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CURE VIOLENCE
FEASIBILITY STUDY: ANALYTICAL REPORT
ALLENTOWN, PENNSYLVANIA
APRIL 9-11, 2019

Section 1: Overview of the Cure Violence Model

For nearly 20 years, Cure Violence (CV) has successfully worked to reduce violence in communities across the United States and around the world, advancing a new health paradigm on violence and a scientific approach to preventing it. This approach is grounded in an understanding that violence exhibits hallmarks of a health issue. It spreads from person to person: it is acquired and biologically processed, perpetuated through social norms and peer reinforcement, and can be prevented using disease control and behavior change methodology.

The Cure Violence model advances an epidemic-reversal methodology to detect and interrupt potentially violent situations; identify and change the thinking and behavior of the highest risk transmitters; and change group norms that perpetuate violence. This begins with an analysis of violence clusters and transmission dynamics, and uses several new categories of health workers to interrupt transmission and change norms around the use of violence.

Central to the approach is the use of workers viewed as trustworthy and credible by the population being served. Through community-based partners, carefully-selected individuals with similar background and experiences as individuals most prone to violence are hired as Violence Interrupters and trained by CV to detect where violence may occur (tapping into their pre-existing networks) and intervene before it erupts. Similarly, Outreach Workers are hired and trained to work with high-risk individuals over 6-24 months, in their homes, on the streets, and in the program's community-based office, to change thinking and behavior related to violence and connect participants to community resources. Many replication sites have implemented an additional hospital-based violence intervention component. Hospital Responders (drawn from similar backgrounds as victims) are deployed to local hospital trauma centers when a gunshot, stabbing, or blunt force trauma victim arrives, to intervene during the critical window of opportunity immediately after a violent incident. This intervention has been successful in preventing retaliation, connecting victims to necessary services, and interrupting the cycle of violence.

In the U.S., the CV model is being replicated in more than 60 communities and has undergone multiple, rigorous external evaluations. Each evaluation found large, statistically significant reductions in gun violence. Multi-site studies by Northwestern University and Johns Hopkins University showed 41% to 73% reductions in shootings in neighborhoods in Chicago and 34% and 56% percent decreases in neighborhoods in Baltimore. In New York, an evaluation by John Jay

College found that the Cure Violence approach creates safer and healthier communities. The study states, "New York City neighborhoods operating Cure Violence programs show steeper declines in acts of gun violence and the expression of pro-violence social norms compared with similar neighborhoods not operating Cure Violence programs." The study examined two communities and found reductions across all measures of violence, including a 63% reduction in shootings in one community and a 50% reduction in gun injuries in the other community.

Additional results from Cure Violence projects throughout the world can be found in *Appendix A*.

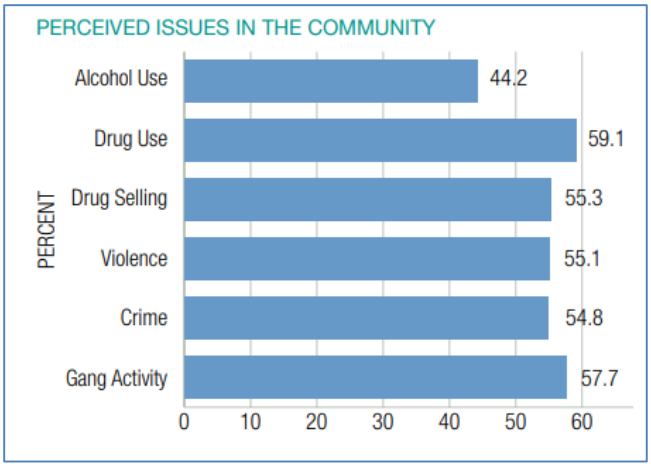
Section 2: Feasibility Study: Analytical Report

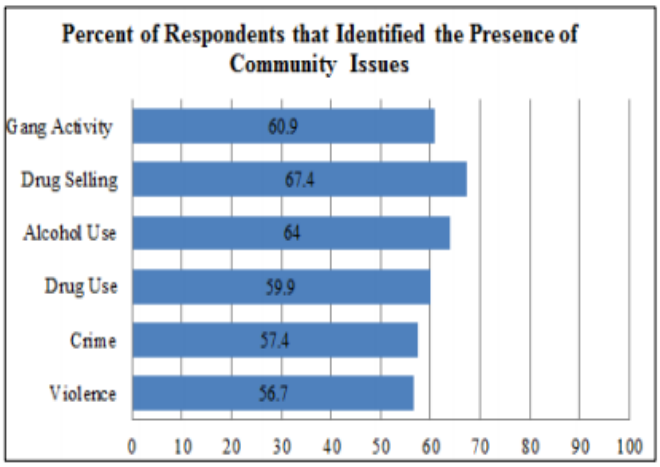
This report seeks to describe the feasibility of implementing the CV model in Allentown, Pennsylvania. The CV model can only be adapted to the context of Allentown if local institutional and individual capacities exist to implement its three main components. To evaluate the local capacities, an Assessment Visit was performed during the time period of April 9-11, 2019 to answer the following questions: (1) Is there a governmental or non-governmental agency with the capacity and the will to implement the CV model with fidelity? (2) Does official and unofficial data exist about violent incidents to focus and monitor the implementation of the model? (3) Does official and unofficial data exist about the nature of violent incidents to determine if the CV model is appropriate? (4) Does official and unofficial data exist to create criteria to identify a high risk target population for focusing implementation of the model? (5) Do community organizations exist who fit the CV criteria to serve as partners to implement the model? (6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?

To complete the feasibility study CV team members met with representatives from Promise Neighborhoods of Lehigh Valley (PNLV), Allentown Police Department, Mayor Ray O'Connell, City Council members, Lehigh Valley Health Network, St. Luke's Hospital, Allentown School District, Lehigh Valley Community Foundation, Office of Congresswoman Susan Wild, and Neighborhood Health Centers, reviewed official data provided by the Allentown Police Department, and conducted informal interviews with city stakeholders, community-based organizations and community members. The agenda of the assessment visit, compiled and coordinated by PNLV, is included as *Appendix B* of this report.

Section 3: Scope of Violence

There is data available with regard to the scope of violence present in Allentown. In 2017, there were 165 gun related crimes, which included 14 homicides. This represented nearly a doubling of homicides from the previous year. Community Health Needs Assessments (CHNA) conducted by both the Lehigh Valley Health Network (LVHN) (2019) and St. Luke's Hospital (2016) show that of residents surveyed 55.1% and 56.7% respectively identified violence as an issue present in the community (see graphs below). Both CHNAs indicate an even higher percentage response related to gang activity being present (57.7% & 60.9%).





LHVN, CHNA, 2019 St. Luke's Hospital, CHNA, 2016

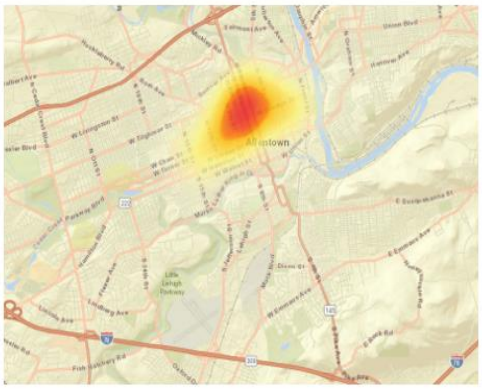
Data from these CHNAs, in addition to anecdotal data, collected during the Assessment Visit indicate that school related violence and conflict is an issue. The LVHN 2019 CHNA states:

> "In the past 12 months, 23.7 percent of students in this district reported being threatened with violent behavior on school property (compared to 20.5 percent at the state level). 10.7 percent of students reported having actually been attacked on school property (2.6 percent reported being attacked with weapons). 2.2 percent of students had brought a weapon to school (state rate: 1.2 percent). 23.7 percent of students reported they had been threatened to be hit or beaten up on school property in the past 12 months (compared to a state rate of 20.5 percent)."

Prior to the Assessment Visit, the Allentown Police Department provided the CV team with the following four slides detailing 1. Citywide firearm crime by density, 2. Citywide firearm crime by location of incidents, 3. Firearm crime within the proposed target area, and 4. Citywide firearm crime stats for 2016 to 2018:

Slide 1:

2016 – 2018 Citywide Firearm Crime (Density)

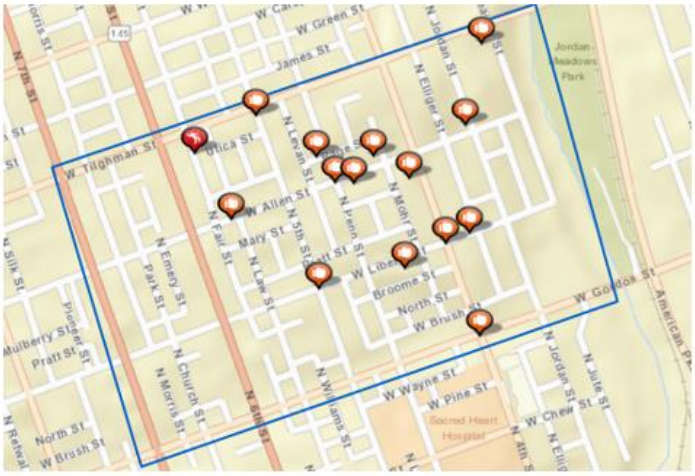


Slide 2:

2016 – 2018 Citywide Firearm Crime (Point)

Slide 3:

2016 – 2018 Citywide Firearm Crime
7th to Jordan Creek, Tilghman to Gordon



Slide 4:

2016 – 2018 Citywide Firearm Crime Stats

Firearm Crime - Citywide 2016 - 2018				
Crime Type	2016	2017	2018	Grand Total
ASSAULT POLICE OFFICER W/GUN(G	1	0	0	1
ASSAULT W/ GUN	24	13	8	45
ASSAULT W/ GUN - DOMESTIC	2	0	0	2
ASSAULT W/ GUN (GUNSHOT WOUND)	23	28	25	76
ASSAULT W/ GUN DOMESTIC (GUNSHOT WOUND)	1	0	0	1
ASSAULT W/GUN MULTIPLE VICTIMS	2	3	0	5
MURDER/NON-NEGLIGENT MANSLAUGH	9	16	9	34
Grand Total	62	60	42	164

Firearm Crime - 7th to Jordan Creek, Gordon to Tilghman 2016 - 2018				
Crime Type	2016	2017	2018	Grand Total
ASSAULT W/ GUN	0	1	2	3
ASSAULT W/ GUN (GUNSHOT WOUND)	1	3	7	11
MURDER/NON-NEGLIGENT MANSLAUGH	0	0	1	1
Grand Total	1	4	10	15

While the first two slides show where violence is clustering broadly, it is difficult to determine potential target areas due to the inability to zoom in. The target area proposed for this project is represented in the third slide (7th to Jordan Creek, Tilghman to Gordon). During the Assessment Visit this area was reported to be a chronic "hot spot". The data on the fourth slide shows that citywide there were a total of 76 assault with a gun (gunshot wounds) incidents from 2016-2018 and 34 murder/non-negligent manslaughter incidents. The target area proposed only accounts for 11 and 1, respectively.

The lack of incident level data provides a significant challenge in determining epicenter level target areas and/or a citywide implementation plan. Review of incident level data allows for the identification of:

1. Hot spots (clustering of the violence epidemic needed to determine epicenter locations, as well as to inform strategic implementation process);
2. High-risk individuals and groups (for purposes of identification and detection of those at highest risk, strategic planning, and to assist in determining appropriate staff and staffing patterns)
3. Hours/days of incidents (to determine work schedule, canvassing efforts and overall strategic planning)

Without incident level data only tentative recommendations can be made at this time based on the available official and unofficial data. Moving forward, more recent and detailed data from APD would allow for a more comprehensive review of target areas, potential site boundaries, and high risk individuals and groups involved in violence.

Target Area

The data provided only indicates 1 murder/non-negligent manslaughter in 2016-2018 within the proposed target area, but a total of 34 citywide for the same time period. It is possible that the individuals involved in citywide violence live within the prposed target area. This will need to be determined and taken into consideration in deciding placement of potential program site(s). In examining the proposed target area, the following institutions are present:

- William Penn School
- St. Luke's Church
- Conference of Churches
- Union Baptist Church
- Iglesia Pentecostal
- The Alternative Gallery

These entities provide an opportunity for partnership and support, to include connection to individuals that may be appropriate to serve as staff, inroads to highest risk individuals and groups, and relevant services/resources.

The groups located within, or connected to, the proposed target area are reportedly African American and Latinx. While national groups are present, for the past two years two local groups have been driving the bulk of violence. These groups skew younger and are not significantly connected to drug trade activity. If these groups are connected to larger outside groups they are only loosely affiliated. As we are seeing throughout the country there is often conflict within groups that can erupt in violence, as well as the potential for separate groups, affiliated or not affiliated with the same larger national group, to come together based on need, common adversary, etc. During discussions with key implementation partners, intimate partner relationships, respect and drugs (minimally) were identified as the underlying factors for why violence erupts in Allentown. Additionally, as seen throughout the country, the use of social media as a means to instigate and exacerbate conflict is widespread. The smaller groups/cliques in Allentown are very close geographically, often within blocks of each other. It is important to note the transient nature of Allentown. This may contribute to shifts in hotspots or at minimum where those involved in violence reside. Both would affect implementation and will need to be considered during all phases of implementation. All of these factors affect implementation, staffing and strategic planning and play a role in determining how the model is adapted to the context of Allentown and how the work is operationalized.

Section 5: High Risk Target Population

Data to Create Criteria for Target Population

CV programs work with those at highest risk for involvement in violence. Participants are vetted by the staff to identify an individual's level of risk to determine if he/she is eligible to participate in the program. The criteria for determination of risk often include the following:

- Gang/group/clique/crew/etc. Involvement: Participant is thought to be a member of a group known to be actively involved in violence

- Key Role in Gang/group/clique/crew/etc.: Participant is thought to have a key role in group known to be involved in violence
- Prior Criminal History: including crimes against persons, pending or prior arrest for weapons offenses
- High-risk Street Activity: Participant is involved in street activity highly associated with violence
- Victim of violence: Participant has been shot or stabbed within the last 90 days
- Proximity to violence: Someone close to participant (family member, friend, or /group/clique/crew/etc. member) was a recent victim of violence
- Between the ages of 14 and 25 years
- Recently released from prison; underlying offense was a violent crime
- Weapons carrier

During the assessment visit, the CV team determined that official and unofficial data does exist to identify a target population for focusing the implementation of the model.

Using official and unofficial data the CV was able to determine common risk factors for individuals to participate in violence in Allentown. They include:

- **Age:** According to unofficial data provided by key stakeholders, the age ranges in which people are most likely to be involved in violence in Allentown is 14-25. The target population age will be between 14-25 years old.
- **Active in a violent organization:** According to informal interviews, membership in violent organizations, ranging from neighborhood cliques to more organized gangs, is highly associated with violence in Allentown.
- **High risk street activity:** According to unofficial data and informal interviews those associated with violence are primarily group involved. Conflicts stem from intimate partner relationships, respect, internal group issues and occasionally drug trade activity.
- **Recently released from prison (with underlying offense crime against persons):** According to informal interviews individuals recently released from prison are under added stressors and have been targeted or recidivate post release which puts them at greater risk for being involved in violence.
- **Recent victim of shooting (or family/friend/organization recently victim of shooting or homicide):** There was no available data to indicate the presence or absence of retaliatory violence as a main driver of violent incidents in Allentown.
- **History of violence:** No official data was reviewed, but the informal interviews did point to that many of the high risk individuals are involved in numerous violent events and it is usually not just a "one-time thing."
- **Weapons (gun) carrier:** There was insufficient data to determine the prevalence, types, and accessibility of weapons used in violence incidents.

Section 6: Community-level Implementation Partner

This Assessment Visit was conducted at the request of Promise Neighborhoods of the Lehigh Valley (PNLV). PNLV is a recipient of funds from the Pennsylvania Commission on Crime and Delinquency (PCCD) to "plan and pilot the CV program model in designated neighborhoods within the City of Allentown." As part of their application, PNLV allotted dollars to fund a CV

Assessment Visit to help guide the pre-implementation and capacity building work and define what replication and adaptation of the model would look like in Allentown. Typically, Assessment Visits are conducted at the request of a city agency (mayor's office, health department, etc.) and a central component is to assist in identifying potential community-based implementation partners. Since PNLV has already been selected as the implementation partner, this assessment is specifically intended to identify the organization's current and future capacity to implement and provide oversight of the day to day program operations.

The criteria for community-based implementation partners is as follows:

- Mission in sync with Cure Violence model and health approach
- Strong ties to the target community
- Viewed as credible, trusted, and neutral by target community and highest risk individuals
- Able to participate in recruitment of potential workers for the target area
- Able and willing to hire and work with individuals with criminal histories/come from the groups in conflict in target area
- History of violence prevention or related work
- Experience of managing grants and contracts
- Experience producing detailed reports on a regular basis
- Organizational capacity to support and supervise staff and to provide fiscal oversight

Based on this set of criteria, CV has identified the following strengths and challenges for PNLV as the implementation partner:

<u>Strengths</u>

PNLV has effectively developed partnerships with agencies and organizations across Allentown. This is evidenced by the development of their Advisory Board and includes buy-in and support from the Mayor and City Council. The established partnerships provide numerous possibilities in terms of building out the system of services available to staff, program participants, and the community at large. Additionally, in examining the current available resources offered by partners there is an opportunity to identify the lack of targeted services for those at highest risk of involvement in violence as well as the barriers to accessing services. These partnerships are also critical in building out a larger systems response to violence through the lens of health and healing.

PNLV has indicated that they are willing and able to hire individuals with criminal histories and/or who have had associations with groups known to be involved in high risk street activity. This is essential to ensuring that the right individuals are hired as Violence Interrupters and Outreach Workers - a central component to the success of the CV model. This history and experience is what makes these individuals "credible messengers" with the target population and in the community where they will be working.

The organization has experience with program implementation/service delivery, although this programming is not directly associated with violence intervention. PNLV has a history of implementing a variety of programs and services associated with the organizations larger priorities and goals, which has included mentoring, reentry services, community events, and victim and family support services.

As an organization, PNLV has experience managing grants and contracts for other programs and projects that it runs within Allentown. This component is important in ensuring that they are eligible for local, state, and federal funding opportunities and able to provide the necessary daily administrative support and oversight for effective implementation.

To truly understand the model and work to build capacity for implementation and potentially citywide expansion, PNLV has demonstrated a willingness to learn more by visiting existing programs. Additional recommendations for cross site learning and technical assistance to help the organization prepare for replication of the CV model can be found in Section 9.

Barriers

The current level of funding is a significant barrier to implementation. The funding awarded to the City of Allentown and PNLV from PCCD has provided them with the opportunity to conduct a thorough planning process, but is an insufficient amount to fund the implementation the CV model. CV estimates that the total cost of implementation in Allentown for a period of three years would be approximately $1.8 million. The majority of this cost is allotted to salary, benefits, and fringe for staff members, but also includes office space, computers, cellphones, public education materials, participant support services expenses, and extensive training and technical assistance from CV. Potential state and federal funding. Other cities and organizations replicating the CV model often diversify their funding sources to ensure sustainability and capacity. This often includes foundations, state and federal grants, hospitals, and city funding. Recommendations for identifying additional funding sources can be found in Section 9.

Another significant barrier is the lack of current connections to individuals at highest risk for involvement in violence. This connection is critical to all aspects of the successful implementation of the CV model, including the hiring of the right staff, access to potential participants and knowledge of potential conflicts. While there are staff who are involved in the work being done by PNLV who are connected to some key individuals, there is a distinct need to establish connections with individuals who are deeply rooted in the target area and are knowledgeable about the groups involved in violence, the historic conflicts and the overall dynamics of the neighborhood. It was difficult to determine the organization's direct connection to the identified target community. It does appear that PNLV's current programming may serve individuals from the target area and there were some partners, including City council members directly connected. However, significant representation by the community was not present during the Assessment Visit.

Replicating the CV model is time and energy intensive and requires the commitment of leadership, especially during the critical capacity building and program design phases. Dr. Batts is well positioned and has the experience, relationships, and skills to lead the development and implementation of this work in Allentown, but it must be made a central priority of his work at PNLV. While the work should not be completely dependent on one individual, at this point in time, it is clear that Dr. Batts is the only one that can successfully lead this effort.

While the organization has and continues to engage in community events and programming loosely associated with norm and behavior change, the activities completed to date are not linked to successful implementation of the CV model. There is a need to further cultivate a depth of understanding among staff and partners of the CV model as this work moves forward. The effectiveness of the CV approach is reliant on maintaining fidelity to the model through every stage of implementation. This understanding, of both the model and the specifics of the daily activities, is also key to developing buy-in from stakeholders, potential staff, and the local community. Recommendations for how to use the remainder of the current funding to work towards program implementation, including training to assist with capacity building and understanding of the model, can be found in Section 9.

Throughout the Assessment Visit, PNLV staff were able to acknowledge the challenges they face and are committed to building the organization's understanding and capacity to pursue the effective replication of this model. It is clear that the organization and its director are highly regarded. PNLV is committed to providing quality programming and services to Allentown neighborhoods and they understand the need for both to be led by, and inclusive of, all community members. They see the value in addressing violence as a health issue and moving away from solely criminal justice responses that often contribute to negative health outcomes within communities.

Section 7: Violence Interrupters & Outreach Workers

Types of Workers for Allentown

It was determined that the following types of workers, which exist at the majority of replication sites around the world, should be included in the implementation of the CV model in Allentown. Standard job descriptions for these positions can be found in Appendix C.

1.) Program Manager: The Program manager is responsible for the overall management of the team and the community level work in the target area. Their responsibilities include:

- Facilitation of community mapping with staff
- Mobilizing community to change norms through events, shooting responses, and public education
- Building resources through agreements of services providers for participants of the program
- Participating coalitions at the community and city level addressing violence
- Coordinate conflict mediations with workers and sites when needed
- Communicate with hospital responders
- Facilitate daily briefings and debriefings
- Facilitate weekly staff meetings
- Provide weekly supervision to all staff

2.) Violence Interrupter: The Violence Interrupters focus on interrupting the transmission of violence in the target area. Their responsibilities include:

- Identifying and detecting violent events in the target area
- Mediating conflicts which arise in the target area

- Working to stop retaliations in the target area
- Monitoring the "pulse" of the community by canvassing
- Linking potential high risk participants to Outreach Workers
- Working on group level norm change as it relates to violence

3.) Outreach Worker: The outreach workers focus working with high risk participants to change their behaviors associated with violence. Their responsibilities include:

- Carrying an active caseload of 15-20 participants at all times
- Developing risk reduction plans with participants and tracking progress on behavior change
- Meeting with participants on a daily/weekly basis, depending on their level of risk
- Connecting participants to appropriate services/resources
- Assisting in the mediation of conflicts which arise in the target area

During the assessment visit, the CV team was not able to meet with individuals who could potentially fulfill the roles of Violence Interrupter and Outreach Worker. The experience of CV has shown that the best "change agents" for interrupting violence are connected to the community where the initiative is being implemented and often have similar lived experiences as those who are being affected by violence. Their main roles are to identify and detect potential violent incidents, interrupt or mediate conflicts, and work to change the behavior of those at highest risk.

The profile of an individual who can fulfill this role is someone who:

- Has credibility with the highest risk individuals and groups in the target area
- Has relationships (inroads) with the highest risk individuals and groups in the target area
- Has prior ties to gangs or crew, cliques, drug crews, etc.,
- May have been incarcerated for a violent offense
- Resides in or is from the target area
- No longer active in violence, criminal activity, or substance abuse
- Can work as part of a team

PNLV must develop a recruitment plan in order to identify individuals who can potentially fulfill these roles. PNLV needs to build relationships with key stakeholders who are knowledgeable of the community, know many of the community members, are able to respectfully engage with multiple audiences, and are clearly respected by those at highest risk for involvement in violence. This community connection and credibility are essential precursors for successful implementation of the CV approach. Through conversations with existing staff, it was clear that PNLV is able to identify some key individuals who can provide connections to people in the community who may be a good fit for this work. However, PNLV has yet to tap these resources in a focused manner. There is currently a "credible messenger" on staff who has the knowledge and inroads to individuals that could assist in identifying potential staff for the project. Specific recommendations and key considerations regarding the recruitment process are detailed in Section 9.

Section 8: Additional Partner Meetings

St. Luke's Hospital & Lehigh Valley Health Network

The CV team met with representatives of both St. Luke's Hospital and Lehigh Valley Health Network (LVHN) to discuss the CV model and potential opportunities for partnership with PNLV regarding the implementation of the model in Allentown. The following is a summary of those discussions and potential points of collaboration that were identified by representatives of both institutions:

St. Luke's Hospital:

A representative from St. Luke's Hospital is an active participant on the Steering Committee and is invested in the progress of this effort. The CV team and PNLV staff were able to meet with representatives from St. Luke's to provide an overview of the CV model. It was also an opportunity to discuss both hospital-based and hospital-linked violence intervention program adaptation models. The representatives indicated that if a hospital component is built out through this project, a hospital-linked model would likely be the best fit for the current structure of St. Luke's and the anticipated challenges of hiring workers directly through the hospital system.

Representatives from the Community Health and Preventive Medicine department explained that their Mobile Youth Health Center, which is conducted through their HealthStar medical vans, has proven to be a safe environment for young people experiencing a variety of significant challenges across numerous social determinants. They indicated that these medical vans may offer a unique intervention point for future PNLV staff to gain access to young people at risk of involvement in violence. This could be an interesting adaptation and should be explored moving forward.

The St. Luke's staff also identified their Sacred Heart Campus as another potential partner because it is located on the border of the target area and may be able to provide both a neutral office/meeting space and access to a variety of resources for participants. CV staff were not able to meet with representatives of Sacred Heart during the Assessment Visit. This is another possibility that should be explored moving forward.

The St. Luke's Community Health and Preventive Medicine department is clearly already engaged in programming and service delivery informed by a comprehensive understanding of public health and social determinants of health. As the institution seeks to address numerous social determinants facing residents of Allentown, there may be additional opportunities to both integrate violence prevention and intervention services and connect future program participants with necessary resources.

Lehigh Valley Health Network (LHVN)

As a major health care provider, LVHN has the potential to be a significant partner for PNLV in the implementation of the CV model. The health approach to violence prevention is closely aligned with the mission of LVHN in terms of using data to drive policy and practice and to determine how best to help the residents of Allentown facing some of the greatest health challenges. This partnership would clearly ground the work in health and could provide future participants with enhanced access to quality and culturally appropriate health services and resources.

Allentown School District

Representatives from Allentown School District were supportive of the project and interested in identifying opportunities for collaboration. This relationship provides an opportunity to ensure access to young people at risk for involvement in violence, as well as to staff members (security staff, counselors, teachers, etc.) who are often aware of conflicts and group involvement that play a role in the eruption of violence.

Section 9: Initial Program Recommendations for Implementation

Based on this information gathered during the Assessment Visit, the following are CV's recommendations for PNLV to build the capacity to effectively implement the CV model in Allentown:

- Identification of additional funding sources/opportunities
- Development of strategic recruitment/staffing plan
- Training & Technical Assistance

Identification of additional funding sources/opportunities

The barrier of lack of funding, detailed previously, must be addressed in order to build organizational capacity and move PNLV towards implementation. CV recommends researching and pursuing a diverse array of potential funding streams, including local health systems, city government, state and federal grants, local and national foundations, corporate donors, and Victims of Crime Act (VOCA) funding. With the strong buy-in that PNLV has from local and state agency and organizational partners, they are well positioned to apply for a variety of grants and conduct local advocacy for city and state government funding. CV replication sites around the world secure funding through a wide variety of mechanisms. Below are additional details on several potential funding opportunities:

City funding

CV replication sites across the country and around the world have received funding directly through city budgets. City leaders have recognized the need for effective prevention and intervention strategies and the profound impact of the CV model, including reduced violence, improved community outcomes, and reduced costs associated with violence.

State funding

The City of Allentown and PNLV have already received funding from PCCD for the initial planning phase of this work and would greatly benefit from additional state-level funding.

Federal funding

A great resource for federal grant opportunities is grants.gov. This website makes it easy to search and apply for federal funding opportunities across multiple agencies.

The Department of Justice's (DOJ) Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Office for Victims of Crime (OVC) has created funding opportunities related to victim services, gang and group violence prevention, and intervention efforts that

CV replication sites have been able to access. This has included the Community-based Violence Prevention Demonstration Grant and Supporting Male Survivors of Violence, respectively.

Victims of Crime Act (VOCA) Funding - Information on how VOCA funding can be accessed to support this work can be found in the Healing Justice Alliance's webinar entitled: *Opportunity Knocks - Obtaining VOCA Funding for Hospital-based Violence Intervention Programs*. Each state has a designated VOCA administrator. For Pennsylvania this is the Pennsylvania Commission on Crime and Delinquency.

Hospitals/health networks

As many hospitals and health networks expand their community, population, and preventive health efforts, there is a growing opportunity for them to support this health approach to violence, especially when implemented within the hospital's direct community footprint. This funding can often be provided through what community benefit dollars. This is funding that non-profit hospitals receive as a benefit of their tax-exempt status. The Affordable Care Act (ACA) has expanded the use of these funds by explicitly calling on hospitals to invest in population health and prevention efforts that improve community health outcomes.

Foundations

Many sites throughout the country are supported by local foundations. Some sites receive a significant amount of dollars to fund their projects, while others strategically diversify their funding and use foundation funds to support or enhance a portion of the work. Often local foundations fund projects focused on public safety, prevention/intervention and education. With significant results stemming from numerous independent evaluations, the CV model fits much of the criteria that foundations are often looking for.

Development of strategic recruitment/staffing plan

While the target area has been determined by PNLV and the City of Allentown, determining the size of a program site and it's staffing pattern, requires analyzing the following data:

- Geographic size
- Population
- Level of Violence (violent crime rate, # violent incidents, etc.)
- Number of Gangs/groups/cliques/crews
- Number of High Risk Individuals
- Historic conflicts
- Underlying factors that may contribute to violence

Programmatic staffing includes a Program Manager, Outreach Supervisor and a combination of Violence Interrupters and Outreach Workers. The number of Interrupters and Outreach Workers is determined by an analysis of the data points listed above. It is necessary to ensure that the staff hired have inroads with all of the groups present within the target area as well as groups that have been in historic conflicts with these groups but may be from outside of the target area. According to key stakeholders, the staffing pattern will require ensuring that there is representation and

connection to both Latinx and African American groups. Depending on the size of the area, the level of violence, and the number of groups, the number of street level staff may range from 5-15.

To identify potential staff for this project, PNLV must first establish connections with key individuals and develop a recruitment plan. This requires staff from PNLV and partner organizations to use their personal and professional relationships to generate a list of key individuals to interview with regards to identifying potential staff for the target area.

CV staff recommend that PNLV start this process by speaking with the individuals they currently serve, such as the members of the Kings Court, their current interns, individuals being mentored, etc. Staff should explain the model and the role of the staff and then ask them if they know people who fit the criteria. Next, PNLV should reach out to the individuals identified during the Assessment Visit (security staff at the local high school, faith leaders within the target area, etc.). While this process may not immediately lead to the identification of credible messengers it will start to build a larger pool who can also be asked the same question – "who is trusted, respected, and connected to those at highest risk for involvement in violence within the target area?"

Training & Technical Assistance

CV recommends that PNLV also focus on learning more about the CV model through training and technical assistance opportunities. It is important to have a clear understanding of the model and how it is implemented. Should PNLV have the means, CV is available to assist in the preimplementation phase, to include assistance in the recruitment and staffing process, development of grant applications, specialized training, and the coordination of cross site visits.

Trainings available include:

Recruitment of "Highest Risk"

Recruitment of those at highest risk for involvement in violence can pose one of the greatest challenges to outreach efforts and programs. This training provides participants already identified as "credible messengers" with specific skills and tools for building a recruitment plan. This includes mapping the target area(s), identifying groups, social networks, individuals of influence, known on-going conflicts and sources of conflict. Participants are guided through several learning modalities and scenarios specific to their work and their communities. The successful recruitment of those at highest risk is critical for long-term reductions in violence across communities.

Engaging and Building Rapport (Highest Risk)

Credible messengers often have an established rapport with those at highest risk, which is why hiring the right people is essential. However, building relationships so that individuals are willing to engage in behavior change and spreading the nonviolence message often requires a different set of skills. This training identifies various ways to connect with community members who are involved in or at risk for being involved in violence as well as techniques for establishing trust with high risk target populations and securing their buy-in to the intervention program.

Engaging and Building Rapport (Local, State and Federal Partners)

This training will focus on making the case for investment of resources in the health approach to violence prevention, including the need for credible messengers to promote change. Participants will identify their sphere of influence and participate in asset mapping to determine gaps and identify additional partners needed. Methods for approaching partners will be discussed to ensure that there is a real opportunity to elevate the work.

Risk Reduction Planning

Planning and goal setting is critical to working with program participants. While many other interventions rely on traditional case management, Cure Violence has determined a need to provide services that differ from traditional case management. This 2-day training walks participants through the non-traditional case management steps and nuances of reducing risk by creating and following risk reduction plans. These plans build a roadmap to ensuring that program participants are leading their behavior change process and working to identify needed resources and/or ways in which they can reduce their likelihood for involvement in violence. Risk reduction planning provides an opportunity to engage with other service providers, vetted and identified as quality services that meet the needs of those at highest risk. Confidentiality, low-hanging fruit, social services, fast tracking and follow-up will be discussed during this two-hour interactive training.

Violence is a Health Issue

This training provides an in-depth learning experience on why violence is a health issue, including the science that drives many public health approaches we see being adopted around the world. Participants are given the foundational knowledge to engage their organization, agency, and community in this understanding of violence.

Becoming a Spokesperson

Participants of this training receive the knowledge and tools to become champions for the health approach to violence prevention and promote action at the local and national level. One and two day trainings are available. The two-day training includes application, planning and individual coaching based on the needs of the audience. The knowledge gained through this training provides participants with a framework for increasing awareness and advocacy in their agency, organization, and community.

Addressing Trauma

Trauma plays a critical role in the perpetuation of violence and impacts people who have been affected by violence both directly and indirectly. This training explores the complexity of trauma and prepares participants to begin implementing trauma-informed tactics to their programming both for staff and for program participants. One and two day trainings are available. The two-day training includes an introduction to vicarious trauma and safety planning for self- care and healing.

Building a Health System to Prevent Violence

This training requires the participation of city and community leaders. Participants will learn about the power of the public health approach and the various best practices that need to be scaled to have an integrated, holistic, equitable approach to violence prevention across all sectors. The training builds off of the Framework developed by The Movement Towards Violence as a Health Issue (www.violenceepidemic.org), co-led by Cure Violence. This 2-4 day session will be co-facilitated with other national partners who will share lessons from cities across the country and identify key steps each city can take to leverage existing work into a sustainable system. Data, partnering, streamlining, accountability, incentives, consistency and messaging will be discussed as well as other factors that will determine the success of each effort. Participants will leave with a plan for next steps in developing their new health system for violence prevention.

Section 10: Next Steps

CV staff will schedule a time to present the feasibility report findings to PNLV. CV is also available to participate in follow up discussions with existing and additional stakeholders dedicated to moving this initiative forward and provide advisement on a strategy to work towards implementation.

Cure Violence would like to thank the staff of PNLV for their support, guidance, and commitment on this project.

Appendix A

Summary of Findings On the Cure Violence Model

Reductions in Violence from Cure Violence in North America

Location	Statistical Findings	Reference/Data
Baltimore (USA)	Up to 56% reduction in killings Up to 44% reduction in shootings Evidence of norm change	Webster 2012 Police data and surveys
Baltimore (USA)	25% reduction in shootings across 5 sites (high of 43% reduction)	Webster 2016 Police data
Baltimore (USA)	Improvement in 43% of the attitudes on violence assessed	Milam 2016 Survey
Chicago (USA)	41% to 73% reduction in shootings and killings 100% reduction in retaliations	Skogan 2009 Police data
Chicago (USA)	31% reduction in killings 19% reduction in shootings	Henry 2015 Police data
Chicago (USA)	Treatment 50% lower re-injury than control	Salzmann 2010 Hospital data
Chicago (USA)	48% reduction in shootings	U. of Chicago unpub. Police data
Halifax (Canada)	Downward trend in shootings and violent crimes	Ungar 2016 Police data and interviews
Kansas City (USA)	17.9% reduction in firearm killings	Thompson 2013 Police data
New Orleans (USA)	47% reduction in shootings victims 85% reduction in retaliations/argument motive 44% reduction in shooting re-injury	City of New Orleans 2016 Progress Report Police and hospital data
New York City (USA)	37% to 50% reduction in gun injuries 63% reduction in shootings	Delgado 2017
New York City (USA)	Young men in Cure Violence zones reported Increased confidence in police and increased willingness to contact police	Delgado 2017
New York City (USA)	14% reduction in attitudes supporting violence, with no change in controls	Delgado 2017 High risk survey
New York City (USA)	20% lower rates of shooting >100 mediations involving >1,000 people	Picard Fritsche 2013 Police data
New York City (USA)	18% reduction in killings v. 69% increase in control	Butts 2015 Police and hospital data
Philadelphia (USA)	30% reduction in shootings	Roman 2017 Police data
Juarez (Mexico)	50% or more reduction in killings in 2016 in most areas with overall reductions in killings in 2015 and 2016	Mesa de Seguridad y Justicia de Ciudad Juarez Official data
Juarez (Mexico)	Reduction in perceived number of disputes and conflicts among clients	Del Barrio a la Comunidad 2016 Surveys and observatory data
Kingston & Montego Bay (Jamaica)	60 workers trained, results forthcoming	Site reported data
Loiza (Puerto Rico, USA)	53% reduction in killings	Nina 2013 Police data
Port Au Prince (Trinidad)	67% in woundings and attempted murders 33% in calls for persons armed with firearms	Maguire 2017 Police data
San Pedro Sula (Honduras)	88% reduction in shootings and killings 1 site – 17 months without any shootings Over 1,000 conflicts mediated	Ransford 2016 Site reported data

*Full references available at www.cureviolence.com

Appendix B
Assessment Visit Agenda

DAY 1 (April 9th)

Time	Event	Location
9 a.m. to 10:00 a.m.	Meeting with Promise Neighborhood Staff, Agenda Clarification and Intro to City Sponsor	**Promise Neighborhoods** **1101 Hamilton St**
10:15am to 1:00pm	Meeting with Core Working Group: Intro to CV, and Intro to Agencies, organizations that have been meeting weekly, What's been done to date	**Dubbs Memorial**
1:30pm to 3:00pm	Official Data Review – Target Neighborhood, Target Population Promise Neighborhood, Police Department, Other Agencies as Needed	**HADC** **513 Chew St**
3:00pm to 4:00pm	Tour of Target Neighborhood	

5:30pm to 7:30pm	Cure Violence 101 overview and Roundtable Community Dinner and Community Partners, CBOs and Faith Organizations	**Hamilton Business Center 1101 Hamilton St**

DAY 2 (April 10th)

Time	Event	Location
9:00am to 10:30am	Meeting with Mayor, City Council and elected officials	**City Hall**
11:00am to 12:30pm	Brunch Meeting with Potential funders	**One City Center**
LUNCH		
1:00pm to 2:30pm	Meeting with ASD Staff	**ASD Office**
4:30-5:30	Evening Drive through or Walk of Neighborhood	**Promise Neighborhoods**
6:00pm to 7:00pm	Small Working Group	**Promise Neighborhoods**
	Discussion on Potential Workers, Change Agents/Credible messengers and recommended staffing patterns	

DAY 3 (April 11)

Time	Event	Location
10-11	Meeting with Hospital Staff – LVHN and St. Luke's	**Allentown 2030 Building**
12:30-2pm	Debriefing with Promise Neighborhood and Small Working Group	**St. Luke's Community Room**

Appendix C

Job Descriptions

Cure Violence Program Manager Job Description

Job Position/Title: Program Manager

Cure Violence is a strategic evidence-based public health approach to reduce and prevent shootings and killings in Chicago and other communities in Illinois with a high burden of homicide. The Cure Violence Program Manager is responsible for overall management of the Cure Violence program and Cure Violence team, and facilitates implementation of the program with fidelity to the Cure Violence model. The Program Manager is also responsible for building relationships with community based groups, residents, elected officials and law enforcement to educate community stakeholders about the Cure Violence program, to identify resources, collaboration efforts, and to assists community mobilization efforts around the issue of violence in order to help facilitate community norm change.

Responsibilities

Community Mobilization

- Using community organizing techniques (see *Community Organizing and Community Building for Health*, Meredith Minkler, 2005) as presented in the Cure Violence training to mobilize the community to engage in activities that will help change the thinking and norms, so that shooting and killing is no longer an acceptable behavior and to create alternatives for those currently at highest risk for shooting someone or being shot.
- Recruit and manage an active volunteer base to: participate in shooting responses; canvass the neighborhood; participate in the planning and execution of community activities; and, help identify auxiliary resources and provide advocacy on behalf of the highest risk.
- Within the first two (2) months of Cure Violence program implementation, works with Technical Assistant and Cure Violence Evaluation department to develop a formalized Violence Prevention plan to reduce shootings and killings in their community. The Violence Prevention Plan shall include/adhere to the following:
    1. Includes the strategic mapping as presented during Cure Violence training: A block-by-block assessment of shooting and homicide data, hotspot areas, high-risk groups, participants, shooting and homicide goals, conflict mediations, etc.
    2. Utilizes the "framework for violence prevention" provided by Cure Violence to prioritize strategies and identify outcomes;
    3. Produces a written violence prevention plan tailored to the specific needs of Cure Violence communities that specifies short and long-term goals that are consistent with the goals of Cure Violence; and,
    4. Facilitates implementation of the strategies identified in the plan with an emphasis on maximum engagement of community residents and existing community services.
- Plans and implements responses to shootings with community residents and other local partners within seventy-two (72 hours) of notification of a shooting

- Organizes and executes a minimum of 2-12 community activities during contract period (does not include Cure Violence Week); Organizes and executes a minimum of 2-3 community activities during Cure Violence Week
- Manages and tracks Cure Violence public education materials in the target area.

Resource Development

- Develops relationships with local service providers and program partners, including law enforcement, faith leaders, and community stakeholders, in order to identify and access resources for the highest risk.

Cure Violence Team Management

- Responsible for the adoption and continued implementation of Cure Violence Program Management best practices as taught in the required Cure Violence Program Management Training

Directly manage, and coordinate with outreach supervisor to provide and participate in:

1. Organizing hiring panels
2. Regular weekly (i.e., same day, same time) staff meetings
3. Regularly weekly supervision for Outreach Supervisor
4. Participation in strategic planning for day to day activities (to include attending briefings)

Additionally, Program Managers must:

5. Participate in administrative/management meetings for Cure Violence, and act as a communication liaison for the other staff members regarding the proceedings of these administrative meetings
6. Regular, timely completion of Cure Violence documentation and reports

Program Monitoring

- Participates in evaluation activities of the community-based violence prevention program and organizes and participates in a review of program progress.
- Participates in regular meetings with Cure Violence staff to:
    1. Review and assess progress to programmatic goals as stated in the Scope of Work
    2. Assess relevance and adequacy of the violence prevention plan as it is developed;
    3. Refocus the violence prevention plan as needed based on these meetings; and
    4. Determine other priority needs and goals.
- Attends monthly scheduled Community Partners meetings and contributes to the success of the meeting by submitting potential agenda topics, actively engaging in these meetings and interacting with representatives from other agencies that do similar work in Illinois.

Qualifications

- Excellent communication skills (written and verbal)
- Proven management experience
- Proven community organizing abilities
- Proven ability to document programmatic activities and assist others in doing so
- Experience and/or training in crisis intervention and staff supervision
- Valid driver's license, insurance, and good driving record
- No pending criminal cases or prior convictions for domestic violence (within 10 years) or prior convictions for sexual assault or child abuse.

Cure Violence: Outreach Supervisor Job Description

Title: **Outreach Supervisor** Reports to: **Program Manager**

Cure Violence stops the spread of violence in communities by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms – resulting reductions in violence of 40% to 70%.

The Cure Violence Health Model is a data-driven, research-based, community-centric approach to violence prevention. Cure Violence maintains that violence is a learned behavior that can be prevented using disease control methods. The Cure Violence Health Model has three core components that work in conjunction to disrupt the transmission of violence. Each of these components is essential to reducing violence.

I. Detect and interrupt potentially violent conflicts

Use trained health workers to detect conflicts within the community – interpersonal, group, and retaliations - and respond with specific methods to peacefully resolve the disputes.

II. Treat those at highest risk for involvement in violence

Use trained health workers to identify individuals that are most likely be involved in violence and work intensively to change their behavior.

III. Group and community norm change

Use trained health workers to challenge norms that encourage the use violence and replace them with new skills and new information to allow people to safely settle disputes and maintain respect without the use of violence.

Responsibilities include, but are not limited to:

- Plan the day-to-day and week-to-week activities with and for the outreach staff based on official data and team knowledge
- Plan and hold daily meetings (briefings, debriefings, and/or team meetings) to review current level of violence, including shootings and assess what additional interventions are needed
- Supervise staff of outreach workers and violence interrupters, including daily communication with each staff member
- Outreach to the community to build strong relationships with youth, residents, businesses, and community groups
- Coordinate interview panels to hire outreach and violence interrupter staff
- Advocate for youth through court testimonies, when necessary
- Increase staff visibility when shootings/killings take place (developing networks with other outreach program workers to coordinate an inclusive and immediate strategic response)

- Works closely with program manager, technical assistant, Cure Violence UIC evaluation department, outreach workers and violence interrupters to develop formalized Violence Prevention Plan
- Investigate causes of shootings/killings to assist in mediating situations and preventing retaliation between individuals and groups (working with the community, outreach programs and local law enforcement to gain information that may be helpful in preventing additional killings)
- Identify and diffuse “hot spots” for shootings and violence
- Attend and participate in meetings with community outreach workers, prosecution, probation, and agencies providing opportunities, to discuss recent situations and coordinate efforts collectively to stop the killing
- Conduct Weekly Supervisions with outreach workers and violence interrupters as presented in the Cure Violence training
- Overall coordination with the program manager of all staff reports including behavior change tracking forms and implementation checklist

Connect with additional resources from neighboring communities to get needed support, when necessary

Qualifications:

- H.S. diploma
- Extensive experience working with youth and high risk individuals
- Excellent communication skills
- Experience and/or training in crisis intervention and staff supervision
- Valid driver’s license, insurance, and good driving record
- No pending criminal cases or prior convictions for domestic violence (within 10 years) or prior convictions for sexual assault or child abuse.

Cure Violence: Outreach Worker Job Description

Title: **Outreach Worker** Reports to: **Outreach Supervisor**

Cure Violence stops the spread of violence in communities by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms – resulting reductions in violence of 40% to 70%.

The Cure Violence Health Model is a data-driven, research-based, community-centric approach to violence prevention. Cure Violence maintains that violence is a learned behavior that can be prevented using disease control methods. The Cure Violence Health Model has three core components that work in conjunction to disrupt the transmission of violence. Each of these components is essential to reducing violence.

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Use trained health workers to detect conflicts within the community – interpersonal, group, and retaliations - and respond with specific methods to peacefully resolve the disputes.

II. Treat those at highest risk for involvement in violence

Use trained health workers to identify individuals that are most likely be involved in violence and work intensively to change their behavior.

III. Group and community norm change

Use trained health workers to challenge norms that encourage the use violence and replace them with new skills and new information to allow people to safely settle disputes and maintain respect without the use of violence.

Outreach Worker Responsibilities:

- Build rapport with highest risk persons in the target area and the people who know them
- Let it be known that you and the team are working to stop shootings and that should be notified when shootings or other violence might happen so that you can help intervene
- Work to intervene in circumstances in which violence is likely, including possible retaliation
- Work to understand why violence happens and develop strategies to address the underlying factors
- Work to gain trust of the community and the highest risk persons so that they know why you are there – to help prevent shootings and violence, and to help high-risk persons in any way you can
- Work as a productive member of the team to ensure that violence is reduced
- Anticipate and be responsive to Outreach Supervisor's requests and the needs of team
- Identify those who are active in high-risk street organizations and engage in high-risk street activity and intervene in their lives through case management to aid in solving current problems and preventing future ones, help facilitate positive behavior change, and introduce positive alternatives to violence

- **Recruit & maintain a minimum of 15 high-risk participants and work with individuals over time to reduce risk**
- Serve as a link and support for individuals through connections to community resources (job programs, GED, drug treatment, and mentoring)
- Participate, as necessary, in organizing responses to shootings and increasing visibility when shootings/killings take place (developing networks with other outreach program workers to coordinate an inclusive and strategic response)
- Gather information regarding the causes of shootings/killings to assist in mediating situations and preventing retaliation between individuals and groups (working with the community, outreach programs and local law enforcement to gain information that may be helpful in preventing additional violence)
- Work closely with management to develop all strategic plans (implementation, canvassing, etc.)
- Provide new skills and new information to highest risk, and community at large, to change behaviors supportive of the use of violence
- Document all efforts to reduce violence
- Document all work with participants
- Participate in all team responsibilities (Briefings, Debriefings, Team Meetings, Individual Supervision, etc.)
- Other duties as assigned

Qualifications:

- Experience working with highest risk
- Excellent communication skills
- Extensive knowledge of Target Area
- Valid driver's license, insurance, and good driving record
- No pending criminal cases or prior convictions for domestic violence (within 10 years) or prior convictions for sexual assault or child abuse.

Cure Violence: Violence Interrupter Job Description

Title: **Violence Interrupter** Reports to: **Cure Violence Outreach Supervisor**

Cure Violence stops the spread of violence in communities by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms – resulting reductions in violence of 40% to 70%.

The Cure Violence Health Model is a data-driven, research-based, community-centric approach to violence prevention. Cure Violence maintains that violence is a learned behavior that can be prevented using disease control methods. The Cure Violence Health Model has three core components that work in conjunction to disrupt the transmission of violence. Each of these components is essential to reducing violence.

I. Detect and interrupt potentially violent conflicts

Use trained health workers to detect conflicts within the community – interpersonal, group, and retaliations - and respond with specific methods to peacefully resolve the disputes.

II. Treat those at highest risk for involvement in violence

Use trained health workers to identify individuals that are most likely be involved in violence and work intensively to change their behavior.

III. Group and community norm change

Use trained health workers to challenge norms that encourage the use violence and replace them with new skills and new information to allow people to safely settle disputes and maintain respect without the use of violence.

Violence Interrupter Responsibilities:

- Let it be known that Interrupters and the broader team are working to stop shootings and should be notified when shootings or other violence might happen so that you can help intervene
- Work to intervene in circumstances in which violence is likely, including possible retaliation
- Work to understand why violence happens and develop strategies to address the underlying factors
- Work to gain trust of the community and the highest risk persons so that they know why you are there – to help prevent shootings and violence, and to help high-risk persons in any way you can

Use knowledge, skills, and credibility to:

- Gain information on potential conflicts in communities
- Formulate action plans to help resolve conflicts
- Meet with high-risk individuals and groups on a daily basis to discuss issues
- Work to prevent initial acts of violence
- Assist in development of all strategic plans
- Use data and knowledge of team to identify, detect, and reduce risk for violence
- Help in the efforts to prevent all potential retaliatory shootings

- Develop relationships with influential individuals and groups in the community
- Provide new skills and new information to highest risk, and community at large, to change behaviors supportive of the use of violence
- Refer potential participants to outreach workers
- Distribute public education materials within the community
- Attend community responses and events
- Work as a productive member of the team to ensure that violence is reduced
- Document all efforts to reduce violence
- Participate in all team responsibilities (Briefings, Debriefings, Team Meetings, Individual Supervision, etc.)
- Other duties as assigned

Qualifications:

- Experience working with high risk and connected to groups in/out of the target area
- Excellent communication skills
- Extensive knowledge of the Target Area
- Valid driver's license, insurance, and good driving record
- No pending criminal cases or prior convictions for domestic violence (within 10 years) or prior convictions for sexual assault or child abuse.