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**Evaluation of Pennsylvania Community Violence
Intervention Programs:**
Violence Intervention and Prevention (VIP) Evaluation
Final Report

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Executive Summary

Gun violence continues to pose a significant threat to safety, health, and equity across Pennsylvania and communities nationwide. In response, states and local jurisdictions have increasingly invested in community violence intervention (CVI) strategies designed to interrupt cycles of violence, stabilize individuals and families at highest risk, and strengthen community safety through prevention, intervention, and healing-centered approaches.

In 2021 and 2022, the Pennsylvania Commission on Crime and Delinquency (PCCD) funded nearly 200 Violence Intervention and Prevention (VIP) programs across the Commonwealth. These investments represented an early phase in the development of a statewide violence intervention infrastructure. This report presents findings from a mixed-methods process evaluation of 40 VIP-funded programs, conducted by NORC at the University of Chicago and Temple University–Harrisburg between 2023 and 2025.

The evaluation draws on multiple data sources, including a survey of 185 grants across 157 organizations, performance measurement data, and in-depth qualitative data from 133 interviews with program leadership, staff, and stakeholders, as well as focus groups with program participants. Together, these data provide a comprehensive view of how VIP programs were implemented in practice, the conditions that supported or constrained success, and the lessons that can inform future violence prevention efforts.

Importantly, findings should be interpreted within the context of early implementation. At the time of these initial awards, many core elements of the initiative, including administrative guidance, performance measurement systems, and technical assistance supports, were still being developed and refined. As a result, program experiences reflect both the promise of community-based violence intervention and the challenges of launching and scaling a complex, statewide effort.

Key Findings

Across program types and settings, several consistent themes emerged:

- **Implementation is shaped by context.** Program success depended not only on model design, but on organizational capacity, staffing stability, institutional partnerships, and local conditions. Programs frequently adapted their approaches to respond to participant needs, system constraints, and community context.
- **Relationships are central to engagement and effectiveness.** Trusted, community-rooted staff and partners played a critical role in building credibility, maintaining engagement, and supporting participants experiencing trauma and instability.

- **Workforce challenges affect program quality and continuity.** Staffing shortages, burnout, and turnover—particularly among frontline staff—limited program consistency and increased strain on organizations.
- **Data and evaluation capacity remain uneven.** Many programs lacked the infrastructure, staffing, and guidance needed to consistently collect, manage, and use data for reporting and learning, limiting both accountability and evaluation readiness.
- **Administrative and funding structures influence implementation.** Requirements related to budgeting, reporting, and reimbursement created challenges for some organizations, particularly smaller and community-based providers with limited administrative capacity.
- **Partnerships are essential but complex.** Effective implementation often depended on coordination across schools, hospitals, community organizations, and justice system partners, yet these partnerships required significant time, alignment, and infrastructure to sustain.

Recommendations

Drawing on these findings, the report presents 29 recommendations designed to strengthen violence intervention and prevention efforts across funding, implementation, and oversight systems. These recommendations emphasize:

- Establishing clear and consistent data and performance measurement standards
- Supporting implementation through structured and differentiated technical assistance
- Aligning funding structures and administrative processes with real-world program conditions
- Investing in workforce stability, organizational capacity, and trauma-informed practice
- Strengthening partnership infrastructure and cross-system coordination
- Advancing evaluation, learning, and long-term sustainability

Together, these recommendations reflect lessons from early implementation and are intended to support both ongoing refinement of the VIP initiative and broader efforts to build effective, equitable, and sustainable violence prevention systems.

Conclusion

This evaluation highlights both the promise and the complexity of CVI as a field. Programs are working under challenging conditions to deliver relationship-based, trauma-informed services in communities most impacted by violence. At the same time, findings make clear that effective violence prevention depends not only on program models, but on the strength of the systems, infrastructure, and supports that enable those models to operate effectively.

As the field continues to evolve, sustained investment in organizational capacity, data systems, technical assistance, and evaluation will be essential. By aligning funding strategies, implementation supports, and accountability structures with the realities of program delivery, funders and policymakers can help move violence prevention from a promising but uneven set of practices toward a more coordinated, evidence-informed, and sustainable field capable of delivering lasting reductions in violence.

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Introduction

In 2021 and 2022, the Commonwealth of Pennsylvania, through the Pennsylvania Commission on Crime and Delinquency (PCCD), funded nearly 200 Violence Intervention and Prevention (VIP) programs and Coordinated Community Violence Intervention (CCVI) pilot strategies to support communities in preventing and responding to violence across the Commonwealth. These investments represented the first round of funding under PCCD's violence intervention initiative and marked an important early phase in the Commonwealth's efforts to build statewide capacity for community-based violence intervention and prevention.

In 2023, PCCD awarded funding to NORC at the University of Chicago and Temple University–Harrisburg to document the successes, challenges, and lessons learned from VIP grantees. As part of this effort, the NORC-Temple team (1) administered a VIP Evaluation Survey to 185 grants awarded across 157 organizations that received PCCD funding between 2021 and 2022 and (2) conducted a process evaluation with 40 organizations funded through the VIP initiative. The process evaluation included site visits, semi-structured interviews with grantee staff, and focus groups with VIP program participants. In addition, the team collected and analyzed performance measurement data submitted to PCCD by VIP grantees.

This report presents findings from a process evaluation of 40 VIP-funded programs across Pennsylvania.³ Importantly, findings should be interpreted within the context of this early implementation period. At the time of these initial awards, PCCD was in the process of establishing its violence intervention funding infrastructure, including program guidance, administrative processes, performance measure definitions, and technical assistance (TA) supports. As a result, many of the systems and supports that now underpin the VIP initiative, including structured TA, standardized data collection expectations, and clearer administrative guidance related to budgets, modifications, and reporting, were still being developed and implemented.

The report begins with a brief overview of gun violence in the Commonwealth and the role of community-based violence intervention and prevention strategies, followed by a description of the study's goals, design, and methods. It then provides an overview of the organizations and programs included in the evaluation, including organizational type, years in operation, and the number and characteristics of individuals served, to situate findings within the broader VIP portfolio.

Subsequent sections examine VIP program practices and service models, implementation fidelity and adaptation, facilitators of success, and the trauma-informed and client-centered

³ A subsequent report will present findings focused on evaluation work conducted with the first cohort of Coordinated Community Violence Intervention (CCVI) pilot strategies.

approaches that anchor violence prevention work. The report also explores how programs engage families and communities, navigate partnerships, collect and use data, and plan for long-term sustainability, highlighting both strengths and structural challenges across a developing field. Drawing on these findings, the report presents practitioner perspectives from this first cohort of VIP grantees and offers a set of recommendations grounded in the experiences of organizations that contributed to the early development of PCCD's violence intervention initiative. Many of these recommendations reflect needs identified during the initial implementation period and align with enhancements that PCCD has since begun to implement, including expanded TA, clearer administrative guidance, and strengthened data and reporting systems to support more effective and sustainable violence prevention statewide. At the same time, documenting these recommendations remains important, as they capture lessons learned from early implementation that may inform other states and jurisdictions seeking to develop or expand similar community-based violence intervention initiatives.

Background

Gun violence in Pennsylvania has been a persistent and evolving challenge, marked by steady increases in both firearm deaths and injuries over the past decade. Between 2013 and 2022, the state's overall firearm death rate rose by about 30 percent (Johns Hopkins Center for Gun Violence Solutions, 2024). Over that same period, gun homicides increased by approximately 68 percent, reflecting a troubling escalation in interpersonal violence (EveryStat, 2024). The impact of this crisis, however, is not evenly distributed. While gun violence affects communities across the Commonwealth, its effects are concentrated among specific populations and neighborhoods. Firearms are now the leading cause of death among youth aged 1 to 17 in Pennsylvania, and young Black males are disproportionately affected (Johns Hopkins Center for Gun Violence Solutions, 2024). Beyond the human toll, the economic and social costs are substantial. Firearm deaths and injuries are estimated to cost the state roughly \$21.7 billion each year, or about \$1,600 per resident (EveryStat, 2024). These costs reflect not only direct medical and criminal justice expenditures, but also lost productivity, community trauma, and reduced quality of life.

Within Pennsylvania, Philadelphia has long been a central locus of gun violence and provides important insight into both the scale of the problem and recent shifts in trends. Although the city represents only about 12 percent of the state's population, it accounted for more than half of all gun homicides in 2023 (Johns Hopkins Center for Gun Violence Solutions, 2024). The early 2020s were especially severe. In 2021, Philadelphia recorded 562 homicides, the highest in its history, yielding a homicide rate of approximately 34 per 100,000 residents (City of Philadelphia Police Department, 2022). The COVID-19 pandemic further exacerbated existing inequities by disrupting education, employment, and access to social supports, intensifying the structural conditions associated with violence.

Recent trends across Pennsylvania suggest cautious but meaningful progress in reducing gun violence, though declines have been uneven across regions. Following sharp increases during 2020 to 2022, firearm homicides and nonfatal shootings have declined in many jurisdictions statewide. For example, Philadelphia recorded fewer than 300 homicides in 2024, marking a substantial decrease from its 2021 peak, while other cities, including Pittsburgh, have also reported recent reductions in violent crime.⁴ Statewide data similarly indicate declines in firearm-related incidents following pandemic-era increases, although rates remain elevated relative to pre-2020 levels (Centers for Disease Control and Prevention, 2024; see also Pennsylvania Gun Violence Data & Resource Hub⁵).

Despite these improvements, the underlying drivers of violence remain deeply entrenched. Structural inequities related to employment, housing, education, and access to health care continue to shape risk and exposure to violence, particularly in historically disinvested communities. Racial disparities persist, with young Black males disproportionately affected by firearm violence across Pennsylvania (Centers for Disease Control and Prevention, 2024; Pennsylvania Commission on Crime and Delinquency, 2025). In Philadelphia, for example, prior research estimates that approximately one in eight Black male adolescents will be shot or killed before age 25, underscoring the concentrated nature of risk in certain communities (Harris, 2024).

At the policy level, Pennsylvania's firearm regulatory environment also shapes the landscape of violence prevention. State preemption laws limit the ability of local governments to enact firearm regulations that are more restrictive than state law, constraining the range of place-based policy responses available to municipalities (Giffords Law Center to Prevent Gun Violence, 2024). At the same time, a growing body of research suggests that stronger firearm policies, such as comprehensive background checks, safe storage requirements, and permitting systems, are associated with lower rates of firearm deaths and injuries. These findings highlight the importance of state-level policy environments in shaping violence outcomes (RAND Corporation, 2023; Johns Hopkins Center for Gun Violence Solutions, 2024).

Beyond Philadelphia, communities across the Commonwealth have long grappled with the consequences of concentrated disadvantage and community trauma. Yet, Pennsylvania has a notable history of innovation in violence prevention. In the 1970s, Safe Streets Inc. and House of Umoja in Philadelphia pioneered gang mediation and youth engagement through streetworkers serving as credible messengers (Dirkson, 2019; Fattah, 1987). Philadelphia was also one of the first sites in the country, in 2011, to replicate Chicago's success with Chicago CeaseFire, now known as the Cure Violence model (Butts et al., 2015). More recently, Allegheny County has become a national leader in using integrated data systems to coordinate

⁴ See <https://www.phillypolice.com/crime-data/crime-statistics/>.

⁵ <https://www.pa.gov/agencies/pccd/programs-and-services/reducing-gun-violence/pennsylvania-gun-violence-data---resource-hub>

social services, health care, and justice interventions for families living in high-risk.⁶ Other counties, including Delaware County and York County, have also developed strategies that combine community-based street outreach, trauma-informed services, and reentry support. Chester, once among the most violent small cities in the country, has recently reported measurable declines in gun-related homicides, while York has implemented a sustained Group Violence Intervention approach associated with reductions in shootings and homicides over time. These examples illustrate that community violence is not confined to urban cores but reflects statewide patterns of structural inequality and disinvestment.

PCCD's Violence Intervention Program (VIP) Portfolio

Recognizing both the human and fiscal costs of violence, Pennsylvania has made historic investments in prevention and intervention through the VIP and CVI programs. Launched in 2021, the VIP Program represents the Commonwealth's initial effort to establish a statewide violence intervention initiative and build capacity among nonprofits and community-based organizations to implement violence prevention, intervention, and healing strategies tailored to their communities' needs. Since its inception, the Commonwealth has invested over \$215 million across more than 350 VIP programs, pairing grantees with TA and training to strengthen organizational capacity and support data-driven practice.

Earlier work by NORC-Temple categorized VIP grantees into prevention-focused and intervention-focused programs to support more precise analysis of how different strategies are designed and implemented across the portfolio. This distinction allows for comparisons within program types, including patterns in target populations, activities, and outcomes, and supports the development of recommendations tailored to different approaches.

Intervention-focused grantees primarily serve individuals at the highest risk of perpetrating or experiencing gun violence, typically identified using explicit high-risk criteria such as prior arrests, incarceration, or other indicators of elevated risk. Prevention-focused grantees invest in activities that address root causes and risk factors before serious harm occurs, including primary and secondary prevention efforts as well as broader structural or environmental strategies.

NORC-Temple research (Hussemann et al., 2024, 2025) indicates that, within this initial cohort of VIP grantees, PCCD awarded funding in roughly equal proportions to intervention-focused and prevention-focused programs. This balance reflects the Commonwealth's goal of supporting both immediate violence interruption and longer-term community safety during the early stages of program implementation. In more recent funding announcements, PCCD has further clarified that VIP funding is intended to support CVI strategies designed to address violence that is already occurring in communities, while continuing to recognize the importance of prevention.

⁶ See <https://www.alleghenycounty.us/Services/Human-Services-DHS/DHS-News-and-Events/Accomplishments-and-Innovations/DHS-Data-Warehouse>

Programs funded in the 2020 to 2021 VIP grant cycle reflected a broad range of strategies designed to reduce community violence during this early phase of implementation. Funded projects included activities authorized by state law⁷, such as:

- Increasing access to quality trauma-informed support services and behavioral health care by linking communities with local trauma support and behavioral health systems
- Providing health services and intervention strategies through coordination among eligible applicants, coordinated care organizations, public-health entities, nonprofit youth service providers, and community-based organizations
- Delivering mentoring and other intervention models to children and families who have experienced trauma or are at risk of experiencing trauma, including those who are low-income, homeless, in foster care, involved in the criminal justice system, unemployed, experiencing mental illness or substance use disorders, or at risk of disengagement from school
- Fostering communication and collaboration among schools, community organizations, and law enforcement
- Supporting other programs or models designed to reduce community violence and approved by the committee

Together, these programs represent a statewide effort to advance public safety through partnership and community leadership rather than enforcement alone. As an initial cohort of investments, they reflect an early-stage in the development of Pennsylvania's violence intervention infrastructure, with lessons learned that have already informed subsequent program design, guidance, and supports.

Community-Based Violence Interventions

Community violence, defined by PCCD as “intentional interpersonal violence (e.g., gun violence, group violence) in areas of Pennsylvania with high rates of violent crime based on Uniform Crime Report offense data or similar local crime statistics” (Pennsylvania Commission on Crime and Delinquency [PCCD], 2022, p. 1), disproportionately affects under-resourced neighborhoods that have experienced systemic racism, mass incarceration, and structural disinvestment. Although such violence is often committed by a small number of individuals, its effects reverberate throughout the community, eroding trust, straining institutions, and weakening local economies (Sharkey, 2018; Gorman-Smith et al., 2004). Understanding violence as both a social and structural phenomenon is essential, as it reflects not only

⁷ PA Public School Code, Section 1306-B(j)(22)

individual behavior but also long-standing inequities that shape opportunity, exposure to trauma, and access to care.

CVIs represent a fundamental shift in public safety, prioritizing prevention, healing, and empowerment over punitive or enforcement-driven responses. These approaches are grounded in the understanding that violence is not inevitable but preventable, and that community safety emerges from relationships, trust, and opportunity. CVIs aim to prevent shootings and retaliatory incidents by addressing the underlying causes of violence and strengthening protective community factors such as collective efficacy, belonging, and hope. Unlike traditional enforcement strategies, CVIs operate within neighborhoods to identify and engage individuals at the highest risk of violence and victimization, mediate conflicts before they escalate, and promote long-term resilience through wraparound support services.

A growing body of evidence supports the effectiveness of CVI approaches. Evaluations of the Cure Violence model (formerly CeaseFire and focused on interrupting cycles of retaliation following a shooting) in cities such as Chicago and New York have shown reductions in shootings and killings ranging from 30 to 70 percent in targeted areas (Ransford, 2025; Butts et al., 2015). The Advance Peace initiative in California has been associated with substantial reductions in firearm violence over time (Matthay, 2019), while READI Chicago documented improvements in participants' emotional regulation, employment stability, and reductions in violent arrests (Bhatt et al., 2023). Another model in the CVI space, Hospital-based Violence Intervention Programs (HVIPs), which connect patients recovering from violent injuries with intensive case management and peer support, have been shown to reduce repeat violent injury and improve engagement with behavioral health and employment services (Carter et al., 2017; Cooper et al., 2006).

Beyond measurable outcomes, CVIs produce qualitative shifts that are harder to quantify but equally vital, including restoring dignity to those most affected by violence, building trust between institutions and communities, and transforming norms that sustain cycles of harm. Outreach workers, often referred to as credible messengers, are central to this work. Their lived experience allows them to connect authentically with participants, mediate high-risk conflicts, and model pathways to healing and stability (Butts et al., 2015; Abt, 2017). In many communities, these individuals function as trusted first responders, bridging the gap between systems and residents who have historically been marginalized or mistrustful of formal institutions.

CVIs also operate within a broader socio-ecological framework that reflects multiple layers of influence. Structural drivers such as racism, poverty, and disinvestment shape the environments where violence occurs. At the community-level, reduced collective efficacy, weak social ties, and limited access to resources create conditions in which violence can persist. At the individual-level, exposure to trauma and chronic stress can impair emotional regulation and increase vulnerability to cycles of retaliation. Effective CVIs intervene across these levels, reducing immediate risk while addressing longer-term structural conditions that perpetuate harm (Magee, 2020; Sampson, 1997).

It is important to note that many entities use the term “CVI” to encompass prevention-focused programs, and PCCD does as well, as reflected in the substantial share of VIP grantees using CVI funding for prevention-oriented work. In practice, many of these prevention-focused programs engage individuals, families, and communities at elevated risk, operating upstream of a shooting while remaining central to a comprehensive violence prevention strategy. Accordingly, while this report analytically distinguishes between prevention and intervention, both are best understood as components of a broader CVI ecosystem and as complementary points along a continuum of efforts to reduce community violence.

Despite the growing visibility of CVI approaches and an expanding body of research documenting promising outcomes, the evidence base remains uneven. Evaluations of several well-established CVI models have demonstrated reductions in violence and improvements in participant well-being, while other studies have found mixed, null, or context-dependent effects (Abt, 2017; Butts et al., 2015; Braga et al., 2018). These variations are not yet fully understood and likely reflect differences in program implementation, target populations, local conditions, data quality, and evaluation design, particularly given the relatively recent expansion of large-scale public investment in CVI nationwide (RAND Corporation, 2023). As a result, understanding how CVI programs are implemented in practice, and the conditions under which they operate, is critical for interpreting outcomes and strengthening the field.

The Challenge of Community Violence Intervention Programs

While CVIs have demonstrated strong promise, the field continues to face persistent implementation and evaluation challenges. Many programs rely on short-term funding cycles that limit long-term planning, hinder staff retention, and constrain the institutionalization of effective practices. Workforce instability remains a significant concern. Credible messengers and outreach staff operate under conditions of high stress and repeated exposure to trauma yet often receive modest compensation and have limited access to wellness supports (Abt, 2017; Buggs et al., 2022).

At the systems level, barriers to data access and limited research and evaluation capacity constrain the ability of programs to measure outcomes, engage in continuous learning, and demonstrate cost-effectiveness to funders (Roman et al., 2018). Randomized controlled trials are often difficult to implement in community settings due to practical and ethical considerations, including challenges related to withholding services and maintaining experimental control in dynamic environments. While quasi-experimental approaches offer viable alternatives, inconsistent data quality and difficulties in identifying appropriate comparison groups limit the strength and comparability of findings across studies (Braga et al., 2018; Roman et al., 2018).

These challenges reflect a broader need to invest not only in CVI program delivery but also in the research, data infrastructure, and workforce supports required to sustain and expand impact. The uneven evidence base, in which a small number of well-studied models dominate

public attention while many promising community-based efforts remain unevaluated, underscores the importance of building evaluation readiness and strengthening shared learning across organizations (Butts et al., 2015).

Ultimately, CVIs demonstrate that safety can emerge from care, connection, and collaboration rather than coercion alone. By treating violence as a preventable public-health issue, these approaches create pathways to stability rooted in community trust, opportunity, and healing. Pennsylvania's investment through the VIP and CCVI programs positions the Commonwealth as a national leader in advancing community-based violence prevention strategies, demonstrating how strategic funding and strong community partnerships can reshape public safety. At the same time, realizing this vision requires sustained commitment to people, data systems, and the long-term work of building infrastructure that supports and sustains community-driven solutions.

Goals and Methods

The goal of evaluating the VIP programs was to document the successes, challenges, and lessons learned from the first cohort of VIP grantees—those funded in FY 2021 to 2022—during the initial implementation of PCCD's violence intervention initiative. At the time this evaluation was launched in 2023, there were 185 VIP programs funded across the Commonwealth. This study sought to understand how programs were implemented across diverse settings during this early phase, assess program strengths and barriers to achieving project goals, and examine the extent to which PCCD's initial investments supported intended outcomes. Importantly, these findings reflect a period in which program models, administrative processes, TA, and data collection expectations were still being established and refined.

Using a mixed-methods approach combining surveys, site visits, and interviews, the study was designed to capture both program-level and system-level insights to inform the continued development of the VIP initiative. The evaluation examined each organization's implementation fidelity to its proposed use of VIP funds, identified key barriers and facilitators to success, and explored program characteristics associated with effective implementation within this early cohort.

Findings from this research are intended to support the ongoing refinement of CVI efforts across the Commonwealth by identifying promising practices and lessons learned from early implementation and by informing future VIP funding announcements, TA strategies, and program supports. In addition to strengthening Pennsylvania's efforts, these findings may also offer insights for other states and jurisdictions seeking to develop or expand similar community-based violence intervention initiatives.

This report focuses on key research questions, including:

1. To what extent did VIP programs implement their activities with fidelity to the models they proposed?
2. What challenges or barriers impeded grantees from meeting their goals, and what factors facilitated success?
3. How are programs planning for sustainability, and what additional supports or resources are needed to sustain their work?
4. What lessons learned or best practices have emerged from the implementation of VIP programs?
5. What adjustments to future VIP funding efforts could better position grantees for long-term success?

Methods

This study employed a mixed-methods design integrating quantitative and qualitative data to examine the implementation, successes, challenges, and lessons learned from PCCD's FY 2021 to 2022 VIP grantees, representing the first cohort funded under the Commonwealth's violence intervention initiative. Quantitative data were drawn from two primary sources: the PCCD VIP Evaluation Survey, completed by grantees in 2023 to capture organizational characteristics and program details, and performance measures data submitted quarterly by grantees to track service delivery and participant outcomes (covering the period from March 31, 2022, to March 31, 2025). These quantitative data provide a picture of program reach, structure, and activity across the VIP portfolio during this early implementation period.

Qualitative data collection was designed to complement and contextualize quantitative findings through a process evaluation involving in-depth interviews and focus groups. In 2025, semi-structured interviews were conducted with representatives from 40 VIP-funded programs to explore how programs were implemented, the barriers and facilitators they encountered, and the partnerships that supported violence prevention and intervention. Concurrently, focus groups were conducted with participants from twelve programs to capture firsthand perspectives on program experiences and perceived impacts. Together, these data sources provide a multidimensional understanding of how VIP-funded organizations operated during this initial phase, the strategies they employed, and the factors that influenced their implementation and outcomes.

The following sections describe each data source and analytic approach in greater detail.

Quantitative Data Collection

VIP Evaluation Survey

The goal of the PCCD VIP Evaluation Survey was twofold: (1) to facilitate cross-site understanding of key characteristics of PCCD's VIP grant-funded programs; and (2) to inform the selection of programs for inclusion in the process evaluation's qualitative sample (n = 40). The survey was developed by the NORC-Temple team through an iterative design process that identified the information necessary to understand each grantee's capacity, leadership, resources, service provision, monitoring practices, and program successes and challenges. The 26-question instrument collected detailed information on each organization's type, primary focus, and years in operation; the number of VIP grants received since 2021; and program-specific details, including the geographic area served, the program or service's primary focus, and eligibility criteria. It also gathered information about organizations' monitoring and evaluation practices, staffing structures, definitions of success, and plans for program sustainability.

The analysis of the PCCD VIP Evaluation Survey included data from 185 VIP grants awarded across 157 organizations. Survey data represent 185 VIP grant-funded programs, with approximately 74 percent of organizations completing the survey directly and NORC entering responses for the remaining 26 percent using information from grant applications. Respondents were allowed to skip any questions they were unable or unwilling to answer, which accounts for missing data across select items. The survey instrument can be found in **Appendix B**. Details about survey administration and findings across all VIP programs can be found in *VIP Grants Survey Report* and the *VIP Evaluation Survey Findings and Recommendations Report* (Hussemann et al., 2024, 2025)

Performance Measurement Data

In addition to the VIP Evaluation Survey, this study utilized quantitative performance measurement data submitted quarterly by grantees to PCCD as part of their reporting requirements (using data from 3/31/2022 to 3/31/2025). These data are intended to provide a consistent and structured mechanism for tracking program implementation and outcomes across the portfolio of VIP grant-funded programs.

PCCD designed the VIP performance measures to capture both program-level activities and participant-level outcomes. At the program-level, grantees reported on organizational characteristics, staffing and training, types and dosage of services provided, and the number of individuals or families served. At the participant-level, grantees tracked demographic information, risk characteristics, and service engagement indicators—such as participation in outreach, case management, mentoring, or therapeutic services. Findings from performance measurement data across all VIP programs can also be found in Hussemann et al., 2024, and Hussemann et al., 2025.

Qualitative Data Collection

In addition to quantitative data collection, a process evaluation was conducted with 40 VIP programs that received PCCD funding between 2021 and 2022. Given the scale of VIP

investment (i.e., 185 programs) it was impractical to conduct a process evaluation in every location. Therefore, using survey results, the VIP programs were stratified across eight dimensions, and five programs were randomly selected in each dimension, as described later in this section. To ensure representation across the diversity of programs funded through the VIP initiative, the 185 existing VIP grants were divided into eight strata defined by three key factors. First, all 185 sites were divided by *geography* (e.g., whether they operated within Philadelphia or the surrounding areas or operated elsewhere in Pennsylvania). Once categorized by geography, the sites were further stratified by *grant size* (less than \$500,000 vs. \$500,000 or more), and *program type* (intervention vs. prevention). From each stratum, five grants were randomly selected, ensuring that no organization was included more than once. This process produced a balanced sample of 40 VIP programs for participation in the process evaluation.⁸ As summarized in **Table 1**, half of the selected programs were based in Philadelphia and half elsewhere in the Commonwealth; half received grants of \$500,000 or less, and half were awarded grants of \$500,000 or more; and half implemented programs classified as intervention-focused while the remaining half implemented prevention-focused programming.

Table 1. Qualitative Sample by Strata

	VIP program operates within Philadelphia	VIP program operates elsewhere in Pennsylvania
\$500k+ grant, Intervention programming	5	5
\$500k+ grant, Prevention programming	5	5
Less than \$500k grant, Intervention programming	5	5
Less than \$500k grant, Prevention programming	5	5

As stated earlier, prior NORC-Temple analyses conducted using survey data suggests that PCCD awarded grants about equally to programs that seek to intervene in existing disputes or with high-risk individuals (interventions), and to programs that seek to build human capital in the general population or that seek to reduce broad barriers (prevention) (see Hussemann et al., 2024 and Hussemann et al., 2025). To distinguish between intervention and prevention programs, each grantee was categorized according to the primary point at which it engaged individuals along the continuum of risk for violence.

⁸ Of the 40 VIP programs included in the study, NORC led process evaluation work with the 20 VIP programs located in Philadelphia and Temple led process evaluation work with the 20 VIP programs located in the rest of Pennsylvania.

- **Prevention programs** were defined as those that take a proactive approach to reducing risk factors associated with violence—such as exposure to trauma, economic hardship, or lack of opportunity—and often provided services such as youth development, mentoring, education, employment support, and community engagement. In practice, these programs were identified where there were no specific person-based eligibility requirements for participation.
- **Intervention programs**, in contrast, were defined as those that respond to violence that is occurring or imminent, typically engaging individuals already identified as being at elevated risk. These programs frequently employed outreach workers, credible messengers, HVIP advocates, or case managers who connected participants to counseling, employment, housing, or other stabilizing supports. For this study, these programs were categorized as interventions when they limited eligibility to specific people based on their known risk factors.

In summary, for the purposes of sampling and analysis, VIP programs that specified eligibility criteria tied to individual-level risk factors—such as prior justice system involvement, referrals from criminal justice or social service agencies, substance use, or military service—were classified as intervention programs. Programs without such eligibility requirements were categorized as prevention programs, as they focused on preventing the development of risk factors that could lead to future involvement in violence. This classification approach ensured a clear analytic distinction between programs intervening directly with high-risk individuals and those seeking to prevent the onset of risk within the broader community.

Semi-Structured Interviews with VIP Grantees

A total of 133 semi-structured interviews were conducted across the 40 participating programs, including 56 interviews with organizational leadership (e.g., CEOs, CFOs, Executive Directors, Founders), 40 with program leadership (e.g., Program Managers and Directors), and 37 with program staff. The goal of these interviews was to develop a deeper understanding of how VIP-funded programs were implemented, what services were provided, which type of barriers and facilitators were encountered, and the lessons learned throughout their participation in the initiative.

NORC-Temple developed and implemented a semi-structured interview protocol to guide these discussions. The protocol was designed to complement quantitative data collection by providing in-depth qualitative insights into program operations and outcomes. Interviews were conducted with key personnel across program levels, including executive leadership, program managers, and frontline service providers. The protocol covered several core domains: organizational background and structure; funding history and use of PCCD resources; program design, implementation, and services provided; performance measurement and data practices; partnerships and collaborations; and program barriers, challenges, and successes. Additional questions explored trauma-informed and client-centered approaches, sustainability planning,

and recommendations for strengthening community violence prevention efforts across the Commonwealth. The interview protocol can be found in **Appendix C**.

Interviews were conducted both in-person and remotely via Zoom teleconferencing software.⁹ In-person interviews were completed during site visits to 18 VIP programs, while virtual interviews were conducted with 22 additional programs. Each interview lasted approximately 60 minutes and followed a semi-structured, conversational format that encouraged respondents to elaborate on topics most relevant to their position. Informed consent procedures were followed to ensure voluntary participation and confidentiality for all respondents and organizations. Interviews were recorded (with permission) and/or documented through detailed notes.

Semi-Structured Interview Analysis. Transcripts and detailed field notes were imported into NVivo qualitative analysis software to facilitate data organization, coding, and retrieval. The NORC-Temple team employed a coding process that relied on a codebook informed by the study's research questions, the CVI literature, and key domains from the interview protocol. To ensure consistency and rigor, a subset of transcripts (20 percent) was double-coded by two independent analysts. Discrepancies were discussed and reconciled through consensus meetings, and the final codebook was refined accordingly (MacQueen, McLellan, Kay, & Milstein, 1998). This process established interrater reliability and promoted a shared understanding of code definitions and applications across the team. Once coding was complete, the research team conducted thematic analysis to identify patterns and relationships within and across cases, grouping related codes into higher-order themes that captured VIP program services, practices, and grantees' experiences with program implementation, barriers and successes, partnerships, and sustainability planning, among other themes.

Focus Groups with VIP Program Participants

As part of the process evaluation, focus groups were conducted with a subset of VIP-funded programs (n = 12) to gather participant perspectives on their experiences with VIP-funded services, the quality and accessibility of those services, and recommendations for improvement. During introductory calls, site staff were asked about the feasibility of hosting a focus group, including whether they could identify participants aged 18 or older and assemble approximately eight current or former participants. Site selection was guided by the goal of capturing diversity across VIP grantees among those able to support a focus group. Based on this assessment, twelve sites were selected to achieve a balanced distribution across program types, grant sizes, and geographic locations. Although the intent was to include a cross-section of program models, the final set of selected sites primarily consisted of youth-focused programs due to the greater availability of current or former participants. Because of informed consent requirements, only individuals aged 18 or older were eligible to participate in the focus groups.

⁹ Virtual zoom interviews were conducted with small programs that may not have had a program to observe and/or due to confidentiality purposes (e.g. age restrictions, mental health or HIPPA restrictions). In other cases, program schedules did not allow for staff to schedule interviews with the research team over a 1 – 2-day period of time in which the research team may be present for an on-site visit.

Focus group participants were identified and recruited by site staff, and group sizes ranged from three to ten participants. Each site received a \$3,000 incentive for facilitating focus groups, and participants were provided with a \$50 gift card to thank them for their time and contributions.

Each discussion followed a standardized semi-structured protocol developed jointly by the NORC-Temple team to ensure consistency across sites while allowing flexibility to explore topics most relevant to participants' experiences. The protocol included questions about participants' connections to their programs, the types and frequency of services received, barriers to participation, satisfaction with services and staff interactions, and suggestions for strengthening program delivery.

Sessions were facilitated by trained researchers from the NORC-Temple team. Each group began with an introduction explaining the purpose of the discussion, voluntary participation, and confidentiality procedures. Participants were informed that their names would not be used in reporting and that comments would be summarized without attribution. Facilitators emphasized that participants could skip any question or withdraw at any time. Focus groups lasted approximately 60 minutes and were conducted in-person at the selected program sites.

Focus Group Analysis. With participants' consent, discussions were audio recorded to ensure accurate documentation. After each session, recordings were transcribed, de-identified, and imported into NVivo qualitative analysis software for coding and analysis. Transcripts were reviewed using the same hybrid deductive–inductive approach applied to the VIP grantee interviews, allowing themes related to participant experiences, service quality, and perceived program impact to emerge across sites.

Limitations of the Data

The following limitations should be considered when interpreting the findings of this study. As with all studies, data sources have inherent constraints that shape interpretation and generalizability. First, the qualitative component relies on perspectives from a subset of VIP-funded programs ($n = 40$) included in the process evaluation and reflects the experiences and perceptions of those organizations rather than the full population of PCCD VIP grantees or CVI programs statewide. Findings should therefore be understood as illustrative of common themes and experiences among participating organizations, rather than representative of all programs. In addition, qualitative findings are shaped by the perspectives of both respondents and researchers. Although the use of a structured interview protocol, team-based coding, and double-coding of transcripts strengthened consistency and reliability, the interpretation of qualitative data is inherently subjective. Analysts' judgments, as well as respondents' framing of their own experiences, influence how themes are developed and emphasized.

Importantly, these findings reflect the experiences of the first cohort of VIP grantees funded during FY 2021 to 2022 and should be interpreted within the context of this early implementation period. At the time of data collection, PCCD's violence intervention initiative was still being developed, and key components of program infrastructure, including formalized TA,

standardized data collection processes, and clearer administrative guidance, were not yet fully established. For example, PCCD's VIP Technical Assistance initiative, which focuses on capacity-building support for grantees, was not formally launched until 2023. As a result, the challenges and needs identified by grantees in this study may reflect early-stage implementation conditions and may not fully capture subsequent improvements, resources, and supports that PCCD has since implemented in response to grantee and applicant feedback.

Another limitation relates to variability in data completeness and coverage across respondents. Not every interview included responses to all questions in the protocol. In many cases, interviewers tailored questions to align with each participant's role within the organization—for example, focusing more on organizational structure and funding with leadership and more on program implementation with managers and program staff. As a result, response rates vary across topics, and some themes are supported by more data than others. Additionally, qualitative responses may be affected by social desirability bias, as participants may have presented their programs or outcomes more positively given their relationship with the funding agency or a desire to reflect favorably on their organization. While confidentiality assurances and a neutral interview approach were used to minimize this effect, it cannot be fully eliminated.

A further limitation relates to the complexity of funding structures across participating organizations. Many VIP-funded programs operate within broader organizational portfolios that include multiple funding sources and overlapping services. As a result, respondents may not always have distinguished clearly between activities, outcomes, or challenges specific to PCCD-funded programming and those associated with other funding streams or organizational efforts. This blending of funding and programming may affect the specificity of some findings and limits the ability to attribute certain experiences or outcomes exclusively to the VIP initiative.

Finally, qualitative findings describe associations and contextual mechanisms but cannot establish causality; thematic patterns indicate how and why certain processes or outcomes occurred but do not allow for direct attribution of program impact to specific activities or interventions. Despite these limitations, the data presented in this report provides a robust foundation for understanding how VIP-funded programs were implemented during the early stages of the initiative, the challenges they encountered, and the lessons that can inform the continued refinement of violence prevention and intervention efforts across the Commonwealth and in other states and jurisdictions nationwide.

Findings

The following section presents findings drawn from all data sources used in this study. The first subsection, on VIP program characteristics, relies on data from the VIP Evaluation Survey and performance measurement data to provide background context on the 40 organizations included in the process evaluation. The remainder of the Findings section, beginning with

program implementation, draws primarily on qualitative data to address the study's guiding research questions.

VIP Program Characteristics

This section provides an overview of the organizational and program characteristics of the 40 VIP programs included in the qualitative sample and situates them within the broader population of VIP grantees across the Commonwealth. These programs represent the first cohort of VIP-funded initiatives, offering an early look at how the initiative has been implemented across diverse settings. Drawing on data from the PCCD VIP Evaluation Survey and performance measurement system, the section summarizes the types of organizations funded through VIP, the length of time they have been in operation, and the prevention or intervention focus of their programs. It also describes the demographic profile of participants served. Together, these findings establish the context in which VIP programs operate, highlighting the representativeness of the qualitative sample relative to the full grantee population and underscoring the diversity of organizational structures, service models, and populations reached through VIP funding. This overview provides a foundation for interpreting the qualitative themes that follow.

VIP Organizations

Organizational characteristics for both the full population of VIP grantees and the 40 programs included in the qualitative sample were drawn from the PCCD VIP Evaluation Survey. Survey data were used to classify organizations by type and to document the number of years each had been in operation, allowing for comparisons between the qualitative sample and the broader VIP grantee population.

Organization Type

Among the 40 organizations included in the qualitative study, the majority were 501(c)(3) nonprofit organizations. Smaller proportions represented non-501(c)(3) nonprofits, government agencies, and higher education institutions, reflecting the range of entities that received VIP funding across the Commonwealth.

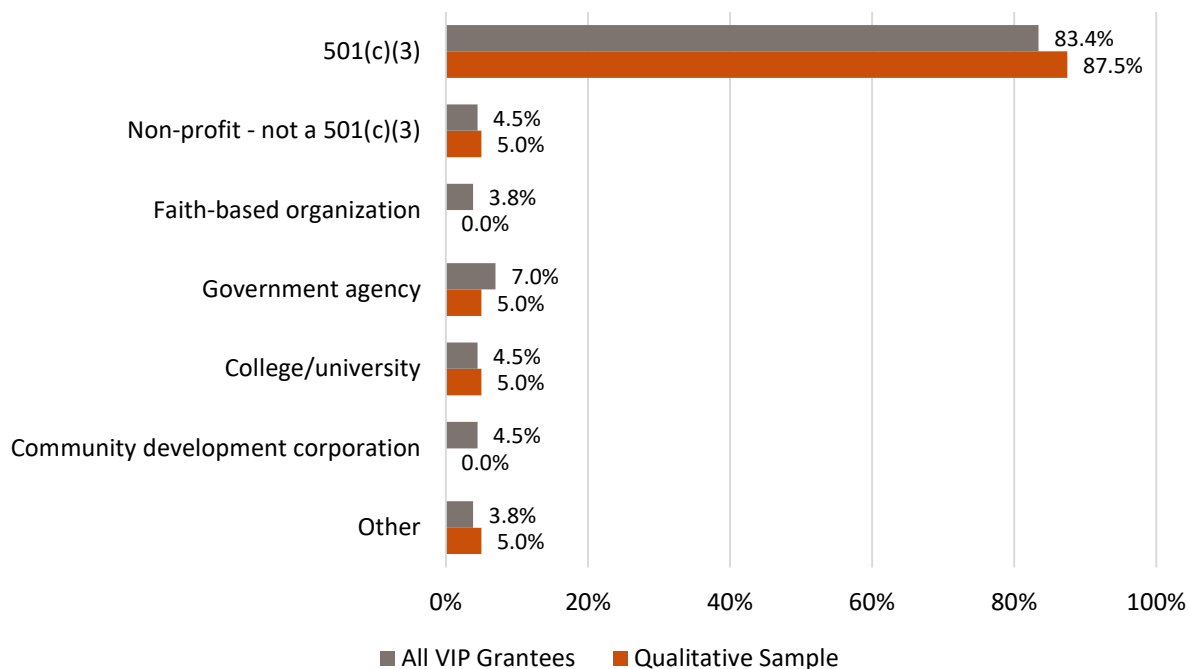
Figure 1 compares the distribution of organization types for all VIP grantees (in **grey**) and for the subset of 40 programs selected for qualitative data collection (in **orange**). The distribution of organization types in the qualitative sample closely mirrors that of the overall grantee population. The majority of grantees in both groups are 501(c)(3) organizations, comprising 83.4 percent of all grantees and 87.5 percent of the qualitative sample.

Other categories, including non-501(c)(3) nonprofits, government agencies, and colleges or universities, also appear in similar proportions across both groups, with differences of less than

one percentage point in most cases. However, the qualitative sample does not include any faith-based organizations or community development corporations, which together account for approximately 8.3 percent of all grantees.

Overall, the qualitative sample appears broadly representative of the full grantee population, particularly among the most common organizational types, though some smaller and less prevalent categories are not reflected.

Figure 1. Grantees by Organization Type (All VIP Grantees vs. Qualitative Sample)



Note: N=157 for all VIP Grantees; N=40 for Qualitative Sample. Bars do not add up to 100% because multiple organization types may be applicable.

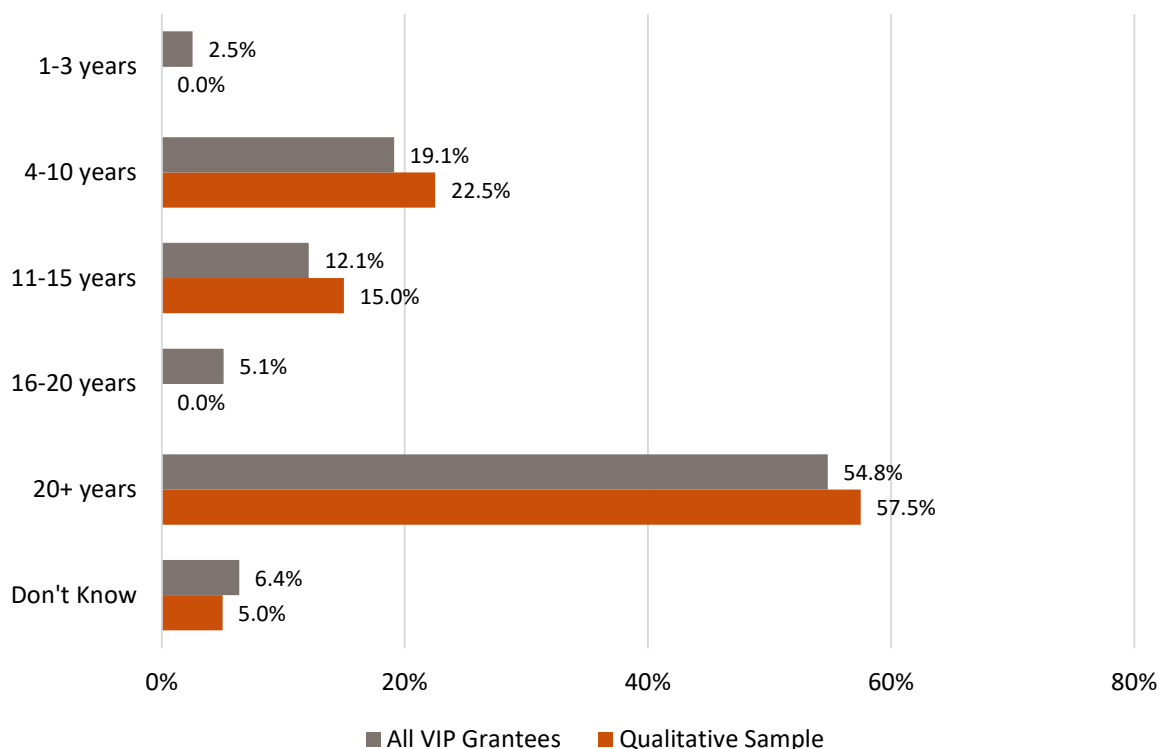
Organization Years in Existence

Among the 40 organizations included in the qualitative study, most were long-established entities with more than 10 years of operational history. A smaller number had been in existence for fewer than 10 years, reflecting a mix of newer and more mature organizations within the sample.

Figure 2 presents the distribution of organizations by years of operation for both all VIP grantees and those included in the qualitative sample. The qualitative sample reflects the overall VIP grantee population closely, particularly within the two largest categories: organizations operating for 20 or more years (54.8 percent of all grantees vs. 57.5 percent of the sample) and those operating for 4–10 years (19.1 percent vs. 22.5 percent).

However, the qualitative sample does not include any organizations in the 1–3 years or 16–20 years categories, which together represent about 7.6 percent of all grantees. Despite these minor gaps, the qualitative sample is broadly representative of the full grantee population, especially among long-established organizations.

Figure 2. Grantees by Organization Years in Existence (All VIP Grantees vs. Qualitative Sample)



Note: N=157 for all VIP Grantees; N=40 for Qualitative Sample.

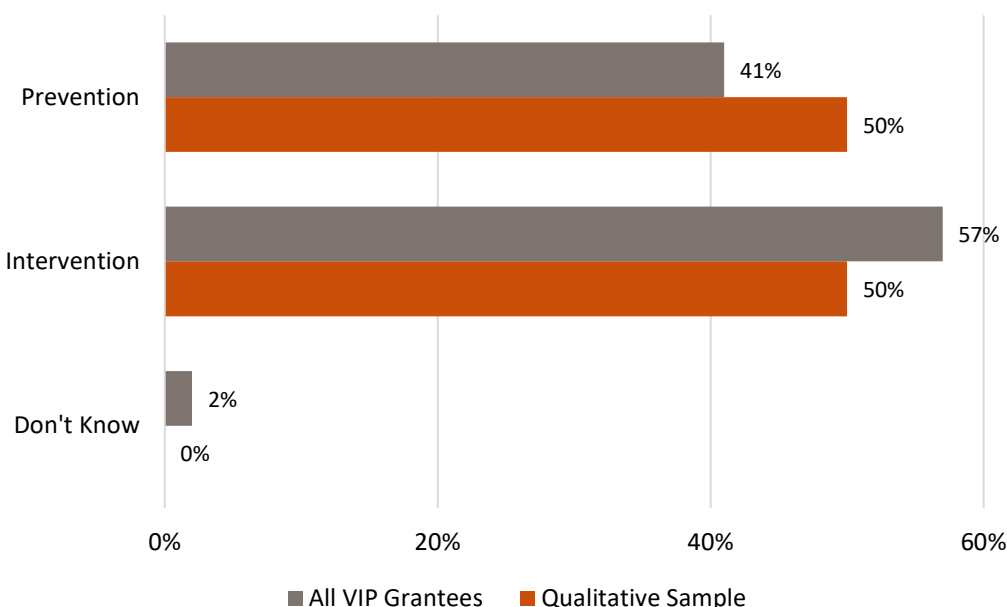
VIP Programs

Intervention and Prevention Program Types

Using the intervention and prevention definitions detailed in the *Methods* section, **Figure 3** shows that **among the 40 organizations included in the qualitative study, half implemented *prevention-focused programs* and half implemented *intervention-focused programs***. This even distribution reflects the stratified sampling approach used to ensure balanced representation of program types within the qualitative sample.

Across the full population of VIP grantees, 57 percent were classified as intervention-focused and 41 percent as prevention-focused, with 2 percent unable to be classified due to missing or incomplete information on program eligibility criteria.

Figure 3. Grant Program Service Type (All VIP Grantees vs. Qualitative Sample)



Note: N=157 for all VIP Grantees; N=40 for Qualitative Sample.

People Served

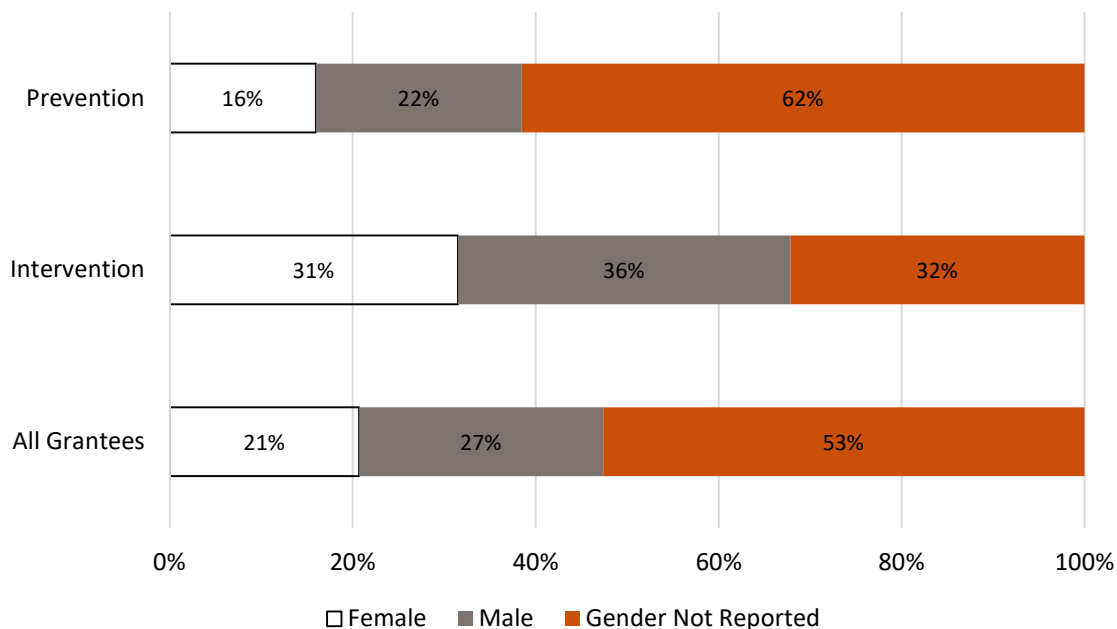
Data on program participants were drawn from the PCCD performance measurement system, which collects quarterly data from all VIP-funded grantees. These data capture the number and demographic characteristics of participants served by each program. However, the completeness and quality of these data vary across grantees. **Some programs did not report participant demographic information, while others reported counts that did not align with the total number of individuals served.** As a result, a substantial share of participant data is classified as “missing” or “not reported,” which limits the precision of analyses and the ability to draw definitive conclusions about participant demographics.

Gender. Across the 40 programs included in the qualitative sample, males accounted for approximately 27 percent of reported participants and females for 21 percent. This pattern was consistent across both program types, with males representing a slightly higher proportion of participants in both intervention and prevention programs (See **Figure 4**).

However, gender data were missing for more than half of participants (53 percent) across the qualitative sample. Missing data was more common among prevention programs (62 percent)

than among intervention programs (32 percent), likely reflecting differences in program structure. Intervention programs generally use targeted eligibility criteria and more formal intake procedures that require demographic data collection, whereas prevention programs often operate in less formal, open-enrollment settings.

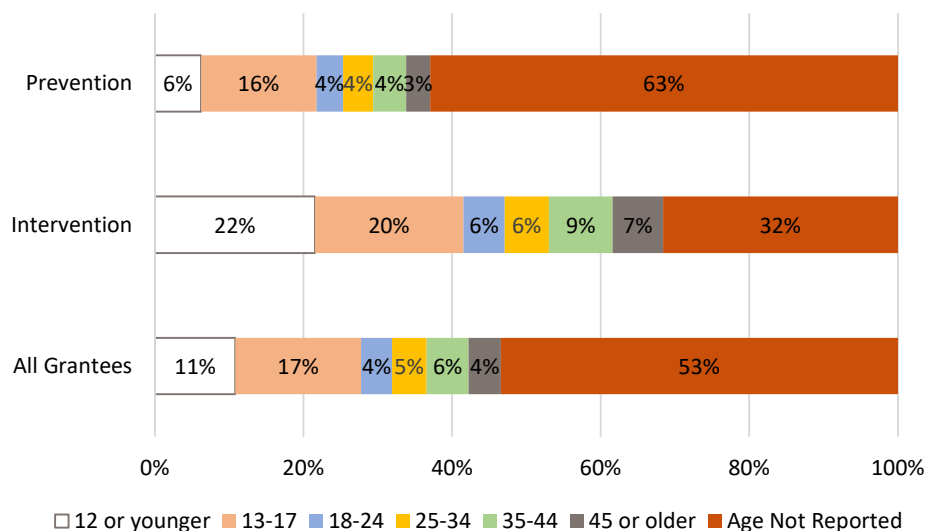
Figure 4. Gender of Program Participants by Program Type (Qualitative Sample)



Note: N=130,465 program participants across all qualitative sample grantees; N=39,544 program participants across intervention programs in the qualitative sample; N=90,921 participants across prevention programs in the qualitative sample.

Age. Participants served by programs in the qualitative sample represented a range of ages, with adolescents aged 13–17 comprising the largest group (17 percent of all reported participants), followed by children aged 12 or younger (11 percent). Missing data for age mirrored that of gender, limiting the ability to draw detailed conclusions about age-specific service reach. (See **Figure 5**).

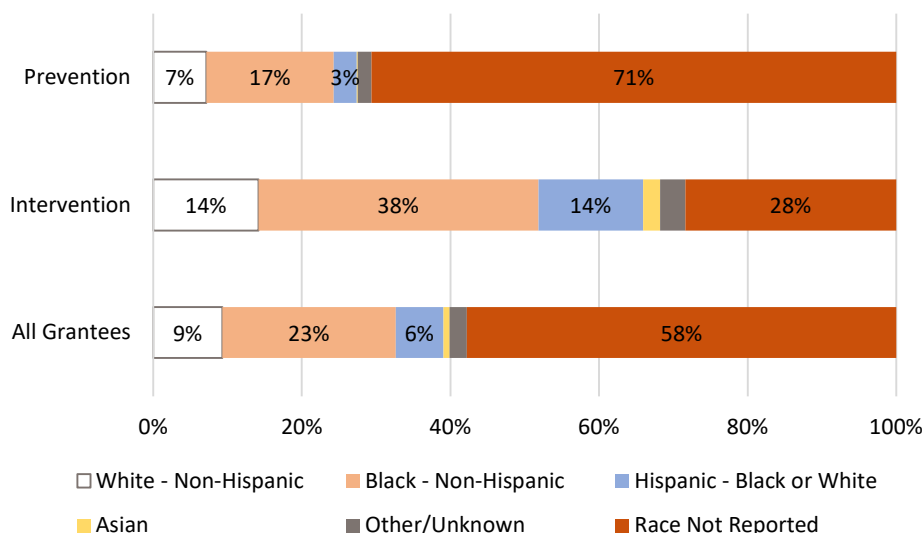
Intervention programs reported serving a higher proportion of children aged 12 or younger (22 percent) compared to prevention programs (6 percent). While this finding may appear counterintuitive given that younger children are generally not considered at highest risk for community violence, it may reflect differences in reporting completeness rather than program targeting.

Figure 5. Age of Program Participants by Program Type (Qualitative Sample)

Note: N=130,465 program participants across all qualitative sample grantees; N=39,544 program participants across intervention programs in the qualitative sample; N=90,921 participants across prevention programs in the qualitative sample.

Race and Ethnicity. Among participants served by programs in the qualitative sample, **Black, non-Hispanic individuals represented the largest reported group, accounting for 23 percent of all participants and 38 percent of those served by intervention programs.** Hispanic participants made up 6 percent of all participants, with higher representation in intervention programs (14 percent) than in prevention programs (3 percent). White, non-Hispanic participants accounted for 9 percent of all reported participants, and Asian participants represented a very small share. (See **Figure 6**).

As with other demographic variables, data on race and ethnicity were missing for a large proportion of participants (58 percent overall), particularly among prevention programs (71 percent). Despite these limitations, the available data suggest that VIP-funded programs primarily reached populations and communities disproportionately impacted by gun violence across the Commonwealth.

Figure 6. Race of Program Participants by Program Type (Qualitative Sample)

Note: N=130,465 program participants across all qualitative sample grantees; N=39,544 program participants across intervention programs in the qualitative sample; N=90,921 participants across prevention programs in the qualitative sample.

Summary

Overall, the 40 VIP programs included in the qualitative sample closely mirror the broader population of VIP grantees across Pennsylvania in terms of organizational type, years of operation, and balance between prevention- and intervention-focused programming. The sample is largely composed of established nonprofit organizations, reflecting the central role of community-based entities in delivering violence prevention and intervention services statewide. While some smaller organizational categories were not represented, the alignment between the qualitative sample and the full grantee population supports the relevance of qualitative findings related to organizational context, implementation conditions, and program structure.

At the same time, participant-level data drawn from the PCCD performance measurement system reveal limitations, due in part to PCCD's flexibility in allowing organizations to report on measures and to the early-stage of the VIP initiative when reporting standards were still being established. Across gender, age, and race and ethnicity, a large proportion of participant demographic information was missing or not reported, particularly among prevention-focused programs. In several instances, more than half of participants lacked complete demographic data, limiting the ability to assess who is being served, examine differences across program types, or evaluate alignment between program reach and populations at highest risk for violence. These data limitations constrain interpretation of participant characteristics and underscore the need for caution when drawing conclusions about program targeting, equity, and reach.

Recommendations

The recommendations presented throughout this report are intentionally structured to align closely with the evaluation findings and to support actionable decision-making. Each set of recommendations follows a consistent framework that links (1) key findings from the qualitative and quantitative analyses to (2) targeted policy or programmatic recommendations, and (3) practical implementation levers available to funders and system stakeholders. This structure is designed to clarify not only what changes may be warranted, but also why they are needed and how they can be operationalized within existing grantmaking, oversight, and support processes.

Many of the recommendations presented throughout this report reflect needs identified during the initial implementation period and align with enhancements that PCCD and the Commonwealth has since implemented, including clearer administrative guidance and strengthened data and reporting systems, and structured TA. At the same time, the recommendations are presented here as a direct response to the findings of this evaluation and the experiences voiced by grantees. Documenting these recommendations remains important, as they capture lessons learned from one of the few states to establish a statewide violence intervention strategy. It is our hope that these recommendations may inform other states and jurisdictions seeking to develop or expand similar community-based violence intervention initiatives.

Recommendations are organized by thematic section and sequenced to distinguish near-term actions from longer-term system-building strategies. To support synthesis across sections, a comprehensive table at the end of this report summarizes all recommendations, associated findings, and implementation levers in one place. This summary table is intended to serve as a practical reference for decision-makers considering priorities, timelines, and coordination across a violence intervention portfolio.

Recommendation 1: Establish a Core Set of Required Data Elements

Analysis of VIP performance measurement data indicates substantial gaps in the completeness and consistency of participant-level data reported across the portfolio.

While many programs collect some participation and service information, approximately half do not consistently report basic demographic data such as age, gender, or race and ethnicity. These gaps limit the ability to understand who is being served across program types, assess variation in reach, and conduct meaningful cross-program or portfolio-level analyses.

To address these challenges, a clearly defined and required core set of data elements should be established to provide a minimum, consistent foundation for evaluation across funded programs. At a minimum, these elements should include standardized demographic indicators, basic participation and service delivery measures, and simple indicators of program reach that are feasible for all programs to collect regardless of model or setting. These required elements should be clearly distinguished from optional or program-specific measures to preserve flexibility while ensuring that essential evaluation needs are met.

Clarifying and prioritizing core data elements would improve data completeness, reduce ambiguity around reporting expectations, and strengthen the ability to interpret program characteristics, monitor implementation, and support future outcome and implementation evaluations. Establishing a shared set of core data elements, definitions, and reporting standards would strengthen the ability to compare programs across the portfolio, including differences in participant characteristics, service delivery, and program reach. This would support more informed decision-making about how resources, TA, and future investments are allocated.

Program Services

While the survey data provide a broad overview of VIP program characteristics, the qualitative interviews offer a deeper understanding of how these programs function in practice. To capture this experience, 133 semi-structured interviews were conducted with 40 funded organizations, including 56 interviews with CEOs, executive leaders, and founders; 40 with program managers and directors; and 37 with frontline staff. These conversations provide insight into the day-to-day realities of program implementation, including strategies that support program success, barriers organizations encounter, and how programs collect and use data, plan for sustainability, and engage participants, families, partners, and communities. The sections that follow weave together these insights, concluding with lessons learned and recommendations for the Commonwealth and VIP-funded programs.

Across the 40 organizations included in the qualitative sample, 24 were community-based programs, four were HVIP programs, and 12 were school-based or youth-programs. Throughout this report, we use these categories to describe program contexts and compare findings across settings. *Community-based programs* include grassroots organizations, victim service providers, and agencies delivering violence intervention, prevention, and healing supports in neighborhood settings. *Hospital-based programs* operate within or in close partnership with healthcare systems to provide bedside support, crisis intervention, and post-injury services. *School-based or youth programs* primarily work within K–12 or alternative education environments and may also operate afterschool or extended-day programs that provide prevention activities, mentoring, and youth development supports.

***Community-based programs* have the broadest and most diverse set of focus areas.**

These organizations frequently emphasize mentoring, case management, community strengthening, youth development, and violence interruption, with many also offering employment support, skills training, recreation, and anti-violence education. This wide range highlights the central role community-based organizations play in addressing both immediate safety concerns and longer-term socioeconomic drivers of violence. Their programming spans prevention, intervention, and healing, aligning with neighborhood needs and community-led strategies.

By contrast, *school-based or youth programs* have a more focused set of emphasis areas aligned with student development. These programs most commonly emphasize academics, youth development, mentoring, skills development, and employment support. Some also provide afterschool enrichment, recreation, and leadership development, but they are less likely to implement direct violence intervention strategies such as violence interruption or intensive case management. This focus reflects their role in building protective factors for young people. Their programming centers on engaging youth early, strengthening relationships, and fostering school connectedness as a key protective factor.

***Hospital-based programs* have a more specialized focus, centered on intensive intervention and recovery.** These programs primarily emphasize violence interruption, case management, mental health and behavioral therapy, and trauma-informed care. This focus reflects their direct engagement with individuals immediately following violent injury and their role in supporting recovery, stabilization, and the prevention of reinjury. Their programming is less oriented toward broader prevention efforts such as academics, youth development, or recreation, and instead centers on delivering individualized services grounded in models.

Table 2. Focus Areas by Program Type

Program Type	Primary Focus Area	Intervention / Prevention	Overall Orientation
Community-based programs (n = 24)	Mentoring; Case management; Community strengthening; Youth development; Violence interruption	Intervention & Prevention	Broadest and most diverse programming; spans prevention, intervention, and healing. Designed to address both immediate safety needs and long-term socioeconomic drivers of violence; highly responsive to neighborhood-specific needs.
School-based or youth programs (n = 12)	Academics; Youth development; Mentoring; Skills training; Jobs programs	Prevention	Focused on student development and protective factor building. Emphasizes early engagement and fostering school connectedness. Less likely to conduct direct violence intervention (e.g.,

Program Type	Primary Focus Area	Intervention / Prevention	Overall Orientation
Hospital-based programs (n = 4)	Violence interruption; Case management; Mental and behavioral health services; Trauma-informed care	Intervention	interruption, case management). Centered on recovery and stabilization following violent injury. Provides intensive individualized services rooted in HVIP models; prioritizes reinjury prevention and ongoing support.

Program Implementation

Although prior research has examined the effectiveness of specific violence intervention and prevention models (Braga et al., 2019; Webster et al., 2022), the CVI field continues to lack robust implementation research. This gap limits understanding of the organizational processes, contextual conditions, and service delivery practices that shape program effectiveness in real-world settings (Roman et al., 2018). Effective evaluation therefore requires attention to the appropriate level of analysis, the relevance and timing of outcome measures, and the extent to which those measures reflect both implementation quality and program dosage. A recent review of 149 CVI evaluations conducted by Girma and colleagues (2025) found that fewer than 40 percent included both outcome and implementation process measures. Moreover, the vast majority of evaluations (84 percent) collected process measures only at the individual-level, leaving limited insight into how site-level and environmental factors influence violence intervention and prevention program implementation.

Monitoring implementation fidelity is essential for understanding whether funded programs deliver the activities and services they propose and for interpreting outcome and impact data in context. In a comprehensive meta-analysis of more than 500 studies, Durlak and DuPre (2008) found strong evidence linking implementation quality to program outcomes across prevention settings. In the context of CVI, examining where programs adhered to their plans, where they diverged, and why those deviations occurred provides insight into program quality, equity in service access, and the sustainability of violence prevention and intervention efforts.

This section examines trends in the proposed and actual uses of VIP funds across the 40 grantee organizations included in the evaluation. The analysis compares implementation patterns across several dimensions, including program age, youth-focused versus adult or

community-focused orientation, intervention versus prevention models, organizational embeddedness, and types of services offered. It further assesses implementation fidelity to VIP grant proposals by examining whether grantees carried out planned activities, what factors facilitated or constrained implementation, and how programs adapted their service delivery in response to contextual and operational barriers.

Proposed Uses of VIP Funds

Each of the 40 sampled VIP grantee organizations proposed similar uses of funds, regardless of program type (i.e., intervention versus prevention) or setting (community-based, hospital-based, or school-based). **Across proposals, three core needs consistently emerged: qualified staff, functional organizational infrastructure, and supports that reduce barriers to participant engagement.** Together, these shared priorities reflect a broad understanding across the VIP portfolio that effective violence prevention and intervention depend on a stable and capable workforce, adequate administrative and physical capacity, and reliable mechanisms that enable participants to access and sustain services.

Activities

As discussed throughout this report, programs proposed a wide array of activities aligned to their service environments, participant populations, and intended mechanisms of impact. Youth-serving organizations planned enrichment programming in arts, creative technology, mentoring, and leadership development. Clinical and crisis-response organizations proposed trauma counseling, case management services, conflict resolution training, and school-based therapy. Hospital-linked programs emphasized bedside engagement, risk assessment, and follow-up service linkage after violent gun-related injury, reflecting the time-sensitive nature of post-injury intervention. Community-level prevention programs described block activation events, wellness outreach, and public-health education initiatives aimed at strengthening collective efficacy and reducing community-level risk.

Staffing

Staffing was the most common budget item across proposals, appearing in 80 percent of sites included in the sample. Organizations proposed hiring facilitators, clinicians, mentors, case managers, credible messengers, and outreach workers to deliver direct services and maintain consistent engagement with participants. **Many programs emphasized retaining existing staff who were viewed as essential to credibility, trust, and continuity, rather than relying solely on new hires.** Some organizations also proposed developing internal staffing pipelines, including paid youth leadership or apprentice educator roles, as a strategy to support long-term sustainability. **Several programs described multi-year VIP funding as particularly critical to stabilizing staffing and enabling organizational growth.** One mid-mature organization explained that the grant was “a large amount of money, but also that you can count on for multiple years,” allowing them to “hire these staffing positions that are critical

for expanding our education services, our resource support services, and now you know the justice programming that we're doing also." The respondent further noted that stable funding enhanced external credibility: *"when you also have that funding other people are like, oh, we'll fund you too"* (Site 25).

Infrastructure

Programs, particularly larger, multi-service organizations, frequently identified the need for administrative and operational infrastructure to support implementation. Proposed investments included part-time controllers, human resources support, legal consultation, data and evaluation staffing, and supplies for back-office operations. Grantees framed these costs not as indirect overhead, but as essential to ensuring that frontline staff could focus on service delivery and that programs could meet professional, fiscal, and reporting standards. For programs piloting new models, infrastructure investments were also tied to learning and replication. One site described how hiring an evaluator *"was great because this is a pilot program,"* noting that the evaluator was able to assess the curriculum model alongside school data *"so that if we want to replicate it in other schools that we might be able to do that"* (Site 32).

Accessibility

Grantees emphasized funding supports that reduce barriers to participation, recognizing that logistical, financial, and safety challenges routinely disrupt engagement. **Transportation was the most frequently cited need, with programs requesting transit passes, rideshare assistance, mileage reimbursement, or flexible stipends to support consistent attendance.** Many organizations also proposed funding for basic needs, such as food, educational materials, testing fees, and modest incentives, particularly for participants experiencing economic insecurity. Several programs described adapting proposed uses of funds in response to participant preferences and lived realities. One organization explained that a planned shuttle service limited participant agency and was replaced with a bus pass and reimbursement model: *"They didn't want to hire a dedicated bus or shuttle service... You don't have the agency in that process, so being able to convert that to the bus pass model and the reimbursement model was very critical"* (Site 4). This shift allowed funds to be reallocated toward tuition and fees. Safety-related supports were especially prominent among hospital-linked and victim service programs, which proposed emergency relocation assistance, hotel vouchers, and support navigating victim compensation processes. Youth-serving programs additionally emphasized engagement incentives, such as stipends for leadership roles, peer mentoring, and youth-led creative projects, to promote sustained participation and developmental growth. Collectively, these proposals underscore that access supports are foundational to effective service delivery, especially in communities where structural inequities and safety concerns consistently limit engagement.

Patterns in Proposed Use of VIP Funds

Although VIP grantees proposed broadly similar categories of expenditures, closer analysis reveals meaningful variation in how funds were allocated based on program stage, target population, and intervention orientation. This section examines patterns in proposed use of funds across the portfolio to better understand how organizational maturity and service context influence investment strategies, implementation demands, and potential risks to fidelity and sustainability.

Program Stage: New, Continuing, and Expanding Programs

PCCD classified VIP proposals as aiming to implement new CVI programs (11 grantees), continue existing programs (7 grantees), or expand existing programs or initiatives (22 grantees). Examining differences in proposed uses of funds across program stages is important because initiatives at different points in development face distinct capacity needs, implementation risks, and strategic priorities (Strong et al., 2012). *New programs* typically require foundational investments that reflect early-stage uncertainty and higher implementation risk. *Continuing programs* tend to request funds that stabilize existing operations, maintain service continuity, and refine established models. *Expanding programs* often propose layered investments that enhance scale, deepen program components, or increase reach, signaling both organizational maturity and anticipated growth challenges. Comparing these groups helps clarify whether proposed uses of funds align with developmental stage and where additional support or oversight may be needed to ensure fidelity and sustainability.

VIP programs proposing *new programs* requested resources to build programs from the ground up. Their proposals included multiple new staff positions, technology systems, start-up equipment, and renovated or newly established program spaces. These proposals often reflected an initial vision of a full-service program that required extensive foundational development.

VIP programs seeking funds to *continue existing programs* focused primarily on maintaining current staff and operational capacity, with budgets oriented toward stability rather than growth. These programs tended to request fewer new items and instead emphasized updating curricula, strengthening trauma-informed practice, expanding participant transportation supports, or reinforcing staff supervision through targeted staffing investments.

***Expansion-focused proposals* blended continuity and growth. These proposals included filling new staffing roles, increasing service volume, adding sites or cohorts, and enhancing curricula or programming components.** These programs were most likely to propose comprehensive investments from the outset, anticipating expanded service needs or opportunities for deeper community engagement. One expansion program described its proposal strategy as follows:

"I think when our application, it took a very broad approach, we wanted the VIP funding to support every single department. So we wanted it to be supporting all. So let me look

at the different departments... From like the left to right, kind of like as looking at like the spectrum like or the cycle. Yeah. So we start with counseling services, which is the immediate aftermath, the victimization, and then the healing journey will be counseling and Wellness. And then the prevention will be used. Youth Services. And so we kind of wanted some the grant to be supporting every single step" (Site 3).

Youth-Serving vs. Adult-Serving Programs

Although research often shows that youth gun violence shares many structural features with adult gun violence, including concentration among similar demographic groups and within economically disadvantaged neighborhoods (Cheatwood & Block, 1990), several meaningful distinctions in risk pathways help explain why youth-serving and adult-serving programs may differ in their needs, proposed uses of funds, and implementation strategies. In both age groups, incidents frequently involve individuals who know one another and stem from arguments or ongoing conflicts (Pizarro et al., 2011). However, studies suggest that youth experience disproportionately higher victimization in gang-related incidents, and gang membership is more prevalent among younger individuals (Lasley, 1992; Pizarro et al., 2011). These patterns suggest that youth-focused programs may require more structured, relationship-based engagement and consistent supervision to interrupt peer-driven and group-influenced risk.

In contrast, adult-serving programs in this VIP sample more often addressed individualized clinical needs, family-related conflict, or complex case management pathways. These distinctions underscore the importance of examining between-group differences when assessing proposed uses of funds and implementation patterns across youth-focused, adult-focused, and mixed-population programs.

Findings from this study indicate that *youth-serving programs* (23 grantees) tended to propose concrete and highly structured uses of funds. Budgets typically included staffing for group facilitation or mentoring, curriculum materials, creative or instructional equipment, and transportation supports for participants. **Because youth programs often operate on predictable schedules, such as after school hours, school periods, or structured youth-center sessions, their proposed uses of funds translated directly into clearly defined activities.** Many youth-focused programs also integrated participation incentives, leadership stipends, or specialized equipment tied to specific program modules.

***Adult-serving or mixed-population programs* proposed broader and more clinically oriented uses of funds.** Budgets frequently included therapists, case managers, advocates, and credible messengers, alongside supervision structures, communication platforms, and follow-up protocols. **Because adult-serving models involve individualized pathways rather than group-based schedules, proposals emphasized flexible staffing and infrastructure to support diverse and evolving participant needs, often in coordination with courts, hospitals, or behavioral health systems.** One adult-focused organization described how VIP funding: “opened the door for people to have access to mobile trauma therapy, in ways that it would not have been possible before. So it took away barriers for accessing support in schools,

in community settings, and at organizations where they were already connected. So we could send a therapist to go meet with someone at probation, and that can't happen under insurance programs” (Site 40).

Intervention vs. Prevention Programs

CVI and prevention programs vary widely in purpose and operational demands, with a central distinction between prevention-oriented approaches and intervention-oriented models (Ziminski et al., 2025). Prevention-focused programs typically work with youth or community members who may be at risk but are not yet involved in violence, emphasizing structured group activities, mentoring, school-based supports, and broader community engagement to strengthen protective factors. In contrast, intervention-oriented programs work with individuals already involved in violence or recently harmed, requiring intensive case management, trauma-responsive services, street outreach, and coordination with hospitals, law enforcement, or behavioral health systems.

Youth and adults engage in gun violence in broadly similar contexts, but youth are more likely to co-offend and be embedded in group or gang networks (Pizarro et al., 2011; Lasley, 1992), whereas adults more often act alone. These behavioral differences translate into distinct program constructs and resource needs. Prevention programs typically require stable staffing, predictable schedules, and structured service environments such as schools or community centers, while intervention models rely on flexible, rapid-response staffing and robust partnership infrastructure to address acute risk.

Prevention-oriented VIP programs commonly proposed group-based enrichment, mentoring, school-based learning, community engagement, and neighborhood public-health activities. Their proposed uses of funds were operationally straightforward, tied to staffing for activity delivery, materials for curricula, and transportation to support regular participation.

Intervention-oriented VIP programs proposed more complex and adaptive uses of funds. Organizations providing trauma response, case management, or hospital-based engagement required funding for specialized staff, training, supervision, workflow systems, and transportation for appointments or follow-up care. ***Their proposals reflected the reality that intervention models must continuously adapt to changing participant needs, safety concerns, and institutional environments.***

Implementation Success Relative to Proposed Use of VIP Funds

Across program types, implementation fidelity to proposed uses of VIP funds was generally strong. **Among the 40 VIP grantee organizations included in this analysis, 12 programs (30 percent) reported implementing all proposed staffing, materials, space, and technology investments as planned, resulting in 100 percent fidelity to their proposed**

use of funds. Of these, four programs also reported implementing additional services beyond those originally proposed.

Most programs implemented the majority, but not all, of their proposed activities. **Overall, the majority of grantees implemented between 60 and 80 percent of their proposed program components.** Notably, 12 organizations (30 percent) that partially implemented their original plans also expanded services beyond what was outlined in their proposals. Only one organization reported failing to implement any of its proposed uses of funds (0 percent fidelity to proposed). Differences in how programs achieved fidelity, and the degree to which they adapted or expanded their activities, were most closely associated with program age and organizational embeddedness, as discussed in the following subsections.

Implementation Adaptation and Program Expansion

Across the VIP portfolio, successful implementation was shaped not only by adherence to proposed plans but by programs' ability to adapt to shifting conditions, emerging needs, and unanticipated constraints. Rather than rigidly adhering to initial proposals, many organizations adjusted staffing structures, modified service delivery schedules, reallocated resources, or introduced new supports to remain aligned with the underlying purpose of the PCCD grant.

Importantly, these adaptations did not represent departures from program intent. **Instead, adaptability functioned as a core implementation strategy, allowing programs to preserve fidelity to their overall impact goals while responding to real-world operating conditions.** Several organizations described implementation as an iterative process in which staff adhered to a guiding strategy while expanding or modifying activities to address gaps in engagement, safety, or access.

One grantee described this balance between fidelity and flexibility as follows:

"We precisely executed the program aligned with our impact strategy. Where we saw new opportunities for growth, we took advantage of those, we pivoted for those. So for example, our impact strategy was created before the PCCD grants were even offered. So we have been executing exactly along that impact strategy, and then with the PCCD, we added the workshops for youth. Because so many youth in our sessions did not feel comfortable being open and vulnerable in a room full of adults...we created a separate, safe space for them. But that was because we had the resources through this grant to do this work. But even then, the way that we execute the work in schools is aligned with our impact strategy. So that design strategy is what has governed the way that we work. And it's organic enough so that if somebody comes and says, hey, can you also, we can fit that in. We can add that in to that particular project...Our toolbox, I call it our toolbox of what we can use to be supportive" (Site 33).

Across programs, this capacity to pivot in real-time emerged as a primary mechanism through which grantees sustained service continuity, enhanced program depth, mitigated implementation barriers, and extended reach.

Patterns of Adaptability Across Programs

The patterns below illustrate how grantees used adaptation as an intentional implementation strategy—responding to staffing, institutional, and participant-level challenges while maintaining fidelity to the purpose of their funded work.

Adaptation to Staffing Instability: Staffing shortages and turnover shaped implementation across nearly all VIP sites. Newer programs often developed internal workflows to compensate, redistributing responsibilities, modifying schedules, or creating early-career pipelines. Mid-mature programs emphasized standardized supervision structures and improved partner communication to maintain continuity with minimal service disruption. Mature programs were more likely to retain staff and relied on cross-trained personnel or internal “float” staff to preserve continuity of care.

Adaptability to Scheduling, Space, and Institutional Disruptions: School-based programs adjusted cohort structures, shifted between in school and after school formats, and incorporated digital materials when access to classrooms was inconsistent. Hospital-linked programs modified bedside engagement timing and follow-up protocols to align with clinical workflows and institutional policies. One hospital-based program described how PCCD funding expanded their reach despite engagement constraints: “[PCCD funding] expanded [the program] because not only are we meeting the patient at the bedside. Everyone that comes to check on the status of their shooting or stabbing, they are there as well and can learn about the program and our services are available to them as well. So, essentially, it opened us up community-wide for anyone impacted by a gun-related event that presents at the [hospital]” (Site 29). Community-based programs similarly adjusted outreach routes, event schedules, and cross-department coordination in response to emergent barriers.

Adaptability to Participant Needs Exceeding Expectations: Many programs discovered that participant needs were more intensive or complex than originally anticipated. Youth-serving programs expanded leadership opportunities, mentoring intensives, and structured creative spaces. Adult-serving and clinical programs added grief counseling, conflict mediation, and enhanced case management. Community-level programs expanded mobile outreach strategies and resource distribution to increase accessibility and reach.

Additional Implementation Enhancing Program Depth: Programs at different stages of maturity expanded in distinct ways. Newer programs (approximately four to ten years in operation) were more likely to increase service volume by adding sites, sessions, or days of operation. One newer program described creating a new case management position that had not been included in the original proposal: “We actually hired a case manager, even though the model didn’t account for one. We created the position because we felt it needed to be solely

dedicated to those services and to linking clients in need to resources” (Site 7). More mature programs tended to deepen services rather than expand volume. Enhancements included curriculum modernization, integration of clinical staff, new leadership structures, and expanded behavioral health supports for both participants and staff. One mature, youth-focused organization explained they:

“brought more behavioral health resources into the school year to year... this at least provided two mental health workers in the school, it also brought mindfulness. Both to started out with the staff, because also what we were learning through culture and climate surveys was that the staff was really burnt out. So in order to be able to move this forward, we identified that we had to get our staff on board, and also take care of their mental health, so that was something new” (Site 32).

Differences in Implementation and Adaptability by Program Embeddedness

We also examined whether program embeddedness shaped implementation and adaptability across VIP grantees. Program embeddedness refers to how closely a program is integrated into the daily operations, rules, and routines of the setting in which it operates—such as a school, hospital, or municipal department (Manning, 2008). Highly embedded programs must align closely with host institutions’ schedules, policies, and procedures, which can enhance stability and legitimacy but may also constrain flexibility. Less embedded programs operate with greater autonomy, allowing more room for adaptation, though often with fewer institutional supports.

Understanding variation in program embeddedness helps explain why programs encounter different implementation barriers, rely on distinct problem-solving strategies, and experience varying degrees of alignment between proposed plans and delivered services. This analysis was included to inform how PCCD considers the mix of program models within the VIP portfolio and how expectations, supports, and funding strategies may be tailored to different operating contexts.

For analytic purposes, the evaluation categorized program embeddedness based on the degree to which programs were integrated into the operational structures of host institutions. *Highly embedded programs*, such as school-based and hospital-linked initiatives, were required to align their daily operations with institutional rules, schedules, and constraints, often limiting flexibility but providing access to established systems. *Moderately-embedded programs*, including neighborhood public-health organizations working in coordination with city departments, relied on partners for implementation and approvals while retaining some operational autonomy. *Low-embedded programs*, typically community-based organizations operating from their own facilities, maintained the greatest control over service delivery, including decisions related to staffing, timing, and use of space.

High-embedded programs, including school-based and hospital-linked initiatives, experienced the greatest need for real-time adaptation because implementation depended on institutional access, schedules, policies, and leadership stability. School-

based programs routinely navigated building access, classroom availability, administrative decision-making, and liability considerations; when conditions shifted, programs adapted by moving activities after school, consolidating cohorts, or creating youth-only spaces. More mature school-based organizations leveraged long-standing relationships to negotiate space, embed behavioral health supports, and manage administrative turnover, while newer programs relied more heavily on frequent schedule adjustments and staff reassignments. One afterschool program described maintaining fidelity while adapting over time, noting that they “*feel like we’ve been very true to our proposal,*” *while also emphasizing continuous improvement through CQI processes and ongoing enhancements to better serve their communities*” (Site 9).

Hospital-linked programs similarly operated within fast-paced clinical environments and were required to align with medical workflows, patient stabilization timelines, and institutional policies. Newer programs reported challenges related to inconsistent patient notifications, staffing shortages, and role clarity within emergency departments, responding by establishing clearer follow-up routines and strengthening communication with hospital personnel. As one newer intervention program explained, “*Getting the [hospital staff] champions [for the program] took a while... another challenge is really figuring out the lane that we’re in in the emergency room department*” (Site 28). More established hospital-based described smoother discharge-to-community pathways and were more likely to implement structured post-discharge engagement strategies to support continuity of care.

Moderately-embedded programs, such as neighborhood public-health programs, required coordination across multiple municipal systems, including law enforcement, behavioral health providers, and city agencies. Younger programs often encountered delays related to jurisdictional boundaries, partner turnover, or approval processes, prompting them to shift from large, multiagency collaboratives to smaller, task-focused meetings. More mature programs relied on long-standing relationships to operate parallel workstreams—such as environmental improvements, outreach campaigns, and community events—allowing progress to continue even when partner timelines shifted. One neighborhood-focused program described this evolution in coordination strategy: “*Things changed because we stopped having our humongous meetings... once we started executing activities, we realized we just needed small meetings to get things done*” (Site 2).

Low-embedded programs, including community-based organizations operating from their own facilities experienced the greatest operational autonomy and generally required fewer adaptations to implement proposed activities. These programs were more likely to implement staffing plans, material purchases, and service delivery schedules as proposed. Mature organizations often expanded reach quickly, while newer programs made modest adjustments—such as refining transportation logistics or staff coverage—but otherwise remained closely aligned with their original plans.

Table 3. Implementation Patterns by Program Embeddedness

Program Embeddedness	Primary Implementation Constraints	Common Adaptation Strategies	Implications for Fidelity & Support Needs
High	Institutional schedules, access restrictions, leadership turnover, policy constraints	Schedule shifts, cohort restructuring, workflow alignment, negotiated access	High fidelity requires flexibility; strong need for TA and institutional coordination
Moderate	Partner turnover, approval delays, jurisdictional complexity	Smaller task-based meetings, parallel workstreams, relationship leveraging	Fidelity supported by partnership management and adaptive coordination
Low	Fewer institutional constraints; internal capacity limits	Minor logistics adjustments, staffing coverage changes	Highest ability to implement as proposed; benefits from capacity-building supports

Summary

Findings from this section indicate that implementation success across the VIP portfolio was driven less by rigid adherence to initial plans than by programs' capacity to adapt within complex and changing operational contexts. While most grantees included in this study demonstrated strong fidelity to their proposed uses of funds, nearly all relied on intentional adaptations to navigate staffing instability, institutional constraints, and evolving participant needs. Patterns of implementation and adaptability varied systematically by program stage and level of embeddedness, with highly embedded programs, such as those operating in schools and hospitals, facing the greatest need for real-time adjustment, and community-based programs exercising greater operational autonomy. Importantly, adaptations were typically aligned with original program intent and often strengthened service delivery by deepening engagement, expanding access, or stabilizing continuity of care. Together, these findings underscore that effective violence prevention and intervention require funding, oversight, and evaluation approaches that recognize adaptability as a core component of high-quality implementation rather than a deviation from it.

Recommendations

Recommendation 2: Recognize Adaptation as a Core Component of Implementation

Implementation across the VIP portfolio was shaped by programs' ability to adapt to real-world conditions. Programs routinely adjusted staffing structures, service delivery schedules,

and resource allocation in response to institutional constraints, participant needs, safety concerns, and partner availability. These adaptations were not departures from program intent, but rather reflected efforts to maintain service continuity, deepen engagement, and align services with the core goals of VIP funding. Programs that experienced constraints in making these adjustments were more likely to encounter delays, gaps in service delivery, or increased strain on staff.

Supporting purposeful adaptation is an important component of program

implementation. Grant guidance, reporting tools, and monitoring processes should be structured to encourage programs to document major adaptations, describe the conditions that prompted them, and explain how changes supported program goals and participant needs. Framing adaptation as a routine aspect of implementation, rather than as a deviation from proposed activities, can better reflect the realities of program delivery in complex environments.

Strengthening the role of adaptation in program guidance and reporting can promote transparency, reduce unnecessary administrative burden, and support more accurate interpretation of program outcomes. It can also facilitate cross-site learning by identifying common implementation challenges and effective strategies, strengthening the ability to refine funding guidance and TA over time while maintaining accountability.

Recommendation 3: Align Implementation Support with Program Maturity

Implementation patterns varied by program age and organizational maturity. Emerging programs often faced foundational challenges related to staffing, workflow development, and institutional navigation, requiring frequent adjustments to stabilize operations. Developing programs focused on strengthening supervision, standardizing practices, and coordinating across partners. Established programs were better positioned to deepen service quality, integrate clinical supports, and refine program models while maintaining fidelity. Programs that received support that was not aligned with their stage of development reported greater strain and slower progress toward intended outcomes.

Aligning implementation support with program maturity is also an important component of program delivery.

Emerging programs can benefit from hands-on guidance related to staffing models, workflow development, implementation planning, and early fidelity monitoring. Developing programs may require support focused on supervision structures, partnership management, and quality improvement processes. Established programs can benefit from assistance related to model refinement, outcome measurement, sustainability planning, and replication.

Differentiating implementation support by program stage can better align expectations with organizational capacity, reduce preventable implementation challenges, and improve overall fidelity across the portfolio. It can also support more strategic use of TA resources by directing support where it is most needed, while avoiding uniform requirements that may not reflect variation in program development.

Recommendation 4: Integrate Implementation Learning into Strategy and Oversight

Implementation success is shaped by the interaction of funding design, organizational capacity, institutional embeddedness, and local context. Outcome data alone cannot fully explain variation in program performance without attention to how programs operationalize their work under real-world conditions. Programs embedded in schools or hospitals faced distinct constraints that required ongoing adaptation, while community-based programs exercised greater operational autonomy. Without systematic attention to these dynamics, portfolio-level decision-making may overlook key drivers of program effectiveness.

Continued investment in implementation-focused evaluation, along with intentional integration of implementation findings into portfolio-level planning, oversight, and learning, is an important component of strengthening violence intervention initiatives.

This includes examining patterns related to adaptation strategies, staffing stability, embeddedness, and program maturity to inform funding guidance, TA priorities, and expectations for future grant cycles.

Embedding implementation learning into strategy and oversight can strengthen accountability while supporting continuous improvement across violence intervention initiatives. This approach can help ensure that funding decisions and program expectations reflect the realities of service delivery, ultimately improving effectiveness, equity, and sustainability across the violence prevention ecosystem.

Facilitators of Success

Building from program implementation, a growing body of research examines the broader factors that enable CVI and prevention programs to achieve meaningful and sustained reductions in violence. Across diverse models, including HVIP interventions, street outreach, youth development initiatives, and place-based strategies, studies consistently identify a common set of conditions that support participant engagement, stabilize individuals at highest risk, and strengthen the organizational and community ecosystems in which violence prevention efforts operate. These facilitators provide a framework for understanding what drives success across the Commonwealth's VIP programs and situate practitioner experiences within the broader national evidence base.

Trusted, Community-Rooted Relationships. Across studies, researchers consistently find that effective CVI programs are grounded in strong, authentic relationships and delivered by trusted, culturally rooted staff. Credible messengers, outreach workers, and mentors with lived experience play a central role in engaging individuals at highest risk for violence involvement. Evaluations of Cure Violence, Advance Peace, and related street outreach models demonstrate that trust is the primary mechanism through which participants remain engaged, accept support, and make meaningful behavior changes (Butts et al., 2015; Matthay, 2019).

Trauma-Informed and Healing-Centered Approaches. Trauma-informed and healing-centered practices are also foundational to successful violence prevention work. Extensive research shows that exposure to community violence affects emotional regulation, cognitive processing, and engagement with services. Programs that create predictability, emotional safety, and opportunities for participant voice are better positioned to retain participants, reduce retraumatization, and strengthen relational bonds across both youth- and adult-serving interventions (Aarons et al., 2011; Cooper et al., 2006).

Targeted Engagement of Individuals at Highest Risk. Another robust finding in the literature is that successful CVI programs are highly targeted. The strongest evaluations, particularly of READI Chicago, Cure Violence, and HVIPs, show measurable reductions in violence when programs intentionally focus on individuals at highest immediate risk rather than broad populations. Risk-based outreach grounded in shooting data, hospital admissions, probation caseloads, and social network analysis has been associated with meaningful decreases in shootings and retaliatory violence (Bhatt et al., 2023; Juillard et al., 2015).

Cross-System Coordination and Partnership. Research also highlights the importance of cross-system coordination. Violence involvement intersects with housing instability, behavioral health needs, school disengagement, and justice system contact. Effective CVI programs rely on strong referral pathways, warm handoffs, shared case planning, and real-time communication across hospitals, probation, schools, human services, and community partners. Evaluations of the Comprehensive Anti-Gang Model and HVIP interventions indicate that system alignment enhances both reach and impact (Chambers et al., 2013; Spergel et al., 2006).

Flexible and Holistic Supports. Flexible supports are another defining feature of effective programs. Research consistently shows that individuals at highest risk face acute crises and structural barriers that must be addressed before longer-term change becomes possible. Programs able to provide emergency financial assistance, food, transportation, relocation support, educational assistance, or rapid mental health linkage demonstrate higher retention and stronger outcomes. Studies and practice guidance on HVIPs emphasize that flexible, participant-centered resources are important for addressing immediate needs and sustaining engagement.¹⁰

Place-Based Strategies. Environmental approaches also carry strong empirical support. Place-based strategies—such as greening vacant lots, remediating abandoned buildings, improving lighting, and creating safe community spaces—reduce violence by addressing physical conditions that shape opportunity structures and social cohesion. Rigorous studies document significant reductions in shootings and disorder following such interventions (Branas et al., 2018).

¹⁰ www.thehavi.org

Strong Organizational Leadership and Capacity. In addition to programmatic strategies, research from the nonprofit and human services literature underscores that strong organizational leadership is a critical facilitator of success. Effective leadership supports strategic decision-making, staff development, and adaptive management—capacities that are essential for navigating complex service environments. In the CVI context, these demands are intensified by exposure to violence and trauma, funding volatility, workforce burnout, and the need to coordinate across multiple systems. While these pressures are heightened in violence prevention work, the underlying organizational dynamics mirror those observed across nonprofit service delivery more broadly: programs with stable leadership and internal coherence are better positioned to sustain quality, manage change, and maintain mission alignment over time.

Data, Storytelling, and Community-Centered Communication. Finally, the ability to measure, interpret, and communicate program impact emerges as a key facilitator of success. Programs that effectively integrate standardized administrative and outcome data with qualitative accounts of participant and community experience are better positioned to assess effectiveness, contextualize results, and demonstrate value. Quantitative measures provide comparability and accountability, while qualitative narratives illuminate how programs are experienced and why outcomes unfold as they do. Clear, consistent communication that elevates community perspectives alongside validated metrics helps counter reductive narratives about violence and safety, ensuring that success is defined not only by performance indicators but also by lived experience. As in other human service fields, this combined measurement and narrative capacity strengthens organizational credibility and supports sustained engagement with funders, partners, and communities.

Multi-Year and Stable Funding. Across all models, the literature is clear that sustainable, multi-year funding is a prerequisite for success. Short-term or unstable funding undermines staffing, disrupts relationships, and weakens program fidelity. Research consistently shows that gains in safety erode when programs experience funding interruptions, staff turnover, or service pauses. Long-term investment is essential for maintaining trusted staff, supporting trauma-informed practice, and sustaining the relational infrastructure upon which effective violence prevention depends (Chambers et al., 2013; Farrell et al., 2018).

Taken together, research indicates that effective CVI and prevention programs are relationship-centered, trauma-informed, precisely targeted, well-coordinated across systems, flexible in meeting immediate needs, supported by strong organizational leadership, grounded in rigorous and community-centered communication, and sustained through reliable, multi-year funding (See also LISC’s Key Elements of CVI, www.lisc.org). These elements form the foundation through which CVI programs promote lasting safety, healing, and community stability across diverse contexts.

The findings presented in this section draw on interviews with 43 organizations (n = 67 respondents) to examine the conditions under which VIP programs were able to achieve some degree of success, as well as the limitations that shaped those efforts. While practitioner experiences reflected partial alignment with the broader research on effective CVI and

prevention, fewer than half of organizations consistently described having the conditions associated with stronger program functioning. Interviews highlighted substantial variation in how, and how reliably, evidence-based elements were implemented across programs. Differences emerged between intervention and prevention models and across program types, reflecting disparities in resources, infrastructure, staffing stability, and operating contexts.

Factors That Facilitated Success in VIP Programs

Across interviews, practitioners identified a set of conditions that, when present, supported engagement, retention, and progress in violence intervention and prevention work. Rather than being uniformly available, these conditions, including relationship-centered practice, healing-centered and holistic supports, cross-sector partnerships, and access to predictable program spaces, were described as unevenly developed and often difficult to sustain. Staff emphasized that their ability to meet participants where they were, respond to immediate needs, and maintain connections over time depended heavily on these factors, which were often shaped by funding stability, staffing capacity, and local system relationships.

The themes that follow describe the primary conditions associated with stronger program functioning among the VIP organizations included in this study, while also highlighting the variability and fragility of these drivers across programs.

Trusted, Community-Rooted, and Authentic Staff Relationships

Forty-seven percent of organizations who discussed facilitators of success highlighted trusted, community-rooted relationships as a key driver of program success.¹¹ Across program types, staff described these relationships as a foundation of violence intervention and prevention work. **Grantees emphasized that trust was the mechanism through which all other work occurred**, whether safety planning after a violent incident, supporting school engagement, or helping families navigate systems. As one staff member noted, “*Being consistent and building trust... once they saw we were really here for them, everything else opened up*” (Site 17). Youth-serving organizations described similar dynamics: “*Kids know when you’re real... they can feel if you care*” (Site 10).

Staff credibility and cultural alignment were central to building this trust. Many credible messengers, hospital responders, youth workers, and community advocates shared lived experience with participants or came from the same neighborhoods and cultural communities. One outreach worker reflected, “*They listen to me because I’ve been where they are... that’s what makes the difference*” (Site 32). In rural areas, trust emerged through long-standing community presence: “*People know us here... they see us everywhere. That’s what makes families open the door*” (Site 40). Staff also described repeatedly going above and beyond,

¹¹ These findings align with a recent statewide needs assessment of gun violence survivor services in Pennsylvania. The assessment found that individuals most often learned about services through trusted personal and community networks and preferred hyperlocal providers with strong community reputation and cultural understanding: [icf - pccd gun violence resiliency report - executive summary.pdf](#)

checking on participants after hours, accompanying them to appointments, or simply showing up consistently over months or years to maintain trust and connection. Relational trust was also closely tied to staffing stability and retention. Programs that maintained staff with shared cultural, linguistic, or community backgrounds described stronger engagement and more sustained participation over time.

Patterns varied by program type in how trust was established and maintained. Youth-focused and prevention-oriented programs more often described trust-building as occurring through consistent presence in structured settings such as schools, afterschool programs, and youth-centered spaces, where routine interaction supported gradual relationship development. In contrast, intervention-oriented and adult-serving programs more often described trust as individualized and crisis-initiated, built through credible messengers, rapid-response, and sustained follow-up engagement. Organizational context further shaped these dynamics. Community-based and more mature organizations were more likely to leverage long-standing neighborhood presence and institutional credibility, whereas newer or less embedded programs required more time and repeated contact to establish trust.

Healing-Centered, Trauma-Informed, and Holistic Support

Forty-one percent highlighted healing-centered, trauma-informed, and holistic support as a key contributor to program success. These programs described success as rooted in their ability to offer support that addressed participants' emotional, practical, and safety needs. Grantees noted that many participants arrived carrying layers of trauma and instability that affected their capacity to engage. Creating predictable, emotionally safe environments was essential. As one clinician explained, *"We take the time to understand what they've been through... that's what keeps them coming back"* (Site 12). Another added, *"Understanding the trauma gives you patience—you see the behavior differently"* (Site 24).

This healing-centered practice was closely tied to programs' ability to address basic needs and respond flexibly to crises.¹² Staff described stabilizing transportation, food, clothing, school issues, or housing as essential early steps that made deeper engagement possible. *"You can't talk about goals if they're hungry or worried about where they're staying tonight,"* one provider noted (Site 11). For youth, basic needs support often looked simple but meaningful: *"Sometimes the win is just making sure the kid has clean clothes for tomorrow"* (Site 22). Intervention programs described a constant need for rapid-response, including meeting participants at the hospital bedside, de-escalating conflicts, or helping families navigate emergencies. *"When they're in crisis, we drop everything—because that's the moment you prevent something worse"* (Site 29).

¹² This finding also aligns with the statewide needs assessment of gun violence survivor services in Pennsylvania, which found that unmet basic needs, particularly housing, limit individuals' ability to engage in services and highlight the need for coordinated, easy-to-navigate systems of care: [icf - pccd gun violence resiliency report - executive summary.pdf](#)

Prevention programs integrated developmentally tailored activities, emotional regulation strategies, and identity-affirming experiences to support youth in ways that felt relevant and empowering. One youth worker described the value of this approach: “*They might come in angry, but once they eat and talk, you see the real them again*” (Site 10). Trauma-informed approaches were often operationalized not only through formal clinical models, but through flexible engagement, responsiveness to participant needs, and adaptation of services. Adult-serving and victim service programs more often emphasized clinical and advocacy-based approaches, whereas youth-serving programs embedded trauma-informed practice within structured activities and consistent environments.

Differences across program types also reflected timing and delivery. Intervention programs more often prioritized rapid, trauma-informed responses during acute events, while prevention programs were more likely to integrate these practices into ongoing developmental and relationship-based programming. Across settings, trauma-informed care remained closely linked to holistic support, with emotional safety and basic needs stabilization repeatedly described as prerequisites for sustained engagement.

Strong Partnerships and Coordinated Support

Less than half of programs credited cross-sector collaboration with hospitals, schools, behavioral health providers, and probation as essential to their success. These partnerships strengthened referral pathways, expanded available supports, and enabled warm handoffs that reduced gaps in care. As one organization shared, “*Our partners make it possible to get kids what they need quickly, whether it’s therapy, housing, or school support*” (Site 20).

For intervention programs, partnerships supported rapid-response, safety planning, and coordinated follow-up, particularly with hospitals, probation, and street outreach teams. For prevention programs, school-based relationships were foundational to identifying youth in need of support, sharing information across systems, and embedding programming into the school day. Programs also highlighted partnerships with behavioral health providers as critical for reducing barriers to mental health care.

Partnership dynamics also varied by program embeddedness. School-based programs emphasized daily collaboration with educators and integration into school environments to support identification and engagement. Hospital-linked and intervention-oriented programs relied more heavily on internal champions and coordinated workflows to facilitate referrals, bedside engagement, and continuity of care.

Community-based programs often relied on long-standing relationships with local partners to sustain coordination, particularly where formal systems were inconsistent or difficult to navigate. Programs operating across multiple systems described greater complexity in collaboration, often requiring coordination across agencies with differing timelines, expectations, and reporting requirements.

Accessible and Predictable Program Spaces

Programs also described the importance of having reliable, welcoming, and safe physical spaces. Youth programs emphasized that dedicated environments, including music studios, art rooms, recreation spaces, or designated group rooms, created predictability, belonging, and routine. One prevention provider shared, “*We’re spoiled with space... some people don’t even have a space to make dirty*” (Site 10). Another explained, “*People come here because they know the door’s always open*” (Site 10).

Intervention programs similarly emphasized the importance of safe spaces for confidential conversations, crisis intervention, and trauma-informed engagement, whether in hospitals or community-based settings. Research on environmental approaches to violence prevention suggests that stable, safe, and well-maintained community spaces support social cohesion and reduce violence (Branas et al., 2018). Across programs, dedicated and predictable space strengthened engagement and created the emotional and physical safety necessary for healing and connection.

Facilitators of Implementation Fidelity and Adaptation

Finally, while the conditions described above supported engagement and service delivery, cross-site analysis also revealed that these same facilitators operated differently depending on whether programs implemented their proposed use of funds as planned or adapted implementation strategies in response to barriers. These patterns provide additional insight into how facilitators functioned not only as enabling conditions, but as mechanisms supporting both implementation stability and adaptation.

Programs that achieved higher fidelity to their proposed use of funds most often described strong organizational embeddedness, sufficient staffing capacity, and established infrastructure as critical supports. Long-standing community presence and stable partnerships enabled consistent engagement and coordination, allowing programs to carry out planned activities without substantial modification. Similarly, investments in staffing, supervision, and administrative systems supported continuity of services and reduced the need for mid-course adjustments. Programs that aligned proposed activities with existing organizational models also experienced fewer implementation challenges, as funding reinforced established approaches rather than requiring the development of new ones.

In contrast, programs that adapted their implementation strategies relied on these same facilitator domains in more flexible ways. **Adaptability emerged as a key mechanism through which organizations responded to logistical, institutional, and participant-level barriers while maintaining alignment with program goals.** Rather than departing from their intended purpose, these programs adjusted service delivery approaches, including modifying program formats, shifting locations, and expanding supports to meet participant needs. Flexible service models were particularly important in navigating barriers related to access, scheduling, and engagement, especially in more constrained or complex service environments.

This adaptive capacity was often supported by a broader learning orientation. Programs that incorporated feedback, engaged in ongoing reflection, and adjusted programming over time were better able to sustain services despite changing conditions. Importantly, the same staffing and coordination structures that supported implementation fidelity also enabled adaptation by allowing programs to reallocate resources and adjust delivery strategies as needed. Programs operating across multiple systems were especially positioned to shift implementation pathways when barriers arose within any single setting.

These findings indicate that facilitators did not operate uniformly across sites. Instead, the same underlying conditions supported different implementation pathways, with some programs achieving high fidelity to proposed activities and others maintaining alignment with program goals through adaptation.

Differences in Success Factors Across Programs

Intervention Programs

Intervention programs, including hospital-based, street outreach, and intensive case management, relied on rapid-response and credible engagement during moments of crisis.

Success depended on meeting participants when they were most vulnerable and following through without judgment. A HVIP provider explained that participants stayed engaged because staff were “*available and knowing that they can depend on you*” (Site 29). Outreach workers described how relational de-escalation strengthened engagement: “*They will talk. They’ll say, OG—not right now... approaching with a smile makes the difference*” (Site 5).

These programs also depended heavily on cross-system coordination, including regular communication with hospitals, probation, and county human services, to navigate complex needs and maintain continuity. As one coordinator described, “*We’re not a county that’s siloed... we want feedback from everybody*” (Site 27).

Prevention Programs

Prevention programs, particularly school-based and youth-serving organizations, were more successful when they maintained a predictable presence, offered creative programming, and strong school partnerships. Staff emphasized the importance of showing up consistently: “*Being present every day is what changes things for them—they know we won’t disappear*” (Site 22). Prevention programs were also more likely to be effective when they created engaging environments that supported identity development, creativity, and positive peer connection.

Partnerships with schools were a central facilitator to success for youth-serving organizations. Teachers, administrators, and counselors helped identify students in need and reinforced participation. One provider noted that completion rates were higher because educators helped

identify “*the right students at the right time*” (Site 22). Prevention programs also more often involved families directly.

Program Type

Beyond differences between prevention and intervention models, interviews also revealed variation in success factors across specific program types, reflecting differences in organizational structure, service settings, and delivery models. **Hospital-based programs described success as closely tied to trauma-informed bedside engagement, timely warm handoffs, and the ability to coordinate care across clinical departments.** Being embedded within healthcare systems allowed teams to connect participants quickly to mental health, social work, and other wraparound services at critical moments following injury. As one practitioner explained, “*Because we’re in the hospital, we can connect them to mental health, social work—whatever they need right away*” (Site 20). However, this work also depended heavily on hospital buy-in and cross-departmental coordination, which varied across sites.

Youth-serving and school-based programs emphasized consistent presence, developmentally appropriate activities, and strong school partnerships as central to engagement. Embedding programming into the school day increased consistency and access, while creative and culturally responsive approaches helped foster trust and participation among young people. **Community-based programs, by contrast, attributed success to cultural alignment, long-standing neighborhood relationships, and operational flexibility.** These organizations described fewer bureaucratic barriers and greater capacity to respond immediately to crises, provide mediation, or support families with basic needs. As one staff member noted, “*If someone needs food, or a ride, or just someone to sit with them, we can do that right away*” (Site 11). Across program types, these differences shaped how best practices were applied in practice and highlighted the ways organizational context influenced program functioning.

Summary

The findings in this section underscore that successful violence prevention and intervention depend on far more than program curricula or service models alone; they hinge on the relational, organizational, and structural conditions that enable programs to show up consistently and credibly for participants. Across VIP programs included in this study, programs demonstrated that trust, trauma-informed practice, and flexible, holistic supports are foundational to engagement and retention, but the pathways through which programs achieve success vary substantially by context and model. Intervention programs relied on rapid responsiveness, credible messengers, and cross-system coordination to stabilize crises and prevent retaliation, while prevention programs were most effective when they could build long-term, developmentally attuned relationships within stable environments such as schools. Differences also emerged across program types: HVIP teams benefited from integrated clinical workflows and trauma-informed care; community-based organizations leveraged cultural

alignment and operational flexibility; and youth-serving, school-based programs relied on consistent presence, authenticity, and structured activities that support developmental growth. Across programs, these facilitators did not operate uniformly, but instead supported different implementation pathways, with some programs achieving fidelity to proposed activities and others adapting strategies to maintain alignment with program goals in response to real-world constraints.

These distinctions carry important implications for how funders structure support, funding, and capacity-building, as a one-size-fits-all approach to investment or expectations is unlikely to meet the diverse needs of violence intervention programs. Intervention models require resources that strengthen rapid-response capacity and interagency coordination, prevention programs benefit from stable space and sustained school partnerships, community-based organizations require flexible funding that supports relational work and barrier removal, and hospital-based require investment in coordination roles and trauma-informed training. Recognizing and supporting these differentiated pathways to success is essential for strengthening the broader violence prevention ecosystem and enabling each program type to build on its strengths, deepen its impact, and contribute to a more coordinated, comprehensive, and sustainable statewide approach to preventing violence.

Recommendations

Recommendation 5: Provide Structured, Individualized Support

VIP programs faced highly individualized implementation challenges shaped by program type, embeddedness, organizational capacity, maturity, service setting, and local system dynamics. As a result, a one-size-fits-all approach to investment or expectations is unlikely to meet the diverse needs of programs.

Structured, individualized one-on-one support should be incorporated as a core component of grant administration and TA. Assigning a consistent point of contact or navigator to each grantee would allow guidance to be tailored to organizational context, program model, and developmental stage. This approach supports both implementation fidelity and responsible adaptation by creating space for candid dialogue, early identification of challenges, and collaborative problem-solving related to compliance, partnerships, and participant needs.

Embedding structured one-on-one support within program oversight can strengthen accountability while better reflecting the complexity of violence prevention and intervention work. This approach can reduce administrative friction, support learning and transparency, and improve equity across the portfolio, particularly for newer organizations, smaller nonprofits, and programs operating in highly constrained institutional environments.

Recommendation 6: Align Technical Assistance with Program Maturity

Violence prevention and intervention programs develop over time through iterative capacity-building, relationship development, and organizational learning. Interviews with VIP grantees revealed substantial variation in organizational tenure, program maturity, infrastructure, and the presence of key success factors. Programs at earlier stages often struggled with foundational nonprofit functions, such as staffing structures, data systems, and role clarity, while more established organizations required support to deepen program quality, strengthen evaluation, and plan for sustainability or replication. These differences suggest that uniform approaches to TA are insufficient to support success across a diverse statewide portfolio.

A phased, maturity-based approach to implementation support would align assistance with organizations' developmental stage and evolving needs. In addition to individualized one-on-one support that addresses context-specific implementation challenges in real-time, a phased approach responds to longer-term organizational development trajectories across the portfolio. This approach differentiates support for emerging, developing, and established programs while maintaining shared principles of collaboration, cultural responsiveness, and co-learning.

Early-stage supports should prioritize relationship building, clarity of expectations, and foundational organizational capacity, including program design, staffing structures, and basic data management. As programs develop, support can shift toward strengthening leadership, performance measurement, sustainability planning, and cross-sector coordination. For more established programs, support should emphasize long-term sustainability, replication, mentorship, and system-level learning.

Aligning implementation support with program maturity over time can reduce mismatch between expectations and organizational capacity, promote equity across the portfolio, and strengthen overall program quality. Recognizing organizational development as a multi-year process can also support a more stable, collaborative, and sustainable violence prevention ecosystem.

Barriers & Challenges

This analysis integrates findings across 37 VIP organizations (n = 100 respondents) that described a complex set of factors acting as barriers to program implementation, continuity, sustainability, and scale. While the specific manifestations of these challenges varied by setting, respondents consistently converged around a common set of high-impact barriers across VIP grantees and program types. Most prominent among these were chronic funding instability, staffing shortages and turnover, and PCCD-specific grant requirements. Barriers related to working with youth and within school settings were especially prevalent, reflecting the large share of youth-focused programs in the VIP portfolio; these challenges therefore receive particular attention in this section.

Funding Availability & Structure

Barriers related to funding, both funding availability and grant structure, were the most consistently and richly discussed by interview participants across VIP organizations.

Fifty-six percent of organizations mentioned the variable and uncertain nature of grant funding as a key barrier to program sustainability and long-term planning. As one respondent remarked, *“You can create those [service] linkages, but for sustainability, we need funding. We have absolutely everything that we need to be successful, [funding] is the missing component”* (Site 24) (see the Sustainability section for further discussion). Another commented:

The last thing I want to do is start something and not be able to sustain it. And that is always in my head because if we can't sustain our high-quality programs, kids lose out, staff could be let go. There's so many implications to it... So, it is a grind every single day. We grind every single minute of every single day [to find funding]. There's not a moment where I can just relax about it. (Site 9)

Chronic uncertainty about funding leads to persistent concern about operational continuity, which VIP respondents linked to decisions related to staffing and program delivery. One respondent commented, *“Our biggest thing is just trying to ensure this consistency of financial stability. It's just a big thing for us in staff capacity”* (Site 11). Another noted, *“That constant up and down and availability of funding makes it really difficult to implement something like the [model]... designed to be a longitudinal effort”* (Site 40). Looking across VIP programs, older and more established organizations with diversified funding streams or individual donor bases were somewhat insulated from funding-related shocks, as were larger organizations with dedicated development staff.

Beyond the uncertainty of whether funding would be available at all, **many respondents emphasized that the structure and restrictions of grant funding posed equally significant barriers to day-to-day program operations.** More relevant to daily functioning were barriers related to funding structure rather than availability. Many respondents referenced the general nature of most grant funding (not just VIP funding), such as restrictions on allowable costs and reimbursement structures, as a barrier to organizational functioning. These barriers were frequently mentioned when grantees were describing a change they wished to make in their expenditures compared to what they had proposed and had been approved by PCCD, or wished to incur a cost without liquid funds. Several respondents mentioned that VIP grants could not be used to purchase assets (e.g., vehicles or buildings), limiting their ability to implement or scale programming.

When referencing VIP funding specifically, the reimbursement nature of Commonwealth-issued grants emerged as the most frequently cited financial barrier to implementation.¹³ Many respondents noted that their organizations lacked sufficient cash reserves to cover program

¹³ Like all Pennsylvania state agencies, PCCD is required by a Commonwealth-wide Management Directive to distribute grant funds through reimbursement.

expenses upfront while awaiting reimbursement. This structure was described as a barrier to timely hiring, participant enrollment, contract renewals, and decisions about program scope. *“If you don’t have the money up front to cover the cost, then things can be tricky”* (Site 28). Another respondent described the strain this placed on small organizations:

The reimbursable model, that hurts a small organization... We were footing all of the bill for [the summer program] and then we had to wait for them to reimburse us. We run the program in June, July, part of August, they didn't pay us till February. So I basically said, we can't do this anymore because that money goes a long way here. If we don't have it, it's not like I can go to another source of money... But it does have an impact on, can we be as robust as we want or do we have to go conservative mode for the next couple weeks because we don't know exactly when that money's coming in? (Site 23)

While PCCD does offer VIP grantees the ability to request more frequent reimbursements through interim (e.g., between quarterly reporting) fiscal reports to address cash flow concerns, some grantees reported difficulties associated with timeframes between when activities occur and when payment is received.

The Commonwealth’s reimbursement structure was particularly problematic during transitions between VIP grants. Respondents described gaps between the end of one grant period and confirmation of the next, during which organizations were expected to continue operations without guaranteed reimbursement. As one respondent explained, *“On paper it says it ends June 30th and the new contract starts July 1st. But administratively, I don’t have access to the monies, June 30th and then July 1st I can’t do my new cohort right? To tell an agency to wait until the contract is confirmed before they can get reimbursed automatically, is asking them to come out of their pockets for recruitment, for hiring, for outreach, for incentives, and that could be, you know 30 days, 60 days, 90 days. Not all agencies have the reserve for that. So, I would say that was also a barrier”* (Site 22). Larger, more established organizations were more likely to have reserve funds to absorb these delays without interrupting services.

In addition to reimbursement delays, several grantees described learning, upon submission of expenses to PCCD for reimbursement, that certain expenses would require additional justification or were not allowable. These situations resulted from grantee misunderstandings of budget requirements and restrictions, which led to delays in staffing and program delivery and, in some cases, changes to program scope. Respondents described feeling as though they had to “fight” for approval of expenses that they believed were part of an already-approved project. As one respondent explained, *“We thought this was part of what we were applying for, and the financial folks at PCCD are saying, like, ah, that doesn’t quite fit under your budget”* (Site 26). According to these respondents, direct communication earlier in

the grant process would have helped them revise plans proactively to align with funding restrictions.¹⁴

These concerns voiced by grantees express the existence of a gap between what PCCD conveys to applicants and funded organizations, through guiding documents, budget development support, and (for later cohorts) TA to ensure implementation aligns with the proposed and approved budget, and what some organizations understand about how they are allowed to spend their funds once the overall project is approved. While there are mechanisms in place to make budget changes after approval (i.e., the Project Modification Request, or PMR), these comments suggest these grantees were not aware they needed a PMR to make spending changes until after they had made the disallowed purchases. Recognizing that PCCD makes multi-front efforts to avoid problems with reimbursement and allowable costs, enough grantees misunderstand the relevant policies that issues persist and were evident in the comments made by interview participants.

Staffing & Turnover

VIP grantees described difficulties in hiring and retaining staff as significant barriers to program implementation and grant management. Many remarked that their organizations were persistently understaffed due to several interrelated factors, including lack of funding for additional positions, difficulty attracting individuals to work in the nonprofit and community violence space, and frequent staff turnover. One respondent described hiring as their “biggest challenge across the board as an organization”:

I think that anyone who works in nonprofits right now knows that hiring is a challenge because to work for our organization it takes three to six weeks to go through all of the clearance processes, all the background checks, everything else... So we do the best we can with what we have, but we definitely have had the challenges of hiring. (Site 31)

Beyond the difficulty of initial hiring, staff retention was a barrier mentioned by many VIP grantees. Turnover affected organizations of all sizes and program types. As one respondent at a large, prevention-focused organization remarked, “A challenge is trying to keep consistency in staffing... This is not unique to us, this is the world of nonprofits... Staff turnover has been a huge barrier and a huge challenge with being able to maintain a quality program.” (Site 13) Another respondent commented that “everything has to be built, unfortunately, to account for workforce turnover” (Site 20).

Respondents consistently linked high turnover to broader structural conditions within the nonprofit and community violence prevention workforce. **Several VIP organizations posited that turnover was driven in part by their inability to offer competitive salaries or benefits, resulting in trained staff leaving for higher-paying or more secure positions.** This dynamic

¹⁴ TA supports introduced to subsequent VIP cohorts included support for aligning budgets with project goals and PCCD restrictions. The first cohort, the one studied here, did not have access to these TA supports.

created immediate staffing shortages and cascading delays in participant recruitment, service delivery, and grant management, particularly data reporting, as each new hire required training, onboarding, and, in many cases, background clearances.

In addition to compensation-related challenges, respondents highlighted the emotional demands of CVI and prevention work. Multiple staff described exposure to secondary trauma, compassion fatigue, and chronic stress. While the work was widely described as meaningful and rewarding, respondents emphasized that it was also “emotionally challenging,” and that without adequate supports, these demands contributed to burnout and turnover.

As staffing instability persisted, organizations described compounding effects on morale, workload, and program continuity. Staff shortages disrupted program continuity both directly, through reduced service capacity, and indirectly, through increased burnout among remaining staff. Organizations facing high levels of turnover reported barriers to both short-term implementation and long-term sustainability. **Many respondents described responding to staffing shortages by having staff take on both programmatic and administrative roles, asking leadership to fill multiple positions temporarily, or shifting from full-time to additional part-time staffing models to mitigate service gaps.**

PCCD Policy and Procedure Barriers

Perceived barriers related to PCCD-specific policies and procedures were frequently mentioned by VIP grantees. Several organizations relayed that they experienced PCCD fiscal monitoring, which they described as “intense” and “tedious.”¹⁵ The agency has established grants management and monitoring policies and practices to comply with federal and state requirements, and to safeguard taxpayer dollars. However, some VIP grantees interviewed by NORC/Temple, especially those that had not previously received publicly funded grants, reported challenges navigating these compliance requirements. *“One of the biggest challenges has been the audits. And I will call it the intensity of documents that are required, you know, to be submitted. For small agencies like us, we don’t have an accountant. But you got to be an accountant to know how you classify these [expenses], or you reclass what needs to be reclassified and all that. It takes a lot of time” (Site 1).*

For some organizations, the frequency and overlap of fiscal monitoring further compounded this burden. Another respondent explained how burdensome this monitoring was for their organization:

We’ve undergone four or five fiscal monitorings, and it’s just once we wrap up with one, then they send another one. And we’re in the middle of another one right now. And right now our funding is on hold because we sent over some stuff and then they wanted more stuff. It’s very frustrating because I’m like, it is really hard to have funding held for

¹⁵ PCCD fiscal monitoring policies are funding-stream specific and based on PCCD’s assessment of the fiscal risk presented by each grantee agency. Agencies assessed to be high risk are monitored more frequently.

services that you've already incurred. I don't think it's very fair, it is a reimbursable grant. ...When we have multiple grants with PCCD, then it's like they're not speaking to one another. So they're two different fiscal people that are monitoring those grants. And it's just like, we need to breathe, we need to breathe. (Site 9)

In addition to fiscal monitoring, grantees described procedural requirements that made routine program adjustments difficult. Project modifications were frequently cited as time-consuming and administratively complex, even when changes were perceived as minor. One respondent commented: *"The PMR, the project modification requests? Those can get super time-consuming in terms of, like, getting everything to work in the portal"* (Site 26). Another remarked, *"Heaven forbid, you know, we have someone whose salary changes, and what that means in terms of modifying the E-grant system to make sure the dollars are gonna match... And so, like some of those administrative challenges, I think, are real."* (Site 12).

Budget construction requirements introduced an additional layer of complexity, particularly for smaller organizations. Respondents identified the requirement to submit budgets using hourly rates for personnel not typically paid hourly, along with detailed itemization of benefit rates, as especially challenging. These calculations were unfamiliar and difficult for some organizations to manage. As one respondent noted, *"I understand why there is rigidity in the way things are calculated and things like that. But in an organization of our size, where we're not necessarily operating with hourly salaries and some of those kinds of things, it becomes a heavy, heavy lift for some of our Admin team to manage the financials"* (Site 12).

Organizations with prior experience receiving PCCD funding were generally more familiar with these requirements, while first-time grantees described a steeper learning curve.

Organization size and staff specialization also moderated this barrier; organizations with dedicated financial staff reported fewer challenges navigating PCCD's budgeting and reporting systems than those without such capacity.

Across organizations, however, one procedural issue emerged as the most consistently cited barrier. **By far the most commonly referenced PCCD-related challenge was the eGrants system itself.** Respondents described the system as confusing, rigid, and time-intensive. One respondent stated, *"Most of my complaints are really just around the eGrants portal and the fact that it's, like, confusing and not easy to work with"* (Site 26). Another echoed this concern: *"The challenges and barriers is the red tape. With eGrants it's so much red tape... When we fill the paperwork out ... they come back with all the questions... I feel like that's a barrier for us"* (Site 21). Several organizations noted that additional support—either from PCCD or TA providers—would be helpful in navigating eGrants.

Challenges Related to Working with Youth & In Schools

VIP organizations that were youth-focused faced a unique set of challenges that shaped program implementation. Giving these barriers particular attention helps surface program design considerations that are especially relevant when reviewing school-based VIP proposals.

Respondents spoke about youth being difficult to engage consistently, and therefore to reach with programming. *“People used to gather after school to do things. Now they’re mostly on their phones” (Site 8).* This shift in social dynamics complicated recruitment and sustained participation, particularly for programs that relied on regular attendance. When working in schools with high student mobility, participant enrollment could fluctuate substantially over the course of a program, making performance measure reporting and dosage tracking more difficult.

Engagement challenges were further shaped by issues of trust and relational fit. Youth were sometimes distrustful of adults doing program outreach and recruitment, and respondents emphasized that age alone did not confer credibility. Instead, staff needed to “meet them where they are.” Respondents described the importance of staff being “relatable,” while also responsible and professional—a balance that was often difficult to achieve. Youth were also described as unreliable conduits of information between programs and parents or caregivers, limiting family engagement. Direct communication with caregivers was uncommon, as many programs operated through district-level agreements rather than direct family outreach (see the Family Engagement section for further discussion).

Stigma further constrained participation in certain program components. VIP grantees found that youth were particularly wary of mental health–related services. One program described needing to invest significant effort in normalizing counseling and reframing it as safe and supportive: *“I think they thought they would be considered as mentally unstable. Just that stigma like, ‘I’m not crazy. Why do you want me to talk to this lady one-on-one?’ ‘...There was just an initial campaign that we had to conscientiously flesh out around making sure that this was safe and giving kids the sensibility that this was safe to engage with. It would not be the end of the world. All their business wouldn’t spill out into the world, right? And so just the consistency of the programming, the consistency of it being offered over the course of time, it became normalized” (Site 39).*

Even when programs were well-designed, school-based implementation introduced additional structural constraints. For VIP grantees delivering school push-in programming, reach and dosage were limited by student absence in addition to mobility. *“Attendance was an issue... Because students skip school, or don’t come to class” (Site 22).* Engagement was also hampered by limited English language proficiency among some students and, in a few cases, by the lack of appropriately scaled materials for students with Individualized Educational Programs (IEPs).

School climate and building-level conditions also shaped program success in less predictable ways. For programming delivered outside the school day, respondents described variability in how welcoming or accommodating schools were to external partners:

Because most of our programs run in schools, it creates a number of unknown challenges to work through sometimes. Like, sometimes we don't know until we get there, that the school environment is such that it's not conducive to [our program staff] being there... For example, maybe they're not providing accommodations for someone who needs accommodations, like, physically, things like that. So just the fact that we're going into schools, into brick-and-mortar buildings, not knowing exactly until we get there, how things will pan out over the school year. It does create a little fluctuation from year to year. It really does take some work up front to understand the culture and climate of the school, and that can become a barrier, or it can be also a reason why the program really thrives. It can go either way. (Site 26)

Respondents also highlighted challenges related to securing and maintaining buy-in from teachers and school or district leadership. These challenges were intensified by high turnover within public education systems. Several VIP grantees noted that turnover disrupted continuity and required repeated relationship building: *"Another barrier... their turnover rate for teachers [at School] was so high. And so when there's any kind of turnover, even within the school, it's not just the funding. We lose people that even know what we're doing" (Site 30).* Maintaining partnerships through turnover required ongoing demonstration of value. As one respondent explained, *"We don't want to add more work for them, and I think sometimes when we add more work, they're like, well, is this program only worth it for us. We have the evidence to show that it is worth it, but you have to be able to build that relationship and show you're a partner in this, that ... we're here to help and make it easier for you, not make it harder" (Site 13).*

Capacity constraints within schools further limited coordination. Districts, schools, and teachers were frequently described as "ran pretty thin" (Site 26) or "overwhelmed" (Site 3), increasing the likelihood of miscommunication. Several programs cited missed schedule changes or incomplete information about school calendars: *"Our relationships are so important, because school calendars can vary from school to school. I've had moments where I know I showed up and school was dark. [They said] 'I'm so sorry I tell you. We have today off'" (Site 3).*

Taken together, VIP grantees described youth engagement and school-based implementation as inherently dynamic and unpredictable. **Working within K–12 systems required flexibility, redundancy in communication, and sustained relationship building beyond what is typically needed in community-based or adult-focused settings.** Across programs, recruitment, retention, partner buy-in, and family engagement were all made more complex by the rapidly changing environments of schools and the developmental realities of youth participants.

Summary

These findings show that barriers to implementation, continuity, and sustainability across the VIP portfolio are driven less by program design or staff commitment than by structural and systemic constraints. Grantees interviewed by NORC/Temple consistently reported that chronic funding instability, grant compliance requirements, staffing shortages, and other challenges undermined programs' ability to deliver services as intended. These challenges were especially acute for smaller, community-rooted organizations and for programs operating in school-based settings, where institutional turnover, access limitations, and competing demands introduced additional volatility. Though programs reported significant adaptability and commitment to serving high-need communities, short-term, reimbursable funding models and complex administrative processes were perceived as significant obstacles. And while PCCD has made many efforts in subsequent cohorts to support organizations in navigating procedural complexities, some challenges persist among grantees. These findings underscore that addressing implementation barriers is a sustained process that may require regular system-level adjustments to administrative processes and support mechanisms to promote stability, equity, and sustained impact across Pennsylvania's violence prevention ecosystem.

Recommendations

Recommendation 7: Expand Upfront or Bridge Funding to Support Timely Implementation

Grantees described challenges associated with the reimbursement structure of Commonwealth grants, particularly for organizations without cash reserves.

Reimbursement-related timing constraints affected hiring, outreach, contract renewals, and service delivery—often during periods when services were expected to continue without interruption. These challenges were most pronounced during transitions between grant cycles, contributing to gaps in engagement, workforce instability, and reduced continuity in high-need communities.

Grantmaking entities should explore mechanisms to provide partial upfront payments, start-up advances, or short-term bridge funding at the beginning of grant periods and during contract transitions when continuity of services is expected. Such approaches could help ensure that programs are able to initiate activities, retain staff, and maintain engagement without relying on organizational reserves or temporary workarounds.

Providing limited upfront or bridge funding can support more timely implementation, protect workforce stability, and reduce service disruptions for participants and families. These approaches can also promote greater equity across the portfolio by reducing structural constraints faced by smaller and community-based organizations, while maintaining appropriate fiscal oversight and accountability.

Recommendation 8: Clarify Allowable Use of Funds for Core Program Needs

Grantees described challenges in understanding how grant funds could be used to support operational and participant-related needs, particularly for expenses such as food, transportation, space, technology, and program-related equipment. While many of these costs may be allowable when aligned with approved budgets, some organizations reported uncertainty about when and how they could be used in practice. These challenges were especially salient for programs working in communities with high levels of economic and social need, where such supports are often central to recruitment, retention, safety, and trauma-informed engagement.

Grantmaking entities should clarify and reinforce guidance on allowable uses of funds, including operational, infrastructure, and participant support costs that are directly tied to program implementation. Guidance should clearly communicate when expenditures such as food, transportation assistance, space, equipment, and technology are permissible, as well as the processes required to align these costs with approved budgets and, when necessary, request modifications.

Strengthening clarity and consistency in this area can reduce uncertainty, support more effective use of funds, and enable programs to deliver services in ways that align with trauma-informed and community-centered practice. Clearer guidance, paired with ongoing TA, can also improve implementation fidelity by helping programs meet core needs without relying on informal workarounds, while maintaining appropriate fiscal oversight and accountability.

Recommendation 9: Streamline Fiscal and Administrative Requirements

Grantees reported that fiscal monitoring, budget modification, and reporting requirements were often time-intensive and administratively burdensome, particularly for smaller organizations without dedicated fiscal or administrative staff. Complex budget classifications, duplicative monitoring across multiple grants, and delays in approval processes were described as diverting staff time away from service delivery and contributing to implementation delays.

State and local funding agencies should streamline fiscal oversight processes by simplifying budget templates, aligning monitoring requirements across funding streams, clarifying thresholds for when budget or project modifications are required, and strengthening coordination between fiscal and programmatic oversight. These changes should be accompanied by clear, upfront guidance and more efficient review timelines.

Reducing administrative burden while maintaining appropriate accountability would allow grantees to focus more fully on program implementation. More efficient processes would also support timely use of funds, minimize service disruptions, and strengthen relationships between funders and community-based organizations.

Recommendation 10: Support Workforce Stability and Staff Well-Being

Staffing shortages, burnout, and turnover were persistent challenges across programs, directly undermining continuity and service quality. Frontline staff, particularly credible messengers, case managers, and youth engagement workers, faced significant emotional and relational demands while often operating under conditions of funding uncertainty, high caseloads, and limited access to supervision or professional development.

Funding agencies and program administrators should prioritize workforce stability by supporting competitive compensation, manageable caseloads, reflective supervision, trauma-informed training, and ongoing professional development. Funding structures and application processes should explicitly allow for and encourage these investments. In addition, grant guidance and reporting processes can incorporate expectations for how organizations will support staff well-being, supervision, and retention as part of program design and implementation.

Strengthening workforce stability is critical to maintaining the trusted relationships that underpin effective violence prevention and intervention efforts. Investments in staff support can reduce turnover, mitigate burnout, and enhance service quality, particularly in programs serving individuals and communities most impacted by violence.

Recommendation 11: Strengthen School-Based Program Supports and Expectations

School-based and youth-focused programs faced distinct implementation challenges related to student mobility, inconsistent attendance, stigma around mental health services, limited caregiver engagement, and frequent turnover among school staff and leadership. These conditions often complicated recruitment, engagement, and continuity in ways that were largely outside of program control.

Funding agencies and program administrators should strengthen both expectations and supports for school-based programs by ensuring that proposals explicitly address the realities of operating within K–12 environments. Application guidance can require organizations to outline concrete strategies for youth recruitment and retention, caregiver engagement, adaptation to school climate and culture, management of partner turnover, and responsiveness to leadership or policy changes. In parallel, funders should provide targeted TA and partnership support to help programs navigate school-based implementation challenges.

Clarifying expectations for school readiness and implementation planning would improve feasibility, reduce mid-course disruptions, and support more consistent delivery in school-based settings. This approach would also enable funders to better assess readiness and risk during the proposal review process while strengthening alignment between program design and the school context.

Recommendation 12: Improve Guidance for Grant Systems and Requirements

Many grantees, particularly smaller organizations and first-time recipients, experienced challenges navigating grant management systems and administrative processes.

Confusion around budget templates, reporting requirements, and system functionality often emerged after awards were made, contributing to delays, revisions, and avoidable administrative burden. These challenges disproportionately affected organizations with limited administrative capacity.

Funding agencies should strengthen guidance and support related to grant administration by improving system usability, providing clear and accessible pre-award communication, offering training on grant management systems and fiscal requirements, and ensuring timely, responsive assistance throughout implementation.

Improved guidance and administrative support can lower barriers to participation, promote greater equity across grantees, and reduce avoidable delays and frustration. Simplifying navigation of grant systems would allow organizations to devote more time and capacity to delivering high-quality violence prevention and intervention services.

Trauma-Informed and Client-Centered Practices

Trauma-informed and client-centered approaches are widely recognized as foundational to effective CVI and prevention. Exposure to gun violence, whether through direct victimization, secondary loss, witnessing violence, or living in high-risk neighborhoods, produces chronic stress and grief that can persist across the life course and extend across generations. Research consistently finds elevated rates of post-traumatic stress, depression, anxiety, and behavioral health challenges among individuals and families exposed to community violence (Center for Disease Control and Prevention, 2023; Finkelhor et al., 2015). Emerging evidence suggests that trauma may become biologically embedded through epigenetic mechanisms, with research highlighting stress-related changes in gene expression and potential pathways for intergenerational transmission of trauma-related responses between caregivers and youth (Yehuda & Lehrner, 2018).

Without intentional attention to these underlying impacts, violence prevention and intervention efforts risk addressing symptoms rather than root causes, limiting their ability to disrupt cycles of harm (Everytown Research, 2023). Trauma-informed approaches respond to this challenge by emphasizing safety, predictability, empowerment, and cultural responsiveness, conditions shown to improve engagement, reduce retraumatization, and support healing and resilience (Substance Abuse and Mental Health Services Administration, 2014; DePrince et al., 2012).

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma-informed care as an approach grounded in six core principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender responsiveness (SAMHSA, 2014). Together, these principles

provide a practical framework for shaping daily practice in settings affected by trauma, guiding how services are delivered, relationships are built, and organizational cultures are structured. Trauma-informed and client-centered approaches emphasize relational engagement, shared power, and respect for individual agency, elements long associated with sustained engagement and positive behavioral change.

Community violence intervention and prevention programs operate within environments marked by structural inequity, systemic distrust, and repeated exposure to harm. In these contexts, trauma-informed and client-centered frameworks offer a means of creating emotionally and physically safe spaces, fostering trust, and supporting individuals' capacity to regain control and stability. When integrated consistently, these approaches can strengthen engagement, support recovery, and enhance the long-term effectiveness of violence prevention efforts across diverse settings, including hospitals, schools, and community-based organizations.

This analysis integrates findings across 36 programs (n = 69 respondents) who discussed trauma-informed and client-centered practices. Findings illustrate how trauma-informed and client-centered approaches shape the daily practices, relationships, and organizational cultures that support effective violence prevention and intervention. Interviews with VIP programs revealed how these values are lived out on the ground as well as significant variation in how consistently trauma-informed and client-centered approaches were implemented, alongside barriers to sustaining them over time.

Trauma-Informed Principles

This analysis examined how VIP programs reflect and implement SAMHSA's six trauma-informed principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural responsiveness (SAMHSA, 2014). **Across interviews, most programs did not describe implementing trauma-informed or healing-centered care as a standardized, organization-wide practice.** While staff widely acknowledged the role of trauma in participants' lives, trauma-informed approaches were typically applied inconsistently and relied on individual staff discretion rather than shared frameworks, training, or formal protocols. Few programs referenced structured models, ongoing supervision, or clear expectations for trauma-informed practice. This variability limited consistency and sustainability of trauma-informed engagement across sites and points to a clear need for standardized guidance, training, and TA to support more systematic implementation across VIP programs.

Safety, Trust, Empathy, and Predictability

Approximately one-third of programs discussing trauma-informed and client-centered practices emphasized emotional and physical safety, trust, and predictability as central to their approach. These programs described safety not as an abstract value, but as a prerequisite for engagement and any potential healing. Practitioners noted that without clear expectations, consent, and predictability, participants were less able to regulate emotions or

remain engaged. Trust was framed as both a clinical necessity and a prevention strategy, particularly in contexts shaped by fear, retaliation, or prior system harm. As one HVIP advocate explained, *“We always tell clients what will happen next, and we ask permission before anything, no surprises”* (Site 33).

Where these principles were implemented, programs described cultivating emotional safety through consistent presence, calm responses, and relational attunement. Youth- and community-based providers emphasized helping participants de-escalate and regain stability before addressing behavior or goals. *“We try to help them get back to the smiling part and not the upset, giving them space to breathe before anything else”* (Site 21). Practitioners emphasized that predictability was essential to building trust over time, particularly for participants accustomed to instability or punitive responses. *“It’s about being predictable, showing up when you say you will. That’s what builds trust”* (Site 6).

Agency, Collaboration, and Cultural Grounding

Approximately 40 percent of programs discussing trauma-informed and client-centered practices that emphasized empowerment as both a healing process and a protective factor against future violence. These programs described centering participant voice and choice in service delivery, particularly for individuals who had experienced limited autonomy in prior system or street-level interactions. Staff noted that even small decisions, such as how and when to engage in services, were meaningful in re-establishing agency. As one provider explained, *“We tell them what we can help with, and then let them decide what that looks like”* (Site 14). Another reflected that incremental choices could support stabilization: *“Every choice, no matter how small, is a step away from the chaos”* (Site 17).

Where implemented, empowerment was most visible in youth- and community-based programs through shared decision-making, leadership opportunities, and avenues for self-expression. Staff described offering multiple pathways for participation and recognizing that leadership and engagement looked different across individuals. *“We try to give youth choices in how they participate—leadership looks different for each of them”* (Site 6). Programs also emphasized collaboration and reciprocity as core to client-centered practice, framing their role as partners rather than experts who direct or “fix” participants. Creative and culturally grounded approaches, including art, storytelling, journaling, and movement, were described as accessible ways for participants to process experiences and reconnect with identity.

Reflection, Learning, and Organizational Wellness

Fewer than 30 percent of programs discussing trauma-informed and client-centered practices described sustaining this work through intentional organizational culture, supervision, and collective support. Programs that raised this issue emphasized that trauma-informed practice extended beyond participant interactions and required organizational structures that supported reflection, learning, and emotional processing. As one respondent noted, *“We can’t build safety for others if we’re not reflecting on our own reactions”* (Site 17).

Where present, regular supervision, feedback loops, and open dialogue helped create environments in which staff could examine their responses and adapt practice over time.

Staff well-being emerged as a related but unevenly addressed component of organizational capacity. Providers described burnout, secondary traumatic stress, and emotional exhaustion as persistent challenges in CVI work, particularly in the absence of formal supports. Some organizations reported taking steps to normalize conversations about burnout, encourage time off, and foster mutual support among staff. *“Burnout is real. We talk about it, we take time off, we remind each other it’s okay to step back”* (Site 33). Leaders in these programs emphasized that internal practices needed to mirror external expectations for empathy and care.

Table 4. Mapping VIP Trauma-Informed Themes to SAMHSA’s Core Principles

VIP Trauma-Informed Theme	Mapped SAMHSA Principles	Practices Implemented by VIP Programs
Relational Foundations: Safety, Trust, Empathy, Predictability	Safety; Trustworthiness & Transparency; Peer Support	Predictable routines; “no surprises”; attuned responses; emotional safety; consistent presence; humanizing interactions
Agency, Collaboration, and Cultural Grounding	Empowerment; Collaboration & Mutuality; Cultural, Historical & Gender Responsiveness	Client choice; shared decision-making; mutual learning; youth voice; creative expression; culturally grounded healing
Reflection, Learning, and Organizational Wellness	Peer Support; Trustworthiness; Collaboration & Mutuality	Reflective supervision; learning culture; staff wellness; burnout prevention; modeling empathy and emotional regulation

Differences by Program Type

Intervention Programs

Intervention programs most often operated in contexts where participants had already experienced acute and ongoing trauma, shaping how trauma-informed and client-centered practices were defined and applied. Rather than framing their work broadly as trauma-informed, many intervention programs emphasized clinical structure, continuity of care, and the use of evidence-based therapeutic models. As one program director noted, *“We are not trauma-informed, we provide empirically evidence-based trauma therapy”* (Site 7). Programs described tiered models of care that prioritized immediate safety and stabilization before engaging participants in deeper trauma processing, often during moments of heightened vulnerability following violent injury or crisis.

Across interviews, a subset of intervention programs, particularly hospital-based, reported using formal trauma treatment modalities, including Trauma-Focused Cognitive Behavioral Therapy, Cognitive Processing Therapy, and STAIR Narrative Therapy. **Fewer than twenty programs referenced relying on evidence-based or structured trauma-informed care models, distinguishing them from programs that applied trauma-informed principles more informally.** These sites also described efforts to institutionalize trauma-informed practice through staff training, reflective supervision, and organizational learning initiatives. However, access to these models and supports was not universal, and their implementation depended heavily on clinical staffing, organizational capacity, and integration within healthcare systems.

Prevention Programs

Prevention programs approached trauma-informed and client-centered work primarily through a relational and developmental lens rather than through clinical treatment models. Their focus centered on creating environments that felt safe, predictable, and affirming for youth, with the aim of reducing exposure to harm and supporting resilience over time. Practitioners described this work as intentionally preventive, emphasizing emotional safety and consistency rather than crisis-response. As one staff member explained, *“We know the things kids are seeing every day aren’t normal... so what we’re trying to do is create an oasis, a place where they can feel like everything’s going to be okay”* (Site 10).

In practice, prevention programs relied less on formal therapeutic interventions and more on trauma-informed settings and routines, such as structured schedules, emotional check-ins, and creative or youth-led activities. Programs described using these approaches to support regulation, connection, and voice, often allowing youth to shape group norms, activities, and programming. *“Our lesson model is catered for trauma-informed care—the way we set up the spaces themselves reflects that... it’s all about giving youth the voice”* (Site 25). While some programs reported accessing external trainings for staff and partners, these efforts were often described as intermittent and dependent on available resources rather than embedded within a standardized training or supervision structure. As one provider noted, *“We send our staff when necessary, paying for it when we can”* (Site 1).

School-Based Programs

School-based programs occupied a middle ground between prevention and intervention, working with young people who were both at risk of violence involvement and actively experiencing trauma. Their trauma-informed and client-centered practices emphasized educational continuity, non-punitive responses to behavior, and relationship building within the school setting. Staff described prioritizing check-ins, reflective conversations, and student agency as ways to support regulation and engagement, rather than relying on disciplinary approaches. As one practitioner explained, *“Instead of saying something in a punitive way, they start with, ‘Hey, what’s up? Your teacher said this happened, what’s up?’... We start and end the day with check-ins... giving students the agency to say how they’re feeling.”* (Site 6). Some

school-based initiatives also described extending trauma-informed practices beyond individual students to educators and school partners through training and collaboration, supporting broader shifts in school climate and cross-system relationships.

Trauma-Informed Training and Organizational Capacity

Across interviews, trauma-informed training and capacity-building were described as ongoing and aspirational rather than fully institutionalized practices. While some programs framed trauma-informed care as a continuous process requiring reflection, supervision, and adaptation, many noted that these efforts were difficult to sustain amid staffing constraints, turnover, and limited resources. Practitioners emphasized that trauma-informed practice was not a checklist or endpoint but required intentional organizational alignment and regular self-assessment—conditions that were not consistently present across programs (Site 1). As a result, trauma-informed and client-centered values were often maintained through informal practices and individual staff commitment rather than embedded organizational systems.

Approximately half of the programs that discussed trauma-informed and client-centered practices referenced supporting internal and/or external trainings. Where training occurred, it served multiple purposes: building staff skills, promoting alignment across teams, strengthening partnerships, and extending trauma-informed approaches into systems that regularly interact with people affected by violence. However, **access to training was uneven and frequently dependent on external opportunities, discretionary funding, or individual initiative.** Programs described trauma-informed training as both an internal capacity-building tool and, in some cases, a mechanism for influencing broader institutional or community practices.

Internally, some organizations described building trauma-informed capacity through onboarding processes, peer debriefs, and reflective supervision. Leadership teams noted efforts to reinforce trauma-informed principles through regular team meetings and case discussions rather than relying on one-time trainings. These practices supported staff reflection on triggers, communication strategies, and participant engagement, but they varied widely in formality and consistency across sites. **Many programs reported that limited supervisory capacity and competing demands constrained their ability to fully integrate trauma-informed approaches into staff development.**

Hospital-based violence intervention programs played a more active role in delivering trauma-informed training to external audiences, particularly within medical settings.

These programs described efforts to train hospital staff, security personnel, and interns on trauma responses, de-escalation, and patient dignity, aiming to reduce retraumatization during clinical encounters. Some HVIP teams also co-facilitated trainings with community partners to promote continuity of trauma-informed care after discharge. However, these efforts depended heavily on hospital leadership support and were not uniformly available across sites.

School-based and youth-serving programs described extending trauma-informed training into educational settings, focusing on helping teachers, counselors, and mentors recognize trauma-related behaviors and respond with consistency and empathy rather than punishment. As one provider explained, “*Don’t blast it. Respond caringly.*” (Site 6). Programs reported that these trainings contributed to more supportive classroom practices, though uptake varied across schools and was influenced by competing institutional priorities.

Community-based programs framed trauma-informed training as a way to build awareness and shared language within neighborhoods and peer networks. Some organizations hosted workshops for community leaders, parents, or partner organizations to increase understanding of trauma responses and healing-centered communication. Across program types, external training was often viewed as a pathway to incremental culture change within systems and communities. However, these efforts were typically limited in scale and sustainability, underscoring the need for more consistent guidance, resourcing, and TA to support trauma-informed capacity-building across the VIP portfolio.

Organizational Capacity Constraints Affecting Trauma-Informed and Client-Centered Care

While many programs described training and learning efforts, respondents indicated that **training alone was insufficient without broader organizational and system-level capacity.** Interviews suggest that the extent to which trauma-informed and client-centered practices were realized in day-to-day work depended not only on staff values, but on organizational capacity to support training, supervision, and sustained implementation. **While many programs articulated a strong commitment to trauma-informed principles, interviews consistently indicated that translating these values into consistent practice required infrastructure that was unevenly developed across the VIP portfolio.**

Programs identified several organizational capacity constraints that limited their ability to implement trauma-informed and client-centered approaches consistently. Grantees described wide variation in staff experience, training, and comfort responding to trauma, particularly in the context of turnover and expanding caseloads. Maintaining alignment often required ongoing supervision, coaching, and opportunities for reflection—supports that many programs struggled to sustain with limited staffing and resources. Staff burnout and emotional exhaustion further constrained the ability to consistently provide reflective, empathic care, underscoring the importance of organizational wellness supports and peer-based supervision structures.

Capacity challenges also extended beyond individual organizations to partner systems. Several programs noted gaps among partner agencies that had not yet adopted trauma screening tools or trauma-informed assessment practices, creating inconsistencies in shared case management and continuity of care. As one respondent explained, “*Some partner agencies have not yet implemented trauma screening, but the lead organization is encouraging them to adopt trauma-informed assessment practices and provides support and examples during case reviews*” (Site

1). These cross-system gaps placed additional burden on VIP programs to compensate for misalignment across service providers.

Taken together, these findings reinforce that trauma-informed and client-centered care function not only as sets of values or frontline practices, but as organizational and system-level capacities. Without sustained investment in staffing stability, training, supervision, and cross-agency coordination, programs reported difficulty maintaining consistent trauma-informed implementation over time, regardless of staff commitment or intent.

Summary

Taken together, these findings indicate that trauma-informed and client-centered care is widely endorsed across VIP programs but unevenly implemented in organizational practice. Fewer than half of programs described applying SAMHSA's trauma-informed principles in a consistent, organization-wide manner, and only a subset had formal training models, reflective supervision, or shared protocols to support sustained implementation. Where trauma-informed practices were strongest, they were supported by stable staffing, clinical or supervisory infrastructure, and strong cross-system partnerships; where these conditions were absent, implementation relied heavily on individual staff discretion and was vulnerable to turnover, burnout, and system misalignment. Differences across intervention, prevention, and school-based programs further underscore that a one-size-fits-all approach is insufficient. Together, these findings highlight the need for clearer statewide expectations, differentiated TA, and sustained investments in organizational capacity to ensure that trauma-informed principles are translated into consistent, high-quality practice across the VIP portfolio.

Recommendations

Recommendation 13: Standardize Guidance for Trauma-Informed and Client-Centered Practices

There was substantial variation in how trauma-informed and client-centered care were understood and implemented across programs. Fewer than half of organizations consistently applied trauma-informed principles in an organization-wide manner, with most relying on informal, staff-dependent practices rather than shared frameworks, training standards, or protocols. As a result, participants' experiences of safety, trust, and predictability varied across programs and settings.

Grantmaking entities should establish clear guidance defining core expectations for trauma-informed and client-centered practice across intervention, prevention, and school-based programs. Guidance should articulate minimum, foundational expectations that are aligned with SAMHSA's six trauma-informed principles, while allowing flexibility for programs to tailor implementation to their specific service models and contexts.

Establishing standardized guidance can reduce ambiguity, promote consistency, and clarify expectations for both applicants and funded programs. A shared baseline can support more equitable implementation of trauma-informed care, improve continuity of participant experience across programs, and provide a clearer foundation for monitoring, learning, and continuous improvement.

Recommendation 14: Invest in Program-Level Training, Coaching, and Reflective Supervision

Even when programs embraced trauma-informed and client-centered principles, many lacked the training infrastructure and supervisory capacity needed to apply those principles consistently over time. One-time or optional trainings were often insufficient to address staff turnover, burnout, and variation in experience. Without sustained reinforcement, trauma-informed practice frequently depended on individual staff commitment rather than organizational systems.

Grantmaking entities should invest in sustained, practice-based training, coaching, and reflective supervision to support consistent implementation of trauma-informed and client-centered care. Supports should be role-specific and differentiated by program type, recognizing the distinct contexts of intervention, prevention, and school-based models, and should emphasize reflection on real cases and supervisory skill-building.

Ongoing training and reflective supervision can help move trauma-informed care from individual discretion to durable organizational practice. These investments can strengthen workforce capacity, reduce burnout, and increase the likelihood that participants experience consistent, high-quality engagement regardless of staff turnover or program setting.

Recommendation 15: Require Formalized Trauma-Informed Care Models in VIP Grant Applications

Many programs described trauma-informed care as a guiding philosophy but lacked clearly articulated models that defined how principles were operationalized in practice. Without formal models, trauma-informed care was inconsistently embedded across policies, training, supervision, and organizational culture, limiting accountability and comparability across programs.

Grantmaking entities should require applicants to articulate a clear, formalized trauma-informed care model as part of the application process. Programs should specify how core principles, such as safety, trustworthiness, collaboration, empowerment, peer support, and cultural responsiveness, are operationalized across program design, staff training, supervision, and organizational practices.

Requiring formalized models can strengthen transparency, support more consistent proposal review, and align funding decisions with evidence-informed practice. Clear articulation of

trauma-informed approaches can also establish shared expectations from the outset of the grant period, supporting stronger implementation fidelity and continuity of care.

Recommendation 16: Incorporate Trauma-Informed Indicators into Performance Measurement

Grantmaking entities often lack consistent mechanisms to assess how trauma-informed and client-centered practices are implemented across programs. While many organizations describe trauma-informed activities, the absence of common indicators limits the ability to identify strengths, gaps, and patterns across funded portfolios.

Grantmaking entities should incorporate a limited set of trauma-informed practice indicators into performance measurement and monitoring processes. Indicators could include staff training completion, use of reflective supervision, availability of wellness supports, and examples of trauma-informed practices in service delivery, while avoiding excessive reporting burden.

Including trauma-informed indicators can support learning and continuous improvement while reinforcing shared expectations. This approach can help identify where additional support is needed, promote consistency across programs, and increase the likelihood that participants experience safety, trust, and predictability across service settings.

Recommendation 17: Strengthen Organizational Capacity and Workforce Sustainability for Trauma-Informed Practice

Even programs strongly committed to trauma-informed and client-centered care struggled to sustain practice amid staffing instability, limited supervisory capacity, and competing operational demands. Without stable organizational infrastructure, trauma-informed care was often dependent on individual staff effort and vulnerable to burnout, turnover, and system misalignment.

Grantmaking entities should prioritize investments that strengthen organizational capacity and workforce sustainability across programs. Capacity-building efforts should focus on stabilizing staffing, strengthening supervision structures, supporting peer support mechanisms, and promoting organizational wellness practices that address secondary traumatic stress and emotional exhaustion.

Strengthening organizational and workforce capacity can protect continuity of care, reduce disruption in participant relationships, and improve program fidelity over time. Embedding trauma-informed practice at the organizational level, rather than relying on individual staff resilience, can increase sustainability and support long-term impact across programs.

Recommendation 18: Support Cross-System Trauma-Informed Training and Learning Collaboratives

Trauma-informed care is most effective when practiced consistently across the systems that serve victims, survivors, and individuals at highest risk. However, programs described fragmentation across hospitals, schools, community-based organizations, and justice partners, resulting in conflicting approaches and gaps in continuity of care.

Grantmaking entities should support cross-system trauma-informed training and learning opportunities that bring together hospitals, schools, community-based organizations, justice partners, and reentry agencies. Investments could include joint trainings, shared TA resources, and learning collaboratives that promote a common language and aligned practice across systems.

Supporting cross-system learning can strengthen referral pathways, reduce re-traumatization, and promote continuity of care across the broader violence prevention ecosystem. Shared understanding and alignment can enhance collaboration, reinforce trauma-informed values, and improve participant experiences across settings and touchpoints.

Family and Community Engagement

Extensive research demonstrates that family systems play a critical role in shaping young people's exposure to risk and protection across home, school, and neighborhood contexts. Supportive relationships with caregivers, characterized by consistent monitoring, emotional attunement, and healthy communication, buffer youth from the psychological impact of community violence and are associated with improved resilience, fewer trauma-related symptoms, and stronger social-emotional functioning (McDonald et al., 2011). These findings align with public-health guidance identifying safe, stable, and nurturing relationships as core protective factors across the life course (Centers for Disease Control and Prevention, 2025). Family-centered interventions, such as parent training, family-strengthening models, and trauma-informed family therapy, have been shown to reduce youth aggression, delinquency, and emotional distress by improving caregiver involvement, stress management, and capacity to support healing after violence exposure (Kaufman et al, 2006; DeVoe & Smith, 2005). Programs designed to address the intergenerational dimensions of trauma, such as those providing psychoeducation to caregivers or co-facilitated parent-youth groups, demonstrate particular promise for reducing harm and reinforcing consistent protective supports within the home (SAMHSA, 2017; National Child Traumatic Stress Network, 2016).

At the same time, community engagement is essential for addressing the broader ecological conditions that contribute to violence. A well-established body of research links neighborhood-level factors, such as collective efficacy, social cohesion, neighborhood trust, and structural disinvestment, to patterns of community violence and the effectiveness of prevention strategies (Sampson, et al., 1997; Sharkey & Faber, 2014). CVI and prevention programs that actively

partner with resident leaders, faith institutions, grassroots organizations, and neighborhood coalitions build the relational infrastructure necessary for sustained violence reduction. Strategies such as community listening sessions, hotspot outreach, youth and caregiver advisory councils, community-led events, and safety walks strengthen program legitimacy and cultural responsiveness, ensuring that interventions reflect local priorities and lived experience (LaVeist et al., 2014; Webster et al., 2013). Research in community-based participatory approaches further demonstrates that engaging residents in program design and decision-making increases buy-in, enhances relevance, and strengthens the long-term sustainability of violence prevention efforts (Wallerstein & Duran, 2010, 2006).

Taken together, **family and community engagement are not peripheral to violence prevention work, they are essential partners in fostering healing, enhancing safety, and shifting the environmental conditions that allow violence to persist.** Family engagement supports the development of strong emotional and relational foundations that help participants build coping skills and resilience, while community engagement strengthens collective empowerment, visibility, and neighborhood-level capacity to interrupt cycles of harm. Programs that meaningfully integrate both families and communities are better positioned to build trust, expand program reach, and achieve sustained impact at both the individual and neighborhood levels.

The findings presented in this section describe how VIP programs across the Commonwealth engage with families and communities. Twenty-two organizations (n = 43 respondents) spoke specifically about family engagement and 22 organizations (n = 31 respondents) discussed community engagement. Key differences in engagement approaches emerged between prevention and intervention programs, reflecting differences in program goals, service delivery models, and participant needs. Intervention programs tended to approach engagement through crisis-response, individualized support, and intensive relationship building, while prevention programs emphasized collective belonging, community voice, and long-term resilience. Together, these findings illustrate how families and communities serve as essential partners in supporting safety, healing, and stability across the violence prevention continuum.

Family Engagement

Across interviews, family engagement emerged as an important but inconsistently implemented component of violence prevention and intervention work among VIP programs. While most grantees acknowledged the role families play in supporting safety, recovery, and prevention, relatively few described family engagement as a consistent, organization-wide practice. Instead, the depth, frequency, and form of engagement varied widely by program type, service setting, and organizational capacity. Differences were most pronounced between intervention and prevention programs, reflecting not only program design but also the contexts in which families encountered services and the infrastructure available to support ongoing involvement.

Intervention Programs

Intervention programs most often engaged families during moments of crisis, particularly following violent injury. Staff described meeting caregivers in hospital settings, providing updates during medical procedures, and supporting families through periods of shock, fear, and uncertainty. These crisis moments frequently served as entry points for engagement, allowing programs to establish trust and initiate longer-term work related to safety planning, resource navigation, and emotional recovery. As one staff member explained, *“I try to get the family into a secure area so I can update them... I become the eyes and ears for that physician and that family”* (Site 33). Another emphasized the importance of presence during crisis: *“The families are scared, confused... they need someone who can stay calm and help them understand what’s happening”* (Site 12).

While crisis-based engagement enabled immediate connection, programs noted that sustaining family involvement beyond the initial incident required significant time, coordination, and staffing. Maintaining consistent communication with caregivers, addressing ongoing needs, and supporting families through prolonged recovery placed substantial demands on program capacity. As a result, even among intervention programs, sustained family engagement was not universal and depended heavily on staffing stability and organizational resources.

Prevention Programs

Prevention programs described far fewer opportunities for consistent caregiver engagement. Communication with families was often mediated through schools, and engagement tended to occur during scheduled events or specific incidents rather than through ongoing relational contact. As one school-based provider noted, *“Contact with the parents is pretty difficult... most of our business is done with school administration”* (Site 16). Youth-serving organizations echoed this variability, observing that caregiver involvement ranged widely across families: *“Some parents are very involved, but others we never meet unless it’s an event or an emergency”* (Site 39).

These constraints limited prevention programs’ ability to engage families proactively or sustain involvement over time. Staff described challenges related to caregiver work schedules, transportation, language barriers, and competing demands, as well as limited staffing dedicated to family outreach. While prevention programs recognized the value of family engagement, their ability to implement it consistently was often secondary to youth-focused programming priorities and institutional constraints. Together, these patterns suggest that more limited family engagement in prevention programs reflected structural and contextual constraints, such as school-based communication channels, staffing capacity, and caregiver availability, rather than a lack of recognition of the importance of caregiver involvement.

Trust and Relationship Building as an Underdeveloped Mechanism

Consistent with research highlighting safe, stable, and nurturing relationships as core protective factors for youth exposed to violence, **trust emerged in interviews as a necessary, but often underdeveloped, condition for meaningful family engagement. Across interviews, trust was discussed less as a consistently implemented strategy and more as an underlying factor that shaped whether families were willing or able to engage at all.** Fewer than half of grantees who discussed family engagement explicitly described trust-building as foundational to their family engagement efforts, despite working with families who often carried histories of system involvement, unmet promises, or institutional harm. In these contexts, caregivers' willingness to engage was contingent on staff demonstrating reliability, empathy, and consistency over time. As one provider noted, *"Some families have trust issues... they've been let down a lot. Some families just might take a little more reaching out... just building that rapport"* (Site 12).

Where trust-building was discussed, it was typically described as relational and informal rather than structured or organization-wide. Intervention programs framed trust as beginning during moments of crisis, such as by meeting immediate needs and maintaining follow-up, while prevention and youth-serving programs described building trust through repeated visibility and consistent presence at school or community activities. *"When families see us show up week after week, at games or performances, they start to open up"* (Site 25). However, across settings, programs noted that trust-based engagement was difficult to sustain without dedicated staff time, continuity, and organizational support. As a result, trust functioned more as an individual staff practice than a formalized engagement strategy, limiting its consistency and contributing to uneven family involvement across the VIP portfolio.

Whole-Family and Wraparound Approaches

Whole-family and wraparound approaches represented the deepest form of family engagement and were most commonly described by intervention programs. **Approximately two-thirds of programs that discussed family engagement noted that stabilizing caregivers and households was critical to stabilizing youth.** These programs provided services to caregivers and other household members, including case management, linkage to housing or employment resources, trauma and grief support, and assistance navigating school, healthcare, or court systems. As one provider explained, *"We need to wrap services not just around the victim... but the whole family"* (Site 12).

While VIP programs consistently emphasized the value of whole-family engagement, these approaches do not have the same robust evidence base as highly targeted CVI models focused on individuals at highest risk. Unlike risk-based outreach and intervention strategies, whole-family and wraparound approaches are more difficult to evaluate, require substantial resources, and vary widely in scope and implementation. In practice, these approaches were resource-intensive and not consistently implemented across VIP programs. Prevention programs more often described offering lighter-touch supports, such as food pantries, clothing closets, or

referrals, typically facilitated through youth engagement specialists. While meaningful and responsive to immediate needs, these supports did not constitute comprehensive family engagement and were constrained by narrower program scopes, limited staffing, and fewer opportunities for sustained caregiver engagement.

Community Engagement

While family engagement shapes the relational and emotional contexts in which individuals experience violence and recovery, community engagement operates at a broader ecological level. Interviews underscored that families are embedded within neighborhoods, social networks, and institutions that can either reinforce or undermine safety and healing. As a result, many VIP programs described community engagement as a complementary strategy, one that extends beyond individual households to build trust, legitimacy, and collective efficacy within neighborhoods most affected by violence.

Across interviews, community engagement emerged as a widely valued but unevenly implemented component of violence prevention and intervention work among VIP programs. Grantees consistently emphasized the importance of building relationships with residents, neighborhood leaders, and local institutions; however, the purpose, intensity, and structure of engagement varied substantially by program type. These differences reflected distinct goals, operating contexts, and capacity constraints rather than a shared or standardized model of community engagement across the VIP portfolio. Where community engagement was strongest, it reflected a common set of principles, including visibility, accessibility, and responsiveness to community input, but these practices were not consistently described across all programs. Programs with greater staffing stability and dedicated time for outreach were better positioned to function as informal community hubs and sustain feedback loops, while others reported difficulty maintaining engagement amid competing demands.

Together, these findings suggest that effective community engagement was less about discrete activities and more about sustained relational presence. Programs that described stronger engagement emphasized listening, adaptation, and ongoing responsiveness to neighborhood priorities, recognizing that engagement is not a one-time event but a continuous process. How these engagement principles were applied—and the extent to which they could be sustained—varied systematically by program type, context, and organizational capacity.

Intervention Programs

Intervention programs most often described community engagement as inseparable from crisis-response and violence interruption. Engagement centered on being visibly present in neighborhoods experiencing active violence, building credibility through lived experience, and responding quickly to emerging threats or incidents. Outreach workers described canvassing blocks, attending school dismissals, and maintaining a steady presence in areas where violence

was occurring. As one outreach worker explained, *“We try to build relationships in every community we go to... we’re out there just trying to save lives”* (Site 5).

Credibility and cultural alignment were central to these efforts. Many intervention programs emphasized the role of staff with lived experience or deep neighborhood ties in facilitating access and trust. *“You have to speak the language... there was a level of trust because those folks were from the community”* (Site 1). **Engagement strategies were often adaptive and responsive, shaped by real-time information gathered through observation and informal communication.** One team described adjusting outreach routes daily based on neighborhood conditions: *“Navigation is based on what we’re seeing and hearing in the neighborhood... we might do every other store today, every store tomorrow”* (Site 5).

In moments of violence, community engagement frequently extended beyond public spaces into homes and informal social networks. Hospital-based programs described visiting families following shootings and continuing to support peers and friends of victims as part of broader safety and stabilization efforts. *“We’re still following friends... we helped one get back on the football team because he was struggling to manage”* (Site 29). While these engagement strategies allowed intervention programs to respond quickly and build trust during crises, they were highly resource-intensive and depended on staffing capacity, continuity, and cross-system coordination.

Prevention Programs

Prevention programs framed community engagement as a proactive, place-based strategy aimed at strengthening social connections and reducing risk over time. Rather than responding to acute incidents, these programs focused on creating opportunities for residents to participate in shaping local priorities, programming, and neighborhood conditions. As one provider explained, *“We bring parents, children, and community members together... to build stronger connections”* (Site 40).

Prevention programs described engagement as community infrastructure-building—developing physical, relational, and cultural spaces that fostered belonging and collective ownership. Community art initiatives, such as murals, paint days, and neighborhood beautification projects, were commonly cited as mechanisms for engagement. One grantee explained, *“We flyer the neighborhood... we want community buy-in, have them help select the artist”* (Site 14). These activities were intended to increase visibility, strengthen pride, and create shared investment in neighborhood safety.

Youth voice and leadership were also central to prevention-oriented engagement. Programs described using youth advisory boards, focus groups, and intergenerational dialogues to understand community history and priorities. *“We had a 19-year-old and a 60-year-old who had experienced the same things... it was wild”* (Site 40). In addition, some prevention programs emphasized coalition-building and civic engagement, coordinating regular meetings with community organizations, local government, and service providers to address barriers and

streamline responses. As one leader noted, “*We have citywide coalitions, council members, state reps... we meet every month to figure out ways we can cut out the red tape and just do what we have to do*” (Site 21).

While prevention programs described broader reach and participatory engagement, the depth and consistency of these efforts varied. Engagement activities were often limited by staffing, funding, and the need to balance community-wide work with program delivery, resulting in uneven implementation across neighborhoods.

Summary

Overall, these findings show that family and community engagement are widely recognized across VIP programs as important components of violence prevention and intervention but are unevenly implemented in practice. While many programs described meaningful engagement with caregivers, residents, and community partners, fewer consistently articulated structured approaches or sustained strategies for engaging families and communities over time. Engagement efforts were often shaped by program focus, service setting, and available infrastructure rather than guided by shared expectations or standardized models.

Where family and community engagement were strongest, programs described stable staffing, dedicated time for outreach, and the ability to build trust through consistent presence and responsiveness. Intervention programs more frequently engaged families and communities during moments of crisis and stabilization, while prevention programs emphasized participation, belonging, and longer-term community-building; however, both approaches faced structural and capacity-related constraints that limited consistency and reach. In many programs, engagement relied heavily on individual staff relationships and informal practices, making it vulnerable to turnover, competing demands, and system-level barriers. Together, these findings underscore that effective family and community engagement cannot be assumed or achieved through intent alone, and point to the need for clearer guidance, differentiated TA, and targeted investments in organizational capacity to support sustained, context-appropriate engagement across the VIP portfolio.

Recommendations

Recommendation 19: Align Funding with Evidence-Informed Program Functions

Findings point to two core principles of effective community violence intervention and prevention: the importance of trusted, community-rooted relationships for building rapport and sustaining engagement, and the effectiveness of targeted interventions that focus resources on individuals at highest risk for violence involvement. While many programs described using funding to support family engagement, community presence, and wraparound services alongside direct intervention, the strongest empirical evidence for reducing serious violence is associated with programs that maintain a clear, risk-focused approach.

To balance these complementary functions, grantmaking entities should take a strategic approach to funding that clearly differentiates between programs, and funding streams, designed to provide family-based and wraparound supports, and those designed to deliver intensive, targeted intervention to individuals at highest risk. Clarifying funding intent in this way would help align expectations with evidence, reduce pressure on programs to operate outside their core competencies, and support more effective use of limited resources.

By distinguishing between supportive engagement functions and targeted intervention roles, funders can strengthen coherence across portfolios and promote a coordinated violence prevention ecosystem in which trust-building, stabilization, and risk-focused intervention serve distinct but reinforcing purposes.

Recommendation 20: Require Program-Specific Engagement Plans Where Central to Funded Activities

Family and community engagement were often not clearly defined across programs and were rarely supported by structured, program-level plans. While many programs described engaging families or communities in some capacity, engagement goals, strategies, and boundaries were frequently implicit rather than intentional, contributing to inconsistency in implementation and strain on staff resources. Programs that lacked clear engagement frameworks reported greater difficulty aligning engagement activities with their core functions and available capacity.

Grantmaking entities should require funded programs to include a brief, program-specific plan describing how they will engage families and/or communities when such engagement is central to program success and included within the scope of funded activities. Engagement plans should specify the purpose of engagement, the populations involved, the strategies to be used, and the staffing and partnerships required to support implementation, ensuring that expectations, capacity, and accountability are aligned from the outset. Importantly, this requirement should be applied conditionally, only to programs for which family or community engagement is a core funded function, rather than uniformly across all grantees.

Requiring intentional engagement plans would promote clarity, reduce mission drift, and support more realistic alignment between program design, staffing, and performance expectations. Paired with TA and flexible funding, this approach would strengthen accountability while recognizing the varied roles that different program models play within the broader violence prevention ecosystem.

Recommendation 21: Align Performance Measures for Intervention and Engagement Activities

Programs often provide services to multiple populations, including individuals at highest risk for violence, family members, and broader community members, but these activities serve different purposes and should not be measured or interpreted in the same way.

When performance measures do not clearly distinguish between direct services to high-risk individuals and supportive services to families or communities, it becomes difficult to accurately assess program impact and effectiveness. Blended or undifferentiated reporting obscures how resources are allocated, limits the ability to assess alignment with evidence-informed violence reduction strategies, and complicates cross-program comparison.

Grantmaking entities should provide performance measurement guidance to clearly distinguish between services delivered to individuals at highest risk for violence and services delivered to families and communities as part of engagement or wraparound efforts. Performance measures for high-risk individuals should focus on the intensity, timing, and continuity of direct intervention services aligned with targeted CVI models. Separate measures should capture family- and community-focused activities, such as caregiver support, outreach, events, or community engagement efforts, recognizing these as supportive functions rather than primary violence reduction interventions.

Collecting and reporting these data separately can improve clarity around program intent, prevent inflation or misinterpretation of service counts, and support more accurate assessment of how funds are being used across different functions. Differentiated performance measures can also better inform TA, enable more meaningful evaluation of program effectiveness, and help align accountability expectations with the distinct roles that targeted intervention, family engagement, and community engagement play within the broader violence prevention ecosystem.

Recommendation 22: Provide Tailored TA to Support Targeted Intervention and Engagement

Programs often require additional support to align program design, staffing, engagement strategies, and data reporting with their intended role within the broader violence prevention ecosystem. In particular, programs described challenges distinguishing between activities focused on intensive, targeted intervention for individuals at highest risk and those focused on family- and community-based engagement or wraparound support. Without clear guidance and support, programs often relied on informal practices and individual staff discretion, limiting consistency and evaluation readiness.

Grantmaking entities should provide differentiated TA tailored to program function, with distinct support tracks for (1) targeted, risk-focused intervention programs and (2) programs whose funded role emphasizes family engagement, community engagement, or supportive wraparound services. For targeted intervention programs, TA should focus on risk identification, service intensity, case management models, documentation of dosage and continuity, and alignment with evidence-informed CVI practices. For programs providing family- or community-focused services, TA should support intentional engagement planning, staffing models, partnership development, and appropriate documentation of engagement activities without conflating these efforts with primary violence reduction outcomes.

Technical assistance should also support programs in operationalizing revised performance measures, including guidance on how to distinguish populations served, document services accurately, and use data for program improvement rather than compliance alone. Providing this support through peer learning, coaching, and practical tools would help programs strengthen implementation, reduce reporting burden, and better align funded activities with evidence-informed expectations. Differentiated TA would reinforce strategic funding decisions while supporting programs to deliver high-quality services within clearly defined and sustainable roles.

Partnerships

In addition to engagement with families and communities, partnerships are widely recognized as foundational to effective CVI and prevention work. Because violence is driven by a collection of social, economic, and institutional factors, no single organization or system can adequately meet the complex needs of individuals and communities most impacted by harm. Public-health frameworks emphasize that addressing violence requires coordinated, multisector action rather than isolated efforts by individual programs or agencies. The Centers for Disease Control and Prevention's *Community Violence Prevention Resource for Action* underscores that reducing violence "requires bringing together partners and community members" to co-design strategies that reflect community needs, align with evidence-informed practices, and leverage the strengths of multiple sectors (Centers for Disease Control and Prevention, 2023). Similarly, the Prevention Institute highlights that violence is produced and sustained by broader structural determinants, including housing, transportation, education, employment, neighborhood cohesion, and economic opportunity, and therefore demands collaborative responses across these systems (Davis and Tsao, 2014). In this framework, partnerships function as the connective infrastructure that allows prevention and intervention efforts to operate across systems rather than in isolation.

Within community violence program settings, partnerships serve as a bridge between risk identification, credible relationships, wraparound supports, and long-term systems change. Research on HVIPs, for example, illustrates that meaningful partnerships with community-based organizations, behavioral health providers, law enforcement, and social service agencies are critical for coordinating care and sustaining engagement with individuals at elevated risk of violence. These relationships strengthen HVIP teams' ability to connect survivors and families to resources beyond the hospital, promote continuity of care, and build trust with communities disproportionately harmed by violence (Ranjan et al., 2022). Partnerships are similarly central to the functioning of school-based and community-based violence prevention programs. Schools, youth-serving organizations, behavioral health agencies, recreation centers, faith-based organizations, victim support providers, and local government each bring a distinct role that, when aligned, creates a more comprehensive and responsive safety net for young people and families.

Across studies, several benefits of partnerships consistently emerge. Partnerships expand organizational capacity by allowing programs to pool expertise, staffing, and resources—an

essential function in a field where many organizations operate with limited funding and high demand. Cross-sector collaboration also enhances credibility and trust, particularly in communities with long histories of disinvestment or strained relationships with formal institutions. Trusted messengers, including credible messengers, community outreach workers, and neighborhood-rooted nonprofits, help establish legitimacy and ensure that interventions resonate with community members (National Institute for Criminal Justice Reform, 2021). Partnerships also enable more coordinated and comprehensive services. Because violence risk is multifaceted, integrated networks are better positioned to provide a continuum of supports spanning crisis intervention, trauma and behavioral health services, education and employment programming, housing assistance, and mentorship—reducing service silos and duplicative efforts (Giffords Center for Violence Prevention, 2025). Long-standing and well-structured partnerships additionally promote sustainability by helping programs weather funding fluctuations, changes in leadership, or shifts in community need. Finally, partnerships often spark innovation as organizations combine expertise to develop new approaches, such as blended workforce—CVI and prevention models, data-sharing frameworks, and culturally responsive strategies tailored to local context.

Despite their value, the literature also identifies significant challenges and limitations associated with cross-sector partnerships. One commonly cited barrier is the misalignment of goals, mandates, and timelines across partnering organizations. Schools, hospitals, nonprofits, and justice agencies each operate within different accountability structures, funding cycles, and performance expectations, which can complicate collaboration and slow coordination and decision-making (Davis and Tsao, 2014). Trust and power dynamics also shape partnership effectiveness. Community violence program partnerships frequently involve institutions with unequal resources and authority, such as large hospitals, city agencies, and small grassroots organizations, leading to uneven influence over priorities, decision-making, and resource allocation. Literature emphasizes that building equitable partnerships requires intentional trust-building, shared leadership, and transparency—processes that are meaningful but time-intensive to sustain (Wallerstein et al., 2018).

Partnerships also generate administrative and operational burdens, especially for smaller organizations that may lack the staffing or infrastructure to keep pace with institutional requirements. Establishing data-sharing agreements, coordinating referrals, aligning protocols, and managing joint activities often demand substantial administrative labor that is not always directly funded. Confidentiality and data privacy regulations pose additional constraints. Healthcare, education, law enforcement, and community-based organizations are governed by different privacy standards, which can hinder information sharing and reduce the efficiency of collaboration. Furthermore, partners often operate with differing definitions of success: hospitals may focus on reducing readmissions or repeat injuries; justice systems track recidivism; community-based organizations prioritize engagement, trust, and stability; and schools may emphasize attendance or academic outcomes. These differing metrics can complicate evaluation, strategic alignment, and shared accountability. Finally, sustainability remains a persistent challenge. Strong partnerships take years to build, yet community violence prevention

and intervention funding is often short-term and grant-dependent. This creates instability and undermines long-term planning, particularly when sudden funding gaps disrupt collaborative initiatives (Giffords Center for Violence Prevention, 2025).

Taken together, the literature positions partnerships as both indispensable and complex, as they are essential to achieving comprehensive anti-violence strategies while also requiring sustained investment, shared governance, and intentional coordination infrastructure to function effectively. As with other core components of CVI implementation, partnership effectiveness was shaped not only by intent, but by organizational capacity, system alignment, and the availability of sustained infrastructure. This broader research context provides a critical foundation for interpreting how VIP-funded organizations across Pennsylvania navigate the opportunities and constraints of partnership work.

The findings presented in this section draw on interviews conducted across all 40 VIP-funded organizations included in this study (n = 116 respondents) who spoke about the role of partnerships in their violence prevention and intervention work. These interviews highlight how programs across the Commonwealth build, sustain, and navigate relationships with schools, hospitals, behavioral health providers, justice agencies, community-based organizations, and local government. Together, these perspectives illustrate how partnerships function as a core mechanism for program implementation while also presenting persistent operational and structural challenges, such as shaping access to participants, continuity of care, service coordination, and the broader ecosystem in which VIP programs operate. The analysis that follows examines how organizations describe their current partnership models, the factors that strengthen or strain these relationships, and the gaps that constrain effective coordination across systems.

The Role of Partnerships in VIP Service Delivery

Across VIP organizations, partnerships emerged as a central component of how programs operate and deliver services. Consistent with the literature, grantees described partnerships as necessary for addressing the complex and interconnected factors that shape violence risk, including housing instability, behavioral health needs, school disconnection, and justice system involvement. Programs rarely worked in isolation; instead, they relied on networks of schools, hospitals, behavioral health providers, probation offices, community-based organizations, and local government agencies to meet participant needs that exceeded the capacity of any single organization.

At the same time, interviews revealed substantial variation in how partnerships were structured, resourced, and sustained across programs. While some organizations described well-established, formalized partnerships with clear referral pathways and shared expectations, others relied on informal, relationship-based connections that depended heavily on individual staff members. In these cases, partnership effectiveness was often contingent on personal trust, longevity of staff, and local context rather than institutional agreements or standardized processes. As a result, partnerships functioned as critical infrastructure across the VIP portfolio,

but this infrastructure was uneven, fragile, and highly sensitive to staffing changes, capacity constraints, and system-level misalignment.

Referrals, Recruitment, and Coordination

In practice, partnerships most often operated as mechanisms for referrals, recruitment, and service coordination. Programs described partnerships as the primary mechanism for identifying participants, connecting individuals to external supports, and ensuring continuity of care across systems. For many grantees, partnerships were less about co-delivering services and more about navigating access to housing, mental health treatment, education, employment, legal assistance, and victim services.

Hospital-based programs relied heavily on partnerships to facilitate rapid-response and post-injury follow-up. Relationships with trauma units, social workers, security staff, and community-based providers enabled bedside engagement, warm handoffs, and coordinated discharge planning. In these settings, partnerships were essential to maintaining continuity once participants left the hospital environment.

School-based programs described partnerships as central to recruitment and ongoing engagement. Relationships with school administrators, counselors, and teachers shaped which students were referred, how programming was integrated into the school day, and whether participation was sustained over time. Several programs noted that their ability to reach youth depended almost entirely on school partners acting as gatekeepers. *Community-based organizations* similarly relied on referrals from probation, child welfare, behavioral health providers, and neighborhood organizations to identify participants and respond to emerging needs.

Across settings, programs emphasized that effective partnerships enabled “warm handoffs” rather than passive referrals. Providers contrasted simply giving a phone number with actively coordinating appointments, accompanying participants, or communicating directly with partner agencies. However, the ability to engage in this level of coordination varied widely and was closely tied to staffing capacity and workload.

Intervention Programs

Intervention programs, including hospital-based, street outreach initiatives, and intensive case management models, relied on partnerships that were crisis-oriented and system-intensive. These programs operated in contexts where participants and families were experiencing acute trauma, immediate safety risks, or ongoing justice system involvement, requiring rapid coordination across multiple systems. Partnerships with hospitals, probation, law enforcement, victim services, behavioral health providers, and county agencies were central to intervention work, enabling programs to respond quickly to incidents, manage safety planning, and stabilize participants during moments of heightened vulnerability.

In these settings, **partnerships functioned as operational necessities rather than optional enhancements.** Staff described relying on close coordination with institutional partners to facilitate bedside engagement, discharge planning, and immediate access to wraparound supports. As one provider explained, *“If a young person needs housing, food, therapy, or help with school, we tap into our partners right away—no one can do this alone (Site 10).”* Others emphasized that effective partnerships allowed them to move beyond referrals to active coordination: *“We rely on relationships so we can navigate services, not just give a flyer and say ‘call this number’” (Site 12).* Hospital-based teams described using their position within clinical systems to connect participants quickly to internal resources: *“Because we’re in the hospital, we can connect them to mental health, social work—whatever they need right away” (Site 20).*

At the same time, **the intensity of these partnerships exposed intervention programs to system-level constraints.** Several programs noted that coordination depended heavily on informal relationships with specific individuals within partner agencies, making partnerships vulnerable to staff turnover or shifting institutional priorities. Others described challenges navigating differing mandates and timelines across systems, particularly when working with probation or law enforcement partners. As one provider reflected, *“We’re constantly translating between systems—what the hospital needs, what probation needs, what the family needs—and that takes a lot of time” (Site 27).* These dynamics underscored that while partnerships were essential to intervention work, their effectiveness was uneven and closely tied to organizational capacity and relational continuity.

Prevention Programs

Prevention programs, including school-based initiatives and community-based youth development organizations, described partnerships that were more relationship-driven and institutionally mediated. Rather than responding to acute crises, these programs emphasized sustained collaboration with schools, community organizations, faith institutions, and neighborhood leaders to support long-term engagement, consistency, and protective environments for youth and families. Partnerships in prevention settings were often embedded within existing institutional structures, particularly schools, which shaped how programs accessed participants, delivered services, and maintained continuity.

School-based prevention programs relied heavily on partnerships with administrators, teachers, and counselors, who served as primary referral sources and gatekeepers for program participation. These relationships influenced which students were identified for services and how programming fit within the school day. As one provider noted, *“Most of our business is done with school administration, that’s how we know who needs support” (Site 16).* Other prevention programs highlighted the importance of school and support staff in identifying students experiencing challenges: *“We depend on the school climate teams, they’re the bridge that lets us know what students are going through” (Site 12).*

Community-based prevention programs emphasized partnerships with neighborhood organizations, resident leaders, and local institutions as a way to build legitimacy and trust over

time. Staff described being present at community events, collaborating with faith leaders, and maintaining visible, consistent engagement. *“You have to speak the language... there was a level of trust because those folks were from the community,”* one provider explained (Site 1). Another emphasized that partnerships helped create a sense of shared ownership: *“We bring parents, children, and community members together... to build stronger connections”* (Site 40).

Despite their importance, prevention partnerships were often sustained through informal relationships rather than formal agreements. Programs reported constraints related to staffing, competing institutional priorities, and limited capacity to coordinate across multiple partners. As one youth-serving organization noted, *“Some partnerships work really well when the right people are there, but when leadership changes, you kind of have to start over”* (Site 39). These challenges mirrored those described by intervention programs, highlighting that while partnership forms differed, sustainability remained a common concern across program types.

Partnership Constraints, Power Dynamics, and Sustainability Challenges

While partnerships expanded program reach and capacity, they also introduced significant operational and structural challenges. Grantees consistently described the administrative burden associated with maintaining partnerships, including managing referrals, coordinating meetings, negotiating data-sharing agreements, and aligning protocols across agencies.

Smaller community-based organizations reported particular strain, noting that partnership management often competed with direct service delivery for limited staff time. As one provider explained, *“A lot of our time is spent just coordinating—emails, calls, meetings—on top of doing the actual work with participants”* (Site 27). Another noted, *“The partnerships are critical, but they come with a lot of behind-the-scenes work that isn’t always funded”* (Site 11).

Power imbalances further shaped partnership dynamics. **Programs described working with institutions that held greater authority, resources, or control over participant access, such as hospitals, school districts, or justice agencies.** These dynamics sometimes limited community-based organizations’ influence over decision-making, timelines, and resource allocation. Several grantees emphasized that trust and equity within partnerships required ongoing effort and were easily undermined by turnover, shifting priorities, or unilateral changes by institutional partners. As one community-based provider shared, *“When you’re partnering with a big system, they have their own rules and timelines, and we don’t always get a say in how decisions are made”* (Site 14). Another reflected, *“It can feel like we’re always adapting to their needs, but they don’t always adapt to ours”* (Site 32).

Data-sharing and confidentiality requirements also constrained collaboration. **Differences in privacy regulations across healthcare, education, justice, and community-based systems frequently limited information sharing, complicating case coordination and evaluation.** Programs noted that even when partnerships were strong relationally, technical and legal barriers often prevented seamless coordination. One provider described the challenge

succinctly: *“We know what the family needs, and the partner knows too, but we can’t always share the information we need to actually coordinate”* (Site 20). Others emphasized that navigating these barriers required ongoing work and specialized knowledge that many programs lacked the capacity to sustain.

Finally, sustainability emerged as a persistent challenge. **Strong partnerships often took years to build, yet many were supported by short-term, grant-funded initiatives. Funding interruptions, staffing turnover, and shifting policy priorities disrupted collaborative efforts and undermined long-term planning.** As one grantee noted, *“We spent years building these relationships, and then the funding cycle changes and everything feels uncertain again”* (Site 33). Another added, *“Partnerships don’t turn on and off with grants, but that’s often how they’re funded”* (Site 29). As a result, partnerships across the VIP portfolio were widely viewed as essential but difficult to stabilize without sustained investment, clear governance structures, and intentional infrastructure. These barriers operated at multiple levels, as summarized in **Table 5**.

Table 5. Partnership Barriers and Constraints Across System Levels

System-Level	Barrier Theme	Example Quotes / Indicators
Structural	Structural misalignment and coordination challenges	Shifting school leadership; inconsistent access points across systems; district- or county-level procedural changes that disrupt established partnerships
Institutional / Administrative	Timing, contracting delays, and funding misalignment	Late grant awards; slow contract processing; unclear or changing district procedures; misaligned funding cycles across partner agencies
Operational	Staffing shortages and capacity constraints	Partner turnover; limited behavioral health availability; overwhelmed school climate teams; insufficient staff time for coordination and follow-up
Interorganizational	Cross-model tensions and unclear roles	Multiple organizations approaching the same family; duplication of outreach efforts; lack of clarity around lead responsibility for coordination
Relational	Competition, branding, and mistrust	Credit-seeking behavior; performative partnerships; partners “showing up for the picture but not the work”
Cultural	Mismatch in work styles, culture, and expectations	Differences between immediate, crisis-driven hospital environments and slower-paced community settings; communication style mismatches across sectors

System-Level	Barrier Theme	Example Quotes / Indicators
Human / Emotional	Emotional labor and relational strain	Staff burnout; emotional exhaustion; feelings of isolation when partnerships break down or fail to follow through

Summary

These findings indicate that partnerships are widely recognized as essential to VIP service delivery but unevenly structured and difficult to sustain in practice. Across programs, partnerships functioned as critical infrastructure for referrals, recruitment, and cross-system coordination, enabling access to services that individual organizations could not provide alone. However, the effectiveness of these partnerships varied substantially based on program type, institutional position, staffing capacity, and the degree to which relationships were formalized rather than reliant on individual staff. Intervention programs depended on crisis-oriented, system-intensive partnerships to stabilize participants during acute moments, while prevention programs relied on longer-term, institutionally mediated relationships to support engagement and continuity—each facing distinct but overlapping constraints.

Across the VIP portfolio, partnership work was consistently shaped by structural misalignment, administrative burden, power imbalances, data-sharing barriers, and funding instability. These challenges limited consistency, strained staff capacity, and undermined sustainability, particularly for smaller community-based organizations navigating relationships with larger institutions. Together, these findings underscore that while partnerships are indispensable to CVI and prevention, they require intentional infrastructure, role clarity, and sustained investment to function effectively. Without clearer expectations, aligned resources, and targeted TA, partnership quality remains uneven and vulnerable, reinforcing the need for strategic funding, tailored support, and cross-system alignment across the VIP organizations.

Recommendations

Recommendation 23: Assess Partnership Readiness and Feasibility in Grant Applications

While partnerships were widely described as essential to program success, many violence intervention and prevention programs launch without clear plans for establishing, sustaining, or navigating the partnerships required to deliver proposed services. In this study, this finding was particularly evident in programs operating in or alongside schools, where access to students, communication with families, data-sharing, and alignment with school policies depended heavily on district-level agreements and school leadership support. Programs often encountered partnership challenges after implementation, such as unclear roles, shifting school priorities, limited access points, or misaligned timelines, that constrained service delivery and strained staff capacity.

Grant application processes should more explicitly assess partnership readiness and feasibility for proposed programs, including partnerships with schools, where applicable.

Applications should ask organizations to identify the partnerships required to deliver proposed services, such as schools, school districts, hospitals, behavioral health providers, justice agencies, or community-based organizations, indicate whether those partnerships are already in place, and describe how new partnerships will be established when needed. Applicants should also identify anticipated partnership challenges or barriers and outline strategies for responding to or adapting to those challenges, including school-specific constraints such as leadership turnover, communication protocols, and data-sharing limitations.

Incorporating partnership readiness into the application process can promote more realistic program design, surface coordination challenges early, and reduce implementation delays during the grant period. This approach can also better align funding decisions, TA, and expectations with the institutional contexts in which programs operate, particularly in school-based settings, thereby strengthening coordination and increasing the likelihood of successful, sustainable implementation.

Recommendation 24: Support Formal Partnership Infrastructure for Cross-System Coordination

Many programs relied on informal, person-dependent partnerships rather than formalized collaboration structures. While these relationships often functioned effectively in the short-term, they were vulnerable to staff turnover, leadership changes, and shifting institutional priorities. Programs described recurring challenges related to referrals, data-sharing, role clarity, and confidentiality, particularly when coordination across healthcare, education, justice, and community-based systems was central to service delivery.

Funding agencies should support the development of formal partnership infrastructure, such as memoranda of understanding, shared referral protocols, and data-sharing agreements, when cross-system coordination is a core component of funded work.

Rather than requiring individual programs to independently negotiate these arrangements, funding agencies and TA providers can offer model agreements, standardized guidance, or facilitate support to reduce administrative burden and promote consistency across sites.

Strengthening formal partnership infrastructure can help stabilize collaboration over time, improve continuity of care, and reduce reliance on individual relationships to sustain coordination. Clearer structures can also support smoother onboarding of new partners or staff, reduce service disruptions, and enhance accountability across systems involved in violence prevention and intervention.

Recommendation 25: Support Cross-System Partnership Convenings

Partnership challenges across programs stemmed less from unwillingness to collaborate and more from misalignment across systems with differing mandates, timelines, accountability structures, and definitions of success. Programs described difficulty

coordinating with schools, hospitals, justice agencies, and behavioral health providers operating under distinct institutional constraints, often without shared forums for communication or collective problem-solving.

Funding agencies should invest in cross-system partnership convenings focused on alignment, shared learning, and collaborative problem-solving. These convenings could bring together VIP grantees and key partners across sectors to clarify roles, address referral bottlenecks, navigate data-sharing challenges, and align expectations related to coordination, service delivery, and participant support.

Purposeful convenings can strengthen relationships across systems, support mutual understanding of constraints and responsibilities, and facilitate more effective coordination at the local and regional levels. By creating structured opportunities for alignment and problem-solving, agencies can help build more resilient, sustainable partnership networks that better support participants and reduce fragmentation across the violence prevention ecosystem.

Data Collection & Evaluation

Over the past decade, evaluation of CVI and prevention programs has advanced considerably, driven by increased federal and state investment and a growing evidence base for HVIPs, street outreach, and youth development models (Carter et al., 2017; The HAVI, 2024). Contemporary CVI evaluations increasingly rely on mixed-methods approaches that combine administrative data, participant surveys, staff interviews, focus groups, and trauma-informed observational methods to capture both implementation processes and participant experiences (Damschroder et al., 2009; Fixsen et al., 2005). Some jurisdictions have also adopted integrated violence data systems and real-time shooting reviews, enabling closer examination of service timing, reach, and coordination (Huff et al., 2024; O'Toole & Duda, 2024). Together, these developments reflect a shift toward implementation-focused evaluation that seeks not only to document outcomes, but also to understand how programs function, why participants engage, and which components drive change.

Despite these advances, data collection and evaluation remain challenging in CVI contexts. Programs often work with individuals and families experiencing unstable housing, active safety risks, and involvement in multiple systems, making traditional survey and follow-up methods difficult to administer and sustain over time (Butts et al., 2015). Distrust of institutions, particularly related to law enforcement, probation, child welfare, or surveillance, can further limit willingness to participate in structured data collection (Brunson, 2007; Carr et al., 2007). As a result, programs and evaluators frequently emphasize flexible, relationship-centered approaches to data collection, such as verbal check-ins, narrative documentation, and staff-facilitated reporting, to avoid retraumatization and preserve trust (SAMHSA, 2014; Bowen & Murshid, 2016).

Organizational capacity strongly shapes how data systems function in practice. Many community-based organizations operate with small teams and limited administrative infrastructure, constraining their ability to track detailed service dosage, case progression, or long-term outcomes. Reporting requirements from multiple funders can increase administrative burden and divert staff time from direct service delivery. Hospital-based programs face additional constraints related to access to electronic health records, information sharing agreements, and institutional policies that vary widely across healthcare systems (Julliard et al., 2016). Prevention programs, particularly those operating in schools, often encounter barriers related to privacy regulations (e.g., FERPA), incompatible data systems, and inconsistent access to academic or disciplinary records.

Methodologically, measuring CVI and prevention outcomes presents further challenges. Serious violent outcomes are relatively rare at the individual-level, requiring large samples or extended follow-up periods to detect effects (Braga et al., 2019). Participant mobility, service interruptions, and variable engagement complicate longitudinal tracking. At the community-level, disentangling program effects from broader social, economic, or policy trends can be difficult, particularly in neighborhoods undergoing rapid change (Sharkey, 2018). As a result, many evaluators emphasize the importance of process evaluation, implementation fidelity, and qualitative analysis to contextualize outcomes and illuminate mechanisms of change (Damschroder et al., 2009; Fixsen et al., 2005).

Within Pennsylvania, PCCD's VIP initiative has expanded statewide capacity for performance measurement and evaluation. VIP grantees are required to submit quarterly performance data, including participant demographics, services delivered, and program outputs (Pennsylvania Commission on Crime and Delinquency, 2023), and many also participate in evaluation and learning activities coordinated by PCCD and its evaluation partners. As VIP funding has grown, so too has the scope and complexity of data expectations placed on grantees.

This section draws on interviews with 39 VIP programs (n = 91 respondents) to examine how organizations collect, store, and use data, as well as their experience with evaluation. Findings highlight substantial variation in data and evaluation practices across programs, shaped by differences in staffing, technological capacity, program model, and reporting requirements.

Data Collection and Use in VIP Programs

Across VIP programs, data collection practices varied widely depending on organizational capacity, service model, and funding requirements. Nearly all grantees (98 percent) reported collecting core information such as attendance, participation, and demographic characteristics to meet quarterly or annual reporting requirements from PCCD and other funders. Approximately two-thirds of programs (68 percent) also reported using participant feedback tools, such as pre/post surveys, focus groups, or satisfaction forms, to assess changes in knowledge, skills, attitudes, or social-emotional development. Other commonly cited

indicators included school-based outcomes, workforce placement, and changes in mental health symptoms, particularly among programs providing clinical or therapeutic services.

Beyond compliance, **58 percent of programs described using data for internal decision-making and continuous improvement.** Organizations reported using data to revise curricula, allocate resources, adjust outreach strategies, and refine program design. Some programs described using structured improvement approaches, such as Plan–Do–Study–Act cycles, to guide implementation. Several prevention programs reported using local incident or hotspot data to inform outreach locations and service targeting, while clinical programs noted contributing trauma registry data to accrediting bodies as part of compliance and quality oversight.

At the same time, many respondents emphasized the limitations of quantitative metrics alone. Staff described the importance of contextualizing counts and indicators with narrative information to accurately convey program value and impact. As one respondent explained, “*We talk about quantitative versus qualitative—the number doesn’t always tell the story... I want to be able to report why we’re doing the event and who it matters to*” (Site 38). Programs also described sharing data internally to improve coordination across teams and partners, noting that communication and shared understanding of data were closely tied to perceived program success.

Table 6. Examples of Types of Data Collected Across VIP Programs

Data Type	Examples
Attendance and Participation	Attendance records for classes, workshops, and events; Participation in specific programs or sessions
Demographics	Age, gender, race/ethnicity, ZIP code and neighborhood for risk assessment, Household composition (i.e., number of adults, children, seniors), Education level and school enrollment
Academic and Behavioral Data	Grades, report cards, graduation rates, Behavior indicators: suspensions, disciplinary actions, Court referrals or legal involvement
Program Engagement and Outcomes	Pre- and post-tests to measure knowledge, skills, attitudes, Surveys on social-emotional learning (e.g., Hello Insight, developmental assets), Client satisfaction surveys and feedback forms, Focus groups for qualitative insights
Mental Health and Well-being	Screening tools for post-traumatic stress disorder, depression, anxiety (e.g., UCLA PTSD Index, CPSS,

Data Type	Examples
	Beck Depression Inventory), Trauma symptom assessments at intake and follow-up, Session rating scales for therapeutic relationships
Service Utilization	Case notes documenting interactions and referrals, Resources provided (bus passes, clothing, housing assistance), Number and type of services accessed (e.g., counseling, victim services)
Risk and Safety Indicators	High-risk assessments for violence or unmet basic needs, Lethality assessments in domestic violence cases, Gun violence exposure and community safety perceptions
Administrative Data	Hours worked per program staff member, HR records, Fiscal records

Data Storage Systems and Infrastructure

VIP programs relied on a wide range of systems to store and manage data, reflecting substantial variation in size, technical capacity, and reporting needs. Many organizations used basic tools such as Excel spreadsheets, Google Sheets, or shared drives due to their low-cost and accessibility. While these systems supported basic tracking of attendance and services, they required significant manual entry and coordination across staff.

Programs administering surveys frequently used platforms such as SurveyMonkey, Qualtrics, or Google Forms to collect pre/post data or participant feedback. Clinical programs described using HIPAA-compliant electronic health record systems, including Epic, TherapyNotes, and SimplePractice, to document assessments, treatment plans, and clinical progress. These systems were viewed as essential for compliance and continuity of care but were typically limited to clinical services.

A smaller subset of programs reported using more advanced case management platforms such as Efforts to Outcomes (ETO), Apricot, Salesforce-based tools, or Matchforce. While these systems supported more comprehensive documentation and automated reporting, programs described substantial start-up costs, training demands, and ongoing technical support needs. Several organizations noted that limited staffing and competing priorities slowed implementation and reduced system utilization.

Because data were often stored across multiple systems, programs described challenges integrating information and producing consistent reports for funders. Staffing constraints, lack of dedicated data personnel, and budget limitations were frequently cited

barriers to adopting more centralized systems. Respondents emphasized the need for streamlined, integrated data infrastructure paired with training and technical support to reduce fragmentation and administrative burden.

Table 7. Examples of Data Storage and Use Across VIP Programs

Category	Examples	Purpose / Use Case
Cloud Productivity Tools	Google Docs, Google Sheets, Google Drive, Google Forms, Microsoft Office Forms	Document storage, collaboration, intake forms, basic tracking
Survey Platforms	SurveyMonkey, Qualtrics, JotForm	Collecting feedback, pre/post surveys, program evaluations
Case Management Systems	ETO (Efforts to Outcomes), Apricot (Montera), Civicorp, Matchforce (Salesforce-based), Salesforce	Client case notes, referrals, program performance tracking
Health & Therapy Systems	Epic (EHR), TherapyNotes, SimplePractice, Internal EHR systems	Patient records, therapy notes, HIPAA-compliant documentation
Specialized Program Tools	QuesGen, Quest, Insperity	Workforce development tracking, HVIP interventions
Research/Data Collection	REDCap, GIS	Structured data collection, registries, spatial analysis
Financial/Admin Tools	QuickBooks, Sage Intacct	Payroll, fiscal management, time tracking
Basic/Manual Methods	Excel Spreadsheets, Google Sheets, Paper Files	Low-tech tracking, attendance, assessments, reporting

Evaluation Experience and Capacity

VIP programs varied considerably in their experience with formal evaluation. **Twenty percent of programs reported having undergone prior evaluations, with approaches ranging from informal internal assessments to externally led studies.** Approximately ten percent reported employing internal evaluators, most often among intervention programs with clinical components. External evaluations were reported by 15 percent of programs, often tied to federal funding requirements, though staff were not always certain whether these evaluations included VIP-funded activities.

Notably, 43 percent of programs reported never having been evaluated prior to the current NORC-Temple evaluation. These organizations cited limited resources, staffing constraints, and recovery from the COVID-19 pandemic as barriers, even when they recognized the value of evaluation. As one respondent explained, “*We haven’t done that... I don’t know if we’ve had the bandwidth necessary*” (Site 25).

Across programs, evaluation was generally viewed as valuable for learning, accountability, and improvement. Where evaluation occurred, pre/post surveys were the most common method, supplemented by periodic reviews every three to five years. Leadership staff tended to have greater familiarity with evaluation processes and findings, while frontline staff were less consistently involved.

Summary

Collectively, these findings indicate that while most VIP programs collect basic participation and demographic data to meet reporting requirements, data collection, storage, and evaluation capacity vary widely across programs. Fewer programs consistently used data for continuous quality improvement, implementation monitoring, or outcome assessment, and many relied on fragmented or manual systems that increased administrative burden and limited efficiency. Evaluation experience was uneven, with a substantial share of programs reporting no prior formal evaluation and limited internal data expertise. Across interviews, staff emphasized the importance of trauma-informed, relationship-centered data practices, while also noting tension between these values and existing reporting demands. These patterns point to a need for clearer statewide data expectations, streamlined performance measures, and targeted investments in data infrastructure, staffing, and TA to support meaningful evaluation without undermining trust or service delivery capacity.

Recommendations

Recommendation 26: Strengthen Data Infrastructure and Capacity

Many programs rely on low-cost, manual data systems and lack dedicated data or evaluation staff. While these approaches often allow programs to meet minimum reporting requirements, they limit integration across platforms, increase administrative burden on frontline staff, and constrain readiness for evaluation and continuous improvement. Programs that adopted more advanced data systems reported improved capacity for tracking participation and outcomes, but emphasized that these systems were only effective when paired with adequate training, technical support, and sustained staffing.

Funding agencies should support investment in program-level data infrastructure and staffing capacity as an eligible and encouraged use of grant funds. Allowable investments could include case management systems, data management or reporting software, and dedicated data or evaluation staff, as well as training and ongoing support to ensure systems

are used consistently and effectively. Framing data infrastructure as a core component of program implementation, rather than an administrative add-on, would better align expectations with operational realities across the portfolio.

Strengthening data infrastructure and staffing capacity can improve data quality and completeness, reduce administrative burden on service staff, and enable programs to use data more meaningfully for monitoring implementation, improving services, and demonstrating impact. Over time, these investments can also increase evaluation readiness across the VIP portfolio, supporting more rigorous and equitable assessment of program effectiveness.

Recommendation 27: Promote Evaluation as a Learning Tool

Experience with evaluation varies widely across programs, with many organizations reporting limited prior exposure and constrained internal capacity to design or sustain evaluation activities. Where evaluation efforts were present, they were often episodic or driven primarily by compliance requirements rather than embedded within ongoing learning and program improvement processes. Programs also differed substantially in evaluation readiness, including clarity of program models, availability of usable data, and staff capacity to engage in evaluation work alongside service delivery. Building on the core data foundation established in Recommendation 1, these findings underscore the need for evaluation supports that are staged, capacity-aware, and oriented toward learning rather than one-time compliance.

Funding agencies should promote evaluation as a learning-oriented process by supporting evaluability assessments for programs, paired with practical toolkits and targeted TA to build evaluation readiness over time. Evaluability assessments can help programs clarify program models, articulate intended outcomes, assess data feasibility, and identify appropriate evaluation approaches before launching outcome studies. When combined with user-friendly tools, coaching, and phased support, this approach can strengthen documentation, data practices, and internal learning without overwhelming staff or disrupting service delivery.

Agencies should also support multi-year evaluation partnerships that allow programs to progress from evaluability and process assessment toward more rigorous implementation or outcome evaluation as organizational capacity develops. Framing evaluation as a staged, supportive learning process, rather than a one-time requirement, can strengthen program capacity, improve data quality, and support more meaningful, equitable evaluation of VIP programs across diverse models and contexts over time.

Sustainability

A consistent finding across the literature is that long-term sustainability is essential for effective CVI and prevention. Violence prevention depends on stability, including trusted relationships, consistent staffing, and uninterrupted engagement, yet most programs operate within short-term, insecure funding cycles that undermine these conditions (Chambers et al., 2013; Fixsen et

al., 2005). Prevention is not episodic, it requires sustained, multi-year investment to build credibility, maintain presence, and support healing over time.

Across community violence prevention and intervention models, including HVIPs, street outreach teams, and community-led initiatives, research demonstrates that funding volatility directly weakens program impact. Resource instability contributes to workforce turnover and disruptions in service continuity. Studies of Cure Violence and similar outreach-based models further show that the effectiveness of credible messengers depends on continuity—when staff cycle in and out due to unstable funding, trust erodes and the capacity to interrupt violence diminishes (Butts et al., 2015). Taken together, the literature confirms that CVI programs cannot sustain impact when staffing and operations are repeatedly destabilized.

Research identifies several organizational capacities that strengthen long-term sustainability. Programs are more likely to endure when they have multi-year funding commitments, strong administrative infrastructure, visible leadership support, community support, and continuous workforce development (Cassidy, 2006; Urban Institute, 2001). Sustainability is also enhanced when programs are institutionalized within existing systems—such as health, education, or county human services—which can absorb roles or practices initiated through grants. Internal capacity-building strategies, including train-the-trainer models, further support sustainability by reducing reliance on external consultants and preserving organizational knowledge (Chinman et al., 2016). Evidence from trauma-informed care implementation underscores that without ongoing training and supervision, early gains often erode once funding ends (Aarons et al., 2011).

The literature also highlights structural inequities in which organizations are positioned to sustain their work. Grassroots and community-rooted organizations—often those serving communities most affected by violence—face the steepest sustainability barriers due to historic underfunding, limited administrative capacity, and restricted access to multi-year funding streams (Strange et al. 2025). These organizations frequently deliver the most culturally responsive and trusted services, yet are also the most vulnerable to contraction or closure when grant cycles shift. Scholars argue that traditional funding models that prioritize short-term innovation over long-term continuation exacerbate these inequities and destabilize programs most critical to community safety (Hutchful, 2024; Deutsch et al., 2023)).

The findings presented in this section draw on interviews with 26 VIP-funded organizations (n = 50 respondents) that discussed sustainability challenges and strategies. Interviews highlight how sustainability considerations shape day-to-day decision-making, influence program design and staffing, and determine whether services can remain available in communities over time. Grantees described planning for continuation within an environment defined by short-term grants, delayed contracting, workforce instability, and fluctuating resources.

Sustainability & Long-Term Viability

Across interviews, sustainability planning was described as essential but deeply uncertain. Sixty percent of organizations explicitly discussed the challenges of operating in a landscape defined by grant volatility and unclear renewal prospects. As one leader explained, *“Every funder wants to know the plan... and it’s like, we’re going to keep doing what we do, which is seeking other forms of support”* (Site 17). For many programs, sustainability was not a discrete plan but an ongoing process of adaptation and grant-seeking.

This uncertainty created significant strain for staff and participants alike. Forty percent of programs described anxiety related to potential layoffs, service disruptions, and the challenge of maintaining transparency with staff when future funding remained unclear. One organization described the annual stress cycle: *“By the end of the first year you’re scrambling... wondering if we’re going to have to lay people off”* (Site 11). Another emphasized the human impact of this uncertainty: *“We’re trying to be transparent with staff so they can make decisions for their families”* (Site 32).

For most programs, sustainability efforts centered on ongoing grant-seeking. Without endowments, unrestricted revenue, or long-term municipal commitments, organizations described continuously applying for new grants to maintain core services. *“We don’t have hard money or an endowment... we keep chasing grants to sustain the work,”* one administrator explained (Site 12). Smaller programs, in particular, described operating in a constant state of financial precarity: *“I can’t relax, because next year we might have no funding”* (Site 10). Delayed contract execution further complicated financial planning, with one program noting, *“The date might say January, but you don’t get confirmation until June... you’re already behind”* (Site 22).

Staffing emerged as the most consistent sustainability challenge across program types. Half of the organizations emphasized that frontline staff—those who build relationships, provide trauma-informed care, and anchor continuity—are the backbone of violence prevention work. Yet these roles are often funded entirely through short-term grants. *“Without the staff, we can’t operate,”* one director stated plainly (Site 22). Programs described preparing for layoffs or service reductions even as community demand remained high, highlighting the tension between workforce stability and funding insecurity.

Despite these constraints, approximately forty percent of organizations described pursuing strategies to extend their impact. These included diversifying revenue through philanthropy, local foundations, or unrestricted income streams, and investing in internal capacity-building. One organization described generating flexible funds through social enterprise activities: *“Just this quarter we brought in \$40,000 from rentals... unrestricted allows us to buy what we need or create a position”* (Site 10). Others used VIP funding to build internal training capacity so practices could persist beyond the grant period: *“We’re building our own trainers so we have resources in the community when the grant’s gone”* (Site 20).

Given ongoing uncertainty, many organizations emphasized maintaining core services rather than expanding programming. Leaders expressed caution about adding new components in response to funding priorities that favor novelty. *“We can’t keep expanding... we need to be able to sustain,”* one respondent noted (Site 12). Continuity—not growth—was described as the central sustainability goal.

Organizational maturity and institutional context shaped sustainability prospects. Hospital-based programs and larger nonprofits more often described integrating VIP-supported activities into broader organizational operations or securing multi-year funding commitments. One team shared, *“This has become part of our operating model... we’re going to figure out how to fund it”* (Site 31). In contrast, smaller grassroots and youth-serving programs faced greater vulnerability. Several stated explicitly that services would end without renewed funding: *“Without the funding, we cannot sustain it”* (Site 19). Newer programs were particularly exposed to funding volatility, underscoring how quickly trusted services can disappear without stable investment.

Table 8. Sustainability Challenges by Program Type and Organizational Characteristics

Sustainability Dimension	Hospital-Based / Institutional Programs	Community-Based / Grassroots Programs	School-Based Programs
Funding stability	More likely to access multi-year grants or institutional support	Highly dependent on short-term grants; limited unrestricted funding	Dependent on district budgets and short-term contracts
Staffing continuity	Greater ability to retain staff through embedded positions	High vulnerability to turnover due to soft-money roles	Staff retention constrained by school calendars and contracts
Administrative capacity	Stronger infrastructure for grant management and compliance	Limited admin capacity; sustainability planning competes with service delivery	Administrative capacity varies widely by district
Integration into systems	Often embedded within healthcare or county systems	Less institutionalized; operate independently	Dependent on school leadership support and policy alignment
Ability to weather funding gaps	Moderate–high	Low	Low–moderate
Risk of program closure without VIP funding	Lower	High	Moderate–high

Summary

These findings demonstrate that long-term sustainability remains one of the most significant challenges across the VIP portfolio. While programs consistently emphasized that violence prevention and intervention require stability, most organizations operated within short-term, uncertain funding environments that undermined these conditions. Sustainability planning was often reactive rather than strategic, shaped by grant volatility, delayed contracts, and the absence of reliable multi-year funding. Workforce instability emerged as the central pressure point, with soft-money positions, turnover risk, and staff burnout directly threatening continuity of care and program quality. Programs with stronger administrative infrastructure or institutional embedding were better positioned to weather funding gaps, while smaller grassroots, youth-serving, and school-based programs faced heightened vulnerability to service disruption or closure. As with other core components of VIP implementation, sustainability was shaped not only by program quality or commitment, but by organizational capacity, system alignment, and the availability of stable funding infrastructure. Together, these findings underscore that sustainability is not solely a function of program quality or commitment, but of structural funding conditions and organizational capacity, pointing to the need for funding strategies, grant structures, and TA that prioritize continuity, workforce stability, and long-term viability across the VIP ecosystem.

Recommendations

Recommendation 28: Support Sustainability Planning as Capacity-Building

While sustainability planning was widely viewed as essential, programs described limited capacity to engage in meaningful long-term planning amid short-term funding cycles, staffing uncertainty, and competing service demands. Where sustainability planning did occur, it was most effective when supported through intentional capacity-building—such as leadership development, train-the-trainer models, and organizational alignment—rather than through unfunded or perfunctory planning requirements tied to grant reporting.

Funding agencies support sustainability planning as a resourced, capacity-building activity embedded within program implementation. This could include allowing grant funds to support sustainability-focused activities such as leadership transition planning, internal training capacity, documentation of core program models, or exploration of institutional partnerships that could sustain key functions over time. Agencies could also offer optional sustainability-focused TA that emphasizes protecting core services, stabilizing staffing, and navigating funding transitions.

Positioning sustainability planning as a supported capacity-building process can help programs move beyond short-term grant replacement strategies and toward more realistic, program-specific pathways for continuity, while avoiding undue administrative burden.

Recommendation 29: Prioritize Continuity of Core Services in Funding

Programs consistently emphasized that sustainability meant maintaining trusted relationships, consistent staffing, and core services, not continual growth or programmatic expansion. However, many described external pressure to add new components, scale rapidly, or demonstrate innovation in ways that strained infrastructure and undermined stability. Competitive funding processes that reward novelty or expansion often conflicted with programs' stated need to protect what was already working.

Funding agencies should align funding structures, application guidance, and review criteria to prioritize continuity of effective core services, particularly for programs demonstrating strong engagement, fidelity, and community trust. Funding guidance could explicitly recognize maintenance of services, staffing continuity, and relationship stability as legitimate and desirable outcomes. Review criteria could be adjusted to value depth, consistency, and sustainability alongside innovation or scale.

By reinforcing continuity rather than expansion as a marker of success, agencies can help reduce mission drift, protect workforce capacity, and ensure that violence prevention and intervention efforts remain stable and dependable within communities over time. This shift would better align funding incentives with the realities of long-term violence prevention work and the evidence base emphasizing consistency and trust.

Participant Perspectives

Focus groups with participants in VIP programs provide insight into how services are experienced on the ground and sustained within communities. Participant perspectives illuminate how programs shape feelings of safety, trust, and opportunity, while also revealing practical barriers that influence engagement and continuity. Centering participant voices complements staff interviews and ensures that findings reflect lived experience rather than solely program intent.

As part of this evaluation, focus groups were conducted with participants from 12 VIP-funded programs offering mentorship, skills-based programming, job placement and financial assistance, needs-based service linkage, and educational supports. Discussions were designed to capture participants' experiences with program access, staff relationships, perceived benefits, and areas for improvement, positioning participants as key contributors to understanding what effective and equitable violence prevention looks like in practice (Carter et al., 2017; HAVI, 2024).

Program Experiences and Perceived Value

Across focus groups, participants generally described VIP programs as valuable and relevant to their current needs and future goals. Skills-based programming, particularly

career-oriented workshops, was the most commonly discussed service. Participants highlighted workshops related to cosmetology, financial literacy, public speaking, storytelling, and postsecondary preparation as especially useful. One youth explained that the cosmetology program was especially meaningful because it aligned with the career they hoped to pursue and provided opportunities to develop practical skills related to hair and nails.

Participants also emphasized the practical applicability of these workshops, noting that many of the skills and lessons learned continued to be useful in their daily lives. The variety of offerings was frequently cited as a strength, helping participants explore interests, build confidence, and develop transferable skills. However, participants with longer tenure in programs noted that workshop content sometimes became repetitive over time. While foundational skills were helpful for new participants, returning participants expressed a desire for more advanced or differentiated content. This finding highlights an ongoing challenge for programs balancing accessibility for new participants with sustained engagement for those enrolled over longer periods.

Staff Relationships and Supportive Environments

Participants across nearly all focus groups described strong, supportive relationships with program staff as a defining feature of their experience. Staff were consistently characterized as approachable, responsive, and invested in participants' well-being. Many participants described staff as going beyond program requirements to provide emotional support, advocacy, and concrete assistance. Participants frequently emphasized the extent to which staff made intentional efforts to ensure they felt supported and cared for throughout their involvement in the program.

Staff support also played a key role in mitigating access barriers, such as transportation challenges or crises related to health, housing, or education. Participants described staff helping them navigate systems, connect to services, and remain engaged during difficult periods.

A small number of participants noted moments when staff encouraged emotional sharing at times when they did not feel ready. Some participants described occasions when they attended programming while feeling emotionally withdrawn or overwhelmed and felt pressure to discuss their feelings before they were prepared to do so. While these experiences were not widespread, they underscore the importance of flexibility and consent within trauma-informed environments. Overall, however, participants overwhelmingly described programs as safe, affirming spaces that supported personal growth and resilience.

Barriers to Access and Participation

Participants rarely identified cost as a barrier to participation. Instead, **the most commonly cited challenges were logistical, particularly long commutes and limited program**

schedules. Several participants described traveling significant distances to attend programming, often across multiple transit lines. Despite these challenges, many indicated that the perceived benefits of participation outweighed the burden of travel and time required to attend.

Limited program days and hours were also noted as constraints, especially for participants seeking more consistent engagement. Some participants linked these limitations to pandemic-related program adjustments that reduced availability. These findings suggest that accessibility challenges were less about motivation and more about structural constraints shaping when and how participants could engage.

Participant Recommendations for Improvement

Participants offered several concrete recommendations to strengthen program delivery. Many suggested **expanding the number of days programs were offered and adjusting schedules to earlier hours to address safety concerns related to evening travel.** Others emphasized the need for **clearer and more consistent communication regarding workshops, job opportunities, and program events.**

Participants also **highlighted gaps in transition and exit planning.** Several described services ending abruptly without clear follow-up or referrals and expressed a desire for more structured support as programs concluded. Participants **suggested that earlier conversations about transitions, warm handoffs to other services, and clearer expectations about program duration could improve continuity of care.**

Taken together, focus group findings point to several actionable areas for improvement, particularly around accessibility, communication, and transitions, while reinforcing the central role of supportive staff relationships in shaping positive participant experiences (see **Table 9**). Participants’ perspectives underscore that when programs are accessible, responsive, and relationally grounded, they are experienced not simply as services, but as meaningful sources of stability, growth, and opportunity.

Table 9. Participant-Informed Implications for Practice

Practice Area	Key Insight from Participants	Implication for Programs
Differentiated Programming	Participants with longer tenure reported that workshops could become repetitive over time.	Develop tiered or progressive programming (e.g., introductory vs. advanced tracks, leadership opportunities) to sustain engagement and support continued skill development.
Relationship-Centered Staffing	Supportive, responsive staff relationships were the most	Maintain investment in staffing stability, manageable caseloads,

	consistently cited strength of programs.	and training that emphasizes trust-building, responsiveness, and consistent engagement.
Trauma-Informed Practice	A small number of participants felt encouraged to share personal experiences before they were ready.	Reinforce trauma-informed practices that prioritize participant autonomy, consent, and readiness, particularly in group or emotionally focused settings.
Accessibility and Logistics	Transportation challenges and limited program schedules were the most common barriers to participation.	Expand scheduling flexibility, increase program frequency where feasible, and explore strategies to reduce transportation barriers (e.g., transit support, adjusted hours).
Communication and Information Sharing	Participants noted inconsistent or unclear communication about workshops, opportunities, and events.	Strengthen communication systems through regular updates, centralized calendars, and multi-channel outreach to ensure participants are aware of available services.
Transition and Exit Planning	Some participants experienced abrupt program endings without follow-up or referrals.	Establish structured transition and exit protocols, including early planning, clear expectations, and warm handoffs to other services to support continuity of care.

Practitioner Perspectives on Strengthening VIP Practices

Violence intervention and prevention programs across the Commonwealth are developing a growing body of knowledge grounded in experience, reflection, and ongoing adaptation. Practitioners emphasized the value of exchanging lessons across organizations, including what works, what does not, and how to sustain the work under challenging conditions. These exchanges support shared learning and provide opportunities to reflect on practice in ways that are informed by community experience.

Grantees described collective learning as both a practical strategy and a source of support. Because violence prevention work is emotionally demanding and context-specific, learning from peers in other settings can help normalize challenges, reduce isolation, and generate new

approaches. Although opportunities for cross-site learning have been limited by the relatively small body of research documenting implementation across diverse programs, studies such as this one help surface common challenges and strategies that can inform practice across settings.

As part of this study, VIP programs were invited to share recommendations for peers working in violence prevention and intervention. This section synthesizes the key themes and recommendations that emerged from reflections among the first round of VIP-funded grantees, drawing on insights grounded in practice and shaped by the realities of early implementation. These lessons reflect common approaches to building trust, supporting staff, collaborating across systems, and sustaining program efforts over time. Practitioner-informed implications for practice are summarized in **Table 10** at the end of this section.

Build Trust and Credibility

VIP programs consistently identified trust as the foundation of effective violence intervention and prevention. Credibility was described as something earned through consistency, transparency, and humility rather than through formal authority or credentials. Programs emphasized that trust is built through daily practice—showing up reliably, following through on commitments, and demonstrating genuine care.

For prevention programs, this means maintaining a predictable presence in schools and community spaces, remaining visible even when participation fluctuates, and prioritizing long-term relationship building. For intervention programs, particularly those operating in hospitals or crisis-response contexts, credibility is most critical during moments of acute vulnerability. Hiring staff with lived experience, leading with compassion, and responding reliably under pressure were identified as central to building trust when it matters most. Across program types, credibility was described as an ongoing relational practice rather than a static qualification.

Invest in Staff and Systems

Programs emphasized that investing in people and investing in systems are inseparable. Staff development, supportive supervision, and strong organizational infrastructure were consistently described as essential to service quality and long-term sustainability.

Prevention programs highlighted the importance of collaboration, creativity, and shared reflection. Creating space for teams to discuss what worked, what did not, and why helped staff adapt while staying grounded in mission. Leaders were encouraged to promote open communication, invite staff input, and support professional growth. Intervention programs emphasized structure, consistency, and trauma-informed management, including regular debriefs after critical incidents, access to mental health supports, and clear policies that promote safety for both staff and participants. Across all programs, respondents stressed the importance of balancing accountability with flexibility and compassion.

Center Community and Participant Voice

Practitioners consistently underscored that effective violence prevention programs are designed with communities rather than for them. Listening before acting and grounding services in lived experience were described as essential to relevance, legitimacy, and impact.

Prevention programs emphasized engaging youth and families directly in shaping activities, identifying priorities, and defining success. Mechanisms such as feedback sessions, advisory groups, and co-led community events were viewed as critical to meaningful participation. Intervention programs highlighted the importance of centering survivor and family perspectives when defining what meaningful support looks like. Across all models, programs stressed humility, including listening deeply, validating lived experience, and sharing ownership of solutions.

Collaborate Rather than Compete

Violence prevention and intervention work was widely described as inherently collaborative. Programs emphasized that partnerships should be treated as a core strategy rather than an ancillary activity.

Prevention programs described deepening impact through alignment with schools, youth organizations, and cultural institutions to share space, referrals, and opportunities. Intervention programs emphasized coordination across hospitals, justice agencies, and victim services to strengthen referral pathways and continuity of care. Across settings, practitioners highlighted the importance of transparency, reciprocity, and shared credit, noting that collaboration is most effective when organizations work toward collective outcomes rather than competing for resources or recognition.

Be Flexible and Responsive

Programs stressed the importance of remaining adaptable to changing community needs, participant feedback, and operating conditions. Flexibility was described as essential for maintaining effectiveness in dynamic environments.

For prevention programs, adaptability involved iterating on activities, incorporating youth feedback, and adjusting approaches when engagement shifted. For intervention programs, flexibility meant readiness under pressure—responding calmly and ethically in unpredictable situations while maintaining safety and dignity. Across program types, adaptability was framed not as the absence of structure, but as the ability to pivot without losing purpose or values.

Sustain the Work

Sustainability, including financial, organizational, and emotional, was identified as essential to lasting impact. Programs emphasized that communities cannot be supported effectively if staff are burned out or systems are unstable.

Prevention programs highlighted the importance of pacing growth, strengthening operations, and aligning expansion with capacity. Intervention programs emphasized embedding staff wellness into organizational infrastructure through supervision, peer support, and access to mental health resources. Leaders were encouraged to normalize rest, reflection, and recovery as integral to trauma-informed practice. Across all programs, sustainability was described as aligning mission with capacity and valuing care alongside outcomes.

Consider Program Maturity: Newer and Established Organizations

Programs emphasized that priorities evolve over time and that strategies effective during early growth differ from those needed for long-term sustainability. Newer organizations were encouraged to begin with focus and foundation, including clearly defining mission, starting with manageable services, and building administrative systems before expanding. Early investments in supervision, data systems, and community relationships were described as critical to preventing future strain and instability.

Established programs emphasized reflection, adaptation, and mentorship. Respondents highlighted the importance of revisiting program models as community needs change, building leadership pipelines, and documenting practices to preserve institutional knowledge. Mentoring emerging organizations was described as a way to strengthen the broader violence prevention ecosystem. Across the field, maturity was framed less as organizational age and more as self-awareness, including the ability to balance innovation with stability, and experience with openness to change.

Table 10. Participant-Informed Implications for Practice

Practice Area	Key Insight from Practitioners	Implication for Programs
Trust and Credibility	Trust is built through consistency, transparency, and relational engagement, not formal authority.	Prioritize consistent presence, follow through, and hiring staff with lived experience to strengthen credibility and participant engagement.
Staff and Systems Investment	Strong programs require both supported staff and stable organizational infrastructure.	Invest in supervision, staff development, and organizational systems (e.g., policies, data systems) to sustain quality and reduce burnout.

Community and Participant Voice	Programs are most effective when designed with communities rather than for them.	Embed structured mechanisms (e.g., advisory groups, feedback loops) to incorporate participant and community input into program design and improvement.
Collaboration and Partnerships	Effective violence prevention relies on coordinated, cross-system collaboration rather than isolated efforts.	Treat partnerships as a core strategy by building formal and informal coordination with schools, hospitals, justice agencies, and community organizations.
Flexibility and Responsiveness	Programs must adapt to shifting needs, feedback, and operating conditions.	Build adaptive capacity into program design by allowing flexibility in service delivery while maintaining core goals and values.
Sustainability and Workforce Well-being	Long-term impact depends on organizational stability and staff wellness.	Integrate staff wellness, supervision, and realistic growth strategies into program infrastructure to support sustainability.
Program Maturity and Development	Program needs evolve over time, requiring different strategies at different stages.	Align program design, expectations, and supports with organizational maturity, emphasizing foundational capacity early and refinement over time.

Practitioner Perspectives on Strengthening VIP Initiatives

Unlike the formal recommendations presented throughout this report, the themes summarized here reflect practitioners’ perspectives on how PCCD, the Commonwealth, and other states can better support violence prevention and intervention work in practice. Drawing on reflections from the first cohort of VIP-funded grantees, respondents described not only internal lessons learned, but also the conditions that influence whether programs can be sustained over time, including the supports, structures, and partnerships that shape implementation. These reflections translate early implementation experience into shared insight about how state-level funding, oversight, and partnership approaches affect day-to-day program operations.

Practitioners emphasized that learning and accountability occur through ongoing, two-way exchange. Just as programs evolve through shared practice and peer learning, PCCD and other

state partners also adapt through continued engagement with grantees. Because violence prevention efforts are complex, locally grounded, and emotionally demanding, grantees consistently described their relationships with funders as an important factor shaping both daily operations and long-term sustainability. When communication is clear, expectations are responsive, and relationships are built on trust, programs are better positioned to stabilize staffing, respond to community needs, and maintain consistent engagement.

As part of this study, VIP programs were invited to share recommendations specifically for PCCD and the Commonwealth as statewide partners. Many of the themes that emerged align with and reinforce findings and recommendations presented elsewhere in this report—many of which have since been implemented or advanced by the Commonwealth—highlighting areas of shared understanding between practitioners and evaluators. While funding agencies such as PCCD operate within state and federal policy constraints that may limit the ability to implement all suggested changes, these perspectives nonetheless represent important feedback from organizations carrying out the day-to-day work of violence prevention in communities. Taken together, these insights offer a practice-based view of how state-level systems can support implementation through approaches that emphasize flexibility, clarity, and relationship building across the VIP portfolio.

Simplify Systems to Remove Barriers

Practitioners consistently noted that administrative systems are most effective when they support, rather than complicate, program implementation. A common theme across interviews was the time and effort required to navigate grant requirements and administrative processes, particularly within the eGrants system. Respondents described these processes as complex and time-intensive, at times drawing staff capacity away from direct service delivery and community engagement.

For smaller or emerging community-based organizations, these challenges were often described as capacity constraints, with administrative demands placing additional strain on limited staffing and infrastructure. Larger HVIPs and victim service organizations reported similar issues, including duplication across systems and the need to interpret state requirements within existing internal finance and compliance structures.

These perspectives align with broader findings related to the importance of clear guidance, streamlined systems, and accessible administrative support. **Practitioners suggested that clearer, plain-language guidance, more standardized forms, and accessible points of contact could improve usability and reduce burden.** Simplifying administrative processes, they noted, may help strengthen consistency and accountability while allowing organizations of different sizes and structures to focus more fully on program implementation and participant engagement.

Support Flexible Funding and Responsiveness to Participant Needs

Practitioners described the importance of having flexibility in how funds can be used, particularly to address immediate participant needs that may affect engagement or safety. Respondents noted that relatively small, timely supports, such as transportation assistance, food, or help covering essential expenses, can play a critical role in stabilizing individuals and sustaining participation in services.

For grassroots community-based organizations, flexibility was often discussed in relation to trust in local knowledge and the ability to respond to community needs as they arise. For institutional programs, flexibility was more closely tied to the clarity and consistency of written guidance, as internal audit and compliance requirements can limit discretionary spending without explicit approval.

These perspectives underscore the role of funding flexibility in supporting responsive, participant-centered services. **Practitioners noted that clearer and more uniform guidance on allowable costs across grants could support more consistent implementation.** They also emphasized that flexibility is consistent with the responsive and participant-centered nature of violence prevention work, enabling programs to address immediate needs in ways that support ongoing engagement.

Support Timely and Predictable Funding

Practitioners also described timely and predictable funding as important to program stability and staff retention. Delays in reimbursements or gaps between grant cycles were reported to disrupt operations, create challenges for meeting payroll, and affect staff morale, particularly for smaller organizations without financial reserves. Even larger organizations noted that funding delays could place strain on their community partners.

Respondents described several approaches that could help mitigate these challenges, including overlapping grant periods, more timely reimbursement processes, partial advances for organizations without cash reserves, and earlier notification of renewal decisions. These strategies were viewed as ways to reduce the risk of service interruptions, support workforce stability, and improve continuity of care.

This theme aligns with broader findings in this report related to sustainability, workforce stability, and funding consistency. Practitioners noted that more predictable funding timelines may help programs plan more effectively, retain staff, and maintain consistent service delivery. Timely payment was also described as an important factor in supporting equitable participation, particularly for smaller community-based organizations operating with limited financial flexibility.

Support Program Stability and Long-Term Growth

Across interviews, sustainability emerged as a central factor shaping program quality and effectiveness. Practitioners described challenges associated with building promising initiatives that became difficult to maintain once initial funding ended.

For emerging organizations, sustainability was often discussed in terms of developing foundational infrastructure, including stable staffing, fiscal systems, and data capacity. For more established programs, it was described as an opportunity to deepen strategy, strengthen evaluation approaches, and engage in longer-term planning rather than focusing primarily on short-term continuity.

Respondents described several approaches that could support sustainability across different stages of program development, including tiered funding models that combine start-up support for newer organizations with longer-term or renewable funding for more established programs. They also emphasized the value of supporting sustainability planning and fund diversification as part of broader capacity-building efforts.

Taken together, these insights highlight the importance of aligning funding structures with program maturity and supporting long-term stability as a foundation for sustained impact. Practitioners noted that continuity in staffing, relationships, and services is critical to maintaining trust and achieving meaningful outcomes over time.

Strengthen Partnership Through Two-Way Communication

Grantees also remarked on the importance of funder relationships grounded in ongoing dialogue rather than compliance alone. While many noted PCCD's accessibility and openness, they also described a need for more structured and predictable communication. Smaller organizations highlighted the value of proactive guidance to prevent confusion, while larger organizations noted interest in opportunities for co-creation, shared learning, and alignment around expectations.

Respondents described several approaches that could support stronger communication, including regular coordination calls, structured feedback mechanisms, and dedicated spaces for transparent discussion between funders and programs. Early and consistent communication was viewed as a way to reduce misunderstandings, clarify expectations, and support more efficient program implementation.

Collectively, these reflections illustrate the importance of relationship-centered approaches to funding and oversight. **Practitioners noted that extending principles such as predictability, transparency, and respect into funder–grantee relationships can help strengthen trust, improve coordination, and support more effective and sustainable partnerships over time.**

Support Equity Through Accessible and Responsive Funding Structures

Practitioners described equity as both a guiding principle and an operational consideration that should be reflected in funding processes, not solely in stated priorities. Community-rooted organizations noted that complex application processes,

reimbursement structures, and reporting requirements can create challenges for organizations operating in high-need communities, particularly those with more limited administrative capacity.

Respondents highlighted the importance of application and reporting approaches that account for variation in organizational capacity while maintaining accountability. For newer organizations, this often meant greater accessibility through simpler processes, upfront funding, and more flexible reporting expectations. For more established programs, it involved accountability approaches that reflect community context and locally defined indicators of success.

These patterns point to the importance of aligning funding and administrative structures with equity goals across the VIP portfolio. **Practitioners described several approaches that may support this alignment, including diversified funding strategies, opportunities for community input or advisory roles, and evaluation approaches that capture outcomes related to connection, healing, and safety alongside more traditional measures.**

Foster Peer Learning and Collective Growth

Finally, practitioners discussed convenings and learning exchanges as valuable spaces for strengthening practice, building relationships, and reinforcing a sense of shared purpose across programs. For newer organizations, these opportunities were often associated with mentorship and practical guidance, while more established programs described their value for collaborative problem-solving and strategic alignment.

Respondents highlighted the role of peer learning in supporting implementation, adaptation, and connection across diverse program models. Opportunities such as regional convenings, mentorship networks, and shared resource libraries were described as useful mechanisms for facilitating this exchange and supporting ongoing learning.

Across programs, these observations suggest that peer learning functions as an important component of field-building and system coordination. **Practitioners noted that sustained investment in shared learning opportunities may help strengthen relationships across organizations, support continuous improvement, and contribute to a more coordinated and adaptive violence prevention ecosystem over time.**

Summary of Evaluation Findings and Recommendations

The recommendations presented throughout this report reflect a comprehensive synthesis of qualitative and quantitative findings from the initial cohort of PCCD VIP-funded programs. These programs were implemented during the early stages of the initiative, when administrative

structures, guidance, and TA supports were still being developed and refined. As a result, the findings capture both program-level experiences and broader system-level conditions that shaped early implementation.

Together, the recommendations address the full lifecycle of violence intervention and prevention programming—from foundational data infrastructure and implementation support to workforce stability, cross-system coordination, evaluation, and long-term sustainability. While each recommendation is grounded in a specific set of findings, they are intentionally interrelated and designed to function as a coherent, mutually reinforcing strategy for strengthening violence prevention efforts.

Table 11 consolidates all recommendations (Recommendations 1–29) into a single, integrated framework that links key evaluation findings to corresponding policy and programmatic actions, along with potential implementation levers for funding agencies. By presenting the recommendations side by side, the table is intended to support strategic planning, prioritization, and coordination across funding, oversight, TA, and evaluation functions. This summary is designed to serve as a practical reference for decision-makers considering both near-term actions and longer-term system-building investments to advance effective, equitable, and sustainable violence prevention efforts.

Table 11. Linking Evaluation Findings to Recommendations and Implementation Levers

Finding	Recommendation	Levers
Substantial gaps exist in the completeness and consistency of participant-level data.	Recommendation 1: Establish a Core Set of Required Data Elements	- Define and require standardized core data elements - Distinguish required elements from optional measures - Standardize definitions, formats, and reporting timelines - Embed requirements into agreements and reporting systems
Implementation depended on adaptation to real-world conditions.	Recommendation 2: Recognize Adaptation as a Core Component of Effective Implementation	- Recognize purposeful adaptation in guidance and monitoring - Require documentation of adaptations and conditions - Align reporting to capture learning - Use adaptation data for cross-site learning

Finding	Recommendation	Levers
Implementation varied by program age and organizational maturity.	Recommendation 3: Align Implementation Support with Program Maturity	• Differentiate support by developmental stage • Provide foundational support for early-stage programs • Focus mid-stage support on supervision and partnerships • Support evaluation and sustainability for mature programs
Implementation success is shaped by funding design, organizational capacity, institutional embeddedness, and local context.	Recommendation 4: Integrate Implementation Learning into Strategy and Oversight	• Continue implementation-focused evaluation • Use findings to inform funding guidance • Develop learning briefs and forums • Integrate insights into future grant
Programs faced individualized implementation challenges.	Recommendation 5: Provide Structured, Individualized Support	• Assign a consistent point of contact • Tailor support to context and stage • Support problem-solving and compliance • Identify challenges early and reduce burden
Programs develop over time through capacity-building, relationship building, and organizational learning.	Recommendation 6: Align Technical Assistance with Program Maturity	• Differentiate TA by stage • Prioritize foundational capacity early • Shift toward quality improvement mid-stage • Support sustainability and evaluation later
Funding reimbursement structures delayed implementation.	Recommendation 7: Expand Upfront or Bridge Funding to Support Timely Implementation	• Pilot upfront payments or advances • Provide bridge funding between cycles • Prioritize continuity funding
Funding restrictions limited program operations.	Recommendation 8: Clarify Allowable Uses of Funds for Core Program Needs	• Clarify allowable operational and participant costs • Allow food, transportation, space, and technology • Provide clear early guidance

Finding	Recommendation	Levers
Fiscal requirements were burdensome.	Recommendation 9: Streamline Fiscal and Administrative Requirements	• Simplify budget templates • Align monitoring across funding streams • Clarify modification thresholds • Improve coordination across oversight functions • Provide clear guidance and timelines
Workforce instability undermined programs.	Recommendation 10: Support Workforce Stability and Staff Well-Being	• Support competitive compensation and caseloads • Fund supervision and professional development • Require staff support strategies • Promote wellness and burnout prevention
School-based programs faced unique constraints.	Recommendation 11: Strengthen School-Based Program Supports and Expectations	• Require recruitment and retention strategies • Assess caregiver engagement plans • Address school turnover and climate • Provide targeted TA and partnership support
Grantees struggled with navigating grant management systems and administrative processes.	Recommendation 12: Improve Guidance for Grant Systems and Requirements	• Improve system usability • Provide clear pre-award guidance • Offer training on systems and reporting • Ensure responsive administrative support
Trauma-informed practices were inconsistent.	Recommendation 13: Standardize Guidance for Trauma-Informed and Client-Centered Practices	• Develop standardized guidance • Define foundational expectations • Integrate into applications and monitoring
Trauma-informed training and supervision were insufficient.	Recommendation 14: Invest in Program-Level Training, Coaching, and Reflective Supervision	• Fund ongoing training and coaching • Support reflective supervision • Tailor by program type

Finding	Recommendation	Levers
Trauma-informed care lacked formalization.	Recommendation 15: Require Formalized Trauma-Informed Care Models in Grant Applications	- Require clear model descriptions - Assess alignment across program components - Use review to ensure accountability
Trauma-informed practices are not measured.	Recommendation 16: Incorporate Trauma-Informed Practice Indicators into Performance Measurement	- Include training and supervision indicators - Use data for TA targeting - Reinforce through continuous improvement
Organizational capacity limited consistent trauma-informed practice.	Recommendation 17: Strengthen Organizational Capacity and Workforce Sustainability for Trauma-Informed Practice	- Support supervision and staffing structures - Allow infrastructure investments - Reduce reliance on individual staff capacity
Trauma-informed practices are not consistently implemented across systems.	Recommendation 18: Support Cross-System Trauma-Informed Training and Learning Collaboratives	- Support joint training - Facilitate collaboratives - Promote shared language
Program funding is not aligned with evidence.	Recommendation 19 : Align Funding with Evidence-Informed Program Functions	- Clarify funding intent - Differentiate program roles - Encourage partnerships, coordinated responses
Family and community engagement lacked structure.	Recommendation 20: Require Program-Specific Engagement Plans Where Central to Funded Activities	- Require plans where relevant - Provide templates - Use for TA, not compliance
Performance measures blended multiple populations and program purposes.	Recommendation 21: Align Performance Measures for Intervention and Engagement Activities	- Distinguish populations served - Define separate indicators - Use for evaluation and learning
Programs struggled to align functions.	Recommendation 22: Provide Tailored Technical Assistance	- Establish TA tracks by function - Provide targeted coaching

Finding	Recommendation	Levers
Partnership readiness was unclear.	for Intervention and Engagement Functions Recommendation 23: Assess Partnership Readiness and Feasibility in Grant Applications	• Support engagement planning • Require identification of partnerships • Require status of partnerships • Require mitigation strategies
Partnerships were informal.	Recommendation 24: Support Formal Partnership Infrastructure for Cross-System Coordination	• Provide model agreements • Offer facilitation support • Reduce administrative burden
Partnerships were challenged by misaligned systems.	Recommendation 25: Support Cross-System Partnership Convenings	• Convene cross-sector partners • Address coordination barriers • Promote shared problem-solving
Organizations have limited data infrastructure.	Recommendation 26: Strengthen Data Infrastructure and Organizational Capacity	• Fund data systems and staff • Provide training and support • Reduce burden on frontline staff
Organizations have limited evaluation capacity.	Recommendation 27: Promote Evaluation as a Learning Tool	• Support evaluability assessments • Provide phased evaluation support • Enable progression over time
Organizations have limited sustainability capacity.	Recommendation 28: Support Sustainability Planning as a Capacity-Building Activity	• Fund sustainability activities • Provide sustainability TA • Emphasize continuity and staffing stability
Funding emphasized growth over stability.	Recommendation 29: Prioritize Continuity of Core Services in Funding Decisions	• Prioritize core service continuity • Adjust review criteria • Reduce pressure for expansion • Recognize stability as success

Advancing the PCCD VIP Initiative

Launching the VIP Grants program in 2021 required PCCD to rapidly design, implement, and scale a large statewide initiative aimed at addressing rising levels of community violence. This effort also represented a significant shift for the agency, which had historically funded more established organizations and was simultaneously undergoing a period of internal growth and transformation. As with many new initiatives, the first cohort of VIP-funded programs provided important insights into how funding structures, administrative systems, and support mechanisms functioned in practice, particularly given that many grantees were new to state funding and its associated requirements. These early implementation experiences created opportunities for learning and refinement across both the agency and the broader portfolio.

Since that time, PCCD has implemented a series of changes to strengthen program administration, enhance grantee support, and improve alignment between funding expectations and the realities of violence prevention work. Many of these adjustments were informed by direct feedback from grantees as well as internal reflection among PCCD staff, reflecting a shared commitment to improving how the initiative supports organizations working on the ground.

Program Management

PCCD transitioned from a more diffuse program management structure to a dedicated VIP Grants unit staffed by full-time personnel, while continuing to draw on expertise from other agency offices, including victim services and criminal justice. This shift has strengthened internal capacity, improved coordination, and enhanced responsiveness to grantee needs. It has also created a more consistent and accessible point of contact for grantees, supporting clearer communication and more streamlined program oversight across the portfolio.

Funding Structures

PCCD has adapted its funding approach to better reflect the varying needs and stages of program development across the field. More recent funding rounds include differentiated tracks, such as start-up funding, and program continuation, expansion, and enhancement funding for more established programs, with corresponding funding levels aligned to program scope and capacity.¹⁶

In addition, PCCD has introduced separate funding streams, such as the Building Opportunities for Out-of-School Time (BOOST) grant program, to more directly support and expand out-of-school time (OST) structured programming opportunities for at-risk school-age youth¹⁷. These

¹⁶ [fy25-26 vip and boost grants funding announcement.pdf](#)

¹⁷ [2024-25 boost funding announcement.pdf](#)

adjustments reflect a more tailored approach to funding that recognizes differences in program maturity, setting, and service model, and allows for more appropriate expectations and supports across diverse program types.

Onboarding, Communication, and Accessibility

PCCD developed and refined a structured onboarding process to support grantees early in the award period. This includes individualized virtual meetings connecting each grantee with assigned programmatic and fiscal staff, helping organizations, particularly those with limited grant experience, navigate requirements and access support.

PCCD also strengthened communication across the grant lifecycle, including applicant webinars, step-by-step guidance, and regular reminders related to reporting and compliance. To further improve accessibility, portions of the application process were transitioned to more user-friendly platforms (Survey Monkey), reducing barriers associated with more complex systems and expanding access for smaller and community-based organizations.

Fiscal Processes and Administrative Supports

Findings related to fiscal processes and administrative requirements should be understood within the broader context of state and federal grant administration. VIP funding for this cohort included both federal and state resources, requiring PCCD to implement procedures that ensure compliance with applicable regulations and safeguard public funds. Consistent with Commonwealth-wide policy, grant funds are distributed on a reimbursement basis across all state agencies, reflecting standard public funding practices.

PCCD has taken a number of steps to support grantees in navigating these requirements. Organizations receive guidance during application development, onboarding, and implementation to support the creation of budgets aligned with program activities and to ensure that reimbursement requests correspond to approved costs. Importantly, organizations are not required to construct full budgets within the grants management system unless selected for funding, helping to reduce burden during the application phase. Processes such as PMRs also provide a mechanism for programs to adjust budgets as implementation evolves.

PCCD explicitly encourages organizations to budget for a broad range of programmatic and operational expenses, including staffing, rent, participant supports, and other core implementation costs, recognizing that effective violence prevention requires both direct services and supporting infrastructure. While some cost categories require additional documentation or safeguards, these measures are designed to ensure accountability and compliance rather than to limit program flexibility.

Performance Measurement and Evaluation

PCCD has updated program performance indicators to better reflect VIP-specific strategies while maintaining a core set of consistent measures across the portfolio. Grantees have been engaged in reviewing and refining these measures, supporting improved alignment between program activities and reporting expectations. In addition, PCCD has invested in evaluation efforts, including the VIP Evaluation Project, to better understand program implementation and outcomes over time and to inform ongoing program improvements.

Technical Assistance

Technical assistance has evolved as a central component of the VIP initiative, supporting programs from initial onboarding through ongoing implementation and adaptation. As PCCD strengthened its systems and processes, TA has played a critical role in helping grantees navigate requirements, build capacity, and translate guidance into practice.

TA has been delivered through a tiered and flexible model, including on-demand support, group-based trainings, and more intensive one-on-one assistance for programs with greater needs. Supports have expanded over time to include onboarding participation, webinar series, regional convenings, and ongoing communication through shared platforms and listservs.

In practice, TA providers have often served as intermediaries between grantees and PCCD by helping interpret requirements, troubleshoot challenges related to performance reporting and fiscal compliance, and support program development. This role has been particularly important for smaller and emerging organizations, as well as for programs navigating evolving expectations.

TA has also adapted over time to respond to emerging needs, including support related to performance measurement changes, proposal development, documentation practices, and staff training. In addition to technical guidance, TA has supported programs in navigating broader organizational and operational challenges associated with violence prevention work.

Summary

These advancements reflect a broader transition from early-stage implementation toward a more structured, responsive, and adaptive statewide initiative. Over time, PCCD has strengthened core elements of program administration, funding design, TA, and performance measurement, resulting in improved alignment between funding expectations and the realities of violence prevention and intervention work.

Importantly, findings from the first cohort should be understood within the context of a rapidly evolving initiative, where many systems, processes, and supports were still being developed. As a result, early grantee experiences reflect both the strengths of the initiative and the practical challenges associated with launching and scaling a complex, statewide effort.

The recommendations presented earlier in this report build directly on these insights. Together, they reinforce areas where meaningful progress has already occurred while identifying opportunities to further strengthen clarity, consistency, and alignment across funding, implementation, and oversight. These advancements provide important context for understanding both the progress made to date and the broader considerations for how violence prevention efforts continue to evolve.

Building the Future of Violence Intervention and Prevention

The findings and recommendations presented in this report point to a broader set of considerations for how violence intervention and prevention efforts are supported, structured, and sustained over time. While the evaluation focuses on program implementation within the VIP initiative, the patterns observed extend beyond any single funding stream and reflect common challenges in building and scaling community-based violence prevention efforts.

Collectively, these insights highlight that effective violence prevention depends not only on program models, but on the strength of the organizational, administrative, and system-level infrastructure that supports them. This section draws out key cross-cutting implications for funders, policymakers, evaluators, and practitioners working to strengthen the field.

Building Stronger Nonprofits as the Foundation for Stronger Violence Intervention Programs

Although many of the recommendations in this report are framed specifically around violence intervention and prevention, an underlying theme cuts across nearly every finding: these programs face many of the same organizational challenges as nonprofits more broadly. Issues related to leadership development, financial management, data systems, staffing structures, governance, and sustainability are not unique to CVI organizations, but the demands of violence prevention work intensify their consequences.

This evaluation suggests that many violence prevention programs would benefit from a dual capacity-building approach: first, strengthening core nonprofit functions, and second, layering on field-specific practices related to trauma-informed care, risk-based engagement, and cross-system coordination. Expecting organizations to simultaneously build complex violence prevention programming while navigating capacity gaps and competing priorities places unrealistic strain on staff and undermines long-term effectiveness. Continued investment in nonprofit capacity-building should therefore be understood not as ancillary to violence prevention, but as foundational to it.

At the same time, strengthening these core capacities creates the conditions for more meaningful accountability. When programs have clear models, stable staffing, and functional data systems, they are better positioned to document their work, demonstrate alignment with funding intent, and participate in performance measurement and evaluation efforts. In this way, capacity-building and accountability are mutually reinforcing rather than competing priorities.

Program Pathways into Violence Intervention and Prevention

This evaluation also highlights an important structural question for the broader field: whether communities are better served by standing up new, purpose-built violence prevention programs or by supporting existing nonprofit organizations as they transition into violence intervention and prevention work. Many organizations in the VIP portfolio did not originate as CVI programs; rather, they adapted existing services, expanded prior prevention efforts, or reframed long-standing community work under a violence prevention funding stream.

Both approaches offer potential advantages. Established organizations may bring credibility, infrastructure, and trusted relationships, while new programs may allow for tighter alignment with evidence-informed models from inception. At present, however, the field lacks sufficient evidence to assess which approach yields stronger implementation, sustainability, or outcomes under different conditions. This is not only a question for one state or one initiative, but a broader question for violence prevention funders and practitioners nationwide.

Clarifying these pathways would support more consistent expectations for program readiness, implementation support, and accountability, while also helping the field better match funding strategies to organizational maturity, community context, and intended function.

Committing to Evaluation, Learning, and Accountability

Finally, while this evaluation provides essential insight into how programs operate and what supports effective implementation, it does not and cannot answer the most fundamental question: whether these investments are directly responsible for reducing violence. Many of the recommendations in this report are intentionally focused on strengthening fidelity to best practice, stabilizing implementation, and building organizational capacity. These are necessary preconditions for effectiveness, but they are not substitutes for outcome evaluation.

This points to a broader challenge for the field of violence prevention: how to evaluate these programs rigorously in ways that are both methodologically sound and practically feasible. Violence prevention programs operate in highly dynamic environments, often serve relatively small numbers of individuals at highest risk, and are implemented across varied settings with different goals, service models, and target populations. These realities make evaluation difficult. Identifying appropriate comparison groups is often challenging, especially when programs are embedded in neighborhoods, hospitals, schools, or community networks where services cannot be cleanly isolated. Randomized controlled trials may be possible in some contexts, but they are

not always feasible, ethical, or well matched to the structure of community-based violence prevention work.

As a result, the field must continue grappling with a set of unresolved evaluation questions. What constitutes an appropriate counterfactual for different types of violence prevention programs? Under what conditions are randomized designs feasible, and when are other approaches more appropriate? How can evaluations capture both individual- and community-level effects? How should funders and researchers account for variation in implementation quality, dosage, maturity, and local context when assessing outcomes? And how can evaluation designs remain rigorous while still respecting the relational, trauma-informed, and community-rooted nature of this work?

Answering these questions will require stronger partnerships between funders, practitioners, and evaluators, along with more intentional investment in multi-year evaluation planning. It will also require a broader view of accountability. As the field matures, accountability should not be framed solely as compliance with reporting requirements, but as a shared commitment to clarity of purpose, fidelity to intended models, transparency about implementation, and participation in meaningful learning and evaluation processes.

The recommendations outlined throughout this report provide one pathway for strengthening both implementation and accountability. Clearer program differentiation, more aligned performance measures, stronger data systems, and more structured partnership expectations would enable funders and evaluators to more consistently assess how resources are used, whether programs are operating as intended, and where additional support or course correction may be needed. In this way, accountability becomes possible not simply because expectations are higher, but because the infrastructure needed to meet those expectations is stronger.

These considerations reinforce a central conclusion of this report: violence prevention is not solely a programmatic challenge, but a field-building and systems-building endeavor. By pairing sustained funding with organizational capacity-building, intentional learning, rigorous and appropriately designed evaluation, and clearly defined accountability structures, funders and practitioners can help move violence prevention from a promising but uneven set of practices toward a more mature, coordinated, and evidence-informed field capable of delivering lasting reductions in violence.

Conclusion

This evaluation documents both the promise and the complexity of VIP programming across Pennsylvania. Drawing on performance measurement data, survey responses, and in-depth qualitative interviews with 40 funded organizations, the findings illustrate how community-based, school-based, and hospital-based organizations are working every day to prevent violence,

support healing, and strengthen community safety under challenging and often constrained conditions.

Across program types and settings, findings consistently point to the importance of strong relationships and adaptive approaches in effective violence prevention and intervention. Programs described success not as rigid adherence to predefined activities, but as the ability to build trust, respond to trauma, adapt to local conditions, and sustain meaningful engagement over time. Implementation was shaped by funding design, organizational capacity, institutional embeddedness, workforce stability, and partnership dynamics, highlighting that outcomes cannot be fully understood without careful attention to how programs operate in practice.

At the same time, the findings underscore that CVI is a relatively new and still-developing field. Many VIP-funded organizations are operating in environments characterized by high-need, limited infrastructure, workforce strain, and competing demands. These conditions are further complicated by the fact that many VIP programs did not originate as violence intervention initiatives, but rather represent existing nonprofit organizations adapting or expanding prior work to meet emerging CVI priorities. Whether it is more effective to stand up new, purpose-built violence intervention programs or to support existing organizations in transitioning into the CVI space remains an open empirical question—one with significant implications for funding strategy, capacity-building investments, and long-term sustainability. This evaluation highlights the importance of examining program origins and development pathways as part of future learning and decision-making.

These findings make clear that individual organizations cannot be expected to build the foundational systems of a developing field on their own while simultaneously delivering intensive, trauma-informed services. Field-building requires intentional public investment. State-level leadership plays a critical role in establishing the funding structures, administrative and fiscal systems, data infrastructure, and TA supports that assist programs from initial implementation through ongoing adaptation.

The evaluation further highlights the central importance of data and learning to this process. Inconsistent data standards and incomplete reporting limited the ability to assess who programs serve, how services are delivered, and how implementation varies across contexts. At the same time, practitioners expressed strong interest in using data for learning and improvement when expectations were clear and supports were available. Establishing shared data standards, investing in training and TA, and aligning reporting systems and fiscal requirements with realistic program capacity and clear, accessible guidance are essential steps toward building a stronger evidence base for CVI.

Equally important is a renewed and explicit commitment to rigorous evaluation. While this study provides essential insight into how programs operate and what supports implementation, it does not fully answer the most fundamental question at the heart of public investment in violence prevention: whether these programs measurably reduce violence. Many of the recommendations in this report appropriately focus on strengthening implementation fidelity,

organizational capacity, and alignment with best practices. These are necessary preconditions for effectiveness, but they are not substitutes for outcome evaluation.

The findings from this evaluation point to a clear set of priorities for strengthening implementation, organizational capacity, and system alignment across the initiative. Together, they outline a coherent strategy for strengthening the initiative, one that balances accountability with flexibility; invests in nonprofit capacity-building as a foundational requirement; differentiates support based on program maturity and context; and embeds data, learning, and evaluation into the core of program design. These efforts also strengthen the foundation for greater accountability by ensuring that expectations, supports, and evaluation strategies are aligned across the initiative.

Finally, the practitioner perspectives included in this report affirm that the goals of VIP grantees, PCCD, and the Commonwealth are closely aligned. Programs consistently emphasized the need for state systems that reflect the same trauma-informed, relationship-centered, and adaptive principles they strive to enact in their communities. Pennsylvania's experience reflects an important model for how state agencies can support emerging violence prevention efforts, by pairing investment with ongoing learning, adapting systems based on practitioner feedback, and building the infrastructure needed for programs to succeed. By continuing to strengthen funding structures, expand TA, clarify administrative processes, and invest in evaluation and learning, Pennsylvania is well positioned to build on early progress and further advance the effectiveness, equity, and long-term sustainability of violence intervention and prevention efforts statewide. The experiences, findings, and recommendations emerging from this first cohort of VIP-funded programs also offer a foundation for continued learning, with the potential to inform how violence prevention efforts are developed, supported, and evaluated in other states and jurisdictions.

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Appendix B. Survey Instrument

Welcome!

NORC at the University of Chicago and Temple University are conducting a study of the VIP programs that are funded by PCCD. As a part of this study, which is also funded by PCCD, we are distributing this survey to all grantees to learn about the organizations who received funding from PCCD and the activities, services, and programs that are supported by PCCD VIP grants.

The survey should take about 20 minutes to complete and anyone who is knowledgeable about your PCCD-funding can complete the survey. If you cannot complete the survey all in one sitting, you can return to the survey at a later time.

The information that you share with us through this survey will be used to create a detailed description of PCCD grantees and the type of work that grantees are engaging in, which we will share back with you. We will also be relying on information from this survey to select roughly forty organizations to partner with on a process evaluation study to better understand the implementation of PCCD-funded VIP services and programs, as well as the challenges, successes, perceived outcomes, and lessons learned. Findings from the process evaluation study will also be shared with all PCCD grantees. We worked hard to create a short survey that will produce important descriptive results for Pennsylvania stakeholders interested in and advocating for violence reduction.

If you have any questions about this study or about the survey, or if you prefer to complete the survey over the phone, please reach out to us at VIPEval@norc.org.

Thank you in advance for your participation and for the work that you do.

SURVEY INSTRUCTIONS:

Use the forward and back arrow buttons to navigate through the questions in the survey. Please do not use your browser buttons. To exit the survey at any time, simply close your internet browser window. Any data you have entered before closing will be saved.

Again, we greatly appreciate your time and participation. Let's get started!

Press continue to proceed with the survey.

- ☐ Continue

YOUR ORGANIZATION

To begin with, we have some questions about your organization.

1. Is your organization... *Mark all that apply.*

- ☐ A 501(c)(3)

- ☐ A non-profit but not a 501(c)(3)
- ☐ A community development corporation
- ☐ A college/university
- ☐ A government agency
- ☐ A faith-based organization
- ☐ A for-profit private firm
- ☐ Something else, *please specify* _____
- ☐ I don't know

2. Which of the following best describes your organization? *Mark all that apply.*

- ☐ Advocacy organization
- ☐ City or county agency
- ☐ College/university
- ☐ Correctional facility
- ☐ Criminal justice agency
- ☐ Day reporting facility
- ☐ Federal agency
- ☐ Grant-making foundation/philanthropic organization
- ☐ Group home
- ☐ Halfway house
- ☐ Hospital or healthcare provider
- ☐ Housing provider
- ☐ Independent living facility
- ☐ Job training/employment program
- ☐ K-12 school
- ☐ Religious organization
- ☐ State agency
- ☐ Substance abuse treatment provider
- ☐ Victim service provider
- ☐ Something else, *please specify* _____
- ☐ I don't know

3. What is your organization's PRIMARY focus? *Please mark up to 3 responses.*

- ☐ Advocacy
- ☐ Arts, culture, humanities, including museums, libraries and parks
- ☐ Community improvement & capacity building
- ☐ Crime prevention-related programming, criminal justice-related services
- ☐ Dating violence, domestic violence, and/or intimate partner violence
- ☐ Drug and alcohol care, including treatment, education, AAA, and other related services
- ☐ Education, including GED services and alternative school curricula, and academic skills enhancements
- ☐ Mentoring or credible messenger outreach and support (can be at-risk youth or already involved with criminal legal system)
- ☐ Employment, including job training and placement
- ☐ Environment
- ☐ Physical health care, general and rehabilitation

- ☐ Housing and shelter, assistance and relocation
- ☐ Legal services, including advocacy, expungement, record screening, and other civil services
- ☐ Mental health services, including crisis intervention and counseling
- ☐ Private grant making foundation
- ☐ Reentry services
- ☐ Recreation and sports, including afterschool activities
- ☐ Religious outreach
- ☐ Scientific research
- ☐ Victim assistance services
- ☐ Something else, *please specify* _____
- ☐ I don't know

4. For how many years has your organization been in existence?

- ☐ Less than 1 year
- ☐ 1 – 3 years
- ☐ 4 – 10 years
- ☐ 11 – 15 years
- ☐ 16 – 20 years
- ☐ More than 20 years
- ☐ I don't know

YOUR PCCD VIP GRANT

5. How many PCCD VIP grants have you received since 2021?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

6. What is the grant number or ID for your VIP grant? If you have more than one VIP grant, please enter one grant number or ID and then answer the questions that follow for that grant.

- ☐ Grant 1 _____
- ☐ Grant 2 _____ [Displayed if Q5= 2, 3, or 4]
- ☐ Grant 3 _____ [Displayed if Q5= 3 or 4]
- ☐ Grant 4 _____ [Displayed if Q5= 4]

The next set of questions are about the PCCD VIP grants that you have received. If you have received more than one VIP grant from PCCD, we will ask the same set of questions for each grant.

“Thinking about your first grant: _____” **[NOTE: this pipes in the name that was entered in Q6 for each grant number entered. It repeats for each of the following questions as a reminder for the respondent.]**

7. What is the geographic area served by your PCCD-funded VIP grant service or program?

- ☐ Only within a city/county, *specify the city or county* _____
- ☐ Only specific zip code(s) within single jurisdiction, *specify zip code* _____

- ☐ Only specific neighborhood(s), *specify neighborhood* _____
- ☐ Regional (city and surrounding suburbs), *specify region* _____
- ☐ Something else, *please specify* _____
- ☐ I don't know _____

8. Do you provide direct services to people through your PCCD-funded VIP grant?

- a. No **[skip to Q14]**
- b. Yes
- c. I don't know **[skip to Q14]**

9. What is the PCCD-funded VIP service or program's PRIMARY focus? *Please mark up to 3 responses.*

- ☐ Advocacy
- ☐ Academic skills enhancement
- ☐ After school activities, recreation, or sports
- ☐ Alternative school curricula
- ☐ Anti-violence education
- ☐ Basic income support
- ☐ Basic needs (clothing, food pantry, identification, etc.)
- ☐ Case management – general
- ☐ Court services
- ☐ Dating violence, domestic violence, and/or intimate partner violence
- ☐ Youth or family case reviews multiagency
- ☐ Cognitive behavioral therapy/treatment
- ☐ Community awareness/Mobilization against community violence
- ☐ Conflict resolution and/or conflict mediation
- ☐ Crisis response
- ☐ Diversion program
- ☐ Drug or alcohol education (not treatment)
- ☐ Drug or alcohol treatment inpatient
- ☐ Drug or alcohol treatment outpatient
- ☐ Drug court
- ☐ Emergency Shelter
- ☐ Expungements/record sealing
- ☐ English as a Second Language/translation
- ☐ GED/GED prep/literacy
- ☐ Family counseling
- ☐ Family reunification
- ☐ Group home
- ☐ Hospital-based/linked violence intervention program
- ☐ Housing assistance and/or relocation
- ☐ Job training, vocational rehabilitation, computer classes or training (not placement)
- ☐ Job referrals
- ☐ Job placement -not subsidized
- ☐ Job placement - subsidized

- ☐ Leadership and/or youth development
- ☐ Legal services and supports (can include expungements, record sealing)
- ☐ Life skills and/or interpersonal skills
- ☐ Mental health services (not including cognitive therapy)
- ☐ Mentoring
- ☐ Neighborhood/block beautification
- ☐ Parent training
- ☐ Peer support groups
- ☐ Public health education or wellness programs
- ☐ Restorative justice programs and supports
- ☐ Sports training-focused and/or organized sports
- ☐ Street outreach
- ☐ Summer camp (including summer sports camps)
- ☐ Transportation related services
- ☐ Victim assistance services, including victim advocacy
- ☐ Wilderness camps
- ☐ Youth court/peer court/ youth aid panels
- ☐ Something else, *please specify* _____
- ☐ I don't know

10. Please indicate which of the following eligibility requirements apply to your PCCD-funded VIP grant service or program. *Mark all that apply.*

- a. Assessed at a specific risk and/or need level, *please specify* _____
- ☐ Criminal justice system involvement (for example, must be on probation, must have been incarcerated within last year, etc.), *please specify* _____
- ☐ Exclusive referral source (for example, PA Department of Corrections), *please specify* _____
- ☐ Gender identity, *please specify* _____
- ☐ Location of residence, *please specify* _____
- ☐ Specific age group, *please specify* _____
- ☐ Substance use/addiction, *please specify* _____
- ☐ Veteran/military service, *please specify* _____
- ☐ Another specific eligibility requirements, *please specify* _____
- ☐ We do not have any eligibility requirements.
- ☐ I don't know

11. Are there any groups of people who are excluded from participating in your PCCD-funded VIP service or program?

- ☐ No
- ☐ Yes, *please explain* _____
- ☐ I don't know

12. Is there a cap on the number of people your PCCD-funded VIP service or program can serve per month, year, or in total?

- ☐ No
- ☐ Yes, per month, *please explain* _____
- ☐ Yes, per year, *please explain* _____
- ☐ Yes, in total, *please explain* _____

- ☐ I don't know
13. Is there currently a waiting list for your PCCD-funded VIP service or program?
- ☐ No
 - ☐ Yes, *please explain* _____
 - ☐ I don't know
14. What are the primary barriers to serving more people through your PCCD-funded VIP service or program? *Mark all that apply.*
- ☐ Difficult to find the right kind of staff/skilled staff to lead the service/s or program
 - ☐ Not enough staff
 - ☐ Takes too much time to organize the service/s or program
 - ☐ There is not the need for the service/s or program
 - ☐ Too little funding to support the service/s or program
 - ☐ Physical space is too small
 - ☐ Another reason, *please explain* _____
 - ☐ There are no barriers. We are able to serve everyone who wants to participate.
 - ☐ I don't know
15. Does your PCCD-funded VIP service or program have a "logic model"? A logic model is a written diagram that documents service or program resources/inputs, outputs, and outcomes.
- ☐ No
 - ☐ Yes
 - ☐ I don't know
16. What systems and/or mechanisms do you use to track information about the people who participate in your PCCD-funded VIP service or program? *Mark all that apply.*
- ☐ Electronic Health Record
 - ☐ Formal case management database system
 - ☐ Paper Records
 - ☐ Spreadsheets (electronic, e.g., Excel)
 - ☐ Something else, *please explain* _____
 - ☐ We do not track information about participants **[skip to Q20]**
 - ☐ I don't know **[skip to Q20]**
17. What type of information do you collect about people who participate in your PCCD-funded VIP service or program? *Mark all that apply.*
- ☐ Intake and/or assessment (e.g., risk, needs, protective factors, etc.) information
 - ☐ Demographic information (e.g. age, gender, race/ethnicity)
 - ☐ Criminal justice system involvement
 - ☐ Services provided
 - ☐ Dosage (e.g. when and/or how often services are provided)
 - ☐ Participant outcomes
 - ☐ Something else, *please explain* _____
 - ☐ I don't know

18. **[IF Q17 == Participant outcomes]** What type of outcome information do you collect about people who participate in your PCCD-funded VIP service or program? *Mark all that apply.*
- ☐ Employment
 - ☐ Education
 - ☐ Substance Use
 - ☐ Mental Health
 - ☐ Health
 - ☐ Housing
 - ☐ Legal-related issues
 - ☐ Parenting, family re-unification, fatherhood, etc.
 - ☐ Criminal justice system involvement
 - ☐ Progress on Reentry Plan
 - ☐ Something else, *please explain* _____
 - ☐ We do not collect outcome information **[skip to Q20]**
 - ☐ I don't know **[skip to Q20]**
19. **[IF Q17 == Participant outcomes]** What type of data does your outcome information rely on?
- ☐ Self-report information
 - ☐ Administrative data collected from government agencies
 - ☐ Administrative data collected from nongovernmental agencies
 - ☐ A combination of self-report data and administrative data
 - ☐ Something else, *please explain* _____
 - ☐ I don't know
20. How does your PCCD-funded VIP service or program define success (i.e, your key end goal)?
- ☐ Write in _____
 - ☐ I don't know
21. Are you working with a consultant or organization to receive technical assistance or research support for your PCCD-funded VIP service or program? *Mark all that apply.*
- ☐ Yes, we receive technical assistance from WestEd
 - ☐ Yes, we receive technical assistance from someone else
 - ☐ Yes, we receive research support
 - ☐ No, we do not receive technical assistance or research support
 - ☐ I don't know
22. Is your PCCD-funded VIP service or program being, or has it previously been, evaluated by an internal or outside evaluator?
- ☐ No, not currently nor previously evaluated
 - ☐ Yes, evaluated internally
 - ☐ Yes, evaluated by an external evaluator
 - ☐ I don't know
23. How many full-time staff has the PCCD-funding supported over the past year?
- ☐ 0
 - ☐ 1 – 5

- ☐ 6 – 11
- ☐ 12 – 15
- ☐ 16 – 20
- ☐ More than 20
- ☐ I don't know

24. How many part-time staff has the PCCD-funding supported over the past year?

- ☐ 0
- ☐ 1 – 5
- ☐ 6 – 11
- ☐ 12 – 15
- ☐ 16 – 20
- ☐ More than 20
- ☐ I don't know

25. Do you plan to obtain additional funding to sustain your PCCD-funded VIP service or program?

- ☐ No
- ☐ Yes
- ☐ I don't know

24. Is there any additional information we should know about the responses that your provided about your PCCD-funded VIP service or program?

- ☐ Write in _____

[IF Q5 == >1 then loop to Q6 – Q26 for the amount of grants indicated then end]

Thank you so much for completing this survey, we really appreciate your time!

Again, if you have any questions about this study or about the survey, please reach out to us at VIEval@norc.org.

Appendix C. Site Visit Interview Protocol

VIP Site Visit Protocols

Hello, my name is [INTERVIEWER NAME] from NORC at the University of Chicago. As you may know, NORC is currently working with the Pennsylvania Commission on Crime and Delinquency (PCCD) to conduct program evaluations of the Violence Intervention and Prevention (VIP) and Coordinated Community Violence Intervention (CCVI) grantees. The study will provide valuable information on the successes, challenges, and impact of the funded work.

I would like to start by briefly describing the evaluation and then learn more about your organization's work. I will be asking you questions and guiding our discussion. This part of the study will complement the quantitative data collection and analysis that we are also doing and will provide additional information about your program's operations and impact.

Before we start, I'd like to let you know that your answers will be kept confidential. No personally identifiable information will be shared in any publications or presentations resulting from this project. Any personally identifiable information you share will be destroyed one year after the end of the project. Our team will take every precaution to maintain the confidentiality of your information and what you say. Our findings will be reported in the aggregate and will not be attributed to anyone by name.

Your participation today is voluntary. If you feel uneasy with any of the questions, you do not have to answer, and we can stop the conversation at any time. If you decide not to take part or stop the conversation, it will not impact any support or funding that you are currently receiving in connection with this current VIP grant from PCCD. We anticipate the conversation to last about 60 minutes.

Do you have any questions about the evaluation, the site visit, or this conversation?

We will be taking detailed notes about what we discuss. OR If it is okay with you, I'd like to record the conversation to help in documenting what we talk about today.

Do you consent to proceed with our conversation? Is it okay for us to record the session?

Great! Let's go ahead and get started!

Respondent Background Information

1. Please describe your current position, including your title and role within the organization.
2. Can you tell us a little about your background/how you got into violence reduction work?

Organizational Background Information

3. What is the primary mission of your organization?
4. What are the primary services that your organization provides?
5. How is your organization structured?
 - a. What is the leadership structure? How long has the current leader been in place?
6. What sources of funding does your organization receive (federal, state, local, and/or private)?

7. What is your approximate annual budget?
8. Are there any funding restrictions or constraints that impact your organization and/or the services that you are able to provide?
 - a. If yes, how do they impact your work?
9. Are there any policies (either local, state, or federal) that impact your work?

PCCD-Funded Program/Service

10. Was there a particular motivation for applying for PCCD funding?
11. What was the process of applying for the PCCD VIP grant?
 - a. Whose decision was it to apply?
 - b. Did you have partners involved in the application process? If so, do they remain involved in the work of the grant now?
12. What does the PCCD grant allow your organization to do or provide that it was not able to do prior to receiving the PCCD grant?
 - a. If it allowed you to hire staff, how many and what types/roles of staff?
 - i. How were new staff oriented to their roles?
 - b. If it allowed you to implement a new program or service, how was the program/service selected?
13. What are the primary services that your PCCD program provides?
 - a. *If not clear, distinguish from the larger organization.*
14. Does your PCCD-funded program provide direct services to individuals?
 - a. If yes, can you describe your service or program? What are the main objectives and components of the program?
 - b. Are there any evidence-based practices incorporated into the program? If yes, what are they?
 - c. Is there a target population for the services you provide? (geography, demographics, etc.)
 - d. How do you recruit or receive referrals for your program?
 - e. Do you have an intake and/or screening process?
 - f. What is the approximate length of the program, and how is length determined?
 - g. Would you describe your program as client-centered? If yes, how so?
 - h. How do you integrate trauma-informed practices into your program/service?
15. Is the family or community involved in your services/program? If yes, how so?
16. Does your program have a logic model or a theory of change?

Performance Measurement and Data Collection

17. How do you measure success for your service/program? – whether it is subjective or objective.
18. Is there anything that facilitates success for the people or communities that you work with?
19. Do you collect any data related to the work that you do or the services that you provide?
 - a. If yes, can you describe the data or information that you collect? (e.g. client self-assessment, case manager assessments, etc.).
 - b. How is it stored? For example, do you use a particular data system such as QuesGen, ETO, RedCap, etc?
 - c. How do you use the information that you collect?
 - d. [if relevant] Do you have copies of data collection forms/sheets, such as intake forms, or screen shots of data systems that you could share with us?
20. Has your program ever been evaluated?
 - a. If yes, can you tell us how it was evaluated and when?

Partnerships

21. Who are your key partners and how do you partner with them, including community, government, and federal partners?
 - a. Is there a partner who you feel is key to your organization's success, or the success of your PCCD-funded service/program?
22. Are there any partners that you share data with, or are required to share data with?
23. Are you, or does any staff in your organization serve on any local or state coalitions, multi-disciplinary teams (MDTs), etc.?
 - a. If yes, what are the goals of those coalitions, teams, etc?
24. Are there any organizations or agencies that you feel your program could benefit from having a partnership or closer partnership with? If yes, who and why?
25. Have you encountered any barriers or challenges to building partnerships with other agencies or stakeholders?

Program Barriers, Challenges & Success

26. Are you on track to reach/serve as many individuals as you hoped to for this grant?
 - a. If no, what has made it difficult to serve a larger number of people?
 - i. If relevant, are there particular groups or populations that have been hard to reach?
 - ii. Are there any adaptations or tactics that have worked or that you are trying to increase the number of people served?
 - b. If yes, can you describe the supporting factors that you see as contributing to this success?
27. How does the service or program that is currently being implemented compare to what was proposed to PCCD?
28. Are there any other challenges or barriers related to implementing the grant/program/service that you would like to discuss?
29. Are there any successes that we have not discussed that you would like to mention?
 - a. Can you see any factors common to those successes (e.g., location, population, partnerships)?

Next Steps and Recommendations

30. What do you still hope to accomplish before the end of the grant?
31. Is there a plan to sustain services/program activities after your PCCD-grant funding ends?
32. If you reflect back, is there anything that you would have done differently during program implementation up to the present time?
33. Are there any recommendations or lessons learned that you think would be helpful to share with others involved in community violence work?

Appendix D. Focus Group Interview Protocol

PCCD – Evaluation of VIP Sites Focus Group Protocol

Introduction

Hello, my name is [NAME OF FACILITATOR/S]. I/We are from NORC at the University of Chicago/Temple University. NORC/Temple is a non-profit research organization/university. We are doing this study for the Pennsylvania Commission on Crime and Delinquency to learn more about how the [Name of VIP program] works and how it helps people like yourselves. We'd also like to hear your thoughts about what parts of the program work well and what might need to be improved.

Thank you for taking the time to participate in today's group. This group discussion is intended to find out about your experiences in the program and your opinions about it. Your involvement is voluntary, and you can refuse to answer any question. Also, at any point you can decide to stop participating in this group session. We appreciate your willingness to be here today. At the end of today's group, you will receive a \$50 gift card to thank you for your time.

We will not use your names in preparing any reports and will disguise your comments so that no one can identify who said what. In fact, you do not have to even share your real name with us. If you would like, you can make up a name for yourself today that we will use during the discussion. After the report is written, we will destroy all notes/recordings. We will not share your views or opinions with anyone outside of this room, including the people who work at this program. We also ask that everyone here today honor the confidentiality of the group by not talking about anything shared here later outside of this group, but it is possible that comments made by participants outside of the group may be attributable to you.

As the facilitator, my role here is to ask questions and listen. Everyone's participation today is important to us, and we want everyone to have an opportunity to speak. If one of you is sharing a lot, I may ask you to let others talk. If you aren't saying much, I may ask for your opinion.

Does anyone have any questions?

Does everyone feel comfortable participating in the discussion? If anyone does not feel comfortable, please feel free to leave at this point.

Does everyone feel comfortable with us recording the focus group conversation today?

Introductory Questions

To begin, let's find out a bit more about each other by going around the room and telling us each of the following:

- a. What you like us to call you today (first name only)?
- b. For about how long have each of you been receiving help, support, services from [VIP program]?

Now we would like to talk about the group's experiences with [VIP program]. Your experiences don't have to be the same, and please don't feel like you have to share personal information if you don't feel comfortable doing so.

Service Referral, Quality, and Receipt

1. How were you each connected with [VIP program]?
2. What kind of help, support, or services were you hoping that [VIP program] could provide?
 - a. What kind of help, support, or services do you receive at [VIP program]? Are the services provided in-person or online or some other way?
3. About how often do you receive this help, support, or services?
 - a. About how long do you stay at the program each time you attend/what is the average length of time of the services you receive?
4. Have there been any barriers to receiving help, support, or services from [VIP program]? These could include things like:
 - a. Trouble getting to the program
 - b. Cost of the program or related services
 - c. Support from family or friends
 - d. Not having enough time to benefit from the different aspects of the program
 - e. Not enough staff
 - f. Programming, services being cancelled
 - g. Etc.
5. Overall, do you like the support that you receive from [VIP program]?
6. What do you like about the help, support, or services that you receive from [VIP program]?
7. What don't you like about the help, support, or services that you receive from [VIP program]?
8. How do you typically communicate with staff at [VIP program]? Would it be through phone, email, text, or some other way?
9. Overall, how do you feel about the staff at [VIP program]?
 - a. Do you feel as if they treat you with respect?
 - b. Do you feel as if they understand your background and experiences?
 - c. Do you feel as if you are responsive if you reach out to them via phone, text, or email?
 - d. Do you feel as if you are able to communicate your needs to them?
10. Has your experience receiving help, support, services from [VIP program] differed from what you expected? If so, how?
11. What would you say has been most helpful about your involvement in [VIP program]?

Recommendations

12. Is there any additional help that you wished [VIP program] provided?
13. How do you think that [VIP program] could improve their program?
14. Is there anything else you would like to share with us today?