Project Owner: Metro Emergency Services

Project Contact: Edward J. Meiman III

Project Contact Job Title: Director

Contact Email: ███████████████████████

Contact Phone: ████████

Project Name: Police Deflection

Are you requesting a continuation of current funding or a new allocation?

New Allocation to expand services to an additional LMPD District.

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

As Metrosafe works to fill vacant positions, the addition of 10 call takers and 5 dispatchers is requested.

Project Executive Summary (please specify if COVID-related.):

Funding to expand to an additional LMPD division to the pilot program announced earlier this month to deflect a number of 911 calls to a non-police response focused on crisis intervention, de-escalation and referral to appropriate community services.

Problem Statement (include issue and population served by project.):

It is well known that many individuals with mental illness are disproportionately impacted by the criminal justice system. Since deinstitutionalization in the 1970s, individuals with mental illness have been integrated residents of their communities. And yet, community mental health systems have been under-resourced. Not only does this population account for one in 10 of all law enforcement responses, one in five jail and prison inmates presented with diagnosable severe mental illness (SMI) and people with mental illness are 16 times more likely to be killed during an encounter with police than other individuals encountered by law enforcement. The data suggest that changing the crisis response to individuals with SMI instead linking them to crisis counseling or a behavioral health care provider---- has the potential to reduce the number of fatal police encounters attributed to these types of encounters.

Goal/Outcomes Statement:

To bring the program to a broader scale, the 911 deflection model needs to be sustainable and ensure that the city receives a quality return on its investment. This return can reasonably be measured in the form of reductions in repeat callers for crisis services, the time officers and EMS staff spend on mental health calls, eliminating some law enforcement responses to mental crisis calls altogether, and emergency department use. The evaluation team will continue to monitor community-level impact, although it is not anticipated that a seven-month pilot in one division will result in substantial changes to these metrics. The addition of a second division will add to the pool of available information.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

The model expands the pilot in the Louisville Metro to collaborate with social service providers for the initial operation of the program as discussed above. The Mobile Crisis Teams will be able to process data and responses to this data. This will allow the teams to pivot quickly and respond to new information as it is learned. These assessments will also allow Metro to make necessary and recommended adjustments for improvement in delivering the social service delivery alternatives.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

The expansion of the program should occur in phases that allow researchers to evaluate implementation and outcomes, and identify areas of improvement and success. A second phase of expansion will take place in FY23 and will be based on evidence gathered during the pilot evaluation phase, and continued discussions with stakeholders. This funding will allow expansion to one additional LMPD Division.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities. The potential clients of these services will include those persons disproportionately impacted by COVID-19. According to the CDC, "Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation."

https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Evidence Basis for the Project

The US Treasury department encourages the use of SLFRF funds for evidence-based interventions: (https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf#page=26)

Please describe the evidence base for the interventions proposed by this project. Include links if possible.

Many programs across the country are still new and in development, such that alternatives to police as first responders have yielded limited data. However, programs in other cities do provide some evidence that criminal diversion intervention programs have been useful in communities where marginalized groups have been criminalized for behaviors that most likely require behavioral health treatment. As the research team considered options that met the needs of the Louisville community, other cities provided a context in which the models were applied, providing insights to the benefits and challenges of their programs.

See https://louisvilleky.gov/mayor-greg-fischer/document/louisville-metro-alternative-responder-model-research-and-planning for more detailed information.

How will this project define and measure success? Include Key Performance Indicators.

Continual evaluation of the program implementation and outcomes should reflect the needs of Louisville Metro and consider modifications to improve processes. Process evaluation includes both the outputs of the program, as well as measures to understand opportunities for quality improvement. Evaluation should examine how individuals are assisted and how the program supports community safety efforts.

See https://louisvilleky.gov/mayor-greg-fischer/document/louisville-metro-alternative-responder-model-research-and-planning for more detailed information.

Amount of Funding Requested:

$2,900,000

Project Owner: Office of Safe and Healthy Neighborhoods (OSHN)

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: ███████████████████████

Contact Phone: █████████████

Project Name: Violence Deterrence and Prevention: Ambassador Institute Expansion

Are you requesting a continuation of current funding or a new allocation?

Expand current funding

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

There is currently staffing in the Office to facilitate the project; no additional Metro positions are required.

Project Executive Summary (please specify if COVID-related.):

The Ambassador Institute is OSHN's violence prevention initiative. Expansion of the Ambassador Institute includes three components: The Ambassador Program, the Capacity Building Fellowship, and the Community Mobilization Project.

Ambassador Program

The Ambassador Program offers a curriculum designed to inform about individual and collective strategies to prevent violence. It was created from an overwhelming ask from community to build capacity of everyday citizens to engage in violence prevention efforts in the city of Louisville. The topics covered within the program include: Violence Prevention 101, Violence as a Public Health Issue, Mental Health 101 & Suicide Prevention, Community Organizing, Conflict Resolution & De-escalation, Stop the Bleed, and Domestic Violence Intervention. These topics are covered in a one-day training, offered six times a year, and taught by experts in the community.

After completion of the training, participants in the Ambassador Program become certified Violence Prevention Ambassadors and are invited to attend our Networking Night events, which are also offered six times a year. Networking Nights are hosted by violence prevention agencies in the community who get a chance to share the latest work they are doing and solicit volunteer opportunities. Doing this helps create a clear pathway for citizens to get involved in violence prevention work at the community level and ensure efforts are aligned with our offices mission and framework.

Capacity Building Fellowship

The organizational Capacity Building Fellowship works with small, community-based organizations to identify "whatever is needed to bring a nonprofit to the next level of operational, programmatic, financial, or organizational maturity so it may

more effectively and efficiently advance its mission into the future" (Chandler & Scott Kennedy, 2015). For the program, this includes [but is not limited to] increasing organizational effectiveness, leadership skills, program planning, evaluation skills, and much more. Organizations respond to a RFA, are vetted according to internal criteria, and ten organizations will be chosen to move through this first cohort. Included in the RFA is an assessment that allows for us to know in what areas each organization needs improvement. Based on that assessment, the organizations begin their cohort group and one-on-one coaching sessions with technical experts. After five months of engagement, they receive a mini-grant to support their violence prevention program. Grants are provided at the beginning of summer, to increase summer resources and initiatives for violence prevention that focus on youth, during the months with greatest spikes in violence.

Violence is a learned behavior that can be unlearned. Luckily, there are many grassroot organizations that help prevent youth violence. We've found that grassroot organizations are well-rooted within their communities and know best how to structure their programs to best fit the needs of the people they serve. Even though grassroot organizations have great ideas about how to prevent youth violence, they lack the funding and resources that larger organizations have to provide their services. These organizations have to compete with large organizations who have professional grant writers on their team to receive grants to do their work. That is why OSHN created this fellowship, to support our grassroots organizations build their capacity to better serve their communities' violence prevention needs.

Community Mobilization Project

The Community Mobilization Project employs a community health development (CHD) approach to assist violence prevention Ambassadors (individuals, communities, and organizations) in developing and implementing collaborative, community-driven, community-specific frameworks for community violence prevention. It entails partnership building, assessment of current activities and existing resources, planning, guided implementation, and sustainability planning. Training and technical assistance by the OSHN team (and partners) serves to build community capacity for selecting, tailoring, planning, implementing, evaluating, and sustaining evidence-based programming within the communities to address a variety of risk factors contributing to violence. Each community prevention framework will include elements of the Pivot to Peace Initiative to satisfy the need for intra- and interpersonal-level responses to violence, as well as components that focus across the other socioecological levels, including strategies for youth development, the built environment, community norms, social cohesion, and policy changes.

Problem Statement (include issue and population served by project.):

Violence is a serious public health problem that can have long-term impacts on health and wellbeing.

Ambassador Program

We know that violence increases health care costs, decreases property value, negatively impacts school attendance, and access to community support services We know that intentional injury is the leading cause of death among persons 10-24 years of age in Kentucky, and the second leading cause of death for this age group nationally. Alarmingly, Kentucky's homicide rate for this same age group is 10 times higher for Black males (38.7/100,000) than for White males (3.9/100,000).

If we don't have an informed and trained citizen base to intervene and prevent violence, we'll continue to accrue both economic and social costs of violence to our city.

The population served by the project includes all citizens of Louisville because everyone plays a role and has a vested interest in violence prevention. Efforts will be targeted in west and south Louisville, due to these areas experiencing high rates of gun violence and crime.

Due to the pandemic, we're experiencing an increase in asks for participation in the program because citizens want to be better equipped to respond to or get in front of potential violence.

Capacity Building Fellowship

Violence is the leading cause of injury, premature death, and disability; however, it disproportionately affects young people of color in disadvantaged communities. Violence also increases the risk of poor health outcomes and plays a role in the development of chronic diseases. Parents may restrict their children from playing outside for fear that their children would

be caught in the violence within the neighborhood. Because children aren't able to be outside, the risks of developing chronic diseases increases. Witnessing violence within the community causes youth to experience trauma, making it more likely for them to develop PTSD; a study found that 35% of youth who are exposed to violence develop PTSD as they get older.

Community Mobilization Project

This initiative will focus on six priority communities with high rates of gun violence and crime. These communities are riddled with community-level risk factors for violence including poverty, violence and racial prejudice, socially and structurally disorganized neighborhoods, high rates of adults involved in crime, and high prevalence of drugs and firearms. Youth are more likely to feel hopeless, helpless, and scared in disadvantaged environments, and such communities are more likely to have social norms that condone or promote violence.

Goal/Outcomes Statement:

Ambassador Program
Goal: Increase civic engagement for violence prevention by 5% each year, with an established baseline at the end of FY 22.

Objectives:
1. Build capacity for engagement in violence prevention efforts
2. Develop understanding of violence prevention through educational trainings and workshops
3. Expose community residents to existing opportunities for engagement
4. Create pathways for community residents to engage in violence prevention efforts

Expected Impact Outcomes:
- Improved social cohesion and community norms in neighborhoods where Ambassadors are civically engaged, which decreases the likelihood of violence and crime in those neighborhoods.
- Ambassadors become stakeholders in new and existing violence prevention efforts in the city, increasing resources for violence prevention.
- Decreased rates of violence in communities where Ambassadors are civically engaged.

Capacity Building Fellowship
The goal is to build capacity (e.g., grant writing skills, budget planning, funding compliance, program evaluation) within smaller, community-based organizations to prevent violence more effectively through training, coaching, skill-building, networking, support, and development.

Expected Impact Outcomes:
- Increased networking opportunities and guide development of strategic plans across organizations serving areas disproportionately experiencing violence.
- Improved coordination between organizations working to prevent youth violence.
- Increased the number of youth violence prevention programs in Louisville.
- Built internal capacity (e.g., grant writing skills, budget planning, program evaluation) of community-based organizations.
- Elevated visibility of smaller community-based organizations doing work aligned with the city's Re-Imagining Public Safety strategy.
- Increased trust and legitimacy between LMG and community members.
- Increased relationships and legitimacy between OSHN and community members.
- Enhanced collaboration with OSHN's outreach efforts in priority support areas related to violence prevention.
- Positive perceptions of LMG in the areas of support, resource allocation and community engagement.

Community Mobilization Project
The goal is to mobilize the community for violence prevention through capacity building, education, advocacy and action.

Expected Impact Outcomes:
- Increased community capacity to implement community-based violence prevention strategies.
- Equipped and confident community members and organizations with the ability to mobilize efforts for prevention.

- Equipped community members and groups with the ability to be proactive in disrupting activity that doesn't align with created anti-violence community norms.
- Decreased opportunity for violence through addressing community and social factors that contribute to violence.
- Increased awareness of the threat of violence to our city and mobilization strategies for all sectors of the community to get involved.
- Positively influence health behaviors of individuals and communities, as well as the living and working conditions that influence violence.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Ambassador Program

The FY22 budget currently funds the project coordinator; however, there are no funds allocated for the actual program itself. Because this project already exists in the office, we would continue with implementation plans to host the next training in December 2021. We would open the training to allow all who are interested to attend; we currently have a waitlist of 50 individuals who cannot attend the training because we do not have the resources to support a training to that magnitude. We would solidify partnership with a venue sizeable enough to host the amount of people in a COVID-friendly environment where everyone can socially distance but actively engage in each component of the training.

Capacity Building Fellowship

This funding expands our public health prevention approach that builds organizational capacity to address issues of violence. The FY22 budget currently funds the project at 60k, for six mini grants of 10k to organizations who complete the fellowship. ARP funds would allow us to increase the number of community-based organizations served each year from six to 10, as well as increase the mini grant amount from 10k to 14k. It also allows us to solidify partnerships with trainers and consultants.

Upon receipt of funds, we will finalize partnerships with identified technical assistance agencies and facilitators. The RFA will go live in November and agencies will be chosen for the cohort in December. The work with organizations will begin in January, with mini grants dispersed in May of 2022.

Community Mobilization Project

This funding allows expansion of our public health prevention approach that mobilizes community to act on issues impacting their health and safety. The FY22 budget currently funds the project at 90k to be utilized in six communities at 15k per community. This is seed funding that goes into the development, implementation, and sustainability of community violence prevention frameworks within those communities. The request is to expand to add 15k from ARP to match the 15k general funds, making 30k available to each community in their prevention efforts.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

The Ambassador Program and Capacity Building Fellowship can begin serving the target population as soon as the grant agreement is signed. The duration of these components is 4 years.

Funds for the Community Mobilization project would not be used until July 2022; the anticipated duration of funding needed for this component is 3 years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

This project does support pandemic-related recovery. COVID disrupted many protective factors for violence, and our city has experienced a significant increase in violence-related outcomes because of it. Economic disruption, school disruption, and increased social isolation all played a role in disrupting activities that generally help keep our city safe. Due to COVID, the city needs a comprehensive public health-based strategy approach to address the crisis of violence it's experiencing.

The Ambassador Program and Capacity Building Fellowship support the need for a trained violence prevention citizens base to engage in and get in front of violence happening in the city. We saw increases in domestic violence, suicide, and homicide in Louisville; this training helps community members know what to do as they are navigating these various kinds of violence experiences in their personal lives and neighborhoods.

The Community Mobilization Project supports the need for affected communities to engage in an organized process for addressing the violence that is disrupting their neighborhoods. Community disorganization is a community-level risk factor for violence, of which can be addressed by building social cohesion within a community (which is a protective factor against violence). This strategy will allow us to work with and within affected communities, build social cohesion and deal with violence norms that contribute to violent outcomes. This will also bring much needed resources to affected communities since COVID isolated many from getting to the resources they needed to be safe and healthy.

Evidence Basis for the Project

Ambassador Program

Civic engagement is imperative to ensuring citizens are stakeholders in their own community to reduce violence (Elrich, 2000; Paffenholz & Spurk, 2006). Civic engagement involves "working to make a difference in the civic life of one's community and developing the combination of knowledge, skills, values and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes" (Elrich, 2000). Civic engagement includes both paid and unpaid forms of political activism, environmentalism, and community and national service (Michelsen, Zaff, & Hair, 2002). Volunteering, national service, and service-learning are all forms of civic engagement – volunteering and service learning are a large part of this program. Evidence shows that civic engagement opportunities significantly enhance the lives of youth (Lopez et al., 2006; Bobek, Zaff, Li, & Lerner, 2009) and are socially beneficial to the community (APA, 2010).

There is a strong desire for civic involvement in violence prevention as evidenced by social media, email and phone calls to our office. However, concerned citizens have not always had a foundational understanding of the types of violence prevalent in our community, the resources available, and the tools to make an impact. Additionally, citizens have expressed frustration getting connected with a disjointed network of violence prevention partners and providers. This program addresses all of the aforementioned for our community stakeholders. Our city's program holds the standard for this type of engagement, as we have trained at least 15 other cities on implementing this method for engaging the everyday citizen in violence prevention.

Capacity Building Fellowship

This is a best practice strategy, gleaned from other offices for violence prevention around the country who see similar issues with their small and/or grass roots organizations. Enhanced organizational capacity will improve program efficacy. Violence prevention programming in our communities most disproportionately impacted by violence are generally small in scale and have limited to no resources. However, those who facilitate the work at the grassroots level have the trust of the communities they serve and have a greater ability to engage and mobilize the community around violence prevention (Puigvert, Aiello, Oliver & Ramis-Salas, 2020).

Grassroots intervention and advocacy efforts represent an important, influential component of injury prevention and public health. Understanding the perspective of the grassroots, their contribution to the field of violence prevention, and the challenges to such efforts is critical to ensuring a connection among the research, practice, policy and education efforts aimed at reducing injuries and violence (Frattaroli, 2003; Wilson et al., 2010). As a city, we have an opportunity to strengthen our current community assets, position them to more effectively vie for funding outside of the city, and bring even more resources into the communities in highest need.

Community Mobilization Project

Within the past 30 years, public health has increased its attention on the importance of environment and social settings to health outcomes (Poland, Green & Rootman, 2000). With this increased attention has come a recognition of the importance of engaging communities in processes of change (Minkler & Wallerstein, 2008; Poland, Green & Rootman, 2000; Israel, Eng, Schulz, & Parker, 2013). This has significantly increased the emphasis on community-based participatory research (CBPR), as well as general community-based practice, as institutions – like governments - seek to work with communities and discover the nuances of community practice (Trickett, Beehler, Deutsch, 1995). This was a shift from the traditional engagement, with now a guarded interest in leveling the playing field between institutions of power

and community, positioning institutions of power to identify community characteristics that contribute to their successes and/or failures when organizing to address particular health issues. This is community capacity.

Community capacity is seen as both an environmental input and an outcome in health improvement. It can be characterized as either latent or manifest (Wendel et al., 2009). Latent capacities are those that essentially exist but have yet to be recognized or fully mobilized. On the other hand, manifest capacities refer to the resources and characteristics that are being utilized meaningfully in communal spaces (Sabol, Coulton, & Korbin, 2004; Wendel et al., 2009). Both types of capacity are inputs that should be considered when a community is planning or implementing health improvement initiatives. But also – through planning, implementing, evaluating, and learning process yielded from those activities – the community is also able to build capacity (i.e., develop latent capacity) in a way that increases overall capacity; hence, yielding it as an outcome of the process as well (Wendel et al., 2009).

CHD is an approach that assists the process of community capacity building; Garney and colleagues (2017) stated that, "the process of CHD engages communities to (1) identify local issues and resources, (2) develop creative ways to address local issues with available resources, and (3) implement sustainable health improvement strategies." It is a process that can be utilized to mobilize communities to address their health-related problems in ways that are significant and valuable to them. It has been applied to issues such as access to health care, access to physical activity opportunities, diabetes and violence prevention (Sabol, Coulton, & Korbin, 2004; Burdine, Felix, Wendel, 2007; Burdine, McLeroy, Blakely, Wendel, Felix, 2010; McCord et al., 2011; Garney et al., 2017).

Embedded within this approach, to address the specified issue of youth violence, a community violence prevention framework will be utilized within the three-step process to ensure chosen strategies are focused on organizational, social, economic, and/or political factors that facilitate youth and community violence. The framework, within a public health context, does not treat the individual and the environment as independent of one another (Singer, 2001). With this lens, there is an understanding that individual level health behavior is constrained by institutionalized (structural) inequity that puts limits on the choices people can make – limits in choices directly impact health-related outcomes (Page-Reeves et al., 2013). When agency is limited, and structural violence is internalized, it can manufacture a cycle of risk behaviors in which the marginalized group becomes complicit – even subconsciously – in enacting deviant norms/at-risk behaviors (Kleinman, Das & Lock, 1997; Bourdieu, 2000). This strategy is a must for community buy-in, community ownership, collective understanding and mobilization of an agreed upon strategy between government and community that achieves decreases in community-based and youth violence.

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How will this project define and measure success? Include Key Performance Indicators.

Ambassador Program
Success is defined by community member engagement in the program, increases in knowledge and self-efficacy, volunteering and/or supporting violence prevention programs within the city, and/or utilizing skills training to intervene in violence.

KPIs:
1. 175 participants complete Ambassador Institute in 2022
2. 68% of Ambassadors report an increase in level of understanding of violence
3. 67% of Ambassadors report an increase in likelihood to take action to prevent violence
4. 56% of Ambassadors report an increase in likelihood to engage in violence prevention work
5. 70% of Ambassadors report an increase in skill level to develop a plan of action to prevent violence in their community
6. 75% of Ambassadors report an increase in level of knowledge of conflict resolution and de-escalation
7. 89% of Ambassadors report an increase in level of knowledge in the Public Health approach to violence prevention
8. 65% of Ambassadors report an increase in level of knowledge in Mental Health First Aid & Suicide Prevention
9. 75% of Ambassadors report an increase in level of knowledge in community organizing
10. 75% of Ambassadors report an increase in level of knowledge through Stop the Bleed training
11. 75% of Ambassadors report an increase in knowledge and self-efficacy around domestic violence
12. 85% of Ambassadors report that they are able to utilize information from the training
13. 55% of Ambassadors are further connected by attending a Networking Night or volunteering with a community partner.

Capacity Building Fellowship

Success will be measured by improvements in organizational capacity over the fellowship period, completion of the fellowship, and implementation of youth violence prevention strategies over the summer, and proper reporting on process and outcomes at the end of summer.

KPIs:
- Number of applications received
- Number of organizations accepted
- Number of completed assessments
- Documented capacity building plan for cohort
- Signed agreements with trainers, consultants, and guest speakers
- Number of networking opportunities
- Number of coordinated efforts across agencies internal and external to cohort
- CNE Membership
- Completed proposal for each agency (consisting of a problem statement, strategy to address the problem, program plan, logic model, evaluation plan, and reporting template)
- Implemented programs
  - Number of programs offered
  - Number of clients served
- Completed report upon conclusion of summer
- % increase of trust and legitimacy between community members, organizations, and LMG

Community Mobilization Project

Success of this project is measured by the representation of sectors at the table in each community (i.e., general community members, government agencies, community-based organizations and leaders, business representatives, etc.), engagement across phases of the initiative, development of a neighborhood plan for violence prevention (community prevention framework that meets required standards), and implementation of that plan.

KPIs
- Identified backbone agency/organization/group within each neighborhood
- Number of partners and organizations represented
- Number of community meetings and attendees
- Process documentation through meeting minutes
- Baseline and follow up measurements for partnership functioning, membership, connectedness
- Documentation of current activities for violence prevention in each neighborhood
- Baseline and follow up capacity building metrics
- Asset/resource inventory
- Community prevention framework logic model and workplan
- Number and type of activities implemented
- Number and type of media outreach strategies

Amount of Funding Requested:
Total for Ambassador Institute: 1M

Ambassador Program
Per Year (for 4 years): 6k; Total for this project: 24k

Organizational Partner Payment	$2,400
Supplies	$ 500
Refreshments	$2,000
Facilities	$1,100
TOTAL	$6,000 per year

Capacity Building Fellowship
Per Year (for 4 years): 181k, Total for this project: 724k

Consultant hourly fee $125.00/hr up to 247 hours for training and consultation	$30,875

Training materials, printing and mailing	$1,200
Guest Speakers/Advisor Stipends	$6,000
CNE Memberships	$2,000
CBO mini grants (14k x 10 orgs)	$140,000
TOTAL	**$180,075 per year**

Community Mobilization Project

Per Year (for 3 years): 90k, Total for this project: 270k

Neighborhood Strategies (15k x 6 Neighborhoods)	$90,000
TOTAL	**$90,000 per year**

Project Owner: Office of Safe and Healthy Neighborhoods (OSHN)

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: ████████████████████

Contact Phone: █████████

Project Name: Violence Deterrence and Prevention: Community Violence Intervention Program (Cure Violence)

Are you requesting a continuation of current funding or a new allocation?
Expansion of Current Funding

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

The agency has the current capacity to provide the administrative/management oversight of the project. However, we will need to hire a program coordinator, who is critical for the daily operational oversight and coordination of efforts. In addition, contracted agencies will need to hire the necessary project staff.

Metro Positions: 1 FTE Program Coordinator
Community Positions: 36 FTE Project Staff

Project Executive Summary (please specify if COVID-related.):

The Cure Violence Model adapts a three-prong public health approach to address the epidemic of violence. 1. Detection and interruption: CV uses Violence Interrupters who are specially qualified and trained to locate potentially lethal, ongoing conflicts and respond with a variety of conflict mediation techniques to prevent imminent violence and change the norms around the perceived need to use violence. 2. Identify and change the thinking of highest potential transmitters: CV employs an outreach mentoring/case management component to change the norms and behavior of high-risk clients. The outreach worker develops a risk-reduction plan for each high-risk participant that is intended to move them away from accepting the use of violence. Outreach workers are available to their clients during critical moments, \when a client needs someone to help the client avoid a relapse into criminal and violent behavior. 3. Change group norms: CV believes norms in the community that accept and encourage violence must change. CV believes norms can be changed if multiple messengers of the same new norms are consistently and abundantly heard. CV uses a multifaceted public education approach to change group and community norms related to the use of firearms. Three additional elements are essential for proper implementation. First, with all these components, data and monitoring are used to measure and provide constant feedback to the system. Second, extensive training of workers is necessary to ensure that they can properly carry out their duties. This process includes an initial training before workers are sent out on the streets, follow-up trainings every few months, and regular meetings in which techniques for effective work are reviewed. Third, the program implements a partnership with local hospitals so that workers are notified immediately of gunshot wound victims admitted to emergency rooms, enabling workers to respond quickly, to prevent retaliations.

Problem Statement (include issue and population served by project.):

Per LMPD data, as of October 3, 2021, the city has experienced 155 criminal homicides (94% gun-related) and a total of 627 shootings. For homicides, 85% of victims and 80% of suspects are male. 72% of victims and suspects are black. 50% of victims and 63% of suspects are between the ages of 18-34. There is considerable concern for the growing number of victims/suspects under age 18. The data is similar for non-fatal shootings. Louisville has identified a small number of groups and individuals who are in conflict that are driving a significant portion of the violence. Thus, the population this project seeks to serve, based upon the data, is black males within the age frame of 16-35 who are associated with group conflict and violence. Often these conflicts are ongoing with a cycle of simmer and then escalation, followed by a period of retaliatory responses. OSHN is currently funding two CVI violence interruption sites, which limits our ability to be successful citywide. The current request allows us to implement additional sites throughout the city where needed. LMDP data further indicates that over 72% of the shooting occur in the three (3) police districts, each comprised of multiple neighborhoods.

Goal/Outcomes Statement:

The goal of the proposed project is reduction in gun homicides, assaults, and shootings per year (15-35% reduction is probable, based on evidence). This will be achieved by implementing three equally important components: Detecting and interrupting ongoing group conflicts that will achieve successful mediations resulting in less violent outcomes; changing attitudes and behavior of those most at risk to be involved in violence, through increasing protective factors and decreasing risk factors of program participants, reducing their involvement in violence; and changing community norms regarding the use of firearms to settle disputes and overall acceptance of gun violence using community change campaigns that will result in communal norms around violence shifted, building social cohesion and increasing safety.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Expansion of our public health intervention approach that deploys teams of violence interventionists and outreach case managers in high-priority neighborhoods to disrupt and mediate group/gun violence in the community. The FY22 budget currently funds the program in 2 neighborhoods. The request is to expand to an additional 4 neighborhoods for a total of 6 sites.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

30 days to initiate contracts, 30 days to hire staff, full implementation in 60 days. Duration four years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

This project will provide new job opportunities for those who lost their jobs during the pandemic. This project will provide valuable individualized treatment and intervention services to those in need, who were unable to obtain or sustain such services because of the contact restrictions related to the COVID-19 pandemic. This project will allow communities to collaborate and mobilize to address the levels of growth in violence within their communities that can be correlated to the impacts of COVID-19 that limited such opportunities, and allowed for the expansion of the social determinants of community violence.

Evidence Basis for the Project

Cure Violence, like most gun violence intervention strategies (GVI and HVIP included), is rated a "Promising Program" by the National Institute of Justice, the National Gang Center and the Office of Juvenile Justice & Delinquency Prevention – all entities within the DOJ. Overall studies indicated that there could be some differences based on location. The program was associated with significant reductions in shootings, killings, and retaliatory homicides within some implemented sites but not others. Success examples: Chicago, IL: -16-28% reduction in nonfatal shootings in 4 of 7 communities; variation across sites in impact on group-involved homicides and retaliatory shootings (Skogan et. al, 2008); Philadelphia, PA: -30% reduction in nonfatal shootings after 2 years (Roman et. al, 2018); Baltimore, MD: significant reductions in homicides and/or nonfatal shootings in 3 of 4 communities (Webster et. al, 2013); New York City: 63% reduction in homicides and 33% shift in norms of violence (John Jay College, 2018). Additional results: Associated with improved attitudes about using

violence in conflict (Delgado et. al, 2017; Milam et. al, 2016) and increased confidence in police (Butts and Delgado, 2017). Program success rates directly correlate to the ability to successfully implement and manage the program as designed.

Cure Violence is a place-based public health approach. The strategy works best within smaller geographical sites that experience higher levels of gun violence. Findings suggest not only that gunshot violence concentrates within certain areas and populations but also that diffusion of violence follows an epidemic-like process of social contagion that is transmitted through networks by social interactions. Louisville's gun violence is impacting multiple metro neighborhoods. Numerous groups, unique to these neighborhoods, have been identified as drivers of the violence. Mounting evidence suggest that small place-, group, and network-based interventions can effectively reduce gun violence. Through the use of violence interrupters who have a connection to specific neighborhoods, Cure Violence effectively utilizes a strategy that allows for a better understanding of and penetration into the social networks of those groups, allowing for a 24-hour identification and early intervention response to those likely to be involved in gun violence. Currently OSHN funds two sites. In relation to the level of violence we are experiencing, this is not enough to have a significant citywide impact. The addition of four sites will strengthen our overall citywide gun violence intervention efforts. The expansion will allow us to better address cross-neighborhood group conflict.

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Cure Violence Evidence Summary: https://cvg.org/wp-content/uploads/2021/09/Cure-Violence-Evidence-Summary.pdf
Butts, Jeffrey A. and Sheyla A. Delgado (2017). Repairing Trust: Young Men in Neighborhoods with Cure Violence Programs Report Growing Confidence in Police [JohnJayREC Research Brief 2017-01]. New York, NY: John Jay College of Criminal Justice, Research and Evaluation Center.
Delgado, Sheyla A., Laila Alsabahi, Kevin Wolff, Nicole Alexander, Patricia Cobar, and Jeffrey A. Butts (2017). The Effects of Cure Violence in the South Bronx and East New York, Brooklyn. In Denormalizing Violence: A Series of Reports From the John Jay College Evaluation of Cure Violence Programs in New York City. New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.
Milam, A. J., Buggs, S. A., Furr-Holden, C. D., Leaf, P. J., Bradshaw, C. P., & Webster, D. (2016). Changes in Attitudes toward Guns and Shootings following Implementation of the Baltimore Safe Streets Intervention. Journal of urban health: bulletin of the New York Academy of Medicine, 93(4), 609–626. https://doi.org/10.1007/s11524-016-0060-y
Roman, C.G., Klein, H.J. & Wolff, K.T. Quasi-experimental designs for community-level public health violence reduction interventions: a case study in the challenges of selecting the counterfactual. J Exp Criminal 14, 155–185 (2018). https://doi.org/10.1007/s11292-017-9308-0
Skogan, W. G., S. M. Harnett, N. Bump, and J. Dubois. 2009. Evaluation of CeaseFire- Chicago. Washington, DC: National Institute of Justice.
Webster, S. D. M. P. H. D. W., Mendel, W. J. P. D., Vernick, J. D. M. P. H. J. S., Parker, M. H. S. E. M., & John Hopkins Ctr for Gun Policy and Research John Hopkins Bloomberg School of Public Health 624 N. Broadway Baltimore MD 21205. (2012). Evaluation of Baltimore's Safe Street Program: Effects on Attitudes, Participants' Experiences, and Gun Violence. United States.

How will this project define and measure success? Include Key Performance Indicators.

The goal of the project is reduction in gun homicides, assaults, and shootings per year (15-35% reduction is probable based on evidence). Success will be defined as reduction of these crime categories within the sites where the program is implemented. Key performance indicators will be:

- the # and % of conflicts identified and successfully mediated resulting in no subsequent use of violence between those in conflict;
- the # and % of high-risk individuals who successfully complete the intervention program who reduce their risk to be involved in violence, based upon pre/post risk/needs assessment scores;
- the # and % of high-risk individuals who successfully reduce their risk to be involved in violence and who are not arrested for a violent crime within one year of program completion;
- A change in community values and norms regarding violence through a pre/post project period community survey; and
- Prior to project implementation, a baseline number for each performance measurement will be determined based upon similar local and national projects and serve as the starting performance guide.

Amount of Funding Requested:

Per Year: $2 million, 4-Year: $8 million

Budget Detail:
OSHN will initiate community contracts to provide services to four additional sites. The new sites will be determined based upon violent crime data. Each yearly site-specific contract will be for $450,000 ($392,500 personnel [9 positions]; $57,500 administrative and operational costs). $25,000 per year for treatment services. To provide the necessary daily management and ongoing evaluation of the 6 sites, OSHN will hire a fulltime program coordinator ($100,000 salary, benefits, supplies). To ensure proper implementation, OSHN will contract with a national technical advisor for Cure Violence to assist with the initial implementation, which is estimated at $75,000 per year. Total costs per year $2 million.

Project Owner: Office of Safe and Healthy Neighborhoods (OSHN)

Project Contact: Monique Williams

Project Contact Job Title: Director

Contact Email: ██████████████████

Contact Phone: ██████████

Project Name: Violence Deterrence and Prevention: Coordinated Crisis Response to Gun Violence

Are you requesting a continuation of current funding or a new allocation?
New Allocation

Does the organization have sufficient capacity to lead and conduct the project without hiring new permanent staff? If not, what resources will need to be hired?

The agency has the current capacity to provide for the administrative/management oversight of the project. However, we will need to hire a program coordinator who is critical for the daily operational oversight and coordination of efforts. In addition, contracted agencies will need to hire the necessary staff.

Metro Positions: 1 FTE Program Coordinator
Community Positions: 1 FTE Project Staff, 10 Limited Program Staff

Project Executive Summary (please specify if COVID-related.):
The proposed project seeks to enhance victim services provided to Louisville residents through a new initiative to serve families impacted by shootings and homicides. OSHN seeks to build on existing victim-centered response strategies by creating a comprehensive delivery system that expands existing partnerships while building new capacities in assisting victims, families and communities affected by gun violence – with a primary emphasis on group/gang homicides. There are two key components of this initiative: The creation of a victim's support multidisciplinary team (MDT) that coordinates and ensures short- and long-term services to those directly victimized by gun violence, and the creation of a faith-led, community partnership that engages community residents within 48 hours of exposure to gun violence, providing emotional and spiritual support, while educating and connecting residents to trauma support services in the community. 1) OSHN will partner with government/community agencies and organizations to create an MDT that seeks to coordinate communication and direct services, reduce duplication of efforts, discuss and follow-up on cases, coordinate training, identify barriers for victims and families in seeking services and identify new strategies to enhance victim-centered responses; 2) The Safe Haven Project is a community-wide effort that will be managed by OSHN in partnership with Louisville's faith-based and mental health organizations to support secondary victims of gun/group/gang violence and promote psychological resilience through increasing protective factors and decreasing barriers to accessing supportive services. The secular project relies on partnerships with government agencies, faith communities, mental health professionals, and residents throughout Louisville Metro. Following a high-profile incident of gang/group involved gun violence, a designated faith organization will open as a Safe Haven and serve as a place for residents of all faith backgrounds to gather, offer and receive support, and access spiritual and/or emotional assistance and services.

Problem Statement (include issue and population served by project.):

Victim Support Multidisciplinary Team:
The city does not have the capacity to adequately serve the primary and secondary victims of gun violence, both in the short and the long term. Our collective approach is often fragmented, leading to less effective and efficient services. Available literature indicates that homicide survivors, particularly those in minority groups, tend to seek support from informal networks of family, friends, and community organizations. While this is due to cultural and socio-economic factors, barriers such as fear of stigmatization and distrust of law enforcement and criminal justice institutions decrease the accessibility of services following a group/gang-related incident.

The Safe Haven Project was designed in response to the short- and long-term impacts of exposure to community violence:
1.   High levels of psychological trauma resulting from chronic exposure to community violence.
2.   Increased risk of joining a gang following exposure to community violence.
3.   Increased risk of victimization and further trauma related to gang involvement.
4.   Reports from community residents of high levels of fear, frustration, and stress related to gang violence.
5.   Recognized need for increased support services for secondary victims of gang violence.
6.   Barriers in accessing services, particularly spiritual and mental health services.

Goal/Outcomes Statement:

The goal of the Victim Services Initiative is to improve systems and services that identify and assist youth and families who have been impacted by violence to reduce trauma, build resilience, and promote healing. This will be accomplished through the implementation of a victim support MDT comprised of various victim service agencies who will work collectively to identify short- and long-term services for victims/survivors of gun violence. The coordination of services will enhance engagement, prevent duplication, leverage resources and build trust between victims and systems. This will further result in more cooperation from victims and survivors with the correlated criminal investigations into the violent incident. In addition, the Safe Haven project will serve as the primary point of engaging those exposed to violence, educating them about the short- and long- term consequences of violence exposure and connect them to available services to the community, increasing the number of those supported.

Please briefly explain what actions/steps your project proposes to address the above-stated problem:

Louisville's coordinated crisis response to gun violence consists of two components: Criminal investigation (law enforcement) and Violence Interruption (outreach response). A third, critical component is missing – a coordinated response to addressing victims of gun violence. This request funds the development of a coordinated short- and long-term support service response to primary and secondary victims of gun violence, specifically related to group/gang activity. This includes a victim support MDT comprised of various victim service agencies who will work collectively to identify short- and long-term services for victims/survivors of gun violence that will enhance engagement, prevent duplication, leverage resources and build trust between victims and systems. The Safe Haven project will serve as the primary point of engaging those exposed to violence, educating them about the short- and long- term consequences of violence exposure and connect them to available services in the community. Coordinated Crisis Response is a recommendation from the DOJ.

How soon after signing a grant agreement can your project begin serving target populations and addressing the problem(s) described above? What is the anticipated duration of this project?

The agency will immediately begin to work on this project by bringing the necessary partners together and developing operational MOU's. We will need approximately 30 days to hire staff and 30 days to initiate any contracts. We can be fully operational within 60 days of signing the contract.

Duration 4 years.

Does this project directly support COVID-19 pandemic related recovery? If yes, please explain.

This project will provide new job opportunities for those who lost their jobs during the pandemic. This project will provide valuable individualized treatment and services to those in need, who were unable to obtain or sustain such services because of the contact restrictions related to the COVID-19 pandemic. The project will allow communities to collaborate

and mobilize to address the levels of growth in violence within that communities that can be correlated to the impacts of COVID-19 that limited opportunities and allowed for the expansion of the social determinants of community violence.

Evidence Basis for the Project

There is a litany of literature that discusses the value of multidisciplinary approaches to serving victims of crime. Holistic, coordinated support is integral in recovering from trauma. Multidisciplinary approaches have been established as a promising practice for responding to most types of crime victims, including victims of sexual assault, human trafficking, elder abuse, and homicide. MDTs led to more positive survivor experiences, as victims often need a significant number of services, and can be overwhelmed with the number of agencies and organizations providing these services. When a multidisciplinary approach is used, services are more collaborative, and coordinated. Each service provider has established roles, providing an opportunity for understanding the responsibilities of other service providers participating in the team. When organizations work together, they may be able to provide assistance that could not be provided by individual organizations working separately. Additionally, when creating an MDT, gaps in services become more apparent, so partners can work together to address survivor needs that have not previously been identified or met (National Center for Victims of Crime).

Many of the interventions aimed at reducing the negative consequences of children's exposure to violence have focused on a specific type of violence exposure, intervention setting, or symptom profile. Some of these have been proven effective, such as treatments for children with posttraumatic stress (Cohen, Mannarino, and Deblinger, 2006;). On the other hand, targeted interventions have a very limited evidence base, and prevention efforts are largely untested. As a result, the evidence base is still emerging for behavioral health programs that ameliorate the adverse effects that exposure to violence can have on children. Although there are proven and promising approaches to intervention, more work is needed to see how these interventions can be delivered effectively in real-world settings. Violence prevention efforts have focused on reducing violence itself, but little work has been done to prepare families and communities for recovery from violence when it occurs. National movements toward developing approaches in communities and settings (such as schools) that take into account trauma and its effects (trauma-informed communities) are gaining momentum but have not been evaluated to see whether they do, in fact, produce a more resilient child, family, or community. Thus, this area is ripe for additional exploration, particularly when combined with the full array of services within a public health model. Clearly there is a need for continued development and research across multiple levels and settings for interventions for CEV, but the challenge remains to find the key ways in which to do this that are effective, acceptable, and feasible (Shultz, et al, 2017). The Safe Haven project is supported by a plethora of research that indicates building collective efficacy and community cohesion, violent crime can be controlled and reduced.

References:
Promising Practices: Multidisciplinary Responses to Complex Homicide Cases – National Center for Victims of Crime:
    https://victimsofcrime.org/wp-content/uploads/2020/08/Promising-Practices-final.pdf
Schultz, D., Jaycox, L. H., Ayer, L., Setodji, C. M., Mahmud, A., Kofner, A., & Barnes-Proby, D. (2017). Improving
    Outcomes for Children Exposed to Violence: Safe Start Promising Approaches. Rand health quarterly, 7(1), 6.
Cohen Judith A., Mannarino Anthony P., Deblinger Esther. Treating Trauma and Traumatic Grief in Children and
    Adolescents. New York: Guilford Press; 2006. [Google Scholar]

How will this project define and measure success? Include Key Performance Indicators.

Success of the project is defined as the full implementation of both key components of the proposed victim service initiative. Two key measurements are the # of partners agencies working together for both components as measured by signed MOU's; and the number of individuals that receive individualized services from the MDT, or violence exposure education and service connection through the Safe Haven. Additional key performance indicators are: Increased capacity to deliver high quality services to victims of gun violence; greater satisfaction in services received; greater diversity of victims are served, including underserved populations; victim needs are addressed in a streamlined and comprehensive manner; a greater level of voice & ownership is transferred to the community when supporting victims of violent crime; greater access to a wider variety of general and/or customized victim services; a strengthening of relationship between

Louisville Metro and its communities; a greater trust in Louisville Metro services and law enforcement; greater victim/community cooperation with criminal investigations.

Amount of Funding Requested:

Per Year: $250,000   4-Year: $1.0 million

Budget Detail: OSHN will hire 1 FTE program coordinator to oversee the management of both programs @ $75,000. OSHN will contract with a faith-led organization for 1 FTE $50,000 a year to coordinate the ongoing recruitment and training of faith-based and mental health partners for the Safe Haven project as well as serve as the lead at Safe Haven events. $8,000 allocated to Safe Haven training. $33,000 to cover 33 Safe Haven activations throughout the year (operational costs). $80,000 to cover costs of providing 40 hours of peer mentoring support to 100 victims/survivors (4,000 hours at $20 per hour). $4,000 for training of 10 Victim Peer Mentors @ $400 each.