

**REPORT ON COMMUNITY INPUT ON CCHS RECOMMENDATIONS
FROM THE STREET VIOLENCE PREVENTION PLANNING GROUP
EXECUTIVE SUMMARY
JANUARY 2007 (revised April 2007)**

Background

In March 2006, Contra Costa Health Services convened an ad hoc team to assess how CCHS could best respond to the upsurge in street violence, particularly in West County. The team was comprised of the Director of Health Services, Public Health Director and staff from mental health, public health, ambulatory care and substance abuse. This group developed a set of preliminary recommendations for CCHS actions in three areas: internal coordination, collaboration with community partners; and specific CCHS programs and services. They identified 4 recommendations as most important to carry out first. In order to get community feedback before finalizing the recommendations, members developed a structured tool that was used to interview 25 West County community leaders who were already working on violence prevention. These leaders represented the diverse ethnic and geographic neighborhoods in Richmond, and included community based organizations, government officials, faith leaders and other grassroots violence prevention leaders. The summary and findings from those interviews are presented here.

General Response to Recommendations

While a wide variety of perspectives were evident in the interviewing process, several overarching themes emerged. The respondents agreed that all the recommendations were important and that the 4 priorities were essential to undertake first. Respondents were less interested in the recommendations concerning internal coordination within CCHS, seeing those as essential to carrying out the work, but really the responsibility of the agency. They were more interested in the recommendations that concern collaboration between CCHS and the community. In addition to the four prioritized by the CCHS workgroup, community leaders interviewed strongly urged the health department act on recommendations #4 (research best practices), # 5 (identify indicator data, including health data), and #9 (educate community leaders on mental health and other relevant resources).

CCHS Role

Respondents consistently identified several key Health Department roles:

- Advocate for a public health approach to violence prevention
- Provide conceptual models and big-picture strategies, information and education
- Maintain a consistent presence in working with the community partners in a support capacity, rather than taking the lead on community initiatives.
- Research and share information on promising practices, to help community partners select the most effective strategies
- Work with community partners and promote creative collaboration that focuses on primary prevention efforts.
- Identify current community-led initiatives and create ongoing links between CCHS and these efforts.

Additional Recommendations

Many respondents felt that CCHS should also be focusing on other issues and actions that were not covered in the recommendations, including:

- Former gang members (Old Gangsters) should be incorporated into violence prevention programs as mentors or as part of a crisis response team.
- Faith leaders should be incorporated in a more significant way into violence prevention efforts, including through trainings, formal collaboration, and utilized as leaders in prevention efforts
- More extensive prevention programs for youth, particularly primary prevention, such as after-school programs, self esteem programs, etc. need to be supported and maintained
- Some interviewees suggested CCHS play a more prominent role as neutral convenor, and providing leadership to bring together the various partners to develop a collaborative approach

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1. BACKGROUND:

In March 2006, Contra Costa Health Services convened an internal ad hoc team to assess how CCHS could best respond to the upsurge in street violence, particularly in West County. The team was comprised of the Director of Health Services, Public Health Director and staff from mental health, public health, ambulatory care and substance abuse. This cross-divisional group developed a set of preliminary recommendations for CCHS actions, in three areas: internal coordination, collaboration with community partners; and specific CCHS programs and services. They identified 4 recommendations as most important to carry out first.

In order to get community feedback before finalizing the recommendations, members developed a structured tool and interviewed 25 West County community leaders who were already working on violence prevention. The leaders represented the diverse ethnic and geographic groups in West County, and included community based organizations, government officials, faith leaders and other grassroots violence prevention leaders. The summary and findings from those interviews are presented here. The feedback has been incorporated into the recommendations, which were forwarded to the Director of Health Services and other senior leadership in CCHS. The Director of Health Services assigned the Public Health Outreach, Education and Collaborations unit to convene a new cross-divisional team to carry out the recommendations in partnership with the community, and building on the department's existing resources and expertise.

2. LIST OF ORGANIZATIONS AND INDIVIDUALS INTERVIEWED:

Community-Based Organizations

Sharon Turner and Jennifer Joslyn-Siemiatkoski - (*STAND!*)
Charlene Harris - (*Mothers Against Senseless Killings*)
Alexis Adorador and Lorena Huerta (*Familias Unidas*)
Cheryl Meyer and Darryl Goodbeer (*Opportunity West*)

Community Leaders

Reverend Charles Newsome - (*President of Richmond NAACP; Tent City Movement*)
Reverend Andre Shumake - (*Richmond Improvement Assoc.; Tent City Movement*)
Fred Jackson and Garland Harper – (*Richmond Neighborhood House*)
Andres Soto – (*long-time activist in Richmond Latino community*)

Other

Debra Diaz, DeVone Boggan, Greg Hodge - (*City of Richmond, Office of Violence Prevention*)
Focus Group: Public & Environmental Health Advisory Board (*10 community leaders from around the county*)

3. RANKING OF RESPONSES TO RECOMMENDATIONS:

Method: Responses were tallied using the following point system: 0 points if respondent did not agree with recommendation, 1 point if they agreed, and 2 points if they strongly agreed. Responses from all interviews were then added and ranked according to which recommendations received the strongest support. These rankings are presented in two categories; CCHS identified priorities, and remaining recommendations. Responses and comments outside of the recommendations, and concerns with the recommendations are listed separately.

<u>Ranking</u>	<u>CCHS Priorities</u>
<u>1st</u>	Rec #6 – Connect with community initiatives
<u>2nd</u>	Rec #7 – Formal link with community initiatives Rec #10 – Crisis response team
<u>3rd</u>	Rec #1 – Make VP internal CCHS priority

<u>Ranking</u>	<u>Remaining Recommendations</u>
<u>1st</u>	Rec #4 – Research promising practices Rec #5 – Identify needed data Rec #9 – Educate community leaders
<u>2nd</u>	Rec #8 – Better communication with residents Rec #11 – Improve existing internal programs Rec #12 – Continue supporting VP efforts
<u>3rd</u>	Rec #2 – Improve internal coordination Rec #3 – Identify internal programmatic gaps

4. SUMMARY OF RESPONSES:

General Response to Recommendations

While a wide variety of perspectives were evident in the interviewing process, several overarching themes emerged. The respondents agreed that all of the recommendations were important actions to take, and that the 4 priorities were essential to undertake first. Generally speaking, respondents were less interested in the recommendations concerning internal coordination within CCHS, seeing them as important to carrying out the work, but really the responsibility of the agency. They were more interested in recommendations that concern collaboration between CCHS and the community. Among the highlighted first priority

recommendations, those that received the most enthusiastic response were #6 (determining status of current community initiatives and CCHS role), #7 (creating a formal link with community initiatives), and #10 (exploring mental health crisis response for West County. Among the remaining recommendations, the strongest support went to #4 (research best practices), #5 (identify indicator data, including health data), and #9 (educate community leaders on mental health and other relevant resources). There was slightly less uniform support for #8, #11, and #12, which again primarily concern expanding the capabilities of CCHS to support the community. The least enthusiastic response was around recommendations #1, #2 and #3, which discuss improving the internal organization of CCHS. This is not to say that respondents did not feel that these were important undertakings for CCHS, but they felt that these sort of infrastructure issues were a necessary foundation that must be built in order to do other work. Naturally they felt more enthusiastic about the recommendations that pertained to the community.

Common Additional Recommendations

Many respondents felt that in order to be more effective, CCHS should also be focusing on other issues and actions that were not covered in the recommendations. Again, some common themes surfaced that spread across categories of respondents. One of the most frequent suggestions was that former gang members (OGs) should be incorporated into violence prevention programs as mentors or as part of a crisis response team. Another was that CCHS should use various strategies to increase credibility around the idea that violence is a public health concern. Several respondents also suggested that faith leaders should be incorporated in a more significant way into violence prevention efforts, including through trainings, formal collaboration, and utilized as leaders in prevention efforts. Respondents repeatedly emphasized the need for more extensive prevention programs for youth, particularly primary prevention, such as after-school programs, self esteem programs, etc. (see below for more specific comments)

Role of the Health Department

There was a general sentiment that there needed to be immediate and concrete, as well as long term prevention planning to address the community violence problem. Several respondents stressed the importance of balancing the need for an immediate and tangible response to the street violence crisis with the need for more extensive efforts to develop primary prevention strategies and sustainable efforts to address this difficult and complex issue. Respondents agreed that the Health Department's role was to provide conceptual models and big-picture strategies, information, education, and other technical assistance support. They were concerned that CCHS maintain a consistent presence in working with community partners on violence prevention, but in a support capacity, rather than a lead role. The idea of collaboration and ongoing communication was pervasive throughout all of the interviews, and a particular emphasis was put on creative collaboration with primary prevention efforts. In relation to these collaborations, there was an expressed need for the county to provide specific and ongoing technical support to help them plan and develop effective tools to use to evaluate their efforts. Some of those interviewed suggested CCHS play a more prominent role as neutral convenor, providing leadership to bring together the various partners to develop a collaborative approach. Issues of sustainability and funding were prevalent concerns.

Recommendations #1, #2, #3:

General Agreement

There was no disagreement about these recommendations, but little input either. Most responders seemed to feel that it was an internal issue for the Health Department to concern itself with.

There was acknowledgement of the importance of buy-in from senior CCHS staff in order to effectively serve the community and also the importance of creating a culture of awareness in the Health Department. These were largely viewed as planning and organizing pieces that needed to be in place in order to complete the other recommendations.

Additional Comments

It was suggested that #1 be an immediate goal, and #2 and #3 be an ongoing, long-term project. It was also suggested that promising practices research might help with #1, in order to be able to present this information to CCHS leadership.

Recommendations #4 and #5:

General Agreement

Recommendations #4 and #5 were identified as important and logical roles for the Health Department, to provide research and data. There was a lot of emphasis on the importance of CCHS researching promising practices, which some respondents punctuated by a concern that many CBOs were using ineffective violence prevention techniques and that this information would be helpful in selecting partnerships.

Additional Comments

Many respondents saw these recommendations as way for CCHS to be a useful resource and act as support to CBOs. It was also mentioned that research would provide evidence based program planning, critical to securing funding. It was emphasized that an important piece in doing this research would be to ensure that community leaders were aware that CCHS could provide such data. It was also mentioned that Health Departments have not traditionally taken the lead in violence prevention in the past, but that research about promising practices with a *potential* role for the Health Department would be useful. The idea was mentioned of identifying and considering what resources were used when looking at best practices, in order to match them to local resources. It was suggested that programs that were effective but ended due to lost funding should be considered too.

Recommendations #6 and #7:

General Agreement

There was a lot of support around the idea of investigating current community-led initiatives and creating links between CCHS and these initiatives. Most respondents expressed a preference for CCHS to take a supporting role, rather than a leading role concerning these initiatives. It was emphasized that these links should be sustainable.

Additional Comments

It was also pointed out that violence prevention strategies would need to change depending on the neighborhood. It was suggested that it is important to complete #4 and research best practices

before selecting agencies to partner with. Some agencies felt that these steps were ongoing, not new.

Recommendations #8 and #9:

General Agreement

The idea of cross training between the community and CCHS was suggested, so that CCHS could take advantage of consulting with/learning from people who are experiencing the violence directly, and so that CCHS could educate the community about important issues and resources.

Additional Comments

It was mentioned that faith leaders should be included in the trainings, because they are often the first line of response to victims and perpetrators, and need to be able to refer clients to clinical services. Respondents suggested that CCHS could help bring credibility to the idea of looking at violence prevention as a public health issue and could also help the public understand and recognize health disparities. It was emphasized that it is also important to identify cultural practices that can help with healing, and that a crisis response team should be trained in a variety of culturally sensitive healing methods. There was concern expressed about the county focusing on its own programs when educating the community, rather than supporting CBOs and building on/supporting what already exists in the community. There was also concern that immigrant/Latino populations fear the county/government and therefore may not access services, possibly making this method ineffective with them.

Recommendations #10:

General Agreement

This recommendation received stronger support and was given higher priority by more respondents than any other recommendation. Several respondents identified this recommendation as an immediate priority and felt that the urgency of the crisis of violence, in West County in particular, necessitated immediate action. It was emphasized how important it is to the prevention of additional violence to have an outlet for people to grieve after a murder.

Additional Comments

It was suggested that crime scenes need to be better managed to protect kids from seeing gruesome or violent things and that one role for a crisis response team should be to reduce the exposure of kids to the crime and calm the crowd. It was also mentioned that a response team would need to take into account the risky position people are put in when they talk or are interviewed after a shooting. Many respondents mentioned that this recommendation would be a good place to include former gang members (OGs) in outreach efforts. It was suggested that CCHS staff analyze their capacity to do sensitive work with diverse populations that would be necessary to form a team like this. Respondents expressed the importance of gathering community input from a wide range of groups and individuals while developing this program. Some mentioned the need for researching promising practices before planning this type of program. Other suggestions were given for alternatives of what this crisis response could look like, such as a forum with professionals and community members, where people could come together after a shooting to talk and grieve.

Recommendations #11 and #12:

General Agreement

The idea of bringing a violence prevention component into all possible areas of existing CCHS programs was supported.

Additional Comments

It was suggested that particular emphasis should be put on supporting education efforts. It was also mentioned that in addition to current activities, there should be expansion to supporting community center and faith-based sites, to make sure more residents were being reached.

5. ADDITIONAL COMMON RECOMMENDATIONS:

Made during three or more interviews

- More focus on youth (especially primary prevention)
- Use Old Gangsters (OGs) as mentors/ crisis response
- More collaboration/training with faith leaders
- Increase credibility of violence prevention as public health issue

6. ADDITIONAL SPECIFIC RECOMMENDATIONS:

Based on individual responses

Roles

- The strongest role for CCHS is to spread a message about primary prevention of: poverty, fairness in housing, decriminalizing drugs and prostitution, zoning and development approaches, getting kids out of foster care, economic development, microeconomics, and entrepreneurial training programs for residents.
- CCHS should provide technical support and training for CBOs around technical issues beyond the scope of the CBO, such as helping to develop evaluation design, etc.
- CCHS needs to play an active role in all areas of the county, especially MCP, Pittsburg, and Bay Point.
- CCHS is not visible enough around violence prevention, which leads to confusion in the community.
- CCHS could act as a neutral convener for community organizations.

- There is a need for more ongoing mental health treatment services, beyond simply identification of clients.
- Issues of violence need to be looked at holistically, including domestic violence and poverty, if street violence prevention is going to be effective.
- The county needs to be more visible in Richmond, and should set the tone by developing a flagship program or message that says, “we are here and we are ready to work with you”.

Funding

- CCHS should notify Community Based Organizations (CBOs) of funding opportunities.
- Look into funding measures like Oakland’s Measure Y (Violence Prevention and Public Safety Act of 2004).
- CCHS should identify grant opportunities to begin pilot projects.
- CCHS should research the impact on lost/cut state funding for violence prevention, particularly since funding cuts in 1999 to help foster understanding of the impact of shifting resources.
- CCHS should push for funding for programs that serve adolescents.

Partners

- CCHS needs to engage in real dialogue and partnership with the City of Richmond re: violence initiatives. Plans among city, county, mental health, police, etc. need to be very integrated.
- CCHS should engage with emerging leaders, not just established leaders.
- There needs to be collaborations that can blend funding streams to work with families in a more holistic manner. CCHS should build an infrastructure for wrap-around services.
- It would be useful to engage the universities in program and projects, particularly around evaluation.
- CCHS should work in collaboration with the City of Richmond to create joint recommendations around mutual goals.
- CCHS should provide mental health staff to provide regular services at the neighborhood centers, including counseling for victims and perpetrators.

Education

- A component of community leader and agency training should include information on how to provide “spiritually sensitive” services to people of faith.

- CCHS and others should work to create more media attention around violence prevention efforts, so there are more positive media images around violence issues.
- CCHS should make county leaders aware that it can provide data.
- There needs to be more early intervention taught through the educational system.

Specific Actions or Comments

- It would be helpful to the community if CCHS developed an open forum or consistent way for community leadership to access CCHS leadership for consultation and planning.
- CCHS should create a visual representation of the history of local communities.
- CCHS should create and/or support physical activity programs for youth.
- There needs to be a deeper understanding of the violence in Richmond.
- There needs to be a large-scale collaboration around school safety.
- Heroin addiction is driving youth violence.

7. CURRENT COMMUNITY-IDENTIFIED CCHS COLLABORATIONS:

Most respondents were not aware of any connections between their programs and CCHS. Those that responded reported the following CCHS were involved:

- TAP (*Ahna Ballonoff*)
- Violence Prevention Coalition (*Dawn Marie Wadle*)
- Zero Tolerance (*confusion about HD role in 2001 plan*)
- PHOEC (*Tiombe Mashama, Roxanne Carrillo, and Dola Macaulay*)

8. CURRENT KEY COMMUNITY INITIATIVES AND LEADERS:

Leaders were asked to identify either individuals who had expertise in community violence and/or initiatives they were aware of that might be resources to contact for further information about how to respond to the street violence in West County.

Recommended By	Initiative	Contact Person
Andres Soto	San Francisco Mission District Crisis Response Program	John Torres
Andres Soto; Familias Unidas	West County Youth Center	

Andres Soto	Center Force at Richmond High (youth in gangs)	
Andres Soto	CDC/UCSF violence prevention conference planning grant for Alameda/SF	Howard Pinderhughes
Opportunity West; Fred Jackson; Rev. Newsome; Office of Violence Prevention; Rev. Shumake	Tent City Movement	Rev. Shumake and Rev. Newsome
Opportunity West; STAND	Mentoring Center	Martin Jakes
STAND	Institute for Community Peace	
STAND	STAND “Day of Healing”	Sharon Turner
STAND	Child Welfare Redesign	Stacy Buchanan
STAND	Victims of Crimes and Faith Community Project	STAND was doing this, but funding ended; advisory committee still meets in Richmond
STAND	PACT	Cheryl Maier
STAND	DELTA Project (statewide coalition providing funding for primary prevention with young boys)	
STAND	Cal Wellness Project	
STAND	Richmond Domestic Violence Committee	Dr. Bridget McCaw
PEHAB	Cease Fire; The Chicago Project	
Rev. Newsome	Real Talk Project	
Rev. Newsome	Richmond Steelers (sports program)	
Rev. Newsome		Bill Lindsey (Richmond City Manager)
Fred Jackson; Rev. Newsome	Shields Reid Park	Garland Harper
STAND	Kaiser’s Wednesday Drumming (healing activity)	
Fred Jackson; Rev. Shumake	Richmond Improvement Association (Male Accountability Project; Clean Slate Program; San Quentin Project; Transitional Housing for Youth Program; Job Development Program; Community Outreach)	Rev. Shumake
Fred Jackson	Neighborhood House	Fred Jackson
Fred Jackson		Freddy Jackson
Fred Jackson		Robert Brown
Familias Unidas	Familias Unidas	Alexis Adorador and

	(Mental Health Services Act)	Lorena Huerta
Opportunity West	Plans for land donation to create a Peace Park	Mark Howell, local businessman
Opportunity West	100 African American men	
Opportunity West	Richmond High School principal	
Opportunity West	Opportunity West	Cheryl Meyer; Darryl Goodbeer; other staff