

Recommendations for CCHS Actions Around Street Violence Prevention

February 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 in West County. The team was comprised of the Director of Health Services, Public Health Director and staff from public health, mental health, alcohol and other drugs, and ambulatory care. This group conducted some research in the field, assessed what CCHS was already doing to help prevent violence, and talked with a small sampling of community violence prevention leaders. Based on this work, they developed a set of preliminary recommendations for CCHS actions in three areas: internal coordination, collaboration with community partners; and specific CCHS programs and services. The team identified 4 recommendations as most important to carry out first (highlighted below).

In order to get community feedback before finalizing the recommendations, members interviewed 25 West County community leaders who were already working on violence prevention. These leaders represented the diverse ethnic and geographic neighborhoods in Richmond, including community based organizations, government officials, faith leaders and other grassroots violence prevention leaders. Feedback from those interviews has been incorporated into the recommendations below (*italicized*). In cases where work has already begun on one of the four prioritized actions, an update is provided. The Public Health Outreach, Education and Collaboration unit (PHOEC) has been asked by the Health Services Director to reconstitute a cross divisional team to help determine how to continue carrying out the recommendations. This team will be convened in March 2007. For info, contact Tiombe Mashama at 925-313-6826.

Internal CCHS Coordination

1: *Bring street violence prevention issue to the attention of Senior Staff and involve the health department and key Division Directors in Dept. violence prevention efforts.*

Why: Provide context for Division Heads that violence is a health disparity and set stage and provide mechanism for coordinating future staff involvement and updates.

How/Update: 1) Dr. Walker has begun to meet regularly with key division directors and staff working on violence prevention, and 2) Mental Health, Alcohol and Other Drugs Services and Public Health Directors also meet regularly, to review violence prevention related activities and progress on the recommendations.

2: *Improve internal coordination and communication among programs and across divisions in Contra Costa Health Services (CCHS). Balance efforts to carry out long term planning with activities that bring immediate support to the community.*

Why: a mechanism is needed to: a) Share information about existing and potential program activities across divisions; b) Improve coordination and communication about street violence-related activities; and c) Look at how to improve access to services and programs.

How: 1) Establish cross-divisional team; 2) Designate staffing for team; 3) Team educates itself on existing CCHS programs and identifies opportunities for coordination and collaboration.

3: *Identify programmatic gaps and opportunities for collaboration/coordination within the health department. Incorporate these in planning CCHS' strategic direction*

How: 1) Designate staff; 2) Use the CCHS inventory and Strengths, Weaknesses, Opportunities and Threats (SWOT) approach to identify existing CCHS program gaps and opportunities; and 3) Establish internal partnerships.

4: Research most promising practices, where the local health department has a role, and make recommendations for programs to expand, restore or pilot relevant strategies.

Community leaders recommend this activity become a priority

Why: This information will help communities to do evidence-based program planning, identify good matches with existing resources, and to select practices most likely to be successful.

How: 1) Conduct literature review of best practices; 2) Carry out internal assessment; 3) Share findings with Senior Staff and managers, as well as with community-based organizations (CBOs) and elected officials to help them identify effective strategies.

Staffing: Graduate student, reporting to a coordinator, or an internal coordinating team (CT).

5: Identify existing sources of needed indicator data, including health data, that would help define and track the problem of street violence and help communities develop relevant evaluation tools.

How: 1) Research and review existing data; 2) Produce annual report on indicators; 3) Work with community partners as requested to develop evaluation tools and measures.

Staffing: Community Health Assessment, Planning and Evaluation unit (CHAPE).

CCHS and Community Coordination

6: Determine the current status of West County community-led initiatives; get feedback on existing CCHS programs and services related to violence prevention; and get input on what our role could be in supporting community initiatives.

Why: Community leaders have identified this as the most important activity for CCHS to undertake in order to understand what is happening in the community, share this information internally, and determine how CCHS can support those efforts. Get feedback on what CCHS is already doing to help prevent and respond to street violence, how we can improve and what else we could be doing.

How: 1) Designate staff to meet with leaders and provide tool for discussions; 2) Meet with involved community leaders through 1:1 interviews; 3) Identify key community initiatives and contacts, including grassroots, faith-based, local government and other institution-led efforts. 4) Solicit feedback on relevant CCHS programs and services

2) Who: Public Health Outreach, Education and Collaboration (PHOEC) staff will conduct research, write up and share with Dr. Walker & Brunner.

Update: All activities have been undertaken on a small scale with West County community leaders. PHOEC staff has been designated as liaisons to several key community initiatives and groups. A partial list of community initiatives has been compiled. A report of feedback from interviews with 25 community leaders has been created and shared with Dr. Walker and Brunner. The role for CCHS is included in the report, available separately.

7: Create a formal, ongoing & sustainable link between CCHS and key community-led initiatives.

Why: to help us provide support to community-based efforts, communicate more effectively with our community partners, and maintain internal coordination of information.

How: 1) Designate a specific person(s) in CCHS to be the point person/liaison(s) to community-based efforts in West County; 2) CCHS to advocate for and help support existing community centers.

Who: individual members in CCHS could be assigned to work with various efforts and report back updates through a coordinating team.

CCHS Programs & Services

8: *Expand our capacity to communicate more effectively to residents so they understand and can access our programs that have an impact on preventing or mitigating street violence, as well as provide information about relevant CBO programs.*

How: 1) Conduct focus group discussions with West County CCHS providers around what programs currently exist, who qualifies, utilization, barriers. 2) Identify community based organizations that offer programs and services *and share that information with community*; 3) Provide training to CCHS community outreach workers so they can refer community residents to relevant programs. 4) *Offer cross-training between CCHS and community leaders, where their expertise can be shared with the health department.*; 5) *Include Old Gangsters (OGs) and faith leaders in providing education about cultural practices and healing, and other topics*

Staffing: Designated staff from mental health and other programs with Community Health workers in West County.

9: *Educate community leaders on mental health services and other relevant resources available to West County residents, for programs that reduce risk, prevent or treat people exposed to violence. (This activity was ranked as a higher priority by community leaders)*

Why: Community faith leaders and others who work with residents and families need information about what services we and other organizations offer and how people can access them, so they can refer them as needed.

How: 1) Work with Mental Health Division, CBOs and others to identify existing resources; and 2) share information with faith leaders, Mothers Against Senseless Killings (MASK), city chaplains and other community leaders in West County.

10: *Look into feasibility of having a mental health critical/crisis response in West County, to work with families of victims and perpetrators, and with neighbors after an incident occurs. Community leaders considered this an urgent, immediate priority*

Why: Individuals, families and the community need help with grieving and healing from street violence, getting linked to available resources, and support that might help prevent retaliation.

How: 1) Research existing models, including how the city of Concord handles incidents; 2) determine feasibility; 3) potentially establish a mental health crisis response. 4) *include OGs and faith leaders as part of the response*; 5) *create alternative mechanisms for helping communities process and grieve, such as community forums.*

Who: Explore feasibility with Mental Health staff, other Divisions, community-based organizations, law enforcement and others as appropriate.

11: *CCHS programs identify how existing programs can better support the prevention of street violence*

How: 1) Programs conduct self-assessment of how their programs interface with violence prevention efforts; 2) Identify ways existing programs can enhance prevention efforts; 3) Pilot in California Children's Services, Child Health Disability Prevention or other interested programs.

Staffing: Designated staff to oversee and within pilot programs or cross-divisional health department team with manager and Division Director support.

12: *Continue to support and fund violence prevention efforts, specifically liquor store compliance and licensing, mentorship programs, after-school activities, youth leadership development efforts, Summit Center for youth.*

How: Restore funding for programs that have been scaled back or eliminated, or seek outside funding to restore/expand activities, *focus on strategies that build youth self-esteem.*

Who: *Alcohol and Other Drugs Services (AODS), Teenage Program (TAP) and other CCHS programs doing this work.*