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AGENDA REPORT

TO: Sabrina B. Landreth
City Administrator

FROM: Guillermo Cespedes
Chief of Violence
Prevention

SUBJECT: Update on Department of Violence
Prevention – Replacement Report

DATE: December 23, 2019

City Administrator Approval

Date:

1/2/2020

RECOMMENDATION

Staff Recommends That City Council Receive An Informational Report Providing An Update On The Department Of Violence Prevention Established By Ordinance Number 13451 C.M.S. To End The Epidemic Of Violent Crime In Oakland And Healing Trauma In Impacted Communities.

EXECUTIVE SUMMARY

This informational report provides a summary update on the Department of Violence Prevention which includes a description of the activities carried out between September 23, 2019 and November 22, 2019 as part of the initial orientation and assessment by the Chief of Violence Prevention in collaboration with the Violence Prevention Coalition and Oakland Unite/Human Services Department. The assessment is carried out through the lens of the *Public Health Placed Based Integrated Violence Prevention and Reduction Strategy*.

BACKGROUND / LEGISLATIVE HISTORY

The City Council adopted Ordinance No. 13451 C.M.S. on July 24, 2017 that amended Chapter 2.29 of the Oakland Municipal Code entitled "City Agencies, Departments and Offices" to create the Department of Violence Prevention focusing on ending the epidemic of violent crime in Oakland and healing trauma in impacted communities.

On September 13, 2018, the Rules and Legislation Committee approved a standing item directing staff to provide a regular update on the implementation of the Department of Violence Prevention at the Life Enrichment Committee. Included in these updates would be regular progress reports from the Chief of Violence Prevention as to the status of implementation efforts.

On September 23, 2019, newly selected Chief of Violence Prevention, Guillermo Cespedes, began his tenure with the Department of Violence Prevention and began immediately engaging

Item: _____
Life Enrichment Committee
January 14, 2020

staff, community leadership and stakeholders in an effort to assess the landscape of citywide violence prevention and intervention efforts.

ANALYSIS AND POLICY ALTERNATIVES

In 2017, the City Council created the Department of Violence Prevention (DVP) with the desire to better align, amplify and elevate Oakland's violence prevention efforts. The City Administrator is charged with its implementation. The mission of the DVP is to work directly with victims of violent crime - and those who are most likely to be future victims or perpetrators of violent crime - to dramatically reduce violent crime and to serve communities impacted by violence to end the cycle of trauma. The DVP shall pursue a public health approach to violence prevention and will focus on the successful implementation of community-led violence prevention and intervention strategies to realize sustained safety and stability of the communities most-impacted by violence.¹

This report provides a description of the activities carried out between September 23, 2019 and November 11, 2019 as part of the initial orientation and assessment by the Chief of Violence Prevention (CVP) in collaboration with the Violence Prevention Committee and Oakland Unite/Human Services Department (OU). The assessment is carried out through the lens of the *Public Health Placed Based Integrated Violence Prevention and Reduction Strategy*.

The initial orientation and assessments by the CVP included the following activities:

- Orientation meetings with Director of Human Services Department.
- Orientation meetings with OU Manager/Interim Director of Department of Violence Prevention.
- OU All-Grantee 2019-20 Kick Off Summit.
- First grantee coordination meeting of OU Gender-Based Violence Response service providers.
- Technical consultation in the use of multi-generational strategies to be supported by the Brotherhood of Elders Network.
- OU Adult Life Coaching Case Conference monthly meeting.
- OU Community Healing Strategy Training with Flourish Agenda (Dr. Shawn Ginwright) outlining their Healing Centered Community Engagement Framework.
- Community Healing Grassroots Mini Grant Informational Session #3 (East Oakland).
- Meeting with Oakland Unite external evaluator, Mathematica Policy Research.
- Bi-weekly planning meetings with member organizations of the Violence Prevention Coalition.
- Technical review meetings with Oakland Ceasefire Partnership personnel, consultants and community partners.
- Shooting review meetings with Oakland Police Department, Ceasefire personnel and Oakland Mayor.
- Shooting Review meeting with OU Violent Incident and Crisis Response (VICR) teams.

¹ This mission statement is taken directly from City Council Ordinance No. 13451 C.M.S. establishing the Department of Violence Prevention.

- Half-day Training Session for OU Violent Incident and Crisis Response (VICR) teams.
- Technical review meetings and field visits with OU Violence Interruption Coordinator in collaboration with probation and parole.
- Family Support Advisory meeting with community stakeholders.
- Field visits with clients receiving Life Coaching services in East Oakland.
- Technical planning meetings with hospital-based intervention teams at Highland and Oakland Children's Hospitals.
- Community organization meeting with East Oakland *Iron Sharpeners*, an action group comprised of African American male community leaders, advocates and organizers.

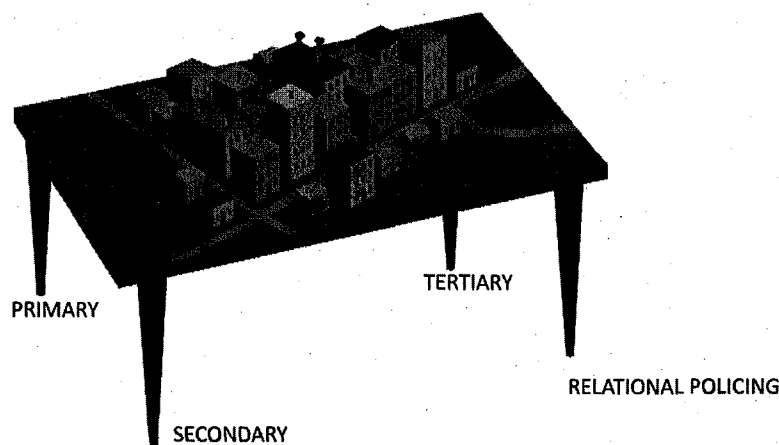
The process of orientation and assessment by the CVP emphasized identifying what areas of City funded violence prevention & intervention practices have been validated as effective by external evaluations, and what practice areas require improvement. The DVP will emphasize building upon what is effective, while improving areas of deficit.

THE PUBLIC HEALTH PLACE BASED INTEGRATED PREVENTION & INTERVENTION STRATEGY

The table below illustrates the *public health place-based prevention and intervention strategy*. Each leg of the table represents a specific target population and the recommended the type of interventions for that population. The DVP proposes a public health, community driven approach to reduce the following: gun violence; intimate partner violence; sexual trafficking; open cold cases and; community level trauma. The DVP will prioritize communities and populations with high levels of risks including but not limited to:

- Higher levels of violence associated with groups
- Higher levels of contact with the justice system, including police, probation and parole.
- Higher levels of sexual trafficking
- Higher levels of reported and/or suspected intimate partner violence
- Higher Levels of Unemployment & Under employment
- Lower Levels of Access to Effective Educational Resources Including Collaborative Relationships Between Families and Teachers.
- Higher Levels of Poverty.
- Lower Levels of Access to Early Childhood Development Resources
- Lower Levels of Access to Healthy Food.
- Lower Levels of Access to Effective Health Care.
- Higher Levels of Presence of The Underground Economy.

The Public Health Placed Based Prevention & Intervention Strategy



Targeted Approaches

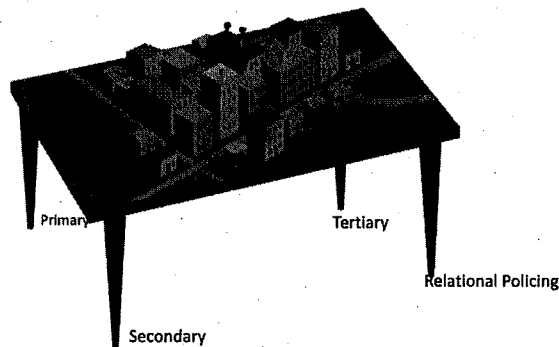
- Specific Places
- Specific people
- Specific months of the year, days of the week and times of the day

Simultaneous Implementation Strategies in Specific Geographic Location

The Place Based Strategy (PBS) Implementation Principles:

- The focus of the PBS is a small geographic location (i.e. 4 square miles)
- All four levels of risk (described below) in the identified PBS location is to be addressed simultaneously (not sequentially)
- The table must be *balanced* and all four legs must be the same length (i.e. same level of resources)
- The program approaches used in each leg of the table must have *compatible theories of change*.

The Public Health Placed Based Prevention & Intervention Strategy



Primary & Secondary = Fireproofing

Tertiary & Relational Policing = Putting Out Fires

Levels of Risk:

Leg 1: Represents the population between 8 and 17 years of age that have been identified at a primary level of risk by a validated risk assessment. In the context of this framework, primary level risk level population are youth that live in high-risk communities but statistically are less likely to become actively involved in violence associated with groups. It appears that a large percentage of Oakland's primary prevention work is conducted by programs and services funded by the Oakland Fund for Children and Youth (OFCY).

- Further assessment is required to determine the level of primary prevention programming provided by Oakland Parks, Recreation and Youth Development Department (OPRYD).

Leg 2: Represents the population between 8 and 30 years of age that have been identified at a secondary level of risk by a validated risk assessment. Those at a secondary level of risk live in neighborhoods with high levels of violence associated with groups/gangs. The best way to describe this population is the youth who has his/her hand on the handle of the door at the entrance of a group or gang that is involved in violent and/or criminal activity. The secondary prevention population is most effectively served by an *individualized evidence informed service plan* that includes a combination of individual and family system intervention.

- Based on the status of current assessment it appears that the secondary prevention population is served primarily by Oakland Unite.
- It is not clear at this point if OFCY and/or OPRYD is involved in the delivery of services to the population at a secondary level of risk.

Leg 3: Represents the *tertiary risk level population*. There are two categories of tertiary level population: a) the voluntary and; b) the involuntary populations. The voluntary population is comprised of gang and or justice involved persons, who voluntarily decide to pursue a program to re-direct their lives. The voluntary tertiary participant can be most effectively served by an evidence informed individualized service plan that includes individual, family system intervention and coordination with non-law enforcement systems (i.e. schools, churches, employment,

medical services). The involuntary tertiary population is mandated by the justice system to participate in a program as an alternative to incarceration or as a condition of probation or parole. The involuntary tertiary population can be most effectively served by an evidence informed individualized service plan that includes individual, family, and coordination with public systems such as law enforcement, probation and or parole. This population includes persons as young as 8 years of age, and as old as 30 who have often self-identified as group/gang involved.

- The tertiary level both voluntary and involuntary populations, appear to be addressed by Oakland Unite, with coordination of referrals and risk level identification with law enforcement and the criminal justice system.
- It is not clear at this point if OFCY serves participants at a tertiary level of risk.

Leg 4: Represents the population in a high-risk neighborhood that is best served in a short-term manner by an immediate relational intervention (time out/arrest), or by a combination of psychosocial and law enforcement approaches, as in the case with the Ceasefire identified population. This is the leg that presents the most challenges at a national and international level, as it requires a balanced service approach of psychosocial and justice systems intervention.

Challenges:

- The City of Oakland does not have a validated risk assessment (i.e. “thermometer”) that can be used to determine who is at which level of risk. The absence of a “thermometer” makes it difficult to align all primary, secondary, and tertiary services. Using a medical analogy, the City is prescribing the same medicine to all levels of risk.
- The absence of a thermometer to determine levels of risk can lead to a situation in which services are being duplicated or delivered inappropriately.
- As is the case with medical treatment, evidence shows that providing a primary level condition with tertiary level medicine is likely to make the condition worse. At this point it is unknown which percent of the populations served by the City of Oakland is at a primary, secondary, or tertiary level of risk.
- For many years the profession assumed that placing anti-social youth in pro-social groups was an effective way of reducing anti-social behavior. It is now known from research that this is equivalent to placing somebody with a cold in a group of people without a cold and expecting that the person with the cold will improve.

Action Items:

- Incorporate a validated risk assessment as part of the DVP overall strategy.
- Incorporate the concept of differentiated levels of risk into the overall strategy of the DVP.
- Incorporate the PBS framework in order to achieve the objectives of the DVP, as it appears that currently the four legs of the table are not necessarily implemented simultaneously in the same geographic location.
- Incorporate a family systems approach into the overall strategy of City-funded programs.

Item: _____

Life Enrichment Committee
January 14, 2020

COMMUNITY ENGAGEMENT AND INPUT FROM COMMUNITY PARTNERS

Oakland Unite Community Healing Mini-Grants Program:

Community members throughout Oakland were engaged to support and publicize the September launch of the OU Community Healing Mini-Grants program to provide mini-grants to individuals (up to \$5,000) and small, emerging organizations (up to \$15,000) for healing-centered, community-based activities. Close to 150 applications were received by the October 22 deadline and the first round of mini-grant awardees for fiscal year (FY) 2019-20 were announced on November 22, 2019, with 29 projects awarded approximately \$190,000 in funds. Highlights of a few selected projects include Rapid Response Healing Circles in North Oakland, Community Clean-up and Block Parties throughout West Oakland, Men Helping Men End Human Trafficking from Jingle Town to Sobrante Park, a Circulo de Mujeres in Fruitvale, culturally relevant mental health circles in Castlemont, and a Healing for Non-Profits project citywide.

The Community Healing mini-grants will be administered by the OU Community Healing grantee agencies whose staff selected and guided the decision-making committees. The committees are comprised of community member volunteers who read and scored the proposals, and selected which projects would be awarded by their organization. OU staff and an independent consultant provided training and technical assistance to the agencies and the community member volunteers. Each committee developed feedback to the applicants who were not selected for them to incorporate in their applications for the second round of mini-grants to be administered in early 2020 for the just over \$200,000 in remaining funds.

Violence Prevention Coalition (VPC) input provided on November 22, 2019 includes:

- Decision-making based on regions served by the Community Healing grantees makes the granting process complicated. Almost 150 organizations applied, and in some regions only one group may get the maximum \$15,000 grant. As a result, a number of grassroots organizations doing important work were not awarded.
- Appreciation that feedback will be provided to help improve applications for the second round of mini-grants.
- Explore how all the groups doing the work can come together to generate other funding sources. It continues to be a problem when there is only one limited City funding source that all groups doing important, necessary work can apply to.
 - Develop a parallel fundraising strategy focusing on private foundations that brings community members and City staff together to raise additional funds that can supplement Oakland Unite funding.
 - Need to work together with other groups with similar concerns to explore what can be done in the future to expand funding opportunities.
- Develop ways for organizations that are part of the VPC to work together/coordinate as a community coalition.
- Request for additional capacity building opportunities to help grassroots organizations write stronger proposals that can compete against other more established agencies.

OU staff echoes the need for additional fundraising to meet the demand for resources to provide healing events, and violence prevention activities in Oakland. OU endeavored to make the process accessible and transparent to all and believe the overwhelming number of applications

is a reflection of this outreach and engagement. Staff will continue to work with Community Healing grantee partners and others to improve the process for the next cycle.

Victim and Family Support at Crime/Homicide Scenes:

Members of the Family Support Network, SAVE (Soldiers Against Violence Everywhere) and other community members that have survived multiple shootings made the following recommendations:

- Provide family members with on-going homicide investigation information in a manner that shows empathy for the family. The police should respond to all families in an empathetic and respectful manner that recognizes they are victims of loss and trauma, no matter what circumstances brought about the death of their loved one.
- The body of the deceased should be covered with a small tent, rather than a sheet so the members of the family do not see the contour of their loved one on the ground, sometimes for hours. The longer the time period with the body on the ground, the more traumatized the family feels.
- During the immediate response and investigation at the crime scene, there needs to be more emphasis on providing resources to the family. There should be a resource booklet or printed materials that the Oakland Police Department (OPD) provides to the family.
- In cases in which the victim is still alive, emphasis should be on getting medical attention to the victim rather than the investigation.
- Police should not touch family members that have been injured as they are not trained in that function.
- The role and the protocols of first responders, homicide detectives, coroner, Youth Alive, and Oakland Unite should be explained to families.

Solving and Closing of Homicide Cases:

The surviving members of the family need to be able to have some measure of closure by having their cases effectively closed. They are asking for:

- More emphasis on closing cases, especially those of black and brown victims. Community members report that the percentage of cold cases of black and brown victims is quite high while it is reported that 100 percent of cold cases of white families have been closed.
- More partnership with the Police Commission around creating potential policy recommendations for City Council approval that speak to these concerns.
- Policy should ensure that officers call for medical assistance immediately, and should contain language and provisions for disciplinary actions upon officers if not carried out.
- Meeting between CVP, OPD Chief and community/family members directly impacted by homicides to discuss these matters.
- Family Support Network asks that they train police in how to deal with victims in a sensitive manner at shooting/homicide crime scenes.

Hiring of Deputy Chief of Violence Prevention:

The Scope of Work of the Deputy Chief of Violence Prevention has been completed and it has been established that this position will be filled by a candidate with a high level of expertise in domestic violence, intimate partner violence, and commercial sexual exploitation. In addition,

the candidate will need a strong operational background.

Transition of Oakland Unite from Human Services Department to DVP:

The City Administrator has established a transition planning team made up of Chief of Violence Prevention, Health and Human Services Director, OU Manager, Administrative Analyst, Budget Analyst, and City Administrator staff. The transition planning team will examine the union, staffing, and budgetary needs in making the transition, while following the process used by the City in the creation of previous departments.

FISCAL IMPACT

This report is for informational purposes only and does not have a direct fiscal impact or cost.

PUBLIC INTEREST /OUTREACH

This report includes input and ideas from various community partners interested in violence prevention efforts including the Violence Prevention Coalition, Brotherhood of Elders Network, Family Support Network, SAVE (Soldiers Against Violence Everywhere) and other community members. Additional, system partners that have been consulted to date include Alameda County Probation, Highland and Oakland Children's Hospitals, and local parole partners.

This informational report is posted in accordance with the standard City Council agenda noticing procedures.

COORDINATION

This informational report is prepared by the Chief of Violence Prevention, in coordination with the City Administrator's Office and Oakland Unite/Human Services Department. The strategic planning informing this report was done with input from Oakland Unite/Human Services Department, Oakland Police Department and Oakland Ceasefire Partnership members, both City staff and community members.

SUSTAINABLE OPPORTUNITIES

Economic: There are no direct economic opportunities associated with this report.

Environmental: There are no direct environmental opportunities associated with this report.

Race & Equity: The outcome goal of City's work around violence prevention is to dramatically reduce, if not eliminate, violent crime that disproportionately impacts our communities of color, particularly African-Americans, and interrupt the cycle of violence, trauma and recidivism.

ACTION REQUESTED OF THE CITY COUNCIL

Staff Recommends that City Council accept an informational report from the Chief of Violence Prevention on activities and progress of the Department of Violence Prevention (DVP), which was established by Ordinance No. 13451 C.M.S. to end the epidemic of violent crime in Oakland and healing trauma in impacted communities.

For questions regarding this report, please contact Guillermo Cespedes, Chief of Violence Prevention at (510) 238-2916.

Respectfully submitted,



GUILLERMO CESPEDES
Chief of Violence Prevention
Department of Violence Prevention