Program Implementation Training

I. The Problem
   a. Homicide is the second leading cause of death among Americans aged 15-34
   b. Chicago
      i. Triple the national homicide rate
      ii. Homicide leading cause of death for those aged 15-24
      iii. All other efforts to improve systems and services for Chicagoans are less effective without violence reduction

II. Theories About the Possible Causes of Violence
   a. Violence is:
      i. Learned from role models
      ii. Caused by external forces (ex: lack of opportunity, racism, poverty, ect.)
      iii. A cultural norm in subgroups with a higher rate of homicide
      iv. A series of events or interactions between co-disputants that can escalate into homicide

III. Cure Violence Public Health Approach
   a. Interrupt transmission→Behavior change→Change community norms

A. Behavior: Change
   1) What is most important?
      i. Information
      ii. Skills
      iii. Overcoming barriers
      iv. Feelings about doing it
      v. What friends think
   2) The public health approach uses "Change Agents" who bring:
      i. New information
      ii. New skills
   3) The best "Change Agents" are:
      i. Credible
      ii. Opinion leaders
      iii. From target group
      iv. Empathetic
      v. Helpful
      vi. Make strong effort

   b. Stop shootings and killings by:
      i. Working with those most closely associated with the problem
      ii. Working in communities that are disproportionately effected
      iii. Basing our approach on data and research

IV. The Cure Violence Model To Stop Shooting and Killings
   a. Identification & detection→Interruption, intervention & risk reduction→Change behaviors & norms (Data and monitoring the whole process)

A. Identification and Detection
    I) Identify and detect
        i. Potential shooting events
        ii. Individuals and groups at highest risk of involvement in a shooting or killing
    II) Use all sources and possible points of entry:
        i. Notice from law enforcement
        ii. Hospitals
        iii. Schools
        iv. Calls from community
B. Interruption, Intervention and Risk Reduction
    1) Intervene in crisis
        i. Help individuals deal with “in the moment” stressful events or situations without shooting
    2) Mediate conflicts between individuals and/or groups
        i. Prevent larger scale events or retaliatory violence before it occurs
    3) Provide ongoing behavior change and support to individuals using outreach workers and others
        i. Foster behavior change by providing information and skills
        ii. Connect clients to social services
C. Change behaviors and Norms
    1) Inform and train individuals and groups on specific strategies to bring about behavior change
    2) Mobilize the community to change norms
        i. Organize responses to all shooting events
        ii. Sponsor community events
        iii. Engage faith leaders
    3) Educate the public
        i. Launch and promote specific campaigns to enforce key messages and explain expected community roles
    4) Data and monitoring
        i. Collect/analyze data from sources/points of entry
        ii. Evaluate clients based on high risk criteria
        iii. Monitor work (ex: worker caseloads, # of interventions/mediations)
        iv. Measure outcomes (ex: risk levels, shootings, change in norms) to inform refinements to approach
D. Critical Elements of the Cure Violence Model
    1) Community
    2) Participants
    3) Workers
    4) Partners
    5) Public education
    6) Community mobilization
    7) documentation
    8) outcomes

V. Community
    a. The average rate of homicide in the United States is 5 per 100,000
    b. The average rate of homicide in Cure Violence zones is 34 per 100,000
VI. Participants
    a. Likely to shoot or be shot
    b. The highest risk individuals have at least 4 of the following:
        i. 16-25 years old
        ii. Recently released from prison
        iii. Recently shot
        iv. Active in violent street organization
        v. History of violence
        vi. Weapons carrier
        vii. Engaged in high risk activity
    c. A few Cure Violence participants at intake
        i. Gang involved: 96.9%
        ii. Key role in gang: 68.7%
        iii. Prior criminal involvement: 62.6%
        iv. High risk street activity> 92.8%
        v. HS grad/GED: 23.3%
        vi. Unemployed: 70.8%
        vii. On parole or probation: 37.5%
        viii. Victim of shooting in last 90 days:8%
        ix. Between age 16 and 25: 87.9%
        x. Recently released from prison: 25.4%
VII. Workers
    a. Characteristics include:
        i. Able to relate to highest risk
        ii. Credible
        iii. Connection to target community
        iv. Streetwise
    b. Primary responsibilities
        i. Identify and detect
        ii. Interrupt
        iii. Change norms
    c. Program manager
    d. Program supervisor
    e. Outreach workers
    f. Violence interrupters
    g. Hospital responders
VIII. Partners
    a. Community-based organizations
        i. Mission consistent with Cure Violence
        ii. Strong ties to community
        iii. Able to hire and work with high-risk individuals
        iv. Committed to non-traditional approach to violence

b. Hospitals and health departments
    i. Committed to improving the health of the community by preventing further injuries by retaliation or re-injury
    ii. Staff are additional messengers for mindset change
    iii. Source of violent injury data
c. Faith leaders
d. Service providers
    i. Provide assistance to high risk with: education, job readiness, employment, substance abuse, mental health services
e. Law enforcement
    i. Official shooting and killing data
    ii. Presence at activities and shooting responses
    iii. Sit on hiring panels
    iv. Background checks

IX. Public Education
a. Multiple audiences require multiple, consistent messages
b. Audiences include:
    i. General population
    ii. Cure Violence communities
    iii. Program participants and their peers

X. Community Mobilization
a. Shooting response
b. Community and participant activities

XI. Documentation
a. Data collection necessary to determine program impact:
    i. Conflict mediation
    ii. Participants
    iii. Community activities

XII. Outcomes
a. Cure Violence evaluation findings
    i. Decreased shootings and killings
    ii. Broke down gang networks
    iii. Decreased retaliatory homicides
    iv. Made shooting hot spots cooler and neighborhoods safer
b. Changes in shooting
c. Program participant risk reduction
d. Program participant survey highlights (297 outreach clients surveyed anonymously)
    i. Of clients surveyed, 99% reported CeaseFire had a positive impact on their lives.
    ii. Participants who sought help from their outreach workers for education, getting out of a gang, or getting a job were more likely to have received more education, gotten out of a gang or secured employment compared to other clients.
    iii. Outreach workers were mentioned second only to parents as the most important person in the participant's life.

e. Baltimore-*Safe Streets* evaluation findings
    i. Safe Streets program associated with:
        1. Less acceptance of gun use to settle grievances
        2. Fewer homicide incidents
        3. Fewer non-fatal shooting incidents
    ii. Positive effects for bordering neighborhoods
    iii. 80% of respondents reported that their lives were “better? Since becoming a participant of Safe Streets program.
    iv. Cherry Hill:-56% reduction in homicides and -34% reduction in non-fatal shooting incidents
    v. McElderry Park: -26% reduction in homicides
    vi. Elwood Park: -24% reduction in non-fatal shooting incidents