

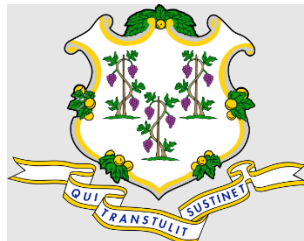


Commission on Community Gun Violence Intervention and Prevention
Annual Report 2024

Report to the Public Health Committee

Manisha Juthani, MD, Commissioner

1/01/2025



State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

State of Connecticut Department of Public Health Report to the Public Health Committee Commission on Community Gun Violence Intervention and Prevention Annual Report 2024

Table of Contents

Table of Contents	2
Executive Summary	3
Introduction	4
Appointed Commission Membership	5
Role and Scope of Subcommittees.....	6
Subcommittee Overview and Recommendations	6
Request For Proposals (RFP) Grant Criteria and Award	6
Sustainability – Financial and Legislative.....	8
Data Evaluation and Analysis.....	14
Partnerships, Programs, Stakeholders, and Community.....	18
Home Health Care	21
Conclusion.....	23
Appendix A: Commission Meeting Minutes and Recordings	23
Appendix B: Data Sources and Access 2024.....	23
Appendix C: Community Violence Intervention Grantee Cohort 2 Logic Models	23
Appendix D: Biden-Harris Administration Releases Resources to Help Communities Address Trauma and Mental Health Impacts of Gun Violence	23
Appendix E: Sasa Harriott’s Remarks on Home Health Care	233

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.

The Commission now has five 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
- Partnerships, Programs, Stakeholders, and Community Engagement
- Home Health Care

For additional details on the subcommittees, please refer to section “Role and Scope of Subcommittees”.

The Commission on Community Gun Violence Intervention and Prevention’s overarching recommendation:

Recognizing gun violence as a public health issue, the Legislature is invited to use the DPH Commission on Violence Intervention and Prevention and its body of appointed experts as a resource when crafting and passing legislation in the interest of keeping Connecticut communities safe.

The Commission on Community Gun Violence Intervention and Prevention’s recommendation from each subcommittee include:

1. *RFP Grant Criteria and Award:* Release a Request for Application (RFA) to implement a Public Health Approach to address community gun violence.
2. *Sustainability: Financial and Legislative:* The expiration of the ARPA buffer and the ongoing chronic instability in federal VOCA assistance grants is a direct threat to the continuation of funding for victim services in our state. Connecticut must implement sustainable alternate funding sources in order to support services to all victims of crime in Connecticut.
3. *Data Evaluation and Analysis of Grant-Funded Programs:* Connecticut should continue coordinating, streamlining, and availing the public of data related to firearm risk, injury, and mortality. CT DPH should continue to provide technical assistance and evaluation support to grantees to help them meet their goals and measure their impact.
4. *Partnership, Programs, Stakeholder, and Communal Engagement:* Sustain and increase funding for CVI programs, training, and technical assistance, specifically those focusing on services directed towards children, youth and their families.
5. *Home Healthcare:* Support work between our Subcommittee and the Data and Evaluation Subcommittee to incorporate relevant data and dashboards, invite healthcare partners within CT and throughout the US to present current work/landscape perspective, and invite experts on the holistic aftercare for victims of violence, their families and communities.

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.

Introduction

Passed in the 2022 legislative session, PA 22-118 Sec. 81 established the Commission on Community Gun Violence Intervention and Prevention to advise DPH on the development of evidence-based, evidence-informed, community-centric gun violence prevention programs and strategies to reduce community gun violence in the state.

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, evidence-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 Department of Public Health Community Violence Prevention Program.

Public Act 22-118 Sec. 80 passed establishing a Community Violence and Gun Violence Prevention and Intervention program at DPH.

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.

In March 2024, DPH Commissioner Juthani created the Office of Firearm Injury Prevention to oversee the community violence prevention program. With this new office, DPH is strengthening our efforts to address a critical issue impacting our communities.

The Commission on Community Gun Violence Intervention and Prevention aims 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's 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:

John Bucherati, Town of Seymour Chief of Police

Deborah Davis, Mothers United Against Violence

Harold Dimbo, Project Longevity

Dr. James Dodington, Yale New Haven Health

Jodi Hill-Lilly, CT Department of Children and Families

Nina Holmes, CT Department of Social services

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

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

John Frassinelli, State Department of Education

Neena Jacob, CT Department of Public Health

Karl Jacobson, City of New Haven Chief of Police

Leonard Jahad, CT Violence Intervention Program

Dr. Charles Johndro, Hartford Hospital

Melissa Kane, CT Against Gun Violence

James Mandracchia, State Department of Education

Patrick McCormack, Uncas Health District

Dr. Kerri Raissian, University of Connecticut

Janet Rice, Advocate for Survivors

Jacquelyn Santiago Nazario, COMPASS Youth Collaborative

Carl Schiessl, Esq., CT Hospital Association

Dr. David Shapiro, Saint Francis Hospital

Johanna Schubert, Hartford Communities the Care, Inc.

Dawn Spearman, You Are Not Alone (YANA)

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

Colleen Violette, CT Department of Public Health

Tyshaunda Wiley, CT Department of Public Health

Role and Scope of Subcommittees

The Commission on Community Gun Violence Intervention and Prevention established five 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
5. Home Health Care: Evaluate the challenges associated with providing home health care to victims of gun violence. Evaluate the ways to foster a system uniting community service providers with adults and juveniles needing supports and services to address trauma due to gun violence.

Subcommittee Overview and Recommendations

[Request For Proposals \(RFP\) Grant Criteria and Award](#)

Committee Chairs and Members: This Subcommittee is chaired by Dr. Kevin Borrup, and Colleen Violette. Members include Steven Hernández, Esq., Dr. Charles Johndro, Melissa Kane, Thomas Nuccio, and Johanna Schubert

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

Sub-Committee Overview: The Commission on Community Gun Violence Intervention and Prevention RFP Grant Criteria and Award Subcommittee supports the growth of evidence-informed, community-centric, community violence and gun violence prevention and intervention programs in the state. DPH contracted with the Connecticut Children's Injury Prevention Center (CCMC) who initiated two RFPs to distribute the available funding. 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.

DPH contracted with the Connecticut Children's Injury Prevention Center to release an RFP to distribute the first round of funding. Originally funded to support 7 awards, Connecticut Children's and CT DPH were able to expand the number of awards to 8. The awards will be

funded in an amount up to \$88,330 annually, for up to three years, for a total of up to \$264,990 per award. Contracts for first round of grantees were fully executed September 28, 2023. CCMC released a second RFP in the summer of 2024 and awarded 10 CBOs. Awardees were funded \$200,000 for 10 months September 1, 2024-June 30, 2025.

Progress on Objectives:

The first cohort of grantees had executed contracts by September 28, 2023. Kelsey Arias, Connecticut Children's Program Coordinator, is meeting monthly with each grantee to determine technical assistance needs and discuss program progress. Monthly progress reports are provided to CCMC and DPH. The grantee showcases were completed on January 30, 2024, June 20, 2024 and June 26, 2024. The awarded organizations include:

- ROCA, Inc., Hartford
- COMPASS Youth Collaborative, Hartford
- Hang Time, Bridgeport
- CRT-Justice Education Center, Hartford/West Hartford
- City of Stamford Police Department, Stamford
- Greater Bridgeport Area Prevention Program (GBAPP), Bridgeport
- Connecticut Violence Intervention and Prevention (CTVIP), New Haven
- Ledge Light Health District, New London

The second grantee had executed contract by September 1, 2024. Kelsey Arias, Connecticut Children's Program Coordinator, is meeting monthly with each grantee to determine technical assistance needs and discuss program progress. Monthly progress reports are provided to CCMC and DPH. The first grantee showcase was completed on December 4, 2024. The awarded organizations include:

- 4-CT
- Advancing CT Together
- Brother Carl Hardick Institute
- Catalyst CT
- City of Hartford
- Clifford Beers Community Care Center
- Hartford Communities that Care
- LifeBridge Community Services
- Swords to Plowshares Northeast
- Urban Communities Alliance

Updated Objectives:

Short Term Objectives:

- a. Continue to initiate RFPs as funding becomes available.
- b. Continue to 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 as funding becomes available.
- e. Recommend proposals for funding.
- f. Execute grant contracts with awardees.

Longer 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.

Overarching Recommendations:

1. Release a Request for Application (RFA) to implement a Public Health Approach to community gun violence.

Sustainability – Financial and Legislative

Committee Chairs and Members: This Subcommittee is co-chaired by Carl Schiessl, Esq. and David S. Shapiro, MD. Members include Deborah Davis, Dr. Kyle Fisher, Neena Jacob, Melissa Kane, Nina Holmes, Janet Rice, Vincent Russo, Johanna Schubert, Dr. Pina Violano, Colleen Violette, and Tyshaunda Wiley.

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.

Subcommittee Overview: 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.

Progress on Objectives:

Funding for Current Programs: Over the course of four meetings between October 2023 and November 2024, subcommittee members monitored the status of the implementation of existing appropriations to support community violence and gun violence prevention, including the funding through the state General Fund and federal American Rescue Plan Act (ARPA) of 8 awards in an amount of \$88,300 annually, for up to 3 years, for a total of up to \$264,900 per award. State General Funds also supporting second round of awards to 10 organizations in the amount of \$200,000 for 10 months, completing on June 30, 2025.

2024 Legislation: As originally enacted, the Fiscal Year 2024 – 2025 biennial budget provided \$750,000 annually in the General Fund to support program evaluation and technical assistance for the organizations receiving grant funding. This funding is being operationalized and will continue to allow DPH to examine the effectiveness of the program in preventing and reducing gun violence in the state.

The subcommittee reviewed, analyzed, and monitored the evolution of the 2024 *House Bill No. 5317, An Act Requiring A Study Concerning The Funding For And Effectiveness Of The Community Gun Violence Intervention And Prevention Program*. This bill would have

required the Commissioner of Public Health and Revenue Service and the Secretary of the Office of Policy and Management to study the sustainability of funding for community gun violence intervention and prevention programs and to report its findings and recommendations to the General Assembly not later than January 1, 2025.

In her written testimony submitted on the bill, the Commissioner of Public Health outlined efforts underway to gauge the effectiveness of such programs in preventing and reducing gun violence in the state. She reported on the department's plan to release a Request for Proposals (RFP) for an experienced Public Health Program Evaluator to examine the effectiveness of community-based organizations' (CBO) activities to address gun violence intervention and prevention in their communities. This public health program evaluator will be charged to conduct a performance assessment of the DPH-identified CBO programs and measure the effectiveness of the strategies implemented during the CBOs' funding periods. The program evaluator's role will include working with DPH and staff managing the CBO programs to identify output and process measures, create an asset map of community violence prevention and intervention services, and design a Program Evaluation and Evaluation Dissemination Plan to demonstrate how the proposed projects will meet short-term, intermediate, and long-term outcomes and how the evaluation findings will be shared. Findings will be publicly available and continued evaluation will be conducted as CBOs continue intervention and prevention initiatives. Moreover, the study contemplated by HB 5317 would charge the three state agencies to examine potential sources of funding for such programs. The members of this subcommittee believe that this charge is redundant to the charge of this subcommittee to 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, and to promote the award of more state, federal, and other funds for the purposes of reducing community gun violence in our state. This bill was not enacted by the Connecticut General Assembly.

The General Assembly enacted ***Public Act 24-151, HB 5524, An Act Authorizing And Adjusting Bonds Of The State And Concerning Provisions Related To State And Municipal Tax Administration, General Government, And School Building Projects***, known as the "Bond Act." Among other provisions, Section 119 of this Bond Act creates a pilot program to reduce the levels of concentrated poverty in the state by developing and implementing a 10-year plan for a participating "concentrated poverty census tract"; creates a new office within the Department of Economic and Community Development (DECD) to oversee the plan's implementation and monitor the state's progress in reducing concentrated poverty; and, creates a 7-member working group to develop a guidance document that sets a framework that must be incorporated into the plan. Such guidance document shall address a number of specific metrics to be incorporated into the ten-year plan, including "*crime within such concentrated poverty census tracts, including, but not limited to, gun violence.*" The Commissioner and Subcommittee members have already engaged in outreach to DECD to indicate our support for this work, and to communicate our desire to engage and collaborate with DECD and the working group in the development of their guidance document as it pertains to reducing gun violence.

Update from the Department of Social Services on the New Medicaid Covered Benefit:

Update provided by Nina Homes, Social Services Medical Administrative Manager Medical Policy at DSS.

After Governor Lamont signed Public Act 21-36 on July 22, 2021, DSS launched Community Violence Prevention Services under Connecticut (CT) Medicaid on July 1, 2022. Community violence prevention services are provided by a certified violence prevention professional (VPP) to a Medicaid beneficiary who has received treatment for an injury, including both medical and behavioral health treatment for a physical and/or behavioral health injury sustained as a result of community violence and has been referred by a Connecticut Medical Assistance Program (CMAP)-enrolled, licensed health care practitioner, operating within their scope of practice, after such practitioner determines the beneficiary to be at elevated risk of a violent injury or retaliation resulting from another act of community violence. Community violence prevention services are evidence-based, trauma-informed, supportive and non-psychotherapeutic services provided for the purpose of promoting improved health outcomes, positive behavioral change and preventing further violence. After the certified VPP becomes aware that community violence prevention services may be medically necessary and is able to assess the beneficiary, if it is determined there is a need for community violence prevention services, the certified VPP will prepare an individualized service plan for the beneficiary based on that person's unique needs, which may be updated as required.

Currently, there is one violence prevention program that is actively enrolled with CT Medicaid. DSS will continue to monitor the VPP policy, including future opportunities to discuss strategies to maximize impact within Medicaid authority. The state is in deficit mitigation, not expansion, and as such DSS is focusing its efforts to making sure that all programs currently run by the agency are optimized for the benefit of our members.

Interaction with the New White House Office of Gun Violence Prevention: In May 2024, the Public Health Services Manager of the DPH Office of Firearm Injury Prevention was invited by the Joyce Foundation to attend a one-day meeting in Washington D.C. This meeting included representatives from other states that have established firearm injury prevention offices and provided an opportunity for attendees to learn through sharing their respective experiences. The event was highlighted by opportunities to interact with representatives of the White House Office of Gun Violence Prevention.

An Update on Potential Federal Funding Sources:

The subcommittee is concerned about the impact of the 2024 election on federal efforts to address gun violence intervention and prevention. As an example, there is widespread speculation that the White House Office of Gun Violence Prevention that was established in September of 2023 by the outgoing Administration will be dissolved by the new Administration. Here is a link to the Office's website - <https://www.whitehouse.gov/ogvp/>. In addition, funding to states under the Victims of Crime Act (VOCA) remains at an all-time low, due primarily to unsustainable revenue sources as highlighted below.

On the positive side, funding through the Bipartisan Safer Communities Act is still allocated for the 5-year period since passage in 2022. Here is a link to the Act - <https://www.congress.gov/bill/117th-congress/senate-bill/2938/text>. This funding is scheduled to be disbursed in the amount of \$50 million annually through Fiscal Year 2026. This current practice of enacting congressional earmarks to fund programs is uncertain to continue given the

change in control of Congress, and in consideration of the fact that prior congresses with Republican majorities have typically eliminated the earmark process.

At the state level, there have been some innovative approaches to funding community violence intervention activities enacted over the past year. Specifically, California and Colorado imposed firearm/ammunition taxes that dedicate the funds raised for violence prevention programs. California's law is currently active, though there is litigation pending in the courts. Here is a link to the new law - <https://www.cdtfa.ca.gov/lawguides/vol4/fetl/fetl-36011.html>. Colorado's tax was enacted by virtue of a ballot initiative approved by a majority of the state's voters in the 2024 election. Here is a link to Proposition KK - https://leg.colorado.gov/sites/default/files/initiative%2520referendum_proposition%20kk%20final%20lc%20packet.pdf.

Reductions in Federal Victims of Crime Act (VOCA) Grants: At its meeting on October 11, 2024, the subcommittee hosted a presentation by Marc Pelka, Deputy Director, Office of Victim Services (OVS), Superior Court Operations Division, Connecticut Judicial Branch, on the status of VOCA funding in our state. VOCA was enacted in 1984. Deputy Director Pelka presented a comprehensive overview of the history and operation of the Crime Victims Fund (CVF) established by the VOCA Act, VOCA allocations to Connecticut, and the impact of VOCA funding in Connecticut.

Generally speaking, the CVF is financed by fines and penalties paid by people convicted in federal cases and not by tax dollars. It is administered by the federal Office for Victims of Crime and has been a primary source of federal VOCA assistance to the states. Connecticut, like all states, has experienced considerable volatility in its annual VOCA assistance allocation since Fiscal Year (FY) 2007-2024, from a high of \$36 million in 2018 to \$9 million in 2024. The state has taken two actions in an effort to mitigate this volatility, and lessen the adverse impact on services to victims of crime in Connecticut:

First, \$48 million of federal American Rescue Plan Act (ARPA) funds have been allocated by state policymakers to OVS in order to supplement the dwindling federal VOCA assistance allocation. ARPA authorizations are now comprised of 71% of grant distributions largely due to declining VOCA allocations. These ARPA funds have enabled OVS to hold its annual grants to contractors steady from FY 2020 to FY 2025. ARPA authorizations have filled Connecticut's VOCA assistance gaps and avoided cuts in victim services.

Second, OVS has spread-out the distribution of VOCA allocations across multiple years to buffer against sudden fluctuations in the federal allocation to our state. These measures have provided a financial buffer against large fluctuations in our state's annual federal allocation. However, December 31, 2024 is the deadline established by the United States Department of the Treasury for states to commit ARPA funding. **As a result, in FY 2026, with ARPA allocations ending, there is no other current funding sources to shield against the steep reduction in Connecticut's federal VOCA allocation.**

Finally, Deputy Director Pelka addressed the potential impact of reductions in VOCA funding in Connecticut. He shared a list of 40 different VOCA-funded contract providers for FY 2022-23.

126,166 victims were served through VOCA-funded projects in FY 2023. VOCA Assistance Grants serve a wide array of victims in matters, including the following:

- Domestic violence
- Child abuse
- Sexual Violence
- Personal Injury
- Stalking
- Harassment
- Kidnapping
- Homicide survivors
- Burglary
- Human Trafficking
- Bullying
- DUI or other vehicular
- Mass violence or terrorism
- Teen dating victimization
- Elder abuse or neglect
- Hate crimes
- Identity theft or fraud
- Arson
- Other Victims

OVS provides an array of victim services, including assistance in filing compensation claims, victim advocacy and accompaniment, criminal or civil justice system assistance, information and referral, and emotional support and safety services. The number of victims served and the amount expended per victim has more than doubled since 2015.

The expiration of the ARPA buffer and the ongoing chronic instability in federal VOCA assistance grants is a direct threat to the continuation of funding for victim services in Connecticut. The subcommittee appreciates recent efforts by the state to allocate and administer funding to offset these ongoing reductions. We urge the Commission to support efforts at both the federal and state level to find sustainable funding sources in order to support all victims of crime in Connecticut.

Updated Objectives:

Short Term Objectives:

- a. Statewide coordination of existing and possible future 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, equitable, and funds are timely awarded.
- c. Educate the legislature and executive branch officials on funding options that are 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 cliffs or gaps to sustain long term funding for evidence-informed programs and implement other funding sources to sustain services currently being funded by expiring ARPA allocations.

Long Term Objectives:

- a. Sustain state and/or federal funding after ARPA funding is expended.
- b. Coordinate with DPH and Commission researchers to ensure that funding is evidence-based and effective.

Sustainability – Financial and Legislative Overarching Recommendations:

1. Connect with state leadership in the coordination of budget/policy priorities or initiatives, inclusive of all three branches of government.
2. Explore other funding sources, federal or local or national private organizations for gun violence prevention, with emphasis on sustainable long-term funding.
3. Ensure coordination among national and local stakeholders to ensure that most effective evidence-based/informed solutions are being funded in our state.
4. Align with federal and local governments to assist in the identification of funding sources.
5. Organize and account for all state funding sources and agencies.
6. Coordinate with legislators and executive branch officials, and advocate for necessary legislative action to ensure these overarching recommendations are met.

Recommendations for Commission/Subcommittee Action in 2025:

1. The Commission and/or the subcommittee should consider creating a repository of available state and federal funding.
2. The Commission should coordinate with OPM, other state agencies, and municipalities in order to maximize federal awards.
3. Increase technical assistance available to applicants for grants and fortify efforts to publicize RFPs and applicable action deadlines to ensure statewide participation.
4. The Commission shall collaborate with DSS to explore opportunities to develop strategies to maximize the impact of the new Medicaid covered benefit for services provided by certified violence prevention professionals, including but not limited to the consideration of adjustments to the reimbursement rate and expansion of the array of services covered by the benefit.
5. The Commission shall consult with DPH to use the proceeds of the sale of \$12 million in bonds for the purpose of providing grants-in-aid for capital purposes to community gun violence and prevention programs and to support strategies addressing community gun violence, per Section 81 of Emergency Certified Bill HB 6942.

Recommendations for Legislative Action in 2025:

1. Enact legislation to add at least one new member of the Commission representing the new Youth Violence Initiative in the Judicial Branch.

Commission membership must evolve to accommodate the continuum of stakeholders involved in community violence and gun violence prevention work. In 2023, the General Assembly confirmed this approach by enacting *Public Act 23-31 (HB 6733) AAC The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes*, which added 3 new members to the Commission, including the education commissioner or her designee, one municipal police chief appointed by the Public Health Committee House ranking member, and one local health director appointed by the Public Health Committee Senate ranking member (Section 13). It is imperative to maintain alignment and coordination among stakeholders to expand the Commission to include a representative from the new Youth

Data Evaluation and Analysis

Committee Chairs and Members: This Subcommittee is co-chaired by Neena Jacob and Dr. Kerri Raissian. Members include Dan Cargill, Dr. Kendell Coker, Dr. James Dodington, Susan Logan, Michael Makowski, Carl Schiessl, Dr. David Shapiro, Dr. Pina Violano, Christopher Brechlin, Kelsey Arias, Tyshaunda Wiley, Dr. Megan Ranney, Jennifer Leano, Michael Monterosso, Dr. Katrina Nelson 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.

Sub-Committee Overview:

Our peer subcommittee, “The RFP Grant Criteria and Award”, solicited proposals for grant applications. A total of eighteen grantees are currently being funded: eight from the first round and ten from the second round. The awardees are delivering a variety of prevention and intervention programs throughout the state. Moreover, they are offering a variety of services to different groups, for example, young men, teen fathers, and young mothers. The funded programs offer a range of prevention strategies, including primary, secondary, and tertiary interventions. Consistent with our 2024 recommendations, our 2025 recommendations are to help the funded programs achieve and demonstrate success and to be positioned for future investment.

Additional overview and data highlights related to Community Gun Violence data can be found in the Commission on Community Gun Violence Intervention and Prevention Annual Report to the Public Health Committee. The subcommittee will reference the data provided in the Annual Report and additional deliverables to guide its efforts in the upcoming year.

Progress on Objectives:

Data Mandate Objective Update:

The subcommittee made progress on proposed objectives this year. The subcommittee works with DPH to receive timely data from the Connecticut Violent Death Reporting System (CTVDRS) to be informed on current trends of homicide and firearm-involved suicide within the state. The subcommittee also works closely with DPH to receive and understand other data collections, such as near real-time emergency department registrations for assault and firearm injury via the EpiCenter syndromic surveillance system. All the short-term data mandate objectives are ongoing and will continue to be addressed in the coming year.

Evaluation Mandate Objective Update:

One of our key recommendations from last year was that an evaluator for the selected programs be onboarded as quickly as possible. The RFP Evaluator position, which is a contracted position with the DPH Office of Firearm Injury Prevention, is expected to be on board in early 2025. Once in place, the evaluator will be responsible for monitoring and assessing the entire process, ensuring that it is carried out effectively and according to the established guidelines. This addition will help strengthen the oversight and evaluation of the selected programs, providing valuable insights for future improvements.

Updated Objectives:

Short Term Objectives:

Data Mandate Short-term Objectives

- a. Work with DPH to use CTVDRS data to track timely information and current trends of homicide within the state. The data are current and continuously updated as part of an ongoing objective. DPH epidemiologists have delivered presentations on this data to the Data Evaluation Subcommittee and the Commission on Community Gun Violence Intervention and Prevention.
- b. Work with DPH to use CHIME hospital discharge data, compiled by the Connecticut Hospital Association, to track the previous year’s nonfatal injuries and assaults. The data are annually updated and provided as needed, based on data report and presentation requests.

- c. Assist DPH to 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. The data are routinely updated, primarily daily, and actively tracked by a DPH Epidemiologist as part of an ongoing process. It is made available upon request and as needed.
- d. Assist DPH to develop a public facing data dashboard of violence-related data. DPH is working internally to propose the dashboard to leadership, then bringing those ideas to the subcommittee. The Violence Injury Dashboard structure and content are currently in development and will be accessible to the public through the DPH Web portal. The project aims to complete Version 1.0 by August 2025.

Evaluation Mandate Short-term Objectives

- a. Our short-term evaluation priorities can be broken down into objectives focused on the funded programs, including identifying their data needs and providing assistance to help improve program outcomes.

RFP Awarded Program Objectives: The RFP funded programs should produce:

- 1. A logic model that clearly specifies their resources, activities, outputs, and outcomes. Technical assistance from the Injury Prevention Center should be used to accomplish this. All the funded community-based organizations (CBOs) have logic models in place, and once the evaluation contract is executed, the evaluator will work with the CBOs to revise these models if necessary. The current logic models are included in the appendices.
- 2. 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. All organizations submit monthly progress and data updates.
- 3. 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. The RFP process for the evaluator position was completed and Commission members are awaiting an official announcement. Once confirmed, the evaluator will begin evaluation of the CBO initiatives and services being provided and will assist the Data Evaluation and Analysis of Grant- Funded programs subcommittee.
- 4. The independent evaluator should allow programs to understand if they are implementing programs with fidelity and effectively. The data collection protocol should be used to continuously inform program improvement. This will also position the funded programs to apply for additional external funds. Awaiting the evaluator's involvement to contribute to program improvement.
- 5. Generate a strategy to incorporate data into their decision-making process. They will do with the evaluator's help.
- 6. Reports on their progress, inclusive of intermediate status reports to DPH and an annual report to the Commission. Reports on the process are currently in the editing phase and will be completed by the end of December 2024.

7. DPH aims to execute the evaluator contract early 2025. This will ensure ongoing support for evaluation efforts, with regular updates from the evaluator provided during future Commission and subcommittee meetings.

Long Term Objectives:

Data Mandate Long-term Objectives

- a. Advise on data sharing agreement between DPH and the Judicial Branch for convictions and arrests data of homicide victims and convicted persons/ offender.
- b. Explore Connecticut's Gun Tracing Database, it is an ongoing process, and work is still in progress.
- 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 begun gathering information to achieve this goal (Appendix B).
- 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. This is a continuous and active process.
- e. To enhance data availability, explore opportunities for training on how the data are collected and what each variable captures. This will serve to improve data use and subsequent interpretation. There are plans to hold a data conference in 2025 to enhance data availability and explore opportunities for training on data collection methods and the meaning of each variable.
- f. Connect with the Partnerships subcommittee to better understand the data needs of the member organizations and violence prevention/intervention programs at large, so the commission can recommend to the DPH FIP program the data they would like to see to inform their prevention programs. The program will receive ongoing and consistent support as required.

Evaluation Mandate Long-term Objectives

- a. Continue to offer evaluation to funded and non-funded CBOs by making trainings and resources available to CBOs regardless of funding status.
- b. Continuous use of data to identify trends in non-fatal gun violence injury.

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

We believe that Connecticut made important progress in 2024. The objectives from 2023 were ambitious, and yet substantial progress was made.

Data Recommendation:

Connecticut should continue coordinating, streamlining, and availing the public of data related to firearm risk, injury, and mortality. Now that RFP recipients are selected, CT DPH will meet with these awardees to discuss how the collected data can inform their efforts and help to measure their impact.

Evaluation Recommendation:

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. The assistance extended to RFP awardees should also, when possible, be made available to the larger network of community gun violence prevention programs in the state.

Partnerships, Programs, Stakeholders, and Community

Committee Chairs and Members:

The subcommittee is co-chaired by: Johanna Schubert, Director of Policy and Advocacy at Hartford Communities that Care and Karl Jacobson, Chief of Police, City of New Haven.

The Committee's members include:

First	Last	Agency
Kelsey	Arias	Connecticut Children's Medical Center
Francine	Austin	FEM
Corrie	Betts	NAACP
Sunindiya	Bhalla	ROCA
Chavon	Campbell	City of Hartford OVP
Deborah	Davis	Mother's United Against Violence
Harold	Dimbo	Project Longevity
Shirley	Ellis- West	Urban Community Alliance
Ebony	Epps	Bridgeport StreetSafe
Leonard	Epps	Brother Carl Hardrick Institute for Violence Prev.
Kyle	Fisher	The Health Alliance for Violence Intervention
John	Frassinelli	CT State Department of Education
Vicky	Gallon Clark	Blue Hills Civic Association
Kate	Gunning	Project Longevity
Kenny	Jackson	Bridgeport
Karl	Jacobson	New Haven PD
Leonard	Jahad	CT Violence Intervention Program
AJ	Johnson	Center for Leadership and Justice - GHIAA
Melissa	Kane	Connecticut Against Gun Violence
Susan	Logan	DPH
Kelvin	Lovejoy	Blue Hills Civic Association
Cori	Mackey	Center for Leadership and Justice
James	Mandracchia	CT State Department of Education
Ken	Mysogland	DCF

Vincent	Russo	DCF
Jacquelyn	Santiago	COMPASS Youth Collaborative
Johanna	Schubert	Hartford Communities That Care
Dawn	Spearman	You Are Not Alone (YANA- Bridgeport)
Dr. Pina	Violano	Quinnipiac
Colleen	Violette	DPH
Terra	Volpe	Connecticut Against Gun Violence
Tyshaunda	Wiley	DPH
Andrew	Woods	Hartford Communities That Care

Mandates/Charges:

The mandate of this committee is to 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. This subcommittee also is a place to share and distribute information relating to funding, training, professional development opportunities as well as to facilitate technical assistance to those programs who need it.

Sub-Committee Overview:

The sub-committee consists of members from across the CVI ecosystem. There is representation from the frontline, hospitals, advocacy organizations and community members. Priorities for the Sub-Committee include creating opportunities for these agencies and their constituents to share their experiences and recommendations for improving the health and strength of violence prevention, intervention, treatment and recovery efforts across the state.

Progress on Objectives: While the objectives of the sub-committee remain the same, the focus this year has been on deepening existing relationships and developing new ones that will help to advance these objectives in the coming year. This includes expanding the committee membership from 28 members in 2023 to 33 members in 2024. Over the course of several meetings and individual and small group conversations, the PPSCE sub-committee identified and set to work on several goals. Below is a summary of accomplishments and activities in the planning stages:

- A. Convening a forum with Senator Blumenthal and members of the DPH to discuss how federal policy can take its cues from the work in Connecticut
- B. Hosted the Health Alliance for Violence Intervention (the HAVI) for a VPP training. Many PPSCE members were certified and can take the next steps for enrolling in Medicaid
- C. Members of this subcommittee attended and presented to over 50 participants at the quarterly meeting of the CT HVIP Collaborative on December 18 hosted by the Connecticut Hospital Association.
- D. Attended other Sub Committee meetings to provide community partner perspective
- E. Presented to full DPH Commission on the Hospital Violence Methodology

- F. Members attended several press conferences with our state and federal delegations to support safety measures and community investment.
- G. Many members participated alongside DPH in the statewide gun buyback in October
- H. New relationships were built across the state, including with Hang Time and strengthening relationships with existing partners such as Bridgeport StreetSafe.
- I. Members held dozens of face-to-face meetings during the legislative session with key leaders to advocate for resources and educate the members about the work of the DPH commission
- J. The Sub Committee Chairs created and distributed regular communication with partners regarding events and opportunities Including the opportunity for DPH funding through the Commission. Several members of this subcommittee are part of the new funding cohort.
- K. Many members, including Co-Chair Schubert, attended a local advocacy conference to better hone skills and develop relationships with lawmakers

Updated Objectives:

Short Term Objectives:

- A. Work to fulfill the 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.
- 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 cliff approaching in 2026.
- 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.

Overarching Recommendations:

- 1. Secure a line item in the state budget that supports CVI programs, training, and technical assistance.

2. Increase the Medicaid coverage rates and expand scope of coverage to serve more victims of violent crime.
3. Sustain the availability of Victims of Crime Act (VOCA) funds to support CVI strategies to serve more victims. In 2025, it is projected that there will be a 40% reduction of VOCA funds.
4. Specifically increase funding for violence prevention services and programs focused on school and community-based solutions geared toward children, youth and their families.
5. Specifically increase and sustain the availability of training and technical assistance such as The HAVI, The Brother Carl Hardrick Institute, ROCA Impact Institute, Hartford Communities that Care and other such offerings to ensure these supports are available to CVI organizations.
6. 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.
7. Adapt and improve the Medicaid benefit for certified Violence Prevention Professionals (VPPS) to where it becomes a sustainable method of support for frontline agencies.

Literature/References:

- [DPH Presentation on HVIP](#)
- [HAVI Training Flyer](#)

Home Health Care

Committee Chairs and Members Committee Chairs and Members: This Subcommittee is co-chaired by Deborah Davis and Dr. James Dodington

Members: Sasa Harriott, Shenell Benjamin, Larry Johnson, Nelba Marquez-Greene, Kwasheba Harriot, Catherine Holt, Carolyn Alessi, A. Thompson, Dr. Pina Violano

DPH Leadership: Colleen Violette, Tyshaunda Wiley

Mandates/Charges: Public Act 23-97 (SB 9) AAC Health and Wellness For Connecticut's Residents required the Commission to establish a subcommittee on home health to evaluate the (1) challenges associated with providing home health care to victims of gun violence and (2) ways to foster a system uniting community service providers with adults and juveniles needing supports and services to address trauma due to gun violence (Section 24).

Sub-Committee Overview: This Sub-committee convened its first meeting on October 16, 2023, to begin to address the key needs around the care of victims of community violence in CT. Over the course of 2024, the committee focused on convening service providers and gathering information on home healthcare for victims of violence. Discussion with partners in CT DPH and DSS was critical throughout the year.

On behalf of the Subcommittee on Home Health Care of the Commission on Gun Violence Prevention & Intervention of the Department of Public Health, we have to ensure that aftercare is critical for the healing process and not just for the victim but also for the family and the community. As the ecosystem is nurtured by every partner and has to provide balance. Therefore, it is not exclusive to one particular partner but it is a perspective which should continue to promote inclusivity and a holistic approach, which will also help to continue to identify the consistent ills of a specific community and recognize the importance of everyone's role in ensuring that a community has at its core a major role in helping to provide both balance and a safety net for the greater community. The areas of concern should consistently focus on the continued responsible identifiable risk factors while incorporating strength-based practices designed to empower youth, home health care agencies, community-based organizations and the community at large to help with prevention, intervention, and help to create an enhanced ecosystem to ensure that everyone has to bear some responsibility as it relates to the aftercare of both victim, family, and community.

Progress on Objectives: Presentations by service providers and members of this sub-committee took place throughout 2024, and members have defined further short-term objectives as the committee refines its work.

Definitions of Home Health:

The US Center for Medicare and Medicaid Services (CMS):

Home health care includes **skilled nursing care**, as well as other skilled care services, like physical and occupational therapy, speech-language therapy, and **medical social services**. These services are given by a variety of skilled healthcare professionals at home.

Updated Objectives:

Short-Term Objectives: (1) Continue to survey the landscape of current home healthcare organizations and groups providing post-acute care and support for victims of violence in CT. (2) Continue to research evidence-based or evidence-informed models of providing home healthcare for victims of violence and serving the post-acute needs of victims as well as families of victims of homicide. (3) Identify specific data on the integration of services to victims of violence by home healthcare providers. (4) Explore specific provision of mental health services to victims of violence and their families.

Long-Term Objectives: (1) Partner with DSS/DPH to explore ways of supporting/funding organizations that provide home health services to victims of violence and other support services for victims and their families. (2) To ensure that this commission/sub-committee can help to create long-term sustainability and support for victims of violence while transitioning back into the community, i.e., family as a viable and contributing entity within society.

Overarching Recommendations:

Support work between our Subcommittee and the Data and Evaluation Subcommittee to incorporate relevant data and dashboards, invite healthcare partners within CT and throughout

the US to present current work/landscape perspective, and invite experts on the holistic aftercare for victims of violence, their families and communities.

Conclusion

The commission's subcommittees have actively been meeting to work together to advise best practice to reduce violence in communities affecting Connecticut residents. Subcommittees have met consistently, included outside speakers, and convening of members from other subcommittees to further the work of the Commission. Continued partnership and network of the subcommittees will ensure a strategic plan that can be shared as guidance for the Commission to fund evidence-based and evidence-informed, community-based organizations in Connecticut to reduce community violence.

Appendix A: Commission Meeting Minutes and Recordings

[February 2024 Meeting Recording](#)

[February 2024 Meeting Minutes](#)

[April 2024 Meeting Recording](#)

[April 3, 2024 Meeting Minutes](#)

[July 10, 2024 Meeting Recording](#)

[July 10, 2024 Meeting Minutes](#)

[October 16, 2024 Meeting Recording](#)

[October 16, 2024 Meeting Minutes](#)

Appendix B: Data Sources and Access 2024

[Data Sources and Access 2024](#)

Appendix C: Community Violence Intervention Grantee Cohort 2 Logic Models

[CVI Grantee Cohort 2 Logic Models](#)

Appendix D: Biden-Harris Administration Releases Resources to Help Communities Address Trauma and Mental Health Impacts of Gun Violence

[Biden-Harris Administration Releases Resources to Help Communities Address Trauma and Mental Health Impacts of Gun Violence | SAMHSA](#)

Appendix E: Sasa Harriott's Remarks on Home Health Care

[Sasa Harriott's Remarks on Home Health Care](#)