Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative

SMARTER SOLUTION SNAPSHOT: CINCINNATI INITIATIVE TO REDUCE VIOLENCE

The Cincinnati Initiative to Reduce Violence (CIRV) is a multi-agency and community collaborative effort initiated in 2007 designed to quickly and dramatically reduce gun violence and associated homicides, with sustained reductions over time. It is a focused-deterrence strategy which is modeled after the Boston Gun Project (Ceasefire) in the mid-1990s. It involves a partnership among multiple law enforcement agencies, social service providers, and the community. Together they deliver a clear message to violent street groups that the violence must stop. This message is communicated through a number of different mechanisms: call-in sessions; direct contact through street workers, law enforcement, probation and parole; community outreach, and media outlets. Social services, training, education, and employment opportunities are offered to those who wish a more productive lifestyle.

1. How did you know you had a problem?

Cincinnati faced a rapid rise in homicides since 2000, with 89 recorded in 2006. The homicide rate tripled between 2000 and 2006. Additionally, gun assaults against children had increased quite dramatically, as reported by the Cincinnati Children's Hospital Medical Center.

2. What was the problem you needed to address?

This strategy addresses group-member involved homicides, the majority of which are caused by firearms.

3. Who was the leader in addressing the problem? Has that changed through the life of the strategy?

The chief surgeon at Cincinnati Children's Hospital Medical Center was frustrated by the increasing number of children he saw coming into the hospital for gunshot wounds. He made the initial contact with David Kennedy (one of the pioneers of this strategy) and other leaders in Cincinnati to discuss the possibility of implementing this strategy in the city. Cincinnati Police Chief Thomas Streicher, initially a skeptic of the strategy, decided that something needed to be done to stop the escalating violence. The Chief is now the strategy's biggest champion.

The governing board, which consists of the mayor, a councilman, and the city manager, has overall responsibility for the strategy. The strategy/implementation team consists of leaders who develop and deploy the strategy, get resources, monitor results, and enable key decisions. Over time, conflicting ideas over the scope of the strategy resulted in some leaders within the strategy/implementation team and some of the other teams (enforcement, services, community) stepping aside.

4. How did you determine your strategy (policy, program, or practice) for addressing the problem?

The chief surgeon had heard about the work of David Kennedy and his colleagues and invited him to Cincinnati to speak about the focused-deterrence strategy that had been resulting in dramatic reductions in homicides in Boston and in other cities. The chief also attended meetings with David. The chief, in consultation with the mayor, city council, city manager, and other key leaders in the community, decided to move forward with the strategy. A team was developed to work closely with David and with University of Cincinnati researcher Dr. Robin Engel to develop the strategy to best suit the city's needs.

5. What are the core components of your strategy that make it effective?

The strategy is guided by a coordinated three-pronged approach with law enforcement, social services and the community coming together in a unified voice to say the violence must stop. The overall focus of the initiative is on street-group, or gang, dynamics, and the need to change group dynamics and behavior. The strategy follows a consistent and sustained message that the violence must stop, with an explicit focus on a single variable (violence). The strategy also relies on meticulous follow-up between all partners to ensure a sustained change in behavior.

6. Who are the key partners?

The primary partners include: the mayor, city council, University of Cincinnati researchers, David Kennedy, community and services outreach groups (service agencies, religious leaders), local law enforcement (police, probation, parole, and sheriff), US Attorney's Office, and the FBI.

7. How much did it cost?

- > Year 1: \$350,000 (Children's Hospital, UC, Kennedy)
- Year 2: \$300,000 (Children's Hospital, UC, Kennedy)
- Year 3: \$800,000 (street workers, city employee to monitor contracts, UC [50,000], Talbert House [40,000])
- Year 4: \$800, 000 (street workers, city employee to monitor contracts, UC [40,000], Talbert House [35,000])

8. What type of reorganization of existing resources did you undertake?

The project manager is the head of the community relations section at Cincinnati Police Department (CPD). He is 'on loan' from CPD. Services and law enforcement shifted existing resources to undertake this initiative, with no new resources to law enforcement.

9. How did you garner public support for your strategy?

The community plays an active role in the strategy. They are represented on the community team. They attend and speak at the call ins (political leaders, parents of murdered children, ex-offenders, former attendees engaged in services, and faith leaders

have all taken part in the call-in). Prior to implementation, the key partners met with community leaders to explain the initiative so that there was no misunderstanding. Additionally, various local media outlets were used to make broadcast announcements about the strategy.

10. In retrospect, what would you have done differently to plan for, develop, and implement your strategy?

In retrospect, we would have had a more deliberate and focused approach for media planning. We would have offered a broader range of services (initially the focus was primarily on obtaining employment), and ensured a single point of contact for final decision-making about strategy components and activities.

11. How do you know your strategy is working?

Since 2005, we have seen a 36% reduction in group-member involved (GMI) homicides in 30 month post-CIRV period (April 2005-Sept 2007: 135 GMI homicides; Oct 2007-March 2010: 87 GMI homicides). We have seen an average of 2.9 GMI homicides post CIRV (pre CIRV: 4.4 homicides). Lastly, we have experienced a 15.8% reduction in fatal and non-fatal firearm shootings (cannot distinguish b/w GMI and non-GMI for this statistic.

For more information about the Cincinnati Initiative to Reduce Violence model, contact:

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