

# A Design and Implementation Plan For a West County Reentry Resource Center

*A Community-Based Participatory Project  
Designed and Managed by Further The Work*

*Submitted to the Office of the Contra Costa County Administrator January 24, 2014*

# West County Reentry Resource Center

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# West County Reentry Resource Center

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# West County Reentry Resource Center

## I. INTRODUCTION

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- A. Executive Summary
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# West County Reentry Resource Center

## EXECUTIVE SUMMARY

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### 1. The Center's Design

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Developed through a community-based participatory design process led by Further The Work, the West County Reentry Resource Center (the Center) is intended to serve as a central, site-based gathering place for learning, capacity-development, and ready access to information and services provided within a holistic system of care.

The mission of the Center is to gather effective resources into one accessible and welcoming hub of integrated services, thus fostering healing, justice, safety, and lifelong liberty for the people of Contra Costa County.

By offering a visible point of entry and coordination, the Center will enhance the capacity and efficiency of service providers while reducing barriers, gaps, and redundancies for clients navigating the challenges of reentry.

The Center is intended to serve a variety of clients, including people who are currently incarcerated in prison or jail and who are within six months of returning to Contra Costa; formerly incarcerated people who live in Contra Costa; and Contra Costa County residents who are family members of currently incarcerated or formerly incarcerated people.

The Center's work will be governed by an 11-person Steering Committee of public, private, and individual stakeholders. The Center's operations will be managed by an Executive Director, supported by a small staff responsible for coordinating services, gathering and managing data, and fulfilling "backbone" functions<sup>1</sup> that support collective impact. The Center's integrated array of client services will be provided by On-Site Partner organizations that will co-locate staff and resources at the Center as in-kind contributions.

### 2. The Process to Develop the Center's Design

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The Center's design was developed through a seven-month participatory design process led by a 16-member Core Design Team of local stakeholders who volunteered their time to support the project from start to finish. The project's development was centered on a consistent focus question: *What are the most important things that a West County Reentry Center could do to add the greatest value to our current reentry system?*

The Core Design Team's work was amplified and enriched through the contributions of dozens of additional stakeholders who participated in the project's focus groups and seven Work Teams. All of the elements of the implementation plan were developed, reviewed, and approved by the Core Design Team/Work Teams, which made decisions through discussion and consensus.

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<sup>1</sup> Guide vision and strategy; support aligned activities; establish shared measurement practices; build public will; advance policy; and mobilize funding

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## GRATITUDE AND THANKS

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### 1. Project Partnership

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We are thankful to the Contra Costa County Board of Supervisors for allowing Further The Work to undertake this project on behalf of, and in partnership with, our community.

We are grateful for the extraordinary partnership extended to us by Terrance Cheung, Chief of Staff of the Office of County Supervisor John Gioia; Lara DeLaney, Senior Deputy in the County Administrator's Office; and Jessie Warner, County Reentry Coordinator. Working together as the client team, Terrance, Lara, and Jessie provided unwavering support, invaluable insights, and essential commitment to honoring this project as a community-driven initiative.

Throughout this seven-month project, multiple public agencies and departments were remarkably generous with their staff, their time, and their expertise. We are indebted to many, particularly the Parole division of the California Department of Corrections and Rehabilitation; Contra Costa County Probation, District Attorney, Public Defender, Sheriff, Behavioral Health, and Employment & Human Services; and the Richmond Police Department.

This project was immeasurably enriched by the remarkable gifts of time, commitment, and faith dedicated to this work by the people of Contra Costa County. Community-based organizations, faith-based allies, formerly incarcerated people, family members, activists and organizers: With exemplary urgency, humor, curiosity, determination, compassion, and generosity of spirit, they forged our way ahead.

### 2. Collective Leadership

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The project was managed in partnership with the Core Design Team, a leadership committee of local stakeholders who volunteered their time and efforts to serve the project from start to finish. Each member agreed to help lead and guide the design process; support efficient and productive project meetings; and ensure that the design reflects the community's needs and desires.

- Terrance Cheung: Office of County Supervisor John Gioia (special thanks to Terrance for volunteering as the project's pro bono photographer)
- Lara DeLaney: Office of the County Administrator
- Harlan Grossman: Community Advisory Board member, retired Superior Court Judge
- Amahra Hicks: Arts Commissioner, City of Richmond
- Sean Kirkpatrick: Community Health For Asian Americans
- Candace Kunz Tao: Detention Mental Health, Contra Costa County
- Lynna Magnuson-Parrish: Greater Richmond Interfaith Program

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- Rhody McCoy: Rubicon Programs
- Kathy Narasaki: Insight Prison Project
- Adam Poe: Bay Area Legal Aid
- Tracy Reed-Foster: African American Health Conductors Program, Contra Costa County
- Michele Seville: Arts & Culture Manager, City of Richmond
- Brenda Shebanek: Anka Behavioral Health
- Mace Thompson: From Corrections to College program, Contra Costa College
- Donna Van Wert: One-Stop Operator Consortium Administrator, Contra Costa County
- Jessie Warner: Reentry Coordinator, Contra Costa County

## 3. Work Teams

In the second phase of the project, an additional group of stakeholders volunteered to partner with the Core Design Team, forming seven Work Teams to undertake specific areas of work. In partnership with Further The Work, these Work Teams were responsible for contributing to, reviewing, and approving all of the documents of the implementation plan.

<i>Team Decision-Making and Culture Keeping (governance):</i> Susun Kim (Lead), Jennifer Baha, Terrance Cheung, Sean Kirkpatrick, and Devorah Levine	<i>Team Heart &amp; Soul (values):</i> Michele Seville (Lead), Amahra Hicks, Mace Thompson, and Shelby Wichner
<i>Team WISPS (Workgroup to Integrate Services &amp; Plan Staffing):</i> Rhody McCoy (Lead), Lara DeLaney, Stephanie Medley, Adam Poe, and Anne Struthers	<i>Team Bricks &amp; Mortar (facilities):</i> Donna Van Wert (Lead), Terrance Cheung, Kathy Narasaki, and David Seidner
<i>Team Population (population and eligibility):</i> Joe Vigil (Lead), Elvin Baddley, Todd Billeci, Mark Cruise, Tom Kensok, Shawn Key, Candace Kunz Tao, Jonny Perez, Tracy Reed-Foster, and Melvin Russell	<i>Team Data Dat's Us (data and evaluation):</i> Harlan Grossman (Lead), Lynna Magnuson-Parrish, and Brenda Shebanek
<i>Team Resources and Outreach (communications):</i> Drew Douglass (Lead), Winnie Gin, Blanca Gutierrez, Chrystine Robbins	

## 4. Organizational Focus Group Participants

In October 2013, a representative array of organizational stakeholders from both public and private sectors participated in a focus group to review the developing model, provide input,

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and indicate their possible areas and levels of involvement in the Center. Their insights significantly contributed to the project's progress, and we thank each of them:

Organizational Focus Group Participants	
Jennifer Baha, SHELTER, Inc.	Stephen Baiter, Workforce Development Board
Todd Billeci, County Probation	Mike Casten, Sheriff's Department
Terrance Cheung, County Supervisor Gioia's office	Curtis Christy, County Alcohol and Other Drugs
John Cottrell, County Aging & Adult Services	Rebecca Darnell, County Covered CA manager
Lara DeLaney, County Administrator's Office	Jane Fischberg, Rubicon Programs
Alvaro Fuentes, Community Clinic Consortium	Tieaasha Gaines, County Mental Health
Maria Hernandez, County Aging & Adult Services	Deborah Johnson, State Parole
Philip Kader, County Probation	Tom Kensok, County District Attorney's office
Shawn Key, State Parole	Susun Kim, Bay Area Legal Aid
Lloyd Madden, Neighborhood House of North Richmond	Chris Magnus, Richmond Police Department
Lavonna Martin, County Homeless Program	Jeffrey Nelson, Sheriff's Department
Jessie Warner, County Reentry Coordinator	Chrystine Robbins, Sheriff's Department

## 5. Community Advocates

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For several years prior to the start of this project, many community residents, organizers, and grassroots organizations in West County highlighted the need for a community-based reentry center; their persistent efforts helped to galvanize countywide commitment to advancing this effort. While many organizations, initiatives, and individuals contributed to this work, the Safe Return Project deserves special mention for their early and ongoing advocacy.

## 6. Supporters

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We are grateful to those whose financial and in-kind support made this project possible:

- Contra Costa County Board of Supervisors/County Administrator's Office
- City of Richmond: Office of the City Manager
- City of Richmond: The Richmond Police Department
- Bay Area Local Initiatives Support Corporation/State Farm

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- The California Endowment, through their support of the Reentry Solutions Group
- The Y&H Soda Foundation, through their support of the Reentry Solutions Group

## 7. Technical Assistance

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As the project consultant, Further The Work was fortunate to benefit from the technical suggestions offered by Glen Price and Aaron Price of the Glen Price Group; the wonderful illustrations developed by Karen Ijichi Perkins of Ijichi Perkins & Associates; and the participatory design mentoring of Jane Stallman of the Center for Strategic Facilitation.

## 8. Source Documents

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In developing the many documents that comprise the implementation plan, we benefited from the opportunity to review and adapt materials provided by an array of local efforts and organizations, including SparkPoint, Family Justice Center, Bay Area Legal Aid, Rubicon Programs, East Bay WORKS, the RYSE Center, and Resource Development Associates.

## 9. Interview Sites

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To enhance our collective knowledge, the Core Design Team conducted in-person interviews with 18 regional multi-service centers and programs; several group interviews with grassroots initiatives serving specialized populations; and phone interviews with two additional efforts in San Diego and Ohio. Without exception, all of these interviewees were notably generous, and we thank them for their time, expertise, and candor:

- Achieve 180 (Redwood City)
- Center Point Day Reporting Center (San Rafael)
- CenterForce (Oakland)
- Community Assessment & Services Center (San Francisco)
- Contra Costa County Service Integration Team/SIT (Martinez)
- Delancey Street (San Francisco)
- East Palo Alto Community Reentry (East Palo Alto)
- EastBay WORKS (San Pablo)
- Emergent efforts for specialized populations, including representatives of Asian Prisoner Support Community, Oceana Coalition of Northern California, Native American Health Center, Native American work (Solano prison), Queer Indigenous Women's work, and HIV/AIDS-affected
- Family Justice Center (Richmond)



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- HealthRight360 (San Francisco)
- Healthy Communities (Oakland)
- Ohio Department of Rehab and Correction (Columbus)
- Richmond Progressive Alliance (Richmond)
- RYSE Center (Richmond)
- SB 618 County Prisoner Reentry Network (San Diego)
- Santa Clara County Reentry Resource Center (San Jose)
- Sonoma County Day Reporting Center (Santa Rosa)
- SparkPoint (Richmond)

To everyone who contributed to this project's success: Thank you.

"Imagine a circle of compassion.

Then imagine nobody's standing outside that circle."

– Father Greg Boyle, Founder and Executive Director of Homeboy Industries

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## 2. PRIMARY DOCUMENTS

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2.1.1. Principal Ideas that Guide our Work

2.1.2. Key Center Characteristics

2.1.3. Governance and Administration

### 2.2 Services

2.2.1. Service Model and Plan

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### 2.3 Building and Facilities: Summary Criteria

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## PRINCIPAL IDEAS THAT GUIDE OUR WORK

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### 1. VISION

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Providing integrated resources in a restorative environment that fosters healing, stability, and success, the Center will serve as a beacon of hope, opportunity, and continuing progress to support formerly incarcerated people and their families in their efforts to forge positive futures.

### 2. MISSION

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By gathering effective resources into one accessible and welcoming hub of integrated services, the Center fosters healing, justice, safety, and lifelong liberty for the people of West Contra Costa County.<sup>1</sup>

### 3. CORE VALUES

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Reflecting its core values in every aspect of its operations, the Center should be:

Committed to Excellence	
Healing	Compassionate
Respectful	Culturally Humble
Transparent	Holistic
Accountable	Client-Centered
Restorative	Truthful

### 4. CLIENTS

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Reflecting the Center's commitment to respect for all, the people served by the Center will be considered and referred to as clients.

The Center is intended to serve a variety of clients, including:

- People who are currently incarcerated in prison or jail and who are within six months of returning to Contra Costa;
- Formerly incarcerated people who live in Contra Costa;
- Contra Costa County residents who are family members of currently incarcerated or formerly incarcerated people.

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<sup>1</sup> Both the vision and the mission for the Center are consistent with the Contra Costa County Reentry Strategic Plan (completed in March 2011) and the Contra Costa County AB 109 Operations Plan (adopted by the Board of Supervisors in November 2012). For convenient reference, the AB 109 Operations Plan is attached.

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The Center does not discriminate on the basis of race, culture, sexual orientation, gender, ethnicity, physical or mental ability, age, religion, or immigration status.

## 5. KEY PREMISES

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In order to achieve its mission, the Center will adhere to the following premises.

- a. The experience of incarceration, reentry, and successful reintegration unfold along a continuum involving time, place, readiness, and opportunity. Therefore, reentry planning and preparation should begin as early as possible after first contact with the criminal justice system, and support for returning residents and their families should be consistent, dependable, appropriate, and responsive throughout their journey to restoration.
- b. People have the best chance to build productive, satisfying lives if they can accurately identify what truly matters most to them, and if they can then develop effective and productive ways to accomplish those goals.
- c. Social services are valuable, effective, and efficient only if they are properly matched to the needs of each unique person; therefore, the Center's work will be responsive to both gender identity and sexual orientation, family-inclusive, trauma-informed, culturally appropriate, and focused on understanding and responding to the needs of the clients.
- d. Communities are most effective when their members know, trust, and work with each other. Because the Center is a community within itself, Partners strive to undertake their work with clear commitment to maximizing the interdependence and synergy all of the Center's stakeholders. So Partners agree to share information, develop common assessments of their individual and collective efforts, and speak candidly about opportunities for improvement.
- e. The Center's work should strive to advance both opportunities and capacities for the people whom it is intended to serve. Therefore, the Center's management and Partners should intentionally recruit and cultivate formerly incarcerated people to serve as volunteers, staff, committee members, and leaders at the Center.

## 6. COMMITMENT TO RESTORATIVE JUSTICE

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Restorative justice is based on a theory of justice that considers crime and wrongdoing to be an offense primarily against an individual or community, rather than against the state.

According to John Braithwaite, an international expert in criminal justice systems, restorative justice is "a process where all stakeholders affected by an injustice have an opportunity to discuss how they have been affected by the injustice and to decide what should be done to repair the harm. With crime, restorative justice is about the idea that because crime hurts, justice should heal. It follows that conversations with those who have been hurt and with those

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who have inflicted the harm must be central to the process.”<sup>2</sup>

Restorative justice can be defined as “a growing social movement to institutionalize peaceful approaches to harm, problem-solving and violations of legal and human rights.... Rather than privileging the law, professionals, and the state, restorative resolutions engage those who are harmed, wrongdoers, and their affected communities in search of solutions that promote repair, reconciliation and the rebuilding of relationships. Restorative justice seeks to build partnerships to reestablish mutual responsibility for constructive responses to wrongdoing within our communities. Restorative approaches seek a balanced approach to the needs of the victim, wrongdoer, and community through processes that preserve the safety and dignity of all.”<sup>3</sup>

Reflecting this approach, the Center will use restorative practices within the Center’s work and among its Partners, and should connect to and advance the use of restorative justice principles and practices in the larger community.<sup>4</sup>

## 7. STATEMENT OF PURPOSE

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The Center has three primary purposes:

- a. To support clients in their efforts to build self-sufficient, satisfying, and positive lives;
- b. To leverage and maximize the impact of individual organizations that are working to support formerly incarcerated individuals;
- c. To foster the collective impact of all those entities and stakeholders (public, private, services, businesses, faith community, and individual residents) who are committed to developing a safer, more equitable, and more sustainable West Contra Costa County by working intentionally and collaboratively to achieve common goals.

## 8. THEORY OF CHANGE

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Positive outcomes for successful reentry and reintegration following incarceration are maximized when formerly incarcerated people, and their families, have access to an array of effective, responsive, appropriate, and integrated community-based services and resources that recognize and respond to each individual’s desires, motivations, and readiness.

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<sup>2</sup> Braithwaite, John, “Restorative Justice and De-Professionalization,” *The Good Society*, 2004, 13 (1): 28–31.

<sup>3</sup> [http://en.wikipedia.org/wiki/Restorative\\_justice](http://en.wikipedia.org/wiki/Restorative_justice)

<sup>4</sup> Restorative practices are already in use in various community-based settings in West Contra Costa County, such as the restorative justice partnership between Catholic Charities of the East Bay and the West Contra Costa Unified School District (a project supported by The California Endowment’s Building Healthy Communities initiative), among others.

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The Center recognizes that the reentry process occurs along a temporal continuum that can begin with the moment of first contact with the criminal justice system and can be considered complete when a formerly incarcerated person successfully reintegrates back into the community while establishing and sustaining positive relationships with family and community and developing practical self-sufficiency.

The Center also recognizes that system stakeholders – public, private, community-based or established institutions – can better achieve their individual missions through intentional partnerships that advance shared goals.

Therefore, the Center exists to serve as a central gathering place for learning, capacity-development, and ready access to information and services provided within a holistic system of care. By offering a visible point of entry and coordination, the Center will enhance the capacity and efficiency of service providers while reducing barriers, gaps, and redundancies for clients navigating the challenges of reentry.

## 9. COLLECTIVE IMPACT

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The Center's work reflects the principles of collective impact, as defined by the work of FSG Social Impact Partners.<sup>5</sup>

Now a concept commonly recognized in multiple sectors, "collective impact hinges on the idea that in order for organizations to create lasting solutions to social problems on a large-scale, they need to coordinate their efforts and work together around a clearly defined goal. The approach of collective impact is placed in contrast to 'isolated impact,' where organizations primarily work alone to solve social problems. Collective impact moves away from this, arguing that organizations should form cross-sector coalitions in order to make meaningful and sustainable progress on social issues."<sup>6</sup>

As described by FSG, successful collective impact initiatives require the presence of administrative entity that provides "a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly" (Kania and Kramer, Winter 2011).

For additional information about collective impact initiatives and the backbone functions that support them, see Section 4.3, "*What is Collective Impact?*" and Section 4.4, "*Types of Backbone Entities.*"

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<sup>5</sup> John Kania and Mark Kramer, "Collective Impact," Stanford Social Innovation Review, Winter 2011.

<sup>6</sup> [http://en.wikipedia.org/wiki/Collective\\_impact](http://en.wikipedia.org/wiki/Collective_impact)



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As a collective impact initiative using a co-located, integrated service model, the Center's formal Partners will be committed to striving toward common goals and to developing new indicators to measure the extent to which we reach these goals. Reflecting this commitment, Partners will participate in the development, implementation, and maintenance of a collective approach to the Center's operations.

To foster continuous quality improvement, the Center will advance the development and use of data-informed practices that assess and advance progress for individuals, for providers, and for the Center as a collective impact initiative.

To achieve this goal, the Center will develop procedures to provide regular assessments of client satisfaction and outcomes; it will identify opportunities to foster data-informed practices throughout the Center's work; and it will participate in regular evaluations of service quality and fidelity both at the Center and within the larger system of care.

## **10. OPERATING PRINCIPLES**

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In their individual and organizational interactions with each other, Partners will act with integrity and fairness, remembering their shared commitment to accomplish a common mission: helping formerly incarcerated people and their families restore their lives.

Respecting all who are invested in the Center's impact, Partners will strive to achieve excellence in their work, continuing improving their effectiveness by ongoing learning and evaluation and by considering new ways to work together to advance their collective impact. Thus, the Center and its Partners will be committed to the use of evidence-based and best practices; will cultivate Center-wide programmatic capacities and approaches; and will maintain rigor in program fidelity.

Cultivating an inclusive, affirming, patient, and open-minded community culture, Partners will encourage and respect all voices and points of view.

## **11. SUSTAINABILITY**

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As an entity committed to fostering maximum collective impact to support our community's healing and progress, the Center will build a strong, sustainable foundation as an anchor institution by leveraging existing resources, clearly measuring and disseminating the impact of our work, and improving efficiencies in the reentry landscape.

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## KEY CENTER CHARACTERISTICS

### 1. KEY CHARACTERISTICS OF THE WEST COUNTY REENTRY RESOURCE CENTER

The West County Reentry Resource Center should demonstrate six key characteristics:

<b>Maximize Partnership</b> <ul style="list-style-type: none"><li>• Support coordination, communication, and integration among partners</li><li>• Foster flexible, responsive approaches in service partnerships</li></ul>	<b>Leverage Resources To Foster Sustainability</b> <ul style="list-style-type: none"><li>• Develop clear commitments of time and staff for both CBOs and county agencies</li><li>• “Share the wealth”: Use funding to fill gaps and leverage existing sources</li><li>• Build a sustainable plan, with starting budget of \$400K annually</li></ul>
<b>Fulfill Multiple Service Functions</b> <ul style="list-style-type: none"><li>• Serve as an easily accessible, identifiable starting point for clients</li><li>• Act as a storehouse of both resources and referrals</li><li>• Develop a reentry navigation model</li><li>• Strengthen pre- to post-release continuum for both clients and service partners</li></ul>	<b>Use Holistic Approaches</b> <ul style="list-style-type: none"><li>• Be client- and family-focused: provide meaningful and engaging connections</li><li>• Cultivate a restorative, non-punitive, non-blaming atmosphere</li><li>• Remember the whole person in the whole context</li><li>• Value and respond to diversity: of skills, experience, identity, needs, and desires</li></ul>
<b>Be Inclusive</b> <ul style="list-style-type: none"><li>• Cultivate cultural competency through ongoing training for all partners</li><li>• Cultivate peers at all levels of system; foster them as role models</li><li>• Ensure that staffing is well balanced and high quality</li><li>• Foster equal access for all involved in pre/post release (no skimming off the top)</li></ul>	<b>Emphasize Outcomes</b> <ul style="list-style-type: none"><li>• Focus on achieving goals: short and long term for partners, the overall center, and clients</li><li>• Highlight both individual and reciprocal accountability of both providers and clients</li><li>• Foster client progress toward long-term sufficiency and liberty</li><li>• Provide quality assurance and advance capacity for all partners</li></ul>

### 2. CENTER’S PRIMARY FUNCTIONS<sup>1</sup>

Reflecting the community’s input in the ways that the Center can be of greatest benefit to individuals and the organizations intended to support them, the Center should fulfill the following primary functions:

- a. Provide both physical and virtual access:
  - i. A physical location: A real place with a door

<sup>1</sup> See Section 2.8 for visual illustrations of the Center’s model and functions. Created in partnership with graphic facilitator Karen Perkins, these illustrations were developed and used during the project’s design phase to offer clear, accessible depictions of the Center’s purpose and service design.

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- ii. A 24-hour staffed phone line, as well as a website to offer service information
- iii. Some services to be available on a drop-in basis, some by appointment with specific staff, some on a rotating schedule
- b. Serve multiple reentry-involved populations:
  - i. Stages:
    - People who are about to be released from incarceration
    - People who are immediately post-release
    - People who have been out of incarceration for extended periods of time
  - ii. Status:
    - AB 109 and non-AB 109
    - People under supervision by probation or parole
    - People not under supervision
  - iii. Ages & genders:
    - Adult men and women (over 18)
    - Transition-aged youth (18-24)
  - iv. Family members of all of the above
- c. Act as a first-stop intake site:
  - i. Receive pre-release assessments provided by Sheriff or Probation
  - ii. Conduct or coordinate intake and assessment (for people who are just out and also those who have been out)
  - iii. Conduct or coordinate eligibility screenings (for various public benefits)
  - iv. Conduct or coordinate triage to identify different levels of need: Urgent needs (food, medications, shelter), complex needs (dual diagnoses), specific/single needs (drivers license, Medi-Cal), long-term support needs (peer groups, NA/AA)
- d. Act as a service hub:
  - i. Avoid developing services that would duplicate or displace services that exist in the community – instead, help better integrate and improve service delivery, whether delivered on-site or off-site
  - ii. Support the development and use of structured in-reach connections between Partners and people getting ready to come home from jail or prison

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- iii. Provide access to integrated, co-located services and resources on-site (delivered by On-Site Partners)
- iv. Provide space for ongoing groups (peer support, etc.), defined and consistent workspaces for use by On-Site Partners, and coordination for rotating services (legal clinic, health care van, etc.)
- v. Schedule appointments for off-site services provided by defined partners (more than just referrals - Center staff would make appointments with off-site providers who are formal partners with the site)
- vi. Make referrals to other community providers and resources (those that are not formal partners with the site)
- e. Identify, provide, and coordinate different services for different levels of need:
  - i. High need and complex, needing coordinated service team (probably a Multi-Disciplinary Team, or MDT)
  - ii. Drop-in, relatively low urgency (such as benefits enrollment, meetings with probation officer)
  - iii. Urgent/crisis (such as inability to access medications, imminent risk of housing loss)
  - iv. Ongoing on a rotating schedule (support groups, legal clinic, health van, etc.)
- f. Immediately meet some urgent needs for people just being released:
  - i. One-On-One Connection: The Center should work with its On-Site Partners to ensure that appropriate clients can be readily and consistently connected to a go-to contact, such as a navigator, mentor, Partner staff member, or multi-disciplinary team lead, using criteria to be developed by the Center and its appropriate partner(s).
  - ii. Food: Some inventory of non-perishable items could be maintained on-site, for distribution to clients immediately post-release, using criteria to be developed by the Center and its appropriate partner(s). The Center should maintain up-to-date and accurate informational handouts to inform clients of existing food sources.
  - iii. Medication: It is not assumed that the Center will stock or dispense medications on-site; however, the Center should establish a formal partnership agreement with one or more medical providers to expedite prescriptions for immediately post-release clients in urgent need of medication, using criteria to be developed by the Center and its appropriate partner(s).
  - iv. Clothing: Some inventory of basic clothing items (hygiene supplies, underwear, socks) could be maintained on-site, for distribution to clients immediately post-

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- release, using criteria to be developed by the Center and its appropriate partner(s). The Center should maintain up-to-date and accurate informational handouts to inform clients of existing clothing sources.
- v. Bus vouchers: Some low-fare Clipper cards could be maintained on-site, for distribution to clients immediately post-release, using criteria to be developed by the Center and its appropriate partner(s). This resource could be developed in partnership with the Sheriff's department and regional Parole offices.
  - vi. Short-term beds: It is not assumed that the Center will provide or directly manage emergency or short-term housing; however, the Center should establish a formal partnership agreement with one or more housing providers to expedite access to shelter for immediately post-release clients, using criteria to be developed by the Center and its appropriate partner(s).
- g. Cultivate the use of navigators/allies/coaches:
- i. Foster one-on-one relationships to provide support
  - ii. Foster training to encourage effective peer support
- h. Support the development of ongoing reentry support groups:
- i. Help foster and coordinate consistent, on-site support groups
- i. Encourage the development of "Reentry 101": A client-focused, easy-to-use how-to guide to support individuals in their pre-release preparation and post-release navigation
- i. Disseminate information about reentry center and reentry resources
  - ii. Support family readiness and reunification
  - iii. Foster development and use of personal reentry/safety plans
  - iv. Help people navigate the "cultural" shift of the transition from incarceration to community
- j. Advance the capacity and integration of service sectors (public & private):
- i. Serve as a go-to source to coordinate and conduct trainings county-wide
  - ii. Serve as a common table to develop shared practices (assessment forms, baseline intake forms, data sharing)
  - iii. Serve as a common table to develop shared approaches (evidence-based practices, common intake, assessment, and evaluations)

# West County Reentry Resource Center

## GOVERNANCE AND ADMINISTRATION

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### 1. EXECUTIVE SUMMARY

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#### a. Collective Impact

The governance, management, and operations of the West County Reentry Resource Center (the Center) will reflect the principles of collective impact. For additional information about collective impact initiatives and the backbone functions that support them, see Section 4.3, "*What is Collective Impact?*" and Section 4.4, "*Types of Backbone Entities.*"

Acting as a backbone fostering the collective impact of all of the Center's partners, the Center's Executive Director and administrative staff should fulfill the following six backbone functions:

- i) Guide vision and strategy;
- ii) Support aligned activities;
- iii) Establish shared measurement practices;
- iv) Build public will;
- v) Advance policy;
- vi) Mobilize funding.

The Center's core budget should not be used to pay for services; rather, the Center's partners will provide on-site program & service staff and resources as in-kind contributions, with the Center's core budget dedicated to underwriting the costs of the Center's backbone functions, occupancy, and infrastructure.

#### b. Governance

- i) **Host:** The Center will be operated by a host organization (the Host), which serves as the institutional sponsor for the Center. As the entity legally responsible for the Center's operations, the Host will be the entity of record for the Center's grants and contracts and will be the employer of record for the Center's director and direct staff.

The Host should have demonstrated capacity in the following areas:

- Programs and operations infrastructure and management;
- Managing multi-stakeholder initiatives;
- Understanding and appreciation of collective impact model;
- Community engagement.

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- ii) **Steering Committee:** A Center Steering Committee (CSC) will develop policies; provide oversight and outreach; support fundraising; and support the Center's organizational Center Host/site management staff. The CSC may form additional standing or ad hoc committees, as it deems appropriate.
- iii) **Executive Director:** The Center's day-to-day operations shall be conducted under the direction of an Executive Director, who will report to the Center Steering Committee. The Executive Director will hire, fire, manage, and evaluate the Center's administrative staffing.
- iv) **On-Site Partners:** The majority of the Center's services will be provided by On-Site Partner organizations that dedicate staff and other resources to operate on-site at the Center. Reflecting the Center's co-located, collaborative, integrated service approach, all On-Site Partners will enter into Memoranda of Understanding with the Center to detail the expectations and responsibilities to which all On-Site Partners agree. The Center will also develop Operational Agreements detailing the specific roles and responsibilities governing each On-Site Partner's activities and services.
- v) **Administration:** Providing backbone functions, the Center's administrative management will recognize and fulfill two primary responsibilities:
  - i) Serve as the outward-facing embodiment of, ambassador for, and liaison to the Center, and
  - ii) Serve as the inward-facing operational and administrative management of the Center and of its partners, responsible for the development and implementation of an integrated, collaborative, and effective service plan.

## 2. GOVERNANCE RESPONSIBILITIES: HOST

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- a. **Fiduciary:** The Host provides fiduciary and legal oversight for the Center, including:
  - i) Ensure legal and ethical integrity and maintains accountability
  - ii) Ensure compliance with all laws and regulations
  - iii) Track the Center budget, hire audit firm, ensure proper financial and HR policies and procedures are in place
  - iv) Approve conflict of interest and whistleblower policies
  - v) Serve as employer of record for Center staff
  - vi) Manage all required reporting to state and local taxing authorities
- b. **Backbone:** Acting as a backbone entity, the Host's responsibilities include the following:
  - i) Maintain Center's integrity, value, mission



# West County Reentry Resource Center

- ii) Manage all aspects of Center operations
  - Implement and monitor service model and activities
  - Manage site facilities and infrastructure
  - Manage data collection, sharing, and evaluation practices and systems
  - Develop Center policies and procedures
  - Manage partner relationships
- iii) Manage collaboration and coordination of all Center stakeholders and activities
  - Facilitate partnership meetings
  - Provide conflict resolution among partners
- iv) Implement communication and marketing activities, in collaboration with Center Steering Committee
  - Serve as primary representative and spokesperson for the Center
  - Develop and implement community engagement strategies and activities
  - Design and implement client outreach strategies and activities
  - Carry out advocacy activities, as appropriate to the Center
- v) Participate in and support fundraising efforts as developed by the Steering Committee

## 3. GOVERNANCE RESPONSIBILITIES: CENTER STEERING COMMITTEE

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An 11-person Center Steering Committee (CSC) will govern the Center. The CSC membership will reflect a broad cross-section of experience and expertise from across the West Contra Costa community. The CSC is specifically intended to include members who have been incarcerated and people whose family members have been incarcerated. All members of the CSC must be adults (age 18 and over).

### a. Composition of the Center Steering Committee:

The 11-member CSC will comprise the following members:

- i) Three senior representatives from county agencies:
  - One representative from the Community Corrections Partnership Executive Committee, representing a public safety agency (Sheriff, District Attorney, Public Defender, Police Chiefs, or Probation)

# West County Reentry Resource Center

- One representative from the Community Corrections Partnership Executive Committee, representing a health/behavioral health agency (Homelessness, Alcohol or Other Drugs, Mental Health, or Health Services)
  - A representative from the office of the region's County Supervisor
- ii) Three senior representatives from community-based organizations that provide services to the reentry population. Representatives from these community-based organizations are not required to be operating as On-Site partners. Community-based organizations must:
- (a) Be a 501c3 (with current registration by the IRS) or a fiscally sponsored project of a current registration by the IRS;
  - (b) Inform, advise, and support the advancement of the Center's mission, vision, values, and methods;
  - (c) Provide specific input and expertise to maximize the Center's value and impact in the larger reentry landscape;
  - (d) Possess relevant experience and expertise to assess, discuss, and advance the Center's work;
  - (e) Serve as ambassadors to the larger community;
  - (f) Appoint as their official representative a senior staffer who is authorized to make decisions, commit resources, and commit to changes or decisions related to their own organizational policies, practices, or the delivery of services, as appropriate.
- iii) Three community representatives
- Community representatives are not required to be formally affiliated with or employed by any organization. Community representatives must:
- (a) Live, worship, or go to school in West Contra Costa County;
  - (b) Agree to serve as individuals advocating for and providing insight about the needs, interests, and desires of the community as a whole;
  - (c) Inform, advise, and support the advancement of the Center's mission, vision, values, and methods;
  - (d) Highlight community interests and concerns as they relate to the Center;
  - (e) Serve as ambassadors to the larger community.
- iv) One representative from the Contra Costa County CCP Community Advisory Board (CAB)

# West County Reentry Resource Center

CAB shall select a CAB member in good standing as its representative to the CSC. When a member leaves the CAB (for whatever reason), the CAB will appoint a new representative. The CAB representative must:

- Serve as liaison between the CSC and the CAB, supporting ongoing coordination and information-sharing;
  - Inform, advise, and support the advancement of the Center's mission, vision, values, and methods;
  - Support the identification and implementation of opportunities for collaboration, shared policy development, and collective advocacy to advance common interests identified by the CAB and the CSC;
  - Provide updates to the CAB about the work of the CSC, and updates to the CSC about the work of the CAB.
- v) One senior representative from the office of the County Reentry Coordinator, who will:
- Inform, advise, and support the advancement of the Center's mission, vision, values, and methods;
  - Support the identification and implementation of opportunities for collaboration, shared policy development, and collective impact regarding reentry-related issues across the county.
- vi) In addition to these 11 members, the Center's Executive Director will serve as a non-voting member of this body. The Center's Executive Director does not serve as staff the Steering Committee but may assign a Center administrative staff member to support the Committee's work.

## b. Center Steering Committee: Responsibilities

The Center Steering Committee (CSC) serves as the guardian and steward for the Center's mission and is responsible for supporting the Center and its Executive Director, maintaining financial stability, and ensuring impact.

The CSC shall be responsible for the following:

- i) Develop and sustain program mission, vision, and values
- ii) Set and uphold policies (including setting criteria for onsite and offsite services, support staff as needed to resolve partner issues)
- iii) Hire, fire, and evaluate the Executive Director
- iv) Support Executive Director and staff in fulfilling project goals

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- v) Participate in short and long term planning while ensuring participant input
- vi) Approve annual project budget
- vii) Assist with fundraising
- viii) Provide input into program development, quality review, integration, and evaluation
- ix) Serve as ambassadors to partners and the community at large
- x) Assist with community education, engagement, and inclusion
- xi) No fewer than four members of the CSC will serve on the County's initial selection panel for the Center's Host and will provide annual assessment of the Host/Center partnership.

## c. **Center Steering Committee: Officers**

- i) The CSC officers consist of the Chair and Vice Chair.
  - The Chair shall facilitate CSC meetings, develop and distribute agendas in coordination with the Executive Director, and convene any workgroups or committees. The Chair shall also fulfill all responsibilities designated by the Host, including signing personnel-related documents and forms for Executive Director oversight; reviewing financial statements at least annually; and meeting with the Executive Director and Host executive at least annually.
  - The Vice Chair shall act for the Chair in his/her absence.
  - Each officer will be elected in the first meeting of the calendar year and serve one-year term.

## d. **Center Steering Committee: Terms of Service & Termination**

- i) The CSC must ratify all CSC candidates recommended for appointment.
- ii) CSC members will be appointed for 2-year terms, with one renewal allowed, for a total of four continuous years.
- iii) Mid-term appointees will be allowed to complete their initial term of service and then sit for a maximum of two, 2-year terms.
- iv) At the conclusion of an appointee's term, the CSC is responsible for recruiting, vetting, and appointing a new member to fill the seat.
- v) A CSC member shall be relieved of all duties and terminated from the CSC under the following circumstances: three or more absences in a year, actions or conduct detrimental to the CSC project, or resignation.

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- vi) The CSC shall meet no less than four times a year and shall adjust the meeting schedule, increasing or decreasing meeting frequency as necessary to complete the goals and objectives before the CSC.

e. **Center Steering Committee: Decision-Making**

- i) It is the preference of the CSC to make decisions using a consensus model whenever possible.
- ii) In the absence of clear consensus, the CSC defaults to a simple majority for most decisions.
- iii) A super majority of 2/3 vote is required for the following decisions:
  - Change of CSC membership composition;
  - Selection of CSC members;
  - Any change to the governance structures or all-partner MOU.
- iv) A quorum shall consist of a majority of seated members.

## 4. ADDITIONAL COMMITTEES

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Additional committees shall be formed as necessary in order to facilitate the efficient completion of various goals and objectives of the CSC. Committees may be permanent or ad hoc as determined by the CSC.

The CSC may choose to form and seat the following committees, among others:

a. Governance Subcommittee:

The Governance Committee would be responsible for preparing and updating governance documents, including MOU's; reviewing governance policies and advising staff and the CSC; and recruiting, nominating and orienting new board members.

b. Resource Development Subcommittee:

The Resource Development Committee would be responsible for overseeing and supporting all fundraising efforts related to the project including capital campaign, ongoing operations funding, marketing and outreach strategy, and a fundraising plan. The Resource Development Committee shall be ongoing, comprised of CSC members, community champions, key business partners, and led by a Board member at all times.

c. Partnership & Service Committee:

Membership in the Partnership & Service Committee (P&S) would be mandatory for all On-Site Partners, and would be open to additional organizational stakeholders that do not operate on-site but that serve West Contra Costa.

# West County Reentry Resource Center

The purpose of the P&S Committee would be to provide an open and consistent forum in which to identify and address issues of partnership, service plan and integration, fundraising opportunities, community needs, and any other issues affecting the Center.

The P&S Committee would serve to advise the Center Steering Committee. The P&S Committee would not have a formal vote in the Center's operations.

The P&S Committee would meet regularly, with meetings devoted on an alternating basis to service-related issues and to operational or partnership-management issues. The P&S Committee would serve to advise the Center Steering Committee. The P&S Committee would not have a formal vote in the Center's operations.

To join the P&S Committee, a non-partner organization would complete an indication of interest and commitment form for consideration and approval/rejection by the CSC. Members of the P&S Committee would:

- i) Agree to participate in the P&S Committee for at least one year;
- ii) Appoint an authorized decision-maker as their formal representative;
- iii) Respect and support the mission, vision, and values of the Center;
- iv) Agree to participate in the P&S Committee for at least one year.

## d. Technical Advisory Committee

The purpose of the Technical Advisory Committee (TAC) would be to provide focused input from formerly incarcerated people, survivors of crime, and the family members of the incarcerated, formerly incarcerated, or victims. The TAC would meet regularly to provide input on the Center's work.

The TAC would serve to advise the Center Steering Committee. The TAC would not have a formal vote in the Center's operations.

To join the TAC, an individual would complete an indication of interest and commitment form for consideration and approval/rejection by the CSC.

Members of the TAC would:

- i) Live, worship, or go to school in West Contra Costa County;
- ii) Inform, advise, and support the advancement of the Center's mission, vision, values, and methods;
- iii) Agree to advocate for and provide insight about the needs, interests, and desires of people most immediately affected by crime, incarceration, and reentry in West Contra Costa County;
- iv) Highlight community interests and concerns as they relate to the Center;

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- v) Serve as ambassadors to the people most immediately affected by crime, incarceration, and reentry in West Contra Costa County;
- vi) Agree to participate in the TAC for at least one year.

# West County Reentry Resource Center

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# West County Reentry Resource Center

## SERVICE MODEL AND PLAN

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### 1. A CENTRALIZED POINT OF ENTRY SUPPORTING AN INTEGRATED SYSTEM OF CARE

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The West County Reentry Resource Center (the Center) is designed to serve as a beacon of hope, opportunity, and continuing progress to support reentering or formerly incarcerated West County residents and their families in their efforts to forge positive futures.

The Center is intended to serve as a resource for all reentering or formerly incarcerated men and women (age 18 and over) who live in or are returning to West Contra Costa County, as well as for their families who are preparing for or are involved with a family member's reentry or reintegration.

The Center's clients may include people under any form of supervision by Probation or Parole, as well as those who are not under supervision. It is not limited to a particular sub-category, such as AB 109 probationers. The Center is equally open to all reentering or formerly incarcerated clients, and their families, regardless of race, culture, sexual orientation, gender, ethnicity, physical or mental ability, age, religion, criminal justice status, or immigration status.

As a collective impact initiative<sup>1</sup> that is using a co-located, integrated service model to support multiple stakeholders in developing and achieving shared goals, the Center will help advance efficiency and efficacy within the landscape of reentry services by aligning efforts, avoiding duplication, closing gaps, and advancing collective capacity.

For additional information about collective impact initiatives and the backbone functions that support them, see Section 4.3, *"What is Collective Impact?"* and Section 4.4, *"Types of Backbone Entities."*

As has been demonstrated in other co-located, integrated service partnership models (such as the West County Family Justice Center and the SparkPoint Centers), when existing service stakeholders are gathered into a centralized site that provides intentionally selected and integrated services, clients face fewer barriers, more effectively identify and utilize services, and demonstrate stronger outcomes than in the usual dispersed-service model.<sup>2</sup>

Reflecting this documented best practice, and advancing a "no wrong door" approach to the West County reentry system of care, the Center will act as a visible focal point to gather, coordinate, and disseminate information, resources, and referrals. The Center will work with partners to develop shared or coordinated intake, assessment, referral, and data-management policies and practices.

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<sup>1</sup> Additional information about the collective impact model can be found at [fsg.org/OurApproach/Overview.aspx](https://fsg.org/OurApproach/Overview.aspx)

<sup>2</sup> For more information on the SparkPoint model of integrated services, see Section 4.5, *"What Is a SparkPoint Center?"*

# West County Reentry Resource Center

Committed to the principles of jail-to-community model,<sup>3</sup> the Center recognizes that transition out of incarceration and into the community is the sole responsibility of neither the detention system nor of community-based organizations. Given that many of the people who exit jail or prison are already involved with multiple social service and criminal justice agencies, effective transition strategies rely on collective ownership, intentional collaboration, and integrated activities among partners.<sup>4</sup> For additional information on the jail-to-community model, see the Section 4.6, "*The Transition from Jail to Community Initiative*."

It is anticipated that the Center will begin operating as a pilot project, developing and testing its service model, partnerships, policies and procedures, and infrastructure before attempting to scale up to full operations.

At scale, the Center is intended to operate on extended hours, including evening and weekends, supported by an after-hours staffed phone line and a user-friendly website/social media portals to provide access to accurate, up-to-date information and resources.

## 2. ADMINISTRATIVE MANAGEMENT

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A full-time, four-person administrative team will manage the Center's core operations while fulfilling the "backbone" functions necessary to collective impact initiatives. The administrative team will consist of the Executive Director (1 FTE); the Operations and Services Manager (1 FTE); the Registration, Intake, and Data Administrator (1 FTE); and an Administrative Assistant (1 FTE). *Note: Job descriptions for the first three of positions have been developed and are included as part of the overall implementation planning packet.*

- a. The Center's Executive Director (Director) is responsible for all elements of the Center's management and development. Reporting to and supported by the Steering Committee, the Director is responsible for strategic development and implementation, budget management and reporting, fundraising and public relations, staff and partnership management and development, and infrastructure and operational management.
- b. The Center's Operations and Services Manager (Manager) will be responsible for the daily operations of the Center's services and activities. The Manager will ensure the smooth and effective integration and delivery of appropriate services by Center partners, Center staff, and volunteers.
- c. The Registration, Intake & Data Administrator (Data Administrator) will serve as the first point of contact for both clients and referring partners. He/she will conduct initial intake

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<sup>3</sup> Urban League and National Institute of Corrections, *The Transition from Jail to Community Initiative*, April 2009, retrieved from <http://www.urban.org/projects/tjc/upload/TJC-Initiative-Overview.pdf>.

<sup>4</sup> More information about the national Jail to Community Initiative, along with evaluations, assessment toolkits, and case management strategies, can be found at <http://www.urban.org/projects/tjc/Toolkit/>

# West County Reentry Resource Center

and registration. Serving as the information hub for receiving and coordinating all client-related information, the Administrator will provide initial triage. Based on the client's intake information, the Administrator will identify which Center Partner will serve as the client's primary service contact, and will provide the client's internal referral to the appropriate Center Partner.

- d. The Administrative Assistant (Admin) will provide administrative support to the Center's staff, staff the registration desk as needed, support data entry and data management, and manage ordinary administrative duties to support the Center's work.

## 3. SERVICE APPROACH

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### a. Organizational Service Providers

Developed in partnership with a broad array of stakeholders and systems representatives during the Center's planning process, the following array of on-site service types and availability were identified as of primary importance to meet client needs and leverage providers' impact.

Taken together, this service array represents approximately 5 full-time-equivalent (FTE) positions providing housing, employment & job coaching, benefits enrollment, civil legal services, behavioral health (mental health and substance abuse) services, health access and health enrollment, mentorship, support groups, and family support services.

It is recommended that the Center strive to identify and collaborate with all public agencies that serve the Center's client populations, as well as with community-based organizations that are county-contracted or grant-supported to serve these people, in order to foster coordination, service integration, and information-sharing among all appropriate stakeholders to strengthen the jail-to-community system of care. It is also worth noting that some grant-funded services may, by terms of the funding, be restricted to serving specific sub-categories of individuals. The Center staff will work with the Center Partners to identify such restrictions and to embed eligibility information into the intake process.

### b. Navigators

In addition to the Center's staff and organizational Center Partners, the Center will work with its Partners to develop and implement a Navigator program of volunteers trained and supervised by the Center staff or a Center Partner. These Navigators will be paired as a source for one-on-one primary support for identified individuals who are in particular need of this support and who are willing to engage with Navigators.

### c. Multi-Disciplinary Teams

Recognizing that a portion of the Center's clients will present complex needs, the Center will support Center Partners and other service providers to convene a Multi-Disciplinary Teams (MDT) to serve each such client.

# West County Reentry Resource Center

There are different types of multidisciplinary teams, but all involve representatives of multiple disciplines working together to improve service approaches for people with complex and challenging needs.<sup>5</sup>

## 4. SERVICE ARRAY (PROPOSED)

Reflecting the desires identified through the Center's participatory design process, the following grid indicates the array of services and accessibility that are proposed as the core elements of the Center's service array.

Individual Client Services			
Service Area	Services	Provider	Frequency
Probation	Appointment & drop-in	Probation department	Daily, .4 FTE
Housing	Housing referral, eviction prevention, shelter bed referrals	County and CBO contractors	Daily, .4 FTE
Employment	Career coaching, vocational assessments	County and CBO contractors	Daily, .4 FTE
Employment	Business services manager, job developer	County and CBO contractors	2-3x/wk, .2 FTE
Public Benefits	Benefits screening and enrollment, including CDL, GA, SSI, financial aid, food stamps, Veterans Affairs, public housing	County Behavioral Health (benefits specialists) and CBO contractors	Daily, .5 FTE
Legal Services	Tenants and employment rights and advocacy, Clean Slate, civil family matters (child support, custody)	CBO contractors	2-3x/wk, .2 FTE
Behavioral Health	AOD and MH assessments & referrals	County Behavioral Health (AOD and Mental Health)	Daily, .4 FTE
Health Care/Access	Health Conductors and Promotoras	County and CBO contractors	Daily, .4 FTE
Health Insurance	ACA Enrollment Specialist	CBO Enrollment Entities	Daily, .4 FTE
Mentors	Meet with clients	CBO contractors	Daily, .4 FTE
Navigators	Serve as primary one-on-one support contact for identified clients	Volunteers to be recruited, trained and managed by Center staff or subcontractor	One-on-one connections on-site or in community

<sup>5</sup> As an example of MDTs in practice, an extensive report on the use of Multi-Disciplinary Teams to address elder abuse in Sonoma County can be retrieved at <http://www.centeronelderabuse.org/docs/A-Collaborative-Approach-to-Multidisciplinary-Teams-in-Sonoma-County.092812.pdf>

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Group Services			
CBT groups	Thinking for Change, CBT-based programs	Probation	1/wk
Peer support	Support groups for formerly incarcerated people, for families of formerly incarcerated people, for families of people about to be released	CBO contractor	3-4/week
Family support	Family-group services and parenting classes to support post-release family stability	CBO contractor	1-2/week

Additional Resources
To meet the needs of a small subpopulation of people (determined by a set of specific criteria, such as for someone who has just been released from prison or jail after an extended term of incarceration and who has complex needs and no established action plan, the Center plans to stock a small quantity of non-perishable foods, a small inventory of basic clothing such as socks and gloves, small-value bus passes, and local maps. For this sub-population, the Center should develop agreements with the County Homeless Program and emergency shelter CBOs to prioritize short-term beds.
In addition, local CBOs may represent opportunities to use the Center as an efficient and appropriate site for additional services, which should be explored and developed. For example, Urban Tilth has expressed interest in using the Center as a site for semi-monthly distribution of very low-cost, fresh, local produce through their Community Supported Agriculture program.

During a focus group of representative service and systems stakeholders in October 2013, organizational stakeholders were provided the opportunity to indicate their interests in how to engage with the Center; see Section 2.2.2, *Organizational Indications of Interest* sheet for additional information. It should be noted that this sheet represents only indications of interest (not formal commitments), and that it includes information only from the entities that participated in the focus group.

## 5. Opportunities to Gather Information about Collective Client Needs

The Center provides a clear mechanism to foster ongoing learning about collective client needs, provide early identification of and intervention for high-need and rapid-recycling clients, and identify opportunities for systems improvement.

(For a case study illuminating and calculating the costly cycle of rapid-cycling consumers of public services, see Section 4.7, *"Million-Dollar Murray,"* by Malcolm Gladwell.)

To cite just two examples by which the Center could help identify opportunities for targeted identification and intervention:

- a. The Center could develop partnerships with the Release Sergeants at the detention facilities to help identify individuals who frequently cycle in and out of the jails. It is well

# West County Reentry Resource Center

recognized that a small number of people constitute disproportionately high consumers of costly public resources, including jails and the public mental health system.<sup>6</sup>

Consistent with privacy rules and consumer consent requirements, the Release Sergeants could identify and inform the Center's staff when such an individual is being prepared for release, so as to initiate an active referral to the Center, which could then convene a multidisciplinary team (MDT), and/or assign a Navigator, to support a coordinated and rapid-response plan of connection and care.

- b. For people who have just been released from incarceration, the Center could use the intake process to help identify patterns and trends that may relate to client needs or outcomes. For example, intake could gather information about their jail-to-community transition experience, including questions such as the following:
  - i) What time of day and what day of the week were you released?
  - ii) Shortly before your release, did someone help you develop a post-release placement plan?
  - iii) Shortly before your release, were you able to communicate with your family member or other supportive person to help you plan for your transition?
  - iv) Were you surprised to find out that you were being released?
  - v) Where did you think you were going to spend your first night?
  - vi) Where did you actually spend your first night?

## **6. New Opportunities to Strengthen Partnership and Service Quality**

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The Center also provides opportunities to advance the capacity and excellence for both individual providers and the local service sector as a whole, a desire that was illuminated and amplified during the Center's planning phase.

### **a. Training and Capacity-Building**

To these ends, the Center will work with service providers and the County Reentry Coordinator to identify training- and capacity-building needs and opportunities, and can serve as a delivery site for such trainings. This is consistent with the Center's role as a backbone entity to advance collective impact.

### **b. Partnership Development**

The Center also provides opportunities to advance meaningful and effective partnerships among service providers, both public and private.

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6

# West County Reentry Resource Center

In April 2012, West County stakeholders participated in a collaborative planning process to develop proposals for services funded under AB 109. During this process, participants identified and illuminated what came to be called the “Four Big Ideas to Strengthen Partnership,” as follows:

- i) **Deepen organizational relationships:** Grow knowledge of one another (what each organization does and does well) and strengthen meaningful ongoing contact with one another.
- ii) **Capacity building/Quality improvement:** Increase the capacity of all organizations and their staff to do their work well so that we improve the quality of partnerships and inter-organizational reliability.
- iii) **Improve Referrals:** Develop good/best practices for referrals; define policies and practices that make for good referrals.
- iv) **Data gathering and sharing:** Develop agreements for basic data-gathering and sharing to advance individual and collective impact.

The Center has the opportunity to form and regularly convene a Partners and Services Committee (see Section 2.1.3, *Governance and Administration*). In addition, see Section 2.2.3, “*Four Big Ideas to Strengthen Service Partnerships*,” an indications of interest form that could be solicited among Center Partners to support the formation of a dedicated work group to advance partnership quality and standards.

The Partners and Services Committee could work with the County Reentry Coordinator and appropriate consultants (including the County’s contracted data and evaluation consultant) to advance partnership improvement efforts.

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Sector	Department	Name	Potential Activity
State			
	CDCR/State Parole	Deborah Johnson	Assuming that this is only open to AB109 population, expand to state parolees; develop a joint contract
	CDCR/State Parole	Shawn Key	Have staff at the facility to help facilitate the parolee to different services once released to the community
County			
	Supervisor Gioia's Office	Terrance Cheung	Provide ongoing advocacy and support
	County Administrator's Office	Lara Delaney	Administrative oversight, evaluation of host and provider effectiveness
	County District Attorney's Office	Tom Kensok	Prosecutors can make interaction a condition of probation
	County EHSD/Adult Services	John Cottrell, Anne Struthers	Have staff person on site and coordinate services/benefits; e.g. food stamps, general assistance
	County EHSD/General Assistance	Maria Hernandez	Facilitate access to services (Cash aid \$) by providing eligibility information requirements and application process
	County Homeless Program	Lavonna Martin	Develop shelter capacity to meet additional need
	County Alcohol & Other Drugs (AOD)	Curtis Christie	AOD and DDX Assessment referral, data and reports, panel review membership.
	County Reentry Coordinator	Jessie Warner	Coordination implementation and issue resolution
	County Work Force Development	Stephen Baiter	Possible site host for next phase and/or referral partner
	County Probation	Todd Billeci	Assist as able, use Center as referrals and as meeting spot with clients

Sector	Department	Name	Potential Activity
	County Forensic Mental Health	Tieaasha Gaines	Provide groups that address recidivism and increase life skills ; i.e., anger management, PTSD Groups.
	Sheriff's Office	Jeff Nelson & Christine Zermeno	Provide clear, reliable access point with whom to communicate regarding potential clients pre release; assist with pre release efforts in jails
City			
	Richmond Police Department	Chris Magnus	Role #1: Address immediate safety/security needs at site; police can serve as protectors/enforcers
	Richmond Police Department	Chris Magnus	Role #2: Make quality/informed referrals to Center; Police can serve as "helpers" and service partners
CBOs			
	SHELTER Inc.	Jennifer Baha	Have a housing case manager on site 5 days/week
	Neighborhood House of North Richmond	Lloyd Madden	Possibly serve as a One Stop location, provide on site housing, provide outside housing (St. James Hotel)
	Bay Area Legal Aid	Susun Kim & Adam Poe	Have Bay Legal attorneys there once/week; or more; and by appointment
	Community Clinic Consortium	Alvaro Fuentes	Provide access to health care; enroll services, provide primary care
	Rubicon Programs	Jane Fischberg	Have assessment intake person on site X number of hours per work for Rubicon Financial Opportunity Center (which includes AB109 employment services)
	Rubicon Programs	Jane Fischberg	Assist as able

# West County Reentry Resource Center

## FOUR BIG IDEAS TO STRENGTHEN SERVICE PARTNERSHIPS (INDICATIONS OF INTEREST)

Are you interested in being part of a team at the West County Reentry Resource Center working to help improve our partnerships in West Contra Costa County reentry services? If so, let us know!

**Yes, I'd like to work on the following aspects of good service partnership:**

- i) ☐ **Deepen organizational relationships:** Grow knowledge of one another (what each organization does and does well) and strengthen meaningful ongoing contact with one another.
- ii) ☐ **Capacity building/Quality improvement:** Increase the capacity of all organizations and their staff to do their work well so that we improve the quality of partnerships and inter-organizational reliability.
- iii) ☐ **Improve Referrals:** Develop good/best practices for referrals; define policies and practices that make for good referrals.
- iv) ☐ **Data gathering and sharing:** Develop agreements for basic data-gathering and sharing to advance individual and collective impact.

**Contact information:**

- **Name:** \_\_\_\_\_
- **Organizational Affiliation:** \_\_\_\_\_
- **Title:** \_\_\_\_\_
- **Email address:** \_\_\_\_\_
- **Phone number:** \_\_\_\_\_

# West County Reentry Resource Center

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# West County Reentry Resource Center

## BUILDING AND FACILITIES: SUMMARY CRITERIA FOR FUNCTIONS AND LOCATION

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### 1. Physical Environment

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- a. Reflecting the values and mission of the Center, the physical space should be welcoming, non-institutional, healing, and calming.
- b. The Center's physical environment should provide opportunities for partners and clients to engage with the arts, both as observers and as art-makers. Artistic depictions and creations should reflect the Center's clients, their cultures and traditions, and their experiences.
  - i. As observers: The Center should develop rotating displays of visual, literary arts and cultural artifacts (lent by Richmond Art Center, NIAD, Richmond Writes! or others). Specific examples could include the display or presentation of local cultural artifacts, murals, mosaics, paintings, music, dance, photography, poetry, spoken word, and video.
  - ii. As art-makers: The Center should build participatory arts opportunities into the physical environment and program structures: mechanisms could include dry-erase walls; paper and arts supplies; and easily accessible arts materials and activities (both impromptu and structured) as opportunities for self-expression and healing. Such programming could be developed in partnership with community-based arts organizations and initiatives, or be developed by Center staff and Center Partners.
- c. The Center should offer soothing stimulus for the senses:
  - i. The space should cultivate the use of soothing and pleasant environmental stimulus: bubbling water, calming music, welcoming (non-institutional) colors, comfortable seating and flooring, and natural elements.
  - ii. The space should also have acoustic elements that help reduce cacophony, and it should provide small, soothing items that can be held or used by clients and staff.

### 2. Facilities-Related Safety and Behavioral Policies

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- a. Because the Center will serve a wide array of people with diverse histories of criminal justice involvement, it will be important for the Center to develop methods to mitigate the risks that can emerge when high-criminality and low-criminality populations come into contact with each other. In particular, it will be important to develop policies and practices that help prevent either victimization or criminal "grooming" of those who may be vulnerable.
- b. While safety for all (staff and clients) is essential, the Center is committed to achieving safety while maintaining a welcoming, warm, de-traumatizing environment. In addition,

# West County Reentry Resource Center

research shows that explicit physical safety mechanisms can actually provoke or increase aggressive and confrontational behaviors. As a result, and reflecting its values, the Center should develop policies and practices that foster positive behaviors while minimizing the need for visible methods of surveillance or deterrence such as intrusive cameras, metal detectors, protective glass barriers, or locked front doors.

- c. The Center should develop and train staff in the use of an all-Center notification system, such as crisis buzzers, codes that can be used over a public address system, or all-Center phone notification.
- d. The Center's physical design and staffing plan should ensure that a staffed reception/registration desk is the first point of contact for people entering the Center. Registration staff should be trained in policies and procedures to establish positive initial interactions, recognize and appropriately respond to the client's current behavioral status, identify the purpose for the client's visit, and identify any interventions or resources necessary to address a client who is in distress, apparently under the influence, or decompensated.
- e. Although the Center will operate with a harm-reduction approach that strives to meet each client at his/her state of readiness, the Center should develop clear behavioral expectations and consequences (language, harassment, intoxication, threatening, loitering, encroaching) using strategies to encourage positive behaviors and to mitigate negative or destructive behaviors. The intake and registration process should provide both written and oral information about the Center's behavioral policies and expectations. (For an example of a client-focused behavioral guideline, see Section 4.11, "*House Agreements*" from the RYSE Center.)
- f. Because the Center will gather and maintain legally protected client information, the Center must develop and maintain capacity to protect such information in accordance with all legal regulations.

## 3. Functional Considerations

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To support the activities identified in the Center Service Plan, the site should provide four kinds of functional spaces, as described in this section.

The Center's spatial delineation should be designed to clarify the distinct site functions. The Center should employ at least visual delineators to define public areas as distinct from private spaces, and should use physical barriers (doors, locked equipment) to maintain distinctions between public/private and restricted spaces.

# West County Reentry Resource Center

## a. **Public spaces:**

- i. The public space (entryway, registration area, waiting rooms, bathrooms) should be welcoming and without use of visible deterrents such as security cameras, warning signs, safety barriers or glass, or buzz-only entrances.
- ii. Safety for all should be fostered through Center policies and staff training to encourage pro-social behaviors by clients, staff and Partners (including the use of respectful language and attitudes), de-escalation strategies and cooperative conflict resolution, and protocols for emergency management.
- iii. The intake and registration process should include mechanisms to identify any client who is a registered sex offender, who is subject to a restraining order, or who is under a warrant. Such mechanisms are intended to enhance safety for all at the Center, including the client, who may otherwise be at risk of violating terms and conditions, even unknowingly.

## b. **Private spaces** are those areas accessible to clients only when escorted by or in the presence of a staff member, for a specific purpose/meeting.

### i. Private spaces for program services:

- Private space would provide group meeting rooms and one-on-one offices or work spaces, including spaces that are family-friendly
- Private space should include an identified and relatively contained triage area, where safety resources are more robust and where a small team could assess and respond to anyone in crisis.
- At least some of the dedicated program spaces should be family-friendly, with child-friendly furnishings and materials readily available.

### ii. Private spaces/work spaces for providers:

- These would include individual offices, shared open workspaces, or cubicles.
- Some workspaces will be dedicated to permanent staff; some would be shared (scheduled among part-time partners); and some would be available on drop-in basis for occasional on-site work.
- All workspaces should be appropriately equipped, with office chairs, phones, computers, Internet access, office supplies, Wi-Fi login/password info, telephone extensions, staff names/roles, and guidelines for emergency procedures.

# West County Reentry Resource Center

- c. **Restricted spaces** are accessible only by staff/partners
  - i. Locked records, secure space for staff belongings, staff break room, administrative offices/work spaces
  - ii. Food storage/clothing pantry/bus passes/phone cards
    - There should be moderate amount of space to store non-perishable, easy to prepare foods to be given to clients for short-term needs
    - Also need clean and organized space to hold moderate array of clothes (socks, mittens, hats, underwear), again for clients who have specific short-term needs
    - Lockable space for small items of value: bus passes, phone cards
- d. **Outdoor space:**
  - i. If possible, the site should provide access to a protected, calm, and pleasant outdoor space.
  - ii. The Center should provide readily accessible parking with clear site lines and good nighttime illumination to foster safety and security.

## 4. Location and Accessibility

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- a. The Center should be located in a convenient and central geographic location within West Contra Costa (which includes Rodeo, Crockett, Hercules, Pinole, North Richmond, Richmond, San Pablo, El Sobrante, and El Cerrito).
- b. The Center should be readily accessible by public transportation and in proximity to other resources of likely benefit to the people served by the Center. Signage should ensure that the Center is readily visible and identifiable.
- c. The Center's location should be chosen with due consideration for gang-related issues regarding territory. All efforts should be made to establish the Center as a neutral location – these efforts would include the choice of an acceptable geographical location, the explicit identification of the Center itself as a "safe passage zone," and strategies for client outreach and engagement to assist individuals in developing a sense of access to the Center as a safe place.
- d. The building should be ADA compliant, and preference should be given to a site that can conduct all activities on a single story.



# West County Reentry Resource Center

## 5. Potential Sites

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### a. Macdonald Corridor (downtown central Richmond)

For reference information regarding vacant properties in the downtown Richmond area, see Section 4, *Recruitment Property Inventory Recap* memo produced in late December 2013 by Sarah Rah of Real Estate Research on behalf of the Richmond Main Street Initiative. This summary is attached as a convenient reference only, and its inclusion does not suggest or imply that downtown Richmond represents the ideal or preferred location for the Center.

According to Amanda Elliott, Executive Director of Richmond Main Street, “the general leasing cost for most locations is \$1.00-1.50 per square foot (these are spaces with some improvements). [Tenants] might be able to negotiate a much lower rate if [they] are interested in upgrading the spaces and doing the tenant improvements. Some property owners will also allow [tenants] to have the space rent free for a few months while [making] upgrades.”

### b. 23<sup>rd</sup> Street (Richmond/San Pablo)

A longtime social service provider founded in 1954, the Neighborhood House of North Richmond (NHNR) owns properties in Richmond and Point Richmond:

- A substantial administration and programmatic space at 23<sup>rd</sup> and Gaynor, which operates a 90-day recovery residential treatment program for men, a 7-day detox center for men, and DUI and HIV/AIDS programs, among others. An L-shaped building situated on a corner lot facing both 23<sup>rd</sup> Street and Garvin Avenue in Richmond, this building also has an on-site parking lot. With three levels totaling 36,000 square feet, its first floor is 18,000 square feet, the 2<sup>nd</sup> floor is 11,000 square feet, and the 3<sup>rd</sup> floor 7,000 is square feet.
- A 31-room Single Room Occupancy hotel (the St. James) on 19 Cottage Avenue in Point Richmond, across the street from the Hotel Mac. Many graduates of the NHNR residential recovery program live in this hotel.

During the planning phase of this project, NHNR Board President and CEO Lloyd Madden expressed preliminary interest in the possibility of leasing facilities space to the Host to support the implementation of the Center.

The information regarding NHNR is provided as a convenient reference, and its inclusion does not suggest or imply that NHNR or its facilities offer ideal or preferred locations for the Center.

# West County Reentry Resource Center

c. 1711 Barrett Avenue (Richmond)

The owner of this property, Daniel Goldschmidt, has written a letter indicating his interest in submitting this property for consideration as a site for the Center; he has also provided a comprehensive brochure outlining its characteristics. For more information about this property, see Section 4 for Mr. Goldschmidt's letter and site brochure.

Based on information provided by Mr. Goldschmidt, this is a commercial property located across the street from the Richmond Bart Station, comprising four buildings on a lot of 10,000 square feet. The four buildings are of various sizes: 1 at 1,000 square feet; 2 at 1,250 square feet each; and 1 at 3,800 square feet. Together, they total 7,500 square feet. In addition, there is a center concrete lot of approximately 2,500-3,000 square feet.

The information regarding 1711 Barrett Avenue is provided as a convenient reference, and its inclusion does not suggest or imply that 1711 Barrett Avenue offers an ideal or preferred location for the Center.

# West County Reentry Resource Center

## POPULATIONS AND ELIGIBILITY

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### 1. OVERARCHING ISSUES RELATED TO POPULATIONS AND ELIGIBILITY

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- a. The Center is to serve as a key resource for a wide variety of formerly incarcerated people with varying needs, justice status, and justice history. Its services and practices will be designed to identify and meet the needs of these populations, in all their variety.
- b. Every client is to be treated with consideration, compassion, humanity, and respect; with every client, the Center's approach is to be client-focused; and the Center will strive to foster each client's healing and restoration, to the degree that each client chooses to engage in this work.
- c. It is anticipated that a substantial number of the Center's clients will be people who are under active supervision by Probation or Parole. In addition, some of these people may be mandated by the terms of their release to connect with and participate in the Center's services. However, even when clients are under formal supervision or are mandated by the terms of release to connect with the Center, the Center's organizational values apply to every client, at every time, no matter their legal status.
- d. It is well recognized that the Center's clients will likely have high rates of trauma, untreated or unrecognized mental health and substance abuse conditions, co-occurring conditions, and complicated circumstances. Therefore, all of the Center's staff and partners should be trained in and adept at supporting people with complex challenges, and should infuse their work with trauma-informed practices.
- e. Many people with longstanding or repeated experience with incarceration face particular challenges in acclimating to and navigating within life outside of incarceration. Therefore, the Center staff and partners should be aware and mindful of the uncertainties, discomforts, hyper-vigilances, and anxieties that are common to people coming home and which may be expressed through multiple beliefs, behaviors, and attitudes.
- f. Some services that the Center provides or coordinates may be funded by specific grants and contracts that operate with specific eligibility criteria; in making referrals, the Center will develop mechanisms to identify and track eligibility.

### 2. GENERAL ELIGIBILITY

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- a. Residency:
  - i. Formerly incarcerated residents who now live in West Contra Costa County;
  - ii. Currently incarcerated people who are within six months of returning to West Contra Costa once they are released from incarceration;

# West County Reentry Resource Center

- iii. People who live in West County and who have an incarcerated family member who has less than six months remaining in their term of incarceration and who will return to West Contra Costa following incarceration;
  - iv. People who live in West County who have a formerly incarcerated family member living in West County.
- b. Family members:
- i. The Center recognizes that the definition of family may be far broader than biological relation or marital status. Therefore, in working with individuals, the Center will respect and accept each client's definition of her/her "family."
  - ii. The Center recognizes that an individual's family members may play essential roles in supporting a person's successful reentry and reintegration. Therefore, the Center will strive to include family members in multiple ways, as appropriate and possible.
    - This means that the Center can engage with and respond to requests for services made by a family member seeking help for him/herself in dealing with the challenges related to having an incarcerated or formerly incarcerated person.
    - This also means that a family member can be recognized as the Center's first point of contact to initiate outreach to an incarcerated or formerly incarcerated person.
      - (a) However, although a family member may serve as the initial point of contact and outreach to attempt to engage an incarcerated or formerly incarcerated person, the decision about whether to engage in the Center's services remains with the incarcerated/formerly incarcerated person and not with his/her family member.
- c. Parents and children:
- i. The Center recognizes that many incarcerated or formerly incarcerated men and women are parents (whether or not they are actively parenting their children).
  - ii. Further, the Center recognizes that incarceration or a history of incarceration presents particular challenges for multiple members of a family unit: for the incarcerated/formerly incarcerated parent; for the person who has had primary responsibility for child-rearing during a parent's incarceration; for all the children in the family; and for other caregivers and supporters who have taken on additional responsibilities for raising children of an incarcerated person.

# West County Reentry Resource Center

- iii. Finally, the Center recognizes that family reunification following incarceration can be a complex and challenging experience for all members of a family unit, particularly those that involve children (defined up to age 18).
- iv. Therefore, the Center will strive to identify and support the family unit in the process of reunification, when appropriate, to help stabilize and strengthen the family and reduce the likelihood of further family disruption or reincarceration.

## 3. CLIENT CATEGORIES

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As described in Section 1.a. above, the Center will serve a wide variety of formerly incarcerated people and their families. Within the broad population base, it is anticipated that the Center will encounter the following categories (among others):

- a. Demographics
  - i. Adult men and women living in or being released to West Contra Costa County
  - ii. Transition-aged youth (18-24)
  - iii. Families of the incarcerated (both pre- and post-release)
  - iv. Multiple ethnicities and languages reflecting our larger community (predominantly Caucasian, Latino, Black, and Southeast Asian)
  - v. Various citizenship status, including legal citizens, legal residents, and undocumented residents
- b. Justice, supervision, and detention status
  - i. *Stage of incarceration*: The Center is expected to serve people who are about to be released from incarceration (prison or jail); people who are immediately post-release; and people who have been free from incarceration for an extended period
  - ii. *Supervision status*: The Center is expected to serve people who are under AB 109 status; people who are not under AB 109 status; people who may be under supervision by probation or parole; and people who are not under supervision. (See Section 2.4.2, "Supervised Populations: Definitions" for additional detail.)
  - iii. *Level of need*: The Center is expected to serve people who have a wide variety of needs and intensity of service, including (but not limited to) the following:
    - People whose needs are intensive and complex, requiring multiple coordinated services, and who may therefore require a case-specific Multi-Disciplinary Team, or MDT.

# West County Reentry Resource Center

- People whose needs are urgent or who are dealing with a specific critical issue, such as inability to access medications or the imminent risk of losing their housing.
- People who are seeking relatively low-urgency services that can be accessed on a drop-in or by individual appointments, such as benefits enrollment, meeting with a probation officer, or vocational counseling.
- People who may engage in group services or in services that can be provided on a consistent rotating schedule (support groups, health van, parenting classes).

## 4. SPECIALIZED EXPERIENCES

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In addition to the broader categories identified in Section 3, above, it is recognized that the Center will also serve a variety of people with additional specific issues and needs.

As a centralized information resource, the Center should strive to highlight gaps in the existing service landscape and should work with Center Partners to develop intentional services and service referral relationships to help meet these aspects of individual experience and identity, which are too often neglected, overlooked, or perceived as incidental.

People with specialized needs and experiences are likely to include the following:

- a. Women, with particular considerations for gender-specific issues including histories of sexual trauma or sexual exploitation; relationship violence; and exposure to sexually transmitted diseases;
- b. People living with co-occurring disorders;
- c. People with disabilities (physical, cognitive, or psychological), and seniors (age 65 and above);
- d. People with chronic health conditions, including HIV+ and hepatitis;
- e. Transition-age youth (ages 18-25), whose needs should be considered and addressed with clear understanding of the specific developmental needs and challenges of young adulthood. In addition, many young people who have been incarcerated (either as juveniles or as adults) also have experience as foster children, which may complicate their needs;
- f. Veterans, including those with “other than honorable” status, which can limit their eligibility for services from the Veterans Administration and which may be correlated with increased incidence of traumatic stress;
- g. People who identify as Lesbian, gay, bisexual, transgender, queer, questioning, intersex, or two-spirit (LGBTQQI2-S), who may have longstanding experiences of

# West County Reentry Resource Center

discrimination, exclusion, or exploitation, and whose sexual and gender identities should not be segregated from their larger sense of individual identity and cultural affiliations<sup>1</sup>;

- h. People who are undocumented residents, who may be particularly cautious about engaging in services, providing information, or seeking help; therefore, the Center should strive to explain and affirm that disclosing one's legal status is not required to engage in services and that the Center will not report on a person's legal status to any authorities.

## 5. LIMITED-ELIGIBILITY SERVICES

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Although the Center is designed and expected to provide integrated services to a wide array of people, it will also be the case that some services provided at the Center are funded through grants, programs, or agencies that restrict eligibility according to certain criteria.

Therefore, in assessing each person's needs and developing appropriate service plans, the Center will need to respect and explain that certain services may not be available, based on specific eligibility requirements.

Again in its role as a centralized information resource, the Center should develop capacity to track both demand and supply of services, so as to add to collective understanding of the community's needs as mapped against existing resources.

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<sup>1</sup> See Section 4, Practice Brief, "Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit," by the Georgetown University Center for Child and Human Development in partnership with the National Center for Cultural Competence, SAMHSA, and the US Department of Health and Human Services, 2008. Although this Practice Brief focuses on the needs of young LGBTQQI2-S youth, its recommendations would be of benefit in working with adult LGBTQQIS-2 populations as well.

# West County Reentry Resource Center

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# West County Reentry Resource Center

## **SUPERVISED POPULATIONS: DEFINITIONS**

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### **1. STATEMENT OF INTENT**

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It is anticipated that a substantial number of the clients of the West County Reentry Resource Center (the Center) will be people who are under active supervision by Probation or Parole.

In addition, some of these people may be mandated by the terms of their release to connect with and participate in the Center's services.

However, even when clients are under formal supervision or are mandated by the terms of release to connect with the Center, the Center's organizational values apply to every client, at every time, no matter their judicial status.

This means that every client is to be treated with consideration, compassion, humanity, and respect; that the Center's approach remains client-focused; and that the Center fosters each client's healing and restoration, to the degree that each client chooses to engage in this work.

### **2. DEFINITIONS**

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In order for the Center's staff and Partners to maximize clients' efficient access to the Center, and their effective use of its resources, it is important to understand the distinctions among supervising entities and supervised individuals, as follows:

- a. The term "Parole Agent" includes any California Department of Corrections and Rehabilitation officers assigned to oversee and supervise individuals released from state prison or correctional facilities.
- b. The term "Probation Officer" includes any and all officers designated by county Probation Departments to oversee the release of and to monitor individuals assigned to them for supervision.
- c. The term "supervised populations" includes people released from custody who, as a term of their sentencing, are assigned to Probation Officers or Parole Agents for supervision post-release.
- d. Within the broad category of "supervised populations," there are meaningful and consequential sub-classifications of people under supervision by Probation or Parole. Currently, people are assigned to Probation under the following probation sections: AB109, 1170 P.C., Post Release Community Supervision, Second Chance Probation, and Smart Probation.
  - i. Assembly Bill 109 (AB 109)

Formally known as the Criminal Justice Realignment Act, Assembly Bill 109 (AB 109) was signed into legislation in April 2011 and went into effect on October 1, 2011.

# West County Reentry Resource Center

The primary objective of legislation is to change the place where many felony sentences are served in cases when the person is not granted probation. Instead of being sentenced to state prison, many people serve their term in county jail and, if they are subject to post-release supervision, will be supervised by county probation.

## ii. AB 109 Individuals Released on Post Release Community Supervision (PRCS)

As an element of AB 109, the state created a new type of supervision program, called Post-Release Community Supervision (PRCS). People on PRCS are supervised by county probation, not by the state parole system. People on PRCS are generally released to the county of their last legal residence. PRCS can last from six months to three years, but a person may be released earlier if there are no violations of the conditions of release. People who violate the terms of PRCS are returned to custody in the county jail, not state prison.

## iii. AB 109 Individuals Released on 1170(h) Status

California Penal Code 1170(h) provides that people sentenced under section 1170(h) to county jail are not released to parole or post-release supervision (PRCS) upon completing their term – unlike those who serve time in state prison. Once the sentence has been fully served, the person must be released without any restrictions or supervision.

## iv. AB 109 Individuals Released on 1170(h)(5) “Split Sentence” Status

California Penal Code 1170(h)(5) gives the sentencing judge discretion to impose a sentence in which the defendant serves some time in county jail and then additional time under mandatory supervision by a Probation Officer. Once both the custody and the supervision terms have been fully served, the person must be released without any restrictions or supervision.

## v. Court-Ordered Probation

People may be deemed as court-ordered probationers at the time of their sentencing. Court Probation Officers will review the court-ordered probation conditions of release with court-ordered probationers before they leave court, but court-ordered probationers are not monitored by the probation department and are not required to report to a Probation Officer.

## vi. State Parole

Parolees are people who are being released from state prison and who are returning to the community on specific terms and conditions of parole and under supervision by a state Parole Agent.

# West County Reentry Resource Center

## vii. Federal Probation

Federal Probation applies to individuals who are released from federal correctional institutions throughout the United States and who are assigned to complete a term of supervised probation in a specific geographic region.

## viii. Second Chance Probation (Grant-funded program)

In September 2012, the Contra Costa County Probation Department was awarded \$750,000 in federal Department of Justice Second Chance Act funds, which was renewed in September 2013. Under the grant, the Probation Department developed a new program – the Contra Costa County Re-Entry Agenda to Empower and Ensure Safety program (CREATES). CREATES established a multi-disciplinary team (MDT) to provide intensive pre- and post-release wraparound services. Probationers participating in the CREATES program are supervised by a county Second Chance Probation Officer.

## ix. Smart Probation (Grant-funded program)

In 2013, the county Probation Department applied for and received a grant through the federal Smart Probation: Reducing Prison Populations, Saving Money, and Creating Safer Communities program. Under this program, individuals supervised by a Smart Probation Deputy Probation Officer complete a pre-release risk assessment and develop an Individualized Achievement Plan to aid in transition to the community.

# West County Reentry Resource Center

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# West County Reentry Resource Center

## ASSESSMENT AND REFERRAL PROCESSES FOR SUPERVISED POPULATIONS

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### 1. STATEMENT OF INTENT

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In order for the Center to build effective connections with people who are under formal supervision, and with the Agents and officers who are critical partners in their successful reentry and reintegration, it is important to understand the differences in pre-release preparation; exiting processes; supervising entities; and levels of supervision post-release.

Given Contra Costa County's evolving commitment to and investment in Jail to Community models, it is important to note that formal pre-release meetings conducted by justice staff are standard only within the state prison system (including the Parole division), but are not part of the usual process in the county jail system (and its Probation department).

Therefore, when working with people incarcerated through the County jail system, the Jail to Community continuum model requires particularly intentional and consistent agreements among community-based providers, detention staff, and Probation Officers.

In its role as a reentry hub of information, services, and people (both clients and providers), the Center will strive to enhance the development of such intentional partnerships, fostering coordinated service delivery, pre-release planning, and immediate post-release connections to the Center, its services, and its partners.

### 2. PRE- OR IMMEDIATE POST-RELEASE ASSESSMENT AND REFERRAL

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- a. Pre-release/first post-release assessment and referral:
  - i. Probation Officer/Parole Agent will assess individual's risk/needs levels at pre-release or first-report post-release meetings.
  - ii. Probation Officer's/Parole Agents will discuss the Center and its services as they relate to each individual's identified needs.
  - iii. Based on risk/needs assessment, Probation Officer /Parole Agent may assign an individual to connect with the Center. In such cases, Probation Officer's/Parole Agent will make an appointment with the Center to help connect the individual with services.
  - iv. Probationers have 5 days to report to their Probation Officer after release. If the Probation Officer does not make an appointment at the Center during pre-release interviews or if the individual's needs change upon release, the Probation Officer can schedule an appointment at the Center at the probationer's mandatory meeting with his/her Probation Officer.

# West County Reentry Resource Center

b. Paperwork:

- i. Probation and Parole will develop and provide each probationer/parolee with a standardized letter that details the individual's release charges and terms of supervision, services needed, and services mandated.
- ii. Probation Officer's/Parole Agents will produce an individualized packet that outlines services needed and notates known medical and mental conditions.
- iii. Probation and Parole will provide the Center with a copy of this letter for each probationer or parolee.

### **3. PAROLEE/PROBATIONER MANDATED REGISTRATION WITH THE CENTER**

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- a. As appropriate, Parole Agents may require that individuals on parole engage with the Center and may make appointments with the Center to formalize this referral.
- b. When ordered to connect with the Center as a condition of parole/probation, an individual will be responsible for informing the Center of these requirements at intake.
- c. The intake specialist will note and track the individual's mandatory services and will advise Probation Officer or Parole Agent whether the individual has complied with these requirements.
- d. However, the Center's role in supervision will be limited to reporting whether or not the individual has complied with the terms of release; the Center and its staff and Partners will not disclose to Probation or Parole any other specifics of the Client's interaction with the Center.

### **4. PAROLEE/PROBATIONER TRANSPORTATION TO THE CENTER: IN DEVELOPMENT**

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- a. If the individual reports to the parole/probation office, a Probation Officer/Parole Agent will assist in providing or arranging transport to the Center.
- b. For people returning from county jail:
  - i. The Sheriff's department could provide bus tickets or BART passes (both BART and public transportation have programs for free/discounted rides).
  - ii. The Center could develop agreements with CBOs or the Sheriff's department to fund a shuttle service to coordinate with jail release times (5 am and 1 pm).

# West County Reentry Resource Center

## STATEMENT OF INTENT: OUTREACH AND COMMUNICATION

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### 1. SUMMARY

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To maximize the Center's value to and impact on our community, the Center should develop and implement an intentional outreach and communication plan to achieve multiple purposes of information, recruitment, acceptance, and enhancement.

As a critical element of this plan, Center administration, staff, steering committee, and Partners agree to serve as representatives and ambassadors to advance the Center's mission and core values, fostering the Center's role as a positive community partner.

To that end:

- a. The Center should provide accurate, timely, user-friendly, and up to date information to multiple partners who work with West County individuals and their families all along the arrest/incarceration/reentry spectrum. In turn, the Center should enlist these partners to serve as effective ambassadors to provide accurate information to the communities they touch.
- b. The Center should strive to develop and maintain strong and effective communication with the County Reentry Coordinator, the Community Corrections Partnership, elected and appointed municipal leaders in both county and local governments, and the coordinators/managers/directors of reentry networks or centers in other regions of the county.
- c. To clearly define the Center's purpose and to avoid confusion with homeless multiservice centers, workforce one stops, and community single-stops, the Center should use a consistent descriptive term (such as "the Reentry Center," as opposed to the One Stop or the First Stop), supported by a clear logo (not one stop, not first stop, but maybe just "reentry center").
- d. The Center's marketing and outreach materials should reflect the Center's values and intentions, should accurately describe its services and partnerships, and should reflect the Center's commitment to excellence. Therefore, the Center's marketing materials should be culturally accessible, user friendly, appealing, non-institutional, and respectful in their content, tone, and visual construction.
- e. Mechanisms of outreach and information should include printed informational materials, web-based information, social media, in-service trainings, and on-site tours.
- f. Reflecting the unmet needs developed during the design process, the Center should actively advance the development of a "Reentry 101" users' guide, similar in spirit to the *Getting Out and Staying Out* guide created by the SF Reentry Council. Broader in scope than a list of resources, Reentry 101 should be designed as a "how to" users'

# West County Reentry Resource Center

guide to support people in a step-by-step process as they prepare for and return to the community. The Center should actively encourage the local jails and prison to classify the Reentry 101 guide as “permitted inmate property,” so that it is permissible and accessible for use in detention settings.

## **2. PURPOSES OF OUTREACH: *SUPPORT CLIENT RECRUITMENT TO CENTER***

---

The Center should develop mechanisms and materials to inform and recruit appropriate clients, partnering with an array of providers and stakeholders to advance awareness:

- a. Organizational partners for ambassadorship and distribution:
  - i. Justice partners: Public defender, DA, judges, AB 109 probation, state parole, county jails and prisons, and local police departments
  - ii. Community partners: Office of Neighborhood Safety, CCISCO, Safe Return, CeaseFire, 211/Contra Costa Crisis Center, service providers
  - iii. Multi-Service centers: SparkPoint, Rubicon, Family Justice Center, Homeless Multi-Service Centers, employment one-stop centers
- b. Community-based partners:
  - i. Faith-based resources
  - ii. Community colleges, alternative schools, vocational schools, and the school district
  - iii. “Amplifier” opportunities such as neighborhood councils

## **3. PURPOSES OF OUTREACH: *CULTIVATE STAKEHOLDERS’ AWARENESS OF CENTER***

---

The Center’s outreach plan should foster informed awareness of the Center and its services to multiple audiences, including the following:

- a. Direct outreach to client population and family members:
  - i. Provide outreach materials and ambassadorship, including pre-release information provided to pre-trial services staff; during pre-release planning with probation and parole, and through community-based portals to reach post-release individuals who are not under formal supervision
  - ii. Direct outreach strategies should recognize and reflect the variety of client ages, cultures, language, literacy levels, and concerns related to immigration status.
- b. Provide in-service trainings and printed/web-based informational materials to service providers and resources:
  - i. Government agencies, including Sheriff, probation, parole, and municipal police departments



# West County Reentry Resource Center

- ii. Private organizations
- iii. Staff and service providers inside local jails and prison
- iv. Funders
- c. Community stakeholders
  - i. Faith congregations and inter-faith partnerships
  - ii. Neighborhood Councils and Municipal Advisory Councils
  - iii. Business organizations (including Chamber of Commerce, Rotary clubs)
- d. Municipal leaders
  - i. County Supervisors, especially the regional supervisor's office
  - ii. City Managers, Mayors, and City Councils of all West County cities
  - iii. Community Corrections Partnership and the Community Advisory Board
  - iv. Office of the Reentry Coordinator
  - v. Reentry network managers in Central and East County

## 4. PURPOSES OF OUTREACH: *CULTIVATE COMMUNITY ACCEPTANCE*

---

As a central point of reference and information, the Center is committed to strengthening the reentry network throughout the community.

In addition, the Center is committed to amplify its impact by creating intentional connections to the larger community of people and organizations that may not know about or initially perceive the Center's relevance to them.

To this end, the Center should support the development of community-wide attitudes of tolerance and acceptance related to incarceration, restorative justice, and reentry and services for the formerly incarcerated, as follows:

- a. Foster the community's willingness to support individuals coming home
- b. Foster the community's understanding of community benefits of strengthening reentry services and acceptance
- c. Foster the community's willingness to accept and support the Center, cultivating the Center's reputation as a good neighbor (responsive to its neighborhood, responsible to address issues that arise, contributes to the community)
- d. Generate financial support through outreach, education, and partnership with businesses, private foundations, municipal funders, congregations, and individual supporters

# West County Reentry Resource Center

## 5. PURPOSES OF OUTREACH: *AMPLIFY AND EXTEND CENTER'S IMPACT*

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The Center should strive to identify, recruit, and partner with organizations and resources that can enhance and expand the Center's service array, improve the efficacy and outcomes of referral partnerships and agreements, and identify service system gaps, redundancies, and opportunities. This means that the Center's staff, Host, Steering Committee, Partners, and clients should be encouraged to serve as agents to amplify and extend the Center's impact.

For example:

- a. The faith community could be engaged to hold "Welcome Home" services and activities to help establish supportive relationships and environments for returning residents and their families.
- b. Arts organizations could lend art for display in the Center, conduct expressive arts programming on-site at the Center, and develop off-site arts opportunities explicitly intended to invite and include formerly incarcerated people and their families.
- c. Community-driven initiatives such as urban agriculture, worker coops, organizing/advocacy campaigns, and educational and vocational efforts could use the Center as a site to inform, engage, and recruit formerly incarcerated people who might be particularly receptive to such opportunities.

# West County Reentry Resource Center

## STATEMENT OF INTENT: COUNTYWIDE ALIGNMENTS

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### 1. OVERARCHING INTENT

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The West County Reentry Center is designed to serve as a central gathering place operating within a larger, collective system of care that includes multiple stakeholders from all sectors and that spans the entire county.

Reflecting its commitment to shared intentions to achieve collective impact, the Center will strive to align with and further the intentions of existing or emergent efforts that support successful reentry and reintegration across the county.

Working through the office of the County Reentry Coordinator and in partnership with other reentry centers or networks in the county, the Center will strive to foster partnership, reciprocal learning, and the development of consistent approaches to training, intake and client-data management, outcomes and evaluation, and operational coordination countywide.

### 2. EVALUATING IMPACT

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The Center will work with both its formal Partners and other reentry-related efforts across the county to support the development and analysis of common outcome targets and metrics. Such efforts may include working with internal staff or external evaluators tasked with examining or addressing issues related to reentry across Contra Costa County.

The Center is committed to assessing its work not merely by measuring its units of service (outputs) but by tracking the changes effected by its work (outcomes). The Center will support and encourage such approaches in reentry-related efforts throughout the county.

To this end, the Center will support opportunities to develop integrated and consistent intake and assessment protocols and methods among its Partners and with other reentry-related efforts countywide. The Center will support the development of mechanisms to reduce repetition, barriers, and gaps for clients who are navigating across the systems, and to enhance service-providers' and other institutional stakeholders' ready access to appropriate and useful information about both clients and services countywide.

The Center will strive to evaluate impact in four realms:

- Identifying changes for **clients as individuals**: Tracking each client's progress along an intentional, individual path (for example: sobriety, family reunification, successful completion of probation, educational progress)
- Assessing collective outcomes across **client cohorts** (for example: rates of recidivism within a certain population, percentage of clients who achieve and retain housing, job placement and retention)

# West County Reentry Resource Center

- Tracking outcomes for **service providers** (for example: percentage of a Partner's clients who complete their individual development plans, client ratings of a Partner's services)
- Measuring the value of **the Center as a whole** (for example, assessments of the Center by Partner organizations or by clients, metrics that track progress of the Center's clients as a whole, percentage of effective and successful referrals between the Center and other efforts across the county)

### 3. CAPACITY AND LEARNING

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The Center is committed to enhancing capacity and fostering consistent practices both within the Center and across the service landscape countywide, where appropriate and beneficial.

Therefore, the Center will support opportunities to provide, help coordinate, or participate in trainings to support stakeholders' professional development at the Center and across the county.

In addition, as is true in the plans for the reentry network in both Central and East county, the Center's service model includes the use of community volunteers serving as navigators to provide one-on-one support the Center's clients, based on their individual needs and interests.

Recognizing the importance of strong and consistent outreach, recruitment, training, supervision, support, evaluation, and client/navigator matching processes to maximize the value of this important element of service, the Center will strive to coordinate and collaborate with other county stakeholders, including the reentry networks in Central and East county, to establish effective and consistent practices that strengthen the collective practice.

Personnel	Operating	Nonrecurring
Director (1 FTE), 12 months @ \$90K annually, assumes hiring July 2014	\$ 90,000	
Operations and Services Manager (1 FTE), 11 months @ \$60K annually, assumes hiring August 2014	\$ 55,000	
Registration, Intake, and Data Administrator (1 FTE), 11 months \$60K annually, assumes hiring August 2014	\$ 55,000	
Administrative Assistant (1 FTE), 11 months @ \$35K annually, assumes hiring August 2014	\$ 32,083	
Benefits @ 22%	\$ 51,058	
<b>Total Personnel</b>	<b>\$ 283,142</b>	
<b>Operating Costs</b>		
Rent @ \$4500/month for 12 months	\$ 54,000	
Utilities		
Water, heat, electricity \$800/month for 12 months	\$ 9,600	
Office phone service: \$250/month for 12 months	\$ 3,000	
Internet access: \$150/month for 12 months	\$ 1,800	
Cloud storage: \$50/month for 12 months	\$ 600	
Web-based CRM service (Salesforce, ETO): \$360/year for licenses #11-20	\$ 3,600	
IT infrastructure maintenance @ \$250/month for 12 months	\$ 3,000	
After-Hours Answering Service, \$1,500/month for 10 months	\$ 15,000	
Insurance (liability, theft)	\$ 4,000	
Repairs & Maintenance @ \$250 month for 12 months	\$ 3,000	
Local Travel: 400 miles/month for 12 months @ \$.55/mile	\$ 2,640	
Office Supplies: \$400/month for 12 months	\$ 4,800	
Printing/Copying: \$150/month for 12 months	\$ 1,800	
Postage: 5000 pieces @ \$.46/each	\$ 2,300	
<b>Total Operating Costs</b>	<b>\$ 109,140</b>	
<b>Partnership and Outreach</b>		
Trainings/Capacity Building/Professional Development	\$ 6,000	\$ 4,000
All-Center Annual Planning Day	\$ 6,000	
Volunteer Recruitment and Education	\$ 4,500	\$ 10,000
Community Outreach: 4 community events @ \$1,000 each	\$ 4,000	
Supplies: Program/education/meetings @ \$400/month for 12 months	\$ 4,800	
<b>Total Partnership and Outreach</b>	<b>\$ 25,300</b>	<b>\$ 14,000</b>
<b>Indirect or fiscal sponsorship costs, not to exceed 10% of \$800K grant (2 Fiscal Years)</b>	<b>\$ 40,000</b>	<b>\$ 40,000</b>
<b>Nonrecurring Costs</b>		
Professional Services		
Data system selection and initiation		\$ 20,000
Graphic design for collateral development		\$ 6,500
Legal, Human Resources		\$ 4,000
Web & social media design		\$ 8,000
Design and print a Reentry 101 Guide		\$ 8,500
Tenant Improvement		
Facilities design, including embedded arts elements		\$ 35,000
Construction		\$ 100,000
Fixtures and furnishings, including art		\$ 35,000
Signage		\$ 2,000
Move-In Costs		\$ 15,000
Equipment purchases		
Work stations (computer, phone, desk, chair, filing, etc.) 12 @ \$3000/each		\$ 36,000
Shared printers: 2 @ \$850 each		\$ 1,700
Shredders: 8 @ \$250 each		\$ 2,000
Filing (lockable): 8 @ 250 each		\$ 2,000

Filing (open): 12 @ \$125 each		\$	1,500
Collateral Printing and Production		\$	7,500
Signage		\$	3,000
Total Nonrecurring Costs	\$	-	\$ 287,700
<b>Operating and Nonrecurring Costs</b>	<b>\$</b>	<b>457,582</b>	<b>\$ 341,700</b>
<b>Total Uses</b>			<b>\$ 799,282</b>
Net Income, FY 2014/15 and FY 2015/16		\$	718
Net Income, FY 2014/15 and FY 2015/16, as a percentage of total County contract			0.09%

# West County Reentry Center Work Plan FY 2014-2015

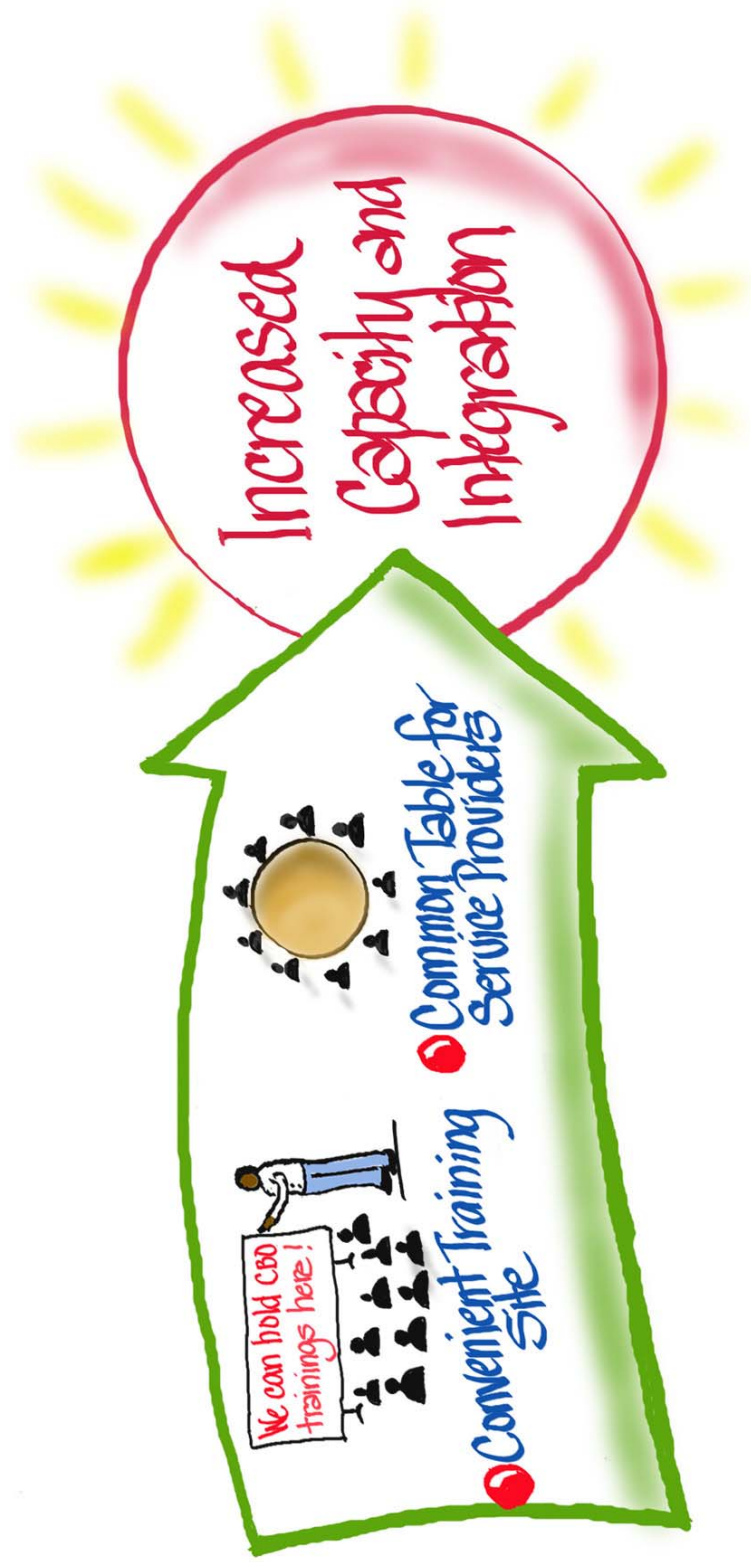
	YEAR ONE											
	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	1	2	3	4	5	6	7	8	9	10	11	12
<b>A. Staffing</b>												
This work plan assumes that the County selects the Host and completes contracting by June 2014, with the activities detailed in this work plan beginning no later than July 1.												
Post for Executive Director, Operations and Services Manager, Registration & Intake Admin, and Assistant	x											
Hire Executive Director, Operations and Services Manager, Registration & Intake Admin, and Assistant	x	x										
Develop work plans for all Center staff		x	x									
<b>B. Fundraising, Communication, and Marketing</b>												
Identify and retain a communications/web design consultant		x	x									
Identify and retain a graphic designer		x	x									
Develop organizational print materials (collateral, logo)		x	x									
Develop fundraising, communications & outreach plan and calendar			x									
Develop case documents to support fundraising, communications, and outreach			x									
Develop website and communications materials					x	x						
Implement ongoing fundraising and communications plan					x	x						
<b>C. Site Selection and Planning</b>												
Identify, secure, equip, and furnish temporary site for administrative operations and planning	x	x										
Develop facilities needs and specifications guidelines consistent with operations plan and service model		x	x									
Identify and retain a construction management firm/design-build contractor		x	x									
Identify and retain real estate broker	x	x										
Identify and secure a permanent site		x	x									
<b>D. Site Preparation/Tenant Improvements</b>												
Begin construction (duration and scope to be determined based on site chosen and site design)			x									
Develop furnishings, equipment list for permanent site, begin placing orders			x		x	x						
Develop transition plan for move from temporary to permanent site						x						
<b>E. Service and Partner Identification and Service Plan Development</b>												
Meet with appropriate public/private providers and agencies to develop scopes of work, per service model		x	x									
Sign MOUs with On-Site Partners		x	x									
Identify and select an after-hours phone and referral resource			x									
Begin implementing services on start-up scale			x		x							
Conduct quarterly programs & partnership review/modifications						x						x

# West County Reentry Center Work Plan FY 2014-2015

		1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	This work plan assumes that the County selects the Host and completes contracting by June 2014, with the activities detailed in this work plan beginning no later than July 1.												
	Conduct annual all-Partner day-long review and planning day												x
<b>F.</b>	<b>Data and Evaluation</b>												
	Research and select a Cloud-based data management system		x	x									
	Identify and retain a data and evaluation consultant				x								
	Develop common data-gathering sets, develop and build out initial data and evaluation plan with On-Site Partners				x	x	x						
	Develop program-specific and all-Center target outcomes and metrics				x	x	x						
<b>H.</b>	<b>Capacity Building and Training</b>												
	Conduct interviews with Center stakeholders to identify priorities for professional development and capacity-building		x		x	x							
	Based on stakeholder input, conduct research to identify training resources				x	x	x						
	Develop and disseminate training calendar						x					x	
	Begin implementing trainings, potentially on a quarterly basis								x				
<b>I.</b>	<b>Community Engagement</b>												
	Develop community-engagement plan		x	x									
	Begin implementing community-engagement plan			x	x								
	Hold informational community-engagement events at temporary location				x			x					
	Hold informational community-engagement event at new location (even pre-transition to the new location)										x		



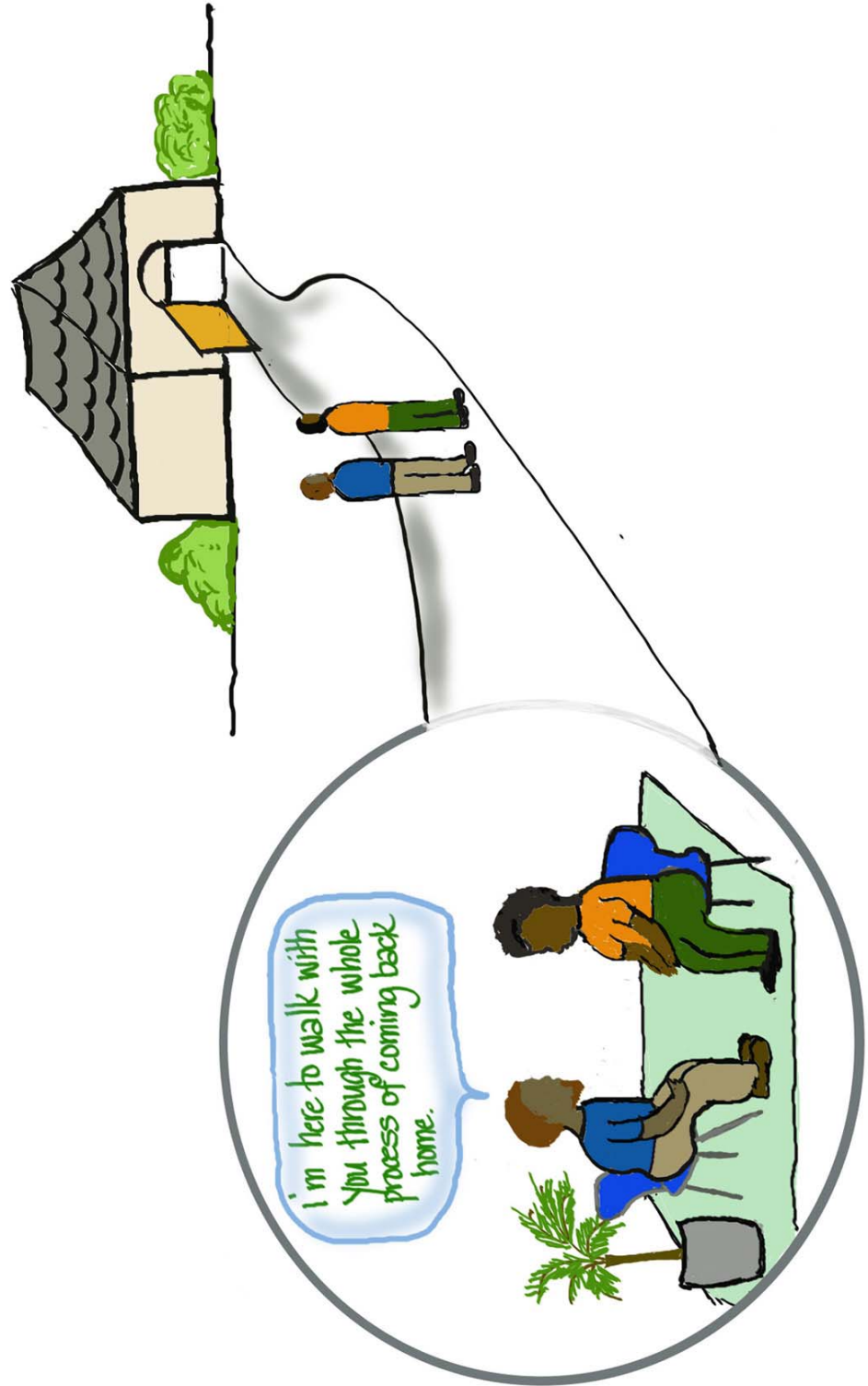
## Advance the Capacity and Integration of the Service Sector Stakeholders



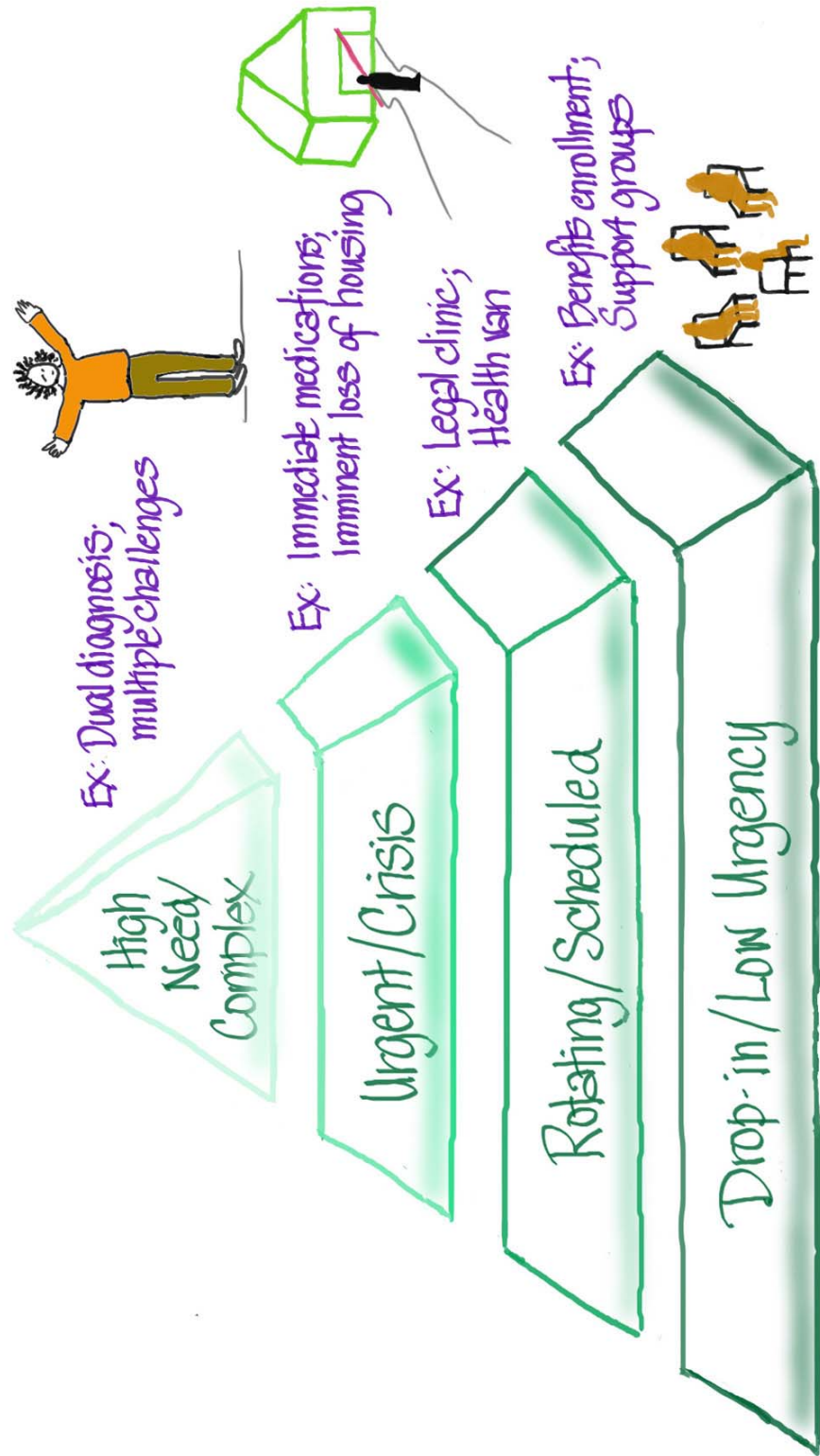
# West County Reentry Resource Center

*The Community's Vision*

## Navigator/Ally

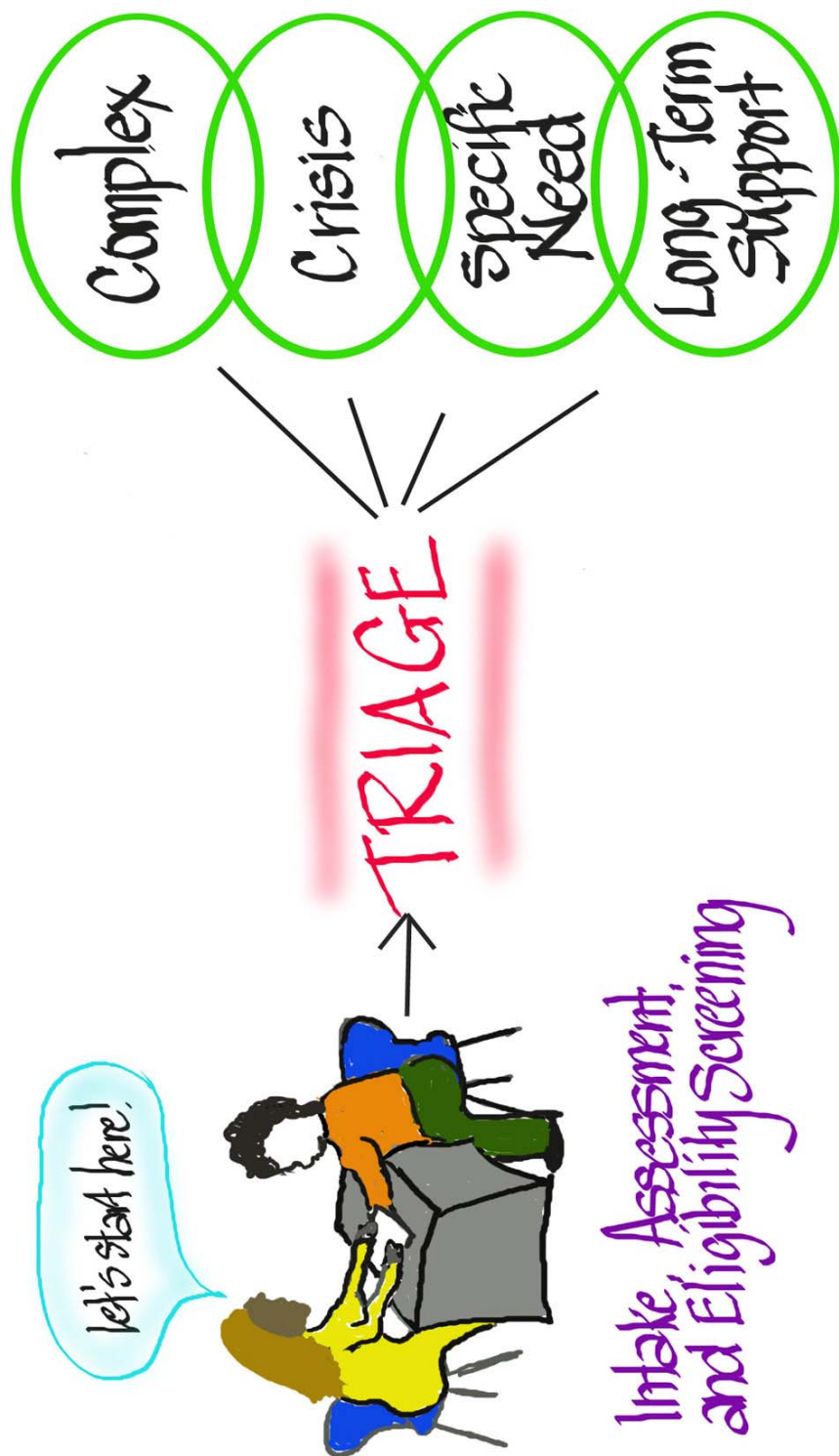


## Provide Different Functions at Different Levels of Need

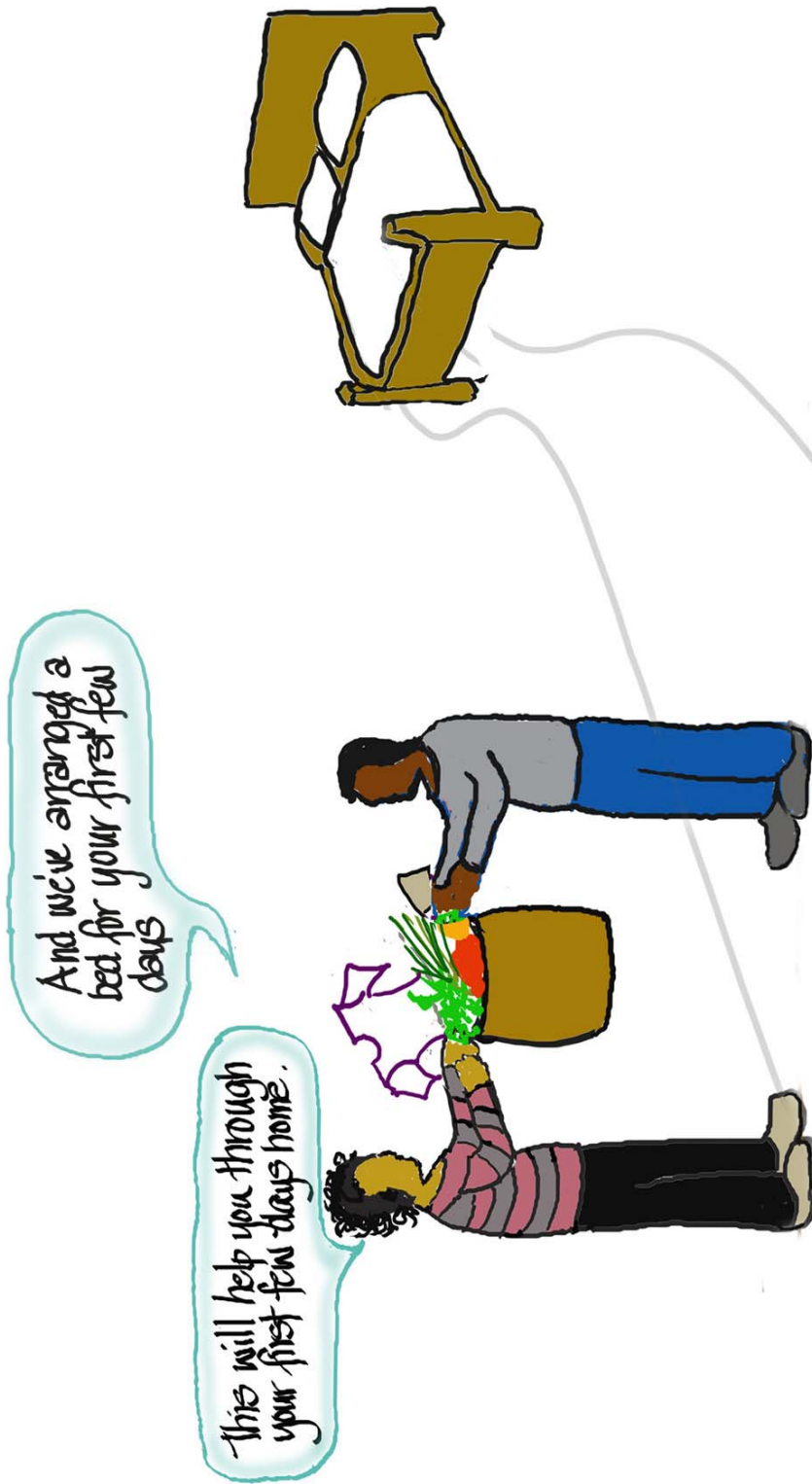




## First Stop Intake



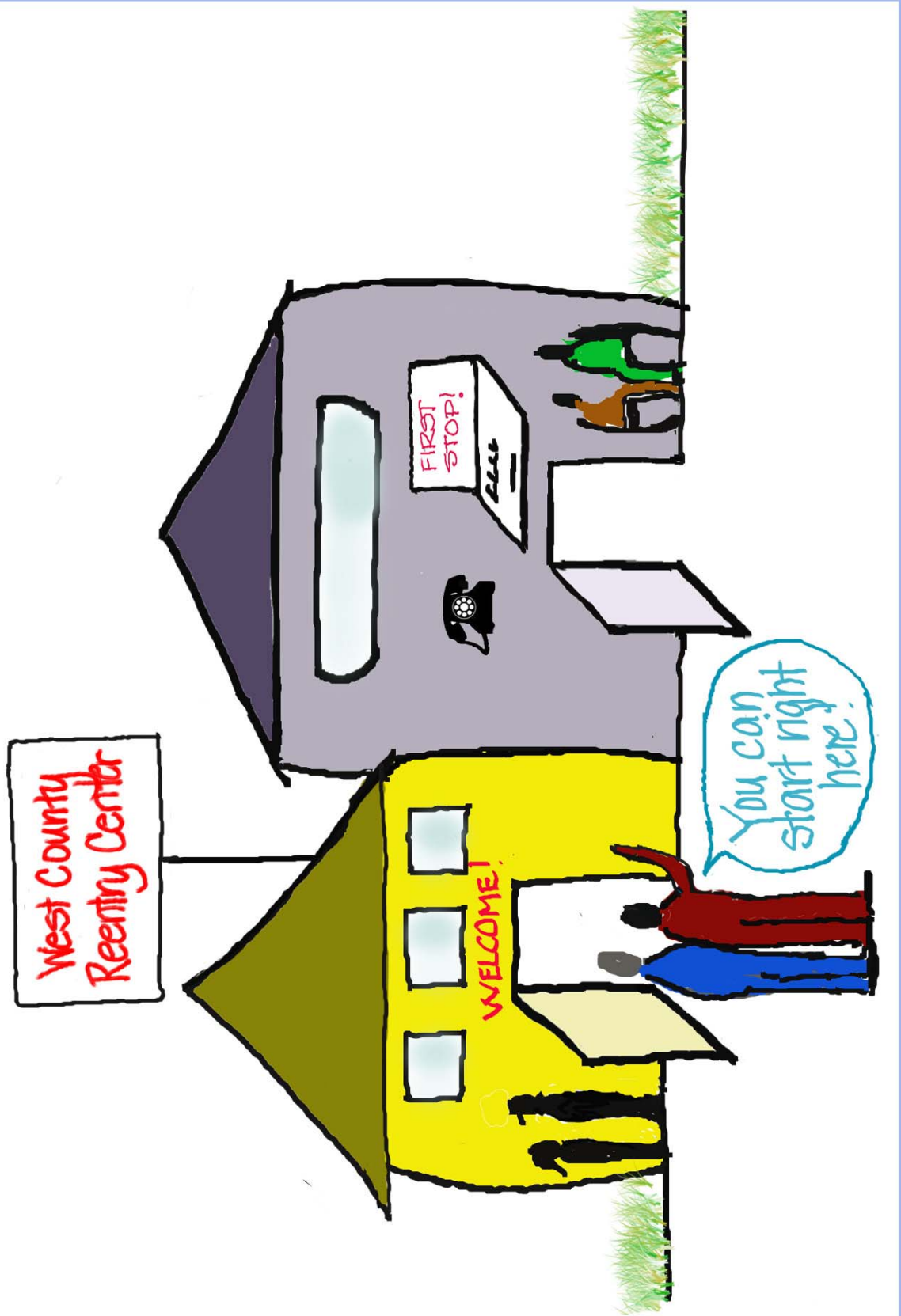
## Meet Immediate Needs



# West County Reentry Resource Center

*The Community's Vision*

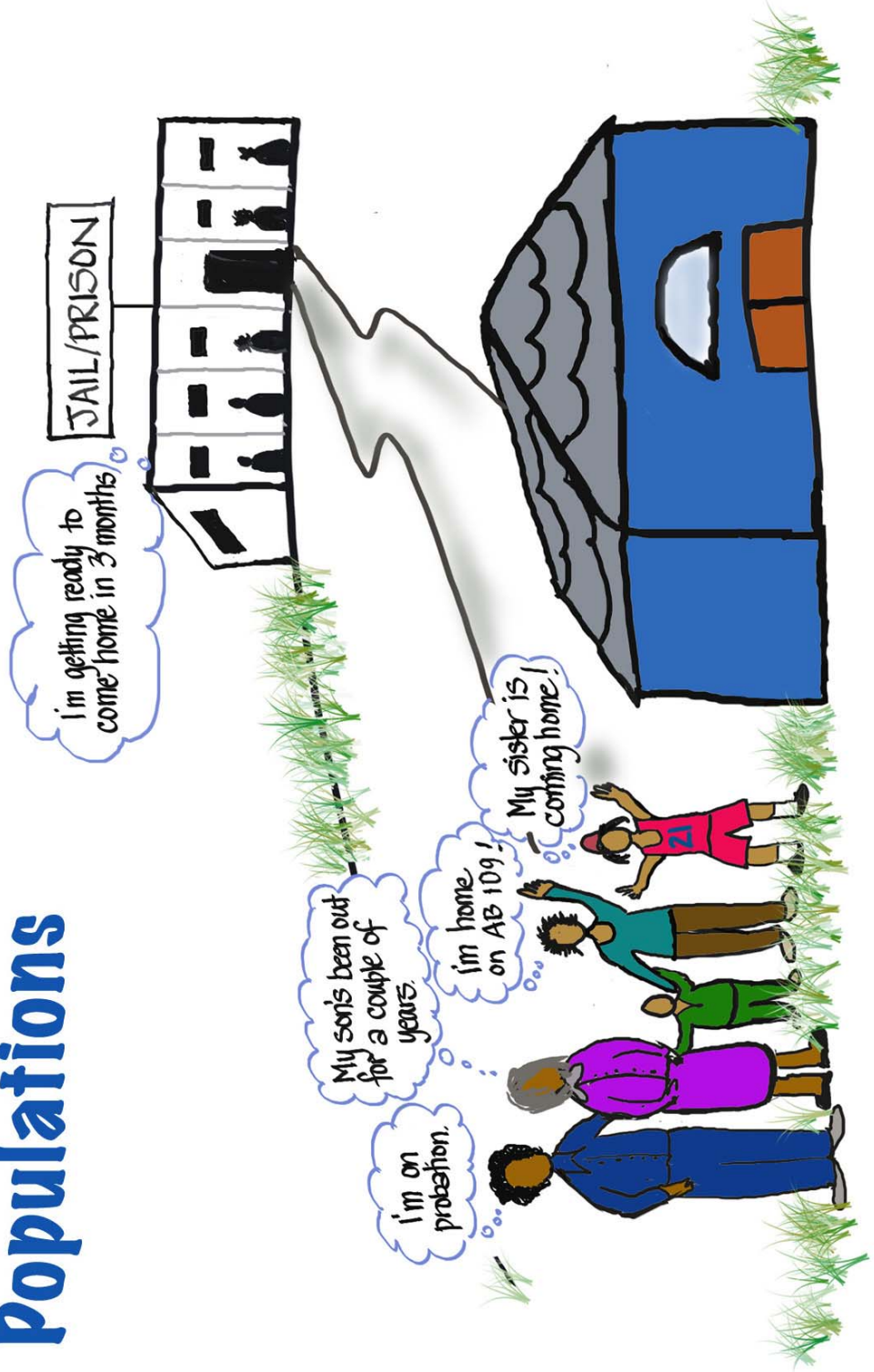
## Physical and Virtual



# West County Reentry Resource Center

## *The Community's Vision*

### Populations





# Pre-Release Transition Planning "Reentry 101"



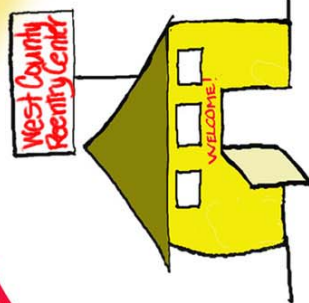


# West County Reentry Resource Center

## *The Community's Vision*

### Service Hub

In-reach  
connections



On-site, integrated  
co-located services

Schedule  
appointments w/  
the Center's partners

Yes, he can meet you  
on Tuesday at 10

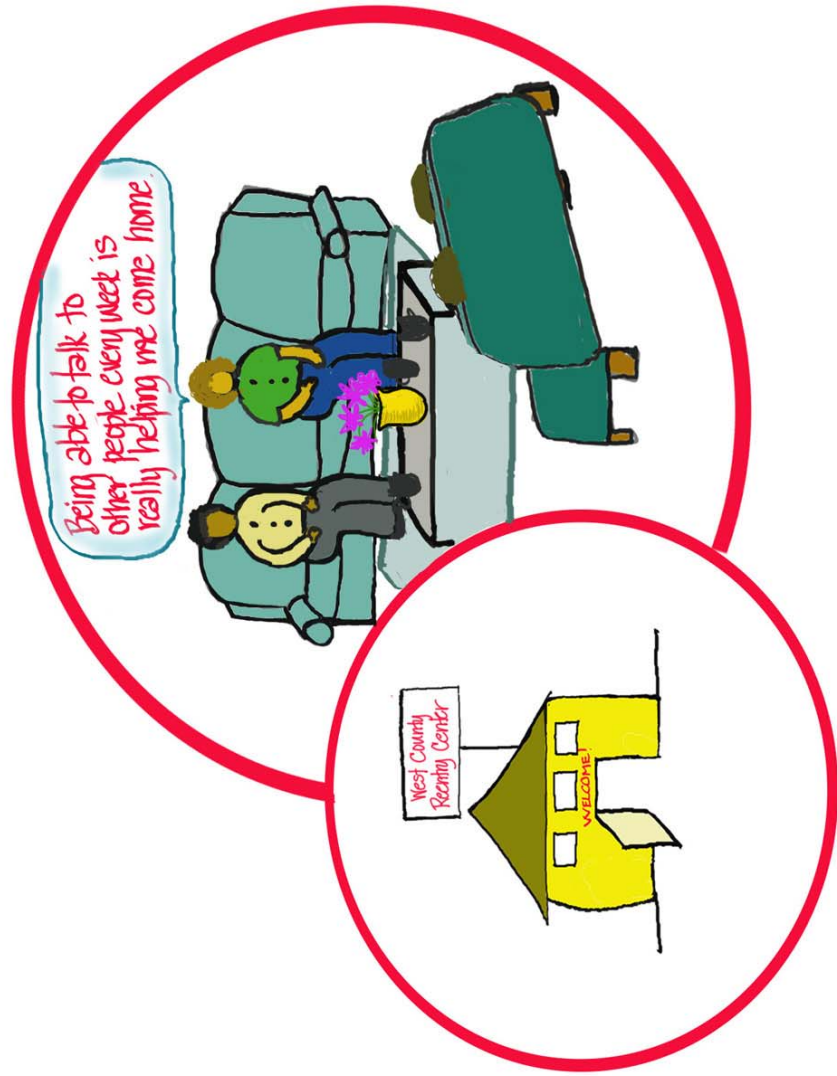


Make referrals to  
other service  
providers.

These are some of  
your options for  
vocational training



## Ongoing Support Groups



# West County Reentry Resource Center

## 3. SECONDARY DOCUMENTS

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### 3.1 Job Descriptions:

- 3.1.1. Executive Director
- 3.1.2. Operations and Services Manager
- 3.1.3. Registration, Intake and Data Administrator

### 3.2 Policies:

- 3.2.1. On-Site Partner MOU template
- 3.2.2. Center Steering Committee Conflict of Interest Form
- 3.2.3. Behavioral Guidelines

### 3.3 Data:

- 3.3.1. Electronic Data-Sharing MOU
- 3.3.2. Business Associates Agreement for Protected Health Information
- 3.3.3. Baseline Intake Document (example)
- 3.3.4. Individual Development Plan (example)
- 3.3.5. Baseline Data Set (draft developed by County evaluation contractor RDA)

# West County Reentry Resource Center

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# West County Reentry Resource Center

## JOB DESCRIPTION:

### EXECUTIVE DIRECTOR, WEST COUNTY REENTRY RESOURCE CENTER

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Project: West County Reentry Resource Center

Job Title: Executive Director

Employer of Record: Name of Center Host

Reports to: Center Steering Committee

FLSA Status: Exempt

Date Prepared: Enter Date

#### Position Context:

The West County Reentry Resource Center (Center) promises to be one of the most significant projects created for formerly incarcerated people ever created in our county. By gathering effective resources into one accessible and welcoming hub of integrated services, the Center fosters healing, justice, and lifelong liberty for the people of West Contra Costa County.

Through a single door, the Center brings together diverse partners working in concert to achieve a collective impact to achieve a common vision: Offering a place that fosters healing, stability, and opportunity, the Center will serve as a beacon of hope, support, and continuing progress to support formerly incarcerated people and their families in their efforts to forge positive futures.

The Center brings together law enforcement, social service agencies and public and private entities to provide coordinated services to formerly incarcerated people and their families living in West Contra Costa County. The Center is organizationally hosted by Name of Center Host and is governed and managed by its Steering Committee.

As the Center's Host, Name of Center Host is the legal entity and employer of record for the Center. Name of Center Host is an "at-will" and equal opportunity employer. Applicants and employees shall not be discriminated against because of race, religion, sex, national origin, ethnicity, age, mental or physical disability, sexual orientation, gender (including pregnancy and gender expression) identity, color, marital status, veteran status, medical condition, or any other classification protected by federal, state, or local law or ordinance.

Reasonable accommodation will be made so that qualified disabled applicants may participate in the application process. Please advise in writing of special needs at the time of application.

**Salary Range:** \$\_\_\_\_\_

#### Position Summary:

The successful candidate will have expertise in cultivating and sustaining positive, highly effective relationships aligned around a common framework reflective of best and promising practices in reentry and integrated service partnership. The successful candidate will have the

# West County Reentry Resource Center

fortitude, clarity of vision, interpersonal, technical, and decision-making skills needed in a climate of diverse, sometimes contradictory or conflicting viewpoints; facilitation, effective group management, and the ability to build consensus are essential elements of this work. The successful candidate will have expertise in operating in a highly visible, high profile role within the community and function with both personal integrity and necessary transparency. The successful candidate is a forward thinking, innovative leader with the drive to stay current on trends and emerging practices.

Approximately 50% of the duties of the Executive Director will be devoted to internal operations, management, and development, and 50% will be devoted to external issues, including (but not limited to) partnership development, ambassadorship, fundraising, and public relations.

The Executive Director is a non-voting member of the Center Steering Committee.

The Executive Director is an exempt position. Exempt employees are expected to work the appropriate and necessary time in order to complete key assignments and related tasks on schedule.

## **Essential Duties and Responsibilities:**

- Develop a highly effective supporting infrastructure for multi-disciplinary collaboration
- Ensure the provision of high quality, effective service delivery
- Work effectively with the Center Steering Committee
- Ensure the sustainability of the Center by developing and implementing successful annual fund development plans
- Implement budgetary and fiscal functions including budget development, fiscal reports and sound financial practices.
- Develop sound public policy, communication, and advocacy strategies consistent with the Center mission and vision
- Maintain a climate that attracts and retains diverse, top quality individuals and an environment conducive to high employee morale

## **Other Duties and Responsibilities:**

- Ability to travel within the county, with own vehicle, valid license, and insurance
- Ability to work some weekends and evenings

## **Education and Experience:**

- Bachelor's degree (or demonstrated abilities) in a related field required; further education preferred, including MSW, MBA, MPH, MPA, or JD

# West County Reentry Resource Center

- Minimum of five years' experience in not-for-profit management, preferably in social services or criminal justice
- Minimum of five years' fiscal experience preparing budgets and administering agencies with budgets over \$400,000
- Demonstrated success in fund development
- Background in criminal justice, multi-sector project management, nonprofit management, evaluation, operational management, and/or collaborative social service program design
- Subject-matter expertise and awareness of field's respective sectors, stakeholders, and roles
- Knowledge about collective impact and backbone administration and the purpose of this service model
- Demonstrated ability to foster and drive a diverse collaboration using participatory decision-making practices, effective conflict management skills, and open communication methods
- Experience in fostering relationships with key individuals in agencies and organizations, including elected officials
- Strong, charismatic public-speaking and writing skills and the ability to effectively work with multiple audiences: the media, public officials, public systems partners, faith leaders, businesses, CBOs, victims, and interested residents
- Interest in and sensitivity to people from a multiplicity of backgrounds
- Knowledge of the local landscape (Contra Costa and West Contra Costa)
- Commitment to the Center's core values, including restorative justice
- Demonstrated expertise in project management, group decision-making, and participatory processes
- Bilingual is preferred, particularly in Spanish

## **Physical Demands:**

These physical demands are representative of the physical requirements necessary for an employee to successfully perform the essential functions of the job. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of the job.

- Ability to stand and sit for long periods of time
- Ability to bend and lift up to 15 lbs

# West County Reentry Resource Center

- Ability to sit and enter data, prepare reports, and use a computer for long periods of time
- Able to answer phone calls and participate in phone-related activities for long periods of time
- Ability to negotiate up and down stairs
- Ability to travel locally, regionally, and occasionally within the state
- Ability to operate in environments involving multiple simultaneous stimuli, including people, sounds, conversations, demands, and emotional dynamics

## **Work Environment:**

These work environment characteristics are representative of the environment the employee will encounter. Reasonable accommodations may be made to enable people with disabilities to perform the essential functions of the job.

The Center may be comprised of open cubicles, semi-private offices and shared, multi-use space. All workspaces may be shared spaces with individually assigned computers and shared desks. Workspaces may be assigned based on type of activity, amount of time required to complete the task, and availability of Center space. The workspace may be noisy at times.

## **Application Process:**

To apply for this position, please send your resume and required documents to name and email of appropriate person.

Position will remain open until date. Expected start date is \_\_\_\_\_.



# West County Reentry Resource Center

## JOB DESCRIPTION:

### OPERATIONS AND SERVICES MANAGER, WEST COUNTY REENTRY RESOURCE CENTER

---

Project: West County Reentry Resource Center

Job Title: Manager: Operations and Services Manager

Employer of Record: Name of Center Host

Reports to: Executive Director

FLSA Status: Exempt

Date Prepared: Enter Date

## Position Context:

The West County Reentry Resource Center (Center) promises to be one of the most significant projects created for formerly incarcerated people ever created in our county. By gathering effective resources into one accessible and welcoming hub of integrated services, the Center fosters healing, justice, and lifelong liberty for the people of West Contra Costa County.

Through a single door, the Center brings together diverse partners working in concert to achieve a collective impact to achieve a common vision: Offering a place that fosters healing, stability, and opportunity, the Center will serve as a beacon of hope, support, and continuing progress to support formerly incarcerated people and their families in their efforts to forge positive futures.

The Center brings together law enforcement, social service agencies and public and private entities to provide coordinated services to formerly incarcerated people and their families living in West Contra Costa County. The Center is organizationally hosted by Name of Center Host and is governed and managed by its Steering Committee.

As the Center's Host, Name of Center Host is the legal entity and employer of record for the Center. Name of Center Host is an "at-will" and equal opportunity employer. Applicants and employees shall not be discriminated against because of race, religion, sex, national origin, ethnicity, age, mental or physical disability, sexual orientation, gender (including pregnancy and gender expression) identity, color, marital status, veteran status, medical condition, or any other classification protected by federal, state, or local law or ordinance.

Reasonable accommodation will be made so that qualified disabled applicants may participate in the application process. Please advise in writing of special needs at the time of application.

**Salary Range:** \$\_\_\_\_\_

**Position Summary:** The Center's Operations and Services Manager (Manager) will be responsible for the daily operations of the Center's services and activities. The Manager will ensure the smooth and effective integration and delivery of appropriate services by Center partners, Center staff, and volunteers. The Manager should have strong "people" skills with a

# West County Reentry Resource Center

demonstrated ability for relationship building, multi-provider service operations, and effective problem-solving. The Manager should have experience in partnership management, operations management and tracking, and program analysis and improvement. In addition, the Manager should have experience in volunteer/mentor recruitment, training, and management.

The Manager is an exempt position. Exempt employees are expected to work the appropriate and necessary time in order to complete key assignments and related tasks on schedule.

## **Essential Duties and Responsibilities:**

- Support Center partners in developing integrated and consistent service plans and approaches
- Support Center partners in negotiating agreements and resolving conflicts
- Effectively recruit, train, and manage volunteers
- Participate in ongoing Center operational planning and review
- Manage daily program operations
- Support the development of, and implement, a Center-wide training plan
- Prepare reports and maintain statistics and manage data systems and analysis
- Prepare assessments and recommendations for Center operations, partner roles, and MOU agreements

## **Other Duties and Responsibilities:**

- Ability to travel within the county, with own vehicle, valid license, and insurance
- Ability to work some weekends and evenings

## **Education and Experience:**

- Bachelor's degree or similar demonstrated capacity required, Master's degree preferred
- Background in criminal justice, multi-sector project management, nonprofit management, evaluation, operational management, and/or collaborative social service program design
- Subject-matter expertise and awareness of field's respective sectors, stakeholders, and roles
- Knowledge of collective impact and backbone administration and the purpose of this service model
- Demonstrated ability to foster and drive a diverse collaboration using participatory decision-making practices, effective conflict management skills, and open communication methods

# West County Reentry Resource Center

- Experience in fostering relationships with key individuals in agencies and organizations, including with elected officials
- The flexibility and problem solving capabilities to address the needs of a constantly changing organization
- Ability to provide administrative and professional leadership
- Bilingual is preferred, particular in Spanish
- Commitment to the role and responsibilities of backbone administration
- Legal issues concerning confidentiality, medical mandated reporting, partnership agreements, and liability

## **Physical Demands:**

These physical demands are representative of the physical requirements necessary for an employee to successfully perform the essential functions of the job. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of the job.

- Ability to stand and sit for long periods of time
- Ability to bend and lift up to 15 lbs
- Ability to sit and enter data, prepare reports, and use a computer for long periods of time
- Able to answer phone calls and participate in phone-related activities for long periods of time
- Ability to negotiate up and down stairs
- Ability to travel locally, regionally, and occasionally within the state
- Ability to operate in environments involving multiple simultaneous stimuli, including people, sounds, conversations, demands, and emotional dynamics

## **Work Environment:**

These work environment characteristics are representative of the environment the employee will encounter. Reasonable accommodations may be made to enable people with disabilities to perform the essential functions of the job.

The Center may be comprised of open cubicles, semi-private offices and shared, multi-use space. All workspaces may be shared spaces with individually assigned computers and shared desks. Workspaces may be assigned based on type of activity, amount of time required to complete the task, and availability of Center space. The workspace may be noisy at times.

## **Application Process:**

# West County Reentry Resource Center

To apply for this position, please send your resume and required documents to name and email of appropriate person.

Position will remain open until date. Expected start date is \_\_\_\_\_.

# West County Reentry Resource Center

## JOB DESCRIPTION:

### REGISTRATION, INTAKE, AND DATA ADMINISTRATOR, WEST COUNTY REENTRY RESOURCE CENTER

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Project: West County Reentry Resource Center

Job Title: **Registration, Intake, and Data Administrator**

Employer of Record: Name of Center Host

Reports to: Executive Director

FLSA Status: Exempt

Date Prepared: Enter Date

#### Position Context:

The West County Reentry Resource Center (Center) promises to be one of the most significant projects created for formerly incarcerated people ever created in our county. By gathering effective resources into one accessible and welcoming hub of integrated services, the Center fosters healing, justice, and lifelong liberty for the people of West Contra Costa County.

Through a single door, the Center brings together diverse partners working in concert to achieve a collective impact to achieve a common vision: Offering a place that fosters healing, stability, and opportunity, the Center serves as a beacon of hope, support, and continuing progress to support formerly incarcerated people and their families in their efforts to forge positive futures.

The Center brings together law enforcement, social service agencies and public and private entities to provide coordinated services to formerly incarcerated people and their families living in West Contra Costa County. The Center is organizationally hosted by Name of Center Host and is governed and managed by its Steering Committee.

As the Center's Host, Name of Center Host is the legal entity and employer of record for the Center. Name of Center Host is an "at-will" and equal opportunity employer. Applicants and employees shall not be discriminated against because of race, religion, sex, national origin, ethnicity, age, mental or physical disability, sexual orientation, gender (including pregnancy and gender expression) identity, color, marital status, veteran status, medical condition, or any other classification protected by federal, state, or local law or ordinance.

Reasonable accommodation will be made so that qualified disabled applicants may participate in the application process. Please advise in writing of special needs at the time of application.

**Salary Range:** \$\_\_\_\_\_

#### Position Summary:

# West County Reentry Resource Center

The Registration, Intake & Data Administrator (Administrator) will serve as the first point of contact for both clients and referring partners. The Administrator will staff the Center's registration desk, providing information and helping potential clients identify if the Center is an appropriate resource to meet their needs.

The Administrator will conduct initial intake and registration, serving as the information hub for receiving and coordinating all client-related information. The Administrator will provide initial triage, including review of eligibility for requests for short-term food, clothes, bus passes, and phone cards.

Reflecting the Center's role as an information hub, the Administrator will identify and reach out to entities that have developed assessments or transition documents for the client.

Based on the client's intake information, the Administrator will identify which On-Site Partner will serve as the client's primary service contact.

As the point of first contact for the Center, the Administrator should have interest in and sensitivity to people from a multiplicity of backgrounds; Bilingual (especially Spanish) is strongly preferred.

The Administrator should have competency in conflict resolution, effective interpersonal management, and effective problem-solving skills, and should be able to multi-task in a complex environment with competing demands.

## **Education and Experience:**

- Have and maintain accurate, up-to-date, and broad knowledge of the local social-service landscape (Contra Costa and West Contra Costa).
- Background in administration of social service programs
- Flexibility and problem solving capabilities to address the needs of a constantly changing organization
- Demonstrated experience with and competency in electronic data systems (data entry, report generation, data analysis) to support the effective use of information to track and support client progress, support the evaluation of On-Site Partners, and provide insight into the Center's effectiveness as a whole
- Bachelor's degree or similar demonstrated capacity required

## **Physical Demands:**

These physical demands are representative of the physical requirements necessary for an employee to successfully perform the essential functions of the job. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of the job.

# West County Reentry Resource Center

- Ability to stand and sit for long periods of time
- Ability to bend and lift up to 15 lbs
- Ability to sit and enter data, prepare reports, and use a computer for long periods of time
- Able to answer phone calls and participate in phone-related activities for long periods of time
- Ability to negotiate up and down stairs
- Ability to travel locally, regionally, and occasionally within the state
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## **Application Process:**

To apply for this position, please send your resume and required documents to name and email of appropriate person.

Position will remain open until date. Expected start date is \_\_\_\_\_.

# West County Reentry Resource Center

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# West County Reentry Resource Center

## MEMORANDUM OF UNDERSTANDING

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### 1. DOCUMENT PURPOSE

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The function of this Memorandum of Understanding (MOU) is to formalize agreements about the West County Reentry Resource Center's collective vision, universal roles and responsibilities, principles, outcomes, and governance system.

This MOU sets forth the terms and conditions that define the relationship between the West County Reentry Resource Center (the Center) and \_\_\_\_\_ as an On-Site Partner.

This MOU summarizes overarching commitments and agreements on the systems and elements of the Center that are relevant to all On-Site Partners.

Every On-Site Partner will sign and abide by this MOU, and the specific roles and responsibilities for each On-Site Partner will be defined in an Individual Operational Agreement between the Center and the On-Site Partner.

This MOU also describes a process for admitting new On-Site Partners and for existing On-Site Partners to withdraw or be removed from partnership if desired or necessary.

In addition to signing this MOU, each On-Site Partner will also enter into an Operational Agreement that will form an addendum to the MOU and that will specify each organization's specific responsibilities.

### 2. VISION AND MISSION

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The attached "*Principal Ideas that Guide Our Work*" is incorporated into this MOU by reference. Signatories to this MOU will incorporate and demonstrate these ideas in their work as On-Site Partners.

Excerpted from that document, the Center's vision and mission are as follows:

- a. Vision: Offering a place that fosters healing, stability, and opportunity, the Center will serve as a beacon of hope, support, and continuing progress to support reentering or formerly incarcerated people and their families in their efforts to forge positive futures.
- b. Mission: By gathering effective resources into one accessible and welcoming hub of integrated services, the Center fosters healing, justice, and lifelong liberty for the people of West Contra Costa County.

### 3. COLLECTIVE IMPACT, OUTCOMES, & METRICS

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As a collective impact initiative using a co-located, integrated service model, the Center's partners will be committed to striving toward common goals and to developing new indicators to measure the extent to which the Center's staff and On-Site Partners reach these goals.

# West County Reentry Resource Center

The Center has three primary intentions for individual clients, Center partners, and the Center as a whole:

- a. To support formerly incarcerated West Contra Costa County residents in their efforts to build self-sufficient, satisfying, and positive lives;
- b. To leverage and maximize the impact of individual organizations that are working to support formerly incarcerated individuals;
- c. To foster the collective impact of all those entities and stakeholders (public, private, services, businesses, faith community, and individual residents) who are committed to developing a safer, more equitable, and more sustainable West Contra Costa County by working intentionally and collaboratively to achieve common goals.

Goals, outcomes, and metrics will reflect and provide opportunities to assess the Center's progress on these three primary intentions. Center partners will utilize these outcomes as a primary framework for planning, budgeting, and program design.

## 4. LEADERSHIP & GOVERNANCE

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The Center's governance structure is intended to enable the operation of a strong, integrated partnership in which partners have equal voice. For fuller details on governance roles and responsibilities, see the "Governance and Administration" document, which is incorporated by reference.

As explained in that document, the Center Host is responsible and accountable for the administration of the Center's fiscal and personnel matters, and its local, state, and federal regulatory compliance and reporting.

The Center Steering Committee (CSC) will be responsible for guiding the Center's work. The CSC holds responsibility for program planning and policy setting, engaging in an ongoing process of program implementation, evaluation, and refinement. The CSC will review and approve the Center's annual budget and major financial commitments entered into by the Center, subject to due diligence approval by the Board of Directors of the Center's Host.

The Center's Executive Director will maintain active communication with both onsite and offsite Center partners (see partner responsibilities below) and will provide ongoing support for the work of the Center Steering Committee. The Executive Director will be responsible for the recruitment, evaluation, and management of the Center's staff.

A primary function of Center's Executive Director and staff is to create the necessary conditions for the smooth and effective integration of services by On-Site Partners.

The On-Site Partners are responsible for working collectively, collaboratively, and in partnership with one another and the Center staff to design, implement, and evaluate co-

# West County Reentry Resource Center

located, integrated service plans. Unless otherwise specified in Individual Operational Agreements, On-Site Partners lend their staff and resource to the Center as in-kind contributions to the Center's work.

## 5. OVERARCHING ON-SITE PARTNER AGREEMENTS

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Working with the Center Steering Committee, the Center Executive Director, and the Center staff, the On-Site Partners are responsible for ensuring the Center's ongoing development and health, in accordance to all of the rights and responsibilities described by this document and each On-Site Partner's individual Operational Agreement.

Each of the Center's On-Site Partners agrees to the following:

- a. Abide by the Center's mission
- b. Create a welcoming, respectful, responsive, and productive experience for clients
- c. Participate actively and in multiple ways, including agreeing to:
  - Provide a decision-maker from the organization to participate in the Services committee;
  - Contribute some of the agencies' existing resources (in-kind or financial) to leverage the Center's collective opportunities and resources;
  - Cross-train staff to communicate and promote Center services and approaches, including participating in Center-based professional development trainings;
  - Participate in the development of a joint budget, including the identification of in-kind and other resources;
  - Participate in fundraising activities, as defined by each organization's? Center's annual operating plan.
- d. Set aside individual organizational identity when communicating about the Center;
- e. Participate with the Center's Executive Director in an annual review of (and, if necessary, revisions to) the agency's Individual Operational Agreement;
- f. Participate in an annual all-partner Work Review And Planning day;
- g. Work differently as needed to achieve common goals;
- h. Manage clients jointly and share client information, in accordance with confidentiality rules, agreements, and guidelines;
- i. Foster both individual and collective accountability in the Center's work;
- j. Track common metrics, share data, and evaluate results;

# West County Reentry Resource Center

- k. Participate in ongoing learning within the Center and with partners across the county;
- l. Strive for continuous quality improvement;
- m. Have good-faith intention to commit to this effort over time;
- n. Identify and help recruit additional partners as appropriate to develop the Center and help its services evolve;
- o. Abide by the Center's Conflict of Interest policy;
- p. Serve as representatives and ambassadors to advance the Center's mission and core values, fostering the Center's role as a positive community partner;
- q. For areas of activity in which certification is *available*, On-Site Partners should have the highest feasible level of relevant certification. For areas of activity for which certification is *required*, On-Site Partners must have and maintain the required certification.

## 6. PARTNER WITHDRAWAL, REMOVAL, AND ENROLLMENT

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### a. New Partner Enrollment

The Center Steering Committee must approve all new On-Site Partners. New organizations wishing to become On-Site Partners must demonstrate that they possess the relevant levels of certification (through certifications and/or licenses that are standard in their field of activity, if such exist).

### b. Partner Withdrawal/Disbarment

Partners may withdraw from this MOU by providing the Center Host with 90 days written notice of intention to withdraw. Should the withdrawing partner be receiving allocated funds from the Center, these funds will be returned to the Center, as of the date of final partnership with the Center.

Following withdrawal, Center partners may apply for re-admission to the Center partnership, subject to the conditions specified under Section 8.A above and to approval by the Center Steering Committee.

Loss of required certification by a partner will be grounds for disbarment from Center until recertification can be documented.

Malfeasance or intentional acts in conflict with this MOU or failure to perform shall be grounds for removal

## 7. GRIEVANCE AND MEDIATION

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If any Center staff member, Center Partner, or Center volunteer has a concern or complaint regarding the actions or decisions of another party that affects the grieving party's work,

# West County Reentry Resource Center

work/service environment, or working relations with colleagues at the Center, the grieving party or parties shall first attempt to resolve the matter in an amicable manner on their own. The grieving party or parties may request the support of the Executive Director to help them resolve the dispute in a mutually satisfactory, informal process.

However, if this attempt at resolution is not appropriate or successful, the grieving party shall, within ten days of the event giving rise to the grievance, present its grievance to the Executive Director in writing.

Within ten days of receipt of the grievance, the Executive Director shall convene a formal meeting with the grieving party to attempt to resolve the matter, and shall convene conversations with other Center Partners, if appropriate, to attempt to resolve. If the matter is not resolved satisfactorily, the grievance shall be submitted to the Center Steering Committee.

Failing resolution through these means, the parties will submit to nonbinding mediation with a neutral mediator and share the costs of the mediation.

## **8. AMENDMENT AND MODIFICATION OF THIS MOU**

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This MOU may be amended from time to time by the Center Steering Committee using its regular decision-making process, as described herein.

## **9. ACCEPTANCE OF THE TERMS OF THIS MEMORANDUM OF UNDERSTANDING**

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We hereby agree to the terms as stated in this Memorandum of Understanding.

Center Host: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name of On-Site Partner: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

# West County Reentry Resource Center

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# West County Reentry Resource Center

## CENTER STEERING COMMITTEE CONFLICT OF INTEREST POLICY

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### 1. DOCUMENT PURPOSE

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In their capacity as members of the Center Steering Committee (CSC) of the West County Reentry Resource Center (the Center), the Center Steering Committee members (members) must act at all times in the best interest of the Center.

The purpose of this policy is to help inform the members of the CSC about what constitutes a conflict of interest, assist the CSC in identifying and disclosing actual and potential conflicts, and help CSC members avoid conflicts of interest where necessary.

This policy may be enforced against individual CSC members as described below.

### 2. CONFLICT OF INTEREST POLICY

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- a. Members of the CSC have a fiduciary responsibility to conduct themselves without conflict to the interests of the Center. In their capacity as CSC members, they must subordinate personal individual business, third-party, and other interests to the welfare and best interests of the Center.
- b. A conflict of interest is a transaction or relationship that presents or may present a conflict between a CSC member's obligations to the Center and the member's personal, business, or other interests.
- c. All conflicts of interest are not necessarily prohibited or harmful to the Center. However, full disclosure of all actual and potential conflicts, and a determination by a subcommittee of the disinterested CSC members – with the interested member(s) recused from participating in debates and voting on the matter – are required.
- d. All actual and potential conflicts of interest shall be disclosed by members to the CSC Chair through the annual disclosure form and whenever a conflict arises. The subcommittee of disinterested members (the subcommittee) shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The subcommittee shall inform the full CSC of such determination and action. The full CSC shall retain the right to modify or reverse such determination and action by the subcommittee, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.
- e. On an annual basis, all CSC members shall be provided with a copy of this policy and required to complete and sign the acknowledgement and disclosure for below. All completed forms shall be provided to and reviewed by the CSC Chair, as well as all other conflict information provided by CSC members.

# West County Reentry Resource Center

## CENTER STEERING COMMITTEE ACKNOWLEDGEMENT AND DISCLOSURE FORM

I have read the West County Reentry Resource Center Steering Committee Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times in my service as a Center Steering Committee member.

If at any time following my submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Center's Steering Committee Chair and the Center's Executive Director in writing.

Disclosure of Actual or Potential Conflicts of Interest:

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Submitted and Attested To By:

Steering Committee Member Signature: \_\_\_\_\_

Steering Committee Member Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed and Acknowledged by the CSC Steering Committee Chair:

Steering Committee Chair Signature: \_\_\_\_\_

Steering Committee Chair Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_



# West County Reentry Resource Center

## BEHAVIORAL GUIDELINES

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### 1. A SAFE PLACE FOR ALL

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Cultivating an inclusive, affirming, patient, and open-minded community culture, the West County Reentry Resource Center (the Center) is designed as a beacon of hope, opportunity, and continuing progress to support reentering or formerly incarcerated West County residents and their families in their efforts to forge positive futures.

The Center is equally open to all clients regardless of race, culture, sexual orientation, gender, ethnicity, physical or mental ability, age, religion, criminal justice status, or immigration status.

### 2. GUIDELINES FOR ALL

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To ensure that the Center provides a welcoming environment for everyone, all staff, Partners, and clients are expected to abide by the following rules. Violation of these rules may be grounds for dismissal from the Center.

- a. No one may use abusive language or behavior at the Center.
- b. No one may be under the influence of alcohol or drugs (this does not include prescribed medication taken according to doctor's orders and reported to the Registration and Intake Administrator).
- c. No one may perform or threaten to perform any violent acts or actions that endanger the health and safety of others.
- d. Vandalizes, steals or defrauds anyone else at the Center, or the Center itself.
- e. Other than law-enforcement officers (Probation, Parole, police), no one may bring any weapons (including knives) to program sites. To reduce the trauma triggers that can be evoked by the sight of firearms, law-enforcement officers are requested to minimize the visibility of weapons that they may be authorized to carry.
- f. No one may intentionally give false information related to client eligibility for services or to the conditions of a client's supervision.
- g. No one may vandalize, defraud, or steal from anyone at the Center or the Center itself.

### PROGRAM PARTICIPATION AGREEMENT:

I understand these behavioral guidelines, and I agree to follow the basic rules shown above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# West County Reentry Resource Center

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# West County Reentry Resource Center

## ELECTRONIC DATA-SHARING MEMORANDUM OF AGREEMENT (SAMPLE TEMPLATE)

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### 1. PARTIES TO THIS AGREEMENT

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This Data-Sharing Memorandum of Agreement is entered into this (date) \_\_\_\_\_ by and between The West County Reentry Resource Center (Center) and \_\_\_\_\_ (Partner).

### 2. PURPOSE

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The Center, Partner, and individuals served by both the Center and the Partner will benefit from shared access to personally identifiable information<sup>1</sup> for the purpose of conducting reporting and other data compilations in support of contract monitoring and program evaluation. This Agreement sets out the terms and methods for secure and consensual handling of this information.

Sharing data allows the Center to support the valuable work that Partner provides to clients and their families. The database benefits both Partner and The Center by:

- a. Demonstrating the effects that the Center's work is having on the clients and their families that are served.
- b. Eliminating redundancy in data collection and reporting.
- c. Reducing time and paperwork required for Partner to submit invoices, progress reports, and evaluation data to the Center.
- d. Streamlining internal data management processes of Partner by providing a free electronic data collection, storage, and reporting system that can be used for purposes other than the Center's data collection. This system permits Partner to more easily and powerfully collect their own data in an aggregate format for needs assessments, planning, evaluations, and research purposes.
- e. Identifying the best and promising practices and analyzing the effectiveness of existing strategies to support continuous quality improvement in Center programs.

Strict confidentiality regulations and procedures will be employed to minimize the risks of disclosure of confidential data.

HIPAA (The Health Insurance Portability and Accountability Act of 1996) protects the security and privacy of health data. Center, because it assigns accounts and passwords to users of the client database, falls under the operations clause of HIPAA and is therefore permitted to view client-level health data. In addition, to protect security and confidentiality, Center enters into this Agreement with Partner to assure that Center will maintain the privacy of all protected

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<sup>1</sup> "Protected Health Information" is defined by Title 45 of the Code of Federal Regulations, Section 164.501.

# West County Reentry Resource Center

health information to which Center is granted access

## 3. GOALS OF THE CENTER'S EVALUATION

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- a. Longitudinally track and analyze data to identify best practices, service patterns, gaps, and participant outcomes in relation to their level of service participation
- b. Demonstrate how co-located, integrated programs are part of a comprehensive service system aimed at improving common but complex outcome
- c. Demonstrate how the intensity of services provided to clients, and the overlapping of services from multiple funded programs, leads to improved client outcomes
- d. Create an efficient data collection infrastructure that can be expanded to include new programs and outcomes
- e. Reduce data entry, and improve the quality of analysis, by using a limited set of core data elements shared across funded programs.

## 4. GUIDING PRINCIPLES: DATA AND EVALUATION

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The protection of clients served by the Center is a highest value. The right to privacy is based in the United States and California constitutions and provides the broadest protection of personal information. Each individual has the right to make decisions regarding the sharing of their personal information. Protection of personal information is especially critical when working with some of the vulnerable populations served by the Center. Therefore, the Protocol for Data Security established for Center Partner Organizations is set up to ensure that Partner agency data can be shared only if the identity of the individual client is protected, or as required by City, State, or Federal rules, regulations, or laws.

## 5. DATA COLLECTION PROCEDURES

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- a. Partner data will be collected via an online database administered by Center. Personally identifiable client data will be visible only to the Partner that enters that data and to Center. Partners who do not want to input identifiable data in the Center database have the option to send names and dates of birth to a third party encoder (hereafter "Encoder"). The Encoder will then provide Partner with an encrypted "Encoder ID" to use in place of the name and date of birth in the Center database.
- b. Some individual level data will be collected, such as client program participation. Identifying information – specifically, client first and last name and data of birth – will be collected either in the Center database or by the third part encoder. Certain sensitive data elements, such as client street address, are optional but not required.
- c. Access to the online database is password protected. An authentication protocol prevents access to the database without a secure ID and password issued by Center.

# West County Reentry Resource Center

Each Partner will determine which members of its agency have access to the database and what level of access they will have.

- d. According to HIPAA standards, electronic procedures will be implemented that terminate an electronic session after a predetermined time of inactivity. Under the law, this standard time can range from 2 minutes (in an emergency room setting) to 180 minutes (for a secure office setting). The purpose of this limitation is to ensure that individuals who are not registered users cannot access the system. All accounts on the Measure Y database will automatically log out if left idle for a 20-minute period.
- e. Each Partner will own their data. The Center retains the right to extract aggregated and non-personally identifiable data. Neither the Center nor the Encoder will own the data.

## 6. DATA MATCHING PROCEDURES

---

In order to support the evaluation of Center programs and the progress of individual clients, Partner data will be matched with data from the Contra Costa County Probation (Probation) and/or California Department of Corrections & Rehabilitation (CDCR). There are four principles to the data matching procedure:

- a. Probation, CDCR and other local or state criminal justice agencies will not have access to any data from the Center database or the Encoder.
- b. For Partners who do not want to share identifiable data, there are no identifiers in the Center database.
- c. The Center database will not contain data provided by Probation, CDCR, local police agencies, or other local or state criminal justice agencies.
- d. The Center will not have individually identifiable information for anyone.

## 7. DATA-MATCHING PROCESS

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- a. Partner data
  - i. Encoded option
    - Partners who do not want to input identifiable data in the database send names and dates of birth to a third party encoder.
    - The encoder creates an Encoder ID for each client and returns it to the program.
    - The Partner uses this Encoder ID to record participation data in Center.
  - ii. Un-encoded option
    - Partners who want to input identifiable data in the database will enter names and dates of birth directly into the Center database for each client.

# West County Reentry Resource Center

- Center will generate a unique Center ID for each client.
- Center sends the participant service data, Center ID and identifying information to the appropriate evaluator.

## b. Evaluation

- i. The evaluator matches participants to other data sources records (Probation, local police agencies, CDCR or other local or state criminal justice agencies) using first name, last name, date of birth, ethnicity and gender – without service data.
- ii. The evaluator strips the matched data records of any identifying information, keeping only the Center ID or Encoder ID intact before conducted data analysis of program impact.

## 8. PROHIBITION ON DATA-SHARING

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Absolutely *no* sharing of Partner program data in the Center database is allowed other than that specified in this Agreement. However, if data is requested or ordered by any City, State, or Federal agency/body, pursuant to applicable rules, regulations or laws, such data shall be provided.

## 9. PROCEDURE FOR OBTAINING PRIOR WRITTEN, INFORMED CONSENT FROM CLIENTS

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An Authorization to Release Confidential Information ("Consent Form") must be signed before client data is collected and input or transferred into the Center database. Partner is responsible for discussion of confidentiality protocols with clients and parent/guardians and ensuring that they are informed about their rights.

In every case the Partner will keep the original signed Consent Form and a copy will be provided to the client as well as the parent/guardian (if applicable). Authorization may be withdrawn at any time.

Partner is expected to explain the Authorization process in a language understood by the client. If parent/guardian of the client does not speak the languages spoken by the Partner staff, or cannot adequately read in the languages in which the Consent Form is available then it is the responsibility of the Partner and its staff collecting the information to provide an interpreter, or to read the form to the client or parent/guardian, and to sufficiently explain any difficult wording. The responsible staff person will make sure that the orientation is provided in language that the client can fully understand. The responsible staff person will further respond fully, appropriately, and in a timely manner to the questions and concerns of the client related to the forms or the confidentiality policy and procedures.

The client may revoke the authorization at any time. To revoke the authorization, the client should revoke the authorization in writing and submit it to the Partner, who will then inform

# West County Reentry Resource Center

Center as soon as is practicable. Actions taken by Center prior to the revocation of the authorization may not be revoked. All confidential information on clients who have revoked their authorization will have identifying information removed from the Center database in a timely manner.

Refusal to authorize sharing of confidential client information shall not preclude the client's receipt of Partner's services.

## **10. LIMITATION ON DISCLOSURE OF CONFIDENTIAL INFORMATION**

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Only aggregated data or non-personally identifiable individual data will be shared with the Center. De-identified information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: 1) a formal determination by a qualified statistician; or 2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the Center has no actual knowledge that the remaining information could be used to identify the individual.

The Center may be required to release confidential information without specific authorization if Center has reason to believe that the client is in imminent danger to himself or herself or to others, or if the client is an alleged victim or perpetrator of child, elder or dependent abuse or if requested or ordered by any City, State, or Federal agency/body, pursuant to applicable rules, regulations, or laws.

With the exception of the above regarding City, State, or Federal requests or orders, the Center and its auditors, including the City Auditor, will have access only to aggregated data or individual data stripped of personally identifying information. The City and its auditors, including the City Auditor will not have access to personally identifying information, including names, social security numbers and birth dates of a particular client being served by a Partner. The City and its auditors, including the City Auditor will have access to anonymized data on a particular client or aggregate data about a program if that program is serving a small number of clients who could be identified simply by race, gender or age.

The following information will not be disclosed without the explicit written authorization of the Client:

- a. Health diagnosis and treatment;
- b. Participation in alcohol or drug treatment programs; and
- c. Criminal arrests or convictions.

All confidential information will be acquired and stored in a manner that safeguards the privacy rights of the Clients and/or the Client's family. Each Partner will be responsible for carefully monitoring the data collection and reporting of confidential Client information maintained in

# West County Reentry Resource Center

the Center database. The original, signed copy of the Client's Authorization form - and any other information regarding the Client collected at any point in time on paper, printed from electronic files, or stored electronically - will be placed in a personal paper or electronic file folder, and stored in a location accessible only to Partner staff who can document a direct, specific, and time-limited need for the confidential information to which they request access.

## 11. RESPONSIBILITIES OF THE PARTIES

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- a. Center:
  - i. Center shall keep all confidential information in the strictest confidence.
  - ii. Center will provide for the protection of confidential information with the most advanced security technology available, and will meet all applicable rules, regulations, and laws, including but not limited to, Federal Privacy Regulations (45 CFR Part 46, 45 CFR 160 and 164 [HIPAA Regs.], 42 CFR Part 2, etc.).
  - iii. Center shall maintain a database that is HIPAA and if applicable VAWA (Violence Against Women Act) compliant and shall follow all HIPAA and VAWA privacy requirements in the handling of personally identifiable information.
  - iv. Center will report its data compilations in such a manner so as not to permit the release of personally identifiable information to persons other than Center personnel or the Partner that was the original source of the personally identifiable information.
  - v. Center will not disclose any personally identifiable information to any requesting person or entity, without prior written authorization from the Partner, with the exception of any request, directive, or order for information from any City, State or Federal agency/body pursuant to applicable rules, regulations or laws.
  - vi. Center shall keep all data in a space physically and electronically secure from unauthorized access. Information and data shall be stored and processed in a way such that unauthorized persons cannot retrieve or alter the information by using a computer, remote terminal, or other means.
  - vii. Center shall instruct all staff with access to confidential information about the requirements for handling confidential information.
  - viii. Center shall provide all staff having access to confidential information with statements of organizational policies and procedures for the protection of human subjects and data confidentiality.
  - ix. Center agrees to defend, indemnify, and hold harmless the Center, its Council Members, officers, partners, agents, and employees, and all Partner from and



# West County Reentry Resource Center

- against any and all liabilities resulting from injury or death to persons, and damage to or loss of tangible property of third parties, arising out of or resulting from the performance of Center's services under this Agreement to the extent attributable to the negligent acts or omissions of, or intentional injury by, Center or its employees or agents or arising out of any disclosure by Center in violation of HIPAA.
- x. Per HIPAA, Center agrees to return or destroy, any Protected Health Information it receives from any Partner inputting data into the online database once a Partner's grant agreement with the Center has ended.
  - xi. Center will comply with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).
  - xii. Center agrees to return or destroy, in conformance with HIPAA requirements, any protected health information it receives from Partner once its contract with The Center has ended.
- b. Partner:
- i. Partner is responsible for maintaining password security to its own agency database user accounts. Each Partner will have the ability to create user accounts and passwords that allow individuals to access the personally identifiable information entered into the database by their own agency.
  - ii. If a database user account assigned to a Partner requires additions, amendments, or deletions, then the Partner is responsible for contacting Center during normal business hours to make those changes.
  - iii. Partner will obtain a signed Consent Form from individuals (or from their parent or guardian if they are a minor) to input their personal information into the database and to participate in evaluation. Partner will follow the procedure outlined above.
  - iv. Partner will enter relevant information into the database and participate in the evaluation as a condition of funding.
  - v. Partner agrees to defend, indemnify, and hold harmless the Center, its Council Members, officers, partners, agents and employees from and against any and all liabilities resulting from injury or death to persons, and damage or loss of tangible property of third parties arising out of or resulting from the performance of Partner's obligations under this Agreement to the extent attributable to the negligent acts or omissions of, or intentional injury by Partner or its employees or agents.

# West County Reentry Resource Center

## 12. TERM

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The term of this Agreement shall be from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. Any party may remove their data from the Center database at any time with written notice to Center. As soon as is reasonably practicable, any data owned by that party will then be returned or destroyed by Center.

## 13. AGREED

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On behalf of the Center: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title

On behalf of the Partner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title

# West County Reentry Resource Center

## BUSINESS ASSOCIATE AGREEMENT REGARDING PROTECTED HEALTH INFORMATION

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WHEREAS, the West County Reentry Resource Center (the "Covered Entity") is a Covered Entity, as defined below, and wishes to disclose certain Protected Health Information ("PHI") to **Name of partner** ("Business Associate") pursuant to the terms of the Agreement and this Business Associate Agreement ("BAA"); and

WHEREAS, Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable law; and

WHEREAS, as part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require Covered Entity to enter into a contract containing specific requirements with Business Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

NOW, THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to the BAA, the parties agree as follows:

### I. DEFINITIONS

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Terms used, but not otherwise defined, and terms with initial capital letters in the BAA have the same meaning as defined under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

**Privacy Breach** Any acquisition, access, use or disclosure of Protected Health Information in a manner not permitted or allowed under state or federal privacy laws.

**Business Associate** is a person, organization, or agency other than a workforce member that provides specific functions, activities, or services that involve the use, creation, or disclosure of PHI for, or on behalf of, a HIPAA covered health care component. Examples of business associate functions are activities such as claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, and repricing; and legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

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**Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

**Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

**Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

**Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

**Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

**Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

**Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 160.103. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].

**Protected Information** shall mean PHI provided by Covered Entity to Business Associates or created or received by Business Associates on Covered Entity's behalf.

**Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

**Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h)(1) and 45 C.F.R. 164.402.

## II. DUTIES AND RESPONSIBILITIES OF BUSINESS ASSOCIATES

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- a. **Permitted Uses.** Business Associates shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law.

Further, Business Associate shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule, Welfare & Institutions Code section 5328, 42 C.F.R. Part 2, or the HITECH Act, if so used by Covered Entity. However,

# West County Reentry Resource Center

Business Associate may use Protected Information (i) for the proper management and administration of Business Associate, (ii) to carry out the legal responsibilities of Business Associate, or (iii) for Data Aggregation purposes for the Health Care Operations of Covered Entity. [45 C.F.R. Sections 164.502(a)(3), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].

- b. Permitted Disclosures.** Business Associate shall not disclose Protected Information except for the purpose of performing Business Associate's obligations under the Agreement and as permitted under the Agreement and this BAA. Business Associate shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule, 42 C.F.R., Welfare & Institutions Code section 5328, or the HITECH Act if so disclosed by Covered Entity. However, Business Associates may disclose Protected Information (i) for the proper management and administration of Business Associate; (ii) to carry out the legal responsibilities of Business Associate; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of Covered Entity. If Business Associate discloses Protected Information obtained pursuant to the Agreement and this BAA to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify Business Associate of any Breaches of confidentiality of the Protected Information within twenty-four ( 24) hours of discovery, to the extent it has obtained knowledge of such Breach. [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i)-(ii)(A) and 164.504(e)(4)(ii)].
- c. Prohibited Uses and Disclosures.** Business Associate shall not use or disclose Protected Information for fundraising or marketing purposes. [42 U.S.C. Section 17936(a) and 45 C.F.R. 164.501]. Business Associate shall not disclose Protected Information to a health plan for payment or health care operations purposes if the Individual has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates. [42 U.S.C. Section 17935(a); 45 C.F.R. Section 164.502(a)(5)(ii)]. Business Associate shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of Covered Entity and as permitted by the HITECH Act. [42 U.S.C. section 17935(d)(2)]. This prohibition shall not affect payment by Covered Entity to Business Associate for services provided pursuant to the Agreement.
- d. Appropriate Safeguards.** Business Associate shall implement appropriate administrative, technological and physical safeguards as are necessary to prevent the use or disclosure of Protected Information other than as permitted by the Agreement

# West County Reentry Resource Center

and this BAA that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, and comply, where applicable, with the HIPAA Security Rule with respect to Electronic PHI.

- e. **Reporting of Improper Access, Use or Disclosure.** Consistent with section (h)(4) of this BAA, Business Associate shall notify Covered Entity within twenty – four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e. any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in any information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by Business Associate or its agents or subcontractors.

Business Associate shall report to appropriate entity's Compliance & Privacy Officer in writing any access, use or disclosure of Protected Information not permitted by the Agreement and this BAA. As set forth below, [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e) (2) (ii) (C); 45 C.F.R. Section 164.308(b)].

The Breach notice must contain: (1) a brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known, (2) the location of the breached information; (3) the unauthorized person who used the PHI or to whom the disclosure was made; (4) whether the PHI was actually acquired or viewed; (5) a description of the types of PHI that were involved in the Breach, (6) safeguards in place prior to the Breach; (7) actions taken in response to the Breach; (8) any steps Individuals should take to protect themselves from potential harm resulting from the Breach; (9) a brief description of what the business associate is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against further Breaches; and (10) contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website or postal address. [45 C.F.R. Sections 164.410(c) and 164.404(c)]. Business Associate shall take any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations. Business Associate shall otherwise comply with 45 C.F.R. § 164.410 with respect to reporting Breaches of Unsecured PHI. [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 165.308(b)]

- f. **Business Associate's Agents.** Business Associate shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such PHI and implement the safeguards required by paragraph c above with respect to Electronic PHI. [45 C.F.R. Sections 164.502(e)(1)(ii), 164.504(e)(2)(ii)(D) and 164.308(b)]. If

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Business Associate knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach of violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement, the Business Associate must take reasonable steps to cure the breach or end the violation.

Business Associate shall take reasonable steps to cure the Breach or end the violation. If these steps are unsuccessful, Business Associate shall terminate the contract or arrangement with agent or subcontractor, if feasible. [45 C.F.R. Section 164.504(e)(1)(iii)]. Business Associate shall provide written notification to Covered Entity of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement with twenty four (24) hours of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

The Business Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation.

- g. Access to Protected Information.** Business Associate shall make Protected Information maintained by Business Associate or its agents or subcontractors in Designated Record Sets available to Covered Entity for inspection and copying within ten (10) days of a request by Covered Entity to enable Covered Entity to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524. [45 C.F.R. Section 164.504(e)(2)(ii) (E); 42 C.F.R. part 2 and Welfare & Institutions Code section 5328]. If Business Associate maintains an Electronic Health Record, Business Associates shall provide such information in electronic format to enable Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e)(1). If any Individual requests access to PHI directly from Business Associate or its agents or subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the request.
- h. Electronic PHI.** If Business Associate receives, creates, transmits or maintains Electronic PHI on behalf of Covered Entity, Business Associates will, in addition, do the following:

  - i. Develop, implement, maintain and use appropriate administrative, physical, and technical safeguards in compliance with Section 1173(d) of the Social Security Act, Title 42, Section 1320(s) or the United States Code and Title 45, Part 162 and 164 of CFR to preserve the integrity and confidentiality of all electronically maintained or transmitted PHI received from or on behalf of Covered Entity.
  - ii. Document and keep these security measures current and available for inspection

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by Covered Entity.

- iii. Ensure that any agent, including a subcontractor, to whom the Business Associate provides Electronic PHI, agrees to implement reasonable and appropriate safeguards to protect it.
- iv. Report to the Covered Entity any Security Incident of which it becomes aware. For the purposes of this BAA and the Agreement, Security Incident means, as set forth in 45 C.F.R. Section 164.304, "the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system." Security incident shall not include, (a) unsuccessful attempts to penetrate computer networks or servers maintained by Business Associate, or (b) immaterial incidents that occur on a routine basis, such as general "pinging" or "denial of service" attacks.
- i. **Amendment of PHI.** Within ten (10) days of receipt of a request from Covered Entity for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, Business Associate or its agents or subcontractors shall make such Protected Information available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under the Privacy Rule. If any Individual requests an amendment of Protected Information directly from Business Associate or its agents or subcontractors, Business Associate must notify Covered Entity in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by Business Associate or its agents or subcontractors shall be the responsibility of Covered Entity.
- j. **Accounting Rights.** Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with Privacy Rule and the HITECH Act. [42 U.S.C. Section 17935(c) and 45 C.F.R. Section 164.528]. Business Associate agrees to implement a process that allows for an accounting of disclosures to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request. Accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for three (3) years prior to the request, and only to the extent Business Associate maintains an electronic health record and is subject to this requirement.

At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed and (iv) a brief statement of purpose of the disclosure that



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reasonably informs the Individual of the basis for the disclosure, or a copy of the Individual's authorization, or a copy of the written request for disclosure. [45 C.F.R. Section 164.528(b)]. In the event that the request for an accounting is delivered directly to Business Associate or its agents or subcontractors, Business Associate shall forward it to Covered Entity in writing within five (5) days of request. It shall be Covered Entity's responsibility to prepare and deliver any such accounting requested. Business Associate shall not disclose any Protected Information except as set forth in the Agreement and this BAA.

- k. **Governmental Access to Records.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to Covered Entity and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining Business Associate's compliance with the Privacy Rule [45 C.F.R. Section 165.504(e)(2)(ii)(I). Business Associate shall concurrently provide to Covered Entity a copy of any internal practices, books, and records relating the use and disclosure of PHI that Business Associate provides to the Secretary.
- l. **Minimum Necessary.** Business Associate and its agents or subcontractors shall request, use and disclose only the minimum amount of Protected Information reasonably necessary to accomplish the purpose of the request, use, or disclosure in accordance with 42 U.S.C. Section 17935(b). Business Associate understands and agrees that the definition of "minimum necessary" as defined in HIPAA and as may be modified by the Secretary. Each party has an obligation to keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- m. **Audits, Inspection and Enforcement.** Within ten (10) days of a written request by Covered Entity, Business Associate and its agents or subcontractors shall allow Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this BAA for the purpose of determining whether Business Associate has complied with this BAA; provided, however, that (i) Business Associate and Covered Entity shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) Covered Entity shall protect the confidentiality of all confidential and proprietary information of Business Associate to which Covered Entity has access during the course of such inspection; and (iii) Covered Entity shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by Business Associate.

The fact that Covered Entity inspects, or fails to inspect, or has the right to inspect,

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Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Business Associate of its responsibility to comply with the BAA, nor does Covered Entity's (i) failure to detect or (ii) detection, but failure to notify Business Associate or require Business Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under the Agreement or BAA, Business Associate shall notify Covered Entity within five (5) days of learning that Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

## III. TERMINATION

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- a. **Material Breach.** A Breach by Business Associate of any provision of this BAA shall constitute a material Breach of the Agreement and shall provide grounds for immediate termination of the Agreement, any provision in the Agreement to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)]
- b. **Judicial or Administrative Proceedings.** Covered Entity may terminate the Agreement, effective immediately, if (i) Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, 42 C.F.R. Part 2, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the Business Associate has violated any standard or requirement of HIPAA, the HITECH Act, 42 C.F.R. Part 2, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the Agreement for any reason, Business Associate shall, at the option of Covered Entity, return or destroy all Protected Information that Business Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, Business Associate shall continue to extend the protections of Section 2 of the BAA to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If County elects destruction of the PHI, Business Associate shall certify in writing to County that such PHI has been destroyed.

## IV. GENERAL PROVISIONS

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- a. **Indemnification.** In addition to the indemnification language in the Agreement, Business Associate agrees to be responsible for, and defend, indemnify and hold harmless the Covered Entity for any Breach of Business Associate's privacy or security obligations under the Agreement, including any fines and assessments that may be made against Covered Entity or the Business Associate for any privacy Breaches or late

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reporting and the cost of notice to credit monitoring companies.

- b. **Disclaimer.** Covered Entity makes no warranty or representation that compliance by Business Associate with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the use and safeguarding of PHI.
- c. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement, the Terms and Conditions and/or BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI.

Upon the request of any party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to the BAA embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws.

Covered Entity may terminate Contract upon thirty (3) days written notice in the event (i) Business Associate does not promptly enter into negotiations to amend the Contract or Addendum when requested by Covered Entity pursuant to this section or (ii) Business Associate does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

- d. **Assistance in Litigation of Administrative Proceedings.** Business associate shall notify Covered Entity within forty-eight (48) hours of any litigation or administrative proceedings commenced against Business Associate or its agents or subcontractors. Business Associate shall make itself, and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under the Agreement or BAA, available to Covered Entity, at no cost to Covered Entity, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against Covered Entity, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where Business Associate or its subcontractor, employee or agent is named as an adverse party.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in the Agreement or this BAA is intended to confer, nor shall anything herein confer, upon any person other than Covered Entities, Business Associate and their respective successors or assigns, any

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rights, remedies, obligations or liabilities whatsoever.

- f. **Effect on Agreement.** Except as specifically required to implement the purposes of the BAA, or to the extent inconsistent with this BAA, all other terms of the Agreement shall remain in force and effect.
- g. **Interpretation.** The BAA shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this BAA shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- h. **Governing Law, Venue.** This agreement has been executed and delivered in, and shall be construed and enforced in accordance with, the laws of the State of California. Proper venue for legal action regarding this Agreement shall be in the County of Santa Clara.
- i. **Survivorship.** The respective rights and responsibilities of Business Associate related to the handling of PHI survive termination of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this BAA as of the date below.

On behalf of Host Organization: \_\_\_\_\_

Reviewed and agreed by: \_\_\_\_\_  
Name and title Date

On behalf of Partner Organization: \_\_\_\_\_

Reviewed and agreed by: \_\_\_\_\_  
Name and title Date

# West County Reentry Resource Center

## Baseline Intake<sup>1</sup>

Intake Staff Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*If client already has a confirmed record in Center database, enter name and birthdate only, and skip to Contact Info.*

### 1. Client Identification:

First name  Middle initial  Last name

Birth date        
month day year

Social Security Number     -   -       ☐ SSN unknown/not available

**Client Alternative Name:** *Enter alternate name(s), if any*

First name  Middle initial  Last name

### 2. Essential Demographics

What is your gender ☐ Male ☐ Female ☐ Transgender/Transsexual/Intersex

What is your marital status?

- |  |  |
|--|--|
| <input type="checkbox"/> Single/ Never Married | <input type="checkbox"/> In a committed relationship (but not married)       |
| <input type="checkbox"/> Married               | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced         |
| <input type="checkbox"/> Widowed               | <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to Answer |

**What is your ethnicity (Non-Hispanic or Hispanic) and your race?**

*Based on client's self-identification, choose ethnicity and then, within that column, check race(s) identified (use "other" only if YOU cannot determine how to categorize consumer response):*

*Non-Hispanic:*

- ☐ African American/Black
- ☐ Native American/Alaskan
- ☐ Asian
- ☐ Pacific Islander/Hawaiian

*Hispanic:*

- ☐ African American/Black
- ☐ Native American/Alaskan
- ☐ Asian
- ☐ Pacific Islander/Hawaiian

<sup>1</sup> Offered for the purposes of illustration only

# West County Reentry Resource Center

☐ White

☐ Other

☐ White

☐ Other

## What is your primary language

☐ English

☐ Spanish\*

☐ Chinese\*

☐ Lao\*

☐ Cambodian\*

☐ Vietnamese\*

☐ Tagalog\*

☐ Russian\*

☐ American Sign Language\* ☐ Other (specify): \_\_\_\_\_

*\*If other than English: Do you feel comfortable talking in English?*

☐ Yes

☐ No

☐ Unknown

Are you a U.S. Veteran? ☐ \*Yes ☐ No ☐ Unknown

*\*If yes:* Service Era(s): \_\_\_\_\_

Discharge status: \_\_\_\_\_

## What is the highest level of education you've completed?

☐ Elementary school

☐ High school diploma\*

☐ Bachelor degree (B.A., B.S.)

☐ Middle/junior high school

☐ Some college

☐ Master degree (M.A./M.S. etc.)

☐ Some high school (no GED)\*

☐ Technical or trade school

☐ Doctorate (Ph.D./M.D. etc.)

☐ Some high school +GED\*

☐ Associate degree (A.A.)

☐ Unknown

*\*If less than high school diploma:* Highest grade completed

## 3. Your Contact Information

### What is your current address?

Line 1:					
Line 2:					
City		State		Zip	

Are you staying outdoors or in a place not meant for human habitation?

☐ Yes\*

☐ No

☐ Unknown

*\*If yes, you may enter just the city name as your current address.*

### What are the best phone numbers for us to reach you?

Primary phone		Description	
Alternate 1		Description	
Alternate 2		Description	

# West County Reentry Resource Center

Email  ☐ None

If you have a different mailing address, please list it here:

Line 1:  ☐ None  
Line 2:   
City  State  Zip

## 4. Related Contacts

Please give us information for at least one person connected with you that we should know about. If you have additional names you want to give us, you can give us information about them on the Additional Related Contacts form.

Title:  First name:  Last name:

How is this person connected to you?

☐ Family (Specify) \_\_\_\_\_ ☐ Case Manager ☐ B&C Operator ☐ Payee  
☐ Physician ☐ Psychiatrist ☐ Parole Officer ☐ Probation Officer ☐ Someone else (specify) \_\_\_\_\_

Who is the best person we should call if you have an emergency? \_\_\_\_\_

What is that person's current address?

Line 1:   
Line 2:   
City  State  Zip

How can we best reach that person?

Primary phone	<input type="text"/>	Description	<input type="text"/>
Alternate 1	<input type="text"/>	Description	<input type="text"/>

Email  ☐ None

# West County Reentry Resource Center

## 5. Referrals

If someone referred you to the Center, check all that apply (specify name and agency):

- ☐ No one referred me
- ☐ Someone asked/suggested that I come here. Specify who: \_\_\_\_\_
- ☐ I was ordered by the court ☐ I am here as part of my probation
- ☐ I am here as part of my parole ☐ Other: \_\_\_\_\_

## 6. Disabilities

Do you have any disabling conditions (that is, conditions that are of long or indefinite duration, and limiting ability to work or live independently) ?

- ☐ Yes\* ☐ No ☐ I don't know

*\*If yes, tell us which types of disability affect your ability to work or live independently. If required (by program), indicate whether disability verification has been submitted to file, with Date and Type:*

<b>Mental health disability</b>	<input type="checkbox"/> Yes, SMI (Level 1) <input type="checkbox"/> No	Specify/notes:
	<input type="checkbox"/> Yes, MI (other diagnosis) <input type="checkbox"/>	
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	*If yes, date verified: _____
<b>Substance abuse disability</b>	<input type="checkbox"/> Yes, Alcohol <input type="checkbox"/> Yes, Drugs	Specify/notes:
	<input type="checkbox"/> No	
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	*If yes, date verified: _____
<b>Physical disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify (optional):
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	
	*If yes, date verified: _____	
<b>Developmental disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify (optional):
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	
	*If yes, date verified: _____	
<b>HIV/AIDS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify (optional):
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	
	*If yes, date verified: _____	
<b>Other medical condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify (optional):
	Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*	
	*If yes, date verified: _____	

## 7. Criminal Justice History

Have you ever been held in a city or county jail?

- ☐ Yes\* ☐ No ☐ I don't know

Have you ever been convicted of a crime?

- ☐ Yes\* ☐ No ☐ I don't know

*\*If yes:* Type of conviction(s) Check all that apply ☐ Felony ☐ Misdemeanor



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**Convicted within last six months** ☐ Yes ☐ No ☐ Unknown

**Currently on probation** ☐ Yes ☐ No ☐ Unknown

**Ever incarcerated in state or federal prison** ☐ Yes\* ☐ No ☐ Unknown

*\*If yes:*

**Released within six months** ☐ Yes ☐ No ☐ Unknown

**Currently on parole** ☐ Yes ☐ No ☐ Unknown

**Release Date:** ☐ \_\_\_\_\_ ☐ Unknown

*\*If yes:*

**Held there within last six months** ☐ Yes\* ☐ No ☐ Unknown

*\*If yes:*

**How many times within last six months** \_\_\_\_\_

**Release Date:** ☐ \_\_\_\_\_ ☐ Unknown

Any additional info on your criminal justice history

## 8. Employment

Do you currently have a job?

☐ Yes

☐ No

*If no:*

**\*Are you currently looking for a job?**

☐ Yes

☐ No

☐ I don't know

If you're not seeking employment, can you tell us why?

☐ Disabled

☐ Retired

☐ Other, Please specify: \_\_\_\_\_

## Recent Work History

Out of last 26 weeks (six months), how many weeks do you think you worked at least 20 hours in a single week? \_\_\_\_\_

Did your most recent job end within last six months? ☐ Yes\* ☐ No ☐ Unknown

*\*If yes:*

**Recent job end date** (last date of confirmed employment) \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

➔ If participant cannot remember exact date, estimate it based on the number of weeks not worked (26 minus # worked).

# West County Reentry Resource Center

## Reason for leaving recent job *Choose best:*

- ☐ Left voluntarily, to look for a better position    ☐ Temporary/seasonal position ended  
☐ Left job for other (personal) reasons    ☐ Laid off (business reasons)  
☐ Unable to adequately perform job duties    ☐ Terminated for cause (disciplinary or performance reasons)  
☐ Unable to maintain job schedule    ☐ Unknown

Employer \_\_\_\_\_

Position or title \_\_\_\_\_

Job start date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

Job tenure    ☐ Permanent/regular (no time limit)    ☐ Temporary/seasonal

Weekly hours \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_

Employer-sponsored health benefit    ☐ Yes    ☐ No    ☐ Unknown

Job sector

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Automotive        | <input type="checkbox"/> Finance/Insurance/RE | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Social Services  |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Government           | <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Health Services      | <input type="checkbox"/> Personal Services      | <input type="checkbox"/> Wholesale/Retail |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Hospitality Services | <input type="checkbox"/> Public Utilities       |   |

## 9. Income and Benefits

**Total household monthly income:** *Total household monthly income is the total amount of money that your, your dependent children and all other adults in the household receive each month through earnings (report gross ["pre-tax"] amount), workers comp, unemployment, any form of public assistance, or other sources.*

Household income: ☐ \$ \_\_\_\_\_    ☐ No income at all    ☐ I don't know

### Personal monthly income

**Personal monthly income** is the amount you have received directly; check all sources and identify amounts by source:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employment \$ _____                         | <input type="checkbox"/> Unemployment Insurance (UI) \$ _____              | <input type="checkbox"/> Workers Compensation (WC) \$ _____    |
| <input type="checkbox"/> Food Stamps (SNAP) \$ _____                 | <input type="checkbox"/> General Assistance (GA) \$ _____                  | <input type="checkbox"/> TANF/CalWORKs \$ _____                |
| <input type="checkbox"/> Supplemental Security Income (SSI) \$ _____ | <input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____ |  |
| <input type="checkbox"/> Veteran's Disability \$ _____               | <input type="checkbox"/> State Disability Insurance (SDI) \$ _____         | <input type="checkbox"/> Private disability insurance \$ _____ |
| <input type="checkbox"/> Veteran's Pension \$ _____                  | <input type="checkbox"/> Other public/private pension \$ _____             | <input type="checkbox"/> Social Security Retirement \$ _____   |
| <input type="checkbox"/> Child Support \$ _____                      | <input type="checkbox"/> Spousal Support/Alimony \$ _____                  | <input type="checkbox"/> Other (specify below)* \$ _____       |

\*Specify other source(s): \_\_\_\_\_

**Other household member(s) monthly income:** *Other household member(s) monthly income is the amount received by all other household members; check all sources and identify amounts by source:*

# West County Reentry Resource Center

<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Unemployment Insurance (UI) \$ _____	<input type="checkbox"/> Workers Compensation (WC) \$ _____
<input type="checkbox"/> Food Stamps (SNAP) \$ _____	<input type="checkbox"/> General Assistance (GA) \$ _____	<input type="checkbox"/> TANF/CalWORKs \$ _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____	
<input type="checkbox"/> Veteran's Disability \$ _____	<input type="checkbox"/> State Disability Insurance (SDI) \$ _____	<input type="checkbox"/> Private disability insurance \$ _____
<input type="checkbox"/> Veteran's Pension \$ _____	<input type="checkbox"/> Other public/private pension \$ _____	<input type="checkbox"/> Social Security Retirement \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Spousal Support/Alimony \$ _____	<input type="checkbox"/> Other (specify below)* \$ _____
*Specify other source(s): _____		

## Does anyone in your house receive non-cash benefits?

☐ Yes\* ☐ No ☐ I don't know

\*If yes:

<input type="checkbox"/> CalWORKs Child Care	<input type="checkbox"/> Supplemental Nutrition (WIC)
<input type="checkbox"/> CalWORKs Transportation	<input type="checkbox"/> Food Bank
<input type="checkbox"/> Other CalWORKs Support	
<input type="checkbox"/> Other (specify): _____	

## Do you have health insurance coverage?

☐ Yes\* ☐ No\*\* ☐ I don't know

\*If yes:

<input type="checkbox"/> MediCal	<input type="checkbox"/> County Basic Adult Care	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer-sponsored plan
<input type="checkbox"/> Medicare	<input type="checkbox"/> Healthy Families (if child)	<input type="checkbox"/> VA Psychiatric Services	<input type="checkbox"/> Any self-paid COBRA plan
<input type="checkbox"/> Other (specify): _____			

\*\*If no:

## Have you applied for insurance through Covered California or expanded Medicare?

☐ Yes\* ☐ No\*\* ☐ I don't know

If yes, where/how did you apply? \_\_\_\_\_

\_\_\_\_\_

If yes, what is the status of your application? \_\_\_\_\_

\_\_\_\_\_

## 10. Housing

### Living Situation

Choose the best description of where you're living right now. Where did you spend last night?

- ☐ House, condo or other unit that I **own**; my name is on the deed to the house.
- ☐ A house, apartment, room or other living unit that I **rent**; my name is on the lease.

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- |  |  |
|--|--|
| <input type="checkbox"/> Staying with family (paying no rent)  | <input type="checkbox"/> Staying with family (to whom I pay rent)                    |
| <input type="checkbox"/> Staying with friend (paying no rent)  | <input type="checkbox"/> Staying with friend (to whom I pay rent)                    |
| <input type="checkbox"/> Supported Housing Program*  | <input type="checkbox"/> Emergency Shelter (or motel with voucher)*                  |
| <input type="checkbox"/> Psychiatric hospital or facility*   | <input type="checkbox"/> AOD Treatment or detox facility*                            |
| <input type="checkbox"/> Hospital (non-psychiatric)*   | <input type="checkbox"/> Correctional facility (jail, prison or juvenile detention)* |
| <input type="checkbox"/> Any place not meant for habitation (vehicle, garage, abandoned building, transit station, outside...) |  |
| <input type="checkbox"/> Other (specify): _____  |  |

\*Housing program, shelter or facility name: \_\_\_\_\_

## How long have you been living in this way?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 week or less                       | <input type="checkbox"/> More than 1 week, less than 1 month | <input type="checkbox"/> More than 1 month, less than 3 months |
| <input type="checkbox"/> More than 3 months, less than 1 year | <input type="checkbox"/> 1 year or longer                    | <input type="checkbox"/> Unknown                               |

## Are you a victim of domestic/relationship violence?

- ☐ Yes\* ☐ No ☐ Unknown

\*If yes:

### Most recent experience of domestic violence

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Within last 3 months    | <input type="checkbox"/> 3 to 6 months ago | <input type="checkbox"/> 6 to 12 months ago |
| <input type="checkbox"/> More than 12 months ago | <input type="checkbox"/> Unknown           |   |

## How long is your current housing supposed to last?

- |   |   |
|---|---|
| <input type="checkbox"/> Permanent (no time limit, unless evicted)... | <input type="checkbox"/> Temporary (shelter, facility or time-limited with family/friends)... |
| <input type="checkbox"/> Transitional (time-limited "program")...     | <input type="checkbox"/> N/A (for any place not meant for habitation)                         |

....if Permanent or Transitional tenure:

Monthly rent amount: \$ \_\_\_\_\_

Receiving any housing subsidy: ☐ Yes\* ☐ No ☐ Unknown

\*If yes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> VASH                    | <input type="checkbox"/> Section 8     | <input type="checkbox"/> Housing Authority          |
| <input type="checkbox"/> Shelter Plus Care (SPC) | <input type="checkbox"/> SRO Mod Rehab | <input type="checkbox"/> Other SHP (specify): _____ |

Are you facing discharge, eviction or required to leave? ☐ Yes\* ☐ No ☐ Unknown

\*If yes:

"Must leave" date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

....if Temporary tenure:

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<i>Temporary means time-limited (!):</i>	Expected discharge date or limit to stay: ____/____/____ (mo/day)
<b>Living Situation prior to this</b> <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Any place not meant for habitation <input type="checkbox"/> ANY OTHER Living Situation*	
<i>*If ANY OTHER:</i> <b>Can you return there?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

## Housing Status

<input type="checkbox"/> <b>Homeless*</b>	<input type="checkbox"/> <b>Imminently Homeless*</b>	<input type="checkbox"/> <b>At Risk of Homelessness</b>	<input type="checkbox"/> <b>In Stable Housing</b>
<ul style="list-style-type: none"> <li>Supported Housing with Transitional tenure</li> <li>Emergency Shelter</li> <li>Any place not meant for habitation</li> </ul>	Any Living Situation where participant <ul style="list-style-type: none"> <li>must leave <b><u>within one week</u></b> (eviction, discharge or limit to stay)</li> <li>cannot return to prior situation (if in Temporary)</li> <li>does not have resources to secure housing</li> </ul>	Any time-limited Living Situation (eviction, discharge or limit to stay), where participant does not meet criteria for Homeless or Imminently homeless, e.g. <ul style="list-style-type: none"> <li>staying with family temporarily but indefinitely</li> <li>discharge from facility in one month</li> </ul>	Any Living Situation with Permanent tenure <u>and</u> with no pending eviction or other requirement to leave.

*\*If Homeless or Imminently Homeless:*

<b>How many separate times have you been homeless in past 3 years?</b>			
<input type="checkbox"/> Only this time	<input type="checkbox"/> 2-3 times, including this one	<input type="checkbox"/> 4 or more times, including this one	<input type="checkbox"/> Unknown
<i>Eligibility verification must be filed for enrollment into HUD-funded programs:</i>			
Verification filed? <input type="checkbox"/> No <input type="checkbox"/> Yes*		*If yes, date verified: ____/____/____ <small>(mo/day/year)</small>	

## Last Permanent Residence

Enter the ZIP code of the last place where you lived for 90 days (3 months) or more. Circle city name (if Contra Costa) or county name (if Other) from the appropriate list:

ZIP code of Last Permanent Residence

--	--	--	--	--

### West Contra Costa County

El Cerrito	El Sobrante	Hercules	N. Richmond	Pinole
Richmond	Rodeo	San Pablo	Unincorporated West County	

### Other Contra Costa County

# West County Reentry Resource Center

Alamo	Antioch	Baypoint	Bethel Island
Blackhawk	Byron	Canyon	Clayton
Clyde	Concord	Crockett	Danville
Diablo	Discovery Bay	Kensington	Knightesen
Lafayette	Martinez	Moraga	Oakley
Orinda	Pacheco	Pittsburg	Pleasant Hill
Port Costa	San Ramon	Walnut Creek	Unincorporated Contra Costa (Central/East)

## Other Counties

Alameda County	Marin County	Napa County	San Francisco County
San Mateo County	Santa Clara County	Solano County	Sonoma County

Other California County: \_\_\_\_\_ Other U.S. State or Territory: \_\_\_\_\_ Outside US: \_\_\_\_\_

## 11. Family/Household

**Do you have any dependent children?** *Dependent children* are children 17 years old or younger who are currently living with you full time AND can be claimed as dependents on your tax return or you receive some form of public assistance (TANF, SSI, Foster Care payments, etc.) for their support.

☐ Yes\* ☐ No ☐ Unknown

\*If yes:

How many dependent children \_\_\_\_\_

Single parent ☐ Yes ☐ No ☐ Unknown

**Do you have any non-dependent children?** *Non-dependent children* are children 17 years old or younger who are not currently living with participant (even if you provide some kind of financial support).

☐ Yes\* ☐ No ☐ Unknown

\*If yes:

How many non-dependent children \_\_\_\_\_

**Are there any other adults in your household?** *These are other adults whose income, combined with yours, supports the household AND with whom you share and intend to continue to share resources. This includes a spouse or partner who is not disabled and, if you are under 18, your parent(s)/guardian(s).*

☐ Yes\* ☐ No ☐ Unknown

\*If yes:

How many other adults in household \_\_\_\_\_

If any other adults in household are seeking services here, identify them to link records as a household:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

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<b>Relation:</b> <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Parent <input type="checkbox"/> Sister/brother <input type="checkbox"/> Adult child <input type="checkbox"/> Other (specify): _____	
<b>Name:</b> _____	<b>Birthdate:</b> ____/____/____ (mo/day/year)
<b>Relation:</b> <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Parent <input type="checkbox"/> Sister/brother <input type="checkbox"/> Adult child <input type="checkbox"/> Other (specify): _____	

## 12. Parenting/Child Engagement

Have you ever fathered or given birth to a child?

☐ Yes\* ☐ No ☐ Unknown

\*If yes:

How many children have you fathered or given birth to? \_\_\_\_\_

Do you live with all of the children you fathered or have given birth to?

☐ Yes ☐ No ☐ Unknown

At what age did you first become a parent?

☐ Under 21 years old ☐ 21 years or over

Think about the last month. About how much time did you spend with your child or children per week? If you do not live with your child but you speak with him/her on the phone, please estimate the amount of time you spent talking with them on the phone.

☐ 0 Hours ☐ Less than 5 Hours ☐ Between 5-10 Hours ☐ Between 10-15 Hours  
☐ Between 15-20 Hours ☐ Between 20-25 Hours ☐ More than 25 Hours

# West County Reentry Resource Center

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# West County Reentry Resource Center

## Individual Development Plan

At the West County Reentry Resource Center, we want to help you identify what steps you can take to build the life you want for yourself. One of the first steps is to develop a PLAN of ACTION. The following Individual Development Plan (IDP) is designed to help you recognize your strengths, identify what motivates you, and assist you in your setting and achieving your goals.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What are the abilities, attitudes, and resources that I can use to help make changes in my life?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What are the top three reasons that I want to make changes in my life?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Setting goals is an important step to making change. Walk through this process using these questions to guide you:

**Goal = What change do I need to make? (Be specific)**

**Steps = How will I begin to make this change happen?**

**Completion Date = When do I think I can complete this task?**

**Purpose = Why do I want to make this change?**

**Partner Agency/Referral Date = Center Staff will assist you with referrals to partner agencies**

Staying Free		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

Education/Training		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

HOUSING		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

<b>PUBLIC BENEFITS</b>		<b>Completion Date</b>
<b>Goal</b>		
<b>Steps</b>	1.	
	2.	
	3.	
<b>Purpose</b>		
<b>Partner Agency</b>		<b>Referral Date</b>

LEGAL ISSUES		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

DOMESTIC VIOLENCE/ EMOTION REGULATION SKILLS		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

<b>RELATIONSHIP ISSUES</b>		<b>Completion Date</b>
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		<b>Referral Date</b>



<b>PARENTING/ CUSTODY ISSUES</b>		<b>Completion Date</b>
<b>Goal</b>		
<b>Steps</b>	1.	
	2.	
	3.	
<b>Purpose</b>		
<b>Partner Agency</b>		<b>Referral Date</b>

CHILD SUPPORT		Completion Date
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

<b>EMPLOYMENT/ INCOME</b>		<b>Completion Date</b>
Goal		
Steps	1.	
	2.	
	3.	
Purpose		
Partner Agency		Referral Date

# West County Reentry Resource Center

## 4. REFERENCE MATERIALS

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*Note: These reference materials (107 pages) can be downloaded at <http://www.furtherthework.com/clients-and-projects.html>*

### 4.1 Project Photos

These photographs document the participatory, community-based process created by Further The Work to generate all elements of the concept, design, and implementation plan for the West County Reentry Resource Center. The participatory process was based on the inclusive techniques developed by Technology of Participation (ToP), a set of methods used internationally to cultivate shared leadership and management, equity in information, and collective decision-making.

The photographs are provided courtesy of Terrance Cheung, who generously donated his efforts to serve as the project's pro bono photographer. (15 pages)

### 4.2 AB 109 Operations Plan

Adopted by unanimous vote of the Contra Costa County Board of Supervisors in November 2012, Contra Costa County's AB 109 Operations Plan provided a contextual framework for the development of the West County Reentry Resource Center. In turn, the Center's design is intended to further the goals and strategies outlined in the Operations Plan.

As with the development of the West County Reentry Resource Center, the Operations Plan was developed through a multi-stakeholder participatory process designed and managed by Further The Work. (12 pages)

### 4.3 What Is Collective Impact?

This short summary identifies the five key characteristics that define collective impact initiatives, as described by FSG Social Impact Partners, which has spearheaded the national conversation about collective impact. (1 page)

### 4.4 Backbone Entity Types

This short overview, derived from the work of FSG Social Impact Partners, summarizes several organizational structures and entities that can serve as backbone entities to support collective impact efforts. (1 page)

### 4.5 What is a SparkPoint Center?

This brochure outlines the chief goals, mechanisms of service, and core characteristics of the SparkPoint Centers, a multi-service initiative conceived and funded by the United Way

# West County Reentry Resource Center

of the Bay Area. Like the West County Reentry Resource Center model, SparkPoint Centers provide co-located, integrated services intended to achieve collective impact. (8 pages)

## 4.6 The “Transition from Jail to Community” Initiative

Developed by the Urban Institute and the National Institute of Corrections, this brief provides an overview of early implementation of the Transition from Jail to Community Initiative, which was piloted in 2007 in six locations across the United States. Providing a road map for collaboration and systems change, the TJC model charts a clear course for jail and community partners by identifying the essential elements of an effective jail transition strategy. (8 pages)

## 4.7 Million-Dollar Murray

Written by Malcolm Gladwell in 2006 for the *New Yorker* magazine, this article examines public/private efforts to manage complex individuals – like Murray Baer – whose chronic homelessness and alcoholism present huge, disproportionate, and costly challenges for social service agencies, public hospitals, and public safety systems. (11 pages)

## 4.8 Recruitment Property Inventory Recap (Richmond Main Street)

Provided by Richmond Main Street, a nonprofit business-development organization focusing on Richmond’s Macdonald Avenue, this inventory recap provides an overview of various commercial properties that may be available for rent or purchase in downtown Richmond. (12 pages)

## 4.9 Letter of Interest and Property Brochure: 1711 Barrett Avenue

Provided by a property owner to propose this downtown Richmond property as a possible location for the Center, this letter and brochure summarize the property’s characteristics and availability. (9 pages)

## 4.10 Providing Services and Supports for Youth Who are LGBTQQIS-2

A collaborative effort of the National Center for Cultural Competence and the National Technical Assistance Center for Children’s Mental Health of the Georgetown University Center for Child and Human Development, along with the American Institutes for Research, this practice brief is one of a series designed to enhance system, organizational, and program capacity to deliver culturally and linguistically competent services and supports to youth who are LGBTQI2-S and their families. Although it is youth-focused, it is included here as a ready reference for issues that may apply to LGBTQQIS-2 adults as well as youth. (8 pages)

# West County Reentry Resource Center

## 4.11 RYSE House Agreement

A visual guide to house rules for the RYSE Center for youth in Richmond, this single-sheet flyer is included as a demonstration of the ways in which messaging can be crafted to reflect a tone and spirit that reflects and speaks to the cultures of the intended audiences.

## 4.12 A Few Good Case Management Tools

This overview of electronic case-management tools was developed by Idealware, a nonprofit organization that produces well-researched, impartial, and accessible resources about software to help nonprofits make smart software decisions. (4 pages)

## 4.13 Baseline Data Set (draft)

This draft baseline data set was developed in January 2014 by Resource Development Associates (RDA), a data and evaluation consulting firm, as part of their contracted scope of work to conduct a multi-sector data assessment and basic evaluation planning process to support AB 109 implementation in Contra Costa County. This data set will likely undergo substantial revisions during the course of RDA's contract term (which ends June 2014), but it is provided here as a starting point to support the Center's integration with the data development plan for the county as a whole. (10 pages)

# West County Reentry Resource Center

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Build Strong Values.  
Foundation of Change  
People can change  
Values will remain.

Ref: One piece of advice



## Cultivating Knowledge, Building Community: Key Qualities for the Core Design Team

- 1) **Operate with integrity:** Be dependable and trustworthy; speak truthfully and listen thoroughly; respect differences of opinion; honor confidentiality
- 2) **Foster inclusiveness:** Work collaboratively to achieve team goals; solicit input from others; look for and welcome alternatives approaches and ideas; work well with others
- 3) **Follow through:** Commit to getting things done; to operate as motivated and dependable self-starters who follow through on commitments and who support others' commitments and efforts
- 4) **Offer insight:** Strive to understand both the forest and the trees; see the overall picture as well as the linkages between the parts; listen creatively and with curiosity and interest; find the connection between aspiration and implementation
- 5) **Innovative:** Be willing to experiment and think outside the box; offer and consider entrepreneurial methods; discover creative solutions

### The Givens:

#### What We Need to Keep In Mind

- ☐ We don't have the authority to select the host or the partners or to make agreements about hosting or partnering
- ☐ The plan has to be feasible/implementable
- ☐ The plan has to be appealing enough that somebody wants to do it
- ☐ The plan has to be time-appropriate (get it started in short order)
- ☐ We can anticipate \$400K in County funding, with some of that available for start-up or tenant improvements (in 2013/2014)
- ☐ ~~STATE~~ STATEMENT OF SIGNIFICANCE FOR A FIRST TIME SUSTAINABLE OF SERVICES
- ☐ ONE PART OF A SYSTEM
- ☐

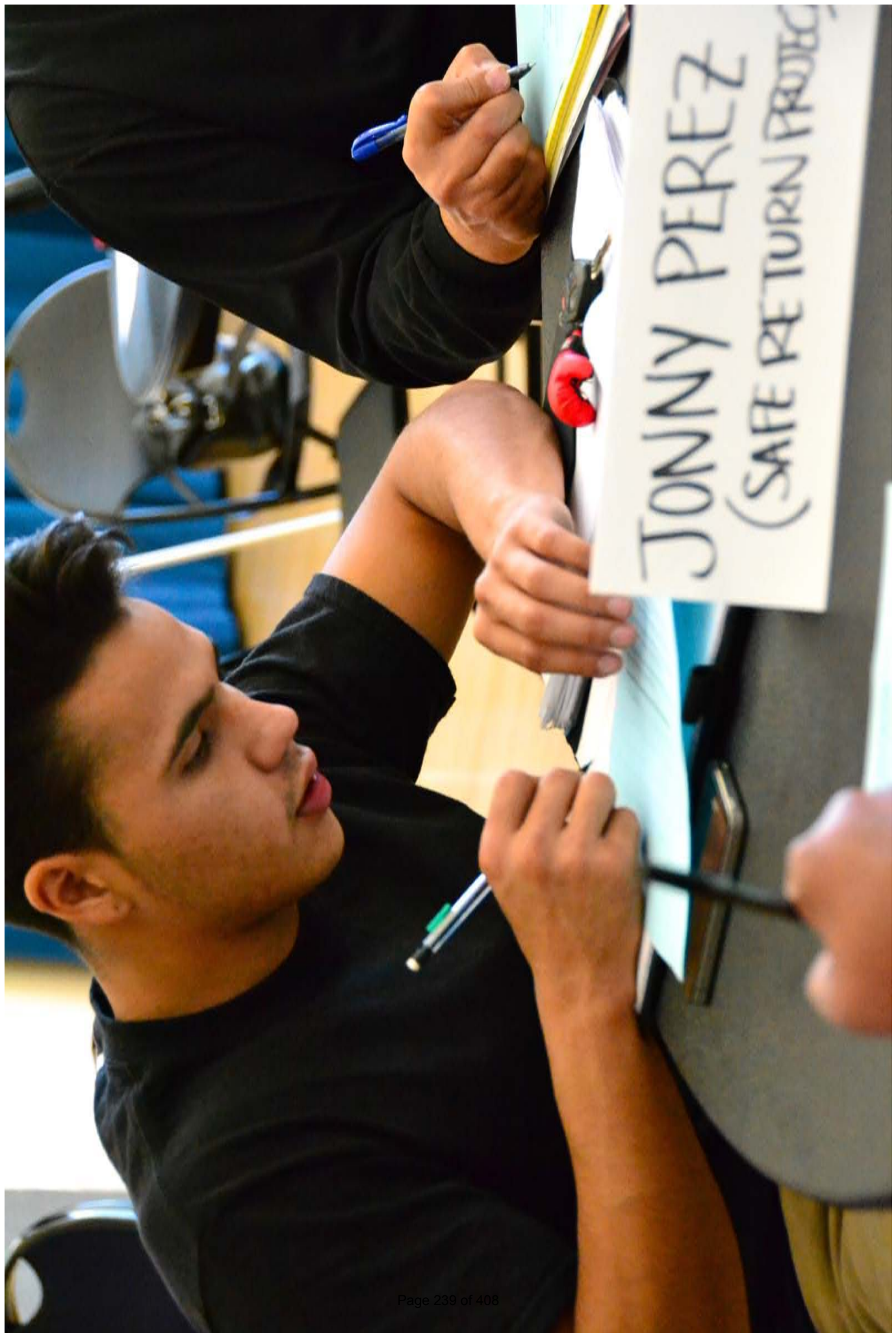




















# TOPIC QUESTION:

WHAT HAVE WE LEARNED ABOUT THE DESIGN OF SERVICE MODELS

THAT CAN HELP US DEVELOP A SUCCESSFUL AND APPROPRIATE REENTRY CENTER

WEST CONTRA COSTA COUNTY?

ACHIEVE 1 TO NEWBORN CITY

ADAM + REBECCA

CENTER PRINT DAY REPAIRING GEAR

ANNE + TRACY

CENTER FORCE OAKLAND

NICE UNIBOLE

COMMUNITY ASSISTANT + SERVICE CENTER

CHANCE + JESSIE

CENTRA LEO COUNTY SERVICE INTERMEDIATE

MASTINE

EASTON WINGS

MAUREEN WINGS

DELANEY STREET

SAN FRANCISCO

DEBART

MAUREEN WINGS

DEBART

MAUREEN WINGS

Support Bay Area  
See more energy candidate

Re-Entry Care  
Mentoring and Coaching  
Services + Housing

Services provided  
at Multiple Locations

Keep Clients out  
of Jail

Relationships and  
Child, Adult, Jobs

Flexible approach  
for different clients -  
trans, TFC, Social Home

Commitment to  
wrap-around services -  
criminal, sex, and 95

Angelito Kemp

Adopting Life Skills  
Education, Motivation,  
Self-Awareness, Emotional  
First Learning

Planning 50s  
on Site

and regional  
history, culture,  
Realism

JOBS

VBA ?  
see how it is a piece -

40 day window

Careful Folia  
MS-CARE BLM

Employing clients  
in different ways in  
a variety of ways in  
a variety of ways in

Services provided  
at different locations  
on Site

in Professional  
Handouts

To understand  
Prison culture

NOT TO BE  
RESTRICTED BY  
GOV CONTRACT

It's the  
Right People  
that understand  
the culture

Community Assistant  
Service Center  
at different locations

Work Around  
Service Center  
at different locations

On Site, Set in  
Housing, 1st Floor  
Dedicated, 2nd Floor  
Dedicated, 3rd Floor  
Dedicated

Meet the  
Client where  
he or she is at

Restorative as  
Prisoners  
at different locations

Do it well and do  
it well. Don't  
spend too much  
time. "It's not working"

Yes, have the final  
day partner who  
take charge of the  
the culture

Community Assistant  
Service Center  
at different locations

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at different locations

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take charge of the  
the culture



COMMUNITY ASSESSMENT  
SERVICES CENTER  
SAN FRANCISCO  
CANDACE +  
JESSIE

CONTRA COSTA COUNTY  
SERVICE INTEGRATION  
TEAM  
MARTINEZ  
DONNA + REBECCA

DELANCEY STREET  
SAN FRANCISCO  
ANNIE + TRACY

EASTBAY WORKS  
SAN PABLO  
MICHELE + REBECCA

EAST PALO ALTO  
COMMUNITY RE  
EAST PALO ALTO  
JESS

Community Assessment +  
Services Center - S.F.  
Melissa Gelber, Dir.  
Linda Connolly, CEO  
of Leaders in Community  
Alternatives

Contra Costa County  
Employment + Human Services  
Department  
Paul Buddenbender  
Denise Carey (R)  
Betty Cantrell (R)

Larry  
Palomino  
mini Silbert

EAST BAY WORKS/  
CCC WORKFORCE  
DEVELOPMENT  
BOARD  
DREW  
DOUGLASS

East Palo Alto Community  
East Palo Alto, CA

Wrap Around  
Services for  
Incarcerated +  
at incarcerated indiv.

Broad-holistic:  
Health < physical  
mental  
child welfare  
Cal works  
Employment  
Referral

Behavior  
Modification

SHARED UNIVERSAL  
& INTENSIVE SVCS:  
EMPLOYMENT-BASED

East Palo Alto  
David Lewis  
Site Manager

Site: 564 6th St  
Program - 1st Floor  
Detention - 2nd Floor  
County Jail - pre-release

North Richmond  
+  
Bay Point

All  
ON Site  
Services

ONE-STOP CAREER CIR.  
IN SAN PABLO

CBT  
Transitional  
Case manager

Meet the  
client where  
he or she is at.

Whole family success  
whole is greater than the  
sum of all parts

Life  
Changing

HELP ECONOMICALLY  
DISADVANTAGED, VET  
DISABLED & HOMELESS  
CLIENTS

EPA RAG  
EPA DT  
Catherine

orative vs.  
ishment  
untold"

Pay  
Attention to politics  
divisiveness  
History of community

Honesty  
+  
Teamwork

PARTNERSHIPS

Create  
which  
real c

well and do  
all. Don't  
too thin.  
"silo" mentality.

Community  
Collaboration  
Important  
(pay-in)

"Not to  
Give up"  
=

COLLABORATE W/ NON-  
TRADITIONAL GROUPS  
& ADVOCATES

Parto  
East

ve to find  
artner who  
avigate thru  
ferences

Being attentive to  
the culture of the  
Internal Staff  
shared vision

Never Have to  
Leave  
"Integrity"

SEEK BROADER  
FUNDING

Comm  
Pal  
Ne  
he



TOPIC QUESTION: PERSPECTIVE:

~~ADIC (VLS)~~

FROM YOUR PERSPECTIVE - MOST IMPORTANT

WHAT ARE THE MOST IMPORTANT  
FROM THE WEST COUNTY

THINGS THAT A NEW

AGENTRY CENTER WOULD

THAT WOULD:

★ SUPPORT YOUR WORK

★ ADD VALUE TO OUR SYSTEM



CDT PRELIMINARY  
MODEL



**MOST IMPORTANT**

## KEY CONCERNS

SHOULD  
CHANGE

TO  
CONSIDER

Evidence

Page 1 of 1

11/11/11

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Mr. J. M. L. T. T.

2/28/77

20/7 2008  
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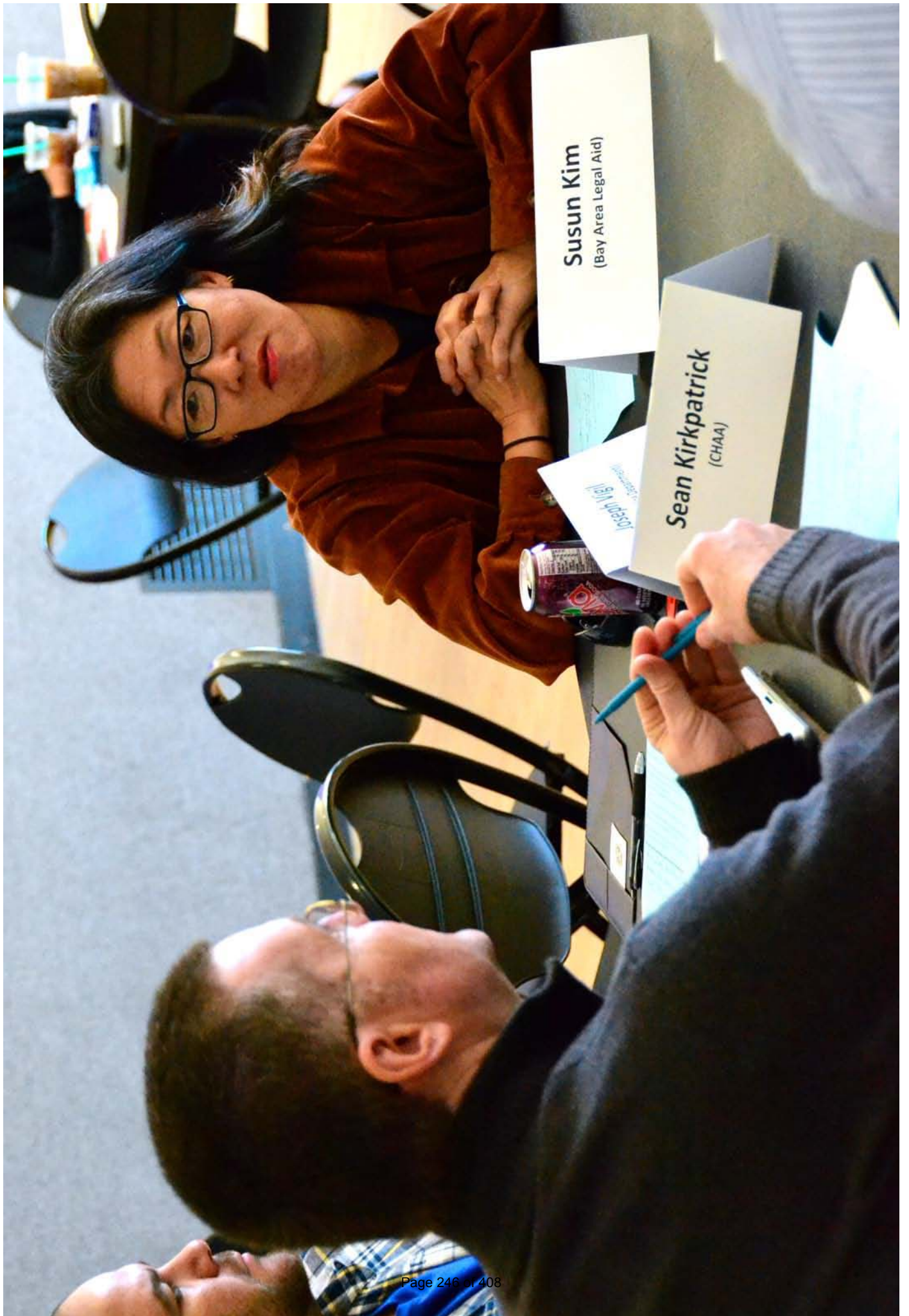
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DEAD CARD

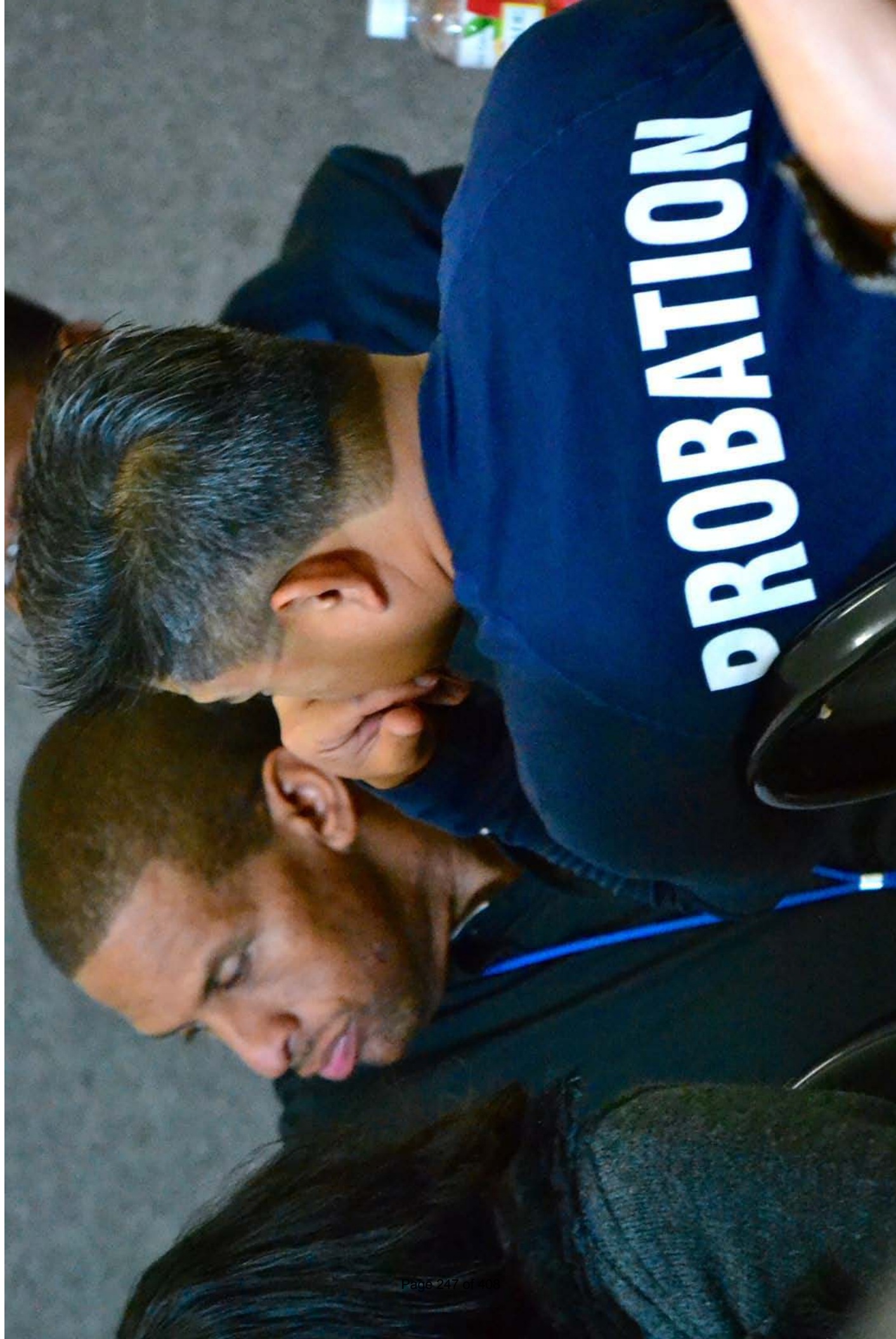
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WORDS CARD





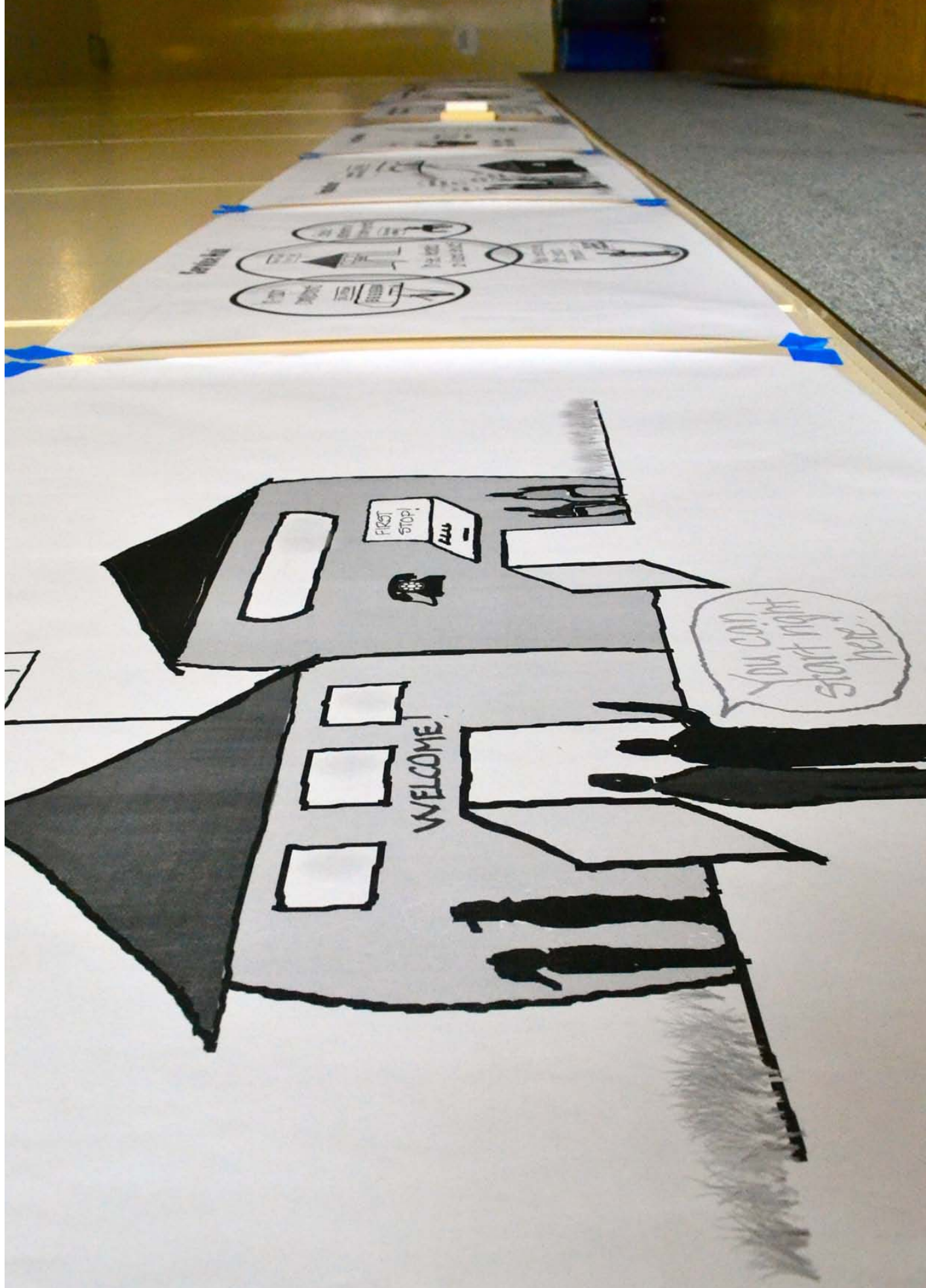












### **Overarching Approach**

Use collaboration, innovation, and ongoing evaluation  
to foster safety and long-term liberty in Contra Costa County

---

### **Primary Approaches for Identifying Priorities**

1. Is it consistent with the legislative intent of AB 109 as defined by the statute, Section 17.5? (attached)
- 

### **Agreements of Principle**

1. Enhance public safety through reducing recidivism.
  2. Foster successful reintegration of individuals back into the community.
  3. Coordinate efforts to reduce duplication and increase efficiency.
  4. Identify additional resources to meet AB 109 objectives and maximize coordination.
  5. Explore options to maximize use of local jail facilities to serve the needs of the AB 109 population.
  6. Maximize public and private partnerships in all phases of implementation.
  7. Maximize interdepartmental and intergovernmental collaborations and partnerships at all phases of implementation.
- 

### **Agreements of Practice**

1. Identify and define the AB 109 populations
  - a. Post Release Community Supervision (Cal. Dept. of Corrections and Rehabilitation (CDCR) custody to County Probation Supervision)
  - b. PC 1170(h) Sentenced to County jail with Mandatory Supervision upon release (Split Sentence)
  - c. PC 1170(h) Sentenced with no Supervision upon release
  - d. CDCR Parole Violators held in County jail
2. Identify the AB 109 population served by the AB 109-funded services and programs
3. Monitor AB 109 services and programs to ensure appropriate populations are served



4. Share assessment tools and methods and, as appropriate, develop coordinated use of tools, data systems and protocols across programs and agencies
5. Strive to ensure that the service delivery network has adequate capacity to supply services to meet the needs of the AB 109 populations
6. Attempt to use evidence based practices, such as cognitive behavioral therapy, to fortify long-term self-sufficiency
7. Define recidivism and establish baselines to measure local progress and outcomes

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#### **Related Resources**

1. SAMHSA grant
2. Second Chance grant
3. Facilities bond
4. In-custody portion of 52-week batterers' treatment program
5. Board of Community Corrections standards (forthcoming)
6. Court modifications to LJS to capture some AB 109 sentencing data
7. Sheriff Department AB 109 activity reports
8. Probation Department case management system (in development)
9. Potential court and probation resources for 2013/2014?

---

#### **Phase 1: Arrest and Pretrial**

##### *Objective 1.1. Increase public safety*

Strategy a. Monitor the pretrial jail population, in-custody and in custody alternative programs, to track jail use, population baselines and outcomes

- i. Establish consistent definitions for inmate status throughout the arrest and pretrial process
- ii. Monitor the effects of pretrial services on the inmate population to evaluate the impacts on later phases

*Objective 1.2. Following arrest, better identify persons who can safely be released and those who should be held in physical custody pretrial so as to reduce the pretrial jail population to maximize capacity for the sentenced AB 109 population*

Strategy a. Fund a comprehensive pretrial services program that uses an evidence-based pretrial assessment tool

Activity i. Provide training to justice partners, including the bench and law enforcement, regarding the pretrial services program goals and objectives

Activity ii. Provide for early representation of arrestees at the first Court appearance

---

## **Phase 2: Adjudication and Sentencing**

*Objective 2.1. Provide timely, informed and appropriate adjudication of all cases*

Strategy a. Expand the Early Disposition Calendar (EDC) for use county-wide

Strategy b. Provide for an individual needs assessment at the time of adjudication that includes a social history

Strategy c. Where appropriate, encourage Courts to incorporate the recommendations of the needs assessment into the sentence through mandated participation in pre and post-release programs and services

Strategy d. Encourage that alternatives to physical incarceration are available and considered

Strategy e. Support compliance with Marcy's law, including informing victims of offenders' releases from custody and resolution of cases

*Objective 2.2. Restructure specialized Courts and calendars to increase efficiency and maximize benefits for the AB 109 population*

Strategy a. Evaluate the existing specialized Courts to identify ways to maximize access for the AB 109 population(s), to include homeless Court and reentry Court

*Objective 2.3. Utilize evidence-based practices in sentencing*

Strategy a. Explore best practices for evidence-based sentencing and adjudication

Strategy b. Provide training to all justice partners, including the bench, regarding evidence-based sentencing

### **Phase 3: Incarceration**

#### *Objective 3.1. Maintain safe facilities for inmates, visitors, and staff*

Strategy a. To the extent that an increase in jail population is attributed to Public Safety Realignment, identify additional needs to maintain safe facilities

Strategy b. Continue to maximize alternatives to physical incarceration including electronic home detention

#### *Objective 3.2. House AB 109 inmates in the rated facility appropriate for their classification*

Strategy a. Move state prisoners out of county custody with expediency

Activity i. Develop agreements/systems to provide routine transportation to state prison

Activity ii. Lobby state representatives to change Contra Costa County's state prison reception center to a closer location

Strategy b. Explore additional and alternative sources of funding to develop facilities and programs, such as SB1022 funds

Activity i. Identify other funding opportunities for collective/joint consideration

Strategy c. Explore the need to expand services and programs to all three county jail facilities

#### *Objective 3.3. Ensure that programs and services are responsive to individual needs*

Strategy a. Align people, facilities and programs to ensure accessibility

Strategy b. Enhance community-based and Office of Education services within the jail facilities to meet identified needs

Strategy c. Identify and support the use of community-based providers to deliver services to the incarcerated population

Strategy d. To the extent that an increase in jail population is attributed to Public Safety Realignment, address the increased burden on Detention Health Services

Strategy e. Foster continuity of services on transition from custody to community

Strategy f. Ensure the provision of behavioral and physical health care services to meet individual needs

---

#### **Phase 4: Pre-Release**

##### *Objective 4.1. Establish and maintain an entry point to an integrated reentry system of care*

Strategy a. Establish a formal pre-release assessment and planning process to ensure more successful reentry

Activity i. Prior to release from custody, assess individual barriers to successful reentry, such as educational, housing, employment, behavioral and physical health, and additional needs

Activity ii. Create a formal release and reentry plan that addresses the needs identified

Activity iii. Prior to release, assist the inmate in obtaining documents and/or identification needed to secure housing, employment, or public benefits

Activity iv. Where possible, connect inmates with needed services prior to release

Strategy b. Prior to release, establish a plan to connect the individual with transitional services that foster positive social networks and attitudes

Activity i. Help inmates identify and connect with positive social relationships

Activity ii. Expand access to cognitive behavioral treatment programs

---

#### **Phase 5: Reentry and Reintegration**

##### *Objective 5.1. Maximize public safety, accountability, and service referrals*

Strategy a. Ensure monitoring and compliance with terms and conditions of all mandated community supervision

Activity i. Employ evidence-based practices in community supervision when possible

Activity ii. Enhance cognitive interventions and strengthen coordination with county and community partners

Strategy b. Engage local law enforcement in planning and enforcement

Activity i. Partner with local law enforcement for information sharing, compliance checks, and service referrals

*Objective 5.2. Assist in providing access to a full continuum of reentry and reintegration services*

Strategy a. Identify available resources throughout the county

Strategy b. Support planning and implementation of an integrated system of services that may include co-located, site-based resources and services.

*Objective 5.3. Provide and enhance integrated programs and services for successful reentry of the AB 109 population*

Strategy a. Assist the AB 109 populations to gain access to health care services

Activity i. Facilitate access to physical health services and medication

Activity ii. Facilitate access to behavioral health services and medication

Activity iii. Facilitate access to substance abuse treatment

Strategy b. Expand access to employment support and placement services

Activity i. Provide information and education to employers about existing subsidies and incentives to encourage job placement and employment

Activity ii. Encourage and/or support training and/or subsidized or transitional employment opportunities that address criminal records-based barriers

Activity iii. Expand access to job-specific training and certification programs

Activity iv. Expand access to clean slate services and other legal services to address legal barriers to successful reentry

Strategy c. Facilitate access to appropriate short and long-term housing

Activity i. Work with housing authority to foster access to public subsidies and remove potential barriers

Activity ii. Develop low cost and/or subsidized housing options

Activity iii. Facilitate access to sober living and other transitional housing

Activity iv. Address legal barriers to accessing post-release housing

Strategy d. Provide advocacy and services to foster financial self-sufficiency

Activity i. Improve financial literacy and planning capabilities

Activity ii. Facilitate enrollment in or reinstatement of public benefits including state and federal programs

Strategy e. Facilitate access to and expand educational opportunities

Activity i. Support GED and high school curriculum

Activity ii. Support access to higher education and financial aid

*Objective 5.4. Increase mentoring, encourage family and community engagement in reentry and reintegration*

Strategy a. Identify appropriate mentoring programs

Activity i. Identify promising and evidence-based practices for mentoring programs that serve formerly incarcerated individuals

Activity ii. Identify and obtain financial support to develop, evaluate and sustain mentoring programs

Strategy b. Foster family readiness, health, safety, and receptivity during reentry and reintegration

Strategy c. Support peer-driven case management to facilitate transition and reintegration

---

## **Phase 6: Coordination and Administration of AB 109 Programs**

*Objective 6.1. Use and encourage professional training to advance system-wide knowledge*

Strategy a. Develop comprehensive, coordinated training for service providers and county agencies regarding AB 109 objectives and goals

Activity i. Identify best practices in other jurisdictions regarding AB 109 populations

Activity ii. Support and provide trainings for reentry services provided as appropriate, to foster core competencies

Strategy b. Regularly convene county-wide stakeholders for information sharing and professional development

Strategy c. Encourage development and use of continuing professional education related to AB 109 service delivery

*Objective 6.2. Maximize interagency coordination*

Strategy a. Explore appropriate relationship of the CCP to the county reentry council, as established by the county reentry strategic plan

Strategy b. Foster community collaboration and input, including through the Community Advisory Board

Strategy c. Establish additional standing committees to address:

- i. Programs and Services
- ii. Data and Evaluation

Strategy d. Improve coordination among different departments, agencies, and service providers

Activity i. Provide resources, such as a reentry coordinator, to support inter-organizational coordination

*Objective 6.3. Institute use of data collection and analysis across system of care*

Strategy a. Develop standardized metrics and assess impacts on departments and service providers

Strategy b. Capture data and information necessary to measure outcomes that can be readily available to all partners in the county and community

Strategy c. Maximize easy access to key data and information through new or existing data/case management systems including, but not limited to, the ability to track:

- i. Recidivism over time
- ii. Demographics of AB 109 and other sub-populations
- iii. Program participation, completion, and outcomes

Strategy d. Facilitate access to and sharing of inter-agency data, as appropriate

Strategy e. Provide for analysis of collected data to measure effectiveness of strategies and interventions

Activity i. Maximize timely and regular analysis to identify areas of strength and/or concern such that early intervention and correction is possible

Activity ii. Provide resources, such as a countywide data analyst, to support data collection and analysis.



*Objective 6.4. Develop and use evaluation practices to assess progress and needs*

Strategy a. Develop robust, independent evaluation of AB 109 implementation

Activity i. Engage evaluation partners from local universities or other appropriate partners

### Glossary of Terms Used in the AB 109 Operations Plan

AB 109	Formally known as the Criminal Justice Realignment Act, Assembly Bill 109 (AB 109) was signed into legislation in April 2011 and went into effect on October 1, 2011. It is the cornerstone of California's efforts to reduce the number of inmates in the state's 33 prisons to 137.5 percent of design capacity by June 27, 2013, as ordered by the Three-Judge Court and affirmed by the U.S. Supreme Court. The primary objective of the realignment legislation is to change the place where many felony sentences are served in cases when the defendant is not granted probation. Instead of being sentenced to state prison, many defendants will be serving their "prison" term in county jail. Realignment does not change any law or procedure up to the point sentence is pronounced. The length of the possible custody terms remain unchanged. Rules regarding probation eligibility remain unchanged. Alternative sentencing programs remain unchanged. What changes have been made to sentencing procedures relate to the fact that defendants now may be sentenced to 58 different county custody facilities, rather than one state prison system.
Behavioral Health (concept)	"Behavioral health" describes the connection between an individual's behaviors and the health and well-being of the body, mind, and spirit. Typically, behavioral health relates to issues of mental health and substance abuse.
Behavioral Health (county division)	Contra Costa's Behavioral Health Division was formed in Spring 2011 by combining the Mental Health, Homeless, and Substance Abuse systems into one entity.
Board of State and Community Corrections	The Board of State and Community Corrections (BSCC) is a formal state body of 12 members that works in partnership with local corrections systems and assists efforts to achieve continued improvement in reducing recidivism through evidence based decision making. Statutes relating to the authority, programs and mandates of the BSCC are contained in the California Penal and Welfare and Institutions Codes. It operates independently of CDCR.
CDCR	The California Department of Corrections and Rehabilitation (CDCR) is the agency responsible for managing all of the state prisons in California.
Community Corrections Partnership	As an element of Realignment, each county's local community corrections partnership is required to recommend a local plan to the county board of supervisors for the implementation of the Realignment Act. By state mandate, this process is managed by an executive committee consisting of the chief probation officer of the county (as chair), a chief of police, the sheriff, the district attorney, the public defender, the presiding judge of the superior court (or his or her designee), and specified county representatives.
Early Disposition Proceeding	Early disposition proceedings are not common to every courthouse, nor will every court require it as a hearing. An early disposition proceeding is more informal than a trial or official hearing before a Judge in criminal court. There is no Judge present. The early disposition proceeding is an opportunity for both parties to settle the case without having to litigate the issues in trial. During the proceeding, the attorneys will discuss the facts, negotiate the possible consequences and make a determination as to whether they should settle the case or proceed to trial.
Evidence-Based Practices	Evidence-Based Practices (EBP) are approaches to prevention or treatment that are based in theory and have undergone scientific evaluation. "Evidence-based" stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. Substance Abuse and Mental Health Services Administration (SAMHSA, see below) compiles a searchable database of evidence-based practices for mental health and substance abuse; you can find it at the National Registry of Evidence-based Programs and Practices ( <a href="http://www.nrepp.samhsa.gov/">http://www.nrepp.samhsa.gov/</a> ).
Flash incarceration	Flash incarceration is a type of punishment for violation of the conditions of the terms for someone on PRCS (see below). Flash incarceration is an immediate return to jail for a period of up to 10 days. There is no court involvement in cases of flash incarceration.
Mandatory Supervision	Under Realignment, judges have the discretion to impose "hybrid" or "split sentences" in which offenders serve part of their sentence in county jail and the rest on what is called "mandatory supervision," overseen by probation officers. (See Split Sentences, below)

PC 1170(h)	As of October 1, 2011, California Penal Code 1170(h) provides that some felony defendants must be sentenced to county jail (assuming that probation has been denied). People sentenced under section 1170(h) to county jail are not released to parole or post-release supervision (PRCS) upon completing their term – unlike those who serve time in state prison. Once the sentence has been fully served, the defendant must be released without any restrictions or supervision.
PC 1170(h)(5)	Also known as "split sentences" (see below), PC 1170(h)(5) gives the sentencing judge discretion to impose a sentence in which the defendant serves some time in county jail and then additional time under mandatory supervision. Once both the custody and the supervision terms have been fully served, the defendant must be released without any restrictions or supervision.
Post-Release Community Supervision (PRCS)	As an element of the Realignment process, the state created a new type of supervision program, called Post-Release Community Supervision (PRCS). People on PRCS are supervised by county agencies (usually the county probation department), not by the parole division of CDCR. People on PRCS are generally released to the county of their last legal residence. PRCS can last from six months to three years, but a person may be released earlier if there are no violations of the conditions of release. People who violate the terms of PRCS are returned to custody in the county jail, not state prison. The only people who are eligible for PRCS are those whose current offense is non-serious, non-sexual, and non-violent (known as "triple nons"). Inmates who do not fit this category are not included in AB109 and are not eligible for PRCS; instead, when they are released from custody they are supervised by state parole.
Realignment	Realignment is the informal name of the Criminal Justice Realignment Act, Assembly Bill 109. (See AB 109, above).
SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA, at <a href="http://www.samhsa.gov/">http://www.samhsa.gov/</a> ) is a federal agency that provides research and education about issues of behavioral health (substance abuse and mental illness) and also provides grants to help meet the needs of people with behavioral health issues. It also compiles a searchable database of evidence-based practices (EBP, see above) to address behavioral health issues; you can find it at the National Registry of Evidence-based Programs and Practices ( <a href="http://www.nrepp.samhsa.gov/">http://www.nrepp.samhsa.gov/</a> ).
Second Chance Act	Signed into federal law on April 9, 2008, the Second Chance Act is intended to improve outcomes for people returning to communities from prisons and jails. This first-of-its-kind legislation authorizes federal grants to government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce recidivism.
Split Sentence	Split sentences give the sentencing judge discretion to impose a sentence in which the defendant serves some time in county jail and then additional time under mandatory supervision. Once both the custody and the supervision terms have been fully served, the defendant must be released without any restrictions or supervision. See above, PC 1170(h)(5)
System of Care	The system of care model is an organizational philosophy and framework that involves collaboration across agencies, community resources, families, and involved individuals to meet the need of a specific population. A system of care can be thought of as "one system with many doors," meaning that services are integrated and coordinated. SAMHSA (see above) says that a Comprehensive, Continuous, Integrated System of Care (CCISC) model is designed to improve service effectiveness and increase capacity for providers operating within the system of care.
Triple Nons	AB 109 applies only to people whose current offense is considered non-serious, non-sexual, and non-violent. As a result, these offenders are sometimes referred to as "triple nons." These are lower-level offenders who would previously have been sentenced to state prison; however, under AB 109 these triple nons come under the jurisdiction of the county, not the state.

3450 SEC. 229, Section 17.5 is added to the Penal Code, to read:

17.5. (a) The Legislature finds and declares all of the following:

- (1) The Legislature reaffirms its commitment to reducing recidivism among criminal offenders.
- (2) Despite the dramatic increase in corrections spending over the past two decades, national reincarceration rates for people released from prison remain unchanged or have worsened. National data show that about 40 percent of released individuals are reincarcerated within three years. In California, the recidivism rate for persons who have served time in prison is even greater than the
- (3) Criminal justice policies that rely on the reincarceration of parolees for technical violations do not result in improved public safety.
- (4) California must reinvest its criminal justice resources to support community corrections programs and evidence-based practices that will achieve improved public safety returns on this state's substantial investment in its criminal justice system.
- (5) Realigning the postrelease supervision of certain felons reentering the community after serving a prison term to local community corrections programs, which are strengthened through community-based punishment, evidence-based practices, and improved supervision strategies, will improve public safety outcomes among adult felon parolees and will facilitate their successful reintegration back into
- (6) Community corrections programs require a partnership between local public safety entities and the county to provide and expand the use of community-based punishment for offenders paroled from state prison. Each county's local Community Corrections Partnership, as established in paragraph (2) of subdivision (b) of Section 1230, should play a critical role in developing programs and ensuring
- (7) Fiscal policy and correctional practices should align to promote a justice reinvestment strategy that fits each county. "Justice reinvestment" is a data-driven approach to reduce corrections and related criminal justice spending and reinvest savings in strategies designed to increase public safety. The purpose of justice reinvestment is to manage and allocate criminal justice populations more cost effectively, generating savings that can be reinvested in evidence-based strategies that increase public
- (8) "Community-based punishment" means evidence-based correctional sanctions and programming encompassing a range of custodial and noncustodial responses to criminal or noncompliant offender Intermediate sanctions may be provided by local public safety entities directly or through public or private correctional service providers and include, but are not limited to, the following:
  - (A) Short-term "flash" incarceration in jail for a period of not more than seven days.
  - (B) Intensive community supervision.
  - (C) Home detention with electronic monitoring or GPS monitoring.
  - (D) Mandatory community service.
  - (E) Restorative justice programs, such as mandatory victim restitution and victim-offender reconciliation.
  - (F) Work, training, or education in a furlough program pursuant to Section 1208.
  - (G) Work, in lieu of confinement, in a work release program pursuant to Section 4024.2.
  - (H) Day reporting.
  - (I) Mandatory residential or nonresidential substance abuse treatment programs.
  - (J) Mandatory random drug testing.
  - (K) Mother-infant care programs.
  - (L) Community-based residential programs offering structure, supervision, drug treatment, alcohol treatment, literacy programming, employment counseling, psychological counseling, mental health treatment, or any combination of these and other interventions.
- (9) "Evidence-based practices" refers to supervision policies, procedures, programs, and practices demonstrated by scientific research to reduce recidivism among individuals under probation, parole, or



Discovering better ways  
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# What is Collective Impact?

**Collective Impact** is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem.

In order to create lasting solutions to social problems on a large-scale, organizations — including those in government, civil society, and the business sector — need to coordinate their efforts and work together around a clearly defined goal.

Collective Impact is a significant shift from the social sector's current paradigm of "isolated impact," because the underlying premise of Collective Impact is that no single organization can create large-scale, lasting social change alone. There is no "silver bullet" solution to systemic social problems, and these problems cannot be solved by simply scaling or replicating one organization or program. Strong organizations are necessary but not sufficient for large-scale social change.

Not all social problems are suited for Collective Impact solutions. Collective Impact is best employed for problems that are complex and systemic rather than technical in nature. Collective Impact initiatives are currently being employed to address a wide variety of issues around the world, including education, healthcare, homelessness, the environment, and community development. Many of these initiatives are already showing concrete results, reinforcing the promise of Collective Impact in solving complex social problems.

## The Five Conditions of Collective Impact Success

Collective Impact is more rigorous and specific than collaboration among organizations. There are five conditions that, together, lead to meaningful results from Collective Impact:

1. *Common Agenda:* All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions
2. *Shared Measurement:* **Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable
3. *Mutually Reinforcing Activities:* Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action
4. *Continuous Communication:* **Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
5. *Backbone Organization:* Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

For more information on the preconditions of success for Collective Impact, how to catalyze a Collective Impact effort, as well as to learn more about the role of backbone organizations and shared measurement, please see our articles:

[Collective Impact](#) and [Channeling Change: Making Collective Impact Work](#).

[< Back to Collective Impact Approach](#)

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# West County Reentry Resource Center

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# West County Reentry Resource Center

## TYPES OF BACKBONE ENTITIES<sup>1</sup>

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Through research and interviews, we have identified a variety of potential backbone structures, each with their own strengths and drawbacks depending on local or issue-specific context. More centralized approaches include funder-based, new organization, existing organization, and government backbones.

The Core Design Team has agreed that the West County Reentry Center may be operated by a private entity (types 1-3, below), but not by a government entity (type 4, below).

1. **Funder-Based:** One or more private funders or corporate funders can initiate a Collective Impact strategy as a planner, financier, convener, and facilitator. Funder-based backbones, such as the Calgary Homeless Foundation, have the benefit of being able to secure start-up funding and recurring resources. Funder-based backbones also have the power and influence to bring other funders and other partners to the table. However, funder-based backbones must prioritize broad community buy-in, particularly if the effort is driven by one primary funder.
2. **New Nonprofit:** A newly created nonprofit entity can be created to serve as a backbone. Newly created backbones, such as the Community Center for Education Results (CCER) in Seattle, can bring neutrality and clarity of focus to the issue. However, a potential concern for newly created nonprofit entities as backbone is managing perceived competition for funding with other local nonprofits. Note: A newly created entity may partner with an established nonprofit organization that can serve as its fiscal sponsor.
3. **Existing Organization:** An established entity (nonprofit or for-profit) can also take the lead in coordinating a Collective Impact strategy. For example, Opportunity Chicago is led and administered by the Chicago Jobs Council, a well-established non-profit organization that has 30 years of experience in economic development. While established organizations may have credibility and an understanding of the issue, they may find it difficult to focus solely on the Collective Impact strategy, given other competing priorities.
4. **Government:** A local or state-level government can also potentially provide supporting infrastructure for a Collective Impact strategy by leveraging existing public sector resources. For example, the obesity reduction initiative Shape Up Somerville is staffed by Somerville's local health department, in partnership with Tufts University and other local players. Government-led backbones may provide credibility by attracting multiple partners, but they must react quickly to changing needs and plan for funding alternatives given potential public financing constraints....

When determining an appropriate backbone structure, whether it is centralized or decentralized, it is important to take into account local or issue-specific context and consider the extent to which the new or existing backbone organizations meet these criteria: ability to secure funding, perceived neutrality, clear ownership of issue, broad community buy-in, and strong convening power. Many of the most promising Collective Impact examples have a backbone that meets some – if not all – of these criteria in providing overall strategic direction.

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<sup>1</sup> Excerpted (with some modifications) from FSG Social Impact Partners, Collective Impact Blog, *Searching for the Right Backbone Structure*, posted by Robert Albright on 9/19/2011



# West County Reentry Resource Center

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# What is a SparkPoint Center?



**SparkPoint Centers are family-friendly places where hard-working, low-income people can access a full range of services to help them get out of poverty and achieve long-term financial stability.**

Each Center brings together the most effective nonprofit and government partners to help clients build assets, grow income and manage debt. SparkPoint clients work with a coach, who helps create a step-by-step plan to set and achieve personal financial goals. Because change does not happen overnight, SparkPoint commits to working with clients for up to three years to achieve their financial goals. **SparkPoint services focus on three areas: managing credit, increasing income and building assets.**

## Managing Credit

- » Create a balanced household budget
- » Manage credit cards and other debts
- » Obtain and understand credit report
- » Avoid foreclosure with mortgage modification

## Increasing Income

- » Learn skills to increase chances of landing a job
- » Improve resume
- » Enroll in training for high-demand jobs
- » Explore career options
- » Start and fund college education
- » Enroll in public benefits
- » Connect with money-saving programs, such as free tax preparation, discounted utilities, discounted transit and low-cost automobile insurance

## Building Assets

- » Access free and low-cost banking services
- » Participate in matched savings programs
- » Purchase a home
- » Open or expand a business
- » Develop emergency savings and plan for retirement

## SparkPoint Centers in the Bay Area



## MEASURING OUTCOMES

SparkPoint Centers help low-income families move from poverty to financial stability, which is measured using four outcomes:

- 1 Livable income** that reaches the Self-Sufficiency Standard (i.e., \$65,000 for a family of four in San Francisco)
- 2 Good credit** score of 650 or above
- 3 Savings** equal to three months of living expenses
- 4 Debt less than 40%** of monthly income

We have known for years that it takes multiple and interacting risk factors to produce negative outcomes for families; therefore, it makes perfect sense that SparkPoint, with its many partners addressing various and intersecting risk factors, is particularly good at helping families achieve success and overcome poverty.

—GAIL THELLER, EXECUTIVE DIRECTOR, COMMUNITY ACTION MARIN, LEAD PARTNER OF SPARKPOINT MARIN CENTER



# Why SparkPoint?



**United Way of the Bay Area is dedicated to creating pathways out of poverty. Our goal is to cut Bay Area poverty in half by 2020. Establishing SparkPoint Centers throughout the region is essential to achieving this goal.**

**More than 440,000 Bay Area households—nearly one in four—struggle to meet basic needs.** Most (86%) have at least one worker, but still fall below the Self Sufficiency Standard – the income needed to pay for essentials such as food, shelter, health care and child care.

**People living in poverty face multiple, inter-related challenges.** For example, someone who does not earn enough may need training to land a better job. He likely also needs help dealing with debt, managing credit, or developing a savings plan.

**Accessing help isn't easy.** Wading through confusing eligibility rules, scheduling multiple appointments, making trips to several offices, and filling out multiple forms all present major barriers to success. The result is people who are working hard to get out of poverty can't get the help they need. SparkPoint changes all that.

## SparkPoint Makes Accessing Help Easy



**INTEGRATED  
SERVICES**



**PERSONAL  
COACH**



**PERSONALIZED  
PLAN**

## Raising the Bar

While the concept of a one-stop resource center is not new, United Way's SparkPoint Centers elevate and improve on previous one-stop models.

### "BUNDLING" SERVICES

- » Each Center brings together the region's most effective programs to deliver integrated services as a single entity. All SparkPoint service providers use one system and set of metrics to track clients' progress.
- » SparkPoint urges clients to utilize two or more integrated services, which more effectively addresses the complex issues facing struggling households. We're already seeing results: clients who used more than one service were three times more successful in achieving financial goals than clients who used only one.

### CLIENT EMPOWERMENT

- » Every SparkPoint client is provided a coach, who helps create a step-by-step plan to achieve personal goals. The coaches serve as financial advisors, providing the guidance and support clients need to achieve long-term goals.
- » Because financial success takes time, SparkPoint works with clients for as long as they need; for many, that is two or three years.
- » Whereas traditional case managers act on a client's behalf, making plans and enrolling clients in services, SparkPoint coaches empower and encourage clients to act on their own behalf.
- » SparkPoint builds on a nationally recognized, best-practice model—the Annie E. Casey Foundation's Centers for Working Families—which has shown great promise for significant community impact. As such, SparkPoint Centers have the potential for high visibility, replication in other regions, and national impact.

1 The Self-Sufficiency Standard, developed by Dr. Diana Pearce now at the Center for Women's Welfare at the University of Washington, measures the actual cost of living for different household types in each county. Information about the Standard for California Counties is maintained by the Insight Center for Community Economic Development and can be found at [www.insightcced.org](http://www.insightcced.org). United Way's "Struggling to Make Ends Meet" report details the Bay Area data related to the Standard and can be downloaded at [www.liveunitedca.org](http://www.liveunitedca.org).

We are mightily impressed by the ambition of the SparkPoint Centers to tackle in a regional way the challenges facing low-income working families. They are an important partner in the Casey Foundation's Center for Working Families national network, having adapted and continuously improving upon the model, furthering our knowledge in how to best deliver integrated economic services in low-income communities.

**SUSAN GEWIRTZ, SENIOR ASSOCIATE, CENTER FOR FAMILY ECONOMIC SUCCESS, THE ANNIE E. CASEY FOUNDATION**



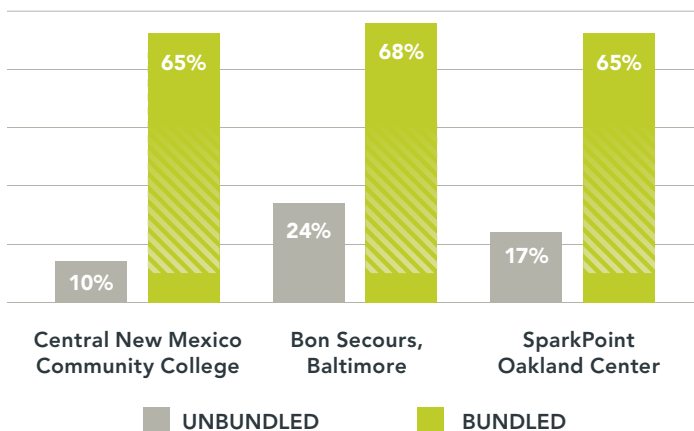


## SparkPoint Centers are already seeing results among the 2,000 clients served in their first two years.

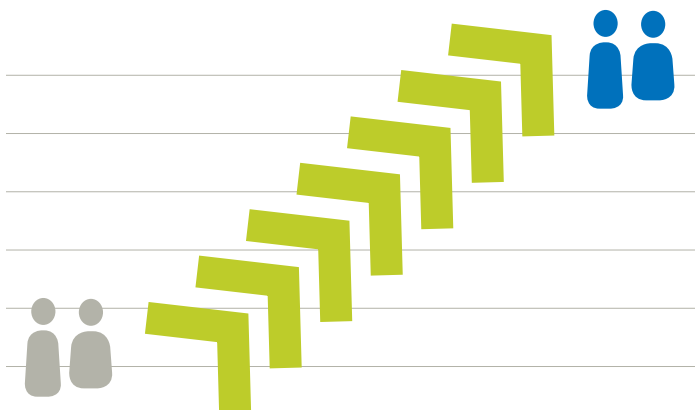
For example, SparkPoint Oakland Center clients who used more than one SparkPoint service were three times more successful in achieving financial goals than clients who used only one.

These results mirror those of the Annie E. Casey Foundation's Centers for Working Families in Central New Mexico and Baltimore, Maryland— which are nationally recognized, best-in-class models on which SparkPoint is built. These results show the great promise for significant and measurable community impact.

### Unbundled vs. Bundled Services % OF CLIENTS ACHIEVING ECONOMIC GOAL



### Stability Through Multiple Programs



### SparkPoint Success: Jackie's Story

East Oakland resident Jackie C. came to SparkPoint Oakland Center in February to get free tax filing help, after another SparkPoint client referred her. Free tax help was just the first step for Jackie.

"When I first came to SparkPoint, I just came to get my taxes done and to see if I could get help with my PG&E bill. Before I knew it, I was enrolled in school, and now I'm driving a truck. It's awesome!" Jackie said.

Having worked for many years as a bookkeeper, Jackie was eager to improve her income. SparkPoint connected her to a subsidized 12-week green-diesel training program, which is offered through The Workforce Collaborative, one of the five partners that work together to serve clients at the SparkPoint Oakland Center.

Jackie received training to secure her Class-A driver's license, which authorizes her to drive 18-wheel diesel trucks. She has done quite well in the program and is expected to graduate on July 30, when she will receive a certificate that makes her eligible to service and retrofit older, heavy diesel trucks with green-diesel filter systems. This is a valuable skill, given new truck emissions standards recently implemented by the Port of Oakland.

Further, Jackie will qualify to enroll in Alameda College's Diesel Mechanic Certificate program. Workers in this high growth industry make \$15 to \$20 an hour.





## Since 1922, United Way of the Bay Area has been in the business of addressing people's financial crises.

We know, on both the local and the national levels, that funding individual programs alone cannot address our communities' challenges. Now we're moving past funding individual nonprofits to integrating multiple nonprofits into one cohesive solution: SparkPoint. SparkPoint empowers people to achieve lasting financial stability.

**SparkPoint Centers leverage United Way's key strengths:**

### A Robust Network of Partners

United Way is uniquely positioned at the intersection of employers, government, nonprofits, labor organizations, and working individuals and families. Tackling poverty in the Bay Area will require the collective power of all of these groups. Through SparkPoint, United Way is guiding this collaborative effort.

### Experience Leading Large-scale Initiatives

As demonstrated by our leadership of Earn It! Keep It! Save It!, one of the nation's largest free tax assistance programs, United Way has a strong track record of convening partners on complex initiatives that achieve results. Last year, United Way brought together 200 public- and

private-sector partners across seven counties to complete more than 50,000 tax returns for low-wage families. The coalition has returned \$200 million to our community since it began in 2003. We excel at keeping partners invested, engaged and on-track.

### A Wealth of Expertise

Over the last decade, United Way has made grants and provided counsel to hundreds of top-performing financial stability programs. As a result, we have the expertise to gather the region's most impactful partners to build SparkPoint, ensuring each Center has the right mix of skills and resources necessary to maximize client success. As part of the national United Way network, we share best practices and learn from other United Ways around the country that focus on financial stability.

Increasing economic prosperity requires unique, unusual partnerships and focus. SparkPoint transforms the traditional anti-poverty approach where many silo-ed, well-meaning agencies work separately, into a true focused partnership. To partner with SparkPoint is a real opportunity to move the needle on poverty.

**PAUL BUDDENHAGEN, PROGRAM MANAGER, CONTRA COSTA COUNTY SERVICE INTEGRATION PROGRAM**

## Evolving the Collective Power of a Network of Partners



# Core Elements Same Across Centers



	SAME ACROSS ALL CENTERS	VARIABLE BY CENTER
Vision	» Help individuals build <b>financial stability</b> by bringing together high quality resources and empowering people to improve credit, increase income, and build/preserve savings and assets	
Service Types and Programs	<ul style="list-style-type: none"> <li>» Services across 3 areas: <b>a) Credit, b) Income, c) Assets</b></li> <li>» All centers must offer: <b>a) free tax help, b) Connection to financial services, c) Benefits enrollment, d) Financial coaching</b></li> <li>» Partners commit to <b>Operational Plan</b> that lays out service provision approach and plan</li> </ul>	<ul style="list-style-type: none"> <li>» <b>When</b> services are added</li> <li>» <b>Who</b> offers the services</li> <li>» <b>What</b> specific types of services will promote 3-year client engagement</li> </ul>
Service Delivery	» <b>Integrated service delivery</b> (bundling approach) and coaching (case management which builds off clients' aspirations and includes longer-term cheerleading and accountability)	» <b>Specifics of integration</b> and coaching process
Service Timeframe	» Engagement with clients for <b>3 years</b> (as necessary)	» Discretion on case-by -case basis to <b>end support</b>
Client Eligibility	» <b>Guideline</b> that core target audience should be below the Self- Sufficiency Standard (SSS)	» <b>Target audiences</b> within eligible pool (e.g. stable enough); clients above SSS included on exception basis
Outcomes	» <b>Commitment to the outcome measures</b> and aspiration of: a) Achievement of livable income, b) Improved credit scores, c) Asset accumulation, d) Reduced debt	» <b>Strategies to achieve outcomes</b> vary by center
Performance Management	<ul style="list-style-type: none"> <li>» Use of Efforts to Outcomes software to <b>track progress</b> (includes metrics on client achievement and service delivery)</li> <li>» <b>Training</b> by UWBA on use of evaluation tool</li> <li>» <b>Structure</b> of outcomes review across centers</li> </ul>	» Specifics of actual process of <b>outcomes review</b> and data entry
Partner Commitment/ Governance	<ul style="list-style-type: none"> <li>» <b>Signed Memorandum</b> of Understanding by all partners</li> <li>» Governance <b>roles clearly defined</b> up front for each center (e.g., who decides whether to bring in new partners / vendors)</li> </ul>	» Variability in specific <b>roles and responsibilities</b> and governance within each county
Brand	» Common SparkPoint <b>brand</b>	<ul style="list-style-type: none"> <li>» <b>Co-branding</b> by center / partner</li> <li>» Customized <b>collateral</b></li> </ul>
Location and Schedules	» <b>Client-driven center schedules</b> that enable consistency and sufficient access	» Specifics on <b>location and hours</b> (dependent on target audience and ramping schedule)





## SparkPoint Oakland

**Lead Agency:** United Way of the Bay Area

**SparkPoint Oakland (inside Eastmont Town Center)**  
7200 Bancroft Avenue, Suite 124  
Oakland, CA 94605  
510.924.3610

### Program Partners

- Allen Temple
- BankOn Oakland
- City of Oakland
- Earn it! Keep it! Save it!
- East Bay Asian Development Corporation
- LIFETIME
- Operation HOPE
- Peralta Community College
- The Workforce Collaborative
- The Women's Initiative
- United Way of the Bay Area

## SparkPoint American Canyon

**Lead Agency:** American Canyon Family Resource Center

**American Canyon Family Resource Center**  
3423 Broadway, Suite D-1  
American Canyon, CA 94503  
707.980.7024

### Program Partners

- American Canyon Family Resource Center
- American Canyon Chamber of Commerce
- Bay Area Legal Aid
- Catholic Charities of Santa Rosa
- Child Start, Inc.
- Community Resources for Children
- Earn It! Keep It! Save It!
- Housing & Economic Rights Advocates
- Napa County Health and Human Services
- Napa Valley Adult Education
- Napa Valley College
- ParentsCAN
- United Way of the Bay Area

## SparkPoint Marin - San Rafael

**Lead Agency:** Community Action Marin – Prosperity Partners

**Community Action Marin – Prosperity Partners**  
409 4th Street  
San Rafael, CA 94901  
415.526.7530

### Program Partners

- Canal Alliance
- Community Action Marin
- Marin City Community Development Corporation
- Marin County Health and Human Services
- Homeward Bound of Marin
- Life on Trak
- United Way of the Bay Area

## SparkPoint at Skyline College - San Bruno

**Lead Agency:** Skyline College

**Skyline College**  
3300 College Drive  
San Bruno, CA 94066  
650.738.7035

### Program Partners

- CA Employment Development Department
- Community Financial Resources
- EARN
- Earn It! Keep It! Save It!
- Jewish Vocational Service
- Opportunity Fund
- San Mateo Credit Union
- San Mateo County Human Services Agency
- Second Harvest Food Bank of San Mateo and Santa Clara Counties
- United Way of the Bay Area







## SparkPoint East Contra Costa - Bay Point

**Lead Agency:** Contra Costa Employment and Human Services Department

Ambrose Community Center  
3105 Willow Pass Road  
Bay Point, CA 94565  
(925) 252 - 2300

### Program Partners

- Brighter Beginnings
- Bay Area Legal
- Center for Human Development
- Community Housing Development Corporation (CHDC)
- Contra Costa Health Services
- Contra Costa Employment and Human Services Department
- First Five
- Opportunity Junction
- Stride Center
- STAND!
- United Way of the Bay Area

## SparkPoint West Contra Costa - Richmond

**Lead Agency:** Richmond Community Foundation

2727 Macdonald Ave.  
Richmond, CA 94804  
510-779-3200

**Chevron is Founding Corporate Partner.**

### Program Partners

- A New America
- Bay Area Legal Aid
- Brighter Beginnings
- Business Development Center
- City of Richmond
- Community Housing Development Corporation
- Contra Costa College
- Contra Costa EHSD
- Contra Costa Health Services
- East Bay Neighborhood Housing Services
- LEAP
- Richmond Community Foundation
- Rubicon Programs, Inc.
- Stride Center
- Supervisor John Gioia's Office
- United Way of the Bay Area

## SparkPoint Solano - Fairfield

**Lead Agency:** Cleo Gordon Family Resource Center

Cleo Gordon Family Resource Center  
1950 Dover Avenue, Room #18  
Fairfield, CA 94533  
(707) 421 - 3963

### Program Partners

- Cleo Gordon Healthy Start Family Resource Center
- Dreamcatchers Empowerment Network
- Life on Trak
- The Children's Network of Solano County
- Travis Credit Union
- United Way of the Bay Area

## SparkPoint Solano - Vallejo

**Lead Agency:** Fighting Back Partnership

Solano Middle School  
1025 Corcoran Ave., Room # 62  
Vallejo, CA 94589  
(707) 556 - 8600 x 51857

### Program Partners

- Dreamcatchers
- Fighting Back Partnership
- Life on Trak
- Solano Middle School
- The Children's Network of Solano County
- Travis Credit Union
- United Way of the Bay Area
- Vallejo Unified School District





## SparkPoint San Francisco at Plaza Adelante

**Lead Agency:** Mission Economic Development Agency

Plaza Adelante  
2301 Mission Street, Suite 301  
San Francisco, CA 94110  
415.282.3334, ext. 129

### Program Partners

- Causa Justa
- Good Samaritan Family Resource Center
- Jewish Vocational Services
- Mission Asset Fund
- Mission Economic Development Agency
- United Way of the Bay Area
- WAGES

## SparkPoint at Fremont FRC

**Lead Agency:** Fremont Family Resource Center

39155 Liberty Street, Suite A110  
Fremont, CA 94538  
510.574.2020

### Program Partners

- Alameda County Social Services Agency
- Bay Area Legal Aid
- Community Child Care Council (4C's) of Alameda County
- East Bay Agency for Children/Fremont Healthy Start
- Fremont Adult and Continuing Education School
- Mission Asset Fund
- Opportunity Fund
- Project Sentinel
- Tri-Cities One-Stop Career Center/EDD - Fremont
- Tri-Cities One-Stop Career Center - Ohlone College Newark
- Tri-City Volunteers Food Bank & Thrift Store
- United Way of the Bay Area





## The Transition from Jail to Community (TJC) Initiative

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April 2009

### Introduction

Roughly nine million individuals cycle through the nations' jails each year, yet relatively little attention has been given to the unique challenges and opportunities surrounding reentry from local jails. In response, the National Institute of Corrections (NIC) partnered with the Urban Institute (UI) to launch the *Transition from Jail to Community* initiative (TJC) in 2007. The TJC initiative is designed to advance coordinated and collaborative relationships between jails and local communities to address reentry, leading to enhanced public safety, reduced recidivism, and improved individual reintegration outcomes. These objectives are to be achieved through the development, implementation and evaluation of an innovative and effective jail-to-community transition model.

The first phase of the initiative was dedicated to the design, and development of an adaptable and effective model for jail transition that can be implemented in a wide variety of settings (rural, suburban and urban) with diverse jail populations. During *Phase II* of the initiative, implementation of the TJC model began in two jurisdictions, Douglas County, KS and Denver, CO in the fall of 2008. In *Phase III*, implementation will continue in the initial two TJC sites, while four additional jurisdictions are selected in the summer of 2009. Each site employs the TJC model as a guide to devise a TJC approach tailored to local circumstances, resources and priorities.

All six TJC sites will receive tailored technical assistance to implement the model. The Urban Institute will conduct evaluations in all six sites to assess how the TJC model was implemented and the extent to which it led to anticipated outcomes at both the system and individual level. The TJC project team is also developing a web-based TJC Implementation Toolkit for use by practitioners and policymakers interested in replicating the TJC approach.

### Jail Transition: Challenges and Opportunities

City and county jails touch millions of lives each year. Most of the estimated nine million individuals who cycle through local jails return to the surrounding community within just a few weeks. The needs of these individuals are formidable: the prevalence of substance abuse, mental illness, unemployment, and homelessness is high among the jail population. At the same time, the capacity for treatment and services in most jails is limited at best. These facts underscore the need for an innovative, collaborative, data-driven approach to

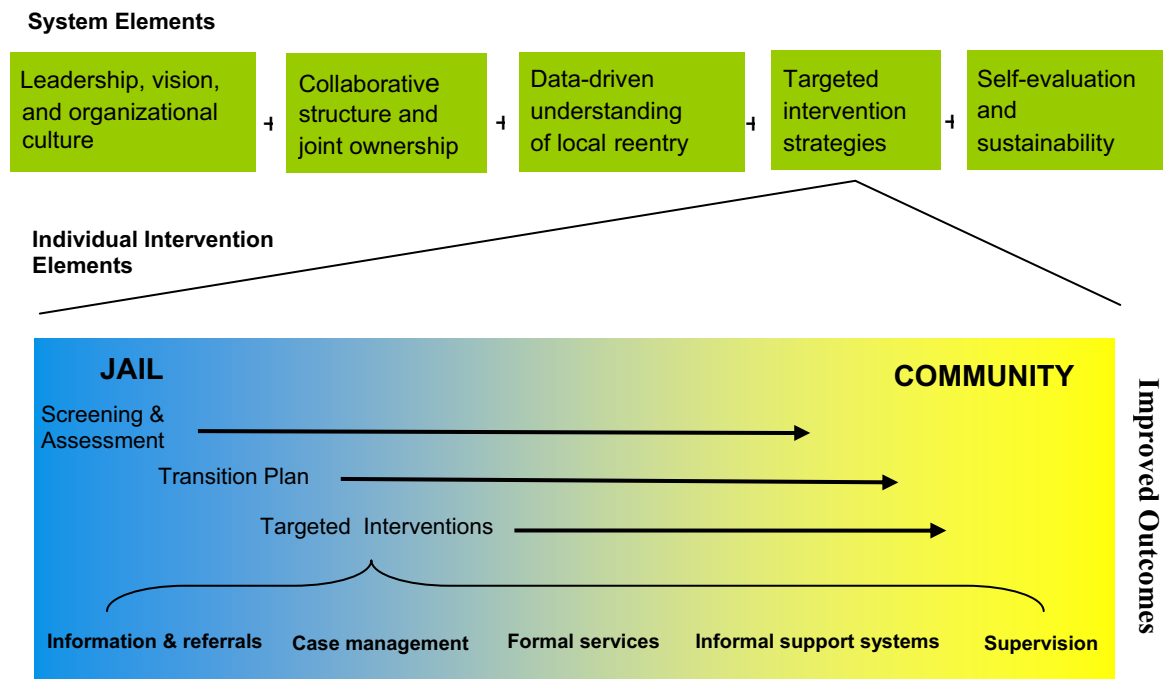
jail transition. The TJC initiative is a call to change rooted in the reality that jails and communities must jointly own and address the issue of local reentry.

TJC is not a discrete program, but rather a new way of doing business. To that end, the TJC model provides a road map for collaboration and systems change and charts a clear course for jail and community partners by identifying the essential elements of an effective jail transition strategy. Given the diversity of jail systems and community settings, jurisdictions will tailor implementation of the model's essential elements to reflect and respond to local needs and capacities. Although all elements of the model must be present in each TJC site's jail transition strategy, sites are expected and will be encouraged to pursue approaches that take into account local needs and assets.

## The TJC Model

The TJC model incorporates lessons learned from prior criminal justice system reform efforts, particularly NIC's Transition from Prison to Community (TPC) initiative, as well as findings from the considerable body of prisoner reentry research and the growing literature on evidence-based practices. The model's development was informed by the knowledge and expertise of a diverse group of advisors convened by the TJC project team, including jail administrators, sheriffs, local law enforcement, social service providers, community and victims advocates, formerly incarcerated individuals, corrections policy experts, and researchers.

The figure below illustrates the TJC approach to effective jail transition and identifies the key components of the TJC model at both the **system level** and the **intervention level**. Systems change must be coupled with concrete intervention efforts. The sections that follow discuss the system and intervention elements of the model in detail.



## **System-Level Elements**

The TJC model represents an integrated, system-wide approach to delivering support and services to people released from jail. It involves policy and organizational change and the engagement of jail and community leaders in a collaborative effort.

### **Leadership, Vision and Organizational Culture**

The development of an effective jail transition strategy requires the active involvement of key decision-makers to set expectations, to identify important issues, to articulate a clear vision of success, and to engage staff and other stakeholders in the effort. These key stakeholders will lead local efforts to build a common vision for systems reform; develop infrastructure for inter-agency and community collaboration, coordination, and information sharing; align missions and organizational cultures of partner agencies to support transition goals; and clarify and define roles and responsibilities under the local initiative. In addition, champions or “change agents” from all levels at key agencies will be critical to moving the initiative forward.

### **Collaborative Structure and Joint Ownership**

Transition from jail to the community is neither the sole responsibility of the jail system nor of the community. Effective transition strategies rely on collaboration and information-sharing among jail and community-based partners and joint ownership of the problem and the solution. Given that many of the people who exit jails are already involved with multiple social service and criminal justice agencies, a collaborative approach is essential to tackling jail transition.

Successful implementation of the TJC model requires formal buy-in from multiple individuals and agencies in a community, from criminal justice and local government stakeholders to community members and organizations. Key stakeholders include:

- jail administrators and/or sheriffs,
- police departments,
- community supervision and pretrial services agencies,
- the courts, prosecutors and public defenders,
- county executives and local legislators,
- treatment and service providers,
- health and mental health agencies,
- housing, economic development, and workforce development agencies,
- local businesses and corporate entities,
- victim advocates,
- members of the affected population and their families, and
- community residents.

Building and maintaining the collaborative partnerships necessary to plan and carry out a TJC initiative requires many different individuals and organizations to play different roles and assume different responsibilities. Sites are required to devise a collaborative structure that includes both an executive-level entity to provide strategic direction and oversight, and a implementation-level entity to craft and execute specific elements of the local TJC initiative. This may involve forming a local reentry council or building on existing

criminal justice councils. In rural areas, reentry councils may be regional and include representatives from surrounding communities and jurisdictions. In addition to shared goals and principles, joint ownership also involves identifying shared outcomes of interest and common performance measures to assess progress, inform adjustments to the strategy, and hold the local initiative accountable to its goals.

### **Data-driven Understanding of Local Reentry**

In the development of a jail transition strategy, decision-making and policy formation must be informed by local data. An understanding of local barriers and assets is especially relevant in the area of jail transition, in that most people exiting jail return to a relatively small number of nearby communities where resources are often scarce and must be efficiently targeted. To better understand their local context, TJC sites will review jail management information systems and program records maintained by community agencies to identify the characteristics and needs of the jail population as well as the range of available resources. This baseline information is critical to the accurate assessment of key issues and the development of an appropriate set of integrated responses.

A clear understanding of the local reentry landscape is necessary to establish policies and programs that reflect local realities – including political and legal constraints as well as opportunities for collaboration and resource and capacity development. Accordingly, jurisdictions are expected to: (1) assess the characteristics of the jail population, local crime problems, and existing laws and policies that govern various aspects of jail transition; (2) identify the specific geographic areas to which the jail population returns upon release; (3) identify those subsets of the jail population likely to consume disproportionate criminal justice and programmatic resources; (4) identify resources that can be leveraged to address key issues, and the appropriate action steps to remove potential obstacles; and (5) track service referrals, engagement and use, and share that information with partner agencies on a regular basis.

### **Targeted Intervention Strategies**

Targeted intervention strategies form the core of the TJC model at the individual level, and comprise the basic building blocks for effective jail transition. The strategy to improve transition at the individual level involves introducing specific interventions at critical points along the jail-to-community continuum. The underlying premise is that interventions at these key points can improve reintegration and reduce reoffending, thereby increasing public safety. Critical to this approach are the principles that: (1) interventions begin in jail with the booking process and continue, as needed, throughout the incarceration and in the community upon release; and (2) interventions are tailored to the specific needs, risks, and strengths of each individual.

The model's main intervention-level elements are screening and assessment, transition planning, and interventions that range from information packets to structured treatment and programming. A growing body of empirically-based evidence about what works in reentry suggests that assessment, intervention and aftercare are key components for any strategy aimed at reducing offender recidivism. Implementation of evidence-based practices such as motivational interviewing or treatment programs that use cognitive behavioral therapy

may further reduce recidivism and promote reintegration. The TJC initiative encourages jurisdictions to incorporate these and other evidence-based practices into the design of their intervention strategies. Further discussion of intervention-level elements is presented later in this document.

## **Self-Evaluation and Sustainability**

The final system-level building blocks needed to ensure success are ongoing self-evaluation and sustainability planning. Self-evaluation refers to the ability and commitment of local stakeholders to monitor progress and make needed modifications throughout the process to ensure that both intermediate and long-term goals are met. Baseline data collected on the jail transition population and available resources should continue to be collected in support of ongoing self-evaluation. Routine assessments of the initiative's efforts should include data on key outcomes that are of interest to partners and potential funders to show progress in achieving desired improvements. Jurisdictions are encouraged to establish mechanisms—such as forums, routine reports from partner agencies, or client satisfaction surveys—to obtain early and frequent feedback from partners and constituents regarding key aspects of the initiative. TJC sites will also receive regular and timely feedback on implementation as part of the initiative's evaluation effort, and will be encouraged to use this information to modify and strengthen their application of the TJC model.

The ultimate goal of the TJC initiative is to build jail to community transition efforts that last. Sustainability depends on both formal and informal mechanisms employed by the local initiative to ensure the longevity and legacy of their efforts. Formal information-sharing and resource-sharing agreements that delineate how agencies and organizations work together over time are examples of mechanisms that promote sustainability. The continued involvement of local reentry or criminal justice councils in jail transition can also facilitate the sustainability of efforts over time.

## **Intervention-Level Elements**

Every TJC jurisdiction's intervention strategy will consist of, at a minimum, screening and assessment, transition planning, and specific targeted interventions. Implemented together, these core elements will ensure that each individual will have an opportunity to receive the appropriate mix of interventions for his or her unique needs both within jail and in the community after release.

### **Screening and Assessment**

Routine screening and assessment of individual's risks, needs, and capacities is an essential component of an effective jail transition intervention strategy. TJC implementation requires institution of a universal brief screen during the booking process should capture medical, mental health, and substance abuse issues, and include a checklist to identify less immediate needs such as employment and housing history. Screening information will inform decisions about classification and placement in the jail, and indicate whether a fuller assessment is warranted. A more detailed assessment may be necessary to measure the severity of substance abuse or mental health issues identified during the initial screening and to construct an individual transition plan. Ongoing



assessment will inform the construction of an individual's initial jail-to-community transition plan and subsequent revisions to that plan.

The TJC sites will receive technical assistance and guidance in selecting appropriate screening tools and assessment instruments that satisfy both the informational requirements of the model and local concerns (e.g., inexpensive, easy to administer, yield information useful to a variety of partners). Some sites may already have routine screening and assessment tools in place; in such instances, TJC will help the sites evaluate the adequacy of these tools in meeting local needs.

## **Transition Plan**

A transition plan is essential in preparing individuals for release and enhancing long term reintegration, particularly for those who are assessed as moderate- or high-risk/need. The plan specifies the types of interventions an individual needs, when and where interventions should occur and who will deliver them, and the activities for which the individual needs to take responsibility. In the jail setting, a transition plan can be as simple as receiving resource packets before release or as comprehensive as working with a case manager and community based providers weeks or months before release and upon return to the community.

For individuals who warrant more comprehensive transition plans, these plans should be informed by an individual's initial screening and assessment and regularly reviewed and updated as necessary in jail and after release. Transition plans will typically specify pre-release interventions to be delivered either by jail staff or community-based providers conducting jail "in-reach". Plans will also include discharge interventions to address the "moment of release"—those critical first hours and days after release from jail—and to facilitate the provision of needed services in the community. The plans may target issues such as housing, employment, family reunification, educational needs, substance abuse treatment, and health and mental health services. In many cases, a discharge plan may be the primary intervention for individuals released within hours or a few days of entering jail.

Implicit in this approach is the understanding that "one size" does not fit all and that plans should be tailored for each individual. Some individuals, for example, will need extensive services and support including intensive case management to effectively transition to the community while others may only minimal assistance, if any.

## **Targeted Interventions**

The scope of a jurisdiction's targeted interventions may range from formal treatment to, more commonly, access to community-based providers, volunteers, or family members who conduct "in-reach" into the jail. Some interventions will occur in jail while others will take place in the community after release. Many interventions will begin in jail and continue with a community-based provider after the individual's release from jail, facilitating greater continuity for service delivery leading to improved outcomes.

Pre-release interventions, delivered either by jail staff or community-based providers, may include: provision of informational resources such as resource packets, information bins in the facility, or a designated Resource Officer; brief training programs that prepare individuals for reentry; services such as drug and alcohol treatment, educational programs, and job training; access to community-based and informal social supports such as family, mentors and members of the faith community; and case management to facilitate continuity of care (wherein individual clients retain a single case manager/transition planner before and after release).

Discharge interventions are designed to aid the individual's transition from jail to the community and to sustain gains made through pre-release interventions. Examples of discharge interventions include: resource packets; referrals to community agencies; scheduled appointments in the community; a temporary supply of medication; identification documents; updated transition plans; transportation to a service provider, home, or probation office; and contact information for key individuals who will facilitate the individual's service plan in the community.

Work done while in jail to begin treatment, develop relationships with service providers, and connect individuals to service appointments in the community will have little impact after release without follow-up in the community. Accordingly, it is important that community-based organizations and support networks provide continuity of care—or in many cases, initiate care—through services, training, treatment, and case management when an individual is released. Examples of community-based interventions include service provision in areas such as job readiness training, substance abuse treatment and mental health counseling; post-release case management; access to reentry information through outreach or a toll-free hotline; engaging informal social supports; and post-release supervision, as applicable.

## **Triage Planning**

Given the diversity of the jail population, unpredictable lengths of stay, limited resources, and principles of evidence-based practice, it is not feasible or desirable to provide the same level of intervention to everyone who enters the jail. Instead, jurisdictions will need to prioritize their resources and determine "who gets what." Triage planning helps classify individuals and identify the appropriate mix of targeted interventions for each individual based on information about risks, needs, and strengths obtained during initial screening and assessment, as well as anticipated length of stay. The TJC project team has developed a triage tool to help local jurisdictions prioritize goals, identify target populations, and allocate limited resources to their intervention strategies.

## **Next Steps**

Urban Institute and NIC will release an application to select four additional TJC pilot sites on May 1, 2009. A cross-site kick-off meeting, baseline data collection and analyses, and the development of site-specific jail transition plans will follow shortly thereafter. The initial two TJC sites will continue to implement their site-specific jail transition plans through fall 2011. All six TJC sites will receive two years of training and technical assistance on the design and implementation of a local jail transition strategy although no

funds will be transferred to the local jail or community. Ongoing technical assistance and evaluation activities will assess progress and provide continuous feedback to communities as they implement the TJC model and construct and refine jail-to-community transition strategies.

The web-based TJC Implementation Toolkit is scheduled for release in September of 2009. The team will also periodically issue research briefs reporting on the progress and outcomes of their evaluation efforts.

**For more information and updates on TJC, visit [www.jailtransition.com](http://www.jailtransition.com) or contact:**

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## MILLION-DOLLAR MURRAY

by Malcolm Gladwell  
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Why problems like homelessness may be easier to solve than to manage.

Murray Barr was a bear of a man, an ex-marine, six feet tall and heavyset, and when he fell down—which he did nearly every day—it could take two or three grown men to pick him up. He had straight black hair and olive skin. On the street, they called him Smokey. He was missing most of his teeth. He had a wonderful smile. People loved Murray.

His chosen drink was vodka. Beer he called “horse piss.” On the streets of downtown Reno, where he lived, he could buy a two-hundred-and-fifty-millilitre bottle of cheap vodka for a dollar-fifty. If he was flush, he could go for the seven-hundred-and-fifty-millilitre bottle, and if he was broke he could always do what many of the other homeless people of Reno did, which is to walk through the casinos and finish off the half-empty glasses of liquor left at the gaming tables.

“If he was on a runner, we could pick him up several times a day,” Patrick O’Bryan, who is a bicycle cop in downtown Reno, said. “And he’s gone on some amazing runners. He would get picked up, get detoxed, then get back out a couple of hours later and start up again. A lot of the guys on the streets who’ve been drinking, they get so angry. They are so incredibly abrasive, so violent, so abusive. Murray was such a character and had such a great sense of humor that we somehow got past that. Even when he was abusive, we’d say, ‘Murray, you know you love us,’ and he’d say, ‘I know’—and go back to swearing at us.”

“I’ve been a police officer for fifteen years,” O’Bryan’s partner, Steve Johns, said. “I picked up Murray my whole career. Literally.”

Johns and O’Bryan pleaded with Murray to quit drinking. A few years ago, he was assigned to a treatment program in which he was under the equivalent of house arrest, and he thrived. He got a job and worked hard. But then the program ended. “Once he graduated out, he had no one to report to, and he needed that,” O’Bryan said. “I don’t know whether it was his military background. I suspect that it was. He was a good cook. One time, he accumulated savings of over six thousand dollars. Showed up for work religiously. Did everything he was supposed to do. They said, ‘Congratulations,’ and put him back on the street. He spent that six thousand in a week or so.”

Often, he was too intoxicated for the drunk tank at the jail, and he’d get sent to the emergency room at either Saint Mary’s or Washoe Medical Center. Marla Johns, who was a social worker in the emergency room at Saint Mary’s, saw him several times a week. “The ambulance would bring him in. We would sober him up, so he would be sober enough to go to jail. And we would call the police to pick him up. In fact, that’s how I met my husband.” Marla Johns is married to Steve Johns.

“He was like the one constant in an environment that was ever changing,” she went on. “In he would come. He would grin that half-toothless grin. He called me ‘my angel.’ I would walk in the room, and he would smile and say, ‘Oh, my angel, I’m so happy to see you.’ We would joke back and forth, and I would beg him to quit drinking and he would laugh it off. And when time went by and he didn’t come in I would get worried and call the coroner’s office. When he was sober, we would find out, oh, he’s working someplace, and my husband and I would go and have dinner where he was working. When my husband and I were dating, and we were going to get married, he said, ‘Can I come to the wedding?’ And I almost felt like he should. My joke was ‘If you are sober you can come, because I can’t afford your bar bill.’ When we started a family, he would lay a hand on my pregnant belly and bless the child. He really was this kind of light.”

In the fall of 2003, the Reno Police Department started an initiative designed to limit panhandling in the downtown core. There were articles in the newspapers, and the police department came under harsh criticism on local talk radio. The crackdown on panhandling amounted to harassment, the critics said. The homeless weren’t an imposition on the city; they were just trying to get by. “One morning, I’m listening to one of the talk shows, and they’re just trashing the police department and going on about how unfair it is,” O’Bryan said. “And I thought, Wow, I’ve never seen any of these critics in one of the alleyways in the middle of the winter looking for bodies.” O’Bryan was angry. In downtown Reno, food for the homeless was plentiful: there was a Gospel kitchen and Catholic Services, and even the local McDonald’s fed the hungry. The panhandling was for liquor, and the liquor was anything but harmless. He and Johns spent at least half their time dealing with people like Murray; they were as much caseworkers as police officers. And they knew they weren’t the only ones involved. When someone passed out on the street, there was a “One down” call to the paramedics. There were four people in an ambulance, and the patient sometimes stayed at the hospital for days, because living on the streets in a state of almost constant intoxication was a reliable way of getting sick. None of that, surely, could be cheap.

O’Bryan and Johns called someone they knew at an ambulance service and then contacted the local hospitals. “We came up with three names that were some of our chronic inebriates in the downtown area, that got arrested the most often,” O’Bryan said. “We tracked those three individuals through just one of our two hospitals. One of the guys had been in jail previously, so he’d only been on the streets for six months. In those six months, he had accumulated a bill of a hundred thousand dollars—and that’s at the smaller of the two hospitals near downtown Reno. It’s pretty reasonable to assume that the other hospital had an even larger bill. Another individual came from Portland and had been in Reno for three months. In those three months, he had accumulated a bill for sixty-five thousand dollars. The third individual actually had some periods of being sober, and had accumulated a bill of fifty thousand.”

The first of those people was Murray Barr, and Johns and O’Bryan realized that if you totted up all his hospital bills for the ten years that he had been on the streets—as well as

substance-abuse-treatment costs, doctors' fees, and other expenses—Murray Barr probably ran up a medical bill as large as anyone in the state of Nevada.

“It cost us one million dollars not to do something about Murray,” O’Bryan said.

Fifteen years ago, after the Rodney King beating, the Los Angeles Police Department was in crisis. It was accused of racial insensitivity and ill discipline and violence, and the assumption was that those problems had spread broadly throughout the rank and file. In the language of statisticians, it was thought that L.A.P.D.’s troubles had a “normal” distribution—that if you graphed them the result would look like a bell curve, with a small number of officers at one end of the curve, a small number at the other end, and the bulk of the problem situated in the middle. The bell-curve assumption has become so much a part of our mental architecture that we tend to use it to organize experience automatically.

But when the L.A.P.D. was investigated by a special commission headed by Warren Christopher, a very different picture emerged. Between 1986 and 1990, allegations of excessive force or improper tactics were made against eighteen hundred of the eighty-five hundred officers in the L.A.P.D. The broad middle had scarcely been accused of anything. Furthermore, more than fourteen hundred officers had only one or two allegations made against them—and bear in mind that these were not proven charges, that they happened in a four-year period, and that allegations of excessive force are an inevitable feature of urban police work. (The N.Y.P.D. receives about three thousand such complaints a year.) A hundred and eighty-three officers, however, had four or more complaints against them, forty-four officers had six or more complaints, sixteen had eight or more, and one had sixteen complaints. If you were to graph the troubles of the L.A.P.D., it wouldn’t look like a bell curve. It would look more like a hockey stick. It would follow what statisticians call a “power law” distribution—where all the activity is not in the middle but at one extreme.

The Christopher Commission’s report repeatedly comes back to what it describes as the extreme concentration of problematic officers. One officer had been the subject of thirteen allegations of excessive use of force, five other complaints, twenty-eight “use of force reports” (that is, documented, internal accounts of inappropriate behavior), and one shooting. Another had six excessive-force complaints, nineteen other complaints, ten use-of-force reports, and three shootings. A third had twenty-seven use-of-force reports, and a fourth had thirty-five. Another had a file full of complaints for doing things like “striking an arrestee on the back of the neck with the butt of a shotgun for no apparent reason while the arrestee was kneeling and handcuffed,” beating up a thirteen-year-old juvenile, and throwing an arrestee from his chair and kicking him in the back and side of the head while he was handcuffed and lying on his stomach.

The report gives the strong impression that if you fired those forty-four cops the L.A.P.D. would suddenly become a pretty well-functioning police department. But the report also suggests that the problem is tougher than it seems, because those forty-four bad cops were so bad that the institutional mechanisms in place to get rid of bad apples clearly

weren't working. If you made the mistake of assuming that the department's troubles fell into a normal distribution, you'd propose solutions that would raise the performance of the middle—like better training or better hiring—when the middle didn't need help. For those hard-core few who did need help, meanwhile, the medicine that helped the middle wouldn't be nearly strong enough.

In the nineteen-eighties, when homelessness first surfaced as a national issue, the assumption was that the problem fit a normal distribution: that the vast majority of the homeless were in the same state of semi-permanent distress. It was an assumption that bred despair: if there were so many homeless, with so many problems, what could be done to help them? Then, fifteen years ago, a young Boston College graduate student named Dennis Culhane lived in a shelter in Philadelphia for seven weeks as part of the research for his dissertation. A few months later he went back, and was surprised to discover that he couldn't find any of the people he had recently spent so much time with. "It made me realize that most of these people were getting on with their own lives," he said.

Culhane then put together a database—the first of its kind—to track who was coming in and out of the shelter system. What he discovered profoundly changed the way homelessness is understood. Homelessness doesn't have a normal distribution, it turned out. It has a power-law distribution. "We found that eighty per cent of the homeless were in and out really quickly," he said. "In Philadelphia, the most common length of time that someone is homeless is one day. And the second most common length is two days. And they never come back. Anyone who ever has to stay in a shelter involuntarily knows that all you think about is how to make sure you never come back."

The next ten per cent were what Culhane calls episodic users. They would come for three weeks at a time, and return periodically, particularly in the winter. They were quite young, and they were often heavy drug users. It was the last ten per cent—the group at the farthest edge of the curve—that interested Culhane the most. They were the chronically homeless, who lived in the shelters, sometimes for years at a time. They were older. Many were mentally ill or physically disabled, and when we think about homelessness as a social problem—the people sleeping on the sidewalk, aggressively panhandling, lying drunk in doorways, huddled on subway grates and under bridges—it's this group that we have in mind. In the early nineteen-nineties, Culhane's database suggested that New York City had a quarter of a million people who were homeless at some point in the previous half decade—which was a surprisingly high number. But only about twenty-five hundred were chronically homeless.

It turns out, furthermore, that this group costs the health-care and social-services systems far more than anyone had ever anticipated. Culhane estimates that in New York at least sixty-two million dollars was being spent annually to shelter just those twenty-five hundred hard-core homeless. "It costs twenty-four thousand dollars a year for one of these shelter beds," Culhane said. "We're talking about a cot eighteen inches away from the next cot." Boston Health Care for the Homeless Program, a leading service group for the homeless in Boston, recently tracked the medical expenses of a hundred and nineteen



chronically homeless people. In the course of five years, thirty-three people died and seven more were sent to nursing homes, and the group still accounted for 18,834 emergency-room visits—at a minimum cost of a thousand dollars a visit. The University of California, San Diego Medical Center followed fifteen chronically homeless inebriates and found that over eighteen months those fifteen people were treated at the hospital's emergency room four hundred and seventeen times, and ran up bills that averaged a hundred thousand dollars each. One person—San Diego's counterpart to Murray Barr—came to the emergency room eighty-seven times.

“If it's a medical admission, it's likely to be the guys with the really complex pneumonia,” James Dunford, the city of San Diego's emergency medical director and the author of the observational study, said. “They are drunk and they aspirate and get vomit in their lungs and develop a lung abscess, and they get hypothermia on top of that, because they're out in the rain. They end up in the intensive-care unit with these very complicated medical infections. These are the guys who typically get hit by cars and buses and trucks. They often have a neurosurgical catastrophe as well. So they are very prone to just falling down and cracking their head and getting a subdural hematoma, which, if not drained, could kill them, and it's the guy who falls down and hits his head who ends up costing you at least fifty thousand dollars. Meanwhile, they are going through alcoholic withdrawal and have devastating liver disease that only adds to their inability to fight infections. There is no end to the issues. We do this huge drill. We run up big lab fees, and the nurses want to quit, because they see the same guys come in over and over, and all we're doing is making them capable of walking down the block.”

The homelessness problem is like the L.A.P.D.'s bad-cop problem. It's a matter of a few hard cases, and that's good news, because when a problem is that concentrated you can wrap your arms around it and think about solving it. The bad news is that those few hard cases are hard. They are falling-down drunks with liver disease and complex infections and mental illness. They need time and attention and lots of money. But enormous sums of money are already being spent on the chronically homeless, and Culhane saw that the kind of money it would take to solve the homeless problem could well be less than the kind of money it took to ignore it. Murray Barr used more health-care dollars, after all, than almost anyone in the state of Nevada. It would probably have been cheaper to give him a full-time nurse and his own apartment.

The leading exponent for the power-law theory of homelessness is Philip Mangano, who, since he was appointed by President Bush in 2002, has been the executive director of the U.S. Interagency Council on Homelessness, a group that oversees the programs of twenty federal agencies. Mangano is a slender man, with a mane of white hair and a magnetic presence, who got his start as an advocate for the homeless in Massachusetts. In the past two years, he has crisscrossed the United States, educating local mayors and city councils about the real shape of the homelessness curve. Simply running soup kitchens and shelters, he argues, allows the chronically homeless to remain chronically homeless. You build a shelter and a soup kitchen if you think that homelessness is a problem with a broad and unmanageable middle. But if it's a problem at the fringe it can be solved. So

far, Mangano has convinced more than two hundred cities to radically reevaluate their policy for dealing with the homeless.

“I was in St. Louis recently,” Mangano said, back in June, when he dropped by New York on his way to Boise, Idaho. “I spoke with people doing services there. They had a very difficult group of people they couldn’t reach no matter what they offered. So I said, Take some of your money and rent some apartments and go out to those people, and literally go out there with the key and say to them, ‘This is the key to an apartment. If you come with me right now I am going to give it to you, and you are going to have that apartment.’ And so they did. And one by one those people were coming in. Our intent is to take homeless policy from the old idea of funding programs that serve homeless people endlessly and invest in results that actually end homelessness.”

Mangano is a history buff, a man who sometimes falls asleep listening to old Malcolm X speeches, and who peppers his remarks with references to the civil-rights movement and the Berlin Wall and, most of all, the fight against slavery. “I am an abolitionist,” he says. “My office in Boston was opposite the monument to the 54th Regiment on the Boston Common, up the street from the Park Street Church, where William Lloyd Garrison called for immediate abolition, and around the corner from where Frederick Douglass gave that famous speech at the Tremont Temple. It is very much ingrained in me that you do not manage a social wrong. You should be ending it.”

The old Y.M.C.A. in downtown Denver is on Sixteenth Street, just east of the central business district. The main building is a handsome six-story stone structure that was erected in 1906, and next door is an annex that was added in the nineteen-fifties. On the ground floor there is a gym and exercise rooms. On the upper floors there are several hundred apartments—brightly painted one-bedrooms, efficiencies, and S.R.O.-style rooms with microwaves and refrigerators and central airconditioning—and for the past several years those apartments have been owned and managed by the Colorado Coalition for the Homeless.

Even by big-city standards, Denver has a serious homelessness problem. The winters are relatively mild, and the summers aren’t nearly as hot as those of neighboring New Mexico or Utah, which has made the city a magnet for the indigent. By the city’s estimates, it has roughly a thousand chronically homeless people, of whom three hundred spend their time downtown, along the central Sixteenth Street shopping corridor or in nearby Civic Center Park. Many of the merchants downtown worry that the presence of the homeless is scaring away customers. A few blocks north, near the hospital, a modest, low-slung detox center handles twenty-eight thousand admissions a year, many of them homeless people who have passed out on the streets, either from liquor or—as is increasingly the case—from mouthwash. “Dr. Tichenor’s—Dr. Tich, they call it—is the brand of mouthwash they use,” says Roxane White, the manager of the city’s social services. “You can imagine what that does to your gut.”

Eighteen months ago, the city signed up with Mangano. With a mixture of federal and local funds, the C.C.H. inaugurated a new program that has so far enrolled a hundred and

six people. It is aimed at the Murray Barrs of Denver, the people costing the system the most. C.C.H. went after the people who had been on the streets the longest, who had a criminal record, who had a problem with substance abuse or mental illness. "We have one individual in her early sixties, but looking at her you'd think she's eighty," Rachel Post, the director of substance treatment at the C.C.H., said. (Post changed some details about her clients in order to protect their identity.) "She's a chronic alcoholic. A typical day for her is she gets up and tries to find whatever she's going to drink that day. She falls down a lot. There's another person who came in during the first week. He was on methadone maintenance. He'd had psychiatric treatment. He was incarcerated for eleven years, and lived on the streets for three years after that, and, if that's not enough, he had a hole in his heart."

The recruitment strategy was as simple as the one that Mangano had laid out in St. Louis: Would you like a free apartment? The enrollees got either an efficiency at the Y.M.C.A. or an apartment rented for them in a building somewhere else in the city, provided they agreed to work within the rules of the program. In the basement of the Y, where the racquetball courts used to be, the coalition built a command center, staffed with ten caseworkers. Five days a week, between eight-thirty and ten in the morning, the caseworkers meet and painstakingly review the status of everyone in the program. On the wall around the conference table are several large white boards, with lists of doctor's appointments and court dates and medication schedules. "We need a staffing ratio of one to ten to make it work," Post said. "You go out there and you find people and assess how they're doing in their residence. Sometimes we're in contact with someone every day. Ideally, we want to be in contact every couple of days. We've got about fifteen people we're really worried about now."

The cost of services comes to about ten thousand dollars per homeless client per year. An efficiency apartment in Denver averages \$376 a month, or just over forty-five hundred a year, which means that you can house and care for a chronically homeless person for at most fifteen thousand dollars, or about a third of what he or she would cost on the street. The idea is that once the people in the program get stabilized they will find jobs, and start to pick up more and more of their own rent, which would bring someone's annual cost to the program closer to six thousand dollars. As of today, seventy-five supportive housing slots have already been added, and the city's homeless plan calls for eight hundred more over the next ten years.

The reality, of course, is hardly that neat and tidy. The idea that the very sickest and most troubled of the homeless can be stabilized and eventually employed is only a hope. Some of them plainly won't be able to get there: these are, after all, hard cases. "We've got one man, he's in his twenties," Post said. "Already, he has cirrhosis of the liver. One time he blew a blood alcohol of .49, which is enough to kill most people. The first place we had he brought over all his friends, and they partied and trashed the place and broke a window. Then we gave him another apartment, and he did the same thing."

Post said that the man had been sober for several months. But he could relapse at some point and perhaps trash another apartment, and they'd have to figure out what to do with

him next. Post had just been on a conference call with some people in New York City who run a similar program, and they talked about whether giving clients so many chances simply encourages them to behave irresponsibly. For some people, it probably does. But what was the alternative? If this young man was put back on the streets, he would cost the system even more money. The current philosophy of welfare holds that government assistance should be temporary and conditional, to avoid creating dependency. But someone who blows .49 on a Breathalyzer and has cirrhosis of the liver at the age of twenty-seven doesn't respond to incentives and sanctions in the usual way. "The most complicated people to work with are those who have been homeless for so long that going back to the streets just isn't scary to them," Post said. "The summer comes along and they say, 'I don't need to follow your rules.'" Power-law homelessness policy has to do the opposite of normal-distribution social policy. It should create dependency: you want people who have been outside the system to come inside and rebuild their lives under the supervision of those ten caseworkers in the basement of the Y.M.C.A.

That is what is so perplexing about power-law homeless policy. From an economic perspective the approach makes perfect sense. But from a moral perspective it doesn't seem fair. Thousands of people in the Denver area no doubt live day to day, work two or three jobs, and are eminently deserving of a helping hand—and no one offers them the key to a new apartment. Yet that's just what the guy screaming obscenities and swigging Dr. Tich gets. When the welfare mom's time on public assistance runs out, we cut her off. Yet when the homeless man trashes his apartment we give him another. Social benefits are supposed to have some kind of moral justification. We give them to widows and disabled veterans and poor mothers with small children. Giving the homeless guy passed out on the sidewalk an apartment has a different rationale. It's simply about efficiency.

We also believe that the distribution of social benefits should not be arbitrary. We don't give only to some poor mothers, or to a random handful of disabled veterans. We give to everyone who meets a formal criterion, and the moral credibility of government assistance derives, in part, from this universality. But the Denver homelessness program doesn't help every chronically homeless person in Denver. There is a waiting list of six hundred for the supportive-housing program; it will be years before all those people get apartments, and some may never get one. There isn't enough money to go around, and to try to help everyone a little bit—to observe the principle of universality—isn't as cost-effective as helping a few people a lot. Being fair, in this case, means providing shelters and soup kitchens, and shelters and soup kitchens don't solve the problem of homelessness. Our usual moral intuitions are little use, then, when it comes to a few hard cases. Power-law problems leave us with an unpleasant choice. We can be true to our principles or we can fix the problem. We cannot do both.

A few miles northwest of the old Y.M.C.A. in downtown Denver, on the Speer Boulevard off-ramp from I-25, there is a big electronic sign by the side of the road, connected to a device that remotely measures the emissions of the vehicles driving past. When a car with properly functioning pollution-control equipment passes, the sign flashes "Good." When a car passes that is well over the acceptable limits, the sign flashes "Poor." If you stand at the Speer Boulevard exit and watch the sign for any length of

time, you'll find that virtually every car scores "Good." An Audi A4—"Good." A Buick Century—"Good." A Toyota Corolla—"Good." A Ford Taurus—"Good." A Saab 9-5—"Good," and on and on, until after twenty minutes or so, some beat-up old Ford Escort or tricked-out Porsche drives by and the sign flashes "Poor." The picture of the smog problem you get from watching the Speer Boulevard sign and the picture of the homelessness problem you get from listening in on the morning staff meetings at the Y.M.C.A. are pretty much the same. Auto emissions follow a power-law distribution, and the air-pollution example offers another look at why we struggle so much with problems centered on a few hard cases.

Most cars, especially new ones, are extraordinarily clean. A 2004 Subaru in good working order has an exhaust stream that's just .06 per cent carbon monoxide, which is negligible. But on almost any highway, for whatever reason—age, ill repair, deliberate tampering by the owner—a small number of cars can have carbon-monoxide levels in excess of ten per cent, which is almost two hundred times higher. In Denver, five per cent of the vehicles on the road produce fifty-five per cent of the automobile pollution.

"Let's say a car is fifteen years old," Donald Stedman says. Stedman is a chemist and automobile-emissions specialist at the University of Denver. His laboratory put up the sign on Speer Avenue. "Obviously, the older a car is the more likely it is to become broken. It's the same as human beings. And by broken we mean any number of mechanical malfunctions—the computer's not working anymore, fuel injection is stuck open, the catalyst died. It's not unusual that these failure modes result in high emissions. We have at least one car in our database which was emitting seventy grams of hydrocarbon per mile, which means that you could almost drive a Honda Civic on the exhaust fumes from that car. It's not just old cars. It's new cars with high mileage, like taxis. One of the most successful and least publicized control measures was done by a district attorney in L.A. back in the nineties. He went to LAX and discovered that all of the Bell Cabs were gross emitters. One of those cabs emitted more than its own weight of pollution every year."

In Stedman's view, the current system of smog checks makes little sense. A million motorists in Denver have to go to an emissions center every year—take time from work, wait in line, pay fifteen or twenty-five dollars—for a test that more than ninety per cent of them don't need. "Not everybody gets tested for breast cancer," Stedman says. "Not everybody takes an AIDS test." On-site smog checks, furthermore, do a pretty bad job of finding and fixing the few outliers. Car enthusiasts—with high-powered, high-polluting sports cars—have been known to drop a clean engine into their car on the day they get it tested. Others register their car in a faraway town without emissions testing or arrive at the test site "hot"—having just come off hard driving on the freeway—which is a good way to make a dirty engine appear to be clean. Still others randomly pass the test when they shouldn't, because dirty engines are highly variable and sometimes burn cleanly for short durations. There is little evidence, Stedman says, that the city's regime of inspections makes any difference in air quality.

He proposes mobile testing instead. Twenty years ago, he invented a device the size of a suitcase that uses infrared light to instantly measure and then analyze the emissions of cars as they drive by on the highway. The Speer Avenue sign is attached to one of Stedman's devices. He says that cities should put half a dozen or so of his devices in vans, park them on freeway off-ramps around the city, and have a police car poised to pull over anyone who fails the test. A half-dozen vans could test thirty thousand cars a day. For the same twenty-five million dollars that Denver's motorists now spend on on-site testing, Stedman estimates, the city could identify and fix twenty-five thousand truly dirty vehicles every year, and within a few years cut automobile emissions in the Denver metropolitan area by somewhere between thirty-five and forty per cent. The city could stop managing its smog problem and start ending it.

Why don't we all adopt the Stedman method? There's no moral impediment here. We're used to the police pulling people over for having a blown headlight or a broken side mirror, and it wouldn't be difficult to have them add pollution-control devices to their list. Yet it does run counter to an instinctive social preference for thinking of pollution as a problem to which we all contribute equally. We have developed institutions that move reassuringly quickly and forcefully on collective problems. Congress passes a law. The Environmental Protection Agency promulgates a regulation. The auto industry makes its cars a little cleaner, and—presto—the air gets better. But Stedman doesn't much care about what happens in Washington and Detroit. The challenge of controlling air pollution isn't so much about the laws as it is about compliance with them. It's a policing problem, rather than a policy problem, and there is something ultimately unsatisfying about his proposed solution. He wants to end air pollution in Denver with a half-dozen vans outfitted with a contraption about the size of a suitcase. Can such a big problem have such a small-bore solution?

That's what made the findings of the Christopher Commission so unsatisfying. We put together blue-ribbon panels when we're faced with problems that seem too large for the normal mechanisms of bureaucratic repair. We want sweeping reforms. But what was the commission's most memorable observation? It was the story of an officer with a known history of doing things like beating up handcuffed suspects who nonetheless received a performance review from his superior stating that he "usually conducts himself in a manner that inspires respect for the law and instills public confidence." This is what you say about an officer when you haven't actually read his file, and the implication of the Christopher Commission's report was that the L.A.P.D. might help solve its problem simply by getting its police captains to read the files of their officers. The L.A.P.D.'s problem was a matter not of policy but of compliance. The department needed to adhere to the rules it already had in place, and that's not what a public hungry for institutional transformation wants to hear. Solving problems that have power-law distributions doesn't just violate our moral intuitions; it violates our political intuitions as well. It's hard not to conclude, in the end, that the reason we treated the homeless as one hopeless undifferentiated group for so long is not simply that we didn't know better. It's that we didn't want to know better. It was easier the old way.

Power-law solutions have little appeal to the right, because they involve special treatment for people who do not deserve special treatment; and they have little appeal to the left, because their emphasis on efficiency over fairness suggests the cold number-crunching of Chicago-school cost-benefit analysis. Even the promise of millions of dollars in savings or cleaner air or better police departments cannot entirely compensate for such discomfort. In Denver, John Hickenlooper, the city's enormously popular mayor, has worked on the homelessness issue tirelessly during the past couple of years. He spent more time on the subject in his annual State of the City address this past summer than on any other topic. He gave the speech, with deliberate symbolism, in the city's downtown Civic Center Park, where homeless people gather every day with their shopping carts and garbage bags. He has gone on local talk radio on many occasions to discuss what the city is doing about the issue. He has commissioned studies to show what a drain on the city's resources the homeless population has become. But, he says, "there are still people who stop me going into the supermarket and say, 'I can't believe you're going to help those homeless people, those bums.' "

Early one morning a year ago, Marla Johns got a call from her husband, Steve. He was at work. "He called and woke me up," Johns remembers. "He was choked up and crying on the phone. And I thought that something had happened with another police officer. I said, 'Oh, my gosh, what happened?' He said, 'Murray died last night.' " He died of intestinal bleeding. At the police department that morning, some of the officers gave Murray a moment of silence.

"There are not many days that go by that I don't have a thought of him," she went on. "Christmas comes— and I used to buy him a Christmas present. Make sure he had warm gloves and a blanket and a coat. There was this mutual respect. There was a time when another intoxicated patient jumped off the gurney and was coming at me, and Murray jumped off his gurney and shook his fist and said, 'Don't you touch my angel.' You know, when he was monitored by the system he did fabulously. He would be on house arrest and he would get a job and he would save money and go to work every day, and he wouldn't drink. He would do all the things he was supposed to do. There are some people who can be very successful members of society if someone monitors them. Murray needed someone to be in charge of him."

But, of course, Reno didn't have a place where Murray could be given the structure he needed. Someone must have decided that it cost too much.

"I told my husband that I would claim his body if no one else did," she said. "I would not have him in an unmarked grave."

# West County Reentry Resource Center

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December 31, 2013

TO: Amanda Elliott, Richmond Main Street Initiative

RE: Recruitment Property Inventory Recap

This memo summarizes information compiled on 12 properties investigated for Richmond Main Street's recruitment-oriented property inventory. Most of the properties discussed below are actively for sale or lease. A few owners have temporarily withdrawn their properties from the market, but expect them to be offered in the coming year. Separately, I have developed and delivered individual promotional flyers on each property.

The map below shows Downtown Richmond. The properties in blue are included within the Property-based Business Improvement District (PBID), and managed by the Richmond Main Street Initiative (RMSI). The PBID lot numbers are used to identify the vacant buildings discussed in this memo.



Available properties

At the end of this memo, there is a graphic showing locations of properties now under management by the City of Richmond and/or its Successor Agency to the former Redevelopment Agency. The Successor Agency Commission is working on the disposition plan that will be submitted to the State of California for approval of policies and practices to guide future uses and ownership of those properties.

## AVAILABLE VACANCIES and/or DEALS PENDING

### PBID MAP CODE 4      BART GARAGE RETAIL

*For Lease; deal pending on east corner*

**LOCATION:** This ground floor retail space is newly constructed, occupying the area at the front of, and under, the BART Garage that serves Transit Center riders only.



The retail space is located on the Macdonald Avenue sidewalk, between 15th Street on west and the 16<sup>th</sup> Street entry into the Transit Center on the east. There is curbside parking on Macdonald Avenue and 15<sup>th</sup> Street, plus nearby public parking lots

**TYPE:** The 10,000 square foot space is divisible for single or multiple tenants. The rental space is a shell, with concrete floor and masonry walls. All interior improvements will be customized to tenant specifications by negotiation.

**MARKETING:** BART's property department is handling all rentals. They are negotiating a lease with a restaurant on the east corner, and discussing possible prospects to fill the remainder.

### PBID MAP CODE 6      METRO-WALK RETAIL

*For Lease*



**LOCATION:** A corner-facing retail space is located at 1551 Nevin Avenue Plaza on the northeast corner of Marina Way and Nevin Plaza, in the Metro Walk Transit Village. The BART-Amtrak Station is located one block east.

**TYPE:** The 2,750 square feet retail space occupies a 3,310 square foot lot as part of and adjacent to the Metro Walk townhouses. Built in 2008, this space still stands as an empty shell to be customized by the new tenant. The space has curbside parking and a public parking lot one block to the west. The sidewalk design allows for outdoor seating or displays.

**MARKETING:** The owners are the Nasser family, who are handling leasing on their own. RMSI has heard there is a Latino restaurant interested in the space, with current status unknown.

## PBID MAP CODE 17 1500 MACDONALD AVENUE

*For Sale*



**LOCATION:** This commercial building is located at the southwest corner of Macdonald Avenue and 15<sup>th</sup> Street, across from the BART Garage and a block west of the entry into the Transit Center. Curbside parking is available on Macdonald Avenue and 15<sup>th</sup> Street. There is room for a vehicle to be stored inside.

**TYPE:** The 5,600 square foot building occupies 100% of its lot. It is a single story, free-standing, masonry structure with a small mezzanine plus a warehouse bay on the south side. There is a corner-facing main door, a service door on Macdonald Avenue and a 9' x 12' roll-up garage door plus a service door on 15<sup>th</sup> Street. It was constructed in 1954. Based on photos, the interior appears to be in good condition and generally ready to occupy with tile flooring, finished ceiling, walls and partitions. Windows facing Macdonald Avenue are partially blocked off, but can be reopened. The owner of Grandpa's World Salvage across 15<sup>th</sup> Street purchased two adjacent vacant lots located on the east and south sides of 1500 Macdonald Avenue. Zero-setback zoning potentially allows construction on the neighboring lots to abut this building.

**MARKETING:** After foreclosure in 2013, the current lender-owner is SMS Financial LLC in Phoenix AZ. The property is listed for sale at \$350,000, through Broker Rudy Wilson of Security Pacific Real Estate Brokerage in Richmond. In the last few months, the lender has received several purchase offers, some went into escrow, but none has closed to date. The broker has been very proactive, and is likely to close a deal in 2014. There may be some technical problems with the property that caused recent deals to be cancelled — details unknown. The former occupant was East Bay Bargains. Similar businesses have been looking at the space.

## **PBID MAP CODE 27     1418-1420 MACDONALD AVENUE**

*Possibly for Lease*



**LOCATION:** The property is a double storefront located on the south side of Macdonald Avenue, midblock between 15<sup>th</sup> Street on the east and Marina Way on the west. It has 2-hour free street parking on Macdonald Avenue, plus a public parking lot one block northwest on

Nevin Avenue. The same owner has a vacant 25-foot wide lot adjacent, which may or may not be available for off-street parking.

**TYPE:** The single story masonry structure covers 100% of the 5,625 square foot lot (excluding the adjacent 2,800 square foot vacant lot). The building is in fair condition on the inside, and has had recent tenants (including the office for the WIC agency). Status of seismic code compliance is unknown

**MARKETING:** The Main Street District property roll identifies the owner as Wu He Hui, in San Pablo. Lucien Sung (at the same address) handles leasing and management. The building can be rented as two single stores of 1,800 square feet each, or as a double storefront of 5,600 square feet. Asking rent is about \$1.00 per square foot, details unknown. I have spoken with Mr. Sung briefly. He says he recently rented the building for storage on what he expects to be a temporary basis.

## **PBID MAP CODE 35     FOODSCO SHOPPING CENTER**

*Lease pending*



**LOCATION:** This free-standing storefront is located curbside on the north end of the FoodSCO-Walgreens Shopping Center parking lot. The shopping center lies on the south side of Macdonald Avenue between Marina Way on the east and 11<sup>th</sup> Street on the west.

**TYPE:** The masonry single story building is designed for a single tenant, formerly occupied by Payless Shoe Source. The building's main entry door faces east toward Burger King, its north side fronts on the Macdonald Avenue sidewalk, and the west side has two single and one double service doors for loading. The interior is in good condition and generally ready to





occupy. Tenants share rights to the shopping center parking lot, and pay a common area fee. The owner has upgraded the air conditioning.

**MARKETING:** The owner is a Southern California investor. Yan L. Yin of SBL Professional Realty Inc. in Orange CA is the leasing agent. I have spoken with Mr. Yin on several occasions. In December, he reported they have a prospective tenant but no signed lease,

with details not revealed.

## **PBID MAP CODE 39-40 MILENS BUILDING - 912-916 MACDONALD AVENUE**

*For Lease*



**LOCATION:** The mid-block building is located on the south side of Macdonald Avenue, between 9<sup>th</sup> Street to the west and Harbour Way to the east. It has limited 2-hour free street parking. Kaiser Medical Center is located one block north at Nevin Avenue and Harbour Way North. Kaiser's parking garage is located directly across the street from the Milens Building, but the general public is not allowed

to park there. There may be rights to Kaiser's surface parking lot at the northwest corner of 8<sup>th</sup> Street and Macdonald Avenue — details to be determined.

**TYPE:** The property consists of a two-story building with dual storefronts that encompass approximately 10,000 square feet (plus basement). The structure covers 100% of a double lot with 5,826 square feet. The interior has a mezzanine and access to a roof garden. The east half was formerly the Milens Jewelry Company, with the old vault still in place. The owners are gradually upgrading the building, with more work to be done. The interior can be customized to accommodate one or more tenants. Status of seismic code compliance is unknown

**MARKETING:** The owner is Karla Deshon of Paradigm General Contractors, located in Downtown Richmond. She has had the building passively on the market. In my conversations with her, Ms Deshon says she will give Richmond Main Street a tour of the property early in 2014. And she will be willing to discuss recruitment strategies at that time.

## **PBID MAP CODE 45     816-822 MACDONALD AVENUE**

### *Sale in Escrow*



**LOCATION:** The building is located on the south side of Macdonald Avenue, near 8<sup>th</sup> Street. There is street parking on Macdonald Avenue and 8<sup>th</sup> Street. Kaiser Medical Center is one block north. The Kaiser parking garage is located across Macdonald Avenue, but not available for public parking. The two vacant

lots to the west are held under the Successor Agency, as former Redevelopment Agency property. Behind to the south are under-developed properties with a playground/parking lot that have not yet been investigated, but which may offer future opportunities.

**TYPE:** The two-story building has a double ground floor retail space with a former fraternal meeting hall upstairs. The building may require significant work before it's ready for occupancy. The façade is currently covered with mural panels. Status of seismic code compliance is unknown.

**MARKETING:** Ryan De Mello has a sale ready to close, pending last minute loose ends. Status and opportunities will be discussed in 2014.

## **PBID MAP CODE 66     332-334 HARBOUR WAY NORTH**

### *Live Work Space For Lease*



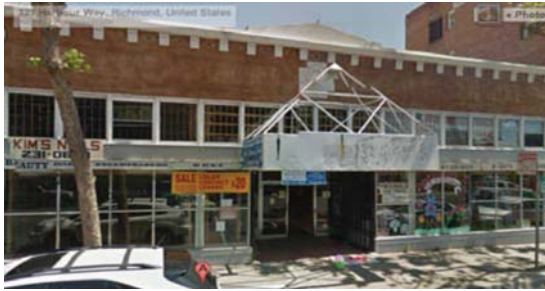
**LOCATION:** The building is located on Harbour Way, midblock between Nevin Avenue to the north and Macdonald Avenue to the south. It is positioned between the Hacienda Grill Restaurant and the Market Square Mall retail/office building. Behind on the east side, the City maintains a public parking lot, with 2-hour free parking. Kaiser Medical Center is across the street, and the post office is a half-block north.

**TYPE:** This 4,400 square foot building is a two story live-work duplex, built with masonry construction on a 2,800 square foot lot. Each half has 2,200 square feet in a split-level upstairs-downstairs design with a mezzanine. The entries are secured, with common front door on Harbour Way, and a common rear door exiting to the public parking lot in the back.

**MARKETING:** The owner is a private family trust. Frank Atkins is a family member who lives in one-half of the duplex, and handles the leasing for the other half. He is asking about \$2,000 per month for the vacant half

## **PBID MAP CODE 73 MARKET SQUARE MALL - 322 HARBOUR WAY**

### *For Lease*



**LOCATION:** Market Square Mall is located across Harbour Way from Kaiser Medical Center, midblock between Nevin Avenue on the north and Macdonald Avenue on the south. There are entries at Harbour Way and the parking lot behind. This building offers better parking than most Downtown properties. Free 2-hour parking is available curbside on Harbour Way and on 11<sup>th</sup> Street, and in the public lot on the east side of the building. A public parking garage for longer term parking is located a half-block north, at the southeast corner of Nevin Way and 11<sup>th</sup> Street.

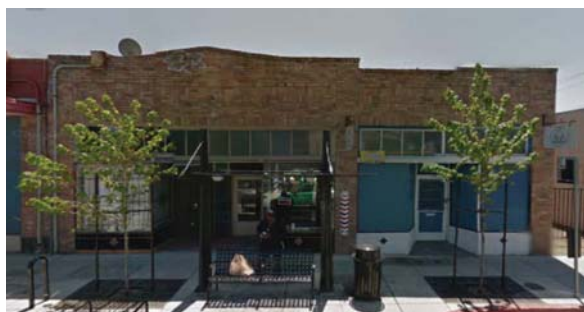
**TYPE:** The two-story building contains 22,200 square feet on a lot of 11,250 square feet. The layout is organized around a central indoor atrium. It is divided into multiple retail and office spaces, with shared restrooms. Current tenants include small retail shops, a sandwich deli, informal church and offices. We have no information on seismic compliance for this building.

**MARKETING:** There is a leasing office on-site, but it is often without staff. Sometimes it's been hard to reach anyone at the leasing office, even though there are vacant spaces, both upstairs and down. Finally, I did speak with owner Dave Trussell, and he is interested in hearing more about Richmond Main Street's recruitment strategy. And by email, he replied to the recruitment flyer mailer, with updated phone contact information and otherwise approving content.

## POTENTIALLY AVAILABLE IN 2014 or LATER

PBID MAP CODE 28 1406-1412 MACDONALD AVENUE

*Temporarily Off-Market*



**LOCATION:** The owner has an L-shaped lot that is partly covered by a building fronting on the south side of Macdonald Avenue. The L-shaped lot also fronts on Marina Way, wrapping around the corner restaurant owned by a different investor. There is also curbside parking on Macdonald Avenue and Marina Way.



**TYPE:** The single story masonry building occupies part but not all of the lot that fronts on Macdonald Avenue. It is divided into two narrow storefronts, both now vacant. There is a narrow walkway running back along the west side of the building, separating it from the corner restaurant. The Marina Way portion of the lot has been used for parking. From old photos, it appears the Marina Way portion

of the lot may have been rented as extra parking for 262 Marina Way next door to the south. The owner is repairing vandalized damage that occurred a few months ago. The easterly storefront has been vacant for a long time. A barber shop vacated the westerly half a few months ago. Status of seismic code compliance is unknown

**MARKETING:** Frank Lembi of Skyline Realty owns the property. He also owns and runs Citi-Apartments, a portfolio of apartment buildings in San Francisco. I have spoken with Mr. Lembi on several occasions. He looks forward to working with Richmond Main Street after the first of the year, when his building is ready to be put back on the market.



## **PBID MAP CODE 41     910 MACDONALD AVENUE**

*Marketing pending*



**LOCATION:** The midblock building is located on the south side of Macdonald Avenue, between 9<sup>th</sup> Street on the west and Harbour Way on the east. Kaiser Medical Center is located a block north, at Nevin Avenue and Harbour Way North. There is a privately owned vacant lot adjacent to the west, not currently on the market. On the east side, the Milens Building is available for occupancy.

**TYPE:** The single story masonry building occupies 100% of its 2,800 square foot lot. The façade is protected by a roll-up security door. There is a small service door for access. We do not know what will be required to make the space fully marketable. We do not know the status of seismic code compliance.

**MARKETING:** Broker Jeff Goodman of Harbour Bay Realty reports that the owner let the listing expire so it is currently off the market. He expects the owner to list it again in 2014 — details pending.

## **PBID MAP CODE 52     MARTIN BUILDING AT 1001 MACDONALD AVENUE**

*Leasing Status Unknown*



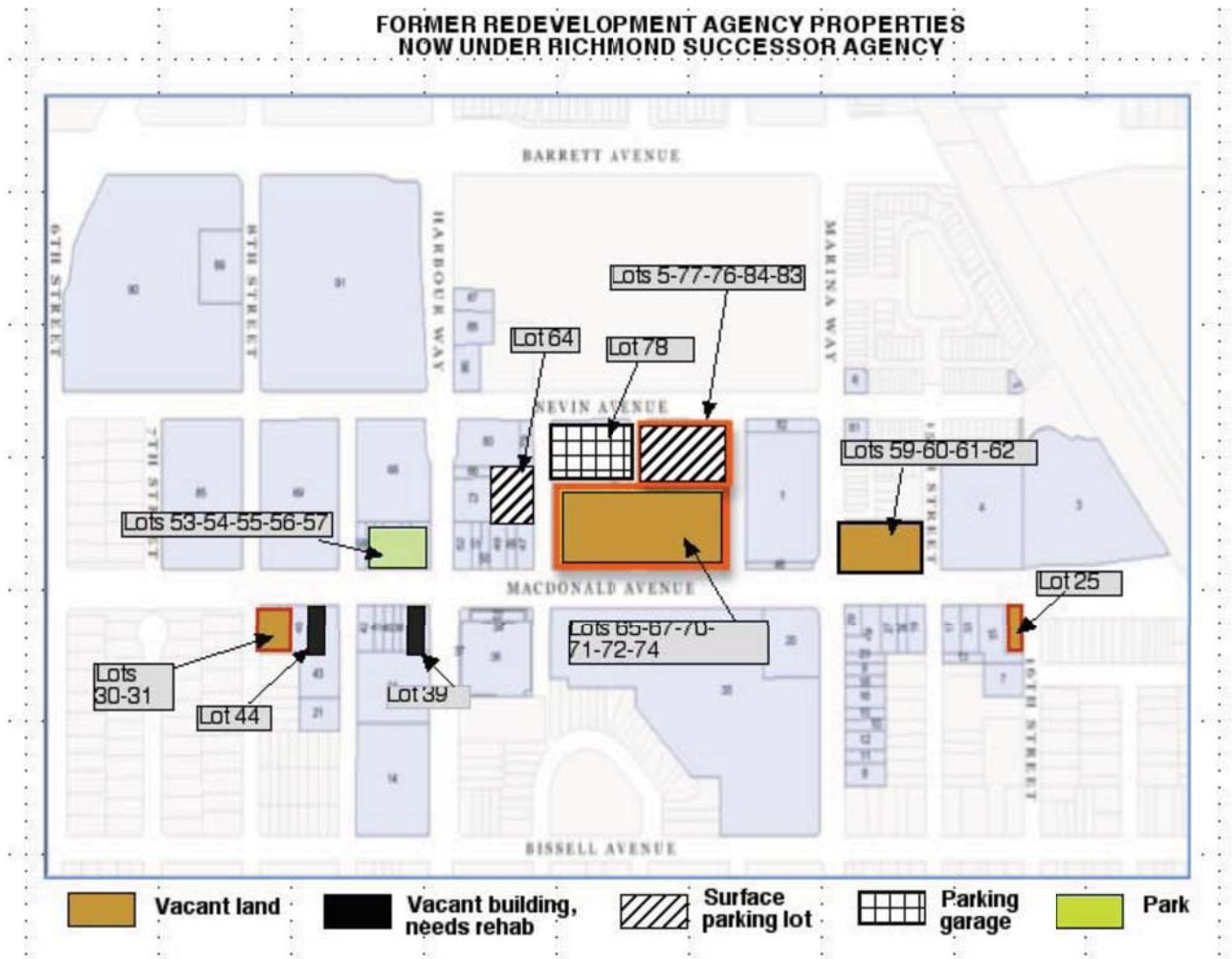
**LOCATION:** The Martin Building is a Downtown landmark, at the northeast corner of Macdonald Avenue and Harbour Way North. Free 2-hour parking is available in the public parking lot behind the building on 11<sup>th</sup> Street. And 2-hour free street parking on both Harbour Way and Macdonald Avenue. The Kaiser Medical Center is located across the street, at Nevin Avenue and Harbour Way.

**TYPE:** The Martin Building commands the neighborhood as an imposing four-story structure. It formerly housed a bank with an impressive banking lobby. The status of the upper floors (and seismic compliance) is unknown.

**MARKETING:** The owner, Ernestine Martin, uses the old bank lobby to run her real estate and property management business. Mrs. Martin has not returned calls for me to confirm if there are any spaces for rent within this building.

## SUCCESSOR AGENCY PROPERTIES

The City of Richmond has several former Redevelopment Agency properties under their Successor Agency. State regulations will govern disposition of these properties. Development has been suspended on two key vacant blocks on Macdonald Avenue (outlined below in orange). That property and related parking will offer interesting opportunities for the coming years, significantly impacting the future character and vitality of Downtown.



## OBSERVATIONS



The Richmond Main Street program can cultivate liaisons among property owners, providing guidance and support for cooperative marketing efforts.

To promote vacant properties, Richmond Main Street can develop themed signage and maps that are easily identifiable. The signs would be tied to maps and the Recruitment Property Inventory Notebook available in the Main Street office. This type of themed signage would enhance Downtown's streetscape and make it easier for prospective new businesses to find a suitable location.

Property owners and their brokers can explore ways to cooperate with one another to create clusters of synergistic activities.

For example, the 800 and 900 blocks on the south side of Macdonald Avenue have groups of vacant or under-utilized properties that could be developed and/or marketed together. Similar cluster opportunities can be found in the 1400 and 1500 blocks. These blocks represent possibilities for connecting with properties just outside the PBID boundary.

On Harbour Way, the Market Square Mall could be upgraded and marketed in a more focused manner, to attract tenants who could share advertising and attract customers for one another.

Improved cooperation among the Main Street program, property owners and brokers would significantly improve opportunities for word-of-mouth marketing and referrals.

Combined and focused efforts would give Downtown a more distinctive image and identity.

# West County Reentry Resource Center

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January 20, 2014

Rebecca Brown  
Reentry Solutions Group

RE: West County One Stop Site

Dear Rebecca,

My name is Daniel Goldschmidt. I've been teaching special education for the West Contra Costa Unified School District since 2001 and have been the owner of the old Kobel Glass Works at 1711 Barrett Avenue in Richmond, CA since January 1, 2000.

It is my understanding that your organization is currently searching for a location to house its West County One Stop Project. In light of your search, allow this correspondence to represent a formal request for the Reentry Solutions Group's consideration of the 1711 Barrett Avenue property.

Located across the street from the Richmond Bart Station, this commercial property has 4 buildings whose combined 7500 sq ft. sits atop a 10,000 sq. ft. foot print. With its proximity to public transportation and the city's central district and civic center, 1711 Barrett Ave. has the potential to become the ideal location for your organization's undertaking.

In the course of my job, which entails many roles including case management and agency linkages for those on my caseload, I initially became aware of AB109 and the ongoing efforts of major community groups to develop successful, sustainable alternatives to prison expansion. I work with 18-22 year old special education students at the District's Transition Program. Our focus is on vocational training, social-emotional development, and the mastery of daily living skills. Our mission is to foster self-determination and independence in our students and while a significant number of our students enjoy varying levels of success after they leave our program, there are far too many that end up in the criminal justice system.

As I have learned more AB109 and the community's response, I've become genuinely hopeful about the overall direction that groups like CCISCO and the Safe Return Project (along with all those who support their efforts) are headed. I believe the community is not only poised for realignment, but may very well be at the vanguard of a new era of community empowerment in which creative solutions lead to such a significant cultural pivot.

Hopefully I have something to add to the mix. Please consider the following:

***A Place for Hope: Public Safety Realignment In West Contra Costa County and the Potential of 1711 Barrett Avenue as the Location for Richmond's "First Stop Welcoming Center"***

This property has many things working in its favor:

1. The zoning restrictions imposed in the last 10 years now prohibit those industrial uses (automotive repair, light manufacturing) which were formerly predominant at 1711 Barrett Avenue; however,
2. As part of the enterprise zone which concentrically extends from the Amtrak/Bart/Transit Village, approved uses place emphasis upon various people-related services ranging from coffee shops to community centers.
3. Adjacent to 1711 Barrett Avenue are a church on one side and a barber shop and nail salon on the other, each with the potential for some form of horizontal integration whether it be as stakeholders, sponsors, employers, or even long-term property acquisitions.
4. The property consists of 4 buildings: one 1000, two 1250, and one 3800 square ft in size. In addition, there is a center concrete lot approximately 2500-3000 square feet. Clearly, there is an adequate amount of space to work with. As a foot print, approx 10,500 square feet, there is potential for expansion.
5. Located across the street from the Richmond Bart station, the property's logistical proximity clamors "Welcome to Richmond."

My questions for you are:

1. Who is the party that would actually engage in acquiring the property
2. What do they need from me in the short term?
3. Would they want to lease or purchase the property?

Whether or its people or property, the prospect of realizing one's hidden potential is both exciting and gratifying. If there is interest in pursuing the viability of 1711 Barrett Avenue, I can assure you that every effort will be made to make this thing happen. Don't hesitate to contact me with any questions, comments, or inquiries you may have.

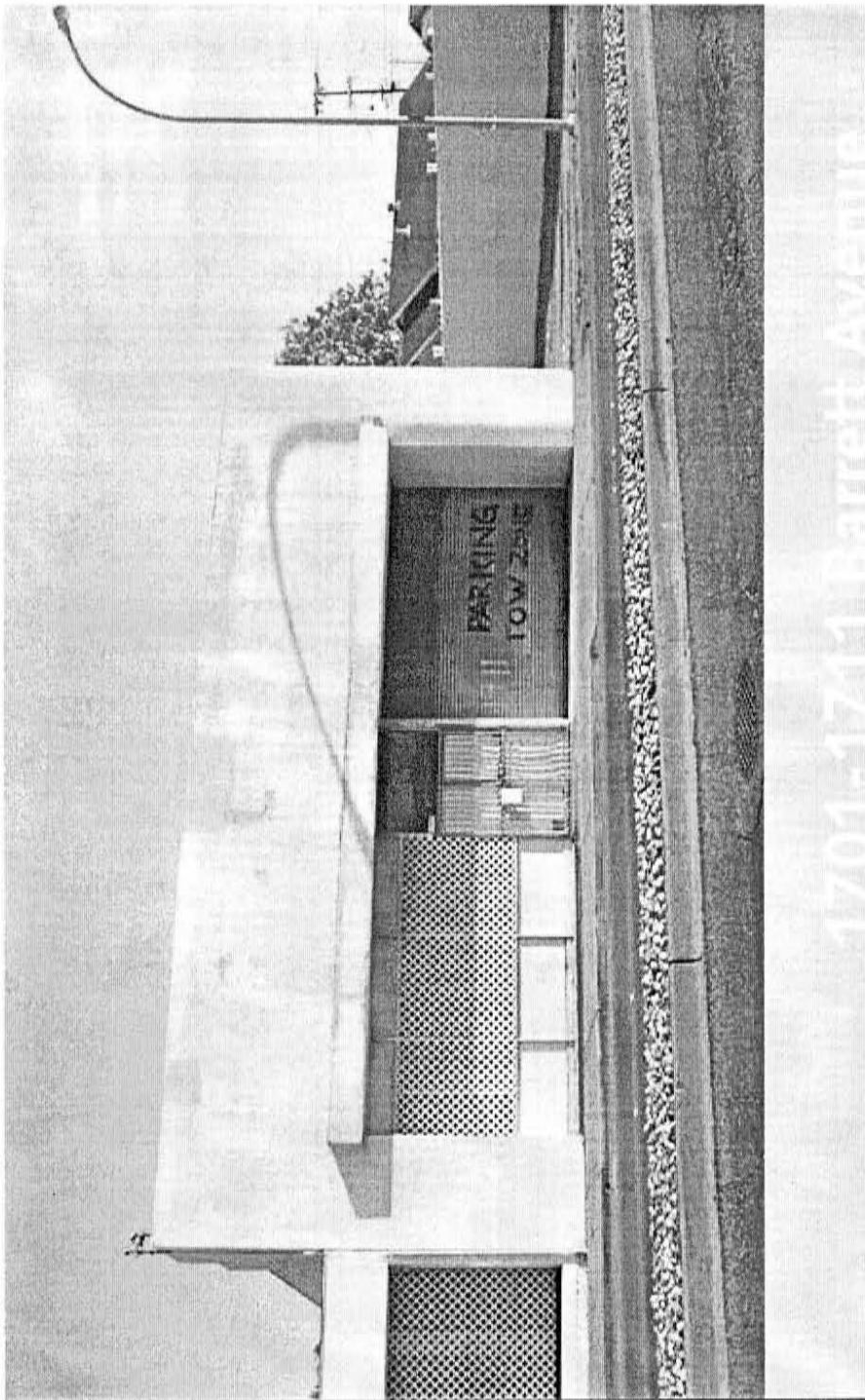
Thank you for your time and attention in this matter. Your thoughtful consideration is greatly appreciated and I look forward to hearing from you.

Regards,

Daniel Goldschmidt  
510 778 6565



FOR SALE



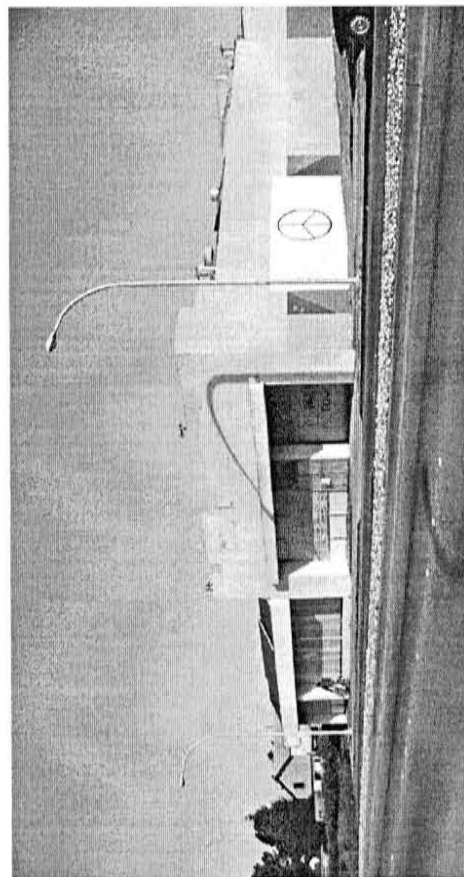
Richmond, CA

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## Barrett Avenue

Richmond  
California



This information has been  
secured by GVA Kidder  
Mathews from sources  
believed to be reliable. It is  
not guaranteed and should  
be verified prior to con-  
summing any transaction.



## Property Description

Property Name and Address

1701 – 1711 Barrett Avenue, Richmond, CA 94801  
Contra Costa County

Assessor's Parcel Number

514-170-022-8 and 514-170-021-0

Interest Valued

Grant Deed

Year Built

1956 – 1701 Barrett and 1946 – 1711 Barrett

Improvements

Small building of approximately 2,500 square feet at 1701 Barrett;  
Small building of approximately 7,500 square feet at 1711 Barrett.  
3 Small buildings of approximately 2,500 square feet combined at 1711 Barrett

Land Area

Combined .44 AC MOL or  $\pm$  19,250 square feet of land  
.09 AC MOL or  $\pm$  4,000 square feet of land at 1701 Barrett  
.35 AC MOL, or  $\pm$  15,250 square feet of land at 1711 Barrett  
Buyer should perform own survey.

Zoning

CB - Commercial  
Permitted Uses: commercial use;  
retail services; residential; industrial;  
and religious assembly.  
Conditional Uses: special trade  
contractors.

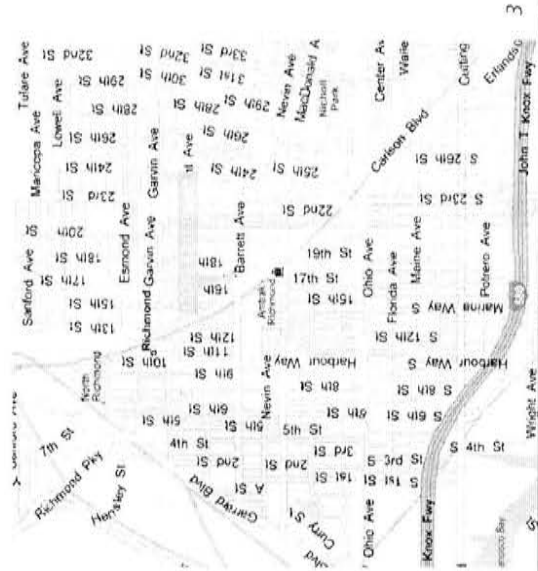
Use Code

Commercial Store/Building

Asking Price

Negotiable

Location Map



## Site Description

**Location** Corner to mid-block on the north side of Barrett Avenue, and mid-block to corner of Seventeenth Street.

**Zoning** According to the City of Richmond, the portion of the site fronting Barrett Avenue is zoned Urban Medium Density allowing 13-19 units/acre and the rear portion zoned Multifamily High Density Residential. Current zoning potentially supports 9 - 14 units on this site. In 2008, a General Plan Update for the City of Richmond will be implemented and the property will be rezoned to either Medium or High Intensity Mixed-Use. According to the Richmond Planning Department, the site can then potentially support up to 33 units at the low end and 55 units at the high end.

Future potential redevelopment uses for this site include housing, offices, retail and other commercial development.

**Shape** Rectangular

**Land Area** Plat information indicates that both parcels combine to  $\pm 19,250$  square feet or 0.44 acres. The assessor's information states that both parcels combine to  $\pm 15,250$  square feet, or .35 acres.

**Building** The sites have 5 structures for a combined area of  $\pm 12,500$  square feet.

The assessor's information states that the sites have two structures (2,500 square feet on 1701 Barrett Avenue and 7,500 square feet on 1711 Barrett Avenue).

**Frontage** The subject property has approximately 180' frontage along Seventeenth Street, and 100' frontage along Barrett Avenue.

**Topography** The subject site area is generally level and at street grade.

**Access** The parcels can be accessed from Seventeenth Street and Barrett Avenue.

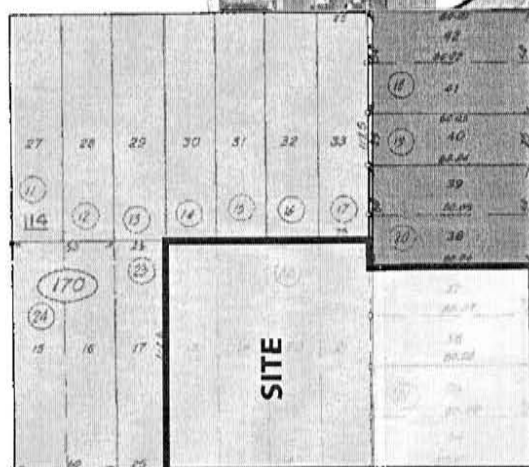
**Special Hazards** We are not aware of any undesirable factors, nuisances, or hazards, including toxic waste or other environmental hazards, present at this subject property.

4

# Barrett Avenue

Richmond  
California

## Site Description (cont.)



## Market Overview

# Barrett Avenue

Richmond  
California

Barrett Avenue at Seventeenth Street in Richmond is adjacent to Phase I of the Richmond Transit Village, recently completed. This was a joint effort with BART and the Richmond Redevelopment Agency. Phase II is still in planning and includes additional townhomes and a parking garage with retail/commercial space on the ground floor. Phase I has been considered a very successful redevelopment. The Barrett Avenue sites are located directly across the street from the Phase II redevelopment.

Downtown Richmond is a unique submarket. There are numerous properties which are planned for redevelopment and numerous other properties currently utilized for a variety of uses, including service retail, small office, medical, and social services. The 2008 update to Richmond's General Plan provides zoning changes to encourage expanded and intensified mixed-use development along key nodes and corridors important to Richmond's downtown revitalization.

The Richmond Redevelopment Agency is actively pursuing the redevelopment of the downtown core. Presently, Kaiser Permanente's hospital and the Social Security Administration anchor the downtown core. AF Evans completed the residential project near the BART station, along with The Olson Companies, and service retail supports these three uses. The balance of the market is essentially awaiting redevelopment, which will significantly revitalize the area.



## Market Overview (cont.)

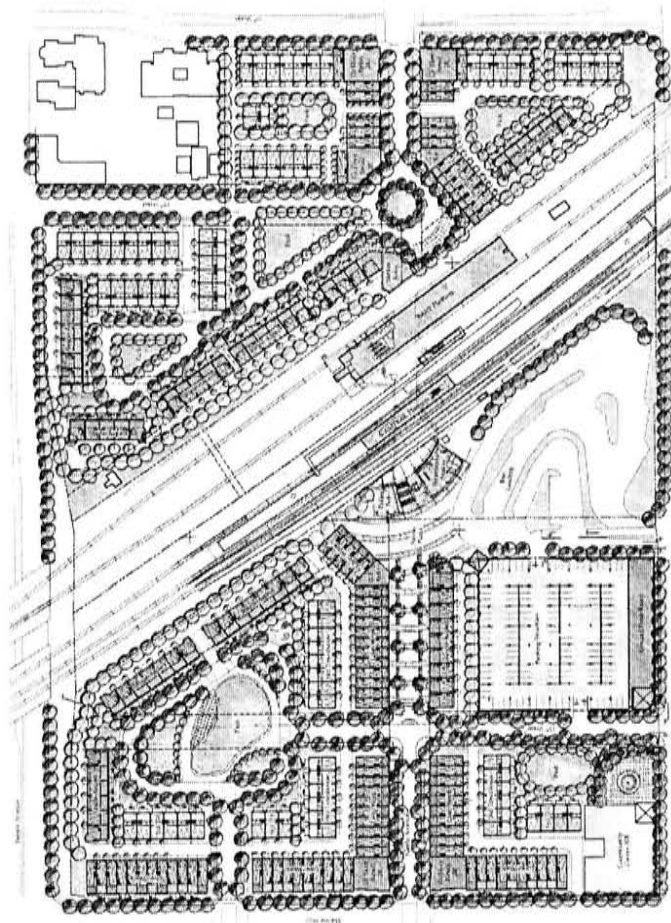
### Richmond Transit Village

The existing Richmond Station is important for its regional proximity and intermodal connections to BART, AMTRAK, and AC Transit bus service. The plan intends to energize the underutilized land which surrounds the station with uses which promote transit-ridership, homeownership opportunities, accessibility, and building types which maintain the character of the area.

This infill project, directly adjacent to the multi-modal transit station in Richmond, California, provides a mix of ownership housing opportunities in a high density, mixed-use configuration. The winning plan in a competition sponsored by BART and the Richmond Redevelopment Agency, the plan promotes transit ridership by providing high-density housing within walking distance of the regional rail system (BART), Amtrak, and AC Transit bus service, all linked by a new intermodal station.

Currently isolated from other uses by surface parking lots and vacant city owned land, the transit station is the centerpiece of the new development. Surrounding the transit center on the difficult site, bisected by the BART and railroad tracks, houses and townhouses face small parks at the center of each neighborhood. Fronting an office building and an existing retail center, and continuing into the intermodal station from both sides, live/work townhouses provide opportunities for small businesses or home offices. New streets link neighborhoods to each other and to the intermodal station. The southwest corner is anchored by a new performing arts center and plaza and includes retail to reinforce the existing retail uses across the street. A new parking garage, with storefronts at ground level, replaces BART's surface parking lots and serves the retail and performing arts center as well.

Calthorpe Associates and the project developer, The Olson Company, are committed to building in established, in-town neighborhoods. By providing a diverse range of unit types at competitive prices, as well as through an innovative mortgage assistance program, the project made quality ownership opportunities available to a wide variety of households.



**Barrett  
Avenue**

**Richmond  
California**

# West County Reentry Resource Center

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# Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex or Two-Spirit

## Purpose of This Brief

This Practice Brief is for policymakers, administrators, and providers seeking to learn more about (1) youth who are lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S) and (2) how to develop culturally and linguistically competent programs and services to meet their needs and preferences.

## Needs of Youth Who Are LGBTQI2-S

An estimated 2.7 million adolescents who are lesbian, gay, or bisexual live in the United States. Other youth identify themselves as transgender, intersex, two-spirit, or questioning, or use other terms (see Box 1).<sup>1</sup> These youth frequently encounter numerous challenges and may feel isolated, alienated, depressed, and fearful as they attempt to navigate their emerging awareness of their sexual and/or gender identity.

Studies indicate that youth who are LGBTQI2-S are at risk for a number of negative experiences and outcomes associated with how others react to

their sexual orientation and/or gender identity.<sup>2,3</sup> Compared with other youth, youth who are LGBTQI2-S are two to three times more likely to attempt suicide.<sup>2</sup> They are more likely than their peers to suffer from depression and use or abuse substances.

Youth who are LGBTQI2-S may also be more likely to experience harassment from other youth and significant adults in their lives, and to be subjected to verbal, sexual, and physical abuse and other forms of trauma. Further, they are more likely to drop out of school and become homeless.<sup>3</sup>

Finally, bullying and rejection by peers and family members due to a youth's LGBTQI2-S identity may exacerbate mental health challenges.

Addressing the needs of youth who are LGBTQI2-S presents many challenges to child-serving agencies. Challenges stem, in part, from limited knowledge and/or stereotypes about these youth. Providers can benefit from acquiring a better understanding about the experiences of

1 Harris, K. M., Florey, F., Tabor, J., Bearman, P. S., Jones, J., & Udry, J. R. (2003). The National Longitudinal Study of Adolescent Health [Online]. Available at: <http://www.cpc.unc.edu/addhealth>.

2 Gibson, P. (1989). Gay male and lesbian youth suicide. In M. R. Feinleib (Ed.), *Report of the Secretary's Task Force on Youth Suicide: Vol. 3. Preventions and interventions in youth suicide* (pp. 110-142). Washington, DC: U.S. Department of Health and Human Services.

3 Ragg, D. M., Patrick, D., & Ziefert, M. (2006). Slamming the closet door: Working with gay and lesbian youth in care. In R. Woronoff and G. P. Mallon (Eds.), *LGBTQ youth in child welfare* [Special issue]. *Child Welfare*, 85(2), 109-438.



**BOX 1****DEFINITIONS OF SEXUAL ORIENTATION AND GENDER IDENTITY**

<b>Lesbian</b>	Females who are emotionally and sexually attracted to, and may partner with, females only.
<b>Gay</b>	Males who are emotionally and sexually attracted to, and may partner with, males only. "Gay" is also an overarching term used to refer to a broad array of sexual orientation identities other than heterosexual.
<b>Bisexual</b>	Individuals who are emotionally and sexually attracted to, and may partner with, both males and females.
<b>Transgender</b>	Individuals who express a gender identity different from their birth-assigned gender.
<b>Questioning</b>	Individuals who are uncertain about their sexual orientation and/or gender identity.
<b>Intersex</b>	Individuals with medically defined biological attributes that are not exclusively male or female; frequently "assigned" a gender at birth, which may differ from their gender identity later in life.
<b>(2-S) Two-Spirit</b>	A culture-specific general identity for Native Americans (American Indians and Alaska Natives) with homosexual or transgendered identities. Traditionally a role-based definition, two-spirit individuals are perceived to bridge different sectors of society (e.g., the male-female dichotomy, and the Spirit and natural worlds).
<b>Sexual Minority</b>	The term "sexual minority" is inclusive, comprehensive, and sometimes used to describe youth who are LGBTQ2-S. However, it may have a negative connotation because minority suggests inferiority to others.
<b>Other Terms</b>	Youth also may use other terms to describe their sexual orientation and gender identity, such as homosexual, queer, gender queer, non-gendered, and asexual. Some youth may not identify a word that describes their sexual orientation, and others may view their gender as fluid and even changing over time. Some youth may avoid gender-specific pronouns.

youth who are LGBTQI2-S, including discrimination and stigma. The limited availability of programs and services that are tailored for these youth and their families also presents a challenge. These youth may fear disclosing their identities and, as a result, may be inhibited from seeking the supports and therapeutic resources they need. Youth who are afraid to be open about their identity, or "come out," may be less likely to report their experiences and needs to providers and others in a service system.

Youth who are LGBTQI2-S are part of a distinctive cultural group. They may share a larger cultural identity, which includes a defined set of norms, social events, styles, and use of language. These youth also come from diverse racial and ethnic backgrounds. Given these factors, youth who are LGBTQI2-S can be doubly stigmatized because of their sexual orientation and/or gender identity and their cultural, racial, or ethnic identity. The potential for dual discrimination can further deter these youth from accessing resources. Thus, it is important to provide services in a culturally and linguistically competent manner (see Box 2).

**System-Level Approaches for Helping Youth Who Are LGBTQI2-S and Their Families**

Services for youth who are LGBTQI2-S can be improved by implementing service- and agency-level interventions that include families and communities. A comprehensive approach to addressing the needs of these youth includes:

- integrating services and supports across child- and youth-serving systems, including health care providers;
- ensuring appropriate services and supports are available;
- facilitating access to services;
- delivering culturally and linguistically competent services and supports;
- delivering quality care without bias or prejudice; and
- monitoring and assessing outcomes.

## BOX 2

### WHAT IS CULTURAL AND LINGUISTIC COMPETENCE?

To be **culturally competent**, systems and organizations are required to:<sup>4</sup>

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively with people of diverse backgrounds; and
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the communities they serve.

To be **linguistically competent**, systems and organizations must:<sup>5</sup>

- have the capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those with low literacy skills, and individuals with other communication challenges; and
- have policies, structures, practices, procedures, and dedicated resources to support the linguistic needs of diverse populations.

The application of the principles of cultural and linguistic competence by administrators and providers is especially important because this population of youth is frequently misunderstood and underserved. Cultural and linguistic competency for this population of youth and their families requires inclusion of appropriate values, principles, policies, structures, behaviors, and attitudes throughout the entire service delivery system at all levels.

## Recommendations & Strategies

### Creating a “Welcoming Environment”

- ✓ Assess your community or agency at all levels to identify needs, barriers, challenges, strengths, and readiness to develop a welcoming environment and appropriate services for youth who are LGBTQI2-S and their families.
- ✓ Develop mission and vision statements indicating your community’s or agency’s commitment to address the needs of youth who are LGBTQI2-S and their families.
- ✓ Develop a plan to create a resourced infrastructure that includes policies, structures, practices, and services that meet the needs and preferences of youth who are LGBTQI2-S.
- ✓ Ensure that staff and volunteers possess the necessary knowledge and appropriate attitudes and behaviors to provide services and supports. A high level of awareness of LGBTQI2-S issues will improve the ability to provide needed services to these youth and their families.
- ✓ Provide opportunities for youth who are LGBTQI2-S to discuss experiences and exchange ideas in a confidential, nurturing, safe and supportive environment.
- ✓ Provide services and resources to youth who are LGBTQI2-S and their families that are linguistically competent (e.g., welcoming and nonjudgmental, respectful of preferred terms for sexual orientation and/or gender identity, and offered in sign language and in languages other than English).

<sup>4</sup> National Center for Cultural Competence. (n.d.). Cultural Competence Definition and Framework. Retrieved January 13, 2008, from <http://gucchd.georgetown.edu/nccc>.

<sup>5</sup> Goode, T., & Jones, W. (2004). National Center for Cultural Competence. Linguistic Competence Definition. Retrieved January 13, 2008, from <http://gucchd.georgetown.edu/nccc>.

- ✓ Give voice to the experiences of youth who are LGBTQI2-S by encouraging them to express their needs, preferences, and interests. Elicit their input and meaningful involvement in service design and evaluation.
- ✓ Display symbols of support for LGBTQI2-S issues within offices and public areas. Hanging rainbow flags or pink triangles on agency walls and in windows lets youth who are LGBTQI2-S know that the community or agency welcomes and provides a “safe space” for youth and families.
- ✓ Ensure that the agency’s location and service delivery hours, to the extent possible, are accessible for youth who are LGBTQI2-S. These youth may seek services alone because they are not open with their families about their sexual orientation and/or gender identity; therefore, accessing services may require considerable effort on their part.

### **Protecting Youth Who Are LGBTQI2-S**

- ✓ Include protections for the sexual orientation and gender identity of youth and their families in agency nondiscrimination policies.
- ✓ Maintain confidentiality and privacy of all youth self-disclosures (particularly when youth share their LGBTQI2-S identity) to protect them from victimization, stigma, abuse, and discrimination.
- ✓ Carefully assess foster care families to ensure that they are supportive of youth who are LGBTQI2-S. Youth report that sometimes “coming out” in foster care can create conflicts and challenges.
- ✓ Offer youth who are LGBTQI2-S safe places to identify resources within their communities, such as information about sexually transmitted diseases and infections and preventive measures. Online resources are helpful; however, youth also benefit from having direct contact with a supportive individual.

### **Strengthening Staff and Supports**

- ✓ Ensure that agencies have nondiscrimination policies for employees and volunteers that address LGBTQI2-S issues.
- ✓ Promote positive attitudes in staff working with youth who are LGBTQI2-S; staff may need periodic and updated training about LGBTQI2-S issues.
- ✓ Provide resources, information, and training on issues associated with youth who are LGBTQI2-S and their families to service providers. Consider partnering with LGBTQI2-S organizations for staff training. Internet and community resources with this information are readily available.
- ✓ Encourage staff to conduct self-assessments to determine their current level of cultural and linguistic competence, including sensitivity, awareness, and knowledge about youth who are LGBTQI2-S and their families.
- ✓ Ensure youth advocates are available as support for youth who are LGBTQI2-S. Ensure that the advocates are aware of, and sensitive about, issues affecting these youth.

### **Working With Youth Who Are Transgender**

- ✓ Provide training for staff who work with youth who self-identify as transgender, particularly regarding health and medical issues. These youth should not have to educate agency staff about their needs, preferences, and issues to receive effective therapeutic services. Therapeutic gains may be compromised if these youth function in a teaching role, rather than receive the help they need.
- ✓ Design or revise agency forms with gender-neutral language, and allow youth to identify gender as “other” if they wish. Requiring youth who are transgender or non-gender to identify their sex or a male-female gender identity is especially problematic when youth are in crisis.

- ✓ Have safe, non-gendered bathrooms for youth who are transgender or do not identify as male or female.

### Enhancing Practice and Service Delivery

- ✓ Discuss sexual orientation and gender identity issues with youth in a supportive manner. It may be helpful to ask older youth how they define their identity. A safe and open environment allows youth to comfortably explore their sexual or gender identity.
- ✓ Do not assume that youth are heterosexual. Similarly, do not assume that youth are distressed or troubled because of their LGBTQI2-S identity.
- ✓ Demonstrate an open and positive attitude about youth who are LGBTQI2-S because this approach is likely to promote a positive therapeutic relationship. It is also important to understand that some mental health challenges experienced by youth who are LGBTQI2-S are independent of their identity, not caused by their LGBTQI2-S status.
- ✓ Offer services and supports to the entire family unit. Families of youth who are LGBTQI2-S may be struggling with either understanding or accepting their child's sexual orientation or gender identity and may also be seeking resources or supports.

### Engaging Communities

- ✓ Develop an understanding of how LGBTQI2-S identities are perceived within the community. Associated beliefs and norms about persons who are LGBTQI2-S differ significantly based on both cultural and geographic factors. Such knowledge is a prerequisite to service planning and implementation efforts.
- ✓ Provide information to youth who are LGBTQI2-S and their families about alternative services and supports outside of their local community.

- ✓ Provide a community center or other “safe” meeting place for youth who are LGBTQI2-S to obtain needed information and interact socially.
- ✓ Build relationships with other organizations that support youth who are LGBTQI2-S; partner and collaborate with appropriate youth and family advocacy organizations (see “Internet Resources”) to enhance the availability of supports for youth who are LGBTQI2-S and their families.

### What Does the Internet Have To Offer?

Several Web sites provide valuable information and resources such as educational brochures, tool kits, and training materials about working with youth who are LGBTQI2-S and their families, including the following.

#### Internet Resources: Lesbian, Gay, Bisexual, Transgender, or Questioning Focus

##### *Advocates for Youth*

[www.advocatesforyouth.org/glbtc.htm](http://www.advocatesforyouth.org/glbtc.htm)

##### *American Psychological Association*

[www.apa.org/topics/orientation.html](http://www.apa.org/topics/orientation.html)

##### *American Psychological Association*

[www.apa.org/pi/lgbtc/publications/justthefacts.html](http://www.apa.org/pi/lgbtc/publications/justthefacts.html)

##### *Child Welfare League of America*

[www.cwla.org/programs/culture/glbtc.htm](http://www.cwla.org/programs/culture/glbtc.htm)

##### *Family Equality Council*

[www.familyequality.org/index.html](http://www.familyequality.org/index.html)

##### *Gay and Lesbian Alliance Against Defamation*

[www.glaad.org](http://www.glaad.org)

##### *Gay, Lesbian and Straight Education Network*

[www.glsen.org/cgi-bin/iowa/all/home/index.html](http://www.glsen.org/cgi-bin/iowa/all/home/index.html)

##### *GLBT National Help Center, National Youth Talkline*

[www.glnh.org/talkline/index.html](http://www.glnh.org/talkline/index.html)

***The National Coalition for Gay, Lesbian, Bisexual and Transgender Youth***

[www.outproud.org](http://www.outproud.org)  
[www.transproud.com/index.html](http://www.transproud.com/index.html)

***The National Coalition for LGBT Health***

[www.lgbthealth.net](http://www.lgbthealth.net)

***National Youth Advocacy Coalition***

[www.nyacyouth.org/nyac/resources.html](http://www.nyacyouth.org/nyac/resources.html)

***Parents, Families and Friends of Lesbians & Gays***

[www.pflag.org](http://www.pflag.org)

***Safe Schools Coalition***

[www.safeschoolscoalition.org/safe.html](http://www.safeschoolscoalition.org/safe.html)

***Youth and AIDS Projects***

[www.yapmn.com/index.php](http://www.yapmn.com/index.php)

***YouthResource***

[www.youthresource.com](http://www.youthresource.com)

**Internet Resources: Transgender and Intersex Focus**

***American Psychological Association***

[www.apa.org/topics/transgender.html](http://www.apa.org/topics/transgender.html)

***American Psychological Association***

[www.apa.org/topics/intersex.html](http://www.apa.org/topics/intersex.html)

**Internet Resources: Two-Spirit Focus**

***NorthEast Two-Spirit Society***

[www.ne2ss.org](http://www.ne2ss.org)

***The Red Circle Project***

[www.apla.org/native\\_american/RCP](http://www.apla.org/native_american/RCP)

**Internet Resources: Spanish Language**

***Ambientejoven***

[www.ambientejoven.org](http://www.ambientejoven.org)

***American Psychological Association***

[www.apa.org/topics/orientacion.html](http://www.apa.org/topics/orientacion.html)

***Gay & Lesbian Alliance Against Defamation***

[www.glaad.org/espanol/bienvenido.php](http://www.glaad.org/espanol/bienvenido.php)

## Acknowledgments

This is one of a series of practice briefs designed to enhance system, organizational, and program capacity to deliver culturally and linguistically competent services and supports to youth who are LGBTQI2-S and their families.

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# House Agreements

RESPECT YOURSELF, OTHERS AND THE SPACE

- TRY NEW THINGS
- BE A LEADINDED
- BE OPENMINDDED
- BE RESPONSIBLE
- TAKE RESPONSIBLE
- BE RESPONSIBLE
- HAVE FUN

- NO SMOKING, DRINKING OR DRUGS
- NO SHANKS, GUNS OR WEAPONS
- NO MLB CAPS
- NO GAMBLING
- NO CUPCAKING
- NO COLORS, TURFS OR BANGING

- VERBAL REMINDER
- ONE ON ONE MEETING WITH STAFF
- MEDIATION
- TEMPORARY SUSPENSION FROM PROGRAM OR CENTER
- INDEFINITE SUSPENSION

Live by  
the **green**  
Stay away  
from  
**yellow**  
or else  
you'll  
get  
the **red**

RYSE MEMBERSHIP IS  
13-21 YEARS OLD

# West County Reentry Resource Center

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# A Few Good Case Management Tools



[1]



[2]

April 2011

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**Author:**

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Jay Leslie

If thoughts of detailed client histories and reports to funders make you break out in a cold sweat, it may be time to consider the many good case management tools that will help you track demographics, interactions, scheduling, billing information, and more. In this update of our 2009 article, we summarize what tools case management experts would recommend.

Let's say one of your staff members has a meeting scheduled in half an hour with a client she's never met before, and she'd like to understand the client's background and entire history with your agency. Or perhaps a funder just called and asked to see a report summarizing the progress each of your current clients has made since the time you first met with them.

If these scenarios make you break out in a cold sweat, it may be time to consider a case management system. A good case management tool will track the information you need to work with a client, such as their age, address, job history, medical history and childcare situation. It will also track all the contacts between your staff and the client, the individualized plan for your client and the progress towards the plan. And, it will allow you to assess outcomes and report on all the information you've collected.

Advanced case management systems can do even more, such as helping with workflow and scheduling. For instance, based on the information you enter about a client, they can recommend that your client meet with a dietician, help to schedule that meeting and send the dietician a reminder. This can really help to streamline internal communications and avoid miscommunication. The systems can also help to automate your billing processes, particularly if you need to bill government entities or insurance companies.

Keep in mind, however, that change is hard. You'll likely need to think hard about your own processes in advance, both to understand how a new system will fit and to make it easier to support your workflow by standardizing it to best practices. And don't forget training—a new system no one knows how to use will not be a step forward!

There is a large pool of case management tools to choose from that specialize in various kinds of human services agencies. The low end of this pool is notably shallow, while at the

high end, solutions can cost hundreds of thousands of dollars. While we can't look at all of the case management options, in this article—updated from our 2006 version—we highlight several of the more affordable tools broadly applicable across a number of human service sectors.

## **(Kind of) Free Tools for the Tech Savvy**

A few tools offer case management functionality without any licensing costs. However, because case management applications almost always need to be carefully designed to meet your organization's needs, it's critical to consider upfront setup and long-term maintenance as part of the costs. You'll need the help of someone technically savvy and experienced with modeling case management databases to get started with these tools.

### **Excel, Access or FileMaker Pro**

Use care in deciding to build your own solution to case management—the sector is littered with disaster stories of organizations that assumed a volunteer, a friend-of-a-friend or their neighbor's nephew could build them an effective database. Even a small case management database is not trivial to develop. How will you ensure records are secure, or that it meets funders' audit requirements? The solution will only be as good as the person who creates it, and will remain useful only as long as that person remains available to devote time to it. Remember, you'll need to have someone on staff that can backup your data and answer questions from other staff members.

### **Salesforce** <sup>[3]</sup>

As the name suggests, Salesforce has deep roots as a web-based constituent relationship management system for sales organizations. However, its flexibility and nonprofit-friendly pricing scheme—they provide up to 10 licenses for free to 501(c)(3) nonprofits, and significant discounts after that—have allowed Salesforce to gain significant traction in the nonprofit community as well. Salesforce isn't going to support your case management needs out of the box, but is almost infinitely flexible. A very experienced data manager or, more likely, a consulting firm, could create a custom case management system with compelling features on top of the core Salesforce platform. It's even possible, with a substantial investment, to create one consolidated system that will manage donors, clients and all your other constituents.

There's a number of Salesforce consultants available to help. In fact, several consulting firms, such as Exponent Partners and ACF Solutions, have built Salesforce tool sets designed for human service case management solutions, and could work with you to implement them. Working with a consulting firm to customize Salesforce will probably cost \$10,000 to \$100,000 or more, depending on your needs.

### **CiviCRM** <sup>[4]</sup>

CiviCRM, a web-based solution, includes a module—CiviCase—that provides modest case management functionality. As a free and open source solution, it costs nothing to acquire, but you'll need some technical experience to get it up and running. Smaller, less well-funded organizations may be able to make use of CiviCRMs minimal case management functionality, especially if they have interest in tracking their clients alongside other types of constituents,

like volunteers or event participants. The open-source nature of the package may also be attractive to larger organizations with the budget or expertise available to tailor this solution to their needs.

## Mid-Market Solutions

There are not as many options as one would hope at the low-end of the market, so unless you have simple needs or substantial technical expertise at hand, expect to look for a mid-market solution. These systems typically run about \$5,000- \$30,000 per year, depending on your requirements and number of users. For most systems you should also expect to pay a setup fee of at least several thousand dollars to get up and running with a system customized to your needs.

Nearly all the tools below are hosted and web-based. Our experts are seeing a notable and positive trend in this direction. Web-based software allows users to easily access data from multiple locations and saves considerable costs which would otherwise be devoted to hardware, extra software, data security and backups, along with the staff to monitor these functions. Although a hosted case management vendor has physical possession of your data, a good vendor is likely to be able to keep it more secure and accessible than you could manage on your own.

### **Efforts to Outcomes (ETO)** <sup>[5]</sup>, by Social Solutions

With a tight focus on tracking and reporting the results of client interactions, ETO aims to appeal to organizations for which outcomes measurement is core to their mission. This web-based, hosted application is built to run on Internet Explorer. By integrating SAP BusinessObjects, Social Solutions has invested significantly to ensure ETO's reporting power is balanced with flexibility and ease of use.

### **ClientTrack** <sup>[6]</sup>, by DSI

ClientTrack is a hosted, web-based application with a Microsoft Outlook-like menu interface. It provides fairly robust features, including useful abilities to create custom workflows and a case notes field that allows a combination of free-form and formatted data. The interface is fairly complex, however, particularly when it comes to reporting—expect your users to have a learning curve.

### **ServicePoint** <sup>[7]</sup>, by Bowman Systems

ServicePoint has a strong base of customers in the Homeless Management Information Systems arena, but is also widely applicable to other social service situations. It is also a hosted, web-based system, and is also fairly customizable. ServicePoint offers a billing module to streamline the process of billing government agencies for services provided.

### **Service Xpert Suite** <sup>[8]</sup>, by Unicentric

Service Xpert Suite is a web-based solution aimed at larger organizations in the healthcare

field. In addition to robust case management functionality, it includes insurance billing functionality, integrated internal email and strong support for the type of permissions and audit logs that help with HIPAA compliance. This product utilizes Crystal Reports for reporting and can export to many standard file formats. Service Xpert Suite has been upgraded with forward-looking features such as support for bar codes, ability to take input with LiveScribe technology, support for offline case entries and updates (great for case workers working offsite on client visits).

## Other Mid-Market Options

These four tools were the most frequently mentioned by the experts who contributed to this article, but they're not the only games in town. Community Tech Partners offers several options, including an interesting entry-level product called Apricot. MetSys and Defran Systems' Evolv-CS are also fairly widely used.

## And Beyond...

As mentioned, this article focuses on moderately priced tools applicable across a number of human service sectors, but the case management marketplace is much larger. If you have more sophisticated needs, you'll need to look beyond these applications to the wider world of powerful and more expensive solutions. If your programs concentrate on a particular, widely recognized area such as homeless management, child care, health services or the like, also consider tools geared specifically toward that type of work. Ask other organizations like yours what software they're using.

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- Patrick Callahan, [NPower Pennsylvania](#) <sup>[10]</sup>
- Paul Lamb, [Man on a Mission Consulting](#) <sup>[11]</sup>
- Shawn Micheals and Ash Shepard, [NPower Northwest](#) <sup>[12]</sup>
- Gala Barnes, (formerly) [NPower Greater DC Region](#) <sup>[13]</sup>
- Derek Coursen, [Vera Institute of Justice](#) <sup>[14]</sup>
- John L. Kolp, [Help USA](#) <sup>[15]</sup>

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# West County Reentry Resource Center

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Baseline Data Template  
January 24, 2014

Table 1. Demographics, Part 1

Identifier	Last Name	First Name	Address	Phone Number	Alternate Phone Number	Email	Best Way to Contact You	Alternate/Emrgency Contact Name (LN,FN)	Alternate/Emrgency Contact Phone Number	DOB	Race/Ethnicity	Gender	Primary Language	Income	Last Year to File Tax Return	SSN	PFN/CDC	Housing Status (*see also "Housing" tab)	
Phone Email Text																			Renting Own home Live with family/friends Shelter/temporary housing Without housing



Table 2. Demographics, Part 2

Marital Status (Dropdown Menu)	Immigration Status	Veteran (Dropdown Menu)	Classification (Dropdown Menu)	Insurance status (ACA info, Medi-Cal)	Food (In)security Status	Physical Disability Status	Date of Phys Disability Status	Mental Disability Status	Date of Mental Disability Status	CAIS Risk Level (Dropdown Menu)	BHS Risk Level (Dropdown Menu)	# of Children under 18
Single Married Domestic partnership Separated Divorced Widowed		Yes No Reason for discharge	PRCS 1170(h) 1170 (h) MS Parole revocation			Yes No		Yes No		Low Medium High	Low Medium High	



Table 3. Justice System, Part 1

Identifier	PROBATION DEPARTMENT															
	Supervision Start Date	Supervision End Date	Offense Statutory Code	Offense Description	Name of Probation Officer Assigned	Date of Contacts	Type of Contact	Closure Date	Reason for Closure (Dropdown Menu)	Date of Flash Incarceration	Reason for Flash	Date of Release for Flash	Reason for Warrant	Date of Violation	Type of Violation	Result of Violation
							Phone Call Office Visit Home Visit		Transfer Out of County Fail to Contact  Absconded  Successful completion Death							



Table 4. Justice System, Part 2

SHERIFF'S OFFICE										
Booking Date	Facility of custody	Release Date	Transfer In or Transfer Out	Reason for Release (Dropdown Menu)	In-Custody Classification (Dropdown Menu)	Custody Alternative	Date of Re-arrest	Date of Re-arrest	ICE Contact	Release
1170H Jail 1170H Split 1170H Jail/Split Combo PRCS Flash PRCS Revocation CDC New Commit CDC Parole Holds Only Revocation Sentenced Parole Holds w/Charges Probation Holds Only Probation Holds w/Charges										

Table 5. Justice System, Part 3

Law and Justice Information System (DA, PD, Court)										
Case Number	Date of Revocation Hearing	Type of Revocation	Result of Revocation	Length of Stay for Revocation	Conviction Date	Earliest Known Conviction Date	Number of Convictions	Conviction Codes	Sentence	Probation Conditions
Court Supervision End Date										
Age at First conviction										
Gang Affiliation										
ICE Contact										



Table 6. Education

Identifier	Highest Educational Level Completed (Dropdown Menu)	Name of Institution	Where Obtained Highest Level	Date Obtained Highest Level	Date of Referral	Provider (Dropdown Menu)	In-Custody/No	Date of Enrollment	Type of Services (Dropdown Menu)	Date of Completion
	Middle School High School GED Certificate Program Some College Associate Degree Bachelor Degree or Higher								GED Adult Literacy High School Diploma Program ESL Aptitude Testing Career Counseling Vocational Education Creation of Education Portfolio Application Assistance for Higher Education/Trade School Apprenticeship	



Table 7. Employment

Identifier	Employment Status	Referral Date	Provider (Dropdown Menu)	Date of Enrollment	Date of Completion	Type of Services	Date of Job Placement	Type of Job Placement	Hourly Wage
	Unemployed					Job Readiness: Job application assistance, Resume Writing, Interview Skill, Work Etiquette, Coaching			
	Part-time					Computer/Keyboard Proficiency			
	Full-time					Job Search			
						Job Placement			
						Paid On-the-Job Alternative			
						Employment: day work			
						Financial Literacy			
						Tattoo Removal			





Table 8. Family Reunification

EHSD										OTHER				
Identifier	Date of Referral	Provider	Date of Enrollment	Type of Services (Dropdown Menu)	Date of Completion	Date of Intake	Eligible	Reason for Denial (Dropdown Menu)	Date of Enrollment	Type of Services (Dropdown Menu)	Restraining Order	# of Children Under 18	# of Children in Home	Custody of Child(ren)
				Parenting Class			Yes	Did not meet eligibility requirements		General Assistance	Yes			Yes
				Child Development Class			No	Missing documents		CalFresh	No			No
				Family Engagement Activities						Medi-Cal Expansion				
				Child Support Compliance						CalWorks				



Table 9. Health and Wellbeing, Part 1

	CUSTODY HEALTH SERVICES							MENTAL HEALTH SERVICES					
Identifier	Date of Medical Screening	Medical Condition	Psychiatric Diagnosis	Date of Treatment Plan	Type of Services Received	Date of Services Received	Reason for Clinic Visit	Date of Assessment	Date of Referral	Provider (Dropdown Menu)	Date of Enrollment	Type of Services (Dropdown Menu)	Date of Completion
	Sick Call	Clinic Services	Dental	Mental Health	Diagnostic Study	Emergency Services Medication	Psychiatropic Medication	1-on-1 Group Psychiatric Medication					

Table 10. Health and Wellbeing, Part 2

[illegible]



Table 11. Housing

Identifier	Provider	Housing Status (Dropdown Menu)	Date of Referral	Date of Intake	Eligibility (Dropdown Menu)	Reason for Denial (Dropdown Menu)	Date on Waitlist	Date of Enrollment	Type of Housing Program (Dropdown Menu)	Date of Completion	Date of Renewal
		Homeless			Yes	Did not meet program criteria					
		Shelter			No	Unable to secure lease within 90 days					
		Transitional Housing Unit (THU)				Did not complete paperwork					
		Sober Living Environment (SLE)									
		Motel									
		Unstable									
		Stable									
		Traditional									
		Out of County									
		Unknown									



Table 12. Legal Services

Identifier	Date of Referral	Date of Intake	Date of Services Received	Provider (Dropdown Menu)	Type of Services (Dropdown Menu)	Date of Completion
				Bay Area Legal Aid Public Defender's Office Rubicon	Expungement Services Driver's License Residency Assistance Consolidation of Fees & Restitution Financial assistance Family Reunification assistance	

Table 13. Transportation Assistance

Identifier	Date of Service	Provider (Dropdown Menu)	Type of Services (Dropdown Menu)
			Bus Pass Bus Tokens

Table 14. Other Supportive Services

Identifier	Date of Service	Provider (Dropdown Menu)	Type of Services (Dropdown Menu)