# Analyzing Community Violence Reduction Programs in Philadelphia

A Look at Department of Human Services Funded Programs

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8 August 2020

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## I. Introduction

With civil unrest reaching high watermarks for the new millennium, citizens and communities are demanding massive reforms to how cities and towns address crime; reforms that could redefine what public safety and policing mean for the country. The Office of Violence Prevention and the larger Office of Public Safety and Criminal Justice are uniquely positioned to lead Philadelphia in this reform and set to tone for how the City can better protect and serve its communities. In 2018, the Office of Violence Prevention released one if its first reports examining city investment in violence prevention programs called the *Report on Community-Based Violence Prevention Programs*. Then in 2019, OVP released *Philadelphia Roadmap to Safer Communities* report outlining the key recommendations and goals around the Kenney Administration's priority of reducing gun violence in the City of Philadelphia.

The issue, as defined by these reports, falls on the city's inability to effectively address community violence through prevention and nonviolent intervention tactics. The reports aim to frame the issue as a public health concern and outline key recommendations around addressing the issue through violence prevention programs. They also work to frame the issue around certain demographics. In particular, the *Roadmap* identifies young, black males with lower education, economic, and healthcare access to be individuals at the highest risk of violence. These reports also establish a five-year action plan which focuses on investing in the analytical capacity of the city to evaluate programs related to violence prevention strategies and services. Most of these programs are housed within the Department of Human Services; therefore, evaluating these programs is central to establishing a framework around which tactics are effective in curbing violence in our communities.

This report works to begin the process of evaluating violence prevention programs in Philadelphia. First, a comprehensive literature review was conducted of violence prevention program studies, meta-analyses, and databases to create a foundation of understanding for what works when addressing community violence and also evaluating those tactics. Second, a preliminary analysis of a subset of DHS funded violence prevention programs was conducted to determine what is already being done to reduce community violence, how successful those programs are, and what gaps in knowledge exist in the ability of the programs and OVP to measure key outcomes. Third, this report analyzes theories of equity perspectives in research and

how these methods can and should be incorporated into research regarding community violence prevention in Philadelphia. Last, this report outlines specific steps for future research and key recommendations that build on the recommendations of the last two reports published by the Office of Violence Prevention. To summarize, those key recommendations are:

- 1. Reassess Research and Implementation Strategies for Increased Equity Perspectives
- 2. Reframe the City's Tactical Approach to Put Prevention at the Forefront
- 3. Focus on Tracking, Tracing, and Analysis
- 4. Increase High-Risk Focused Programs
- 5. Emphasize Educational Development and Employment Assistance

## II. Review of the Literature

The 21st Century brought a wave of transformative ideas around addressing violence in communities which changed the way legislators and researchers, alike, thought about violence and prevention. A major pivot came in 2000 when Dr. Gary Slutkin, former epidemiologist for the World Health Organization, launched the program CeaseFire in Chicago. After analyzing how violence spread in some of the United States' largest cities, Dr. Slutkin made the argument that violence, on a macro scale, behaves more like an infectious disease than simply individual, unrelated acts of criminality or aggression (WHO 2020).

Using this theory, Dr. Slutkin set out to implement a violence prevention program that would address the community spread of violence in much the same way epidemiologists work to prevent the spread of a disease – "detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing community norms" (WHO 2020). The results were dramatic. In the first year, shootings in the West Garfield Park neighborhood of Chicago dropped 67 percent. The program is now used in 22 cities across the United States, and Dr. Slutkin's theory around treating violence as a public health problem and not simply a policing problem has come to define how governments talk and think about addressing violence for the past two decades (Chamberlin 2011, 84).

A central idea of violence prevention is addressing and reducing violent acts before they happen. As Dr. Slutkin identified, tracking and tracing the root causes of violence can help prevent its spread. In reviewing available literature and studies on the subject, creating a basic understanding of key indicators that lead to increased chances of victimization or perpetration of violence on both the individual and community levels are important but incredibly complex. Factors that can put individuals or communities at increased risk of violence touch nearly every socio-economic criterion. Whether it is educational achievement, economic mobility, or healthcare access, violence in communities and for individuals can be traced to a wide number of key metrics. The Centers for Disease Control and Prevention highlights that "many risk factors for youth violence are linked to experiencing toxic stress, or stress that is prolonged or repeated," and they list a number of key factors for perpetration on various levels (CDC 2020).

Table 1 presents individual, family, peer/ social, and community risk factors:

Individual Risk Factors	Peer and Social Risk Factors	Family Risk Factors	Community Risk Factors
History of violent victimization	Association with delinquent peers	Authoritarian childrearing attitudes	Diminished economic opportunities
Attention deficits, hyperactivity, or learning disorders	Involvement in gangs	Harsh, lax, or inconsistent disciplinary practices	High concentrations of poor residents
History of early aggressive behavior	Social rejection by peers	Low parental involvement	High level of transiency
Involvement with drugs, alcohol, or tobacco	Lack of involvement in conventional activities	Low emotional attachment to parents or caregivers	High level of family disruption
Low IQ	Poor academic performance	Low parental education and income	Low levels of community participation
Poor behavioral control	Low commitment to school and school failure	Parental substance abuse or criminality	Socially disorganized neighborhood
Deficits in social, cognitive, or information-processing abilities		Poor family functioning	
High emotional distress		Poor monitoring and supervision of children	
History of treatment for emotional problems			
Antisocial beliefs and attitudes			
Exposure to violence and conflict in the family			

This basis of understanding has spawned a new generation of approaches for tackling violence. Many programs focus on education assistance or work skills development. Similarly, studies of these programs aim to measure changes in sets of risk factors which align with any number of the risk factors outlined above. The goal of this literature review is to identify and synthesize key findings regarding those programs in order to identify the primary outcome metrics that academic studies use to measure the effectiveness of a

violence prevention program. To that end, roughly 30 sources were reviewed ranging from academic studies, program outlines, and national databases. The focus was to summarize the types of programs implemented, the level of prevention targeted, the subset of metrics analyzed, and the success of outcomes.

Since the field of violence prevention has changed dramatically in the past couple of decades, this literature review primarily included studies done on programs implemented in the last five to ten years in order to develop a more modernly relevant structure for how violence prevention programs are evaluated. Unsurprisingly, metrics regarding violent crime statistics are the most predominantly used figures among the reviewed evaluations. As is seen in the studies highlighted below, violent crime related arrests, perpetrations, and victimizations are widely analyzed in conjunction with violence prevention program implementation in order to better understand the impact of a program. Most evaluations relied on administrative data to analyze causal outcomes of programs.

One study focused on perpetrations and victimizations of sexual violence (Taylor et al. 2012). While sexual violence perpetrations often happen in private and "will 'typically' be at the hands of someone intimately acquainted with or well known to the victim," gun violence and community violence "occurs primarily in public settings," and it is "interpersonal, taking place between individuals and small groups that may or may not know one another" (Carnochan et al. n.d., 4; Abt and Winship 2016, 4). Despite this, including this study does provide further insight to how violence prevention strategies can be measured through means other than administrative data.

The study, itself, conducted a randomized control test that selected 117 sixth and seventh grade classes to receive a specialized curriculum educating the students on the indicators and consequences of sexual violence. The study then relied on surveys and interviews with teachers and students to assess causal impacts on the curriculum on sexual violence in the selected populations. The researchers found that the program reduced youth sexual violence perpetration by 34% and reduced youth sexual harassment victimization by 30.5%. While most studies utilize administrative data for evaluate purposes, this study highlights an important aspect of evaluating violence prevention programs that is often missed, which is that engaging individuals and communities around how they perceive the violence being perpetrated against themselves and their community can provide necessary context for further evaluation.

<sup>&</sup>lt;sup>1</sup> See Appendix A for list of additional literature resources

One program in particular provided substantial insight into the effects of work force readiness programs on curbing youth violence. A study conducted by the National Bureau of Economic Research during the summers of 2012 and 2013 (Davis and Heller 2017). The study used two randomized control tests to evaluate the effect that providing youth with a summer job earning \$8.25 per hour and a summer mentor had on reducing violence among the treated population. The study found that there was a 35% decrease in violent crime arrests among youth who participated in the program. This study is particularly useful for the Office of Violence Prevention because one of the main researchers, Sara B. Heller, is currently conducting a similar study of Philadelphia's WorkReady program that also aims to employ at-risk youth in the city. The results of the study are not yet publicly available, but it will be a useful evaluation tool for the Office of Violence prevention whenever it does get published.

Two other studies of interest took a recent look at the Cure Violence program implemented in New York City. Cure Violence is the new branding for Dr. Slutkin's original CeaseFire that was started in Chicago. Both studies were conducted by the John Jay Research and Evaluation Center in New York and looked at the effect of the Cure Violence program on violence in key neighborhoods where the program was implemented. The first study, Butts et al. (2015), primarily used homicides as the main outcomes measure for the program. The second study, Delgado et al. (2017), narrowed down the geographical area of study while also broadening the outcome metrics to include gun injuries and shootings more generally. Together the studies found that the Cure Violence program successfully decreased the homicide rate in treated neighborhoods by 18% while comparable control neighborhoods experienced a 69% increase in the homicide rate.

Additionally, there was a 50% decrease in gun injuries and 63% decrease in shooting victims in treated neighborhoods as compared to a 5% and 17% increase in comparison areas, respectively.

It should be noted that despite educational attainment being cited consistently as a key risk factor and indicator for violence prevention, most studies references did not analyze school-related metrics as a means to evaluate outcomes of programs. The youth employment program referenced above did track participant GPAs but did not evaluate any changes in grade point average among treated individuals as a part of its analysis. In fact, based on a meta-analysis of violence prevention studies put together by researchers all 17 studies identified as being successful only used acts of violence as the central indicator for success (Fagan and Catalano 2013). Overall, the studies measured violence either through arrests records, observation of

violent acts, or self-report of violent interactions, even though the programs, themselves, ranged in their approaches to violence prevention.

Of course, while developing an understanding around a program's effect on violence is a core focus on violence prevention evaluations, it is not the only basis of understanding needed. As the literature has consistently identified, there are a large number of complex and integrated risk factors that play a role in increasing or decreasing an individual's chance of being involved in violence. However, there is no clear indication as to which factors play the largest role or by how much a particular risk factor needs to be improved in order to have a proportional impact on violence. Is there a distinct GPA for a student or graduation rate for a community that relates to decreased violence? Is there a certain income level or economic health that can effectively curb violence?

Answering these questions around risk factors and interventions are vitally important for developing a deeper understanding of the characteristics of violence. Most literature effectively identified black, male youth in urban areas as the individuals at the highest risk of violence. However, this is not enough of a profile to effectively address the problem. The literature shows that researchers are still only treating violence as an infectious disease and identifies that some individuals and communities are more greatly affected than others, but they rarely delve deeply into why this is the case. Often times, researchers merely scratch the surface by asserting that socioeconomic factors are key drivers of violence without incorporating their root causes into the analysis. In Section V, this report will directly address how future research in violence prevention, generally, and the work of the Office of Violence Prevention, specifically, can strive to incorporate these deeper perspectives in order to attribute more racial equity to the programs being implemented and the evaluations being conducted.

## III. Preliminary Analysis of Key Programs

In 2018, the Office of Violence Prevention conducted a review of nearly 54 programs delivering violence prevention related services across the city. This review was compiled to create the *Report on Community-Based Violence Prevention Programs*. These programs spanned various geographic areas of the city and are funded through a number of city agencies. The largest funder per the report is the Department of Human Services which commits over \$3.8M in grants to 43 programs which provide community-based violence prevention services based on FY17 reporting. This spending more than doubled for FY18. Meanwhile, a central recommendation of that 2018 report is increased coordination among programs and a better understanding of key outcome measures for violence prevention. To that end, this section establishes a clearer profile of key DHS programs and recommendations based on that profile.

A key finding of the 2018 report was that not enough programs focus on delivering services to individuals at the highest risk of violence. Therefore, this is a preliminary analysis of a subset of Department of Human Services programs that relate specifically to secondary and tertiary violence prevention. This subset consists of 21 programs chosen from the 43 DHS programs that incorporate violence prevention services. Secondary and tertiary prevention programs are of key interest to the Office of Violence Prevention and the Office of Performance Management in our analysis of citywide prevention measures as they most frequently involve services delivered on an individual level.

The following analysis breaks down specific program characteristics in order to better understand who is being served, what kind of services are received, how those services are administered, and where in the city programs focus their services. This will not only help create of fuller profile of key DHS-funded violence prevention programs, but also illuminate important gaps in understanding that will form the basis of the recommendations presented in this section.

## Background on Programs Analyzed

Table 1 presents a breakdown of high-level characteristics related to the programs that were analyzed, including: level of prevention, funding, and number of clients served. A more nuanced breakdown of these programs can be found in Appendix A of this report.

<sup>&</sup>lt;sup>2</sup> See Appendix B for full list of violence prevention programs

Table 1.

Total Programs Analyzed:	21	
Secondary Prevention	10	
Tertiary Prevention	11	
Total City Funding (FY18):	\$8,306,520	
Mean City Funding (FY18):	\$395,549	
Min City Funding (FY18):	\$3,000	* West Philadelphia Mental Health Consortium
Max City Funding (FY18):	\$1,865,673	* Philadelphia Youth Network
Mean # of Clients Served:	155	* Only 8 out of 21 programs had this number reported for FY18
Median # of Clients Served:	65	* Only 8 out of 21 programs had this number reported for FY18

## Key takeaway:

 The average budget for these 21 programs is \$395,549 (FY18), and the average number of clients served is 155 (FY18).

## Profile of Program Analysis

As previously stated, this preliminary analysis focuses on secondary and tertiary violence prevention programs. Secondary violence prevention involves efforts to prevent escalation by assisting individuals at an increased risk of violence or exhibiting early signs of violent behavior. Meanwhile, tertiary violence prevention includes efforts to prevent the re-occurrence of violence by working to rehabilitate and treat people traumatized by violence or already engaged in violent behavior (Conchoran et al. n.d., 9.)

This understanding of levels of prevention are useful in analyzing the programs based on populations served and service type. Situating this analysis within the context of prevention level creates a fuller profile of who is being served and how, which will subsequently inform what next steps are necessary, with regards to further research, in order to better establish what outcome data is still needed and what the city can do to either encourage or require more outcomes focused programs. Table 2 presents the 21 programs which comprise the research focus list; though, it should be noted that several organizations are listed twice to

reflect distinct program services (Northeast Treatment Centers, Urban Affairs Coalition, and West Philadelphia Mental Health Consortium).

Table 2.

Secondary	Tertiary
CORA Services	Better Way – Conflict Management: Catholic Charities of the Archdiocese of Philadelphia
Diversified Community Services	Don't Fall Down in the Hood
Functional Family Therapy: West Philadelphia Mental Health Consortium	Evening Reporting Centers (ERC): Youth Advocacy Program
Juvenile Justice Center	First Judicial District
Norris Square Community Alliance	Institute for the Development of African American Youth, Inc.
Philadelphia Anti-Drug/Anti-Violence Network (PAAN)	Joseph J Peters Institute
Philadelphia Mural Arts Advocates	Northern Children's Services
Therapeutic Center at Fox Chase (The Bridge)	Philadelphia Youth Sports Collaborative: Northeast Treatment Centers
Urban Affairs Coalition	Post-Dispositional Evening Reporting Center: Northeast Treatment Centers
Mental Health Services: West Philadelphia Mental Health Consortium	WorkReady Program – E3 Power Centers: Philadelphia Youth Network
	Youth Violence Reduction Partnership: Urban Affairs Coalition

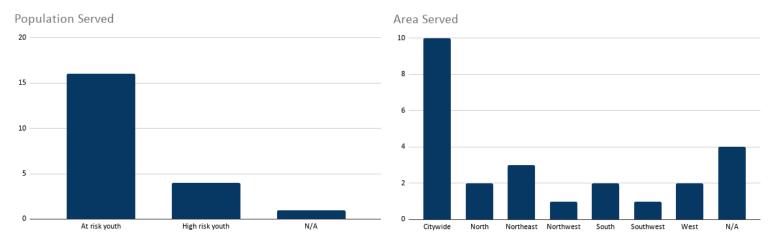
## **Key findings:**

 Of the 21 programs analyzed, 10 incorporated secondary prevention services and 11 incorporated tertiary prevention services.  One of the organizations analyzed (Urban Affairs Coalition) provided both secondary and tertiary prevention services through two different programs.

### Population and Area Served

This information is important in understanding how these focus programs reflect the key finding from the 2018 that not enough providers deliver individual services those of the highest need. Even within this subset of programs, it is apparent that relatively few services are devoted to the highest risk individuals. At-risk youth includes youths that are truant, living in a high crime area, exposed to violence, disconnected from school or employment, or justice-involved. High-risk youth includes youth that are adjudicated delinquent, placed on juvenile or adult probation, have a history of violent behavior or were formerly incarcerated.

This analysis also looked at geographic indicators of the populations being served. While highest risk individuals can come from any part of the city, it is useful to understand whether or not programs are concentrating their services in areas that experience higher levels of violence to help increase individual and community partnership. Ultimately, the available data does not provide enough insight on how geographically targeted these programs are.



#### **Key findings:**

- Of the 21 programs analyzed, 16 of them focus on providing services to at-risk youth while 4 of them focus on high-risk youth. The remaining program (First Judicial District) did not have this data readily available.
- Analyzing this breakdown based on secondary and tertiary prevention, 9 of the 15 programs that
   focus on at-risk youth provide secondary prevention services with the remaining 6 providing tertiary

prevention services. Meanwhile, all four (4) of the programs that focus on high-risk youth provide tertiary prevention services.

- Based on geography, ten (10) of the 21 programs focus on serving populations from the entire city regardless of location. Of those ten (10) programs, nine (9) provide tertiary prevention services and only one (1) provides secondary prevention services.
- Seven (7) of those ten (10) programs focus on serving at-risk youth with the remaining 3 focusing on providing services to high-risk youth across the city.
- The other 11 programs, four (4) do not have geographic information available, and the remaining seven (7) are geographically dispersed across the city.
- Again, though, without accompanying administrative data, this is not enough insight to truly
  understand whether or not key populations are being properly served through these programs.

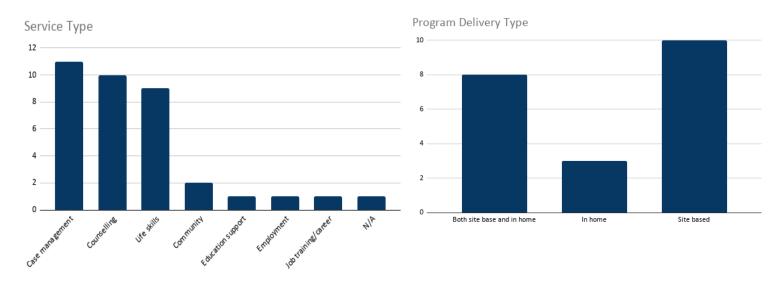
#### Services and Delivery Type

In addition to understanding who is being served, it is important to understand what services are being provided and how those services are being administered. This analysis is based on self-reported services which programs listed in the 2018 Office of Violence prevention survey audit. Based on the previous literature review, it is apparent that most studies focus on educational attainment and employment aid interventions, as well as one-on-one trauma informed care. There is also a focus among other urban programs to employ and enlist the aid of community members and groups as spokespeople for intervention programs. These ideas will be address more fully in Section V. For the following analysis, the available data does not provide the level of depth needed to assess community engagement or opinion of the program services, but it is still helpful in understanding how programs view their own services.

As can be seen in the graph below, these programs offer a number of different services related to violence prevention. Program services could be categorized as multiple different types based on their self-reported descriptions. Unfortunately, these self-descriptors are vague and do not provide a full understanding of how these programs effectively provide evidence-based interventions. Largely, these descriptors lack a level of specificity which would allow for a deeper analysis of how these services

contribute to addressing not only the needs of the highest-risk individuals, but also how the programs employ evidence-based and means-tested services. In the 2018 report, programs did respond with the central goals which the services aimed to address, but as will be seen in the next subsection analyzing measurement metrics many of these goals lack obvious grounding in key outcomes.

Before examining metrics, though, this preliminary analysis also examined whether each program primarily provided in-home delivery of services, site-based delivery of services, or a combination of both. The background literature does not necessarily make a strong argument for either form of service delivery beyond emphasizing that service delivery should be embedded strongly in communities with consistent efforts made to elicit community and individual feedback. To that end, the geographic data discussed above is even more important in understanding how delivery of service can be further analyzed.



## **Key findings:**

- The most common services provided are case management (12), counseling (10), and life skills (9).
- Of the programs that provide case management services, counseling services, life skills services, or any combination of those three top services, ten (10) focus on secondary prevention and eight (8) focus on tertiary prevention.
- In addition to these three top services, two (2) programs listed community supervision as a primary service. Education support, employment, and job training/career readiness are also listed once.
- Out of 21 programs, eight (8) provided both in-home and site-based services, ten (10) provided only site-based services, and three (3) provided only in-home services.

Of the 18 programs that were both or only site-based, half focus on secondary prevention and half focus on tertiary prevention.

Measuring Outcome Metrics versus Goals

Based on the provided information from the initial audit conducted by the Office of Violence Prevention in 2018, a majority (67%) of the programs identified in this subset analysis responded with established programmatic goals. These goals ranged from increased school attendance and lower recidivism to improved mental health and reduced substance abuse. Even without more detailed descriptions, it appears that many of these programs are focused on key intervention areas as identified and outlined in the literature review. These programs frequently seek to reduce participants' crime (both violent and non-violent) perpetration or victimization through equipping them life skills, vocational training, more positive senses of self, higher self-control, better social environments, and higher economic prospects. However, goals without the ability to measure outcomes leads to rudderless interventions that struggle to assess effectiveness.

In the earlier audit conducted by the Office of Violence Prevention, only three (3) of the programs analyzed in this review provided a list of metrics which they use to measure outcomes for the program. These metrics aim to demonstrate the overall impact and success of the programs' outcomes as they relate to violence prevention. A key drawback of this review is that, by and large, programs are not measuring appropriate metrics to determine a service's efficacy as it relates to positive violence prevention outcomes. In order to fully evaluate these programs and their abilities to provide effective violence prevention services. it is critical that outcome measures in key areas are tracked. As identified through the literature review, effective programs and program evaluations from comparable municipalities measure metrics in the following key areas:

#### Crime

Violent Crime:

- Homicides
- Non-fatal Shootings
- Aggravated Assault

Robbery Non-violent Crime:

- Weapon Arrests
- **Drug Arrests**
- **Property Crime**

#### **Demographics**

Age

Gender Identity

Involvement in Justice System

## **Community Factors**

**Unemployment Rate** 

Poverty Rate

Female Headed Household Rate

Public Assistance Rate

#### **School Behavior**

School Disciplinary Violations:

- Bullying
- Truancy or Delinquency
- Physical or Verbal Aggression

Academic Achievement

Classroom Climate Assessments

These metrics can be measured on both the individual or community level depending on the program and intervention type. Both categories of data are necessary in understanding the relative impact of the services, but they require a more targeted and tactical approached to delivery and administration so that outcome measures can actually be tracked. As is apparent from this preliminary analysis, overall, there is a lack of specificity in how violence prevention programs can even understand how effective their own work is. To this end, the role of the Office of Violence Prevention should focus on standardizing these outcome measures to further drive evaluative methods and evidence-based prevention services.

The three programs that did report collecting data on outcome measures had varying levels of complexity to their tracking and analysis. CORA Services reported that they record data around risk factors/conditions, protective factors/conditions, personal functioning, mental health, and substance use of participants, but did not fully explain how these are measured or what scale is used. Meanwhile, the WorkReady – E3 Power Centers: Philadelphia Youth Network program reported that they track the number of participants served, percentage of participants receiving each service the program offers, and the number of participants achieving outcomes, but leaves out similar specifics as CORA Services. The Youth Advocacy Program is the one exception where it appears that a number of key metrics are being measured to evaluate program efficiency. However, this is the outlier in the group. Section VI of this report will outline specific recommendations around the standardization of outcome metric measurements.

#### **Youth Advocacy Program Metric Measures:**

Referral type

Living situation at entry Demos (age, gender, race)

Out of home placement prior to entry Adjudication prior, during, and after

Probation prior to entry CPS prior to entry

School attendance prior, during, and after Type of schooling prior, during, and after

Length of stay

Living situation outcomes

Employment prior, during, and after

Drug use prior, during, and after

Services prior to entry Youth living in community Legal system involvement

Arrests

Unique youth arrests

New offenses

Unique adjudications

Protective services involvement

## IV. Outlining Next Steps for Research

There are a number of key recommendations outlined in the *Report on Community-Based Violence Prevention Programs* (2018) and the *Philadelphia Roadmap to Safer Communities* (2019) which relate directly to the research outlined in this report and which require further research to implement and assess. Specifically, those two reports put a distinct emphasis on: identifying and evaluating the best performing violence prevention programs, ensuring these programs are meeting the needs of the community, setting outcome metric standards for programs, utilizing these standards to explore outcome-based contracts for programs, and working to expand program or governmental capacity to consistently assess outcomes. There are a number of additional recommendations made by the reports, most of which are beyond the scope of this assessment in examining community violence and Department of Human Services funded programs.

First, in order to better identify and evaluate the best performing violence prevention programs, there is significant amounts of information that is still needed. Section III outlined a preliminary analysis of a specific subset of key DHS programs. That analysis revealed significant gaps between the information reported by the programs and what the Office of Violence Prevention will need to better understand the impact of the programs. As part of this assessment, OVP should move forward with conducting a new survey with these programs to fill in the gaps of knowledge identified. Specifically, this survey will look to provide: answers to key questions around risk assessment screens performed by the programs, vital geographic data to determine which individuals and communities have access to these programs, provide more detailed insight into the services provided, and assess which, if any, of the programs are collecting outcomes data and what outcomes are being measured for success.<sup>3</sup>

This analysis will allow the Office of Violence Prevention to better understand how programs are interacting with communities and assessing their own success which will then aide OVP in developing a stronger analysis tool for the future. In order to effectively ensure that programs are meeting the needs of individuals and communities it is important to know not only how these programs measure their own

<sup>&</sup>lt;sup>3</sup> See Appendix C for the complete survey developed for this purpose

success, but also to know how they precipitate feedback from individuals and communities and how communities view the issue and services. Questions around program feedback are included in the draft survey in Appendix C; however, garnering insights from individuals and communities will take additional research and survey analysis to achieve. In partnership with the Office of Violence Prevention, GovLabPHIL in the Mayor's Office has developed a participant-oriented survey to be administered to individuals who engaged with OVP grant funded programs. Reviewing this survey for the purpose of developing a DHS focused version would help create uniformity across OVP as well as a strong basis of understanding to inform further action items and research.

Developing a research method that provides for deeper insight into community views on violence and available programs is another way in which perspectives on equity can be incorporated into this process. In fact, a strong case for violence prevention should be driven by equity standards. This includes setting outcome metric standards and using those standards to develop outcome-based contracts. Ultimately, these steps in the research process will allow the city to better determine how and where to fund violence prevention programs. Therefore, determining benchmark outcome metrics beyond perpetrations and victimizations of violence can assist in honing equity perspectives for community-based prevention. This research should begin from a place of equity in order to appropriately and effective incentivize the best programs through increased funding opportunities. It will also require cross-agency cooperation in order to track, trace, and evaluate the outcomes for individual through name-matching data collection that is sourced from community-based programs, criminal justice databases, and medical records. This will help create a more complete picture of how programs can be effective on the individual level.

Lastly, the ability to research and evaluate these programs needs to continue into the future. This can only happen if the city expands assessment capacity beyond what is currently available. This idea will be further developed in the recommendations section of this report, but suffice it to that this initial push for research cannot be the only push for research. Therefore, the final step for research is to establish a system on consistent assessment standards that allows for comprehensive impact evaluations by the city or by the programs, themselves. At the outset of this particular project, the Office of Violence Prevention, in conjunction with the Office of Performance Management and the Department

of Human Services, had established a short-term evaluator position to begin this research process.

Establishing this role as a permanent and annual process will help move the research forward consistently. Ultimately, the *Report on Community-Based Violence Prevention Programs* and the *Philadelphia Roadmap to Safer Communities* are strong starting points that should act as living, guiding documents for the continued improvement of violence prevention research and strategies.

## V. Incorporating Perspectives on Equity

In 2018, the Office of Violence Prevention conducted its initial review of city funded violence prevention programs, and then in 2019 the Office released its *Roadmap to Safer Communities* to lay the groundwork for the city's response to violence. In both documents, the central theme around the analysis and recommendations is that the city should be treating its violence problem as a public health concern. This is consistent with the history of violence prevention throughout the 21<sup>st</sup> Century and Dr. Slutkin's original theory of treating violence like a communicable disease. However, even though that mindset does help to move policy away from simply policing individuals and communities in the traditional sense, it does not lend itself to a fully realized strategy or theory of change for impacting violence on a large scale.

A recent study from Child Trends outlined how researchers can begin to incorporate more consistent perspectives on racial equity in their studies, especially when evaluating youth-focused programs. One of the key tenets of the study's proposal centers on digging deeper into data and analyzing intersectionality of outcomes beyond simply disaggregating trends along traditional demographic lines of race, gender, and age (Andrews et al. 2019) This theory is particularly important for violence prevention research among youths. As was previously indicated, the majority of programs and studies identify black male youth as individuals at the highest risk of violence. Philadelphia's *Roadmap to Safer Communities* also identifies black males between the ages of 16 to 34 as being notably vulnerable. Furthermore, the 2018 *Report on Community-Based Violence Prevention Programs* classified this subgroup into at-risk, high-risk, highest-risk, and highest-risk over the age of 25 individuals.

Unfortunately, this is simply not enough of a framework around which to build a strong, tactical response to violence. Although both city documents do identify structural barriers that can contribute to violence, such as educational attainment, economic mobility, healthcare access, historic disinvestment, and lack of community-focused funding, they fail to dive deeper into the specific ideological, policy, or structural causes that led to the present situation. Likewise, research studies often stop short of analyzing their data beyond standard demographic delineations. Perhaps this is because more nuanced

evaluations are hamstrung by insufficient data. Regardless, it is not enough to simply say that violence victimizes certain individuals and communities more than others without creating an explicit theory of why.

If community violence truly is a public health concern and a disease, then this step is an imperative. Epidemiologists do not simply identify who is affected by a disease without also searching for a reason why that demographic is at increased risk. That information is then used to prescribe a specific tracking and tracing strategy and develop a distinct treatment method that addresses the root cause of the illness. Much like violence prevention, epidemiologists work on both the community and individual level to treat a pandemic, and they have distinct theories around what is required to protect an individual (e.g. six feet of distance and a face mask) and what is required for a community to be protected or to reach herd immunity. Theories around violence prevention a distinctly devoid of such theories. Knowing what level of educational attainment for an individual or what degree of economic health for a community is necessary to effectively combat violence is a necessary prerequisite for legitimately treating this issue as the public health crisis it is.

Exploring other "facets of identity" in evaluating data is only one recommendation of Child Trend's How to Embed a Racial and Ethnic Equity Perspective in Research paper. Other recommendations represent equally fundamental functions for evaluating community-based violence prevention programs. Once such recommendation is what the paper describes as "guard[ing] against the implied or explicit assumption that white is the normative, standard, or default position" (Andrews et al. 2019, 9). This should be given principal consideration in any future research done on violence prevention in Philadelphia, especially when the identified demographic is distinctly people of color. The specifics of this recommendation go beyond the diversification of demographic breakdowns suggested above and delve into the culture and power structures of a community. The paper advocates for "landscape assessments" where researchers build an understanding of the unique "historical and political context" in which the program will be implemented (Andrews et al. 2019, 10).

Furthermore, the paper suggests that researchers "engage communities as partners in research and credit them for their contribution" (Andrews et al. 2019, 9). This recommendation is in line with key recommendations from the *Report* and the *Roadmap* which focus on community engage as a central

theme for improving community-based violence prevention programs. This theme should carry through on the research and evaluation side, as well. Without a better understanding of how violence and community-based programs are perceived and utilized with the communities, themselves, it will be difficult to formulate a fully realized and nuance narrative around the successes and failures of violence prevention in the city. Ultimately, incorporating perspectives of equity in violence prevention research goes hand-in-hand with benchmarking key outcome metrics that go beyond simply measuring violent crime rates. If there are indicators that inform propensity for violence, then it is the duty of researchers to develop evidenced-based and equity-informed standards for violence prevention.

## VI. Key Recommendations

This section aims to lay out a number of unique recommendations for the Office of Violence

Prevention and other agencies in the city to pursue in order to further develop the city's mission to

significantly impact community violence. Notably, the *Report on Community-Based Violence Prevention*Programs and the Philadelphia Roadmap to Safer Communities both outlined extensive

recommendations for the city, some of which are also relevant to this report. Those documents should also be referenced together with the recommendations of this report which aims to outline key action items not covered by the previous reports.

## Reassess Research and Implementation Strategies for Increased Equity Perspectives

One of the central themes of this report in reviewing community-based violence prevention programs has focused on how the Office of Violence Prevention and the city should ensure that perspectives of equity are embedded in every facet of violence prevention research and implementation. To that end, a number of areas should be highlighted for this type of reassessment. Primarily, if socioeconomic indicators are known to be influencers on violence, these root causes need to be more deeply evaluated. The story and context of why an individual or community is at higher risk of violence is necessary if policies and programs aimed at addressing violence are going to be effective. The profile of young, black male with low educational attainment, low economic mobility, and a history of violent encounters is simply not sufficient. The lived experiences of all black males in urban areas are not the same; therefore, clearer benchmarks around these socioeconomic indicators need to be developed in order to put equity at the forefront of prevention.

Furthermore, programs should not only be evaluated on the outcomes level but also on the community engagement level. Understanding how members of a community view the problem of violence and how certain programs aim to address that problem is important for ensuring that equity remains and the forefront of programs' missions and theories of change. Developing a narrative around the historical and contextual basis for the problem of community violence is unique to each city and neighborhood. Therefore, solutions must be uniquely developed for Philadelphia and its communities.

This involves understanding how perspectives on equity play a role in landscape assessments, program

implementations, and outcome evaluations. Many of the recommendations of the previous reports touch on this idea, but it needs to be fully embedded into the city's strategy to work effectively.

### Reframe the City's Tactical Approach to Put Prevention at the Forefront

As was seen through the preliminary analysis section, there is a large gap in knowledge when it comes to understanding how prevention programs are having an impact on violence. Historically, responses and projects like Operation Pinpoint put intervention and enforcement at the forefront; meanwhile, as has been seen throughout this report, prevention programs are underfunded and disjointed. This is a moment to reprioritize that response and put prevention at the forefront through data-driven perspectives on prevention and using evidence-based practices to amplify the importance of prevention above intervention. This can be done through a reframing that positions the agency as a tactical response group that can be surgical on both the individual and community level with strong accountability towards end goals and outcomes.

Investment in these tactics for Operation Pinpoint allows the Philadelphia Police Department to identify and assess key areas of violence throughout the city, implement intervention strategies that are coordinated with other agencies and organizations, and then evaluate the outcomes of those interventions as compared to the original assessment and historic trends. The *Roadmap* touches on these tactics at various points, but overall it does not frame the centralized response of the City of Philadelphia as one which strongly adheres to this formula. The following proposal draws largely from the *Roadmap* overview and reframes this response as one that more closely mirrors the tactical, data-driven model of Operation Pinpoint.

Much of the assessment tools are laid out in the *Roadmap* already. They center on crime rates, education factors, and economic health to map out violent crime and establish the correlations between violent crime and other socioeconomic indicators. This information should be used to further assess a selection of neighborhoods that would most benefit from increased prevention programs. The assessment should focus on the communities and the individuals by analyzing:

- 1. What programs and organizations are already serving the community
- 2. How aware and/or utilized are those services
- 3. How the public feels the city should respond to crime and public safety

Based on the crime, education, economic, and services focused assessment of a given neighborhood, the agency can move forward with implementing both prevention and intervention based services. These services can largely be drawn from the recommendations set forth in the *Roadmap* and can be implemented in collaboration with other agencies and organizations in the communities. The *Roadmap* is already quite tactical in the recommendations it makes around implementing new programs and services. I simply believe that cementing those recommendations in a more holistically tactical framework can help to establish the type of presence and impact that the agency should look to have.

Evaluation should happen on both the macro (neighborhood and/or citywide) level and on the micro (individual) level to parallel the assessments and implementations. The macro evaluation can provide insight to the success of prevention outcomes while the micro evaluation can provide insight to the success of intervention outcomes. Evaluation of outcomes can be categorized into three main areas:

- 1. **Crime and violence**, focused on overall crime statistics for designated neighborhoods as well as individual statistics around perpetration and victimization.
- 2. **Educational attainment**, focused on school-wide performance as well as individual performance measures around truancy, delinquency, disciplinary actions, and grades assessments.
- 3. **Economic health**, measured through neighborhood level employment growth, unemployment rate, poverty rate, median income, housing vacancy rate, etc., as well as individual economic health through job attainment and other stability factors.

### Need for a Focus on Tracking, Tracing, and Analysis

Unfortunately, as highlighted in the preliminary analysis, programs are not yet equipped to track and report on this level of data or analyze these needed outcome metrics. A major recommendation of this preliminary analysis is to begin requiring programs to track key outcome metrics as a means to prove the efficacy of the program or to establish a task force which can work with programs to track and analyze the key outcome metrics and independently assess programs' efficacy. If this is not possible, then the city needs to seriously consider creating a system of agencies that can effectively fulfill this role.

Violence prevention must be approached in a similar manner to violence intervention. Like

Operation Pinpoint, data and outcomes must be the central drivers for increasing and improving violence prevention programs. Tracking, tracing, and analyzing geographic, community environment, educational and economic attainment, and criminal activity metrics for individuals and areas participating in these programs will allow for a more nuanced and effective approach to violence prevention. Otherwise, the

city will continue to rely on intervention as a reactionary means of addressing violence throughout the city.

## Increasing High-Risk Focused Programs

The preliminary analysis also highlights a number of focus areas for future research and programs. Primarily, there are relatively few programs which serve the needs of high-risk youths. Better understanding around these demographics and the effects of the programming is needed to make very concrete recommendations. At face value, it can be suggested that an increase in high-risk focused programming is required. However, it is difficult to assess the specific needs of the city from this analysis alone.

Additional information that would be useful would be a breakdown of the total percentage of youths that would be classified as at-risk versus high-risk in each geographic area receiving programmatic treatment in order to assess the relative need and capacity of violence prevention programs to serve those needs. As well, further analysis would benefit from having a more nuanced and data supported understanding of the effects that violence prevention treatment focused on at-risk youth have on reducing the future number of high-risk youths.

## Emphasis on Educational Development and Employment Assistance

Furthermore, the vast majority of the programs analyzed are focused on counseling or case management services with very few focusing on or incorporating education or employment support. There are a handful of programs which have a life skills facet to their services; however, this is a relatively vague and sweeping term where the specific implications are not clear. The City should consider putting more attention and resources on programs that specifically provide educational or job skills and employment support.

Many of the metrics which are central to assessing program effectiveness largely relate to academic and economic achievement for the treated individuals. Therefore, increasing programs which have direct, positive outcome effects in these areas are key and they can help to build further understanding of other key metrics around violent behavior and violent crime among treated individuals.

## VII. Appendix A: Literature Resources

#### Academic Studies and Evaluations

- Abt, Thomas and Christopher Winship. 2016. "What Works in Reducing Community Violence: A Meta-Review and Field Study for the Northern Triangle." United States Agency for International Development. Democracy International, Inc. (February). Access: 24 July 2020. https://www.usaid.gov/sites/default/files/USAID-2016-What-Works-in-Reducing-Community-Violence-Final-Report.pdf.
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- Programs and Plans around the Country
- Violence Intervention and Prevention. Boston, Massachusetts. https://www.bphc.org/whatwedo/violence-prevention/Violence-Intervention-and-Prevention/Pages/Violence-Intervention-and-Prevention.aspx.
- Community Based Violence Intervention and Prevention Programs. Chicago, Illinois. http://cdph.purple binder.com/locations/catholic-charities-chicago/community-based-violence-intervention-and-prevention-programs.
- City of Chicago's Youth Violence Prevention Plan. Chicago, Illinois. https://youth.gov/youth-topics/preventing-youth-violence/forum-communities/chicago/brief.
- Chicago's Key Initiatives to Reduce Youth Violence. Chicago, Illinois. https://www.chicago.gov/content/dam/city/depts/fss/supp\_info/YouthServices/YouthViolenceReport012814.pdf.
- National Forum on Youth Violence Prevention: City of Chicago Youth Violence Prevention Plan. Chicago, Illinois. https://www.ccachicago.org/wp-content/uploads/2015/08/Youth-Violence-Prevention-Plan-FINAL.pdf.
- Safe and Successful Youth Initiative in Massachusetts (SSYI). Massachusetts (statewide). https://www.air.org/project/safe-and-successful-youth-initiative-massachusetts.
- Cure Violence. New York City, New York. https://criminaljustice.cityofnewyork.us/press-release/shootings-fell-sharply-in-neighborhoods-operating-nyc-funded-cure-violence-programs-new-study-shows/.
- Philadelphia's Strategic Plan to Prevent Youth Violence. Philadelphia, Pennsylvania. https://www.phila.gov/Newsletters/Youth Violence Strategic Plan %20FINAL%20September%202013.pdf.
- Report on Community-Based Violence Prevention Programs. Philadelphia, Pennsylvania. https://www.phila.gov/media/20181217111312/Report-on-Community-Based-Violence-Prevention-Programs.pdf.
- Philadelphia Roadmap to Safer Communities. Philadelphia, Pennsylvania. https://www.phila.gov/media/20190125102315/The-Philadelphia-Roadmap-to-Safer-Communities.pdf.
- Mayor Issues Call to Action on Violence Prevention. Philadelphia, Pennsylvania. https://www.phila.gov/2018-09-27-mayor-issues-call-to-action-on-violence-prevention/.

Cost of Gun Violence. Philadelphia, Pennsylvania. https://www.phila.gov/media/20180927125053/Cost-of-Gun-Violence.pdf.

#### Useful Databases

- National Violent Death Reporting System (NVDRS). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html.
- Youth Risk Behavior Survey (YRBS). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/data/yrbs/data.htm.
- National Electronic Injury Surveillance System (NEISS). Consumer Product Safety Commission. https://catalog.data.gov/dataset/cpscs-national-electronic-injury-surveillance-system-neiss.
- The Community Guide. Department of Health and Human Services. https://www.thecommunityguide.org/topic/violence?field\_recommendation\_tid=All&items\_per\_page=All.
- National Crime Victimization Survey. Department of Justice, Bureau of Justice Statistics. https://www.bjs.gov/index.cfm?ty=tp&tid=31#data\_collections.
- Statistical Briefing Book. Department of Justice, Office of Juvenile Justice and Delinquency. https://www.ojjdp.gov/ojstatbb/.
- National Incident-Based Reporting System (NIBRS). Federal Bureau of Investigation. https://www.fbi.gov/services/cjis/ucr/nibrs.
- Blueprints for Healthy Youth Development. University of Colorado, Boulder, Institute of Behavioral Science. https://www.blueprintsprograms.org/.

# VIII. Appendix B: Programs

DHS Programs Included in Analysis

Program Name & Vendor	Program Eligibity	Services Provided	Level of Prevention
Intensive Prevention Services: CORA Services	Ages 10-17 (1) Exhibting at-risk behaviors in school, home or in the community. (2) Discipline problems at school or recurring conflicts at home. (3) Have been diverted from possible arrest.	Site based programming; individual case management; life skills; mentoring; academic support; individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	Secondary
Intensive Prevention Services: Diversified Community Services	at home. (3) Have been diverted from possible arrest.	Site based programming; individual case management; life skills; mentoring; academic support; individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	Secondary
Intensive Prevention Services: Norris Square Community Alliance	Ages 10-17 (1) Exhibting at-risk behaviors in school, home or in the community. (2) Discipline problems at school or recurring conflicts at home. (3) Have been diverted from possible arrest.	Site based programming; individual case management; life skills; mentoring; academic support; individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	Secondary
Intensive Prevention Services: Juvenile Justice Center	Ages 10-17 (1) Exhibting at-risk behaviors in school, home or in the community. (2) Discipline problems at school or recurring conflicts at home. (3) Have been diverted from possible arrest.	Site based programming; individual case management; life skills; mentoring; academic support; individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	Secondary
Intensive Prevention Services: Therapeutic Center at Fox Chase (The Bridge)	Ages 10-17 (1) Exhibting at-risk behaviors in school, home or in the community. (2) Discipline problems at school or recurring conflicts at home. (3) Have been diverted from possible arrest.	Site based programming; individual case management; life skills; mentoring; academic support; individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	Secondary
Intensive Prevention Services:	Ages 10-17 (1) Exhibting at-risk behaviors in school, home	Site based programming; individual case management; life skills; mentoring; academic support;	Secondary

Urban Affairs Coalition /Philadelphia Anti- Drug/Anti-Violence Network	or in the community.  (2) Discipline problems at school or recurring conflicts at home.  (3) Have been diverted from possible arrest.	individual support/counseling; group support/counseling; parent/family engagement; field activities/trips; community engagement; and recreation	
Mental Health Services: West Philadelphia Mental Health Consortium	Primarily 11 to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems	counseling; family-based prevention and interventions services	Secondary
Mental Health Services: West Philadelphia Mental Health Consortium		counseling services	Secondary
Phildelphia Mural Arts Program: Philadelphia Mural Arts Advocates	the prison system; or seeking services from clinics funded by DBHIDS	provides youth with the opportunity to learn techniques in visual arts, digital media, and an opportunity to learn art and mural painting from professionals	Secondary
Urban Affairs Coalition	youth at risk for violence and delinquency problems	short-term case management for youth and their families	Secondary
Better Way Conflict Management: Catholic Charities of the Archdiocese of Philadelphia	Ages 12-19; involved in the juvenile justice system	Conflict/anger management	Tertiary
Case Management: Northern Children's Services	Youth engaged in the Student Transition Center	case management	Tertiary
Delinquency Prevention Program: Institute for the Development of African American Youth, Inc. (Don't Fall Down in the Hood)		supervision, case management, therapy and other program activities four days a week for a period of six months	Tertiary
Evening Reporting Centers (ERC): Youth Advocacy Program	Court ordered only; this program is for the exclusive use of youth whose cases are active in the juvenile justice system	high quality supervision and educuational supports in the evenings	Tertiary
Global Positioning Technology: First Judicial District			Tertiary
Intensive Supervision Program:	Court ordered only; this program is for the exclusive use of youth whose cases	in-home supervision	Tertiary

Institute for the Development of African American Youth, Inc.	are active in the juvenile justice system		
Mental Health Services: Joseph J Peters Institute	Youth adjudicated delinquent	counseling services; partial hospitalization	Tertiary
Philadelphia Youth Sports Collaborative: Northeast Treatment Centers	Children and youth in Philadelphia	recreation/sports program	Tertiary
Post-Dispositional Evening Reporting Center: Northeast Treatment Centers	Clients served are male youth, ages 14-18, who have been adjudicated of any misdemeanor or felony charge. Court ordered only.	intensive community supervision for a six-month mandated length of stay	Tertiary
WorkReady Program E3 Power Centers: Philadelphia Youth Network	Youth ages 16-21; who are out of school or returning from juvenile placement	educational, employment and empowerment services (e.g. leadership development, mentoring, civic engagement/service learning); case management	Tertiary
Youth Violence Reduction Partnership: Urban Affairs Coalition (see other line item for the Youth Violence Reduction Partnership)  Note: This funding is captured in the	Young people under the age of 25, who are on juvenile or adult probation and are at a high risk of committing an act of violence.  Note: They are typically 14 to 24 years old, male, drug involved, have been incarcerated for a drug offense or gun charge, and are likely to have siblings in the juvenile justice system.	street outreach services, case management, job readiness/life skills training, transportation to job interviews, trips and recreation	Tertiary

## Additional DHS Programs Not Included in Analysis

Program Name & Vendor	Program Eligibity	Services Provided	Level of Prevention
Big Brother Big Sister of	Children between the ages	One to one mentoring	Primary
Southeastern	of 7-17 who are facing risk		
Pennsylvania	factors known to contribute		
	to delinquency.		
Truancy Prevention and	Children and youth	case management; home and	Primary
Intervention Initiative:		school visits, monitor	
Juvenile Justice Center of	at risk of being truant from	attendance, court	
Philadelphia	school	representation	
Truancy Prevention and	Children and youth	case management; home and	Primary
Intervention Initiative:	identified as being truant or	school visits, monitor	

Congreso de Latinos	at risk of being truant from	attendance, court	
Unidos	school	representation	
Truancy Prevention and Intervention Initiative: Intercultural Family Services	Children and youth identified as being truant or at risk of being truant from school	case management; home and school visits, monitor attendance, court representation	Primary
Truancy Prevention and Intervention: Southeast Asian MAA Coalition, Inc. (SEAMAAC)	6 to 17 years old; students at risk of Truancy court	case management; home and school visits, monitor attendance, court representation	Primary
Truancy Prevention and Intervention Initiative: CORA Services	Children and youth identified as being truant or at risk of being truant from school	case management; psychoeducation around school attendance and related issues; family and personal advocacy skill-building	Primary
Truancy Prevention and Intervention: United Communities Southeast Philadelphia	students 4th grade to 12th grade missing more than 5 unexcused days of school	Tier 1 and Tier 2 services for CUA 8; Truancy prevention services	Primary
Family Advocacy and Intervention Program: CORA Services	School-aged through 18; may extend to youth served in the foster care care system as needed.	Individual and family counseling; case management	Primary
Philadelphia Youth Network	Philadelphia resident and out of school or returning from juvenile placement.	Basic literacy instruction; GED classes; College and SAT preparation; College introductory trips; Job readiness classes; Paid internships; Job placement; Life skills classes; Health education; Parenting education; Structured recreational and social activities	Primary
WorkReady Program JJS WorkReady Summer & Year-Round Employment: Philadelphia Youth Network	Youth ages 14-18	workforce preparation services and subsidized employment	Primary
Good Shepherd Mediation	Philadephia community resident	mediation and conflict resolution; anger management; restorative practices	Primary
Little Red Perez Boxing Gym	Ages 7-18	Recreation / Exercise Tutoring and homework assistance	Primary
Family Group Decision Making: It Takes A Village	Families invovled with DHS, Juvenile Probation and self referrals from families experiencing issues that could possibly bring a child or youth into the child welfare or juvenile justice system.	Group decision making	Primary

Philly Youth Poetry Movement: Urban Affairs Coalition  LGBTQ Youth	Justice-involved or systems involved youth only  LGBTQ youth and young	provides a safe space for Philadelphia youth to discover the power of their voices through spoken work and literary expression academic support, creative	Primary  Primary
Development: The Attic Youth Center	adults between the ages of 14 and 21.	action groups, indiviual life coaching sessions, career readiness, internships, individual and family counseling.	
CB Community Schools	Age 15-21, students involved in or have been involved in the child welfare or juvenile justice systems in Philadelphia and: under credited; attended multiple high school settings; have unmet special education needs; are on ave 17 y/o and are testing at a 6th grade reading level and at a 5th grade math level; may have lived in multiple out of home settings or may be young parents with a child or children under the age of 4.	special eduction, learning and emotional support (onsite social services linking young peope to urgent and ongoing clinal care, legal advocacy and nursing services)	Primary
Prevention Services: Urban Affairs Coalition (fiduciary)		Fiduciary services for several DHS providers/programs	Primary
Case management/preventive services: Cambodian Association of Greater Philadelphia	Cambodian and Cambodian American families living within the Greater Philadelphia area with school aged children	Referral and linkage; case management; translation and interpretation services; advocacy and emergency support	Primary
Bilingual Domestic Violence Program: Lutheran Settlement House	The program's target population includes families and other persons who live in Philadelphia and surrounding counties, and southern New Jersey.	teen dating violence education workshops; biweekly case management for clients moving from transitional housing to perminant housing; crisis phone counseling for domestic violence; individuial & group counseling sessions; group counseling for parents	
Domestic Violence Program: Menergy	Adults who are physically or emotionally abusive to their partners or children.  Program participants covered under the contract include clients referred directly from DHS and other sources whose income falls below the approprite limits	multi-session intensive evaluations and group treatment Individual and group therapy sessions	Tertiary

	and who have minor-aged children living in Philadelphia.		
Safe at Home Services and Teen Dating Violence Prevention: Women Against Abuse	Victims of domestic violence and their children	Safe at Home Aftercare Services; Education and Training; and SAFE Families Legal Project	Secondary
Domestic Violence Program: Women In Transition	women whose lives are endangered by domestic violence and/or substance abuse and who are at risk of (or are already involved with) DHS interventions with their children	Counseling and advocacy; DV and substance abuse prevention and intervention services	Secondary
Domestic Violence Program: Women Organized Against Rape	children who have experienced sexual abuse and have DHS/CUA involvement (currently or previously)	trauma counseling services (individual and group); and education and training services to various workgroups or organizations as referred by DHS/CUA	Secondary

# IX. Appendix C: Program Survey

# **Section 1: General Program Information**

Progra	am Name [open text box]
0	
How m	any youth do you serve from each age category, annually? [open text boxes
0	0-10
0	11-17
0	18-24
0:	25+
Is your	program gender-specific?
0	Yes
0	No
If yes,	does it target men/boys or women/girls?
0	Men/boys
0	Women/girls
0	Other
0	Not Applicable
Does y	our program screen participants for risk levels?
0	Yes
0	No
0	Not sure
Which	risk category does your program primarily target? [check all that apply]
0	At risk youth (14-25)
0	High risk youth (14-25)
0	Highest risk youth (14-25)
0	At risk over 25 years old
0	Other:
	Don't know

If multiple categories, how many o	of each category is served by the p	rogram, annually? [open text box]		
O At risk youth (14-25):				
O High risk youth (14-25):				
O Highest risk youth (14-25):				
O At risk over 25 years old:				
O Other:	_			
How is participant risk determined	d for participation in the program?	[select one]		
O Validated criminogenic risk a	ind/or needs assessment			
O Past involvement in criminal	justice system			
O Needs assessment				
O Other:				
How do you recruit/ receive partic	ipants? [check all that apply]			
Advertising				
<ul><li>Word of mouth, friends/fam</li></ul>				
O Referred by social service ag	gency			
<ul> <li>Referred by school</li> </ul>				
<ul> <li>Referred by courts</li> </ul>				
O Referred by other criminal/ju	venile justice agency			
O Outreach				
O Other:				
Which areas of the city does your	program primarily serve? [check all	that apply]		
O Bustleton	O Grays Ferry — Passyunk	O Mayfair — Holmesberg		
O Center City	○ Haddington	O Millcreek Parkside		
O Chestnut Hill West Mount	Overbrook	O Nicetown -– Tioga		
Airy	O Hunting Park Fairhill	O Northern Liberties West		
O Cobbs Creek	O Juanita Park	Kensington		
O East Falls — Westside	Harrowgate	O Oak Lane Fern Rock		
O East Mount Airy	O Lawndale	O Ogontz		
O Eastwick Elmwood	Crescentville	○ Olney Feltonville		
O Fairmont Spring Garden	O Logan	O Overbrook Park Wynnfield		
O Germantown	O Lower Kensington	Heights		

Oxford Circle	O Sharwood Stanton	ton O Torresdale South		
O Paschall Kingsessing	O Snyder – Whitman	Pennypack Park		
O Pennsport Queens Village	O Somerton	O University City		
O Poplar — Temple	O South Broad Girard	O Upper Kensington		
O Rhawnhurst Fox Chase	Estates	O West Oak Lane Cedar		
O Richmond Bridesburg	O Southwark Bella Vista	Brook		
O Roxborough Manayunk	O Strawberry Mansion	O Wissinoming Tacony		
O Schuylkill Point Breeze	O Torresdale North			
ection 2: Program Ob	jectives			
Briefly describe the program's mis	ssion. [free text box]			
O Answer:				
Is violence prevention/reduction a	n explicit goal of your program? [s	select onel		
O Yes	- L - 19 - 1	,		
O No				
What services does your program	provide? [check all that apply]			
O Job training/career readiness	S			
O Employment				
O Diversion				
O Counseling/Mental health tre	eatment			
O Community supervision				
O Case management				
O Life skills				
O Education support				
O After school programs				
<ul> <li>Mentorship programs</li> </ul>				
O Drug and alcohol treatment/	education			
O Conflict mediation/resolution	n			
Embedded Logic: Ask program deli	very type for each type of program	service selected above.		
How does your program deliver ea	ach of its services to participants?	[select one]		
In-home delivery of services	p. a. a. p. a. a. a.			

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$\cup$	Site-based	uelivei v	UI 3	CI VICES

O Combination of both

# Section 3: Program Performance

Embedded Logic: Ask for each type of program service selected above.	
How do you determine the success of this program? [open text box]	
○ Answer:	
After 1 year, if your program is successful what would be the difference in your participants' lives? [o	pen
text box]	
O Answer:	
After 3 years? [open text box]	
O Answer:	
What data do you collect about your participants? [check all that apply]	
O Biographical information (name, D.O.B, phone number, address)	
O Criminal Justice -related ID (such as State ID from PA DOC)	
O Past involvement with the criminal justice system (history prior to current date)	
O Personal Health Information (PHI)	
<ul> <li>Previous services received from any type of organization</li> </ul>	
O Current services received from your organization	
O Needs assessment	
O Validated criminogenic risk and/or needs assessment	
O Career assessment and/or career plan	
O Self-report data (victimization, violence, substance use)	
How is this information stored/tracked? [select one]	
Formal case management database system	
Spreadsheets (electronic)	
O Paper records	
O Other	

Is participant information shared with any outside partners or agencies? [select all that apply]
<ul> <li>We do not share any participant information</li> </ul>
Government agencies
Service providers
O Other
How do you get feedback from your participants on the program and if it's meeting their needs? [check all
that apply]
○ Pre/post test
Focus groups with participants
Survey participants
One-on-one interviews
O Other
Section 4: Program Outcomes
What outcomes are tracked to determine the success of your program? [check all that apply]
O Homicides & non-fatal shootings
Perpetration of violence
○ Victim of violence
O Delinquency
Verbal aggression
Teacher scales
Bullying
School disciplinary violations
Education
Health/mental health
<ul> <li>Employment</li> </ul>
O Substance use
O Other
Embedded Logic: Ask for each outcome type selected above.
What is the source of outcome data? [select one]
○ Self-report

<ul> <li>Official administrative data (e.g. courts, schools, etc.)</li> </ul>
O Internal tracking system
Other
How is this information stored/tracked? [select one]
Formal case management database system
Spreadsheets (electronic)
O Paper records
O Other
What is the time period(s) you use to track individual outcomes? [select all that apply]
O 3 months
○ 6 months
O 1 year
O 2+ years
O Other
Do you do check ins or follow-up with your participants after they've completed the program? [select one]
O Yes
○ No
If yes, what's the mode? [check all that apply]
O Phone call
○ Text message
O Home visit
O School visit
O Email
O Other:
What is the interval for follow-ups post-participation? [select all that apply]
O 3 months
○ 6 months
O 1 year
O 2+ years
O Other

## X. Appendix D: References

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