



Metropolitan Wilmington
Urban League

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*Empowering Communities
Changing Lives*

December 2, 2015

Wilmington Education Improvement Commission
c/o The Institute of Public Administration
111 Academy Street
Newark, DE 19716

Commission Members & Members of the Delaware State Board of Education:

Today, the Metropolitan Wilmington Urban League (MWUL) offers a strong endorsement of the school governance plan for the City of Wilmington. This plan is no silver bullet. However, after 60 years of silence from lawmakers at every level of state and municipal government and a reform effort's most significant hallmark being that of federal court intervention, it is the view of the MWUL— a multi-racial coalition of thousands of Delawareans over its 16 year history — that simply doing nothing and returning to business as usual is no longer tolerable.

Our most compelling evidence for change is two-fold. The first is an analysis of the performance of all students in New Castle County disaggregated by those who are low-income, those who are City of Wilmington residents and those who are both low-income and Wilmington residents. In each case, performance declines based on income and geography across all districts and in most of the attenuating charter schools (see, "2014 Colonial City of Wilmington Low-Income Students and Statewide Low-Income Students").

To be clear, that means, quite literally, none of the more than 18 governing units suggesting that they are delivering quality education to 11,500 city students are even remotely close to closing the achievement gap. Moreover, those who are making progress have not found away to routinely sustain such success or to scale it up in other learning environments.

We believe that doing nothing would assure that the cost of education in Delaware will continue to rise — to a level we believe is unsustainable. Low-income students across the state will continue to underperform their middle-class counterparts, rates of incarceration and recidivism will reach unprecedented levels, and Delaware, and its central city, will be increasingly less attractive to employers large and small. This is not supposition. Further, it is substantiated by the recently released report from the Centers for Disease Control and Prevention (CDC), which was commissioned by Wilmington City Councilwoman Hanifa Shabazz, [Elevated Rates of Urban Firearm Violence and Opportunities for Prevention](#). We would like to submit the full CDC report for the record as well.

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The second most compelling evidence for change is that the state finds itself — perhaps intentionally — lagging on any number of the most regarded best practices for student success. Most notably, Delaware is one of only 15 states in the country that does not have a funding allocation for schools with high concentrations of low-income students, even though 50% of its public school children are, in fact, low-income. It is one of only five states that do not offer funding allocations to schools with high concentrations of English Language Learners, even though that segment of the student population is its fastest growing. This means that for more than 50 years, the state funding formula has assumed no changes in its student profile, demographics or family income.

In 2002, the MWUL issued Delaware's first-ever comprehensive report on the status of people of color in Delaware. In the foreword, Pulitzer-prize winning journalist Norman Lockman wrote:

“An examination of the numbers reflecting the achievement gap that exists between children of color and their white peers shows more than differences in “intelligence indicators;” it also shows that the results of schools systems, both secondary and higher, that denied minorities access to academic opportunities for so long that it created generations of individuals who dismissed education as meaningless because there was so little pay-off for them. Worse still is the fact that these same educational institutions, having helped create the gap, are now willing to gloss it over in an act of politeness or an assumption that it is too late to do anything about it.” (*The Pace of Progress*, 2002, pps. 10-11).

Despite the rapidly changing diversity of our community, state and country, Delaware has not kept up with times. We would like to submit *The Pace of Progress* for the public record as well.

As a final word, the National Urban League has been around since 1911. It was established as a response to the great black migration from the South to the North at the turn of the 20th century and was founded by a white female philanthropist and one of the few black scholars in the country at that time. Their mission was then what it is today, “to enable people of color to secure economic self-reliance, parity, power and civil rights.” Those goals remain unchanged and are under-girded by the simple notion that every child should have access to a quality education. Coupled with the comprehensive workplan codified in “Strengthening Wilmington Education: An Action

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Agenda," five more years of intense programmatic and legislative activity from the Commission and the recognition that the only real measure of success is improved student outcomes, we believe that the Commission's school governance plan is a big step in the right direction and keeps the pressure on all levels of government for fundamental and true education reform. Thank you.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Patrice Gilliam-Johnson'. The signature is fluid and extends across the width of the page.

Patrice Gilliam-Johnson, Ph.D.
MWUL Executive Transition Team Chair

A smaller, stylized handwritten signature in black ink, appearing to read 'Raina Harper Allen'. The signature is more compact and focused than the one above.

Raina Harper Allen
MWUL Transition Executive

Colonial

SCHOOL DISTRICT

Every Student College & Career Ready

LOW SES Data

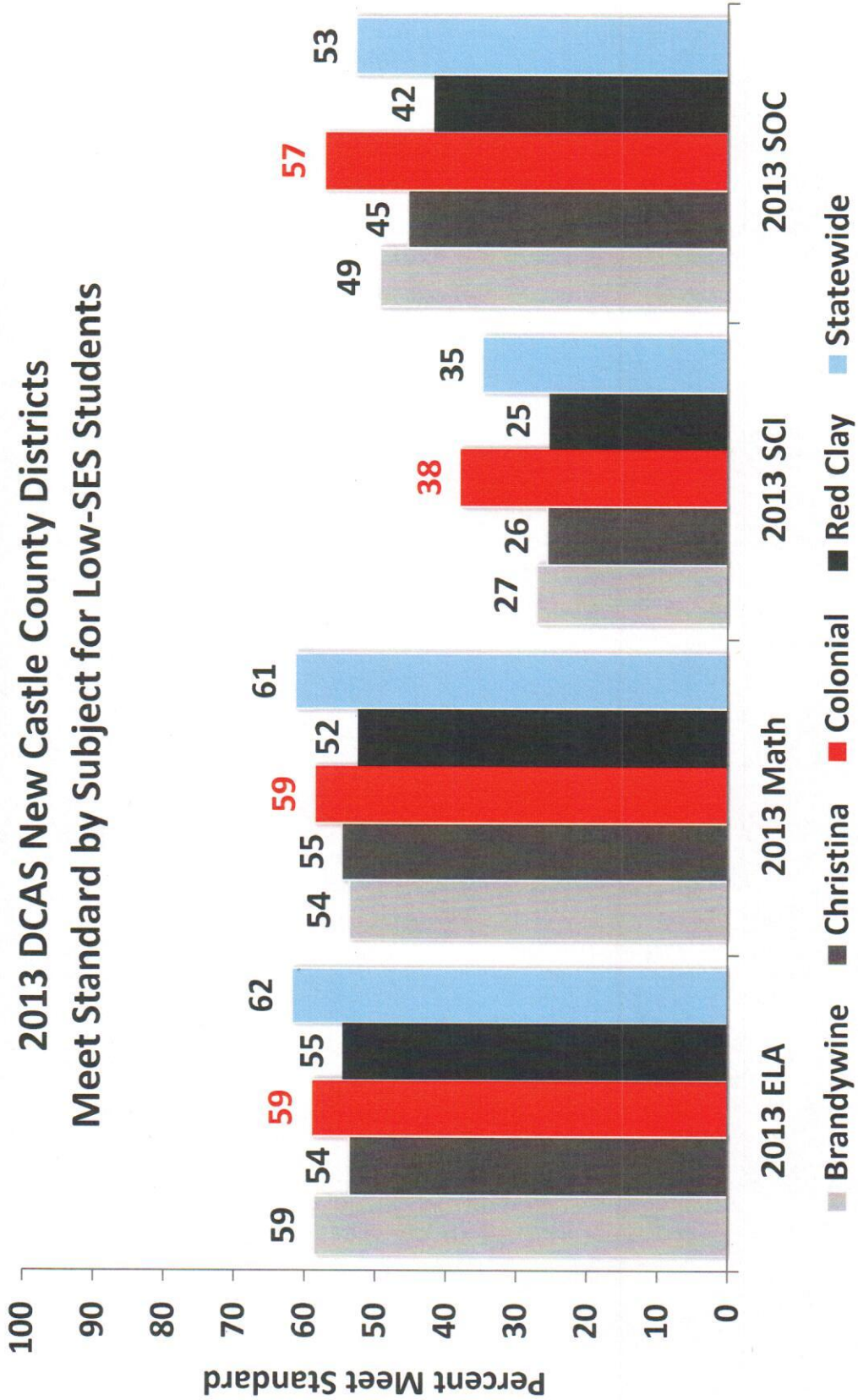
2013-2015 Proficiency Data

2013 Low-SES

Proficiency



2013 DCAS New Castle County Districts
Meet Standard by Subject for Low-SES Students

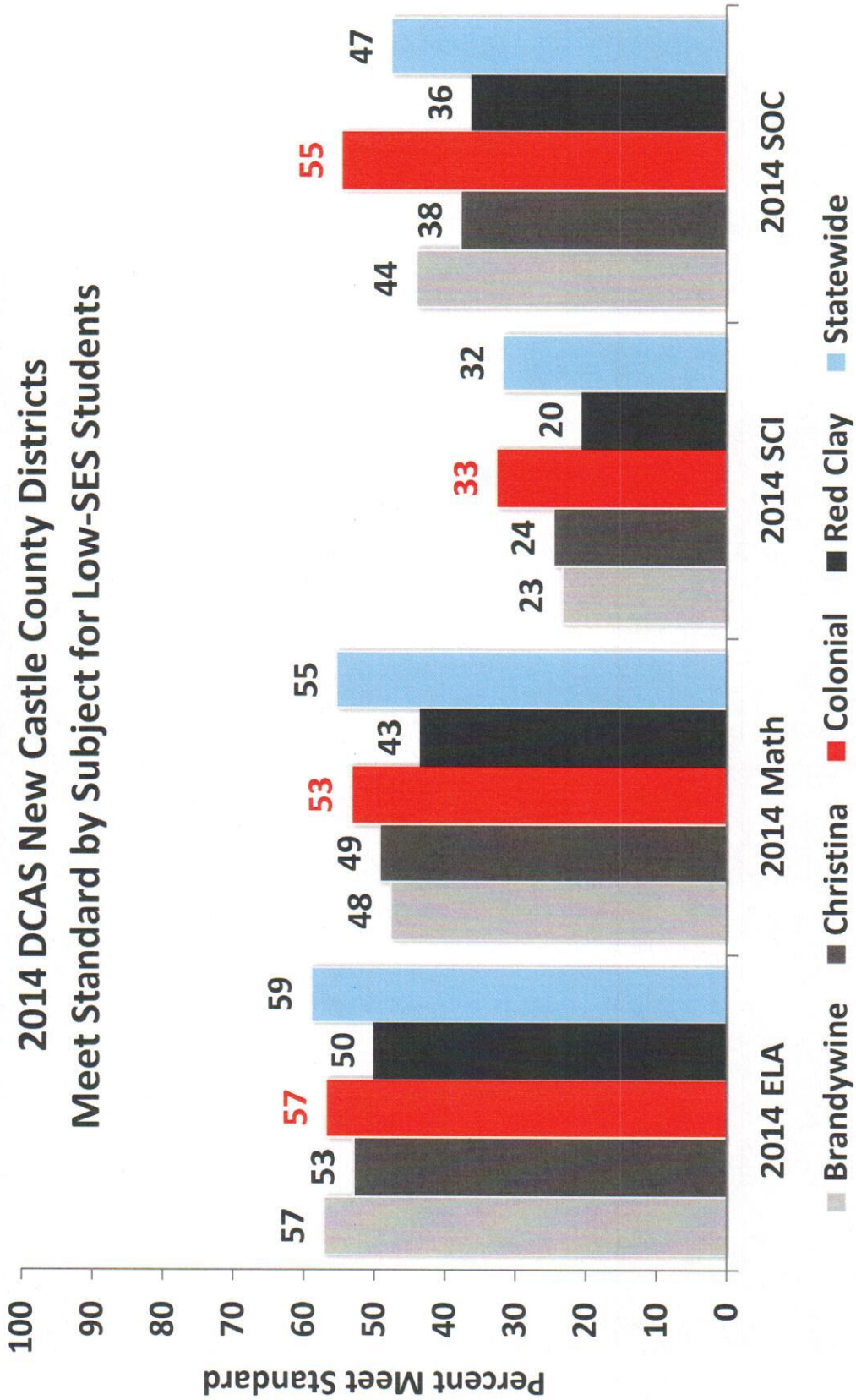


2014 Low-SES

Proficiency

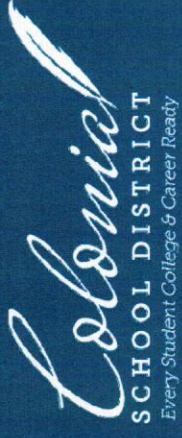


2014 DCAS New Castle County Districts
Meet Standard by Subject for Low-SES Students

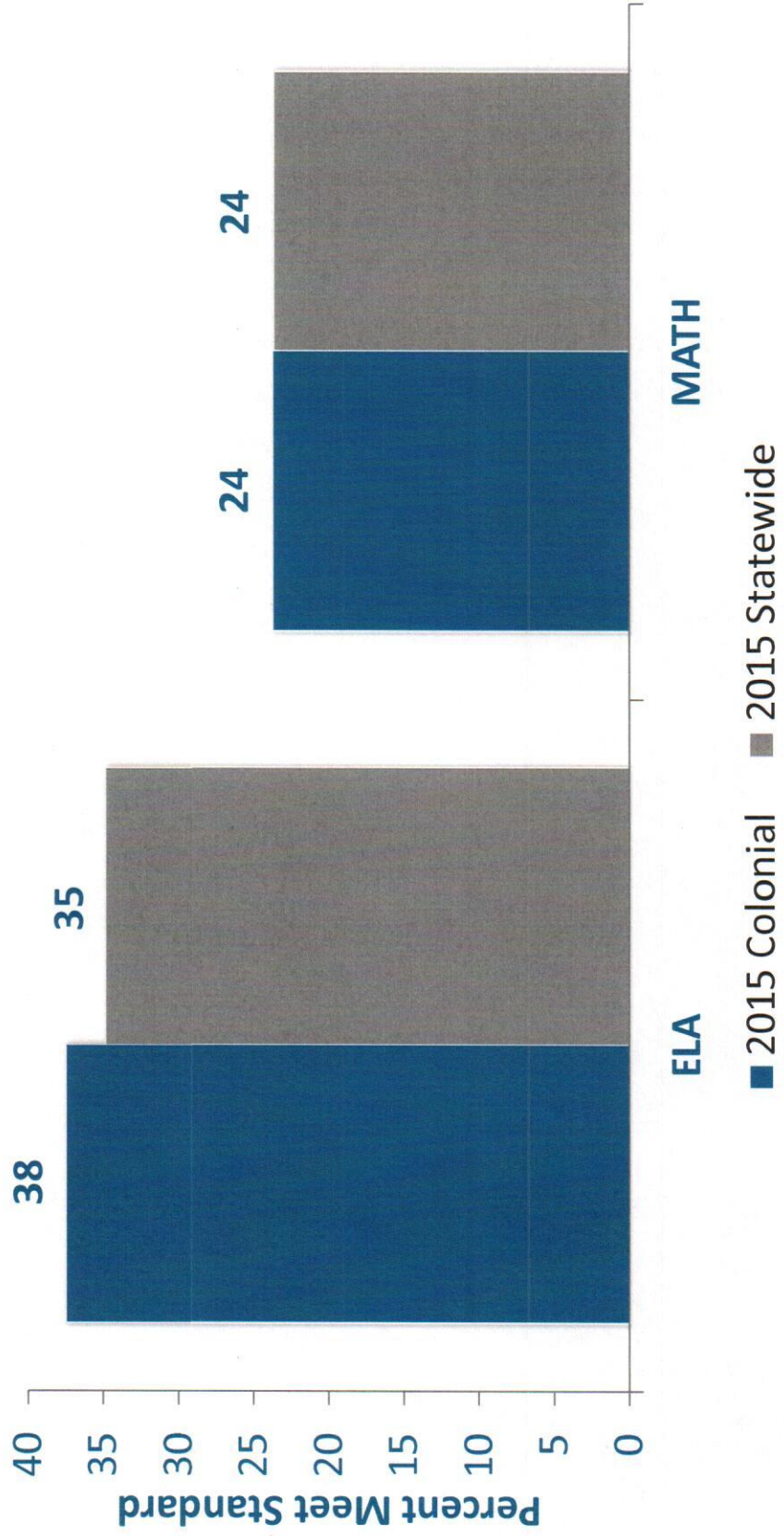


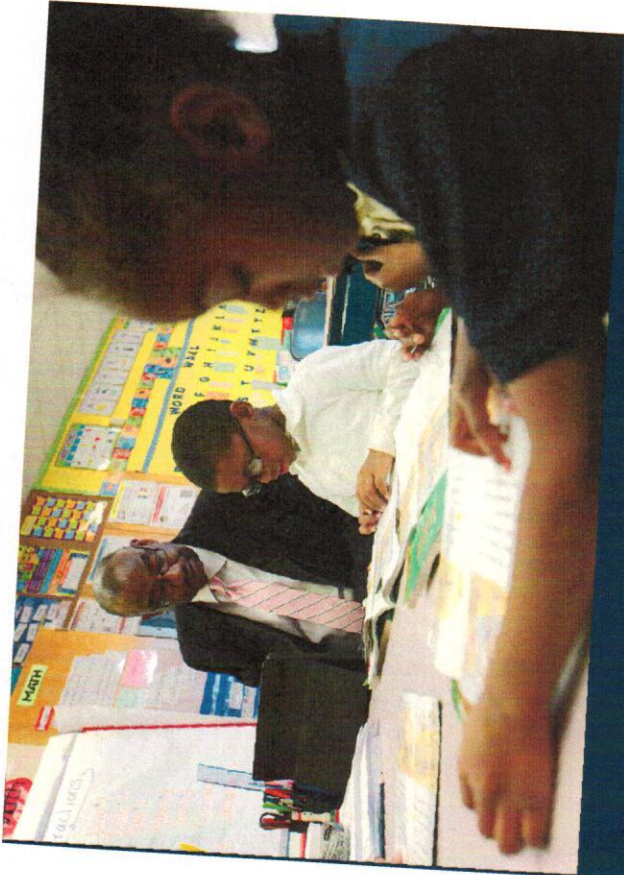
2015 Colonial Low

SES



2015 Colonial Low SES SBAC Meets Standard



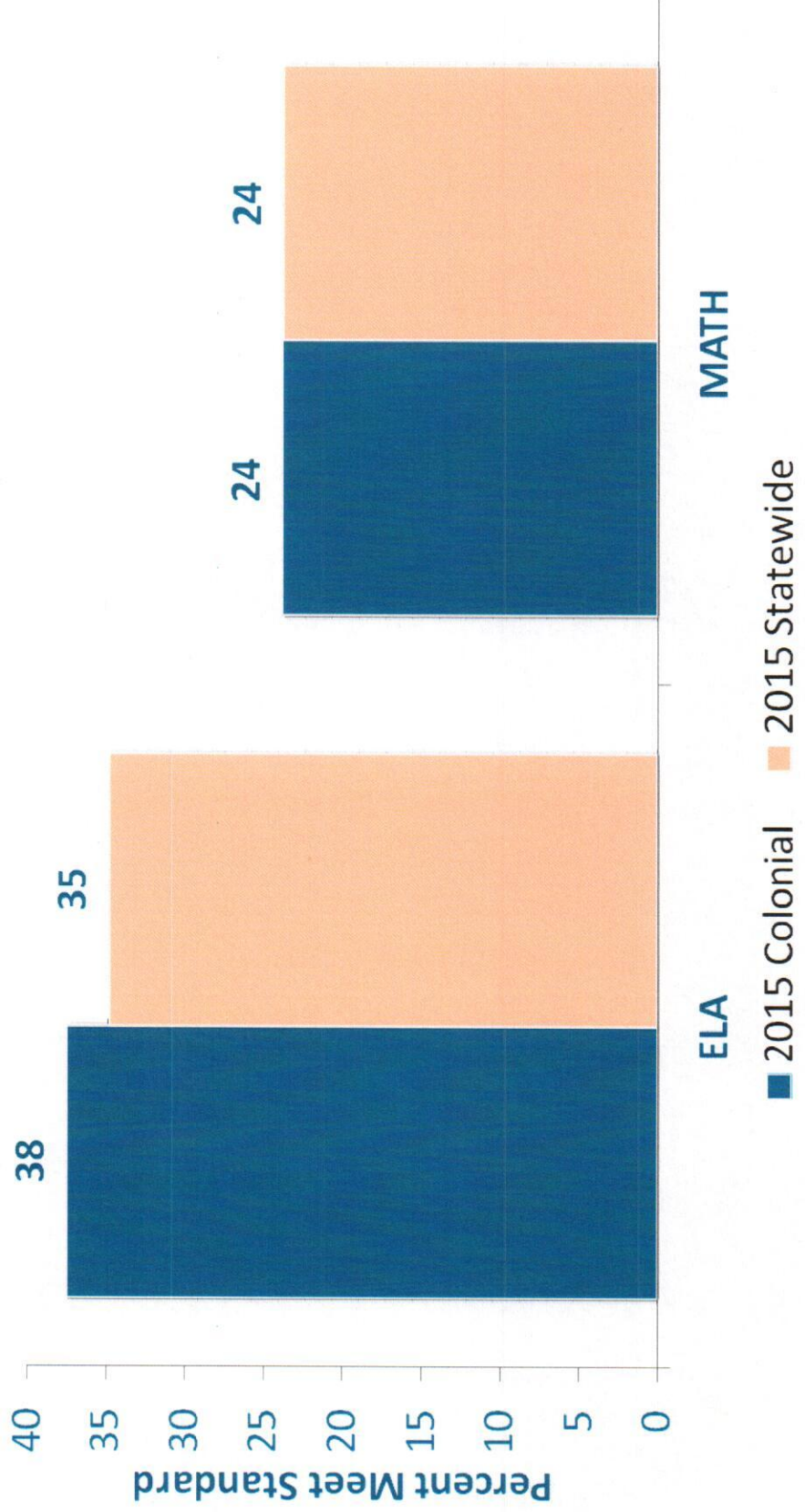


Wilmington Education Advisory Committee

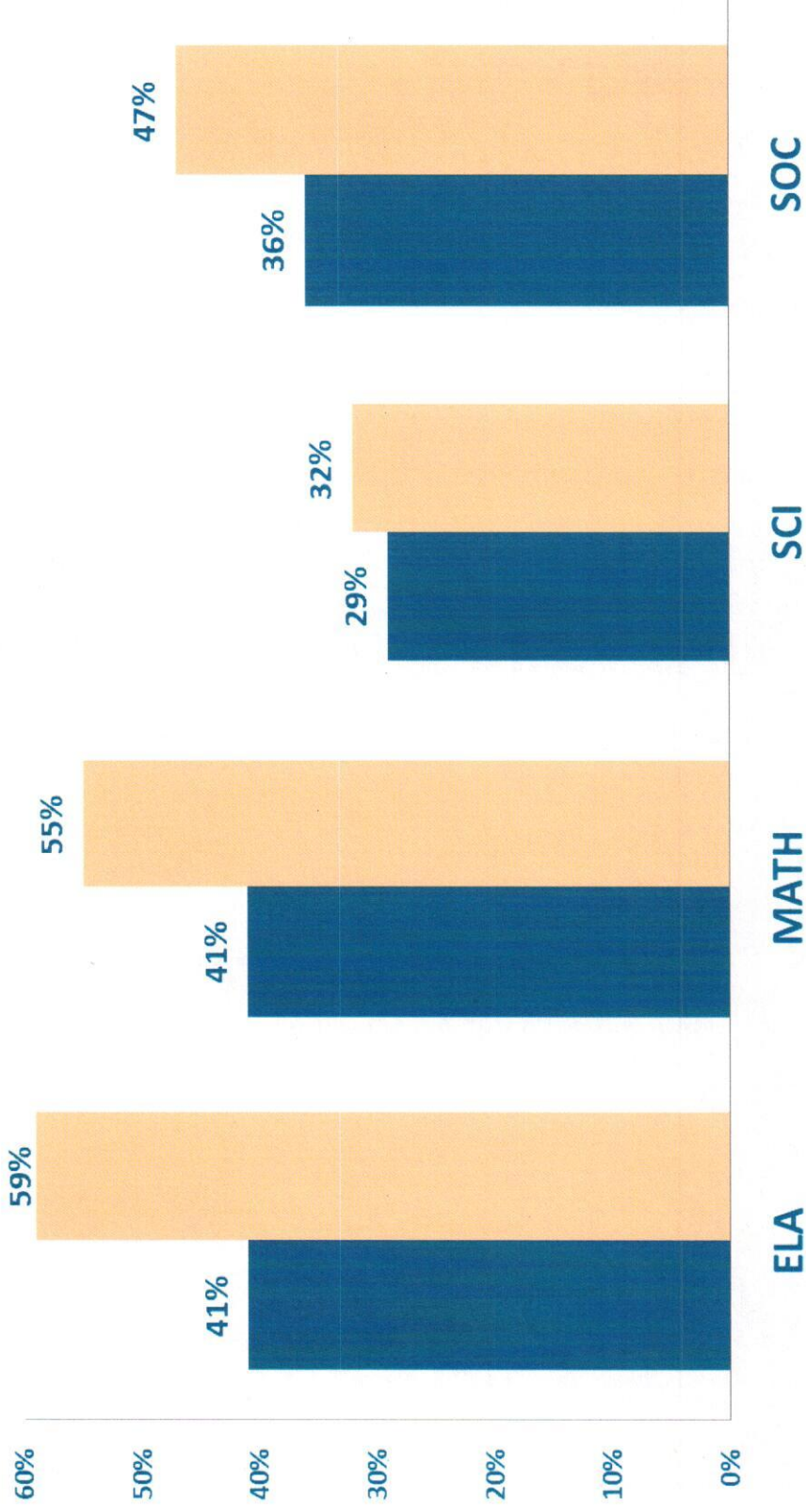
STRENGTHENING WILMINGTON EDUCATION: AN ACTION AGENDA

FINAL REPORT | 2015

2015 Colonial Low-Income Students % Meeting Standard

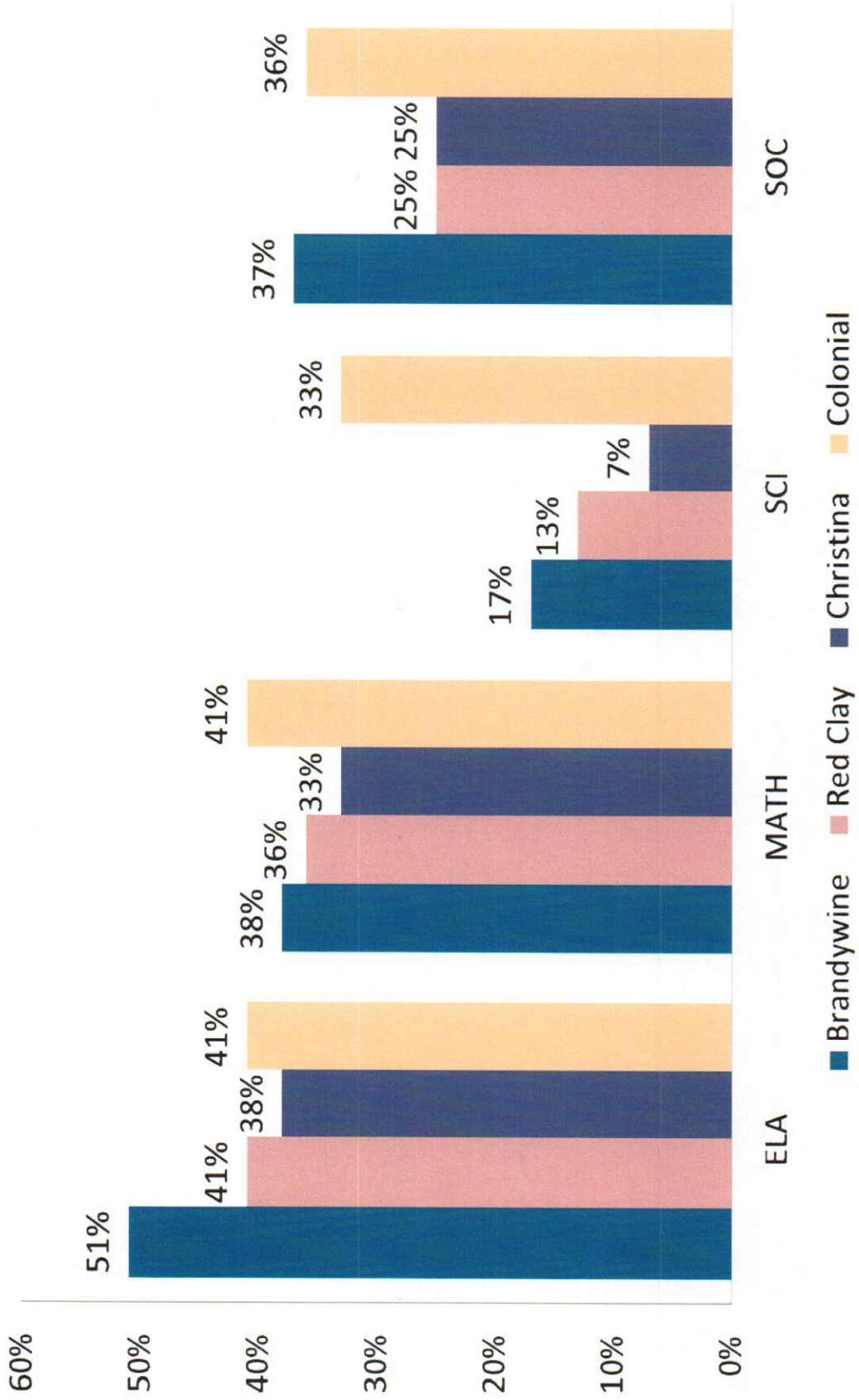


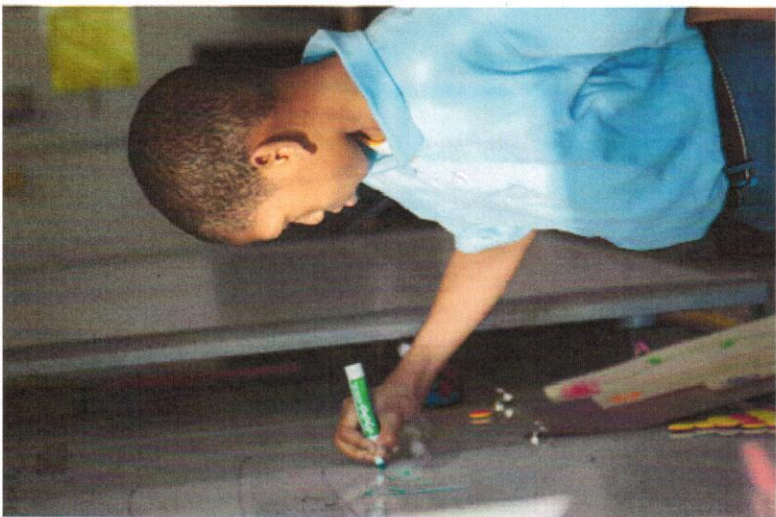
2014 Colonial City of Wilmington Low-Income Students and Statewide Low-Income Students



- 2014 Colonial Low-Income Students, City of Wilmington
- 2014 Low-Income Students, Statewide

2014 City of Wilmington Low-Income Students





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

Final Report

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*Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention*

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).

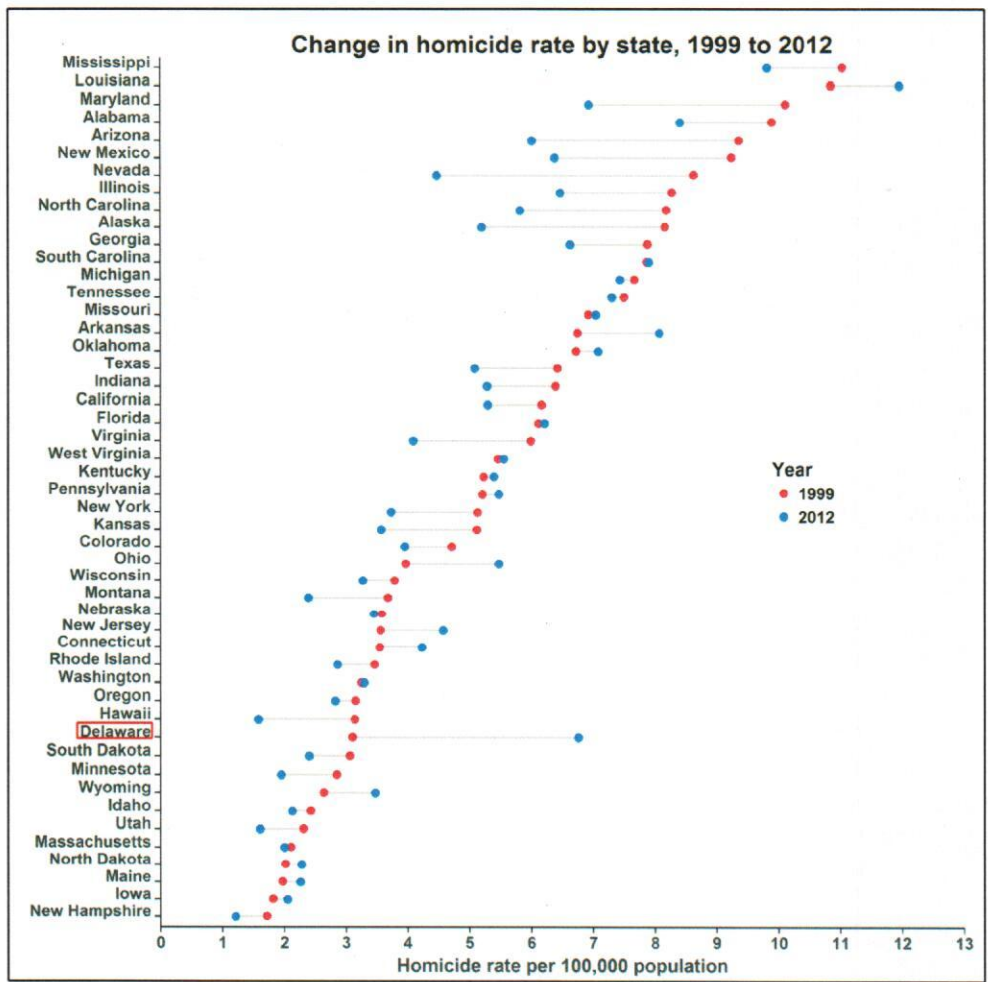


Figure 1. Note: Vermont not included as rates not reported for 2012

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.

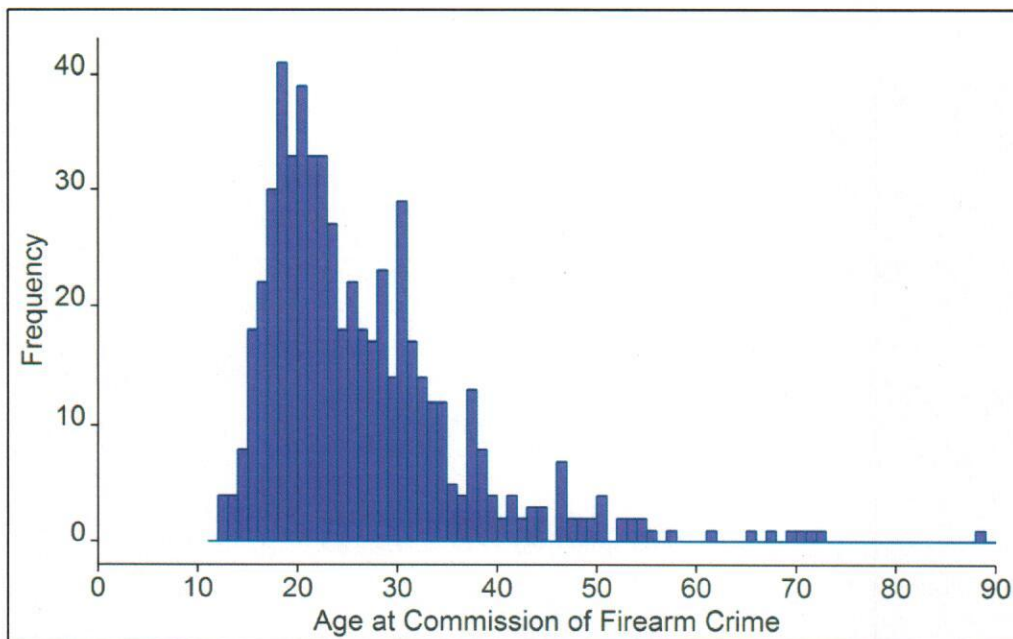
From a police database, Wilmington residents arrested for a violent firearm crime in the city of Wilmington between January 1st, 2009, and May 21st, 2014, were identified. A violent firearm crime was defined as homicide, attempted homicide, aggravated assault, robbery with a firearm, or possession of 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

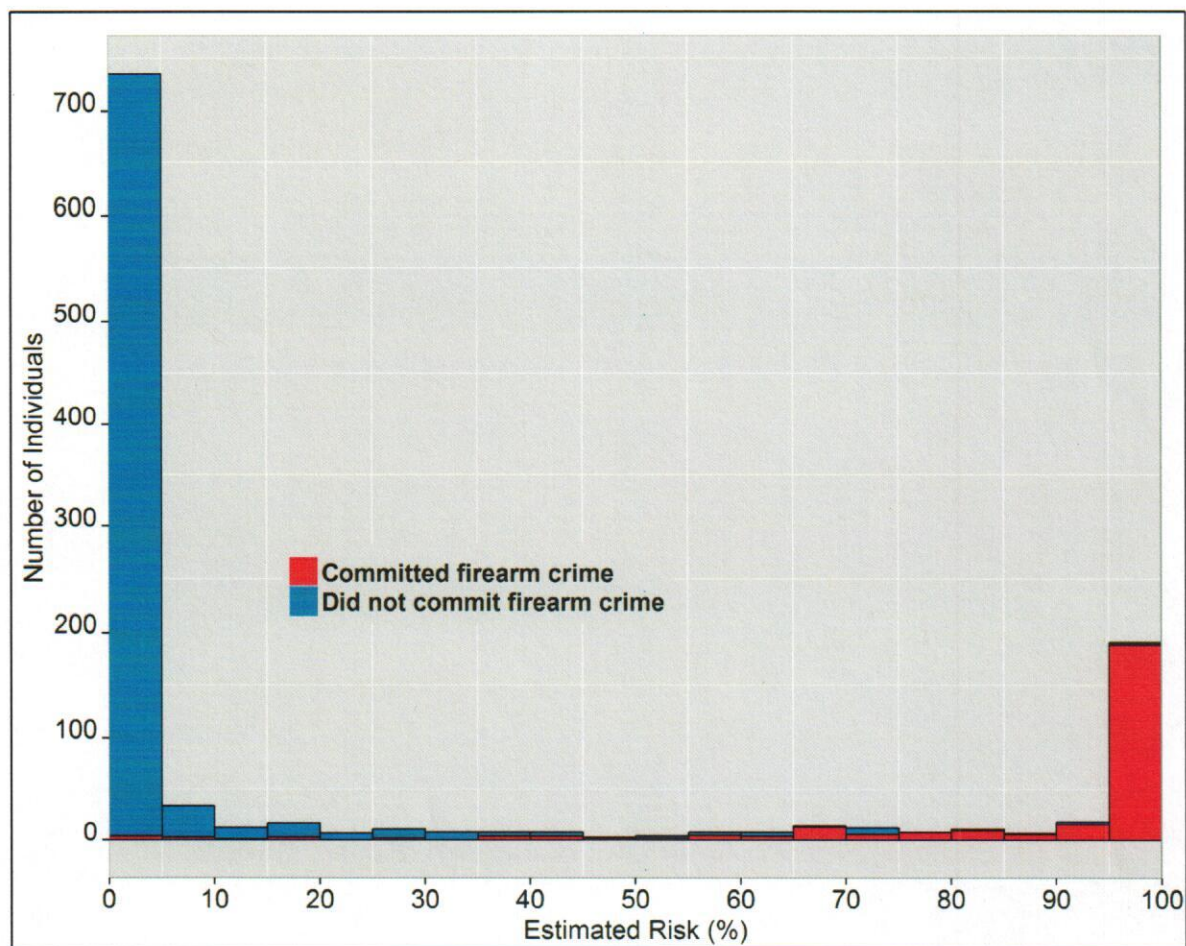


Figure 3 demonstrates that considering multiple risk factors does lead to excellent classification accuracy within our sample—individuals with a high, estimated risk for violence involvement based on the presence of multiple, strong risk factors were often subsequently involved in firearm crimes. For 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

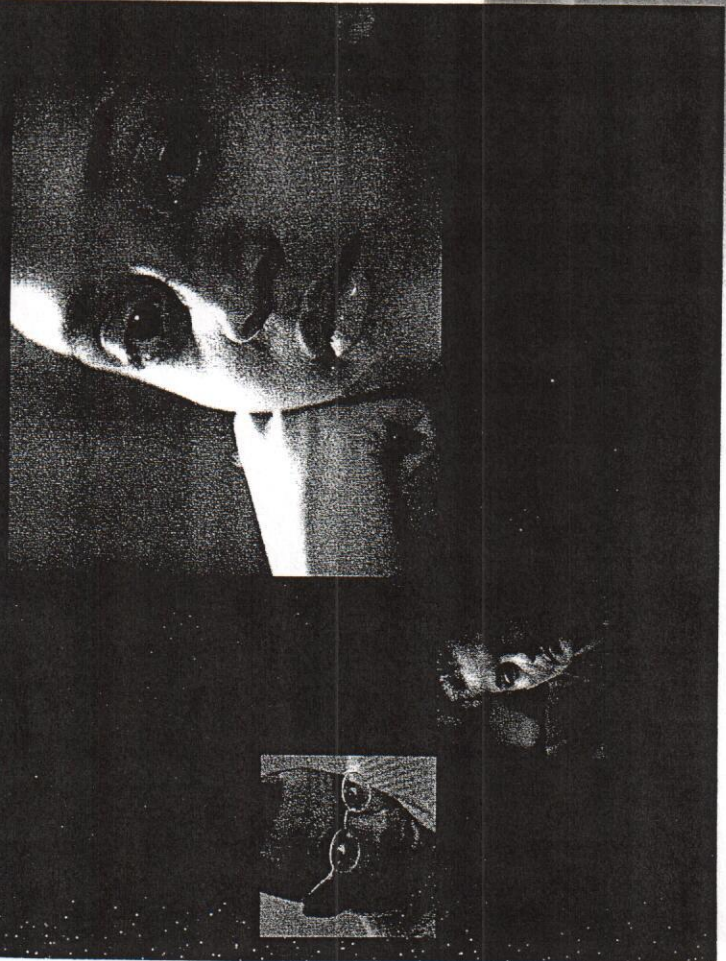


THE PACE OF

PROGRESS

A REPORT ON THE STATE OF PEOPLE OF COLOR IN DELAWARE

Since the civil rights legislation of the 1960s, much progress has been made toward achieving racial equality in Delaware. Still, there is much to be done.



For nearly a century, the Urban League has been in the forefront of efforts to resolve some of America's most difficult problems of racial, social and economic justice. Its leaders and staff have worked in the boardrooms of corporations, in the hearing rooms of legislative councils, and on the streets of communities across the country to expand access to opportunity beyond the boundaries of race, class and gender. The Metropolitan Wilmington Urban League employs this movement-wide strategy by building diverse coalitions to effect substantive community change. In short, the members of the Urban League believe in standing on hard facts to justify meaningful actions impacting the lives of real people. *The Pace of Progress* is one powerful example of the organization's work and the continued need for its presence in a multicultural, multiethnic world. Indeed there has never been a more important time.

The mission of the Urban League movement is to enable people of color to secure economic self-reliance, parity, power and civil rights.