Violence Intervention and Prevention Program (VIPP) Annual Report FY 2024

Public Safety Article, § 4-906(c)(2)

Prepared by:
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Introduction

In accordance with § 4-906(c)(2) of the Public Safety Article, the Governor's Office of Crime Prevention and Policy (Office) must post a report on its website each year as it relates to information reported by subrecipients of the Maryland Violence Intervention and Prevention Program Fund. Specifically, the report must include:

- Data collected during the duration of the award;
- A discussion of any collaborative efforts between the local government or nonprofit organization, a community-based organization, and any other entity in furtherance of the objectives of the award; and
- An analysis of the progress made in achieving the objectives of the award.

Pursuant to its charge, this *FY 2024 Violence Intervention and Prevention Program Annual Report* includes information pertaining to data reported by subrecipients of the Maryland Violence Intervention and Prevention Program Fund and efforts to achieve its objectives. It also provides information related to several reports mandated by §§ 4-907 and 4-1009(c) of the Public Safety Article. To view these reports please visit the Office's website at: https://goccp.maryland.gov/reports-and-publications/.

Background

Sections 4-902 and 4-903 of the Public Safety Article, which were established by Chapter 148 of 2018 (House Bill 432), created the Maryland Violence Intervention and Prevention Program Fund and a Maryland Violence Intervention and Prevention Program Advisory Council (Council) within the Office; and required the Executive Director of the Office to administer the Fund in consultation with the Council. Sections 4-906(c)(2), 4-907, and 4-1009(c) of the Public Safety Article also require the Office to create and post an annual report of the program on its website, order an ongoing evaluation of the program in consultation with the Council, and create a filterable display of outcome-based performance measures to display on its website, respectively.

Violence Intervention and Prevention Program Fund

Pursuant to § 4-902(b)(1) of the Public Safety Article, the primary purpose of the Maryland Violence Intervention and Prevention Program Fund is to support effective violence reduction strategies, specifically gun violence, by providing competitive grants to local government and nonprofit organizations to fund evidence-based health programs or evidence-informed health programs. Through this program, the Office awarded $2,880,000 to the following subrecipients

in FY 2024 (July 1, 2023 - June 30, 2024) to prevent and reduce gun violence in Maryland (*as illustrated below*).

FY 2024 Violence Intervention and Prevention Program (VIPP) Grant Awards[1]					
Grant No.	**Implementing Agency**	**Award Amount**	**Project Title**	**Jurisdiction**	**Project Summary**
VIPP-2024-0001	Kingdom Kare, Inc.	$399,146	Man Up Anne Arundel 2024	Anne Arundel	The program helped to reduce violence by working in partnership with communities using evidence-based strategies, as well as methods and strategies associated with disease control. The evidence-based Cure Violence framework was used to change the normalcy of gun violence within assigned focus areas, and stop the spread of community violence.Program funds provided personnel, operating, and contractual services.
VIPP-2024-0002	Wicomico Partnership for Families & Children (LMB)	$129,037	Wicomico Violence Free Zones	Wicomico	The program helped to reduce community violence and increase community partnerships, particularly in neighborhoods with high crime and increased poverty. Trusted community members were trained in identifying at-risk youth and providing mentoring, while the case manager identified needs of youths and their families to connect them with services to interrupt the violence cycle. Program funds provided personnel, operating expenses, contractual services, and equipment.
VIPP-2024-0003	Medstar Health Research Institute Inc.	$267,593	MedStar Washington Hospital Center-Community Violence Intervention Program	Prince George's	The program worked with hospitalized survivors of community violence to provide direct victim services, identify and strengthen individual protective factors, and decrease risk factors for future violence. It employed a staff of well-trained managers, social workers, and treatment navigators in evidence-based best practices over the course of six months surrounding the injury. Program funds provided personnel, equipment, training, and other expenses.
VIPP-2024-0004	Anne Arundel County Health Department	$143,720	Gun Violence Intervention Team (GVIT)	Anne Arundel	Through a multi-agency team, the program helped to prevent and reduce gun violence in the county using a data-driven and evidence-based public health approach that included engagement with the community. The multi-agency team’s priorities were informed by a strategic plan to target the communities and populations most impacted. Program funds provided personnel, training, and equipment.

[1] The VIPP-2024-0011 award covered a period of October 1, 2023 through June 30, 2024, to evaluate individual programs.

VIPP-2024-0005	University of Maryland, Baltimore	$399,740	Collaborative Violence Intervention and Prevention Program	Baltimore City	The program helped to reduce gun violence and recidivism, and improve safety. The program also strengthened violence intervention and prevention resources, provided direct mental health services, and bolstered an existing coalition of community, public, and private stakeholders who worked to reduce gun violence in the Upton/Druid Heights neighborhood in Baltimore City. Program funds provided personnel, operating, contractual, and other.
VIPP-2024-0006	St. Mary's County Health Department	$318,901	St. Mary's County Group Violence Intervention Program	St. Mary's	The program helped to reduce homicide and gun violence, minimize harm to communities by replacing enforcement with deterrence, and foster stronger relationships between law enforcement and the people they served. It also connected affected family members and people exposed to gun violence to trauma-informed services, and reduced retaliation of those affected by gun violence. Program funding provided personnel, equipment, and training.
VIPP-2024-0007	University of Maryland Prince George's Hospital Center (Dimensions Health Corporation)	$244,900	Capital Region Violence Intervention Program "CAP-VIP" 2024	Prince George's	The program engaged violently injured patients aged 15-35 while in the hospital to assess medical and social needs, and provided intensive case management on discharge. Program funds provided support for maintenance and program expansion, personnel, contractual services, equipment, and travel.
VIPP-2024-0008	Lead4Life, Inc.	$82,141	A Better Way Gun Violence Prevention Program (Eastern Shore)	Montgomery	The program utilized evidence-based strategies to deter future gun violence in urban and rural areas of the Eastern Shore. Specifically, the program helped justice-involved young adults and youth with past or pending gun charges or were at high-risk of a gun charge because of where they lived, their lived experience, and/or limited access to community-based resources to complete court and/or probation requirements. Participants were screened and received peer-to-peer support and wraparound services. Program funds provided personnel, contractual services, equipment, and training.
VIPP-2024-0009	Mayor's Office of Neighborhood Safety and Engagement (MONSE)	$339,950	Supporting a Comprehensive CVI Ecosystem for Baltimore City	Baltimore City	The program worked to build a Community Violence Intervention (CVI) ecosystem to connect and fortify an existing network of disparate, one-off efforts, across the city. It also allowed partners to work with individuals of any age who were at the highest risk of becoming a victim or perpetrator of gun violence in Baltimore City. Program funds provided operating expenses.

VIPP-2024-0010	The Tree House Child Advocacy Center of Montgomery County MD Inc.	$254,872	Enhancing Evidence-Based Mental Health Services	Montgomery	The program provided evidence-based mental health services to reduce developmental risk factors for violence, including gun violence. Program recipients reported a decrease in mental health symptoms, and the community experienced increased public safety. Program funds provided personnel, and direct and indirect costs.
VIPP-2024-0011	Justice Innovation Inc. d/b/a Center for Justice Innovation	$300,000	Maryland Violence Intervention and Prevention Program Evaluation	Statewide	The program evaluation examined the implementation and outcome of individual programs, and provided feedback to help inform future funding decisions. It also identified areas that need improvement, and efforts to implement future programs with greater fidelity. Program funds provided personnel, operating expenses, travel, and other expenses.

Subrecipient Reported Information

Between July 1, 2023 and June 30, 2024, subrecipients submitted quarterly programmatic reports to the Office's Grants Management System (GMS), as required by the *Grants Management System (GMS) Application Instructions*,[2] to include:

- Performance Measures: Includes quantitative measures that identify the immediate services, substantive changes, and long-term outcomes of the program.
- Progress Reports: Provides detailed information regarding the progress and effectiveness of the program.
- Financial Reports: Captures subrecipients grant financial reimbursement requests.

Of the 11 funded subrecipients, 10 submitted a report within 30 days of the grant award end date, as required by § 4-906(c) of the Public Safety Article, to include the items below.[3] To view the individual reports, please refer to the Appendices.

- Data collected during the duration of the award;
- A discussion of any collaborative efforts between the grantee and any other entities in furtherance of the objectives of the award; and
- An analysis of the progress made in achieving the objectives.

[2] Governor's Office of Crime Prevention and Policy. *Grants Management System (GMS) Application Instructions*. https://goccp.maryland.gov/wp-content/uploads/NOFA-application-instructions.pdf

[3] The Mayor's Office of Neighborhood Safety and Engagement (MONSE) did not submit a report as required.

Data Collection

Based on the quarterly submission of performance measure data, awarded subrecipients reported the following outcomes:

- 38,576 prevention and education activity attendees
- 37,941 attendees understood the topic better
- 12,540 individuals served
- 5,263 prevention and education activities
- 1,323 individuals successfully completed the program
- 1,171 individuals received social referrals to the program
- 745 virtual meetings when face-to-face interactions were not feasible
- 226 staff attended training
- 217 active partnerships
- 18 individuals failed to complete the program

To view a filterable data display of all performance measure data, please visit the Office's website at: https://gocpp.maryland.gov/data-dashboards/vipp-program-dashboard/. For more information regarding data collected by each subrecipient, please refer to the individual reports in the Appendices.

Collaborative Efforts

Extensive collaboration among grantees under the Violence Intervention and Prevention Program (VIPP) have been reported. In FY 2024, subrecipients reported a total of 217 active partnerships between various agencies, such as law enforcement, nonprofit entities, and/or government agencies affiliated with the program. These partnerships have facilitated efforts such as:

- Multi-disciplinary collaboration and coordination among agencies.
- Community engagement initiatives targeting at-risk populations.
- Partnerships with local schools, mental health providers, and other service organizations.
- Joint activities addressing violence reduction, mentorship, career development, and poverty alleviation.
- Regular meetings and communication between entities to share resources and align objectives.

These collaborative efforts have enhanced the implementation of evidence-based and community-centered approaches to violence prevention, fostering a robust network of support for achieving program goals. For additional information regarding collaborative efforts, please refer to the individual reports in the Appendices.

Progress Achieving the Objectives

Through the VIPP grant program, awarded funds were used to support effective violence reduction strategies, specifically gun violence, through evidence-based health programs, evidence-informed health programs, and/or hospital-based violence intervention programs. The subrecipients reported on successes including:

- Reductions in both violent crime and gun violence specifically.
- Identifying and engaging with high-risk individuals in the community.
- Increases in program participants and clients served.

Please refer to the individual reports in the Appendices for more information.

Conclusion

Between July 1, 2023 and June 30, 2024, subrecipients submitted quarterly programmatic reports that identified the successful implementation and progress of each program funded through VIPP. Subrecipients also submitted a final report, as required by § 4-906(c) of the Public Safety Article, to include information pertaining to each program (*as listed in the Appendices*). The Office, in consultation with the Council, will continue to support effective violence reduction strategies by providing competitive grants to local government and nonprofit organizations to fund evidence-based health programs or evidence-informed health programs.

Appendices

Kingdom Kare, Inc.

GOCCP
End of year report:

Performance Measures

1. The percentage increase/decrease of violent crime in the area of operation: 21% 2. Decrease in violent crimes: 95%
3. Number of network VIPP collaborations occurring: 38
4. Number of persons receiving social referrals to the program: 25
5. Number of individuals who successfully completed the program: 34 6. Number of individuals served: 4008
7. Number of informational materials distributed: 2500
8. Number of prevention and education activities conducted: 26
9. Number of attendees/ participants of the prevention and education activities: 751
10. Number of staL who received/attended violence prevention and intervention training programs/conferences: 12
11. Number of clients contacted within 24 hours of admittance to the trauma department, if applicable: 12

Programmatic results

Please explain how this award helped reduce crime and/or improve public safety in your jurisdiction:
We have improved public safety by involving high-risk community members in our various programs. Through group discussions, we have fostered emotional intelligence, critical thinking, and conflict resolution skills among participants. The gun violence in our area has primarily been perpetrated by outsiders, not by members of our community. We have successfully prevented retaliations from these incidents, thanks to our partnerships and educational services that have aided in de-escalation eDorts.

Kingdom Kare works closely with our Western District Police Department. This information includes any type of weapons violations.
Note: (1) In Dec. 16th suicide of a man who also shot his spouse in a domestic dispute (2) Dec. 18th shooting at the front store 1 Injured but not fatal | Shooter not from our area or zipcode.
(3)Feb. 1oth Shooting occurred early Saturday morning in Coatsbridge Court around 12 am. An individual shot up
a car with an individual in it. No injuries reported. VIPP provided resources to the child's mother.
(4) March 1st apparent shooting in Stewarton and Stillmeadow Drive in Severn. No reported injuries. Police

found castings. No damage was reported. Police are investigating the incident. This is an increase from the last quarter, when we had 2 shooting incidents.
250 Violence Interruption informational palms cards distributed.
40 Man Up community surveys were taken.
7 individuals attended the AA County Workforce Development Program 15 families were assisted with BGE assistance, & Rental assistance
2 Victims injured in shooting were assisted with food supply for family, Mental Health resources, physical therapy
2 individuals completed the JumpStart program.
3 individuals who completed the MFN community leadership program We assisted 1 high risk individual from an incident in a community. Client was ordered to participate in our program by the courts.
we have 4 previous clients that recruited 35 new client

Describe, in general, the level of cooperation and collaboration between partner agencies such as law enforcement, non-profit entities, and/ or governmental agencies a=iliated with this program:

P.R.O.T.E.C.T. Coordinator With the Governor's OLice- Jesseanne Norton:

Partnership to assist in improving recreational access and availability in high risk communities.

Anne Arundel County Police Department (Western District): Captain McFarlane: Local police participate in various events like the peace walk and rally's

United Way, Andrew Masters: With United Way's assistance we were able to get Boys and Girls Club tuition paid for 35+ children between the ages of 6-12.

Tunnel Vision, Kyle Williams: We've partnered with this organization for multiple events including a Halloween Dance and Holiday Celebration to boost community morale.

Workforce Development, Tyler Callahan & Marina Karayinopulos: Through this partnership we assist at-riskindividuals with Career Rediscovery and Discovery.

Anne Arundel Co. Internship Coordinator- Zsavelle Smack: This partnership allows us to reach highschool youth who are interested in entering the workforce early. This helps combat poverty which is directly related to crime. It provides

opportunities for empowerment for at-risk youth.

The Severn Center, Katy Owings: With this partnership we are able to utilize the facilities at the Severn Center for events and training. We recently hosted a Senior Jazz night to form intergenerational bonds between the seniors and youth of our community. We encouraged all seniors to "get active" in their communities, and help hold our
children accountable.
Meade Village Boys and Girls Club, Andre Everett: We're helping recruit for S.T.E.M. program at the center.

HCAAC Meade Village, Jaquell Denda & Anthony Prear:
We attend Committee Meetings regarding community changes to provide input and we collaborate with the Property Manager regarding community events.

Severn Center Boys & Girls Club, Lisa Mondoro: We will be partnering with the club to provide services to the girls through mentorship and mental wellness services.

Black Girl Health Foundation, Kiasha Sanders: This is the mental health provider being used for community members in need as well as the Boys and Girls Club

Every Angle, Roman Harrison: Mentorship program that we refer teenage males to for guidance and intervention.

Tree House Project, Shaleece Williams: We assisted with recruitment to this mentorship program for teenage girls.

Partnerships for Children Youth and Families, Randy Curtis: We are able to refer residents to this agency who may need rent and utility assistance
.
Blossoming Seeds- Assisting the children and teens with expressing their emotions through drama therapy through creative arts.

The Promise Land Foundation- Assist with providing meals with our events.

Meade Middle School- Partnering with Principle Karla to help decrease violence in our community.

Be Present Program- Superintendent of AACPS, Dr. Bedell to reduce violence in the school system and help with focus groups.

Arts with a Heart- Partnering with professional artists to bring art therapy to the community and face painting to local events.

ACDS- Partnering with Kimberly Gregg to expedite and mentor community members through their programs.

Smith Bus Company- Partnering with them to provide employment in the transportation industry.

Kristina Johnson- Providing free counseling in the community.
T.E.A.M Together Everyone Achieve More, Endeja Robinson- Therapy for families and mentorship.

I Carre, Rodney Carre: Mental Health counseling, for children and

adults. My Life Foundation Inc., Taylor Yi: Community Outreach and

Education.

Baltimore Washington Medical Center, Kelsey Weed: Participated with the Community Safety Event, Provided blood pressure screenings and health information.

Center Of Help, Natalia Massey: Community Outreach and Resources or Immigrant community.

LightHouse Shelter, Tynekia Dejesus: Shelter, food/clothing, employment, workforce development, showers,laundry, transitional housing, case management.

Anne Arundel County Register Of Wills, Erica Matthews: Services provided by Register of Wills on the importance of having a will and afterlife planning.

Celestial Hope Rising Services, Lorenza Wilds: Therapy, medication management, prp, case management, and various community events.

AACO Department of Aging and Disabilities, Kelly Mackall: Resources for older adults, individuals with disabilities, veterans, and caregivers.

One Source of Wellness Works, Tanya Lafalaise: PRP Services

Sapphire Rise Incorporated, Beth Adams: Stem program that provides mentorship and education through camps and after school programs.

La Fitness, Ignacio Castro: Health and Wellness

Safeway Pharmacy, Eric Kim: Vaccinations

Community Action Agency, Ms. Baskerville: Housing Assistance, Energy Assistance, Wellness, Youth Development, Head Start, Diversity/ Re-Entry.

University of Maryland, Baltimore Trauma Center: Treatment for shock trauma victims. We formed a relationship with the Case Management Department to connect with victims from our community who need support. We connect with resources and provide any supplies our funds allow.

Wicomico Partnership for Families & Children

VIPP Final Report – VIPP – 2024-0002 Wicomico Partnership for Families and Children

7-23-24

Program Summary and Analysis:

The Wicomico Partnership for Families and Children received **the award for this program** in **August of 2023.** We began **the** recruiting **process** and advertised **for the program** coordinator **position after accepting the award**. While **waiting to hire** the **coordinator, we** began **discussions with different organizations** to begin program development. We **met with representatives from Wicomico County Public Schools,** the **local NAACP branch, and local** non-**profits** in order **to** find **suitable locations** to **operate** the **program** out of. **In late October of 2023** we **were able** to hire **our** Program **Coordinator** after **conducting several interviews with applicants.** The program **coordinator began employment** in **November of** 2023. **The program coordinator continued to meet** with **the school system and was able to make** valuable **connections with** many **of** the **schools in the county** and **conducted several presentations about** the **VIPP** program. The **program coordinator was also able** to **coordinate additional support** from **the school system as far as** providing **meals** to the after school mentoring **sites through the** school **system food program**.

Additionally, the program coordinator **began working with** several community **organizations** to find suitable **locations to operate** the **program out of**. **The first location** that **was selected** was **at** the Stone **Grove** apartment **complex**. The complex **was going to allow the** program to operate **out of the community** center **each** day **after school**. **The** apartment **complex was located on the west side** of the **City** of **Salisbury and has seen frequent violent crime**. **Several youth** live **in the complex** and near **or around** the **complex** that **would be able** to **attend** the program. **The program coordinator also was able to** bring **on four** mentors **that** were going to **be** paid by **stipend**. **These** mentors **attended training that was provided** by the **Wicomico** Partnership for Families **and** Children**. These** mentors **all** had **lived experiences and** were **also able** to **pass a background check in** order **to supervise** youth. After **much work and assistance from community** members **the first mentoring site opened** in January **of 2024. The** program **operated for** three weeks before the program coordinator left **his** employment with **the Wicomico Partnership for** Families **and Children**. Up to that **point, the site was** operating with several youth and there **were several presentations made by community** members including law enforcement, news media, **and** local elected officials.

Unfortunately, after losing the program coordinator the program **was paused** while **we searched** to **replace** the coordinator. We did **advertise the position** and interviewed several **candidates but** we were unable to **locate a suitable person to** fill the position. **As we approached April,** we **began discussions with** the program monitor **from GOCCP and** it **was decided that** it **would be in** the **best** interest **of the program to** de-**obligate the** remaining **funds that** were awarded to **us**.

We feel **confident that the program would** have **been successful had the** program **coordinator** maintained **his** employment. We **saw a steady increase in** the **number of youth that were attending** the **site** over **the course of** the three **weeks that it was operational**. Several **youth** were **reporting that they enjoyed the program** and we were **receiving positive feedback from the community** including **the apartment complex management and residents. Had we been able** to

continue the **program,** we would have **been able open additional sites in** the **county** and **continue the successful model** we implemented **at the Stone Grove** apartment **complex**. **We found** the level **of collaboration with the school system** to

be an instrumental component to the program. **The guidance on structuring** the **after-school** program was invaluable along with providing meals **to the students through** the food service program. **The** collaboration with community members and **non-profit** organizations helped **us with recruiting mentors with** lived experience who **proved** to be **a** valuable **asset** to the program. **The students were able** to **relate to the mentors and** the mentors **were** enjoying the **work with the students**. **It was** unfortunate that **factors outside our** control ultimately led to **the** program being **unsuccessful for the** year.

Data Collected:

Due to **the program operating for only** three **weeks, it was** very difficult to **collect data and measure any sense of success**.

- Number of youth served by the **program** - 20

- Number **of staff** who received training **- 4**

- Number of prevention**/education activities conducted -**
12

Report submitted by:

Timothy **R.**
Bozman

Date:

Director, Wicomico **Partnership** for Families and **Children**

July **23**, 2024

Medstar Health Research Institute, Inc.

Governor's Office of Crime Control and Prevention of Maryland
Violence Intervention and Prevention Program
VIPP-2024-0003
Prepared October 2024

Project Abstract:
To enhance the services provided by MedStar Washington Hospital Center's Community Violence Intervention Program (CVIP) to prevent violent injury recidivism.

VIPP Program Statement

MedStar Washington Hospital Center- Community Violence Intervention Program (CVIP) and other similar hospital-based violence intervention programs provide a unique interaction when individuals are often open to positive lifestyle factors. Engaging individuals at bedside is a key component to our program. Meeting individuals at bedside is a critical part of our program, as it offers survivors an "aha" moment where CVIP provides trauma-informed support. It also helps them realize that positive lifestyle changes are possible. CVIP's program-specific interventions promote positive lifestyle changes at bedside and beyond, empowering survivors to reach their potential and reducing the risk of violent injury recidivism.

For individuals who consent to participate, CVIP provides immediate risk and needs assessments, along with case management from culturally competent, trauma-informed staff. This support grants survivors' access to resources that foster growth and a positive sense of self. We also provide no cost transportation to medical appointments to further reduce barriers to accessing medical care. Taken together, these interventions are designed to decrease the risks presented with violent injury recidivism.

MedStar Washington Hospital Center (MWHC) treats the highest volume of violent injuries of any Level 1 Trauma Center in the District of Columbia. Since the inception of a mayor funded initiative, MWHC continues to receive funding from DC Office of Victims Services and Justice Grants to expand our hospital-based violence intervention program for individuals who were injured or reside within the DC borders.

Since receiving additional VIPP funding this year, we have been able to hire a new in-house program manager, violence intervention navigator, and promote our research data coordinator to program coordinator.

CVIP Strategy:

Medstar Washington Hospital Center- Community Violence Intervention Program (MWHC-CVIP) is a hospital- based violence intervention program within MWHC Trauma Department. MWHC-CVIP is a multidisciplinary team spanning from medicine, social work, data analytics, and injury prevention within the community. Participation by survivors in our program is voluntary and open to any individual treated at MedStar Washington Hospital Center because of a violent injury e.g., gunshot wound, stabbing, and/or assault. MWHC-CVIP primary source of funding is through DC Office of Victims Services Justice and Grants, thus our initial focus on DC survivors, however there is a growing need to extend more into Maryland. This reflected by the ~7% increase of violent injuries treated at MWHC during the award year 2024

The mission of MWHC-CVIP is to reduce and prevent new injuries and retaliatory violence, and to promote an improved sense of self. Our goal is to guide and support survivors during their recovery by reducing risk factors and increasing protective factors through engagement, empowerment, support, and advocacy. Making first contact with these individuals in the hospital setting offers a unique opportunity for approach. While in the hospital, survivors are removed from their usual environment and can grasp the real-life impact of community violence. This creates a unique "aha!" moment, making them more receptive to CVIP interventions that foster success, safety, and personal growth.

CVIP team members are trained in trauma-informed emotional support, advocacy, care coordination, crisis intervention, substance abuse screenings, and case management. Additional services include Crime Victims Compensation, public benefits, transportation to medical appointments, safety planning, housing, job training, education resources, legal services, and psycho-social behavioral support.

Program Goals Analysis:

The program's primary goal is to support survivors during recovery by reducing risk factors and enhancing protective factors through engagement, empowerment, support, resource connections, and advocacy. By fostering a positive sense of self, building connections, and addressing barriers, we aim to reduce and prevent recidivism.

1. Increase program capacity to provide trauma informed recovery interventions for victims of violence.

We successfully on-boarded the following positions: Program Manager (in-house), Violence Intervention Navigator, and Program Coordinator.

We are actively seeking a skilled, empathetic social worker to fill our vacancy. To attract the ideal candidate, we are collaborating with HR to revise the role description, pay, and qualifications. We continue promoting the position through Howard School of Social Work, Project Change meetings, Medstar Health, and the violence intervention community. While the vacancy has hindered our goal of offering no-barrier mental health services, we have been referring individuals to organizations equipped to support survivors of community violence.

2. Increase Collaboration with additional Maryland Organizations to Promote Community Violence Reduction

We began building connections with two Maryland hospitals in the violence intervention field: Baltimore Harbor Hospital and the University of Maryland (UM). Through these collaborations, CVIP identified new ways to better serve our Maryland participants. Within the first 90 days, our new program manager spent a day at UM shadowing their violence intervention program to gain deeper insights.

We also began collaborating with the Center for Justice and Innovation to evaluate our program. This included distributing surveys to active Maryland participants and hosting the Center for a day of

interviews to learn more about our work. In the award year 2025, we aim to build and sustain stronger collaborations and networks with other VIPP recipients.

3. Promote positive development and quality of life for individuals and families affected by community violence in Maryland.

VIPP funding allowed us to increase our staff to further provide enhanced case management, advocacy, emotional support, and community resource access. We also continued to assess the on-going needs of everyone and were able to provide support based on individual goals tailored to everyone. The top interventions we provided during this award year consisted of emotional support (128), information provided (90), case management/advocacy (72), Crime Victims Compensation (59), and safety planning (32).

Ten individuals successfully completed the program. Upon completion of the program, we complete a close out questionnaire/assessment that gauges a participant's success through participating with CVIP. Success can mean a lot of different things for each participant, as not everyone will have the same needs. Some examples of success include helping individuals obtain public benefits, connecting to housing, obtaining stable employment, getting mental health care, and overall emotional support throughout the healing process. Although our program lasts six months, participants often express a desire for a longer duration due to the valuable support, interventions, and resources CVIP provides.

Data Collection:

The development of our customized Salesforce database began in May of 2019, and our first official launch of the system was in September 2019. Since the initial build of our system, we had not engaged in updates to our database, until 2023 when our research data coordinator (now program coordinator) built and deployed new system updates that reflect the interventions and services CVIP currently uses in the daily operations. Our data coordinator is currently working on finalizing another round of updates that include our intake assessments, so all information will be housed in one database.

237 violent injuries treated

Anne Arundel County Health Department

Fiscal Year-end Report: FY24 GOCCP VIPP Grant

Anne Arundel County Department of Health
Gun Violence Intervention Team

Data Collected

During the grant award period (July 1, 2023 - June 30, 2024), the Gun Violence Intervention Team (GVIT) collected data on program performance for gun lock distribution, community engagement, and training efforts.

The gun lock distribution program has been very successful since its launch in April 2023 and expansion using FY24 VIPP grant funds. As of June 2024, over 5,600 gun cable locks have been given out to county residents to advance gun violence prevention and safety efforts. Program protocol requires that each gun lock given out be tracked according to a short, standardized form filled out by staff and submitted to the Department of Health for inclusion on a master tracking form. The form tracks the recipient's zip code, requested and received number of locks, race/ethnicity, and method of hearing about the program. 100% of libraries are now participating in the program for residents to pick up locks. The Health Department also procurred 140 gun lock boxes to distribute through the home visit program within the Bureau of Family Health Services.

During the award period, the GVIT hosted community meetings in March and June to provide updates to residents, share resources, and collect community perceptions about local violence. At the March meeting, 33 individuals attended at Arundel Christian Church in Glen Burnie to share concerns and solutions for youth violence in the county. At the June meeting, 34 individuals attended at the Severn Intergenerational Center to participate in a data walk to discuss local gun violence trengs. As part of the June events for National Gun Violence Awareness Day, the GVIT also partnered with local community organizations to host a slogan contest for middle schoolers and supported an event hosted by the library that used a butterfly craft to honor victims of gun violence.

The GVIT partnered with a Baltimore-based training agence MESE Training and Consulting LLC to offer community trauma and resiliency trainings in April and May, in addition to a youth-oriented training in June. Across all of the sessions, there were 157 attendees and feedback collected from attendees was overwhelmingly positive.

Collaboration Efforts

The GVIT continues to coordinate closely with the Anne Arundel County Public Library and several community organizations to establish and expand the gun lock distribution program. Program success is due to the continued training of staff and outreach by these partners to expand access and broaden awareness about this gun safety tool.

Additionally, the GVIT has continued partnership with several city and county agencies who are all actively engaged through participation in monthly meetings, community events and workgroup efforts. The GVIT is led by the Department of Health and includes representation from the following agencies: county and city Police Department, county and city Fire Department, county and city Office of Emergency Management, the Sheriff's Office, Department of Aging, Mental Health Agency, Public Schools, Public Library, Johns Hopkins University, Health and Human Services, Anne Arundel Community College, city and county Housing Authorities, Social Services, Department of Transportation, and county Office of Law.

Analyis of Progress Made

Programming under this award has contributed to improved public safety through community gun violence prevention efforts. The hiring of the Program Manager has ensured better coordination of program efforts, increased capacity to more fully execute the objectives of the county's strategic plan to reduce gun violence, and assurance of sustainbility of program activities. During the award period, the Program Manager was responsible for hosting the March and June community meetings, worked with coalition partners to distribute gun locks, and developed educational materials.

The gun lock distribution program provides free gun locks and educational resources that enable residents to securely store household guns and contributes towards prevention of gun injuries and deaths. The program has also garnered regional and national attention, resulting in opportunities for the Health Department and Public Library to present the program to interested external agencies. In June 2024, Health Officer Tonii Gedin and library Regional Manager Gloria Harberts presented at a webinar through the Network of the National Libraries of Medicine. The Health Department was also selected to present a poster at the 2023 National Research Conference for the Prevention of Firearm-Related Harms and give an oral presentation at the 2024 Safe States conference, both made possible through grant funding.

While not collected on the distribution form, library staff have captured community testimonies praising the program. One resident needed a gun lock for their father's guns as he was developing dementia and has a family history of suicide. Other residents are quoted as saying:

- This is really great. If these gun locks can save one life, it's completely worth it. Thank you for doing this.
- You can get a gun safety lock at the library for free…There are no excuses not to have one. You can save your kids.
- My grandchildren are coming to visit next week. This is perfect timing.

The GVIT also developed targeted messaging to older adults and seniors who experience higher rates of gun suicide in the county, following findings from local data that gun suicides are predominatly middle aged and older adult white males. The coalition developed several promotional materials with information about safe gun storage, senior responsible gun ownership, and a letter to physicians with resources for talking with senior patients about gun safety.

In summary, the GVIT has been able to advance gun violence prevention in Anne Arundel County by providing education, safe storage materials, community engagement opportunities, and trainings, with capacity for these initiatives being provided by the hired Program Manager. Funds through the VIPP grant have enabled the coalition to launch and expand several activities to advance the county's goals for gun violence reduction laid out in the 2022 Strategic Plan.

Fiscal Year-end Report: FY24 GOCCP VIPP Grant

This form is to be completed by the Anne Arundel Department of Health staff only. Please complete the form to the best of your ability. Inform the community member that you are not looking for any identifying information and that the purpose is to gather data to determine the need for gun locks in the community.

Distribution Site Information

Date: _____ Outreach Location/Event Name: _____

Resident Information

Resident/County Employee ZIP Code: _____ Preferred Language: _____

Race/Ethnicity (choose all that apply):

- ☐ Hispanic/Latino
- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ Native American
- ☐ Pacific Islander
- ☐ Other Specify Race: _____
- ☐ Prefer not to answer

Questions

Number of Gun Locks Requested: _____

Number of Gun Locks Distributed: _____

How did you hear about us?

- ☐ Social media
- ☐ Gun violence Intervention team/Department of Health Website
- ☐ Public Library Announcements
- ☐ Community Organization/ Event
- ☐ Word of Mouth (friend, family)
- ☐ Email Notification
- ☐ Other Specify: _____
- ☐ Prefer Not to Answer

University of Maryland, Baltimore

Final Report Report

VIPP-2024-0005

University of Maryland, Baltimore – Embrace Initiative

Collaborative Violence Intervention and Prevention Program

Overview

Facilitated by the Embrace Initiative, the Peace Team, ROAR, We Our Us, and other partners worked collectively to implement violence prevention and community support initiatives in the Upton community. The Peace Team led efforts in conflict mediation and violence prevention messaging, while ROAR and We Our Us provided community-based mental health and case management services, respectively. This report highlights key activities, outcomes, and the collaboration's positive impact on the Upton community during this period.

Key Activities and Outcomes

1. **Peace Team:**
    a. **Violence Prevention Messaging:** Engaged with the community 4,525 times to deliver violence prevention messages.
    b. **Conflict Mediation:** Conducted 1,646 mediations to resolve conflicts, with 154 escalated to higher-level management for resolution.
    c. **Impact:** Their efforts contributed to a significant reduction in homicides, with only three reported in Upton during this quarter. We attribute this decrease to the strategic implementation of violence prevention initiatives funded by the grant.
2. **ROAR:**
    a. **Community Engagement:** Attended various community meetings to raise awareness of their services.
    b. **Service Offerings:** Established support groups and promoted mental health services at the community library, increasing visibility and access for residents.
    c. **Impact:** Expanded community awareness of mental health services, helping to reduce barriers for individuals seeking mental health support.
3. **We Our Us:**
    a. **Case Management:** Provided essential case management services, assisting:

i. 873 individuals with employment.
ii. 473 individuals into permanent housing programs.
iii. 433 individuals with obtaining vital records.
iv. 607 individuals with concrete supports such as food and clothing.
v. 437 individuals with enrollment in job training programs.

b. **Impact:** Enabled many community members to improve their socioeconomic conditions through direct support and resource access.

4. **Collaborative Meetings and Coordination:**
   a. Held monthly collaborative meetings with key partners, including the Peace Team, ROAR, We Our Us, Heartsmiles, University of Maryland, Black Mental Health Alliance, and community leaders.
   b. Developed and shared a collaborative flyer, facilitating cross-referrals among partners.
   c. Maintained regular communication with the Baltimore City Police Department and city leaders (including the Mayor's Office, Senator Antonio Hayes, and city councilmen), ensuring ongoing alignment and support for efforts along Penn Ave.
5. **Trauma-Informed Care Training:**
   a. Partners received training on trauma-informed care, based on the principles developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).
   b. Credible messengers were used as the primary interventionists, ensuring that trauma-informed care was central to service delivery.
   c. Trauma-informed case management practices were adopted to better support community members experiencing various forms of trauma.

Collaboration and Coordination

- **Co-location and Service Integration:** A significant improvement in coordination occurred when partners were co-located at the community library on a fixed schedule. This allowed for more seamless collaboration and enhanced service provision, minimizing logistical challenges and delays in referrals.
- **Data Collection and Reporting:**
  - Utilized Qualtrics surveys to document deliverables. These surveys track critical data such as first-time engagements (referrals), follow-up contacts, service closures, client goals, referrals, and services received.
  - **We Our Us** collected case management data, ensuring detailed tracking of client progress and outcomes.

- **Peace Team** tracked violence reduction conversations, conflict mediations, and escalations. This data was combined with public access crime data to generate comprehensive reports on community impact.

Overcoming Challenges

Initially, there were challenges in coordinating referrals among partners. However, through collaborative meetings and active engagement with all involved parties, we developed and implemented a plan that improved logistics and accountability. This enhanced the overall effectiveness of service delivery, reduced barriers, and increased partner coordination.

Conclusion

The efforts of the Peace Team, ROAR, We Our Us, and our other partners have made a significant impact on the Upton community from April to June 2024. The decrease in homicides, increased community awareness of mental health services, and successful case management outcomes demonstrate the value of this collaborative approach. We are committed to building on this momentum and will continue refining our efforts to provide holistic and accessible services to the community.

St. Mary's County Health Department

Final Report: VIPP-2024-0006
St. Mary's County Health Department
FY24: July 1, 2023 to June 20, 2024

Project Activities:
GVI Program Overview:
In collaboration with the St. Mary's County Sheriff's Office (SMCSO) and various community partners, including faith-based organizations, our GVI program has made a significant positive impact by reducing firearm-related and violent crimes in St. Mary's County. The success of our program stems from the strong relationships we have established with law enforcement and community members.

As we wrapped up FY24, our team carried out 38 Custom Notifications with individuals identified as high-risk for either committing or being victims of gun violence. These interactions aimed to convey an anti-violence message, inform individuals about available resources and community support to help transform their behaviors and lifestyles, and empower them through our spiritual leaders.

This year, we successfully connected four families to support services, including housing assistance, spiritual guidance, GED/educational support, and employment services, in partnership with other local community agencies.

Hiring New Community Health Outreach Worker
In FY24 (March 2024), we successfully hired and onboarded a Community Street Outreach Worker, who has become a valuable addition to our GVI team. Our GVI Community Health Outreach Worker has conducted in-person Custom Notifications and offered one-on-one case management and support services to clients seeking assistance through our program. Beyond client-centered care, the GVI Community Outreach Worker has participated in several community outreach events to educate the public about our services and provide resources on safe firearm storage, including firearm safety locks and storage safes.

Community Education:
Marketing Campaign:
Our team has developed multimedia marketing tools and launched a marketing campaign to emphasize our GVI program's mission: "Preserving a safe, healthy, and strong community for our residents and visitors," while supporting victims and families affected by gun violence. The short GVI films highlighted our mission, partners, services offered, and the tangible impact of violence on the community. In FY24, our GVI team attended 13 community outreach events and engaged with over 1,800 community members.

Data to Action Webinar Presentation:
In collaboration with the Partnership for Safer Maryland, the St. Mary's County Health Department, the VIT Program Director, and the HPCS Division Director presented virtually at the Partnership for Safer Maryland's Data to Action
Webinar Series on Violent Deaths. This webinar highlighted the work of the St. Mary's County GVI team and

discussed the advantages of addressing gun violence and violent crimes from a holistic perspective. Approximately
120 attendees from various agencies and organizations across the State of Maryland participated in the webinar.

Professional Development:
Training/Webinars/Conferences:

- National Network of Safe Communities (NNSC) GVI Conference (Jacksonville, FL)
- Society for Advancement of Violence and Injury Research (SAVIR) Conference (Chapel Hill, NC)
- Maryland Network Against Domestic Violence (MNADV) 2024 Biennial IPV Conference (Annapolis, MD)
- Break the Cycle of Violence Summit Conference (Johns Hopkins Hospital- Baltimore, MD)
- 2024 Maryland State of Reform Health Policy Conference (Baltimore, MD)
- Impact Family Trauma Training
- Working with Victims of Violence Interventions and Burnout Prevention Training
- Grant Management Training
- Community Violence Intervention (CVI) Training

During the FY24 grant reporting period, the GVI staff attended numerous training sessions. These training sessions provided valuable insights and critical opportunities to learn about best practices and innovative approaches in violence prevention, intimate partner dynamics, family intervention, trauma-informed services, and research efforts aimed at enhancing violence prevention programs. Our team was able to network with other organizations in the violence prevention field and develop relationships with community partners to achieve positive outcomes.

In addition to professional training, our team collaborated closely with Criminal Justice Innovation (CJI) through our grant awardee to discuss program evaluation, patient satisfaction, and the importance of data in supporting positive program outcomes. To foster the continued growth of our program, our VIT has connected with non-profit organizations in neighboring Maryland jurisdictions to share ideas, resources, and funding opportunities for program development and sustainability.

Finally, our VIT team submitted a proposal to the 2024 National Association of County and City Health Officials (NACCHO) Conference. We are excited to share that our proposal was accepted, and our GVI program was presented at the conference this past July 2024, with the session titled: "A Community Approach to End Gun Violence: Group Violence Intervention Program for St. Mary's County."

Data Collection:
Continuous collaboration with our internal departments—including the Health Department's Health Hub, the Health Department's Equity Team, the St. Mary's County Sheriff's Office (SMSCO), DJS, DSS, faith-based organizations, and the Health St. Mary's Partnership (HSMP) health coalition—has been instrumental in advancing our GVI mission to reduce violence in our community. This collaboration has supported our team by facilitating discussions about

up-to-date data, tracking current laws, exchanging ideas, and working diligently on local program initiatives.

Attending the weekly Maryland Violence Prevention Coalition meetings assists in monitoring existing legislation and trends related to gun safety and violence prevention strategies. The National Network of Safe Communities (NNSC) weekly Support and Outreach check-in meeting has been beneficial for the GVI Program Manager, Violence Prevention Coordinator, and Community Health Outreach Worker. This meeting fosters a supportive network for program managers, outreach workers, and victim advocates to ask questions, seek peer support, navigate challenges, share resources, and connect with other professionals in the field.

Data shared between the Health Department and the Sheriff's Office has enabled us to identify neighborhoods experiencing an increase in crime and to pinpoint the individuals or groups involved in firearm-related activities. With this data, we can identify violence trends, hotspots, and risk factors affecting the populations involved.

Each quarter, our team tracks the number of custom notifications, shootings, shooting complaints, and meetings conducted by the GVI team. This data is compiled and updated in an Excel spreadsheet on a weekly and monthly basis. During our monthly Shooter's Review and GVI team meetings, we monitor and analyze outcomes and trends compared to previous quarters or years. To enhance data tracking, the St. Mary's County Sheriff's Office CIU Division has initiated tracking all GVI data and firearm incidents through the Sheriff's Office Crime Analyst.

Collaborative Efforts of Partners:

The St. Mary's County Health Department continues to forge and strengthen partnerships while increasing engagement with community agencies and organizations to build a strong foundation for mitigating violence, supporting individuals affected by trauma, and connecting youth with mentoring programs. SMCHD has maintained eight network collaborations and has worked closely with the National Network of Safe Communities on the program development of GVI, and with the St. Mary's County Sheriff's Office, God's House of Refuge, and other key community partners for program implementation, addressing any challenges we encountered in FY24.

The GVI team established a partnership with Hope In Action, a Community Violence Interruption Organization, in the neighboring county of Prince George's County, MD. As part of our collaborative efforts to reduce violence and create safer communities in Maryland, our Community Health Outreach Worker had the opportunity to cross-train with violence interrupters from Hope In Action. During this cross-training, our Community Health Outreach Worker learned violence prevention strategies, conflict mediation techniques, collaborative initiatives for schools and local businesses, and interventions focused on promoting a culture of non-violence.

Our team leveraged technology for advisory meetings and launched social media campaigns to enhance our partnerships with local organizations and community members. In FY25 our team has utilized technology to engage in +80 virtual meetings; including discussions with community leaders, organizations, and GVI clients.

Analysis of Objectives:

During the FY24 grant reporting period, our team observed a 9% decrease in violent crime and a 66% reduction in violent gun crimes in St. Mary's County from 2023 to 2024. With the dedication of our team members and the ongoing support of our partner agencies, we successfully achieved one of our goals: reducing incidents of homicides and firearm-related crimes. With programmatic support from the National Network of Safer Communities, we implemented the GVI strategy in targeted communities with high crime rates.

In addition to the success in reducing firearm-related crime, our GVI team engaged with 38 individuals identified as being at the highest risk for gun violence. We successfully connected four families to requested support services. Throughout this process, our team identified solutions to the barriers encountered during FY24. We strategically focused on better engaging our clients, educating our community about our violence prevention program, expanding our team, and participating in professional development training to enhance our skill sets and meet the overall objectives of our program.

University of Maryland Prince George's Hospital Center

UNIVERSITY of MARYLAND
CAPITAL REGION
MEDICAL CENTER

Fiscal Year 2024-Cap-Vip Program

Over the 2024 Fiscal year the CAP-VIP Program has evolved to serve our participants. The program provided intense case management services, support and resources to a total of 80 new participants making this the largest new participant count in a fiscal year for the program. Services provided to eligible participants include post discharge clinic visits and discharge medications to the uninsured, transitional/ safe housing, clothing post discharge or for job interviews, mental health resources (workbooks/journals) for the men's weekly group, ride share to/from clinic appointments and/or job interviews. To improve our reach and community awareness the program held its second annual Health and Wellness Fair, where our community partners show case their programs and resources. During the fair 5 of our active participants shared their stories about their injuries, their journey, and their involvement with the program. Additionally, the program hosted it's first participants retreat where 8 participants along with the CAP-VIP team attended a 2-day trip at Camp Horizon's in Virginia. The participants were able to engage in activities both indoor and outdoor to promote team building, coping and reengaging back into the community. Participants are all encourage to join our weekly men's group where a variety of topics are discussed, however, during quarter 4 of the grant cycle the team introduced a men's basketball group promoting physical activity and mental health awareness and coping skills.

Strengths

The CAP-VIP team prides itself on team cohesiveness and team support. Prior to FY24 as the program grew, we realized that we were missing many potential participants due to insufficient staff coverage. During FY24 CAP-VIP's team grew from a team of 4 to a team of 9, including a grants administrator and 4 Violence Intervention Specialists. Apart from increased staffing we also pride ourselves on the relationships we have built with our community partners including Community Advocates Family and Youth Services (CAFY), Maryland Family Resource Center and Transitional Youth Program (TAY), Hope in Action (HIA) and Metle Works.

Barriers

During FY24 CAP-VIP has had barriers despite its success in the program. Barriers to program expansion included the delay in hiring additional staff due to the organization's current process changes. the hiring of new employee's was delayed by 6 months within the grant cycle. The organization also transitioned also transition to a new financial system in April 2024 delaying invoicing, setting up new vendors and processing payments for current vendors.

UNIVERSITY of MARYLAND
CAPITAL REGION
MEDICAL CENTER

Data Collection

To better serve our participants and adhere to our grant award agreement the CAP-VIP program collects data on all participants through bedside assessments and input such data into our master spreadsheet. For FY24 the mean age for participants was 1. 18-24, 2. 25-30 and 3. 31-34. Our most common mechanisms are gunshot injuries and stabbings. 91% of our participants are male. The Majority of our participants are of African-American ethnicity with Hispanic/Latino being the second highest. Our highest referral services remains counselling for mental health with safe housing being the second highest.

Lead4Life, Inc.

VIPP FY24 Final Report

1. Data Collection during the duration of the award.
    a. Data collection in FY24 was managed through referrals and intake processes, using Microsoft 365 and Azzly for tracking contacts and non-contacts. We were able to serve 40 participants the past calendar year 40 active that went through the program over 4 counties on the lower shore. From in person groups and 1on1s as well as anger management classes that were court mandated where we help case workers with the clients to do list.

2. A Discussion of any collaborative efforts between the local government or non-profit organization, a community-based organization, and any other entity in furtherance of the objectives of the award.
    a. Partnerships
        i. Dorchester Police Department
        ii. Dorchester Parole and Probation
        iii. Dorchester DJS
        iv. Cambridge-South Dorchester High School
        v. Magistrate Mary Elliott O'Donnell
        vi. Wicomico Parole and Probation
        vii. Wicomico States Attorney
        viii. Wicomico Public Defender
        ix. Wicomico DJS
        x. Wicomico Juvenile Detention
        xi. Somerset Parole and Probation
        xii. Washington Highschool
        xiii. Bennet Middle and High School
        xiv. Choices Alternative School

3. An analysis of the progress made in achieving the objectives of the award.

Looking over FY24's progress during the first quarter, significant strides were made in forming key partnerships with the Department of Juvenile Services (DJS), Department of Social Services (DSS), local law enforcement, and community leaders, despite the challenge of rising youth gun violence in November. A total of 16 youth participants were served in Wicomico, Somerset, and Dorchester Counties. Law enforcement highlighted the critical need for this program, as a youth is being picked up with a gun almost daily in the communities served. This urgency motivated efforts to establish more partnerships across all counties in the lower shore, which contributed to outreach successes within the local nonprofit sector.

A major hurdle has been delays in securing formal agreements with courts, law enforcement, DJS, and parole and probation offices to send referrals. In response, an Anger Management Group was created, starting in February, which garnered positive feedback from local agencies.

By the second quarter, the program expanded, serving 27 youth across the three counties. Key presentations to DJS, DSS, and law enforcement positively impacted service delivery. The Anger Management Group saw increased participation, with 32 referrals and 9 active participants, including one who completed the eight-week course. Outreach efforts also expanded to low-income housing developments, and new partnerships were formed with local correctional facilities and Cambridge Police Department.

Quality assurance efforts identified barriers such as transportation and communication issues, which are being addressed with continued collaboration with DJS, DSS, and law enforcement. A significant new partnership with the Director of the Juvenile Detention Center promises further support, with the program becoming the first vendor for their facility.

Some challenges include formal processes that require Memorandums of Understanding (MOUs) or special permissions, which have slowed the referral process from some agencies. Despite this, there has been a gradual improvement in response times. Barriers such as transportation and communication issues persist, as some participants lack access to phones or devices for consistent communication.

The program has successfully created a safe space for youth to: understand what happens, participate, express themselves, learn practical coping skills, and redirect anger into positive actions. Family involvement, outings, and restorative circles have further helped youth to develop emotional resilience and improve decision-making.

The Tree House Child Advocacy Center of Montgomery County, Inc.

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Phone: 240-777-4699 FAX: 240-777-4470
www.treehousemd.org

Where hope and healing take root

VIPP-2024-0010

FINAL REPORT

October 18, 2024

During the period of support from this grant, the Tree House CAC was able to launch its Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) group program. This program provides services to children between the ages of 7 and 12 years old in conjunction with their non-offending caregivers to prevent future problematic sexual behaviors and other abusive or anti-social behaviors. Between July 1, 2023 and June 30, 2024, the Tree House CAC received 81 referrals for our PSB-CBT program. Of these 89, 8 children were too young for the group program but participated in a consultation appointment allowing Tree House clinicians to meet with the child and caregiver and provide some of the psychoeducation around PSBs, guidelines for supervision, and other resources to assist caregivers in addressing these behaviors at home. Four children weren't appropriate for Tree House services either due to residential placement or other diagnoses requiring a different specialization. Four children didn't actually need PSB treatment and were referred for other trauma therapy instead. 41 caregivers opted not to participate in treatment. 24 children participated in the PSB group program during this period of support. Of the 24 children and their accompanying non-offending caregivers who participated, 9 graduated after successfully completing the program and 4 are continuing to progress through the program. Additionally, there are 7 children currently undergoing the intake process in preparation for them joining the group suggesting this program's sustainability.

The Tree House CAC is working with community and MDT partners to increase awareness of the PSB-CBT program while also providing prevention education that all community members and caregivers can use. The Tree House has upcoming PSB-CBT presentations scheduled with the Assessment Section and Treatment Section of Montgomery County Child Welfare Services. The Tree House also has two PSB-CBT presentations scheduled with social workers and teaching staff in Montgomery County Public Schools.

At this time, the Tree House is aware of two children who have completed the PSB-CBT program having additional PSBs post-treatment putting the recidivism rate at about 22%. Both of these instances involved a lack of appropriate supervision as recommended by the Tree House. Additionally, despite completing the training process, the Tree House is continuing their collaborative relationship with the University of Oklahoma and the National Center for Sexual Behavior in Youth by sending the Clinical Director through Within Agency Trainer training. Upon completion of this training, the Clinical Director will be able to train new Tree House clinicians to provide PSB-CBT which will expedite the training process considerably. The Tree House is one of very few sites providing PSB-CBT in both English and Spanish and has been invited to present on this at the National Symposium on the Sexual Behavior of Youth in February 2025.

Molly Cupid, LCSW-C
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Maryland Violence Intervention and Prevention Program (VIPP) Evaluation
Comprehensive Program Evaluation of Activities for FY24 (10/1/2023–6/30/2024)
Justice Innovation Inc. d/b/a Center for Justice Innovation
VIPP-2024-0011

"The sub-recipient is required to submit to GOCPYVS a comprehensive program evaluation. A complete evaluation contains a narrative summary of all program activities for the funded year, a discussion of program successes and obstacles, and provides a cost estimate for continued program operation. Reported information should be both chronological and analytical in format. DO NOT send a compilation of previously submitted quarterly reports. An electronic version of the evaluation is required."

1. Summary of Program Activities

Project Startup After receiving the award in October 2023, staff from the Center for Justice Innovation's (Center) evaluation team met with representatives from the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services (MD GOCPYVS) in November 2023 to meet the GOCPYVS team, get additional background information on the VIPP initiative, and learn about the VIPP activities to date.

The Center's evaluation team then began pulling background information on each of the funded VIPP programs together into site profiles.

Contacting the Programs Scheduling meetings with each of the programs took some time due to the nature of coordinating numerous schedules at both the sites and among the evaluation team. The Center's evaluation team began meeting with the individual sites (remotely) in December 2023; these initial meetings took place throughout December 2023 and January 2024. Initial meetings served multiple purposes: (1) introduce the site teams and the evaluation team; (2) document the history, background, and structure of the program; and (3) begin to document data collection practices and capacity.

The Center team then used sites' applications for funding and notes from initial meetings to 1) create new site-specific logic models for those sites without one or 2) review and amend existing logic models for those sites that already have them.

**A note about participating programs:* Originally, 10 VIPP sites were funded. Members of the evaluation team met with representatives from all 10 sites. However, since this initial contact, one program has ceased operations and will no longer be included in evaluation activities with the exception of summative interviews to document implementation strengths and challenges.

Amending the Evaluation Plan Based on the initial contact with the 10 program sites, members of the evaluation team determined that the original evaluation plan was not feasible. Specifically, the 10 sites are implementing vastly different models, rendering our initial strategy to group similar programs impracticable. Instead, we developed a strategy to highlight the unique approaches implemented in each site.

Additionally, based on initial contact with the programs, it was clear that an impact/outcome evaluation is not appropriate for all sites. For example, sites that have faced significant start-up challenges or are not sufficiently far along in implementation are not ready for an outcome evaluation; evaluating their impact before they are ready may do harm by concluding no impact when the site simply needed more time to get up and running. In other cases, the geographic areas served by sites and the multiplicity of community violence prevention approaches being offered to that area make an impact evaluation of the kind we initially proposed a poor design. Such approaches would also not be an effective use of resources. Accordingly, we developed an amended evaluation plan. According to this plan, all sites will receive an implementation/process evaluation documenting their planning and early operations (Process); six sites will receive an enhanced implementation/process evaluation (Process Plus) documenting early effects, including interviews with program participants, community partners, and/or program observations; and three sites will also receive an outcome evaluation, seeking to document program impacts (Impact).

Members of the evaluation team presented the amended evaluation plan to MD GOCPYVS and members of the VIPP Advisory Council in April 2024. The revised plan was cleared to move forward following this meeting. The breakdown of evaluation strategy by site is included as Table 1.

Table 1. Evaluation Strategy by Site

	Process	Process Plus	Impact
Anne Arundel County VIPP	✓		✓
EMBRACE (UM Baltimore)	✓	✓	✓
Kingdom Kare	✓		✓
Lead4Life	✓	✓	
MedStar Washington Hospital	✓	✓	
MONSE	✓	✓	
St. Mary's County GVI	✓	✓	
Tree House	✓		
UMD PGC Hospital Center	✓	✓	
Wicomico County	✓*		

In addition to the site-specific impact evaluations, we will implement the time-series analyses as initially proposed to assess any program impacts on violent crime and shooting incidents at both the state and county level.

Securing Program Data Based on the variation in program models being implemented coupled with feedback from the Center's legal department, we determined that site-specific data use agreements (DUAs) are the most appropriate approach to securing programmatic data. Members of the evaluation team worked with the Center's legal department to draft initial language for these DUAs. Simultaneously, members of the evaluation team engaged in conversations with key data points-of-contact in each site to better understand what data sites are tracking and how they are tracking it. The DUAs are now being finalized for each site—including a comprehensive list of data fields the evaluation team will request—and will be submitted to each site for review and contracting during the next quarter.

Once we have successfully secured the DUAs, we will begin to regularly receive, tabulate, and document program caseload and activities.

National Best Practices Scan Members of the evaluation team have begun the national best practices scan, approaching the project on two coordinated fronts. The first is a typical literature review per standard practice. We identified scope based on the primary strategies employed by the sites as well as other known best and evidence-based practices, identifying key words and terms and types of publications to be searched (e.g., journal articles and credible evaluations, white papers, and reports). We created spreadsheets to track articles and reports and are in the process of pulling and reviewing sources. These are being read and summarized by multiple readers, noting methodology, findings, currency/frequency of citation, etc. The second is a scan of promising and emerging programs drawn from current Department of Justice Community-Based Violence Intervention and Prevention Initiative (CVIPI) grantees, evaluators, other field-leading funders and their grantees, and presenters at national conferences. These will likewise be tracked systematically, using the strategy outlined above. Findings from these two activities will be synthesized into short, accessible one-pagers that can be used by sites to inform their approaches and work.

Process Evaluation Activities The documentation of program models described above is the first step in the process evaluation activities. As part of this initial outreach, evaluation team staff documented existing logic models and integrated information included in site proposals into revised logic models (or developed new models, as necessary). During site outreach, evaluation staff assessed sites' interest in technical assistance (TA) around logic modeling; such TA may be incorporated into site visit agendas where warranted and/or requested.

Based on the structure of the VIPP-funded programming, evaluation staff developed participant satisfaction surveys for program sites. The protocols for satisfaction surveys were submitted to the Center's Institutional Review Board (IRB) and were approved in June 2024. In sites operating multiple VIPP-funded program components (e.g., mentoring and training programming), multiple participant satisfaction surveys may be implemented. Six of seven sites working directly with clients have received training on how to administer the survey and have been provided with tailored trackers to help them identify when outreach to specific participants should be done (using pseudo-identifiers). The sixth site has a complicated program structure with very high-risk, high intensity engagement, so research and program staff have been working closely to identify the most effective strategy to collect surveys and participant feedback. The remaining two sites have models that include capacity-building among organizations and stakeholders, so research staff are designing a separate instrument and process to assess participating organization satisfaction with system improvement. Evaluation staff are following up regularly to make sure that the data collection is proceeding smoothly and troubleshooting as necessary to ensure that follow-up surveys are being administered.

Evaluation staff have begun the process of scheduling the first set of site visits. Due to budget and timeline restraints, some site visits will be conducted in person, while others will be conducted remotely. Even among those sites we visit in person, some stakeholder interviews will be conducted remotely so as to preserve the budget. The first step in the site visit process was to assess which programs would be most appropriate for remote site visits and which require an in-person presence based on state of program implementation, staffing, and caseload. Next, we

reached out to the programs to ascertain availability for site visits and request rosters of specific staff/roles so we could identify appropriate data collection strategies (i.e., individual interviews or group interviews). We then met with sites to determine availability, discuss program scheduling, and discuss which staff would be best suited to in-person versus remote interviewing methods. We intend to schedule the first set of in-person site visits in two clusters, grouping programs together with consideration for (a) geographic proximity, (b) complexity of program model (e.g., programs with more moving parts/funded components may necessitate more time), and (c) necessary evaluation staff. We have drafted all site visit instruments, and once data collection protocols have been identified we are poised to secure the IRB approval.

Other During the reporting period, we drafted, posted, recruited, and interviewed for the research assistant positions, shifting staffing from New York City team members to local, Maryland-based research assistants. We have hired one local research assistant who is participating as part of the evaluation team and assisting with both the process evaluation activities and best practices scan. Staff regularly communicate with site staff, but annual feedback meetings will be conducted once the first round of site visits have been completed and program data transfer has begun.

2. Program Successes and Obstacles

The primary obstacles during the FY24 reporting period have been a number of unforeseen delays, leading us to fall behind in the proposed project timeline. First, the variability among the VIPP-funded program models necessitated a change in the evaluation plan to accommodate a more individualized approach. Fortunately, we have developed an alternative evaluation plan that will enable us to tell the stories of the sites and, where appropriate, examine potential program impacts. The flexibility of MD GOCPYVS and the Advisory Council and faith in our professional expertise facilitated a smooth shift.

Second, the very nature of working with 10 sites means coordinating the schedules of multiple players in each site—many of whom are busy with on-the-ground programming. While the programs have been generally responsive and cooperative with evaluation activities, it frequently takes multiple attempts to receive requested documentation and/or find a time that works with all the key players to meet and move the evaluation activities forward.

Because of the delays in the timeline, we were unable to implement the first round of site visits during FY24, as intended. Unfortunately, this means that the budget originally allocated to Year 1 travel was returned to MD GOCPYVS. We are dedicated to adapting the Year 2 budget to accommodate the first set of site visits, but this does place strain on the Year 2 budget.

Among the key successes of FY24 were the ongoing cooperation of the VIPP-funded sites, the development of a DUA template to be adapted across the sites, development and implementation of participant satisfaction surveys in five sites, drafting of site visit instruments and protocols, the hiring of an onsite research assistant, and creating systems to track the sheer volume of data and moving pieces across the 10 sites.

3. Cost Estimate

Year 2 estimated costs were submitted as the budget along with the proposal for continuation of evaluation activities during FY25. We have budgeted a total of $300,000 for the upcoming fiscal year.