

Violence Prevention Task Force Meeting

Meeting Date: 5-2-14 **Facilitator:** Dr. LaMar Hasbrouck **Recorder:** DeLacy Taylor

Task Force Members present: Sen. Mattie Hunter(via phone), Rep. LaShawn Ford, Sen Tim Bivins (via phone) **Quorum exists**

Task Force Absent/excused: Rep Bryan Stewart, Pastor Corey Brooks

Others Present: Michael Holmes (AAFC), Onie Riley (AAFC), Howard Lathan – presenter (CAP), Kanu Iheukumere – presenter (CAP), Hank Martinez (LFC and CAP) Rebecca Levin – presenter (Lurie’s Children Hospital), Alyssa Pertersel (Lurie’s Children Hospital), Jalon Arthur – presenter (Ceasefire/Cure Violence), Shelia Porter – IDPH PIO, Steve Sewell (Chicago Civic Media), Michael Copeland (Planned Fatherhood)

Item	Topic	Summary of conclusions, decisions, Assignments, and next steps
1.	<p>Presentation: Chicago Area Project (CAP)</p> <p>Howard Lathan Associate Executive Director Community Development</p> <p>Kanu Iheukumere Deputy Executive Director</p> <p>Henry (Hank) Martinez</p>	<ul style="list-style-type: none"> • Howard Lathan – Background – Has been around since 1934, has 41 community-based programs with a focus on building community and neighborhoods. Annually serve 25 specific projects. Annually serves 26,000 youth and 10,000 adults. • Henry Martinez – Historical Perspective – The work started in the late 50’s through work with Sean McKay. Volunteers were based on residents to be involved so they have a say in what goes on in their communities. Community services were disbanded but continued anyway for 10-20 years. We wanted to try and see how we could bring additional resources in communities. CAP was able to survive by not having money taken away from them. The commission also represents what the state is dealing with in domestic violence, especially in the Latino communities. We feel immigration legislation will pass and encourage everyone to work with the Latino Family Commission on domestic violence to bring more attention to this. There are 20 area projects across the State of IL & CAP provides capacity building and resources so that they can handle services related to violence prevention. They also handle special projects, youth development, and justice related issues. • Henry Martinez – Funding – we have base funding from DHS of approximately \$6M. There are 48,000-52,000 people annually served through this funding. 25 high risk neighborhoods across Chicago are served using a model with a 3 prong approach: advocacy, direct service, and community organization which is driven by volunteers. The money funding the program helps to build systems and funds primary issues surrounding delinquency. • Kanu Iheukumere – Overriding Theme – CAP is community based and community driven. Using the Walmart vs Corner Store analogy...corner stores have relationship with those in the community. There are some programs on the Walmart scale that don’t have the relationships or capacity to individually serve the communities. • Kanu Iheukumere – Youth Violence Mitigation Initiatives – There are three programs: Youth Employment Program, SEED, Community Youth Violence & Development. We partner with Illinois Criminal Justice Information Authority (ICJIA) and Community Violence Prevention Program (CVPP), 13 community based programs & subcontracts with faith based organizations. We also partner with 9 community based affiliates. • The Youth Employment Program focuses on creating jobs for youth and directly and indirectly employs 240 youth/60 supervisors through 40 employees teaching social and emotional job skills. • SEED – focuses on social education and employment development

		<p>services and is funded by the three branches of government. The key for this is that we work within the community driven sector. There are 164 employers who assist with job placement. The components of SEED are: life coaching, case management, supportive services. Results: gives structural programming to youth; mitigates the number of youth funerals; helps children manage their lives properly, socially and culturally; many youth were employed permanently. We can either add more fuel to funding to support these programs or add more to prison system. This model should be institutionalized in a department's budget so that we don't have to pray and hope that funding is there. The strongest pillar for this organization is that it is community driven by people who live a few blocks away and that there is a mentoring component.</p> <ul style="list-style-type: none"> • Takeaways – There are some people who don't want to advocate for this. They don't trust the poor communities to manage their own lives. The Perception is that strategies don't work. Developing a poor community won't succeed unless they do it themselves. Unfortunately, you get more credit from putting out a fire than from preventing one. Prevention programming doesn't line up with quantitative outcomes. It's harder to measure prevention strategies. In Chicago, if you compare the neighborhoods for the low crime vs the high crime, the difference is the amount of resources provided. • Q: There's an overlap on a few streams of funding. Are there other streams of funding that support your violence prevention strategies? A: DHS and ICJIA primarily provide funding. At one point we were supported by DPH on our health initiatives. We are currently looking at federal funding. Mental health has been a bit ignored as it relates to violence, especially domestic violence. We should be looking at this too. Employment is also a violence prevention helper. We should look at the Affordable Care Act at how it can help prepare the population to not only receive better healthcare, but to also help employ those in the community.
2.	<p>Presentation: CeaseFire/Cure Violence</p> <p>Jalon Arthur, Director</p>	<ul style="list-style-type: none"> • Background – there is a role for law enforcement, education and strategic partnerships. At CeaseFire, we look at violence as a health issue because it is the leading cause of death. What do you get from shootings...more shootings. Violence is a learned behavior. If we are serious about stopping the shootings, we need the capacity to work with those most likely to be shooters or be shot. We use individuals who engage in high risk activities – these people are of the community and good at identifying those who are high risk. The majority of the people have several qualities or indicators that make them high risk. We work in 16 communities, including 6 that are outside of Chicago. • Level 1 Trauma Centers – We work with three level 1 trauma centers to try to prevent retaliation, mitigate and mediate conflict issues. In 2013, homicides were down 23%. We responded to 1750 incidents for the hospitals that we work with. Violence peaks in the Spring/Summer and our schedule is dictate by the data, working with other local providers. Financially, each shooting costs the state \$35,000 and each fatality costs \$187,000. Our work has translated into \$26M in savings. • Funding – CeaseFire has received \$4.5M for 2014 – project \$4.7M for 2015 budget cut form \$6.5M from a few years ago. One of our major challenges is funding. The majority of our funding depends on state funding. This is the first year in years that we've received funding for the summer. Majority of our funding comes from the state. • Staffing – Outreach workers have 15-20 cases that they're managing. Violence interrupters are putting out fires around the clock. Starting and stopping as it relates to building relationships within the community, not only damages our program but it damages other programs across the board and the trust we've built in the communities. Keeping up with violence is like keeping up with technology which can become outdated

		<p>overnight. Look at social media, people are being victimized over what's being said online. We are putting out positive messages to counteract the negative ones that are posted on people's pages. Having a criminal background is not prerequisite for being an outreach worker. There are some people who believe If you made a mistake 20 years ago, people still hold that against you. We have to be able to help change their mentality. We're not looking for people who are active in criminal activities but we are constantly updating and improving staffing. Training – interrupters must go through 40 hours of intensive training before hitting the streets.</p> <ul style="list-style-type: none"> • Evaluations – We work with the University of Chicago and UIC to identify the quantitative and qualitative data for Woodlawn and North Lawndale. In 2013, we went the first quarter without a single homicide in Woodlawn. We worked with high risk groups collectively to bring down violence and a lot of times, the missing pieces from the forums were the people in the community. • Q: Can you elaborate on the drop in shootings? What was being said? A: The dynamics of violence in Chicago has changed. We have different cliques, smaller groups that operate in smaller geographic areas. One block can have tension with the next block over. Initial interrupters came from the hierarchy of the larger group. That had to change. We have to now have relationships block by block, group by group, clique by clique. Groups aren't ready to come together. It was a step by step process to get them to have peaceful resolutions/coexistence. Everybody plays a role. • Q: How many of the shootings are premeditated? Are there more drivebys? A: Violence was a last resort for a lot of people, and now, it's the first option. Kids are playing with guns, shooting 30 yards away down the block. Many of the shootings initiate because of conflicts that already exist. We have to challenge when they feel violence is appropriate because it's going to happen unless someone is there to intervene. If there are people on the streets that hear what's going on, you can absolutely stop this.
3.	<p>Presentation: Illinois Criminal Justice Information Authority (ICJIA)</p> <p>Rebecca Levin, MPH, Director, Strengthening Chicago's Youth (SCY) & Strategic Director, Injury Prevention and Research Center</p>	<ul style="list-style-type: none"> • See SCY Presentation: Connecting to Prevent Violence • See Five Focus Areas Handout • See Policy Agenda Handout • Q: What are we doing to prevent youth violence? A: We can't address it in isolation as it relates to what's going on in the communities, families, etc... • Q: If there's a shooting in the park, how do you get it back online? A: Work in other cities reclaiming parks for the communities. Once cleaned, there has to be programming and it must be updated regularly and initiated by those in the community. • Q: Steve Sewell - Better Reporting – youth violence is established as public safety and public health. Challenge that – whether or not this has been a public relations/communications problem. The Chicago Tribune, Sun-Times and Community Trusts –why aren't we going to them to supply Chicagoans with this information. A: Since 1990's, homicides have been cut in half. There are success stories, homicides – for whites, they have decreased, for latinos, they have slightly decreased, for African Americans, they have drastically increased. When you pick up the paper and only see your neighborhood represented by violence, you feel a sense of hopelessness. Chicago Tribune has done a great job of covering DCFS and how they've failed children. Why aren't we doing the same for youth ages 15-24? Kanu: We are looking at violence as a problem and not a symptom. The problem may be tied to housing, reduction of community based programming. The media doesn't highlight the relationship between these things. You hear the bad but not a lot of the good or remedies that work. The common denominator between all presenters is the community driven programming. Mike Copeland -We are dealing with a culture of violence in music and TV. We should be looking at the

		<p>marketing and promotion of violence and instead, promote non-violence. Music is becoming a perversion. What can we do to counter this? Hank – We have to look at the idea of social media – years ago, neighborhoods had their own local newspapers. Today, how many of those even exist anymore? Larger papers influence the policy makers and the bad overshadow the good things that are happening with these programs. Papers want to do documentaries on violence.</p> <ul style="list-style-type: none"> • Q: Joe Bray – Does anyone concur that poverty and joblessness are huge problems for why violence occurs? A: Everonoe concurs (shakes their heads)
4.	Comments	<ul style="list-style-type: none"> • Dr. Hasbrouck – I invite the family commissions to share through their resources and use their outlets that these meetings are taking place. When we convene forums, we'll make sure to include the people within the community to find out what they think are the problems. The Task Force is a think tank. This is a priority of the agency and personal priority for me as it's Director. Some items we need to address in the future include: <i>children exposed to violence</i> – the negative impact of seeing it is more detrimental to someone's life course; <i>attack hopelessness vs helplessness</i> – we must mobilize strategies that work to enforce messages about what people are seeing in their communities such as billboards. Community Forums/Survey – we should start working on this.
5.	Approval of Minutes	<ul style="list-style-type: none"> • Quorum – Two members were present and two participated via phone conference. There was a quorum. Minutes for the 11-21-13 and 3-13-14 meetings were 1st motioned by Sen. Hunter. Rep. Ford seconded the motion and the minutes were unanimously approved.
6.	Funding	<ul style="list-style-type: none"> • Federal – there are a few funding opportunities from the feds that we will share with the group. We should consider pursuing some of these. • State - \$50,000 – Rep. Ford spoke with Randy Wells and Ashley Hooks and they are talking to Secretary Saddler on this. No updates to provide.
7.	Public Comment	<ul style="list-style-type: none"> • There were no public comments shared during the meeting



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

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VIOLENCE PREVENTION TASK FORCE COMMITTEE MEETING

May 2, 2014 @ 10:00 a.m.
Director's Conference Room
Chicago and Springfield, Illinois (via Video Conference)
Teleconference: 888-806-4788, pass code 120 2145 247

(Please note NEW Location)

122 S. Michigan Ave, 7th Floor
Conference Room 711
Chicago, IL 60603

535 W. Jefferson
5th Floor
Springfield, IL 62761

AGENDA

1. Welcome and Introductions
2. **Presentation: Chicago Area Project**
Howard Lathan
Associate Executive Director Community Development
Kanu Iheukumere
Deputy Executive Director
3. **Presentation: Cure Violence/Cease Fire**
Jalon Arthur
Director of CeaseFire Illinois
4. **Presentation: Strengthening Chicago's Youth (SCY)**
Rebecca Levin, MPH, Director
Ann & Robert H. Lurie Children's Hospital of Chicago
5. Approval of minutes
 - a. 11-21-13
 - b. 03-13-14
6. Other
7. Public Comment

Upcoming Meeting Dates

Thursday, July 17, 2014 at 10:00 a.m. in Springfield and Chicago (video conference)
Thursday, September 18, 2014 at 10:00 a.m. in Springfield and Chicago (video conference)
Wednesday, November 12, 2014 at 10:00 a.m. in Springfield and Chicago (video conference)

To confirm your attendance for the next meeting, please contact DeLacy Taylor at delacy.taylor@illinois.gov

Improving public health, one community at a time

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Violence Prevention Task Force Meeting 5-2-14

Presenter Biographies



Howard L. Lathan

Howard L. Lathan, is the Associate Executive Director for Community Development & Organizing at Chicago Area Project. His responsibilities include organizing, developing and management of neighborhood based efforts that advocate and aid in the mobilization of resources in areas of the greatest needs. Throughout his commitment to community empowerment he has initiated and implemented systems that support volunteerism and staff capacity building for emerging groups, non for profit, and social service organizations throughout Illinois. He is actively engaged in public policy/research initiatives on the local, state and national level, and works with local/state/federal elected and governmental officials. Mr. Lathan was educated in the Chicago Public School (Crane Tech H.S) system and received his formal education at both George Williams College and Roosevelt University with BA in Public Administration and General Studies.



Kanu Iheukumere

Kanu Iheukumere is the Deputy Associate Executive Director for Chicago Area Project. He is responsible for strategic direction, implementation, and oversight of community based programming and operations for several programs including: career development, training and employment services, violence prevention programming, financial literacy initiatives, leadership development/educational enrichment and not for profit incubation. Mr. Iheukumere received his master's degree in Urban Planning and Public Policy from the University of Illinois.



Rebecca Levin, MPH

Rebecca Levin, MPH, is the Strategic Director of the Injury Prevention and Research Center at Ann & Robert H. Lurie Children's Hospital of Chicago. She directs the Strengthening Chicago's Youth (SCY) violence prevention collaborative, which is building capacity among stakeholders in multiple sectors to connect, collaborate and mobilize around a public health approach to violence prevention. Before coming to Lurie Children's in 2011, Ms. Levin worked at the American Academy of Pediatrics for 12 years, overseeing all violence and injury prevention efforts. Ms. Levin received her bachelor's degree in Integrated Science and Biology from Northwestern University and her master's degree in Health Policy and Administration from the University of Illinois at Chicago.

Violence Prevention Task Force Meeting 5-2-14

Presenter Biographies

Jalon Arthur, MS

Jalon Arthur, MS is Director of Training & Technical Assistance for Cure Violence, an evidence-informed Public Health approach scientifically proven to reduce shootings. With eleven years of program experience with CeaseFire, Mr. Arthur has passionately served in several program roles: Outreach Worker, Documentation Coordinator, National Technical Assistant, Director, etc. Currently, he has been tasked to oversee management of CeaseFire Illinois which consists of program implementation in 22 communities across the state of Illinois (16 in Chicago; 6 outside of Chicago); CeaseFire Hospital program in three level one trauma centers (Christ Advocate, Stroger, Northwestern); CeaseFire Orr High School initiative on Chicago's west side. Mr. Arthur has introduced innovative violence intervention strategies and has played a strong role in national and international replication of the Cure Violence model: New York, Baltimore, New Orleans, Puerto Rico, South Africa, etc.

CHICAGO AREA PROJECT

Strengthening
neighborhoods
Helping
young people

The Chicago Area Project (CAP) is a nonprofit, United Way member agency, with a 70-year history of providing juvenile delinquency prevention services in the most disadvantaged neighborhoods in the city. The mission of CAP is *"to work toward the prevention and eradication of juvenile delinquency through the development and support of affiliated local community self-help efforts, in communities where the need is greatest."* This is accomplished through work within a network of community-based agencies using a three-pronged approach to change: direct service, advocacy, and community organizing.

CAP exists to assist with the creation, maintenance and development of self-sustained grassroots community organizations, dedicated to working within communities to solve local problems through action by local residents.

Since 2002, in partnership with the City of Chicago Department of Human Services/Children and Youth Services, CAP has established a very successful citywide training system for those employed as youth workers and other adults service providers in related fields interested in improving their capacity to work with teens in productive ways. From a small pilot of 60 students in 2002, we now deliver training to nearly 3,000 youth workers annually. This is done through a continuum of programs concentrating on the youth development, workforce/professional development and community agency capacity building, along with leadership/advocacy on various committees.

- **Advancing Youth Development (AYD)** a BEST training site provider.
- **Youth Development Practitioner Certification Program (YDPCP level I & II)** in partnership with Harold Washington College.
- **Associates degree** in professional youth work with Harold Washington College
- **Chicago Youth Program Standards** citywide implementation a
- **TCF Youth Program Quality Awards** [\$240,000] in support of capacity building related to the Chicago Youth Program Standards
- **Train the trainers** by providing five levels of training for After School Matters part-time instructors.
- **Trainer of choice** for After School Matters full-time management in Youth Development
- **Chicago Park District** training 2005 and 2006 for 3,000 summer employees.
- **Chair** of Chicago Youth Work Advisory Board

Chicago Area Project continues to invest in the development and implementation of a comprehensive training system, with the strategic goal of extending training to other areas throughout metropolitan Chicago and the state of Illinois. Recently, through the generous support of Grand Victoria Foundation, Chicago Area Project (CAP) has begun to move small elements of this professional development system out into the south suburbs. The CAP training team has also facilitated an AYD Training of Facilitators in downstate Illinois in preparation for statewide AYD courses.

In Chicago, CAP has demonstrated its capacity to play a major role in improving youth outcomes through the education of adults working in youth development programs.

**Advancing Youth Development (AYD)
Consistently Delivers
REAL WORKPLACE IMPACT**

**CHICAGO
AREA
PROJECT** Strengthening
neighborhoods
Helping
young people

Advancing Youth Development - a nationally recognized 28 hour curriculum, A **BEST** training provider **B**uilding **E**xemplary **S**ystems for **T**raining Youth Workers; recognized by the National Training Institute for Community Youth Work, Washington, D.C.

You will learn how to:

- Improve the quality of your youth or after school program.
- Work positively alongside teens to support them in achieving their goals and outcomes.
- Motivate the teens you work with to be active, engaged, creative and responsible for their own development
- Use national youth development language when talking to funders, politicians and all those who support your important work.
- Show employers that you have specific and relevant training for professional youth development work.
- Successfully complete the only nationally recognized training program for professional youth development work.

CURRICULUM:

- Youth Development Language, Principles and Practices
- Youth Development Outcomes: Identity & Ability
- Outcome Indicators
- Adultism & Alternate Caring Behaviors
- Youth Work Core Competencies
- Youth Participation & Empowerment
- Providing Supports, Services & Opportunities to Youth
- Cultural Assumptions and Stereotypes of Teens
- Quality Programming
- Joining a Professional Network & Community



**AYD #4 Tuesdays ONLY, March 19 - April 30 / 9am – 1pm
St. James Parish
2912 South Wabash Avenue
Chicago, IL 60616**

FOR MORE INFORMATION & SESSION SCHEDULE

E-MAIL: trainingunit@chicagoareaproject.org

Training Unit Help Desk at (312) 588-3839





Cure Violence

Program Implementation Training



Session Goals

In this session we will cover:

- Nature and theories of violence problem
- Mission of Cure Violence
- Critical elements of Cure Violence model
- Team member roles
- Data that demonstrate the model's effectiveness

The Problem

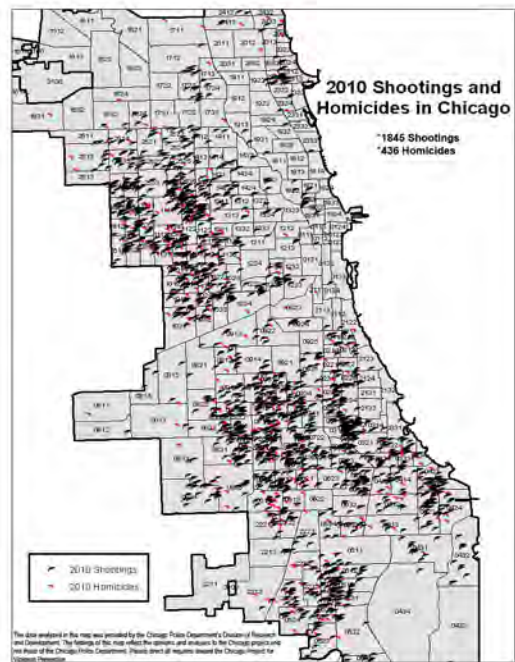
Homicide is the second leading cause of death among Americans aged 15-34.

Source: Centers for Disease Control, 2010

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Chicago

- Triple the national homicide rate
- Homicide leading cause of death for those aged 15-24 years
- All other efforts to improve systems and services for Chicagoans are less effective without violence reduction



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Theories About the Possible Causes of Violence

Violence is...

- Learned from role models
- Caused by social forces (e.g., lack of opportunity, racism, poverty, etc.)
- A cultural norm in subgroups with a higher rate of homicide
- A series of events or interactions between co-disputants that can escalate into homicide

Source: Rosenberg et al., 1987

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Cure Violence Public Health Approach

Stop shootings and killings by:

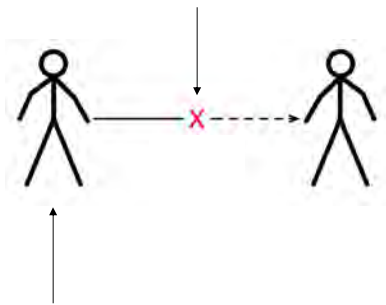
- Working with those most closely associated with the problem
- Working in communities that are disproportionately effected
- Basing our approach on data and research
- Focusing on behavior change



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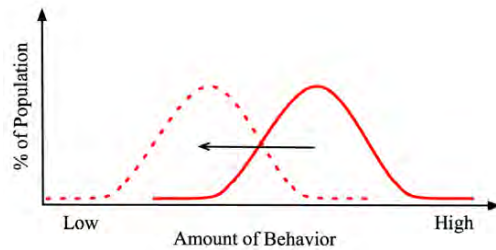
Cure Violence Public Health Approach

1. INTERRUPT TRANSMISSION



2. BEHAVIOR CHANGE

3. CHANGE COMMUNITY NORMS



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Behavior: Change

What is most important?

- Information
- Skills
- Overcoming barriers
- Feelings about doing it
- What friends think



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Behavior: Change

The public health approach uses “Change Agents” who bring:

- New information
- New skills



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Behavior: Change

The BEST “Change Agents” are:

- Credible
- Opinion leaders
- From target group
- Empathetic
- Helpful
- Make strong effort

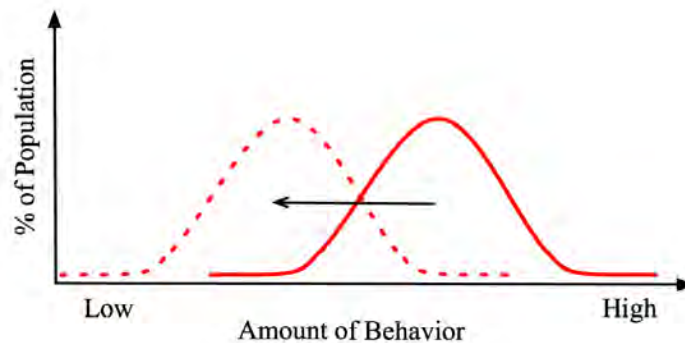


Source: Rogers E., *Diffusion of Innovations*, 2003

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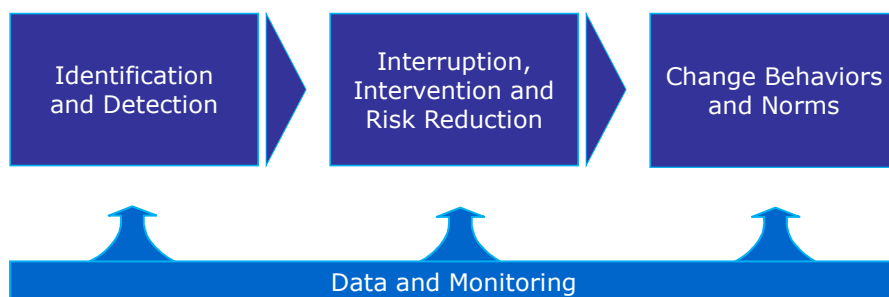
Behavior: Change

Change agents move individuals and groups to the tipping point.



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The Cure Violence Model to Stop Shootings and Killings



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The Cure Violence Model: Identification and Detection

- Identify and detect
 - Potential shooting events
 - Individuals and groups at highest risk of involvement in a shooting or killing
- Use all sources and possible points of entry:
 - Notice from law enforcement
 - Hospitals
 - Schools
 - Calls from community



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The Cure Violence Model: Interruption, Intervention and Risk Reduction

- Intervene in crises
 - Help individuals deal with “in the moment” stressful events or situations without shooting
- Mediate conflicts between individuals and/or groups
 - Prevent larger scale events or retaliatory violence before it occurs
- Provide ongoing behavior change and support to individuals using outreach workers and others
 - Foster behavior change by providing information and skills
 - Connect clients to social services



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The Cure Violence Model: Change Behaviors and Norms

- Inform and train individuals and groups on specific strategies to bring about behavior change
- Mobilize the community to change norms
 - Organize responses to all shooting events
 - Sponsor community events
 - Engage faith leaders
- Educate the public
 - Launch and promote specific campaigns to enforce key messages and explain expected community roles



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The Cure Violence Model: Data and Monitoring

- Collect/analyze data from sources/points of entry
- Evaluate clients based on high risk criteria
- Monitor work (e.g., worker caseloads, # of interventions/ mediations)
- Measure outcomes (e.g., risk levels, shootings, change in norms) to inform refinements to approach



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Critical Elements of the Cure Violence Model

- Community
- Participants
- Workers
- Partners
- Public Education
- Community Mobilization
- Documentation
- Outcomes

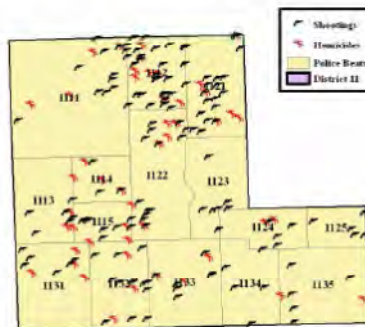


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Community

- The average rate of homicide in the United States is **5** per 100,000
- The average rate of homicide in Cure Violence zones is **34** per 100,000

2010 Shootings and Homicides in District 11



*Data provided by Chicago Police Department. The beat #s of this map reflect the beat #s of the Chicago Project and not the Chicago Police Department's City of Chicago.

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Participants: Likely to shoot or be shot



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Participants: Highest Risk Individuals



At least 4 of the following:

- 16-25 years old
- Recently released from prison
- Recently shot
- Active in violent street organization
- History of violence
- Weapons carrier
- Engaged in high risk activity

Sources: Spergel, 1995; Farrington et al, 1998; Wilkinson, 2009; Buss & Abdu, 1995

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Participants: Cure Violence Participants at Intake

▪ Gang involved	96.9%
▪ Key role in gang	68.7%
▪ Prior criminal involvement	62.6%
▪ High risk street activity	92.8%
▪ Victim of Shooting in last 90 days	8.0%
▪ Between age 16 and 25	87.9%
▪ Recently released from prison	25.4%
▪ HS grad/GED	23.3%
▪ Unemployed	70.8%
▪ On parole or probation	37.5%

Source: The Chicago Project for Violence Prevention, Jan-Dec 2010

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Workers



Characteristics include:

- Able to relate to highest risk
- Credible
- Connection to target community
- Streetwise



Primary responsibilities:

- Identify and detect
- Interrupt
- Change norms

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Workers

- Program Manager
- Program Supervisor
- Outreach Workers
- Violence Interrupters
- Hospital Responders



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Partners

- Community-based organizations
- Hospitals and health departments
- Faith leaders
- Service providers
- Law enforcement



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Community-based Organizations



- Mission consistent with Cure Violence
- Strong ties to community
- Able to hire and work with high-risk individuals
- Committed to non-traditional approach to violence

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Hospitals



- Committed to improving the health of the community by preventing further injuries by retaliation or re-injury
- Staff are additional messengers for mindset change
- Source of violent injury data

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[illegible]

Service Providers

- Education
- Job readiness
- Employment
- Substance abuse
- Mental health services



14

Law Enforcement

- Official shooting and killing data
- Presence at activities and shooting responses
- Sit on hiring panels
- Background checks



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Public Education



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Public Education

- Multiple audiences require multiple, consistent, messages
- Audiences include:
 - General population
 - Cure Violence communities
 - Program participants and their peers



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Community Mobilization: Shooting Response



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Community Mobilization: Community and Participant Activities



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Documentation

- Data collection necessary to determine program impact:
 - Conflict mediation
 - Participants
 - Community activities

**CHICAGO PROJECT FOR VIOLENCE PREVENTION
EVALUATION DATABASE**

Participant Intake - Step 1 of 5

* = REQUIRED FIELD

Original Intake Date *

Identifier Number

Year file was opened (2 digits)* Year

Site Code (2 digits)* Site

Outreach Worker Initials (3 chars)* Worker

Demographic Information

Participant's Year of Birth * Year

Gender * Male Female

Race * African American White Hispanic Other

Race (Chicago only) African American White Hispanic Other

Gender (outside Chicago) Male Female

Education Level * High School College Postgraduate

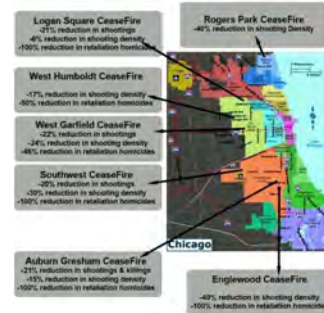
Copyright © 2010 The Chicago Project for Violence Prevention | Edward E. Egan

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Outcomes: Cure Violence Evaluation Findings

- Decreased shootings and killings
- Broke down gang networks
- Decreased retaliatory homicides
- Made shooting hot spots cooler
- Made neighborhoods safer

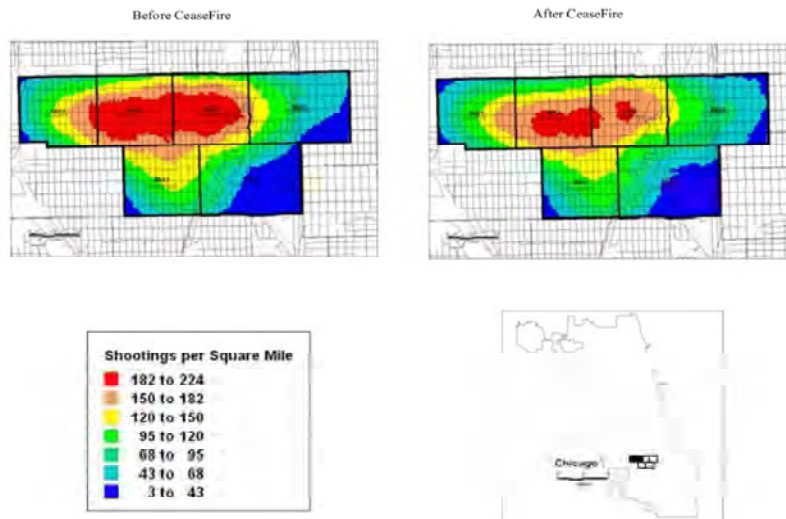
Skogan, *Evaluation of CeaseFire*, Northwestern University, 2008



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THE RIGHT

Outcomes: Changes in Shooting Hot Spots – Auburn Gresham



THE RIGHT

Outcomes: Program Participant Survey Highlights

(297 outreach clients surveyed anonymously)

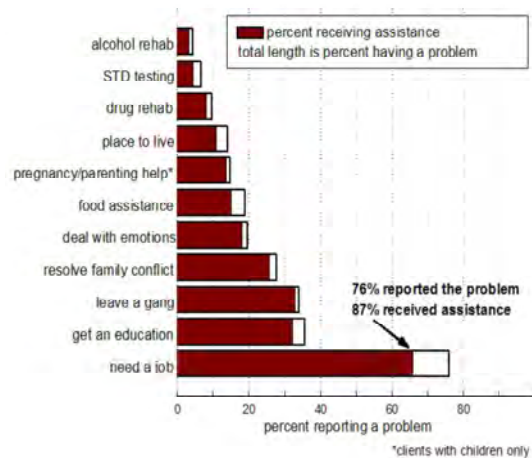
- Of clients surveyed, 99% reported CeaseFire had a positive impact on their lives.
- Participants who sought help from their outreach workers for education, getting out of a gang, or getting a job were more likely to have received more education, gotten out of a gang or secured employment compared to other clients.
- Outreach workers were mentioned second only to parents as the most important person in the participant's life.

Source: Northwestern University, 2007

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Outcomes: Program Participant Risk Reduction



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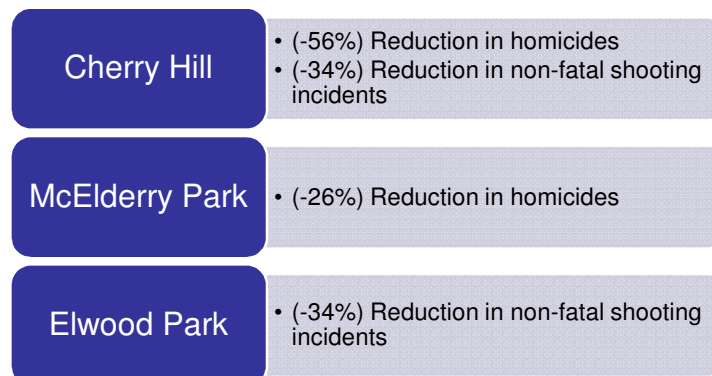
Outcomes: Baltimore – *Safe Streets* Evaluation Findings

- Safe Streets program associated with:
 - Less acceptance of gun use to settle grievances
 - Fewer homicide incidents
 - Fewer non-fatal shooting incidents
- Positive effects for bordering neighborhoods
- “80% of respondents reported that their lives were “better” since becoming a participant of *Safe Streets* program.”

Webster et al, Evaluation of *Safe Streets*, Johns Hopkins Bloomberg School of Public Health, 2012
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Outcomes: Baltimore – *Safe Streets* Evaluation Findings Continued



Webster et al, Evaluation of *Safe Streets*, Johns Hopkins Bloomberg School of Public Health, 2012

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For More Information Visit:
www.cureviolence.org



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CeaseFire Illinois

New Behaviors, New Norms, New Realities

CeaseFire Illinois, a partner of Cure Violence, utilizes an evidence-informed Public Health approach to assist violence reduction efforts of law enforcement and community-based groups. In 2013, the CeaseFire program was active in a total of 16 communities within Chicago, and 6 communities outside of Chicago. Also, during 2013, CeaseFire Hospital Responders and Case Managers were active in three hospitals with a level one trauma center: Advocate Christ, Stroger and Northwestern.

Reasons to Support CeaseFire

- ❖ In 2013, the City of Chicago experienced an overall **12.8%** decline in shootings; in areas where CeaseFire was present to assist efforts of law enforcement & community based groups, the decline was **27.8%**. (Data Source: City Portal)
- ❖ In 2013, the City of Chicago experienced an overall **18.5%** decline in homicides; in areas where CeaseFire was present to assist efforts of law enforcement & community based groups, the decline was **23.1%**. (Data Source: City Portal)
- ❖ CeaseFire is an evidence-informed health approach proven effective, as supported by several scientific external evaluations (visit cureviolence.org), to reduce shootings and homicides
- ❖ In 2013, CeaseFire Violence Interrupters & Outreach Workers mediated **679** conflicts to prevent initial acts of violence & to prevent retaliations; CeaseFire Hospital Responders conducted **1750** hospital visits across 3 level one trauma centers in response to victims of shootings, stabbings or blunt trauma to prevent re-injury
- ❖ To assist violence reduction efforts, CeaseFire staff works directly with highest risk individuals and groups providing critical services: behavior change, conflict mediation, peace agreements, risk reduction, case management, and referrals to local agencies (education, employment, substance abuse, life skills, etc.)
- ❖ Cost effective: saves city and state millions of dollars in costs (hospital, incarceration, funeral, etc.)
- ❖ Strategic pre-existing and new collaborations are being nurtured to greater assist Illinois reductions

Interesting (Yet Widely Unknown) Program Facts

- ❖ CeaseFire Illinois continues to benefit from a diverse funding community: Illinois Criminal Justice Information Authority (FY2014), Chicago Community Trust, Robert R. McCormick Foundation, Michael Reese Health Trust, Polk Bros. Foundation, Charles E. Marks Jr. Charitable Trust, Advocate Christ Medical Center, Northwestern Memorial Hospital, University of Chicago, National Recreation Foundation, Siragusa Foundation, Chicago White Sox Charities and other local & private donors.
- ❖ Cure Violence, for which CeaseFire Illinois is a partner, ranked #9 of top 100 NGO's, and **#1** among organizations devoted to reducing violence -*Global Journal*
- ❖ In 2013, more than 50% of hospital responses stemmed from incidents that originated outside of CeaseFire target areas which assisted city wide reduction efforts of law enforcement & community based groups

2014 Initiatives

- ❖ New Program Evaluations Released: A quantitative and qualitative external evaluation of the Woodlawn and N. Lawndale communities is currently underway. The study is funded by McCormick Foundation and findings are expected in March of 2014.
- ❖ Public Education Campaign: A new Public Education Campaign will be launched in 2014. As part of this campaign, CeaseFire will unveil its newly redesigned website.
- ❖ New Director Search: A strategic search for a new director is underway and strong leadership at the administrative and community level is in place.
- ❖ Innovative Strategy Development: New strategies are being developed to stop violence through social media, conflict mediation, norm & behavior change. Strategies also are being developed to assist community organizations in supporting healthier workers and healthier work environments.
- ❖ Health Framework: As Cure Violence utilizes a health approach to reduce violence, strategic efforts are underway to: enhance program framing around health, explore new health connections, nurture strategic health coalitions and collaborations w/health sector (health departments, hospitals, etc.).

Strengthening Chicago's Youth (SCY): Connecting to Prevent Violence

Rebecca Levin, MPH
Injury Prevention and Research
Center
May 2, 2014



Background

- Task force convened by hospital president/CEO (fall 2009)
 - Lots of good work, little coordination
 - Can't address "youth violence" in isolation
- Listening sessions (spring 2011)
 - Nonprofit, research, foundation, medical, policy sectors
 - Lots of good work, little coordination
 - Need to improve coordination and communication among organizations
- Findings confirmed by discussions with additional key informants (fall 2011)

We wanted the hospital to something similar to what was done for childhood obesity for violence prevention.

Strengthening Chicago's Youth (SCY)

 Ann & Robert H. Lurie
Children's Hospital of Chicago

- A “collaborative”
- Convened by Lurie Children's
- Build capacity among public and private stakeholders to connect, collaborate and mobilize
- Focus on policy, systems and environmental change, not service provision

Why Lurie Children's?

- Respected advocate – ACCESS
- Family-centered, culturally effective, developmentally appropriate approach to care
- Well known community institution “where kids come first”
- Neutral convener
- Credibility across sectors



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- Violence – people feel they don't have or want to have.
- SCY doesn't have any money and there's no competition for money.

Public Health Approach to Violence Prevention

- Consistent messaging about the preventability of violence
- Evidence-based violence prevention strategies
- Multi-sector collaboration
- Framework
 - Developmental approach
 - Ecological model
 - Primary, secondary, and tertiary prevention
 - Across different types of violence

- Violence is a problem but there are things that we can do to prevent it.
- In multi-sector collaboration, public health is great at being a convener
- Framework
 - Developmental approach – Addresses the life course on how we treat children and elderly
 - Secondary – at risk, but not yet involved in violence
 - Tertiary – Already involved, but how do we get them out of that
 - Different types of violence – Domestic Violence – what kids see at home has a huge impact on what they do as adults.

Participants

- 130 individuals from 60 organizations at February 2012 kickoff meeting
- Current participation
 - 2000 individuals on mailing list
 - 500 individuals are “engaged”
 - Representing 240 “engaged” organizations
 - Community-based organizations citywide (and in suburbs)

**See handout Organizations Engaged in SCY*



- If you have suggestions for other groups to consider, please let me know.

Early Successes

- Specific multi-sector collaborations
 - City-County Community Anti-Violence and Restoration Effort (CARE)
 - "Community-Academic Collaboration to Prevent Violence in Chicago"
 - Partnership with Community Media Workshop
 - Data Dive
- Lots of networking
- 5-year partial funding commitment from Lurie Children's Founders' Board



Partnership with Community Media Workshop – Media will go to official sources with an expert or bystander who was on the corner. We want them to go to organizations like CAP with community access.

SCY's Approach

Focus Areas

1. Sustained investment in children and youth
2. Equitable access to high quality mental health services
3. Common sense approaches to gun violence prevention
4. Juvenile justice system that reflects what we know about adolescent development
5. Sustained investment in strong communities

Strategies

1. Coordinate advocacy efforts around the SCY policy agenda
2. Support neighborhood-level engagement in violence prevention
3. Facilitate sharing of knowledge among and provide technical assistance and training to community organizations
4. Foster connections between community organizations and researchers

See handout

Policy and Advocacy

- Policy agenda
 - *See handout*
- Current legislative priorities
 - Expungement of juvenile records (SB978)
 - School discipline (SB3004 and SB2793)
 - Bullying prevention (HB5707)

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- SB978
 - Removes a lot of barriers for youth re-entry
- SB 3004 & 2793
 - Wrong thing to do is to remove the child from school
 - There are issues with data transparency, don't have a good sense of what's going on
- HB5707
 - Promotes school climates where children are taught to be respectful of each other

Other Strategies

- Neighborhood engagement
 - Walkability (in collaboration with CLOCC)
 - “Engaging Communities to Create Peaceful Parks in Chicago” (seeking funding)
- Knowledge sharing
- Community-academic connections
 - “Community-Academic Collaboration to Prevent Violence in Chicago” (funded by NIH)
 - Data-driven advocacy

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- Walkability

- Worked with neighbors to assess what’s preventing people to walk their community.
- Working to address crime and whether people feel safe walking their own neighborhoods.

- Engaging communities – Reclaiming parks as community Hubs.

- Community academic collaboration - You see the experts at the forum but we need to engage the community/residents in the surveys and forums.

- Data – how do we put data in the hands of community residents.

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Strengthening Chicago's Youth *Ann & Robert H. Lurie Children's Hospital of Chicago*



Organizations Engaged in SCY – January 2014

Nonprofit Organizations

A Knock at Midnight
Access Community Health Network
Active Transportation Alliance
Advocate Health Care
After School Matters
Albany Park Community Center
Alivio Medical Center
Alliance of the Southeast
All Stars Project
Alternatives, Inc.
American Academy of Pediatrics
Apostolic Church of God
Asian Health Coalition
Asian Human Services, Inc.
Association House of Chicago
Between Friends
Beyond the Ball
Bickerdiike Redevelopment Corporation
Blacks in Green

Black United Fund of Illinois
Brighton Park Neighborhood Council
BUILD, Inc
Casa Central
Catholic Charities of Chicago
CeaseFire Illinois/CureViolence
Center for Advancing Domestic Peace
Center on Halsted
Centro Romero
Chicago Area Project
Chicago Bar Association
Chicago Children's Museum
Chicago Coalition for the Homeless
Chicago Freedom School
Chicago International Social Change Film Festival
Chicago Justice Project
Chicago Urban League
Chicago Violence Reduction Strategy
Chicago Youth Centers
Chicago Youth Programs

*Engagement indicates that someone from the organization has attended a SCY meeting and/or had a substantive in-person, phone, or email exchange a member of the SCY team about the collaborative. For funders, engagement does not indicate that funding has been provided to SCY.



Strengthening Chicago's Youth

Ann & Robert H. Lurie Children's Hospital of Chicago

Nonprofit Organizations (continued)

Chicago's Citizens for Change
Children's Advocacy Center
Children's Home + Aid
Child Rights Protection Consultancy-International
ChildServ
Claretian Associates
CLOCC
Columbia Links
Communities In Schools of Chicago
Community Counseling Centers of Chicago (C4)
Community Justice for Youth Institute
Community Media Workshop
Community Organizing and Family Issues (COFI)
Community Renewal Society
Community TV Network
Cook County Justice for Children
Corazon Community Services
CROSSWalk
Daniel J. Nellum Youth Services, Inc.
Data Kind
Demoiselle 2 Femme
Developing Communities Project
Enlace Chicago
Episcopal Diocese of Chicago
Erie Family Health Center
EverThrive Illinois (formerly Illinois Maternal and Child Health Coalition)
Faith Community of Saint Sabina
Federation for Community Schools
Fierce Women of Faith
Free Spirit Media
Friends of the Parks
Gads Hill Center
Gary Comer Youth Center
Get IN Chicago
Grand Prairie Services
Greater Auburn Gresham Development Corporation
Healthcare Consortium of Illinois

Heartland Human Care Service, Inc.
Holy Family Ministries
Housing Action Illinois
Hoyne Park Advisory Council (HPAC)
Hyde Park Union Church
IFF
IL Collaboration on Youth/Youth Network Council
Illinois Action For Children
Illinois African-American Coalition for Prevention
Illinois Balanced and Restorative Justice Project
Illinois Center for Violence Prevention
Illinois Chapter of American Academy of Pediatrics
Illinois Childhood Trauma Coalition
Illinois Children's Mental Health Partnership
Illinois Consortium on Drug Policy
Illinois Council Against Handgun Violence
Illinois Safe Schools Alliance
Inner-City Muslim Action Network (IMAN)
Jackson Park Advisory Council
Kidz Express
La Rabida Children's Hospital
Lawndale Christian Development Corporation
Lawyers Lend-A-Hand to Youth Program
LISC Chicago
Little Village Chamber of Commerce
Living Word Christian Center Prison Ministry
Logan Square Neighborhood Association
Lutheran Social Services of Illinois
Mental Health America of Illinois (MHA)
Metropolis Strategies
Metropolitan Planning Council
Mikva Challenge
Near West Side Community Development Corporation
Neumann Family Services
New Saints of Humboldt Park
New Victorious Me
Northbridge Technology Alliance
Now Is the Time Chicago
Openlands

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Strengthening Chicago's Youth

Ann & Robert H. Lurie Children's Hospital of Chicago

Nonprofit Organizations (continued)

Organization of the NorthEast
Ounce of Prevention Fund
Peace Coalition Against Violence
Peaceful World Movement
People's Resource Center
Pilsen Wellness Center, Inc
Precious Blood Ministry of Reconciliation
Presence Health
Prevention First
Prevention Institute
Project NIA
Puerto Rican Cultural Center
RainbowPUSH
Reading is Fundamental (RIF) in Chicago
Safer Foundation
S.A.V.E. Another L.I.F.E.
SGA Youth & Family Services
Shriver Center
Sinai Community Institute
Sinai Health Systems
Southeast Chicago Development Commission
Southwest Organizing Project (SWOP)
Southwest Youth Collaborative
S.P.E.A.K.
St. James Cathedral
St. Mark United Methodist Church
Stateway Community Partners
Steppenwolf Theatre Company
Street-level Youth Media
Target Area Development
TASC
Teamwork Englewood
The 606
The Anti-Cruelty Society
The Community Builders, Inc. at Oakwood Shores
The It's Time Organization (TITO)
The Resurrection Project
Tutor/Mentor Connection
UCAN

Umoja Student Development Corporation
United Way of Metropolitan Chicago
Victory Aftercare Motivational Program
Voices for Illinois Children
West Humboldt Park Development Council
Willow Chicago
Woodlawn Juvenile Reentry Project
World Sport Chicago
YMCA of Metropolitan Chicago

- Buehler YMCA
- High Ridge YMCA
- Lakeview YMCA
- West Side Future YMCA

Youth Empowering Strategies
Youth Guidance
Youth Outreach Services
Youth Service Project

Academic Institutions

Adler School of Professional Psychology
Chicago Center for Youth Violence Prevention
Chicago State University
Columbia College Chicago
DePaul University Blue for Peace
Loyola University Civitas Child Law Center
Mansfield Institute for Social Justice and Transformation
Northeastern Illinois University
Northwestern University

- Center for Civic Engagement
- Children and Family Justice Center
- Feinberg School of Medicine
 - Alliance for Research in Chicagoland Communities
 - Mental Health Services and Policy Programs

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Strengthening Chicago's Youth

Ann & Robert H. Lurie Children's Hospital of Chicago

Academic Institutions continued

University of Chicago

- Chapin Hall
- Crime Lab
- Medical Center
 - Cadence Physician Group
 - Comer Children's Hospital
 - Urban Health Initiative
- School of Social Service Administration

University of Illinois at Chicago

- Jane Addams College of Social Work
- Interdisciplinary Center for Research on Violence
- School of Public Health

University of Michigan

Rush University

Foundations

Chicago Community Trust

Illinois Children's Healthcare Foundation

Irving Harris Foundation

Joyce Foundation

MacArthur Foundation

McCormick Foundation

Polk Bros Foundation

The Field Foundation of Illinois, Inc.

Government Agencies

City of Chicago

- Department of Family and Support Services
- Department of Public Health
- Department of Transportation
- Housing Authority
- Office of the Mayor
- Park District
- Police Department
- Public Schools

Cook County

- Department of Public Health
- Family Violence Coordinating Councils
- John H. Stroger Hospital
- Justice Advisory Council
- Juvenile Court
- Office of the County Board President
- Sheriff's Office
- State's Attorney's Office

State of Illinois

- Attorney General's Office
- Department of Children and Family Services
- Department of Human Services
- Department of Natural Resources
- Department of Public Health
- Governor's Office
- Illinois State Police
- Illinois Criminal Justice Information Authority

Other

Active Voice

Boeing

Bolster Mission Consulting Inc.

Brady PAC Illinois

Chicago Cubs Charities

Civic Consulting Alliance

Health Care Services Corporation

Kartemquin Films

Teska Associates, Inc.

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Strengthening Chicago's Youth *Ann & Robert H. Lurie Children's Hospital of Chicago*

2013-2014 Policy Agenda

Strengthening Chicago's Youth (SCY) supports public policies that will prevent violence and build resilience among our youth. These policies generally share the following characteristics:

- Developmental approach that recognizes how violence emerges over the life course and the impact of trauma on development.
- Basis in the ecological model, which notes that violence and its solutions occur at the individual, family, community, and societal levels.
- Knowledge that each child, family, and community is unique.
- Recognition that it is better to keep a child or family from being exposed to violence than to treat the effects of exposure.
- Strength-based approach that focuses more on development of assets and skills than on remedy of deficits.
- Acknowledgement that violence prevention requires involvement from many different disciplines.
- Emphasis on data including encouragement of strong surveillance, use of local data, evidence-based policies, and evaluation.
- Attention paid to enhancing existing infrastructures, sustainability, implementation, and funding.
- Acceptance of the fact that violence cannot be addressed without addressing race, segregation, gender, sexual orientation, and poverty.

For 2013-2014, SCY will focus on supporting the following policy recommendations. This list was prioritized by members of the SCY collaborative on the basis of timeliness, feasibility of implementation, importance, and reach.

1. Modify the fee structure for Chicago Park District youth programs to increase accessibility to low-income families.
2. Conduct a public education campaign on positive parenting.
3. Support gun violence prevention policies that have been shown to make a difference, including preventing concealed carry, universal background checks and a ban on assault weapons and high capacity magazines.
4. Implement sustainable funding mechanisms for mental health services in schools.
5. Reduce use of disciplinary practices that remove children from school in Chicago Public Schools.
6. Continue to invest in evidence-based youth employment programs, both during the summer and throughout the academic year.
7. Support juvenile justice policies in all settings that reflect evidence regarding adolescent development, including knowledge about the impact of trauma.
8. Collaborate with government agencies and private funders to identify communities in which local organizations are unable to deliver enough high quality programs for youth and families and develop strategies to build needed capacity.
9. Adopt a core set of outcome measures for each type of human services program (e.g., youth development, mental health) to be used by public and private funders.
10. Require that organizations receiving public funding for human services programs provide training to their staff on violence and trauma.
11. Implement programs for foreclosure avoidance.
12. Ensure that some of the funds saved as Cook County moves towards closing the Juvenile Temporary Detention Center are reallocated to prevention and early intervention services.



Strengthening Chicago's Youth

Ann & Robert H. Lurie Children's Hospital of Chicago

Strengthening Chicago's Youth (SCY) is convened by Ann & Robert H. Lurie Children's Hospital of Chicago to address the issues of violence that impact the health and safety of Chicago youth. Every day children are exposed to violence in their communities, schools and homes, and the effects of exposure to violence can last throughout a lifetime. To achieve Lurie Children's vision of making Chicago the healthiest city in the nation for children, we must build communities' and families' capability and skills to raise safe, resilient, emotionally healthy youth. SCY's mission is to build capacity among hundreds of public and private stakeholders to connect, collaborate and mobilize around a public health approach to violence prevention —adopting consistent messaging about the preventability of violence, promoting use of evidence-based violence prevention strategies and fostering multi-sector collaboration—encouraging partnerships that strengthen existing efforts and benefit the children of Chicago.

To prevent violence, SCY takes and encourages action around **five focus areas**:

- **Sustained investment in children and youth** will enable our young people to reach their full potential.
- **Equitable access to high quality mental health services** will enable troubled individuals to get services that will help prevent substance abuse, interpersonal violence, and self-harm.
- **Common sense approaches to gun violence prevention** will reduce the lethality of violence in Chicago.
- **Juvenile justice system that reflects what we know about adolescent development** will allow a child's involvement in the justice system to be an opportunity for intervention to prevent further delinquent behavior.
- **Sustained investment in strong communities** will rectify the fact that the toll of violence falls disproportionately on low-income, minority communities.

SCY pursues violence prevention through **four strategies**. These strategies and SCY's **2014 activities** are:

Strategy	2014 Activities
Coordinate advocacy efforts around the SCY policy agenda	<ul style="list-style-type: none"> • Advocate for SCY policy agenda by educating policymakers, testifying at hearings, and participating in awareness campaigns. • Support SCY partners' advocacy around the policy agenda by providing updates on pending legislation and regulations, offering training and technical assistance, and developing sample advocacy tools and resources.
Support neighborhood-level engagement in violence prevention	<ul style="list-style-type: none"> • Collaborate with the Consortium to Lower Obesity in Chicago Children (CLOCC) to engage neighborhoods in addressing the intersection between violence and obesity. • Initiate "Engaging Communities to Create Peaceful Parks in Chicago" to empower residents to reclaim parks as community hubs.
Facilitate sharing of knowledge among and provide technical assistance and training to community organizations	<ul style="list-style-type: none"> • Offer monthly trainings and host quarterly meetings. • Communicate with SCY partners through biweekly newsletter, social media, and website. • Continue partnership with Community Media Workshop to build connections between community organizations and the media. • Participate in coalitions, attend events, and meet with violence prevention stakeholders to grow SCY's network of connections.
Foster connections between community organizations and researchers	<ul style="list-style-type: none"> • Host meetings with community residents and community organizations as part of National Institutes of Health-funded "Community-Academic Collaboration to Prevent Violence in Chicago." • Facilitate connections with researchers and provide training and technical assistance to enable community partners to make better use of data to inform public policy.