



“The Game Plan,” Weekly Staff Meeting and Daily Target Area Check in Agendas

- I. The Game Plan
 - a. Framework for program planning, strategy development, and implementation
 - b. Plan includes:
 - i. Shooting information and community mapping
 - a) Shooting and killing data vs. last year
 - b) Identify hot spots
 - c) Identify recent and brewing conflicts and develop follow-up plan using violent incident review form
 - d) Track other violence and conflicts as precursors to shootings/killings
 - ii. Canvassing and community awareness
 - a) Increases community awareness of program and street violence
 - b) Educates community through public education material distribution
 - c) Engages people in target area
 - d) Takes the “pulse” of target area informs planning of events
 - e) The goal is to achieve coverage of every block in Target Area in designated time frame depending on size of target area, staff limitations, ect.
 - iii. Building community relationships
 - a) Building strong ties in the community and maintaining these relationships are a key part of the community mobilization strategy
 - b) Identify specific resource needs among high risk participants and make necessary referrals
 - c) Business owners: emphasize purpose of program to stop shooting which is good for business
 - d) Faith-based leaders: acknowledge that Cure Violence’s efforts can be enhanced with their support in community activities, shooting responses, providing safe havens, ect.
 - e) Local Public Health Department: these agencies and departments are responsible for community level health. Request collaboration.
 - f) Aldermen: staff should be knowledgeable of resources provided through his office.
 - g) Law enforcement: relationship with ranking officers to inform and educate about program. Make arrangements to receive shooting and homicide data in connection with shooting responses and to prevent future violence.

- h) Hospitals: find out which area hospitals are likely to serve violently injured patients.
- i) Service providers: community health centers, mental health clinics, legal aid clinics, resources for people with disabilities will all be beneficial relationships for participants.
- iv. Community and participant activities
 - a) Program managers take the lead in organizing community activities
 - b) Community activities should take place in the target area and be Cure Violence centered, by building awareness of Cure Violence and its message to reduce shootings and killings
 - c) Community activities must be tracked on a regular basis, including the number of attendees, community partners, and types of activities.
 - d) Centered on participants and target population in order to educate, entertain, reinforce positive messages, facilitate mind set change towards violence, relationship building, ect.
 - e) Track participant activities by documenting type of activity, number of attendees, and plans for upcoming activities
 - f) Ex: trip to museum, peace summits, safe haven activities, movie, ect.
- v. Treatment team
 - a) Staff takes turns presenting work with participants and/or conflict mediations to generate discussion and better understanding
 - b) Ask one or two outreach workers to present a case or conflict that is controversial or difficult to get the best team discussion
- vi. Documentation
 - a) Discussion of documentation issues, ensuring the work of team is being properly documented:
 - b) Ex: community activities, VI daily logs, violent event review, ect.