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Attorney General Candidate Chuck Welch Releases Initiative To Combat Violent Crime in Delaware

Republican Attorney General Candidate Charles "Chuck" Welch has released his "Delaware Violent Crime Reduction Initiative" which will bring law enforcement, prosecution and community leaders together to seriously begin making crime illegal again in Delaware.

In the attached initiative, Welch, a former Kent County Judge and State Representative, promises within 30 days of becoming Delaware's Attorney General that he will form an Attorney General's Urban Violence Task Force (Task Force), with the goal to reduce both long term and short term urban violence. The Task Force will consist of three components: 1) Investigation, 2) Prosecution and 3) Community Based Research.

The Task Force will be led by Welch's Chief Deputy Attorney General and will be supported by the State Prosecutor and the State Solicitor. It will be funded through the reallocation of current Department of Justice monies, federal grants and the implementation of previously funded studies dealing with urban violence.

"My goal is to assemble the best legal and law enforcement professionals available, together with community leaders, to address the ever increasing rates of violent crime in Delaware. We need to turn these rates around. Only then can the people of Delaware feel safe," said Welch.

Welch's initiative references a 2015 report released by the Centers for Disease Control (CDC) entitled "Elevated Rates of Urban Firearm Violence and Opportunities for Prevention-Wilmington, Delaware." That study found that Wilmington, Delaware, had one of the highest homicide rates of any major city in the United States, some years as high as fourth overall.

As of December 12th of last year, 148 people had been shot for the year in Wilmington alone, and shooting homicides were at an all time high. In his initiative, Welch vows that reducing violent crime in our urban areas and throughout Delaware will be "Job Number One" in his administration.



Let's Make Crime Illegal Again

Delaware Violent Crime Reduction Initiative

Violence has been with us since the dawn of man. No human can stop all violence, no matter how much they wish to do so.

We can and certainly must do a better job of addressing the violence plaguing Wilmington, Newark, Dover, Seaford and all other parts of the First State.

Violent Crime is a plague cast upon our society, one which keeps residents in fear for their safety. Businesses suffer, schools suffer, churches suffer, neighborhoods suffer and both small towns and big cities suffer as a result of violent crime.

Safety is the cornerstone of government function. It should be the number one priority of State Government. Without safety, people live in fear. Residents living in fear are not free to tend to the daily business of their lives. The amount of violent crime on our streets betrays the people of Delaware, who currently suffer from the consequences of government inaction.

I have the qualifications and the experience necessary to be Delaware's next Attorney General. A lawyer with over 30 years of experience working in Delaware's criminal justice system, I have served as a Deputy Attorney General, State Legislator and as a Judge on the Court of Common Pleas.

I have worked with both Republicans and Democrats, prosecutors and defense attorneys and have founded and presided over the Kent County Court of Common Pleas Drug Court Program for over a decade. I know the problems facing our state. I can hit the ground running as Attorney General the day I take office.

As Delaware's next Attorney General, I intend to do my part and intend for the Department of Justice to do its part in the effort to reduce the rate of violent crime in our state. We must do a better job protecting Delawareans than we are doing under our current Attorney General.

I have a plan to combat violent crime. It is a comprehensive plan of action that will use every tool available to the Attorney General. Reducing violent crime in our urban areas and throughout Delaware will be "Job Number One" in my administration. It will take time and

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resources, along with cooperation and dedication by all of Delaware's "justice partners." It must also provide assistance to Delaware's law enforcement community, which is understaffed, overwhelmed and underappreciated.

The Attorney General of the State of Delaware is vested with the power, duty and authority to "investigate matters involving the public peace, safety and justice." The current violent crime being felt in Wilmington and all other parts of our state certainly involves the public peace, safety and justice. Criminals are not known to confine their activity within state boundaries. With northern Delaware sitting smack in the middle of the I-95 corridor, travel to conduct illegal business activity is easily made from Baltimore and Philadelphia.

As your Attorney General, I intend to do my duty and exercise the authority given to the office to make our streets safer. My administration will investigate violent crime starting with an emphasis on urban violence. I will ask for help and cooperation from all Delawareans in our effort to turn around the increasing rates of violent crime in Delaware.

The Attorney General's Urban Violence Task Force

Within the first 30 days of becoming Delaware's Attorney General, I will form the **Attorney General's Urban Violence Task Force** (Task Force). This unit will conduct a comprehensive review of urban violence broken down into three components with the goal of reducing urban violence both long term and short term. Those components will consist of (1) investigation, (2) prosecution and (3) community based research.

Led by the Chief Deputy Attorney General and supported by the State Prosecutor and the State Solicitor, the Task Force will be funded through the reallocation of current Department of Justice budget monies, federal grants and the implementation of previously funded studies dealing with urban violence.

The Task Force will not replace or compete with current units within the Department of Justice. It is designed to complement, supplement and support the efforts of state and local law enforcement who already combat violent crime. Our goal will be to open and to facilitate communication and cooperation between of all our criminal justice partners.

A. Investigation Component

The Attorney General's office employs almost 50 investigators and detectives. The Chief State Detective, or another highly trained investigator, will serve as the lead inspector for the Task

Force with other current Department of Justice investigators serving as the nucleus of the investigative unit.

The Task Force will consist of three squads. One squad will be the City of Wilmington. Another squad will be the City of Dover. The third squad will be Sussex County. As the Task Force becomes operational and the need arises, the Wilmington squad will also handle violent threats to communities in other areas of New Castle County. Likewise, the Dover squad will branch out to greater Kent County and, should the need arise, one or more squads may be added.

I will be asking our justice partners in the Wilmington Police Department, the New Castle County Police Department, the Dover Police Department and other municipal police departments to join the efforts of the Task Force. I will also request the Delaware State Police and the Department of Correction's Probation and Parole Unit to assign qualified investigators to the Task Force.

However, we will not stop with only state agencies. We will include our federal justice partners at the Bureau of Alcohol, Tobacco, Firearms and Explosives, the Drug Enforcement Administration and the United States Marshall's Service to provide human resources, along with technical and intelligence assistance to the Task Force.

B. Prosecution Component

1. Violent Crimes (including gun crimes)

Ending Automatic Plea Deals -- Beginning the very first day as your Attorney General, the practice of trading serious violent crimes for lesser pleas will end. No more sweetheart deals. However, I do realize there will be times when tactical decisions must be made and times when the evidence will not warrant taking a serious violent crime all the way through trial.

As a former Judge, I understand that plea bargains are a valuable means of maintaining judicial economy. But, I also understand that if serious violent crimes are not vigorously prosecuted, they will continue to escalate. The only true way to stop criminals from committing violent crime, especially when a firearm is involved, is to get those criminals off the streets.

Beginning day one of my Administration, absent extenuating circumstances, state prosecutors will be directed to go to trial on cases such as possession of a firearm during the commission of a felony, possession of a firearm by a person prohibited and other similar serious offenses. My prosecutors will retain their discretion and professionalism in full support and execution of this policy.

By my count, there are over 20 statutes dealing with weapons within our criminal code and another 20 or more pertaining to violent crime, conspiracy and solicitation within that code. My office will use every one of those statutory provisions as are necessary to combat violent crime in our communities.

2. Task Force Prosecutors

The State Prosecutor will be charged with selecting experienced trial attorneys within the Department of Justice's Criminal Division to work closely with the Task Force to build quality cases suitable for prosecution and to ready those cases for trial.

3. Federal Involvement

I will be reaching out early to the United States Attorney for the District of Delaware to request federal assistance and cooperation in the operation of the Task Force. I will ask the United States Attorney to work with me on a plan and protocol where violent criminal offenders, especially those who illegally traffic in firearms or are eligible for prosecution under federal law, may be referred to the United States Attorney for prosecution.

4. Law Enforcement Education

The Chief Deputy Attorney General and the State Prosecutor will design and execute a plan to bring instructors to various police academies and local agencies to update law enforcement officers on the law as it pertains to the proper and ethical investigation, case preparation and prosecution of violent criminal offenders in Delaware courts.

5. Special Prosecutions and Investigations

One of the best, yet often overlooked, tools in the Attorney General's toolbox is the Racketeer Influenced and Corruption Act, commonly known as R.I.C.O. This very special statute is not designed for regular criminal cases. The General Assembly has stated that the R.I.C.O. Act "is intended to apply to criminal conduct beyond what is traditionally regarded as organized crime and racketeering."

The death toll in Wilmington, Dover and other parts of Delaware has reached epic proportions that is well above traditional organized crime and racketeering. In the event Task Force investigators identify an organization that fits the definition contained in the R.I.C.O. statute and our prosecutors agree that the evidence is sufficient to proceed, we will prosecute that organization and its members criminally under Delaware's R.I.C.O. law. R.I.C.O. is a class B felony punishable up to 20 years in prison. Additional civil charges and fines can also be attached to the criminal penalties.

The Federal Bureau of Investigation has used the Federal R.I.C.O. statute in the past to weaken the Mafia and in some cases literally destroyed parts of that organization. It was famously used in the 1930's to bring down Al Capone on tax evasion charges. If our Task Force identifies a violent criminal organization as operating under R.I.C.O., we will use the Delaware R.I.C.O. statute to destroy that criminal organization in the same manner.

C. Community Based Research

As an elected constitutional officer, I will have a duty to serve all the people of Delaware. One of my statutory and constitutional tasks as your next Attorney General will be to suggest and draft legislation for consideration by the General Assembly.

It is not enough to simply investigate and prosecute the perpetrators of violent crime. We must do more. We must learn and understand how and why criminal conduct exists and why levels of violence continue to increase year after year. We cannot fix what we do not know. Therefore, we need to know the root causes of violent crime.

It is my intent to identify the root causes of violent crime through the Task Force.

No one in government knows our communities better than the officers who police those communities and the lawyers of the Department of Justice who interact with them on a daily basis. The same is true for the many other members of the Department of Justice team, especially the social workers who work with victims of violent crime. Those social workers know members of the clergy and other community leaders who have the knowledge and expertise needed for problem identification and solution formulation. These individuals will be invited to participate in this initiative and will be included as an integral part of it.

Another integral part of the Task Force will be to invite one or more members of academia to conduct a study of the lessons learned by those on the front lines in the Department of Justice and members of the Task Force. Reports from the conclusions of that study will be forwarded to the General Assembly in the form of recommendations to address the root causes of criminal violence.

In 2015, the Centers for Disease Control (CDC) conducted a similar study for the City of Wilmington. The final report was titled "Elevated Rates of Urban Firearm Violence and Opportunities for Prevention-Wilmington, Delaware." In 2021, Senate Bill 53 was introduced in the Delaware General Assembly with the purpose of adopting the CDC's findings and directing Delaware State agencies to implement recommendations made in the report. To date, that legislation sits in a Senate committee still awaiting a hearing. I will direct the Task Force to use that CDC report as a critical part of their work.

Conclusion

The Delaware Violent Crime Reduction Initiative is designed to be a work in progress. It is meant to be flexible and is subject to modification and expansion as necessary. As time progresses and knowledge and experience gained, this initiative will be modified to meet the needs of the people of the State of Delaware.

It is my hope and expectation that our criminal justice partners at the local, state and federal levels, the Delaware General Assembly and our communities at large will support this initiative. It is time to end the cycle of violence that has spiraled out of control in Delaware over the past decade.

Delaware cannot afford to wait any longer to combat violent crime. Every life lost to a violent crime is one too many. The time to address this problem is now.

It is time to make crime illegal again.

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Elevated Rates of Urban Firearm Violence and Opportunities for Prevention—Wilmington, Delaware

Final Report

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November 3, 2015

Submitted to:
Secretary Rita Landgraf
Delaware Department of Health and Social Services

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Background of the Field Investigation:

In 2013, Wilmington, Delaware, experienced 127 shooting incidents resulting in 154 victims.¹ This represented nearly a 45% increase in the number of shootings over the preceding two years.¹ Furthermore, rates of violent crime in Wilmington are higher than in nearby cities of Dover, Newark, and Philadelphia.² Indeed, although Wilmington is a moderately-sized city of approximately 71,525 residents, when compared to all large cities in the United States, its homicide rate in recent years has been reported to be as high as 4th overall.³ In fact, in recent years, the growth in Delaware's homicide rate (Wilmington is the largest city in Delaware) has outpaced that of every other state (see Figure 1 below).

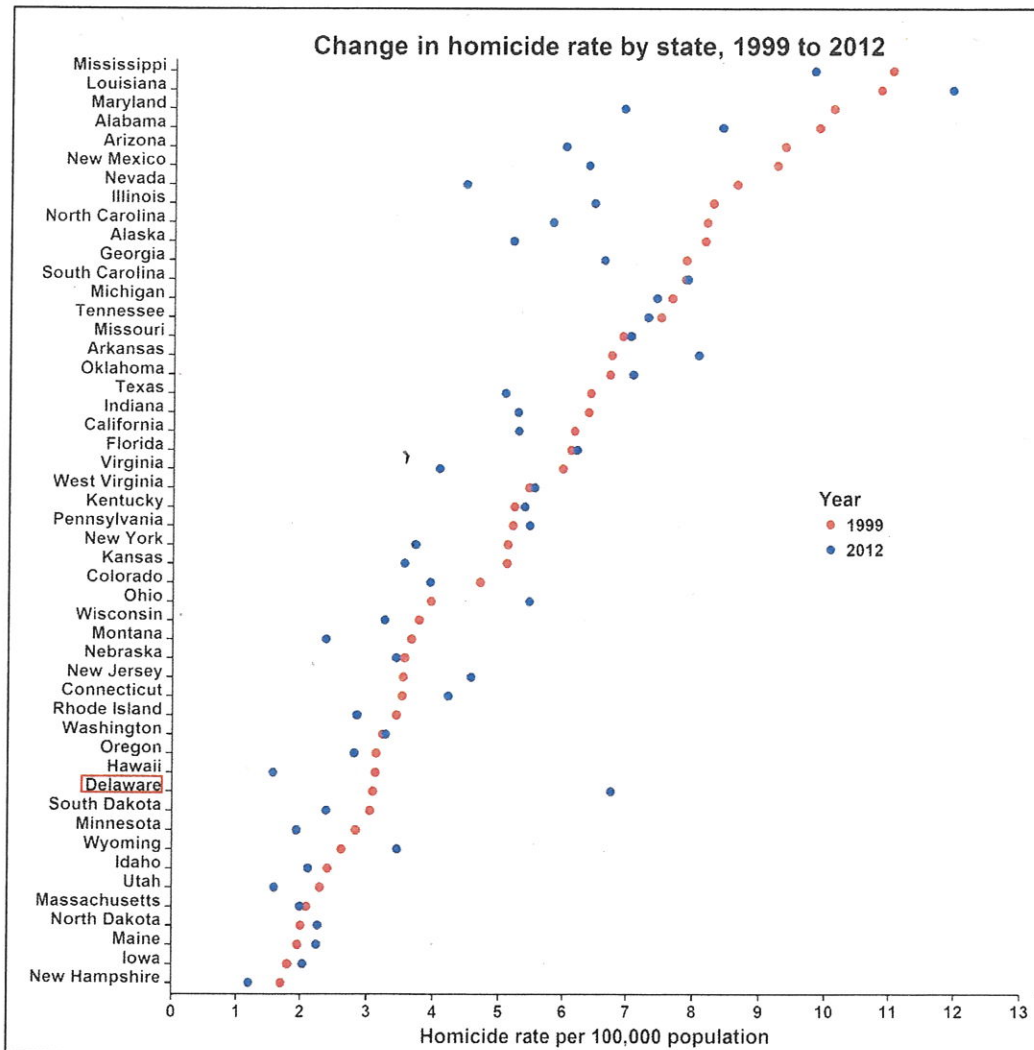


Figure 1. Note: Vermont not included as rates not reported for 2012

1. Delaware Online. Wilmington Shootings: Incidents by year. 2015. <http://data.delawareonline.com/webapps/crime/>.
2. Nolan J. Aggravated Assault and Homicide Incidents in Wilmington: 2010-2013. 2013.
3. Cornish A. Wilmington, Del., Struggles With Outsized Murder Rate January 1, 2014. <http://www.npr.org/2014/01/01/258889969/wilmington-del-struggles-with-outsized-murder-rate>

As a result of persistently elevated urban firearm violence rates, the Wilmington City Council passed a resolution to request the Centers for Disease Control and Prevention (CDC) to assist in an investigation and provide recommendations for preventive action.⁴ The Delaware Division of Public Health, with concurrence from the City Council and Mayor's office, issued a formal invitation to CDC to provide epidemiologic assistance and make programmatic recommendations for a public health response.

Investigation Rationale and Objectives:

Urban firearm violence results in a substantial degree of fear among city residents, slowing of business growth, straining of city resources, and suffering among victims' families. However, in spite of the tremendous impacts of such violence on a city, only a relatively small number of individuals are actually responsible for committing these particular crimes. For example, in 2013, Wilmington experienced a reported 127 shooting incidents. If we assume one person committed each shooting, this equates to 127 individuals committing firearm violence out of a total population of about 71,000 residents, which is less than 1 out of every 500 residents. Because only a relatively small proportion of individuals are involved in firearm crimes, accurately focusing prevention efforts could have a significant impact on lethal violence in urban city centers and be an important component to a larger comprehensive approach to violence prevention.

CDC's investigation sought to utilize several Delaware administrative data sources to explore the feasibility of using public health resources in a more efficient manner, focusing comprehensive wrap-around services to individuals at the highest risk of violent crime involvement. Such services might include peer outreach/mentorship, medical care or counseling, educational support, economic assistance, or other services.

The objectives of this investigation were:

1. To assist the Delaware Division of Public Health and the City of Wilmington in examining the characteristics of persons involved in urban firearm crimes.
2. To provide epidemiologic information that can help the Delaware Division of Public Health focus educational, social, medical, and other assistance to populations at risk.
3. To identify strategies for Delaware officials to help monitor and prevent future violence.

Scientific Methods:

Individuals involved in firearm crimes

The primary analysis sought to develop a pilot tool that could potentially better identify the multiple risk factors of individuals at the highest risk of involvement in firearm crimes so that appropriate public health and social services could be provided more efficiently. To understand these characteristics, investigators first examined Delaware law enforcement records.

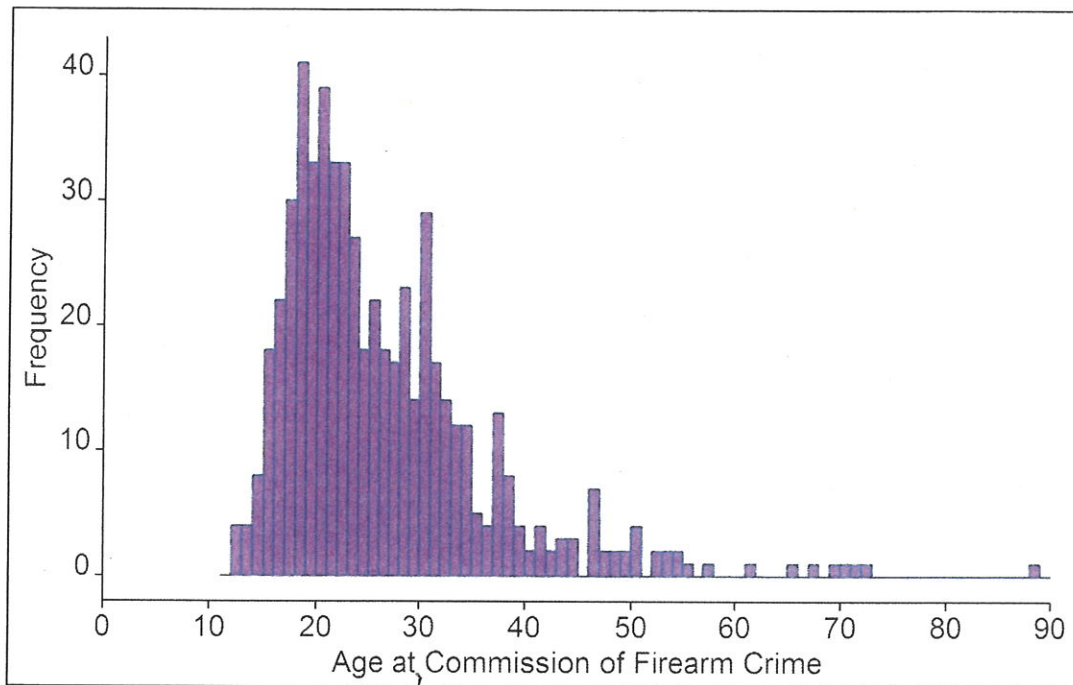
From a police database, Wilmington residents arrested for a violent firearm crime in the city of Wilmington between January 1st, 2009, and May 21st, 2014, were identified. A violent firearm crime was defined as homicide, attempted homicide, aggravated assault, robbery with a firearm, or possession of a firearm during the commission of a felony. Such events were identified based on crime codes and state statute violations.

This search yielded 569 individuals. Approximately 95% of these individuals were male. The age of individuals involved in firearm crimes at the time of the offense is as follows (totals may sum to more than 100% due to rounding):

- under age 18: 15.1%
- age 18 to <25: 39.4%
- age 25 to <30: 16.5%

- age 30 to <35: 14.8%
- age 35 to <40: 6.0%
- age 40 and older: 8.3%

Figure 2. Age distribution of individuals committing firearm crimes



Identification of risk factors for firearm crime involvement

To focus prevention services, risk factors for firearm crime involvement must be understood in Wilmington. Consequently, several local administrative data sources were used to explore preceding patterns of events in individuals' lives before they committed a firearm crime. These administrative data sources included the Delaware Department of Services for Children, Youth and their Families, Delaware Criminal Justice Information System, Delaware Department of Education, Delaware Department of Labor, and Christiana Care Health Care System. The prevalence of several major risk factors were examined for each of the individuals involved in

firearm crimes. The percent of individuals experiencing these risk factors are shown in table 1 below:

Table 1. Proportion of 569 individuals involved in firearm crimes who experienced each risk factor

| Type of Risk Factor | Number | Percent (%) |
|---|--------|-------------|
| Emergency Department Visit History | | |
| Gunshot wound | 72 | 13 |
| Stabbing | 27 | 5 |
| Blunt weapon injury | 36 | 6 |
| Physical fight | 107 | 19 |
| Suicidal ideation/attempt, self-inflicted injury | 46 | 8 |
| Clinical encounter involves police(a) | 113 | 20 |
| Any emergency department event listed above | 271 | 48 |
| Labor Indicators | | |
| Unemployed in quarter preceding the crime(b) | 410 | 86 |
| Application filed for unemployment benefits | 100 | 18 |
| Child Welfare Investigation History | | |
| Investigated as victim of child maltreatment | 159 | 28 |
| Out of home placement | 39 | 7 |
| Any child welfare event listed above | 167 | 29 |
| State Juvenile Services Participation | | |
| Community probation | 284 | 50 |
| Residential detention | 215 | 38 |
| Behavioral health services | 91 | 16 |
| Managed care services | 160 | 28 |
| Any juvenile service listed above | 308 | 54 |
| School System Events(c) | | |
| Recipient of social assistance programs ever | 327 | 73 |
| Prior suspension/expulsion | 186 | 42 |
| Dropped out prior to high school graduation | 105 | 24 |
| ≥10 unexcused absences in school year preceding crime(d) | 57 | 58 |
| (a) Injury from legal intervention or patient brought in/discharged to police | | |
| (b) Among those with wage data available | | |
| (c) Among those for whom school enrollment was confirmed | | |
| (d) Among individuals enrolled in school year preceding crime date | | |

Note: Each risk factor or category is not mutually exclusive (an individual may have multiple risk factors in multiple categories).

Emergency room data available since 2000; child welfare/juvenile services data available since 1992;

labor data available since 2006; education data available since 2002

Using risk factors to focus efforts

Although some risk factors may be common in the lives of individuals involved in firearm crimes, they may not be the strongest signals of risk of firearm violence involvement. This is because some risk factors may also be very common in the general population. To further explore what are the strongest risk factors, investigators also examined the prevalence of the major risk factors among the Wilmington general population by randomly sampling approximately three non-firearm crime records for each firearm crime record. The strength of each risk factor was then assessed through logistic regression, a standard mathematical technique for examining risk factors.

Logistic regression provides an estimate of the strength of the association between a risk factor and an outcome, controlling for all other risk factors being considered. Consequently, scoring systems can be developed in medicine and public health using this technique that take into account a number of risk factors. As an example, a logistic regression model of the risk factors shown in Table 1 produces the following risk scoring system (Table 2). Point values are obtained by multiplying all regression coefficients by 5 and rounding to the nearest integer (multiplication by a factor of 5 is chosen as it makes the smallest regression coefficient [0.4] an integer after multiplication). Risk factors with more points indicate a stronger association with firearm violence involvement. This kind of procedure is used widely in medicine and public health to create scoring systems for conditions such as diabetes, heart attack, HIV, and many other conditions.

(Continued with table, next page)

Table 2. Example risk factor scoring system

| Type of Risk Factor | Regression coefficient | Point value for risk score |
|--|------------------------|----------------------------|
| Emergency Room Visit History | | |
| Gun shot wound | 2.4 | 12 |
| Stabbing | 2.3 | 12 |
| Blunt weapon injury | 1.0 | 5 |
| Physical fight | 0.6 | 3 |
| Suicidal ideation/attempt, self-inflicted injury | 0.4 | 2 |
| Clinical encounter involves police | 2.2 | 11 |
| Labor Indicators | | |
| Unemployed in quarter preceding the crime | 1.1 | 6 |
| Application filed for unemployment benefits | 0.5 | 3 |
| Child Welfare Investigation History | | |
| Investigated as potential victim of child maltreatment | 0.5 | 3 |
| Out of home placement | 0.8 | 4 |
| State Juvenile Services Participation | | |
| Community probation | 1.0 | 5 |
| Residential detention | 1.1 | 6 |
| Behavioral health services | 0.8 | 4 |
| Managed care services | 0.5 | 3 |
| School System Events | | |
| Recipient of social assistance programs ever | 1.4 | 7 |
| Prior suspension/expulsion | 0.7 | 4 |
| Dropped out prior to high school graduation | 1.0 | 5 |
| ≥10 unexcused absences in school year preceding crime | 0.6 | 3 |

Note: Point values are obtained by multiplying all regression coefficients by 5 and rounding to nearest integer. The model constitutes an example scoring system based on Wilmington data; further model refinement is needed before any actual implementation.

In clinical or public health settings, practitioners can assess the number of risk factors an individual has, add up the individual point values, and thereby determine risk of a particular outcome. For example, using just the sample point values from Table 2, a score for each person in our sample can be calculated. Higher scores are clearly associated with a higher risk of committing a firearm crime in our investigation sample (Table 3).

Table 3: Total point score and percent of individuals committing a firearm crime within investigation sample

| Total point score | Percent committing a firearm crime |
|--------------------------|---|
| 0 | 4.2% |
| 1 to 10 | 8.2% |
| 11 to 20 | 26.8% |
| 21 to 30 | 43.4% |
| 31 to 40 | 67.8% |
| 41 to 50 | 83.3% |
| > 50 | 89.8% |

Although calculating risk scores has often been done manually by doctors, counselors, or other practitioners, risk assessment tools can be automated when only administrative data are used, such as in our investigation in Wilmington. Automation allows more factors to be considered in the risk score, can incorporate more complex factors (such as timing of events), and permits the risk assessment tool to be low cost, so that the majority of project resources can be allocated to service provision.

Further increases in classification accuracy can be achieved by restricting analyses to the highest risk populations. We see that the majority of individuals involved in firearm crimes are young males. As a test of potential population level estimates, we now focus on males approximately age 15-29, the highest risk population for violence involvement. Incorporating all of the factors in Table 2 as well as census tract yields excellent risk classification ability.

Figure 3. Estimated Risk of Firearm Crime Involvement Based on Risk Factors and Subsequent Involvement in Firearm Crimes

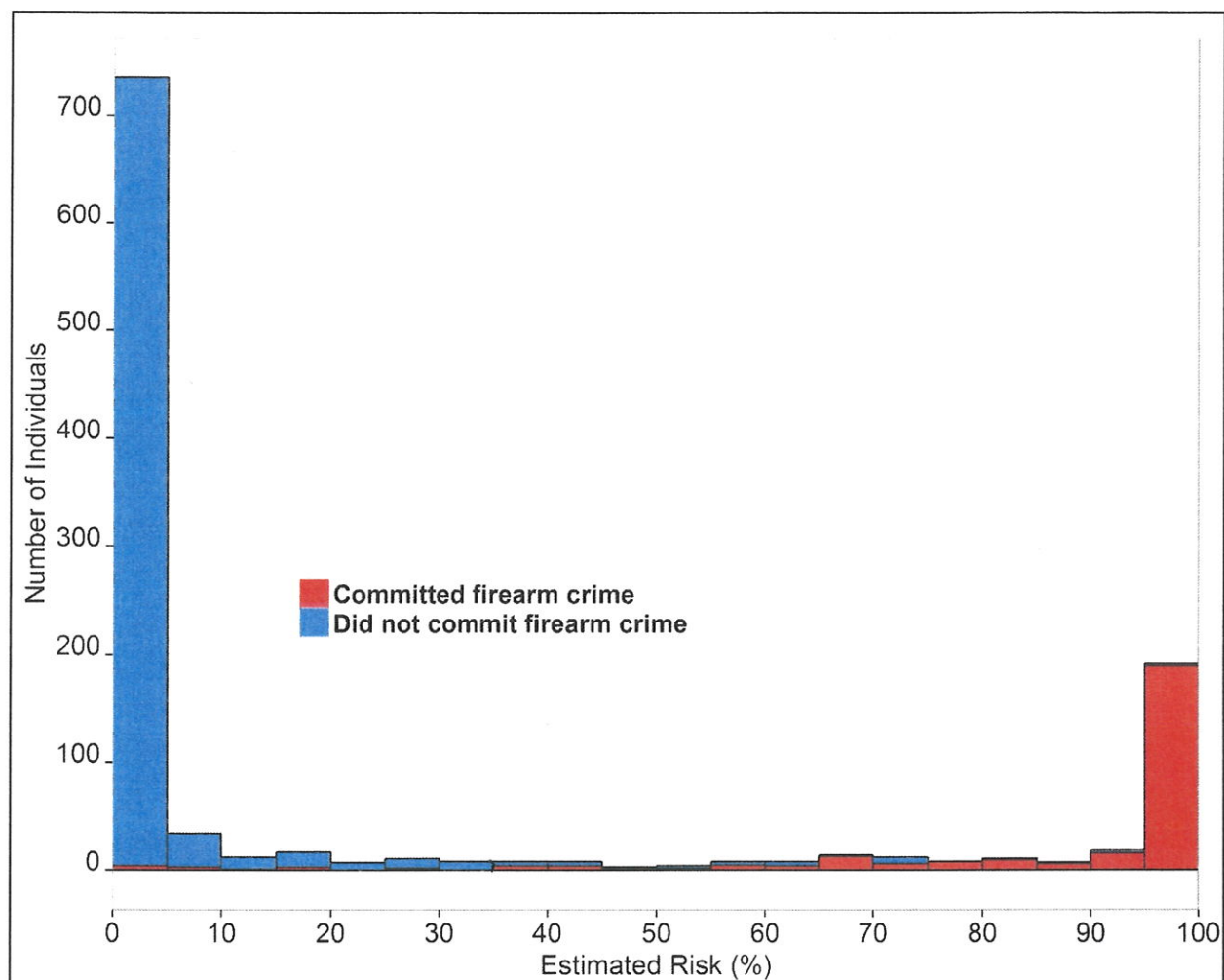


Figure 3 demonstrates that considering multiple risk factors does lead to excellent classification accuracy within our sample—individuals with a high, estimated risk for violence involvement based on the presence of multiple, strong risk factors were often subsequently involved in firearm crimes. For example, in our sample of 15-29 year old males, there were 209 individuals who had an estimated risk of 90% or greater based on multiple risk factors. Ultimately, 205 of these young men were involved in firearm crimes over the study period.

Because the total population of males age 15 to 29 can be estimated from census data, we can attempt to extrapolate from our sample to make rough population level estimates of how useful such a risk assessment tool could be. Using a risk level of 90% or greater could have up to

an approximate 66% accuracy (i.e., 66% of those having a greater than 90% risk would subsequently be involved in firearm crimes in the time period we assessed). Another important metric to consider is sensitivity, which refers to the proportion of individuals committing firearm crimes that the risk assessment tool identifies among our population of 15-29 year old males. Estimated sensitivity could be up to 73% (i.e., out of all male youth committing firearm crimes in Wilmington over the 5 year period studied, this risk assessment tool could have allowed an estimated 73% to receive social services they may have been lacking). For example, these young men have often experienced multiple exposures to violence and challenges in their family, educational, and employment backgrounds. Assistance in multiple areas could help reduce risk for violence involvement and a range of other health and social problems.

Our fieldwork demonstrates that data across Delaware agencies can be linked and that linking data has value in allowing service providers to better understand the multiple risk factors for violence involvement that need to be addressed, particularly among young men. Linked data systems have the potential to allow practitioners to provide more comprehensive services to youth at the highest risk of violence involvement and coordinate services to a greater degree with other agencies. Linked data systems also provide a valuable feedback loop which allows local governments to better assess the impact of programs.

Limitations

This investigation provides a proof-of-concept of the powerful risk classification ability of certain risk factors and the potential for the development of a low-cost risk assessment tool using administrative data. This information can then be used to improve programs and services. However, several steps would need to occur before actual implementation of such a tool. First, this test was conducted using a limited sample; further testing and refinement of the risk scores should occur with the full administrative datasets. The mathematical procedures used to control for the matching in the study design may affect estimates; the population level estimates provided should only be considered a rough approximation. Many factors will affect actual population estimates. However, it should be noted that the population estimates

provided here may be an underestimate. The risk scoring system demonstrated here is a basic model and in the real-world context, many additional items should be included in the scoring system, such as other risk factors, the frequency/magnitude of risk factors, and timing of risk factors. These adjustments would increase classification accuracy. Further increases in classification accuracy can be achieved by setting point values or cut-off scores even higher. With additional testing on a larger dataset, an optimal risk assessment tool can be developed and evaluated. Lastly, it should be noted that certain data systems may have unique legal requirements to be considered; partners may benefit from consulting with other cities or states who have already linked diverse data systems to improve programs. Nonetheless, scoring systems, such as the one we have demonstrated, are widely used in medicine and public health and provide marked improvements in risk classification ability and subsequent care for individuals.

Risk assessment tool implementation and violence prevention services

This investigation was focused on determining the feasibility of linking data across administrative data sources to develop an accurate risk assessment tool that would facilitate violence prevention efforts in Wilmington. Further testing can help determine optimal implementation of such a tool, such as timing and location of service provision, but the potential value of such a tool is clear. For example, imagine a 17 year old boy who is suspended for carrying a knife at school. A linked data system could help service providers see that 2 months ago the boy was treated for a gunshot wound at a local hospital; at the age of 14 the boy spent 6 months in a juvenile detention facility for a violent crime; and now the boy lives in the census tract of the city with the highest rate of violent crime. With this information, social service providers better understand this young man's elevated risk for violence involvement and can better provide comprehensive services to prevent future violence involvement and to promote positive and healthy development. The tool is to be used by social service providers to inform violence prevention efforts, and provisions should be established to preclude use as a

tool for law enforcement action. Implementation and management of such a tool should likely be performed by the Delaware Department of Health and Social Services.

For youth and individuals who are at an elevated risk of violence involvement, multiple programs and services exist to help enhance skills, promote opportunities for success, and prevent future violence involvement. These range from jobs programs, peer outreach/mentorship, educational or school-based programs, counseling, family focused programs, or other approaches. Resources to help communities understand the full spectrum of violence prevention programs include:

- CDC's STRYVE program selector tool: https://vetoviolence.cdc.gov/apps/stryve/strategy_selector.html
- CDC's Opportunities for Action publication:
<http://www.cdc.gov/violenceprevention/youthviolence/opportunities-for-action.html>
- Washington State Institute for Public Policy cost/benefit: <http://www.wsipp.wa.gov/BenefitCost?topicId=>
- The University of Colorado Blueprints program registry: <http://www.blueprintsprograms.com/>
- National Institute of Justice's program reviews: <http://www.crimesolutions.gov/>
- The Community Guide to Preventive Services reviews: <http://www.thecommunityguide.org/index.html>

It is important for communities to focus resources on evidence-based practices that have demonstrated or promising results. The table below provides examples of demonstrated or promising approaches, though should not be considered a complete or proposed package; program selection will need to be tailored to priorities and local factors demonstrated from city data.

| Problem Focus | Approach | Example program |
|--|---|---|
| <ul style="list-style-type: none"> • Emergency department visits for violence | <ul style="list-style-type: none"> • Street outreach • Linkage to social services through hospital interactions | <ul style="list-style-type: none"> • Cure Violence • Hospital-based violence intervention programs (HVIP) |

| | | |
|---|---|---|
| <ul style="list-style-type: none"> • Unemployment | <ul style="list-style-type: none"> • Job placement and assistance • Conditional cash transfers | <ul style="list-style-type: none"> • Individual Placement and Support (IPS) |
| <ul style="list-style-type: none"> • Trauma from child abuse victimization | <ul style="list-style-type: none"> • Therapeutic support / counseling | <ul style="list-style-type: none"> • Trauma-focused cognitive behavioral therapy |
| <ul style="list-style-type: none"> • Juvenile criminal involvement | <ul style="list-style-type: none"> • Individual or family-focused programs and placement strategies | <ul style="list-style-type: none"> • Multidimensional Treatment Foster Care • Functional Family Therapy |
| <ul style="list-style-type: none"> • School problems | <ul style="list-style-type: none"> • Individual or group school-based social and emotional learning (SEL) and other programs | <ul style="list-style-type: none"> • Coping Power • Life Skills Training |

Summary and Recommendations

This investigation highlights the potential of a risk assessment tool and linked data systems to guide violence prevention efforts. The majority of individuals involved in urban firearm violence are young men with substantial violence involvement preceding the more serious offense of a firearm crime. Our findings suggest that integrating data systems could help these individuals better receive the early, comprehensive help that they need to prevent violence involvement. This could potentially help prevent the subsequent violent crime that affects individuals, families, and neighborhoods throughout Wilmington. Such an approach can be an important component of community-wide efforts to prevent multiple forms of violence. Improved information systems can also help communities measure the impact of other strategies, such as interventions to address poverty, housing, education, or other underlying risk factors. Linked

administrative data systems have the potential to improve the efficiency and impact of social service provision in Delaware. Our primary recommendations include:

1. Increase collaboration between Delaware social service agencies in preventing violence by developing the capacity to link and share data between Delaware's various social service agencies in an ongoing fashion. This should involve consultation of agency technical and legal counsel to develop the appropriate policies and procedures to protect the privacy of individuals and data. Delaware partners may also consider consulting with other cities/states who have created local inter-agency data sharing agreements to learn from best practices.
2. Further refine the pilot risk assessment tool by using the full administrative dataset. Focusing the risk assessment on youth is likely to be the most feasible approach and youth are most likely to experience lifelong benefits from prevention programs. The proposed tool is to be used by social service providers to inform violence prevention efforts, and provisions should be established to preclude use by law enforcement. Use of the tool and program delivery should be managed by a Delaware social service/health agency.
3. Establish a community advisory board to provide recommendations on proposed evidence-based, wrap-around services/programs to be provided for high risk youth in conjunction with the recommended risk assessment tool.

Acknowledgements

- Delaware Department of Health and Social Services and Division of Public Health
- City of Wilmington
- Delaware Department of Safety and Homeland Security
- Delaware Criminal Justice Information System
- Delaware Department of Services for Children, Youth and their Families
- Delaware Department of Education
- Delaware Department of Labor
- Christiana Care Health Care System
- University of Delaware, Center for Drug and Health Studies
- Delaware Statistical Analysis Center, Criminal Justice Council



SPONSOR:

Sen. Lawson & Sen. Pettyjohn
& Sen. Pinkney

Sens. Ennis, Hocker; Reps.
Morris, Spiegelman

DELAWARE STATE SENATE
151st GENERAL ASSEMBLY

SENATE BILL NO. 53

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO CRIMINAL VIOLENCE RISK ASSESSMENT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Part II, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

Chapter 30P. Criminal Violence Data Sharing and Risk Assessment.

§ 3001P. Purpose.

(a) The General Assembly finds and declares the following:

(1) On November 3, 2015, after an exhaustive study of the perceived increase in violence by firearms in the City of Wilmington, the United States Centers for Disease Control and Prevention ("CDC") published its final report entitled "Elevated Rates of Urban Firearm Violence and Opportunities for Prevention – Wilmington, Delaware" ("Final Report").

(2) The CDC's two recommendations for addressing violent crime in this State are as follows:

a. The establishment of a process to link and share data between certain State agencies to increase collaboration between State agencies to prevent violence.

b. The creation and use of a risk assessment tool by State agencies, which uses data linked and shared by State agencies for the delivery of evidence-based services to prevent violence.

(b) It is the intent of the General Assembly that the Secretary of the Department of Health and Social Services, Commissioner of the Department of Correction, the Secretary of the Department of Safety and Homeland Security, and the Secretary of the Department of Services for Children, Youth and Their Families collaborate and cooperate to implement the recommendations in the CDC's Final Report.

§ 3002P. Criminal violence data linking and sharing process.

(a) The Secretary of the Department of Health and Social Services, Commissioner of the Department of Correction, the Secretary of the Department of Safety and Homeland Security, and the Secretary of the Department of Services for

Children, Youth and Their Families shall cooperatively establish and maintain a process for linking and sharing data collected by their State agency to facilitate State agencies in the coordination of comprehensive services to individuals at highest risk of violence involvement, as recommended by the CDC in its Final Report.

(b) All other State agencies shall fully cooperate, participate, and assist in the data linking and sharing process under this section, as may be required for the successful implementation of this chapter.

§ 3003P. Criminal violence risk assessment; creation and implementation.

(a) The Secretary of the Department of Health and Social Services, Commissioner of the Department of Correction, and the Secretary of the Department of Services for Children, Youth and Their Families, with the assistance of the Secretary of the Department of Safety and Homeland Security and the Attorney General, shall use and expand on the work of the CDC, as contained in its Final Report, to construct and implement a criminal violence risk assessment tool.

(b) The criminal violence risk assessment tool must do all of the following:

(1) Use the data obtained by using the data linking and sharing process created under § 3002P of this title.

(2) Be suitable for assessing both juveniles and adults.

(3) Be suitable for use by the Department of Health and Social Services, Department of Correction, Division of Youth Rehabilitation Services, and courts.

(c) Reports generated from use of the criminal violence risk assessment tool must be used in conjunction with other available tools, information, and data as follows:

(1) By the Department of Health and Social Services, to increase collaboration between the Department's divisions to coordinate comprehensive services to individuals at highest risk of violence involvement.

(2) By the Department of Correction, when constructing reports and recommendations for the courts, administering Probation and Parole programs, and constructing and administering individualized adult rehabilitation or treatment programs.

(3) By the Department of Services for Children, Youth and Their Families and the Family Court, when dealing with juveniles.

(4) By a court with criminal jurisdiction as an additional tool when making decisions concerning the pretrial release of and sentencing of adults.

(5) The Board of Pardons or the Board of Parole, when considering applications under its authority.

§ 3004P. Regulatory authority.

The Secretary of the Department of Health and Social Services, Commissioner of the Department of Correction, Secretary of the Department of Safety and Homeland Security, and Secretary of the Department of Services for Children, Youth and Their Families may cooperatively adopt regulations to implement this chapter.

§ 3005P. Funding.

The General Assembly shall annually appropriate an amount sufficient to implement this chapter.

SYNOPSIS

On November 3, 2015, the United States Centers for Disease Control and Prevention (CDC) published a report titled "Elevated Rates of Urban Firearm Violence and Opportunities for Prevention – Wilmington, Delaware" in which the CDC made 2 major recommendations: (1) the creation and adoption of a robust risk assessment tool and (2) an integrated, statewide data collection system. To date, no meaningful action has been taken at any level to implement the CDC's recommendations.

This Act adopts the CDC's recommendations and directs the pertinent State agencies to implement these recommendations.

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