

Safer, Stronger DC Advisory Committee
FINAL REPORT

MAY 2016





Government of the District of Columbia
Department of Health



Office of the Director

June 14, 2016

Dear Deputy Mayors Donald, Donahue, Niles and Snowden:

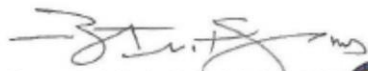

We are pleased to present to you the recommendations of the Safer, Stronger Advisory Committee (SSAC). The 31 member Advisory Committee consisting of public, private, non-profit and community representatives, devoted hundreds of hours to this important task. During a four-month collaborative process, members framed fifty-five (55) recommendations around the challenges and opportunities for violence prevention within the District of Columbia, particularly through a national and local public health and evidence based approach.

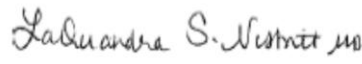
Decades of primarily law enforcement focused solutions in the face of persistent waves of violence serve to underscore the fact that “we cannot arrest our way out of the problem of community violence.” Nor do we have the luxury of doing nothing, especially given the potential circular, life-course, and multi-generational impact of violence. Evidence suggests that factors such as lack of jobs, racial and economic segregation, concentrated poverty, and high alcohol outlet density increase the likelihood of violence. At the other end of the spectrum, quality schools, economic opportunities, clean and well-designed physical environments, and structured activities that young people find meaningful, have been shown to create conditions that protect against violence. There is, therefore, no ‘single-prescription’. A multi-pronged, multi-sector solution is essential.

The recommendations set forth in this report are intended to be a shared community agenda, recognizing that the government alone cannot be solely responsible for solving the problem of violence within our city. Furthermore, the Advisory Committee recognizes that while some of the recommendations should be implemented immediately, others are long-term requiring a fundamental shift in how we are to prevent and respond to community violence. These long term goals will act as the infrastructure needed to ensure sustainable and measurable results. Although the level of effort and investment required for change may be great--so will the benefits.

We are all honored to have had the opportunity to serve the District in this capacity and look forward to collaborating with government, non-profit organizations, faith-based institutions, philanthropies, and the business community to create a Safer, Stronger DC!

Sincerely,


Roger A. Mitchell, Jr. MD FASCP
Chief Medical Examiner, OCME 


LaQuandra S. Nesbitt, MD, MPH
Director, DC Department of Health

cc: Safer, Stronger DC Advisory Committee Co-Chairs

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Safer, Stronger DC Advisory Committee

Final Report

EXECUTIVE SUMMARY:

“Every life is precious, every loss is tragic. And we do not sit idly by as our community suffers”.
Mayor Muriel Bowser, August 2015¹

Public Health Informed Violence Prevention:

Decades of primarily law enforcement focused solutions in the face of persistent waves of violence serve to underscore the fact that we cannot arrest our way out of the problem of community violence. Effective alternative approaches are urgently needed. This is especially so given the potential circular, life-course, and multi-generational impact of violence. Adults who were exposed to violence as a child are more likely to report early initiation of smoking and sexual activity; intimate partner violence; depression and suicide attempts; as well as liver, heart and lung disease². The factors that make violence more or less likely, span multiple sectors. Evidence suggests that factors such as lack of jobs, racial and economic segregation, concentrated poverty, and high alcohol outlet density increase the likelihood of violence. At the other end of the spectrum, quality schools, economic opportunities, clean and well-designed physical environments, and structured activities that young people find meaningful, have been shown to create conditions that protect against violence³. There is, therefore, no ‘single-prescription’. A multi-pronged, multi-sector solution is essential.

The Safer, Stronger Advisory Committee

While overall, violence has decreased in the District of Columbia since the early 2000’s, within recent years, the number of homicides has increased, as have the number of suicides. The District’s age-adjusted homicide rate per 100,000 population was on the decline, from 17.1 in 2010, down to 11.6 in 2012; but has since increased to its current level of 14.0 in 2014. Overall, there are approximately 150 violent deaths per year due to homicide and suicide, with the majority of homicides caused by firearms, blunt impact, or sharp force objects.

Convened in December 2015, the **‘Safer, Stronger Advisory Committee’ (SSAC)** was launched as an important part of Mayor Bowser’s broad Safer, Stronger DC Initiative, with the goal to actively engage the community in the development of sustained solutions focused on prevention. The SSAC approach involved not only agencies within government, but also

¹ Source: <http://content.govdelivery.com/accounts/DCWASH/bulletins/116a178>

² Findings from the CDC Adverse Childhood Experiences (ACES) Study – CDC
<http://www.cdc.gov/violenceprevention/acestudy/>

³ “Multi Sector Partnerships to Prevent Violence” (2014) The Prevention Institute
<http://www.preventioninstitute.org/component/jlibrary/article/id-359/127.html>

community residents and organizations. It was envisioned that the recommendations proposed by a collaborative advisory committee would have the potential to inform the city's broad response to violence, including the important 'glue' needed to knit various parts of the initiative together, in a comprehensive, strategic and sustainable way. The specific charge of the Advisory Committee was to *explore evidence-based practices and national models that can inform the Safer, Stronger DC Initiative*.

The 31 member Advisory Committee consisting of public, private, non-profit and community representatives, devoted hundreds of hours to this important task, which was convened under the leadership of Dr. LaQuandra S. Nesbitt, Director, Department of Health (DOH), and Dr. Roger A. Mitchell, Chief Medical Examiner, Office of the Chief Medical Examiner (OCME), who served as co-chairs. A list of the individuals who served on the Safer, Stronger Advisory Committee, is provided at the end of this Executive Summary. The four-month collaborative learning process was framed around both the challenges, as well as opportunities with respect to violence prevention through a public health lens in local and national contexts. A data-driven and evidence-based framework underscored the importance of an 'upstream' social-determinants approach; within which multidisciplinary, multi-sector and non-law enforcement agencies, across public, private, nonprofit and community based agencies and sectors, are critical partners in both development and implementation of sustainable solutions.

The SSAC learning process and work product were enhanced by focused deliberations of four (4) subcommittees, covering Community Stabilization; Community Outreach; Community Building; and Economic Opportunity. The Advisory Committee also heard from five (5) topic focused panels of invited guests, including Returning Citizens; National & Local Experts; Local Change Agents; Victims; and Youth. Each panel brought important insights, practical, real-time, and experienced perspectives to the conversation. An environmental scan of existing programs was also undertaken, using a survey of community organizations that solicited nearly 100 responses. Specific efforts were also made to hear directly from hard-to-reach residents through a 'ground truthing' engagement process.

Final Report Solution Framework:

The World Health Organization defines violence as: *"the intentional use of physical force or power, threatened or actual against oneself, another person, or against a group or community, that either results in or has a likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation"*⁴. A public health approach recognizes not only that violence is preventable, but also that three types of prevention strategies are needed; 1) Primary

⁴ World Health Organization (WHO) - <http://www.who.int/violenceprevention/approach/definition/en/>

Prevention – approaches that aim to prevent violence before it occurs; 2) Secondary Prevention – approaches that focus on more immediate responses to violence, such as pre-hospital care, emergency services and treatment for sexual transmitted diseases following rape; and 3) Tertiary Prevention – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.

This Report represents a summation of the Safer, Stronger Advisory Committee’s work. Chapter 1, provides a summary of the Learning Process. Chapter 2, provides a ‘Statement of the Problem’. Essentially, it lays out the overarching frameworks and key data pertinent to the District of Columbia that informed the SSAC’s learning and deliberation process. Finally, Chapter 3, presents the full scope of the SSAC’s recommendations, presented in five (5) subsections that include general background, as well as more specific justification for each recommendation. For convenience, a summary list of all SSAC Recommendations is provided as part of this executive summary, in **Table ES1.0** below, starting with **Overarching Recommendations**, and followed by **Community Stabilization Recommendations; Community Outreach Recommendations; Community Building Recommendations; and Economic opportunity Recommendations**. A summary of the SSAC Recommendation Development Process is shown in Figure ES1.0 below.



Figure ES1.0: SSAC Recommendation Development Process

SSAC Strategic Priorities:

The SSAC Overarching Recommendations underscore key strategic priorities for the District, and relate to the design of an appropriate model for sustainable infrastructure. The four (4) Overarching Recommendations include:

- **Establish an Office of Violence Prevention and Neighborhood Safety, located in the Executive Office of the Mayor, with a line item budget.**

- **Establish a Violence Prevention Oversight Committee (VPOC) that can oversee and coordinate violence prevention efforts conducted throughout the city, with two (2) Co-Chairs; one from a community based organization, and one from government.**
- **Ensure Infrastructure of Data Collection by participating in the National Violent Death Reporting System (NVDRS) supported by the Centers for Disease Control and Prevention.**
- **Establish a Violence and Near Fatality Review Committee to examine the violence in the District**

These recommendations underscore the recognized need for strong leadership, strategic prioritization, and focused coordination of the comprehensive and multi-faceted strategy that the Safer, Stronger Initiative is envisioned as being. The purpose of the **Office of Violence Prevention and Neighborhood Safety** is to oversee all related initiatives, including the coordination of all programs and policies, assuring effective oversight, technical assistance, data collection, analysis and dissemination of information. The Office should report directly to the Mayor through the City Administrator.

Establishment of a **Violence Prevention Oversight Committee (VPOC)**, emphasizes the importance of multi-sector collaborative engagement in implementation and ownership of the process as critical. This recommendation articulates an essential element of a model, which while advisory in function and structure, has the necessary and appropriate stature implied by mayoral appointment. As recommended, the VPOC should be an official committee appointed by the Mayor.

The SSAC strategic priority regarding participation in the **National Violent Death Reporting System (NVDRS)**, as well as establishment of a **Violence Fatality and Near Fatality Review Committee**, ensures that an emphasis and strong capability for a sustained data-informed and evidence-driven process is built into the foundation.

Important Themes:

Beyond the infrastructure priorities identified above, other important themes are reflected in this SSAC Final Report and Subcommittee recommendations. There was strong consensus around community outreach strategies, including roles for credible messengers, as critical components of a comprehensive solution geared to the reduction and prevention of violence in the district. The importance of the inclusion of returning citizens as essential resources and ingredients for success was also a related consistent theme.

Similarly, there was consensus around the transformative benefits of the adoption of trauma-informed approaches to policy, program, and service delivery. Specific recommendations in this regard are identified under Community Building, Community Outreach and Economic Opportunity.

The unique role of community based organizations as an important part of the comprehensive solution was also recognized. The need to build capacity and assure sustainability at this level is underscored by recommendations that emphasize development and expansion of training and technical assistance opportunities for community-based organizations. This would both enhance organizational capacity, and boost community outcomes.

Finally, given the breadth and depth of recommendations developed, the Advisory Committee recognizes that they cannot all be implemented and accomplished overnight. Indeed, several require some staging and/or critical capacity development before they can be effectively implemented. The SSAC therefore recommends three (3) timeframes be applied to the implementation process as appropriate. This also includes a five (5) fiscal-year investment horizon, in recognition of the need for sustained investments, sufficient to generate measurable outcomes.

- 1) **Immediate** - *within the next 45 days*
 - 2) **Short-term** - *within the next 6 months*
 - 3) **Long-term** - *within the next 1-3 years*
- PLUS,*
- 4) **Investment** - *minimum of 5 fiscal years*

CONCLUSIONS:

The charge of the Safer, Stronger Advisory Committee was to *explore evidence-based practices and national models that can inform the Safer, Stronger DC initiative*. With this as the goal, the committee adopted a public health approach to violence prevention, applied a collaborative learning model, that was data driven, evidence informed, and DC solution focused. The recommendations developed aim not only to reduce and prevent violence, but is also firmly grounded in the much broader socioecological framework that highlights root causes, and the complex relationship between the individual, society and the communities in which they live. This necessitates commitment to fundamentally improve opportunity and quality of life of residents of the District of Columbia.

Specifically, the SSAC was tasked with defining the issue of violence, demonstrating how data supports the definition and understanding of violence in the District; as well as identifying evidence-based or evidence informed policy and programmatic recommendations. The identification of potential resources (existing and new) that can be used to implement the recommendations was also addressed. The more than 50 recommendations of the Advisory Committee listed in **Table ES1.0** below, and detailed in Chapter 3 of this report, are based on a public health approach, including a social-determinants and equity informed lens.

SSDC Advisory Committee
RECOMMENDATIONS SUMMARY TABLE
Table ES1.0

NOTE: This table provides a quick reference list of SSDC Advisory Committee Recommendations. Please see Chapter 3 for more details, including context and justification.

SSAC	Overarching Recommendations
OR1	Establish an Office of Violence Prevention and Neighborhood Safety, located in the Executive Office of the Mayor, with a line item budget. <i>(Based on CS9 below)</i>
OR2	Ensure Infrastructure of Data Collection by participating in the National Violent Death Reporting System (NVDRS) supported by the Centers for Disease Control and Prevention.
OR3	Establish a Violence Prevention Oversight Committee (VPOC) that can oversee and coordinate violence prevention efforts conducted throughout the city, with two (2) Co-Chairs; one from a community based organization, and one from government. <i>(Based on CS7 below)</i>
OR4	Establish a Violence Fatality and Near Fatality Review Committee to examine the violence in the District <i>(Based on CS5 below)</i>
SSAC	Community Stabilization Recommendations
CS1	A comprehensive response system should be developed and maintained year-round. This response should be planned and budgeted such that it is applied to all victims of violence in DC. However, the initial rollout should be targeted at highest risk individuals and neighborhoods.
CS2	Recommend identifying programs and protocols that are designed to stabilize individuals, families, and communities immediately after an act of violence. This recommendation is twofold, 1) we recommend identifying and providing funding for at least 50 credible messengers (Intense Outreach Workers). These outreach

	workers would be used to support the Crisis Continuum (Hospital-based Initiative), Community stabilization (Community/Family based Initiative) and Acute Interrupter Response (Community/Individual Based Initiative). Secondly, the Subcommittee recommends assessing the use of CURE Violence for Technical Assistance and an Evaluation Model.
CS3	Recommend identifying opportunities for high risk individuals returning from secure detention/commitment/ incarceration.
CS4	Recommend developing a Historical Compendium of Violence Prevention activity in the District of Columbia. This historical overview should include the community-based/ led strategies, and programmatic interventions that addressed violent crime.
CS5	Recommend that a Violence Fatality and Near Fatality Review Committee be established to examine the violence in the District
CS7	Recommend that the Violence Prevention Oversight Committee maintain data/statistics on the populations being served by Community Stabilization related activities, including but not limited to age, race, gender, housing, level of education and job status.
CS8	Recommend establishing a Violence Prevention Oversight Committee (VPOC) that can oversee and coordinate violence prevention efforts conducted throughout the city.
CS9	Recommend establishing the Office of Violence Prevention and Neighborhood Safety.
SSAC	Community Outreach Recommendations
CO1	There is a need to identify and train Outreach Workers from the public safety sector. Current Outreach specialists include Roving Leaders, MOCRS, Returning Citizens, Community-based Organizations, and the Department of Behavioral Health. There is a need to add MPD and other Outreach Specialists trained and focused on public safety.
CO2	DC Government needs to develop and host a “Safer Stronger Summit” to train all outreach staff within DC Government and active partners on the resources, services and tactics being employed to prevent violence and strengthen safety in DC during the Spring.

CO3	In order to improve the effectiveness of the outreach efforts, a team approach should be employed to ensure critical information is provided in a comprehensive manner.
CO4	There is a need for improved access to services and technical assistance for Outreach Workers and therefore recommends a streamlined process for Outreach Workers to access government offices is recommended.
CO5	An overarching recommendation of this Subcommittee is the need to create jobs and improve collective community economics. In addition, the Safer Stronger Initiative should develop a business network to empower business owners, managers, and landlords,
CO6	Ensure that returning citizens and local credible messengers are prioritized in the hiring of outreach staff for the DMHHS Safer Stronger initiative.
CO7	Complete a thorough assessment of each PSA to ensure that we have a thorough understanding of demographics, community stakeholders and factors impacting each PSA.
CO8	Create community hubs within each neighborhood and funding sources for community meetings.
CO9	Host monthly Community Canvasses to Engage Residents 1 on 1 on Issues. <ul style="list-style-type: none"> • Engage Residents • Engage Small Businesses • Engage Landlords and Tenants
CO10	Expand youth based school outreach tactics; Expansion of 500 for 500 Mentorship Program (My Brother’s Keeper)
CO11	Community Outreach Tactics: <ul style="list-style-type: none"> • Family Stabilization – Service Response Based On Family Risk Levels • Community Stabilization – Service Response Based On An Incident • Targeted Stabilization – Service Response Based On Individual Risk Level • Community Canvasses & Community Meetings • Conducted in the Spring and Midway Through The Summer to Check-In on Progress • Community Input Survey Goal to Be Set of Surveys Completed

CO12	<p>Hospital Outreach Tactics</p> <ul style="list-style-type: none"> • Hospitals Are Critical Partners Due To Time & Access With Those Impacted • Utilize/leverage Washington Hospital Center film resource.
CO13	<p>Develop Digital Outreach Strategy to Engage Residents on Progress, Initiatives & Opportunities</p> <ul style="list-style-type: none"> • Twitter Account • Facebook Account • Instagram Account • Snapchat Account
CO14	<p>Identify and disseminate metrics for success.</p> <ul style="list-style-type: none"> • This recognizes the importance of evaluation. This recommendation will allow all organizations involved in outreach efforts the opportunity to measure effectiveness. Suggested metrics should be included.
SSAC	Community Building Recommendations
CB1	<p>Adopt a trauma-informed approach to community building. Include the following elements:</p> <ul style="list-style-type: none"> • Do no harm. • Leverage resources that are already in the community from an asset-based approach. • Sponsor ongoing neighborhood-level activities that cultivate safety, wellbeing and social cohesion. • Promote community healing
CB2	<p>Set aside funding in key grant making agencies (e.g. OVSJS, DC Trust, DOH) for capacity building grants to community-based organizations that would allow the organizations to purchase equipment and supplies; and to fund operations and personnel for development, evaluation, and other infrastructure (non-programmatic needs).</p>
CB3	<p>Establish a structure so that larger/mentor organizations act as an “anchor institutions” or “launch pad” for smaller, neighborhood-based organizations that need additional support with proposal writing, financial management, and/or reporting.</p>

CB4	Recommend that key grant making agencies (e.g. OVSJG, DC Trust, DOH) be given the ability to provide multi-year grant commitments to community-based organizations.
CB5	Recommend standards of grant monitoring in key grant making agencies (e.g. OVSJG, DC Trust, DOH) that would mandate that grant monitoring include regular and frequent on-site visits to programs that are providing violence prevention and intervention services.
CB6	Establish a process to “map” the life experiences and help-seeking of individuals living in targeted neighborhoods, belonging to target populations, or experiencing target difficulties. The goal would be to use the results to develop programs based on the help-seeking behaviors and needs of each particular community
CB7	Establish a permanent Safer Stronger Advisory Council that includes representatives from neighborhoods most impacted by violent crime and risk factors of crime who act in an advisory capacity to the key grant making organizations when the organizations are making grants in the area of violence prevention and intervention. When grants are focused on issue areas (e.g. domestic violence or victim services), convene community councils to include individuals who would use the services.
CB8	Identify local, national, and international best, promising, and evidence-based practices that are best-suited for the District.
CB9	Expand training and technical assistance opportunities for community-based organizations to enhance organizational capacity and community outcomes.
CB10	Recommend that small, neighborhood-based organizations be permitted to co-locate with larger, more diverse organizations and/or District government agencies to provide them with an “incubator” physical space.
SSAC	Economic Opportunity Recommendations
EO1	Provide comprehensive training to frontline government employees and service providers on a trauma-informed approach to counseling individuals and families impacted by violent acts.
EO2	Build capacity of workforce development and occupational skill training providers to deliver a high quality, employer driven training program, which accepts

	residents where they are on the educational continuum and maximizes their talents to achieve the highest level of self-sufficiency.
EO3	Expand economic opportunities through community driven investments, job growth and entrepreneurship in the targeted communities.
EO4	Engage education systems regarding their key prevention role, including the promotion of supportive school discipline, in both establishing as well as maintaining critical connections to economic opportunity pathways.
EO5	Expand programs at DHS, including Parent and Adolescent Support Services (PASS) and the Alternatives to Court Experience Diversion Program (ACE). PASS provides prevention services for youth, evidence based intensive case management, parent and youth group sessions, and assessments that work with families to prevent or reduce the risk of offending, truancy, and other behaviors. Parents can self-refer to the PASS program. ACE reduces the number of Court-involved youths by creating a sustainable diversion system that accesses existing behavioral health services—particularly evidence-based practices—and other supportive services. The program replaces Court involvement, and works to decrease future legal involvement, by reengaging youth in school, improving youths’ functioning at home and in the community.
EO6	Identify approximately 200 individuals (ages 13-30) and their families with the goal of both achieving family stability, and preventing future interaction with the criminal justice system. Individuals will be identified through referrals using objective risk factors. Holistic family focused interventions will be provided that will include financial empowerment, health, occupational training and education assistance, and other supportive services. Counseling will be supplied via existing outcome-based programs.
EO7	Identify middle-school children in targeted communities who are exhibiting risky behavior i.e. high truancy and absenteeism. Deploy existing school-based programming to create positive experiences with the goal of reducing the likelihood of criminal behavior and improving school attendance and graduation rates.
EO8	Enable parents to seek help/recommend youth that they are having trouble with to prevention programs prior to violent acts or disruptive behavior being committed.

EO9	Coordinate and expand summer meals program and develop sustained programming for children accessing meals.
EO10	Educate residents about employment rules, policies, and procedures to empower them to self-advocate and to make appropriate decisions to enable full employment, including Ban the Box, Wage Laws, Drug Testing and the impact on employability.
EO11	Increase awareness and enrollment in UDC and the UDC-Community College, to increase educational and employment pathways and provide internship opportunities in the employment sectors residents are being trained in, to increase marketability and employment upon graduation.
EO12	Provide innovation and technical assistance grants to support community-based training providers to adopt evidence-based practices and/or programs to improve education and employment outcomes.
EO13	Provide a dedicated funding stream for the Department of Employment Services “Career Connections”.
EO14	Affirm and implement the goals and strategies of the new Workforce Innovation and Opportunity Act (WIOA) plan:
EO15	Create and implement at least 20 opportunities for community based micro-loan investments and entrepreneurship, financial empowerment, and business development, training, and support, including ASPIRE-an entrepreneurship program geared toward returning citizens. Provide training to become a certified business enterprise (CBE) and eligibility for federal Enterprise Zone opportunities.
7	Create pathways to employment through the permanent expansion of SYEP for 22-24 year olds.
EO17	Provide employers incentives to hire local “hard to employ” residents, such as youth, seniors, returning citizens, and individuals with disabilities by providing information and access to the On the Job Training Reimbursement program, the federal Work Opportunity Tax Credit, and Enterprise Zone certified business.
EO18	Expand access and opportunities for youth and young adults in the PSAs to careers in STEM and STEEM pathways, through the DOES Tech Hire program.

SSAC PARTICIPANTS

SSDC
Advisory Committee

SSDC Advisory Committee Membership

	MEMBERS: ■ Alphabetical	POSITION & AFFILIATION: ■ Organization/Sector	SUBCOMMITTEE
1.	Keith Anderson	Director, <i>DC Dept. of Parks & Recreations</i>	Community Outreach
2.	Mannone Butler	Executive Director, <i>Criminal Justice Coordinating Council</i>	Community Stabilization
3.	Deborah Carroll	Director, <i>Department of Employment Services</i>	Economic Opportunity
4.	Arthur Fields	Deputy Chief, <i>DC Public Schools</i>	Economic Opportunity
5.	Courtney Fischer	Deputy Director, <i>Office of Victim Services & Justice Grants</i>	Community Building
6.	Penelope Griffith	Executive Director, <i>Columbia Heights/Shaw Family Support Collaborative</i>	Community Building
7.	Rev. Donald Isaac	Director, <i>Mayor's Office of Religious Affairs</i>	Community Outreach
8.	Gregory Jackson	Director, <i>Mayor's Office of Community Relations</i>	Community Outreach
9.	Brenda Jones	Community Member; and Former Ex. Director, <i>Parkland Community Center</i>	Community Building
10.	Clinton Lacy	Director, <i>Dept. of Youth Rehabilitation Services</i>	Community Stabilization
11.	Tony Lewis	Community Member	Community Outreach
12.	Tamar Meekins	Deputy Attorney General, Public Safety, <i>DC Office of the Attorney General</i>	Economic Opportunity
13.	Mack McCarty	Community Member	Community Building
14.	Tania Mortenson	Representative, <i>The DC Trust</i>	Community Building
15.	Ronald Moten	Community Member; and Co-Founder, <i>Peaceholics</i>	Community Stabilization
16.	Terri Odom	Director, <i>Court Social Services Division</i>	Community Building
17.	Daniel Okonkwo	Executive Director, <i>DC Lawyers for Youth</i>	Community Stabilization
18.	Jodi Ovca	President, <i>Ovca Mediation Group</i> , & Executive Director, <i>ACCESS Youth Inc.</i>	Community Outreach

19.	Michelle Palmer	Executive Director, <i>Wendt Center for Loss & Healing</i>	Community Stabilization
20.	Tyrone Parker	Executive Director, <i>Alliance of Concerned Men</i>	Community Outreach
21.	Karl Racine	Attorney General, <i>District of Columbia Office of the Attorney General</i>	Economic Opportunity
22.	Daniel Rappaport	Deputy Director, <i>Office of Victim Services & Justice Grants</i>	Community Building
23.	Helaina Roisman	Injury & Prevention Coordinator, <i>George Washington University Hospital</i>	Community Stabilization
24.	Dr. Tanya Royster	Director, <i>DC Dept. Behavioral Health</i>	Community Stabilization
25.	Dr. Jack A. Sava	Director of Trauma Surgery, <i>MedStar Washington Hospital Center</i>	Community Stabilization
26.	Marc Schindler	Executive Director, <i>Justice Policy Institute</i>	Community Building
27.	Anita Shelton	Community Member; and Former Director, <i>DC Office of Human Rights</i>	Community Building
28.	Charles Thornton	Director, <i>DC Office of Returning Citizens</i>	Community Outreach
29.	Adrienne Todman	Executive Director, <i>DC Housing Authority</i>	Economic Opportunity
30.	Audrey Williams	Government & Public Affairs, <i>DC Public Charter Schools</i>	Economic Opportunity
31.	Laura Zeilinger	Director, <i>DC Dept. Human Services</i>	Economic Opportunity

SSAC Executive Committee

	MEMBERS: ■ Alphabetical	POSITION & AFFILIATION: ■ Organization/Sector	SUBCOMMITTEE
1.	Dr. Roger A. Mitchell	Chief Medical Examiner, <i>DC Office of the Chief Medical Examiner</i>	SSAC Co-Chair
2.	Dr. LaQuandra S. Nesbitt	Director, <i>DC Department of Health</i>	SSAC Co-Chair
3.	Dr. C. Anneta Arno	Director, <i>Office of Health Equity, DC Department of Health</i>	SSAC Executive Team
4.	Marcus T. Ellis	Manager, <i>Safer Stronger Community Partnerships</i>	SSAC Executive Team
5.	Dr. Chikarlo Leak	Forensic Epidemiologist, <i>DC Office of the Chief Medical Examiner</i>	SSAC Executive Team
6.	John M. Mein	Office of the City Administrator, <i>Office of the Deputy Mayor For Public Safety</i>	SSAC Executive Team

Safer, Stronger DC Advisory Committee

FINAL REPORT

Chapter 1: Introduction to SSAC Process

Background: The Safer, Stronger DC Initiative

Mayor Muriel Bowser, in her message to Washingtonians, August 27, 2015, framed the contemporary problem of violence in The District of Columbia, as well as potential solutions. Her opening and closing statements noted:

Opening Statement:

“The District has lost the lives of 103 residents to homicide in 2015. Every life is precious, every loss is tragic. And we do not sit idly by as our community suffers”.

Closing Statement:

“Everything in my agenda is about making our city safer and stronger. In all that we do, we will continue to create pathways to the middle class. When people have a choice, they choose opportunity - they choose hope. And there is no better way to fight crime than by bringing opportunity and hope to every corner of Washington, DC.

*Together, we will continue to make the District a safer place to live, work and play”.*⁵

Mayor Muriel Bowser, August 2015

The Mayor’s initial reference to the broad applicability of comprehensive approach to violence prevention was quickly followed by the development of a more specific, but multifaceted “**Safer, Stronger DC Initiative**”, including 5 key components:

- **Put more police officers on the streets**
- **Give police officers more tools to prevent and address crime**
- **Increase penalties for people who commit violent crimes in public transit, park and recreation centers**
- **Stop violent criminals from repeatedly victimizing our community**
- **Launch a community partnership strategy to support neighborhoods**

⁵ SOURCE: <http://content.govdelivery.com/accounts/DCWASH/bulletins/116a178>

The need to convene the ‘**Safer Stronger Advisory Committee**’ was apparent based on the Administration’s commitment to actively engage the community in the development of sustained solutions focused on prevention that involved not only law enforcement and social service agencies within government, but also community residents and organizations. It was envisioned that the recommendations proposed by a collaborative advisory committee would have the potential to inform the city’s broad response to violence, including the important ‘glue’ needed to knit various parts of the initiative together, in a comprehensive, strategic and sustainable way.

SSAC Convening & Kickoff



Advisory Committee Kick-Off: December 1, 2015

On December 1, 2015, the first meeting of the Safer, Stronger DC Advisory Committee (SSAC) was convened. Membership of the advisory committee was comprised of 31 individuals representing District residents, neighborhood and community based organizations, non-profit service providers, and District government agencies. This kickoff session served as a foundational collaborative learning opportunity ensuring that all participants -- regardless of professional background and experience – were provided with the essential frameworks, information, data, as well as contemporary and historical contexts, essential to an effective data-driven, evidence-based, and solution focused process.

The presentation entitled “**Safer, Stronger DC Advisory Committee Kick-Off Meeting**”, delivered by Advisory Committee Co-Chairs Dr. LaQuandra S. Nesbitt, Director, Department of Health (DOH), and Dr. Roger A. Mitchell, Chief Medical Examiner, Office of the Chief Medical Examiner (OCME) provided a framing of both the challenges, as well as opportunities with respect to violence prevention through a public health lens in national and local contexts. In particular, it underscored the growing evidence base for an ‘upstream’ social-determinants approach – within which multidisciplinary, multi-sector and non-law enforcement agencies, across public, private, nonprofit and community based agencies and sectors -- have critical collaborative roles

to play. Moving beyond separate siloes and fragmented solutions is essential if effective and sustainable solutions are our goal.

The initial convening provided the opportunity for robust discussion amongst Advisory Committee Members. Open dialogue was an important part of the collaborative learning process, enriching the deliberations with individual and collective experience. This included discussion of District specific history, as well as contemporary issues and challenges. A glimpse at the scope of this foundational kickoff session is outlined below.

SSAC Kick-Off Meeting Agenda:

- Introductions
- Purpose of Safer, Stronger DC Advisory Committee
- Overview of Public Health Approach to Violence Prevention
- Overview of District of Columbia Data
 - Homicide, Non-fatal intentional injury, Suicide
 - Other key demographic data
- Safer, Stronger DC Advisory Committee Timeline
- Open Discussion



Figure 1.1: “Safer, Stronger DC Advisory Committee Kick-Off Meeting” Presentation - 12.1.15

The December 1st presentation, effectively ground the Safer, Stronger DC Advisory Committee Process in a public health approach to violence within the District of Columbia specific context. The presentation (70+ slides) covered the essential elements of a public health approach to violence prevention, was rich with local and national data, and included important references and links to other resources. Electronic copies of this foundational presentation was shared

with all Advisory Committee members, and continued to serve as an important resource and reference through the duration of the process.

SSAC Purpose: Process Method

At the December 1, 2015 SSAC Kickoff Meeting, the following was laid out as the essential purpose of the Advisory Committee.

“The Advisory Committee will explore evidence-based practices and national models that can inform the Safer, Stronger DC initiative”

SSAC Accountability: Process Deliverables

In order to assure that the Advisory Committee remained both purposeful and focused on task completion within a relatively short four-month timeline, the following accountability measures were outlined to guide the committee’s work. Specifically, by the end of the process (April 2016):

SSAC should be able to articulate:

- a. How the committee has defined the issue
- b. How the data supports the issue as defined by the committee
- c. Policy and program recommendations from the group and reasonable likelihood that they will be successful in the District
- d. Potential resources (existing and new), financial and otherwise, that can be used to implement the recommendations.

SSAC Process Map & Timeline

Once convened, the SSDC Advisory Committee Process evolved organically through three major phases across the “Learning – Solution” continuum (Figure 1.2). Throughout, a focus on engaged collaborative learning remained an integral component of the work and a primary focus of committee members. Phase One “Convening” was characterized by participant identification, engagement and foundational learning about the scope of the problem being addressed. Phase Two “Subcommittee Deliberation” leveraged the knowledge gained in Phase One, together with initial results from the SSAC Community Survey/Environmental Scan to direct more focused exploration and deliberation within four (4) key opportunity areas: community stabilization, community outreach, economic opportunity, and community building. Phase Three “Recommendation Development”, leveraged the detailed work and deliberation within four key opportunity areas by subcommittees, to produce a comprehensive set of solution focused recommendations to address violence as a public health issue in the District of Columbia.

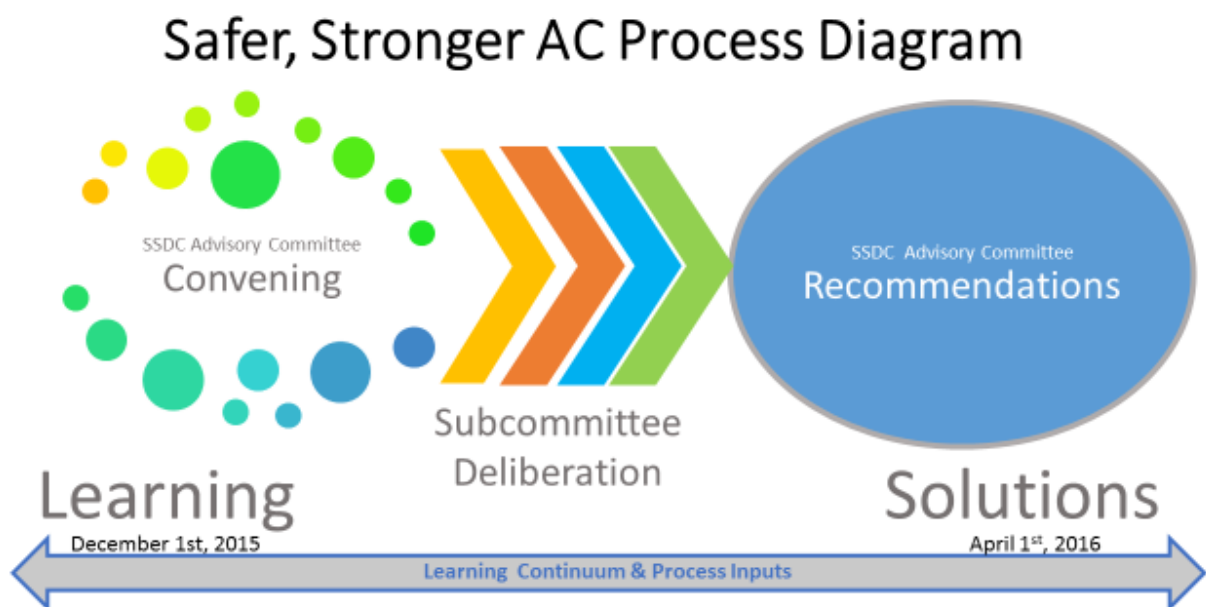


Figure 1.2: SSDC Advisory Committee Process Diagram – Dec. 2015 through April 2016

Phase 1: Learning Process

SSAC Process & Participants: The Advisory Committee Process was structured to enhance learning, participant engagement, and solution development. While the foundational December 1st Kickoff presentation has already been described above, it is important to remember too, that the design of the process itself -- including the diverse cadre of individuals selected and committed to serving as Advisory Committee members and engaged participants, were also critical ingredients for success. Advisory Committee members brought their individual and collective knowledge and insights from personal, community and professional experience to the process; and were also active participants in the identification of critical constituency groups, as well as local and national experts, thought leaders and change agents who they wanted to engage and learn from. A summary of the Learning Process is presented in Table 1.1 below.

SSDC	Advisory Committee Learning Process
Advisory Committee Team	<ul style="list-style-type: none"> • 1 Committee • 4 Sub-Committees; 31 Participant Members
SSAC Conveners' Team	<ul style="list-style-type: none"> • 2 Co-Chairs • 4 Executive Team Members • 1 Process Foundation Resource (Kickoff Presentation, 12.1.15) • 1 SSDC Reading List (January 26, 2016) – see Appendix 1.0
SSAC Topic Panels	<ul style="list-style-type: none"> • 5 Topic Panels – see Appendix 2.0 <ul style="list-style-type: none"> ○ Returning Citizens ○ National & Local Experts ○ Local Change Agents ○ Victims ○ Youth • 26 Panelists
SSAC Community Survey:	<ul style="list-style-type: none"> • 1 Community Survey Instrument: • 90+ Organizations Responded
SSAC Ground Truth Outreach:	<ul style="list-style-type: none"> • 1 Ground Truth Outreach Instrument; • 1 Pilot - SSDC Community Partnerships Team • 5 PAS Action Teams Engaged

Table 1.1: SSDC Advisory Committee Learning Process

SSAC Topic Panels: Ultimately, a total of five (5) panels were convened between January and March 2016. Topic Focused Panels engaged Returning Citizens; Local & National Experts on Community Violence Prevention; together with Local Change Agents with direct experience of what works in DC. A panel discussion with Victims, described (sometimes painfully), not only some of their personal experience with violence and associated trauma, but also provided feedback regarding some of the programs and services they utilized, including which worked; some that did not work; and/or others that were simply not available. Finally, the Advisory Committee also heard from a Youth Panel, that included past and present justice-involved young people (ages 15 -20), who spoke candidly about what they saw as both the causes, as well as potential solutions to violence in their neighborhoods and in schools. They also described what they learned and/or gained from the range of solution focused programs they attended.

All SSAC Topic Panels were scheduled as part of the SSDC Advisory Committee Meetings of the Whole, ensuring that all members had the opportunity to hear the unique insights presented by individuals and representatives from the full range of constituency groups. While most panels

were facilitated, and framed around key discussion questions and strategic issues, opportunities for open Q & A were always provided. The slate of topic focused panels proved to be a particularly effective method of informing the Advisory Committee's learning process. This method of direct engagement, learning and insight, brought an additional 26 voices into the process. (see Table 1.1 above).

SSAC Community Organization Survey & Environmental Scan: In addition to the direct input of the diverse group panelists described above, input on community wide availability of programs and services with the potential to support violence prevention efforts was also solicited from community-based organization and service providers. This was accomplished through a web-based online survey, launched in December 2015. Ultimately, the survey solicited responses from more than 100 organizations. Survey results are in effect an "Environmental Scan", providing a rich resource of the range of providers in the District, the types of services provided, target audiences for programs as well as potential gaps in programs and services. Summary analysis of results to date, show that overall, there were a total of 93 complete responses to the Community Survey. Of these respondents, more than 50% were upper management personnel. The majority of organizations reported serving all Wards, followed by those that those that reported serving Wards 8 and 7. The target populations of most violence prevention activities were, victims of violence, juvenile offenders, and single parents. Notably, the majority stated their target population as other (57%). The range of violence prevention efforts provided addressed age ranges across the lifespan and for various race/ethnicities. However, more respondents stated that they provided programs or services targeted to people ages 15-24, and for Blacks (98%), Hispanic (78%), followed by white (65%). Reported violence prevention efforts targeted females slightly more than males, female (97%) and male (95%). In addition, reported prevention activities focused on all levels of prevention, with some evidence of a greater emphasis on primary, versus secondary and tertiary levels of prevention.

SSAC Ground Truth Resident Outreach & Engagement: Designed initially to provide structured support for informal conversation starters and documentation purposes, this process was developed to actively promote the inclusion of perspectives from disconnected community members, whose needs and voices typical go mostly unheard. The goal was to target a wide array of underserved and hard-to-reach residents and individuals, who typically are not engaged in neighborhood and other service programs – but who may potentially benefit most from targeted interventions. This "Ground Truthing" work was intended as a complimentary process to the Community Organization Survey/ Environmental Scan detailed above to help identify blind spots and gaps, between mismatched individual and geographic needs and knowledge and the current programs and services provided by government and community based organizations.

The Ground Truth methodology was piloted by the new SSDC Community Partnership Team. Using iPad's, this simplified outreach conversation guide not only captures authentic responses in the field, but also has the capacity to readily connect residents to services and resources. The tool and process has evolved in relation to the five (5) Police Service Area (PSA) Neighborhood Action Teams, in their Summer 2016 Action Plan Development process. Action Team members have been able to utilize the tool directly with neighborhood residents. Early successes suggest this model is a good tool for readily connecting residents to resources, thereby establishing trust, and build rapport between government and residents.

Phase 2: Subcommittee Process

In order to create a process by which the more in-depth, deliberative work of developing data-driven, evidence-informed, sustainable solutions for violence prevention specific to the District, SSAC Co-Chairs proposed a subcommittee structure, under which each of four subcommittees was charged to meet independently to discuss their assigned opportunity area, develop recommendations, and to bring 'rolling recommendations' back to the committee of the whole for review, discussion, amendment and ratification. All members, regardless of subcommittee assignment, retained the opportunity to provide input and feedback to all subcommittees.

The design of the SSDC Subcommittee Process leveraged four (4) emergent opportunity areas. These focus areas were identified based on the committee deliberations and preliminary results of the initial environmental scan.



Figure 1.3: SSAC Subcommittees & Roles (January 26, 2016)

Presented and adopted by the SSDC Advisory Committee of the Whole, January 26, 2016 – four Subcommittees, tasked with furthering the work on **Community Stabilization; Community Outreach; Community Building;** and **Economic Opportunity** were launched. Goals for each subcommittee were also established, as laid out in Figure 1.3 Above.

Detailed descriptions of The SSAC Subcommittee purpose, structure and responsibilities were defined as follows:

Subcommittee Structure:

- Create a process that allows for more efficient and effective performance of the SSAC
 - Based on feedback from the group
 - Areas of focus informed by previous deliberations
 - Equitably distribute members of SSAC based on areas of interest/expertise
- Establish subcommittees that focus on four key areas:
 - Community Stabilization
 - Community Outreach
 - Economic Opportunity
 - Community Building

Subcommittee Responsibilities:

- Report on current programming, infrastructure, resources, and sustainability
 - Consider risk and protective factors
 - Consider primary, secondary, and tertiary prevention
 - Measurable outcomes
 - Identify gaps and needs
 - Report on best practices
- Issue recommendations

Phase 3: Recommendation Development

The SSDC Advisory Committee Recommendation Process utilized and built on the full complement of the learning process described above and summarized in **Table 1.1 “SSAC Advisory Committee Learning Process”**. The Subcommittee Deliberation process was particularly effective in ensuring focused attention to the issues specific to the District, challenges and potential solutions appropriate to each of the four opportunity areas. The development of recommendations followed an iterative “rolling recommendations” process, with individual subcommittee’s meeting on a weekly basis, together with regular reporting of progress and emerging solutions, including draft recommendations to the committee of the whole.

While ideas with respect to overarching recommendations and effective organizational structures percolated during the entire process, a deliberate effort was made to schedule time for the Committee of the Whole to consider cross-cutting needs and recommendations to assure sustainability. This includes consideration of recommendations related to the design of an appropriate model for sustainable infrastructure, critical to support both implementation of the SSAC recommendations, as well as development of the work going forward. A summary of the SSAC Recommendation Development Process is shown in Figure 1.4 below.



Figure 1.4: SSAC Recommendation Development Process

Chapter 2: Statement of the Problem

What is violence?

The goal of the Safer Strong Advisory Committee (SSAC) was to develop a comprehensive public health approach to violence in Washington, DC. As a guiding principle, the committee used the World Health Organizations (WHO) definition of violence, “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.⁶ This broad definition of violence encompasses a public health approach to prevention, which seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence. For simplicity, a useful analogy could be to see violence as an infectious disease that is both contagious and preventable. In order to develop a comprehensive approach to violence prevention, the committee examined the full spectrum of prevention; including primary, secondary and tertiary prevention efforts. The committee analyzed violence prevention efforts conducted or needed in the city using all three levels of prevention.

Types of Prevention

- **Primary prevention** – approaches that aim to prevent violence before it occurs.
- **Secondary prevention** – approaches that focus on more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted diseases following a rape.
- **Tertiary prevention** – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.

Guiding Framework of the Safer Stronger DC Advisory Committee

Social ecological theories have been recommended to address a multitude of health promotion topics because they recognize multiple levels of influence on behaviors. Daniel Stokols proposed a social ecology model more specific to health promotion and behavior change through an holistic and integrative approach that recognizes individual behaviors but also considers attributes of the environment and the availability of community resources^{7 8}.

⁶ “World Report on Violence and Health” Krug EG et al, eds. Geneva, World Health Organization, 2002

⁷ Stokols, D. (1992). "Establishing and maintaining healthy environments. Toward a social ecology of health promotion." *Am Psychol* **47**(1): 6-22.

⁸ Stokols, D. (1996). "Translating social ecological theory into guidelines for community health promotion." *Am J Health Promot* **10**(4): 282-298

The model consists of four levels of relationships and depicts the numerous domains that affect behavior (see Figure 2.1). Socioecological models suggests that although there are distinct levels, the four or five-levels (i.e. individual factors, interpersonal, organizational, community and societal) are interrelated and must be addressed in order to combat violence. The ecological model highlights the complex relationship between the individual, society and communities in which they live. The model also identifies how risk factors can be targeted to different contexts or interactions and suggests solutions that can prevent violence across different levels and throughout the lifespan. Given the complex nature of violence, there is a need to develop a multifaceted, multipronged approach, which recognizes that a single solution will not work.

The SSAC applied the socioecological approach to violence prevention in order to understand the violence occurring in the District of Columbia. Although the SSAC recognizes the benefit of individual level approaches to the violence, the organizational or institutional level approach to violence prevention is equally important. The SSAC used this approach in order to understand how to leverage resources that will improve the Districts capacity to support and deliver violence prevention programs and policies at every level of the model.

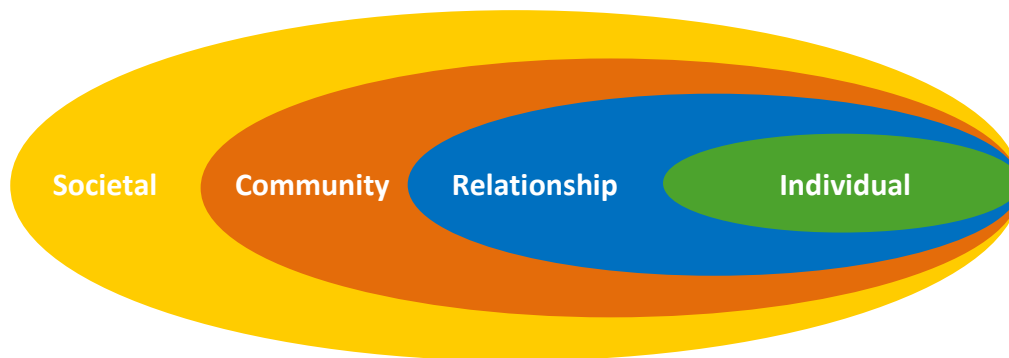


Figure 2.1: Ecological model for understanding violence/ Violence Socioecological Model⁹

⁹ Graphic from “World Report on Violence and Health” Krug EG et al, eds. Geneva, World Health Organization, 2002

Public Health Approach to Violence

According to the CDC historical timeline,¹⁰ US Surgeon General Julius Richmond declared violence as a public health crisis in 1979. The report identified violence as a key priority area for the nation and urged that violence be addressed as a means of improving the health of the nation. In the wake of violent acts that have happened since the report and the detrimental effects of those acts, there has been a continued public health focus on violence.

The SSAC embraced the idea of approaching violence from a public health perspective, which required applying public health principles such as epidemiology to the problem of violence. The public health approach to violence prevention addresses and assures the provision of services that impact both physical and mental health needs of residents, and focuses on all persons affected by violent acts; including the victim, perpetrator and their support systems/network. Moreover, the public health approach to violence necessitates a focus on the social determinants of health ensuring that the impact of education, economics, housing, criminal justice, social services, and environmental justice are taken into consideration when developing understanding of the root causes of violence amongst residents of the District of Columbia. The four steps as outlined by the WHO are:

- 1) Uncovering basic knowledge surrounding all aspects of violence –through systematically collecting data on the magnitude, scope and characteristics and consequences of violence at various levels
- 2) Researching why violence occurs, including the causes and correlates of violence, the factors that increase or decrease the risk for violence and the factors that might be modifiable through interventions
- 3) Exploring ways to prevent violence, using the information from the above, by designing, implementing, monitoring and evaluating interventions; and
- 4) Implementing, in a range of settings, interventions that appear promising, widely disseminating information and determining the cost-effectiveness of programs ¹¹

¹⁰ CDC, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. “A Timeline of Violence as a Public Health Issue’ (2015)
<http://www.cdc.gov/ViolencePrevention/overview/timeline.html>

¹¹ Krug, E. et al., eds. *World Report on Violence and Health* at 4 (Geneva, World Health Organization, 2002)
http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf

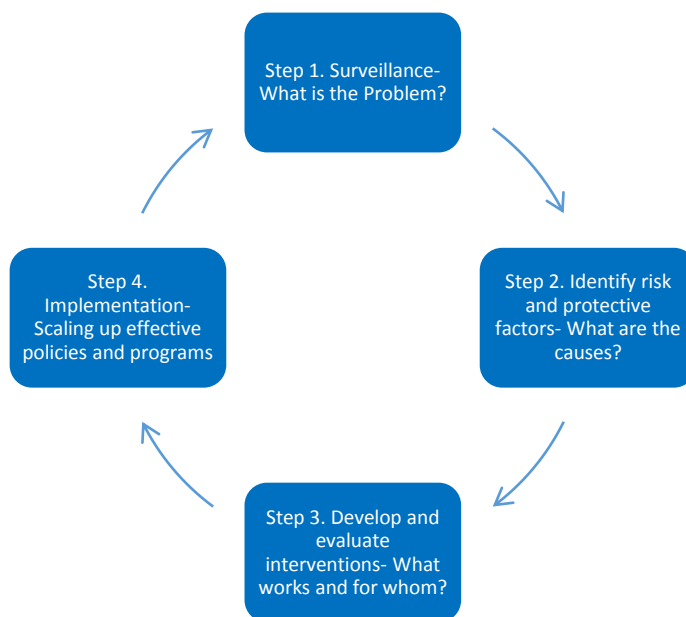


Figure 2.2 The steps of the public health approach to violence

The purpose of the SSAC was to develop policy suggestions/recommendations as they relate to violence prevention activities for the District of Columbia. This included the assessment of available community and government resources in part to encourage increased efficacy and capacity building. In preparation, the SSAC began by outlining the difference between evidence-based programs and practices, compared to evidence informed and promising strategies. The committee used the following definitions as their guide:¹²

- **Evidence-based program or practice** – a program or practice that has the best available research evidence and that repeatedly and consistently achieves its intended outcomes. Meaning, did it do what it was supposed to do? Outcomes are demonstrated through scientific research methods. The more rigorous the research methods (e.g. randomized control trials, quasi-experimental designs with matched comparison groups), the implementation (e.g. fidelity to the program model), and the extent to which it has been replicated in different settings and with different populations, the more compelling the research evidence.
- **Evidence-informed program or practice** – a program or practice that has contextual evidence of effectiveness. Contextual evidence includes measurable qualitative factors in the community that may impact the success of a program which can be assessed through local data sources (e.g., community history, organizational capacity, social norms, acceptability, feasibility, etc.). Evidence-informed programs are also programs

¹² Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention.

that are grounded in public health or social science theory but do not yet have the scientifically-demonstrated outcomes of evidence-based programs.

- **Promising program or practice** – a program or practice that has experiential evidence of effectiveness. Experiential evidence includes the knowledge of subject matter experts as well as the collective experience and expertise of those who have practiced or lived in a particular setting. This type of evidence is gathered through communities of practice, expert panels, team decision making, and other consensus processes. Promising programs include programs informed by knowledge about what has/has not worked previously in a specific setting with particular populations; insight on potential implementation challenges; and insight regarding the needs and challenges of the community and those who live in it.

Data and Resources

The SSAC process required a general review and analysis of the available national and local violence data. According to the Centers for Disease Control and Prevention, each year, more than 57,000 people in the United States die as a result of violence. In 2013, 16,121 people were victims of homicide and 41,149 committed suicide. Those that survive violent crimes have a higher risk of serious long lasting physical or emotional impairment. In addition, violence has detrimental effects on the larger society, eroding communities by reducing productivity, decreasing property values, and disrupting social services.

The District of Columbia is the nation's capital and home to a diverse population of nearly 680,000 residents. The challenges we face, although generally similar in terms of overarching root causes, have more unique and nuanced underpinnings when examined in more local context. This must therefore inform how we define the problem, as well as how we identify solutions, unique to the District. Examining local data can help guide communities and policy makers in determining who is most at risk, what works or doesn't work and how to best direct resources.

A thorough assessment of the impact of violence in Washington, DC was completed utilizing data from several public sources (*please see Table 2.1*). The data reviewed was collected by governmental agencies for the purpose of achieving their mission. Multiple forms of violence and broader determinants of violence were assessed in order to have an in-depth understanding of the impact of violence in the District and to develop a comprehensive plan. In addition, the data underscored the magnitude, scope and characteristics and consequences of violence. In DC, violence is responsible for loss of life as well as loss of productivity and financial burden.

Because the data on violence was compiled and collated by various governmental agencies to support their work, differences in definitions and parameters were identified and discussed by the SSAC. Specifically, there was a clear delineation between how various governmental agencies define, collect and analyses their data. For example, when looking at homicide data,

the Metropolitan Police Department (MPD) data is presented by the jurisdiction in which the homicide occurred. Whereas, data presented by the Department of Health (DOH) or the Office of the Chief Medical Examiner (OCME) presents the decedent information by the jurisdiction of residence. It was important for the SSAC to have an understanding of the strengths and limitations of the data in order to accurately assess the problem and determine where to focus solutions or prevention efforts.

Type of Data	Sources of Data			
	DOH	OCME	MPD	DOES
Homicides	X	X		
Suicides	X	X		
Hospitalization for Intentional Injuries	X			
Trauma related ER Visits	X			
Violent Crimes			X	
Other Key Demographics	X		X	X
Employment				X

Table 2.1: SSAC Data Sources

Statistics on Violence

Homicide and Interpersonal Violence

Multiple sources capture the amount and effect of violence in the District of Columbia. Overall, violence has decreased in the District since the early 2000’s. However, in recent years, the number of homicides has increased. The majority of homicides investigated by the OCME are found to be caused by firearms, blunt impact and sharp force objects. Violence leads to approximately 150 deaths per year due to homicide and suicide. The age-adjusted homicide rate per 100,000 population had been declining, from 17.1 in 2010, down to 11.6 in 2012. However, we have since experienced an increase to its current level of 14.0 in 2014.

Figure 2.3 Total Homicides in DC

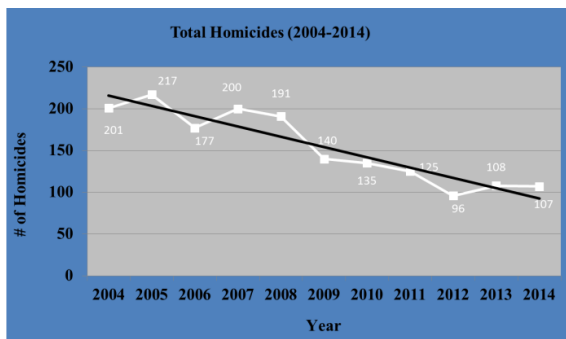
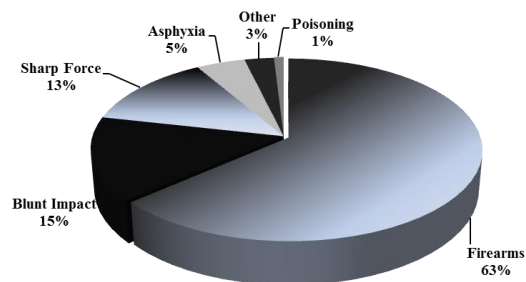
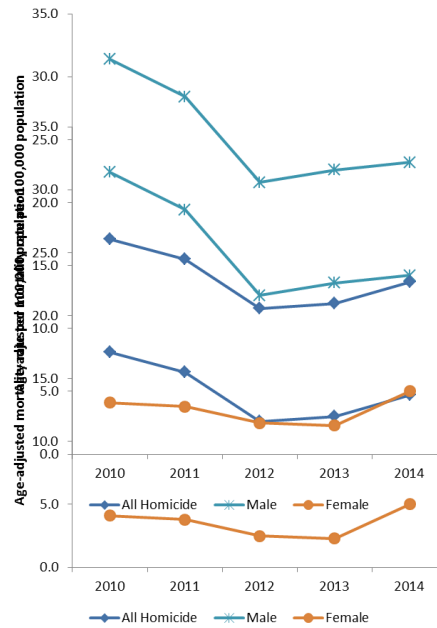
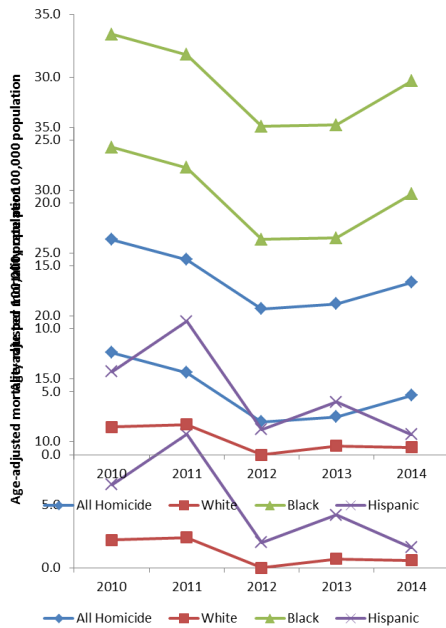


Figure 2.4 Cause of Death for Homicides



The age-adjusted mortality rate also confirms the increase in homicides among Blacks.



The age-adjusted mortality rate also confirms the increase in homicides among Blacks.

Figure 2.5(left) & Figure 2.6 (right) Homicide Age-adjusted mortality rates

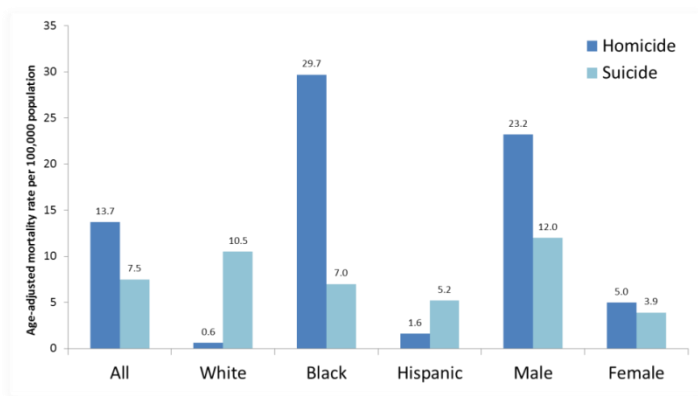


Figure 2.7 Homicide and Suicide Age-adjusted Mortality rates by Race

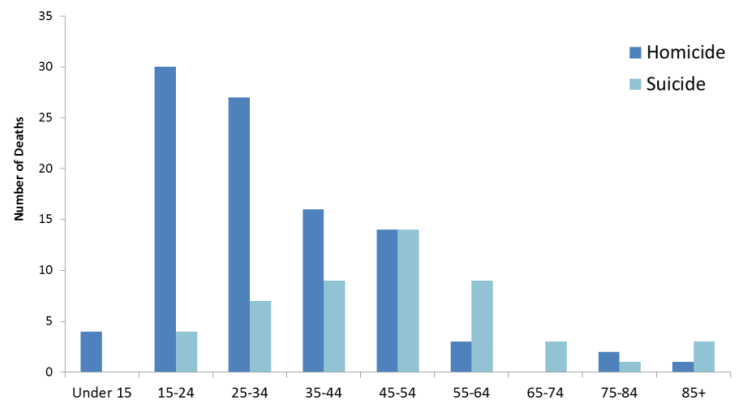


Figure 2.8 Homicide and Suicide Age-adjusted Mortality rates by Race

Most currently available annual data (OCME, 2014) show that victims of homicide resided in almost every Ward in the District, with the exception of Ward 3 for that year (2014) (Figure 2.9 below). However, those most adversely effected by violence in 2014 were in large part, residents of Wards 8, 7 and 5.

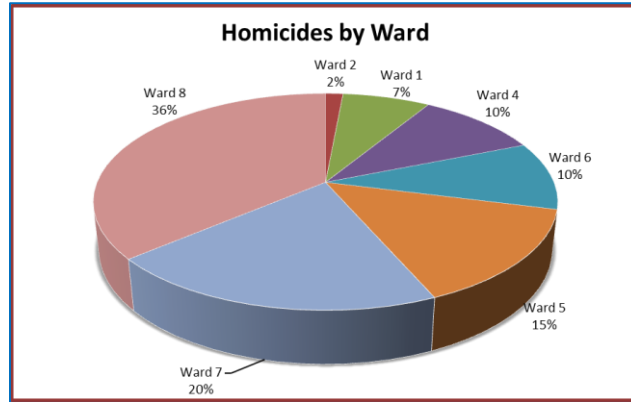


Figure 2.9 Homicides by Ward (OCME, 2014)

Suicide across the District

Over the past 10 years, the number of suicides in the District has increased (Figure 2.10). In 2014, there were 69 suicides, more than any other year in the past 10 years.

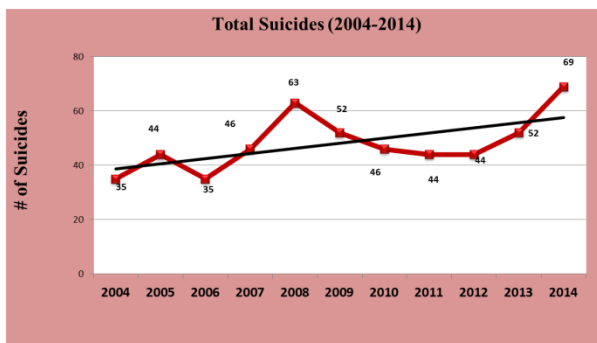


Figure 2.10 Total Suicide

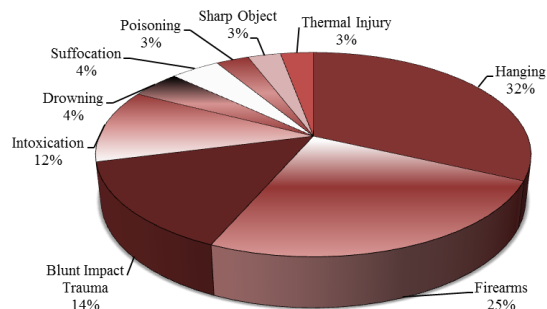


Figure 2.11 Suicides by Cause of Death

The age-adjusted mortality rates highlight a similar trend across race and gender (Figure 2.12 and 2.13). However, whites and males are more likely to commit suicide.

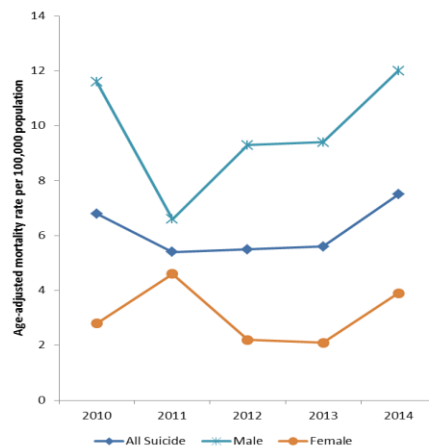
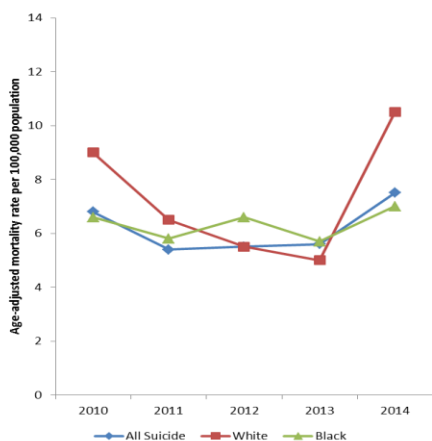
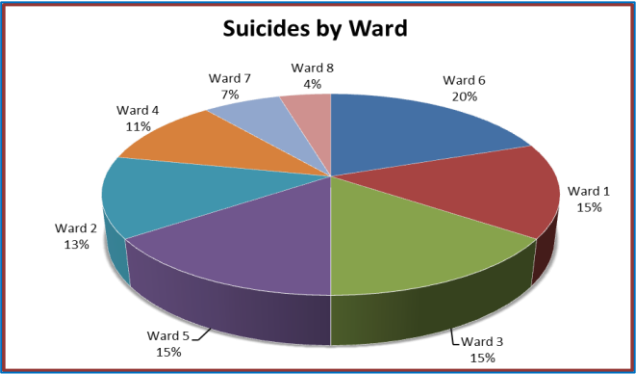


Figure 2.12 (left) & Figure 2.13 (right) Suicide Age-adjusted mortality rates



Most currently available data (OCME, 2014), show that all wards had residents that died by way of suicide during 2014 (Figure 2.14). However, the highest percentage of suicides was in Ward 6, with 20% of the district total; followed by Wards 1, 3, and 5, that generated 15% each of the 2014 total.

Figure 2.14 Suicides by Ward (OCME, 2014)

Violent Crimes by Police District

The majority of violent crimes captured by MPD data are assaults with a dangerous weapon, followed by robbery (Figure 2.15). Violent crimes happen in all of the Metropolitan Police Department’s seven (7) Districts. However, the violent crimes were more prevalent in District 6 than any other District.

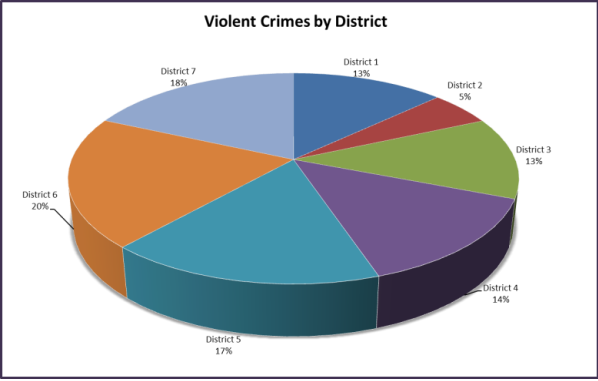
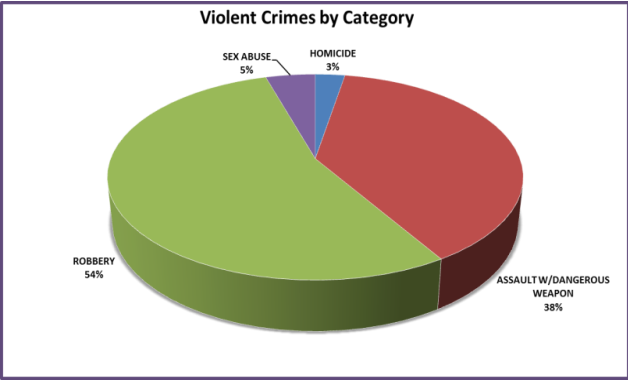


Figure 2.15 Violent Crimes by Category & Figure 2.16 Violent Crimes by MPD District

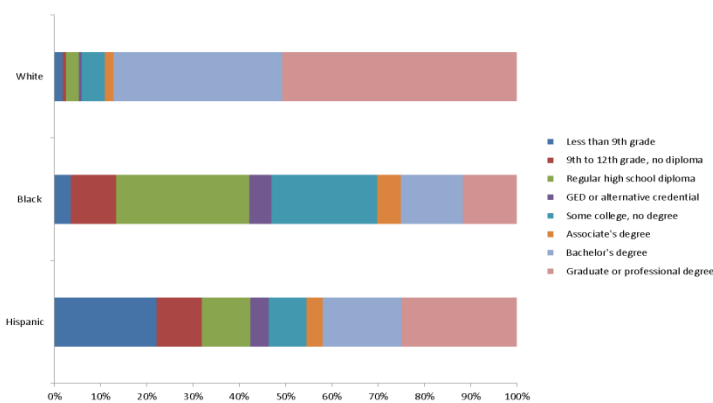
Other Key Demographics

There are other key demographic factors that play a role in violence prevention. Similar to other health behaviors, socioeconomic status affects the health of victims and perpetrators of violence. Each Ward has a unique mix of assets and challenges. For example, Ward 1, while it does not have the highest rates of unemployment, is shown to have the highest concentration

of residents with less than a 9th grade education (Figure 2.17).¹³ In contrast, residents of Ward 3 are more likely to possess a Bachelor’s, graduate or professional degree than residents of any other Ward. Residents in Ward 7 and 8 have some of the lowest levels of educational attainment and are also most likely to be unemployed.

Ward	Less than 9th grade	9th to 12th grade, no diploma	High school graduate	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree	Percent Unemployed (Avg. 09-13)	Percent Unemployed (October 2015)*
Ward 1	6.8%	6.1%	12.6%	15.3%	1.8%	28.4%	29.0%	7.4%	4.8%
Ward 2	2.3%	1.5%	5.5%	20.4%	2.1%	29.8%	38.3%	4.3%	4.6%
Ward 3	1.1%	1.6%	4.4%	14.5%	1.6%	31.5%	45.3%	4.0%	4.3%
Ward 4	6.7%	8.0%	21.9%	18.6%	3.5%	19.9%	21.2%	11.9%	6.1%
Ward 5	4.1%	10.6%	26.9%	24.0%	3.9%	16.3%	14.2%	16.8%	8.3%
Ward 6	2.7%	7.2%	14.5%	12.3%	2.6%	29.6%	31.1%	8.1%	5.6%
Ward 7	4.0%	14.4%	37.8%	24.0%	4.2%	9.6%	6.0%	21.4%	11.6%
Ward 8	3.8%	16.9%	42.2%	23.1%	3.7%	6.6%	3.7%	25.3%	14.7%

Figure 2.17 Educational Attainment and Percent Unemployed by Ward of Residence, 2009-2013



The determinants of violence are related to larger determinants of health such as adequate employment. The lack of sufficient employment is associated with violence. When examining the data by race/ethnicity, Blacks are less likely to have a Bachelor’s degree or higher when compared to other racial/ethnic groups (Figure 2.18).¹⁴

Figure 2.18 Educational Attainment and Percent Unemployed by Ward of Residence, 2009-2013

Additionally, Figure 2.19 (below) highlights the low employment levels of youth and young adults.¹⁵ However, the youth of Ward 8 have the highest unemployment rate of any Ward.

¹³ Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

*Source: Bureau of Labor Statistics

¹⁴ Source: U.S. Census Bureau, 2013 American Community Survey

¹⁵ Source: U.S. Census Bureau, 2013 American Community Survey

Moreover, low employment rates among Ward 8 residents are seen in several other age categories.

Age	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
16 to 19 years	30.6%	17.3%	9.9%	36.5%	38.2%	38.9%	53.2%	63.5%
20 to 24 years	9.3%	7.4%	7.3%	24.6%	24.7%	12.5%	48.9%	41.9%
25 to 44 years	5.7%	3.2%	3.5%	11.2%	16.1%	6.4%	19.0%	23.2%
45 to 54 years	7.7%	2.3%	3.0%	11.3%	16.9%	10.9%	17.9%	19.1%
55 to 64 years	11.7%	6.9%	4.4%	8.6%	10.2%	8.1%	10.5%	14.7%
65 to 74 years	11.0%	2.5%	4.8%	5.9%	12.9%	6.4%	7.0%	7.6%
75 years and over	0.0%	0.0%	0.0%	3.4%	2.8%	0.0%	6.0%	6.3%

Figure 2.19 Percent of Unemployment by Age and Ward

Risk and Protective Factors

Violence has not only an effect on the individual but also negatively affects the community at large. As part of the process, the SSAC studied various root causes and contributing factors of violence, as well as the protective factors and community assets that can be enhanced to prevent violence. The committee heard from several panels that highlighted the various risk and protective factors to violence. In preparation for the panel development, the committee reviewed current literature on violence prevention in an effort to identify the root causes of violence. This review included a joint publication by the CDC and Prevention Institute (2014), *“Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence”*. Authors of this report defined risk and protective factors for violence in terms of individual, societal, community, and relationship factors. Below is a list of several societal, community and relationship risk factors¹⁶:

Societal Risk Factors include:

- Cultural norms that support aggression
- Media violence
- Societal income inequality
- Weak health, educational, economic and social policies and laws
- Harmful norms around concepts of masculinity and femininity

¹⁶ Wilkins, N. et al., National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and Prevention Institute, *Connecting the Dots: AN Overview of the Links Among Multiple Forms of Violence*, (Atlanta: Centers for Disease Control and Prevention and Oakland: Prevention Institute, 2014).

Community Risk Factors include:

- Neighborhood poverty
- High alcohol outlet density
- Community violence
- Lack of economic opportunities and high unemployment rates
- Poor neighborhood support and cohesion

Relationship Risk Factors include:

- Social isolation
- Poor parent-child relationships
- Family conflict
- Economic stress
- Association with delinquent peers
- Gang involvement

The report also highlighted the protective factors that mitigate the likelihood of experiencing violence and/or enhancing resilience against risk factors for violence. Several of the community and relationship protective factors are presented below:

Community Protective Factors include:

- Coordination of resources and services among community agencies
- Access to mental health and substance abuse services
- Community support and connectedness

Relationship protective factors include:

- Family support and connectedness
- Connection to caring adult
- Association with pro-social peers
- Connection and commitment to school

Nationally, there is a demonstrated need for strategies that address all levels within the social ecological framework. The evidence base and life course perspective underscores significant consequences from community violence can lead to:¹⁷

- Disrupted education
- Lower job prospects
- Fragmented relationships
- Legal problems
- Incarceration
- Serious injury, illness, and death

Prevention efforts need to address shared risk and protective factors, which ultimately develop more efficient and relevant violence prevention strategies. Utilizing a shared risk and protective factors approach recognizes the larger social determinants of health, which includes how family, schools, neighborhoods and the broader community influence an individual's behavior and can lead to or deter violence.

Priorities for the District of Columbia

The data has shown that violence affects all persons. However, certain populations are disproportionately affected by violence than others. More importantly, the data suggests that violence prevention efforts need to address the factors that contribute to violence by decreasing the underlying risk factors and increasing protective factors. Recommendations from the Safer Stronger Advisory Committee will focus on infrastructure, investments, and interventions that increase resilience and decrease risk factors.

¹⁷ Defending Childhood: Protect Heal Thrive. Report of the Attorney General's National Task Force on Children Exposed to Violence. 2012

Chapter 3: SSAC Recommendations

Part 1 - Overarching Recommendations

As described in Chapter 1, the SSAC recommendations development method was primarily an iterative process. A robust set of “rolling recommendations” were developed by each of the four subcommittees, in collaborative deliberation with the committee of the whole. Ultimately, each of the subcommittees compiled a focused set of recommendations appropriate to their opportunity area, including descriptions of their processes and priorities. Detailed representation of each subcommittee’s report and recommendations is provided in Part 2; Part 3; Part 4; and Part 5 of this chapter. Generally speaking, three (3) time periods are suggested for implementation of the recommendations. This also includes a five (5) fiscal-year investment horizon, in recognition of the need for sustained investments to generate measurable outcomes.

- 1) **Immediate** - *within the next 45 days*
- 2) **Short-term** - *within the next 6 months*
- 3) **Long-term** - *within the next 1-3 years*

Plus,

- 4) **Investment** - *minimum of 5 fiscal years*

The SSAC’s iterative recommendation development process not only percolated during the full course of the learning and solutions development continuum, but was also strengthened by discussion and open engagement and input from all committee members. Many overarching recommendations emerged. Several were ultimately refined by particular subcommittee’s, and included in their recommendations, demonstrating the bi-directional influence of the subcommittees on the committee of the whole, and vice versa. The following set of overarching recommendations reflect this integrated development origin. Each of the following four (4) overarching recommendations were directly framed and /or linked around one or all of the priority themes identified by the SSAC Subcommittees. They reflect attention to consideration of cross-cutting needs essential to success, including effective organizational structures to assure sustainability.

SSAC Strategic Priorities:

This following overarching recommendations underscore the strategic priorities of the SSCA, related to the design of an appropriate model for sustainable infrastructure, critical to support both implementation of all the SSAC recommendations, as well as development of the work going forward.

Recommendations: (n=4)

1. **Establish an Office of Violence Prevention and Neighborhood Safety, located in the Executive Office of the Mayor, with a line item budget.**

This recommendation underscores the recognized need for strong leadership, strategic prioritization and coordination of the multi-faceted strategy that the Safer, Stronger initiative is envisioned to be. The purpose of this office is to oversee all related initiatives, including the coordination of all programs and policies, providing and/or oversight of technical assistance, and oversight of data collection, analysis and

dissemination of information. The office should report directly to the Mayor through the City Administrator. The Director of the Office should be the government appointed Co-chair of the Violence Prevention Oversight Committee. Additionally, the office should consist of a small number of staff (max 5 staffers of varying grade levels). This recommendation follows the logic defined by the SSAC Community Stabilization Subcommittee, as detailed in their recommendation CS8 below.

2. Ensure Infrastructure of Data Collection by participating in the National Violent Death Reporting System (NVDRS) supported by the Centers for Disease Control and Prevention.

The National Violent Death Reporting System (NVDRS) is a state-based surveillance system that links data from many different agencies, including, law enforcement, medical examiners, vital death statistics, and crime laboratories to assist states with designing and implementing tailored prevention and intervention efforts. Much of the information on violent deaths is currently being collected by governmental agencies; however, the information is isolated within each agency and not collected in a systematic way that integrates all key factors related to the death into a single database or source. Participation in this surveillance system is important because it combines all of the data into a single data source and provides a comprehensive examination of the circumstances surrounding violent deaths. Additionally, participation in NVDRS will allow for a comparison of the violent deaths that occur in DC to the other states or localities. The information garnered from the NVDRS can be disseminated to public and community stakeholders in order to identify, develop and evaluate violence prevention activities.

3. Establish a Violence Prevention Oversight Committee (VPOC) that can oversee and coordinate violence prevention efforts conducted throughout the city, with two (2) Co-Chairs; one from a community based organization, and one from government.

The importance of multi sector collaborative engagement in implementation and ownership of the process is critical. This recommendation articulates the essential elements of a model while advisory in structure, has the necessary and appropriate stature implied by mayoral appointment. As outlined, the VPOC should be an official committee appointed by the Mayor. Membership of the VPOC should consist of community based organizations and government agencies. In order to promote balance in viewpoint and decision making, the committee should consist of one Co-chair from a community based organization and one from government. The ultimate purpose of the committee is to provide oversight of violence prevention initiatives. To be successful, it must be able to leverage sufficient credibility and stature that its recommendations are appreciated as a balanced representation of the Districts needs and priorities. The VPOC should be positioned to participate in or be responsible for reviewing violence prevention grant applications and making recommendations.

4. **Establish a Violence Fatality and Near Fatality Review Committee to examine the violence in the District** *(Based on Community Stabilization Recommendation #5)*

This recommendation identifies the need to develop one of the critical components of essential infrastructure to inform our local knowledge base, pertinent to understanding the key drivers and underlying root causes of violence in the District. This is a critical first step if we are to reduce the incidence of violence and violent crimes committed. Success here requires cooperation, collaboration and communication amongst various stakeholders in the District that serve individuals, families and communities. As noted by the Community Stabilization Subcommittee, the Fatality Review committee should be multi-level, multi-disciplinary and multi-agency and focus on homicides and suicides not discussed in other fatality review committees (i.e. Domestic Violence, Child and Infant, etc.) . In addition, the committee will review case findings of those individuals identified by and participating in Hospital based intervention programs within the District of Columbia (i.e. Crisis Continuum). The purpose of this Committee is to make multidisciplinary and systemic recommendations with the focus on going improvements dedicated to decreasing injury and death secondary to violence. This recommendation follows the logic defined by the SSAC Community Stabilization Subcommittee, as detailed in their recommendation (#5) below.

Important Themes:

Beyond the infrastructure priorities identified above, other important themes are reflected in this SSAC Final Report and Subcommittee recommendations. There was strong consensus around community outreach strategies, including roles for credible messengers as critical components of a comprehensive solution geared to the reduction and prevention of violence in the district. The importance of the inclusion of returning citizens as essential resources and ingredients for success was also a related consistent theme.

Similarly, there was consensus around the transformative benefits of the adoption of trauma-informed approaches to policy, program, and service delivery. Specific recommendations in this regard are identified under Community Building, Community Outreach and Economic Opportunity.

The unique role of community based organizations as an important part of the comprehensive solution was also recognized. The need to build capacity and assure sustainability at this level is underscored by recommendations that emphasize development and expansion of training and technical assistance opportunities for community-based organizations. This would both enhance organizational capacity, and boost community outcomes.

Finally, given the breadth and depth of recommendations developed, the Advisory Committee recognizes that they cannot all be implemented and accomplished overnight. Indeed, several require some staging and/or critical capacity development **before** they can be effectively implemented. The SSAC therefore anticipates that beyond the critical infrastructure elements laid out in the overarching recommendations, many of the strategies that follow could be included in a more formal strategic plan. Within this context, many would ultimately benefit from further more real-time review of suggested

implementation timelines as appropriate. The adoption of a pragmatic approach, enables nimble flexibility to respond when opportunities, both funded or otherwise, arise.

Summary: Framing & Deliberations

Starting from the first meeting of the **Community Stabilization Subcommittee**, the team structured their work around addressing the acute community agency response to violent incidents. This includes focusing on three distinct areas

- (1) What is the post incident response to violence
- (2) How to best stabilize the community in order to prevent future violent events
- (3) What opportunities and threats exist for individuals returning home from incarceration

The Community Stabilization Subcommittee identified short-term and long-term recommendations, and defined the two time periods as follows:

- (1) Short-term – 45 days
- (2) Long-Term – No longer than 3 years (may be as short as 90 days)

RECOMMENDATIONS

The **recommendations** from this Subcommittee are:

- 1. A comprehensive response system should be developed and maintained year-round. This response should be planned and budgeted such that it is applied to all victims of violence in DC. However, the initial rollout should be targeted at highest risk individuals and neighborhoods.**

The Subcommittee strongly believes that a comprehensive response system is necessary in order to adequately and efficiently improve the outcomes of all persons adversely affected by the incidence of violence and to reduce the likelihood of retaliation. The post-incident response system should include all of the following components. .

(1) Intervention/ Infrastructure:

When a violent crime occurs, the following steps will be taken:

- All patients with seeking care in Emergency Rooms for injuries associated with Violent Behavior should be offered opportunity to enroll in an initial assessment for needs for services
- Intense Outreach Workers (i.e. credible messengers) will be engaged to assess and address, among other things, the need for conflict mediation. These credible messengers will engage victims and families within 24 hours.
 - Data should be collected and reviewed semiannually regarding (1) caseloads of credible messengers, and (2) timeliness of response.
- A preliminary meeting for families of those injured or killed by violent behavior should be convened to determine the immediate and long term needs (including wrap-around services) for the family and/or individual.
- Wrap-around services will be provided in each case to victims of crime and the family. These services include but are not limited to the following:
 - Mental health evaluation –including substance abuse/dependence screening and grief support. The mental health evaluation should be performed on victims and relevant family/community members. This evaluation and subsequent management should be timely. A standard

for breadth and timeliness of evaluation should be developed (**short term recommendation**). Data should be collected and reviewed semiannually regarding quality and timeliness of evaluation.

- In addition, currently ongoing mental health care is available for those requiring it, regardless of insurance status/ability to pay. This process of care should continue.
- Housing resources need to be identified for those affected by violence and do not feel safe returning back to prior neighborhood. This requires a thorough assessment of the current housing capacity. (**Long term recommendation**)
- Legal advocacy needs to be provided to victims/families post incident. This requires identifying and recruiting additional providers that can provide services. (**Long term recommendation**)
- Education supports are necessary to provide to victims/families post incident. However, this requires an identification of resources and linkages to educational institutions (**Long term recommendation**)
- Employment opportunities need to be identified for victims/families post incident to order to improve their financial stability. This also requires identifying employers in the area and establishing necessary partnerships. (**Long term recommendation**)
- Food resources may need to be identified and secured for some victims of violence. This is currently being provided. However, additional linkages and partners are required.
- Under the aegis of the Office of Victim Services and Justice Grants, a Crisis Continuum Project has been developed. Current partners include MedStar Washington Hospital Center, DC Forensic Nurse Examiners, Network for Victim Recovery of DC, DC SAFE, Wendt Center for Loss and Healing, and the OCME. The Crisis Continuum project represents a model for the provision of the above services. However, it will ultimately need to be expanded to allow timely services for all victims/families of violence, regardless of which hospital delivers initial care. (**Long term recommendation**).

In addition, as part of the crisis continuum:

(2) Investment:

- Expanding the crisis continuum protocol/ services to all hospitals with a planned gradual rollout to all hospitals (**Long term recommendation**)
- Expand on-the-scene mental health responses to homicides from 48 hrs/per week to 7 days a week/ 24 hours per day.
 - By summer 2016, Wendt will operate with a 48 hr/ week response time. By September, assuming allocation of resources are made, Wendt can scale up to 24 hours/ day.
- Expand the capacity of the Network for Victim Recovery to respond to violent crimes within 24 hours to provide case management/ linkage to services. (**Long term recommendation**).

2. **Recommend identifying programs and protocols that are designed to stabilize individuals, families, and communities immediately after an act of violence. This recommendation is twofold, 1) we recommend Identification and provision of funding for at least 50 credible messengers (Intense Outreach Workers). These outreach workers would be used to support the Crisis Continuum (Hospital-based Initiative), Community stabilization (Community/Family based Initiative) and Acute Interrupter Response (Community/Individual Based Initiative). Secondly, the Subcommittee recommends assessing the use of CURE Violence for Technical Assistance and an Evaluation Model.**

The purpose of community stabilization is to prevent further violence in the community and expand the provision of services to community members affected by violence. The Subcommittee has looked at several programs including local models (i.e. Peaceaholics) and national models (i.e. CURE Violence). Outreach Workers are essential first responders to violent crimes. Therefore, there is a need to establish protocols that outline violence prevention strategies. In addition, there is a need to identify and fund initial and ongoing training for Outreach Workers. A comprehensive database needs to be created and updated regularly, which should include information on all outreach specialists. This resource will support the first recommendation.

Lastly, we recommend inviting CURE Violence leadership to present to the Violence Prevention Oversight Committee on their capacity to provide Training, Technical Assistance, and Evaluation Method design and implementation for Acute Community Outreach Response

- Intervention/Infrastructure:
 - The Community Stabilization strategy should be expanded to respond to all homicides (**Short term**) and life threatening injuries (**Long term**).
 - The Community Stabilization team should develop a written standard practice describing expected interventions following a violent crime. (**Short term**)
The community stabilization team should keep data regarding timeliness and completeness of interventions, as well as caseload. (**Short term**)
 - The Community Stabilization team should be expanded to include credible messengers/ outreach specialists who would address/ monitor current and/or potential conflicts.
 - The Community Stabilization team will provide the appropriate linkages to services (i.e. mental health, mediation, mentoring, etc) within 24-48 hours to community members who witness homicides. (**Short term**)
 - A preliminary Family Group Conference/ Family Team Meeting will be convened with the family members of the homicide victim within 72 hours. A preliminary Family Group Conference/Family Team Meeting (FGC/FTM) will be convened by a designated group of individuals to determine the initial service plan (including Wrap-around services) for the family.
 - FGC/FTM should be conducted by not only relevant government agencies but also relevant community based organizations separate and apart from the Intense Community Outreach Worker
 - Develop Integrated/ cross systems training

- Develop Legislative remedies should be implemented to exempt or protect outreach workers and therapists from subpoenas, allowing them to effectively carry out their duties.

3. Recommend identifying opportunities for high risk individuals returning from secure detention/commitment/ incarceration.

The Partnership for Success (P4S) is a potential opportunity that can be expanded to increase opportunities for this population. Department of Youth Rehabilitation Services and CSSD will identify high risk youth and in partnership with MPD and designated agencies and community based partners (including outreach specialists, conflict mediators, mentors and Roving Leaders), provide wrap around supportive services.

Court Services and Offender Supervision Agency (CSOSA) incorporates specialized units to work with high risk persons who are sex offenders, young adults experiencing mental health challenges, and domestic violence perpetrators. CSOSA is also using the Secure Residential Treatment Program for high risk repeat substance abusers. Planning is underway for youthful violent offenders who require intensive residential cognitive behavioral intervention and therapeutic support in a secure environment.

The Subcommittee **short term recommendation** is to determine the capacity of the MPD's Youth Division, a vital resource, to support the P4S. In addition, develop and integrate a cross systems training. The committee recommends identification of the array of wrap around/"fast-tracked" service needs of high risk individuals. This is a case by case basis but will include many of the same post incidence services in recommendation #1. Lastly, it is necessary to identify and provide incentives to engage chronic violent offenders in required programming. The monetary incentives should be provided as part of a continuum of supports.

4. Recommend developing a Historical Compendium of Violence Prevention activity in the District of Columbia. This historical overview should include the community-based/ led strategies, and programmatic interventions that addressed violent crime.

The Subcommittee recommends developing an historical perspective of violence prevention activities that have been conducted in DC in order to understand what has worked well in the past. This will include a focus on cross systems protocols and trainings. Key members of the SSDC Advisory Committee have agreed to collaborate on developing this overview. *The goal is develop the historical compendium for violence prevention in the short term goal. However, the subcommittee recommends the compendium be mandated.*

5. Recommend that a Violence Fatality and Near Fatality Review Committee be established to examine the violence in the District

The purpose of this recommendation is to reduce the incidence of violence and violent crimes committed in DC. The committee requires cooperation, collaboration and communication amongst various stakeholders in the District that serve individuals, families and communities. The Fatality Review committee should be multi-level, multi-disciplinary and multi-agency and focus on homicides as well other violent crimes such as suicides. In

addition, the committee will review case findings in order to make recommendations from a public health and criminal justice perspective.

Note: While outside of the scope of this committee, this recommendation is referred to the full advisory committee for consideration. CSOSA currently holds fatality reviews on all homicides related to individuals under supervision.

6. **Recommend that the Violence Prevention Oversight Committee maintain data/statistics on the populations being served by Community Stabilization related activities, including but not limited to age, race, gender/housing, level of education and job status.**

The purpose of this recommendation is to enable tracking and analysis essential to understand the populations most at risk for violence in the District of Columbia. The Subcommittee established that although there is good understanding of the age, race, gender, and geography of victims and perpetrators of violence in the District of Columbia, knowledge of such “at-risk” population does not impact recommendations of acute response to violent incidents. Knowledge of this population does however impact the type of “wrap around” services being provided by government and community to the acutely effected families/individuals. The data will highlight current trends in and enable programs and policies to be implement in a more timely fashion.

7. **Recommend establishing a Violence Prevention Oversight Committee (VPOC) that can oversee and coordinate violence prevention efforts conducted throughout the city.**

The VPOC should be an official committee appointed by the Mayor. Membership of the VPOC should consist of community based organizations and government agencies. In order to promote balance in viewpoint and decision making, the committee should consist of one Co-chair from a community based organization and one from government. The ultimate purpose of the committee is to provide oversight of violence prevention initiatives and have the statutory authority to make recommendations to the Mayor/ Executive Office of the Mayor. In addition, the VPOC will be participate in or be responsible for reviewing violence prevention grant applications and making recommendations.

8. **Recommend establishing the Office of Violence Prevention and Neighborhood Safety.**

The Subcommittee recommends location of the office within the Executive Office of the Mayor and should include a line item in the local budget. The purpose of this office is to oversee all Safer Stronger related initiatives, which include the coordination of all programs and policies, providing or oversight of technical assistance and oversight of data collection, analysis and dissemination of information. The office should report directly to the Mayor through the City Administrator. The Director of the Office should be the government appointed Co-chair of the Violence Prevention Oversight Committee. Additionally, the office should consist of a small number of staff (max 5 staffers of varying grade levels).

Summary: Framing & Deliberations

Starting from the first meeting of the **Community Outreach Subcommittee**, the team structured their work into four areas:

- (1) What is the evidence based strategies for Community Outreach Workers?
- (2) Who is the target population for community outreach efforts and who is most likely to commit a violent act?
- (3) What is the current capacity of community outreach in the District of Columbia?
- (4) What skills, training and funding are necessary to increase community outreach efforts to provide a more sustained programming that will ensure ease of access to community and agency resources?

The subcommittee identified the following target populations for Community Outreach efforts: Victims/Families (WOMEN), Youth, Groups, Change Agents and Perpetrators.

Outreach Workers/Credible Messengers are broadly defined as individuals that have the unique skills and abilities to connect with target audience, without respect to education. This includes individuals who have turned their lives around and can be trained to bring about change as a Violence Prevention Outreach Worker. Outreach Workers are designed to touch the lives of individuals, families, and communities affected by violence

The Community Outreach Subcommittee believes that current Community Outreach efforts are insufficient to adequately respond to violent crimes in DC.

RECOMMENDATIONS

The **recommendations** from this Subcommittee are:

1. **There is a need to identify and/train Outreach workers from the public safety sector. Current Outreach specialists include Roving Leaders, MOCRS, Returning Citizens, Community-based Organizations, and the Department of Behavioral Health. There is a need to add MPD and other Outreach Specialists trained and focused on public safety.**

The work of this Subcommittee has determined that there is a lack of Outreach Workers with a background and skills in public safety. The expertise of a public safety Outreach Worker will have the knowledge of the critical services providers, such as FEMS, HSEMA and MPD. In addition to the public safety sector supplying Outreach Workers, there is a need to develop a relationship with government agencies and community organizations from within public safety.

2. **The DC Government needs to develop and host a “Safer Stronger Summit” to train all outreach staff within DC Government and active partners on the resources, services and tactics being employed to prevent violence and strengthen safety in DC during the Spring**

The Subcommittee believes that there are gaps in Outreach Workers' training, skills and abilities. All city-wide Outreach Staff should have similar foundation, orientation and training that will ensure services are provided systematically throughout the District in the event of a violent act.

The training curriculum should be comprehensive; however, one of the missing components is background and skills in trauma informed care. This is extremely essential as more outreach staff are asked to provide services as part of the Crisis Continuum. Additionally, the training should ensure that Outreach staff is adequately serving the communities challenges and needs.

Training components include:

- (1) Neighborhood Assessment
- (2) Trauma Support
- (3) Intervention
- (4) Job Skills & Training
- (5) Behavioral Health
- (6) Resources & Services
- (7) Evaluation & Feedback
- (8) Drug & Alcohol Services

3. In order to improve the effectiveness of the outreach efforts, a team approach should be employed to ensure critical information is provided in a comprehensive manner.

The purpose of this recommendation is to make sure that the team of Outreach Workers can provide a range of services and address multiple needs when they arrive in communities. In order for the team to be effective, the Subcommittee strongly recommends that the team includes community-based organizations and the Department of Employment Services. The data reviewed during the first meeting highlights the lack of employment opportunities that exist in the communities disproportionately impacted by violence.

The subcommittee suggests creating at least 5 teams of Outreach Workers – one for each of the 5 PSA's most adversely affected by violence. The structure of the Community Outreach Team is as follows:

- DBH Outreach worker
- Returning Citizens
- Roving Leaders
- Community Organizations Partners
- DMHHS Outreach Workers
- MOCRS
- DOES

4. **The Subcommittee recognizes the need for improved access to service and technical assistance for Outreach Workers and therefore recommends a streamlined process for Outreach Workers to access government offices.**

In order to respond faster to issues in the community, Outreach Workers need ready access to services that in collaboration with their situational awareness, can improve the outcomes and services delivered. It is the belief of this committee that an Outreach team should be able to walk into government office and get what is needed (pipeline).

This subcommittee recommends the creation of an Office of Violence Prevention that can oversee Outreach efforts in order to increase collaborations between city-wide outreach workers, cut down wait times, provide technical assistance, and expedite access to services. In addition, community leaders and members should be integrated into the planning and advisement of Safer Stronger DC programs, services and initiatives in targeted PSAs. The committee suggests the newly created Office of Violence Prevention should include community engagement as part of its core mission.

5. **An overarching recommendation of this Subcommittee is the need to create jobs and improve the collective community economics.** In addition, Safer Stronger Initiative should develop a business network to empower business owners, managers & landlords

Outreach efforts need to include economic strategies that empower individuals and communities

- a. Example include grocery stores- microeconomics
 - i. Community empowerment centers in each neighborhood (may not be a recreation center)

6. **To ensure that returning citizens and local credible messengers are prioritized in the hiring of outreach staff for the DMHHS Safer Stronger initiative.**

The subcommittee believes that returning citizens can be effective Outreach Workers. Therefore, the subcommittee suggests reviewing the hiring practices of returning citizens to ensure they are not discriminatory. Currently, the criteria for hiring returning citizen includes that they must be home for 5 years (team leaders would be aware), exclude sex offenders and enforce the ban the box laws (recently took in affect in private industry)

7. **Complete a thorough assessment of each PSA to ensure that we have a thorough understanding of demographics, community stakeholders and factors impacting each PSA.**

8. **Create community hubs within each neighborhood and funding sources for community meetings.**

In order for effective outreach to take place, there is often times a need for safe places to convene. For that reason, the subcommittee recommends creating infrastructure for safe meeting space. An example of this is the Malcolm X school; this should be duplicated in other communities (each neighborhood). Another potential opportunity for community

hubs is to utilize the housing authority for safe meeting space. The subcommittee recommends hosting monthly community engagement update meetings. These meetings should rotate neighborhoods each month and include five meetings in the violent crime targeted PSAs and seven meetings in non-violent crime hot spot areas.

In addition, the subcommittee recommends identifying nongovernmental funding streams in order to supply food during community meetings and to develop localized guides to show where resources are located.

9. **Additionally, the subcommittee recommends hosting monthly Community Canvasses to Engage Residents 1 on 1 on Issues.**

- Engage Residents Door
- Engage Small Businesses
- Engage Landlords or Tenants

10. **Expand youth based school outreach tactics**

Expansion of 500 for 500 Mentorship Program (My Brother's Keeper)

11. **Community Outreach Tactics**

- Family Stabilization – Services Response Based On Family Risk Levels
- Community Stabilization – Service Response Based On An Incident
- Targeted Stabilization – Service Response Based On Individual Risk Level
- Community Canvasses & Community Meetings
- Conducted in the Spring and Midway Through The Summer to Check-In on Progress
- Community Input Survey Goal to Be Set of Surveys Completed

12. **Hospital Outreach Tactics**

- Hospitals Are Critical Partners Due To Time & Access With Those Impacted
- Washington Hospital Center has a film that they share

13. **Develop Digital Outreach Strategy to Engage Residents on Progress, Initiatives & Opportunities**

- Twitter Account
- Facebook Account
- Instagram Account
- Snapchat Account

14. **Identify and disseminated metrics for success**

The subcommittee recognizes the importance of evaluation, this recommendation will allow all organization involved in outreach efforts the opportunity to measure effectiveness. Suggested metrics should include:

(1) **Capacity Building Metrics**

(2) Outreach Metrics

Residents Engaged

Residents Empowered

(3) Process Metrics

Service & Program Opportunities Available

Residents Serviced

Program Participants

(4) Quality of Life Metrics

Reducing Risk Factors

- Access to Healthcare
- Access to Food Services

Assess Residents Staying Home or Thriving

Assess Home Ownership

Civic Activity

Perceptions On Safety

Summary: Framing & Deliberations

Starting from the first meeting of the **Community Building Subcommittee** and in all subsequent meetings, the team relied on the following assumptions and understanding to structure their work:

- (1) The data that was presented at the first meeting of the Safer Stronger Advisory Committee outlined “at-risk” populations, based on age, geography, and race/ethnicity.
- (2) The data collected by the Safer Stronger survey of organizations that are doing the work was not inclusive of all organizations who are doing work in violence prevention and intervention in the District. Based on primary knowledge of the Subcommittee members, we are aware that there are organizations that have not been represented and those organizations are most likely to be small, grassroots, and neighborhood-based organizations.
- (3) The District should consider local, national, and international best, promising, and evidence-based practices in community building, as well as program development. **We believe that many smaller, neighborhood-based organizations operating within the District have implemented practices that are best, promising, and evidence-based. The work of Community Building needs to identify those organizations and provide them with the capacity, administrative, and evaluative structure that will provide more opportunity to do their work in the community. The goal of this Subcommittee is to lift up the work of existing community-based providers and provide them with sustainable resources to do work.**
- (4) The Safer Stronger Advisory Committee recommendations as a whole should act in concert with the Department of Health, the Office of Victim Services and Justice Grants, and the Office of Neighborhood Engagement as they establish the programs that have been statutorily mandated under the NEAR Act.

From the first meeting, the Subcommittee structured its work into three areas:

1. What the government can do to best support the needs as driven by the community
2. What community-based organizations can do to meet the needs of the government funders
3. How both the government and service providers can engage the community

The Community Building Sub-Committee believes **that, due to the historical trauma experienced by communities with high levels of crime and other risk factors of violence, the interventions and strategies recommended by the Safer Stronger Advisory Board as part of a comprehensive violence reduction and prevention plan in the District need to be long-term and year round strategies, rather than “summer-based”.** We also believe such strategies need to focus on populations that the data shows are responsible for, involved in, and victims of the most serious violence in DC, particularly young adults. This does not mean that we shouldn’t also implement plans to provide services, supports and opportunities for youth under the age of 18, but this should not be done at the expense

of focusing on young adults who are most involved in violent behaviors. The recommendations below will require a sustained approach, rather than short term approaches.

RECOMMENDATIONS

The **recommendations** from this Subcommittee are:

1. **Adopt a trauma-informed approach to community building.**

The District should adopt a trauma-informed approach to community building. Our neighborhoods and communities most impacted by violence have also experienced the cumulative trauma of ongoing exposure to poverty, violence, isolation and limited resources. The impacts of sustained trauma and stress affect all aspects of a neighborhood's well-being. Community building efforts must take into account the specific needs of residents to avoid retraumatizing triggers, and embody an understanding of the ongoing impact of trauma on the lives of community members. A trauma-informed approach to community building should incorporate the following principles and strategies:

- Do no harm. Short-term investments, particularly in communities experiencing high levels of violence, can do more harm than good. Community-building efforts must involve long-term investments (see also recommendation #4, below).
- Leverage resources that are already in the community from an asset-based approach. Planning community initiatives should start with identifying a community's assets and developing plans that build on them. All distressed neighborhoods have a substantial number of assets, including the skills/entrepreneurial ideas of local residents, neighborhood businesses, churches and other community institutions. Hospitals, vacant land, schools, libraries, etc. can also become community assets through planning and partnerships. The act of jointly inventorying assets is itself a powerful community organizing device that motivates collaboration and commitment to action.
- Sponsor ongoing neighborhood-level activities that cultivate safety, wellbeing and social cohesion. Empower residents to make positive changes in their own communities through consistent group activities that cultivate a sense of safety, wellbeing, and social cohesion. Provide residents with safe, noncompetitive activities. Over time, consistent neighborhood activities can build trust within trauma-impacted communities and begin to minimize divisions. Note: An example of these neighborhood-level activities may be Community Action Teams.
- Promote community healing. Restorative practices, such as community conferencing and healing circles, can be powerful and effective strategies that contribute to community healing. As part of a trauma-informed approach, the District should consider expanding the use of restorative practices in schools and community-based settings in communities most impacted by violence.

- 2. Set aside funding in key grant making agencies (e.g. OVSJG, DC Trust, DOH) for capacity building grants to community-based organizations that would allow the organizations to purchase equipment, supplies and fund operations and personnel for development, evaluation, and other infrastructure (non-programmatic needs).**

The work of this Subcommittee has determined that there is likely to be a wealth of international, national, and local best, promising, and evidence-based practices operational in the communities that are most impacted by violence. However, the lack of administrative and evaluation capacity within those community-based organizations impedes the ability to collect data and partner with credible third party evaluators. Enhanced capacity building funding would enable these organizations to demonstrate their effectiveness and their base of evidence, as well as stabilize their funding base.

The reverse of this recommendation is that community-based organizations have to engage with this process of evaluation, accept the results of the evaluation, and be flexible as to the recommendations for change that may emerge from the data collected. It is recognized by the Subcommittee that past efforts have provided some lessons in this area, e.g. World Bank's East of the River initiative.

This would require financial commitments from the key grant making agencies, and a funding source which would allow the flexibility to award grants for costs associated with administration and evaluation. (See below for a complementary financial recommendation.)

- 3. Establish a structure so that larger/mentor organizations act as an "anchor institutions" or "launch pad" for smaller, neighborhood-based organizations that need additional support with proposal writing, financial management, and/or reporting.**

The Subcommittee believes strongly that the work of Safer Stronger should empower the smaller, neighborhood-based organizations to seek out the larger organizations with whom they feel are most suited as a partner, rather than only allowing the larger organizations to identify smaller organizations with whom they should be partnering. (NOTE: Nothing should discourage larger, District-wide organizations from identifying smaller, grassroots organizations with whom they would like to partner but the Subcommittee feels that it is important to empower the "on the ground" providers to seek mentorship on their own. Additionally, nothing should be construed as limiting the ability of any organization to apply for grant funding independently, but this recommendation is intended to assist smaller organizations with the administrative burdens associated with receiving grant funds, and being accountable to the funder.) The Subcommittee also takes note that there are partnerships of this type already functioning, e.g. Collaborative Solutions for Communities and Fair Chance.

The goals of these partnerships would be to provide the capacity for neighborhood-based organizations that are interested in becoming a 501(c)(3) to achieve this goal, provide

mentoring for “program-specific” providers to improve their capacity in administration and victim services protocols, and enable the larger and/or victim services specializing organizations to gain trust and credibility with the community.

These partnerships should also focus on intentionally fostering collaboration between organizations rather than fostering competition for limited resources, supporting sustainable collaborations, strengthening multi-sector partnerships and building strong neighborhood-based referral networks that build on the unique strengths of each organization. One method of doing this would be to allow a larger organization to fund administrative staff (e.g. a development director, an operations director) on the condition that they mentor another smaller organization that fits within both organizations’ missions. The mentorship agreement would allow the larger organization to hire administrative staff, would have concrete performance measures for both organizations, would enable the smaller organization to learn the management of grants and finances, and would assist the smaller organization in becoming sustainable over time.

4. Recommend that key grant making agencies (e.g. OVSJG, DC Trust, DOH) be given the ability to provide multi-year grant commitments to community-based organizations.

The purpose of this recommendation is to encourage a long-term, sustained commitment to communities that have historically been the recipients of short-term, inconsistent investments. These short-term strategies have, over time, led to institutionalized distrust among key stakeholders in the communities that are most impacted by violence.

The ability to provide multi-year commitments to community-based organizations will be heavily reliant on the ability of the key grant making agencies to have access to a **non-lapsing fund** that will be available from one fiscal year to the next, and will require the ability of the key grant making agencies to be able and empowered to seek federal, private, and Council-appropriated money into this fund.

5. Recommend standards of grant monitoring in key grant making agencies (e.g. OVSJG, DC Trust, DOH) that would mandate that grant monitoring include regular and frequent on-site visits to programs that are providing violence prevention and intervention services.

The purpose of this recommendation is to encourage the government grant making organizations to engage with and get to know the community-based organizations and their work on a personal basis. Frequent visits and frequent on-site grant monitoring will enable the grant managers to be able to better assess the needs of the organizations and better deliver the targeted technical assistance and capacity building that the community-based organizations need to be successful.

This may require increased human resources, as well as financial resources (in the form of personnel services funds) in the grant-making organizations. It will also require the grant making organizations to be well-versed in international and national best practices, as well as the local best practices that have been known to work well in the DC communities most impacted by violence.

- 6. Establish a process to "map" the life experiences and help-seeking behaviors of individuals living in target neighborhoods, belonging to target populations, or experiencing target difficulties. The goal would be to use the results to design and inform programs based on the help-seeking behaviors and needs of each particular community**

The work of the Subcommittee has established that there is little concrete data available to the key grant making organizations about the work that is occurring in the communities by many small, and usually unfunded, community-based organizations. Additionally, there is very little information available about the help-seeking behaviors of residents of those particular communities, and the needs of each particular community. This process would enable the grant making agencies to get a quantitative and qualitative sense of how grant-funded organizations should be interacting with the most impacted communities.

- 7. Establish a permanent Safer Stronger Advisory Council that includes representatives from neighborhoods most impacted by violent crime and risk factors of crime who act in an advisory capacity to the key grant making organizations when the organizations are making grants in the area of violence prevention and intervention. When grants are focused on issue areas (e.g. domestic violence or victim services), convene community councils to include individuals who would use the services.**

This Subcommittee wants to stress that the folks who are most expert in any community are those who live and/or work in that community. For that reason, it is imperative that the work to be done in the communities most at-risk include heavy input and direction from a cross-section of people who live and work in the community, as well as people who may be subject-matter experts, e.g. domestic violence service providers working with youth. The Advisory Council would be essential in directing funds allocated by the District to the communities, having a strong voice in determining grantees or awardees of the funds and in determining the programs to be funded.

Nothing in this recommendation intends to supersede or discount the work that may be occurring by Community Action Teams, outreach teams, or ANCs. However, the Subcommittee feels that it is imperative to include as a recommendation that the work happening in the community be directed by people who live and work in the community.

- 8. Identify local, national, and international best, promising, and evidence-based practices that are best-suited for the District.**

Using the life mapping process mentioned above in Recommendation 6, as well as the evaluation initiatives in Recommendation 2, the District should actively seek to identify those local, national, and international best practices that would best suit the unique needs of the District. It is recommended by this Subcommittee that the identification of these best practices be identified by the Safer Stronger Advisory Council that is part of Recommendation 7, and that grant making agencies be advised to rely on these practices when making grants to communities.

9. Expand training and technical assistance opportunities for community-based organizations to enhance organizational capacity and community outcomes.

Many grassroots and community-based organizations in the District are embedded in and providing support to our communities, but need additional capacity-building support to obtain needed resources and increase reach/effectiveness. The District should expand opportunities for training and technical assistance for neighborhood-based organizations to build strong and sustainable community-based networks, whether or not these organizations are receiving funding through grants. Intensive training should be offered and trainers should be identified from among the individuals and organizations who are currently providing training to community-based organizations. Greater effort is needed to ensure that organizations interested in funding are attending these training and technical assistance opportunities. Training should be offered in at least the following areas:

- Grant-writing and identification of funding opportunities
- Developing successful collaborations and partnerships
- Outreach and engagement
- Data management and program evaluation
- Training in youth development for youth-serving organizations
- Trauma/Mental health first aid

Toward that end, **every effort should be made to encourage District agencies to partner with and provide strong letters of support for community-based organizations** who are seeking to work within neighborhoods most impacted by violence. Recent policy changes and/or suggested policy changes from the Mayor's office and/or grants planning committees have had a deleterious effect on community-based organizations who are seeking federal and private funding.

10. Recommend that small, neighborhood-based organizations be permitted to co-locate with larger, more diverse organizations and/or District government agencies to provide them with an "incubator" physical space.

This recommendation was a recommendation of the Committee of the Whole.

Often, a barrier for small, neighborhood organizations is the inability to find physical space that is affordable as well as convenient for their service populations. Setting aside space in a District-owned space or a space that is owned or leased by a larger and symbiotic organization would decrease or eliminate that barrier for smaller organizations and would increase collaboration opportunities between larger community-based organizations and other District agencies.

Summary: Framing & Deliberations:

Starting with the first meeting of the **Economic Opportunity Subcommittee**, framing and discussion of issues and opportunities were focused around (3) key questions:

1. What Works?

- Which *current* programs and practices are already working in the District?
- Are *current* programs using either, best, evidence-based and/or promising practices; which can be leveraged?
- What's missing – are there current program gaps?

2. Who to Serve?

- Are there target groups that programs and solutions ought to address?
- Which groups, if targeted, would make the greatest difference in preventing violence?
- Which group(s) should be prioritized?

3. Who Delivers?

- What current infrastructure – groups, organizations and sectors – are available?
- Which are best positioned to support effective development and delivery of recommended program solutions?
- How should services be delivered?

Additionally, the Subcommittee's working definition of '**Economic Opportunity**' was framed in terms of Mayor Bowser's commitment to leveling the playing field, and proactively building pathways to the middle class.

"Everything in my agenda is about making our city safer and stronger. In all that we do, we will continue to create pathways to the middle class. When people have a choice, they choose opportunity - they choose hope".

Mayor Muriel Bowser, August 2015

This underscored the need for all government agencies, as well as our private and community partners, to assume a role in this important endeavor. The appointment of a Deputy Mayor for Greater Economic Opportunity is notable here in underscoring the prioritization of economic opportunity. The mission of the Office of the Deputy Mayor for Greater Economic Opportunity (DMGEO) is to facilitate investment and job creation in underserved District of Columbia communities in order to improve economic opportunities for residents in those communities.

While many neighborhoods across the city have experienced population and economic growth, other neighborhoods, especially those east of the Anacostia River, have experienced the opposite: population decrease, disinvestment, and lower median income than even ten years ago. DMGEO will help the Mayor prioritize, tailor, and coordinate District economic development tools along with various components of government, to spur growth and expand opportunity in District neighborhoods. In addition to managing and coordinating a cluster of agencies and functions, DMGEO will work across agencies and operational clusters to:

- Develop and advocate for policies and programs to improve the economic opportunities of overlooked communities;
- Engage residents, businesses, anchor institutions, and other community stakeholders in target communities to improve understanding of needs and opportunities;
- Engage and develop anchor institutions and other local assets that will serve as local epicenters of the job growth, neighborhood amenities, and investment;
- Develop and coordinate interagency initiatives; and
- Identify opportunities for streamlining and aligning programs for the benefit of target communities.

WHAT WORKS? The subcommittee’s discussion regarding “what works?” unpacked the approach taken by lead agencies, including the Department of Employment Services (DOES). Their approach typically works with individuals, and emphasizes starting where they are; determining where they want to go; and helping them get there. The DOES model means proactively following an initial assessment, with the development and implementation of an individualized training plan, as well as practical experience. Individualized training plans are geared towards career development, and typically includes the attainment of a credential, starting with a GED. To the extent possible, DOES’s training plans encourage the pursuit of high demand fields, per industry driven needs, but are balanced with individual aspirations and goals. Ultimately, developing economic opportunity pathways means at a minimum, moving to the middle class, which requires promoting self-sufficiency, including earning enough to live, work and save.

Questions and discussion on the range of programs and services provided by DOES, showed that under the Office of Workforce Programs umbrella, there are a total of fourteen (14) programs, supported by a mixture of both federal as well as local funding. Deliberations regarding existing programs designed to meet the needs of individuals who might be described as ‘hardest to serve’, identified three (3) that are currently available, including; Project Empowerment; the LEAP Job Training Program; and DC Career Connections, as described below.

Project Empowerment: Project Empowerment provides supportive services, adult basic education, job coaching, employability, life skills and limited vocational training, and job search assistance to residents in hard-to-serve residential areas. Project Empowerment is a transitional program that includes three (3) weeks of Job Readiness Training and the opportunity to participate in up to six months of subsidized work experience. Participants must be between the ages of 22-54 years old, currently unemployed, not receiving government assistance, such as TANF or Unemployment Compensation (Food Stamps are acceptable), and seeking secondary school educational credential. **Program Duration:** Year Round /locally funded

Learn, Earn, Advance, Prosper (L.E.A.P): This is a network of interconnected partners utilizing the “earn-and-learn” approach that will link the city’s unemployed with employment, educations and training opportunities. The earn-and-learn approach applies the apprenticeship model to skill development, allowing individuals to earn a wage while participating in an on-the-job training experience and concurrently being enrolled in related technical instruction and or adult education course. Participants must be District residents. **Program Duration:** year round/ locally funded.

DC Career Connections: A work readiness program that targets 20-24 year olds, designed to provide more than 400 out-of-school District youth with opportunities to gain valuable work

experience, skills training, and individualized coaching and support to gain employment. Launched in Fall 2015, as an integral component to the **Mayor Muriel Bowser's Safe, Stronger DC Initiative**, DC Career Connections will actively seek to engage youth in target police service areas across the District, including Langston/Carver, Lincoln Heights, Benning Terrace, Woodland Terrace, and Congress Park. DC Career Connections will provide young adults ages 20 - 24 with meaningful, paid work experience and avenues for education, training and professional development. Participants will have the opportunity to work up to nine months for up to 25 hours per week at a rate of \$8.25 per hour. **Program Duration:** *2x Cohorts serving total of 400 -- per current budget year (FY16 only); no dedicated funding stream/ locally funded.*

WHO TO SERVE? Questions surrounding who to serve ranged from not only identifying which ages and demographic groups were most in need, but also which neighborhoods and communities were potentially experiencing limited opportunity. The general consensus of the subcommittee, was that there was an important point and principle to be made regarding not applying broad brush, stigmatizing labels to either individuals or communities – such as ‘at risk’. An asset based approach was recommended, including the requirement to expand both awareness as well as the practical application of trauma informed approaches and solutions.

With this as the overarching framework, it was recognized however, that our solutions aimed at building economic opportunities could benefit from better organizational and programmatic integration within a mostly fragmented service delivery system. More often than not, individual organizations work separately with the same individuals and families, without engaging them holistically. Siloed approaches were readily demonstrated by subcommittee members unique work environments, where each could identify potential beneficiaries within their service populations that could and do benefit from the programs and services of the other. Notably, this included, housing, schools, justice system, as well as employment services, to name but a few.

Recent successes in responding to issues at Woodland Terrace, for example, were sighted as a promising practice approach that should be expanded. This was described as a collaborative response, within which a process was used to identify the most underserved youth, who were then provided with wraparound services. How can this example be expanded; how can we coordinate across all agencies on a regular basis?

The Subcommittee also discussed the significant challenges faced by people that society typically label as repeat offenders. Subcommittee participants, many with deep knowledge of the issues and challenges, noted that there typically are multiple barriers to individuals in their ability to ‘stay compliant with their conditions of release’. Looking ahead, it was noted that mining and addressing these barriers might provide an important lens and mechanism for supporting effective economic opportunity, especially as it relates to returning citizens.

A recent program developed as a partnership between the Department of Corrections and DOES holds promise in reducing recidivism. The DOC Re-entry Program seeks to mainstream inmates at the jail back into the community, by providing a separate living space, on-site Project Empowerment workshops, career coaching, and online training and certification courses. Launched in July 2015, many participants leave the jail with credentials, confidence, and motivation and are immediately connected to subsidized or unsubsidized employment, occupational skills training, and supportive services to ease the transition into the community.

WHO DELIVERS? In many respects, answering the question regarding who and how services are and should be delivered, build off of the notable lack of an integrated holistic approach described above. More effective means of connecting the dots are needed. It was noted further, that many of the special programs developed, were geared to fixing problems only after they present, rather than preventing them in the first place. What opportunities might we have to collaborate with school systems, for example, to implement early warning systems indicated by truancy and absenteeism? How can other agencies similarly help kids and schools, by providing them with an appropriate heads-up that protects confidentiality, but assures that children are not re-traumatized when they return to school after a family crisis? Without reinventing the wheel, are there effective professional tools utilized in the education field to identify and prevent failure that could inform programs and services in other fields, in supporting educational outcomes? How can we engage the education system as a key prevention partner, critical to establishing and maintaining connections to economic opportunity pathways?

RECOMMENDATIONS

Solution #1: Population Level Trauma-Informed Systems & Practice Change

The application of a trauma informed approach to both the root causes as well as the solutions to individual and community violence has provided an important lens to the deliberations of the Economic Opportunity Subcommittee. Experience on the ground, is underscored and reinforced by the growing evidence base regarding adverse community experiences and resilience (Prevention Institute, 2016). “Multiple studies have found that levels of violence, crime and delinquency, education, psychological distress, and various health problems are affected by neighborhood characteristics, particularly the concentration of poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also indicate trauma at the community level”. (Page 4)

Further, it is also clear that the trauma informed approach must go beyond individuals. A focus solely on treatment and protocols after exposure to traumatic events is insufficient. Specifically, addressing community trauma requires strategic solutions addressed at the population level with a prevention lens. The evidence suggests too, that this more strategic approach is critical to the success of all other solutions, because “trauma can be a barrier to the most successful implementation of healing and well-being strategies, including those to prevent violence” (Prevention Institute, 2016, p 3).

In order to assure the success of the more targeted recommendations of this subcommittee, as well as those of other subcommittees, the Economic Opportunity Subcommittee, makes the following recommendation, related to essential infrastructure to assure success and sustainability:

Recommendations (n=4): Proposed Infrastructure

- 1. Provide comprehensive training to front line government employees and service providers on a trauma-informed approach to counseling individuals and families impacted by violent acts.**
- 2. Build capacity of workforce development and occupational skill training providers to deliver a high quality, employer driven training program, which accepts the resident where they are on**

the educational continuum and maximizes their talents to achieve the highest level of self-sufficiency.

3. **Expand economic opportunities through community driven investments, job growth and entrepreneurship in the targeted communities.**
4. **Engage education systems regarding their key prevention role, including the promotion of supportive school discipline, in both establishing as well as maintaining critical connections to economic opportunity pathways.**

Solution #2: Targeted Positive & Supportive Connections & Redirection

The summary of the subcommittee’s deliberations detailed above, suggested that while there is a full spectrum of services and supports available to individuals and families in the District, many people find accessing resources difficult to navigate – especially during times of stress, when they are most needed. Several individuals need help to not only find their way (including essential services and supports), but also to stay on the path to economic opportunity. Based on the deliberations of what works and some promising results, it was considered that more intentional interventions, geared to proactive prevention and redirection, would more effectively attach key individuals to the economic opportunity path.

A family-centric approach to redirecting these individuals was also considered appropriate, as more often than not, challenged individuals are members of similarly challenged and/or resource limited families. An initiative starting with about 200 individuals – broadly within the youth/young adult (13 through 30) age range, plus their families, would provide a manageable, but large enough starter program to test this idea., that leverages the collaborative resources of multiple agencies.

The set of recommended interventions below, all build on the principles of leveraging available knowledge and resources within prevention focused, collaborative interventions, that are both age appropriate, and meet prioritized targeted needs where they are. This approach also affirms the subcommittee’s commitment to prevention, by including (recommendation 8 below) the opportunity for parents and guardians to seek help early as needed. Prevention means early action to address issues – rather than allowing problems to fester, until it is too late.

5. **Expand programs at DHS, including Parent and Adolescent Support Services (PASS) and the Alternatives to Court Experience Diversion Program (ACE). PASS provides prevention services for youth, evidence based intensive case management, parent and youth group sessions, and assessments that work with families to prevent or reduce the risk of offending, truancy, and other behaviors. Parents can self-refer to the PASS program. ACE reduces the number of Court-involved youths by creating a sustainable diversion system that accesses existing behavioral health services—particularly evidence-based practices—and other supportive services. The program replaces Court involvement, and works to decrease future legal involvement, by reengaging youth in school, improving youths’ functioning at home and in the community.**

6. **Identify approximately 200 individuals (ages 13-30) and their families with the goal of both achieving family stability, and preventing future interaction with the criminal justice system. Individuals will be identified through referrals using objective risk factors. Holistic family focused interventions will be provided that will include financial empowerment, health, occupational training and education assistance, and other supportive services. Counseling will be supplied via existing outcome-based programs.**
7. **Identify middle-school children in targeted communities who are exhibiting risky behavior, such as, high truancy and absenteeism. Deploy existing school-based programming to create positive experiences with the goal of reducing the likelihood of criminal behavior and improving school attendance and graduation rates.**
8. **Enable parents and guardians to seek help/recommend youth that they are having trouble with to prevention programs prior to violent acts or disruptive behavior being committed.**
9. **Coordinate and expand summer meals program and develop sustained programming for children accessing meals.**
10. **Educate residents about employment rules, policies, and procedures to empower them to self-advocate and to make appropriate decisions to enable full employment, including Ban the Box, Wage Laws, Drug Testing and the impact on employability.**
11. **Increase awareness and enrollment in University of the District of Columbia (UDC) and the UDC-Community College, to increase educational and employment pathways and provide internship opportunities in the employment sectors residents are being trained in, to increase marketability and employment upon graduation.**

Solution #3: Proposed Investments in Promising Practices

Closely aligning and integrating programs and services for youth and adults is the foundation of programs that work, particularly those with multiple barriers to employment. In addition, aligning training and service delivery with promising and best evidence based practices builds capacity for staff and community and improves sustainable outcomes. The Workforce Investment Council, comprised of the District agencies, education partners, businesses, and workforce development experts developed a comprehensive State Plan pursuant to the Workforce Investment and Opportunity Act. This plan embodies a vision of creating a high quality workforce and education program that enables residents to move along a career pathway.

One area of focus in the plan is to ensure that disconnected or “opportunity youth” have access to developmentally appropriate training and contextualized education programs and provides youth with an opportunity for work-based learning. Opportunity youth often do not have access to information and/or resources to access these programs. However, many youth are aware of the Marion Barry Summer Youth Employment Program. Beginning in the summer of 2016, DOES will

work with community and government partners to identify opportunities for youth who are engaged in or at risk of violence to engage in SYEP. In addition, every year, there are MBSYEP youth that through their summer career experience either manifest barriers or encounter them, which presents successful participation in the program. Some of the manifested barriers include challenging behaviors, encounters of summer violence, family issues, etc. Instead of terminating youth, we will implement an “emerging” academy. For students that encounter difficulty, an intentional program will be made available which includes intensive wraparound services that involve trauma informed case management, occupations skills training, entrepreneurship, financial literacy and other opportunities/services. We also have a limited number of nontraditional hour opportunities for these students, which could include evening opportunities. In addition, as recommendations emerge from the Safer Stronger Advisory Committee discussions, DOES will serve youth through targeted interventions, including trauma informed assessment and referral for year round opportunities, such as Career Connections and other “earn and learn” programs.

Recommendations (n=5): Proposed Investments

12. Provide innovation and technical assistance grants to support community-based training providers to adopt evidence-based practices and/or programs to improve education and employment outcomes.

13. Provide a dedicated funding stream for the Department of Employment Services “Career Connections”.

14. Affirm and implement the goals and strategies of the new WIOA (Workforce Innovation and Opportunity Act) plan:

GOAL #1- System Alignment: District agencies form an integrated workforce system that delivers coordinated, accessible, and effective workforce services through clearly defined roles and transitional supports throughout the provision of a continuum of services.

GOAL #2- Access to Workforce and Education Services: All residents, including people with disabilities and those with multiple barriers to employment, regardless of education or skill level, can access the education, training, career, and supportive services necessary to move forward in their career pathway.

GOAL #3- Sector Strategies/Alignment with Business Needs: The District’s business community gains access to a broader pool of District residents with the skills necessary to meet their needs and advance within their organizations.

GOAL #4- Performance and Accountability: Funded workforce services are evidence-based, high quality, and flexible in meeting individuals’ needs; and District agencies evaluate outcomes through standardized methodologies that ensure accountability and transparency.

GOAL #5- Serving Our Youth: Youth have access to a coordinated, accessible, education and workforce system that provides the supports needed to prepare them for postsecondary success; including education, training, and competitive employment.

- 15. Create and implement at least 20 opportunities for community based micro-loan investments and entrepreneurship, financial empowerment, and business development, training, and support, including ASPIRE-an entrepreneurship program geared toward returning citizens. Provide training to become a certified business enterprise (CBE) and eligibility for federal Enterprise Zone opportunities.**
- 16. Create pathways to employment through the permanent expansion of SYEP for 22-24 year olds.**
- 17. Provide employers incentives to hire local “hard to employ” residents, such as youth, seniors, returning citizens, and individuals with disabilities by providing information and access to the On the Job Training Reimbursement program, the federal Work Opportunity Tax Credit, and Enterprise Zone certified business.**
- 18. Expand access and opportunities for youth and young adults in the PSAs to careers in STEM and STEEM pathways, through the DOES Tech Hire program.**

Chapter 4: Conclusions

Decades of primarily law enforcement focused solutions in the face of persistent waves of violence serve to underscore the fact that we cannot arrest our way out of the problem of community violence. Effective alternative approaches are urgently needed, especially given the potential circular, life-course, and multi-generational impact of violence. Adults who were exposed to violence as a child are more likely to report early initiation of smoking and sexual activity; intimate partner violence; depression and suicide attempts; as well as liver, heart and lung disease¹⁸. The factors that make violence more or less likely, span multiple sectors. Evidence suggests that factors such as lack of jobs, racial and economic segregation, concentrated poverty, and high alcohol outlet density increase the likelihood of violence. At the other end of the spectrum, quality schools, economic opportunities, clean and well-designed physical environments, and structured activities that young people find meaningful, have been shown to create conditions that protect against violence¹⁹. There is, therefore, no ‘single-prescription’. A multi-pronged, multi-sector solution is essential.

The charge of the Safer, Stronger Advisory Committee was to *explore evidence-based practices and national models that can inform the Safer, Stronger DC initiative*. With this as the goal, the committee adopted a public health approach to violence prevention, applied a collaborative learning model, that was data driven, evidence informed, and DC solution focused. The recommendations developed aim not only to reduce and prevent violence, but is also firmly grounded in the much broader socioecological framework that highlights root causes, and the complex relationship between the individual, society and the communities in which they live. This necessitates commitment to fundamentally improve opportunity and quality of life of residents of the District of Columbia.

Specifically, the SSAC was tasked with defining the issue of violence, demonstrating how data supports the definition and understanding of violence in the District; as well as identifying evidence-based or evidence informed policy and programmatic recommendations. The identification of potential resources (existing and new) that can be used to implement the recommendations was also addressed. The more than 50 recommendations of the Advisory Committee detailed in Chapter 3 of this report, are based on a public health approach, including a social-determinants and equity informed lens.

¹⁸ Findings from the CDC Adverse Childhood Experiences (ACES) Study – CDC
<http://www.cdc.gov/violenceprevention/acestudy/>

¹⁹ “Multi Sector Partnerships to Prevent Violence” (2014) The Prevention Institute
<http://www.preventioninstitute.org/component/jlibrary/article/id-359/127.html>

Appendix 1.0: **Safer, Stronger Advisory Committee (SSAC) Reading List**

Appendix 2.0: **SSAC Topic Panels Summary**

Appendix 1.0: SSDC Advisory Committee Reading List – January 26, 2016

GENERAL BACKGROUND READING:

- 1 Denormalizing Violence: Evaluation Framework for a Public Health Model of Violence Prevention by Jeffrey A. Butts
<http://johnjayresearch.org/rec/files/2014/03/denormalizing.pdf>
- 2 Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods
<http://healthequity.sfsu.edu/sites/sites7.sfsu.edu.healthequity/files/FINAL TICB Paper 5.14.pdf>
- 3 Cities United Resource Guide April 2015 (hard copy provided)
- 4 Collective Impact
http://ssir.org/images/articles/2011_WI_Feature_Kania.pdf
- 5 Will social impact bonds work in the United States?
<http://mckinseysociety.com/downloads/reports/Social-Innovation/Social-impact-bonds.pdf>
- 6 World report on violence and health
http://www.who.int/violence_injury_prevention/violence/world_report/en/
- 7 World Health Organization – Determinants of Health.
<http://www.who.int/hia/evidence/doh/en/>
- 8 Implementation of Community Based Interventions.
<http://www.implementationscience.com/content/pdf/s13012-015-0272-7.pdf>
- 9 Multi Sector Partnerships for Preventing Violence (2014) “Companion Document” (& *Houston Case Study*)
<http://www.futureswithoutviolence.org/wp-content/uploads/A-Multi-Sector-Approach-to-Preventing-Violence.pdf>
- 10 Best Practices of Youth Violence Prevention: A Sourcebook for Community Action. Thornton, Timothy N., Comp.; Craft, Carole A., Comp.; Dahlberg, Linda L., Comp.; Lynch, Barbara S., Comp.; Baer, Katie, Comp
<http://eric.ed.gov/?id=ED457290>

- 11 Youth Violence: A Report of the Surgeon General.
<http://eric.ed.gov/?id=ED451422>
- 12 A Guide to Evidence-Based Programs for Adolescent Health.
<http://nahic.ucsf.edu/wp-content/uploads/2014/08/Evidence-Based-Guide.pdf>
- 13 National Forum on Youth Violence Prevention: Strategic Planning Toolkit for Communities 2012 http://ojp.gov/fbnp/pdfs/forum_toolkit.pdf

COMMUNITY STAGILIZATION:

- 14 Evaluation of Baltimore's Safe Streets Program: Effects on Attitudes, Participants' Experiences, and Gun Violence
<http://www.rwjf.org/content/dam/web-assets/2012/01/evaluation-of-baltimore-s-safe-streets-program>
- 15 Evaluation of CeaseFire-Chicago
http://www.skogan.org/files/Evaluation_of_CeaseFire-Chicago_Main_Report.03-2009.pdf
- 16 Saving lives and saving money: hospital-based violence intervention is cost-effective <http://www.ncbi.nlm.nih.gov/pubmed/25757108>
- 17 Resilience in the Face of Foreclosures: Six Case Studies of Neighborhood Stabilization (National League of Cities)
<http://www.nlc.org/documents/Find%20City%20Solutions/Research%20Innovation/Housing%20-%20CD/resilience-in-the-face-of-foreclosures-six-case-studies-oct11.pdf>
- 18 Implementing Neighborhood Stabilization Programs
https://www.hudexchange.info/resources/documents/ImplementingNSP_NeighborWorks.pdf

COMMUNITY OUTREACH:

- 19 Street Outreach and the OJJDP Comprehensive Gang Model
<https://www.nationalgangcenter.gov/Content/Documents/Street-Outreach-Comprehensive-Gang-Model.pdf>

ECONOMIC OPPORTUNITY:

- 20 The Family Engagement Partnership: Student Outcome Evaluation
http://flamboyanfoundation.org/wp/wp-content/uploads/2015/09/JHU-STUDY_FINAL-REPORT.pdf
- 21 More Than a Job: Final Results from the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program
http://www.mdrc.org/sites/default/files/full_451.pdf
- 22 New York Times Article, February 28, 2015 “Out of Trouble, but Criminal Records Keep Men Out of Work”
<http://www.nytimes.com/2015/03/01/business/out-of-trouble-but-criminal-records-keep-men-out-of-work.html? r=0>

COMMUNITY BUILDING:

- 23 Community-Centered Policing: A Force for Change
<http://www.policylink.org/find-resources/library/community-centered-policing-a-force-for-change>

PROGRAMS TO EXPLORE:

- 24 Cure Violence: Using a Public Health Approach
<http://cureviolence.org/wp-content/uploads/2014/05/CV-Health-Approach-Web-Version.pdf>
- 25 Corrections2Community: A non-profit public charity, with the goal of reducing recidivism, by creating in-prison programming and training
www.corrections2community.org
- 26 Women’s Housing and Economic Development Corporation (WHEDco) mission is to create thriving neighborhoods – from high-quality early education and after-school programs, to fresh, healthy food, cultural programming, and economic opportunity <http://www.whedco.org/>

Appendix 2.0: SSDC Advisory Committee TOPIC PANEL Summary

SSAC TOPIC PANELS SUMMARY	
#1: Returning Citizens Panel <i>Date: January 5th, 2016</i>	
Panelist Profile*	Key Messages & Takeaways
<p><i>*Where appropriate, individual panelist's names omitted to protect confidentiality.</i></p> <ul style="list-style-type: none"> ● Panelists: Total of eight (8) - 4 males, and 4 females. <ul style="list-style-type: none"> ✓ <i>All but one (1) was a native Washingtonian</i> ✓ <i>Majority were exposed to violence and crime as teenagers – both as victims and/or perpetrators</i> ✓ <i>Five (5) panelists (3 females/2 males) were ‘returned citizens’ – all convicted in their teens, and served between 13 to 15 years each</i> ✓ <i>Three (3) panelist (1 female/2 males), although not a ‘returning citizen’ themselves, had a parent/ sibling incarcerated; but have not only stayed out of trouble, but demonstrated strong leadership skills; and enjoyed academic success -- including current participation in undergraduate and graduate programs</i> 	<p>The key message from panelists was that there should be an increased focus on the factors contributing to violence, including family and neighborhood circumstances, with systemic and cultural Impacts (e.g. easy access to weapons; pervasive lack of hope; widespread lack of positive vision and ambition, including ideas and knowledge about going to college).</p> <p>Potential solutions include promoting prosocial skills; supportive mentorship and role models for youth; provision of mental health; recognition of the impact of trauma on youth; and need for outreach workers and staff involved in violence prevention efforts who are trained in behavioral health.</p> <p>Panelist highlighted the need for additional resources, that include:</p> <ul style="list-style-type: none"> ● Mentors ● Housing ● Summer Youth Employment ● Recreational Centers and organized competitive sports teams ● “Officer Friendly” programs as part of a community relations campaign.

#2: National & Local Experts Panel

Date: February 9th, 2016

Panelist Profile	Key Messages & Takeaways
<p>Panelists: Total of four (4) – three (3) national; one (1) local</p> <ul style="list-style-type: none"> • Jack Calhoun, <i>Consultant, National League of Cities</i> <ul style="list-style-type: none"> ✓ <i>Pioneer, and national expert on youth violence prevention, family policy, and community building.</i> ✓ <i>Past Commissioner, Children Youth & Families (Carter Administration).</i> ✓ <i>Retired Past President, National Crime Prevention Council.</i> • Anthony Smith, <i>Executive Director, Cities United</i> <ul style="list-style-type: none"> ✓ <i>Inaugural ED, advocates for men and boys of color and safer communities on the national stage</i> ✓ <i>Cities United - "All Rise: In Search of Hope" Part 1</i> ✓ https://caseyfamily.wistia.com/medias/n002dvv1z6 • David Muhammed, <i>CEO, Solutions Inc.</i> <ul style="list-style-type: none"> ✓ <i>Leader in the fields of criminal justice, violence prevention, and youth development.</i> ✓ http://www.solutionsinc.us/the-ceo • Diane Grooms, <i>Assistant Chief, MPD, Patrol Services Bureau.</i> <ul style="list-style-type: none"> ✓ <i>Leader in Community Policing; extensive knowledge and experience in District of Columbia</i> ✓ <i>Resume:</i> http://mpdc.dc.gov/biography/diane-grooms 	<p>A Public Health approach to violence prevention should include looking at related systems such as education, employment, juvenile justice, community, health and wellness. Key indicators, and potential recommendations can be gleaned from these contributing systems. Development of infrastructure to coordinate activities across siloes is critical.</p> <ul style="list-style-type: none"> • An Office for Safer and Healthy Neighborhoods has been established in other jurisdictions; important to include the communities voice in this process; DC should consider creating an official violence prevention office • Key components of a violence prevention strategy should include effective leadership and governance; a comprehensive strategy and plan; clear goals; data and measurement. Must also pay attention structural issues; parent involvement and privacy issues. • Need to have data that is coordinated and not compartmentalized or siloed within agencies • Targeted approach for Summer Youth Employment Program. Look at highest crime areas and offer targeted employment opportunities to youth in those areas • Resources should be allotted to community based organizations. Change policies for returning citizens. Use MOCRS to engage community and empower them to have a conversation with their families

#3: Local Change Agents Panel

Date: February 23, 2016

Panelist Profile	Key Messages & Takeaways
<p>Panelists: Total of four (4) – all local</p> <ul style="list-style-type: none"> • Neil Irvin, Executive Director, Men Can Stop Rape <ul style="list-style-type: none"> ✓ <i>Organization seeks to mobilize men to use their strength for creating cultures free of violence, especially men’s violence against women..</i> ✓ http://www.mencanstoprape.org/Our-Staff/ • Rev. Davis C. Bowers, Ordained Minister; and VP & Market Leader, Enterprise Community Partner <ul style="list-style-type: none"> ✓ <i>Founder of the all-volunteer NO MURDERS DC movement, launched in 2000.</i> ✓ http://www.enterprisecommunity.com/epocms_BiographyPDF?biold=00530000004qxqpAAA • Maria Shanklin Roberts, J.D., Attorney at Law <ul style="list-style-type: none"> ✓ <i>Daytime Job: Attorney at Law Firm</i> ✓ <i>Stanford University Graduate</i> ✓ <i>Former Program Coordinator, Peaceoholics. Inc.</i> • Robert Brannum, Retired Air Force Military Veteran; and former Teacher, DC Public Schools: <ul style="list-style-type: none"> ✓ <i>Active volunteer with community organizations in the areas of education, youth, economic development, politics, veterans and public safety.</i> ✓ <i>President emeritus of the D.C. Federation of Civic Associations, Inc., chairman emeritus of the Metropolitan Police Department 5th District Citizens' Advisory Council, Inc.,</i> 	<p>Key messages from the Change Agent panelists centered on the community, specifically focused on youth.</p> <ul style="list-style-type: none"> • There is a need to train additional outreach workers in high risk communities; need to find people that can engage with youth and people committing the crimes • Strengthen and create social supports in neighborhoods; either functioning recreational centers, or other places youth can go • Get into communities to show youth that you care; mobilize boys and men to stop committing crime against women and men • The problems youth face are associated with 3 things (1) nature, (2) nurture, and (3) environment. Need to teach youth how to be strong without being violent; conflict resolution skills are key. • Engage youth in skills -- i.e. DJ-ing, music studio, videography, etc.

#4: Victims Panel
Date: March 8th, 2016

Panelist Profile*	Key Messages & Takeaways
<p><i>*Where appropriate, individual panelist's names omitted to protect confidentiality.</i></p> <ul style="list-style-type: none"> • Panelists: Total of four(4); <i>all female; young adults</i> <ul style="list-style-type: none"> ✓ <i>Each described having been exposed to different forms and levels of domestic; intimate partner; stranger and sexual violence</i> 	<p>Panelist individually described their violent incident experience; as well as the response received. Their commentary on the response included both what they thought worked; what did not; and what was not available, but would have helped in dealing with the incident and trauma.</p> <p>Common themes or takeaways include:</p> <ul style="list-style-type: none"> • There is a need to keep DNA samples of perpetrators for a longer duration in order to identify multiple victims, by links to the same perpetrator. This provision should be added to Combined DNA Index System (CODIS). • Advocate support was very helpful • Mental health support was lacking. Need increased or expedited access to service providers. Need free mental health for victims and families affected by violence • Victims didn't know where to look for information regarding programs and services. One possible solution is to make police officers more aware of trauma service programs • Post-trauma costs are very high; victims frequently need financial assistance with fees associated with incident. Funding should be made available; and or a sliding scale of funding, to assure coverage for those most in need • Need for a better triage system, within the ambulance and hospital assignment process. • Improved linkage between community prosecutors

#5: Youth Panel
Date: *March 24th, 2016*

Panelist Profile*	Key Messages & Takeaways
<p><i>*Where appropriate, individual panelist's names omitted to protect confidentiality.</i></p> <ul style="list-style-type: none"> • Panelists: Total of six (6); 5 male; 1 female Ages 15-20; <ul style="list-style-type: none"> ✓ <i>All participants were either currently under supervision or had past justice system involvement</i> 	<p>Youth Panelists discussed the primary and secondary programs and interventions that need to be in place, in order to prevent young people from making wrong decisions, such as the following:</p> <ul style="list-style-type: none"> • Support systems and mentorships that encourage and motivate students to achieve beyond current expectations or knowledge. • Create new programs and/or increased awareness of, and linkages to, the numerous programs that currently exist. • Develop programs for students that engage them before they get locked up, and/ or in the system. This can also include programs for parents • Engage with youth at a younger age, 10+; can use older youth as a means to attract the younger generation; look for influencers. • Decrease concentrated poverty; and provide opportunities for kids to attend more well off schools. • Create and provide opportunities to build marketable skills • Quote: <i>“Youth sometimes aren’t getting enough encouragement...sometimes youth need someone to be the mailman and just deliver the message.”</i>

