Social Impact Evaluation Report

July 2023-June 2025

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In partnership with:

COMMUNITY Mediation SERVICES

Community Peace Center of Central Washington

COMMUNITY PASSAGEWAYS

UW Medicine HARBORVIEW MEDICAL CENTER

EAST AFRICAN COMMUNITY SERVICES

SRDVC

PORT OF SUPPORT

WEAVING WELLNESS

Washington State Department of Commerce

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BACKGROUND

Community violence is a significant public health and safety problem in the United States with substantial health, social, and economic costs. Reflecting the embodiment of intersecting forms of structural oppression, the burden and consequences of community violence are disproportionately felt by Black and Brown communities.

Community violence intervention (CVI) is a healing-centered, community-led approach to decrease community violence while promoting healing, safety, and overall well-being.

> **Community violence:**
> acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim (NCTSN)

> **Community violence intervention:**
> a healing centered approach focusing on community-led strategies to reduce violence (CVI Action Plan)

In Washington State, the Office of Firearm Safety and Violence Prevention funded multiple youth-focused CVI programs in Washington State between 2023 and 2025. To evaluate these programs, OFSVP contracted with the University of Washington Firearm Injury & Policy Research Program (FIPRP). This report summarizes the background, methods, findings, lessons learned, and recommendations from the resulting collaborative evaluation between FIPRP and 8 youth-focused CVI programs in Washington State.

We approached the evaluation as a genuine partnership grounded in power-sharing throughout all aspects of the project. This meant that each CVI program and the FIPRP team served as co-leaders in evaluation design and implementation, with processes adapted to reflect the programs' capacity, expertise, and needs. The evaluation also prioritized learning and capacity building (e.g., via workshops, co-presenting at local and national conferences, etc.).

EXECUTIVE SUMMARY

METHODS

Together, FIPRP and staff from each CVI programs co-developed quantitative and qualitative evaluation measures for participants and staff (according to domains of a previously co-developed theory of change for youth CVI) through an iterative process of question generation, reflection, and refinement. Once evaluation measures were finalized, CVI program staff and FIPRP team members worked together the collect data: CVI program staff collected quantitative and qualitative data from their participants with support and technical assistance from the FIPRP team, and FIPRP collected quantitative and qualitative data from staff. FIPRP conducted analyses, and CVI staff contributed to the interpretation and implications of the findings. Analyses were descriptive, rather than inferential.

KEY IMPLICATIONS

Findings revealed several important insights about the experiences of participants and staff in the 8 CVI programs included in this evaluation.

Key implications (described in more detail on pages 104-106):
1. Context matters
2. Salience of survival mode and addressing basic needs
3. Progress is not always linear
4. Consistency is key and requires stable funding
5. Staff lived experience is a key asset
6. Staff benefit from this work as well as youth, but they need investment
7. Importance of holistic evaluation with community-defined indicators of success
8. Qualitative data provide essential insights

Introduction

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ABOUT COMMUNITY VIOLENCE AND COMMUNITY VIOLENCE INTERVENTION

In 2023, 22,829 people died from homicide in the United States (US), and firearms were involved in 79% of those deaths.(Centers for Disease Control & Prevention) Most firearm homicides in the US take the form of community violence, or "intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim."(The National Child Traumatic Stress Network) Community violence has profound and far-reaching consequences, including physical disability, mental distress, substance use, and economic harm. (Sharkey, 2018; Sharpe, 2024) While entire families and communities are impacted by community violence, young Black and Brown men experience a disproportionate burden of injuries and deaths,(Centers for Disease Control & Prevention) reflecting the embodiment of intersecting forms of structural oppression.

Community violence intervention (CVI) is a healing-centered approach that is increasingly considered an important component of comprehensive public safety infrastructure and a key intervention to decrease violence in communities while promoting healing, safety, and overall well-being.(Community Violence Intervention Action Plan) CVI has existed for decades, with many grass-roots programs developed by Black and Brown organizers.(Swans, 1985) Today, CVI programs differ in setting (e.g., community- or hospital-based) and scope (e.g., priority focus on violence interruption, mentorship, cognitive behavioral intervention, or social determinants of health like employment), but include leveraging the expertise of credible messengers—individuals who have deep roots in the community and often similar lived experiences to those they serve—to connect with and support individuals at highest risk of violence.(CVI Action Plan, 2024)

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LOCAL AND HISTORICAL CONTEXT

Violence

Nationally (and in many states and cities, including in Washington State), firearm homicide (largely reflecting community violence) increased significantly beginning in 2020 alongside the COVID-19 pandemic, increasing 45% from 2019-2021.(Davis, 2023) The increase was disproportionately felt by racially and economically marginalized communities, widening long-standing disparities.(Schleimer, 2022) For example, in 2021, the firearm homicide rate among Black males aged 20-24 was 13 times the rate among white males the same age (134.4 vs. 10.0 per 100,000).(Centers for Disease Control & Prevention) Firearm homicide rates have begun to decline in many places, including in Washington State. Local data from Washington State are shown on the following pages.

Social and structural drivers of community violence

When evaluating CVIs, it is critical to keep in mind the social and structural drivers of community violence and the structural barriers CVI programs may face in their efforts to support participants.

The causes of community violence are multi-faceted and span levels (e.g., individual, neighborhood, policy) and time periods (e.g., historical, present day). Many of these causes are rooted in systems of oppression (e.g., racial capitalism, heteropatriarchy, and white supremacy) that have contributed to deep-rooted inequities in conditions that increase risk for violence, such as concentrated neighborhood poverty, intergenerational trauma, and restricted access to flexible resources (e.g., money, power, social capital).

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Data on firearm fatalities in Washington State through 2023 (the most recent available mortality data) are shown below.

Firearm deaths per 100,000 in WA State, 2018-2023

● Homicide　● Suicide
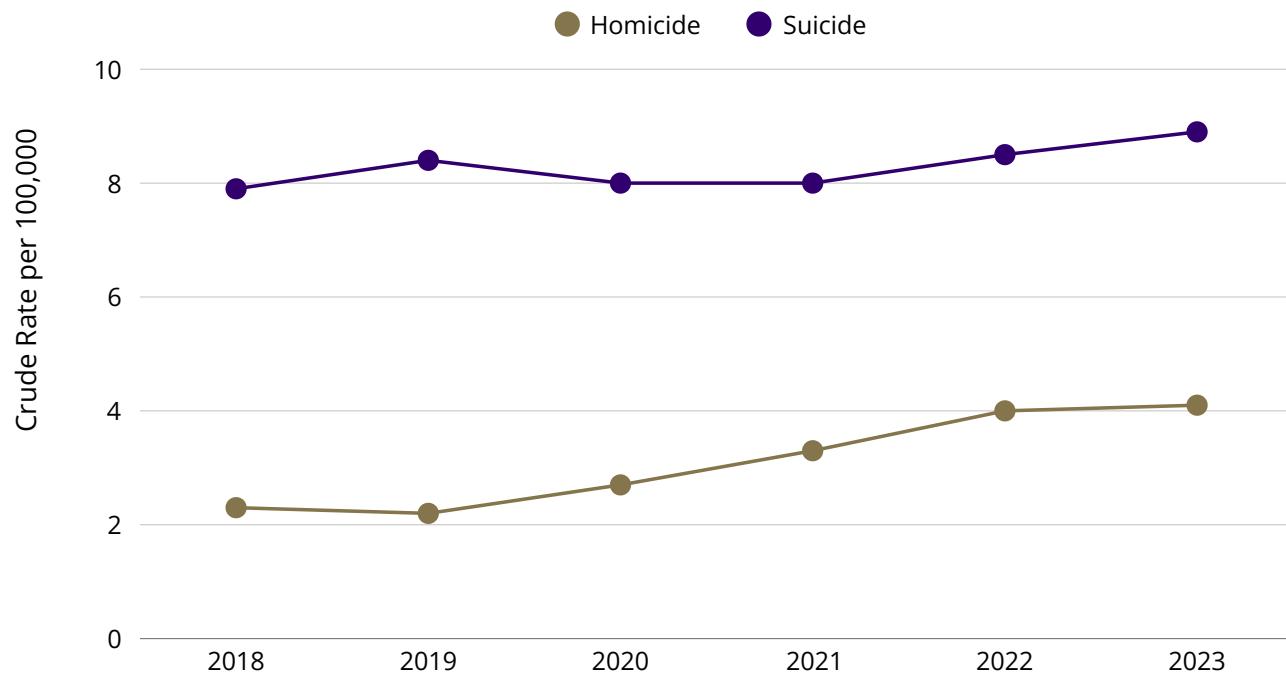
Firearm homicide deaths per 100,000 in WA State by race and age*, 2018-2023

● Black　● White
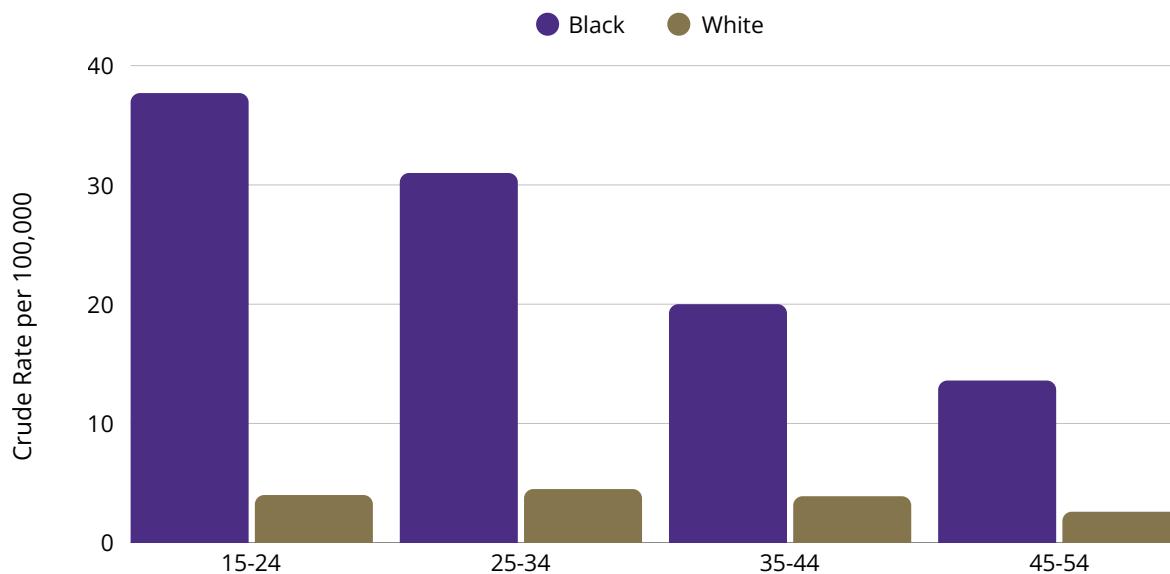
*Data suppressed by CDC for all other race and ethnicity categories by age.

Source: https://fiprp.uw.edu/data-statistics/, Centers for Disease Control and Prevention, National Center for Health Statistics.

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Data on interpersonal firearm injuries (non–fatal and fatal) in Washington State through 2024 are shown below.

Rates of Interpersonal Firearm Injury (Non-fatal and Fatal)
Rates per 100,000 population, 2019–2024

Source: The Gun Violence Archive
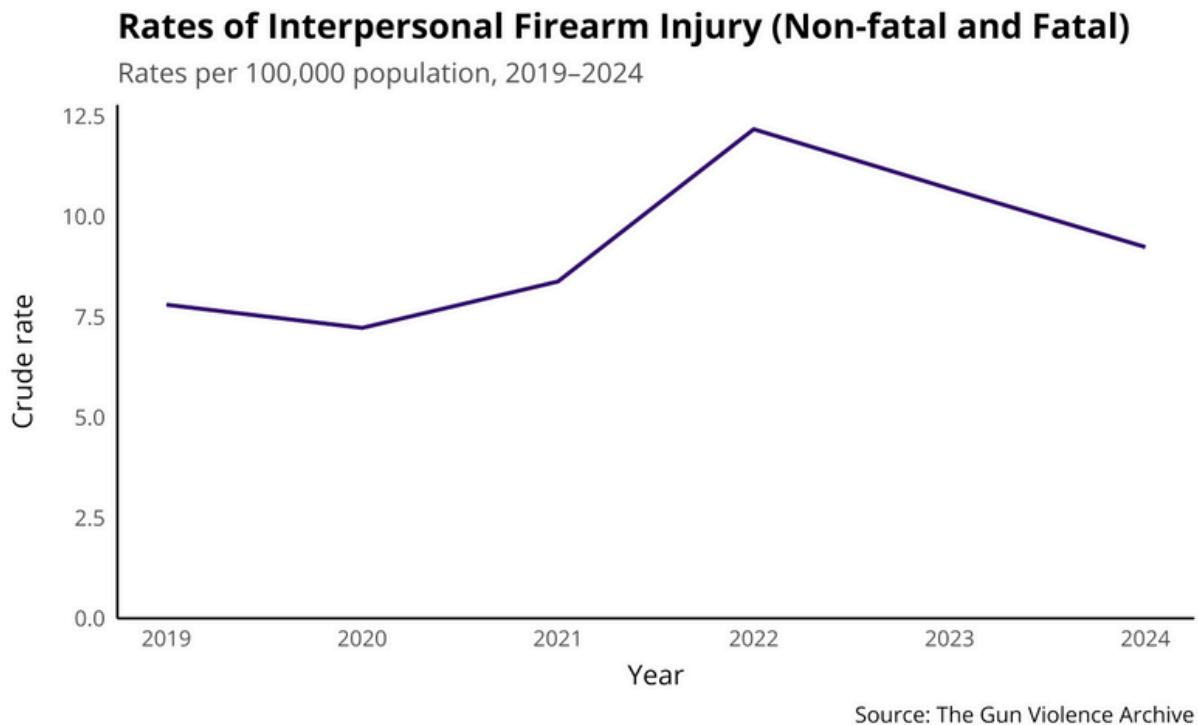
Rates of Interpersonal Firearm Injury (Non-fatal and Fatal) per County
Rates per 100,000 population, 2019–2024

Source: The Gun Violence Archive
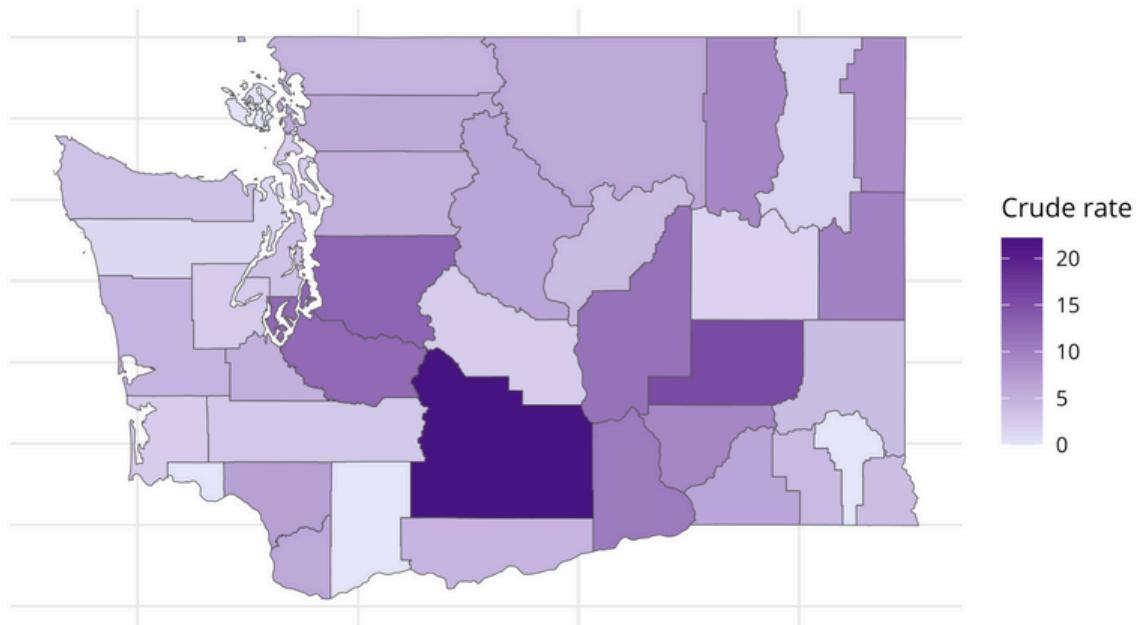
LOCAL AND HISTORICAL CONTEXT (CONTINUED)

While CVI provides critical supports and services, it is unrealistic to expect CVI programs to reverse – especially in short order – the decades of cumulative marginalization that have contributed to high rates of community violence observed today. Furthermore, many CVI programs are supporting individuals with complex needs that require engagement with multiple governmental agencies, social service sectors, and other institutions, such as those relating health care, housing, education, the criminal legal system, etc. Therefore, CVI programs' ability to effectively support some individuals may depend on (and be limited by) these external factors. People conducting CVI evaluations and interpreting their results should attend to these contextual factors.

Funding and sociopolitical context

Responding to increases in violence during the pandemic and calls from Black and Brown leaders, the Biden Administration committed billions of dollars for states and localities to invest in CVI in 2021-2022 via the American Rescue Plan Act (ARPA, 3/11/2021),(Rep. Yarmuth, 2021) modification of funding streams for federal agencies and clarification of Medicaid reimbursement criteria (4/7/2021),(The White House, 2021a) and the Bipartisan Safer Communities Act (BSCA, 6/25/2022).(Sen. Rubio, 2022) Furthermore, the Biden Administration convened and supported the Community Violence Intervention Collaborative, an 18-month initiative that convened representatives from 16 jurisdictions to enhance and coordinate CVI implementation,(Beaty, 2023; The White House, 2021b, 2021c), and created the White Office of Gun Violence Prevention (established in 2023), which helped advocate for CVI investment. These actions helped materially support CVI programs across the country, and they contributed to national momentum towards advancing the field.

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LOCAL AND HISTORICAL CONTEXT (CONTINUED)

Despite recent progress, the CVI field (nationally and in Washington State) currently faces important challenges, including limited resources, politicization, and—most recently—a new presidential administration that is dismantling CVI infrastructure. For example, in April 2025, the Trump administration directed the Department of Justice to terminate $820 million in federal grants for violence prevention, many of which supported CVI.

Even before recent funding cuts, the CVI field faced challenges. For example, CVI programs often experienced weighty expectations to reduce violence quickly and markedly. Further, because community-based organizations employing CVI have long been underfunded and underresourced, they may lack robust infrastructure for managing large grants and contracts, collecting data, and training and supporting staff, who often experience on-the-job exposure to violence and trauma and have a history of such exposure.(Bocanegra & Aguilar, 2024; Buggs, Dawson, et al., 2023; Hureau DM et al., 2022) These challenges are amplified by the fact that many grants are short-term (potentially resulting in funding gaps), reimbursement-based, and may not offer the level of training and technical assistance needed, making it difficult for community-based organizations to gain solid footing.(LISC, 2024)

In response to ongoing and emerging challenges, coalitions of researchers, practitioners, and community members locally and nationally have been working to ensure that CVI gets a fair chance to prove its worth, including with renewed and additional funding for CVI.

LOCAL AND HISTORICAL CONTEXT (CONTINUED)

Washington State Office of Firearm Safety and Violence Prevention

The Washington State Legislature created Office of Firearm Safety and Violence Prevention (OFSVP), housed in the Washington State Department of Commerce, in 2020. OFSVP is one of dozens of offices of violence prevention across the county (including at the city and state level), many of which were created since 2019. OFSVP and other such offices play a critical role in centralizing, systematizing, and advancing violence prevention efforts.

The specific responsibilities of OFSVP include:

- Creating and maintaining a network of community intervention and reduction programs across the state
- Developing best practice guidance and providing technical assistance
- Identifying promising practices within Washington or in other states or countries, and supporting efforts to scale up or replicate those practices across the state
- Convening gatherings and hosting training to bring together state and national experts and community participants
- Identifying steps to improve the availability and quality of firearm data in Washington through information collection and data sharing.
- Identifying and administering state, federal and private funding for grant programs focused on reducing firearm violence in Washington communities
- Issuing a bi-annual report and policy recommendations to policymakers.

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BACKGROUND & PURPOSE OF EVALUATION

From 2023-2025, OFSVP funded several youth-focused community- or hospital-based firearm violence intervention programs (hereafter "CVI programs") in Washington State. OFSVP contracted with the University of Washington Firearm Injury & Policy Research Program (FIPRP) to conduct a **social impact evaluation and assessment** of these programs. This report summarizes the methods, results, and lessons learned from the resulting collaborative evaluation.

DESCRIPTION OF COLLABORATORS

FIPRP is a research program in the School of Medicine at the University of Washington. Guided by the belief that equitable and transformative change to prevent firearm-related harm can only be effectively materialized through genuine partnership with those most impacted by this public health and public safety challenge, FIPRP works alongside community, research, and policy partners to (1) investigate the determinants of firearm death and injury at the individual, community, and societal level; (2) evaluate the effectiveness of firearm laws and policies; (3) assess the consequences of firearm violence; and (4) develop strategies to reduce the toll of firearm-related harm among people of the state and our country.

FIPRP team members involved throughout the course of the social impact evaluation included: Ali Rowhani-Rahbar (Principal Investigator), Ayah Mustafa, Esprene Liddell-Quintyn, Kristian Jones, Lynniah Grayson, Meron Girma, Olivia McCollum, Rachel Ross, Julia Schleimer, and Vivian Lyons.

DESCRIPTION OF COLLABORATORS (CONTINUED)

There were 10 **CVI programs** involved in this project (8 included in this evaluation).* Of the 10, one was based in Clark County (Community Mediation Services), one in Grays Harbor County (Weaving Wellness in the Dispute Resolution Center), five in King County (East African Community Services, Community Passageways, YMCA Alive & Free, Urban Family, and Harborview Medical Center's hospital-based violence intervention & prevention program), one in Thurston County (Port of Support & Pathwayz to Success), one in Spokane County (Spokane Regional Domestic Violence Coalition), and one in Yakima County (Walk About Yakima). Figure 1 displays the locations of these organizations (in the figure for the purpose of this report, YMCA Alive & Free and Urban Family are included under the umbrella of the Regional Peacekeeper's Collective).*

Figure 1. Map of Social Impact Evaluation Collaborators
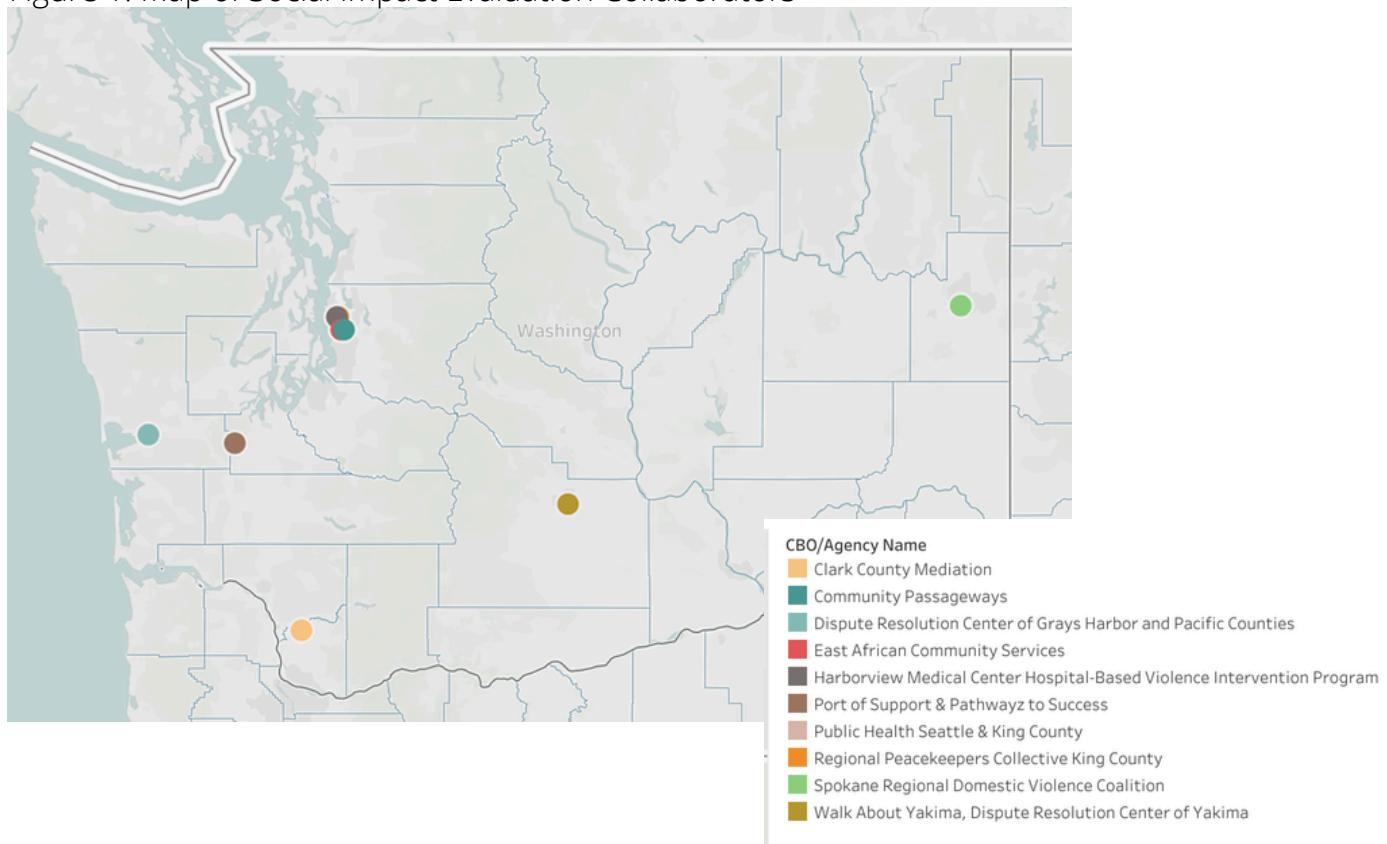
*YMCA Alive & Free, Urban Family, and some programs within Community Passageways were implemented as part of the Regional Peacekeeper's Collective, for which Public Health-Seattle & King County were the primary evaluators (FIPRP consulted with Public Health-Seattle & King County via bi-weekly meetings). Thus, 8 CVI programs were included in this social impact evaluation and assessment (including one Community Passageways' programs, i.e., CP-FIT).

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DESCRIPTION OF COLLABORATORS (CONTINUED)

The CVI programs included in this evaluation varied considerably in service population, context, and services/supports provided. Each program is summarized below and their key activities, organized according to domains of a previously co-developed theory of change for CVI, are in Appendix Table 2.

Community Mediation Services (CMS) implements two gun violence intervention programs in Clark County, WA, one through peer mediation in the school setting, and one through conflict resolution training provided to youth/young adults ages 12-24 in community settings. The programs seek to increase conflict resolution skills and provide case management services to youth and young adults at higher risk of firearm-related harm.

Community Passageways' implementation of Family Integrated Transitions (CP-FIT) is a therapeutic, evidence-informed home and community-based case management program for youth and young adults (mostly aged 12-24) who have been involved or are currently involved with the legal system. The program strives to promote behavior change by building on the strengths of each young person's support network. CP-FIT Ambassadors work with families and young people to build skills and resources to promote emotional regulation, mindfulness, distress tolerance, and interpersonal effectiveness while reducing substance use and aggression.

The Dispute Resolution Center of Grays Harbor & Pacific Counties' **Weaving Wellness** program combines Multisystemic Therapy for Family Integrated Transitions (MST-FIT) with a Credible Messengers model that involves individuals from the community who possess cultural insight and empathy.

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DESCRIPTION OF COLLABORATORS (CONTINUED)

Weaving Wellness serves justice-involved youth and caregivers in the Quinault Indian Nation, including adult family members impacted by the justice system and involved in Wellness Court, providing mentorship, behavioral health services, family counseling, and court coordination.

East African Community Services (EACS) serves youth and young adults from East African communities in South Seattle and South King County. EACS provides holistic, trauma-informed, wraparound services and implements youth violence intervention strategies to reduce firearm violence, including case management services, essential services, and resource connections.

By bridging the gap between healthcare and community resources through committed engagement, **Harborview Medical Center's Violence Intervention & Prevention (VIP) program** supports victims, their families, and communities fostering resilience and recovery. The VIP program's goal is to promotes health and wellbeing for patients and families impacted by gunshot wound injuries and gun violence.

Port of Support & Pathwayz to Success (POS) serves individuals, especially youth and young adults ages 14–23, impacted by gun violence in King, Thurston, and Pierce Counties. POS provides supportive services, including financial assistance, emergency housing assistance, wraparound support with basic needs, firearm storage devices, and spaces for community building and healing. This evaluation focused on housing support for individuals who experienced firearm injury.

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DESCRIPTION OF COLLABORATORS (CONTINUED)

Spokane Regional Domestic Violence Coalition's (SRDVC) service model includes a variety of services, including healthy relationship classes and case management, to support people at high risk of engaging in or becoming victims of violence, particularly Black, Indigenous, and other people of color and those who are non-English speaking and involved in the criminal justice system. For this evaluation, SRDVC chose to focus on youth participating in SRDVC's healthy relationships classes.

Walk About Yakima (WAY) aims to reduce gang-related gun violence in Yakima County by providing direct intervention to individuals who are most vulnerable to being killed or incarcerated due to gun violence and gang activity. The program integrates principles of restorative justice and community violence intervention, focusing on healing harm, fostering accountability, and addressing root causes of violence.

Methods

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APPROACH TO EVALUATION

While the collaboration between FIPRP and the 8 CVI programs who were included in this evaluation originated from a state contract, we approached it as a genuine partnership grounded in power-sharing throughout all aspects of the project. This meant that each CVI program and the FIPRP team served as co-leaders in evaluation design and implementation, with processes adapted to reflect the programs' capacity, expertise, and needs. The evaluation also prioritized learning and capacity building (e.g., in terms of evaluation design, data collection, and evidence translation). For example, as described further below, FIPRP convened a total of 10 evaluation-related workshops and training sessions for the 8 CVI programs involved in this collaboration over the course of the project, including sessions on measurement development, qualitative data collection, translating evidence for funders and policymakers, and one-on-one "office hours" to provide individualized support. Together, members of the FIPRP team and CVI programs also co-presented work from this project on 8 occasions, including at local and national conferences.

In terms of evaluation workflow, each CVI program identified a "point person" (often the program supervisor, director, or data manager) who served as the primary contact for check-ins and coordination to support communication and continuity. At the discretion of the point person, other staff members were also involved in recurring meetings with the FPRP team, as well as decision-making and data collection processes. Involving multiple perspectives and areas of expertise ensured that the evaluation aligned with organizational workflows and provided timely feedback on evaluation processes and tools.

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APPROACH TO EVALUATION (CONTINUED)

Evaluation measures were designed to be culturally relevant and to capture the true scope of each CVI program's work. Together, FIPRP and staff from each CVI program co-developed quantitative and qualitative evaluation measures for their participants (i.e., youth, family, patients, mentees) and staff through an iterative process of question generation, reflection, and refinement. These evaluation measures were informed by a previously co-developed theory of change for CVI (Schleimer, 2024), as described in detail below. Once evaluation measures were finalized, CVI program staff and FIPRP team members worked together the collect data. CVI program staff collected quantitative and qualitative data from their participants with support and technical assistance from the FIPRP team. FIPRP collected quantitative and qualitative data from staff. FIPRP conducted analyses, and CVI staff contributed to the interpretation and implications of the findings. The University of Washington Institutional Review Board deemed this project program evaluation and not human subjects research.

MEASUREMENT CO-DEVELOPMENT

Background

When evaluating CVIs, it is critical to consider who defines success and how success is defined. Therefore, grounded in our commitment to genuine partnership and community-centered evaluation, FIPRP team members collaborated with CVI practitioners – the people engaged in the work and most proximate to community violence – to:

MEASUREMENT CO-DEVELOPMENT (CONTINUED)

1. Co-develop a theory of change (TOC) for youth-focused CVI programs
2. Conduct a scoping review to understand measures and methods used in prior CVI evaluations
3. Co-develop tailored evaluation measures with/for the 8 CVI programs in this evaluation

Efforts #1 and #2 – which are described in detail in prior publications with CVI practitioners as co-authors (Schleimer, 2024; Girma, 2025) – helped form the foundation for the current evaluation.

The TOC (Appendix Figure 1) was previously co-developed between FIPRP and several CVI programs in Washington State (from 2022-2023, with support from OFSVP via a prior contract). It outlines how CVI programs involved in that collaboration aim to address social and structural factors that contribute to violence. It included six key domains: (1) root causes of community violence, (2) promotive factors (assets and resources that currently exist or need bolstering), (3) activities (services and supports provided by the intervention), (4) intermediate outcomes (6 months to 1 year), (5) longer-term outcomes (1-2+ years), and (6) multilevel context (external factors related to youth/families, staff/organizations, community, and society that affect CVI programs).

The scoping review helped us situate our work within the field more broadly and orient us to common practices, potential issues and gaps, and areas for improvement. For example, we found that, in prior CVI evaluations, there was an overwhelming focus on deficit-based measures, and community members were often involved in evaluations

MEASUREMENT CO-DEVELOPMENT (CONTINUED)

but rarely credited, highlighting a disconnect between community knowledge and published scholarship.

Effort #3 was a central component of the current evaluation and received much of our attention during the first year of the project. It is described briefly below.

Approach

Measurement co-development was guided by the above-mentioned TOC. We focused on measures for intermediate outcomes and longer-term outcomes in the TOC, but we also included several measures related to context and activities.

The process of co-developing evaluation measures with CVI programs involved two phases, each consisting of multiple, iterative steps (see Figure 2).

In Phase 1, the FIPRP team curated a menu of quantitative measures (i.e., survey questions) by integrating existing literature with insights and new ideas from CVI practitioners gathered during a community workshop.

In Phase 2, each of the 8 CVI programs involved in the evaluation selected constructs from the TOC that were relevant to their work and collaborated with FIPRP in 1:1 meetings to tailor measures for those constructs (from the menu created in Phase 1) to their program and service population — ensuring clarity, relevance, and alignment with program needs. Qualitative measures (i.e., interview guides) were co-developed in parallel to complement the survey questions.

MEASUREMENT CO-DEVELOPMENT (CONTINUED)

Figure 2. Phases and Steps of Measurement Co-development
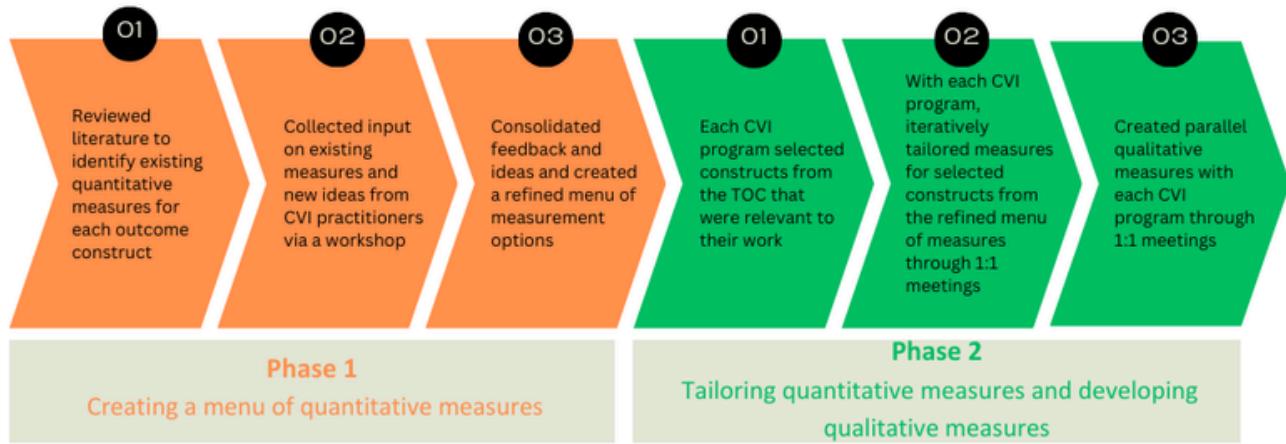
Findings are presented below for each phase:

PHASE 1: Menu of quantitative measurement options

Step 1. We compiled measures from 41 existing sources (3.2 sources per construct).

Step 2. CVI practitioners expressed that many of the existing measures were relevant to their work and the populations they serve, though some practitioners suggested modifications to better align the questions with specific community contexts and make the language more age/culturally appropriate. CVI practitioners also generated new ideas for measures, offering creative suggestions and perspectives on how to better capture the nuances of their experiences and the experiences of those they serve.

Step 3. FIPRP team members consolidated measures and input from community members to create an initial menu of measurement options (n=60 questions).

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<u>MEASUREMENT CO-DEVELOPMENT (<u>CONTINUED</u>)</u>

PHASE 2: <u>Tailored and refined measures for each CVI program and developed parallel qualitative measures</u>

Step 1. CVI programs selected an average of 6 constructs to measure for this evaluation. The most commonly selected constructs were "youth/family ability to meet basic needs, progress towards personal goals" (selected by 6 programs), "youth/family connection, positive role models, supportive relationships" (selected by 7 programs), "youth/family behavioral health, self-efficacy" (selected by 6 programs), and "safety, including from gun violence" (selected by 5 programs). The least commonly selected constructs were "belonging" (selected by 2 programs), "youth/family pro-social response to conflict, peaceful conflict resolution" (selected by 1 program), and "culture of non-violence" (selected by 1 program).

Step 2. While we used a similar approach, the time it took to develop measures with each CVI program varied due to capacity, interest, and communication preferences (e.g., meeting in-person vs. Zoom). Over the span of about 10 months, we had a total of 48 one-hour meetings, with an average of 6 meetings per CVI program (range=3-15 meetings).

During these meetings, CVI staff members were presented with the initial menu of measures for the specific TOC constructs they chose. The process of refining measures involved extensive discussion around several key considerations. Confidentiality was a primary concern for all the CVI programs. We therefore took several actions to ensure confidentiality, including co-designing survey measures to avoid requesting sensitive information or information that might be perceived as criminalizing. Another consideration was the age appropriateness of questions, including readability and language. CVI practitioners provided insights into the literacy levels and language preferences of their

METHODS

MEASUREMENT CO-DEVELOPMENT (CONTINUED)

participants, which led us to simplify jargon, include definitions for complex terms, and exclude questions deemed inappropriate or confusing. Concerns about the invasiveness of the questions also arose, prompting the exclusion of any questions considered overly intrusive or irrelevant to participants' experiences.

After revisions, each CVI program had a customized list of quantitative measures that fit their program and the population they served.

For example, one CVI program initially chose the following survey measure from the Future of Families & Child Wellbeing Study's Material Hardship Scale:

In the past 6 months, did you do any of the following because there wasn't enough money:
a. Go hungry because could not afford food
b. Did not pay rent/mortgage in full
c. Had utilities turned off because there was not enough money
d. Stayed at a shelter, or a place not meant for housing, or couch surfed

After meeting and discussing revisions, the question was edited to:

In the past 6 months, did any of the following happen because you didn't have enough money?
a. You went hungry because you couldn't afford food
b. You or your family didn't pay their rent/mortgage in full
c. Your water or electricity was turned off because the bill wasn't paid
d. You lived at a shelter, in your car, couch surfed or were unhoused

<u>MEASUREMENT CO-DEVELOPMENT (CONTINUED)</u>

These revisions were made to make the question more accessible and relevant to the youth in the community. For example, the term "utilities" was changed to "water or electricity" to define terms that youth may not be familiar with. The phrase "you or your family" was added to account for the possibility that respondents may not be directly responsible for the bills, but their family might be. Additionally, asking "did any of the following happen" aligns more closely with trauma-informed language than "did you do any of the following."

Step 3. Since the measures on the initial menu were quantitative, the academic team created qualitative measures that complemented/added context to each final quantitative question.

For example, one of the CVI programs used the following question on their quantitative survey:

How well are you able to manage your stress/anxiety since your injury?
a. Very well
b. Well
c. Neutral
d. Poorly
e. Very poorly

To help contextualize this question and any others related to stress and anxiety, the academic team suggested the following question for their qualitative interviews:

How have you been managing stress or anxiety since your injury?

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MEASUREMENT CO-DEVELOPMENT (CONTINUED)

Follow up: What has made it harder to manage stress or anxiety?
Follow up: What strategies or practices have you been using to manage stress or anxiety?

These qualitative questions aimed to provide deeper insight into participants' experiences with stress and anxiety, offering a narrative that contextualizes their quantitative responses.

Then, each CVI program revised the proposed qualitative measures to meet their needs.

> Based on our efforts to co-develop CVI evaluation measures with CVI practitioners for this evaluation, **we created an online toolkit (https://fiprp.uw.edu/toolkit/) as a shared resource** for others to tailor and build upon on our work. The platform lets users choose what they want to measure, explore both quantitative and qualitative questions, and build custom surveys or interview guides tailored to their work.

YOUTH/PARTICIPANT DATA

Quantitative

Data Collection

All 8 CVI programs collected quantitative survey data from their participants. Given the (varying) time it took to co-develop and finalize survey questions, logistical constraints (e.g., staff transitions and onboarding), and the timing of data analysis relative to the start of the

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YOUTH/PARTICIPANT DATA (CONTINUED)

data collection, 5 of the 8 programs collected data at multiple time points (Table 2). Overall sample size varied in part for these reasons, along with the size of the program/service population.

Modes of data collection included: Apricot Case Management System (Community Passageways), Google Forms (Weaving Wellness, Walk About Yakima), pen and paper (Community Mediation Services, East African Community Services), Qualtrics (Port of Support & Pathwayz to Success), RedCap (Harborview's VIP program), and SurveyMonkey (Spokane Regional Domestic Violence Coalition). Organizations that collected data on paper either entered the data in Google Forms (Community Mediation Services) to share electronically or sent us scanned PDFs (East African Community Services).

Table 2. Summary of Youth/Participant Quantitative Data Collection Details per Organization

Organization	Multiple time points	Mode of data collection	Sample size*
Community Mediation Services	Yes	Pen and paper	310 (219 individuals)
Community Passageways	Yes	Apricot	74 (44 individuals)
East African Community Services	Yes**	Pen and paper	28 (26 individuals)
Harborview's VIP program	Yes	RedCap	55 (52 individuals)
Port of Support & Pathwayz to Success	No	Qualtrics	5
Spokane Regional Domestic Violence Coalition	No	SurveyMonkey	15
Walk About Yakima	Yes	Google Forms	56 (40 individuals)
Weaving Wellness	No	Google Forms	5

*Sample size reflects the number of survey responses FIPRP received, with the number of unique individual survey respondents in parenthesis if applicable.
**We did not assess change over time since only two surveys were collected at time 2.

YOUTH/PARTICIPANT DATA (CONTINUED)

Participants received a $20 electronic or physical gift card after survey completion (FIPRP provided the cards to the CVI programs, who then distributed them, except in the case of Harborview, who used their own funds). Participants were provided informed consent language (e.g., indicating the purpose of the survey and that it was voluntary) and told that responses would remain confidential and no individual-level information would be published or shared with anyone outside the CVI organization and the evaluation partners at the University of Washington.

Data Analysis
We summarized program-specific data with standard summary statistics (e.g., percentages) at multiple time points spanning data collection when possible. We also descriptively summarized program-specific individual-level change over time for those participants who completed multiple surveys. We conducted descriptive—rather than inferential—analyses since our study design was not suited to causal inference (e.g., there is no comparison or control group). Further, this was a **learning evaluation** focused on developing data collection tools and building capacity for data collection systems; those tools and systems still require refinement, technical assistance, and investment (e.g., to ensure data are collected longitudinally with little missingness).

Qualitative
Data Collection

In collaboration with the evaluation point person for each organization, qualitative data were collected from program participants across the 8 CVI programs. Programs could choose to conduct focus groups, interviews, or administer open-ended survey questions depending on their capacity, preference, and alignment with existing program

METHODS

YOUTH/PARTICIPANT DATA (CONTINUED)

workflows. To support implementation of interviews and focus groups, FIPRP provided voluntary training for CVI staff on qualitative data collection, including best practices for conducting interviews and focus groups, obtaining consent, and managing recordings or transcriptions (Table 3). Trainings lasted approximately 1 hour and 30 minutes and were offered virtually, in-person, or in a hybrid format depending on organizational needs. Each training was accompanied by a one-page checklist summarizing procedures for future reference.

Table 3. Summary of Qualitative Training per Organization

Organization	Date of Training	Setting	Number of Attendees
Walk About Yakima	11/14/2024	Hybrid; In-person (Yakima) & Virtual (Zoom)	9
Community Mediation Services	11/20/2024	Virtual (Zoom)	4
Spokane Regional Domestic Violence Coalition	12/5/2024	Virtual (Zoom)	5
Community Passageways	1/15/2025	Hybrid; In-person, (UW Campus) & Virtual (Zoom)	5
Weaving Wellness	2/25/2025	Virtual (Zoom)	5

All participating organizations chose to have their own staff facilitate qualitative data collection with youth. Staff members primarily conducted interviews and focus groups in person, with a virtual option offered when in-person participation was not feasible (Table 4). This approach helped ensure trust, cultural alignment, and continuity in

YOUTH/PARTICIPANT DATA (CONTINUED)

relationships. For interviews and focus groups, staff members recorded sessions (with participant consent) and securely shared the audio files (via a shared Google Drive folder) with the FIPRP team for analysis. In the case of open-ended survey questions, staff collected completed surveys and shared the survey responses with the FIPRP team. Program participants were invited to share their perspectives on program experiences, needs, and outcomes in ways that prioritized confidentiality and minimized burden. Participants received a $30 electronic or physical gift card after interview or focus group completion (FIPRP provided the cards to the CVI programs, who then distributed them, except in the case of Harborview, who used their own funds). Participants were provided informed consent language (e.g., indicating the purpose of the survey and that it was voluntary) and told that responses would remain confidential and no individual-level information would be published or shared with anyone outside the CVI organization and the evaluation partners at the University of Washington.

Table 4. Summary of Youth/Participant Qualitative Data Collection Details per Organization

Organization	Qualitative Data Collected	Mode of data collection	Sample size	Analysis Approach
Community Mediation Services	Yes	Interviews	6	Thematic Analysis
Community Passageways	Yes	Interviews	14	Thematic Analysis
East African Community Services	Yes	Open-ended surveys	26	Content Analysis
Harborview's VIP program	Yes	Open-ended surveys; Interviews	52 (open-ended surveys); 1 (interview)	Content Analysis
Port of Support & Pathwayz to Success	Yes	Open-ended surveys	5	Content Analysis
Spokane Regional Domestic Violence Coalition	Yes	Open-ended surveys	12	Content Analysis
Walk About Yakima	Yes	Interviews	8	Thematic Analysis
Weaving Wellness	Yes	Interviews	2	Content Analysis

METHODS

YOUTH/PARTICIPANT DATA (CONTINUED)

Data Analysis

Youth/participant qualitative data were analyzed using either **thematic analysis** and **content analysis** approaches, depending on the format of data collection. Interview and focus group transcripts were reviewed using thematic analysis to identify emergent themes and insights related to participant experiences. Open-ended survey responses were reviewed using content analysis, with codes developed to capture the frequency and salience of specific ideas, phrases, or concerns raised by participants.

For organizations that collected qualitative data, the analysis work was distributed among four FIPRP team members, ensuring that at least two team members independently reviewed a subset of transcripts using open-ended, inductive coding to identify key ideas and recurring themes. Data were organized by program and construct (based on the co-developed theory of change) to align qualitative findings with quantitative survey results. This approach allowed insights to emerge naturally from the data, grounded in participants' lived experiences. From this initial review, the team developed a draft codebook with definitions and example excerpts for each code. CVI program staff reviewed the draft codebook and provided feedback, which was incorporated into the final version.

Transcripts from interviews and focus groups were systematically coded in Atlas.ti by two coders, and open-ended survey responses were reviewed to capture recurring ideas and patterns. The FIPRP team then worked collaboratively to interpret coded data, grouping related codes and identifying broader themes that reflected program goals and participant experiences. Through iterative discussion and refinement, themes were defined and finalized. Representative quotes were selected to illustrate each theme and ensure that participant voices were represented in the final findings.

METHODS

STAFF DATA

Quantitative

Data Collection

In collaboration with the evaluation point person for each organization, we identified the staff members who were working in the CVI program (whether administration, management, or direct service, at the discretion of the point person) and sent them a link to a voluntary, anonymous online survey. Table 5 below shows the number of staff members from each organization who were invited to take the survey and the number who completed it.

The survey was co-developed with input from CVI staff; it asked about staff members' experiences with their work and organization. Surveys were administered electronically via RedCap (supported by the University of Washington Institute of Translational Health Sciences, which is funded by the National Center for Advancing Translational Sciences of the National Institutes of Health under award number UL1TR002319). Staff were provided informed consent language (e.g., indicating the purpose of the survey and that it was voluntary) and told that responses would remain confidential and no individual-level information would be published or shared with anyone outside their organization's evaluation partners at the University of Washington. Staff received a $20 electronic gift card after completing the survey (staff emailed the FIPRP team once they completed the survey, rather than attaching their name to the survey itself, to preserve anonymity).

Data Analysis

Data were described with standard summary statistics (e.g., percentages).

STAFF DATA (CONTINUED)

Table 5. Summary of Staff Quantitative Data Collection Details per Organization

Organization	Number of staff invited to take the survey	Number of staff who completed the survey
Community Mediation Services	5	3
Community Passageways	6	4
East African Community Services	NA	NA
Harborview's VIP program	6	5
Port of Support & Pathwayz to Success	NA	NA
Spokane Regional Domestic Violence Coalition	5	5
Walk About Yakima	8	8
Weaving Wellness	3	3

NA indicates the organization chose not to participate in staff data collection

Qualitative

Data Collection

In collaboration with the evaluation point person for each organization, we identified the staff members who were working in the CVI program (whether administration, management, or direct service, at the discretion of the point person) and invited them to participate in a qualitative interview. All interviews were conducted virtually via Zoom to provide consistency across organizations and to accommodate staff schedules and preferences. Interviews lasted approximately one hour.

Interview guides were co-developed with input from CVI staff and were designed to capture staff experiences with program implementation, organizational supports and challenges, and reflections on working with

METHODS

STAFF DATA (CONTINUED)

their program participants. Staff were provided informed consent language (e.g., indicating the purpose of the interview and that it was voluntary) and told that responses would remain confidential and no individual-level information would be published or shared with anyone outside the CVI organization and the evaluation partners at the University of Washington. Interviews were audio-recorded (with permission) and then transcribed using Zoom's automated transcription service or Otter.ai. Staff members received a $30 electronic gift card as appreciation for their time and contributions.

Data Analysis

Staff qualitative data were analyzed using a **Rapid Qualitative Analysis (RQA)** approach. This method was selected to efficiently synthesize insights across multiple staff members. Following transcription, the FIPRP team independently reviewed a subset of interviews to identify key domains and develop an initial analytic framework. These domains were designed to align directly with the interview questions, ensuring that analysis reflected the intended topic areas while also allowing space for emergent themes.

Using this framework, the FIPRP team constructed structured summary templates organized by key domains of interest (e.g., motivation for CVI work, key challenges/experiences, support from team/organization). For each interview, coders completed a template that summarized major points and illustrative quotes for each domain. Summaries were then entered into a matrix, using an Excel spreadsheet, organized by staff member and domain, enabling comparison across responses.

METHODS

STAFF DATA (CONTINUED)

Through iterative discussion among the FIPRP team, emergent themes were identified. Draft themes were then shared with CVI program partners, who reviewed them to ensure relevancy and accuracy based on their lived and professional experience. Representative staff quotes were selected to highlight perspectives in their own words.

Table 6. Summary of Staff Qualitative Data Collection Details per Organization

Organization	Number of staff invited to participate in an interview	Number of staff who completed the interview
Community Mediation Services	5	5
Community Passageways	6	4
East African Community Services	NA	NA
Harborview's VIP program	6	2
Port of Support & Pathwayz to Success	NA	NA
Spokane Regional Domestic Violence Coalition	5	2
Walk About Yakima	8	8
Weaving Wellness	3	1

NA indicates the organization chose not to participate in staff data collection

Results

RESULTS

When interpreting the results below, it is important to keep in mind that there was notable variation in the context, population, and programming of the 8 CVI programs included in this evaluation. The evaluation was not designed as or intended to be a comparative program evaluation, and results should not be interpreted as such. **Detailed results for each CVI program are provided in separate program-specific reports.**

YOUTH/PARTICIPANTS RESULTS

Quantitative

The following sections summarize high-level quantitative results across CVI programs, organized according to theory of change constructs (see Tables 7 and 8 for a summary of measured constructs).

INTER-MEDIATE OUTCOMES

Ability to meet basic needs, progress towards personal goals

Six of the 8 CVI programs assessed this construct: Community Passageways, East African Community Services, Harborview's VIP program, Port of Support & Pathwayz to Success, Spokane Regional Domestic Violence Coalition, and Walk About Yakima.

Many participants across these programs reported difficulty or worry about meeting their basic needs. For example, during the first 3 months of participation, only 81% of CP-FIT participants said they were somewhat often/often able to meet their basic needs. Similarly, around the time of enrollment, about 23% of EACS participants said they recently went hungry or did not pay their rent in full because they did not have enough food.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

About 17% of Harborview VIP program participants said they were very concerned about finances at hospital discharge. POS program participants experienced significant housing stability, and 60% said POS' rehousing services helped them transition into stable housing. About 30% of SRDVC participants reported being sometimes worried that their/ their family's basic needs would not be met. Additionally, at the time of enrollment, 32% of WAY mentees said that they went hungry because they did not have enough money, and 20% did not pay rent/mortgage, 8% had their water/electricity turned off, and 4% lived in a shelter or were unstably housed because they did not have enough money.

For programs that collected data at multiple points in time, there was some evidence of increased ability to meet basic needs. For example, by 12-15 months post enrollment, the percentage of CP-FIT participants who said they were often/somewhat often able to meet their basic needs increased to 100% (from 81% during the first 3 months). Similarly, by the end of the program, only 7% of WAY mentees said they went hungry, did not pay rent/mortgage, or had water/electricity turned off (from 8-32% around the time of enrollment), and none lived in a shelter or were unstably housed. Results also indicated that several program participants were in need of additional support. For example, among CP-FIT participants who stayed in the program beyond the typical 12 months (reflecting their generally greater need), the percentage who were often/somewhat often able to meet their basic needs declined to 60% by 18-21 months post enrollment (from 100% at 12-15 months), suggesting that a subset of participant require longer-term and more intensive support to address ongoing and emerging needs.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Likewise, at program discharge (representing the end of formal outpatient support), 38% of VIP program participants said they have had a lot of financial trouble since their injury (17% were very concerned about finances at hospital discharge), suggesting a need for additional financial support for patients as they recover from firearm injury, which can incur substantial costs and impede work opportunities.

Behavioral health, self-efficacy

Six of the 8 CVI programs assessed this construct: Community Mediation Services, Community Passageways, East African Community Services, Harborview's VIP program, Weaving Wellness, and Walk About Yakima.

In general, many participants across these 6 CVI programs reported positive behavioral health, behavioral health-related resources, and self-efficacy, but there was variation across survey questions and programs. For example, at the time of enrollment, 82% of CMS participants in the school setting said there are places they felt comfortable going to support their mental health, and 53% of participants said they often felt confident they could meet their goals or do something they would be proud of. Around the time of enrollment, the vast majority of CP-FIT participants said they would feel comfortable speaking to CP staff or someone else about what is going on, and 38% reported that they or their family have mental health or substance use needs. Among EACS clients at enrollment, about 8% said they or someone in their family was dealing with mental health issues/needs and 70% said there are parts of themselves they are proud of, while 34% said they somewhat often or often feel there are parts of themselves that they struggle with.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Among Harborview's VIP program participants, 70% of patients said they felt well prepared or very well prepared to manage their stress and anxiety after hospital discharge. Among Weaving Wellness clients, 100% of adults said they either "very often" or "often" felt confident in their ability to meet their goals or do something they would be proud of, and 100% of youth said they "often" felt that way. However, more adults than youth in the Weaving Wellness program indicated that they only somewhat feel confident in the tools they have when things get tough. Additionally, most WAY mentees said they ignore or bottle up their feelings when asked about how they deal with strong emotions (between 43-65% across program phases), and, around the time of enrollment, about half of mentees reported using drugs other than prescription medication.

For programs that collected data at multiple points in time, there was some evidence of improved behavioral health and behavioral health-related resources over time. For example, among CMS participants in the school setting, the percentage of youth indicating there are places they felt comfortable going to support their mental health increased to 91% (from 82%) by the end of the program. Among CP-FIT participants, the percentage reporting that they or their family have mental health or substance use needs declined over time (to 20% at 18-21 months post enrollment, from 38% in the first 3 months of enrollment). Among the subset of WAY mentees who took multiple surveys, there was a decrease in reported drug use across phases and in the percentage reporting that they deal with emotions by criticizing themselves, eating too much or too little, keeping themselves busy, lashing out at other people, and self-harming.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

However, other indicators exhibited no change (e.g., in self-confidence or drug use among CMS participants) or change indicative of additional support needs. For example, among Harborview' VIP participants at program discharge, 53% said they had been able to manager their stress and anxiety well or very well since their injury (whereas 70% had said they felt confident to do so at hospital discharge), suggesting some patients may have underestimated their resources to manage stress after hospital discharge. Additionally, over time, WAY mentees increasingly reported they are not good at managing the responsibilities of daily life, which could indicate increasing and new responsibilities (e.g., as they make strides towards goals like having a job) and a need for additional support in managing them.

Economic resources, employment and educational advancement

Three of the 8 CVI programs assessed this construct: Community Mediation Services, East African Community Services, and Walk About Yakima.

Many youth in these CVI programs reported having employment and educational goals and access to resources to reach their goals. For example, among CMS participants in the school setting, the most common goals were going to college (75-79% across time points), having a job (57-65% across time points), and getting a certification or learning a new skill (26-30% across time points).

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Among WAY mentees, the most common goals were to have a job (between 78-94% across phases) and to get a certification or learn a new skill (between 29-50% across phases), while the least common goals were to go to college (between 14-24% across phases) and to complete a vocational/technical program (0% for all phases). Among EACS participants at the time of enrollment, 85% said they have access to or could apply for financial aid (e.g., for college, trade school, apprenticeship).

Two of these 3 programs collected data at multiple points in time (CMS and WAY). Among CMS participants, there were minimal changes over time in goals and steps taken to reach goals, but there was a slight decrease over time in the need for a stronger support system (28% at time 1 and 24% at time 2), and, among the subset who took both surveys, there was a slight decrease in the need for better grades (58% at time 1 and 54% at time 2) and better finances (48% at time 1 and 41% at time 2). Among WAY mentees, there was no clear pattern of change over time in the goals that mentees reported. However, there was an increase over time in the percentage of mentees who said they had the resources to achieve their employment or education goals (from 72% at phase 1 to 86% at phase 3).

Pro-social response to conflict, peaceful conflict resolution

One of the 8 CVI programs assessed this construct: Community Mediation Services. Among CMS participants in the school setting, there was an increase in the percentage of youth who said they personally often resolve conflicts in their daily life through non-violent means (65% at time 1, 73% at time 2).

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Connection, positive role models, supportive relationships

Seven of the 8 CVI programs assessed this construct: Community Mediation Services, Community Passageways, East African Community Services, Harborview's VIP program, Spokane Regional Domestic Violence Coalition, and Walk About Yakima.

In general, most participants in these 7 CVI programs had at least one positive role model in their lives. Four programs specifically asked who participants' positive role models were (CMS, CP-FIT, SRDVC, and WAY). For all 4 programs, parents/parent figures/guardians and siblings/other family were commonly identified as positive role models; the least common positive role models tended to be community leaders. For participants of CMS, SRDVC, and WAY, but not CP-FIT, friends/peers were also common role models. Further, for CP-FIT and WAY – the two programs that included response options for CVI program staff – the overwhelming majority of participants said their CP ambassador or WAY mentor, respectively, was a positive role model.

Among programs that collected data on role models at multiple points in time (CMS, CP-FIT, and WAY), individuals identified as role models changed somewhat over time. For example, among the subset of CMS participants who completed multiple surveys, there were slight increases in the percentage of participants reporting teachers/school staff/ coaches as positive role models, consistent with the goals of this school-based intervention. For CP-FIT participants, there was a stark increase over time in the percentage who identified their CP ambassador as a positive role model (reaching 100% by 18-21 months post enrollment), likely reflecting CP-FIT ambassadors' dedication to intentional relationship building and engagement with participants over time.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Likewise, 100% of WAY mentees identified their WAY mentor as a positive role model by the end of the program, and the percentage of mentees reporting friends/peers as role models decreased, potentially reflecting shifting role models and away from previous peer groups and towards more positive and trusted adults.

Additionally, most participants across CVI programs felt comfortable asking adults in their life for advice/help, said they knew where to go in their community for assistance, and reported strong social support, with some notable changes over time. For example, for Harborview's VIP program participants, there was a large decrease over time (from hospital discharge to program discharge) in the percentage of patients reporting that their social support network was very strong (65% at hospital discharge, 19% at program discharge). These results could reflect an outpouring of support patients received immediately after injury, which dwindled over time, suggesting opportunities to further strengthen support networks for violently-injured patients in the longer term.

LONGER-TERM OUTCOMES

Safety, including from gun violence

Five of the 8 CVI programs assessed this construct: Community Mediation Services, Harborview's VIP program, Spokane Regional Domestic Violence Coalition, Weaving Wellness, and Walk About Yakima.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

There was wide variation in the specific questions asked and in the distribution of responses across these 5 CVI programs. At the time of enrollment, approximately one third of CMS program participants said it was somewhat common for people in their community to carry guns and that they often/somewhat often heard gunshots. For Harborview's VIP program participants, about 65% of patients said their home situation felt safe/very safe at hospital discharge. Most SRDVC program participants (87%) said neither they nor anyone close to them was recently impacted by firearm violence, 13% said it would be very easy to get a gun/firearm if they wanted one, and approximately 13% said they felt the need to carry a firearm/gun recently. Among Weaving Wellness participants, all adults and youth said having a firearm in their home never made it a more dangerous place to be, and, while one youth (50% of respondents) said they recently felt the need to carry a firearm/gun for protection, none said they felt the need to use a weapon to resolve a conflict. Among WAY mentees around midway through their participation in the program (the first time the questions were asked), 65% said they or someone close to them had recently been impacted by gun violence, 76% said they often or sometimes see pictures or conversations about guns on social media, 65% said it would be very or kind of easy to get a gun if they wanted one, 18% said someone had recently pulled a gun on them, and 41% said they had recently seen someone pull a gun on another person. Additionally, about 41% of WAY mentees said they felt the need to carry a gun at least once in the 6 months before they joined the WAY program (with 29% saying more than 10 times), and 18% said they felt the need to carry at least once to school.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Three programs collected data at multiple points in time (CMS, Harborview's VIP program, and Walk About Yakima). Among CMS participants, there was minimal change over time in perceived frequency of community-level gun carrying and gunshots. Among VIP program participants, the percentage who said their home situation was safe/very safe was similar at hospital discharge and program discharge (with increases in the proportion reporting "very safe"), but there was a slight increase in the proportion who said their home situation felt unsafe. Among WAY mentees, the percentage reporting that they felt the need to carry a gun more than 10 times declined slightly (from 29% in the 6 months before joining WAY among all youth to 21% in phase 3), suggesting risk reduction, and, among the subset of mentees who took multiple surveys, the frequency of feeling the need to carry a gun to school decreased. Further, among the subset of WAY mentees who completed multiple surveys, there was a decrease over time in the percentage who said someone had pulled a gun on them.

Freedom from incarceration

Three of the 8 CVI programs assessed this construct: Spokane Regional Domestic Violence Coalition, East African Community Services, and Walk About Yakima.

Across these 3 CVI programs, there was notable variation in exposure to the criminal legal system. For example, at the time of enrollment, about 8% of EACS participants said they had ever been convicted of charges or plead guilty to charges, 27% said someone in their family had ever been convicted of charges or plead guilty to charges, and almost 25% said someone in their family had ever been incarcerated or on probation.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Among WAY mentees at the time of enrollment, over 50% said they had recently (within the last 6 months) pled guilty to charges or been convicted of charges. In contrast, no SRDVC participants said they had been released from incarceration or detention in the last 3 months from the date of the survey; other questions about exposure to the criminal legal system were not asked.

Of these 3 CVI programs, only WAY collected data at multiple points over time, with some evidence of positive change. For example, the percentage of mentees who said they had recently pled guilty to charges/been convicted decreased over time, such that by the end of the program, most mentees said they had not recently pled guilty to charges/been convicted (reversing the pattern seen at program enrollment, when most mentees said they had recently pled guilty/been convicted).

Positive trajectory of health and wellbeing

Three of the 8 CVI programs assessed this construct: East African Community Services, Port of Support & Pathwayz to Success, and Weaving Wellness.

Among POS clients, 75% said they feel that the rehousing services have positively impacted their overall well-being and recovery from firearm injury, suggesting the benefits clients felt from POS support.

Among EACS participants at the time of enrollment, over 90% of clients said they have access to resources to meet their health and wellness goals, and all clients said they had people to ask about resources to meet their health and wellness goals.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Similarly, among Weaving Wellness participants, all adults and youth indicated they have access to resources (or people to ask about resources) to meet their health and wellness goals. Given that all individuals responding to these surveys were participating in the EACS and Weaving Wellness programs, the high prevalence of participants reporting access to resources is not surprising, but it is nonetheless encouraging.

Self-determination

Four of the 8 CVI programs assessed this construct: Community Passageways, Spokane Regional Domestic Violence Coalition, Weaving Wellness, and Walk About Yakima.

In general, across these 4 CVI programs, most participants expressed a sense of self-determination, which may be an important asset for positive change. For example, around the time of enrollment, 69% of CP-FIT participants said that, regardless of what happens to them, they believe they can control their reaction to it. Similarly, about 75% of SRDVC participants and WAY mentees each said feel like they have control over their future. Whereas all adults caring for teens in the Weaving Wellness program said they feel they have control over their future and do not feel "stuck" between choices, responses were more mixed among youth in the Weaving Wellness program, which may reflect the reality of adolescence and life on a remote reservation (which could limit youth's sense of opportunity).

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Two programs collected data at multiple points in time (CP-FIT and WAY). Among the subset of CP-FIT participants who took multiple surveys, there was an increase over time in the percentage who felt that they can control their reaction, regardless of what happens to them. Among WAY mentees, change over time varied across questions. For example, while proportionately fewer mentees agreed with the statement "I have different options for my future; I can choose my own destiny" over time (overall and among the subset who took multiple surveys), and proportionately more mentees (who took multiple surveys) reported feeling "stuck," mentees increasingly reported feeling like they have control of their future.

Economic stability

Three of the 8 CVI programs assessed this construct: Community Passageways, East African Community Services, and Walk About Yakima.

Responses to questions about economic stability varied across programs. For example, most EACS participants (92%) said they have financial resources to reach their long-term goals and to thrive, and over 80% said they are securing a financial future. During the first 3 months of participation, about 38% of CP-FIT participants said they or their family had moved recently due to rising housing/rent costs, and only 50% said they or their family have all of the financial support they need to meet their goals (such as employment, housing, or education). Among WAY mentees at the time of enrollment, almost 25% said they were not making enough money for the future, only 25% said they had the financial resources they need to achieve their long-term goal, and 80% said they were not able to save at all for a long-terms goal (like a car or apartment).

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Two CVI programs collected data at multiple points in time (CP-FIT and WAY), with some evidence of positive change. For example, among all CP-FIT participants, the percentage who said they had recently moved due to rising housing/rent costs decreased to 0% by 18-21 months post enrollment (from 38% around the time of enrollment), representing a meaningful increase in housing stability.

There was also an increase from 0-3 months (50%) to 9-12 months post enrollment (67%) in the percentage of CP-FIT participants who said they have all the support they need to meet their goals. However, when examining the subset of participants who completed multiple surveys, CP-FIT participants reported slightly decreasing financial support to meet their goals, suggesting a need for additional support, especially for those who require longer engagement in the program. Among WAY mentees, there were increases over time in the percentage who said they were making enough money for the future, they were able to save for a long-term goal, and they have the financial resources to achieve their long-term goals.

Belonging

Two of the 8 CVI programs assessed this construct: Community Mediation Services and Weaving Wellness.

The percentage of CMS participants who said they know others in their community and feel known by others was generally high, as was the percentage who said they felt like they have important connections with their peer group, team, school, or community.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

For Weaving Wellness participants, adults generally more often reported high levels of belonging and interconnection with their community and family compared with youth. For example, both of the adult respondents said they agree either "somewhat" or "a lot" that if they give, they will receive abundantly; when they are hurting, their family hurts with them; their community believes they are important; and the energy they put into the community comes back to them. In contrast, all youth said they agree "somewhat" in response to these questions.

Only CMS assessed change over time, with some evidence of positive change. For example, there was a slight increase in the percentage of youth who said they feel known by others (57% at time 1, 62% at time 2).

Culture of violence/non-violence

One of the 8 CVI programs assessed this construct: Community Mediation Services.

Among CMS participants, the percentage who said they often/somewhat often see situations in their daily life end with non-violence and the percentage who said they have a role model for non-violence were high, but there were minimal changes over time.

PROCESS MEASURES

Six of the 8 CVI programs assessed this construct quantitatively: Community Mediation Services, Community Passageways, Port of Support & Pathwayz to Success, Spokane Regional Domestic Violence Coalition, Walk About Yakima, and Weaving Wellness.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

In general, most participants reported positive experiences and receipt of support services, with some increases over time. Examples are below.

There was a notable increase over time in the percentage of *CMS participants* who said CMS helped them resolve a conflict/beef between them and another person (10% at time 1, 32% at time 2) or that such conflict resolution was needed because they had not had a conflict/beef (15% at time 11, 31% at time 2). The percentage of *CP-FIT participants* who said they received support for their basic needs from CP or organization CP referred them to increase, or that such support was not needed, increase from 75% during the first 3 months of participation to 100% by 18-21 months. When asked "How satisfied are you with the rehousing services provided to you by our program?", from 0 (not satisfied) to 10 (very satisfied), all *POS participants* rated the program 10 out of 10. When asked about services and supports received from SRDVC in the 3 months prior to the survey, most *SRDVC participants* who were enrolled said services were not needed. Consistently 75% or more of *WAY mentees* said they received money or other support for their basic needs (like housing, food, or transportation) from WAY or an organization that WAY referred them to. Further, 100% of mentees said they often felt that their mentor and WAY staff cared about them. Adults and youth in the *Weaving Wellness* program generally reported that their needs were met by their Weaving Wellness mentor and their mentor often or very often tended to their needs in a way that made them feel like they mattered.

Table 7. Summary of __Intermediate__ Outcome Constructs Assessed per Organization

	Ability to meet basic needs, progress towards personal goals	Behavioral health, self-efficacy	Economic resources, employment and education advancement	Pro-social response to conflict, peaceful conflict resolution	Connection, positive role models, supportive relationships
Community Mediation Services		X	X	X	X
Community Passageways	X	X			X
East African Community Services	X	X	X		X
Harborview's VIP program	X	X			X
Port of Support & Pathwayz to Success	X				
Spokane Regional Domestic Violence Coalition	X				X
Walk About Yakima	X	X	X		X
Weaving Wellness		X			X

Note. Community partnerships, collective efficacy was an intermediate outcome construct in the theory of change but was not assessed for this evaluation. Staff experiences and resources (another intermediate outcome construct) is discussed in the next section.

Table 8. Summary of <u>Longer-term</u> Outcome Constructs Assessed per Organization

	Safety, including from gun violence	Freedom from incarceration	Positive trajectory of health and welling	Self-determination	Economic stability	Belonging	Culture of non-violence
Community Mediation Services	X					X	X
Community Passageways				X	X		
East African Community Services		X	X		X		
Harborview's VIP program	X						
Port of Support & Pathwayz to Success			X				
Spokane Regional Domestic Violence Coalition	X	X		X			
Walk About Yakima	X	X		X	X		
Weaving Wellness	X		X	X		X	

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Qualitative

COMMUNITY MEDIATION SERVICES

Youth experiences reveal that peer mediation and consistent adult support foster critical life skills, while broader social contexts such as exposure to violence and media shape their sense of safety and adaptation.

Skill-Building Through Peer Mediation
- Youth develop transferable skills in empathy, communication, and leadership.
- Mediation helps normalize conflict as an opportunity for growth and strengthens critical thinking and compassion.

Support Systems as Anchors of Confidence
- Consistent mentorship and adult role models provide emotional stability, motivation, and resilience.
- Predictable check-ins make youth feel seen, supported, and capable of achieving goals.

Safety as Emotional and Psychological Security
- Safety extends beyond physical protection to trust and peace of mind in daily environments.
- Violence even a single incident can permanently alter how safe youth feel in public spaces.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Media and Violence Exposure
- Youth distinguish fictional violence from real harm but acknowledge desensitization from repeated exposure, especially through news.
- Media shapes perceptions of safety and can normalize fear, underscoring the need for critical media literacy.

Emotional Adaptation to Violence
- Some youth express resignation toward persistent gun violence, treating it as unchangeable.
- This defeated acceptance reflects survival strategies but may limit empowerment and collective action.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

WEAVING WELLNESS

Youth experiences reflect the importance of culture, hidden burdens, and supportive relationships in shaping resilience, safety, and personal growth.

Mentorship Rooted in Culture
- Youth learn values, life skills, and protective practices (e.g., responsibility, leadership, gun safety) through culturally grounded mentorship from family and trusted adults.
- Shared experiences, such as hunting and providing for others, strengthen identity, cultural pride, and intergenerational connection.

Hidden Challenges
- Many youth carry unseen responsibilities such as caregiving, household management, and emotional burdens.
- These hidden challenges strain their mental health, education, and ability to pursue personal goals, often leading to burnout or unhealthy coping strategies when left unacknowledged.

Healing Through Reflection and Connection
- Youth cultivate resilience by reflecting on their internal struggles and finding solutions.
- Supportive networks: mentors, support groups, and credible messengers provide accountability, encouragement, and tools that help youth envision healthier, more hopeful futures.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

COMMUNITY PASSAGEWAYS' FIT PROGRAM

These findings highlight how systemic inequities, safe spaces, and access to relatable role models shape youth development, resilience, and pathways to opportunity.

Life Course Inequities and Criminalization of Survival
- Early experiences of injustice: unstable housing, parental substance use, and inconsistent caregiving create cycles of disadvantage that compound over time.
- Structural barriers to education, employment, and basic needs push youth toward risky behaviors, which are often criminalized rather than supported, reinforcing cycles of incarceration and limiting future opportunities.
- Media, cultural narratives, and family dynamics can normalize violence and "hustle culture," embedding expectations of inequity and limiting perceived life options.

Safe Spaces as Protective and Transformative
- Access to emotionally and physically safe spaces such as programs, mentors, and supportive institutions acts as a lifeline for youth.
- These spaces provide belonging, redirect risky behaviors, foster skill-building, and support long-term goal attainment.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Relatable Role Models and Family Support
- Youth benefit most when they have access to mentors or authority figures who share similar lived experiences, demonstrating possibilities beyond cycles of violence or poverty.
- Consistent family support strengthens resilience, motivation, and goal pursuit, while absent or inconsistent family guidance can increase challenges but also fuel determination to break generational cycles.
- Relatable mentors help youth envision alternative futures, improve decision-making, and foster confidence in their ability to achieve personal and professional goals.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

WALK ABOUT YAKIMA

WAY mentees described how they navigate complex narratives, norms, and structural barriers which heighten risk for violence but get authentic support and build resilience through the WAY program.

Misunderstood Realities
- Youth feel their lived experiences are often misrepresented by outsiders, including media, which contributes to judgment, stigma, and feelings of isolation.

Normalization of Violence
- Constant exposure has desensitized youth to violence, leading to resignation and acceptance of it as a "normal" part of life. While this mindset can make change harder, it sometimes sparks a desire to avoid severe consequences.

Survival and Growth
- Many youth operate in survival mode due to unmet basic needs like safety, food, and housing. When those needs are met, they can focus on education, jobs, and healthier relationships.

Understanding the Roots of Violence
- Youth's definitions of violence are shaped by family, media, and community influences. For some, violence is normalized or even justified in certain contexts, reflecting broader cultural and generational patterns.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Relationships as Catalysts for Change
- Positive, consistent relationships with mentors, family, and supportive adults are critical in helping youth build trust, feel seen, and pursue new directions.

WAY Program's Positive Impact
- Youth consistently credited WAY with reducing stress, providing stability, and inspiring hope. They described feeling more motivated, emotionally balanced, and supported in pursuing goals, viewing the program as a turning point away from cycles of violence.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

PORT OF SUPPORT & PATHWAYZ TO SUCCESS

POS participants described the critical support services they received from POS during challenging times of housing instability.

Effectiveness of POS Rehousing Services
- Most participants reported that POS rehousing services were helpful and effective, providing critical support during challenging periods. However, ongoing homelessness for some highlights the limits of short-term interventions, emphasizing the need for long-term housing strategies.

Challenges with Other Housing Providers
- While most participants experienced minimal issues with other housing providers, communication gaps with some services created stress or confusion. This suggests opportunities to improve coordination and clarity across agencies, potentially through dedicated liaisons or enhanced follow-up protocols.

Impact on Well-Being and Recovery
- Stable housing contributed positively to physical, mental, and financial well-being. Participants noted that housing stability enabled access to medical care, reduced stress, and supported overall recovery. Satisfaction with services reflected both relief from logistical burdens and emotional stability.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Importance of Staff Relationships
- Participants consistently highlighted the role of staff professionalism, empathy, and care in shaping positive experiences. Relational aspects: compassion, respect, and emotional support were as meaningful as the housing itself in promoting healing and trust.

Client-Centered Care and Continuous Improvement
- Gratitude for both tangible support and interpersonal care underscores the value of trauma-informed, client-centered approaches. Feedback from participants

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

EAST AFRICAN COMMUNITY SERVICES

Clients' aspirations are holistic, encompassing career, education, social support, and wellness, highlighting the importance of integrated support systems that address multiple domains of growth.

Career and Employment Aspirations
- Clients expressed strong interest in pursuing meaningful, purpose-driven careers across diverse fields, including healthcare, technology, creative industries, law, and entrepreneurship. This reflects a desire for long-term engagement and personal fulfillment through work.

Educational Goals
- Many clients are motivated to pursue or complete their education, with specific emphasis on attending college. Academic achievement is viewed as a key pathway to achieving broader life goals and stability.

Positive Role Models
- Clients commonly reported having multiple supportive role models, with family especially parents frequently cited. These relationships provide guidance, encouragement, and resilience-building opportunities.

Health and Wellness Priorities
- Clients consistently emphasized physical and emotional well-being, indicating that health is a foundational component for achieving other personal and professional goals.

YOUTH/PARTICIPANT RESULTS (CONTINUED)

HARBORVIEW'S VIOLENCE INTERVENTION AND PREVENTION PROGRAM

Harborview VIP program participants demonstrate resilience in navigating complex and compounding challenges, and the VIP program plays a vital bridging role amid ongoing opportunities to strengthen long-term care, community safety, and systemic resources.

Cascading Instability
- A gunshot injury triggers compounding disruptions in health, employment, finances, and independence, with limited structural supports for recovery.

Caregiver Burden
- Survivors rely heavily on family members, often a single caregiver, exposing major gaps in formal caregiving and post-discharge support systems.

Chronic Pain & Psychological Toll
- Persistent physical pain intertwines with depression, hopelessness, and identity loss, made worse by inconsistent medical and emotional follow-up.

Self-Motivation & Spiritual Resilience
- Survivors rely on internal strength, prayer, and self-motivation to cope, highlighting resilience but also inadequate external support.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

Institutional Gaps in Long-Term Support
- Emergency responders are valued for life-saving care, but survivors experience little follow-through on economic recovery or reintegration.

Fragile Sense of Safety
- Fear of re-victimization and heightened vigilance severely limit survivors' ability to feel safe and engage in daily life.

Broader Gaps in Community Resources
- Adults recovering from gun violence face stark resource shortages; HMC serves as a key bridge but systemic investments are lacking.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION

Youth expressed a range of shorter- and longer-term goals, suggesting key assets and future orientation.

1-year goals:

Education progress
- Emphasizes the value that youth place on school performance and preparing for college or career pathways.

Career exploration
- Suggests youth are eager to gain hands-on experience and explore career possibilities.

Personal growth and relationships
- Indicates strong developmental needs and supports around identity and supportive relationships for youth to help navigate the dynamic ebbs and flow of their journey towards personal growth.

Lifestyle goals
- Suggests that youth have a desire to increase independence and take tangible steps toward adulthood.

Extracurricular Achievement
- This highlights the importance of creative and extracurricular activities for identity-building and personal fulfillment among youth.

RESULTS

YOUTH/PARTICIPANT RESULTS (CONTINUED)

5-year goals:

Stable Career/Employment
- This highlights a shift from career exploration in the short-term to establishing professional pathways and job stability in the long-term.

Higher Education Obtainment
- This suggests that higher education is a crucial gateway to career opportunities and upward mobility and thus, access to higher education options is needed.

Life Milestones
- This demonstrates youth's readiness to envision adulthood in broader terms, with both social and economic aspirations.

Personal Fulfillment
- This reflects the importance of self-expression and personal wellbeing as part of long-term success, alongside career and education.

RESULTS

STAFF RESULTS

Quantitative

Survey responses from staff across the 6 CVI programs that participated in this phase of the evaluation (CMS, CP-FIT, Harborview's VIP program, SRDVC, WAY, Weaving Wellness) represented a range of roles, including front line, managerial, and administrative positions. For most organizations (CMS, Harborview's VIP program, SRDVC, and WAY), the most common length of time staff had been in their current role was 1-2 years, whereas it was 3-5 years for CP-FIT and <1 year for Weaving Wellness. However, staff often had more experience working in community violence intervention/prevention, regardless of their current role. For example, for CMS and CP, the most common length of time staff had worked in the field of community violence intervention/ prevention (regardless of role) was more than 5 years.

Staff provided valuable insight into the most important qualities or skills someone in their role should have (including lived experiences, communication skills, and patience) as well as the most important areas someone in their role should be trained on and whether they had received training in the areas they listed. Staff identified a range of important training areas, including crisis intervention and conflict resolution, restorative justice, court system and laws, suicide prevention, Dialetical Behavior Therapy, complex systems navigation, policy development, and data collection/tracking and evaluation.

RESULTS

STAFF RESULTS (CONTINUED)

Staff generally reported that they had received training in the areas they identified as important for someone in their role. However, results also suggested opportunities to provide additional staff training, including in restorative justice, accountable communication, court system and laws, suicide prevention, complex systems navigation, policy development, and data collection/tracking and evaluation.

In general, most staff across CVI programs said they had received support for their personal wellbeing and mental health, met with their supervisor regularly, felt supported by other staff, felt respected and appreciated, had professional development opportunities, felt like they were making a difference in the lives of the people they work with, and felt that supervisors/management had the interest of staff at heart.

Collectively, these results largely suggest that, across all CVI programs, staff wellness, support, and growth are being prioritized along with participant wellness. Results also point to concrete opportunities for additional support and investment.

RESULTS

STAFF RESULTS (CONTINUED)

Qualitative

COMMUNITY MEDIATION SERVICES

Staff experiences highlight how personal histories, relational trust, and commitment to youth empowerment drive program success while systemic and organizational challenges shape sustainability and growth.

Purpose Driven by Lived Experience
- Staff draw deep motivation from personal histories of conflict, injustice, or service.
- Their lived experience strengthens authenticity, empathy, and mission alignment.

Trust and Relational Engagement
- Consistent presence, informal interactions, and cultural resonance build strong rapport with youth.
- Greater parental involvement could extend the impact of these relationships.

Youth Transformation and Empowerment
- Staff consistently observe youth growth in conflict resolution, leadership, and confidence.
- Mediation experiences extend beyond school, shaping college, career, and personal development.

STAFF RESULTS (CONTINUED)

Operational and Structural Challenges
- Staffing shortages, inconsistent school collaboration, and administrative red tape limit effectiveness.
- Stronger infrastructure and coordination are needed to expand impact.

Training and Professional Tools
- Practical trainings in mediation, trauma-informed care, and motivational interviewing enhance staff confidence and effectiveness.
- More cross-training could strengthen capacity for trauma and crisis contexts.

Coping with Emotional Demands
- Staff face secondary stress from exposure to youth trauma and community violence.
- Informal coping strategies help, but organizational investment in staff wellness is critical.

Culture of Mutual Care
- Peer support, open communication, and collaborative team culture are key strengths.
- However, some staff feel less included, highlighting inequities in internal support.

Professional Growth and Advancement
- Staff desire clearer pathways for leadership and career development.
- Lack of structured professional growth opportunities risks limiting retention.

STAFF RESULTS (CONTINUED)

Sustainability and Systemic Gaps
- Long-term sustainability is threatened by staffing shortages, limited family engagement, and reliance on short-term grants.
- Strategic investment in infrastructure and funding is essential.

Community Healing and Systemic Change
- Staff see their work as part of a broader mission to heal generational trauma, restore trust, and shift cultural norms around conflict.
- CMS has potential to serve as a model for equity-driven, community-based change.

RESULTS

STAFF RESULTS (CONTINUED)

WEAVING WELLNESS

Mentors play a complex but powerful role in supporting youth, balancing lived experience, community connection, and emotional labor with a desire for professional growth and long-term impact.

Lived Experience and Community Connection
- Mentors' personal histories of adversity and close community ties foster empathy, credibility, and trust with youth and families.
- At the same time, these ties require careful navigation of personal-professional boundaries.

Trauma Disruption Through Consistent Presence
- Mentorship provides a safe, stable relationship that helps youth process trauma, build resilience, and interrupt generational cycles.
- Showing up consistently signals care and reliability, which deepens trust.

Emotional Labor and Supportive Leadership
- Mentors invest deeply in their work, often blurring work-life boundaries and risking emotional fatigue.
- Responsive leadership, open communication, and flexibility help buffer stress and sustain resilience.

STAFF RESULTS (CONTINUED)

Skill-Building and Capacity Gaps

- While mentors are proactive about learning, they lack specialized training in trauma-informed care, grief support, and suicide prevention.
- Desire for professional growth is coupled with motivation to see the program recognized as credible and impactful in the community.

Confidentiality and Trust in Close-Knit Communities

- Protecting privacy is vital, as concerns about confidentiality can discourage youth from seeking support.
- Mentors rely on discretion and situational awareness to create safe, trustworthy spaces.

Celebrating Small Wins

- Recognizing incremental progress keeps youth engaged and motivated.
- Small achievements reinforce confidence, build positive habits, and make long-term goals feel attainable.

RESULTS

STAFF RESULTS (CONTINUED)

COMMUNITY PASSAGEWAYS' FIT PROGRAMS

Staff draw on personal experience, deep community ties, and strong team culture to build trust with youth, navigate systemic barriers, manage emotional challenges, and drive personal and community transformation through authentic relationships and advocacy.

Lived Experience as a Source of Purpose & Credibility
- Staff use their own experiences with violence and injustice to build trust and connect with youth.
- The work serves as a dual process of personal healing and community impact.

Relationship-Building Through Family & Community Ties
- Deep community roots help staff quickly build trust with youth and families.
- Staff act as bridges between youth, families, and broader support systems.

Transformation Through Trust
- Consistent, authentic relationships create safe spaces for growth.
- Trust enables youth to open up and engage in meaningful behavior change.

Breaking Stereotypes & Changing Outcomes
- Mentors challenge racial, socioeconomic, and criminal stereotypes placed on youth.
- Advocacy and support shift life trajectories toward stability and growth.

RESULTS

STAFF RESULTS (CONTINUED)

Emotional Toll of Youth Loss
- Losing youth to violence or incarceration has a deep emotional impact on staff.
- Staff must grieve while supporting others and continuing their work.

Systemic Injustices & Structural Barriers
- Unjust systems hinder youth progress and complicate staff efforts.
- Staff navigate these barriers while advocating for change and support.

Practical Trainings Strengthen Impact
- Trainings equip staff with tools for real-time support and conflict management.
- Skills learned also enhance staff's personal and professional boundaries.

Managing Emotional Demands While Staying Grounded
- Emotional intensity of the work makes self-care essential for sustainability.
- Staff rely on therapy, boundaries, and rest to remain effective and present.

Strong Team Culture Fosters Support
- A shared mission builds team cohesion and emotional safety.
- Supportive supervisors and open communication sustain morale and resilience.

STAFF RESULTS (CONTINUED)

Growth Through Skill Enhancement & Needs
- Ongoing training and leadership opportunities are key to staff growth.
- Newer mentors need targeted support to connect across generational and technical gaps

Generational Shifts in Community Violence
- Youth today face more extreme and complex forms of violence.
- Programs must evolve to meet changing realities with updated strategies.

STAFF RESULTS (CONTINUED)

SPOKANE REGIONAL DOMESTIC VIOLENCE COALITION

Staff bring personal motivation and lived experience and find purpose in creating individual and systemic change, yet unstable funding threatens organizational sustainability and staff well-being.

Personal Motivation and Lived Experience
- Many staff members are driven by personal or generational experiences with domestic violence, fueling their passion for prevention and creating authenticity and empathy in their work.

Meaningful Roles Beyond Direct Service
- Staff in non-direct service roles feel connected to violence prevention through education, system support, and witnessing community impact, underscoring that all roles contribute to the mission.

Change at Multiple Levels
- Staff see potential for transformation both at the individual level (supporting survivors) and systemic level (using data to identify gaps and advocate for reforms).

Funding Challenges
- Unstable and competitive funding streams create stress, administrative backlogs, and limited growth capacity. Staff highlight the urgent need for sustainable, flexible funding to preserve organizational health and reduce burnout.

STAFF RESULTS (CONTINUED)

Training and Professional Growth
- Targeted training in intimate partner violence advocacy and trauma-informed care helps non-direct staff feel confident, aligned, and connected to survivors and colleagues. Leadership-supported mentorship and external opportunities partially address limited advancement pathways.

Supportive Workplace Culture
- A culture of compassion, flexibility, and autonomy fosters staff well-being, resilience, and job satisfaction. Leadership encouragement of self-care strengthens retention in demanding CVI work.

Organizational Structures and Governance
- Staff note friction with supervisory boards and challenges navigating nonprofit structures, pointing to the value of shared governance and improved communication.

STAFF RESULTS (CONTINUED)

WALK ABOUT YAKIMA

Mentors use their lived experiences to build trust and foster healing relationships with youth, find purpose in the work, and navigate high-risk environments while providing foundational support.

Lived Experience as Connection
- Mentors' personal histories with adversity (gangs, violence, incarceration, substance use) serve as powerful tools for building trust, credibility, and authentic relationships with youth. Their past struggles are reframed into sources of purpose and motivation.

Commitment to Giving Back
- Many mentors feel a deep responsibility to serve the same communities they once harmed or were harmed by. This work provides them with a sense of redemption, healing, and purpose.

Meeting Basic Needs as a Foundation
- Addressing food, shelter, safety, and dignity is seen as essential before youth can pursue growth, healing, or long-term goals. Small steps forward are celebrated as significant wins.

Shared Healing and Fulfillment
- The work is mutually transformative. Youth feel supported and validated, while mentors gain emotional healing, meaning, and belonging from these relationships.

Navigating Risk and Safety
- Mentors operate in complex, high-risk environments, balancing their own safety with that of youth while navigating gang, family, and systemic challenges.

RESULTS

STAFF RESULTS (CONTINUED)

Systemic Barriers and Limited Resources
- Gaps in funding, bureaucratic delays, and age-based cutoffs undermine long-term youth support and place additional strain on mentors and programs.

Training and Growth
- Practical, flexible, and peer-led training is highly valued, equipping mentors to respond effectively in crisis situations and strengthen connections with youth. Lived experience is critical, but ongoing learning enhances impact.

Team and Leadership Support
- Strong team collaboration, respectful communication, and supportive leadership foster resilience. However, mentors often struggle to balance passion for the work with self-care.

Vision for Expansion
- Staff share a collective goal of expanding WAY's impact through scaling services, partnering with other programs, and building trust with community members and gang leaders. Sustained resources are necessary to realize this vision.

Early and Culturally Responsive Interventions
- Engaging youth earlier and tailoring approaches to cultural and community contexts (e.g., gang and Hispanic culture) are seen as critical to success.

STAFF RESULTS (CONTINUED)

Broader Community Impact

- While awareness of WAY remains limited, those familiar with it see the program as reducing violence, fostering safety, and addressing basic needs. Carefully managed community outreach is key to building trust without jeopardizing safety.

STAFF RESULTS (CONTINUED),

HARBORVIEW'S VIOLENCE INTERVENTION & PREVENTION PR0GRAM

Staff navigate complex roles and build trust with patients through authentic relationships, yet long-term impact is challenged by limited training, emotional strain, and the need for sustainable investment and institutional support.

Roles and Motivation
- Staff balance multidimensional responsibilities that bridge clinical, community, and relational care, driven by a deep commitment to equity and improving long-term outcomes for patients impacted by violence.

Relationships and Trust
- Building trust with patients and families often fragile due to systemic barriers and institutional bias is foundational to recovery, with peer support and authentic human connection serving as the most effective tools for engagement.

Learning and Growth
- In the absence of formal CVI training, staff rely on national networks, peer learning, and professional development opportunities, cultivating a culture of curiosity and continuous improvement.

Sustainability and Investment
- Despite strong team cohesion, the program is constrained by limited funding, uneven institutional buy-in, and emotional strain on staff, highlighting the urgent need for structural investment, protected time, and sustainable funding mechanisms.

Experiences with Evaluation

CHALLENGES & OPPORTUNITIES

Evaluations of CVI programs take place in dynamic and complex community contexts. This evaluation highlighted both the strengths and commitment of participating organizations as well as some practical considerations that shaped how data collection and evaluation activities unfolded. Recognizing these challenges provides important context for interpreting findings and, more importantly, offers opportunities to strengthen future evaluation efforts.

Salient challenges and opportunities from the perspective of FIPRP are presented below.

Working Across Diverse Organizational Structures

Each organization had unique structures and communication processes, which required flexibility and time to identify the most effective ways to coordinate.

- **Staff Capacity and Competing Demands:** Program staff often carried heavy caseloads and multiple responsibilities. While this sometimes limited availability for evaluation activities, it also underscored the dedication of staff to prioritizing direct service and client needs.
- **Use of Resources and Time:** Organizations varied in their needs and preferences for logistical support for data collection. These experiences highlighted the importance of aligning evaluation processes with organizational capacity and offering tailored support where needed.

Varied Levels of Engagement

Engagement with evaluation activities naturally varied across organizations, reflecting differences in staffing, timing, and capacity

CHALLENGES & OPPORTUNITIES

- **Staff Transitions:** Changes in staffing occasionally delayed implementation of data collection but also provided valuable lessons in building adaptable systems that can withstand turnover.

- **Consistency in Data Reporting:** Differences in data collection and reporting practices highlighted the need for ongoing technical assistance and clearer guidance to support comparability across programs.

- **Balancing Oversight and Support:** Follow-up from the evaluation team was sometimes needed to stay on track with timelines. These interactions provided opportunities to strengthen trust, clarify roles, and reinforce a collaborative rather than compliance-based approach.

These challenges and opportunities highlight the importance of meeting CVI programs where they are, recognizing their capacity and contexts, and setting realistic expectations for how evaluation can support learning and improvement. By staying flexible, working in partnership, and respecting the dynamic environments in which CVI programs operate, evaluations can produce meaningful insights while supporting the continued growth these programs.

VOICES OF GRANTEES

This section summarizes results of a listening session hosted by the FIPRP team at the conclusion of the evaluation period. The session was designed to gather feedback from staff of the funded CVI programs and learn about their experiences throughout the evaluation process. The listening session was held virtually on June 27, 2025 and included representatives from 4 of the 8 funded CVI programs, with a total of 13 participants in attendance (not including the FIPRP team members).

Guiding questions from the listening session are below. For clarity, questions were grouped into two categories: 1) those relating to the funder and the funding experience, and 2) those relating to the evaluation team and the evaluation experience. Results of the listening session, organized into themes, are summarized below.

Summary of Findings

EXPERIENCES WITH FUNDER (DEPARTMENT OF COMMERCE)

- **Communication & Staffing:**
  - Grantees appreciated the improved communication with Commerce under the new leadership in the second half of the grant cycle, while the first half of the grant cycle presented some challenges, primarily due to mid-cycle staffing changes at Commerce.

- **Administrative Processes & Flexibility:**
  - Grantees encouraged more mutual understanding and reciprocal grace — particularly around reporting timelines and deliverables.
    - Grantees emphasized that life happens in community-based work — from staff turnover to crises on the ground — and suggested that a more flexible approach to deadlines could enhance productivity and create stronger partnerships.

VOICES OF GRANTEES

Summary of Findings (Continued)

- Timely payment is essential, particularly for smaller non-profits delivering critical services on the ground.
- Grantees also noted that more flexibility in use of funds could significantly enhance their ability to support clients.

- **Clarity:**
  - Grantees preferred upfront clarity regarding the integration of the research/evaluation component (FIPRP) of the grant.
    - Clarity from the onset of the grant sets up expectations to prevent workflow disruptions and delayed buy-in.
    - Suggestions included creating a one-pager at the onset of the grant cycle to outline roles, rationale, expectations, and timelines.
- **Technical Assistance:**
  - There is an opportunity to provide a broader range of options for training and technical assistance to allow grantees autonomy to engage in training that meets their needs.

Recommendations:
- Be **more transparent and communicative** from the beginning, including about the role of research/evaluation.
- Provide more **flexibility and grace**, including with deadlines and expectations.
- Provide broader range of options for **training and technical assistance.**

VOICES OF GRANTEES

Summary of Findings (Continued)

EXPERIENCES WITH EVALUATION TEAM (UW FIPRP)

- **Collaboration & Respect:**
    - Grantees described the FIPRP team as <u>respectful, accommodating, kind, and skilled listeners</u>.
    - Grantees noted that FIPRP incorporated their feedback, adjusted evaluation tools and measures to ensure safety (especially for vulnerable program participants), and <u>centered the voices of those doing the work.</u>

- **Integration into Workflow:**
    - Initially, evaluation work caused concern, and staff feared breaking trust with clients.
        - Through phased rollout and relationship building, organizations <u>gained trust</u> in the process, and eventually, the evaluation became <u>better integrated</u> into program workflows, and staff became more <u>actively engaged</u> in the evaluation.

- **Value of Evaluation:**
    - There was a shift from <u>initial skepticism about evaluation</u> toward seeing it as a valuable tool for advocacy and sustainability.
        - Over time, FIPRP helped <u>bridge the gap</u> between research and community-based work.
    - Organizations learned how to <u>leverage evaluation for future</u> grants, fundraising, and storytelling.

VOICES OF GRANTEES

Recommendations:
- Researchers should **clearly articulate their role** and the value they can bring as translators, especially when building relationships with staff with lived experience who may be understandably wary of academic/research institutions.
- Researchers should continue/scale evaluation components that are **community-centered and co-developed.**

Summary of Findings (Continued)

ADDITIONAL INSIGHTS & IDEAS

- Grantees emphasized the importance of <u>bringing everyone to the table early</u>, during design and onboarding.
  - Better communication and clear role definition (especially early in the process) can avoid delays and confusion.
- There is now more awareness of the <u>importance of research and evaluation</u>. Organizations may seek out a research component in future projects, if it is integrated transparently, appropriately, and in ways that center the community.
- Multiple organizations are <u>facing funding insecurity</u>, and some are at risk of closure without continued support.
- There is interest in <u>cross-organization collaboration</u>.
  - Convene all grantees at the start of the grant cycle to foster a sense of cohort and cross-organization learning and collaboration.
- Some grantees mentioned exploring models like the Cardiff Model of Violence Prevention for future programming in Washington.
- Grantees want their <u>voices to be better included</u> in project design, evaluation, and storytelling to funders.

VOICES OF GRANTEES

Summary of Listening Session Recommendations

Category	Recommendation	Key Contributor(s)
Communication	Ensure transparent, regular communication — especially around deadlines, technical assistance, and expectations.	Both
Technical Assistance	Offer more options for flexible, culturally competent, and locally rooted training and technical assistance.	Funder
Research Integration	Clearly articulate evaluation's purpose, process, and value early on.	Research Team
Sustainability	Help community-based organizations use evaluation data to enhance program operations and sustainability, including via grant applications.	Research Team
Storytelling	Amplify and uplift the voices of organizations doing this work.	Both
Collaboration	Create additional opportunities for cross-organization learning, collaboration, and community.	Funder

VOICES OF GRANTEES

Listening Session Guiding Questions

Questions regarding experiences with the funder (Department of Commerce)

- What would you have liked to see done differently in this grant cycle?
- What additional support, capacity building, or training and technical assistance (e.g., financial, technical, strategic) from funders would have helped support your program in this grant cycle?
- How might your experience with this contract/grant influence the way you approach similar projects in the future?

Questions regarding experiences with the evaluation/evaluation team (UW FIPRP)

- Did you feel like an equal partner in the evaluation process? Why or why not?
  - How could the evaluation team have better supported your efforts?
  - How did your perspective toward the evaluation process evolve from when it began to now?
- How do you feel/think the evaluation integrated into your workflow?
  - What worked well? What was challenging? How do you think you can measure the successes/challenges of your program without it being disruptive?
  - Which forms of communication with the evaluation team worked best for you? Why?
- What, if anything, did you learn about your own work through the evaluation?
  - Are there parts of the evaluation you'd like to continue or scale? If so, what? Why or why not?
  - What support would you need to continue or scale any parts of the evaluation you want?

Listening Session Guiding Questions (Continued)

Other

- Whose voices should have been included in today's meeting and/or this project over the past two years?

Summary & Implications

SUMMARY

BACKGROUND

Community violence is a significant public health and safety problem with profound consequences for individuals, families, and communities. Due to deep-rooted structural inequities, community violence and its consequences disproportionately burden Black and Brown communities. Community violence intervention (CVI) is a healing-centered approach to decrease community violence. CVI programs differ in setting and scope but include leveraging the expertise of credible messengers—individuals who have deep roots in the community and often similar lived experiences to those they serve—to connect with and support individuals at highest risk of violence.

From 2023-2025, The Washington State Department of Commerce Office of Firearm Safety and Violence Prevention (OFSVP) funded several youth-focused CVI programs in Washington State and contracted with the University of Washington Firearm Injury & Policy Research Program (FIPRP) to conduct a social impact evaluation and assessment of these programs. This report summarizes the methods, results, and lessons learned from the resulting collaborative evaluation between FIPRP and 8 youth-focused CVI programs: Community Mediation Services (in Clark County), Community Passageways (in King County) East African Community Services (in King County), Harborview Medical Center's hospital-based violence intervention & prevention program (in King County), Port of Support & Pathwayz to Success (in Thurston County), Spokane Regional Domestic Violence Coalition (in Spokane County), Walk About Yakima (in Yakima County), and Weaving Wellness (in Grays Harbor County).

SUMMARY

OVERALL APPROACH

While the collaboration between FIPRP and the 8 CVI programs in this evaluation originated from a state contract, we approached it as a genuine partnership grounded in power-sharing throughout all aspects of the project. This meant that each CVI program and the FIPRP team served as co-leaders in evaluation design and implementation, with processes adapted to reflect the programs' capacity, expertise, and needs.

Together, FIPRP and staff from each CVI programs co-developed quantitative and qualitative evaluation measures for participants and staff (according to domains of a previously co-developed theory of change for youth CVI) through an iterative process of question generation, reflection, and refinement. Once evaluation measures were finalized, CVI program staff and FIPRP team members worked together the collect data: CVI program staff collected quantitative and qualitative data from their participants with support and technical assistance from the FIPRP team, and FIPRP collected quantitative and qualitative data from staff. FIPRP conducted analyses, and CVI staff contributed to the interpretation and implications of the findings.

METHODS

Participant quantitative

All 8 CVI programs collected quantitative survey data from their participants. Sample size (i.e., the number of surveys collected) – which varied for logistical reasons along with the size of the program/service population – was 68.5 on average across the 8 CVI programs (standard deviation = 100.1 surveys, range = 5 to 310 surveys per program).

METHODS (CONTINUED)

Modes of data collection included: Apricot Case Management System, Google Forms, pen and paper, Qualtrics, RedCap, and SurveyMonkey. Data were described with standard summary statistics (e.g., percentages) at multiple time points spanning data collection when possible.

Participant qualitative

All 8 CVI programs collected qualitative data from program participants in one form or another. Staff primarily collected qualitative data via 1:1 interviews (5 CVI programs), while 4 CVI programs collected qualitative data via open-ended survey questions. On average, sample size was 6.2 interviews (standard deviation = 5.2 interviews, range = 1 to 14) and 23.8 open-ended surveys (standard deviation = 20.8 surveys, range = 5 to 52 surveys). We used thematic analysis for interviews and content analysis for open-ended survey responses.

Staff quantitative

Six of the 8 CVI programs chose to participate in the staff data collection phase. Staff from these CVI programs were invited to take a voluntary, anonymous online survey about their experiences with their work and organization. Sample size was 4.7 on average across the 6 CVI programs (standard deviation = 1.9 surveys, range = 3 to 8 surveys per program). Data were described with standard summary statistics (e.g., percentages).

Staff qualitative

Staff from 6 of the 8 CVI programs participating in this phase of the evaluation were invited to share their experiences and perspectives via a qualitative interview.

SUMMARY

METHODS (CONTINUED)

All interviews, which lasted approximately one hour, were conducted by the FIPRP team virtually via Zoom. Sample size was 3.7 on average across the 6 CVI programs (standard deviation = 2.6 interviews, range = 1 to 8 interviews per program). Interviews were analyzed with a Rapid Qualitative Analysis approach.

FINDINGS

Findings revealed several important insights about the experiences of participants and staff in the 8 CVI programs included in this evaluation. Constructs, measures, and findings differed across programs, reflecting differences in context, population, and programming. High-level findings are briefly summarized below (more detailed results are included in the results section of this report, and CVI program-specific results are included in separate, individual reports). Notably, the evaluation was not designed as or intended to be a comparative program evaluation, and results should not be interpreted as such.

Participants

Quantitative and qualitative results revealed that many participants across CVI programs reported difficulty meeting their basic needs and high exposure to violence and the criminal legal system, though there were differences across programs. While many participants faced important challenges and adversities rooted in systems and structures, they also reported numerous assets and strengths, such as positive role models (including CVI staff), self-efficacy and self-determination, and goals for the future.

SUMMARY

FINDINGS (CONTINUED)

Many participants also reported that they gained important resources, connections, opportunities, and skills throughout the course of their participation in the program, and there was some evidence of increased safety among participants in CVI programs that assessed this construct over time. Relationships with CVI staff with lived experience were often described as particularly critical resources for healing and growth. At the same time, results revealed several opportunities for further investment and systems coordination to address ongoing and emerging challenges youth face, including unexpected setbacks rooted in intergenerational trauma and complex family and community needs, ongoing challenges related to prior trauma or injury, along with emerging challenges potentially related to management new responsibilities, goals, and social dynamics.

Staff

Results of quantitative surveys and qualitative interviews suggested that staff across CVI programs were motivated by a deep sense of purpose and drive to support youth healing and systems change and felt they were making a positive impact in the lives of the people they work with. While most staff generally felt supported by their organization, many also noted a need for additional investment in supports and professional development opportunities. Many staff additionally noted structural barriers (including limited and inconsistent funding, bureaucracy, lack of integration across systems) that impede their work, as well as heavy emotional weight of the work and challenges separating personal and professional dynamics, especially because many staff are deeply embedded in and come from the communities they serve.

KEY IMPLICATIONS

Results of this evaluation yielded several key implications:

- **Context matters**
  - Results of this evaluation, especially insights from qualitative interviews, highlighted how context (including family, community, and systems dynamics) influences participants and staff. For example, staff may have to navigate safety dynamics, coordinate across complex systems (e.g., school, criminal legal, health and human services), and work against numerous structural barriers (e.g., limited access to flexible resources). These factors are critical to understanding and improving program implementation and outcomes.

- **Salience of survival mode and addressing basic needs**
  - Many participants in this evaluation expressed difficulty meeting their basic needs (including physical safety, mental safety, and material resources) and described how this type of deprivation contributed to constant "survival mode," which was, in turn, often punished or criminalized. This underscores the urgent need to invest resources to help young people meet their basic needs.

- **Progress is not always linear**
  - An important finding of this evaluation is that progress is not always linear. Events or challenges often arise over time, even day to day, that can impede progress or activate trauma. This is especially true for young people at the highest risk of violence – who have experienced and continue to experience significant adversities rooted in systems of oppression. This underscores the need for a) realistic evaluations grounded in real-world experiences, b) longer-term CVI funding to support youth through setbacks, and b) longitudinal data to capture long-term changes (including after individuals move on from a program).

KEY IMPLICATIONS

- **Consistency is key and requires stable funding**
  - Findings of this evaluation highlight the intentional, dedicated efforts that staff devote to building relationships and trust with CVI participants, and the value of this consistent support for participants. However, such consistency is only possible when CVI programs have stable funding to retain staff. This is an especially acute point for several organizations in this evaluation who are currently facing imminent funding insecurity.

- **Staff lived experience is a key asset**
  - An important component of CVI, regardless of the specific model or approach, involves the use of credible messengers who are indigenous to the communities they serve. Results of this evaluation highlighted the critical value of this component, which facilitated participant connection, trust, and growth. This underscores the need to continue hiring and retaining staff with lived experience.

- **Staff benefit from this work as well as youth, but they need investment**
  - Findings from this evaluation revealed the ways in which staff find meaning, fulfillment, personal growth, and other benefits from their work, highlighting how these CVI programs can positively impact staff as well as youth. At the same time, staff expressed a desire for additional professional development opportunities (and suggested actionable steps) to maximize their impact, highlighting the importance of additional investment.

KEY IMPLICATIONS

- **Importance of holistic evaluation, with community–defined indicators of success**
  - CVI programs in this evaluation measured many domains (determined by program staff as relevant and valuable), rather than focusing solely on violence. This allowed for more comprehensive and holistic assessment of participant and staff experiences (e.g., shedding light on the steps to gaining stability) and shifted decision-making power about defining success to those who are most knowledgeable about these interventions and their contexts.

- **Qualitative data provide essential insights**
  - As shown by the results of this evaluation, qualitative data are essential to uncovering insights and details of people's lived experiences, including those that are not captured in quantitative data. Qualitative data can also allow participants to convey their experiences with wider audiences in their own words.

Future Directions

FUTURE DIRECTIONS

CONTINUE IMPROVING MEASURES

- While we worked intentionally to co-develop evaluation measures, experiences administering surveys in the field and analyzing data revealed that question wording can still be refined (e.g., to be less confusing or stigmatizing and more specific to the focus population, including youth and adults/caregivers).

INVEST IN ENHANCED DATA COLLECTION INFRASTRUCTURE

- Invest in infrastructure to collect data from and track participants over time so that organizations can collect longitudinal data as seamlessly as possible and rigorously assess growth.
- Continue conducting and transcribing qualitative interviews to gather rich and nuanced data about the lived experiences of CVI participants and staff.
- Begin collecting additional process measures that more comprehensively and accurately document the day-to-day work.

SUPPORT COMMUNITY–BASED ORGANIZATIONS

- Sustained investment in community-based organizations employing CVI is essential to ensure individuals at highest risk of violence and their families are not left to navigate cascading instability alone, but instead have access to the resources, advocacy, and long-term support necessary for true healing and growth.
- Enhance the CVI ecosystem to create stronger connections to services, break down silos, and foster collaboration across programs and partners to ensure more coordinated, effective support for youth and families.

FUTURE DIRECTIONS

- Professionalize CVIs by focusing on curating more professional development opportunities, which can help legitimize the work from a systems perspective and enhance the impact and scale of the field.
- Incorporate CVI funding as recurring line items in city and state budgets, ensuring sustainable support beyond time-limited grants.
- Invest in a statewide collaborative CVI collective in Washington State to help programmatic operations, enhance peer learning, and foster shared power.

Additional Deliverables

ESSENTIAL DATA ELEMENTS

BACKGROUND

Data help understand the reach, implementation, and effects of CVI programs. Different types of data serve different needs and audiences (including CVI program staff and other practitioners, funders, the community, and others), so before data collection begins, it is important for partners to reflect on their specific goals.

This report provides our team's recommendations on essential CVI data elements/metrics that the Washington State Department of Commerce OFSVP may wish to adopt for the purposes of systematically understanding the reach and implementation of the CVI programs they fund across the state.

Recommendations are informed by our team's expertise in research, understanding of the CVI literature, and experience conducting a social impact evaluation of almost a dozen youth CVI programs in Washington State since 2022 with funding from OFSVP.

We provide general recommendations on types of metrics that OFSVP may wish to adopt, but final decisions about specific metrics should be made by OFSVP in collaboration with CVI practitioners and community partners, who are experts in the field. Furthermore, it is critical that CVI programs can feasibly collect the metrics OFSVP will ultimately require (e.g., have the necessary data collection infrastructure). To ensure equitable investment and capacity building across the state, OSFVP metrics should not be unnecessarily onerous (which could result in the exclusion of smaller or more grass roots programs), and data collection requirements should be accompanied by OFSVP investment in training and technical assistance.

ESSENTIAL DATA ELEMENTS

RECOMMENDATIONS

As an essential funder of CVI in Washington State, it is important for OFSVP to fully appreciate the reach and implementation of the CVI programs that it supports. Reach describes the extent to which programs serve their intended population, defined by the number and characteristics of those served. Implementation describes whether and how the intervention was delivered and the extent to which it was delivered as intended, and can include measures of activities or services, time, costs, and experiences of participants and staff.

Reach:

CVI is an umbrella term, and specific interventions take many forms. Broadly, these programs support individuals at highest risk of community violence involvement via individualized support, connection to resources, and trauma-informed, healing-centered relationships with credible messengers, i.e., individuals with similar lived experiences to those they serve. Thus, measures of reach for CVI should focus on how well CVI programs find, recruit, and retain individuals at highest risk of community violence involvement in programming.

We recommend that OFSVP collect data on the following program-specific metrics at regular intervals (e.g., quarterly):
- Number and characteristics of individuals **identified for recruitment**
  - Referral source (e.g., court order, social network analysis, street outreach)
  - Sociodemographic characteristics (e.g., age, race, gender, zip code of residence)

ESSENTIAL DATA ELEMENTS

- Number and characteristics of individuals who **enrolled** in the program
  - Referral source (e.g., court order, social network analysis, street outreach)
  - Sociodemographic characteristics (e.g., age, race, gender, zip code of residence)
  - Risk factors for violence at recruitment (e.g., ever involved in criminal legal system, ever been shot at or seen someone get shot at)
- Number and characteristics of individuals who **exited** program
  - Referral source (e.g., court order, social network analysis, street outreach)
  - Sociodemographic characteristics (e.g., age, race, gender, zip code of residence)
  - Reason for program exit (e.g., successfully completed, died, dropped out, participation terminated)

Implementation:

Since CVI programs vary widely in their specific focus areas (e.g., priority focus on violence interruption, cognitive behavioral intervention, social determinants of health such as employment), it is important that standardized metrics collected from CVI programs statewide be flexible, with the ability to adapt to varied contexts.

We recommend that OFSVP design a system in which individual CVI programs specify domains of key program activities (from a pre-specified list) and then report on work in those domains.

ESSENTIAL DATA ELEMENTS

Specifically, we recommend that OFSVP collect data on the following program-specific metrics at regular intervals (e.g., quarterly), corresponding to activity domains of a theory of change (Schleimer, 2024) that our team co-developed with CVI practitioners (see Appendix Table 1 for descriptions):

- Hours staff spent on community engagement
- Hours staff spent on client case management
- Hours staff spent providing cognitive behavioral intervention
- Amount of financial support disbursed to clients
- Hours staff spent on client skill development, including employment and education
- Hours staff spent on conflict mediation and crisis response
- Hours staff spent on mentorship
- Number of staff who received any kind of training or professional development
- Number of full-time and part-time staff as of reporting date
- Number of staff who were hired and left the program during reporting period
- Narrative descriptions of successes and challenges/areas in need of support

CVI LITERATURE REVIEW

INTRODUCTION

Community violence intervention (CVI) is a promising strategy to reduce community violence.[1] CVI programs vary in setting (e.g., hospital-based or community-based), approach to identifying and recruiting those at greatest risk of community violence involvement, and specific intervention focus area(s) (e.g., priority focus on violence interruption, cognitive behavioral intervention).[2] This brief report to the Washington State Department of Commerce, Office of Firearm Safety and Violence Prevention (OFSVP) summarizes existing evidence on various CVI models/approaches across the United States (US), categorized by their defining focus area.

Our team categorized CVI models/approaches into the following typologies in accordance with prior literature, our ongoing work, and consultation with experts in the field. It is important to note that this typology may not comprehensively describe every CVI program in the US; rather, it encapsulates the underlying theory and key activities of some of the most common CVI programs and offers a general guiding framework to synthesize existing literature.

TYPES OF CVI

Fellowships

Fellowship programs are <u>structured mentorship programs</u> that typically include life coaching, social service provision, and healing-centered relationships with credible messengers (individuals in the community with prior lived experiences similar to those they serve), and may additionally include conflict mediation and street outreach.

Note: superscripts in this section refer to references at the end of the section

Victim Services

Victim service programs include <u>wraparound case management services</u> for victims of community violence and their families. Examples include hospital-based violence interventions (HVIPs) which offer services and support to violently injured patients immediately after injury.

Violence Interruption

Violence interruption programs primarily focus on <u>identifying and interrupting conflict</u> through street outreach and mediation and building prosocial norms through community engagement, events, and messaging.

Behavioral Science Intervention

Behavioral science interventions <u>prioritize behavioral therapy</u> (e.g., Cognitive Behavioral Therapy) to support positive behavior change and emotion regulation.

Enforcement Strategies

Enforcement strategies include direct engagement between law enforcement and community partners and focus on <u>imposing direct, focused, and predictable consequences</u> for violent acts for specific individuals and groups, while simultaneously increasing access to social services and supports.

METHODS

Our team conducted a review of the CVI outcome evaluation literature (process/implementation evaluations were not included). We gathered literature from sources such as program reports and academic journals, selecting articles/reports for their relevance and geographic and programmatic representativeness.

Note: superscripts in this section refer to references at the end of the section

CVI LITERATURE REVIEW

For each article/report, we extracted information on the name and location of the CVI program, time period under study, populations served, staff characteristics, and key results of the outcome evaluation. We extracted information from 27 sources, including 5 evaluations of fellowship programs, 6 evaluations of victim services programs, 6 evaluations of violence interruption programs, 4 evaluations of behavioral science programs, and 6 evaluations of enforcement strategy programs. Results are summarized below and in the literature matrix located in the appendix (Appendix Table 2) .

RESULTS

Fellowships

Fellowship programs are centered around structured mentorship, most often from people who have lived experience with violence and local community ties.

This review summarized 5 evaluations of fellowship programs, including evaluations for the following 3 programs: Advance Peace (AP), READI Chicago, and Chicago Create Real Economic Destiny (CRED). All three evaluations of Advance Peace (located in multiple cities throughout California) found city-level reductions in gun assault and/or homicide.[3–5] Additionally, READI Chicago and Chicago CRED evaluations found individual-level reductions in risk of violent crime arrests (including shootings and homicide arrests) or shooting/homicide victimizations.[6,7] For example, between 2018 and 2021, AP neighborhoods in Sacramento, CA went from representing 52% of all gun homicides in the city to 45% (7% change). In Stockton, AP neighborhoods represented 71% of all gun homicides in 2018 and 24% in 2021 (47% change). In Richmond, AP neighborhoods represented 50% of all gun homicides in 2018 and 38% in 2021 (12% change).

Note: superscripts in this section refer to references at the end of the section

These findings suggest AP may have helped mitigate gun violence during the COVID-19 pandemic.[3] Across the three cities, public expenditure savings attributed to Advance Peace were estimated to be between $65 and $494 million.[3] Another evaluation of Advance Peace in Richmond, CA found that the program was associated with 55% fewer firearm homicide and assault victimizations and 43% fewer firearm homicide and assault crime incidents in the city. The program was, however, associated with 16% more non-firearm homicides and assault victimizations and 3% more non-firearm homicide and assault crime incidents.[5]

READI Chicago's evaluation, one of few randomized controlled trials in the field, found evidence that individuals' risk of shooting and homicide arrests declined by 65% (but this decrease was not statistically significant). However, participants recruited by outreach workers experienced significant reductions in arrests for shootings/homicides (79% reduction) and shooting/homicide victimizations (43% reduction).[6]

Victim Services

Victim service programs prioritize wraparound case management for victims of community violence and their families. These programs are often implemented in point-of-care settings, including hospitals, to offer services immediately after a violent event.

This review included 6 victim services papers, encompassing 5 programs: Helping Individuals with Firearm Injuries (HiFi) in Seattle, WA; Wraparound Program (WAP) in San Francisco, CA; University Hospital of Newark Hospital-based Violence Intervention Program in Newark, NJ; a hospital-based intervention program (HVIP) in Baltimore, MD; and one HVIP simulation study. Of the three programs evaluated for their association with subsequent violence or criminal legal system outcomes

Note: superscripts in this section refer to references at the end of the section

(HiFi, WAP, Baltimore HVIP), WAP and the HVIP from Baltimore found evidence of reduced risk of re-injury or re-arrest.

WAP and the University Hospital of Newark HVIP also examined goal attainment and service needs and found an increased likelihood of goal attainment or having needs met post-intervention. [8,9] For example, the evaluation of the HVIP in Baltimore, a randomized trial among participants who had at least one previous hospital admission for violent injury, found significant differences in those who participated in the program versus those who did not in terms of any conviction, arrests for violent crime, violent crime conviction (there was no difference for any arrest), violent re-injury, and employment. Those who did not participate in this HVIP were 2 times as likely as those who did participate to be convicted of any crime, 3 times as likely to be arrested for a violent crime, 4 times as likely to be convicted of a violent crime, and 6 times as likely to be hospitalized for a violent injury in the 2 years after the program.[10] Additionally, at the beginning of the study, 39% of the intervention group and 45% of the non-intervention group were employed. By the end of the study period, employment increased to 82% in the intervention group and 20% in the non-intervention group, representing a 43 percentage point increase and 25 percentage point decrease, respectively. In contrast, the HiFi Program in Seattle, WA found no difference between participants and non-participants in their cumulative incidence of arrest or subsequent injury at 1 and 2 years after the program.[11]

The simulation study also used previously published estimates of the association between the intervention and violent re-injury and violence perpetration to estimate that an HVIP may prevent 83 incidents of nonfatal violent re-injury not resulting in hospitalization, 10 re-injuries

Note: superscripts in this section refer to references at the end of the section

resulting in hospitalization, 1 fatal violent injury, and 3 cases of assault conviction within 5 years. The HVIP simulation study also estimated significant return on monetary investment, with estimated savings ranging from $82,765 to $4,055,873 (assuming HVIPs reduce the 5-year incidence of violent re-injury by 25%).[12]

Violence Interruption

Violence interruption programs focus on conflict identification, mediation, and community engagement. Programs often employ community violence interrupters, who are individuals with relevant lived experience such as gang-involvement or incarceration.

Five violence interruption programs were included in this report including: Safe Streets in Baltimore, MD; Chicago Ceasefire in Chicago, IL; the TRUCE Program in Phoenix, AZ; Cure Violence Philadelphia in Philadelphia, PA; and One Vision One Life in Pittsburgh, PA. All programs evaluations, except for One Vision One Life, found evidence of reductions in violent crime (including homicide and non-fatal shootings) within their target areas,[13-17] but results differed across sites.

For instance, in a 2013 evaluation of the Safe Streets, researchers estimated that the program prevented approximately 35 nonfatal shootings and at least 5 homicides across 112 cumulative months and 4 sites. There was variation across sites such that three of the four intervention neighborhoods experienced relatively large program-related reductions in at least one measure of gun violence without also having a statistically significant increase in another measure of gun violence.[18] A second evaluation of Safe Streets in 2023 also found an estimated $7.20 to $19.20 savings per $1 invested in the program.[14]

Note: superscripts in this section refer to references at the end of the section

Similarly, the Phoenix TRUCE Project saw an average reduction of 16 violent assaults and 16 criminal incidents per month compared to the control areas during the 19 months following implementation.[16] However, the TRUCE Project also observed an increase of 3.2 shootings on average per month in intervention areas compared to controls.[16]

Behavioral Science

Behavioral health intervention programs utilize behavioral science approaches such as cognitive behavioral therapy to foster positive behavior change and well-being in their participants.

All four behavioral science program evaluations analyzed for this report examined the ROCA program. The evaluations assessed ROCA's main violence intervention program (Chelsea, Springfield, Holyoke, Boston, and Lynn, MA), the Young Mother's Program (Massachusetts and Connecticut), the Re-WIRE Cognitive Behavioral Therapy (CBT) Program (Chelsea, Springfield, Holyoke, Boston, and Lynn, MA and Baltimore, MD), and the Pay for Success Program (Boston, Chelsea, and Springfield, MA). All but the Pay for Success Program were associated with positive outcomes related to emotional regulation, arrests, or violent behavior.[19–21]

For example, ROCA's main program evaluation found lower reincarceration rates among participants when compared to Massachusetts state averages at 1, 2, and 3 year post-intervention follow-ups.[21] Additionally, the ROCA Re-WIRE CBT Program found that 67% of participants responded that they used their CBT skills to deescalate potentially violent situations.[20] However, ROCA's Pay for Success Program evaluation, a randomized controlled trial, found that ROCA participants were incarcerated for 43 more days and employed for 1.12 fewer quarters than the control group.

Note: superscripts in this section refer to references at the end of the section

CVI LITERATURE REVIEW

Enforcement Strategies

Enforcement strategy programs use deterrent strategies including public and personal messaging to individuals at elevated risk of violence perpetration. Messaging generally includes warnings about the type and severity of consequences for violence including prosecution and incarceration, along with offers of social services and wraparound case management for participants.

This review summarized six different enforcement programs including: Detroit Ceasefire, RAVEN in Rockford, IL, Oakland Ceasefire in Oakland, CA, Boston Ceasefire, Cincinnati Initiative to Reduce Violence (CIRV), and Philadelphia Focused Deterrence. All programs, except Detroit Ceasefire, found reductions in gang-related shootings and violent assaults.[23–27]

For example, RAVEN in Rockford, IL was associated with a 20.5% reduction in gun robberies, 15.9% reduction in gun assaults, 14.0% reduction in total gun crime, 9.51% reduction in total violent crime in the city.[23] Additionally, Oakland Ceasefire was significantly associated with a 20% reduction in shootings in treated block groups, a 27% reduction in shootings among treated gangs, and a 26% reduction in shootings among gangs close to the intervention group ("vicariously treated") during the follow-up period.[24]

Likewise, in an analysis of CIRV, the intervention was significantly associated with a 37.4% reduction in group-member-involved homicides after 24 months (and a 41.4% reduction after 42 months). CIRV was also associated with a 22% reduction in shootings after 42 months, with no similar reductions in non-group member-involved homicides or non-shooting violent offenses.[26]

Note: superscripts in this section refer to references at the end of the section

CVI LITERATURE REVIEW

THE IMPORTANCE OF LIVED EXPERIENCE

Broadly, lived experience is <u>a representation and understanding of human experiences, choices, and options and how these factors impact an individual and their relationships immediately and throughout the course of their life</u>.[28]

Across all the different types of CVI programs explored in this report, one pattern remained clear and consistent: CVI programs that integrate lived experience into their approach are both feasible and promising. Staff and mentors with lived experience, particularly those who have experienced violence or have prior experiences of incarceration or gang involvement, are able to understand the complex circumstances of program participants' lives while offering support that others without those experiences cannot. Lived experience allows CVI staff to help participants see alternative options for their future, even in challenging circumstances. Just as this report did not compare CVI effectiveness across program models, it did not compare effectiveness or outcomes by the lived experiences of program staff. Thus, while further analyses are required to fully understand the impact of CVI mentors and staff with lived experience on participant outcomes, their role in fostering trust, facilitating outreach, and enhancing community relevance of CVI cannot be overlooked.

LIMITATIONS
This review has several limitations. First, this was not a systematic review of the literature. Thus, many potentially relevant articles are not included here. Second, the categorization of CVI programs is still not formalized in the academic literature, and we assigned CVI programs to mutually exclusive categories (which may not reflect how CVI programs operate in reality).

Note: superscripts in this section refer to references at the end of the section

Further, this typology categorization may not capture important nuances between programs within categories, and it might miss other models/approaches that do not fall into these categories or that have not been studied. For example, grassroots community interventions, especially those developed by and for marginalized groups, may not be captured in the literature due to structural discrimination and barriers (e.g., accessibility to research partners). Third, it can be difficult to compare evaluations of CVI programs because of substantial variation in local context of communities (e.g., dynamics of violence, economic and social conditions, populations). Finally, we did not assess the quality of evaluations.

Note: superscripts in this section refer to references at the end of the section

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Appendix

APPENDIX FIGURE 1. THEORY OF CHANGE
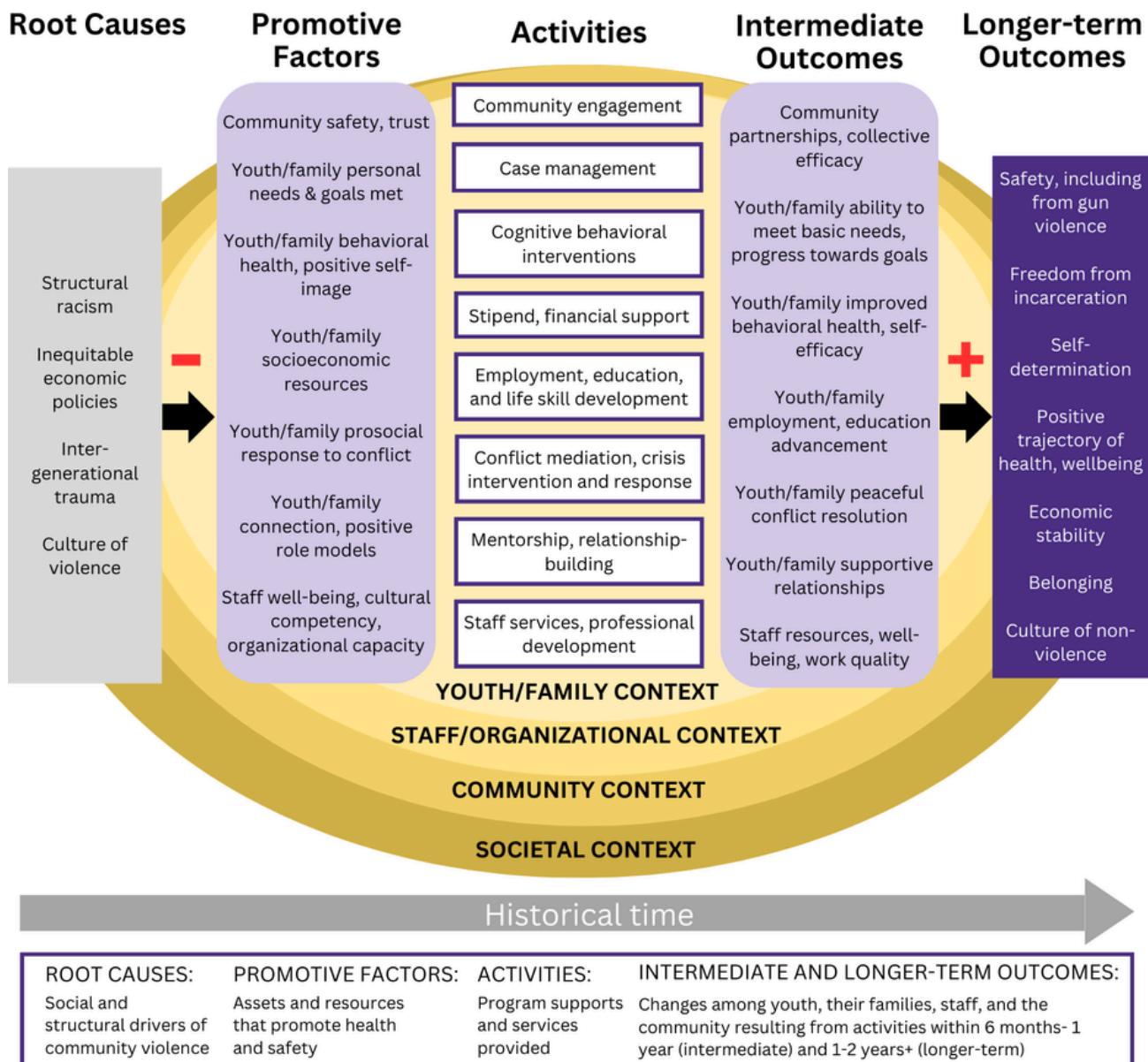
See Schleimer et al., 2024 for details.

APPENDIX

APPENDIX TABLE 1. DESCRIPTION OF THEORY OF CHANGE ACTIVITIES

TOC Activity	Description
Community engagement	The ways in which staff partner with organizations and institutions (e.g., schools) and support people in the community who are not necessarily enrolled in the program (e.g., via organized community events or outreach to build collective efficacy, provide support or resources, promote norm change, raise awareness about the program, or recruit youth participants).
Case management	The ways in which staff support youth and their families in getting access to resources and meeting their basic needs and personal goals. This includes creating goal plans with youth, referring youth to services, and supporting youth in obtaining and navigating services. The specific needs, goals, and services are individualized and guided by each young person/their family. They may involve housing, education, job, legal/criminal, medical, or mental health, for example.
Cognitive behavioral interventions	The ways in which staff support youth and their families in shifting their mindset and behavior. Examples include healing circles, counseling, Family Integrated Transitions (FIT), cognitive behavioral therapy (CBT), motivational interviewing (MI), or other therapeutic techniques.
Stipend, direct financial support	Whether the program provides youth and their families with a stipend or other direct needs-based financial support (e.g., providing money for housing relocation).

Note: table continues on next page.
See Schleimer et al., 2024 for details.

APPENDIX

APPENDIX TABLE 1. DESCRIPTION OF THEORY OF CHANGE ACTIVITIES (CONTINUED)

TOC Activity	Description
Employment, education, and life skill development	The ways in which the program supports educational advancement, employment advancement, and professional and life skill development for youth and their families. Examples include connection to paid employment, job training, internships, workshops, and individual mentoring on computer skills or budgeting, for example.
Conflict mediation, crisis intervention and response	The ways in which staff mediate conflicts and intervene or respond to crises, including violent incidents, among community members or program youth.
Mentorship, relationship-building	The ways in which staff continuously engage with youth and their families to build positive, trusting relationships that foster prosocial growth.
Staff services, professional development	Trainings and services the program provides to staff. Examples include training for their current role (e.g., on case management), providing or referring to services (e.g., therapeutic), and supporting professional development (e.g., credentialing, higher education).

See Schleimer et al., 2024 for details.

APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
OVERVIEW								
Population served	Youth & young adults ages 12–24 in school and community settings, prioritizing those at high risk of being impacted by firearm violence, including BIPOC and underserved communities.	Youth and young adults, most of whom are 12 to 24, in King County who are at-risk, have been involved, or are currently involved with the legal system	Youth and young adults from East African communities who have experienced civil war, ethnic conflict, and constant danger causing them to flee their countries of origin to South Seattle and South King County.	Patients treated at Harborview Medical Center who are injured by gun violence in Washington	Individuals, particularly youth and young adults ages 14–23 impacted by gun violence in King, Thurston, and Pierce Counties	People at high risk of engaging in or becoming victims of violence, particularly those who are BIPOC, non-English speaking, and those involved in the criminal justice system	Justice-involved youth and caregivers in the Quinault Indian Nation (recruited from wellness court), including adult family members impacted by the justice system	Youth and young adults who are most vulnerable to being killed or incarcerated due to gun violence and gang activity in Yakima County

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APPENDIX

APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways- Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
Program overview	Peer mediation programs in Clark County middle and high schools and conflict resolution training in community settings. A holistic, trauma-informed, wraparound approach includes outreach, case management, referrals, and youth conflict resolution training.	Adapted from Family Integrated Transitions, CP-FIT is a therapeutic, evidence-informed home and community-based case management program. The program strives to promote behavior change by building on the strengths of each young person's support network. CP-FIT Ambassadors work with families and young people to build skills and resources to promote emotional regulation, mindfulness, distress tolerance, and interpersonal effectiveness while reducing substance use and aggression.	Provides East African communities holistic, trauma-informed, wraparound services and implements youth violence intervention strategies to reduce firearm violence, including case management services, essential services, and resource connections.	Provides wraparound support for victims and families impacted by gun violence Hospital-linked violence intervention and prevention program delivering peer support, care coordination, and linkage to community resources, beginning in the hospital and continuing post-discharge	Provides supportive services to those affected by gun violence, including financial assistance, emergency housing assistance, wraparound support with basic needs, firearm storage devices, and spaces for community building and healing.	Service model includes a Community Health Worker (CHW) and System Navigator who connect individuals with services, and a Youth Violence Prevention Coordinator who facilitates healthy relationship classes. Based on a holistic CVI approach grounded in prevention and wraparound care	Combines Multisystemic Therapy for Family Integrated Transitions (MST-FIT) with a Credible Messengers model that involves community members who possess cultural insight and empathy Offers culturally responsive mentorship, behavioral health services, family counseling, and court coordination to support firearm violence prevention and positive family dynamics	Creates alternatives to incarceration for youth and young adults by rebuilding our communities through committed relationships centered on love, compassion, and consistency. The program is aimed at reducing gang-related gun violence in Yakima County by providing direct intervention to individuals. It integrates principles of restorative justice and community violence intervention, focusing on healing harm, fostering accountability, and addressing root causes of violence.

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APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
ACTIVITIES								
Community engagement	Outreach and recruitment through schools and community-based partners. Collaboration with juvenile courts, school districts, Boys & Girls Club, Latino Community Resource Group, Clark County Public Health, and law enforcement	Hosts and promotes community safety and healing events Strengthens community trust via credible messenger-led outreach Street and school outreach to engage individuals at high risk of violence, juvenile court, probation, schools, and other community organizations doing similar work.	Outreach to engage and partner with community groups or institutions (schools), community service providers, and legal system for referrals. Community events such as summer BASH, awareness campaigns, and healing events like Ubuntu Circles. Partners with the King County Restorative Community Pathways consortium for incarceration diversion services those in contact with the criminal legal system.	Conduct outreach to school districts, community organizations, state partners, and local health jurisdictions Utilize social media, organize violence awareness campaigns and events, and build a website to share resources and support state-wide collaboration	Outreach to school districts, community-based organizations, and local/state health jurisdictions Use of social media for outreach Community events, including violence awareness campaigns, summer BASH and firearm safety giveaways, organizing and hosting listening sessions in targeted communities, and conducting presence building in community "hot spots" Engagement with law enforcement for trust-building and joint community activities	Collaborates with Spokane County Public Defender Office and Spokane County Juvenile Court Engages with multi-sector stakeholders and includes voices of individuals with lived experience in community-based violence prevention and intervention programming	Ongoing collaboration with Quinault Indian Nation Tribal Court, University of Washington Department of Psychiatry and Behavioral Sciences, and Community Advisory Group	Partnership and one-on-one engagements with law enforcement, juvenile court, probation, schools, and other community organizations doing similar work.

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APPENDIX

APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
Case management	Life skills support and caring adult mentorship, with continued engagement post-training based on need Individualized case management, including referrals to behavioral health, education, and social services	Youth and families receive individualized case management from trained case managers, including behavioral health referrals and reentry planning	Individualized support for clients toward progressing toward their educational and employment goals. Referral to community services. Support with housing, healthcare, ID documents, and legal navigation	Provide individualized support for recovery and reintegration needs (food, housing, education, employment, legal) Offer credible messenger peer support and holistic care planning that addresses social determinants of health	Individualized case management for families Support includes financial hardship support, navigating debt relief options, and accessing to mental health services Personalized work-life balance plans and goal setting	Provides case management and support obtaining and navigating services	Weaving Wellness staff provide culturally tailored, individualized case management for youth and family units to address trauma, substance use, family dynamics, and legal system engagement and engage in goal planning	Individualized support via needs assessment, including referrals for housing, education, transportation, mental health, etc.

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APPENDIX

APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
Stipend, direct financial support	None at this time	Financial support as needed	Financial support as needed	Financial support as needed	Financial support as needed	Financial support as needed	Financial support as needed	Financial support as needed, incentives for mentee goal attainment
Employment, education, and life skill development	Peer Mediator Certification (25-hour program) Conflict resolution training certificate (8-hour) Conflict resolution, leadership development, coping strategies, communication skills Focus on increasing educational and employment readiness	Offers life skill development through structured mentorship and restorative engagement	Individualized case management, life skills coursework (financial management), mentorship, and Smart Jobs module (STEM and trade careers exposure) Job search help, resume building, training enrollment, and support with persistence	Provide advocacy, mentorship, and navigation to education and employment resources	Through workshops, mentorship, and case management, integrates financial literacy, employment readiness, and support with educational opportunities	System Navigator provides employment and life skills support, with focus on navigating court instructions, financial education, and connection to job opportunities	Participants receive life coaching, school re-engagement, and vocational exploration Weaving Wellness staff mentor youth to develop self-efficacy and educational plans	Individualized support including education, job readiness, life skills training

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APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
Cognitive behavioral interventions	Social-Emotional Learning and trauma-informed practices embedded Transformational Mediation framework encourages empathy, mutual understanding, and behavioral shifts	FIT is a CBT-based, trauma-informed model (including components of DBT and MST as appropriate) that promotes behavioral transformation	Encourages healthy self-esteem, social emotional learning, culturally responsive therapy referrals, and trauma-informed healing practices (e.g., Ubuntu Healing Circles)	Brief therapeutic interventions in hospital referrals to behavioral health services	Promotes healthy coping mechanisms in workshops (e.g., applied psychology and stress reduction methods), and provides referrals to culturally appropriate, trauma-informed mental health services	Trauma-informed approaches, informal counseling, emotional support, and referrals to mental health services	Culturally-adapted implementation of MST-FIT, including CBT and DBT, with clinical supervision from University of Washington Department of Psychiatry and Behavioral Sciences Interventions tailored to tribal values and participant context	Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and other therapeutic interventions
Conflict mediation, crisis intervention and response	Transformational Mediation used in both school and community settings Peer-led conflict resolution Focus on de-escalation and changing conflict responses	Trained credible messengers engage in real-time conflict de-escalation FIT promotes non-violent problem-solving during critical reentry and post-trauma windows Team supports youth and families after incidents of violence	Support navigating personal conflicts and crises as needed Violence interruption and relocation support for at-risk individuals Referrals to trauma-informed therapy and de-escalation coaching	Community-based critical incident response integrated into hospital-based care Provide support navigating personal and interpersonal conflicts; ensure care coordination at crisis points (immediately post-injury)	Provides training on identifying and navigating crucial conversations Individualized support in conflict resolution at personal, family, and community levels	Support navigating personal crises, court orders, and high-conflict scenarios	Weaving Wellness staff respond to moments of family or personal crisis and interface with wellness court to coordinate support and reduce escalation	De-escalation training, Restorative Circle meetings, nonviolent communication

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APPENDIX

APPENDIX TABLE 2. SUMMARY OF ORGANIZATION ACTIVITIES (CONTINUED)

	Community Mediation Services	Community Passageways-Family Integrated Transitions	East African Community Services	Harborview's Violence Intervention & Prevention Program	Port of Support & Pathwayz to success	Spokane Regional Domestic Violence Coalition	Weaving Wellness	Walk About Yakima
Mentorship, relationship-building	Trusted adult relationships through case managers Empowering youth as peer leaders 1:1 mentorship and group facilitation in mediation settings	Deep mentorship through trusted, culturally aligned credible messengers Uses FIT principles to foster family and community reconnection Strong emphasis on healing-centered relationships and trust	Clients will have a supportive and trusting relationship with case managers and navigators Persistent 1:1 mentorship through lived-experience staff and group-based activities	Violence intervention specialists and credible messengers build trust and long-term relationships with survivors and families to support healing and behavior change	1:1 persistent mentorship and relationship building based on empathy, love, and consistency	CHW and Navigator provide 1:1 support to foster trust, emotional resilience, and long-term healing	Weaving Wellness staff play central role as trusted mentors Focus on relational healing, family strengthening Traditional healing and storytelling integrated to foster trust and cultural identity	Persistent 1:1 mentorship from trained mentors with lived experience; trust-building is foundational
Staff services, professional development	Staff receive training in trauma-informed care, de-escalation, and best pedagogical practices Ongoing support and professional development Program Care Manager ensures staff advocacy, resources, and supervision	Staff receive quarterly training in FIT, CBT, CM, and trauma-informed practices Staff support infrastructure includes HR, operations, and training personnel	Professional development trainings, monthly learning circles to uphold best practices, and access to trauma-informed care, motivational interviewing, and de-escalation training Staff attend national conferences and receive training in restorative justice.	Regular team building, support circles, and professional development (participation in HAVI conference) Staff have access to mental health support and specialized training in trauma-informed care, documentation, billing, and evidence-based practices	Staff and subgrantee receive training on diversity, equity, and inclusion; trauma-informed care; racial equity assessments; and Total Quality Management tools Staff and subgrantee required to participate in professional development workshops and Commerce-led learning circles	CHW and Navigator receive training in trauma-informed care, ACES, and resilience; additional professional development ongoing throughout the grant period	Regular supervision and training via University of Washington Department of Psychiatry and Behavioral Sciences (CBT, trauma-informed care) All staff receive cultural sensitivity training, and well-being support through policies and mental health access All staff receive training in trauma-informed conflict resolution, and professional development mentoring/coaching	Professional development in trauma-informed care, DBT, NVC, suicide prevention training, first aid/CPR/Narcan, and other evidence-based models

APPENDIX

WORKSHOPS & PRESENTATIONS RELATED TO CVI AND THE SOCIAL IMPACT EVALUATION

1.Nawal McCollum O, Schleimer JP, Rowhani-Rahbar A, Shell B, Davis D, Perry C, Dinish D. Evaluating a community violence intervention program's impact on legal system involvement using programmatic and state arrest data linkage. National Research Conference for the Prevention of Firearm-Related Harms 2025 [Oral Presentation].

2. Tsui S, Schleimer JP. Leveraging a Theory of Change to Strengthen Violence Reduction Efforts. Washington State Department of Commerce Community Safety Councils. July 2025.

3. Social impact evaluation team. Social Impact Evaluation Wrap Up and Listening Session. June 27th, 2025. [Virtual listening session]

4. Social impact evaluation team, with guest speakers Erica Atwood and Senait Brown. Translating Evidence for policy makers and funders. May 21st, 2025 [Virtual workshop/presentation]

5. Tsui S, Schleimer JP. Social Determinants of Health & Safety. Washington State Department of Commerce Community Safety Councils. March 2025.

6. Rowhani-Rahbar A, Lynch Z, Schleimer JP, Girma M, Harrison T, Carter P. Gun Violence Prevention. University of Washington Business Advisory Council. February 26, 2025.

7. Schleimer JP, Graham P, Decker S. Community Violence Intervention. University of Washington West Coast Poverty Center Criminal Justice Roundtable. February 6, 2025.

8. Schleimer JP, Girma M, Benson L, Carter P, Decker S, Hillen A, Jones K, Lidell-Quintyn E, Lynch Z, Mustafa A, Nehra D, Westlake E, Ross R, Simon-Matthews T, Taylor S, Thurston C, Rowhani-Rahbar A. From Margins to Center: Elevating Community Perspectives in Community Violence Intervention Research and Evaluation. Society for Advancement of Violence and Injury Research (SAVIR) 2025 [Poster Presentation].

9. Girma M, Schleimer JP, Mustafa A, Aveledo A, Thurston C, Rencken C, Nehra D, Torset K, Jones J, Ames O, Johnson L, Polansky L, Ross R, Decker S, Taylor S, Harrison T, Lyons V, Lynch Z, Rowhani-Rahbar A. Evaluating Community-Based Violence Intervention Programs in the United States: A Scoping Review Synthesizing Methods and Measures. National Research Conference for the Prevention of Firearm-Related Harms 2024 [Oral Presentation].

APPENDIX

WORKSHOPS & PRESENTATIONS RELATED TO CVI AND THE SOCIAL IMPACT EVALUATION

10. Grayson L, Ross R, Girma MA, Schleimer JP, Johnson A, Orozco A, Hillen A, Svastisalee A, Aveledo A, Musse A, Mustafa A, Shell B, Thurston C, Nehra D, Nabors D, Davis D, Gonzalez E, Westlake E, Watlington E, Lee E, Cook J, LaMoreaux K, Torset K, Jones K, Johnson L, Benson J, Baugh M, Mohamed M, Abdul-Aziz N, Ames O, Carter P, Decker S, Ernst S, Hampton S, Taylor S, Harrison T, Hunter T, Simon-Matthews T, Lyons V, DuBois W, Lynch Z, Shrader Z, Rowhani-Rahbar A. Engaging practitioners and researchers in co-developing evaluation measures for community violence interventions. National Research Conference for the Prevention of Firearm-Related Harms 2024 [Poster Presentation].

11. Schleimer JP, Benson L, Gonzalez E, Lynch Z. Co-developing theories of change for improved community-based violence intervention evaluation. Firearm Injury and Violence Prevention Initiative at the University of Colorado. October 8, 2024.

12. Social impact evaluation team. Presentation to Tacoma Hilltop on Firearm Injury & Policy Research Program and Social Impact Evaluation. June 13th, 2024 [Virtual presentation]

13. Social impact evaluation team. Evaluating Community Violence Intervention. June 5th, 2024. Together We End Gun Violence Conference [In person workshop/presentation]

14. Social impact evaluation team. Qualitative workshop. April 30th, 2024. Othello Common [In person workshop]

15. Social impact evaluation team. Using research to address community firearm violence: An overview of FIPRP's Social Impact Evaluation. EPI 583 Seminar. March 26, 2024. [Virtual presentation]

16. Social impact evaluation team. Community Violence Intervention Measurement Workshop Part 2, Why Measure: Utilizing Research to Track Impact. February 26, 2024, Othello Common [In person workshop]

17. Schleimer JP, Lyons VH, Smith D, Johnson A, Shrader Z, Marshall M, Johnson TR, Palmer K, Kaplan B, Baugh M, Nehra D, Waszkewitz L, Cook J, Thurston C, Orozco A, Gonzalez E, Watlington E, McLaurin V, Averett L, Rowhani-Rahbar A. Developing Community-Based Youth Firearm Violence Intervention Evaluation Measures Through a Researcher-Community Partnership. National Research Conference on Firearm Injury Prevention 2023 [Poster Presentation].

18. Schleimer JP, Davis D, Johnson A, Marshall M, Nehra D, Thurston C, Lyons V, Smith D, Rowhani-Rahbar A. Co-Developing Theories of Change for Improved Community-Based Violence Intervention Evaluation. Health Alliance for Violence Intervention Conference 2023 [Oral Presentation].

19. Social impact evaluation team. Community Violence Intervention Measurement Workshop Part 1, Why Measure: Utilizing Research to Track Impact. December 6th, 2023, Othello Common [In person workshop]

APPENDIX

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX

Program Typology	Program Name	Location	Date of Program Being Evaluated	Population Served*	Characteristics of Program Staff	Results of Outcome Evaluation	Citations
FELLOWSHIP	Advance Peace (AP)/Operation Peacemaker Fellowship	Sacramento, CA	2018-2021	Individuals engaged in retaliatory gun violence	Neighborhood Change Agents (NCAs) were employed for the program. NCAs bring relevant life experience to program participants as well as conflict mediation and life skills. NCAs help participants mediate conflict in their own lives and act as mentors. Total of 6 full time NCAs and 3 part time NCAs. AP does not work with law enforcement and NCAs respond to violent events such as shootings to mediate conflict as well as mentor participants.	In 2018, the AP zones (neighborhoods) represented 52% of all gun homicides in Sacramento, 71% in Stockton, and 50% in Richmond. By 2021, this percentage had decreased to 45% in Sacramento, 24% in Stockton, and 38% in Richmond, suggesting AP may have helped mitigate gun violence during the COVID-19 pandemic. Census tracts with larger Black populations (>=20%) also saw a decrease in gun homicides relative to the rest of the city in Sacramento (from 44.8% in 2018 to 26% in 2021) and Stockton (from 43% in 2018 to 30% in 2021). Further, comparing 2021 to 2018, Stockton and Richmond had a 15% and 42% reduction, respectively, in the percentage of all gun homicide victims that were Black males aged 35 years old or younger. The authors estimated that AP contributed to an estimated $65 to $494 million dollar savings of public expenditure all together across the three cities.	Corburn 2022 "Preventing Urban Firearm Homicides during COVID-19: preliminary results from three cities with the Advance Peace Program."
		Stockton, CA	2018-2021				
		Richmond, CA	2018-2021				
		Sacramento, CA	2018-2019	Young adults identified as most likely to be perpetrators and/or victims of gun violence		Comparing trends in gun homicides and assaults over time (post vs. pre intervention) among Sacramento AP zones (neighborhoods) and non-AP zones (the rest of the city), the authors found that the intervention was significantly associated with a 27% reduction in gun homicides and assaults.

At the individual-level, 64% of fellows completed the 18-month fellowship and by the end of the fellowship, 90% had no new gun charges, 44% had no new arrests, 2% were shot or killed by firearms during the program (1 person), and 98% were still alive. Further, 25% of LifeMAP milestones | Corburn 2020 "Outcome Evaluation of Advance Peace Sacramento, 2018-2019." |

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

						were reached, 13 fellows entered paid internships, and 19 fellows obtained work. The authors estimated that for every dollar the city spent on Advance Peace, they received between $18-41 dollars in return.	
		Richmond, CA	2010-2016	Community-dwelling individuals who the police department believed were responsible for most of Richmond's firearm crimes		Using a synthetic control analysis to estimate counterfactual trends in violence over time (post vs. pre intervention) in Richmond in the absence of the intervention, the authors found that the intervention was significantly associated with a reduction in firearm violence (55% fewer firearm homicide and assault victimizations and 43% fewer firearm homicide and assault crime incidents) but an increase in non-firearm violence (16% more non-firearm homicide and assault victimizations and 3% more non-firearm homicide and assault crime incidents).	Matthay 2019 "Firearm and Non-firearm Violence After Operation Peacemaker Fellowship."
	READI Chicago	Chicago, IL	2017-2020	Men 18+ years at highest risk of gun violence based on risk algorithm and human referral	Outreach workers were employed to find participants. Although not explicitly mentioned to have lived experience, outreach workers were privy to local information that may not be known by police and were trained to refer men at the highest risk of gun violence.	In a randomized controlled trial, there was no statistically significant change in an index combining three measures of serious violence (the study's primary outcome) among individuals after 20 months. However, there was suggestive evidence that individuals' risk of shooting and homicide arrests declined by 65% (p-value = 0.13), and participants recruited by outreach workers experienced significant reductions in arrests for shootings/homicides (79% reduction) and shooting/homicide victimizations (43% reduction). The authors estimated that READI had social savings of $182,000 and $916,000 per participant (benefit-cost ratio between 4:1 and 18:1).	Bhatt 2024 "Predicting and preventing gun violence: An experimental evaluation of READI Chicago"
	CRED (Create Real Economic Destiny)	Chicago, IL	2016-2021	Men at highest risk of involvement in gun violence	CRED employs outreach workers that have lived	Comparing CRED participants (all enrolled participants, a subsample that made it through the initial phase, and those who completed the programming) to a matched	Ross 2023 "Evaluating the impact of a street outreach

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

					experience with gun violence to recruit participants. Mentorship is another aspect of the program, however mentor lived experience is not explicitly explained.	comparison group, the authors found that the intervention was not associated with individuals' risk of gunshot victimization or homicide, but it was associated with a 73.4% reduction in individuals' risk of violent crime arrest 24 months after the date of enrollment among individuals who completed the 18-month program (CRED alumni).	intervention on participant involvement in gun violence"
VICTIM SERVICES	HiFi (Helping Individuals with Firearm Injuries)	Seattle, WA	2016-2019	Assault or unintentionally injured trauma patients age 18+	Support specialists were employed for this project. The support specialist was a person of color, had training in social competency for low income and minority patients and had worked as a counselor or case manager for 6 years prior. This individual was not documented to have lived experience as a perpetrator or victim of gun violence. No other program staff were listed as having relevant lived experience.	In a cluster randomized controlled trial, neither intervention group assignment nor program engagement quantity were associated with cumulative incidence of arrest or subsequent injury among individuals at 1 year or 2 years post-intervention.	Lyons 2021 "Helping Individuals with Firearm Injuries: A Cluster Randomized Trial"

<u>APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)</u>

	Unnamed HVIP	Baltimore, MD	1999-2002	Repeat victims of violence on parole/probation	No program staff were listed as having relevant lived experience.	In a randomized controlled trial, there was no difference between groups in the number of arrests for any crime after the intervention, but the non-intervention group was 3 times as likely to be arrested for a violent crime, 2 times as likely to be convicted of any crime, and 4 times as likely to be convicted of a violent crime. The non-intervention group was sentenced to spend 50 more years in jail than the intervention group. Further, the non-intervention group was 6 times as likely to be hospitalized for a violent re-injury. Two nonintervention participants died because of violent acts, and none died from the intervention group. Prior to the study, 39% of intervention group were employed and 45% of the non-intervention group were employed. After the intervention, 82% of the intervention group and 20% of the non-intervention group were employed.	Cooper 2006 "Hospital-Based Violence Interventions Work"
	Wraparound Program (WAP)	San Francisco, CA	2005-2014	Individuals aged 10-35 years who presented to the emergency department with an intentional injury and had a case worker-defined status of "high risk" of reinjury	Mentorship and case management is an integral part of the WAP program, however, no description was available for the type of mentorship and if the mentors for the participants had relevant life experience.	Comparing program participants to a historical group of violently injured patients, the authors found that the re-injury rate at the hospital decreased from 8.4% to 4.9% after introduction to the intervention. Black HVIP patients had the lowest risk of re-injury (2%), whereas 11% of Latino HVIP patients and 100% of White HVIP patients were re-injured. Men enrolled in the HVIP were also more likely to be reinjured (13%) than women in the HVIP (3%). Having needs in housing, education, court advocacy, and driver's licenses were associated with increased risk of reinjury; however, when these needs were met (vs. unmet), they all were found to be protective against re-injury.	Julliard 2016 "A decade of hospital-based violence intervention: Benefits and shortcomings"
		San Francisco, CA	2005-2011	Individuals aged 10-30-year-olds at high risk for reinjury		In this descriptive study, violent injury during the VIP period for VIP participants was 4.5% compared to historical institutional risk of 16%. A "high dose" exposure to a case manager in the first 3 months post-injury was associated with	Smith 2013 "Hospital-based violence intervention: Risk reduction resources that are

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

						higher rates of success (defined as: at least 50% of risk-reduction needs met, no attrition from the program and no recidivism from violent injury), however, case manager (CM) contact during other periods of time and cumulatively was not associated with success. Those who received moderate CM contact (3-6 hours/week) during the first 3 months were 5 times as likely to be successful as those who had low exposure (0-1 hours/week), and those who received high exposure (6+ hours/week) were 5.6 times as likely to be successful as those with low exposure. Additionally, if mental health needs were met, clients were 6 times as likely to be successful, and if employment needs were met, clients were 4 times as likely to have success.	essential for success"
	University Hospital of Newark Hospital-based Violence Intervention Program	Newark, NJ	2017-2020	18–60-year-old patients who are victims of interpersonal violence	Case managers for the project helped participants get resources, however, there was no reference to lived experience of the case managers.	In this descriptive study, the most common goals achieved by HVIP participants were medical (38/295), victim of crime compensation (33/295), and emergency food service (23/295). 51% of HVIP participants achieved one goal, 36% achieved 2 goals, and 9% achieved 3 goals. Compared with a non-HVIP patients, HVIP patients had lower PTSD scores at time of discharge; however, there was no difference in PTSD 3-6 months post discharge. HVIP participants were more likely to achieve early positive health outcomes like victim of crime compensation, education, return to school, work, and medical follow up. Qualitative results showed that participants said they felt the HVIP was "a safe haven" and "enlightening."	Gorman 2022 "Beyond recidivism: Hospital-based violence intervention and early health and social outcomes"
	Unnamed HVIP (simulation study)	N/A	2012-2016	Not specified	NA (Simulation)	In a simulation study, the authors estimated that savings ranged from $82,765 to $4,055,873, assuming HVIPs reduce the 5-year incidence of violent re-injury by 25%. HVIPs were estimated to prevent 83 incidents of nonfatal violent re-	Purtle 2015 "Cost-benefit analysis simulation of a hospital-based violence

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

						injury not resulting in hospitalization, 10 re-injuries resulting in hospitalization, 1 fatal violent injury, and 3 cases of assault conviction.	intervention program"
VIOLENCE INTERRUPTION	Safe Streets	Baltimore, MD	2007-2011	"High-risk" youth in high crime areas	The program employs individuals familiar with the community and with lived experience similar to those living with higher risk of gun violence. These individuals interrupt violence but also can help participants get access to services and opportunities to help reduce their risk of future violent involvement.	Comparing trends in homicide and nonfatal shootings over time (post vs. pre intervention) among neighborhoods that did and did not receive the intervention, the authors found that effect estimates varied across neighborhoods (three of the four intervention neighborhoods experienced relatively large program-related reductions in at least one measure of gun violence without also having a statistically significant increase in another measure of gun violence). Overall, the authors estimated that the intervention prevented about 35 nonfatal shootings and at least five homicides across 112 cumulative months of program implementation across the four sites. Program effects were strongest in Cherry Hill (56% decrease in homicides and 34% decrease in nonfatal shootings incidents).	Webster 2013 "Effects of Baltimore's Safe Streets program on Gun Violence: A Replication of Chicago's Ceasefire Program"
			2007-2022			Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in treated neighborhoods in the absence of the intervention, the authors found that, among the five longer-running sites, there was a significant 23% reduction in nonfatal shootings over the entire study period and a significant 32% reduction in homicides during the first four years of program implementation. Over the entire study period, Safe Streets was associated with a statistically significant 23% reduction in nonfatal shootings across all sites, and 8 of 11 sites had program-related reduction in nonfatal shootings. The authors estimated $7.2 to $19.2 savings per $1 invested in the program.	Webster 2023 "Estimating the effects of Safe Streets Baltimore on Gun Violence"
	Chicago CeaseFire	Chicago, IL	2002-2006	Individuals with a high chance of	Violence interrupters	Comparing trends in rates of shootings and firearm homicides over time (post vs.	Skogan 2009. "Evaluation of

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

				either being shot or being a shooter in the immediate future	hired by the program were often individuals with similar pasts as the participants, including prior gang affiliation, prior arrest, and prior involvement with violence.	pre intervention) among Ceasefire sites and comparison areas, the authors found that the program significantly decreased shootings in 5/7 sites but only 4 of these 5 sites had data reliably suggesting the decrease was due to the program (as measured by changes in comparison areas).	CeaseFire-Chicago"
	TRUCE Program	Phoenix, AZ	2010-2012	Community members identified as being at risk of being a victim or perpetrator of gun violence	Outreach workers and violence interrupters were selected based on their tie to the community and lived experience with similar situations as the participants.	Comparing trends in rates of violent crime incidents over time among CeaseFire sites and comparison areas, the authors found that implementation of the program was significantly associated with a decrease of 16 assaults on average per month, a decrease of 16 violent incidents, and an increase of 3.2 shootings per month. There were mixed findings in terms of the association between specific intervention activities and violence. For example, every conflict mediated by TRUCE was associated with a decrease of 1.9 assaults and 2.7 violent crimes. However, two activities (serving unemployed clients and referral to an education program) were associated with an increase of approximately 0.5 shootings per month.	Fox 2015 "Evaluation of the Phoenix TRUCE project: A replication of Chicago CeaseFire"
	Cure Violence Philadelphia (CeaseFire)	Philadelphia, PA	2013-2015	Community members identified as being at risk of being a victim or perpetrator of gun violence (ages 16-25)	Violence interrupters were individuals who are no longer active members of the street scene but are well aware of the community and structures within it.	Comparing trends in rates of fatal and nonfatal shootings over time among areas that did and did not receive the intervention, the authors found that each of the three sets of CeaseFire areas showed a significant reduction in shootings after program implementation; however, the decrease was unique to CeaseFire areas (and not comparison areas) only when the unit of analysis was defined as "gun crime hotspots."	Roman 2018 "Quasi-experimental designs for community-level public health violence reduction interventions: a case study in the challenges of selecting the counterfactual"

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

	One Vision One Life	Pittsburgh, PA	2004-2012	Individuals at risk of violence	One Vision employs community coordinators who use street-level intel to find and intervene ono violent interactions. These individuals are selected for their connections and familiarity with the neighborhoods of interest and lived experience with rival groups/gang structures/ community violence.	Comparing trends in rates of violence over time among neighborhoods that did and did not receive the intervention, the authors found no significant association between the intervention and homicide rates, but the program was associated with an increase in monthly aggravated and firearm assault rates. There was no evidence no spillover impacts for homicide, but there was evidence of protective and harmful spillover impacts for aggravated and/or firearm assault for some sites.	Wilson 2011 "Community driven violence reduction Programs: Examining Pittsburgh's One Vision One Life"
BEHAVIORAL SCIENCE	ROCA Young Mother's Program	Massachusetts and Connecticut	2019-2023	Young mothers "at risk"	No mention of staff lived experience.	The program found significant reductions in emotional dysregulation, depressive symptoms, PTSD, relationship violence, and alcohol use. Through post-program interviews, participants showed the following outcomes: mental health improvements, feeling less stuck and able to move on from trauma, building and maintaining relationships was easier, making progress toward reunifying with their children, staying out of jail, working towards self-determined goals was possible, increased economic stability, increased confidence and independence, and ability to self-advocate.	Tufts Interdisciplinary Evaluation Research 2024 "Roca Young Mothers' Program (YMP): Data Brief"
	ROCA Re-WIRE Cognitive Behavioral	Chelsea, Springfield, Holyoke, Boston, and	2018-2021	Young men and mothers "at-risk" ages 17-24	No mention of staff lived experience.	Early CBT program engagement was related to engagement with ROCA, higher probability of employment, and lower probability of later arrest. When asked about the situations in which they had	Abt Associates 2021 "Final Report Phase II Evaluation of Roca's CBT Curriculum"

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

	Therapy (CBT) Program	Lynn, MA and Baltimore, MD				used CBT to cope, participants most often said they used CBT for violent situations (67%), relationship issues (59%, job loss (50%), educational setbacks (38%), the COVID-19 pandemic (35%), and childcare issues (23%). Respondents who had ever tried CBT were less likely to say they did something against the law since engaging with ROCA. Respondents who engaged frequently with CBT used drugs less often after going through ROCA.	
	ROCA	Chelsea, Springfield, Holyoke, Boston, and Lynn, MA	2017	Young men at greatest risk of involvement in violent crime (18-24 y/o)	No mention of staff lived experience.	ROCA's 2017 cohort had lower incarceration rates than state average at 1, 2 and 3 years follow up even if the participant had a history of violent offenses. Statewide reincarceration rates in MA were 30% higher than for ROCA participants and grew over time, suggesting that longer ROCA participation could be beneficial.	Hickman 2024 "Reincarceration among ROCA participants in Massachusetts"
	ROCA Pay for Success	Boston, Chelsea, and Springfield, MA	2014-2024	Young men at greatest risk of involvement in violent crime	ROCA participants were grouped together to find support with other community members, however, administrative staff lived experience was not explicitly discussed	In this randomized controlled trial, the authors found that the treatment group was incarcerated for 43 days more than the control group (95% CI: -21, 108) and were employed for 1.12 fewer quarters than those in the control (95% CI: -0.66, 0.43). Using a difference-in-differences approach, which also used a different control group than the RCT, the authors found that ROCA decreased incarceration by 17 days and increased employment by 0.7 quarters per person. No estimates in this evaluation were statistically significant.	Roca, Inc. 2024. "Final Report Massachusetts Juvenile Justice Pay For Success Project"
ENFORCEMENT	Detroit Ceasefire	Detroit, MI	2013-2019	Gangs and violent-risk groups	No mention of staff lived experience.	Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in treated precincts in the absence of the intervention, the authors found no independent effect of Ceasefire on the number of shooting victimizations among 15-24-year-olds or 25-34-year-olds 1, 2, 3, and 4 years after implementation of the intervention.	Circo 2021 "Focused Deterrence and Program Fidelity: Evaluating the Impact of Detroit Ceasefire"

APPENDIX TABLE 3. CVI LITERATURE REVIEW MATRIX (CONTINUED)

	RAVEN	Rockford, IL	2013-2014	Parolees with history of violent crime	No mention of staff lived experience.	Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in the city of Rockford in the absence of the intervention, the authors found the intervention to be significantly associated with a 29.1% reduction in non-gun robberies, 20.5% reduction in gun robberies, 15.9% reduction in gun assaults, 14.0% reduction in total gun crime, 9.5% reduction in total violent crime, and 6.3% reduction in total non-gun crime during the follow-up period (March 2013-December 2014).	Clark-Moorman 2019 "Impact evaluation of a parolee-based focused deterrence program on community-level violence"
	Oakland Ceasefire	Oakland, CA	2013-2017	Gangs involved individuals	No mention of staff lived experience.	Comparing trends in (fatal and nonfatal) shootings over time (post vs. pre intervention) among block groups and gangs in Oakland that did and did not receive the GVRS intervention, the authors found that the intervention was significantly associated with a 20% reduction in shootings in treated block groups (with no significant displacement), 27% reduction in shootings among treated gangs, and 26% reduction in shootings among vicariously treated gangs during the follow-up period (2013-2017).	Braga 2019 "Street gangs, gun violence, and focused deterrence: Comparing place-based and group-based evaluation methods to estimate direct and spillover deterrent effects"
	Boston Ceasefire	Boston, MA	2006-2010	Gang-involved individuals and communities	No mention of staff lived experience.	Comparing trends in gang-involved shootings (by and against specific gangs) over time (post vs. pre intervention) among gangs in Boston that were vicariously treated or not treated (either directly or vicariously), the authors found that the intervention was significantly associated with a 24.3% reduction in total gang-involved shootings and 26.7% reduction in suspected gang-involved shootings.	Braga 2013 "The Spillover Effects of Focused Deterrence on Gang Violence"
	CIRV (Cincinnati Initiative to Reduce Violence)	Cincinnati, OH	2007-2010	Gang-involved members	There were 14 street advocates employed by the program. They were	Comparing city-wide trends over time (post vs. pre intervention) in the number of group-member-involved homicides and fatal and nonfatal shootings, the authors found that the intervention was significantly associated with a 37.4%	Engel 2013 "Reducing gang violence using focused deterrence: Evaluating the

Appendix Table 2. CVI literature review matrix

					selected for their lived experience in high crime neighborhoods and involvement with the criminal legal system. They served as case managers and violence interrupters.	reduction in group-member-involved homicides after 24 months (41.4% reduction after 42 months) and 22% reduction in shootings after 24 and 42 months. There were no similar reductions in non-group member-involved homicides or non-shooting violent offenses. There was no evidence that provision of social services was responsible for these reductions.	Cincinnati Initiative to Reduce Violence (CIRV)"
	Philadelphia Focused Deterrence	Philadelphia, PA	2013-2015	Gang-involved members	The community outreach coordinator for this program is someone who lives in the neighborhood and is well acquainted with the community. However, no mention of other staff or the community outreach coordinator having any shared lived experience with participants.	Comparing trends in the rate of fatal and nonfatal shootings over time (post vs. pre intervention) among block groups and gangs in Philadelphia that did and did not receive the intervention, the authors found that the intervention was significantly associated with a monthly average reduction of 2.4 shootings per 1000 residents. There were, however, no significant reductions in shootings attributed to the specific gangs subjected to the intervention.	Roman 2018 "Assessing the gang-level and community-level effects of the Philadelphia focused deterrence strategy"

*Note: Many of these studies use the phrase "high-risk" to describe the populations being served by the programs listed. Labelling individuals as high or low risk of perpetrating or being a victim of violence is non-specific and can perpetuate misguided narratives that some individuals are dangerous/vulnerable based on their identities, affiliations, or history. We would like to note that while previous studies have categorized individuals in this way, it is important to move towards more inclusive and representative language regarding those who are served by these programs (including specifying what individuals are considered at high risk of and the criteria used to define risk).