

# The Faith Factor

A Survey of Faith- Based Organizations in East  
Oakland, West Oakland and Hayward, California

## The Role of Faith Based Organizations in Supporting Efforts to Reintegrate Residents Returning From Prison

Commission by: Alameda County Public Health  
Department's Urban Male Health Initiative

Regional Congregations and Neighborhood  
Organizations Training Center (RCNO)

## **Preface**

Alameda County is home to more than 16,800 adult parolees.<sup>1</sup> The East Oakland, West Oakland and Hayward communities receive almost 60% of these residents. Most are men under the age of 50. The Alameda County Public Health Department's Urban Male Health Initiative recognizes that these residents can be a blessing or a burden to the families and communities that receive them from prison. Healthy parolees can fortify fragile families and resurrect their communities socially, politically and economically. These same men and women bring with them unbearable burdens if their families, communities and governmental agencies ignore the potential public health challenges they pose.

The Alameda County Public Health Department (ACPHD) commissioned Regional Congregations and Neighborhood Organizations Training Center (RCNO) and its local affiliate, Bay Area Action Council (BAAC), to survey African American faith-based organizations in East Oakland, West Oakland and Hayward. The survey's intends to provide the county with baseline information on faith community efforts to reintegrate residents returning from prison. The survey will inform new public health strategies. Ultimately the public health department will use the survey results to establish partnerships to improve the public health and safety of residents returning from prison, their families and the communities that receive them from prison.

Faith-based organizations are initial reentry points for many residents returning from prison. They are community assets. Faith based organizations are heavily concentrated in the low-income neighborhoods where large numbers of parolees reside. They have the capacity to provide significant support for parolees who experience health problems.

## **Acknowledgements**

**The California Endowment-** This survey could not have happened without the gracious support of The California Endowment. Special thanks to Dan Bogan and Dr. Robert K. Ross.

**Dr. Tony Iton, Alameda County Public Health Director-** Dr. Iton put the full weight of his office behind this survey. The faith community owes him a huge debt of gratitude.

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<sup>1</sup> BRIEFING REPORT  
ALAMEDA COUNTY HEALTH DEPARTMENT -PAROLE POST RELEASE HEALTH ACCESS PROGRAM

**Michael Shaw, Director of the Urban Male Health Initiative-** Mr. Shaw was the inspiration behind this survey. He demonstrated uncompromising respect and confidence in the faith-community. He provided helpful advice and critique without being intrusive.

**Arnold Perkins-** Mr. Perkins, recently retired Director of the Alameda County Public Health Department, was a big supporter of this project. He offered helpful support and advice.

**Gloria Crowell and Dr. Lawrence Van Hook-** Ms. Crowell and Dr. Van Hook worked tirelessly to conduct face to face interviews with faith- leaders. Each worked very hard to gain the trust and confidence of faith leaders.

**Dr. Donnie W. Watson-** Dr. Watson is an independent evaluator affiliated with UCLA- Friends reseach. Dr. Watson provided strategic advice and research consultation.

**Faith Leaders-** A special thanks to the faith leaders who trusted RCNO's interviewers. These leaders opened their doors and took the risk of being transparent. Alameda County and its residents owe each of you a debt of gratitude for your contributions.

**Rev. Eugene Williams III**  
**Chief Executive Officer**

### **RCNO Background**

Regional Congregations and Neighborhood Organizations Training Center (RCNO) is a community organizing and public policy intermediary that strengthens and connects congregations and community organizations throughout the United States. Small- to mid-sized congregations and community organizations are RCNO's priority. RCNO Training Center specifically focuses on building the capacity of clergy, laity and community leaders to participate in public life through structured community organizing campaigns and public policy initiatives. RCNO's work produces informed leaders that promote community driven solutions to pressing problems, expanding the public square and fortifying communities. Over 95 percent of RCNO's constituents reported little or no involvement in public life prior to their RCNO participation. RCNO affiliated groups have gained national recognition in criminal justice reform, banking reinvestment, environmental justice and economic development. Leadership training, community organizing, empowerment, innovative

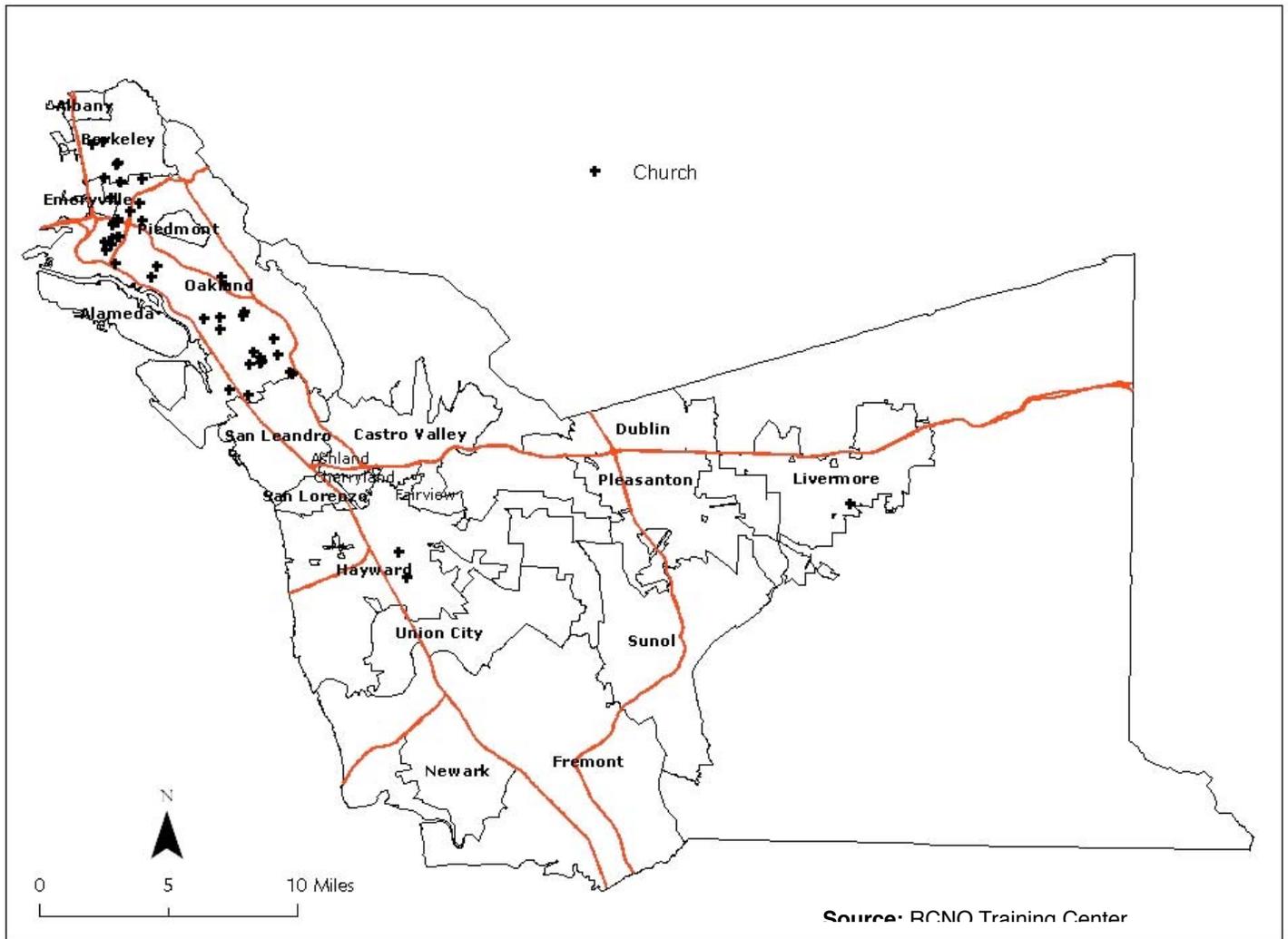
# Table of Contents

Introduction.....	page 6
Why East Oakland, West Oakland & Hayward.....	page 7
Methodology.....	page 8

## Demographic Information

Congregational Membership.....	page 8
Annual Congregational Revenues.....	page 8
Human Capital.....	page 9
Congregational Participation.....	page 9
Staffing.....	page 9
Issue of Concern.....	page 10
Health Issues.....	page 10
Public Policy Activities.....	page 10
Partnership Receptivity.....	page 11
Transitional Housing Capacity.....	page 13
Vision Implementation Challenges.....	page 13
Summary.....	page 13
Strategy Recommendations.....	page 14
Conclusion.....	page 16
Appendix.....	page 20
Participating Congregations.....	page 23

## Survey Area



## **Introduction**

The Alameda County Public Health Department's Urban Male Health Initiative commissioned Regional Congregations and Neighborhood Organizations Training Center (RCNO) and its local affiliate, Bay Area Action Council (BAAC), to conduct a first of its kind survey of 50 African American faith-based organizations in East Oakland, West Oakland and Hayward. The survey provides county public health officials with baseline information on faith community efforts to reintegrate residents returning from prison. Survey results will inform strategies to meet the public health and public safety needs of residents returning from prison and the communities that receive them.

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*Currently there are 2.2 million people in prison and another 4.3 million people who were formerly incarcerated walking the streets of*

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The United States' corrections system is in crisis. Currently there are 2.2 million people in prison and another 4.3 million formerly incarcerated people walking American streets.<sup>2</sup> Since 1980 the total corrections population has grown from 1.8 million people to almost 7 million.<sup>3</sup> Six hundred fifty thousand residents return from prison to local communities each year. Most return with little more than the clothes on their back and a bus ticket. Tragically, more than half of released prisoners will return to prison within three years.

The California Department of Corrections and Rehabilitation (CDCR) currently houses 172,385 people in facilities designed to hold 100,000 people.<sup>4</sup> The CDCR houses more than 18,000 prisoners in space designed for programming and other activities.<sup>5</sup>

The Little Hoover Commission found that "California's parole policies are simply out of sync with the rest of the nation. The bottom line: California's correctional system cost more than it should and does not provide the public safety that it should." California's parole violation rate is 3 times the national average. Seventy percent (70%) of all parole violators are rearrested for technical violations.

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<sup>2</sup> Pew Public Safety Spending Report, 2008

<sup>3</sup> *ibid*

<sup>4</sup> Source: Expert Panel on Adult Offender Reentry and Recidivism Reduction Programs- 2007

<sup>5</sup> *ibid*

Judge Thelton Henderson placed California's prison medical care system under federal receivership in June 2005 for violations of the Eighth and Fourteenth Amendments of the U.S. Constitution forbidding cruel and unusual punishment.<sup>6</sup> Judge Henderson noted that one person dies needlessly every week from inadequate care.

Alameda County is home to more than 16,800 parolees. Fifty nine percent (59%) of these parolees reside in East Oakland, West Oakland and Hayward.<sup>7</sup> Alameda County ranks 12th nationally by the U.S. Department of Justice among the Top 50 Counties Over-Represented by Recently Released Offenders.

The Urban Male Health Initiative recognizes that residents returning from prison can either bless or burden the families and communities that receive them from prison. Healthy parolees can fortify fragile families and resurrect the communities that receive them socially, politically and economically.

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*An Urban Strategies Council (USC) report indicates that 59% of all parolees resided in East Oakland, West Oakland and*

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These same men (and women) bring with them unbearable burdens if their families, communities and governmental agencies ignore the potential public health challenges they pose.

This survey identified baseline information about faith-based organizations that play a vital role in assisting residents returning from prison.

### **Why East Oakland, West Oakland and Hayward?**

Demographics informed the decision to survey African American faith-based organizations in the specific target areas. An Urban Strategies Council (USC) report indicates that 59% of all parolees returning to Alameda County resided in East Oakland, West Oakland and Hayward.<sup>8</sup> According to USC's research 91% of parolees are male and 97% are under 50 years of age.<sup>9</sup>

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<sup>6</sup> SMCMA April 2007

<sup>7</sup> Urban Strategies Council- Public health Reentry Task Force Report, 2008

<sup>8</sup> Alameda County Public Health Reentry Task Force Recommendations, 2008

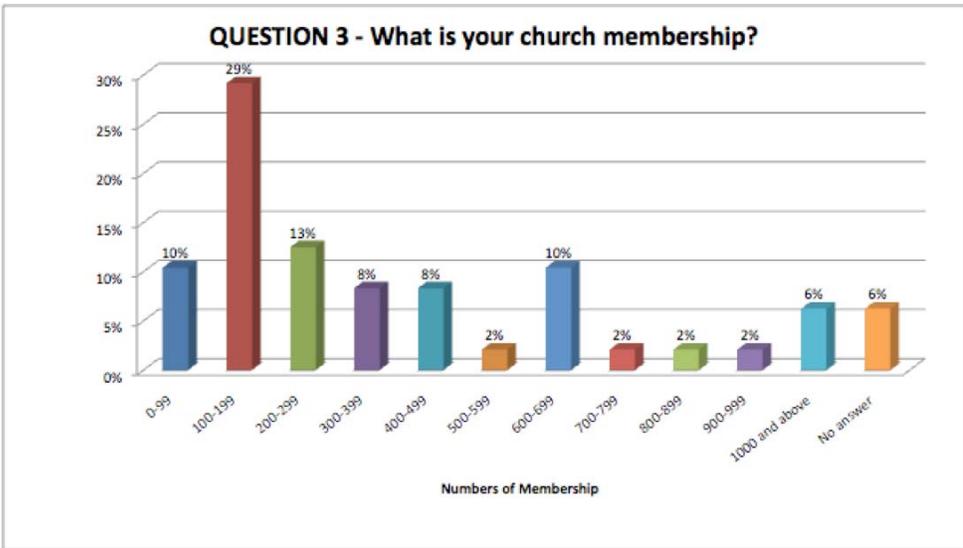
<sup>9</sup> *ibid*

Eighty four percent (84%) are people of color with African Americans comprising the largest ethnic group (67%).

For decades African American faith-based organizations have played a significant role in reintegrating residents returning from prison, reducing homelessness, and reducing drug and alcohol dependency. Alameda County’s African American faith-based organizations are a first point of reentry for residents returning from prison. They are community assets. Faith-based organizations are heavily concentrated in the low-income neighborhoods where large numbers of parolees reside. They have the capacity to provide significant support for parolees who are experiencing health problems.

**Methodology**

RCNO Training Center and ACPHD representatives designed a survey tool to collect baseline information on a convenience sample of 50 faith-based organizations. The survey asked 13 questions.<sup>10</sup> Survey information was captured in face-to-face meetings with clergy, designated staff and/or key volunteers.



**Demographic Information**

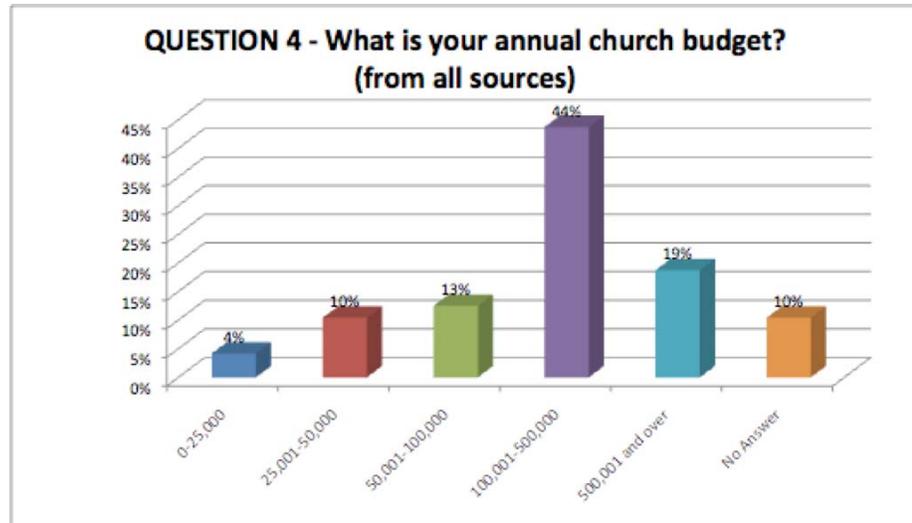
**Congregational Membership- African American**

American faith-based organizations in the impacted communities vary in size. Fifty (50) congregations were surveyed.<sup>11</sup> Ten percent (10%) have membership of 0- 99 persons. Twenty nine percent (29%) have congregational membership comprised of 100-199 members, 33% between 200- 299 members, 8% between 300 - 399, 8% between 400 - 499; 10% between 600- 699 members, and 10% with 1000 members and above.

<sup>10</sup> Appendix

<sup>11</sup> Two congregations later requested that their information not be shared with the health department

**Annual Congregational Revenues-** Annual congregational revenues are as diverse as congregational membership. Four percent (4%) reported annual revenues of \$0 to \$25,000, 10% between \$25,000 and \$50,000, 13% between \$50,000 and \$100,000, 44% between \$101,001 and \$500,000, and 19% have annual budgets in excess of \$400,000.

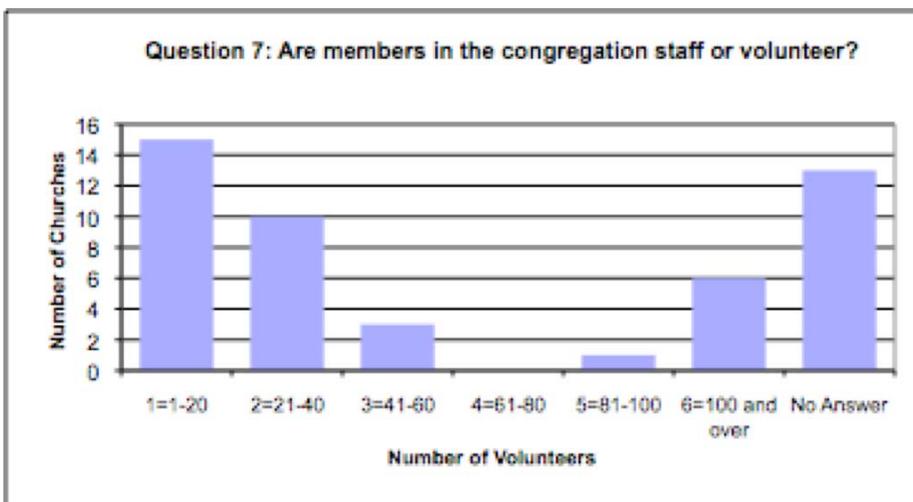


**Human Capital-** Faith-based groups in the target communities possess a wealth of human capital. Forty two percent (42%) have a range of skills from

administration, human resources, construction and other blue-collar professions. Twenty nine percent (29%) identified business expertise, 27% educators, 25% government employees, and 27% healthcare professionals. This suggests a substantial amount of untapped human capital that can be leveraged to serve residents returning from prison.

**Congregational Participation-** Congregational participation is an indicator of a membership's commitment to the ministries a faith-based organization offers. Thirty one percent (31%) indicated that they are involved in multiple congregational functions like outreach and education. Seventeen percent (17%) have leadership roles within the ministry, 15% are church

officers, 13% provide administrative support for congregational operations.



**Staffing-** Congregations rely on both paid and volunteer staff to implement administrative and ministry functions. Volunteer staff participation indicates ownership and belief in a

congregation's mission. Sixty-two percent (62%) of the congregations have staff in the range of 1-10, and 14 % have staff in the range of 11-20 to support official church functions.

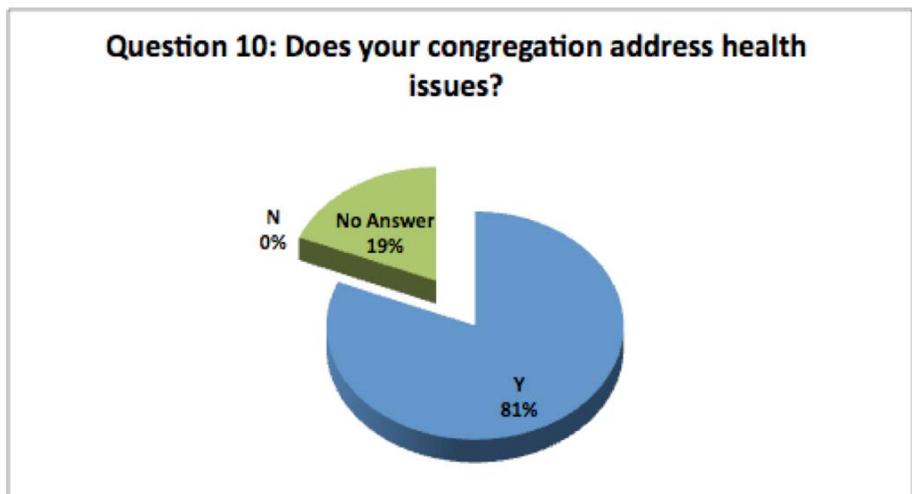
Thirty percent (30%) of respondents reported having 1-20 volunteers to support church functions, and 20% have 21-40 volunteers to support church functions.

**Issues of Concern-** Faith leaders were asked about their main concerns. Leaders identified issues that are interconnected with reducing pathways to prison and reintegrating residents returning from prison. The top issues were substance abuse (25%), housing (23%), education (21%) and crime (17%). These findings indicate a potential to expand these congregations' involvement into prevention efforts like school reform, mentoring children of the incarcerated, literacy intervention and creating safe places for children to play.

**Health Issues-** Survey results indicate that 81% of the congregations address health issues in one form or another. Thirty one percent (31%) address health through health fairs. Thirty one percent (31%) responded that they address health through education programs. This finding

affirms exciting opportunities for partnerships between the public health department and faith-based organizations in the target areas beyond the issue of reintegrating residents returning from prison.

Partnerships aimed at reducing health disparities are particularly promising. Seventeen percent (17%) of faith leaders surveyed acknowledged that their congregations provide education on HIV/AIDS. Thirteen percent (13%) provide cancer education, 8% address obesity reduction, 6% address hypertension, 6% address mental illness and 19% address diabetes.

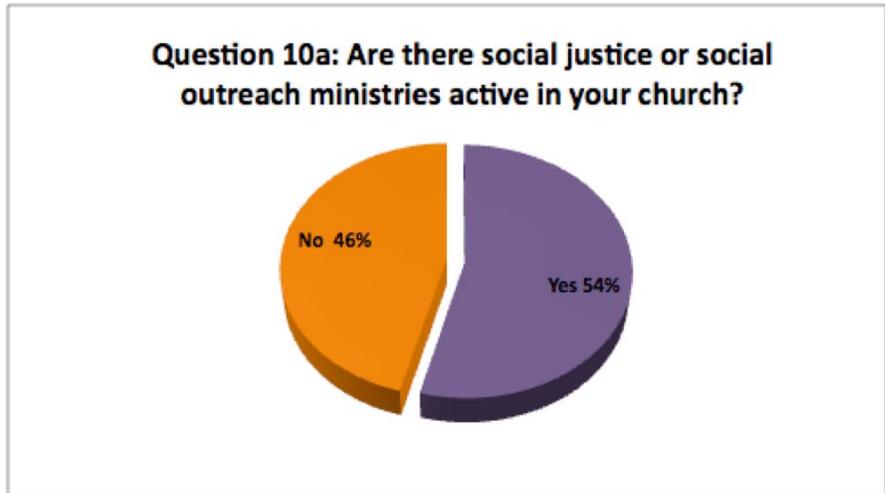


**Public Policy Activities-** Fifty four percent (54%) of faith-based organizations surveyed reported that their congregation participates in social justice or social outreach ministries. This presents the Alameda Public Health Department with a tremendous opportunity. Faith-based groups can be cultivated to support county led public policy efforts to secure additional state resources to support the public health and public safety costs associated with reintegrating residents returning from prison.

National responses to reintegrating returning residents are overwhelmingly program responses. Few governmental agencies, faith based organizations or community groups make balanced investments in public policy and programs. This imbalance hinders comprehensive reintegration efforts.

Two examples illustrate this point: (1) In April 2007 the California Legislature passed AB 900, which allocates \$7.9 billion for new prison construction and only \$50 million for reintegration assistance, (2) The California Legislature is currently considering \$7 billion to fix the CDCR's healthcare system.

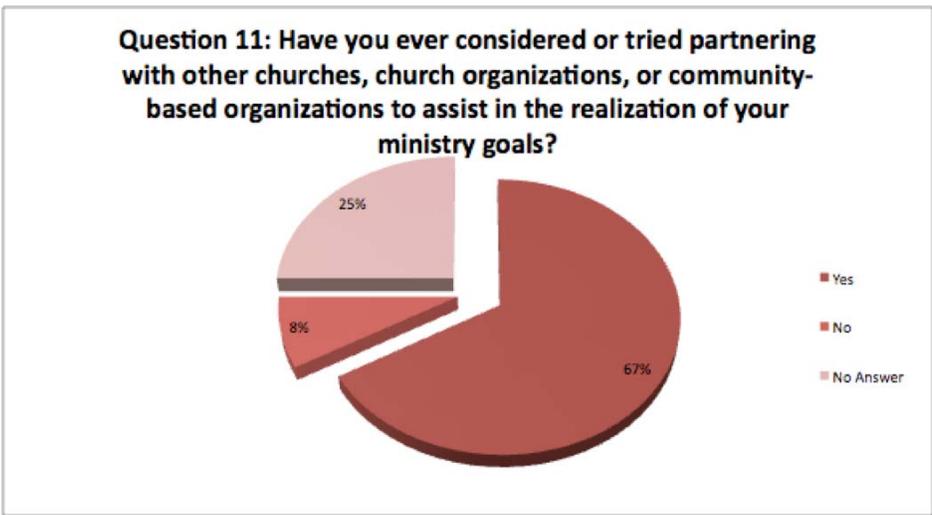
Legislative deliberations have not considered allocations for California's counties, which are a vital link in delivering medical care to residents returning from prison.



In the absence of a unified voice from county officials and community residents, state legislators are ignorant about local concerns. Uninformed legislation ignores the actual public health and safety implications of reintegrating returning residents back into local communities. Counties are left to pay for the healthcare, housing, drug and alcohol abuse treatment and social service needs of returning residents. Communities are left to use sweat equity and limited resources to mitigate the impact of returning residents. County residents get billed for the bonds to fix the state's political challenges. Public health and safety suffers.

**Partnership Receptivity-** Sixty seven (67%) percent of the surveyed institutions have partnered with other faith- based organizations to address common community concerns. However, only 27% have pursued or considered pursuing government partnerships to achieve solutions to community concerns.

RCNO interviewers probed several faith leaders about their reluctance to partner with government. Three themes emerged: (1) Faith leaders were reluctant to partner with government because of a fear of getting away from their mission because of government regulations. (2) Faith leaders did not have sufficient knowledge of public systems to build effective partnerships with government, and (3) Faith-based housing providers were concerned about potential penalties for noncompliance with government regulations.



Generally, faith- based leaders developed their specific reintegration focus in response to a need within their local congregation or parish. Over time expansion occurred because of an increased need. One faith leader described his congregation’s journey into the temporary housing field.

*“One of my members had a drug problem. He went to prison. After he got out his mother asked me to see what I could do to help him. She did not want him going back to drugs and the streets. One of my members donated a house to the church after his mother died. We prayed about it and the church decided to open a recovery home.” “We paid the bills through collections. The young man got a social security check to help pay for some of the cost. Over time more people needed a place to stay. Several years later we have 3 houses and 12 beds.”*

Another faith leader described his reluctance to show interviewers where his houses were for fear of being cited by the city for code violations.

*“I have 12 houses. My church does this out of a sense of ministry. We cannot in good conscious see people on the street and not help them. One of my houses was recently shut down because the city said that I was cohabiting men and women without enough bathrooms. I was forced to shut down another house when neighbors started complaining that there were strange men and women going in and out of the house. It is sad. If we don’t house these people they will be in the street. They might even be knocking some of these same neighbors in the head in order to get enough money to eat. What am I suppose to do? Leave them in the street or house them? Our church has chosen to house them.”<sup>12</sup>*

**Transitional Housing Capacity-** Twenty seven percent (27%) of faith-based organizations surveyed have transitional housing capacity. None of the faith- based providers receive any public funding for their beds. Membership donations and some fees for service supported housing costs.

**Vision Implementation Challenges-**

Faith leaders were asked to identify the greatest challenges to realizing their vision? Forty eight percent (48%) cited a lack of funding. Eight percent (8%) indicated a lack of volunteers. Thirty three percent (33%) were hindered by a lack of paid staff. Twenty one percent (21%) had inadequate space/facilities. Twenty one percent (21%) cited a lack of leadership.

<b>Housing Capacity for Churches (27% have beds)</b>	
<b>13 Churches with Beds</b>	<b>Number of Beds</b>
Cornerstone Baptist Church	35
City Team Ministries	24
Glad Tidings COGIC	10
Greater Mirale Temple COGIC	45
Lily of The Valley Church	40
Missionary COGIC	12
Grace Baptist Church	14
New Life COGIC	24
Paradise Baptist Church	35
Praise Fellowship Christian Church	11
Urojas Ministries	80
Voices of Hope Community Church	6
Victory Outreach	60
<b>MEAN</b>	<b>30</b>
<b>MEDIAN</b>	<b>24</b>
<b>Total Number of Beds</b>	<b>396</b>

<sup>12</sup> Two faith- leaders asked that their information not be included in the final report for fear of showing up on a government list. This underscores a general sense of mistrust of some faith-leaders towards governmental regulations and the extent to which these regulations may interfere with their ministry focus.

## **Summary**

It is clear from examining faith-based organizations in East Oakland, West Oakland and Hayward that Alameda County has a wealth of untapped resources at its disposal. Faith based organizations provide housing, social services, job training, health education and counseling. These services presently function outside of the county's human service delivery system.

It is also clear that Alameda County must dedicate time, effort and resources to enhance these organizations' capacity to participate in the county efforts to successfully reintegrate residents returning from prison. Congruent self-interests make partnership opportunities attractive.

Realizing effective partnership opportunities will present challenges. County government and faith organizations have different operating cultures. Nomenclature is different. For example, faith based groups refer to their efforts as *ministry*. County government refer these same efforts as *units of service*. This is not simply a subtle difference in terminology. Despite the challenges Alameda County has an excellent opportunity and a viable means to improve the public health and safety of its citizens by investing in long term partnerships with faith-based organizations in these communities.

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## **Strategy Recommendations**

**1. Strengthen Faith Based Housing Providers' Capacity To Compete For Housing Contracts- Faith-based organizations self-reported 396 transitional housing beds. These beds are a tremendous potential resource for Alameda County's reintegration efforts. Faith leaders expressed a reluctance to seek public funding for their beds because of compliance challenges. Compliance challenges can be addressed over time through capacity building and county technical assistance.**

- Partner with faith- based groups to bring housing units into compliance. An *agreement of trust and confidentiality* should be developed prior to inventorying the housing units. Faith leaders must have full confidence that their transparency will not result in code inspectors citing their facilities after they allow public agencies access to their inventory.
- Develop a series of workshops to familiarize faith based groups with the process and criteria for awarding housing contracts for reentry related services at the state, county and city

levels. Distinguish regulations based on type of housing (e.g. sober living, independent living, and drug treatment).

- ☑ Establish a mini-grants program to enable faith groups to participate in housing programs. Begin with small contracts and increase incrementally as faith based groups demonstrate competency.

## **2. Strengthen Faith- Based Providers' Capacity to Provide Health Education- Thirty one percent (31%) of faith-based organizations reported that their institutions provide health education. Health education is essential to the health and well being of residents returning from prison and their families.**

- ☑ Establish clusters of faith- based, health education partnerships in each target area. Individual faith based groups should become proficient at one or more health topics. Chronic and communicable disease topics should be covered. Education classes should be offered to residents returning from prison. This strategy could prove extremely helpful by providing small to mid size faith based organizations opportunity to participate in meaningful reintegration efforts.
- ☑ Offer education classes to members of faith-based institutions. This adds value to reintegration efforts.

## **3. Medical Advocacy On Behalf Of Residents Returning From Prison- Residents returning from prison face a difficult time negotiating barriers to public health services. Faith leaders can help mitigate barriers by providing advocacy for residents returning from prison.**

- ☑ Develop faith-based organizations' capacity to maintain referral systems for public health services.
- ☑ Teach faith-based leaders to coach and encourage residents returning from prison to keep appointments for aftercare. Where appropriate, infuse advocacy strategies to ensure public systems are accountable to the health needs of the formerly incarcerated.
- ☑ Faith leaders should undertake a campaign to establish Memorandums of Understanding (MOU's) with low/no cost healthcare providers to augment public health services.

**4. Establish a “Single Point of Entry” For Health Screenings and Categorical Funding Eligibility- Transportation is a significant barrier for recently released residents. If a reentrant has to travel to several different locations for screening, categorical funding eligibility and services the impact can feel punitive.**

- Develop a central location for screenings, determination of categorical funding eligibility and social service referrals in each target community. Healthy Oakland, a faith-based health services provider in West Oakland could serve as a model.
- Encourage public health and public safety stakeholders to reinforce the value of *single point of entry centers* by co-locating appropriate information on services and support for residents returning from prison (e.g. job postings, educational opportunities).

**5. Public Policy Support Group- Faith based interventions are a two-sided coin. One side is compassion. The other is justice. Informed faith constituencies can become effective partners in creating more reintegration- friendly policies.**

- Seek private foundation and corporate funding to support non-partisan, faith-based public policy efforts to increase state and federal funding for reintegration efforts.
- Establish quarterly public policy briefings to keep faith-leaders informed about pending public policy proposal that impact Alameda County.

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**Conclusion**

The United States’ corrections system is in crisis. There are 2.2 million people in prison and another 4.3 million formerly incarcerated persons walking American streets. Six hundred fifty thousand (650,000) residents return from prison to local communities each year. Most return with little more than the clothes on their back and a bus ticket. Tragically, more than half of released prisoners will return to prison within three years.

U.S. correction expenditures are soaring. The Pew Public Safety Spending Report projects a prison population increase of 192,000 by 2011. This 13-percent jump triples the projected growth of the general U.S. population. Cumulative expenditures to care for these individuals are expected to exceed \$27.5 billion. California recently allocated \$7.9 billion for new prison construction. Legislators are mulling a proposal to spend an additional \$7 billion to fix its corrections healthcare department, which is presently under federal receivership.

The Alameda County Public Health Department has taken innovative steps to successfully reintegrate residents returning from prison. One step is to measure the capacity of its faith community to support reintegration efforts. The department commissioned Regional Congregations and Neighborhood Organizations Training Center (RCNO) and its local affiliate, Bay Area Action Council (BAAC) to survey 50 African American faith-based organizations in East Oakland, West Oakland and Hayward. Survey results identified a wealth of untapped housing and social service resources that can be employed in reintegration and recidivism reduction efforts. Three hundred ninety-six (396) transitional housing beds and multiple social services were identified. These critically important resources operate largely outside the county's human service delivery system.

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A dismantled federal safety net, a crumbling economy and burgeoning prison rolls motivate public sector stakeholders to seek assistance from the faith community. For decades African American faith-based organizations have played a significant role in reintegrating residents returning from prison, reducing homelessness, and reducing drug and alcohol dependency. Mission and compassion have been the faith community's primary motivation.

The general public is largely unaware of the faith community's efforts.

Public and philanthropic investment in faith-based capacity building is essential to Alameda County's long-term reintegration efforts. Transitional housing administration and compliance, drug and alcohol program regulations, and social service delivery each require particular skill sets. Alameda County's faith-based organizations have the human capital to contribute. However, its human capital must be properly nurtured. Nurturing requires capacity building investment.

Fiscal accountability and program compliance regulations can inhibit faith-based organizations from equitable participation in publicly funded reintegration, housing and program opportunities. Fiscal systems are a potential barrier identified in the survey. Equally important, however, is a need for faith-based groups to properly price a unit of service. A majority of the groups surveyed support their programs through donations from church membership. There is

a huge disparity between unit costs for private, ministry run programs and unit costs for administering public sector programs. This disparity leaves room for faith-based organizations to under-bid service units when public funding opportunities arise. Fiscal lapses from devaluing actual service unit costs hamper program compliance and reintegration. Long-term public safety suffers.

Equity will be a determining factor in the ultimate success of partnerships between Alameda County and its faith-based partners. County government recognizes its need for capacity building resources in any new initiative it launches. Sufficient time and resources are dedicated to staff development, administration and compliance. This same thinking must guide Alameda County's effort to partner with its faith-based organizations. Too often faith-based organizations' capacity building needs are viewed as a sign of institutional weakness by governmental agencies. Consequently, all but a few receive sufficient time and resources to ensure meaningful participation in publicly funded service delivery. Alameda County must

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*Equity will be determining factor in the ultimate success of partnerships between Alameda County and its faith-based*

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properly diagnose faith-based capacity building needs as a cost of doing business rather than a sign of institutional weakness. Proper diagnosis will help determine the ultimate success of reintegration and public safety outcomes.

Congruent public health and public safety interests make partnership opportunities between

Alameda County and its faith-based organizations attractive. Congruency is not unanimity. Public sector efforts to partner with faith-based organizations are driven by public health, public safety and cost containment concerns. Faith-based organizations are driven by public health, public safety and compassion. Cost containment and compassion are not the same. Alameda County Public Health and public safety officials and faith-based organizations must clarify their respective roles, responsibilities and intended outcomes as a prerequisite for partnership. Mutual respect cements congruency.

Communities receiving large numbers of returning residents expect faith-based organizations to respond. Faith based organizations cannot continue to respond effectively without public investment. Comprehensive capacity building increases the capability of a faith-based response. Successful reintegration and long term public safety are enhanced.

Alameda County has a unique opportunity to harness the power and social capital of its faith leaders to bolster reintegration efforts. Survey results clearly indicate that faith leaders are making substantial housing and program investments to support reintegrating residents returning from prison. Further evidence indicates that faith leaders are also making substantial investments in public policy formation to support reintegration efforts.

For the past 24 months faith leaders have been organizing under the banner of the Bay Area Action Council (BAAC). BAAC is a network of 20 African American congregations located primarily in East Oakland, West Oakland and Hayward. BAAC's organizing activities support policies to increase state funding for public health services and other costs associated with reintegration. Two efforts are notable: (1) Faith leaders spearheaded the formation of the Alameda County Reentry Health Task Force. The task force recently developed a set of policy recommendations to increase public health services to recently released residents. (2) More than 200 members of BAAC attended an Alameda County Board of Supervisors' meeting on March 11, 2008 to support a resolution sponsored by Supervisor Keith Carson. The resolution calls for additional state funding for reintegration before Alameda County will consider allowing proposed state run, community correctional facilities to be constructed in the county.

Alameda County's survey is a huge first step in building model partnerships with its faith-based community. If county decision-makers invest time, resources and energy into faith-based capacity building to support reintegration and recidivism reduction, public health and public safety will be enhanced for its citizenry.

## Appendix

Date \_\_\_\_\_  
 Church Name \_\_\_\_\_  
 Pastor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Other Contact \_\_\_\_\_  
 Interviewed by \_\_\_\_\_

### Alameda County Urban Male Health Initiative / RCNO Face-to-Face Interview Questions

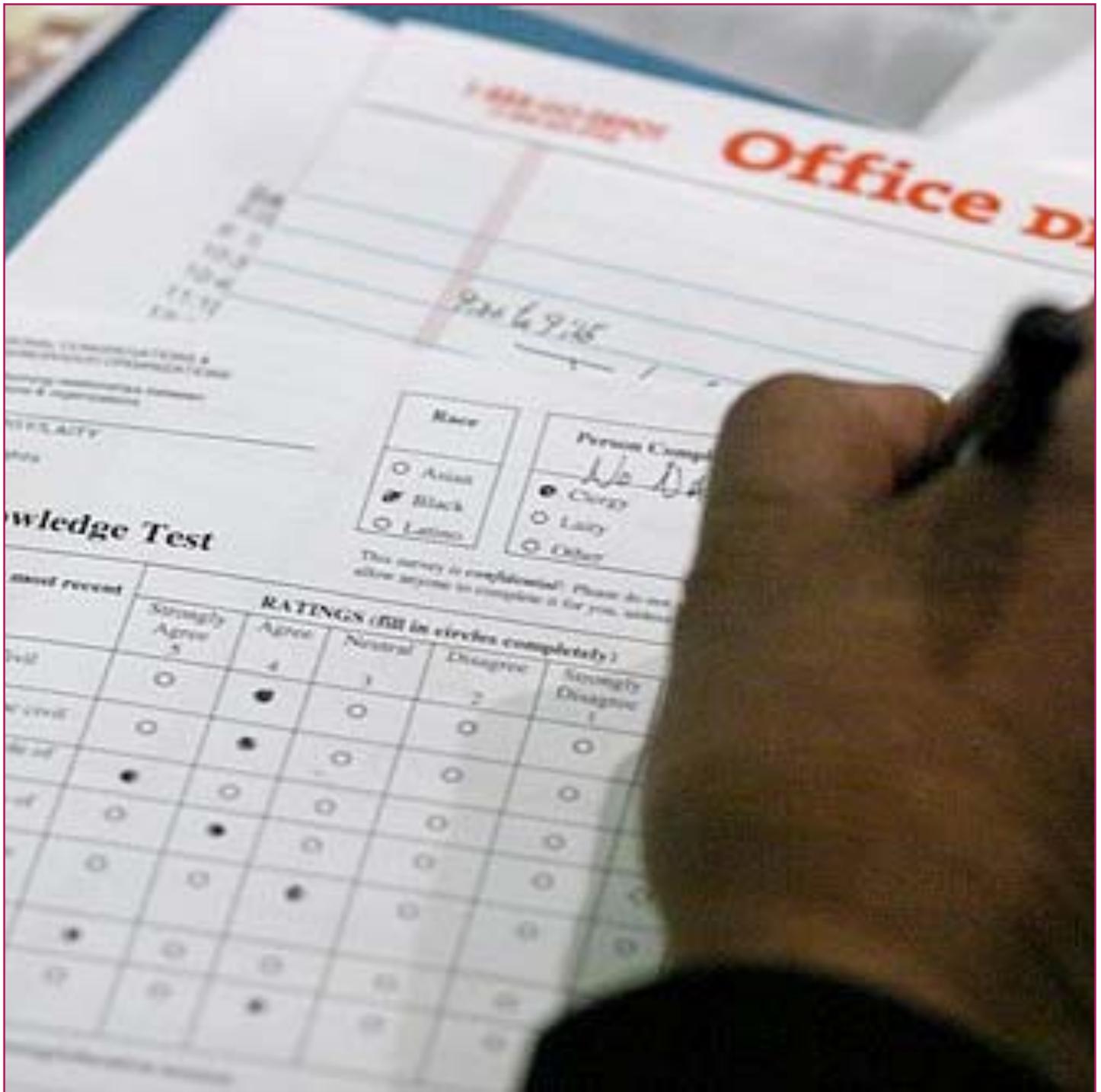
1. What is your basic Church Contact Information?	Name(s) Address(es) City / State / Zip Phone Fax E-mail(s) Role(s) of Individual named above
2. Does your church have a 501c3 non-profit status?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
3. What is your church membership?	<input type="checkbox"/> 0 - 25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100 TO 200 <input type="checkbox"/> 200-400 <input type="checkbox"/> 400 and over
4. What is your annual church budget? (from all sources)	<input type="checkbox"/> 0-\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> \$100,000 and over
5. Do you have members in your congregations with expertise in administration, business, education, etc?	<input type="checkbox"/> Health <input type="checkbox"/> City, County, Government <input type="checkbox"/> Education <input type="checkbox"/> Business <input type="checkbox"/> Law <input type="checkbox"/> Technology <input type="checkbox"/> Non-Profit <input type="checkbox"/> College Student <input type="checkbox"/> Other _____

6. How are they involved?	<input type="checkbox"/> Church Officer <input type="checkbox"/> Ministry Leaders <input type="checkbox"/> Administrative Support <input type="checkbox"/> Other _____
7. Are they staff or volunteer?	List the number of Staff _____ and Volunteers _____
8. What is the composition of your congregation?	What % of the congregation are your clients? _____
9. What issues most concern your congregation?	<input type="checkbox"/> Poverty <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Education <input type="checkbox"/> Crime <input type="checkbox"/> Gangs <input type="checkbox"/> Changing Demographics <input type="checkbox"/> Neighborhood Blight <input type="checkbox"/> Parenting <input type="checkbox"/> Teen Pregnancy <input type="checkbox"/> At-Risk Youth <input type="checkbox"/> Housing <input type="checkbox"/> Leadership
10. Does your congregation address health issues? If so, in what way?  10a. Are there social justice or social outreach ministries active in your church?  10b. What health issues does your church address?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check the through which you address health issues: <input type="checkbox"/> Health Fairs <input type="checkbox"/> Screenings <input type="checkbox"/> Education Classes <input type="checkbox"/> Fitness & Nutrition <input type="checkbox"/> Distribute Informational Literature <input type="checkbox"/> Other _____  What Social Justice Issues are addressed?  <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Cancer <input type="checkbox"/> Obesity <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Mental Health <input type="checkbox"/> Prenatal/Postnatal <input type="checkbox"/> Cardiovascular Health <input type="checkbox"/> Alzheimer <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Asthma <input type="checkbox"/> Nutrition <input type="checkbox"/> Other _____

<p>11. Have you ever considered or tried partnering with other churches, church organizations, or community-based organizations to assist in the realization of your ministry goals? Why or why not?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO Comments</p>
<p>12. Have you, or would you pursue private or government funding to achieve your ministry goals?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO Comments</p>
<p>13. What have been some of the challenges in implementing the visions?</p>	<p><input type="checkbox"/> Lack of Funding and Resources <input type="checkbox"/> Lack of Volunteers  <input type="checkbox"/> Lack of paid staff <input type="checkbox"/> Inadequate space/facilities  <input type="checkbox"/> leadership</p>

## Participating Churches

**Allen Temple Baptist Church**  
**Antioch Baptist Church**  
**Bay Area Christian Connection**  
**Bible Fellowship**  
**Breakthrough Christian Ministries**  
**Center of Hope**  
**Christian Fellowship Church**  
**Church of All Faiths**  
**Cornerstone Baptist Church**  
**City Team Ministries**  
**Faith Presbyterian Church**  
**First Morning Star**  
**Friendship Christian Center**  
**Glad Tidings Church of God in Christ**  
**God in Government/ Lily of the Valley**  
**Greater Miracle Temple COGIC**  
**Greater St. John Missionary Baptist Church**  
**Harvest Fellowship**  
**Imani Community Church**  
**International Faith Center**  
**Koinonia Apostolic Church**  
**Market Street 7th Day Adventist**  
**Miraculous Word Christian Center**  
**Moriah Christian Fellowship**  
**Mosque #26**  
**New Beginning Community Church**  
**New Beginnings MBC**  
**New Hope Baptist Church**  
**New Life Church of God in Christ**  
**North Oakland Baptist Church**  
**Paradise Baptist Church**  
**Rapture International Ministries**  
**Rock of Truth**  
**Solid Rock Baptist Church**  
**St. Andrew Missionary Baptist Church**  
**True Fellowship Church**  
**Urojas Ministries**  
**Voices of Hope**  
**Word Assembly**  
**BBEMI The Way**  
**Liberty Hill Missionary Baptist Church**  
**McGee Avenue Baptist Church**  
**New Life For Christ Community Church**  
**Progressive Baptist Church**  
**Revelation Baptist Church**  
**Palma Ceia Baptist Church**  
**Victory Outreach**  
**St. Matthew Baptist Church**



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