



project new start

A LIFESTYLE CHANGE PROGRAM FOR YOUTH
OAKLAND 2011

“We believe that all young people, especially those exposed to the highest risks, should have the opportunities and supports to be healthy, safe, successful and prepared for the future”.

—Adriana Alvarado, Project New Start Director

Adriana Alvarado—Director, Project New Start

Quamrun Eldridge—Deputy Director, Community Health Services Division, ACPHD

Anita Siegel—Director, Alameda County Public Health Department

Alex Briscoe—Director, Alameda County Health Care Services Agency

Gail Steele—Alameda County Board of Supervisor



Alameda County Public Health Department
1000 Broadway, Suite 500 Oakland, CA 94607 (510) 208-5926



project new start

R E P O R T 2 0 1 1

A lifestyle change program for youth & young adults serving
northern & unincorporated areas of alameda county

Prepared by: Adriana Alvarado | Quamrun Eldridge | Sonia Jain | Janet Brown

Reviewed by: Muntu Davis | Sherri Willis | John Pescetti | Kimi Watkins-Tartt

Designed by: Amy Woloszyn

For more information or comments, please contact:

Project New Start

Alameda County Public Health Department

1000 Broadway, Suite 500 Oakland, CA 94607 (510) 208-5926

www.acphd.org/pns

Letter from the Program Director

Dear Friends/Partners,

This report is a compilation of ten years worth of information and is intended to inform other agency and community providers, stakeholders and youth advocates about the Alameda County Public Health Department's Tattoo Removal Program called *Project New Start (PNS)*. The program started out of a cry for help by a young man who was tired of being ridiculed and stereotyped because of his tattoos. This young man asked his probation officer and group home supervisor to find a way to remove his tattoos so that he could live an uninhibited life. The investigation fell on all the right hearts and minds within the departments of Public Health and Probation, Highland Hospital, and with a local elected official. Today, I am pleased to say that this young man graduated from college, studied abroad, and attended law school. Through this program, this young man and many others were able to accomplish their goals. The lesson learned is that we have to listen to our youth because they know their needs and priorities the best. And, even when we do not have the resources they need, we need to create them.

The youth of *PNS* are so dynamic and resilient. They have the ability to change their lives in the face of so much adversity, rejection, and judgment. And because of this we in Alameda County need to continue to provide these services and supports for youth who often times through no fault of their own get involved in risky activities due to high daily exposures to violence, poverty and disenfranchisement. *Project New Start* has provided 14 years of hope, love, guidance and support to gang influenced, gang affected, gang involved and other exploited youth in the sex and drug trade industries through tattoo removal and resource linkages. We decided to provide an insight into the lives of these young people by briefly sharing data and some stories of their successes, challenges and aspiration, which will ultimately help all of our colleagues provide services to this population.

Gang, drug, and criminally-affected, affiliated and involved youth, like those in *PNS*, with associative tattoos linking them to supposed criminal activities suffer grave setbacks if they do not remove their tattoos. These youth are often under siege by individuals still involved in these activities, or who are still engaged in criminal behavior which contributes to high levels of fear, anxiety and uncertainty, thus causing inhibited and fractured self identities and esteems often times leading to isolation. Despite the resiliency of our youth, we witness drop-outs or a return to their former life. The program practices a harm reduction model and understands resistance and push backs from individuals who have longer and deeper involvement in gang life, leaving some youth to reside in our program for over a year and a half – and sometimes longer given their individual struggle.

We have done well running the clinical component of tattoo removal through partnering clinical sites and countless hours of volunteer work from medical and non-medical professionals. Because of this, the program is a success. Yet, we have outstanding mental and behavioral health needs that must be addressed and incorporated into this program in order to comprehensively serve our County's youth. Mental health services have not been embedded in this program, which is a crucial component in order for individuals to succeed. For many years we hoped for, and at times tapped, a no cost social behavior change component. We need to stretch our reach to build better and seamless avenues to opportunities for economic empowerment. Again, even when we do not have what they need, we need to create it.

Sincerely,



Adriana Mercedes Alvarado



acknowledgements

This report is developed under the guidance and leadership of the Alameda County Public Health Departments Community Health Services Division. First and foremost, we would like to acknowledge and thank the youth, who continue to strive towards recovery and resilience despite tremendous adversity. We are indebted to the ongoing service and support of our committed volunteers. We are eternally grateful to our program director, Ms Adriana Mercedes Alvarado, who has single-handedly sustained the program over the last 13 plus years with her compassion, wisdom and dedication to help and connect with the most vulnerable youth. We are thankful for the support of many individuals over the years, including Dr. Lisa Benton, Dr. Vic Narurkar, Nurse Alice Kaida, Nurse Erma Albert, Nurse Dorothy McIntosh, Nurse Larry Vitale, Dr. Arthur Chen, Dr. Alice Chen, Dr. Muntu Davis, Dr. John Pescetti, and Nurse Practitioner Anne Pilat who have been instrumental in providing tattoo removal services. We are thankful to Quamrun Eldridge, Deputy Director of CHS for her encouragement, foresight and hands-on approach to advocating and expanding *Project New Start*. We are grateful for the leadership and support of our Health Care Services Agency Director, Alex Briscoe and Public Health Director, Ms. Anita Siegel. We are indebted to our former Director, Mr. Arnold Perkins whose vision and avid support for youth has been never-ending. Lastly, none of this would have been possible without the executive support of Supervisor Gail Steele who has championed this effort throughout the County for years resulting in three Alameda County tattoo removal programs: Oakland, Hayward and Fremont. This report is about *PNS*-Oakland.

We would like to thank Ms. Regina Romer-Valdez and Mr. Fabian Martinez for their assistance with data collection, and case management delivery and other support to *PNS* youth. Additionally, we would like to thank Ms. Janet Brown and Mr. Matt Beyers, epidemiologists in our department's Community Assessment Planning and Education (CAPE) Unit, for their assistance with data analysis. Finally, we are especially grateful to Dr. Sonia Jain, senior researcher at WestEd, Health and Human Development Program, Center for Resilience and Youth Development, for her continued support, insights, and helpful reviews and edits of this report.

Above all, our deepest gratitude goes to the *PNS* volunteers and partners who over the years have provided endless support and services to our youth. We would like to thank the numerous individuals and organizations listed at the end of this report.

contents

| | |
|---|----|
| Preface..... | 2 |
| Introduction | 3 |
| History of Project New Start..... | 5 |
| Need For Services & Supports for Gang-Involved Youth..... | 8 |
| Who We Are..... | 11 |
| What We Do..... | 13 |
| Data Highlights | 19 |
| How Well Are We Doing? | 24 |
| Gaps in Services & Future Strategic Plan | 28 |
| References | 31 |



preface

WHY WE PRODUCED THIS REPORT

Over the last several years, many individuals and organizations have supported our effort deeply and share our vision of healthy, safe, and resilient formerly involved gang youth. We have struggled with limited resources and capacity in terms of staffing and funding. It has also limited our ability to serve beyond a certain number of youth despite demand and an ongoing long waiting list. Success stories, case studies, anecdotal evidence, local and national program recognition, and preliminary data suggest that our approach and services are working well and making a positive difference in the lives of the youth we serve. Thus, in an attempt to document our history and growth, as well as assess needs and existing gaps in services to inform future expansion efforts and sustainability, we have compiled relevant information to date on the program in this report.

We look forward to sharing this document broadly with partners and the community to increase the awareness of services that at-risk youth need in Alameda County.

We are hopeful that this report will serve as:

- An advocacy tool to systematically gain future support for at-risk youth, and promote sustainability and expansion of services provided by *Project New Start*
- A snapshot of *Project New Start's* qualitative and quantitative data to date which highlights characteristics of the youth served, their needs and outcomes of the program.
- As an informational tool to assist in program and policy development for at-risk youth.

A FRAMEWORK FOR RESILIENCE AND YOUTH DEVELOPMENT

Project New Start (PNS) is based on the Resilience and Youth Development Framework¹, which first and foremost focuses on the development of the “whole child”, i.e., social, emotional, behavioral and cognitive functioning. It also, instead of focusing on youth as deficits or problems, recognizes and builds upon the assets of each child/youth and his/her environments to tip the balance from vulnerability in favor of resilience and success. Decades of research shows that the majority (50-70%) of Urban youth exposed to violence and tremendous adversities adapt successfully over time. They may attain resilience by 3 ways: 1) positive adaptation under a high-risk environment, 2) recovering from trauma, or 3) functioning competently in the face of life stressors.² Using resilience as our core philosophy and theory of change, we recognize and embrace the capacity and strengths of all youth to make a difference themselves and tap into their resilience. This strengths-based perspective asks services and supports to be delivered in the following manner:

- Build on youth assets and positive development
- Focus on environmental change
- Youth-friendly and youth-driven
- Promote protective factors in addition to prevention of risk factors
- Collaboratively (in partnership with multiple agencies, e.g., public health, juvenile justice, community-based, social services), consistently and holistically

introduction

Initiated in 1994, *Project New Start (PNS)* has been providing free tattoo removal services to at-risk, adjudicated or formerly gang involved youth and young adults (ages 13-25) of Alameda County. In exchange for tattoo removal, the youth get involved in positive activities; such as employment, education, vocational training, and community service.

PNS began in response to the strong interest that two out of three adjudicated youth in the Alameda County Juvenile Justice System showed in removing their tattoos in hopes of a better life. The youth expressed great frustration and paralysis regarding the stigmatization they were experiencing when applying for jobs or inquiring about educational programs. The gang or drug related tattoos that adorned their bodies

acted as a deterrent for prospective employers and warning signs, past and present.

In the last 14 years, we have served 400 young men and women. Our annual program cost for tattoo removal ranges from \$196 to \$1,445 per youth. Whereas, Probation services cost \$7,356 to \$42,240 per youth per year³, California Youth Authority costs approximately \$33,504 per youth⁴, and a one time hospitalization for a violent injury costs \$2,100-\$24,000 per youth⁵, and these amounts do not include emotional and social costs to the youth or his/her family and society.

Currently, there are 94 active youth participants in *PNS*. About 98% have a history of gang involvement or affiliation. Participants have an average of four tattoos, which can take four to fifteen sessions, (depending



SINCE 1996, PROJECT NEW START HAS BEEN GUIDED BY THE FOLLOWING:

original mission

Provide life changing opportunities to high-risk, adjudicated, or gang involved youth in Alameda County.

goals

1. Create lasting positive lifestyle changes for youth through tattoo removal
2. Improve employment, social, and educational possibilities for youth.
3. Reduce risk of youth violence.

guiding principles

We believe that positive life style change is created by restoring hope, building self-esteem, connecting youth with caring adults, and implementing a resiliency model, which include safe creative outlets, parks, and recreation activities for youth.



SOME OF OUR VOLUNTEERS



HIGHLAND HOSPITAL

From Left: Melody Vasquez (student nurse), Dr. Art Chen, Luiza Schenk (student nurse), student nurse, Jerrod Reboredo (young volunteer), Fabian Martinez (volunteer), Corina Vitalie (PNS intern), Stefanie Lim (student nurse), Larry Vitalie, Alice Kaida (PNS Head Nurse)

LA CLINICA DE LA RAZA

From Left: Jessica Marques (FNP), Dr. John Pescetti, Yanete Luna (clinic administration), Anne Pilat (CPNP), Regina Romer-Valdez (PHD staff volunteer)

on the size, quality, and color of the tattoos) over the course of 8 months to 2.5 years for removal. These youth feel that their tattoos are major barriers for changing their life styles and are motivated to improve their lives for the better. Removing gang tattoos increases their chances of getting and staying employed, enhances their self-esteem, and protects them from gang retaliation, stigma or stereotyping, generalized criminal profiling, and future violence.

PNS clients are referred from over 50 local community-based social service providers and government agencies, including the Juvenile Justice Center. The program has more than 20 dedicated volunteers and health care

providers including physicians, nurse practitioners, nurses, student nurses and clinic managers who have donated their time and conducted bi-monthly clinics at Alameda County Medical Center-Highland Hospital and La Clinica de la Raza. The Highland Hospital and La Clinica clinics have been running for the past fourteen and seven years respectively.

Program success stories range from the attainment of high school diploma or GED, to graduating from medical, law or graduate school.⁶ During the course of the program, youth fulfill the terms and conditions of PNS. *

* Applicants must demonstrate their willingness and ability to adhere to strict guidelines of PNS: 1) end gang affiliation and abide by the terms of their probation or parole; 2) identify a community mentor who will provide leadership and monitor their commitment in meeting personal, educational and/or vocational goals; 3) enroll in school or job-training program, have stable employment or be the primary caregiver of a child or family member; 4) contribute a minimum of 50 hours of community volunteer work and 5) keep the appointments for tattoo removal clinics.

history of project new start

In 1994, one young man in Juvenile Hall asked his probation officer if there was any way he could remove his tattoos. This led to a system-wide resource assessment for offering service to him. The Probation Department, Alameda County Public Health Department, and Alameda County Medical Center (aka Highland Hospital) participated in the initial process under the support of County Board of Supervisor Gail Steele. With the help of Dr. Vic Narurkar, Associate Professor of the University of California, Davis, a

Then in 1996, a survey was conducted at the Alameda County Juvenile Justice Center, in which 600 young men and women responded. Of these, 400 (67%) showed an interest in removing their tattoos. Since then, PNS has been providing free tattoo removal services to youth and young adults in Oakland and the unincorporated parts of Alameda County. In Alameda County there are three tattoo removal programs; the other two are located in Hayward and Fremont.



Latino gangs are on the rise in Oakland. A lot of them are being drawn from the prisons, but they are also coming from Mexican drug gangs crossing the border and trickling in from L.A. County. –“Gang Wars: Oakland”, 2009 Documentary



pilot project was launched to remove the tattoos of the young man with the ND-YAG laser machine. The young man was treated successfully and after that the collaborative continued to gather resources to start a tattoo removal program. It took two years to organize appropriate resources to offer the services to Oakland and the unincorporated areas of the county.

These early efforts were headed by Ruth Shane and Janice Louie of Alameda County Public Health Department, Bill Stewart of San Francisco Public Health Department, and Alice Kaida and Jim Devitt of Highland Hospital. These pioneers of the program were the brain trust of PNS-Oakland (PNS-O) who together laid the foundation on which the current program stands.

Although it was very challenging and expensive to meet the needs of the program, ACPHD was able to create the program with the help of county staff and very dedicated volunteers. Highland Hospital agreed to provide the space and supplies, and Dr. Lisa Benton, an ER and Trauma Surgeon, who came to volunteer with us from the Surgery Department. She said that she was tired of pulling out bullets from the bodies of youth and young adults and wanted to get on the other side of violence, performing preventative medical measures – hence, tattoo removal for gang youth and young adults.

Tattoo removal was a relatively new procedure to practicing physicians in 1996. Dr. Narurkar trained our volunteer physicians for the first three years. He created the procedures, and parameters for tattoo removal with laser treatment.

FIGURE 1. Focus group with Violence Prevention Stakeholders assessing community needs and solutions to youth violence, Alameda County, 1998.

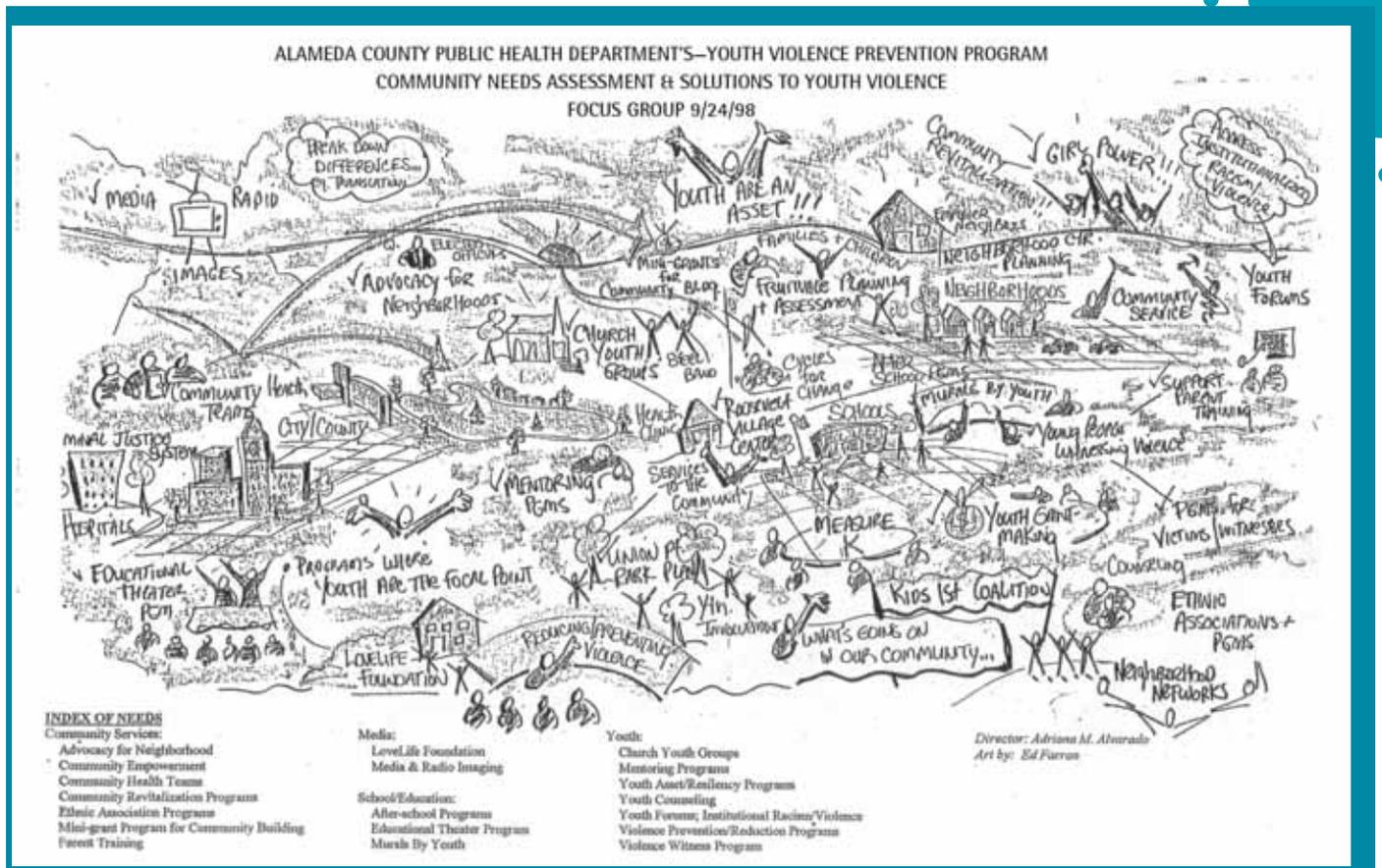
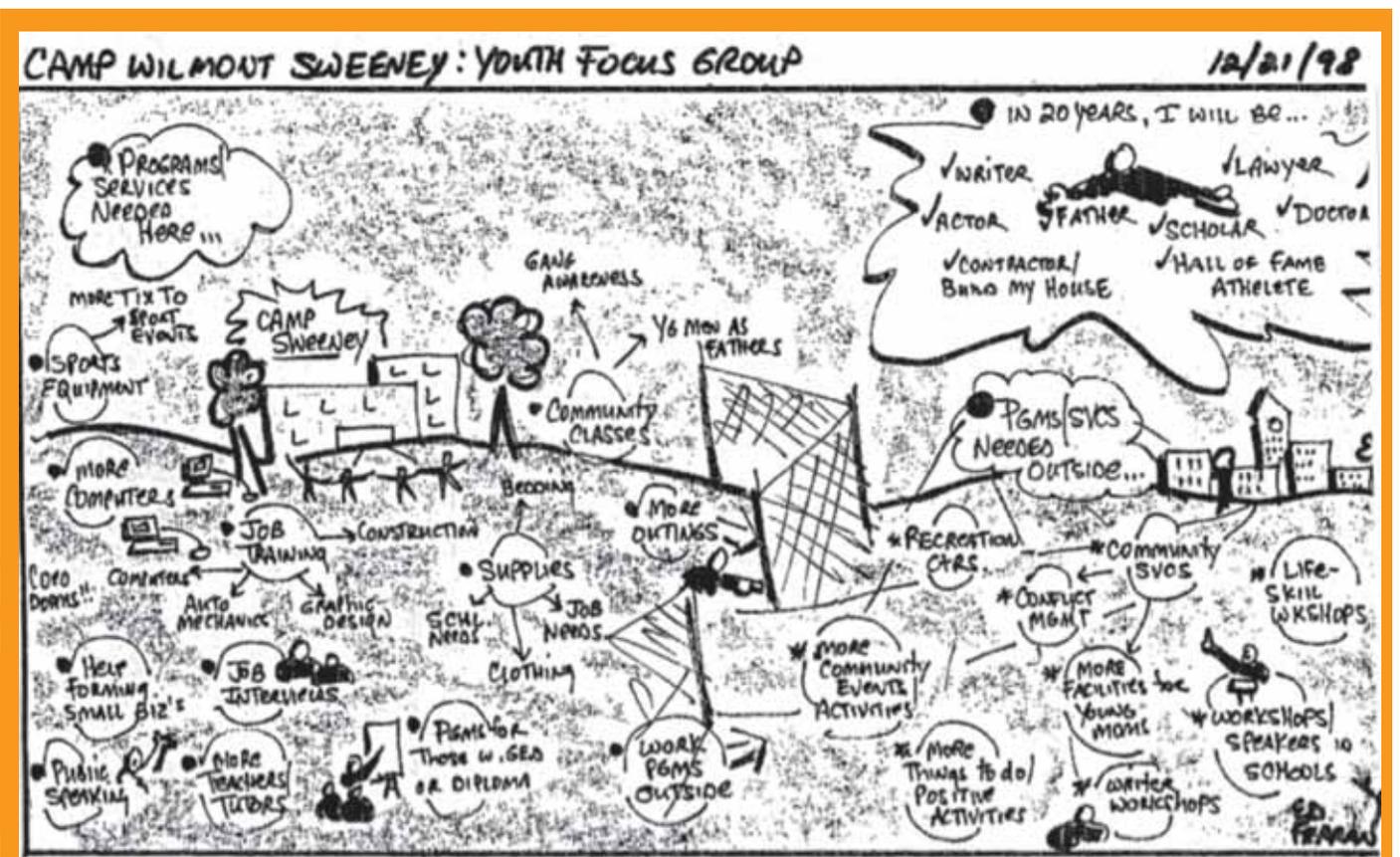


FIGURE 2. Focus group with Youth at Camp Sweeney assessing program and services need, 1998.



Need for services & supports for gang-involved youth

In 2004, there were over 24,000 active gangs in the United States,¹⁰ and over 800,000 active gang members today (US Department of Justice). Statewide there are over 30,000 gang members in California of whom 60% are Hispanic, 30% African American, 6% Asian Pacific Islander and 4% White.

Most gang activity in Alameda County is in Oakland. According to the Oakland Police Department, there are at least 65 organized gangs in the City of Oakland

WHAT IS GANG CULTURE?

Gang violence is identified as “any physical interaction involving active gang members, either as the victim or perpetrator”. It is mostly committed against Black or Hispanic adolescent males ages 12–19.¹¹ The California Penal Code 196.22 defines street gangs as “a group of three or more individuals having a common identifying symbol, and whose members individually or collectively engage or have engaged in a pattern of criminal activity.” Gang culture is complex, relating to symbols, dress, graffiti, tattoos etc. Often different racial/ethnic gang members use different symbols in their tattoos.¹² Gang members use tattoos as a form of expression of gang involvement and their ranking within the gang. By displaying the ranking in the gang they intimidate rivals. Tattoos may be able to tell a gang member’s life story, and what stage of life he/she in when they got the tattoos.

today. A two-part documentary released in 2009 entitled “Gang Wars: Oakland” showed that there are at least 10,000 gang members on the streets of Oakland every day of the week.¹³ The film also noted that Hispanic gangs are growing. “Gang affiliated or not, there is a homicide every three days in Oakland. The city has one of the highest violent crime rates in the nation, and there seems no end in sight”, reports Chip Johnson of San Francisco Chronicle.¹⁴ From 2001–2006, there were an average of 100 homicides per year.¹⁵ The Oakland violent crime rate is three times the national average, 12.9 per 1,000 compared to 4.7 per 1,000. The City of Oakland is safer than only 7% of the cities nationally.¹⁶ According to the California Healthy Kids Survey, in 2008–2009 about 9–11% Oakland middle and high school students reported being a member of a gang, though the actual rate of involvement is much higher.¹⁷ The high prevalence of gangs and growing ethnically-based gang violence in Alameda County, especially in Oakland and Hayward, has kept the need for tattoo removal constant, and leaving us with a need to expand our services and supports.

Youth are the most likely victims and perpetrators of gang violence. Gang life exposes youth to an array of crimes,¹⁸ including tremendous turf and drug wars, battles over resources, and drive-bys. Handguns and military hardware are typical vehicles for the violent rampage and are common in large urban cities like Oakland.¹⁹ Gang youth have higher exposure to violence, less perceived social support which leads to anxiety and depression, higher rates of drug addiction and substance abuse, imprisonment²⁰, low educational

who we are



John Pescetti, MD

Pediatrician,
La Clinica de la Raza



Arthur Chen, MD

Family Practice Physician,
Asian Health Services, Oakland;
Medical Director,
Alameda Alliance for Health



Muntu Davis, MD, MPH

Health Officer,
Alameda County Public Health
Department



Alice Chen, MD, MPH

Professor, University of California,
San Francisco;
Medical Director,
SF General Hospital, Adult Medicine

Housed in the Community Health Services Division of the Alameda County Public Health Department (ACPHD), *Project New Start* has received tremendous political support from the Alameda County Board of Supervisors, Health Care Services Agency, and the Probation Department. *PNS* has one core program director, Ms. Adriana Alvarado, who single-handedly for the last 13 of the 15 years has overseen and coordinated most aspects of the program, including managing approximately 85–110 cases throughout the year, collecting and reporting data on the clients, ensuring that weekly clinics are staffed with medical providers and run smoothly, and advocating and sustaining the program. In the last few years, she has had help from one part-time staff member for administrative support; and an intern who was a past client of the program, and now serves as a case manager and mentor to youth.

Volunteers are the main strength of the *Project New Start*. Over the years *PNS* has been privileged to have the involvement of some of the most talented and dedicated individuals of this community. The volunteers consist of four physicians, three nurse practitioners, ten nurses and five clinical assistants. All volunteers are extremely supportive of high-risk youth and are dedicated to improving the lives of young people. Some volunteers have been with the program since its inception and continue to donate their time and service in order to keep the program running.

For the last 14 years, we have been very fortunate to have nurses Alice Kaida and Erma Albert; both of them worked with Highland Hospital for over 25 years. We also had Highland Hospital nurse Dorothy McIntosh for 12 years. All three of them came to



Alice Kaida,
RN

Nursing Director
Highland Hospital
Nurses Auxiliary



Anne Pilat,
FNP, MSN

Pediatric Nurse
Practitioner at Children's
Hospital Oakland



Erma Albert,
RN

Highland Hospital
Nurses Auxiliary



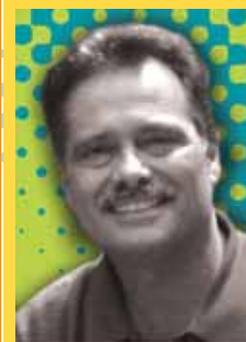
Sarah Nathan,
FNP, MSN

Pediatric Nurse
Practitioner at La Clinica
de la Raza



Jessica Marques,
FNP, MSN

Pediatric Nurse
Practitioner at La Clinica
de la Raza



Larry Vitale,
RN, PHN, MPA

San Francisco State
University and
Merritt College

us after they retired from Highland. Our Highland physicians include: Dr. Alice Chen from San Francisco General Hospital, a *PNS* volunteer for seven years; Dr. Arthur Chen from Asian Health Services, a *PNS* volunteer for over seven years; and Dr. Muntu Davis, Alameda County Health Officer who has been with us for 2 years. We also have Dr. John Pescetti, and adolescent health nurse practitioner Anne Pilat, who together operate our La Clinica de la Raza clinic. They have been with us for the last seven years.

In 2003 news of our program began to spread beyond the confines of the Juvenile Justice Center, and we began to receive many calls from the Spanish speaking community requesting that we provide tattoo removal services in a Spanish speaking clinic. Thus, we approached Dr. John Pescetti, the former medical director of La Clinica, to see if he and his staff would be interested in providing tattoo removal services out of their Pediatric unit. He warmly accepted the offer and since then we have been operating the tattoo removal clinic from La Clinica once a month with many volunteer La Clinica staff. They have provided a safe place to remove tattoos, and keen adolescent medical care for high-risk monolingual and bilingual Spanish speaking youth in a culturally specific manner

In 2008, we partnered with the Nursing Departments of University of California, San Francisco (UCSF), San Francisco State University (SFSU) and Samuel Merritt College. The nursing students at these schools receive training at the tattoo removal program as part of their school requirements.

Without this dedicated group of people, *Project New Start* would not exist today and the most vulnerable young people of our community would not be receiving the type and quality of services available to them through *PNS*. These partnerships not only allow for added assistance to the primary volunteers, they also allow student nurses an opportunity to be involved in a true community health program. Several student nurses have been so impressed with the program that they have stayed on to volunteer in various capacities after their nursing rotation was completed. Staff from Alameda County Public Health Department has volunteered from time to time to help run the program efficiently.

Together the volunteers from both clinics have donated millions of dollars worth of tattoo removal treatments. This figure does not account for the invaluable face-to-face and heart-to-heart talks, coaching, and support that all of the clinical staff has provided to the *PNS* youth.

what we do

Project New Start is a life-style change program for youth 13–25 year olds who live within Alameda County and want to make positive changes in their lives and have their tattoos removed. Applicants must demonstrate their willingness and ability to adhere to mandatory guidelines of the program. These guidelines include:

1. End gang affiliation and abide by the terms of probation or parole;
2. Identify a community mentor who will provide leadership and monitor their commitment in meeting personal, educational and/or vocational goals;
3. Enroll in school or job training program; have stable employment or be the primary caregiver of a child or family members
4. Contribute a minimum of 50 hours of community volunteer work
5. Keep the appointments of tattoo removal clinics.

Once a youth is linked with *PNS*, the first step is to conduct an intake assessment including a physical examination of tattoo(s). The intake assessment is a mechanism to determine the youth's readiness to move forward and away from their former lifestyle. In order to make an individualized plan for lifestyle change, it is very important to identify participants' social support systems because it dictates how successful they will be during their transition. Based on the identified needs and gaps, program staff work with participants to develop a plan. This individual plan is very important for the participants' sense of achievement. In order to carryout the plan successfully we need to do extensive case management. Over the course of their tattoo removal treatments which often lasts 1–2 years, the youth works toward accomplishing their goals. The client

flow chart on the next page describes the process of a youth getting his/her tattoos removed while receiving services. All services are provided to the youth free of cost.

To remain in the program and successfully graduate, participants must remain in good standing, refrain from getting new tattoos, and not violate the terms of their probation or not be convicted of a misdemeanor felony.

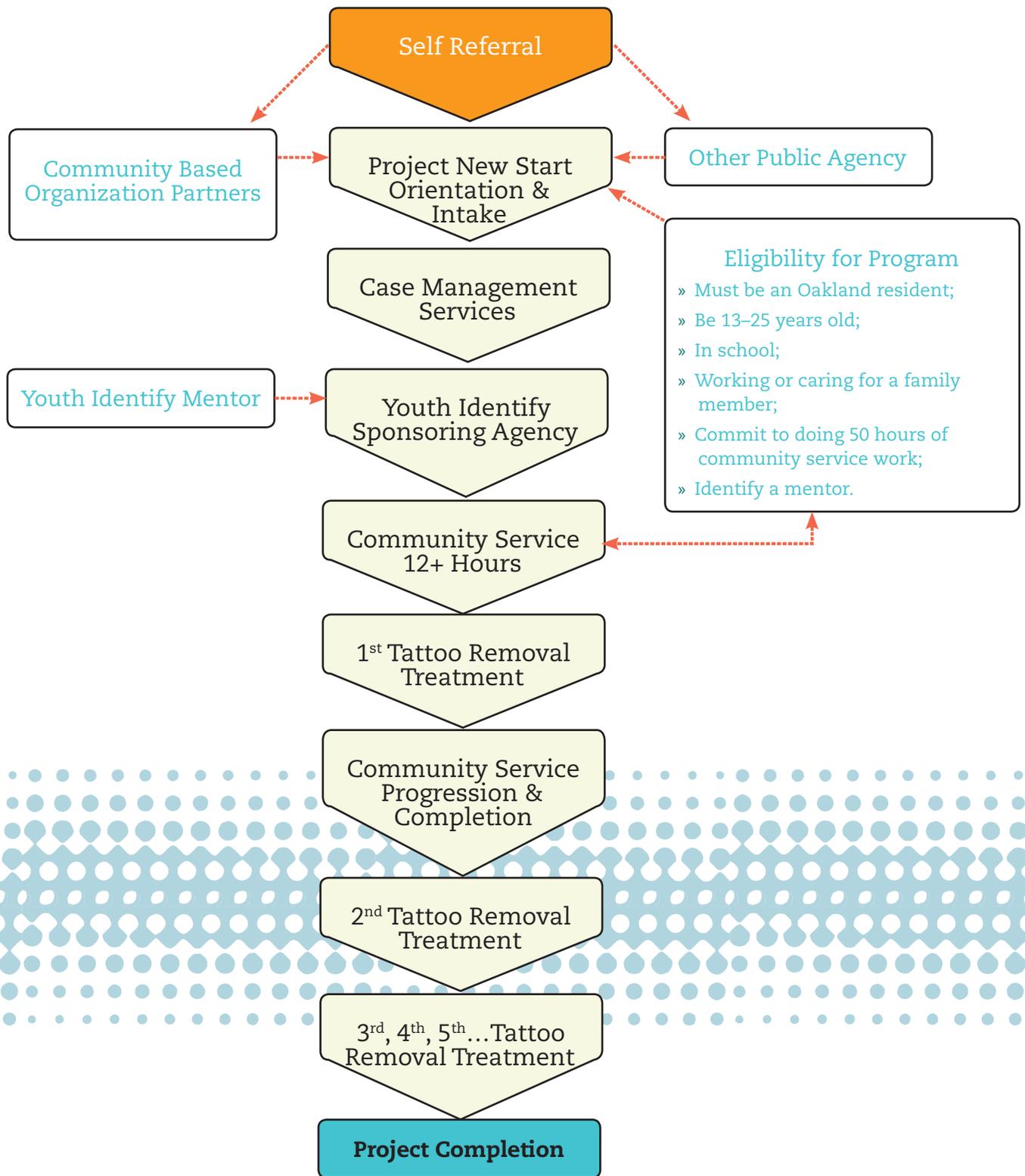
On an average participants undergo four to fifteen tattoo removal treatments, depending on the size, depth and amount of the ink, quality and colors of the tattoo(s).

During the last 14 years we conducted 252 clinics for approximately 400 young men and women through *PNS*, with each clinic providing laser treatment for at least 15 youth. Some youth received treatment for four or more tattoos during each appointment.



Alice Kaida and Erma Albert in the Highland Hospital Clinic with a *PNS* youth

FIGURE 3. Project New Start Service Flow Chart: Types of Services Received by Clients



Uncle Ray

Cocktail parties and television are the foremost breeders of gratuitous hypocrisy in society. [C-4]

The Oakland Tribune. LOCAL NEWS

Section C Sunday December 15, 1996

Youths zap tattoos for new chapter in life

By Victoria Hudson STAFF WRITER

OAKLAND — In less time than it takes to get a haircut, David Coles watches another layer of his former gang life zapped from his arms.

A San Leandro group-home resident during most of his high school years, Coles is a sophomore and liberal arts major, on scholarship at St. Mary's College in Moraga.

This month he was among 14 people having their tattoos removed as part of Project New Start-Oakland, a mentor program for youths serious about changing their lives and attitudes.

Wearing large plastic-covered anesthesia gauges on both forearms Coles,

20, apologized for refusing to explain the meaning of the eight tattoos on his arms and chest. One reason for getting them removed, he said, is so that he'll never have to explain them again.

"With these tattoos, people come to conclusions about who I am," he said. "But it's only who I was for a fraction of a time in my life, and I don't want people to have misconceptions about me."

A program of the Alameda County Health Department, Project New Start serves high-risk youth aged between 13 and 25 years old and former gang members who want to get rid of their tattoos.

The laser surgery, conducted at

Highland Hospital, costs participants nothing.

In return, they agree to complete 50 to 100 hours of community service, maintain their education, get a job or enter job training and stay in contact with an assigned mentor, said Janice Louie, coordinator of Project New Start.

Oakland is the second city in the county, after Hayward, to launch Project New Start. Plans call for others to start in Fremont and at Juvenile Hall in San Leandro, she said.

With more than 400 known gangs, Alameda ranks among the highest

Please see Tattoos, C 2



RAY CHAVEZ — Staff

Edgar Sanchez, 21, has a tattoo removed at Highland Hospital as part of an Alameda County program that enables youths to have their tattoos removed in exchange for community service.

“With these tattoos, people come to conclusions about who I am. But it’s only who I was for a fraction of a time in my life, and I don’t want people to have misconceptions about me.” -PNS youth

Often times our target population lacks health care services. A lot of them have never been to a doctor's office. Our volunteers always look for innovative and creative ideas on how better to serve this population. In January 2010, our Highland Hospital volunteer group decided to offer additional services to youth. We started a "Wellness Check" that is modeled after the Child and Adolescent Health Measurement Initiative.²⁴ The wellness check is conducted by our volunteer nursing students under the direction of a nursing instructor. The assessment covers questions related to health care utilization, privacy, health and safety, health information, health care in the last six

months and individual health outlook. Our aim is to help raise the awareness within each youth and to establish baseline numbers for blood pressure, height, weight, BMI (body mass index) and blood sugar and offer immunizations. Additional objectives for the wellness check are to follow-up on the state of their well being, how they are feeling, where they are living, if they are having problems with smoking and drinking, and if they are in crisis. The youth seem to welcome the initiative; we have observed them sharing their health status information and discussing their weight and nutrition.

2010 Pilot Project: Youth Development Workshops and Intensive Case Management

DESCRIPTION

From January to June 2010, we conducted a pilot project that focused on Youth Development Workshops and Intensive Case Management with eleven (11) of our most vulnerable youth.

The youth were introduced to yoga, life skills workshops, and one-on-one mentoring. The workshops (see Table 1) were offered by an amazing set of experts and youth advocates with topics ranging from job development, college information, good nutrition and exercise, accessing community resources, healthy relationships, an educational field trip, setting goals, communication and problem solving.

Yoga was introduced as a stress reduction tool that incorporated mindfulness and promoted individual wellbeing. Youth voiced a great appreciation for the yoga and workshops.

Case management included weekly follow-up through phone contact, home visits and field visits to schools and job sites. Case management has provided participants with follow-up support, guidance, and advocacy to accomplishing personal goals. Case management included a case plan aimed at assisting participants with school and college enrollment, job search and job readiness, court advocacy, mental health and health services, and general life coaching.

Evaluation surveys and anecdotal stories from the youth made it very clear that these workshops and the expansion of our program into youth development and intensive case management is not only needed, but is highly desired and more beneficial for our youth.

We focused on six indicators during the project period:

1. Workshop attendance
2. PNS clinic attendance
3. Education
4. Employment
5. Interpersonal relationships and
6. Behavior change

IMPACT OF YOUTH DEVELOPMENT PILOT

WORKSHOP ATTENDANCE

Out of eleven: Four (4) maintained consistent workshop attendance, four (4) were inconsistent, meaning 1-4 absences, and three (3) did not return after the first three workshop sessions – reasons were incarceration, court supervision/unable to attend and miscarriage/family crisis.

PNS CLINIC ATTENDANCE

Out of eleven: Six (6) maintained consistent clinic attendance, one (1) had inconsistent attendance, two (2) did not returned for treatment (reasons – incarceration, family crisis), one (1) has not yet begun treatment, and one (1) had completed treatment.

EDUCATION

Out of eleven: Nine (9) were enrolled in school, college, GED program and/or job training at the beginning of the pilot program.

Currently, seven (7) remain enrolled in school, college, GED program and/or job training program. Two (2) are unknown.

Two (2) enrolled in college for the first time, one (1) returned to school, one (1) enrolled in a job training program for the first time, and one (1) completed a job training program.

EMPLOYMENT

Out of eleven: Two (2) obtained employment, three (3) are actively searching for employment while attending school and/ or some type of job training, and three (3) are focused on school only.

INTERPERSONAL RELATIONSHIPS

Out of eleven: Four (4) were known to have interpersonal relationships at the beginning of the pilot; three (3) remain in relationships, and eight (8) are unknown.

BEHAVIOR CHANGE

Participants individually demonstrated some level of behavior change through-out the pilot program. Each participant expressed some type of attentiveness related to their lives while participating in the pilot program. Despite hardships and crises, most participants remained resilient and made very important steps toward improving their lives – steps that may not have happened if the participants were not enrolled in the pilot program.

TABLE 1. Four Month Youth Development Workshops PHD—PNS

| Topic | Description |
|---|--|
| Heart Exercise | Knowing your heart as an infant and identifying all the things a healthy baby and heart need; such as warmth, being held, being fed, and having a soft place to sleep. This is to help youth know what is good for them and what is not which ultimately should help them with decision making and not falling into negative activities. |
| My Community | Knowing your social support system is important for knowing what you have and what you do not have. This exercise is to help the youth open up to family, friends and others. This exercise is to inform youth that we all need others and to learn how to rely on others when we are stuck and unable to move forward. |
| Healthy Relationships (Youth Alive) | This training teaches youth about healthy relationships, and how to identify inappropriate behavior. The training introduced all types of relationships (i.e. familial, love interests, peers etc.) and showed both respectful and non-respectful relationships and much more. |
| Good Nutrition & Exercise (Amy Glodde, RD, MPH) | This training introduced the new food pyramid and showed the amounts of hidden sugars and salts in foods. The training also taught the youth how to read food labels and gave the RDA of foods. |
| Wooden's Pyramid for Success (Coach John Wooden) | Coach Wooden's Success pyramid was introduced so that youth could identify the essential characteristics needed for success according to Wooden. |
| Setting Goals | This session was individually administered by the case manager. We wanted the youth to get ready for planning out short and long term goals and to report on the challenges and successes. |
| College Information (Newin Orante, PhD, Laney College, Dean of Student Affairs) | This presentation introduced the thinking of Pablo Freire's perspective on education and why we need education. The training also showcased the murder rate of youth who live in Oakland (over the past 5 years) and why it was better to educate yourself than to be a target for death |
| Job Development (Michael Rubio, Bayfair Employment Training Academy) | The presentation introduced the BETA site at the Bayfair Mall. This program offers youth job development skills, resume writing, interviewing, how to dress for an interview, how to speak in an interview, and skill building in computer repair. They also offer job case management, counseling and coaching. This is a Social Services funded program. |

data highlights

CLIENT PROFILE

- From 1996 to 2008, *Project New Start* served over 310 youth, between the ages of 13 and 27.²⁵ Currently, 94 youth are served by the program.
- Participating youth and young adults had either gang, drug, or criminal tattoos.
- More than half of the youth served were female (57%) and the rest were male (43%).
- Latinos made up the highest percentage of youth served (58%), followed by Asian/Pacific Islanders (15%), African American (10%), White (9%), and American Indian (7%).

CHART 1: Race/Ethnicity of PNS Participants 1996–2010 (n=373)

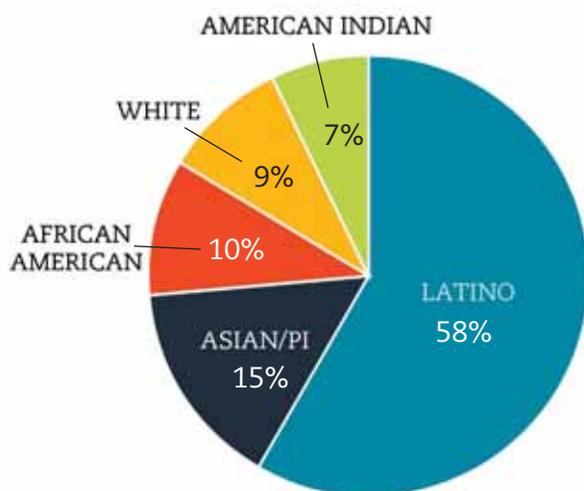


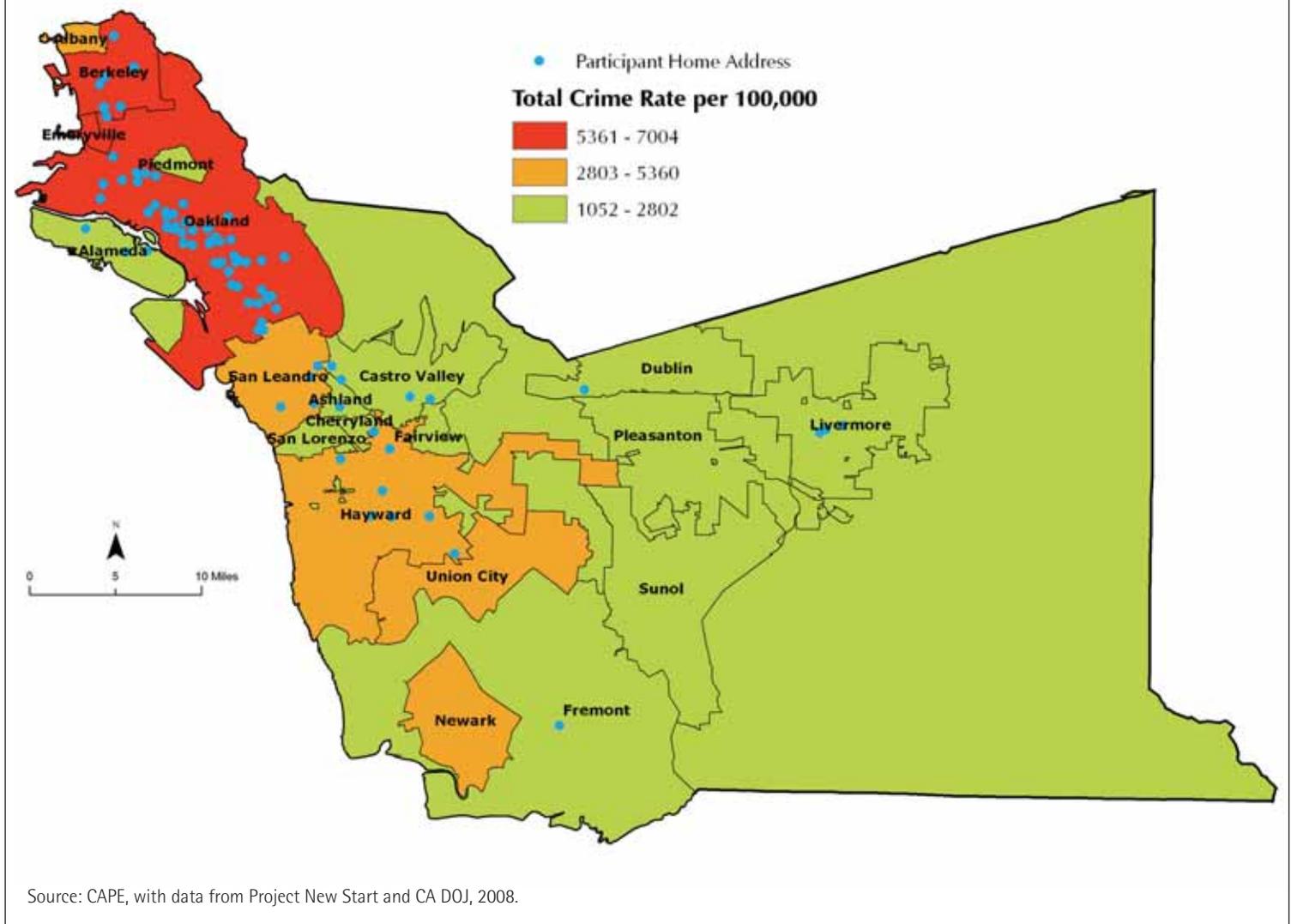
TABLE 2: Age of PNS Participants 1996–2008 (n=310)

| Age | Number | Percent |
|-------------|--------|---------|
| 13–19 years | 108 | 35% |
| 20–24 years | 133 | 43% |
| 25–27 years | 69 | 22% |

PLACE OF RESIDENCE

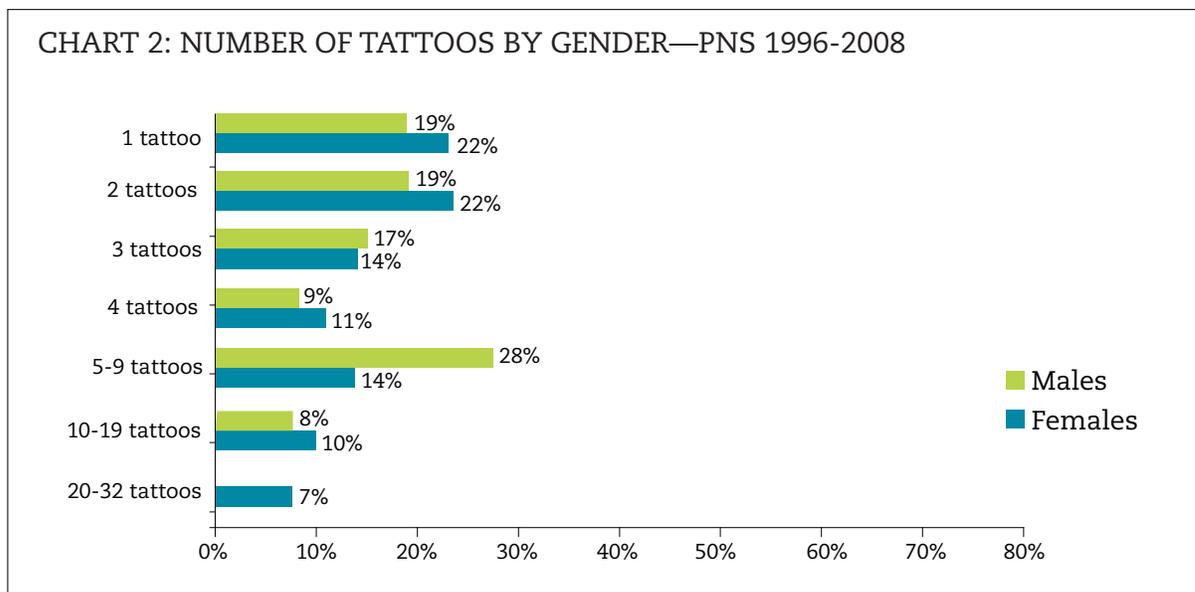
- The majority of youth served by *PNS* lived in Oakland (63%), followed by Alameda (7%), Berkeley (6%), San Leandro (5%), and Hayward (5%). (see Figure 4)
- Oakland continues to have the highest homicide rate of any city in Alameda County, higher levels of concentrated poverty in some neighborhoods, and the highest number of gangs.²⁶ High exposure to violence, poverty and related risk factors substantially increases a youth's likelihood of developing emotional and behavioral problems.²⁷

FIGURE 4: Crime Map with PNS Participant's Residences



NUMBER OF TATTOOS

- *PNS* participants have an average of four tattoos.
- The number of tattoos that a *PNS* participant gets varies by gender, race/ethnicity and age.
- On average, females have a fewer number of tattoos than males. For instance, at least half of *PNS* females had 1–2 tattoos compared to *PNS* males with 5 or more tattoos.



REASONS FOR GETTING A TATTOO

- The top three reasons youth reported getting a tattoo were:
 - Gang-related (to be part of a gang, or asked by the gang to do so in order to fit in)
 - Peer pressure
 - They looked cool
- Males were more likely than females to get a gang-related tattoo (72% vs. 38%).
- Females, on the other hand, were more likely to report getting a tattoo because they were impulsive, young or silly, or because of a love interest.

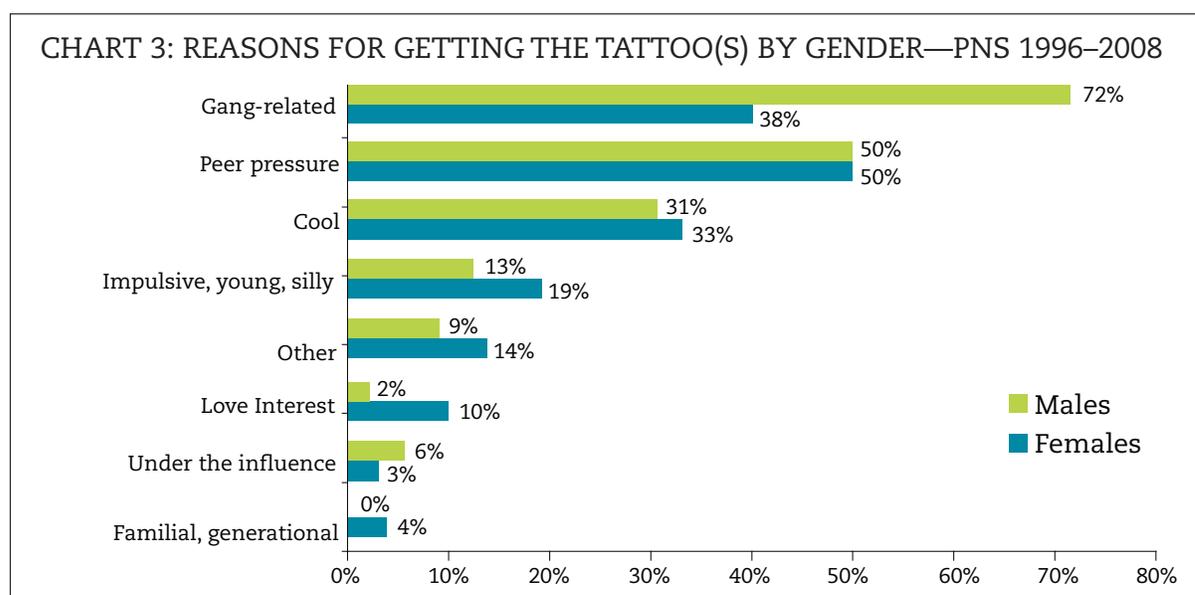
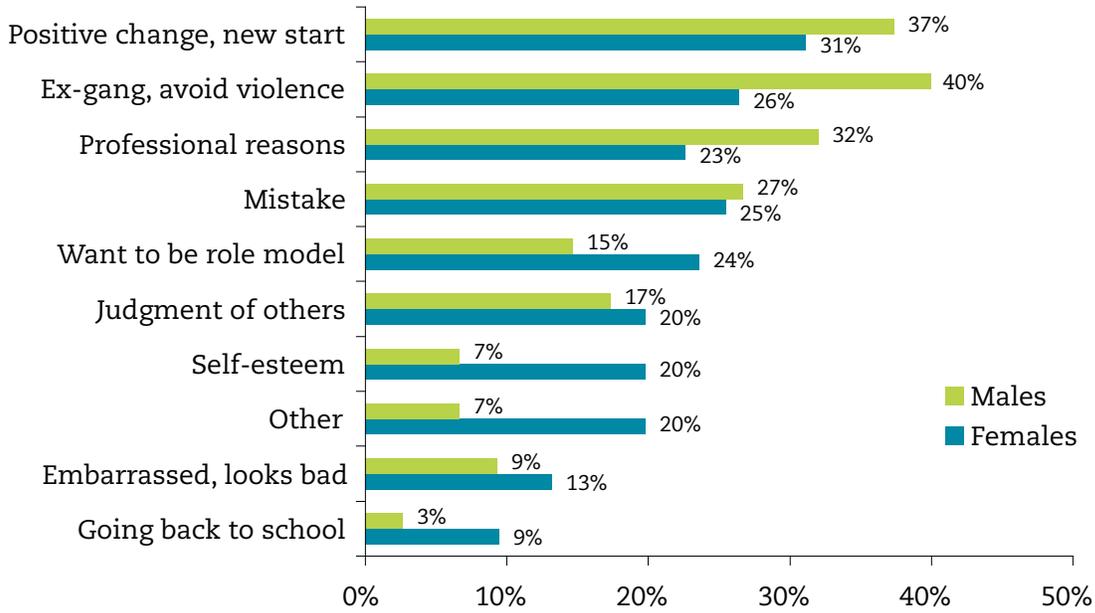


CHART 4: REASONS FOR REMOVING THE TATTOO(S) BY GENDER—PNS 1996–2008



REASONS FOR REMOVING A TATTOO

- Many want to get out of the gang, complete their education, and get a job.
- The top five reasons youth wanted to remove a tattoo include:
 - To make a positive change or a new start
 - To avoid violence or to become an ex-gang member
 - For professional reasons (e.g. to get a job)
 - To remove the mistake
 - The desire to be a role model
- Males were more likely than females to remove a tattoo because they wanted to make a positive change or a new start, to avoid violence/to become an ex-gang member, and to advance professionally.
- Conversely, females were more likely than males to remove a tattoo because of a desire to be a role model, for self-esteem, to avoid embarrassment, or because they were going back to school.
- About 49% of the youth have had 5 laser treatments so far. Thirty-two percent have had 5-9 treatments, 19% have had 10 or more, and 3% have had 20 or more treatments. The maximum number of laser treatments necessary to remove tattoos has been 62.

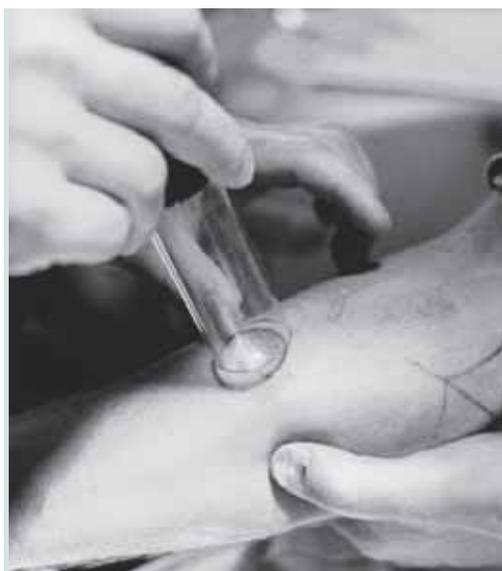


EXPOSURES TO MULTIPLE RISKS

- Almost all youth have been engaged in violence, witnessed violence, or have been victims of violence due to affiliation with gangs, familial relations, or neighborhood associations.
- Most participants come from low-income families with difficult internal and external living environments that leave them with little or no hope for their futures. They often lack structured opportunities at home, in the community, and at school.
- The youth also face discrimination by a potential employer or school administrator who has decided not to hire them or allow them into their school for fear of retaliatory violence and/or inciting customer fear.
- All have high levels of anxiety and difficulty sharing and opening up. Many have never seen doctors or mental health providers and, as a result, have no mental health diagnosis.

LACK OF PROTECTIVE FACTORS IN THEIR ENVIRONMENTS

- In addition to being exposed to multiple risk factors in their lives, these vulnerable youth also lack the necessary protective factors in their environments at home, in the community and in school that are fundamental for healthy development. The youth lack the Protective Factors, and face the following challenges:
 - They do not have supportive families
 - They feel absence of love
 - They feel like they have not accomplished much in their lives.
 - Many do not go to school.
 - Many have never attended any extra-curricular activities
 - They do not have access to positive peers or mentors, or, if available, they do not know how to access. They only hangout with people who have a negative influence on lives.



MAJOR CHARACTERISTICS OR RISK EXPOSURES OF PNS YOUTH:

- » Low self-esteem
- » Family dysfunction
- » Early gang affiliation
- » Delinquency
- » Poverty
- » School drop-out

YOUTH OUTCOMES

Inserts from some of the case notes are anonymously presented below to highlight the youth outcomes observed in four different areas:

1. Resilience/Positive Mental Health

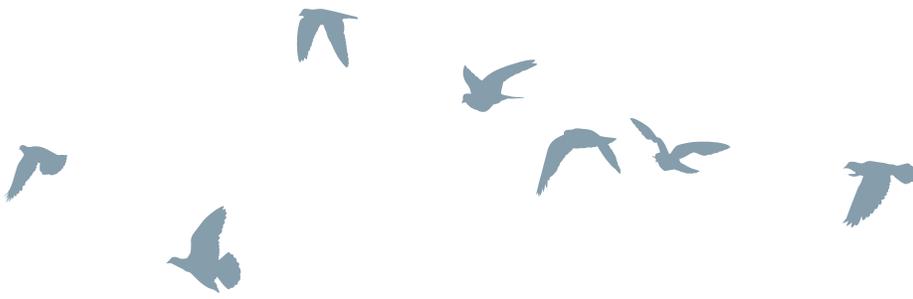
Many of the notes suggest that *PNS* clients are serious about making changes and have become focused on their new life goals. They have shown personal growth by being more open and expressive in their thoughts, advocating for themselves and their future, and staying determined despite setbacks. It seems that *PNS* staff try to keep their clients on target with their life goals by reminding and encouraging them and assisting them in any way they see fit.

- She has expressed an interest in reading books from the caseworker's personal collection.
- He doesn't feel as much pressure as previously.
- He said he would think about choosing whom to hang around.
- He is doing a lot on his own to improve his life and making positive choices.
- She continues to do positive things on her own.

2. Supportive Family/Home Life

Many of the notes suggest that family and the home are enjoyable places for *PNS* clients. The youth are often transported to and/or accompanied to *PNS* clinic appointments and meetings by parents and significant others. In return, many youth also support their own families and create their own positive atmospheres by attending church events and are getting involved in after-school activities.

- He is trying to be a good father to his two children.
- His girlfriend is his solid support source.
- He is spending time with family and relaxing.
- He was happy not to be living in his old neighborhood anymore.
- He seems to be focused and not hanging out with his old friends.
- She provides support to her younger siblings.



3. Motivated and Focused in School

Many of the notes suggest that *PNS* clients are very motivated and focused about progressing in their education, be it high school, adult school, community college, or beyond. Some seem happy to continue with their education they are doing well. *PNS* staff consistently encourage and assist them with enrolling, re-enrolling, or transitioning into school.

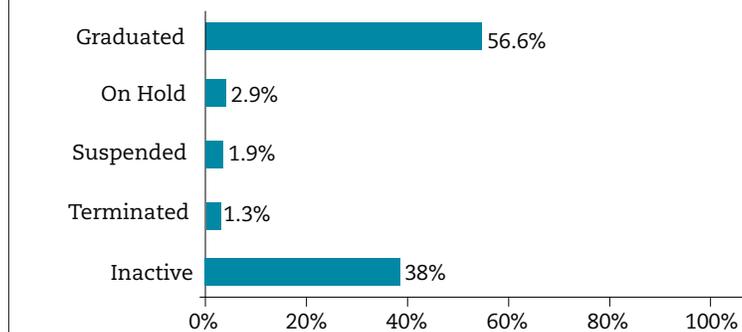
- She graduated high school.
- His guidance counselor says he is doing very well.
- She is looking into enrolling in an adult school and *PNS* is helping with her transition from OUSD to a continuation school.
- He has been working hard at school.
- She is interested in college.
- She continues to attend school every day and will graduate on time.

4. Job/Career Aspirations

Many of the notes suggest that *PNS* clients express interest in careers and career guidance. They are interested in or have created a resume, looked into or participated in training programs, and are actively looking for employment or working. Because of their own positive experiences, a few have long-term goals of working in law enforcement or counseling.

- He is at the Mandela Trade School and working.
- He has completed his 16-week job-training program.
- He expressed an interest in creating a resume.
- He is considering training programs such as Job Corps.
- He has taken the first step towards his job search by contacting me.
- He has obtained more hours from his previous employer and is now working 3–4 days a week.
- He has enrolled in the Oakland Youth Employment Program.

CHART 5: PERCENT WHO GRADUATED FROM PNS 1996–2008



CHALLENGES

VIOLENCE/STRESSORS: Some *PNS* clients continue to get in trouble by being picked up by the police, going to Juvenile Hall, or becoming injured in altercations. Their lives are often in chaos, with their contact information changing and *PNS* staff having difficulty getting a hold of them. Sometimes they do not have transportation or support from their family to attend *PNS* clinics or activities. Those clients often have their own families to support and have multiple ongoing stressors such as alcohol, work and childcare. Sometimes these stressors can lead to their disengagement from *PNS* along with their own goals and plans. These clients can benefit from more support and *PNS* often gives it to them emotionally.

- He is not working and spends his time with his buddies, drinking excessively.
- She has family issues at home.
- His family is stressed due to stabbing of family member but the member will be okay.
- He was picked up by the Oakland Police Department and is looking to *PNS* for a support letter.
- His girlfriend is pregnant.
- The altercation he was in has made him feel very depressed and appreciates the concern of *PNS* staff.

GRADUATION FROM THE PROGRAM

From 1996 to 2008, out of the 310 youth who have been served by *PNS*:

- 176 (55.6%) have graduated from the program. Graduation means they have had their tattoos removed completely, met all community service requirements, maintained a mentorship for at least one year, and either enrolled in school or a GED program or completed a job training program and got employment.
- 9 (2.9%) were on hold. On hold youth are those who are either on medical leave (e.g. due to pregnancy), or went away to a four-year college.
- 6 (1.9%) were suspended. Youth are suspended when: 1) They have either become convicted of a crime or incarcerated for violation of probation or parole, or 2) They show up to the clinic drunk or "high" on drugs. They are only allowed to come back to the program if they demonstrate thereafter that they have changed.
- 4 (1.3%) were terminated. Youth are terminated if they have threaten staff or another participant; they are aggressive, combative, or violent; or they use profanities such that others do not feel safe around them.
- 121 (38%) were inactive. Inactive youth have had high absenteeism, did not hold a job, and/or decided to withdraw from the program themselves. At times some "inactive" youth return to the program.

gaps in services & future strategic plan

PROJECT NEW START STRATEGIC PLAN 2010–2015²⁸

As we mentioned in the previous section that 38% of our clients served from 1996–2008 did not graduate from the program because they required more extensive case management and support services which *PNS* could not provide due to lack of resources. *PNS* staff tries to do the best but it is not enough of what is required. In addition to tattoo removal services these 38% youth needed more time from the program for building a positive caring relationship, having an open and better communication, receiving trainings and workshops, connecting youth to potential employers and schools, creating resumes, assisting with transportation and day-to-day life management. These youth also need Mental Health services which is an essential component for their success. We believe

these things are instrumental in ensuring a successful recovery and stable, positive trajectory for *PNS* youth. Without these additional supports, our youth will continue to face overwhelming risk at home, among peers, in the community and it increases their chances of going back to a life of gang involvement and emotional trauma. Some of them become isolated and suffer from severe depression.

Thus in February 2010, we conducted a six month long participatory, strategic planning process, Using the youth development and resilience framework, it focused on expanding the program, capitalizing on existing partners, and identifying program successes.

Two major strategic planning sessions were held to engage all interested stakeholders and constituents including the youth, *PNS* staff, volunteers, and key



“We are all doing something that comes out of our respect for these young people who want to make a positive change in their lives. ... Most of the time, they don’t get that. By volunteering our time to help them turn things around in their lives, we are telling them that they have worth.”

–Dr. John Pischetti, *PNS* Volunteer Physician



potential and past partners (e.g., schools and juvenile justice centers). The current status of the program, the motivation and the purpose of the strategic planning, and program data over the last 14 years were shared. Session participants openly identified their met or unmet needs, strengths, weaknesses, opportunities, and threats as well as the potential solutions.

The program mission was revised and four new goals were created. Having accepted the goals and strategies, the next step would be for a smaller, core group to develop specific action steps, timelines, and



outcome measures to ensure the expansion of *PNS* services in the near future.

Following are the vision, mission and goals of *Project New Start* as of 2010, developed by the strategic planning group:

VISION 2010

In 3–5 years, we see ...

- recreation
- family
- counseling
- workshops in schools/cbos/jjc
- youth into leaders
- multiple decentralized sites
- structured meetings
- paid internships
- outdoor activities
- medical, mental and alternative medicine services
- direct link to regular schools and school districts
- access to own or public transportation
- tattoo prevention
- job training and placement
- enhanced case management

"In three to five years, I'd like to see PNS firmly situated in Highland Hospital, La Clinica, Asian Health Services, School-based clinics, and Juvenile Justice Center. By firmly situated, I mean having bases of operations to receive and intake referrals, perform assessments, and formulate case plans...I'd like to see PNS have solid working relationships with all youth development organizations in Oakland that target high-risk youth (gang involved, SEM, turf affiliated) with two-way referral pipelining established (actual staff at these sites)...educational workshops in schools/CBOs/JJC to inform youth middle school people on why kids get tattoos, the benefits of removal, and the process. This is focusing on prevention"

– *A vision of a PNS Volunteer*



MISSION

To provide life-changing opportunities, support, and positive relationships to high-risk youth.

GOALS

The following four goals were identified during the planning process:

GOAL 1. EXPANDING CASE MANAGEMENT AND COUNSELING: To provide access to comprehensive and quality medical and mental health services for those youth referred to *PNS* – including during and after contact – ensuring a continuum of care. The ideal would be to have an on-staff therapist who directly provides mental health services as needed, as well as a family counselor to provide support to guardians/parents of the youth. Referrals and case management would be expanded.

GOAL 2. ENSURE SUCCESSFUL TRANSITION TO SCHOOLS AND JOBS (EDUCATIONAL ATTAINMENT AND ECONOMIC DEVELOPMENT): We would work systematically with Oakland Unified School District and other relevant school districts in the county to establish a successful transition model for *PNS* youth. This would include developing an Individualized Education Plan (IEP), tracking and following the youth, and continuing to work with school-based health centers to make sure emotional supports are provided. *PNS* case manager would stay connected with the youth for the first six months of transition out of the program. We would outreach to additional employers to further establish job training opportunities (e.g., minimum wage, alleviate stigma associated with working with adjudicated youth) that help the youth successfully obtain and sustain a job.

GOAL 3. FOCUS ON POSITIVE YOUTH DEVELOPMENT

(ENRICHMENT): The new *PNS* would be far more than a tattoo removal program. It would be a health, wellness, and youth development program focused on building and sustaining resilience and positive life skills and environments for the most vulnerable youth. We would build in evidence-based practices including the restorative justice model, mentoring, and other opportunities for youth who need them and who will benefit from them the most. It would include providing structured opportunities and meaningful activities; for example, promoting youth engagement in outdoor recreational activities, leadership roles, civic engagement, and other events. Cascading mentorship would be provided to promote a positive peer culture and to connect youth with adult models for healthy development.

GOAL 4. INCREASED ACCESSIBILITY AND OUTREACH:

To expand access to tattoo removal services at multiple sites dispersed geographically throughout the County, including at JJC, schools, and CBO's. This might include having satellite offices at school-based health centers where staff is based two to three days a week to receive referrals, intake clients, perform assessments, and create case plans. We also aim to increase outreach to more at-risk youth served at JJC, schools and other programs.

references

- 1 Benard, B. (2004). *Resiliency: What Have We Learned*. WestEd.
- 2 Masten AS, Hubbard JJ, Gest SD, Tellegen A, Garmezy N, & Ramirez M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, 11, 143–169.
- 3 Alameda County Probation Department Strategic Plan 2004–2007. Accessed on December 12, 2010 at <http://www.acgov.org/probation/documents/strategicplan.pdf>
- 4 Superior Court of California. Division of Juvenile Facilities Baseline Parole and Annual County Cost. Judge Peterson. Accessed on December 12, 2010 at <http://www.lhc.ca.gov/studies/192/jj/PetersonFEB08.pdf>
- 5 Miller TR, Cohen MA, Rossman, SB. (1993). Victim costs of violent crime and resulting injuries. *Health Affairs*, 12, 186–197.
- 6 Project New Start Statistical Database, 2009, Alameda County Public Health Department.
- 7 Benton, L and Alvarado A. (January 24–28, 2000). Partnerships for Health in the New Millennium. Session 383: Tattoo Removal Program promotes adolescent health and workforce development. Accessed on October 10, 2010 at www.health.gov/partnerships/Program/Jan27830.htm
- 8 More information about Camp Wilmont Sweeney can be found at: www.acgov.org/probation/ji.htm
- 9 Alvarado, A, Benton, LD. Laser tattoo removal programs: an effective community partnership for youth violence prevention. Poster presented at American Public Health Association, November 17, 2003.
- 10 Egley, A, Jr., and Ritz, CE. (2006). Highlights of the 2004 National Gang Youth Survey. U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention. Accessed at <http://www.iir.com/nygc/publications/fs200601.pdf>
- 11 Ibid., 5.
- 12 Gang Prevention and Intervention Handbook. Funded by U.S.D.O.J OJJDP. Prepared by City of Oakland Measure Y. Accessed on December 12, 2010 at http://publicportal.ousd.k12.ca.us/199410109161217937/lib/199410109161217937/Handbook-Appendix_9_8_FINAL.pdf
- 13 Johnson, C. (2009). San Francisco Column. Discovery Channel, cops differ on Oakland Gangs. http://articles.sfgate.com/2009-09-15/bay-area/17204344_1_gang-related-killings-gang-members-gang-problem
- 14 Ibid., 6.
- 15 Beyers M, Jain S, Mena M. (2006). Violence in Oakland: A Public Health Crisis. Community Assessment, Planning & Evaluation Unit. Alameda County Public Health Department. Accessed on November 5, 2010 at <http://www.acphd.org/AXBYCZ/Admin/DataReports/violenceinoakland.pdf>
- 16 Violent Crime Statistics. Accessed on November 5, 2010 at www.neighborhoodscout.com/ca/oakland/crime
- 17 Gang Involvement. Selected Facts. Kidsdata.org Accessed on October 10, 2010 at <http://www.kidsdata.org/data/topic/dashboard.aspx?cat=73> For more information about the California Healthy Kids Survey, go to <http://www.wested.org/cs/we/view/pj/245>
- 18 Zimring, FE. (1998). *Youth violence*. Oxford; Oxford University Press.
- 19 Cook PJ, Lamb J. (1998). The unprecedented epidemic of youth violence. In *Youth Violence*, Ed. M.Tonry, MH Moore pp.27–64. Chicago: University Chicago Press.
- 20 Lara, MC. *Gang Violence and Latino Youth in Chicano Literature: the Loss of Potential*.
- 21 Vigil, JD. (2003). *Urban Violence and Street Gangs*. Annual Review of Anthropology. 32:225.
- 22 *Responding to Gangs: Evaluation and Research* (National Institute of Justice, 2002, Reed and Decker).
- 23 More information about Homeboy Industries can be found at www.homeboy-industries.org
- 24 The National Child Adolescent Health Measurement Initiative is housed at the Oregon Health and Science University. More information about this initiative can be found at: www.cahmi.org/pages/Home.aspx
- 25 The 27 years old participant were enrolled in the program when they were 25. Although we primarily serve youth ages 13–25, some are now over 25 because they started the program when they were 25.
- 26 Ibid., 14.
- 27 Buka SL, Stitchick TL, Birdthistle I, & Earls FJ. (2001). Youth exposure to violence; prevalence, risks and consequences. *American Journal of Orthopsychiatry*, 71, 298–310.
- 28 Constant Comparison: Anselm L. Strauss (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- 29 Project New Start has been undergoing a strategic planning process in 2010. We hope to reveal the PNS strategic plan 2010–2015 in early 2011.

For the past I've been involved in many areas of criminal activities/behaviors.

As a result I'm experiencing the discomforts of incarceration.

I have been working very hard to change my ways of life,
my ways of living,
and my ways of learning.

I have completed an informalized drug treatment program consisting of 16 weeks

I have completed a 12 week course of parenting/parental guidance

I have completed an 8 week course on domestic violence

I'm also involved in a weekly community service speaking engagement program

I'm truly and honestly changing my life

And, changing for the better

Not only have I scared my body, I have temporarily scared my mind

This labeling has been symbolic for me

In the past I have accepted this tattoo as a part of my life

But, not anymore!

This is certainly causing stereotypical views of me

I'm measured by society as a drug user, a drug dealer – all because of this marking

I'm denied employment

I'm looked upon as nothing more than an abuser of narcotics

This is an anti-social label

My drastic changes of behavior isn't visualized, recognized and/or considered

I can't be totally viewed as productive

I can't be totally viewed as a role model figure

I can't be totally viewed as a leader or a mentor

Not only is Project New Start important, it will save lives

It will educate and propel people for successful careers and futures

—A Project New Start Participant



list of our partners & supporters

Alameda Alliance for Health

Alameda County Board of Supervisors

Alameda County Health Care Services Agency

Alameda County Medical Center

Alameda County Probation Department

Alameda County Probation Department,
Probation Providers Group

Alameda County Public Health Department

America Works

Asian Health Services

Bayfair Employment Training Academy (BETA)

California Youth Authority

Children's Hospital,
Alameda County Juvenile Justice Center

City of Oakland

Civicorps Academy and Field Academy

Community Counseling and Education Center

Cypress Mandela Training Center

East Bay Asian Youth Center

East Bay Organization of Nursing Executives

Eden Youth & Family Center

Greater New Beginnings

Kaiser Permanente

La Clinica De La Raza

Laney College, Dean of Student Services

Mentoring Center

Native American Health Center, Inc.

Niroga Institute

Oakland Unified School District

Oakland Unified School District,
Alternative Education

Samuel Merritt College, School of Nursing

San Francisco General Hospital,
University of California, San Francisco

San Francisco State University, School of Nursing

Supervisor Gail Steele

University of California, San Francisco,
Nursing Department

Washington Hospital

Youth Alive!

Youth Alive!, Caught in the Crossfire

Youth Uprising

Youth Radio



Project New Start is a comprehensive program for at-risk or gang related youth who want to make positive changes in their lives and have their tattoos removed. The project coordinates tattoo removal with mentoring and other social support services to assist participants reach their personal goals. Successful participants make a commitment to a vocational and/or educational plan with sponsors at a local youth agency. In addition, participants do at least 50 hours of community volunteer work of interest to them.



For more information or comments, please contact:

Project New Start

Alameda County Public Health Department

1000 Broadway, Suite 500 Oakland, CA 94607 (510) 208-5926

www.acphd.org/pns