

(1) Goal:	PREVENTION: Interrupt cycles of violence by screening students for risk and training high-risk individuals to serve as Violence Prevention Advocates and lead prevention efforts in their communities.		
Objectives (A., B., etc.)	<p>A. 100% of clinical school-based staff are trained to screen up to 250 high school students annually for risk factors linked to violent behavior and to refer them to prevention programming.</p> <p>B. At least 20% of high school students who are referred to prevention services engage in these resources.</p> <p>C. Recruit up to 40 individuals (ages 16-24) to serve as Violence Prevention Advocates (VPAs), leading at least one community engagement activity (e.g., presentation at a school, healing circle, event tabling) by the end of Year 3.</p>		
Project activities/services that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
<p>1. Launch Violence Prevention Advocate (VPA) program: define roles; establish safety protocols and success metrics; recruit/train fellows; gather baseline data.</p> <p>2. Deploy first VPA cohort teams in high-violence census tracts—communities with documented histories of violence</p> <p>3. Recruit, train, and deploy additional VPA cohorts annually.</p> <p>4. Train clinical staff serving in School-Based Clinics to integrate violence/risk screening into existing health assessments.</p> <p>5. Clinical staff proactively identify youths impacted by violence in high-risk communities with the violence/risk screening and link them with resources, including behavioral and mental health services.</p> <p>6. Evaluation consultant subcontracted; data tools and instruments developed; data collected and analyzed, results presented regularly to MDVTF and VPP, final evaluation report drafted.</p>	<p>1-2. CCH Public Health Internship Coordinator and Preceptor staff; CCH Violence Program Manager and other VPP staff</p> <p>3-5. CCH Public Health division staff</p> <p>6. Community partners, residents, VPP staff, external evaluator</p>	<p>1. Jan. 1, 2026</p> <p>2. Oct. 1, 2026</p> <p>3. June 1, 2027</p> <p>4. Oct. 1, 2026</p> <p>5. Mar. 1, 2026</p> <p>6. Jan. 1, 2026</p>	<p>1. Sept. 30, 2026</p> <p>2. Aug. 30, 2027</p> <p>3. Dec. 31, 2028</p> <p>4. Dec. 31, 2028</p> <p>5. Dec. 31, 2028</p> <p>6. June 30, 2029</p>
<p>Data elements that will be used to measure the extent to which the goal and its objectives are achieved.</p> <p>Data elements for process measures: #/% of clinical staff trained; # & demographics of students screened; # positive screens; # referrals/linkages made; # VPAs recruited; # VPAs completing training; # VPAs deployed in communities; # community activities led by VPAs; # & demographics of community members engaging in VPA-led activity; Satisfaction with VPA-led activities; #/% engaging in prevention services; Duration of services; Reasons for declining services; Satisfaction with services</p> <p>Data elements for outcome measures: Improved school attendance; Improved grades/GPA; Decreased disciplinary incidents; Decreased risk scores on risk assessment; Stabilized mental health symptoms; Reduced substance use</p>			

PLEASE SEE NEXT PAGE

(2) Goal:	INTERVENTION: Reduce shootings in high-risk communities through targeted outreach and intervention by people with lived experience of gun violence.		
Objectives (A., B., etc.)	<p>A. Recruit and train up to 14 individuals to serve on Violence Intervention Street Outreach (VISO) teams.</p> <p>B. At least 100 high-risk community members engaged by VISO teams through rapid community-based outreach following violent incidents.</p> <p>C. 60% of people referred to support services follow through on referral with sustained (3+ months) engagement.</p> <p>D. Reduce re-arrest rates by 30% compared to baseline within 18 months of initial engagement, with sustained reduction maintained at 24-month follow-up.</p> <p>E. Improve health and psycho-social outcomes for participants accessing intervention services.</p>		
Project activities/services that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
<p>1. Recruit adults with lived experience of incarceration (trusted messengers) from CCC's highest need neighborhoods to serve on Violence Prevention Street Outreach (VISO) team.</p> <p>2. Train first VISO cohort, and others annually, in outreach, custom notifications, and other intervention strategies.</p> <p>3. VISO members provide rapid violence intervention through community-based outreach and coordinated referral following violent incidents and engage individuals soon after hospital discharge, connecting them with supportive services.</p> <p>4. VISO teams respond to shootings, prevent retaliation, resolve conflicts, connect high-risk individuals with job training and other resources.</p> <p>5. Evaluation consultant subcontracted; data tools and instruments developed; data collected and analyzed, results presented regularly to MDVTF and VPP, final evaluation report drafted.</p>	<p>1–4. Community Partner selected through RFP process, CCH Violence Prevention Program (VPP) Manager and VPP staff</p> <p>5. Community partners, residents, VPP staff, external evaluator</p>	<p>1. Jan. 1, 2026</p> <p>2. July 1, 2026</p> <p>3. Oct. 1, 2026</p> <p>4. Oct., 2026</p> <p>5. Jan. 1, 2026</p>	<p>1. June 30, 2026</p> <p>2. Sep. 30, 2026</p> <p>3. Dec. 31, 2028</p> <p>4. Dec. 31, 2028</p> <p>5. June 30, 2029</p>
<p>Data elements that will be used to measure the extent to which the goal and its objectives are achieved.</p> <p>Data elements for process measures: # VISOs recruited; # VISOs completing training; # VISOs deployed in communities; # eligible participants identified; # participants approached for intervention; # & demographics of participants enrolled; Fidelity to intervention protocols; # referrals/linkages made; #/% engaging in violence intervention services; Duration of services; Reasons for declining services; Satisfaction with services</p> <p>Data elements for outcome measures: Decreased arrest rates; Decreased incarceration; Decreased future offending; Reduced subsequent violent injuries & hospitalizations due to violence; Improved mental health symptoms; Reduced substance use; Improved educational & employment progress; Stabilized housing</p>			

PLEASE SEE NEXT PAGE

(3) Goal:	HEALING and COHESION: Heal from violence-related trauma and develop community cohesion in high-risk communities.		
Objectives (A., B., etc.)	A. Hold bi-weekly community healing circles and other supportive events in target neighborhoods. B. Reach at least 300 people in high-violence neighborhoods with trauma-informed, restorative activities by the end of Year 3. C. Hold quarterly listening sessions & community forums in 3 targeted cities annually.		
Project activities/services that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. Plan, publicize, and hold community events, including healing circles, days of action, peace walks, mural creation, and gardening in 3 targeted cities 2. Provide resources and linkages at events, including food give-aways, workforce opportunities, service referrals. 3. Hold listening sessions & community forums in Antioch, Pittsburg and Richmond, on a quarterly basis. 4. Evaluation consultant subcontracted; data tools and instruments developed; data collected and analyzed, results presented regularly to MDVTF and VPP, final evaluation report drafted.	1-2. Community partners such as RYSE Youth Center (West County), Bridge Builders to the New Generation (East County), or others selected through RFP process. MDVTF participants, VPP staff, VPAs, VISO team members. 3-4. Community partners, residents, VPP staff, external evaluator	1-3. Jan. 1, 2026 4. Jan. 1, 2026	1-3. Dec. 31, 2028 4. June 30, 2029
Data elements that will be used to measure the extent to which the goal and its objectives are achieved. Data elements for process measures: # events held and frequency; # attendees reached annually; # repeat attendees; Geographic coverage; Satisfaction with events Data elements for outcome measures: Improved perceptions of safety and crime in community; Greater levels of social cohesion, and connections with neighbors			

PLEASE SEE NEXT PAGE

(4) Goal:	COUNTY-WIDE COORDINATION: Accountability for violence prevention and intervention is shared by multi-disciplinary stakeholders who have a common understanding of root causes and monitor data to ensure efficacy of CalVIP funded activities.		
Objectives (A., B., etc.)	A. Multi-Disciplinary Violence Prevention Task Force meets 10 times per year with 75% attendance by core members. B. MDVTF reviews County CalVIP summary reports every six months. C. 100% of VISO deployments and healing events are informed by task force review and data input or joint decision making		
Project activities/services that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. CCH convenes regional, cross-jurisdiction, Multi-Disciplinary Violence Task Force (MDVTF) with broad participation from CBOs, law enforcement, target cities, health, youth, and other stakeholders. 2. MDVTF members establish roles, structure, scope of work, and other charter elements to guide work 3. MDVTF meets monthly, analyzes incidences of violence, evaluates VISO efficacy, coordinates targeted intervention, prevention, and healing efforts. 4. MDVTF disseminates data-driven, bi-annual summary reports on CalVIP activities to local stakeholders and BSCC. 5. Evaluation consultant subcontracted; data tools and instruments developed; data collected and analyzed, results presented regularly to MDVTF and VPP, final evaluation report drafted.	1. VPP Manager and staff 2. MDVTF members 3-4. CCH Health Planner/Evaluator (Data Team), MDVTF members, VPP staff 5. VPP staff, MDVTF members, external evaluator	1 April 1, 2026 2. April 1, 2026 3-4. July 1, 2026 5. Jan. 1, 2026	1. April 30, 2026 2. May 31, 2028 3-4. Dec. 31, 2028 5. June 30, 2029
Data elements that will be used to measure the extent to which the goal and its objectives are achieved. Data elements for process measures: # meetings (in frequency & duration); # attendees & core members; Ave. attendance per meeting; Demographics & backgrounds of core membership; Attendance rates of core membership; Representativeness of key constituencies of core membership among target areas; Satisfaction with individual task force roles, process and progress on action items Data elements for outcome measures: Improving perception of data input, collaboration, and joint decision making in regard to CalVIP funded activities & bi-annual summary reports			