

# NEAR Act Violence Prevention and Interruption Efforts: Opportunities to Strengthen New Program Models

June 7, 2022

A report by the Office of the District of Columbia Auditor



## Audit Team

Jason Juffras, Auditor in Charge

Abigail Edwards, Auditor

Fredericka Shaw, Program Analyst

Julie Lebowitz, Deputy Auditor



Office of the District of Columbia Auditor

Kathleen Patterson, District of Columbia Auditor

[www.dcauditor.org](http://www.dcauditor.org)

# Table of Contents

---

Executive Summary .....	1
Background .....	2
Objectives, Scope, and Methodology .....	8
Audit Results .....	10

## **Office of Neighborhood Safety and Engagement**

<b>Finding:</b> The Office of Neighborhood Safety and Engagement’s Pathways program has identified, recruited, and assisted individuals at high risk of committing violence or becoming victims of violence....	13
<b>Finding:</b> The Office of Neighborhood Safety and Engagement has complied with most but not all statutory requirements for reporting on the activities and outcomes of the Pathways program, but additional data are needed to illuminate program results .....	18
<b>Finding:</b> Violence interrupters in the Office of Neighborhood Safety and Engagement’s violence intervention initiative have been spread too thin. ....	22
<b>Finding:</b> Violence interrupters in the Office of Neighborhood Safety and Engagement’s violence intervention initiative have not consistently built strong ties to community leaders .....	27
<b>Finding:</b> The impact of the Office of Neighborhood Safety and Engagement’s violence intervention program on violent crime is unclear. ....	29
<b>Finding:</b> Violence intervention programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General do not appear duplicative, but a program merger that incorporates the best aspects of each program might improve outcomes .....	33
<b>Finding:</b> The Office of Neighborhood Safety and Engagement has implemented additional programs to promote a public health approach to preventing violence .....	36

## **DC Health: Office of Violence Prevention and Health Equity**

<b>Finding:</b> The Mayor did not comply with the NEAR Act’s requirement to create an Office of Violence Prevention and Health Equity with responsibility for a citywide public health approach to violence reduction. ....	38
<b>Finding:</b> While DC Health did not meet all NEAR Act requirements to develop and implement a public health strategy to combat the spread of violence, the final report of the Mayor’s Safer, Stronger DC Advisory Committee fulfills some of the same purposes .....	40
<b>Finding:</b> DC Health conducted a public information campaign on the impact of violence and strategies for violence cessation, as required by the NEAR Act, but spent only 36% of the money the Council appropriated for this purpose .....	41

**Office of Victim Services and Justice Grants: Hospital-Based Violence Intervention Program**

**Finding:** The Office of Victim Services and Justice Grants has implemented a citywide hospital-based violence intervention program largely consistent with the requirements of the NEAR Act..... 43

**Finding:** The District’s hospital-based violence intervention program incorporates key elements of leading practices ..... 47

**Finding:** The key performance indicator for the hospital-based violence intervention program overstates the program’s success in recruiting participants and could be supplemented by additional measures..... 55

**Metropolitan Police Department and Department of Behavioral Health: Community Crime Prevention Team Program**

**Finding:** The Metropolitan Police Department, Department of Behavioral Health, and Department of Human Services did not establish the Community Crime Prevention Team Program required by the NEAR Act..... 57

**Office of Victim Services and Justice Grants: Private Security Camera Incentive Program**

**Finding:** The Office of Victim Services and Justice Grants has implemented the private security camera incentive program in a manner consistent with the NEAR Act ..... 61

**Finding:** The Office of Victim Services and Justice Grants has not included any performance measures for the private security camera program in its annual performance plans and reports, which is not consistent with statutory requirements for performance measurement and accountability .. 65

**Finding:** The issuance of awards (rebates and vouchers) by the private security camera program has been uneven by police district. Applicants from the 4th and 5th police districts, respectively, claimed approximately four times the number of awards as those in the 7th police district..... 65

**Finding:** Residents have claimed the vast majority (97%) of the rebates issued by the private security camera program..... 68

**Finding:** The number of vouchers issued by the private security camera program represents less than 0.2% of all security camera awards to residents ..... 69

**Finding:** The impact of the private security camera program in preventing and solving crimes is difficult to assess due to data limitations, but police make extensive efforts to obtain camera footage and use it in investigations. Footage may advance investigations in multiple ways, such as identifying suspects or ruling them out, or narrowing down the time when a crime occurred..... 71

Conclusion ..... 75

Summary of Report Recommendations .....77

Agency Comments ..... 82

ODCA Response to Agency Comments..... 94

Appendix A ..... 96

Appendix B ..... 98

# Executive Summary

## Why ODCA Did This Audit

The Neighborhood Engagement Achieves Results Act (NEAR Act) of 2016 was intended to promote a public health approach to preventing violent crime in the District of Columbia. ODCA reviewed the implementation and impacts of the NEAR Act to see if the law was implemented as intended and what impacts could be demonstrated from its first five years. This is the first in a series of reports, part of a discretionary audit included in ODCA's fiscal year 2021 audit plan.

## What ODCA Found

- ODCA found wide variation in NEAR Act implementation. The Office of Neighborhood Safety and Engagement (ONSE) launched a promising initiative, the Pathways program, to steer high-risk young men away from violence. The Office of Victim Services and Justice Grants (OVSJG) implemented a hospital-based violence intervention program (HVIP) and a private security camera program as intended by the NEAR Act. HVIP intervenes in the lives of violently injured individuals at the critical time when they are being treated before returning to the community.
- At the same time, two NEAR Act initiatives to promote a public health approach to preventing violence have not been implemented: the establishment of an Office of Violence Prevention and Health Equity within DC Health, and the creation by the Metropolitan Police Department and the Department of Behavioral Health of police officer-clinician teams to respond to behavioral health crises.
- ONSE has also implemented a violence intervention (VI) initiative that deploys violence interrupters to 22 high-crime communities to detect and mediate conflicts. Nevertheless,

existing data cannot demonstrate the impact of this initiative. The VI initiative targets small numbers of young men most likely to engage in violence, but also seeks to engage the community in preventing violence. Thus far, community awareness and involvement in the VI initiative was not consistently strong.

## What ODCA Recommends

### Key recommendations include:

- The VI programs run by ONSE and the Office of the Attorney General should undergo an independent research study that compares changes in violent crime at program sites to closely-matched comparison sites.
- The research study should identify the most effective aspects of each program to serve as the basis for a possible merger.
- ONSE should use additional funds to increase not only the number of VI sites, but also the number of violence interrupters working in each community.
- The Metropolitan Police Department and the Department of Behavioral Health should establish the joint community crime prevention teams required by the NEAR Act.
- ONSE should track and report post-program employment and victimization data for Pathways graduates.
- OVSJG should ensure that its measure of HVIP enrollment counts all eligible clients.

### The Council should amend the NEAR Act to:

- Shift the duty to develop and implement a public health strategy to the City Administrator.
- Specify Level 1 and 2 trauma center hospitals as the target sites for HVIP.
- Qualify Supplemental Nutrition Assistance Program recipients to receive private security camera program vouchers.

# Background

---

The Neighborhood Engagement Achieves Results Amendment Act of 2016, commonly known as the NEAR Act, was intended to implement a public health approach to preventing crime and violence in the District of Columbia. The D.C. Council unanimously approved this omnibus legislation, which became D.C. Law 21-125 and took effect on June 30, 2016.<sup>1</sup>

The NEAR Act responded to growing concern about violent crime in the District of Columbia. The Council's Committee on the Judiciary reviewed the District's policies to prevent and respond to violent crime, address underlying causes, and strengthen community partnerships in a September 16, 2015, public hearing titled, *Beyond 100 Homicides: Violent Crime in the District of Columbia*. The testimony of government and public witnesses at that hearing, as well as an October 21, 2015, hearing on the NEAR Act and other criminal justice legislation, helped shape the NEAR Act by informing the Committee about national models and local initiatives.

The NEAR Act encompasses nine titles touching on crime and violence prevention; physical and behavioral health; police practices, hiring and retention, training, and discipline; data collection and reporting; and sentencing and rehabilitation. Reflecting the law's broad sweep, the NEAR Act also assigned new powers and duties to the Office of the Deputy Mayor for Public Safety and Justice (ODMPSJ), Metropolitan Police Department (MPD), Office of Victim Services and Justice Grants (OVSJG), Office of Police Complaints (OPC), Department of Corrections (DOC), Department of Forensic Sciences (DFS), Criminal Justice Coordinating Council (CJCC), D.C. Department of Health (DC Health), and Department of Behavioral Health (DBH).

The public health approach emphasized by the NEAR Act involves identifying and addressing the root causes of violent crime. The U.S. Centers for Disease Control and Prevention (CDC) defines the public health model as involving four steps: (1) define the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) assure widespread adoption. A key assumption about the violent crime problem that underlies the NEAR Act is that an overwhelming majority of serious violent crime—particularly gun violence—is committed by a relatively small group of offenders who must be the target of intervention efforts, a finding that was reinforced in a December 2021 report by the National Institute for Criminal Justice Reform.<sup>2</sup> To address the problem, the NEAR Act focuses on identifying and redirecting those at highest risk of committing or becoming victims of violence, particularly by creating a new Office of Neighborhood Safety and Engagement (ONSE) charged with helping this target group.

Several important parts of the NEAR Act could not be implemented immediately because the Chief Financial Officer (CFO) found that projected costs of \$3.9 million in FY 2016 and \$25.6 million from FY 2016 through FY 2019 had not been budgeted.<sup>3</sup> These sections included the creation of ONSE, establishment of an Office of Violence Prevention and Health Equity within DC Health, deployment of

---

<sup>1</sup> Mayor Bowser let the NEAR Act become law without her signature.

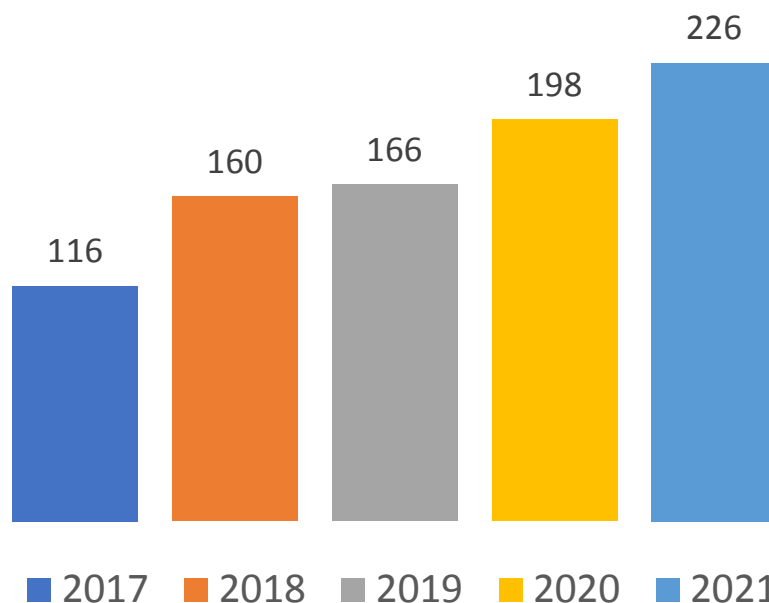
<sup>2</sup> The National Institute for Criminal Justice Reform's "Gun Violence Problem Summary Report" estimated that in a given year, there are 500 identifiable, very high-risk individuals who are responsible for 60% to 70% of all gun violence in the District.

<sup>3</sup> The sections that could not be immediately implemented were 101-105, 201-204, and 209-210.

Community Crime Prevention Teams pairing police officers with behavioral health specialists, and other sections about advisory bodies, community policing, and data requirements. Full implementation began on October 1, 2017, after the Mayor and Council enacted an FY 2018 budget that included sufficient funding and repealed statutory language that delayed implementation of the sections cited above.<sup>4</sup>

After all sections of the NEAR Act had been effective for more than three years, ODCA started an audit to assess whether this landmark legislation had been implemented as intended and was meeting its objectives. The concern about violent crime that motivated the NEAR Act remains particularly acute today because homicides have risen steadily, nearly doubling from 116 in 2017 to 226 in 2021 (see Figure 1).

**Figure 1: Number of Homicides in D.C. from 2017 to 2021**



**Source: Metropolitan Police Department**

D.C.'s crime trends are complex: Total crime fell by 14% and total violent crime dropped by 8% from 2017 to 2021, even as homicides spiked. Nor is the District of Columbia alone in facing persistent problems of violent crime. The Council on Criminal Justice (CCJ), in partnership with Arnold Ventures, reported that homicide rates rose by 30% in 34 U.S. cities in 2020, coupled with smaller increases in aggravated assaults and gun assaults. Nationwide, homicides soared by nearly 30% in 2020, according to the Federal Bureau of Investigation (FBI). FBI data for 2021 had not been released at the time of this writing. As D.C.

<sup>4</sup> D.C. Law 22-33, the "Fiscal Year 2018 Budget Support Act of 2017, repealed the language that froze the implementation of NEAR Act sections 101-105, 201-204, and 209-210.

policymakers strive to reduce crime and violence, this audit is intended to assist that effort by identifying lessons from NEAR Act implementation and offering recommendations to increase its effectiveness.

Because the NEAR Act has such a broad scope, ODCA plans to issue a series of reports on its implementation and impacts. This first report focuses on the following NEAR Act sections that emphasize public health techniques and interventions as well as prevention of crime:

- Sections 101-103 establishing ONSE and specifying its powers and duties.
- Section 104 creating the Office of Violence Prevention and Health Equity (OVPHE) within DC Health.
- Section 105 requiring MPD to implement Community Crime Prevention Teams in coordination with DBH and the Department of Human Services (DHS).
- Sections 214 and 215 establishing the Private Security Camera System Incentive Program under the Mayor's authority.

## **Background on the NEAR Act's Public Health and Prevention Sections**

The following section summarizes the NEAR Act's public health and prevention sections covered in this report.

### ***The Office of Neighborhood Safety and Engagement***

Although the NEAR Act sections that created ONSE and detailed its powers and duties have been amended since their initial enactment, ONSE's duty to identify, recruit, and assist individuals at high risk of committing violence or becoming a victim of violence has remained constant. In addition, ONSE is charged with:

- Coordinating the District's violence prevention strategy with a focus on public health approaches.
- Collaborating with other D.C. government agencies and nonprofits to provide immediate wraparound services to families and victims affected by violent crime.
- Identifying priority neighborhoods and police service areas with high levels of violent crime and connecting residents of those neighborhoods to services through a streamlined approach.
- Developing positive relationships with youths and young adults through recreation and other positive behavioral reinforcements.
- Coordinating with D.C. government agencies and non-profits to develop employment and job training programs to individuals most at risk of committing or becoming a victim of violence.
- Coordinating and fostering restorative justice programs and practices within the D.C. government and in the non-profit sector, focusing on individuals 18 to 35 years of age.
- Reporting to the Mayor and Council by January 31 of each year about the activities and outcomes for each cohort of high-risk individuals served by the agency.

ONSE was first funded in the District's FY 2018 budget, with an appropriation of \$2.1 million, and opened its doors on October 25, 2017. ONSE's budget has grown exponentially to \$10.4 million in FY 2021 and \$28.7 million in FY 2022.

ONSE has carried out its mission by implementing five key programs:

1. Pathways, a nine-month transitional employment program for individuals 20 to 35 years of age who are considered at risk of committing or being victimized by violent crime. Pathways includes life-skills training, mentoring, case management, and six months of subsidized employment designed to lead to permanent, unsubsidized employment.
2. Violence Intervention Program, which contracts with three community-based organizations to intervene in the lives of high-risk individuals to disrupt the cycle of violence and provide supports and services to those individuals and their families.
3. Family and Survivor Support Program, which contacts families after a homicide, or a shooting or stabbing that involves a juvenile or is believed to be gang-related, to provide support services such as burial assistance and grief counseling.
4. ONSE Leadership Academy, which works with students facing behavioral and academic challenges by monitoring their attendance, providing supports and services, and ensuring safe passages to and from school.
5. Community-Based Crime Reduction Program (CBCR), which used a data-driven approach to identify neighborhood hot spots, build partnerships with community leaders and non-profits, and revitalize unsafe properties, streets, and parks. The CBCR model was implemented in Buena Vista Terrace and Woodland Terrace through a federal grant that expired on September 30, 2021.

#### ***DC Health's Office of Violence Prevention and Health Equity (OVPHE)***

To engage the D.C. government's health and human services agencies more fully in violence prevention efforts and reinforce the public health approach of the NEAR Act, the law established OVPHE within DC Health and tasked it with "utilizing public health institutions and methods to halt the spread of violence in the District of Columbia." By October 1, 2016, or within six months of receiving necessary funding, OVPHE was to accomplish the following tasks:

1. Develop and implement a public health strategy to combat the spread of violence, in coordination with the District's other health, human services, public safety, and justice agencies. The strategy was to address the use of risk assessment tools, identification of heavy utilizers of public services, provision of cognitive and family-based therapy, and coordination of services.
2. Conduct a public information campaign about the impact of violence, strategies to stop violence, and use of alternative dispute techniques.
3. Assist OVSJG in developing a program providing counseling and trauma-informed care to victims of violence and their families in every hospital emergency department in the District.

Because the CFO estimated that the public information campaign would cost \$400,000, which had not been budgeted, the NEAR Act listed Section 104 establishing OVPHE as one of the sections that "shall apply on the inclusion of their fiscal effect in an approved budget and financial plan."<sup>5</sup> The Council added \$400,000 to DC Health's FY 2017 budget to fund the public information campaign, meaning that DC Health's NEAR Act duties were fully funded by October 1, 2016 (the first day of FY 2017), and that OVPHE should have fulfilled those duties by April 1, 2017.

---

5 See section 901(a) of the Act.

### ***Office of Victim Services and Justice Grants' Hospital-Based Violence Intervention Program***

Although the mandate to operate a hospital-based violence intervention program (HVIP) is part of the NEAR Act's Section 104, which established OVPHE, this program started with local and federal grant funding before the enactment of the NEAR Act and is administered by OVSJG. The NEAR Act directed that each hospital emergency department in the District offer an HVIP and ensure the presence of at least one specially-trained staff member to provide services whenever the emergency department is accepting patients. The staff were to provide counseling, mental health treatment, mediation and dispute resolution services, and trauma-informed care to apparent victims of violence and their families.

Research has found that HVIPs reduce hospital readmissions, arrests and convictions for violent crime, and unemployment, thereby reducing costs to the government and society.<sup>6</sup> The Judiciary Committee's report on the NEAR Act cited this research as part of the rationale for mandating the program, reflecting its alignment with a public health approach to preventing violence.

To account for the expansion of HVIP to all hospital emergency departments in the District, as well as the eventual expiration of the federal grant, the CFO projected that funding of \$1.9 million in FY 2016 and \$16.3 million from FY 2016 through FY 2019 was needed to implement the program. As noted earlier, Section 104 was among the NEAR Act sections that did not apply until the necessary funding was identified, but OVSJG continued operating the program using existing streams of local and federal funds. The Council added \$500,000 to OVSJG's FY 2017 budget to expand HVIP and federal grant funding continued until the end of FY 2020 instead of ending at the end of the FY 2017 as the CFO had expected.

### ***Metropolitan Police Department's Community Crime Prevention Teams***

To reduce crime and increase access to social services for people coping with mental illness, substance abuse, or homelessness, Section 105 of the NEAR Act established a Community Crime Prevention Team Program administered by MPD in coordination with DBH and DHS. The program would deploy teams of behavioral and mental health clinicians, outreach workers, and police officers who would identify individuals needing help due to mental illness, substance abuse, or homelessness, and link them to services. Not only are these individuals highly vulnerable to victimization, but they may have frequent interactions with police, underscoring the need for effective police response and support from health and human services agencies to address the underlying problems.

To make police interactions with those facing mental health disorders, addiction, and homelessness more effective, Section 105 of the NEAR Act assigned the following additional tasks to clinicians and outreach specialists on the Community Crime Prevention Teams:

1. Making MPD aware of recurring issues identified in each police district.
2. Identifying possible improvements in police training or procedures for interacting with people facing mental illness, substance abuse, or homelessness.

---

<sup>6</sup> For a review of the research, see Douglas Evans and Anthony Vega, "Critical Care: The Important Role of Hospital-Based Violence Intervention Programs," John Jay College of Criminal Justice Research and Evaluation Center (2018), pp. 5-7. The positive effects found in the research appear to be strongest for victims with the most previous violent injuries and involvement in the criminal justice system.

3. Linking to services individuals who frequently interact with police and are also chronically homeless or frequent consumers of mental health services.

No later than October 1, 2016, or within six months of receiving the necessary funding, MPD was to establish at least five Community Crime Prevention Teams and deploy at least one team at any time of day. The Council added \$970,544 to DBH's FY 2018 budget to defray the staffing costs the CFO had projected for both DBH and DHS, meaning that the teams of clinicians and police officers should have been in place by April 1, 2018, six months after the fiscal year started.<sup>7</sup> On January 31 of each year, MPD was to report to the Mayor and Council on the program's numbers and types of referrals for service, and the outcomes of those referrals.

### ***Office of Victim Services and Justice Grants' Private Security Camera Incentive Program***

The NEAR Act also permanently authorized the Private Security Camera System Incentive Program, which was initially established by emergency legislation that took effect on January 15, 2016.<sup>8</sup> The program is intended to deter crime and assist law enforcement with investigations. To that end, the security camera program offers rebates up to \$500 for residents and up to \$750 for businesses, non-profits, and religious institutions that purchase and install cameras on the exterior of a building they own or lease. The property owner or lessee is required to register the camera system with MPD and submit a rebate claim in accordance with rules issued by the Mayor.

Because low-income residents might be unable to pay for a camera system and then apply for reimbursement, the NEAR Act also authorized vouchers for residential property owners or tenants who provide proof that they receive benefits from certain public assistance programs. Claims for rebates and vouchers are contingent on the availability of funds, but the CFO found that the security camera sections of the NEAR Act did not create unbudgeted costs for the D.C. government, allowing for uninterrupted implementation.

The NEAR Act did not specify which agency would manage the security camera program, allowing the Mayor to use her executive authority to make that choice. Mayor's Order 2016-017, dated February 1, 2016, delegated implementing authority to the Director of the Office of Victim Services (later renamed the Office of Victim Services and Justice Grants).

The NEAR Act also directed the Mayor to designate priority areas for security camera program eligibility, including at least one area in each ward selected based on crime levels and other indicators of public safety. Finally, the NEAR Act required the Mayor to submit monthly reports to the Council detailing the number of rebates and vouchers issued, the total number of security cameras paid for by the program, the number of times that MPD requested camera footage from a program recipient, and other program workload data.

---

<sup>7</sup> Fiscal Year 2018 started on October 1, 2017, and at least five Community Crime Prevention Teams were to have been operating six months after that date.

<sup>8</sup> This legislation was D.C. Act 21-274, the "Private Security Camera Incentive Program Emergency Act of 2016," which was in effect from January 15, 2016, to April 14, 2016. D.C. Act 21-274 was followed by temporary legislation, D.C. Law 21-97, the "Private Security Camera Incentive Program Temporary Act of 2016," which took effect on April 6, 2016, and kept the program in place until the NEAR Act's permanent authorization became law on June 30, 2016.

# Objectives, Scope, and Methodology

---

## Objectives

ODCA's main objective was to evaluate the implementation and impacts of the Neighborhood Engagement Achieves Results (NEAR) Act of 2016, which took effect as D.C. Law 21-125 on June 30, 2016. In addition, ODCA sought to identify changes that could close any gaps between intended and actual outcomes or make NEAR Act programs more effective.

## Scope

The audit scope entails NEAR Act implementation from June 30, 2016, through June 30, 2021. As noted earlier, this first report focuses on the following NEAR Act provisions that emphasize a public health approach to preventing and interrupting crime and enhancing public safety: (1) establishing ONSE, (2) creating OVPHE within D.C. Health, (3) mandating a citywide hospital-based violence intervention program, and (4) requiring MPD and DBH to deploy Community Crime Prevention Teams to respond more effectively to people facing behavioral health problems. The report also covers the private security camera system incentive program, which is intended to help prevent crime and help solve cases by encouraging residents, businesses, nonprofits, and religious institutions to install security cameras.

## Methodology

The audit relied on documentary review involving program records and data, and interviews with D.C. government officials, contractor and grantee staff, business representatives, and HVIP and Pathways program clients. ODCA employed a process of triangulation—forming judgments by gathering information using different methods and drawing on multiple sources, and then weighing the collective evidence about NEAR Act programs and activities.

To understand the NEAR Act and its intent, we reviewed the law, as amended, and examined the report on the legislation by the D.C. Council's Committee on the Judiciary to understand the Act's goals and objectives. We also interviewed D.C. Councilmember Kenyan McDuffie, the NEAR Act's lead author, and the Committee on the Judiciary director to gain additional perspective on the NEAR Act and its intent. The scope of ODCA's review of documents and electronic files is summarized in Appendix A and the scope of ODCA's interviews is summarized in Appendix B.

ODCA also reviewed the OAG's Cure the Streets program, a violence interruption program launched in August 2018, even though this program was not mandated by the NEAR Act. The D.C. Council appropriated funds to the OAG to start the program after a violent Memorial Day weekend in 2018 when 13 people were shot.

Cure the Streets has a similar purpose to ONSE's violence intervention program—deploying individuals with credibility in communities wracked by gun violence to detect and deter violent conflicts and help those involved to choose a different path. Therefore, ODCA interviewed Cure the Streets managers, contractors, and violence interrupters, examined program documents and data to identify relevant lessons, and obtained feedback on the program from community leaders. Cure the Streets began in

two sites and expanded to six sites in Wards 5, 7, and 8 at the end of 2019.<sup>9</sup> Cure the Streets is based on the Cure Violence model, which has been implemented in Baltimore, New York City, New Orleans, Philadelphia, and other cities, and found to reduce homicides and shootings in independent evaluations.<sup>10</sup>

This report was drafted, reviewed, and approved in accordance with the standards outlined in ODCA's Audit Policies and Procedures.

---

9 The sites are Eckington/Truxton and Trinidad in Ward 5, Marshall Heights/Benning Heights in Ward 7, and Bellevue, Washington Highlands, and Washington Highlands/Congress Heights in Ward 8.

10 The studies include Wesley Skogan, Susan Hartnett, Natalie Bump, and Jill Dubois, *Evaluation of Cease-Fire Chicago* (2009); Daniel Webster, Jennifer Mendel Whitehill, Jon Vernick, and Elizabeth Parker, *Evaluation of Baltimore's Safe Streets Program: Effects on Attitudes, Participants' Experiences, and Gun Violence* (2012); and Sheyla Delgado, Laila Alsabahi, Kevin Wolff, Nicole Alexander, Patricia Cobar, and Jeffrey Butts, *Denormalizing Violence: The Effects of Cure Violence in the South Bronx and East New York, Brooklyn* (2017). Some study results were mixed. For example, the study of Baltimore's Safe Streets program by Webster et al. reported significant reductions in at least one measure of gun violence in three of four neighborhoods.

# Audit Results

---

Implementation of NEAR Act provisions central to its public health approach to violence prevention has been uneven. An important new agency, the Office of Neighborhood Safety and Engagement, has been established and is running a host of anti-violence programs focusing on high-risk individuals and high-crime communities. Consistent with the NEAR Act, ONSE's Pathways program provides life skills, workforce development, mentoring, and other services to groups of high-risk individuals who are 20 to 35 years of age, while ONSE's Violence Intervention program tries to detect and defuse conflicts among high-risk individuals in communities plagued by persistently high levels of violence. The Office of Victim Services and Justice Grants has implemented two NEAR Act programs, the hospital-based violence intervention program (HVIP) and the private security camera incentive program, in a manner consistent with the NEAR Act.<sup>11</sup>

At the same time, two major parts of the NEAR Act's public health approach to violence prevention have not been implemented. DC Health has not established an Office of Violence Prevention and Health Equity (OVPHE) responsible for developing and coordinating a public health strategy for reducing violence. MPD and DBH have not paired police officers and clinicians in co-response teams to provide a more effective emergency response to people facing homelessness, mental illness, or substance use disorder, although the agencies have advanced other approaches to address the complex needs of this population.

One result of uneven implementation is that NEAR Act programs underemphasize primary prevention (intervening before health effects occur) and instead focus on secondary prevention (acting in the earliest stages, before signs and symptoms of a problem or illness) and tertiary prevention (managing a problem or illness post-diagnosis). For example, ONSE's Pathways program tries to redirect the life course of 20- to 35-year-olds who often have significant arrest histories and are under criminal justice supervision, while OVSJG's HVIP seeks to help victims of violent injury avoid additional involvement in violence, as victims or perpetrators. These efforts are extremely important, but the intent of the NEAR Act was to combine primary prevention programs with initiatives to help those who have already committed violence or become victims.

The preventive approach of the NEAR Act is reflected in its directive for OVPHE to "develop and implement a public health strategy, which includes the use or risk- assessment tools, identification of heavy utilizers of public services, provision of cognitive and family-based therapy, and coordination of available services, to combat the spread of violence." MPD and DBH co-response teams required by the Act also were intended to promote prevention by connecting people who are homeless, mentally ill, or substance abusers to treatment, behavioral health care, and other services as an alternative to arrest and deeper involvement in the criminal justice system.

By assigning DC Health a lead role in developing and implementing a government-wide violence prevention strategy through OVPHE, the NEAR Act entrusted DC Health with significant responsibility for

---

<sup>11</sup> Although the private security camera incentive program seeks to prevent crime, it differs from the other programs discussed in this report because it does not focus on building human capital or steering high-risk individuals away from violence.

primary prevention that has not been fulfilled. As of this writing, the executive branch was still grappling with how to implement a cross-cutting approach to violence prevention, having appointed the first director of gun violence prevention in 2021 to oversee a Gun Violence Emergency Operations Center (EOC) and “lead government-wide, evidence-based initiatives to reduce incidents of gun violence in the District.” The Gun Violence EOC was phased out at the end of 2021, but the director of gun violence prevention continues to supervise the Building Blocks DC program, which focuses on 151 blocks that accounted for 41% of gun crimes and is designed to use public health tools “to connect programs and services to the people impacted by gun violence.”<sup>12</sup>

Progress toward the ultimate goal of the NEAR Act—to reduce the toll of violent crime on individuals, families, and communities—cannot be demonstrated by existing evidence, which largely touches on program activities, outputs, and intermediate outcomes. In this report, ODCA offers recommendations to improve performance measurement for NEAR Act programs, including a comprehensive, independent, and comparative research study of the District’s two violence intervention programs—ONSE’s program as well as the Office of the Attorney General’s Cure the Streets program, which was not established pursuant to the NEAR Act. ODCA also recommends adopting the OAG program’s strategy of allocating resources more intensively to each target community as a way to help neighborhoods that have suffered from persistent and severe violence.

The hiring of frontline workers, such as credible messengers and violence interrupters, with similar backgrounds and experiences as the high-risk individuals being served, is consistent with the NEAR Act’s intent and critical to many NEAR Act programs. Because of their backgrounds, these employees are more able to build the trust and credibility needed to help at-risk young people through a long-term process of change. By renouncing criminal activity and improving their own lives, the credible messengers and violence interrupters also show that a better life is possible. ONSE’s Violence Intervention and Pathways programs rely on the street smarts, cultural sensitivity, and credibility of these frontline workers, as does OVSJG’s HVIP, making their professional development, compensation, and supervision critical to the success of these NEAR Act programs.

The credible messengers and violence interrupters employed by NEAR Act programs are also pivotal in linking high-risk individuals to wraparound services such as childcare, housing assistance, job training, and mental health. While formal service referrals are important aspects of ONSE’s Pathways, Violence Intervention, and Family and Survivor Support programs, as well as OVSJG’s HVIP, program staff provide many informal supports—helping clients get IDs needed to secure housing or a job, opening bank accounts, or answering a call at 3 a.m.—that may be equally important. The COVID-19 pandemic impeded the face-to-face contact that credible messengers, violence interrupters, and social workers rely on to build trusting relationships, but many of these frontline workers provided classes, therapy sessions, and support groups remotely, and undertook new activities such as distributing personal protective equipment as well as food for people who had lost their jobs.

---

12 The Building Blocks program, which is not included in the objectives or scope of this audit, began in February 2021 and is described as incorporating a “whole of government approach.” Building Blocks also awards violence prevention grants to community-based organizations, faith-based organizations, and small businesses.

Across NEAR Act programs, frontline workers, case managers, supervisors, and clients cited barriers to accessing affordable housing and mental health as most significant and recurring. Affordable housing is critical not only to family well-being but is often necessary to remove someone from a dangerous environment where he or she may be targeted in a violent attack or feel a need to attack for self-protection. Mental health services are regarded by program staff and experts in the field as essential in helping people overcome the severe trauma that can trap them in cycles of violence, but a lack of sufficient providers with the necessary cultural competence were cited as a barrier, as was the stigma sometimes associated with behavioral health care. ONSSE's Pathways program reported some success in bringing behavioral health care services onsite to make access easier and emphasized the importance of culturally sensitive care for people who often regard mental health services as taboo.

Audit findings and recommendations follow.

# Office of Neighborhood Safety and Engagement

---

**The Office of Neighborhood Safety and Engagement’s Pathways program has identified, recruited, and assisted individuals at high risk of committing violence or becoming victims of violence.**

ONSE established the Pathways program as a primary means of meeting its statutory mandate to identify, recruit, and engage individuals at high risk of committing or becoming victims of violence. Described as ONSE’s flagship program, Pathways is a transitional employment program that seeks to decrease participants’ involvement in the criminal justice system and improve their employment, education, and training outcomes. The program theory is that comprehensive, coordinated services reflecting a public health approach are needed to help participants overcome the barriers they face.

Pathways engages 20- to 35-year-olds who have been identified as high risk for involvement in violence in three phases of activities:

1. Nine weeks of intensive classroom-based training focused on job and life skills.
2. Six months of subsidized employment to help participants gain work experience and build positive work habits.
3. Four months of long-term retention and support services aimed at helping participants obtain and maintain unsubsidized employment and pursue other personal and professional goals.

To provide intensive help to high-risk individuals, Pathways limits each cohort to 25 D.C. residents. ONSE launched the first cohort in June 2018 and the seventh cohort started in August 2021. Pathways had a \$1,267,000 budget for FY 2021.

Throughout each phase, participants (who are referred to as “ambassadors”) are offered wraparound services including transportation benefits, nutritional services, mental health services, workforce development, and housing assistance. Each ambassador is assigned a credible messenger, who comes from a similar background but has turned his or her life around, to help make these service referrals and to provide individual and group mentoring. The use of credible messengers, who are provided under contract with the Department of Youth Rehabilitation Services, is consistent with the NEAR Act’s emphasis on a “community-centric” approach that incorporates cultural competence. Building on the trust that credible messengers can establish with ambassadors, ONSE strives to meet them “where they are” and help them find a better path.

Pathways has developed appropriate procedures to identify and recruit high-risk individuals. The criteria for selecting ambassadors, which are listed in Table 1, include surviving a shooting or stabbing, being referred by a credible source, being under criminal justice agency supervision, and having a significant arrest history. Pathways’ use of multiple factors is consistent with the U.S. Surgeon General’s finding that risk factors for youth violence occur in clusters and are usually cumulative. Table 1 also shows that Pathways’ selection criteria are consistent with leading practices identified by researchers and by other programs that try to redirect individuals at high risk for involvement in violence.

**Table 1: Pathways Recruitment Criteria Compared with Leading Practices to Identify Individuals at High Risk for Violence**

<b>Pathways</b>	<b>Leading Practices</b>	<b>Pathways vs. Leading Practices</b>
Survivor of shooting or stabbing	Recently shot	Consistent
Referrals by credible sources, including law enforcement	Referrals by credible sources, including law enforcement	Consistent
Connection with survivor of violent crime	N/A	Not identified as leading practice in ODCA review, but logical due to risk of retaliation and experience of trauma
Supervision agency status	Recently released from prison; involvement in criminal justice system	Consistent, although Pathways criterion is more specific
Significant arrest history	History of violence and involvement in criminal justice system	Largely consistent
Release on gun charges without supervision	Weapons carrier; involvement with guns	Consistent, although Pathways criterion is more specific
Unsuccessful completion of probation	Involvement in criminal justice system	Consistent, although Pathways criterion is more specific
Unemployment	No formal or sustained employment history	Consistent
N/A	Active in violent gang and drugs	Risk factor may be captured by other Pathways criteria

**Sources:** Pathways Program manual; Cure Violence; National Council on Crime and Delinquency; Roca, Inc.

In addition to the Court Services and Offender Supervision Agency (CSOSA) and D.C. Superior Court, the organizations that refer people to Pathways include the Department of Youth Rehabilitation Services and ONSE’s violence intervention contractors. CSOSA has a cooperative agreement with ONSE to pre-screen offenders under its supervision for Pathways eligibility and refer them to ONSE. ONSE also accepts referrals from community members, criminal justice advocates, and the family and friends of program participants. Overall, 74% of the ambassadors in the first four Pathways cohorts were under CSOSA

supervision. ONSE managers emphasize that there is no formula for selection, and that ONSE staff rely on their judgment about who is best suited for the program after considering the relevant factors.<sup>13</sup>

ONSE case managers (known as “pathmakers”) assess participants at intake to begin a goal-setting process. The pathmaker reviews each individual’s self-identified strengths and barriers to success, educational history, work experience, and goals. The lead pathmaker or a DBH employee administers a risk screening and a self-sufficiency assessment. Each ambassador also undergoes a behavioral health and educational assessment. The intake process results in an Individual Development Plan (IDP) for each ambassador, serving as the road map for personal development and goal attainment. The pathmaker and credible messenger are expected to discuss progress on the IDP with the ambassador during monthly meetings.

The life-skills curriculum (the first nine weeks of Pathways) teaches skills that are important to career and personal success, such as time management, anger management, problem solving, goal setting, body language, workplace communication, interview skills, money management, résumé writing, and dressing for success. Credible messengers participate in the life-skills curriculum with the ambassadors and provide informal support by helping them obtain vital records, accompanying them to court appearances, and attending family team meetings and ONSE service events. The life-skills component also includes recreational, educational, and cultural activities such as a whitewater rafting trip that serves as a team-building exercise, a visit to the National Museum of African American History and Culture, and meetings with government officials at the District’s John A. Wilson Building.

Some of the program supports are highly individualized. For example, a Pathways ambassador interviewed by ODCA credited the staff with helping him get custody of his children and find family housing once he had been awarded custody. Ambassadors also stated that the program helped them change their mindsets and cited mentoring and peer support from other participants as very valuable. One graduate stated that Pathways “just made me look at life different” and helped him “understand how the world works.” An external partner closely involved with Pathways observed that the program not only helps participants develop skills and gain access to services, but also helps them believe “that something fruitful can happen.”

To encourage ambassadors to join Pathways and stick with it, ONSE offers them a stipend, which was \$250 bi-weekly during the life-skills phase in FY 2021. Pathways can award gift cards to ambassadors who attain milestones such as attaining a high school diploma or maintaining an unsubsidized job for three months and can also dispense “flex funds” for wraparound services or emergency needs such as food and clothing that cannot be met through other programs or community services.

To prepare ambassadors for employment, a workforce development instructor helps them open bank accounts and obtain IDs and other personal documents. Ambassadors also learn entrepreneurship skills

---

<sup>13</sup> Similarly, an evaluation of the Office of Neighborhood Safety (ONS) in Richmond, Calif., which served as a model for ONSE in D.C., states that, “The ONS is strategic when identifying youth most likely to shoot. Potential fellows are identified by ONS staff through their own observations and experiences facilitating street outreach work, as well as information obtained from a variety of community stakeholders, including law enforcement.” See National Council on Crime and Delinquency, *Process Evaluation for the Office of Neighborhood Safety*, July 2015, p. 15.

through a business plan competition judged by Department of Small and Local Business Development staff; the first-place finisher wins \$1,000, the second-place finisher, \$500, and the third-place finisher, \$250. A prototypical day in the life-skills program is shown in Table 2.

**Table 2: Example of Daily Schedule for Pathways Ambassadors in Life-Skills Stage**

<b>Time</b>	<b>Activity</b>
<b>9:00–9:30 a.m.</b>	<b>Daily Circle-Up.</b> Discuss daily activities and responsibilities
<b>9:30–10:00 a.m.</b>	<b>Journaling.</b> Reflect on life experiences
<b>10:00 a.m.–12:00p.m.</b>	<b>Life Skills/Workforce Development Training.</b> Interactive lessons to help with job success
<b>12:00p.m.–12:30 p.m.</b>	<b>Lunch Family-Style</b>
<b>12:30–2:00 p.m.</b>	<b>Entrepreneurship.</b> Business principles, how to start a business
<b>2:00–5:00 p.m.</b>	<b>Enhanced Learning/Individual Development.</b> Work toward personal goals such as GED, certifications, or parenting skills

Source: Office of Neighborhood Safety and Engagement.

Ambassadors who complete the life-skills curriculum are placed in subsidized employment or education programs for approximately six months. Job coaches from DOES help ambassadors locate the job placements and monitor the ambassadors' progress during this phase. The ambassadors work regular business hours, Monday through Friday, and receive a wage (\$14/hour in FY 2021) that is intended to reinforce their sense of progress.

The last phase of Pathways, which spans four months, focuses on helping ambassadors find unsubsidized employment. There is no stipend during this period but the DOES job coach and other ONSE staff continue to check in with the ambassador. Before a case is closed, the pathmaker is charged with ensuring that the participant is connected to ongoing support services.

Pathways has refined its program offerings since it started. After acute mental health needs of ambassadors became more apparent, Pathways contracted in FY 2019 with Community Wellness Ventures to provide on-site mental health services, including individual and group therapy. These services were intended to incorporate the cultural sensitivity needed to work effectively with high-risk young men who have experienced acute trauma and regard mental health care as taboo. ONSE managers reported that the easy access and familiarity helped participants overcome their reluctance to try therapy (which ONSE refers to as "mental wellness") while avoiding the logistical challenges of finding a therapist and getting to sessions. This point was echoed by an external partner closely involved with Pathways, who stated in an interview that offering services on site "normalized" behavioral health care and removed any stigma, and that it was striking to see ambassadors participate in and request therapy.

In 2019, ONSE also signed an agreement with the Office of the State Superintendent of Education (OSSE) to provide free office space to OSSE's Reengagement Center, which helps out-of-school youths between the ages of 16 and 24 return to school to earn a high school diploma or GED. In return, OSSE provides GED instruction to ambassadors and other ONSE clients who can also access the Reengagement Center's support services at ONSE headquarters.

Pathways' partnerships with CSOSA, DYRS, DOES, and OSSE reflect the NEAR Act's directive to provide wraparound services to victims and families affected by violent crime, and to connect residents in high-crime neighborhoods to services "through a streamlined approach."<sup>14</sup> Co-location of services with CSOSA and DYRS, in addition to the OSSE Reengagement Center, supports these partnerships. CSOSA has assigned a single supervision officer, who is stationed at ONSE headquarters, to all Pathways participants to make it easier for them to demonstrate compliance with the terms of their probation. For example, urinalysis tests can be conducted on site. Credible messengers provided by DYRS also have space at ONSE, helping them share the progress of Pathways ambassadors with ONSE management and monitor class attendance.

A lack of affordable housing has been a challenge for Pathways in providing ambassadors with wraparound services. Housing alternatives are crucial when an ambassador is in danger of a violent attack in his neighborhood, but in these situations the only option is often for the individual to live temporarily with relatives. For the first time, ONSE received an appropriation for housing assistance in FY 2022, totaling \$792,000 for relocation and "short and mid-term housing support" for individuals and families victimized by gun violence, or at risk of gun violence.

Pathways also experienced setbacks due to the Covid pandemic. Cohort 5 was supposed to start in the spring of 2020 but was delayed until November 2020 to prevent the spread of the virus. This cohort started with in-person classes but switched to a remote format once the virus resurged, and later adopted a hybrid format combining in-person sessions for small groups as well as remote sessions. Cohort 6, which started in March 2021, also followed a hybrid format. As a result of the pandemic, ambassadors faced reduced opportunities for the interpersonal engagement and peer support that are considered essential. Pathways sponsored a "re-engagement cohort" in the summer of 2020 for 20 members of Cohorts 3 and 4 who were struggling due to the economic, health, and other challenges presented by the pandemic. The re-engagement cohort also operated in a hybrid format.

---

<sup>14</sup> See D.C. Code § 7-2411(b)(3) and (b)(4).

## **The Office of Neighborhood Safety and Engagement has complied with most but not all statutory requirements for reporting on the activities and outcomes of the Pathways program, but additional data should be presented to illuminate program results.**

The NEAR Act requires ONSE to submit a report to the Mayor and Council including the following data for each cohort of high-risk individuals by January 31 of each year:

- The number of individuals successfully recruited and engaged.
- The duration of individuals' participation, and for those who did not remain in the program for the entirety of its duration, the reasons for their separation.
- The status of participants' progress, including whether they are employed in subsidized or unsubsidized employment, and any certifications or diplomas they obtained while participating in the program.
- The participants' age, race or ethnicity, gender, and ward of residence.
- Whether any participant has been arrested or convicted during or following their participation, and for what offense or offenses.<sup>15</sup>

Because Pathways is ONSE's main program that targets specific high-risk individuals and serves them in cohorts, the ONSE annual report focuses on Pathways. During the audit period, ONSE submitted three annual reports on Pathways covering 2018, 2019, and 2020, respectively. ONSE mostly complied with the statutory reporting requirements although there were the following gaps: (a) no data on arrests or convictions in the 2018 report, (b) no data on reasons for separation or diplomas and certifications in the 2019 report, and (c) no data on convictions in the 2020 report. In an interview with ODCA, ONSE managers stated that they had not been able to secure convictions data from the courts.<sup>16</sup> Some of the important data and trends from the first five Pathways cohorts are summarized below.

**Enrollment and demographics.** Pathways enrolled 117 ambassadors in the first five cohorts, all of whom were male and 99% of whom were Black. The average age of ambassadors was 26 and more than two-thirds (69%) lived in Wards 7 or 8.

**Duration of participation and reasons for separation.** ONSE data indicate that 100 ambassadors (85% of those who entered the program) in the first five cohorts completed the initial life-skills component of Pathways. In the 2018 annual report, ONSE stated that eight participants from the first cohort left the program voluntarily or due to non-compliance with program rules, and in the 2020 report, ONSE stated that three participants were dismissed from the fourth cohort due to excessive absences (no one had separated from cohort 5 at the time of the report). In interviews with ODCA, ONSE managers pointed to a range of reasons why Pathways participants do not complete the program, including health and family problems or severe experiences of trauma.

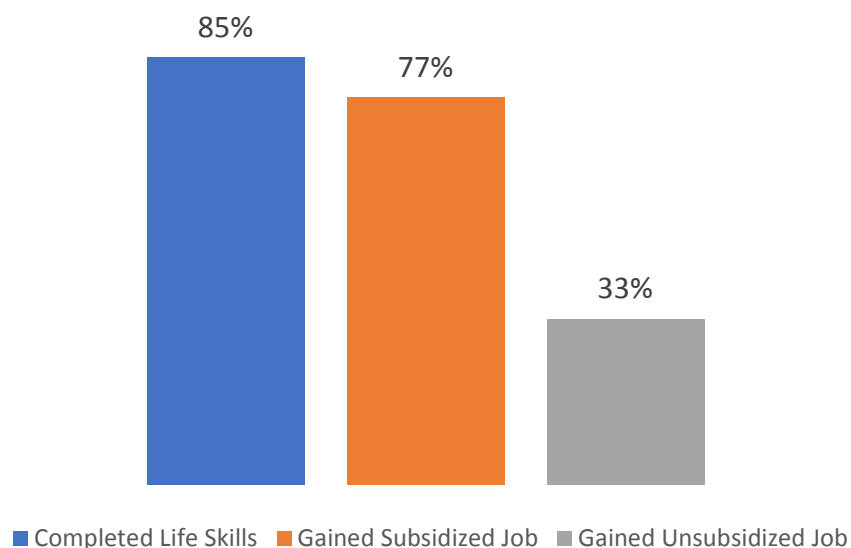
---

<sup>15</sup> See D.C. Code § 7-2411(d).

<sup>16</sup> ONSE had included self-reported data on convictions in the 2019 Pathways report but ceased this practice because the data are not reliable.

**Employment status and education.** ONSE data show that 77% of ambassadors in the first four cohorts obtained subsidized employment after the life-skills component of Pathways, but the share of ambassadors who secured unsubsidized employment was 33%.<sup>17</sup> ONSE has also reported that three ambassadors have received general equivalency diplomas. Figure 2, below, depicts the falloff in employment during the three stages of Pathways. Nevertheless, this population faces educational and other barriers to employment that must be considered when interpreting these data. For example, a Bureau of Justice Statistics study found that employment rates for those released from federal prison ranged from 35% to 38% in the first four years post-release.

**Figure 2: Percentage of Pathways Participants Reaching Milestones (First 5 Cohorts)**



**Source:** Pathways Program Annual Report, 2020

A problem with ONSE’s employment data is that it captures only a single point in time. For example, ONSE reported in the 2019 annual report that 13 ambassadors from its first cohort had secured unsubsidized employment, but there is no subsequent information on whether they remained employed or earned promotions and pay increases. Because one of Pathways’ goals is to help ambassadors achieve long-term unsubsidized employment, longitudinal data on ambassadors’ employment and earnings are needed for points such as 180 days and one year after program completion.

To track long-term labor market outcomes for ambassadors, DOES could work with ONSE to compile unemployment insurance wage data on ambassadors’ employment and earnings, as DOES has done to monitor the employment outcomes of young adults in the summer youth employment program.<sup>18</sup> Unemployment insurance data do not cover all earnings – independent contractors and the self-employed

<sup>17</sup> The fifth cohort of Pathways was still underway when the 2020 annual report was written.

<sup>18</sup> UI wage records are a primary source of data used to track the results of training, welfare reform, and other social programs.

are not part of the system – but these data still serve as a leading tool for evaluating job training and employment outcomes and are regarded as superior to survey data.<sup>19</sup>

Pathways placements of ambassadors in subsidized jobs appear to rely on opportunities in the D.C. government, a point that ONSE management has acknowledged. After the first cohort of ambassadors finished the life skills component, ONSE reported that 15 received subsidized jobs in the D.C government, one was placed in a subsidized private-sector position, and one gained unsubsidized employment (ONSE has not broken down the data on subsidized employment for subsequent cohorts). Pathways received a \$5.6 million budget increase for FY 2022, raising its total budget to almost \$6.9 million. As the program expands it may need to promote more opportunities for subsidized and unsubsidized jobs in the private sector. Pathways began offering audio production instruction in cohort 7, added painting and carpentry in cohort 8, and plans to provide training in barbering in the future.

**Arrests and convictions.** The Pathways annual report for 2020 cited 33 arrests of ambassadors from the first five cohorts on charges filed during or after their enrollment for the following serious crimes: homicide, assault with a deadly weapon, robbery, or weapons violation. Overall, 53 ambassadors from the first five cohorts (45%) had been arrested during or after their enrollment a total of 103 times. As noted earlier, the 2020 report did not include any data on convictions in these cases due to a lack of access to court data.<sup>20</sup>

**Individual goals and access to services.** In its FY 2020 performance report, ONSE provided data on four additional performance measures for Pathways, which are shown in Table 3 along with the targeted and reported levels of performance. These measures concern the attainment of individual goals and access to services by ambassadors and their families.

**Table 3: Pathways Performance Measures in the Office of Neighborhood Safety and Engagement’s FY 2020 Performance Report**

Performance Measure	Targeted and Reported Performance
% of short-term milestones met by ambassadors (three months after completing life-skills phase)	Target: 50% Reported: 80%
% of long-term milestones met by ambassadors (six months after completing life-skills phase)	Target: 25% Reported: 12%
% of family members who connect to services within 60 days of being referred	Target: 75% Reported: 8%
% of ambassadors who connect to services within 60 days of being referred	Target: 25% Reported: 92%

Source: Office of Neighborhood Safety and Engagement, FY 2020 Performance Report.

<sup>19</sup> Data on program graduates who work outside of D.C. can also be accessed through interstate data exchanges.

<sup>20</sup> The 2019 annual report for Pathways stated that there had been no convictions of ambassadors since they enrolled in the program, but this data was self-reported and therefore not reliable.

ONSE stated that reported performance on the second and third measures was far below the target because the start of the Covid pandemic in early 2020 left many ambassadors out of work and disrupted many social services. Although these additional measures are helpful, their high level of aggregation makes it difficult to understand the barriers ambassadors are facing in reaching long-term goals or which services family members cannot access on a timely basis.

The Pathways performance measures also omit a key goal for ONSE and the program: preventing victimization, which is closely entwined with the goal of preventing violence because many acts of violence may trigger retaliation. The NEAR Act charges ONSE with “identifying, recruiting, and engaging individuals determined to be at high risk of participating in, or being a victim of violent crime.” Similarly, Pathways program documents cite the importance of preventing victimization, describing the target population as 20- to 35-year-olds who are “at high risk of participating in, or being victims of violent crime.”

To align its performance measures with ONSE’s mission and key objectives – a leading practice in performance measurement – ONSE should collect and report data on victimization to policymakers and the public. A similar program, the Operation Peacemaker Fellowship in Richmond, CA – which provides intensive services to small cohorts of very high-risk individuals – collects and reports data on victimization, including firearms injuries. ONSE management stated that it collects some victimization data through the critical incident reviews it conducts with its violence intervention contractors, and through data exchanges with MPD, but this process is “manual and intensive” for non-fatal incidents due to data-sharing barriers. ONSE also has stated that it is drafting a participant release form that would allow the agency to request more data about clients from other agencies. Regional health information exchanges (HIEs) serve as one source of victimization data; the District’s HIE, known as “CRISP DC,” shares electronic health data among hospitals, doctors’ offices, labs, and other health care providers.<sup>21</sup> DC Health is also developing a database on non-fatal firearms injuries treated by hospital emergency departments through a Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant from the CDC.

## Recommendations

1. The Office of Neighborhood Safety and Engagement should include the conviction data required by the NEAR Act in all future annual reports on the Pathways program.
2. The Office of Neighborhood Safety and Engagement should partner with the Department of Employment Services to report longitudinal employment outcomes for Pathways participants using the unemployment insurance tax database maintained by DOES.
3. The Office of Neighborhood Safety and Engagement should collect and report data on victimization of Pathways participants, drawing on data from the District’s health information exchange and DC Health’s Firearm Surveillance Through Emergency Rooms system.

---

<sup>21</sup> “CRISP” stands for “Chesapeake Regional Information System for Our Patients.”

## **Violence interrupters in the Office of Neighborhood Safety and Engagement’s violence intervention initiative have been spread too thin.**

ONSE’s violence intervention program provides a community-level approach to violence prevention that complements the individual focus of Pathways—helping the agency to target people and places.<sup>22</sup> ONSE’s approach mirrors that of the Office of Neighborhood Safety in Richmond, Calif., which hires neighborhood change agents to interrupt gun violence by the highest-risk members of a community while its Operation Peacemaker Fellowship works more intensively with high-risk individuals from across the city.

The ONSE program deploys violence intervention specialists (called “violence interrupters,” or VIs) who work to detect and disrupt brewing conflicts in 22 “priority communities” that have been plagued by high levels of violent crime. This program addresses one of ONSE’s duties assigned by the NEAR Act: “identifying priority neighborhoods and Metropolitan Police Department Police Service Areas (“PSAs”) with high trends of violent crime and connecting residents in those neighborhoods and PSAs to services through a streamlined approach.”

ONSE managers stated that they selected the priority communities based on an analysis of three-year trends in homicide, assault with a deadly weapon, and other violent crime, but also considered the agency’s ability to bring about change in the communities through existing relationships as well as the nature of conflict within and among communities. One goal was to include feuding communities to address the sources of conflict.<sup>23</sup> ODCA’s analysis indicates that many of ONSE’s priority communities, such as Richardson Dwellings, Historic Anacostia, Cedar Gardens, Woodland, Garfield Heights, and Buena Vista Terrace, are in police service areas (PSAs) with some of the highest gun homicide totals in the city during the three years before the violence intervention program began (2015 to 2017).<sup>24</sup>

More than half of the priority communities, which are listed below, are in Ward 8 (seven communities) or Ward 7 (five communities):

- Ward 1: Columbia Heights and Park View.
- Ward 4: Brightwood Park and Petworth.
- Ward 5: Carver Langston, Brentwood, and Langdon Park.
- Ward 6: Greenleaf, Syphax Gardens, and Rosedale.
- Ward 7: Mayfair-Paradise, Kenilworth, Lincoln Heights, Richardson Dwellings, and Fort Dupont.
- Ward 8: Cedar Gardens, Historic Anacostia, Woodland/Langston Lane, Garfield Heights/Hartford, Buena Vista Terrace, Savannah Terrace, and Shipley.

Since the violence intervention program was launched in 2018, ONSE has awarded fixed-price contracts to three community-based organizations – Collaborative Solutions for Communities, the Far Southeast Family Strengthening Collaborative, and Training Grounds – to hire and supervise VIs and other program

---

22 Nevertheless, ONSE emphasizes that its interventions in high-crime communities are marked by a focus on the small number of individuals who are most likely to order or commit acts of violence.

23 Lincoln Heights and Richardson Dwellings provide an example of feuding communities that were included.

24 On the other hand, several communities such as Marshall Heights, Bellevue, and Washington Highlands, which are in PSAs with some of the highest gun homicide totals from 2015 to 2017, were not covered in ONSE’s program but were included in OAG’s Cure the Streets.

staff, and to develop and implement neighborhood plans that are tailored to the strengths and needs of each community.<sup>25</sup> The contracts were originally awarded through a competitive bid and were in their third option year during FY 2021, when Collaborative Solutions for Communities was responsible for Wards 1 and 4; the Far Southeast Family Strengthening Collaborative handled Wards 5 and 8; and Training Grounds was assigned to Wards 6 and 7.<sup>26</sup>

The VIs are the key frontline workers who try to develop relationships with high-risk individuals and link them to supports and services that will steer them away from violence. The VIs focus on understanding and meeting the needs of a community's "Tier 1" individuals (described as the leaders, thinkers, and planners of neighborhood crews) and "Tier 2" individuals (enforcers who carry out the directives from Tier 1) to help them change their behavior. Because the VIs often come from the communities where they work and have had previous involvement in violent crime before turning their lives around, they can establish the trust and credibility needed to reach high-risk young men who are mistrustful of government to services such as housing, job training, and mental health care. If violence occurs, the VIs are expected to organize triage meetings within 24 hours, identify factors that led to the crime, assess the possibility of retaliation, and try to calm the community.

Table 4 below shows the numbers of VIs assigned to each priority community in February 2021, as reported by ONSE. At this time, ONSE's priority communities were staffed by eight full-time VIs and 22 part-time VIs, who were supplemented by two lead VIs (one for Wards 5 and 8, and one for Wards 6 and 7) as well as 10 case managers who served multiple communities.<sup>27</sup>

---

25 One difference among the contracts is that Far Southeast handles case management but subcontracts for violence interruption services with J&J Monitoring, whereas the other contractors provide both case management and violence interruption services.

26 Responsibility for Ward 5 sites was switched from Collaborative Solutions for Communities to the Far Southeast Family Strengthening Collaborative in FY 2021.

27 ONSE's violence intervention contracts define full-time as working at least 40 hours per week, and part-time as working at least 20 hours per week.

**Table 4: Assignment of Violence Interrupters (VIs) to Priority Communities  
Office of Neighborhood Safety and Engagement, February 2021**

Community	Ward	Staffing
Columbia Heights	1	1 full-time VI
Parkview	1	1 full-time VI
Petworth/Brightwood Park	4	3 full-time VIs
Carver/Langston	5	4 part-time VIs
Brentwood/Saratoga	5	1 part-time VI
Langdon Park	5	1 part-time VI
Rosedale	6	1 full-time VI
Syphax Gardens	6	1 full-time VI (shared with Greenleaf) 1 part-time VI (shared with Greenleaf)
Greenleaf	6	shares VIs with Syphax Gardens
Mayfair/Paradise	7	1 part-time VI
Kenilworth	7	1 part-time VI
Lincoln Heights	7	2 part-time VIs
Fort Dupont	7	1 part-time VI
Stoddert Terrace	7	1 full-time VI
Historic Anacostia	8	2 part-time VIs
Cedar Gardens	8	3 part-time VIs
Woodland	8	1 part-time VI
Garfield Heights	8	1 part-time VI
Savannah Terrace	8	1 part-time VI
Shiple	8	1 "floater"
Buena Vista Terrace	8	2 part-time VIs

Source: Office of Neighborhood Safety and Engagement

**Note:** There are only 21 priority communities shown in Table 4, even though 22 priority communities were previously cited in this section. This reflects inconsistencies in how ONSE classifies and names the priority communities. For example, the document on which this table is based shows Petworth and Brightwood Park as a single community, whereas the ONSE map of priority communities cited earlier shows them as separate communities.

Table 4 shows that in February 2021, eight priority communities were served only by a part-time VI, four priority communities were served by a single full-time VI, and one priority community was served by a floater, reflecting a pattern that concerned some anti-violence leaders and advisory neighborhood commissioners interviewed by ODCA. These individuals expressed the view that a single VI, no matter how skilled or dedicated he or she is, cannot make a difference in neighborhoods that have experienced severe, persistent violence. Ron Moten, the co-founder and chief operating officer of Peaceoholics, a violence intervention group that disbanded in 2010, pointed out that young people gravitate to different adults, making it desirable to have multiple VIs (male and female) to make connections with those at risk. Advisory neighborhood commissioners who listed multiple hotspots in their districts where drug dealing

and gunshots occur questioned how one VI could influence the individuals involved in these activities. A commissioner from Ward 7 contended that a part-time VI cannot feel the “pulse” of the community, adding that, “This work isn’t a four-hour-a-day type of opportunity.”

Delbert McFadden, who served as ONSE’s executive director from its inception until March 2022, has explained that deployment of VIs and other staff in his agency’s violence intervention program reflects its focus on a small number of high-risk individuals, perhaps five to 10 people. A ONSE VI interviewed by ODCA noted that if he could influence the “main individuals ... the rest of them will pretty much fall into line.” The ONSE contractors and VIs use their knowledge and roots in the community, as well as their daily interactions, to identify and engage the key high-risk individuals.

The OAG’s Cure the Streets program offers another model of resource allocation that devotes more money and staff to each intervention site than the ONSE violence intervention program (see Table 5 below). Both programs rely on community-based non-profits to implement their violence intervention programs, although OAG provides grants whereas ONSE uses contracts. Similarly, both programs defined their target communities based on an analysis of violent crime hotspots within high-crime communities and discussions with community leaders. In early 2021, OAG reported that its Cure the Streets grantees employed 26 full-time VIs at its six sites, more than the 21 full-time equivalents employed at ONSE’s 22 sites (ODCA calculated FTEs for the ONSE sites by treating each part-time VI as .5 of an FTE). OAG’s larger numbers of VIs per site were mirrored in its higher level of funding per site. OAG’s FY 2021 violence intervention grants totaled nearly \$4.7 million, exceeding the \$3.9 million in FY 2021 violence intervention contracts awarded by ONSE, but the disparity in funding per site was much sharper: OAG averaged \$777,000 per site, more than four times ONSE’s average funding of \$178,000 per site.

**Table 5: Allocation of Violence Intervention Resources by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General**

Program	# of Sites	VI FTEs	FY 2021 VI Funding	FY 2021 VI Funding/Site
ONSE, February 2021	22	21	\$3,906,000	\$177,532
OAG, March 2021	6	26	\$4,662,000	\$777,068

Source: ODCA calculations based on Office of Neighborhood Safety and Engagement and Office of the Attorney General program documents.

The more concentrated deployment of frontline staff members (VIs and outreach workers) to target communities is common to Cure Violence programs. Evaluations of Cure Violence programs in other cities reported that:

- Baltimore Safe Streets sites were required to assign four full-time equivalent outreach workers to each site (in this program, outreach workers handled violence interruption duties).
- Chicago CeaseFire sites were required to maintain three outreach workers and one violence interrupter per site.

- New York City’s Save our Streets program deployed four outreach workers (who handled violence interruption duties) to prevent violence in the Crown Heights neighborhood.

Although several interviewees used terms such as “spread out” to describe ONSE priority communities and terms such as “surgical” to describe the OAG’s target communities, ODCA’s analysis of the community maps found that ONSE communities were generally smaller. ONSE communities had a median size close to .05 square miles and averaged .09 square miles, whereas OAG communities had a median size close to .15 square miles and averaged .17 square miles.<sup>28</sup> Therefore, ONSE sites may not need as intensive staffing, although the size of a site is only one of the factors relevant to staffing levels. For example, violence interrupters may focus on certain blocks or hotspots within a target community, making total area less important.

Still, there are reasons to believe that a more intensive approach to violence intervention—deploying more VIs (particularly full-time VIs) and resources to each priority community—would increase the effectiveness of the ONSE violence intervention program. Even if a VI is focusing on five to 10 high-risk individuals in a community, he or she is also responsible for helping individuals and their families with support services, monitoring social media and other sources to learn about and dampen conflicts, writing up daily notes, and planning community events or outings. A ONSE VI interviewed by ODCA noted that it takes a great amount of effort just to get feuding groups to sit down with one another, and that mediations require sustained follow-up to make sure that they hold. Another VI stated that, “I work with the whole community—on the clock, off the clock,” and estimated that he works with 10 to 15 people per day.

Additional reasons for a more concentrated approach include the following:

- Employing multiple VIs will help the program make connections to high-risk individuals from different backgrounds (as cited earlier).
- Ensuring the VIs can work in pairs enhances their safety.
- Full-time VIs are more able to develop the relationships essential to effective violence interruption.
- Part-time VIs may need another source of income, which could reduce their focus on violence intervention and even make them more susceptible to illicit activities.<sup>29</sup>

ONSE is planning to deploy more VIs in each priority community, using additional funds appropriated in the FY 2022 budget for violence intervention. While increasing the number of priority communities from 22 to 25 (by adding Shaw in Ward 2, Edgewood in Ward 5, and Congress Park in Ward 8), ONSE plans to add 25 VIs (full-time and part-time) and to ensure that each community is served by at least one full-time and one part-time VI.

In a departure from ONSE’s past practice of assigning each VI to a particular community, 10 of the 25 new VIs will be assigned to a special unit that can respond flexibly to outbreaks of conflict anywhere in the city

---

28 For example, ONSE’s Greenleaf neighborhood covers only three blocks from north to south (I Street to M Street, S.W.) and one block from east to west (3rd Street to Delaware Avenue, S.W.); its Anacostia site spans four blocks north to south (Good Hope Road to Galen Street, S.E.) and two blocks east to west (14th to 16th Streets, S.E.).

29 The research on violence intervention programs highlights the difficulties program managers face in making sure that VIs chosen for their similar backgrounds to high-risk individuals have renounced criminal activity. See for example Wesley Skogan, Susan Hartnett, Natalie Bump, and Jill Dubois, *Evaluation of CeaseFire-Chicago* (2009), pp. 3-1, 3-2, and 5-5.

(not only in ONSE priority communities), with a focus on feuding communities. This unit will report directly to ONSE's violence intervention manager rather than to one of its contractors.

ONSE also intends to use the new funding to increase the number of case managers from five to 18 to improve the quality of wraparound services to high-risk individuals. The case managers will no longer be hired by the violence intervention contractors, but rather by a separate contractor expected to provide systemwide oversight and ensure that the caseworkers have stronger clinical backgrounds.

## Recommendation

4. The Office of Neighborhood Safety and Engagement should continue to use any additional funds appropriated by the Mayor and Council not only to increase the number of violence interruption sites, but also to increase the number of violence interrupters per site, focusing on areas with the highest levels of gun violence and homicides.

---

### **Violence interrupters in the Office of Neighborhood Safety and Engagement's violence intervention initiative have not consistently built strong ties to community leaders.**

ONSE's violence intervention initiative emphasizes community engagement to help prevent and interrupt violence by sharing information and reinforcing the community's ability to address safety needs. In testimony to the Council's Committee on the Judiciary and Public Safety and other settings, then-ONSE executive director Delbert McFadden observed that violence intervention work cannot succeed without community buy-in and support. ONSE has formally recognized the importance of community involvement in its violence prevention and interruption activities by requiring its violence intervention contractors to:

- Develop plans for each priority community that identify violence intervention strategies tailored to build on community strengths and address specific needs and safety priorities.
- Provide a substantial known presence in and engagement of all priority communities.
- Establish and maintain a minimum of 10 partnerships within each priority community.

To gauge the community ties developed by the violence intervention contractors and violence interrupters, ODCA interviewed advisory neighborhood commissioners who represent ONSE priority communities. Although there are many community leaders who play important roles in anti-violence efforts—such as business owners, coaches, pastors, and other respected elders—ANCs can provide the broadest perspective as the elected representatives of a community on matters of public policy and neighborhood services. The commissioners provided their views on the community ties and support established by the contractors and interrupters with influential people throughout the community.

ODCA's interviews with ANCs from priority communities suggest that the violence intervention program's goals for community engagement are only partly being met. The commissioners ranged widely in assessing the community engagement of violence intervention contractors and their employees, but commissioners were more likely to characterize community ties as lacking than strong. Some commissioners stated they were very familiar with the violence interrupters working in their communities

while at the other end of the spectrum, two commissioners from Ward 8 did not know the VI initiative existed.

A commissioner from Ward 6 stated that she benefited from close communication with the VI assigned to her neighborhood. She said the VI walks the streets, is well-acquainted with youths from his work as a football coach, and shares information about developments at neighborhood trouble spots. Highlighting the positive effects of community engagement, a commissioner from Ward 8 credited a VI with sponsoring protests and peace marches that helped quell drive-by shootings in Cedar Gardens.

By contrast, a commissioner from Ward 4 expressed dismay that she did not know if VIs were focusing on a particular hotspot in her district. Several ANCs also stated that communication with VI contractors and their workers occurred only when commissioners initiated the contact. The lack of consistent communication hampers anti-violence efforts, according to several commissioners. A Ward 5 commissioner warned that, "Everyone sees the flashing red signs, but (Far Southeast and its VIs) don't." Similarly, a Ward 7 commissioner suggested that some violent incidents could have been prevented if VIs were better connected to credible sources of information in the community. This commissioner also noted that the part-time status of some VIs hampers their efforts to understand the conflicts brewing in the community.

Some ANCs acknowledged that VI work will not always be visible, because VIs must focus on their relationships with the highest-risk individuals, but commissioners still expressed a desire to know the broad outlines of the VIs' efforts, to inform the Vis about neighborhood hot spots, and to receive reports on their anti-violence work to the community. Several commissioners expressed the view that they could build support for VIs' efforts, or tamp down skepticism, if they had more information to share with constituents. A commissioner from Ward 4 noted that her ANC's newsletter reaches 500 residents and could help the VI program convey its mission and accomplishments.

Several commissioners noted that the practice of hiring VIs with roots in the communities where they work involves tradeoffs. A commissioner from Ward 7 described the VIs working in his neighborhood as being trusted in the community but as lacking influence over the behavior of high-risk young men or the ability to negotiate a truce between feuding groups. Another commissioner from Ward 7 acknowledged that high-risk individuals are unlikely to trust people they don't know but added that VIs are sometimes related to the people they are trying to help and may not have the proper distance to be effective.

Commissioners also shared perspectives on the amount and nature of crime in their districts. Overall, commissioners interviewed by ODCA stated that gun violence remained persistent in their districts and were more likely to describe the general trend in violent crime as increasing rather than decreasing. Neighborhood feuds and "beefs" were cited as an ongoing cause of violence, and some commissioners emphasized that taunts on social media intensified these conflicts. A commissioner from Ward 7 expressed the view that, "The guns (high-risk individuals) have are out of this world," and that the neighborhood might seem like Iraq. Against this backdrop of persistent violence, a commissioner from Ward 5 credited ONSE VIs employed by Far Southeast with brokering a truce between longstanding rival groups along 21<sup>st</sup> Street, N.E.

In terms of external supports that would increase the effectiveness of the VI program, commissioners most often cited the need for mental health services to address psychological trauma. Reflecting on the mental health challenge, a commissioner from Ward 6 stated that her community is “very on edge from gun violence” and that many young people don’t expect to live past the age of 25. ONSE’s decision to use additional dollars appropriated in FY 2022 to hire more case managers with clinical backgrounds may help address this challenge.

ONSE managers have noted that the violence interrupters are more skilled in street outreach than in communicating with neighborhood commissioners and other community leaders—but VI managers can ensure that productive two-way communication takes place between the VI programs and the priority communities. ONSE managers have further indicated that they intend to bridge any gaps in communication between the VI contractors and interrupters and community leaders; moreover, ONSE VIs were to begin wearing t-shirts, hats, and lanyards that make them more recognizable.

## Recommendation

5. The Office of Neighborhood Safety and Engagement should direct its violence intervention contractors to ensure that managers and violence interrupters introduce themselves to advisory neighborhood commissioners and that the contractors keep communities informed through meetings of the ANCs, civic associations, resident councils, and MPD’s Citizens Advisory Councils.

---

## The impact of the Office of Neighborhood Safety and Engagement’s violence intervention program on violent crime is unclear.

Although ONSE has collected and reported data on violence intervention program activities and violent crime trends in priority communities, the data are too scattered and incomplete to pinpoint the program’s impact on violent crime, a challenge that ONSE management recognizes. ONSE has focused on several key outputs and intermediate outcomes such as the number of mediations held and the number of ceasefires achieved, but these data do not illuminate the end outcomes of the violence intervention program: reducing homicides, shootings, and stabbings while making communities safer. ONSE managers, as well as the VI contractors and staff, face a fundamental conundrum: There’s no way to prove that incidents of violence were prevented. A ONSE VI interviewed by ODCA asked, “How do you quantify violence that doesn’t happen?”

In its FY 2020 performance report, ONSE included the following output and intermediate outcome measures: number of families served through contracted services (348); number of community events and small-group activities (753); number of critical incident responses by contractors (196); and number of ceasefires achieved (9); number of mediations held (0). These data do not address violent crime outcomes and the reference to zero mediations (down from 25 in FY 2019) is troubling on its face. ONSE management later acknowledged that this information was not correct, but the agency’s FY 2021 performance report and FY 2022 performance plan continued to report zero mediations in FY

2020. ONSE has also stated it tracks violence intervention performance by the number of priority client “touches” and its contractor compliance scores, which were implemented in 2021.<sup>30</sup>

Other violent crime statistics highlighted by ONSE do not offer a clear picture because they apply only to certain communities, types of crime, or time periods. Table 6, which summarizes crime data presented by ONSE in its March 2021 performance oversight testimony to the Council’s Committee on the Judiciary and Public Safety, provides an example. Particularly notable is that each indicator is for a single year but the year is not consistent from indicator to indicator.

**Table 6: Violence Intervention Outcome Data Reported by the Office of Neighborhood Safety and Engagement, March 2021**

Outcome Data	Validity Issues
In 2019, total violent crime dropped in eight of 22 ONSE priority communities.	Does not reflect the magnitude of violent crime increases or decreases in priority communities.
In 2019, assaults with a dangerous weapon dropped 7% in priority communities.	Excludes data on other types of violent crime, including homicide.
In 2018, Anacostia and Cedar Gardens experienced a 40% reduction in violent crime after ONSE negotiated a ceasefire.	Time frame is very limited; moreover, the contracts for the ONSE VI program were not signed until the end of May 2018. Trend in homicides is not stated.
In 2020, Ward 1 priority communities (Columbia Heights and Park View) recorded a 29% reduction in violent crime.	Focuses on two communities in a limited time period.
In 2020, the Mayfair and Kenilworth priority communities recorded a 46% reduction in violent crime.	Focuses on two communities in a limited time period.
In 2020 11 priority communities recorded a decrease in assaults with a dangerous weapon.	Covers a limited period and does not report the overall trend for the 22 communities.
In 2020, priority communities recorded an overall decrease in gun crimes, which rose by 24% citywide.	Does not report overall trend from the beginning of the VI program (2018) to the present.

**Source: Office of Neighborhood Safety and Engagement, Fiscal Year 2020 Performance Hearing Testimony to the Council Committee on the Judiciary and Public Safety, March 4, 2021.**

<sup>30</sup> The contract compliance scorecards grade the violence intervention contractors on the timely and complete documentation in the following seven areas: daily census reports, incident reports, weekly schedule, tier action plan updates, neighborhood plan updates, events, invoices, and spend-down plans.

To present performance data relevant to the violence intervention program in a more systematic way, ONSE is tracking year-to-date trends in the following types of crime for its priority communities and the entire city: (i) shootings, (ii) gun crimes and total violent crimes, and (iii) gun homicides and total homicides. Using this framework, ONSE reported positive results for most categories, with the notable exception of homicides, as of November 15, 2021 (see Table 7). ONSE also presented the crime data by priority community.

**Table 7: Year-To-Date Violent Crime Data for Office of Neighborhood Safety and Engagement Priority Communities (as of November 15, 2021)**

Type of Violent Crime	YTD Percentage Change for ONSE Communities	YTD Percentage Change Citywide
Shootings	-16%	+1%
Gun Crimes	-1%	+10%
Total Violent Crimes	-3%	+1%
Gun Homicides	-3%	+10%
Total Homicides	+16%	+9%

**Source: Office of Neighborhood Safety and Engagement.**

Even though the violent crime data shown in Table 7 provides a rough sense of how the VI program is faring, there are problems with this approach. The year-to-date crime data in the table compares two periods when the VI program was in effect, instead of comparing periods when the VI program was in effect to when it was not, or communities where the VI program is operating to similar communities where it is not. In addition, if violent crime in the base year is particularly high (perhaps due to an unusual situation such as a pandemic), performance in the subsequent year may seem impressive if crime levels revert to previous trends (regression to the mean), or vice versa.

Community violence intervention programs in other cities such as Baltimore, Chicago, Los Angeles, New York, and Philadelphia have been reviewed by criminal justice researchers producing studies that are systematic and comprehensive. Both the ONSE and OAG violence intervention programs would benefit from similar in-depth scrutiny to assess the impact on individuals and on crime overall. The research studies typically incorporate the following principles and procedures:

- They go beyond a simple comparison of violent crime data before and after the program was launched by trying to account for other major influences on crime trends. For example, evaluators of the Save Our Streets (SOS) program in Crown Heights, New York, examined whether there were any major policing initiatives or other violence prevention projects implemented in the neighborhood during the study period. Criminal justice researchers routinely use statistical models to account for the impact of non-program variables that are changing over time, including police practices and neighborhood change.

- To rule out alternative explanations, they compare communities where the violence prevention or intervention program was implemented to other communities that are similar in demographics and initial levels of crime. The comparison communities provide the “counterfactual,” a measurement of what conditions would be like without the program.
- The analysis of crime data spans several years to capture program impacts and the starting and ending points are carefully chosen. Evaluators of the CeaseFire Chicago program defined their starting point as the month when CeaseFire outreach workers were on staff and community mobilization and public education efforts had begun. To measure long-term impact, evaluators of CeaseFire Philadelphia analyzed crime data for two years before the program’s implementation in program and comparison sites, and for two years after implementation started. A study of Baltimore’s Safe Streets program was based on homicide and non-fatal shooting data from January 1, 2003, through December 31, 2010 (Safe Streets implementation began at its first site in June 2007).

Police department data on homicides, non-fatal shootings, and other forms of violent crime are obviously critical for evaluating violence intervention programs, but some research has drawn on more comprehensive data by combining crime data with hospital data that capture more non-fatal shootings, some of which are not reported to police. Researchers from the John Jay College of Criminal Justice who evaluated a Cure Violence program in New York City strengthened their finding that the program reduced violent crime, relative to comparison neighborhoods, by showing that both police data on crimes and hospital data on injuries supported this conclusion. The hospital data from the state department of health also allowed the John Jay researchers to analyze where victims lived, which is important because violence spills over from one community to another.

Criminal justice researchers have also emphasized the importance of documenting and understanding violence intervention program activities within sites to identify the key elements that promote (or impair) effectiveness—to look inside the program’s “black box.” For example, the Baltimore Safe Streets evaluators found that the program sites that achieved the largest reductions in homicides had conducted three times the number of mediations as other sites, a finding with practical implications for policymakers and program managers. Several studies also included surveys and interviews of community members to gauge the program’s interactions with residents and see if the program was affecting community norms about violence as a means of resolving conflict.<sup>31</sup>

## Recommendation

6. The D.C. government should contract with a criminal justice research organization to evaluate both violence intervention programs, comparing outcomes in program sites to neighborhoods that are closely matched in demographics and initial levels of crime. This research should analyze not only the end outcomes but also the activities and intermediate outcomes that are part of the program model.

---

31 For example, evaluators of the New York City SOS program conducted three waves of “micro-targeted” surveys in program neighborhoods to see if changes in community violence mirrored changes in community norms. The surveys probed residents’ views on neighborhood safety, the legitimacy of carrying a gun, and the need to join a gang for self-protection.

**Violence intervention programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General do not seem duplicative, but a program merger that incorporates the best aspects of each program might improve outcomes.**

OAG's Cure the Streets violence interruption program has a purpose similar to that of the ONSE's violence intervention program, although the OAG program allocates funding and staff more intensively than the ONSE program (as discussed earlier) and is based on a structured program model developed by Cure Violence. The OAG launched Cure the Streets at two sites in August 2018 and expanded the program to six sites by the end of 2019: Eckington/Truxton and Trinidad in Ward 5; Marshall Heights/Benning Heights in Ward 7; and Bellevue, Washington Highlands, and Washington Highlands/Congress Heights in Ward 8.

Cure the Streets follows Cure Violence's three-step process to reduce gun violence, which has been implemented at sites throughout the U.S. and abroad. These steps involve:

- 1. Detecting and interrupting potentially violent conflicts.** Violence interrupters (VIs) who are trained to resolve conflicts and are hired for their credibility, relationships, and influence within targeted neighborhoods learn about brewing conflicts and try to resolve them peacefully. If violence occurs, the VIs formulate a response within 72 hours and work to prevent retaliation.
- 2. Identifying and treating high-risk individuals.** Outreach workers (OWs) recruit and work with individuals at high risk of involvement in violence, meeting with them regularly to implement individualized risk reduction plans and connect them to services such as housing, counseling, employment assistance, and vital records. Like the ONSE violence intervention program, Cure the Streets focuses on establishing trust with a small number of individuals believed to be responsible for a large share of violence, and on keeping them as busy as possible.
- 3. Mobilizing the community to change norms.** The program engages with residents, community leaders, local businesses, faith leaders, and service providers to build coalitions and develop strategies to reduce violence including forums and public events. This step can involve motorcades and peace walks, as well as community cleanups and efforts to improve lighting that help people feel that it is safe to gather.

Despite some differences in emphasis and Cure the Streets' adherence to a formal model, the ONSE and OAG violence intervention programs both subscribe to a public health model of violence prevention and largely use the same techniques. Table 8 shows that both programs target high-risk individuals in neighborhoods plagued by violence, rely on community-based organizations to deliver services, and use similar tools such as incident responses and mediations.

**Table 8: Violence Intervention Program Features for ONSE and OAG**

Office of Neighborhood Safety and Engagement	Office of the Attorney General (Cure the Streets)
Works to reduce violence in 22 communities facing high levels of violent crime by identifying and assisting those most likely to be perpetrators or victims.	Works to reduce violence in six communities facing high levels of gun crime by identifying and assisting those most likely to be perpetrators or victims.
Deploys VIs with ties to communities where they work to mentor high-risk individuals, and to detect and mediate conflicts.	Deploys VIs and OWs with ties to communities where they work. The VIs try to detect and mediate conflicts, while OWs recruit high-risk individuals and link them to supports and services.
Contracts with three non-profits to hire and supervise VIs, case managers, and other staff.	Provides grants to three non-profits to hire and supervise VIs, OWs, and other staff.
Develops neighborhood plans; coordinates wraparound services; sponsors mediations, ceasefires, and retreats; responds to critical incidents; holds triage meetings; reviews nightly reports and conducts weekly case reviews.	Conducts target area mapping (needs and resources); coordinates wraparound services; sponsors mediations; organizes shooting responses; reviews daily logs and conducts weekly supervision meetings.
Compiles data on community events, mediations, ceasefires, and priority client touches; prepares contractor compliance scorecards; monitors shootings, violent crimes, and homicides in priority communities.	Compiles data on program participants, mediations, and community responses to violence; monitors gun assaults with a deadly weapon and gun homicides in target communities. Uses the Cure Violence Global database to track program activities.

**Source:** ONSE violence intervention contracts and program documents; interviews with ONSE and OAG staff; OAG violence intervention grants and program documents.

**Note:** The number of communities served by each program applies as of June 30, 2021.

Several government officials and community leaders interviewed by ODCA expressed concern that it is inefficient and ill-advised for the D.C. government to operate separate violence intervention programs and called for a program merger. One official cited a potential for relationships to become “super toxic” because the programs report not only to different agencies, but to different elected officials. This official also questioned Cure the Streets’ capacity to coordinate wraparound services for high-risk individuals when most of the relevant agencies, such as DBH, DOES, and OSSE, are under the Mayor’s authority.

Still, none of those who expressed misgivings about the two violence intervention programs identified specific problems that have emerged, such as ONSE and OAG violence interrupters working at cross-purposes in particular neighborhoods. Thus far, both agencies seem to have confined their work to discrete communities and to have avoided duplicating their efforts. OAG’s Cure the Streets managers have

emphasized that the Cure Violence model requires them to stick to neighborhood boundaries.<sup>32</sup> For their part, Delbert McFadden, who recently resigned as ONSE executive director, and Attorney General Karl Racine have publicly hailed cooperation between the respective programs.

Despite the absence of evidence of duplication, fragmentation, or miscommunication, it is possible that more integration or merger of the two programs would yield better outcomes. Table 8 showed some differences between the ONSE and OAG programs in addition to the sharp disparity in resource allocation discussed earlier. For example, OAG's Cure the Streets employs a more differentiated staffing structure in which VIs and OWs are deployed to neighborhoods, whereas ONSE's VIs make the social service referrals typically assigned to Cure OWs. The criminal justice research study previously recommended could serve as a basis for the Mayor and Council to consider greater integration or a merger, based on an analysis of which program components have been most effective.

Although ODCA did not conduct an in-depth analysis of Cure the Streets because it was not established pursuant to the NEAR Act, the following differences between the ONSE and OAG violence intervention programs were cited in program documents or interviews, and merit a comparative evaluation:

- ONSE's violence intervention work may be less visible than OAG's work because ONSE emphasizes individual contacts between VIs and high-risk individuals.
- OAG's violence intervention work may also be more visible than ONSE's work because OAG VIs wear yellow shirts and varsity jackets that make them identifiable. In turn, visibility can promote a sense of community safety.
- OAG's program seems more tightly focused on gun violence, whereas ONSE's program is focused on all forms of community violence.
- OAG's program may place more emphasis on community events because the Cure Violence model identifies norm change as an important goal. For example, Cure the Streets grantees are required to organize a community response to every shooting in a target community.

Expansions of the ONSE and OAG violence intervention programs were announced in late 2021. Maps of the new sites show the programs will operate in much closer proximity, expanding the possibilities for duplication, overlap, and inefficiency. In addition, ONSE will have a new unit of 10 VIs who can be deployed flexibly. These changes occurring after the audit period ended may strengthen the case for policymakers to consider a merger.

Examples of overlapping and adjacent sites are as follows:

- A new OAG site in Petworth and Brightwood Park will overlap an existing, smaller Brightwood Park site served by ONSE in Ward 4.
- A new OAG site in Historic Anacostia-Fairlawn will border existing ONSE sites in Historic Anacostia and Cedar Gardens, all of which are in Ward 8.
- A new ONSE site in Congress Park will be adjacent to a new OAG site in Congress Heights, both in Ward 8.

---

<sup>32</sup> ONSE VIs have a little more flexibility. ONSE's violence intervention contracts have stated that, "ONSE has the discretion to request a response to a homicide outside of the Contractor's priority communities."

## Recommendation

7. The Mayor and Council should use an independent research study of the District's violence intervention programs to assess whether and how to integrate or merge the programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General.

---

### **The Office of Neighborhood Safety and Engagement has implemented additional programs to promote a public health approach to preventing violence.**

In addition to Pathways and the violence intervention initiative, ONSE has implemented several other programs to stop the spread of violence: Family and Survivor Support, the ONSE Leadership Academy, and Community-Based Crime Reduction. ONSE also is expanding a Restorative Justice program launched in 2021. These programs use non-law enforcement approaches to identify risk factors (such as the risk of retaliatory violence or school failure) and reduce risks through crisis stabilization, support services, and mentoring.

**Family and Survivor Support.** The Family and Survivor Support (FSS) program coordinates the D.C. government's response to a homicide, or to a non-fatal shooting or stabbing that involves a juvenile or is believed to be gang related. After being notified by MPD of such an incident, FSS convenes a conference call with officials from 12 agencies to alert them to the family's crisis and then contacts the families to coordinate services such as housing relocation, behavioral health support, burial assistance, candlelight vigils, childcare, food, insurance and medical care, and vital records. In addition to helping survivors and families cope with the trauma of a homicide or other violent incident, FSS can assess the prospect of retaliation and alert MPD or the violence interruption contractors to head off further violence.

ONSE reported that the percentage of families accepting FSS assistance dropped from 65% in FY 2018 and 64% in FY 2019 to 48% in FY 2020 but attributed the drop to the decline in face-to-face contact during the pandemic. Because more families were referred to FSS for services, the number of families served dropped only slightly, from 174 in FY 2019 to 172 in FY 2020. FSS has a \$593,000 budget and five FTEs for FY 2022.

**ONSE Leadership Academy.** This initiative, launched at Anacostia High School in the fall of 2019, seeks to promote safety and academic success through wraparound services and mentorship for students. ONSE assigned six full-time staff to Anacostia High to supervise safe passages to and from school and support 40 students identified by school staff as needing extra support due to attendance, behavioral, and academic problems. The Leadership Academy monitors student attendance and provides case management as well as one-on-one and group-based mentoring. The Department of Employment Services' Year-Round Youth Program also provides after-school classes in entrepreneurship to teach marketable skills in science, technology, engineering, arts, and math.

The Leadership Academy extends ONSE's violence prevention efforts by targeting adolescents at risk due to academic and behavioral problems and helping them navigate the transition to adulthood. Even though on-site services were disrupted by the pandemic, the Anacostia High School principal credited academy staff with re-engaging 14 struggling students. Moreover, school staff credited the Leadership Academy for

targeting students at high risk, fitting into the school structure, and using common experiences to develop trust with students.

The Leadership Academy expanded to Paul Public Charter School and H.D. Woodson High School in the fall of 2021. Reflecting the growth of the program, the Leadership Academy budget rose from \$592,000 and eight FTEs in FY 2021 to \$1,769,000 and 12 FTEs in FY 2022.

**Community-Based Crime Reduction.** This grant program was funded by the U.S. Department of Justice and operated through the end of FY 2021. The Community-Based Crime Reduction (CCBR) program was intended to reduce crime, promote pro-social behaviors, and increase trauma-informed care by following a data-driven approach, targeting crime hotspots, building community partnerships, and revitalizing unsafe properties, streets, and parks. ONSE implemented CCBR at two Ward 8 communities, Buena Vista Terrace and Woodland Terrace, which had high rates of crime and a history of feuding.

ONSE issued sub-grants to two community-based organizations, the Exodus Treatment Center and the Far Southeast Family Strengthening Collaborative, to provide trauma-informed mental health care, case management, youth development, and workforce development services. Both Buena Vista and Woodland Terrace are ONSE priority communities where VIs are assigned; the CCBR program allowed ONSE to focus on strengthening the communities while VIs tried to engage the highest-risk individuals. The FY 2020 grant was for \$898,543, but ONSE was allowed to spend unused funds through the end of FY 2021.

**Restorative Justice.** In the spring of 2021, ONSE hired a program manager and staff to implement its restorative justice (RJ) program, which is designed to integrate restorative justice practices into all ONSE programs by providing training and using techniques such as victim-offender dialogue, group circles, and community service. An amendment to the NEAR Act in 2020 made ONSE responsible for “coordinating and fostering restorative justice programming and practices within the District government and by and in partnership with District community-based organizations, with a focus on the 18-to-35-year old population.”<sup>33</sup> The Restorative Justice budget for FY 2022 is \$595,000 and five FTEs.

---

33 The amendment was made by D.C. Law 23-149, the “Fiscal Year 2021 Budget Support Act of 2020,” effective December 3, 2020.

# DC Health: Office of Violence Prevention and Health Equity

## The Mayor did not comply with the NEAR Act requirement to create an Office of Violence Prevention and Health Equity with responsibility for a citywide public health approach to violence reduction.

The NEAR Act mandated the creation of an Office of Violence Prevention and Health Equity (OVPHE) within DC Health.<sup>34</sup> OVPHE was “tasked with utilizing public health institutions and methods to halt the spread of violence in the District of Columbia.”

In 2015, DC Health had created an Office of Health Equity (OHE) “to address the root causes of health disparities, beyond health care and health behaviors.” Brenda Donald, then the Deputy Mayor for Health and Human Services, pledged in her NEAR Act testimony to the Committee on the Judiciary that, “OHE will work in coordination with the District’s other collaborating partners ... to develop and implement a public health violence prevention strategy.” In response, the Council modified the introduced version of the NEAR Act, which required DC Health to establish a separate violence prevention office and renamed OHE as the Office of Violence Prevention and Health Equity to avoid creating a new office within DC Health with duplicative or overlapping responsibilities.

DC Health has not complied with the NEAR Act’s requirement to establish OVPHE and instead has maintained the Office of Health Equity as an organizational unit. Although DC Health’s lack of statutory compliance is concerning, the effect of not establishing OVPHE on the District’s anti-violence efforts is the primary issue.

OHE’s mission statement (see box) emphasizes the need to help residents attain optimal health by addressing root causes of health disparities but does not cite violence prevention as a priority. DC Health’s 2018 health equity report, *Social Determinants of Health in Washington, D.C.*, which was prepared by OHE, identified community safety as one of nine key drivers of public health outcomes. The health equity report

### Office of Health Equity Mission Statement

To address the root causes of health disparities, beyond health care and health behaviors, by supporting projects, policies, and research that will enable every resident to achieve their optimal level of health – regardless of where they live, learn, work, play, or age. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health. (emphasis in the original)

<sup>34</sup> See section 104(a) of the NEAR Act, which became D.C. Code § 7-781(a).

provides valuable data on violent deaths, firearms deaths, and other indicators but does not discuss policies to stop the spread of violence in the District.<sup>35</sup>

LaQuandra Nesbitt, M.D., the Director of DC Health, stated in an interview that her department follows a team approach in which different units, such as OHE and the Center for Policy, Planning, and Evaluation (CPPE), contribute their expertise to anti-violence work. Statisticians and epidemiologists at CPPE help with planning and data analysis, while OHE staff focus on policy. Moreover, Dr. Nesbitt noted that she tries to avoid duplicating the work or capacity of other D.C. government agencies. For example, she stated that a NEAR Act requirement for DC Health to identify heavy users of public services (among other duties) would duplicate the work of the fatality review boards housed at the Office of the Chief Medical Examiner (OCME).<sup>36</sup>

Dr. Nesbitt outlined some of DC Health’s accomplishments in anti-violence work, including:

- Securing a grant from the CDC in 2016 to join the National Violent Death Reporting System (NVDRS), which pools data from multiple sources (such as death certificates, law enforcement, medical examiners, and crime labs) about all violent deaths in a jurisdiction into an anonymous database. Analysts can use NVDRS to learn about the factors leading to violent deaths and design policies and programs that might prevent these deaths.
- Winning one of 10 grants from the CDC’s Firearm Injury Surveillance Through Emergency Rooms (FASTER) program, which enables quick access to data on non-fatal firearms injuries in the city. FASTER grants are intended to help policymakers and analysts identify trends in firearm assaults and help law enforcement respond more effectively.<sup>37</sup>

Dr. Nesbitt emphasized that DC Health serves as the “data engine” for violence prevention work in the D.C. government and conducts root-cause analysis in collaboration with OCME and other agencies. DC Health has also loaned staff to the D.C. government’s “Building Blocks DC” initiative, which was launched in early 2021 to create a “whole of government” approach to stopping gun violence with an intensive focus on 151 blocks that accounted for 41% of gun crimes in 2020.

Nevertheless, the NEAR Act envisioned DC Health as taking a leadership role in developing and coordinating government anti-violence programs and policies through OVPHE, a mission that goes beyond providing data and analytic support to other agencies. The Council’s intent in creating OVPHE was to engage the District’s health and human services agencies more deeply in a comprehensive anti-violence strategy and reinforce a public health approach to preventing violence. DC Health has not assumed this expanded responsibility mandated by the NEAR Act. Although DC Health administers important programs to combat sexual and domestic violence,<sup>38</sup> its role in preventing the community violence that occurs outside the home is less prominent.

---

35 For example, the report points out that the District ranked first in the nation in its rate of firearm deaths and that mortality from homicide was three times the national average.

36 The requirement for DC Health to develop and implement a public health strategy to prevent violence that, *inter alia*, would address how to help frequent users of law enforcement, health, and human services, is found in section 104(b)(1) of the NEAR Act, which became D.C. Code § 7-781(b)(1).

37 D.C.’s FASTER grant began on September 1, 2020, and expires on August 31, 2023.

38 An example is the Rape Prevention Education Program, administered by DC Health’s Community Health Administration.

By disregarding the statutory mandate to create OVPHE, DC Health and the D.C. government may have missed opportunities to strengthen primary prevention (defined by the CDC as “intervening before health effects occur”) and secondary prevention initiatives (defined by the CDC as acting “in the earliest stages, before signs and symptoms”) that were discussed in hearings leading up to the NEAR Act. Many participants in the hearings called for a more concerted and sustained citywide effort to evaluate health and human services programs that can help prevent violence; expand evidence-based strategies; and improve and coordinate programs as diverse as home visiting, parent education, school-based health centers, multi-systemic and family functional therapy, mentoring, and youth employment. These programs are operated by many different agencies, such as DBH and DOES, and span the prenatal period through early adulthood, but the NEAR Act’s intent was that the District’s public health agency would develop the plan to integrate those efforts – and the resources and expertise of private-sector partners – into a stronger public health approach to reduce violence. Because the Mayor did not establish OVPHE and house the violence-reduction role in DC Health as mandated, D.C. policymakers may need to rethink how to institutionalize the public health approach to stopping violence in a manner that more fully engages the District’s health and human services agencies in that effort.

---

**While DC Health did not meet all NEAR Act requirements to develop and implement a public health strategy to combat the spread of violence, the final report of the Mayor’s Safer, Stronger DC Advisory Committee fulfills some of the same purposes.**

The NEAR Act directed DC Health and OVPHE to “develop and implement a public health strategy ... to combat the spread of violence.”<sup>39</sup> This strategy was to include risk assessment tools, identify heavy utilizers of public services, provide cognitive and family-based therapy, and coordinate services. The strategy was due by October 1, 2016, or within six months of DC Health receiving the necessary funding. DC Health’s duties under the NEAR Act were fully funded in FY 2017, which meant that the strategy was due by April 1, 2017, halfway through the fiscal year.

DC Health did not lead an interagency effort to develop, publish, and implement a public health strategy to combat the spread of violence as required by the NEAR Act, but the department was closely involved in preparing the final report of the Mayor’s Safer, Stronger D.C. Advisory Committee (SSAC) report, issued in May 2016 just before the NEAR Act took effect. The DC Health Director served as co-chair of the SSAC, which offered 55 recommendations as part of a multi-sector, multi-pronged public-health approach to preventing violence. The SSAC final report offered the following four “overarching” recommendations:

1. Establish an Office of Violence Prevention and Health Equity within the Executive Office of the Mayor.
2. Establish a Violence Prevention Oversight Committee to monitor and coordinate violence prevention efforts throughout the city.
3. Participate in the CDC’s National Violent Death Reporting System.
4. Establish a Violence and Near Fatality Review Committee.

---

<sup>39</sup> See D.C. Code § 7-781(b)(1).

In addition, the SSAC final report called for more “credible messengers,” to help individuals, families, and communities after an act of violence; support for returning citizens; and greater use of trauma-informed approaches to policies and programs. The recommendations spanned community stabilization, community outreach, community building, and economic opportunity.

As noted earlier, DC Health has not taken the leading role in coordinating and implementing the District’s public health approach to violence prevention which was envisioned by the NEAR Act. Instead, DC Health has focused on providing the data foundation and other analytical support for anti-violence work by D.C. government agencies and private-sector partners.

Both the Mayor and Council have voiced a need for strong leadership in coordinating the health, human services, law enforcement, and other agencies involved in a citywide public health approach to preventing violence. In January 2021, Mayor Bowser appointed the District’s first director of gun violence prevention who reports to the City Administrator and leads the Building Blocks DC program mentioned earlier. Building Blocks is charged with using public health tools “to connect programs and services to the people impacted by gun violence, as well as remediate environmental issues in neighborhoods affected by gun violence.” Because the director of gun violence prevention has been charged with leading a whole of government approach to gun violence prevention, the coordinating role that the NEAR Act envisioned for DC Health and OVPHE may now be unnecessary.

## Recommendation

8. Council should amend the NEAR Act to (a) delete the requirement for a DC Health Office of Violence Prevention and Health Equity and (b) shift responsibility to develop and implement a public health strategy to combat the spread of violence to the Office of the City Administrator.

---

### **DC Health conducted a public information campaign on the impact of violence and strategies for violence cessation, as required by the NEAR Act, but spent only 36% of the money the Council appropriated for this purpose.**

The Council added \$400,000 to DC Health’s FY 2017 budget to fund the anti-violence public information campaign required by the NEAR Act.<sup>40</sup> DC Health hired J.R. Reingold & Associates, Inc., to plan, develop, and execute the campaign, but spent only \$142,796.32 on the contract – or 36% of the appropriation. The campaign produced a public service announcement featuring four individuals speaking about their experiences with violence and ways to stop it, as well as advertisements displayed on social media, buses and bus stops.

In July 2017, DC Health transferred \$100,000 of the funding appropriated for the public information campaign to the Department of Small and Local Business Development (DSLBD) for the My Brother’s

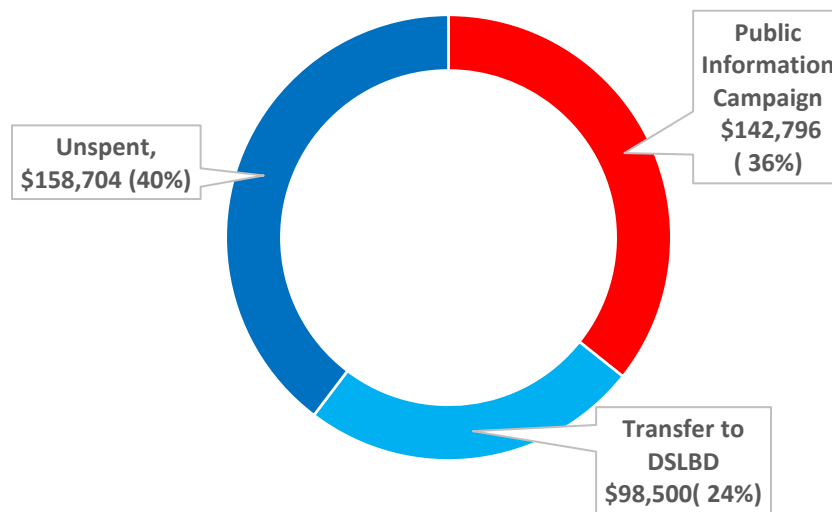
---

<sup>40</sup> The requirement for the public information campaign is found in section 104(b)(2) of the NEAR Act. The \$400,000 appropriation corresponds to the Chief Financial Officer’s cost estimate in his January 26, 2016, fiscal impact statement on the NEAR Act.

Keeper DC Violence Prevention Grant Awards. These awards were made as part of a “pitch competition” intended “to identify promising technology and applications that can decrease violence and promote prevention efforts in the District of Columbia.” DSLBD spent \$98,500 of the \$100,000 it received. The My Brother’s Keeper pitch competition was not consistent with the intent of the appropriation, which was to communicate directly with the public about violence and ways to prevent it, rather than to develop and test technology.

The use of the \$400,000 appropriation is depicted in Figure 3. The largest share of the appropriation – \$158,703.68, or 40% – was unspent.

**Figure 3: Amounts Spent and Unspent by DC Health from Funds Appropriated for an Anti-Violence Public Information Campaign**



Source: DC Health

Because DC Health spent less than \$143,000 of the \$400,000 appropriation on the public information campaign, that effort was much more limited than it might have been. One factor may have been the late start of the public information campaign. Although the appropriation was for FY 2017 (which began on October 1, 2016), the purchase order for the public relations contract with J.R. Reingold & Associates, Inc., was not issued until June 29, 2017, and Reingold began its work on July 1, 2017—the start of the last quarter of the fiscal year.

# Office of Victim Services and Justice Grants: Hospital-Based Violence Intervention Program

---

**The Office of Victim Services and Justice Grants has implemented a citywide hospital-based violence intervention program largely consistent with the requirements of the NEAR Act.**

As noted earlier, the NEAR Act expanded the scope of the hospital-based violence interruption program that OVSJG had launched in 2015. The NEAR Act required each hospital emergency department in the District to offer an HVIP to provide counseling, mental health treatment, and other services to victims of violence and their families, and to operate the program with at least one specially trained staff member whenever the emergency department is accepting patients.

HVIPs started in the 1990s when medical professionals realized that they were treating the physical wounds of violently injured individuals but the psychological trauma went unaddressed. Moreover, almost half of the victims, who often return to the same environments where they were attacked, suffer another violent injury. HVIPs seek to stop the cycle of violence and re-injury and to prevent criminal justice involvement by providing victims and their families with culturally sensitive and multifaceted intervention programs that address post-traumatic stress.

The District's HVIP, also called Project Change, now operates in five hospitals: George Washington University Hospital (GWUH), Howard University Hospital (HUH), MedStar Washington Hospital Center (MWHC), the United Medical Center (UMC), and the University of Maryland's Prince George's Hospital Center (UMD).<sup>41</sup> Although UMD is not located in the District of Columbia, approximately 40% of the gunshot victims it treats are from D.C. and OVSJG's grant to UMD is based on its D.C. caseload. OVSJG determines each HVIP's annual grant by aligning the program requests with the total HVIP appropriation based on the quality of the grant proposal and the program's track record.

Project Change primarily serves men between the ages of 18 and 50 who have been injured in community violence, which takes place in public places among individuals who are not intimately related.<sup>42</sup> The programs do not serve victims of domestic violence or sexual assault, who can seek assistance from other OVSJG programs and D.C. government agencies.

The Program Change HVIPs funded by OVSJG include three that are hospital-based (HUH, MWHC, and UMD) and two that are hospital-linked (GWUH and UMC). The hospital-based HVIPs employ their own staffs, whereas the hospital-linked HVIPs rely on contract services provided by the Far Southeast Family Strengthening Collaborative (Far Southeast). There is also a key difference between the two hospital-linked programs: GWUH's program serves violently injured patients who live anywhere in the District,

---

<sup>41</sup> OVSJG awarded a new grant in FY 2022 for Children's National Medical Center to operate an HVIP.

<sup>42</sup> The National Child Traumatic Stress Network defines community violence as "exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim."

whereas UMC’s program only serves residents of Ward 8, providing continued care and case management to patients treated at other hospitals because UMC is not a trauma center. Table 9 summarizes key aspects of the five HVIPs.

**Table 9: Hospital-Based Violence Intervention Programs  
Funded by the Office of Victim Services and Justice Grants**

Hospital and Program Name	FY 2021 Grant	Program Details
<b>George Washington University Hospital</b> GWUH-FSFSC Anti-Violence Program	\$266,898	Level 1 trauma center (highest rating) Hospital-linked program, staffed by Far Southeast
<b>Howard University Hospital</b> Violence Interruption Program	\$285,030	Level 1 trauma center Hospital-based program
<b>MedStar Washington Hospital Center</b> Community Violence Intervention Program	\$404,999	Level 1 trauma center Hospital-based program
<b>United Medical Center</b> Trauma Recovery Center	\$170,000	Hospital linked program, staffed by Far Southeast Only serves Ward 8 residents
<b>University of Maryland Prince George’s Hospital Center</b> Capital Region Violence Intervention Program	\$75,000	Level 2 trauma center Hospital-based program

Sources: HVIP grant agreements, DC Health, and hospital websites.

The Project Change sites funded by OVSJG do not include every hospital emergency department in the District; for example, Sibley Hospital and Georgetown University Hospital do not participate. Nevertheless, the NEAR Act requirement for universal participation may not have been feasible. Neither hospital receives gunshot victims because neither is a Level 1 trauma center, which represents the highest level of service and is defined by the American Trauma Society as “a comprehensive regional resource ... that is capable of providing total care for every aspect of injury – from prevention through rehabilitation.”<sup>43</sup> And OVSJG staff have stated that Sibley and Georgetown have not expressed interest and have not applied for HVIP grants.

<sup>43</sup> See [www.amtrauma.org/page/TraumaLevels](http://www.amtrauma.org/page/TraumaLevels).

By contrast, GWUH, HUH, and MWHC are Level 1 trauma centers, and UMD is a Level 2 center described as “the second busiest trauma center in Maryland.”<sup>44</sup> Therefore, the District’s HVIP includes the leading hospitals for treatment of violent injury. UMC is not a Level 1 or 2 trauma center, which is why it primarily offers after-care and continued case management for residents of Ward 8 who were treated at other hospitals for violent injuries.

D.C. HVIPs have been unable to fulfill the statutory mandate to have a specially trained staff member on duty whenever the hospital emergency department is accepting patients. For example, in early 2021 the HUH staff as well as the Far Southeast staff working at GWUH only worked Monday through Friday during normal business hours such as 8 a.m. to 4:30 p.m., or 9 a.m. to 5:30 p.m. Nevertheless, HVIP staff frequently reported taking calls on evenings and weekends. One HVIP manager characterized herself and staff members as working “24/7,” whereas a staff member at a different HVIP described his colleagues as “constantly working even when they’re not in the hospital.”

It does not seem that the HVIPs could ensure that a specially trained staff member was on duty whenever the hospital emergency department is accepting patients without additional funds. In FY 2021, the HVIP planned to spend between 68% and 99% of their grants on personnel and fringe benefits, leaving them with little spending flexibility after accounting for non-personnel costs such as supplies, training, facilities, and human resources. Staff turnover has also hampered the HVIPs’ ability to maintain and expand coverage. For example, HUH was left with only one full-time staff member late in 2019 after its social worker departed.

It is difficult to assess whether the NEAR Act mandate for “specially-trained” staff at D.C. HVIPs has been met, because the term is not defined in the statute. As discussed later in more detail, all D.C. HVIPs include a “credible messenger” (or someone with an equivalent title) who lacks extensive formal training or education but serves as linchpin of the program because he has similar experiences to HVIP clients that help establish trust and credibility. Although there is no required staffing pattern, D.C. HVIPs also include social workers and program managers, while also benefiting from the oversight of hospital physicians. Therefore, D.C. HVIPs seem to incorporate a broad mix of skills and experience. Table 10 shows the FY 2021 staffing plan for each HVIP, including the percentage of each employee’s time allocated to the program, as reflected in each program’s grant award.

---

44 See [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org).

**Table 10: D.C. HVIP Staffing Plans for FY 2021**

GWUH	HUH	MWHC	UMC	UMD
Hospital Responder (100%)	Program Manager (100%)	Program Manager (70%)	Project Manager (50%)	Senior Manager (25%)
Senior Case Manager (100%)	Lead Violence Intervention Specialist (100%)	Clinical Social Worker (80%)	Credible Messenger (100%)	Case Worker (40%)
Project Coordinator (30%)	Violence Intervention Specialist (100%)	Treatment Navigators – 2 (100%)	Credible Messenger (50%)	Credible Messenger (40%)
Data Support (20%)				
Human Resources (10%)				

Source: Office of Victim Services and Justice Grants

After some initial difficulties in getting other hospital departments and staff to understand and value their role, most D.C. HVIPs have become integrated into hospital operations. These relationships are important to ensure that HVIPs have access to potential clients and receive support for functions like hiring and purchasing. For example, interviewees noted that MWHC’s HVIP had benefited from the advocacy of the surgeon who oversees the program, while also pointing out that hospital support can ebb and flow with changes in personnel. As discussed later in more detail, instability in UMC’s management has hindered the UMC HVIP, which has lost access to the hospital multiple times. Howard’s HVIP has also been hampered by having to go through two bureaucracies—the hospital and the university—for funding and other approvals.

The District’s citywide network of publicly-funded HVIPs appears to be the first of its kind in the country (and the only one, as of this writing). ODCA identified a privately funded network of HVIPs in St. Louis comprised of four hospitals and three research universities,<sup>45</sup> but the District’s program seems to be unique in its structure and broad scope. The District’s coordinated network of HVIPs also means that the programs collect and report the same data while sharing information and strategies during monthly project meetings.

## Recommendation

- The Council should amend the NEAR Act to state that the Office of Victim Services and Justice Grants shall oversee a citywide network of hospital-based violence intervention programs targeted at Level 1 and Level 2 trauma centers that operate during hours specified in grant agreements and should provide sufficient resources for the services.

<sup>45</sup> The St. Louis HVIP network is called “Life Outside of Violence.”

## The District’s hospital-based violence intervention program incorporates key elements of leading practices.

Table 11 shows that Project Change policies, as reflected in program documents, grant agreements, and reporting requirements, are consistent with leading HVIP practices identified through research, policy analysis, and publications of the Health Alliance for Violence Intervention (a national network of HVIPs). As discussed below, the District’s HVIPs sometimes fall short in implementing leading practices but the program guidelines and standards emphasize high-quality services.

**Table 11: D.C. Hospital-Based Violence Intervention Programs (HVIPs)  
Compared with HVIP Leading Practices**

D.C. HVIPs	Leading Practices	D.C. HVIPs vs. Leading Practices
Intervene with violently injured at hospital bedside (“teachable moment”) to begin addressing social, economic, and psychological risk factors and start process of change.	Intervene with violently injured at hospital bedside (“teachable moment”) to begin addressing social, economic, and psychological risk factors and start process of change.	Consistent
Use credible messengers who have similar backgrounds to victims to provide case management, service referrals, trauma-informed care, and mentoring.	Use paraprofessional intervention specialists who have similar backgrounds to victims to provide case management, service referrals, trauma-informed care, and mentoring.	Consistent
Identify victim’s needs, set goals, and develop service plan to prepare for post-discharge life. Assist victim for six months to one year.	Identify victim’s needs, set goals, and develop service plan to prepare for post-discharge life. Assist victim for six months to one year.	Consistent
Develop and track process and outcome measures.	Develop and track process and outcome measures.	Consistent

**Source:** Interviews with OVSJG and HVIP staff; D.C. HVIP work plans and quarterly reports; the Health Alliance for Violence Intervention; the Healing Justice Alliance; John Jay College of Criminal Justice; Jonathan Purtle, John Rich, Joel Fein, Thea James, and Theodore Corbin, “Hospital-Based Violence Prevention: Progress and Opportunities,” *Annals of Internal Medicine* (August 2015); and William Wical, Joseph Richardson, and Che Bullock, “A Credible Messenger: The Role of the Violence Intervention Specialist in the Lives of Young Black Male Survivors of Violence,” *Violence and Gender*, February 2020.

**Teachable moments.** A core principle of HVIPs is that a victim’s hospital stay after a life-threatening, intentional injury presents a critical opportunity – often called the “teachable moment” – to intervene and ensure that the victim does not return to the same dangerous environment at risk of reinjury or committing retaliatory violence. The traumatic experience of violent injury leaves victims open to change

to avoid reinjury or death and the hospital stay provides a sheltered environment to contemplate next steps. Because this is a possible turning point, HVIPs try to make bedside contact with victims and their families to inform them about services and address their physical, psychological, and other needs to support a process of long-term change.

OVSJG and the D.C. HVIPs emphasize bedside contact to take advantage of the teachable moment.<sup>46</sup> At MWHC's program, the two frontline workers are often present in the trauma bay when someone is admitted with a violent injury, where they try to help the patients and their families navigate the inpatient process and inform them about the program after they have been stabilized. Reflecting the importance of bedside contact, OVSJG requires the HVIPs to include data in their quarterly reports on the number of patients who were approached at bedside and informed about the program. Trying to make initial contact with the victims after they have been discharged is more difficult because many victims are transient and do not respond to calls, e-mails, and texts.

**Paraprofessional specialists.** Frontline workers with experiences similar to those of the victims, often called "credible messengers," help gain victims' trust and guide the process of change. University of Maryland professor Joseph Richardson, an expert on HVIPs who served as co-director of the UMD HVIP, describes the credible messenger's role as meeting the victims "where they are" in a culturally competent manner. Ideally, the credible messengers have good people skills, street smarts, and cultural sensitivity, while often having a history of exposure to violence or family members with exposure to violence that equips them to deal with violently injured patients. The similarity in backgrounds helps credible messengers break down patients' resistance to mental health treatment and other services, while symbolizing the possibility of change.

Credible messengers are a core element of D.C. HVIPs, although there are different titles for this role among the hospitals (such as "treatment navigator" at MWHC). Many credible messengers have been gunshot or assault victims, and have been involved in the criminal justice system, giving them credibility with a population that is often mistrustful of government agencies and programs. One credible messenger noted that his roots in the community make him "somebody (victims) can trust in the hospital that's not just in a white lab coat." Reflecting the importance of credible messengers, OVSJG and HVIP managers recounted battles with hospital bureaucracies to allow them to hire credible messengers with criminal records who sometimes lacked the educational credentials typically required for hospital jobs.

After reviewing emergency room medical records or receiving a referral from a nurse or social worker, the credible messengers make the initial contact with eligible individuals and connect those who agree to participate with government and community-based services. At the outset, credible messengers may have to overcome considerable resistance. An HVIP client interviewed by ODCA stated that, "Pardon my French, but I thought it was BS at first. A lot of people say they're here to help." Another HVIP client stated that the initial offer of services was "annoying" because he was in so much pain, but later this client found that his credible messenger "just gave me hope by sharing his story with me. He was there for me, like a big brother." To overcome skepticism, credible messengers and other HVIP staff stated that they make

---

<sup>46</sup> In fact, Project Change guidelines state that, "All Project Change sites shall strive to meet 100% of all patients/clients injured as the result of community violence who are admitted to the hospital at bedside prior to their discharge."

multiple attempts to recruit individuals who initially decline the offer to participate in HVIP. At MWHC, treatment navigators also follow up at least three times by phone, e-mail, or text to try to recruit victims who were discharged before the navigators could speak with them.

Although credible messengers play a critical role in D.C. HVIPs, recruitment and retention has been a challenge. For example:

- MWHC's program began trying to hire a credible messenger in June 2018, but the new hire did not start until February 2019. MWHC reported that its number of bedside contacts with potential clients nearly doubled after this individual began work.
- The GWUH program lacked a hospital responder (GWUH's term for credible messenger) from July 2019, when the incumbent resigned, until November 2019. This vacancy hampered service delivery because the hospital responder was the only HVIP staff member working inside the hospital; the other employees were based at the Far Southeast office.
- HUH hired a second credible messenger in October 2020, but he left two months later. The position remained vacant until May 2021, placing additional burdens on the two staff members who remained.

There appear to be multiple causes for HVIPs' difficulties in recruiting and retaining credible messengers. Although the work can be satisfying, it can also be emotionally draining, a problem reported at HVIPs in other jurisdictions. One HVIP staff member reportedly left because the job intensified her memories of traumatic experiences. Moreover, salaries and opportunities for advancement may not be sufficient.

**Needs assessment and service delivery.** Leading practices from HVIPs nationwide emphasize the need to assess victims' psychological and social needs, as well as the risks they pose to public health and safety, and to develop a plan to address those needs after the victim is discharged. The HVIPs provide case management services, referring victims to services, helping clear away barriers, and monitoring progress.

The staff at Project Change HVIPs help patients develop and implement plans to return safely to the community and recover from their wounds, both physical and psychological. For example, at MWHC a clinical social worker does an intake assessment and helps the patient set goals that he will try to achieve in the program over a year. MWHC's credible messengers then strive to follow-up with each participant twice a month to monitor progress and offer support, which also provides opportunities for mentoring. Although clients typically disengage from the program after six months to a year, when they have met

### HVIP success story



Kevin G. joined the Capital Regional Violence Intervention Program (CAP-VIP) at the University of Maryland's Prince George's Hospital

Center after being stabbed in May 2019.

Kevin received help getting IDs and joined the weekly men's group at CAP-VIP. After receiving training in bridge painting, he began working on a Bay Bridge project, earning \$21/hour. After construction work slowed during the pandemic, Kevin took a full-time job at UPS and is taking care of his three children.

most of their goals and have developed a stronger support network, there are no fixed time limits. Helping the client with physical recovery is an important part of the work done by the HVIP teams. Because many clients have not received regular health care, the HVIP staff try to enroll clients in health insurance and ensure that they receive follow-up medical care after discharge. To facilitate successful re-entry to the community, credible messengers and social workers also try to help clients gain access to wraparound services, such as GED classes, mental health care, housing assistance, job training, and crime victims compensation benefits. HVIPS often help victims get Social Security cards and birth certificates so clients can get jobs and access services such as health care, HVIPs also arrange support services such as transportation to help clients get to medical appointments, job interviews, and therapy sessions, and to help them avoid dangerous areas.

HVIP staff provide more informal supports to clients, such as accompanying them to doctor's visits, court appearances, and Department of Motor Vehicles appointments, or helping them open a bank account after taking financial literacy instruction. Some supports are very idiosyncratic; for example, a credible messenger referred a gunshot victim to a primary care physician who was able to remove a colostomy bag that the victim had been wearing for several years. One credible messenger stated that, "We allow the patients to basically tell us what they need." A social worker from a different HVIP similarly stated that, "Anything the client needs, we try to find resources."

HVIP staff report that safe, affordable housing has been the most difficult service to secure for clients and represents a major challenge to successful re-entry. As noted earlier, housing is critically important because the victims risk reinjury or may be more likely to retaliate if they return to the same neighborhood where they were violently assaulted. A shortage of affordable housing makes it difficult for HVIP staff to find suitable alternatives; often, the staff can only suggest short-term solutions such as staying with a relative or going to a shelter. OVSJG received a \$4.4 million allocation of federal funds in the FY 2022 budget to provide safe housing for victims of gun violence, which should help address this problem.

Arranging mental health services, which are critical in addressing the traumatic stress many participants experience, has been another major challenge for HVIPs. The barriers have been two-fold: helping clients overcome the stigma that many associate with mental health care, and linking clients with suitable providers. HVIP staff expressed the view that many mental health professionals lack the cultural sensitivity to relate to HVIP clients. Some participants are also not ready to engage in counseling when they are still recovering from the acute phase of their injury. MWHC's HVIP provided individual and group therapy in-house from a clinical social worker. This one-stop approach may be useful because clients (or therapists) may not follow up on HVIP referrals to mental health providers in the community.

More generally, HVIP staff stated that it was often difficult to help their clients gain access to wraparound services from other agencies. One HVIP case manager stated that the District "has a ton of programs that get thrown at individuals," but figuring out which program can help a particular client is very challenging. A case manager in a different HVIP described a client who was ineligible for services from several non-profits because he did not live in the right ZIP code. HVIP staff emphasize that bureaucratic delays can impede client progress and trust because clients are easily discouraged due to previous experiences.

These problems were worsened by the Covid pandemic, which shut down DMV offices, job training sites, and other services while subjecting clients to increased economic hardship and social isolation. Client

needs for emergency financial assistance and mental health services rose sharply and direct interaction was replaced by telephone or electronic communication. HVIP staff assumed new roles, such as distributing food or personal protective equipment, in order to stay in contact with clients, and sponsored therapy sessions and support groups online.

**Monitoring clients' progress and program performance.** Although research on HVIPs has focused on the long-term—outcomes such as reinjury, arrests and convictions, and employment—expert practitioners have emphasized the need for HVIPs to collect and report data on process *and* outcome measures. At a national symposium on HVIPs, participants recommended using intermediate outcomes such as obtaining a high school diploma, completing a job training program, or securing safe housing, to track individual and program progress. In turn, measuring program outputs, activities, and intermediate outcomes helps managers ensure that HVIPs are taking the steps necessary to further long-term goals such as lower reinjury rates.

OVSJG has instituted data collection and reporting requirements for HVIPs through (1) annual project work plans that set goals, objectives, and quarterly targets for each HVIP, (2) performance measurement indicator reports that summarize the client caseload, demographics, and activities, and (3) quarterly grant reports that include data and narratives summarizing project activities and the status of each goal, success stories, challenges or barriers faced, and technical assistance or training that is needed. The quarterly reports must be submitted before a program can receive its next quarterly allotment. MWHC's goals and quarterly objectives for FY 2021 are shown below as an example.

**Table 12: FY 2021 Goals and Objectives for Medstar Washington Hospital Center's  
Community Violence Intervention Program**

---

**Goal 1:** Promote positive development and quality of life for individuals and families affected by gun violence.

**Objectives:**

- Assess 75% of individuals at bedside within 24 hours of admission.
  - Provide case management to 75% of total individuals approached.
  - Provide mental health services to 40 eligible participants.
  - Enroll 100 eligible participants in research.
  - Successfully complete 60% of patient-identified goals.
- 

**Goal 2:** Increase awareness of MedStar Washington Hospital Center – Community Violence Intervention Program.

**Objectives:**

- Hold four educational sessions with Washington Hospital Center.
  - Participate in at least eight community outreach events.
  - Establish four new partnerships.
- 

**Goal 3:** Strengthen individual and institutional capacity to provide trauma recovery services for victims of violence.

**Objectives:**

- Provide four trauma-informed care sessions to hospital providers.
  - Staff participation in four professional development events.
- 

**Goal 4:** Increase awareness and education of frontline violence staff and community members on Stop the Bleed.

**Objective:**

- Provide Stop the Bleed training to 150 individuals in the community.
- 

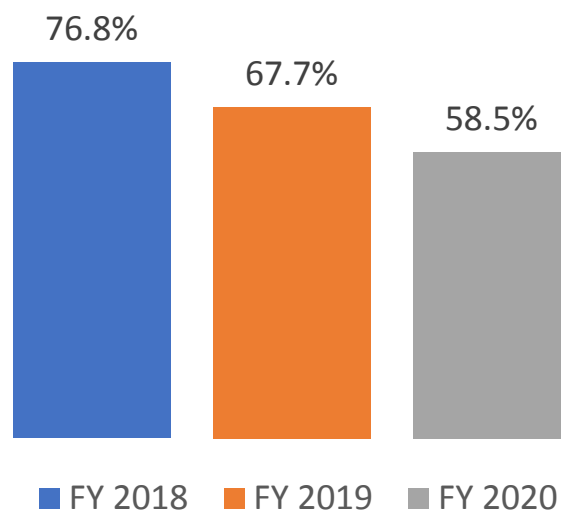
**Source: Office of Victim Services and Justice Grants**

Project Change managers and staff repeatedly emphasized the importance of individualized measures of program achievements that reflect the diversity of victims' experiences. A credible messenger stated that, "Success can mean so many different things. A guy may just want to get a GED – that's success for him. Another guy might just want to walk better." Similarly, a social worker from a different HVIP noted that the definition of success "has to be very individualized," because the fundamental goal is "trying to help them go down the right path." A common thread to these individual steps forward, according to HVIP managers and staff, is helping clients develop the knowledge and support networks to access services on their own. To gauge the overall performance of Project Change HVIPs, OVSJG relies on a key performance indicator

that measures the percentage of victims who accept HVIP services. Acceptance of services means that the victim has consented to participate in the HVIP and has been assigned a case manager. The number of victims who accept services is divided by the number of victims who are “engaged” by the program, meaning that the staff spoke to the victim to inform him about the program or provided him with services. Informing a family member also qualifies as engagement.

OVSJG’s performance target has been for 70% of victims to accept the offer of HVIP services. As shown below in Figure 4, overall performance has dipped below the target in recent years, dropping from 76.8% in FY 2018 to 58.5% in FY 2020. The Covid pandemic impeded programs’ ability to enroll clients, because credible messengers were not able to build trust and credibility through face-to-face contact, but performance also fell (to 67.7%) in FY 2019, before the pandemic started.<sup>47</sup> As discussed in the next section, this KPI overstates the HVIPs’ success in recruiting victims, because some are discharged from the hospital before they can be informed about the program and efforts to reach them after discharge are often unsuccessful.

**Figure 4: Percentage of Victims Who Accepted HVIP Offer of Services from FY 2018 to FY 2020**

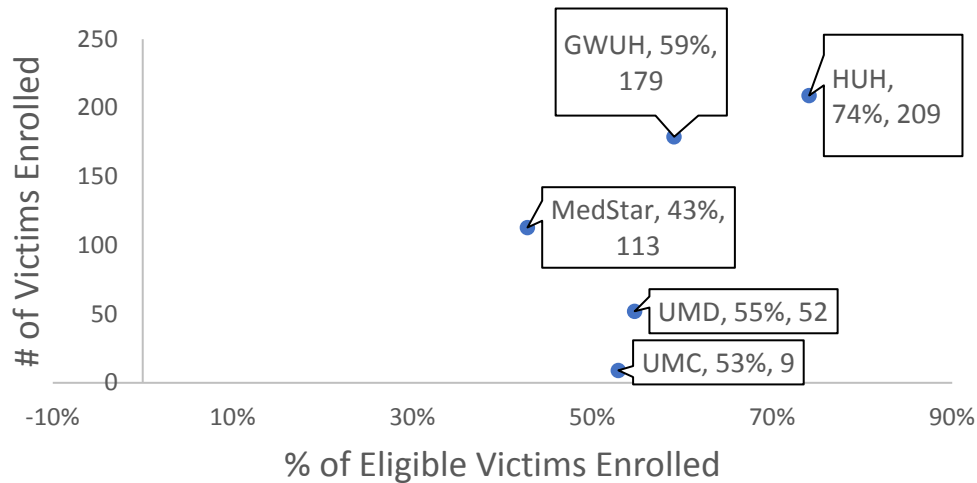


**Source: Office of Victim Services and Justice Grants**

According to data compiled by OVSJG, HUH enrolled the largest percentage of eligible victims (74.1%) and the largest number of total victims (209) in FY 2020. GWUH placed second in both categories, enrolling 59.1% of eligible victims and 179 victims overall in FY 2020. Figure 5 shows each HVIP’s success rate in enrolling eligible victims as well as the number of victims enrolled in FY 2020.

<sup>47</sup> The HVIPs’ overall success in enrolling eligible victims dropped from 57.5% in the first quarter of FY 2020 and 72.7% in the second quarter (before the pandemic started) to 54.1% in the third quarter and 50.2% in the fourth quarter (after the pandemic started), suggesting a relationship between the pandemic and lower performance.

Figure 5: Enrollment in D.C. HVIPs in FY 2020



Source: Office of Victim Services and Justice Grants

UMC was notable for the very small number of victims (nine) enrolled in FY 2020. As stated earlier, the UMC HVIP is more dependent on referrals for follow-up care for individuals who were enrolled elsewhere because it is not a trauma center where seriously injured victims are likely to be transported. Mid-way through FY 2020, the HVIP staff from Far Southeast also lost their access to the hospital when the Covid pandemic started but continued trying to make contact with hospital staff and victims' families by waiting in cars outside the hospital entrance. Reflecting a recurrent pattern,<sup>48</sup> Far Southeast was also awaiting a new signed MOU with the hospital as of August 2020. The signed MOU, which is needed for the Far Southeast staff to provide hospital responder services at UMC, was not in place until December 2020. Frequent turnover in UMC management made it difficult for Far Southeast to maintain a signed MOU and gain access to resources within the hospital. Due to these barriers, OVSJG reduced its annual grant from \$300,000 in FY 2019 to \$170,000 in FY 2021.

OVSJG monitoring has also led to a 50% budget cut for UMD, from \$150,000 in FY 2019 to \$75,000 in FY 2020 and FY 2021, respectively. In August 2020, OVSJG notified UMD that its HVIP was being placed in a high-risk category that requires the program to develop and implement a plan to correct deficiencies in quarterly invoicing and financial reporting. As of this writing, the UMD program remained in the high-risk category.

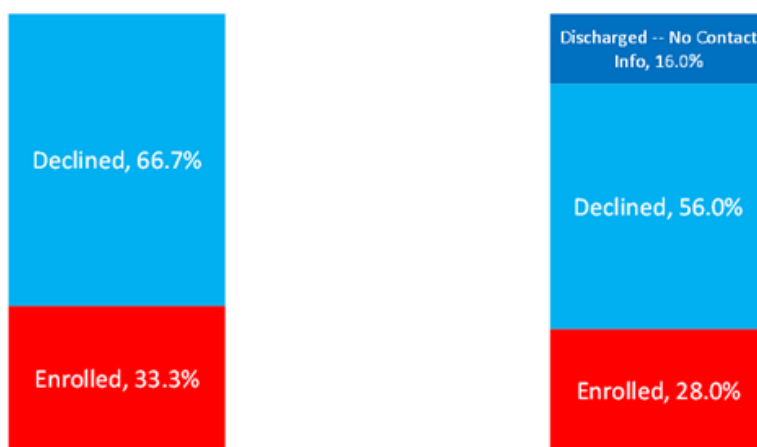
48 For example, the UMC HVIP did not have an MOU in place from September 2018 to March 2019.

**The key performance measure for the hospital-based violence intervention program overstates the program’s success in recruiting participants and could be supplemented by additional measures.**

During FY 2021, OVSJG revised the quarterly reporting requirements for HVIPs to gather more detailed data on the recruitment and enrollment of victims, including the total number engaged, the number engaged at bedside, the number engaged after hospital discharge, the number discharged with no contact information, the number who consented in the hospital, and the number who consented after leaving the hospital. These more granular data show that the main KPI used by OVSJG for HVIPs—the percentage of victims contacted or engaged who decide to join the program—overstates the HVIPs’ success at recruitment because the number of victims discharged and never engaged is not included in the denominator. For example, if a patient is admitted to the hospital on Friday night and discharged on Saturday, before the HVIP staff return to work on Monday, that person may never be engaged.

An example from the first quarter of FY 2021 for the MWHC’s HVIP highlights the difference. MWHC reported that it engaged 126 victims, 42 of whom agreed to participate, equaling a 33% enrollment rate. But the report also indicates that 24 victims, or potential clients, were discharged with no contact information. Once these victims are included in the denominator, the program’s enrollment rate drops to 28% (42 enrolled of 150 possible clients). Figure 6 displays this difference. The number of patients who are discharged and could not be contacted can be substantial; in a third-quarter grant report for FY 2020, HUH reported that 70 people fell into this category. Many of the victims do not have phones or stable addresses, or are unable to maintain their phone service, making contact difficult after discharge.

**Figure 6: Alternative Calculations of HVIP Enrollment Rate Using FY 21 1<sup>st</sup>-Quarter Data from MWHC**



Source: ODCA calculations based on data provided by the Office of Victim Services and Justice Grants

One might argue that it is more appropriate *not* to include discharged patients who were never engaged in the calculation of HVIP enrollment rates, because the discharge of patients is beyond HVIP control. Nevertheless, HVIP and other hospital staff can modify staffing patterns and notification systems to

reduce the number of potential clients who are discharged without being contacted. From a performance accountability perspective, the outcome of interest is the percentage of potential clients who are being served whether they were engaged or not. In fact, OVSJG’s annual performance reports describe the enrollment KPI as “the percent of victims of attempted homicide who accept hospital-based violence intervention project services.”<sup>49</sup> The patients who are discharged without being engaged are part of that target population.

Although it is important to monitor the HVIPs’ success in recruiting eligible victims, this single KPI does not inform policymakers and residents about how the Project Change programs help those it has recruited. The Government Managers Accountability Act (GMAA) of 1995, which requires all agencies to submit annual performance plans and reports to the Council,<sup>50</sup> states that, “For each agency and major program ... there shall be one or more measures of performance, that addresses both quantity and quality.”<sup>51</sup> Including an additional HVIP performance measure or measures in OVSJG’s annual performance plans and reports would be beneficial because the performance data should reflect a program’s mission—in this case, helping violently-injured individuals gain access to support services and preventing subsequent incidents of violence. OVSJG already collects other data from HVIPs, such as clients who demonstrated improvement in mental health, clients who secured safe housing, and clients who were awarded Crime Victims’ Compensation benefits, which could be reported publicly through OVSJG’s annual performance plans and reports.

In FY 2021, OVSJG began requiring HVIPs to collect and report data on the primary end outcome for such programs nationwide—reductions in repeat violent injuries, often referred to as “injury recidivism” or “hospital recidivism.” Clear trends in injury recidivism can take years to unfold, but accurate tracking of recidivism will require a systemwide approach. OVSJG has required HVIPs to record the number of victims who were previously engaged and were violently reinjured in the current quarter through a gunshot, stabbing, or other assault, but it is not clear how HVIPs will identify new injuries among their previous clients, particularly if the reinjury is treated at a different hospital. More precise tracking of injury recidivism may require drawing on data from health information exchanges and from the Firearm Injury Surveillance Through Emergency Rooms database administered by DC Health.

## Recommendations

10. The Office of Victim Services and Justice Grants should modify the existing key performance indicator on client enrollment to reflect the number of victims who accept hospital-based violence intervention services divided by the number of patients treated at the hospital for community-based violence.
11. The Office of Victim Services and Justice Grants should supplement the enrollment key performance indicator by including results of key program activities in its annual performance plans and reports such as percentage of clients demonstrating improvements in mental health, percentage of clients who were awarded crime victims’ compensation benefits, or percentage of clients enrolled in health insurance.

---

49 See Office of Victim Services and Justice Grants, “Fiscal Year 2020 Performance Accountability Report,” p. 2.

50 See D.C. Code § 1-614.12 and § 1-614.13.

51 See D.C. Code § 1-614.12(d).

# Metropolitan Police Department and Department of Behavioral Health: Community Crime Prevention Team Program

## **The Metropolitan Police Department, the Department of Behavioral Health, and the Department of Human Services did not establish the Community Crime Prevention Team program required by the NEAR Act.**

The Community Crime Prevention Team Program was mandated by the NEAR Act to provide law enforcement with additional support and expertise to deal more effectively with individuals experiencing homelessness, mental illness, or substance abuse disorder. Police officers may not be equipped to understand and respond to the complex needs of these individuals, who are at higher risk of becoming victims of crime and may be in contact with police frequently. To address this problem, MPD was required to work with DBH and DHS to create at least five teams of police officers and behavioral health specialists who would jointly assess a situation and connect vulnerable individuals to services. Policymakers nationwide have faced similar issues, recognizing that law enforcement officers, emergency departments, and jails serve as the default safety nets for behavioral health crises when a public health approach led by mental health professionals is needed.

MPD, DBH, and DHS have not implemented this alternate response to people facing a behavioral health crisis envisioned in the Community Crime Prevention Team program. This failure is reflected in a lack of annual reports on the program's activities and outcomes, which were required by the NEAR Act. Instead, the agencies submitted a report in 2019 on a different program (the Pre-Arrest Diversion Program), which is discussed below.

Although the reason for non-compliance is not clear, Brenda Donald, then the Deputy Mayor for Health and Human Services, contended that the Community Crime Prevention Team Program was not "the most effective strategy" in her October 21, 2015, testimony on the NEAR Act to the Committee on the Judiciary. Moreover, MPD traditionally has favored an individual approach to behavioral health training rather than a team approach. In 2009, MPD adapted a national model for crisis intervention teams by launching the Crisis Intervention Officer (CIO) program, which provides individual officers with 40 hours of additional training on mental health issues.<sup>52</sup>

Instead of implementing the community crime prevention teams, MPD, DBH, and DHS have sought to improve the emergency response to individuals with behavioral health disorders by other means. A history of these initiatives is summarized in Table 13.

---

52 The CIO program, which is operated in partnership with DBH, trains approximately 100 officers per year.

**Table 13: D.C. Government Initiatives to Improve Law Enforcement Response to Behavioral Health Crises**

	<b>Time Period</b>	<b>Description and Purpose</b>
<b>Crisis Intervention Officer Program</b>	2009 to present	MPD officers certified as crisis intervention officers (CIOs) receive 40 hours of extra training on mental health issues. Goals are to prevent injuries, link people to mental health care, and reduce arrests.
<b>Pre-Arrest Diversion Program</b>	2018–2019	Pilot project among MPD, DBH, and DHS to divert people in a behavioral health crisis from criminal justice system to treatment. In place of arrests for some low-level, non-violent offenses, CIOs could refer people with signs of a behavioral health problem to a team of clinicians and peer counselors. The team would assess participants and link them to treatment or other services.
<b>Community Response Team Program</b>	2019 to present	Combines pre-arrest diversion, mobile crisis, and homeless outreach programs into a 24/7 Community Response Team (CRT) of DBH clinicians and peer counselors. The CRT provides assessments, referrals to treatment, and short-term care management. The CRT and MPD can assist each other at a scene, but normally respond separately.
<b>Mental Health Emergency Dispatch Program</b>	2021 to present	Office of Unified Communications (OUC) and DBH pilot project to add emergency mental health response by CRT to 911 dispatch options as alternative to police response for certain types of calls.

Sources: DBH and OUC websites; MPD General Order GO-PCA-502.04, “Pre-Arrest Diversion Program,” April 24, 2018; MPD, DBH, and DHS, “Pre-Arrest Diversion: Connecting Police community Contacts with District Services,” April 2019; ODCA, “Everything Is Scattered...The Intersection of Substance Use Disorders and Incarceration in the District,” August 2020; ODCA, “District’s 911 System: Reforms Needed to Meet Safety Needs,” October 2021; interviews with MPD and DBH staff.

In 2018, MPD, DBH, and DHS launched a pilot Pre-Arrest Diversion (PAD) program, which sought to improve the police response to issues of public disorder that may arise from mental illness or substance abuse. Often, the police response to people with a behavioral health problem resulted in no arrest or arrest on low-level charges that were often dropped without resolving resident complaints about issues like disorderly conduct, trespassing, or public urination. Instead of arrests for certain non-violent, low-level offenses, police officers in two areas were trained to refer people with signs of mental health or substance

abuse disorders to a team of licensed clinical social workers and peer counselors.<sup>53</sup> The team members would assess individual needs and link participants to treatment or other services such as housing and workforce development. This approach can promote early intervention and keep troubled individuals out of the criminal justice system while freeing up officers to address more serious crimes.

In a scorecard on NEAR Act implementation and other statements the Bowser Administration has described PAD as fulfilling the executive branch's duties under section 105 of the NEAR Act which is not accurate. PAD did not establish teams of police officers and behavioral health clinicians who would respond together; rather, police officers identified eligible participants and brought them to intake centers to be assessed and assisted by clinicians and social workers.<sup>54</sup>

In 2019, DBH merged PAD into a new program, the Community Response Team (CRT), which also incorporated DBH's mobile crisis and homeless outreach teams into a round-the-clock, multi-disciplinary emergency response effort. To provide a more seamless response, the CRT includes licensed clinicians, behavioral health specialists, and peer counselors to link individuals to treatment through assessment, referral, and short-term care management. DBH reported that it served 286 people in FY 2019 and 137 people in FY 2020 who were referred by MPD for behavioral health needs. Overall, the CRT responds to approximately 120 calls to its crisis line each week and resolves most cases onsite through individual counseling and de-escalation techniques.

Experts in behavioral health crisis response clearly distinguish crisis teams like the CRT from the co-response teams envisioned by the NEAR Act. The CRT does not qualify as a form of co-response even though there is some coordination and collaboration between the CRT and MPD. The CRT can request MPD assistance at a scene (for example, if someone experiencing a behavioral health crisis has a weapon), and MPD can similarly request help from the CRT, but patrol officers and behavioral health specialists do not travel and respond together as envisioned by the NEAR Act. DBH reports that at least 75% of calls that receive a CRT response do not involve the police.

Because MPD, DBH and DHS failed to create the Community Crime Prevention Teams mandated by the NEAR Act, the D.C. government is now facing calls to initiate co-response teams when it could have had five years of experience testing and refining the concept. In its April 2021 report, the D.C. Police Reform Commission stated that:

In situations where a person in crisis has a weapon or for some other reason poses a danger to others, a co-response is needed. The Council should require and fund the creation of teams staffed by experienced behavioral healthcare professionals who co-train with specially selected MPD officers.<sup>55</sup>

---

53 The two areas where the PAD program was implemented were Gallery Place in the 1<sup>st</sup> Police District and Starburst in the 5<sup>th</sup> Police District.

54 MPD, DBH, and DHS presented performance data on PAD in an April 2019 report, *Pre-Arrest Diversion: Connecting Community Police Contacts with District Services – Overview of the 2018 Pilot Period*. An August 2020 ODCA report, *Everything Is Scattered: The Intersection of Substance Use Disorders and Incarceration in the District*, also reviewed the implementation of PAD.

55 D.C. Police Reform Commission, *Decentering Police to Improve Public Safety*, p. 16.

Denver started a co-responder pilot project in 2016 with four behavioral health specialists working in one police district. Police saw the value of behavioral health assistance and since then, the program has expanded to 40 clinicians. Denver deploys clinicians to ride with police officers on a shift-by-shift basis rather than assigning clinicians and officers to fixed teams, which allows a wider range of officers to gain knowledge of behavioral health issues. Many other local governments have also tested co-response models involving law enforcement and behavioral health professionals.

An independent evaluation of co-responder programs in Colorado counties that paired officers and behavioral health clinicians found that the programs reported greater success in diverting people from arrests, mental health holds, and emergency department transports, which can save money while improving care. The co-responder programs also improved relations between community members and law enforcement.<sup>56</sup> An independent evaluation of a co-responder program in Indianapolis found reductions in incarceration immediately after an incident but no overall reduction in arrests during the next year. Still, the researchers reported that African Americans served by the co-response teams were less likely to be arrested in the following year.

There are also different ways to structure a co-response initiative that MPD, DBH, and DHS could have tested by creating the Community Crime Prevention Teams. For example, cities operating a co-responder system need to decide if co-response teams should be deployed throughout the jurisdiction or focused on areas with high numbers of behavioral health calls.

The failure to create the Community Crime Prevention Team Program may also have limited MPD's access to clinical expertise that could have improved its response to individuals facing mental health disorders, addiction, and homelessness. As noted earlier, the NEAR Act directed the clinicians and outreach specialists on the teams to make MPD aware of recurring issues concerning mental illness, substance abuse, or homelessness in each police district; recommend improvements in police training or procedures, and link those who are chronically homeless or frequent consumers of mental health services to available services. Although the CRT can help provide the necessary clinical expertise and advice, that assistance might not be as direct or focused as guidance from clinicians and outreach specialists who are embedded with MPD and participate in its work every day. Moreover, dealing more effectively with the "frequent faces" or "heavy users" who often cycle through police and health care systems can conserve police, court, emergency medical services, and hospital resources because repeat customers account for a disproportionately large share of arrests and emergency calls.

## Recommendation

12. The Metropolitan Police Department should comply with the law by establishing the Community Crime Prevention Team program, in partnership with the Department of Behavioral Health and the Department of Human Services.

---

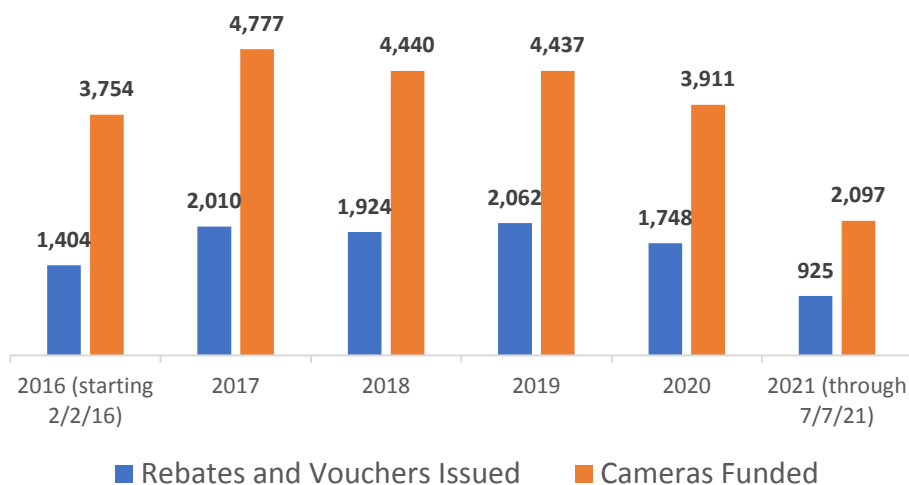
<sup>56</sup> See Colorado Health Institute, *Responding to Behavioral Health Needs: An Evaluation of the Colorado Office of Behavioral Health's Co-Responder Program*, June 2020.

# Office of Victim Services and Justice Grants: Private Security Camera Incentive Program

The Office of Victim Services and Justice Grants has implemented the private security camera incentive program in a manner consistent with the NEAR Act.

As required by the NEAR Act, OVSJG has implemented a security camera rebate program for residents, businesses, non-profits, and religious institutions, as well as a security camera voucher program for residents receiving certain types of public assistance. Figure 7 shows that the security camera program has had very consistent output. Based on OVSJG’s monthly reports to the Council, ODCA calculated that during its first four full years of operation (2017-2020), the program issued an average of 1,936 rebates and vouchers and funded an average of 4,391 cameras each year.

Figure 7: Private Security Camera Program Workload Data



Source: Office of Victim Services and Justice Grants

Table 14 shows the maximum allowable rebates and vouchers under the private security camera incentive program, which are set by statute.

**Table 14: Maximum Allowable Rebate in Private Security Camera Program**

Applicant	Maximum Per Camera	Maximum Per Camera System
Resident (Owner or Tenant)	\$200	\$500 per address
Business, Non-Profit, or Religious Institution	\$200	\$750 per address

Source: D.C. Code § 7-2831.

Pursuant to emergency legislation enacted prior to the NEAR Act, OVSJG issued emergency rules to guide the rebate program in February 2016 and final rules in March 2016. Consistent with the NEAR Act, the rules required applicants to document the purchase of the camera system, demonstrate that it was installed on the building exterior, and show that it was registered with MPD. The rules and other key policies are summarized in Table 15. Funds were available for rebates beginning on February 2, 2016.

**Table 15: Rules and Policies for Security Camera Rebate and Voucher Programs**

Type of Rule	Rebate Program	Voucher Program
<b>Eligibility</b>	Owner or tenant of property used as a residence, business, non-profit, or religious institution. Tenant must have owner’s consent.	Owner or tenant of residential property who benefits from a designated public assistance program. Tenant must have owner’s consent. Tenants of properties owned by the D.C. Housing Authority are ineligible.
<b>Application Process and Documentation</b>	Applicants must use ZoomGrants electronic system. Proof of purchase may include sales, shipping, or delivery receipt.	Applicants must submit webform on the OVSJG Internet site and document current receipt of benefits from a qualifying public assistance program.
<b>Installation and Verification</b>	Installation must be certified by licensed installation firm, or through OVSJG inspection.	OVSJG contracts with third party to purchase and install cameras.
<b>MPD Registration and Access</b>	Applicants must document online registration of cameras with MPD. Police do not have live access to video footage but can request access to recorded footage.	OVSJG registers cameras with MPD. Police do not have access to live video footage but can request access to recorded footage.
<b>Priority Areas</b>	Applications limited to designated priority areas through July 31, 2016.	Applications limited to designated priority areas through August 31, 2017.

Source: Title 24, Chapter 40, “Private Security Camera Incentive Program,” of the D.C. Municipal Regulations (DCMR); Title 24, Chapter 42, “Private Security Camera Voucher Program,” of the DCMR; and OVSJG website.

After the NEAR Act added the voucher option, OVSJG issued emergency rules governing vouchers in May 2017 and finalized the rules in June 2017. The voucher program rules are also summarized above in Table 15. As required by the Act, the rules require voucher applicants to show that they receive benefits from at least one of the following public assistance programs: General Assistance for Children, Emergency Shelter Family Services, Temporary Assistance to Needy Families, Program on Work, Employment, and Responsibility, or Interim Disability Assistance. Residents were able to apply to the voucher program after May 19, 2017.

The security camera program has benefited from multiple sources of outreach. OVSJG printed hand cards and door hangers and its staff publicized the security camera program at community meetings. OVSJG management also stated that it targeted outreach efforts to neighborhoods that had suffered surges of crime. MPD's concerted efforts to promote the program were a particularly prominent theme in ODCA's interviews with MPD officials, ANCs, and business representatives.

MPD captains and lieutenants related their efforts to promote the security camera program by highlighting it at community meetings, handing out flyers and door hangers, and publicizing it on community listservs. One police captain stated that she discusses the program at every community, homeowner's association, and tenant association meeting she attends. Reflecting MPD's vigorous outreach, an ANC from Ward 2 observed that the local police commander and his lieutenants "talk up the program anytime they talk to the public ... Police love this program."

ANCs also credited the Mayor's Office of Community Relations and Services as well as Councilmember offices with educating residents about the program, while noting their own efforts to inform residents through newsletters and direct contacts. Finally, awareness of the security camera program spread among neighbors by word of mouth and on community listservs.

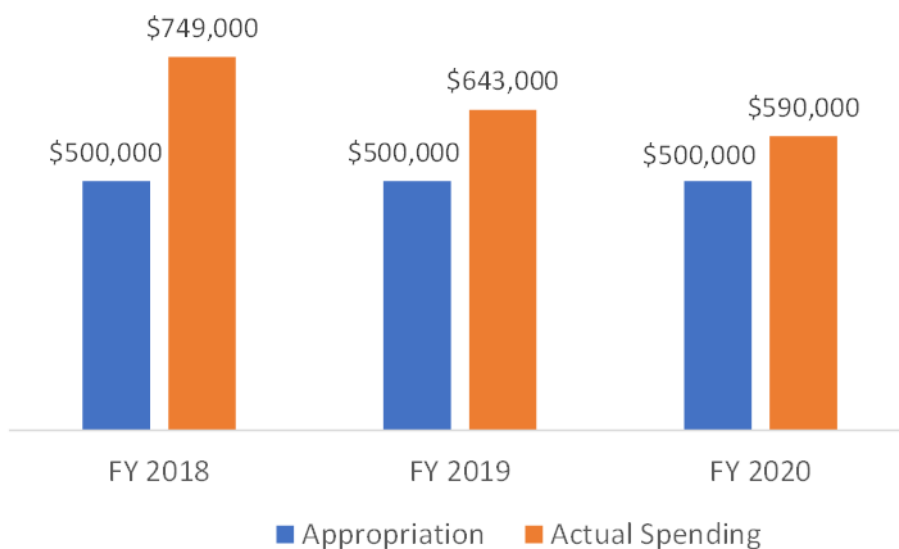
Advisory neighborhood commissioners and business representatives interviewed by ODCA mostly stated that their constituents or members were familiar with the security camera program. Still, some commissioners noted that constituents were reluctant to participate because of a mistaken notion that police or other government officials would have automatic access to the camera footage, or due to fear that they could be targets of retaliation if police were seen on their doorstep asking for footage. A commissioner from Ward 5 observed that security cameras funded by OVSJG "come with a condition that says if MPD needs to see video, they can approach you at any time. That makes people uncomfortable." Commissioners cited senior citizens as particularly interested in the program and likely to participate, whereas renters and low-income residents were less likely to participate.

ANCs interviewed by ODCA, some of whom participated in the security camera program, gave the program good marks on administration. Commissioners described the process of applying as "simple" and "easy," and stated that rebates arrived quickly. Several commissioners also stated that they had not heard complaints about program implementation, which they saw as a good sign by itself.

Although the rules requiring online rebate and voucher applications could have discouraged those without Internet access or computer skills from participating, OVSJG publicized the availability of public computers at locations such as libraries and recreation centers. OVSJG's security camera program manager also stated that he had received application information by phone, fax, and in person, and had helped applicants enter the information electronically.

The executive branch has increased the security camera program’s impact by reprogramming additional funds each fiscal year. Therefore, the initial appropriation for the program—\$500,000 each year for FY 2018 through FY 2020 – has been far less than actual expenditures, as shown in Figure 8. The Council reduced the security camera program’s budget to \$250,000 in FY 2021.

**Figure 8: Private Security Camera Program  
Appropriation vs. Actual Expenditures FY 2018-FY 2020**



**Source: Office of the Chief Financial Officer, Annual Approved Operating Budgets for fiscal years 2018, 2019, and 2020.**

The impact of the 50% budget cut from \$500,000 in FY 2020 to \$250,000 in FY 2021 was unclear at the time of this writing. As of the end of June 2021 (the end of the audit period), the number of security camera program rebates issued and cameras funded (1,388 and 3,096, respectively) in FY 2021 was *greater* than in the same period in FY 2020 (1,113 and 2,371, respectively). An FY 2021 reprogramming of \$153,000 helped maintain the output of the security camera program, but reduced funding may be appropriate because security camera prices have dropped, allowing the program to maintain its purchasing power at a lower level of funding.<sup>57</sup>

<sup>57</sup> ODCA research showed that the lowest prices for outdoor home security cameras fell from approximately \$200 in 2015 to under \$50 in 2021.

**The Office of Victim Services and Justice Grants has not included any performance measures for the private security camera program in its annual performance plans and reports, which is inconsistent with statutory requirements for performance measurement and accountability.**

The Government Managers Accountability Act (GMAA) of 1995, as amended, requires all agencies to develop and submit to the Council an annual performance plan that covers all publicly funded activities and includes “measurable, objective performance goals and objectives for all significant activities.”<sup>58</sup> The law further requires all agencies to submit to the Council an annual performance report that records the actual level of performance on each measure as well as the performance target for that year.<sup>59</sup> Nevertheless, OVSJG’s FY 2020 performance report and its FY 2021 performance plan did not include any measures for the security camera program.

OVSJG managers stated that they track the average amount of time it takes between the receipt of a rebate application and the issuance of the rebate, which was 44 days during FY 2020 and 35 days in the first two quarters of FY 2021. OVSJG has also posted monthly workload and other performance data on its website as well as an annual report to the D.C. Council, as required by the NEAR Act. Because OVSJG collects a range of data on the security camera program, it should be easy for the agency to incorporate key performance measures for the program into its annual plans and reports, which are meant to provide a comprehensive picture of the agency’s performance. To promote the equitable distribution of security camera program benefits, a performance measure targeting higher participation levels in the 6<sup>th</sup> and 7<sup>th</sup> police districts could be useful; as discussed in the next section, residents and organizations in those districts have lagged the rest of the city in claiming rebates and vouchers.

## **Recommendation**

- 13.** The Office of Victim Services and Justice Grants should include performance measures and targets for the private security camera program in its annual performance plans, as well as data on actual performance in its annual performance reports.

---

**The issuance of awards (rebates and vouchers) by the private security camera program has been uneven by police district. Applicants from the 4<sup>th</sup> and 5<sup>th</sup> police districts, respectively, claimed approximately four times the number of awards as those in the 7<sup>th</sup> police district.**

As shown in Figure 9, residents, businesses, and other organizations in the 4<sup>th</sup> police district (4D) and the 5<sup>th</sup> police district (5D) had claimed the most security camera rebates and vouchers through July 7, 2021. The area covered by 4D includes upper Northwest D.C. and some of Northeast, including Carter

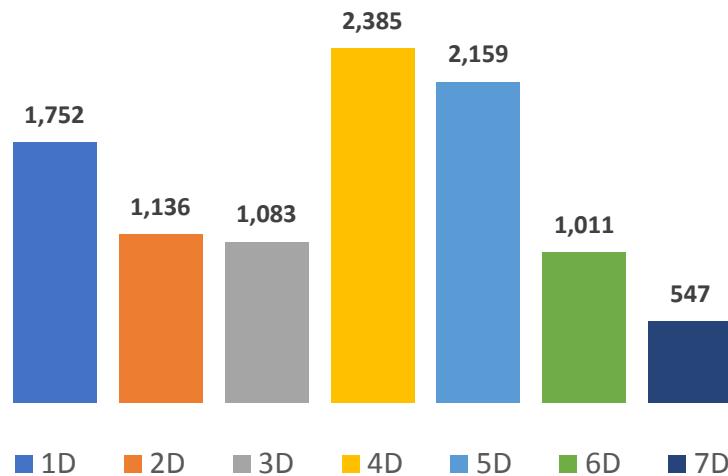
---

58 See D.C. Code § 1-614.12(b)

59 The performance planning and reporting requirements are found in D.C. Code Title I, Chapter 6, Subchapter XIV-A, “Managers Accountability.” See D.C. Code § 1-614.12(b).

Barron, 16<sup>th</sup> Street Heights, Fort Totten, Lamond/Riggs, Shepherd Park, Takoma, and Petworth. Much of Northeast D.C. is part of 5D, encompassing Brookland, Ivy City, Trinidad and Woodridge.

**Figure 9: Number of Security Camera Rebates and Vouchers Awarded by Police District as of July 7, 2021**



Source: Office of Victim Services and Justice Grants

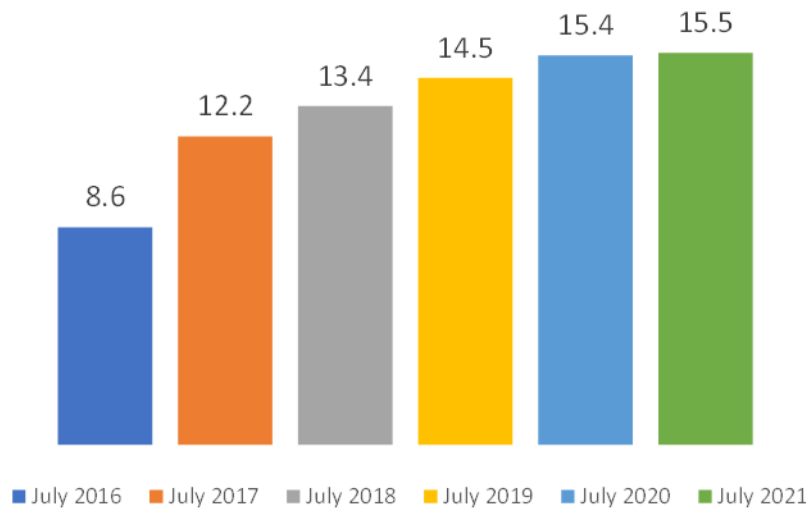
The 7<sup>th</sup> police district (7D) ranked last in the number of security camera rebates and vouchers, claiming only 5% of the citywide total by the same date. A large part of Southeast D.C. is located in 7D, which closely corresponds to Ward 8 and includes Anacostia, Barry Farm, Naylor Gardens, and Washington Highlands. The number of rebates and vouchers issued in 4D and 5D, respectively, were approximately four times the number of rebates and vouchers issued in 7D. Lagging participation in 7D is cause for concern because this district recorded the highest number of homicides (186) and the second-highest number of violent crimes (2,237) among all districts from January 1, 2019, through December 31, 2021 (this time frame was chosen to include pre-pandemic crime data).

The 6<sup>th</sup> police district (6D), which is second lowest in rebates and vouchers awarded, is similarly wracked by violent crime. Corresponding closely to Ward 7, 6D recorded the second-highest number of homicides (168) and the highest number of violent crimes (2,700) from 2019 to 2021. The 6<sup>th</sup> police district covers portions of Northeast and Southeast D.C., including Fairfax Village, Fort Dupont, Hillcrest, and Kenilworth.

In interviews, community leaders frequently expressed the view that program participation is low in 6D and 7D because residents fear they could be targets for retaliation if they are seen as sharing information with police, a point that was echoed by MPD officials and OVSJG management. Although police must receive the camera owner's consent to view recorded footage, many residents may not be aware of this protection or trust that it will be observed. One police captain noted that residents of 6D and 7D are less likely to have security cameras *and* are less likely to cooperate with police in sharing footage due to fear

of being seen as “snitches.” OVSJG has conducted targeted outreach to these communities to boost their participation, and the percentage of program awards claimed by applicants from 6D and 7D has inched up over time, from 8.6% in July 2016 to 15.5% in July 2021, as shown in Figure 10.

**Figure 10: Percentage of Security Camera Awards from D.C. Wards 6D and 7D**



**Source: ODCA analysis of data from the Office of Victim Services and Justice Grants**

A separate initiative by the Department of Aging and Community Living (DACL) to purchase and install exterior cameras for low-income senior citizens through its Safe at Home program reported a relatively high percentage of camera installations for residents of Wards 7 and 8. From FY 2017 through the end of FY 2021, Safe at Home purchased and installed 1,811 security cameras for people aged 60 and over with household incomes at or below 80% of the area median, and registered the cameras with MPD. Using data provided by DACL, ODCA calculated that 48% of cameras installed in FY 2020 and 43% of cameras installed in FY 2021 by DACL benefited residents of Wards 7 and 8. DACL reported spending between \$100,000 and \$617,000 in local funds annually on the security camera program from FY 2017 to FY 2021 but ended the program at the end of FY 2021 due to declining demand and shifting priorities.

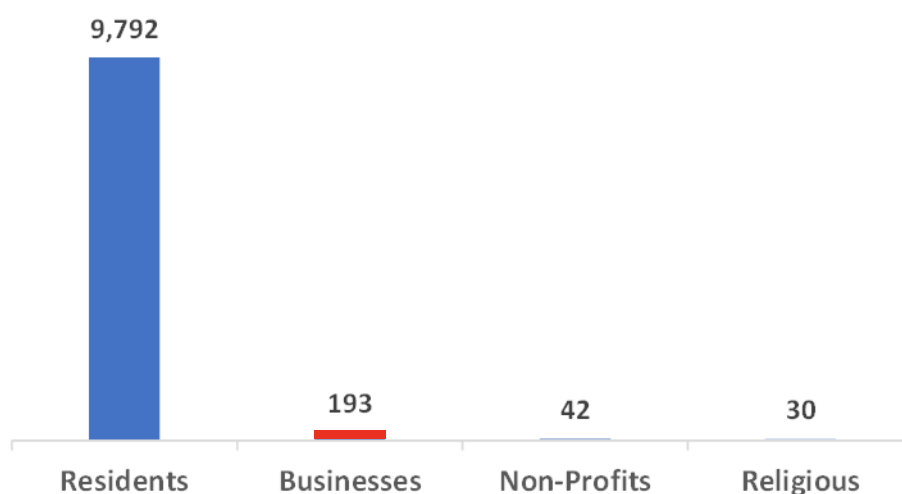
The low participation rate in 6D and 7D, closely corresponding to Wards 7 and 8—the lowest-income and highest-poverty wards in the city—also raises the possibility that the private security camera program is funding purchases by middle- and upper-income residents who might have bought cameras without the program. For example, an ANC noted that his cooperative building used the program to replace a security camera that was failing, suggesting that the replacement camera would have been purchased anyway. This possible displacement of private purchasing is impossible to measure, but it might become stronger now that security camera prices have dropped sharply.<sup>60</sup>

<sup>60</sup> ODCA research showed that the lowest prices for outdoor home security cameras fell from approximately \$200 in 2015 to under \$50 in 2021.

## Residents have claimed the vast majority (97%) of rebates issued by the private security camera program.

As shown in Figure 11, residents had claimed 9,792 rebates, accounting for the vast majority (97%) of rebates issued by the private security camera program as of July 7, 2021. Businesses were a distant second, having claimed 193 rebates (2% of the total) by that same date, followed by non-profits (42 rebates) and religious organizations (30 rebates) which each claimed less than one-half of 1% of all awards.

Figure 11: Number of Security Camera Rebates Awarded by Sector as of July 7, 2021



Source: Office of Victim Services and Justice Grants

According to data from the U.S. Census Bureau, there are more than 10 times as many households in the District (291,570) as there are business establishments (23,993), but not all of these entities would need or be able to install external cameras (for example, residents and businesses in multi-story buildings might not want or need their own cameras). Nevertheless there appear to be barriers to business participation, discussed below.

OVSJG, assisted by the Office of Religious Affairs, the Office of Asian and Pacific Islander Affairs, and other agencies, has met with business, non-profit, and religious groups to publicize the program and encourage them to apply for the security camera program. Many representatives of business improvement districts (BIDs) and Main Street associations interviewed by ODCA also stated that they had made significant efforts to inform members about the security camera program. One BID director stated that she had gone door to door to promote the program and a Main Street association director recounted publicizing the program until he was “blue in the face.”

Business representatives cited two key barriers to participation among their members: thin operating margins that made it difficult for businesses to pay for cameras and then seek reimbursement and a

lack of technological savvy. One business representative described the initial outlay needed to purchase cameras as the biggest obstacle for his members. The monthly subscription costs associated with some camera systems add to business costs. The pandemic further strained many businesses and required them to devote scarce resources to measures designed to protect employees and customers from the spread of the virus. A business representative from Ward 8 stated that the lack of participation in the program does not mean lack of interest because, “Businesses absolutely 100% want the cameras.”

BIDs and Main Street associations could serve as a valuable resource for OVSJG in increasing business participation in the security camera program because the groups generally expressed strong support for the program and a desire to promote it. Several business representatives stated that they were unable to focus on the security camera program once the Covid pandemic emerged and threatened business survival, but that they wanted to revive their efforts to promote the program. A police captain in 7D pointed out that increased outreach to businesses about the security camera program could also be beneficial because local stores tended to be hotspots for crime, particularly on corners where easy getaways are possible.

Several business representatives expressed interest in a mechanism for businesses to receive cameras without the initial outlay, similar to the way the voucher option allows some low-income residents to avoid making the initial payment. In comments on a draft of this report, the Deputy Mayor for Public Safety and Justice stated that BIDs and main street associations are eligible to purchase and install cameras for businesses, have the business owner or tenant request reimbursement from OVSJG, and then receive reimbursement from the business.

---

### **The number of vouchers issued by the private security camera program represents less than 0.2% of all security camera awards to residents.**

Data provided by OVSJG indicate that the agency issued only 16 security camera program vouchers by July 7, 2021, less than 0.2% of the 9,792 total awards to residents (rebates and vouchers) as of that date. This very low level of participation suggests that the voucher option is not expanding access for low-income residents who cannot afford to purchase a camera system and seek reimbursement.

The security camera voucher program is less well-known than the rebate program; several ANCs were familiar with the rebate option but did not know that vouchers were also available. Still, this problem could be circular. As noted earlier, the rebate program has become well-known partly through word of mouth—a spread of information that is hampered for vouchers because of its eligibility requirements and low underlying participation.

Because security camera prices have dropped as low as \$45, it is possible that financial barriers to participation in the rebate program are not significant, making the voucher option unnecessary. Voucher usage was low even when camera prices were higher; in 2017, the first year that vouchers were available, only six were awarded.

One factor impeding participation in the voucher program is a high rejection rate. According to OVSJG, among the 132 voucher applications that had received a decision as of July 7, 2021, 116 (88%) had been

rejected, usually because applicants did not show that they received benefits from a qualifying public assistance program. This high rejection rate stands in sharp contrast to the 5% rejection rate for rebate applications reported by OVSJG.

The high rejection rate for voucher applications does not seem by itself to explain the low percentage of voucher awards. Even if all 132 voucher applications had been approved, ODCA calculated that vouchers would only account for 1.3% of all program awards (rebates + vouchers).

Participation in the security camera voucher program may be further limited by the small caseloads of the five programs that qualify residents to receive vouchers: General Assistance for Children; Emergency Shelter Family Services; Temporary Assistance to Needy Families; Program on Work, Employment, and Responsibility; or Interim Disability Assistance. As specified in the NEAR Act, these programs are authorized by the District of Columbia Public Assistance Act of 1982, as amended. In June 2021, 7,154 D.C. families comprising 21,015 people received Temporary Assistance to Needy Families (TANF) benefits. Caseloads for other qualifying programs have been smaller: for example, the D.C. Department of Human Services reported that 673 individuals qualified to receive Interim Disability Assistance in FY 2021 and that 236 individuals were approved for the Program on Work, Employment, and Responsibility in FY 2020.

Because the NEAR Act ties voucher eligibility to the receipt of benefits from locally-authorized public assistance programs, an important federal public assistance program – the Supplemental Nutrition Assistance Program – is omitted.<sup>61</sup> Federal government data indicate that 82,598 D.C. households comprising 134,666 individuals received SNAP benefits in September 2021. Therefore, the number of D.C. residents benefiting from SNAP is more than six times the number of D.C. residents benefiting from TANF.

Among public assistance programs, SNAP provides the best measure of economic need because the program serves low-income residents of all types, including families with or without children, senior citizens, and people with disabilities, unlike other programs that target their aid more categorically. TANF, for example, has a narrower reach because states can only serve needy families with children.<sup>62</sup>

## Recommendation

16. The Council should add the Supplemental Nutrition Assistance Program to the list of programs that qualify residents to receive security camera program vouchers.

---

61 The federal government pays the full cost of SNAP benefits and splits the administrative costs with states, which operate the program. Most SNAP rules regarding eligibility and benefit levels are set by the federal government although states have discretion in certain areas.

62 The federal government provides TANF block grants to the states, which have considerable latitude in designing the program, the type and amount of assistance payments, and eligibility rules.

**The impact of the security camera program in preventing and solving crimes is difficult to assess due to data limitations, but police make extensive efforts to obtain camera footage and use it in investigations. Footage may advance investigations in multiple ways, such as identifying suspects or ruling them out, or narrowing down the time when a crime occurred.**

MPD officials interviewed by ODCA consistently cited security cameras generally and the security camera program specifically as valuable tools in fighting crime. As discussed below, data on the impact of the security camera program are more anecdotal than definitive, but MPD officials used terms such as “incredibly helpful” to describe the cameras’ role in police work. A recently retired MPD official likened security cameras to smoke detectors, stating that cameras serve an important purpose, do not cost much, and make people feel safer.

Although there is a considerable body of research on the impact of law enforcement’s use of closed-circuit television camera (CCTV) systems to prevent or solve crimes, research on private security cameras is limited. CCTV systems operated by law enforcement are targeted only at public spaces, unlike private security cameras which might be focused on someone’s front porch. Several studies of Ring doorbell cameras reported large reductions in burglaries after Ring offered free cameras in targeted neighborhoods, but the data and methodology have not been shared by Ring and the comparison neighborhoods have not been identified.<sup>63</sup>

**Preventing crime.** MPD officials expressed mixed views on whether security cameras help prevent crime. Those who saw a positive impact tended to focus on enhanced safety at sites where cameras were visible, leaving open the possibility that crimes were displaced to other areas. The more skeptical MPD officers also saw cameras as shifting crime rather than preventing it, whereas those who believed that cameras were not effective in deterring crime pointed to the brazen behavior of criminals, who commit crimes where they see targets even when cameras are visible.



*Security camera warning in Adams Morgan.*

ANCs and business representatives interviewed by ODCA about the impact of private security cameras in their communities were mostly skeptical or expressed the view that cameras did not help prevent crime. A commissioner from Ward 2 stated that cameras might displace crime but were unlikely to prevent it, while a commissioner from Ward 7 noted that criminals were brazen enough to commit crimes in broad daylight.

---

<sup>63</sup> Additional problems with the Ring camera studies are described by Mark Harris in “Video Doorbell Firm Ring Says Its Devices Slash Crime – But the Evidence Looks Flimsy,” MIT Technology Review, October 19, 2018.

**Investigating and solving crimes.** By contrast with their views on prevention, MPD officials interviewed by ODCA were united in affirming the importance of security camera footage in investigating and solving crimes. These officials emphasized that camera footage is important in every stage of investigation while stating that footage was sometimes decisive in solving cases. For example, camera footage allows MPD to disseminate images of a crime to the public very quickly and enables detectives to generate leads using stills of a person’s clothing or a vehicle license plate; footage can also help narrow down the time frame when a crime occurred. In addition, camera footage provides stronger evidence than witness accounts, according to MPD officials. An MPD commander stated that police can disseminate high-quality camera images “almost in real time.”

ANCs and business representatives interviewed by ODCA also saw private security cameras as useful in investigating crime in their communities and arresting perpetrators. A commissioner from Ward 5 characterized private security cameras as “more of an evidentiary tool.” Commissioners and business representatives frequently stated that police officers regularly request camera footage to assist in crime solving, and several reported that they knew of cases in which camera footage had led to an arrest. A business representative from Ward 5 noted that after break-ins at neighborhood businesses, the police “are eager to hit up neighboring businesses that do have cameras.”

Still, some commissioners noted that the impact of cameras in helping solve cases depends in part on their quality and positioning. Several commissioners also expressed the view that private security cameras provide residents with a sense of security and “civic calming,” a point that was echoed by a business representative.

MPD officials expressed a range of views about the willingness of residents and business owners to share camera footage. One captain who had worked in three police districts described residents living west of Rock Creek Park as more cooperative in granting access to footage, while characterizing residents of 6D and 7D as less likely to grant access due to fear of being associated with police.

A growing concern is that the increasing number of cameras and volume of footage could make it difficult for MPD to discern what information might be meaningful and to connect it to a particular case. An MPD captain noted that the problem is compounded by the growth of cell phone video as well as camera video. MPD is increasing the number of civilian research specialists at the Joint Strategic and Tactical Analysis Command Center to help detectives research footage; another option is to use limited-duty officers.

**D.C. government data and research.** As required by the NEAR Act, OVSJG has reported monthly to the Council on the number of times that MPD requested footage from a program recipient, the number of times the request was granted, and the number of times that footage from a private security camera helped lead to an arrest, including a breakdown by arrest.<sup>64</sup> ODCA’s analysis of OVSJG’s monthly reports indicates that OVSJG and MPD had documented 124 requests by police officers to access footage from OVSJG-funded cameras as of July 7, 2021. At least three of those requests were denied. OVSJG and MPD also cited 40 arrests in cases where footage from OVSJG-funded cameras was accessed—29 of which were for homicides—but there is no causal link between the use of camera footage and the resulting arrests. In

---

<sup>64</sup> See D.C. Code § 7-2831(h)(6) and (h)(7).

some cases, the footage that was accessed may not have yielded any useful information, or it may have been one factor among many that advanced the case.

Nevertheless, OVSJG and MPD officials emphasize that the data reported does not reflect actual camera usage due to the following reasons.

- Police officers often identify private security cameras that may be useful in an investigation by canvassing an area, rather than by requesting a list of nearby security cameras from MPD’s database.<sup>65</sup> Informal requests to access footage may not be recorded or connected to any arrests that may result.
- Many investigations are turned over to detectives who do not know if security cameras that provided valuable footage were funded by OVSJG. Officials say there is often a considerable lag between viewing footage and the time an arrest is made so that linking particular cameras to an arrest would involve retrospective analysis that would not be feasible for detectives or represent an effective use of their time.<sup>66</sup>

The most detailed examination of security cameras’ impact on police work in D.C. identified by ODCA is an MPD study of the role of video footage in the investigation of 160 homicides that occurred in 2018. As shown in Table 16, MPD detectives obtained video footage in 132 cases (83%) and found that video footage advanced the investigation in 59% of cases. The video footage covered in the study includes MPD’s closed-circuit television cameras and private security cameras, but not cell-phone video footage.

**Table 16: Impact of Video Footage (VF) on MPD Investigation of Homicides Occurring in 2018**

	Total	VF Available	VF Advanced Investigation	VF Contributed to Closure
Closed Cases	85	67 (79%)	57 (67%)	48 (56%)
Open Cases	75	65 (87%)	37 (49%)	-
All Cases	160	132 (83%)	94 (59%)	48 (30%)

Source: Metropolitan Police Department

<sup>65</sup> The main way to get such a list is by contacting MPD’s Joint Strategic Analysis and Tactical Command Center.

<sup>66</sup> OVSJG monthly reports have stated that, “Establishing a system to track the specific utility of video and the type of camera that recorded it until an arrest is actually made is not an efficient use of law enforcement resources better directed at investigating crime. Therefore, MPD is unable to provide comprehensive data on this.”

When MPD compared the data for the 85 homicide cases that were closed from 2018 with the 75 cases that remained open, the analysts found that video footage advanced the investigation in 67% of the closed cases, versus 49% of the open cases. Among the 85 closed cases, MPD found that video footage contributed to case closure 56% of the time. Based on these data, MPD concluded that, “(L)ocation-based CCTV cameras and their derivative video footage play a critical support role in police investigations.”

**Privacy concerns.** Several community leaders and business representatives expressed concern about the privacy implications of government support for private security use. For example, an advisory neighborhood commissioner who was generally supportive of cameras noted that his neighborhood was becoming “over-monitored,” while another commissioner cited a risk that residents will share footage of “teenagers in their worst moments” on social media and community listservs. A business representative expressed concern that a proliferation of cameras would make customers feel unwelcome.

Although privacy concerns were raised by a small subset of interviewees, privacy and civil liberties merit attention from the Mayor and Council as security camera use expands and technologies evolve. As noted earlier, current program rules deny MPD live or automatic access to private security camera footage, and an applicant for rebates and vouchers must acknowledge that “he or she will not use the security camera for any unlawful or harassing purposes” and will comply with building, electrical code, and property requirements.

Civil liberties groups and other privacy advocates have noted that private security cameras could be used to track people exercising First Amendment rights and support excessive police surveillance, particularly as Internet-connected cameras such as Ring and Google Nest become more widespread. Moreover, new technologies such as facial recognition, which may have higher error rates for people of color, women, children, and the elderly, could misidentify suspects or result in racial profiling.

# Conclusion

---

The D.C. government has stood up a new office, the Office of Neighborhood Safety and Engagement, which works to steer high-risk individuals away from violence and to detect and interrupt conflicts in communities plagued by violent crime. The Office of Victim Services and Justice Grants has also established the only citywide network of hospital-based violence intervention programs (HVIPs) in the country, funding five programs (joined this year by Children’s National Medical Center) that intervene with a very high-risk population at a critical moment: when victims of violent injury are being treated in the hospital. These accomplishments have been marred by the executive branch’s non-compliance with NEAR Act mandates to establish an Office of Violence Prevention and Health Equity in DC Health and to deploy co-response teams of police officers and clinicians to respond more effectively and humanely to emergencies involving people experiencing homelessness, mental illness, or substance use disorder.

Despite these shortcomings, the D.C. government can use the programs now in place at ONSE and OVSJG as the foundation for a public health approach to violence prevention that can be improved through measurement and monitoring and supplemented with additional efforts. Violence intervention programs have been operating in 24 communities (22 served by ONSE and the original two sites of the Office of the Attorney General’s Cure the Streets program, established independently of the NEAR Act) for almost four years, giving the District an opportunity to adopt the leading practices from both programs to make them more effective. Concentrating more resources – violence interrupters, case managers, and other staff, as well as dollars – on violence intervention target communities, particularly those with the highest rates of shootings and homicides, is one step in that direction.

A comprehensive, independent research study of both violence intervention programs recommended by ODCA would provide a basis for policymakers to scale up the most effective practices and to decide whether the programs should be more integrated or merged. The need for this systematic evaluation is more pronounced as the violence intervention programs expand to at least seven new sites in 2022 (three new ONSE sites and four new OAG sites).

HVIPs supplement the work of ONSE’s Pathways and violence intervention programs to identify and help those at the highest risk for committing or becoming victims of violence by working with victims – and by trying to make sure they don’t become perpetrators by retaliating. Following the same guidelines regarding enrollment, staffing, service delivery, and reporting, D.C. HVIPs help victims of violent injury develop and implement a plan for safe return to the community under the guidance of trained mentors (“credible messengers”) who have similar backgrounds as the victims but have turned their lives around. NEAR Act programs, which often intervene after someone has become involved in the criminal justice system or wounded in a violent attack, need to be supplemented with primary prevention programs that prevent violent crime from occurring.

In several instances officials shared with ODCA concerns with their inability to obtain information needed for program reporting or improvement, including court records on convictions of Pathways participants and ‘data-sharing barriers’ among agencies under the Mayor’s authority. These concerns did not rise to the level of audit findings but we share in the hope they can be addressed as the administration moves forward on our data collection and reporting recommendations.

Recent community discussions of gun violence in D.C. continue to focus on the importance of strategy and coordination. As a large and complex piece of legislation, the NEAR Act attempted to provide strategic direction for a public health approach to violence prevention but the administration did not create the DC Health unit intended to develop and coordinate the strategy. As the DMPSJ stated in its comments on a draft of this report, the administration this year established the Office of Gun Violence Prevention to provide the necessary coordination and oversight. This example highlights the gap between the NEAR Act’s statutory mandate and actual practice, which is also reflected in MPD and DBH’s failure to establish the co-response teams for behavioral health crises.

It is the practice of auditors to produce findings and recommendations to address the findings but in practice we welcome alternatives that would better address audit findings. The executive branch also has a responsibility to come back to the legislature with alternatives for meeting legislative goals. In many instances the NEAR Act programs reviewed here represent a consensus reached by the legislative and executive branches in the District. Progress to strengthen the new models appears more likely if consensus remains a goal for policymakers.

ODCA commends executive branch staff for their responsiveness and cooperation with our many requests for information for this audit. We are grateful for the time they spent responding to our questions and for the courtesies they extended to the audit team during our work. ODCA also appreciates the willingness of community leaders, policy experts and academics, and practitioners from other jurisdictions to share their knowledge with us.

# Summary of Report Recommendations

Most of the recommendations in this report can be implemented without any additional costs to the D.C. government while helping achieve stated goals to reduce violent crime and enhance community safety, as summarized on the following pages.

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/Entity or District-Wide Goal Advanced by Recommendation
<p>1. The Office of Neighborhood Safety and Engagement should include the conviction data required by the NEAR Act in all future annual reports on the Pathways program.</p>	<p>No</p>	<p>No</p>	<p>D.C. Code § 7-2411(d): “Beginning on January 31, 2018, and by January 31 of each year thereafter, the ONSE shall provide a report to the Mayor and Council that ... includes the following information, by cohort, from the reporting period and in the aggregate: ... (5) Whether any participant has been arrested or convicted during or after their participation, and for what offense or offenses.”</p>
<p>2. The Office of Neighborhood Safety and Engagement should partner with the Department of Employment Services to report longitudinal employment outcomes for Pathways participants using the unemployment insurance tax database maintained by DOES.</p>	<p>No (uses existing data and capacity)</p>	<p>No</p>	<p>ONSE Pathways Program Standard Operating Procedures: “(P)articipants will benefit from a 9-week life skills and workforce development training, which will prepare them for ... long-term unsubsidized employment.”</p>
<p>3. The Office of Neighborhood Safety and Engagement should collect and report data on victimization of Pathways participants, drawing on data from the District’s health information exchange and DC Health’s Firearm Surveillance Through Emergency Rooms system.</p>	<p>No (uses existing data and capacity)</p>	<p>No</p>	<p>D.C. Code § 7-2411(b(2): “The ONSE shall be responsible for ... identifying, recruiting, and engaging individuals determined to be at high risk of participating in, or being a victim of, violent crime.”</p>

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/Entity or District-Wide Goal Advanced by Recommendation
<p><b>4.</b> The Office of Neighborhood Safety and Engagement should continue to use any additional funds appropriated by the Mayor and Council not only to increase the number of violence interruption sites, but also to increase the number of violence interrupters per site, focusing on areas with the highest levels of gun violence and homicides.</p>	<p>No (addresses resource distribution)</p>	<p>No</p>	<p>ONSE violence intervention contracts: “(T)he Violence Intervention Initiative aims to significantly reduce violence in priority communities through ...Intense violence intervention for individuals who are at the highest risk of participating in or being victims of violence.”</p>
<p><b>5.</b> The Office of Neighborhood Safety and Engagement should direct its violence intervention contractors to ensure that managers and violence interrupters introduce themselves to advisory neighborhood commissioners and that the contractors keep communities informed through meetings of the ANCs, civic associations, resident councils, and MPD Citizens Advisory Councils.</p>	<p>No</p>	<p>No</p>	<p>ONSE violence intervention contracts: “Contractor staff shall attend all ANC, resident council, civic association and safety meetings involving each priority community.”</p>
<p><b>6.</b> The D.C. government should contract with a criminal justice research organization to evaluate both violence intervention programs, comparing outcomes in program sites to neighborhoods that are closely matched in demographics and initial levels of crime. This research should analyze not only the end outcomes but also the activities and intermediate outcomes that are part of the program model.</p>	<p>Yes</p>	<p>No (may help use resources more effectively)</p>	<p>ONSE violence intervention contracts: “Success will be determined utilizing the following measurements: decrease in homicides, shootings , and stabbings that occur in communities served ...”</p>

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/Entity or District-Wide Goal Advanced by Recommendation
<p><b>7.</b> The Mayor and Council should use an independent research study of the District’s violence intervention programs to assess whether and how to integrate or merge the programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General.</p>	No	Possibly (could reduce overhead costs)	<p>ONSE FY 2022 Performance Plan, Strategic Objective 1: “Coordinate the District’s violence prevention strategy, with a focus on utilizing public health approaches to respond to and prevent violence, through collaboration with public and private organizations.”</p>
<p><b>8.</b> The Council should amend the NEAR Act to (a) delete the requirement for a DC Health Office of Violence Prevention and Health Equity, and (b) shift responsibility to develop and implement a public health strategy to combat the spread of violence to the Office of the City Administrator.</p>	No	No	<p>Office of the City Administrator, response to 2022 performance oversight questions from the Committee on Housing and Executive Administration: “OCA continued its activities on the coordination of gun violence prevention activities throughout the District by establishing the Office of Gun Violence Prevention (OGVP).”</p>
<p><b>9.</b> The Council should amend the NEAR Act to state that the Office of Victim Services and Justice Grants shall oversee a citywide network of hospital-based violence intervention programs targeted at Level 1 and Level 2 trauma centers that operate during hours specified in grant agreements and should provide sufficient resources for the services.</p>	No	No	<p>Office of Victim Services and Justice Grants, “D.C. Hospital-Based Violence Intervention Program: “(T)he program uses supportive approaches tailored to the individual victim, including: Engaging with victims and their families in the aftermath of life-threatening intentional trauma to assist them with the short-term consequences of violence.”</p>

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/Entity or District-Wide Goal Advanced by Recommendation
<p><b>10.</b> The Office of Victim Services and Justice Grants should modify the existing key performance indicator on client enrollment to reflect the number of victims who accept hospital-based violence intervention services divided by the number of patients treated at the hospital for community-based violence.</p>	No	No	<p>Office of Victim Services and Justice Grants, “D.C. Hospital-Based Violence Intervention Program: “(T)he program uses supportive approaches tailored to the individual victim, including: Engaging with victims and their families in the aftermath of life-threatening intentional trauma to assist them with the short-term consequences of violence.”</p>
<p><b>11.</b> The Office of Victim Services and Justice Grants should supplement the client enrollment key performance indicator by including results of key program activities in its annual performance plans and reports such as (i) percentage of clients demonstrating improvements in mental health, (ii) percentage of clients who were awarded crime victims’ compensation benefits, or (iii) percentage of clients enrolled in health insurance.</p>	No	No	<p>OVSJG FY 2022 Performance Plan, Strategic Objective 1: “Ensure that all victims of crime have access to coordinated, professional, trauma-informed, and victim-centered services.”</p>
<p><b>12.</b> The Metropolitan Police Department should comply with the law by establishing the Community Crime Prevention Team program, in partnership with the Department of Behavioral Health and the Department of Human Services.</p>	No (the program was fully funded beginning in FY 2018)	No	<p>Mayor Bowser: “The sooner we can identify what a person needs – whether that is an ambulance, a doctor’s appointment, or in this case, a visit from a behavioral health expert, the sooner we can help them.” See <a href="https://ouc.dc.gov/release/mayor-bowser-launching-new-mental-health-emergency-dispatch-pilot-program-0">https://ouc.dc.gov/release/mayor-bowser-launching-new-mental-health-emergency-dispatch-pilot-program-0</a>.</p>

Recommendation	Is There a Cost to the Agency/ Entity to Implement?	Potential to Generate Revenue or Savings to the District?	Specific Agency/Entity or District-Wide Goal Advanced by Recommendation
<p><b>13.</b> The Office of Victim Services and Justice Grants should include performance measures and targets for the private security camera program in its annual performance plans, as well as data on actual performance in its annual performance reports.</p>	<p>No</p>	<p>No</p>	<p>The Government Managers Accountability Act of 1995 requires all agencies to develop and submit to the Council an annual performance plan that includes “measurable, objective performance goals and objectives for all significant activities,”<sup>67</sup> as well as an annual performance report that records the actual level of performance on each measure.<sup>68</sup></p>
<p><b>14.</b> The Council should add the Supplemental Nutrition Assistance Program to the list of programs that qualify residents to receive security camera program vouchers.</p>	<p>Depends on demand for vouchers. Current law states that issuance of rebates and vouchers is contingent on availability of funds.</p>	<p>No</p>	<p>Rationale for amendment offered by then-Councilmember LaRuby May adding the private security camera rebate option to the NEAR Act: “This is necessary to remove financial barriers to participation by low-income District residents who are unable to afford the purchase of a security camera system, even though they may live in neighborhoods experiencing significant levels of crime and they would directly benefit ...”</p>

67 See D.C. Code § 1-614.12(b).

68 See D.C. Code § 1-614.13.

# Agency Comments

---

On April 25, 2022, we sent a draft copy of this report to the Office of the Deputy Mayor for Public Safety and Justice (DMPSJ) for review and written comment. DMPSJ responded with comments on May 13, 2022. Agency comments are included here in their entirety.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Deputy Mayor for Public Safety and Justice**



**Administration’s Response to the Draft ODCA Report “NEAR Act Violence Prevention and Intervention Efforts: Opportunities to Strengthen New Program Models”**

We appreciate the opportunity to respond to the draft report that takes a limited look at the implementation of the Neighborhood Engagement Achieves Results (NEAR) Act and, more generally, on a few of the violence prevention programs administered by the Executive. While we recognize the audit’s self-imposed limitations,<sup>1</sup> we believe it presents an incomplete picture of the programs.

In the December 15, 2020 engagement letter to Interim Deputy Mayor for Public Safety and Justice (DMPSJ) Dr. Roger A. Mitchell, Jr., the Office of the District of Columbia Auditor (ODCA) states that the scope of the audit will be from the effective date of the NEAR Act, June 30, 2016, through December 31, 2020. While we sympathize with the audit taking longer than expected (we believe the initial target release date was prior to the end of Fiscal Year 2021), and the scope was unexpectedly expanded through June 30, 2021, the audit does not include any reference to the extensive work done in the latter half of 2021 and thus far in 2022. Indeed, it is contextually appropriate to note that Mayor Bowser’s proposed FY 2023 budget greatly increases investments in a number of violence prevention initiatives.

The Bowser Administration is strongly committed to reducing violence, especially the plague of gun violence, and protecting our residents and visitors, as exemplified by the creation of the Office of Neighborhood Safety and Engagement (ONSE), the development of numerous programs and data-sharing practices among agencies, and budget proposals aimed both at strengthening the Metropolitan Police Department (MPD), as well as providing the mental health services and social supports that may help to prevent the need for so many law enforcement responses. The new Office of Gun Violence Prevention (OGVP), created in January 2022 within the Office of the City Administrator (OCA), and the Building Blocks DC (BBDC) initiative recognize that a relatively small number of persons in the District are responsible for a disproportionate amount of the city’s gun violence. They also recognize that gun violence is highly concentrated in a relatively small number of city blocks. Although our violence prevention strategy focuses on those small number of people and places where gun violence is centered, the audit is more narrowly focused on the implementation of the NEAR Act and not on the range of violence prevention efforts.

In a number of instances, the audit declares a statutory provision has not been implemented, but then concedes the intent of the provision is being met through a different approach. A more complete look at our violence prevention efforts demonstrates agencies have made good faith attempts at implementing the public health approach at the core of the NEAR Act. Indeed, it is

---

<sup>1</sup> We understand that this is only the first of four reports regarding ODCA’s discretionary audit of the NEAR Act.



critical to note the Administration has gone far beyond what was envisioned in the NEAR Act when it was being developed more than six years ago – in terms of the number of programs, their reach, and the budget investments to sustain them.

ODCA also buries a remarkable fact deep in the audit: the private security camera program has played a critical investigatory role in dozens of murder investigations being conducted by MPD homicide detectives. Based on an analysis of 2018 homicides, video footage (which could have been from registered private security cameras or other types of cameras) was available in 132 out of 160 cases. Of the cases with available video footage, it contributed to advancing the investigation in 71% of the cases (94 out of 132) and to closing the investigation in 36% of the cases (48 out of 132). As previously stated, this data is not specific to the private security camera program cameras, and it only looks at homicides, but it demonstrates the utility of video footage for helping to solve homicides and other serious crimes.

### **General Comments to the ODCA Draft Audit**

Before responding to the audit’s specific recommendations, we provide some general comments. Overall, the report went into great detail on a few of the NEAR Act provisions, such as the successful security camera rebate program, yet it glossed over other programs, like the MPD-Department of Behavioral Health (DBH) partnerships. DBH and MPD are actively working on several projects to best meet the needs of community members. These new efforts include the 911 Alternative Response Program, enhanced training for MPD members, a Sobering Center, and initial work on a “familiar faces” protocol. The agencies also will be reviewing various co-response and other models to see how they can best be used and tailored to the unique needs of District residents. DMPSJ is also involved in coordinating these efforts.

Other relevant programs that are given little attention in the draft report include the 911 alternative responses involving the Office of Unified Communications (OUC), the District Department of Transportation (DDOT), and the Department of Public Works (DPW), and the Office of the Attorney General’s (OAG’s) Cure the Streets program.

In the section entitled “Violence interrupters in the Office of Neighborhood Safety and Engagement’s violence intervention initiative have been spread too thin,” it is important for ODCA to clarify that ONSE did not start with the 22 priority communities it now serves. Each year since its establishment, ONSE has added additional communities to its program. Progress should be measured from when the program began in that particular community, not from when the overall violence intervention program was launched.

Additionally, in comparing the size and staffing of Cure the Street’s areas with the size and staffing of ONSE’s areas, ODCA should note that the two programs use different violence prevention models. The Cure the Streets model generally focuses on small geographic areas – sometimes just a few blocks – in order to zero in on intra-community conflicts. This is why it intentionally overconcentrates violence interrupters in a specific neighborhood. ONSE’s violence prevention model, on the other hand, works to address conflicts *between* communities. This strategy intentionally does not involve flooding a specific neighborhood with violence interrupters.

While ODCA delved deeply into ONSE programs, this report barely skims the surface of the Cure the Streets program, its performance metrics, and, most importantly, whether it is having a demonstrable, sustained impact on reducing violence. Neither program exists in a vacuum and the effectiveness of each needs to be measured consistently. The audit did raise a possible merger of the programs, reflecting comments of interviewees, including the suggestion that Cure the Streets is not connected to critical agencies like DBH, the Department of Employment Services (DOES), and Executive agencies providing housing and social services. We agree with ODCA that the District’s violence interruption programs should all be under the purview of the Mayor, although effectuating that recommendation is at the Council’s discretion.

In the section entitled “The Office of Neighborhood Safety and Engagement’s Pathways program has identified, recruited, and assisted individuals at high risk of committing violence or becoming victims of violence,” in the paragraph that follows Table 1, we request ODCA remove MPD from the list of referring organizations as this is incorrect and, if published, could threaten the integrity of the program and the safety of participants.

In the section entitled “The impact of the Office of Neighborhood Safety and Engagement’s violence intervention program on violent crime is unclear,” we urge ODCA and readers of the audit to review the ONSE website, which offers multiple measures demonstrating the impact that ONSE’s violence intervention program has had on reducing incidents of violent crime. That information is found at <https://onse.dc.gov/service/measuring-impact> and is much more up-to-date than the audit, which concluded in June 2021.

Since the 2018 launch of the ONSE violence intervention program, the agency has been closely tracking crime trends in each of its priority communities. While there is much work still to be done, FY 2021 data suggests violence intervention efforts are having a positive impact. ONSE priority communities experienced a decrease in overall violent crime, gun crime, shootings, and shooting victims, compared to FY 2020. Along with many cities nationwide, the District experienced a sharp increase in shootings and homicides in 2020, during the first year of the COVID-19 pandemic and prior to the availability of vaccines allowing a measure of return to normalcy. To see if shootings stabilized to pre-pandemic levels or if they are outperforming even pre-pandemic levels, ONSE also compared FY 2021 data to FY 2019 data. The agency found the number of shootings and shooting victims are also down compared to 2019, suggesting we are starting to see early signs of sustained decreases in shootings in some priority communities.

In fact, ONSE priority communities are outperforming the city as a whole in terms of violent crime:

- Violent crime decreased in ONSE priority communities, while it increased citywide;
- Violent crimes with a gun decreased in ONSE priority communities, while they increased citywide; and
- Homicides, robberies, and assaults with a dangerous weapon decreased in ONSE priority communities, while they increased citywide.

Fiscal Year 2022 first quarter data will be posted on the website in the coming weeks after it is carefully reviewed for accuracy.

We believe Table 6 misrepresents how ONSE’s data has been presented. This table presents highlights from the director’s testimony, rather than overall outcomes or evaluations. We encourage ODCA to review the ONSE website to assuage any concerns about data validity.

Additionally, ODCA’s interpretation of the data presented in Table 7 is inaccurate. ODCA says, “The year-to-date crime data in the table compares two periods when the VI program was in effect, instead of comparing periods when the VI program was in effect to when it was not,” which is not always the case, since the program started in some communities in 2019 and 2020. In addition, faulting ONSE for comparing pandemic years to non-pandemic years is unfair. As explained above, ONSE compared two pandemic years (2020 and 2021), as well as comparing the pre-pandemic year 2019 with the pandemic year 2021. In the end, it is important to choose a baseline, and choosing one that is significantly in the past, when crime was very low, does not make as much sense as choosing a more recent one, no matter how high crime was in the recent past, as there are fewer confounding variables.

The section entitled “The District’s hospital-based violence intervention program incorporates key elements of leading practices” does not mention ONSE’s contracted violence interrupters and OAG’s Cure the Streets violence interrupters also attend monthly Project Change meetings. The section also does not fully reflect the annual grantmaking process. For example, the funding for Far Southeast Family Strengthening Collaborative (FSFSC) for the United Medical Center (UMC) project from year to year reflected changes in the program design, including the decision by FSFSC to eliminate several program partners. Additionally, the challenges the University of Maryland Medical Center (UMD) has had related to invoicing and financial reporting did not have a direct effect on the award amount.

In the section entitled “The Metropolitan Police Department, the Department of Behavioral Health, and the Department of Human Services did not establish the Community Crime Prevention Team program required by the NEAR Act,” the ODCA theorizes that DBH would have less input into training needs with MPD than it would have had under the original plan envisioned in the NEAR Act. However, this speculation is incorrect. DBH provides Crisis Intervention Officer (CIO) training to MPD and, in FY 2022, DBH began providing Mental Health First Aid for First Responders (MHFA). By the end of the 2023 training season, all MPD officers will have had either CIO or MHFA training. Both trainings are based on comprehensive national or international models. This year, MPD hired a Behavioral Health Partnerships Coordinator to continue to strengthen the department’s work to serve individuals with behavioral health needs and the communities in which they live. The new MPD staff member previously worked for DBH and is a Licensed Professional Counselor. She has experience working with individuals diagnosed with severe and persistent mental illness or who are in need of immediate crisis intervention. Her research focus is on trauma and Post Traumatic Stress Disorder in underserved populations. That said, the majority of the work to develop programs to support individuals with behavioral health needs will continue to rest with DBH, which has the most expertise in this area. For example, DBH conducted the research and determined the Law Enforcement Assisted Diversion (LEAD) model recommended in a 2017 Committee on the Judiciary and Public Safety report<sup>2</sup> would not be appropriate for the District.

---

<sup>2</sup> “Report and Recommendations of the Committee on the Judiciary and Public Safety on the Fiscal Year 2018 Budget for Agencies under Its Purview” (May 18, 2017).

In addition to the work that MPD and DBH have already done together, the Deputy Mayor for Public Safety and Justice (DMPSJ) is bringing together MPD, DBH, and the Fire and Emergency Medical Services Department (FEMS) to discuss a larger, more comprehensive approach to mental health preventative care in lieu of arrest or hospitalization at the point of crisis.

In the section entitled “The number of vouchers issued by the private security camera program represents less than 0.2% of all security camera awards to residents,” the data presented on the number of individuals, families, and households that receive Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) does not take into account that if a household receives TANF cash benefits, TANF non-cash benefits, or Supplemental Security Income (SSI), the household is considered categorically eligible for SNAP, which means the household has already been determined eligible for another means-tested program. Most District residents applying for SNAP are determined categorically eligible. In addition, SNAP eligibility can change month-to-month, and therefore is not a good indicator of the true economic need the voucher program was designed to overcome. The draft audit also does not include a likely reason why voucher usage is so low: potential voucher recipient applicants are more likely to be tenants and not have their property owner’s permission to install cameras on their building. In our experience, that is the most likely explanation for the low numbers of security camera vouchers. As ODCA noted on page 75, because security camera prices have dropped as low as \$45, it is possible the financial barriers to participation in the rebate program that the voucher program was meant to alleviate are no longer significant. Voucher usage has been low all along, even when security camera prices were higher. As noted in the draft audit, in 2017, the first year vouchers were available, only six were awarded. We want to note that the Mayor’s Office of Community Relations and Services (MOCRS) did extensive outreach to provide information about the security camera program across the District’s neighborhoods – a critical component of the program’s success and scope that went unmentioned in the draft audit – and a better driver of uptake than adding one more (overlapping) category of eligibility for vouchers.

The section entitled “The impact of the security camera program in preventing and solving crimes is difficult to assess due to data limitations, but police make extensive efforts to obtain camera footage and use it in investigations. Footage may advance investigations in multiple ways, such as identifying suspects or ruling them out, or narrowing down the time when a crime occurred” may be technically accurate, in that it is hard to capture and cite data on how many crimes were prevented or solved with the aid of a private security camera, but it does not put enough emphasis on the fact that MPD and the public both regard security cameras as very useful.

In fact, one of the reasons MPD does not have accurate statistics on crimes solved with camera footage is that officers do not always go into the registration system to look up who has a camera in the vicinity where a crime was committed. Instead, they look around while they are on scene for any visible cameras and ask the residents or businesses for any relevant footage. Residents and businesses also often volunteer footage when they realize their cameras may have caught something important. In addition, detectives use whatever footage they have available, but the benefits of one specific piece of footage may not be immediately clear. By the time the benefits do become clear, it is not a good use of staff time to backtrack to figure out where that footage came from simply to have more accurate statistics on the utility of the private security camera program.

## Responses to ODCA Draft Audit Recommendations

**1. The Office of Neighborhood Safety and Engagement should include the conviction data required by the NEAR Act in all future annual reports on the Pathways program.**

Response: Agree. ONSE will continue to work with the DC Courts to enhance agency data compilation and reporting.

**2. The Office of Neighborhood Safety and Engagement should partner with the Department of Employment Services to report longitudinal employment outcomes for Pathways participants using the unemployment insurance tax database maintained by DOES.**

Response: Agree. ONSE will explore data sharing partnerships and agreements with agencies and entities providing services to ONSE program participants to provide outcome data tracking and analysis. However, ONSE notes that many of the classes taken by Pathways participants are directed towards entrepreneurship and some successful participants may not be in the DOES system, but may still be successful as start-up businesses.

**3. The Office of Neighborhood Safety and Engagement should collect and report data on victimization of Pathways participants, drawing on data from the District's health information exchange and DC Health's Firearm Surveillance Through Emergency Rooms system.**

Response: Agree. While being mindful of health and medical privacy requirements, ONSE will explore additional data sharing partnerships and agreements with agencies and entities providing services to ONSE program participants to provide outcome data tracking and analysis.

**4. The Office of Neighborhood Safety and Engagement should continue to use any additional funds appropriated by the Mayor and Council not only to increase the number of violence interruption sites, but also to increase the number of violence interrupters per site, focusing on areas with the highest levels of gun violence and homicides.**

Response: Agree in part; disagree in part. ONSE will continue to evaluate the violence interruption (VI) program to provide each site with the necessary number of VIs and to expand the program in a manner that maximizes public safety. Carefully screening and training VIs is critical and there is not a standardized way to scale up hiring as there is with other types of contracted services.

**5. The Office of Neighborhood Safety and Engagement should direct its violence intervention contractors to ensure that managers and violence interrupters introduce themselves to advisory neighborhood commissioners and that the contractors keep communities informed through meetings of the ANCs, civic associations, resident councils, and MPD Citizens Advisory Councils.**

Response: Agree in part; disagree in part. Measuring the strengths of the VI initiative by interviewing ANCs is insufficient and potentially misleading, as ANCs may be disconnected from the individuals closest to gun violence. ONSE recognizes the need for community collaboration,

cooperation, transparency, and accountability. Its most recent contractual iterations have required VI teams to attend ANC and other civic association meetings, and ONSE has provided its VI contractors with hoodies that clearly designate them.<sup>3</sup> It is ONSE's responsibility to ensure the VI teams engage with key members of the community, rather than the community-based organizations (CBOs) that directly employ the VIs.

**6. The D.C. government should contract with a criminal justice research organization to evaluate both violence intervention programs, comparing outcomes in program sites to neighborhoods that are closely matched in demographics and initial levels of crime. This research should analyze not only the end outcomes but also the activities and intermediate outcomes that are part of the program model.**

Response: Agree. The Executive will continue to work with data and research specialists to evaluate the effectiveness of the current violence intervention programs. Note that it can take three to five years to see results from violence intervention, which is why we did not dive into analysis as soon as both programs were operating. Additionally, the priority of the Mayor and Council has been to use appropriated funds to hire more violence interrupters, expand to more neighborhoods, connect more people with critical government services, and provide more employment opportunities for participants.

**7. The Mayor and Council should use an independent research study of the District's violence intervention programs to assess whether and how to integrate or merge the programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General.**

Response: Agree in part. The Executive agrees with ODCA that the District's violence interruption programs should all be under the purview of the Mayor, although effectuating that recommendation is at the Council's discretion.

**8. The Council should amend the NEAR Act to (a) delete the requirement for a DC Health Office of Violence Prevention and Health Equity, and (b) shift responsibility to develop and implement a public health strategy to combat the spread of violence to the Office of the City Administrator.**

Response: Agree in part. The Executive believes the Council erred in legislatively requiring DC Health to change the focus of the Office of Health Equity. The Executive has not waited for Council action and created the Office of Gun Violence Prevention within the Office of the City Administrator in January 2022.

**9. The Council should amend the NEAR Act to state that the Office of Victim Services and Justice Grants shall oversee a citywide network of hospital-based violence intervention programs targeted at Level 1 and Level 2 trauma centers that operate during hours specified in grant agreements and provide sufficient resources for the services.**

---

<sup>3</sup> Please see photo at the end of the text.

Response: Agree. The Executive agrees that Council should amend the law to target Level 1 and Level 2 trauma centers for violence interruption programs under the aegis of OVSJG. This is already being done de facto; it is just not currently listed in the NEAR Act, which requires every emergency department in DC to have a hospital-based violence intervention program (HVIP). As some emergency departments are not Level 1 or Level 2 trauma centers, they have not applied for funds to create HVIPs.

**10. The Office of Victim Services and Justice Grants should modify the existing key performance indicator on client enrollment to reflect the number of victims who accept hospital-based violence intervention services divided by the number of patients treated at the hospital for community-based violence.**

Response: Agree in part. Rather than modifying the existing key performance indicator (KPI), OVSJG will add an additional KPI to reflect the number of victims with whom the HVIPs had contact (*i.e.*, offered services) divided by the number of patients treated at the hospital for community-based violence that were referred to the HVIP. OVSJG may not know the full denominator suggested by ODCA, but does know how many patients have been referred to HVIPs.

**11. The Office of Victim Services and Justice Grants should supplement the client enrollment key performance indicator by including results of key program activities in its annual performance plans and reports such as (i) percentage of clients demonstrating improvements in mental health, (ii) percentage of clients who were awarded crime victims' compensation benefits, or (iii) percentage of clients enrolled in health insurance.**

Response: Agree in part. OVSJG already collects data from HVIPs on patients who have demonstrated improvements in mental health, patients who engaged in educational or job training advancement, and patients who secured safe housing. OVSJG can pursue publishing additional measures on the HVIP website and will explore the feasibility of collecting and reporting these additional measures with the HVIPs.

**12. The Metropolitan Police Department should comply with the law by establishing the Community Crime Prevention Team program, in partnership with the Department of Behavioral Health and the Department of Human Services.**

Response: Disagree. ODCA's finding that MPD, DBH, and the Department of Human Services (DHS) failed to implement the provision on the Community Crime Prevention Team (CCPT) is contrary to Council action on that provision. As part of her FY 2018 Budget, Mayor Bowser proposed that Council accept the plans for the Pre-Arrest Diversion Pilot in lieu of the CCPT. DBH, with the support of MPD and DHS, presented the proposal to the Committee on the Judiciary and Public Safety staff. The Committee accepted the plan and chose to fund it. Per the "Report and Recommendations of the Committee on the Judiciary and Public Safety on the Fiscal Year 2018 Budget for Agencies under Its Purview" (May 18, 2017, pp. 138-139):

*The budget provides \$970,544 to launch a new arrest diversion program to support individuals in crisis due to problems associated with substance abuse, mental health, or homelessness. As Chief Newsham noted during the Department's budget*

*oversight hearing: “Comprehensive harm reduction strategies can help to move some of the issues from the law enforcement arena to the public health and services realm where they belong.”*

*The program is intended to satisfy the requirements of Section 105 of the NEAR Act – the Community Crime Prevention Team Program – although its structure is different. . . . It is the Executive’s intention to develop intervention strategies by service agencies with expertise in these areas, and the Mayor’s Errata Letter recommends transferring the funds to the Department of Behavioral Health (“DBH”). . . . The Committee supports the intent of this proposal . . .*

The Executive recommends ODCA mirror its recommendation #8 that Council should amend the NEAR Act to reflect what it has already agreed to as embodied in the Committee report and as accepted at oversight hearings. The recommendation would appropriately lodge responsibility for developing and reporting on behavioral health diversion programs with DBH rather than MPD.

**13. The Office of Victim Services and Justice Grants should include performance measures and targets for the private security camera program in its annual performance plans, as well as data on actual performance in its annual performance reports.**

Response: Agree. OVSJG will add performance measures to its annual performance plan. The agency is mandated to report monthly and annually on the private security camera program and requests ODCA recommend that Council amend the NEAR Act to either eliminate the monthly report or reduce the reporting frequency to quarterly. Monthly and annual reports can be found here: <https://ovsjg.dc.gov/service/private-security-camera-system-incentive-program>.

**14. The Council should earmark funds for the Department of Aging and Community Living to purchase and install private security cameras for low-income senior citizens through the Safe at Home program.**

Response: Disagree. Declining demand for the cameras made it increasingly expensive for the Department of Aging and Community Living (DACL) to operate the security camera program on a per household basis. The Safe at Home program addresses physical safety outside the violence context by facilitating the installation of grab bars, ramps, shower seats, and stair lifts.

**15. The Council should authorize business improvement districts and main street associations certified by the Department of Small and Local Business Development to purchase and install private security cameras for a limited number of members. The business groups could then apply for security camera program reimbursement of costs up to \$750 per business upon providing proof of purchase and installation at the specified businesses.**

Response: Disagree. Business Improvement Districts (BIDs) and Main Street associations are already able to purchase and install cameras for businesses, have the owner or tenant submit a reimbursement request to OVSJG, and then the business would provide the reimbursement to the BID or Main Street association. Additionally, allowing BIDs and Main Street associations to

submit reimbursement requests directly may create challenges for OVSJG and MPD in tracking camera installations.

**16. The Council should add the Supplemental Nutrition Assistance Program to the list of programs that qualify residents to receive security camera program vouchers.**

Response: The Executive does not take a position on this recommendation, but refers ODCA to our comments above about SNAP eligibility. As noted above, the voucher program’s low numbers may have less to do with not enough people qualifying, and more to do with the reduction in camera prices over the years. Additionally, the cost of the voucher program is currently \$1,000 per voucher, and increasing the number of vouchers distributed would unnecessarily stress the program financially.

Thank you for your consideration of these comments and responses. We look forward to continuing to work with ODCA to ensure the final report is accurate and complete.



**Mayor Bowser at a press conference unveiling ONSE VI contractors in their new “uniforms.”**

- cc: Betsy Cavendish, Executive Office of the Mayor
- Kevin Donahue, City Administrator
- Helder Gil, Office of the City Administrator
- Chris Geldart, Deputy Mayor for Public Safety and Justice
- Lindsey Appiah, Office of the Deputy Mayor for Public Safety and Justice
- Delano Hunter, Office of Neighborhood Safety and Engagement
- Marcus Ellis, Office of Neighborhood Safety and Engagement
- Dana McDaniel, Office of Neighborhood Safety and Engagement
- Setareh Yelle, Office of Neighborhood Safety and Engagement
- Michelle Garcia, Office of Victim Services and Justice Grants

Daniel Rappaport, Office of Victim Services and Justice Grants  
Robert Petty, Office of Victim Services and Justice Grants  
Kelly O'Meara, Metropolitan Police Department  
Dr. LaQuandra Nesbitt, DC Health  
Keith Fletcher, DC Health  
Phillip Husband, DC Health  
Phyllis Jones, Department of Behavioral Health  
Matthew Caspari, Department of Behavioral Health  
Dr. Richard Bebout, Department of Behavioral Health  
Laura Newland, Department of Aging and Community Living

# ODCA Response to Agency Comments

---

ODCA appreciates the detailed comments on the draft report provided by the Office of the Deputy Mayor for Public Safety and Justice (DMPSJ). ODCA also notes the constructive responses to its recommendations, reflecting a commitment by the Bowser Administration to continue developing and improving the programs and policies mandated by the NEAR Act. The final report makes several changes proposed by the DMPSJ, including deletion of two recommendations concerning the private security camera program.

ODCA takes exception to the suggestion that disagreement with a statute justifies ignoring it. Rather, the appropriate response in such a case is to amend the statute. For example, the DMPSJ expresses the administration's belief that the Council "erred in legislatively requiring DC Health to change the focus of the Office of Health Equity" (p. 7), and adds that, "The Executive has not waited for Council action and created the Office of Gun Violence Prevention within the Office of the City Administrator in January 2022." The NEAR Act required creation of an Office of Violence Prevention and Health Equity to provide executive branch leadership to reduce violence using a public health approach. It remains to be seen whether the Office of Gun Violence Prevention created six years after enactment of the NEAR Act will provide the focused leadership the law envisioned.

The DMPSJ also suggests that ODCA's finding that MPD and DBH failed to create the Community Crime Prevention Teams required by the NEAR Act is "contrary to Council action on this provision." The DMPSJ points to a Committee on the Judiciary and Public Safety budget report supporting the executive branch's intent to satisfy the NEAR Act mandate through an arrest diversion program. Committee reports can shed light on the views of one or more Councilmembers but the Council acts by acts and resolutions and no legislation was forthcoming on this point.<sup>69</sup> No statutory changes have been made to the Community Crime Prevention Teams since the NEAR Act became law in 2016.<sup>70</sup>

The DMPSJ also quotes selectively from the Committee on the Judiciary and Public Safety's FY 2018 budget report, failing to cite the committee's recommendation that the arrest diversion program "include mental health providers co-responding with officers," as prescribed by the NEAR Act.

The DMPSJ faults ODCA for not discussing important non-NEAR Act initiatives, which were not part of the audit's scope and in fact are discussed by ODCA to provide context. For example, the Deputy Mayor claims (p. 2) that the report "glossed over" programs such as the 911 Alternative Response Program, the OAG's Cure the Streets program, a Sobering Center, and initial work on a "familiar faces" protocol. To the contrary: ODCA cites the 911 Alternative Response Program and our discussion of Cure the Streets spans more than five pages.

---

<sup>69</sup> Indeed, Bill 22-244, the "Fiscal Year 2018 Budget Support Act of 2017," introduced by Chairman Mendelson on April 4, 2017, at the request of Mayor Bowser, included a Subtitle III-G, "Neighborhood Engagement Achieves Results Amendment," proposing changes to the Office of Neighborhood Safety and Engagement's name, powers, and duties, but made no mention of the Community Crime Prevention Teams.

<sup>70</sup> See D.C. Official Code § 5-132.31.

Moreover, the MPD-DBH Community Crime Prevention Teams mandated by the NEAR Act were intended, *inter alia*, to “identify individuals who frequently interact with police, are frequent mental health consumers, or have suffered from chronic homelessness, and ensure that those individuals are connected to social services.”<sup>71</sup> These are the “frequent faces” to which the DMPSJ refers. If this collaborative program had been implemented as required, there could have been an earlier start to this important work.

In challenging ODCA’s finding that, “Violence interrupters in the Office of Neighborhood Safety and Engagement’s violence intervention initiative have been spread too thin,” the Deputy Mayor’s office notes that, “ONSE’s violence prevention model ... works to address conflicts *between* communities,” which “does not involve flooding a specific neighborhood with violence interrupters.” (p. 2, emphasis in the original). ODCA is not persuaded by this argument because the task of addressing conflicts between communities is both time-consuming and labor-intensive. Still, ODCA is encouraged by ONSE’s current plan to create a team of 10 violence interrupters who can be deployed flexibly, including to help quell longstanding feuds between communities.

The DMPSJ also errs twice in stating that, “We agree with ODCA that the District’s violence interruption programs should all be under the purview of the Mayor...” ODCA’s draft and final reports do not make such a statement; rather, ODCA has recommended that the Mayor and Council use a comparative evaluation of the ONSE and OAG violence intervention programs “to assess *whether and how* to integrate or merge the programs.” (emphasis added).

The DMPSJ’s comments call on ODCA to review the ONSE website for “much more up-to-date” information on violent crime measures (p. 3), yet the ONSE website as of May 16, 2022, displayed the same crime data from November 15, 2021 that are explicitly cited in the report.

The DMPSJ incorrectly states that ONSE and OAG violence interrupters attend monthly meetings of Project Change, the District’s citywide hospital-based violence intervention program (p. 4). Minutes from 11 Project Change meetings from July 2020 through June 2021 show that ONSE was represented at five meetings by staff from its Family and Survivor Support Division (not by violence interrupters), and OAG representatives were present at just two of the meetings.

Despite errors and a tone of complaint, the Executive’s comments on the ODCA draft report show a high degree of concurrence with both our findings and recommendations. The DMPSJ agrees with six of the 16 recommendations, agrees in part with another six, disagrees with only three, and fails to comment on one recommendation. As is made clear throughout the report, ODCA sees many strengths in the ONSE violence intervention, Pathways, and other programs, as well as in OVSJG’s hospital-based violence intervention and security camera incentive programs. As the report title indicates, ODCA believes the implementation of NEAR Act’s core programs is a solid achievement presenting opportunities to build upon and strengthen the models in place today.

---

71 See D.C. Official Code § 5-132.31(c)(3).

# Appendix A

---

ODCA's review of documents and electronic files relevant to NEAR Act implementation and impacts included:

- Agency reports to the Mayor and Council, including reports mandated by the NEAR Act.
- Executive branch policy statements and orders.
- Annual agency performance plans and reports.
- Agency and program policies and procedures manuals.
- Agency and program organization charts.
- Program materials, summaries, and applications.
- Agency and program websites.
- Agency and program budgets and spending data.
- Agency and program data summaries and dashboards.
- Regulations, contracts, grant agreements and reports, meeting minutes, and memoranda of understanding.
- Testimony to the Council by executive branch officials, advocacy group members, researchers and policy analysts, and residents.
- Legislative records.
- Agency responses to questions from Council committees before annual performance oversight and budget hearings.
- Studies and reports about NEAR Act implementation and impacts prepared by D.C. government agencies and external entities.
- The report, background materials, and videos published by the D.C. Police Reform Commission.<sup>72</sup>
- Studies, reports, and summaries of programs with similar goals, designs, or services as NEAR Act programs, including reports published by federal agencies such as the U.S. Department of Justice and the U.S. Department of Health and Human Services.

---

<sup>72</sup> The D.C. Police Reform Commission was a 20-member body appointed by the Council to “examine policing practices in the District and provide evidence-based recommendations for reforming and revising policing in the District.” The Commission issued its report, *Decentering Police to Improve Public Safety*, in April 2021.

# Appendix B

---

ODCA's interviews of individuals about NEAR Act implementation and impacts, or about similar programs in other jurisdictions, included:

- Agency directors, program managers, and other executive branch staff involved in implementing NEAR Act programs.
- Contractors and grantees involved in implementing NEAR Act programs.
- Advisory neighborhood commissioners and other community leaders who provided feedback about violence interruption efforts and the private security camera program.
- MPD command staff and other officials who provided feedback about the private security camera program and violence interruption efforts.
- Representatives of business groups, such as business improvement districts and main street associations, who provided feedback about the private security camera program.
- Violence interrupters.
- Clients served by ONSE's Pathways program and OVSJG's hospital-based violence intervention program.
- State and local government officials involved in monitoring or implementing programs with similar purposes to NEAR Act programs.

# About ODCA

---

The mission of the Office of the District of Columbia Auditor (ODCA) is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government.

To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

**Office of the District of Columbia Auditor**  
**717 14th Street N.W.**  
**Suite 900**  
**Washington, DC 20005**

**Call us:** 202-727-3600

**Email us:** [odca.mail@dc.gov](mailto:odca.mail@dc.gov)

**Tweet us:** [https://twitter.com/ODCA\\_DC](https://twitter.com/ODCA_DC)

**Visit us:** [www.dcauditor.org](http://www.dcauditor.org)



Information presented here is the intellectual property of the Office of the District of Columbia Auditor and is copyright protected. We invite the sharing of this report, but ask that you credit ODCA with authorship when any information, findings, or recommendations are used. Thank you.

