

## MEMORANDUM

**TO:** Mayor Muriel Bowser and Chairperson Phil Mendelson

**CC:** Interim City Administrator Kevin Donahue, Interim Deputy Mayor for Public Safety & Justice Dr. Roger Mitchell, and Councilmember Charles Allen

**FROM:** Named Members of the Comprehensive Homicide Elimination Strategy Task Force: Johnny Allem, David Bowers, Eduardo Ferrer (co-chair), Fred Jackson, Jason Jones, Rhonda Hamilton, Natalia Otero, Michelle Palmer (co-chair), Tyrone Parker, and April Preston<sup>1</sup>

**DATE:** 12/3/20

**SUBJECT:** Creation of the Mayor's Office<sup>2</sup> for Homicide Elimination, Violence Prevention, and Community Empowerment

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### Need:

The District of Columbia is in the middle of at least two public health crises that disproportionately impact the District's Black community. The first public health crisis – the coronavirus pandemic – has taken the lives of 692 residents, 74% of whom are Black.<sup>3</sup> The response to this public health crisis correctly involved the creation of an advisory group involving stakeholders across all of government and the private and non-profit sectors; included a focus on equity, disparity reduction, and vulnerable populations; and marshalled forth a tremendous amount of resources to flatten the curve and combat the spread of the coronavirus in the District. Moreover, the District's day-to-day response is organized and coordinated out of an emergency command center created to respond to this health pandemic.

The second public health crisis is the increased violence that many of our communities in the District have experienced over the last few years. Since experiencing a 10 year low of 88 homicides in 2012, the number of homicides in the District have fluctuated year to year, with recent highs of 160 homicides in 2018, 166 homicides in 2019, and 187 homicides for 2020 year to date (a 20% increase over the same period to date in 2019).<sup>4</sup> Like with the coronavirus pandemic, Black DC residents are

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<sup>1</sup> Due to difficulties continuing the work of the full Task Force during the pandemic, these recommendations are those of the signatories to this memorandum only.

<sup>2</sup> While the primary recommendation is for the creation of the "Mayor's Office for Homicide Elimination, Violence Prevention, and Community Empowerment," the Task Force's recommendation does not require the creation of a formal office under the law. This memorandum lays out the substance of what should be implemented without prescribing the form. The same functions could be implemented by hiring and staffing a Deputy City Administrator or similar position in the City Administrator's office. The memorandum should be read keeping this in mind.

<sup>3</sup> <https://coronavirus.dc.gov/page/coronavirus-data> (last accessed on December 3, 2020).

<sup>4</sup> <https://mpdc.dc.gov/page/district-crime-data-glance> (last accessed on December 3, 2020). Additionally, as of August 10<sup>th</sup>, 2020, at least 570 individuals had been shot in the District this calendar year. See Remarks from Mayor Bowser, August 10, 2020.

disproportionately impacted by the violence in the District.<sup>5</sup> This second public health crisis needs the same level of District-wide, multi-stakeholder, coordinated, well-resourced, sustained response focused on “flattening the curve” of homicides in the District in the short-term and eliminating homicides altogether over the long-term.

While the District has a number of promising initiatives underway that could reduce the level of violence we are currently experiencing, they are often siloed, in some cases not formally considered part of the District’s overall violence reduction strategy, and generally could benefit from enhanced coordination. Moreover, despite the District’s recognition of the importance of adopting a public health approach to violence prevention, and despite having put forth a number of recommendations for how such an approach could take hold here,<sup>6</sup> the District has yet to develop, articulate, and publish its strategy for using a public health approach to reduce homicides and other violent incidents in the District.<sup>7</sup> For example, as of today, the District has not yet created either the Office of Violence Prevention and Neighborhood Safety or the Violence Prevention Oversight Committee – two of the overarching recommendations of the Safer, Stronger DC Advisory Committee key to the creation and implementation of a coordinated, District-wide public health approach to violence prevention and public safety.

**Proposal:**

In light of the needs outlined above with respect to the public health crisis relating to the violence impacting the District, this memorandum renews two of the specific overarching recommendations made by the Safer, Stronger DC Advisory Committee *with some modification and further elaboration*. **Specifically, this memorandum recommends that the Mayor create an Office of Homicide Elimination, Violence Prevention, and Community Empowerment in the Office of the City Administrator to develop, coordinate, and execute a District-wide public health approach to violence prevention and homicide elimination.** As noted in footnote 2 *supra*, the goal of this recommendation is not to create additional or needless bureaucracy. The focus of the recommendation is the creation of a team of individuals at the highest level of government that can develop and coordinate an cross-agency, cross-sector approach to eliminating homicide in the District. Additionally, this office is similar in purpose and structure to the Office of Violence Prevention and Neighborhood Safety that was proposed by the Safer, Stronger DC Advisory Committee.<sup>8</sup> The creation of the Office of Violence Prevention, Homicide Elimination, and Community Empowerment is also responsive to the calls from a number of groups such as Moms Demand Action (who have called for the creation of a violence prevention czar) for dedicated staffing at the highest level of government focused on developing and coordinating the District’s violence prevention strategy.

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<sup>5</sup> SSDC Advisory Committee Report, at 40.

<sup>6</sup> Id. at 36.

<sup>7</sup> See generally <https://saferstronger.dc.gov/>.

<sup>8</sup> “The purpose of the Office of Violence Prevention and Neighborhood Safety is to oversee all related initiatives, including the coordination of all programs and policies, assuring effective oversight, technical assistance, data collection, analysis and dissemination of information. The Office should report directly to the Mayor through the City Administrator.” SSDC Advisory Committee Report, at 9.

**This memorandum also recommends the creation and installation of a Board of Directors for the Office of Homicide Elimination, Violence Prevention, and Community Empowerment.**

Composition of this Board will include current members of the Comprehensive Homicide Elimination Task Force as well as other individuals considered to be content experts in the field of homicide elimination and violence prevention including those with lived experience. To accomplish the expertise needed on this Board, D.C. residency shall not be a requirement to membership. This Board will serve in the same function envisioned in the Safer, Stronger DC Advisory Committee Report envisioned by the Violence Prevention and Oversight Committee,<sup>9</sup> but should retain the current Task Force structure requiring appointments by both the Mayor and the DC Council. As the Safer, Stronger Advisory DC Committee stated: “These recommendations underscore the recognized need for strong leadership, strategic prioritization, and focused coordination of the comprehensive and multi-faceted strategy that the Safer, Stronger Initiative is envisioned as being.”<sup>10</sup>

Mission: The proposed mission of the Office of Homicide Elimination, Violence Prevention, and Community Empowerment should be to develop, coordinate with public and private sector agencies and stakeholder, and ensure execution of a District-wide, trauma-responsive, and equitable public health approach to violence prevention, with a particular focus on eliminating all homicides in the District of Columbia.

Responsibilities: The Office should create a District-wide public health strategy for eliminating homicide; coordinate stakeholders across agency and sector to implement the strategy; and oversee execution of the strategy, including developing and tracking metrics of success and ensuring mutual accountability.

**Justification:**

The debate over violence prevention and homicide elimination in the District is largely dominated with discussions regarding the roles and efficacy of two agencies – the Metropolitan Police Department (MPD) and the Office of Neighborhood Safety and Engagement (ONSE) – with the former agency’s efforts framed as a law enforcement approach and the latter agency’s efforts framed as a public health strategy. The reality is that the work of both agencies – while each may apply public health strategies to varying extents – falls into Tier 3 interventions (or tertiary prevention) in an overall public health approach to homicide elimination.<sup>11</sup> This Office is critical to intentionally shifting this conversation to a more holistic strategy that incorporates the Tier 1 and 2 prevention approaches already underway in the District and bring the whole weight of the government (as well as other sectors) to bear toward the goal of homicide elimination.

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<sup>9</sup> “Establishment of a Violence Prevention Oversight Committee (VPOC), emphasizes the importance of multi-sector collaborative engagement in implementation and ownership of the process as critical. This recommendation articulates an essential element of a model, which while advisory in function and structure, has the necessary and appropriate stature implied by mayoral appointment. As recommended, the VPOC should be an official committee appointed by the Mayor.” SSDC Advisory Committee Report, at 9.

<sup>10</sup> SSDC Advisory Committee Report, at 9.

<sup>11</sup> SSDC Advisory Committee Report, at 34 (defining “tertiary prevention” as “approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence”).

The Safer, Stronger DC Advisory Committee provided a clear, concise overview of both the overall public health approach,<sup>12</sup> and the levels of strategies necessary to prevent violence. Specifically, the Committee recognized that “[a] public health approach recognizes not only that violence is preventable, but also that three types of prevention strategies are needed; 1) Primary Prevention – approaches that aim to prevent violence before it occurs; 2) Secondary Prevention – approaches that focus on more immediate responses to violence, such as pre-hospital care, emergency services and treatment for sexual transmitted diseases following rape; and 3) Tertiary Prevention – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.”<sup>13</sup> For illustrative purposes, the below non-exhaustive, simplified example<sup>14</sup> demonstrates different interventions or programs already underway in the District that currently serve as critical components of the District’s efforts to prevent violence, even if such a goal is not already explicitly included in the mission or KPIs of the agency or program.

Tier 1 Prevention

Universal Pre-K  
Near Universal Access to Medicaid/Health Care  
Home Visiting  
Supportive Housing  
Employment Services

Tier 2 Prevention

DHS Youth Services Division programming  
CFSA Family First DC Success Centers  
CFSA Differential Response  
DBH School-based mental health programming  
Core Services Agencies  
Healthy Family Collaboratives

Tier 3 Prevention

MPD  
ONSE  
DYRS  
Hospital Based Violence Prevention Program  
CFSA removal

Indeed, as demonstrated above, the District already has a strong foundation upon which to build such a public health approach given its strong existing programming (e.g., universal pre-K and continuously improving schools, near universal access to Medicaid/Health Care, DYRS Credible

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<sup>12</sup> SSDC Advisory Committee Report, at 34-38.

<sup>13</sup> SSDC Advisory Committee Report, at 7-8, 34.

<sup>14</sup> Please note that many of these programs can span two intervention tiers depending on the timing and target of the intervention (i.e., parent or child, or both).

Messengers, DHS Youth Services Division, Home Visiting, Early Intervention) and its promising new initiatives (e.g., Birth to Three initiatives, DBH School-based mental health programming, ONSE, Family First DC Success Centers, Hospital Based Violence Intervention Program).

Thus, the next step in the evolution of our approach to violence prevention as a District involves creating and executing an overlaying strategy that brings all of these efforts together in a deliberate, cohesive, and effective manner by layering a public health framework and strategy on top of the existing programming underway. As the Safer, Stronger DC Advisory Committee highlighted in its report, a public health framework involves the following four steps:

- “1) Uncovering basic knowledge surrounding all aspects of violence –through systematically collecting data on the magnitude, scope and characteristics and consequences of violence at various levels
- 2) Researching why violence occurs, including the causes and correlates of violence, the factors that increase or decrease the risk for violence and the factors that might be modifiable through interventions
- 3) Exploring ways to prevent violence, using the information from the above, by designing, implementing, monitoring and evaluating interventions; and
- 4) Implementing, in a range of settings, interventions that appear promising, widely disseminating information and determining the cost-effectiveness of programs.”<sup>15</sup>

A team of experienced individuals at the highest level of government supported by continuous community input and support is critical to planning and ensuring implementation of such an approach. The creation of this Office itself creates the place and space to build and execute the public health framework described above. Placement of this team in the City Administrator’s Office should ensure enhanced cross-agency *and* cross-sector coordination while hopefully minimizing competition between agencies and siloization. Placement of this office in the City Administrator’s Office also emphasizes the importance of such a coordinated approach.

The expected benefits of such an approach are three-fold. First, better coordination across agencies and sectors should improve outcomes, both with respect to homicide elimination overall and metrics considered more tailored to the specific agencies who do not traditionally see homicide elimination as a specific outcome for which they are responsible. Second, Tier 3 interventions tend to be more expensive interventions, particularly relative to the outcomes secured by the investment. In comparison, Tier 1 and 2 strategies have a better return on investment.<sup>16</sup> Third, the root causes of homicide are such that only a holistic strategy is up to the task.<sup>17</sup> Thus, such a strategy presents the best hope of reducing homicides over the short term and eliminating them over the long term.

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<sup>15</sup> SSDC Advisory Committee Report, at 7-8, 36.

<sup>16</sup> See generally Davis, *The Value of Prevention, Social and Economic Costs: Workshop Summary*, at <https://www.ncbi.nlm.nih.gov/books/NBK190007/>; Sharp, et. al., *Cost Analysis of Youth Violence Prevention*, 133(3) PEDIATRICS 448 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934329/>.

<sup>17</sup> SSDC Advisory Committee Report, at 44-46.

## Appendix<sup>18</sup>

### Proposed Name:

The name of the new office in the Office of the City Administrator should be the Office of Homicide Elimination, Violence Prevention, and Community Empowerment. This represents a slight change from the recommendation put forth by the Safer, Stronger DC Advisory Committee. The proposed change is for three reasons. First, Homicide Elimination is included in the title to set the tone from the outset that the goal is zero homicides in the District of Columbia. Second, the change from Neighborhood Safety to Community Empowerment reflects the importance of including a positive, strengths-based framing that references the direct investment in communities required to successfully achieve the mission of the office. Third, changing the name from what was originally proposed by the Safer, Stronger DC Advisory Committee will help distinguish it from the Office of Neighborhood Safety and Engagement (ONSE).

### Proposed Mission:

The proposed mission of the Office of Homicide Elimination, Violence Prevention, and Community Empowerment (“the Office”) should be to develop, coordinate, and ensure execution of a District-wide, trauma-responsive, and equitable public health approach to violence prevention, with a particular focus on eliminating all homicides in the District of Columbia. The mission as proposed intentionally includes both the most important responsibilities of the Office and the guiding values that should lead the office. Both will be discussed in more detail below.

### Proposed Responsibilities:

The primary responsibilities of the Office should be three-fold. First, the Office should be tasked with creating a District-wide public health strategy for eliminating homicide. Second, the Office should be empowered to coordinate stakeholders across agency and sector to implement the strategy. Third, the Office should oversee the implementation of the strategy.<sup>19</sup>

1. Develop an intentional, comprehensive District-wide public health approach
  - a. Research root causes and risk factors of homicide specific to DC
  - b. Research effective interventions to address and mitigate drivers of homicide in the District
  - c. Revisit recommendations from the Safer, Stronger DC Advisory Committee Report
  
2. Coordinate across agency and sector
  - a. Work with agencies and non-government stakeholders to map existing efforts and coordination

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<sup>18</sup> This Appendix is not meant to mandate the exact mission, vision, responsibilities, or guiding principles and values of the Office, but instead to share the Task Force’s guidance with respect to the creation of the Office. Our hope is to work collaboratively with the Mayor, Council, and Deputy City Administrator appointed to direct the Office to create the exact scope of the Office and its work.

<sup>19</sup> See generally Thomas Abt, *Bleeding Out*.

- b. Help agencies and non-government stakeholders develop new working relationships and joint initiatives
  - c. Serve as a secure clearinghouse for qualitative and quantitative data - both in DC and best practices from across the country
3. Implement the overall public health approach
- a. Develop metrics for success across all District agencies specific to homicide elimination and violence reduction
  - b. Collect data with respect to those metrics
  - c. Manage performance relative to those metrics
  - d. Holding stakeholders accountable
  - e. Promote innovation and help launch pilot programs

**Proposed Guiding Principles:**

- 1. District-wide:
  - a. The focus should be on breaking down existing silos and coordinating existing efforts across agency and sector (i.e., Government, Non-profit, Corporate, Faith)
- 2. Trauma-responsive:
  - a. Acknowledge past harm and violence inflicted on communities of color in the District
  - b. Help heal communities
  - c. Strengthen & empower communities
  - d. Establish tiered-responses
  - e. Ensure effective responses to non-critical interventions (e.g., Domestic Violence pilot response)
  - f. Multi-generational approaches and solutions
- 3. Equitable:
  - a. Racially just
  - b. Economically just
  - c. Just in terms of access to resources and services

**Proposed Guiding Values:**

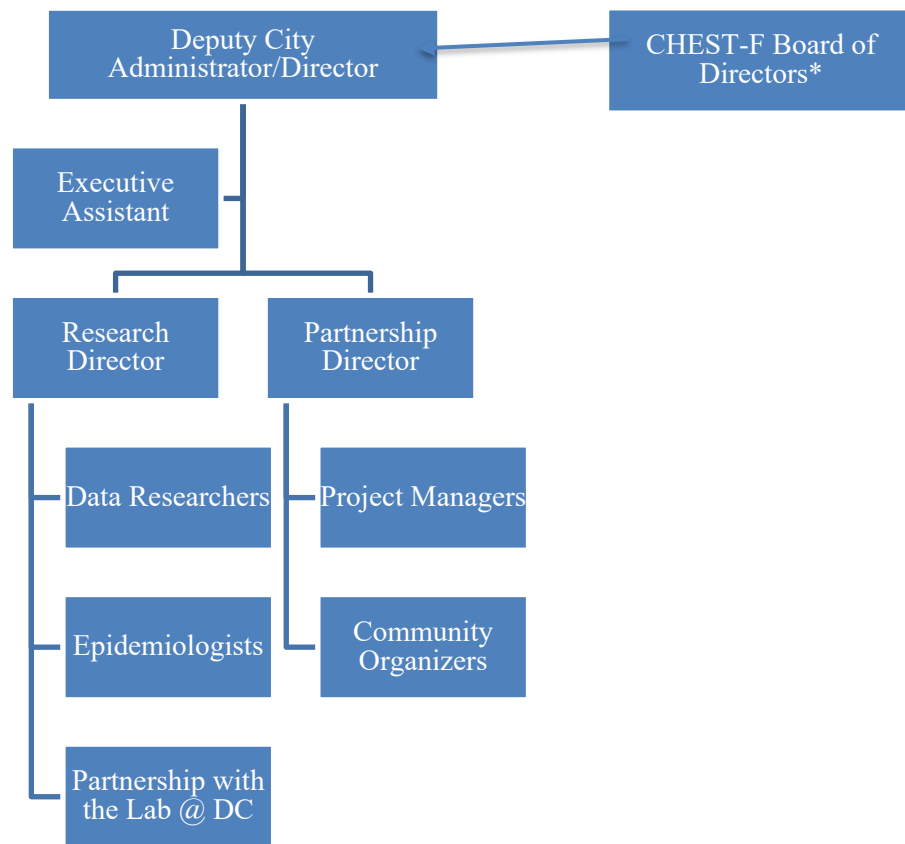
- 1. Transparent
  - a. Shares plans and solicits community feedback
  - b. Meaningfully incorporates the feedback into planning
- 2. Data-driven
  - a. Macro-level DC Data
  - b. Micro-level DC Data
  - c. Comparative analysis

3. Research-driven
  - a. Literature and Ground Truthing Review
    - i. What is working for our population here?
    - ii. What is working for our population elsewhere?
  - b. How do we learn from others but customize for DC?
4. Human-centered
  - a. Raises up the lived experiences of DC residents
  - b. Avoids assumptions, over-simplification, and generalizations
  - c. Empathic analysis
  - d. Centers impacted communities
  - e. Micro-level focus on individuals and their stories
  - f. Consider intersectionality
    - i. Gender
    - ii. Age
    - iii. Race
    - iv. Socioeconomic class
    - v. LGBTQI/SOGIE
    - vi. Marital Status/Relationship status
    - vii. Returning Citizens
5. Strengths-based
  - a. How do we build on existing strengths of community?
  - b. How do we build on what exists now?
  - c. Reflects integrity of the communities we represent
6. Public Health Approach
  - a. Solution-driven approach that gets ahead of the curve
  - b. Focus on prevention and intervention before reaction
  - c. Recommendations that are relevant to everyone and require community-wide approach
  - d. Consider impact of social norms on the work (and how to influence norms)
  - e. Consider impact of trauma on individuals and communities, including the generational impact of trauma
  - f. Consider the multi-faceted drivers of homicide, including gender-based violence, interpersonal disputes, and abuse/neglect
7. Results-oriented
  - a. Focused
  - b. Creation of a useful and impactful deliverable
  - c. Share deliverable widely
8. Equitable
  - a. Must focus on reducing disproportionate negative impacts of current and future policies and practices
  - b. Must seek to acknowledge and repair past harms



- 9. Strong outreach
  - a. Strong communication
  - b. Leave community with resources
  - c. Try to provide food & childcare
  - d. Meetings schedule should maximize availability of residents to attend
  
- 10. Timeline – Combination of urgency and tenaciousness
  - a. What do in 6 months?
  - b. What do folks need over the long-run?
  
- 11. Evolution
  - a. Not about reinventing the wheel
  - b. About the next step in the evolution of the District’s approach and building a cross-agency approach that builds on all the District’s current efforts

**Potential Structure:**



\* We recommend that a Board of Directors of the Office be developed to include some members of the Comprehensive Homicide Elimination Task Force. Additionally, the composition of the Board should remain the same in terms of the Mayor and DC Council each appointing an even number of members, with consultation from existing Board members. D.C. residency should not necessarily be a requirement of Board membership to ensure comprehensive expertise, and the total size of the Board

could likely be reduced to between 12 and 16 individuals. The Board should be staffed by the Office. Monthly meetings should be required and committee work should be the expectation of each member. The Board should create 3-year terms for each member, with a maximum of two terms of service. The Board should be involved in the search process for the Director of the Office.

**Existing Examples of Similar Efforts:**

<https://www1.nyc.gov/site/peacenyc/index.page>

<https://city.milwaukee.gov/health/staysafe>

<https://www.phila.gov/departments/office-of-violence-prevention/>

[https://www.chicago.gov/city/en/depts/cdph/provdrs/violence\\_prev.html](https://www.chicago.gov/city/en/depts/cdph/provdrs/violence_prev.html)

<https://violenceprevention.sfgov.org/>

More comprehensive: <https://criminaljustice.cityofnewyork.us/>