REDUCING GUN VIOLENCE IN AKRON

A Process and Outcome Evaluation of the Akron Street Team Pilot, 2025-2026

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ACKNOWLEDGEMENTS

This evaluation report would not have been possible without the dedicated collaboration, trust, and shared commitment of numerous organizations and individuals devoted to reducing gun violence and promoting healing across the Akron community.

First and foremost, we extend our profound gratitude to the participants who opened their hearts and shared their personal stories, challenges, and hopes with the evaluation team. They provided the vital foundational data that forms the core of this research.

We express our deep appreciation to Mayor Shammas Malik and the Akron City Council for investing in innovative, community-led safety solutions and supporting this mixed-methods evaluation to strengthen local public safety architecture. We also thank the Chief of Public Safety, Craig Morgan, and the Akron Police Department (APD) for facilitating the necessary data-sharing that allowed for rigorous geo-spatial and crime trend analysis.

Special recognition is owed to the Minority Behavioral Health Group (MBHG) for providing essential administrative support, mental health training, and trauma-informed behavioral health care that anchored this pilot initiative.

Most notably, we honor the extraordinary, on-the-ground efforts of the Curbside Counselors, Marcel McDaniel and Cordell Walker. Their relentless outreach, deep lived experiences, and unwavering commitment as credible messengers saved lives, negotiated peace on the streets, and provided a safe "parachute" for individuals navigating the most difficult moments of community reentry.

AUTHOR BIOGRAPHIES

Allyson Drinkard, Ph.D. is a multidisciplinary social scientist with 25 years of experience conducting community program evaluations, field interviews, and mixed-methods survey research. Specializing in violence prevention, criminology, sociology, and positive youth development, she approaches her work through an equity lens to deliver culturally responsive evaluations across non-profit, grassroots, educational, and juvenile justice environments. By translating complex qualitative and quantitative data into actionable insights, Dr. Drinkard bridges the gap between research and practice to empower local stakeholders to shape effective community safety policy. Contact her at drinkardenterprises@gmail.com.

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EXECUTIVE SUMMARY

The evaluation of the **Akron Street Team (AST) Pilot Program** reveals uniformly positive findings regarding the impactful role of Curbside Counselors in reducing localized gun violence. Operating as an 18-month Community Violence Intervention (CVI) initiative from January 2025 through June 2026, the program successfully blended street-level crisis intervention with trauma-informed behavioral health care.

Core Findings & Project Impact

- **Significant Violence Reduction**: While city-wide shooting victimizations in Akron dropped by 21% from 2024 to 2025, the **AST Focus Area achieved a 59% reduction in shooting victimizations**.
- **Assault Trends**: Felonious assaults city-wide increased by 6%, highlighting that broader systemic triggers remained active while localized gun trauma was suppressed.
- **High-Touch Engagement**: Between October 2025 and May 2026, two full-time counselors delivered **889 points of contact to 221 unique high-risk individuals**.
- **Strong Participant Satisfaction**: Program participants expressed extreme satisfaction (**92% "very satisfied"**), viewing the counselors as trusted mentors, big brothers, and essential father figures.
- **High Economic Return**: Backed by national CVI data showing a $7.20 return for every $1 invested, the pilot's **$185,000 initial funding is projected to generate at least $1,332,000 in local economic benefits**.

The CVI Mechanism: Credible Messengers

The primary driver of the pilot's success is the deployment of credible messengers - individuals with prior justice-system involvement who possess vital shared lived experiences. Trained in behavioral health care through the Minority Behavioral Health Group (MBHG), these "Curbside Counselors" successfully

navigated neighborhood dynamics to **mediate 51 active conflicts** and secured **24 "no slide" or peace agreements**. Counselors provided 16 types of wraparound services, focusing heavily on basic needs, employment referrals, and emotional regulation.

Key Community Challenges & Risks

- **Alarming Trauma Burdens**: Over half (**56%**) of surveyed participants registered an **Adverse Childhood Experiences (ACEs) score of 4 or higher** - drastically outpacing the national adult average of 17%.
- **Constant Violence Exposure**: Only 41% of participants escaped direct exposure to violence in the six months prior to being surveyed; **23% experience or witness violence daily or weekly**.
- **Pervasive Fatalism**: Qualitative interviews outlined a deep sense of learned hopelessness and desensitization, with many residents categorizing routine gun violence as "normal" or inevitable.
- **Conflict Catalysts**: Participants pinpointed anger, a lack of emotional regulation, and rapid escalation fueled by social media algorithms as the primary triggers for shooting incidents.

Future Recommendations

To transition the initiative from a temporary pilot into a foundational pillar of Akron's public safety architecture, the evaluation recommends the following strategic steps:

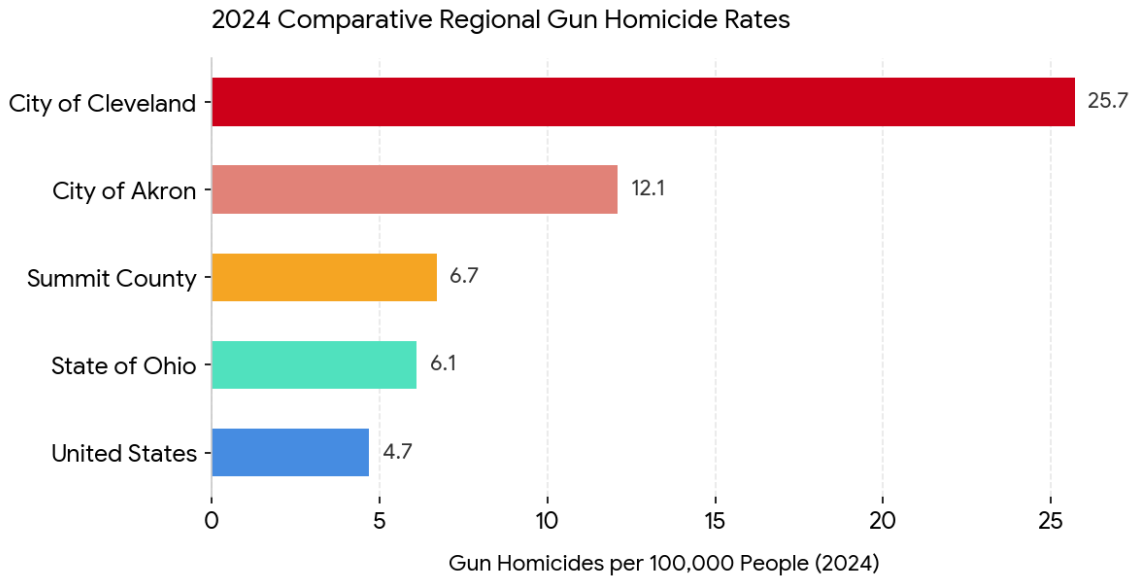
1. **Stabilize and Expand Funding**: Shift from volatile grants to line-item municipal funding and scale the field team to a **minimum of 3 Curbside Counselors** to prevent burnout, ensure coverage, and to serve an additional focus area.
2. **Build Neighborhood Safety Hubs**: Establish permanent physical brick-and-mortar storefronts within highest-risk zip codes (such as **44306 and 44320**) to remove location barriers for walk-in mediation, for

distributing basic needs, and coordinating MBHG behavioral health care outside of institutional or carceral settings.

3. **Formalize Hospital Warm Handoffs**: Partner with the Akron Police Department (APD) and emergency departments to mandate an automatic, immediate counselor dispatch to hospital bedsides following a shooting to disrupt retaliatory cycles.
4. **Invest in Youth & Safe Parks**: Target municipal resources toward youth programming and parks in East and West Akron to directly resolve the boredom and lack of supervision that can drive youth gun carry rates.
5. **Introduce Digital Literacy Curriculums**: Launch proactive workshops for young residents centered on digital de-escalation to stop online conflicts before they turn lethal on the streets.

GUN VIOLENCE IN OHIO

Gun violence is a critical public health crisis with compounding social and economic costs across the United States. In Ohio, Summit County, and the city of Akron, the rate of gun homicides is higher than the national average. For comparison, Akron has roughly twice the gun homicide rate of Ohio and Summit County, and about half of the gun homicide rate of Cleveland.



In Ohio, according to Johns Hopkins Bloomberg School of Public Health (2023)[1], the overall gun death rate increased by 68% from 2014 to 2023. In addition:

- Males were 4x as likely to die by gun homicide than females.
- Black people were 16x as likely to die by gun homicide than white people.
- Hispanic/Latino people were 3x as likely to die by gun homicide than white people.
- Young black males ages 15-34 were 35x as likely to die by gun homicide than young white males.
- Black females were 11x as likely to die by gun homicide than white females.
- Firearms were the leading cause of death among young people ages 1-17.
- Ohio had the 5th highest gun suicide rate among Black people in the country.
- Guns are used in 79% of homicides and 58% of suicides.

[1] Johns Hopkins Bloomberg School of Public Health, Center for Gun Violence Solutions (2023). State Gun Violence Data - Ohio. https://publichealth.jhu.edu/center-for-gun-violence-solutions/data/state-gun-violence-data/ohio

OVERVIEW OF THE AKRON STREET TEAM PILOT

In the search for solutions to the gun violence epidemic, Akron's Mayor Malik invested in an 18-month Community Violence Intervention (CVI) pilot called the Akron Street Team. This initiative focuses on leveraging credible messengers to deliver "on the ground", culturally-relevant, and behavioral health-focused services to individuals at high risk for gun violence.

Researchers and community organizations have established that CVI programs reduce gun violence stemming from interpersonal and group conflicts among the individuals most likely to be involved, who are high risk and hard to reach (see the research review in Appendix 1). CVI programs provide participants with conflict mediation and de-escalation, mentorship, and referrals to direct services, including legal advocacy, employment support, educational opportunities, and trauma-informed behavioral health counseling. In the Akron Street Team Pilot, credible messengers are called Curbside Counselors due to their training in mental health care through the 100 Men program at Minority Behavioral Health Group (MBHG). Curbside Counselors have prior justice system involvement and bring significant lived experience to leverage their roles as peacemakers. They engage with those at highest risk of being injured or engaging in violence. They are not responsible for enforcing the law, rather, they provide a proactive, culturally competent, and coordinated health response to violence.

Data on established CVI programs show significant reductions in hotspot and city-wide shooting victimizations by 30-40% on average.[2] There are several other benefits of CVI programs including improved neighborhood safety and decreases in resident arrests and incarceration overall. CVI programs increase local workforce development. This constellation of benefits results in a coordinated, grassroots gun violence reduction effort that spans neighborhoods and

[2] Center for Neighborhood Engaged Research & Science (CORNERS; 2025). Evaluating Illinois' Peacekeepers Program, Program Data and Violence Trends Analysis, July 1, 2023 - December 31, 2024. *Northwestern University*

geography. CVI programs are cost effective – recent estimates show there is a return of $7.20 to $19.20 in economic benefits for every $1 invested.[3] Locally, in 2024, the Akron community experienced 121 non-fatal shootings and 27 fatal shootings, resulting in a total estimated financial burden of $87,500,000.

The main goals of the Pilot were identified collectively by the City, MBHG, Drinkard Enterprises, and the University of Akron. They include:

- Using trauma-informed and culturally grounded violence interruption practices, Curbside Counselors work with victims, families, justice-involved individuals, and community leaders to reduce rates of shootings and cycles of retaliation across all ages (Theory of Change)
- Professionalization of the Curbside Counselor role
- Establish program processes and Key Performance Indicators (KPIs)
- Use data to inform decision making by stakeholders
- Seek sustained funding for what works
- Build-out of Akron's Community Violence Intervention (CVI) Ecosystem

The City seeks to gather preliminary evidence of the effectiveness of the Pilot to reduce shootings, to understand processes and outcomes, and to generate recommendations for program improvement and expansion. The Pilot started in January 2025 and concluded in June 2026. MBHG provides mental health training, culturally-grounded and trauma-informed care, mental health services, and administrative support for the pilot. Two full-time Curbside Counselors, employed by MBHG, served the entire city and the juvenile detention center for the duration of the pilot. Drinkard Enterprises, Inc. and a faculty member from the University of Akron were contracted to provide research and evaluation services October 1, 2025 through June 30, 2026.

[3] Seacrest, L. (2024). Intervention over incarceration: A Limited Government Approach to Youth Violence. *R Street Policy Study No. 305.* https://www.rstreet.org/wp-content/uploads/2024/06/FINAL-r-street-policy-study-no-305.pdf

EVALUATION METHODS AND AVAILABLE DATA SOURCES

We designed a mixed-methods study using scientific techniques established in the sociological, criminological, and public health disciplines. We received IRB approval from the University of Akron to conduct the study for the purposes of program knowledge and improvement (i.e. for evaluation, not for scientific publication). We employed several strategies in order to collect meaningful data from multiple sources. Participants who consented to complete an interview and survey received a $50 Visa gift card to thank them for sharing their experiences and time.

Quantitative Methodology

Curbside Counselor Daily Activity Log

We worked with the Lead Curbside Counselor to develop the Daily Activity Log. The original log was first used in a CVI program in Detroit and was adapted for the Akron CVI context. In addition, the log was transformed from a paper version into an online Google Forms document. The log is used to collect demographic information about participants and the services they were provided. Curbside Counselors recorded their daily contacts with participants beginning in October 2025. We collectively developed a data dictionary to ensure the clarity and quality of data entered.

Curbside Counselor Participant Survey

We developed an online survey in Google Forms that was used to collect demographic information, participant experiences with Curbside Counselors, Adverse Childhood Experiences (ACES)[4], self-reported health information, recent exposure to violence, and perceptions of the neighborhood. Wherever possible, questions were selected that aligned with national research measures.

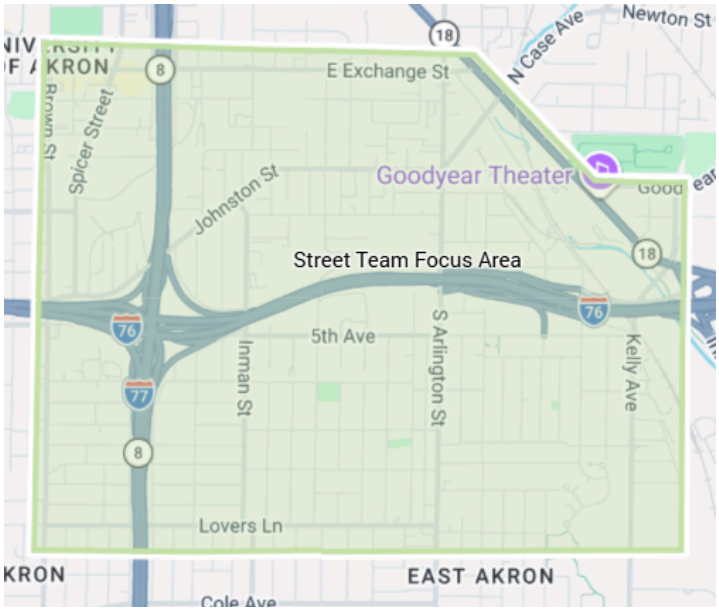
[4] Office of the California Surgeon General and Department of Health Care Services (downloaded 2025). Adverse Childhood Experience Questionnaire for Adults

Participant Interview Locations and Gift Card Tracking

We tracked gift card distributions, dates, and interview locations in a Google Sheet. We use this information for record keeping but also to assess whether we as evaluators are “meeting people where they are” and in a place where they are comfortable. In addition to making it logistically easier for individuals to participate in the evaluation, we believe this approach increases the reliability and validity of our interviews and surveys.

Identification of the Akron Street Team Focus Area

We worked closely with the Lead Curbside Counselor to define the geographic area in Akron where, from his perspective, they provided the most intensive level of services. We created a shape file for this area for use in geo-spatial analyses.



Akron Police Department Victim Data

The city’s Chief of Public Safety facilitates the request and submission of data from the Akron Police Department (APD). We receive data from APD on city-wide shooting victimizations and felonious assault victimizations, including demographic information. To date, we have received data on incidents that occurred between January 2024 through May 2026. These data are used to

describe the scale of the gun violence problem in the city and in geo-spatial analyses that allow the comparison of incidents by zip code, neighborhood, council ward, school cluster, and the Akron Street Team Focus Area. We analyze the data over time and assess rates of change, with 2024 serving as the baseline year.

Qualitative Methodology

Participant Interviews

Participant interviews were facilitated and scheduled by the Curbside Counselors. We developed a structured interview guide, asking participants to share information about their families, schools, challenges they have faced, and problems in the community. Each participant was asked to describe how they began working with the curbside counselors, with additional probes to understand what participants think of the counselors and the impact of the AST project. Participants were also asked about their experiences with the criminal justice system, their involvement with gun violence, and their perceptions of the primary causes of gun violence and general problems in their communities. Interview questions evolved over the course of the pilot. The initial interviews were conducted primarily with youth, while later interviews were predominantly with adults, which prompted some adjustments to the interview guide. Interviews were transcribed and analyzed for major themes.

Weekly Updates

The Lead Curbside Counselor and Principal Evaluation Scientist stayed in close contact throughout the evaluation period, primarily by phone. We spoke at least weekly, sometimes daily, about the status of the project, data collection, and program and participant challenges and successes. These conversations helped to ensure high quality data collection and the relevance and meaningfulness of the data. It also provided a qualitative confirmation of implementation fidelity.

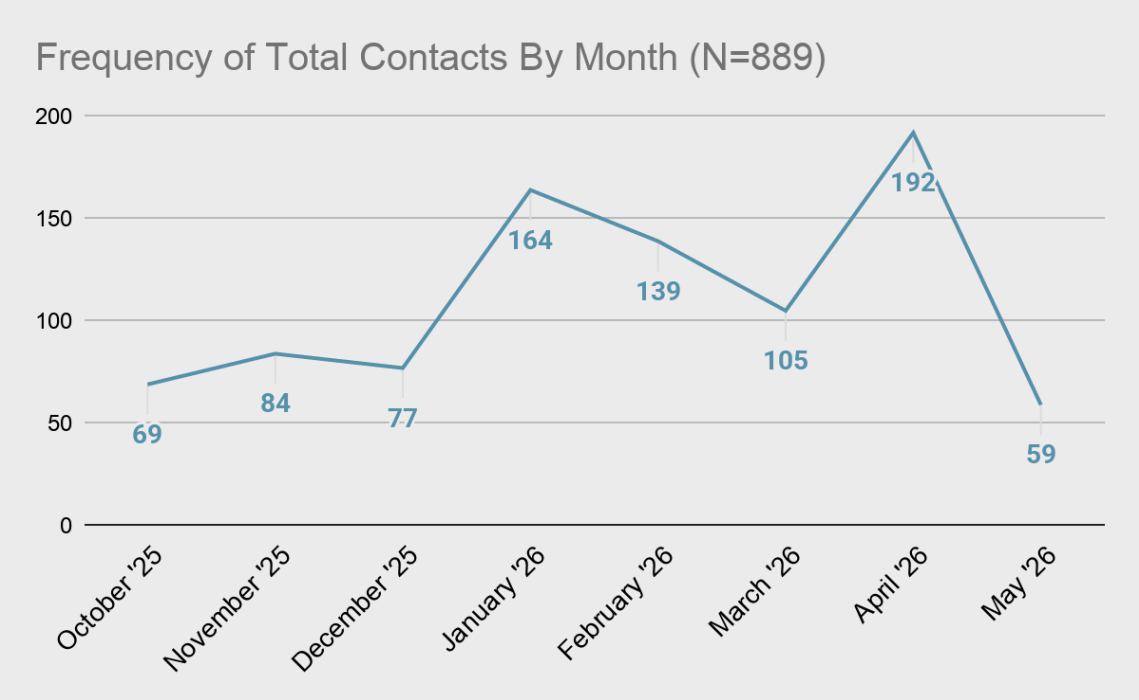
FINDINGS

Curbside Counselor Daily Activity Log Data

Participant Contacts

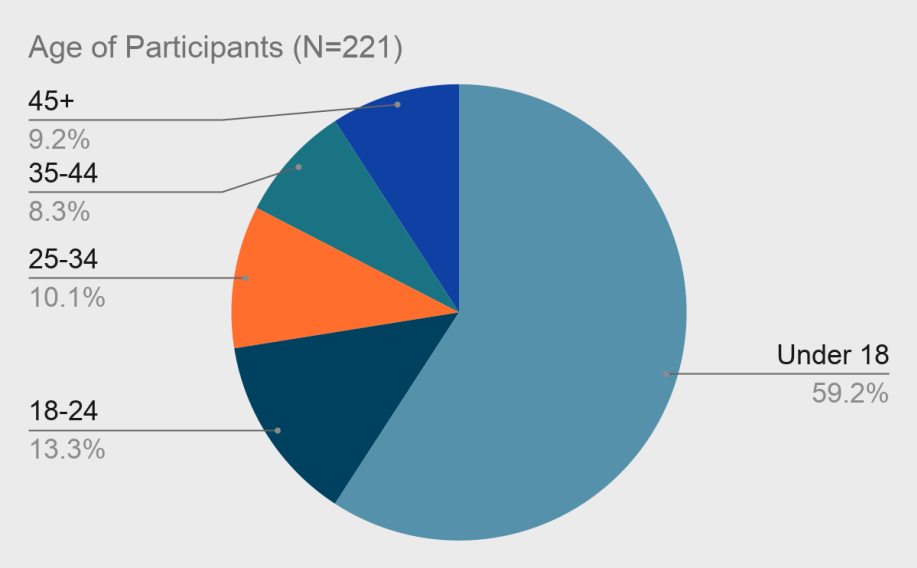
Between October 2025 and May 2026 (8 months), Curbside Counselors served 221 unique individuals and delivered 889 points of contact. The number of contacts per participant ranged from 1 to 23, with an average of 3.29 contacts per participant.

The majority of contacts were delivered by Marcel McDaniel (47%) or Cordell Walker (50%). In April 2026, there was a reduction in force resulting in the loss of one FTE. Thus, contacts decreased noticeably between April and May 2026.



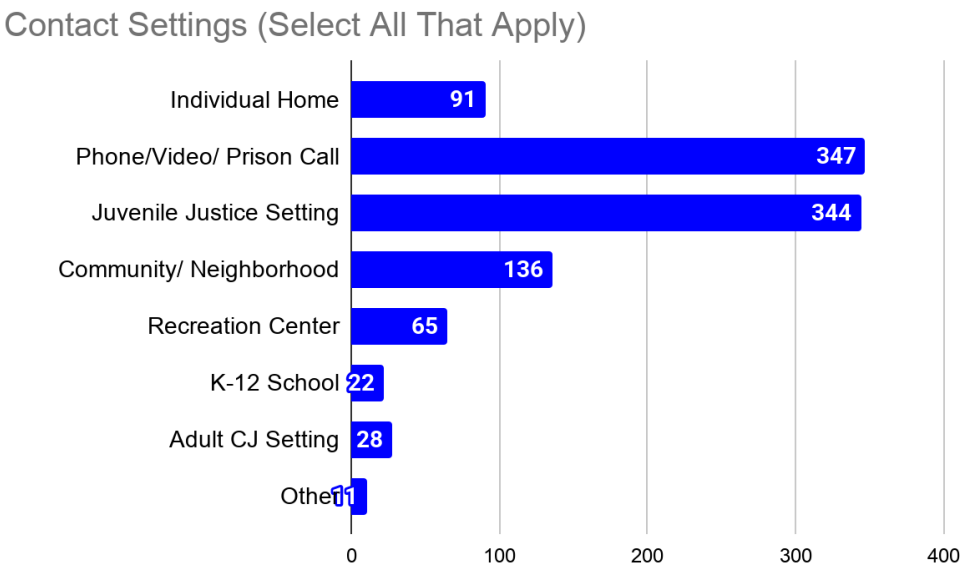
Participant Demographics

The majority of participants are under 35 years old (82%), Black/African-American (94%), and male (95%). 60% of participants identify with East Side or West Side neighborhoods in Akron.



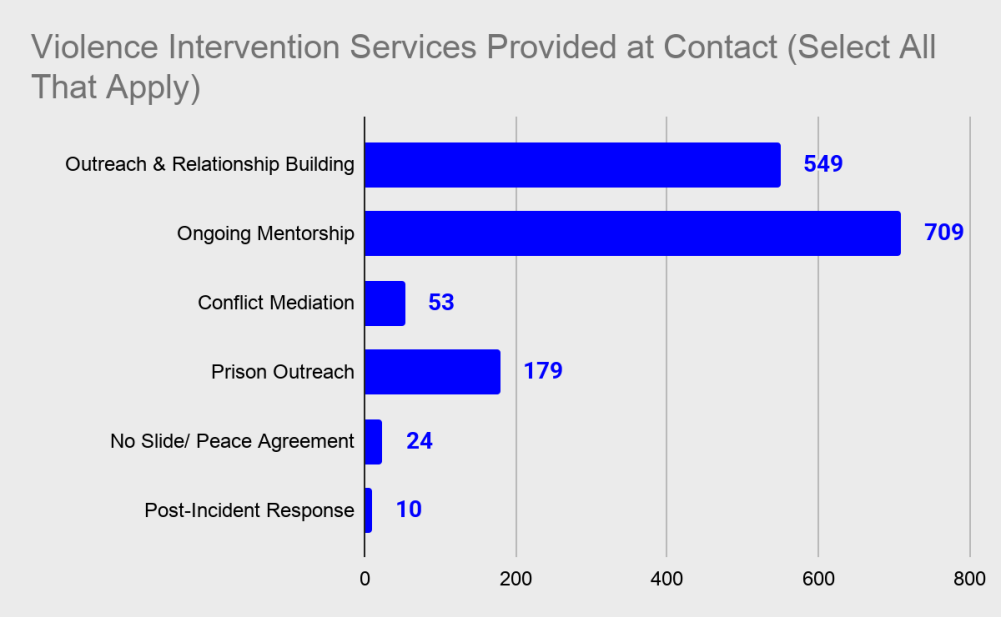
Contact Settings

Curbside Counselors connected with participants primarily by phone, video or prison call or in a juvenile justice setting. Meetings in the community, at individual homes, or recreation centers are also frequent locations for service delivery.



Violence Interruption Services

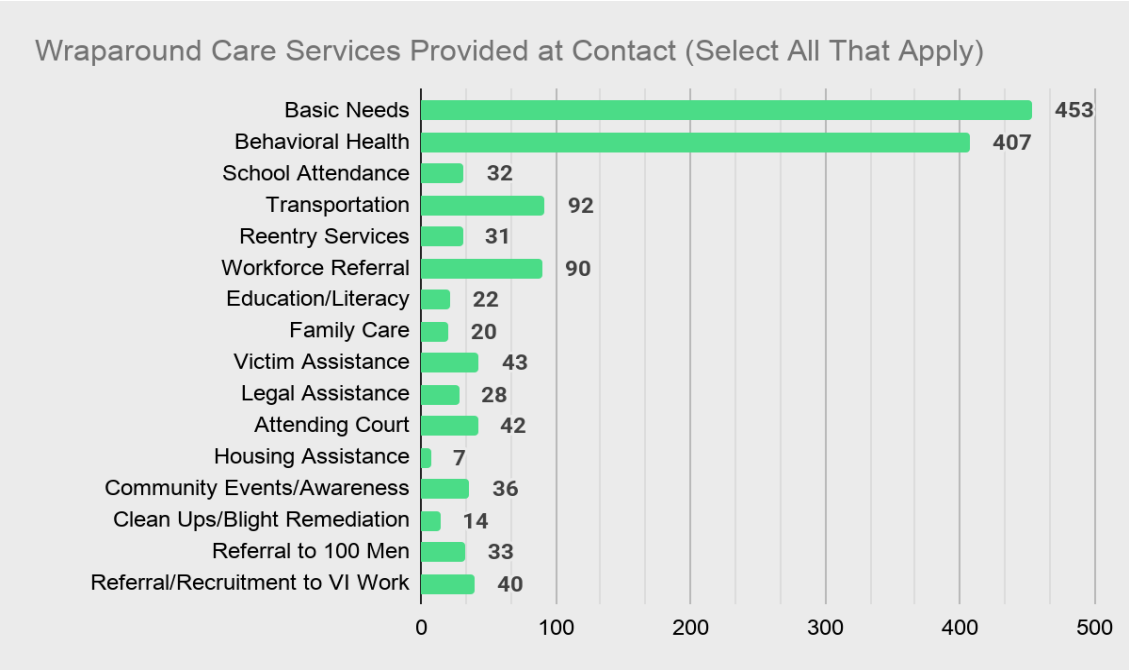
Between October 2025 and May 2026, Curbside Counselors engaged in significant, ongoing relationship building and mentorship with participants. This "relentless outreach"[5] enabled Curbside Counselors to effectively mediate conflicts and negotiate "no slide" and peace agreements.



Wraparound Care Services

Curbside Counselors provided 16 different types of wraparound care, with a clear focus on meeting behavioral health and basic needs. The wide array of services provided underscores the complex needs of participants.

[5] Janetta, J. et al. (2025). A Process and Outcome Evaluation of Oakland's Measure Z-Funded Group Violence Response Services: July 2022 to December 2024. *Urban Institute*



Curbside Counselor Participant Survey

Between October 2025 and May 2026, 38 participants consented to complete the Curbside Counselor Participant Survey. Of the 38 participants, 76% were male, 97% were Black/African-American, and they were 34 years old, on average (range = 12 - 52 years). Eight participants were still attending middle school or high school (21%), twenty had graduated high school or earned a GED (53%), five had a college degree (13%). The majority of participants were employed full-time or part-time, however, 32% were not employed (almost half of the unemployed were under 18 years old). The vast majority of participants (92%) were “very satisfied” with their experiences with Curbside Counselors.

Adverse Childhood Experiences (ACES)

We assessed participants' history of Adverse Childhood Experiences (ACES) using a modified version of the original survey. We adapted the survey to include an assessment of traumatic experiences in both childhood and adulthood. The most common ACES were separation from a parent (53%), living with someone

with a drug or drinking problem (51%), and living with anyone who went to jail or prison (63%). In February 2026, two questions from the PEARLS[6] assessment were added. Of 26 respondents, just over 1/3rd reported ever having issues with housing security. About 3/4ths of respondents reported having ever been detained, arrested, or incarcerated.

Question	N	% (N) Yes In Childhood Only	% (N) Yes In Adulthood Only	% (N) Yes Both Childhood and Adulthood	% (N) Yes Ever
Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	38	24% (9)	3% (1)	3% (1)	29% (11)
Have you ever been separated from a parent through abandonment, death, foster care, immigration, divorce, or other reason?	38	42% (16)	3% (1)	8% (3)	53% (20)
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	36	19% (7)	3% (1)	8% (3)	31% (11)
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	37	35% (13)	8% (3)	8% (3)	51% (19)
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	38	29% (11)	3% (1)	5% (2)	37% (14)
Did you live with anyone who went to jail or prison?	38	34% (13)	13% (5)	16% (6)	63% (24)
Did a parent or adult in your home ever swear at you, insult you, or put you down?	36	31% (11)	3% (1)	11% (4)	44% (16)

[6] UCSF School of Medicine (downloaded 2025). Pediatric ACEs and Related Life Events Screener (PEARLS, teen self-report). https://www.acesaware.org/pdf_wrapper/pearls-tool-teen-self-report-de-identified-english/

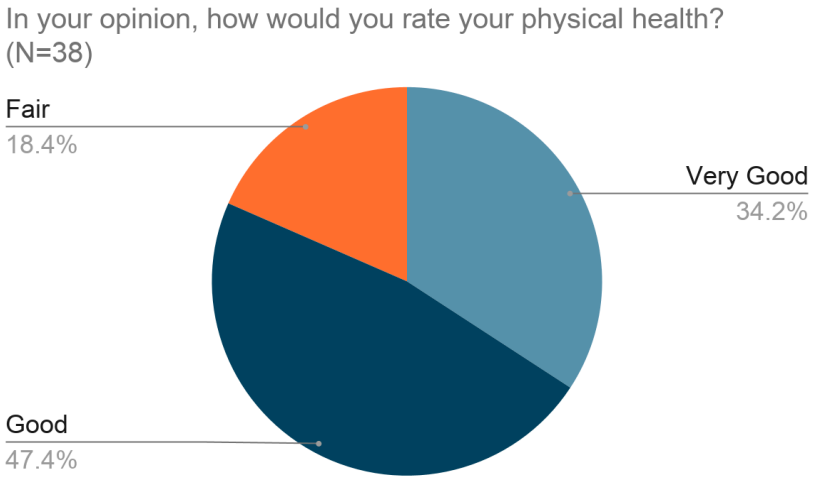
Did a parent or adult in the home ever hit, beat, kick, or physically hurt you in any way?	38	34% (13)	0% (0)	3% (1)	37% (14)
Did you feel that no one in your family loved you or thought you were special?	36	8% (3)	3% (1)	3% (1)	14% (5)
Did you experience unwanted sexual contact such as fondling or oral/anal/vaginal intercourse/penetration?	16	6% (1)	0% (0)	0% (0)	6% (1)
Two questions from the PEARLS were added to the survey in February 2026. They are not included in the ACES score calculation in the next table.					
Have you ever had problems with housing? (for example, being homeless, not having a stable place to live, moved more than 2 times in a 6 month period, faced eviction or foreclosure, or needed to live with multiple families?)	26	19% (5)	15% (4)	4% (1)	38% (10)
Have you ever been detained, arrested, or incarcerated?	26	4% (1)	31% (8)	42% (11)	77% (20)

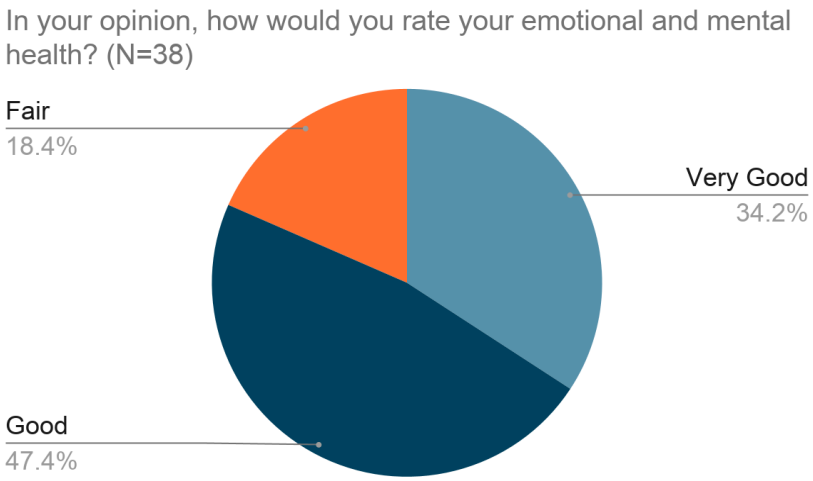
Nationally, it is estimated that 17% of adults have an ACES score of 4 or higher. Based on our survey data, over half (56%) of participants scored 4 or more, indicating their higher risk for leading causes of death and chronic health conditions. For example, compared to someone with a score of 0, individuals with 4+ ACES are 12 times more likely to attempt suicide, 7 times more likely to struggle with an alcohol use disorder, 10 times more likely to inject street drugs, 4.6 times more likely to experience clinical depression, and 2 times more likely to develop heart disease or lung cancer. The rate of ACES for individuals being served by the Pilot is alarming. According to the CDC (2023), clinicians and others who work directly with families play an important role in mitigating and preventing ACEs, from primary prevention opportunities (e.g., home visitation programs), to secondary and tertiary prevention strategies that reduce harms associated with ACEs (e.g., trauma-informed care, ensuring required linkage to services, and supports for identified issues). These are all strategies being utilized in the Pilot via MBHG and the Curbside Counselors.

ACES Score (10 Questions; N=38)	% (N)	Interpretation
0	18% (7)	No exposure to adversity, as measured
1 to 3	34% (13)	Indicates low to moderate exposure to adversity
4+	56% (18)	Indicates a higher risk for many of the leading causes of death and chronic health conditions

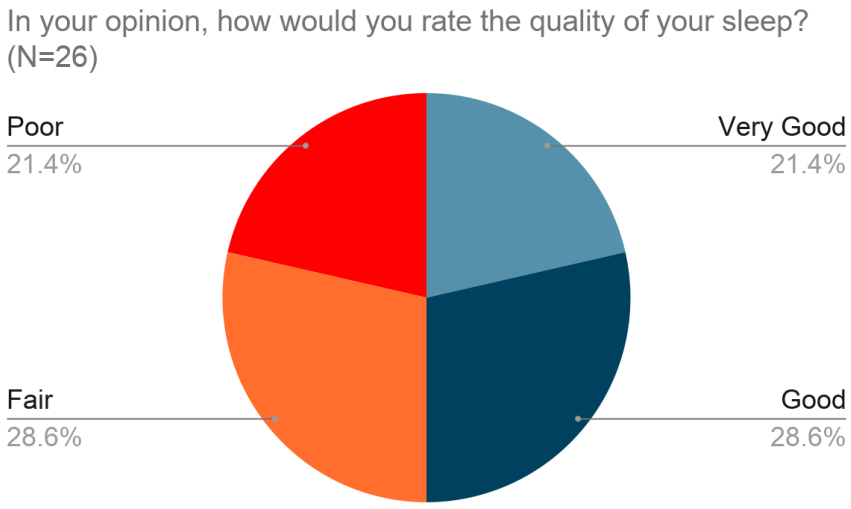
Health and Well-being

We asked participants to rate their health (Very Good, Good, Fair, Poor, Very Poor). About 82% of participants report Good to Very Good physical health and emotional/mental health.





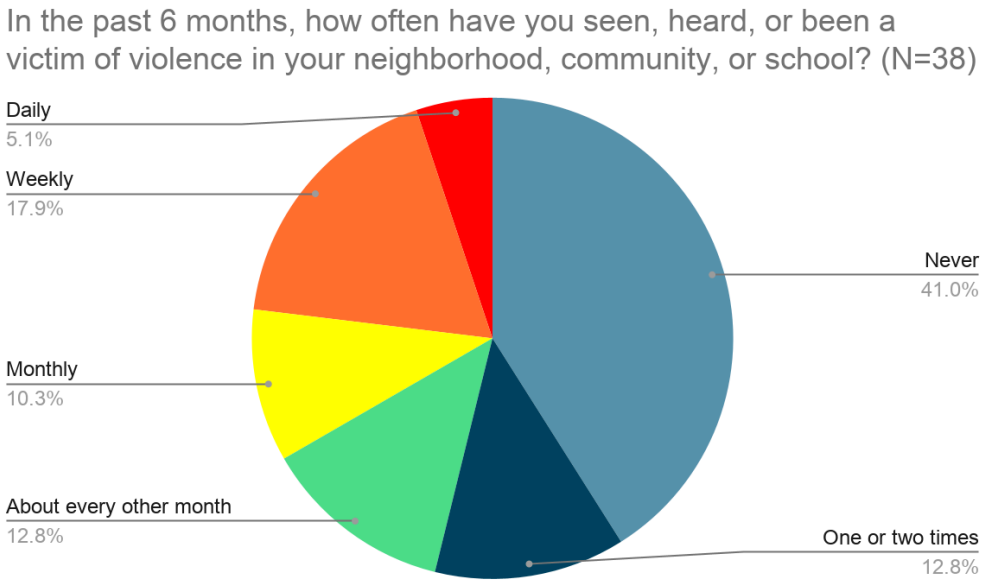
A question about sleep quality was added in February 2026. Poor sleep quality can be a precursor to significant health conditions, negatively impacting cardiovascular health, metabolic function, and mental well-being.[7] Exposure to violence affects sleep quality.[8] Of 26 participants, 50% report their sleep quality is Fair or Poor.



[7] Shah, A.S. et al. (2025). Effects of Sleep Deprivation on Physical and Mental Health Outcomes: An Umbrella Review. *American Journal of Lifestyle Medicine,* doi: 10.1177/15598276251346752

[8] Oliver S, Kravitz-Wirtz N. (2024). The mediating effect of sleep quality on exposure to community violence and posttraumatic stress symptoms in the United States. Prev Med Rep;43:102776. doi: 10.1016/j.pmedr.2024.102776.

Exposure to violence is a major cause of trauma, impacting physical health, neurological development, and emotional regulation. Witnessing or experiencing violence is a severe psychological stressor with lasting impacts that can include PTSD, mood disorders, desensitization, and aggression.[9] We asked participants about their exposure to violence in the community or school. Only 41% of respondents reported they had not been exposed to violence in the past 6 months. Nearly a quarter (23%) of participants report being exposed to violence weekly or daily.

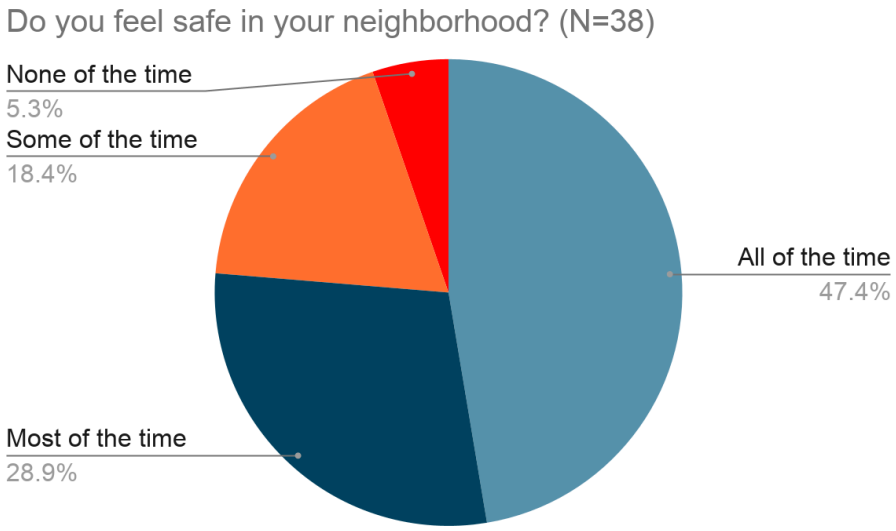


Neighborhood Perceptions

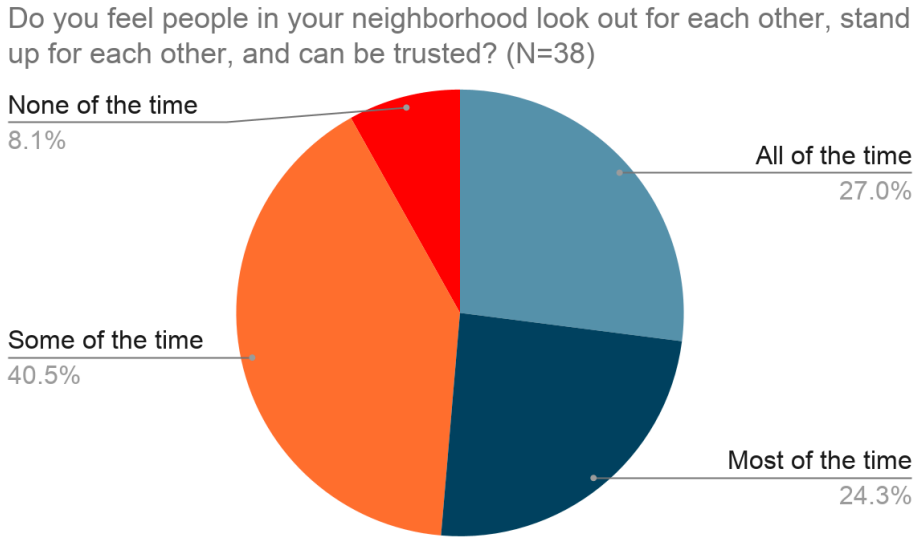
Neighborhoods where respondents report greater collective efficacy (social cohesion and informal social control) have less violence.[10] Increasing collective efficacy in neighborhoods can help to promote residents' health and upward mobility. The majority of participants (76%) reported feeling safe in their neighborhoods most or all of the time.

[9] Rivara, F. et al. (2019). The Effects of Violence on Health. *Health Affairs,* 38 (10). https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00480

[10] Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. Science, 277(5328), 918-924.



On the other hand, nearly half (49%) of participants reported that people in their neighborhood look out for each, stand up for each other, and can be trusted only *some of the time or none of the time*.



Participants were asked one open-ended question on the survey: “From your perspective, what can be done to help make your neighborhood safer?” Thirty-two participants responded; their responses are categorized by theme in the following table.

Theme	**N**	**Example**
Youth investment	8	*“More focus on getting children safe places they can be active in a positive way”*
Community unity	7	*“...bridging togetherness, working together, keeping the unity in community and togetherness in families”*
Law enforcement & justice	6	*“We need better police officers”*
Behavior & environment	5	*“Stop fighting in the neighborhood”*
Resources	4	*“Build power through civic engagement, leadership development, and economic reinvestment”*
Spiritual	1	*“Trust God”*
Hopelessness	1	*“Nothing at all except to abandon it”*

Participant Interviews

Thirty-nine participants consented to be interviewed. Thirty-six participants agreed that the interview could be recorded. Three interviews were conducted using written notes of their responses. The locations of interviews varied and are shown below.

Interview locations	N
Barber shop	5
East Akron Neighborhood Development Corp (EANDC)	11
Individual's home	7
Nonprofit space	5
Minority Behavioral Health Group (MBHG)	6
Restaurant	3
Small business	2
Total	39

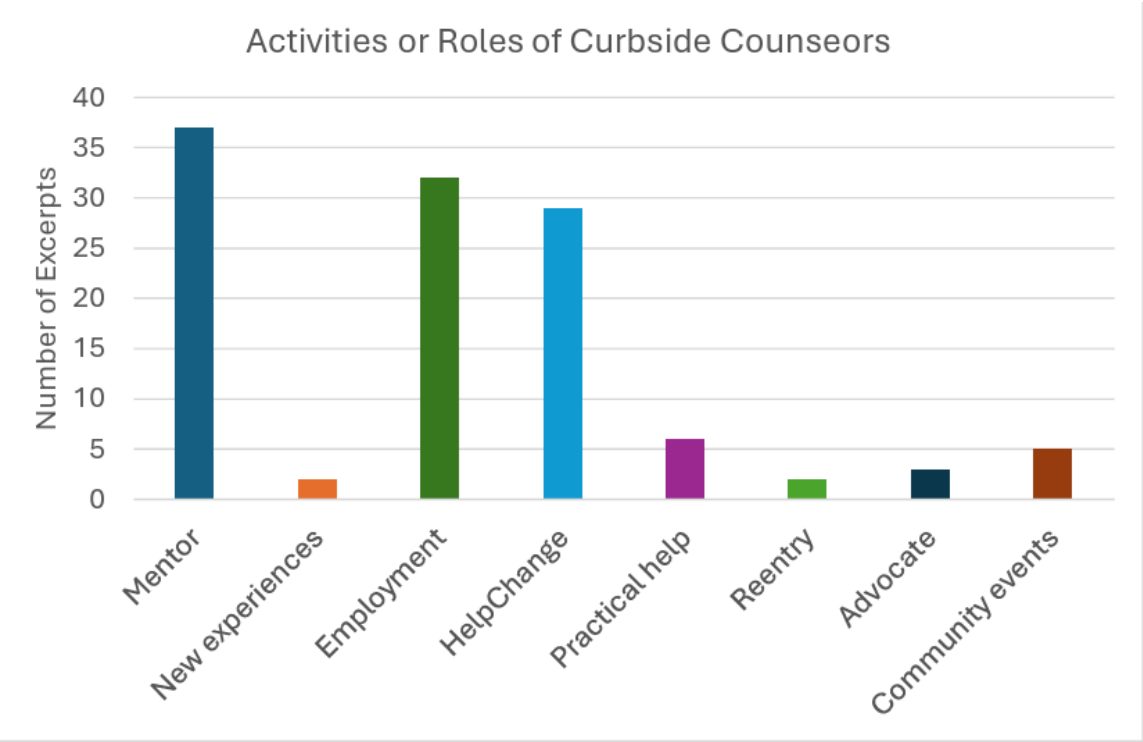
The following discussion focuses on three major topics that emerged across the interviews: (1) participants' experiences with the Akron Street Team; (2) causes of and direct experiences with gun violence; and (3) perceptions of community challenges. Not every code or category is discussed in depth, but the most prominent themes are highlighted below.

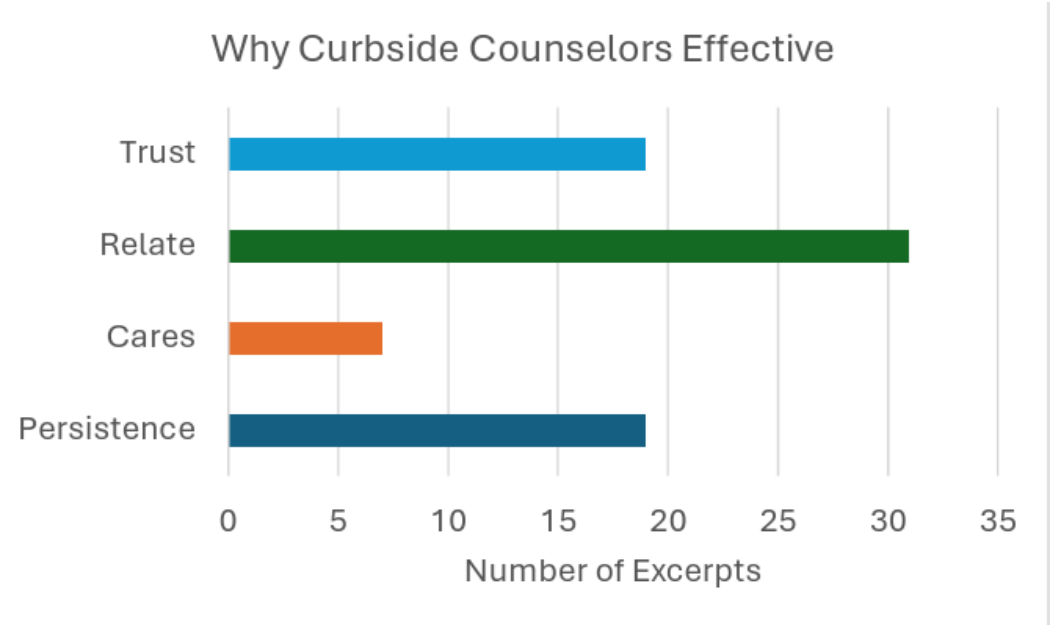
Experiences with the Akron Street Team

Across all 39 interviews, participants described their experiences with the curbside counselors in consistently positive terms. A central theme was the counselors' perceived authenticity and genuine investment in the community—respondents emphasized that the counselors were "not doing it for a quick dollar" and that their credibility stems directly from shared lived experience. This referred specifically to their past lives as violent offenders. One respondent put it: "He's been from where we came from." Another put it more bluntly by stating "because the monster he was, you know, he was a monster."

The most frequently cited role of the curbside counselors—mentioned by nearly every participant and often multiple times—was that of mentor, male role model, big brother, or father figure (Mentor code, n = 37 excerpts). Many respondents reported not having a father present in their lives; six specifically mentioned incarcerated fathers, and only four described growing up with both parents at home or at least having a father that was actively involved. For these individuals, the curbside counselors fill a critical gap, providing a trustworthy adult male presence they could turn to for guidance and support.

Participants described a wide range of practical and emotional support provided by the counselors, including helping with employment (Employment code, n = 32 excerpts), getting rides to school, financial literacy education, conflict resolution strategies, and anger management techniques. Respondents also mentioned broader community-level activities such as ceasefire events and the “Hood Olympics”. The qualities cited most often as making the counselors effective were their ability to relate to participants’ experiences (Relate code, n = 31 excerpts), their trustworthiness (Trust code, n = 19 excerpts), and their consistent follow-through and availability (Persistence code, n = 19 excerpts).





Respondents shared powerful accounts of personal transformation attributed to their work with the counselors, ranging from general redirection of life trajectory

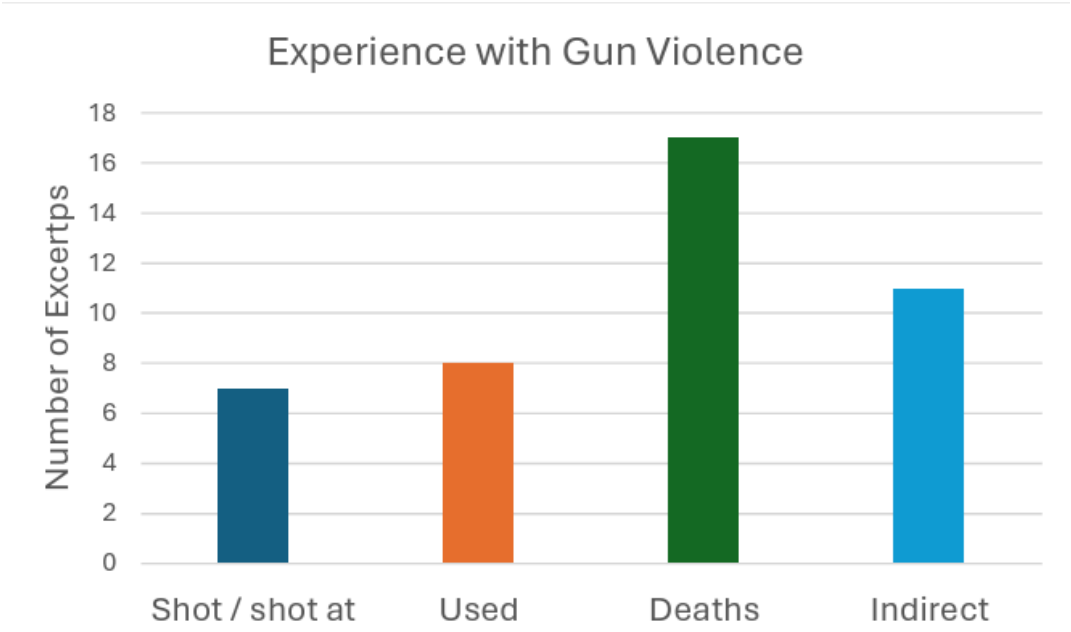
to specific reentry support following incarceration. One participant described the experience of reentry with the support of a counselor in vivid terms:

> "…as soon as you come home, it's like being dropped out of an airplane with no parachute. That's really how I feel. Like you just fall, and you don't even know how long… Then somebody gonna grab—like he the person that gets jump out with you and you skydive… gonna pull the parachute. Ain't gonna let you fall…"

Challenges related to working with the curbside counselors were also documented. Some community members expressed initial distrust of the program, citing skepticism about the counselors' motives or past reputations (Distrust code, n = 5 excerpts). Others noted that the program simply will not reach individuals who are not yet ready to change (Desire code, n = 5 excerpts) or who lack information about the program (Information code, n = 2 excerpts). In addition, insufficient resources and funding (Resources code, n = 4 excerpts), and the absence of a permanent, accessible physical location (Location code, n = 4 excerpts) present barriers to broader reach and impact of this program.

Causes and Experiences of Gun Violence

Nearly every participant reported direct or indirect experience with gun violence. Seventeen reported the death of a family member or close friend due to gun violence (Deaths code, n = 17 excerpts), and seven reported being shot or shot at themselves (Shot/Shot At code, n = 7 excerpts). Eight participants reported having used or carried guns (Used code, n = 8 excerpts), while eleven described indirect exposure such as witnessing shootings or hearing gunfire regularly (Indirect code, n = 11 excerpts).



When asked about the causes of gun violence in their communities, respondents identified a range of contributing factors. The two most frequently cited were anger or lack of emotional regulation skills (Anger code, n = 22 excerpts) and the influence of social media and music (Media code, n = 21 excerpts). Respondents described a culture in which conflicts that would have been resolved through fighting in previous years now escalate quickly to deadly violence. While there were certainly additional causes mentioned, social media was cited as playing a role through amplifying violent content and normalizing gun carrying. As one respondent noted: “These algorithms don’t help, because once you click on one person getting shot, now you’re about to just see a whole bunch of people getting shot.” Music was also identified as a key form of media influence with particular attention to violence that is glorified in rap music. One respondent stated, “So the music is playing a big part, because they rapping about everything, they rapping about the drugs, the pills, the shooting, the killing, the violence, that’s what they rapping about. So it’s getting pushed in their brain.”

Other frequently cited causes included the general ubiquity of and easy access to guns (Access code, n = 8 excerpts; Ubiquitous code in CauseProblems, n = 15), the lack of father figures and stable adult male role models in young people's lives (LackAdults code, n = 8 excerpts), and the need for self-protection in an environment where violence is perceived as constant (Protection code, n = 7 excerpts; Retaliation code, n = 7 excerpts). Several respondents also pointed to economic hardship and lack of opportunity (Economy code, n = 4 excerpts) and boredom from having little to do (Boredom code, n = 5 excerpts) as underlying drivers of gun violence.

Perceptions of Community Challenges and Needs

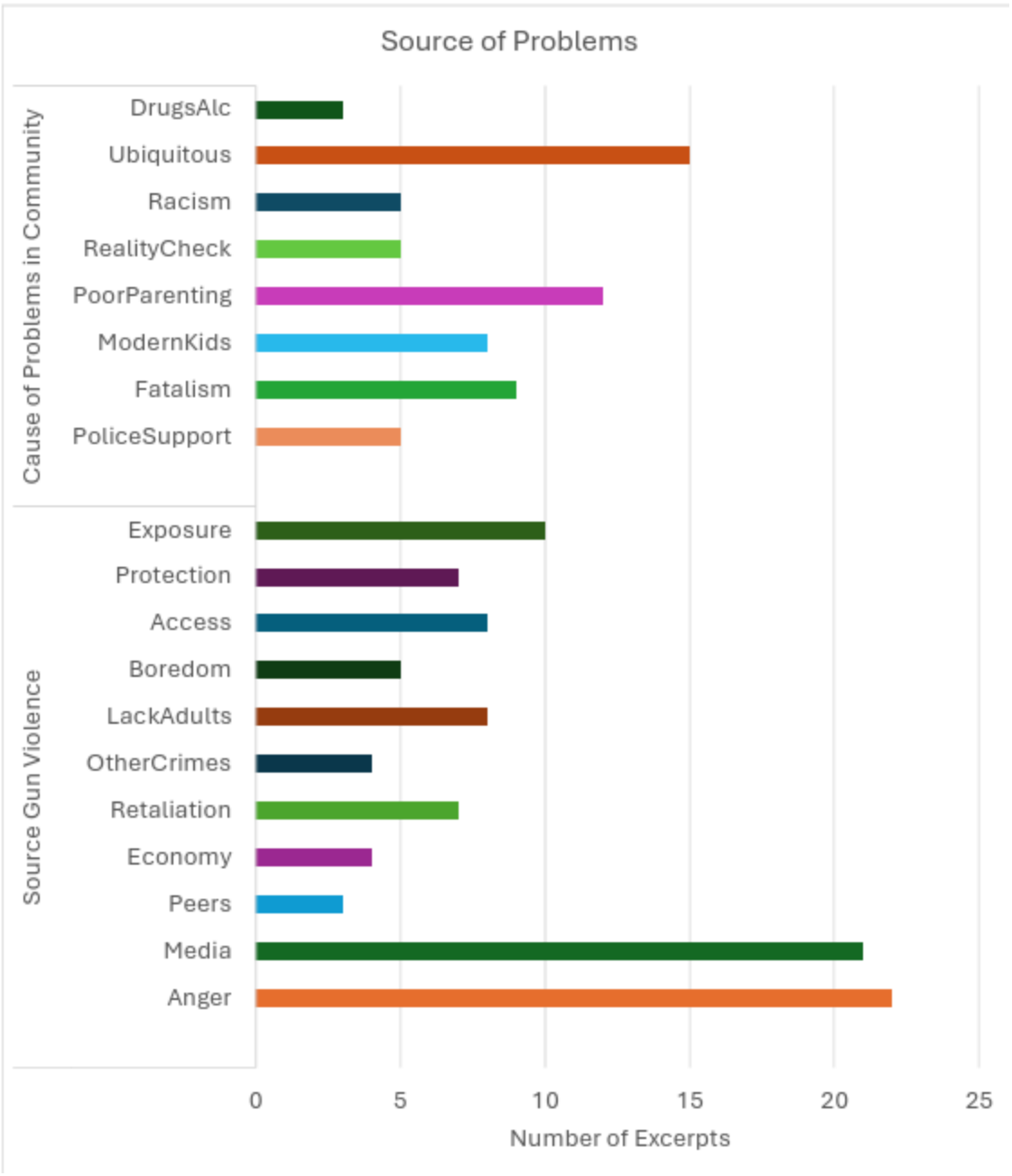
When asked about the biggest challenges in their neighborhoods and what is most needed, respondents identified several interconnected themes. The most frequently cited needs were activities and programming for youth (YouthActivity code, n = 10 excerpts) and improvement of parks and recreation facilities (Parks Rec code, n = 8 excerpts). Respondents described neighborhood parks as neglected and community centers as unwelcoming or inaccessible, emphasizing that a lack of structured activities and safe spaces leaves young people vulnerable to involvement in violence. While not specifically mentioned as often, both these concerns relate to underlying issues of poverty and lack of predictable financial investment in the communities (Resources code, n=6 excerpts).

Closely related, respondents called for more positive adult role models and present fathers in the community (PositiveAdults code, n = 7 excerpts), echoing themes raised in the discussion of gun violence causes. Developing a more unified community that builds coalitions both across racial lines and across longstanding divisions between neighborhoods, was also identified as a critical need (Unity code, n = 5 excerpts).

A notable theme that emerged across the interviews was fatalism—a sense of learned hopelessness about the persistence of violence (Fatalism code, n = 9 excerpts). Several respondents described gun violence as simply "normal" or

inevitable in their communities, a perception that likely compounds the difficulty of intervention. This could be seen in comments about how persistent gun violence is in the community such as “Gun violence. It’s out of control around here. Like, it’s really out of control.” and in statements such as “we’ve become desensitized to it.” Concerns about poor parenting (PoorParenting code, n = 12 excerpts) and the absence of consequences for youth carrying guns were also raised, with some respondents calling for stronger enforcement of weapons violation laws and for a need for police presence that is genuinely supportive of the community (PoliceSupport code, n = 5 excerpts).

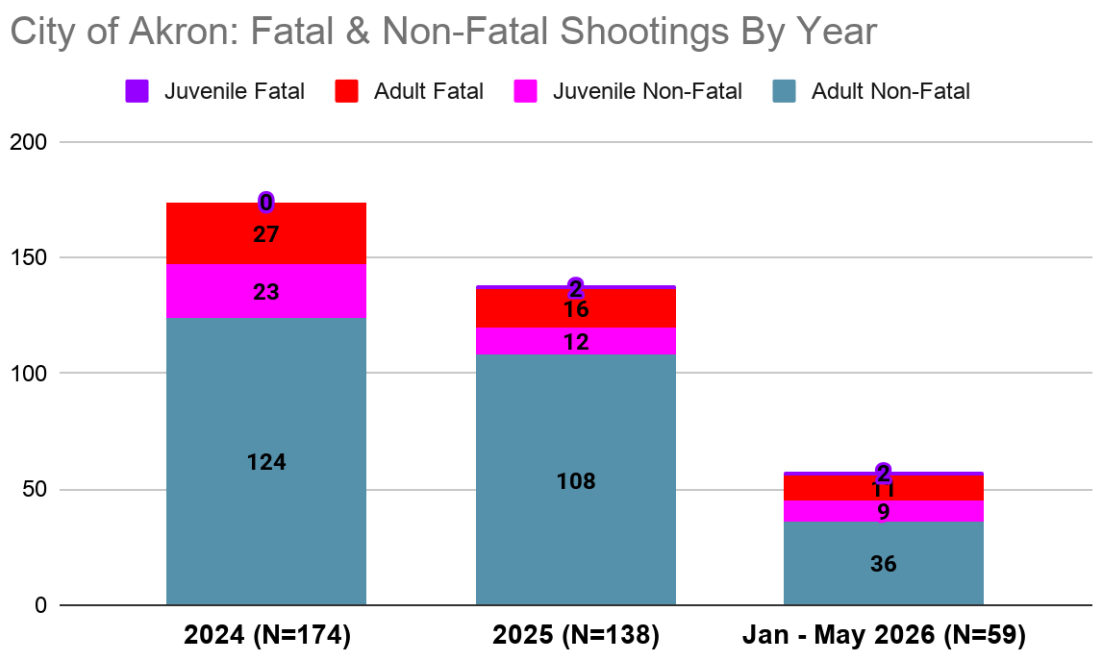
Taken together, these findings point to a community experiencing significant structural and social stressors, and to the Akron Street Team’s curbside counselors as a valued and trusted resource to bring a sense of purpose and hope for change. The data underscore both the scope of what the program is accomplishing and the significant unmet needs that remain.


Source of Problems
Cause of Problems in Community
DrugsAlc
Ubiquitous
Racism
RealityCheck
PoorParenting
ModernKids
Fatalism
PoliceSupport
Source Gun Violence
Exposure
Protection
Access
Boredom
LackAdults
OtherCrimes
Retaliation
Economy
Peers
Media
Anger
0
5
10
15
20
25
Number of Excerpts

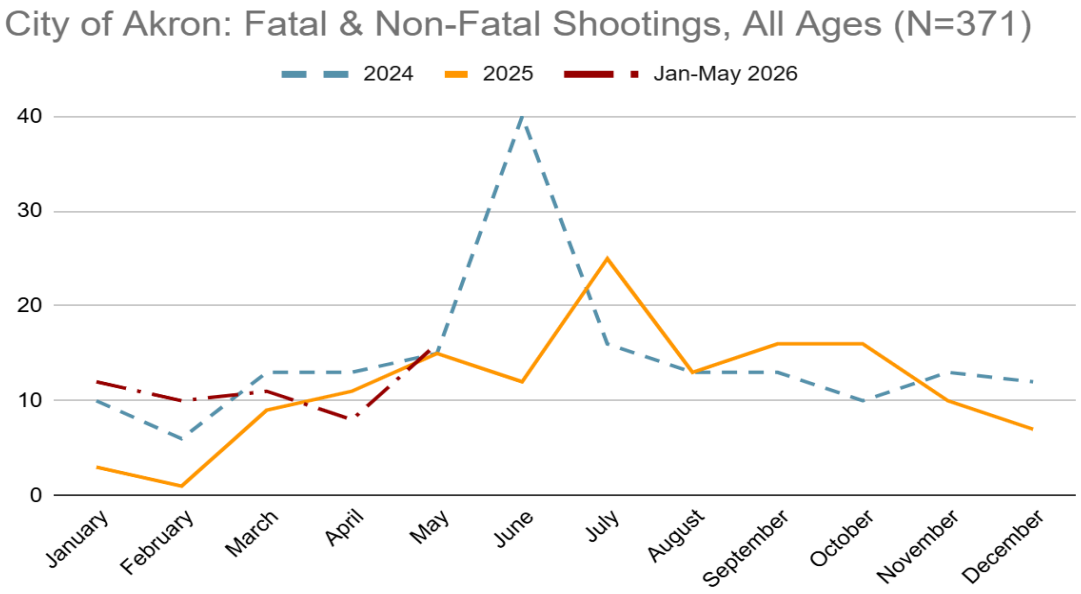
APD Crime Victim Data

Shooting Victimizations

There were a total of 371 shooting victimizations between January 2024 and May 2026. The majority of shooting victims are adults with non-fatal injuries (N=268, 72%). Since 2024, 54 adults and 4 juveniles have died as a result of a shooting injury (N=58, 16%).



Between 2024 and 2025, there was a 21% decrease in shooting victimizations city-wide. As is common across the nation, rates of violence typically increase over the summer months. On June 4, 2024 there was a mass shooting on Kelly Ave (28/40 shootings that month). On July 7, 2025 there was a mass shooting on E. Exchange at Mason CLC (5/25 shootings that month).

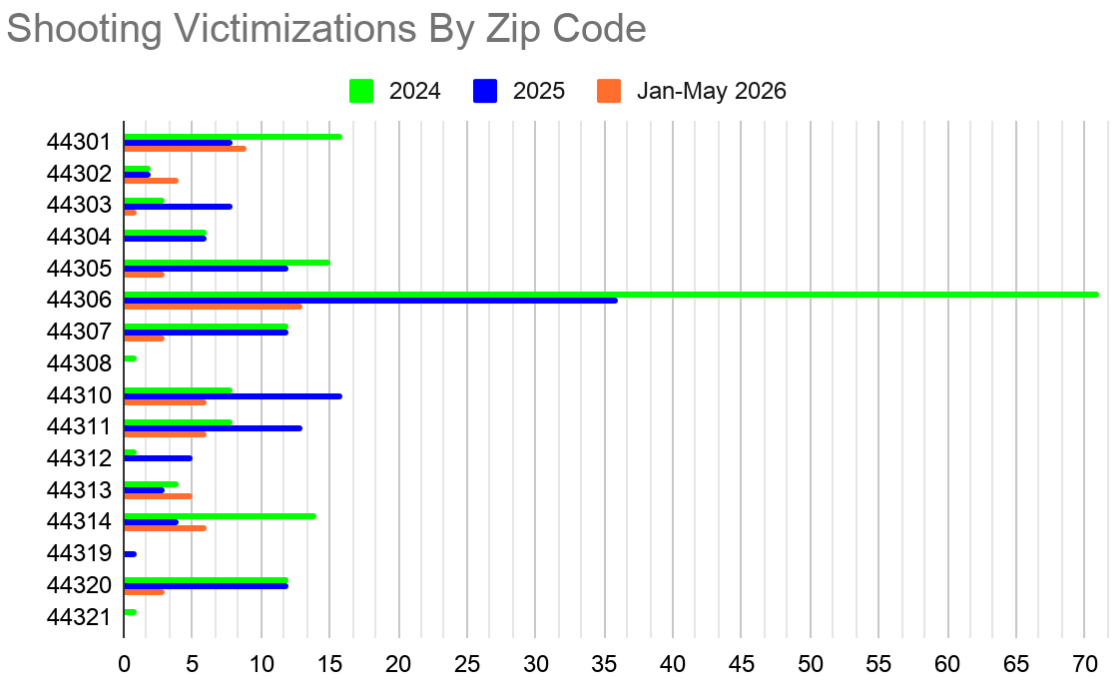


Demographic Risk for Shooting Victimizations

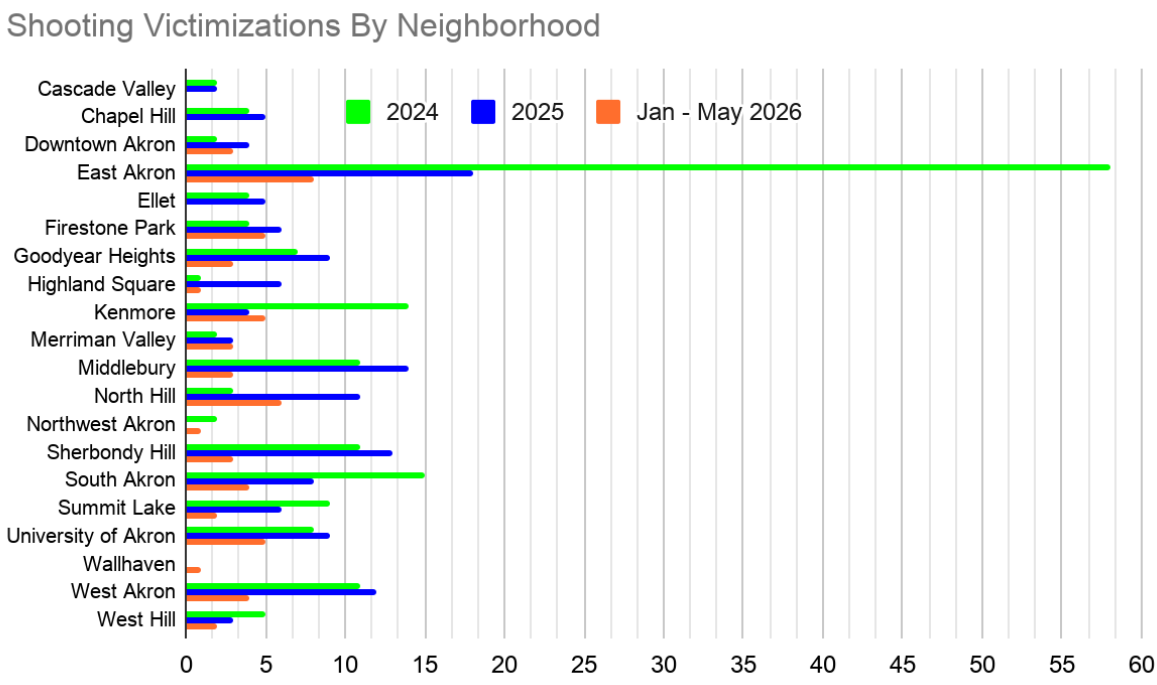
Between January 2024 and May 2026, the majority of shooting victims were Black males under 35 years old. Shooting victimizations happened most frequently in the 44306 zip code (N=118, 32%), in the East Akron neighborhood (N=85, 23%), in Council Wards 5 (N=114, 31%) and 3 (N=75, 20%), and in the East (N=116, 31%) and Garfield (N=92, 25%) CLCs.

Data Points	Fatal & Non-Fatal Shooting Victimizations
% Juvenile	13%
% Under 35 years old	69%
% Male	78%
% Black	79%
Highest Risk Zip Codes	44306
Highest Risk Neighborhoods	East Akron
Highest Risk Council Wards	Ward 5, Ward 3
Highest Risk School Clusters	East CLC, Garfield CLC

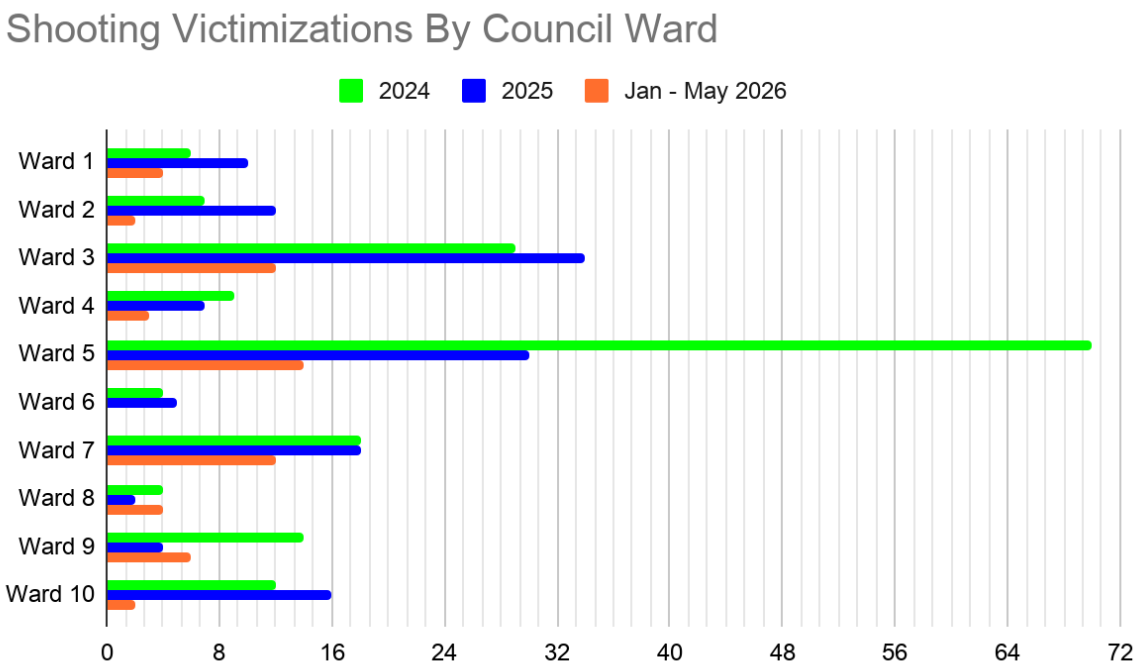
Shooting Victimizations By Zip Code



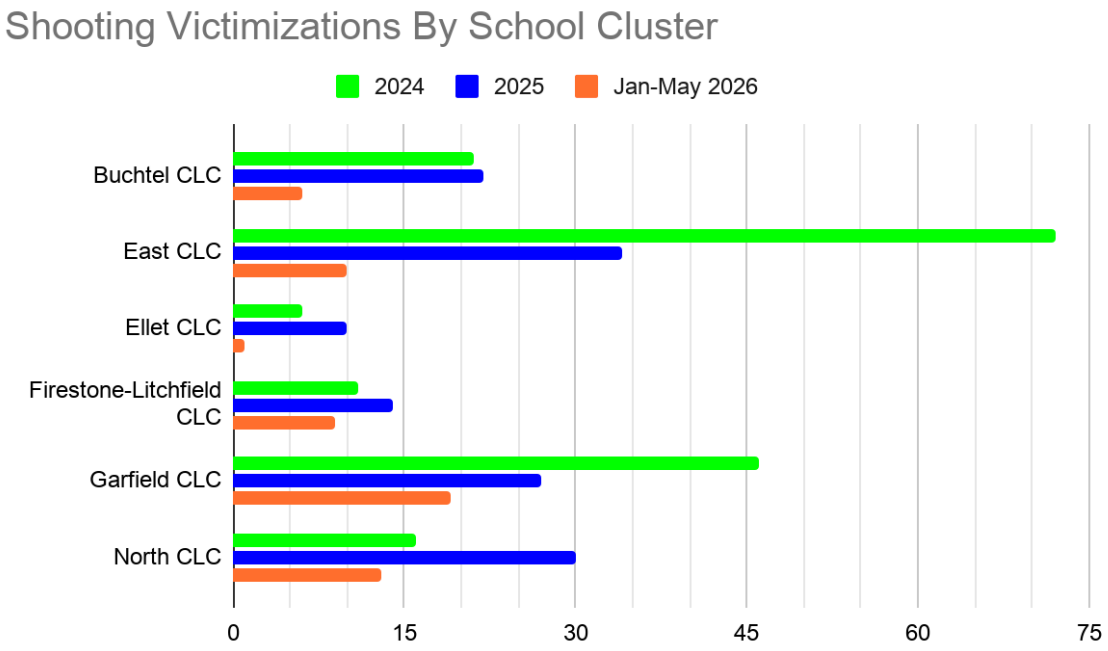
Shooting Victimizations By Neighborhood



Shooting Victimizations By Council Ward

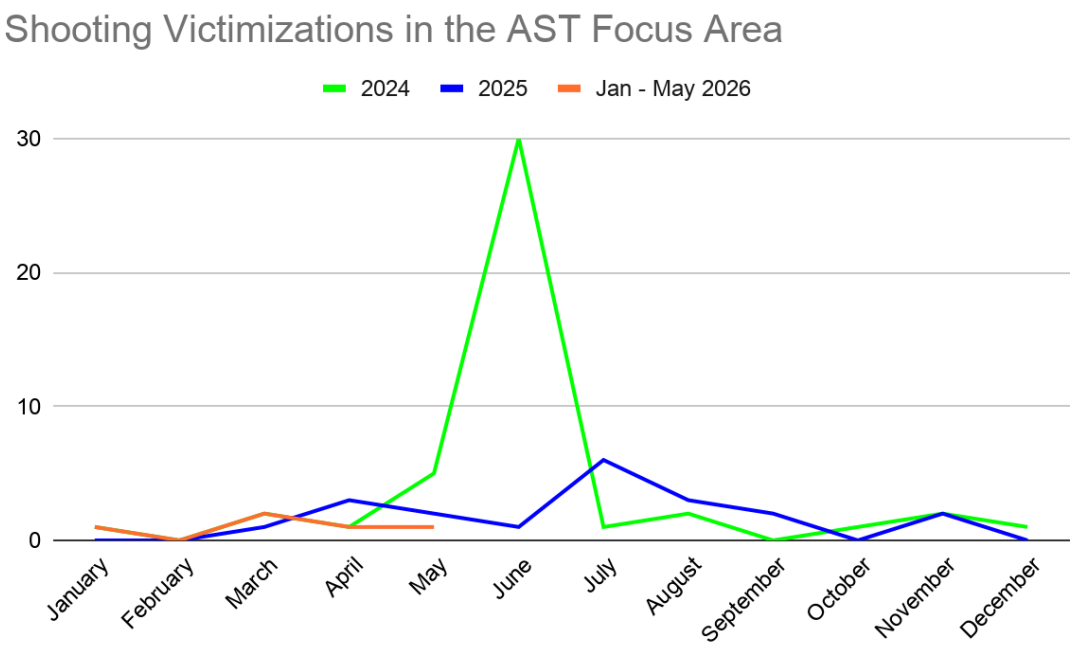


Shooting Victimizations By School Cluster



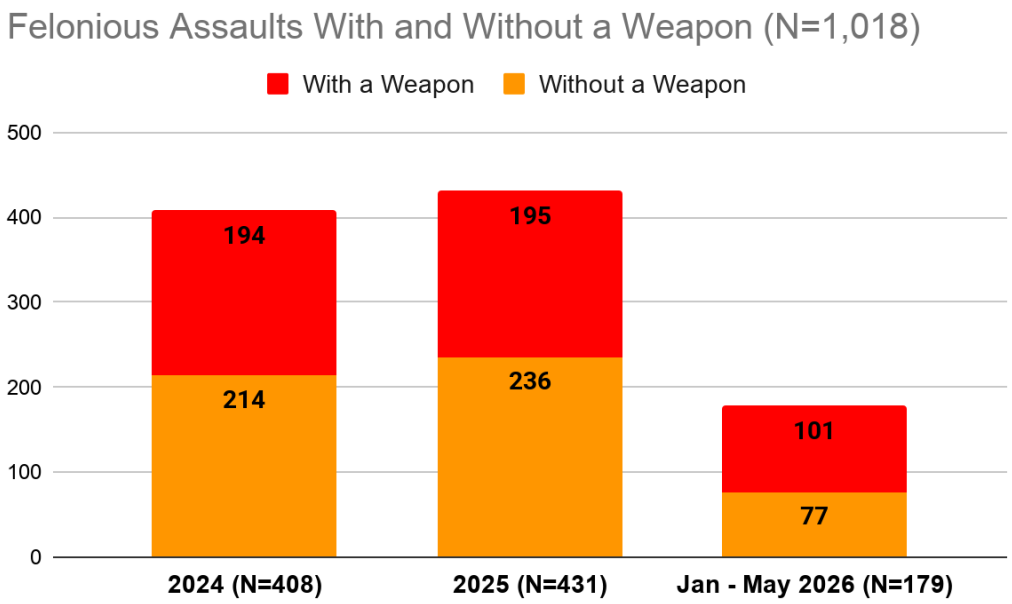
Shooting Victimizations in the AST Focus Area

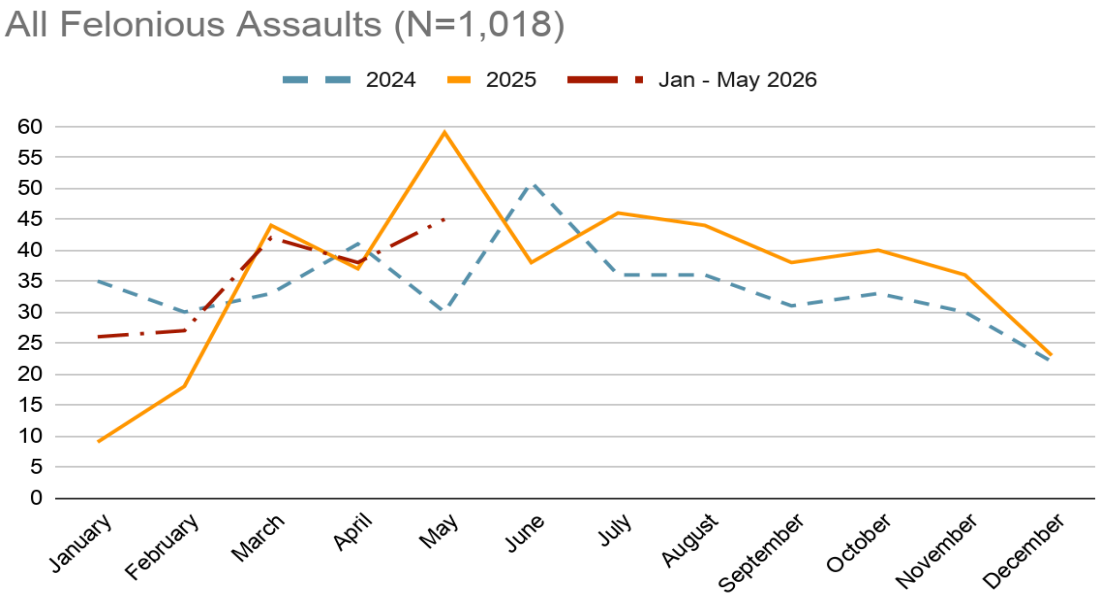
Between 2024 and 2025, there was a 59% reduction in shooting victimizations in the AST Focus Area. The mass shootings in June 2024 and July 2025 occurred within the Focus area.



Felonious Assaults

Between January 2024 and May 2026, there were 1,018 felonious assaults with (48%) or without (52%) a weapon. Between 2024 and 2025, there was a 6% increase in the number of felonious assaults. A non-fatal shooting victimization is classified as a felonious assault with a weapon, however, not all felonious assaults with a weapon involve a gun.



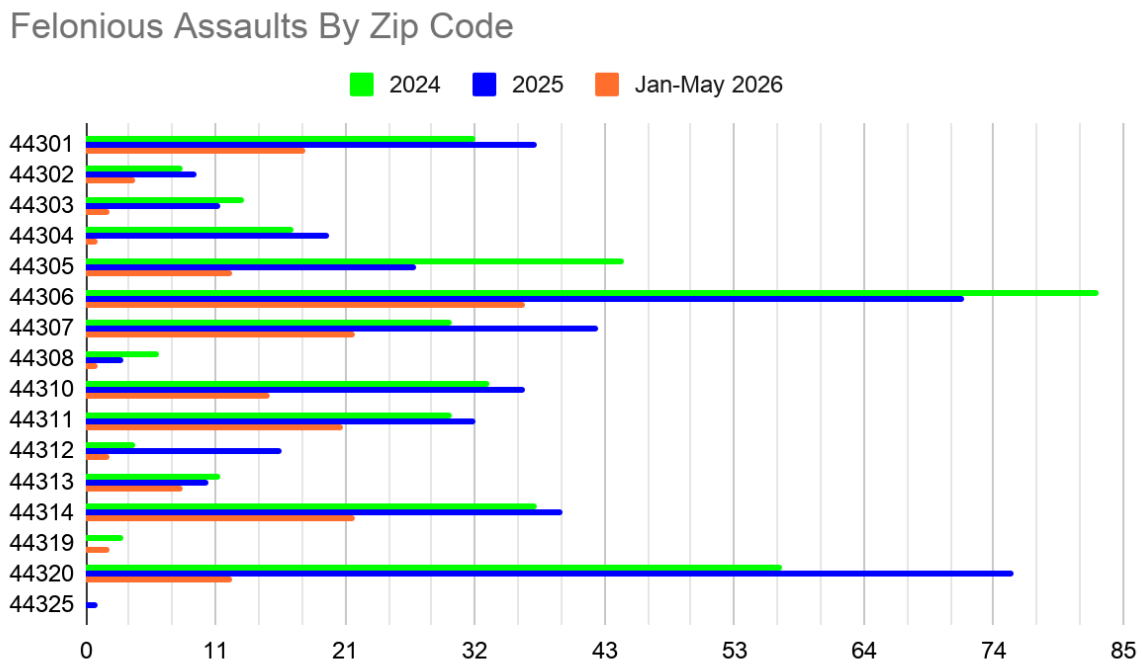


Demographic Risk for Felonious Assaults

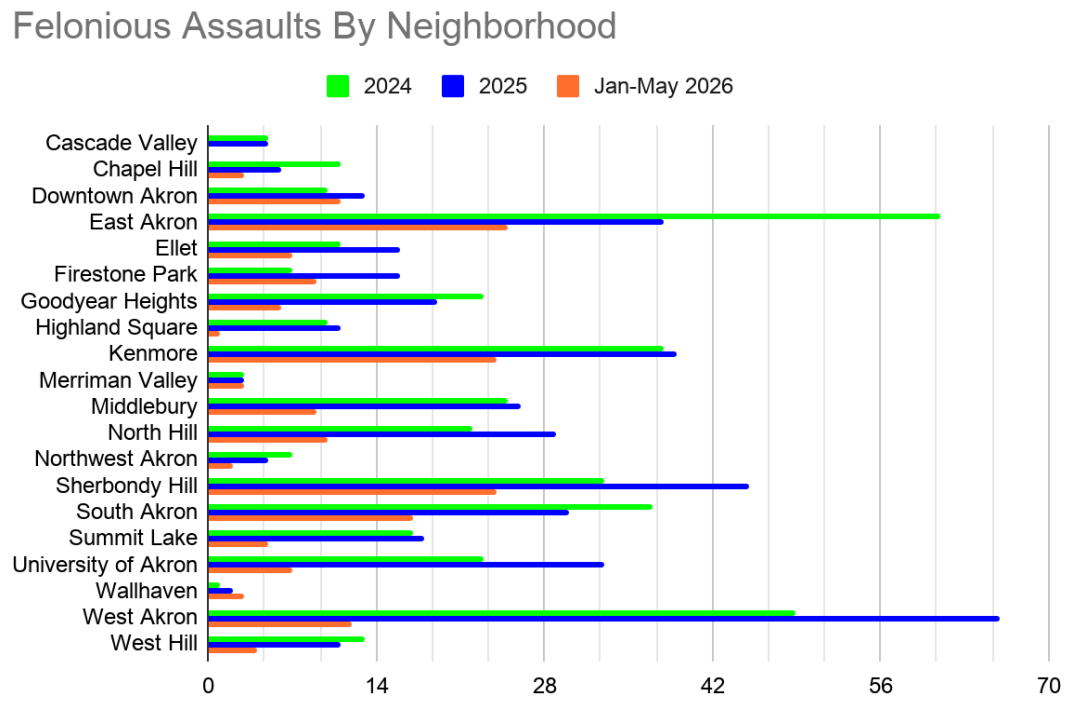
Between January 2024 and May 2026, the majority of felonious assault victims were Black males under 35 years old. Felonious assaults happened most frequently in the 44306 (N=191, 19%) and 44320 (N=145, 14%) zip codes, in West Akron (N=127, 12%), East Akron (N=124,12%), Sherbondy Hill (N=102, 10%), and Kenmore (N=101, 10%) neighborhoods, in Council Wards 3 (N=240, 24%) and 5 (N=203, 20%), and in the Garfield (N=268, 26%), Buchtel (N=218, 21%), East (N=206, 20%), and North (N=183, 18%) CLCs.

Data Points	Felonious Assault Victims
% Juvenile	12%
% Under 35 years old	59%
% Male	66%
% Black	68%
Highest Risk Zip Codes	44306, 44320
Highest Risk Neighborhoods	West Akron, East Akron, Sherbondy Hill, Kenmore
Highest Risk Council Wards	Ward 3, Ward 5
Highest Risk School Clusters	Garfield CLC, Buchtel CLC, East CLC, North CLC

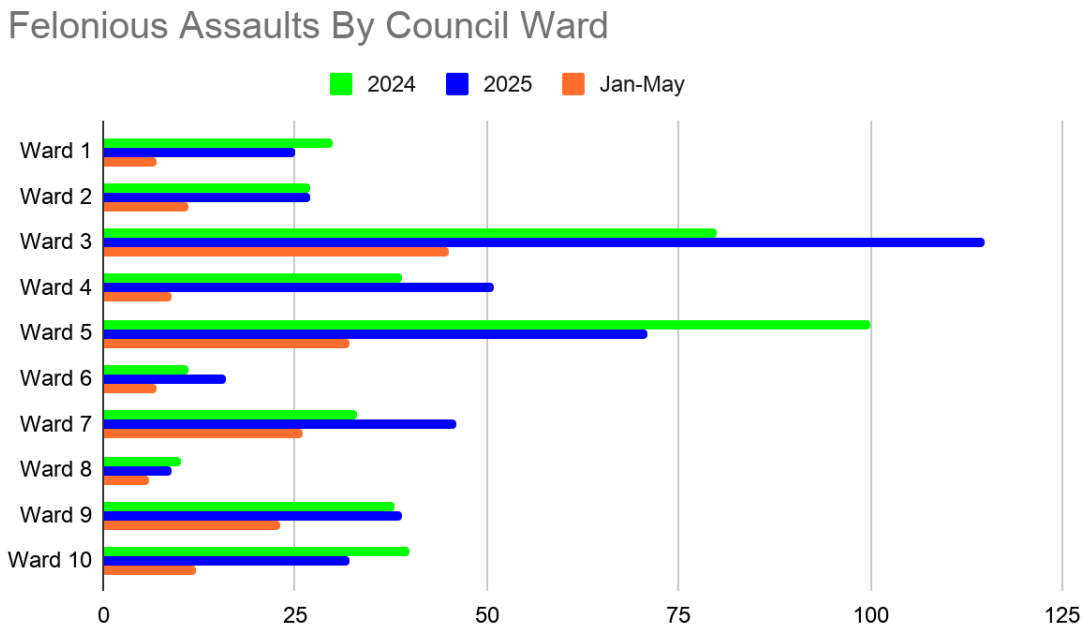
Felonious Assaults By Zip Code



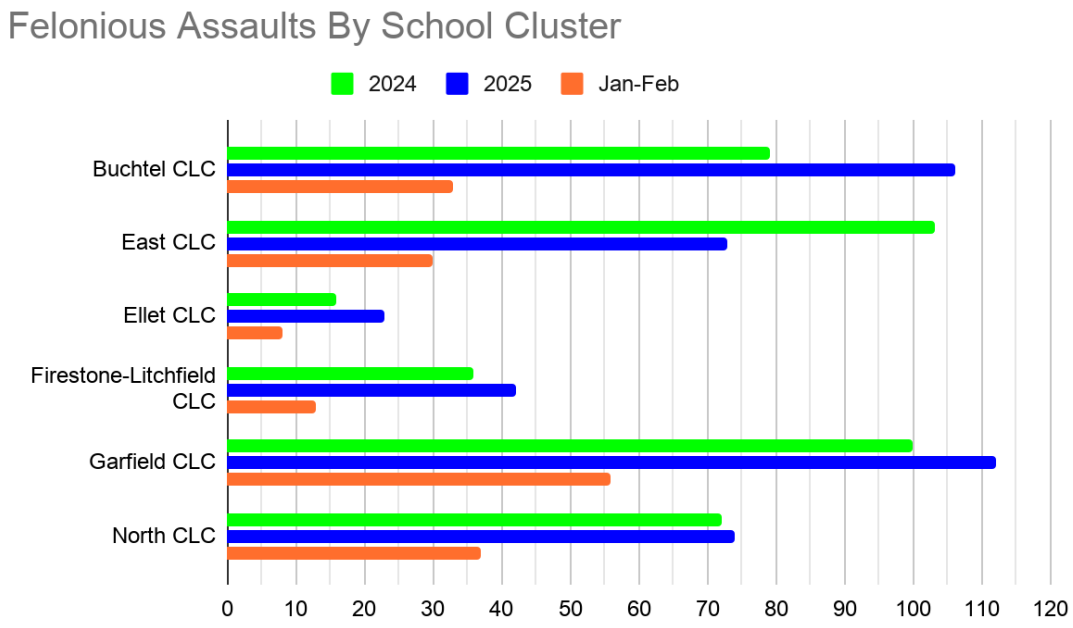
Felonious Assaults By Neighborhood



Felonious Assaults By Council Ward



Felonious Assaults By School Cluster



Felonious Assaults in the AST Focus Area

Between 2024 and 2025, there was a 30% reduction in felonious assaults in the AST Focus Area.

DISCUSSION

The final evaluation of the **Akron Street Team (AST) Pilot Program** demonstrates that community-led, culturally-grounded violence intervention strategies offer a powerful mechanism for reducing gun violence. Operating from January 2025 through June 2026, this 18-month initiative successfully combined street-level conflict mediation with intense behavioral health and wraparound support. The mixed-methods data compiled by the evaluation team provides clear insights into the program's successes, the persistent challenges within Akron's highest-risk neighborhoods, and a roadmap for expansion and sustainability. Based on established CVI research showing a minimum of $7.20 return for every $1.00 invested, the pilot's **$185,000 initial funding is projected to generate at least $1,332,000 in local economic benefits** by averting fatal and non-fatal injuries, hospitalizations, and justice-system costs.

1. Reductions in Localized Violence

The quantitative findings reveal a divergence between the localized Focus Area and city-wide crime data. While the broader city of Akron saw a notable 21% decrease in shooting victimizations from 2024 to 2025, the **AST Focus Area experienced a 59% reduction in shooting victimizations** over the same timeframe. This local drop occurred despite the presence of historic mass gun injury events within the focus area during consecutive summers, validating that the presence of Curbside Counselors significantly defused standard cycles of neighborhood retaliation. Conversely, felonious assaults across Akron increased by 6%, emphasizing that broader systemic triggers for physical violence remained active, making the localized reduction in gun-based trauma even more remarkable.

2. The Power of Lived Experience and Relentless Outreach

Qualitative interviews highlighted that the core driver of the pilot's success is the specialized background of the Curbside Counselors. By utilizing "credible messengers", individuals with prior justice-system involvement who are trained in mental health care by the Minority Behavioral Health Group (MBHG), the program overcame long-standing structural barriers to community trust and access to high risk individuals. Participants described these counselors as indispensable mentors, paternal figures, and "parachutes" during the chaotic window of community reentry. The quantitative metric of 889 points of contact across 221 unique individuals further supports this, showing an aggressive, high-touch strategy built on consistency and accountability.

3. High Exposure to Trauma and Community Fatalism

The data compiled via participant surveys highlights the severe psychological burdens carried by those served by the pilot:

- **Elevated ACES Burden:** Over half (**56%**) of the program participants registered an Adverse Childhood Experiences score of 4 or higher. Nationally, only 17% of adults reach this threshold, putting Akron participants at drastically elevated risks for chronic mental disorders, drug abuse, and suicide.
- **Constant Violence Exposure:** Only 41% of participants escaped direct exposure to violence in the six months prior to being surveyed, while nearly a quarter experienced or witnessed violence daily or weekly.
- **Entrenched Fatalism:** Interview data heavily detailed an atmosphere of learned hopelessness. Many residents now categorize routine gun violence as "normal" or inevitable, driven by a hyper-accelerated conflict culture where minor social media altercations can rapidly escalate to lethal force.

4. Operational Inefficiencies and Resource Drops

The operational capacity of the pilot was impacted in April 2026 due to an administrative reduction in force, which cut the full-time staff by half. Because the program relied on only two full-time counselors to cover the entirety of Akron and the local juvenile justice facility, losing an employee immediately caused contacts to decrease from 192 in April down to 59 in May. This operational vulnerability underscores the volatility of relying on short-term pilot funding and too few staff for critical public safety infrastructure.

RECOMMENDATIONS

Based on the statistical and qualitative findings of this evaluation, the following changes are recommended to enhance, stabilize, and expand Akron's community violence intervention ecosystem.

1. Stabilize Funding and Expand Field Personnel

- **Action:** Pivot from time-limited pilot grants to line-item municipal funding, supplemented by local philanthropic sources.
- **Target:** Select at least one additional Focus Area. Immediately scale the number of Curbside Counselors to at least 3. This will help to prevent burnout, ensure 24/7 crisis response coverage, and build a buffer against sudden programmatic reductions.

2. Establish Permanent Neighborhood Safety Hubs

- **Action:** Formally secure and fund dedicated, physical brick-and-mortar storefronts or community spaces within the highest-risk zip codes (such as **44306** and **44320**).
- **Target:** A permanent site directly counters the lack-of-location barriers cited by participants, offering a stable environment for walk-in mediation, distributing basic needs, and coordinating MBHG behavioral health care outside of institutional or carceral settings.

3. Formalize Institutional Warm Handoff Protocols

- **Action:** Build standard operating procedures with the Akron Police Department (APD), MBHG, and local emergency departments to institutionalize a "post-incident response" workflow.
- **Target:** Curbside Counselors recorded only 10 post-incident scene responses. Ensuring counselors are automatically dispatched to hospital bedsides immediately following a shooting will maximize the window of opportunity to disrupt retaliatory violence.

4. Scale Up Proactive Youth Programming and Safe Infrastructure

- **Action:** Expand physical investments into parks, recreation spaces, and structured youth programs specifically within the East Akron and West Akron neighborhood footprints.
- **Target:** "Youth investment" and "Parks & Rec" improvements were the single most demanded community safety needs across all survey participants. Expanding youth initiatives - similar to the pilot's "Hood Olympics" or the Safe Passages high school safety initiative - directly combats the boredom and lack of positive adult supervision that can drive youth gun carry rates.

5. Expand Emotional Regulation and Digital Literacy Curriculums

- **Action:** Design and fund community-wide workshops targeted at young individuals that focus directly on digital de-escalation and emotional control.
- **Target:** Because anger and the amplification of conflicts via social media algorithms were identified as the primary catalyst for modern shooting escalations, standard violence interruption must be paired with proactive digital literacy to stop internet disputes before they spill onto the streets.

6. Key Performance Indicators (KPIs)

- **Operational Activity KPIs (Program Outputs)-** These metrics measure the daily productivity, outreach, and reach of the Curbside Counselors:
    - **Total Points of Contact:** Log a minimum of **2,250 total points of contact** annually across the scaled team (Average of ~15 contacts per week by 3 counselors).
    - **Participant Base Expansion:** Reach and consistently serve at least **250 unique high-risk individuals** per year.
    - **Mediation Agreements:** Document at least **75 conflict mediations** annually to stop escalating neighborhood conflicts.
- **Community Impact KPIs (Program Outcomes) -** These metrics track the ultimate real-world footprint of the program on neighborhood safety and well-being:
    - **Targeted Violence Suppression:** Maintain a year-over-year **reduction of 30% or greater in shooting victimizations** specifically within designated AST hot spots and focus areas.
    - **Basic Needs & Service Linkage:** Achieve a **75% or higher successful resolution rate** for critical wraparound care requests, including job placements, mental health enrollments, and stable housing transitions.
    - **Neighborhood Safety Perceptions:** Increase the proportion of surveyed residents who report that neighbors "look out and stand up for each other" by **10% by the end of each program year**.

CONCLUSION

The Akron Street Team Pilot Program has proved to be a highly cost-effective, high-return mechanism that transforms deep-seated community trauma into positive social change. By shifting the programmatic framework from a temporary pilot to a foundational pillar of Akron's public safety strategy, the city can build a safer, more unified community.

APPENDIX 1

RESEARCH REVIEW

Effectiveness of Community Violence Intervention Models

Summary:

Two models of Community Violence Interventions (CVIs) that are effective in decreasing violent crime are Violence Interrupters (VIs) and Ceasefire / Cure Violence. Both use trained mediators to directly engage with individuals who are at highest risk for being involved in gun violence. The VIs often have a history of violence, drug addiction, or incarceration and are considered credible messengers in these communities. They teach conflict resolution methods, shift norms related to violence, and connect clients to wrap-around services. Programs using credible messengers report decreases in homicides and shootings ranging from 16% to 74%. Financial investment ranges based on the size of the communities and the number of potential clients, with larger cities investing $20 to $30 Million annually. Several cities made sizable investments using one time ARPA funds (up to $100 million in Indianapolis). The role of law enforcement in these programs is to provide information about shooting events and "hot spots" of violence but all information flows in one way, from police to the VI's, to maintain the trust of the community in the program.

Program Summary	Model Type / Name	Investment	Role of Law Enforcement	Outcomes
Violence Interrupters[1] – Overview Public Health model – focus on causes of violence to prevent spread - decrease risk factors - increase protective factors Use of trained Violence Interrupters (Vis) to mediate conflicts and spread anti-violence messaging	Violence Interrupters	Need for trained VIs and administrative support staff to build community coalitions for wrap-around services. Build relationships with hospitals, law enforcement, social services, community organizations.	Varies across programs but usually minimal. Concerns with lack of trust between police and VIs or undermining credibility of VIs in community if viewed as connected to police.	General goals to decrease violence, or specific forms of violence (homicides, shootings, gang violence). Key challenges - High risk to VIs / personal danger - Burnout - Trauma - Staff turnover

[1] Hucke, K. (2024). *Violence interrupters: A review of the literature*. Illinois Criminal Justice Information Authority. https://hdl.handle.net/20.500.11990/10724

- VIs engage directly in high-risk areas, contact and build rapport with individuals at highest risk for gun violence - VIs are credible messengers with lived experience and deep ties / trust in community. - VIs connect clients to additional services -build relationships with clients		Need for adequate pay and job stability for VIs - often short term contacts - lack of benefits - low pay -cuts to program funding	Best practice: One-way sharing of information. -Police departments provide information on hot spots or shooting incidents to the VIs. -Information about clients gathered by VIs is not shared with police to ensure trust and credibility.	- Resources (pay / support staff, technical training to monitor social media) - Relationship with police, need for independence from police Mixed findings on outcomes. In majority, significant reductions in gang violence, shootings, homicides, and violence. In the Chicago, Baltimore and Sacramento locations - homicides down 15%-56% - non-fatal shootings down 16%-34% - In Honduras, shootings and homicides dropped 73% Economic analysis of cost of programs compared to direct and indirect costs of violence demonstrate significant savings through prevention of violence.
Ceasefire (Cure Violence)[2] – Overview	Ceasefire	Studies across 27 program cites (US cities and		68.7% of studies showed significant reductions in shootings and killings. Reduction examples:

[2] Whitehill JM, Webster DW, Frattaroli S, Parker EM. 2014. Interrupting violence: how the CeaseFire Program prevents imminent gun violence through conflict mediation. Journal of Urban Health. 91(1):84-95. doi: 10.1007/s11524-013-9796-9. PMID: 23440488; PMCID: PMC3907621.
- National Gang Center (NGC). 2021. “Cure Violence” Office of Justice Programs, U.S. Department of Justice. https://nationalgangcenter.ojp.gov/spt/Programs/139

Public-Health model Developed by Physician–epidemiologist Gary Slutkin Trained credible messengers with lived experiences of violence, gang involvement, and other crime mediate conflicts before shootings occur. Target community members at high risk of gun violence. Public education component to change norms about the acceptability of violence. Training in conflict resolution to provide alternatives to gun violence. Emphasis on the importance of face-to-face regular contact in communities.	Renamed Cure Violence Violence Interrupters	International locations) 2021 data from Office of Justice Programs, 25 cities and 8 countries with active Cure Violence programs. In Chicago's Cure Violence program, VIs media wage is approximately $46,300 per year		- 52% in Chicago, IL - 63% in New York City, NY - 30% in Philadelphia, PA - 74% in Cali, Colombia - 43% Stockton, CA
Hospital-Based Violence Intervention Programs[3]	HVIP	Average cost per participant – $10,798	No relationship to police. Coalition of hospitals and other medical	Implemented in more than 85 cities.

[3] Richardson, Dustin A., Meagan E. Cahill, and Kevin D. Lucey. 2025. Enhancing Law Enforcement's Role in Community Violence Interventions. Police Executive Research Forum, Washington, D.C Accessed Jan 22, 2026. https://www.policeforum.org/assets/CVIs.pdf
- The Health Alliance for Violence Intervention. https://www.thehavi.org/what-is-an-hvip
- 2024. Hospital-Based Violence Intervention Programs: A Guide to Implementation and Costing. Everytown. https://everytownresearch.org/report/hospital-based-violence-intervention-programs-a-guide-to-implementation-and-costing/

Collaboration of medical providers and trusted community-based partners Support victims of violence who are at risk of repeat violence injury. Provide trauma-informed care in hospital and after release. Victims connected to community-based services, mentoring, and long-term case management. Identify / reduce risk factors including substance misuse, chronic unemployment. Increase protective factors including education, job training, and social support.		Cost of each assault-related gun injury $37,435 Good cost to benefit ratio. Estimated budget of $1.1 Million annually for 100 participants (mid-sized city)	facilities, community-based organizations, and external service providers to provide necessary wrap-around services (e.g. food, housing, legal assistance, navigate health insurance, education, job training).	Reductions in arrests, criminal involvement, violence behavior and violent reinjury. Mixed results. -One meta-analysis of 10 studies, no greater impact than standard treatment. - Other studies (Baltimore, Indianapolis, New York City, and San Francisco) reinjury rates 50% or more lower than for nonparticipants
Focused Deterrence-Based Interventions[4] Goal to reduce homicide and gun violence and develop positive relationships between law	Problem Oriented Policing Deterrence		Police as active partner. Co-lead interventions with credible messengers and service organizations.	Most research combines evaluation of this work with Violence Intervention or Ceasefire programs.

[4] Richardson, Dustin A., Meagan E. Cahill, and Kevin D. Lucey. 2025. Enhancing Law Enforcement's Role in Community Violence Interventions. Police Executive Research Forum, Washington, D.C Accessed Jan 22, 2026. https://www.policeforum.org/assets/CVIs.pdf

enforcement and community members. Combine law enforcement, community organizations and social services. Direct and repeated communication between law enforcement and targeted criminal population. Rational Choice model where at risk individuals offered two choices: 1) continue violent behavior and risk prosecution, or 2) stop behavior and receive range of services and support. Police work with credible messengers who emphasize non-violence options to conflict.			Arrests described as last resort but important option if deterrence not effective.	

Sample of Specific Programs				
Program Summary	Model Type / Name	Investment	Role of Law Enforcement	Outcomes
Chicago – Peacekeepers[5] Part of Flatlining Violence Inspires Peace (FLIP) Strategy Targeted intervention by Peacekeepers in areas identified as "hotspots" for gun violence. - 201 hotspots in 27 Chicago Communities and 8 suburbs. Peacekeepers - credible messengers with lived experiences with violence - trusted in the community - engage with individuals actively involved with violence Second focus – workforce development of Peacekeepers	Peacekeepers Violence Interrupters	Launched FLIP in 2018 as summer program. Jan 2023 shifted to year-round and rebranded as Peacekeepers. July 2023 expansion for total of 35 areas Total of 1,213 Peacekeepers recruited and trained in FY2024 Funding[6]: Private funding initially. Since 2023 funded By State of IL Office of Violence Prevention. - Average funding $30 Million / year	Need to build respect between police and Peacekeepers. Peacekeepers report harassment by police, threats of arrest for being in hotspot areas, and disruption of Peacekeeper activities. Police departments identify hotspots. Some communities, improving relationships and closer collaboration.	Comparison of 2023-2024 with previous 2 years: In identified hotspots: -Shootings - 31% reduction -Victimization – 41% reduction Citywide – reduction of 28% in shootings, less than program areas. Increase in days between shootings – additional 136 days without a shooting Conflict Resolution – 2172 mediations, 68% successful Participant changes in mindset and behaviors = 56% decrease in gun carrying, 36% reduction in risky behaviors 171 total Peacekeepers in full-time CVI-related careers

[5] Papachristos, A. (2025). *Evaluating Illinois Peacekeepers Program: Peacekeepers Program Data and Violence Trends Analysis*. CORNERS, Northwester, Institute for Policy Research. https://illinoispeaceproject.org/wp-content/uploads/2025/05/CORNERS_PKP-Report_Feb2025.pdf

[6] Personal communication with Dr. Papachristos, Professor of Sociology, Director for the Institute for Policy Research, Faculty Director, Center for Neighborhood Engaged Research & Science (CORNERS), Northwestern University.

				Good retention. Of 1,213 Peacekeepers - 119 left program - 2 died of natural causes - 4 killed by gun violence
Oakland, CA (2004-2024)[7] Violence Prevention and Public Safety Act - Collaboration between Oakland Police Department (OPD) and Oakland Department of Violence Prevention (DVP) to use "modern policing strategies" - Geographic policing (hot spots) - Community Policing - Special Victims Units Violence Interrupters (VI) one strategy within Geographic Policing	Violence Interrupters Ceasefire	Measure Z- Property and parking Tax Full Project $20-24 Million annually from 2004-2024 VI program = $6.65 Million total FY 2022-2025 DVP distributed over $56 million to 30 grantees offering services to meet participants' and communities' needs between July 2022 to June 2025	OPD notifies DVP when shooting occurs. VI arrives at scene within 60 minutes. (Shift in Oct 2024 to expand response window to 24 hours) "One-way" information –No information back to OPD to protect credibility of program. Reported importance of DVP to "mitigate tensions" between	Responded to 676 incidents of shootings / homicides Shootings and Homicides down 35% (2020 and 2023) 1905 individuals contacted by Violence Interrupters - 34% 1-5 service sessions - 11% more than 50 sessions - "relentless outreach" 195 individuals (including family members) relocated if not able to avert immediate threat of violence ($173,947)

[7] Oglesby-Neal, A., Kim, K., Tecotzky, S., & Fording, J. (2025). *An Assessment of Measure Z in Oakland: The Implementation of the Oakland Police Department's Geographic and Community Policing Strategies and Special Victims Section*. Urban Institute.
- Jannetta, J., Oglesby-Neal, A., & Tecotzky, S. (2025) *An Evaluation of Oakland's Measure Z-Funded Violence Prevention Services. Key Process and Outcome Evaluation Findings on DVP-Funded Strategies.* Urban Institute
- Jannetta, J., Oglesby-Neal, A., Kim, K., DeLouya, L., Thompson, P., Tecotzky, S., White, M.S. and Cajina, A. (2025). *A Process and Outcome Evaluation of Oakland's Measure Z–Funded Group Violence Response Services: July 2022 to December 2024*. Urban Institute.

- Credible Messengers with lived experiences with violence - trusted in community			police and VIs at scenes of shootings	
Indianapolis, IN (2021-2025) [8] Weekly review of shooting incidents to identify those with high likelihood of retaliation Highest risk individuals referred to Indy Peace Fellowship and connected to violence interrupters and other services.	Ceasefire Violence Interrupters	$100 Million (ARPA funds) 60 CVI workers, life coaches, VIs, Outreach workers		44% decrease in murders and shootings from 2021-2025
Baltimore, MD Safe Streets [9] 2007-2023 Replication of Chicago's Ceasefire program Key difference, use of Street Outreach Workers (OW) who	Modified Ceasefire	Implementation in 2007 with $1.6 Million grant from U.S. Department of Justice. Originally 4 hot spot locations	Identification of hot spots. Incidence data provided by police.	Initial results in 2013, mixed results depending on location. First five neighborhoods -Homicides averaged 22% lower, with significant effects in 3 of 5 areas (range of 28% to 48%) Over entire period and 11 sites

[8] GVRS. 2026. *The Successful Gun Violence Reduction Strategy*. National Institute for Criminal Justice Reform (NICJR)

[9] Webster, D.W., Whitehill, J.M., Vernick, J.S. and Curriero, F.C., 2013. "Effects of Baltimore's Safe Streets Program on gun violence: A replication of Chicago's CeaseFire Program". *Journal of Urban Health*, *90*(1), pp.27-40

Webster, D. W., Tilchin, C. G., & Doucette, M. L. (2023). Estimating the effects of Safe Streets Baltimore on gun violence. *Johns Hopkins Center for Gun Violence Solutions. Retrieved August*, *14*, 2023-10.

did work of Violence Interrupters and Case Workers with ongoing work with high-risk youth.		Expansion to 11 neighborhoods by 2021. City, state, and federal governments allocated between $500,000 and $750,000 per year per Safe Streets site over the course of the program Average OW Salary of $40-45,000. 3 OW murdered between 2021-2022		- Homicides down 10% (not significant) - Non-fatal shootings down 23% -Total gun violence down 18% Largest impacts in longest running locations in first 4 years. Total average reductions of 16%-23% in homicides Estimated 1 fatal and 2 non-fatal shootings prevented every year at every site.
Chicago Hospital- Response Intervention Program [10] Connect Violence Interrupters with violently injured African-American men and their families at hospitals	Violence Interrupters HVIP	In 2024, invested $3 million of ARPA funds		Outcome measure = Repeat Injury - 6% participants compared to 11% of non-intervention group Gunshot wounds most common repeat injury

[10] Thomas, Y.M., Regan, S.C., Quintana, E., Wisnieski, E., Salzman, S.L., Chow, K.L., Mack, C.F., Stone, L., Giloth, B. and Smith-Singares, E.. (2022) "Violence Prevention Programs Are Effective When Initiated During the Initial Workup of Patients in an Urban Level I Trauma Center." *American Journal of Men's Health*. 2022;16(5). doi:10.1177/15579883221125007

Maintain contact while in hospitals and follow-up home visits.				Conclusion: CureViolence decreased likelihood of repeated violent injury.