CURE VIOLENCE
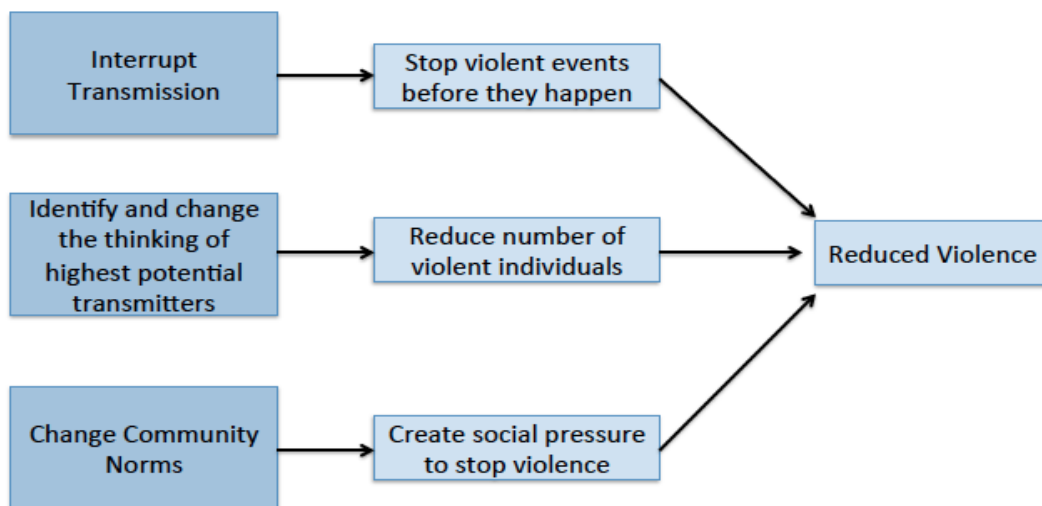**JACKSONVILLE ASSESSMENT REPORT**
4/03/19

Section 1: Overview of the Cure Violence Model

For more than 15 years, Cure Violence has successfully worked to reduce violence in some of the most violent communities in the United States and around the world, advancing a new health paradigm on violence and a scientific approach to preventing it. This approach is grounded in an understanding that violence exhibits hallmarks of an infectious disease. It behaves with a contagious nature; it is acquired and biologically processed, perpetuated through social norms and peer reinforcement, and can be prevented using disease control methodology.

Like an epidemic disease, violence clusters and spreads geographically (Slutkin, 2013; Zeoli, Pizarro, Grady, & Melde, 2012). Many types of violence are transmitted between individuals, including child abuse (Widom, 1999), community violence (Bingenheimer, 2005; Spano, Rivera, & Bolland, 2010), intimate partner violence (Ehrensaft, Cohen, & Brown, 2003), and suicide (Gould & Kramer, 2001; Gould & Lake, 2013). Furthermore, violence can transmute -- exposure to one form of violence increases not only the likelihood of engaging in that type of violence, but others as well. For instance, exposure to community violence has been shown to increase one's risk of perpetrating domestic violence (Abramsky, et al., 2011) and exposure to war violence one's risk of engaging in community violence (MacManus, et al., 2013). Research further demonstrates a transactional relationship between suicide and other forms of violence, with a history of violence increasing one's risk of suicide and a history of suicidality increasing the propensity for engaging in other types of violence (Van Dulmen et al., 2013).

The Cure Violence model is based on the World Health Organization's epidemic control approach for stopping the spread of infectious diseases such as AIDS, cholera, and tuberculosis. The model advances a prevention methodology to identify and detect violent events; interrupt, intervene and reduce risk of their occurrence; and change the behaviors and norms that perpetuate violence.

Cure Violence Theory of Change

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┌─────────────────┐        ┌─────────────────────┐
│   Interrupt     │───────▶│ Stop violent events │
│  Transmission   │        │  before they happen │
└─────────────────┘        └─────────────────────┘
                                                    ╲
┌─────────────────┐        ┌─────────────────────┐  ╲
│ Identify and    │        │                     │   ╲  ┌──────────────────┐
│ change the      │───────▶│  Reduce number of   │──────▶│ Reduced Violence │
│ thinking of     │        │ violent individuals │   ╱  └──────────────────┘
│ highest         │        │                     │  ╱
│ potential       │        └─────────────────────┘ ╱
│ transmitters    │                                ╱
└─────────────────┘                               ╱
                                                  ╱
┌─────────────────┐        ┌─────────────────────┐
│ Change          │───────▶│ Create social       │
│ Community Norms │        │ pressure to stop    │
│                 │        │ violence            │
└─────────────────┘        └─────────────────────┘
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This method begins with epidemiological analysis of the clusters involved and transmission dynamics, and uses several new categories of paraprofessional health workers to interrupt transmission to stop the spread and to change norms around the use of violence. Central to this approach is the use of workers viewed as trustworthy and credible by the population being served. This is best accomplished by hiring workers who are from the same community and have had similar life experiences (i.e., community health workers). Workers are trained as disease control workers, similar to tuberculosis workers, and receive extensive training in methods of mediation, behavior change, and norm change.

Cure Violence has extensive experience bringing its health-based violence prevention model to scale in Chicago and working with implementation partners to bring the model to scale in other cities. The model is currently being implemented in more than 50 sites in 25 cities in 10 countries (currently, Mexico, Honduras, El Salvador, Colombia, Argentina, Trinidad and Tobago, South Africa, Canada, Syria, the West Bank, and the United States). While many cities have multiple program sites, the largest scaling of the model to date has occurred in New York, which began as one program site in Brooklyn and has now expanded to more than 30 Cure Violence program sites in nine cities throughout the state. This expansion was made possible in part through the success of the initial seed program, which was found to be high effective at reducing violence in an independent evaluation. The evaluation's findings provided policymakers with the evidence needed to support the program, which now receives more than $20 million in annual funding from state and local governments.

For a number of reasons, model adaptation is eminently scalable. As it has evolved, the Cure Violence approach to model adaptation and diffusion lends itself to replication and scalability. Because Cure Violence has developed an approach rather than a program, per se, and does not

typically implement the model directly, it develops extensive training materials and protocols to guide each implementation and adaptation and has a robust training and technical assistance initiative to oversee model implementation nationally. Cure Violence's replication approach calls for the identification of and collaboration with local partner organizations that have the capacity, credibility, and desire to operate a local program, with Cure Violence providing start-up training, ongoing technical assistance, a peer learning network, and process evaluation to ensure fidelity to the approach.

As noted, the Cure Violence model is derived from epidemiological disease control methods. Three main strategies are used in reversing infectious epidemic processes: (1) detecting and interrupting ongoing and potentially new infectious events; (2) determining who are most likely to cause further infectious events from the infected population and then reducing their likelihood of developing disease and/or subsequently transmitting; and (3) changing the underlying social and behavioral norms, or environmental conditions, that directly relate to the spread of the infection (Nelson and Williams, 2007; Heymann, 2008).

The Cure Violence method begins by examining the clusters involved and transmission dynamics, and uses several new types of disease control workers -- including violence interrupters and outreach behavior change agents -- to interrupt transmission (or the contagion), to stop the spread of the violence disease, and to change underlying norms. Workers are trained similarly to tuberculosis or HIV/AIDS workers to help find cases and ensure that persons are sufficiently rendered noninfectious (albeit in the case of tuberculosis through the use of antimicrobial agents) (Slutkin, et al., 2006). However, tuberculosis outreach workers also require the use of persuasion (e.g., for taking medications) to ensure that effective change is occurring. Cure Violence disease control workers are trained in modern methods of persuasion, behavior change, and community norm change — all of which are essential for limiting the spread of outbreaks of violence. The principles underpinning the approach derive from current knowledge of social psychology and brain research, just as the principles for controlling other infectious diseases stem from understanding their underlying mechanisms and patterns of flow.

One of these principles involves employing persons from the same "in-group" as change agents, which reduces defiance and engenders trust, credibility, and access. A number of cognitive processes are sensitive to group membership and for assessing "us" or "them" (Mathur, Harada, Lipke, & Chiao, 2010; Bruneau, Dufour, & Saxe, 2012), and determining whether someone is working in your own interest or not. Behavior change is enhanced through the use of credible messengers, as well as ensuring that the new behaviors are acceptable, doable (i.e., potential barriers to engaging in the behaviors are mitigated), and feel right socially. Messages need to be constructed to include new information about the behavior and new skills to be practiced and to trigger positive rather than negative reactions from peers.

Changing norms is done most effectively by bringing some of these practices to scale, and by questioning existing norms and proscribing new norms at population levels. As thoughts, behavioral scripts, and norms are transmissible, new scripts and norms are developed and a

new set of behaviors becomes the norm. Interruption is essential; however, brain processes, including preexisting emotional dysregulation as well as continued peer pressures to belong, remain problems if unattended to or untreated.

In community violence implementation sites, trained health workers called violence interrupters and outreach workers (in some adaptation these positions are combined) prevent violence by identifying and mediating potentially lethal conflicts in the community (violence detection and interruption), and following up to ensure that the conflict does not reignite. Whenever a shooting happens, trained workers immediately mobilize in the community and at the hospital to cool down emotions and prevent retaliations – working with the victims, friends and family of the victim, and anyone else connected with the event. Workers also identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and use mediation techniques to resolve them peacefully. Workers follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

Outreach Workers also work intensively with a caseload (15 - 20) of the highest risk individuals to decrease the use of violence (behavior change of highest risk) by establishing contact, meeting them where they are at, developing trusting relationships, talking to them about the consequences of engaging in violence, teaching alternative responses to violence triggers, and helping them to obtain the social services and community resources they need such as job training, employment, and drug treatment, to shift their violent trajectory.

Finally, workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and at-risk individuals, promulgating the message that violence should not be viewed as normal but as a behavior that can be changed (norm change). Whenever a shooting occurs, workers organize a public response during which dozens of community members voice their objection to the shooting. Workers also coordinate with existing and establish new block clubs, tenant councils, and neighborhood associations to build social cohesion and promote community safety. And, they distribute materials and host events to convey the message that violence is not acceptable.

The Cure Violence model has undergone 11 independent evaluations to date, all of which have reported statistically significant reductions in violence. A John Jay College of Criminal Justice evaluation of two New York City neighborhoods operating Cure Violence programs from 2014 to 2016 found steeper declines in acts of gun violence and increases in the expression of pro-social norms compared with similar neighborhoods not operating Cure Violence programs. The study found reductions across all measures, including a 63% reduction in shootings in one community, a 50% reduction in gunshot wounds in the other, less support for the use of violence, and greater confidence in police. An evaluation in three Philadelphia Police Service Areas found that the Cure Violence program was associated with a 30% reduction in the rate of shootings. A 2014 evaluation of two Chicago Cure Violence program neighborhoods showed a 31% reduction in homicides and a 19% reduction in shootings in targeted districts. A 2009 Northwestern University evaluation found that the model was associated with 16-34%

reductions in shootings and 46-100% reductions in retaliatory homicides. A 2012 Johns Hopkins University evaluation found that Safe Streets, Cure Violence's partner in Baltimore, reduced killings up to 56%, and shootings up to 44%. In a study which will be released by Arizona State University in 2018, the adaptation of the Cure Violence model in East Port of Spain, Trinidad found "Based on a series of quasi-experimental designs using three independent data sets maintained and updated by different entities…found that the Cure Violence intervention was associated with significant and substantial reductions in violence."

Section 2: Assessment

This report seeks to describe the feasibility of implementing the CV model in Jacksonville. The CV model can only be adapted to the context of Jacksonville if local institutional and individual capacities exist to implement its three main components. To evaluate the local capacities, an assessment visit was performed during the time period of February 18th February 21 2019 to answer the following questions: (1) Is there a governmental or non-governmental agency with the capacity and will to implement the CV model with fidelity? (2) Does official and unofficial data exist about violent incidents to focus, monitor, and measure the implementation of the model? (3) Does official and unofficial data exist about the nature of violent incidents to determine if the CV model is appropriate? (4) Does official and unofficial data exist to create criteria to identify a high risk target population for focusing implementation of the model? (5) Do community organizations exist who fit the CV criteria to serve as partners to implement the model? (6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?

To complete the feasibility study CV team members met with Mayor Lenny Curry, State Attorney Melissa Nelson, Sheriff Mike Williams, and their key staff; met with community based organizations including Northwest Jacksonville Community Development Corporation, Noah's Arc Project, Families of Slain Children Inc. among others; facilitated a service provider workshop on the CV model; facilitated two community workshops of the CV approach; reviewed official data sets; participated in a meeting with faith leaders from across the city; participated in community drive through some of the most violent areas of Jacksonville with community members from those areas; and conducted informal interviews with community members who could potentially serve as violence interrupters and outreach workers; and participated in a custom notification with Assistant Chief T.K. Waters of the Jacksonville Sheriff's Office and Dr Garland Scott. The agenda of the assessment visit, compiled and coordinated by Damian Cook from the Office of Grant and Contract Compliance, is included in the Appendix of this report.

Section 3: Governmental Oversight

The question of "(1) Is there a governmental or non-governmental agency with the capacity and will to implement the CV model with fidelity?" is perhaps the most critical issue which needs to be addressed in determine the feasibility of implementing the CV model. During the assessment

it was immediately clear that the Mayor's Office, State's Attorney, and Sheriff's Department possessed both the capacity and will to implement the CV as part of the larger violence prevention strategy in Jacksonville. It was in fact the first time in the history of CV assessment visits that those three major institutions were aligned in such a manner to consider the implementation of the approach. It was evident during the course of the assessment visit the deep ties to various key stakeholders and sense of collaboration at city level to address the issue of violence. CV strongly believes there is an unpresented opportunity under the oversight and collaboration of these institutions to have a major impact on the issue of violence in Jacksonville.


Section 4: Data and Scope of Violence

With regards to the second question to determine the feasibility of implementing the Cure Violence model "(2) Does official and unofficial data exist about violent incidents to focus, monitor, and measure the implementation of the model?" the CV team determined that excellent official data sets do exist regarding violent incidents and are already being used strategically being used to guide policy decisions in Jacksonville. They are more than sufficient to focus and monitor the implementation of the Cure Violence model in Jacksonville. Specifically to implement the CV model, the program will require access to data which allows the team to (1) understanding the city's overall homicide rate to contextualize the violence level, (2) the identification of chronic "hot spots" where violent incidents have persisted for multiple years to serve as target areas, (3) the means used to commit violence to create interruption strategies, and (4) determining when violent events are likely to take place (day, week, month and year) to ensure programmatic coverage.

The CV team was able to meet with the Crime Analysis Unite, JSO to understand the existing data systems and analysis capabilities currently in place in Jacksonville. CV was additionally provided samples of dashboards currently used by city to track violence incidents. They included specific indicators which will be critical for program implementation including frequency by city block, location of incident, timeline of crimes, exact location, yearly trend, and Neighborhood risk index track and council rankings (based on crime rate, violence crime, and juvenile crime/felony).

For example, the data that has been reviewed with CV clearly demonstrates where the location of chronic hot spots where violent incidents have persisted for multiple years to serve as target areas. One data set reviewed with CV was the "Analysis of Crime and Zip Codes" prepared by NLP Logix for the City of Jacksonville. It is clear from the report and through conversations with law enforcement that there are areas within Jacksonville which have historic and current elevated levels of violence compared to the rest of the city.
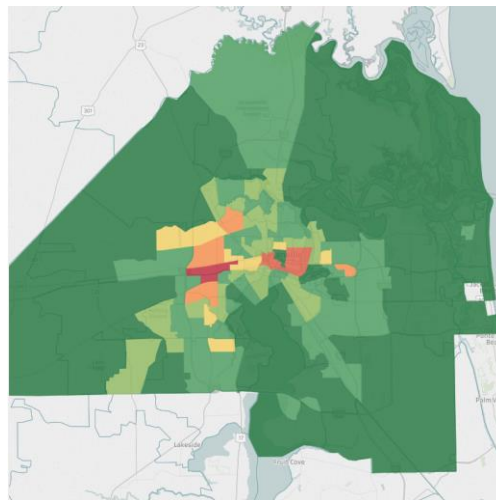
Map of Jacksonville by Zone
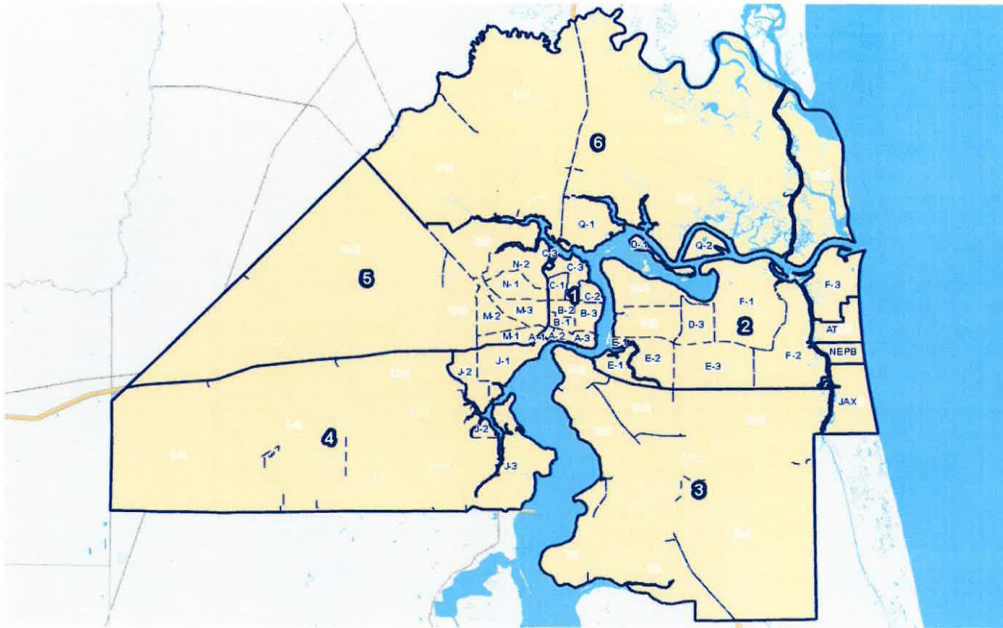
According to "Analysis of Crime and Zip Codes" of the top 10 zip codes for crime, including number of incidents, arrests, violent incidents, violent incidents per capita, priority violent incidents for 2015-2016, over six of the ten top zip codes were in Zone 5 and Zone 1. Violent crime by census track again demonstrates areas with a chronic hot spots with high number of violent crimes per 1000 population. Additionally, murder by census track finds Zone 5 and 1 having the areas of hot spots with the highest rate per 1000 population. According to the report, the conclusion section the top 10 ZIP codes were unchanged from the previous analysis period.
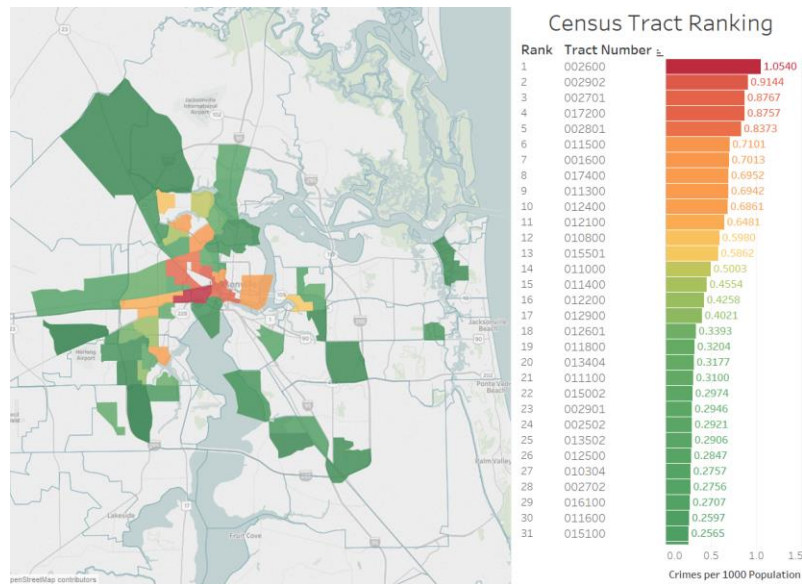
Top 10 ZIP Codes for Crime 2015-2016
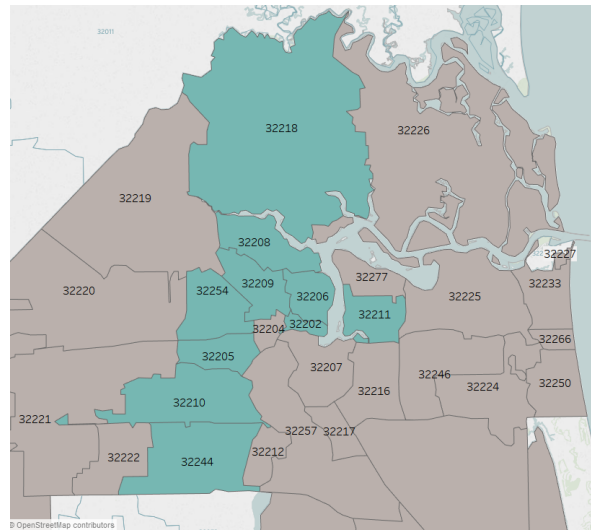
Violent Crime by Census Tract per 1000 population

Crimes per 1000 Population

0.24 ▮▮▮▮▮▮▮ 81.01

Murder by Census Tract per 1000 population

Census Tract Ranking

Rank	Tract Number	Crimes per 1000 Population
1	002600	1.0540
2	002902	0.9144
3	002701	0.8767
4	017200	0.8757
5	002801	0.8373
6	011500	0.7101
7	001600	0.7013
8	017400	0.6952
9	011300	0.6942
10	012400	0.6861
11	012100	0.6481
12	010800	0.5980
13	015501	0.5862
14	011000	0.5003
15	011400	0.4554
16	012200	0.4258
17	012900	0.4021
18	012601	0.3393
19	011800	0.3204
20	013404	0.3177
21	011100	0.3100
22	015002	0.2974
23	002901	0.2946
24	002502	0.2921
25	013502	0.2906
26	012500	0.2847
27	010304	0.2757
28	002702	0.2756
29	016100	0.2707
30	011600	0.2597
31	015100	0.2565

This example of the "Chronic hot spots," clearly demonstrates that the city of Jacksonville has excellent data sets about violent incidents to focus, monitor, and measure the implementation of the model. For the hot spot analysis as well as other conversations with key stakeholders from law enforcement there are clear areas which can serve as target areas for the implementation of the CV model. The initial recommendation of this assessment based on the finds that Zone 5 and Zone 1 appear to have significant and chronic hot spots which can serve as the first set of target areas if the program is to be implemented in Jacksonville.

Section 5: High Risk Target Population

Data to Create Criteria for Target Population

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

- Gang/group/clique/crew/etc. Involvement: Participant is thought to be a member of a group known to be actively involved in violence
- Key Role in Gang/group/clique/crew/etc.: Participant is thought to have a key role in group known to be involved in violence
- Prior Criminal History: including crimes against persons, pending or prior arrest for weapons offenses
- High-risk Street Activity: Participant is involved in street activity highly associated with violence

- Victim of violence: Participant has been shot or stabbed within the last 90 days
- Proximity to violence: Someone close to participant (family member, friend, or /group/clique/crew/etc. member) was a recent victim of violence
- Between the ages of 14 and 25 years
- Recently released from prison; underlying offense was a violent crime
- Weapons carrier

As stated above, the CV team was able to determine that official and unofficial data does exist to identify a target population for focusing the implementation of the model. There are a few specific details that will still need to be reviewed in terms of age, but CV is extremely confident that all data sets that are currently being used in Jacksonville will be able to clarify the exact age range of individuals of highest risk of being a perpetrator or victim of gun violence.

Section 6: Community-level Implementation Partners

Implementation of the CV model at the community level requires identification of community-based organizations capable of providing oversight of the day to day program operations.

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

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

During the assessment visit CV met with a number of potential community based organizations who potentially could serve as the implementing partners. The two this report recommends are based on the criteria above and their location in the area where the program will likely begin- the Northwest Jacksonville Community Development Corporation (NWJCDC) and the Noah's Arc Project.
The CV team had multiple meetings with Paul Tutwiler the Executive Director of NWJCDC. The organization's office is directly located within the one of the potential target area in the North West part of Jacksonville in Zone 5. Although this NWJCDC's mission hasn't historically addressed violence prevention, they have strong ties to the community. The organization's work in community development which has garnered a great deal of credibility with the community it serves. NWJCDC was founded in June 2001. In 2004 NWJCDC sold its first home,

beginning a track record of addressing neighborhood improvement, which in turn also aided to organic crime reduction by improving the quality of housing stock, leading community engagement activities, and infusing commercial and retail services into the area. To date the organization has built and sold 72 homes and inspired an additional 122 homes to be built by others within a half mile radius of its main office. Every year NWJCDC partners with local youth centered organizations to help underserved youth return back to school, with the resources needed to be successful.

CV believes that Mr. Paul Tutwiler of NWJCDC has the relationships and credibility to help with the recruitment of the potential workers. He is not alone in his organization and has others on staff that also can help in this process.

NWJCDC also has the ability to hire and work with people who have criminal histories and come from the various groups in the target area. The organization also seems to have a genuine passion to making the neighborhood safer and a better living experience. Implementing the Cure Violence model will complement tremendously what NWJCDC is already doing. This organization appears to have the ability to manage the fiscal requirements of implementing the CV model and has a solid relationship with the City of Jacksonville in its fiscal endeavors.

The CV team also met with representatives from the Noah's Arc Project (NAP) who also appear to meet the criteria to serve as a community based organization. NAP work focuses on young adults between the ages of 19-24 that do not have community support due to their involvement with certain groups, behaviors and ambivalence. Their work seeks to address the young adults is in need of redirection concerning personal value, positive and productive relationships, employment etiquette and commitment, life management skills and are in need of the opportunity to make a drastic life change. NAP partners with many agencies within the Jacksonville area i.e. Jacksonville Housing authority, Kids Hope Alliance, City of Jacksonville, Northeast FL Career Source Housing etc. to assist in securing resources for their beneficiaries. NAP also intends on providing housing for some of their beneficiaries for a 90 day period.

The only challenges the CV team identified with NAP is to ensure that there is a clear line of separation between the implementation CV program and the custom notifications and calls ins associated with NAP. For the CV approach to be successful it must not be perceived as a law enforcement initiative.

Section 7: Violence Interrupters & Outreach Workers

During the assessment visit, the CV team met with individuals who could potentially fulfill the roles of Violence Interrupter and Outreach Worker. The experience of CV has shown that the best "change agents" for interrupting violence have in many cases lived the same type of life as those who are being affected by violence and are connected to the community where the initiative is being implemented. Their main roles are to identify and detect potential violent incidents, interrupt or mediate conflicts, and work to change the behavior of those at highest risk. The profile of an individual who can fulfill this role is someone who:

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

Cure Violence staff were able to meet potential Violence Interrupters and Outreach workers during the community drive through, community workshop as well as participate in meeting with approximately 14 interested people who wanted to learn more and see if they met the criteria to serve as Violence Interrupters and Outreach Workers. During this visit we identified 4 strong potential individuals who meet the criteria to serve as Violence Interrupters and Outreach Workers. Some of these individuals had strong ties to the various groups in the neighborhood, as well as had been a previous member of particular groups themselves. We suggested to Jacksonville Officials that we continue to cast out a bigger net in hopes of identifying more potential staff. We believe that individuals exist who meet the criteria and will work in partnership to ensure the recruitment process finds the right workers. Since the time of the assessment visit Cure Violence has shared a number of guiding documents that will assist in this process to identify more potential individuals.

Section 8: Potential for Hospital Linked Programming

Unfortunately the CV team was unable to officially meet with representatives from University of Florida Health during the assessment visit. The team did however get a chance to speak with a representative from University of Florida Health informally at the community presentation on Thursday February 21. They stated there is great interest in partnering on the initiative and will work with the Mayor's office to figure out next steps. As the issue of the hospital was raised during the assessment visit, it appears that approximately 80% of gunshot and other penetrating injuries in Jacksonville present at University of Florida Health's level one trauma unit. If the City of Jacksonville is able to include the hospital as the larger violence prevention efforts it can have a major impact in terms of preventing re-injuries and potential retaliatory shootings.

Section 9: Initial Program Recommendations for Implementation

Cure Violence strongly believes there is a unique opportunity in Jacksonville to implement the model as part of the city's comprehensive plan to reduce violence. All of the necessary political and public will, institutional capacities, access to reliable data, community based organizations and individuals with strong community credibility and sense of collaboration exist in Jacksonville. CV recommends the following:

- Implement the CV model initially in two target areas, one in Zone 5 and one is Zone 1 to address the cluster of chronic hot spots in the North West section of Jacksonville. The Northwest Jacksonville Community Development Corporation (NWJCDC) and the Noah's Arc Project should serve as the community based partners to implement the program in target areas of Zone 5 and Zone 1. Based on the size of the target areas the programmatic staffing should include a Program Manager and a combination of Violence Interrupters and Outreach Workers. It is necessary to ensure that the staff hired have inroads with all of the groups present within the target area as well as groups that have been in historic conflicts with these groups but may be from outside of the target area. Depending on the size of the area, the level of violence, and the number of groups, the number of Violence Interrupters may range from 7-10.

- Ensure the coordination the CV approach with other existing violence prevention efforts and referral network of support services for the high risk participants of the CV program in the areas of health, mental health, education, employment, financial literacy and planning, substance abuse counseling, re-entry, legal services, and life skills. It will also be important to identify which of the existing resources can be accessed by CV program staff to support them ensure the best outcome of the program. Some cities like New York have created an office of violence prevention to serve as this coordinating. CV can assist the city of Jacksonville by arranging cross site visits with various stakeholders to understand the process of instituting such an office and the mechnisims used to ensure its success.

- Ensure strong management systems are implemented across the program to ensure program coordination and impact. CV, based on the protocols of the World Health Organization, has developed a set of implementation protocols which are required to implement interruption work. They have been developed to ensure that staff is supervised in a manner which supports their professional development and well-being. This supervision system includes:

  (1) Daily team briefings and debriefings which are designed to ensure all relevant information is shared, and to afford the supervisor the opportunity to observe and check in with staff to identify any developing stresses or behavioral issues. The tools used to guide these meetings are in the Appendix of the report under the title "*Briefing Debriefing Agenda*"

  (2) Weekly team meetings with a standing agenda focused on program objectives and progress, which also require the supervisor to pay close attention to the staff members attitudes and behaviors, again to identify any developing issues. The agenda is included in the Appendix under the title of "*Weekly Team Meeting Agenda*."

  (3) Weekly individual supervision which includes a focus on staff personal support systems, professional development, and burn out prevention. This individual supervision requires the supervisor to push their staff to think about the next steps after their current position at Cure Violence and ensure that they have an action plan in place to prepare for the future. The agendas for the

supervisions are included in the Appendix under the title "*VI Supervision*" and "*OW Supervision*."

(4) A staff assessment tool to be used in addition to weekly supervision if a staff member is exhibiting behavior which raises a concern. The tool is included in the Appendix under the title "*Brief Staff assessment.*"

(5) Strong preference for full-time employment for all staff members (outreach workers and violence interrupters), when funding is available, to afford employment stability and benefits.

- Ensure uniform recruitment and hiring practices. The CV model uses hiring panels to hire all violence interrupters and outreach workers which include representatives from the implementing agency (i.e., Mayors Office), community-based partner organizations (CBO), local faith leaders, community residents, and law enforcement, to ensure that the best candidates are selected for each target area. These following are tools which are used to ensure the best candidates are recruited and selected:

  (1) The prescreening checklist to ensure that sufficient background work has been done with the potential candidate to determine that they are suitable to serve as a staff member and have a reliable personal support system. The tool is included in the Appendix under with the title of "*Cure Violence: Pre-Screening Checklist*."

  (2) The panel briefing form to assist in educating all members of the panel on the goals and objectives of the hiring panel and their participation to ensure that the strongest candidates are selected (with the least likelihood of relapse). The tool is included in the Appendix under the title of "*Hiring Panel Briefing Form*."

  (3) The implementation of uniform interview questions and scorecards for each staff position to ensure that the selection of a worker is predicated on their possessing the necessary skillset to implement the model successfully. The tool is included in the Appendix of this report under the titles "*Cure Violence Hiring Panel Questions*" and "*Panel Interview: Violence Interrupter/Outreach Worker Scorecard.*"

  (4) The use of a panel tracking form designed to ensure the appropriate individuals and institutions are included in the hiring panels. The tool is included in the Appendix under the title of "*Hiring Panel Tracking Form*."

- Ensure uniformed and ongoing training for the community based partners, program managers, Violence Interrupters, and Outreach Workers. To ensure successful implementation of the CV interruption model, the identified staff will go through the Cure Violence 100+ hour set of initial trainings which include the Violence Interruption and Reduction Training, Management, and database and documentation.

  The Violence Interruption and Reduction Training (VIRT) has been developed for outreach workers, violence interrupters, and other administrative staff. It includes a mix of presentation of core concepts and skill development through demonstration and practice. The curriculum is focused on four core areas: 1)

Introduction to interruption and outreach, including roles and responsibilities with an emphasis on boundaries and professional conduct; 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior as it relates to reducing risk for injury/re-injury and/or involvement in violence; 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4). Working with key members of the community, including residents, faith leaders and service providers through public education, responses to violence and community building activities. This training includes conflict mediation, identifying those at highest risk and elements of other trainings listed below.

The Management Training is conducted to impart management-level staff with critical knowledge, skills, strategies, and insights specific to managing a health intervention, frontline staff (Violence Interrupters & Outreach workers), strategic recruitment and deployment of staff, building a strong team, creating a positive work environment, enforcing accountability, mobilizing the community and shifting community norms that perpetuate violence. This training is designed to prepare management for providing oversight of the day to day operations, including potential programmatic challenges, strategic planning and the use of data to guide the work and problem solving based upon nearly 20 years of programmatic experience, current staff and community dynamics.

To ensure the transfer of information Cure Violence has developed pre and post-tests for each module, the "embedded worker program" which leaves a seasoned staff to serve as an embedded worker for the first week or two of program implementation to ensure the safety of staff and serve as a model for the training modules, participates in weekly conference calls with the site (which include analysis and review of the weekly data reports), and performs quarterly site certification visits/booster trainings for the remained of the first few years of implementation. These visits allow Cure Violence staff to ensure that the lessons from the trainings have been embedded into the local work. Site visits will include observation of daily operations and opportunities to provide onsite feedback as the sites work towards Cure Violence certification (meaning "on model").

- Use of Cure Violence CIVICORE Database to document all program activities and guide implementation. As a data-driven model, Cure Violence has developed a comprehensive, web-based program database that is used by all implementation sites to track program implementation and participant data. This database provides a robust reporting system which allows for continuous, real time monitoring of site progress and implementation fidelity. This data is used to monitor and evaluate program progress toward violence reduction and behavior change outcome targets.

In this secure, password protected system data is captured on the number, circumstances and location of shootings, homicides and other violent incidents. A broad array of program outputs is also tracked in the system, including the frequency, key characteristics, and outcomes of these activities. These outputs include: conflict mediations (number of mediations, circumstances of conflict, and number of participants); community events hosted such as peace summits, marches, focus groups, barbecues (number of events, logistics, number of participants); daily activities (e.g., time spent canvassing, maintaining peace agreements, monitoring hotspots or individuals, conflict mediation, shooting response, participant interaction, number of individuals engaged with, etc.); participant contacts (location, type, focus, length of time spent); service referrals (number, type, and outcome of referral), and organizational partnerships.

Participant-level data is tracked in the Participant Risk Reduction Plan data module which captures progress made toward goals in a range of life areas including education, employment, criminal justice involvement, relationships/family, physical and behavioral health. Risk Reduction Plans also contain a measure of behavior change, which assesses the frequency with which the participant is engaging in positive behaviors indicative of movement away from violence (e.g., reaching out to Outreach Worker before a conflict escalates to violence, walking away from a situation that could lead to violence, mediating a conflict themselves, spending time with non-violent peers/family). Risk Reduction Plans are updated on a monthly basis which permits assessment of incremental behavior change. One of the strongest indicators of behavior change that is tracked is participant reports of conflict mediations they conducted themselves.

Additionally, the database is used to document indicators related to program implementation fidelity including a number of supervision indicators, daily staff briefings, team meeting agendas and attendance, and individual supervision. Each Cure Violence replication site has the capacity to generate a wide variety of data reports in real time. In addition, Cure Violence research and evaluation staff sends a basic site-specific data report to each site's program manager on a monthly basis to support program performance and quality assurance processes. This information is reviewed during weekly staff and supervisory meetings and modifications are implemented, as necessary, in real-time. The training manuals for the database are attached in Appendix.

- Explore the possibility of an Independent evaluation of the CV model in Jacksonville. It is strongly recommended that resources be devoted to an independent evaluation of violence interruption work in the Jacksonville. Attached is a document which describes the evaluations which have been done on the Cure Violence model to date in the Appendix under the title "*Cure Violence: External Evaluation Results.*"

Section 10: Next Steps

CV is available to participate in follow up discussions with existing and additional stakeholders dedicated to moving this initiative forward and provide advisement on a strategy to complete the steps listed above. CV proposes the following next steps:

- Review assessment report with representatives of the city of Jacksonville and agree on exact target areas, community based partners, and recruitment strategy for staff.
- Review final agreement between CV and City of Jacksonville
- CV participates in the onboarding of the Community Based Partners remotely to provide an overview and training on set up program, use of recruitment tools and strategies, and the use of the CIVICORE database to track and inform implementation. CV staff will also be available to assist in any aspect of the recruitment plan (remotely or in person).
- CV participates (remotely or in person) as needed with the city of Jacksonville institutional meetings to assist in the set-up of the program, especially as the city considers setting up the coordination functions of violence prevention.
- CV facilitates a site visit to visit the Crisis Management System in the City of New York for representatives from the city of Jacksonville to learn about their coordination efforts across institutions and sectors to assist in violence prevention plan.
- CV participates in person on the hiring panels for the first set of workers
- CV facilitates initial supervisor training
- CV facilitates initial Violence Interrupter and Outreach Worker trainings
- CV assigns "embedded worker(s)" to assist in first phases implementation of program and protocols
- CV provides ongoing training and technical assistance to the City of Jacksonville as it implements and potentially expands program

A scope of work with associated costs and timeline of next steps will be sent for review to the city of Jacksonville. Cure Violence would like to thank the staff of the City of Jacksonville for their support, guidance, and commitment on this project.