Respondents largely reported high agency competence in the domains of physical and emotional safety best practice standards; trustworthiness; and youth and family empowerment, choice and collaboration. However, respondents were less consistent in their ratings of their agencies' commitment to trauma-informed philosophy. The following figures review responses to indicators within each of these domains.
- Within the domain of physical and emotional safety best practice standards, the majority of respondents reported that their agencies have moderately high to high competency in the areas of staff sensitivity to trauma, trauma competencies in personnel decisions, agency practices sensitive to trauma, and support for staff. Responses were more mixed regarding agencies' competency in trauma training for all staff.
- Overall, respondents reported a high level of competence in the domain of trustworthiness. At least two-thirds of respondents reported high competence in each indicator of trustworthiness, with highest ratings in the following indicators: consistent communication with youth and families; informed consent; and grievance policy.
- At least 74% of respondents reported moderately high to high ratings along six of the seven indicators in the domain of youth and family empowerment, choice, and collaboration. However, less than one-third (32%) of respondents reported such positive ratings of their agencies' competence in agency-level involvement[25]. This indicator examines to what extent individuals are included in agency decision-making.
- Two-thirds of respondents (66%) reported that, overall, their agencies had moderately high to high competence in the domain of cultural populations and trauma. Respondents generally felt their agency was accessible to diverse groups (73%), and strived to be culturally sensitive when considering planning services and understanding clients' behaviors (72%). On the other hand, competency ratings were more varied in their agency's consultation with cultural resources and consideration of culture in accountability. None of the respondents provided further explanation for their ratings.

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[25] The indicator for agencies' competence in agency-level involvement is defined as "Youth and families are invited to participate in agency administrative functions, such as: hiring and performance reviews; standing committees and governance; staff training and education; evaluation and CQI activities and safety checks; youth and families are compensated for their time."

- More than half (58%) of respondents reported that their agencies had moderately high or high trauma competence. Within the domain, about three-quarters (72%) of respondents reported moderately high to high competency among their staff's sensitivity to trauma. However, less than half of respondents reported such levels of competency in the indicators of evidence-based trauma practices, and trauma training for all staff. As one respondent explained, "Our Trauma based trainings have not included our Finance team or janitorial staff."
- Less than half (46%) of the respondents reported that their agencies had moderately high to high competence in the domain of commitment to trauma-informed philosophy. Competence was uniformly low in all indicators within this domain. As context, two respondents provided explanations for their ratings in the domain of Commitment to Trauma-Informed Philosophy, noting "We do not have agency policies related to this," and "We have a large agency so some of our departments wouldn't do any of this, however we have a behavioral health department that does."

Which domains had the highest reported areas of competence by funding stream?

- The following figures present findings by funding stream, including the domain-level competencies between agencies funded by OFCY and agencies funded by OU. The responses for agencies that were funded by both are duplicated and represented in each chart. The remaining eight respondents who did not identify their agency are not represented in these charts.
- Between the two funding streams, agencies' domains of trauma competence shifted slightly. Among OU agencies, the domain in which respondents rated their agencies most highly was trustworthiness (74%).
- Among OFCY agencies, the top domain was physical and emotional safety best practice standards (79%).
- **The domains in which respondents rated their agencies in lowest competence were trauma competence and commitment to trauma-informed philosophy, with ratings in both domains generally lower among OFCY agencies.** This was especially true for the domain of commitment to trauma-informed philosophy: over half (54%) of respondents in OU agencies reported that their agency had moderately high or high competence, while only one-third (36%) of respondents in OFCY agencies reported the same. A respondent from an OCFY agency explained their moderate rating in the commitment to trauma-informed philosophy, "We have a large agency so some of our departments wouldn't do any of this, however we have a behavioral health department that does."

Oakland ReCAST Goal 3: Support the work of community partners to address tensions in law enforcement-community relations to promote community resiliency and healing.

SAMHSA Goal #1:
Build foundation of well-being and resiliency with community

Similar to many urban cities, Oakland's largest investment is in public safety services including police and fire. These agencies play an important role building a strong and resilient foundation within the City along with the other resources and investments highlighted above. Developing positive police and community relationships is necessary to ensure this investment best serves Oakland residents.

Communities that experience historical and repeated trauma (including poverty, violence, and racial tensions) would benefit from efforts to build relations with law-enforcement officers in order to promote a foundation of community resilience and healing. In particular, high-risk youth and adults have developed a mistrust of government and law enforcement agencies, as well as a fear of bias and re-traumatization by service providers, which poses critical barriers to access to services.

Cultural competency among law enforcement and police officers is important to adequately provide services for the diverse populations in Oakland. In 2014, the City of Oakland engaged Stanford University researchers to examine race relations between the Oakland Police Department (OPD) and the Oakland community.[26] The Stanford study, led by Dr. Jennifer Eberhardt, revealed empirical evidence of varied treatment in police stops, searches, handcuffing practices, and arrests. Oakland Police Department (OPD) officers stopped, searched, handcuffed, and arrested African Americans more than Whites. Of OPD officers making at least one stop during the 13-month period of study, only 20% stopped a White person, while 96% stopped an African American person; 72% of African American persons were handcuffed compared to 26% of White persons, excluding arrests. The study also found that OPD officers were much more likely to stop an African American when they could identify the person's race compared to when officers could not identify the person's race. Furthermore, OPD officers used more severe legal language (e.g., probation, parole, and arrest) with African Americans and offered fewer explanations compared to their interactions with White persons. In police-initiated interactions, African American and Hispanic Oakland residents reported feeling more misunderstood and disrespected compared to White and Asian Oakland residents However, the study also found little evidence suggesting that disparities resulted from overt bias or purposeful discrimination. Furthermore,

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[26] Stanford University. (2016). SPARQ ScienTtists Release Oakland Police Findings. Accessed on March 21, 2017 from https://sparq.stanford.edu/opd-reports.

findings revealed that less-experienced officers showed more racial disparities, suggesting that better training of new officers could help reduce disparities.

What interactions with the police is the community experiencing?

While some community members reported positive experiences with the police, the majority of the participants reported negative or even traumatizing experiences with the police. **In general, the more community members knew local police officers and saw them interacting in the community, the more positively they felt.** Despite that, most participants stated that relationships between the police and the community are strained in East and West Oakland. Specifically, the community reported the following negative experiences with the police: lack of compassion from police officers, racial profiling, overly aggressive tactics, and slow responses to 911 calls. Several community members reported reluctance in calling the police, even when they needed them, for fear the police would treat them like a suspect. One community member shared his experience of being profiled and how that affected his aspirations of being a police officer. The community member described police pointing guns at him because he fit the profile of a robbery suspect. This community member stated that he had wanted to be a police officer for a long time, but this experience made him question his career interest.

Other community members found more subtle responses to events re-traumatizing. For example, if there is a shooting, the police are not available to provide comfort and support to the community. Additionally, police officers may inadvertently offend or re-traumatize community members by showing disrespect at a homicide scene or not being sensitive to arresting a parent when children are present. This concern was also mentioned by key informant interviews. Some suggested that police may need more training and support around trauma-informed strategies for working with family and community members at crime scenes.

What is working well between police and the community?

Community members shared that when police officers take the time to build relationships with community members, those officers have more positive relations with the community members. One East Oakland community member stated that having a community resource officer that invested time into their community helped cultivate a trusting relationship. A service provider spoke about building a positive relationship with a police officer who often attend community events.

> *"Our community resource officer is very responsible. He comes to our meetings, and he gives us reports on things in the area...he told us if more people call when things need to get done it will get pushed up on the priority list."*
>
> - *East Oakland Community Member*

Additionally, several participants brought up specific situations where police treated community members with sensitivity. One community member spoke of two occasions in his West Oakland neighborhood when he called the police about domestic violence occurrences he observed on

his street. In both cases, OPD was responsive, and sent female police officers who were respectful and supportive of the survivors.

What does the community need?

When community members were asked what could be done to improve police and community relations, many shared the following suggestions: hire police officers from Oakland, provide more training and mental health support for police officers, and convene more community events where police and community members can interact.

Overwhelmingly, community members want police who understand their communities, both the challenges and strengths. Most believed that trying to find strategies to hire police officers that are from Oakland would naturally allow a better understanding of their lives and how to respond to a situation or need in a culturally sensitive way. Community members also voiced the desire to have more personal interactions with local police in their beat. Community members would like to know the name of their local police officer and have opportunities to interact with him or her. Participants specifically requested more foot patrols, community meetings, and social events where the community and police can come together.

Many community members voiced the perception that police interact differently with more affluent communities, and they would like the same treatment. For example, one West Oakland community member spoke of seeing foot patrols regularly on Piedmont Avenue, an affluent waking area; however, he does not see foot patrols in his West Oakland Neighborhood. A service provider spoke about how a community member drinking wine on the street in an affluent area, like Montclair, is treated very differently than a community member drinking alcohol in public in East Oakland.

Community members want facilitated opportunities to have an open discussion with police about their experiences. Some members discussed interest in having events where police would be present to have a facilitated conversation about their experiences. While some of these events are already in place, such as discussions that occur at an Oakland barbershop, community members requested more opportunities to speak candidly about their experiences.

Additionally, several members echoed the need for police officers to receive more training and support in dealing with trauma. Although Oakland has integrated the Crisis Intervention Training (CIT) to better equip police officers to respond to a mental health case, community members still perceive police officers as not being prepared to handle such cases.

Summary of Findings and Conclusions

The following section summarizes findings and conclusions drawn from the CNRA.

What types of trauma are community members experiencing?

- The majority of community members shared that persistent violence within their communities is a major contributing factor to trauma. Specifically, participants mentioned direct or indirect exposure to gun violence as a common theme that emerged in the listening sessions. Several community members had family or friends that had been shot and injured or killed as a result of gun violence. For those members that did not report personal experience, they spoke of hearing about incidents in the community. Other members mentioned break-in to their homes and domestic violence in the neighborhood.
- Many members stated that violence is an unfortunate reality within their community and that the events that they encounter are somewhat normalized.
- Furthermore, several key informants spoke about the trauma that community-based service providers experience personally. Many service providers live in the same communities as their clients. Some service providers may experience the same trauma as the communities they serve, and they also experience vicarious trauma from consistently hearing about traumatic events from the youth and families in their programs.

Goal 1:

Where does the community currently go to find support?

- While no specific organizations or resources emerged as the most used, community members found support from Oakland based community organizations, schools, churches, and neighborhood associations.
- Overall, community members reported appreciation for the services they did receive, although services were often not sufficient to meet their needs.
- For many in the community, their own families and friends were the most reliable and trusted source of support.

How do community members learn about existing resources?

- There is no single referral path for community members seeking services. As previously mentioned, many community members identified churches and schools as a good place to acquire information.
- For youth, public schools remain the main way they connect to services. Several youth noted that if one is not attending a public school it is harder to access services. For example, several youth reported they attend charter schools that do not have the same level of onsite resources as public schools in the neighborhood.

What services or resources do community members believe are missing?

- Many community members cited a need for more socially or culturally responsive providers and services, as well as services and resources offered in alternative languages.
- In addition, the English as an Additional Language (EAL) population reported they do not feel as though they can navigate the system and find the services they need given that there are not enough providers who speak their native language.
- Transitional age youth and youth that are not connected to public school have fewer opportunities to connect with services. Several service providers and key informants noted that transition age youth may "fall through the cracks." Additionally, because many services are offered at public schools, youth that are not attending a public school may not have access to the same services.
- Community members frequently shared their concerns with the lack of affordable housing. Although affordable housing is not a direct gap in trauma-informed services, it is an issue that was consistently shared and a factor that affects one's ability or willingness to discuss trauma, which indirectly affect one's ability to seek supportive services.

What challenges or barriers do community members experience when seeking support?

- Community members stated that they are unaware of what information and/or existing services are out there.
- For many members of the community, youth in particular, any programs that are perceived as part of the system are seen as negative.
- Similarly, service providers and key informants spoke of how the mental health system as it currently operates is based on a model that is too traditional. This model exacerbates the reluctance of community members to partake in services that they feel are like "therapy." These service providers spoke of the need to transform the system to be more community-based.
- Similarly, stigma is a larger barrier to connecting communities to mental health services.
- Community members reported that navigating the system without support can be especially difficult. Several community members stated that it is harder to be proactive in looking for support in the midst of a trauma.
- Eligibility criteria and cost can both impede one's ability to receive support.
- Public schools struggle to meet the needs of community members.
- Community-based service providers are challenged to meet community needs. Service providers also highlighted the fact that the high level of demand to support community members exceeds the number of staff available to properly respond.

Goal 2:

In which domains did service providers report the highest areas of competence with regard to providing trauma-informed services?

- Respondents largely reported high agency competence in the domains of physical and emotional safety best practice standards; trustworthiness; and youth and family empowerment/choice and collaboration. However, respondents were less consistent in their ratings of their agencies' commitment to trauma-informed philosophy.
- Overall, respondents reported a high level of competence in the domain of trustworthiness. At least two-thirds of respondents reported high competence in each indicator of trustworthiness, with highest ratings in the following indicators: consistent communication with youth and families; informed consent; and grievance policy.
- Two-thirds of respondents (66%) reported that, overall, their agencies had moderately high to high competence in the domain of cultural populations and trauma.
- More than half (58%) of respondents reported that their agencies had moderately high or high trauma competence. Within the domain, about three-quarters (72%) of respondents reported moderately high to high competency among their staff's sensitivity to trauma.
- Less than half (46%) of the respondents reported that their agencies had moderately high to high competence in the domain of commitment to trauma-informed philosophy. Competence was uniformly low in all indicators within this domain.
- By funding stream, the domains in which respondents rated their agencies in lowest competence were trauma competence and commitment to trauma-informed philosophy, with ratings in both domains generally lower among OFCY agencies (than OU). This was especially true for the domain of commitment to trauma-informed philosophy: over half (54%) of respondents in OU agencies reported that their agency had moderately high or high competence, while only one-third (36%) of respondents in OFCY agencies reported the same.

Goal 3:

What interactions with the police are the community experiencing?

- While some community members reported positive experiences with the police, the majority of the participants reported negative or even traumatizing experiences with the police.
- In general, the more community members knew local police officers and saw them interacting in the community, the more positively they felt.
- Despite that, most participants stated that relationships between the police and the community are strained in East and West Oakland. Specifically, the community reported the following negative experiences with the police: lack of compassion from police officers, racial profiling, overly aggressive tactics, and slow responses to 911 calls.
- Other community members found more subtle responses to events re-traumatizing. For example, if there is a shooting, the police are not available to provide comfort and support to

the community. Additionally, police officers may inadvertently offend or re-traumatize community members by showing disrespect at a homicide scene or not being sensitive to arresting a parent when children are present. Some suggested that police may need more training and support around trauma-informed strategies for working with family and community members at crime scenes.

What is working well between police and the community?

- Community members shared that when police officers take the time to build relationships with community members, those officers have more positive relations with the community members.
- When community members were asked what could be done to improve police and community relations, many shared the following suggestions: hire police officers from Oakland, provide more training and mental health support for police officers, and convene more community events where police and community members can interact.
- Overwhelmingly, community members want police who understand their communities, both the challenges and strengths.
- Many community members voiced the perception that police interact differently with more affluent communities, and they would like the same treatment. (For example, more foot patrols.)
- Community members want facilitated opportunities to have an open discussion with police about their experiences. Some members discussed interest in having events where police would be present to have a facilitated conversation about their experiences. While some of these events are already in place, such as discussions that occur at an Oakland barbershop, community members requested more opportunities to speak candidly about their experiences.
- Additionally, several members echoed the need for police officers to receive more training and support in dealing with trauma. Although Oakland has integrated the Crisis Intervention Training (CIT) to better equip police officers to respond to a mental health calls, community members still perceive police officers as not being prepared to handle such cases.

Next Steps

As shown in Figure 9, this needs and resources assessment report represents a mid-point in the planning phase of the Oakland ReCAST project.

Figure 9. Overview of Oakland ReCAST

Funding Announcement	Disparity Impact Statement	Needs and Resources Assessment	Strategic Plan	ReCAST Implementation
City of Oakland is awarded ReCAST grant (September 2016)	Oakland ReCAST completes Disparity Impact Statement and submits to SAMSHA (December 2016)	Oakland ReCAST gathers information about the strengths and challenges of existing programs and services (April 2017)	Oakland ReCASTdevelops a strategic plan for implementing ReCAST (June 2017)	Oakland ReCAST begins implementation (April 2017)

Evaluation and Continuous Quality Improvement

Following submission of a draft of the needs assessment to SAMSHA, Oakland ReCAST will conduct several meetings with the community and the Resilience Working Group to validate and prioritize needs assessment findings. The RWG will finalize Oakland ReCAST's goals and priorities for inclusion in the strategic plan. HSD will then solidify the mission and vision for Oakland ReCAST, identify interventions, plan for implementation and sustainability, and create an evaluation framework.

Appendix A: Glossary of Terms

Asset: "Useful or valuable quality, person, or thing – an advantage or resource." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Civil Unrest: "Demonstrations of mass protest and mobilization, community harm, and disruption through violence often connected with law enforcement issues." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Trauma: "An event, series of events, or set of circumstances that is experienced by and individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social emotional or spiritual well-being. This concept can be expanded to define trauma experienced by communities that have experienced civil unrest and are impacted by historical, economic, and race-based trauma." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Trauma-Informed Approach: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Risk factors: "Measurable characteristics that can be associated with a negative or problematic outcome. Risk factors can occur on multiple levels, including biological, psychological, family, community, and cultural levels. Examples of risk factors include bullying; academic failure; aggressive/anti-social behavior; school and neighborhood violence/crime; alcohol and drug abuse; areas of high poverty; family conflict; and, child abuse and maltreatment." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Protective factors: "Resources or characteristics within an individual, family, or community that are associated with a lower likelihood of negative problematic outcomes. They reduce the likelihood of risk factors and promote resilience in the face of adversity. Examples of protective factors are positive and supportive relationships with others; adequate social supports; access to quality health services; supports for early learning; high academic schools; individual emotional resilience; and, feelings of safety in the neighborhood and/or at school." (*Source: ReCAST Grantee Manual, SAMSHA, 2016.*)

Appendix B: Key Informant Interview Protocol

Key Informant Interview Protocol: General

Date	
Name	
Telephone #	
Interviewer	

Interview Overview Script

Hi, I am _____calling from Resource Development Associates (RDA). We are partnering with the City of Oakland Human Services department to help them plan for the SAMHSA ReCAST grant.

We would like to speak with you for about one hour about your agency's role in providing or funding trauma-informed services. We will be using the information you provide to help inform the landscape of trauma-informed services in the City. Your name, title, or affiliation will not be attached to the answers you provide unless we specifically ask your permission; however, we will be using the information you provide to inform our reporting, including the possibility of using quotes.

Do you have any questions before we begin?

Introduction

1. What is your title and role within your organization?
2. When you think about the phrase "trauma-informed services," what does that mean to you?
   a. When we talk about "trauma-informed services" your department funds, what does that mean? (E.g. is it distinct services or just brining in a trauma-informed lens into the rest of your work?)
   b. In your role as a funder, what is your organization's role in incorporating trauma informed approaches into services?
3. What type of training do your CBOs receive around working with children or families that have experienced trauma?
4. Who do you see as the main organizations or services that are providing care in the city to people who have experienced trauma?
5. How might a CBO refer someone to clinical services who needed more help to deal with trauma?
   a. What barriers do youth/families experience in accessing services to deal with their trauma?
6. There are lots of children and families that might cross multiple systems. How would you describe the level of integration among the groups that serve kids and families who have experienced trauma?
   a. What is working well? What is not working well?
7. How would you describe your relationship with Alameda County Behavioral Health?
8. What do you see as some community strengths or supports that people use when they need help dealing with struggles in their lives?

Service Gaps

9. Which populations do you consider underserved?
    a. What types of efforts are you aware of to address gaps in services or better serve underserved populations?
    b. What are some ways to strengthen the system or networks to get underserved populations to existing services?

External Policy Landscape:

10. What advice would you give to the City on their approach to providing care to people who have experienced trauma?
11. How do we make sure services are culturally specific and developmentally appropriate (E.g. language, age, etc.)?
12. What *policy* changes/reforms would you recommend the City of Oakland consider to treat people with a trauma-informed lens (E.g. changes to law or policies to reduce re-victimization)?

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Appendix C: Listening Session Protocol

Community Listening Session Protocol

Date	
Group composition	
Location	
Facilitator	

Introduction Script

Thanks for making the time to join this listening session. My name is _____ and this is _____. We are with a company called Resource Development Associates and we are partnering with the City of Oakland Human Services department to help them plan for the SAMHSA Resiliency in Communities After Stress and Trauma or ReCAST grant. ReCAST is a grant to the City of Oakland with the goal of building strength and improving systems serving communities affected by civil unrest and historic, intergenerational trauma.

Our goal today is to hear from you about services you have heard about or used in Oakland that build resiliency and support you and your family through stress and trauma. The purpose of this listening session is for us to learn and listen to your perspective on:
- Community strengths and supports people use
- Gaps/barriers/challenges facing your community
- Community and police relationships and the potential for trust-building

We'll use the information from today to inform the plan for the project. If you are interested in continuing to be involved in this project, please add your name and email to list so Human Services Department staff can send you updates and you can have opportunities to stay involved.

As you can tell from this purpose, some of what is discussed today may be uncomfortable and challenging. Please know that there is support available if you are triggered in any way from our conversation.

_____ and I will be facilitating this session. Please know that what you say here will confidential, but we will be typing notes from the discussion. Part of my job is to make sure that everyone has a chance to say what's on his or her mind in a respectful way. We have a few guidelines to help us do that.

Does anyone have any questions before we begin?

To get started, I'd like everyone to answer these two questions.

13. What is your name and how long have you lived in Oakland?

Next, we'll ask a series of questions. Feel free to jump in, but also be mindful to give everyone a chance to share.

14. What do you see as some community strengths or supports that people use when they need help dealing with struggles in their lives? (We are interested in hearing about where people go when something happens like getting shot or the death of family or friends, but also the support to deal with ongoing stress of daily life.)
    a. What systems are working well to support people who are struggling?

[For Head start] Head start has mental health providers that provides services. Are these providers meeting the needs of parents? What additional support or training might the mental health providers need?

15. What types of trauma or challenges do you see people in your community struggling with?
    a. What barriers do youth/families experience in accessing services to deal with these issues? *Are some groups underserved-either because they are not reaching services or reaching the services they need?*
    b. What are the gaps or things you wish were available?
    c. What are some ways to strengthen the system or networks to help people get the help they need?

16. What interactions have you or people in your community had with the police?
    a. What are the barriers/challenges to positive community-police interactions?
    b. What are possible ways to improve this relationship/communication?

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CBO Listening Session Protocol

Date	
Group composition	
Location	
Facilitator	

Introduction Script

Thanks for making the time to join this listening session. My name is _____ and this is _____. We are with a company called Resource Development Associates and we are partnering with the City of Oakland Human Services department to help them plan for the SAMHSA ReCAST grant. ReCAST is a grant to the City of Oakland with the goal of building strength and empowerment in communities affected by civil unrest and historic trauma.

As staff at agencies working with children, youth and families, you are in a great position to describe the formal and informal services in Oakland to support families through stress and trauma. The purpose of this listening session is for us to learn and listen to your perspective on:

- The community strengths and currently utilized supports
- The current gaps/barriers/challenges facing your participants
- Community and police relationships and the potential for trust-building

Again, your input during this session will be critical in developing effective trauma-informed trainings and improving access to trauma services, as well as inform efforts to improve community-police interactions. We'll use the information from today to inform a needs assessment. After the report has been written, the City will hold stakeholder forums. If you are interested in continuing to be involved in this project, please add your name and email to our list so the City can send you updates and you can have opportunities to stay involved.

As you can tell from this meeting's purpose, some of what is discussed today may be uncomfortable and challenging. That being said, it is important to us that we name some of the trauma that has happened in the communities you serve, including historical trauma, structural trauma, and the chronic trauma that continues to plague our communities.

_____ and I will be facilitating this session. Please know that what you say here will confidential, but we will be typing notes from the discussion. Part of my job is to make sure that everyone has a chance to say what's on his or her mind in a respectful way. We have a few guidelines to help us do that. Please:

- Silence your cell phones – turn off the ringer and any alarms
- There are no "wrong" or "right" opinions, please share your opinions honestly
- Engage in the conversation
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said
- Respect confidentiality of group members

Does anyone have any questions before we begin?

To get started, I'd like everyone to answer these two questions.

17. What is your name and the name of your organization?

Next, we'll ask a series of questions. Feel free to jump in, but also be mindful to give everyone a chance to share.

18. What do you see as some community strengths or supports that people use when they need help dealing with struggles in their lives? (We are interested in hearing about where people go when there is a specific incident like a fire or police shooting, but also the support to deal with ongoing stressors.)
    a. What systems are working well to support participants who are struggling?
    b. Where are there gaps?

19. What types of trauma do you see participants and their communities struggling with?
    d. What barriers/obstacles/challenges do youth/families experience in accessing services to deal with their trauma?
    e. What are some ways to strengthen the system or networks to help people get the help they need?

20. What have your participants/youth/families told you about the interactions they have had with the police?
    a. What are the barriers/challenges to positive community-police interactions?
    b. What are possible ways to improve this relationship/communication?
    c. Do you think communities would be willing to engage in authentic conversations/activities with the police to work on building trust? What would a trusting relationship look like?

Appendix D: Stakeholder Participation Data

Participant Affiliation

Participation was highest among community members, with 47% participants identifying as such, and 39% identifying as CBO providers (Figure 10).

Figure 10. Participant Affiliation (n=109[27])

⊠Community Member ⊠Community-based Organization ⊠Law Enforcement ⊠Education ⊠Other
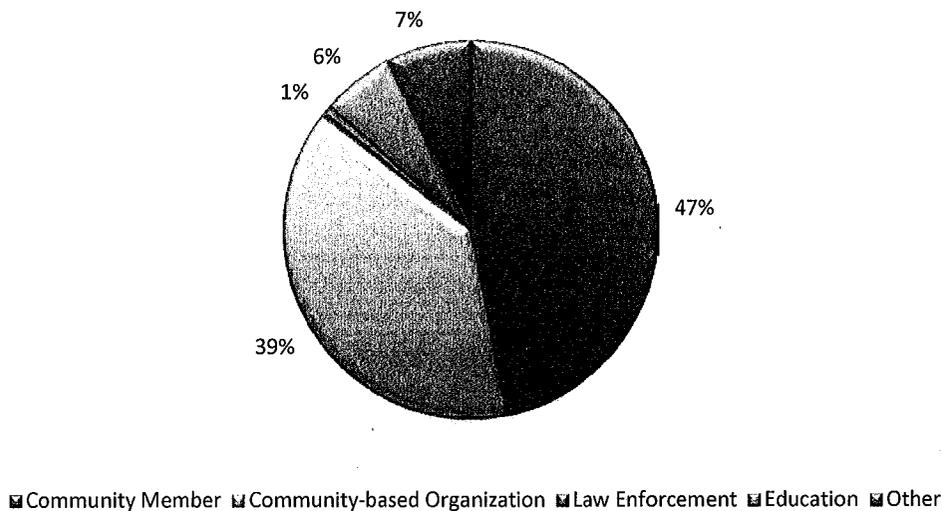
Age Range

Participants were given the choice of selecting from four different age ranges corresponding to the categories of children, transition-age youth, adults, and older adults. The largest proportion of respondents (62%) were adults ages 25-59; youth and older adults participated in fewer numbers (Figure 11).

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[27] Some participants had more than one affiliation.

Figure 11. Participant Age Range (n=95)

⊌ Under 16 ⊌ 16-24 ⊌ 25-59 ⊌ 60 & older
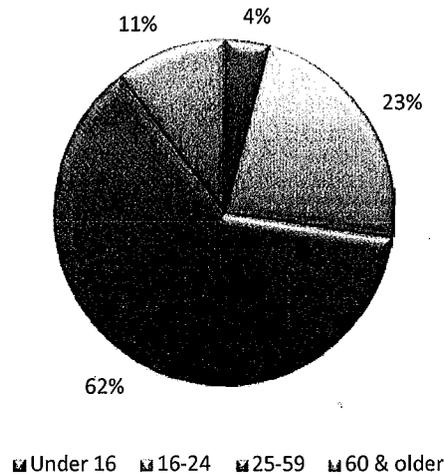
Participant Race/Ethnicity

Participants were asked to report their ethnicity (i.e., Hispanic or Non- Hispanic) and racial identity (Figure 12). The largest share of representation were African- Americans (39%) followed by Hispanic/ Latino (24%). Asian or Pacific Islands and multi-race participants were the least represented in this process. There was no instance of self-identified Native Americans or Native Alaskans participation in the listening sessions.

Figure 12. Count of Participants by Race/Ethnicity (n=175[28])

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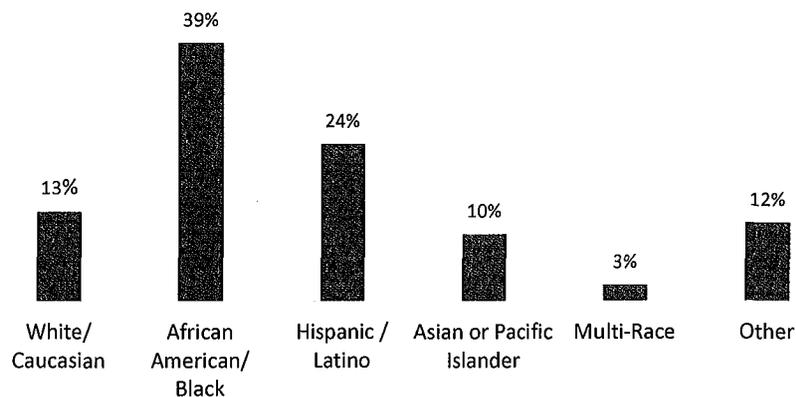
[28] Some participants selected more than one race/ethnicity.

Participant Gender

Half (52%) of participants identified as male, 45% identified as female, and 3% identified as other or preferred not to answer (Figure 13).

Figure 13. Percent of Participants by Gender (n=65)

🗹 Female   🗹 Male   🗹 Other/ Prefer not to answer
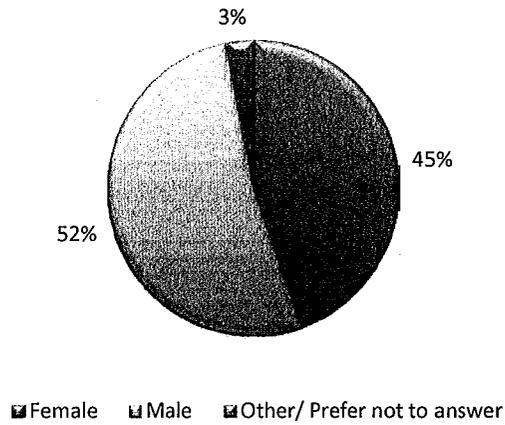
Appendix E: TIAA Survey Data

Which domains did service providers report the highest areas of competence?

Respondents largely reported high agency competence in the domains of physical and emotional safety best practice standards; trust worthiness; and youth and family empowerment, choice and collaboration. However, respondents were less consistent in their ratings of their agencies' commitment to trauma-informed philosophy (Figure 14). The following figures review responses to indicators within each of these domains.

Figure 14. Perception of competency in trauma-informed best practice domains (N=51)
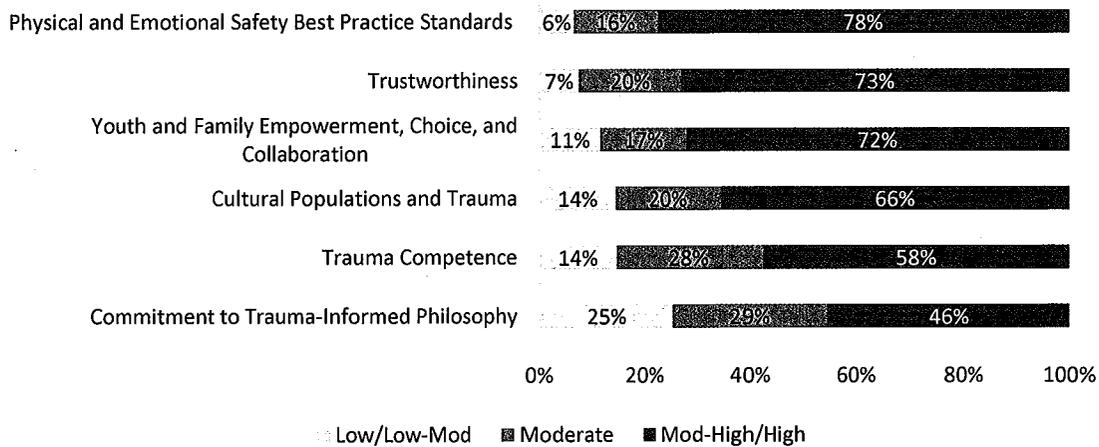
Domain	Low/Low-Mod	Moderate	Mod-High/High
Physical and Emotional Safety Best Practice Standards	6%	16%	78%
Trustworthiness	7%	20%	73%
Youth and Family Empowerment, Choice, and Collaboration	11%	17%	72%
Cultural Populations and Trauma	14%	20%	66%
Trauma Competence	14%	28%	58%
Commitment to Trauma-Informed Philosophy	25%	29%	46%

Within the domain of physical and emotional safety best practice standards, the majority of respondents reported that their agencies have moderately high to high competency in the areas of staff sensitivity to trauma, trauma competencies in personnel decisions, agency practices sensitive to trauma, and support for staff (Figure 15). Responses were more mixed regarding agencies' competency in trauma training for all staff.

Figure 15. Perception of competency in Physical and Emotional Safety Best Practice Standards
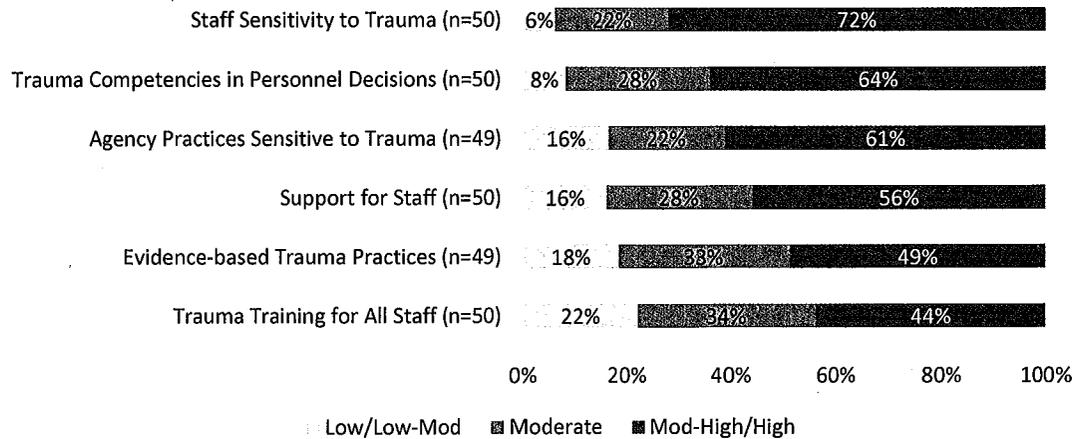
Staff Sensitivity to Trauma (n=50): 6%, 22%, 72%
Trauma Competencies in Personnel Decisions (n=50): 8%, 28%, 64%
Agency Practices Sensitive to Trauma (n=49): 16%, 22%, 61%
Support for Staff (n=50): 16%, 28%, 56%
Evidence-based Trauma Practices (n=49): 18%, 33%, 49%
Trauma Training for All Staff (n=50): 22%, 34%, 44%

Legend: Low/Low-Mod, Moderate, Mod-High/High

Overall, respondents reported a high level of competence in the domain of trustworthiness. At least two-thirds of respondents reported high competence in each indicator of trustworthiness, with highest ratings in the following indicators: consistent communication with youth and families; informed consent; and grievance policy. (Figure 16).

Figure 16. Perception of competency in the domain of Trustworthiness
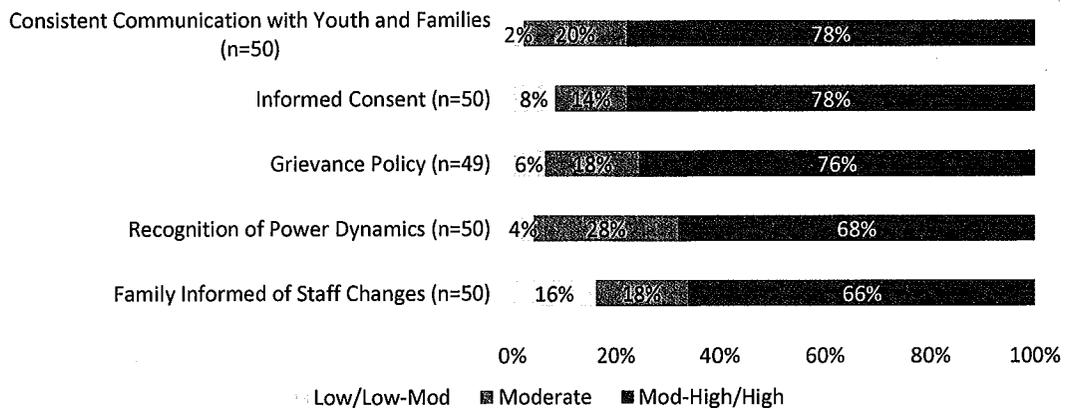
Consistent Communication with Youth and Families (n=50): 2%, 20%, 78%
Informed Consent (n=50): 8%, 14%, 78%
Grievance Policy (n=49): 6%, 18%, 76%
Recognition of Power Dynamics (n=50): 4%, 28%, 68%
Family Informed of Staff Changes (n=50): 16%, 18%, 66%

Legend: Low/Low-Mod, Moderate, Mod-High/High

At least 74% of respondents reported moderately high to high ratings along six of the seven indicators in the domain of youth and family empowerment, choice, and collaboration. However, less than one-third (32%) of respondents reported such positive ratings of their agencies' competence in agency-level

involvement[29] (Figure 17). This indicator examines to what extent individuals are included in agency decision-making.

Figure 17. Perception of competency in the domain of Youth and Family Empowerment, Choice, and Collaboration
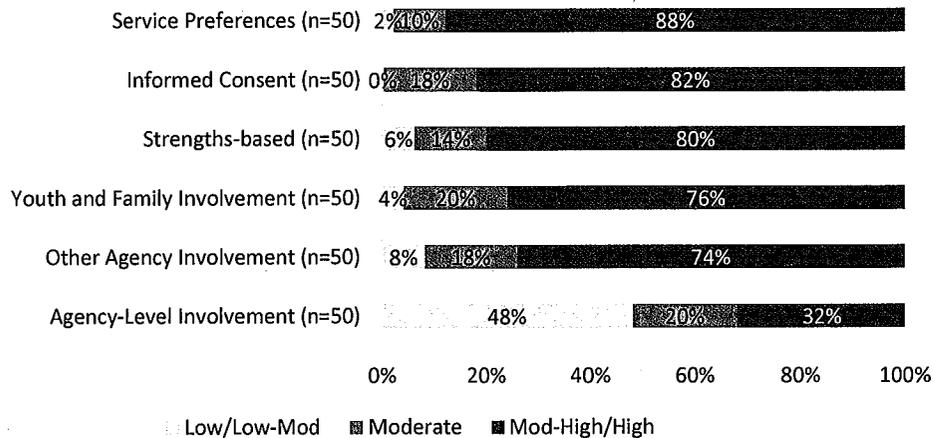
Indicator	Low/Low-Mod	Moderate	Mod-High/High
Service Preferences (n=50)	2%	10%	88%
Informed Consent (n=50)	0%	18%	82%
Strengths-based (n=50)	6%	14%	80%
Youth and Family Involvement (n=50)	4%	20%	76%
Other Agency Involvement (n=50)	8%	18%	74%
Agency-Level Involvement (n=50)	48%	20%	32%

Two-thirds of respondents (66%) reported that, overall, their agencies had moderately high to high competence in the domain of cultural populations and trauma. Respondents generally felt their agency was accessible to diverse groups (73%), and strived to be culturally sensitive when considering planning services and understanding clients' behaviors (72%). On the other hand, competency ratings were more varied in their agency's consultation with cultural resources and consideration of culture in accountability (Figure 18). None of the respondents provided further explanation for their ratings.

[29] The indicator for agencies' competence in agency-level involvement is defined as "Youth and families are invited to participate in agency administrative functions, such as: hiring and performance reviews; standing committees and governance; staff training and education; evaluation and CQI activities and safety checks; youth and families are compensated for their time."

Figure 18. Perception of competency in the domain of Cultural Populations and Trauma
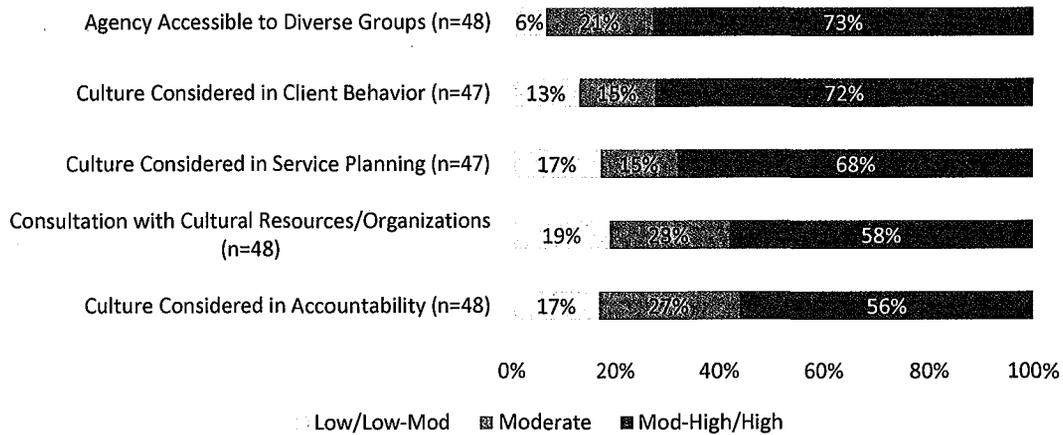
Agency Accessible to Diverse Groups (n=48)   6% 21% 73%

Culture Considered in Client Behavior (n=47)   13% 15% 72%

Culture Considered in Service Planning (n=47)   17% 15% 68%

Consultation with Cultural Resources/Organizations (n=48)   19% 23% 58%

Culture Considered in Accountability (n=48)   17% 27% 56%

| | 0% | 20% | 40% | 60% | 80% | 100% |

Low/Low-Mod   ▨ Moderate   ■ Mod-High/High

More than half (58%) of respondents reported that their agencies had moderately high or high trauma competence. Within the domain, about three-quarters (72%) of respondents reported moderately high to high competency among their staff's sensitivity to trauma. However, less than half of respondents reported such levels of competency in the indicators of evidence-based trauma practices, and trauma training for all staff (Figure 19). As one respondent explained, "Our Trauma based training have not included our Finance team or janitorial staff."

Figure 19. Perception of competency in the domain of Trauma Competency
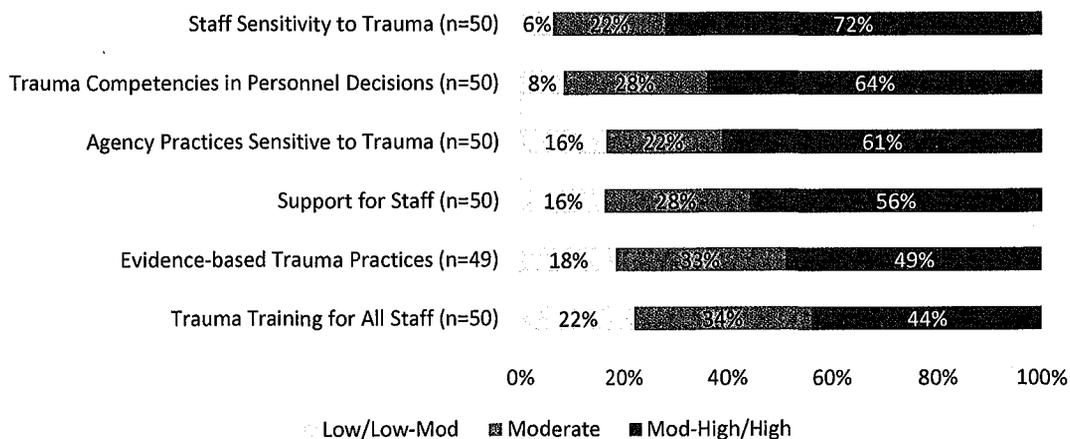
Staff Sensitivity to Trauma (n=50)   6% 22% 72%

Trauma Competencies in Personnel Decisions (n=50)   8% 28% 64%

Agency Practices Sensitive to Trauma (n=50)   16% 22% 61%

Support for Staff (n=50)   16% 28% 56%

Evidence-based Trauma Practices (n=49)   18% 33% 49%

Trauma Training for All Staff (n=50)   22% 34% 44%

| | 0% | 20% | 40% | 60% | 80% | 100% |

Low/Low-Mod   ▨ Moderate   ■ Mod-High/High

Less than half (46%) of the respondents reported that their agencies had moderately high to high competence in the domain of commitment to trauma-informed philosophy. Competence was uniformly low in all indicators within this domain (Figure 20).

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Figure 20. Perception of competency in the domain of Commitment to Trauma-Informed Philosophy

Promotes Trauma-Informed Competence with Others (n=48)   13%   29%   58%

Trauma-Informed Policy (n=48)   23%   32%   45%

Trauma-informed Accountability (n=48)   23%   32%   45%

Trauma-informed Development Plan (n=47)   30%   30%   40%

Routine Trauma Screening (n=47)   33%   27%   40%

0%   20%   40%   60%   80%   100%

Low/Low-Mod   ▨ Moderate   ▧ Mod-High/High

As context, two respondents provided explanations for their ratings in the domain of Commitment to Trauma-Informed Philosophy, noting "We do not have agency policies related to this," and "We have a large agency so some of our departments wouldn't do any of this, however we have a behavioral health department that does."

Which domains had the highest reported areas of competence by funding stream?

The following figures present findings by funding stream, including the domain-level competencies between agencies funded by OFCY and agencies funded by OU. The responses for agencies that were funded by both are duplicated and represented in each chart. The remaining eight respondents who did not identify their agency are not represented in these charts.

Between the two funding streams, agencies' domains of trauma competence shifted slightly. Among OU agencies, the domain in which respondents rated their agencies most highly was trustworthiness (74%) (Figure 21).

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Figure 21. Perception of competency in trauma-informed best practice domains among respondents from agencies funded by Oakland Unite (N=30)
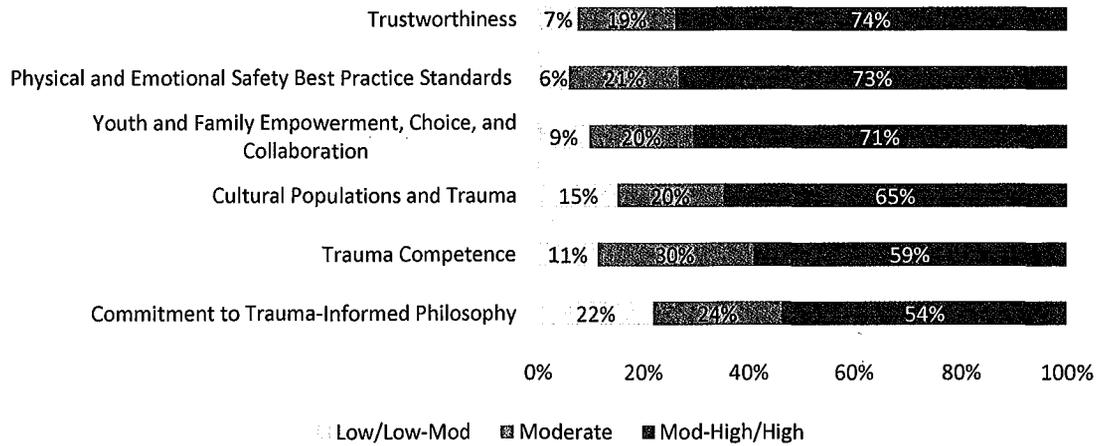
Domain	Low/Low-Mod	Moderate	Mod-High/High
Trustworthiness	7%	19%	74%
Physical and Emotional Safety Best Practice Standards	6%	21%	73%
Youth and Family Empowerment, Choice, and Collaboration	9%	20%	71%
Cultural Populations and Trauma	15%	20%	65%
Trauma Competence	11%	30%	59%
Commitment to Trauma-Informed Philosophy	22%	24%	54%

Low/Low-Mod   Moderate   Mod-High/High

Among OFCY agencies, the top domain was physical and emotional safety best practice standards (79%) (Figure 22).

Figure 22. Perception of competency in trauma-informed best practice domains among respondents from agencies funded by Oakland Fund for Children and Youth (N=18)
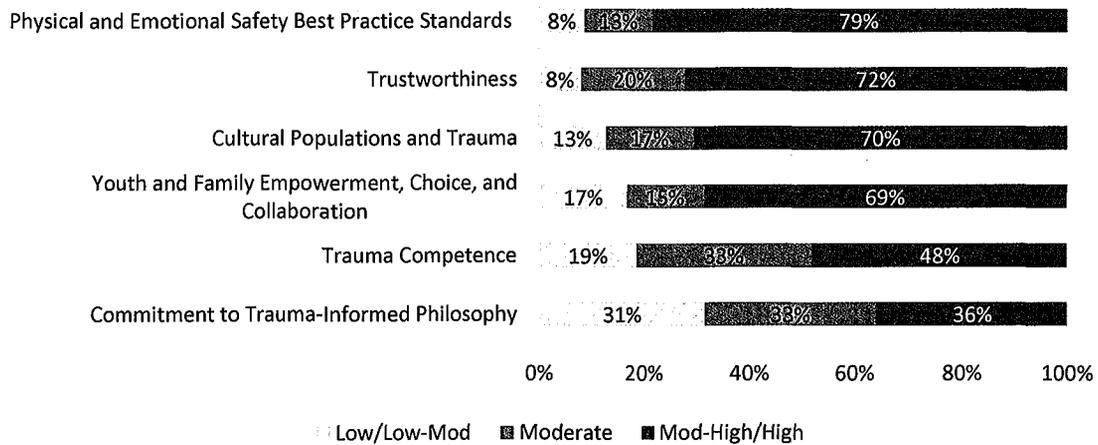
Domain	Low/Low-Mod	Moderate	Mod-High/High
Physical and Emotional Safety Best Practice Standards	8%	13%	79%
Trustworthiness	8%	20%	72%
Cultural Populations and Trauma	13%	17%	70%
Youth and Family Empowerment, Choice, and Collaboration	17%	15%	69%
Trauma Competence	19%	33%	48%
Commitment to Trauma-Informed Philosophy	31%	33%	36%

Low/Low-Mod   Moderate   Mod-High/High

The domains in which respondents rated their agencies in lowest competence were trauma competence and commitment to trauma-informed philosophy, with ratings in both domains generally lower among OFCY agencies. This was especially true for the domain of commitment to trauma-informed philosophy: over half (54%) of respondents in OU agencies reported that their agency had moderately high or high competence, while only one-third (36%) of respondents in OFCY agencies reported the same (Figure 21). A respondent from an OCFY agency explained their moderate rating in

the commitment to trauma-informed philosophy, "We have a large agency so some of our departments wouldn't do any of this, however we have a behavioral health department that does."

Attachment B

Oakland ReCAST Behavioral Health Disparities Impact Statement

Oakland ReCAST Behavioral Health Disparities Impact Statement

Prepared by: Oakland ReCAST Team and Resilience Working Group (RWG)

12/28/2016

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HUMAN
SERVICES
DEPARTMENT
Helping our City grow strong!

Led by the City of Oakland Human Services Department (HSD), Oakland ReCAST builds on three HSD initiatives that serve Oakland's most marginalized and at-risk populations in need of trauma-informed behavioral health supports: Head Start early childhood programs, youth development programs funded by the Oakland Fund for Children & Youth, and violence intervention programs funded by Oakland Unite. These efforts involve a network of community-based human service providers and reach over 50,000 individuals and families.

- **Head Start** provides comprehensive early care, education, and family support services to over 1,200 low-income families with children age 0-5, in neighborhoods throughout the city. Licensed mental health consultants work with teachers and parents providing strategies and tools to support young children experiencing the effects of trauma.
- The **Oakland Fund for Youth and Children (OFCY)** funds prevention and youth development programs for children and youth age 0-20, including after-school, middle- and high school transition, youth leadership programs, and early childhood mental health supports.
- **Oakland Unite (OU)** 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.

Oakland, population 413,775, is one of the most ethnically diverse cities in the nation: 28% of residents are white, 27% Hispanic, 24% African American, 15% Asian/Pacific Islander, and 6% other. 42% of Oakland residents speak a language other than English at home.[2] HSD focuses program efforts in neighborhoods most impacted by poverty, crime, violence, and blight as identified by the 2014 Stressor Index map.

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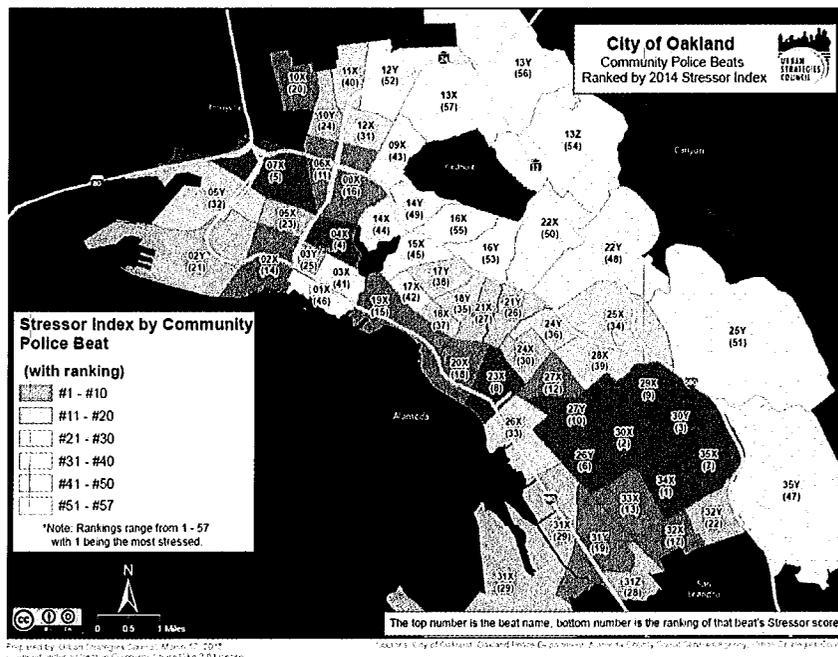
[1] Though OU targets intensive case management and employment services to residents aged 14-35, the Crisis Response strategy, which serves individuals, their families and others immediately impacted by gun violence, and the Family Violence strategy do not limit services to a specific age range.
[2] U.S. Census Bureau. American Community Survey, 2014.

The demographics of participants in each identified program during Fiscal Year 2015-2016 are discussed in more detail below.

Head Start. HSD operates both Head Start and Early Head Start programs at multiple locations throughout the City of Oakland. Over 1,200 children age 0 to 5 and their families were served in FY15/16. Over 95% of the children participating are children of color- 40% African American, 31% Latino and 20% Asian/Pacific Islander.

Total Children Served by Oakland Head Start/Early Start (2015-2016): By Race/Ethnicity

Race/Ethnicity	Clients Served	Percentage
African American	513	40.30%
American Indian/Alaskan Native	2	.16%
Asian/Pacific Islander	256	20.11%
White (non-Hispanic)	15	1.18%
Hispanic/Latino	397	31.19%
Two or More Races/Other	70	5.50%
Unspecified	20	1.57%
Total	1273	100.00%

Source: 2015-2016 Head Start Program Information Report, City of Oakland Head Start

Oakland Fund for Children and Youth. OFCY supports programs providing child and youth development activities year-round and in summer months through a variety of school and community-based partners in 4 strategies. Over 27,000 youth participated in after-school and summer programs funded by OFCY in 2015- 2016. Similar to Head Start, over 90% of OFCY participants are youth of color; Latino (40%) and African American (34%) youth are the primary focus for program services.

A new OFCY funding cycle began in July 2016 that includes strategies focused on year-round youth development and empowerment and on career awareness and academic support for older youth. There are 49 programs funded through these two strategies that are projected to serve over 10,000 youth and similarly primarily focus on serving African American (49%) and Latino (30%) youth. In addition, 45% of youth projected to be served will be ages 16-20.

Oakland Unite. In FY15/16, OU served over 5,000 individuals. The majority (over 60%) of OU participants are African American followed by Latino participants who make up close to 20% of those served by Oakland's violence intervention programs. Most OU participants range in age from 16 to 28 and historically close to 70% of OU participants are male.

Total Clients Served by Oakland Unite (2015-2016): By Race/Ethnicity

Race/Ethnicity	Clients Served	Percentage
African American	3200	61.55%
American Indian/Alaskan Native	36	.69%
Asian/Pacific Islander	174	3.35%
White (non-Hispanic)	301	5.79%
Hispanic/Latino	1005	19.33%
Two or More Races/Other	128	2.46%
Decline to State	42	0.81%
Missing	313	6.02%
Total	5199	100.00%

Source: Oakland Unite Participant Data from CitySpan, July 1, 2015 to June 30, 2016

Oakland ReCAST's Disparity Impact Statement focuses on access to trauma-informed behavioral health services. Oakland has a strong framework of systems and services that support Oakland's high-risk youth and families, but much work 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. 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.[3] 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 experiences a child has, the greater his or her likelihood of poor outcomes throughout life.[4] Having more than three or four ACEs is correlated with increased risk of youth violence[5] and, for males, perpetrating intimate partner violence.[6] ACE exposure also increases risk factors for violence, such as mental health problems and substance abuse.[7] A 2015 analysis of Oakland's violence prevention efforts found that approximately 4,400 children under age five, 9,900 ages 5-17, and 6,200 transition-age youth (ages 18-24) have had four or more ACEs.[8]

Though plans are preliminary, Oakland ReCAST partners anticipate focusing efforts to access and utilize trauma-informed behavioral health services on the OU and Head Start populations and the community-based *Year Round Youth Development and Empowerment* and *Career Awareness and Academic Support for Older Youth* program strategies within OFCY.[9]

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 900 individual and organizational mental health service providers, using a trauma-informed care lens to serve Alameda County residents diagnosed with moderate to severe mental illness. 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 270,000 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

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

[4] 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."

[5] CDC. Youth Violence: Risk and Protective Factors. 2016.

[6] 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.

[7] CDC. "Adverse Childhood Experiences," ibid.

[8] Urban Strategies Council. Prevention Institute. Estimated Gaps in Oakland Unite and Oakland Fund for Children and Youth Violence Prevention Services. April 2015.

[9] OFCY has 4 strategy areas and manages grants awarded to close to 150 organizations serving youth in Oakland. These strategies were selected because they serve older youth and community programs that are not readily linked to behavioral health services offered by OUSD.

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 trauma informed practice trainings for teachers, school leaders and staff to better manage traumatized students in the classroom.

Moderate to Severe Mental Health Services. In Fiscal Year 2015-2016, over 12,000 youth and adults in the City of Oakland accessed services offered by BHCS contracted providers. Most utilization takes place in the age range 8 to 17 and declines significantly between the ages of 18 to 35 (from close to 500 users to less than 200). Of the Oakland residents receiving BHCS services 44% are African American, 20% are Hispanic, 11% are White/European American, and 8% are Asian American. At 16%, a significant portion of the clients served are other or unknown.

Mild to Moderate Mental Health Services. Beacon Health Options (Beacon) reports the most common diagnoses for children 0-18 are depression, anxiety, adjustment disorder, ADHD and post-traumatic stress disorder. For adults, depression also ranks first followed by post-traumatic stress disorder, anxiety, major depression and adjustment disorder. Beacon reports increased utilization and additional people accessing the service from month-to-month since the expansion of services in January 2014.

Approximately 2,000 Oakland residents, age 0 to 35, out of the close to 84,000 who are eligible to receive mental health services accessed care between January 2014 and November 2016.[10] Adults aged 26 to 35 made up 50% of people utilizing services- 17% ranged in age from 19-25 and 33% from 0-18. In addition, while close to 50% of youth 0-18 utilizing services were male, utilization by gender among young adults (19 to 35) shifts to 67% female and 33% male.

Mild to Moderate Mental Health Services: By Age & Gender
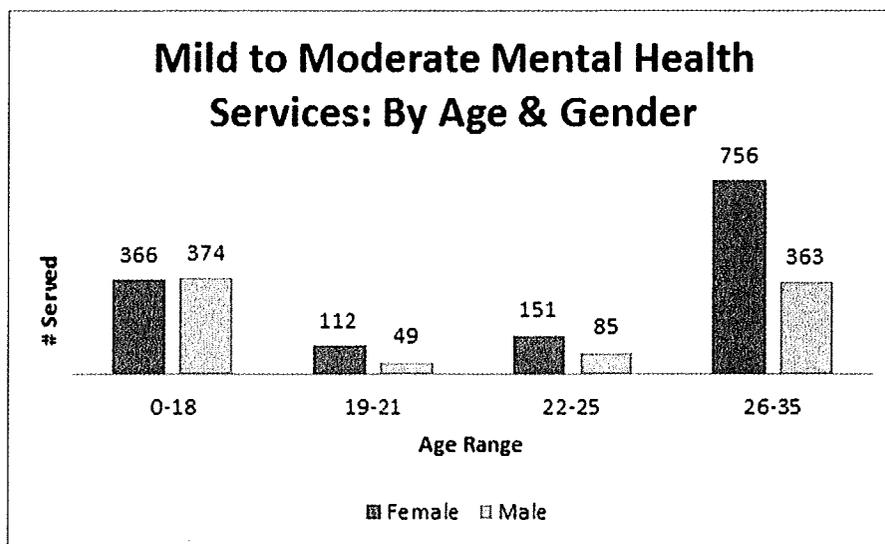
The following table and accompanying chart detail the utilization of the mild to moderate benefit by City of Oakland residents aged 0-35 enrolled with the Alameda Alliance, by race/ethnicity, along with the overall enrollment numbers for Oakland residents. Overall utilization rates are low- with 2,256 of the 84,134 Oakland residents enrolled in Alameda Alliance services accessing mild to moderate mental health services. Utilization rates range from two to six percent. With only 2.31% of Latino and 2.32% of Asian/Pacific Islander eligible residents accessing services

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[10] Utilizations data provided by Alameda Alliance for Health on November 30, 2016.

followed by 2.66% of African American eligible residents. Slightly higher utilization occurs among White (5.32%) residents and residents who report Two or More Races/Other (5.6%).

Comparison Table: Oakland Client Enrollment vs. Utilization by Race/Ethnicity

Race/Ethnicity	Clients Enrolled-Alameda Alliance	Clients Utilizing Services-Beacon	%
African American	26,902	715	2.66%
American Indian/Alaskan Native	221	13	5.88%
Asian/Pacific Islander	15,440	365	2.36%
White (non-Hispanic)	5,466	291	5.32%
Hispanic/Latino	28,248	652	2.30%
Two or More Races/Other	7,117	185	5.6%
Unknown	740	35	4.73%
Total	84,134	2,256	2.68%

Source: Alameda Alliance Enrollment and Utilization for Oakland, January 1, 2014 to November 30, 2016

Alameda Alliance Enrollment-Oakland vs. Beacon Service Utilization Oakland
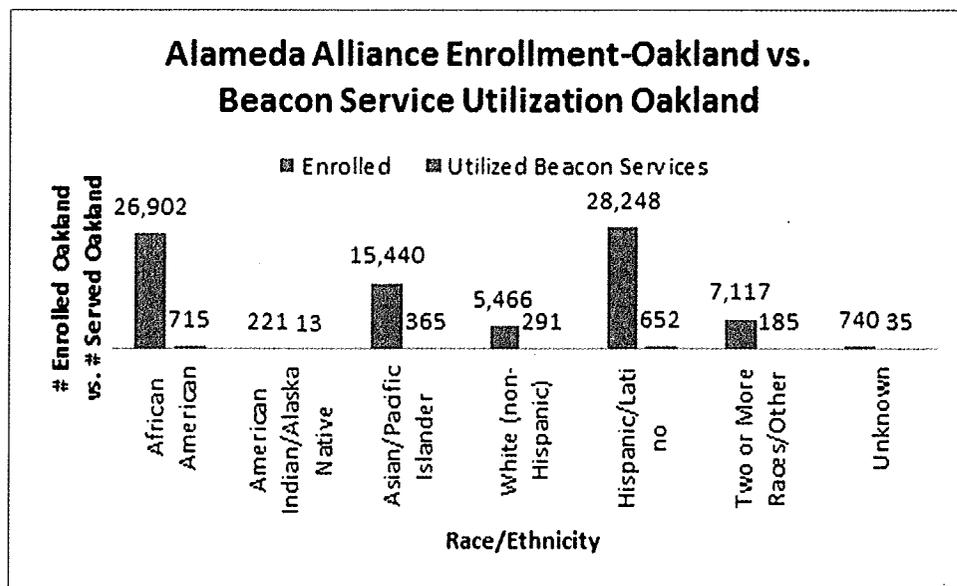
Source: Alameda Alliance Enrollment and Utilization for Oakland, January 1, 2014 to November 30, 2016

Understanding Current Access/Utilization by Participants in HSD Services

Real and perceived barriers to access, mistrust of government and law enforcement agencies, fear of bias and re-traumatization by service providers, and confusion about which services exist or how to sign up for them all limit the number of high-risk youth and adults who seek out needed services. Though 9,900 children ages 5-17 have had four or more ACEs, a strong sign of the need for trauma-informed services, in 2015-16 only 185 students in OUSD had been referred for trauma-related services.[11] Intervention efforts reach about 10% of Oakland's active gang members.[12] In 2014-15, 35% of the clients served by BHCS countywide were African American and 22% Latino, largely in restrictive environments such as the county jail. These same individuals struggle to access to mental health services in the community.[13]

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[11] Coordination of Services Team database as of April 19, 2016.
[12] Gilbert et al, California Partnership for Safe Communities, ibid. January 2014
[13] Alameda County Behavioral Health Care Services, May 2016.

For children enrolled in Oakland's Head Start program access to mental health starts at the individual center level. Through funding provided by OFCY and federal grants, children, families and staff have access to behavioral health services that consist of regularly scheduled visits by a mental health consultant approximately once a week for 2-3 hours per visit. In addition, 45 students (3.5 %) in the Head Start programs receive intensive mental health services. Intensive services include a mental health consultant meeting with a teacher or parent(s) about a specific child or meeting one-on-one with the child. Children can also be referred to external services, allowing a child and parent to meet with a mental health professional outside of the Head Start/Early Start center. HSD also funds a network of Family Child Care Centers that are not currently being staffed by clinicians. Though Head Start participants have built-in connections to behavioral health services there are still barriers to access. For example, language barriers exist for the Spanish and Cantonese speaking children, parents, and staff. In addition, long waiting lists for services can deter participation, and mental health consultants are not at center sites long enough to address all the needs of the children, parents and staff.[14]

In 2015-16, Oakland Unified School District (OUSD) operated 18 School Health Centers with enrollment of 14,060 students and served 8,282 individuals with a range of physical, reproductive, behavioral and dental health services. Of the 2,051 students who received behavioral health services (group and individual) in 2015-16, 49% were Latino/a, 33% were African American and 11% Asian/ Pacific Islander. These services are available at no cost to clients, regardless of their insurance status. The School Health Centers also open their doors to the broader community including high school graduates, college students, siblings and community members at large. In 2014-15, 27% of registered clients were non-OUSD students.

Access to health insurance increased dramatically for much of the age 18 to 35 population served by OU with the expansion of Medi-Cal under the Affordable Care Act with many participants accessing health insurance for the first time as an adult. While some OU programs directly facilitate access to mental health services, most of the youth and young adults served by OU do not access services. A few providers have incorporated mental health clinicians into their models with services ranging from crisis intervention, one-on-one therapy and group therapy sessions. Even so, many participants do not understand what mental health services are or how they can benefit from them. OU Life Coaches that work with these participants acknowledge that there is also a lot of stigma associated with mental health causing participants to think that you have to be "crazy" to need mental health support. Currently, Life Coaches support participants that need help accessing services by facilitating enrollment in health insurance and providing short-term incentives for following through with Medi-Cal appointments that can include mental health support. Life Coaches report that when participants are able to access services there are inconsistent results. While a few participants have seen the benefit of mental health support many others have been turned off by the traditional therapeutic setting. For example, some high risk young adults on parole are often matched by their parole officers with mental health professionals that do not provide culturally competent services resulting in negative experiences with mental health providers and decreased motivation to continue receiving support. OU Life Coaches agree that it will take out of the box thinking to eliminate the multiple barriers their clients face when accessing these services.[15]

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[14] Head Start Information provided by Wenonah Elms, Mental Health and Disabilities Coordinator
[15] Key Informant Interview: Oakland Unite Life Coaches

Strategies to Increase Access and Service Coordination

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. Alameda Alliance and Beacon are also willing partners interested in exploring the adoption of innovative policies and practices to increase utilization among eligible participants. Oakland ReCAST partners seek to:

- Increase access to health care and create better care coordination with an emphasis on connecting unenrolled participants with healthcare services;
- Strengthen pipeline and linkages to existing behavioral health services; and
- Promote better systems alignment between City, County and OUSD in efforts to address trauma and violence and provide services.

Target Population and Goals for Increasing Access and Utilization of Trauma Informed Behavioral Health Services

Though efforts to increase access and utilization remain available to all Oakland residents served by the designated HSD programs, Oakland ReCAST will focus efforts on increasing enrollment/access and utilization among boys and men of color with particular emphasis on young adult males of color. As illustrated by the Alliance and BHCS data presented above, utilization of behavioral health services drops off after age 18. In particular, young adult males age 18-25 are the group least likely to access the mild to moderate benefit. US Census data regarding health insurance enrollment for Oakland residents indicates a similar dip in enrollment among young adults.

Oakland Residents - Percent with Health Insurance
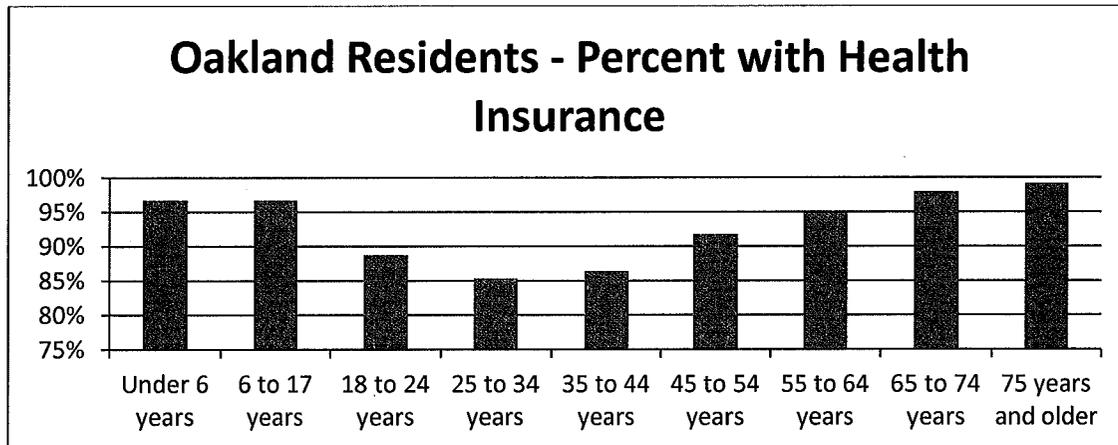
Source: SELECTED CHARACTERISTICS OF HEALTH INSURANCE COVERAGE IN THE UNITED STATES. 2015 American Community Survey 1-Year Estimates, US Census Bureau.

In addition, educational attainment also affects enrollment with only 81% of Oakland residents with less than a high school education enrolled in health insurance.

Note: At this time HSD is unable to report reliably on the sexual orientation of program participants. In addition, due to federal and state laws governing medical recordkeeping, Alameda Alliance is unable to inquire or track utilization of LGBTQ members. Efforts to incorporate more reliable data and support program models that provide culturally appropriate services to LGBTQ youth and young adults will be undertaken in the grant period.

Children (0-4) served by Head Start

Oakland's Head Start staff already prioritizes enrollment in Medi-Cal or other health insurance for the children and families served. Nearly 100% of Head Start children are enrolled in some form of health insurance. In light of this, Oakland ReCAST will focus efforts on increased utilization by children and their families. An additional investment in mental health clinicians to expand the current services available at Head Start sites is planned in year one and year two of the grant.

Due to high enrollment of children of color, current utilization of OFCY-funded mental health services do not indicate disparity by race or ethnicity. In addition, available Head Start data does not report the gender of children enrolled. However, Head Start clinicians identified the disproportionate discipline of boys of color as an issue to address and acknowledged the role of implicit bias in the actions of teachers. Additional teacher training to recognize the impact of trauma on children's behavior is planned during Oakland ReCAST implementation.

Children (0-4) served by Head Start

# To Be Reached	Year One		Year Two		Year Three		Year Four		Year Five	
Race/Ethnicity	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization
African American	-	12	-	32	-	24	-	20	-	20
Latino/a Hispanic	-	10	-	25	-	20	-	16	-	16
Asian/Pacific Islander	-	6	-	16	-	12	-	10	-	10
Other/Two or More Races	-	2	-	6	-	4	-	4	-	4

Older Youth (16-20) served by identified OFCY strategies and Oakland Unite

In contrast to Head Start, OFCY and OU have not required grantees to report on health insurance enrollment in the past. OU is currently piloting this practice in the life coaching strategy and both OFCY and OU intend to add a health insurance inquiry in FY 2017-2018.

In general, OFCY programs are funded to address disparities experienced by Oakland's children and youth. For Oakland ReCAST, OFCY intends to target enrollment and utilization efforts upon the 49 providers funded through the *Year Round Youth Development and Empowerment* and *Career Awareness and Academic Support for Older Youth* program strategies. In year two OFCY will engage five grantees (serving approximately 10% of the 4,700 older youth) and in each subsequent year seeks to engage an additional five grantee agencies. Strategies may include assessing readiness and providing technical assistance to increase Medi-Cal billing practices, trainings on behavioral health care options and coaching clients to utilize available services.

Older youth (16-20) are roughly 25% of OU participants. OU services for youth aged 16-18 targets those youth exiting the Juvenile Justice Center and returning to Oakland and provide intensive case management/life coaching and connection to education and employment supports. 250 youth are projected to be served by OU intensive case management/life coaching services each year. Oakland ReCAST will seek to increase enrollment in health insurance for youth and young adult participants by up to 3% per year starting in year two. ReCAST is focused on developing better systems to serve this age category and not currently directly funding trauma informed behavioral health services and all services are voluntary. As such increased utilization

is difficult to accurately project. At this time, Oakland ReCAST projects increases of 15 percent per year for OU participants.

Due to planning required in year one and efforts to establish a baseline for measurement increased enrollment and utilization are not projected in year one for older youth or the young adults included below.

Older Youth (16-20) served by identified OFCY strategies and Oakland Unite

# To Be Reached	Year One		Year Two		Year Three		Year Four		Year Five	
Race/Ethnicity	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization
African American	-	-	5	43	10	62	11	73	14	73
Latino/a Hispanic	-	-	8	20	8	31	9	38	12	42
Asian/Pacific Islander	-	-	1	4	3	7	2	9	3	9
Other/Two or More Races	-	-	-	4	1	7	1	6	1	5
Gender										
Male	-	-	10	51	16	75	16	88	21	90
Female	-	-	4	20	6	32	7	38	9	39

Young Adults (18-35) served by Oakland Unite

Available data suggests that Oakland residents in this demographic are utilizing fewer behavioral health services. In particular, young adult males age 18 to 26 are only 33% of clients engaging in mild to moderate behavioral health services offered by Alameda Alliance (a total of 365 young men utilized mental health services between Jan 2014 and Nov 2016). Though historically enrollment in health insurance is at an all-time high (over 85%) for all age demographics in Oakland, the lowest rates are represented by this age demographic. In addition, fifty percent of young adult participants in OU's life coaching strategy recently reported education support as a need to be addressed, which is also on indicator of decreased enrollment for Oakland residents.

Through Oakland ReCAST, OU seeks to establish a baseline in year one and enroll an additional 8% of participants in health insurance during years two through five. In addition, OU will work with Alameda Alliance/Beacon and BHCS to increase utilization in appropriate trauma informed mild to moderate mental health services. OU intends to increase utilization by 15 to 20 percent each year- starting in year two- through incentives and coaching provided by OU's network of adult intensive case managers/life coaches to encourage participants to address the stress and trauma due to exposure to violence and factors attendant to historical community trauma. OU projects serving approximately 200 young adults each year in the intensive case management/life coaching strategy.

Young Adults (18-35) served by Oakland Unite

# To Be Reached	Year One		Year Two		Year Three		Year Four		Year Five	
Race/Ethnicity	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization
African American	-	-	11	20	11	24	11	26	11	29
Latino/a Hispanic	-	-	4	6	4	8	4	10	4	12
Asian/Pacific Islander	-	-	1	2	1	2	1	2	1	1
Other/Two or More Races	-	-	-	2	-	2	-	2	-	2
Gender										
Male	-	-	16	30	16	36	16	40	16	44
Female	-	-	-	-	-	-	-	-	-	-

Total number to be reached by Race/Ethnicity and Gender

# To Be Reached	Year One	Year Two		Year Three		Year Four		Year Five		Total	
Race/Ethnicity	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization	Enrollment	Utilization
African American	12	16	63	21	86	22	99	25	102	84	362
Latino/a Hispanic	10	12	26	12	39	13	48	16	54	53	177
Asian/Pacific Islander	6	2	6	4	9	3	11	4	10	13	42
Other/Two or More Races	2	-	6	1	9	1	8	1	7	3	32
Gender											
Male	-	26	81	32	111	32	128	37	134	127	454
Female	-	4	20	6	32	7	38	9	39	26	129

Plan for Progress and Quality Improvement Monitoring

The Oakland ReCAST planning body- Resilience Working Group (RWG)- will 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 OU grantees enter client services and progress data into an online database developed by HSD in partnership with a local database firm, CitySpan Technologies. 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 RWG 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,

Oakland ReCAST activities will be examined to assess individual, agency, and community progress and outcomes. RDA will work collaboratively with the RWG 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.

RDA will develop a system for participating agencies and consultants to track implementation and outcome data with HSD and RWG partners including collecting pre-/post surveys from high-risk youth assessing the impact of services on multiple domains of resiliency and well-being. Parents, guardians and/or family members of youth will be surveyed on the impact that training and other services have had on their own capacity to support youth's socio-emotional development. Surveys will be translated into Spanish and Chinese as needed. In addition, listening sessions and in-person interviews with key stakeholder will examine in greater detail the impact of activities on community- and youth-level outcomes, as well as identify strengths and challenges of implemented approaches. Language assistance for limited English speakers will be utilized as needed.

Monitoring and Quality Improvement. RDA, HSD staff, and the RWG 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 RWG 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 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, for the entire system of care-100% of county and contract workforce over the next 3 years (starting fiscal year 2016-17). Several cohorts will be offered a training of trainers course to prepare them provide other contracted agencies with individualized technical assistance and support, help with development of approaches to adhering to CLAS standards, and to provide CBMCS training 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 OU 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's 2015-2016 year-end evaluation report noted 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. The *Year Round Youth Development and Empowerment* strategy prioritizes comprehensive services and trauma-informed supports that are culturally relevant and meet the needs of specific populations, such as LGBTQ youth, boys of color, unaccompanied minors, and youth exposed to violence. The 49 OFCY grantees in this strategy estimate that over 60% of the youth to be served have been exposed to violence. The progress of these programs, in particular those targeting boys of color and youth exposed to violence, will be monitored during implementation of ReCAST.

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 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.

Attachment C

Oakland ReCAST Community Needs and Resource Assessment

Agency/Organization	Contact(s)	Email
ACHCSA Center for Healthy Schools and Comm	Tuere Anderson, Clinical Director	Tuere.Anderson@acgov.org
AC Behavioral Health Care Services	Tracy Hazelton, Division Director, Mental Health Services Act	Tracy.Hazelton@acgov.org
AC Behavioral Health Care Services	Lori DeLay, Trauma Informed Care Coordinator	Lori.DeLay@acgov.org
City of Oakland Resilience Office	Ethan Guy	eguy@oaklandnet.com
City of Oakland Resilience Office	Kiran Jain, Chief Resilience Officer	KJain@oaklandnet.com
City of Oakland Human Services Dept	Sara Bedford, Director	SBedford@oaklandnet.com
City of Oakland Human Services Dept	Mona Shah, Interim Project Manager	mshah@oaklandnet.com
City of Oakland Human Services Dept	Sara Serin-Christ, Oakland Unite Project Analyst	SSerin-Christ@oaklandnet.com
City of Oakland Human Services Dept	Josie Halpern-Finnerty, Oakland Unite Planner	JHalpern-Finnerty@oaklandnet.com
City of Oakland Human Services Dept	Jessie Warner, Oakland Unite Planner	JWarner@oaklandnet.com
City of Oakland Head Start	Alisa Burton, Management Analyst (?)	ABurton@oaklandnet.com
City of Oakland Head Start	Maria Lavanderos, Program Supervisor	mlavanderos@oaklandnet.com
City of Oakland Head Start	Wenonah Elms, Mental Health and Disabilities Coordinator	welms@oaklandnet.com
City of Oakland Children & Youth Division	Sandy Taylor, Manager	STaylor@oaklandnet.com
City of Oakland Children & Youth Division	Mike Wetzel, Planner	MWetzel@oaklandnet.com
City of Oakland Children & Youth Division	Lindee Lane, Youth Leadership & Development Coordinator--Youth Commission	llane@oaklandnet.com
Alameda Alliance	Michelle Lewis, Community Relations Manager	mlewis@alamedaalliance.org
Beacon Health Option	Laura Grossman, Program Director	Laura.Grossmann@beaconhealthoptions.com
Oakland Police Department	Officer Doria Neff Mental Health Liaison Alameda County C.I.T. Coordinator	dneff@oaklandnet.com
Oakland Police Department	Sergeant John Koster School Safety Mentor Unit	jkoster@oaklandnet.com
AC Probation Department		
Resource Development Associates	Kira Gunther	kgunther@resourcedevelopment.net
Resource Development Associates	Kelechi Ubozoh	kubozoh@resourcedevelopment.net
Resource Development Associates	Linda Hua	lhua@resourcedevelopment.net
Resource Development Associates	Amalia Freedman	afreedman@resourcedevelopment.net
Oakland Unified School District	Sandra Simmons, Project Prevent Program Manager	sandra.simmons@ousd.org
Oakland Unified School District	Barb McClung, Director Behavioral Health Initiatives	barbara.mcclung@ousd.org

East Bay Agency for Children	Jen Leland, T2 Trauma Transformed Center Director	jen.leland@ebac.org
Youth in Mind	Nguyen Weeks	nguyen@yimcal.org
Youth in Mind	Susan Manzi, Executive Director	susan@yimcal.org
Youth Alive	Anne Marks, Executive Director	amarks@youthalive.org
Misssey	Holly Joshi, Executive Director	holly@misssey.org
Oakland Communities Organizing	Reverend Damita Davis-Howard	ddavis-howard@oaklandcommunity.org
Oakland Impact Hub	Ashara Ekundayo, Co-Founder/Chief Creative Officer/ Curator	ashara@oakland.impacthub.net
Oakland Impact Hub	Konda Mason, Co-Director/ CEO	konda@oakland.impacthbu.net
Prevention Institute	Rachel Davis, Managing Director	rachel@preventioninstitute.org
Prevention Institute	Ruben Cantu, Program Manager	ruben@preventioninstitute.org

Attachment D

#OYACgivesback Youth-led Project Grantee List

#OYACgives back 2016- 2017 Grantees

Project Name	Fiscal Sponsor Name	Project
1. Our Street Gives Back	Street Academy	Restorative Justice healing circles/Homelessness service project
2. Stronger Together	Harbor House	Block Party/Community Mural/Youth exchanges with OPD
3. Parents	Community Works West	Trainings OPD and OUSD focused on youth around the arrest and incarceration of parents.
4. OPD Youth Leadership Council	Dewey Academy	Development of an OPD Youth Leadership Council to encourage youth and police collaboration
5. Restorative Justice Youth and Police Dialogue Project	Oakland Leaf Foundation via OUSD Community Schools and Students	Series of restorative justice healing circles with youth and OPD
6. Walk A Beat In My Shoes	Heart and Soul Center of Light	Restorative justice healing circles sports activities with youth and OPD
7. Community Communicators	East Oakland Youth Development Center	Three youth -led events including a march against violence, series of art projects focused on healing and a town hall meeting with youth and OPD and community leaders
8. Healing and Building Across Seven Generations	Eastside Arts Alliance	Restorative justice healing circle between current youth leaders, older community leaders and OPD to understand the history of community organizing; exhibit of artifacts from organizing 30 years ago

Approved as to Form and Legality

[signature]

City Attorney

OAKLAND CITY COUNCIL

RESOLUTION No._____ C.M.S.

Introduced by Councilmember _____

RESOLUTION AUTHORIZING THE CITY ADMINISTRATOR UNDER THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) RECAST GRANT TO:

1) ENTER INTO GRANT AGREEMENTS WITH YOUTH LEADERSHIP INSTITUTE IN AN AMOUNT NOT TO EXCEED $85,000 TO PROVIDE TRAINING AND FISCAL SPONSORSHIP FOR YOUTH LED GRANTS; AND AECREATIVE IN AN AMOUNT NOT TO EXCEED $45,000, TO PROVIDE ART ACTIVITIES AND CAPACITY BUILDING FOR COMMUNITY ENGAGEMENT; AND

2) AMEND GRANT AGREEMENTS WITH MENTAL HEALTH PROVIDERS IN A TOTAL AMOUNT NOT TO EXCEED $210,000 TO PROVIDE BEHAVIORAL HEALTH SERVICES TO HEAD START FAMILIES; AND

3) ENTER INTO PROFESSIONAL SERVICE AGREEMENTS WITH:

(A) EAST BAY AGENCY FOR CHILDREN IN AN AMOUNT NOT TO EXCEED $100,000 TO PROVIDE TRAUMA-INFORMED SYSTEMS ASSESSMENTS, TRAINING AND COACHING TO PROVIDERS AND CITY STAFF;
(B) RESOURCE DEVELOPMENT ASSOCIATES IN AN AMOUNT NOT TO EXCEED $100,000 TO PROVIDE REQUIRED EVALUATION SERVICES AND TECHNICAL SUPPORT;
(C) PREVENTION INSTITUTE IN AN AMOUNT NOT TO EXCEED $30,000, TO PROVIDE TRAINING AND COACHING ON COMMUNITY LEVEL TRAUMA CURRICULUM

4) AMEND THE ABOVE GRANTS AND PROFESSIONAL SERVICE AGREEMENTS FOR THREE ADDITIONAL YEARS IN THE SAME AMOUNTS PENDING RECEIPT OF FEDERAL SAMHSA GRANT FUNDING; AND

WAIVING THE REQUEST FOR QUALIFICATIONS/PROPOSALS REQUIREMENTS FOR THE PROFESSIONAL SERVICE AGREEMENTS

WHEREAS, the City of Oakland supports the promotion of resiliency and equity for Oakland's communities and community members most affected by trauma, violence, and civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services; and

WHEREAS, the City of Oakland, Human Services Department was a successful applicant under the federal Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA) for the Resiliency in Communities After Stress and Trauma grant program (ReCAST) designed to assist communities experiencing trauma; and

WHEREAS, pursuant to Resolution No. 86464 City Council authorized the City Administrator to accept and appropriate $1,000,000 annually for five years from SAMHSA and the City accepted and appropriated $1,000,000 in SAMHSA grant funding for the period of September 30, 2017 to September 29, 2018; and

WHEREAS, the Oakland ReCAST was funded from September 30, 2016 through September 29, 2021 and is anticipated to provide: extended trauma informed systems and self-care training to City staff and City funded providers working with communities; to expand behavioral health services access particularly for high need populations such as very young children and young men at risk of violence; to provide healing and promote resilience through a variety of activities including community events, healing arts, community dialogue and youth led grant making; and

WHEREAS, the City wishes to ensure the families and teachers in the Head Start/ Early Head Start program have access to trauma informed behavioral health supports to ensure resilience and to provide added support to our most vulnerable families; and

WHEREAS, the current Head Start mental health providers have already successfully competed in a competitive process to provide services either through Head Start or Oakland Fund for Children and Youth; and

WHEREAS, the City wishes to amend said grant agreements with various mental health providers including Family Paths, Through the Looking Glass, Jewish Family, Community Services, Oakland Education Fund, and Si Se Puede Behavioral Interventions (SSPBI) in a total amount not to exceed $210,000 annually to provide behavioral health services to Head Start families and Head Start classrooms to promote community resilience especially for families raising young boys of color; and

WHEREAS, a critical element of Oakland's ReCAST grant is lifting up the voices of young people through youth led grant making in addressing community resilience and healing in a variety of areas important to young people including police/community relationships, youth leadership, and school climate; and

WHEREAS, Youth Leadership Institute has unique expertise in working with young people in grant making and in leadership development and is currently supporting youth led projects under ReCAST with excellent outcomes; and

WHEREAS, the City wishes to enter into a grant agreement with Youth Leadership Institute in an amount not to exceed $85,000 for the period September 30, 2017 through September 29, 2018 to provide fiscal sponsorship, technical assistance and training to youth involved in youth grant making; and be it and

WHEREAS, the City wishes to use the arts and public creative spaces such as the Oakland Impact Hub and Youth Impact Hub to engage community dialogue on trauma and healing and to provide activities and venues to highlight the ReCAST youth-led grant projects and other activities; and

WHEREAS, AECreative is launching equity events and dialogues at the Oakland Impact HUB and Youth Impact Hub and engaging in creative arts practices to promote racial equity and healing; and

WHEREAS, the City wishes to enter into a grant agreement with AECreative in an amount not to exceed $45,000 for the period from September 30, 2017 through September 29, 2018; and

WHEREAS, Oakland Municipal Code (OMC) Section 2.04.051.A requires the City Administrator to conduct a Request for Proposals/Qualifications (RFP/Q) process for professional services contracts and Oakland Municipal Code Section 2.04.051.B. allows Council to waive the RFP/Q requirements upon a finding by the Council that it is in the best interest for the City to do so; and

WHEREAS, the City wishes to waive the competitive request for proposals/ qualification process for the professional service agreements with East Bay Agency for Children, Resource Development Associates, and Prevention Institute due to the unique expertise and practice of each partner, including that their prior and current work aligns with the healing, resilience, youth and family voice and choice practices pertinent to SAMHSA ReCAST deliverables, and, the continuity in the HSD program design will be strengthened due to these organizations' experience with supporting Oakland ReCAST deliverables this past year, and that each partner has the capacity to deliver services that are in alignment with SAMHSA ReCAST deliverables under the ReCAST grant; and

WHEREAS, the City wishes to provide trauma informed care training and develop a system of care throughout City of Oakland direct service providers; and

WHEREAS, the City wishes to enter into a professional services agreement with East Bay Agency for Children in an amount not to exceed $100,000 to provide trainings for an estimated of 500 Human Services and Oakland Parks and Recreation staff and Human Services funded community based agencies from September 30, 2017 to September 29, 2018, and

WHEREAS, staff seeks a waiver of the RFP/Q requirements because East Bay Agency for Children (EBAC) is a local organization with years of expertise in addressing trauma for historically marginalized communities and training individuals working in those communities and strengthening the pipeline of mental health services by sharing information and resources with project partners, and is the only entity providing trauma informed systems change regionally, with a certification and coaching component; and

WHEREAS, SAMHSA requires ReCAST grantees to have an evaluation partner for the project; and

WHEREAS, Resource Development Associates has extensive knowledge and experience working with key HSD programs such as Oakland Unite and Oakland Fund for Children and Youth, and has worked with Alameda County Behavioral Health on the development of its Crisis Intervention Model; and

WHEREAS, the HSD wishes to enter a professional services agreement with Resource Development Associates (RDA) in an amount not to exceed $100,000 to provide evaluation services and technical support from September 30, 2017 to September 29, 2018; and

WHEREAS, staff seeks a waiver of the RFP/Q requirements because RDA is a local research and evaluation firm with extensive experience in criminal justice, and health and mental health fields, and is uniquely qualified to provide this support given their experience with supporting Oakland ReCAST deliverables this past year and conducting evaluation for Oakland Unite, their work with Alameda County Behavioral Health on their crisis intervention model, and experience with Alameda County Probation conducting evaluations; and

WHEREAS, the City wishes to enter into a professional services agreement with Prevention Institute (PI) in an amount not to exceed $30,000 to provide technical assistance coaching and observation for the Adverse Community Experiences and Resilience trainings September 30, 2017 through September 29, 2018; and

WHEREAS, staff seeks a waiver of the RFP/Q requirements because Prevention Institute is an Oakland based agency uniquely qualified to support ReCAST deliverables given their national work in developing community resilience strategies and experience as a technical advisor to SAMHSA on related projects and as such is uniquely qualified to develop the community trauma curriculum and provide implementation support; and

WHEREAS, the City Administrator has determined that the afore-mentioned professional services agreements are of a professional and temporary nature and shall not result in the loss of employment or salary by any person having permanent status in the competitive civil service; now, therefore, be it

RESOLVED: That the City Administrator is hereby authorized to enter into a grant agreement with Youth Leadership Institute in an amount not to exceed $85,000 to provide fiscal sponsorship for youth led projects and leadership and grant making skill development for all youth involved in the projects for the period September 30, 2017 through September 29, 2018; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to enter into a grant agreement with AECreative in an amount not to exceed $45,000 to provide creative arts practice activities and strategies to heal trauma and provide platform for demonstration of youth mini grant outcomes for the term of September 30, 2017 through September 29, 2018; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to amend the grant agreement with Family Paths, Through the Looking Glass, Jewish Family, Community Services, Oakland Education Fund, and Si Se Puede Behavioral Interventions (SSPBI) in amounts to be determined based on capacity and not to exceed a total amount of $210,000 for all amendments for the period from September 30, 2017 through September 29, 2018 to provide services to Head Start families and classrooms; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to enter into a professional service agreement with East Bay Agency for Children in an amount not to exceed $100,000 to provide trauma informed trainings for staff and providers for the period September 30, 2017 through September 29, 2018; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to enter in a professional service agreement with Resource Development Associates (RDA) for an amount not to exceed $100,000 to provide evaluation services and technical support for the programs and activities funded under the SAMHSA grant for the term of September 30, 2017 through September 29, 2018; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to enter into a professional service agreement with Prevention Institute for an amount not to exceed $30,000 to provide curriculum training and implementation support for community level trauma for the term of September 30, 2017 through September 29, 2018; and be it

FURTHER RESOLVED: That pursuant to OMC 2.04.051.B and for the reasons stated above and in the City Administrator's report accompanying this item the City Council finds that it is in the best interests of the City to waive the Request for Proposals /Qualifications requirements for the aforementioned professional service agreements and so waives the requirements; and be it

FURTHER RESOLVED: That the funding for all authorized activities is budgeted in the Department of Health and Human Services Fund (2128), Department of Human Services: Administration Organization (78111), and the SAMHSA Oakland ReCAST Project (1003227) ; and be it

FURTHER RESOLVED: That the City Council hereby appoints the City Administrator to conduct all negotiations, execute and submit all documents, including but not limited to application, agreements, amendments, modifications, payment requests and related actions which may be necessary for the aforementioned agreements without returning to Council; and be it

FURTHER RESOLVED: That the City Administrator is hereby authorized to amend the above grant agreements and professional service agreements to extend the agreements for three additional years in the same amounts, pending receipt of federal SAMHSA grant funding for the full five year term; and be it

FURTHER RESOLVED: That pursuant to OMC 2.04.051.B and for the same reasons stated above and in the City Administrator's report accompanying this item, the City Council finds that it is in the best interests of the City to waive the Request for Proposals /Qualifications requirements for the aforementioned professional service agreements for the additional three one-year extensions, and so waives the requirements; and be it

FURTHER RESOLVED: That said grant agreements and professional service agreements shall be approved as to form and legality by the Office of the City Attorney and placed on file in the Office of the City Clerk.

IN COUNCIL, OAKLAND, CALIFORNIA, _____

PASSED BY THE FOLLOWING VOTE:
AYES- BROOKS, CAMPBELL WASHINGTON, GALLO, GIBSON MCELHANEY, GUILLEN, KALB, KAPLAN, AND PRESIDENT REID

NOES-

ABSENT-

ABSTENTION-

ATTEST: _____
LaTonda Simmons
City Clerk and Clerk of the Council
of the City of Oakland, California