

Program Concept
Call to Action: Hartford Cease Fire

I. Precise

The summer of 2006 has visited upon Hartford an unprecedented display of violence upon the children of Hartford. An Ad Hoc Coalition of Hartford Citizens, religious leaders, community leaders, and concerned professionals and academicians call upon the civil leadership of Hartford to organize and mandate every facility and institution and resource in the City and to call upon the support of sister cities in the greater Hartford Metropolitan region to support to undertake a deliberate and collaborative multi-sector **Community Action** to extinguish the culture of violence that has grown up among the youth of Hartford.

II. Problems and Needs

The facts are clear and tragic. In the Spring students at a Hartford middle school engaged in an outdoor melee that stopped traffic. The violence continued and on a Wednesday in late May four people were shot between 5:00 p.m. and 12:45 a.m. in the City of Hartford. The shootings continued with sixteen people shot over five days. To date there have been 18 homicides in Hartford in 2006 compared to 15 for all of 2005.

In 2004, there were 750 firearm-related injuries treated in acute care hospitals in Connecticut. The Connecticut Hospital Association reports that while Blacks comprise 9% of CT's population account they account for 37% of all firearm-related injuries. In addition, firearm injuries are concentrated in Connecticut's urban centers with four hospitals treating 52% of all firearm-related injuries in the state (Bridgeport, Yale-New Haven, St. Francis, and Hartford). Of these injuries, 67% were due to intentional assault, 90% of the victims were male, and handguns were used in 92.6% of intentional assaults with a firearm. Treating these firearm related injuries cost \$7.6 million in 2004 in Connecticut.

In Hartford some of the violence appears to be related to local gang affiliations. Gangs such as The Ave. (Albany Ave.), CNN (Nelton Court), and West Hell (Westland Street) are a new breed of gang less organized than the gangs of the 90s, lacking a clear hierarchy, with a changing leadership, and ready access to guns.

Violence prevention initiatives need to understand and account for a complex network of factors influencing communities. While Connecticut's averages on various indicators compare well nationally, local rates reveal wide disparities in well-being between local communities. In a rating of towns by socioeconomic indicators Hartford is in the lowest category with a homicide rate three times higher than the state average. These killings often occur at night and from 2001 to 2004 approximately half of all deaths of those under the age of twenty-five happened between 9pm and 3am. The epidemic of violence takes place in a community where 42.5% of children are living below the Federal Poverty level, calculated at \$19,961 a year for a family of four. And, in a state where the homicide rate for blacks is more than eight times the rate for whites. At the same time the graduation rate for Hartford was only 62.6% for 2004. Suburban communities have graduation rates in the mid to high 90th percentile.

The Wadsworth Atheneum in Hartford, the state's premiere gallery, currently features an exhibit on the legacy of Samuel Colt, his guns and his business. The exhibit is devoid of any reference to the plague of gun violence in which 60% of all homicide victims are killed with a firearm. This epidemic of violence demands attention as do the social, economic, and health inequities revealed in available data.

These shootings and killings are sometimes said to be senseless, but at a closer look they never are. They happen in a complex situation of highly stressed neighborhoods, drug distribution systems, gang conflict, and even random accidents. They are said to be unacceptable, but thus far the community has accepted them by its inaction. This coalition calls on us all to declare through action that they are, indeed, unacceptable.

This coalition identifies two critical needs to address this crisis: the **first** is the need for the *“political will” to act on the part of our civil leaders and every sector of our community*; the **second**, is the *formulation and implementation of a deliberate and multifaceted plan of action to prevent violence, engaging every part of the Hartford community.*

Proposed Approach. We recommend a broad-based community effort, driven by a public health or *“Healthy Communities”* approach 1) that detects and defines the specific problems associated with violence, 2) that determines the specific causes of these problems, 3) that tests and establishes effective interventions to prevent violence, and 4) that systematically implements these interventions. To be concrete, this will require action on the part of our City of Hartford Government to mandate the formation of a **“violence prevention authority”**, committing the City's Law Enforcement, Educational, and Health Care capacity to devote their priority efforts to this agenda, as well as its Social Services, the full array of voluntary associations, community organizations, and academic experts. This “authority”, through its deliberate identification of problems and their causes and its careful formulation and execution of a full array of strategic interventions, will mobilize a *full court press* on the causes and incidence of violence in Hartford.

This is a formidable task but it is not overwhelming: other cities have done this and there are many successful models of City-initiated efforts that have deployed a wide array of program models and techniques and had dramatic impact upon urban violence. **Boston's Operation Cease Fire** program in the mid-1990's demonstrated that multi-sector collaboration can result in declines in youth violence. Boston's Cease Fire claims to have eliminated homicides in the city for three years. We recommend this example because it deployed both a law enforcement component and a community component with a broad array of health and social services aimed at primary prevention. (Ceasefire approaches have sometimes concentrated on law enforcement, to the detriment of the program.) Ceasefire approaches are effective with youth gang violence involving intensive monitoring of “hot spot” neighborhoods and rapid responses to violent incidents. **Ceasefire Chicago** targeted CeaseFire Zones that effectively displaced violence through community cooperation with police, strong public education, and active community-based organizations. **San Francisco's Calles** program (*Calles* is Spanish for streets) provides street outreach in the Mission Neighborhood to prevent violence at high incidence periods through 1) rapid crises responses to violent situations in school and communities and after a death; 2) case management in response to requests from schools, youth, and families; 3) street outreach and safe houses for youth engaged in violence. Youth opportunity is an important factor for

youth involved in gang activity. In **Los Angeles, Homeboy Youth Industries for a Future** provide alternative for current and ex-gang members at risk of violence, declaring “Nothing stops a bullet like a job.”

A number of cities have launched effective efforts with many examples to draw on. In Philadelphia, **Blueprint for a Safer Philadelphia** has created a coalition of over 200 elected officials and launched a multi-faceted violence prevention program that involves social marketing to youth, activities focusing on decreasing lethal violence in high need communities, teen dating violence, sexual violence, and child abuse and neglect. Philadelphia has mobilized its universities to provide knowledge, best practices, and help to ensure that evaluation findings steer and improve Blueprint efforts. The **National Crime Prevention Council** has worked with six cities (Boston, Fort Worth, Denver, New York, Hartford, and San Diego) to develop collaborative partnerships among community agencies coining the term “Tough on Crime, Tough on Causes.” The Alameda County Board of Supervisors (Oakland, CA) adopted in July 2005 **The Alameda County Blueprint**, a comprehensive violence prevention plan designed to reduce all forms of violence affecting county communities and families.

Although it does not include Hartford, **UNITY (Urban Networks to Increase Thriving Youth Through Violence Prevention)** is a Centers for Disease Control and Prevention (CDC) funded program in 45 of the largest US cities now being implemented. They will strengthen violence prevention efforts using a public health approach, bringing together young people, representatives of the nation’s largest cities, and violence prevention advocates and leaders. This is a national coalition formed to shape the national strategy for urban youth violence prevention.

Hartford needs its own “Blueprint”. It has many, many valuable resources: its youth run programs, *Hartford Communities That Care* and *Stump the Violence*, are really unique. *Hartford Youth Empowerment* also works directly to involve youth in prosocial activities. The *Men of Color* involves adults in the community in standing up to ensure the safety of children going to and from school. The *Boys and Girls Clubs* of Hartford gives kids a safe place to play and learn. The *Community Renewal Team* (CRT) seeks to give every kid a head start. The *Village for Children and Families* gives parents the opportunity to learn parenting skills. The area hospitals, *St. Francis, Hartford Hospital*, and *Connecticut Children’s Medical Center* provide ongoing support to the community with direct healthcare, domestic violence screening, education on shaken baby syndrome, and other guidance in the lives of individuals. And, the *Hartford Public Schools* in collaboration with the *Department of Children and Family Services* has its new *Active Community Transitions in Our Neighborhoods and Schools (ACTIONS)* teams to assist teens recently released from juvenile detention. But Hartford has many programs in the different service sectors that should be making a contribution to effective violence prevention. We need the cohesion and direction that only a strong collaborative can bring. A clear structure would have several elements.

□ First, a *violence prevention planning authority* that is accountable to City government guarantees that a broad based community effort will have impact on policy and program decisions.

- Second, in addition the leadership group, the collaborative should have a *formal membership* and should seek to recruit every initiative in every sector that has a potential to contribute to a citywide “full court press” to prevent violence. A condition of membership should be a commitment for each agency or project to designate an in-kind commitment of resources to the cause, thus creating a “Community Bank” with which to get started. Undoubtedly resources should be sought from the City and the State, but nothing will make a stronger case for this than the grass roots action and commitment of the community that can be added up and tabulated.

- Third, opportunities for *immediate initiatives* should be responded to as soon as possible, even if they are preparatory to more directly relevant initiatives for which more resources are required. There is much we can do, if we turn our attention to the issue, and we will learn more about the underlying causes by paying attention! Certain strategies are proven to work:
 - Parent and Family-Based Strategies
 - Home-Visiting Strategy
 - Social Cognitive Strategy
 - Mentoring Strategy

- Finally, a *planning and implementation process* needs to be adopted that is keyed to the administrative cycle of the City and State budgets so that resources can be requested and program initiatives can be implemented and their impact evaluated to meet specific goals and targets.

Recommendation. Move forward in creating the structure to address the problem of violence in a coordinated way, following the strategy outlined above. And, even as this Ad Hoc Coalition strives to create the coordinated structure, begin implementing a measurable violence prevention initiative using existing human and program resources. A need exists to create a better interface between the Emergency Department at St. Francis Hospital and Medical Center and the community, particularly in reacting to intentional firearm and cut/piercing injuries reporting to the Emergency Department with the objective of defusing hostilities to prevent retaliatory actions, and of providing victims and victims’ families with needed services recognizing that many in the community have limited possibilities for connecting with these services. This “good faith” or pilot project will seek to improve the well-being of affected individuals and provide a starting point for a Hartford Ceasefire.