

Commission on Community Gun Violence Intervention and Prevention

Annual Report 2022

Report to the Public Health Committee

Commission on Community Gun Violence Intervention and Prevention

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The Commission on Community Gun Violence Intervention and
Prevention

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State General Fund for Gun Violence Prevention
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American Rescue Plan Act Allocation to Address and Respond to the Increase in Homicides

Acknowledgments

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Other Acknowledgments

Senator Marilyn Moore for advocating to establish the Commission.

Subcommittee co-chairs and subcommittee members for their commitment to this Commission and their advocacy in community gun violence prevention and intervention.

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I. Executive Summary

The Commission on Community Gun Violence Intervention and Prevention was established during the Connecticut 2022 legislative session through Public Act 22-118 (House Bill 5506) Sec. 81, to advise the Commissioner of the Department of Public Health (DPH) on the development of evidence-based, evidenced-informed, community-centric gun violence prevention programs and strategies to reduce community gun violence in the state. It should be noted that the Commission is an independent body from DPH and is within the Department for administrative purposes only. Recommendations included as part of this report reflect the opinions and decisions of the Commission and its subcommittees.

The Commission had its inaugural meeting on August 31, 2022 and established four subcommittees to analyze data and deliberate on the charges outlined in the statute: RFP Grant Criteria and Award; Data Evaluation and Analysis of Grant-Funded Programs; Sustainability-Financial and Legislative; and Partnerships, Programs, Stakeholders, and Community Engagement. For additional details on the subcommittees, please refer to section “Role and Scope of Subcommittees”. (Page 7)

The Commission on Community Gun Violence Intervention and Prevention’s overarching recommendation is to commit sustainable and significant funding to support community gun violence intervention programs, beyond the period of ARPA funding availability.

For detailed recommendations please refer to section “Subcommittee Overview and Recommendations”. (Pages 8-15)

II. Introduction

Connecticut Public Act 21-35 established The Gun Violence Intervention and Prevention Advisory Committee, charged with “*advising the joint standing committees [Public Health and Human Services] of the General Assembly ... on the establishment of a Commission on Gun Violence Intervention and Prevention to coordinate the funding and implementation of evidence-based, community-centric programs and strategies to reduce street-level gun violence in the state.*” The Advisory Committee had its inaugural meeting September 29, 2021, and adjourned on December 30, 2021.

The Gun Violence Intervention and Prevention Advisory Committee’s overarching recommendation was to establish a Commission on Gun Violence Intervention and Prevention to coordinate the funding and implementation of evidence-based, evidence-informed, and community-centric gun violence programs.

In accordance with this recommendation provided by the former Advisory Committee, Connecticut Public Act 22-118 was signed into law effective July 1, 2022. Section 80 established a community violence and gun violence prevention and intervention program at DPH. It states:

The Department of Public Health shall establish a community gun violence intervention and prevention program to (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 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.

Section 81 establishes a Commission on Community Gun Violence Intervention and Prevention, operating out of DPH. It states:

There is established a Commission on Community Gun Violence Intervention and Prevention to advise the Commissioner of Public Health on the development of evidence-based, evidenced-informed, community-centric gun programs and strategies to reduce community gun violence in the state. The Commission shall be within the Department of Public Health for administrative purposes only. In accordance with the enacted law the Commission will also act as the advisory body for the Connecticut of Department of Public Health Community Violence Prevention Program.

Additional reports will be provided and available [here](#).

The Commission on Community Gun Violence Intervention and Prevention held its inaugural meeting on August 31, 2022. The meeting provided for robust discussions on the goals, intentions, and sustainability of the group. The Commission established four subcommittees to execute the charge of the commission. The subcommittees are: (1) RFP Grant Criteria and Award; (2) Sustainability- Financial and Legislative; (3) Data Evaluation and Analysis of Grant-Funded Programs; and (4) Partnerships, Programs, Stakeholders, and Community Engagement. These subcommittees have worked diligently to identify both short- and long-term goals regarding community gun violence intervention and prevention.

The desired outcomes of the Commission on Community Gun Violence Intervention and Prevention are that the Commission continues to: (1) build strong relationships with local organizations involved in community violence and gun violence prevention and intervention (VPI); (2) use state funds to support effective community-based and hospital-based VPI programs for their growth and expansion to high-risk geographic areas throughout Connecticut; (3) ensure trauma-informed care and wrap-around services are available to those most in need of these services; (4) utilize enhanced surveillance data to design and target interventions and monitor progress in reducing firearm and sharp force-involved injuries and deaths; and (5) have community-based VPI programs use evidence-based/-informed and data-driven public health strategies to reduce and prevent injury and death. Overall, the Commission intent is to reduce firearm and other weapon related injury and death and enhance prevention strategies associated with these types of community violence.

This report highlights the strategic planning that will guide the desired outcomes of the Commission on Community Gun Violence Intervention and Prevention.

Appointed Commission Membership

Commission Chairperson: Dr. Manisha Juthani, Commissioner, CT Department of Public Health

Commission Members:

Deborah Davis, Mothers United Against Violence

Harold Dimbo, Project Longevity

Dr. James Dodington, Yale New Haven Health

Vanessa Dorantes, CT Department of Children & Families

Ebony Epps, Regional Youth Adult Social Action Partnership (RYASAP)/StreetSafe Bridgeport

Dr. Kyle Fischer, The Health Alliance for Violence Intervention (The HAVI)

Karl Jacobson, City of New Haven Chief of Police

Leonard Jahad, CT Violence Intervention Program

Dr. Charles Johndro, Hartford Hospital

Susan Logan, CT Department of Public Health

Michael Makowski, CT Department of Public Health

Dr. Kerri Raissian, University of Connecticut

Janet Rice, Advocate for Survivors

Dr. Bradley Richards, CT Department of Social Services

Jacquelyn Santiago Nazario, COMPASS Youth Collaborative

Carl Schiessl, Esq., CT Hospital Association

Dr. David Shapiro, Saint Francis Hospital

Dawn Spearman, You Are Not Alone (YANA)

Jeremy Stein, Esq., CT Against Gun Violence (CAGV)

Dr. Pina Violano, The Commission on Women, Children, Seniors, Equity, & Opportunity (CWCSEO)

Colleen Violette, CT Department of Public Health

Andrew Woods, Hartford Communities that Care, Inc.

III. Role and Scope of Subcommittees

The Commission on Community Gun Violence Intervention and Prevention established four subcommittees to address the mandates assigned to the commission. The subcommittees include:

1. RFP Grant Criteria and Award: Development of criteria for any grant opportunities that arise through the program.
2. Sustainability -- Financial and Legislative: Fund and support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state. Secure state, federal and other funds for the purposes of reducing community gun violence.
3. Data Evaluation and Analysis of Grant-funded Programs: Collect timely data on firearm-involved injuries and deaths and make such data publicly available. Evaluate effectiveness of violence intervention and prevention strategies implemented under the program.
4. Partnerships, Programs, Stakeholder, and Community Engagement: Strengthen partnerships among the community, state and federal agencies involved in community violence prevention and intervention. Determine community-level needs by engaging with communities impacted by gun violence. Search for novel programs and promote expansion of programs.

Full list of subcommittee members can be found [here](#).

I. Subcommittee Overview and Recommendations

RFP Grant Criteria and Award

Committee Chairs and Members: This Subcommittee is chaired by Dr. Kevin Borrup, Susan Logan, and Colleen Violette. Members include Steven Hernández, Esq., Dr. Charles Johndro, Thomas Nuccio, Jeremy Stein, Esq., Andrew Woods

Mandates/Charges: Development of criteria for any grant opportunities that arise through the program.

Introduction: The Commission on Community Gun Violence Intervention and Prevention RFP Grant Criteria and Award Subcommittee will support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state. DPH will contract with the Connecticut Children’s Injury Prevention Center who will initiate a RFP to distribute the available funding. Awardees are expected to receive funding for up to three years, depending on the annual performance of each of their programs. Extensive technical support and program performance evaluation will be available throughout the grant funding period. Additionally, this subcommittee will collaborate with the other subcommittees of the commission to ensure sustainability and evaluation.

Funding through the state General Fund and federal American Rescue Plan Act (ARPA) have been secured, and the subcommittee will advise DPH on the release of these funds. DPH will contract with the Connecticut Children’s Injury Prevention Center to work on behalf of DPH to initiate an RFP, that will fund seven awards in an amount up to \$88,330 annually, for up to three years, for a total of up to \$264,990 per award. The sources of funding are as follows:

- a. State General Fund for Gun Violence Prevention
- b. ARPA Funding for Community Violence Prevention Programs
- c. ARPA Funding to Address and Respond to the Increase in Homicides

Background Information: The Commission on Community Gun Violence Intervention and Prevention was charged with advising DPH on and supporting the growth of evidence informed, community-centric community violence and gun violence prevention and intervention programs in the state. The RFP Grant Criteria and Award subcommittee will address this charge by initiating an RFP for funding entities to address community gun violence in Connecticut. DPH selected the Connecticut Children’s Injury Prevention Center as a sole source provider to work on its behalf as the fiscal agent and subcontractor to oversee the administration of the grant process over the grant award period.

The Connecticut Children’s Injury Prevention Center has more than thirty years of experience in community and violence prevention programming. As a fiscal agent, Connecticut Children’s has the resources in place to manage and expend state and federal funds in a timely manner in accordance with all applicable laws and regulations.

Short Term Objective:

- a. Initiate an RFP

- b. Provide technical assistance to prospective applicants as needed
- c. Provide program evaluation technical assistance
- d. Objectively score the grant applications received according to a scoring rubric established prior to the RFP
- e. Recommend proposals for funding
- f. Execute grant contracts with awardees no later than July 1, 2023

Long Term Objectives:

- a. Provide ongoing technical support to awardees
- b. Collaborate with other commission subcommittees to support sustainability and program evaluation
- c. Report on award grantee progress
- d. Consider the need for a new RFP annually

Report on Subcommittee Activities: Draft RFP completed. Scheduled release date is spring 2023. CT DPH Commissioner, Chair of the Commission on Community Gun Violence Intervention and Prevention, reviewed the RFP in November/December 2022.

Meeting dates and minutes:

- a. Meeting Dates:
 - a. October 21st 9:00am-11:00am
 - b. November 4th from 10:00am-11:00am
- b. Meeting Minutes will not be included to ensure integrity of the RFP

RFP Grant Criteria and Award Overarching Recommendation(s):

- a. Provide a closed-door view for commission members not applying for the RFP to review the RFP and provide any edits before it is released to the general public.
- b. Contract with Connecticut Children’s Injury Prevention Center to manage the RFP and grant-making process to ensure funding is available to awardees as quickly as possible.
- c. Award up to seven grant awards to community-based organizations with potential for renewal for up to three years.
- d. Provide ongoing technical assistance to award grantees to support both fiscal and programmatic administration.

Sustainability -- Financial and Legislative

Committee Chairs and Members: This Subcommittee is co-chaired by Carl Schiessl, Esq., Jeremy Stein, Esq. Members include: Katherine Berdy, Deborah Davis, Dr. Kyle Fisher, Susan Logan, Janet Rice, Dr. Bradley Richards, Vincent Russo, Dr. Pina Violano, Colleen Violette, Andrew Woods

Mandates/Charges: Identify available funding for and support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state. Secure state, federal, and other funds for the purposes of reducing community gun violence.

Introduction: The Commission on Community Gun Violence Intervention and Prevention charged the Sustainability – Financial and Legislative Subcommittee to (1) explore opportunities to fund and support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state, and (2) secure state, federal, and other funds for the purposes of reducing community gun violence. For background and context, subcommittee co-chairs directed the attention of members to [pages 25-34 of the Report of the Policy and Funding Subcommittee of the Gun Violence Intervention and Prevention Advisory Committee published on December 30, 2021](#). The information included in the report provided the foundation for a discussion during the subcommittee’s inaugural meeting on October 3, 2022.

During this meeting, the subcommittee members reviewed the funding sources listed in the document. The subcommittee also addressed the impact of funding from the enactment of s.2938, the Bipartisan Safer Communities Act, federal legislation which includes a \$250 million investment in community violence intervention (CVI) programming. The subcommittee also engaged in a brief discussion regarding the introduction of S.2275, the Break the Cycle of Violence Act, a Federal Bill that to date has not been enacted into law. This bill would establish federal grant programs to support violence intervention initiatives through the Department of Health and Human Services (HHS). The subcommittee hopes to help coordinate all current and future federal and state resources in a way that supports the state’s ongoing gun violence intervention and prevention efforts.

Subcommittee members agreed to regularly update the information gathered to keep state policymakers aware of federal, state, local, and private sources of financial support to sustain this work. On October 26, 2022, the subcommittee co-chairs met with representatives of the Governor’s Office and Office of Policy and Management (OPM) to establish a direct channel of communication and to discuss opportunities to capture federal funding sources such as those included in the Bipartisan Safer Communities Act. At the November 8, 2022, meeting of the Commission, subcommittee member Dr. Bradley Richards of the Department of Social Services (DSS) offered an update on the implementation of a new Medicaid covered benefit to reimburse the services of violence prevention professionals. This benefit will afford a sustainable source of funding for this work.

The subcommittee is committed to identifying and making information on funding sources available to the Commission, including summaries of current and potential opportunities. These summaries will feature timelines for the distribution of funds, the duration of available funding sources, and the activities to be funded.

Short Term Objective:

- a. Statewide coordination of funding that aligns with the work of the Commission.
- b. Coordination with the RFP Grant Criteria and Award Subcommittee to ensure the RFP process is streamlined and funds awarded.
- c. Educate the legislature on funding that is needed to sustain the work to support gun violence intervention and prevention efforts and continue to identify funding opportunities that will extend beyond the ARPA funding.
- d. Identify the funding cliff or gaps to sustain long term funding for evidenced-informed programs.

Long Term Objectives:

- a. Sustain state and/or federal funding after ARPA funding is expended.

Other Recommendation: Commission and/or subcommittee consider creating a repository of available state and federal funding.

Meeting dates and minutes:

- a. [October 3, 2022](#)
- b. [November 17, 2022](#)

Literature/References: Appendix E

Sustainability -- Financial and Legislative Overarching Recommendations:

- a. Connect with state leadership in coordination of budget/policy priorities or initiatives, inclusive of all three branches of government.
- b. Explore other funding sources, federal or local or national private organization for gun violence prevention, with emphasis on sustainable long-term funding.
- c. Ensure coordination among national and local stakeholders that most effective evidence-based/informed solutions are being funded.
- d. Align and coordinate with local governments to assist in the identification of funding sources.
- e. Coordination of all state funding sources and agencies.

Data Evaluation and Analysis of Grant-funded Programs

Committee Chairs and Members: This Subcommittee is co-chaired by Michael Makowski and Dr. Kerri Raissian. Members include: Dan Cargill, Dr. Kendell Coker, Dr. James Dodington, Susan Logan, Carl Schiessl, Esq., Dr. David Shapiro, Dr. Pina Violano, and Colleen Violette

Mandates/Charges: Collect timely data on firearm-involved injuries and deaths and make such data publicly available. Evaluate effectiveness of violence intervention and prevention strategies implemented under the program.

Introduction: Since 2015, Connecticut has been tracking firearm-related deaths via the CT Violent Death Reporting System (CTVDRS). The most frequently used weapon in homicides is firearms, followed by sharp instruments¹ and personal weapons². In 2020 and 2021, data show that CT experienced a 76% increase in firearm related homicides and 47% increase in sharp instrument related homicides compared to 2018 and 2019.

While the CTVDRS provides important data on Connecticut’s firearm related deaths, it is important for Connecticut to also have data related to firearm risk (such as data on firearm shots fired, “hot spots”, and firearm tracing) and firearm injuries (for example, from healthcare providers). Connecticut should continue to coordinate, streamline, and inform the public with data related to firearm risk, injury, and mortality.

In 2018 and 2019, there were 97 and 122 firearm deaths reported, respectively. The average crude homicide rate for 2018 and 2019 was 3.1 homicides per 100,000 CT population. In 2020 and 2021, there were 156 and 167 firearm deaths reported, respectively. The average crude homicide rate for 2020 and 2021 was 4.5 homicides per 100,000 CT population. When comparing 2020 and 2021 homicide counts and rates to 2018 and 2019, the number of homicides increased 47% and the rate of homicide increased 45%.

Table 1. Comparison of Homicide Counts and Rates by Race/ Ethnicity, 2018-2019 vs 2020-2021

Race/Ethnicity	Number of Homicides 2018-2019	Crude Rate per 100,000 CT population	Number of Homicides 2020-2021	Crude Rate per 100,000 CT population	Percent Rate Difference 2018-2019 to 2020-2021
Non-Hispanic Black	97	12.5 (10.0-15.0)	165	22.1 (18.8-25.5)	+76.8
Hispanic	51	4.3 (3.1-5.5)	93	7.5 6.0-9.0)	+74.4
Non-Hispanic White	69	1.4 (1.1-1.7)	66	1.2 (0.91-1.4)	-14.3
Non-Hispanic Other	2	0.56	4	0.72	ND

¹ Sharp Instrument- usually means knife and could also include broken glass, etc. anything that could cut, puncture or gash.

² Personal Weapons- is the (exclusive) use of hands and feet (to punch, slam, kick, ect.) to cause injury and eventual death.

From Table 1, the rates of total homicides were disproportional compared to non-Hispanic Whites. Homicide rates increased 76.8% and 74.4% respectively for non-Hispanic Blacks and Hispanic residents in 2020-2021 when compared to 2018-2019.

Chart 1. Comparison of Lethal Means of Homicide

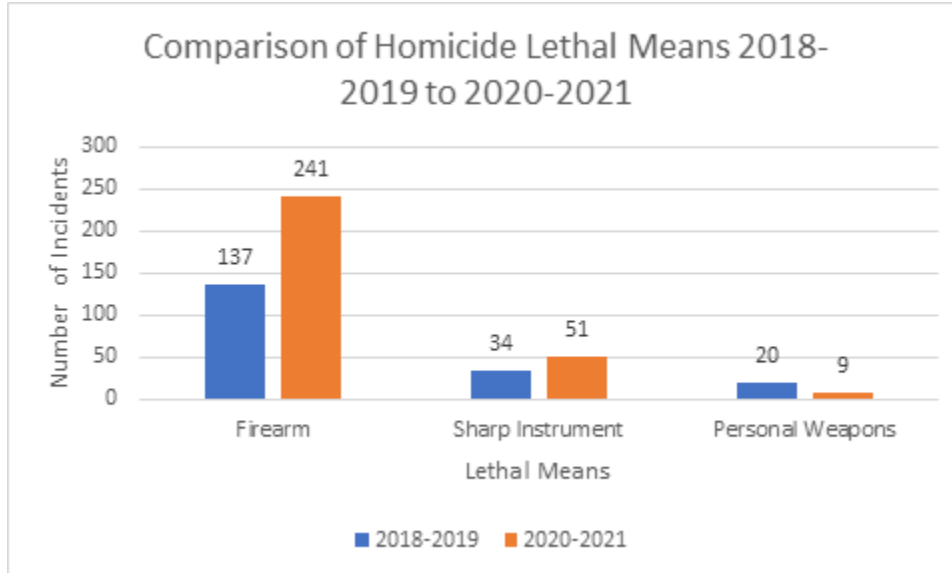


Chart 1 shows that the most frequently used weapon in homicides is firearm, followed by sharp instrument and personal weapons. Between 2018-2019 and 2020-2021, CT experienced a 76% increase in firearm related homicides (average $n=137$ to 241) and 47% increase in sharp instrument related homicides (average $n=34$ to 51).

It is the Subcommittee’s recommendation to expand Connecticut’s available data beyond deaths. In addition, we recommend that data be made publicly available so that evidenced-based intervention and prevention strategies can be implemented.

Our peer subcommittee, “The RFP Grant Criteria and Award”, has been developing the RFP that will outline the criteria grant applications. At this time, the RFP is still under consideration, and therefore, our evaluation recommendations should be taken as preliminary. Once the RFP is publicly released, a more thorough and relevant evaluation recommendation will be put forth. Further, the existing evidence base of funded programs will also affect the evaluation strategies that should be used. The objectives and recommendations are designed to help the funded programs achieve and demonstrate success and to be positioned for future investment.

Short-Term Objectives:

Data Mandate:

- a. Use CTVDRS data to track near real-time information and current trends of homicide within the state.
- b. Use CHIME hospital discharge data, compiled by the Connecticut Hospital Association, to track the previous year’s nonfatal injuries and assaults.

- c. Develop DPH EpiCenter syndromic surveillance system (comprised of emergency department [ED] visits/ incidents) to be more specific and sensitive for identification of nonfatal injuries related to firearms and assaults, increasing the timeliness of aggregate reporting of ED visits for these nonfatal injuries.
- d. Develop a public facing data dashboard of violence-related data.

Evaluation Mandate:

- a. Given that the RFP criteria for the community-based organization grants is still under review and the selection of grantees has not yet begun, we emphasize that our recommendations are preliminary. We note that the legislation states an intention to identify effective, evidence-based, or evidence-informed community violence and gun violence reduction strategies. To the extent an evidenced-based program is selected for an award, the evaluation criteria will need to change. Our recommendations are intended to assist programs demonstrate and improve their impact. To that end, funded programs should be:
 - i. Provided with technical support to develop a logic model that clearly specifies their resources, activities, outputs, and outcomes.
 - ii. Provided with technical support to create a data collection system and protocol. The data collection system (inclusive of a data dictionary) should have core components that are similar across each funded program to facilitate data synergy and cross comparisons.
 - iii. Engage in a process evaluation with an external, independent evaluator. We recommend the evaluator begin engaging with programs as early as possible to ensure data are collected efficiently from the beginning of the funding period.
 - iv. The independent evaluator should allow programs to understand if they are implementing programs with fidelity and effectively. It will also provide them with data to continuously improve their programs. Finally, it will position the funded programs to apply for additional external funds.
 - v. Programs should incorporate data into their decision-making process.
 - vi. Programs should engage in a reporting process. They should provide intermediate status reports to DPH and an annual report to the Commission.
 - vii. Programs should have co-equal access to their micro-level (unit of treatment) data. The data collection process must be clear. Aggregate program-level data must be shared with DPH and in the report to the Commission.

Long Term Objectives:

Data Mandate:

- a. Data sharing agreement with CT Judicial Branch for convictions and arrests data of homicide victims and suspects.
- b. Explore CT's Gun Tracing Database.

- c. Create a thorough listing of the various gun injury and fatality data available in Connecticut. This listing should include the name of the data source, what is contained in the data, to whom and for what purpose the data are available to users, and how a user would obtain the data. The subcommittee has started collecting information to meet this goal.
- d. Develop a strategy to further understand the needs of data users, and where possible, integrate those needs into the public facing data dashboard or other public data reports.
- e. To enhance data availability, data administrators should provide training on how the data are collected and what each variable captures. This will serve to improve data use and subsequent interpretation.
 - Evaluation Mandate:
 - a. These will be developed once the RFP is finalized and the grant awardees are selected.

Meeting dates and minutes:

[October 4, 2022](#)

[November 7, 2022](#)

[November 23, 2022](#)

Data Evaluation and Analysis of Grant-funded Programs Overarching Recommendation(s):

- a. In response to each of our mandates, we have two overarching recommendations: Connecticut should work to coordinate, streamline, and avail the public of data related to firearm risk, injury, and mortality.
- b. As Connecticut invests in programs intended to reduce community gun violence, evaluation of those programs is critical. Evaluations should serve to both demonstrate the programs' effects, allow the programs to continuously improve their program and service delivery, and serve as a best practice model for future programs.
- c. Connecticut's injury and violence surveillance data should inform the data collected in the evaluations, and vice versa.
- d. Finally, we recommend that firearm data and program evaluation be continuously and thoughtfully integrated.

Partnerships, Programs, Stakeholders and Community Engagement Subcommittee

Committee Co-Chairs and Members: The subcommittee is co-chaired by: Andrew Woods and Karl Jacobson. Members include: Edward Brown, Retired Bishop Jim Curry, Deborah Davis, Harold Dimbo, Ebony Epps, John Frassinelli, Leonard Jahad, Pastor Al Johnson, Susan Logan, James Mandracchia, Jacquelyn Santiago Nazario, Johanna Shubert, Dawn Spearman, Dr. Pina Violano, Colleen Violette, and Shirley Ellis West.

Mandates/Charges: Strengthen partnerships among the community, state and federal agencies involved in community violence prevention and intervention. Determine community-level needs by engaging with communities impacted by gun violence. Identify novel programs and discuss expansion of the most effective programs.

Introduction: This subcommittee has made progress on its three mandates/charges, and will continue to develop strategies for strengthening partnerships, determining community-level needs, and supporting novel and effective programs. Critical to these activities will be our commitment to closely collaborate with the DPH Commissioner and staff and the full complement of commission subcommittees. Together, all four focus subcommittees hold the promise of transforming Connecticut’s efforts to prevent community and gun violence.

Among our many partners, the philanthropy sector has always been critically important in both its supports and its emphases. [Three key points crystalized by Ford Foundation President Darren Walker](#) help to set the tone for partnerships, programs, stakeholders, and community:

“First, we need to open ourselves up to more critical, honest discussions about deeply rooted cultural norms and structures, including racial, gender, ethnic, and class biases. We have made impressive progress on these issues, but some social and economic progress cannot blind us to the reality that far too many are left behind because of inequality’s asphyxiating grip on the aspirations of people in every corner of every country.”

“Second, we foundations need to reject inherited, assumed, paternalist instincts—an impulse to put grantmaking rather than change making at the center of our worldview. ...”

“Furthermore, we’d be well served to recognize that the more excluded people are, the harder it is truly to hear them. We all believe that those most affected by policy ought to have a voice in creating it. ...”

“Third, we need to interrogate the fundamental root causes of inequality, even, and especially, when it means that we ourselves will be implicated.”

Fortunately, these systemic issues have been considered by Connecticut’s Commission on Racial Equity in Public Health, under its agenda for examining both micro- and macro-level health disparities and inequities to address the declaration in Public Act 21-35 that “racism constitutes a public health crisis in this state.”

The subcommittee looks forward to maximizing connections across all four of these arenas to promote the awareness and action required for prevention and reduction of gun violence in our state.

Background Information:

As Co-Chairs, we are a UConn-trained social worker with 25 years of experience running a frontline agency doing violence interruption work in Hartford (Andrew Woods) and a 25-year veteran police officer with 15 years in New Haven, leading to appointment in July 2022 as its Chief of Police (Karl Jacobson).

Together we have 50 years of commitment to gun violence prevention, from two very distinct but mutually supportive perspectives. Our respective Hartford and New Haven agencies in different ways rely upon the caliber of coordination linking multi-disciplinary teams, including all levels of government (including schools and the judiciary); hospital and community leaders;

the victims of violence, their families and loved ones; and the local frontline workers who help them navigate trauma-informed treatment to recovery. Data indicates that untreated victim and/or perpetrator trauma leads to vulnerability of retaliatory acts, and significant risk for injury recidivism, including fatality. Moreover, large numbers of gunshot survivors are re-victimized and subsequently lose their lives within five years.^{3,4} This is a crisis in every metro area of the United States, and Connecticut's urban cities are no exception.

The subcommittee on Partnerships, Programs, Stakeholders, and Community Engagement encompasses the following crucial components of successful community violence intervention: Hospital-based and linked Violence Intervention Programs (HVIPs); Front line Violence Interruption; Case Management focused on Drivers and Victims of Violence; Cognitive Behavioral Therapy & Theory; Mental Health Supports; and Restorative Circles. These diverse contributions from this subcommittee's members are matched by the extensive capabilities of the entire Commission, which exemplifies wide-ranging partnership. The combined expertise of this Subcommittee's membership – and the outside expertise accessible through its outreach – reflect the wide net that this Commission is casting to engage the partnerships, programs, stakeholders, and community representatives whose personal and professional experiences are so vital to effective violence intervention and prevention.

As our summary of subcommittee activities address the assigned mandates/charges (below) shows, we as subcommittee members have gathered input from our various communities, including research and service-provider specialists, town hall meeting participants, youth directly affected by the gun culture, and the highly relevant 2021 report of the General Assembly-driven Advisory Committee on Gun Violence Intervention and Prevention. Each of these activities and its strategic bearing on the tasks at hand is important.

Short Term Objectives:

- a. Work to fulfill the three subcommittee mandates/charges cited above, drawing upon the testimony and community feedback received by the Subcommittee:
 - a. Strengthen partnerships among the community, state, and federal agencies involved in community violence prevention and intervention.
 - b. Determine community-level needs by engaging with communities impacted by gun violence.
 - c. Identify novel programs and discuss expansion of the most effective programs.
- b. Analyze and publicize statewide coordination of funding, including time frames for application, delivery of services, and evaluation.
- c. Coordinate with the full Commission to ensure that the money is dispersed, and the RFP process is streamlined to maximize efficiency and effectiveness.

³ Juillard, C., Smith, R., Anaya, N., Garcia, A., Kahn, J. G., & Dicker, R. A. (2015). Saving lives and saving money: hospital-based violence intervention is cost-effective. *The journal of trauma and acute care surgery*, 78(2), 252–258. <https://doi.org/10.1097/TA.0000000000000527>

⁴ Juillard, C., Cooperman, L., Allen, I., Pirracchio, R., Henderson, T., Marquez, R., Orellana, J., Texada, M., & Dicker, R. A. (2016). A decade of hospital-based violence intervention: Benefits and shortcomings. *The journal of trauma and acute care surgery*, 81(6), 1156–1161. <https://doi.org/10.1097/TA.0000000000001261>

- d. Brief legislators on what kind of funding needs to be sustained to keep this work moving forward.
- e. Identify funding that will extend beyond the ARPA funding.
- f. Identify the funding cliffs or gaps, sustain long term funding for evidenced-based, evidenced-informed community-centric programs.

Long Term Objectives:

- a. Continue to fulfill the subcommittee mandates/charges.
- b. Ensure sustainable state and federal funding after APRA funding expires.
- c. Create a line item in the state budget that supports CVI programs, training, and technical assistance and CVI focused coalitions.
- d. Partner with federal, private, corporate, and community foundations to support CVI programs.

Report on Subcommittee Activities: To address the assigned mandates listed above, the subcommittee elicited feedback from key stakeholders and organizations as well as relied on the previously submitted recommendations received by the State Legislature on December 30, 2021.

a. Activities in Detail:

- a. October 12, 2022, and November 21, 2022: Community Conversations in New Haven, facilitated by Police Chief Karl Jacobson.
- b. December 7, 2022: Community Conversation organized and facilitated by the Greater Hartford Interfaith Alliance (GHIAA). Pastor A.J. Johnson.
- c. Materials Solicited and Received
 - i. Written testimony and recommendations from Jianghong Li the Executive Director and various representatives of the Institute for Community Research (ICR).
 - ii. Written testimony and recommendations from Youth/ Peer Educators representing Hartford Communities That Care Youth Leadership Academy (HCTC/YLA); Paige Odum, Peer Educator; Breanna Brown, Peer Educator; Trinity Lewis, Peer Educator.
 - iii. Written testimony and recommendations from Johanna Shubert the Director of the CT Hospital Violence Intervention Program Collaborative (CT-HVIP Collaborative).
 - iv. Statement from the CT Violence Intervention Program.
 - v. Statement from Dr. Pina Violano and Bishop Jim Curry, Co-Founders, Swords to Plowshares Northeast.
 - vi. Statement from the Center for Leadership and Justice regarding The Greater Hartford Interfaith Action Alliance Gun Violence Research Action Team.
 - vii. Written testimony and recommendations from Shirley Ellis-West the Executive Director of the Urban Community Alliance (UCA).
 - viii. Written testimony and recommendations from the Director and various representatives of the Regional Youth Adult Social Action Partnership (RYASAP); Ebony Epps, Program Director.

- ix. Narrative from the CT Children’s Injury Prevention Center.
- x. Written testimony and recommendations from Jacqueline Santiago-Nazario, CEO of COMPASS Youth Collaborative.
- xi. Written testimony and recommendations from Sasa Harriott, President and CEO of Harriott Home Health Services.
- xii. Overviews of Project Longevity and Inspire Girls from Sherry Haller the Executive Director of the Justice Education Center.
- xiii. Recommendations delivered December 30, 2021, to the CT General Assembly, by the Advisory Committee on Gun Violence Intervention and Prevention it established under Public Act 21-35.

Meeting dates and minutes:

- a. [October 24, 2022](#)
- b. [November 28, 2022](#)

Public Forums:

- a. October 12, 2022: Organized by Chief Karl Jacobson
- b. November 21, 2022: Organized by Chief Karl Jacobson
- c. December 7, 2022: Greater Hartford Interfaith Alliance (GHIAA) a Multi-Religious Power Organization of 48 Diverse Faith Institutions from throughout the Greater Hartford area.

Literature/References: Appendix D

Partnerships, Programs, Stakeholders and Community Engagement Subcommittee Overarching Recommendation(s):

- a. Allocate \$20 million over three years in the State of Connecticut budget to support community violence intervention programs. Please note: [New Jersey in 2020 allocated \\$20 million over three years](#) to stand up nine HVIPs and has followed up with an additional \$10 million extension this year. In Connecticut’s case, such an investment of \$20 million over three years can support and sustain both HVIPS as well as other CVI programs in our major cities and in numerous cities urgently seeking CVI resources.
- b. DPH, in consultation with partner state agencies and commission members (knowledgeable monitors, etc.), should create and publicize a repository of state and federal funding availabilities, including the time frames for application, delivery of services, evaluation, and follow-up program improvements designed to enhance future effectiveness.
- c. Increase the Medicaid coverage rates and expand the scope of coverage to serve more victims of violent crime.
- d. Increase the availability of Victims of Crime Act (VOCA) funds to support CVI strategies to serve more victims.

- e. Increase and sustain the availability of training and technical assistance such as The HAVI, The Brother Carl Hardrick Institute, ROCA Impact Institute, and other such offerings to ensure these supports are available to CVI organizations.
- f. Maintain support for the CT-HVIP Collaborative, which has been a vital part of making Connecticut a national leader in gun violence prevention by bringing together a diverse set of voices that advocated and secured VOCA and Medicaid reimbursement of services for victims of violence and continues to provide leadership in partnership with The HAVI and various other state and national policy- and practice-oriented providers in the CVI ecosystem.
- g. That the DPH Commissioner and her fellow commissioners determine: How will DPH and the new Commission on Gun Violence Intervention and Prevention interact with *all involved state agencies* to enhance and sustain community violence intervention programs in ways that bring together the many splintered systems now operating in silos?
- h. That DPH, in conjunction with *all involved state agencies*, conduct a statewide needs assessment to determine the numbers of unserved victims of violence (perhaps beginning with a pilot study in the high-incidence locales, including Bridgeport, Hartford, and New Haven).
- i. Incorporate a progress report and relevant recommendations in connection with the Public Act 21-35 Commission on Racial Equity in Public Health, so that the broader issues of, and responses to, statewide health disparities and inequities are also taken into account by this Commission on Community Gun Violence Intervention and Prevention, as it engages community partners regarding highest priority needs.
- j. Consider and incorporate where feasible and actionable the full set of legislatively mandated [Advisory Committee recommendations](#) developed just one year ago (December 30, 2021), which should not be lost.

II. Conclusion

The commission has begun to lay the foundation for a more equitable, resourceful, sustainable, and safer future for all Connecticut residents. We look forward to continuing to work together as a commission to advise DPH on the best practices that will reduce violence in our communities. It is essential for the Connecticut General Assembly to fund these evidence-based, evidence-informed, community-centric programs and strategies in the state.

III. **Appendix A: Supporting Materials & Resources**

1. Commission on Community Gun Violence Intervention and Prevention Meeting Minutes
 - a. [August 31, 2022](#)
 - b. [October 11, 2022](#)
 - c. [November 8, 2022](#)
 - d. [December 14, 2022](#)
2. CT-N Live Coverage Links
 - a. CT-N August 31, 2022- Commission on Community Gun Violence Intervention and Prevention Meeting <https://ct-n.com/ondemand.asp?ID=20986>
 - b. CT-N October 11, 2022- Commission on Community Gun Violence Intervention and Prevention Meeting <https://ct-n.com/ondemand.asp?ID=21078>
 - c. CT-N November 8, 2022- Commission on Community Gun Violence Intervention and Prevention Meeting <https://ct-n.com/ondemand.asp?ID=21144>
 - d. CT-N December 14, 2022- Commission on Community Gun Violence Intervention and Prevention Meeting <https://ct-n.com/ondemand.asp?ID=21228>
3. Slide decks from meeting
 - a. [DPH Commission on Community Gun Violence Intervention and Prevention 8.31.2022](#)
 - b. [Pina Violano CWCSEO 8.31.2022](#)
 - c. [Subcommittee Overview 10.11.2022](#)
 - d. [DSS Violence Prevention Program 10.11.2022](#)

IV. **Appendix B: Membership**

[Commission member bios](#)

V. **Appendix C: Report**

[Gun Violence Intervention and Prevention Advisory Committee Report December 30, 2021](#)

VI. **Appendix D: Partnerships, Programs, Stakeholders and Community Engagement Subcommittee Literature/References**

1. [Section 9 of S.B. 1, Public Act 21-35, establishing the Advisory Committee on Gun Violence Intervention and Prevention](#)
2. The December 30, 2021 [report of the Advisory Committee](#) on Gun Violence Intervention and Prevention, with particular attention to the recommendations and youth perspectives on pp. 3-11 of the Executive Summary and three subcommittee reports:
 - a. Evidence-Based Programming and Research [pp. A8-A24].
 - b. Policy and Funding [pp. A25-A34].
 - c. Community Engagement and Public Health [pp. A35-A41].
3. Testimony and Recommendations:

[CT- Hospital Violence Intervention Testimony, Recommendations and Reports](#)
[Institute for Community Research Testimonies and Recommendations](#)
[Urban Community Alliance Testimony and Recommendations](#)
[Greater Hartford Interfaith Alliance \(GHIAA\) Recommendations](#)

[Greater Hartford Youth Leadership Academy at Hartford Communities that Care Breanna Brown Testimony](#)

[Greater Hartford Youth Leadership Academy at Hartford Communities That Care Paige Dum Testimony](#)

[Greater Hartford Youth Leadership Academy at Hartford Communities That Care Trinity Lewis Testimony](#)

[Brother Carl Hardrick Institute](#)

[CT Children's Medical Center Injury Prevention Center](#)

[CT Violence Intervention Program](#)

[Swords to Plowshares Northeast](#)

[Project Longevity and Inspire Girls](#)

[COMPASS Youth Collaborative](#)

[Harriott Home Health Services](#)

[Chief Karl Jacobson Community Feedback](#)

[Regional Youth Adult Social Action Partnership/ StreetSafe Bridgeport](#)

[Mothers United Against Violence](#)

Appendix E: Sustainability- Financial and Legislative Literature/References

[Sustainability- Financial and Legislative Literature/References](#)