UNITY: Preventing Violence Before it Occurs, Implications for addressing DMC

• Xavier Morales, Ph.D., Prevention Institute
• Lt. Michael Sullivan, Minneapolis Police Department
• Neil Rainford, Center for Disease Control and Prevention
• Howard Pinderhughes, Ph.D., UC San Francisco

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Life in the killing zone

By Anastasia Hendrix
Chronicle Staff Writer

This is a place dozens of murders were committed last year within walking distance of an 11-year-old’s doorstep. This is a place eighth-graders learn cost percentages and averages by studying homicide statistics from the streets at surround their classroom — numbers that represent gunned-down neighbors, friends and even family members.

Violence is the most pervasive part of growing up in East Oakland.

...
“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

Institute of Medicine
a **systematic** process that promotes healthy environments and behaviors and reduces the likelihood or frequency of an injury or traumatization.

**Primary Prevention**

taking action  *before* violence occurs.
Cities with more multi-jurisdictional coordination and communication have lower violence rates.

Schools can reduce violence by 15% in as little as 6 months through universal school-based violence prevention efforts.

Minneapolis has documented a 40% drop in juvenile crime in 2 years since implementing its Violence Prevention Blueprint for Action.
The Prevention Continuum

**Upfront (PRIMARY)**
- Positive early care and education, positive social and emotional development, parenting skills, quality after-school programs, youth leadership, social connections in neighborhoods, economic development

**In the Thick (SECONDARY)**
- Mentoring, mental health services, family support services, conflict resolution/interruption

**Aftermath (TERTIARY)**
- Mental health services, successful reentry
UNITY builds support for effective, scalable, sustainable efforts to *prevent violence before it occurs* so that urban youth can thrive in safe environments with ample opportunities and supportive relationships.
UNITY Activities

◆ **Assessment:** What do cities need?

◆ **Peer Network:** Connecting cities with each other

◆ **Capacity Building:** Training, tools, consultation

◆ **City efforts:** Highlighting what works

◆ **Framing:** Making the case for preventing violence

◆ **Urban Agenda:** Policies and resources to support urban areas

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UNITY Assessment

“An Assessment of Youth Violence Prevention Activities in USA Cities”

- Telephone interviews with key city informants in 15 of the 45 largest U.S. cities.
  - City Mayor
  - Police Chief
  - Public Health Director
  - School Superintendent

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UNITY Assessment

An Assessment of Youth Violence Prevention Activities in USA Cities

Southern California Injury Prevention Research Center
UCLA School of Public Health
Billie Weiss, MPH
June 2008
UNITY Assessment

“An Assessment of Youth Violence Prevention Activities in USA Cities”

Findings:

- Youth violence is a serious issue for cities.
- Responses are not perceived to be highly effective or adequate.
- Few reported using primary prevention to stop violence before it occurs.
- Informants lack a shared knowledge of existing youth violence prevention resources available in their city.
Findings:

- Law enforcement and criminal justice are the most prevalent strategy used in the cities.

- Public Health Departments are not generally included in city strategies.

- Most cities cited a lack of comprehensive strategy.

- Cities with the greatest coordinated approach also had the lowest rates of youth violence.
**UNITY RoadMap**

### Who? Partnerships
- ✔ High-Level Leadership
- ✔ Collaboration & Staffing
- ✔ Community Engagement

### How? Strategy
- ✔ Strategic Plans
- ✔ Data & Evaluation
- ✔ Funding

### What? Prevention
- ✔ Programs, Organizational Practices, & Policies
- ✔ Communication
- ✔ Training & Capacity Building

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Commissioned *Moving From Them To Us: Challenges in Reframing Violence Among Youth*
Developed the UNITY Urban Agenda, endorsed by city reps

A Major Milestone in Preventing Violence
Representatives from 13 Urban Cities endorse UNITY's Urban Agenda for Preventing Violence, released today.

Representatives from some of America's largest urban cities gathered in Washington, DC last week with one goal: to find the most effective means of preventing violence in their communities. The meeting, convened through Prevention Institute's Centers for Disease Control and Prevention's (CDC)-funded Urban Networks to Increase Thriving Youth (UNITY) initiative, resulted in a nearly unparalleled accomplishment. Law enforcement officials, community leaders, public health officials and representatives from mayors' offices from cities including San Diego, Cleveland, St. Louis and Boston unanimously approved a new platform for preventing violence across the country: UNITY's Urban Agenda for Preventing Violence, released today.

The Urban Agenda, developed by UNITY in collaboration with its city partners, calls for investment in the development, implementation, coordination, and evaluation of effective and sustainable approaches to prevent community
UNITY Urban Agenda

- Street outreach and interruption strategies.
- Universal, school-based violence prevention.
- Promote mental health and address substance abuse.
- Reduce young children’s exposure to violence.
- Community building.

- Strategies prioritized locally: quality early care and education; positive social and emotional development; parenting skills; quality after-school and out of school programming; youth leadership; conflict resolution; social connections in neighborhoods; economic development, including youth employment; mentoring; family support services; and successful reentry.
Reinventing Juvenile Justice
Minneapolis Police Department
“Protect with Courage, Serve with Compassion”
The Problem

- In 2003, faced with mounting budgetary shortages, the Minneapolis Police Department (MPD) made the decision to dissolve its Juvenile Unit.

- By 2006, the City began seeing alarming upward trends in juvenile crime. Department re-established the Juvenile Unit.
The Response

- Mayor R.T. Rybak began developing the "Blueprint for Action: Preventing Youth Violence" which viewed youth violence as a public health concern.

- He brought the public and private sectors together in a series of initiatives.

- The re-creation of the Juvenile Unit and the "Blueprint" were intricately interwoven, and the result has been a sizeable downturn in overall juvenile crime and recidivism.
MINNEAPOLIS POLICE DEPARTMENT
JUVENILE DIVISION

**Investigations and Central Intake**

- Only investigate Robbery, Assaults (including Domestics) and Missing Persons/Runaways (suspect or arrestee’s under 18)

- Open until 0400 hours.

- Because of the difficulty for street officers to properly identify juveniles, the Division has a booking and processing function that has been found to be invaluable.
Focus on Violent Offenders
Juvenile Criminal Apprehension Team (JCAT)

- We recognized the need to address juveniles who commit felonies and had outstanding warrants.

- JCAT is led by one MPD sergeant and supported by Minneapolis Park Police, Hennepin County S.O., Probation, and U.S. Marshals.
**Triage Arrestees for Services**

*Coordinating the Juvenile Supervision Center*

- JSC grew out of the previous Curfew/Truancy where there was no intervention or social services provided.

- Our partnership with the Juvenile Supervision Center (JSC) connects youth and families to Hennepin County and community-based services.

- Concept to operation in 1.5 years
Coordinating the Juvenile Supervision Center

- Formed and funded through a Joint Powers partnership consisting of the City of Minneapolis, Hennepin County and Minneapolis Public Schools.

- The Link, a private non-profit, focused serving the community through advocacy, housing, education, and intervention services.

- The JSC is adjacent to the space occupied by the Juvenile Division and open 24/7, 365 days a year.
### JUVENILE SUPERVISION CENTER BY THE NUMBERS

<table>
<thead>
<tr>
<th>2009</th>
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<tbody>
<tr>
<td>3054 youth visits (2,260 unduplicated youth)</td>
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<tr>
<td>78% of youth do not return after their initial visit</td>
</tr>
<tr>
<td>70% of youth who do return come back only ONCE</td>
</tr>
<tr>
<td>Average age: 16 years old</td>
</tr>
<tr>
<td>Average length of stay: 116 minutes</td>
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</tbody>
</table>
Collaborate with Community Partners

Hennepin County Juvenile Detention Center

- The reestablishment of the Juvenile Division created a vital connection between the juvenile justice system.

- The Division works closely with JDC and the Juvenile Detention Alternatives Initiative (JDAI) to reduce the number of youth in detention.

- Risk assessment tools have been implemented to help determine who should be incarcerated.
Hennepin County Juvenile Detention Center

- This reform reduced jail population
- Enabled us to look at other placement options
- Saved Hennepin County nearly 5 million in 2010
  - Spends 30 million annually in out-of-home placement costs.
- The JDC detention population is down approximately 43 percent since 2006
Average Daily Population: JDC

Year 2006: 85
Year 2007: 84
Year 2008: 65
Year 2009: 48
Collaborate with Community Partners
Juvenile Diversion

- First-time low-level juvenile offenders have the opportunity to engage in the MPD Youth Diversion

- We also work with Restorative Justice, Shiloh Temple, Minneapolis Christian Foundation, YWCA, YMCA, Northernstar Diversion, and Minneapolis Parks.

- In 2009, nearly 350 juveniles were referred to over 15 community based organizations.
School Resource Officer Program

- Decriminalizing school behavior
- Curb low-level criminal behavior
- Visible in surrounding communities
- Building positive working relationships with school staff, students, and parent groups.
- Working closely with school personnel in determining the proper course of action for delinquency.
Table 4 shows the dramatic decreases in school crimes over 4 years. The largest drop has occurred since the MPD has been the provider of School Resource Officers. Extrapolated out, at the current monthly rate, the 2008-2009 school year could see 302 cases, which is still a 36 percent decrease in cases over 2007-2008, and a 73% decrease over the 2005-2006 school year. As predicted, we had 294 cases, a 79% decrease over 2005-2006.

*Data provided by the Hennepin County Attorney’s Office*
Knock & Talk Truancy Diversion

- The Knock and Talk Truancy Diversion program is a partnership with the Minneapolis Public School system.

- Precinct-level patrol officers receive information from the MPS on elementary-aged truants who have 5 or more unexcused absences.

- Officers go to student’s residences and educate parents/caregivers on compulsory school attendance to include pamphlets in several languages.

- In the 2007-2008 school year, this program showed a 76 percent increase in attendance among students who were visited.
Summer Proactive SRO Details

- **Kid Connect:** Team with social workers to visit homes of juveniles who have recently been through the JSC.

- **Parks Initiative:** Proactively patrol designated parks of North Minneapolis with a Minneapolis Parks and Recreation Youth Outreach workers to build positive relationships with disconnected youth.
Summer Proactive SRO Details

- **Bike Cops for Kids:** Officers riding bikes in North Minneapolis make contact with youth and provide free helmets, free bikes, and bike safety training.
  - A grant funded program, over 2,200 juvenile contacts and over 1,300 adult contacts were made.
  - Over 360 helmets and 31 bike were given away.
Summer Proactive SRO Details

- **PAL (Police Athletic League):** SRO’s assigned to assist the MPD PAL program for assistance with summer youth outreach programs, such as field trips, youth sports, and other youth activities.
Assessment
Juvenile Crime Suspects 2006-2009

*2008 Overall Juvenile Crime Suspects dropped 17% over 2007 and 29% over 2006
*2010 YTD Juvenile Crime Suspects are down 22% over 2009
*2008 Overall Juvenile Arrests dropped 19% over 2007 and 30% over 2006

*2010 YTD Juvenile Arrests are down 14% over 2009.
Why was this successful?

Because it is a multi-sectoral, public health model focused on prevention!
Thank You

Michael.sullivan@ci.minneapolis.mn.us
A Public Health Approach to Preventing Violence

Neil Rainford, Public Health Advisor
Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Summary of Key Points

• Why is public health concerned with the prevention of violence
• What areas of violence are public health working
• What is the Public Health Approach to violence prevention
• What value can Public Health add to other approaches
Why is Public Health Concerned With Violence

- Deaths
- Injuries
- Linkage to other health priority areas
# 10 Leading Causes of Death by Age Group, United States – 2006

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1</td>
<td>1-4</td>
</tr>
<tr>
<td>1</td>
<td>Congenital Anomalies 6,819</td>
<td>Unintentional Injury 1,619</td>
</tr>
<tr>
<td>2</td>
<td>SIDS 2,323</td>
<td>Congenital Anomalies 152</td>
</tr>
<tr>
<td>3</td>
<td>Malignant Neoplasms 377</td>
<td>Congenital Anomalies 152</td>
</tr>
<tr>
<td>4</td>
<td>Malignant Neoplasms 3,657</td>
<td>Malignant Neoplasms 3,657</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury 1,147</td>
<td>Heart Disease 161</td>
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<tr>
<td>6</td>
<td>Respiratory Distress 825</td>
<td>Septicemia 88</td>
</tr>
<tr>
<td>7</td>
<td>Bacterial Septicaemia 807</td>
<td>Pertussis 19</td>
</tr>
<tr>
<td>8</td>
<td>Neoplastic Hemorrhage 618</td>
<td>Benign Neoplasms 58</td>
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</tbody>
</table>

Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.
Violence-related Deaths* and Nonfatal Injuries Treated in U.S. Emergency Departments 2007

52,959
Violence-related Deaths

2,024,768
Injuries from Physical Assaults Treated in E.D.’s

*Homicides, suicides, and legal interventions; 2007 data from CDC’s Web-based Injury Statistics Query and Reporting System (WISQARS)
Linkage to Other Public Health Priority Areas

- **Adverse Childhood Experiences**
  - Contribute to substance abuse & smoking
  - Diabetes, cardiovascular diseases, hypertension, and cancer

- **Lack of safety**
  - Access to healthy eating and active living choices and opportunities
Violence Prevention Focus Areas

- Child Maltreatment
- Youth Violence
- Intimate Partner Violence
- Sexual Violence
- Suicide
- Elder Maltreatment
The Public Health Approach to Prevention

1. Define the Problem
2. Identify Risk and Protective Factors
3. Develop and Test Prevention Strategies
4. Ensure Widespread Adoption
Designing Programs to Address Risk and Protective Factors

The Social Ecological Model
What Value can Public Health Add to other Approaches

• Convening & Partnerships
• Experience in reducing public health burden of other behavior driven diseases
• Data & evaluation
• Shared Responsibility
Preventing Violence = Preventing DMC
Strategies for lowering DMC need to be:

- Complex
- Long term & sustainable
- Multi-faceted
- Multi-sectoral
Violence Prevention Blueprint

Principles

• Violence is preventable
• Violence prevention is local
• Honor what’s working
• Respect for diversity
• Prevention is not containment or suppression
• We are all stakeholders
• Violence prevention is a long-term effort
The 3 Keys

Violence Prevention Framework
Violence is complex and requires a comprehensive approach.
Social Ecological Model

Spheres of Influence:

1. Individual
2. Interpersonal, lifestyle influences
3. Institutional, organizational
4. Community
5. Social structure, policy, systems
Roots of DMC:

- Childhood and Youth Trauma
- Educational Failure
- Family Problems
- Poor Communities with high levels of social disorganization
- Societal and Institutional Racism
Risk and resilience factors must be addressed.
Violence Prevention Blueprint

Risk Factors

- Poverty and economic disparity
- Illiteracy and school failure
- Alcohol and other drugs
- Firearms
- Negative family dynamics
- Mental illness
- Incarceration/Reentry
- Community deterioration
- Discrimination and oppression
- Media violence
- Experiencing and witnessing violence
- Gender socialization
Violence Prevention Blueprint

Resilience Factors

- Economic Capital
- Meaningful opportunities for participation
- Positive attachments and relationships
- Good physical and mental health
- Social capital
- Built environment
- Services and institutions
- Emotional and cognitive competence
- Artistic and creative opportunities
- Ethnic, racial, and intergroup relations
- Media/marketing
Violence prevention requires an integrated strategy for action.
Objective 1: Promote positive child and youth development
 Violence Prevention Blueprint

Children and Youth

1. Violence prevention skill development
2. Mentoring
3. Positive environments
4. Meaningful activities
5. Career paths
6. Trauma reduction
Objective 2:
Ensure supported and functioning families
Families

7. Parenting skills
8. Risk assessment
9. Support services
10. Male responsibility
Objective 3: Foster Safe and Vibrant Neighborhoods
11. Firearms
12. Conflict resolution
13. Alcohol availability
14. Drug markets
15. Gang prevention
16. Restorative justice
17. Reentry
18. Employment
19. Physical appearance
20. Healing
Partnerships Among Systems

Health

Justice

Education
It Can Be Done
• Xavier Morales, Ph.D.—xavier@preventioninstitute.org
• Lt. Michael Sullivan—michael.sullivan@ci.minneapolis.mn.us
• Neil Rainford, MHSceEd—ner0@cdc.gov
• Howard Pinderhughes, Ph.D.—howard.pinderhughes@ucsf.edu

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