State of Connecticut
Connecticut Department of Public Health

Community Gun Violence Intervention and Prevention

Community Gun Violence Prevention Program

Annual Report 2022

Report to the Joint Standing Committee of the Connecticut General Assembly, having Cognizance of Matters Relating to Public Health

Connecticut DPH Community Gun Violence Prevention Report 2022

Commissioner Manisha Juthani, MD
Connecticut Department of Public Health

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This report represents work from the program in the 2022 calendar year and relevant updates have been provided in footnotes. More information on the programs 2023 calendar year work will be provided in a December 2023 report.

Acknowledgments

Connecticut Department of Public Health Executive Leadership, 2022

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I. Executive Summary

The Community Gun Violence Prevention (CGVP) Program was established in, Public Act 22-118 (House Bill 5506) Sec. 80, which called for a Community Gun Violence Intervention and Prevention Program to be located at the Connecticut Department of Public Health (DPH). The new program is housed in the Community, Family Health and Prevention Section (CFHPS) at DPH.

The new legislation called for the DPH Commissioner to submit an annual report of their CGVP program activities beginning January 1, 2023 to the public health committee, in accordance with the provisions of section 11-4a of the general statutes. This is the first of the annual reports for the newly established DPH CGVP Program.

In recent years, the DPH Injury and Violence Surveillance Unit (IVSU) in the CFHPS has monitored trends in homicides and firearm related homicides through the Centers for Disease Control and Prevention (CDC)-funded surveillance project referred to in Connecticut as the Connecticut Violent Death Reporting System (CTVDRS). Beginning in 2020, CTVDRS data trends indicated a sharp increase in homicides soon after the SARS-COV-2 (aka COVID-19) pandemic came to Connecticut in March 2020. The sharp increase in homicides was sustained through 2021 and was consistent with nationwide trends. The pandemic has had a significant effect on this issue by exacerbating several existing challenges including economic and housing insecurity, dislocation of youth, and limited mobility that aggravated interpersonal tensions. Altogether, the impacts of the pandemic made it more difficult for law enforcement, public and nonprofit organizations, and community groups to respond to the needs of people in neighborhoods experiencing increases in violence.

Health equity among Connecticut's residents with respect to public safety and public health has been negatively impacted. Even before the COVID-19 pandemic, there was a significant, disproportionate impact on minority populations, especially as it related to assault injuries and deaths: non-Hispanic Black people are victims of 46% of annual Connecticut homicides but make up only 11% of the Connecticut population. Hispanics account for 22% of Connecticut homicides but make up only 17% of the population. Young men are especially vulnerable, facing homicide rates at approximately 100 times the national average. The average age of Connecticut homicide victims ranges from 31 to 47 years of age, with Black and Hispanic resident deaths occurring in 31- and 32-year-olds, on average.

This new CGVP Program aligns with many of the recommendations from the Gun Violence Intervention and Prevention Advisory Committee (12/30/2021) through supporting the growth of existing evidence-based or evidence-informed community violence and gun violence prevention and intervention programs throughout the state. A request for proposals (RFP) will award the top scoring applicants federal and state funding to help build capacity and resources within their programs.[1] Also, the program will continue timely surveillance of homicides by firearm and other lethal means and will be enhancing surveillance of nonfatal injuries related to firearms and assaults. These surveillance data and the program-level information from the grant awardees will be used to assess their program's performance and track trends in assaults and homicides over time.

This 2022 annual report details the activities of the DPH CGVP Program since its inception in 2022. It will

[1] Since this report was initially drafted in December 2022, the RFP was released and there were 19 applicants. Awards for this RFP are anticipated to be announced in mid/late September 2023 and the awardees, as well as their programs will be discussed in the upcoming December report, which will also address the programs work in 2023.

explain the history of the current DPH Office of Injury and Violence Prevention and the current surveillance work which has been ongoing since 2015. It will also provide updates on the program's intended partnerships, any relevant contracting, and the status of the new DPH CGVP Program hiring process. Finally, it will discuss the role the Commission on Community Gun Violence Intervention and Prevention has in advising the DPH CGVP Program staff and working hand-in-hand to prevent and intervene in community violence and firearm violence in Connecticut's urban populations.

II. Introduction

The newly formed Community Gun Violence Prevention (CGVP) Program was established through legislative mandate during the Connecticut 2022 legislative session and was effective from passage. Public Act 22-118 Sec. 80, called for a Community Gun Violence Intervention and Prevention Program to be located at the Connecticut Department of Public Health (DPH). The new program is housed in the Community, Family Health and Prevention Section (CFHPS).

PA22-118 mandated that the community gun violence intervention and prevention program (1) fund and support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state, (2) strengthen partnerships among the community, state and federal agencies involved in community gun violence prevention and intervention, (3) collect timely data on firearm-involved injuries and deaths and make such data publicly available, (4) evaluate effectiveness of violence intervention and prevention strategies implemented under the program, (5) determine community-level needs by engaging with communities impacted by gun violence, and (6) secure state, federal and other funds for the purposes of reducing community gun violence.

The new legislation also called for the DPH Commissioner to submit an annual report detailing the CGVP Program activities no later than January 1, 2023 and annually thereafter to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. This is the first of the annual reports for the newly established DPH CGVP Program.

In January 2022, DPH Office of Injury and Violence Prevention (OIVP) and the Injury and Violence Surveillance Unit (IVSU) within the CFHPS worked together with DPH Government Relations, the Office of Policy and Management (OPM) and the Governor's Office to propose a new program for community gun violence prevention that will be funded by American Rescue Plan Act Fiscal Year 2023 funding and a new general fund appropriation. See full proposal in **Appendix A**. DPH OIVP has programs for violent death and injury surveillance, sexual and domestic violence prevention, sits on the Gun Violence Intervention and Prevention Advisory Committee (CT Public Act 21-35), and participates in the Child Fatality Review Panel (CGS 46a-13l (b) and (c), the Intimate Partner Homicide Review Panel, and the Maternal Mortality Review Committee (CT Public Act 18-150).

The DPH IVSU had been monitoring homicides and firearm related homicides since 2015 through a federal Centers for Disease Control and Prevention (CDC)-funded surveillance project referred in Connecticut as the Connecticut Violent Death Reporting System (CTVDRS). Beginning in 2020, CTVDRS data trends indicated a sharp increase in homicides soon after the SARS-COV-2 (aka COVID-19) pandemic came to Connecticut in March 2020. The sharp increase in homicides was sustained through 2021 and was consistent with nationwide trends. The pandemic has had a significant effect on this issue by exacerbating several existing challenges including economic and housing insecurity, dislocation of youth, and limited mobility that aggravated interpersonal tensions. Altogether, the impacts of the pandemic made it more difficult for law enforcement, public and nonprofit organizations, and community groups to respond to the needs of people in neighborhoods experiencing increases in violence. CTVDRS data will help to assess the long-term outcome of a reduction in homicides and serious injuries related to firearms and other lethal weapons.

Health Equity among Connecticut's residents with respect to public safety and public health has been negatively impacted. Even before the COVID-19 pandemic, there was a significant, disproportionate

impact on minority populations, especially as it related to assault related injuries and deaths: non-Hispanic Black people are victims of 46% of the annual Connecticut homicides but make up only 11% of the Connecticut population. Hispanics account for 22% of Connecticut homicides but make up only 17% of the population. Non-Hispanic Whites account for 30% of homicides, but account for almost 67% of the state's population. Finally, non-Hispanic residents of Asian, Pacific Islander, Native American, or Alaskan Native races account for 2% of homicides, but make up 5% of Connecticut's population. These data indicate clear health disparities by race and ethnicity around gun violence. Young men are especially vulnerable to violence, facing homicide rates at approximately 100 times the national average. The average age of Connecticut homicide victims ranges from 31 to 47 years of age, with Black and Hispanic resident deaths occurring in 31- and 32-year-olds, on average.

This new CGVP Program aligns with Governor Lamont's plan to curb the impacts of the COVID-19 pandemic by addressing health equity and to support the most vulnerable in our cities and towns, in this case, those at highest risk of community gun violence and victimization. This program helps to support immediate economic stabilization for households by offering social services and connections to education and workforce development for those impacted the most by community gun violence, which has worsened as a result of COVID-19. It also aligns well with DPH's mission which is to protect and improve the health and safety of the people of Connecticut by: 1) Assuring the conditions in which people can be healthy; 2) Preventing disease, injury, and disability; and 3) Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

This CGVP program addresses many of the recommendations put forth in the 2021 legislative report from the Gun Violence Intervention and Prevention Advisory Committee (12/30/2021). Public Act 21-35, "An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic" established the advisory committee to gather information on the current state of the community gun violence crisis, obtain and process testimony from subject matter experts and community leaders throughout the state, and identify evidence-based and evidence-informed violence prevention strategies and policies that have been shown to be successful.

Prior to July 2022, DPH received no direct funding from state or federal agencies for community gun violence *prevention and intervention*, although DPH received CDC funding for *surveillance* of homicides in Connecticut. Fortunately, the General Fund supports Project Longevity programs in Bridgeport, Hartford, and New Haven which is managed through OPM. Project Longevity, a program that identifies those at highest risk for perpetration and tries to deter criminal behavior through a multi-pronged approach, plans to expand to other cities in greater need of these services; in FY23, their state budget allocation increased 3-fold.

As a response to the Sandy Hook tragedy, the state added two full-time staff (2.0 FTE) for the DPH OIVP and IVSU. Other funding for violent death surveillance is from the CDC-funded CTVDRS, but this funding doesn't include prevention or intervention activities. This new funding to establish the CGVP program will support needed services and resources to reduce and prevent violent injuries caused by firearm or other lethal means, curb violence in the community and at home, provide better access to mental health, especially for Post-Traumatic Stress Disorder (PTSD), and substance use disorder treatment, and improve quality of life of those impacted such as providing connections to workforce development, education, faith communities, and social services.

This new CGVP Program will focus on supporting the growth of existing evidence-based or evidence-

informed community violence and gun violence prevention and intervention programs throughout the state. This will be done through a request for proposals (RFP) that will award grants to qualified applicants using federal and state funding to build capacity and resources within their programs. Research indicates that there is an array of evidence-based, data-driven strategies to reduce community gun violence. In Connecticut there are a number of programs and strategies that are currently in existence or are emerging and need financial assistance to strengthen and expand their services. They include hospital-based violence intervention programs (HVIPs) and Crisis Response Teams (CRTs), which are operating and expanding their services in urban centers throughout Connecticut. Focused deterrence strategies such as Group Violence Intervention (GVI) models, like those offered by Project Longevity located in Hartford, New Haven, and Bridgeport, are other examples of evidence-informed violence intervention and prevention strategies. Each of these strategies (e.g., HVIP, CRT, and GVI) has a behavioral health promotion component to address underlying substance misuse and mental health issues.

HVIPs and CRTs engage survivors, often in hospital trauma centers, with the goals of reducing retaliation and violent injury recurrence. Recent evaluation of the Connecticut-based HVIPs have shown a 3-4-fold return on investment ($3.42 return for every $1.00 invested), by reducing ED visits and deaths, promoting education and socio-emotional learning, and improving lifetime trajectory through job training and better work opportunities. A report by CT HVIP Collaborative from the August 2020 Update, discussed the impact of COVID-19 on Connecticut's communities and how the staff rallied to respond in the midst of the crisis. HVIP advocates worked tirelessly to promote Connecticut House Bill-5677 and PA 21-36 was passed in 2021 that allows certified Violence Prevention Professionals to qualify to be reimbursed for their services under Medicaid. This makes Connecticut the first in the nation to implement guidance under the Biden Administration to use Medicaid as a tool to reduce community gun violence.

Project Longevity in Connecticut and other GVI programs, like the Connecticut Violence Intervention Program (CTVIP) based in New Haven, have been in existence for several years. These programs identify those at highest risk for perpetration and try to deter criminal behavior through a multi-pronged approach. Previous research on Project Longevity in New Haven has shown that this program was effective in reducing gun violence over the term of the study.

To address key mental health issues in this at-risk population, victims of violence and repeat perpetrators are referred by the HVIPs, CRTs, and GVI model programs to behavioral health programs and services for effective trauma-informed services and resources to better support people with PTSD due to a long exposure history of community gun violence. Cognitive behavioral therapy strategies have been shown to be effective in helping those with PTSD and other mental health issues.

The DPH CGVP Program is supporting the evidence-based HVIPs and other effective programs throughout the state by strengthening partnerships within the community, state, and federal agencies involved in community violence prevention and intervention, including the statewide CT HVIP Collaborative. This Collaborative builds and strengthens partnerships between community violence prevention services organizations and hospitals across Connecticut. The mission of the CT HVIP Collaborative is to strengthen and expand the HVIP safety net across the state through training, research, sharing of best practices, and collaboration.

Finally, this CGVP Program is continuing timely surveillance of homicides by firearm and other lethal means and has plans to enhance surveillance of nonfatal injuries related to firearms and assaults. Since

the beginning of the COVID-pandemic in Connecticut, there's been a sharp rise in gun-involved and sharp-force-involved assaults and homicides mainly in the major cities with low and moderate-income residents: Bridgeport, Hartford, New Haven, and Waterbury. DPH plans to build a data dissemination portal to share these and other data with state partners for focused public health prevention strategies and intervention.

Next Steps:
In 2023 the CGVP Program, with the help of the statewide hospital-based injury prevention partner at Connecticut Children's Medical Center (CCMC), coordinated a grant funding program for qualified applicants from community-based violence prevention programs. Nineteen applications were received, and recipients will be announced in September 2023. Also, the CGVP Program will develop and implement a request for proposals (RFP) process to award funding to a public health program evaluator. The evaluator will conduct a performance assessment of the community-based programs' initiatives and measure the effectiveness of the strategies implemented over the three-year grant period. The evaluator's role will include working with DPH to: (a) identify output and process measures, (b) conduct an asset map of community gun violence prevention and intervention services, and (c) design project evaluation and performance measurement plans to demonstrate how the proposed project will meet short-, intermediate-, and long-term outcomes.

In compliance with Connecticut PA 20-1 An Act Concerning Police Accountability, section 18 regarding the feasibility and impact of social workers responding to certain police calls, DPH CGVP Program will educate and build awareness of law enforcement leadership to designate the incident commander at a scene of a homicide or assault-related serious injury to call the United Way of CT/2-1-1's ACTION line or advise the victim's family members and friends who are in emotional distress to call the ACTION line. This service offers an array of options to individuals in distress, including telephonic support; referrals and information about community resources and services; and/or warm transfer to the Mobile Crisis Team (MCT) of their area. This training can be extended to other first responders and emergency department personnel who are on the frontlines of community violence-related injuries and deaths.

III. Activities

A. Establishing Community Gun Violence Prevention Program

DPH has Implemented the CGVP Program under the leadership of the CFHPS. The activities of the CGVP Program are supplemented by annual state General Fund (established Fiscal Year 2023) and fiscal year 2023 ARPA funding. The OIVP was established in 1993 through Connecticut general statute Sec. 19a-4I Office of Injury Prevention (OIP). The name of the OIP was changed to OIVP in 2016 to reflect that injuries occur from both unintentional (accidental) and intentional violence-related reasons. OIVP's mission is to promote a safe and healthy Connecticut by reducing factors associated with intentional (e.g., homicide and suicide), unintentional (e.g., falls and motor vehicle traffic) injuries, and occupational injury.

B. Recruiting Community Gun Violence Prevention Program Employees

In fiscal year 2023, the state established two permanent, full-time CGVP Program employees to (1) coordinate the CGVP Program and manage contracts and budgets for federal and state funds and (2) monitor the trends of nonfatal and fatal gun violence- and violence-related injuries. The new positions were posted in September 2022. The postings closed in mid-November and as of December 2022, the OIVP and IVSU Directors are reviewing applications. It is expected that these positions will be filled by

February or March 2023.[2] An IVSU epidemiologist who manages the DPH CTVDRS program has started being funded 0.25 FTE with state General Funds as of December 1.

C. Building the CGVP Program Through Partnerships

DPH Commissioner Manisha Juthani serves as the Chairperson of the Commission of Community Gun Violence Intervention and Prevention established through Public Act 22-118 (House Bill 5506) Sec. 81. Under this commission, four subcommittees were established and the OIVP and IVSU Directors are involved with planning the commission meetings and participate on each of the subcommittees. They assist the subcommittees by providing DPH perspectives, public health guidance and technical assistance, set the subcommittee meeting schedules, and take meeting notes, if needed.

One of the commission subcommittees is the RFP Grant Criteria and Award. This subcommittee is charged with funding and supporting the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state. The subcommittee is chaired by DPH staff and the Director of the Connecticut Children's Injury Prevention Center (IPC). Members represent different sectors such as a nonprofit gun violence prevention advocacy organization, nonprofit behavioral health and socials services agencies, and emergency medicine. The subcommittee is assisting DPH with developing the RFP to distribute allocated state and federal funds, eligibility and selection criteria for grant funding, and the scoring formula for ranking the top seven bids for funding. Each of the top seven bidders will be awarded up to $88,330 annually for up to 3 years.

DPH plans to work with the Connecticut Children's IPC on administering the RFP. The contract for this work is expected to start May 1, 2023 and within 1 month of contract execution, the IPC will hire one new full-time (1.0 FTE) staff for project coordination and fiscal and contract management of community-based grant awards. Funding for these positions will expire July 31, 2026. DPH, the IPC, and the RFP Grant Criteria and Award subcommittee are coordinating the RFP process and top-scoring bidders will be awarded funding to help meet their capacity building, technical, and training needs. By or before September 1, 2023, the IPC will subcontract with the community-based organizations selected through the RFP process.[3]

The IPC will monitor the grant awardees monthly and will consistently engage with the partners during funding period, coordinating quarterly meetings with the community-based organizations for networking, and to discuss progress of the initiatives. The IPC will also be responsible for working with the program evaluator to assess the effectiveness of the implemented interventions and programs. Each year, reports will be due to the IPC and DPH from all of the grantees.

DPH has also engaged Connecticut Department of Social Services (DSS) to coordinate the two agencies' work on community violence intervention and prevention. Beginning July 1, 2022, in accordance with section 17b-28j of the Connecticut General Statutes, DSS added coverage and reimbursement for community violence prevention services under the Connecticut Medicaid through HUSKY A, C and D. Reimbursement is now available for violence prevention services provided by certified violence

[2] Since this report was drafted in December 2022, one of these positions was filled. The department is actively recruiting new people to fill this position, as well as others that were allocated in the 2023 session. Updates on filling these positions will be provided in the upcoming 2023 report.

[3] Since this report was drafted in December 2022, the contract with CCMC to release the RFP was executed and 19 organizations applied for funding. Announcements regarding the awardees are expected mid/late September 2023.

prevention professionals (VPPs) employed by eligible providers. Per this statute, DPH is responsible for approving training and certification programs that certify VPPs for Medicaid reimbursement. For more information on DPH-approved programs, please see the DPH website.

Additionally, DPH has engaged the Hartford Communities that Care organization to help support their ever-growing statewide CT HVIP Collaborative. Contract language for the agreement has been drafted and the agreement is expected to start May 1, 2023. Within 1 month of contract execution, the HCTC will hire one new full-time (1.0 FTE) staff for coordination of the CT HVIP Collaborative and one part-time (0.5 FTE) community outreach specialist.[4] Funding for this position will expire June 30, 2026.

D. Developing a CGVP Program Surveillance System

Epidemiologists with the IVSU track homicide trends and circumstances related to homicide and other types of violent deaths using data collected from the Office of the Medical Examiner, local and state police reports, and death certificates from the state Vital Records Office through the CTDVRS. IVSU staff also use CHIME[5] hospitalization discharge data, provided annually by the Connecticut Hospital Association, to track nonfatal violence-related emergency department visits and hospitalizations. These data have been sent annually to DPH by the Connecticut Hospital Association for the past 20+ years. The most recent CHIME data available to DPH are 2021 hospital discharges.

New epidemiology staff in the CGVP program will be responsible for enhancing DPH's nonfatal assault and firearm-involved injury data collected by Connecticut emergency departments (ED) through the state's EpiCenter syndromic surveillance system. The EpiCenter system identifies in near-real time, ED records related to traumatic injury, including gunshot injury and assaults. They will also develop a dissemination plan for sharing data with state and community partners, build reports, and disseminate data to community partners for data-driven decision making about prevention and intervention initiatives. The CGVP program staff will work closely with the Data and Evaluation subcommittee of the commission for guidance and direction from subject matter experts on the commission.

In 2023, DPH plans to create at least two data dashboards, one for gunshot related homicide data and another for nonfatal gunshot injury and assault injury data. The dashboards will be populated with available CTVDRS data and the CHIME hospital discharge data. As more data are available and accessible, they can be added or linked with the existing data to provide a better understanding of Connecticut's Community Gun Violence crisis. DPH has created similar dashboards that provide death data by year of death, geography, demographics, and circumstances or risk factors surrounding their deaths for drug related deaths in the state.

In addition to tracking trends and disseminating data, in 2023, the CGVP Program staff will evaluate the effectiveness of violence intervention and prevention strategies implemented by community-based organizations they partner with. The Data and Evaluation subcommittee has chairs and members who are experienced in analyzing and interpreting violence-related data and evaluating program effectiveness and will assist with this evaluation.

E. Reporting to DPH Commissioner and New Commission

[4] This contract was executed on June 15, 2023.

[5] CHIME data contain more than 86 million patient encounters dating back to 1980. This comprehensive database is comprised of emergency department and inpatient hospitalization discharge data from all but one of the acute care hospitals in Connecticut.

Since the state General Fund and ARPA funds were allocated to DPH, the OIVP Director has been updating the Commissioner's Office and OPM on the progress of the CGVP program activities and expenses for 2022 on a monthly basis. Beginning in 2023, the CGVP Program will present their progress to the CGVIP Commission on a regular basis, as the commission is acting as the CGVP Program's advisory body, providing guidance and direction to DPH and the injury and violence prevention and surveillance staff on their community gun violence prevention activities.

In the upcoming year, when the grant awardees have started their work, they will report monthly to DPH and IPC on progress of their selected evidence-based violence prevention and intervention initiatives. Twice per year, the grant awardees will present their work to the CGVIP Commission to receive feedback and guidance.

IV. Conclusion

Community gun violence is a public health problem and needs a public health approach to reduce and prevent further violence related injuries and deaths. As the framework of the Connecticut Department of Public Health's (DPH's) Community Gun Violence Prevention (CGVP) Program is being developed, DPH will utilize several different, but inter-related principles and guidance documents at the outset to help build the program. First, a public health approach to community gun violence will be used to identify and address the risk factors which are associated with violence and put evidence-informed prevention practices in place. Second, DPH is considering the important recommendations of the 2021 Gun Violence Intervention and Prevention Advisory Council. Finally, PA 22-118 (Sec. 80) outlined the "charges" of the CGVP program which will be strongly considered when building out the program.

DPH has several expected goals for this CGVP Program which are reiterated here. In the short- and intermediate-term, they will build new relationships and strengthen existing relationships with local organizations involved in community violence and gun violence prevention and intervention. They will also support effective community-based and hospital-based violence prevention and intervention programs for growth and expansion to other high risk geographic areas throughout Connecticut. DPH will support trauma-informed care and wrap-around services to those in most need of these services. DPH will provide guidance and technical assistance to state and local stakeholders on how to utilize surveillance data to design and target interventions and monitor progress in reducing injuries and deaths related to firearms and other lethal means.

DPH's long-term goal is to reduce and prevent injuries and deaths by community gun violence and community violence, including intimate partner violence and family violence. This is achievable if the public health approach and the recommendations of the Advisory Council are observed as well DPH's ability to meet the expected short-term and intermediate objectives outlined in this report. In next year's report (due December 31, 2023), DPH will be able to show the progress made in achieving these established goals and objectives through program metrics which have yet to be developed. DPH and our state partners have much work to do in the next year to build out the CGVP Program, assess the implemented strategies and start to move the needle towards reduced community gun violence and other types of community violence such as intimate partner violence and family violence.

V. APPENDIX A

Agency ARPA Proposal - 2022 Session

Document Name: 010722_DPH_ARPAProposal_CommunityViolenceGunPrevention

(If submitting electronically, please label with date, agency, and title of proposal – 121721_SDE_ARPAProposal)

State Agency: Connecticut Department of Public Health
Liaison: Miriam Miller **Phone:** Click here to enter text. **E-mail:** Miriam.Miller@ct.gov
Lead agency division requesting this proposal: Department of Public Health
Agency Analyst/Drafter of Proposal: Susan Logan, Director of Injury and Violence Surveillance Unit

Title of Proposal: Community Gun Violence Prevention and Intervention, a Public Health Approach
Statutory Reference (if applicable): N/A
Proposal Summary Starting in 2020 at the beginning of the COVID-19 pandemic in Connecticut, and continuing through 2021, many communities in Connecticut, like others across the country, experienced increases in community gun violence. Unquestionably, the pandemic has had a significant effect on this issue by introducing myriad challenges—economic and housing insecurity, dislocation of youth, and limited mobility that aggravated interpersonal tensions—and making it more difficult for law enforcement, public and nonprofit organizations, and community groups to respond to the needs of people in neighborhoods experiencing increases in violence. There is a significant disproportionate impact on minorities, especially as it related to criminal justice: non-Hispanic Black people are victims of 46% of annual CT homicides, although making up 11% of the CT population. Hispanics comprise 22% of CT homicides and make up 17% of the population. Non-Hispanic Whites comprise 30% of homicides, but encompass almost 67% of CT's population. Finally, non-Hispanic residents of Asian, Pacific Islander, Native American, or Alaskan Native races comprise 2% of homicides, although making up 5% of CT's population. Clearly, there are health disparities by race and ethnicity. Young men are especially vulnerable to victimization, facing homicide rates at approximately 100 times the national average. The average age of CT homicide victims ranges from 31 to 47 years of age, with Black and Hispanic resident deaths occurring in 31- and 32-year-olds, on average. CT DPH Proposes to: 1. Establish a Gun Violence Prevention and Intervention Program at the CT Department of Public Health's Office of Injury and Violence Prevention to effectively address and respond to the sharp rise in gun-involved homicides, stabbing/sharp force homicides, and homicides in general, in CT's communities since the start of the COVID-19 pandemic.

2. Fund and support the growth of existing evidence-based or evidence-informed community violence and gun violence prevention and intervention programs throughout the state. This will be done through a request for proposals (RFP) mini-grant program that will award qualified applicants ARPA funding to build capacity and resources within their programs. 3. Fund and support a CT HVIP Collaborative Program Coordinator who will strengthen partnerships within the community, state, and federal agencies involved in community gun violence prevention and intervention. This position will build new partnerships and strengthen partnerships between community violence prevention services organizations and hospitals across Connecticut. The mission of the CT HVIP Collaborative is to strengthen and expand the HVIP safety net across the state through training, research, sharing of best practices and collaboration. 4. Continue timely surveillance of firearm and stabbing-involved homicides and assaults at DPH and build a data dissemination plan to share that data with state partners for focused public health prevention strategies and interventions. 5. In the spirit of CT PA 20-1 An Act Concerning Police Accountability, § 18 regarding the feasibility and impact of social workers responding to certain police calls, we propose to educate and build awareness of law enforcement leadership to designate the incident commander at a scene of a homicide or assault-related serious injury to call the United Way of CT/2-1-1's ACTION line or advise the victim's family members and friends who are in emotional distress to call the ACTION line. This service offers an array of supports and options to individuals in distress, including telephonic support; referrals and information about community resources and services; and/or warm transfer to the Mobile Crisis Team (MCT) of their area. This training can be extended to other first responders and emergency department personnel who are on the frontlines of community violence-related injuries and deaths. 6. Contract with a statewide hospital-based injury prevention center with a history of community outreach and connections to trauma centers to a) coordinate the project; b) assist with coordinating a mini-grant program that will award funds to qualified applicants from the community-based violence and gun violence prevention and intervention programs, including trauma-informed health and behavioral health care, and violence prevention professional training programs; c) conduct health education and trainings; and d) assess performance of initiated strategies. 7. Contract with a public health evaluator who will conduct a performance assessment of the project and measure the effectiveness of the strategies implemented over the three-year funding period. The Evaluator's role will include working with CT DPH and the Injury Prevention Contractor to: identify output and process measures, conduct an asset map of community gun violence prevention and intervention services, and design the project Evaluation and Performance Measurement Plan to demonstrate how the proposed project will meet short-, intermediate, and long-term outcomes.

PROPOSAL BACKGROUND

◊ Reason for Proposal

Please consider the following, if applicable:

(1) Projects from the Governor's plan for American Rescue Plan Act funds that were not included in the implementer bill (sections 306 and 307 of Public Act 21-2, June Special Session)?

(2) Is this an extension or expansion of existing ARPA projects included in the implementer?

(3) Is this a new project that aligns with the Governor's priorities and addresses needs created by or exacerbated by the pandemic?

(4) Is this another area that has come up in discussions with legislators or various hearings?

This proposal is for one of the projects from the Governor's plan for American Rescue Plan Act funds that was not included in the implementer bill (sections 306 and 307 of Public Act 21-2, June Special Session). This project aligns with the Governor's plan to curb the impact of the COVID-19 pandemic by addressing health equity and to support the most vulnerable in our cities and towns, in this case, those at highest risk of community gun violence perpetration and victimization. More importantly, this proposal aligns with many of the recommendations put forth in the new legislative report from the Gun Violence Intervention and Prevention Advisory Committee (12/31/2021). Currently the Connecticut Department of Public Health (DPH) receives no funding by state or federal agencies for community gun violence prevention and intervention. Although, the state funds almost 2.0 FTE Office of Injury and Violence Prevention and Surveillance staff, the only direct community gun violence funding that DPH receives is for violent death surveillance through the CDC-funded National Violent Death Reporting System. This funding doesn't include prevention or intervention activities. This proposal will address the needed services and resources to reduce gun and stabbing/sharp-force-involved violence in the community and at home, provide better access to mental health, especially for PTSD, and substance use disorder treatment, and improve quality of life of those impacted such as providing connections to workforce development, education, faith communities, and social services.

PROPOSAL ELIGIBILITY

◊ Eligibility Justification

Please give a brief justification of eligibility explaining how it aligns with Treasury Guidance which can be found here for ARPA State and Local Fiscal Recovery Funds or here for ARPA Capital Project Funds.

This proposal meets both the Treasury Guidance objectives and the Capital Projects Fund specifications in that it addresses systemic public health and economic challenges that have contributed to the unequal impact of the pandemic. Since the beginning of the pandemic in CT, there's been a sharp rise in gun-involved and sharp-force-involved assaults and homicides mainly in the major cities with low and moderate-income residents: Bridgeport, Hartford, New Haven, and Waterbury. In other words, COVID-19 has exacerbated the homicide trends, including gun-involved and sharp force-involved homicides, in these communities. This increase has primarily impacted young Black and Hispanic men whose average age is 32 years old. This proposal also helps to support immediate economic stabilization for households by offering social services and connections to education and workforce development for those impacted the most by community violence, which has worsened as a result of COVID-19.

PROPOSAL IMPACT

◊ **AGENCIES AFFECTED** (*please list for each affected agency*)

Agency Name: DPH, DSS **Agency Contact (*name, title, phone*):** DPH-Rosa Biaggi, Section Chief, 860-509-8251; DSS – Bradley Richards, Chief Medical Officer **Date Contacted:** Click here to enter text. Approve of Proposal ☐ **YES** ☐ **NO** ☒ **Talks Ongoing**
Summary of Affected Agency's Comments Click here to enter text.
Will there need to be further negotiation? ☒ **YES** ☐**NO**

◊ **Implementation Details**

Desired Outputs & Outcomes (1) DPH builds new relationships and strengthens existing relationships with local organizations involved in community violence and gun violence prevention and intervention. (2) Effective community-based and hospital-based violence prevention and intervention programs are supported and funded by the State for growth and expansion to high-risk geographic areas throughout Connecticut. (3) Trauma-informed care and wrap-around services are provided to those in most need of these services. (4) State and local stakeholders of DPH use enhanced surveillance data to design and target interventions and monitor progress in reducing firearm and sharp force-involved injuries and deaths. (5) Community-based violence prevention and intervention programs use evidence-based and data-driven public health strategies to reduce and prevent community violence-involved injury and deaths. (6) Firearm- and sharp force-involved morbidity and mortality are reduced and prevented.
Estimated resource requirements (funding and staffing) of the project and sustainability/wind down plan after the expiration of federal funds.[6] Be detailed, indicating resource needs by fiscal year. A. Fund Injury Prevention Contractor to help coordinate the ARPA Project: (Connecticut Children's Injury Prevention Center) 7/1/22 – 12/31/25; (1) Fund three staff at the CT Children's Injury Prevention Center for salary and fringe (22.05% rate) ranging from $192,176 to $208,396 annually (taking into account 3% merit increase per year): (a) Project coordination of subcontractors (1.0 FTE), (b) Health education and training (0.2 FTE), and (c) Director at CCMC IPC for administrative oversight of the project and staff (0.1 FTE); (d) Indirect costs on total direct costs (at 50%) and to manage the mini-grant process will be 14.41% of the total mini-grant amounts for the first year of the project. Contractor will: (1) Build/strengthen partnerships with: (a) Community-

[6] For SLFRF, funds may be used to cover eligible costs incurred during the period that begins on March 3, 2021 and ends on December 31, 2024. In all cases, funds must be for obligated by December 31, 2024, and expended by December 31, 2026. Costs for projects incurred by the State prior to March 3, 2021 are not eligible. For CPF, funds must be expended by December 31, 2026.

based violence prevention and intervention organizations in CT; (b) Local trauma-informed health and behavioral health care agencies in CT; (c) Local and state law enforcement; (d) Other community-based organizations with focus on preventing and reducing community gun violence, including interpersonal violence and domestic violence. (2) Train law enforcement about mobile crisis and crisis hotlines for immediate and long-term social services and resources to victim and victim's families in the event of a homicide. Educate them in recognizing and acting on the need of victims and victims' loved ones for emotional crisis and social services supports. (3) Advocate for and bring awareness about certification of violence intervention and prevention professionals (VPP). (4) Coordinate a statewide RFP mini-grant program for up to 8 (eight) $80,000/per year awards for 3 years and award funds to qualified applicants that effectively address, through evidence-based and evidence-informed practices, community violence prevention and intervention and other emotional and social support needs of the community members directly impacted by community violence and gun violence. Eligible applicants are: (a) Community violence prevention service organizations that are part of a Hospital-based Violence Intervention Program; (b) Street Outreach Programs; (c) Gun Violence Intervention programs, also known as focused-deterrence programs; (d) Targeted Trauma-informed Care Programs; and (e) Survivor and Family Assistance Programs. (5) Contract with RFP-awarded subcontractors - Fund (12/1/22 – 11/30/25)

B. Fund statewide CT HVIP Collaborative Contractor at Hartford Communities That Care, Inc. (HCTC) to build and strengthen vital partnerships between community violence prevention service organizations and hospitals with the goal of extending the safety net across Connecticut: 7/1/22 – 12/31/25; (1) Fund two staff for CT HVIP Collaborative at HCTC with a salary and fringe (22.05%) for a range of $151,500 to $164,018 annually (taking into account 3% merit increases per year) : (a) Program Coordinator of CT HVIP Collaborative (1.0 FTE), (b) Director of CT HVIP Collaborative for administrative oversight of the program and staff (0.1 FTE); (c) Indirect costs on salary, fringe, travel, and supplies at 50% rate. C. Fund a Public Health Evaluator-TBD (0.5 FTE) to design the project Evaluation and Performance Measurement Plan to demonstrate how the proposed project will meet short-, intermediate, and long-term outcomes. Salary, fringe (76.8%), travel, and supplies, with indirect will be a range of $105,763 to $115,570 per year (taking into account a 3% merit increase each year): 1/1/23 to 12/31/25. Indirect cost rate is 38% on total direct costs.

Proposed Calendar Year ARPA funds and timeframes: 7/1/22 to 12/31/25

Resource Needs by State Fiscal Year are: 7/1/22 to 6/30/23 = $863,821; 7/1/23 to 6/30/24 = $1,101,909; 7/1/24 to 6/30/25 = $1,114,754; 7/1/25 to 6/30/26 = $510,872. Grand Total = $3,591,357.

Other funding sources that could be braided with ARPA funds to support the initiative

a. OPM currently provides $1M per year for Project Longevity programs in Bridgeport, Hartford, and New Haven. There are plans to expand to other cities in greater need of these services.

b. Centers for Disease Control and Prevention (CDC) funding for violent death surveillance will cover the cost of homicide-related public health surveillance and trends in homicides over time. This will help to assess the long-term outcome of a reduction in homicides and serious injuries related to firearms and other lethal weapons. $240,000 per year for cost of maintaining CTVDRS database.

Timeline for project implementation, including key milestones

CT DPH Office of Injury and Violence Prevention Director will establish a new point of service sole source contract with the CT Injury Prevention Center (IPC) at CT Children's Medical Center. It is expected to be executed by 7/1/2022. Within 1 month, CT Children's will hire new staff or allocate

existing staff for the purpose of project coordination and fiscal and contract management (1.0 FTE), and will hire a new staff or allocate existing staff for training of law enforcement and other first responders (0.2 FTE). Funding for these positions will expire at the end of the funding period, 12/31/2025. By 8/1/22, a qualified Injury Prevention Contractor will work with DPH and a selected advisory committee to coordinate an RFP (request for proposal) process establishing a mini-grant program; qualified applicants will be awarded appropriate funding to meet their capacity building, technical, and training needs. By or before 12/1/22, the IPC will set up subcontracts with the selected and awarded community-based agencies. CT DPH Office of Injury and Violence Prevention Director will establish a new point of service sole source contract with Hartford Communities that Care organization to hire a Program Coordinator to manage the ever-growing statewide CT HVIP Collaborative. Funding for this position will expire at the end of the funding period, 12/31/2025. Between 7/1/2022 and 12/31/2025, evidence-based prevention strategies will continue to be supported and will be funded by the ARPA funding, braided with the OPM funding for Project Longevity. Epidemiologists on staff at the DPH Injury and Violence Surveillance Unit will track data trends by city and demographics, develop a dissemination plan for sharing data with state partners, build reports, and disseminate data to partners for data-driven decision making about prevention and intervention initiatives. The Injury Prevention Contractor will be monitoring the subcontracts and engaging with the partners during this time frame, coordinating quarterly meetings with the community-based organizations for networking and to discuss progress of the initiatives. The Injury Prevention Contractor will also be responsible for evaluating the effectiveness of the interventions and programs funded by the State via ARPA funds. Each year, reports will be due to the Injury Prevention Contractor and to DPH from all of the subcontractors. In the final year of the contracts, in September 2025, final reports by the community-based organizations, will be due to Injury Prevention Contractor, who will compile these reports, including changes in data trends, the evaluation metrics indicating the success of the programs and by November 2025, the Injury Prevention Contractor will be expected to share these results with the DPH Office of Injury and Violence Prevention. DPH will give final approval for the program reports by 12/1/25 and share these final results with OPM by 12/31/25.

Staffing Plan (if applicable)
N/A – all funding will be passed through to a DPH Contractor, which has a long history with the DPH Office of Injury and Violence Prevention

Delivery mechanisms and potential partners (if applicable) – Identify method for selecting project vendors (competitive bidding, sole source arrangement, etc.)
The Connecticut Children's Injury Prevention Center is expected to be a sole source arrangement.

◊ EVIDENCE BASE

What data will be used to track the impact of this proposal over time, and what measurable outcome do you anticipate? Is that data currently available or must it be developed? Please provide information on the measurement and evaluation plan. Where possible, those plans should include process and outcome components. Pew MacArthur Results First evidence definitions can help you to establish the evidence-base for your program and their Clearinghouse allows for easy access to information about the evidence base for a variety of programs.

Governor Lamont recommends $3 million over the biennium ($1.5 million each year) to fund a package of community gun violence reduction strategies. The Connecticut Department of Public Health's Office of Injury and Violence Prevention (OIVP) within the Section of Community, Family

Health, and Prevention is submitting this proposal and is requesting to establish a Gun Violence Prevention and Intervention Program within the OIVP, and administer the ARPA funds accordingly for evidence-based, data-driven practices for community gun violence prevention and intervention. CT DPH OIVP has programs for violent death and injury surveillance, sexual and domestic violence prevention, has sat on the Gun Violence Intervention and Prevention Advisory Committee (CT Public Act 21-35), and currently participates in the Child Fatality Review Panel (CGS §46a-13l (b) and (c)), the Intimate Partner Homicide Review Panel, and the Maternal Mortality Review Committee (CT Public Act 18-150).Research indicates that there is an array of evidence-based, data-driven strategies to reduce community gun violence. These include hospital-based violence intervention programs (HVIPs) and Crisis Response Teams (CRTs) which are already functioning and expanding their services in Connecticut are programs that engage survivors, often in trauma centers, to reduce chances of retaliation and violent injury recurrence; focused deterrence strategies such as Group Violence Intervention models, like Project Longevity located in Hartford, New Haven, and Bridgeport, that identify those at highest risk for perpetration and try to deter criminal behavior through a multi-pronged approach. To address key mental health issues in this population, effective trauma-informed services and resources are available to better support people with post-traumatic stress disorder (PTSD) due to a long exposure history of community gun violence. Cognitive behavioral therapy strategies have been shown to be effective in helping those with PTSD and other mental health issues. Recent evaluation of the CT-based HVIPs have shown a 3-4-fold return on investment ($3.42 return for every $1.00 invested), by reducing ED visits and deaths, promoting education and socio-emotional learning, and improving lifetime trajectory through job training and better work opportunities. A recent report by CT HVIP Collaborative August 2020 Update, discussed the impact of COVID-19 on CT's communities and how the staff rallied to respond in the midst of the crisis.
Research on Project Longevity in New Haven has shown that this program was effective in reducing gun violence over the term of the study. HVIP advocates worked tirelessly to promote CT House Bill-5677 and PA 21-36 was passed in 2021 that allows certified Violence Prevention Professionals to qualify to be reimbursed for their services under Medicaid. This makes Connecticut the first in the nation to implement guidance under the Biden Administration to use Medicaid as a tool to reduce community gun violence.
Much statewide work has been done during the Fall 2021 in accordance with CT PA 21-35: S.B. 1, "An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic". During this time period, an Advisory Committee for Gun Violence Intervention and Prevention was established to gather information on the current state of the community gun violence crisis, obtain and process testimony from subject matter experts and community leaders throughout the state, and identify evidence-based and evidence-informed violence prevention strategies and policies that have been shown to be successful. Many of the initiatives in this ARPA-funded community gun violence prevention proposal are aligned with the Advisory Committee's recommendations as submitted in their report to the CT General Assembly Joint Public Health and Health Services Standing Committee on December 31, 2021.