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CITY OF ALBANY GUN VIOLENCE TASK FORCE

Recommendations to the Common Council

November 7, 2008

Introduction

With the enactment of an ordinance in July, 2007, the City of Albany's Gun Violence Task Force was formed "to research and develop strategies to reduce gun violence." The Task Force was comprised of thirteen voting members, whose work was to be completed within one year. The Task Force was specifically charged to:

- Prepare a report on the number and types of gun-related offenses, with as much detail as possible, in the City of Albany from the year 2000 to the present;
- Compare the number and types of incidents to at least five other municipalities of similar size;
- Research and report on programs used successfully by other municipalities to reduce gun-related violence and the approximate cost of such programs.

The Task Force itself specified a two-fold mission of assessment and recommendation.

- To the end of assessment, it is our purpose:
 1. to ascertain the root causes of gun violence;
 2. to examine the manifestations of gun violence; and
 3. to engage in dialogue with the people concerning gun violence.
- To the end of recommendation, it is our purpose:
 1. to identify resources to address gun violence;
 2. to suggest a strategy to alleviate gun violence; and
 3. to recommend programs to combat gun violence.

Although a complete and final report remains in preparation at this time, the Task Force herewith submits for the City's consideration our recommendations. We offer recommendations that, as a set, are based on several strategies, and which include multiple programs, identifying existing and potential resources wherever we were able to do so.

Task Force Recommendations

The Task Force finds that the City should expand and coordinate prevention programming, and forge new ways to collaborate with governments at all levels within the Capital District region.

The following recommendations come with the unanimous support of all Task Force members.

1. The City should form an Implementation Coalition that is charged with the further development of the Gun Violence Task Force recommendations, and monitoring efforts to put them into practice. The Coalition should include as members residents of the City of Albany who possess knowledge of or interest in issues related to gun violence, and should also include representation of appropriate City and County agencies, the Albany City School District and its teachers, and other community stakeholders. The Common Council and the Mayor should develop a list of priorities for implementation. The Coalition should formulate a budget, and explore any and all potential sources of funding, seeking the assistance of businesses, philanthropic organizations, and institutions of higher education. The Coalition would be expected to report back to the Common Council periodically, as mandated by the Council.

Recommendations 2 through 6 concern the establishment of an infrastructure for on-going violence prevention.

2. The City should actively support community violence prevention by:
 - a. Compiling, publishing, and maintaining a resource directory, listing agencies, programs and activists in the community whose services and activities may be of assistance in addressing problems relating to gun violence.
 - b. Organizing and coordinating the efforts of existing activists and community leaders, many of whom have participated in Task Force meetings and Public Forums, and tapping other community resources, such as neighborhood associations, colleges and universities, and the faith community. The role of neighborhood associations is especially vital in promoting public safety through informal social control, establishing and enforcing appropriate norms of civil behavior, and wherever possible, efforts should be made to foster the capacity of neighborhood associations to perform these functions.
 - c. Identifying and designating or hiring a community-wide anti-violence coordinator, who would be responsible for performing the functions described above (in [a] and [b]), and

also working with City agencies to seek grant and other support for violence-reduction initiatives.

3. The City should take the lead in applying to violence prevention the same multi-agency collaborative model used for New York State's Operation IMPACT, facilitating the efforts of City, County, State, and Federal agencies to share information and coordinate their activities to better ensure that dysfunctional or high-risk families receive needed services. Under the rubric of Operation IMPACT, city, county, state, and federal criminal justice agencies make formal commitments to participate as members of a task force, they meet as a task force on a monthly basis (and subgroups or working groups of task force agencies may meet in addition), they share information, and they coordinate their efforts tactically and strategically.
4. The City should establish a working relationship with the Albany County Health Department, which would serve as a springboard for a number of efforts, such as the development of programmatic grant proposals and other initiatives to address gun violence as a public health problem.¹
5. Common Council should pass two resolutions: Bill of Rights for Children and Resolutions on Parental Responsibilities.
6. The City should establish, or work with the Albany County District Attorney to establish, an advisory council that would serve purposes of public education and community liaison on matters of gun violence. The council should include community members, who are representative of the community, and representatives of the Common Council, Albany Police Department, and District Attorney's Office, and it should meet regularly.

Recommendations 7 through 16 concern specific violence reduction programs and other initiatives. These programs can be expected to provide net social benefits – that is, to save more in the medical, justice, and other costs that they obviate than the City and other sponsors would expend on the programs themselves.

7. The City should work with the Albany City Schools on the development or adoption and implementation of classroom curricula that are designed to reduce violence and aggressive behavior, and which are delivered to all of the students in a school or grade (making them “universal,” rather than delivered only to high-risk students). Several reputable sources have

¹ One example of such an initiative is Harlem's Safe Kids/Healthy Neighborhoods Injury Prevention Program, which reduced injuries caused by assaults as well as other types of injuries. See Leslie L. Davidson, Maureen S. Durkin, Louise Kuhn, Patricia O'Connor, Barbara Barlow, and Margaret C. Heagarty, “The Impact of the Safe Kids/Healthy Neighborhoods Injury Prevention Program in Harlem, 1988 through 1991,” *American Journal of Public Health* 84 (1994): 580-586.

favorably weighed the scientific evidence on the effectiveness of programs of this nature, and “model” curricula can be found. The Task Force on Community Preventive Services reviewed studies of the effectiveness of such programs, concluding that programs of many different kinds and at all grade levels are effective.² The Office of Juvenile Justice and Delinquency Prevention offers a Model Programs Guide that includes classroom curricula as a program type, of which two dozen or more are model programs that address violence and aggression.³ The Center for the Study and Prevention of Violence also offers information on model programs, based on their review of scientific evidence of effectiveness.⁴ One such program, which we cite here as an illustration, is the PATHS (Promoting Alternative THinking Strategies) Curriculum, which they describe as “a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model.”⁵ The City might also seek guidance from the New York State Department of Education.

8. The City should work with the Albany County Department of Health and other service providers to maximize the reach of the public health nursing program. The County program “Provides home visits to pregnant women, new parents, infants and children to coordinate needed health and support services. In addition, the nurse provides health education related to prenatal care, growth and development of infants and children, nutrition, safety in the home and available community resources.”⁶ Programs of this kind are effective in preventing child abuse and neglect, which is a risk factor for delinquency, and one such program – the “Nurse–Family Partnership (NFP) program, was shown to reduce violence by the visited children in a long-term follow-up.”⁷

² See Centers for Disease Control and Prevention, The Effectiveness of Universal School-Based Programs for the Prevention of Violent and Aggressive Behavior, Findings from the Task Force on Community Preventive Services, MMWR 2007; 56 (No. RR-7).

³ See http://www.dsgonline.com/mpg2.5/mpg_index.htm.

⁴ See <http://www.colorado.edu/cspv/blueprints/index.html>.

⁵ See <http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>.

⁶ Accessed at http://www.albanycounty.com/departments/health/programs_services.asp?id=231 on October 24, 2008.

⁷ The latter finding is reported by the Office of Juvenile Justice and Delinquency Prevention, and it is surmised that the program is effective “because it concentrates on developing therapeutic relationships with the family and is designed to improve five broad domains of family functioning”

[http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?id=368]. However the evidence of effects on violence by visited children is inconclusive according to the Task Force on Community Preventive Services; see Centers for Disease Control and Prevention, First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation and Firearm Laws, Findings from the Task Force on Community Preventive Services, MMWR 2003; 52 (No. RR-14).

9. The City should form a Crisis Team that is formally organized and trained, ready to be deployed in the community. The Crisis Team would assist the City in the immediate aftermath of violent events involving firearms, serving as a liaison among the City, the community, and medical services, and deescalating the tensions associated with such violent incidents. (We would note that a Crisis Team consisting even of volunteers would have at least modest budgetary implications if it is properly organized and trained.)
10. The City should continue to work with Albany Medical Center to establish a hospital-based violence-prevention program, building on the models represented by programs at Rochester's Golisano Children's Hospital at Strong, at the University of Maryland School of Medicine in Baltimore, and others. (Further information on this type of program is included in Appendix A.) These programs target patients who are admitted with intentionally inflicted injuries, especially firearm injuries, who are at demonstrably elevated risk of repeat injury, and who as recent victims may be especially receptive to behavioral change. Eligibility may be restricted to some categories of victims; Rochester's program, for example, focuses on juveniles, while Baltimore's program focuses on victims who are on probation or parole. The programs provide case management with referrals to a variety of existing services, based on an assessment of each client's needs, and may involve periodic meetings with social workers, probation or parole officers, group therapy, and home visits. Evaluations of several such programs show that they are effective in reducing violence. Albany should fashion a program that is well-adapted to the needs and current resources of this City, seeking support from any and all appropriate sources, including publicly funded and third-party medical insurance (also see above, under Recommendation 1, concerning sources of funding).
11. Treating the CeaseFire-Chicago program as a model for a prevention program, the City should adapt and implement such a program here in Albany. The program implemented by the Chicago Project for Violence Prevention (CPVP) should not be confused with Boston's Operation Ceasefire and similar initiatives, for they are quite different. The goal of Ceasefire-Chicago is to prevent shootings. Outreach workers recruit high-risk individuals as clients, encouraging them to pursue education and/or employment and discouraging them from violence. In addition, "violence interrupters," who are in general former gang members, work on the street (and also in hospitals) to intervene in emerging conflicts to mediate and prevent retaliation. Ceasefire-Chicago also employs public education to discourage violence, coordinates with the efforts of faith-based leaders in the community to prevent violence, and works to mobilize the community against violence. A recently completed, independent evaluation of Ceasefire-

Chicago found evidence of its effectiveness in reducing violence, and the program model has been adopted in Baltimore, Kansas City, and several New Jersey cities. The Task Force notes that Ceasefire-Chicago is not an inexpensive program, and it is supported in Chicago entirely by funding from outside sources, including the State of Illinois and private philanthropy. Further information on Ceasefire-Chicago is included in Appendix B.

12. The City should explore the implementation of a focused deterrence initiative. Focused deterrence initiatives are multi-agency efforts to enhance the threat of criminal punishment for those at the highest risk of violent offending, to communicate that enhanced threat directly to the targeted population in the hopes that they may be deterred, and also to facilitate their choice to desist from violence and a criminal lifestyle by making services available. Initiatives of this kind have been successful in Boston, Indianapolis, High Point (NC), Cincinnati, East Los Angeles, and Lowell (MA). Further information on focused deterrence is included in Appendix C.
13. The City should expand gang prevention programming, identifying both gang prevention and gang intervention initiatives that are consistent with what is known about the social, economic, and personal factors that push and pull youth toward gang membership and activity, and which would complement or strengthen the program(s) currently provided by the City.⁸ Several types of programs should be considered⁹:
 - Primary prevention, including afterschool activities, dropout prevention (the City already operates an award-winning truancy abatement program), and job programs (this could include the creation of a hotline accessible to youth who are feeling pressure to join gangs);
 - Secondary prevention, targeting children ages 7 through 14 who display early problem behavior (and younger children as appropriate);
 - Intervention, targeting active gang members and associates;
 - Suppression;
 - Reentry (Albany County recently initiated a reentry program).

The Implementation Coalition should identify and prioritize the opportunities for additional or strengthened and expanded programming.

⁸ The City operates a gang prevention program that includes educational sessions for elementary and middle school students, gang awareness seminars for school and other agencies' staff, a recreational program for age-appropriate youth on Saturday evenings during the school year ("Teen Night"), visits to prisons and colleges (the "Choices" program), and counseling and referrals.

⁹ See National Youth Gang Center, *Best Practices to Address Community Gang Problems: OJJDP's Comprehensive Gang Model* (Washington: Author).

14. The City, in conjunction with the Albany City School District, should explore the development of additional forms of alternative education, beyond (or instead of) those currently utilized in the Albany City schools.¹⁰ Research on alternative education indicates that the effectiveness of these initiatives turns to a large extent on the strength of program implementation, the degree to which at-risk youth are targeted for participation, and the nature of follow-up that is provided to ensure that effects are not short-lived. Albany's alternative education programming should conform with evidence-based practices.
15. The City should develop and implement parent training programs. Effective parenting is indisputably a major factor in children's social development. Supportive parent-child relationships, parental supervision, and appropriate and consistent parental discipline, all shape the positive development of youth, and interventions that improve parenting skills could be expected to reduce violence and other delinquency. Parent training can take many different forms – parent education, parent support groups, parent aid – and be delivered through several different settings – churches, schools, community centers, or at home. Many parent-training programs have been offered as components of broader family interventions that target juvenile offenders or high-risk youth, while other programs are (or can be) free-standing. One such program, for example, includes a basic and an advanced curriculum for the parents of children up to 10 years of age who display behavior problems or are at high risk.
16. The City should take creative steps to put currently unused physical resources into service for community purposes, as facilities for social, recreational, educational, and other activities that could be expected to generate benefits in violence prevention. For examples: schools could be

¹⁰ Although the Task Force has been unable to collect information from the School District other than that which is publicly available at the District's web site, we gather that alternative education in Albany takes the forms of:

1. "in-house" programs at the middle school and high school levels, for both underachievers and disruptive students, which provide for smaller classes separate from mainstream classes;
2. a program for students in grades 10 through 12 "aimed at students who enjoy hands-on learning";
3. the Middle School Alternative Program, serving 7th and 8th grade students with more serious behavioral problems, with classes held at the Adult Learning Center;
4. the Tutorial Opportunities Program for Students (TOPS), for students in grades 7 through 12 who violate the District's Safe Schools Policy, with a capacity of 60 students in three rooms of 10 students each, with two (presumably half-day) sessions per day; and
5. Harriet Gibbons High School, for up to 200 9th grade students in a "smaller, more personalized learning environment."

used as after-hours community centers, including afterschool programming¹¹; vacant buildings could be used for community and vocational training centers.

¹¹ Additional afterschool programming would be a violence-prevention asset. See OJJDP's Model Programs Guide (http://www.dsgonline.com/mpg2.5/afterschool_recreation_prevention.htm), and also see information available from the Afterschool Alliance (<http://www.afterschoolalliance.org/>).

APPENDIX A



THE JOHN F. FINN INSTITUTE
FOR PUBLIC SAFETY, INC.

Hospital-Based Violence Prevention Programs: An Overview

Prepared for
The City of Albany Gun Violence Task Force

423 New Karner Rd
Suite 5
Albany, NY 12205
PH: 518-456-6323
FAX: 518-456-6312

Robert E. Worden, Ph.D.
Director

Sarah J. McLean, Ph.D.
Associate Director

The Finn Institute is solely responsible for the contents of this report. Points of view or opinions in this document are those of the authors and do not represent the official position of the Gun Violence Task Force.

Introduction

Some violence prevention programs provide for interventions with victims of violence that commence at the point of their hospitalization. We might call these programs hospital-based, inasmuch as the hospital is the site at which would-be participants are identified and at which the intervention is initiated, even though many of the services that are provided are not delivered by or within the hospital. Research shows that patients admitted with intentionally inflicted injuries are at elevated risk of repeat violence, and one might speculate that they are also at elevated risk of perpetrating violence, in retaliation or more generally, and that in the immediate aftermath of a violent injury, victims would be especially receptive to behavioral change. Some programs that target this population for intervention have been effective in reducing their risk. Research also shows that such programs vary some in their components. Drawing on studies of several programs, we first describe the principal components of the programs, and we then summarize the evidence on program effectiveness.¹ The programs include these: Boston City Hospital's Violence Prevention Program; the Violence Intervention Program at the University of Maryland School of Medicine in Baltimore; a program at the Harborview Medical Center in Seattle; a program at a Chicago level 1 trauma center; and a program at an unnamed children's hospital.² In addition, a program of this kind currently operates at Golisano Children's Hospital at Strong in Rochester, about which the Task Force has already learned, and a hospital-based initiative is part of the CeaseFire program in Chicago; neither of these has been systematically studied, but some descriptive information is available, and some anecdotal evidence about outcomes is available about the latter.³ Finally we note estimates of the incidence of assault-related injuries in Albany, based on police records of incidents reported to them between 2000 and 2006.

Program Components

Hospital-based violence-prevention programs vary mainly with respect to two broad components: the target population; and the nature, intensity and duration of the services provided. We would note also that some target populations afford greater leverage on client participation and retention in the program, and insofar as program retention contributes to programmatic success, this leverage may enhance program effectiveness.

¹ We gratefully acknowledge the research assistance of Jennifer Owens.

² On Boston's program, see Edward De Vos, David A. Stone, Margaret A. Goetz, and Linda L. Dahlberg, "Evaluation of a Hospital-Based Youth Violence Intervention," *American Journal of Preventive Medicine* 12:5 (suppl, 1996): 101-108. On Baltimore's program, see Carnell Cooper, Dawn M. Eslinger, and Paul D. Stolley, "Hospital-Based Violence Intervention Programs Work," *Journal of Trauma Injury, Infection, and Critical Care* 61:3 (2006), pp. 534-540. On Seattle's program, see Larry M. Gentilello, et al., "Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence," *Annals of Surgery* 230:4 (1999), pp. 473-480. On Chicago's program, see Leslie S. Zun, LaVonne Downey, and Jodi Rosen, "The Effectiveness of an ED-Based Violence Prevention Program," *American Journal of Emergency Medicine* 24 (2006), pp. 8-13. On the program in the unnamed children's hospital, see Tina L. Cheng, et al., "Randomized Trial of a Case Management Program for Assault-Injured Youth," *Pediatric Emergency Care* 24:3 (2008), pp. 130-136.

³ On CeaseFire's emergency room response initiative in Chicago, see http://www.ceasefirechicago.org/R_response.shtml and Advocate Christ Medical Center / CeaseFire Violence Prevention Outreach Program, *A Synopsis of Twelve Test Cases* (<http://www.ceasefirechicago.org/Hospital%20Pilot%20Proposal%202.htm>) (accessed July 2, 2008).

Target population

The target populations for hospital-based programs all include patients admitted for an injury related to a violent assault, but they vary in terms of subjects' age, substance abuse, criminal justice status, and histories of assault-related injuries. A program might serve both juveniles and adults, as Chicago's program does, or it might serve only juveniles or only adults. Boston's program, for example, treats adolescents aged 12 to 17, and Rochester's program treats juveniles. Baltimore's program, in contrast, treats only adults age 18 and over. In addition, Baltimore's program is limited to victims who are currently under criminal justice supervision, on probation or parole, and who were admitted at least once previously for such an injury. Seattle's program is limited to adult patients who are screened positively for alcohol abuse.

Services

These programs, in general, provide for moderately or more intensive case management with referrals as needed to a variety of services, including individual and family counseling, support groups, parenting education, tutoring and alternative education, employment training, youth mentoring, anger management, legal aid, recreational and after-school programs, crisis intervention, mental health treatment, substance abuse treatment, community-based violence prevention programs, outpatient child psychiatry, and medical services. Case managers assess the needs of the clients and plan and coordinate service delivery accordingly. The Baltimore program is particularly intensive, providing in addition for bi-weekly (or more frequent) meetings with a social worker or case worker, meetings with probation or parole officers, weekly group encounter sessions, and home visits by the program team. The duration of program involvement ranges from four months to over six months. The CeaseFire-Chicago program provides for responses by "CeaseFire violence interrupters and outreach workers, street-savvy individuals – many of them ex-offenders – who have strong ties in their communities and the ability to connect with the high-risk population"; the program seeks to mediate conflicts and prevent retaliation, as well as facilitate clients' access to needed services.

Outcomes

The effectiveness of these programs has been examined in terms of a number of outcomes, including the incidence of re-injury, arrest, conviction, and incarceration, as well as service utilization, substance use, employment, and (for Seattle's program) alcohol consumption. Only a few program evaluations have been conducted, however, so we can not capitalize on a broad base of research findings in order to draw inferences about the relative efficacy of different program structures and components or about the magnitude of program impacts, and we cannot with confidence estimate the ratio of benefits to costs.⁴

In general, the incidence of re-injury was lower among the patients in treatment groups, compared with that of control groups, in experimental studies with fairly strong research designs.

⁴ The report on Boston's program describes the design of an evaluation, and provides baseline data, but it does not include evaluation findings, and we have been unable to locate any other report on that program. The only outcome information on the CeaseFire hospital initiative of which we are aware is anecdotal in nature; the initiative was not examined as a part of the evaluation recently completed by Northwestern University (Wesley G. Skogan, et al., *Evaluation of CeaseFire-Chicago* (Evanston, Ill.: Northwestern University, 2008).

Clients in Baltimore's program, for instance, were one sixth as likely to be hospitalized for a violent injury as the control group over a comparable follow-up period (ranging from less than one year to over two years). Chicago's program was also effective, though somewhat less so: 8 percent of the treatment group, compared with 20 percent of the control group, sustained a (self-reported) assault-related injury (though no difference was found in the prevalence of return visits to the emergency department). The program in the unspecified children's hospital also yielded a lower prevalence of assault-related injuries among the treatment group than among a control group, though with small samples, the difference was not statistically significant at a conventional level.

In addition, the incidence of violence perpetrated by patients in treatment groups was somewhat lower, compared with that of control group subjects, though the findings were not uniformly positive. Participants in Baltimore's program were one third as likely as control group subjects to be arrested for a violent crime during the follow-up period, and one fourth as likely to be convicted of a violent offense. Youth who participated in the children's hospital program were less likely than those in the control group to have been in a physical fight, though they were equally likely to have carried a weapon. And the evaluation of Chicago's program showed no evidence of effects on post-intervention arrests, incarceration, or self-reported offending. In the pilot phase of the CeaseFire-Chicago hospital program, twelve "test cases" were tracked, from which staff surmised that four retaliations were prevented.

Most reported evaluations of programs of this nature have not included information on the costs of the programs, and of course the cost will hinge on the components that comprise the program. But most of these programs, it appears, are operated at a fairly low direct cost inasmuch as they make use of existing service delivery (and payment) mechanisms, e.g., for counseling, substance abuse treatment, youth mentoring, mental health treatment, and the like. The cost of a case manager who coordinates referrals for these services is fairly modest – in Chicago, approximately \$65,000 for a case manager with a caseload of 20.

According to the Centers for Disease Control, a non-fatal assault entails \$57,209 in lost productivity and \$24,353 in medical services.⁵ The cost of medical care is subject to variation across hospitals, of course, and so the health-care savings of prevented injuries in any one hospital could be more or less than the average. Cooper, et al., report that "the total cost of hospitalization for the three recidivists from the intervention group [of 56] was \$138,000, compared with \$736,000 for the 16 recidivists from the nonintervention group [of 44]," based on an average cost of \$46,000 for the management of an assault-related injury at that hospital.

⁵ Phaedra S. Corso, James A. Mercy, Thomas R. Simon, Eric A. Finkelstein, and Ted R. Miller, "Medical Costs and Productivity Losses Due to Interpersonal and Self-Directed Violence in the United States," *American Journal of Preventive Medicine* 32:6 (2007), pp. 474-482.

Assault-Related Injuries in Albany

Last year, in a report to the Albany Common Council, we provided estimates of injuries sustained by the victims of violent crime.⁶ Based on police records of criminal incidents, in which victims' injuries may be characterized as "major" or "minor," we found that nearly one quarter of the 137 victims of serious gun assaults, along with three percent of the more numerous victims of non-gun assaults, had suffered a major injury. More than one third of the gun assault victims, and almost two thirds of the non-gun assault victims, had what police recorded as a minor injury. Unfortunately, these data cannot tell us how many of these injuries eventuated in a visit to a hospital emergency department, nor can they tell us how many assault-related injuries were never reported to the police.⁷ We can surmise that the number of assault-related injuries originating in the City of Albany that are treated in hospital emergency departments is substantial. Estimates of "violence-related recidivism" – that is, the fraction of people once injured as a result of intentional violence who are injured by assault on a second or subsequent occasion – range from 6 percent to as high as 45 percent.⁸ If the rate of violence-related recidivism in Albany lies within that range, then a violence prevention program of moderate effectiveness might well save more than it costs in medical care alone.

Program Options

A hospital-based violence prevention program in Albany need not be modeled after any one of the programs reviewed above, but rather could and should be formed to suit the environment of Albany, including the contours of violence in this city. Youth are disproportionately represented among the victims of violent crime, but a program that focuses exclusively on juveniles would fail to reach many of those at the highest risk of violent victimization and offending. The law affords greater programmatic leverage on juvenile victims of violence, and on their parents or guardians, and conditions of probation or parole afford some leverage on victims who are under criminal justice supervision; a violence prevention intervention might be especially effective on these populations.

If the program will consist of the delivery of services to high-risk individuals, addressing identifiable risk factors, then the program would be appropriately staffed with professional caseworkers. If in addition the program will provide for an intervention that is designed to reduce the immediate potential for retaliation, then staffing might include, in addition or instead, the kind of "street-savvy" outreach workers employed by CeaseFire-Chicago, who have a natural rapport with the highest-risk youth – youth who disproportionately are economically disadvantaged, African-American, and gang-involved.

⁶ Robert E. Worden and Sarah J. McLean, *Violent Crime in Albany: A Preliminary Assessment*, A Report to the Albany Common Council (Albany: John F. Finn Institute for Public Safety, 2007), pp. 7-8.

⁷ Nationally, about 40 percent of serious (aggravated) assaults are not reported to police. See Michael Rand and Shannan Catalano, *Criminal Victimization, 2006* Bureau of Justice Statistics Bulletin (Washington: Department of Justice, 2007).

⁸ Zun, et al., "The Effectiveness of an ED-Based Violence Prevention Program," p. 9.

APPENDIX B


F I N N

THE JOHN F. FINN INSTITUTE
FOR PUBLIC SAFETY, INC.

CeaseFire-Chicago: A Synopsis

**Heidi S. Bonner
Sarah J. McLean, Ph.D.
Robert E. Worden, Ph.D.**

October 31, 2008

423 New Karner Rd
Suite 5
Albany, NY 12205
PH: 518-456-6323
FAX: 518-456-6312

**Robert E. Worden, Ph.D.
Director**

**Sarah J. McLean, Ph.D.
Associate Director**

The John F. Finn Institute for Public Safety, Inc., is an independent, not-for-profit and non-partisan corporation, whose work is dedicated to the development of criminal justice strategies, programs, and practices that are effective, lawful, and procedurally fair, through the application of social science findings and methods. The Institute conducts social research on matters of public safety and security – crime, public disorder, and the management of criminal justice agencies and partnerships – in collaboration with municipal, county, state, and federal criminal justice agencies, and for their direct benefit. The findings of the Institute’s research are also disseminated through other media to criminal justice professionals, academicians, elected public officials, and other interested parties, so that those findings may contribute to a broader body of knowledge about criminal justice and to the practical application of those findings in other settings.

The Finn Institute was established in 2007, building on a set of collaborative projects and relationships with criminal justice agencies dating to 1998. The first of those projects, for which we partnered with the Albany Police Department (APD), was initiated by John Finn, who was at that time the sergeant who commanded the APD’s Juvenile Unit. Later promoted to lieutenant and assigned to the department’s Administrative Services Bureau, he spearheaded efforts to implement problem-oriented policing, and to develop an institutional capability for analysis that would support problem-solving. The APD’s capacity for applying social science methods and results thereupon expanded exponentially, based on Lt. Finn’s appreciation for the value of research, his keen aptitude for analysis, and his vision of policing, which entailed the formulation of proactive, data-driven, and – as needed – unconventional strategies to address problems of public safety. Lt. Finn was fatally shot in the line of duty in 2003. The Institute that bears his name honors his life and career by fostering the more effective use of research and analysis within criminal justice agencies, just as Lt. Finn did in the APD.

Introduction

The term “Ceasefire” is widely associated with Boston’s “Operation Ceasefire,” which was a focused deterrence initiative conceived and implemented in 1996, and replicated (with some variations) in a number of other cities since then. Focused deterrence initiatives target high-risk offenders for enhanced enforcement, and notify the offenders that continued violence will evoke extraordinary enforcement actions, in order to more effectively deter the violence in which the targeted offenders are prone to engage.¹ However, a number of other violence-reduction programs go by the name “Ceasefire,” and they are not focused deterrence initiatives. One of those, implemented by the Chicago Project for Violence Prevention (CPVP), differs from the Boston model in a number of respects, but it too has been favorably evaluated.² We briefly describe the philosophy and theory behind CeaseFire-Chicago, describe the program components, and discuss the findings on its effectiveness.

Chicago implemented the Project for Violence Prevention in 1995. Unlike the enforcement-focused, deterrence-based CeaseFire strategies favored by Boston and its progeny, Chicago’s program applies what it characterizes as a public health approach to violence prevention. That is, violence is viewed as a serious health threat in the same way as polio, smallpox, and HIV/AIDS. The disease metaphor implies that the spread of violence can be interrupted. According to CPVP Executive Director Gary Slutkin, “punishment doesn’t drive behavior. Copying and modeling and the social expectations of your peers is what drives your behavior.”³ A two-stage approach toward violence follows from this premise. First, Slutkin observes, as you would fight tuberculosis, “find those who are most infectious and stop the transmission. This means going after young men most likely to fire a gun and set off a spiral of further violence and try to stop them pulling the trigger. The longer-term aim, like treating AIDS, is to change the behavior of the whole group so that shooting (like unsafe sex) becomes unacceptable in the peer group, even gang communities.”⁴

We would note that if CeaseFire-Chicago represents the public health approach to gun violence,⁵ it does not differ dramatically from a contemporary criminal justice approach. Over the past twenty-five years, criminal justice has become more proactive and more preventative in its approach to public safety problems, more eclectic in the tactics that are designed and implemented, and more prone to partner with social service agencies and community institutions to reduce crime and disorder. The parallels between these approaches extend from strategic theory to strategic practice. Criminologists will recognize the proposition that peer influences shape the (delinquent) behavior of youth as social learning theory. Law enforcement will recognize the concentration on high-risk youth as the same strategic focus of focused deterrence initiatives.

CeaseFire’s program theory rests on three factors that contribute to violence – norms, decision-making, and risks – and the CeaseFire model addresses each in turn. First, to

¹ See Heidi S. Bonner, Robert E. Worden, and Sarah J. McLean, *Focused Deterrence Initiatives: A Synopsis* (Albany: John F. Finn Institute, 2008).

² For a comprehensive description and evaluation of CeaseFire-Chicago, see Wesley G. Skogan, Susan M. Harnett, Natalie Bump, and Jill DuBois, *Evaluation of CeaseFire-Chicago* (Chicago: Northwestern University Institute for Policy Research, 2008).

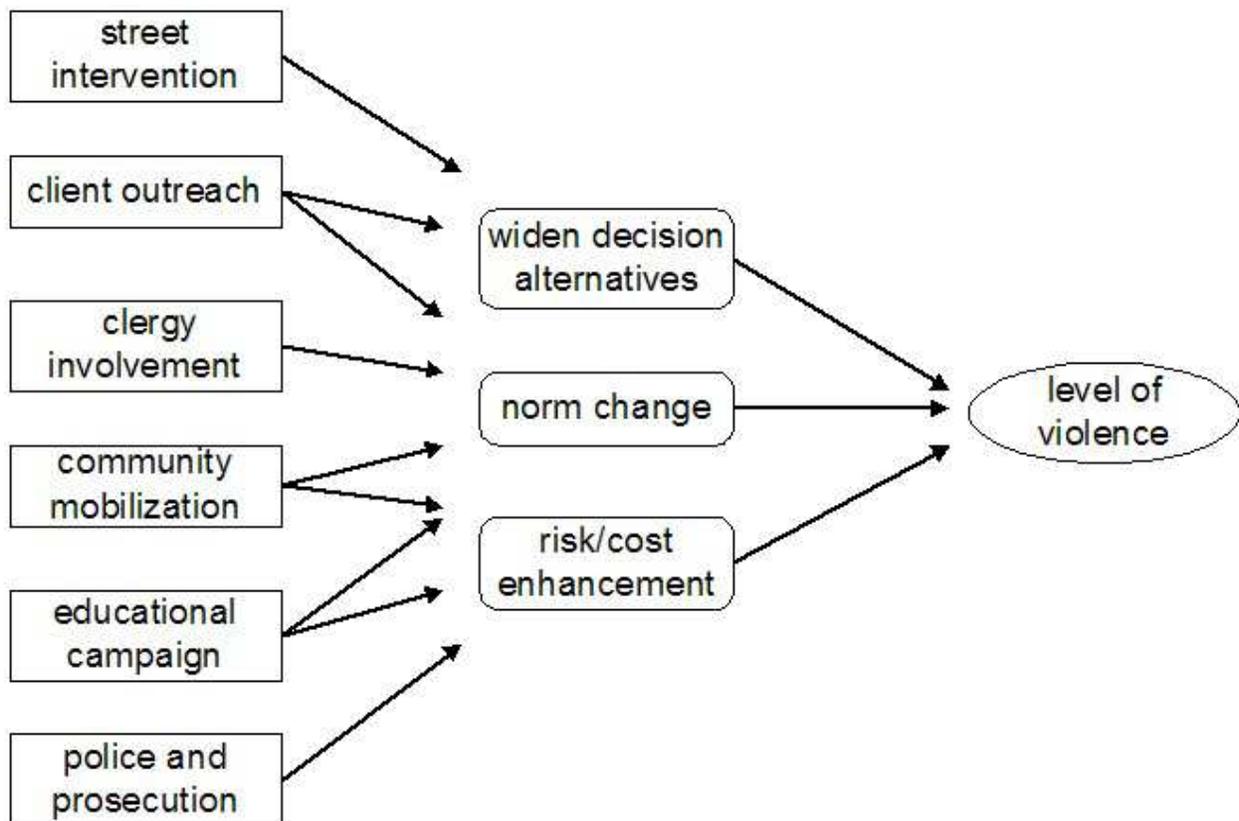
³ Alex Kotlowitz, “Blocking the transmission of violence,” *The New York Times Magazine* (May 4, 2008).

⁴ Damian Whitworth, “Street violence is an infection. I can cure it,” *The Times* (July 2, 2008). Available online at http://women.timesonline.co.uk/tol/life_and_style/women/the_way_we_live/article4251027.ece.

⁵ Also see David Hemenway, *Private Guns, Public Health* (Ann Arbor, Mich.: University of Michigan Press, 2004), especially chap. 2.

influence community norms about the appropriateness of violence, CeaseFire-Chicago provides for community mobilization, public education, and mentoring via outreach workers (more on these components below). Second, to provide immediate alternatives to violence at the time when individuals are making decisions about retaliation, CeaseFire-Chicago uses “violence interrupters” to intervene. Finally, to heighten awareness of risks – incarceration, injury, or death – CeaseFire communicates a classic deterrence message.

CeaseFire-Chicago’s Program Theory⁶



To date, Baltimore, Maryland, Kansas City, Missouri, and a number of cities in New Jersey, including Newark, Irvington, and Camden, have adopted the CeaseFire-Chicago model. Rigorous evaluations have not been conducted in these other jurisdictions, and in some cases it is difficult to ascertain whether the jurisdiction is implementing the Boston model, the Chicago model, or some hybrid of the two.

⁶ Skogan, et al., *op cit.*, p. 1-4.

Program Components

The goal of CeaseFire is simple – prevent shootings. Although CeaseFire staff hopes for broader behavioral changes, there is no expectation that offenders will desist from offending altogether, only that they refrain from gun violence. Furthermore, the Chicago strategy focuses on *preventing* harm (in the form of shootings), though harm *reduction* is also seen as a worthwhile goal. Although CeaseFire staff frequently negotiate truces to prevent violence, they also occasionally negotiate a fistfight or payment of a fine in order to prevent a *shooting*. On-the-spot alternatives to gun violence are improvised. Because the CeaseFire goal is so tightly defined, the program focuses on behavior change among a small number of individuals in a community (most outreach workers have only ten clients at a time).

CeaseFire-Chicago puts community involvement, not law enforcement, at the forefront. Project members involve community-based organizations and focus on street-level outreach and conflict mediation to change community norms regarding violence (particularly gun violence). These CeaseFire activities are conducted in each of 25 sites across Chicago, and they are organized around five core components: outreach and violence interruption, public education, faith-based leader involvement, community mobilization, and criminal justice participation.⁷

Outreach and Violence Interruption

Outreach workers are street-smart individuals who maintain a client base of high-risk youth. Their goal is to establish a relationship with their clients so that they may attempt to steer them away from violence and toward education and employment opportunities. Outreach workers are trained to recruit as clients high-risk individuals, who meet at least four of the following criteria: between the ages of 16 and 25; have a prior offense and arrest history; a member of a gang; formerly in prison; the recent victim of a shooting; involved in high risk activity (in practice, this meant involvement in street drug markets).⁸ CeaseFire participants are recruited on the streets.

Violence interrupters, generally former gang members, represent a newer CeaseFire component, which dates to 2004. Violence interrupters were added to the CeaseFire program because outreach workers were unable to reach the most high-risk people. Interrupters have the necessary background – a familiarity with the players and an intimate understanding of gang culture – to navigate the street gang world. Under the program model, interrupters work at night to monitor impending conflicts; their focus is to reach out to high-level gang leaders to call for truces and to stop retaliations. In January 2005, two full-time violence interrupters were placed at a local hospital to mediate with victims of violence and their families.

Public Education

In addition to client-oriented outreach work and case-oriented conflict mediation, CeaseFire-Chicago employs a broad-based public education campaign to promote nonviolence. Following a public health approach that has been successful in targeting smoking, seat belt use, drunk driving and more, the public education campaign seeks to change community norms and increase awareness of the costs of violence. Neighborhoods are saturated with succinct nonviolence messages (“Stop the Killing,” “No More Shooting”) in a variety of formats (posters,

⁷ CeaseFire: Fiscal Year 2007, Report to the State of Illinois (August 2007). Available at: <http://www.ceasefirechicago.org>.

⁸ Skogan, et al, *op cit*.

flyers, yard signs, bumper stickers, etc) that point out the consequences of gun violence. CeaseFire staff believe that it is the volume of literature distributed rather than the details of the message that result in behavior change, which is why saturation is key to the public education component. The goal is “massive messaging.”⁹

Faith-Based Leader Involvement

CeaseFire also enlists the help of faith-based leaders in the community, whose work is intended to complement that of CeaseFire outreach workers and assist in community mobilization. Clergy are considered one of CeaseFire’s most important local partners both for outreach and for direct service provision. Eighty-seven percent of the churches collaborating with CeaseFire had separate not-for-profit arms that provided services.¹⁰ Clergy also operate safe havens, counsel high-risk youth, provide leadership in response to shootings, and preach nonviolence. Because many people turn to their place of worship for comfort and guidance, “faith-based leaders are in a unique position to influence the thinking and behavior of community members and those who are at risk of involvement in shootings and killings.”¹¹ Indeed, 72 percent of surveyed clergy had direct contact with CeaseFire clients.¹²

Community Mobilization

Community mobilization efforts are designed to build a base of support for CeaseFire activities, stop violence in the near term, and change the underlying conditions that lead to violence in the long term. According to the CeaseFire-Chicago website, the development of a violence prevention plan – which describes the violence in the community, efforts to respond, and identified the goals and activities directed at stopping the shootings – is central to mobilizing a community. Additionally, community organizations were often asked to provide citizen input (via local coalitions). Members served on hiring panels, and helped generate turnout for marches and responses to shootings. Additionally, when CeaseFire staff had to travel to the state capital to lobby for support, community organization members often help fill the buses.

Law Enforcement

Finally, CeaseFire is heavily dependent on partnerships with criminal justice, especially for information. CPVP basically “structured their entire initiative around the availability of timely information on shootings and killings from police.”¹³ However, the police were generally reluctant to share intelligence, and although police headquarters was aware that CeaseFire wanted access to information in the police districts, no policy guidance was given to local commanders on how to respond to information requests. Some sites managed to gather information in other ways (e.g. via a police scanner). But we might expect that such reluctance to share information with non-sworn personnel – especially people whose backgrounds afford them access to the street gang world – would be found in any city that implements a CeaseFire program. At the same time, CeaseFire staff had information that law enforcement wanted, but their credibility with clients and others would be compromised were they to share it. These

⁹ Skogan, et al., *op cit.*, p. 1-11

¹⁰ Skogan, et al., *op cit.*

¹¹ CeaseFire: Fiscal Year 2007, Report to the State of Illinois (August 2007), p. 4, available at <http://www.ceasefirechicago.org>.

¹² Skogan, et al., *op cit.*, based on survey results.

¹³ Skogan, et al., *op cit.*, pp. 6-12.

mutually unfulfilled expectations, along with histories of unpleasant contacts with the police, were the sources of tension between police and CeaseFire staff.

Police commanders also sat on hiring panels and officers frequently participated in CeaseFire directed community responses to shootings, providing security and traffic control at CeaseFire events. But plans for enhanced prosecution of perpetrators in shootings were never realized.

Costs

Original funding for CeaseFire-Chicago came from multiple sources; contributions from federal and state grants as well as from local foundations and corporations led to a budget of \$6.2 million for 2005 and \$9.4 million for 2006. However, in 2007 Illinois' governor discontinued funding for CeaseFire and the operating budget dropped to \$3.6 million.¹⁴ Interestingly, although the mayor was supportive of the program, the City of Chicago never provided any funding. Individual CeaseFire sites operate on budgets of about \$250,000 per year.¹⁵

The CeaseFire program currently operates in five areas in Chicago – only two of these sites remain under the CPVP umbrella. Due to the loss of state funding in 2007, CPVP operates a CeaseFire demonstration and training program on Chicago's West Side (with federal funding) and also has grant funding to provide training and technical assistance to other cities seeking to implement the CeaseFire model.

Outcomes

Skogan and his colleagues conducted an extensive process and outcome evaluation of CeaseFire-Chicago. For the process evaluation they conducted observations, interviews and surveys to examine how the program operated in the field, and for the outcome evaluation they utilized statistical models, hot spot maps and network analyses to assess CeaseFire's impact on shootings and murders.¹⁶ The authors caution that shortcomings of the data and the time series research design temper the conclusions that can be reached about the impact of CeaseFire on violent crime.¹⁷ However, an analysis of seven Chicago sites (of the twenty-five in which the program then operated) reveals that the introduction of CeaseFire was associated with significant declines in actual and attempted shootings in four areas. Additionally, four sites experienced declines in persons actually shot. Overall, six of the seven program areas became

¹⁴ Funding for CPVP staff was stable because it came from local foundations and the Illinois Criminal Justice Information Authority (which manages federal pass through money). Individual CeaseFire sites, however, were funded by yearly appropriations from the state legislature which made them vulnerable to political machinations. See Skogan, et al, *op cit*.

¹⁵ Skogan, et al., *op cit*.

¹⁶ Evaluation staff observed 63 headquarters meetings and 52 weekly meetings of violence interrupters and outreach workers, and conducted interviews with 10 headquarters staff. Multiple visits were made to 18 program sites and staff conducted 79 interviews, attended 31 meetings, and went on 15 ride-alongs with outreach workers. A total of 153 surveys were gathered from CeaseFire staff and evaluation staff conducted 230 interviews with potential CeaseFire collaborators (clergy, police, business, etc). Additionally, staff interviewed 297 CeaseFire clients.

¹⁷ These shortcomings include a lack of any measures of strength of the programs in the analysis, the use of crime rates (due to significant changes in beat populations over the time frame) and potential errors from projecting population figures forward from the 2000 Census, and a large degree of spillover in the geographical targeting of interventions.

safer and there is conclusive evidence in four of the six sites that a decrease in the intensity of shooting hot spots was due to the introduction of CeaseFire.¹⁸

Transplanting Ceasefire-Chicago

Chicago-CeaseFire is based on an explicit and plausible set of expectations – its program theory – and the evaluation conducted by Skogan, et al., was well-designed and executed, with fairly persuasive evidence of impacts on shootings and shooting related injuries. CeaseFire-Chicago is, then, a program that offers promise of some relief from gun violence in urban neighborhoods in which gun violence is rife. We would caution localities considering such a program, however, that the generalizability of the findings from Chicago are unknown. Programs that have sought to replicate the model are in the early stages, making it difficult to assess the success with which the program can be adapted and implemented in other settings. Nor do we know whether every component (e.g., outreach workers, violence interrupters, the faith community) is vital, or whether sites exploring the development of such a program might eliminate a component or alter the model without compromising its violence reduction benefits.

In making an informed decision to adopt a CeaseFire program, which is service intensive, localities should take stock of existing resources to ensure that offenders contacted by program staff have access to a broad array of services (e.g. social, educational, and vocational) and, where available, evidence-based services and programs.

Localities considering the adoption of such a program should acknowledge at the outset the importance of information sharing. The resistance of Chicago law enforcement to sharing information with CeaseFire staff is not surprising, given the entrenched resistance of law enforcement to sharing information, the background of many violence interrupters, and the multi-site scope of the program, which necessitates buy-in from multiple districts and levels within the police department. The resistance of CeaseFire staff to sharing their information with law enforcement is also unsurprising, as they must maintain the trust of their clients and other people on the street in order to be effective. Program planners should describe the nature of needed information and work with law enforcement to prescribe information sharing protocols.

Justice, service, and community-based agencies working together can interrupt the cycle of violence. With the shared commitment of a multi-agency partnership, violence prevention efforts benefit from the perspective and expertise of each agency, and the costs need not be borne by any single agency. Moreover, the sustainability of any program is bolstered by multiple streams of funding, as it becomes less likely that cuts in one source of funding will force the program to close its doors. Jurisdictions considering the adoption of a CeaseFire program should capitalize on the opportunity to tap blended funding streams.

¹⁸ The intensity of shooting hot spots declined in two other sites as well, but evidence linking the decline to CeaseFire was inconclusive.

APPENDIX C


F I N N

THE JOHN F. FINN INSTITUTE
FOR PUBLIC SAFETY, INC.

Focused Deterrence Initiatives: A Synopsis

**Heidi S. Bonner
Robert E. Worden, Ph.D.
Sarah J. McLean, Ph.D.**

October 31, 2008

423 New Karner Rd
Suite 5
Albany, NY 12205
PH: 518-456-6323
FAX: 518-456-6312

**Robert E. Worden, Ph.D.
Director**

**Sarah J. McLean, Ph.D.
Associate Director**

The John F. Finn Institute for Public Safety, Inc., is an independent, not-for-profit and non-partisan corporation, whose work is dedicated to the development of criminal justice strategies, programs, and practices that are effective, lawful, and procedurally fair, through the application of social science findings and methods. The Institute conducts social research on matters of public safety and security – crime, public disorder, and the management of criminal justice agencies and partnerships – in collaboration with municipal, county, state, and federal criminal justice agencies, and for their direct benefit. The findings of the Institute’s research are also disseminated through other media to criminal justice professionals, academicians, elected public officials, and other interested parties, so that those findings may contribute to a broader body of knowledge about criminal justice and to the practical application of those findings in other settings.

The Finn Institute was established in 2007, building on a set of collaborative projects and relationships with criminal justice agencies dating to 1998. The first of those projects, for which we partnered with the Albany Police Department (APD), was initiated by John Finn, who was at that time the sergeant who commanded the APD’s Juvenile Unit. Later promoted to lieutenant and assigned to the department’s Administrative Services Bureau, he spearheaded efforts to implement problem-oriented policing, and to develop an institutional capability for analysis that would support problem-solving. The APD’s capacity for applying social science methods and results thereupon expanded exponentially, based on Lt. Finn’s appreciation for the value of research, his keen aptitude for analysis, and his vision of policing, which entailed the formulation of proactive, data-driven, and – as needed – unconventional strategies to address problems of public safety. Lt. Finn was fatally shot in the line of duty in 2003. The Institute that bears his name honors his life and career by fostering the more effective use of research and analysis within criminal justice agencies, just as Lt. Finn did in the APD.

Introduction

Focused deterrence – also known as “lever-pulling” – is a matter of enhancing the threat of criminal sanctions for the highest-risk offenders and deliberately communicating that threat in order to maximize its impact on offenders’ behavior. Research has repeatedly shown that a small number of offenders account for a disproportionately large volume of violent crime.¹ Further, violence is often concentrated in specific neighborhoods. By focusing amplified enforcement efforts – pulling all of the available levers – on the individuals most likely to commit violent crimes (in the neighborhoods in which they are most active), and thereby increasing the threatened likelihood of their apprehension and/or the severity of the sanctions applied, law enforcement and other community actors can expect to deter criminal acts. It might also be possible to disrupt or reverse patterns of peer influence that draw youth into violence. A number of communities have implemented focused deterrence initiatives, and some of these interventions have been demonstrably effective in reducing levels of youth violence. Drawing on studies of several programs, we first describe their principal components and then summarize the evidence on program effectiveness. The programs described include: Boston’s Operation Ceasefire; the Violence Reduction Partnership (IVRP) in Indianapolis; Chicago’s Project Safe Neighborhoods (PSN) initiative; the PSN program in Lowell, Massachusetts; East Los Angeles’ Hollenbeck Operation Ceasefire; High Point, North Carolina’s West End Initiative; Minneapolis’ Hope, Education, Law and Safety (HEALS) Initiative; Winston-Salem’s Strategic Approaches to Community Safety Initiative (SACSI) program; the SACSI program in Rochester; and the Cincinnati Initiative to Reduce Violence.²

¹ For example, research prior to the implementation of the Winston-Salem SACSI program revealed that only 0.4 percent of the total juvenile population had been charged with violent offenses, and that only 0.05 percent of the juvenile population was regarded as “serious” violent offenders; Doug Easterling, Lynn Harvey, Donald Mac-Thompson, and Marcus Allen, *Evaluation of SACSI in Winston-Salem: Engaging the Community in a Strategic Analysis of Youth Violence* (Washington: NCJRS, 2002). Additionally, a homicide review in Cincinnati revealed that less than 1 percent of the city’s total population was responsible for 74 percent of the homicides; Robin S. Engel, S. Gregory Baker, Marie S. Tillyer, John Eck, and Jessica Dunham, *The Implementation of the Cincinnati Initiative to Reduce Violence (CIRV): Year 1 Report* (Cincinnati: University of Cincinnati Policing Institute, 2008).

² On Boston’s program, see Anthony A. Braga, David M. Kennedy, Elin J. Waring, and Anne M. Piehl, “Problem-Oriented Policing, Deterrence, and Youth Violence: An Evaluation of Boston’s Operation Ceasefire,” *Journal of Research on Crime and Delinquency*, 38 (2001), pp. 195-225; see also David M. Kennedy, Anthony A. Braga, and Anne M. Piehl, *Reducing Gun Violence: The Boston Gun Project’s Operation Ceasefire* (Washington: NIJ, 2001). On Indianapolis’ program, see Edmund F. McGarrell, Steven Chermak, Jeremy M. Wilson, and Nicholas Corsaro, “Reducing Homicide through a ‘Lever-Pulling’ Strategy,” *Justice Quarterly*, 23 (2006), pp. 214-231. On Chicago’s program, see Andrew Papachristos, Tracey Meares, and Jeffrey Fagan, *Attention Felons: Evaluating Project Safe Neighborhoods in Chicago* (New York: Columbia University, 2006). On Lowell’s program, see Anthony A. Braga, Glenn L. Pierce, Jack McDevitt, Brenda J. Bond, and Shea Cronin, “The Strategic Prevention of Gun Violence Among Gang-Involved Offenders,” *Justice Quarterly*, 25 (2008), pp. 132-162. On East Los Angeles’ program, see George Tita, K. Jack Riley, Greg Ridgeway, Clifford Grammich, Allan F. Abrahamse, and Peter W. Greenwood, *Reducing Gun Violence: Results from an Intervention in East Los Angeles* (Santa Monica: RAND, 2003). On High Point’s program, see High Point, North Carolina Police Department, *High Point West End Initiative: A Data-Driven, Police & Community Partnership Strategy to Reduce Drug-related Crime and Violence*. On Minneapolis’ program, see David M. Kennedy and Anthony A. Braga, “Homicide in Minneapolis: Research for Problem Solving,” *Homicide Studies*, 2 (1998), pp.262-290. On Winston-Salem’s program, see Easterling, et al., *op. cit.* On Rochester’s program, see John M. Klofas, Christopher

Program Components

Focused deterrence strategies share a number of common components and follow the same general framework (although the ways that they may differ are detailed below). They rest on the fundamental assumptions that offenders are rational,³ and that confronting offenders directly is the first step toward altering their perceptions of risk. They further assume that such direct communications may also reverberate through the informal communication network of offenders, especially if they are gang-involved.⁴ Such strategies are implemented by a multi-agency consortium to ensure that a variety of sanctions can be used against these chronic offenders, and also that a variety of services are available to them to facilitate the choice to desist from crime. Once a particular crime problem (such as youth homicide) is selected, an interagency working group conducts research to identify offenders, gangs, and behavior patterns, and then the group frames a response designed to offer a range of sanctions to deter offenders. The threats that these sanctions represent are communicated directly to identified offenders, through media described below. At the same time that this deterrence message is being delivered, community resources are also focused on targeted offenders and groups to further induce a cessation of violent behavior. Cincinnati's program summarizes the pulling levers message succinctly: "We will help you if you let us, but we will stop you if you make us."⁵ During the intervention, working group members continue to communicate to offenders the purpose of the ongoing attention.⁶ The success of a pulling levers strategy depends on two factors: how well the response is tailored to the selected crime problem, and whether or not the promises that are made (regarding subsequent law enforcement crackdowns and access to social services) are kept. Offenders are able to quickly ascertain hollow threats and empty promises.

Focused deterrence strategies differ along a number of dimensions including the targeted population, preliminary enforcement actions, the medium for delivering the pulling-levers message, and how well the message is followed by action (see Table 1). All of these components differ according to the type of crime problem the intervention is designed to address: firearm homicide, gun violence more generally or, in the case of High Point, NC, drug-related crime and violence.

Target population

Many programs, including Boston, Lowell, Minneapolis, and Cincinnati, target gang members. In Lowell, 71 percent of the homicides had gang-related motives and gang members were identified as offenders in 74 percent of the homicides. Additionally, not all gangs

Delaney, and Tisha Smith, *Strategic Approaches to Community Safety Initiative (SACSI) in Rochester, NY* (Washington: NCJRS, 2007). On Cincinnati's program see Engel, et al., *op. cit.*

³ As Easterling et al. note, a "rational" offender will understand the negative consequences of offending, will appreciate the positive consequences of pro-social behavior, and will then be able to make a choice that maximizes his or her welfare ("expected utility"). However, offenders often act impulsively rather than logically and notification sessions do not address other factors that may influence negative behavior such as peer pressure, mental illness, boredom, and lack of opportunity. Easterling, et al., *op. cit.*

⁴ McGarrell, et al., *op. cit.*

⁵ Engel, et al., *op. cit.*, p. 6

⁶ Adapted from Braga, et al., *op. cit.*; based on David Kennedy, "Pulling Levers: Chronic Offenders, High-Crime Settings, and a Theory of Prevention," *Valparaiso University Law Review* 31 (1997), pp. 449-484; and "Old Wine in New Bottles: Policing and the Lessons of Pulling Levers," in David Weisburd and Anthony Braga (eds.), *Police Innovations: Contrasting Perspectives* (New York: Cambridge University Press, 2006).

contributed to the violence equally – less than one half of the gangs in the city were responsible for the majority of the gang violence.⁷

Table 1. Programmatic Options

Target Population		Preliminary Enforcement Action	Medium for Delivering Message		
Offender type	Offender age range		Type of call-in	Type of attendance	Additional methods
All gang members	Open / no restriction	None	No call-in ^a	Compelled probationer/parolees	Individual police/probation contacts
Selected gang members	Youthful	Federal prosecution	Traditional call-in ^b	Voluntary ^c	Meetings with inmates
High-risk offenders	Juveniles only	Local crackdown	Enhanced call-in ^d		Gang outreach workers
Crime-specific offenders		Cases made against targeted offenders	Call-in combined with additional methods		Radio bulletins Home visits ^e Street outreach after violence Hospital-based intervention

^a. Only additional methods used.

^b. Law enforcement, social services, and community.

^c. In the case of juvenile offenders, parents may be invited.

^d. Law enforcement, social services, and other attendees such as local employers.

^e. By social service representatives.

Other programs, such as Indianapolis and Rochester, target high-risk probationers and parolees, while High Point’s program focuses on active street dealers. Most programs focus on

⁷ Interestingly, Lowell developed different strategies based on the type of gang. Task force members felt that a general lever-pulling strategy would work with Hispanic gangs, but not with Asian gangs who are more organized, more secretive, and less territorial and visible. Thus, when an Asian street gang was violent, LPD targeted the gambling businesses run by older gang members, relying on evidence that more social control is exerted by older Asian criminals over their younger counterparts.

youthful (but not juvenile) offenders, but Winston-Salem’s program formally focuses on four separate age cohorts – 11 and under, 12-15, 16-17, and 18 and older. It is important to note that none of these decisions about the target population(s) occurs in a vacuum. Each site that has implemented a lever-pulling strategy began with a problem solving framework that included a collaborative effort to determine the exact nature of the violence problem (and, therefore, the offenders to target) in their jurisdiction.

Preliminary Enforcement Action

For some programs, notification meetings are the first public step in the focused deterrence initiative. For others, the initial message delivery is preceded by a federal prosecution or some other law enforcement initiative. For example, at a press conference in Minneapolis, officials pointed to a recent federal prosecution as the kind of consequences that violent gangs would face if their violent activities continued.⁸ High Point, with a focus on drug dealers, makes cases against offenders prior to the call-in meetings; during the notification session, law enforcement officials inform offenders that undercover purchases have already been made and all that is needed is a signature on the arrest warrant if offenders step out of line.

Medium for Delivering the Message

Boston’s Operation Ceasefire, the first lever-pulling strategy, developed a concept for delivering a focused deterrence message dubbed “call-in” (or notification) meetings. Most of the lever-pulling programs that followed Boston use a similar method as their primary means of communicating a deterrence message to violent offenders. Groups of selected offenders are directed or invited to appear at a designated place – often a courtroom – at a designated time. Call-in meetings typically follow a specific format that begins with representatives of law enforcement detailing how violent behavior will evoke an immediate and intense response. The law enforcement segment is followed by social service speakers, who describe various program options for those who wish to change their behavior, as well as community members who speak about the impact that violence has on the community. In Chicago, local employers often attend call-in meetings and tell offenders the necessary steps to gain employment with their respective firms. A well-organized call-in meeting is theatrical, which may make the message more powerful and memorable, and the call-in meeting is generally considered to be a successful medium for delivering the focused deterrence message.

Offenders are typically compelled to attend meetings by virtue of their probation or parole status.⁹ However, some programs (such as Chicago’s) merely invite offenders to attend, on the premise that compulsion would tend to erode offenders’ sense of procedural fairness, and the corollary that their compliance with the law turns to a degree on their regard for the legal system.¹⁰ Programs that focus on juveniles will also invite parents to call-in meetings as well.

⁸ In Indianapolis, a long-term federal investigation (started during the initial formation of IVRP) resulted in the arrest of 16 violent gang members. Although this crackdown occurred after call-in meetings had begun, it helped working group members communicate a zero tolerance message towards violence in subsequent call-in meetings; it showed that the law enforcement threat made was credible.

⁹ Warrants may be ceremoniously issued for the arrest of no-shows, and made a part of the focused deterrence message during the call-in for those who do attend.

¹⁰ See Papachristos, et al., *op cit.*, pp. 5-6, and more generally Tom R. Tyler and Yuen J. Huo, *Trust in the Law: Encouraging Public Cooperation with the Police and Courts* (New York: Russell Sage Foundation, 2002). Papachristos, et al., report that while voluntary, attendance was 98 percent (p. 15).

In addition to (or instead of) call-in meetings, focused deterrence initiatives get the message out to targeted offenders via secondary methods such as individual police and probation contacts, meetings with inmates, contacts with gang outreach workers, or radio bulletins. In Winston-Salem, notification sessions are followed by individual home visits by “Operation Reach” representatives who provide information on the services available to the offender and his or her family. Other forms of communication may be used: Lowell, for example, floods the street after gang violence to communicate that offenders are under scrutiny for continued violence and to reiterate offers for social services. One program – Minneapolis – takes the unique step of delivering a deterrence message to gang-involved victims of violence in the hospital.

Follow-up/Consequences

Follow-up concerns two components: law enforcement and social services. We might suppose that it is important to pair sanctions (or the promise of sanctions) with help and services, both in order to most effectively shape offenders’ choices and to promote the legitimacy of the initiative in the eyes of the community, though neither supposition has been empirically tested.

Working group members utilize a number of law enforcement “levers” to deter violence. These include: parole and probation checks, warrant enforcement, saturation patrol, increased prosecutorial attention (including federal), intensified disorder enforcement, disruption of street-level drug markets, and housing and property code enforcement. Lowell took the step of reserving federal enforcement efforts for “impact players” (those deemed particularly dangerous and resistant to any social intervention) because removing them from the street was the only means to protect other youth from their violent behavior. A wide variety of social services were offered to offenders as well. These included: substance abuse treatment, tattoo removal, counseling, job training and development, housing assistance, parenting assistance, mentoring, and union and vocational training. Other programs, like Winston-Salem, High Point and Cincinnati, utilize resource coordinators and/or a case management system to ensure offenders can get the help they need.

Although many evaluations provide information on the *intended* consequences for recurring violence following notification, they do not routinely describe the *actual* consequences, but some evaluations detailed both the successful and unsuccessful efforts to deliver on promises made during call-in sessions. In High Point, notified drug offenders were flagged in the police record management system and any subsequent drug dealing resulted in an immediate arrest. Cincinnati law enforcement conducted targeted crackdowns following a homicide, but information from gang members on the street suggested members did not believe law enforcement knew who they were and, further, that they would not focus on groups. This perception was refuted at the next call-in session through a display of surveillance photos and a group network analysis, as well as with the presence of 30 individuals currently in police custody. In East Los Angeles, however, although the law enforcement component was fully implemented, efforts focused almost exclusively on the two groups involved in the triggering incident, and this singular focus meant that the intervention “never created a constant perception that violent behavior would provoke an immediate response.”¹¹ Winston-Salem had difficulties enforcing promised consequences for subsequent violence, especially in the case of juveniles. Judges were often reluctant to impose harsh penalties for anything but the most serious cases, which meant prosecution efforts were not as successful.

¹¹ Tita, et al., *op cit.*, p. 18.

Service delivery was also hit or miss. For example, in East Los Angeles, the law enforcement intervention began before services were in place, which meant they were never widely available. The Operation Reach program in Winston-Salem offered only one-time contact and is quite time-intensive so promises of support were not always substantiated. In Cincinnati, however, 176 individuals have been engaged in the services program, 81 percent of whom had not attended a call-in session, but rather heard about it through some other means.

Costs

Focused deterrence initiatives, done properly, demand commitments of resources from multiple agencies. As with many innovations in law enforcement, the development of the early focused deterrence initiatives benefited from external financial support. For example, Boston, Chicago and Indianapolis received a substantial infusion of federal funds to underwrite the costs associated with the interventions. But even without generous funding from external grants, it may be possible to implement focused deterrence initiatives through the strategic management of agencies' existing resources. Drawing on lessons learned from the Indianapolis experiment, Chermak observes that applying levers should be viewed as a more strategic means of allocating current resources rather than conceived of as add-on responsibilities.¹² For example, social service providers need not presume they must expand current capacity, but rather they might tailor eligibility criteria. Law enforcement need not rely only on overtime to fund enforcement actions; it might more strategically direct units. Probation and parole could reduce costs by restructuring caseloads. Chermak also suggests that limiting the number of groups and/or individuals targeted, in lieu of a more broad-based strategy, could be a sound means of maximizing cost-effectiveness.

Even with multi-agency collaboration at the local level and strategic allocation of resources, focused deterrence is a significant undertaking that carries with it costs that may not be feasibly absorbed in normal operating budgets. Successful programs have capitalized on blended funding streams and diverse sponsor agencies. Costs should be spread across agencies, and drawn from local, state and federal sources as well as from private foundations and corporate sponsors.

Outcomes

A number of evaluations of focused deterrence strategies have been conducted, most of them on the "flagship" program in Boston, implemented in 1996. Operation Ceasefire in Boston is generally credited with a 63 percent reduction in the number of monthly homicides and, when compared to 39 other major cities, Boston had the largest statistically significant decline in youth homicide between 1991 and 1997.¹³ Other programs experienced similarly substantial

¹² Steven Chermak, *Reducing Violent Crime and Firearms Violence: The Indianapolis Lever-Pulling Experiment* (Washington: NIJ, 2008).

¹³ Braga, et al., "Problem-Oriented Policing, Deterrence, and Youth Violence." Other evaluations find evidence of a large youth homicide drop in Boston following Ceasefire, but suggest caution in the interpretation of findings based on data-driven limitations with statistical models, the complexity of analyzing city-wide trends, and the limitations of a non-randomized, non-controlled experiment that cannot fully consider all of the complex factors that may affect youth homicide. See Richard Rosenfeld, Robert Fornango, and Eric Baumer, "Did Ceasefire, Compstat, and Exile Reduce Homicide?" *Criminology & Public Policy* 4 (2005), pp. 195-225; Jens Ludwig, "Better Gun Enforcement, Less Crime," *Criminology & Public Policy* 4 (2005), pp. 677-716; and National Research Council, *Firearms and Violence: A Critical Review*, Committee to Improve Research Information and Data on Firearms, Charles F. Wellford, John V. Pepper, and Carol V. Petrie, eds. (Washington: National Academies Press, 2005).

reductions: High Point noted a 38 percent decline in violent crime one year post-notification; in Cincinnati, overall homicides declined 43 percent compared to the same period in the preceding year and homicides involving a group member declined 61 percent; and in Lowell, mean monthly counts of firearms violence decreased by 28 percent. A number of more rigorous quasi-experimental evaluations also found significant reductions. The lever-pulling strategy in Indianapolis was associated with a 34 percent drop in homicide (a decrease that was not matched in other comparable cities), and focused enforcement in East Los Angeles resulted in significant reductions in violent and gang crime in the target areas relative to matched comparison areas. Chicago experienced a 37 percent drop in quarterly homicide rates in treatment areas, and the evaluation further found that decreases in gang-related homicide were directly related to the percentage of offenders who attended a call-in session.

In Winston-Salem, however, where efforts were focused on juveniles (who did not believe they would be subject to harsher penalties, especially as long as they were juveniles), rates of re-offending among notified youth were the same as offending rates in a comparison group. However, in targeted neighborhoods, violent crime (especially robbery) declined. This “apparent paradox” between re-offending rates among targeted youth and neighborhood crime reductions “suggests that SACSI’s primary benefits occurred at the systems level – introducing new norms into the community and improving coordination among the various players who can influence violent behavior on the part of young persons.”¹⁴

¹⁴ Easterling et al., *op. cit.*, abstract.