The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

August 3, 2023

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

Michael D. Hurley
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Chapter 126 of the Acts of 2022, please find enclosed a report from the Department of Public Health entitled *"Gun Violence Prevention Program."*
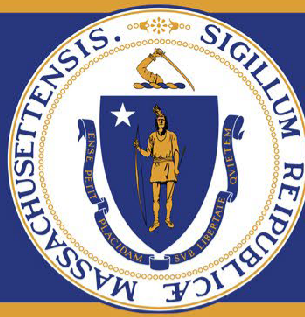
Sincerely,

Robert Goldstein, MD, PhD
Commissioner
Department of Public Health

Gun Violence Prevention Program

Legislative Report

June 2023

Legislative Mandate

Line item 4590-1504 of Chapter 126 of the Acts of 2022 the Fiscal Year 2023 (FY23) General Appropriations Act provides:

> For a neighborhood-based gun and violent crime prevention pilot program for targeted work with out-of-school youth and young adults aged 17 to 24, inclusive, intended to prevent gun violence and other violent crime in neighborhoods and municipalities with the highest rates of violent crime in the commonwealth; provided, that funds shall be awarded in consultation with the Executive Office of Public Safety and Security and the Department of Elementary and Secondary Education; provided further, that funds shall be awarded to non-profit, community-based organizations located in and serving high risk youth in eligible communities; provided further, that preference shall be given to organizations that have: (i) demonstrated street outreach capacity; (ii) effective partnerships with neighborhood health and human services agencies, including mental health providers, and with schools and other local educational institutions; and (iii) clearly outlined a comprehensive plan in support of continued or expanded collaboration efforts with such partners, including data related to measurable outcomes of successful partner collaboration; provided further, that eligible expenses for such grants shall include, but not be limited to, case workers, mental health counselors, academic supports and other research-based practices and related support services; provided further, that the department shall ensure that every grant recipient establishes measurable outcomes in its comprehensive plan and provides data related to those outcomes that demonstrate program success; provided further, that preference shall be given to proposals that demonstrate coordination with programs and services funded through items 4000-0005 and 7061-9612; provided further, that not later than March 1, 2023, the department shall submit a report to the Executive Office for Administration and Finance, the Joint Committee on Public Health, the Joint Committee on Public Safety and Homeland Security, the Joint Committee on Education and the House and Senate Committees on Ways and Means, detailing the awarding of grants and details of anticipated contracts by district; and provided further, that the department shall further report on the effectiveness of the program, including but not limited to: (a) any measurable data-driven results; (b) which strategies and collaborations have most effectively reduced gun and other violence in the grantee neighborhoods; (c) how spending through this item has been aligned with spending from items 4000-0005 and 7061-9612 in ways that enhance public safety while avoiding programmatic duplication; and (d) what efforts have been taken by the non-profit community and municipalities to ensure the long term viability of the reforms funded by the pilot program, prior appropriation continued.

Table of Contents

Introduction

Pursuant to line item 4590-1504 of Chapter 126 of the Acts of 2022, the Department of Public Health (DPH) is submitting this report of the FY23 activities of the Gun Violence Prevention Program (GVP).

Due to changes in the contracted evaluation staff and the database platform used to collect process data and impact evaluation information, this GVP report is not directly comparable to previous reports. This report describes the critical work of the GVP program between Oct 31, 2021, and June 10, 2022, and covers youth data from the inception of the grant through June 10, 2022. Future GVP legislative reports will consist of full-year updates of youth data, activities, and outcomes during each subsequent most recently closed state fiscal year.

Gun Violence Prevention (GVP) services provide out-of-school youth and young adults aged 17 to 24 with inclusive programs intended to prevent gun violence and other violent crimes in neighborhoods and municipalities with the highest rates of violent crime in the Commonwealth. Core elements of the GVP Program include, but are not limited to, outreach and engagement, needs assessment, mentoring and relationship building, educational support and workforce development, and behavioral health services and/or referrals. The GVP supports out-of-school youth and young adults aged 17 to 24 years, as defined by the legislation, who are disproportionately at risk of being impacted by gun violence, including youth of color, court-involved youth, those with experience with substance use disorder (SUD) or violent behavior, and those who have been witness to or victims of violence. This report presents key data on GVP activities, outputs, and impact on youth and communities during this seven-month period.

Please see the FY21 report on the DPH website (https://www.mass.gov/child-and-youth-violence-prevention-services), for more information on the GVP context (pp. 3-4), guiding principles (pp. 5-6), and six core components (pp. 6-7).

1. Gun Violence Prevention Grantees and Service Areas

The following table indicates the allocation of GVP funds to the ten original funded grantees and five additional grantee sites to support their capacity building. The addition of these five program sites in June 2020 brought the total number of funded grantees to fifteen programs. In FY22, grantees utilized GVP funds to deepen youth outreach efforts, strengthen mental and behavioral health supports, expand workforce readiness training and job placement, and advance community mobilization activities through innovation and relationship building, as well as utilizing FY22 funding increases for organizational improvements such as HVAC repair, program transportation, mold damage repair, etc.

Grantee	Service Area	Cumulative Award (FY19-FY23)	FY23 Award	Target Population
18 Degrees, Inc.	Pittsfield	$1,391,170	$394,780	Young adults and youth, ages 17-24, many of whom are gang members or affiliates who have been impacted by trauma
College Bound Dorchester/ Youth Options Unlimited	Dorchester	$2,491,334	$658,053	Core influencers in Boston neighborhoods with the most youth violence
Greater Fall River RE-CREATION	Fall River	$1,341,954	$370,172	Young adults and youth, ages 17-24, who have experienced primary or secondary trauma
Madison Park Development Corporation	Roxbury, Dorchester, Mattapan	$1,806,726	$ 492,385	Low-income, out of school youth and young adults of color, ages 17- 24, without a high school credential residing in the Roxbury, Dorchester, and Mattapan neighborhoods of Boston
More Than Words	South End Roxbury, Dorchester, Mattapan	$1,785,098	$ 515,632	Young adults and youth ages 16-24 who have recent or current court involvement, or involvement with DCF
Mothers for Justice and Equality	Dorchester, Roxbury, Mattapan	$1,624,240	$479,622	Low-income, at-risk, and/or system-involved youth and young adults, ages 17-24
New North Citizens Council, Inc.	Springfield	$1,981,457	$554,263	At-risk young adults and victims of violence
NorthStar Learning Centers, Inc.	New Bedford	$1,887,767	$507,418	Young adults and youth ages 17-24 living in New Bedford who are out of school, incarcerated or otherwise engaged within the criminal justice system, homeless, or who have experienced/are experiencing trauma
Old Colony YMCA	Brockton	$2,034,094	$567,275	Young adults and youth of color, ages 17-24, who are out of school, court-involved, and who experience substance use disorder (SUD) and/or violence

Grantee	Service Area	Cumulative Award (FY19-FY23)	FY23 Award	Target Population
Project R.I.G.H.T., Inc.	Dorchester	$1,785,553	$591,970	Nontraditional students at high risk for violence and trauma
ROCA, Inc. - Lynn	Lynn	$1,826,441	$612,415	Young males, ages 17 to 24, who are at high risk for future long-term adult criminal justice system involvement
ROCA, Inc. – Springfield	Springfield	$1,981,455	$554,262	Young males, ages 17-24, who are at high risk for future long-term adult criminal justice system involvement
UTEC, Inc. - Haverhill	Haverhill	$1,783,859	$591,124	Young adults with a history of antisocial behavior, such as incarceration, serious criminal and/or gang involvement
UTEC, Inc. - Lawrence	Lawrence	$1,671,641	$577,207	Young adults with a history of incarceration, serious criminal and/or gang involvement
Worcester Youth Center	Worcester	$1,981,457	$554,262	Young adults and youth, ages 17-24, who are living in communities and families experiencing a high burden of gun violence and/or violent crime

Vendors	Role	Cumulative Award	FY23 Award
JSI Research & Training Institute, Inc.	Gun Violence Prevention Program Support	$1,179,000	$204,000 (first 6 months amount)
	Gun Violence Prevention Communication Support	$110,000.00	$110,000.00
UTEC	Gun Violence Prevention Training Center for Excellence	$2,040,000	$595,000
University of Massachusetts Medical School	Gun Violence Prevention Program Evaluator	$845,000	$0 - Program no longer funded, DPH to assume duties
University of Massachusetts Donahue Institute	Gun Violence Prevention Communication Support	$50,000	$0 - Program no longer funded, John Snow, Inc. (JSI) to assume duties in FY23. See JSI above.

2. GVP Program Data

From the inception of services in FY20, grantees have entered data on 3,324 youth and young adults. This represents all youth with a documented participation status. Of these, 2,934 (88.3%) youth and young adults had at least one documented contact or service by the GVP (connected GVP participants). The characteristics, service needs, and service utilization of these 2,934 youth are described in the tables and summary below.

GVP Youth and Young Adult Characteristics

The characteristics of the 2,934 connected GVP participants are consistent with the planned target population for this initiative.

- Most of the youth and young adults are people of color, with 1,021 (53.3%) identifying as Black, non-Hispanic, and 326 (17.0%) identifying as Hispanic/Latinx.
- Overall, 1,610 (59.4%) of the connected GVP participants are male.
- A majority of connected GVP participants speak English (1,624; 92.4%) as their primary language, followed by Spanish (N=64; 3.6%) and Cape Verdean Creole (N=40; 2.3%).
- Seventy-three percent (N=1,846) are within the GVP target age group of 17-24 years old. Of those outside of the target age group, 287 (11.5%) are 16 years of age and 371 (14.8%) are older than 24 years of age. Program engagement of those older than 24 years of age is likely a function of longer-term GVP participation, which may include those who connected with services when they were younger but continued to remain involved as they aged and those who remain connected to programs through ongoing employment supports.

Demographic Characteristics of Connected GVP Youth and Young Adults (N=2,934)*		
	N	%
Age (N=2,504)		
Younger than 17	287	11.5%
17-20 years	834	33.3%
21-24 years	1,012	40.4%
25 and older	371	14.8%
Gender (N=2,711)		
Female	1,078	39.8%
Male	1,610	59.4%
Non-binary / Other	23	0.8%
Race/Ethnicity (N=1,917)		
American Indian or Alaska Native (non-Hispanic)	5	0.3%
Asian (non-Hispanic)	47	2.5%
Black (non-Hispanic)	1,021	53.3%
Native Hawaiian or other Pacific Islander (non-Hispanic)	0	0.0%

Demographic Characteristics of Connected GVP Youth and Young Adults (continued, N=2,934)*		
	N	%
White (non-Hispanic)	324	16.9%
More Than One Race (non-Hispanic)	52	2.7%
Other (non-Hispanic)	142	7.4%
Hispanic / Latinx**	326	17.0%
Primary Language (N=1,758)	1,758	
Cape Verdean Creole	40	2.3%
Chinese	15	0.9%
English	1,624	92.4%
Haitian Creole	13	0.7%
Portuguese	1	0.1%
Spanish	64	3.6%
Other	1	0.1%

Note: GVP data were extracted on 11/10/22 and represent cumulative data through 6/10/22. The total for each category does not equal the total number of youth and young adults (N=2,934) due to data that was refused, unknown, or missing. The number associated with each subsection of the table is the number of youth on which percentages in that part of the table are based. All percentages were rounded to the nearest tenth of a percent.

*Connected Youth consist of participants with at least one contact documented in the database. Participants without any documented contacts who have documented services (participation status, referral, assessment, mentor, education, employment, behavior, training) were considered as having received a contact and to be Connected Youth.

**This total includes persons who identified as Other with a write-in of one of the following: Hispanic, Latino/a/x, Puerto Rican, "Dominican."

Youth and young adults connected with GVP face significant obstacles to housing and economic security. Safe and secure housing is a significant concern across GVP-supported communities.

- Among the 905 connected youth with housing data, 14% are homeless (N=87; 9.6%) or unstably housed (defined as living in a group home, residential care, or foster home; N=40; 4.4%). However, there are a range of other ways that youth are unstably housed.
- Furthermore, fewer than half of the 982 connected participants with education data have a high school diploma or equivalent (N=400; 40.7%).

Characteristics of Connected GVP Youth and Young Adults (N=2,934)*		
	N	**%**
Living Arrangement (N=905)**		
Living with parent, grandparent, or extended family	582	64.3%
Living alone or with spouse/partner/roommate	55	6.1%
Homeless	87	9.6%
Living in group home/residential care/foster home	40	4.4%
Incarcerated	30	3.3%
Other	111	12.3%
Highest Grade Completed (N=982)**		
Grades 6-11	582	59.3%
High School Graduate	279	28.4%
HiSET/GED	60	6.1%
Some College	52	5.3%
College Graduate	9	0.9%

Note: GVP data were extracted on 11/10/22 and represent cumulative data through 6/10/22. The total for each category does not equal the total number of youth and young adults (N=2,934) due to data that was refused, unknown, or missing.

The number associated with each subsection of the table is the number of youth on which percentages in that part of the table are based. All percentages are rounded to the nearest tenth of a percent

*Connected Youth consist of participants with at least one contact documented in the database. Participants without any documented contacts who have documented services (participation status, referral, assessment, mentor, education, employment, behavior, training) were considered as having received a contact and to be Connected Youth.

**Not all grantees assess these variables; therefore, a significant proportion of the connected GVP population does not have complete housing or educational attainment data. Findings should be interpreted with caution and not used to describe the entire population.

3. Gun Violence Prevention Intervention: A Multidimensional Approach

GVP's focus on preventing gun violence through a public health lens provides a unique opportunity to grantees. This public health framing not only supports the use of a multi-pronged approach that includes relationship development, education, workforce development, and mental and behavioral health services, but it also increases access to services for youth and young adults on the streets, within correctional facilities, and in community-based settings. Grantees offer culturally-tailored services that incorporate language, street culture, family culture, and group culture.

Of the 2,934 youth and young adults with a documented contact status in the GVP database (connected), 2,160 (73.6%) were engaged in the program beyond outreach, having received referrals or services through the GVP (engaged). The remaining 774 have a GVP connection through outreach but had not yet engaged in services as of June 10, 2022.

Sample of Engaged GVP Youth and Young Adults (N=2,934)*		
# of participants by engagement in GVP (N=2,934)	#	%
Not yet engaged (outreach only)	774	26.4%
Engaged beyond outreach (engaged)**	2,160	73.6%
Type of contact made with engaged GVP youth (N=114,378 contacts)	#	%
Direct Contact	58,804	51.4%
Indirect contact (text messaging, email, or social media)	41,521	36.3%
Collateral contact (contact with family member, friend, or provider)	13,608	11.9%
Don't Know/Refused	445	0.4%

NOTE: All percentages were rounded to the nearest tenth of a percent.
*Among participants with at least one contact documented in the database. Participants without any documented contacts who have documented services (participation status, referral, assessment, mentor, education, employment, behavior training) also were considered as having received a contact.
**Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post-enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.

a. Outreach and Engagement

Outreach is a significant component of the GVP model. Used both as a vehicle for identifying and recruiting youth and young adults and as an ongoing engagement strategy, outreach contacts comprise a substantial proportion of GVP activities.

- Grantees documented 114,378 contacts since the program's inception.
- Direct contact with GVP youth and young adults is the primary mode of contact, representing 51.4% (N=58,804) of all contacts.

- The remaining 48.2% of contacts for which the nature of the contact is known are either indirect contacts (such as text messaging, email, or social media; 36.3%; N=41,521) or collateral contacts (such as contact with a family member, friend, or provider; 11.9%; N=13,608).

b. Assessing Needs

Once youth and young adults identified through outreach agree to participate in GVP, they receive a comprehensive social needs intake and assessment to identify the full range of supports needed related to social determinants of health, including housing, academic support, food access, employment, healthcare, legal services, mental and behavioral health treatment, and family/social support services).

- Overall, 2,196 assessments were documented among 1,212 unique engaged participants, representing 56.1% of all individuals engaged with the GVP program beyond outreach.
- Participants with at least one documented assessment completed an average of 1.81 assessments and had an average of 4.53 topic areas identified as needs.

Although program enrollment (i.e., initiation of GVP services) and assessment are meant to coincide, how and when these processes occur vary widely across grantees. Grantees document the needs of youth and young adults in the GVP database based on the results of completed assessments.

- Of those with a completed assessment, 82.5% (N=1,000) have employment support needs, 72.8% (N=882) have academic support needs, 57.5% (697) have mental and behavioral health needs.
- In addition, more than half of all engaged GVP participants with a completed assessment indicated financial/food assistance (55.1%; N=668), housing (52.7%; N=639), and family social support needs (52.6%; N=638).

The relatively lower than expected percentages of youth and young adults with documented need likely represents an undercount of actual need for several reasons. First, not all youth and young adults complete an assessment or are assessed in all areas and "documented need" has been defined for the purposes of these legislative reports in relation to formal assessment processes. Second, the database has multiple domains to document delivered services, which increases the likelihood of data collection and reporting errors. For example, GVP staff are asked to indicate in the referrals database if a service was received, as well as enter specific activities/services received in other databases. Staff may not remember to enter data in both areas. Thus, the documented need counts do not fully coincide with the number of participants who received services.

Some areas of need, particularly mental and behavioral health, are more likely to be undercounted compared to employment and educational needs. While it may be possible to determine some needs without a formal assessment, identifying mental and behavioral health needs often requires a more in-depth process. For most grantees, the mental and behavioral health component of their GVP programs is relatively new. Grantees continue to build internal infrastructure and external partnerships to support mental and behavioral health needs. This

component has been particularly challenging due to the extreme demand for mental and behavioral health clinicians during the COVID-19 pandemic and continuing workforce shortages. Additionally, youth and young adults may be less transparent about their mental and behavioral health due to issues of trust, stigma, or their focus on other critical basic needs. Finally, feedback from grantees suggests that some define mental and behavioral health needs narrowly, documenting only those youth and young adults needing clinical intervention. As a result, the number of youth counted as having an identified need for mental and behavioral health services may not include youth and young adults who need social-emotional support, peer support, or self-regulation skills, many of whom nonetheless did receive these types of services.

Documented Needs Among Engaged Youth and Young Adults (N=2,160)* - Assessment & IAP Events		
# of assessments completed among all engaged participants	2,196	
# (%) of engaged participants with at least one documented assessment	1,212 (56.1%)	
Average (std. dev.) # of assessments completed per participant *(Among those with at least one documented assessment; N=1,212)*	1.81 (2.0)	
# and % of engaged participants with at least one documented need (as determined by an assessment) related to: † *(Among those with at least one documented assessment; N=1,212)*	#	%
Behavioral Health**	697	57.5%
Academic Support	882	72.8%
Employment	1,000	82.5%
Family Social Supports	638	52.6%
Financial or Food Assistance	668	55.1%
Housing	639	52.7%
Legal	390	32.2%
Physical Health	325	26.8%
Other	255	21.0%
# and % of topics areas with documented need, per participant: *(Among those with at least one documented assessment; N=1,212)*	#	%
0 topic areas	68	5.6%
1-2 topic areas	227	18.7%
3-4 topic areas	316	26.1%
5-6 topic areas	225	18.6%
7-9 topic areas	376	31.0%
Average (std. dev.) # of topic areas with documented need, per participant *(Among those with at least one documented assessment; N=1,212)*	4.53 (2.5)	

NOTE: All percentages were rounded to the nearest tenth of a percent.

*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.

c. *Referrals*

Overall, a total of 14,026 referrals were documented for 1,007 engaged GVP participants, representing an average of 13.9 referrals per participant with at least one referral.

- Of these, 13,368 (95.3%) referrals among 854 engaged GVP participants were documented as "service received," meaning that the participant not only was referred to a service but also received that service.
- The most frequent referral and service received was for behavioral health (422 referrals; 372 documented as service received), followed by employment (399 referrals; 308 documented as service received), assistance with incidentals (392 referrals; 368 documented as service received), and housing (337 referrals; 270 documented as service received).

Documented Support Received Among Engaged Youth and Young Adults (N=2,160)* - Referrals		
# and % of referrals where service was received (N=14,026 referrals)	**#**	**%**
Yes	13,368	95.3%
Pending	322	2.3%
No / Don't know / Refused	336	2.4%
# (%) of engaged participants with at least one documented referral *(Among engaged participants; N=2,160)*	**1,007 (46.6%)**	
Average (std. dev.) of referrals received per participant *(Among those with at least one documented referral; N=1,007)*	**13.93 (29.3)**	
# (%) of engaged participants with at least one documented service received after referral *(Among those with at least one documented referral; N=1,007)*	**854 (84.8%)**	
Average (std. dev.) of services received per participant *(Among those with at least one documented service received; N=854)*	**15.65 (31.4)**	
# (%) of engaged participants with at least one documented referral or referral service received, by topic area: †	**Referral** (N=1,007)	**Referral and service received** (N=854)
Behavioral Health	**422 (41.9%)**	**372 (43.6%)**
Employment (any)	**399 (39.6%)**	**308 (36.1%)**
Employment - Job Search, Placement, or Application	268 (26.6%)	199 (23.3%)

Employment - On-the-Job Support	6 (0.6%)	4 (0.5%)
Employment - Readiness or Training	192 (19.1%)	164 (19.2%)
Employment - Other	39 (3.9%)	21 (2.5%)
Assistance (any)	**392 (38.9%)**	**368 (43.1%)**
Assistance - Financial	64 (6.4%)	48 (5.6%)
Assistance - Food	72 (7.1%)	63 (7.4%)
Assistance - Other	305 (30.3%)	299 (35.0%)
Housing (any)	**337 (33.5%)**	**270 (31.6%)**
Housing - Rental Assistance	49 (4.9%)	23 (2.7%)
Housing - Temporary or Shelter	51 (5.1%)	24 (2.8%)
Housing - Other	247 (24.5%)	225 (26.3%)
Physical Health	**258 (25.6%)**	**228 (26.7%)**
Academic support	**254 (25.2%)**	**216 (25.3%)**
Family/Social Supports (any)	**238 (23.6%)**	**229 (26.8%)**
Family/Social Supports - Parent Education	18 (1.8%)	13 (1.5%)
Family/Social Supports - Sports or Recreation	185 (18.4%)	185 (21.7%)
Family/Social Supports - Other	147 (14.6%)	142 (16.6%)
Legal	**156 (15.5%)**	**147 (17.2%)**
Transportation	**54 (5.4%)**	**38 (4.4%)**
Child Care	**9 (0.9%)**	**7 (0.8%)**
Other	**128 (12.7%)**	**99 (11.6%)**

NOTE: All percentages were rounded to the nearest tenth of a percent.

*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.

† Percentages do not add to 100% because categories are not mutually exclusive.

d. Mentoring and Relationship Building

Mentoring is a core component of GVP. With the goal of building trusting, supportive relationships and positive youth development outcomes, this is the service that the largest number of GVP participants have utilized.

- Of the 2,160 youth and young adults engaged in the GVP, 1,345 (62.3%) received mentorship.
- Of these, 93.7% (N=1,260) received mentorship from a GVP staff mentor (as opposed to other types of mentors).
- Overall, engaged GVP youth and young adults who received mentorship services received a total of 2,014 documented mentorship activities, for an average of 1.50 mentorship activities per youth.

Documented Support Received Among Engaged Youth and Young Adults (N=2,160)* - Mentorship and Relationship Building		
# and % of documented mentorship <u>activities</u>, by mentorship type *(Across all documented mentorship activities; N=2,014)*	**#**	**%**
Community mentor	10	0.5%
Faith-based mentor	1	0.0%
GVP staff mentor	1,677	83.3%
Social service program mentor	299	14.8%
Other	27	1.3%
# (%) of engaged participants with at least one documented mentorship activity *(Among engaged participants; N=2,160)*	**1,345 (62.3%)**	
Average (Std) # of mentorship activities received per participant *(Among those with at least one documented mentorship activity; N=1,345)*	**1.50 (1.1)**	
Mentorship type received † *(Among those with at least one documented mentorship activity; N=1,345)*	**#**	**%**
Community mentor	10	0.7%
Faith-based mentor	1	0.1%
GVP staff mentor	1,260	93.7%
Social service program mentor	189	14.1%
Other	27	2.0%

NOTE: All percentages were rounded to the nearest tenth of a percent.

*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.

† Percentages do not add to 100% because categories are not mutually exclusive.

As described by two of the GVP participants who received mentorship services, building a trusting relationship with GVP grantee organization staff accelerates their progress on personal goals:

> *"They elevate you, like they want you to do better. They want you to be better. They want you to be the best version of you that you can be and that's why I keep coming back to [grantee] and I will recommend [grantee] to everybody."*

> - *Youth Participant (UMass Donahue Institute Youth Voice Focus Group)*

> *"As soon as I read about [organization]'s mission and I got a hold of one of the staff members here, I felt like my journey really started to change….It's very genuine, holistic care, from shelter to every little thing, to sense of community and also teaching work ethic in a retail space, in a business. And just very invested in how much growing or guidance that a youth needs. Almost as if I'm at home and [with] family."*

e. *Educational Support and Workforce Development*

Workforce development is a core GVP service component that grantees consider critical to build economic opportunity among youth and young adults and within their communities. GVP participants who access workforce development services may engage in one or more of the following services: educational programming or educational support, workforce training, or employment.

- Of the 2,160 youth and young adults engaged in the GVP, 52.0% (N=1,123) received educational support to stay in school or obtain high school equivalency through either a referral or an educational support activity, or both; 49.3% (N=1,065) had at least one documented educational support activity.
- A total of 1,404 educational support activities were documented indicating that, on average, 1.32 educational activities were provided to the 1,065 engaged participants receiving educational support services.
- Overall, 62.2% (N=549) of the 882 participants with a documented need for educational support received it.

These results should be interpreted with caution, due to missing data and/or inconsistent data collection practices. See pages 9-10 above describing these limitations.

Documented Support Received Among Youth and Young Adults (N=2,160)* - Educational Support		
# of referrals received among all engaged participants for academic support	703	
# (%) of engaged participants with at least one documented referral for academic support *(Among engaged participants; N=2,160)*	254 (11.8%)	
Average (std. dev.) # of academic support referrals received per participant *(Among those with at least one documented academic support referral; N=254)*	2.77 (3.8)	
# of activities documented related to educational support**	1,404	
# (%) of engaged participants with at least one documented activity related to educational support *(Among engaged participants; N=2,160)*	1,065 (49.3%)	
Average (std. dev.) # of educational activities documented per participant *(Among those with at least one documented educational support activity; N=1,065)*	1.32 (0.9)	
# and % of engaged participants by type of educational support received † *(Among those with at least one documented educational support activity; N=1,065)*	#	%
High School (GVP program uses case management to support youth to stay enrolled in high school)	391	36.7%
GED Program (GVP program provides or refers participants to GED)	6	0.6%
College Prep (GVP program provides or refers participants to college prep)	41	3.8%

In College (GVP program uses case management to support youth to stay enrolled in college)	110	10.3%
In Trade School (GVP program uses case management to support youth to stay enrolled in trade school)	33	3.1%
HiSET Program (GVP program provides or refers participants to HiSET)	303	28.5%
Tutoring (GVP program provides or refers participants to tutoring)	9	0.8%
Other academic educational programming (GVP program provides or refers to programming)	284	26.7%
# and % of engaged participants by type of educational support and/or referrals received *(Among those with at least one documented academic referral OR documented educational activity, N=1,123)*	**#**	**%**
Educational support only	869	77.4%
Academic referral only	58	5.2%
Both educational support and academic referral	196	17.5%

NOTE: All percentages were rounded to the nearest tenth of a percent.
*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.
**Educational support activities include those provided by the GVP program or that were supported or sustained through case management provided by the GVP program.
† Percentages do not add to 100% because categories are not mutually exclusive.

In addition to education, 50.0% (N=1,081) of the 2,160 youth and young adults engaged in GVP received workforce/employment support through either a referral, activity, or both. These services aligned with participants' career goals and served as a building block for future employment opportunities.

- 42.9% (N=926) had at least one documented workforce/employment support activity.
- Overall, 1,570 documented workforce/employment support activities were provided to these 926 participants, (an average of 1.70 workforce/employment support activities per participant).
- Overall, 68.0% (N=680) of participants with a documented employment need received workforce development support.

These results should be interpreted with caution, due to missing data and/or inconsistent data collection practices. See pages 9-10 above describing these limitations.

Documented Support Received Among Youth and Young Adults - Workforce Development	
# of referrals received among all engaged participants for employment	**2,105**
# (%) of engaged participants with at least one documented referral for employment *(Among engaged participants; N=2,160)*	**399 (18.4%)**

Average (std. dev.) # of employment referrals received per participant *(Among those with at least one documented employment referral; N=399)*	5.28 (10.29)	
# and % of engaged participants, by type of employment-related referral received † *(Among those with at least one documented employment referral; N=399)*	**#**	**%**
Employment - Job Search, Placement, or Application	268	67.2%
Employment - On-the-Job Support	6	1.5%
Employment - Readiness or Training	192	48.1%
Employment - Other	39	9.8%
# of documented workforce-related trainings**	1,570	
# (%) of engaged participants with at least one documented workforce-related training *(Among engaged participants; N=2,160)*	926 (42.9%)	
Average (std. dev.) # of workforce-related trainings documented per participant *(Among those with at least one documented workforce-related training; N=926)*	1.70 (1.23)	
# and % of engaged participants by type of workforce-related training received † *(Among those with at least one documented workforce-related training; N=926)*	**#**	**%**
Job readiness	330	35.6%
Occupational skills	119	12.9%
On-the-job	34	3.7%
Multi-component	516	55.7%
Other	84	9.1%
# and % of engaged participants by type of workforce-related training and/or employment-related referrals received *(Among those with at least one documented employment-related referral OR documented workforce-related training, N=1,081)*	**#**	**%**
Workforce-related training support only	682	63.1%
Employment-related referral only	155	14.3%
Both workforce-related training support and employment-related referral	244	22.6%

NOTE: All percentages were rounded to the nearest tenth of a percent.

*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.

**Workforce programming activities include those provided by the GVP or that were supported or sustained through case management provided by the GVP program.

† Percentages do not add to 100% because categories are not mutually exclusive.

In close coordination with the other five GVP components, workforce development services have expanded youth's opportunities. One grantee describes the impact of the workforce component as follows:

> *"The client, 19 years old, came to GVP when she was homeless with her 3-year-old son. She was referred to GVP by a friend. During the client's intake she expressed she would like to find housing, employment, and enroll in school part-time. She also expressed she suffers from trauma and would like emotional support to help overcome some of her emotional challenges. After meeting with GVP for 6 months for case management and workshops, she is now working part-time as a receptionist. With the help of GVP and Child Care Choice of Boston, our client was able to obtain a childcare voucher for daycare for her 3-year-old son, allowing her to work during the day. Although she is still waiting for housing, she is currently staying in a shelter close to her job and her son's daycare center. The client is on several housing waiting lists and hopes to obtain housing soon. In the meantime, she is taking financial empowerment classes with GVP and Chase Bank and is saving for her new apartment. The client continues to meet with her case manager at GVP and receives ongoing support. She is also receiving mental health support from another agency and plans to enroll in school in 2022."*
>
> - *GVP Grantee (Grantee Narrative Report)*

f. Mental and Behavioral Health

GVP programs work in communities experiencing high levels of violence. Due to this and higher risk for other pervasive adverse childhood experiences (such as having an incarcerated household member, experiencing physical abuse, or being exposed to domestic violence), GVP youth and young adults are at increased risk of suffering from trauma and its related mental and behavioral health issues, compared to the general population of Massachusetts' youth and young adults. GVP communities also suffer from community trauma,[1] which is born of the collective experiences of community members who live in areas with high levels of interpersonal violence (experiencing or witnessing violence) and/or structural violence (racism, concentrated poverty, residential segregation, and inadequate funding for schools, housing, health care, and other essential public resources).

As noted above, 57.5% (N=697) of assessed GVP youth and young adults have a documented need for mental and behavioral health services. Of those with a documented need, 56.8% (N=396) have received services through either a referral or a mental/behavioral health support activity. According to grantee feedback, a lack of providers is the primary reason why youth and young adults may not receive needed services. Grantees continue to struggle with internal clinical vacancies and an undersupply of community providers to support GVP participants.

However, it is important to note that over a third of all youth and young adults receiving GVP services —regardless of whether they have a documented need for mental and behavioral health services in the database—have received mental and behavioral health services. In total, 758 youth and young adults (35.1% of all engaged GVP participants) received or were referred to mental and behavioral health support. Grantees primarily reported on receipt of and referrals to clinical interventions and did not document all of the internal support they offered youth through social emotional support, peer support, or the development of self-regulation skills.

Documented Support Received Among Youth and Young Adults - Mental/Behavioral Health	
# of referrals received among all engaged participants for behavioral health	4,312
# (%) of engaged participants with at least one documented referral for behavioral health *(Among engaged participants; N=2,160)*	422 (19.5%)
Average (std. dev.) # of behavioral health referrals received per participant *(Among those with at least one documented behavioral health referral; N=422)*	10.22 (17.8)
# of documented behavioral health activities**	645
# (%) of engaged participants with at least one documented activity related to behavioral health *(Among engaged participants; N=2,160)*	494 (22.9%)
Average (std.dev.) # of behavioral health activities received per participant *(Among those with at least one documented behavioral health activity; N=494)*	1.31 (0.82)

# and % of engaged participants by type of behavioral health activities received † *(Among those with at least one documented behavioral health activity; N=494)*	#	%
Services by External Provider	69	14.0%
Services by Program	457	92.5%
# and % of engaged participants by type of behavioral health activity and/or behavioral health referrals received *(Among those with at least one documented behavioral health referral OR documented behavioral health activity, N=758)*	#	%
Behavioral health support only	336	44.3%
Behavioral health referral only	264	34.8%
Both behavioral health support and behavioral health referral	158	20.8%

NOTE: All percentages were rounded to the nearest tenth of a percent.
*Participants were considered "engaged" in the GVP if they had any documented services (referral, assessment, mentor, employment, education, behavioral, or training), OR if they had a participation status type equal to: enrolled, enrolled incarcerated, post enrollment, or closed successful, OR if they had any documented single contact with a primary reason other than outreach.
**Behavioral Health activities include those provided by the GVP or that were supported or sustained through case management provided by the GVP program.
† Percentages do not add to 100% because categories are not mutually exclusive.

In the spring of 2022, almost half of the GVP grantees noted that a major success was their ability to expand access to mental health services for their clients. This was done via different avenues, for example hiring new onsite clinical mental health providers, developing new contracts with external mental health staff, and in one case, forming a novel mental health and clinical partnership with a local university. One grantee noted:

> *"GVP has put a really large emphasis on behavioral health services and has given us the funding and ability to have so many hours with a clinician in our building … And now, because we have a clinician for so many more hours, he has time to sit with our youth workers and staff and talk through scenarios with them. Like, okay, this young person was highly elevated, and what did you do? What worked? What didn't work? Did you think about different possibilities? I do think having a licensed clinician who can help coach for more time and with more emphasis on behavioral health has been helpful in taking what our youth workers learn about trauma informed care at GVP trainings and bridging that into doing it in real life."*
>
> - *GVP Grantee (UMass Donahue Institute Qualitative Interview)*

4. Youth and Grantee Perspectives on Impact of GVP

Youth Perspectives on GVP Impact

In the spring of 2022, 22 GVP youth participated in focus groups, conducted by the UMass Donahue Institute, designed to capture participant perspectives on the GVP program. Youth explained that gun violence was very prevalent in their lives, and many youth participants noted that they had personally suffered the loss of a loved one due to gun violence. They described feelings of constant fear and worry given the legitimate concerns that they or someone they know could be killed. One participant said:

> *"I don't want to be looking over my shoulders being in an area that I consider home that is just not safe for me or my son. Not that long ago, the father of my son, he got shot and it was very traumatic, and until this day is very an overwhelming feeling whenever you're going out because of something like that happening."*
>
> - *Youth Participant (UMass Donahue Institute Youth Voice Focus Group)*

Youth participants described the toll that community violence had on their mental health and noted that GVP services helped them build skills to aid in self-regulation, maintaining personal boundaries, stress management, and self-care in general. The participants also explained the importance of being able to have access to role models who truly understand what they are going through. They noted that having support with basic needs such as housing, food and transportation through GVP was essential to withstand the pressure to be involved with community violence.

Many youth participants noted that a significant motivator for engaging in GVP was being able to improve the future of youth coming after them. They described a strong sense of community investment and desire to advocate for future generations.

Grantee Perspectives on Community Mobilization

In addition to providing individualized youth engagement, GVP grantee organizations are also dedicated to community mobilization, a core pillar of the GVP program. In this reporting period, GVP organizations undertook efforts to raise awareness about the underlying contributors to community gun violence, destigmatize the use of mental health services, and combat negative stereotypes about the communities they served. Staff noted that building and strengthening relationships with other community partners was a key factor in addressing the needs of youth served.

One grantee staff member noted:

"Because of GVP, we have worked with the smaller organizations that have a pulse on what is it that our young people really need, where is it that they're going, how to find them. We are so much stronger because of these relationships, and I think it has strengthened our presence in the community. I think that now we're starting to get to the point where if a person says, 'So you need help with this,' and [our organization] comes to mind."

> - *GVP Grantee (UMass Donahue Institute Qualitative Interview)*

Community mobilization efforts also encompassed working to improve policies on issues related to community violence that are rooted in systemic racism. Examples include addressing the school to prison pipeline and juvenile justice system reform. Grantees have prioritized involving youth in community mobilization efforts. One grantee noted:

"I think some of the biggest successes were moments when we've been able to really have our voices heard….when our op-ed was published or when members of our team testified at committee hearings…. It's really nice to feel so empowered by what we are doing … and that we've…. blown people away when they don't expect us to be as passionate as we are. Hopefully….more youth can have opportunities to do….this because it's important for our voices to be heard."

> *-GVP Grantee (UMass Donahue Institute Qualitative Interview)*

The community mobilization work was difficult as grantees balanced navigating challenges related to the COVID-19 pandemic with other factors, such as the significant time commitment required and sensitivity to the needs of young adults who chose to participate in this effort. There also was a recognition that community mobilization work is a long-term process. One grantee reflected:

"This work takes time. It's long-term, consistent hard work. We need to build community awareness first by family member, then by block, by neighborhood, and then across the larger community….as whole. There's no shortcut to changing perceptions that have persisted for decades."

> *-GVP Grantee (UMass Donahue Institute Qualitative Interview)*

5. GVP Guiding Principles and Organizational Change: Advancing Trauma-Informed Care and Racial Equity

The GVP program has enabled GVP leaders to advance their trauma-informed practices, including the hiring of or contracting with behavioral health professionals, prioritizing youth voice in service design and delivery, and focusing on staff wellness and self-care. A frontline worker highlighted the importance of a trauma-informed approach to staff wellness as follows:

> *"I am also a survivor….this job, it requires a lot….I can't say I'm fully healed, I don't know if you ever are [the same] after losing someone….you may get confused when you take work home with you and then bring home to work, so that self-care day is great because you need to be able to clear your mind, because once your mind is clear and fresh you will be able to communicate more….self-care is very important because that's something that we have to teach [the young people] as well, so if we're not right, how can we treat them."*
> - *GVP Grantee (UMass Donahue Qualitative Interview)*

Several grantees mentioned that being part of the GVP cohort enabled them to workshop challenges and exchange best practices regarding a trauma-informed approach with peer organizations. Through both internal and collaborative efforts with the GVP Training Center for Excellence (TC4E)—the dedicated training and technical assistance provider for GVP grantees—grantees are integrating the GVP guiding principle of racial equity into their programs, with the ultimate goal of adopting race-forward policies, procedures, and practices at the agency level. Executive leadership took steps to advance equity practices at the agency level with support from GVP:

> *"Being part of GVP helped broaden our organizational lens on racial systemic challenges and focus on DEI practices from the senior leadership down. It challenged us to unpack and discuss our biases transparently."*
> - *GVP Grantee (UMass Donahue Qualitative Interview)*

This year, the TC4E continued the Emerging Leaders Learning Collaborative, aimed at developing leadership and management skills for mid-level GVP staff of color with the ultimate goal of increasing the proportion of upper-level management staff of color, reflected in the GVP guiding principle about *Building and Sustaining Leadership of Color*. One GVP frontline staff member and collaborative participant noted:

> *"I've been a part of the Emerging Leaders training for several months now, and I think for that providing the platform where I can discuss and think about where my career is going, what sort of opportunities are available in this line of work, and really knowing your place in terms of racial identity….the training really made me think about what is the best possible place for me to be able to effect change."*
> - *GVP Grantee and Emerging Leaders Learning Collaborative Participant (UMass Donahue Institute Qualitative Interview)*

In a follow up survey conducted six months after completing the Emerging Leaders series, more than half of the participants reported taking on increased responsibilities at work, strengthening their leadership skills, and strengthening their professional networks.

6. Gun Violence Prevention COVID-19 Pandemic Context: Dual Public Health Crises

The COVID-19 pandemic continues to have significant impacts on the communities most impacted by gun violence,[2,3] accelerating many of the factors that drive violence itself. [4,5] For example, early in the pandemic, job losses were concentrated among low-wage professions like the food industry, hotels, construction, and manufacturing. Data from the COVID-19 Community Impact Survey (CCIS), a statewide survey conducted by the Massachusetts Department of Public Health in the fall of 2020, demonstrated that the pandemic deepened social and economic inequities and intensified the needs of youth and young adults in already under-resourced communities.[6]

As job losses and other economic consequences accumulated in communities served by GVP, grantees have continued to provide education and employment opportunities as a key part of prevention efforts. As mental and behavioral health outcomes worsened throughout the COVID-19 pandemic, GVP programs have ramped up mental and behavioral health services through internal capacity building and community partnerships. The programs also continued to do outreach and connect youth with mentorship, helping to fill gaps left by a disruption in other programming.

As GVP staff responded to these "dual pandemics," the GVP grantee cohort was an important source of mutual support. The TC4E convened trainings for frontline staff on "*Streetwork in the time of COVID-19,*" designed to keep workers safe and healthy while responding to increased violence. As the pandemic has continued, additional trainings directed at preparing for increased summer violence have been well-attended by frontline staff.

As COVID-19 had such a profound effect on the drivers of gun violence, the potential impact of GVP is ever more important. As GVP works to undo generations of inequities, this work will remain critical for many years to come.

---

[1] Weisner, Lauren. (2020). Individual and community trauma: Individual experiences in collective environments.

[2] Baker-Polito Administration Awards $8 Million to 10 Local Agencies to Address Gun Violence Prevention among Youth

[3] COVID-19 Vaccine Equity Initiative: 20 Prioritized Communities

[4] Schleimer, J. P., McCort, C. D., Shev, A. B., Pear, V. A., Tomsich, E., De Biasi, A., ... & Wintemute, G. J. (2021). Firearm purchasing and firearm violence during the coronavirus pandemic in the United States: a cross-sectional study. *Injury epidemiology, 8*(1), 1-10.

[5] Kim, D. (2019). Social determinants of health in relation to firearm-related homicides in the United States: a nationwide multilevel cross-sectional study. *PLoS medicine, 16*(12), e1002978.

[6] COVID-19 Community Impact Survey

7. Spending Alignment with Other Youth Violence Prevention Initiatives

The GVP program is required to support and enhance, without duplicating, the efforts of the Shannon Community Safety Initiative (SCSI) and the Safe and Successful Youth Initiative (SSYI), which are collaborative violence prevention programs operated by the Executive Offices of Public Safety and Security and Health and Human Services. GVP services through DPH differentiate themselves from the aforementioned programs by applying a public health approach to violence prevention. To be responsive to this requirement, the Department engaged SCSI and SSYI staff in FY22 to assist with the design of the Request for Response 192829: a Gun Violence Prevention Program, known as the Strong Communities Initiative (SCI). Towards the latter half of FY22, and ongoing in FY23, DPH is co-developing SCI which builds on an existing partnership between the Department of Public Health's (DPH) Child and Youth Violence Prevention Unit and the Executive Office of Health and Human Services (EOHHS) Safe and Successful Youth Initiative, which is facilitated by EHS. This proposed program intends to serve multiple communities across the commonwealth by providing funding for services to strengthen youth and families in need.

Furthermore, the GVP program supports the work of the SCSI and SSYI by enhancing existing interventions and providing comprehensive wraparound and support services to families of high-risk youth and victims of violence. By comparison, SCSI and SSYI are only available to high-risk youth themselves. In addition, GVP's community mobilization component works to address the conditions that contribute to youth violence and gun violence, which also supporting youth that are engaged in SSYI/SCSI services. Finally, an integral and distinctive component of the GVP initiative is the funding and implementation of a training center to work strategically and collaboratively with GVP grantees on building capacity to address gun violence by applying a public health framework to identify risk and protective factors, develop community invested strategies to reduce violence on a larger scale while also addressing the myriad of intersectionality's faced by the Commonwealth's most vulnerable populations.

8. Long-term Viability of Gun Violence Prevention Efforts

GVP grantees have overcome tremendous social, economic, and public health challenges to support youth and communities to reduce community violence while navigating the COVID-19 pandemic. During this reporting period, GVP grantees also built organizational capacity by creating new staff positions and integrating the GVP guiding principles into organizational norms, practices, and workflows.

Beyond building relationships within the GVP cohort, GVP grantees have formed new partnerships with local youth-serving and multi-sector agencies to expand the reach of their youth programming. Such efforts include establishing new connections with community-based agencies to identify youth eligible for GVP, as well as fostering relationships with organizations that can provide wraparound social services that complement the scope of GVP.

Despite these efforts to build infrastructure for gun violence prevention, there is substantial work to achieve sustainability for these GVP initiatives and to address the intergenerational, structural drivers of gun violence and community violence. Moving forward, the GVP program has an opportunity to support community growth and cohesion alongside other statewide efforts focused on the social determinants of health, such as DPH's Suicide Prevention, DPH Bureau of Substance Addiction Services Prevention programs, and DPH Sexual and Domestic Violence

Prevention services. Youth programming must expand alongside initiatives to reduce intergenerational poverty, improve education and housing systems, expand employment opportunities, reform the justice system, and end racial inequities in healthcare.

While much work lies ahead, the impact of GVP on the lives of youth and communities is remarkable. Grantees have reached 2,934 youth and young adults through outreach and/or direct service provision since 2019. Youth have accessed culturally competent mental and behavioral health support, deepened workforce readiness skills and accessed employment opportunities, and have engaged in broad-based community engagement. Grantees' extraordinary efforts have fostered change among youth, the grantee organizations, and communities. One grantee described the overall impact of GVP on participants eloquently:

> *"You see improvements in [participants'] behavior. You see that they're not getting [into] any trouble. They're going to school if they're in school. They're finding jobs. They're becoming accountable. They're able to learn some skills to deal with anger or anxiety or whatever they might be facing, whatever challenges they might have. And I begin to see them less and less because they're able to go out there and get a job and take care of themselves."*
>
> *-GVP Grantee (UMass Donahue Institute Qualitative Interview)*