A Third-Party Evaluation of the Maryland Violence Intervention and Prevention Program (VIPP) Implementation

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June 2021

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Center for Research and Reform in Education

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The Center for Research and Reform in Education (CRRE) is a research center within the Johns Hopkins University School of Education. Established in 2004, our major goal is to improve the quality of education for children in grades pre-K to 12 through high-quality research and the dissemination of evidence-based research. CRRE is committed to expanding the body of evidence on the effectiveness of educational programs and initiatives and assisting organizations and school districts to obtain the information they need to make evidence-based decisions.

Specializing in independent program evaluations, CRRE's research department evaluates the impacts of programs and services through four levels of evaluation studies: (1) design and implementation quality, (2) development, (3) efficacy, and (4) effectiveness. In terms of content areas, CRRE specializes in evaluations of educational technology and technology integration, social-emotional learning, professional development, school reform, programs for English learners, and multiple core subject curriculum areas. CRRE staff work with educators and program developers to design studies that are consistent with their organization's objectives and that meet the specific needs of clients. We evaluate programs locally, nationally, and internationally.

CRRE researchers include numerous Johns Hopkins University professors and research staff with backgrounds including quantitative, qualitative, and evaluative research. The research team has published over 200 research documents, and within the past five years alone, CRRE has conducted over 45 program evaluations nearing $10 million.

This evaluation made possible with support from the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS). The CRRE is responsible for the findings that are presented in this report, which do not necessarily represent the points and views of the GOCPYVS.

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EXECUTIVE SUMMARY: A Third-Party Evaluation of the Maryland Violence Intervention and Prevention Program (VIPP) Implementation

Overview

This study is an evaluation of the implementation of six projects that were funded by the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services through the Violence Intervention and Prevention Program (VIPP). Researchers from the Center for Research and Reform in Education (CRRE) at Johns Hopkins University conducted an evaluation of grantees' programs in three ways: (1) Project Review, which described for each grantee the project inputs and initial outputs according to their logic model (e.g., clients served and projects completed); (2) Efficacy Study, which analyzed each program's effectiveness (e.g., VIPP-related outcomes and their perceived impacts); and (3) Consumer Satisfaction, which was measured using an online survey and supplemental interviews with those who have participated in a VIPP-funded program at one of the six organizations. Unfortunately, due to accessibility issues, no responses were recorded on the online survey, despite numerous attempts at distributing the survey link to program participants. The survey was open for a total period of 52 days (April 20th – June 10th), but it did not yield any data. Similarly, two grantees did not connect researchers with program participants, despite multiple email requests for contact information. This, too, presented limitations for analyzing the perceived impacts for participants.

This report is divided into two independent reports: (1) Descriptive Report, and (2) Evaluation Report. The descriptive report includes a project review for each grantee based on program documentation and archival data. Interview responses from program leadership and consumers also are included in the descriptive report. The evaluation report addresses the efficacy and sustainability of each project, focusing on impact data obtained from program documentation perceptions of program leadership and consumers. Each of these two reports is subdivided by grantee, in order to ensure an individual examination of evidence and corresponding findings, conclusions, and recommendations for each. Thematic findings across all six projects are presented in this Executive Summary. Last, a Quality Control component is included in this report in order to provide programmatic support and resources for each of the VIPP grantees.

Program Description

The purpose of the Maryland Violence Intervention and Prevention Program, or VIPP, is to "support effective violence reduction strategies, specifically gun violence, through evidence-based and/or evidence-informed health programs."[1] The funding for this program originated with the passing of the legislative measure House Bill 432, which was approved by Governor Hogan in 2018. Each of the six organizations that accepted the VIPP award span diverse Maryland jurisdictions and employ unique interventions, and all share the culminating VIPP goals of reducing rates of gun violence and recidivism in their target communities.

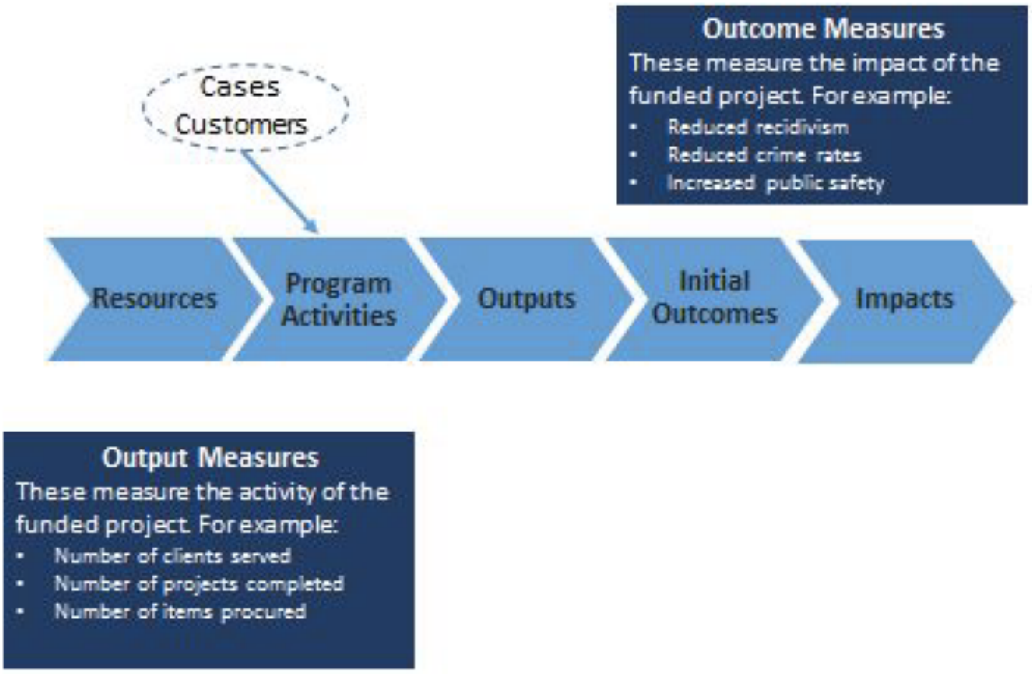
[1] Retrieved from http://goccp.maryland.gov/grants/programs/vipp/

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Important to outcome attainment and, in turn, to the focuses of our evaluation design, is the logic model as depicted by the Governor's Office of Crime Prevention, Youth, and Victim Services (see Figure 1), which was a requirement of the grantee's application for VIPP-funding and subsequently guided the design and articulation of each program. Working backward from culminating program impacts, a formulated logic model specifies theoretically and operationally how those impacts are influenced by initial program outcomes, outputs and "input" activities involving program strategies, reach, and resources, and it is essential to each project's implementation and evaluation.

Figure 1

Proposed logic model for use by each VIPP grantee



Note. Reprinted from MD Governor's Office of Crime Prevention, Youth, and Victim Services

Additionally, grantees were required to submit quarterly reports to the Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) online Grants Management System (GMS) for project review. These three types of reports – Performance Measures, Progress Reports, and Financial Reports – provided valuable insight into the project's success by indicating progress towards the intended project outcomes and objectives on a regular basis.

Although the requirements for grant compliance are consistent, and there are some commonalities across the types of projects, activities, and resources funded by VIPP, each project is unique in its specific objectives and design and, therefore, requires an individual evaluation.

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Evaluation Design

This evaluation employed a mixed-method evaluation design consisting of four focuses involving the collection, analysis, and interpretation of quantitative and qualitative data: (a) Individual Project Review, which described for each grantee the project inputs and initial outputs (e.g., clients served and projects completed); (b) Efficacy Study, which analyzed each program's efficacy (e.g., VIPP-related outcomes and their perceived impacts); (c) Consumer Satisfaction; and (d) Quality Control, which proposed strategies and provided resources to further program sustainability (e.g., programmatic financial analysis and corresponding recommendations for program improvement).

This evaluation analyzed both quantitative and qualitative data, some extant and some newly collected or generated from databases. To ensure the validity of our research findings, we employed rigorous quantitative and qualitative analyses. Qualitative data were analyzed using a grounded theory approach as described by Glaser and Strauss (1967). Interviews with program leadership and consumers were recorded, transcribed, and uploaded into qualitative analysis software. Qualitative data were organized by data source and/or project and analyzed using an iterative coding process. Main findings are patterns that emerge strongly from multiple data sources within individual case studies and across all qualitative data sources. To ensure triangulation of findings, we drew on all data sources – individual interviews with participants, notes, and program outcomes achievement data – to extract main findings of each individual program and overall grant program.

Study Goals and Objectives

The evaluation focused on four goals, specifically, and each goal included unique evaluation objectives. These goals and objectives were articulated by the Governor's Office of Crime Prevention, Youth, and Victim Services in the original Notice of Funding Availability (NOFA) for the evaluation of VIPP applicants. The evaluators interpreted these goals and objectives to be represented by four separate focuses, which are contained in this report: Project Review, Efficacy Study, Consumer Satisfaction, and Quality Control. Figure 2 combines each of the evaluation goals with their corresponding measures and deliverables.

Figure 2

Goals and objectives of the VIPP implementation evaluation and their corresponding measures and deliverables

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Project Review

- **GOAL #1**: Provide an analysis of how the local government agency or nonprofit organization utilized the VIPP funding to reduce rates of gun violence, recidivism and measure participation in programs.

- ***Evaluation Objectives***: (A) Identify and classify *planned* inputs and *expected* outputs for each project. (B) Document grantees' *demonstrated* programmatic inputs and attainments, encompassing resources employed, performed implementation activities and early outputs/outcomes attained. (C) Analyze efficiency/economy of expenditures relative to outputs and early outcomes.
- ***Measures***: Program documentation and data, consumer survey responses, grantee interviews
- ***Deliverables***: Descriptive Report

Efficacy Study

- **GOAL #2**: Evaluate the efficacy of the VIPP-funded programs in Maryland and make recommendations for future funding efforts to promote program sustainability.

- ***Evaluation Objectives***: (A) Analyze primary and secondary quantitative and qualitative data to determine levels of project outcomes and impact goal attainment. (B) Employ evidence-quality rubrics to evaluate program efficacy on an effectiveness continuum.
- ***Measures***: Impact data and evaluation rubrics
- ***Deliverables***: Evaluation Report; Evaluation Rubrics

Consumer Satisfaction

- **GOAL #3**: Measure the level of satisfaction of consumers that obtained services and participated in VIPP programming and make recommendations for future efforts to meet client-level needs.

- ***Evaluation Objectives***: (A) Support Evaluation Goals 1-3 by analyzing and describing levels of consumer satisfaction as a program output and modulating variable influencing program efficacy. (B) Support Evaluation Goal 4 by developing a validated survey tool as a resource for formative program evaluation, continuous improvement, and sustainability.
- ***Measures***: Online survey and interviews
- ***Deliverables***: Evaluation Report

Quality Control

- **GOAL #4**: Incorporate a quality control component that will provide strength-based feedback and programmatic support (including database development as needed) to VIPP funding recipients in efforts to reduce rates of gun violence.

- ***Evaluation Objectives***: (A) Develop support, data systems, and monitoring tools for administrative (grant leadership) management of programs. (B) Develop support and formative evaluation tools for grantee implementation and improvement of programs. (C) Provide recommendations for overall VIPP program evaluation, continuous improvement, and sustainability.
- ***Tools & Supports***: Rubrics, databases, guidebooks
- ***Deliverables***: Quality Control Supports & Tools

Sample

This evaluation focused on six different organizations that received VIPP funding to develop their individual projects. Table 1 details each organization, its VIPP-funded project title, and the amount of funding received.

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Table 1

Grantees and their VIPP-funded projects

Grantee	Project Name	Award Amount
Family Crisis Center of Baltimore County, Inc.	Early Intervention Program	$98,100
Mayor's Office on Criminal Justice (MOCJ)	Safe Streets Baltimore	$2,553,877
MedStar Health Research Institute, Inc.	Community Violence Intervention Program (MWHC-CVIP)	$278,521
Sinai Hospital of Baltimore, Inc.	Violence Intervention Program	$190,899
University of Maryland Medical System Foundation	R. Adams Cowley Shock Trauma Violence Prevention	$492,224
University of Maryland Prince George's Hospital Center	Capital Region Violence Intervention Program	$547,765

Measures and Instruments

The evaluation investigated the VIPP-funded projects that were implemented in six different organizations. Specifically, we evaluated the efficacy, satisfaction, and perceived impacts using the following data sources and instruments:

- ***Extant data***. Reflected outputs, outcomes, and impacts of each program. Exemplary measures include number of agencies/organizations served by the program; number of reports of program success; number of victims served; number of victims reporting increased safety; number of victims receiving medical services; number of youth in confinement who received family services; etc. This data was obtained through the Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS), which provided the Performance Measures and Progress Report Forms for each of the organizations being evaluated.

- ***Grantee interviews***. Focused on each program leadership team's perceptions; primary activities; experiences; perceived successes and barriers; deliverables; funding and expenditures; and sustainability potential. Each interview lasted approximately 30 minutes and followed the Interview Protocol (see Appendix A). Interviews were recorded and the main themes extracted using systematic qualitative analysis.

- ***Online Consumer Survey***.[2] Focused on the experiences and perceptions of impact and quality of program services, as well as recommendations for improvement and sustainability. The online Qualtrics survey contained Likert-type and open-ended questions (see Appendix B). The latter questions asked respondents to indicate if they were helped by the program and if so, to identify and detail specifically how. The

[2] The survey may be accessed here: https://jhuedu.co1.qualtrics.com/jfe/form/SV_4VLogvMUtMuPDRc

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contact information for consumers of VIPP-funded programs was provided by leadership within each organization and targeted consumers who had direct experience with the VIPP-funded program activities. Despite numerous attempts via email to participants, no responses were recorded on the online survey, which was open for a total period of 52 days (April 20th – June 10th). This likely was because of accessibility issues; most participants have very limited or no access to the internet.

- ***Consumer Interviews.*** Focused on questions parallel to those on the online survey but solicited much greater depth and detail on what services were most and least helpful and why, and garnered recommendations for improvement (see Appendix C). Two grantees (MedStar Health Research and Sinai Hospital of Baltimore) were unable to connect researchers with their program participants. This is due to various factors such as the transient nature of participants and their general unwillingness to participate in interviews that might have triggered trauma-inducing memories or experiences.

- ***Program Efficacy Rubric Ratings.*** Were developed by the CRRE research team in order to evaluate the evidence support for intervention programs. A set of program evaluation (Appendix D) and financial analysis rubrics (Appendix E) guided overall assessments of program efficacy. The program evaluation rubric assessed the categories of program framework, design, fidelity, and evaluation. The financial analysis rubric assessed the expenditure of the grant award, accuracy of the proposed budget, procurement procedures, process for hiring personnel, and the documentation of expenses. Ratings were conducted independently by two evaluators and reviewed jointly to achieve consensus where differences occurred.

Analytic Approach

This evaluation employed a mixed-method evaluation design consisting of four focuses involving the collection, analysis, and interpretation of quantitative and qualitative data: (a) Individual Project Review, which described for each grantee the project inputs and initial outputs (e.g., clients served and projects completed), as well as a financial analysis of the program; (b) Efficacy Study, which analyzed each program's efficacy (e.g., VIPP-related outcomes and their perceived impacts); (c) Consumer Satisfaction; and (d) Quality Control, which proposed strategies and provided resources to further program sustainability (e.g., programmatic financial analysis and corresponding recommendations for program improvement).

This evaluation design analyzed both quantitative and qualitative data, some extant and some that were newly collected or generated from databases. To ensure the validity of our research findings, we employed rigorous quantitative and qualitative analyses. Qualitative data were analyzed using a grounded theory approach as described by Glaser and Strauss (1967). Interviews with program leadership and consumers were recorded, transcribed, and uploaded into qualitative analysis software. Qualitative data were organized by data source and/or project and analyzed using an iterative coding process. Main findings are patterns that emerged strongly from multiple data sources within individual case studies and across all qualitative data sources. To ensure triangulation of findings, we drew on all data sources – individual interviews

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with participants, notes, and program outcomes achievement data – to extract main findings of each individual program and the overall grant program.

Findings

Grantees were fully compliant in their willingness to participate in the evaluation. However, findings were limited due to our receiving zero responses from program participants on the online consumer survey and two grantees being unable to provide contact information of its program participants for interviews.[3] The evaluation examined the efficacy of VIPP-funded projects, consumer satisfaction levels, and the perceived impacts of VIPP-funded projects.

In order to evaluate the efficacy of programs, several measures were analyzed. First, programmatic data (quarterly performance and financial reports) were compiled and examined. In addition, evaluators applied the Program Evaluation Rubric and Financial Analysis Rubric to determine a total score, which reflects performance levels on several criteria. Last, interviews with program leadership and program consumers provided additional data to help determine whether or not program goals and objectives were met.

Results on the Program Evaluation Rubrics indicated that two grantees were found to have "Emerging" programs, two grantees demonstrated "Promising" programs, and two grantees were given the highest rating of "Effective." These rubrics were based on program framework, program design, and program fidelity and evaluation. Most programs articulated very strong program strategies and provided research-based justifications for those strategies, but explicit program logic models were not common. It is recommended that logic models become a requirement of the grant application process in order to establish a clear and measurable outline for each program. Similarly, evaluators looked for the presence of systematic, iterative processes in program design and evaluation. While all grantees demonstrated at least some degree of planning for both, it is recommended that more robust guidelines be provided to grantees in order ensure a clear plan for development and evaluation of VIP programs.

Results from the Financial Analysis Rubrics showed that all grantees demonstrated accuracy between their proposed and actual budgets, which suggests effective planning and management of funds. In terms of budget expenditure, only two organizations (Family Crisis Center and Sinai Hospital) expended 100% of their awarded funds. Two grantees (MOCJ and UM-PGHC) failed to expend at least 90% of their awarded funds.

Several themes emerged across successful VIPP-funded grantees. Firstly, it is important to develop working relationships with outside agencies that can provide supplemental support and resources. Some organizations have aligned themselves with a larger institution that can secure long-term funding and provide essential support, such as systems for alerting the VIPP when new victims arrive at the hospital and for maintaining records to help track victims after they have left the hospital. Doing so helps alleviate some of the administrative burdens faced by smaller VIPPs. It is common for VIPPs to cobble together multiple funding sources in order

[3] Two grantees, MedStar Research Health Institute and Sinai Hospital of Baltimore, Inc., did not provide evaluators with contact information to interview program participants. Requests for this information were articulated in the interview with program leadership and follow-up emails were sent to both grantees on multiple occasions (4/21, 4/23, 5/5, and 6/1). An email also was sent to sub-recipients from the GOCPYVS on 4/30 encouraging participation.

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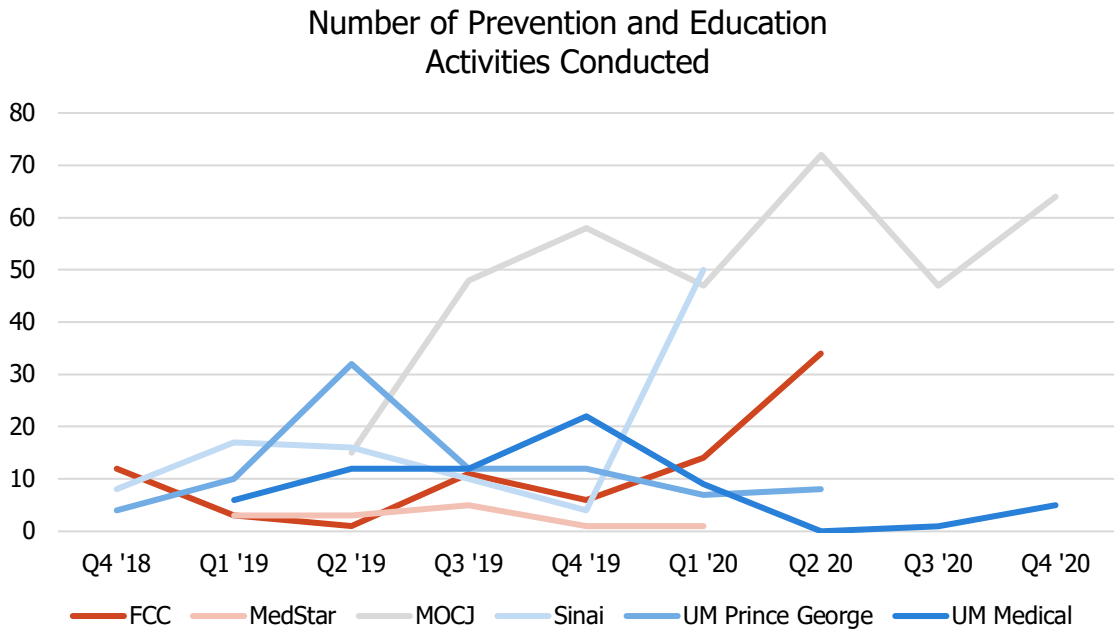
to support their initiative. This funding process is ongoing and time-consuming for many program leaders, which can potentially detract from the program's goals and objectives. It is recommended that clear expectations, deadlines, and decision-making be communicated regularly to grantees so that their focus can be on the VIPP.

Also, it is clear that program efficacy depends heavily on the quality of human resources. A reliable, credible staff is paramount in an effective VIPP, though employee turnover is a constant struggle for many grantees. Finding new ways to incentivize and motivate staff is critical to programmatic success. Many grantees have found that using the Credible Messenger (CM) model can help validate their reputation and efforts in their surrounding community by establishing buy-in.

Overall, VIPP-funded programs were found to be largely successful through the eyes of program leaders and participants, though improvements can be made. Of those interviewed for this evaluation study, all program participants expressed their satisfaction with the activities and resources provided by each grantee, though the number of prevention and education activities conducted varied by program. Figure 3 illustrates each grantee's output of activities by quarter. It is important to note that this is not intended to show a direct comparison of the number of activities conducted; rather, this chart displays trends over time for each grantee. Some organizations, such as the Family Crisis Center of Baltimore County, Inc. and the Mayor's Office on Criminal Justice, showed a positive growth in the number of activities conducted over time. Other organizations either remained relatively stable across the funding period or fluctuated significantly each quarter.

Figure 3

Total number of prevention and education activities conducted by quarter, by grantee



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The ability to conduct violence prevention and education activities was highly contextualized, however. VIPP-funding was used in highly disparate ways, as it was commonly one of many funding sources for each grantee. The number of prevention and education activities that were VIPP-funded seemingly depended upon the size of the organization and its staff, the type of program being offered, and the nature of the program, among other variables. For example, the COVID-19 pandemic severely limited the ability to conduct in-person activities, which is the primary mode for all of the VIPP grantees. As such, it might be appropriate to measure the success of programs not by the number of activities offered, or even the number of those served or referred. Instead, criteria for success should be based on the quality of the services offered, as many program leaders noted.

It also should be stated that quantitative data can only tell part of the story. Much of the data that were self-reported on the quarterly performance measure forms appeared to be inaccurate or incomplete, which can be misleading. For example, grantees must report on (1) the number of individuals served, (2) the number of individuals who successfully completed the program, and (3) the number of individuals who failed to complete the program. This data often conflicted with other data in the quarterly-based reporting system. For instance, the total program capacity data often did not align with other measures, such as the number of individuals served (e.g., the Mayor's Office on Criminal Justice reported significantly higher numbers of individuals served than what was reported as the capacity to serve). Because of these conflicting data, the self-reported programmatic measures were not taken at face-value and were understood better when contextualized with qualitative data from interviews with program leadership and participants.

Summarily, all grantees demonstrated a wide range of success, as perceived by leadership and program participants. For each organization, participants expressed high levels of satisfaction with the program activities and resources, and each program was perceived as having a positive impact on individuals and their communities.

Conclusion

Overwhelmingly, grantees made substantial efforts in reducing gun violence in their respective communities. This effort did not necessarily register in the form of data that were routinely measured by the GOCPYVS progress report forms, however. For instance, key figures for reporting data included the number of violent crimes and gun-related crimes that occurred in the grantee's jurisdiction over the period of time that the program was being funded by VIPP. It is presumed that the effect of the violence intervention and prevention program might have a direct effect on these statistics, but in reality, there was not a clear downward trend for crime. There are many influences beyond the purview of individual programs, so this should not be interpreted as a failure of the grantees and their programs; rather, the criteria of success might be measured in different, more qualitative ways. Individual case studies from each organization would give a better indication of the type or work that is being done to prevent violence and its relative success. Each one of the organizations in this evaluation has made substantive, lasting impacts on countless individuals, families, and entire communities.

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Findings concluded that each of the grantees experiences its own set of challenges and barriers, but there are some consistencies that all organizations face. Regardless of the size of the VIP program, the amount of funding it receives, or the framework that it employs, all organizations must gain the trust of victims of gun violence. This credibility is achieved when the program has gained a positive reputation in the community and when credible messengers (CMs) communicate early and often with victims and the families of victims.

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DESCRIPTIVE REPORT: A Third-Party Evaluation of the Maryland Violence Intervention and Prevention Program (VIPP) Implementation

Multiple organizations were the recipients of the VIPP grant that funded their programs and activities. The Center for Research and Reform in Education (CRRE) at Johns Hopkins University School of Education was the independent, third-party evaluator of the six individual VIPP-funded programs that received this funding. This descriptive report is categorized alphabetically by grantee and consists of (1) a review of the logic model (if provided); (2) the project description and goals as described by the grantee in the grant application and in leadership and consumer interviews; (3) a description of the participants; (4) a description of the prevention and education activities; and (5) a financial analysis of program funds.

Measures and Instruments

Researchers in the CRRE reviewed programmatic data for each grantee provided by the Governor's Office of Crime Prevention, Youth, and Victim Services, including the following sources: the original grant application, quarterly financial records, and quarterly performance measures reports. The financial records were analyzed using the financial analysis rubric (Appendix E), developed by the CRRE. Due to the time constraints of the project, financial data were only available to answer two of the six criteria in the financial analysis rubric; analyses, therefore, are based on those criteria only (Expenditure of Grant Award and Accuracy of Proposed Budget). Additionally, data was obtained through interviews with program leadership and consumers (Appendices A and C, respectively), as well as the online consumer survey (Appendix B).

Individual Projects

Each of the VIPP-funded projects is explained below in terms of their self-described project narratives and associated program strategy and/or logic models. Program goals also are included, as stated by program leadership. Additionally, a description is provided for the participants of the program and the program design, and the results of a financial analysis of the program are displayed.

Family Crisis Center of Baltimore County, Inc.

Project Description

The Family Crisis Center, as described by the grantee, serves all of Baltimore County, which has had the highest number of domestically-related crimes of all of the VIPP-grantee counties for the past five years. The Family Crisis Center's Early Intervention Program (EIP) is designed to work with community partners to improve screening and detection and to increase pathways to effective intervention and services for these families. Intervention includes working with individuals and families within a family safety model to improve family functioning through building capacity, competence, and resilience. The Family Crisis Center has developed a

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research-informed family systems model for early intervention with families in which children are exposed to domestic violence. This program is designed to work with community partners to improve screening and detection and increase pathways to effective intervention and services for families experiencing the earliest stages of domestic violence in the home. It is intended to fill a gap in the current service delivery system that offers few, if any, services to families experiencing early onset of domestic violence, despite research indicating that significant risk and protective factors can be identified and addressed to help these families develop non-aggressive solutions to problems.

The Early Intervention Program specifically addresses the GOCPYVS goals of this grant by engaging a scientifically researched, public health informed model to reduce gun violence by addressing the influential factor of exposure to parental domestic violence. This program was designed to utilize evidence-based practices of skill-building for self-regulation, executive functioning, and communication skills to counter the non-productive patterns of escalation to domestic violence. As a result, the aim of this program is to reduce gun violence through a systems-level intervention across generations.

Program Goals and Objectives

The goals of the Early Intervention Program are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the goals.

1. Reduce and mitigate the impact of childhood exposure to domestic violence
2. Build a sustainable community collaboration that offers an intentional and integrated system of services to families to prevent domestic violence

Participants

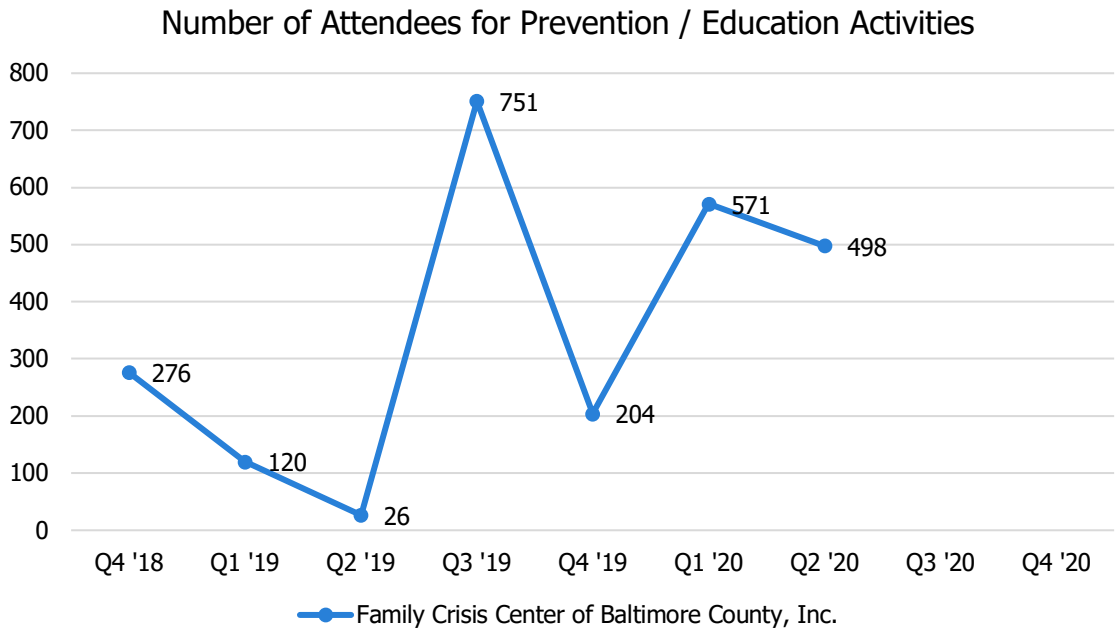
Over the course of the funding period, the EIP at the Family Crisis Center served a total of 223 individuals and 51 successfully completed the program, which is a completion rate of 22.9%.

In general, the EIP saw an upward trend in the number of attendees for prevention and education activities over the funding period. Program participation spiked in 2019 when it reached its highest number of participants (n = 751), and it continues to serve many individuals. Figure 4 shows this participation rate over time.

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Figure 4

Number of attendees for prevention and education activities conducted by the Family Crisis Center of Baltimore County, Inc.



Program Design

Like other programs, the EIP at the Family Crisis Center (FCC) was forced to adapt during the COVID-19 pandemic. Specifically, this meant that the activities and interactions that typically would have taken place in-person were moved to the online environment. Weekly meetings were held via Zoom, and this enabled participants to maintain their connection with counselors virtually. Respondents in a focus group interview noted that they preferred the face-to-face interaction with counselors, but they were appreciative of the efforts made to continue their support despite these significant limitations. Most importantly, participants felt safe in this environment. One interviewee said, "I really like the relatability of the counselors. That in itself makes me feel comfortable about being in the group, and it makes me want to share the things I've been going through." Regardless of the medium, the EIP managed to offer meaningful support for its participants, which is critical for long-term success.

According to an interview with program leadership, most efforts around domestic violence services for victims and survivors arrives too late in the cycle. The FCC strives for early intervention for domestic violence, particularly because it is a "common risk factor for all types of violence." It is not uncommon for families to experience these cycles of violence across generations, so early intervention practices can help disrupt the cycle of violence. To do so, the FCC has developed strong relationships with community allies. Leadership said that, "In order to be successful, we have to work with community partners: the child welfare system, police, healthcare providers, and schools. That has taken a lot of time and effort to develop those partnerships."

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And the relationships have been mutually beneficial; the FCC works with partners to solve a common problem, and in doing so, has been able to educate their partners on how "domestic violence is connected to all types of violence." Still, the FCC faces its challenges with breaking the cycle of violence, which can manifest itself in many ways, including not just repeated victimization, but in joblessness and homelessness, too. Leadership recognizes that, "Even though they're post-assault, there is a cycle."

In general, program participants view the EIP favorably. One respondent enthusiastically supported the program, calling it "healthy" and hopes only that they receive more funding in the future so that the group might be able to meet again in person and have catered lunches. Clearly, this program handled the significant challenges from COVID-19 extremely well, adapting as needed and continuing to provide meaningful support for its participants.

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 2 depicts the findings from the financial analysis.

Table 2

Financial analysis ratings for Family Crisis Center of Baltimore County, Inc.

Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award	X			
Accuracy of the Proposed Budget	X			

Both criteria were found to have an exemplary rating. The FCC expended 100% of the grant award, and the proposed budget was highly accurate. The budget was amended only once to account for an increase in available funds, and this amendment did not exceed 10% in any of the budget categories.

Mayor's Office on Criminal Justice

Project Description

Safe Streets Baltimore (SSB), as described by the grantee, is an evidence-based, public health approach to reduce shootings and homicides within targeted communities in Baltimore City where homicide is one of the greatest risk factors for teenagers and young adults. SSB is the longest running Cure Violence replication in the country and approaches violence from the perspective that it is a learned behavior which can be prevented using disease control methods. Outreach is an integral component of programming and includes high-risk conflict mediation; relies on outreach workers with "street" credibility to engage high-risk youth aged 14-25 years in order to intervene in conflicts, or potential conflicts; and promotes alternatives to violence.

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Funds will be spent to expand the current initiative to seven total police posts. Currently, SSB operates within four police posts.

Safe Streets is a violence prevention program whose main goal is to reduce homicides in target areas. Safe Streets aims to reduce the incidence of violence, change community norms, provide alternatives to violence, and increase the perceived risks and costs of involvement in violence. This is done through the five core components of the model: community mobilization, outreach, public education, faith-based leader involvement, and criminal justice participation.

Program Goals and Objectives

The goals of the Safe Streets Baltimore program are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the goals.

1. Expand the SSB model in Baltimore in order to decrease violent crime
2. Implement SSB in up to six additional sites
3. Maximize engagement of community residents and existing community services in the implementation of the Safe Streets Baltimore

Participants

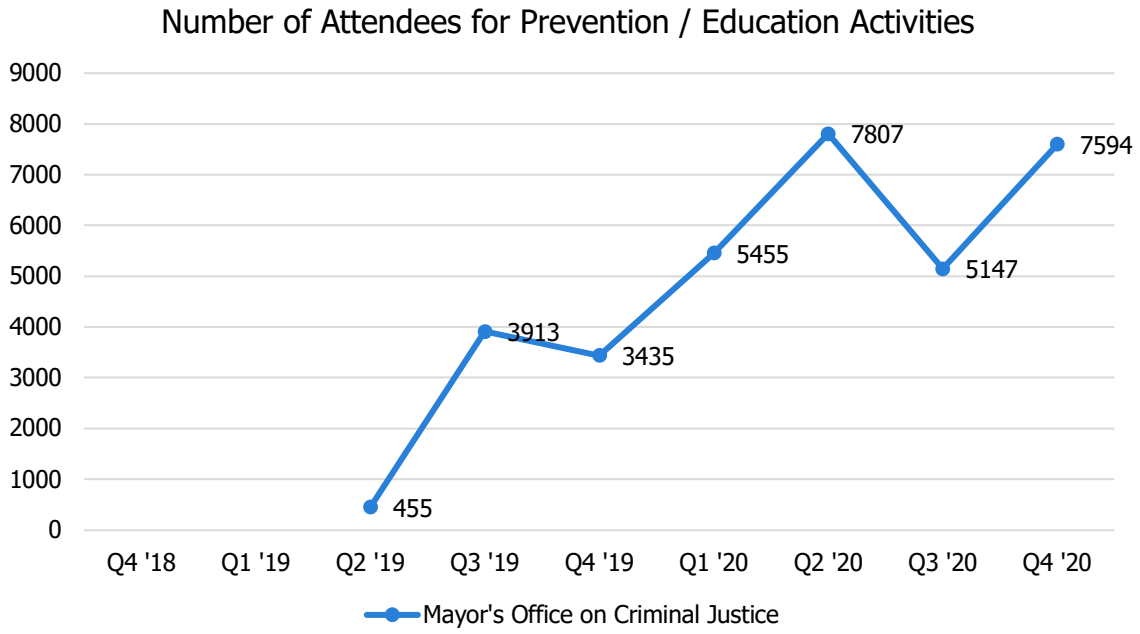
Over the course of the funding period, Safe Streets Baltimore served a total of 18,477 individuals. The total number of individuals who successfully completed the program was not reported, so a completion rate was not calculated.

Safe Streets Baltimore saw an exponential increase in the number of program participants for prevention and education activities in nearly every quarter of the funding period. Its highest rate of activity was in 2020, and this level of participation has been maintained since. Figure 5 shows this upward trend of program participation.

Figure 5

Number of attendees for prevention and education activities conducted by the Mayor's Office on Criminal Justice

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Program Design

Safe Streets Baltimore employs high-risk individuals to be credible messengers (CM) to spread the program's mission throughout the community in an effort to change behavioral norms. According to program leadership, "We hire folks with histories similar to the people they're engaging with so that they're relevant and respected in the street." A high-risk individual can be someone who "has been recently released from prison, been shot, or shot somebody," and this staff of roughly 80 high-risk individuals is simultaneously the program's greatest strength and its greatest weakness.

Program leadership invests in the CM model because of the authenticity that it carries within the community. But as leadership indicated, "We're in a very politicized office. We've had five directors in two years," and this creates an environment in which the program staff is constantly being justified. Leadership admitted that the high-risk credible messengers "might not be all the way out of their life" and that the "younger guys" are more effective because they can "get to their friends, who are killing people." Conversely, "older people were not as useful – not as street relevant." Of course, this hiring practice can be tumultuous, and the program has seen a high turnover rate of CMs. Leadership estimates that it takes about two years to fully train community liaisons since most have never held a job previously. Furthermore, additional training such as computer and financial literacy is desperately needed. Leadership continues to dwindle in numbers, as numerous people have resigned or quit, and sadly, one was recently murdered; overall, understaffing continues to be the biggest challenge facing the program.

Despite these obstacles with staffing, however, the program provides essential care for vulnerable populations. As program leadership stated, "We continue to use CMs because this is what the new normal looks like. They *are* the community." And credibility is everything. An employee of the program adds that only they "can reach the individual that nobody else can

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reach" because their credibility is based in real experiences, and "it's this credibility that keeps us from getting shot."

Interviews with program participants and with Credible Messengers for the program verified these views. One participant described the program as "keeping you from being in the streets" and that it "helps people get out of trouble and stay out of trouble." But the program does more than keep people busy. This particular respondent found that the program broadened his views of the world by introducing him to positive figures in his neighborhood, including the mayor. He added that "[The program] was good because you could see because they're trying to make the neighborhood better and keep the negativity and violence away and keep the neighborhood positive." He concluded that the SSB program was "Teaching us how to do things in life – not in a violent way."

The program benefitted people in many different ways. One interviewee discussed the impact that the program has had on himself and his brothers. Though he recognized the central mission of the SSB is to reduce violence, he was especially grateful for the donations from SSB, including various handouts on Christmas and Easter, which had an enormous impact on him. Another interviewee recalled how SSB was there for her when her son was murdered. She described the program in this way:

> *[When my son was murdered], Safe Streets stepped in. It played a big part. Those gentlemen stepped up and helped out. [The SSB counselor] mourned hard when my son got killed. He's a part of my family. [SSB goes] the extra mile to look out for the young men in this neighborhood. They knock on doors, they call your phone. Just all of that stuff that a lot of programs don't do. A lot of programs claim that they help, but they don't really. They [Safe Streets] help. They help single mothers like me.*

Safe Streets Baltimore has a real and lasting impact on its communities. It is battling the erroneous view that "there is no other way besides violence" by providing victim support and education. As one employee of the SSB program explained, "We save lives so we can change lives."

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 3 depicts the findings from the financial analysis.

Table 3

Financial analysis ratings for Safe Streets Baltimore

Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award				X

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Accuracy of the Proposed Budget	X			

The accuracy of the proposed budget for Safe Streets Baltimore was given an exemplary rating. The Mayor's Office on Criminal Justice amended its budget on four different occasions, though each amendment reflects a change in the availability of funds, which was beyond the control of the grantee. However, the expenditure of the grant award was given a rating of "Not Evident" because only 62.8% of the total budget was expended, failing to meet the minimum threshold for meeting the standard of 90% expenditure.

MedStar Health Research Institute, Inc.

Project Description

The MedStar Washington Hospital Center - Community Violence Intervention Program (MWHC-CVIP), as described by the grantee, helps to reduce and prevent violent injuries and retaliatory violence, and promote an improved sense of self by reducing risk factors and increasing protective factors through engagement, empowerment, support, and advocacy. Currently the program is available primarily to those injured and/or residing within the District of Columbia. Program funds will help expand current programmatic services to Maryland survivors by not only investing in additional personnel, but increasing current personnel involvement with Maryland survivors, and providing financial support for a centralized data base to ensure interventions are meeting desired outcomes.

The overarching goal of the program is to help survivors during their recovery by reducing risk factors and increasing protective factors through engagement, empowerment, support, and advocacy. By focusing on promoting an improved sense of self, creating positive connections, and addressing barriers to a survivor's progression, MedStar aims to reduce and prevent recidivism among these individuals.

Program Goals and Objectives

The goals of the MWHC-CVIP project are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the goals.

1. Strengthen individual and institutional capacity to provide trauma recovery services for victims of violence
2. Increase awareness of MedStar Washington Hospital Center- Community Violence Intervention Program and accessibility to individuals associated with Maryland
3. Promote positive development and quality of life for individuals and families affected by community violence in Maryland

Participants

Over the course of the funding period, the MWHC-CVIP served a total of 193 individuals and 36 successfully completed the program, which is a completion rate of 18.7%.

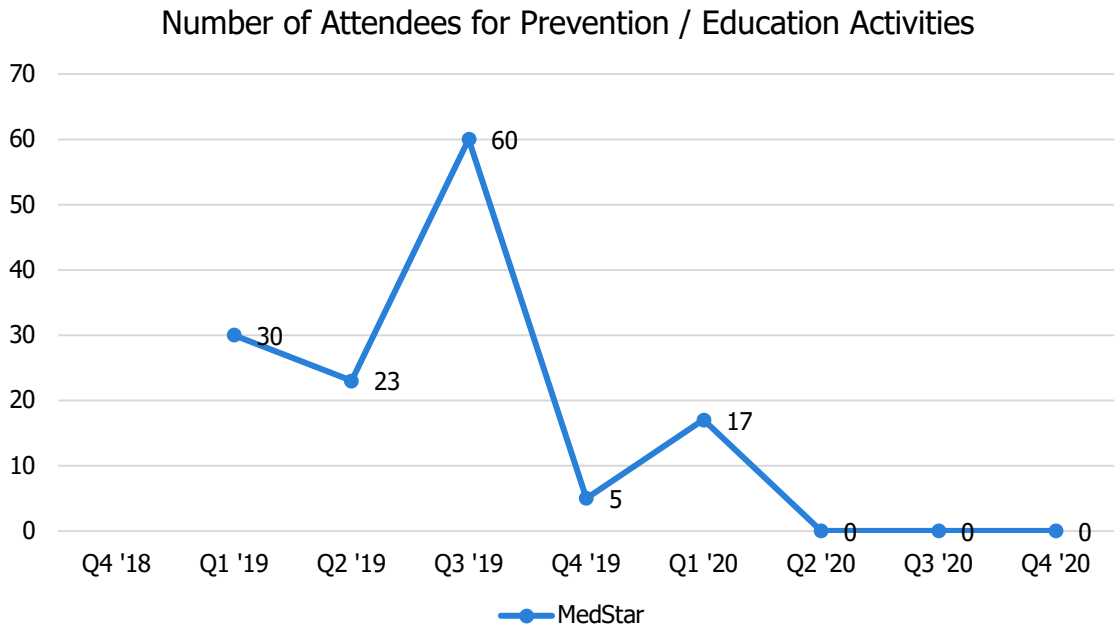
The MWHC-CVIP has seen a downward trend of its program participation rate for prevention and education activities since the initial funding period began in 2019. The program

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saw its greatest number of participants in the third quarter of the first year of implementation (*n* = 60), but since then, participation has dwindled. Figure 6 shows this trend.

Figure 6

Number of attendees for prevention and education activities conducted by MedStar



Program Design

Contact information for program participants was not provided to program evaluators, despite several requests via email. As a result, the participant perspective is not represented here. However, in an interview, program leadership offered valuable insight into the program design.

The goal of the MWHC-CVIP is to intervene with survivors of violent injuries. Specifically, the program aims to engage with 80% of these survivors at bedside and then maintain contact and support beyond the duration of their hospital stay. The patient-centered outcomes vary for each individual, depending on their needs and responsiveness to the program's services.

Program leadership identified numerous strengths of the MWHC-CVIP, pointing to staff as the most valuable program asset: "Our people. Our staff. They're each extraordinarily committed, and they want the best for our participants." The staff's extensive background in violence intervention coupled with their motivation to help people is what has made the MWHC-CVIP "a program the hospital is proud of." The program offers several "flavors of services" including crime services, emotional support, job placement, and financial assistance.

Still, the program could benefit even more by adding qualified staff so that they could offer more services and more availability. Program leadership said, "I would like to expand

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hours. Right now, we're a 9-5 operation. Especially when we offer advocacy and interactions with the police. I want to be able to expand that to 24 hours per day." Also important is avoiding the "fractured nature of services," in which participants are handed off to other agencies where they might experience re-traumatization from having to retell and relive their stories.

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 4 depicts the findings from the financial analysis.

Table 4

Financial analysis ratings for MWHC-VIP

Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award			X	
Accuracy of the Proposed Budget			X	

The MWHC-CVIP met the standard for expenditure by spending 91.7% of the grant budget. Likewise, the accuracy of the proposed budget also met the evaluation standard. MedStar amended the budget once to account for the increase in available funds with three additional amendments over the course of the two-year grant period. All categories stayed within 10% of their original budget allocations after the increased funding.

Sinai Hospital of Baltimore, Inc.

Project Description

Kujichagulia Center's Sinai Violence Intervention Program (SVIP), as described by the grantee, aims to provide recovery assistance of various forms for people who have been victimized by violence and treated at Sinai Hospital as part of an effort to implement Cure Violence strategies that will reduce gun violence in Park Heights and West Baltimore.

The overall goal of SVIP is to increase the knowledge, safety, and healing experiences for victims of street violence. Since this grant will be a continuation of an ongoing project, there is no start-up timeline for initiation of activities. All services are ongoing and continuous and, thus, are responsive to individual victims who enter the program voluntarily and engage in activities when they are ready and able to act for self-determination.

Program Goals and Objectives

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The goals of the Sinai Violence Intervention Program are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the goals.

1. SVIP staff will respond and provide appropriate follow-up services to 100% of intake referrals from the Emergency Department and Trauma units
2. Episodes of violence will decrease for 80% of victims receiving SVIP services
3. Eighty percent (80%) of victims participating in SVIP will change their attitude about violence
4. Eighty percent (80%) of victims receiving referrals to community services will complete referrals and receive needed services

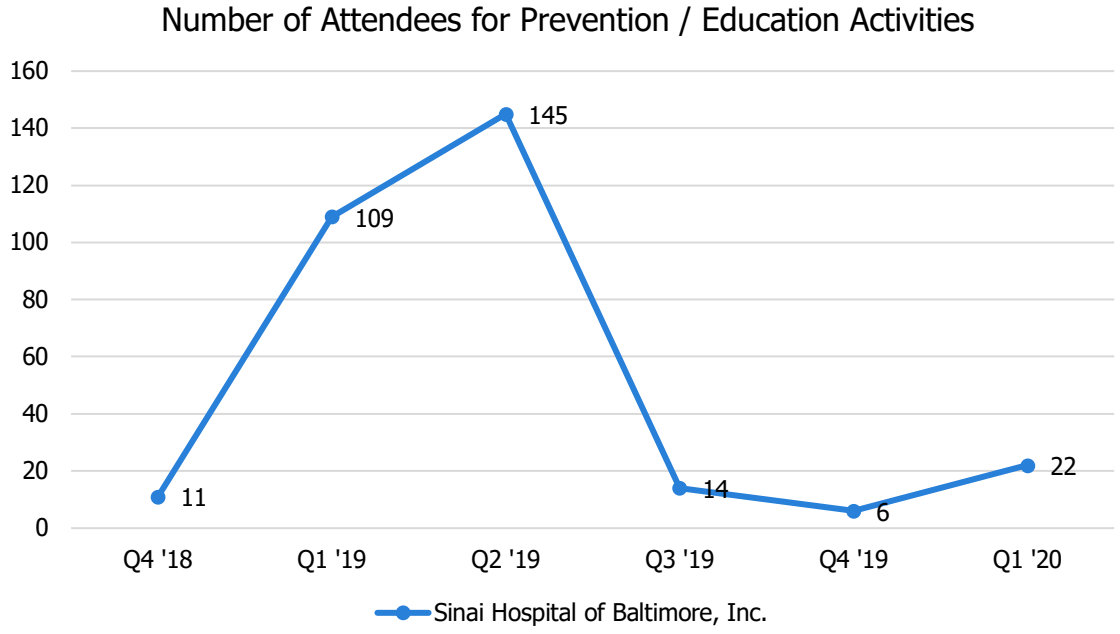
Participants

Over the course of the funding period, the SVIP served a total of 285 individuals and 268 successfully completed the program, which is a completion rate of 94%.

The SVIP peaked midway through 2019 in terms of the number of program participants for prevention and education activities (n = 145) and has been making incremental gains in participation rate since. Figure 7 shows this meteoric rise in 2019 followed by a significant decrease in participation rates.

Figure 7

Number of attendees for prevention and education activities conducted by Sinai Hospital of Baltimore, Inc.



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Program Design

Contact information for program participants was not provided to program evaluators, despite several requests via email. As a result, the participant perspective is not represented here. In an interview, program leadership offered valuable insight into the program design.

One of the greatest strengths of the program is the well-qualified staff. Most new hires have experienced community or personal violence in their own lives, and this helps inform their response to trauma victims. Even in instances where a victim might be unresponsive, program staff engages with the family members. Leadership added that, "Family is a huge [source of] behavioral change" and that intervening at the hospital bedside has been very effective because, "In the hospital, wounds are fresh. People are susceptible to behavior change." And, because of VIPP funding, the program has been able to expand to other types of violence streams such as elderly abuse, domestic violence, and human trafficking. This, according to leadership, has been one of the program's greatest achievements, though barriers remain.

Program leadership acknowledged that COVID-19 has presented significant challenges to the program. In particular, bedside counseling – a hallmark of the program – was hampered because of tightened hospital restrictions for visitors during the pandemic. Aside from this limitation, program leadership identified long-term care as another area in need of improvement.

While program staff can control their intervention in the beginning, ultimately, it is up to the individual to help continue this relationship beyond the hospital bed, and this has been difficult. According to leadership, despite offering services such as transportation for participants, "We have a long way to go on engagement. We've been fairly successful, but not as successful with the follow-up and transition to the community. That's been a challenge." The longevity of care is essential to the efficacy of the program. Without a successful long-term component, the short-term bedside approach is helpful but feels "like a Band-Aid approach." One way to combat this is to focus on the individual's family, which can have a significant influence on behavior change. Returning to work is another reason why participants discontinue their treatment, so leadership has begun to develop workforce development program components to help mitigate this issue.

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 5 depicts the findings from the financial analysis.

Table 5

Financial analysis ratings for SVIP

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Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award	X			
Accuracy of the Proposed Budget	X			

For both criteria, the SVIP received an exemplary rating. Nearly all of the total budget was expended (99.8%), and the proposed budget was highly accurate. Although Sinai amended the budget 10 times, the first six amendments appear to be due to changes in the amount of funds available. Once the funding stabilized, there were only three subsequent amendments, all involving minor changes (less than $100). All amendments seem to have been in the spirit of fine tuning budget accuracy rather than the result of inaccurate budgeting.

University of Maryland Medical System Foundation

Project Description

The R. Adams Cowley Shock Trauma Center at the University of Maryland Medical Center (UMMC), as described by the grantee, is dedicated to treating the critically ill and severely injured and employing groundbreaking research and innovative medical procedures with one goal in mind – saving lives. The Shock Trauma Center is the nation's first and only integrated trauma hospital and is proud to stand as a cornerstone of Maryland's EMS Trauma System. Shock Trauma's Center for Injury Prevention and Policy (CIPP) offers programs for violence and injury prevention reaching more than 20,000 Marylanders through more than 400 events. The CIPP's Violence Prevention Program (VPP) includes the Violence Intervention Program (VIP), a nationally recognized, evidence- and hospital-based violence intervention program; the Bridge Program designed to break the cycle of intimate partner violence; and two Educational Programs tailored to meet the needs of Baltimore City youth through a strong focus on decision-making and goal-setting. The Violence Intervention Program is hospital-based, i.e., most activities take place at the University of Maryland Medical Center. The program primarily serves African American males from Baltimore City, ages 18 to 50. The Shock Trauma Center supports the ongoing VIP, including staffing and equipment needs, and the aim is to demonstrate success in reduced criminal activity; reduced severity of criminal activity; increased job and employment activity; reduced hospitalization due to violence; increased capacity to apply life-skills and coping skills; and enhanced responsibility to family members, particularly their children.

Program Goals and Objectives

The goals of the CIPP are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the goals.

1. Expand and grow the VIP to cover increased target areas
2. Formally structure and evaluate the two prevention programs targeting youth with various risk factors (Promoting Healthy Alternatives for Teens and My Future – My Career)
3. Expand the strategic partnership between the School of Medicine's Department of Epidemiology and Public Health (EPH) and the VPP
4. Develop sustainable, rapid pathways to legitimate income

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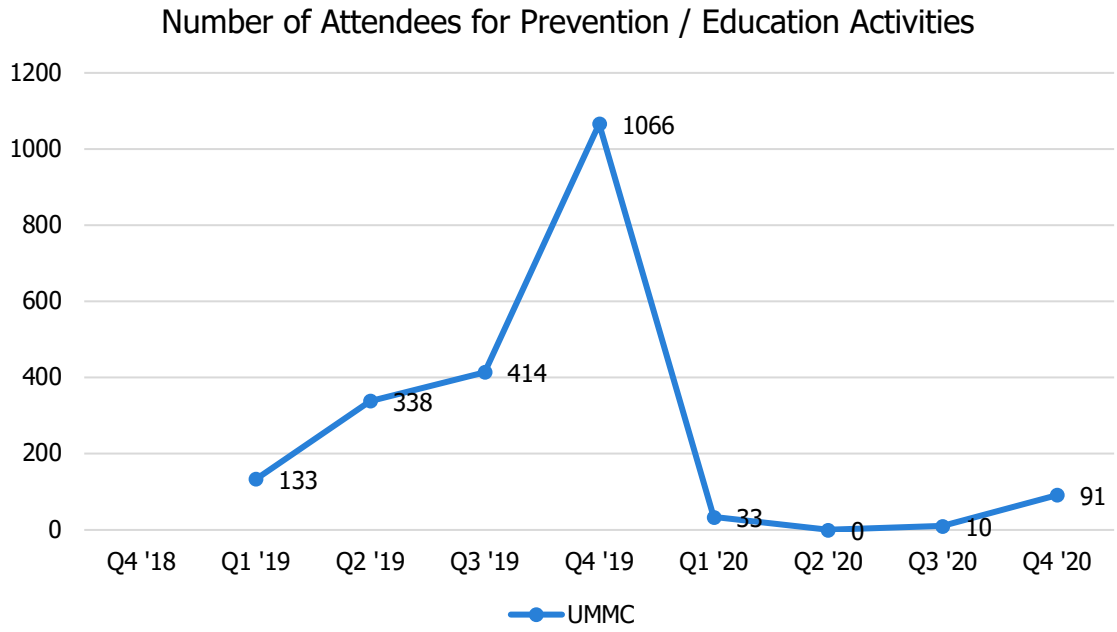
Participants

Over the course of the funding period, the VPP at UMMC served a total of 502 individuals and 209 successfully completed the program, which is a completion rate of 41.6%.

The VPP at UMMC saw its highest rate of participation in prevention and education activities in 2019, followed by a sharp drop in the number of program participants. The decline between Q4 of 2019 Q1 and Q2 of 2020 might be explained by COVID-19, which severely impacted all programs. Figure 8 shows this steady rise and fall across quarters.

Figure 8

Number of attendees for prevention and education activities conducted by the VPP at UMMC



Program Design

The VPP at the UMMC offers numerous services and resources to those in need. One program participant, who enrolled in the VPP for her treatment of depression, described her interactions with a life coach who had supported her. She credited him with saving her life, adding that, "He taught me how to cope with issues. He made my days go better." Her treatment involved ongoing communication with her counselor, who spoke with her daily via text and phone, often having conversations that lasted for hours. This dedication to clients is just one example of the program's flexibility for treating individuals.

A virtual interview was conducted with leadership personnel from the UM Medical System Foundation in order to better understand the program efficacy and implementation, as well as how it might be improved. In this sense, the interviewee viewed the program as being successful, overall, but she noted several weaknesses. She stated that attempting to replicate

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the violence intervention program from previous years had not been as effective as the individualized, needs-based approach that offered more specific and customized assistance. According to the interviewee, "We adapted process to be more intuitive than assumed." She pointed to the program's ability to provide resources quickly to program clientele according to their individual needs. For example, funds were used to make purchases for clients such as work uniforms, baby formula, blankets, and other necessities for those struggling. In years' past, this might have been accomplished through clothing drives, but VIPP funding enabled the foundation to make purchases through Amazon and have these valuable resources delivered overnight.

The program has faced its challenges. The absence of an online, virtual component of the program has left the program vulnerable to the COVID-19 pandemic and its restrictions. Although the program hosted a peer support group online, it was only the "committed people" who participated, and they indicated that it was not their preferred method of interaction. Or, as program leadership put it: "Our clients have no interest in virtual options." Another barrier to implementation has been the location of the program facilities and staff. Because they are located on campus, and in a professional building, the leadership identified this as a "structural barrier," noting that they do not have a "street-level" community presence. In response to this, the program met in outdoor common areas, but this too was impacted by COVID, which restricted gatherings of large groups. In general, the in-person approach – while highly personal and integral to case management practices – has greatly impeded the ability of the program staff to interact with participants. Program leadership summed this up, saying, "If they don't come, we don't see them."

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 6 depicts the findings from the financial analysis.

Table 6

Financial analysis ratings for VPP at UM Medical System Foundation

Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award			X	
Accuracy of the Proposed Budget			X	

The VPP expended 87.3% of the grant budget. While this falls below the 90% minimum threshold for receiving a rating of "Meets Standard," the reviewers observed that in November, 2020, UMMSF amended to show a budget increase of $102,910 (13.6%). Therefore, we adjusted the rubric rating to reflect the degree of difficulty in expending such an increase in a timely fashion. The VPP budget was amended seven times; four of those amendments reflect changes in the amount of funds available. As noted in the Expenditure rating, the last of the

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fund increases came late in the budget cycle. The remaining three amendments seem indicative of meeting the standard for a 2-year grant.

University of Maryland Prince George's Hospital Center

Project Description

The University of Maryland Prince George's Hospital Center (UM-PGHC) developed the Capital Region Violence Intervention Program (CAP-VIP). CAP-VIP, as described by the grantee, is an emerging hospital-based violence intervention program (HVIP) that was launched in September, 2017. CAP-VIP uses a trauma-informed care approach by providing psycho-social services and intensive case management to reduce the likelihood of trauma recidivism (defined as two or more hospitalizations for violent injury) among victims of violent injury.

The Capital Region Violence Intervention Program (CAP-VIP) is an emerging hospital-based violence intervention program in the National Network of Hospital-Based Violence Intervention Programs (NNHVIP). CAP-VIP is currently supported by the University of Maryland Capital Region Health and the DC Office of Victim Services and Justice Grants. CAP-VIP provides psycho-social services (i.e., mental health/substance abuse counseling, job placement, peer support and mentoring) to survivors of violent injury (i.e., gunshot wound, stabbing or assault) to reduce the likelihood of trauma recidivism also defined as repeat violent injury. A secondary outcome of the CAP-VIP is to reduce criminal recidivism and involvement in the justice system. Previous history of incarceration is a significant risk factor for repeat violent injury; therefore, the CAP-VIP also works closely with program participants to reduce criminal justice involvement. CAP-VIP uses a trauma informed care approach in the delivery of psycho-social services. CAP-VIP serves violently injured patients primarily from Prince George's County, Southern Maryland, and the District of Columbia. The majority of CAP-VIP participants are low income, young men of color, between the ages of 18-34. For this project, the CAP-VIP provided psycho-social services to violently injured Maryland residents to reduce the likelihood of trauma and criminal recidivism.

Program Goals and Objectives

The goals of the CAP-VIP are stated below. Table 8 (found in the Evaluation Report) displays the objectives and performance measures associated for each of the following goals:

1. Reduce trauma recidivism among program participants
2. Reduce criminal recidivism among program participants

Participants

Over the course of the funding period, the CAP-VIP at UM Prince George's Hospital Center served a total of 222 individuals and 4 successfully completed the program, which is a completion rate of 1.8%.

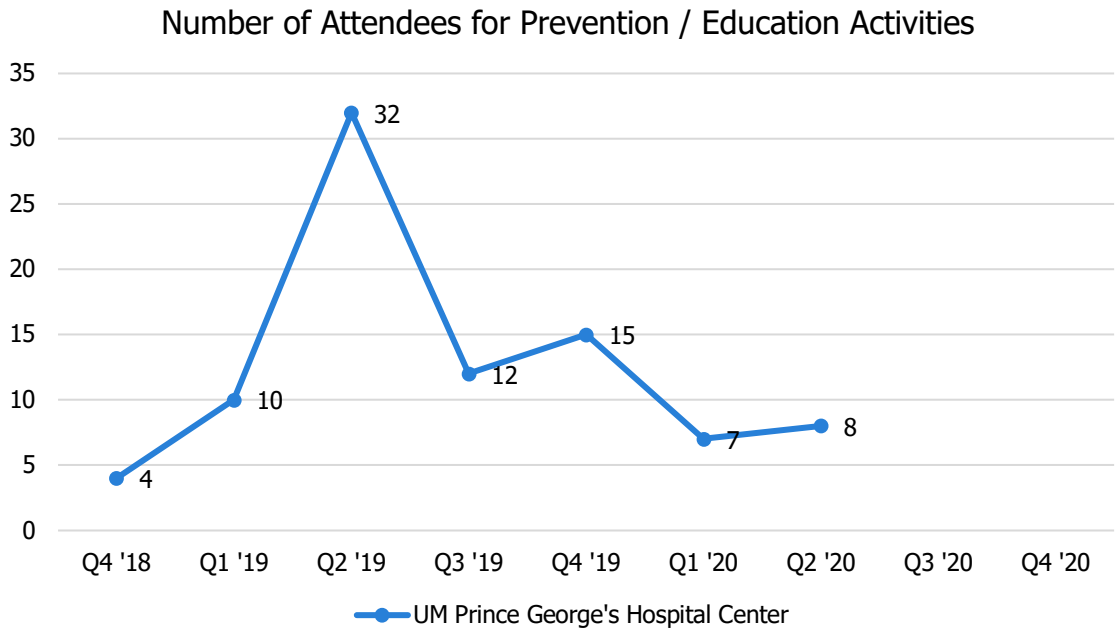
Although the total number of program participants for prevention and education activities was relatively low compared to other grantees, this participation curve resembled

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most others. The program peaked midway through 2019 and then saw a steady decline in the participation rate. Figure 9 illustrates this trend.

Figure 9

Number of attendees for prevention and education activities conducted by the UM Prince George's Hospital Center



Program Design

Several people were interviewed to discuss their experiences with the CAP-VIP. Each had a different rationale for being involved in the program, and all had positive outlooks on the program and its benefits. One participant described the support group that she joined after she became a survivor of gun violence. She looked forward to the weekly meetings and considered the program's "openness and nonjudgment" to be its greatest strength. In these meetings, which sometimes include other survivors, she feels important, saying, "The spotlight is on me." Other participants shared this sentiment and see value in the program. One person concluded, "If you need a job or [someone] to talk to about your problems, they are the right people to talk to."

Program leadership indicated that a major strength of the CAP-VIP has been its partnerships with local community-based organizations. In addition to other healthcare providers, the program collaborates with outside organizations to help provide assistance beyond trauma care, including food and employment resources. The program also has partnered with agencies that can accommodate individuals with deep behavioral and mental issues – something that is beyond the scope and ability of the CAP-VIP. According to leadership, "Our goal is to find out how we can provide additional assistance and support. Includes mentorship, needs such as housing, job placement, returning to school, and serving as a

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support network for those who don't have that network." For those with a network of friends and family members, CAP-VIP staff works closely with them in order to encourage the victim to take advantage of the program. Leadership credits networking, collaboration, and partnership with others as the keys to their success.

Another hallmark strength of the program is its outreach efforts. Program leadership manages social media accounts to connect and communicate with individuals. In response to the COVID-19 limitations, the program found itself needing to "pivot and adjust." This meant a greater online presence, and social media proved to be a critical tool; leadership described the ways in which they "research individuals on Instagram" and "push out information to them on social media." The Instagram account also advertises new job opportunities and program activities, such as a virtual gaming competition for its program participants. Leadership also utilized virtual meetings to help connect individuals during COVID and have had great success with this. Importantly, leadership has found that participants need to know that the services are provided to them with "no strings attached," as this buy-in is essential to participation. And, leadership has found that "once we've gotten the buy-in, the medium hasn't been an issue." Whereas some VIPP-funded grantees have struggled with the transition to virtual services during a pandemic, CAP-VIP seemingly has thrived.

Still, leadership identified some limitations of the CAP-VIP program. Fundamentally, leadership acknowledged that "there's a point where you can only do so much for them." With a hospital-based program, "there's a handoff" that must occur, and this is why the cultivation of partnerships with other agencies is vital to the success of the program and its accomplishment of long-term objectives.

Financial Analysis

A financial analysis of the awarded funds was conducted using an evaluation rubric developed by researchers in the CRRE. The evaluation rubric (Appendix E) was designed to evaluate six criteria, but due to a variety of factors – including missing or incomplete financial records and a hastened project timeline – only two criteria were applied to the financial data: (1) Expenditure of Grant Award, and (2) Accuracy of the Proposed Budget. Taken together, these two criteria help to explain how funds were used and whether or not spending aligned with anticipated use. Table 7 depicts the findings from the financial analysis.

Table 7

Financial analysis ratings for CAP-VIP at UM Prince George's Hospital Center

Criteria	Exemplary	Proficient	Meets Standard	Not Evident
Expenditure of Grant Award				X
Accuracy of the Proposed Budget	X			

UM-PGHC expended 85.7% of the grant budget, which falls just short of the 90% minimum threshold for expenditure. However, the CAP-VIP had only one substantive amendment to its budget, which appeared to be an adjustment made as a result of the increase of available funds.

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Best Practices

The above section included a description of each program: its goals, its participants, its basic design, and a financial analysis of the project's budget. A synthesis of this information revealed several heuristics that characterize successful VIP programs. During the funding period, grantees were asked to articulate these heuristics, or best practices, on the quarterly performance measures reports. Despite the diverse nature of the VIPP-funded grantees, several themes emerged; the following is a collection of best practices that were identified by grantees, organized thematically.

Program Structure

Each program is structured differently in terms of its mission, curriculum, services, and personnel. Generally speaking, however, the most commonly utilized interventions among these grantees included providing (1) emotional support; (2) care coordination; (3) referrals to community providers; (4) general information; and (5) the facilitation of problem-solving. The following best practices were offered with regard to programmatic structure:

- All grantees experienced barriers due to the COVID-19 pandemic. A key heuristic that emerged from this was to invest in telework and telehealth options in order to provide more flexibility for individuals and to increase connectivity.

- If budget permits, explore the possibility of building a custom database for program data entry and analytics that can be integrated with other systems from partnering agencies, such as law enforcement and hospitals, in order to streamline the collection of participant information and participant tracking.

- For organizations that employ the Cure Violence (CV) model, consider the Cure Violence Responder Training, and align operating procedures with the requirements for reporting in the Cure Violence database.

- Have resources available when patients are first encountered. This allows for an immediate response to the individual's needs. According to program leadership, "the capacity to address and relieve the stress of worrying about bills and obligations gives Hospital Responders the credibility they need when dealing with patients who usually experience disappointment and rejection when dealing with institutions and agencies."

- Often parents seek out "experts" to assist their children and don't see the opportunity to educate themselves. Program leadership encourages "a family-centered coaching approach to increase parents' capacity and confidence to reduce instances of violence in the home, mitigate the effects of violence on their children, and engage their children in talking about what is happening."

Personnel

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While each organization differs in terms of its scope and size, there are some constants that exist across most grantees that seem beneficial, overall.

- A full-time Violence Intervention Specialist is essential. The individual in this role should be able to engage victims bedside and prioritize the needs of victims who are consented to receive the intensive services.

- Staff must be credible. Some grantees employ victims of past violence and/or trauma in their outreach. The Safe Streets Baltimore program (housed under the Mayor's Office on Criminal Justice, or MOCJ) implements an extensive hiring protocol to, "find candidates with street credibility." Though a lengthy process, the Outreach Coordinator recruits worthy candidates and walks them through an exhaustive application and review process, which includes a background check and a panel interview. According to the program manager: "This level of vetting and scrutiny is to mitigate risk and to ensure that the program is selecting the most suitable candidates for the position and allow many opportunities for review and assessment before hire."

- One grantee (MedStar) advocates having a female hospital responder: "Because women usually are secondary victims of trauma—having to care for male relatives who are violence victims, we were able to help partners and relatives of male clients with the females serving supportive roles in the home care of discharged male patients."

Programmatic Outreach

All grantees noted that developing working relationships with community partners is essential for program success. These partnerships can bolster awareness for the organization but also streamline many of the interactions with collaborative agencies.

- Establish a consistent routine with partnering agencies. Some grantees hold monthly (or even weekly) meetings with partners to keep lines of communication open.

- Embrace social media. Creating a strong social media presence can increase awareness and visibility for the organization. Sharing bite-sized content on social media platforms also can help draw new clients who would like to learn more.

- Be proactive. Don't wait for clients to ask for something; ask them if they need assistance. One grantee anticipated the looming challenges at the start of the pandemic, and in turn, "proactively attempted to contact clients and assess their level of preparedness, offer shelf-stable food, and determine their status with work, housing, and utilities."

Conclusion

In terms of program participation for prevention and education activities, most organizations saw a fluctuating number of participants. Aside from the Family Crisis Center and Mayor's Office on Criminal Justice, which saw steady increases in their participation rate, grantees generally reported peak participation in the middle of the funding period. For most,

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there was a sharp decline in the number of participants for prevention and education activities in early 2020, which coincided with the COVID-19 pandemic. This would have seriously hampered efforts to host in-person activities. Similarly, most grantees indicated that the total number of individuals served declined during the first half of 2020, which may be attributed to the obvious limitations imposed by the pandemic. The organizations being evaluated all demonstrated their adaptability and ingenuity in response to an extreme public health crisis.

From a financial perspective, only two organizations (Family Crisis Center and Sinai Hospital) expended 100% of their awarded funds, and only two (MOCJ and UM-PGHC) failed to expend at least 90% of their awarded funds. All grantees demonstrated accuracy between their proposed and actual budgets, which suggests effective planning and management of funds.

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EVALUATION REPORT:
A Third-Party Evaluation of the Maryland Violence Intervention and Prevention Program (VIPP) Implementation

The previous report provided descriptive data for the six VIPP-funded organizations. This report focuses on the evaluation of each of the organizations that received the VIPP grant that funded their programs and activities. The Center for Research and Reform in Education (CRRE) at Johns Hopkins University School of Education was the independent, third-party evaluator of the six individual VIPP-funded programs that received this funding. This evaluation report is categorized alphabetically by grantee and consists of (1) a review of the performance goals, objectives, and measurements as described by each grantee; (2) consumer satisfaction and perceived impact as seen by participants of VIPP-funded programs; and (3) results of a programmatic evaluation.

Measures and Instruments

Researchers in the CRRE reviewed programmatic data for each grantee provided by the Governor's Office of Crime Prevention, Youth, and Victim Services, including the following sources: the original grant application and quarterly performance measures reports. The grant application articulated the program goals and objectives for each grantee. Table 8 presents a comprehensive view for all grantees. Grantees reported their performance measures each fiscal quarter, using the same 11 data points, which included:

1. Number of violent crimes in your jurisdiction (county/city).
2. Number of gun-related crimes in your jurisdiction (county/city).
3. Total program capacity.
4. Number of individuals served.
5. Number of individuals arrested for a new crime.
6. Number of individuals who failed to complete the program.
7. Number of individuals who successfully completed the program.
8. Number of persons receiving social referrals to the program.
9. Number of prevention and education activities conducted.
10. Number of attendees/participants of the prevention and education activities.
11. Number of attendees who reported an increased understanding of the topic as a result of this program.

Additionally, grantees responded to the following five "progress questions" each fiscal quarter:

1. Every quarterly report should provide a brief narrative assessment of the project's effectiveness thus far. The brief narrative should include qualitative and quantitative evidence, as available, and also highlight factors that the author considers to have facilitated or impaired the project's effectiveness.

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2. Describe, in general, the level of cooperation and collaboration between partner agencies, such as law enforcement, non-profit entities, and/or governmental agencies affiliated with this program.
3. Please list any success and/or best practices through this GOCPYVS funded program.
4. Describe barriers/challenges to implementing or completing any of the objectives. Include corrective actions taken or planned to overcome described barriers (include timeline). Are there any obstacles or barriers that could prevent you from expending all grant funds? Please include any request for technical assistance if needed.
5. If no funds or minimal funds (less than 25%) were expended during this reporting period please provide an explanation as to why and when you anticipate requesting funds. Your detailed explanation should address each budget category.

Additional data for this evaluation were obtained through interviews with program consumers (Appendix C) in order to assess levels of consumer satisfaction and the perceived impact of VIPP-funded programs. (It should be noted that an online consumer survey (Appendix B) was designed and developed to collect participant responses, but none completed the survey despite numerous attempts to garner responses over the 52-day period that the survey was accessible). Each program also was analyzed using the program evaluation rubric (Appendix D), which was developed by researchers in the CRRE. Ratings were conducted independently by two evaluators and reviewed jointly to achieve consensus where differences occurred. Taken together, the synthesis of these data sources help represent a diverse view of program efficacy.

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Table 8

Program Objectives and Corresponding Performance Measures by Grantee

Grantee	Program Objectives	Corresponding Performance Measures
Family Crisis Center of Baltimore County	Expand pathways to services	- Number of organizations screening and referring the target population - Percent of total referrals that called the FCC - Percent of callers that appeared to be eligible for the EIP at intake (will also log reasons that callers are not eligible) - Number of days between intake and assessment (avg.) - Percent of intakes that were determined to be eligible for the EIP at the time of assessment - Percent of intakes who did not show up for a scheduled assessment because they got the help they needed at intake
	Increase number and percentage of eligible families receiving EIP services	- Percent of eligible families that received EIP services at least once - Percent of eligible families that did not receive EIP services because they got the help they needed at assessment - Number of contacts per week per family receiving EIP services (avg.) - Total number of hours receiving EIP services per family (avg.) - Total number of weeks receiving EIP services per family (avg.) - Percent of families that were satisfied with the EIP services they received ("Did we help you with your problem?") - Percent of families receiving EIP services that met all/some/none of their goals
	Build a sustainable community collaboration that offers an intentional and integrated system of screening and early intervention services (Long-term)	- Number of organizations screening and referring the target population - Number of locations delivering EIP services

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	Strengthen protective factors against child abuse and neglect among caregivers receiving EIP services	- Number and percent of caregivers receiving EIP services who improved their social support, concrete support, knowledge of parenting/child development, nurturing and attachment, Protective Factors Survey - Number and percent of caregivers receiving EIP services who improved their ability to manage their emotions; cope with anxiety and stress - Number and percent of caregivers receiving EIP services who have developed a safety plan - Number and percent of caregivers receiving EIP services who improved their self-efficacy and self-sufficiency
	Strengthen protective factors against child abuse and neglect in families receiving EIP services	- Number and percent of families receiving EIP services who improved their skills for persevering in times of crisis; ability to openly share positive and negative experiences; ability to manage and solve problems Protective Factors Survey (+ observation?) - Number and percent of families receiving EIP services who improved the level of organization and order in their homes; their ability to adapt to and respond to stress; their ability to accomplish basic and developmental tasks CHAOS Scale (+ Family Assessment Device?)
	Reduce and prevent exposure to domestic violence in the children of families receiving EIP services	- Percent of families receiving EIP services with decreased frequency and/or severity of violence, abuse, or aggression in the home
	Reduce the impact of domestic violence in children and families receiving EIP services (Long-term)	- Percent of families with improved child development and maternal outcomes
Mayor's Office on Criminal Justice	Expand the SSB model in Baltimore in order to decrease violent crime.	- Contract with up to six community based organizations (CBO) to implement the Safe Streets model - Provide up to $500,000 in grant funding in the form of performance contracts for each new site

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	Implement SSB in up to six additional sites	- Implement SSB in up to six additional sites
	Maximize engagement of community residents and existing community services in the implementation of Safe Streets Baltimore	- Each new site will hold no less than one community event per month once fully staffed and the staff is fully trained - Violence Interrupters shall facilitate no less than 10 mediations during the grant period
MedStar Health Research Institute	Strengthen individual and institutional capacity to provide trauma recovery services for victims of violence	- Onboard Violence Intervention Specialist - Staff participate in four professional development events
	Increase awareness of MedStar Washington Hospital Center-Community Violence Intervention Program and accessibility to individuals associated within Maryland.	- Hold 4 educational sessions within Washington Hospital Center - Participate in at least 8 community outreach events within Maryland
	Promote positive development and quality of life for individuals and families affected by community violence in Maryland	- Assess 50 individuals at bedside within 24 hours of admission - Provide community case management to 75% of total individuals approached to participate in program - Conduct PTSD risk screenings for 50% of Maryland survivors
Sinai Hospital of Baltimore	SVIP staff will respond and provide appropriate follow-up services to 100% of intake referrals from the E.D. and Trauma units	- Percentage of referrals responded to - 75% with completed Community Health Worker Assessments - 70% agreeing to follow-up services

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	Episodes of violence will decrease for 80% of victims receiving SVIP services	- Number of self-reported altercations prior to program participation compared to number of self-reported altercations following program involvement - Number of times (self-reported) retaliation occurred prior to and post program participation
	Eighty percent (80%) of victims participating in SVIP will change their attitude about violence	- Number of participating victims who complete pre- and post-surveys - Percentage of participating victims who indicate an attitude change on survey - Number of participating victims who demonstrate a change in attitude and behavior as observed by staff
	Eighty percent (80%) of victims receiving referrals to community services will complete referrals and receive needed services	- Number of referrals made to off-site organizations, institutions, or businesses - Number and percentage of completed referrals (with documented proof that client engaged in activity)
UM Medical System Foundation	Expand and grow the VIP to cover increased target areas	- Reduction in repeat hospitalization due to violence (gunshots, stabbings, assaults)
	Formally structure and evaluate the two prevention programs targeting youth with various risk factors (Promoting Healthy Alternatives for Teens and My Future – My Career)	- Reduction in criminal behavior that results in violence (arrests, convictions, drug-related activity)
	Expand the strategic partnership between the School of Medicine's Department of Epidemiology and Public Health (EPH) and the VPP	- A published, validated, replicable model demonstrating the cost-effectiveness of using violence prevention as a public health approach in all areas that experience community violence
	Develop sustainable, rapid pathways to legitimate income	- Increase in pro-social activity (employment, parenting, housing, life skills, mentoring)

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UM Prince George's Hospital Center	Reduce trauma recidivism among program participants	- To enroll N=120 violently injured patients (MD residents) annually (12 months) into the CAP-VIP - To annually (12 months) provide psycho-social services to N=120 CAP-VIP participants - To reduce the trauma recidivism rate to 16% among N=120 CAP-VIP participants within one year period (12 months). Current trauma recidivism rate is 32%
	Reduce criminal recidivism among program participants	- To reduce the criminal recidivism rate to 37.5% in one year period among N=120 CAP-VIP participants. Current recidivism rate according to the Prince George's County Department of Corrections is 75.5% - To reduce hospitalization for violent injury in the neighborhoods targeted by CAP-VIP Outreach Workers

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Individual Projects

The descriptive report provides more detail for each organization in terms of its participants, program design, program goals and objectives, and a financial analysis. In this evaluative report, a brief description is provided again for each of the VIPP-funded projects, which includes their self-described project narratives and associated program strategy and/or logic models. Program objectives and corresponding performance measures also are included, as stated by program leadership (refer back to Table 8). Additionally, results from participant interviews are presented with regard to satisfaction and their perceived impact for each VIPP-funded program.

Last, results from the program evaluation rubric are displayed. Each program was evaluated using the Program Evaluation Rubric (see Appendix D), developed by CRRE researchers. The rubric articulates specific criteria for each of the three categories: Program Framework, Program Design, and Program Fidelity and Evaluation. Using the data provided by GOCPYVS and from interviews with leadership, the program was assigned a rating of Strong, Moderate, or Limited for each category, based on the associated evaluation criteria. These ratings were conducted independently by two evaluators and reviewed jointly to achieve consensus where differences occurred. The points from each category were tallied in order to identify the program as either:

- *Effective (25-27 points):* This program is exemplary and will score a "Strong" in nearly all categories, with only two criteria that are in need of refinement.

- *Promising (20-24 points):* This program will have demonstrated very promising potential but may lack in terms of its programmatic theory/framework, or its design or evaluative processes. With some refinement, this program will very likely result in effectiveness.

- *Emerging (19 points and below):* An emerging program is one that may lack in certain areas of its theoretical/conceptual framework, design, or evaluation. More development is needed to determine the program effectiveness.

Family Crisis Center of Baltimore County, Inc.

Project Description

The EIP at Family Crisis Center of Baltimore County, Inc., as described by the grantee, is designed to work with community partners to improve screening and detection and increase pathways to effective intervention and services for families experiencing the earliest stages of domestic violence in the home. It is intended to fill a gap in the current service delivery system that offers few, if any, services to families experiencing early onset of domestic violence, despite research indicating that significant risk and protective factors can be identified and addressed to help these families develop non-aggressive solutions to problems.

While a programmatic logic model is not explicitly articulated, a program strategy is provided in detail. The EIP takes aim at the family unit, citing that services at the family level, including extended family members, can interrupt the intergenerational transmission of

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violence. According to the program leadership, interventions targeting self-regulation, emotional management, executive function, and connections to resources will increase the competence and capacity of individual members of the family. This, in turn, contributes to increased flexibility and adaptive functioning within the family unit. As families move from a level of disorganization towards greater organization across several domains, families have greater flexibility and competence in managing tension and anxiety and in responding to challenges in nonviolent ways. Preventing further exposure to violence in the home should improve outcomes in both the short and long term.

Performance Measurements

The Family Crisis Center (FCC) has set a high bar in terms of program outcomes. Of the six grantees, the FCC specified the most program objectives and measures, by far. In some areas, they have been quite successful; for instance, the FCC has a "100% success rate of sustaining people in community-based housing. They've not returned to shelters and most have not had further episodes of victimization," according to program leadership. But the FCC also has fallen short in some performance measurement areas, such as the ability to keep appointments within the initial week of outreach. According to leadership, all program referrals receive an outreach call within 24 hours, about 85% of program participants schedule an appointment within the first seven days, but only about one-third of these participants keep their appointment. This is due primarily to being short-staffed, as noted by leadership: "Our numbers are very high. We have more people than we can handle. We need to look at our resources."

With regard to performance, leadership acknowledged that they have "learned a lot and have refined a lot of our outcomes and measures." The FCC has worked towards simplifying their performance measures and now focuses on four areas, specifically: connections, effectiveness, safety and stability, and family well-being. In most areas, however, the FCC has made significant gains towards success. They have developed a wide variety of programs and expanded pathways to services, for example.

In Q4 of 2019, the FCC reported that it had received a designation of being a "Center of Excellence" for prevention and early intervention. Programmatic reporting documents showed that the FCC continuously responded to the needs of its participants and expanded its relationships with partnering agencies.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 9

Program evaluation ratings for Family Crisis Center of Baltimore County, Inc.

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design	X		

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Program Fidelity and Evaluation			X

Program Framework (5/6 points). While a specific logic model is not depicted or explicitly described, the grantee provides a strong rationale for their EIP program and how early intervention and their specific project goals can provide immediate services, subsequent violence reduction, and improved community collaboration.

Program Design (5/6 points). While not specifically connected to a logic model, the program design is well-described, and includes reference to a pilot study that informed the present proposal. The key components of expanding services and developing community connections seem straightforward, but operational procedures could be described more explicitly.

Program Fidelity and Evaluation (10/15 points). The program appears to have been well-implemented and services adequately documented. Given the scope and program goals, the potential to identify measurable reductions in gun violence from those services would have been very limited. Evaluation appeared to be mostly tracking services provided and community statistics. Again, the scope of the project and uses of the funding largely for supporting expanded staff roles, suggests that evaluation activities were appropriate for addressing the major project goals.

Overall, this program has been assigned a rating of **PROMISING**.

Mayor's Office on Criminal Justice

Project Description

Safe Streets Baltimore (SSB), as described by the grantee, is an evidence-based, public health approach to reduce shootings and homicides within targeted communities in Baltimore City where homicide is one of the greatest risk factors for teenagers and young adults. SSB is the longest running Cure Violence replication in the country and approaches violence from the perspective that it is a learned behavior which can be prevented using disease control methods. Outreach is an integral component of programming and includes high-risk conflict mediation, relies on outreach workers with "street" credibility to engage high-risk youth aged 14-25 years in order to intervene in conflicts, or potential conflicts, and promote alternatives to violence.

Though a specific logic model is not provided, there is a strong rationale for the program strategy. Safe Streets Baltimore is based on Cure Violence (CV), the highly successful, evidence-based initiative created by the School of Public Health at the University of Illinois at Chicago. SSB consists of five core components: community mobilization, outreach, public education, faith-based leader involvement, and criminal justice participation. Outreach and high-risk conflict mediation together, perhaps have the most immediate impact on reduction of violence. The program relies on outreach workers with "street" credibility along with clergy and community leaders to intervene in conflicts or potential conflicts and promote alternatives to violence.

Performance Measurements

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According to program leadership, most of the intended outcomes and objectives have been met. The Safe Streets Baltimore (SSB) was expanded, and new partnerships were cultivated. In particular, the working relationship between SSB and law enforcement has improved significantly. Additionally, the goal of maximizing engagement with community residents has been successful; all sites hold one community event per month, one community meeting per month, a youth council meeting every month, and a shooting response for every shooting that occurs.

The one area of performance that has not yet been accomplished is the implementation of six additional Safe Streets Baltimore sites. But, this likely was an unrealistic goal from the outset, according to leadership, who said, "You just can't open six SS sites in one year." Achieving this goal is made even more difficult by the staffing challenges that the program continually faces. So instead, leadership looks at the program employability as a major achievement. Leadership stated, "We have about 80 staff right now. That's 80 high-risk individuals we took off the street. For us, the success is in the staff." Leadership explained that:

> *We pay them $40k per year. So, it costs the city $40k to keep someone from shooting somebody. It's not a huge cost to give someone the chance to fix their community while also supporting them. When you think about it that way, $40k is not that much to help fix a huge problem.*

In terms of its effectiveness, the program is largely successful but still improving. Much of this improvement hinges on its staff, whose hiring and training accounts for much of the VIPP funding and whose high turnover rate significantly impacts the program's sustainability. With high-quality, well-trained staff, Safe Streets Baltimore can continue to be an impactful service to the community.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 10

Program evaluation ratings for Safe Streets Baltimore

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design	X		
Program Fidelity and Evaluation	X		

Program Framework (6/6 points). The grantee creates a very strong rationale for why SSB fulfills a need and how it addresses violence reduction through direct interventions with targeted youth and community outreach/education. Adding additional SSB sites is directly consistent with the logic model described.

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Program Design (5/6 points). Although the available documentation is not sufficiently detailed to address all rubric criteria, the description of the program logic and implementation, and the quarterly activity report, depict a well-planned program design, goals, and "audience analyses."

Program Fidelity and Evaluation (14/15 points). As described in the proposal, a highly rigorous evaluation is planned with the Bloomberg School of Public Health at Johns Hopkins University as an external evaluator. It appears that the evaluation was hampered by barriers in program implementation (hiring requirements and COVID-19). Quarterly reports provided detailed tracking of services provided and community connections, as well as community violence data.

Overall, this program has been assigned a rating of **EFFECTIVE**.

MedStar Health Research Institute, Inc.

Project Description

MedStar Washington Hospital Center Community Violence Intervention Program (MWHC-CVIP) is a hospital-based violence intervention program within the MWHC Trauma Department. As described by the grantee, MWHC-CVIP is a multidisciplinary team with representatives from medicine, social work, and injury prevention. Participation by survivors in the program is voluntary and open to any individual treated at MedStar Washington Hospital Center as a result of a violent injury, for example, a gunshot wound, stabbing, and/or assault. The MWHC-CVIP, helps to reduce and prevent violent injuries and retaliatory violence, and promote an improved sense of self by reducing risk factors and increasing protective factors through engagement, empowerment, support, and advocacy.

While a specific logic model is not articulated, there is a strong rationale provided for the program strategy as it relates to its three programmatic goals.

Performance Measurements

Leadership stated that not all of their intended program outcomes have been met, though this has to do more with the way that success is measured and not the efforts of the program staff. For example, all but one of the program outcomes and their corresponding measures, as set by the grantee, were easily measurable and were accomplished, yet the outcome to provide community case management to 75% of total individuals approached to participate in the program fell short; in actuality, leadership estimates this to be around 50% of individuals instead. The reason for this reluctance to participate varies, but leadership noted that the onboarding of the violence intervention specialist led to an uptick in the number of program participants. According to leadership, "There's a defense mechanism there. It has a lot to do with the way [the victim] is asked. It's a trust-building process." The intervention specialist acts as a credible liaison between the MWHC-CVIP and the victim, using authenticity and relatability to broker the program services.

The performance measurements mainly focused on what the program could do to improve (e.g., add an intervention specialist, hold four educational sessions, participate in eight community events, etc.) instead of how the victims responded to the services. Leadership explained that, "It's interesting how these [VIP] programs are viewed. We're trying, but it's a

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very personalized approach to prevent violence writ large. I know that we have made individual differences in people's lives." The VIP programs often are measured in terms of things like trauma recidivism; however, as leadership pointed out, this is not the best indicator of a successful VIP program: "If we ask the victim, 'What do you want?', they don't say, 'I don't want to be shot again.' They want things like a safe place for their family to live." Leadership goes on to say that, "We all have the person we did everything for, but they were still re-injured." In this sense, the typical criteria used to evaluate the success or effectiveness of a VIP program are misaligned with what actual success looks like.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 11

Program evaluation ratings for MWHC-CVIP

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design		X	
Program Fidelity and Evaluation			X

Program Framework (5/6 points). While a concrete logic model is not provided, a reasonably strong rationale for the three goals is provided. The goals appear fairly straightforward with regard to purpose and impacts, thereby not necessarily requiring detailed theory-to-practice explanations.

Program Design (4/6 points). Again, the nature of the program goals appear straightforward and logical (e.g., increase staffing, outreach, etc.). More detail, however, could have been provided on methodology (although there were many unknowns before the project) and unanticipated adjustments due to COVID-19).

Program Fidelity and Evaluation (11/15 points). Given disruptions by the COVID-19 pandemic, implementation of patient services and awareness outreach was curtailed and modified in mode and scope. The nature of the project goals would appear to preclude or severely limit measurable causal changes occurring in broad community violence statistics within the restricted period of project implementation. In general, the grantees tracked services and data, but not in detail regarding victim outcomes based on follow-up inquiry. Adjusting for rubric focuses that appear less applicable for this project's goals and contextual events, reasonable evaluation appears to have been conducted.

Overall, this program has been assigned a rating of **PROMISING**.

Sinai Hospital of Baltimore, Inc.

Project Description

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Kujichagulia Center's Sinai Violence Intervention Program, as described by the grantee, aims to provide recovery assistance of various forms for people who have been victimized by violence and treated at Sinai Hospital as part of an effort to implement Cure Violence (CV) strategies aimed at reducing gun violence in Park Heights and West Baltimore.

The program establishes very clear goals and corresponding measurements and identifies the Cure Violence (CV) model as its driving strategy. Cure Violence has three stages or components. Interrupting and settling disputes is the first stage and is the main work of Safe Streets Violence Interrupters. The second component is the continued intervention through providing alternatives to violence, developmental opportunities that may be unknown to youth. The third component of Cure Violence is perhaps the toughest—changing cultural norms about violence.

Performance Measurements

Admittedly, program leadership (which is different now from the leadership that originally authored the program goals and measurements) now recognizes the unrealistic bar that has been set for accomplishing program goals and objectives. Three of the four program goals aim for a success rate of 80% or higher, and this was described as a "ridiculous" standard by current leadership and should be "more based in reality." However, the program goal to respond to and provide services to 100% of intake referrals from the Emergency Department and Trauma units has been consistently achieved. Program leadership suggested that a better unit of measurement for success is the recidivism rate for victims with the aim to lower the number of victims in need of repeat treatment. Data collection is ongoing in this program; anecdotally, victims have been overwhelmingly positive and grateful for the services provided.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 12

Program evaluation ratings for SVIP

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design	X		
Program Fidelity and Evaluation			X

Program Framework (4/6 points). Goals and objectives, along with performance measures, are clearly articulated. There is moderate connection of inputs/activities to these goals and objectives. There is a somewhat weak connection between program theory and how theory/research drives program activities and affect the outcomes outlined.

Program Design (5/6 points). Formative evaluation activities are described in the grant application, though it is unclear to what extent the existing program has been evaluated or was

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developed using an iterative design process. The description of the program details the timeline, program activities, target audience, and goals.

Program Fidelity and Evaluation (9/15 points). It appears the program was implemented as described since the overall program was already in place. The grantee has collected data necessary to evaluate program success, though reporting may have inaccuracies (e.g., 3rd and 4th quarters of 2019 show over 100% of attendees reporting increased understanding). There is limited evidence demonstrating objectives were met and some GOCPYVS performance measures were met.

Overall, this program has been assigned a rating of **EMERGING**.

University of Maryland Medical System Foundation

Project Description

According to the grantee, the R. Adams Cowley Shock Trauma Center at the University of Maryland Medical Center (UMMC) is the nation's first and only integrated trauma hospital and is a cornerstone of Maryland's EMS Trauma System. Shock Trauma's Center for Injury Prevention and Policy (CIPP) offers programs for violence and injury prevention reaching more than 20,000 Marylanders through more than 400 events. The CIPP's Violence Prevention Program (VPP) includes the Violence Intervention Program (VIP), a nationally recognized, evidence- and hospital-based violence intervention program; the Bridge Program designed to break the cycle of intimate partner violence; and two Educational Programs tailored to meet the needs of Baltimore City youth through a strong focus on decision-making and goal-setting. The Violence Intervention Program is hospital-based, as most activities take place at the University of Maryland Medical Center. The program primarily serves African American males from Baltimore City, ages 18 to 50. The aim of the VIP is to demonstrate long-term success in reducing criminal activity; reducing the severity of criminal activity; increasing job and employment activity; reducing hospitalization due to violence; increasing capacity to apply life-skills and coping skills; and enhancing responsibility to family members, particularly their children.

The VIP clearly outlines programmatic goals, but a concrete logic model is not provided. Instead, a program strategy is rooted in its three goals, which articulates corresponding objectives, outputs, and outcomes. Together, this provides a strong framework for the program to follow.

Performance Measurements

Program leadership acknowledged that objectives are mostly ongoing and have not yet been reached. With regard to the program objectives to expand and grow the VIP and to develop a sustainable pathway to legitimate income, leadership views this performance as being successful but incomplete. With regard to the objective to formally structure and evaluate prevention programs, leadership cited COVID-19 as a major barrier to implementation of the in-person activities. The objective to publish a validated, replicable model also has not yet come to fruition, though several research projects with this focus are being planned and executed currently.

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The highly personal nature of mentorship, counseling, and therapy is what garners results, though program leadership acknowledges that the current measurement of performance might not be indicative of their true success. The measurement with which VIPP funding is concerned is the number of clients served, but as leadership points out, the unit of measurement should be "doses of intervention" rather than the total number of clients. She asserted that the intensity of care for each individual varies significantly; the amount of time and resources it takes to accommodate someone who requires six weeks' worth of care is not the same as someone who requires six months' worth. The program leadership suggests looking at other units of measurement such as minutes spent with clients. This approach would more accurately capture the time and effort put forth by case managers, as well as motivate them to pursue the quality of care over the quantity.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 13

Program evaluation ratings for VPP at UM Medical System Foundation

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design	X		
Program Fidelity and Evaluation			X

Program Framework (5/6 points). While a formal logic model is not depicted, the authors describe goals of the program, along with objectives, outputs, and outcomes. The grant application presents a strong rationale for the program, along with research supporting the selected model to be implemented/expanded upon.

Program Design (4/6 points). While research exists documenting the effectiveness of the VIP that is to be expanded (Goal 1), there is no description of an iterative design process, informed through piloting or evaluation, of the outreach programs and coinciding curriculum. It is also unclear whether or not the existing VIP has been refined through evaluation activities. The program is overall well described.

Program Fidelity and Evaluation (9/15 points). There appears to be an emphasis on the expansion of the existing VIP, and other program components may have been implemented with low or limited fidelity due to the pandemic. Evaluation documentation presented a variety of activities, though often these activities were not specifically outlined in the proposal or tied to a goal/program objective. Few or no GOCPYVS performance measures were met, as reported by the grantee.

Overall, this program has been assigned a rating of **EMERGING**.

University of Maryland Prince George's Hospital Center

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Project Description

The Capital Region Violence Intervention Program (CAP-VIP) at the University of Maryland Prince George's Hospital Center, is a hospital-based violence intervention program, that according to the grantee, provides psycho-social services (i.e., mental health/substance abuse counseling, job placement, peer support and mentoring) to survivors of violent injury (i.e., gunshot wound, stabbing or assault) to reduce the likelihood of trauma recidivism also defined as repeat violent injury. A secondary outcome of the CAP-VIP is to reduce criminal recidivism and involvement in the justice system. CAP-VIP is an emerging hospital-based violence intervention program in the National Network of Hospital-Based Violence Intervention Programs (NNHVIP) and provides psycho-social services to violently injured Maryland residents to reduce the likelihood of trauma and criminal recidivism.

The program is well-defined by an overlapping of Hospital Based Violence Intervention Programs (HVIPs) and Cure Violence (CV) models. These models complement each other and from the grantee's perspective, a collaboration should result in a comprehensive system that allows for improved care, decreased re-injury, decreased recidivism, decreased retaliation, and increased healing opportunities for the entire community. The CV Model targets people at highest risk for involvement in violence, preventing injury (group and not group involved). The HVIP model targets violently-injured persons and victims of physical assault. Where the two models overlap is by targeting similar populations: (1) people at high risk for involvement in violence; (2) violently injured: intended victims; (3) violently injured: group involved; (4) violently injured: likely to retaliate; and (5) family members of victims/people affected.

Performance Measurements

Program leadership views the CAP-VIP as being highly successful with regards to its two major program objectives, which were to reduce (1) trauma recidivism and (2) criminal recidivism among program participants. Leadership admits that, "There have been a few early-on participants – in 2017 – when we were still trying to find out what works. Some of those have come back. But for about two years now, we've been very successful in having them not return." With regard to criminal recidivism, there have been only a few cases where participants had repeat offenses.

Program Evaluation Rubric

The following section presents the ratings for each of the three evaluation categories, as well as the overall programmatic rating that has been assigned.

Table 14

Program evaluation ratings for CAP-VIP at UM Prince George's Hospital Center

Criteria	Strong	Moderate	Limited
Program Framework	X		
Program Design	X		
Program Fidelity and Evaluation	X		

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Program Framework (6/6 points). The grantee has provided a well-documented program description with inputs, activities, outputs, and outcomes. Also provided is a research-based rationale for program implementation.

Program Design (5/6 points). It is unclear the extent to which the grantee has engaged in an iterative design process. Evaluation activities are described, though. The program description is very clear.

Program Fidelity and Evaluation (14/15 points). It appears the grantee has implemented the program as described and met objectives (enrolling participants in the program, providing services to these participants). There appears to be a decrease in violent and gun-related crimes as reported by the grantee and all attendees reported an increased understanding. It appears that few individuals completed the program as reporting documentation shows just 4 of 100+ participants served completed.

Overall, this program has been assigned a rating of **EFFECTIVE**.

Conclusion

Collectively, all grantees demonstrated strong programs, and each possessed its own unique strengths and weaknesses with regard to program effectiveness. The VIPPs that received the highest scores on the program evaluation rubric were those that articulated a clear logic model and/or program strategy that outlined reasonable goals and objectives that were easily measurable and that were evaluated formatively and summatively. Some VIPPs fell short in terms of their programmatic frameworks by not specifying clear inputs, outputs, and outcomes, though all VIPPs used research-based evidence to justify their rationale for program design. The fidelity of implementation was greatly impacted by the COVID-19 pandemic, which forced grantees to retool their programs because of limited in-person interactions. Many did so by migrating services to the online environment, which proved beneficial for those participants with access. Obviously, however, this posed new challenges and barriers to implementation due to equity issues among clients. Importantly, program effectiveness should rely on ongoing formative evaluation that not only tracks data on services and activities provided and to whom, but also data on whether or not these services are successful in reducing and preventing violence in the community.

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QUALITY CONTROL:
A Third-Party Evaluation of the Maryland Violence Intervention and Prevention Program (VIPP) Implementation

The purpose of the Quality Control component is to reflect on the sustainability of each of the VIPP-funded grantees and to provide recommendations for program implementation and overall improvement and for program evaluation. Last, programmatic support resources are provided in this report.

Family Crisis Center of Baltimore County, Inc.

Leadership feels strongly that the EIP is sustainable in its current form, provided they continue to receive funding. Moreover, program leadership views the program as a "pioneering approach" to providing services to victims of domestic violence and sees sustainability not being threatened by a lack of funding but by prioritization of the funding agencies. The FCC views domestic violence as being central to all other types of violence, and so despite being a small non-profit organization, its mission to curb and prevent domestic violence is relevant to all other violence intervention and prevention programs.

The biggest challenge faced by the Family Crisis Center is staffing. Because of its extensive networking with community partners, the FCC finds itself in high demand but has a short supply of people to meet that demand. Perhaps one of the greatest strengths of the program is the ability to quickly connect victims with services, but undoubtedly, there is a need for more support to help run and grow the organization.

Mayor's Office on Criminal Justice

Leadership feels strongly that the Safe Streets Baltimore program is sustainable in its current form, though the addition of more staff will be critical to its long-term success. Currently, the bulk of the administrative work falls onto only a handful of staff, and due to the use of high-risk Credible Messengers (CMs), there is a high rate of employee turnover. Subsequently, VIPP funding is used primarily to support and train the staff, which is a lengthy and time-consuming process; leadership estimates that it takes roughly two years to properly train each staff member. Additionally, leadership has recognized the need for even deeper investment in personnel, in the form of financial and computer literacy training. Because of this significant investment in personnel – both temporally and financially – the sustainability of the program hinges on employability. In short, the Safe Streets Baltimore program can be widely successful and sustainable, as long as there is a framework of reliable and consistent support within.

MedStar Health Research Institute, Inc.

Leadership conveyed a strong sense that the MWHC-CVIP is sustainable in its current form, as long as they continue to receive funding. The program could be improved by scaling up the availability of the services that are offered currently; leadership describes the program

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as a "9-to-5 operation" despite many of the services requiring around-the-clock intervention. This, of course, translates to more salaried staff and more funding. Like others, the MWHC-CVIP wrestles with the unpredictability of budgeting. According to program leadership, "The yearly budget cycle is killer, in terms of thinking about future directions. Scrambling for money doesn't make room for expanding the program." Essentially, fiscal planning and the administrative requirements that come along with the awarded funds – while necessary and well-intentioned – ultimately detract from the objectives of the program.

Sinai Hospital of Baltimore, Inc.

Like many other programs, leadership acknowledged that the sustainability of the program depends not only on VIPP funding but other funding sources as well. This combination of funding primarily goes to supporting the staff payroll. If the staff is well-funded, then the program can continue and even expand into other areas of violence intervention.

Specifically, the program would benefit from a more effective approach for long-term care. Because a major obstacle is the continuation of care beyond the hospital bed, leadership has identified this as a critical area in need of improvement. According to leadership, "We have a long way to go on engagement [with the community]." This pathway might be explored further by forging new partnerships with outside agencies.

University of Maryland Medical System Foundation

Program leadership does feel that the program is sustainable in its current form, though she expressed concern with the uncertainty of year-to-year, and even quarterly funding. According to leadership, "Longevity is one of our strengths," so sustainability relies heavily on easily accessible funds, or as she put it, "nimble funds." By far, the most important aspect of the program is its staff, which the VIPP funding largely serves. Program leadership credits the low turnover rate of case managers as a lynchpin in the program, saying, "All of our success is rooted in relationships." She also underscored the importance of having a reliable staff so that clients "don't worry they will have a new social worker every month".

Leadership did offer some recommendations for improving the program. Specifically, she acknowledged a "gap" in best practices, which is to have a community advisory board. Ideally, this board would be made up of local community leaders and stakeholders that could provide a safe place to share information outside of the criminal justice system. Leadership believes this would provide them with a better "thumb on the pulse" of the community, allowing for more differentiation and adaptability for the population being served.

Another recommendation is to forge a better relationship with the hospital's emergency department. Leadership would like to create a strategy for increasing buy-in with staff at the emergency department level. The rationale for this is that developing a process for earlier intervention with lower levels of violence can help mitigate more serious violence later on. Taken together, these recommendations would strengthen the program immensely.

University of Maryland Prince George's Hospital Center

Program leadership indicated that the sustainability of the CAP-VIP program relies heavily on VIPP funding, as well as other funding sources, and was quoted as saying, "We're

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very much dependent on the funding we receive. We're still young. We're not at the point to say we have a sustained budget without the grant." The CAP-VIP also depends on internal relationships within the hospital and medical staff, who refer victims to the program and who champion the program. In many ways, the sustainability of the CAP-VIP program relies on funding but also on the referral system within the hospital, which is vital to the program's existence and success.

Leadership recommended that violence intervention and prevention programs create a better network in order to communicate and share ideas with one another. This would be a "great way to find out best practices" and identify other resources and services that may be available. This network could meet either in-person on a regular basis or exist entirely virtually in a forum or through synchronous meetings, though "a virtual community would be ideal."

Recommendations

The following list of recommendations is based on the most successful components that emerged out of the program evaluations.

- Invest in human resources. By far, program leadership emphasized the importance of a well-trained and compensated staff, which includes administrative team members, as well as trained intervention specialists, counselors, and credible messengers. Program success often hinges on the individuals who represent the organization and its mission and who are capable of establishing credibility and relatability within the surrounding community.

- Adopt a clearly articulated logic model and evaluate the program often. All grantees communicated a clear program strategy, but a well-defined logic model can help coordinate the program's inputs, outputs, and measurable outcomes. A clear logic model also can help define the direction of the program, which can be valuable for organizations with a high turnover rate of employees. Once a logic model has been developed, formative evaluation of implementation fidelity and outcomes should become routine.

- Revise future performance goals and outcomes to create more relevant and realistic indicators of success. Orient goals towards the program and not the participants, directly. For example, instead of striving for a high percentage rate of individuals to complete their referrals or change their attitude about violence, orient goals around aspects that can be controlled and objectively measured, such as the types of services that can be offered (e.g., "100% of clients will be contacted within 24 hours of admittance to the trauma department").

- Establish community partnerships and relationships with collaborators. Working with outside agencies was a common theme for grantees, whether it was law enforcement or hospital-based services, but collaborating with a network of VIPPs to share resources and best practices is highly encouraged.

- Tell your story in a meaningful and credible way. Consider sharing success stories and testimonials from former participants (with their consent) in order to boost credibility

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with new clients. Former participants might also be willing to help with recruitment of new clients and even contribute to intervention practices.

- Embrace technology. The recent pandemic posed many challenges for grantees, but it also revealed opportunities for integrating technology to offer digital support for many of the violence intervention and prevention programs. VIP programs are most effective when authentic, human connections are made, but digital tools can help augment this connection through the use of common tools like videoconferencing and text messaging.

In addition to these suggestions for program improvement, the following recommendations are made to improve program evaluation methods.

- Seek input from grantees on how to measure success. Numerous program leaders expressed that there is a disconnect between the data collected via quarterly performance measure reports and actual program success. Suggestions were made to include more qualitative data, such as case studies and client testimonials, to help contextualize program efficacy.

- Financial reporting requirements should be more specific. The Financial Analysis Rubric (Appendix E) specifies criteria such as cash management, personnel hiring processes, and expense documentation that would be helpful for program evaluation.

- Communicate funding information to subrecipients early and often. Many program leaders shared that they were uncertain about the status of their VIPP funding and whether or not it would be discontinued. This unpredictability contributes to undue stress on program leadership.

Supplemental Resources

Below is a compiled list of online resources – fact sheets, organizations, implementation strategies and case studies, and evaluation tools – that may be useful for improving violence intervention programs.

Fact Sheets
Biden-Harris Administration and Community Violence Intervention Programs
The Community Guide: What Works Violence Prevention
Family and Youth Services Bureau
World Health Organization: Youth Violence Fact Sheet
Prevention Institute: Making the Case

Organizations
Johns Hopkins Center for Gun Violence Prevention and Policy
Johns Hopkins Center for the Prevention of Youth Violence
Striving to Reduce Youth Violence Everywhere (STRYVE)
Everytown for Gun Safety: Violence Intervention Programs
The Educational Fund to Stop Gun Violence
The Health Alliance for Violence Intervention

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Strategies and Case Studies
Giffords Law Center to Prevent Gun Violence
"Community Violence Prevention, Intervention, and Suppression"
Violence Prevention in Practice (CDC)
Group Violence Intervention: National Network for Safe Communities
New York State Office of Mental Health

Evaluation Tools
Veto Violence (CDC) Program Evaluation Tools
EvaluACTION (CDC) Putting Evaluation to Work
Domestic Violence Evidence Project
FRIENDS Evaluation Planning
Child Welfare Information Gateway Evaluation Toolkit

References

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Appendix A

Leadership: Interview/Focus Group Oral Consent Procedure

Loosely structured/conversational interviews will be conducted with program leadership from each of the grantees who have implemented violence and intervention programs.[4] These interviews will all follow a conversational structure aimed at gathering perspectives on program experiences and perceptions regarding benefits, interests, strengths, weaknesses, and recommendations for improvement and sustainability. The following script will be read prior to the interview:

Hello, my name is _____, and I am a researcher with the Center for Research and Reform in Education at Johns Hopkins University. You are being asked to join a research study. By participating in this phone interview, you are consenting to be in this research study. Your participation is voluntary and you can stop at any time.

Here is a summary of the research: This is an evaluation study of the violence intervention and prevention program at your organization. By choosing to participate in this study, it will give us a better understanding of the nature and usefulness of services received and provide relevant evidence for understanding, judging, and improving both implementation quality and program efficacy. There is minimal risk associated with participating in this study. However, the risks associated with participation in this study are no greater than those encountered in daily life, and any study records that identify you will be kept confidential to the extent possible by law. No personally identifiable information will be collected from participants during interviews, and there is no cost for participating in this study.

As part of this research, we are requesting your permission to create and use audio recordings for the purposes of note-taking. Any audio recordings will not be used for advertising or non-study related purposes. Do I have your consent to proceed with this interview?

(Allow participant ample time to respond; if yes, recording may begin).

These interviews will be loosely guided by the following questions:

1. What is your role/position in the organization?

2. Please describe your VIPP-funded violence intervention and/or prevention program at your organization.
    a. In your experience, do you view the program as being successful? Explain.

[4] For data collection, we plan to obtain from each grantee a list of "consumers" (individuals and/or organizations) served during the funding period. If the number of accessible consumers is greater than 10, we plan to administer to each an online survey and conduct phone interviews with 5 randomly selected participants. If sample size is smaller, we would omit the survey and interview all participants.

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3. In what ways has the program met its intended outcomes? (Prompt for specific examples from performance measurement and progress report forms; also, refer to Appendix at end of this document for specific program goals / outcomes).

4. Has the program fallen short in terms of its intended outcomes and/or objectives? (Prompt for specific examples; refer to Appendix).

5. What are the greatest strengths of the VIPP-funded program?

6. What are the greatest weaknesses of the VIPP-funded program?

7. Do you feel the program is sustainable in its current form? Explain. (If not, what is needed to sustain the program?)

8. What specific recommendations do you have for improving the program?

9. What advice would you give to others who are developing or offering similar programs in either this or other organizations?

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Appendix B

VIPP Consumer Online Survey

Background

What is your gender?	*Male, Female, Other, Prefer not to answer*
What is your age?	*18-24, 25-30, 31-35, 36-40, 41-45, 46-50, 51+*
To which organization do you belong?	*Select from a dropdown list of the six grantees.*
Please describe the types of VIPP program(s) in which you have participated.	*Open-ended*
How often do you participate in a VIPP-funded program?	*Daily, Weekly, Monthly, Rarely (less than once a month)*

VIPP Program Structure and Content[5]

What resources or activities does this program utilize?	*Select all that apply: Handouts, Lectures, Multimedia Presentation, Group-facilitated Discussions, One-on-One Mentorship, Online Interaction*
In what type of setting does this VIPP program take place?	*Group, Individual, Family, Other*
What is the average duration of each session?	*30-60 mins, 60-90 mins, 90-120 mins, 120+ mins*
How often does the program meet?	*Never, Sometimes, Frequently, Ongoing*
In your own words, describe the goals of the VIPP program.	*Open-ended*

Consumer Satisfaction

How satisfied are you with the types of activities or resources offered in the program?	*Very Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Very Dissatisfied, N/A*
How satisfied are you with the frequency with which programs and/or sessions are offered?	*Very Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Very Dissatisfied, N/A*

[5] Adapted from the Association of Domestic Violence Intervention Programs. Retrieved from https://www.domesticviolenceintervention.net/wp-content/uploads/2016/08/US.Canada.DV_.Programs.pdf

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How satisfied are you with the program facilitator/leadership?	*Very Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Very Dissatisfied, N/A*
How satisfied are you with your interactions with other program participants?	*Very Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Very Dissatisfied, N/A*
How satisfied are you overall with the effectiveness of the program?	*Very Satisfied, Somewhat Satisfied, Neutral, Somewhat Dissatisfied, Very Dissatisfied, N/A*

Perceived Impact of VIPP Programs [6]

Please rate your level of agreement with the following statements.

• I liked participating in this VIPP program.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• This VIPP program has taught me useful skills.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• Because of my participation in the VIPP program(s), I personally have handled a violent situation differently than I would have previously.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• This VIPP program adequately met its intended goals that it set out to accomplish.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• This VIPP program makes a real impact in reducing and/or preventing violence in our community.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• Because I participated in the VIPP program(s), I feel safer in my community.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*
• I feel that VIPP programs strengthen our community.	*Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, N/A*

Answering *Strongly Agree* or *Agree* to any of the questions in this section triggers the following open-ended questions:

- What aspect(s) of the program(s) impacted you and/or your community the most? Please be specific.
- Please elaborate on which aspects of the VIPP program(s) have been most helpful for you.
- How might this VIPP-funded program be improved?

[6] Adapted from Aragon, L.T. (2020). *Improving Outcomes for Children Impacted by Adverse Childhood Experiences (ACEs): A Study of Intervention Effectiveness Guided by Developmental Theory*. [Doctoral dissertation, Clemson University]. ProQuest Dissertations & Theses Global.

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- How should success of VIPP-funded programs be measured?[7]
- Do you feel that VIPP-funded programs should continue to be offered in your community? Why?
- Leave any additional comments here.

[7] Adapted from American Institute for Research "Community-Based Violence Prevention Study of the Safe and Successful Youth Initiative: An Intervention to Prevent Urban Gun Violence". Retrieved from http://abfe.issuelab.org/resources/30153/30153.pdf

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Appendix C

Consumers: Interview/Focus Group Oral Consent Procedure

Loosely structured/conversational interviews will be conducted with program consumers from each of the grantees who have implemented violence and intervention programs.[8] These interviews will all follow a conversational structure aimed at gathering participants' program experiences and perceptions regarding benefits, interests, strengths, weaknesses, and recommendations for improvement and sustainability. The following script will be read prior to the interview:

Hello, my name is _____, and I am a researcher with the Center for Research and Reform in Education at Johns Hopkins University. You are being asked to join a research study. By participating in this phone interview, you are consenting to be in this research study. Your participation is voluntary and you can stop at any time.

Here is a summary of the research: This is an evaluation study of the violence intervention and prevention program at your organization. By choosing to participate in this study, it will give us a better understanding of the nature and usefulness of services received and provide relevant evidence for understanding, judging, and improving both implementation quality and program efficacy. There is minimal risk associated with participating in this study. However, the risks associated with participation in this study are no greater than those encountered in daily life, and any study records that identify you will be kept confidential to the extent possible by law. No personally identifiable information will be collected from participants during interviews, and there is no cost for participating in this study.

As part of this research, we are requesting your permission to create and use audio recordings for the purposes of note-taking. Any audio recordings will not be used for advertising or non-study related purposes. Do I have your consent to proceed with this interview?

(Allow participant ample time to respond; if yes, recording may begin).

These interviews will be loosely guided by the following questions:

1. Please describe the violence intervention and/or prevention program in which you participated.
    a. In your experience, do you view the program as being successful? Explain.

2. In what ways has the program benefitted you? (Prompt for specific examples).

[8] For data collection, we plan to obtain from each grantee a list of "consumers" (individuals and/or organizations) served during the funding period. If the number of accessible consumers is greater than 10, we plan to administer to each an online survey and conduct phone interviews with 5 randomly selected participants. If sample size is smaller, we would omit the survey and interview all participants.

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3. What aspects of the program, specifically, interest(ed) you the most?
    a. Follow-up: Were there aspects of the program that did not interest you?

4. What are the greatest strengths of the program?

5. What are the greatest weaknesses of the program?

6. Do you feel the program has met its self-described goals?

7. What specific recommendations do you have for improving the program?

8. Would you recommend the program to others? Why or why not?

9. What advice would you give to others who are considering participating in similar programs in either this or other organizations?

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Appendix D

Program Evaluation Rubric

Program Framework[9]				
	Limited (1 point)	Moderate (2 points)	Strong (3 points)	Source
The program design clearly specifies a systemic Logic Model	One of the following descriptors is true: - The Logic Model is not adequately represented in standard project or submitted support material. - The represented Logic Model is not logically or sufficiently specified for achieving defined project goals, or project outcomes are vague and not measurable. - The represented Logic Model is not appropriate for this project.	Most or all of the following descriptors are true: - The Logic Model is described in the design rationale and materials provided for review (but may not be disseminated to prospective users). - The Logic Model logically connects inputs to output with at least moderate detail. - Outcomes are consistent with defined product goals (achievement and/or other).	All of the following descriptors are true: - The Logic Model is explicitly described in the design rationale and materials available to prospective users. - The Logic Model is logical, detailed, and comprehensive. - The Logic Model clearly shows how "inputs" lead to mediating and culminating outputs, consistent with defined project goals (achievement and/or other).	Design rationale; Program materials; Programmatic Report; Interview with program designers and/or leadership

[9] Adapted from the National Institute of Justice. Retrieved from https://crimesolutions.ojp.gov/sites/g/files/xyckuh246/files/media/document/program-scoring-instrument.pdf

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Program development is justified and based upon a specific need or theory.	One of the following descriptors is true: - A program theory and/or needs justification is not articulated with full explanation or with reference to empirical work. - The program does not address a specific need for a target audience. If program theory is present: - An explanation is not given of how the theory impacts the intended outcomes of the program.	Most or all of the following descriptors are true: - A program theory and/or needs justification is well-articulated with full explanation and with reference to empirical work. - The program addresses a specific need for a target audience. If program theory is present: - An explanation is given of how the theory impacts the intended outcomes of the program.	All of the following descriptors are true: - A program theory and/or needs justification is well-articulated with full explanation and with reference to empirical work. - The program addresses a specific need for a target audience. If program theory is present: - An explanation is given of how the theory impacts the intended outcomes of the program.	Design rationale; Program materials; Programmatic Report; Interview with program designers and/or leadership
Program Framework Score				____ / 6

Program Design				
	Limited (1 point)	Moderate (2 points)	Strong (3 points)	Source

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A systematic (iterative) design process was used to develop, evaluate, and refine materials in accord with the Logic Model.	Standard program documentation or submitted support material do not demonstrate informal or formal use of an iterative design process of tryouts, evaluation, refinement, etc.	Standard program documentation or support material demonstrate informal or formal use of most of the following design processes: - Initial design - Formative evaluation plan - Trial and revision - Implementation and monitoring - Evaluation of each element and program whole - Revision/redesign as appropriate	Standard program documentation or support material demonstrate systematic use of all of the following design processes: - Initial design - Formative evaluation plan - Trial and revision - Implementation and monitoring - Evaluation of each element and program whole - Revision/redesign as appropriate	Design rationale; Program materials; Programmatic Report; Interview with program designers and/or leadership

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Program Description	Three or more of the following descriptors are not detailed in the program description: - Logic Model - All details of the program components - Frequency and duration of program activities - Target audience characteristics - Goals of the program - Target setting / context	One or two of the following descriptors are not detailed in the program description: - Logic Model - All details of the program components - Frequency and duration of program activities - Target audience characteristics - Goals of the program - Target setting / context	A comprehensive description of the program guides its implementation. The description includes all of the following: - Logic Model - All details of the program components - Frequency and duration of program activities - Target audience characteristics - Goals of the program - Target setting / context	Program materials
Program Design Score				___ / 6

Program Fidelity and Evaluation				
	Limited (1 point)	Moderate (2 points)	Strong (3 points)	Source

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The program was implemented with fidelity as designed via the program description.	Program implementation (duration and/or frequency of program offerings) was not observed or documented. Therefore, its fidelity is unknown. Or, the program was not offered consistently or regularly with high fidelity.	Program implementation (duration and/or frequency of program offerings) was not documented, but its fidelity remained consistent and regular.	- Program implementation (duration and/or frequency of program offerings) was documented. The program was implemented with high fidelity (the degree to which the core program services or components are implemented as designed via the program description).	Program documentation; Programmatic Report; Interview with program designers and/or leadership

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Summative evaluation was used to obtain evidence on program effectiveness.	Standard program documentation or submitted support material do not demonstrate sufficient informal or formal use of summative evaluation to develop and refine the program.	Standard program documentation or submitted support material demonstrate the summative evaluation process, and/or additional studies are in process or planned.	Standard program documentation or submitted support material demonstrate the following summative evaluation processes: - Evaluation evidence is available from at least one rigorous third-party case study or experimental study. - Additional studies are in process or planned.	Program documentation; Programmatic Report; Interview with program designers and/or leadership

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The program clearly demonstrates positive behavioral and/or attitudinal change.	There is marginal or no evidence of the program's impact on either behavior or attitudinal changes in most participants. Or, data on behavioral and/or attitudinal change was not obtained or measured.	Evidence of behavioral and/or attitudinal changes in participants was observed, perhaps empirically, but not well-documented.	Evidence of behavioral and/or attitudinal changes in participants was observed and well-documented.	Program documentation; Programmatic Report; Interview with program leadership
Individual Program objectives were met.[10]	Multiple program objectives were not met.	All but one of the program's stated objectives were met.	All of the program's stated objectives were met or exceeded.	Program documentation; Programmatic Report; Interview with program leadership
Key GOCPYVS Performance Measures were met.	Few or none of the following are true: - The program saw a decrease in the number of violent and/or gun-related crimes in its jurisdiction. - The majority of individuals successfully completed the program. - The "number of individuals arrested for a new crime" decreased.	Most of the following are true: - The program saw a decrease in the number of violent and/or gun-related crimes in its jurisdiction. - The majority of individuals successfully completed the program. - The "number of individuals arrested for a new crime" decreased.	All of the following are true: - The program saw a decrease in the number of violent and/or gun-related crimes in its jurisdiction. - The majority of individuals successfully completed the program. - The "number of individuals arrested for a new crime" decreased.	Programmatic Report; Interview with program leadership

[10] The appendix includes project outcomes and measurements for each grantee.

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	- Most attendees reported an "increased understanding of the topic as a result of this program."	- Most attendees reported an "increased understanding of the topic as a result of this program."	- Most attendees reported an "increased understanding of the topic as a result of this program."	
Program Fidelity and Evaluation Score				___ / 15

Overall Effectiveness Rating	
Program Framework	___ / 6
Program Design	___ / 6
Program Fidelity and Evaluation	___ / 15
TOTAL SCORE	___ / 27

Effective (25 and above): This program is exemplary and will score a "Strong" in nearly all categories, with only two criteria that are in need of refinement.

Promising (20-24): This program will have demonstrated very promising potential but may lack in terms of its programmatic theory/framework, or its design or evaluative processes. With some refinement, this program will very likely result in effectiveness.

Emerging (19 and below): An emerging program is one that may lack in certain areas of its theoretical/conceptual framework, design, or evaluation. More development is needed to determine the program effectiveness.

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Appendix E

Financial Analysis Rubric

Criteria	Not Evident (0 points)	Meets Standard (1 point)	Proficient (2 points)	Exemplary (3 points)
Expenditure of Grant Award	Did not expend at least 90% of the Award within the Grant Period.	Expended 90% of the Award within the Grant Period.	Expended 95% of the Award within the Grant Period.	Expended 100% of the Award within the Grant Period.
Cash Management	Budget monitored infrequently. Funds drawn to meet prior expenditures.	Budget monitored quarterly. Funds drawn to meet prior expenditures.	Budget monitored quarterly. Funds drawn to meet prior expenditures and/or for expenses anticipated in the next month.	Budget monitored monthly. Funds drawn to meet prior expenditures and/or for expenses anticipated in the next month.
Accuracy of the Proposed Budget	Major revision of budget required to spend down funds.	Grant spent down with two amendments required (10% over in a budget category).	Grant spent down with one amendment required (10% over in a budget category).	Grant spent down with no amendment required (10% over in a budget category).
Procurement Procedures	Missing steps from the "Meets Standard" rubric would merit a "Not Evident" rating.	All goods and services procured through multiple quotes and competitive bids when required. Goods marked as purchased through grant. Payment issued only when goods & services completely delivered.	All goods and services procured through multiple quotes and competitive bids when required. Goods marked as purchased through grant. Maintain inventory of all purchased items. Payment issued only when goods & services completely delivered.	All goods and services procured through multiple quotes and competitive bids when required. Service contracts include scope of services and time frame for completion. Goods marked as purchased through grant. Maintain inventory of all purchased items.

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				Payment issued only when goods & services completely delivered.
Process for Hiring Personnel	Failure to post all positions before hiring begins. Lack of documentation for adequate screening, interviewing, and reference checks of recommended hires.	All grant positions posted. Hiring process included screening, interviewing of two or more candidates, and reference checks on those recommended for hire.	All grant positions posted with wage information and requirements for education, experience, and skills. Hiring process included screening, interviewing of two or more candidates, and reference checks on those recommended for hire.	All grant positions posted with wage information and requirements for education, experience, and skills. Hiring process included competitive screening, interviewing of 3 top ranked candidates, and reference checks on those recommended for hire.
Appropriate Documentation of Expenses	Missing steps from the "Meets Standard" rubric would merit a "Not Evident" rating.	Hiring recommendations indicate wage. Payroll records include time sheets approved by supervisors. Purchase Orders for all contracts for goods and services. Approvals by supervisor of payments. Financial records for the grant are available.	Hiring recommendations indicate wage and funding source. Payroll records include time sheets approved by supervisors. Purchase Orders for all contracts for goods and services. Approvals by supervisor of payments. Financial records for the grant are available.	Hiring recommendations indicate wage and funding source. Payroll records include time sheets approved by supervisors. Purchase Orders for all contracts for goods and services. Approvals by supervisor of payments. Financial records for the grant are centrally located in one file.

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