



Louisville Ambassador Program

Office for Safe and
Healthy Neighborhoods

Louisville Metro
Government



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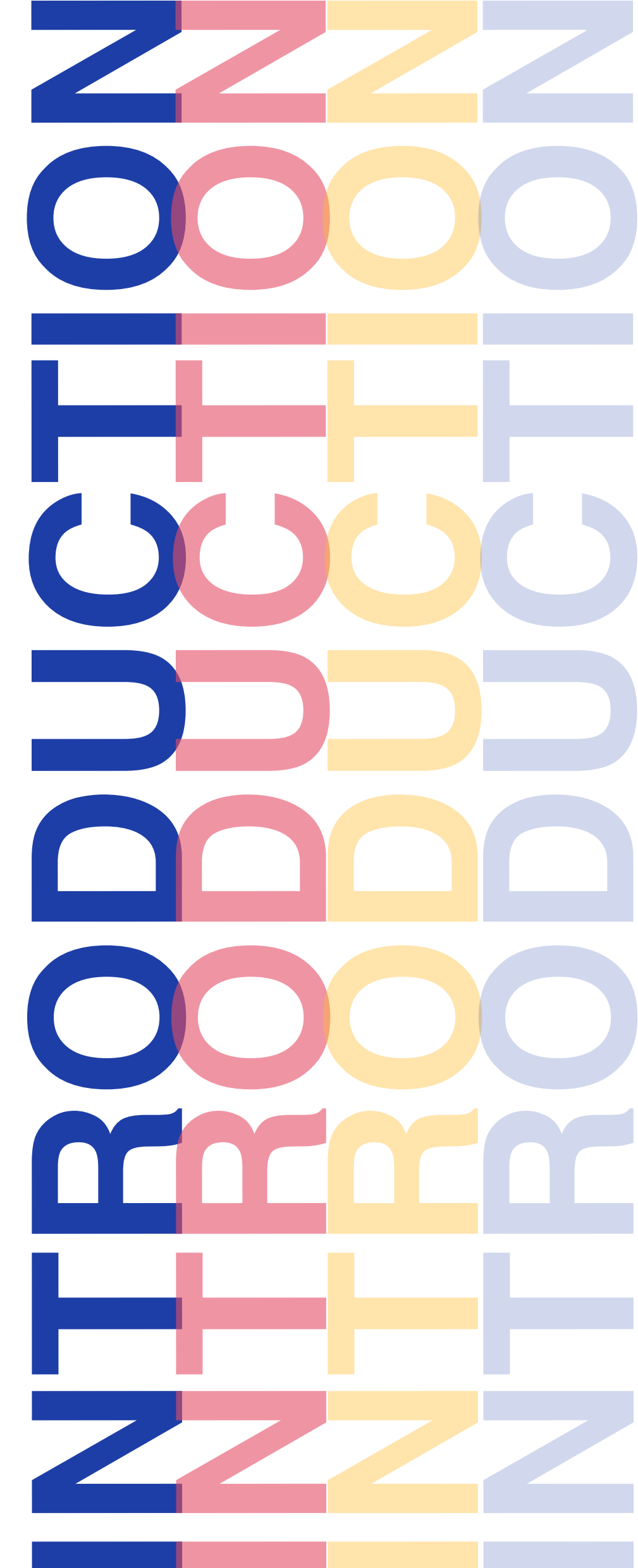
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ABOUT THE AMBASSADOR PROGRAM

The One Love Louisville Ambassador Program was created in 2017, through the Office for Safe and Healthy Neighborhoods, with the goal of igniting community members interested in civic engagement. The program training is focused around the CDC Public Health Approach to Violence Prevention and includes courses in Community Organizing, Introduction to Mental Health First Aid, Suicide Prevention and Conflict Resolution. In the past three years the program has reached 287 community members via 12 institutes held throughout the city.

ABOUT THE SURVEY

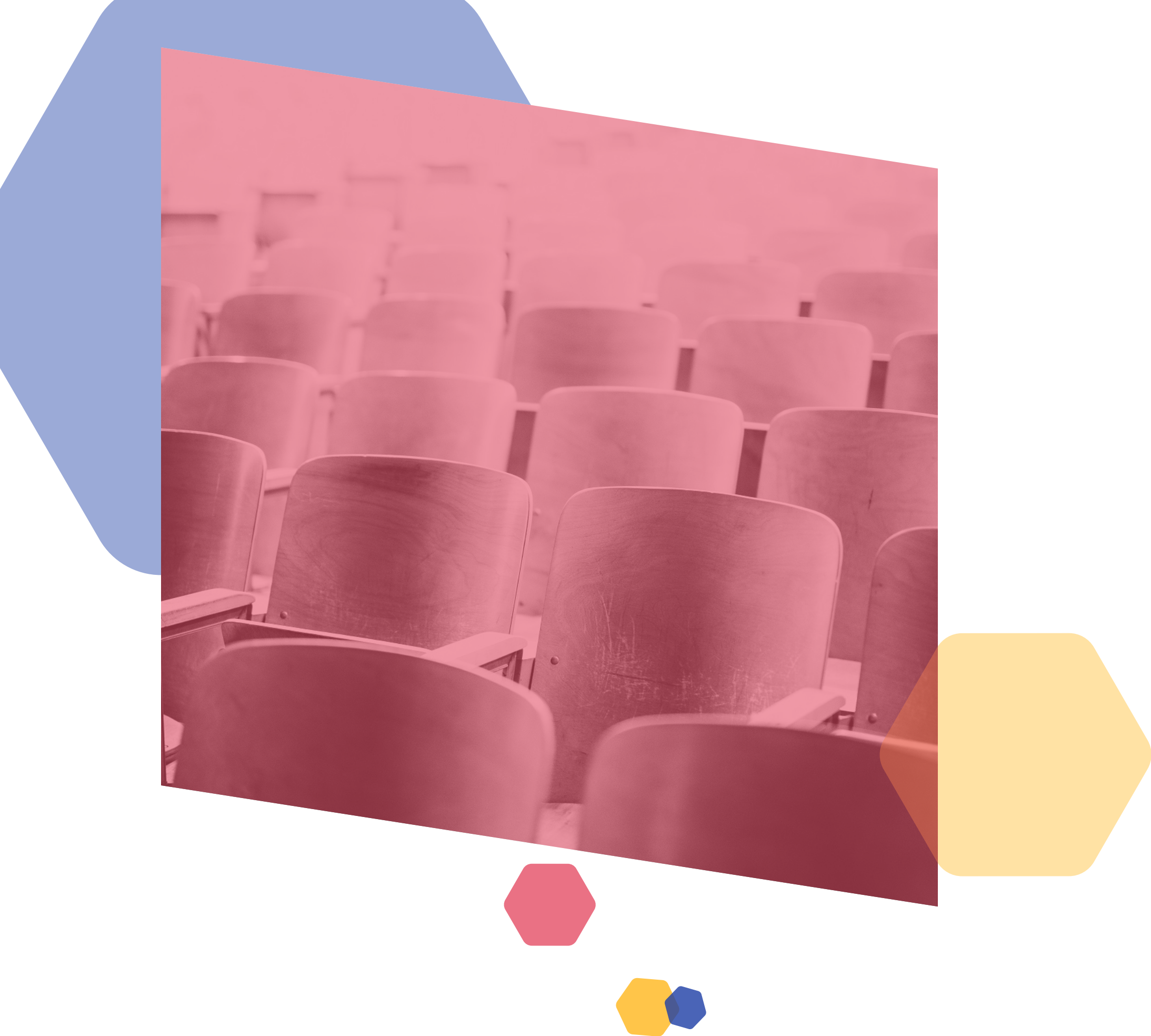
Of the 287 participants that attended the 12 institutes, 241 completed (or partially completed) the course survey. The survey asked 5 demographic questions (gender, age, marital status, race ethnicity and education level) and 8 pre-/post- questions regarding the level of knowledge of course topics before and after the institute. The participants were asked to rank their level of knowledge of each topic and likelihood of taking action to prevent violence or engage their community. The self assessment used a scale from 1-5 to rank knowledge and likelihood of action, with 1 being a "low" level of knowledge/likelihood and 5 being a "high" level of knowledge or very high likelihood of action. Answers were collected on paper surveys and kept by the Office for Safe and Healthy Neighborhoods.

METHODOLOGY

Initially all surveys were included in the analysis with incomplete questionnaires filtered out before the full analysis was completed. Statistical significance was determined by conducting a paired sample t-test in which the pre-course responses were paired with their post-course counterparts to determine whether the difference between the two sets of observations was statistically valid.

PURPOSE OF REPORT

This report was created to support the work of the Office for Safe and Healthy Neighborhoods and the Ambassador Institute. As such the intended purpose is to use the results of the report to plan future Ambassador Programs and to report out to the Community Committee and to the public the results of the programs to date.



CDC PUBLIC HEALTH APPROACH TO VIOLENCE

Covers the framework of violence prevention that emphasizes how diverse groups such as health, education, social services, justice, policy and private sector collectively can work together to reduce violence in communities.

SUICIDE PREVENTION

Training designed to improve knowledge and skills in suicide prevention designed to identify risk and protective factors, understand warning signs, responding to someone in crisis, and a comprehensive list of resources.

CONFLICT RESOLUTION AND BYSTANDER INTERVENTION

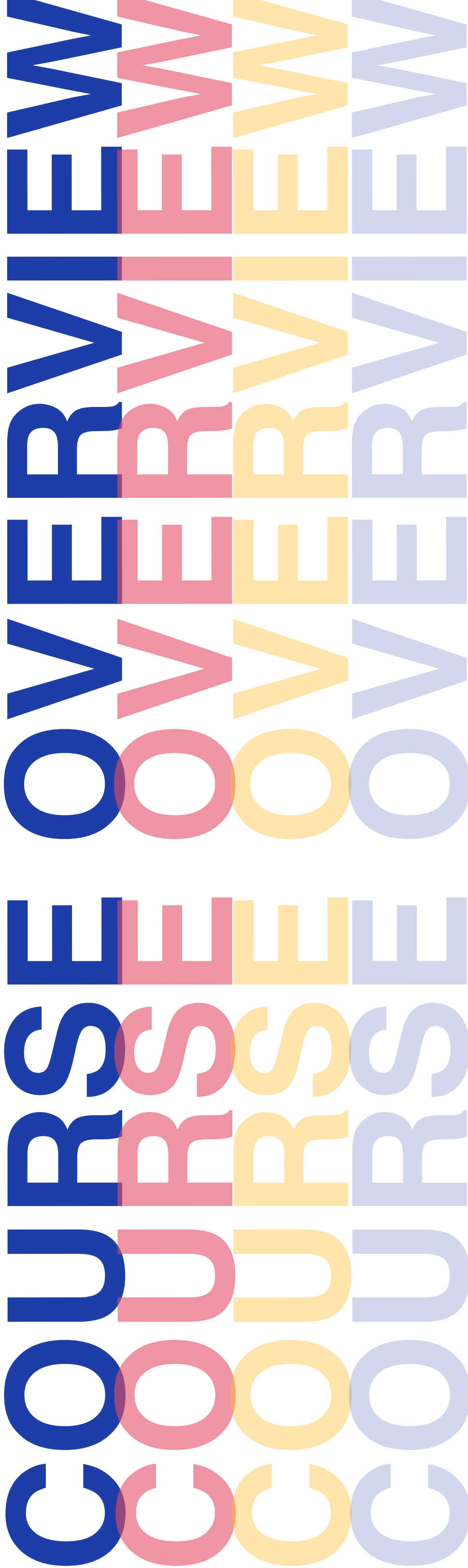
Discusses various problem solving and communication skills necessary for building strong relationships and settle disagreements peacefully

COMMUNITY ORGANIZING

Training that will teach community members to resolve specific issues through organized efforts and to influence and foster social reform. Efforts aim to inform others of issues being addressed and bring widespread involvement from all community members.

INTRODUCTION TO MENTAL HEALTH FIRST AID

Introduction to trauma, the impact of trauma on mental health, and how to understand and respond appropriately in situations.



RESPONDENTS

287

Total Number of Participants
*Gathered from program sign-in sheets

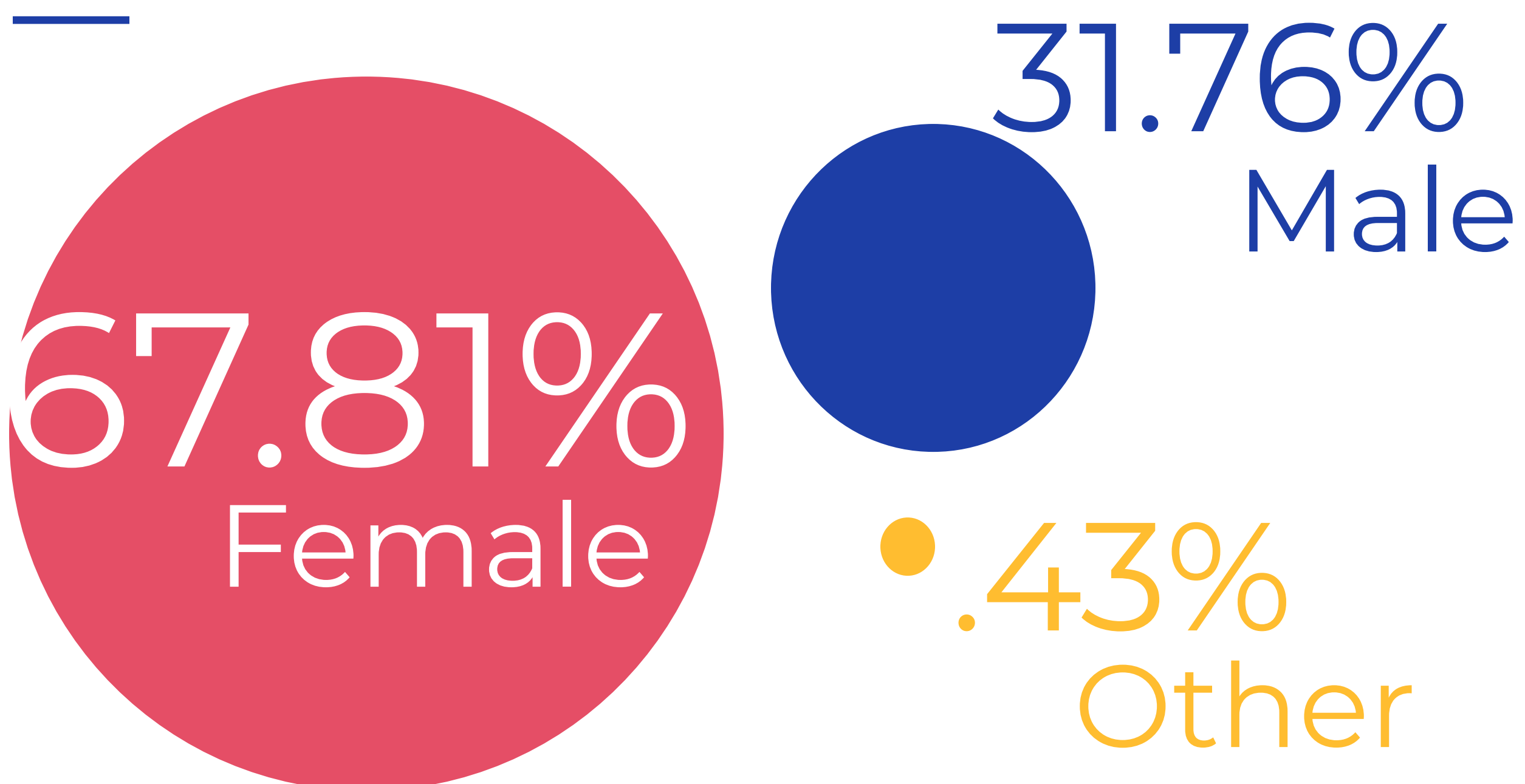
241

Total Number of Surveys Collected

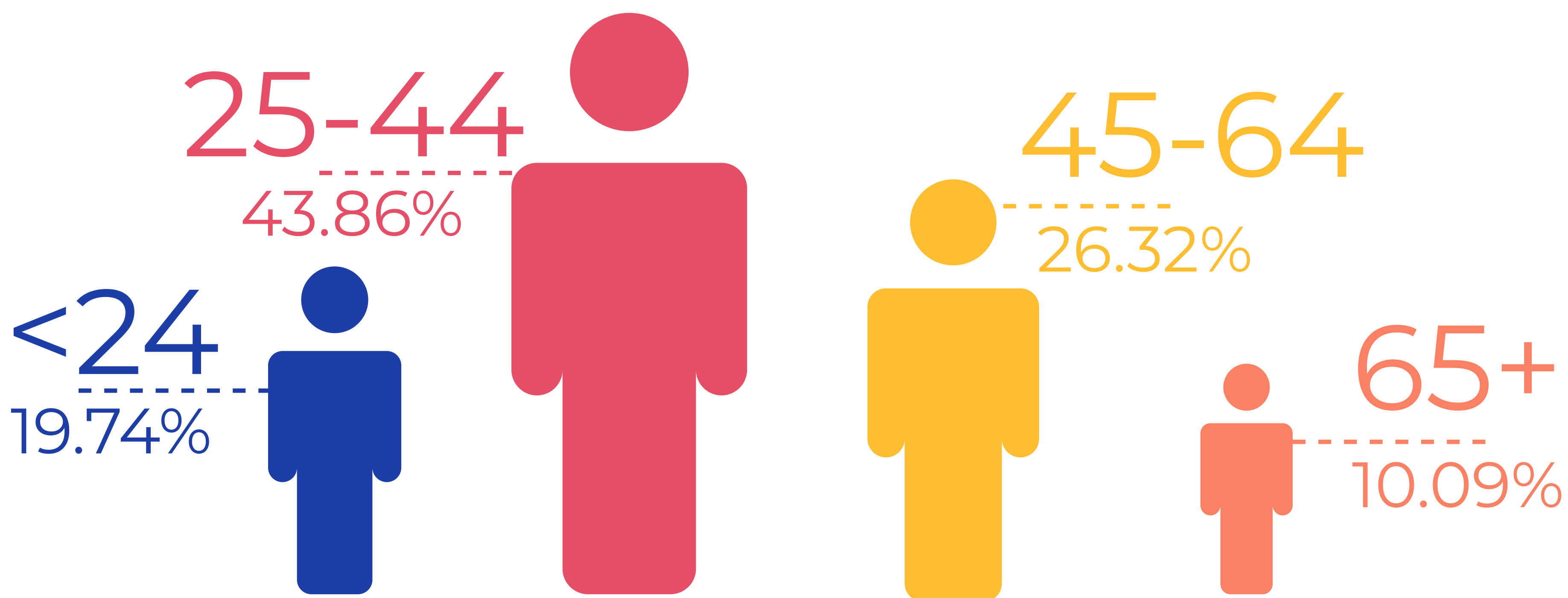
229

**Total Number of Surveys
Used in Pre-/Post- Analysis**
*See "Data Notes" for details
of exclusions

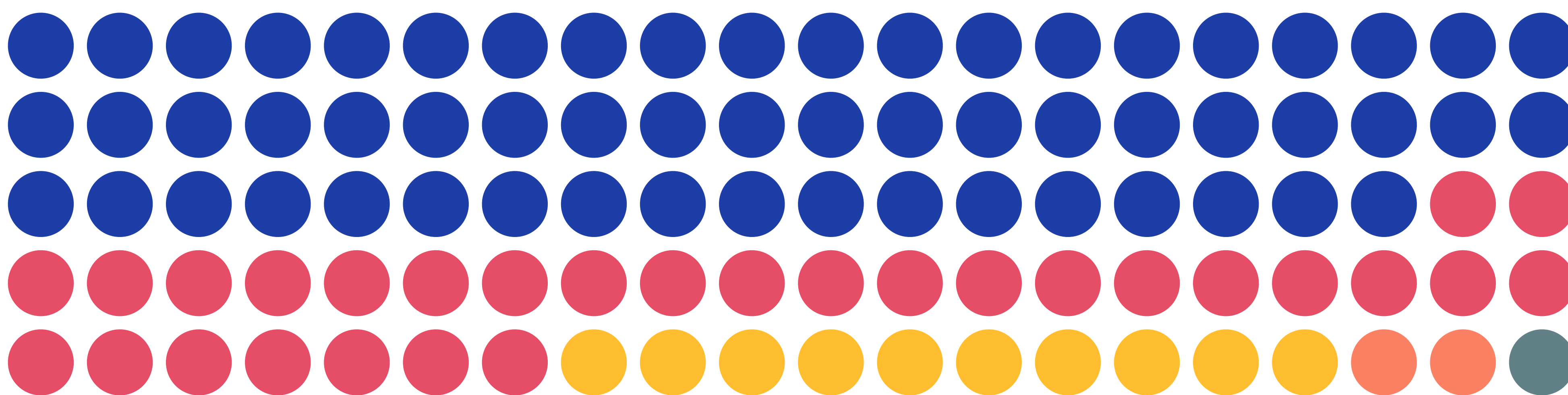
GENDER



AGE



MARITAL STATUS

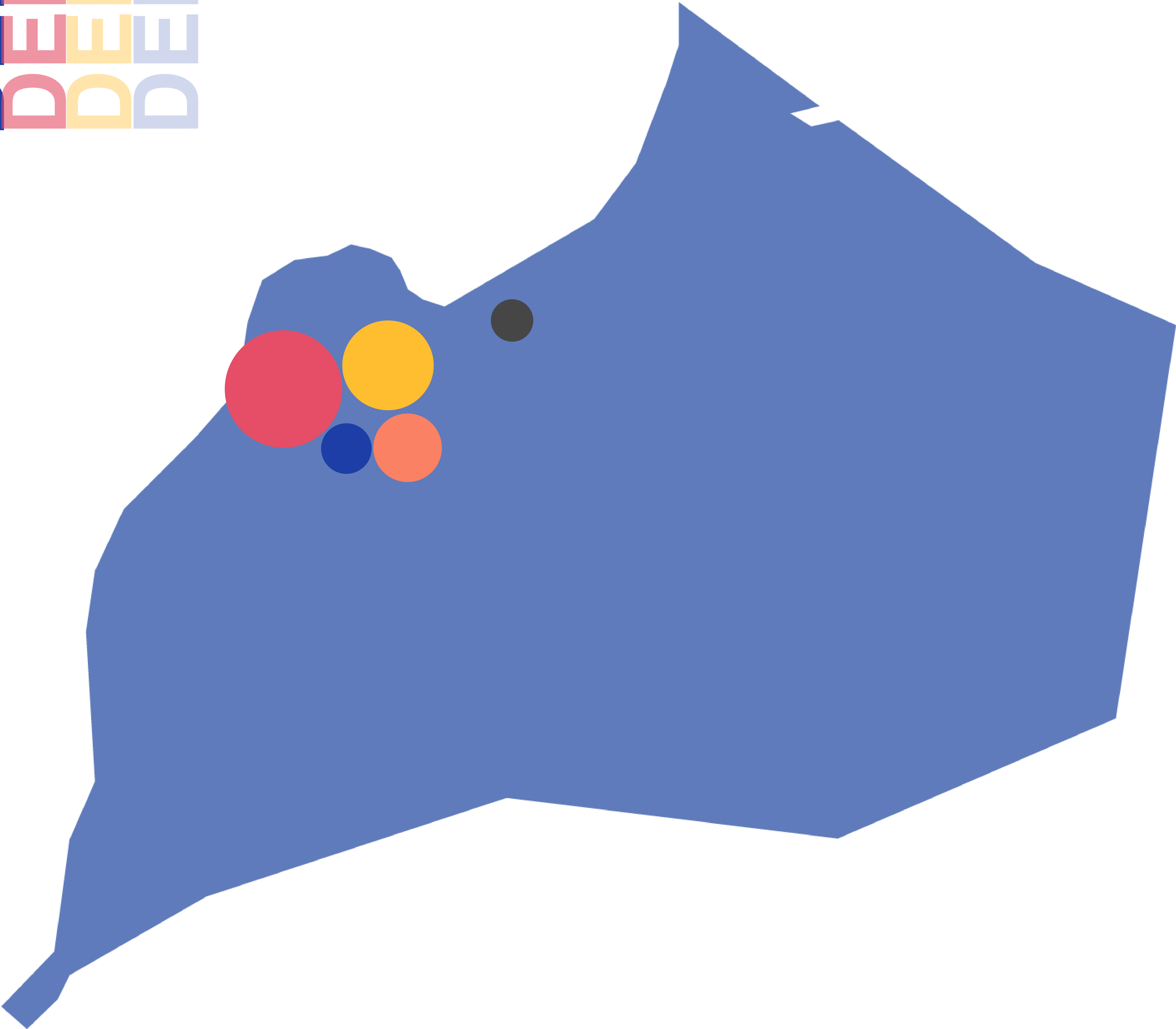


■ Single (58.08%) ■ Married (28.82%) ■ Divorced (10.48%) ■ Separated (1.75%) ■ Widowed (0.87%)

LOCATION

Location data was compiled from the event sign-in sheets. Zip Code data was not collected for three sessions: 12/16/17, 2/17/18, 4/14/18. Of the 287 participants 225 data points were collected. The map and table below shows the the five highest Zip Codes where participants reside, for a full list of participant locations please see the "Data Appendix".

1.	40211	14%
2.	40203	11%
3.	40208	8%
4.	40210	6%
5.	40206	5%





SURVEY

SURVEY

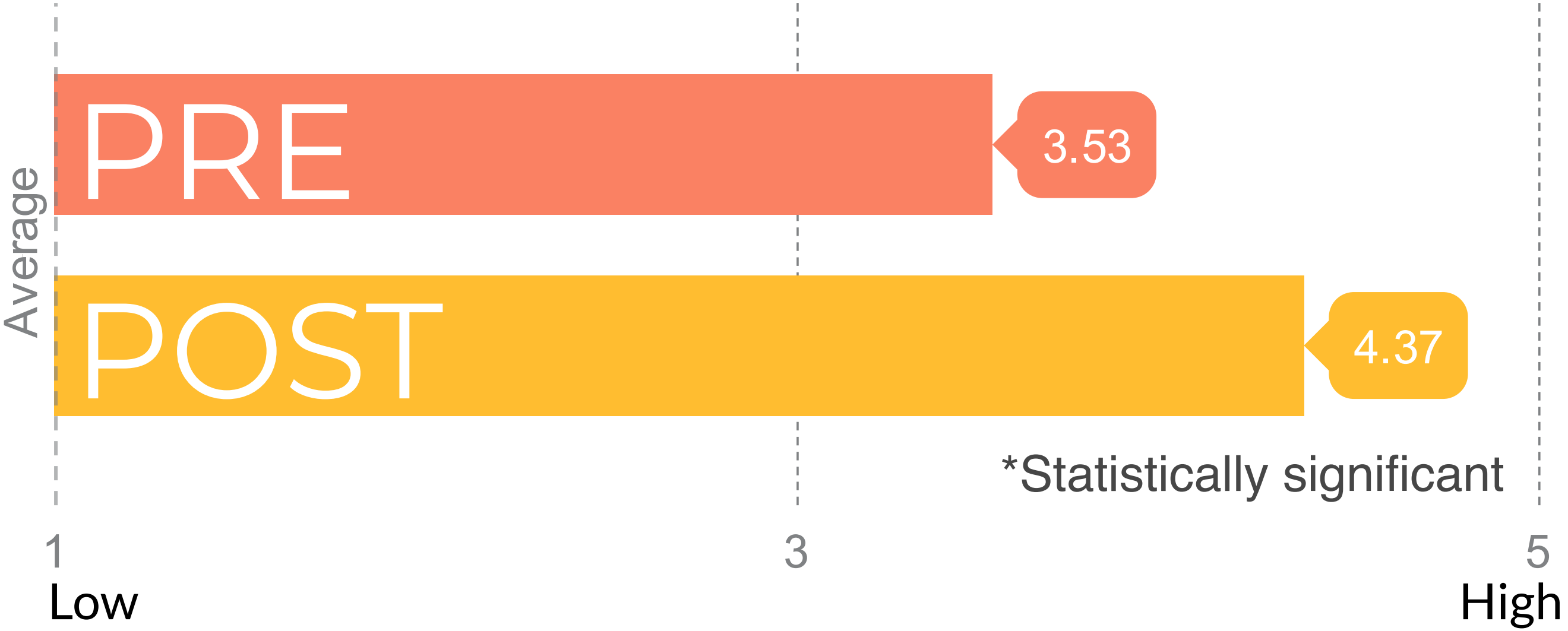
SURVEY

SURVEY

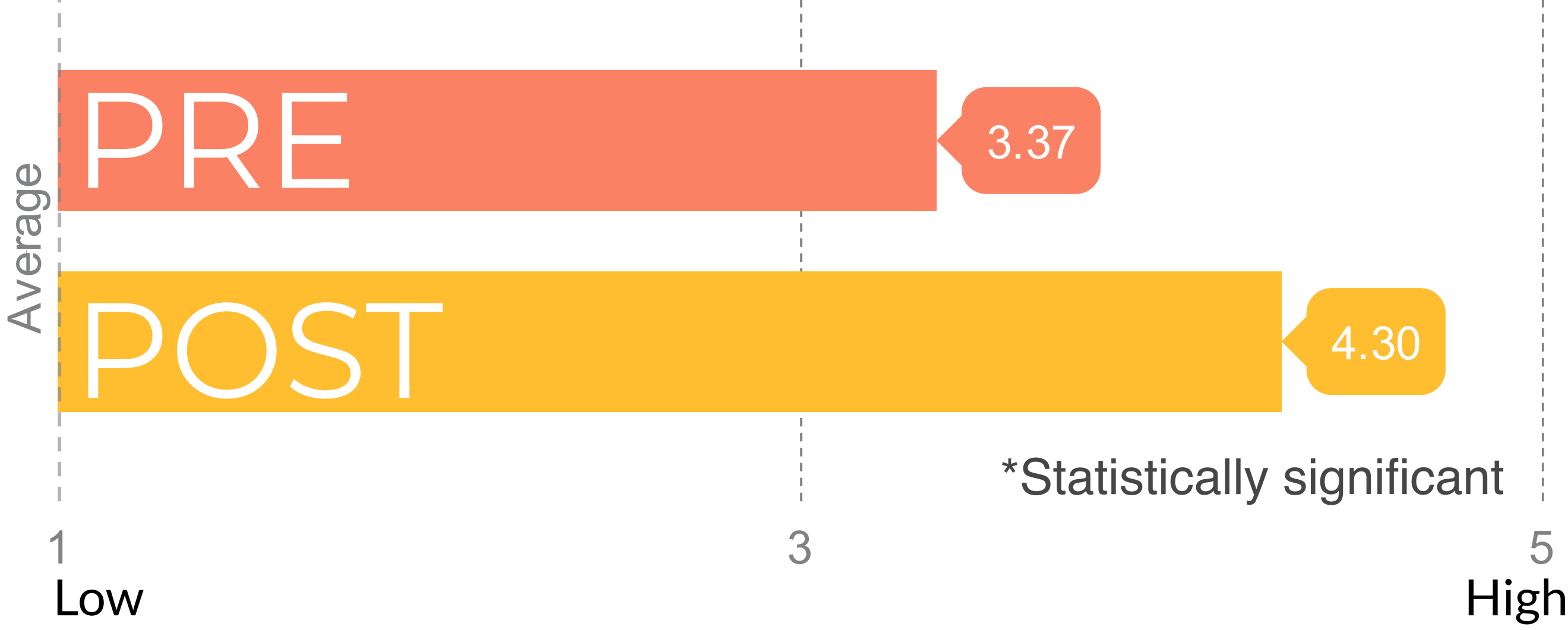
PRE/POST RESULTS

Surveys were filled out at the beginning (pre-) and end of the institute (post-) with the respondents self identifying their perceived level of knowledge in each of the subject areas. Results are represented in numerical value; with 1 being "Low" and 5 representing "High". For detailed information about determining statistical significance see "Data Appendix"

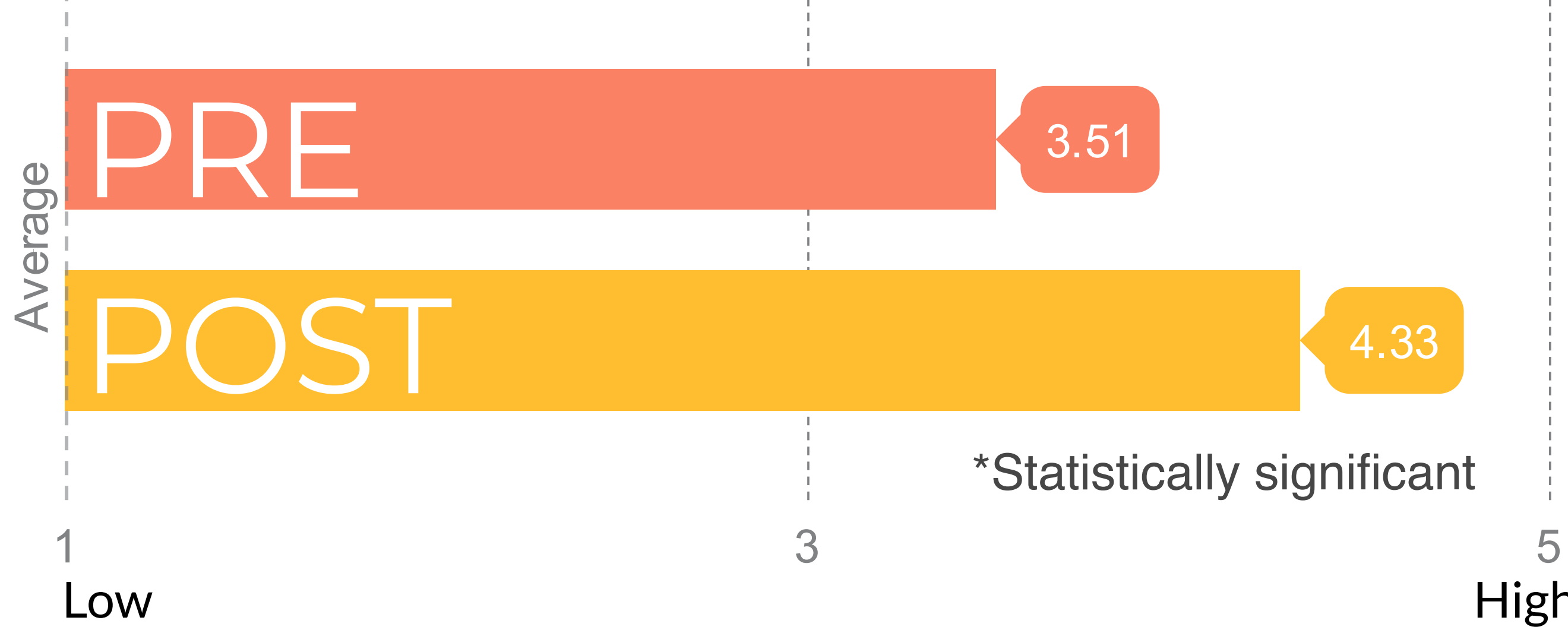
1 Level of Understanding of Violence



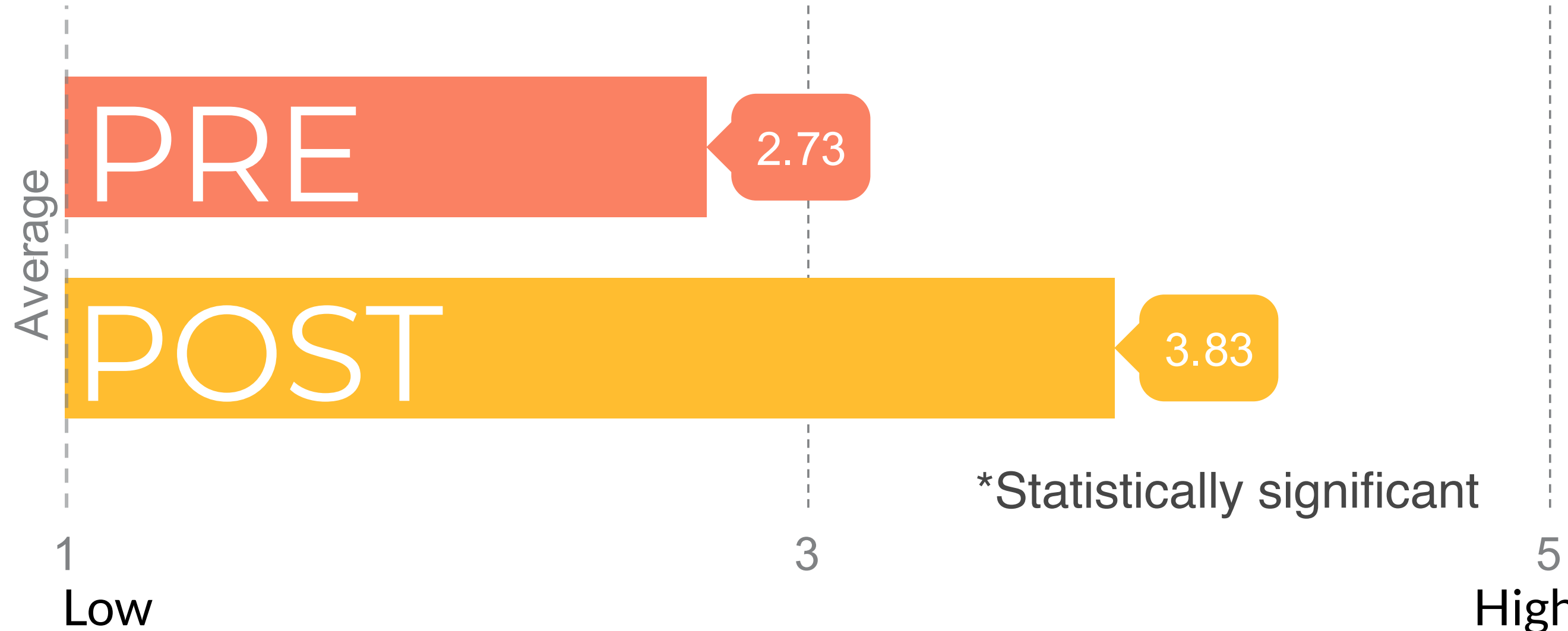
2 Likelihood to take action to prevent violence



3 Likelihood that I will engage in violence prevention work



4 Skill level to develop a plan of action to prevent violence in my community



SURVEY

SURVEY

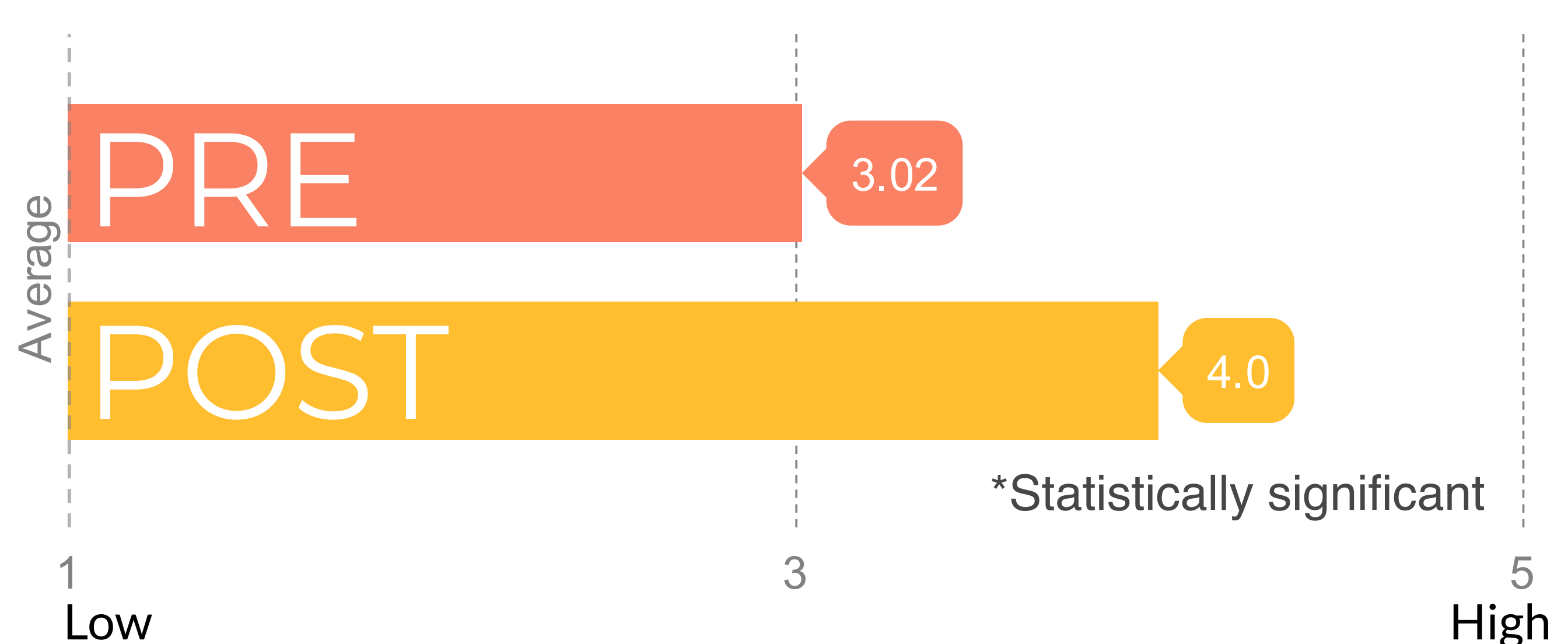
SURVEY

SURVEY



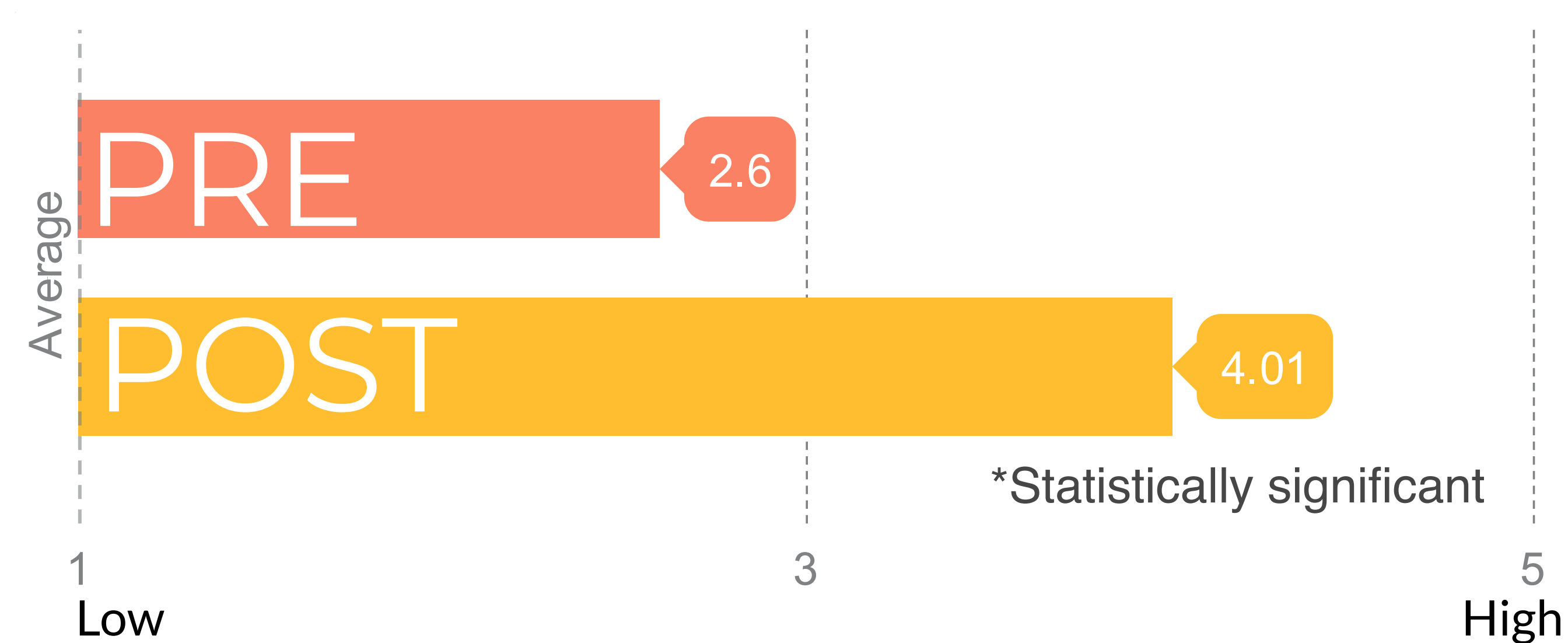
Level of knowledge in Conflict Resolution

5



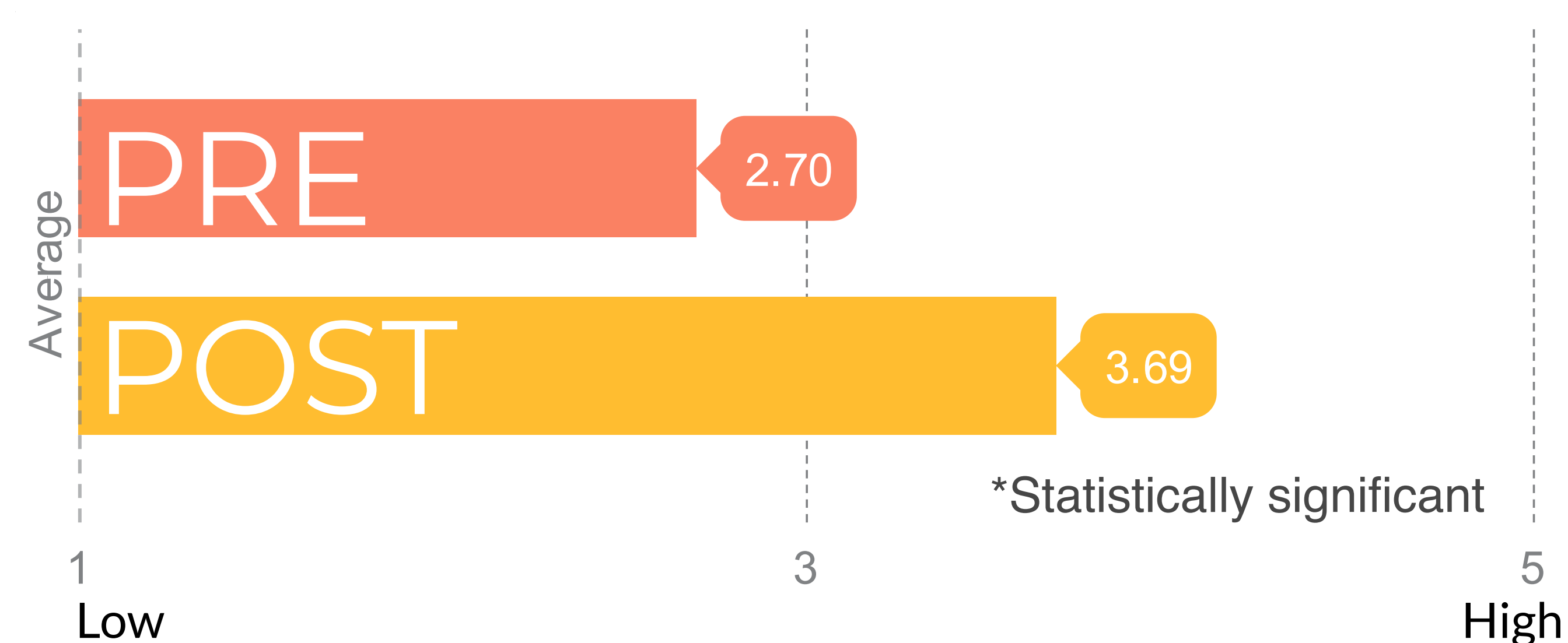
Level of knowledge in Public Health Approach to violence prevention

6



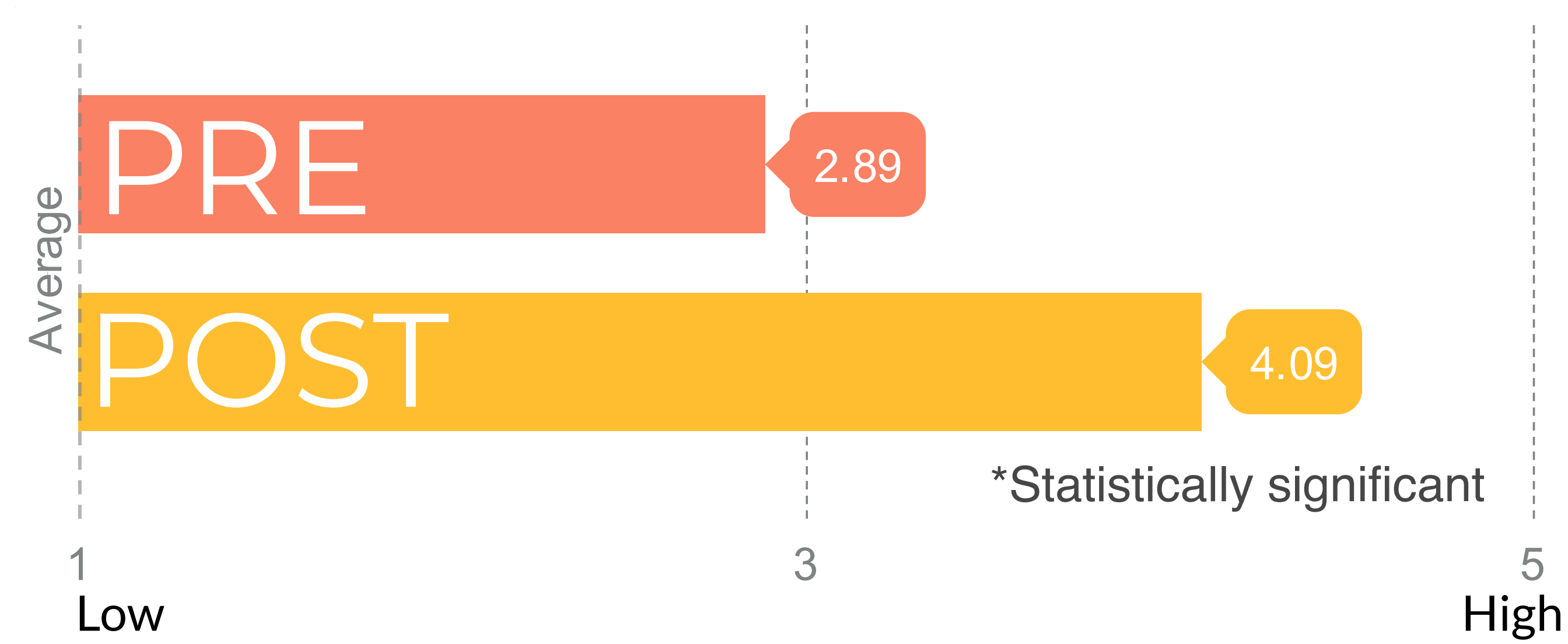
Level of knowledge in Mental Health First Aid

7



Level of knowledge in Community Organizing

8



The comments section from the survey was condensed into a word cloud format to reflect major themes.





SURVEY

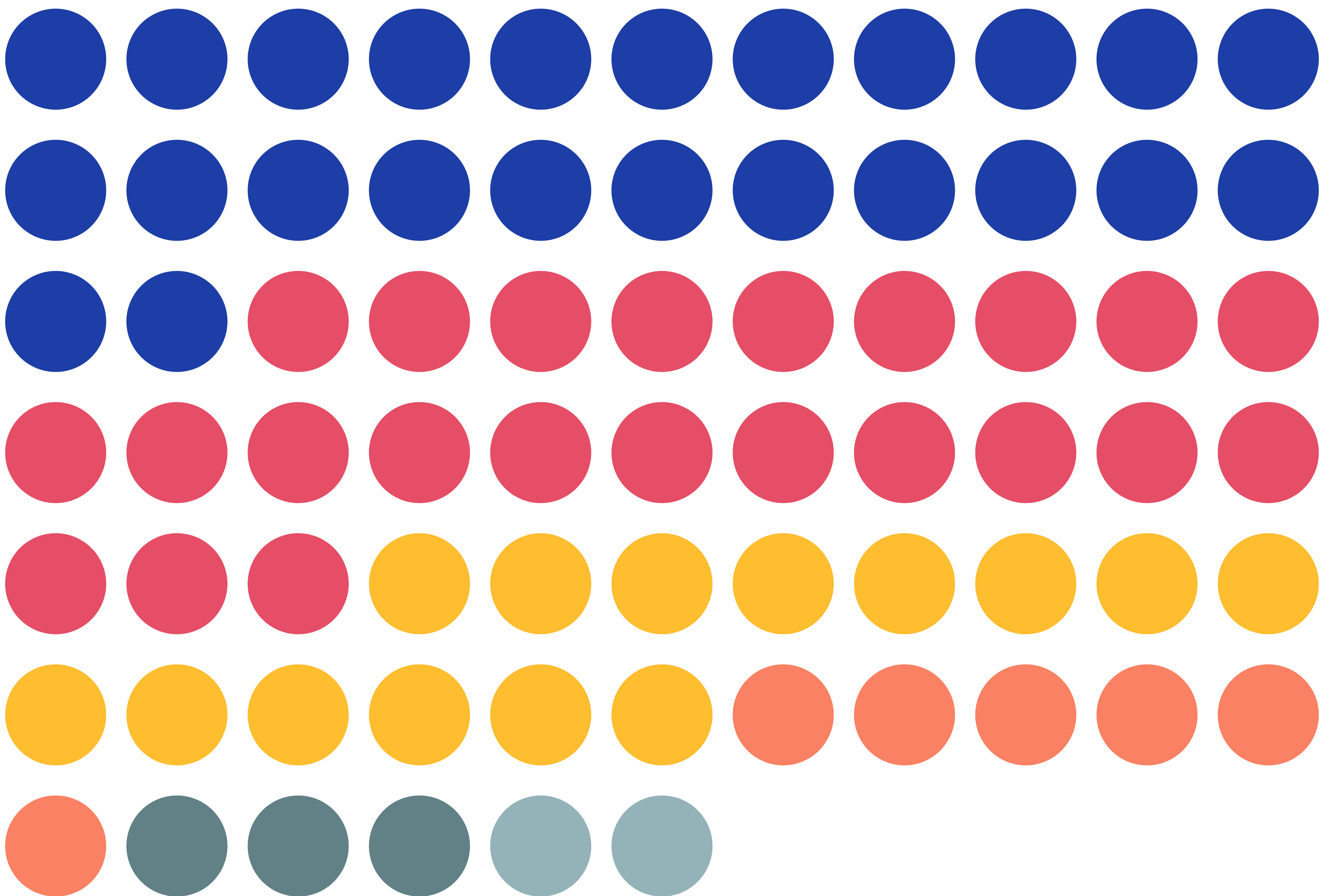
SURVEY

SURVEY

SURVEY

OUTREACH RESULTS

Participants were asked about how they heard about the institute as the final question of the survey. The following chart are the results broken down into the 6 categories. Social Media was the main point of contact for those who participated in the Ambassador Institute while the "Other" category represented the second most. The "Other" category was inflated by the training provided to Heine Brother Coffee which accounted for 15% of "Other" responses.



■ Social Media (33.33%) ■ Other (31.94%) ■ Email (19.44%) ■ Council District Newsletter (8.33%)
■ Community Center (4.17%) ■ Referral (2.78%)



DATA APPENDIX

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OVERVIEW

Number of total responses per demographic question. Information left blank was not recorded and accounts for the difference in sample size per category.

GENDER	233	RACE	233
AGE	228	ETHNICITY	201
MARITAL STATUS	229	EDUCATION	231

DEMOGRAPHICS

Count of Gender

Male	74
Female	158
Other	1

Grand Total 233

Count of Race

African American	146
White	72
Asian/Pacific Islander	11
Other	4

Grand Total 233

Count of Age

<15	1
15-24	44
25-34	44
35-44	56
45-54	25
55-64	35
65-74	22
75+	1

Grand Total 228

Count of Ethnicity

Hispanic	4
Non-Hispanic	197

Grand Total 201

Count of Marital Status

Single	133
Married	66
Divorced	24
Widowed	2
Separated	4

Grand Total 229

Count of Education

High School/GED	50
Trade/ Technical School	11
Associates	21
Undergraduate	57
Graduate	77
Other	15

Grand Total 231

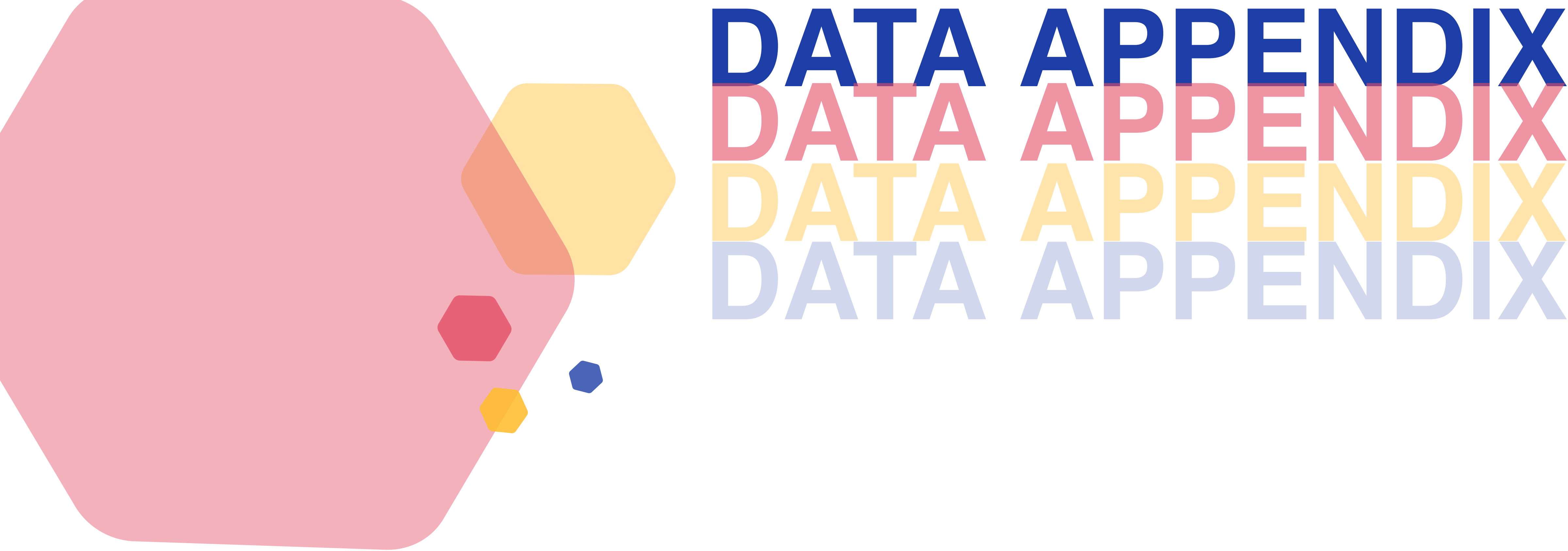


LOCATION

Location data was self report and collected on the sign-in sheets separate from the survey. The sign-in sheets for three dates did not collect Zip Code information and are therefore not included in the data. Below is a full table of all 225 data points broken down zip code, count and percentage.

1	0%	40201
24	11%	40203
7	3%	40202
6	3%	40205
6	3%	40204
2	1%	40207
12	5%	40206
17	8%	40208
31	14%	40211
14	6%	40210
3	1%	40213
8	4%	40212
5	2%	40215
8	4%	40214
5	2%	40217
9	4%	40216
6	3%	40219

14	6%	40218
3	1%	40220
3	1%	40223
2	1%	40222
2	1%	40229
1	0%	40228
5	2%	40241
1	0%	40243
6	3%	40245
1	0%	40258
1	0%	40261
2	1%	40272
4	2%	40291
5	2%	40299
1	0%	40270
6	3%	40403
4	2%	40404



STATISTICAL SIGNIFICANCE

Statistical significance designates that there is a meaningful difference between the paired pre and post-test results. The Paired-Sample T-Test accounts for random variation to determine whether the differences between the pre and post-test results were expected variation or a total shift in the average of the group. Indication of statistical significance is represented by the P-Value in the chart below. If the value is less than .05 it is statistically important.

QUESTION 1
Level of Understanding of Violence

QUESTION 2
Likelihood to take action to prevent violence

QUESTION 3
Likelihood that I will engage in violence prevention work

QUESTION 4
Skill level to develop a plan of action to prevent violence in my community

QUESTION 5
Level of knowledge in Conflict Resolution

QUESTION 6
Level of knowledge in Public Health Approach to violence prevention

QUESTION 7
Level of knowledge in Mental Health First Aid

QUESTION 8
Level of knowledge in Community Organizing

	PRE-AVERAGE	POST-AVERAGE	P-VALUE
QUESTION 1	3.53	4.37	1.33×10^{-33}
QUESTION 2	3.37	4.30	8.16×10^{-33}
QUESTION 3	3.51	4.33	2.42×10^{-22}
QUESTION 4	2.73	3.83	2.77×10^{-36}
QUESTION 5	3.02	4.0	3.99×10^{-31}
QUESTION 6	2.60	4.01	5.81×10^{-42}
QUESTION 7	2.70	3.69	1.49×10^{-22}
QUESTION 8	2.89	4.09	1.09×10^{-35}

*Indication of statistical significance if less than .05

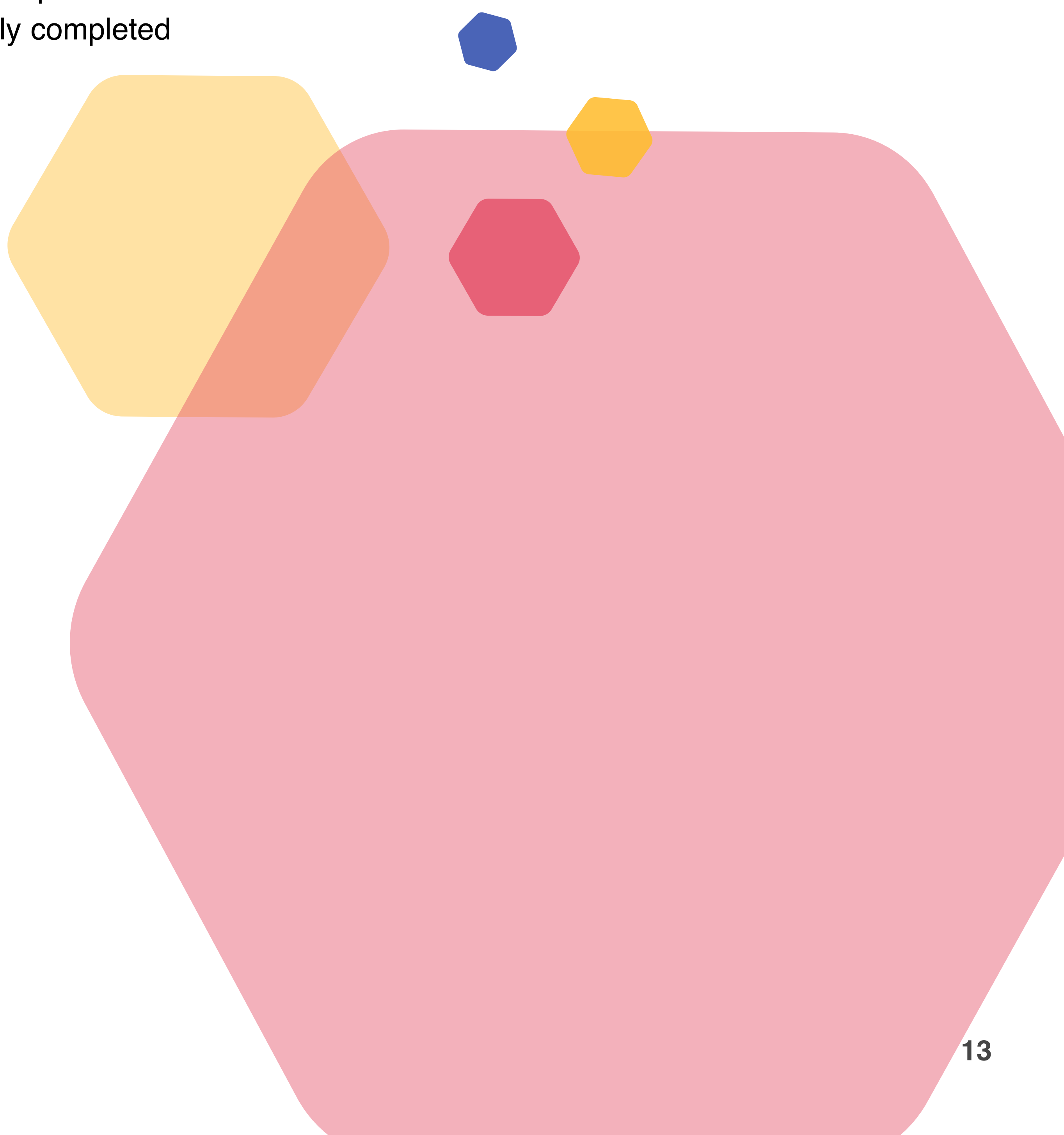
DATA NOTES

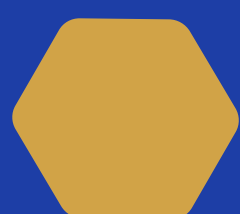
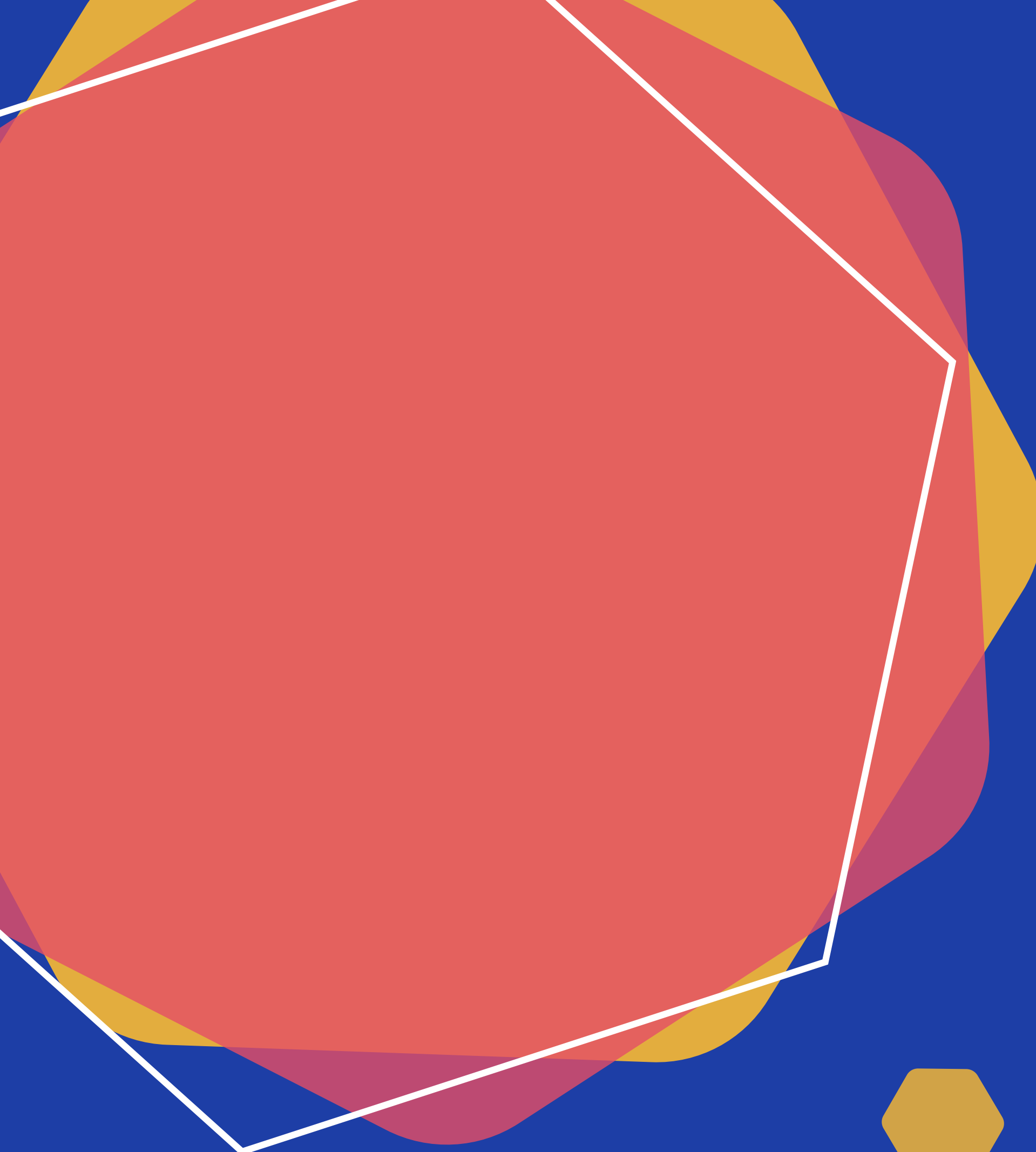
DATA ENTRY

- Surveys without pre-, post- or demographics were entered, and answers were recorded as “blank” for demographic or zeros for survey results.
- If two answers were marked on the pre- or post- data, with no indication of errors, the lowest number response was recorded.
- Responses were only adjusted if specifically mentioned in comment sections. For example “I left question six post blank because I do not feel like my level of knowledge increased” the post response was then recorded to match the response chosen in the pre-.
- When a comment was illegible a best guess on the word was recorded with [brackets] around it.

DATA ANALYSIS

- Surveys excluded from the analysis meet one of three criteria: 1. The respondent only answered the demographic questions (3 Surveys), 2. The respondent only completed the pre-questions (8 Surveys), 3. The respondent only completed the post questions (1 Survey). (Total 12)





Office for Safe and Healthy Neighborhoods

Louisville Metro Government

Helping create a city of safe neighborhoods, where everyone is
secure, supported, free of violence, and prepared for lifelong success.



#BeThe1

Prepared by



OFFICE OF
PERFORMANCE
IMPROVEMENT
AND INNOVATION

Louisville: The Epi-Center of Black Male Achievement

Rumble Young Man Rumble: This is a national convening hosted in Louisville every year by the Campaign for Black Male Achievement (CBMA). CBMA quickly recognized that Louisville is a city where work is happening to support young men and boys of color across several areas, and where city leadership is invested. For those reasons, CBMA named Louisville the “Epi-Center” of Black Male Achievement, not because we are perfect, but because we are a city where the needle can move.

Cities United: Cities United is a national coalition of cities and mayors who are working to develop comprehensive violence reduction strategies to reduce the number of black men and boys who are the victims of shootings and homicides. Headquartered in Louisville and led by Anthony Smith, Cities United hosts a national convening each year to highlight best practices in the field of violence prevention and developing comprehensive actions plans.

THRIVE Fellowship: Cities United’s and the Office for Safe and Healthy Neighborhoods have partnered to develop a Civic Engagement Fellowship. This is a 24-month experience that will serve as a catalyst to changing the landscape for local civic engagement, participation and leadership. While serving as a vehicle to increase the life outcomes of young black men and boys, their families and their community by connecting fellows to opportunities, individuals, and the support needed to be successful, the fellowship will also focus on identifying opportunities to make system level changes.

BMe Genius Fellows: BMe Community is a network of innovators, leaders, and champions who invest in aspiring communities. The BMe Community Genius Fellowship finds, funds and builds communities based upon the brotherhood of inspired black men. In Akron, Baltimore, Detroit, Louisville, Miami, Philadelphia and Pittsburgh; BMe Community Geniuses run the programs, businesses and governments that have helped millions of families since 2013 to acquire health, wealth, hope and opportunity.

My Brother’s Keeper: President Obama launched My Brother’s Keeper in February 2014 to address persistent opportunity gaps facing boys and young men of color and to ensure all youth can reach their full potential. In 2015 the My Brother’s Keeper Alliance (MBK Alliance) was launched, inspired by My Brother’s Keeper, to scale and sustain this mission. The MBK Alliance focuses on building safe and supportive communities for boys and young men of color where they feel valued and have clear pathways to opportunity. Mayor Fischer was one of the 1st Mayors to accept the challenge, and OSHN worked to produce an MBK action plan.

BMA Roundtable: Convened by Metro United Way, the BMA roundtable is a collective space where cross sector partners can identify key focus areas and strategize together to promote adoption of asset-based narratives and advance results for BYMOC through policy, practice, resources, etc.

JCPS: The entire school district is a critical partner in this work, and we constantly highlight many of the efforts that have been successfully moved forward -

- A Racial Equity Policy has been passed and implemented district wide. This policy is focused on reducing racial disparities in school discipline, academic achievement, and other student outcomes.
- Establishment of DuBois Academy, an all-male academy in Louisville offering Afrocentric and multicultural curriculum that is both rigorous and engaging. The pedagogical practices of the DuBois Academy draw from evidence-based research and culturally responsive teaching to actively engage our students as they grow as learners and self-aware young men

ASSESSMENT REPORT: LOUISVILLE, KENTUCKY

Cure Violence is a unique, interdisciplinary, public health approach to violence prevention and intervention. The Cure Violence (CV) approach maintains that violence is a learned behavior that can be prevented using disease control methods. Using proven public health methodology, the model uses a three-prong approach to violence prevention: 1) Detecting and interrupting the transmission of the disease, 2) Treating those at highest risk; 3) Mobilizing the community to change norms. An overview of the model can be found in Appendix A.

This report seeks to:

1. Describe the technical assistance package available for pre-implementation, capacity building and strategic planning based on the current level of funding available
2. Describe a tentative plan for site level replication should additional funding be identified

Should the City identify funding for replication of the model further examination of the feasibility of implementing the CV model in Louisville would be necessary. The CV model can only be adapted to the context of Louisville if local institutional and individual capacities exist to implement its three main components. This is determined through answers to the following questions:

- 1) Is there a governmental or non-governmental agency with the capacity and will to implement the CV model with fidelity?
- 2) Does official and/or unofficial data documenting violent incidents exist to focus and monitor the implementation of the model?
- 3) Does official and/or unofficial data exist regarding 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 the high-risk target population for focusing implementation of the model?
- 5) Do community organizations or hospital trauma units exist who fit the CV criteria to serve as an implementation partner?
- 6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?
- 7) Are there agencies/organizations currently providing, or with the capacity to provide, support services for the highest risk?

Upon initial assessment, the majority of these questions can be answered affirmatively for Louisville. The most challenging, which will be discussed in detail, is question six (6).

The following is a preliminary report that briefly highlights key elements of the CV assessment visit and tentative recommendations. Louisville currently does not have the funding to implement the full model, but does have funding available for technical assistance and capacity building efforts. If funding for full implementation is identified, additional consultation will be provided to identify next steps, answer additional questions, and develop a specialized implementation plan specific to the needs and nuances of Louisville.

Host Agency/Organization

The Mayor's Office of Safe and Healthy Neighborhoods (OSHN) connected with the CV National team to begin feasibility discussions and explore the possibility of CV providing technical assistance. City stakeholders recognize the need to view violence through a health lens and identify ways to strategically intervene in potential violence, as well as change individual and community norms. The initial visit provided an opportunity for introduction to some of Louisville's current violence prevention/intervention programming for individuals at highest risk of being a perpetrator or victim. This included the No More Red Dots initiative, Peace Education, and Pivot 2 Peace. Additionally, the CV team participated in a review of the current violent incident data and opportunities to present the CV model to additional City and community stakeholders.

Data Analysis

During the visit, the OSHN, its partners, and the CV assessment team reviewed the following:

- 2017 aggregate level homicide data, including breakdown by division, cause, day of the week, time, month, and victim race/sex/age
- 2016 homicide and shooting data mapped by neighborhood
- Aggregate level data for 2008 – 2016, including breakdown by cause of death, division, race/sex/age of both victims and suspects, and firearm type

In simply examining homicides by year:

Homicides by Year

Year	Number of Homicides	Year to Date

2015	81	
2016	120	12
2017	14	14

The City of Louisville saw a 48% increase in homicides from 2015 to 2016. February data shows Louisville already outpacing 2016's numbers.

The City is currently focusing on seven (7) neighborhoods that experience the majority of violence incidents:

- California
- Park Duvalle
- Parkland
- Portland
- Russell
- Shawnee
- Shelby Park

In examining homicides by division/neighborhood:

Homicides by Division*

Division	2017	2016	2015	2014	2014-2016 (3 year average)	Neighborhoods in Division
1	2	20	22	13	23.66	Russell, Portland
2	9	33	22	16	19	Shawnee, California, Park Duvalle, Parkland
4	2	33	17	7	18.33	Shelby Park

*Only includes divisions encompassing City's neighborhoods of focus

While this data provides an overview of the level of violence in Louisville, if the City were to identify funding to implement the full CV model, it would be necessary to examine at least three years of incident level data to determine clustering and trends. A more comprehensive analysis and review of multiple years of incident level data would allow for the identification of:

1. Hot spots (clustering of the violence epidemic needed to determine epicenter locations and inform the 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. Months/days/hours of incidents (to determine work schedule, canvassing efforts, and overall strategic planning)

Current Efforts

The following is a limited assessment of current intervention efforts.

In terms of intervention, the No More Red Dots (NMRD) initiative is one of the City's key strategies. NMRD has a staff of approximately two dozen part-time workers. It appears that while staff members may have some credibility within certain areas and/or with certain groups, they are dispatched primarily based on availability (when they are not at their full-time employment) and location of the most recent violent incident. In terms of mediating potential violence, NMRD staff advised that only four (4) staff members are able to mediate conflicts. There is little formal training for staff and limited use of data to drive strategic planning efforts. Considering the level of violence in Louisville, it would be extremely challenging to address potential violence and retaliatory violence under these conditions.

Health approaches to prevent violence rely heavily on the use of data at all levels of strategic planning and implementation, as well as continuous evaluation of efficiency and effectiveness based on documentation of efforts. This is in addition to the use of credible messengers with the right skills and training, hand selected to work in the communities they are connected to, with individuals they have inroads/relationships with. The strategic use of data, the ability to identify and detect individuals and groups at highest risk for violence, interrupt violence before it occurs, reduce risk, and change individual behavior and community norms, requires a highly trained credible, and suitable team. The level of structure and oversight required is significant. When implementing the CV model, cities receive extensive training on both the street level work, as well as the ability to provide oversight and monitoring of the work. An outline of these trainings can be found in Appendix B.

Recommendations

Tentative recommendations will be broken down in two separate sections, as follows:

Section 1: Recommendations for Technical Assistance based on Current Funding Available (\$85,000)

Section 2: Recommendations for Training & Technical Assistance based on Model Implementation

Section 1: Recommendations for Technical Assistance based on Current Funding Available

Based on the initial visit, CV would recommend first conducting a thorough assessment of NMRD. Assessment activities would include an evaluation of how the outreach and intervention efforts are conducted, how the intervention uses data, and a comprehensive evaluation of the project's current staff to determine if they have the credibility, capability, and skills to work with those at highest risk and intervene in potential violence. CV implementation in other cities has demonstrated that selection of staff is the most critical component of this work. If the selected staff do not have the necessary credibility, the project will not be successful. Additionally, CV will not train individuals in Violence Reduction and Interruption unless there is confidence that these individuals are the "right" workers. For these reasons, CV Outreach Workers and Violence Interrupters are carefully selected through an extensive hiring process. Job descriptions for these crucial positions is included in Appendix C. The assessment would occur over a period of 1-2 weeks.

If it is determined that NMRD has the appropriate staff, CV could provide training and technical assistance related to the model and/or topics based on identified need. Topics covered could include, but are not limited to:

- Strategic Planning
- Use of Data
- Team Building
- Trauma 101
- Engaging the Highest Risk

If it is determined that NMRD is not the appropriate partner, CV would provide technical assistance to Louisville to build capacity for future implementation of the CV model. This would include:

- Assisting in the building and coordination of a stakeholder coalition (City level)
 - Identification of partners
 - Identification of roles & responsibilities
 - Conduct training on:
 - Violence as a Health Issue
 - The Role of Community and Faith Leaders in Violence Prevention
- Target Area Identification and Selection/City-wide Intervention Planning
 - Development of a strategic implementation plan based on level of intervention
 - Potential Community-based partners
 - Tentative staffing plan

- Tentative recruitment plan

Recommendations for Site Level/Citywide Intervention (full model replication)

The goal of CV is to get to zero violent incidents and to stay there – to eradicate the disease of violence. To do so, identification of those at highest risk, treatment of those identified, and the shifting of individual, group and community norms is required at an appropriate level. Without identification of the specific target area(s) defining the parameters of a potential project and determining the appropriate level in regard to the number of sites and staffing is challenging. Additionally, the size of the target area(s) would need to be defined prior to moving forward. For evaluation purposes, as well as staffing, canvassing, and strategic implementation purposes, the target area cannot be too large. Typically, sites throughout the country use the smallest unit of measurement when identifying target areas. Most often this is a police beat or post. When target areas are defined too broadly the work becomes primarily reactionary instead of preventative.

Tentatively, Louisville could consider a few different possibilities. One option would be to select one or two sites within the seven (7) neighborhoods of focus to pilot the intervention. Based on the data, the geography of the area, and the number of high risk groups/individuals, a staffing plan would be developed to determine the number and type of outreach workers and violence interrupters needed.

For citywide intervention, based on the limited information available at this time, a cautious estimate would be six (6) community sites. Based on the demographics and groups functioning in these areas, it would be necessary to establish separate sites that have credibility in the identified target areas, and inroads with the groups. Again, without access to multiple years of incident level data, these are conservative estimates at best. CV would caution against using this as the definitive implementation plan and staffing pattern.

The following will need to be determined and/additional information gathered prior to the development of the full strategic implementation plan:

1. Determination of epicenter level target area location(s) and/or citywide implementation
2. Determination of staffing pattern (number needed and skills/connections required for teams)
3. Development of a preliminary recruitment strategy for staff

CV Implementation Training & Technical Assistance

CV will provide its full training and technical assistance services, which includes the following:

CV VIRT (Violence Intervention & Reduction Training)

Developed for all new outreach workers, violence interrupters, and other administrative staff, this five-day training includes a mix of presentation of core concepts and skill development through demonstration and practice. The diverse training team incorporates brief lectures that are then brought to life through videos and role plays or discussion of scenarios or both. Various scenarios have been developed to illustrate key learning points of the lesson. The curriculum itself is organized around four core areas: 1) introduction to CV and the role of CV workers with an emphasis around boundaries and professional conduct; 2) identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior through the technique of motivational interviewing (which requires prior mastery of strong listening skills) as it relates to creating and implementing a risk reduction plan; 3) preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4) working with key members of the community, including residents, faith leaders and service providers through public education, responses to shootings and neighborhood building activities. Trainees also spend at least two evenings in the community, walking the target area to become familiar with the area and, after watching CV trainers approach community members and individuals who may fit the target criteria for becoming a participant, practicing the skills they learned in the “classroom” in this “real life” setting. CV will work closely with staff to coordinate all aspects of the training as well as to ensure that the training materials work alongside outreach-related policies and procedures developed in accordance with the policies and procedures of the implementing community-based organization (CBO).

CV Program Management Training

The Cure Violence Management Training is conducted in order to impart management with critical knowledge, skills, strategy, and insights specific to managing street line staff (Violence Interrupters & Outreach workers), strategically utilizing staff, building a strong team, creating a positive work environment, enforcing accountability, mobilizing the community and shifting community norms that perpetuate violence. Training is designed to prepare management for potential programmatic challenges, proactive & preventive measures and problem solving based upon programmatic experience, current staff and community dynamics. CV will work closely with oversight entity (OE) and/or community-based organization staff to coordinate all aspects of the training as well as to ensure that the training materials work alongside outreach-related policies and procedures developed by the Oversight Entity/Community-based organization.

Database Use & Associated Training(s)

CV developed a web-based database system to collect and analyze program components of the CV intervention. Working with CiviCore, partner programs, and technical assistance staff, Cure Violence developed and tested the new database in 2015. The system is based on 15 years of developing documentation tools and techniques for outreach work to prevent violence. The CV technical assistance staff worked with outreach workers, supervisors, and program managers to identify necessary documentation, create a system of confidentiality, and provide the easiest and most accessible system possible.

The system is web-based and password protected. It collects data related to outreach participants, community activities, violent incidents, community mobilization, public education distribution, and conflict mediations.

The system is tiered based on access level, allowing program managers and outreach supervisors supervisory applications, analysis tools, and reporting mechanisms. The system has significant analysis and reporting capabilities. All data in the system can be queried and sorted in a variety of ways depending on partner and funder needs. Program indicators can be reported at the community, worker, or participant level from referrals for service, to shooting responses. The system is designed to be able to track and analyze participants longitudinally to better understand how long service provision takes and whether multiple service referrals are needed before services are received.

CV technical assistance includes initial training, individualized report building – based on local needs/wants, and use of the CV database. Additionally, booster sessions and/or one-on-one screen share training sessions are available based on the needs of program managers and staff.

Booster Trainings/Site Visits

CV staff visit the replication on three occasions following the initial VIRT Training. Booster trainings/site visits are an opportunity to provide in-person assistance and/or advanced or specialized training to the team(s).

Typically, the visits work to ensure model fidelity and address and programmatic questions or issues. Visits and booster trainings are most frequently carried out by a National Trainer. Senior level staff may conduct advanced training sessions and/or be the site visit lead if/when a site is eligible for CV certification or if the site is in need of a comprehensive programmatic assessment to determine fidelity and/or program evaluation assistance.

These visits are also an opportunity for a specialized consultation by the CV staff including assistance with ongoing work in the target areas, future outreach worker hiring (e.g., panels), or presentations to local residents, potential community partners and funding

entities (e.g., community-based organizations, social service agencies, law enforcement, government representatives, private foundations, etc.).

Hospital Intervention/Interruption Retaliation Reduction Training

Developed for program hospital workers, outreach workers, violence interrupters, or any team members deemed appropriate to handle this additional aspect of their regular work this five-day trauma hospital training will demonstrate how to effectively implement a trauma hospital based program component that will help reduce the recidivism rate of victims of gun violence. The training will teach all trainees how to engage victims of violence, their immediate family members, and any of the victim's significant others or associates in the hospital setting who might contemplate retaliatory violence on the victim's behalf. The training will also cover how to engage other program field staff in the community on how to respond to the immediacy of a shooting to reduce the likelihood of a revenge shooting.

This curriculum for front line staff is organized around five (5) core areas:

- 1) Introduction to CV and the role of CV hospital workers with an emphasis around boundaries and professional conduct;
- 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and high risk behavior that brought them to the hospital in the first place, as it relates to creating and implementing a risk reduction plan;
- 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution;
- 4) Working with key members of the community, including residents, faith leaders and service providers through public education, responses to shootings and neighborhood building activities; and
- 5) Development of an understanding of trauma, trauma-informed practices, and the tools and resources available to assist in preventing and/or minimizing individual and community level trauma

The training also incorporates relevant hospital protocols specific to how staff members should conduct themselves in the hospital setting, who will be the lead contact from the hospital for 24-hour coverage, and how to successfully stay in compliance with all the hospital rules and regulations, including HIPAA.

Program & Team Support

CV staff members will participate in all hiring panels in person or via Skype/video conferencing to assist in the selection process. Post VIRT and Management Training, during the initial week of full implementation, CV will provide an imbedded worker from the National team to assist in operationalizing the work and modeling the day to day activities. Continuous assistance will be provided to the program to help guide the services, implementation, and team support, as well as to address management and administrative aspects of violence prevention work. The Executive Director of U.S. Programs and/or their designee, will maintain monthly contact with the lead project coordinator throughout the duration of this contract. For the initial six (6) months of implementation, conference calls will be scheduled on a weekly basis for the purpose of status updates, programmatic challenges and successes, to discuss violence intervention and reduction strategy, and to provide individualized technical assistance. Subsequent calls will be scheduled on a monthly basis.

Technical Assistance Summary

With over fifteen years of violence prevention technical assistance to CV Illinois communities and approximately fifty national sites, CV has demonstrated that each of the elements outlined above are essential to the preparation of street violence intervention reduction workers to work with the highest risk population—individuals who are most likely to shoot or to be shot.

Tentative Cost(s) for Site Level Implementation

The cost of a single site, with the minimum number of staff (7) for one year is approximately \$375,000 - \$450,000 (range based on cost of living). However, in examining the effectiveness and efficiency of the current national sites, data has shown the need to reconsider the minimum staffing pattern. Newer sites are now recognizing that a team of 8-10 street level staff (outreach workers and violence interrupters), in addition to program management (Program Manager and Outreach Supervisor), is more successful in managing both prevention and intervention activities. In terms of working to identify the appropriate staffing pattern for Louisville, several factors would need to be determined, including the selection of the specific target area(s), analysis of groups and highest risk within the specific area(s), and examination of the availability of credible messengers to employ.

Site level costs are specific to implementation at the community level, with approximately 75% of funding allotted to salaries and benefits for staff. Some cities have been able to provide in-kind dollars/resources for items such as computers, office space, furniture, etc. A sample budget can be found in Appendix D. One year of CV training and technical assistance, including use of the CV database, is approximately \$175,000. This may include preliminary assistance in the launching of a hospital responder initiative with one

basic training for hospital partners and responders. These services can be delivered to up to two sites. More than two sites, citywide implementation, and/or the addition of CV's school based programming would increase the cost. Additionally, CV would caution year-to-year funding projections and would recommend consideration of commitment to a three-year project.

Appendix A

Cure Violence Overview



Reducing Violence: The Cure Violence Health Approach

Violence spreads like a contagious disease. The good news is prevention is possible. Using the same health strategies used to fight infectious diseases such as tuberculosis, cholera and AIDS, the Cure Violence Health Approach is reducing neighborhood violence.

How It Works

Cure Violence works with local partners to:

Interrupt Violent Conflicts

Trained staff from the community known as violence interrupters prevent shootings and killings by detecting and interrupting potentially lethal conflicts in the community and mediating them to a peaceful end.

- Prevent retaliations
- Mediate ongoing conflicts
- Follow up to maintain peace

Change Behavior

Outreach workers identify people at the highest risk for violence and work side by side with them to reach and maintain a non-violent path to conflict resolution.

- Challenge thinking on use of violence
- Provide support at critical times
- Connect with job opportunities and social services

Change Norms

Cure Violence's local partners, violence interrupters, and outreach workers engage community leaders, residents, business owners, faith leaders, social service providers, and those at highest risk to reject the idea of violence as an acceptable behavior to resolve conflict in their neighborhood.

- Respond to every shooting
- Organize community activities
- Spread positive norms

The Importance of Hiring and Training Credible Workers

Public health outreach is most effective when community workers share the same neighborhood and background as those at high risk for violence. These trained community workers already have the trust of those at risk and are able to influence and change violent behavior.

"I knew some of the key individuals on both sides. I gave them my word that if they left them alone, then the other side would do the same... they needed someone they could trust."

—violence interrupter

"He's cool, he talk about his life, he's helpful. I give him mad respect. He keeps a brother busy and out of trouble. He just understood everything I talked about. I could talk to him about anything. He's there whenever I call and need him. He's just a call away. He steers me in the right direction."

—participant speaking about an outreach worker

Appendix B

Training Outline: Violence as a Health Issue

Historic Treatment of Violence

- Bad vs. good
- Language
- Changing perspective

Violence as an Epidemic

- Cluster
- Spread
- Transmission

Transmission of Violence

- Social Learning
- Social Norms
- Neurological Effects
- Modulating Factors

Exposure to Violence

- Increased likelihood...
- Signs & Symptoms
- Effects on individuals & community

Violence as a Social Determinant of Health

- Education
- Economic conditions
- Health care system
- Built environment
- Community resources
- Community cohesion

Stopping Contagions

- Interrupt transmission
- Prevent future spread
- Change norms

Why it Works

- Findings
- Outcomes
- Lessons Learned

Training Outline: Program Management

Skills of Successful Managers and How They Pertain to this Work

- Leadership
- Communication
- Active Listening
- Feedback
- Managing Credible Messengers
- Team Building
- Team Dynamics
- Lessons Learned

The Foundations of Management

- Roles & Responsibilities
- The Pillars
 - Briefing
 - Debriefing
 - Team Meeting
 - Individual Supervision
- Staff Assessment
- Differential Diagnosis
- Systematic Review

Data

- Using Data in this Work
 - Community
 - Health
 - Crime
- Database Review
 - Individual Assistance
 - Running Reports
 - Interpreting Reports
 - Lessons Learned

Strategic Planning

- Mapping
- Building the Strategy
- Implementing the Strategy
- Evaluating the Strategy

Training Outline: Violence Interruption and Reduction

Violence as a Health Issue

- Key concepts
- Why you're here
- The Health Approach
- Roles & Responsibilities
- Professionalism

Trauma 101

Key concepts

- Vicarious Trauma
- Self Care
- SOS Planning

Identification

- People
- Places
- Groups
- Use of Data
- Relationships
 - Relationships vs. Inroads
- Strategy Building
- Evaluating your strategy

Detection of Conflicts/Potential Violence

- Relationships
- Information gathering
- Shifting behavior
- Strategy building
 - *The Daily Plan*
- Action
- Observation
- Follow Up

Interruption

- Relationships
- Information gathering
- Strategy Building
 - Mediation Techniques
 - How to Work a Violent Incident
 - Safety Planning
- Activating the plan
- Follow Up

Changing Behaviors & Norms of Individuals

- Key concepts
- The process

- Relationships, influence, etc.
- Behavior change lens
- Strategy of shifting behavior
 - Roadmap
- Risk Reduction
- Case Management
 - Working with participants/key individuals/groups
- Follow Up
 - Evaluating progress

Norm Change - Group

- The Tipping Point
- Relationships
- Mapping
- Identification/Group dynamics
- Strategy
- Action
 - Group sessions
 - Peace Summits
 - Activities
- Follow Up

Norm Change - Community

- Multiple messengers
- Tipping point
- Changing social expectations
 - Shooting Responses
 - Community activities
 - Public Education
 - Local resources

Operationalizing the Work

- Introduction to Core Pillars: Briefing, Debriefing, Individual Supervision, Team Meeting, Canvassing
- Why we do it and what your role is
- A day in the life of each staff member

Training Outline: Database Training for Outreach Workers & Violence Interrupters

Introduction to the Database

- Getting Started
- Overview
- Logging In
- Understanding Your Home Page

Forms

- Introduction to each form
- Timeline for completion

Documentation: Participants

- Status: Intake
- Status: Close Out

Outreach Workers

- Risk Reduction Plan
- Referral Summary
- Document, Comments, and Reminders
- Participant Tips

Conflict Mediation

- How to document a conflict mediation

All Staff

- Daily Log
- Partners
- Map

Training Outline: Database Training for Program Managers & Outreach Supervisors

Introduction to the Database

- Getting Started
- Overview
- Logging In
- Understanding Your Home Page

Forms

- Introduction to each form
- Timeline for completion

Documentation: Participants

- Status: Intake
- Status: Close Out

Supervising Outreach Workers

- Risk Reduction Plan
- Referral Summary
- Document, Comments, and Reminders
- Participant Tips

Conflict Mediation

- How to document a conflict mediation
- How to certify a conflict mediation

Manager/Supervisor Responsibilities

- Adding a Violent Incident
- Incident Review
- Incident Response Form
- Activities

Mapping and Report Running

- Updating & using the map
- Daily, Monthly, Quarterly Reports
- Understanding the Reports

Appendix C

Outreach Worker & Violence Interrupter Job Descriptions

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.

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.

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.

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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 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

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 gang members
- 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.

Appendix D

Sample Site Level Budget

LINE ITEMS	FUNDING REQUEST	FED./STATE LOCAL & GOV'T	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PMTS	\$250,000			\$250,000
FRINGE	\$50,000			\$50,000
CONSULTANTS	\$0			\$0
EQUIPMENT	\$5,000			\$5,000
COMMUNITY EVENTS	\$6,000			\$6,000
COMMUNITY MEETINGS	\$600			\$600
PARTICIPANT ACTIVITIES	\$4,000			\$4,000
PARTICIPANT SUPPORT SVCS	\$4,000			\$4,000
STAFF DEVELOPMENT	\$1,000			\$1,000
TRANSPORTATION/TRAVEL	\$2,500			\$2,500
RENT	\$12,000			\$12,000
UTILITIES	\$3,500			\$3,500
MOBILE PHONE SERVICE	\$4,200			\$4,200
MAINTENANCE	\$0			\$0
OFFICE SUPPLIES	\$1,375			\$1,375
OFFICE FURNITURE	\$4,000			\$4,000
PRINTING	\$0			\$0
PUB ED MATERIAL	\$5,400			\$5,400
OTHER (Attach Itemization)	\$0			\$0
TOTAL DIRECT COSTS	\$353,575	\$0		\$353,575
INDIRECT COST	\$35,358			\$35,358
TOTAL	\$388,933	\$0		\$388,933

ORGANIZATION: _____

AWARD NUMBER: _____

FOR BCHD USE ONLY: _____

SCHEDULE OF SALARY COSTS

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	HOURS PER WEEK	SALARY BCHD FUNDING	SALARY TOTAL PROGRAM BUDGET
SITE DIRECTOR		40	\$50,000	\$50,000
OUTREACH SUPERVISOR		40	\$40,000	\$40,000
OUTREACH WORKER		40	\$32,000	\$32,000
OUTREACH WORKER		40	\$32,000	\$32,000
OUTREACH WORKER		40	\$32,000	\$32,000
VIOLENCE INTERRUPTER		40	\$32,000	\$32,000
VIOLENCE INTERRUPTER		40	\$32,000	\$32,000
TOTAL/MUST EQUAL 432B			\$250,000	\$250,000

Site Manager Job Description

Job Position/Title: Site Manager

Cure Violence is a strategic evidence-based public health approach to reduce and prevent shootings and killings in Louisville with a high burden of homicide. The Site 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 Site 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 assist 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 UIC 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 UIC 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 Game Plan as presented during Cure Violence UIC 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 UIC 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 UIC; 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

Manages and tracks 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.

Site 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 Site 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 all 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 UIC 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 Louisville.

Qualifications

H.S. diploma or equivalent experience, BS in a Human Services field (i.e., Sociology, Social Work, etc.) preferred

Excellent communication skills (written and verbal)

Requires personal computer and word processing knowledge in order to enter and retrieve related information for effective reporting and correspondence

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.

Outreach Supervisor Job Description

Title: Outreach Supervisor Reports to: Site 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 local 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 site 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 site 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 or equivalent experience, BS in a Human Services field (i.e., Sociology, Social Work, etc.) preferred
- Extensive experience working with at-risk youth and gang members
- 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.
- Requires personal computer and word processing knowledge in order to enter and retrieve related information for effective reporting and correspondence

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.

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.

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.
- Requires personal computer and word processing knowledge in order to enter and retrieve related information for effective reporting and correspondence

Violence Interrupter Job Description

Title: Violence Interrupter 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.

I. Detect and interrupt potentially violent conflicts

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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 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

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 gang members
- 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.
- Requires personal computer and word processing knowledge in order to enter and retrieve related information for effective reporting and correspondence

SITE VISIT: LOUISVILLE, KENTUCKY OCTOBER 23-26

Over the course of the 4-day visit, Cobe Williams and Shannon Cosgrove joined Louisville community leaders convened by the Mayor's Office of Safe and Healthy Neighborhoods. The Technical Assistance (TA) team presented the Cure Violence model and the potential system integration to multiple audiences and facilitated discussions on what an integrated violence prevention and intervention plan would/could/should entail. With many existing efforts laying the foundation for effective implantation, the TA team along with leaders from Community-Based Organizations (CBOs), the Mayor's Office, schools, the health department, University of Louisville hospital and U of L School of Public Health agreed that building structure, adding data and creating sustainability insurances is not only needed and wanted but is within reach. The Louisville team is working to build a series of evidence-based practices to get violence to zero. With the CV model and system components, we believe we can focus on addressing the current outbreak and control the epidemic in 6 neighborhoods (not divisions, as they are too large) experiencing 80% of the City's homicides and shootings.

Notes and Key Findings

Nearly 40 individuals who are working to prevent violence in the neighborhoods most impacted, attended the Community Partners meeting. The Muhammad Ali Center, CEO framed the discussion with violence being seen and known as a health issue. After a brief presentation about Cure Violence and the Health System to Prevent Violence, participants identified areas of opportunity and considerations to take into account including:

- Youth Violence Prevention Resource Council education on historical context of violence specifically as it related to young black men in Louisville. (Suggested as part of orientation for all Violence Interrupters, Outreach Workers, Hospital Responders, etc.)
- Drug sales are on the rise and conflating the issues of violence as it relates to turf as well as opportunities outside of illegal activity. (As norms around violence change, opportunities to engage in healthy activities will increase)
- Buy-in from all aspects of the community is present: Mayor's Office, Police, Schools, Health Department, Hospitals, CBOs, etc.

Cobe Williams met with Eddie Woods, Executive Director of No More Red Dots (NMRD) and NMRD staff to discuss the model and potential training opportunities. Key findings from the discussion include:

- Eddie introduced Cobe to the staff, they greeted him with love and respect
- Eddie has 23 staff members, not including himself
- 30-50 Volunteers
- NMRD tracks data by 14-categories
- Staff meetings are held every 2 months

- Weekly staff texts are sent with daily texts as needed
- 4 to 6 staff respond to hospital calls, they are called De-escalators and have clearance to see patients who have been victims of violence
- Charge nurse calls Eddie Woods every time somebody gets shot or killed
- Eddie stated that the police and security have been happy to see them at the hospital.
- The team and Eddie are looking forward to our training and using our database.

The team met with hospital leaders and trauma doctors from University of Louisville hospital.

- Much of the components of a Hospital-based Violence Intervention Program (HVIP) are already in place, but there are opportunities to streamline the process for treating, responding and preventing violence
- A data collection effort is underway that includes treated and released patients. This data is often not included in the number of shootings or stabbings collected by police.
- One hospital responder and two social workers focus on those impacted by violence.
- DV response is part of hospital protocol with a new intake form that captures more of the story. (Suggestion: intake form part of Vis, OWs and education of resources)
- Protocols for reporting (i.e. child abuse and police involvement) need to be formalized.
- Hospital is looking to share data and be involved in LouisStat

The Mayor's Office of Safe and Healthy Neighborhoods team met on several occasions throughout the visit. The following opportunities arise:

- There is need for integration of efforts with the two Outreach Workers and NMRD
- Data is already being collected, but could be streamlined with the CV database
- LouisStat currently looks at violence, but can include more partners and more data to increase accountability
- Buy-in from the Mayor is strong to implement evidence-based models including Cure Violence and the language (violence is a health issue) is largely embedded in leadership vernacular, but there has not been formal commitment from City Council
- A fellowship that works with those at risk for violence, is slated to begin in the next few months. This is built off of the AdvancePeace model.
- The Mayor's Office has access to parks and rec and several other buildings that may serve as office space for site infrastructure.
- Partnerships have been developed with many entities including the School of Social Work, the School Board, the YMCA and more.
- The Health Department and the School of Public Health are interested in being involved to ensure the success of the work.
- The Health Department is interested in housing the database to include social determinants of health and analyzing outcomes that will lead to equitable solutions
- The School of Public Health is invested as well. It is suggested they become a partner in evaluating the work. An economist to analyze the ROI is also recommended.

- Local funders were interested in the project and wanted to see the initial budget and how it would be sustained over the years.
- It is recommended to have a diverse pool of funding and that the commitment be long term.
- This work should be led by health leaders and should have a plan to continue the work beyond the Mayor's tenure.
- It is recommended that all staff in all settings be informed of the work being done and the future plans to use health approaches to violence prevention. Symposiums, curriculum, campaigns, etc. have been used in other jurisdictions successfully.

Recommended Next Steps

The following details the suggested next steps under the current contract and then identifies next steps for the future phases of the work.

November 2017

- No More Red Dots, Hospital Community Health Workers, Pivot to Peace, and the OSHN Outreach Workers will convene for the 5-6 day training (NMRD has requested the training start at 6pm for the week of the 13th)
- VIRT training and database access (focus on meetings, briefings, debriefings, documenting, and data)
- Office space identified for potential first implementation site (Suggested location: Russell)
- Continued assessment of workers/infrastructure
- Option: Program Manager training in Chicago (November 20-22nd)

December 2017

- Office space identified for potential implementation sites (Suggested locations: Shawnee and Parkland)
- Collaborative meeting
- City Council meeting
- Training: Using Data to Inform Strategic Planning and Implementation

January 2018 - Monthly check-in call

February 2018 - Monthly check-in call

March 2018

- Funding secured for FY 2018
- LouisStat started with violence integration
- Evaluation partner identified (connect to Milwaukee)
- Collaborative meeting
- Training: Streamlining services and integrating into sectors

April 2018 - Monthly check-in call

May 2018 - Monthly check-in call

June 2018

- Planning for City-wide roll out – Collaborative meeting
- Recruitment and staffing plan development
- Office space identified for potential implementation sites (Suggested locations, California, Park Duvalle, Portland)

EXISTING CONTRACT ENDS

Cure Violence Implementation

The following is a proposed budget and outline of potential work plan components for ramping up the Louisville Violence Prevention Plan.

Total Budget Estimate (July 1, 2018 – June 30, 2020): \$3,174,682 per year

(~\$2.5 million for years 3 & 4, ~\$2m for years 5+)

Cure Violence Training and Technical Assistance (TTA) is estimated at \$400,000 for years 1& 2 with plans to decrease by \$100k in year 3, an additional \$100k in year 4 and maintaining in year 5 at \$100k, if no further expansion or adaptations occur.

The following TTA for the Cure Violence model is suggested:

- Recruitment & staffing planning (including hiring panels)
- Management training
- Additional trainings - HVIP/CV integration, Violence Interruption & Reduction Training, Risk Reduction Planning, etc.
- First responder trainings
- Weekly calls (first 6 months after site establishment), Monthly calls
- Site visits/Assessments
- Database
- Staff support services/training

The following TTA for the System integration could include:

- Spokesperson training
- Connection to other sites/best practices/peer learning
- Facilitated discussions/coalition building
- Incentive and accountability development
- Advising budgeting/sustainability/diversifying funds
- Case review assistance
- Guidance on messaging/campaigns
- Assistance with reporting for funders
- Assistance in database build out (Cardiff model, CFR, SDoH hybrid, predictive analytics)

The following is an example of a site budget. Several factors must be taken into consideration in order to ensure that the investment is in line with the needs of each of the 6 recommended communities in Louisville. Therefore, these estimates are subject to variability.

SAMPLE PROGRAM BUDGET

LINE ITEMS	Yr 1
SALARIES/SPECIAL PMTS	\$295,000
FRINGE	\$47,206
EQUIPMENT	\$7,200
UNIFORMS	\$5,000
COMMUNITY EVENTS	\$6,000
PARTICIPANT ACTIVITIES	\$5,000
PARTICIPANT SUPPORT SVCS	\$5,000
STAFF DEVELOPMENT	\$5,000
TRANSPORTATION/TRAVEL	\$4,000
RENT	\$12,000
UTILITIES	\$5,000
MOBILE PHONE SERVICE	\$5,000
MAINTENANCE	\$1,000
OFFICE SUPPLIES	\$1,500
OFFICE FURNITURE	\$7,500
PRINTING	\$1,000
PUB ED MATERIAL	\$8,000
TOTAL DIRECT COSTS	\$420,406
INDIRECT COST	\$42,041
TOTAL	\$462,447

Based on our assessments, for years 1 and 2 it is recommended that 6 sites be implemented using the Cure Violence model. By the end of year 1, we suggest having 3 sites at full capacity and the remaining 3 implement in year 2. The following chart details the shootings and homicide trends over the last 3 years in the 6 identified neighborhoods.

Neighborhood	2017 homicides (H)	2016 H	2015 H	2014 H	2017 shootings (S)	2016 S	2015 S	2014 S
Russell	9	9	11	9	46	49	52	44
Shawnee	7	7	7	3	28	43	40	31
Parkland	3	7	2	3	8	24	22	10
Portland	3	5	7	3	26	35	28	3
California	7	3	-	1	13	26	15	8
Park Duvalle	3	5	1	-	13	15	5	7

With 6 sites and multi-sector engagement in systems change, we believe we can greatly reduce violence in the city of Louisville. Nearly 80% of homicides and shootings are occurring in the target areas, which means that with violence prevention efforts brought to scale, we can see a decrease in shootings and killings by approximately 40% (conservative estimate that equates to about 40 homicides and 120 shootings prevented). With a 43% increase in homicides from 2015 to 2016 (117 homicides) and 2017 seeing 90 homicides thus far and shootings being roughly 3 times the number of homicides, there is an urgent need to respond. Cure Violence is thankful for the opportunity to work with Louisville to bring shootings and killings to zero – saving hundreds of lives, millions of dollars and countless trauma so communities can thrive.

We look forward to next steps with the Louisville team!

ASSESSMENT REPORT: FEBRUARY 21-23, 2017

Cure Violence is a unique, interdisciplinary, public health approach to violence prevention and intervention. The Cure Violence (CV) approach maintains that violence is a learned behavior that can be prevented using disease control methods. Using proven public health methodology, the model uses a three-prong approach to violence prevention: 1) Detecting and interrupting the transmission of the disease, 2) Treating those at highest risk; 3) Mobilizing the community to change norms. An overview of the model can be found in Appendix A.

This report seeks to:

1. Describe the technical assistance package available for pre-implementation, capacity building and strategic planning based on the current level of funding available
2. Describe a tentative plan for site level replication should additional funding be identified

Should the City identify funding for replication of the model further examination of the feasibility of implementing the CV model in Louisville would be necessary. The CV model can only be adapted to the context of Louisville if local institutional and individual capacities exist to implement its three main components. This is determined through answers to the following questions:

- 1) Is there a governmental or non-governmental agency with the capacity and will to implement the CV model with fidelity?
- 2) Does official and/or unofficial data documenting violent incidents exist to focus and monitor the implementation of the model?
- 3) Does official and/or unofficial data exist regarding 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 the high-risk target population for focusing implementation of the model?
- 5) Do community organizations or hospital trauma units exist who fit the CV criteria to serve as an implementation partner?
- 6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?
- 7) Are there agencies/organizations currently providing, or with the capacity to provide, support services for the highest risk?

Upon initial assessment, the majority of these questions can be answered affirmatively for Louisville. The most challenging, which will be discussed in detail, is question six (6).

The following is a preliminary report that briefly highlights key elements of the CV assessment visit and tentative recommendations. Louisville currently does not have the funding to implement the full model, but does have funding available for technical assistance and capacity building efforts. If funding for full implementation is identified, additional consultation will be provided to identify next steps, answer additional questions, and develop a specialized implementation plan specific to the needs and nuances of Louisville.

Host Agency/Organization

The Mayor's Office of Safe and Healthy Neighborhoods (OSHN) connected with the CV National team to begin feasibility discussions and explore the possibility of CV providing technical assistance. City stakeholders recognize the need to view violence through a health lens and identify ways to strategically intervene in potential violence, as well as change individual and community norms. The initial visit provided an opportunity for introduction to some of Louisville's current violence prevention/intervention programming for individuals at highest risk of being a perpetrator or victim. This included the No More Red Dots initiative, Peace Education, and Pivot 2 Peace. Additionally, the CV team participated in a review of the current violent incident data and opportunities to present the CV model to additional City and community stakeholders.

Data Analysis

During the visit, the OSHN, its partners, and the CV assessment team reviewed the following:

- 2017 aggregate level homicide data, including breakdown by division, cause, day of the week, time, month, and victim race/sex/age
- 2016 homicide and shooting data mapped by neighborhood
- Aggregate level data for 2008 – 2016, including breakdown by cause of death, division, race/sex/age of both victims and suspects, and firearm type

In simply examining homicides by year:

Homicides by Year

Year	Number of Homicides	Year to Date
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2015	81	
2016	120	12
2017	14	14

The City of Louisville saw a 48% increase in homicides from 2015 to 2016. February data shows Louisville already outpacing 2016's numbers.

The City is currently focusing on seven (7) neighborhoods that experience the majority of violence incidents:

- California
- Park Duvalle
- Parkland
- Portland
- Russell
- Shawnee
- Shelby Park

In examining homicides by division/neighborhood:

Homicides by Division*

Division	2017	2016	2015	2014	2014-2016 (3 year average)	Neighborhoods in Division
1	2	20	22	13	23.66	Russell, Portland
2	9	33	22	16	19	Shawnee, California, Park Duvalle, Parkland
4	2	33	17	7	18.33	Shelby Park

*Only includes divisions encompassing City's neighborhoods of focus

While this data provides an overview of the level of violence in Louisville, if the City were to identify funding to implement the full CV model, it would be necessary to examine at least three years of incident level data to determine clustering and trends. A more comprehensive analysis and review of multiple years of incident level data would allow for the identification of:

1. Hot spots (clustering of the violence epidemic needed to determine epicenter locations and inform the 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. Months/days/hours of incidents (to determine work schedule, canvassing efforts, and overall strategic planning)

Current Efforts

The following is a limited assessment of current intervention efforts.

In terms of intervention, the No More Red Dots (NMRD) initiative is one of the City's key strategies. NMRD has a staff of approximately two dozen part-time workers. It appears that while staff members may have some credibility within certain areas and/or with certain groups, they are dispatched primarily based on availability (when they are not at their full-time employment) and location of the most recent violent incident. In terms of mediating potential violence, NMRD staff advised that only four (4) staff members are able to mediate conflicts. There is little formal training for staff and limited use of data to drive strategic planning efforts. Considering the level of violence in Louisville, it would be extremely challenging to address potential violence and retaliatory violence under these conditions.

Health approaches to prevent violence rely heavily on the use of data at all levels of strategic planning and implementation, as well as continuous evaluation of efficiency and effectiveness based on documentation of efforts. This is in addition to the use of credible messengers with the right skills and training, hand selected to work in the communities they are connected to, with individuals they have inroads/relationships with. The strategic use of data, the ability to identify and detect individuals and groups at highest risk for violence, interrupt violence before it occurs, reduce risk, and change individual behavior and community norms, requires a highly trained credible, and suitable team. The level of structure and oversight required is significant. When implementing the CV model, cities receive extensive training on both the street level work, as well as the ability to provide oversight and monitoring of the work. An outline of these trainings can be found in Appendix B.

Recommendations

Tentative recommendations will be broken down in two separate sections, as follows:

Section 1: Recommendations for Technical Assistance based on Current Funding Available (\$85,000)

Section 2: Recommendations for Training & Technical Assistance based on Model Implementation

Section 1: Recommendations for Technical Assistance based on Current Funding Available

Based on the initial visit, CV would recommend first conducting a thorough assessment of NMRD. Assessment activities would include an evaluation of how the outreach and intervention efforts are conducted, how the intervention uses data, and a comprehensive evaluation of the project's current staff to determine if they have the credibility, capability, and skills to work with those at highest risk and intervene in potential violence. CV implementation in other cities has demonstrated that selection of staff is the most critical component of this work. If the selected staff do not have the necessary credibility, the project will not be successful. Additionally, CV will not train individuals in Violence Reduction and Interruption unless there is confidence that these individuals are the "right" workers. For these reasons, CV Outreach Workers and Violence Interrupters are carefully selected through an extensive hiring process. Job descriptions for these crucial positions is included in Appendix C. The assessment would occur over a period of 1-2 weeks.

If it is determined that NMRD has the appropriate staff, CV could provide training and technical assistance related to the model and/or topics based on identified need. Topics covered could include, but are not limited to:

- Strategic Planning
- Use of Data
- Team Building
- Trauma 101
- Engaging the Highest Risk

If it is determined that NMRD is not the appropriate partner, CV would provide technical assistance to Louisville to build capacity for future implementation of the CV model. This would include:

- Assisting in the building and coordination of a stakeholder coalition (City level)
 - Identification of partners
 - Identification of roles & responsibilities
 - Conduct training on:
 - Violence as a Health Issue
 - The Role of Community and Faith Leaders in Violence Prevention
- Target Area Identification and Selection/City-wide Intervention Planning
 - Development of a strategic implementation plan based on level of intervention
 - Potential Community-based partners
 - Tentative staffing plan
 - Tentative recruitment plan

Recommendations for Site Level/Citywide Intervention (full model replication)

The goal of CV is to get to zero violent incidents and to stay there – to eradicate the disease of violence. To do so, identification of those at highest risk, treatment of those identified, and the shifting of individual, group and community norms is required at an appropriate level. Without identification of the specific target area(s) defining the parameters of a potential project and determining the appropriate level in regard to the number of sites and staffing is challenging. Additionally, the size of the target area(s) would need to be defined prior to moving forward. For evaluation purposes, as well as staffing, canvassing, and strategic implementation purposes, the target area cannot be too large. Typically, sites throughout the country use the smallest unit of measurement when identifying target areas. Most often this is a police beat or post. When target areas are defined too broadly the work becomes primarily reactionary instead of preventative.

Tentatively, Louisville could consider a few different possibilities. One option would be to select one or two sites within the seven (7) neighborhoods of focus to pilot the intervention. Based on the data, the geography of the area, and the number of high risk groups/individuals, a staffing plan would be developed to determine the number and type of outreach workers and violence interrupters needed.

For citywide intervention, based on the limited information available at this time, a cautious estimate would be six (6) community sites. Based on the demographics and groups functioning in these areas, it would be necessary to establish separate sites that have credibility in the identified target areas, and inroads with the groups. Again, without access to multiple years of incident level data, these are conservative estimates at best. CV would caution against using this as the definitive implementation plan and staffing pattern.

The following will need to be determined and/additional information gathered prior to the development of the full strategic implementation plan:

1. Determination of epicenter level target area location(s) and/or citywide implementation
2. Determination of staffing pattern (number needed and skills/connections required for teams)
3. Development of a preliminary recruitment strategy for staff

CV Implementation Training & Technical Assistance

CV will provide its full training and technical assistance services, which includes the following:

CV VIRT (Violence Intervention & Reduction Training)

Developed for all new outreach workers, violence interrupters, and other administrative staff, this five-day training includes a mix of presentation of core concepts and skill development through demonstration and practice. The diverse training team incorporates brief lectures that are then brought to life through videos and role plays or discussion of scenarios or both. Various scenarios have been developed to illustrate key learning points of the lesson. The curriculum itself is organized around four core areas: 1) introduction to CV and the role of CV workers with an emphasis around boundaries and professional conduct; 2) identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior through the technique of motivational interviewing (which requires prior mastery of strong listening skills) as it relates to creating and implementing a risk reduction plan; 3) preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4) working with key members of the community, including residents, faith leaders and service providers through public education, responses to shootings and neighborhood building activities. Trainees also spend at least two evenings in the community, walking the target area to become familiar with the area and, after watching CV trainers approach community members and individuals who may fit the target criteria for becoming a participant, practicing the skills they learned in the “classroom” in this “real life” setting. CV will work closely with staff to coordinate all aspects of the training as well as to ensure that the training materials work alongside outreach-related policies and procedures developed in accordance with the policies and procedures of the implementing community-based organization (CBO).

CV Program Management Training

The Cure Violence Management Training is conducted in order to impart management with critical knowledge, skills, strategy, and insights specific to managing street line staff (Violence Interrupters & Outreach workers), strategically utilizing staff, building a strong team, creating a positive work environment, enforcing accountability, mobilizing the community and shifting community norms that perpetuate violence. Training is designed to prepare management for potential programmatic challenges, proactive & preventive measures and problem solving based upon programmatic experience, current staff and community dynamics. CV will work closely with oversight entity (OE) and/or community-based organization staff to coordinate all aspects of the training as well as to ensure that the training materials work alongside outreach-related policies and procedures developed by the Oversight Entity/Community-based organization.

Database Use & Associated Training(s)

CV developed a web-based database system to collect and analyze program components of the CV intervention. Working with CiviCore, partner programs, and technical assistance staff, Cure Violence developed and tested the new database in 2015. The system is based on 15 years of developing documentation tools and techniques for outreach work to prevent violence. The CV technical assistance staff worked with outreach workers, supervisors, and program managers to identify necessary documentation, create a system of confidentiality, and provide the easiest and most accessible system possible.

The system is web-based and password protected. It collects data related to outreach participants, community activities, violent incidents, community mobilization, public education distribution, and conflict mediations.

The system is tiered based on access level, allowing program managers and outreach supervisors supervisory applications, analysis tools, and reporting mechanisms. The system has significant analysis and reporting capabilities. All data in the system can be queried and sorted in a variety of ways depending on partner and funder needs. Program indicators can be reported at the community, worker, or participant level from referrals for service, to shooting responses. The system is designed to be able to track and analyze participants longitudinally to better understand how long service provision takes and whether multiple service referrals are needed before services are received.

CV technical assistance includes initial training, individualized report building – based on local needs/wants, and use of the CV database. Additionally, booster sessions and/or one-on-one screen share training sessions are available based on the needs of program managers and staff.

Booster Trainings/Site Visits

CV staff visit the replication on three occasions following the initial VIRT Training. Booster trainings/site visits are an opportunity to provide in-person assistance and/or advanced or specialized training to the team(s).

Typically, the visits work to ensure model fidelity and address and programmatic questions or issues. Visits and booster trainings are most frequently carried out by a National Trainer. Senior level staff may conduct advanced training sessions and/or be the site visit lead if/when a site is eligible for CV certification or if the site is in need of a comprehensive programmatic assessment to determine fidelity and/or program evaluation assistance.

These visits are also an opportunity for a specialized consultation by the CV staff including assistance with ongoing work in the target areas, future outreach worker hiring (e.g., panels), or presentations to local residents, potential community partners and

funding entities (e.g., community-based organizations, social service agencies, law enforcement, government representatives, private foundations, etc.).

Hospital Intervention/Interruption Retaliation Reduction Training

Developed for program hospital workers, outreach workers, violence interrupters, or any team members deemed appropriate to handle this additional aspect of their regular work this five-day trauma hospital training will demonstrate how to effectively implement a trauma hospital based program component that will help reduce the recidivism rate of victims of gun violence. The training will teach all trainees how to engage victims of violence, their immediate family members, and any of the victim's significant others or associates in the hospital setting who might contemplate retaliatory violence on the victim's behalf. The training will also cover how to engage other program field staff in the community on how to respond to the immediacy of a shooting to reduce the likelihood of a revenge shooting.

This curriculum for front line staff is organized around five (5) core areas:

- 1) Introduction to CV and the role of CV hospital workers with an emphasis around boundaries and professional conduct;
- 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and high risk behavior that brought them to the hospital in the first place, as it relates to creating and implementing a risk reduction plan;
- 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution;
- 4) Working with key members of the community, including residents, faith leaders and service providers through public education, responses to shootings and neighborhood building activities; and
- 5) Development of an understanding of trauma, trauma-informed practices, and the tools and resources available to assist in preventing and/or minimizing individual and community level trauma

The training also incorporates relevant hospital protocols specific to how staff members should conduct themselves in the hospital setting, who will be the lead contact from the hospital for 24-hour coverage, and how to successfully stay in compliance with all the hospital rules and regulations, including HIPAA.

Program & Team Support

CV staff members will participate in all hiring panels in person or via Skype/video conferencing to assist in the selection process. Post VIRT and Management Training, during the initial week of full implementation, CV will provide an imbedded worker from the National team to assist in operationalizing the work and modeling the day to day activities. Continuous assistance will be provided to the program to help guide the services, implementation, and team support, as well as to address management and administrative aspects of violence prevention work. The Executive Director of U.S. Programs and/or their designee, will maintain monthly contact with the lead project coordinator throughout the duration of this contract. For the initial six (6) months of implementation, conference calls will be scheduled on a weekly basis for the purpose of status updates, programmatic challenges and successes, to discuss violence intervention and reduction strategy, and to provide individualized technical assistance. Subsequent calls will be scheduled on a monthly basis.

Technical Assistance Summary

With over fifteen years of violence prevention technical assistance to CV Illinois communities and approximately fifty national sites, CV has demonstrated that each of the elements outlined above are essential to the preparation of street violence intervention reduction workers to work with the highest risk population—individuals who are most likely to shoot or to be shot.

Tentative Cost(s) for Site Level Implementation

The cost of a single site, with the minimum number of staff (7) for one year is approximately \$375,000 - \$450,000 (range based on cost of living). However, in examining the effectiveness and efficiency of the current national sites, data has shown the need to reconsider the minimum staffing pattern. Newer sites are now recognizing that a team of 8-10 street level staff (outreach workers and violence interrupters), in addition to program management (Program Manager and Outreach Supervisor), is more successful in managing both prevention and intervention activities. In terms of working to identify the appropriate staffing pattern for Louisville, several factors would need to be determined, including the selection of the specific target area(s), analysis of groups and highest risk within the specific area(s), and examination of the availability of credible messengers to employ.

Site level costs are specific to implementation at the community level, with approximately 75% of funding allotted to salaries and benefits for staff. Some cities have been able to provide in-kind dollars/resources for items such as computers, office

space, furniture, etc. A sample budget can be found in Appendix

D. One year of CV training and technical assistance, including use of the CV database, is approximately \$175,000. This may include preliminary assistance in the launching of a hospital responder initiative with one basic training for hospital partners and responders. These services can be delivered to up to two sites. More than two sites, citywide implementation, and/or the addition of CV's school based programming would increase the cost. Additionally, CV would caution year-to-year funding projections and would recommend consideration of commitment to a three-year project.

Appendix A

Cure Violence Overview



Reducing Violence: The Cure Violence Health Approach

Violence spreads like a contagious disease. The good news is prevention is possible. Using the same health strategies used to fight infectious diseases such as tuberculosis, cholera and AIDS, the Cure Violence Health Approach is reducing neighborhood violence.

How It Works

Cure Violence works with local partners to:

Interrupt Violent Conflicts

Trained staff from the community known as violence interrupters prevent shootings and killings by detecting and interrupting potentially lethal conflicts in the community and mediating them to a peaceful end.

- Prevent retaliations
- Mediate ongoing conflicts
- Follow up to maintain peace

Change Behavior

Outreach workers identify people at the highest risk for violence and work side by side with them to reach and maintain a non-violent path to conflict resolution.

- Challenge thinking on use of violence
- Provide support at critical times
- Connect with job opportunities and social services

Change Norms

Cure Violence's local partners, violence interrupters, and outreach workers engage community leaders, residents, business owners, faith leaders, social service providers, and those at highest risk to reject the idea of violence as an acceptable behavior to resolve conflict in their neighborhood.

- Respond to every shooting
- Organize community activities
- Spread positive norms

The Importance of Hiring and Training Credible Workers

Public health outreach is most effective when community workers share the same neighborhood and background as those at high risk for violence. These trained community workers already have the trust of those at risk and are able to influence and change violent behavior.

"I knew some of the key individuals on both sides. I gave them my word that if they left them alone, then the other side would do the same... they needed someone they could trust."

— violence interrupter

"He's cool, he talk about his life, he's helpful. I give him mad respect. He keeps a brother busy and out of trouble. He just understood everything I talked about. I could talk to him about anything. He's there whenever I call and need him. He's just a call away. He steers me in the right direction."

— participant speaking about an outreach worker

Appendix B

Training Outline: Violence as a Health Issue

Historic Treatment of Violence

- Bad vs. good
- Language
- Changing perspective

Violence as an Epidemic

- Cluster
- Spread
- Transmission

Transmission of Violence

- Social Learning
- Social Norms
- Neurological Effects
- Modulating Factors

Exposure to Violence

- Increased likelihood...
- Signs & Symptoms
- Effects on individuals & community

Violence as a Social Determinant of Health

- Education
- Economic conditions
- Health care system
- Built environment
- Community resources
- Community cohesion

Stopping Contagions

- Interrupt transmission
- Prevent future spread
- Change norms

Why it Works

- Findings
- Outcomes
- Lessons Learned

Training Outline: Program Management

Skills of Successful Managers and How They Pertain to this Work

- Leadership
- Communication
- Active Listening
- Feedback
- Managing Credible Messengers
- Team Building
- Team Dynamics
- Lessons Learned

The Foundations of Management

- Roles & Responsibilities
- The Pillars
 - Briefing
 - Debriefing
 - Team Meeting
 - Individual Supervision
- Staff Assessment
- Differential Diagnosis
- Systematic Review

Data

- Using Data in this Work
 - Community
 - Health
 - Crime
- Database Review
 - Individual Assistance
 - Running Reports
 - Interpreting Reports
 - Lessons Learned

Strategic Planning

- Mapping
- Building the Strategy
- Implementing the Strategy
- Evaluating the Strategy

Training Outline: Violence Interruption and Reduction

Violence as a Health Issue

- Key concepts
- Why you're here
- The Health Approach
- Roles & Responsibilities
- Professionalism

Trauma 101

Key concepts

- Vicarious Trauma
- Self Care
- SOS Planning

Identification

- People
- Places
- Groups
- Use of Data
- Relationships
 - Relationships vs. Inroads
- Strategy Building
- Evaluating your strategy

Detection of Conflicts/Potential Violence

- Relationships
- Information gathering
- Shifting behavior
- Strategy building
 - *The Daily Plan*
- Action
- Observation
- Follow Up

Interruption

- Relationships
- Information gathering
- Strategy Building
 - Mediation Techniques
 - How to Work a Violent Incident
 - Safety Planning
- Activating the plan
- Follow Up

Changing Behaviors & Norms of Individuals

- Key concepts
- The process
- Relationships, influence, etc.

- Behavior change lens
- Strategy of shifting behavior
 - Roadmap
- Risk Reduction
- Case Management
 - Working with participants/key individuals/groups
- Follow Up
 - Evaluating progress

Norm Change - Group

- The Tipping Point
- Relationships
- Mapping
- Identification/Group dynamics
- Strategy
- Action
 - Group sessions
 - Peace Summits
 - Activities
- Follow Up

Norm Change - Community

- Multiple messengers
- Tipping point
- Changing social expectations
 - Shooting Responses
 - Community activities
 - Public Education
 - Local resources

Operationalizing the Work

- Introduction to Core Pillars: Briefing, Debriefing, Individual Supervision, Team Meeting, Canvassing
- Why we do it and what your role is
- A day in the life of each staff member

Training Outline: Database Training for Outreach Workers & Violence Interrupters

Introduction to the Database

- Getting Started
- Overview
- Logging In
- Understanding Your Home Page

Forms

- Introduction to each form
- Timeline for completion

Documentation: Participants

- Status: Intake
- Status: Close Out

Outreach Workers

- Risk Reduction Plan
- Referral Summary
- Document, Comments, and Reminders
- Participant Tips

Conflict Mediation

- How to document a conflict mediation

All Staff

- Daily Log
- Partners
- Map

Training Outline: Database Training for Program Managers & Outreach Supervisors

Introduction to the Database

- Getting Started
- Overview
- Logging In
- Understanding Your Home Page

Forms

- Introduction to each form
- Timeline for completion

Documentation: Participants

- Status: Intake
- Status: Close Out

Supervising Outreach Workers

- Risk Reduction Plan
- Referral Summary
- Document, Comments, and Reminders
- Participant Tips

Conflict Mediation

- How to document a conflict mediation
- How to certify a conflict mediation

Manager/Supervisor Responsibilities

- Adding a Violent Incident
- Incident Review
- Incident Response Form
- Activities

Mapping and Report Running

- Updating & using the map
- Daily, Monthly, Quarterly Reports
- Understanding the Reports

Appendix C

Outreach Worker & Violence Interrupter Job Descriptions

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.

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.

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 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

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 gang members
- 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.

Appendix D

Sample Site Level Budget

LINE ITEMS	FUNDING REQUEST	FED./STATE LOCAL & GOV'T	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PMTS	\$250,000			\$250,000
FRINGE	\$50,000			\$50,000
CONSULTANTS	\$0			\$0
EQUIPMENT	\$5,000			\$5,000
COMMUNITY EVENTS	\$6,000			\$6,000
COMMUNITY MEETINGS	\$600			\$600
PARTICIPANT ACTIVITIES	\$4,000			\$4,000
PARTICIPANT SUPPORT SVCS	\$4,000			\$4,000
STAFF DEVELOPMENT	\$1,000			\$1,000
TRANSPORTATION/TRAVEL	\$2,500			\$2,500
RENT	\$12,000			\$12,000
UTILITIES	\$3,500			\$3,500
MOBILE PHONE SERVICE	\$4,200			\$4,200
MAINTENANCE	\$0			\$0
OFFICE SUPPLIES	\$1,375			\$1,375
OFFICE FURNITURE	\$4,000			\$4,000
PRINTING	\$0			\$0
PUB ED MATERIAL	\$5,400			\$5,400
OTHER (Attach Itemization)	\$0			\$0
TOTAL DIRECT COSTS	\$353,575	\$0		\$353,575
INDIRECT COST	\$35,358			\$35,358
TOTAL	\$388,933	\$0		\$388,933

ORGANIZATION: _____

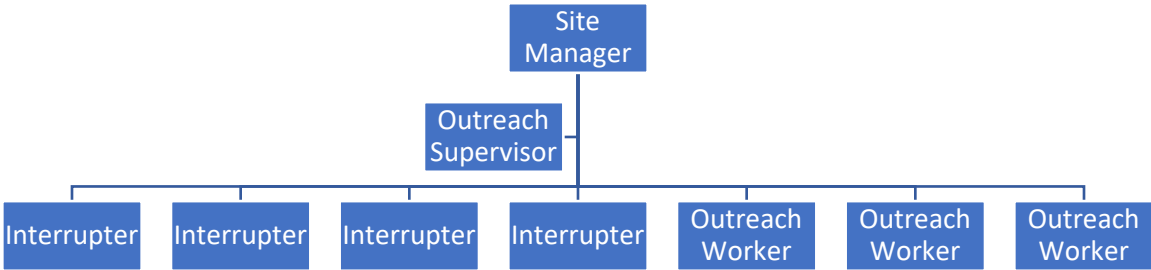
AWARD NUMBER: _____

FOR BCHD USE ONLY: _____

SCHEDULE OF SALARY COSTS

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	HOURS PER WEEK	SALARY BCHD FUNDING	SALARY TOTAL PROGRAM BUDGET
SITE DIRECTOR		40	\$50,000	\$50,000
OUTREACH SUPERVISOR		40	\$40,000	\$40,000
OUTREACH WORKER		40	\$32,000	\$32,000
OUTREACH WORKER		40	\$32,000	\$32,000
OUTREACH WORKER		40	\$32,000	\$32,000
VIOLENCE INTERRUPTER		40	\$32,000	\$32,000
VIOLENCE INTERRUPTER		40	\$32,000	\$32,000
TOTAL/MUST EQUAL 432B			\$250,000	\$250,000

Sample Organizational Chart





OFFICE FOR
**SAFE AND HEALTHY
NEIGHBORHOODS**

CIVIC ENGAGEMENT FELLOWSHIP

About the Fellowship:

Cities United's and Office for Safe and Healthy Neighborhoods Civic Engagement Fellowship is a 24-month experience that will serve as a catalyst to changing the landscape for local civic engagement, participation and leadership. While serving as a vehicle to increase the life outcomes of young black men and boys, their families and their community by connecting fellows to opportunities, individuals, and the support needed to be successful, the fellowship will also focus on identifying opportunities to make system level changes.

Goals for the fellowship:

- ❖ Increased number of young black men prepared for leadership roles within city government
- ❖ Increased enrollment in post-secondary programs & attainment of certificates, trades and degrees
- ❖ Draft policy agendas focused on creating change in the criminal justice, educational and workforce systems
- ❖ Develop individual career pathways for each fellow with clearly defined support and follow-up case management

Who should apply:

Young Black men, age 22-26 who are committed to providing leadership to their city through civic engagement and community driven initiatives. These young men must be currently involved with or have previous encounters with the criminal justice system, who have been convicted of a misdemeanor charge(s). Each application will be evaluated case by case.

Each cohort will consist of 10 fellows who are committed to using their skills, influence and purpose to make sure all our communities are safe, healthy and hopeful for all. Each cohort will work with city and state elected officials to create policy change at all levels.

For more information, please contact:
Amber Burns-Jones at Amber.Burns@louisvilleky.gov

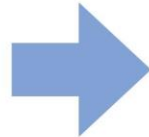
Louisville Metro Trauma Resilient Community (TRC) Initiative



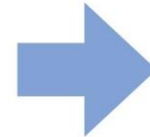
The TRC Initiative is a city-wide program, funded by SAMHSA and managed by the Mayor's Office for Safe and Healthy Neighborhoods, that seeks to promote resilience and equity for Louisville's youth and families disproportionately affected by trauma, race-based trauma, systemic inequities, violence, and civil unrest.



Community Needs & Resources Assessment



Community-Led Strategic Plan



Community Training, Services, & Capacity/Coalition Building

- 40 Champion Trainers
- 12 Backbone Agencies
- Community Advisory Board
- Trauma Resilient Community[®] Model
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)
- Racial Trauma Treatment Model
- Youth Mental Health First Aid

Community Needs & Resources Assessment Findings

Data revealed the following challenges:

- High prevalence of community trauma (e.g., gun violence, theft, other criminal activity) that contributes to long-term fear, hypervigilance, and general feelings of unsafety.
- Structural inequality (e.g., policing practices, school policies) and individual encounters with racism that contributes to race-based trauma among racial/ethnic minority community members.
- System-level community resources operate in silos, are often unknown by community members, and may not be utilized due to mental health stigma and mistrust of service providers.
- Absence of community data to address needs/resources pertaining to LGBTQI issues & interpersonal violence (e.g., sexual assault, domestic abuse).

Data revealed the following strengths:

- Various local resources exist, including community agencies, behavioral health services, and community initiatives.
- Individual neighbors/community members, local community centers, and neighborhood groups are seen as strong community supports.
- Residents of West and South Louisville are invested in work that **engages youth as leaders in the process, focuses on violence reduction** in their communities, and **creates collective community efforts for sustainable change**.

Overall, findings illustrate a need for a consistent, culturally-responsive, coordinated system of trauma-informed care throughout West and South Louisville.

Want to get involved?

We are looking for **Community Advisory Board** members.

If interested, please email:
robin.hawkins@louisvilleky.gov



OFFICE FOR
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#BETHE1

YOUTH IMPLEMENTATION TEAM



The One Love Louisville Youth Implementation Team is a one-year leadership advisory council to the Mayor. Youth ages 16-24 work to help create a city of safe neighborhoods through advocacy and civic engagement.

**LIFT
YOUR
VOICE!**

