Accelerating Youth Violence Prevention and Positive Development

A Call to Action

CDC Community Advisory Council – Final Report

January 16, 2017

A Story of Two Young Men

William* grew up in public housing, in a single working parent household with two siblings. Because of his financial situation, he was often denied some of the things afforded to his peer group within different sections of his home city of Wilmington. William's desire for material things and his lack of the resources led him to participate in petty crimes, which eventually landed him in the New Castle County Detention Center and the Ferris' School for Boys.

Fortunately, upon his release from the juvenile justice system, several individuals mentored William and provided him a strong support network. For example, a highly respected judge helped him navigate his way through the juvenile probation system, a City Council member helped him find employment, a police officer ensured he had a safe and nurturing environment for recreational activities, and a community activist helped fund his college education. William credits this collective effort with helping him avoid the gun violence that has engulfed his community. Today, he leads a productive life, and he is an asset to his community.

Richard* was similar to William in many ways. Both young men were intelligent, charismatic, and enjoyed sports, especially football. Both of them possessed natural athletic talent. Unlike William, Richard was not raised within public housing, nor was he the product of a single parent home. Richard's mother and father freely gave him the material things that had led William to the streets. Thus, Richard expressed no desire to pursue illegal money. In fact, Richard's only concern was getting into a private high school.

One day, when Richard was returning home from football practice, a group of young men robbed him, beat him with a pistol, and forced him to strip naked. After this traumatic and humiliating experience, Richard was never the same energetic, fun loving, teenager. Instead, he became withdrawn and started hanging out with a different crowd. Richard, along with three other young men, was indicted by a grand jury on numerous felony firearm offenses. He was convicted and sentenced to 54 years in prison, where he is today.

What separates these two young men? In the case of William, the risk factors were identified and addressed through an array of services and support systems. Unfortunately, Richard never received the services he needed to address his risk factor (trauma). Richard's story is not an isolated incident. Countless young people in Wilmington are not being identified early enough as needing services nor do they always receive the appropriate services when identified.

It is the intent of the CDC Community Advisory Council's report, **Accelerating Youth Violence Prevention and Positive Development – A Call to Action***, to stimulate dialogue and action in our community to help our youth avoid violence; become resilient; and have hope, support, and opportunities for a positive future.*

(* The stories are real. The names have been changed to ensure privacy.)

Executive Summary

In November 2015, the Delaware Department of Health and Social Services (DHSS) released an epidemiological study conducted by the Centers for Disease Control and Prevention (CDC), which examined youth firearm violence in the city of Wilmington, Delaware. **As recommended by the study, the Department convened an advisory council composed of key community stakeholders to provide recommendations on proposed evidence-based, integrated services to be provided to youth who are considered at high risk of committing violence.**

The Council included representatives from the New Castle County school districts; community-based organizations; faith communities; Delaware Divisions of Public Health, Prevention and Behavioral Health and Youth Rehabilitative Services; United Way of Delaware; City of Wilmington Mayor's Office; and the Wilmington City Council, as well as community advocates.

The Council performed an extensive literature review to become familiar with the evidence-based and promising practices in Delaware and elsewhere being used to prevent youth violence and promote positive youth development. The Council also assessed the current array of services available to youth living in high-risk neighborhoods in Wilmington through broad engagement of youth, families, community organizations, and other key community stakeholders.

The Council also drew upon its knowledge of the youth of Wilmington. There are nearly 20,000 children and youth in the city of Wilmington, and more than 80% of them are receiving some form of public assistance from the State. More than 60% of them have experienced a significant trauma, according to the National Survey for Children's Health.

Consolidating all of the data and research, the Council developed recommendations on the network of services that can and should be strengthened to prevent youth violence and help youth make good choices, be resilient, and grow up to be physically and mentally healthy members of their communities.

The following are the Council's six recommendations for preventing youth violence and promoting positive development:

1. **Foster violence-free environments and promote positive opportunities and connections to trusted adults** – Build the capacity of schools and community centers through training, technical assistance, resources, and service integration to engage more youth, especially older youth, in after school, evening, and weekend programs using evidence-based and promising practices, to meet their diverse needs.

2. **Intervene with youth and families at the first sign of risk** – Develop a multi-tiered identification and referral system to be accessed by families, schools,

community organizations, and health care providers, as well as options for self-referral to connect youth to needed services with case management/care coordination; provide more social work and behavioral health supports on site in schools and community organizations; and further explore the development and implementation of a predictive tool for the early identification of youth at risk of committing violent acts.

3. **Restore youth who have gone down the wrong path** – Increase the level of support for youth, especially those ages 16 to 24, transitioning back to their homes, schools, and communities to help them develop personal pathways to success with appropriate services and case management/care coordination for as long as needed.

4. **Protect children and youth from violence in the community** – Increase support for outreach programs that engage the community in creating and sustaining a culture and environments that prevent violence and promote positive youth development such as the Cure Violence evidence-based model. The programs should seek to deescalate conflicts and reduce the likelihood of retaliation.

5. **Integrate services**
    a. Develop and pilot a model for the integration of direct services for children, youth, and their families engaging school districts, schools, community organizations, hospital systems, and key state agencies to improve outcomes for their positive development and long-term success, which would include establishing a central student data and service entity with a common system platform for student data sharing, service information, and school-based coordinators responsible for connecting students to needed services.
    b. Align and integrate policies, programs, services, client data sharing, and resources for children, youth, and their families at the state systems governance level through the creation of a State level Children's Cabinet Council under the leadership of the Governor with an advisory group of representatives from local government, and the non-profit, business, and philanthropic communities.

6. **Address policy issues that have unintended adverse consequences for youth** - Research and mitigate policy impediments to: accessibility of community- based programs for youth; transitioning of youth back to traditional public and charter schools from alternative settings to complete their education and graduate; sharing youth specific data among schools, DSCYF, DHSS, and DOE so as to improve the early detection of problems and connection to needed services; improving school codes of conduct and disciplinary policies to make them more equitable for youth of diverse backgrounds; and transitioning youth successfully from youth to adult medical and behavioral health services to eliminate the gaps in coverage for needed services.

The recommendations contained in this report are aligned with and further supported by the work of other collaborative efforts focused on improving the education, health, and well-being of Wilmington's children and families, including the Wilmington Education

Think Tank (WESTT), Wilmington Education Improvement Commission, and Delaware Center for Health Innovation Healthy Neighborhoods Committee.

In order to fully implement the report's recommendations, the Council calls for a financing plan to improve the use of existing and proposed new appropriations to address violence and crime. Currently, nearly all of these funds are being applied to the "after-effects" of violence and crime. The challenge is to devise strategies to use relatively marginal sums of these resources and apply them to support the use of evidence-based and promising practices that demonstrate positive outcomes related to preventing youth violence and promoting positive development, and promoting integration among these services for synergistic effects.

Our community is already paying for the costs of negative outcomes experienced by our youth and our communities, because sufficient resources have not been strategically invested up front in the quality and quantity of programs and support systems that are accessible and well integrated**. Each time a youth cannot read on grade level, or is suspended or expelled, drops out of school, stands on a corner because he does not have a safe, caring place to go; cannot find a job to earn money for his basic needs; gets caught up in violence; or gets arrested for a violent act, goes into a "secure care" placement, completes the program, and gets released only to return to the same way of life, we pay the price of more failure.**

The members of the Council believe that citizens of the State of Delaware deserve a better return on their investments in government efforts to address crime and its after-effects. There is no better plan than to make a focused investment in children and youth and strategically deploy limited resources to achieve positive results.

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Introduction

The Challenge

> *In 2013, Wilmington, Delaware, experienced 127 shooting incidents resulting in 154 victims. This represented nearly a 45% increase in the number of shootings over the preceding two years. Furthermore, rates of violent crime in Wilmington are higher than in nearby cities of Dover, Newark, and Philadelphia. Indeed, although Wilmington is a moderately-sized city of approximately 71,525 residents, when compared to all large cities in the United States, its homicide rate in recent years has been reported to be as high as 4th overall. In fact, in recent years, the growth in Delaware's homicide rate (Wilmington is the largest city in Delaware) has outpaced that of every other state.*
>
> - CDC Report - *Elevated Rates of Urban Firearm Violence and Opportunities for Prevention—Wilmington, Delaware*
>
> *Urban firearm violence results in a substantial degree of fear among city residents, slowing of business growth, straining of city resources, and suffering among victims' families. However, in spite of the tremendous impacts of such violence on a city, only a relatively small number of individuals are actually responsible for committing these particular crimes. For example, in 2013, Wilmington experienced a reported 127 shooting incidents. If we assume one person committed each shooting, this equates to 127 individuals committing firearm violence out of a total population of about 71,000 residents, which is less than 1 out of every 500 residents. Because only a relatively small proportion of individuals are involved in firearm crimes, accurately focusing prevention efforts could have a significant impact on lethal violence in urban city centers and be an important component to a larger comprehensive approach to violence prevention.*
>
> - CDC Report - *Elevated Rates of Urban Firearm Violence and Opportunities for Prevention—Wilmington, Delaware*

In December 2013, realizing that the issue of firearm violence rates in the City of Wilmington, especially among youth, was becoming a crisis situation, Councilwoman Hanifa Shabazz proposed a City resolution, requesting that the Centers for Disease Control and Prevention (CDC) assist in an investigation of gun violence and provide recommendations for preventive action. The Delaware Division of Public Health, with concurrence from Secretary of Health and Social Services Rita M. Landgraf and Governor Jack Markell, issued a formal invitation to the CDC to provide epidemiologic assistance and make programmatic recommendations for a public health response.

From June to July of 2014, CDC scientists came to Wilmington and collected data from various state agencies and institutions in Delaware. In March of 2015, they returned to Delaware to present the preliminary findings and initial recommendations to the Mayor, City Council, and state officials. The CDC continued statistical analysis and peer review of its findings, and in November 2015, the Delaware Department of Health and Social Services (DHSS) released the final report, which looked at gun violence from a public health and social services perspective. **This perspective is a lens that looks at a variety of complex factors that could lead a person to commit a violent act and how we can intervene early before anyone is hurt.** (Secretary Landgraf's presentation to the Movement for a Culture of Peace, a forum to discuss the CDC report, on January 9, 2016.)

The CDC studied the risk profiles of a sample of young men who had committed acts of violence, using a gun. The major finding from its study was that these men had adverse experiences in their lives before they were engaged in violence, e.g., did not have a stable family environment, may have had problems in school, had been a victim of violence or traumatic event, and/or had been engaged in some criminal activity. After careful consideration of its findings, the CDC made three recommendations to the State to address youth violence prevention:

1. Reach agreement on data sharing with relevant organizations.
2. Connect data systems to identify potential recipients of targeted services.
3. Establish a Community Advisory Council to support the development of highly integrated and coordinated customized services for high-risk populations.

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The Creation of the Community Advisory Council

DHSS created the CDC Community Advisory Council (referred to herein as the Council) in February 2016 to provide recommendations on the proposed evidence-based, integrated services to be provided to high-risk youth in conjunction with risk assessment tools. **Specifically, the Council was asked to learn about the CDC report findings and recommendations, share information on evidence-based and promising practices in services for high risk youth and on community assets, and to engage service providers and community stakeholders in the process of formulating its recommendations to help youth get back on track and be successful.**

The Council includes 38 representatives from the school districts; community-based organizations; faith community; Cease Violence Program; Delaware Divisions of Public Health, Prevention and Behavioral Health and Youth Rehabilitative Services; United Way of

Delaware; City of Wilmington Mayor's Office; and the Wilmington City Council; as well as community advocates. (Refer to Appendix A for a complete listing of the Council members.)

Early on, the Council decided to focus its efforts "upstream" from the population included in the CDC's study in order to intervene earlier with youth to interrupt the cycle of violence before these youth fall into deeper crisis. Accordingly, the Council decided to focus its work using a public health approach on the population of children and youth ages 4 to 18 living in the highest need neighborhoods of Wilmington.

In the course of its work, the Council assessed the current array of services available to all youth living in highest-risk neighborhoods and those assessed to be at moderate and high risk. They studied how that network of services available could be strengthened to empower youth to make good choices, be resilient, and grow up to be healthy members of the community. Next, the Council developed strategies for strengthening and integrating the existing services and addressing the gaps in services that may exist at the individual youth and policy systems levels. Finally, the Council examined governmental policies and practices that prevent and or contribute to access barriers, service gaps, inequitable resources and opportunities to integrate and more efficiently re-distribute resources to prevent youth violence.

To launch its work, the Council used the "Kotter Model" of accelerating change in organizations and systems to frame the opportunity.

> *Recommending holistic approaches to build our children up through integrating effective, culturally appropriate community and state services based on the evidence-based or best practices so that youth are able to easily access services and receive adequate support to address their needs at the earliest possible time before they go into crisis to prevent gun violence.*
>
> - *Accelerating Change*, John Kotter

If the recommendations are implemented, the Council envisions that Wilmington youth at risk of going into deeper crisis and committing gun and other serious violence are engaged in services with sufficient support, based on the promising practices to address their needs to grow up healthy and be productive members of the community.

Overview of Wilmington Children and Youth

It is well known that children and youth constitute the "life blood" of a community. It is up to families and the community to ensure that the basic needs of the children and youth are met. They collectively must help their children and youth to grow up in safe, healthy places with the educational, emotional, social, economic, and health supports, and other protective factors they need to become productive members of their community. When families and communities are not able to deliver on these expectations, children and youth start to experience adverse events and fall victim to the risk factors that surround them.

Recognizing that circumstances may inhibit a family's ability to meet the needs of its children, the Delaware General Assembly has acknowledged a role for the State, to wit:

> *§ 9001 Intent and Purpose (From Title 29, Chapter 90).*
> *The General Assembly finds and declares that parents have the primary responsibility for meeting the needs of their children and the State has an obligation to help them discharge this responsibility or to assume this responsibility when parents are unable to do so; while the State has a basic obligation to promote family stability and preserve the family as a unit, and protect and safeguard the well-being of children through the provision of a comprehensive program of social services and facilities for children and their families who require care, guidance, control, protection, treatment, rehabilitation or confinement.*

The Council started its information gathering by examining the profiles of youth living in the City of Wilmington. The city has a total population of 72,638 (updated by the Delaware Population Consortium for 2016), many of whom live in high-need neighborhoods on Wilmington's West Side, East Side and North Side, i.e., zip codes 19801, 19802, and 19805. These zip codes were targeted because they have the highest incidence of violence, especially those involving the use of a gun. According to the 2015 Delaware Household Health Survey conducted by the Delaware Public Health Institute, three in five (61 percent) of adults living in the center of the City of Wilmington reported witnessing violence in their community on more than one occasion/many times.

Of the total city population, 19,686 are children and youth (updated by the Delaware Population Consortium for 2016), **86 % are receiving some form of public assistance from the State, with many living in families in which the caregiver is unemployed or underemployed and not able to earn a living wage to support their families.** Within this population, more than 1,500 or 7.3 % are receiving services from the State's Department of Services for Children, Youth and Their Families (DSCYF). Of the population receiving services from DSCYF, 62.6 % are engaged with the Division of Family Services in which there has been a substantiated report of abuse or neglect; 16.2 % are involved with the Division of Youth Rehabilitative Services, the juvenile justice division; 12.3% are receiving services from the Division of Prevention and Behavioral Health, and 8.4% are receiving services from two or more of the divisions.

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The city's children and youth attend schools governed by five traditional school districts and 17 charter school districts. During 2015, 378 youth were adjudicated delinquent and ordered to receive services based on the level of their risk, determined by an assessment. During this same period, many youth were suspended or expelled and required to attend an alternative school for a period of time. **In 2014, 16% of youth dropped out of school** (Wilmington Education Improvement Commission).

According to the National Survey for Children's Health, more than 60% of Wilmington children have experienced some form of trauma in their lives, with 27.5% having two or more adverse experiences, compared to the Delaware average of 22.8%. When the data from the Christiana Care Health System emergency department for 2015 is examined, **23 youth, or 6% of the total population served, came to receive medical assistance due to being a victim of a violent act,** i.e., gunshot wound, stab wound, or assault.

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Literature Review

Part of the charge of the Council was to become familiar with the evidence-based and promising practices in Delaware and elsewhere being used to prevent youth violence and promote positive youth development. That review drew extensively from the resources of the CDC; the Annie E. Casey Foundation; USDHHS Children's Bureau Child Welfare Gateway; the Prevention Center's UNITY initiative, Increase Thriving Youth Through Violence Prevention; and the Center for Substance Abuse Prevention/National Prevention Network.

The CDC National Center for Injury Prevention and Control, Division of Violence Prevention, created the **Striving to Reduce Youth Violence Everywhere (STRYVE)** initiative to help build the capacity of communities to prevent youth violence and promote positive development by working through local public health departments in selected cities. As part of that initiative, it created the STRYVE Strategies Selector Tool to identify what is known about proven strategies that work in preventing violence and improving outcomes for youth and what is happening within communities. The **STRVYE Online** database includes an extensive collection of resource materials on evidence-based and promising practices to aid communities in developing local plans to prevent violence and promote positive development among youth.

In a related initiative, the Annie E. Casey Foundation has sponsored an initiative to help selected communities and states to restructure their delivery of services for children and youth to reinvest those resources in evidence-based and promising practices proven to

improve outcomes for children and youth. As part of the **Evidence2Success initiative**, they supported the use of **Blueprints for Healthy Youth Development**, an evidence-based and promising practice database, through the University of Colorado at Boulder.

The third major resource in this review was the Prevention Center's UNITY initiative. This initiative is dedicated to helping communities to develop and sustain efforts to prevent youth violence before it occurs, including those involved with the CDC's STRYVE initiative.

To establish a strong foundation for making recommendations grounded in evidence-based and promising practices, the Council also reviewed the following (See Appendix B for more information):

1. **Preventing Youth Violence**, a webinar produced by the CDC National Center for Injury Prevention and Control as part of their Grand Rounds Series. This webinar presents an overview of evidence-based approaches and partnerships that are needed to prevent youth violence and its consequences.

2. **Preventing Youth Violence: Opportunities for Action**, a manual developed by the CDC National Center for Injury Prevention and Control, Division of Violence Prevention, to help communities develop action plans for preventing youth violence, including those drawn on the best practices that have been shown to work in communities across the country. It offered a number of suggestions for actions that individuals and communities could take to prevent youth violence and promote positive development.

3. **Minneapolis, Minnesota Blueprint for Action to Prevent Youth Violence**, a plan developed in 2012-13 by the Minneapolis Health Department in collaboration with a network of community and government agencies, aimed at preventing youth violence in their city. Updated from their first plan in 2008, this plan was based on the framework developed by the National Forum on Prevention of Youth Violence through the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). The forum is a network of cities and federal agencies that work together, share information, and build local capacity. The National Forum's strategic planning process provided the framework for engaging community partners, collecting and sharing relevant data and information, and revising the Blueprint. As cited in the references to the CDC Report, the plan calls for better alignment, integration, and utilization of existing services and programs and some additional services to address gaps identified in the existing continuum.

4. **Promoting Protective Factors for In-Risk Families and Youth: A Guide for Practitioners** – A summary of the protective factors with strong evidence for promoting positive development in high-risk children and youth.

5. **Prevention Works! Prevention Handbook -** A guide prepared by the Center for Substance Abuse Prevention/National Prevention Network to help prevention service providers to understand the principles of prevention programming and

resources that are available to support them in their efforts. It is an excellent reference on the levels of prevention and intervention services targeted to the level of risks experienced by the youth.

6. **Best Practices in Wraparound** – A summary of recommendations for integrating services for children with high risk and needs based on research of what is effective that has been conducted over several years.

7. **Patient- and Family-Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems -** An article published by the American Academy of Pediatrics that describes the dimensions of care coordination that are important to improving patient outcomes.

8. **Exploring the Meso-System: The Roles of Community, Family, and Peers in Adolescent Delinquency and Positive Youth Development** - An article recently published in *Youth and Society, 2016, Vol. 48(3) 318–343*, that explores the positive role that community assets, especially linkages to institutional resources and caring people, can play in promoting positive youth development and resiliency.

9. **Community Engagement Matters More Than Ever** - An article published by the *Stanford Social Innovation Review* that describes how data and evidence-based practices can help community leaders to be more effectively and authentically engagement community stakeholders in collective efforts to affect social change.

10. **Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments** - A guide created by the CDC National Center for Injury Prevention and Control, intended to promote positive development of children and families and prevent child abuse.

11. **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence** – A document published by the CDC and the Prevention Institute, to share research on the connections among different forms of violence categorized by risk and protective factors, which describes how these connections impact the community.

12. **Adverse Community Experiences and Resilience** - A framework for addressing and preventing community trauma, developed by the Prevention Institute's UNITY initiative.

13. **Strategic Financing Toolkit for Tested, Effective Programs** – A toolkit published by the Annie E. Casey Foundation to help states and local communities to plan and implement strategies for investing in evidence-based and promising practices in programs that lead to positive outcomes for children and families.

Guiding Framework

Throughout the deliberations, the Council established a core set of principles to guide the development of its recommendations. Those core principles are articulated as follows:

- **Public Health Model** – used this approach to define the problem to be addressed, researched the root causes, determined the programs and policies that work, i.e., evidence-based or promising practices, and developed solutions to recommend (CDC)

- **Social Ecological Model of Change** – considered the multiple levels of the social ecology from the individual to family and friends, schools and community organizations, the community as a whole, and public policies that must be influenced in order to make sustainable change with individuals, organizations, and communities (*The Ecology of Human Development*, Urie Bronfenbrenner)

- **Social Determinants of Health** – addressed the factors that must be influenced to create social and physical environments that promote good health and well-being (*Healthy People 2020*)

- **Risk and Protective Factors** – identified the protective factors that serve to buffer or provide protection from a problem that arises and foster resiliency, such as close personal relationships, awareness of the existence of positive social structure, and feelings of safety; and examined the risk factors that increase the likelihood that a problem will develop, such as living in high-need neighborhoods; not having access to employment and safe, stable housing; and experiencing traumatic events (Child Welfare Information Gateway)

- **Developmental Assets Model** – identified the existence of positive assets that help youth to develop or experience protective factors (Search Institute)

- **Model for Level of Prevention Services** – used three categories based on levels of risk, i.e. **universal**, **selected**, and **indicated**, to define the intensity of services to be provided to youth to reduce violence and promote positive development (*Prevention Works!*, SAMHSA National Center for Substance Abuse)
    - **"Universal"** - describes services provided to youth living in high-needs neighborhoods
    - **"Selected"** - describes services provided to youth at the earliest indication of a detectable problem, e.g., those youth who may have had adverse childhood experiences and those who may be active with the DSCYF, but are unlikely to go deeper into the " service system" due to their having some protective factors to keep them on a positive track
    - **"Indicated"** - describes services provided to youth who are at high risk based on detectable problems, e.g., those youth active with DSCYF, have committed more serious offenses, and are likely to go deeper into the juvenile justice system in the absence of adequate protective factors

- **Evidence-based and Promising Practices** – identified the approaches and practices that have been proven through evaluation research to be effective in preventing youth violence and promoting positive development (CDC Report, CDC STRYVE Online Database, Blue Prints for Healthy Communities Database)
    - Universal school and community based violence prevention, such as Compassionate Schools, behavioral health consultants in schools, Community Schools, IM40 Developmental Assets Program
    - Parenting skills and family relationship approaches, such as Strengthening Families, Peer Coaches, and Community Connectors
    - Intensive youth and family-focused approaches, such as Multi-systemic Therapy, Functional Family Therapy, and Trauma-focused Cognitive Behavioral Therapy
    - Policy, environmental, and structural approaches, such as increasing access to quality after-school programming
    - Street outreach and community mobilization, such as the Cure Violence Program

- **Population and Performance Accountability Model** – used a model of population and performance accountability to frame how stakeholders have a shared responsibility for working together to achieve population level results to prevent youth violence and promote positive development and how service providers have a responsibility for offering programs and services with fidelity based on the best evidence or promising practices, i.e. quality of effort; that demonstrate how youth are better off for having completed those services or programs, i.e., quality of effect (*Trying Hard Is Not Good Enough*, Mark Friedman)

Evidence-Based and Promising Practice Review Findings

An important part of the Council's work was to learn from the organizations that are providing services and operating programs engaging youth in the City of Wilmington. (Refer to Appendix C for a map of programs and services.)

To that end, during the period of June to September 2016, the Council collected data from community stakeholders to determine what is working well in promoting positive youth development and preventing youth violence, including evidence-based and promising practices that are currently being used; what are the gaps; and how could community and state services for youth be better integrated.

Of special interest was the level of risk of the youth to whom the programs are targeted; i.e., "Universal" for all youth, "Selected" for youth at moderate risk, and "Indicated" for youth at high risk. For the purposes of this work, youth targeted for "Universal" services are considered to be at risk by virtue of their living in high needs neighborhoods. Youth at "moderate" risk targeted for "Selected" services are those youth who may have had adverse childhood experiences and/or may be active with the Department of Services for Children, Youth, and their Families (DSCYF), but are unlikely to go deeper into the service system due to their having some protective factors to keep them on a positive track. Those youth at "high" risk targeted for "Indicated" services are those youth who are active with DSCYF, have committed more serious offenses, and are likely to go deeper into the juvenile justice system in the absence of adequate protective factors. These definitions were used as proxies for defining the criteria that could be included in predictive tools for identifying high-risk youth for prevention and early intervention services as recommended by the CDC in its report.

As part of this data collection, **the Council surveyed 79 programs operated by state and community organizations in the city and held listening sessions with state and community organizations, parents, youth, and youth-serving professionals.** Fifty-six (56) programs responded, providing information on the purpose(s) of their program(s), target population(s), level of intervention, use of evidence-based practices, and evaluations conducted.

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Data Analysis and Findings

Overview

Based on self-reporting, of the 56 respondents, 34% of the programs were categorized as being "Universal" or for all youth, 30% as "Selected" for youth at moderate risk, and 30% as "Indicated" for youth at high risk. In terms of age, 86% of the programs were aimed at middle school and 86% at high school aged youth, while 38% were aimed at elementary

school-aged children. (Some programs served more than one age group.) More than half or 57% used some evidence-based or promising practice as the framework for their program. In terms of the programmatic foci for their program, 38% identified youth violence prevention as a leading focus. Other foci included education (43%), substance abuse prevention (38%), mental health (38%), suicide prevention (21%) and employment (21%). Slightly more than half of the respondents indicated that they did some level of evaluation on their programs. Only 8% indicated that they had a waiting list for their programs.

Universal Services for Youth Living in High-Needs Neighborhoods
The next level of analysis focused on programs in which the respondents indicated that the programs were open to all youth who were interested in participating. (As previously stated, 34% of the programs included in the review were categorized as providing "Universal" services.)

These programs were reviewed to determine those that aimed at serving youth and their families, were grounded in evidence-based or promising practices, demonstrating quality of effort, especially those targeting violence prevention. (Please refer to Appendix D for the chart of violence prevention programs for youth living in high-need neighborhoods.) The analysis of these programs revealed the following:

- When one considers the total number of youth served by these programs (approximately 5,800 youth duplicated count), they are serving about 32% of the population of children/youth ages 5 to 17 years, living in high-needs neighborhoods of the city. (Quantity of Effort)

- It appears that there are not enough evidence-based programs in high-needs neighborhoods to engage all of the youth who need that support. The survey indicated there are more programs serving youth, but they do not appear to be grounded in the best evidence.

- There does not appear to be any significant systematic integration of services among the providers of those services.

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Selected and Indicated Services for Moderate- to High-Risk Youth
The analysis of the program data revealed that 30% of the programs were categorized by the respondents as targeted to youth at moderate risk, i.e. "Selected" services, and 30% were for youth at high risk, i.e., "Indicated" services. This program data were further reviewed to determine which of these programs should be studied in greater detail. The criteria used included the following:

- Must serve youth in the City of Wilmington
- Must be focused on serving youth at moderate (Selected Service) or high risk (Indicated Service)

- Must indicate that one of the program's main purposes is to prevent youth violence
- Must be grounded in evidence-based or promising practices
- Must have some form of evaluation

Based on those criteria, 11 programs were selected for further study. The organizations that operate those programs were invited to meetings with Council members to share information about the effort to deliver their programs and effect that their programs have on the youth who complete them. Of the 11, the following eight programs were able to participate:

- Cease Violence Wilmington
- Children and Families First – Functional Family Therapy
- Christiana Care - Alliance for Adolescent Pregnancy Prevention
- Christina Cultural Arts Center - Heart Under the Hoodie Youth Violence Prevention Program
- YMCA - Back on Track
- Vision Quest
- Wraparound Delaware
- Youth Advocate Program

(Note: The data included in the examination from the Youth Empowerment Program, Duffy's Hope, and SWAGG were collected separately.)

The data analysis of the effort and effect of these programs is summarized in the charts on violence prevention programs for moderate- and high-risk youth. (Please refer to Appendix E for the charts of violence prevention programs for moderate- and high-risk youth.) The findings from the analysis include:

- The programs are demonstrating quality of effort in that they are using evidence-based practices and quality of effect in terms of the measurable outcomes

- Many of the programs for high-risk youth are limited to those in level 4 care of the State Division of Youth Rehabilitative Services.

- There appears to be a need for more on-going support for youth transitioning from level 4 services to the community to ensure they do not recidivate.

Many of the programs for high-risk youth are limited to those in level 4 care of the State Division of Youth Rehabilitative Services.

- Given that there are approximately 17,686 children and youth at moderate risk living in the city, there does not appear to be a sufficient quantity of services accessible to moderate-risk youth grounded in the best evidence to help them achieve positive outcomes and prevent them from engaging in acts of violence.

- The services that exist do not appear to be well integrated or working together in a

seamless manner, and hence the need for more individualized supports through case management for moderate-risk youth.

Community Engagement

Listening Sessions with Community Stakeholders and Findings
During the course of the Council's meetings, focus groups, listening sessions, and subcommittee hearings, several themes emerged, as well as strengths and gaps in prevention services. The Council was asked to engage community members, key stakeholders, and service providers around strategies to strengthen prevention services. **The CDC's Community Advisory Council, with the operative words being *Community Advisory,* recognized and acknowledged that change cannot and will not occur without the community's input and support; therefore, it is the responsibility of the Council to ensure that the community's voice forms the foundation of any and all recommendations.**

The following summary reflects the thoughts and concerns as expressed by community members and key stakeholders on the strengths and gaps in prevention services currently being offered in Wilmington.

There were five themes that resonated in all the sessions: 1) the need for mentorship; 2) employment for young people to earn and learn; 3) greater educational opportunities, e.g., high school graduation and post-secondary; 4) relationship development; and 5) mental health care (the youth often referred to it as "anger management" and the service providers referred to it as "trauma-informed care").

Fortunately, United Way of Delaware, the Division for Prevention and Behavioral Health Services, and the Division of Youth Rehabilitative Services, which are important community stakeholders and council members, have allocated resources to programs aimed at building upon these themes. While these agencies, and many others not mentioned, seek to integrate services to provide the maximum level of care based on models of best practices, there still exist what amounts to critical gaps in services.

Gaps in Prevention Services
The most pertinent gaps in services, according to the Council's preliminary findings, are presented in the following paragraphs. The list does not represent a hierarchal order.

1. *Gaps in services as it relates to the recruitment of opportunity youth, ages 16-24 not employed and not in school.* It was brought to the Council's attention by community centers and recreational facilities, more specifically those operating as "safe-havens," that it was difficult to recruit or sustain the engagement of youth between the ages of 16-24. This particular finding was of special interest to the Council because 43% of the shooting victims between January 1, 2011 and July 31, 2016 were nested within this age cohort.

2. *Gaps in services as a result of policies.* Organizations, community centers, and recreational sites that serve as childcare centers mentioned how policy prohibits them from hosting children older than 14 years of age until 6 pm if they do not have a separate room for their activities. Currently, the standing policy impedes a vulnerable population access to such sites as the Wilmington Police Athletic League (North Side), Browns Boys and Girls Club (Parkside), Kingswood Community Center (Riverside), and Hilltop Lutheran Neighborhood House (West Side).

Organizations, community centers, and recreational sites that serve as childcare centers mentioned how policy prohibits them from hosting children older than 14 years of age until 6 pm if they do not have a separate room for their activities.

   Many of these facilities are located in what Cease Violence Wilmington labeled as "*hot spots"* -- neighborhoods where the majority of shootings occur. Coincidentally, these *"hot spots"* host high rates of unemployment and percentages of people in poverty. (Please refer to Appendix F for a map showing the "hot spots" for shooting locations for the period January - June 2016). It is unlikely the youth being denied access to these facilities are financially capable of affording private afterschool care. It was mentioned at a meeting that when the rules and policies get in the way of the mission, the rules and policies should be changed.

3. *Gaps in service when youth transition from juvenile prevention system to the adult prevention system.* Several agencies recognized the inability of the prevention network to properly address an individual's needs when they become an adult and, therefore age out of the juvenile prevention system. According to a reliable source, this was largely based on funding and how the cost would be covered. More pointedly, a juvenile's mental health care could be provided through Medicaid or other insurance, whereas, an adult was only covered under certain circumstances.

4. *Gaps in services for youth reentering the public school system and diffusion of resources across State agencies.* There are gaps in services as they relate to youth's re-entry into public school from Ferris School, the Detention Center, or an Alternative School. **Interestingly, the youth were critical of the services being provided while in a treatment center or alternative school, whereas the service providers were more concerned about the lack of services being provided to assist youth in readjusting to public school.**

Strengths in Prevention Services

In addition to actively engaging the community to take ownership in this endeavor, other notable strengths emerged from the Council's preliminary examination of prevention services. First, the Council was able to assemble an array of culturally competent

individuals with an expertise in the field of prevention. More importantly, these individuals recognized the need to work as a collective group rather than in silos. Second, the community, civic leaders, policy makers, and service providers realized the need for mental/behavioral health services. **Finally, it shall be reiterated that the biggest strength in prevention is the adult community's willingness to work relentlessly for change, and this mission cannot come into fruition without the support and guidance from the community. To date, the community supports the efforts of the Council.**

Recommendations

The Council offers its recommendations in the context of promoting community and individual resilience, moving from trauma to well-bring. Our youth need to live in caring communities that help them develop positive personal and social assets for resiliency that have the features described below:

- Basic needs are met – crisis and emergency needs such as physical health, mental health, food, clothing, shelter etc.
- Physical and psychological space where they feel safe and secure that provide social emotional and moral support
- Opportunities to experience supportive relationships from caring and competent adults, mentors, coaches, teacher, neighbors, and counselors
- Opportunities to learn how to form close, durable relationships with peers that support and reinforce healthy behaviors
- Opportunities to feel a sense of belonging and being valued in the classroom, school and community
- Opportunities to develop positive social values and norms that are connected to other resources outside the school
- Opportunities that focus on personal pathways to success in school and community
- Structure that is developmentally appropriate, with clear and consistent boundaries and expectations for behavior
- Engagement in the creation of space and programs that are youth centric
- Settings that address individual and community trauma

The recommendations that follow are grounded in five approaches: fostering violence-free environments, promoting positive opportunities and connections to trusted adults for all youth, intervening with youth and families at the first sign of risk, restoring youth who have gone down the wrong path, and protecting children and youth from violence in the community. For these approaches to work most effectively, there needs to be strong service integration among schools, community organizations, and DSCYF.

Recommendation 1: Foster violence-free environments and promote positive opportunities and connections to trusted adults for all youth (Universal Service)

1. Build the capacity of community centers to work collectively to serve more youth with evidence-based or promising practice programs aimed at violence prevention to achieve collective impact in preventing violence and promoting positive development and resiliency.
    - **a.** Provide a variety of culturally appropriate offerings to appeal to the diverse interests of youth, including the visual arts, music, recreation, sports, financial literacy, and other enrichment programs to expand their awareness of life opportunities, and be offered during after-school, evenings, and weekends, year round.
    - **b.** Actively engage the youth in the design and implementation.
    - **c.** Provide more resources to the DSCYF to expand the capacity of community centers to offer year-round programs as specified above.

2. Build the capacity of schools and community centers to align and integrate their efforts.
    - **a.** Offer more joint programming as described in Recommendation 1.
    - **b.** Embed more culturally appropriate social-emotional learning and trauma-informed practice in their programs, such as a "rites of passage" program.
    - **c.** Partner with families to help them strengthen their resiliency in providing safe, caring environments for their youth.

3. Invest in a year-round employment program, including summer employment, with work-based learning and service opportunities that provide youth and young adults (ages 16-24) with meaningful career pathways and access to needed services, i.e. "earn and learn."
    - **a.** Build a pilot to test this approach by engaging a group from the business community who would be willing to fund the start-up costs and partner with nonprofit community organizations that possess a successful track record in operating youth employment initiatives to foster career development and generate meaningful "earn and learn" opportunities for youth.

4. Create a learning community of the centers and schools to offer collective professional development, training and additional resources to foster a strong community of practice with shared outcomes, in areas such as evidence-based programs and trauma-informed practices.

5. **Develop a pilot for a joint "Request for Results" with the DSCYF, DHSS, Department of Education (DOE), Department of Labor (DOL), Delaware Criminal Justice Council, local government, and United Way of Delaware to align their funding to support contracts for the programming specified in recommendations 1 – 3 above.**
    - **a.** The RFR would emphasize using evidence-based or promising practices

delivered in a highly integrated manner to achieve specific results that are shared among the providers, not simply proposals of activities. It would support professional development in this approach to achieving collective impact to improve youth outcomes.

b. Encourage the philanthropic community to embrace the principles outlined herein.

Recommendation 2: Intervene with youth and families at the first sign of risk (Selected Service)

1. Build a multi-tiered identification and service referral system to identify youth who are at varying levels of risk, based on criteria such as exposure to trauma, transitioning between grade levels and schools, five or more absences from school for any reason during a year, truancy, behavioral referrals, or in school or out of school suspension, and connect them to needed services with case management/care coordination.
    a. Provide access through school/student support teams, health care providers, community organizations, or options for self-referral.
    b. Screen youth to identify needs for making referrals for services using the Adverse Childhood Experiences (ACE) questionnaire, e.g. the Urban ACE version developed for the Philadelphia ACE Task Force.
    c. Refer youth for needed services with case management/care coordination support to ensure youth are connected to the providers, and services are successfully completed.
        i. Consider engaging the behavioral health supports from the DSCYF already in elementary and middle schools and the school-based health centers in high schools to help with this function.
    d. Integrate services with schools and community providers working together to provide support to the youth and their families, preferably with one care manager/care coordinator.
    e. Engage and support families in the process.
    f. Further explore the development and implementation of a predictive tool for the early identification of youth at risk of committing violent acts.
    g. Build a pilot to test the approach using a health care provider, middle or high school, or a community school to do the screening and put a process in place for identifying the referral resources and doing the case management/care coordination.

2. Build the capacity of schools and community centers to address issues that impact youth at moderate risk to keep them from going deeper into crisis and needing more intensive services.
    a. Provide more social work and behavioral health supports on site.
    b. Embed trauma-informed practices in their work with youth, such as using the Compassionate School evidence-based model.
    c. Engage and support families in fostering safe, caring environments and

promoting positive development in their youth.

d. Increase the quantity of the services accessible to moderate-risk youth grounded in the best evidence to meet the demand.
e. Encourage the universal trauma screening of youth as part of routine medical screenings in primary care settings and school based health centers with referral for intervention as indicated.

3. Use the joint "RFR" process described under Universal Services above to contract for services needed at this level.

Recommendation 3: Restore youth who have gone down the wrong path (Indicated Service)

1. Increase the level of support for youth (ages 16 to 24) transitioning back to their homes, school and communities or transitioning between the youth and adult service systems that is based on personalized development pathways toward success with appropriate services and on-going case management support.

2. Provide case management/care coordination support as long as it is needed to help youth be successful and not recidivate.

3. **Build a pilot for this approach by developing a one-stop "Youth Wellness Center" at one of the community centers, modeled after the Hope Commission Achievement Center, a program for ex-offenders returning to the community. After testing, determine if this model could be replicated in other community centers.**

4. Use the joint "RFR" process described above under Universal Services to contract for services needed at this level.

Recommendation 4: Protect children and youth from violence in the community

1. Increase support for outreach programs that engage the community in creating and sustaining a culture and environment that prevent violence and promote positive youth development, such as the Cure Violence evidence-based model. The programs should seek to de-escalate conflicts and reduce the likelihood of retaliation.

2. Organize dialogue among diverse community stakeholders, including primary care and behavioral health providers, community organizations, State and local government officials, businesses, private funders, and the faith-based community, to identify how social problems, such as institutional racism and discrimination contribute to youth violence and how open dialogue could lead to solutions for prevention.

3. Convene organizations that are promoting peace and non-violence to share what they are working on and explore and act on opportunities for collaboration.

4. Support capacity building of schools and service providers in order to increase their competency in working with youth living in high-need communities in a culturally competent manner.

5. Support existing efforts to embed trauma-informed practice in every aspect of working with youth and their families to foster community resiliency to combat the negative impact of adverse childhood experiences on individual and community health and wellbeing.

Recommendation 5: Integrate services

1. **Develop and pilot a model for the integration of direct services and student data sharing for children, youth, and their families engaging school districts, schools, community organizations, hospital systems, local government, DOE, DOJ, DOL and DSCYF to improve outcomes for their positive development and long-term success.**
    a. Establish a central student data and service oversight entity as a public-private collaboration, broadly supported by multiple State, school, and community stakeholders.
        i. For its formation, research and learn from the successful creation of other community-based, student-centered initiatives and, where appropriate, replicate from these models.
            1. The Youth Master Plan promoted by the National League of Cities, provides a toolkit for municipal leaders seeking to build community-led initiatives.
            2. The Promise Partnership model in Salt Lake City exemplifies work to break down legacy silos and refocus available community resources on collective impact.
        ii. With these frameworks as a guide, the oversight entity will formally engage school district leadership in developing specific goals for this collaboration model.
    b. Initial, high level goals for the oversight entity must include:
        i. Architecting a common platform for school-based coordinators to better navigate and orchestrate available State and community resources on behalf of each student in need.
            1. Research into the successful City Connect platform in Boston should be referenced in planning and design of a community solution.
            2. Investigate the Philadelphia's Education Support Center which brings together schools and community partners to provide support to children in foster care.
        ii. Defining and providing professional development on the common

system and platform, including defining the role for a school-based coordinator to handle the process.

iii. Development of a universal playbook for every child that summarizes the programs and supports in place and is transferrable across organizations.
iv. Fostering greater connections and partnerships between the schools, school-based health centers, and health care systems as part of the common system.
v. Exploring the integration of early learning providers in the system.
vi. Building a year-one pilot for a minimum two schools from each city district to participate in common programming or a collaborative platform.

2. Align and integrate policies, programs, services, client data sharing, and resources for children, youth, and their families at the state systems governance level through **the creation of a state-level Children's Cabinet Council under the leadership of the Governor** to improve outcomes for the positive development and success of Delaware's children and youth.
    a. Develop and maintain an advisory group with representatives from local government, and the non-profit, business, and philanthropic communities to provide advice to the Cabinet Council.
    b. Align the work of existing state councils and local and state initiatives impacting services to children, youth, and their families under the umbrella of the Cabinet Council with formal lines of communication and shared outcomes where appropriate.
    c. Create a structure and operating agreement for sharing of data among the Cabinet Council member agencies and schools to be able to provide integrated services to children, youth, and their families.
    d. Develop a children/youth budget and financing plan to support the integrated service system recommended with the ability to shift funds as needed with specific parameters.
    e. Explore and, where feasible, act on opportunities for integration of programs and services among State and local governments, e.g., collaborations among State, City of Wilmington, and New Castle County on maintaining public parks as safe places for community activities and recreation.

Recommendation 6: Address policy issues that have unintended adverse consequences for youth

1. Research and mitigate policy impediments to the accessibility of community- based programs for youth, such as Child Care Licensing regulations governing space and staffing requirements. If this presents a safety issue for young children, provide additional financial resources that would allow these community organizations to have dedicated space and sufficient staff.

2. Examine the policies for youth reentering traditional public and charter schools from alternative settings to remove barriers to their completing their education and graduating.

3. **Develop policies that facilitate the sharing of youth specific data among schools, DSCYF, DHSS, and DOE so as to improve the early detection of problems and connection to needed services with appropriate case management/care coordination.**

4. Examine the school codes of conduct and disciplinary policies to make them more equitable for youth of diverse backgrounds and more conducive to them achieving educational success.

5. Create policies to facilitate the transition of youth from youth to adult medical and behavioral health services to eliminate the gaps in coverage for needed services.

Indicators of Success

The Council is focused on how to build an integrated, coordinated system of quality services to prevent violence and promote positive development to meet the needs of the youth. The Council wants to ensure that youth who need more customized supports are identified as early as possible and are connected to those services as quickly and effectively as possible. The services being provided need to be grounded in the best evidence available, i.e., assurance of quality of effort; need to be of sufficient quantity to be available and accessible to the youth who need them, i.e., quantity of effort; and need to help the served youth achieve positive outcomes, i.e., quality of effect.

In order to achieve the vision for success that the Council has laid out, it will take all sectors working together to make impact at the population level using a "public health" model. Accordingly, that impact would be measured using population indicators, developed by State and local stakeholders, potentially through the proposed "Children's Cabinet Council" and the "central student data and service entity" recommended. Specific indicators that measure the quantity and quality of effort and effect would then be developed to monitor the success of the implementation of the Council's recommendations at the operational level. Examples of those indicators could include:

- Greater participation in quality community programs
- Better engagement in school, better retention in the 7th and 8th grades
- Reduced suspensions
- Lower truancy rates
- Reduced absences
- Enhanced feelings of safety
- Increased college and career readiness
- Higher employment rate among 16 to 24 year olds
- Reduced rates of crime, particularly gun violence

In summary, the Council would be monitoring how well the efforts undertaken, help youth to develop positive personal and social assets they need to be resilient, not engage in violence, and grow up to be successful contributing members of the community.

Investment Strategy

An important part of the Council's work was to consider how the recommendations it is making could be implemented given the current financial picture facing the State and local governments and communities. It is suggesting that a financing plan be developed with key State and local government and community stakeholders considering the following strategies (Annie E. Casey Foundation Evidence2Success Initiative):

1. **Improving the use of existing State and local funding** – examine the current investments to determine those that are aligned with the use of evidence-based and promising practices that are achieving positive outcomes related to preventing youth violence and promoting positive development; redirect those investments that are not in alignment to higher priority services that are aligned; promote integration among these services; ensure that flexibility is provided to administering State and local government agencies to make the needed reallocations; ensure the "request for results" proposal solicitation processes are aligned with these goals

2. **Allocating State and local funding** – use the State and local government budgeting processes to examine new budget requests to ensure that they are aligned with the use of evidence-based and promising practices that are achieving positive outcomes related to preventing youth violence and promoting positive development; only consider those that are aligned for funding

3. **Maximizing federal funding** – maximize the use of entitlement programs, direct formula-driven and block grant funds; and pursue discretionary grant programs that support these goals

4. **Public-private partnerships** – pursue partnerships with key private foundations and businesses to fund integrated services that prevent violence, promote positive youth development, and address gaps for which public funds are not or cannot be available

A key strategy in the plan should be to continue to reexamine how resources could be reinvested from services provided in institutional settings to those in the community. The research shows that evidence-based and promising services provided at the recommended level of intensity with fidelity to the model in community settings have helped youth to achieve improved outcomes at lower cost per youth (Annie E. Casey Foundation Evidence2Success Initiative).

To illustrate this strategy, a review of funds conducted by the DSCYF in the early 1990s found that two-thirds of the agency's budget was being spent to serve youth in institutional settings. Over the past 20 years, the agency has shifted funds to expand its continuum of

community-based programs to be able to serve youth in more natural settings, i.e. home and community, using evidence-based and promising practices and achieve better outcomes at a lower cost per youth. In a similar effort, DHSS has downsized its 24-hour institutional facilities to rebalance its resources to provide higher quality services to adults in need in community-based services at a lower cost per person.

Conclusion

Next Steps

The Council envisions that this report will be a living document to be shaped further by engaging key stakeholders who would need to be involved in moving the recommendations to implementation. This would include the new executive leadership for the State of Delaware, City of Wilmington, and New Castle County governments as well as the leadership of the legislative branches. Since many of the recommendations are focused on integration of services and leveraging of resources, the New Castle County school districts and the nonprofit community, especially United Way of Delaware and community organizations that serve youth and their families; and the health care, business, and philanthropic communities would need be engaged. The Council would advocate for engaging youth and their families as well as the broader Wilmington community in gathering feedback and suggestions for consideration in implementation. Lastly, the Council recommends that it be continued or similar body be created to synthesize the recommendations and feedback into an action and resourcing plan for implementation, building on existing efforts, under the shared leadership of the State, City, and County governments.

Closing – Final Thoughts

The Council has devoted much of this report to recommendations for action in preventing youth violence and promoting positive development in the context of fostering more resilient families and communities. It has done this using a framework of increasing protective factors, reducing risk factors, and promoting the use of evidence-based and promising practices to improve youth outcomes in order to influence positive change and address gaps in practices, programs, policies, systems, and environments that impact youth. In addition, the Council has proposed strategies to be used to adequately resource the recommendations it has put forth. Lastly, it has laid out a plan for engaging the broader community in this important effort to save our youth.

In the closing section of this report, the Council focuses attention on the costs of not taking any action. The marketing slogan, "you can pay me now or you can pay me later," applies to the importance of investing the time and resources up front to prevent youth violence and promote positive development in lieu of paying the significant human and financial price of poor outcomes later.

The direct and indirect financial costs to the community of youth violence are significant but difficult to quantify. Some examples of direct costs include medical and mental health care, law enforcement and incarceration, and legal and social services while indirect costs take into account lost earnings, struggling schools, fear in communities, and declining property values. For example, each year, youth homicides and assault-related injuries result in an estimated $16 billion in combined medical and work loss costs. The costs associated with the criminal justice system continue to increase while the outcomes do not seem to improve, given the high recidivism rates

that exist.

Additionally, resources allocated to prevention work remain the same or decrease, stretched as far as they will go, and are not always invested in quality programs that demonstrate improved outcomes (CDC's National Center for Injury Prevention and Control, Division of Violence Prevention, *Preventing Youth Violence; Opportunities for Action*).

We must do better; we *can* do better; but we must act together. We must have processes in place to identify youth at the first sign of a detectable problem. We must reinvest in quality programs that work with youth as long as it takes to help them to get on the right track and stay on that track. We must support our families to create caring environments for their children in which their basic needs are met. We must strengthen our communities to become more resilient to the trauma that is a part of everyday life in our communities.

Now is the time to act to give our youth the chance and choice to grow up healthy and resilient, to get a quality education, to follow a pathway to a career, and to become contributing members of our community today and the empowered parents of tomorrow.

Acknowledgements

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Appendices

Appendix A

CDC Community Advisory Council

Champions

The Honorable Rita Landgraf
Cabinet Secretary, Delaware Department of Health and Human Services

The Honorable Dennis P. Williams
Mayor, City of Wilmington

The Honorable Hanifa Shabazz
Councilwoman, Wilmington City Council

The Honorable Theopolis Gregory
President, Wilmington City Council

Members

Henry Smith III, Ph.D.
Deputy Cabinet Secretary, Delaware Department of Health and Social Services
Co-Chair

Darryl Chambers, Research Assistant, University of Delaware
Co-Chair

Raye Jones Avery
CEO, Christina Cultural Arts Center

Ashley Biden
Executive Director, Delaware Center for Justice

Vilicia Cade, Ed.D.
Senior Director of Secondary Education, Christina School District

David Chen, M.D.
Physician, Christiana Care Health System

The Honorable Nnamdi Chukwuocha
Councilman, Wilmington City Council

Norwood Coleman, Jr.
Social Worker/Behavioral Health Consultant

Susan Cycyk
Division Director, Prevention and Behavioral Health, Delaware Department of Services for Children, Youth, and Their Families

Nancy Dietz
Division Director, Youth Rehabilitative Services, Delaware Department of Services for Children, Youth, and Their Families

Chris Fullman
Founder, Renaissance Arts and Media Group

Dorrell Green
Assistant Superintendent, Brandywine School District

Coley Harris
Coordinator, Youth Employment Program, Parkway Academy

Tonya Hocker
St. Francis Health Care

Dwight Holden
Workforce Development Coordinator, City of Wilmington

Tyrone Jones
Chief Impact Officer, United Way of Delaware

Teri Lawler
School Psychologist, Red Clay School District

Rachel Livingston
Minister and Social Justice Advocate

Sandra Medinilla, M.D.
Medical Director, Violence Prevention, Christiana Care Health System

Donald Morton, Ph.D.
Pastor and Executive Director, Complexities of Color

Yasser Arafat Payne, Ph.D.
Associate Professor, University of Delaware

A. J. Roop
Deputy Attorney General, Delaware Department of Justice

Marlene Saunders, DSW
Social Worker; Former Executive Director, NASW, Delaware Chapter

Iman Sharif, M.D.
Chief, Division of General Pediatrics, Nemours /Alfred I. duPont Hospital for Children

Paul Silverman, Ph.D.
Associate Deputy Director, Delaware Division of Public Health

Charles Singleton
Operations Officer, Coalition to Dismantle the New Jim Crow

Matt Swanson
Executive Chairman, Innovative Schools; Chairman, Delaware Center for Health Innovation

Sherrie Tull
Commander, Criminal Investigation Division, Wilmington Police Department

Steve Villanueva
Vice President, Technology, Latin American Community Center

Daphne Warner
Director, Office of Prevention and Early Intervention, Delaware Department of Services for Children, Youth, and Their Families

Corey Wright
Delaware Center for Justice

Gwendoline B. Angalet, Ph.D.
Staff to the Council

Appendix B

Literature Review

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   https://www.childwelfare.gov/pubPDFs/in_risk.pdf - page=2&view=Lessons from the research literature.

5. **Prevention Works! Prevention Handbook**
   http://docplayer.net/3131650-Csap-npn-prevention-handbook.htm.

6. **Best Practices in Wraparound**
   https://childrenandfamilies.ku.edu/sites/childrenandfamilies.drupal.ku.edu/files/docs/best%20practices%20in%20wraparound.pdf.

7. **Patient – and Family – Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems**
   http://pediatrics.aappublications.org/content/pediatrics/133/5/e1451.full.pdf

8. **Exploring the Meso-System: The Roles of Community, Family, and Peers in Adolescent Delinquency and Positive Youth Development**
   Youth and Society, 2016, Vol. 48(3) 318–343,

9. **Community Engagement Matters More Than Ever**
   Stanford Social Innovation Review
   http://ssir.org/articles/entry/community_engagement_matters_now_more_than_ever.

10. **Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments**
    http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

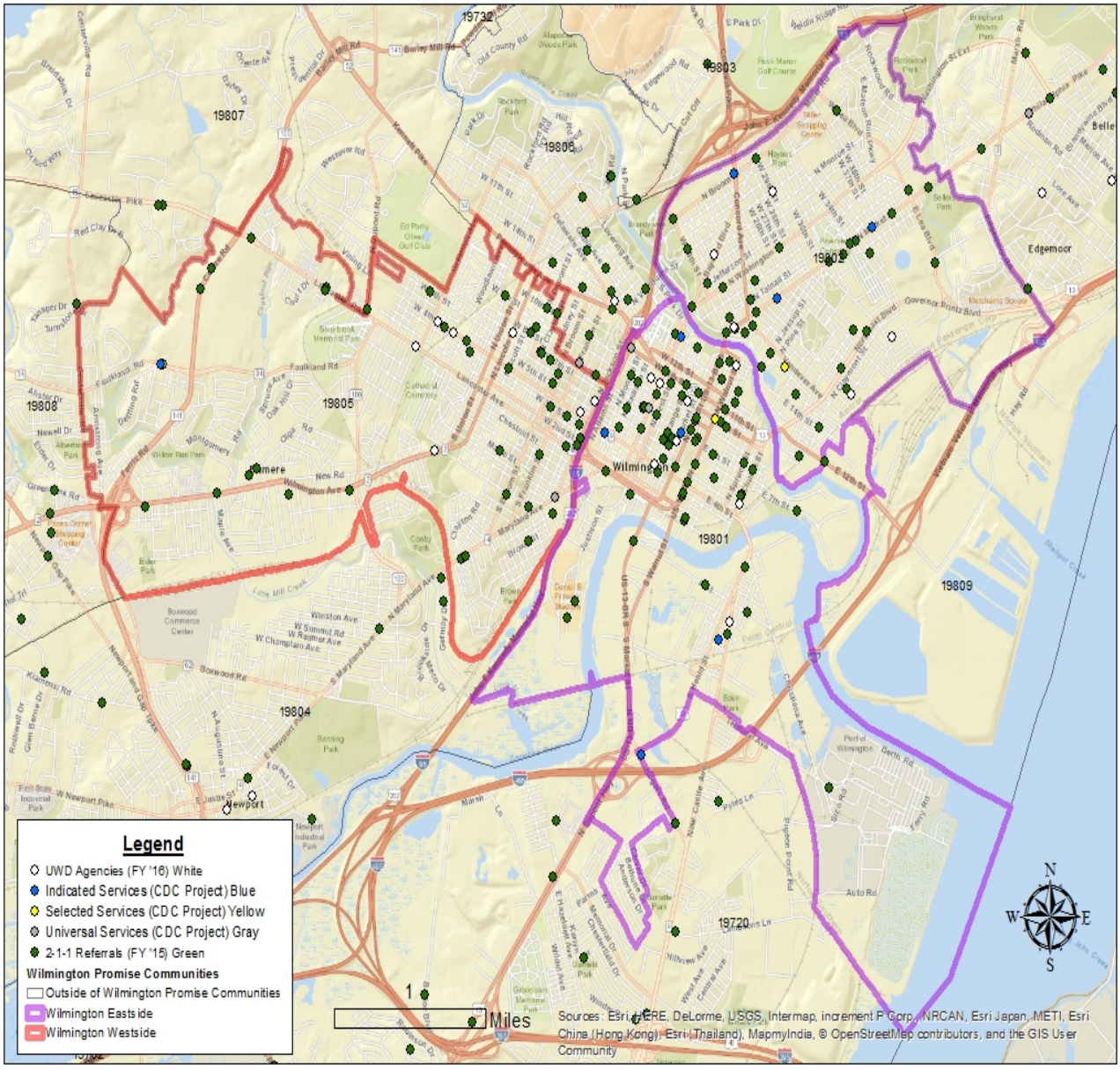
11. **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**
    https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

12. **Adverse Community Experiences and Resilience**
    http://www.preventioninstitute.org/component/jlibrary/article/id-372/127.html
    Presentation by Dr. Howard Pinderhughes and Sheila Savannah on the framework,
    http://preventioninstitute.org/images/stories/Documents/Adverse_Community_Experiences_and_Resilience_Webinar_4.18.16.pdf

13. **Strategic Financing Toolkit for Tested, Effective Programs**
    http://www.aecf.org/m/resourcedoc/AECF-Strategic-Financing-Toolkit-2016.pdf.

Appendix C

Programs and Services in High Need Communities of the City of Wilmington (Source: United Way of Delaware)



Appendix D

Violence Prevention Programs
for All Youth Living in High-Need Communities
Effort-Effect Analysis

Agency/Program	How many youth were enrolled over the last year? (Input-Quantity)	Which evidence-based models served as the framework? (Effort- Quality)	How many youth successfully completed the program (Output-Quantity)	What outcomes did the youth achieve? (Quality – Effect)
West End Neighborhood House/After School and Summer Prevention Program	600	Uses All Stars		Increased knowledge of risks associated with tobacco, drug and alcohol abuse; increased participation in prevention activities by youth and their parents
Youth Empowerment Program/ Phoenix Gang Prevention Program	150	Uses the Phoenix Gang Prevention model		Reduced problem behaviors, increased pro-social skills
DPBH/Behavioral Health Consultation Program	17 Middle Schools 480 youth received clinical services by a BHC 12964 non-clinical consultations Services include risk assessment, transitional services, behavioral plans, and resource connections to reduce family stress	Uses Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy, Multi-systemic Therapy, IM 40 Developmental Assets; Psych-Social Assemblies on trauma exposure, BH Works, GAINS II, UCLA Short	1148 screenings and discharged 2881 received additional counseling and community behavioral health supports	Through screening tools, clinical services were needed for the following: 128 aggression or negative conduct 76 depression 68 anxiety 61 family stressors 51 interpersonal problems, bullying, peer conflict
Clarence Fraim Boys and Girls Club/Smart Moves, Career Launch, Academic Tutoring and Mentoring		Uses Smart Moves		Increased knowledge of risks associated with tobacco, drug and alcohol abuse, teen pregnancy, STDs; increased participation in prevention activities by youth
Children and Families	750	Uses Strengthening		Increased family strengths

First/ Strengthening Families Program		Families Program curriculum		and resiliency, reduced problem behaviors of children/youth; increased protective factors of improved family relationships and parenting skills; improved social and life's skills of youth
Children and Families First/Community Schools	2400 students at five elementary schools and Bayard Middle	Uses the Community School model, Girls Circle, IM 40 Developmental Assets, Peer Coaches/Community Connectors	2015 – Eastside Community Schools (Bancroft, Stubbs, and Elbert Palmer – Served 3,804 unduplicated students, families and community members; 1015 of this number attended at least 3 events or student received 1 service 2015 - Red Clay CS (Warner and Shortlidge) - had 5,000 contacts with students, families, and community members; reached 187 parents and community members with enrichment and other services through events (unduplicated count); 2016 Jan-June – had 1,531student contacts, 561 family contacts, 642 community member contacts (duplicated count)	ECS - Evaluation result for 2011 to 2015 – Slight increase in school attendance, 90% to 95%; decrease in chronic absences from 16% to 2%; majority of students not experiencing in or out of school suspensions – 7% for ECS students for whom they had consent compared to overall school rate of 20%
H. Fletcher Brown Boys and Girls Club		Uses Smart Moves and Smart Girls		Students feel safe and cared for, volunteer in the community, increased knowledge of drug abuse and violence prevention, and making good choices

Peter Spencer Family Life Foundation/ Freedom School and Too Good for Drugs	105	Uses Too Good from the Mendez Foundation		Students maintained or improved their reading level over the summer
Latin American Community Center/Health Disparities	120	Prime for Life		Reduced substance abuse and increased low-risk choices
Police Athletic League of Wilmington	72	Life SAVERS Program focuses on cyber bullying, suicide prevention education, violence prevention. All youth participated in Lifelines and Second Step suicide and violence prevention programs. The program also provides homework support, healthy snacks fitness activities, art and cooking classes.	51 completed the program 14 dropped out due to sports and other programs or outside obligations.	Pre and Post- test were administered. Youth were uncomfortable responding to the test. Results are not conclusive. Youth are more interested in fun activities and struggled to remain focused on the curriculum portions of the program.
Hill Top Community Center	Total 336 youth enrolled. 3pm to 9pm Monday through Friday for reading supports and extracurricular activities. Beauty Camp and Cosmetology, Jr. NBA Basketball League. They provide Boys to Men and Sisterly Love for youth empowerment community based programs. Reading and tutoring	IM40 Developmental Assets	Open ended universal programs	All youth are engaged in reading and additional academic supports before they participate in extracurricular activities. They are in a safe location and are engaged in constrictive activities.

Jobs for Delaware Graduates	3,698 of Delaware's vulnerable youth were served, 801 from City; provided leadership development, self-development, career exploration, life skills, job search and job survival skills; graduates received placement and follow-up services, including transition assistance to post-secondary education, advanced training, military, and/or employment	JDG is an affiliate of Jobs for America's Graduates (JAG). JAG is a result of JDG and the model has been replicated in 32 states. The JAG Network has consistently delivered compelling results helping over one million youth stay in school through graduation, pursue post-secondary education and/or secure entry-level jobs leading to career advancement.	96% of JDG's "100% at risk of dropping out" population remained in school. 83% of 9th through 11th graders advanced to the next grade in school and 93% of the seniors graduated.	Success is measured by retaining the students in school to complete their respective grades and advance to the next grade or graduate; completing the JDG curriculum; participating in the youth organization, Delaware Career Association (DCA); and participation in summer employment, volunteer work or educational activities. Students "gave back" over 8,328 hours to Delaware through Community Service Projects; valued at $177,960 by the Independent Sector. 63% of 9-11th graders involved in a summer experience. 65% of the June 2016 graduates employed, in college or advanced training or a combination of by 9/30/16.

Appendix E

Violence Prevention Programs for Moderate- to High-Risk Youth Effort-Effect Analysis

Agency	How many youth were enrolled over the last year? (Input-Quantity)	Which evidence-based models serviced as the framework? (Effort-Quality)	How many youth successfully completed the program (Output-Quantity)	What outcomes did the youth achieve? (Effect – Quality)
Cease Violence	32+ youth enrolled 15+ youth through Christiana Care	Based on Cure Violence model established in Chicago	6 completed the program	Youth are back in school or working and living a healthy lifestyle
Children and Family First – Functional Family Therapy	230 youth enrolled with their families	Is an evidence-based program; also uses Family Keys to keep teens out of foster care (DFS Program called FAIR)	71% completed the program	75% adolescents/parents report improved relationships (77% teens; 74% parents) At intake 58% rated themselves as severe; of these 72% were no longer severe at discharge
Christiana Care/Alliance for Adolescent Pregnancy Prevention	Service provided – 632 (Making Proud Choices! – 224; Be Proud! Be Responsible! – 186; Wise Guy – 222) (MPC – 23 groups provided, 19 in City of Wilmington; BPBR – 25 groups provided, 13 in City of Wilmington; Wise Guys – 32 groups provided, 11 in the City of Wilmington)	MPC and BPBR - evidence based Wise Guys – promising practice by CDC Groups are facilitated by trained Christiana Care educators; each educators required to attend a three-day training Educators are evaluated regularly to ensure fidelity is being maintained Educators in the Wise Guys program provide feedback to authors to assist with continued curriculum development	560 completed the program successfully (MPC – 203 or 90% completion; BPBR – 154 or 83% completion; Wise Guys – 204 or 92% completion)	Increased access to reproductive health education and connections to service through educators Increased reproductive health knowledge/awareness Potential stronger communication skills around their reproductive health/behaviors/choices Safe space to discuss reproductive health issues with trained professional Safe space to interact with peers in a non-judgmental environment Connection to additional resources such as School Based Health Center, Planned Parenthood DE, ARC

Christina Cultural Arts Center/ Heart Under the Hoodie Youth Violence Prevention Program	Enrolled – 125 75 schools 10-14 year olds 4 days per week; free; more structure at CCAC Sites: CCAC, Reeds Performing Arts, Bancroft, Stubbs, Kuumba (2015-2016), adding Prestige Academy	Adapted Urban Improv Boston; adapted Oakland Services Yoga; Arts; Conflict Emotional Literacy – Power Service; Family Engagement/Referral	95% completion 70% develop positive identity; 85% self report an increase in internal and external protective assets; 70% demonstrate increased enthusiasm for school learning in and out of school; 70% develop emotional/social competency via expression	Long-term Outcomes 80% youth utilize principle tools of yoga outside of class to gain self-control 75% of youth develop and demonstrate sound decision-making skills reducing incidences of unwanted behavior 75% of youth indicated a stronger attachment and commitment to family, school, neighborhood 65% of youth, parents, and adults build awareness of and take action surrounding social problems resulting in violence within homes, schools, and neighborhoods
Duffy's Hope/Ambassadors Program	340 enrolled	Phoenix Curriculum		

Violence Prevention Programs for High-Risk Youth
Effort-Effect Analysis

Agency	How many youth were enrolled over the last year? (Input-Quantity)	Which evidence-based models serviced as the framework? (Effort-Quality)	How many youth successfully completed the program (Output-Quantity)	What outcomes did the youth achieve? (Effect – Quality)
YMCA/Back on Track	Total youth assigned-338 Average age – 14-17 years Low level offenders – No Probation Officer	1) Intake with families 2) Four Life Skill classes (Listen to Self) 3) Community Service Project 4) Prior to classes - Case Manager introduction 5) During classes if needed – visits 6) Follow up visits 7) Contacted with other agencies that are needed	294 successful 61 Administrative Pulls 44 UN with program Difficulty with parent follow through	1) Youth one year memberships with the YMCA 2) Placed with other programs afterwards: Black Achievers Youth in Government 3) Work Readiness 4) Youth coming back to let us know how they are doing 5) Parents want other youth in family to participate
Vision Quest	608 youth (7/1/15 to 6/30/16) Pre-Trial – 220 (64 Wilm.) Umbrella – 273 (101 Wilm.) FFT – 115 (33 Wilm.) Moderate to high risk youth – Probation Officer provides case management	Family Functional Therapy (FFT) Aggression Replacement Therapy Cognitive Behavioral Therapy Street Smart Sanctuary Girls Self-Esteem Casey Life Skills Community Service Accountability Pre-Trial	82% successfully completed services Average Length of Service – 3 months	1) Ohio Scales measures Problem severity (65%) Hopefulness (57%) Satisfaction (92 %) Functioning (61%) 2) Standard Program Evaluation Protocol (SPEP) Scores Scored three times since 2013; showed service score primarily improving over each round
Wraparound Delaware	375 youth (7/1/15 to 6/30/16)	Based on PACT assessment (low/moderate risk) Case management in lieu of Probation Officer Follow the	271 or 77% successful 191 youth completed LLS 5 Truancy 74 Civil Citation 3 Mental Health	Completion of Court-ordered conditions Connected to community resource

		Wraparound principles and trauma informed care	Court Average Length of Service – 4-6 months	
Youth Advocate Program	19 youth High risk youth with gun charges; 10-15 hours per week per youth; 12 at one time	Promising Practice – Casey Foundation and OJJDP; draws from the research base of wraparound, family support, mentoring, positive youth development, restorative justice	8 youth Family environment not always supportive	Living safely in the community Connection to education Successfully completing probation Connection to community outreach
Delaware Center for Justice/ Student Warriors Against Gangs and Guns (SWAGG) – Community Case Management Component from 4/2014 to 4/2015	23 youth received case management after release	Phoenix/New Freedom 100 Curriculum	23 youth	Low recidivism rate – 16%

Appendix F

Programs, Services, and Schools in Relationship to "Hot Spot" Areas in the City of Wilmington (As of June 2016)

(Source: United Way of Delaware)