

URBAN NETWORKS TO
INCREASE THRIVING YOUTH
UNITY
through Violence Prevention

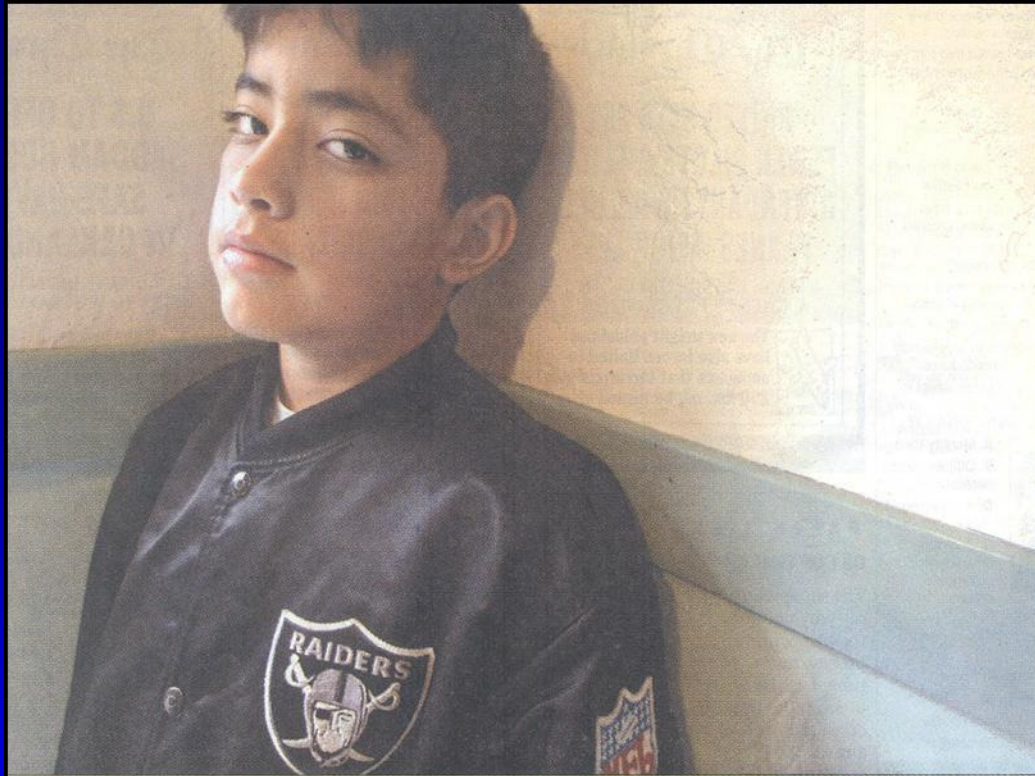
UNITY: Preventing Violence¹ Before it Occurs, Implications for addressing DMC



- 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

UNITY is funded by the Centers for Disease Control and Prevention as part of the CDC's national youth violence prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), and in part by The California Wellness Foundation.

www.preventioninstitute.org/UNITY



MIKE KEPKA/T

Roberto Mendoza, sixth-grader at the E.C. Reems Academy of Technology and Art in Oakland

Life in the killing zone

By Anastasia Hendrix
CHRONICLE STAFF WRITER

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

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 about percentages and averages by studying homicide statistics from the streets that surround their classroom — numbers that represent gunned-down neighbors, friends and even family members.

ly hung police tape blocking off a fresh murder. There is sorrow and outrage, and politicians promise to solve the problem — but the deadly pattern always continues.

This is East Oakland — where unrelenting violence affects even the smallest matters of everyday life. Take 11.

random bullet — one that barely missed his father, who was relaxing on the couch at the time.

Though the bullet did not hurt Mr. Mendoza, it gravely wounded his son's already fragile sense of security.

The small hole sits in the

his favorite show: "Worst-Case Scenario," which details how to survive life-threatening situations such as how to escape the trunk of a car by breaking out the light and pulling out wiring so that it can fit through and attract other attention.

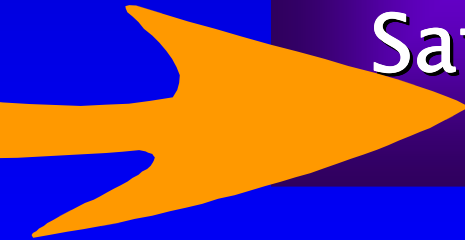
"It makes me feel better to know like this," Rigo said. "I'm always of ways to save myself, so I'll know do if anything bad happens to me."

In his bedroom, located just a few feet from the kitchen, Rigo has tar-

ENVIRONMENT



BEHAVIOR



Health
and
Safety

“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

Prevention

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.

Violence IS Preventable

- ◆ 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

URBAN NETWORKS TO
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UNITY
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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 is supported by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or the CDC. UNITY is also funded by a grant from The California Wellness Foundation.

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UNITY Activities

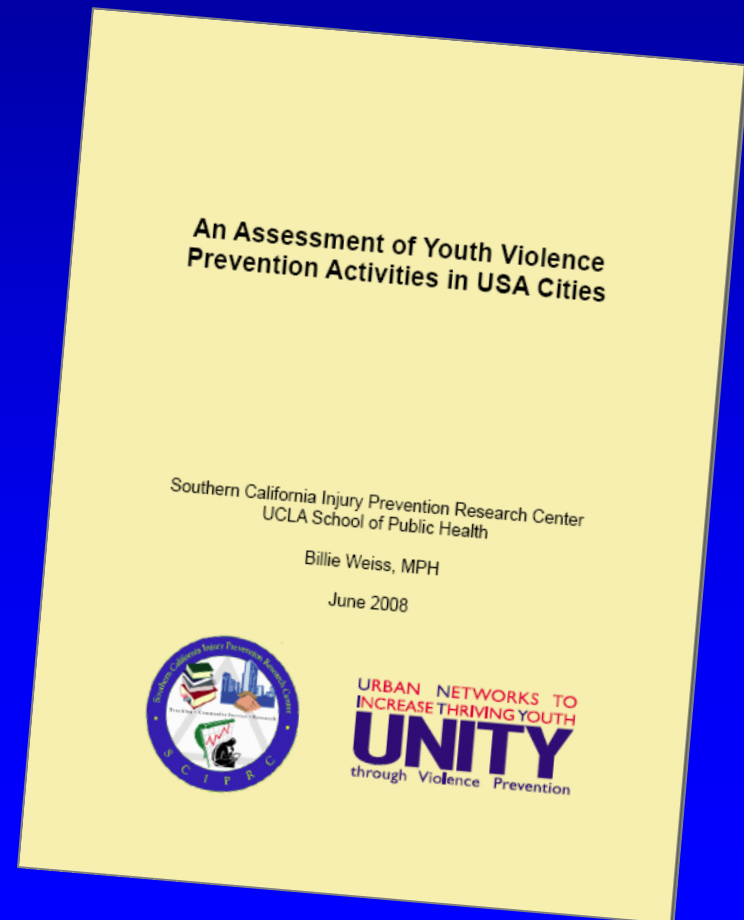
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- ◆ **Assessment:** *What do cities need?*
- ◆ **Peer Network:** *Connecting cities with each other*
- ◆ **Capacity Building:** *Training, tools, consultation*
- ◆ **City efforts:** *Highlighting what works*
- ◆ **Framing:** *Making the case for preventing violence*
- ◆ **Urban Agenda:** *Policies and resources to support urban areas*

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



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.

UNITY Assessment

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

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.

Who? Partnerships

- ☑ High-Level Leadership
- ☑ Collaboration & Staffing
- ☑ Community Engagement

How? Strategy

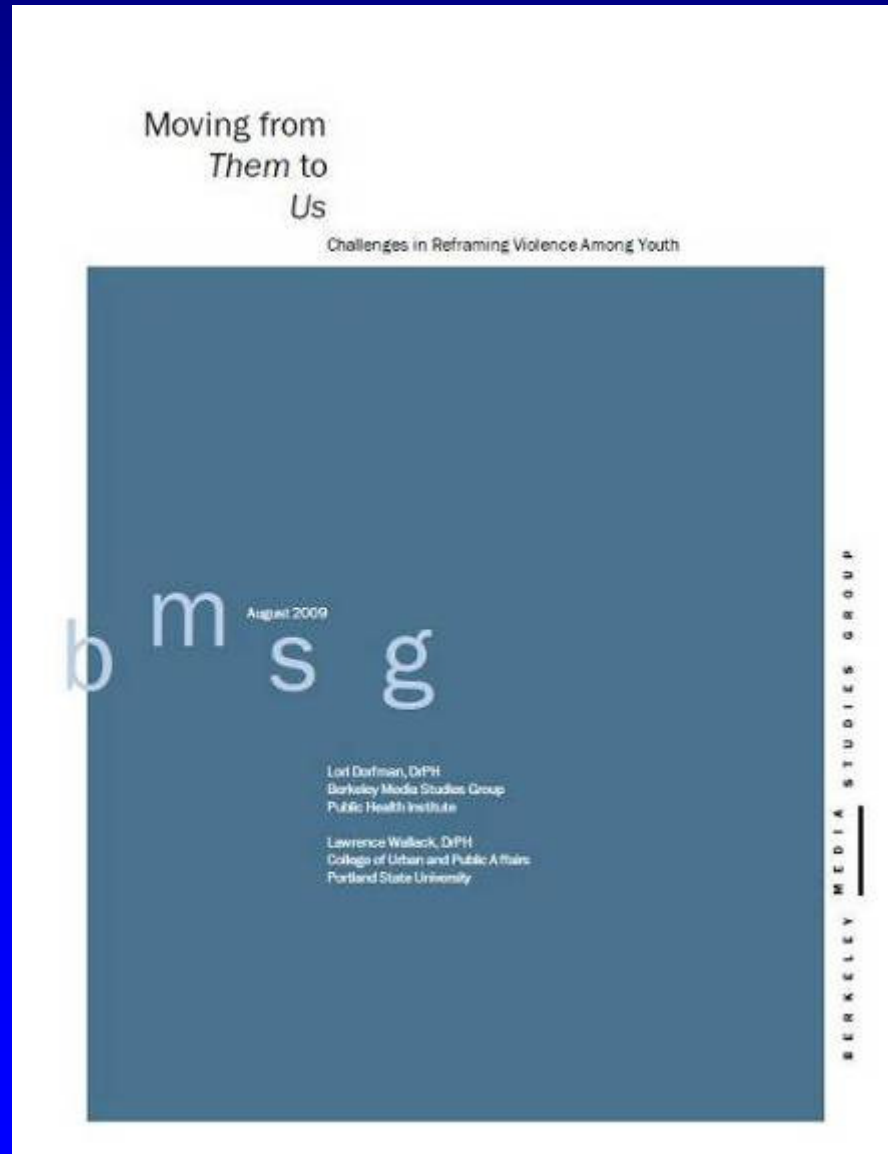
- ☑ Strategic Plans
- ☑ Data & Evaluation
- ☑ Funding

What? Prevention

- ☑ Programs, Organizational Practices, & Policies
- ☑ Communication
- ☑ Training & Capacity Building



Commissioned *Moving From Them To Us: Challenges in Reframing Violence Among Youth*¹⁴



UNITY City Network



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Prevention
Institute

Developed the UNITY Urban Agenda, endorsed by city reps

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"We really need to do this now. With the state of the US economy, violence will get worse. With our high unemployment rates, many unemployed parents at home with their kids. When jobs come back, young people will need a supervised place to go, and we've had to cut everything."
- UNITY City Network Member

[View the full *Urban Agenda for Preventing Violence* here.](#)



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April 29, 2010

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

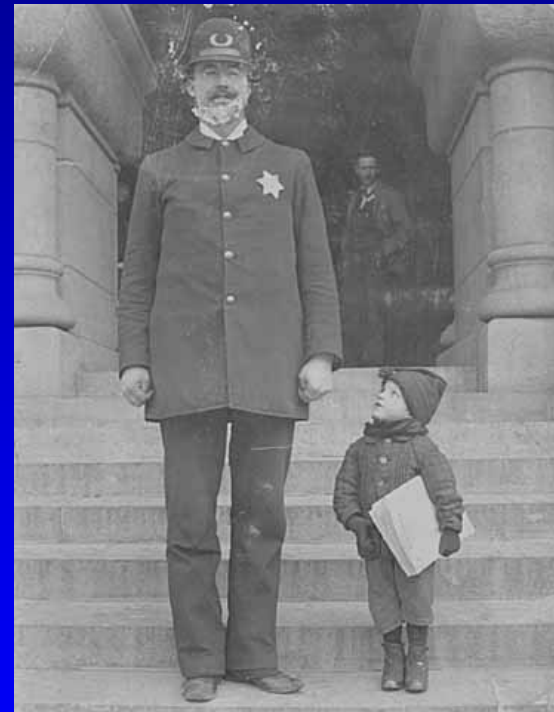
- **Street outreach and interruption strategies.**
- **Universal, school-based violence prevention.**
- **Promote mental health and address substance abuse.**
- **Reduce young children's exposure to violence.**
- **Community building.**
- **Strategies prioritized locally: quality early care and education; 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”





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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 Domestic) 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.





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

JUVENILE SUPERVISION CENTER BY THE NUMBERS

2009

3054 youth visits (2,260 unduplicated youth)

78% of youth do not return after their initial visit

70% of youth who do return come back only ONCE

Average age: 16 years old

Average length of stay: 116 minutes



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

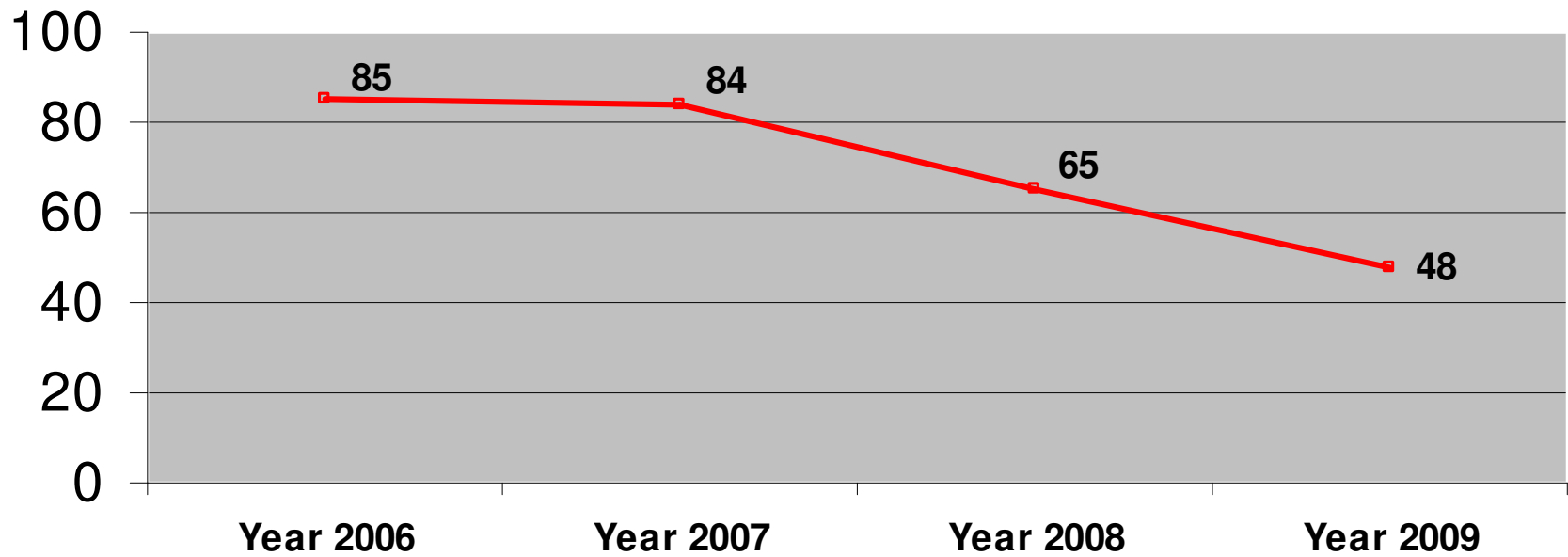
Hennepin County Juvenile Detention Center

- 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



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

Average Daily Population: JDC





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

School Crimes Snapshot 2005-09

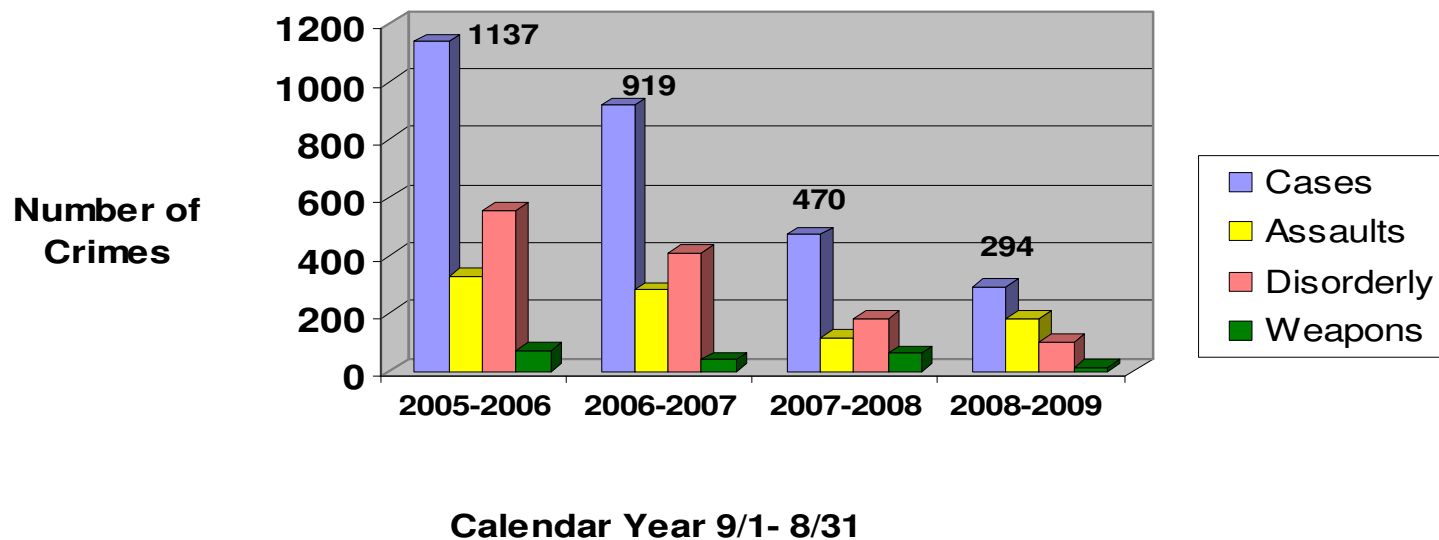


Table 4 shows the dramatic decreases in school crimes over 4 years. The largest drop has occurred since the MPD has been the provider of School Resource Officers. Extrapolated out, at the current monthly rate, the 2008-2009 school year could see 302 cases, which is still a 36 percent decrease in cases 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*



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.





MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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.





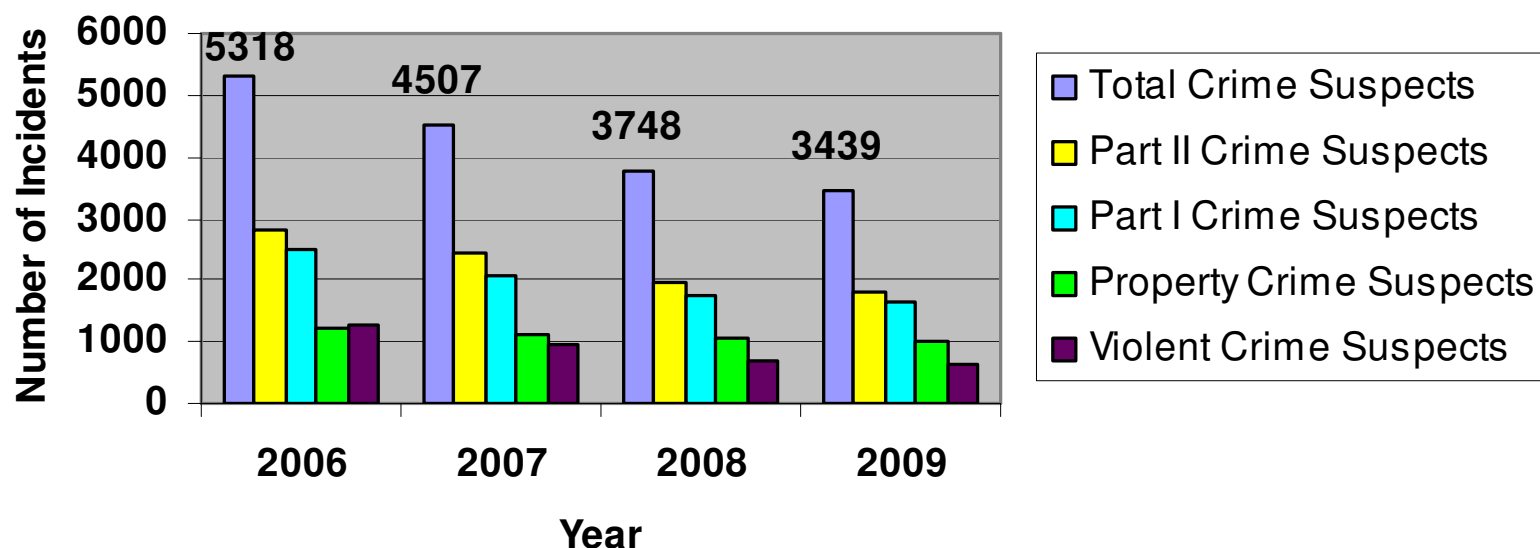
MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

Assessment



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

Juvenile Crime Suspects 2006-2009



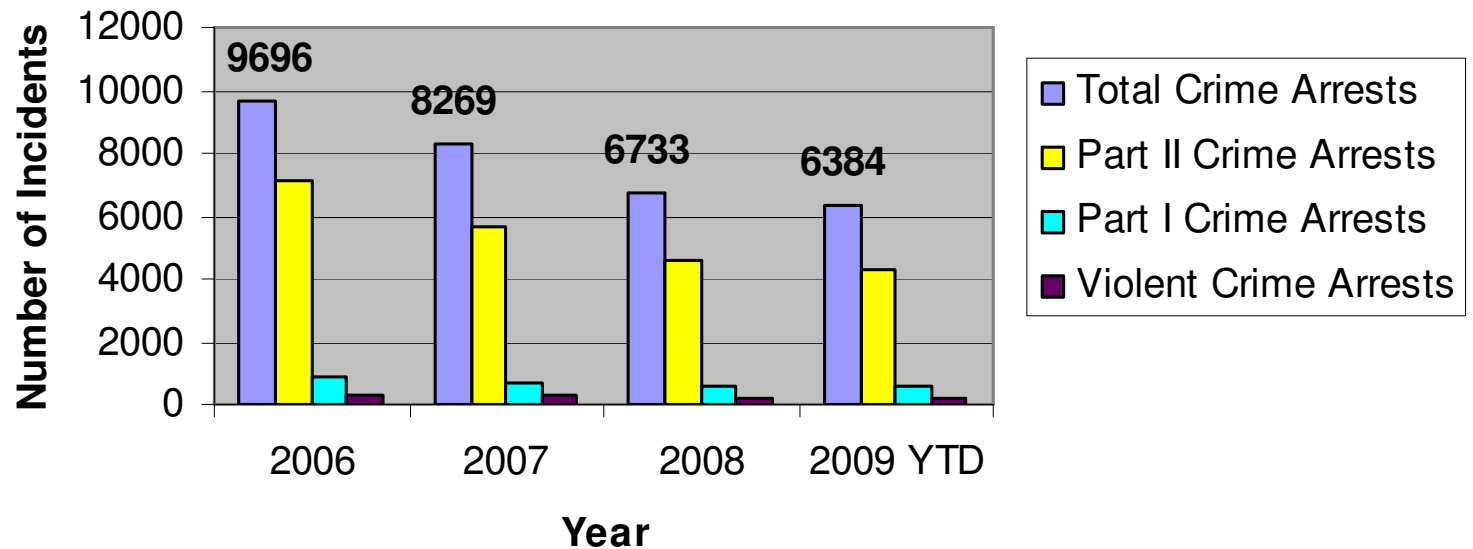
*2008 Overall Juvenile Crime Suspects dropped 17% over 2007 and 29% over 2006

*2010 YTD Juvenile Crime Suspects are down 22% over 2009



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

Juvenile Crime Arrests 2006-2009



*2008 Overall Juvenile Arrests dropped 19% over 2007 and 30% over 2006

*2010 YTD Juvenile Arrests are down 14% over 2009.



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

Why was this successful?

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



MINNEAPOLIS POLICE DEPARTMENT JUVENILE DIVISION

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



SAFER • HEALTHIER • PEOPLE™



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

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 5,819	Unintentional Injury 1,610	Unintentional Injury 1,044	Unintentional Injury 1,214	Unintentional Injury 16,229	Unintentional Injury 14,954	Unintentional Injury 17,534	Malignant Neoplasms 50,334	Malignant Neoplasms 101,454	Heart Disease 510,542	Heart Disease 631,636
2	Short Gestation 4,841	Congenital Anomalies 515	Malignant Neoplasms 459	Malignant Neoplasms 448	Homicide 5,717	Suicide 4,985	Malignant Neoplasms 13,917	Heart Disease 38,095	Heart Disease 65,477	Malignant Neoplasms 387,515	Malignant Neoplasms 559,888
3	SIDS 2,323	Malignant Neoplasms 377	Congenital Anomalies 182	Homicide 241	Suicide 4,189	Homicide 4,725	Heart Disease 12,339	Unintentional Injury 19,675	Chronic Low. Respiratory Disease 12,375	Cerebro-vascular 117,010	Cerebro-vascular 137,119
4	Maternal Pregnancy Comp. 1,683	Homicide 366	Homicide 149	Suicide 216	Malignant Neoplasms 1,664	Malignant Neoplasms 3,656	Suicide 6,591	Liver Disease 7,712	Unintentional Injury 11,446	Chronic Low. Respiratory Disease 106,845	Chronic Low. Respiratory Disease 124,583
5	Unintentional Injury 1,147	Heart Disease 161	Heart Disease 90	Heart Disease 163	Heart Disease 1,076	Heart Disease 3,307	HIV 4,010	Suicide 7,426	Diabetes Mellitus 11,432	Alzheimer's Disease 71,660	Unintentional Injury 121,599
6	Placenta Cord Membranes 1,140	Influenza & Pneumonia 125	Chronic Low. Respiratory Disease 52	Congenital Anomalies 162	Congenital Anomalies 460	HIV 1,182	Homicide 3,020	Cerebro-vascular 6,341	Cerebro-vascular 10,518	Diabetes Mellitus 52,351	Diabetes Mellitus 72,449
7	Respiratory Distress 825	Septicemia 88	Cerebro-vascular 45	Chronic Low. Respiratory Disease 63	Cerebro-vascular 210	Diabetes Mellitus 673	Liver Disease 2,551	Diabetes Mellitus 5,692	Liver Disease 7,217	Influenza & Pneumonia 49,346	Alzheimer's Disease 72,432
8	Bacterial Sepsis 807	Perinatal Period 65	Influenza & Pneumonia 40	Cerebro-vascular 50	HIV 206	Cerebro-vascular 527	Cerebro-vascular 2,221	HIV 4,377	Suicide 4,583	Nephritis 37,377	Influenza & Pneumonia 56,326
9	Neonatal Hemorrhage 618	Benign Neoplasms 60	Septicemia 40	Septicemia 44	Influenza & Pneumonia 184	Congenital Anomalies 437	Diabetes Mellitus 2,094	Chronic Low. Respiratory Disease 3,924	Nephritis 4,368	Unintentional Injury 36,889	Nephritis 45,344
10	Circulatory System Disease 543	Cerebro-vascular 54	Benign Neoplasms 38	Benign Neoplasms 38	Complicated Pregnancy 179	Influenza & Pneumonia 335	Septicemia 870	Viral Hepatitis 2,911	Septicemia 4,032	Septicemia 26,201	Septicemia 34,234

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 Injuries⁴⁵ Treated in U.S. Emergency Departments 2007



52,959

Violence-related Deaths

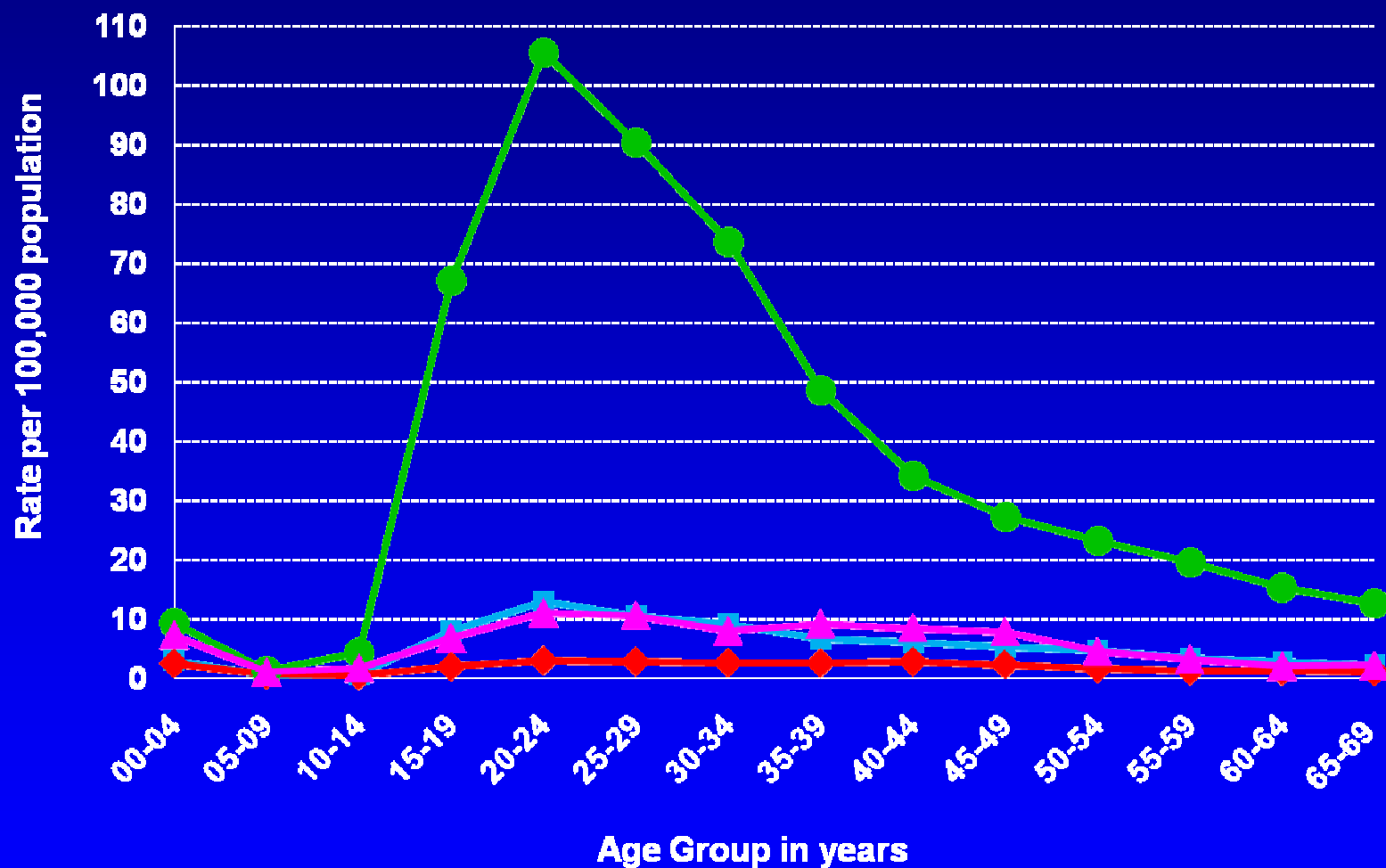


2,024,768

**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)

Homicide Rates, 2007



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



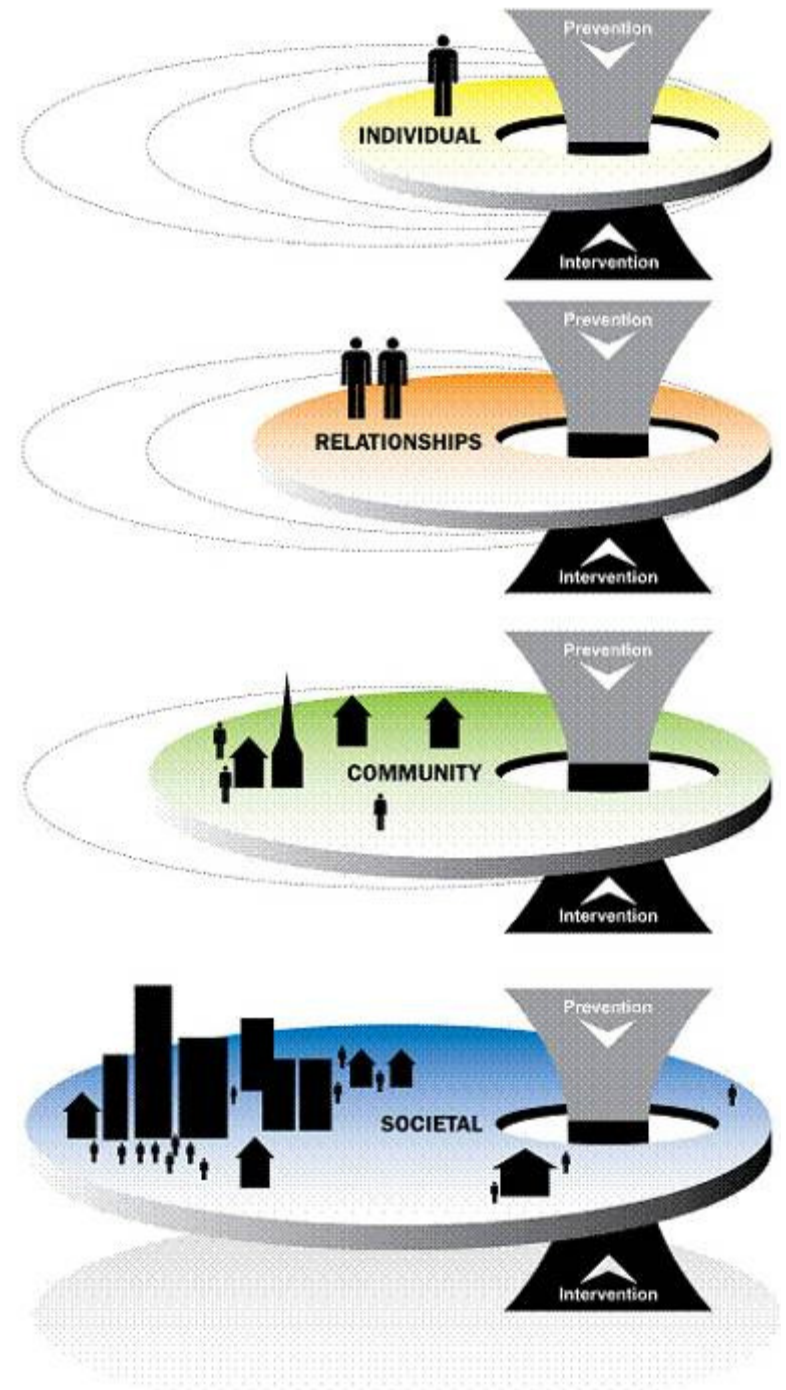
- Child Maltreatment
- Youth Violence
- Intimate Partner Violence
- Sexual Violence
- Suicide
- Elder Maltreatment

The Public Health Approach to Prevention



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

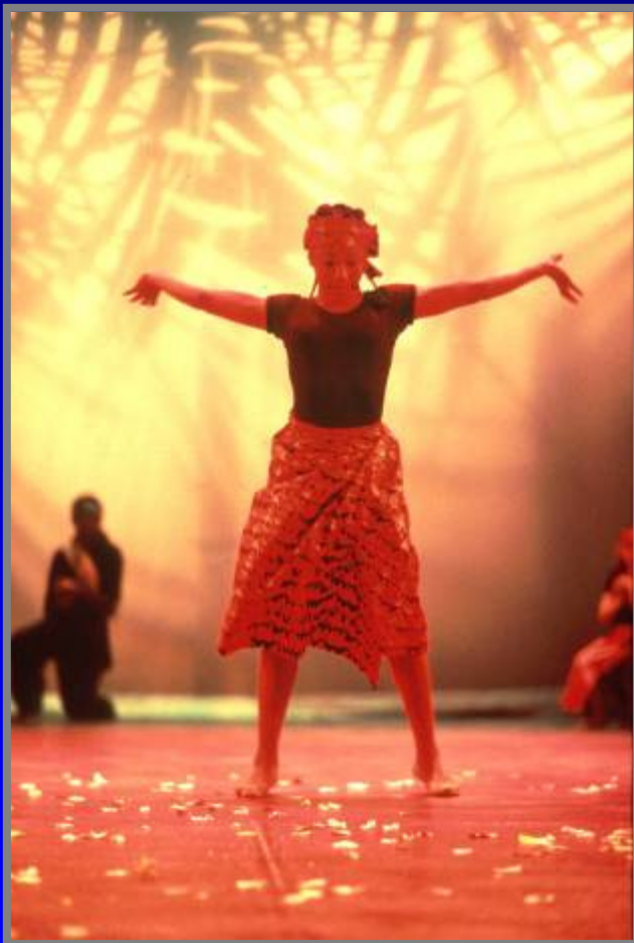


Chronicle / Brant Ward

Strategies for lowering DMC need to be:

- Complex
- Long term & sustainable
- Multi-faceted
- Multi-sectoral

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 3Keys

Violence

Prevention

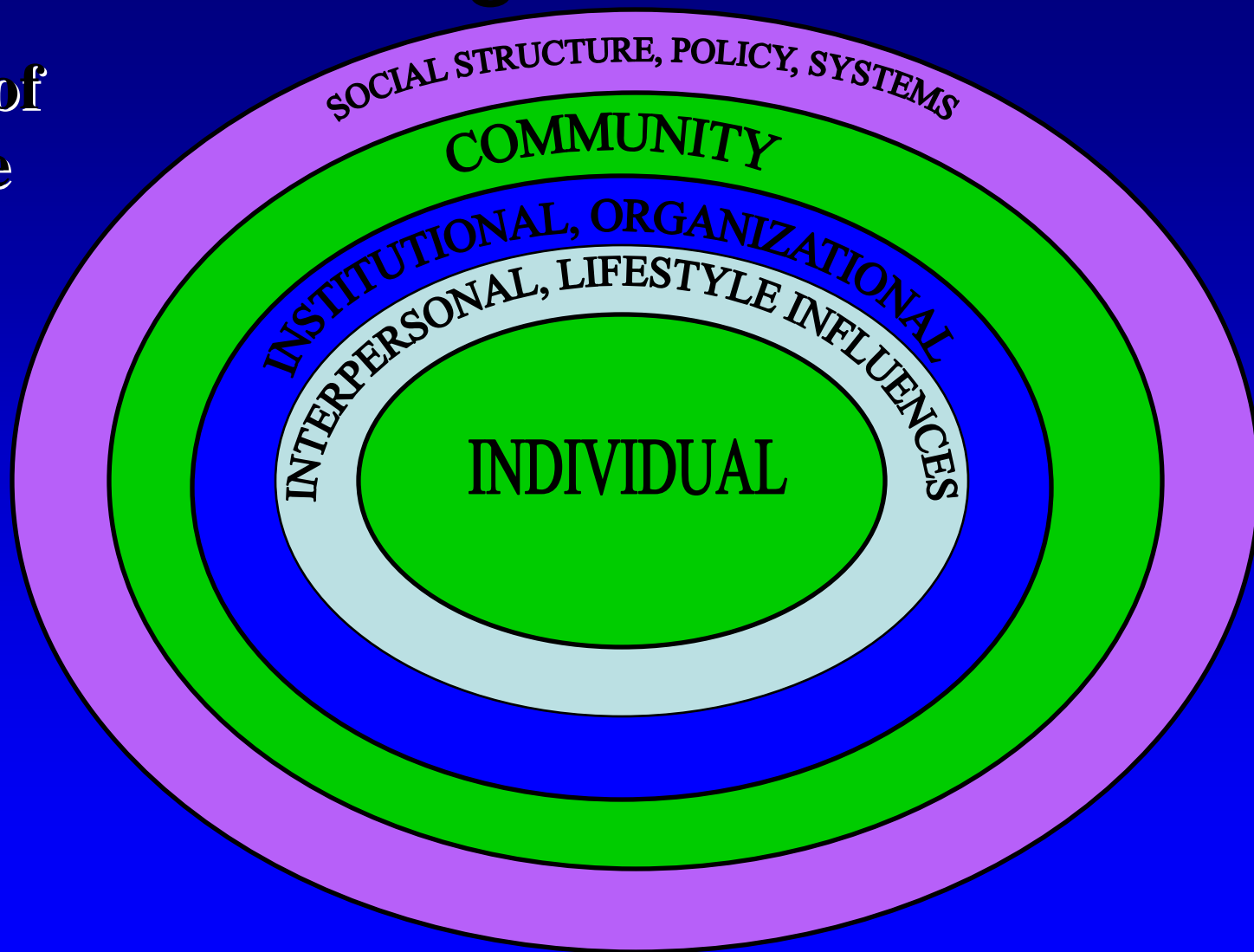
Framework



Violence is complex
and requires a
comprehensive
approach.

Social Ecological Model

Spheres of
Influence



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

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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

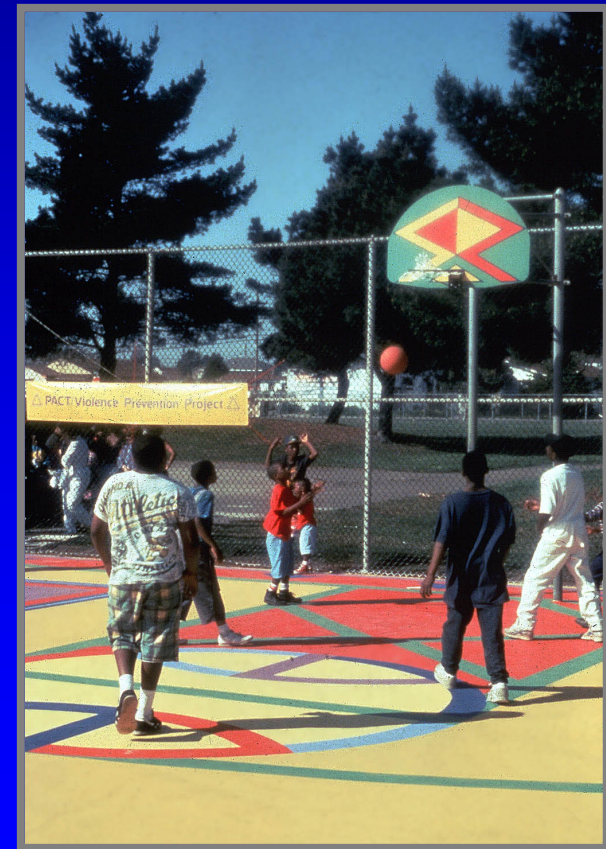


Violence Prevention Blueprint

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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
developmen
t**

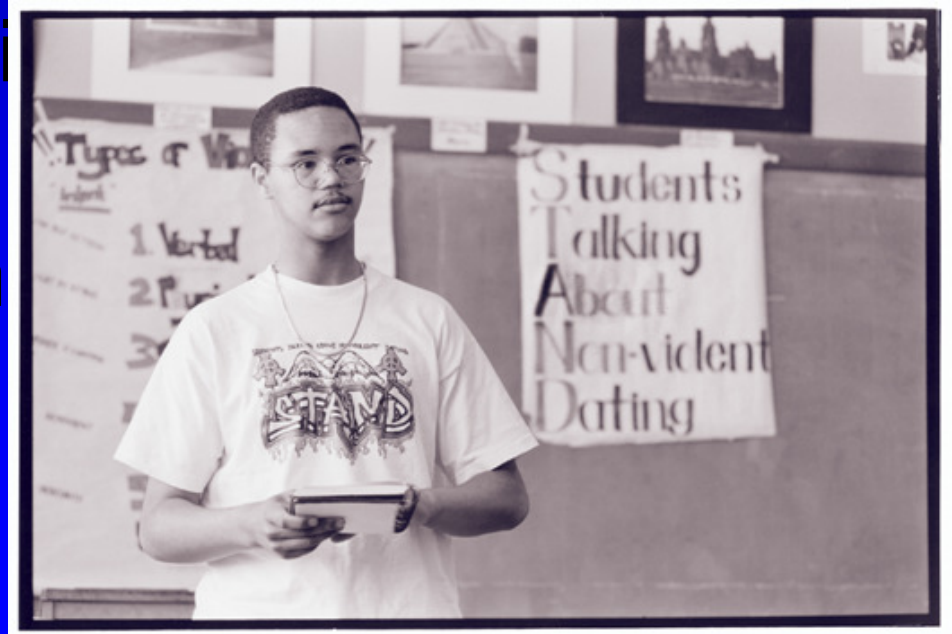


Violence Prevention Blueprint

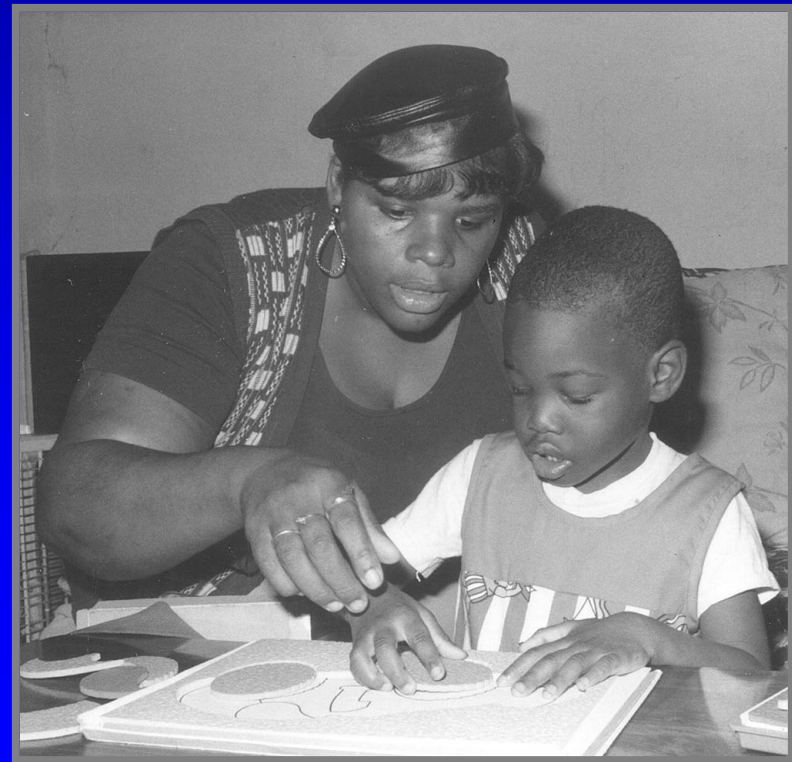
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Children and Youth

1. Violence prevention skill development
2. Mentoring
3. Positive environments
4. Meaningful activities
5. Career paths
6. Trauma reduction

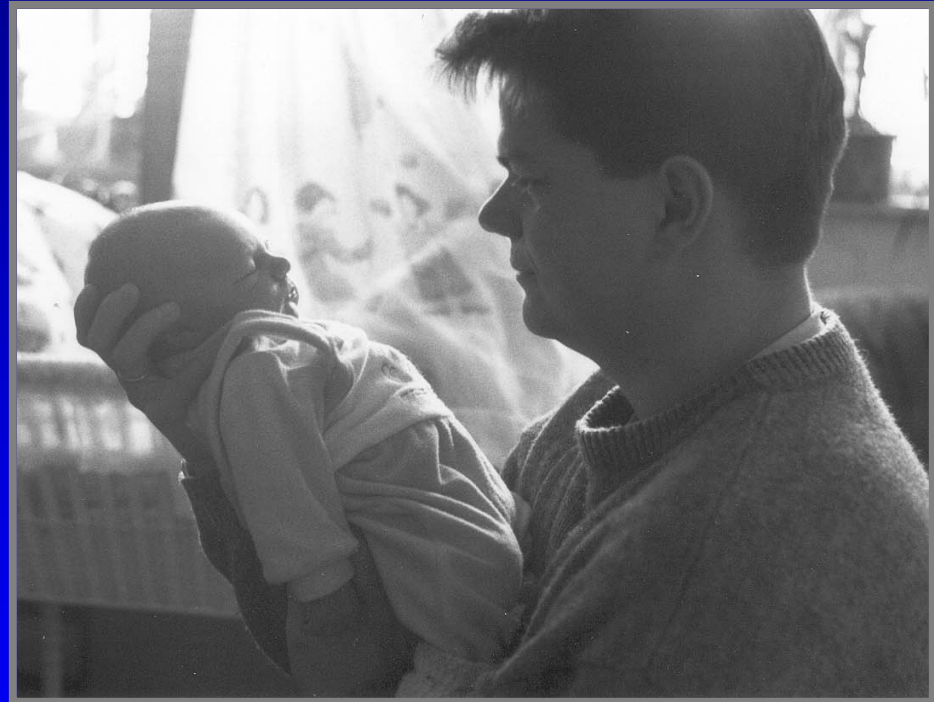


Objective 2: **Ensure supported and functioning families**



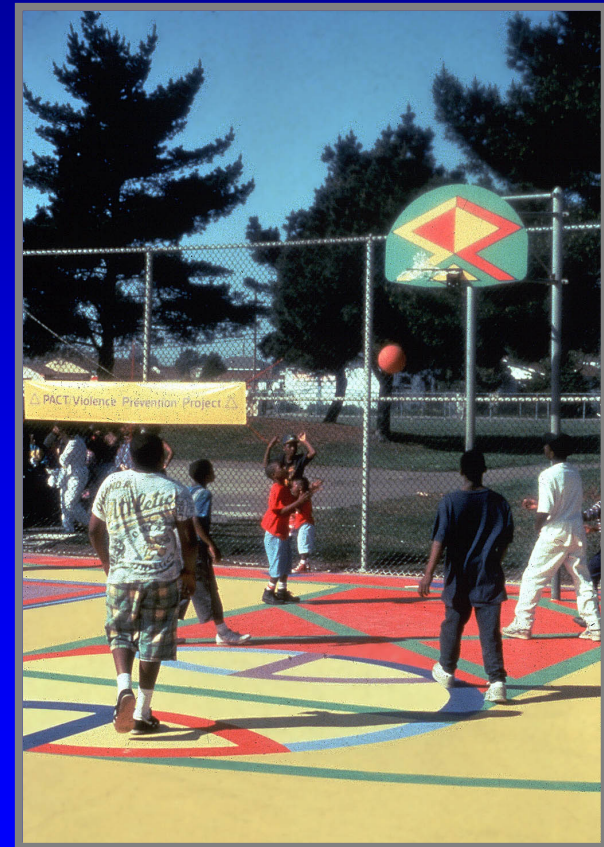
Families

7. Parenting skills
8. Risk assessment
9. Support services
10. Male responsibility



Neighborhoods

Objective 3: **Foster Safe and Vibrant Neighborhood s**



Violence Prevention Blueprint

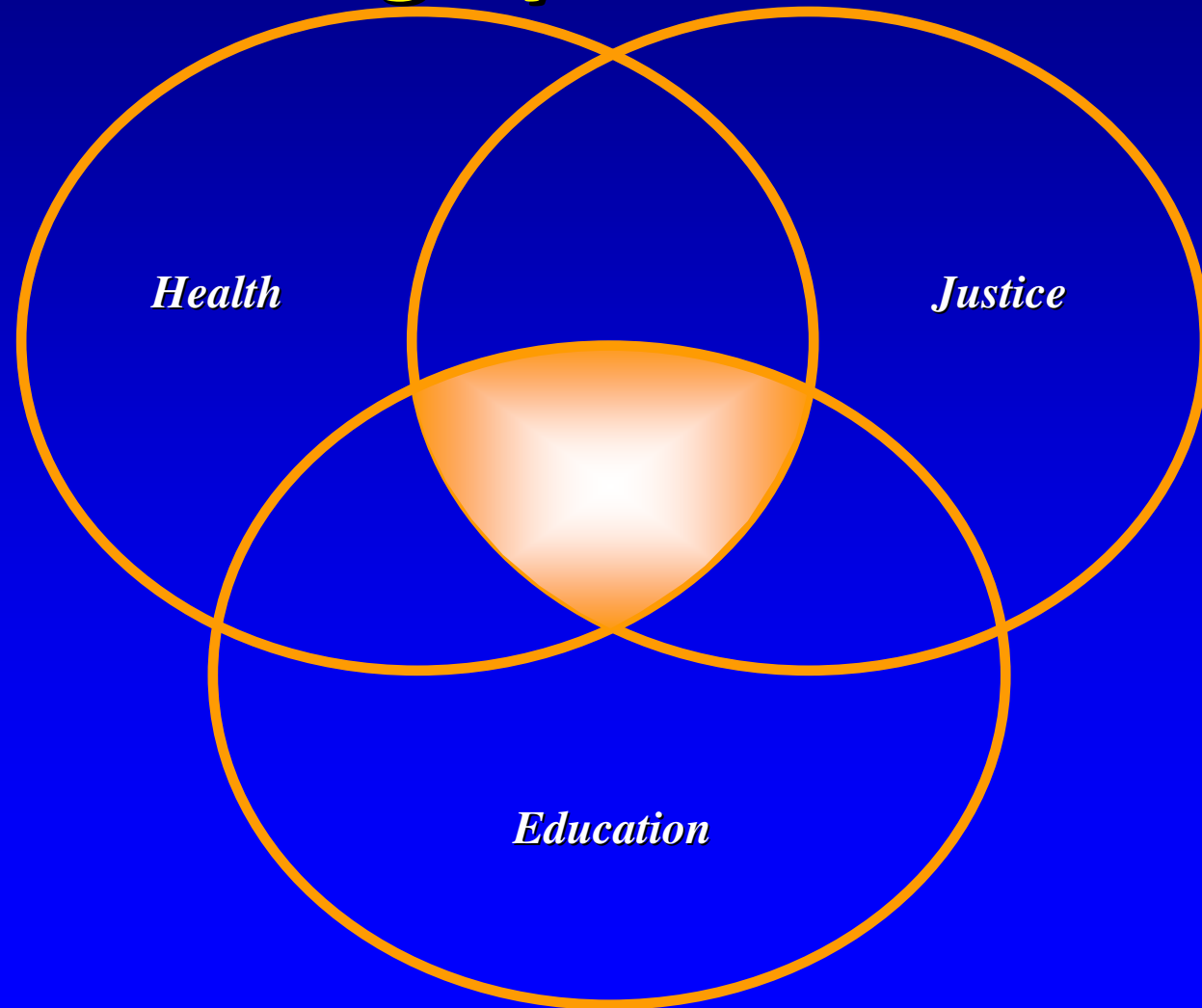
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Neighborhoods

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





It Can Be Done





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