



THE ONS QUARTERLY

(October 2012 – December 2012)

"Peace is a daily, a weekly, a monthly process – gradually changing opinions, slowly eroding old barriers, quietly building new structures. And however un-dramatic the pursuit of peace, that pursuit must go on." – JFK

STREET OUTREACH

The primary strategy of the Office of Neighborhood Safety ("ONS") is its **Street Outreach Strategy**. Each day the city's street outreach team (Neighborhood Change Agents or "NCA's") directly engages those on a face-to-face basis who are most likely to commit gun violence in Richmond (aka -"the ONS population"). NCA's work to build healthy and consistent relationships with identified individuals, serving as their mentors and credible messengers who provide examples of healthy lifestyles. The ONS also works to expand access to quality opportunities, exposures, resources, and services that build on the identified populations strengths in an effort to reduce their involvement in gun violence.

In the fourth quarter of 2012 (October –December), **597** outreach contacts were made with **118** individuals identified as being at highest risk for being involved in gun violence in Richmond. **61** of the individuals contacted received attention intensive support and mentoring by ONS staff and NCA's walked **34** of these individuals into and through a support services opportunity (hard referral) facilitated by a local/regional non-governmental organization. In **2012**, the ONS provided services to 212 different individuals who are at risk of being involved in gun violence, facilitated 2,422 outreach contacts, made 154 service referrals, assisted 206 difficult to reach formerly incarcerated individuals, facilitated three (3) neighborhood based activities and outreach efforts that improved public safety outcomes, provided various life skills training opportunities for 39 Fellows, and provided attention intensive support and mentoring to more than 200 clients.

OPERATION PEACEMAKER FELLOWSHIP

An extension of the ONS street outreach strategy is the **Operation Peacemaker Fellowship program**. "The Fellowship" is a Transformative Mentoring Intervention designed for those most likely to be involved in gun violence. This intervention works to transform the attitudes and behaviors that have given rise to the selected individual's involvement in gun violence. The Fellowship is representative of those individuals who are most resistant to change and/or are chronically unresponsive to the traditional range of services offered or available in the Richmond community. In addition to the

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public safety concerns that these individuals pose, they are among the most expensive population to serve in policing, incarceration, hospitalization and social services. Enabling them to right their life trajectory will have a collateral and positive effect on their communities, families and peers, in addition to saving tax payer dollars.

The Fellowship provides program incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards. **Financial support/stipends, supportive services and costs for educational/career/life exposures associated with the Fellowship are funded by grants and private resources.**

During this period, ONS staff began to develop and recruit for its third Operation Peacemaker Sr. Fellowship cohort. Beginning 2013 pending funding availability, ONS will also launch the Operation Peacemaker **JR**. Fellowship for young men at highest risk for gun violence between the ages of **13-17 years** of age.

Four past Sr. Fellows have transitioned into the role of ONS Ambassador. The ONS Ambassador role was created to celebrate Fellows who have completed a minimum of 18-months of consistent and active participation in the Operation Peacemaker Fellowship. ONS Ambassadors are also either working or enrolled in a 2-year or 4-year college or university, and have made a public declaration of commitment to non-violence. Below please find a letter from one of our newest Ambassadors sent to the City Manager in December 2012 and referenced in the City Manager's Weekly Report:

An important component of the Office of Neighborhood Safety (ONS) street outreach strategy is the Operation Peacemaker Fellowship program (the Fellowship). The Fellowship is a transformative mentoring intervention designed for those most likely to be involved in gun violence. This intervention works to transform the attitudes and behaviors that have given rise to the selected individual's involvement in gun violence. The Fellowship is representative of those individuals who are most resistant to change and/or are chronically unresponsive to the traditional range of services offered or available in the Richmond community.

The City recently received a letter from an ONS Fellowship participant describing his experiences with ONS and the Fellowship. I have included below a transcript of the letter in its entirety, as I think it describes very well the impacts of this important ONS program (the references to DeVone and other individuals are to the ONS director and his staff of Neighborhood Change Agents):

Dear City of Richmond,

When I first started with the ONS I had no clue as of what it was they wanted me to do. I was done with high school and just wanted to make money. I was in the streets after I dropped out of the union because I wasn't going to pass the drug screening. On my way home one day I was on the phone with a friend and he was talking to another friend of ours mother. She knew a guy who was starting

up some type of program. I remember being recruited by the ONS from these meetings over lunch with DeVone and two of my other friends. We would have discussions about the City of Richmond and the violence. We never spoke about anyone's business or anything that was too personal; only about how the murder rate was too high.

Anyway, I joined the ONS as an intern and got serious about college from the conversations with DeVone, Diane, and Joe. They would just elaborate about their school experiences and how they made it, or didn't make it through. That inspired me to want to do more with my life and get a career started. Before I joined the ONS I had no vision to complete college, but then ONS introduced me to the Omega family (Street Soldiers), it was then that I really started to take school more serious.

During this process I still had issues I needed to work out, like putting myself in dangerous environments, and the bad decisions I was still making. I got in trouble, and the ONS was there in my corner to say good words on my behalf to the judge, and has been here for me since I've been home. That let me know that they truly cared about my future and well-being. The Neighborhood Change Agents have played a big role in my journey by giving me pep talks about their history, of the struggles they had to overcome as men and women. They pointed me to a bunch of resources I needed, like Richmond Works where I got help with my resume, and another lady with the County who helped me to get basic Adult Health Coverage. ONS helped me take care of some tickets to get my license back; paid school and book fees off; provided rides to places when I needed them and some good advice here and there. Additionally, I've been on a few trips with the ONS and met some important people. I went to Los Angeles, San Diego, Texas, Sacramento, and Florida. On those trips I had such great times because I'm in a new environment exploring around new towns. We get to eat at some different restaurants I never heard of, nor been to that serve great food. I always get to meet some interesting people who play important roles in that city like, Mayors, City Manager's, Executive Directors, Company Presidents, and more which has been so inspirational. Moreover, the Neighborhood Change Agents really worked with me and rode my back until I picked up my slack. I have much respect for Mrs. Gatewood and Ms. Dias for always checking in on me, and putting me in positions to find a job. On that note, I was hired at a local Boys & Girls Club, all from simply volunteering.

It was the ONS' idea that I find something that I'm interested in, so I can enjoy it and get some type of experience in it. The ONS gave me a stipend for the actual hours I volunteered. I really needed the money, so it was a big help. I volunteered for a month and a half, and was then later hired after my successful interview with the club. This job came at a perfect time for me because the school semester began also. I'm currently working and going to school. It's not easy, but it's what I like to do and I'm going to keep doing it until I can graduate to better things. Working with these kids at the club has been a fun challenge. It's

fun because I get to run different activities with the kids and do lots of fun things. I also get to help them with their homework. The people I work with are nice, and help me when I need it. Ever since I've been working with the kids it has pushed me to be more responsible. It's helping me with my leadership skills, and how to work with teammates again. I still have lots to learn about my position, but comparing myself now to what I knew about working with kids before; I've learned a lot. I plan, prepare, and lead my own program of activities at the club. I'm also a coach for the small teams we have at the club. Like now, its basketball season, so I have my own basketball team. Our first game is after winter break. I like working there and will continue to work there until I can find something better or excel into another position.

The ONS means a whole lot to me because without the ONS I probably would still be running the streets. They invested a lot into me by linking me to resources, helping get my life on track, and surrounding me with positive role models. They've shown me there's more to explore in the world than just The Bay Area. Everyone in the office has been supportive of me since day 1, and I'm very appreciative to be a part of this program.

My dad hasn't been in my life since I was a kid and my mother raised me until it was time for me to get out on my own. I had to live and learn a lot of things about being a man on my own, and pick up what I can from other men on my own. The ONS showed up as a healthy guide in my life and I now realize it. I'm grateful to have a good team behind me such as the Office of Neighborhood Safety. I just hope I am doing my part with my role in the department. That's why any meeting, or any type of event that's going on if I'm invited I will show up.

Thanks and Happy Holidays!

Eric

In November 2012, the Office of Neighborhood Safety sponsored its first ONS Operation Peacemaker Speaker's Forum. The speaker's forum provides space for the Fellows to invite noted individuals who have had great success but by way of bad decisions and unhealthy associations have "fallen from grace" and are working to rebuild their lives.

The Fellowship invited Kwame Kilpatrick former Mayor of Detroit Michigan and author of "Surrendered: the Rise, Fall and Revelation of Kwame Kilpatrick." The forum was co-sponsored by the National Forum for Black Public Administrators (NFBPA).

Kwame Kilpatrick's message was directed at the Fellows, ONS staff, and formerly incarcerated residents, although we had a very diverse audience, including Richmond residents, West Contra Costa County and regional stakeholders. He spoke about his early political ambitions and being the youngest person elected as Michigan's speaker, then to become the youngest Mayor in Detroit's history. He spoke about the city of Detroit, its opportunities and challenges including its violence epidemic, marital infidelity and betrayal to his family and his high office, his prison experience and the

importance of accepting personal responsibility, allowing personal forgiveness, working towards redemption and moving forward.

The importance of the forum and the speakers chosen is to bring to light what it means and takes to recover from making [very] bad decisions - one's redemption and redemptive value. Much of the success that we accomplish with those we serve at the ONS requires that these young men understand that they to (in spite of what they have done in the past, and no matter how horrendous) CAN be redeemed and forgiven, and that they too can move forward in healthy ways in their lives - they must if peace is to be fostered in Richmond.

ONS ELDERS CIRCLE – Council of Elders

Over the past two-years a community of male elders has been meeting with ONS staff, Fellows and Safe Return Team Members under the covering of the ONS Elders Circle and/or ONS Council of Elders. The purpose of the bi-weekly meetings has been to provide space for a healthy network of intergenerational support and impartation of healthy information, instruction, advice, and example around a myriad of issues that staff, Fellows and Safe Return Team members are confronting.

A focus group with attending participants felt that the circle was valuable in the following ways:

- “Healthy intergenerational relationship development”;
- A space for “real” conversations to take place about relevant issues to the reality on the streets;
- “The circle was based on love and acceptance and not judgment”;
- “Meeting with the elders made me want to be better”;
- The Elders affirmation: “I’m proud of you” meant a lot to me;
- The Elders offer of support and help was taken seriously by participants;
- Participants felt that the Elders and the space played a significant role in helping Sr. Fellows transition into Ambassadorship (make public declarations of commitment to non-violence);
- ONS staff learned and gained self/professional confidence – “because of the Elders consistency and commitment to us, we felt worthy and valuable. We felt that our work was appreciated. This doesn’t happen a lot from the larger community – this is important to us.”
- Provides strong support for the ONS staff and work;

In 2013, the Council of Elders will facilitate two 1.5 hour sessions per month with different groups of Fellows. Elders will support, provide a presence and make special

presentations at weekly Fellowship life skills sessions to begin in March. Elders will also provide staff training support pertaining to issues like time management, youth development, trauma/stress reduction, etc. and provide ONS advocacy as needed.

RICHMOND BEYOND VIOLENCE INITIATIVE

The Beyond Violence program was launched in 2010 in the cities of Richmond and Antioch with the collaboration of John Muir Health's Trauma Department, Contra Costa Health Services (CCHS) and community based organizations. JMH identifies trauma patients between the ages of 15-25 who are victims of intentional injuries (e.g. knife assault, gunshot, assault) and reside in the cities of Antioch or Richmond. Identified patients are referred to a Beyond Violence Intervention Specialist (IS) from their community. The IS supports the injured patient and their family and friends cope with the injury, and assists the patient with follow-up care and connects them to community resources to promote healthy choices and avoid re-injury and involvement law enforcement.

The goal of the program in Richmond has been to reduce FIREARM ASSAULT recidivism and retaliation. The program objectives include the following:

- In 2012, JMH social workers will obtain signed consents from 85% of eligible patients
- In 2012, Interventionists will obtain signed consents from 75% of referred patients
- In 2012, 70% of clients will remain engaged in the program for at least 6 months
- In 2012, 90% of clients will still be alive in 3 and 6 months from the time they were enrolled in Beyond Violence.
- In 2012, 75% of clients will not have been involved in a criminal incident in 3 and 6 months from the time they were enrolled in Beyond Violence.

Attached to this document, please find the 2012 Community Benefit Year-End Program Evaluation for the Beyond Violence Initiative.

On another Beyond Violence Program note, as part of the Office of Neighborhood Safety's mission to "field test" best practice based violence intervention programs and to advance community capacity to facilitate such vital programs, the ONS supports the identification of community based organizations to further expand the Richmond Beyond Violence program to include other intentional injuries (e.g. knife assaults, physical assaults, and gunshot assaults etc.) and to increase the programs coverage to include additional West County areas such as North Richmond, the Cities of San Pablo and El Cerrito.

In this regard, the City of Richmond would like to make the community aware of the following opportunity to submit organizational qualifications for becoming the new home and community service provider for this important program model in the City of Richmond.

Please see attached Hospital-Linked Violence Intervention Program REQUEST FOR QUALIFICATIONS.



**2012 Community Benefit Year-End Program Evaluation
Beyond Violence**

I. PROGRAM INFORMATION

Program Manager: Kacey Hansen **Entity/Location:** JMMC WC – Trauma
Evaluation Period: 2012 **Annual Budget:** **FOR CHA USE ONLY**

Program Year: Planning Year New Program (1st year) Ongoing Program (2+ years)

A. Program Description

The Beyond Violence program was launched in 2010 in the cities of Richmond and Antioch with the collaboration of John Muir Health’s Trauma Department, Contra Costa Health Services (CCHS) and community based organizations. JMH identifies trauma patients between the ages of 15-25 who are victims of intentional injuries (e.g. knife assault, gunshot, assault) and reside in the cities of Antioch or Richmond. Identified patients are referred to a Beyond Violence Intervention Specialist (IS) from their community. The IS supports the injured patient and their family and friends cope with the injury, and assists the patient with follow-up care and connects them to community resources to promote healthy choices and avoid re-injury and involvement law enforcement.

B. Program Goal

To reduce recidivism and retaliation in Contra Costa County, specifically in Richmond and Antioch

C. Program Objectives

1. In 2012, JMH social workers will obtain signed consents from 85% of eligible patients
2. In 2012, Interventionists will obtain signed consents from 75% of referred patients
3. In 2012, 70% of clients will remain engaged in the program for at least 6 months
4. In 2012, 90% of clients will still be alive in 3 and 6 months from the time they were enrolled in Beyond Violence.
5. In 2012, 75% of clients will not have been involved in a criminal incident in 3 and 6 months from the time they were enrolled in Beyond Violence.

II. VULNERABLE POPULATION CRITERIA

A. Describe the target population

Intentional injury victims ages 14-25 and their families in the cities of Richmond and Antioch

B. Barriers to Care (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Racial/Cultural | <input checked="" type="checkbox"/> Low Income | <input type="checkbox"/> Uninsured/Underinsured |
| <input type="checkbox"/> Frail Elderly | <input type="checkbox"/> Language | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Social Isolation | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Limited Voice (e.g. kids, disabled) |
| <input type="checkbox"/> Undocumented | <input type="checkbox"/> Other (please specify) _____ | |

C. Social Determinants of Health (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Physical Environment | <input type="checkbox"/> Employment & Working Conditions |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Income & Social Status | <input checked="" type="checkbox"/> Personal Behavior & Coping Skills |
| <input checked="" type="checkbox"/> Culture | <input checked="" type="checkbox"/> Health Services | <input checked="" type="checkbox"/> Social Support Networks |

III. PARTNERSHIP CRITERIA

A. Describe the role of JMH

JMH receives trauma patients and refers intentional injury victims to Intervention Specialists.

B. What JMH skills and expertise does this program relate to?

Beyond Violence uses the capacity of the JMH trauma and social services department to identify eligible patients and refer them to Intervention Specialists.

C. Please list and describe the roles of partnerships with existing community-based organizations

The following partnerships with local cities and health organizations have been developed.

- *City of Richmond Office of Neighborhood Safety* provides intervention specialists and support services to patients and families on reentry to home environment.
- *Contra Costa Health Services* is a referral partner and accepts referred patients and provides them with needed services.
- *One Day at a Time* provides intervention specialists and support services to patients and families on reentry to home environment.
- *Williams Group* provides intervention specialists and support services to patients and families on reentry to home environment.
- *Youth Intervention Network* is a referral partner and accepts referred patients and provides them with family mediation and case management.

D. Please list and describe the roles of new or potential partnerships with community-based organizations

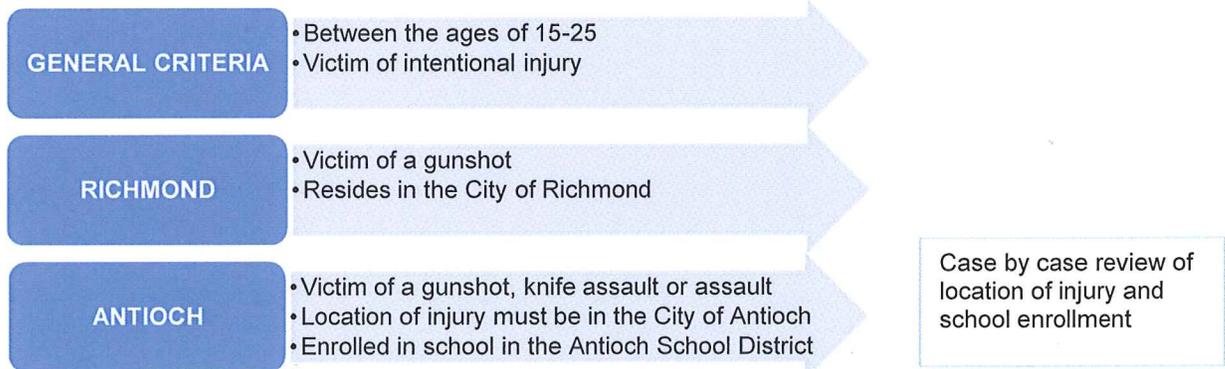
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IV. IMPACT CRITERIA

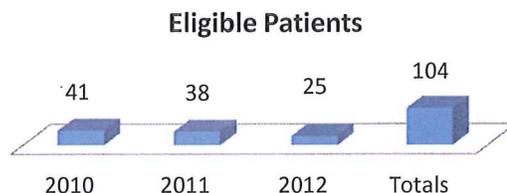
A. How Much Did You Do?

Objective 1: In 2012, JMH social workers will obtain signed consents from 85% of eligible patients

Beyond Violence Eligibility



Since the program began in 2010, 104 patients have met the above criteria. In 2012, a total of 25 *patients were identified* by JMH staff as eligible for the Beyond Violence program.



Consent Received by JMH Social Workers

In 2012, *John Muir Health Social Workers* obtained consents a total of 25 patients who referred to the Beyond Violence program in 2012.



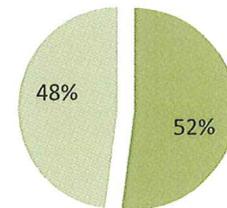
Referrals to Beyond Violence

The 25 patients with obtained consents were referred to either the Richmond or Antioch programs depending on the location of the intentional injury and the residence of the victim. **The majority of patients (52%) were referred to the Richmond Program.**

■ % Referrals to Richmond Program
 ■ % Referrals to Antioch Program

When patients are referred to a pilot, they are connected with Interventionists from community based organizations.

- All patients referred to the Richmond Program work with Interventionists from the Office of Neighborhood Safety (ONS).
- Patients referred to the Antioch Program work with Interventionists from One Day At A Time (ODAT) if the patient is between the ages of 15-18, or The Williams Group (TWG) if the patient is between the ages of 19-25



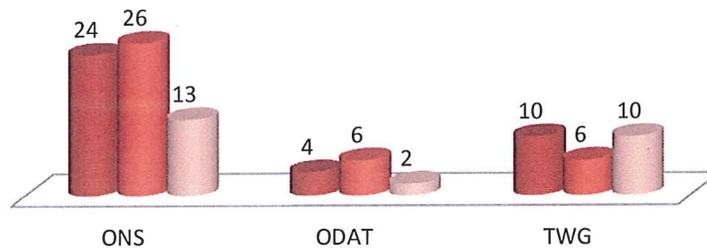
Client Volume and Contacts

The 25 patients were referred to interventionists at the Office of Neighborhood Safety (ONS), One Day at a Time (ODAT), and The Williams Group (TWG).

Client Volume

(by organization)

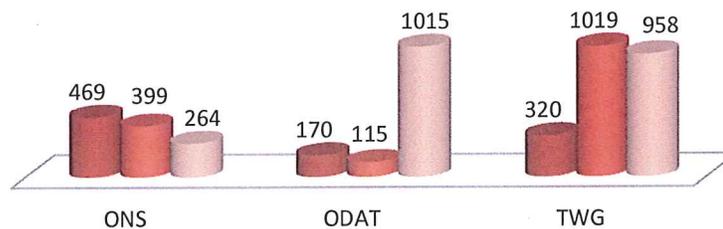
■ 2010 ■ 2011 ■ 2012



Client Contacts

(by organization)

■ 2010 ■ 2011 ■ 2012



In 2012, ONS had the largest number of clients (13), followed by TWG (10), and ODAT (2).

"Client contacts" refers to the number of times an Interventionist connected with the client.

B. How Well Did You Do It?

Objective 2: In 2012, Interventionists will obtain signed consents from 75% of referred patients

Consents Received by Beyond Violence Interventionists

After consent is obtained by the social worker a referral is issued to Beyond Violence and an interventionist visits the patient to establish a relationship and introduce the Beyond Violence program. The Interventionists obtains consent from the patient to participate in Beyond Violence. *The combined consent rate for both the Richmond and Antioch pilot was 100%, exceeding the objective.* The interventionists attribute their success in obtaining consents to their ability to relate to the clients and familiarity with the communities.

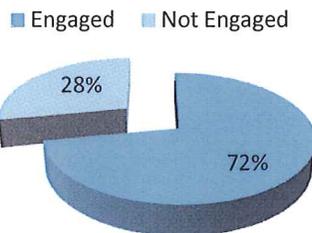
Objective 3: In 2012, 70% of clients will remain engaged in the program for at least 6 months

Client Engagement

Follow-up is conducted every 3 and 6 months from the referral date to assess if the clients remain engaged. Client engagement begins at the first initial contact upon providing consent. Engagement continues when the client does the following:

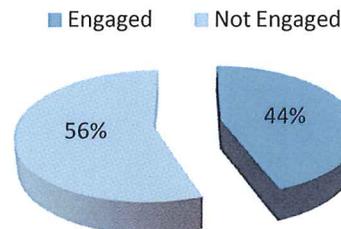
- Responsive to the Interventionists' phone calls and text messages
- Attends scheduled meetings
- Makes an effort and/or progress toward individualized goals
- Follows-up and/or attends programs, events or activities recommended by the Interventionists.

3 Month Follow-up



In 2012, **72% of referred clients were engaged** in Beyond Violence after 3 months

6 Month Follow-up



In 2012, **56% of clients who were engaged after 3 months remain engaged** at 6 months

Note: Clients who are not engaged at follow-up are considered "closed cases" and any additional follow-up is discontinued.

C. Is Anyone Better Off?

Objective 4: In 2012, 90% of clients will still be alive in 3 and 6 months from the time they were enrolled in Beyond Violence.

Health Status of Client

Follow-up is conducted every 3 and 6 months from the referral date to assess if the clients are alive and have avoided re-injury.

- 3 Month Follow-Up: Out of the 25 originally engaged clients, 18 clients were still engaged and of those, **100% remain alive and avoided re-injury** at the 3 month follow-up.
- 6 Month Follow-Up: Out of the 18 clients who were engaged at the 3 month follow-up, 10 were still engaged and of those, **100% remain alive and avoided re-injury** at the 6 month follow-up.

Objective 5: In 2012, 75% of clients will not have been involved in a criminal incident in 3 and 6 months from the time they were enrolled in Beyond Violence.

Behavior Change

Follow-up is conducted every 3 and 6 months from the referral date to assess if the clients have been involved in a criminal incident.

- 3 Month Follow-Up: At the 3 month follow-up, *100% of clients were not involved in a criminal incident.*
- 6 Month Follow-Up: Out of the 31 clients who were engaged at the 3 month follow-up, *100% were not involved in a criminal incident* at the 6 month follow-up.

Interventionists report that the key to facilitating change is connecting with the client, providing a consistent source of support, and encouraging involvement in positive alternate activities. The consistency and authenticity of the Interventionists has been critically important in forging a trusting relationship where the client feels comfortable reaching out for help. The client-interventionist relationship is complimented with intensive wrap-around services that provide clients with resources to meet their immediate needs (e.g. food, housing, employment, etc) as well as a supportive network of peers and adults that promote positive lifestyles and the development of decision-making skills. The interventionists also encourage client involvement in positive recreational/social activities that provide alternatives to situations that could potentially put the client at risk for re-injury, re-entry or death. Another source of support in keeping these clients alive and clear of criminal incidents are the street engagement/outreach teams that are deployed to the neighborhoods where the incidents occurred. These teams mitigate conflicts and prevent further escalation of violence.

V. Success Story

Success Story

Richard: Richard is an 18 year old, African American father who was shot in the leg at an Antioch house party. He is healing physically, but is unable to walk without with the assistance of a walker. The Beyond Violence Intervention Specialist provided rides to many of his doctor's appointments. At mentoring sessions, Richard and the Intervention Specialist discussed Richard's understanding of the streets, his upbringing in a family with a history of violence and in foster care, and the importance of shifting his energy to being a father for his 3month old child. Richard was receptive to developing a plan for how he is going to provide for his child and to continue his education as a Home and Hospital student at Bidwell Continuation School. Richard is challenged by living back with his mother in a home where other young adult relatives live. The house sees lots of young people coming and going and "just hanging around all day." This makes studying and life-planning, difficult. In response, the Intervention Specialist connected Richard with a tutor at Los Medanos College, who was willing to meet with him at LMC to provide academic support in a location that supports the learning process. Richard's progress is slow but steady. He is a thoughtful young man who is opening up slowly to the support and services offered. Richard expresses appreciation for this. The Intervention Specialist sees a lot of potential for Richard to break a cycle of violence and lead a positive productive lifestyle.

Odessa: Odessa is a 19-year-old young women who was the victim of multiple stab wounds (6) committed by a male friend desiring to have an intimate relationship with her. She resides with her mother who is battling a mental disorder. Since her release from JMH and her work with an Intervention Specialist, Odessa is now employed at clothing store at the Delta Fair Mall in Antioch. Odessa has completed her 12 month Individual Service Strategy and GOAL Plan. Already a high school graduate, Odessa is now enrolled at Los Medanos Junior College, taking her General Education studies. The Intervention Specialist partnered with Contra Costa County Children and Family Services on her behalf, and supplied her with monthly bus passes through Tri-Delta to ensure her transportation to and from school and work. Unfortunately, Odessa still suffers severely from PTSD. The Intervention Specialist is currently working diligently with the African American Health Conductor of Contra Costa County Mental Health Services to identify a mental health resource for Odessa. Physically, Odessa's injuries are healing well. Emotionally and psychologically, she has more work ahead of her. This is not unexpected for a victim of violence. For Odessa, she has done very well for herself by getting a job, enrolling in college, and accepting help for what she needs.

Hospital-Linked Violence Intervention Program

Request for Qualifications

\$85,000 to operate a Richmond-based HVIP for 9 months

APPLICATIONS DUE February 19, 2013

I. RFQ TIMELINE

To apply for funds in response to this Request for Qualifications (RFQ), please send your proposal to Youth ALIVE! via mail or email (c/o Linnea Ashley, 3300 Elm St, Oakland, CA 94609; lashley@youthalive.org) **by 5:00 pm, Tuesday, February 19, 2013**. Any proposal that is received after 5:00 p.m. fails to meet eligibility requirements or fails to follow submission instructions WILL NOT be considered.

RFQ AND CONTRACT TIMELINE	
RFQ issue Date	January 28, 2013
Optional Technical Assistance Call Call-in number: 1-877-594-8353 Access code: 78842269#	February 4, 2013, 10:00am-11:00am
Proposals due to Youth ALIVE!	February 19, 2013 5:00 pm
Award announced	March 4, 2013
Mandatory training for awardee	April 4-5, 2013 in Oakland, CA
Grant Begins/Ends	April 1 – December 31, 2013

For further information, contact Linnea Ashley at (510) 594-2588 ext 314 or by email at lashley@youthalive.org.

II. OVERVIEW OF HVIP

Violence prevention and intervention programs are a powerful way to stop the revolving door of violent injury in our hospitals. Engaging patients in the hospital, during their recovery, is a golden opportunity to change their lives and reduce retaliation and recidivism.

While there are many strategies to intervene in the cycle of violence, identification in an emergency department and hospitalization presents a unique opportunity to intervene with a population at highest risk. A 1989 study found hospital readmission rates for youth for recurrent violent injuries are as high as 44% due to assault and 20% due to homicide over a 5-year follow up.¹ Since then, other studies of retrospective chart reviews have noted similar rates.^{2,3,4,5,6} Without intervention, hospitals discharge violently injured patients to the same violent environments where they were injured, without a prescription for how to stay safe and with community pressure to seek revenge. Too often, this results in a revolving door of violence, causing even more injuries, arrests, incarcerations, and, sadly, deaths.

In 1998 the U.S. Department of Justice's Office for Victims of Crime recommended that

1 Sims, D. W., B. A. Bivins, (1989). "Urban trauma: a chronic recurrent disease." J Trauma 29(7): 940-946.

2 Reiner, D. S., J. A. Pastena, (1990). "Trauma recidivism." Am Surg 56(9): 556-60.

3 Poole, G. V., J. A. Griswold, (1993). "Trauma is a recurrent disease." Surgery 113(6): 608-11.

4 Morrissey, T. B., C. R. Byrd, (1991). "The incidence of recurrent penetrating trauma in an urban trauma center." J Trauma 31(11): 1536-8.

5 Goins, W. A., J. Thompson, (1992). "Recurrent intentional injury." J Natl Med Assoc 84(5): 431-5.

6 Claassen, C. A., G. L. Larkin, (2007). "Criminal correlates of injury-related emergency department recidivism." J Emerg Med 32(2): 141-7.

hospital-based counseling and prevention programs be established in communities grappling with gang violence. HVIPs reach those caught in the cycle of violence immediately after they have been hospitalized. At this critical moment, this vulnerable population is at a crossroads: they can either encourage retaliation for the violence committed against them, or they can turn their traumatic experience into a reason to take themselves out of “the game.” Breaking the cycle of violence means that each patient can begin working with a highly trained “Intervention Specialist” – a paraprofessional from the community – who provides crisis intervention, long-term case management, linkages to community-based services, mentoring, home visits, and follow-up assistance designed to promote health, including mental and physical recovery from trauma.

Hospital-based violence intervention (HVIP) is based on seizing the rare opportunity for intervention — the *teachable moment* — at the hospital bedside when a person is most open to addressing the risk factors associated with intentional injury.

The HVIP model is inspired by “Jason,” a Wisconsin youth. In 1988, when he was just 9 years old, Jason was treated in the Children’s Hospital Emergency Department in Milwaukee for an “accidental” injury. Two years later, the hospital treated him again for multiple contusions and abrasions resulting from an assault. In 1992, at 13 years of age, he was treated for multiple stab wounds. Then, in early 1994, at age 15, the hospital treated him for a bullet wound in his leg. By the end of that year, he was dead, shot in the chest and killed at the age of 16. While medical staff expertly cared for his physical wounds each time, not once were his community health needs and risk factors addressed post-discharge. Tragically, every community across the country that has started a hospital-based violence intervention program knows many victims of violence like “Jason.”

Making initial contact with intentionally injured patients at the hospital, referred either through trauma activation or the emergency department, not only provides the opportunity to address their immediate health crisis, but also helps them begin attending to a myriad of existing and potential health issues.

The HVIP model enhances the *teachable moment* by engaging Intervention Specialists who can quickly gain the trust of traumatized patients and their family members at the bedside. All have good people skills, *street smarts*, and cultural sensitivity; reflect the racial and ethnic diversity of their clients; and many have a history of exposure to violence and/or have family members with similar histories.

The average HVIP patient/client receives services for six to twelve months. HVIP Intervention Specialists develop these discharge and ongoing service plans with patients and their family members based on formal assessments of individual, family, and community risk factors for re-injury. HVIP Intervention Specialists help clients do what they need to do to stay healthy and safe, which usually includes physical and mental health services; substance abuse treatment; academic support; vocational and recreational programs; and housing assistance. HVIP Intervention Specialists generally carry caseloads of 20 patients/clients, regularly conduct home visits, and take clients to appointments as needed.

The combination of brief intervention at the hospital bedside followed by community-based case management has been shown to significantly reduce risk factors for hospital recidivism and to significantly improve health and morbidity outcomes among patients.

Program objectives are to:

- Improve educational attainment
 - Any client who does not already have a High School Diploma or GED should be enrolled in an educational program leading to a High School Diploma or GED
 - Any client who does have a High School Diploma or GED should be encouraged to enroll in college
- Improve employability
 - Link all clients identifying employment as a need with a job training program (ex: Job Corps, Conservation Corps/Civic Corps, Youth Employment Partnership, AmeriCorps, certification program for a vocational trade)
 - Assist all clients identifying employment as a need with job seeking & job readiness (ex: resume writing, job application completion, interview preparation)
- Improve health status
 - Link all clients and families with mental health support (ex: counseling for PTSD, anger management, general mental health, substance abuse, church-based counseling Ensure that client is linked with medical provider(s) to provide follow-up treatment of violent injury and ongoing health care
- Improve social and professional skills & build sustainable support network
 - Link all clients with at least one community, school-based or faith-based ongoing social group activity (ex: Boys & Girls Club, YMCA, sports, art, music, etc.)
 - Link all clients with a program that builds social & professional skills (note: possibly have IS provide this directly)
 - Link all clients with long-term mentoring to sustain progress after graduation from the HVIP

More information on launching a new hospital-based program can be found on our web site, www.youthalive.org/nnhvip-technical-assistance, including two downloadable resources:

- [Violence is Preventable](http://youthalive1.wufoo.com/forms/download-the-nnhvip-program-replication-guide/) (<http://youthalive1.wufoo.com/forms/download-the-nnhvip-program-replication-guide/>) and
- Youth ALIVE!'s [Caught in the Crossfire Program Manual](http://www.youthalive.org/storage/CinC_Training_Manual.pdf) (www.youthalive.org/storage/CinC_Training_Manual.pdf).

III. REQUIRED PROGRAM DESIGN ELEMENTS

For the purpose of this model, “Intervention Specialist” refers to a specially trained mentor/case manager with a strong background in understanding community violence, a trauma-informed

approach to providing high-frequency, non-traditional case management services, as described below. All Intervention Specialists will be trained by Youth ALIVE!.

Program Requirements include:

- Two FTE of staff must be assigned to this program, including at least 1.5 FTE of direct service providers. Our recommendation is that one full-time equivalent Intervention Specialist be assigned to this program who will maintain a full caseload of clients, and that one full-time Intervention Coordinator be assigned who will supervise the Intervention Specialist, respond to calls for service from hospitals serving Richmond area victims, provide initial bedside visits and intakes, and carry half a caseload of clients.
- Target population: Violently injured (gunshot, stabbing, or physical assault) patients, ages 12-24, treated at John Muir Health Center or Kaiser Richmond. Patients must reside in, or have been injured in, Richmond, North Richmond, San Pablo, or El Cerrito.
- Program will serve 40-60 young people per year.
- Respond within one (1) hour of notification by hospital staff (from John Muir Health or Kaiser Richmond) to the hospital bedside of the patient. The awarded contractor will sign an MOU with the partner hospitals (John Muir Health and Kaiser Richmond). The Intervention Specialists will then go through the standard procedures for new employees and volunteers to receive hospital identification badges that will give them immediate access to injured patients.
- Provide intensive services, with caseloads no larger than 17. In the first 1-2 months of service, provide a minimum of 3 contacts per week with clients.
- Conduct home, hospital, and school visits with clients.
- Provide transportation for clients to medical and other appointments.
- Maintain a client fund to use discretionarily to meet client needs for food, driver's license fees, application fees, etc.

Further information on the data collection and documentation of a hospital-based program can be found [here](http://www.youthalive.org/storage/CinC_Training_Manual.pdf) (http://www.youthalive.org/storage/CinC_Training_Manual.pdf).

Program design and staff training are essential for the success of a new program and are required throughout the nine-month contract. Youth ALIVE! staff must be on the hiring committee for the new program. A two-day introduction training, April 4-5, 2013, is mandatory in addition to weekly case-conferencing calls and other training throughout the year. The new program will also be required to meet regularly with the John Muir hospital representative (Carol Powers).

The new HVIP will begin work on April 1, 2013 with technical assistance from Oakland-based Youth ALIVE!'s Caught in the Crossfire program.

IV. PARTNERS

John Muir Hospital, Kaiser Permanente, and The California Endowment, are establishing a Hospital Based Violence Intervention Program (HVIP) in Richmond and need an established community program (with experience in violence prevention/intervention, youth at-risk, etc) to implement the direct services of that program.

The direct services program will work in close collaboration with the John Muir Health Trauma Services liaison and eventually a Kaiser Permanente Richmond liaison for client referrals and follow-up, case conferencing/development, and quarterly reporting. Shared data includes, but is not limited to, client updates, demographics, goal attainment, and troubleshooting. The liaison and selected program will be in contact multiple times a week, including frequent check-ins.

IV. PROPOSAL DETAILS

Narrative (not to exceed 6 pages):

Qualifications (Narrative)

Interested organizations/programs should provide an explanation of qualifications, approximately two to three (2-3) pages, that addresses

- Number of years active in Richmond, and in which communities
- Established partnerships that relate to HVIP (Victims of Crime, police, schools, probation, hospitals, community based organizations)
- Examples of your investment in the Richmond community, including
 - How your staff reflects the community
 - Balance of staff with formal education and life experience
 - Example of training non-credentialed community members, or proposed ideas for such training, to employment opportunities for community members with the talent and commitment to do this work but who lack formal training/education in the field
- Experience or plan for providing services for and working with both victims and perpetrators
- Physical space and how it can accommodate clients
- Transportation expectation (for personal vehicles, company vehicles, other), as staff will be required to conduct home visits, drive clients to appointments, etc.

Design (Narrative)

Describe your implementation strategy, approximately two to three (2-3) pages, that addresses

- How your organization would implement the HVIP program in Richmond

Other Required Attachments:

Financial information

- A project budget for \$85,000.
- Most recent audited financial statements and any management letters
- Current agency budget
- Most recent Form 990
- IRS Determination Letter

Other

- Organizational chart
- Staff biographies or qualifications
- List of board members and affiliations

The complete application is **due on or before Tuesday, February 19, 2013 by 5:00 p.m.**
Electronic or hard copies are acceptable.



ONS Operation Peacemaker Fellowship Speaker Forum

Presents...

The Honorable Kwame Kilpatrick, Former Mayor of Detroit,
Michigan

"Surrendered was born out of a womb of darkness, cramped space and pain....it is the most sincere, honest and revelatory illustration of my life and my diverse life experiences" -
Kwame Kilpatrick

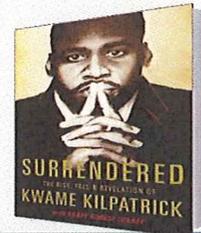
Saturday, November 17th, 2012
1:00 P.M. – 4:00 P.M.

Seats are limited
Please RSVP by
Tuesday, Nov. 13th, 2012
at 510-620-5419 or
mynesha_guerrero@ci.
richmond.ca.us

The City of Richmond Office of Neighborhood Safety (ONS) cordially invites you to attend an afternoon with Kwame Kilpatrick, former Mayor of Detroit and author of "Surrendered: The Rise, Fall and Revelation of Kwame Kilpatrick."

Kwame will share his story, thoughts and ideas regarding the criminal/juvenile justice industry and contributions we can make towards its change. He will also provide critical reflections and lessons learned from his very ambitious and provocative journey - his ongoing fight for personal freedom and justice!

Please join us in welcoming Mr. Kilpatrick on his path to Redemption



Richmond City Hall-City Council Chambers

**440 Civic Center Plaza
Richmond, CA 94804**

**Phone (510) 620-5422
www.ci.richmond.ca.us.**

Richmond youths hear ex-Detroit Mayor Kwame Kilpatrick talk about nonviolence

By Robert Rogers Contra Costa Times San Jose Mercury News
Posted:

MercuryNews.com

RICHMOND -- Kwame Kilpatrick came with a message: You can rise after you fall.

"I'm here hopefully to share with you some of the things I've gone through, some of the bad decisions that I've made," the former Detroit mayor said. "And I'm also here to share with you that you can still have a strategy for success."

Kilpatrick, who became a national figure in 2001 as the youngest person ever elected mayor of Detroit, delivered an afternoon speech in Richmond's City Council chambers to more than 80 people, including about 10 young men in the city's Office of Neighborhood Safety fellowship program that is focused on turning them away from crime.

Kilpatrick knows about rising and falling and facing the long arm of the law. His larger-than-life persona and "hip hop mayor" fame turned into infamy when sundry scandals forced him from office in 2008 and sent him to prison for 14 months for obstruction of justice.

Kilpatrick's visit came during a weekend break from his current trial in U.S. District Court in Detroit, where he faces 36 federal charges that include allegations he orchestrated racketeering, bribery and fraud while in office. Kilpatrick, 42, has maintained his innocence. He faces up to 30 years in prison.

His appearance Saturday was sponsored by the ONS and the National Forum for Black Public Administrators at a cost of \$3,000, ONS Director Devone Boggan said.

"(Kilpatrick's) story of redemption and hope against tremendous odds is a very powerful one that our fellows can relate to on a deep level," Boggan said. "They need to receive this message."

Kilpatrick wore a brown jacket and jeans Saturday, a far cry from the 1½-carat diamond earrings and dapper suits that graced his 6-foot-4 frame at the height of his power. In remarks that lasted more than an hour, Kilpatrick spoke of his childhood in 1970s and '80s Detroit, urban violence, peer pressure, neighborhood social dynamics and the need for inner city youths to benefit from travel and higher education.

He admitted that he perjured himself in court when he denied sending and receiving sexually-explicit text messages to a paramour while in office and talked extensively about what he learned in prison.

"It was in prison, when I was totally alone for the first time in my life, that I decided I needed to change my life," Kilpatrick said, setting his eyes on the young men clustered together near the back of the room. "You have to find yourself, figure out who you are outside of your clique."

Kilpatrick's visit followed a meeting at a conference in Virginia, when some of the ONS fellows -- young men who join the city program and are paid small stipends in exchange for meeting a range of education and employment goals and refraining from criminal activity -- met Kilpatrick during a trip and were impressed with his wisdom, style and back story, Boggan said.

About 50 young men and boys who have been identified as high-risk potential offenders or victims are currently enrolled in the city's program, Boggan said. Richmond is on pace for its lowest annual homicide total in decades.

Kilpatrick was received warmly by those in attendance. His appearance in Richmond was not widely publicized, and few knew he was coming outside of ONS staff and neighborhood leaders.

Some criticized the city for bringing such a maligned figure to town to talk to young people.

"I'm upset that ONS brought Kilpatrick to Richmond to speak to youth given his history of corrupt politics in Detroit," said Richmond resident Jose Lopez.

But Kilpatrick and his audience were perfectly paired on Saturday. He called Boggan "the smoothest brother on the planet" and praised ONS as not just an anti-violence program but also a political and social movement that draws on latent energy in inner cities.

"ONS is a movement," Kilpatrick said. "You can get the people that the police and the politicians have never talked to."

ONS has had its successes but also its critics, many of whom accuse the program of coddling violent offenders and paying criminals to not commit crimes.

But Kilpatrick called ONS a "critical" approach at a time when the United States has become "an incarceration society" and urged staff and supporters to press on.

"Without innovative approaches like ONS," Kilpatrick said, "we are just feeding a broken system."

Contact Robert Rogers at 510-262-2726 or rrogers@bayareanewsgroup.com and follow [Twitter.com/roberthroggers](https://twitter.com/roberthroggers).

New Police Cameras on 23rd Street Corridor

For years, merchants and neighborhoods along 23rd Street in Richmond have been calling for more help in combating break-ins, prostitution and vandalism in their burgeoning business district.

At the same time, the Richmond Police Department was working to expand its network of live-monitored street cameras that improve response times to incidents and collect evidence.

Bringing together those interests took time and work, but 4Richmond Coalition Chair Don Lau announced Nov. 13 that six new cameras will be added to the network this month, covering 23rd Street from Roosevelt Avenue to the San Pablo city limit.

The additional cameras will bring the total number in the citywide network to 44.

"This is all about partnership — police, business, the community, all coming together as one," Lau said at a press conference at Richmond Build on 23rd Street. "By working together, we can make a difference on the issues that matter most to Richmond."

The 23rd Street Merchants Association approached the



From left to right: Don Lau, Detective Hector Esparza, Captain Mark Gagan, Rafael Madrigal.

City of Richmond and Chevron two years ago about funding cameras and related equipment. Chevron donated three cameras, and the city purchased three cameras, but only two were able to be installed.

The cameras draw power from light poles, and some of the older poles on 23rd Street contained antiqued wiring that would damage the sensitive cameras.

"Unfortunately, things progressed a little slowly," said

Rafael Madrigal, president of the 23rd Street Merchants. "We pushed and pushed. And, fortunately, then along came 4Richmond."

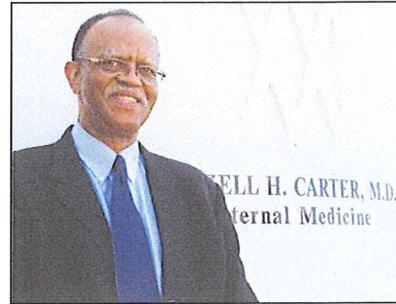
This fall, the 4Richmond Coalition worked with the Police and Environmental Initiatives Division of the City Manager's Office in conjunction with the Engineering Department to help bring civic focus back to the project.

The city is now including 23rd Street in a larger renovation

of streetlight wiring, which means the remaining four cameras can be installed by the end of November.

The cameras will help police focus efforts fighting crimes that concern local merchants, said Detective Hector Esparza.

"It has been a hugely successful program. The cameras have helped in solving homicides and many other crimes," Esparza said. "It's all about keeping the public safe — and these cameras help."



Brazell H. Carter, MD

Richmond Needs A Health Clinic

OPINION

By Brazell H. Carter, MD

populace around making wise choices in our dietary selections.

Proposition N, the tax initiative aimed at fighting obesity by taxing foods containing excessive amounts of sugar, was a noble idea.

Unfortunately it was ill conceived as it unfairly created a rise in food costs for Richmond residents. Fortunately it was defeated.

As a physician, I agree that for obvious health reasons we need to drastically decrease the consumption of sugar in our diets. We also need to decrease the amounts of fat and salt in our diets and emphasize exercise as a balanced approach to better health.

The health of the Richmond community and the health of the nation will hinge on our ability to better educate the

If we are to truly address this issue, let us dedicate our efforts toward building a health education/medical center in Richmond. We could not only provide information about health for the community, but we could also provide a modern medical clinic to attract more physicians to Richmond. Currently, health services in Richmond are limited and are likely to fall short of expected needs with the advent of Obamacare. Many Richmond residents seek medical care outside of the city, a trend likely to increase in the future.

Dr. William Jenkins, a practicing pediatrician in Richmond for over 50 years, died recently. It would be quite an honor to dedicate a medical facility in his name to further serve the people of Richmond.

A Lesson in Humility and Redemption

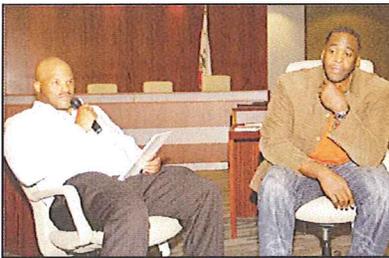
By Kevin Williams
ONS Peacekeeper

Having an organization within city government that can attract a public figure like a Kwame Kilpatrick is just good for Richmond.

His story is one about choices, mistakes, punishment and accountability. His bad choices ultimately took him from being the mayor of one of the largest cities in America, to an inmate in Michigan's State Prison system.

That is a powerful story and can be a compelling message when you are as willing as Kwame Kilpatrick is to be completely transparent and honest about one's shortcomings and failures.

As part of the first Operation Peacemaker Fellowship



Kevin Williams (left) and Kwame Kilpatrick.

Speakers Forum hosted by the Office of Neighborhood Safety and its Operation Peacemaker Fellowship Program, Kilpatrick, ex-mayor of Detroit recently spoke to a group of Richmond residents about his rise to the top spot in Michigan's legislature at 25

years old, to mayor of Detroit Michigan by the time he was 31 years of age, the youngest mayor in Detroit's history, to a lightning bolt fall from that grace because of a variety of poor decisions.

Sr. Fellows of the program had an opportunity to hear

Mr. Kilpatrick's message and meet him at a national event hosted by the National Forum for Black Public Administrators (NFBPA) in Virginia Beach Virginia earlier this year.

Afterwards they asked ONS Director DeVone Boggan to work to get him to Richmond to share his story with others that they believed would benefit from hearing it.

The Operation Peacemaker Fellowship program is a transformative mentoring intervention designed for those most likely to be involved in gun violence.

This intervention works to transform the attitudes and behaviors that have given rise to the selected individual's involvement in gun violence.

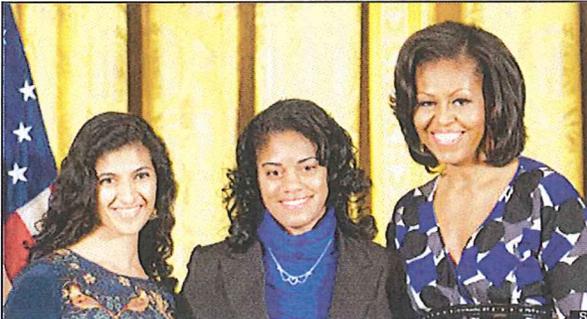
Continued on Page 8

Youth Radio Recognized by Michelle Obama

Oakland's Youth Radio, a youth-driven journalism and media production program, received a special honor on Monday from Michelle Obama.

The First Lady presented the organization with the 2012 National Arts and Humanities Youth Program Award, noting Youth Radio's effectiveness in developing learning and life skills in young people by engaging them in the arts. The award is the highest honor for afterschool arts and humanities programs.

"In spite of all the challenges and obstacles our young people face, in spite of all their fears and doubts, you teach them to make art anyway," said Mrs. Obama at the ceremony. "You teach them that no matter what life throws their way, if they draw back on their own



Youth Radio's Nishat Kurwa and Shyra Gums join Michelle Obama at the awards ceremony.

talent, creativity and courage; if they're persistent and tenacious and bold, then they can truly make something extraor-

dinary out of their lives." Youth Radio produces original writing, audio photo and video content by journalists

between the ages of 14 and 24. Recent articles have included "Young People Campaign for

Continued on Page 8

Jesse Jackson Jr. Resigns From Congress

By James B. Kelleher,
Reuters



Jesse Jackson Jr.

Jesse Jackson Jr. is the namesake son of one of the most prominent black men in the United States, a progressive-minded activist whose ascent into public life prompted talk of a new era of African-American political power.

In the early years, speculation swirled around the Democratic representative to the U.S. House and his appetite and ambition, almost all of it positive. Would he be the next mayor of Chicago? The next U.S. senator from Illinois?

Two years after he was elected to Congress, Newsweek magazine asked if the then 32-year-old Democrat would one day capture the prize that eluded his father, civil rights leader Jesse Jackson, and become the first Black president.

The sky's-the-limit speculation didn't appear to unnerve Jackson. "I grew up in a house with great expectations," he told the Chicago Tribune in 1995.

In recent years, the expectations withered and the speculation took a more sinister turn, especially after Jackson's name was linked to the

political corruption scandal that brought down former Illinois Governor Rod Blagojevich.

In recent weeks, it was rumored and reported that Jackson would resign from the House in a plea deal with prosecutors.

On Wednesday, the 47-year-old's political career came to a halt. Weighed down by mental illness and the investigation, Jackson submitted his resignation to House Speaker John Boehner.

His career was book-ended by scandal. Jackson was sent to Congress in December 1995 after winning a special election to replace Representative Mel Reynolds, a Democrat forced to resign after he was convicted of sexual assault and other charges.



THANKSGIVING SERMONETTE

Praise is our human response to something so mysterious that we can't really articulate it. Praise is the way that we finite human beings, trapped with speech, respond to the fact that joy is at the very foundation of the Universe. And nothing we have been able to do individually or corporately, as we have marred the face of the universe with our personal and corporate sins, nothing has been able to rob the universe of its Joy. It is critical and foundational. And, whenever we experience it, there is a part of us that wants to say: Thanks. - Dr. W. Hazaiah Williams

Otho James Green, 77 Youth Radio Recognized

Otho James Green, 77, a management consultant in the Bay Area and Washington, D.C., died Nov. 9 at Heartland Hospice in Chevy Chase, Maryland.

After graduating from Hayward State College and completing a fellowship at the Coro Foundation in San Francisco, Green became a consultant in Industrial Relations for the California State Assembly.

As a result of his work in the State Assembly, he developed an interest in local politics and in 1966 ran to represent the 17th Assembly District in Oakland.

He also encouraged others to become involved in politics, including Ron Delums, whose political career took off the following year when he successfully ran for the Berkeley City Council.

Green ran for mayor of Oakland in 1973, gaining national recognition that put him on the cover of Jet Magazine. Among those he ran against were Back Panther Party leader Bobby Seal.

In 1968, Green founded Pacific Training and Technical Assistance Corporation in Oakland and by the age of 37 became one of Oakland's most successful Black businessmen.

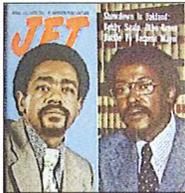
The firm employed consultants in almost every state in the U.S. as well as in the Caribbean and Africa.

In the late seventies, he became friends with President Jimmy Carter.

Green also owned a liquor distributorship company in Oakland, co-founded The Green Group, a holding



Otho James Green



Otho Green (right) and Bobby Seal ran for Mayor in 1973.

and development company, with his late brother Jackson Green, Jr. and served from 1992 to 1996 as President of Akins and Associates, a consulting firm in Washington, DC.

Survivors include his wife, Jean Tisdale Green of Washington DC; two children: Zuri Michelle Green of Atlanta, Georgia and Otho James (Kobie) Green, II of Washington, DC; three granddaughters and one grandson, a great grand daughter as well as two nephews, one niece, a brother-in-law and two sister-in-laws.

A memorial service will be held in Oakland early next year.

Continued from page 1

Peace In East Oakland." "Digital Strategists Look Back On Months Of Targeting Voters" and "Why Everyone Got the Youth Vote Wrong."

Youth Radio Senior Producer Nishat Kurva and 17-year-old high school senior Shyra Gums accepted the award at a ceremony at the White House.

"I came to Youth Radio to learn about music and media production," said Gums in a release about the honor. "But during the past two years, I've gained the skills that have put me on a path to success. Youth Radio has helped me grow as a

leader and as an artist and has given me once-in-a-lifetime opportunities."

"It is so critical that we preserve arts education in our schools because we know how important it is for our children's development," said the First Lady. "Because we know that, ultimately, arts education doesn't just teach our children valuable skills. It doesn't just give them an important forum for self-expression and self-reflection. It also helps to shape their character."

For information go to www.youthradio.org/

Take Care of Yourself During the Holidays

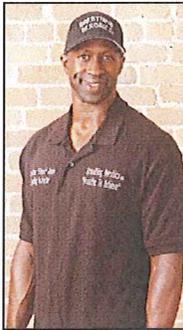
By Post Staff

After Jonathan Jones was featured in the Post (09/13/2011), he was asked to provide Breathing Aerobics training to the staff and clients at Alzheimer's Services of the East Bay.

He has also appeared as a guest on several radio shows to talk about Breathing Aerobics and health. He is a regular guest on David Hollander's "Protect Your Assets" show, which airs 8 a.m. Saturday mornings on KNBR 680.

"I provide a weekly health tip at 8:15 a.m. on such topics as stress reduction, ways to burn fat and prostate cancer prevention," said Jones.

During the month of October, his Breast Cancer Awareness messages focused on the importance of mammograms, performing monthly self-exams, and eating foods that support breast cancer prevention.



Jonathan Jones

Jones will release his Breathing Aerobics DVD during the holidays as a gift selection for families. Three of his Breathing Aerobics exercises focusing on weight control for the holidays can be acquired at (415) 236-3806.

Lesson in Humility and Redemption

Continued from page 1

The Fellowship is representative of those individuals who are most resistant to change and/or are chronically unresponsive to the traditional range of services offered or available in the Richmond community.

The message: Young and old alike in Richmond need to know that life does not need to stop or end just because you've been to prison.

As Mr. Kilpatrick said himself during his talk, "I had to adjust my principles and values to change who I was into the man I wanted to be."

He is a perfect example of redemption, which is as American as apple pie. He took the worst episode in his life and chose to open himself up completely to learn, grow and share from it, in the hope that his pitfalls would not be repeated by others.

For many within the community of Richmond, particularly those who the ONS serves, his story is their story. He embodies everything it means to be a flawed individual and how bad decisions can have severe consequences — however if you CHANGE your mind, your thinking, your actions, you can forgive yourself, be forgiven and

contribute to changing your city, in fact the world.

You can be redeemed! Many who left the ONS sponsored event felt like they had just been privy to a very personal revelation through conversation in a very public setting. One member of the audience, a member of National Forum for Black Public Administrators (NFBPA), said, "it is always good for older men of color to connect in honest fashion with their younger generation of boys and young men, especially those who often are disconnected from such opportunities."

Kwame Kilpatrick still has a lot to offer, not just because of the redemptive qualities of his story, but he is still working hard to aide and assist his community despite his flawed past."

What makes America so Great, is we collectively love second chances, and Mr. Kilpatrick is the epitome of what a second chance lived should be all about.

The Office of Neighborhood Safety (ONS) is a non-law enforcement department within City of Richmond, which works with between 150-200 young men each year.

Send your church notes, stories and events to Post News Group, Email at ads@postnewsgroup.com or Call (510) 287-8220

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OFFICE OF NEIGHBORHOOD SAFETY (ONS) & FELLOWSHIP PARTNERS/FELLOWS CONTRIBUTION TO A HEALTHIER RICHMOND CALIFORNIA ON ITS 5TH ANNIVERSARY

The Office of Neighborhood Safety (ONS) is a non-law enforcement department within the city government of the City of Richmond California. The primary objective of the Office of Neighborhood Safety (ONS) is to provide and coordinate targeted intervention services for those identified as being most responsible for perpetrating gun violence in Richmond. ONS work focuses to reduce shootings, retaliatory shootings and firearm related homicides by helping to improve the social and emotional health and wellness of those we serve. The ONS works with between 150-200 young men each year who fit our criteria.

The ONS facilitates two very important primary strategies to achieve its goals and objective with those we serve; Street Outreach and the Operation Peacemaker Fellowship.

ONS STREET OUTREACH

The primary strategy of the Office of Neighborhood Safety ("ONS) is its Street Outreach Strategy. Each day the city's street outreach team (Neighborhood Change Agents or "NCA's") directly engages those on a face-to-face basis who are most likely to commit gun violence in Richmond (aka -"the ONS population"). NCA's work to build healthy and consistent relationships with identified individuals, serving as their mentors and credible messengers who provide examples of healthy lifestyles. The ONS also works to expand access to quality opportunities, exposures, resources, and services that build on the identified populations strengths in an effort to reduce their involvement in gun violence.

ONS OPERATION PEACEMAKER FELLOWSHIP

An extension of the ONS street outreach strategy is the Operation Peacemaker Fellowship program. "The Fellowship" is a Transformative Mentoring Intervention designed for those most likely to be involved in gun violence. This intervention works to transform the attitudes and behaviors that have given rise to the selected individual's involvement in gun violence. The Fellowship is representative of those individuals who are most resistant to change and/or are chronically unresponsive to the traditional range of services offered or available in the Richmond community. In addition to the public safety concerns that these individuals pose, they are among the most expensive population to serve in policing, incarceration, hospitalization and social services. Enabling them to right their life trajectory will have a collateral and positive effect on their communities, families and peers, in addition to saving tax payer dollars.

The Fellowship provides program incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

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As an example of the ONS street outreach contribution and approach in Richmond, the ONS facilitated 'Occupy North Richmond' its Summertime Gun Violence Interruption Initiative or "SG7" as it has been coined.

ONS SUMMERTIME GUN VIOLENCE INTERRUPTION INITIATIVE ("SG7")

On August 30, 2012 ONS concluded its Summertime Gun Violence Interruption Initiative (SG7)/'Occupy North Richmond'. During the months of June thru August 2012 ONS focused most of its street outreach activities and resources in North Richmond. The goal was to contribute to reducing firearm activity during the summer months by intervening/interrupting more directly in ongoing firearm related feuding between North and South/Central Richmond personalities and rival groups. ONS deployed Neighborhood Change Agents and Peacekeepers around the clock into North Richmond in an effort to reduce summertime gun related homicides in 2012 as compared to 2011 by 75%-100% (ONS goal).

In 2011 between the months of June and August, there were 17 firearm related homicides and 32 firearm assaults with an injury, many believed to be the result of ongoing feuds between South/Central and North Richmond personalities.

This summer 2012 between the months of June and August, there were 4 firearm related homicides and 27 firearm assaults with an injury. This represents a 76% reduction in summertime firearm related homicides, and a 16% reduction in summertime firearm assaults with an injury. **NOT ONE FIREARM RELATED HOMICIDE OCCURRED IN NORTH RICHMOND THIS SUMMER!!!**

We are very grateful to our many youth and young adult partners who when confronted with conflict during the summer months - made better decisions with regard to their responses to those conflicts.

As a result of two program cohorts of the ONS Operation Peacemaker Fellowship:

Of the 43 total Fellows (Cohorts I & II):

- 42 are Alive;
- 36 have no new gun charges since becoming a Fellow;
- 33 have no gun violence related arrests since becoming Fellow;
- 39 have no gun related injuries or hospitalization since becoming a Fellow;
- 13 have obtained jobs;
- 11 are currently studying for their GED;
- 8 have become valid licensed drivers;
- 6 have achieved safer housing objectives;
- 6 have made spiritual commitments;
- 5 have enrolled in College;
- 2 have obtained Health Insurance;
- 4 have obtained their GED;
- 2 have achieved vocational certificates;
- 4 has graduated from the Sr. Fellowship Program and have become ONS Ambassadors;

Cohort I (June 2010 – May 2011) – 12 Months

Cohort II (September 2011 – August 2012) – 12 Months

Cohort III (January 2013 – June 2014) – 18 Months (15 new Sr. Fellows/58 unduplicated Fellows)

Cohort I Jr. Fellowship (January 2013 – June 2014) – 18 Months (25 New Jr. Fellows)

GUN VIOLENCE/FIREARM RELATED INCIDENTS:

YEAR	HOMICIDES	SHOOTINGS – W/I
Pre-ONS		
2003	38	91
2004	35	119
2005	39	129
2006	41	186
2007	47	242
TOTALS - Pre	200 (+61)	767 (+133)

YEAR	HOMICIDES	SHOOTINGS – W/I
Post-ONS		
2008	28	150
2009	45	170
2010	22	118
2011	26	114
2012	18	82
TOTALS - Post	139 (-30%)	634 (-17%)

YEAR	HOMICIDES	SHOOTINGS – W/I
Pre & Post Fellowship		
2007	47	242
2008	28	150
2009	45	170
Pre - Totals	120 (+54)	562 (+248)
2010	22	118
2011	26	114
2012	18	82
Post - Totals	66 (-45%)	314 (-44%)

In October 2012, the ONS celebrated 5 years of creating conditions for the improved health and wellbeing of the Richmond Community.