

**American Rescue Plan
Louisville Metro Government
Project Proposal Submission Form
Project Name: Violence Deterrence and Prevention: Restorative Justice Expansion
(LAT-0063)**

Project Owner: Office of Safe and Healthy Neighborhoods (OSHN)

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Violence Deterrence and Prevention: Restorative Justice Expansion

Are you requesting a continuation of current funding or a new allocation?
Expand current funding

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?
Metro Positions: 1 FTE (+ 2 currently funded)

Project Executive Summary (please specify if COVID-related.):
VOA Restorative Justice (VOA RJ) provides a holistic and restorative approach to the traditional criminal justice system by bringing together the offender, victim and community to make things right. Through facilitated conferences, all parties involved collectively identify harm and determine a way forward that is centered on healing for everyone. Using the restorative justice approach ensures that compassion and restitution are integral parts of the judicial process. It emphasizes offender accountability for wrongdoing, respect for participants, and keeping the victim central throughout the process, as a way to repair the relationship between the offender and victim and reduce future delinquent behavior.

Problem Statement (include issue and population served by project):
Jefferson County has the largest number of individuals charged with criminal offenses in Kentucky. VOA RJ has been working with the criminal justice system to address criminal incidents involving youth and young adults for several years. When considering the potential annual referral base, there are approximately 1,400 youth who are charged with criminal offenses in Jefferson County of approximately 13,000 individuals charged with criminal offenses annually. Annually, (prior to COVID) VOA RJ received approximately 16% of the youth entering the juvenile justice system each year; however, the percentage of young adults referred is much smaller.

VOA RJ has also began working with Jefferson County Public Schools (JCPS) to implement restorative practices in five (5) elementary schools, with the plan to serve up to 75 children and families in one year. These referrals involve children who would be considered for suspension of JCPS suspended children in the elementary schools. JCPS has 91 elementary schools into which this project can expand, which could involve over 1,000 children and families.

Goal/Outcomes Statement:

Expected Outcomes:

- Decreased recidivism for offenders



- Decreased retaliation associated with victimization
- Improved victims' post-traumatic stress symptoms and the related costs

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Funding to expand Restorative Justice principles and practice in Louisville. OSHN currently provides 100k to Volunteers of America's Restorative Justice. ARP would significantly expand the city's ability to engage in restorative practices with the criminal justice and JCPS school systems.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

VOA RJ would be able to implement the first phase of the project within two (2) to three (3) months of the notice of the award. This timeframe would allow for the hiring of additional staff, as well as begin their training. The anticipated duration is four years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

The justice system was essentially shut down during covid unless dire emergency. There were many incidents requiring the services of Restorative Justice, but they were not able to be shared due to restrictions around engagement, unless deemed essential.

Evidence Basis for the Project

Evidence suggests that some restorative justice programs—when compared to traditional approaches—can reduce future delinquent behavior and produce greater satisfaction for victims (Wilson, Olghere & Kimbrell, 2017). Systematic analysis of studies of restorative justice programs and practices show a moderate reduction in future delinquent behavior relative to more traditional juvenile court processing. Restorative justice programs appear to be more effective at reducing recidivism for low-risk offenders than for high-risk offenders. If restorative practices are used with high-risk offenders, better outcomes are associated with those individuals being connected to intensive case management services to engage in treatment plans in conjunction with restorative practices to achieve reductions in recidivism (Bonta et al., 2006).

Victim participants in these programs also appear to experience a number of benefits and are more satisfied with these programs than traditional approaches to juvenile justice (Bazemore & Umbreit, 2001). When researchers examined the different program types, they found promising results in terms of delinquency outcomes for the offenders for victim-offender conferencing, family group conferencing, arbitration/ mediation programs, and circle sentencing programs.

Programs operating in a non-coercive environment and that attempt to involve victims and community members had the largest recidivism reduction effects. Additionally, there is evidence to suggest that restorative justice programs delivered in coercive environments (i.e., court-ordered) had no impact on recidivism.

References:

- Wilson, D.B., Olghere, A., & Kimbrell, C.S. (2017). Effectiveness of restorative justice principles in juvenile justice: A meta-analysis: <https://www.ncjrs.gov/pdffiles1/ojdp/grants/250872.pdf>
- Bonta, J., Jesseman, R., Ruge, T. & Cormier, R. 2006. Restorative Justice and Recidivism: Promises Made, Promises Kept? In Sullivan, D. & Tift, L. (eds.) Handbook of Restorative Justice: A Global Perspective. London, UK: Routledge. pp. 108–120.
- Bazemore, G. & Umbreit, M. (2001). A comparison of four restorative conferencing models. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. NCJ 184738.
- Latimer, J., Dowden, C., & Muise, D. (2005). The effectiveness of restorative justice practices: A meta-analysis. The Prison Journal, 85(2), 127-144.

How will this project define and measure success? Include Key Performance Indicators.

Expected Outcomes:

- Decreased recidivism for offenders



- Decreased retaliation associated with victimization
- Improved victims' post-traumatic stress symptoms and the related costs

Amount of Funding Requested:

Per Year (for 4 years): 335k Total: 1.3M

Personnel	\$ 664,259
Contractual Services	\$ 22,500
Travel & Training	\$ 11,200
Operating Expenses	\$ 184,367
Indirect Cost	\$ 146,137
TOTAL	\$ 1,028,463



American Rescue Plan

Louisville Metro Government

Project Proposal Submission Form

Project Name: Violence Deterrence and Prevention: Trauma Resilient Communities Expansion (LAT-0063)

Project Owner: Office of Safe and Healthy Neighborhoods (OSHN)

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Violence Deterrence and Prevention: Trauma Resilient Communities (TRC) Expansion

Are you requesting a continuation of current funding or a new allocation?
Expand current funding

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?
Metro Positions: 1 FTE (+ 2 currently funded)

Project Executive Summary (please specify if COVID-related.):
TRC is a program that promotes resilience and equity for Louisville's youth and families disproportionately affected by trauma, systemic inequities, violence, and civil unrest. It utilizes a comprehensive, community-based approach consisting of 1) trauma-informed system of care capacity building, 2) trauma-responsive community, first responder, and referral source education, 3) trauma-focused youth and family centered evidence-based interventions, and 4) consumer feedback and evaluation to help youth and their families overcome the effects of trauma. Specifically, the program focuses on enhancing leadership and systems capacity to create and sustain a trauma-informed system of care, 2) increase knowledge and skills of personnel who make referral and provide services to children and families regarding trauma, racial inequity, community violence, and related services, 3) provide trauma-focused intervention services to children and their families exposed to community violence, and 4) evaluate the impact of the project on consumers of the program.

The project is being expanded to specifically include therapists of color and support the Minority Mental Health Project, which increases awareness, reduces stigma, and provides access to care for minority residents of Louisville. The funding would allow for provision of free therapy for children and families in certain zip codes disproportionately affected by gun violence, with culturally competent, trauma-informed therapists willing to co-locate in community spaces. It would also support an anti-stigma campaign around mental health and African Americans.

Problem Statement (include issue and population served by project.):
Due to the pandemic, there has been an increase in exposure to violence for many in the Louisville community. We saw increases in our gun violence homicide rate (by 90% in 2020), unintentional injury rate of children (by 30% in 2020), and experiences of trauma and violence in general with historic events (the pandemic and Breonna Taylor). With the increase in traumatic events and experiences, we need to be able to address that influx to avoid cycles of violence that are perpetuated from unaddressed trauma.



Goal/Outcomes Statement:

The goal is to increase access and utilization of trauma therapy resources in high-priority communities with high levels of violent exposure.

Expected Outcomes:

- Accessible trauma therapy to 85k plus children and families in Louisville zip codes most directly impacted by violence
- A shift in individual and community norms related to trauma and violence
- Reduction in adverse childhood experiences (ACEs) and toxic stress, which lead to negative individual and communal outcomes that increase violence and impede safety
- Improved physical and mental health outcomes for children and families in communities with high adverse community experiences (Community ACE's)
- Decreased stress on schools with healthier students entering the system better able to focus and engage in learning processes.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Expand the TRC project to specifically include therapists of color and support the Minority Mental Health Project, which increases awareness, reduces stigma, and provides access to care for minority residents of Louisville. The funding would allow for provision of free therapy for children and families in certain zip codes disproportionately affected by gun violence, with culturally competent, trauma-informed therapists willing to co-locate in community spaces. It would also support an anti-stigma campaign around mental health and African Americans. The FY22 budget does not support this effort; it is grant funded through the Substance Abuse and Mental Health Services Administration (SAMHSA).

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

The project is currently in progress but ends in one year; this funding would extend the project, allowing for the newly trained trauma therapy counselors and organizations to facilitate a train-the-trainer model and increase the number of youth and families who are able to receive counseling. The duration of this project will be three years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

Communities have faced mental health challenges related to COVID-19 – associated morbidity, mortality, and mitigation activities. During June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.

Evidence Basis for the Project

The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders.* Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June 2020, compared with the same period in 2019. To assess mental health, substance use, and suicidal ideation during the pandemic, representative panel surveys were conducted among adults aged ≥18 years across the United States during June 24–30, 2020. Overall, 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%). The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults^s (30.7%), and essential workers (21.7%). Community-level intervention



and prevention efforts, including health communication strategies, designed to reach these groups could help address various mental health conditions associated with the COVID-19 pandemic.

When children are exposed to a traumatic event, their response may vary. Some children become fearful. They may prefer to stay at home, and they may have trouble sleeping and concentrating in school. Appetites often change, and children may complain of headaches, stomachaches, and other vague symptoms. Even minor changes in their daily routines can upset them terribly. However, some children exposed to violence learn to resolve their own conflicts in a violent manner. Others can become desensitized to violence and the pain and distress of others, while others retreat into a shell, avoiding people and the world around them. These children with long-term exposure are at an increased risk for:

- Behavioral, psychological, and physical problems
- Academic failure
- Alcohol and substance use
- Delinquent acts
- Adult criminality

When these children repeat the violence they have experienced, they perpetuate a cycle of violence that can – and often does – continue throughout future generations. We know that strong and persistent activation of the body's stress response systems (i.e., increases in heart rate, blood pressure, and stress hormones such as cortisol and cytokines) can result in the permanent disruption of brain circuits during the sensitive periods in which they are maturing. Addressing mental health and trauma will improve physical and physiological health outcomes for youth in areas experiencing high levels of ACEs at both the individual and community levels.

References:

- CDC, National Center for Health Statistics. Indicators of anxiety or depression based on reported frequency of symptoms during the last 7 days. Household Pulse Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
- CDC, National Center for Health Statistics. Early release of selected mental health estimates based on data from the January–June 2019 National Health Interview Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdfpdficon>
- Pinderhughes, H., Davis, R., & Williams, M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma.
- Oral, R., Ramirez, M., Coohy, C., Nakada, S., Walz, A., Kuntz, A., ... & Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: the future of health care. *Pediatric research*, 79(1), 227-233.
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine*, 106, 128-136.
- Harden, T., Kenemore, T., Mann, K., Edwards, M., List, C., & Martinson, K. J. (2015). The truth n'trauma project: Addressing community violence through a youth-led, trauma-informed and restorative framework. *Child and Adolescent Social Work Journal*, 32(1), 65-79.
- Op den Kelder, R., Van den Akker, A. L., Geurts, H. M., Lindauer, R. J., & Overbeek, G. (2018). Executive functions in trauma-exposed youth: A meta-analysis. *European journal of psychotraumatology*, 9(1), 1450595.
- Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child abuse & neglect*, 46, 163-173.

How will this project define and measure success? Include Key Performance Indicators.

Success will be measured based on full implementation of key components of the trauma resilient communities initiative. Key measures include the # and type of partnership (trainer, therapy provider, outreach) with mental health organizations and the number of youth and families who receive services through the initiative. Additional key performance indicators are:

- Number of partnerships with agreements for type of partnership
- Submitted budgets and workplans for partnering agencies
- Anti-stigma campaign and reach of campaign
- Outreach numbers (type of outreach, # of outreach events, outreach translation to service provision)
- Number of trained therapists
- Number of co-location sites



Amount of Funding Requested:

Per Year (for 3 years): 1.5M Total: 4.5M

Personnel	\$200,000
Anti-stigma mental health campaign	\$100,000
Partnering mental health orgs (supplies, personnel, equipment, trainings, costs associated with therapy provision and co-location, etc.)	\$1,000,000
Evaluation	\$150,000
Youth Engagement Incentive	\$50,000
TOTAL	\$1,500,000 per year



American Rescue Plan

Louisville Metro Government

Project Proposal Submission Form

Project Name: Office of Youth Development/Youth Activities (LAT-0064)

Project Owner: Louisville Metro Office of Youth Development

Project Contact: Monique Williams

Project Contact Job Title: Director of OSHN

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Office of Youth Development/Youth Activities

Are you requesting a continuation of current funding or a new allocation?

Expansion of current funding

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

This project would add seven positions to expand OYD from four to 11 positions. See the attached *Office of Youth Development Expansion Proposal*, pages 8, 9, and 11-13 for more detail.

Project Executive Summary (please specify if COVID-related.):

The Louisville Metro Office of Youth Development (OYD) holds a vision to build a world that centers youth voice, agency, safety, and liberation. Through its mission, OYD seeks to transform systems that prevent young people from living equitable health and happy lives. OYD values youth voice, equity, social justice, transformational change, advocacy, and community building.

What is Youth Development?

Youth development is defined as a set of principles that actively support the growing capacity of young people. In practice, youth development is the process whereby individuals, organizations, and institutions apply these principles. OYD performs youth development at the public policy, community, and organizational levels of the socioecological model to address the root causes of inequities experienced by youth pushed to the margins of society (See Figure 1 in the attached *Office of Youth Development Expansion Proposal*, page 1).

What is Social Justice Youth Development?

OYD adopts a Social Justice Youth Development (SJYD) approach to working with and alongside youth. SJYD is defined as an approach to youth development focused on securing equitable access and opportunities for all youth by actively reducing or eliminating disparities in education, health, employment, justice, and any other system that hinders the development of young people. Like every approach to youth development, SJYD has a set of principles and practices (See Figure 2 in the attached *Office of Youth Development Expansion Proposal*, page 1). OYD works to embed SJYD principles and practices into the youth development system in Louisville through our three strategic initiatives outlined below.

Strategic Initiative I: Network for Youth Development and Community Building

Purpose: Create a comprehensive and accessible Youth Development System for Louisville Youth (10-24) to access a variety of services and programs.



After completion of the pilot phase, the Network for Youth Development and Community Building will transition to expanding in the following areas: age range and type of youth served, number of service providers and youth programs in network, funding opportunities (including youth EAF grants from Metro Council), and expansion of shared data platform.

Strategic Initiative II: Social Justice Youth Development Certification Program

Purpose: Equip the youth development workforce with the supports, tools, and resources needed to practice a holistic approach to youth development focused on promoting social justice and equity for youth, their families, and communities.

The certificate program will target a key group of youth development professionals (i.e., direct service workers, executive leadership, administrators, evaluators/assessors, funders, parents and caring adults) and have core competencies and specialization areas that promote social justice and equity for all youth in Louisville.

There are several opportunities to expand the certificate program. OYD has a goal to expand the certificate in three key areas: mental health services and support, technical assistance, and a youth program equity assessment tool.

Strategic Initiative III: Youth Development Services Data Center

Purpose: Gather data that tells a holistic story of youth in Louisville, utilizing local and state data sources, to examine the impacts the social determinants of health have on the life expectancy rates of Louisville youth.

Problem Statement (include issue and population served by project.):

Strategic Initiative I: Network for Youth Development and Community Building

The Network for Youth Development and Community Building will fill a gap within the city of Louisville by connecting youth-serving organizations. Local youth-serving organizations can work together to leverage resources and knowledge to comprehensively address the needs of Louisville youth. By increasing awareness and access, youth-serving organizations will be more equipped to decrease service duplication while also providing youth with a continuum of care without breaking connection. Organizations will also be able to share trainings and data to understand trends and set priorities. The Network gives OYD the opportunity to work directly with those making an impact at the individual, intrapersonal, organizational, and public policy levels of the socioecological model.

Strategic Initiative II: Social Justice Youth Development Certification Program

Louisville holds a rich and diverse array of youth development programs and services. These programs have the potential to address inequities experienced by some of the most underserved youth in our communities. In order to make larger impacts, these programs need professional development support, tools, and resources to adopt equitable approaches to youth development through their policies and practices. The Social Justice Youth Development Certificate Program (see Figure 5, page 4 in the attached *Office of Youth Development Expansion Proposal*, page 4) will focus on addressing this need for youth-serving organizations and youth development professionals, so that Louisville's youth receive high-quality social justice- and equity-focused supports, opportunities, programs, and services. Steering and planning committees for the certificate program are being established with the first phase of the certificate program, set to roll out in May 2021.

Strategic Initiative III: Youth Development Services Data Center

Currently, there is no county-level mechanism to understand youth (ages 10 – 24) outcomes, outside of those provided by Jefferson County Public Schools (JCPS). The outcomes that are provided are typically around education and workforce. Youth outcome measures are included in state level data sources such as Kids Count – Kentucky Youth Advocates, Kentucky Department of Education, and Kentucky Center for Statistics. However, we see the opportunity to create standardized metrics and outcomes for Jefferson County youth to track the impact of local youth initiatives. The Youth Development Services Data Center will generate metrics that will inform how Louisville Metro Government can impact future outcomes for Louisville's youth.

Goal/Outcomes Statement:

Strategic Initiative I: Network for Youth Development and Community Building

Objectives:

1. Center youth autonomy in choosing where and what services or programs they would like to access.
2. Build capacity amongst youth-service organizations by breaking down silos and creating a comprehensive communication structure for working together and sharing resources.

Strategic Initiative II: Social Justice Youth Development Certification Program

Objectives:

1. Provide professional development opportunities to the youth development workforce.



2. Build capacity among youth-serving organizations to adopt social justice youth development into their programmatic policies and practices.

Strategic Initiative III: Youth Development Services Data Center

Objectives:

1. Increase involvement of Louisville youth in local decision-making processes that impact youth outcomes.
2. Develop and publish a Youth Equity Report.
3. Store Youth Development Services Data Center in a centralized access point for community utilization.

Please briefly explain what actions/steps your project proposes to address the above-stated problem (Maximum 150 words):

See the attached *Office of Youth Development Expansion Proposal*, pages 2-7.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

Due to the time required to recruit and hire Metro staff, the expanded Office of Youth Development should be able to start achieving outcomes by the end of Fiscal Year 2022. Duration three years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

Investment in the Office of Youth Development responds to the negative economic impact of COVID and promotes equitable delivery of government benefits and opportunities to underserved communities, specifically in the predominately African-American neighborhoods of Louisville. These underserved communities have suffered disproportionately from the social impact of COVID-19.

Evidence Basis for the Project

Youth development is defined as an ongoing process that is "attached to young people, not merely the institutions that serve them" (Pittman & Wright, 1991, p. 8). Youth development shifts the focus from studying development in stages to studying engagement and investment of what adults can do to assist young people through the developmental process (Pittman & Wright, 1991). Evidence shows us that youth from marginalized areas of different communities need more than just positive youth development; they need a framework that "acknowledges social contexts and highlights the capacity for youth to respond to community problems and heal from the psycho/social wounds of hostile urban environments" (Ginwright & Cammorato, 2002, p. 87). This lens, specifically when working with youth of color, becomes critical for their development and their engagement with their communities and beyond. Both well-known models of youth development (problem/prevention and positive youth development) are being challenged because they assume that youth themselves are the sole source of change, rather than also considering the harsh environments in which they live (2002, p. 85). OYD is building an infrastructure to benefit all youth, youth serving organizations, and youth workers to ensure healthy development and engagement of youth according to best practice and research.

How will this project define and measure success? Include Key Performance Indicators.

- # of youth serving organizations engaged (across initiatives)
- # of youth served
- # of youth engaged and trained for implementation of initiatives
- # of community members engaged in community youth development practice
- # of youth-adult partnerships created
- # of orgs and youth workers who complete the Social Justice Youth Development Certification Process
- Established TA crisis hotline for youth workers
- Published Youth Equity Report
- Established Youth Development Services Data Center

Amount of Funding Requested:

\$5,000,000 per year for three years. \$15,000,000 total.



See the attached *Office of Youth Development Expansion Proposal*, pages 10-15 for a detailed annual budget, which includes current OYD funding.



**American Rescue Plan
Louisville Metro Government
Project Proposal Submission Form
Project Name: Youth Transfer Processing Center (LAT-0065)**

Project Owner: Youth Transitional Services

Project Contact: Endora L. Davis

Project Contact Job Title: Director

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Youth Transfer Processing Center

Are you requesting a continuation of current funding or a new allocation?

This is a new allocation.

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

Five (5) court process officers will be hired for this project.

Project Executive Summary (please specify if COVID-related.):

The primary objective of this project is to get law enforcement officers back out on the streets as opposed to having them sit with the youth through the entire Court Designated Worker (CDW) Process. The Court Process Officers are authorized to accept custody of the youth while the paperwork is processed, and a determination is being made by DRSI (Detention Risk Screening Instrument) Assessment and the judge responsible for the decision. This will free up law enforcement officers to get back on the streets.

Problem Statement (include issue and population served by project.):

Law enforcement officers transport and remain with youth until they are processed or released. This keeps officers off the streets while the youth are being processed. Transferring custody to court sworn officers will allow the LMPD officers to get back out on the street and potentially bring Court Designated Workers (CDWs) closer to the individuals being evaluated. In addition, there is no facility in Louisville Metro to physically hold the individuals during this process.

Goal/Outcomes Statement:

More time on the street for LMPD Officers by transferring custody of youth to court sworn officers.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

The hiring of five (5) Court Process Officers will relieve law enforcement officers of the responsibility to stay with the youth while they are being processed.



A location will be designated for law enforcement officers to transfer the youth to the Court Process Officers.

Establishing the needs and requirements of the location for the limited purpose.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

The proposal is to fund the project for three years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

This project is not related to Covid-19. This is related to public safety and keeping LMPD officers on the streets.

Evidence Basis for the Project

The US Treasury department encourages the use of SLFRF funds for evidence-based interventions: (<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26>)

Please describe the evidence base for the interventions proposed by this project. (Maximum 200 words). Include links if possible.

This is a new concept. Evidence will be collected and used to create evidence-based interventions for other jurisdictions.

How will this project define and measure success? Include Key Performance Indicators.

Will need to determine if LMPD tracks transportation and processing of youth through either time tracking solution or Computer Aided Dispatch solution. Time spent with the youth may also be captured in Federal reporting records. It needs to be determined if this can be used to baseline officer time spent in these activities before this solution is implemented and after the solution has been implemented. If so, we would expect to see that LMPD officer time spent transporting and processing youth has been reduced, thereby increasing their time on the streets for other activities.

Amount of Funding Requested:

\$3,000,000



**American Rescue Plan
Louisville Metro Government
Project Proposal Submission Form
Project Name: Everytown USA Data Fellow (LAT-0066)**

Project Owner: Office of Safe and Healthy Neighborhoods

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Everytown USA Data Fellow

Are you requesting a continuation of current funding or a new allocation?

New

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

Yes. This is a match to bring in an outside person for one year.

Project Executive Summary (please specify if COVID-related.):

The Everytown Data Fellow would assist with improvements to our data collection efforts by functioning as a resource to centralize and merge data from multiple sources (e.g., LMPD, U of L Hospital) and assisting various agencies that provide wrap-around services to provide added layers of relevant information with streamlining their data collection efforts when needed. The Fellow would manage the storage of data systems as we work to build a much-needed data warehouse to support structured querying and evaluating progress against key performance indicators. The Data Fellow would also assist with building an advanced system of statistical analysis, utilizing regression analysis and other advanced methods to determine correlations and key factors that impact protective and risk factors associated with violence in Louisville. The Fellow would manage the interpretation of this analysis, identifying trends, making projections, and providing insights that can potentially lead to creating more robust and expanded programming, as well as allowing us to evaluate the effectiveness of our strategy and operations and determine meaningful solutions to barriers and challenges when they arise.

Problem Statement (include issue and population served by project.):

Louisville Metro is currently experiencing interpersonal gun violence at a rate that is 237% higher than in 2019. Understanding that gun violence is a symptom of larger structural factors and social determinants, our mitigation strategy aligns with the public health approach to violence reduction and relies heavily upon knowing the sociological variables that contribute to gun violence; moreover, we must know and understand the unique combination of factors that are specific to the problem of gun violence in Louisville. To pursue this scientific, public health approach to violence reduction, we are seeking a Data Fellow to assist with building and maintaining a comprehensive system of data management, analysis,



visualization and reporting for informed decision-making, evidence-based programming, and effective strategy implementation.

Goal/Outcomes Statement:

Desired deliverables for the data component of the violence reduction strategy of which the Fellow would contribute to are as follows:

- Streamlined, electronic data warehouse that houses and integrates data from multiple sources
- Internal and external system of reporting, including dashboards for the public and key stakeholders
- A report of independent variables most highly correlated with gun violence in Louisville
- Exchanging learnings with other metropolitan areas as appropriate

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Recognizing the need for transparency and bidirectional communication with the community and key stakeholders, the Data Fellow would assist with building dashboards and systems for reporting relevant information to interested parties and to the public in a clear and meaningful manner. Data visualization may also be used to support reporting through various continuous improvement mechanisms, such as a Louisville gunstat program and our own internal Louisville Statistics (LouieStat) program.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

Start date to be determined after agreement is signed with Everytown USA. The duration is one year.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

Yes, to the extent the increase in gun violence is related to the impacts of the pandemic, which is supported by some early evidence.

Evidence Basis for the Project

The US Treasury department encourages the use of SLFRF funds for evidence-based interventions: (<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26>)

Please describe the evidence base for the interventions proposed by this project. (Maximum 200 words). Include links if possible.

The data fellow will be developing the information to support evidence-based interventions for similar projects in the future.

How will this project define and measure success? Include Key Performance Indicators.

A plan will be put into place once Fellow is brought onboard.

Amount of Funding Requested:

\$117,000



**American Rescue Plan
Louisville Metro Government
Project Proposal Submission Form
Project Name: Family Recovery Court (LAT-0067)**

Project Owner: Seven Counties Services, Inc.

Project Contact: David Weathersby

Project Contact Job Title: Chief Operating Officer

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: Family Recovery Court

Are you requesting a continuation of current funding or a new allocation?

New

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

Yes

Project Executive Summary (please specify if COVID-related.):

Seven Counties Services Jefferson Family Recovery Court (JFRC) was developed as a result of a court watch project, which was completed in partnership between the NCJW and the Administrative Office of the Courts. It identified that the majority of cases that were active on the dependency docket had substance use as a contributing factor.

JFRC is a collaborative, client-centered approach that strives to promote coordination of care, accountability, and healthy outcomes for parents who are involved with the child welfare system and have a history of substance use. Often, these families lack a coordination of services, which poses a major barrier to treatment completion. JFRC allows for parents, service providers, and judges involved with child welfare agencies to come together and work collectively for the family.

For the fifth consecutive year, the Child Fatality and Near Fatality Review Panel has identified Family Recovery Courts as a key initiative in decreasing the number of cases of child maltreatment in the state. Family Recovery Courts focus on reunification of families involved in the child welfare system and struggling with parental substance use, and increased healthy parent-child relationships within these families. This program not only helps the families involved, it also leads to a decreased interface between the police and legal systems and those with substance use disorder, which ultimately contributes to increased public safety and wellbeing within our community.

Problem Statement (include issue and population served by project.):

The National Institute on Drug Abuse, a subgroup of the National Institute of Health has published reports indicating that an estimated 65% of the United States prison population has an active substance use disorder; though this may be underreported by as much as 20%. A 2007 report published by the National Drug Intelligence Center stated that "the



estimated cost to society for drug use was \$193 billion in 2007, a substantial portion of which- \$113 billion- was associated with drug related crime.” Drug related crimes come in the form of those illegal acts used to maintain a substance use habit, but also in the form of intergenerational trauma.

Adverse Childhood Experiences (ACES) are identified as trauma experiences which have a lifelong impact on health and wellbeing, and future risk of victimization and perpetration. Between 2011-2014, it was reported that as many as 27.6% of children under the age of 18 had experienced parental substance use; with many having experienced multiple ACEs. At a local level, 27% of children in Kentucky have experienced one ACE, and 14% have experienced between three and eight – amongst the highest in the nation. For a third consecutive year, Kentucky currently has the highest rate in the nation of substantiated victims of child abuse or neglect. Jefferson county has some of the highest rates of child abuse in the state with 2376 substantiated reports of abuse in 2018.

Goal/Outcomes Statement:

Seven Counties Services JFRC’s broader goal is to decrease the number of children in out-of-home care by providing intensive wrap-around services to 20-25 parents with substance use disorder per court room (approximately total of 40-50 parents), and their children (approximately 90-120 children will be served as a result).

- 1)JFRC will improve parent and child relationship. 90% of parent participants will complete the Parenting Through Recovery program.
- 2)JFRC will increase reunification. 85% of children will be returned to parents by the end of the program.
- 3)JFRC will expand programming to include training all staff in motivational interviewing to assist with participant retention.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

JFRC is a voluntary program for parents who are court-involved and child protective service (CPS) active, due to substance use issues. Parents are eligible for the program if the Cabinet has filed a petition on the basis of substance use and the petition has been adjudicated by the courts. Participants enter the program no later than 30 days post-adjudication and are involved for approximately 12-18 months. The program is phase-based, focusing on a different area of need.

JFRC is voluntary, thus has no punitive consequences. Participants are encouraged to talk honestly and openly about struggles, including any return to use. Participants earn “sober bucks” for meeting program requirements, including attending at least two meetings per week, completing step work with a sponsor, and attending all visits and appointments with their children. This program utilizes learning experiences to address rule infractions, and these are imposed on a graduated scale.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

Target populations and addressing problems will continue from January 1, 2022-December 31, 2022. The funding for this project will last for one year.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.



Although numbers have not been updated to reflect COVID-19, we do know our community has seen a significant increase in Substance Use Disorders. We anticipate court cases involving children will worsen due to the stressors and isolations caused by the pandemic.

Evidence Basis for the Project

The US Treasury department encourages the use of SLFRF funds for evidence-based interventions: (<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26>)

Please describe the evidence base for the interventions proposed by this project. (Maximum 200 words). Include links if possible.

Participants complete a Parenting Through Recovery group during the second phase of the Family Recovery Court program. This group is based upon a cognitive behavioral therapy approach that seeks to assist participants with recognizing the impact of substance use and trauma on the family system.

Children of participants complete therapy services with clinicians trained in Trauma-Focused Cognitive Behavioral Therapy. This approach is an evidence-based practice with demonstrated success in decreasing trauma-reactive symptoms.

Both participants and children can engage in Racial Trauma Treatment if there is an identified race-based trauma/stressor. This intervention is also provided by certified clinicians.

How will this project define and measure success?

Jefferson Family Recovery Court seeks to decrease the number of children and families adversely effected by substance use disorder and trauma in our community. The goal of this program is to decrease the amount of time children spend in out of home care, thus decreasing the overall cost to the community. This program further serves to assist participants with learning the skills needed to be protective parents and to parent independently and sober.

Amount of Funding Requested:

\$187,000



American Rescue Plan

Louisville Metro Government

Project Proposal Submission Form

Project Name: LMPD Technology (LAT-0068)

Project Owner: Louisville Metro Police Department (LMPD)

Project Contact: Lt. Col. Paul L. Humphrey

Project Contact Job Title: Assistant Chief of Police: Administrative Bureau

Contact Email: [REDACTED]

Contact Phone: [REDACTED]

Project Name: LMPD Technology

Are you requesting a continuation of current funding or a new allocation?

New allocation

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

LMPD has sufficient resources. Continued expansion of MetroWatch Cameras will lead to the need for an additional Video Engineer resource at Civic Innovation and Technology.

Project Executive Summary (please specify if COVID-related. Maximum 300 words):

Louisville Metro Police Department is requesting the use of ARP funds to expand the MetroWatch Camera System and increase their capabilities in the areas of digital evidence collection and storage. MetroWatch Camera Expansion project is seeking to deploy additional cameras. This project could result in an additional 200-250 cameras for LMPD.

Problem Statement (include issue and population served by project. (Maximum 200 words):

MetroWatch Camera Expansion project is seeking to deploy additional cameras. This project could result in an additional 200-250 cameras for LMPD. Each will vary in cost based on where and how it is connected. This does not include connectivity charges where applicable. The MetroWatch platform currently has about 1450 cameras, with LMPD owning about 740 of them. LMPD has access to all cameras on the MetroWatch system that are owned by other LMG (Louisville Metro Government) organizations, including Corrections, Facilities, PARC, Parks and the Zoo.

The expansion of cameras will also require an increase in storage for the video from the Cameras. Storage is currently at 90% consumed and the current storage system is now approaching 8 years old. While we have been paying for support, failures of the storage system will increase as the system ages, impacting availability. In addition, more cameras cannot be added to the MetroWatch Camera system until the database server software is upgraded. The database server software will have to be upgraded to support the proposed MetroWatch camera expansion.

Video has seen rapid growth over the past five years and the volume of work, plus this expansion, is proving difficult to support with one position. CIT (Civic Innovation and Technology) will require an additional FTE to handle the increased workload to keep the cameras updated and operational. The proposed funding allows for 5 years of personnel costs. This would need to be accounted for in future personnel budgets when grant funding is exhausted.



Digital Evidence is fast becoming more critical when solving crime and the retention period for Digital Evidence information is also increasing. LMPD requires a separate solution for the storage of digital evidence and a software management solution for keeping the evidence efficiently organized, as well as maintaining chain of custody. CIT will work with LMPD to procure and install a digital evidence management solution.

The Digital Forensics Unit is tasked with providing cell phone extractions and analysis, cell site analysis, and storage of electronic evidence. This evidence is critical in every type of criminal investigations. The detectives in the digital forensics unit are trained in specialized fields to assist the department in requesting, downloading, analyzing, storing, and presenting evidence to a judge or jury. The equipment and software purchased would provide much-needed tools that could extract and store crucial evidence which in turn should boost successful prosecution rates.

Goal/Outcomes Statement (Maximum 150 words):

The use of technology in policing is essential. This additional expansion of technology will allow LMPD to layer investigative tools to become more effective and efficient. These technologies will increase the ability make use of additional information captured by these systems to both respond immediately to crimes in progress as well as to investigate and manage crimes that have already occurred.

Please briefly explain what actions/steps your project proposes to address the above-stated problem (Maximum 150 words):

Increased number of MetroWatch Cameras will require updating storage, server database, and increasing FTE count to support cameras are all necessary if MetroWatch camera count is increased.

Digital evidence will require additional equipment for extraction, storage and reproduction of digital evidence.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

Purchase of tools and solutions can begin upon approval. Quotes have already been obtained from vendors on contract for these solutions. Implementation can begin once received.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

During the Covid-19 pandemic Louisville has seen an increase in homicides. Prior to the 2020 COVID-19 pandemic the record number of homicides in Louisville was 117 in 2016. In 2018 there were 77 homicides, in 2019 there were 89. 2020 saw an exponential jump to 173 homicide cases while as of October 2021 the city sits at 161 homicides.

Evidence Basis for the Project

The US Treasury department encourages the use of SLFRF funds for evidence-based interventions: (<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26>)

Please describe the evidence base for the interventions proposed by this project. (Maximum 200 words). Include links if possible.

The evidence-base for the interventions proposed will be a reduction in violent crime, increased sense of security within the community, robust and thorough investigations, and successful adjudication through the criminal justice system.

How will this project define and measure success?



This project will define success through the increased sense of security within community, rapid responses and interventions to violent crime, robust investigations, and comprehensive digital evidence processing and storage. The success will be measured through assessing police response times to calls for service, violent crime reduction, and successful prosecution and adjudication through the criminal justice system.

Amount of Funding Requested:

\$6,000,000

MetroWatch Camera Expansion	\$1,000,000
Storage Solution to support additional MetroWatch Cameras (inc. 5 yrs. support)	\$1,800,000
Server Software (database upgrade) to support increase of MetroWatch Cameras	\$ 75,000
Digital Evidence Storage (inc. 5 yrs. support)	\$1,800,000
Digital Evidence Management Solution	\$ 600,000
Digital Forensic Unit Equipment and Software	\$ 130,000
Video Engineer (5 years, grant funded position)	\$ 595,000

