



# Evaluating the Implementation of a Collaborative Juvenile Reentry System in Oakland, California

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## Abstract

Traditional juvenile reentry systems often inadequately meet offenders' complex needs. Policymakers and researchers increasingly recognize the importance of a collaborative community- and development-based reentry system to improve recidivism, youth developmental outcomes, and public safety. Yet, system-level process evaluations of integrated reentry systems are scarce. California's Alameda County juvenile reentry system implemented evidence-based strategies and practices to better serve reentry youth. We report findings from a process evaluation, using data from 15 key stakeholder interviews, focus groups with community-based providers, a reentry system-wide stakeholder survey, site visit observations, and document reviews. We identified strengths, challenges, and lessons learned. System-level strengths included increased multidisciplinary assessments, interagency collaboration, and specialty courts. Challenges included differing agency agendas, limited family and youth engagement, and data sharing. We recommend future researchers and practitioners to further examine and implement integrated system-level processes and organizational change, informed by the ecological-developmental perspective, to help promote positive outcomes for reentry youth.

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Many have called for juvenile justice system reform, inspired by the ineffective ways in which status offenders and low to medium risk juveniles are detained and treated. Detention affects individuals' lives, public safety, and public expenditures (Coalition for Juvenile Justice [CJJ], 2012; Kim, 2009; Sander et al., 2011). "Tough on crime" policies and systems, prominent since the 1990s, have often led to detention for non-violent, first-time juvenile offenses such as underage drinking, truancy, and vandalism (Bender, 2012; Freiburger & Burke, 2011), "arresting" their normal psychosocial development and leading to more troubled delinquent trajectories than would have otherwise been expected (Steinberg, Chung, & Little, 2004).

In 2014, approximately 1 million juveniles were arrested and processed by the U.S. justice system (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2015). Most juveniles placed in detention facilities face overcrowding and unsafe conditions, including residing with high-risk offenders (CJJ, 2012). They may encounter abuse and stigmatization, and are often deprived of due procedural rights and the opportunity to express personal concerns in the courtroom (CJJ, 2012; Kim, 2009; Sander et al., 2011). Youth of color continue to be disproportionately affected, as a result of long-standing system-level inequities (Freiburger & Burke, 2011; Rodriguez, 2013). System-level change is a particularly promising approach for addressing these system-level policy and practice challenges to improve outcomes for reentry youth.

Over the last 20 years, there has been a significant decline in youth confinement across states, including in California, which dropped from 524 per 100,000 in 1997 to 271 per 100,000 in 2010 (Annie E. Casey Foundation, 2011). However, in California and other states, the burden of responsibility for a larger number of prisoners and juvenile offenders has shifted to the local counties as a result of changes to the state sentencing laws (Stahlkopf, Males, & Macallair, 2010). Recidivism rates continue to be as high as 50% (California Department of Corrections and Rehabilitation [CDCR], 2010), suggesting that more work needs to be done locally to improve reentry outcomes.

Bronfenbrenner's (1979) ecological-developmental theory posits that individuals are nested within many different environments (e.g., reentry system, community, school, peers, home) that can affect their development. Applying the ecological-developmental perspective to reentry system reform emphasizes the importance of cumulative disadvantage (Sampson & Laub, 1997; Steinberg et al., 2004): Many of the juveniles detained have experienced an array of problems at home, school, and/or in their communities with inadequate supports and opportunities prior to offending (Barnert et al., 2015; Vidal et al., 2017). Those prior experiences, in addition to their detention experience, may affect their reentry trajectories during and post detention (Wolff, Baglivio, & Piquero, 2017). For instance, more than half of juveniles detained struggle with serious mental and/or behavioral health issues (Schubert, Mulvey, &

Glasheen, 2011; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010). Post release, juvenile offenders typically return to the same settings as pre-detention, which means exposure to the same risk factors. Post detention, many continue to suffer from significant trauma and mental health issues (Ford, Chapman, Hawke, & Albert, 2007), substance abuse, and health issues (Golzari, Hunt, & Anoshiravani, 2006). Into adulthood, juvenile offenders on average attain lower levels of education (Keith & McCray, 2002), are more likely to be unemployed, or, if employed, earn lower wages (Arditti & Parkman, 2011). Many also return to the adult criminal justice system, committing worse crimes, exacerbating the vicious and costly cycle of violence (Abrams, Terry, & Franke, 2011). An ecological-developmental approach can help inform interventions seeking to address and overcome such risk factors.

## **Evaluations of the Juvenile Reentry System Reform**

In recent years, researchers and policymakers have increasingly called for a more integrated collaborative approach to reentry that incorporates youth development practices into the reentry service system (Altschuler, 2011; Bilchik, 2010). This approach ensures continuity of care by implementing coordinated services, practices, and procedures across multiple partnering agencies and sectors, including community-based providers and multiple government agencies (e.g., health care, mental health, housing, transportation, social services, probation; Altschuler, 2011). Compared with more traditional punitive methods of detention and service, evidence suggests that therapeutic (Lipsey, 2009), restorative (Sherman & Strang, 2012), and developmentally appropriate interventions (Cauffman, 2012) can curb recidivism, improve youth lives, and ensure public safety. Alternative community-based settings have proven to be more effective than institutional settings in reducing recidivism (Butts & Evans, 2011). In addition, cognitive-behavioral interventions and treatment, as compared with criminal sanctions, have been identified as more successful approaches in reducing recidivism (Butts & Evans, 2011). Many jurisdictions continue to struggle with successfully implementing evidence-based practices across the system, in collaboration with many partners (Office of Justice Programs [OJP], 2002; Taxman, 2013); it is indeed a long and strenuous road to systems change.

Overall, few studies of integrated juvenile reentry programs exist. Though federal funding for evaluating reentry programs has grown, many are focused on the adult reentry system (Lattimore, Steffey, & Visher, 2010; Lindquist, Wilson, Rossman, Walters, & Lattimore, 2015; Visher, Lattimore, Barrick, & Tueller, 2017). Fewer studies have examined juvenile reentry initiatives. There is a dearth of research that systematically measures and documents system-level processes, protocols, and policies to consider why (Mears & Travis, 2004; Taxman, 2014). To the best of our knowledge, despite growing national significance, few peer-reviewed studies to date have documented implementation of specific reentry system processes. Out of the studies we found, family-focused juvenile reentry initiatives appeared to improve service outcomes and reduce recidivism (Early, Chapman, & Hand, 2013); individual, well-implemented aftercare reduced juvenile recidivism (James, Stams, Asscher,

De Roo, & van der Laan, 2013); and the evidence on whether or not mentoring helps improve juvenile reentry outcomes was mixed (Abrams, Mizel, Nguyen, & Shlonsky, 2014). The Serious and Violent Offender Reentry Initiative (SVORI) is one of the few evaluations of reentry programs that has thoroughly documented implementation challenges. A comprehensive evaluation of SVORI found no statistically significant differences between juvenile SVORI participants and non-SVORI juveniles for housing, employment, substance use, or recidivism outcomes (Lattimore & Visher, 2009). Implementation fidelity is essential for intervention success. Given that system-, organizational-, and service-level factors likely play an important role in determining youth outcomes through the continuum, including recidivism, it is critical to understand these practices and processes. More research is also needed to examine innovative collaborative models that seek to meet diverse and complex needs of young status offenders, including low-risk status offenders. We posit that process evaluations that examine implementation challenges, successes, and lessons learned are particularly relevant now, as collaborative juvenile reentry reform initiatives seek to expand.

## **Oakland (California)'s Juvenile Reentry System**

This article examines an innovative juvenile reentry system model that sought to successfully implement principles of youth development and evidence-based practices: Oakland, California's Second Chance juvenile reentry program. Initial indicators suggest that the Second Chance process is worth understanding and replicating given its positive impacts on youth outcomes. In Oakland, the proportion of Juvenile Justice Center (JJC) youth who were convicted of a new nonviolent offense in the first year post reentry was 75% before the Second Chance strategy, but only 6% after implementation began; for violent offenses, the proportion dropped from 25% to 1%. For the 18-month period post release, 60% of the JJC youth who received services had not reentered the criminal justice system (Jain, Cohen, & Bassey, 2013).

We share the results of a process evaluation that was conducted as a case study to help inform similar reentry reform efforts in other jurisdictions. We specifically share challenges, successes, and lessons learned during the 2 years of Second Chance Juvenile reentry initiative implementation in Oakland, California.

### *Alameda County Background*

Oakland has the highest amount of violence in the county, and community violence is concentrated in certain neighborhoods (Urban Strategies Council, 2013). More than 1,900 youth are released to the community from the Alameda County Juvenile Justice Center each year (Huskey & Associates, 2004).

Alameda County prioritized the implementation of a comprehensive, coordinated multidisciplinary juvenile justice reform, informed by youth development principles, in 2006, as part of a three-phase process (Alameda County Associated Community Action Program [ACAP], Alameda County Health Care Services Agency [ACHSA],

& Alameda County Probation Department [ACPD], 2010). In 2010, a system-wide juvenile reentry blueprint was developed to infuse positive developmental processes and outcomes across the juvenile justice system inclusive of reentry (ACAP et al., 2010). A comprehensive needs assessment informed the plan, in which youth surveyed identified tutoring, up-to-date textbooks, quality teachers, and classroom-like settings in juvenile hall as services that would make it easier to attend school upon reentry (ACAP et al., 2010). In addition, youth requested organized sports, job placement and other employment opportunities, counseling, mentoring, and job skills training, such as communication skills and resume help (ACAP et al., 2010). These needs are aligned with evidence-based techniques (Abrams et al., 2014; Lipsey, 2009) and positive youth development principles (Travis & Leech, 2014).

Second Chance provided a unique opportunity to build on existing public efforts in creating an innovative, coordinated system of care for juvenile reentry (ACAP et al., 2010). The Second Chance Act (National Reentry Resource Center, 2012), signed into law in 2008, funded a partnership between City of Oakland Human Services, Measure Y (Oakland Unite) Violence Prevention Services, ACHCSA, ACPD, Oakland Unified School District, and CBOs. Second Chance–Oakland provided a first-time opportunity for the City and major partners to examine its juvenile reentry system as the third phase of juvenile justice reform; it built upon significant investments of collaborating partners to create a dedicated Transition Center at the Juvenile Justice Center and a system for community reentry support for juvenile offenders. Second Chance–Oakland had four main goals: (a) to improve coordination and efficacy of reentry systems in Oakland, (b) to increase the number of youth and families receiving behavioral health services, (c) to ensure reentry youths' successful transition to schools and stable jobs, and (d) to increase positive youth development supports and outcomes for reentry youth (Jain et al., 2013).

The Second Chance Initiative provided services and supports to youth reentering Oakland post detention, and had several community-based strategies, including providing community-based coordinated case management from intake to reentry, coordinating multidisciplinary team meetings with case conferencing, reentry task force meetings, cross-systems trainings, legal assistance on data sharing, and data collection and evaluation.

### *The Oakland Juvenile Reentry Model*

*Prerelease.* Staff conduct a multidisciplinary assessment and stabilization for each juvenile in custody. This assessment is overseen by the probation department, which has primary responsibility for the individual, with participation from other sectors. The multidisciplinary intake assesses risks, needs, and assets, including mental health, medical health needs, health insurance, courts/probation data, and education (including individual education plans; ACAP et al., 2010). While in the juvenile justice center, youth receive intensive services that require multidisciplinary team planning; general services, such as school instruction and physical and mental health treatment; and prosocial or other recreational instruction.

The assessment informs the prerelease plan, the individual achievement plan, and the court order. The ACJJC Transition Center sought to create warm hand-offs to community partners to meet diverse youth needs, including housing, employment, education, health, and mental health (ACAP et al., 2010). The probation department conducted the multidisciplinary assessments, which informed the individual achievement plan and court-ordered community interventions; the health department oversaw medical care for detainees, made appropriate referrals to health care providers, and provided necessary medications and prescriptions for the transition. The county education department ensured that academic credits completed during detention were transferred to the assigned school prior to discharge, and reentry youth were assigned a case manager for additional support. Finally, social services agencies including child welfare and MediCal helped reentry youth enroll in and utilize necessary social services or public assistance programs for which they were eligible.

*Postrelease reentry.* As youth reentered their communities, multidisciplinary teams worked together to ensure services and supports were provided to the youth and their families, during the transition by connecting youth with resources in the community. The goal was to support youth at these transition points, when they were more vulnerable to fall through the cracks, to help prevent future recidivism (ACAP et al., 2010). At this stage, probation officers supervised and supported youth and their families through multidisciplinary treatment and a network of community resources. Medical and dental providers were assigned to youth to continue medical treatment. The school welcomed and supported the youth through their welcome circle and student support team. Finally, youth and families also had access to civil advocates who ensure their access to public assistance. This was the initiative's plan, but implementation fidelity varied in practice.

### **Study Aims**

Based on data collected from multiple sources, our study aims to describe the results of a process evaluation of Oakland's Second Chance Juvenile Reentry Initiative. In particular, we focus on identifying what successes and challenges emerged from implementation. We then discuss the implications of our findings for future practice and research.

### **Method**

The process evaluation of the Second Chance Juvenile Reentry Initiative in Oakland, Alameda County, included both quantitative and qualitative data. More than 750 youth were served through Second Chance funding, from January 2011 through December 2012. We report findings related to the system-level factors and processes that hindered or supported successful juvenile reentry. Our data collection approach was informed by an ecological-developmental perspective, in that we attempted to collect information from all the possible settings in which reentry youth may spend time and/

or interact. Primary data sources included the following: semistructured interviews with key stakeholders, focus groups, a reentry system partner survey, and document reviews (meeting minutes, site visit observations, federal reporting) gathered over the 2-year period. The evaluation team ensured that specific perspectives and voices of diverse partners (specifically, government [county and city] and CBOs) were captured through various methods.

### *Key Informant Interviews*

The main source of our qualitative data was 15 semistructured interviews with key stakeholders. The key informants were sampled purposively, in consultation with City of Oakland Second Chance staff, to represent key partners across the system, including government/county agencies as well as community-based partners. Specifically, stakeholders in leadership roles who had a system-wide perspective were interviewed. More than one informant per department was sampled if there was significant variation in their perspective, and to capture a range of perspectives. The stakeholders interviewed included the following: ACPD (2), City of Oakland Human Services Director (1), Alameda County Behavioral Health Care Services Department, including Guidance Clinic Staff (2), Public Health Nurse/Medical staff from JJC (1), JJC Transition Center staff (2), Oakland Unified School District (including the special needs unit) coordinating services at JJC (2), Alameda County Department of Education/School District (2), executive directors from two community-based provider organizations (2), and other (1). Although many others met our eligibility criteria, we were able to reach saturation with our sample of 15.

Respondents were asked about their vision for reentry youth; their perceptions of reentry youth needs, system-wide gaps/challenges, and strengths or opportunities; and specific areas for improvement. We also asked questions related to fidelity of implementation of systems change strategies including within the realm of Second Chance and evidence-based practices, such as how effective cross-sector collaboration is, to what extent multidisciplinary teams are being implemented, and to what extent multidisciplinary assessments are guiding individualized case planning. Participants were asked follow-up questions to clarify and explain their responses. Most interviews were conducted by phone (two were conducted in person) by two trained research assistants. All interviews were digitally recorded with participant's permission, and transcribed. Observation notes were written during and after the interviews. The interview tool is available upon request.

### *Focus Group With Community-Based Providers*

After conducting the interviews, to get a better understanding of community-based perspectives, we conducted a focus group. Focus group participants were representatives from the five CBOs funded by Second Chance monies, as well as other CBOs funded by Measure Y/Oakland Unite that were involved in the county reentry system. Capitalizing on the existing case conferring meetings held monthly, we conducted the focus group with 25 case managers from the CBOs at one of the monthly case

conferencing meeting. A notice was sent in advance, and most representatives were encouraged to attend. One or two CBOs brought an additional staff member to participate in the focus group. Questions were developed collaboratively between the external evaluators, the Second Chance coordinator, and City of Oakland staff. Two team members cofacilitated the focus group, which lasted about 2 hours. The focus group was recorded and transcribed, with permission, and notes were taken.

### *Document Reviews*

We reviewed meeting minutes from the Second Chance monthly planning meetings of the core group and the Second Chance cross-system executive committee's monthly meetings. We also reviewed reports submitted to the National Institute of Justice every 6 months that captured select outcomes, challenges, successes, lessons learned, and areas for improvement. The City of Oakland staff conducted annual site visits to each of the five participating CBOs. We reviewed their site visit reports, which included data around key set of indicators (measured through observations and open-ended questions) regarding challenges, strengths, and areas of improvement.

### *Juvenile Reentry System-Wide Survey*

We also used data from a survey of stakeholders from across the system. In summer 2012, a year after the interviews, we designed a system-wide stakeholder survey, informed by the existing literature and our own qualitative data collected described above. Several open-ended questions were intentionally included in the survey to gauge at specific functioning or suggestions for improvement of key dimensions (interagency collaboration and communication, multidisciplinary case planning, success of reentry youth). This survey also examined eight domains assessing current status of system-level structures and processes including the following: knowledge and use of evidenced-based practices, interagency collaboration and communication, collaborative case planning, use of multidisciplinary assessments, youth and family involvement, shared governance, and infrastructure/capacity building. Questions in this section of the survey typically had Likert-type ordered categorical response options (e.g., *strongly agree/agree/neither agree nor disagree/disagree/strongly disagree*). The final sample included 75 respondents with complete data, including probation officers, CBOs, mental health providers, medical professionals, and school officials. More information regarding the sampling approach, question text, and findings from the other questions in the survey are available elsewhere (Jain et al., 2013; Jain et al., in press).

### *Data Analysis*

The analysts used a thematic analytic approach, informed by a critical realist perspective (Braun & Clarke, 2006). Thematic analysis seeks to identify and report patterns or themes from the data—it is data-driven rather than theory- or phenomenon-driven; the



critical realist perspective means that we are driven by research participants' reported experiences and realities while also acknowledging the larger social context within which they exist (Braun & Clarke, 2006). All qualitative data were analyzed primarily by Jain and Bassey to examine themes under the overarching research question of "how did the implementation of Alameda County's juvenile reentry reform initiative go?" and coded accordingly to identify common themes and details along a set of evaluation questions of interest. The analysts read all data files with an eye toward finding any information that could help answer each of the research questions. To help reduce any potential bias, all themes identified and quotes used (either directly or paraphrased) were reviewed by other authors to ensure agreement before being added to the write-up of the findings. (We note that due to limited resources, there were not adequate funds for coding software or for double-coding all of the data; even though we had two people able to code, we had only enough funding for them to split the task between them.) The analysts triangulated across various data sources to identify cross-cutting themes and points of divergence. In particular, many of the questions asked in the semistructured interviews and focus groups were on similar topics and directly aligned with the evaluation research questions, and therefore offered direct opportunities for triangulation.

## Results

We organize our findings into overarching categories of implementation successes and challenges. Alameda County's juvenile reentry system successfully conducted comprehensive multidisciplinary assessments of youth needs, improved interagency collaboration, and created specialty collaborative courts. We also documented several challenges, including uncoordinated use of assessment data, uncoordinated case plans, and limited youth and family engagement. We also noted that although collaboration has improved, there can still be substantially more collaboration across stakeholders.

### *Juvenile Reentry System Successes*

*Comprehensive multidisciplinary assessments of youth needs.* The use of specific multidisciplinary assessments increased substantially, partly based on encouragement from top leaders who highly valued data and accountability. Alameda County successfully adapted and administered the multidisciplinary assessments across the system: at intake, during detention to inform service provision, at discharge as part of transition center, and then by CBOs post release. The assessment tools used were validated and reliable instruments shown to work well with this diverse population, including the MAYSI-2 (Massachusetts Youth Screening Instrument–2; Archer, Stredny, Mason, & Arnau, 2004), the YLS-CMI (Youth Level of Service-Case Management Inventory; Hoge & Andrews, 2011), a criminologic needs/risk assessment at intake, and a physical health assessment. Most staff within the juvenile justice system were trained and consistently used the tools to assess client needs. One stakeholder said, "We've made

big efforts to try and do better risk assessments on these youth when they walk in the door so that we are able to do more individualized planning.”

*Improved interagency collaboration.* In interviews, stakeholders reported that the Second Chance initiative enhanced interagency collaboration of partners across the system. Many stakeholders noticed an increase in collaboration between case managers, probation officers, and medical and mental health experts. In the cross-system partner survey, this commitment to collaboration showed that 70% of respondents agreed or strongly agreed that information sharing across medical, mental health, probation, school district, and case management is necessary to develop a coordinated case plan. As a result of larger group case reviews and regular planning meetings, more probation officers were collaborating.

In interviews and focus groups, participants noted that structured opportunities for collaboration, like the monthly case conferences, provided clear and unified goals. They also said that the multidisciplinary teams and “community navigator” positions appeared to be working well, and helped increase collaboration and coordination of services with partners around specific activities. Others reflected that collaboration is a dynamic process that requires ongoing commitment as well as meaningful opportunities to communicate and discuss possibilities.

Improved interagency collaboration had documented benefits for youth. For example, 98% of Oakland youth exiting the JJC were placed in a public school within 3 days; before the Second Chance initiative’s reforms, which included having a school district representative working at the transition center, it typically took more than 8 days. This also meant that by the second half of 2012, 86% of youth were enrolled in school or other education services, as compared with 24% in the first 6 months of Second Chance implementation.

*Creation of specialty collaborative courts.* Respondents mentioned that the creation of specialty courts and courts promoting community reintegration led to better communication between groups, including in promoting multidisciplinary case planning. The Alameda County Juvenile Collaborative Court (ACJC) was established in 2007 to support youth with mental health needs by connecting them and their families to individualized, community-based mental health services, educational opportunities, and other community supports. The ACJC Multidisciplinary Team is the core of this initiative: They meet regularly, determine eligibility for the ACJC, obtain consent from the youth and the family, identify needed services and supports, and develop and monitor the individualized service plan that sets goals for youth that are strength-based, family-centered, and culturally appropriate. As one respondent described, “ACJC focuses on early intervention, including connecting youth and their families with counseling, medication management, case management, school enrollment, and a civil legal services advocate as soon as possible after a youth is admitted to the ACJC.”

ACJC records indicate that it decreased the number of detentions (by 76%), the number of youth detained by 52%, the total number of detention days by 63%, and the number of new law violations by 68%. One stakeholder shared that “frontloading

appropriate services can make a big difference in helping a youth staying in the community and out of confinement.” Although the number of detentions and total number of detention days decreased, we note that youth cumulatively still spent more than 1,800 days in juvenile hall while participating in the Court, suggesting that there is still room for improvement. Areas of improvement include tracking outcome data, expanding the eligibility criteria to serve greater number of youth, and improving communication with and involvement of families.

### *Implementation Challenges and Gaps*

*Uncoordinated use of assessment data.* Although multidisciplinary assessments increased overall, there was variation in the types of tools used, including the secondary assessments conducted by specific service providers (for instance, housing, substance abuse, or medical/health). While using a diverse array of assessments can help provide a more comprehensive perspective on an individual, there were no clear policies for when to use which assessments. Assuming that there is a link between which assessments were conducted and the recommendations for care, this could inadvertently lead to different recommendations in care. For example, this may contribute to the decreases in mental health service utilization observed after youth leave the Juvenile Collaborative Court.

In addition, the use of the assessment data and sharing of information for coordinated case planning remained limited and inconsistent. It appeared that multidisciplinary assessments were being used to guide individualized case planning on a case-by-case basis. For example, multidisciplinary assessments and teams were fairly consistently used for youth involved in special education; however, there was limited information sharing throughout the continuum with all partners due to confidentiality and legal issues. The National Center for Youth Law (NCYL) trained some staff in confidentiality issues and memoranda of understanding, but some respondents wanted trainings to be expanded and communicated to all partners, including CBOs.

*Uncoordinated case plans.* County- and community-based providers across the system reported that partners had multiple agendas, interests, principles, and practices, which resulted in multiple case managers from different systems, multiple case planners throughout the continuum, and varied expectations of youth and their families. This often meant that youth were not systematically tracked from intake to detention to reentry across systems, which meant that services were not consistently aligned with individualized needs.

Stakeholders offered several insights about the value of and depth of coordinated case planning; much of it seemed to align with motivational interviewing and the cognitive-behavioral approach (e.g., relationship-based). One stakeholder explained, “A case plan is a living, breathing document, not just this one-time list of things,” and another emphasized that “it’s one thing to find a program or school for a student and it’s another thing to help them be successful in it!” A third cautioned, “plans involve meeting with the parents and families, making sure they understand the difficulty that

youth will face outside of the hall after a long detainment, and being clear about their role in providing positive supports.”

Many stakeholders perceived the implementation of multidisciplinary teams at discharge as inconsistent, with many reporting in the partner survey that they shared and received information from these assessments with other service providers once a year or less. Several felt that they did not think enough attention had been paid to using the assessments to better: coordinate client-centered service planning and delivery, ensure accountability, and ensure everyone involved followed the individualized plan. Some stakeholders indicated that, though helpful, the multidisciplinary assessments have not done enough to involve the youth and their family in the planning in the courts.

*Limited youth and family engagement.* We encourage future researchers to focus on investigating the role of family engagement. Staff from CBOs and county departments of probation, mental health, and education mentioned that family engagement continued to be low, in part because parents struggle to navigate the complex system. One provider noted, “I don’t think we deal very well with sort of the broader picture of how the family fits in.”

There was a low availability of translators and individuals who could communicate with youth and their families in a culturally responsive way, especially for underrepresented populations like some specific dialects and/or less common Southeast Asian languages. There continued to be a shortage of staffing and funding resources, which made probation officers’ caseloads overwhelming and provided little time to dig deeper with youth. For example, they reported having limited information on the unique risks, and resources available to each youth, all of which would be useful for informing assets-based planning for positive youth development for reentry.

Involving families in youths’ development and transition back to the community was challenging. Some stakeholders felt that there was low parental involvement in classes offered, sharing that involvement should be made mandatory for parents to attend; others felt that low involvement might have been due to parents’ perception of parenting classes. Some mentioned limited parental and youth involvement in obtaining their feedback on services received and the system overall. There was interest in effectively engaging youth and their parents in assessment, evaluation, and decision-making at the system and service levels. This is an important strategy, if the justice system is to align with youth development principles and practices toward a youth- and family-driven system of care.

*Room for increased collaboration across stakeholders.* Interview and survey participants repeatedly mentioned that there were competing interests between departments, “though we all work for the same county, many people in leadership positions are bound by their way of doing things.” There was also a lack of communication between providers and partners, and a lack of mutual trust between the County Probation department and CBOs. Explicitly addressing ways to build greater trust and respect across individuals and partners might help increase collaboration.

## Discussion

We found that the Alameda County Juvenile Justice System has been successfully reforming over the last decade, aligning with the principles of youth development and other evidence-based practices toward a more integrated community-based collaborative system. Overall, notable system strengths included (a) increasing multidisciplinary assessments of complex youth needs using validated and reliable tools, (b) increasing interagency collaboration across diverse government and community-based partners, and (c) creating Specialty Courts (NCYL, 2011). However, differing organizational cultures and agendas created barriers to collaboration, and stakeholders outside of agencies (e.g., family members) had limited involvement in the reentry process. There were also limited capacity and insufficient resources to meet programmatic needs, including the knowledge and use of evidence-based practices.

Ecological-developmental theory emphasizes the importance of acknowledging intersections between different settings that affect youth outcomes (Bronfenbrenner, 1979), and experts recommend that innovative collaborative juvenile reentry systems integrate services with mental health, medical, probation, education, and CBOs toward the goal of social justice (Maschi, Hatcher, Schwalbe, & Rosato, 2008). However, systems change is complex and can take many years to fully realize (Aarons, Hurlburt, & Horwitz, 2011). Various departments and government agencies can have significantly differing cultures, languages, assessments, and practices in place, creating silos and a fragmented system of care (Stiffman et al., 2010). Alameda County reentry system stakeholders have increased communication, coordination of services, and collaboration across various agencies and sectors, and they have also successfully implemented many promising processes and practices (e.g., multidisciplinary assessments). They have accomplished these outcomes by creating structured opportunities for networking, trainings, and collaboration and encouraging provider and community-based organizational voice. The next step would be to promote a shared vision, shared protocols and procedures, shared data systems, and shared governance through codifying protocols and procedures. Data review and sharing have helped reduce disproportionate minority contact elsewhere (Cabaniss, Frabutt, Kendrick, & Arbuckle, 2007), so this will be particularly important for future improvement.

### *Directions for Future Practice*

In many public sector settings, there can be power imbalances at the system level between government departments and CBO partners (Milbourne & Cushman, 2012). In Second Chance, government departments help fund the CBOs and therefore hold them accountable to specific performance measures, which can exacerbate existing imbalances. To best serve the needs of reentry youth, local government and CBO partners must identify and refine their complementary strengths. We encourage leaders to create a culture in which equal participation is encouraged, community-based providers and services are highly valued, and government agencies at all levels of staffing shift toward building closer relationships with CBOs that meet the critical needs of

youth post release. As in early childhood mental health (Brashears, Davis, & Katz-Leavy, 2012; Foster-Fishman & Watson, 2012), partnerships between government agencies and government–community partnerships that promote coordinated case plans across the continuum are critical for ensuring that mental health, health, and recreational services are seamlessly provided to youth and their families.

Building working partnerships across agencies helps successfully meet the diverse needs of reentry youth. It is crucial for the County Probation Department to work with the County Departments of Health and Education, as well as CBOs. Stakeholders also recognized that for shared governance to be successfully implemented, top leadership must support the endeavor. Oakland has successfully partnered with and built upon an existing network of skilled community-based providers that meet the multitude of diverse needs of reentry youth and often work in partnership with youth and their families to do so. They have their own assessment protocols in place, and provide an array of need-based services and case management. Others have recommended cultural humility (Tervalon & Murray-Garcia, 1998), and these community-based providers are experts in serving ethnically diverse youth populations and their families. Having a shared vision is necessary, but not sufficient, to have an integrated collaborative system of care; there must be structured opportunities for communication, service coordination, and collaboration, including through shared assessment tools, data systems, protocols, and practices. Cross-systems trainings can be useful to create a shared language and build a common understanding. Organizational coaching is another possible tool.

Second, family and youth involvement in case planning and treatment is critical (Altschuler, 2011). Youth and families should be more engaged in all aspects of the system, from initial assessment to service delivery. If family instability or parental substance abuse treatment are high needs, then building relationships with the Department of Housing or community-based providers that provide substance abuse counseling ought to be a priority. Funding is usually limited to serve at-risk youth; however, if we take a more ecological-developmental perspective, then factors in the youth's environment that are consistent across their life course (e.g., family functioning) and play a critical role in shaping trajectories of delinquency or desistance should be supported. Additional funding and resources should be intentionally sought and secured to address family needs, perhaps by harnessing emerging models of family strengthening and engagement (Early et al., 2013; Trupin, Kerns, Walker, DeRobertis, & Stewart, 2011).

Third, data sharing and aligning services with needs are critical as part of a data-driven approach to programming. We acknowledge that there are many barriers to sharing data within the public sector, including practical (e.g., data not being stored in an easily accessible way, including being decentralized), political (e.g., not trusting other agencies enough to share data), and legal (e.g., maintaining confidentiality) reasons (Conradie & Choenni, 2014; van Panhuis et al., 2014). Nevertheless, it remains important. Comprehensive risk–need assessments, conducted using validated and reliable instruments and adapted as needed to the ethnically and culturally diverse county population, should be shared across sectors and used to inform services, and case plans

should be coordinated across providers to be as individualized for each youth as possible. Others have found that this type of individualized approach can reduce juvenile recidivism (Calleja, Dadah, Fisher, & Fernandez, 2016). This includes ensuring that youth's basic needs (e.g., health care, mental health, housing) are all met. Finally, per the ecological-developmental perspective, we need to start approaching juvenile justice as a public health issue and focus on prevention and early intervention with children in elementary and middle schools, by using more school- and community-based restorative approaches that involve and strengthen families to support their youth. Assessing and building on strengths and assets of each young person and their families can help improve juvenile reentry systems.

### *Directions for Future Research*

In line with the ecological-developmental perspective (Bronfenbrenner, 1979), we encourage future researchers to evaluate local juvenile reentry systems in ways that capture the nuances of implementation, including system-, organizational-, and service-level components that reciprocally and collectively influence the process from intake to reintegration. At the youth level, we encourage researchers to measure trajectories of reentry youth across the life course (from childhood to adolescence and young adulthood) to identify system-level protective factors that help prevent recidivism and are on the pathway toward resilience and positive youth development, as others have done for youth exposed to community violence (Jain & Cohen, 2013). Building on these findings and others, we recommend more systematically measuring youth-specific ecological factors at the system-level, community-level, and family-level that may influence recidivism, as well as measuring more diverse reentry outcomes (e.g., social-emotional, academic and positive youth developmental outcomes; Cauffman & Steinberg, 2012).

### **Conclusion**

Our research suggests that partnerships, family involvement, and data sharing across agencies are important for creating a collaborative and effective juvenile reentry system, and may also help reduce disproportionate minority contact (Cabaniss et al., 2007). Others, including youth themselves (Shanahan, 2010), have emphasized the significance of family involvement in the lives of juvenile reentry youth (Panuccio, Christian, Martinez, & Sullivan, 2012). Yet, a Center for Juvenile Justice Reform (CJJR) Survey of Juvenile Justice Probation and Correctional Leaders listed family involvement as one of the three most important, yet difficult to address, operational issues facing agencies involved in the juvenile justice system (CJJR, 2008). Interagency collaboration and partnerships between various agencies within the juvenile justice system can also increase access to important services for youth receiving services from multiple agencies (Chuang & Wells, 2010).

Our findings from juvenile justice reform in a metropolitan county have implications for other systems-level initiatives serving at-risk youth in detention and beyond,

as well as other system of care communities that are working across system and promoting government–community collaborations more generally. We encourage researchers and practitioners to document diverse stakeholders’ perspectives in systems within which they are involved to assess the quality of cross-sector and government–community–family relationships and collaborations.

### Authors’ Note

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