



OFFICE FOR
SAFE AND HEALTHY
NEIGHBORHOODS

Mr. David James
President, Louisville Metro Council
601 West Jefferson Street
Louisville, KY 40202

February 22, 2022

Dear President James,

Please see the attached report which contains the information that your office requested regarding the Office for Safe and Healthy Neighborhoods' programs and contracts. Specifically, you requested the following:

- An inventory of all programs administered by OSHN
- Details on each program including:
 - Contractors
 - Exactly what the contractor's responsibilities are
 - How is accountability ensured
 - How often are results reported
 - Research conducted as to the efficacy of the program in peer cities

The programs and associated contracts are broken down into four of five OSHN program components:

- Pivot to Peace – Individual/Group Outreach Intervention
- Ambassador Institute – Community Engagement and Mobilization
- Trauma Resilient Communities – Community Mental Health and Trauma
- Miscellaneous Programs and Contracts

The Office of Youth Development is in the process of being integrated into OSHN. That process is not complete as of today thus no information is reported on OYD programs as they are currently administered by another agency.

Over the past year, OSHN has been building and restructuring our organizational capacity to strengthen our ability to best aid Louisville's efforts to reduce gun violence. We have refined several of our programs and have led the development of multiple cross-sector projects. You will find that our programs are evidence-based and/or consistent with best practices and that we have put in place multi-level accountability and evaluation measures for each program. Please let me know if I can answer any additional questions or provide clarifications on any of the information that is being provided.

Sincerely,

Paul Callanan, Assistant Director
Office for Safe and Healthy Neighborhoods
502-574-4663
Paul.Callanan@LouisvilleKy.gov



OFFICE FOR
SAFE AND HEALTHY
NEIGHBORHOODS

TABLE 1: OSHN PROGRAMS AND CONTRACTS

Pivot to Peace Outreach Intervention	Ambassador Institute Community Engagement & Mobilization	Trauma Resilient Communities Mental Health & Trauma	Miscellaneous Program & Service Contracts	Office for Youth Development
<ul style="list-style-type: none"> • OSHN Outreach Team • Community Violence Intervention • Cure Violence Global (Technical Assistance) • NMRD/LUL (Services) • YouthBuild (Services) • Hospital-Based Violence Intervention • University Hospital (Services) • Peace Education Inc. (Services) • Pivot to Peace Intervention MDT • Pivot to Peace Critical Incident Response Program • Pivot to Peace Support Contracts • VOA (Housing) • NICJ (Training) • Everytown for Gun Safety (Data) • Renaissance Creative (Marketing) 	<ul style="list-style-type: none"> • The Ambassador Program • Ambassador & Community Networking Nights • Community-Based Organization Capacity Building Fellowship • Metro United Way (Training) • Community Mobilization Initiative • Kolin's Security Group (Training) • OSHN Youth Implementation Team • Legacy Inc. (Training) 	<ul style="list-style-type: none"> • TRC SAMHSA Grant • CTRC (Training) • Spaulding University (Training/Services) • University of Pittsburgh (Services) • Seven Counties Services (Services) • University of Louisville (Evaluation) • Safe Haven Victim Service Initiative • Victims of Gun Violence Multidisciplinary Support Team 	<ul style="list-style-type: none"> • Norton Children's Hospital (Services) • VOA (Restorative Justice) • Louisville Urban League (Expungement) • Seven Counties Services (Recovery Court) • University of Louisville (OSHN Evaluation) 	<ul style="list-style-type: none"> • In Transition and Development

(February 26, 2022)



OFFICE FOR
**SAFE AND HEALTHY
NEIGHBORHOODS**

PIVOT TO PEACE INITIATIVE
Individual/Group Outreach Intervention

Direct Service Program: OSHN Outreach Case Management

There are no outside contractors for this program. OSHN has an internal outreach team comprised of 11 staff (8 outreach case coordinators, 1 outreach intake coordinator and 2 outreach supervisors). The primary responsibility of this team is to provide direct case management services to individuals identified as high-risk to be involved in gun violence, either as a perpetrator or a victim.

Program Description: There are four components of the case management process: Engagement, Assessment, Crisis Stabilization & Change/Transformation. Engagement involves connecting with individuals and motivating them to participate in the program; Assessment involves identifying short-term and long-term needs; Crisis stabilization focuses on immediate safety needs (mental health, housing, medical, involvement in current violent conflict, significant substance abuse); Change/Transformation focuses on nine (9) critical risk factors that are addressed with services and pro-social connections. The risk factors are: Family Disfunction; Racial Discrimination; Anti-Social Attitudes & Beliefs; Anti-Social Personality; Anti-Social Peers; Education & Employment; Leisure & Recreation; Substance Abuse; Victimization & Trauma.

The intended goal is to reduce the individual's risk level to be involved in gun violence. The case management process seeks to change behaviors and attitudes regarding violence. A case plan will be developed for each participant. Various assessment tools will be utilized to identify risks, needs and strengths. Assessment results will guide treatment services. An emphasis is placed upon gang/group disengagement as the individual's social connections is directly related to their short- and long-term risk for violence participation. The belief is as disengagement progresses and services are provided, positive changes in behavior and attitudes will emerge, resulting in a reduction in group embeddedness and desistance from violence participation.

This program serves as the primary intervention component of Louisville's Group Violence Intervention (GVI) project. As high-risk individuals are identified by GVI, OSHN outreach workers seek to engage and intervene through an initial custom notification visit, and then through periodic follow-ups. OSHN outreach workers also seek clients within the community. OSHN recently developed a formalized digital referral process that will allow us to receive and track referrals from JCPS, adult and juvenile justice agencies, and community-based services providers.

Accountability begins with clearly detailed case management policies and procedures that are consistent with case management standards - case planning, contact standards and documentation, risk/needs assessment, case load sizes and timelines for case management processes. Daily, weekly and monthly monitoring by supervisors of case activities/progression is required. Initial risk/need assessments will be followed by periodic reassessments to determine change. Monthly reports on client successes/failures/cooperation/service referrals are required. We are currently developing a survey tool to determine group embeddedness change at 3-6-9-12 months. We will track recidivism

rates with an emphasis on reduction in gun and violent crime. We are working with the University of Louisville for a larger program evaluation. Monthly progress reports will be provided to referral agencies if requested.

Program Efficacy: During the past fifty years the street outreach worker approach has been successfully used in a variety of communities to address social problems such as homeless youth, disease prevention, drug use and violence (Gleghorn et al., 2004; OJJDP, 2002, Fosburg and Dennis, 1999). Prior experiences suggest street outreach programs are most successful when integrated into a comprehensive anti-gang violence approach (GVI, Cure Violence, Comprehensive Gang Model). (OJJDP, 2002). Thus, when evaluated, outreach components are typically included as a component of a larger violence reduction model. However, there have been several studies that have been successful at isolating the specific work (to include case management) of outreach programs within a larger violence reduction model. In Denver, a preliminary evaluation (Pyrooz, Weltman & Sanchez, 2018) of the Gang Reduction Initiative of Denver's outreach component found significant reductions in gang membership, gang embeddedness and criminal offending as well as improvements in prosocial attitudes and employment. As similar result was found with the Los Angeles Gang Reduction and Youth Development program, where initial assessments of the program's effectiveness indicated individuals' risk levels were lowered and communities saw decreases in gang fights and total homicides (Abt & Winship, 2016).

Direct Service Program: Community Violence Intervention

Program Description: The Cure Violence Model adapts a public health model to address the epidemic of violence. The model prevents violence through a three-prong approach.

1. Detection and interruption: The Cure Violence model deploys a type of outreach worker called a violence interrupter who is specially qualified and trained to locate potentially lethal, ongoing conflicts and respond with a variety of conflict mediation techniques both to prevent imminent violence and to change the norms around the perceived need to use violence.

2. Identify and change the thinking of highest potential transmitters: Cure Violence employs a strong outreach component to change the norms and behavior of high-risk clients, an approach that has been shown to be effective in other settings. Outreach workers act as mentors to a caseload of participants, seeing each client multiple times per week, conveying a message of rejecting the use of violence, and assisting them to obtain needed services such as job training and drug abuse counseling. The outreach worker develops a risk reduction plan for each high-risk participant that is intended to move him away from accepting the use of violence. Outreach workers are also available to their clients during critical moments – when a client needs someone to help him avoid a relapse into criminal and violent behavior.

3. Change group norms: In order to have lasting change, the norms in the community that accept and encourage violence must change. At the heart of Cure Violence's effort at community norm change is the idea that the norms can be changed if multiple messengers of the same new norms are consistently and abundantly heard. Cure Violence uses a public education campaign, community events, community responses to every shooting, and community mobilization to change group and community norms related to the use of firearms.

There are currently 3 organizations contracted to provide services related to this program:

Cure Violence Global (CVG): CVG will provide direct technical assistance to six contracted organizations that will be responsible for full program implementation in a specific designated Louisville neighborhood. CVG will certify that each organization is developed within and remains operationally compliant with the fidelity of the original design of the model which has shown to be effective in reducing violent crime. CVG will train and guide OSHN and each site through 6 developmental phases: Site and Agency Identification; Staff Recruitment; Agency and Staff Training; Program Implementation; Program Monitoring; Program Evaluation.

No More Red Dots (NMRD)/Louisville Urban League: Urban League operates as the fiscal agent within this agreement. No city dollars are directly given to NMRDS. Urban League is responsible to ensure NMRD is compliant with all fiscal stipulations regarding the contract agreement. In addition, for further fiscal oversight, NMRD has contracted with Flow Business Systems to manage all fiscal and payroll transactions for NMRD. NMRD is responsible for the managing project staff and implementing the cure violence model, primarily within the Portland neighborhood.

Young Adult Development in Action, Inc. DBA YouthBuild Louisville: YouthBuild is responsible for complying with all fiscal requirements of the CVI contract as well as for managing project staff and implementing the cure violence model, primarily within the Smoketown neighborhood.

OSHN, in partnership with Louisville's ARP management and oversight team, will be releasing a Request for Applications (RFA) in mid-March 2022 to determine what organizations will implement the cure violence model in 4 additional neighborhoods.

Accountability will be focused on two areas: program fidelity and program outputs/outcomes. As mentioned earlier CVG will provide direct technical assistance and monitoring of each site for fidelity of the model. This involves providing training for all staff on the essential program components. In addition, CVG will maintain a centralized database where all sites will be mandated to upload daily, weekly and monthly data for monitoring and analysis. Analytical reports will be drafted periodically and discussed with sites and OSHN. Weekly virtual meetings will be held with each site, OSHN and CVG. Physical site visits will be conducted by OSHN on a regular basis and by CVG periodically. Staff performance and retention will also be primary focus of monitoring.

Data will be analyzed to determine if the sites are engaging the appropriate population (individuals/groups), are conflict mediations consistent in volume in comparison to gun crime data from the neighborhood, type and level of services provided. Expected overall outcomes will focus on reduction of violent acts by individuals/groups contacted and serviced and overall reduction in gun violence. Secondary emphasis will be placed upon change in community norms regarding violence. OSHN is currently looking at community surveys to help evaluate this change.

Program Efficacy: Cure Violence, like most gun violence intervention strategies (GVI and HVIP included), is rated a "Promising Program" by the National Institute of Justice, the National Gang Center and the Office of Juvenile Justice & Delinquency Prevention – all entities associated with the U.S. Department of Justice. Overall studies show mixed program results. The program was associated with significant reductions in shootings, killings, and retaliatory homicides within some implemented sites but not others. Success examples: Chicago, IL: -16-28% reduction in nonfatal shootings in 4 of 7 communities; variation across sites in impact on group-involved homicides and retaliatory shootings

(Skogan et. al, 2008); Philadelphia, PA: -30% reduction in nonfatal shootings after 2 years (Roman et. al, 2018); Baltimore, MD: significant reductions in homicides and/or nonfatal shootings in 3 of 4 communities (Webster et. al, 2013); New York City: 63% reduction in homicides and 33% shift in norms of violence (John Jay College, 2018). Additional results: Associated with improved attitudes about using violence in conflict (Delgado et. al, 2017; Milam et. al, 2016) and increased confidence in police (Butts and Delgado, 2017). Program success rates directly correlate to the ability to successfully implement and manage the program as designed.

Direct Service Program: Hospital-Based Violence Intervention

Program Description: Hospital-based violence intervention programs (HVIPs) are multidisciplinary programs that identify patients at risk of repeat violent injury and link them with hospital- and community-based resources aimed at addressing underlying risk factors for violence. HVIPs alter risk trajectories by operating at multiple levels of the social ecology. Key hospital-based components are:

1. **Intervention:** Begins with a brief intervention in the emergency department or at the hospital bedside
2. **Care:** Followed by intensive, long-term community-based case management services in the months following the injury
3. **Follow up Services:** Crisis intervention, linkages to community-based services, mentoring, home visits, follow-up assistance, and long- term case management are provided by culturally competent frontline workers who are from the same or similar communities as the clients they serve
4. **Addressing the Social Determinants of Health:** HVIPs elevate the issues of the revolving door of violence while addressing inequity and building partnerships with communities and survivors of violence.

There are currently 2 organizations contracted to provide services under this program.

University Medical Center Inc, dba University Hospital: Community Health Workers (CHW) will engage patients admitted into the hospital emergency room for gunshot injuries and serve as the initial point of intervention services. The primary focus will be immediate patient care and crisis stabilization. CHWs will engage family members and coordinate crisis response at the hospital site with contracted violence interrupters from the funded Community Violence Intervention program. Depending on the length of stay of the patient and willingness of the patient, the workers will either provide contact information for community-based outreach services or initiate a longer-term case management plan that will address assessed short-term needs/risk factors. Once crisis stabilization is achieved, cases will be transitioned to Peace Education Inc. for continued engagement and long-term intervention support services.

Peace Education Program Inc.: Outreach workers from Peace Education will provide direct intervention services for individuals identified as high-risk to be involved in gun violence. The primary referral source will be University Hospital, but the agency will also accept referrals from other organizations that identify high-risk individuals. Peace Education Inc. will follow similar case management processes practices by other Pivot to Peace providers. However, they have a recognized expertise in working with individuals with short- and long-term injuries related to gun violence.

Accountability: Each agency is required to collect and report program data on a monthly basis. The data will be reviewed and discussed with each agency. Like other programs, emphasis will be placed on the engagement success rate and quality of program services offered. The University of Louisville is designing a long-term evaluation plan that will measure victim reinjury rates and participant recidivism rates.

Program Efficacy: The majority of early research on the effectiveness of HVIPs focused on the link between program participation and future risk of reinjury. To date, there have been five randomized control trials of HVIPs. The largest trial of an HVIP in Chicago followed 188 youth and young adults after violent injury. Those who were randomized to receive HVIP services were significantly less likely to report being a victim of violence during the six months following their hospital treatment. Specifically, 20.3% of the control group reported a repeat injury compared to only 8.1% of the HVIP group. Similarly, a trial in Baltimore demonstrated a difference in re-hospitalization of 36% in the control group vs 5% in the HVIP. A trial based out of Virginia Commonwealth University demonstrated no reduction in reinjury at either 6 weeks or 6 months. This trial was limited by low sample sizes and low event rates. Neither the control nor intervention group sustained any re-injuries at 6 weeks and both experienced only 1 reinjury at 6 months. Two randomized control trials focused exclusively on the pediatric population. The first showed a minimal effect on decreasing fight injuries. This trial was limited by a small number of patients enrolled (88) and a large number of patients that were lost to follow-up (34). The second trial demonstrated encouraging results but did not reach statistical significance. Overall, the intervention group engaged in 24% fewer fights that resulted in 42% fewer injuries than the control.

Support Program: Pivot to Peace Multidisciplinary Intervention Team

This project is in the planning phase with an expected start date of April 1, 2022. Program

Description: Multidisciplinary case management is an integrated team approach to providing cross-sector services to high-risk individuals and families, particularly for those that are involved with multiple systems (criminal & juvenile justice, social services, mental health). In a multidisciplinary care approach, the development of client-centered treatment plans and delivery of services becomes a shared responsibility. The evaluation of treatment options and treatment planning is a collaborative process that involves clients and families as well. The team consists of the expertise and skills of different professionals that will share resources and develop a coordinated case plan that not only meets the treatment needs of the client but ensures the integration of treatment priorities from all involved agencies. This process reduces duplication of services, allow for more efficient use of multi-agency resources and reduces the level of stress of those individuals/families involved with multiple systems.

There are no contracts related to this program. The program will be coordinated by OSHN staff. The **accountability** of providing effective and efficient case management will be shared by the team with cases discussed at monthly meetings. All of these clients will be serviced by OSHN outreach workers with individual monitoring/data collection outlined under the OSHN Case Management Program. Data collection for the team approach will be the number of coordinated case management plans developed. There is much **research/evidence** supporting the benefits of a multidisciplinary team care approach in the health care, criminal justice, education and client-centered business industries. The use of an MDT is common practice with most gang/gun violence reduction projects around the country.

Support Program: Pivot to Peace Critical Incident Response Protocol

This project is in the planning phase with an expected start date of April 1, 2022. Program Description: OSHN will provide a coordinated response to a defined set of critical shooting incidents to ensure an effective collective effort to prevent retaliatory violence and to provide the necessary support to primary and secondary victims of gun violence. OSHN will train, manage and direct two separate networks, one comprised of outreach organizations and the other comprised of victim service advocates, service providers, mental health responders and faith-based representatives, that will collectively activate within a few hours a critical shooting incident within the community. There are **no contracted agencies** for the coordination of this program. **Accountability** will be assured by the development of specific activation policies and procedures and MOUs that outline the roles and responsibilities of each participating agency. The project will be **evaluated** on the number of activations, a process evaluation of the activations themselves, the reduction of retaliatory violence and number of individuals and families provided direct emotional, spiritual and/or support services following a critical incident. Coordination of multiagency responses to critical incidents is a common practice for responding to natural disasters and mass casualty events. A smaller, scaled- down version is becoming common practice in violence reduction efforts around the country.

Support Contracts: Pivot to Peace Services, Training and Marketing

Volunteers of America: VOA has been contracted to provide emergency housing assistance to Pivot to Peace clients and families the need to relocate related to safety issues pertaining to recent gun violence. VOA will provide temporary housing and assist with a transition plan to either new housing or the return to existing housing. The emphasis is on providing short-term safety and security for those involved/impacted by gun violence. Data will be collected on the number of clients receiving assistance and the connection to reduction in risk related to gun violence.

National Institute of Criminal Justice Reform: NICJ has been contracted to provide training to Pivot to Peace outreach organizations on Transformative Mentoring: The Healthy, Wealthy & Wise Program. Cognitive behavioral intervention is a critical component of eliciting change in high-risk individuals and commonly used in most criminal/juvenile justice treatment approaches. This program is specifically designed for implementing such approach through the outreach worker lens. The program has been linked to successful reductions in gun violence in the Oakland, CA. area. Data will be collected on the number of staff trained in the program and the level of implementation in Pivot to Peace outreach programs.

Everytown for Gun Safety: The City of Louisville will hire a Gun Violence Data Fellow dedicated to collecting, organizing, analyzing, and interpreting information related to gun violence including homicides, shootings, aggravated assaults, shots fired, gun arrests, gun trafficking and officer-involved shootings. "Data" as defined herein shall mean any information which may be disseminated to non-criminal justice agencies. Data and reports developed by the Data Fellow may be used by OSHN to support strategy development, deployment of resources, identification of emerging trends and patterns in gun violence. The Data Fellow will also be responsible for developing internal and external dashboards to present, to the extent permitted by law, gun violence data to city leaders and the public

Renaissance Creative, LLC: This agency has been contracted to develop a collective Pivot to Peace Network Logo that will be utilized by all Pivot to Peace organizations. While each organization will maintain its own agency identity, they are working under a collective initiative. The logo will represent that initiative and placed on all agency uniform shirts so the Pivot to Peace workers and more importantly, the community can visually see the connection between all providers. In addition, the agency will provide guidance on design of OSHN's website and the design and marketing of a Pivot to Peace community gun violence reduction campaign. Deliverables are specifically outlined in the contract.

The Ambassador Institute Community Engagement & Mobilization

Program: The Ambassador Program

Program Description: The Ambassador Program offers a curriculum designed to inform about individual and collective interventions to violence prevention which include: Mental Health and Suicide Prevention, Community Organizing, Conflict Resolution, Domestic Violence Awareness, and The Public Health Approach to Violence. These topics are covered in a one-day training, offered six times a year, taught by experts in the community. To date, over 600 participants have completed the training since its inception in 2017. We are currently working on a process where we are following up with those who have completed the program and seeing what they have done/achieved related to the training they have received. Participants complete a **post class survey** on how what they learned helps their current efforts to be involved. There are **no contracted agencies** for this training. We are in the process of seeing how we can reimburse trainers for their time to keep the training consistent. **Research** suggests that communities can prevent violence and negative health outcomes by developing collective efficacy, which happens when neighbors share norms and values, trust one another, and are willing to collectively intervene to address problems.

Program: Ambassador & Community Networking Nights

Program Description: Networking Nights are an opportunity to connect the change-agents doing the intervention/prevention work every day in Louisville communities that are impacted by gun violence. Each Networking Night, OSHN will be joined by a community partner to act as a sponsor organization. Ambassador graduates will have the opportunity to learn of volunteer opportunities with the sponsored organization. These events will be held six times a year during all the odd months: January, March, May, July, September, November. There are **no contracted agencies** for this program. For now, we are just tracking attendance at each meeting. **Research** suggests that communities can prevent violence and negative health outcomes by developing collective efficacy, which happens when neighbors share norms and values, trust one another, and are willing to collectively intervene to address problems.

Program: Capacity Building Fellowship

Program Description: The Capacity Building Fellowship (CBF) assists local grassroots organizations by helping them build their organizational capacity to expand their ideas, reach their mission, and sustain their efforts. The CBF will provide funding for grassroots organizations that address youth

and/or violence related issues and provide technical assistance on implementing strategies. Through a competitive process OSHN is identifying 10 organizations for the fellowship. Each organization will be assessed for organizational needs and assisted with developing a growth plan. As programs progress, they will be provided funding to launch a program that aligns with their mission.

Metro United Way Louisville is the only **contracted** organization under this program. Through an existing partnership between Metro United Way and Resilia, the chosen organizations will receive support through a combination of a nonprofit-first online platform, personalized nonprofit coaching and peer-to-peer learning. The Resilia program will enable applicants to build mission-facing and back-office capacity for long term sustainability. Metro United Way's cohort will also have unlimited access to Resilia's team of expert coaches, who bring decades of nonprofit experience.

Accountability will be determined by monitoring of agency progression with the growth development plan. There will be monthly program and fiscal reviews. **Research evidence** suggest those who facilitate the work at the grassroots level have the trust of the communities they serve and have a greater ability to engage and mobilize the community around violence prevention (Puigvert, Aiello, Oliver & Ramis-Salas, 2020).

Program: Community Mobilization Initiative

Program Description: OSHN will deploy a Community Health Development approach towards violence prevention with the Community Mobilization Initiative (CMI). OSHN is piloting evidence-based intervention programs which will be led by community implementation teams and will allow residents to be drivers of violence reduction efforts in six (6) identified neighborhoods. The teams are comprised of, but not limited to, community partners, concerned residents, grassroots organizations, faith-leaders, law enforcement, social service providers, educators, and business owners who make up the Russell, Smoketown, Portland, Parkhill, Shawnee, and Newburg neighborhoods. The primary focus of the teams will be to assess community risks, needs and strengths and develop a customized local violence prevention framework based upon the findings and in alignment with the collective agreement of the team. OSHN will provide program guidance to the team and financial support to implement strategies chosen by the teams.

The Kolin's Security Group is under **contract agreement** to provide training and technical assistance to each site team on the concept of Crime Prevention Through Environmental Design (CPTED). Deliverables from this contract will be a training seminar, community site CPTED evaluation and final report for recommendations for each site.

OSHN has assigned a project specialist to assist each site in developing the plan. **Accountability** will include the project specialist monitoring site progression through a several program phases. Weekly and/or monthly site meetings are held for each implementation team. Project specialist brief with OSHN management on a weekly basis to identify any challenges or barriers. Success will be determined by the development of a local framework. Once funding is provided for programs, specific program data will be identified that will need to be collected and reported. A second evaluation phase will look at the impact of the implementation of the local plans on gun violence in those communities.

Community implementation teams are a common practice within most gang/gun violence reduction models, particularly within the Comprehensive Gang Model, which has been implemented in multiple cities around the country over the past 25 years. This community-led approach allows for local voice and ownership when identifying issues and associated solutions. **Research** suggests those who facilitate the work at the grassroots level have the trust of the communities they serve and have a greater ability to engage and mobilize the community around violence prevention (Puigvert, Aiello, Oliver & Ramis-Salas, 2020).

Program: OSHN Youth Implementation Team

Program Description: The Youth Implementation Team (YIT) is comprised of young adults aged 14-23 who meet bi-monthly during the school year to discuss issues related to youth. Participants are tasked with learning about key issues and providing feedback to the mayor and other local leaders. They also host National Youth Violence Prevention Week annually in April. Participants gain insight into local government, policy, and violence prevention efforts. Most importantly though, they share their voice on critical issues. Their advocacy has culminated into several policy recommendations including two that were elevated to the US Conference of Mayors. OSHN staff provides the daily guidance to the YIT and ensures **accountability** of their efforts. **Since 2018, the YIT has provided 3 policy recommendations/year to the mayor.**

During the current year **Legacy Inc. – Everybody Has One** was contracted for the Execute Youth Leadership Fellowship, a 7-week opportunity that provided a social youth development curriculum. Youth ages 16 to 21, worked on projects related to the impact of structural racism in our city, culminating with a report to the Mayor on ways to make Louisville a more peaceful, just, compassionate and equitable community.

Youth Advisory Councils (YAC) are a youth engagement strategy used by programs and organizations to positively incorporate youth voices and help build the capacity of youth participants. While **evidence of the effectiveness** of YACs is mostly anecdotal and would benefit from a deeper body of research into their overall impact and effectiveness, there is an **established practice** to operationalize youth engagement within institutions (USAID, 2009 & 2014)

Trauma Resilient Communities (TRC) Strengthening Communities Through Trauma Informed Care

Direct Service Program: Trauma Resilient Communities (SAMHSA Grant)

Program Description: The Louisville Metro Trauma Resilient Community (TRC) Initiative is a city-wide program that seeks to promote resilience and equity for Louisville's high-risk youth and families most affected by trauma, violence and civil unrest.

To address this growing crisis, the TRC Initiative will utilize a comprehensive, community based approach consisting of 1) capacity building, 2) community, first responder, and referral source education, 3) youth and family centered, evidence-based trauma-focused interventions, and 4)

consumer feedback and evaluation to help youth and their families overcome the effects of trauma. Specifically, this project will 1) increase knowledge and skills of personnel who make referrals and provide services to children and families regarding trauma, community violence, and related services, 2) provide trauma-focused intervention services to children and their families exposed to community violence, and 3) evaluate the impact of the project on consumers of this proposed project.

There are five (5) contracted agencies to provide services under this program:

The Crossnore School and Children's Home (Center for Trauma Resilient Communities): CTRC will provide training and certification to twelve (12) Backbone Agencies and fifty (50) Champion Trainers in the TRC Model. This training is being utilized to build and grow capacity for trauma-informed care. Trainers will be provided consultation services for implementing the model within their own respective agencies and guidance for train-the-trainer practice.

Spalding University, Inc.: Spalding University will support the provision and clinical training for eight (8) Collective Care Center clinicians of color in racial trauma therapy and assessment. In addition, they will provide micro level individual therapy in AF-CBT and RTT to at least 40 individuals.

University of Pittsburgh: The university is responsible for the implementation and provision of a cognitive behavioral therapy program entitled Alternatives for Families, which is a trauma-informed, evidence-based treatment program designed to improve relationships between children and caregivers in families involved in conflicts, physical aggression, child physical abuse and/or child behavioral problems.

Seven Counties Services Incorporated: Seven Counties Services Inc. is responsible for providing racially, ethically, and culturally inclusive, trauma focused services to four hundred (400) children over 5 years. They will have fifty (50) clinicians trained in Trauma Specific Evidence Based Interventions (AF-CBT, CBITS) over the 5 years of the grant. In addition, they will designate four (4) lead clinicians and one (1) clinical director who will be trained as both providers and trainers over the 5 years of the grant.

University of Louisville Research Foundation: University of Louisville has the responsibility to evaluate the impact of the Louisville Trauma Resilient Community Project to include: Secure appropriate Institutional Review Board (IRB) approval, Conduct process and outcome evaluation to assess the impact, and Utilize community-engaged participatory approach throughout the evaluation process.

Accountability: The University of Louisville is responsible for the overall evaluation of the TRC project. This includes the creation of detailed data collection process from all contracted agencies. They are required to prepare multiple monthly and quarterly reports on the project's progress. They will prepare a final evaluation report. This program is primarily funded through federal funds (SAMHSA/ARP) and as such is subjected to direct federal fiscal and programmatic oversight with required quarterly reports prepared. This project has a federal project manager as well as an OSHN project manager responsible for project oversight. When the program switches to ARP funding, there will be direct interaction and oversight with Metro's ARP team.

Efficacy: The TRC model is widely accepted mental health approach to addressing the level of trauma experienced in communities experiencing high levels of violence. It is considered a best practice. A TRC project evaluation involved 155 marginalized persons in San Bernardino, California, who had experienced racism, homophobia, poverty, and untreated posttraumatic stress from combat. Participants reported statistically significant decreases in depression, hostility, anxiety, and somatic symptoms; relaxation, contentedness, and somatic well-being increased significantly. On follow-up at 3 to 6 months, over 95% of the participants used the self-regulation skills of TRM daily to manage stress (Citron & Miller-Karas, 2013).

Direct Service Program: Safe Haven Victim Service Initiative

This project is in the planning phase with an expected start date of April 1, 2022. Program Description: The Safe Haven Project is a community wide effort managed by OSHN to support secondary victims of gang violence and promote psychological resilience through increasing protective factors and decreasing barriers to accessing supportive services. This project relies on partnerships with government agencies, faith communities, mental health professionals, and residents throughout the Metro Louisville area.

Following a high-profile incident of gun violence, a **designated community-based faith location will open as a Safe Haven** and serve as a place for residents of all faith backgrounds to gather, offer and receive support, and access services.

The Safe Haven Project was designed in response to:

1. High levels of psychological trauma resulting from chronic exposure to community violence.
2. Increased risk of joining a gang following exposure to community violence.
3. Increased risk of victimization and further trauma related to gang involvement.
4. Reports from community residents of high levels of fear, frustration, and stress related to gang/gun violence.
5. Recognized need for increased support services for secondary victims of gang/gun violence.
6. Barriers in accessing services, particularly mental health services.

The goal of the Safe Haven Project is to work with various community and government partners in building a critical incident protocol to mobilize trauma services in support of children and families affected by high profile incidents of gang/gun violence.

Specifically, the Safe Haven Project aims to:

1. Enhance trauma mental health services for youth and families who have been impacted by community violence; and
2. Raise public awareness around characteristics of exposure to community violence.

Services and Resources Offered

1. Services: Mental health support, spiritual care, food, childcare, interpretation if needed, and a safe and comfortable environment.
2. Resources: Packets of printed information including educational material on trauma, emergency services, community resources, and any available official information regarding the event and the city response.

There are **currently no organizations contracted** under this program. It is anticipated that OSHN will contract with up to three (3) faith and/or mental health representatives that will focus on building

faith-based and mental health networks to support the measure. OSHN will also contract with a provider to provide a series of trainings primarily related to assisting people in disaster/crisis situations.

Accountability of the project will be ensured through the creation of a Safe Haven Advisory Board that will include members from the faith and mental health fields, as well as representatives from various community organizations and direct community residents. OSHN's faith-based liaison will manage the project alongside the board. MOU's and appropriate operational policies and procedures will be developed. A data collection/evaluation plan will be created. Fiscal management will be the responsibility of OSHN's fiscal team in coordination with Metro's ARP team.

Efficacy: There is significant amount of research that outlines the trauma and subsequent related consequences of continued exposure to community violence. It is a generally accepted practice that communities need to be engaged following critical incidents. The Safe Haven approach is based upon the principles of the American Red Cross disaster care approach – do no damage, educate and triage. This program builds community efficacy by providing a platform where community members assist one another during periods of violence. In Denver, over a three-year period, over 8,000 residents attended Safe Haven activations following critical gun incidents within their communities.

Direct Service Program: Gun Violence Multidisciplinary Victim Support Team

This project is in the planning phase with an expected start date of April 1, 2022. Program Description: In partnership with GVI and LMPD's Victim Services Unit, OSHN is serving as the lead agency in the creation of a victim's support multidisciplinary team (MDT) that will coordinate and ensure short- and long-term services to those directly victimized by gun violence. OSHN will partner with government/community agencies and organizations to create an MDT that seeks to coordinate communication and direct services, reduce duplication of efforts, discuss and follow-up on cases, coordinate training, identify barriers for victims and families in seeking services and identify new strategies to enhance victim-centered responses. The initial focus will be on group/gang homicides and shootings, and depending on the number, will move toward general group/gang assaults. The MDT will follow the Four Phases of Emergency Management planning model which consists of Preparation, Response, Recovery, and Mitigation to ensure effectiveness and efficiency. The project will seek to strengthen the level of community level support provided to victims and survivors by creating a peer support response where members of survivor networks are trained to respond alongside victim advocates. These trained peer mentors will be diverse and reflective of the community they will serve.

Utilizing ARP funds, OSHN will hire a Critical Incident Coordinator that will serve as the coordinator for this project. **There are no current contracts for services in place.** OSHN anticipates contracting with a community-based organization that can provide peer mentoring services to victims of gun violence.

Accountability: A Memorandum of Understanding (MOU) will be drafted, recognizing the commitment of each participating agency to serve on the MDT and the team will draft policies and procedures based on the goal of developing a victim-centered, evidence-based approach to responding to violent group/gang crimes. The program coordinator will be responsible for monitoring program compliance. OSHN's fiscal team will monitor all financial aspects. Funding for this project is through ARP funds and as such, there will be coordination between OSHN and Metro's ARP team. Any contracts will have clearly outlined deliverables with required periodic reporting. Project

evaluation plans are being drafted and will focus on process and outcomes. Did the team provide an avenue for a more efficient delivery of services? Was there an increase in service satisfaction from those receiving services through the team approach?

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

Additional OSHN Service and Program Contracts

Norton's Children's Hospital Foundation: This small purchase agreement provides the hospital funding to support their efforts in providing gun safety education to children and community residents and for the distribution of gun locks/boxes. The agreement identifies the deliverables for which the money can be spent.

Volunteers of America Mid-States Inc: Through an external agency grant agreement, funding is provided to VOA in support of their Restorative Justice program that serves youth ages 9-17 from across Jefferson County. Grant deliverables are outlined in the agreement and progress is reported through quarterly reports. It should be noted that VOA was awarded additional funds through ARP that will pass through OSHN to expand their Restorative Justice Program. We are working in coordination with Metro's ARP team to establish that agreement.

Louisville's Urban League Inc.: Through an external agency grant agreement, funding is provided to the Urban League to support the expungement of past criminal/court records for 150 Jefferson County adults. Grant deliverables are outlined in the agreement with a final report due at the end of the grant period.

Seven Counties Services: Seven Counties Services will provide two (2) full time case managers for the 3-phase Jefferson Family Recovery Court (JFRC). Seven Counties will also provide incentives and assistance, including but not limited to: supervised visitation, housing applications, transportation and utilities. OSHN does not provide any direct oversight or management of this program. OSHN serves as the pass-through fiscal agent for this contract. This is an ARP grant thus will be monitored by Metro's ARP Team.

University of Louisville: University of Louisville is contracted to develop an overall evaluation plan of OSHN programs to include data collection and analysis of program KPIs, with the evaluation in alignment with the goals and objectives outlined in OSHN's LouieStat strategic plan.

