



RESEARCH REPORT

An Interim Process Evaluation of Oakland's Measure Z–Funded Services

**The Department of Violence Prevention's Response to Gender-Based Violence,
July 2022 to June 2024**

Ashlin Oglesby-Neal
URBAN INSTITUTE

Sam Tecotzky
URBAN INSTITUTE

Malore Dusenbery
URBAN INSTITUTE

Jesse Jannetta
URBAN INSTITUTE

Rania Ahmed
URBAN STRATEGIES
COUNCIL

Maya Salcido White
URBAN STRATEGIES
COUNCIL

Ashley Cajina
URBAN STRATEGIES
COUNCIL

December 2024





ABOUT THE URBAN INSTITUTE

The Urban Institute is a nonprofit research organization that provides data and evidence to help advance upward mobility and equity. We are a trusted source for changemakers who seek to strengthen decisionmaking, create inclusive economic growth, and improve the well-being of families and communities. For more than 50 years, Urban has delivered facts that inspire solutions—and this remains our charge today.

Contents

Acknowledgments	v
Executive Summary	vi
Service Usage Findings	vi
Service Implementation Findings	vii
Methodology	vii
Recommendations	viii
Practice Recommendations	viii
Data Recommendations	ix
Evaluation Next Steps	x
Introduction	1
Recent Trends in Gender-Based Violence in Oakland	2
About the DVP's Gender-Based-Violence Strategy	6
Previous Evaluation Findings	8
Urban's Evaluation: Overview and Methodology	9
Qualitative Data Collection	10
Administrative Data Sources and Analysis	11
Limitations	11
Gender-Based-Violence Response Descriptive Analysis	13
Activity of Specific Services	15
Bedside Advocacy	15
Emergency Shelter and Transitional Housing	15
Employment Support	16
Legal Advocacy	16
Life Coaching	16
Safe Space Alternatives	17
Therapeutic Support	18
GBV Process Evaluation Findings	19
Client Characteristics and Needs	19
Program Structure and Coordination	19
Intended and Tracked Client Outcomes	20
Program Effectiveness	21
Facilitators and Challenges	22
Implications and Recommendations	24
Perceptions of Service Recipients	25

Participant Successes	25
Challenges Experienced by Participants	25
Conclusion	27
Recommendations	27
Practice Recommendations	27
Data Recommendations	29
Evaluation Next Steps	30
Appendix	31
Consent Rates	31
Notes	32
About the Authors	33
Statement of Independence	35

Acknowledgments

This report was funded by the City of Oakland. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

We appreciate the collaboration and data sharing of the Oakland Department of Violence Prevention and the Oakland Police Department. We are thankful for the input and feedback of the Measure Z Evaluation Community Advisory Board and the Public Safety and Services Violence Prevention Oversight Commission. We appreciate the participation of the community-based organizations who provide services to respond to and prevent violence. We are also grateful for the participation of and insights provided by people who received services.

Executive Summary

This interim evaluation report presents findings regarding the Oakland Department of Violence Prevention's (DVP's) gender-based-violence (GBV) strategy. The GBV strategy is designed to support victims of commercial sexual exploitation and those affected by all forms of intimate partner violence. Services in this area include a 24-hour hotline, bedside advocacy, emergency shelter, transitional housing, employment support, legal advocacy, life coaching, safe spaces, and therapeutic support. The GBV strategy works closely with individuals to address both immediate and long-term needs while setting life goals that promote personal healing and safe living environments.

Service Usage Findings

GBV service providers funded through Measure Z reached more than 2,600 people through direct interventions, made nearly 4,000 client referrals to additional services outside of the DVP's network, and hosted nearly 1,000 community and group events to promote healing and well-being. More specifically, from July 2022 through June 2024:

- 425 people received transitional housing and emergency shelter services. Of those with recorded housing types, 257 received emergency shelter services, while 52 received permanent housing, 43 received transitional housing, and 17 received a hotel voucher.
- Thousands of people make use of the twenty-four hour hotline resource, with the Family Violence Law Center receiving around 2,000 hotline calls annually.
- There were 344 recorded bedside advocacy visits. A safety plan was developed in 67 percent of visits and a referral was made in 22 percent of visits.
- 240 people received employment support services. Seventy participants were employed, with 75 total employment starts recorded (some started more than one job), most commonly a subsidized work experience (41 percent), but also including permanent nonsubsidized job placements (19 percent), pre-apprenticeships (16 percent), and apprenticeships (11 percent).
- Legal advocacy was the largest service in the GBV strategy, with 1,188 people served. Of those with recorded individual services, the average person received 12 legal assistance or legal representation meetings and was engaged in legal advocacy services for 71 days.

- 64 people participated in GBV life coaching. Of those with recorded goals, the most frequent goals that they set were related to education, employment, and family.
- GBV providers held 480 healing/support group events, with an average attendance of 23 people per event. Additionally, there were 34 men's groups, 28 healing/restorative events, 18 community-building events, and 17 family workshops.

Service Implementation Findings

Overall, clients were satisfied with the services they received, and many successfully completed personal goals they set in consultation with service providers. Clients we interviewed were satisfied with the scope and reach of the services they requested and were appreciative of providers' availability and dedication to the work. Participants also spoke to the benefits of the DVP's network and the relationships they built while seeking out support. Clients did report struggling with several challenges related to service access or resource use, such as landlords not accepting housing vouchers, restrictive shelter requirements, and support services not lasting long enough.

Providers were similarly supportive and complimentary of the services they offered, with many expressing pride in their work and satisfaction in seeing clients complete their goals and overcome challenges. They highlighted the varied needs of their clients, and that these diverse and complex needs required tailored approaches that account for client experiences, such as coming from foster homes, being an LGBTQ young person, having various immigration statuses, or being a parent. Providers also spoke about how they continue to face challenges in reaching vulnerable populations, especially people who are understandably hesitant to seek out care and support. Providers noted the importance of being dynamic in order to overcome barriers to service provision. To overcome these barriers, providers highlighted the importance of Measure Z funding for improving internal operations, conducting client outreach, and increasing the diversity of services offered and the number of clients who can be served. Providers also stressed the need to boost staff recruitment and retention.

Methodology

The evaluation relied on multiple data sources and data collection methods. Using data collected through the DVP's Apricot data-management system, we quantified the extent of services provided under the GBV strategies, including the number of clients served, the types of services people

received, the frequency and reach of GBV group events and activities, and the reach of the DVP's referral network. We also conducted interviews with service providers and people who received services. In the next year, we look forward to updating our analyses and findings in a forthcoming final report and encourage readers to consider how the DVP's GBV strategy complements the overall violence-reduction approach enabled by Measure Z funding. The final report will include updated data on GBV activities and feedback collected from additional client interviews.

Recommendations

Through the evaluation, we identified several potential ways to improve service provision and data collection.

Practice Recommendations

Create forums for coordination and communication across services. One of the notable strengths of the DVP service continuum is the degree of referral relationships between different providers. Coordination and communication across services and specialties is appreciated where it is happening, but how much it is happening varies. Many interviewees reported spending substantial time establishing and maintaining relationships needed to meet service participants' needs, and more formalized coordination might make this aspect of their work easier and allow them to dedicate more resources to formally providing services. Regular coordination might also help providers address emerging trends related to patterns of violence or participants' needs.

Deliver more cross-training for staff at different organizations. Relatedly, many providers appreciated the opportunities they had to attend trainings with peers from other organizations and specialties and felt the increased mutual understanding from those engagements supported better operational collaboration in the field. More opportunities for cross-provider collaboration and training would increase providers' ability to share lessons learned and expand their networks.

Focus on enhancing housing and mental health service options. The gaps in options to meet service participants' needs related to housing and mental health services came up repeatedly in interviews with providers. While these are difficult and long-standing issues, it is important to raise them here because they were consistently described as barriers to effective assistance for service participants.

Assist providers with building their capacity. Community-based service providers who received DVP funding would like more assistance with building capacity from the DVP and from the City of Oakland generally. For example, the DVP could find ways to increase staffing and staff capacity to mitigate challenges from staff turnover and vacancies. Several providers described how more resources to promote staff wellness might alleviate burnout and turnover. DVP could also make the yearly grant process easier for grantees, who are often managing reporting requirements from multiple grants from multiple sources. The City could also help identify additional funding sources for providers who are addressing complex needs and finding that the resources they have available, while needed and appreciated, are insufficient to meet the overwhelming needs of people receiving Measure Z–funded services. Additionally, several providers recommended that DVP help spread awareness about the services available.

Data Recommendations

The City of Oakland and the DVP may want to revisit the process through which participants consent to their data being shared for evaluation purposes, to determine whether that process can continue to deliver necessary privacy protections while better supporting analysis of the impact of DVP-funded services. The current process and resulting levels of consent (20 percent of GBV service participants) significantly limit the ability to connect service engagement and outcomes beyond a small and potentially unrepresentative subset of participants. The DVP should explore how providers can overcome barriers to gaining participants' consent while maintaining that sharing data is voluntary.

Encourage providers to complete and update the forms in the Apricot data system more regularly and comprehensively, which will allow for a better understanding of participants' needs and levels of engagement with programming. For example, the participant and enrollment forms capture important information about participants' education, housing, families, referral sources, and exposure to violence, but many fields are not completed. Related to updating the forms, exit dates and reasons for exiting the program are missing for many participants, making it difficult to measure completion rates or how long people participate in the programs.

Improve the integration of forms across the Apricot data system. Apricot is a comprehensive system with many forms specific to the variety of services funded by Measure Z. Some forms are based on the specific service provided but are not linkable back to participants, making analysis of service engagement more difficult.

Consider how Apricot could become a useful resource for providers. Many providers maintain their own separate databases and may not use Apricot for day-to-day case management or tracking participants over time. Considering the breadth of the DVP network and the level of referrals across organizations, Apricot could become a useful resource as data tracking becomes more accurate and comprehensive over time.

Evaluation Next Steps

The next steps for Urban's evaluation related to the GBV services funded through Measure Z are as follows:

- We will collaborate further with the community-based organizations that provide the GBV services to understand how they are implementing the services through additional outreach and interviews.
- We will continue inviting people who have received GBV services to participate in interviews to better understand their experiences with the services and recommendations for improving them.
- We will extend the quantitative data analysis of GBV services and levels of gender-based violence through the end of 2024 and through early 2025.

Introduction

For decades, the city of Oakland has grappled with gun and gender-based violence, and for decades it has responded by making extensive investments in building capacity and mobilizing expertise to respond to and prevent violence. This interim evaluation report presents findings and insights regarding the work supported and the outcomes realized by one form of that investment: funding provided to the Oakland Department of Violence Prevention (DVP) to respond to gender-based violence (GBV) through the Public Safety and Services Violence Prevention Act, popularly known as Measure Z (box 1). Most of this funding passed through the DVP to support violence prevention and intervention work done by a large network of community-based organizations in Oakland, bolstering a wide array of components in Oakland's broader violence-reduction ecosystem.

BOX 1

Measure Z and the Department of Violence Prevention

In 2014, Oakland voters passed Measure Z, the Public Safety and Services Violence Prevention Act. Measure Z built on lessons from the earlier Measure Y, the Violence Prevention and Public Safety Act of 2004. Measure Z provides approximately \$27 million in funding annually, with \$2 million designated for improving fire-response services, about \$15 million for violence-reduction efforts within the Oakland Police Department, and roughly \$10 million for violence prevention and intervention programs overseen, and in some cases directly provided, by the Department of Violence Prevention (DVP). Measure Z-funded DVP activities are grouped into four strategy areas: group violence response, gender-based-violence response, community healing and restoration, and school violence intervention and prevention (VIP) teams that embed the other three strategy areas in select Oakland schools.

Established in 2017, the DVP has a mandate to reduce gun violence, intimate partner violence, and commercial sexual exploitation. Before the DVP was established, the community-led components of the City of Oakland's violence-reduction work were housed in Oakland Unite. Oakland Unite was a division of the City's human services department, and the DVP absorbed its functions and staff were automatically transferred from Oakland Unite to the DVP. The roles and responsibilities of Oakland Unite were fully assumed by the DVP in 2020, and the DVP also took on new functions.

Source: *Department of Violence Prevention Strategic Spending Plan, 22-24* (City of Oakland, Department of Violence Prevention, 2021).

This evaluation work examining the response to gender-based violence is part of a larger process and impact evaluation of Measure Z–funded initiatives undertaken by the Urban Institute in partnership with Urban Strategies Council over a three-year period from July 2022 to June 2025. In this report, we focus on the activities implemented to respond to GBV. We begin by situating this evaluation in the context of Oakland’s levels of gender-based violence and previous evaluations. We then describe the data and methodology, followed by the findings of the current evaluation. We conclude with recommendations derived from our evaluation to date.

Recent Trends in Gender-Based Violence in Oakland

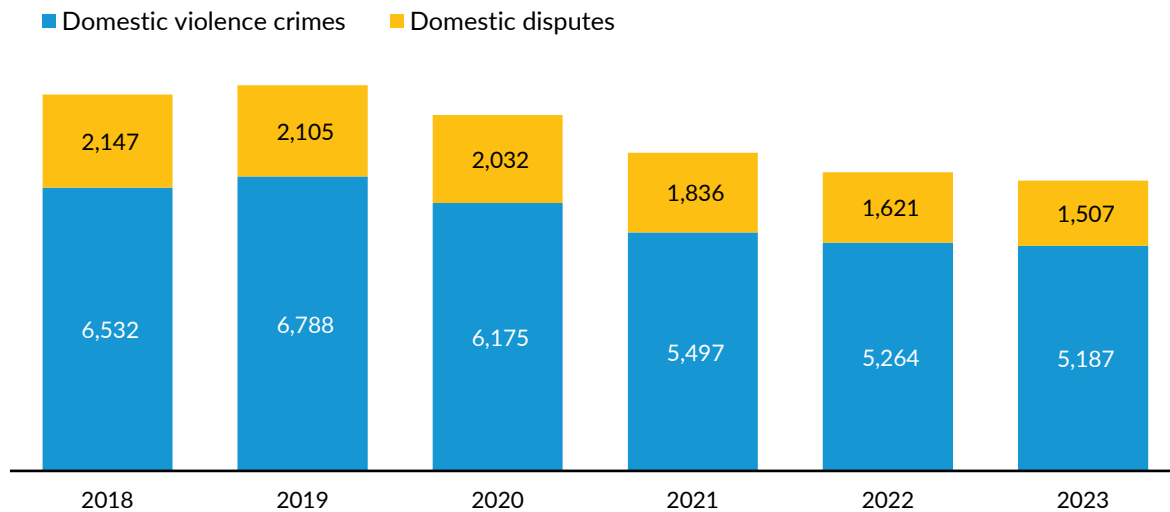
Gender-based violence refers to physical, sexual, and psychological harm and abuse perpetrated against a person based on their sex, gender identity, or sexual orientation. It commonly includes multiple types of violence, particularly against women, such as domestic violence (DV), rape and sexual abuse, trafficking, and commercial sexual exploitation. In this section, we describe recent trends in multiple types of gender-based violence in Oakland.

Since 2019, annual DV crimes, which include battery or injury of a spouse or cohabitant and violation of a DV protection order, have declined (figure 1). It is important to note that domestic violence is often underreported, and several service providers reported in conversations with the evaluation team and in their annual reports increases in survivors served in recent years, which could indicate heightened needs stemming from the COVID-19 pandemic. Although trends in domestic violence differ across data sources and measures, it is evident that many Oakland residents are affected by this type of violence.

FIGURE 1

Reported Domestic Violence Crimes and Disputes Have Declined Slightly in Oakland Since 2020

Annual domestic violence crimes and domestic disputes reported in Oakland, California, 2018–2023



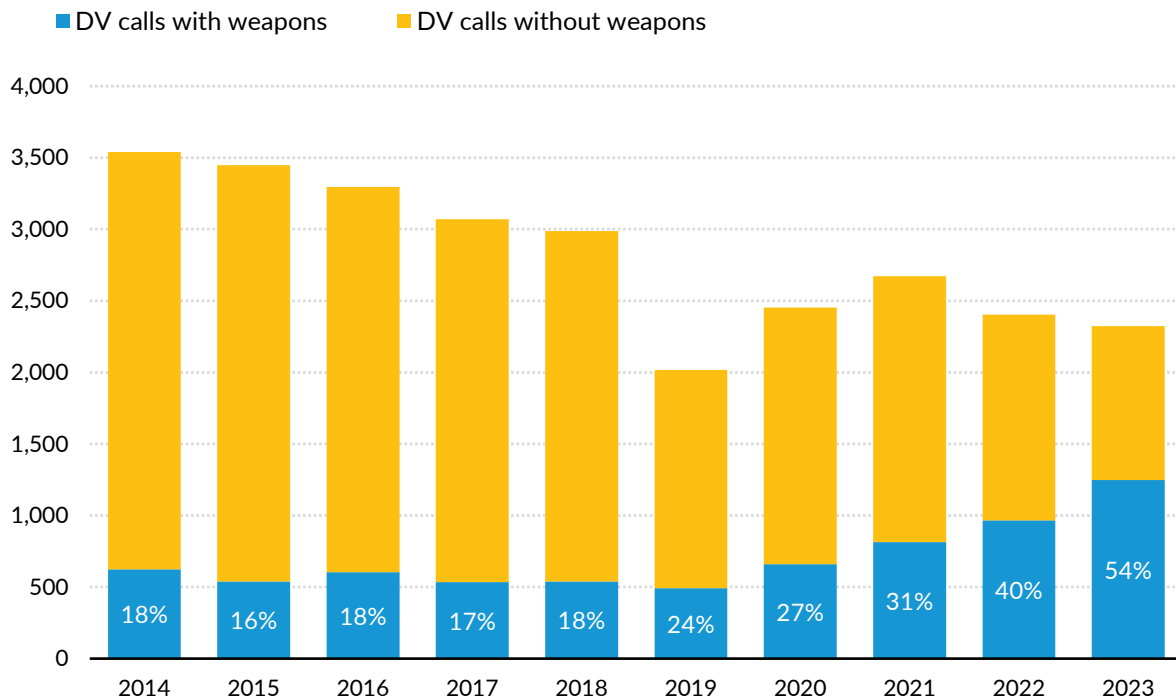
Source: Urban Institute analysis of crime and incident report data provided by the Oakland Police Department.

Notes: Domestic violence crimes include committing battery against a spouse/ex-spouse/date, inflicting corporal injury on a spouse/cohabitant/date, and violating a court order to prevent domestic violence. Domestic disputes refer to reports taken by the Oakland Police Department for incidents of domestic disputes that did not constitute crimes.

We also examined the number of calls for service regarding DV, and although total DV calls decreased in recent years, DV calls for acts involving a weapon and for acts involving the use of a firearm specifically increased (figure 2). That is, a larger share of DV calls included reports of a weapon. In other words, numbers of DV calls made to 911 and reported to the Oakland Police Department (OPD) have decreased in recent years, but the calls have become more serious. In interviews, several service providers spoke to the intersection of gender-based violence with other types of violence and to the disturbing prevalence of the use of guns and other weapons in instances of gender-based violence.

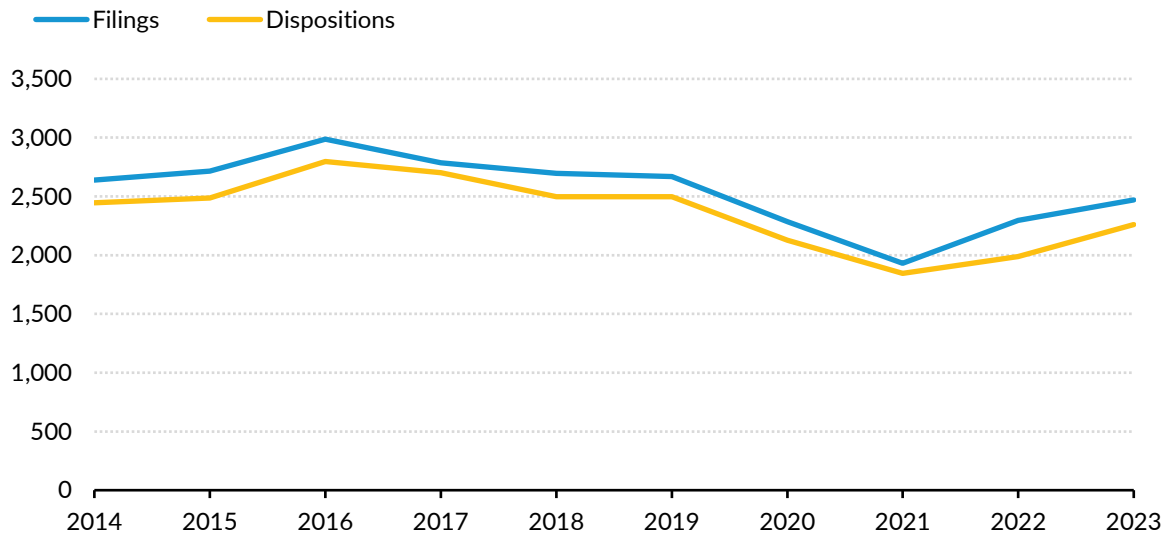
FIGURE 2

The Share of 911 Calls for Domestic Violence Involving Reports of Weapons in Oakland, 2014–2023



Source: California Department of Justice Open Justice Data Portal, accessed September 5, 2024, <https://openjustice.doj.ca.gov/data>.

The California Department of Justice tracks overall county-level metrics on family-court restraining orders and restraining orders related to the use or presence of a firearm. The presence of firearms is a critical risk factor in the potential lethality of intimate partner violence. Though yearly family-court restraining-order filings and dispositions have remained relatively steady (figure 3), emergency and temporary gun-violence restraining orders have significantly increased in recent years, with 47 in 2022 and 138 in 2023. The available data on gender-based violence show a complicated trend in which the numbers of calls for service and reported crimes have declined in recent years while the presence of weapons has increased.

FIGURE 3**Family-Court Restraining-Order Filings and Dispositions in Alameda County, California, 2014–2023**

Source: California Courts CSR Dashboards, accessed September 5, 2024, <https://www.courts.ca.gov/dashboard.htm>.

Note: Family-court restraining-order counts are based on California Courts counts of requests for domestic-violence restraining orders (form DV 100) seeking protection under the Domestic Violence Protection Act (Fam. Code, § 6200).

Data are much harder to come by for another focus of the DVP's gender-based-violence strategies: commercial sexual exploitation. Commercial sexual exploitation is generally understood to encompass “a range of crimes and activities involving the sexual abuse or exploitation of [individuals] for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.”¹ Though data on the scope of commercial sexual exploitation activities in the United States are notoriously sparse and such activities are underreported, the National Human Trafficking Hotline tracks the number of annual signals (phone calls, texts, online chats, emails, and online tip reports) it has with victims and survivors of commercial sexual exploitation and recorded 7,380 such signals received in 2023.² According to the International Labor Organization, some 4.8 million people are considered victims of commercial sexual exploitation at any given time worldwide.³ While many incidents of sex trafficking are never reported or investigated, the limited data available on suspected sex trafficking investigations reveals that the vast majority of victims identify as female and that approximately half are younger than 18.⁴

Though there are limited city-level data, Oakland is a known hub for commercial sexual exploitation, with specific hot spots notorious for high rates of sex trafficking. As a result, efforts to reduce the incidence of commercial sexual exploitation in and around Oakland are under way, including joint operations between the FBI and local law enforcement to identify and locate victims

and survivors and interdict predatory and exploitative relationships.⁵ Services that the DVP offers in its gender-based-violence strategy that directly aid victims of commercial sexual exploitation include therapeutic support, emergency shelter, and legal advocacy.

About the DVP's Gender-Based-Violence Strategy

Services funded within the GBV strategy are intended for individuals impacted by intimate partner violence and commercial sexual exploitation. The goals of the comprehensive GBV activities are to increase access to resources, support immediate safety and longer-term well-being, and promote healing from trauma. Services in this area include the following:

- **Bedside advocacy and accompaniment:** Bedside advocates visit survivors of gender-based violence who are in crisis to support them in navigating systems and accessing helpful resources. The advocate makes warm hand-off referrals to services whenever possible.
- **Emergency shelter:** Emergency shelter services provide survivors of gender-based violence with safe, temporary housing through shelter beds, hotel vouchers, or financial support for safe housing. Service providers also provide general case management to survivors who are accessing emergency shelter.
- **Employment:** Employment services include pre-employment training, paid work experience, and job placement services for survivors of gender-based violence in Oakland. Funded organizations also provide general employment case management services to support individuals in securing and retaining employment. Employment services under the GBV strategy are provided by Building Opportunities for Self Sufficiency, with additional services subcontracted.
- **Twenty-four-hour hotlines:** The hotlines provide 24/7/365 access to counseling and support as well as connection to referral partners for immediate safety and longer-term support. The Family Violence Law Center alone receives around 2,000 hotline calls annually.
- **Legal advocacy:** Legal services for survivors of intimate partner violence include legal advice and counseling, preparation of legal paperwork, preparation and filing of temporary restraining orders and orders of protection, and full representation at court hearings. Legal services for survivors of commercial sexual exploitation can include legal representation in court and services related to immigration.

- **Life coaching:** Gender-based-violence life coaching services support individuals who have experienced commercial sexual exploitation with identifying and completing goals that reduce their risk for future victimization. Life coaches support clients with system navigation, service referrals, socioemotional skill development, and strengthening family ties. Life coaches have frequent contact with their participants and use financial incentives to encourage positive behavior change.
- **Safe space alternatives:** Safe space alternatives provide a physical space where young people who have experienced commercial sexual exploitation, LGBTQ+ young people, and gender-nonconforming young people can access food, hygiene products, support groups, a place to rest, and other helpful resources.
- **Therapeutic support:** Therapeutic support services provide individual clinical therapy, support groups, and culturally rooted healing practices to survivors of gender-based violence.
- **Transitional housing:** Transitional housing services support survivors of gender-based violence in accessing up to 18 months of safe temporary housing and subsequently securing permanent housing.

From July 2022 to June 2024, nine community-based organizations received the contracts for the GBV activities and subcontracted another seven organizations. Altogether, these organizations received over \$8 million to implement the slate of services to support people affected by GBV. Table 1 lists the providers and total funding amount for each activity within the GBV strategy.

TABLE 1

The Oakland Department of Violence Prevention's Strategy Areas and Activities Funded by Measure Z, July 2022–June 2024

Activity	Providers	Budget amount 2022–24
24-hour hotlines	Family Violence Law Center, Bay Area Women Against Rape*	\$900,000
Bedside advocacy	Family Violence Law Center, Ruby's Place, Survivors Healing, Advising, and Dedicated to Empowerment*	\$1,125,000
Emergency shelter	Covenant House California, Family Violence Law Center, Sister-to-Sister, Bay Area Women Against Rape*	\$1,800,000
Transitional housing	Building Opportunities for Self-Sufficiency	\$675,000
Life coaching	East Bay Asian Youth Center	\$562,500
Legal advocacy	Family Violence Law Center	\$1,462,500
Therapeutic support	Building Opportunities for Self-Sufficiency, Family Violence Law Center, Oakland Unified School District	\$1,800,000
Employment	Building Opportunities for Self-Sufficiency, Survivors Healing, Advising, and Dedicated to Empowerment*, Love Never Fails*, and Realized Potential*	\$787,500

Activity	Providers	Budget amount 2022–24
Safe space alternatives	Oakland LGBTQ Community Center, Young Women's Freedom Center	\$787,500
Total:		\$8,376,000

Source: Information on funding by activity from July 1, 2022, through September 30, 2024, provided by the Department of Violence Prevention.

Note: * indicates organization providing additional services via subcontract.

Previous Evaluation Findings

The phase of the Measure Z evaluation covered in this report follows and builds on previous evaluation work led by Mathematica, which we summarize here. Mathematica's Measure Z evaluation work covered the implementation and impacts of Oakland Unite's strategy areas from 2016 to 2020.

COMMERCIAL SEXUAL EXPLOITATION

Mathematica conducted a process evaluation of the implementation of Oakland Unite's commercial sexual exploitation (CSE) youth-intervention substrategy.⁶ This substrategy provided funding for services to support young people who were at risk of or were currently experiencing CSE. The findings from the process evaluation found that agencies were serving the intended population of girls and young women of color with histories of victimization, contact with law enforcement, and school disengagement. Oakland Unite's approach was aligned with the California Department of Social Services Commercial Sexual Exploitation of Children (CSEC) Program guidelines, which outline a three-tiered approach to supporting the program including immediate crisis response, initial services that address immediate needs, and ongoing support involving case planning and coordination. The services offered by Oakland Unite agencies focused on short-term crisis response and stabilization. Unmet needs of young people who had experienced CSE included mental health support, stable relationships with caring adults, and safe, stable housing. Although many young people returned for support, providing ongoing support to address the unmet needs of young people may necessitate longer-term care and relationship-building. Although agencies serving this population had a shared understanding of it, the broader violence prevention community did not have a standard process for identifying and referring young people at risk of CSE. Additionally, a cohesive strategy for serving these young people was lacking, and collaboration and communication across stakeholders was needed.

Urban's Evaluation: Overview and Methodology

In 2022, the Urban Institute, in partnership with Urban Strategies Council, was selected by the City of Oakland to conduct a process and impact evaluation of Measure Z–funded initiatives for a three-year evaluation period from July 2022 to June 2025. The Measure Z services cover two primary components: (1) violence prevention and intervention strategies operated by the DVP, and (2) geographic, special-victims, and community-policing services implemented by the Oakland Police Department. This evaluation focuses only on strategies and activities implemented by the community-based organizations with Measure Z funding. The evaluation does not cover services provided directly by DVP staff or the Ceasefire strategy.

The evaluation has two components that address the GBV response strategy. First, the descriptive analysis presents data on the level and nature of activity undertaken by the DVP and its funded community partners. This includes addressing what we know about the characteristics of participants, services provided, and outcomes recorded. This component draws from the DVP's Apricot data-management system. In addition to the analyses described in this report, the evaluation supported the development of public data dashboards. The dashboards can be accessed for further detailed information about the strategies and activities funded by Measure Z at <https://www.oaklandca.gov/topics/dvp-measure-z-funded-grantee-network-data-dashboard>. The following research questions are addressed in this component:

- How many people were served in each program? How many community activities occurred?
 - » What were the characteristics of these clients and activities?
- What was the dosage of the various Measure Z–funded DVP activities, at the client and community levels?

Second, our process evaluation addresses questions about the implementation of the Measure Z–funded activities, going beyond the descriptive information about what activities were undertaken to understand how well they are working and identify implementation challenges and successes. The following research questions are addressed in this component:

- How were the Measure Z–funded DVP activities implemented?
- What are the facilitators of and barriers to success for each activity?
- How do the different Measure Z–funded components interact and relate to an overall approach to violence reduction?

The current evaluation does not assess the impact of receiving GBV services on individual participant outcomes for several reasons. First, a small share of participants consented to data sharing for evaluation purposes, which prevents the research team from examining their outcomes outside of the Apricot data system. During the evaluation period, only 20 percent of GBV participants consented to data sharing (see table A.1 in the appendix for more information). Secondly, even for those that have consented to data sharing, there are limitations to the outcomes that can be reliably tracked in existing administrative data systems. For example, victimization of GBV crimes is often unreported and may not be captured in police crime reports. Given these considerations and the limited prior evaluation related to GBV, the current evaluation focuses on describing the services that were implemented, their quality, and how they could be improved.

Qualitative Data Collection

The Urban Institute and Urban Strategies Council conducted 10 semistructured individual interviews with staff from community-based organizations who worked on the GBV strategy to understand their experiences implementing the Measure Z–funded activities. The interviews occurred virtually from August 2023 through July 2024.

Leadership and staff at the community-based organizations funded by Measure Z were informed of the interview opportunity via email using contact information provided by the DVP. The outreach stated the specific activity or program of interest for the interview (e.g., hotlines, shelter services) so that the organization could identify the staff directly involved in the activity or program. Each potential interview began with an informed-consent process in which staff could decide whether to proceed with the interview. The interview questions asked about their roles and responsibilities, how the activity or program was being implemented, referral sources, collaboration across agencies, participants' needs and outcomes, and implementation challenges and successes.

Additionally, Urban Strategies Council conducted 16 interviews with participants who received GBV services funded by Measure Z. The evaluation team coordinated with the service providers to support outreach to participants and researchers created flyers to be distributed to recipients of these services throughout Oakland. Interested participants could then sign up to learn more about the interview opportunity using a form that collected information about what organizations they were involved with, when they received services, and which services they received. As of mid-October 2024, interviews were still ongoing. Of the 16 interviews completed, 14 were in English and two were

in Spanish. Each GBV program participant interviewee received a \$100 Visa gift card to thank them for their participation.

Administrative Data Sources and Analysis

The Urban Institute executed a data-sharing agreement with the City of Oakland to receive data from multiple sources from the Department of Violence Prevention and the Oakland Police Department. Table 2 lists the types of data received and analyzed in this report. The DVP provided data from its records-management system, called Apricot, which was launched in January 2023. Apricot contains data on individual participants and the services they received as well as on group services and incident responses. Although Apricot launched in 2023, the DVP was able to carry over data from 2022 that were collected through its previous system, Cityspan. As part of the grant requirements, the DVP-funded service providers report data in Apricot, allowing for more uniform data and consistent analysis across all providers.

TABLE 2
Sources of Data Used in This Interim Evaluation of Measure Z–Funded Services

Data coverage	
Data source and type	
<i>Oakland Department of Violence Prevention</i> Service provision and participation	July 2022–June 2024
<i>Oakland Police Department</i> Calls for service	January 2018–September 2023
Crime incidents	January 2012–June 2024

Several OPD data sources support the evaluation of the DVP, including data on 911 calls for service and crime. The data on calls for service include all 911 calls referred to the OPD from January 2018 to September 2023. The data include information on the call date, time, location, type, priority, and disposition. We received data on all crimes reported to and recorded by the OPD from January 2012 to June 2024, including the date, time, location, and crime type. We also examined publicly available data sources from the California Department of Justice related to domestic violence.

Limitations

Some important limitations should be considered when assessing the findings of this stage of the Measure Z evaluation. The first is the fact that Apricot, the DVP’s new data-entry and -management system, went live in January 2023. Adopting a new system like Apricot involves a learning curve and

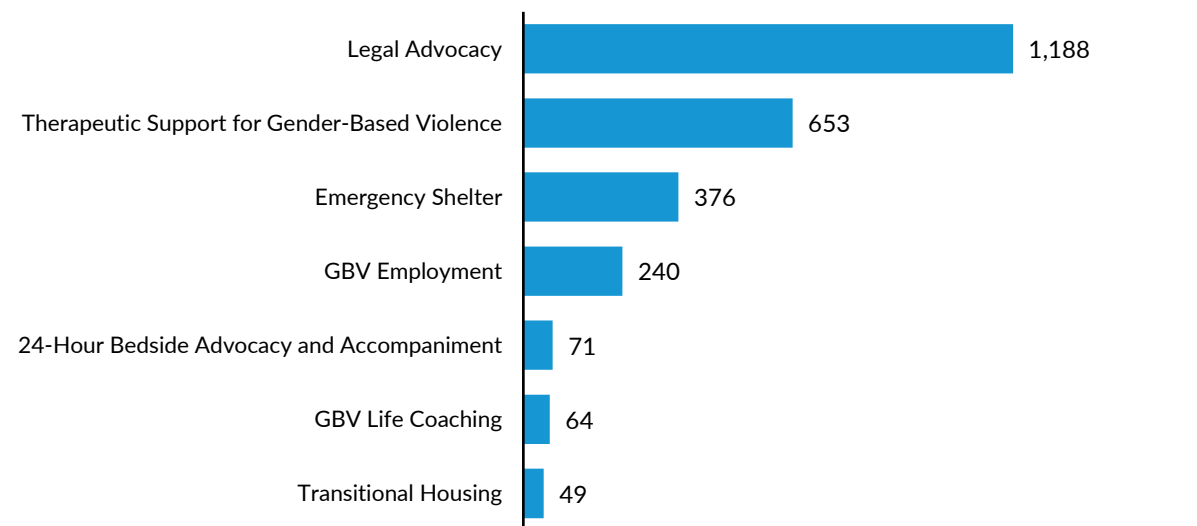
data-entry inconsistencies and quality-control issues frequently arise and need to be fixed. Urban worked closely with the DVP to mitigate the impact of this change on the evaluation, including obtaining Apricot data extracts as early as possible to become familiar with the data structure and begin asking questions well in advance of the delivery dates for evaluation analyses. Nonetheless, providers' data-collection practices may have differed as they began using Apricot, which may be reflected in our data.

Gender-Based-Violence Response

Descriptive Analysis

The GBV strategy reached 2,627 unique people from July 2022 to June 2024 across the seven individual services within the strategy. Many participants received multiple services within the GBV strategy area. The most commonly delivered GBV individual service was legal advocacy, with therapeutic support, emergency shelter, and employment services each reaching hundreds of participants over a two-year period (figure 4).

FIGURE 4
Number of Participants in the Oakland Department of Violence Prevention's Gender-Based-Violence Response, July 2022–June 2024



Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Note: GBV = gender-based violence.

Table 3 shows the demographic profile of participants in GBV response activities. Participants in these services were predominantly female (78 percent) and either Black (47 percent) or Latinx (24 percent). Based on the available data on participants, the services were predominantly youth- and young adult-serving, but a large number of participants did not have their age recorded.

TABLE 3

Demographic Profile of Gender-Based-Violence Response Activity Participants*July 2022–June 2024*

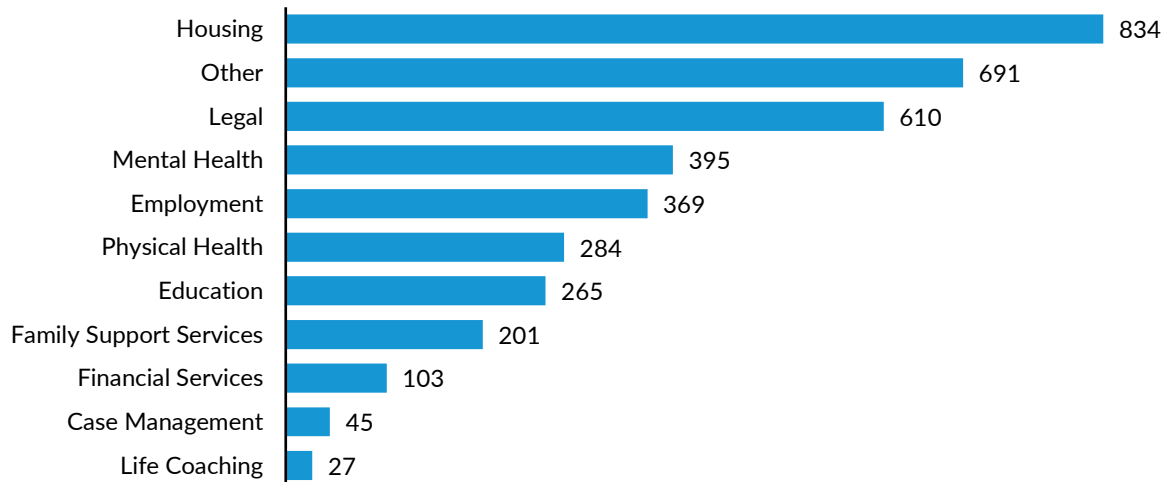
	% of participants (n=2,627)
Race/ethnicity	
African American	45
Asian, Native Hawaiian, or Pacific Islander	4
Hispanic or Latinx	27
Multiracial	5
White	8
Not reported	10
Other	2
Age	
17 or under	7
18–24	11
25–34	7
35–44	3
45+	3
Not reported	68
Gender/sex	
Female	80
Male	15
Nonbinary or transgender	2
Other	2
Not reported	1

Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Measure Z–funded GBV service engagement served as a connector to a wide array of additional services, as GBV participants were referred to many different resources within and outside of the DVP network (figure 5). The most common referral types were for housing, legal, mental health, and employment services, referrals that are made possible by the DVP's collaboration with local agencies, community-based organizations, and city services, with hospitals and the OPD both regularly referring clients to GBV services. Survivors of gender-based violence often have multiple needs and referrals may help them connect to further resources and services that meet their needs. Further, the referrals help create the wraparound service model across multiple organizations, which is built into the GBV strategy.

FIGURE 5

Referrals Made by Gender-Based-Violence Response Providers for Participants, July 2022–June 2024



Total referrals made for participants

Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Note: The vast majority of “Other” referrals have no further information available. “Other” also includes resources that received fewer than 25 referrals: wraparound services, victim of crime, and relocation.

Activity of Specific Services

Bedside Advocacy

During the evaluation period, there were 344 recorded bedside advocacy visits. The most common locations reported for these visits were International Boulevard, clinics, hotels, hospitals, the Family Justice Center, and police stations. The average visit lasted 45 to 60 minutes. A safety plan was developed in 67 percent of visits and a referral was made in 22 percent of visits. At least one service was received after the initial visit by 71 individuals. People visited were most commonly young women of color, as 91 percent were female, 48 percent were African American, 27 percent were Hispanic or Latinx, and most were younger than 35.

Emergency Shelter and Transitional Housing

During the study period, 425 people received transitional housing and emergency shelter services. Of those with recorded housing types, 257 received emergency shelter services, while 52 received

permanent housing, 43 received transitional housing, and 17 received a hotel voucher. Of these housing placements, 52 percent had a recorded duration. The median duration of shelter services was 21 days (with a range of 1 to 213 days) while the median for transitional housing was 15 days (with a range of 7 to 96 days) and for hotel vouchers was 3 days (with a range of 1 to 5 days).

Employment Support

From July 2022 to June 2024, 240 people received employment support services. The average participant had 3 to 4 specific employment support meetings, with a maximum of 22. Seventy participants were employed, with 75 total employment starts recorded (some started more than one job), most commonly a subsidized work experience (41 percent), but also including permanent nonsubsidized job placements (19 percent), pre-apprenticeships (16 percent), and apprenticeships (14 percent). The average starting wage across all these job starts was \$15.56, with a range of \$15 to \$20, and participants worked 18.2 hours per week on average, with a range of 6 to 40 hours. Additionally, 180 pre-employment trainings were conducted and were attended by 1,145 people.

Legal Advocacy

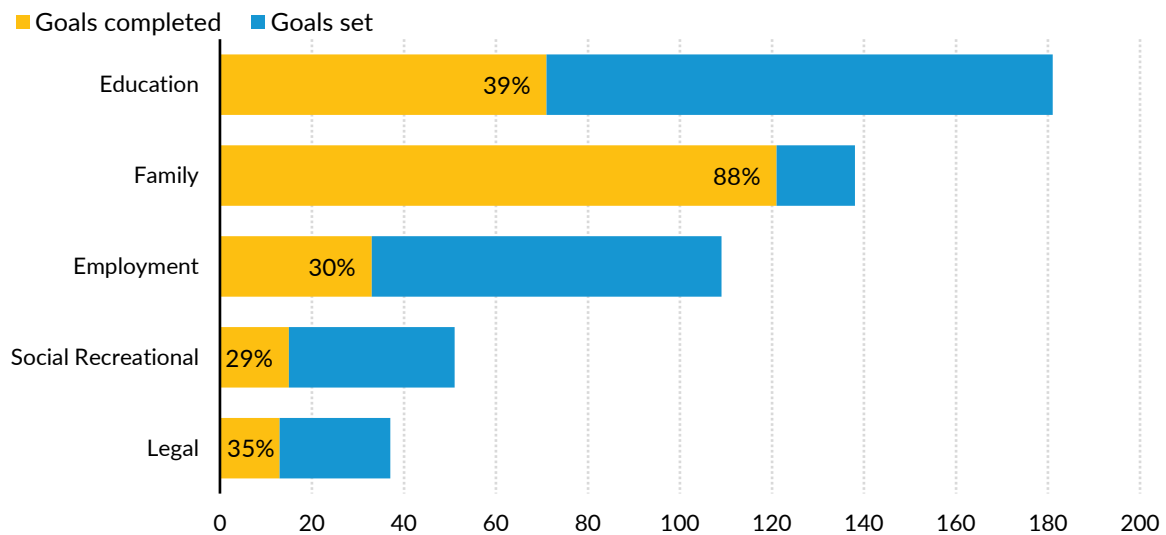
Legal advocacy is the largest service in the GBV strategy, with 1,188 people served from July 2022 through June 2024. Of those with recorded individual services, the average person received 12 legal assistance or legal representation meetings and was engaged in legal advocacy services for 71 days.

Life Coaching

During the study period, 64 people participated in GBV life coaching. Most of these participants were younger than 18 (69 percent of those with age recorded). On average, they received 83 individual life coaching sessions. Of those with recorded goals, the most frequent goals that they set were related to education, employment, and family. Figure 6 shows the distribution of goals set by life coaching clients, and how many had been completed as of June 2024. Education was the most common goal area, and family-related goals were completed at the highest rate (88 percent). Participants had completed 39 percent of education goals and 30 percent of employment goals as of June 2024. Altogether, participants received \$600 in incentives for completing education goals, \$300 for completing family goals, and \$50 for completing health/medical goals. Although a few participants received them, incentives were not commonly used for completing goals as a part of GBV life coaching.

FIGURE 6

Gender-Based-Violence Response Life Coaching Participant Goals, July 2022–June 2024



Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Note: Fifty-six participants had recorded goals.

Safe Space Alternatives

During the study period, 365 group events were held and were attended by 3,424 people (table 4).

There were 243 healing/support groups and 106 times that the drop-in center was open. On average, 8 people attended a healing/support group and 10 people came to the drop-in center. Providers of safe space alternatives do not collect individual-level data on the participants who use the safe spaces and access the resources available there.

TABLE 4

Safe Space Alternatives Group Events, July 2022–June 2024

	Total group events	Average attendance per event
Event type		
Community-building event	15	35
Drop-in center	106	10
Healing/support group	243	8
Training	1	15
Total	365	9

Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Therapeutic Support

There were 653 participants who received therapeutic support. The average participant received between 2 and 3 individual therapeutic support sessions (with a maximum of 93) over an average period of 34 days. Providers under this activity also held 480 healing/support group events, with an average attendance of 23 people per event (table 5). Additionally, there were 34 men's groups, 28 healing/restorative events, 18 community-building events, and 17 family workshops. In total, 625 therapeutic support events were provided.

TABLE 5

Quantity of and Attendance at Therapeutic Support Group Events

	Total group events	Average attendance per event
Event type		
Community-building event	18	196
Family workshop	17	40
Healing/restorative event	28	43
Healing/support group	480	23
Men's group	34	6
Other	48	41
Total	625	30

Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

GBV Process Evaluation Findings

The evaluation team spoke with 10 staff members at organizations providing each of the GBV strategy services who shared insights about clients' needs; the services they provide, the outcomes they hope to achieve, and the extent to which they are effective; and the facilitators and challenges of providing GBV services. These findings provide valuable context for understanding how Measure Z-funded activities have been implemented and identifying recommendations for improvement or sustainability.

Client Characteristics and Needs

The GBV providers receiving Measure Z funding serve victims of intimate partner violence, sexual assault, and sex trafficking and their families. Collectively, the providers serve both young people and adults. The majority of the providers interviewed cited housing as one of the most significant needs facing victims/survivors, whether that means safe housing away from an abusive partner, housing options for young people in general and LGBTQ young people in particular, or affordable permanent housing after shelter. Other common needs included mental health care, employment and other financial needs, transportation, legal services, and general emotional support. In addition, several interviewees explained that their clients often experience overlapping traumas and vulnerabilities, whether they be other types of gender-based violence or risk of group violence.

The providers also highlighted that needs vary greatly among their clients and that certain groups have unique needs, such as people coming from foster homes, LGBTQ young people, immigrants, and parents. Addressing the diverse and complex needs of GBV survivors, especially young people, requires tailored services. Programs must accommodate both immediate and long-term needs, including housing and educational support. For example, one provider shared that “the challenge isn’t employment. The challenge is life; folks are precluded from obtaining employment. Like if people are homeless or have real challenges to safety due to transitioning. Some are mothers who are struggling to get their kids back or who have kids to take care of. It’s the life things that we’re not funded to do.”

Program Structure and Coordination

Collaboration with local agencies and community organizations is vital for providing comprehensive GBV services. Effective referrals from institutions such as the police and hospitals play a crucial role in

connecting survivors with the necessary support. Other referral sources included schools, social services, counselors, and other GBV-focused community-based organizations. Several providers also receive clients through their involvement in family justice centers or through walk-ins. Most services begin with an intake or other form of assessment to understand the victims'/survivors' needs and to identify goals together, which are revisited at regular intervals.

In addition to the range of targeted services described above, these programs typically also include general case management, emotional support, and connection to other services that meet participants' needs, whether within their organizations or with community partners. This need is underscored by the statement, "People need to know they're not alone in experiencing these things." Another provider shared, "People that have suffered from violence inherently need extra support services. Most of them have kids, a lot of them have kids under six," highlighting the importance of addressing both the survivors' and their families' needs. The integration of services via referrals or by brokering services outside those funded by the DVP, such as health clinics and educational support, reflects a comprehensive approach to addressing multiple aspects of survivors' needs. Coordinated care is crucial for providing holistic support, as shown in the statement, "People are experiencing multiple forms of trauma," with this interviewee going on to explain how unemployment, for example, may affect one's ability to secure safe and stable housing. This highlights the commitment to extending support beyond immediate shelter services. This coordination also enhances information-sharing between service providers, allowing providers to share perceived client needs and ensure that critical needs do not go unaddressed.

Intended and Tracked Client Outcomes

The goals and intended outcomes of each program vary by the services they provide. For example, youth-serving programs aim to reconnect young people with family and either continue their education or find employment, whereas some housing and employment services for adults aim for stability and independence. Those programs more focused on support services, such as therapeutic support, will target reduction in trauma symptoms and improvement in general senses of safety. As one provider explained, "The goals of my therapeutic support are to reduce trauma symptoms and also to work on the attachment that might have been, not severed, but impacted by seeing and hearing and experiencing the violence ... The focus is laying out how the trauma has affected them, laying out the trauma symptoms, identifying your symptoms." Interview participants also reported that the intended outcomes differ in the short and long terms. For example, one provider focused on housing and

employment services shared that their first phase is focused on stabilization and basic self-care, the second phase is focused on basic interactions with the outside world (e.g., school, work, meeting with family), and the third phase is for independence.

Tracking outcomes is essential for assessing and improving the effectiveness of GBV programs. Data collection and analysis enable organizations to monitor their performance and make necessary adjustments. Participants reported a range of tracking within their programs and organizations, in addition to the data capture required by the DVP for their funded services. Some programs document as much data as possible and provide follow-up surveys to identify outcomes, whereas others have minimal ongoing tracking in place or leave most tracking to subgrantees. Many staff members track whether their clients reach the goals they set out for themselves in their assessments and case work, with one staff participant sharing how they always try to find a way to quantify outcomes for the goals so they can be tracked. But not every provider has formal tracking processes to capture success stories and some are limited to seeing basic data on service engagement.

Program Effectiveness

In general, GBV service providers believe the targeted services they provide are successful and effective. Most interviewees expressed pride in what they had been able to accomplish and provide for their clients. For example, one provider shared, “Just seeing people feel comfortable being themselves is huge,” and another reported, “They’re not leaving [the program] because they’ve met their treatment goals and they’re done; they’re leaving because they’re ready.” Others also shared that the case management, empowerment focus, and ability to provide trauma-informed services were the most successful components of their services.

According to staff providing GBV services, the structure and historical evolution of programs are key to their effectiveness. Organizations have continually adapted their services to better meet the needs of survivors, reflecting a shift from reactive to proactive and holistic care. This is exemplified by the integration of various supports, such as educational and health services, into their programs. As one provider noted, “We also bring in people to teach about everything from sexual health to summer courses and even field trips throughout the state,” illustrating the commitment to a well-rounded approach that addresses both immediate safety and long-term well-being.

However, providers also emphasized that the needs clients face are great and the work is difficult and takes time. Effectiveness often depends on certain factors with the victims and their cases. Many

clients are still being victimized and/or are not ready to move forward with their lives. For example, one youth-focused provider serves girls who experience gender-based violence and boys at risk of harm or other trauma. They reported, “We have found that for boys, their needs are often reduced [as a result of the services], but the girls typically still have a lot more work to do given all those difficulties they’re dealing with.” Another youth provider shared that they serve most clients for only a few days, but some stay for much longer and tend to do so when a child protective services case is involved. For some interviewees, success is more about the team of staff they have assembled. One staff member said success is “having a solid team that is not burnt out so they can do the work” and another reported that it is “hard to point to individuals and say ‘this is a success’ but the aggregate of work by everybody makes a difference.”

It is difficult, and progress takes time. When youth come to us, it’s really a hope and a prayer. The population in need is huge, and there are limited resources.
—Gender-based-violence service provider

Facilitators and Challenges

Funding significantly enhances GBV services by supporting outreach, program expansion, and overall service enhancement. Financial resources allow organizations to increase their visibility and effectiveness, directly impacting their ability to reach and engage with at-risk populations. Seven of the interviewees specifically emphasized the critical role of Measure Z funding from the DVP in maintaining and expanding services, whether that be to support staff salaries directly (by either raising salaries or increasing hiring), pay rent so the programs have physically safe spaces, or provide participants with incentives for transportation or personal care items. One provider also noted that DVP funding has helped them be better aware of cultural sensitivities and address how trauma expresses itself differently in different racial or cultural groups. This same provider explained that, since the pandemic, “the city has been paying closer attention” to these cultural differences. Still, one provider stated that there is “not enough funding” for this type of culturally sensitive training, and that “these types of things [cultural sensitivities] aren’t really included in data collection.” Another provider shared that DVP funding has helped increase their outreach through physical flyers and social media.

Despite the benefits of DVP Measure Z funding, many providers indicated that funding across all sources is still not enough to meet the need in their communities. One provider specifically said, “If we only had DVP funding, we couldn’t function, so we do try to access several grants.” Another shared that the way the DVP administers funding can make it hard to distribute and manage, particularly if receiving more than one contract, and that the DVP’s data-collection stipulations can make it harder to support clients and staff. For example, some organizations provide multiple services, and having separate contracts for each service increases the administrative burden on the organizations. As of October 2023, the DVP modified practice so that all contracted providers have a single contract even if providing multiple service types. Organizations are also constrained in their ability to plan ahead given the short-term, annual nature of DVP funding, which limits providers to what they can accomplish during discrete DVP funding cycles.

Four GBV service providers identified staff recruitment and retention as significant challenges, with staffing shortages cited as a barrier to service delivery. These issues have sometimes led to temporary service closures, affecting the quality of support and continuity. However, recent improvements, including special efforts to address staffing shortages, have allowed organizations to expand their programs and enhance service delivery. Specifically, organizations have improved their recruitment processes, leading to an increase in staff numbers. As highlighted by one provider, “For the longest time, staff recruitment and retention were a real challenge to the point where we couldn’t keep our welcome center open, but recently we’ve been able to up recruitment and have even expanded our programs.” Relatedly, awareness of programs was cited as a challenge among the public in general and potential clients in particular. While one provider discussed the benefits of attending local city council meetings and engaging politically to boost program awareness and advocate for “laws supporting people in getting the help they need,” they shared that more public awareness could help secure funding in the future.

Providers also experience external challenges that affect their ability to implement services as intended. The high cost of living and lack of jobs that pay sufficiently, a significant shortage of affordable and available housing, and the long wait lists for, and lack of, mental health care all affect programs’ ability to help victims/survivors recover. Regulatory challenges, particularly with child protective services, also affect service delivery, as highlighted by three providers. Compliance with regulations, such as limits on the length of stay for young people with open child protective services cases, often conflicts with the need for ongoing support. This highlights a need for policy advocacy to better align regulations with the realities of providing comprehensive care. Similarly, housing-focused providers face barriers working with families with male children because GBV-specific shelters may

not allow any boys older than 7 or 8 or families with more than five children because many hotels will not accommodate that many people in one unit. One provider specifically shared that the local motel they work with recently changed how they accept clients from allowing an organization to make the reservation to requiring the client to save a major credit card on file, which many GBV victims/survivors do not have.

Implications and Recommendations

The providers we interviewed shared meaningful recommendations for how the DVP and other funders can continue supporting them or further improve their ability to provide services, many of which are related to increased funding and collaboration. Several providers suggested additional DVP-sponsored trainings and more cross-organization meetings with the aim of producing more meaningful collaboration. Several also thought the DVP could play an important role helping to increase awareness of services. Specific recommendations included increasing funding for marketing and outreach, having the DVP promote their services and partner organizations in a series of commercials, and elevating the work of grantee staff and programs “trying to save lives” to people in power in order to help create recognition for how critical GBV work is. Relatedly, multiple providers highlighted a need to increase funding to support staff salaries and invest in staff well-being, such as self-care, training, and other support.

Providers also shared specific recommendations to support grantees, including one who requested “more engagement with the DVP and city around strategic planning and capacity building for people receiving DVP dollars.” Others suggested strategic investment in building up providers’ internal capacity, particularly if they are new. Examples named included that the DVP could share or provide resources to help organizations become a 501(c)(3), learn to find funding or apply to grants, and develop greater cultural competency for staff. Several interviewees would also like the DVP to make the contract process less bureaucratic and more sustainable and to either stop using Apricot or make data tracking more provider-friendly. Related to data tracking, one provider highlighted the need to explore how to document and demonstrate success with GBV clients whose needs and progress can be difficult to quantify.

In addition to DVP-specific recommendations, the providers we interviewed offered suggestions for the greater Oakland community that would make a difference in their ability to meet GBV victims’ needs. They recommended that decisionmakers address the policy barriers to accessing housing options described above, including those facing parents with large families and/or male children. Many

providers would like to see more resources available for housing, mental health support, and transportation. Additional services for people who don't speak English would also fill clear gaps. Moreover, many participants and people affected by GBV more broadly would be better off if there were more investment in local economic empowerment and independence initiatives and in working in schools, as these services would support their longer-term goals and well-being.

Perceptions of Service Recipients

The evaluation team invited people who received GBV services to participate in interviews about their experiences with the services. As of mid- October 2024, 16 people had been interviewed.

Interviewees received services including 24-hour hotlines, bedside advocacy and accompaniment, life coaching, legal advocacy, therapeutic support, employment support, emergency shelter, and transitional housing and were asked about their experiences learning about and receiving services.

Here, we provide preliminary themes from these interviews. As the interviews are still ongoing, this interim report does not present findings from all clients who expressed interest in being interviewed.

The final evaluation report will include more findings from all the completed interviews.

Participant Successes

Overall, participants expressed gratitude for the free services they received in times of need and many were relieved after receiving them. Participants mentioned that housing and legal services were especially helpful. Many participants were satisfied with the level of rapport they were able to build with service providers, describing a strong sense of community and support. Those with positive experiences described successfully achieving the goals they developed as a part of receiving services, such as educational or employment outcomes. Several participants accessed additional services they were initially unaware of when seeking out services. Participants also reported developing new goals as they accomplished the initial goals they had set for themselves before joining the program or services. Spanish-speaking participants were particularly satisfied with receiving services in their native language.

Challenges Experienced by Participants

Although participants expressed gratitude for the services received, participants experienced a few common challenges. Some felt staff support was inadequate and that the time was insufficient to build

long-term relationships with staff. Additionally, some participants were unable to access the services they requested because of a lack of funding or availability. For example, several participants noted that there were limited available appointments for legal or counseling services, and that they conflicted with their work schedules or that their children would have to be taken out of school to attend. Others found that, even if services were available, there were many barriers to accessing them. For example, many landlords did not accept housing vouchers as a form of payment, severely limiting people's options when searching for a new place to live. Some participants shared that shelter rules and requirements can be restrictive, especially for individuals with children. In other cases, some participants were dissatisfied with the quality of legal support they received and cited examples including legal counsel not acknowledging evidence and witnesses in legal proceedings. Participants suggested that services could be made more helpful with longer-lasting support, more funding for additional services such as home security systems, and further targeted support in navigating case-specific barriers.

Conclusion

The comprehensive array of services and activities provided under the gender-based-violence strategy offer some promising signs in terms of reaching and serving people affected by GBV and helping them meet their critical needs and broader life goals. The strategy has been purposely designed to offer a variety of services that can address all the potential, and often intersecting, needs of survivors and people at risk of GBV—from hotlines to initiating contact with potential services to shelter and other housing services to therapeutic and employment support. Further, the service providers made nearly 4,000 referrals to other services within and outside of the DVP network funded by Measure Z, showing that they are working to address the various needs of participants and that there is a strong network of services available.

The GBV strategy supports many people affected by gender-based violence, as demonstrated by the more than 2,600 people reached through direct services and the even larger number of people who benefited from safe spaces and community events. People affected by GBV can be hard to reach, especially when it comes to providing sustained, long-term services, so the large number of people served, including those who received multiple services and/or service sessions, demonstrates successful implementation. Drawing from firsthand staff interviews and programmatic data on the full scope of services offered through the GBV strategy, we recognize the achievements of this strategy as demonstrated by the thousands of people served, sizable attendance at group events and safe space activities, and staff pride in helping participants meet their needs. Further, many participants expressed appreciation for the services they received and reported achieving their goals.

Still, each component of our initial analysis suggests areas for future growth. In this section, we present recommendations for improving practice and for improving data collection and access to support evaluation work. These are synthesized from all the evaluation findings to date and focus on cross-cutting themes. We then summarize the next steps for this stage of the evaluation, which will be reflected in the final evaluation report delivered in mid-2025.

Recommendations

Practice Recommendations

Create forums for coordination and communication across services. One of the notable strengths of the DVP service continuum is the **degree of referral relationships between different providers**, as is

evident in the data, and the level of partnership indicated during provider interviews. Coordination and communication across services and specialties is appreciated where it is happening, but how much it is happening varies. Many interviewees reported spending substantial time establishing and maintaining relationships needed to meet service participants' needs, and more formalized coordination might make this aspect of their work easier and allow them to dedicate more resources to providing services. Regular coordination might also help providers address emerging trends related to patterns of violence or participants' needs, just as the shooting-review meetings do for providers who take part in those sessions.

Deliver more cross-training for staff at different organizations. Relatedly, many providers appreciated the opportunities they had to attend trainings with peers from other organizations and specialties and felt the increased mutual understanding from those engagements supported better operational collaboration in the field. More opportunities for cross-provider collaboration and training would increase providers' ability to share lessons learned and expand their networks.

Focus on enhancing housing and mental health service options. The gaps in options to meet service participants' needs related to housing and mental health services came up repeatedly in interviews with providers. While these are difficult and long-standing issues, it is important to raise them because they were consistently described as barriers to effective assistance for service participants.

Assist providers with building their capacity. Community-based service providers who received DVP funding would like more assistance with building capacity from the DVP and from the City of Oakland generally. For example, the DVP could find ways to increase staffing and staff capacity to mitigate challenges from staff turnover and vacancies. Several providers described how more resources to promote staff wellness might alleviate burnout and turnover. The DVP could also make the yearly grant process easier for grantees, who are often managing reporting requirements from multiple grants from multiple sources. The City could also help identify additional funding sources for providers who are addressing complex needs and finding that the resources they have available, while needed and appreciated, are insufficient to meet the overwhelming needs of program participants. Additionally, several providers recommended that the DVP help spread awareness about the services available.

Data Recommendations

The City of Oakland and the DVP may want to revisit the process through which participants consent to their data being shared for evaluation purposes, to determine whether that process can continue to deliver necessary privacy protections while better supporting outcome analysis of the impact of DVP-funded services. The current process and resulting levels of consent (20 percent of GBV service participants) significantly limit the ability to connect service engagement and outcomes beyond a small and potentially unrepresentative subset of participants. Findings regarding the impact of programs on the subset of participants who consented to data sharing are valuable, but estimating the impact of those services on safety and violence in the city as a whole requires going beyond understanding what is happening with that small subset. Of note, 58 percent of GBV participant consent forms are marked as “not complete yet” in the Apricot data system. Although the DVP has revised the form, offered trainings, and provided guidance about the consent process, providers and participants may be wary about the implications of the consent. The DVP should explore how providers can overcome barriers to gaining participants’ consent while maintaining sharing data is voluntary.

Encourage providers to complete and update the forms in the Apricot data system more regularly and comprehensively, which will allow for a better understanding of participants’ needs and levels of engagement with programming. For example, the participant and enrollment forms capture important information about participants’ education, housing, families, referral sources, and exposure to violence, but many fields are not completed. Related to updating the forms, exit dates and reasons for exiting the program are missing for many participants, making it difficult to measure completion rates or how long people participate in the programs. Demographic information, in particular participant age, was missing for a large proportion of GBV participants.

Improve the integration of forms across the Apricot data system. Apricot is a comprehensive system with many forms specific to the variety of services funded by Measure Z. Some forms are based on the specific service provided but are not linkable back to participants, making analysis of service engagement more difficult.

Consider how Apricot could become a useful resource for providers. Many providers maintain their own separate databases and may not use Apricot for day-to-day case management or tracking participants over time. Considering the breadth of the DVP network and the level of referrals across organizations, Apricot could become a useful resource as data tracking becomes more accurate and comprehensive over time.

Evaluation Next Steps

The next steps for Urban's evaluation related to the GBV services funded through Measure Z are as follows:

- We will collaborate further with the community-based organizations that provide the GBV services to understand how they are implementing the services through additional outreach and interviews.
- We will continue inviting people who have received GBV services to participate in interviews to better understand their experiences with the services and recommendations for improving them.
- We will extend the quantitative data analysis of GBV services and levels of gender-based violence through the end of 2024 and through early 2025.

Appendix

Consent Rates

The rate at which participants consented to data sharing for the purposes of evaluation varied by strategy and activity. Table A.1 shows the consent rate for participants of the gender-based violence response strategy and activities from July 2022 to June 2024. Each row shows the consent status for the unique people who participated in the strategy and activity. People who participate in multiple activities are counted once in the overall calculations for the strategy.

TABLE A.1

One-Fifth of People Served by Gender-Based Violence Strategy Consented to Data Sharing

Consent rates of participants of gender-based violence response activities July 2022–June 2024

	Yes	No	Not complete yet	Never presented	Missing	Total participants	Consent rate
Strategy							
Gender-Based Violence	517	546	1,530	3	31	2,627	20%
Activity							
Bedside Advocacy	12	0	37	1	21	71	17%
Emergency Shelter	185	42	141	1	7	376	49%
GBV Employment	55	141	44	0	0	240	23%
GBV Life Coaching	62	1	1	0	0	64	97%
Legal Advocacy	47	169	967	0	5	1,188	4%
Safe Space Alternatives	124	4	20	0	3	151	82%
Therapeutic Support	53	196	401	1	2	653	8%
Transitional Housing	13	7	29	0	0	49	27%

Source: Urban Institute analysis of Apricot data provided by the Oakland Department of Violence Prevention.

Notes

- ¹ “Sexual Exploitation of Children,” Office of Juvenile Justice and Delinquency Prevention, accessed August 27, 2024, <https://ojjdp.ojp.gov/programs/sexual-exploitation-children#:~:text=OJJDP's%20Specialized%20Services%20and%20Mentoring,exploitation%20and%20domestic%20sex%20trafficking>.
- ² “National Statistics,” National Human Trafficking Hotline, accessed August 27, 2024, <https://humantraffickinghotline.org/en/statistics>.
- ³ “Human Trafficking,” California Department of Justice, Office of the Attorney General, accessed August 27, 2024, <https://oag.ca.gov/human-trafficking>.
- ⁴ Banks, Duren, and Tracey Kyckelhahn. *Characteristics of suspected human trafficking incidents, 2008-2010*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2011.
- ⁵ “Alameda County District Attorney’s Office Announces Success of Operation Cross Country in Rescuing Human Trafficking Victims,” Office of the Alameda County District Attorney, August 3, 2023, <https://www.alcoda.org/alameda-county-district-attorneys-office-announces-success-of-operation-cross-country-in-rescuing-human-trafficking-victims/>.
- ⁶ Naihobe Gonzalez, Mindy Hu, Natalie Larkin, and Michela Garber, *Oakland Unite 2018-2019 Strategy Evaluation: Crisis Intervention for Commercially Sexually Exploited Youth* (Oakland, CA: Mathematica, 2019).

About the Authors

Ashlin Oglesby-Neal is a senior research associate at Urban Institute, where she leads mixed methods process and outcome evaluations of justice programs and policies. Oglesby-Neal is skilled in large-scale data collection, causal analyses, and partnerships with local government, service providers, and law enforcement. Her research includes developing and validating assessment tools as well as evaluating the impact of treatment programs.

Sam Tecotzky is a research assistant in the Justice Policy Center at the Urban Institute, where he works on research and policy projects focused on prison conditions, reentry, and employment and education opportunities for people who have been involved in the criminal legal system.

Malore Dusenbery is a principal policy associate in the Justice Policy Center, where she focuses on victimization, particularly on gender-based violence. Her research, evaluation, and technical assistance aim to improve the provision of victim services, enhance responsiveness of the justice system and other mechanisms, and foster collaboration between researchers and practitioners.

Jesse Jannetta is a senior policy fellow in the Justice Policy Center, where he leads projects on community violence interventions, local justice reform and decarceration, prison and jail reentry, and parole and probation supervision.

Rania Ahmed is director of research and evaluation at Urban Strategies Council. She is an urban thinker who values utilizing data-driven research to deliver initiatives that ensure the socioeconomic well-being of communities. Ahmed brings compassion into utilizing the power of data analysis to develop policy recommendations for the public good in the San Francisco Bay Area.

Maya Salcido White is a research associate for Urban Strategies Council, contributing to research and evaluation projects primarily focused on violence prevention in Oakland. White has over five years of experience conducting research and evaluation for nonprofit organizations, specifically in public education. White values community-based participatory research, the creation of accessible data sources for community members, and the inclusion of youth and elders in creating data-driven solutions.

Ashley Cajina is a research and program assistant with expertise in qualitative and quantitative data analysis. Her career in research and community advocacy began as a youth fellow, where she focused on youth mental health advocacy and community organizing. She is committed to using her skills to drive meaningful change through research and advocacy.

STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.



500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org