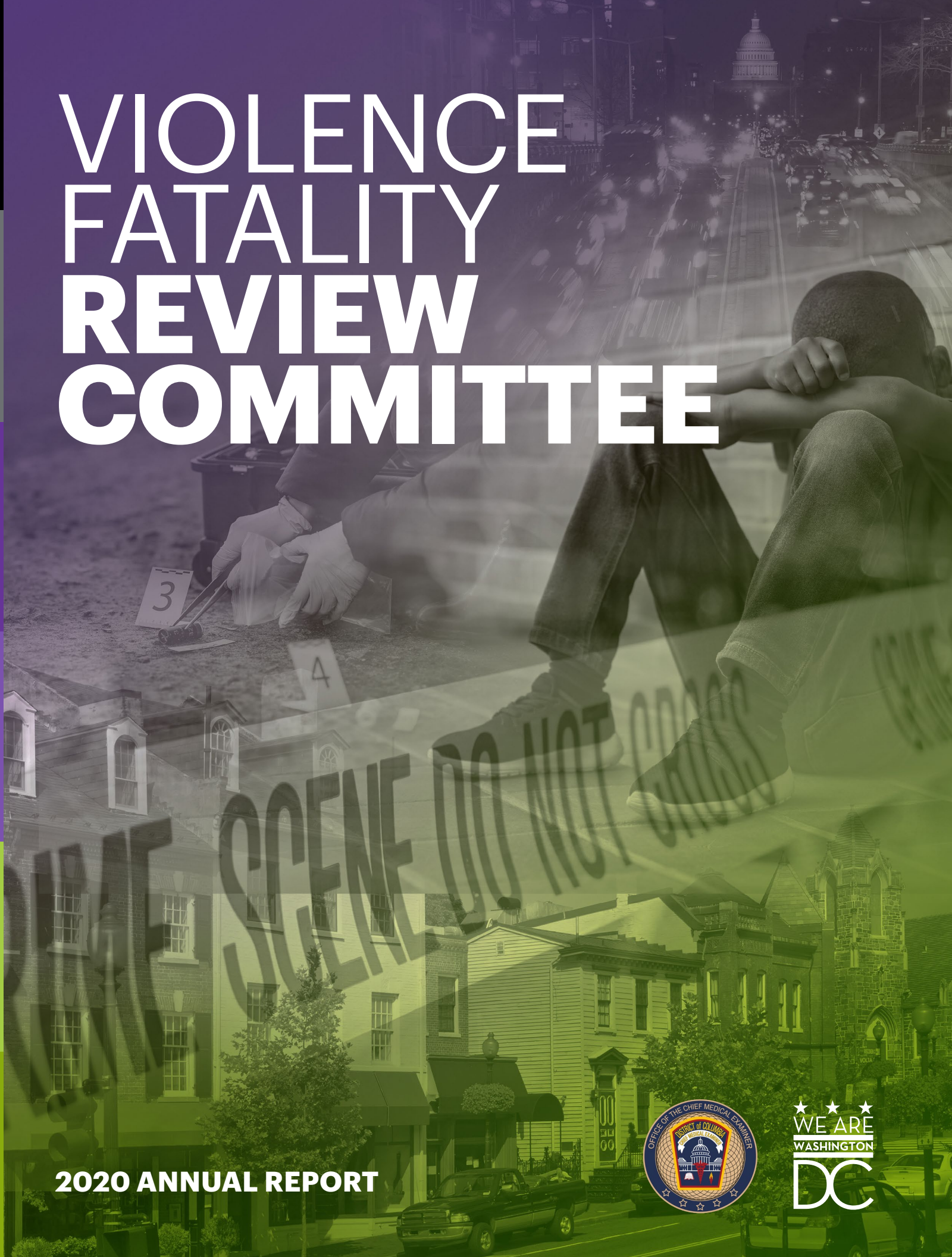
VIOLENCE FATALITY REVIEW COMMITTEE



2020 ANNUAL REPORT

OFFICE OF THE CHIEF MEDICAL EXAMINER
DISTRICT of COLUMBIA

WE ARE WASHINGTON DC

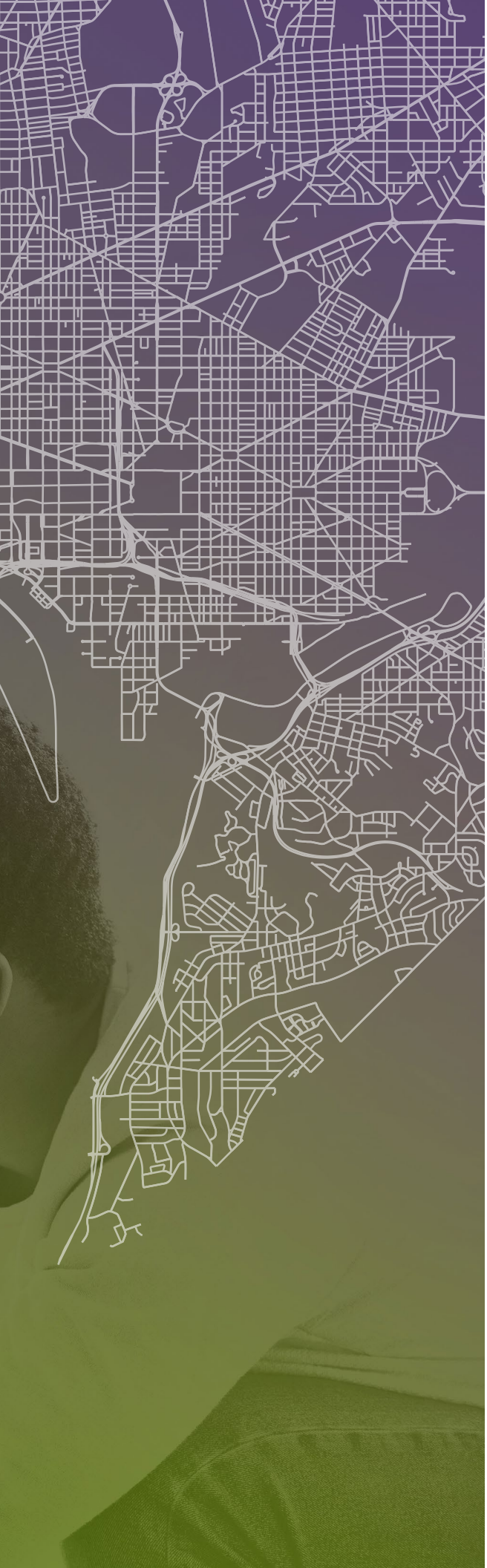
VIOLENCE FATALITY **REVIEW COMMITTEE**

2020 ANNUAL REPORT

THIS REPORT IS PRESENTED TO:

The Mayor of the District of Columbia
The Council of the District of Columbia
The Residents of the District of Columbia

DECEMBER 2021



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GREETINGS FROM **THE CHIEF MEDICAL EXAMINER**

"As the Chief Medical Examiner for the District of Columbia, I have seen how acts of violence shock communities, leaving multiple victims without resolution."

The District of Columbia's Violence Fatality Review Committee (VFRC), whose members were chosen by the Mayor to address the leading barriers to the prevention of acts of violence, have accepted this call to action. With 2020 being the inaugural year for VFRC's case reviews, COVID -19 presented its challenges. Although unable to meet face-to-face, the VFRC met virtually – eager to discuss cases, learn about existing programs and develop recommendations to improve services that resolve conflicts leading to acts of violence.

The VFRC also collaborated with the District's Child Fatality Review Committee (CFRC). This trailblazing collaboration will foster communication among both human services and public safety agencies. I am proud of the work of the VFRC.

We present the 1st Violence Fatality Review Committee's Annual Report. It is our hope this information provided will be used by government agencies and community-based providers to prevent acts of violence. We thank the VFRC members, and OCME staff for their commitment to the residents of the District of Columbia.

Sincerely,

Francisco J. Diaz

Francisco J. Diaz, MD FCAP
Chief Medical Examiner
Office of the Chief Medical Examiner
Washington, DC.

MISSION OF **VFRC**

To prevent the deaths of adults related to homicide and suicide in the District of Columbia though a multidisciplinary and comprehensive review of violent deaths. The VFRC will identify, evaluate, and make recommendations to improve community programs and systems responsible for protecting and serving District residents.

2020 VIOLENCE FATALITY REVIEW COMMITTEE
CO-CHAIRS

Roger A. Mitchell, Jr., MD, FACP
Chief Medical Examiner (former)
Office of the Chief Medical Examiner

Kenyatta Hazlewood, BS, RN, MPH
Trauma Program Director
Department of Surgery, Division of Trauma & Critical Care
Howard University Hospital

OFFICE OF THE CHIEF MEDICAL EXAMINER FATALITY REVIEW
DIVISION STAFF

Jenna Beebe-Aryee, MSW
Fatality Review Program Manager

Renee E. Spraggins, PhD
Violence Fatality Review Program Specialist

Candace Hardin, BSW
Staff Assistant

DEDICATION

This annual report is dedicated to those who lost their lives to homicide or suicide, their families, and the communities impacted by violence in the District of Columbia.

VIOLENCE FATALITY REVIEW COMMITTEE

2020 MEMBER AGENCIES & ORGANIZATIONS

- DC Fire & Emergency Medical Services
- DC Health
- DC Housing Authority
- Department of Behavioral Health
- Department of Human Services
- George Washington University Hospital
- Hillcrest Children & Family Center
- Howard University Hospital
- Medstar Washington Hospital Center
- Metropolitan Police Department
- Office of Attorney General
- Office of Neighborhood Safety & Engagement
- Office of the Chief Medical Examiner
- Office of Victim Services and Justice Grants
- Residents of the District of Columbia
- Sara Kerai Counseling
- The Alliance of Concerned Men
- Transformative Research and Applied Violence Intervention Lab
- United Medical Center

COVID-19 **RESPONSE**

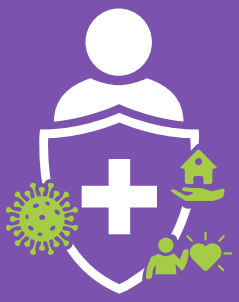
A Public Health Emergency (March – June 2020)

During the onset of the COVID-19 Pandemic, in addition to the normal duties of the fatality review division staff, the Fatality Review Division Manager and Fatality Review Program Specialists were detailed to support the development and implementation of the Virtual Family Assistance Center (VFAC) alongside the leadership of the Department of Behavioral Health (DBH), Department of Human Services (DHS), DC Public Schools (DCPS)- School-Based Mental Health, and the Mayor's Office of Community Relations (MOCRS). Staff from each agency were the first Navigators to engage with COVID-19 decedent' next of kin and their families to provide them with support and resources.

The Bowser Administration established the Virtual Family Assistance Center (VFAC) to serve as a collaborative, streamlined system to engage with and assist individuals and families who lost loved ones to COVID-19. Trained professionals provided support in many areas, and ensured individuals received the resources available to them during this difficult time.

During the public health emergency declaration, the fatality review division continued to coordinate and plan meetings, offering members and participants a platform for engagement. Unofficial meetings were held, offering participants an opportunity to present real-time information about the services or programs they were providing to support District residents during these challenging times.

Additionally, during the public health emergency declaration, the Fatality Review Division Manager and Fatality Review Program Specialists developed and implemented a virtual fatality review platform utilizing Web-Ex Software. All meetings complied with the Open Meetings Act and have proven to provide opportunities for increased and consistent participation of members during meetings, thus allowing for the committee to resume regular committee business.



DISTRICT SERVICES & RESOURCES

VFAC Navigators provided a listening ear, responded to, and connected individuals to needed District services and resources. These services included, but were not limited to:

- Burial and funeral assistance
- Delivery of food and other essential items
- Connection to vital records and other documents
- Connection to public benefits for food, employment/unemployment, health insurance, and cash assistance
- Rental, utility and house cleaning/disinfecting assistance and support
- Mental health and grief support
- Support for seniors
- Support for students

EXECUTIVE SUMMARY

The District of Columbia's Violence Fatality Review Committee (VFRC) is pleased to present its first Annual Report. This report covers data, discussions, and recommendations from the eight (8) homicide cases reviewed by the VFRC in 2020.

The Violence Fatality Review Committee was established by §3042 of the Fatality Review Committee Amendment Act of 2018 and passed on September 5, 2018, as part of the FY2019 Budget Support Act (BSA). The VFRC was established to conduct retrospective reviews of circumstances leading to a violent death.

In March 2020, by orders of the Mayor, a public health emergency was declared for the government of the District of Columbia to curb the spread of COVID-19. Beginning in April 2020, the committee met virtually using a secure platform. In August 2020, the VFRC was able to convene its first virtual confidential case review meeting.

The committee developed four recommendations that address community engagement and collaboration between the family and District Government agencies. Violent deaths are a major public health concern in our nation, especially with the recent increases in homicides and suicides. This is clearly felt in the District of Columbia, particularly in communities of color. Fatality review teams are commonly used to access preventable deaths, yet they rarely focus on adult violent deaths.

KEY DATA FROM 2020 CASE REVIEWS

The VFRC reviewed eight (8) homicides that occurred in 2019 and 2020. Five (5) of these cases were reviewed in collaboration with the Child Fatality Review Committee (CFRC), with a special focus on the prevention of juvenile homicides.

DECEDENT DEMOGRAPHICS

All the decedent cases reviewed were males and District residents.

90% Ninety percent (90%) were African American/Black.

One homicide case reviewed indicated the need to address intimate partner violence surrounding online dating.

The deaths occurred in Wards 3,5,6,7 and 8.

"Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

– THE WORLD HEALTH ORGANIZATION

The District of Columbia's Violence Fatality Review Committee (VFRC) is one of the first in the nation to exclusively focus on adult decedents of homicides and suicides, using a public health approach to prevent violent deaths. Recognizing violence as a health issue is *"founded on an understanding of violent behavior as arising from contextual, biological, environmental, systemic, and social stressors."*[1] This approach focuses on prevention by addressing the known factors that increase or decrease the likelihood of violence. VFRC uses an extensive cross-sectional collaboration with an emphasis on health, which allows agencies to be involved and accountable for preventing violence and promoting wellness.

This report examines the violent deaths reviewed by the VFRC in 2020. Data sources for case reviews came from agency records and documents, publicly available data, community services resources, and/or local service databases. Twenty-nine individuals representing relevant District Government agencies, community members, community service organizations, hospitals, and universities participate in the VFRC. Case review discussions fostered data sharing among participants that resulted in a comprehensive understanding of the context of the decedent's life and what events and actions may have led up to the fatality. These discussions highlighted potential contributing factors to homicides and suicides, intervention implications, and recommendations for systemic improvements.

1 Dahlberg LL, Mercy JA. History of Violence as A Public Health Problem. Virtual Mentor. 2009;11:167-172.

THE PROBLEM: AN OVERVIEW OF VIOLENCE IN THE DISTRICT

Throughout the past decade, the District of Columbia has experienced spikes in both homicide and suicide deaths. Gun violence is of particular concern, especially among people of color and those from areas with the lowest social-economic status.

The Metropolitan Police Department's "District Crime Data at a Glance for 2019" indicates a thirty-eight percent (38%) increase from 2018 in the total number of homicides. The homicide rate (per 100,000) was 23 in 2018 and increased by one percent in 2019. The overwhelming majority (87%) of homicide victims continue to be black males, followed by black females at five percent.

- Black males are seventeen times more likely than black females to be victims of homicide.
- Overall, suicides were more common among males; and
- The majority (81"%) of homicides in 2019 were committed with a firearm (135 of 166 cases).

According to 2019 data from the National Violent Death Reporting System (NVDRS), the District of Columbia's suicide rate (per 100,000) was 6.7% in 2018 and remained steady for 2019. The overwhelming majority of suicide victims tended to be white males.

TABLE 1
Trends in Homicides and Suicides in The District of Columbia: 2000 - 2019[2]

Year	Homicides	Suicides
2000	242	33
2001	232	55
2002	262	47
2003	248	51
2004	248	35
2005	196	44
2006	169	35
2007	181	47
2008	186	63
2009	144	52
2010	132	46
2011	108	44
2012	88	44
2013	104	52
2014	105	69
2015	162	52
2016	135	44
2017	116	57
2018	160	61
2019	166	61

2 Leak, Chikarlo PhD. Trends in Violent Deaths in the District of Columbia: 2017- 2019 YTD

The national suicide rate for males in 2019 was 23.3"%; this is over two times greater than the suicide rate for males in the District of Columbia (10.6 percent). Although the District of Columbia has the lowest suicide rate compared with the United States, the District of Columbia's trends closely mirror the national trends.

- Males have a suicide rate over three times higher when compared with females.
- According to the Center for Disease Control and Prevention, the American Indian and Alaskan Native population have the highest rates of suicide, followed by whites; and
- Older adults have higher rates of suicide, especially men aged sixty-five (65) years and older, followed by males aged 45 to 54 years old.

VFRC HISTORY

The Violence Fatality Review Committee (VFRC) was established by §3042 of the Fatality Review Committee Amendment Act of 2018 and passed on September 5, 2018, as part of the FY2019 Budget Support Act (BSA).

PURPOSE

To reduce the number of preventable violent deaths: homicides and suicides, through identifying, evaluating, and recommending improvements in policies, programs, trainings, and systems that respond to these fatalities.

POPULATION OF INTEREST

VFRC's work focuses on persons aged 19 and older who died in the District of Columbia or were District residents, regardless of the place of death.

BOARD COMPOSITION

The Mayor appointed one representative from each of the following District agencies:

- The Office of the Attorney General;
- The Office of the Chief Medical Examiner;
- The Metropolitan Police Department;
- The Office of Neighborhood Safety and Engagement;
- The Office of Victim Services and Justice Grants;
- The Fire and Emergency Medical Services Department;
- The Department of Behavioral Health;
- The Department of Human Services;
- The Department of Health; and
- The District of Columbia Housing Authority.

The Mayor invited members from federal, judicial, and private agencies or entities with relevant expertise in homicide or suicide cases, to include one representative from each of the following:

- The Superior Court of the District of Columbia.
- The Office of the United States Attorney for the District of Columbia; and
- The Court Services and Offender Supervision Agency.

The Mayor additionally appointed the following members in accordance with § 1-523.01(f):

- One representative from each hospital located in the District.
- Two representatives from organizations providing hospital-based violence intervention programs.
- Two representatives from organizations providing mental and behavioral health services.

- One representative from a college or university within the District researching homicide and suicide prevention.
- One representative from an organization providing services to secondary victims of homicide or suicide; and
- Three community members who are not District government employees.

THE MODEL

The District of Columbia's model for violence prevention is based on a public health approach. This approach involves defining and measuring the problem, determining the cause or risk factors, determining how to prevent the problem, and implementing effective strategies on a larger scale, and evaluating the impact. It is a comprehensive way to help people, organizations, and systems understand how to prevent violence. A public health approach emphasizes input from broad multidisciplinary angles of sociology, psychology, health, social service, justice, policy, and the public sector.

THE PROCESS

The case review process is a retrospective one. This means the review of cases takes place after all information has been gathered by the various organizations (i.e., MPD, OCME, DC Health, etc.) and the main investigation related to the case has been completed.

Once the Fatality Review Division (FRD) has received the quarterly list of decedents from DC Health, the fact-gathering begins. The following items of information are collected to help build the case review:

- Demographic information for the decedent and perpetrator (i.e., age, race, gender, educational attainment, employment status, income level, etc.).
- Family dynamics.
- Location of the fatal event.
- Relationship of the parties involved in the fatal event.
- Manner and cause of death.
- Community services requested, received, or refused by the decedent, perpetrator, and their families; and
- Circumstances leading to or involved with the death.

If the decedent or their family had any involvement with District Government agencies and organizations, the following records (Table 2) were requested and received by the OCME Fatality Review Division staff and used to re-create the decedent's life before the fatality for the case review.

The case review process for violent deaths includes a discussion of the effects of the social determinants of health, risk and protective factors, and adverse childhood experiences of the decedent and family prior to the fatal event.

THE EVALUATION OF CIRCUMSTANCES LEADING TO THE FATALITY

SOCIAL DETERMINANTS OF HEALTH

According to *Healthy People: 2030*,[3] the Social Determinants of Health (SDOH) are "*the conditions in the environment where people are born, live, learn, work, play, worship and age that can support and affect health outcomes, quality of life outcomes, risks, and disparities*." SDOH is how your life conditions (background) influence your health outcomes. They can include but are not limited to factors such as educational opportunities, neighborhood environment, social support networks, access to healthcare and housing, income levels and food insecurity & inaccessibility of nutritious food choices.

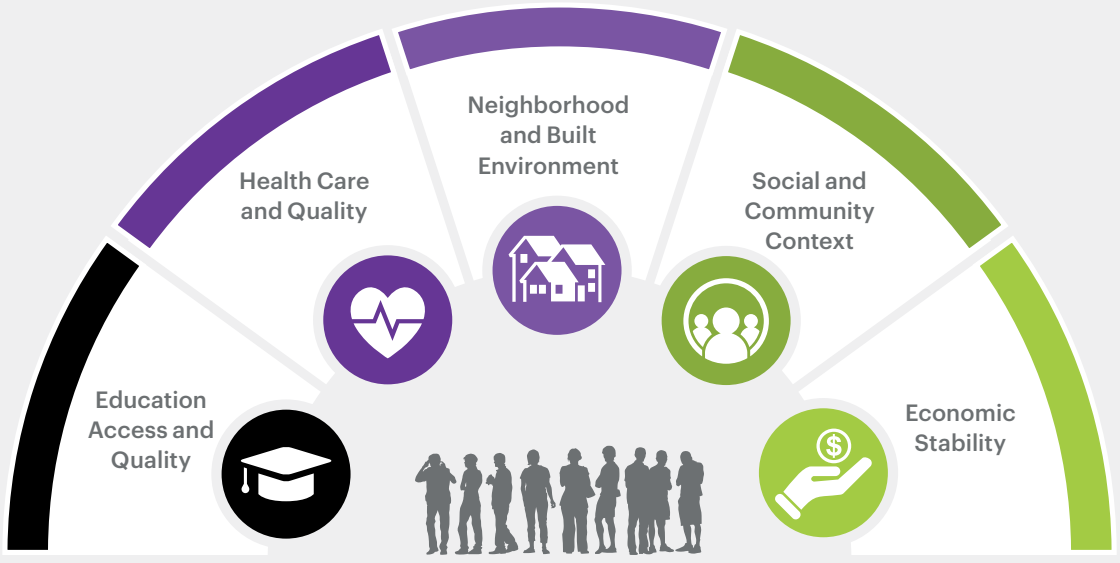
RISK AND PROTECTIVE FACTORS

Risk Factors are characteristics that increase the likelihood of experiencing violence, either as a victim or a perpetrator but may or may not be a direct cause.

Things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors of violence are **Protective factors**.

FIGURE 1[4]
The Social Determinants of Health

Homicide and suicide rates are closely associated with SDOH. Violence is a major contributor to life expectancy, and a better understanding of the root causes of violent death is crucial for prevention, intervention, and postvention.



3 https://health.gov/healthypeople.
4 https://www.cdc.gov/publichealthgateway/sdoh/index.html

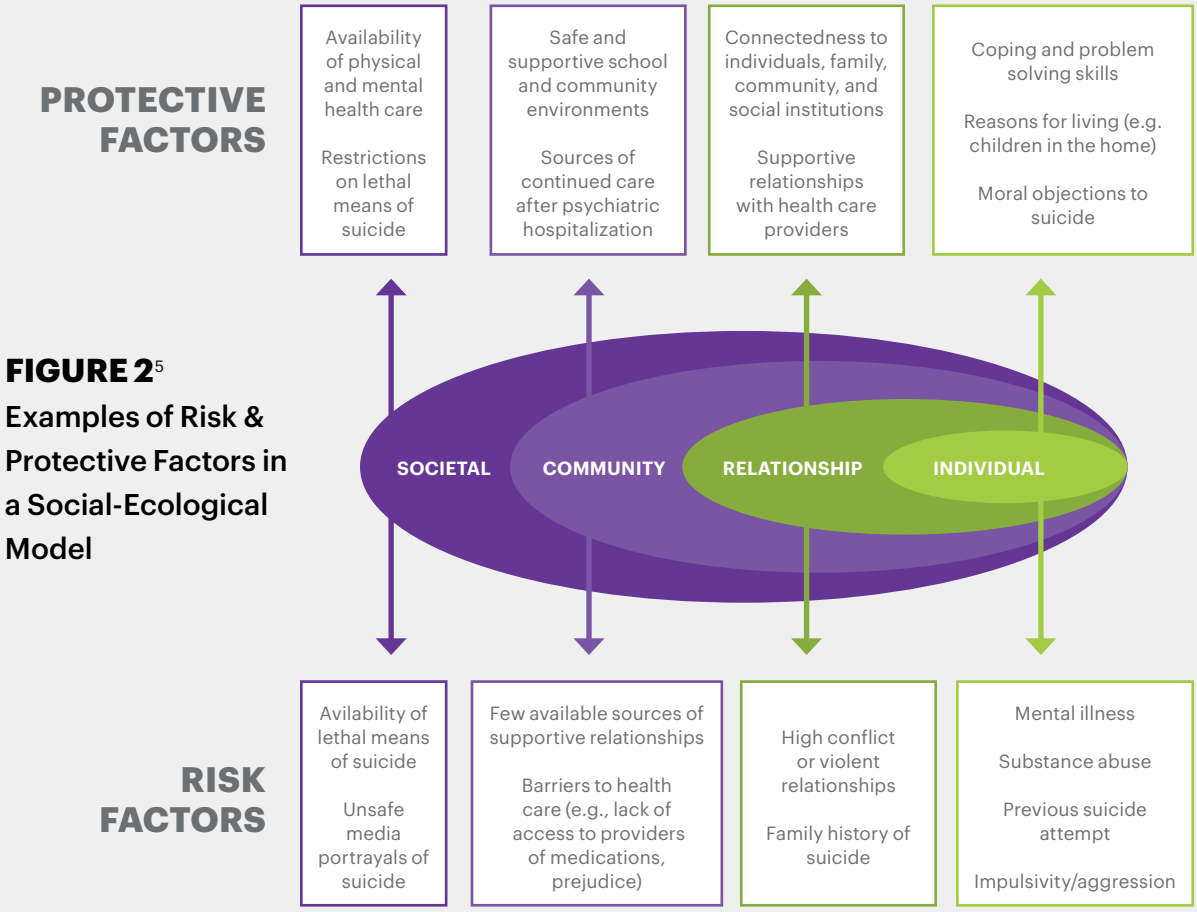


FIGURE 2[5]
Examples of Risk & Protective Factors in a Social-Ecological Model

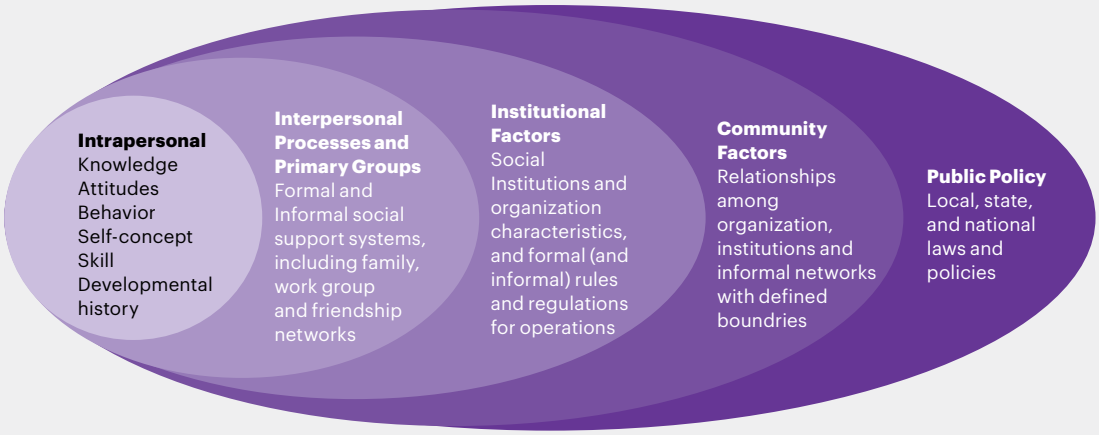


FIGURE 3
Socio-Ecological Model

THE SOCIO-ECOLOGICAL MODEL

Violence prevention depends on understanding the factors that influence the problem. The Social-Ecological Model shows the interplay of factors between four levels of society. This range of factors can put people at risk or protect them from experiencing or perpetrating violence. Using a public health approach allows the VFRC to examine across all levels and disciplines to prevent violence.

5 Source: Adapted from Dahlberg LL, Krug EG. "Violence - A Global Public Health Problem." In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, Eds., World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Adverse Childhood Experiences (ACEs) were first examined in the groundbreaking 1998 study by the CDC and Kaiser Permanente, which investigated the impact of childhood traumas on the physical and mental health of over 17,000 adults.[6] The study found a direct correlation between ACEs and future health complications among the participants. As shown in Figure 4, the study highlighted ten ACESs.[7]

By using ACEs, the VFRC was able to examine the impact of reoccurring exposure to childhood trauma in their case reviews. Early intervention can reduce one's exposure to adverse childhood experiences, lessening behavior issues, health complications, and disease.[8]

KEY QUESTIONS ASKED

After the presentation of facts surrounding the case review, the VFRC used the following questions to guide its discussion:

- Was the investigation complete? If not, what are the problem areas that need to be addressed?
- Is the autopsy/death certificate complete, and are there areas of concern that should be considered?
- Are there services that should have been provided?
- Were there efforts to collaborate among public/private agencies, and were they successful?
- What were the major risk factors?
- What were the major protective factors?
- What agency policies and practices need improvement?
- What can be done to change behavior, practices, policies, or laws?
- Are there specific prevention strategies that can be implemented?
- Was this death preventable?

6 Felitti, V. J. et. al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 14(4), 245-258.
7 Adapted from: ACHA (American College Health Association). n.d. Ecological model. https://www.acha.org/HealthyCampus/Implement/Ecological_Model/HealthyCampus/Ecological_Model.aspx?hkey=f 5defc87-662e-4373-8402-baf78d569c78
8 https://www.planstreetinc.com/challenges-impact-and-how-to-overcome-adverse-childhood-experiences-ace/ Add as a footnote

FIGURE 4
Ten ACEs Identified by the CDC-Kaiser Study

VFRC **CASE REVIEWS**

The VFRC conducted reviews of eight (8) violent death (homicide) cases during 2020.[9] With the emergence of COVID-19 in 2020, in-person meetings were impacted, creating issues with the confidentiality of reports and case discussions.

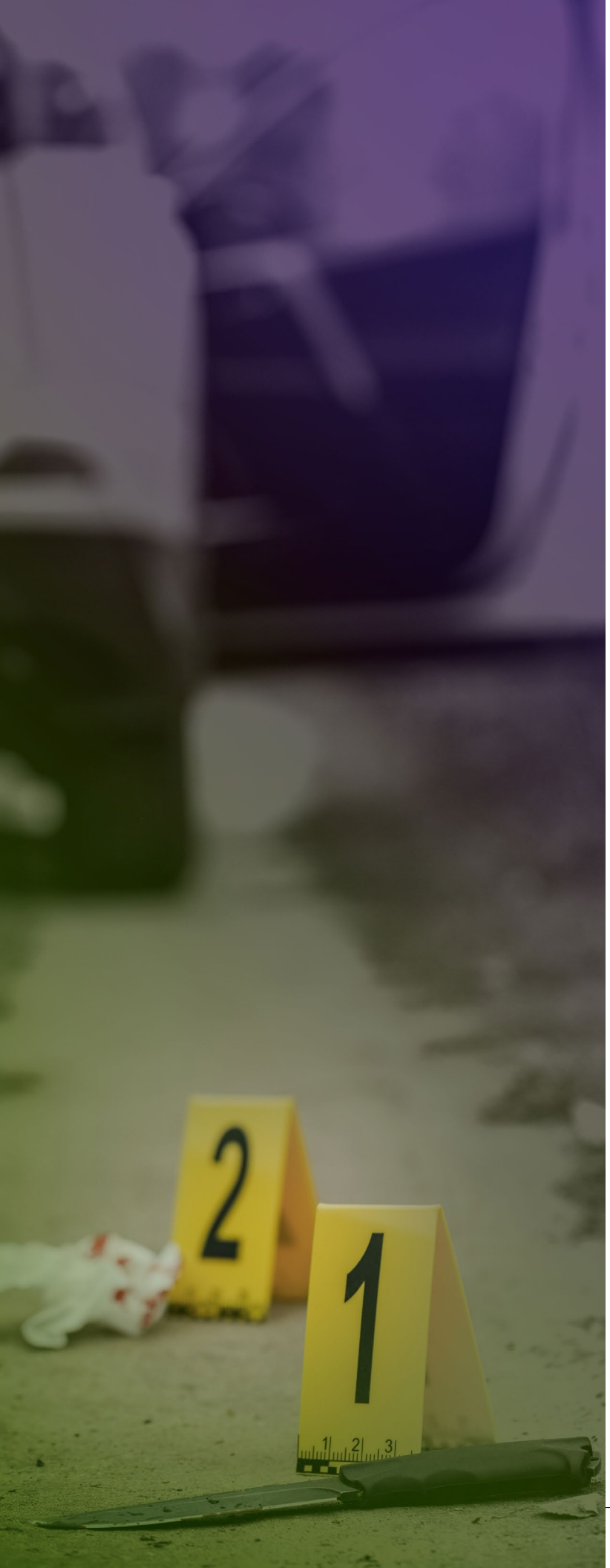
Virtual meetings were held with VFRC members who presented the following topics to strengthen the member's understanding of the VFRC case population:

- Medstar Washington Hospital Center's Community Violence Intervention Program.
- The Office of Neighborhood Safety and Engagement's Family & Survivor Support Program.
- Department of Human Services programs available during the COVID-19 in the District of Columbia.
- Howard University Hospital's Violence Intervention Hospital-based Program, "T.R.I.U.M.P.H." (Trauma Recovery Utilizing Multiple Pathways of Healing).
- Department of Behavioral Health's "What Suicide Prevention Looks Like in the District of Columbia."

TABLE 2 Details of VFRC 2020 Homicide Case Reviews

Decedent Demographics	Cause of Death	Method	Associated Risks
• 19-year-old, Black male • Unemployed • Did not graduate high school • Fatality occurred in Ward 8	Multiple Gunshot Wounds	Firearms	• Brother associated with a local crew, had a criminal history • Easy firearm access • Neighborhood violence • Father absent for decedent's life • Validated crew member known to be involved in neighborhood conflicts • Anger and aggressive issues • Low/no commitment to school • Non-compliant with court and pre-trial service orders • Drug & alcohol abuse
• 22-year-old Black male • Employed • High school graduate • Fatality occurred in Ward 6	Multiple Gunshot Wounds	Firearms	• Multiple family interactions with CFSA, including family separation • Maternal arrest history • Previous non-fatal gunshot injury • Learning difficulties • Decedent criminal history • Poor school behavior • Exposed to violence • Easy access to firearms
• 36-year-old West Indian male • Employed • College graduate • Identified as a Gay male • Fatality occurred in Ward 3	Multiple Stab Wounds	Knife	• No previous criminal history

9 Due to COVID-19 and a special opportunity to collaborate with the CFRC, the VFRC did not review any suicide cases in 2020.



- **The Work of The Alliance of Concerned Men to Prevent Violence in the District; and**
- **"Structural and Interpersonal Violence in Washington, DC."**

Although no suicide cases were reviewed in 2020 by the VFRC, this type of violent death still occurred in the District of Columbia. Seventy-eight (78) percent of completed suicides were by males, and eighty-nine (89) percent were by whites. Fifty-one percent of suicides are via firearms, followed by suffocation (26 percent) and poisoning (15 percent).

"THE SPECIAL FIVE"

In September 2020, the VFRC, in collaboration with the Child Fatality Review Committee (CFRC,) was tasked by the interim Deputy Mayor of Public Safety and Justice (DMPSJ) to conduct a special, in-depth case review on five committed youths who were victims of homicide.

The ad hoc committee was made up of members of VFRC and CFRC. They had been directly involved in the cases of the Special Five and could provide insight into their agency's interactions with the decedents and their families. The Special Five cases were reviewed in virtual meetings during October 2020, November 2020, December 2020 and continued in January 2021.

At these meetings, agencies closely examined the lives of the decedents, exchanged agency information, practices, and previous contacts, and identified trends, system, and program gaps, and needs. As a result, the ad hoc committee came up with recommendations on policies, programs, and resource allocations to aid in violence prevention strategies, particularly as it relates to youths involved with juvenile justice and child welfare. These recommendations were then forwarded to the appropriate agencies for the next steps and shared with the Mayor and the DMPSJ.

TABLE 3 The Special Five Decedent Demographics

Decedent Demographics	Cause of Death	Method	Associated Risks
• 18-year-old, Black male; • Fatality occurred in Ward 8 • Resided in Ward 8	Gunshot Wound	Firearm	• Easy firearm access; • Validated crew member involved in neighborhood conflicts • Drug & alcohol abuse • History of truancy • Family involvement with child welfare • Exposed to violence in the home • Economic insecurity • Unresolved mental health issues • Involvement with juvenile justice
• 18-year-old, Black male; • Unemployed • Fatality occurred in Ward 5 • Resided in Ward 5	Gunshot Wound	Firearm	• Easy firearm access • Exposed to violence • Poor school performance • Drug & alcohol abuse • History of truancy • Family involvement with child welfare • Poor family support • Economic and food insecurity • Unresolved mental health issues • Involved with juvenile justice
• 17-year-old, Black male • Unemployed • Fatality occurred in Ward 7 • Resided in Ward 8	Multiple Gunshot Wounds	Firearm	• Easy firearm access • Truancy • Drug & alcohol abuse • Family involvement with child welfare • Previous victim of violence • Unresolved grief • Economic and food insecurity • Unresolved mental health issues; • Unsafe living environment at home; • Involved with juvenile justice since the age of 9
• 17-year-old, Black male • Unemployed • Did not graduate high school • Fatality occurred in Ward 7 • Resided in Ward 6	Multiple Gunshot Wounds	Firearm	• Easy firearm access • Marijuana abuse • Unresolved mental health • Truant • History of truancy • Previous victim of gun violence • Family involvement with child welfare • Witnessed violence in the home • Economic insecurity • Involved with juvenile justice since the age of 13
• 18-year-old, Black male • Unemployed • Did not graduate high school • Fatality occurred in Ward 6	Gunshot Wound	Firearm	• Easy firearm access; • Marijuana abuse • Victim of violence • Truant • Homelessness • Family involvement with child welfare • Witnessed domestic violence • Economic insecurity • Unresolved mental health issues • Learning disabilities • Involved with juvenile justice since the age of 14 • Abandoned by family

TABLE 4 Collective Associated Risks Among "Special Five" Decedents

1	History of sleep disturbance
2	Food Insecurity
3	Single mother headed household
4	Exposure to sexualized behavior at a young age
5	Behavior started changing in elementary school
6	First arrests around age 10
7	Diagnosed with mental health disorder- ODD, ADHD (and did not take medication regularly)
8	Engaged in multiple physical altercations with peers and sometimes family members
9	Child welfare involvement (with patterns of similar allegations)
10	Father engagement in the care of the youth was not well documented
11	Access to firearms before the age of 18 (with access to ammunition and large magazine weapons)
12	Frequent abscondences from home
13	Chronic absenteeism from school

Records indicate these decedents were participants in the credible messenger program. One decedent released to the community before the COVID-19 quarantine maintained a good relationship with the assigned credible messenger. Three decedents released into the community after the COVID-19 quarantine did not benefit from the services because of the inability to meet face-to-face.

Barriers to engagement:

- One credible messenger expressed the decedent's home posed safety concerns (exposure to drug activity in and around the home).
- The decedents' frequent/lengthy absconding from placements.
- COVID-19 quarantine

All decedents were involved with multiple service agencies throughout their lives – DCPS, CFSA, CSS, OAG, OSSE, DBH, and DYRS. Three decedents' families were significantly involved with CFSA from an early age that later coincided with the involvement with juvenile justice. Records indicate the decedents' home environments did not provide the level of supervision or discipline required to address their behavioral needs.

Four of the youths had special education needs with school-based services in place. All the youths were truants, with poor school attendance first identified in elementary school. One decedent showed academic promise before his involvement in criminal activity.

All youths had tumultuous home environments and little to no family support. One youth was identified as having no fixed address at the time of death.

All decedents experienced multiple community-based juvenile justice placements and frequently absconded on multiple occasions. All decedents were monitored using global positioning system hardware (GPS). However, the effectiveness of GPS monitoring for this population of youths is unknown. Two cases indicated the GPS devices were electronically charged as required for monitoring

Case reviews discovered there was poor collaboration among agencies involved with these youth. The VFRC agreed the poor collaboration among District Government agencies that work with high-risk youths created a missed opportunity for engagement and service provisions for both the youth and their families.

"The key to preventing a great deal of violence is understanding where and when it occurs, determining what causes it, and scientifically documenting which of many strategies for prevention and intervention are truly effective."

- OFFICE OF THE SURGEON GENERAL

Youth Violence: A Report of the Surgeon General. Washington, DC: U.S. Department of Health and Human Services; 2001.

PERPETRATORS

Three alleged perpetrators have been identified by the MPD and charged in the murders of three decedents. One of the alleged perpetrators, a 16-year-old Black male, is believed to be the perpetrator in at least three other homicides. Court records indicated he had been released from youth custody weeks before the homicides because of concerns about the spread of COVID-19.

Several protective factors among the Special Five were identified in the records reviewed:

- Male role models (previous teachers and Credible Messengers)
- Wraparound services available
- Decedents identified realistic, achievable goals
- Access to services and interventions
- Family moved to escape the violence
- Successful completion of Alternatives to the Court Experience Diversion Program (ACES)
- Decedents had positive hobbies that kept them engaged (i.e., creating music, playing football or baseball, and vocational education)

PROPOSED RECOMMENDATIONS

The VFRC is continuing its discussion of several recommendations developed on behalf of the special population of individuals whose lives are impacted by violence. These pending recommendations will address the following areas of focus:

TABLE 5 Areas of Focus Addressed in Pending Recommendations

Area of Focus	Recommendations
Mental Health Services	Encouraging youth and family participation in mental health services and programs; and Removing the attached stigma
Resources for persons aged 19-24	The need for vibrant wraparound services to prevent this population's commitment to the justice system.
Household preparedness	Providing families with the resources necessary to ensure they are adequately prepared for the youth to be received back into the household and successfully maintain that environment.
Pandemic planning	Having a contingency plan in place during a health emergency to accommodate youth at placement facilities.

Youth who were referred for mental health services did not want to participate in the services and, most times, purposely missed appointments or were not active participants when they did attend. There needs to be a better understanding of why young persons do not want to use mental health services and how the attached stigma can be removed.

Agencies and providers need to find a way to reach or meet the youth where they are and encourage their participation in mental health programs, boost confidence in the validity of the mental health intervention process, as a valuable tool in healing, self-discovery, and building self-esteem.

It is a finding that emerging adults between 19 to 24 years old need resources that do not require their commitment to the justice system. Prevention and intervention resources are necessary to assist this special and often overlooked population of young adults. In 2019, twenty-five percent of the total number of adult homicides in the District was young adults. If that twenty-five percent had access to the vibrant wraparound resources available to those under 19, those deaths might have been prevented.

A preparedness tool is needed to assess the readiness of a youth's family and the household before a youth is ready for post disposition or placement. A review of several cases involving committed youths who died by homicide while under the custody of DYRS documents instances where families were not mentally, emotionally, and/ or physically prepared or trained for the youths to return home. Unfortunately, in the cases of the committed youths mentioned above, this was realized after the youths had returned home and ultimately contributed to their deaths.

VFRC members agreed there is a need for pandemic planning and a contingency release plan for youths placed in facilities when a pandemic is in play. In the five reviewed cases involving committed youths who died while in the custody of DYRS, the youths held at residential detention facilities were released back into the community early due to the COVID-19 virus. Although this was to help stop the spread of the coronavirus throughout the facility, several youths were returned to their neighborhoods, where there were concerns for their safety. Once released to these areas, many youths were reunited with bad influences and returned to their criminal activities, which contributed to their demise.

THE DISTRICT OF COLUMBIA'S **RESPONSE TO VIOLENCE**

DIRECTOR OF GUN VIOLENCE PREVENTION

In late January 2021, Mayor Bowser announced a new position in the District of Columbia: Director of Gun Violence Prevention. Linda Harllee Harper assumed the new role, which will lead the implementation of the city's violence interruption efforts. Using a public health approach, her goal is to offer resources and support to young people involved in violence, either as a victim or a perpetrator, or those at risk of being involved.

Modeled after a successful initiative in Oakland, CA, the philosophy behind the new position is that "gun violence prevention should not be the sole responsibility of the police but must be included in every decision about employment, housing, health, recreation and other aspects of life." Director Harllee Harper's priority will be focusing on neighborhoods most affected by gun violence. According to data on 911 calls for gunshots, gunshot victims, and many other variables, forty-five percent of shootings in the District occur in one percent of city blocks.

GUN VIOLENCE PREVENTION EMERGENCY OPERATION CENTER

The Gun Violence Prevention Emergency Operations Center (EOC) is part of the new comprehensive gun violence prevention program, Building Blocks DC. The EOC, a first-of-its-kind in the nation to deploy a public health approach to gun violence prevention, is in the heart of Historic Anacostia in Ward 8.

The Gun Violence Prevention Center will be staffed by a team of DC government leaders who specialize in emergency management, government services, housing, job training, mental health, and social services. According to Director Harllee Harper, "The Gun Violence Prevention Emergency Operations Center will be our infrastructure creating a process to coordinate collective action.

D. C. SUMMER CRIME PREVENTION INITIATIVE

At a June 7, 2021, news conference, Mayor Bowser and the Director of the Office of Gun Violence Prevention announced $750,000 in community grants to individuals and local organizations to address gun violence in the District. Two types of grants were available: mini grants and larger grants.

Mini grants, worth up to $5,000, were geared towards individuals promoting public safety in their communities. Larger grants, up to $50,000, focused on small organizations seeking to create programs to help reduce gun violence in the District. Grant applications opened June 14 (for FY2021) on a rolling basis until funds ran out.

BUILDING BLOCKS DC PARTNERSHIP

Part of Mayor Bowser's $59 million investment in a comprehensive approach to reducing gun violence will be through Building Blocks DC. This is a cross DC government and departmental initiative aimed at addressing gun violence where it is concentrated in the city. Build Blocks DC focuses on the one hundred and fifty-one (151) district blocks most prone to gun violence. The initiative will begin with historic Anacostia in Ward 8 as pilot blocks, followed by the areas of Mayfair and Kenilworth in Ward 7.

The mayor's broader budget of $59 million will be distributed as follows:

- $11.4 million to support returning citizens;
- $7.8 million for Violence Interrupters; and
- $5.6 million to create 110 jobs at DC's Department of Public Works for people at risk of gun violence.

Building Blocks DC will engage people most at-risk of becoming a victim or perpetrator of gun violence and focus initial efforts on working with individuals who :

- Have repeatedly been arrested for gun-related offenses;
- Are under active supervision by CSOSA or DYRS;
- Have been directly impacted by gun violence; and
- Have experienced the ripple effects of gun violence.
- Building Blocks DC will work to create individualized wraparound plans for support, including housing, career and workplace readiness, mental health care, academic support, and other government services.

ACKNOWLEDGEMENT

"We have a collective responsibility to ensure our children have every opportunity to be safe from violence. I am asking that we all stand together and say no more. I am sick of being sick and tired."

MPD CHIEF ROBERT CONTEE III ,
JULY 19, 2021

We want to thank the VFRC members whose commitment to eradicate acts of violence throughout our communities shaped the environment within the District of Columbia to affect change. The VFRC members are tireless volunteers, whose advocacy for the residents of the District of Columbia is unmatched. Without their dedication, the work of the VFRC would be impossible.

VIOLENCE FATALITY REVIEW COMMITTEE

2020 ANNUAL REPORT

Office of the Chief Medical Examiner
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