Request for Application
Violence Interruption Program Grant

Date of Release: September 24, 2025

Applications Due By: October 30, 2025 by11:59 pm

I.   Summary Information

Glossary of Terms
- CBO - Community-Based Organization(s)
- CVG - Cure Violence Global
- GDAHA – Greater Dayton Area Hospital Association
- VIP - Violence Interruption Program

Key Information

Project Title	Violence Interruption Program Grant
Application Due	October 30, 2025 by 11:59 pm, submitted by email to Lisa Henderson, lhenderson@gdaha.org
Selection Announcement	November
Total Funding Amount	$260,000 per year
Estimated Period of Performance	December 1, 2025 - November 30, 2026; renewable for two additional years based on continuing to meet agreed upon metrics
Point of Contact for Questions	Lisa Henderson, lhenderson@gdaha.org

There will be an information session on October 2, 2025 at 11:00 am. More information about this virtual session at DaytonPeace.org.

II.   Overview

In early 2025, Cure Violence Global (CVG) conducted an assessment and identified the City of Dayton as an excellent prospect to implement a Violence Interruption Program (VIP) using the Cure Violence model. A VIP is a proven strategy for preventing gun violence by interrupting interpersonal violence, mediating conflicts to reduce the risk of escalation, changing norms around community violence to create a culture of non-tolerance, teaching non-violence conflict resolution skills and tackling underlying risk factors of gun violence through resource navigation. This Request for Applications aims to identify a qualified community-based organization (CBO) that will best meet the community's needs for CVG implementation.

The City of Dayton has awarded the Greater Dayton Area Hospital Association (GDAHA) funding to establish a Violence Interruption Program (VIP) in the targeted areas identified in the assessment. The community organization selected through this process will lead the VIP with a team of staff from the target community to be the boots on the ground. GDAHA will provide fiscal oversight and CVG will provide training and technical assistance.

GDAHA is seeking a CBO to be the lead agency to establish, manage and lead a VIP in North Riverdale. This site must be based and operate in the City of Dayton. The VIP is part of a coordinated strategy to reduce gun-related incidents, injuries and deaths. The selected CBO will establish a physical space for the VIP in the target neighborhood, hire a team of staff and track funding expenditures and program measures. Staff will include a project manager, supervisor, violence interrupters and community

outreach workers. The selected organization will receive support from GDAHA and CVG including technical assistance hours, position recruiting and hiring support, onboarding training sessions and operational funds for supplies and to host violence prevention events in the community.

Violence Interruption Programming
Violence Interruption Programming (VIP) is a unique, interdisciplinary, public health approach to violence prevention and an adaptation of CVG's model. This philosophy maintains that violence is a learned behavior that spreads and can be prevented using disease control methods. VIPs work primarily with high-risk youth, with a likely focus on those aged 14 to 25, through regular individual interactions, conflict mediation and community mobilization. Most program participants are beyond the reach of traditional social support systems. Their next encounter with the system may result in incarceration or being a victim of violence. Using proven public health techniques, the model focuses to prevent violence through a three-prong approach:

1. **Identification and Detection**
   Violence interruption is a data-driven model. Through a combination of statistical information and street knowledge, staff identify where to concentrate efforts, focus resources and intervene in violence. This data guides staff to communities most impacted by violence. It provides a picture of those individuals at the highest risks for violence and shows staff how to intervene.

2. **Interruption, Intervention and Risk Reduction**
   VIP staff intervene in crises, mediate disputes between individuals and intercede in group disputes to prevent acts of violence. Outreach workers and violence interrupters are credible messengers that can relate to the target population. They are considered credible because they are a part of the community they are serving, can relate to high-risk individuals, are respected by them and have the ability to positively influence them. Outreach workers and violence interrupters can reach the target population in ways others cannot because they are trustworthy, influential and empathetic.

   To ensure uniform recruitment and hiring practices, the CVG model utilizes hiring panels to hire all supervisors, violence interrupters and outreach workers. These include representatives from the implementing agency, stakeholders and community leaders to ensure the strongest candidates are selected for each target area.

   The CVG model also uses several tools throughout the hiring process to assess credibility. Hiring panel participants utilize a panel briefing form to ensure understanding of Cure Violence and what the model requires related to staffing.

   Additionally, scorecards for each staff position ensure that the selection of a worker is predicated on their possessing the necessary skillset to implement the model successfully. Individuals must have credibility, connections and strong reputations in the identified target area as determined through the hiring process. Staff understand who holds the influence in communities and who they need to engage to de-escalate situations before an act of violence occurs. CVG will provide templates and guidance during training.

3. **Change Behaviors and Norms**
   Violence Interruption staff work to change the thinking on violence at both the community-level and the society at-large. For disproportionately impacted communities, violence has come to be accepted as an appropriate—even expected—way to solve conflicts. Violence Interruption staff

provide tools, at the street level, to resolve conflicts in alternative ways. Violence Interruption looks to shift the discourse toward the view of violence as a disease and placing the emphasis on finding solutions to end this epidemic.

III.   Scope of Work

Overview of Responsibilities
The selected CBO will act as the lead agency to contract with or employ and oversee teams of street-based outreach workers and violence interrupters in the North Riverdale neighborood. Success of this project will rely on the community organization and other stakeholders to mobilize community members.

A qualified agency will:

1. **Act as the lead agency** to contract with or employ and oversee teams of street-based outreach workers and violence interrupters who will be part of a coordinated violence prevention approach that includes community mobilization, violence interruption, peacemaking and sustainability efforts.
2. **Build teams** of violence interrupters and outreach workers to:
   - Detect potentially violent situations and use informal mediation, non-physical conflict resolution and interruption expertise to de-escalate before they become violent; and
   - Address barriers and reduce risk by providing resources and service referrals to those who need them.
3. **Implement CVG's model** to reduce community violence by establishing a strategic, research-driven, intelligence-led problem-solving approach through individual and community-based outreach, engagement, intervention and prevention.

The CBO is responsible for conducting daily operations and activities of a violence interruption site along with data collection and management. The CBO will also be responsible for coordinating community mobilization; planning and participating in community activities and public education efforts; assisting with coalition building; leading and participating in other activities to engage the community in this intervention; and working with the program evaluators.

The CBO must meet the following minimum qualifications:
- Mission in sync with CVG model and public health approach
- Strong ties to the target community and demonstrated existing relationships with community agencies
- Viewed as credible, trusted and neutral by target community and highest risk individuals
- Must be designated and in good standing as a tax-exempt organization
- Able and willing to hire and work with individuals with criminal backgrounds or who come from the groups in conflict in target area
- Ability to operate a violence interruption site within an eligible target area and ensure that staff operate within the designated area
- History of violence prevention or related work (e.g., street outreach, resource

navigation, non-violent conflict resolution, cognitive behavioral therapy, trauma-informed skills-building, youth mentorship)
- Experience of managing grants, contracts and performance reports
- Experience producing detailed reports on a regular basis
- Organizational capacity to support and supervise staff and to provide fiscal oversight

GDAHA will monitor programmatic and administrative activities to ensure adherence to the agreement and scope of services. GDAHA will designate a Program Coordinator to serve as the fiscal and administrative support advisor for the RFP process and review committee, monitor program expenses and collect programmatic and fiscal reports from the CBO. CVG staff will serve as the leading technical support advisor for the CBO by providing hiring guidance for program staff, lead training for the program manager, violence interrupters and outreach workers and provide ongoing support for the CBO to effectively adapt the Cure Violence model to the target community.

Site Location
The VIP will be located in and operate out of the North Riverdale neighborhood. The selected CBO must have an established presence, credibility and ability to hire in the boundaries of the City of Dayton.

Prior to site selection, government officials in Dayton, Ohio contacted Cure Violence Global and expressed interest in learning about Cure Violence Global' s violence prevention model and having discussions to determine if the model is appropriate for their jurisdiction. After obtaining more information, an agreement for Cure Violence Global to conduct a Readiness Assessment was entered between Dayton and Cure Violence Global, which included a broad range of stakeholder interviews and community meetings in January – March 2025. **(See Readiness Assessment, Appendix E)**

CVG was able to determine during the assessment process that Dayton has the capacity and political will to implement the CVG model with fidelity. CVG was also able to determine that Dayton exceeds the data requirement for the CVG model to be successful. The Dayton Police Department was able to provide excellent data sets for the Readiness Assessment which demonstrated the ability to determine potential target areas to focus on, monitor, measure, and ultimately report on the impact of the CVG model at the community level.

Staffing Requirements
The best change agents for interrupting violence have in many cases lived the same type of life as those who are being affected by violence and are connected to the community where the initiative is being implemented. Characteristics include:

- Has credibility with the highest risk individuals and groups in the target area
- Has relationships with the highest risk individuals and groups in the target area
- Has prior ties to gangs or crew, cliques or drug crews in the target area
- May have been incarcerated for a violent offense
- Resides in or is from the target area
- No longer active in violence, criminal activity or substance misuse
- Can work as part of a team

The staffing pattern of the VIP will include a total of 6-7 staff: one program manager, one supervisor, three violence interrupters and two outreach workers. The CBO will be responsible for posting job

descriptions, hosting interviews, completing background checks, hiring staff and hosting trainings that orientate staff to the CVG model. Staff recruitment will be done under the oversight of a hiring review panel. Position wages must meet the minimum salary requirement as detailed in the Human Resources Requirements section.

The CBO will manage the staff and submit evaluation reports of staff performance to the Program Coordinator who will disperse funds for the positions. See **Appendix** for a list of job descriptions.

The Program Manager is responsible for overall management of the VIP team and implementation of the program with fidelity to the CVG model. The Program Manager builds relationships with stakeholder groups to educate community stakeholders about the program, leads collaboration efforts and assists community mobilization efforts around the issue of violence in order to facilitate community norm change.

The Supervisor provides overall coordination with the Program Manager, plans activities for outreach staff, supervises staff, hosts daily shooting and violence incident review meetings, leads outreach to the community members, develops a violence prevention plan and investigates causes of violence.

Violence Interrupters are responsible for gaining information on potential conflicts in the target community, formulating action plans to help resolve conflicts, meeting with high-risk individuals and groups on a daily basis to discuss issues, refer potential participants with outreach workers, logging activities, distributing public education materials and attending community responses.

Community Outreach Workers are responsible for outreach to the community to build strong relationships, recruit and maintain high risk participant cases, investigate and report on violence incident causes, work with management to develop violence prevention plans, and document case client notes.

IV.   Program Goals and Requirements

Service Requirements
The successful proposer shall be required to perform all of the services below and should address the following elements in its proposal submission:

Implementation of the Cure Violence Model
The CBO must include language in its written mission statement that speaks to its goal of eliminating violence. The CBO must also agree to implement the CVG model with high fidelity. The site must focus on meditations as this proven approach has been shown to reduce shootings and homicides. Each Violence Interruption site must utilize violence interrupters and outreach workers to reduce violence by using all of the following approaches:

Approach #1: Detect and interrupt potentially violent conflicts or potential shooting events.
Provide support for violence interrupters and outreach workers that:
- Canvass the target area daily to determine potential hot spots

- Convene or attend daily meetings to review crime data, as well as information acquired through canvassing and community contacts
- Develop a daily plan to address confirmed hot spots
- Conduct mediations between individuals and/or groups by employing mediation strategies and techniques learned during comprehensive training
- Meet with individuals/groups at highest risk for retaliation to conduct mediation(s) and/or establish resolutions to the conflict
- Ensure staff members are following up with parties involved in the conflict on a consistent basis

Approach #2: Identify and treat highest risk individuals. Ensure that violence interrupters and outreach workers have the credibility, rapport, and knowledge to identify and work with individuals at highest risk for involvement in shootings and killings, including the ability to:
- Use past and developed relationships with key individuals/groups to promote use of nonviolence and prevention of shooting incidents, including retaliations
- Establish rapport with new key individuals/groups (individuals returning to the community, etc.)
- Ensure that outreach workers maintain a minimum of fifteen (15) participants and that each participant receives at least six (6) in person contacts per month
- Meet with key individuals/groups on a daily basis
- Conduct monthly reviews of violence interrupter and outreach worker documentation to ensure that staff members have the necessary relationships and are working with the highest risk individuals

Approach #3: Community mobilization to change behavioral norms. Through credibility and rapport, ensure that violence interrupters and outreach workers are working to change the behavioral norms that support violence in target communities. This is done through planning and participating in community activities and public education efforts, assisting with coalition building, and leading and participating in activities to engage the community. The CBO will communicate its role in violence reduction and inform partners of the needs and opportunities for active involvement. Activities include:
- Distributing public education materials that promote the use of nonviolence.
- Providing information regarding available resources (job training, education, substance misuse treatment, etc.)
- Developing community responses to shootings, within seventy-two hours of a shooting. The Violence Interruption site must organize a community activity to call attention to the shootings and killings and to urge community members to join with others in speaking out against violence occurring within the site's designated target area
- Partnering with community groups/organizations to conduct quarterly events
- Communicating nonviolence strategies to key individuals/groups
- CBO will document efforts made to inform partners of ways to become involved in the program, which may include: providing in-kind services, access to programming, attending and advertising monthly events and shooting responses, etc., in the monthly report
- The CBO will build rapport and foster relationships with their existing community partners.

Approach #4: Continual data collection, monitoring and reporting. Accurate data collection, monitoring and reporting help to strengthen the efficacy of the program and measure the reduction of violence.

Activities include:
- Develop and implement a strategy for engagement with law enforcement to ensure notification of shootings, as well as receipt of crime data for target area
- Utilize CVG's web-based database system to collect and analyze program components of the model for violence intervention
- Conduct daily briefings and debriefings to discuss information gleaned from canvassing efforts and contact with key individuals.
- Map all data associated with the intervention to include:
  - Locations of violent crimes
  - Locations of canvassing/interruption efforts
  - Locations of established relationships with key individuals
  - Confirmed hot spots
  - Locations of mediations
- Use data to inform interruption strategies and identify daily plan

Participant Enrollment

Each Violence Interruption site must actively identify and enroll participants that are at highest risk for involvement in violence. To be served by the program, prospective participants must meet a minimum of five (5) of the following seven risk factors:
1. Most likely between the ages of 14 and 25 years old.
2. Might be involved in street activity associated with violence.
3. Legal history of involvement in violent activity.
4. Personally injured by violence recently.
5. Friend, family, or group member was injured by violence recently.
6. Might be a member of a group that might be involved in street activity.
7. Might have easy access to a weapon.

Human Resources Requirements

CBOs must be able to hire individuals with criminal backgrounds (except those convicted of domestic violence, child abuse or a crime of a sexual nature unless the candidate was convicted of domestic violence ten or more years ago).

Additionally, CBOs must hire the following positions at a salary no less than minimum salary requirements listed below. The Violence Interruption site will have a team of 6-7 staff members. CBOs must ensure a minimum staffing pattern and vacant positions must not be vacant longer than 90 days. The staffing pattern is as follows:
- 1 Program Manager $61,256 annually
- 1 Site Supervisor $41,849 annually
- 1.5 FTE (full time equivalent) Outreach Workers $37,398 annually
- 2.5 FTE Violence Interrupters $37,398 annually

Hiring panel requirements: All staff shall be selected by a hiring panel consisting of a representative of the CBO, a representative of GDAHA, a representative of CVG, a representative from city government, and at least one other individual who lives or works in the community.

Hiring Deliverables: The CBO is responsible for ensuring compliance with all personnel requirements identified within this solicitation, for staff funded in whole or in part by the VIP.

All personnel hired shall meet the requirements detailed in the job descriptions included in Appendix A.

1. The CBO agrees to maintain records documenting compliance with all aspects of the hiring process.
2. The VIP site must be in compliance with the hiring process and use all associated CVG forms. The hiring process includes, at minimum, pre-screening of potential violence interrupters and outreach workers and the convening of a full hiring panel for all staff selection.
3. All staff hired as full-time workers must be offered employer-sponsored health insurance, in addition to an hourly or salaried wage.
4. Criminal background checks must be completed for each individual hired.
5. New hires must be drug tested for illegal substances to assure they are drug-free and agree to periodic drug testing.
6. Ongoing criminal background and drug testing must be conducted as scheduled by the CBO. Results of criminal background checks and drug tests should be retained by the CBO in a secure location and available for review during the monthly audit.
7. Timesheets for all staff funded are required to be maintained on site, approved by a supervisor, and available for review during the monthly audit. Documentation of work completed by funded staff should reflect the time staff are paid.

All program managers, supervisors, violence interrupters and outreach workers shall be selected from a pool of candidates that may include community residents, formerly incarcerated persons, and others with a demonstrated ability to relate to the target population and a connection to the target area as determined through the hiring process. The CBO must develop a hiring schedule and Policy on Hiring Ex-Offenders in order to be fully staffed within three months of receipt of the award to be equipped to provide and complete the requested services within the grant period.

The CBO must evaluate all staff members to ensure that team members still possess the credibility and skills needed to work with key individuals/groups. CBO may consult with GDAHA in performing this task but CBO will determine staff credibility and skills for performance under the program. Staff must pass scheduled background checks and drug screenings. Staff who do not pass these checks are subject to immediate dismissal. All CBOs must submit a hiring policy, which must be approved by the selection committee. (See Appendix B).

Training requirements
Successful candidates are required to complete the trainings in order to be considered for positions, according to their position and the following time schedules:

- All staff candidates must complete the Basic Outreach Worker training delivered by CVG and the Advanced Interruption Techniques training within 30 days of employment.
- Senior staff candidates must complete management training within 45 days of employment or promotion, in addition to completing Advanced Interruption Techniques training.
- Workers who were previously employed by the CBO as a violence interrupter, outreach worker, site supervisor or program manager and are rehired after a lapse of no more than 60 days need

only attend a booster session.
- VIP staff must attend all trainings and meetings sponsored by the CBO or CVG. Notices of these events will be provided at least a week in advance.

Equipment

Individuals hired will be provided with equipment needed to fulfill their duties by the CBO through grant funding. This includes cell phones and access to a computer with internet service.

Personnel Monitoring:
- CBOs must notify GDAHA, in writing, of vacancies, suspensions or terminations of staff within 48 hours of an employee's change in status. Failure to maintain a minimum of six staff members per site for more than 90 days may result in suspension/termination of the contract.
- CBOs must conduct background checks to ensure staff have not been arrested and/or convicted of any new charge(s).
- CBOs must agree to institute disciplinary measures for employees who fail to perform job duties. Disciplinary actions should include, but are not limited to, verbal warnings, written warnings, suspension and termination.
- CBOs must evaluate all staff members at a minimum of once per year to ensure that team members still possess the credibility and skills needed to work with key individuals/groups.

Program Documentation

After beginning programming, the CBO shall complete all forms noted in **Appendix C** and provide appropriate oversight to ensure accuracy. Any documentation not stored in the CVG database must be stored in a locked file cabinet and be made available for review upon request. The CBO is responsible for maintaining records in the CVG database to document all program activity including but not limited to:

- Daily logs by all staff
- Weekly logs
- Staff summary and development plan
- Conflict response: mediations and mediation follow-up forms
- Participant screenings: eligibility screenings and program activations
- Participant case management: program status, case notes and Risk-Needs-Resilience (RNR) Assessment
- Site management: neighborhood context, violence incidents, community activities and neighborhood changes.

Monthly program activity reports measure the efforts of the team for the reporting period. Reports are to be submitted by the 15th day of each month (reporting documents will be provided). Monthly reports must contain a brief (one to two page) narrative describing activities undertaken for the month and plans for the next month, criminal background checks completed, and program data and other key information regarding activities and outcomes.

V. Key Dates

Solicitation Advertised: September 24, 2025
Information Session: October 2, 2025 at 11:00 am
Applications Due: October 30 at 12:59 pm
Anticipated Notice of Award: December 1, 2025

VI. Application Submission Guidelines

As referenced above, the full application package must be submitted no later than 11:59 pm on October 30, 2025 by email to Lisa Henderson, lhenderson@gdaha.org.

The full application package must include the following components, provided in PDF form:
1. A completed cover letter and narrative for the program, including signatures
2. A completed budget narrative and line item budget
3. Additional documents as outlined below.

Send completed applications to lhenderson@gdaha.org. Partial applications will not be accepted. Please ensure you have all documents required in PDF form before submitting. See Appendix D for Evaluation Scoring Rubric.

Proposal Content
   1. **Proposal Cover Letter (one page limit)**
      - The proposal must include a cover letter signed by an individual authorized to execute binding legal documents. The cover letter shall provide the name, address, telephone and facsimile numbers, and Employer Identification Number (EIN) of the organization along with the name, title, address, email address, and telephone numbers of the executive that has the authority to contract with GDAHA.
      - The cover letter shall summarize the organization's understanding of the project and provide an overview of the applicant's organization. Describe the organization's strengths, capabilities and experience in performing work similar to violence intervention. Describe how the organization's experience makes the applicant uniquely qualified to contribute to the implementation of the project goals.

   2. **Organizational Experience and Qualifications (1,000 word limit)**
      - Discuss the mission and vision of the organization and how it aligns with the VIP.
      - Describe the organization's existing services/programs and the eligibility criteria.
      - Discuss the community partnerships that the organization has developed and describe how these partnerships will be used to support the VIP.
      - Describe the organization's experience and past performance in providing community outreach to the targeted population.
      - Describe the organization's understanding of VIP best practices and the CVG model.
      - Describe the organization's experience in specifically providing violence prevention services.
      - Discuss the organization's reputation and credibility in the community.

- Describe the organization's relationship with local community partners.

3. **Staffing Narrative (500 word limit)**
   - Describe your organization's experience in hiring and working with individuals with lengthy and recent criminal histories. Include the average timeframe to hire an employee with a criminal history.
   - Discuss how the organization will provide support to staff and self-care planning for each violence interruption staff member.
   - Describe the organization's coaching and professional development plan for employees.

4. **Implementation Plan (1,000 word limit)**
   - Within the target area, does the CBO have a physical space to operate from? If not, what is the plan to obtain a physical space?
   - Describe the existing relationship between the CBO and the geography for implementation.
   - Outline the organization's strategies including goals, objectives and benchmarks, and how the CVG model will be integrated.
   - The CBO must demonstrate knowledge of the community that will be served by the CVG model, including any emerging trends and population demographics.
   - Discuss and provide a plan for how qualified staff will be identified and recruited.
   - Describe proposed approach to a rapid and efficient stand-up of the site(s).

5. **Budget Narrative (500 word limit, plus the itemized budget)**
   - Describe how the organization's existing resources will be utilized during the funding period to support the work of the Violence Interruption program.
   - Describe the organization's fiscal infrastructure and capacity to manage all aspects of the Violence Interruption site.
   - Provide a detailed line-item budget for the program categorized into the following expenses: personnel, fringe benefits, supplies and materials, travel, other expenses and indirect costs. Include unit cost, units purchased, total cost and expense description.

Additional Documents

Organizational Chart: Provide an organizational chart that includes the Violence Interruption staff. Indicate where in the organization this program will be managed; include resumes of all proposed key staff to be involved in the project.

Reference Letters: Two reference letters from at least two sources who are directly familiar with the CBO's work and have worked with the CBO on a project serving high-risk and/or ex-offenders. All references must provide further information about the CBO's ability to execute the contract.

Policy on Hiring Ex-Offenders: The organization's policy to hire Formerly Incarcerated Persons (See Appendix B). This policy should ensure that the CBO project team will be fully staffed within three months of receipt of the award.

Financial Statements

A copy of the organization's most recent independent financial audit and documentation of 501(c) status and tax-exempt status, if applicable.

Award Terms and Conditions

The selected awardee will be required to complete a Grant Agreement to be signed by GDAHA and community-based organization grant contact in order to be awarded funding to begin programming. The Agreement will define the program and services for carrying out a project and the expected outcomes.

Proof of Insurance

The CBO shall furnish the GDAHA with certificates evidencing the type, amount, class of operations and effective dates and dates of expiration of the insurance policies required. The CBO shall provide evidence of at least the following insurance coverage, including limits for each:

- Commercial general liability
- Automobile liability insurance
- Worker's compensation statutory benefits.

Equitable Outcomes

GDAHA and the CBO will work together to monitor and report as to the program's outcome goals, and shall administer the program to foster equitable outcomes by, including but not limited to, fostering awareness of the program, and promoting equitable access to and distribution of resources.

Performance Indicators

GDAHA and the program committee shall establish and implement performance indicators to evaluate all aspects of the program, including the implementation, progress, and achievement of set goals and outcomes. GDAHA and CVG will assist the CBO in the preparation of reports concerning the performance indicators and will participate in program evaluations as required.

VII.   Evaluation of Criteria

Application Scoring Section	Possible Points
Cover Sheet	
Contact Information and Overview	4 points
Program Narrative	
Organizational Overview	6 points
Qualification, Experience and Approach	
Staffing Narrative	6 points
Implementation Plan	6 points
Budget Narrative	
Financial Qualifications	6 points
Additional Documentation	
Supporting Documents	6 points
TOTAL	**34 points total**

All proposals submitted with all required documents will undergo a full evaluation with the committee.

Appendix A: Position Descriptions

Program Manager Job Description

Title: Cure Violence Program Manager

Cure Violence is a strategic evidence-based public health approach to reduce and prevent shootings and killings. The CVG Program Manager is responsible for overall management of the CVG program and team, and facilitates implementation of the program with fidelity to the CVG model. The Program Manager is also responsible for building relationships with community-based groups, residents, elected officials and law enforcement to educate community stakeholders about the CVG program, to identify resources, collaboration efforts, and to assist community mobilization efforts around the issue of violence to help facilitate community norm change.

Responsibilities

Community Mobilization

- Using community organizing techniques according to the CVG model to mobilize the community to engage in activities that will help change the thinking and norms, so that shooting and killing is no longer an acceptable behavior and to create alternatives for those currently at highest risk for shooting someone or being shot.
- Recruit and manage an active volunteer base to participate in shooting responses; canvass the neighborhood; participate in the planning and execution of community activities; and, help identify auxiliary resources and provide advocacy on behalf of the highest risk.
- Plans and implements responses to shootings with community residents and other local partners within seventy-two (72 hours) of notification of a shooting.
- Organizes and executes a minimum of 6 community activities annually.
- Manages and tracks CVG public education materials in the target area.

Resource Development

- Conduct an environmental scan to identify and map all available health and social services resources for residents and identify those organizations who are trusted by the community and have a history of providing services in a culturally sensitive and appropriate manner. This is necessary to ensure the most appropriate providers are selected to provide services for the jurisdiction's most vulnerable populations. The following services should be considered: Housing Assistance, Food Assistance, Mortgage/Rental Assistance, Utility Assistance, Employment Assistance, Education Assistance, Job Skills Training, Identification Assistance (Many individuals may need assistance obtaining a government identification card), Preventive Health Services, Mental and Behavioral Health Services, and Legal Assistance.
- Identify which service providers are willing and able to establish a "fast track protocol" to ensure those individuals who are experiencing a crisis can be connected to services within 12-14 hours. This is necessary to ensure those who are truly the most vulnerable do not commit acts of violence because they are not able to get the resources they need in a timely manner.

Cure Violence Team Management

Responsible for the adoption and continued implementation of CVG Program Management best practices as taught in the required CVG Management Training. Directly manage, and coordinate with outreach supervisor to provide and participate in:

1. Organizing hiring panels
2. Regular weekly (i.e., same day, same time) staff meetings
3. Regularly weekly supervision for the supervision

Additionally CVG Program Managers must:

1. Participate in administrative/management meetings for CVG, and act as a communication liaison for the other staff members regarding the proceedings of these administrative meetings
2. Regular, timely completion of CVG documentation and reports

Program Monitoring

- Participates in evaluation activities of the community-based violence prevention program and organizes and participates in a review of program progress.
- Work with local officials to get shooting and homicide data for the target area
- Review the monthly Key Indicator Program (KPI) report provided by CVG
- Participates in regular meetings with CVG staff to:

  1. Review and assess progress to programmatic goals as stated in the scope of work
  2. Address issues from the monthly KPI report
  3. Schedule training sessions, hiring panels, and other administrative issues.
  4. Determine other priority needs and goals.

Qualifications

- Excellent communication skills (written and verbal)
- Proven management experience
- Proven community organizing abilities
- Proven ability to document programmatic activities and assist others in doing so
- Experience and/or training in crisis intervention and staff supervision
- Valid driver's license, insurance, and good driving record

Cure Violence Supervisor Job Description

Title: **Supervisor**   Reports to: **Cure Violence Program Manager**

CVG is a strategic evidence-based public health approach to reduce and prevent shootings and killings. The supervisor is a key ingredient to the success of this initiative and is responsible for direct management of Outreach Workers and Violence Interrupters.

Responsibilities

Cure Violence Team Management

- Coordination with Program Manager to ensure staff have access to and an understanding of official data about shootings and homicides for the target area.
- Coordination with Program Manager to address resource needs of staff and program participants.
- Coordination with Program Manager for hiring panels and other human resource issues.
- Day-to-day oversight of the Outreach Workers and Violence Interrupters including:
  - Working same hours and days as Violence Interrupters and Outreach Workers
  - Facilitate "Daily Briefings" at the beginning of each shift to review and violent incidents which have taken place in the target area, review all current conflicts and potential conflicts which can lead to violence, determine roles and responsibilities for the shift, and check in with staff in accordance with the training provided by CVG.
  - Facilitate "Daily De-Briefings" at the end of each shift to bring the team together to discuss the work of the day, outstanding issues, and ensure staff are documenting their work in accordance with the training provided by CVG.
  - Facilitate individual supervisions of Violence Interrupters and outreach workers in accordance with the training provided by CVG.
  - Determine the canvassing schedule for the team depending on current community dynamics.
  - Activate, or "Sign off," on participants to activate them in the database.
  - Coordinate efforts of Violence Interrupters and Outreach Workers when a violent event occurs within the target area.
  - Assist in the coordination of target area mediation strategies.

Resource Development

In coordination with the Program Manager, Outreach to local community groups, businesses, and potential resources in the target area.

Program Monitoring

- Document daily activities in the CVG CommCare database.
- Review Violence Interrupter and Outreach Workers data collection on a daily and weekly basis.
- Review monthly Key Program Indicator report provided by CVG to inform implementation.

Qualifications:

- Experience working with those likely to be involved in violence
- Excellent communication skills
- Experience and/or training in crisis intervention and staff supervision
- Valid Maryland driver's license, insurance, and good driving record
- No pending criminal cases or prior convictions for domestic violence (within 10 years) or prior convictions for sexual assault or child abuse.

Cure Violence Outreach Worker Job Description

Title: **Outreach Worker**   Reports to: **Supervisor**

CVG is a strategic evidence-based public health approach to reduce and prevent shootings and killings. Skilled outreach workers are a key ingredient to the success of this initiative and instrumental in helping to facilitate positive behavior change amongst high-risk individuals and groups.

Responsibilities:

Stopping Shootings by doing all that is required individually, and in a team, to prevent all shootings in the neighborhood assigned, including:

- Getting to know all the highest risk persons, their families, and their peers.
- Working to develop relationships (inroads) in the target area to stop shootings by having folks reach out to you when there are conflicts that may lead to violence.
- Working to intervene in circumstances in which violence is likely, including possible retaliation.
- Working to understand why a shooting happened and to determine why it is that you and the team were not informed – developing strategies to be better informed the next time.
- Working to gain trust of the community and the highest risk persons so that they know why you are there – to help prevent shootings and violence, and to help high-risk persons in any way you can.

Full participation in CVG, which includes:

- Outreach to the community (individually and as a team member) to build strong relationships with youth, residents, businesses, and community groups.
- Identify youth who are active in high-risk street organization and engage in high-risk street activity and intervening in their lives through case management to aid in solving current problems and preventing future ones, help facilitate positive behavior change, and introduce positive alternatives to violence.
- Recruit and maintain a minimum of 15 high risk participants (case management) and work with participants to develop risks, needs and resilience plans for each participant on a monthly basis.
- Contact participants at least 6 times per month (4 in person and 2 via phone)
- Make referrals and support for individuals to enhance their assistance and use of opportunities and programs in the community (job programs, GED, drug treatment, and mentoring).
- Advocate for youth through court testimonies, when necessary.
- Participate, as necessary, in organizing responses to shootings and increasing visibility when shootings/killings take place (developing networks with other outreach program workers to coordinate an inclusive and strategic response).
- Understanding the causes of shootings/killings to assist in mediating situations and preventing retaliation between individuals and groups (working with the community, outreach programs and local law enforcement to gain information that may be helpful in preventing additional killings) and provide documentation.

- Identify and diffuse "hot spots" for shootings and violence
- Document detailed client case notes and other duties as assigned
- Distributing public education materials within the community.
- Attending community responses and events as needed.

Qualifications:
- Experience working with those likely to be involved in violence (highest risk)
- Excellent communication skills
- Experience or training in crisis intervention
- Knowledge of and deep connection to the target area
- Valid driver's license, insurance, and good driving record
- No current/pending criminal cases.

Cure Violence - Violence Interrupter Job Description

Title: **Violence Interrupter**   Reports To: **Supervisor**

CVG is a strategic evidence-based public health approach to reduce and prevent shootings and killings. Skilled outreach workers are a key ingredient to the success of this initiative and are instrumental in helping to facilitate positive behavior change amongst high-risk individuals and groups through identifying and detecting conflicts to interrupting them.

Responsibilities

Stopping shootings by doing all that is required individually, and in a team, to prevent all shootings in the neighborhood assigned, including:

- Getting to know all the highest risk persons, their families, and peers in the target area.
- Work to develop relationships (inroads) in the target area to stop shootings by having folks reach out to you when there are conflicts that may lead to violence.
- Working to intervene in circumstances in which violence is likely, including possible retaliation.
- Working to understand why a shooting happened and to determine why it is that you and the team were not informed – developing strategies to be better informed the next time.
- Working to gain trust of the community and the highest risk persons so that they know why you are there – to help prevent shootings and violence, and to help high-risk persons in any way you can.

Full participation in CVG, which includes:
- Gaining information on potential conflicts in CVG communities.
- Formulating action plans to help resolve conflicts.
- Meeting with high-risk individuals and groups on a daily basis to discuss issues.
- Working to prevent initial acts of violence.
- Helping in the efforts to prevent all potential retaliatory shootings.
- Developing relationships with influential individuals and groups in the community.
- Referring potential clients/participants to outreach workers.
- Documenting conflicts resolved on conflict mediation forms.
- Keeping a daily log documenting all contacts with high-risk individuals daily.
- Distributing public education materials within the community.
- Attending community responses and events as needed.

Qualifications:

- Experience working with those likely to be involved in violence (highest risk).
- Excellent communication skills
- Experience or training in crisis intervention
- Knowledge of and deep connection to the Target Area
- Valid driver's license, insurance, and good driving record
- No pending or current criminal cases

Appendix B: Sample Policy Guidelines for Hiring Formerly Incarcerated Persons

(Note: This is ONLY a sample. Please refer to the Personnel Section for the minimum requirements that must be included in the policy.)

CBO will conduct a criminal background check for each candidate that is being considered for employment with the program. Offers of employment will be contingent upon the results of the background check.

1. CBO will not consider candidates for employment and will permanently discharge employees who have been convicted of or receive probation before judgment for:
    a. Crime(s) involving child abuse or neglect, or the failure to report abuse or neglect
    b. Any sexual offense involving a minor, non-consenting adult, or a person who is mentally defective, mentally incapacitated, or physically helpless.
2. CBO will not hire individuals who are currently on probation or who have been off probation for less than six months.
3. CBO reserves the right to exclude from employment anyone with past arrests or criminal convictions, based on a review of the individual's criminal history. Factors to be considered include the nature and frequency of convictions or arrests, and the time elapsed since the last conviction or arrest.

Appendix C: Program Documentation and Monitoring

The selected CBO will need to ensure that the following documentation is completed implementation. Database training will be provided by CVG.

Daily Log
This form is completed individually by all staff and details the activities completed each day. The daily log focuses on the following areas:
- *Administrative:* Activities that help sites operate smoothly (e.g., staff meetings, training sessions, organizing activities, etc.)
- *Community Norm Change:* Activities that work to shift communities' attitudes and beliefs away from violence (e.g., shooting responses, presentation on public health, public education distribution, etc.)
- *Behavior Change and Public Health Accompaniment:* Activities that transform participants' behaviors and accompany participants during good times and bad so that their choices and behaviors lead to safer, healthier lives (e.g., contact with participants, Risk-Needs-Resilience Assessment, goal setting, etc.)
- *Interruption/Mediation:* Activities to prevent and/or resolve grievances (e.g., conflict mediation, conflict follow-up canvassing, etc.)

Weekly Log
Submitted by Outreach Workers and Violence Interrupters, this weekly log is compiled for Supervisors to review with each staff member during their weekly individual supervision meeting.

Staff Summary/Development Plan
Used by Supervisors, this document is connected to the submitted Weekly Log and is used to perform individual staff supervision.

Briefing and Debriefing Agenda
The Briefing and Debriefing Agenda guides the team in planning daily activities based on current data and the knowledge and expertise of the staff (briefing). It then helps to guide the conversation for reporting daily efforts and planning for future interruption, behavior change and norm change activities (debriefing).

Daily Plan
This form is completed during daily briefings. It is used to determine the plan for the day based on data, the knowledge and expertise of the staff, and follow-up needs. Results are then filled in at the daily debriefing.

Team Meeting Agenda
This document guides the team meeting discussion and provides a review of violent incidents, as well as the team's efforts to interrupt violence.

Conflict Response:
- *Conflict Mediation*: This form details the type conflict, the status of the resolution and the likelihood that it would have resulted in a shooting. It is to be completed by one (1) Outreach Worker or Violence Interrupter who assisted in the mediation.
- *Mediation Follow-up Form:* This follow-up form is to be completed if the conflict was not fully resolved and was likely to result in a shooting. The form documents all follow-up efforts to reduce the likelihood that violence will erupt.

Participant Screening and Activation:
- *Eligibility Screening:* Outreach Workers use this form to intake participants and determine program eligibility.
- *Program Activation:* Supervisors use this form to activate/certify participants.

Participant Case Management:
- *Program Status:* This form is used to activate a participant immediately after certification, and after any changes in participant status (e.g., discharge)
- *Case Note:* This form is completed after every interaction with participants (6 successful contacts/month).

Participant Case Management:
- *Risk-Needs-Resilience (RNR) Assessment:* This form is completed with a participant at the beginning of every month to measure risk of injury, referral needs, and participant strengths. It also provides recommendations for goal setting
- *RNR Planning/Goal Setting:* This form is completed immediately after completion of the RNR Assessment and allows the Outreach Workers to set monthly goals for the participant.
- *RNR Goal Summary:* This form is reviewed at the end of every month to mark if goals have been achieved or remain pending.

Participant Case Management: Success Stories
This form allows Outreach Workers to write or record a success story for each participant, as applicable.

Site Management:
- *Neighborhood Context:* This form is completed at the beginning of the program, and any time major problems or opportunities arise at the site.
- *Violence Incidents:* This form details all violent incidents that occur within the target area. It is completed after every incident (at the end of the week).
- *Community Activities:* This form details all community activities hosted by the site. It is completed after every event.
- *Neighborhood Changes:* This form is completed at the beginning of every month to assess neighborhood risk factors as well as the neighborhood's well-being.

Appendix D: Evaluation Scoring Rubric

Section		Questions to Consider	Rating
Contact Information and Overview	**Cover Letter** **4 points**	● Does the cover letter provide the organization and executive's contact information? ● Does the organization summarize its strengths, capabilities and experience to perform work similar to violence intervention? ● Does the organization summarize how its experience makes it uniquely qualified to contribute to the implementation of the project goals?	**0-** Significant Concerns regarding organizational capacity **2-** Minimal Concerns regarding organizational capacity **4-** Demonstrates significant organization capacity.
Qualifications, Experience and Approach	**Organizational Overview** (See Reference Letters for supporting information) **Total: 6 Points**	● Does the mission and vision of the organization align with the CVG program? ● Does the organization's existing services/programs support CVG and other violence prevention programming? ● Does the organization have developed community partnerships, and can the organization describe how these partnerships will be used to support the proposed program? ● Does the organization have strong experience and past performance in providing community outreach to the targeted population? ● Does the organization have strong experience in specifically providing violence prevention services? ● Is the organization seen as reputable and credible in the community? ● Does the organization have a trusted relationship with local community partners?	**0-** Significant Concerns regarding organizational capacity. **3-** Minimal Concerns regarding organizational capacity **6-** Demonstrates significant organization capacity.

	Staffing Narrative (See Organizational Chart for supporting information) **Total: 6 Points**	• Does the organization have experience hiring and working with individuals with criminal histories? • How will the organization provide support to staff and plan self-care for each Violence Interruption staff member? • Does the organization provide coaching and professional development plans for employees?	**0**- Significant Concerns regarding staffing. **3**- Minimal Concerns regarding staffing. **6**- Demonstrates significant staffing capacity.
	Implementation Plan **Total: 6 Points**	• Within the focus area, does the organization have a physical space to operate from? If not, is there a plan to obtain a physical space? • Is there an existing relationship between the organization and the geography for implementation? • Does the organization have knowledge about the surrounding program site community, including demographics and recent trends? • Within the provided plan, how will qualified staff be identified and recruited? • Does the organizational strategy demonstrate strong goals, objectives, and benchmarks? • Does the organization invest in staff development and organizational culture (i.e., evaluation/review, training, team building, morale effort, etc.)?	**0**- Significant Concerns regarding organizational capacity. **4**- Minimal Concerns regarding organizational capacity **6**- Demonstrates significant organization capacity.

Financial Qualifications	**Budget** (See Financial Audit for supporting information) **Total: 6 Points**	● How will the organization's existing resources be utilized during the funding period to support the work of the CVG program? ● Does the organization's fiscal infrastructure and capacity have the strength to manage all aspects of the Cure Violence site?	**0-** Significant Concerns regarding budget. **3-** Minimal Concerns regarding budget **6-** Demonstrates significant budget capacity and oversight
Supporting Documents	**Additional Documentation** (See Organizational Chart, Reference Letters, Policy on Hiring Ex-Offenders, Financial Statements and Certificate of Insurance) **Total: 6 Points**	● Does the organizational chart and resumes include staff with strong credentials? ● Based on the organization's reference letters, is there strong community support for the CBO to lead the program in the target community? ● Based on the organization's most recent independent financial audit, are there issues requiring corrective action? ● Does the organization have a policy that would enable them to hire ex-offenders? ● Based on the organization's certificate of insurance, are there issues requiring corrective action?	**0-** Significant concerns regarding organization documentation **3-** Minimal concerns regarding organization documentation **6-** Demonstrates significant organization documentation

Appendix E: Readiness Assessment Report

City of Dayton (OH) READINESS ASSESSMENT REPORT

3/28/2025

OBJECTIVE OF READINESS ASSESSMENT PROCESS

The Cure Violence Global (CVG) Training & Technical Assistance Team conducts a readiness assessment process to determine if local political will and capacity exists to implement the CVG model. The readiness assessment process is a series of meetings conducted to engage governmental agencies, stakeholders, community organizations, and individuals to familiarize them with the CVG model, to review data to determine potential target areas, develop partnerships, meet with possible workers, and develop potential program structures for future implementation. The intent of the recommendations provided by CVG post-assessment is to provide communities with guidance that supports the effective integration of Cure Violence Global's community violence reduction intervention into the fabric of the local public health ecosystem to create safer and healthier communities in a sustainable manner. Specifically, the assessment seeks to determine the following:

(1) Is there a governmental or non-governmental agency with the capacity and will to implement the CVG model with fidelity?

(2) Does official and unofficial data exist about violent incidents to determine potential target areas to focus, monitor, and measure the implementation of the model?

(3) Does official and unofficial data exist about the nature of violent incidents to determine if the CVG model is appropriate?

(4) Does official and unofficial data exist to create criteria to identify the highest risk target population for focusing implementation?

(5) Do community organizations exist who fit the CVG criteria to serve as partners to implement the model?

(6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?

(7) Is there sufficient information to determine initial program recommendations for program size, budget, and a training and technical assistance plan from CVG?

In September 2024, government officials in Dayton, Ohio contacted Cure Violence Global and expressed interest in learning about Cure Violence Global' s violence prevention model and having discussions to determine if the model is appropriate for their jurisdiction. After obtaining more information, an agreement for Cure Violence Global to conduct a Readiness Assessment was entered between Dayton and Cure Violence Global effective December 1, 2025. CVG worked closely with the City of Dayton to complete the assessment through the four distinct phases which included:

(1) CVG 101 Informational meetings for a broad range of stakeholders including government agencies, hospitals, service providers, and community-based organizations (in person),

(2) Smaller stakeholder meetings with a subset of attendees of the CVG 101 presentations (virtual);

(3) In person visit (part 2) which took place in March of 2025, and then

(4) Determination of next steps with the submission of the readiness assessment report.

The schedule of the Dayton Readiness Assessment is in the table below:

Dayton (Ohio) Readiness Assessment Schedule January - March 2025				
Phase 1 & 2: Cure Violence Global 101 Presentations/Data Review Meetings				
Day	**Session**	**Time**	**Target Audience**	**Location**
Wednesday, January 29	CVG Assessment Kick-Off	4:00p-5:00p	- City Leadership - General Public	Dayton (OH) City Hall
Wednesday, February 12	Data Review Meeting	10:00a-11:00a	- City Leadership	Remote
Friday, February 28	CVG 101	5:30p-7:00p	- Dayton Hospitals	Remote
Phase 3: In-person Community Meetings/Visits				
Tuesday, March 4	Neighborhood Tours	9:00a-11:00a	- Community-Based Partners - Individuals with lived experience - Neighborhood Stakeholders	Dayton (OH) City Hall
Tuesday, March 4	Interested Workers Meeting	12:00p-1:00p	-Community-Based Partners	Dayton (OH) City Hall

			-Individuals with lived experience	
Tuesday, March 4	CVG 101 Presentation	3:00p-5:00p	- Peace Campaign Steering Committee	Dayton Metro Library: West Branch
Tuesday, March 4	Community Visit	5:30p-6:30p	- Community Based Partner - Individuals with lived experience	Victory Project
Wednesday, March 5	CVG 101 Presentation	12:00p-1:00p	- Public Health Department	Public Health: Dayton & Montgomery County
Wednesday, March 5	Target Area Visits	1:30p-3:00p	- Dayton PD	Ride along in potential target areas with Dayton PD
Thursday, March 6	CVG 101 Presentation	12:00p-1:00p	- Violence Reduction Steering Committee	Dayton City Hall
Thursday, March 6	CVG 101 Presentation	5:30p-7:30p	- Community Residents - Individuals with lived experience	NW Recreation Center
Phase 4: Readiness Assessment Report Submission				

This report covers the information that was obtained during the Readiness Assessment and Cure Violence Global's recommendations.

CURE VIOLENCE GLOBAL BACKGROUND

For more than 20 years, Cure Violence Global has successfully worked to reduce violence in some of the most violent communities in the United States and around the world, advancing a new health paradigm on violence and a scientific approach to preventing it. This approach is grounded in an understanding that violence exhibits hallmarks of an infectious disease. It behaves with a contagious nature; it is acquired and biologically processed, perpetuated through social norms and peer reinforcement, and can be prevented using disease control methodology.

Like an epidemic disease, violence clusters and spreads geographically (Slutkin, 2013; Zeoli, Pizarro, Grady, & Melde, 2012). Many types of violence are transmitted between individuals, including child abuse (Widom, 1999), community violence (Bingenheimer, 2005; Spano, Rivera, & Bolland, 2010), intimate partner violence (Ehrensaft, Cohen, & Brown, 2003), and suicide (Gould & Kramer, 2001; Gould & Lake, 2013). Furthermore, violence can transmute -- exposure to one form of violence increases not only the likelihood of engaging in that type of violence, but others as well. For instance, exposure to

community violence has been shown to increase one's risk of perpetrating domestic violence (Abramsky, et al., 2011) and exposure to war violence one's risk of engaging in community violence (MacManus, et al., 2013). Research further demonstrates a transactional relationship between suicide and other forms of violence, with a history of violence increasing one's risk of suicide and a history of suicidality increasing the propensity for engaging in other types of violence (Van Dulmen et al., 2013).

The Cure Violence Global model is based on the World Health Organization's epidemic control approach for stopping the spread of infectious diseases such as AIDS, cholera, and tuberculosis. The model advances a prevention methodology to identify and detect violent events; interrupt, intervene and reduce risk of their occurrence; and change the behaviors and norms that perpetuate violence. This method begins with epidemiological analysis of the clusters involved and transmission dynamics and uses several new categories of paraprofessional health workers to interrupt transmission to stop the spread and to change norms around the use of violence. Central to this approach is the use of workers viewed as trustworthy and credible by the population being served. This is best accomplished by hiring workers who are from the same community and have had similar life experiences (i.e., community health workers). Workers are trained as disease control workers, similar to tuberculosis workers, and receive extensive training in methods of mediation, behavior change, and norm change. Cure Violence Global has extensive experience bringing its health-based violence prevention model to scale in Chicago and working with implementation partners to bring the model to scale in other cities.

For a number of reasons, model adaptation is eminently scalable. As it has evolved, the Cure Violence approach to model adaptation and diffusion lends itself to replication and scalability. Because Cure Violence has developed an approach rather than a program, per se, and does not typically implement the model directly, it develops extensive training materials and protocols to guide each implementation and adaptation and has a robust training and technical assistance initiative to oversee model implementation nationally. Cure Violence's replication approach calls for the identification of and collaboration with local partner organizations that have the capacity, credibility, and desire to operate a local program, with Cure Violence providing start- up training, ongoing technical assistance, a peer learning network, and process evaluation to ensure fidelity to the approach.

As noted, the Cure Violence Global model is derived from epidemiological disease control methods. Three main strategies are used in reversing infectious epidemic processes: (1) detecting and interrupting

ongoing and potentially new infectious events; (2) determining who are most likely to cause further infectious events from the infected population and then reducing their likelihood of developing disease and/or subsequently transmitting; and (3) changing the underlying social and behavioral norms, or environmental conditions, that directly relate to the spread of the infection (Nelson and Williams, 2007; Heymann, 2008).

The Cure Violence Global method begins by examining the clusters involved and transmission dynamics and uses several new types of disease control workers -- including violence interrupters and outreach behavior change agents -- to interrupt transmission (or the contagion), to stop the spread of the violence disease, and to change underlying norms. Workers are trained similarly to tuberculosis or HIV/AIDS workers to help find cases and ensure that persons are sufficiently rendered noninfectious (albeit in the case of tuberculosis through the use of antimicrobial agents) (Slutkin, et al., 2006). However, tuberculosis outreach workers also require the use of persuasion (e.g., for taking medications) to ensure that effective change is occurring. Cure Violence Global disease control workers are trained in modern methods of persuasion, behavior change, and community norm change — all of which are essential for limiting the spread of outbreaks of violence. The principles underpinning the approach derive from current knowledge of social psychology and brain research, just as the principles for controlling other infectious diseases stem from understanding their underlying mechanisms and patterns of flow.

One of these principles involves employing persons from the same "in-group" as change agents, which reduces defiance and engenders trust, credibility, and access. A number of cognitive processes are sensitive to group membership and for assessing "us" or "them" (Mathur, Harada, Lipke, & Chiao, 2010; Bruneau, Dufour, & Saxe, 2012) and determining whether someone is working in your own interest or not. Behavior change is enhanced through the use of credible messengers, as well as ensuring that the new behaviors are acceptable, doable (i.e., potential barriers to engaging in the behaviors are mitigated), and feel right socially. Messages need to be constructed to include new information about the behavior and new skills to be practiced and to trigger positive rather than negative reactions from peers.

In community violence implementation sites, trained health workers called violence interrupters and outreach workers (in some adaptation these positions are combined) prevent violence by identifying

and mediating potentially lethal conflicts in the community (violence detection and interruption) and following up to ensure that the conflict does not reignite. Whenever a shooting happens, trained workers immediately mobilize in the community and at the hospital to cool down emotions and prevent retaliations – working with the victims, friends and family of the victim, and anyone else connected with the event. Workers also identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and use mediation techniques to resolve them peacefully. Workers follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

Outreach Workers also work intensively with a caseload (15 - 20) of the highest risk individuals to decrease the use of violence (behavior change of highest risk) by establishing contact, meeting them where they are at, developing trusting relationships, talking to them about the consequences of engaging in violence, teaching alternative responses to violence triggers, and helping them to obtain the social services and community resources they need such as job training, employment, and drug treatment, to shift their violent trajectory.

Finally, workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and at-risk individuals, promulgating the message that violence should not be viewed as normal but as a behavior that can be changed (norm change). Whenever a shooting occurs, workers organize a public response during which dozens of community members voice their objection to the shooting. Workers also coordinate with existing and establish new block clubs, tenant councils, and neighborhood associations to build social cohesion and promote community safety. And they distribute materials and host events to convey the message that violence is not acceptable.

The Cure Violence Global model has undergone 11 independent evaluations to date, all of which have reported statistically significant reductions in violence. A 2009 Northwestern University evaluation found that the model was associated with 16-34% reductions in shootings and 46-100% reductions in retaliatory homicides. An evaluation in three Philadelphia Police Service Areas found that the Cure Violence program was associated with a 30% reduction in the rate of shootings. A 2012 Johns Hopkins University evaluation found that Safe Streets, Cure Violence's partner in Baltimore, reduced killings up to 56%, and shootings up to 44%. A John Jay College of Criminal Justice evaluation of two New York City neighborhoods operating Cure Violence programs from 2014 to 2016 found steeper declines in acts of

gun violence and increases in the expression of pro- social norms compared with similar neighborhoods not operating Cure Violence programs. The study found reductions across all measures, including a 63% reduction in shootings in one community, a 50% reduction in gunshot wounds in the other, less support for the use of violence, and greater confidence in police. A 2014 evaluation of two Chicago Cure Violence program neighborhoods showed a 31% reduction in homicides and a 19% reduction in shootings in targeted districts. In a study by Arizona State University in 2018, the adaptation of the Cure Violence model in East Port of Spain, Trinidad found "Based on a series of quasi-experimental designs using three independent data sets maintained and updated by different entities…found that the Cure Violence intervention was associated with significant and substantial reductions in violence." Finally, a study by the Inter-American Development Bank in 2019, conducted by the *Universidad ICESI*, found In intervention area 1, Charco Azul, a 47% reduction in homicides and 47% less likely to experience retaliatory homicides within 7 days compared to control areas and in intervention area 2, *Comuneros,*a 30% reduction in homicides and 100% less likely to experience retaliatory homicide within 7 days compared to control areas.

READINESS ASSESSMENT FINDINGS

Cure Violence Global was able to determine that the City of Dayton (OH) has the political will and capacity to implement the CVG model. Below are brief descriptions of the findings of the readiness assessment for each element which is required to implement the CVG model successfully.

(1) Is there a Governmental or Non-Governmental agency with the capacity and will to implement the CVG model with fidelity?

Yes, CVG was able to determine during the assessment process that Dayton has the capacity and political will to implement the CVG model with fidelity. CVG was able to engage with the City of Dayton Mayors office, City Manager's office, Greater Dayton Hospital Association, Dayton Police Department, Public Health: Dayton & Montgomery County, Juvenile Court, Premier Health, Kettering Health Dayton, and other organizations. All demonstrated the necessary capacity and will to implement the model with fidelity. In addition, CVG met with several stakeholders at community meetings held during the in-person portion of the CVG readiness assessment who voiced their support of implementing the CVG model in Dayton.

Given the nature of the model, CVG recommends that Public Health: Dayton & Montgomery County be established as the oversight agency for the Cure Violence program. This will help ensure proper leveraging of health and social service resources currently available, ensure proper focus and evaluation of the violence in communities receiving the Cure Violence program, and the program is being managed by a credible agency that can educate the public about the root causes of violence and why it is a public health issue and a determinant of health.
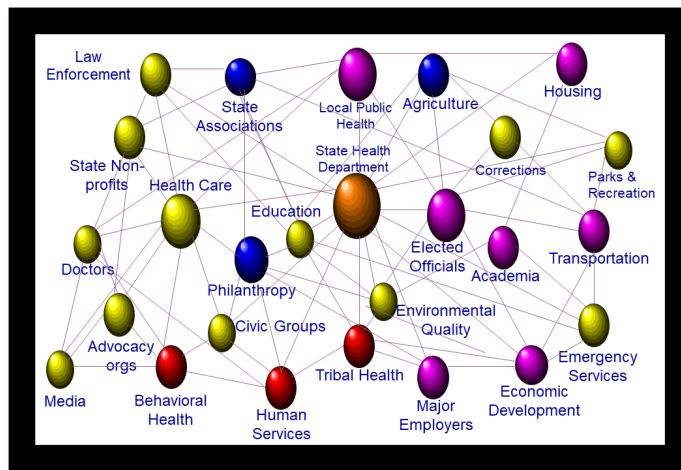

Thus, it is well positioned to serve as the system-level convener, bringing together essential stakeholders and obtaining their support to ensure proper leveraging of existing infrastructure and resources to meet the communities' needs, and effectively integrate the violence prevention programming into the fabric of Dayton's local public health ecosystem.

(2) Does official and unofficial data exist about violent incidents to determine potential target areas to focus, monitor, and measure the implementation of the model?

Yes, CVG was able to determine that Dayton **exceeds** the data requirement for the CVG model to be successful. The Dayton Police Department was able to provide excellent data sets for the Readiness Assessment which demonstrated the ability to determine potential target areas to focus, monitor measure, and ultimately report on the impact of the CVG model at the community level.

The data provided by the Dayton Police Department included counts of Aggravated Assaults and Homicides of the last five years. CVG was able to use GIS to determine which census tracts contained the majority of incidents, analyzed by year and area based on number of Aggravated Assaults and Homicides and narrowed down the size of areas based on comparisons with other tracts containing similar rates of violence where the program has successfully been implemented.
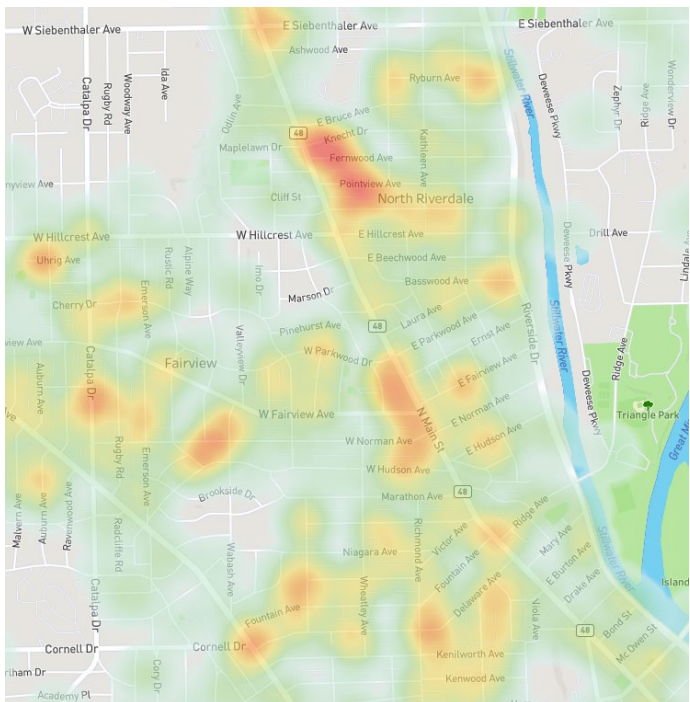
The recommended Target Areas to implement the Cure Violence Global Model are in the maps below:
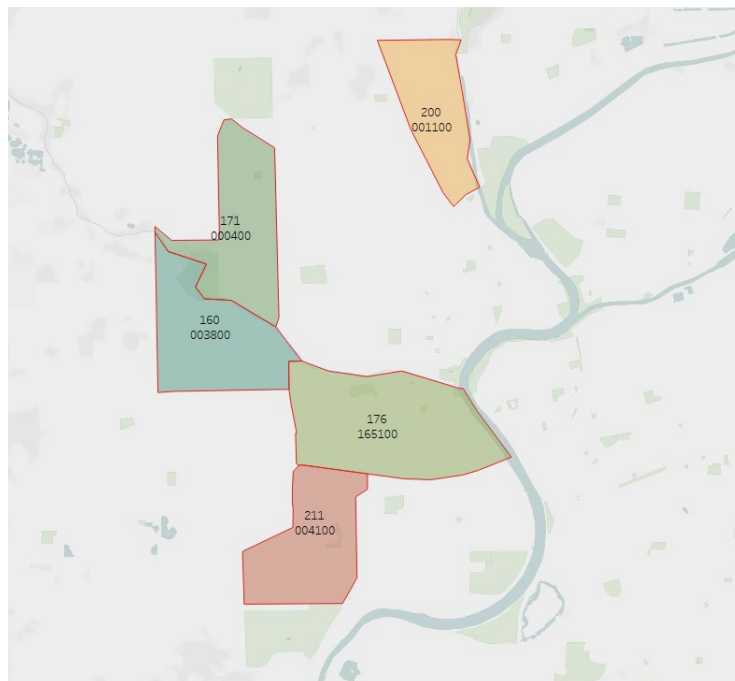
Target Area Candidate: 004100
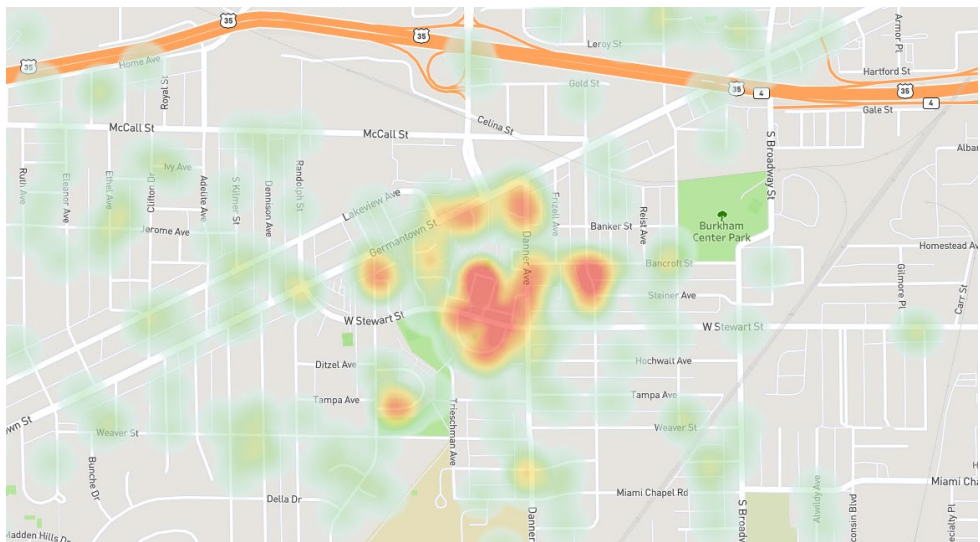
Target Area Candidate: 001100

According to data reviewed; conversations were held with the City of Dayton's Mayor's and Manager's offices, Dayton Police Department leaders, and other key stakeholders including Premier Health& Kettering Health; and the drives through the target areas during the readiness assessment process, it has been confirmed that the dynamics of the violence in the target area candidates are appropriate and consistent with other areas where the CVG model has been implemented. These dynamics included the existence of individuals and groups associated with violence (gangs, crews, clicks, etc.), high levels of social and economic inequity, illegal drug activity, and high levels of robberies and other crimes.

(3-4) Does official and unofficial data exist to determine if the CVG model is appropriate and identify the highest risk target population for focusing implementation?

Yes, the data CVG was able to review the data provided by the Dayton Police Department during the assessment process which demonstrated the nature of the violent incidents is consistent with other areas where the CVG model has been implemented. Meaning, that the shootings and homicides take place in mostly public spaces in the community between individuals and groups who are in conflict for various reasons ranging from sale of substances to interpersonal conflicts (often fueled by social media) to other "on the spot" transactional disputes. To supplement the quantitative data provided, additional qualitative data was collected at each community meeting held during the in-person visit of the readiness assessment. Much of the information collected confirmed that the City of Dayton could benefit from implementing the CVG model.

Additionally, in speaking with many community stakeholders during the assessment process, the understanding of who is most likely to be involved in the shootings and homicides is consistent with other jurisdictions where the CVG model has been implemented successfully. This includes persons who are 16-25 years old (can range from 14-30), recently has been exposed to violence (themselves or someone from their peer/family group, formerly incarcerated (for violent offense), active in a street organization/crew/click, have history of carrying a weapon and engaged in high-risk street activity (informal economy).

(5) Do community organizations exist who fit the CVG criteria to serve as partners to implement the model?

Yes, CVG was able to determine during the assessment process that community organizations do exist who fit the majoirty of the criteria to implement the model. Implementation at the community level

requires a community-based organization capable of providing oversight of the day-to-day program operations. The criteria for community-based implementation partners are as follows:

- Mission in sync with Cure Violence model and health approach
- Strong ties to the target community
- Viewed as credible, trusted, and neutral by target community and highest risk individuals
- Able to participate in recruitment of potential workers for the target area
- Able and willing to hire and work with individuals with criminal histories/come from the groups in conflict in target area
- History of direct violence prevention or related work
- Experience of managing grants and contracts
- Experience producing detailed reports on regular basis
- Organizational capacity to support and supervise staff and to provide fiscal oversight

CVG was able to meet with several individuals and organizations who appear to meet the criteria to serve as either the implementing community-based organization or as a partner to the selected implanting organization. They have a wide range of work which includes some violence prevention, community engagement, large and small activities for the community, provision of supportive services, educational programming, mental health services, re-entry work, life skills, sporting activities for youth, mentorship programs, food, clothing distribution, and employment opportunities. Community members present varied from local business owners, current and former elected officials, neighborhood association members, educators, and more.

CVG did not review the financials of any organizations during the readiness assessment process, however it is not uncommon that organizations with the best relationships with the highest risk in the target area do not have the full capacity to provide fiscal oversight. Additional support for administration may be needed to bolster existing candidate organizations. In CVG's experience that can be achieved through a fiscal agent or housing the program in larger organization.

If the City of Dayton decides to move forward with CVG model, CVG will work with them to facilitate the Requests for Proposal (RFP) process which can be included in any local procurement procedures to make the decision on which community-based partner is selected to implement the program.

(6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?

Yes, CVG was able to determine during the assessment process that individuals do exist who can fulfill the roles of violence interrupter and outreach worker. The best "change agents" for interrupting violence or providing outreach have in many cases lived the same type of life as those who are being affected by violence and are connected to the community where the initiative is being implemented. Characteristics include:

- Has credibility with the highest risk individuals and groups in the target area
- Has relationships (inroads) with the highest risk individuals and groups in the target area
- Has prior ties to gangs or crew, cliques, drug crews, etc., in the target area
- May have been incarcerated for a violent offense
- Resides in or is from the target area
- No longer active in violence, criminal activity, or substance abuse
- Can work as part of a team

During the Readiness Assessment Process, CVG was able to meet with individuals from the communities who either potentially fit the profile to fulfill the role of violence interrupters and outreach workers or who knew individuals in their communities who did. CVG is confident that if the model moves forward, the selected community-based partner will be able to recruit workers who fit the profile to serve as Violence Interrupters and Outreach Workers with specific relationships to reach the highest risk in either of the candidate target areas.
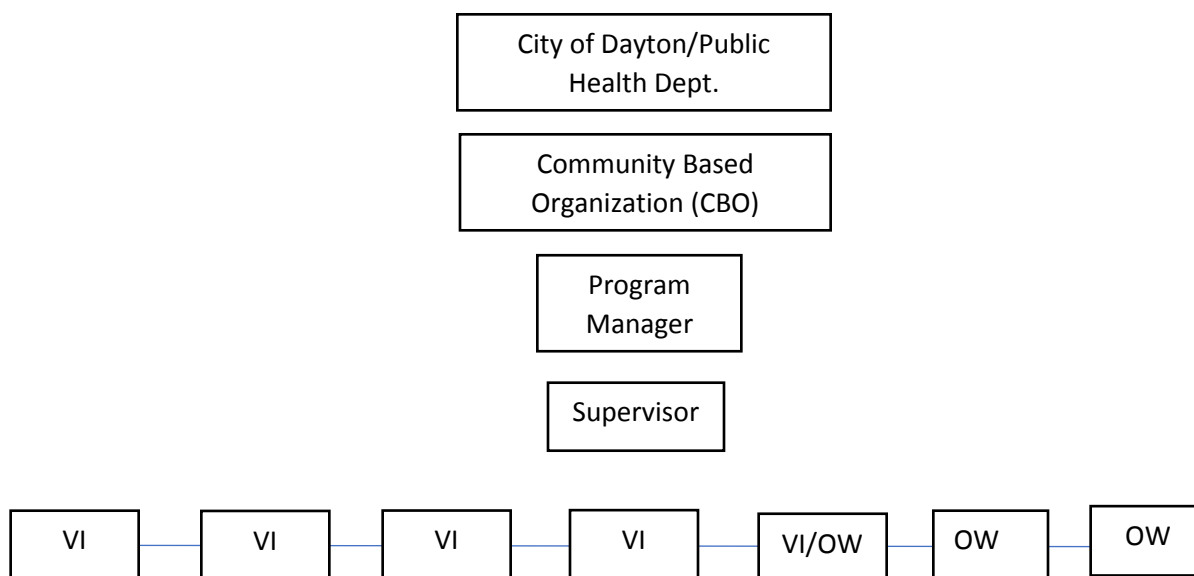
If the program is implemented in Dayton (OH), CVG has developed specific protocols to ensure the best candidates are selected. This includes a pre-screening and hiring panel process designed to recruit individuals who have the credibility and suitability to best work with the highest risk population in the target areas.

(7) Is there sufficient information to determine initial program recommendations for program size, budget, and ongoing training and technical assistance plan from CVG?

Program Size

Based on the size and the scope of the violence in potential target areas, CVG's recommendations for program size vary among each potential target area. CVG recommends a team of 7-10 team members for each potential catchment area identified above (pg. 11). Each staffing pattern would include one program manager, at least one supervisor, and a team of Violence Interrupters (VI) and Outreach Workers (OW).

Staffing Pattern per target area:

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        ┌─────────────────────────┐
        │   City of Dayton/Public  │
        │       Health Dept.       │
        └─────────────────────────┘
        ┌─────────────────────────┐
        │     Community Based      │
        │    Organization (CBO)    │
        └─────────────────────────┘
            ┌─────────────────┐
            │     Program      │
            │     Manager      │
            └─────────────────┘
              ┌─────────────┐
              │ Supervisor  │
              └─────────────┘
```

VI	VI	VI	VI	VI/OW	OW	OW

Program Budget

The estimated budget for setting up a program of this size and scope is $564,750 a year for implementation depending on where the program is positioned for a single replication site. This total budget figure is based on other programs which have successfully implemented the CVG model at a similar staffing level. Local costs/factors along with staffing patterns will need to be considered to finalize the program budgets.

The following are additional initial programmatic recommendations that can be considered but are not necessary for implementing the CVG model:

The Cure Violence Global violence prevention model is based on proven public health approaches that effectively reduce transmission of diseases. Early iterations of the model solely focused on violence interruption, which effectively reduced killings and shootings. However, the current approach has been modified to improve the environment and health outcomes across the communities implementing the Cure Violence intervention. The following are additional initial programmatic recommendations:

1. Create standardized talking points for elected officials, select community-based organizations and other partners who are likely to speak to the media about the implementation of the Cure Violence Global intervention. This will help increase trust and increase buy-in from community members. Consideration should also be given to issuing a statement that is signed by the essential stakeholders (City leadership, Health Department Official, Law Enforcement Official, and others as you deem appropriate).

2. Conduct an environmental scan to identify and map all available health and social service resources for Dayton residents and identify those organizations who are trusted by the community and have a history of providing services in a culturally sensitive and appropriate manner.
   a. This is necessary to ensure the most appropriate service providers are selected to provide services for the jurisdiction's most vulnerable populations.
   b. The following services should be provided:
      i. Housing Assistance
      ii. Food Assistance
      iii. Mortgage/Rental Assistance
      iv. Utility Assistance
      v. Employment Assistance
      vi. Education Assistance
      vii. Job Skills Training
      viii. Identification Assistance
         1. Many individuals may need assistance obtaining a government identification card.

      ix.   Preventive Health (Medical and Oral) Services

          1.   Many individuals may be uninsured or underinsured. Connecting them with a provider that can provide essential health services and help them navigate health insurance challenges is critical to ensuring individuals are able to achieve their optimal health level. Consider partnering with a local Federally Qualified Health Center that is trusted by community members living in the jurisdiction's most vulnerable areas.

       x.   Mental and Behavioral Health Services

          1.   Levels of toxic stress are typically higher among those individuals living in the most vulnerable neighborhoods. Connecting them to these support services can give them additional tools to manage stress and ensure any underlying mental health conditions are identified and properly managed.

     xi.   Legal Assistance

          1.   Helping individuals with minor infractions get some things expunged from their record may help them obtain employment.

3. Identify which service providers are willing and able to establish a "fast track protocol" to ensure those individuals who are experiencing a crisis can be connected to services within 12-14 hours.

   a.   This is necessary to ensure those who are truly the most vulnerable do not commit acts of violence because they are not able to get the resources they needed in a timely manner.

4. Consider establishing a Cure Violence Steering Committee/Coalition

   a.   This should be a multidisciplinary committee whose primary mission is to hold the oversight agency and the selected CBO's accountable for implementing and maintaining the fidelity of the Cure Violence Model. Representatives typically include:

       i.   a representative from local academic institutions,

      ii.   2-3 trusted laypersons who live in each neighborhood (catchment area) where the Cure Violence Global intervention is being implemented,

     iii.   a representative from local philanthropic organizations,

        iv.   representatives from each community-based organization selected to implement the model (typically the CEO and Site Director)

             1.   These individuals will provide updates on their activities during each meeting and when possible, the Steering Committee will help increase awareness about their activities and support them in ways that are feasible.

        v.   A representative from any institution that is conducting an evaluation of the program.

        vi.   A representative from the government's designated oversight agency, and

        vii.   2-3 trusted representatives from local religious organizations.

   b.   This group can help with ongoing messaging and assist with maintaining awareness of the program in local communities.

   c.   All representatives should have demonstrated a passion for improving community conditions, health outcomes and reducing violence.

   d.   The chair of this committee should be a trusted person from a stakeholder organization.

5. Establish communication protocols for emergency issues that occur at program sites. This should be a simple step by step protocol that can be used to ensure timely sharing of information between the sites, community-based organizations, and the oversight agency. The oversight agency will relay critical information to the appropriate government stakeholders.

6. Establish a communication protocol for ensuring proper authorities and stakeholders receive monthly updates on the impacts the sites are having in the communities. This can be done by emailing reports or creating a public facing dashboard that the oversight agency will update monthly. Typically, the latter option is the most effective and ensures all stakeholders can access the information in a timely manner.

7. Establish internal contract compliance protocols and conduct a contract review with the selected community-based organization.

   a.   This is necessary to ensure the selected community-based organizations understand their roles and responsibilities and monthly deliverable completion requirements. This

will help ensure compliance throughout the program implementation period and ensure the oversight agency receives the required information in a timely manner.

8. Identify an evaluation partner. This is typically a local tertiary academic institution that has a public health or criminology program that has faculty who have experience conducting mixed methods evaluations and is interested in conducting research on health outcomes related to violence prevention activities.

   a. Ensuring an independent evaluation of the Cure Violence Global intervention is critical to ensuring the stakeholders have objective information that can help them understand the value of the Cure Violence Global intervention, its impact on the communities in Dayton. Furthermore, program evaluation is necessary to advance the field of community violence intervention and help local, state, and national stakeholders understand the importance of implementing a health approach to address violence in communities across the globe.

Cure Violence Global Training and Technical Assistance Plan

Cure Violence Global proposes the following training and technical assistance (TTA) to ensure the successful implementation of the model in Dayton. The TTA will include (1) assistance with the request for proposal process (RFP) to select a community based partner to implement the CVG model, (2) provision of the "onboarding training" for the community based partner and governmental agencies, (3) facilitation of panel interviews to recruit and select the best candidates to serve as front line staff, (4) facilitation of program manager/supervisor training for the management of the community based site, (5) facilitation of Violence Interruption and Reduction Training (VIRT) for outreach workers and violence interrupters, (6) access and use of the Database (which includes weekly data reports), (7) participation in weekly monitoring phone calls, (8) three booster trainings/site visits, and 24 hour a day 7 days a week emergency assistance. A brief description of each is below:

1. Assistance with Request for Proposal (RFP) Process: CVG will provide examples of RFPs used by other cities to select the Community Based Partner. The sample RFP can be adapted to local procurement laws and processes. The RFP review committee and eventually the hiring panel should include community members and leaders identified during the assessment process.

2. On-Board Training: Two-day onboarding training for community-based partner and governmental oversight agency. The two-day Onboarding Training is designed to equip the governmental oversight and community-based partner with the necessary information and skill associated with the successful implementation of the CVG model. All critical implementation issues are addressed, and specific action plans are developed for the first three to six months of programming.

3. Recruitment and Hiring of Staff: To ensure uniform recruitment and hiring practices. The CVG model uses hiring panels to hire all violence interrupters and outreach workers which include representatives from the implementing agency (i.e., CVC and representatives from health department), community-based partner organizations (CBO), local faith leaders, community residents, and law enforcement, to ensure that the best candidates are selected for each target area. These following are tools which are used to ensure the best candidates are recruited and selected:
   a. The prescreening checklist to ensure that sufficient background work has been done with the potential candidate to determine that they are suitable to serve as a staff member and have a reliable personal support system.
   b. The panel briefing form to assist in educating all members of the panel on the goals and objectives of the hiring panel and their participation to ensure that the strongest candidates are selected (with the least likelihood of relapse).
   c. The implementation of uniform interview questions and scorecards for each staff position to ensure that the selection of a worker is predicated on their possessing the necessary skillset to implement the model successfully.
   d. The use of a panel tracking form designed to ensure the appropriate individuals and institutions are included in the hiring panels.

4. 40-hour Program Management Training: The Management Training is conducted to impart management-level staff with critical knowledge, skills, strategies, and insights specific to managing a health intervention, frontline staff (Violence Interrupters & Outreach workers), strategic recruitment and deployment of staff, building a strong team, creating a positive work environment, enforcing accountability, mobilizing the community and shifting community norms

that perpetuate violence. This training is designed to prepare management for providing oversight of the day-to-day operations, including potential programmatic challenges, strategic planning and the use of data to guide the work and problem solving based upon nearly 20 years of programmatic experience, current staff and community dynamics.

5. 40-hour Violence Interruption and Risk Reduction Training (VIRT): The Violence Interruption and Reduction Training (VIRT) has been developed for outreach workers, violence interrupters, and other administrative staff. It includes a mix of presentation of core concepts and skill development through demonstration and practice. The curriculum is focused on four core areas: 1) Introduction to interruption and outreach, including roles and responsibilities with an emphasis on boundaries and professional conduct; 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior as it relates to reducing risk for injury/re-injury and/or involvement in violence; 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4). Working with key members of the community, including residents, faith leaders and service providers through public education, responses to violence and community building activities.

6. Database Training: The database training is designed to equip the site with the necessary skills to use Cure Violence CommCare Database to document all program activities and guide implementation. As a data-driven model, Cure Violence has developed a comprehensive, web-based program database that is used by all implementation sites to track program implementation and participant data. This database provides a robust reporting system which allows for continuous, real-time monitoring of site progress and implementation fidelity. This data is used to monitor and evaluate program progress toward violence reduction and behavior change outcome targets.

7. Weekly Program Monitoring Meetings (with data reports): Ongoing support will be provided through monthly conference calls with the site and representatives of the City of Dayton. These calls will include analysis and review of the weekly data reports. Cure Violence Global TTA staff will also be available to provide immediate crisis response assistance in addition to the scheduled calls, as needed.

8. Quarterly Booster Training/Site Certification visits: Quarterly site visits will be conducted over the course of the contract period in conjunction with booster trainings. These visits will allow CVG staff to ensure that the lessons from the TTA have been embedded into the local work. Site visits will include observation of daily operations and opportunities to provide onsite feedback as the sites work towards Cure Violence Global certification.

9. 24/7 Emergency Assistance: CVG staff are available for emergency assistance 24 hours a day, seven days a week.

The cost of the Training and Technical Assistance is dependent of local resources and proportional the overall program budget. A scope of work with associated costs of each item and a draft timeline can be provided if the City of Dayton decides to move forward with the model.

CONCLUSION AND NEXT STEPS

Through the Readiness Assessment process, Cure Violence Global was able to determine that Dayton has the political will and capacity to implement the CVG model. The necessary governmental and community infrastructures are all in place to successfully deploy the model and will likely see reductions in shootings and killings in the areas where it is implemented. Not only does Dayton appear to have the political will necessary to implement the CVG model, but the has also cultivated relationships with key community groups associated with violence intervention/prevention efforts. To conclude the Readiness Assessment, Cure Violence Global will coordinate with the City of Dayton Mayor's office to present the findings to the stakeholders who participated in the process.