

A. PUBLIC AGENCY APPLICANT		B. TAX IDENTIFICATION NUMBER	
NAME OF PUBLIC AGENCY Contra Costa Health Services Department		TAX IDENTIFICATION #: 94-6000509	
STREET ADDRESS 50 Douglas Drive Suite 310-A	CITY Martinez	STATE CA	ZIP CODE 94553-4003
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
IF A JOINT PROPOSAL, LIST OTHER (NON-LEAD) PUBLIC AGENCIES:			
Not applicable			
C. PROJECT TITLE			
Contra Costa LEAD Plus (CoCo LEAD+)			
D. REQUIRED SERVICES (Check all that apply)		E. ADDITIONAL SERVICES (Check all that apply)	
<input checked="" type="checkbox"/> MENTAL HEALTH SERVICES <input checked="" type="checkbox"/> SUBSTANCE USE DISORDER TREATMENT <input checked="" type="checkbox"/> DIVERSION PROGRAMS		<input checked="" type="checkbox"/> HOUSING-RELATED SERVICES <input checked="" type="checkbox"/> OTHER COMMUNITY-BASED SUPPORTIVE SERVICES	
F. PROJECT SUMMARY			
<p>Building on and enhancing the LEAD framework developed in Seattle, WA, "Contra Costa LEAD Plus" (CoCo LEAD+) will provide pre-arrest (social contact), at-arrest, and post-arrest/pre-booking diversion opportunities and coordinated services for people with behavioral health issues who have been repeatedly arrested by the Antioch Police Department for a broad array of low-level, non-violent misdemeanor and "wobbler" charges. Founded on trauma-informed, restorative, culturally competent, gender-responsive principles, and deploying harm-reduction approach, CoCo LEAD+ will create individualized pathways of community-based treatment and peer-supported services for program participants. Establishing a suite of transformative resources, CoCo LEAD+ will implement a year-round schedule of facilitated cognitive-behavioral groups (CBT) and restorative justice circles in community settings; open and operate two dedicated transitional housing residences based on harm-reduction principles; and dedicate fifty Section 8 one-three bedroom vouchers for CoCo LEAD+ participants who establish and achieve appropriate milestones on their Individual Action Plans.</p>			
G. GRANT FUNDS REQUESTED	H. Amount of Funds Sub-Contracted to Community Organizations		I. Total Amount of Other Funds to be Leveraged
\$5,984,047	\$4,702,267	78.59%	\$ 3,052,724

A: PROJECT NEED: Contra Costa County’s proposed project, *Contra Costa LEAD Plus* (“CoCo LEAD+”), builds on and enhances the Law Enforcement Assisted Diversion model (LEAD)¹ first developed in Seattle, WA. A multi-sector partnership of the County, the city of Antioch, and the nonprofit organization HealthRIGHT 360 (“HR360”), CoCo LEAD+ will provide pre-arrest “social contact,”² post-arrest, pre-booking, and post-booking diversion opportunities and services for adults with behavioral health issues³ who have been arrested by the Antioch Police Department (“APD”) more than once in twelve months for eligible misdemeanors or “wobblers.”⁴ Probationers arrested on divertible charges in Antioch or cited for technical violations will also be eligible. CoCo LEAD+ is expected to divert and enroll 200 unduplicated adult individuals in 38 months.

With a population of 1,116,385,⁵ Contra Costa is considered one of California’s 17 “large” counties. Situated on the County’s eastern edge, Antioch, with an estimated population of 107,501, is tied with Richmond as the County’s second largest city.⁶ Compared to the overall County, Antioch has a higher percentage of people of color (65.4% v. 45%),⁷ lower household income (\$64,329 v. \$80,185),⁸ and lower college graduation (20.4% v. 39.6%).⁹ The city’s recent population surge (an increase of 22.1% since 2000)¹⁰ has been accompanied by demographic shifts: Whites have declined from 65.3% to 48% of population; African Americans have risen from 9.4% to 17.4%, an 85% increase; and Latinos have risen from 22% to 34%, an increase of 55%.¹¹

But Antioch’s population boom was spurred not by the draw of a strong local economy but by the pull of relatively affordable housing that sprang up in the open spaces of then-rural east Contra Costa. So when both the national economy and the housing market collapsed in 2008, Antioch endured especially sharp losses: unemployment spiked, foreclosures soared, property taxes plummeted, and city coffers and services were cut.¹²

To complicate things further, the whipsaw effects of the Great Recession eviscerated the area's economic and social service infrastructures. After the economic collapse beginning in 2008, funding for the nonprofit sector plummeted even as employment fell and foreclosures exploded.¹³ As a result, as a local study concludes, "The East subregion has the fewest...assets in total, per its general population and its unemployed population. Its high levels of poverty and small distribution of assets indicates [it as a] high-need area [with] very little organizational support."¹⁴ With unemployment rates still substantially higher than County or state averages,¹⁵ the city's challenges find ready measure in one relevant metric: At \$38 million in 16/17, APD's budget is 49% lower than Richmond's. Despite the cities' nearly identical sizes, APD employs 102 sworn officers, compared to Richmond's 185.¹⁶ Not surprisingly, for years APD has persistently fought to recruit and retain officers, while stretching to meet the city's complex needs.

Given this context, it is readily apparent that for the better part of a decade, APD officers have served as first responders to a community experiencing high rates of social dislocation, cultural disruption, underemployment, housing instability, and the associated challenges to peace and public safety. These complex realities are evident in an analysis of one year of arrests by APD on the low-level, non-violent charges to be addressed by CoCo LEAD+. Close analysis reveals that APD conducted 1,678 arrests of 1,217 people on these charges in 2016,¹⁷ of which 10% (122 people) accounted for 20.4% of these arrests. Of these 122 people, 27 were arrested at least four times each, totaling 142 arrests (5.26 arrests per person). Thus, just 2.2% of the people arrested by APD on "CoCo LEAD+" charges in 2016 accounted for 8.5% of these arrests. In other words: If the local system of care could better meet the needs of just these 27 people, APD might make 142 fewer arrests annually, generating substantial justice-related

savings while improving outcomes for individuals, families, and the larger community.

Further analysis confirms that this population has disproportionately high rates of housing instability and behavioral health disorders. Of the 122 people arrested more than once in 2016, 50% appear in the County's Homeless Management Information System as currently or formally homeless; 69.7% appear in the County's Mental Health database with conditions of varying acuity;¹⁸ and 62% have at some point been admitted into a County provider for a substance use disorder ("SUD"), averaging 3.7 SUD admissions per person, twice the system's average of 1.7 admissions per SUD client. Methamphetamine was identified as the primary drug of choice (34% of admissions).¹⁹

Demographics and Special Populations: Although reliable data regarding the race and ethnicities of these 122 arrestees is not readily available, aggregated state data demonstrate racially disproportionate arrest rates in Antioch, for both felonies and misdemeanors.²⁰ In 2014, African Americans (17.4% of population) comprised 40% of Antioch's felony arrests and 36% of its misdemeanors; Whites (48% of population) represented 36% of felony and 40% of misdemeanor arrests; and Latinos (34% of population) represented 20% of each. While arrest reports do not capture specific characteristics (e.g. sexual orientation, gender identity, veterans, or immigration status) these populations have disproportionate rates of criminal justice involvement.²¹

Taken as a whole, this multi-system analysis shines a bright light on the reality that a relatively small group of people with complex challenges is repeatedly drawn into the local criminal justice system. Despite their high rates of trauma and co-occurring behavioral health disorders,^{22,23,24} and their common inability to achieve the sobriety, self-regulation, and consistency typically required by social service programs, most of this population is ineligible for services reserved for people with diagnosed Serious and

Persistent Mental Illness (SPMI).²⁵ In this gap between needs, capacities, and resources, the resulting cycle of instability, arrest, and incarceration burdens public systems, reduces public safety, and disturbs social stability, while reinforcing the chaos that characterizes life for people with unmanaged behavioral health disorders and the families struggling to help them. *To interrupt this cycle, CoCo LEAD+ combines coordinated diversion protocols with peer-driven outreach and engagement; evidence-based behavioral health services; wraparound social and vocational supports; and a housing-first, harm-reduction framework offering transitional and permanent housing.*

B. COMMUNITY ENGAGEMENT: To develop an inclusive and participatory Prop 47 needs-analysis and project design process, the County's Office of Reentry and Justice recruited a Contra Costa-based consulting firm, Further The Work ("FTW"), which has a 15-year track record of local community involvement; proven capacity in designing inclusive, equitable participatory processes; and demonstrated success in developing multi-sector, evidence-based, and restorative systems of care for justice-involved people. FTW supported the County to implement robust outreach to identify and convene a broad array of key community stakeholders and subject-matter experts, resulting in a 40-member Proposal Development Local Advisory Committee ("LAC") of elected officials; public agencies and nonprofit organizations with relevant expertise; community-driven advocacy groups (including Racial Justice Coalition, Safe Return Project, and AB109 Community Advisory Board); seasoned restorative justice practitioners and behavioral health clinicians; and justice-involved people and their family members. This diverse makeup ensured that the proposed project reflects the local community's culture, experiences, challenges, and priorities. Between December and February, FTW convened four facilitated meetings of the entire LAC. Simultaneously, FTW further

organized the LAC into a Criminal Justice Diversion Team and a Behavioral Health/Community-Based Team. Each team met three times, informed by findings from FTW's two-dozen one-on-one/ small-group meetings with a wide array of stakeholders. To ensure transparency and shared learning, each LAC meeting included a recap of prior discussions, illuminated the ideas and questions developed to date by each Team, and reported new information emerging from FTW's continuing research.

This balanced approach fostered equity and inclusion for all LAC members and enabled data-driven decision-making using an Explore: Analyze: Design: Refine framework. These months of work culminated in a final All Hands LAC meeting to establish the LAC's final composition to reflect the focus community, identified needs, proposed approaches, and primary partners. Reflecting its inclusive intention, the approved LAC includes criminal justice agencies, behavioral health and housing agencies, community-based organizations with subject-matter expertise and local knowledge, justice-involved people and family members, and representatives of justice-focused advocacy and faith-based groups. Overall, 35% are African American, 17% are Latino, 5% are Middle Eastern, and 41% are White. At least 25% have direct experience with the justice system or are family members of people with histories of incarceration. (See Attachment D.)

Upon notice of grant award, the County will convene the LAC, develop a public outreach and communications plan, and establish a schedule for public meetings, with intentional outreach to emergent and faith-based efforts that play a particularly important role in Antioch. To ensure continuing community involvement, responsivity, and shared learning, the LAC will meet at least quarterly at varied and accessible locations, noticed consistent with the Brown Act and the County's Better Government Ordinance, offer

Spanish translation, and provide project updates, identify emerging issues, and include structured opportunities for community input. LAC representatives and project staff will make presentations to community groups to ensure continual community input, and CoCo LEAD+ Town Halls will be conducted at least once annually during the grant term.

C: PROJECT DESCRIPTION: CoCo LEAD+ establishes a multi-system “diversion plus evidence-based-services” framework to reduce criminal justice involvement for people with behavioral health disorders. As a cooperative, multi-agency partnership of the County, CoCo LEAD+ is designed to improve outcomes for people with behavioral health issues who are repeatedly arrested by APD, while enhancing public safety and community stability. Expanding on Seattle’s diversion-eligible charges, CoCo LEAD+ includes a wider array of misdemeanors and “wobblers” (including many charges reclassified by Prop 47), and low-level quality of life and nuisance charges²⁶ that place disproportionate demand on local public systems while posing low risk to public safety.

Management, Stewardship and Staff: Contra Costa Health Services (“CCHS”) serves as the project’s Lead Agency. An integrated system of healthcare and health coverage services operating within one organizational structure, CCHS is ideally suited to host this project; under its wide umbrella, it operates Behavioral Health; Health, Housing, and Homeless Services; Hospitals and Health Centers; Psychiatric Emergency Services; and Contra Costa Health Plan, a federally-qualified, county-sponsored HMO. Behavioral Health’s Forensic Mental Health Director will serve as Project Supervisor. Consistent with the LEAD model and to foster collective systems change while advancing operational efficiencies, CoCo LEAD+ will be stewarded by two multi-sector, multi-disciplinary, data-driven work groups (a Policy Team and an Operations Team/Diversion Panel); both will produce written charters detailing their composition,

duties, policies, and authority. Taken together, these Teams will include project staff from CCHS, justice partners (APD, Probation, Sheriff's Office, District Attorney, and Public Defender), the County Housing Authority, the CoCo LEAD+ Manager, the Racial Justice Task Force (an advisory body of the Board of Supervisors), and key service partners. Although members of both Teams will benefit from discussions involving multiple points of view, such discussions will not constitute advocacy or negotiation related to individual cases, and in all cases the District Attorney will retain ultimate and exclusive authority to make filing decisions, recommend dispositions, and support or oppose release motions.

HR360, a national leader in comprehensive mental health, substance use, medical, and housing services for complex populations, including dual-diagnosed, justice-involved people, will hold responsibility for implementing the project's community-based elements. With an annual budget of \$100 million, HR360 currently operates 70 integrated health and social service programs serving 38,000 people each year. In Contra Costa, HR360 manages the Central/East Reentry Network ("the Network"), a community-based collective-impact project that coordinates and integrates an array of public and nonprofit services, including housing, employment, civil legal, family reunification, physical and behavioral healthcare, for justice-involved people. Based in Antioch and with established operations backed by HR360's substantial capacities, the Network's established infrastructure will allow accelerated project start-up. Reporting to the Network Manager, the CoCo LEAD+ Project Manager will supervise a Data Analyst, Project Assistant, Client Information Coordinator, two Diversion Navigators, a Peer Coordinator, two Peer Leaders and two Peer Coaches. Peer staff will have direct experience of behavioral disorders/ justice involvement.

Diversion Protocols: By agreement of APD, Probation, Sheriff, District Attorney, and Public Defender, CoCo LEAD+'s law enforcement partners will implement standardized protocols to identify and divert eligible arrestees at several intercept points: at point of arrest (solely based on officer discretion), at the APD holding cell, after transport to the County jail, after cite-release, or upon technical violation of probation. APD, Probation, and the Sheriff's Office will work with CoCo LEAD+ staff to develop bilingual "Try Diversion!" information cards and will modify arrest and booking forms, as appropriate, to record options for diversion. Consistent with public safety and at their sole discretion, officers may choose to directly transport and release arrestees to any of the project's Diversion Sites, to include east County's 24-hour CARE Center for the homeless, the new Sobering Center (opening 2017), and the project's offices; mobile CoCo LEAD+ staff will be embedded into these locations. Each morning, using written criteria, a dedicated APD Diversion Officer and an on-site Deputy Probation Officer will review the previous day's arrest reports to identify eligible individuals who were cite-released or transported to jail, and will coordinate with the Client Information Coordinator to initiate the Peer Outreach process. Diversion data will be gathered and reviewed by staff, Policy and Operations Teams, and LAC, and will be provided to the larger community.

Post-Diversion Pathway: Once clients are identified as diversion-eligible, CoCo LEAD+ Peer Coaches will serve as the first point of connection, offering non-threatening, patient, and welcoming outreach and engagement, free of coercion or pressure. Recognizing that histories of trauma are profoundly present in justice-involved populations,²⁷ CoCo LEAD+ will establish a trauma-informed environment in all activities, with particular attention to helping clients develop skills in trigger-related self-care, including emotion regulation; these skills are invaluable in helping clients engage in and

remain connected to programs and treatment. As with all project staff, Peer Coaches will be trained in key evidence-based methods: Motivational Interviewing²⁸; cognitive behavioral treatments²⁹; techniques and principles of de-escalation, harm reduction,³⁰ and restorative justice³¹; and privacy.³² Providing real-time, immediate response, Peer Coaches will literally meet participants where they are, whether at an arresting agency, the multiservice CARE Center, through various Outreach Teams, or in community settings. Given their lived experience of behavioral health/ criminal justice involvement, Peer Coaches will mitigate an enduring and challenging reality: In general, the target population for CoCo LEAD+ is suspicious, slow to connect, overwhelmed, inconsistent, and readily disengaged. Peer Coaches will establish rapport, explain the diversion opportunity, elicit basic information, screen for immediate needs, and explore the person's potential interest. For willing candidates, Peer Coach will arrange intake assessments, ideally within three days of initial contact. In partnership with County agencies, CoCo LEAD+ will develop a coordinated intake process supported by assessment tool that reflect both risk/need/responsivity and harm reduction methods^{33,34} to identify factors that may elevate risk for justice-involvement. After intake, the Client Information Coordinator will notify APD, which will discharge the divertible arrest.

Once enrolled into CoCo LEAD+, clients will meet with a Diversion Navigator to create an Individual Action Plan drawing on an integrated array of public, private, and project-specific resources. Recognizing that the County's behavioral health and housing systems of care are gateways to a complex range of resources, each partner agency has identified a Primary Point of Contact ("PPOC") to facilitate access to County services, including health care enrollment and connection to a health home, application for public benefits, and behavioral health treatment. Because the County participates in

the Drug Medi-Cal “Bridge to Reform” demonstration project,³⁵ beginning July 2017 Medi-Cal clients will have ready access to a robust menu of evidence-based, residential, outpatient, and intensive outpatient SUD services. CoCo LEAD+ will partner with Housing Navigators staffed to the County’s Health, Housing, and Homeless Services division to ensure that every homeless client receives immediate, individualized housing-related support, including accelerated access to a shelter bed as an interim remedy.

Augmenting this system of care, and as a project of HR360’s Central/East Reentry Network, clients in CoCo LEAD+ will have supported access to AB109-funded community-based resources; this includes a ten-bed (abstinence-only) transitional house, rent subsidies, deposit assistance, civil legal services (e.g. child support resolution, housing rights, traffic fines), family reunification support, gender-specific mentoring, clean slate services, employment training and subsidized employment.

But this system of care is not sufficient, if CoCo LEAD+ is to truly address and mitigate this population’s complex needs. So CoCo LEAD+ establishes a suite of six new transformative resources:

1) CoCo LEAD+ will implement a *year-round schedule of facilitated cognitive-behavioral groups (CBT) and restorative justice circles in community settings*. Provided through subcontracts with nonprofit behavioral health and restorative justice organizations, experienced practitioners will conduct 21 circles/groups per week (weekdays, weekends, and evenings) in community and faith-based settings. By seeding resources in accessible locations, CoCo LEAD+ will establish a community-wide framework of “support/learn/practice.” Reflecting stages of change, some groups will be “open” to allow drop-in options, while others will be closed groups with 12-week curricular cycles. To advance professional opportunities, groups will be co-facilitated by

CoCo LEAD+ Peer Leaders who have completed an accredited, six-month SPIRIT certification.³⁶ As warranted, the array may include Spanish/English, gender-specific, LGBTQQiS, transition-age, and family-focused groups.

2) As an invaluable complement to the existing, abstinence-only sober living facilities in Contra Costa, *CoCo LEAD+ will open two CoCo LEAD+ Transition Houses based on harm-reduction principles and reserved exclusively for CoCo LEAD+ clients.* With 24/7 on-site staff, each house will have space for five clients; length of residency will reflect client need, generally between 12 and 18 months, not to exceed 24 months. CoCo LEAD+ will implement the project's housing aspects through subcontract with a local nonprofit transitional housing organization.

3) Building a pathway to permanent affordable housing, *the County's Housing Authority has agreed to provide up to fifty Section 8 vouchers* (35 one-bedroom, 10 two-bedroom, and five three-bedroom vouchers) for CoCo LEAD+ participants who achieve milestones on their Individual Action Plans. To mitigate tenant/landlord issues, Peer Leaders will continue to work with clients after placement in permanent housing.

4) To provide a supported employment pathway, *CoCo LEAD+ will contract with a community-based employment training and placement organization* to provide 20 subsidized employment slots annually (each at 20 hrs./wk. for 26 wks.).

5) CoCo LEAD+ staff will conduct peer-led "Your Money and Budget" workshops (benefits enrollment, bank accounts, and budgeting). *Available to all clients, these workshops will be required for clients placed in transitional or permanent housing,* and Peer Leaders will also conduct these workshops at the CoCo LEAD+ Transition Houses.

6) Because small costs can constitute large barriers for clients in early stabilization, *CoCo LEAD+ earmarks 3% of the budget as flexible funds* to mitigate occasional client

needs (transportation cards, emergency food bags); underwrite “Let’s Get Together” social gatherings; and enable family-engagement events (including on-site childcare).

Budget, Partnership, and Leverage: Of \$5,984,047 in requested Prop 47 funds, \$4,702,767 (79%) will be passed through to HR360, of which \$2,023,599 will be distributed via RFP to implement the project’s housing, employment, restorative circles, and cognitive behavioral health services. The project provides \$3,088,205 (52%) as leverage, including HUD funds, Drug Med-Cal services, SB678 funds, and AB109 funds.

4: EVALUATION PLAN: The project’s principal intent is to institutionalize a collaborative, multi-system approach to reduce criminal justice involvement for the target population by better identifying and addressing problematic root causes. The project identifies three strategic goals: **Goal 1:** Reduce arrest and incarceration rates of target population through early-intercept diversions out of the criminal justice process and into a housing-first, harm reduction behavioral health system of care. **Objective 1:** Of target population arrested and identified as eligible for program, reduce number and frequency of subsequent arrests within 12 months compared to baseline. **Goal 2:** Improve both public safety and individual outcomes by convening a multi-disciplinary Operating Team/ Diversion Panel (“DP”) to review and develop coordinated solutions in complex cases where eligibility is in question due to specific elements of the case. **Objective 2:** Of complex cases brought to DP for eligibility review, reduces rates of subsequent arrest or technical violation within 12 months compared to baseline. **Goal 3:** Improve outcomes for target population by identifying and effectively meeting the needs that contribute to problematic behavior. **Outcome 3:** Of enrolled clients, increase the number who are both sheltered and successfully referred to behavioral health providers within two weeks of screening. **Evaluation Methods:** The project will deploy a mixed-methods, quasi-

experimental research design to enable detailed examination of interagency collaboration, programmatic operations, and individual outcomes. To maximize evaluation integrity, the *Process Evaluation* will establish implementation guidelines to ensure program fidelity and outputs, to include (partial list): number and types of clients served; recruitment, hiring and training of project staff; type, number, and utilization rates of services provided; referral protocols; and partner linkages and agreements. The *Outcome Evaluation* will analyze health, safety, recidivism and program cost and benefits for both a treatment group (CoCo LEAD+ participants) and a nonparticipant comparison group of people arrested by Richmond Police Department (“RPD”), using propensity score matching. Matched variables will include race, age, gender, arrest charge, criminal history (including arrest frequency) and risk level. The evaluation will measure public health and public safety variables, including changes in individual and collective rates and types of criminal contact, and will assess changes in operational procedures for the project’s public and private agencies. T-tests will be used to explore changes in pre/post frequencies of arrest. ANOVAs and regression tests will measure changes in recidivism (including new arrests and probation violations) resulting from program participation, including differentiated analysis by race/ethnicity and other statistically significant subgroups. *Data Collection:* The evaluation will draw on a range of data collection methods, including scans of existing research and policies; interviews and focus groups with project agencies; client surveys; and collection and analysis of program and systems data. As the identified Evaluation Partner, Impact Justice (IJ)³⁷ will obtain all necessary IRB approvals and data sharing agreements from the appropriate entities. IJ will develop project-specific *program data* protocols, which will include identification of appropriate data-management infrastructure, training partners on data-

input protocols and agreements, and reviewing data-process integrity no less than quarterly. Using pencil-paper *client surveys* written at 4th-grade reading levels in both Spanish and English, and normed to this population, IJ will gather qualitative participant input, including self-reported measures of self-efficacy and self-harmful behaviors. Surveys can be completed either independently or with project staff, who will be trained in proper administration. *Interviews and focus groups* with project partners and participants will examine program goals, identify operational inefficiencies, and assess alignment between program strategies and outcomes. IJ will work directly with the project's Primary Points of Contact to ensure that *systems data-collection* obligations are effective, reasonable, and sufficient to allow IJ to gather, integrate, synthesize, and analyze data to assess identified outcomes. *To support engagement and participation of project partners*, IJ will convene an evaluation kick-off meeting of the Policy and Operations Teams and LAC and will lead project partners in developing a Local Evaluation Plan for submission to the BSCC. IJ will provide written updates no less than quarterly, and will be available to make presentations to and receive feedback from stakeholders. IJ will produce a Two-Year Preliminary Evaluation Plan, to include summary findings to date and recommendations for evaluation-related modifications for Year 3. At grant completion, IJ will produce a Final Evaluation Report, including research summaries, stand-alone elements such as What We Learned, a PowerPoint presentation, and clear infographics. To foster communication with the broader community, these materials can be readily disseminated as PDFs, through in-person presentations, as electronic and web-based documents, and at community meetings.

5: PRINCIPLES: At its heart, Prop 47 seeks to strengthen California and its communities by shifting the scope, approach, and cost of our criminal justice system and reinvesting

resources in collective, effective, and equitable new solutions. In every element, CoCo LEAD+ is designed to advance this intent: A) Drawing together justice partners, public services, and community partners using joint stewardship structures, CoCo LEAD+ is a **public/private collaborative partnership** that **allocates more than 75% of project funds** to augment community-based capacity; B) Recognizes that people of color, trauma survivors, and people marginalized by poverty, immigration status, gender identify, and sexual orientation are **disproportionately affected** by our current criminal justice system; that “**culturally competent**” is more than a question of demographics; that the experience of justice involvement and behavioral disorders **gives rise to its own cultural norms**; that people can’t be simply categorized as “victims” and “offenders,” and that **restoring relationships with self and others** is the root of all healing; C) Acknowledges that many people experience daily challenges and barriers – such as legacies of deep trauma, limited literacy and language proficiency, disability, inadequate access to resources, immigration-status fears, or micro- and macro oppressions – that may be unnoticed by others; rather than denying these truths, serves as an agent of change to **explore assumptions and identify new remedies; affirms, cultivates, and employs people whose deep expertise** springs from lived experiences of marginalization and justice involvement; recognizes that a **place’s local dynamics** – histories, peoples, structures – are woven into the fabric of its civic life and represent the starting point for change; realizes that an individual’s attitudes contain meaningful information but **also reflect intrinsic and often unacknowledged beliefs**; affirmatively establishes **inclusive inquiry and decision-making processes**; D) recognizes that people instinctively measure what matters most to them, so CoCo LEAD+ uses **data-driven analysis and learning** to explore complex issues.

- ¹ For more information on LEAD, see <http://www.leadbureau.org>
- ² Social contact referrals occur when officers divert individuals who are not currently engaged in illegal conduct but whom officer perceive as at high risk of future arrest on eligible charges; see Seattle “LEAD Referral and Diversion Protocol,” June 2015
- ³ Throughout this proposal, the term “behavioral health” is used to refer to mental health and substance use disorders, individually and as co-occurring conditions; for more information, see samhsa.gov/treatment
- ⁴ Neither a felony nor a misdemeanor, a “wobbler” can be charged and sentenced as either a misdemeanor or felony.
- ⁵ Publicly Available Data Sets: Contra Costa County. Proposition 47 Request for Proposals, p. 1.
- ⁶ American FactFinder, United States Census Bureau.
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- ⁷ <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- ⁸ https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- ⁹ <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- ¹⁰ Bay Area Census, <http://www.bayareacensus.ca.gov/cities/Antioch.htm>. Retrieved 2/12/17.
- ¹¹ Ibid for 2000 and 2010; 2015 estimate at https://en.wikipedia.org/wiki/Antioch,_California. Retrieved 2/12/17.
- ¹² <http://www.eastbaytimes.com/2009/01/04/antioch-looks-to-cut-5-million-from-budget/>
- ¹³ http://www.ppic.org/content/pubs/report/R_1211SBR.pdf
- ¹⁴ Contra Costa Asset Mapping, Final Report, PCG Human Services, 2015
- ¹⁵ <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>
- ¹⁶ <http://www.ci.richmond.ca.us/3309/Adopted-FY-2016-2017-Operating-Budget>,
<http://www.ci.antioch.ca.us/CityGov/Finance/Adopted-Budget-2015-17.pdf>
- ¹⁷ All data related to Antioch Police Department (APD) was provided by APD to support this proposal.
- ¹⁸ All data related to homeless and mental health services were provided (in anonymized form) by County Health Services’ Health, Housing, and Homeless department and Alcohol and Other Drugs department to support this proposal.
- ¹⁹ Methamphetamine was reported as the drug of choice for 34% of admissions for this population, followed by heroin at 19.4% and crack cocaine at 17.4%.
- ²⁰ <https://oag.ca.gov/crime/cjsc/stats/arrests>
- ²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2350234/>
- ²² <https://www.ncbi.nlm.nih.gov/books/NBK201971/>
- ²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284594/>
- ²⁴ Estimates range as high as 88% of men and 95% of women, see Steadman, H.J. (2009). “Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs Initiative”
- ²⁵ For more on this term, see *Behind the Term: Serious Mental Illness*, at www.samhsa.gov.
- ²⁶ E.g. Vandalism, disorderly conduct, under the influence in public, trespass
- ²⁷ Steadman
- ²⁸ <http://static.nicic.gov/Library/025355.pdf>
- ²⁹ <https://www.nij.gov/journals/265/pages/therapy.aspx>
- ³⁰ http://www.justicepolicy.org/uploads/justicepolicy/documents/punitive_response_to_drug_use.pdf
- ³¹ http://www.antonioacasella.eu/restorative/Latimer_2005.pdf
- ³² <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/>
- ³³ Correctional Assessment and Intervention System, see
<http://www.nccdglobal.org/assessment/correctional-assessment-and-intervention-system-cais>
- ³⁴ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-1-8>
- ³⁵ <http://cchealth.org/aod/pdf/dmc-ods-faq.pdf>
- ³⁶ Service Provider Individualized Recovery Intensive Training,
www.cibhs.org/sites/main/files/file.../spirit_course_overview_no_dates.doc
- ³⁷ An innovation and research center, Impact Justice is and has been project partner for multiple initiatives in Contra Costa, including the County’s BSCC/JAG-funded Youth Justice Initiative. <http://impactjustice.org/>

Section III: Budget Table

Contra Costa County

	A. Grant Funds: Year 1	B. Grant Funds: Year 2	C. Grant Funds: Year 3	D. Total Grant Funds Requested	E. Other Funds Leveraged	F. Total Project Value (D+E)
	(14 months)	(12 months)	(12 months)			
1. Salaries and Benefits (Lead Agency only)	\$ 258,564	\$ 205,602	\$ 205,602	\$ 669,768	\$ 290,756	\$ 960,524
2. Services and Supplies	\$ 17,909	\$ 15,301	\$ 15,301	\$ 48,511	\$ 44,878	\$ 93,389
3. Professional Services/Public Agency Subcontracts	\$ 45,860	\$ 61,143	\$ 60,479	\$ 167,482	\$ 1,692,592	\$ 1,860,074
4. Community-Based Organization Subcontracts	\$ 1,576,300	\$ 1,562,995	\$ 1,562,995	\$ 4,702,290	\$ 998,815	\$ 5,701,105
5. Indirect Costs	\$ 23,943	\$ 23,942	\$ 23,943	\$ 71,828	\$	#VALUE!
6. Data Collection and Evaluation	\$ 115,556	\$ 105,000	\$ 100,036	\$ 320,592	\$ -	\$ 320,592
7. Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ 2,565	\$ 2,565
8. Other (Travel, Training, etc.)	\$ 1,854	\$ -	\$ 1,854	\$ 3,708	\$ -	\$ 3,708
TOTALS	\$ 2,039,986	\$ 1,973,983	\$ 1,970,210	\$ 5,984,179	\$ 3,029,606	\$ 9,013,785
Revised						

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1. Salaries and Benefits:

a. Total Grant Funds Requested: \$669,768

Behavioral Health Clinical Specialist, \$50.39/hourly, total \$132,146, 1 FTE, hired in Year 1/month 3, total grant cost: \$396,438. Staff of Contra Costa Health Services (CCHS), housed in CCHS Behavioral Health division, serves as Project Manager responsible for executing project, including convening Operations and Policy Teams, overseeing work of community-based partners, coordinating with evaluators, and providing contract management and reporting. **Behavioral Health Planner/Evaluator:** Level B, \$40.21/hr, total \$135,240, .5 FTE, hired in Year 1/month 3, total grant cost: \$202,860. Report in-kind Research and Evaluation Manager, serve as liaison for project partners and evaluators, convene and staff meetings, and produce internal reports.

Health, Housing, and Homeless Services CORE Team: \$43.503/hr, total \$117,450, .2 FTE, hired in Year 1/month 3, total grant cost: \$70,470. Conduct outreach, engagement and referral diversion-eligible homeless clients, help meet urgent immediate needs.

b. Other Funds Leveraged: \$290,756

Forensic Behavioral Health Program Manager (Administrative Supervisor) classification VQDC, \$50.39/hr, total \$165,612, 0.25 FTE to project, total leverage \$124,209. Supervise the Project Manager, support internal or external troubleshooting, and facilitate access to additional in-house resources. **Health and Human Services Research and Evaluation Manager**, \$51.93/hr, .05 FTE to project, total \$170,671, leverage \$25,601. Supervise project's on-staff Behavioral Health Planner/Evaluator, support development of partner protocols, negotiate and manage evaluator contract, troubleshoot as necessary. **Health, Housing, and Homeless Services Administrator Level C**, \$47.58/hr, total \$158,623, 0.05 FTE to project, leverage \$23,793; Ensure

access to CCHS resources, allocate additional administrative support. \$51.93/hr, **Health, Housing, and Homeless Intake Specialist (CARE Center/Staff)**, \$18/hr, total \$47,520, .3 FTE to project, leverage \$42,768; serve as Point of Contact at the CARE Center as a diversion site for APD; liaise with Client Info Coordinator to ensure client identification and intake. **Health, Housing, Homeless Services CORE Team** [leveraging funded CORE Team .2 FTE, per 1a.]: Existing CORE Team staff, conduct outreach and engagement for homeless clients identified as diversion-eligible, support referral into project, support clients to meet urgent immediate needs; \$43.50/hr, total annual cost \$117,450, .2 FTE to project, begin Month 1, for 38 months, leverage \$74,385.

2. Services and Supplies:

a. Total Grant Funds Requested: \$48,511

Supplies: \$963 yr./FTE for 1.5 FTE staff hired by CCHS to support CoCo LEAD+: total grant cost \$4,334; **Telecommunication/Phones:** \$1,489 avg./FTE for 1.5 FTE: total grant cost \$6,701; **Mileage:** 400 miles/mo./FTE at \$0.535/mile for 1.5 FTE: total grant \$11,556; **CORE Team Operating Costs** \$720/month (Emergency supplies for homeless clients, \$250, vehicle costs \$350, program supplies \$120), total grant cost: \$25,920.

b. Other Funds Leveraged: \$44,878

Lead agency: Occupancy, supplies, telecommunications, software, and local travel for project staff sited at lead agency: In-kind occupancy and local travel for program staff sited at lead agency, \$542/month/FTE for 2.3 FTE

3. Professional Services/Public Agency Subcontracts:

a. Total Grant Funds Requested: \$167,482

Antioch Police Department, Diversion Police Officer (per diem), 20 hrs/wk at \$53.68/hour; Using written criteria, review each day's arrest reports to identify eligible

individuals cite-released or transported to jail, to coordinate with Client Information Coordinator to make diversion referral and initiate Peer Outreach for these individuals; assumes hiring in Month 3, Year 1.

b. Other Funds Leveraged: \$1,692,592

Contra Costa Housing Authority/Housing: Fifty Section 8 housing vouchers (35 1-BR, 10 2-BR, 5 3-BR). Antioch/HUD subsidy value: \$935/month for 1-bed, \$1,119/month for 2-bedroom, and \$1,552/month for 3-bedroom. Assumes gradual utilization as clients achieve required milestones: 17 units in use Yr 1, an additional 21 Yr 2, and final 12 Yr 3. Total leverage: \$1,297,728. **Contra Costa County Housing Authority/Staff:** *Executive Director*, Point of Contact for CCCHA, serve on Operations and Policy Teams, at \$90/hour, total \$274,314, .05 FTE on project, leverage \$41,147. **Probation Department:** *Assistant County Probation Officer* as Point of Contact and LAC representative at \$62.83, total \$285,424, .05 FTE to project, leverage \$42,814; *Probation Supervisor* serving on Operations and Policy Teams at \$40.55, total \$179,803 0.1 FTE project, leverage \$53,941. **Antioch Police Department:** *Police Captain*, Point of Contact, serve on Operations and Policy Teams and LAC, \$96.25/hr, total \$230,229, .15 FTE, leverage \$103,603. *Crime Analyst* at \$39.72/hr, total \$125,958, .15 FTE, leverage \$56,681. **Public Defender:** *Deputy Public Defender IV*, Point of Contact, serve on Operations and Policy Teams and LAC at \$80.88, total \$254,025, 0.05 FTE, leverage \$38,104. **District Attorney:** *Deputy District Attorney/Advanced Level Step 5*, Point of Contact, serve on Operations and Policy Teams and LAC at \$90.00/hr, total \$258,492, at .05 FTE, leverage \$38,774. **Health, Housing, Homeless Services (CARE Center/Space):** Admin space for two staff, two interview rooms, one conference room, \$550/month, total \$19,800.

4. Community-Based Organization Subcontracts:

a. Total Grant Funds Requested: \$4,702,290

HealthRIGHT 360: \$2,625,330: Project Staff: \$1,822,569, 11.1 FTE, to implement community-based elements of the project. 0.1 FTE Network Manager at 41.25/hr; 1 FTE LEAD+ Project Manager at \$32.50/hr; 1 FTE Data Analyst at \$30/hr; 1 FTE Project Assistant at \$20/hr; 1 FTE Client Information Coordinator at \$22.50/hr; 2 FTE Diversion Navigators at \$22.50/hr; 1 FTE Peer Leadership Coordinator, CSW Level 2 at \$21.50/hr; 2 FTE Peer Leaders CSW 1 at \$17/hr; 2 FTE Peer Readiness Coaches at \$12/hr. Benefits at 33%. **Occupancy, FFE, and Admin:** \$159,895 {Rent \$64.8K (\$1.8K month, triple net); admin expenses \$18,810 (\$570/yr/FTE/11 FTE); phones \$23,760 (\$60/ month/ FTE); \$52,525 Year 1 for FFE (\$4,775/FTE)}. **Consulting:** \$241K {Data system design, \$160K; staff training twice a year, \$21K; operational support (MOUs, program protocols for partners, design and facilitation for LAC meetings and annual Town Halls), \$60K}. **Client Support Funds:** \$163,200 (100/clients/year): bus passes @ \$8 client/wk, gift cards @ \$50 client/yr; group events @ \$100/wk; Peer Coach expense reimbursement \$25/week per Peer Coach FTE/for 2 FTE; **Indirect** at 10%: \$238,666.

HealthRIGHT 360/Pass-Through: \$2,076,960 in total pass-through for subcontracts via RFQ; HR360 to manage all contracts, in cooperation with County Administrator's Office.

Restorative Circles: \$581,869: Subcontract via RFQ to qualified practitioner to conduct 10 RJ circles/week, including at least five on evenings and weekends; groups divided between open circles held year-round and closed circles operating in 12-week cycles. Circles 90 minutes each, up to 10 people per circle, led by RJ professional practitioners staffed to subcontract, and co-facilitated by Peer Leaders staffed to HR360. RJ contractor will participate in weekly meetings with HR360 Peer Coordinator and CBT contractor.

Staff: \$432,007: .05 FTE RJ Program Manager at \$72k/yr, .5 FTE RJ Coordinator

\$55k/yr, 1 FTE RJ Facilitator at \$45K/yr, 1 FTE Program Support at \$33k/yr. Benefits at 32%. **Program Costs:** \$73,962. **Indirect:** \$75,900 (15%). Supplemented by Peer Coaches, staff to CoCo LEAD+ per 4a. **Harm-Reduction Transitional Diversion Houses:** \$1,198,691. Subcontract via RFQ to qualified provider to open and operate two five-bedroom harm-reduction houses, 10 client beds, residency six to 24 months. Annual cost @ \$199,782 per house, per year @ two houses @ 3 years. Specific line items: Staff (both houses, three years): \$680,100 (each house with .2 FTE Director/Program Supervision at \$25/hr, 1 FTE Resident Manager at \$15/hour + 25% benefits and housing, 2 FTE Relief Staff at \$15/hour, .05 FTE Admin Assistant at \$12/hr.). Rent, occupancy costs and supplies (both houses, three years): \$409,620. Indirect at 10% of staff and occupancy (both houses, three years): \$108,971. Resident Manager to meet weekly with CoCo LEAD+; RJ and CBT practitioners to offer weekly groups at each house; Peer Coaches to provide Your Money and Budget. **Subsidized Employment:** \$296,400: Subcontract via RFQ to community-based employment agency to provide subsidized employment slots (20 slots annually @ 20 hrs/wk @ \$9.50/hr for six months).

b. Other Funds Leveraged: \$998,815

Cognitive-Based Treatment/Thinking for Change: \$599,957 in SB 678 (Evidence-Based Supervision) funds provided by Probation. Subcontract via RFQ to a qualified clinical mental health/SUD provider. Conduct 10 CBT groups/week, including at least five on evenings and weekends; groups divided between “readiness/ stabilization” open meetings held year-round, and closed curriculum groups operating in 12-week cycles. Groups will be 90 minutes each, up to 10 people per group, led by practitioners trained in CBT and co-facilitated by Peer Leaders staffed to HR360. CBT contractor will participate in weekly meetings with HR360 Peer Coordinator and RJ contractor. **Staff:** \$485,846,

2.35 FTE total (.1 FTE CBT Clinical Supervisor at \$80k; .5 FTE CBT Coordinator at \$65K/yr, 1.5 FTE CBT Coordinators \$50k/yr, .25 FTE Project Assistant at \$32.5k.

Benefits at 31%). **Program Costs** \$59,569. **Indirect** \$54,542 (10%). **HR360/Network:**

Total: \$399,858: **Staff:** Network Manager @ .25 FTE, \$65,625. AB109-funded services \$236,250 (25% of \$315K annually). Occupancy: \$55,141. Indirect: \$42,842 (12%).

5. Indirect Costs: Itemize all indirect costs.

a. Total Grant Funds Requested: \$71,828

10% of \$718,279 in grant-funded staff and expenses in Sections 1a and 2a (\$599,298 Behavioral Health staff, \$70,470 Housing staff, \$48,511 Behavioral Health expenses)

b. Other Funds Leveraged: \$29,076

10% of leveraged Lead Agency salaries and benefits (\$290,757 in Section 1b, above)

6. Data Collection and Evaluation:

a. Total Grant Funds Requested: \$320,592

Contracted evaluation consulting firm, 5.36% of requested Prop 47 funding

b. Other Funds Leveraged: \$0

7. Equipment/Fixed Assets:

a. Total Grant Funds Requested: \$0

b. Other Funds Leveraged: \$2,565

Computers for project employees hired by CCHS, 1.5 FTE @ \$1,710/ per FTE

8. Other (Travel, Training, etc.):

a. Total Grant Funds Requested: \$3,708

Two trips to Sacramento for seven people, one night in hotel at government rate of \$119/day + tax, per diem at \$64/day, 125 miles driving @ \$.565/mile

b. Other Funds Leveraged: \$0

Attachment D
Proposition 47 Local Advisory Committee Membership Roster

LEAD PUBLIC AGENCY: CONTRA COSTA HEALTH SERVICES (CCHS)

Individual Name	Title	Agency/Organization
Diane Aguinaga	Captain	Antioch Police Department
Yejide Ankobia	Director: Restorative Programs	Community Works West
Cynthia Belon	Director	Behavioral Health Division of CCHS
Kristi Butterfield	Captain	Contra Costa County Office of the Sheriff
Lara DeLaney	Senior Deputy County Administrator/ORJ Director	County Administrator's Office
Patrice Guillory	Manager	HealthRIGHT 360/Reentry Network
Tom Kensok	Assistant District Attorney	Office of the District Attorney
Laura Kantorowski, PhD	Alcohol and Other Drug Services	Bay Area Community Resources
Lavonna Martin	Director	Health, Housing, and Homeless Services department of CCHS
Fatima Matal-Sol	Chief	Alcohol and Other Drugs department of CCHS
Ellen McDonnell	Deputy Public Defender	Office of the Public Defender
Stephanie Medley	Member	Racial Justice Task Force and AB109 Community Advisory Board (CAB)
Lesha Roth	Assistant Chief	Probation Department
Marie Scannell, PhD, MFT	Program Supervisor	Forensic Mental Health, a program of the Behavioral Health division of CCHS
Roosevelt Terry	CJ-CBO Representative	Community Corrections Partnership
Joseph Villarreal	Executive Director	County Housing Authority
Tamisha Walker	Member Director	Safe Return Project
Ali Saidi, Esq.	Representative	Racial Justice Coalition

Attachment I: Proposition 47 Project Work Plan

Goal 1:	Institutionalize a collaborative, multi-system approach to enhance public safety, reduce system costs, and improve outcomes for the target population by collectively identifying and addressing the root causes of justice involvement for people with behavioral health disorders		
Objectives:	Of target population arrested and program-eligible, reduce recidivism and related financial costs, measured by number and frequency of subsequent arrests and/or incarceration within 12 months compared to baseline		
Project activities	Responsible entity	Timeline	
		Start	End
Upon grant award, convene Policy and Operations Teams to establish charters, develop diversion eligibility criteria for LAC review, formalize related agreements	Project Supervisor, Policy Team and LAC (see proposal for composition)	6/19/17	7/31/17
Develop arrest diversion protocols, modify necessary arrest and booking forms for law-enforcement partners, develop info cards; identify and implement appropriate professional development training	Project Supervisor, Operations Team (see proposal for composition)	8/1/17	9/30/17
Execute evaluation contract and convene Evaluation Kick-Off meeting to outline evaluation intentions, methods, key metrics, necessary data sets and procedures to develop initial Local Evaluation Plan	Staff, Evaluation Manager and contract evaluators	7/15/17	9/30/17
Begin implementing project's law-enforcement assisted diversion using eligibility screening and data collection protocols	APD, Operations Team, evaluators	9/15/17	Ongoing
Goal 2:	Improve public safety and client outcomes by institutionalizing a multi-disciplinary Operating Team/Diversion Panel ("DP") to review and develop coordinated solutions in complex cases where eligibility is in question due to specific elements of the case		
Objectives:	Of complex cases brought to DP for eligibility review, reduces rates of subsequent arrest or technical violation within subsequent 12 months, compared to baseline		
Project activities	Responsible entity	Timeline	
		Start	End
Convene Policy and Operations Teams to develop policy agreements and protocols to address and decide on complex cases that require collective consideration regarding eligibility	Project Supervisor, Policy Team, and Operations Team	6/19/17	9/30/17
Conduct regular meetings of the Policy and Operations Teams to test and revise multidisciplinary case-review proces as needed, while ensuring effective program operations to review and resolve complex cases to ensure improved outcomes for focus population	Project Supervisor, Policy Team, and Operations Team	9/30/17	Ongoing
Goal 3:	Improve outcomes for target population by identifying and effectively meeting the needs that contribute to problematic behavior		
Objectives:	Of enrolled clients, increase the percentage who are both sheltered and successfully referred to behavioral health providers within two weeks of screening		
Project activities	Responsible entity	Timeline	
		Start	End
Develop initial referral, information-management and intake protocols among service partners to reduce intake duplication, triage and meet urgent needs, and maintain client confidentiality	CoCo LEAD+ Program Coordinator, with staff evaluation manager	6/19/17	9/30/17
Execute contracts with RJ, CBT, Diversion Housing providers, establish MOU with Housing Authority	CoCo LEAD+ Program Coordinator, contracted partners	6/19/17	9/30/17
Begin implementing project's community-based system of care activities, reviewing for efficiencies and protocols	CoCo LEAD+ Program Coordinator, service partners, evaluator	9/30/17	Ongoing

Attachment J
List of Partner Agencies/Organizations

Lead Public Agency: Contra Costa County Health Services (CCHS)

Other Public Agency Partners

	Agency	2-3 sentence description of services to be provided
1	City of Antioch Police Department	Participate in Operating and Policy teams, serve on the LAC, develop agreements regarding diversion policies and protocols, establish a Primary Point of Contact to coordinate with project partners, assign a Diversion Officer to conduct daily review for diversion eligibility, identify data liaison to support evaluation efforts
2	County Administrator's Office/ Office of Reentry and Justice	Supervise contracted grant obligations (activities, finances, evaluation, and reports), ensure activities of policy and operations teams and Local Advisory Committee including communications and public engagement, supervise and authorize subcontract processes, including Requests for Proposals
3	County Health Services Department (Behavioral Health division; Health, Housing and Homeless Services division)	Serve as project's administrative manager, hold responsibility for evaluation and clinical supervision, develop operational agreements and protocols with community-based project partners, establish a Primary Point of Contact to ensure access to information and resources for HealthRIGHT 360, establish consistent intake and assessment processes with project's community-based partners, provide in-kind behavioral health and housing services as detailed, establish consistent protocols for connecting clients to Mental Health and SUD services, provide space and staff at CARE Center, coordinate information with CORE Teams, Homeless Outreach Teams), facilitate healthcare enrollment and navigation, identify county sites to serve as Diversion locations, participate on operating and policy teams and LAC, provide project-related data to support project evaluation, include project staff in behavioral health training and professional

		development opportunities (e.g. CBT, motivational interviewing)
4	County Housing Authority	Serve on Operating and Policy teams and LAC, provide 50 Section 8 vouchers (35 one-bedroom, 10 two-bedroom, 5 three-bedroom) for eligible program participants, develop agreements, policies and protocols regarding eligibility criteria and application processes, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
5	County Probation Department	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion for County probationers, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
6	Office of District Attorney	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion-eligible charges and criteria, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
7	Office of Public Defender	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion-eligible charges and criteria, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
8	Office of the Sheriff-Coroner	Serve on Operating and Policy teams and LAC, develop agreements, policies and protocols regarding diversion processes for APD arrestees booked into the County jail, establish a Primary Point of Contact to coordinate with project partners, provide project-related data to support project evaluation
9	Police Department, City of	Work with project lead and evaluators to develop

Richmond	agreements, policies and protocols regarding protocols for data-gathering, data-sharing, and operational administration to support evaluation. Establish a Primary Point of Contact with decision-making authority at RPD, and identify the RPD data liaison for the project.
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Non-Governmental, Community-Based Partners (if known)

	Name of organization	2-3 sentence description of services to be provided
1	HealthRIGHT 360/Reentry Network	Serve on Operating and Policy teams and LAC, develop agreements, hold administrative responsibility for all aspects of community-based activities, develop policies and protocols with all partners regarding diversion and project services, hire and train staff, facilitate coordination with Network's AB109-funded services and No Wrong Door sites to reduce both barriers and gaps, develop data system and protocols to support evaluation, develop and implement a communications plan, partner with CCHS and CAO to subcontract funds in amounts and for purposes identified
2	Community-based provider: Restorative justice circles	Serve on Operating and Policy teams and LAC, develop and implement subcontracts to provide a comprehensive daily schedule of community-based restorative justice circles, establish a Primary Point of Contact to coordinate with project partners, engage in regularly scheduled client conference meetings to ensure integrated and aligned CBT and RJ modalities and schedules, support the professional development of Peer Leaders serving as co-facilitators, provide RJ training opportunities to project partners, provide project-related data to support project evaluation
3	Community-based provider:	Serve on Operating and Policy teams and LAC, develop and implement subcontracts to provide a

	cognitive behavioral groups	comprehensive daily schedule of community-based cognitive-behavioral treatment (CBT) groups, establish a Primary Point of Contact to coordinate with project partners, engage in regularly scheduled client conference meetings to ensure integrated and aligned CBT and RJ modalities and schedules, support the professional development of Peer Leaders serving as co-facilitators, provide RJ training opportunities to project partners, provide project-related data to support project evaluation
4	Racial Justice Task Force (Advisory body to the County Board of Supervisors)	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project partners, review project data and analysis to identify findings and make recommendations related to the Task Force's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public
5	AB109 Community Advisory Board (CAB)	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project, review project data and analysis to identify findings and make recommendations related to the CAB's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public, particularly to the Community Corrections Partnership and Public Protection Committee of the Board of Supervisors
6	Racial Justice Coalition	Serve on Operating and Policy teams and LAC, establish a Primary Point of Contact to serve as liaison to project, review project data and analysis to identify findings and make recommendations related to the coalition's purview and purpose, participate in presentations to elected officials, key stakeholders, and general public