

DRAFT PLAN, PENDING PUBLIC FEEDBACK

VIOLENCE PREVENTION FRAMEWORK AND PLAN

FEBRUARY 2021



**Brandon M. Scott
Mayor**

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FROM THE MAYOR

March 15, 2021



Dear Baltimore,

Our city continues to face severe public safety challenges. Last year, the violence epidemic took the lives of 335 Baltimoreans. Many more died from preventable overdose deaths. The sheer loss of life is staggering and something we should never be comfortable with. These more than just numbers, but rather lives cut short, children without parents, parents without children, and communities overcome with trauma.

I believe that violence is a public health issue. And like most disparities, Baltimore's Black and historically-redlined neighborhoods bear the brunt. While police certainly have a distinct role to play in keeping our neighborhoods safe, they simply cannot stem the tide of violence on their own.

Baltimoreans deserve to live in safe neighborhoods where the public health of our communities comes first and our children can thrive. Throughout my public service career, I have advocated for a more holistic strategy rooted in the immediate actions we can take today while simultaneously addressing the root causes of violence.

Simply put, a comprehensive, coordinated strategy is needed if we are serious about sustaining reductions in crime.

One of my first actions as Mayor was establishing the Mayor's Office of Neighborhood Safety and Engagement (MONSE), an office dedicated to coordinating an all-hands-on-deck approach to building a safer Baltimore. MONSE is tasked with coordinating city agencies and community partners in the fight against violence. Moreover, MONSE will work to ensure accountability across Baltimore's holistic violence reduction strategy.

Deep challenges require creative, coordinated solutions. Our residents deserve to know their leaders have a vision to coordinate our precious resources in the fight against violent crime in the most effective and urgent way possible. While MONSE will be part of holding our law enforcement agencies accountable, we must ask what every agency and institution that interacts with our residents can do to stop the violence. Baltimore can embody what it means to treat violence as a public health epidemic.

This draft comprehensive public safety plan recognizes that violence is a public health issue, one that must be addressed through community engagement and collaboration between agencies. My administration will be focused on ensuring accountability to build safer communities.

If you are reading this draft plan, I encourage you to provide feedback.

I look forward to working closely with MONSE Director Shantay Jackson, our City agencies, and all of you as we work to implement this plan and truly build public safety in Baltimore.

In service,

Brandon M. Scott

Brandon M. Scott
Mayor

EXECUTIVE SUMMARY

Baltimore City is grappling with multiple public health crises: the global COVID-19 pandemic and local epidemics of opioid overdoses and gun violence. Since 2015, the city has seen an excess of 300 homicides per year—the overwhelming majority of which were gun-related. The overreliance on police to reduce violence and strengthen community safety has not only failed to yield sustainable results; it has also come at an extremely high social cost to many of the city's most vulnerable communities.

In order to sustainably reduce gun violence and address its root causes, the City Council led by the then Council President Brandon M. Scott made the bold move to pass the Biennial Comprehensive Violence Prevention Plan Ordinance 20.364B on May 18, 2020. The Ordinance mandated the Baltimore City Health Department (BCHD) to develop a comprehensive violence prevention plan that employs a public health approach and strategies that are trauma-informed, reduce harm, and heal individuals and communities.

On September 17, 2020, Baltimore City Commissioner of Health, Letitia Dzirasa, M.D., convened the Citywide Violence Prevention Taskforce ("Taskforce"), the group charged by the Ordinance with addressing violence and trauma using a public health approach. The Taskforce, comprised of Baltimore City agencies and organizations, Maryland State agencies, and United States federal government technical assistance partners, met over eight sessions to develop a Violence Prevention Framework using a Results-Based Accountability approach. An important output of The Taskforce was the collective definition of desired results that would guide the violence prevention framework: People who live, work, and visit Baltimore

- 1. have equitable life outcomes,**
- 2. have equitable life expectancy,**
- 3. are safe, and**
- 4. are thriving.**

On November 12, 2020, BCHD presented these desired results along with selected indicators and brainstormed strategies for public comment as a survey posted on the City's website. The survey has remained accessible throughout the planning process.

On December 23, 2020 Mayor Scott established the Mayor's Office of Neighborhood Safety and Engagement (MONSE) and charged the office with leading citywide efforts in addressing crisis levels of gun violence today, while also addressing broader social determinants of health for a safer and more equitable Baltimore tomorrow. To do this, MONSE would develop a strategic plan that reflects key recommendations from the Mayor's Public Health and Safety Transition Committee's final report and complements the Baltimore Police Department's Crime Reduction and Departmental Transformation Plan. It was also of high importance to partner with BCHD in the fulfillment of Ordinance 20.364B and to create a plan that aligned with the framework that the Taskforce developed. To that end, MONSE's plan would reflect the agency's lead role in fulfilling the framework result to make Baltimore more safe by addressing gun violence, while also engaging the framework to lead community engagement, inter-agency coordination, evaluation, and accountability for addressing the broader social determinants of health. MONSE developed a strategic plan to define the mission, values, and strategic pillars that guide and form the basis of the agency's work; and define the overarching strategic goal, contributing results, and key indicators that will align the plan to the BCHD framework.

On January 8, 2021 MONSE began its engagement with BCHD and a range of partners to develop the strategic plan. In the coming months, MONSE will engage community members, city agencies, and a variety of stakeholders to co-produce the city's operational plan for public safety that will focus on the prevention of violence and the promotion of healing through an equity-based, healing-centered, and trauma-informed approach. BCHD kicked off community engagement with the survey it posted to the City's website in November 2020. Building on the BCHD framework focus on all who live, work, and play in Baltimore, MONSE will expand the Taskforce's membership to include youth, the business community, community-based organizations, and other stakeholders.

BALTIMORE CITY HEALTH DEPARTMENT VIOLENCE PREVENTION FRAMEWORK

CONVENING THE CITYWIDE VIOLENCE PREVENTION TASK FORCE

On May 18, 2020, the Baltimore City Council passed the Biennial Comprehensive Violence Prevention Plan:20.364B (“Ordinance”) for the purpose of requiring that the Baltimore City Health Department present to the City Council “a biennial comprehensive violence prevention plan; specifying that the Baltimore City Department of Health develop the plan in consultation with certain agencies; establishing the contents of the plan; and requiring the publication of the plan on the City’s website for public comment,” (Biennial Comprehensive Violence Prevention Plan Ordinance, 2020, May 18).

On September 17, 2020, Baltimore City Commissioner of Health, Letitia Dzirasa, M.D., convened the Citywide Violence Prevention Task Force (“Task Force”), the group charged by the Ordinance with addressing violence and trauma using a public health approach.

The Task Force is comprised of Baltimore City agencies and organizations, Maryland State agencies, and United States federal government technical assistance partners including:

BALTIMORE CITY MUNICIPAL AGENCIES

- Baltimore City Health Department (BCHD)
- Mayor’s Office of Criminal Justice (MOCJ)
- Baltimore City Department of Housing and Community Development (DHCD)
- Baltimore City Department of Recreation and Parks (BCRP)
- Baltimore City Department of Social Services (DSS)
- Baltimore City Department of Transportation (DOT)
- Baltimore City Fire Department (BCFD)

- Baltimore City Police Department (BPD)
- Baltimore City Public School System (BCPSS)
- Baltimore City State’s Attorney’s Office (SAO)
- Housing Authority of Baltimore City (HABC)
- Mayor’s Office of Children and Family Success (MOCFS)
- Mayor’s Office of Emergency Management (MOEM)
- Mayor’s Office of Homeless Services (MOHS)

STATE OF MARYLAND

- Governor’s Office of Crime Control and Prevention (GOCCP)
- State Department of Juvenile Services (DJS)
- Technical Assistance Partners
- Centers for Disease Control and Prevention (CDC)
- National Association of State Mental Health Program Directors (NASMHPD)
- Mayor’s Office of Performance Innovation (OPI)
- University of Maryland School of Social Work (UMSOW)
- Johns Hopkins Urban Health Institute (JHUHI)

TECHNICAL ASSISTANCE PARTNERS

- Centers for Disease Control and Prevention (CDC)
- National Association of State Mental Health Program Directors (NASMHPD)
- Mayor’s Office of Performance Innovation (OPI)
- University of Maryland School of Social Work (UMSOW)
- Johns Hopkins Urban Health Institute (JHUHI)

THE CITYWIDE VIOLENCE PREVENTION TASK FORCE ORGANIZED ITS WORK INTO TWO PHASES:

PHASE I: DEVELOP THE VIOLENCE PREVENTION PLAN SEPT. 2020 - MAY 2021

- Convene Citywide Violence Prevention Task Force
- Facilitate 8 initial strategic planning sessions
- Release framework for public comment
- Present framework to Baltimore Mayor and City Council
- Re-Convene Citywide Violence Prevention Task Force in regular meetings
- Engage partners in planning
- Develop metrics and evaluation plan
- Begin action planning

PHASE II: IMPLEMENTATION MAY 2021 - JAN. 2022

- Continue action planning
- Implement strategies in collaboration with partners
- Provide ongoing training and technical assistance to programs, services, and supports
- Collect data and review results from performance measures and indicators on a monthly basis
- Provide progress to Mayor, City Council, and the public.
- Report annually to Mayor and City Council

In Phase I, the Task Force was scheduled to meet for eight (8) initial bi-weekly sessions through January 21, 2021 to develop the Citywide Violence Prevention Plan ("Plan") which the Commissioner of Health is required to submit to the City of Baltimore Mayor and City Council by January 31, 2021.

Through these sessions, utilizing a Results-Based Accountability approach, the initial Plan was developed. It is a framework that will serve as a roadmap for developing metrics, analyzing data, and re-thinking violence prevention and trauma reduction through a public health approach.

The survey containing elements of the Plan was posted for public comment on the City's website from November 12th, 2020 and has remained accessible throughout the planning process. The public comments have been reflected in the Plan and can be found in Appendix A ***(This section is pending public comment integration in January 2021).***

In Phase II, beyond January 31, 2021, the health department will reconvene the Task Force to refine strategies and metrics with agency and community stakeholders and Interim Progress Reports will be submitted on January 31st of each odd numbered year thereafter.

ADDRESSING VIOLENCE AS A PUBLIC HEALTH CRISIS

EXPOSURE TO VIOLENCE INCREASES RISK FOR HARM TO OVERALL HEALTH

In 2018, the American Public Health Association (APHA, 2018) released a policy statement deeming violence a public health crisis. It is known that exposure to trauma and violence is directly linked to the development of chronic diseases, increased risk taking behaviors, increased rates of sexually transmitted infections, higher rates of suicide and increased rates of depression, anxiety, and Post Traumatic Stress Disorder or PTSD.

According to the Centers for Disease Control and Prevention, the social determinants of health are the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Examples include safe housing, access to grocery stores, quality of education and job training, exposure to crime and violence, racism, residential segregation, and socioeconomic conditions, just to name a few. Economic conditions in particular contribute to both the cause and effect of violence. People living in poverty bear a disproportionate share of the public health burden of violence in almost every community.

To have a real and lasting impact on violence in Baltimore City, the social determinants of health must be addressed. Therefore, exposure to violence in and of itself is a social determinant of health and most often, that exposure is completely preventable.

Throughout the process, the Task Force expressed a desire to work with community-based organizations to align current citywide strategies focused on addressing gun violence, applying an equity lens throughout planning and implementation of the plan as well as implementing a trauma-informed approach throughout city agencies' services and programs. More information about these strategies and associated legislation can be found within Result 3 on page 11.

PREVENTION IS KEY

Violence is not randomly distributed. The same social factors that shape health are also strongly linked to violence and addressing those links will more effectively guide us with addressing violence prevention.

For true and lasting impact, going upstream to address root causes of violence or to address social determinants of health is key to prevention. Programs and services should be directly linked to what the community has identified as a need. Emphasis should also be placed on how agencies and organizations deliver those services alongside the communities being served. Any strategy should ensure all programs and services are practicing cultural competency. It should also be collaborative with community partners and inclusive of marginalized groups. Addressing structural disadvantages across systems is where progress can be made. It is important that the community's needs are at the forefront of the City's response.

RESULTS-BASED ACCOUNTABILITY AS A PARTNER TO PUBLIC HEALTH APPROACH

RESULTS-BASED ACCOUNTABILITY APPROACH

Results-Based Accountability (RBA) is a partner to a public health approach. It was developed by Mark Friedman of the Fiscal Policies Studies Institute and it is a disciplined way of thinking and taking action that can be used to improve quality of life in communities, cities, counties, states, and nations, as well as to improve the performance of programs.

RBA begins with a shared language, focuses on results, and facilitates collective impact. The core focus is on accessibility and equity when creating strategies to address the desired results. RBA provides an evidence-based and community accessible framework designed to address complex social issues such as violence prevention.

The Task Force's utilization of RBA fosters data-driven, violence prevention solutions, bringing action to talking-points and academic research findings. It uses plain language to serve as an easy way to understand the approach. Through a series of sessions, BCHD's Task Force members selected four RBA results with corresponding indicators focused on people who live, work, and play/learn in Baltimore City. This includes people who routinely visit the city for business, recreational, education and other purposes, but who are not residents.

SELECTION OF RESULTS, INDICATORS, STRATEGIES, AND TIMELINE

The Task Force met for eight initial planning sessions to develop the framework with a focus on determining results, selecting indicators, and brainstorming strategies (Table 1). In order to effectively navigate the eight sessions, the health department used the RACI chart (Responsible, Accountable, Consulted, and Informed) to distinguish between roles and responsibilities for tasks, milestones, and decision-making. The RACI chart can be located in Appendix B.

SESSION	FOCUS	DATE
1	Facilitate RBA Orientation Establish RBA Framework	09/17/20
2	Select Results and Indicators	10/01/20
3	Begin RBA Turn the Curve Process	10/15/20
4	Finalize Strategies	10/29/20
5	Develop Public Comment Survey	11/12/20
6	Release Framework for Public Comment	12/10/20
7	Integrate Public Comment into Framework	01/07/21
8	Finalize Part 1 of Plan Part 1 of Plan	01/21/21

SUMMARY OF PLANNING SESSIONS

The Task Force met for eight sessions throughout the course of developing the violence prevention plan. The Commissioner of Health in partnership with the Office of Youth and Trauma Services and the University of Maryland School of Social Work facilitated the sessions.

SESSION 1 focused on introductions and an orientation of the Results-Based Accountability approach. In the first session, the Task Force selected four results which are described as a "condition of well-being."

In selecting results, Task Force members focused on identifying a population (e.g., all children in a city) and the desired "end," for a particular population. The Task Force then asked "what quality of life or condition is desired for that population (e.g., entering school fully ready)," (Clear Impact, 2016).

Building on these criteria for selecting results, the Task Force chose four results for a specified population.

People who live, work, and visit Baltimore City:

1. **Have equitable life opportunities,**
2. **Have equitable life expectancy,**
3. **Are safe, and**
4. **Are thriving**

Then, the Task Force asked how we would accurately measure achievement of selected results (e.g., school attendance, third grade reading scores), essentially what is the guiding metric or indicator of success.

SESSION 2 focused on choosing four headline indicators, as follows:

1. **Baltimore City High School graduation rates**
2. **Life expectancy**
3. **Uniform Crime Reporting (UCR) total crime data**
4. **Percentage of the population employed (ages 16-64).**

Each result was paired with a headline indicator.

CITYWIDE VIOLENCE PREVENTION PLAN RESULTS AND INDICATORS

RESULT	INDICATOR
Equitable life opportunities	Are thriving
Equitable life expectancy	Are thriving
Are safe	Uniformed Crime Reporting (UCR) total crime data
Are thriving	Percentage of the population employed (ages 16-64)

Lagging or alternative indicators such as "attendance" and "individuals experiencing homelessness" aligning with graduation rates and percentage of the population employed (16-64), respectively, will be selected throughout the planning process and will be monitored as well to determine if those data indeed trend in the same direction.

SESSION 3 focused on a process called, Turn the Curve thinking. The focus of the Turn the Curve process is to reflect upon the historical data through a facilitated root cause analysis that informs and guides the development of strategies to achieve the selected results. Turn the Curve thinking presents five (5) questions:

1. **How are we doing?**
2. **What is the story behind the curve?**
3. **Who are the partners who have a role to play in turning the curve?**
4. **What works to turn the curve?**
5. **What is our action plan to turn the curve?**

Once the data was represented on a line graph, the Task Force undertook a root cause analysis in asking the question, “What is the story behind the curve?” meaning, what does the data tell us historically? The Task Force focused on shared protective and risk factors to develop this section of the plan.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines protective factors as “characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact,” (n.d.). In relationships, parental engagement in completing a child’s homework is an example of a protective factor. In communities, after school activities could provide support and protection from victimization. In society, laws limiting the sale of tobacco to minors could be considered a protective factor.

Conversely, risk factors “are characteristic at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes,” (SAMHSA, n.d.). In relationships, an example of risk factors would be a parent who suffers from mental illness or creates an emotionally or physically unsafe environment for a child. In communities, neighborhood poverty and violence would be an example of risk factors. In society, structural oppression or racism experienced through laws, policies, and procedures that are inequitable are also examples of risk factors.

Following the identification of protective and risk factors, we began to consider what entities might be able to address identified root causes and to develop and/or implement strategies to achieve the selected results. A brainstorming session was held to develop a list of potential partner entities.

Finally, the Task Force turned its attention to identifying three categories of strategies including: evidence-based or, strategies that have historically worked, low-cost/no-cost options, and innovative strategies.

SESSIONS 4 AND 5 focused on refining strategies and preparing a survey and framework for public comment.

IN SESSION 6, the Task Force reviewed the plan for promoting the survey and provided feedback and guidance on next steps.

SESSIONS 7 AND 8 will focus on final promotion and integration of public comments as well as planning for community engagement to develop the prioritized strategies as well as finalizing part one of the Citywide Violence Prevention Plan to be submitted to the Baltimore City Council.

SUMMARY OF OF SELECTING INDICATORS

The Task Force selected four headline indicators that met three criteria: 1) Communication Power, 2) Proxy Power, and 3) Data Power.

Communication Power asks a range of questions including, "Does the indicator communicate and connect to a broad range of audiences? Would those who pay attention to your work (e.g., voters, legislators, agency program officers, community) understand what this measure means?" (Clear Impact, 2016).

Proxy Power asks a different set of questions including, "Does this indicator say something of central importance about the result? Is this indicator a good proxy for other indicators?" (Clear Impact, 2016). Data tends to run in a "herd" or in the same direction. For example, if one chooses a leading indicator such as 'all children are ready for kindergarten, then lagging or alternative indicators such as school attendance and third grade reading scores may reflect similarities in a decrease or increase in trends over a course of time (e.g., monthly, yearly, etc.)

Data Power asks, "Is there quality data for this indicator on a timely basis? Is the data available on a timely basis?" (Clear Impact, 2016). For instance, Census data would not represent "data power" because it is collected every ten years. Waiting for ten years for available data could present a challenge in improving the effectiveness of programs. Data that is collected annually or more frequently and data that is publicly available is generally preferred.

The Ordinance requires that the health department "analyzes available City data regarding criminal justice, health, education, public works, transportation, housing, lead paint, drug overdoses, and any other relevant dataset outlining public health and safety strategies, including setting goals for prevention, intervention enforcement, rehabilitation, and re-entry. Additionally, the Ordinance calls for setting holistic, non-policing efforts aimed at violence prevention," (Biennial Comprehensive Violence Prevention Plan Ordinance, 2020, May 18).

The Task Force selected four headline indicators that could act as a proxy to other indicators and data sets noted in the Ordinance. While the Task Force did not list the lagging indicators, the health department will utilize those data sets to inform effectiveness of strategies and performance.

SUMMARY OF THE TASK FORCE TURN THE CURVE THINKING PROCESS

Result 1: People who live, work, and visit Baltimore City have equitable life opportunities.

How are we doing? There is a disparity in graduation rates based on race. Overall, 72.18% of Baltimore City students graduate from high school but when you look at the data by race, 72.94% of White students and 97.82% of Asian students graduate but only 72.46% of African American students and 54.91% of LatinX students graduate from high school.

What helps students graduate from high school? Taskforce members identified accountability, activities, quality of education, and stability as supports that can help student graduation from high school. Examples of protective factors included accountability of students/staff/parents, recreational activities including mindfulness, quality and safe education, and overall stability within family, housing, food, and relationships with mentors.

What makes it more difficult for students to graduate from high school? Taskforce members identified community challenges, incarceration, instability at home (e.g., family, housing, and financial), and stressful or traumatic childhood can make it more difficult for students to graduate from high school.

Strategies. Members of the Task Force were asked to identify strategies to increase the likelihood of youth graduating high school. Evidence-based strategies included community-level (extra-curricular activities, life skills training, diversion projects, summer employment), family/household level (Women' Infants, and Children's Program; Nutritional education, Parent Teacher Association), and individual level (social emotional learning, mentoring, referral to treatment in school-based health centers). Community-based strategies included educational, mentoring, and service engagement. Innovative strategies included education related (high quality education, small class sizes, entrepreneurship programs), financial supports (universal basic income, support for parents, financial literacy classes), free resources (family and school supplies), and job opportunities apprenticeships, internships, mentoring).

Result 2: People who live, work, and visit Baltimore City have an equitable life expectancy.

How are we doing? The average life expectancy for a resident of Baltimore City in 2018 was 72.7 years. The Greatest Disparity in 2017 was Clifton-Berea (66.9 years) vs. Cross Country/Cheswolde (87.1) which is a 20 year difference (Baltimore City Health Department, 2017, June).

What helps lengthen life expectancy? Taskforce members identified education, finances (e.g., employment opportunities, safe and affordable homes), access to healthcare (public health approach to drug use, healthy food, exercise), healthy interpersonal relationships, and safety (walkability, living in supportive safe neighborhoods) as mechanisms to help people live longer.

What contributes to a shorter life expectancy? Taskforce members identified lack of access to services and resources (healthy food and affordable housing), healthcare challenges (lack of access, lead, substance misuse, Adverse Childhood Experiences), safety issues (poverty and violent neighborhoods), and lack of supportive relationships as issues that cause people to die younger.

Strategies. Members of the Task Force were asked to identify strategies to increase life expectancy. Evidence-based services included: Complete streets, health focused interventions (smoking cessation, decreasing liquor store density, safe sex interventions), quality/supportive relationships, and savings plans until age 18. Community-based strategies included Activities (walking clubs, pet therapy, cooking workshops), collective group spaces, mindfulness, and pairing youth with elders. Innovative strategies included community resources (rebuild trust, quality food markets, gyms), healthcare access (safe injection sites, universal healthcare), and justice (reparations, Baltimore City's equity assessment coordinator and plan, examining war on drugs and shift of funding from criminal justice to social services, common sense gun control).

Result 3: People who live, work, and visit Baltimore City are safe.

How are we doing? In 2019, Baltimore City experienced 84,904 crimes. In 2019, 93 percent of homicide victims in Baltimore City were Black/African-American (Prudente) while 89 percent (311) were male victims (2020). Out of 348 victims of homicide, 325 were Black (Prudente, 2020).

What can help prevent crime? Taskforce members identified mentoring, resources, and safety (police-community trust, substance abuse treatment/diversion) as ways to prevent crime. Additionally, another strategy focused on the Group Violence Reduction Strategy (GVRS) as an evidence-based approach.

What can cause crime? Taskforce members identified lack of accessibility (barriers to employment, lack of out of school activities, lack of entrepreneurship opportunities), lack of quality education, lack of safety (lack of police-community trust, cultural norms promoting/accepting violence), and lack of supports (lack of supportive relationships, consequences, and mentoring) as causes of crime.

Strategies. Evidence-based services identified included crime/violence (group violence reduction, environmental design, law enforcement assisted diversion), gainful employment, healthcare supports (Family Functional Therapy, Trauma Cognitive Therapy) and mentoring. Community-based strategies included civic engagement, communities and groups (Friday night pop-ups, family activities, conflict resolution), faith-based, and mentoring. Innovative strategies included enhanced access to services, financial support, equity in opportunities, and justice.

An additional strategy that looks to address trauma upstream is the Elijah Cummings Healing City Act 20.341 which established a Trauma-Informed Care Task Force that designates staff to undergo formal trauma-informed care training in order to deliver services in a manner consistent with best practices. The health department, through this legislation, is responsible for developing and implementing a training curriculum in collaboration with the task force (Elijah Cummings Healing City Act, 2020, February 24).

Result 4: People who live, work, and visit Baltimore City are thriving.

How are we doing? A measure for thriving is the employment rate, which has been slowly increasing in Baltimore City between 2015 (60.4%) and 2018 (63.4%). Gaining, and remaining, employed is a useful indicator for thriving because employment ensures individuals are obtaining a source of income and learning new skills, which can translate into improvements in socio-economic status and overall reported wellbeing.

Although the unemployment rate among Black/African-Americans in Baltimore City has fallen over the last several years, a large gap remains among Black residents' unemployment rate which is 11.5% versus white Residents at 3.7%. Significant gaps in types of occupations and skills also persist. On average, Citywide, Black workers median income is half of white workers.

What can help people get jobs? Taskforce members identified employment opportunities, health (basic support and stabilization, cognitive behavioral therapy, substance abuse treatment), and transportation.

What gets in the way of people getting jobs? Taskforce members identified lack of quality education, poor health, lack of justice and safety, poor literacy, and lack of resources.

Strategies. Evidence-based services included criminal justice (teen court diversion, ban the box), employment/career, school-based, and substance use related strategies. Community-based strategies included community involvement, financial/employment, peer support, barriers/connections. Innovative strategies included financial/employment, free resources, and safety.

PUBLIC COMMENT

The violence prevention ordinance requires that the health department publish a plan on the City's website for public comment for no less than 30 days. The Task Force developed the results, indicators, and strategies and refined all sections of the plan to be ready for public comment. Additionally, a public comment survey was developed to provide for feedback from individuals who work, live, and visit Baltimore City. This feedback assisted the Task Force with continuing to develop and prioritize strategies as well as other critical feedback for the plan.

The plan was developed into a survey using Redcap, a data collection and analysis tool; it was released on the health department's website on November 12th, 2020. The survey was divided into four sections based on each result with initial feedback from the Task Force and several groups to provide focus on readability and access. Feedback was compiled and the survey was adjusted and republished. Prioritization of the strategies were integrated into the plan and will support development of a more comprehensive plan beyond January 31st, 2021.

Additionally, the health department partnered with the Baltimore City Office of Planning and Performance Innovation (OPI) and the John's Hopkins Urban Health Institute (JHUHI) to assist in the development of the public comment survey and to support the design of a community engagement strategy that engages community members through facilitated conversations and small convenings of individuals to provide feedback to the public comment survey and plan. Both JHUHI and OPI will support ongoing implementation of community engagement.

JHUHI's mission is to advance health and health equity in Baltimore City through facilitating conversations between communities and systems as well as mobilize resources that support the well-being of residents and to promote social justice.

OPI's mission is to build Baltimore as a diverse, sustainable and thriving city of neighborhoods and as the economic and cultural driver for the region.

MAYOR'S OFFICE OF NEIGHBORHOOD SAFETY AND ENGAGEMENT VIOLENCE PREVENTION STRATEGIC PLAN

In order to embrace and implement a more holistic strategy that treats public safety as a public health issue, Mayor Brandon Scott established the Mayor's Office of Neighborhood Safety and Engagement (MONSE) on December 23, 2020. MONSE has a clear mandate to lead citywide efforts in addressing crisis levels of gun violence today, while also addressing broader social determinants of health for a safer and more equitable Baltimore tomorrow. To do this, MONSE must engage, empower and align public agencies and community partners—the whole weight of Baltimore—in the broader pursuit of more public safety with more justice and less harm.

MONSE was created by Mayor Scott to democratize public safety in Baltimore. This strategic plan reflects key recommendations from the Mayor's Public Health and Safety Transition Committee's final report, complements the Baltimore Police Department's Crime Reduction and Departmental Transformation Plan, and builds upon the Baltimore City Health Department Citywide Violence Prevention Framework and its community feedback.

MONSE'S MISSION

Guided by the Mayor's vision for Baltimore and rooted in a holistic approach to neighborhood health and safety, the Mayor's Office of Neighborhood Safety and Engagement (MONSE) empowers community partners and public agencies to play a more active role to co-produce public safety, prevent violence and promote healing through an equity-based, healing-centered and trauma-informed approach for the benefit of all who live and spend time in Baltimore.

MONSE'S GUIDING VALUES

In everything that it does, MONSE is committed to upholding its core values of being:

- **Equity-based. Focused on promoting justice by reducing disproportionate negative impacts of current and future policies and practices.**

- **Healing-centered. Preventing violence must be paired with repairing harm and creating hope.**
- **Trauma-informed. Based on understanding and integrating knowledge about the causes and consequences of trauma.**
- **Justice-oriented. Real justice is about more than punishment; it is also about restoration, renewal, and healing from past harms.**
- **Partnership-based. Just as violence is intersectional, so must the solutions, relying on cross-system and community partners and partnerships.**
- **Transparent. Strong partnerships require trust; and trust must be earned and depends on transparency and accountability.**
- **Data- and research-driven. Relying on data and the best available experimental and experiential evidence to guide decision making.**
- **Results-oriented. Devoted to delivering impact and willing to change course, as needed.**

STRATEGIC GOAL, RESULTS AND INDICATORS

MONSE's guiding values speak to its commitment to being accountable by objective measures of progress. To that end, this plan employs a Results-Based Accountability approach in defining MONSE's overarching strategic goal, contributing results and key indicators, all of which are tied to the Office's three functional pillars, described further below.

Goal: To sustainably reduce gun violence by 15% per year and make Baltimore a city where everyone is and feels safe.

Indicator(s):

- **Number of serious victimizations (fatal and non-fatal shootings)**
- **Community perception of safety**

PILLAR 1: PUBLIC HEALTH APPROACH TO VIOLENCE

Result 1.1: Improved life outcomes and reduced recidivism rates for individuals at the highest risk of involvement in gun violence.

Indicator(s):

- Recidivism as measured by re-arrest and/or convictions for participants in Group Violence Reduction Strategy

Result 1.2: Reduced harm to communities by empowering community-based alternatives as the option of first resort, whether it be in handling juvenile offenders, responding to non-violent and non-criminal 911 events or mediating potentially lethal conflicts.

Indicator(s):

- Percentage of 911 calls diverted to a non-law enforcement response
- Number of Black youth diverted to community-based alternatives to arrest and prosecution
- Number of mediations performed by Safe Streets interrupters

Result 1.3: Reduced incidents of violence, including intimate partner violence, sexual violence, human trafficking, violence against children and elders.

Indicator(s):

- Decrease in percentage of domestic violence incidents to Part 1 Crime
- Rate of forcible rapes estimated to occur in the past 12 months per 100,000
- Number of human trafficking cases founded

PILLAR 2: COMMUNITY ENGAGEMENT AND INTERAGENCY COORDINATION

Result 2.1: Increased community capacity to co-produce public safety through violence prevention.

Indicator(s):

- Number of MONSE-led meetings with community partners
- Number of MONSE-made and -facilitated grants and stipends made to local CBOs and community partners

Result 2.2: Improved law enforcement-community relationships through respectful partnerships and reconciliation.

Indicator(s):

- Community perception of trust in law enforcement

PILLAR 3: EVALUATION AND ACCOUNTABILITY

Result 3.1: Increased shared accountability across public agencies through clear metrics and performance management.

Indicator(s):

- Number of public agencies engaged in MONSE-led performance management systems
- Trust amongst stakeholder agencies

Result 3.2: Increased research and analytical capabilities to ensure that strategies, policies and implementation are driven by data, evidence and community-based best practice.

Indicator(s):

- Number of research partnerships and collaborations
- Number of MONSE-led data sharing agreements between academic and community organizations

Result 3.3: Leadership provided in dismantling structural and institutionalized systems of racism that perpetuate inequities and prevent community self-actualization.

Indicator(s):

- Number of MONSE-led legislative priorities passed into law and/or policies implemented that advance violence prevention and remove barriers to equity.

MONSE'S PILLARS AND ACTIVITIES

This plan assumes that violence is not an intractable problem, but rather a public health crisis that is preventable and treatable through an intentional, coordinated, and sustained effort. MONSE's work is divided into three key pillars, which reflect a holistic approach to reducing violence, with an intersectional focus on individuals, communities, and systems.

Each pillar is supported by a set of activities, as described below.

PUBLIC HEALTH APPROACH TO VIOLENCE	COMMUNITY ENGAGEMENT AND INTER-AGENCY COLLABORATION	EVALUATION AND ACCOUNTABILITY
<ol style="list-style-type: none"> 1. GUN VIOLENCE PREVENTION 2. VICTIM SERVICES 3. YOUTH JUSTICE 4. COMMUNITY HEALING 5. RE-ENTRY 	<ol style="list-style-type: none"> 1. NEIGHBORHOOD ENGAGEMENT AND CAPACITY BUILDING 2. INTER-AGENCY COORDINATION 3. BUILDING KEY PARTNERSHIPS 	<ol style="list-style-type: none"> 1. STRATEGIC KEY PERFORMANCE INDICATORS 2. PERFORMANCE MANAGEMENT 3. POLICY AND RESEARCH

PUBLIC HEALTH APPROACH TO VIOLENCE

MONSE's mission is predicated on the belief that violence is a public health issue and gun violence in Baltimore is a public health crisis. MONSE also believes that law enforcement is necessary, yet wholly insufficient in preventing violence and promoting community health and safety. As we build broad systems to address all social determinants of health affecting Baltimore residents, identified in the Baltimore City Health Department Citywide Violence Prevention Framework, we recognize gun violence as the primary barrier to sustainably addressing the City's most pressing inequities – joblessness, homelessness, poor education and health.

Gun Violence Prevention: Persistently high levels of gun violence, disproportionately affecting historically disinvested Black communities, present Baltimore's foremost challenge in achieving racial justice, health equity and positive living environments. In meeting this challenge, MONSE will launch a robust Group Violence Reduction Strategy (GVRS), in partnership with the Baltimore Police Department and State's

Attorney's Office, as the city's leading strategy to reduce homicides and promote justice. GVRS relies on strong collaboration between community members, support and outreach providers and law enforcement, who engage directly with those most intimately involved in and affected by gun violence to keep them safe, alive, and free – supporting them in their daily lives, communicating community norms in support of everybody's safety and success, and where necessary, creating swift, certain, and legitimate sanctions for violence.

Additionally, MONSE will make significant investments in the city's gun violence prevention infrastructure. This will include providing the support necessary to implement and strengthen the City's hallmark violence prevention program, Safe Streets; strengthening coordination among community- and hospital-based violence intervention partners, including Safe Streets and Roca; and investing in sustainable, centralized funding streams and long-term professionalization. It will also entail the development of a coordinated shooting response system to support people and communities following incidents of gun violence to decrease retaliation, address trauma and promote healing.

Victim Services: Intimate partner violence accounts for over 20% of all violent crime. As the Mayor has emphasized before, we have to do more to create a safety and support net for survivors in collaboration with prosecution, rehabilitation, enforcement, and local service providers. MONSE will work with service providers, public health institutions, BPD, Sheriff's Office, State's Attorney Office, and others to coordinate a sensitive and appropriate response to intimate partner violence, sexual violence and human trafficking. The city will continue to provide and expand services for victims through the Baltimore City Visitation Center, the Baltimore City Human Trafficking Collaborative and the Sexual Assault Response Team (SART).

Youth Justice: Historically, we have over-invested in punitive approaches when our young people act out or make a mistake. In Baltimore, Black youth are overrepresented in the youth justice system. The Department of Juvenile Services (DJS) data for Fiscal Year 2020 illustrates the problem. Out of the six DJS regions, Baltimore saw the highest percentage of Intake into DJS among Black youth at 95.6%. Complaints were formalized, or referred to the DJS court for more than 80% of youth in Baltimore. This exceeds the statewide rate of formalization, which is 38.9%. A collaboration with the Mayor and community partners, MONSE will work with partners to reduce the harm and negative outcomes associated with youth arrests and incarceration through the creation of Baltimore-based programs and adoption of evidence- and community-based solutions proven to improve youth outcomes. These solutions aim to support youth and families, address underlying root causes, including structural inequities, and provide youth opportunities to thrive. As one example, MONSE will engage stakeholders to advise and support the pilot of the SideStep program, a community-based youth diversion program developed by the West Baltimore community.

Community Healing: MONSE recognizes the prevalence of trauma in communities experiencing high incidence of gun violence, as well as the impacts of untreated trauma and re-traumatization. In support of and in alignment with Healing City Baltimore and similar efforts in Baltimore, MONSE will incorporate principles of a healing and trauma-informed approach and also train and hire staff to guide MONSE in

integrating trauma-informed approaches, and building community capacity for self-healing.

Re-Entry: In Fiscal Year 2020, 2,040 citizens returned to Baltimore Communities from state prisons and the Baltimore City Pre-Trial Complex; the six-year average is approximately 2,400. Also, in Fiscal Year 2019 Baltimore City had the highest number of active supervision cases in Baltimore, at approximately 10,000. With scant positive support networks, limited education and work experiences and significant legal and social barriers to successful re-entry, it should come as no surprise that many resume their negative relationships and fall back into old habits. MONSE is committed to prioritizing successful re-entry not only as a moral imperative, but also as a crucial strategy to sustainably reduce crime and violence. Working with various re-entry partners, MONSE will bring the influence and strength of the Mayor's Office and its relationships to open new avenues of coordinated support and advance policy-level reforms in order to remove barriers, reduce harm, and support positive transformation. If returning citizens succeed, communities succeed, and Baltimore succeeds.

COMMUNITY ENGAGEMENT AND COORDINATION

Community engagement and stakeholder coordination and collaboration are at the heart of MONSE's mission. Three strategic commitments will be important to ensure that MONSE's holistic approach to neighborhood health and safety successfully leverages community and neighborhood partnerships for the benefit of all Baltimoreans, as envisioned in the Baltimore City Health Department Citywide Violence Prevention Framework.

Neighborhood Engagement and Capacity Building:

In order to successfully reduce gun violence and increase safety in Baltimore's neighborhoods, MONSE is determined to engage with community stakeholders, including but not limited to: community leaders, religious organizations, anchor institutions, youth, elders, neighbors, parents, nonprofits and employers. Promoting civic engagement and mobilizing community members will be key to the successful deployment of any violence prevention strategy. MONSE will create mechanisms for community input and leadership as part of its strategic plan, while holding all parties accountable through a Results-Based Accountability methodology.

Inter-Agency Coordination: MONSE has been tasked with driving cross-system collaboration and accountability among local, state, and federal agencies serving Baltimore City. As such, inter-agency coordination and collaboration will be a key component in MONSE achieving its mission. In order to holistically approach neighborhood health and safety and tackle the social determinants of health, MONSE will regularly convene various agencies to develop and implement evidence-based programs and tactics to increase safety and healing in Baltimore's communities. MONSE will also create and utilize mechanisms to hold agencies accountable for their efforts and, in that way, push for results.

Building and Strengthening Key Partnerships:

Collaborative networks are key in creating safety in Baltimore neighborhoods. As such, MONSE will focus on building and strengthening partnerships at a local and national level to ensure the Mayor's Office is part of the important conversation around the public health crisis of gun violence. Regular and strong participation in local and national convenings as well as direct engagement with grant funding organizations or philanthropic organizations will be at the heart of this strategy to ensure that MONSE can expand the potential network of funding available for neighborhood safety.

EVALUATION AND ACCOUNTABILITY

Accountability and quantified results are a key component of any successful strategic plan in order to measure and show progress and make course corrections when needed. As such, three strategic priorities will be key to ensuring MONSE and all government stakeholders can remain accountable to Baltimoreans, funders, and supporters.

Strategic Key Performance Indicators: MONSE's strategic plan will be driven by data, evidence and community-based best practice. As such, to monitor the success of this strategic plan in achieving the goals outlined in this document, and to hold all stakeholders accountable to the public, MONSE will be creating measures to account for program progress and strategy oversight. Identifying the key indicators that assess the holistic approach MONSE is taking towards reducing violence and promoting the social determinants of health will be the first step in ensuring accountability across the board. Once key performance indicators are determined, obtaining information from partners will ensure that every stakeholder is effectively contributing to the co-production of public safety and healing. Sharing metrics, data and experiences will help keep agencies accountable for executing agreed upon strategies while identifying best practices for measuring effectiveness.

Performance Management: The creation of key performance indicators will drive partnership-focused management and accountability through the establishment of multiple Stat systems. For one, MONSE will create a Stat system for the Group Violence Reduction Strategy in order to maintain the intensive, uninterrupted focus required to achieve and sustain reductions in gun violence. In addition to assessing progress towards violence-reduction goals, stakeholders will be able to review data on the quality of implementation and solve operational challenges. Key indicators will help ensure that partners are: focused on the small proportion of people and places most associated with gun violence; working at a scale that promises community- and, ultimately, city-wide results; and implementing in a way that is consistent with best practice.

Additionally, MONSE will develop a neighborhood-focused Stat tool. While preventing violence is something all Baltimoreans will benefit from, Baltimore neighborhoods are diverse in their assets, issues, and needs. Given that neighborhood safety is at the center of MONSE's mission, it is a priority to formulate a tool for our local government and partners to develop a deep understanding of each neighborhood's current situation, including assets that exist or are needed for improvements. NeighborhoodStat will be developed to include key indicators to measure safety and the determinants of social health identified in the Baltimore City Health Department Citywide Violence Prevention Framework and other reports. To further strengthen partnerships, MONSE will incorporate data from local partners measuring key indicators on the ground in addition to leveraging government data. Developing this tool will help prioritize efforts not only by safety indicators but also by geographic region. Having this tool as a baseline and monitoring for change will help MONSE measure and understand the impact of strategic efforts in increasing safety across Baltimore's neighborhoods.

Last, MONSE will develop a Stat process focused on intimate partner violence (IPV). Addressing intimate partner violence is integral to cultivating neighborhood safety within a trauma-informed, healing-centered approach. Research suggests that children who experience domestic violence are nine times more likely to become involved in criminal activity. Also, in homes where there is domestic violence, children are physically abused and neglected at a rate fifteen times higher than the national average. To this end, MONSE will gain a deeper understanding of the landscape of IPV and resources in communities, assess effectiveness, and lead accountability through the intentional collection of data and development of key performance indicators.

Policy and Research: Increasing safety in Baltimore's neighborhoods requires MONSE and other local stakeholders to find and follow best practices and evidence-based solutions for reducing violence. Therefore, it is a strategic priority to not only invest in building up MONSE's research and analytical capabilities to ensure all efforts coordinated by MONSE are evidence-based and data-driven; but also to provide leadership in dismantling systems and policies that perpetuate inequities and prevent community self-actualization.

TIMELINE

100 DAYS

- Hire staff to lead the implementation of GVRs and gun violence strategy oversight, inter-agency coordination and oversight, community engagement and empowerment, policy development and support, and community capacity building.
- Evaluate Safe Streets to identify steps for building capacity and develop a coordinated street outreach and violence interruption strategy.
- Engage Cities United Peace Challenge technical assistance on coordinated shooting response systems.
- Support the Mayor in issuing and monitoring implementation of a citywide directive laying out interagency roles and expectations in supporting GVRs.
- Award the adult support and outreach provider contract for GVRs.
- Establish initial inter-agency coordination and governance structures for GVRs.
- Develop strategic key performance indicators for GVRs Stat.
- Develop a communications plan for GVRs; the plan will focus on engaging stakeholders and cultivating the community moral voices as a component of the GVRs strategy.
- Meet with BPD, community leaders, and residents around a shared vision for public safety and community policing.
- Initiate a landscape analysis of CBOs with services that would be integral to a comprehensive public health approach to violence prevention
- Partner with BPD and CBOs on lethality reviews associated with intimate partner violence.

FIRST YEAR

- Hire community capacity-building staff.
- Hire policy analysis and advocacy staff.
- Hire re-entry staff.
- Complete violence prevention plan neighborhood engagement process.
- Release and engage on citywide violence prevention plan.
- Launch GVRs pilot.
- Roll out a GVRs Stat.
- Identify existing and potential funding streams and technical assistance opportunities for CBO capacity building and compile known sources for immediate support.
- Align partners to establish and coordinate funding mechanisms for neighborhood-based capacity building.
- With the support of research partner(s), conduct a detailed analysis of Baltimore City's 911 system to inform the integration of community-based responses for calls involving non-violent and non-criminal events in alignment with the Greater Baltimore Regional Integrated Crisis Systems (GBRICS).
- Develop a 911 call diversion working group and draft protocol.
- Use lessons learned from analysis of Baltimore City's 911 system to develop capacity building and funding plans for a 911 diversion program.
- Develop targeted capacity building and resources for violence intervention/interrupters.
- Strengthen coordination among street outreach workers/interrupters, hospital-based intervention programs and others working to prevent gun violence and invest in sustainable funding streams and long-term professionalization.

TIMELINE

- Support advocacy efforts for violence prevention policy and funding. This should include an assessment and the initial design of a CBO capacity-building initiative to increase the capacity of CBOs and community members in effectively engaging with those at the highest risk of serious violence.
- Develop strategic key performance indicators for NeighborhoodStat.
- Build upon Cities United Peace Challenge technical assistance to strengthen and scale a coordinated shooting response system.
- Assess and strengthen trauma-informed practices in MONSE violence prevention efforts.
- Initiate assessment of intimate partner violence, human trafficking, and sexual assault in Baltimore with the objective of designing sustainable and effective city-wide solutions focused on comprehensive prevention and intervention strategies.
- Re-launch Criminal Justice Coordinating Council.
- Use results-based accountability for evaluation of strategies and efforts.
- Establish a citywide 911 diversion program.
- Expand GVRS citywide.
- Launch NeighborhoodStat.
- Establish scaled up inter-agency coordination and oversight of upstream violence prevention.
- Continue evaluations of strategies and efforts, refine.

TERM

- Strengthen coordination among re-entry partners and advocacy for harm-reduction policies.
- Launch Intimate Partner Violence Stat.
- Initiate targeted development and training of neighborhood-based crisis response teams.
- Launch targeted awareness campaigns and communications strategies to link neighborhoods to resources, disseminate change-supportive messaging, and establish messages of a Healing City, a safe city.
- Scale up inter-agency coordination and oversight of deliverables
- Establish mechanisms for promoting and supporting trauma-informed care practices in services and institutions serving neighborhoods.
- Establish coordinated data sharing for evaluation and accountability. Build upon and expand MONSE's portfolio supporting victim services and youth justice.