

An abstract painting with a dense, chaotic composition. The background is filled with vibrant, overlapping colors including red, blue, yellow, green, and purple, set against a dark, almost black base. The brushstrokes are thick and expressive, creating a sense of movement and intensity. The overall effect is one of complexity and emotional depth.

# **Gun Violence Prevention**

*A Public Health Approach*

# The 38%

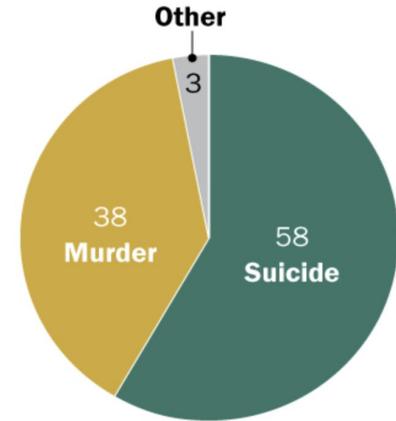
Less than 1% of deaths caused by firearms in the USA are a result of [mass shootings](#).

58% are by suicide.

38% are by homicide.

## Suicides accounted for nearly 6 in 10 U.S. gun deaths in 2023

*% of U.S. gun deaths, by type*



Note: "Other" includes gun deaths that involved law enforcement, were accidental or had undetermined circumstances. Figures do not add up to 100% due to rounding.

Source: Centers for Disease Control and Prevention. Data last accessed on Feb. 21, 2025.

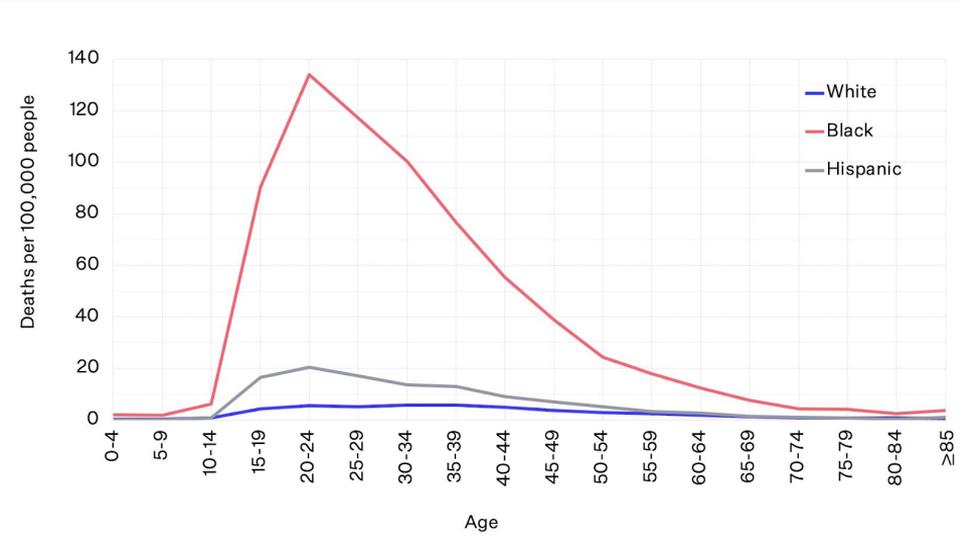
# Racial Disparities

**Gun violence is the leading cause of death for Americans under age 19.**

*(More deaths than car accidents, cancer, and heart disease combined.)*

***“For young black men, homicide accounts for more deaths than the nine other top causes combined.”***

*(Bleeding Out, Abt)*



Firearm Homicide Rates for Males by Age and Race/Ethnicity, 2020

**Homicide has been the leading cause of death for Black men  
ages 15-44 for more than half a century.**

More than 87% of homicides in Black communities involve firearms.

*Homicide is the second leading cause of death for Latino boys ages 10-19.*

# Defining the problem.

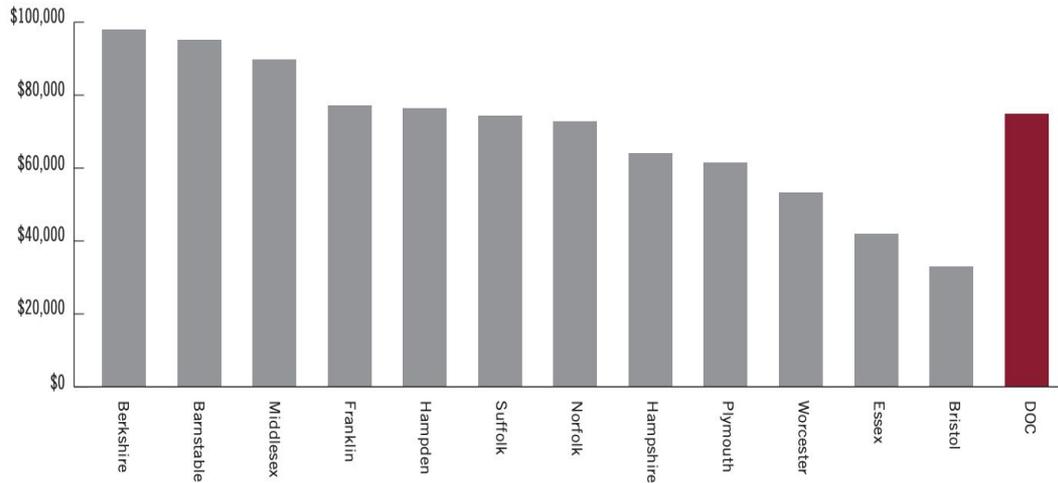
Over the past 10 years, Pittsfield has recorded an average  
homicide rate of **5.4 per 100,000 people.**

**That's more than double the state average.**

\*according to data from the Pittsfield Police Department.

# Incarceration

Figure 4: Estimated expenditure per inmate, FY 2019



Source: MassINC's analysis of Department of Correction Weekly Count Sheets, April 2018, and average House and SWM FY 2019 budget proposals (adjusted upward based on final expenditures, FY 2011 to FY 2018)

**The cost of incarcerating one man in  
Berkshire County for one year is  
around \$90,000.**

**That's more than the tuition of Williams College.**

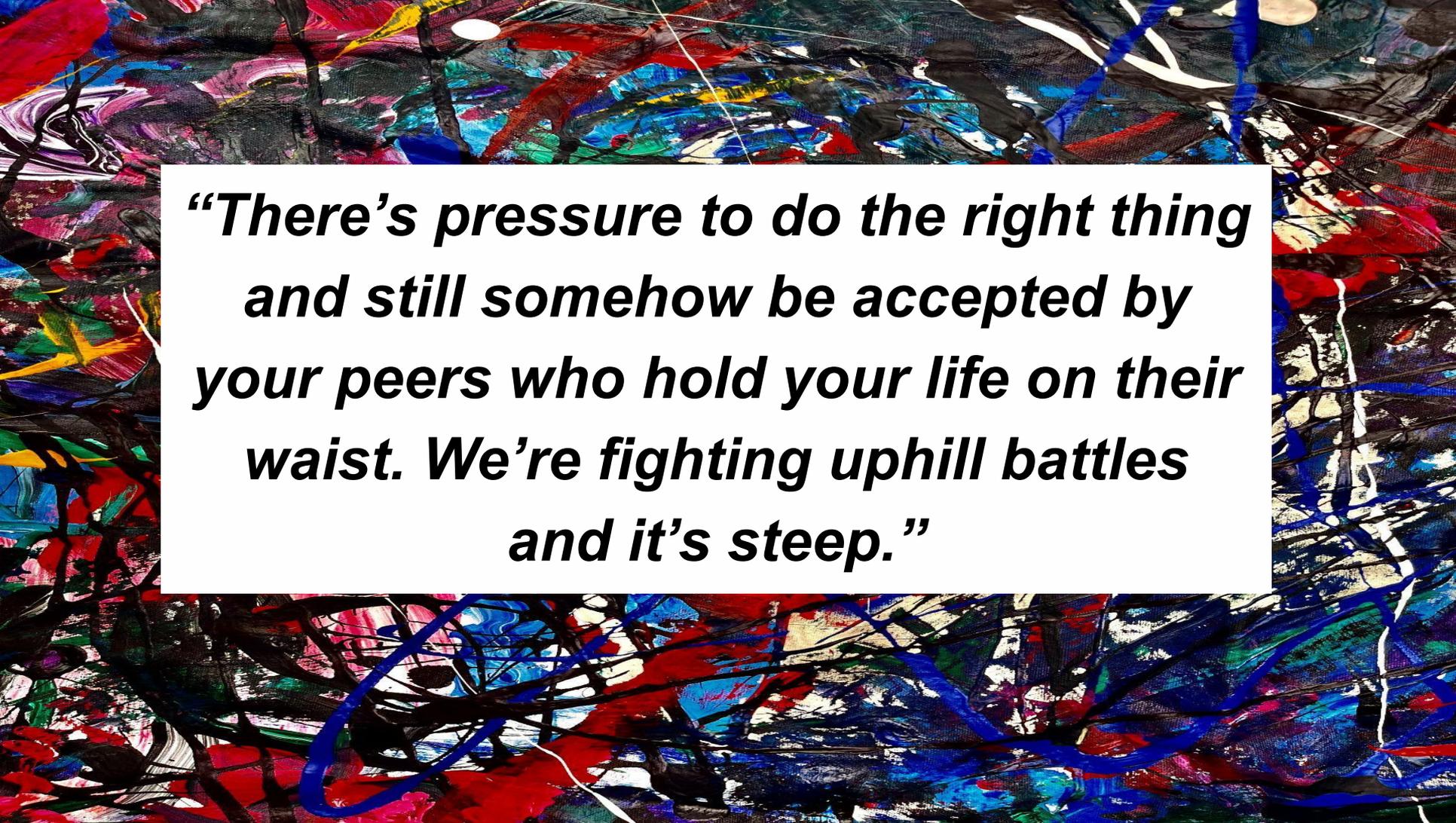
*Education and Program Services make up an average of 3.2% of  
MA Sheriff's Department's budgets.*

**Nationwide, mass incarceration costs taxpayers  
around \$260 billion per year.**

The population of Berkshire County is less than 4% Black.

**But the population of the Berkshire County Jail  
and House of Correction is 30% Black.**

*Investing in prevention means putting money into neighborhoods that have been disproportionately harmed, and working to reverse racial disparities.*



***“There’s pressure to do the right thing  
and still somehow be accepted by  
your peers who hold your life on their  
waist. We’re fighting uphill battles  
and it’s steep.”***

# An Epidemiological Approach to Violence

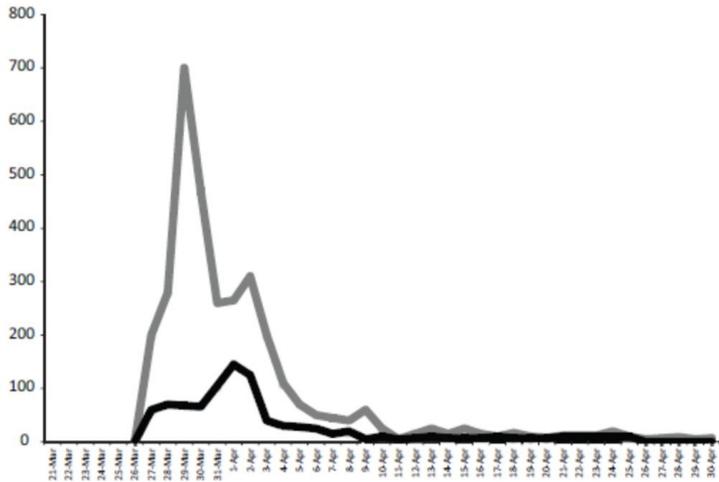
- **Gary Slutkin** was an epidemiologist working on infectious disease internationally. When he returned to the USA, he observed that community violence spread almost identically to infectious disease. He took strategies for interrupting the spread of infectious disease and applied them to interrupting the spread of violence. The key concept: interrupting transmission.
- He created [Cure Violence](#)—a violence prevention model that has been implemented worldwide with incredibly high success rates.

**“Violence can now be better understood scientifically, and as a result, there must be a new strategy to reduce and eliminate violence.”**

# Violence spreads almost identically to contagious disease.

*“Violence has all of the characteristics of an infectious disease.*

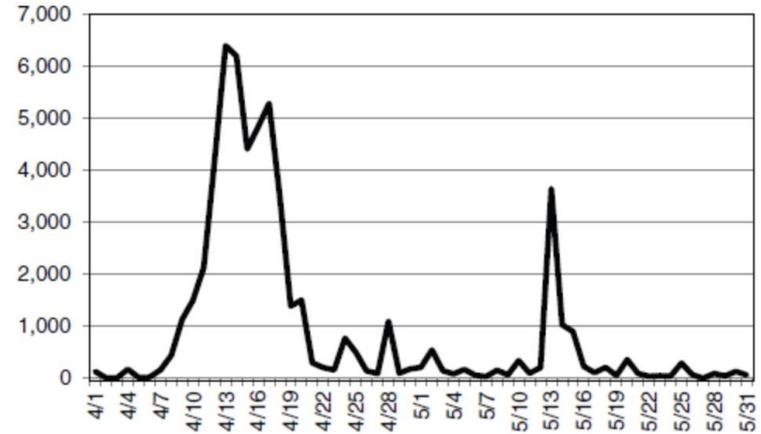
*It has routes of transmission, incubation periods, and different clinical syndromes and outcomes.”*



**FIGURE II-4 Cholera—Gannet, Somalia**

SOURCE: Data from [Farah, 1985](#), Figure 1.

Spread of Cholera in Somalia.



**FIGURE II-5 Killings—Kibuya, Rwanda**

SOURCE: Data from [Verwimp, 2004](#), Table 8.

Spread of homicide in Rwanda.

## ***Surgeon General Declares Gun Violence a Public Health Crisis***

Dr. Vivek Murthy is calling for a multipronged effort to reduce gun deaths, modeled on campaigns against smoking and traffic fatalities.

▶ Listen to this article · 5:33 min [Learn more](#)  Share full article    179



Surgeon General Vivek Murthy's announcement follows years of recommendations by top health officials to view firearm deaths through the lens of health rather than politics. Jose Luis Magana/Associated Press

*“The U.S. Surgeon General...**declared gun violence in America a public health crisis**, recommending an array of preventive measures that he compared to past campaigns against smoking and traffic safety.”*

**Focuses on addressing the underlying social, environmental, and behavioral factors that contribute to gun violence, rather than solely focusing on individual culpability.**

Prevent and reduce gun violence through data collection, research, intervention programs, and policy changes—following the science.

# TYPES OF PREVENTION



# HEAR ME.

*Hear Me* is a documentary featuring seven young people from Berkshire County (*five from Pittsfield*) who have been impacted by gun violence. We explore root causes, stories of impact, and a way forward—through the voices of experts: those who have lived it.

Screenings and talk-backs aim to facilitate a broader dialogue around effective gun violence prevention strategies. We have screened widely throughout Berkshire County, and have amassed an email list of 400+ community members who want to be involved in a solution.

*Hear Me* was funded by 18 Degrees' Gun Violence Prevention grant (via MA Dept. of Public Health). The project was created in order to satisfy the 'Community Engagement and Mobilization' component of the grant: engaging the broader public in dialogue around root causes of gun violence, so that we may come together to find solutions.

The filmmaker has been screening the film independently throughout Berkshire County.

# IF I RAN THE CITY.

I spent the last three years working with Pittsfield teens committed to the Dept. of Youth Services, MA's juvenile justice agency.

I created a second film, *If I Ran the City*, featuring ten Pittsfield teens. They reflect on social issues that impacted them growing up in Pittsfield, neighborhood disparities, their experience in Pittsfield Public Schools, system-involvement, and what they think would help other young people growing up in a similar situation.

It was remarkable how these ten narratives followed an almost identical trajectory. The parallels in their stories present clear opportunities for intervention. Had effective intervention strategies been used, these young people may not have fallen through the cracks.

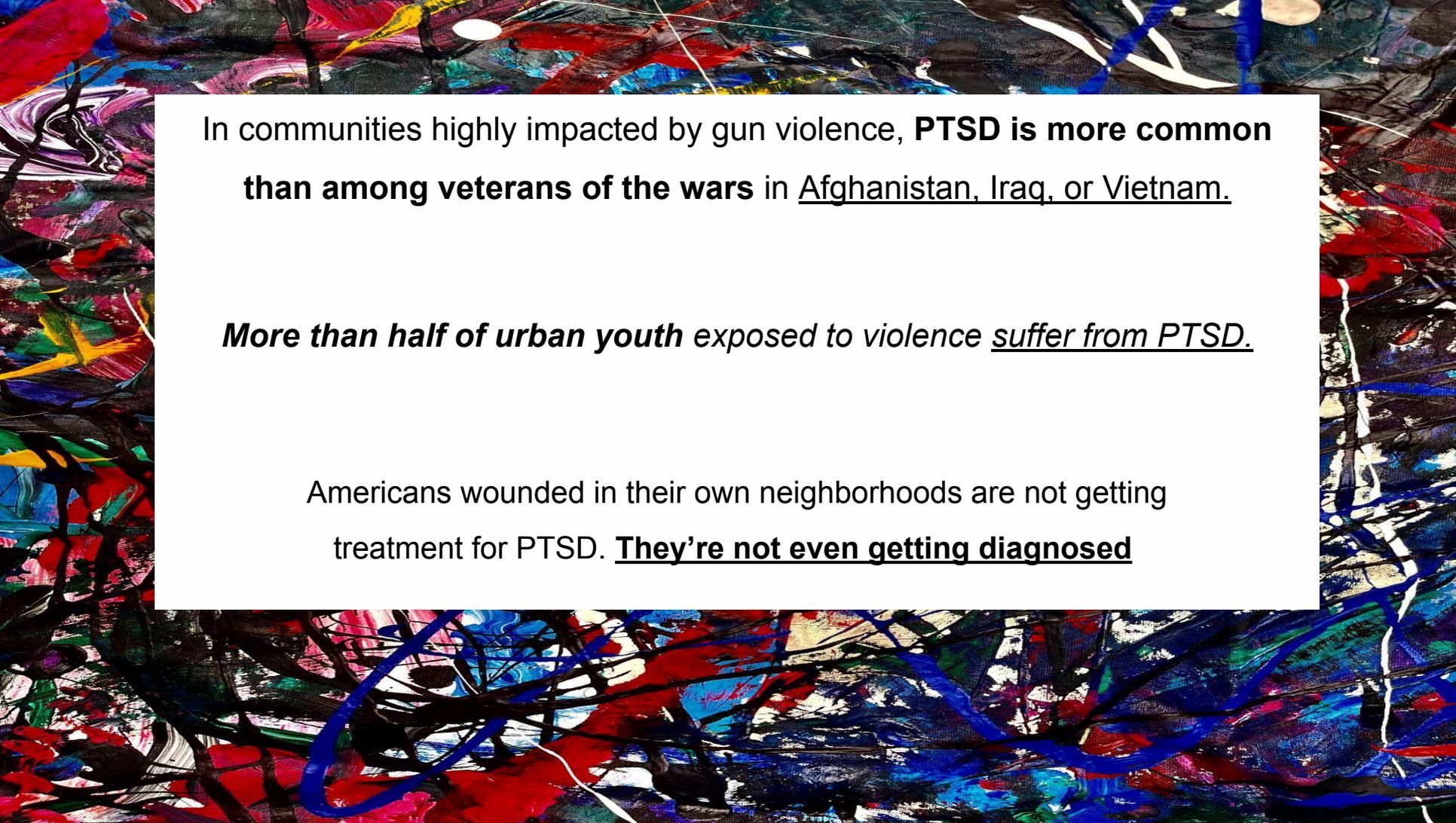


# CITY HALL MEETINGS.

**2023—2025:** Partnered with **Michael Obasohan**, City of Pittsfield's Chief Diversity Officer

**Violence Prevention meetings** held in City Hall, bringing together stakeholders and community members to discuss the City's current approach to violence prevention.

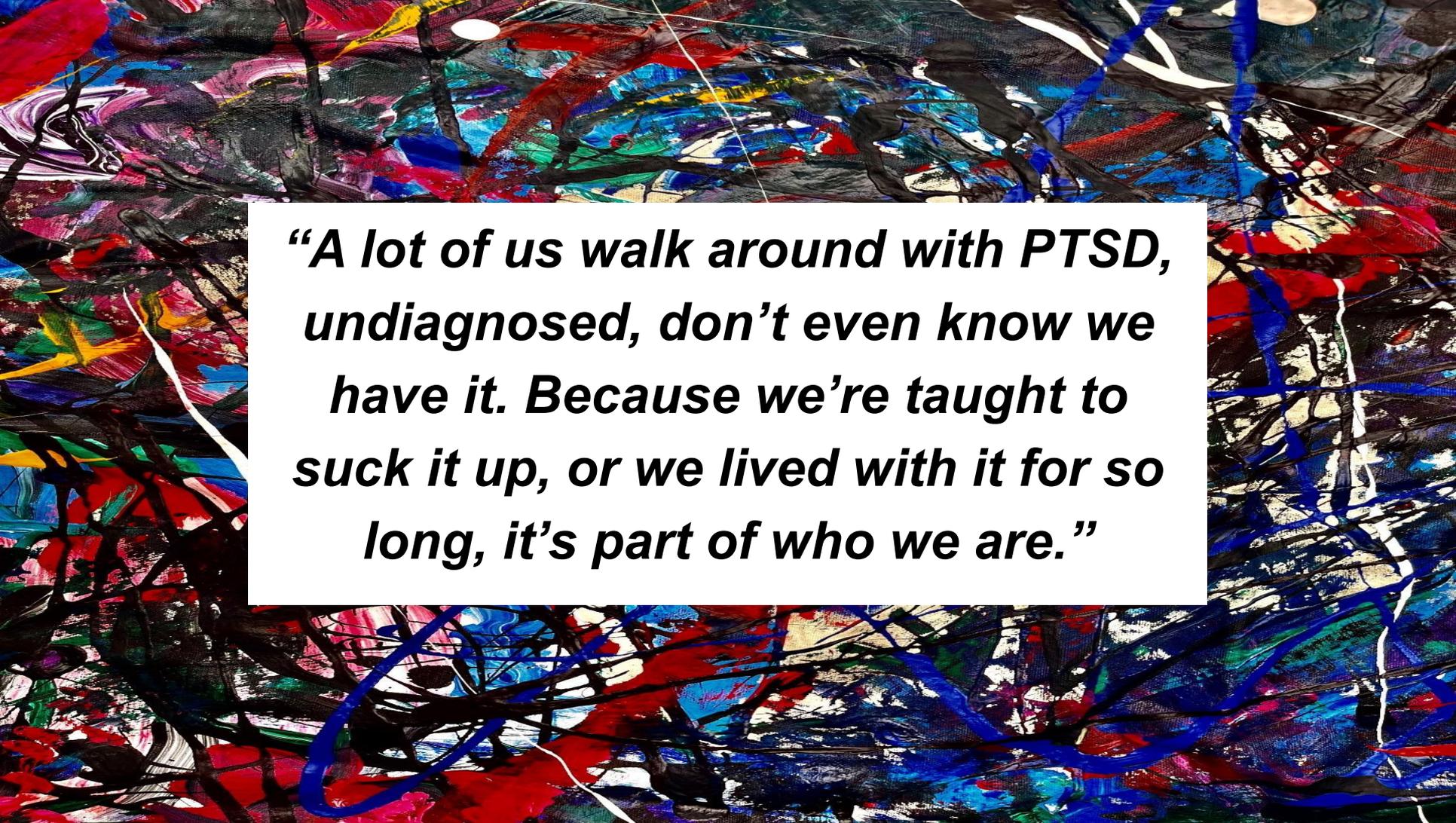
**Stakeholders:** Berkshire County House Of Corrections, NAMI, Pittsfield Public Schools, Committee for Public Counsel, District Attorney's Office, Pittsfield Police Dept., Girls Inc., 18 Degrees, Choices Mentoring, Juvenile Probation, Dept. of Youth Services, BCRHA, Boys and Girls Club, MassHire, City Council, Mayor Marchetti, community members

An abstract background painting featuring a dense and chaotic composition of colors. The palette is dominated by bright reds, blues, and yellows, interspersed with dark, almost black, strokes. The brushwork is highly expressive and gestural, with thick applications of paint and visible, energetic lines that create a sense of movement and intensity. The overall effect is one of raw emotion and complexity.

In communities highly impacted by gun violence, **PTSD is more common than among veterans of the wars in Afghanistan, Iraq, or Vietnam.**

***More than half of urban youth exposed to violence suffer from PTSD.***

Americans wounded in their own neighborhoods are not getting treatment for PTSD. **They're not even getting diagnosed**



***“A lot of us walk around with PTSD, undiagnosed, don’t even know we have it. Because we’re taught to suck it up, or we lived with it for so long, it’s part of who we are.”***

# Key Concepts

1. **Violence is concentrated**: *intervention should be focused on the highest risk, not spread out to an entire demographic or to anyone with a risk factor*
2. **Relentless outreach**: *bring help to those who need it, don't wait for them to reach out, don't give up on people*
3. **Violence interruption**: *use credible messengers to interrupt the spread of violence, actively manage the "trust gap" between community and police/social service providers*
4. **Neighborhood Trauma Response**: *proactively respond to crises at the neighborhood level to promote healing*
5. **Hospital Violence Intervention**: *proactively respond at the "front lines" of interpersonal violence*

# Violence is concentrated.

**Violence clusters among a small group of people in a few areas.**

***(Law of Crime Concentration)***

“We must recognize three fundamental truths about urban violence: that it is sticky, concentrating among small numbers of people, places, and behaviors; that it responds to both positive and negative incentives; and that it is closely related to the legitimacy of the state.” ~Thomas Abt

**Intervention should focus on those most likely to shoot or be shot.**

*(Different than social services, offered throughout community.)*

# At the heart of violence: Focused Intervention

In Boston, **less than 2%** of the youth population are involved in gangs—

yet they are involved in **74% OF THE SHOOTINGS** on only 5% of Boston's street corners.

**In Oakland, CA, 400 individuals—just 0.1% of Oakland's total population—**

were at the highest risk of engaging in serious violence at any given time.

*Referrals to READI Chicago are at extremely high risk of involvement in gun violence. Of 2,014 men, 35% had been shot at least once; on average they have been arrested at least 17 times. **READI Chicago serves men who are 1,030%—over 10 times—more likely to be shot and killed than their neighbors.***

# Baltimore, Maryland

A case study in shifting strategies from  
“warrior policing” to a public health approach.

## Baltimore's "War on Crime" 2000-2015

*"Baltimore, in terms of arrests and fighting this drug war—and in hopes of scaling down the violence—built this massive trawler with a giant net behind it and it would go through Baltimore scooping up all the fish we could get. But you know what happens when you fish with a net? You catch a lot of really little fish, and almost none of the fish you want to catch."*

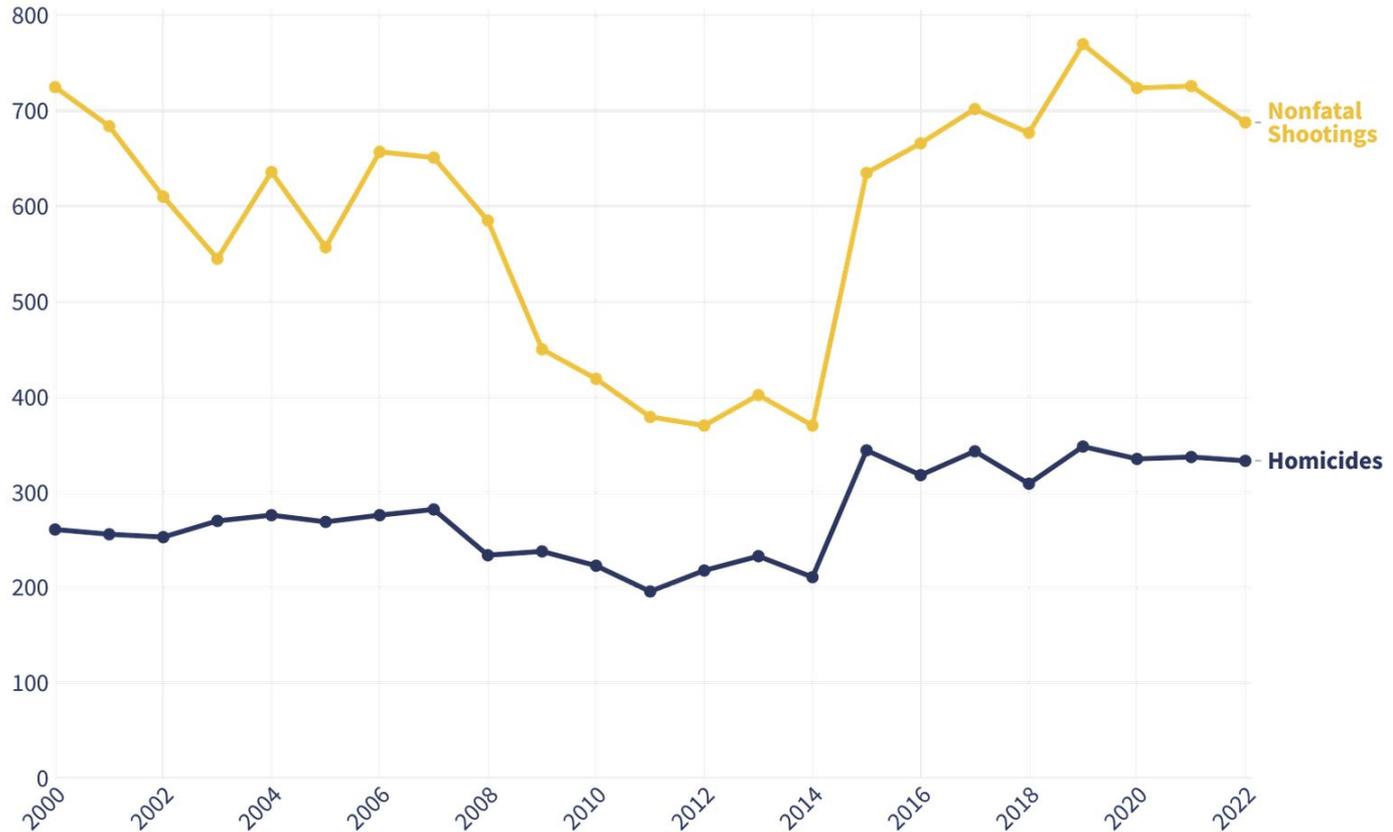
Fred Bealefeld

*Baltimore Police Commissioner, 2007-2012*



Image: www.baltimorepolice.com

## Homicides and Nonfatal Shootings 2000-2022



*\*Note the dramatic spike in shootings and homicides, starting in 2015 during the Baltimore Uprising.*

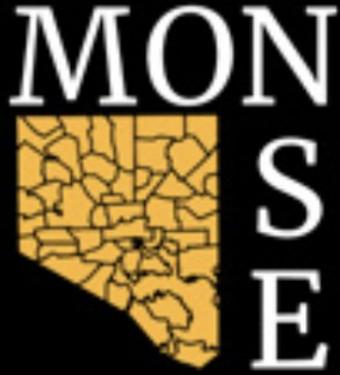
Source: Baltimore Police Department

# Mayor's Office of Neighborhood Safety and Engagement *(Baltimore)*

## **\*Pivot to a public health approach\***

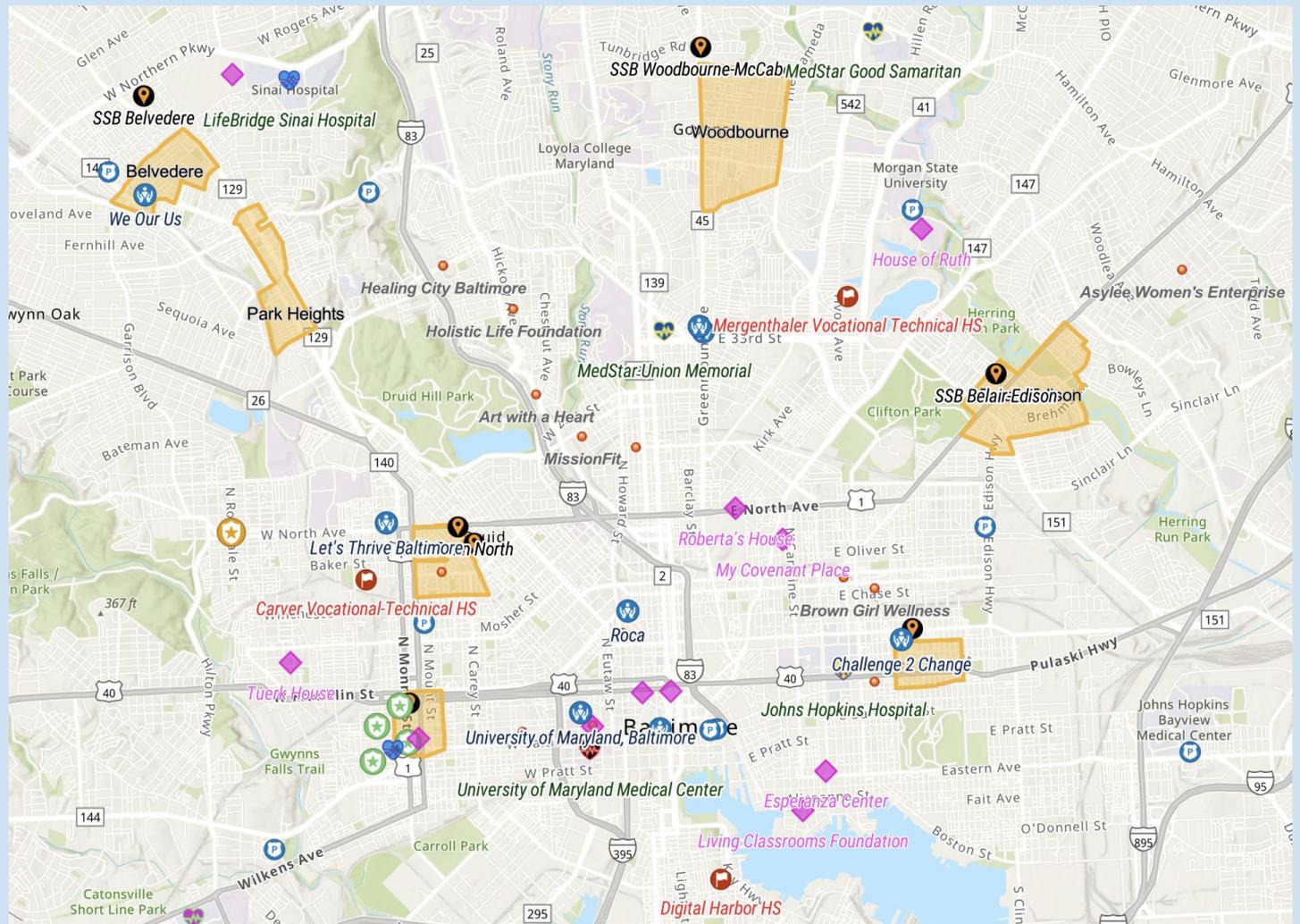
*VITAL that it is led by mayor, in order to communicate that all stakeholders need to get on board and work together.*

- **Safe Streets** - *violence interrupter program*
- **Roca** - *relentless outreach to hard-to-reach individuals*
- **Break the Cycle** - *hospital-based violence intervention*
- **School-based violence intervention** - *life skills training, conflict mediation, academic remediation, emotional wellness*
- **Environmental design** - *anti-redlining interventions (blight cleanup, street lighting, 'third spaces' for youth)*
- **Focused deterrence** - *"last resort" group call-ins by special police unit (Group Violence Reduction Strategy)*



*\*Violence interrupters work in 'hot spot' neighborhoods where violence is concentrated.*

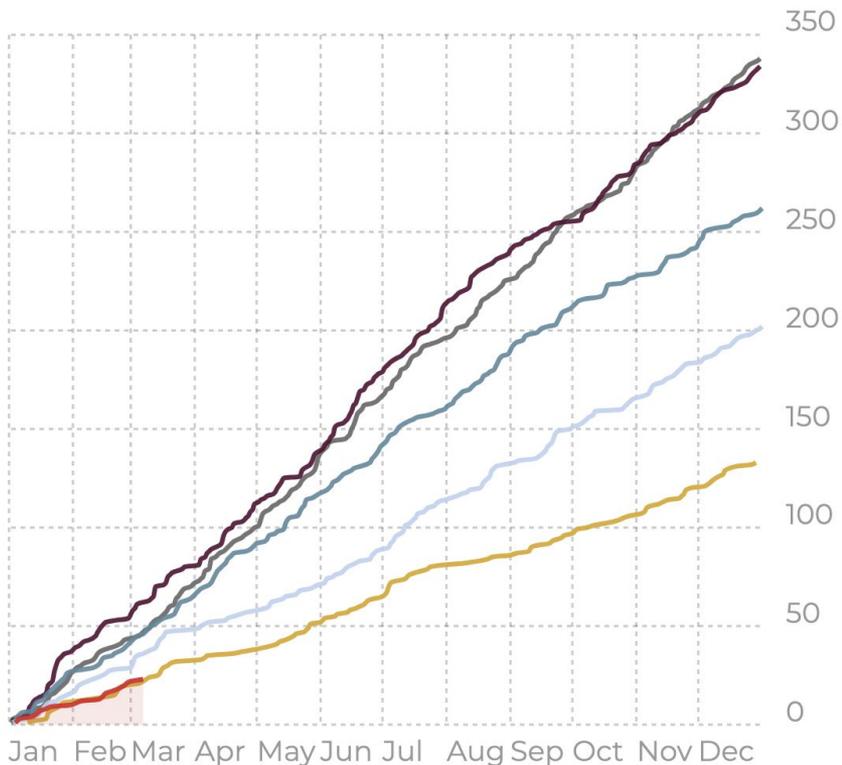
*(In yellow)*



Since implementing MONSE and the public health approach, Baltimore has seen a drastic reduction in shootings and homicides.

Through MONSE, Baltimore created a public health infrastructure that works together to support those at highest risk of shooting or being shot.

## Cumulative homicide trends



■ 2026: 23 victims

■ 2025: 133 victims

■ 2024: 202 victims

■ 2023: 262 victims

■ 2022: 334 victims

■ 2021: 338 victims

# Baltimore reports historic drop in homicide rates, with April hitting all-time low

Since 2020, homicides have dropped by **40%** and nonfatal shootings have dropped by **43%**, according to data from the mayor's office.

Over the past year, crime rates have continued to **drop across all categories**, including robberies, carjackings and arson.

**...WITHOUT INCREASED ARRESTS** →

<https://www.cbsnews.com/baltimore/news/maryland-baltimore-city-violent-crime-homicides/>

← **DECREASED CRIME...**



<https://www.sentencingproject.org/fact-sheet/baltimores-youth-justice-by-the-numbers/>

# Defining Pittsfield's Problem

**Who is shooting?**

**Who is being shot at?**

*Common definition of who is most likely to shoot  
or be shot—focus intervention accordingly.  
Not waiting for something to happen and then responding.*

# Problem analysis.

A problem analysis is conducted to define the problem locally:  
who are the individuals who are most likely to shoot or be shot?

Where are the hot spots?

Data is shared between Police Dept. and public health orgs, to ensure everyone shares a common definition of the problem.

*[The Council on Criminal Justice clearly explains how this works.](#)*

*[Here too.](#)*

# STEMMING THE TIDE OF VIOLENCE



WE IDENTIFY AND  
FOCUS ON THE YOUNG  
PEOPLE **MOST LIKELY**  
**TO SHOOT OR BE SHOT.**



WE UTILIZE  
**RELENTLESS OUTREACH**  
TO ENGAGE THEM AND  
BUILD TRUST. WE NEVER  
GIVE UP.



OUR EVIDENCE-BASED  
MODEL IS ROOTED IN  
**BRAIN SCIENCE** TO  
HEAL TRAUMA AND  
PROVIDE THE SKILLS TO  
CHANGE BEHAVIOR.

# Relentless Outreach by Trusted Messengers

- **Relentless outreach**
- **Focus on those most likely to shoot or be shot**
  - Traditionally resistant to help and/or the hardest to reach
  - Understanding that those at highest risk may be most resistant to engaging
- **Relentless**
  - Do not wait for them to engage voluntarily. Show up, call, text, connect with family members.
  - Continue showing up, no matter what, over the course of years.
  - Build relapse into the model
    - Behavior change takes 18–24 months, resistance and relapse are part of the process
  - **In Pittsfield, most services are voluntary—so we're missing those at highest risk.**



# 1 START WITH THE HEART

## RELENTLESS OUTREACH

It's what Roca is most known for—and it works. **We reach out to young people while they are in crisis**, instead of waiting for them to have an epiphany, drop their guns, or remove themselves from dangerous relationships and situations. We track them down through their friends, call them, show up at their doorsteps, and scout the streets until we find them. It takes **an average of 10 relentless efforts to find a young person, and it can take hundreds of attempts until they make it to our programs**—like a young man in Baltimore (112 efforts before he joined our work crew, to be exact).

## TRANSFORMATIONAL RELATIONSHIPS

Whether young people like us or not, whether they want to be with us or not, we know that **deep and meaningful relationships can support them and push them over time to make critical changes in their lives**. Honest conversations about the risks of dropping a gun or the fear of losing custody of one's child can't happen without a deep relationship—one that is **strong enough to have difficult and uncomfortable conversations** with young people, hold young people accountable, and challenge their thinking. This **intensive form of case management over a period of 2-4 years** is the foundation of the change process at Roca.



## Rewire CBT

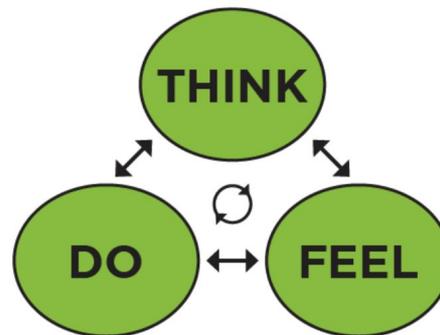
*Participants enrolled for 18 months or longer show 96% improvements in behavioral health*

Crucially, Rewire CBT is facilitated by violence interrupters—not therapists. They bring the skills to the streets, where young people are.

## 2 REWIRE THE BRAIN

### COGNITIVE-BEHAVIORAL THEORY (REWIRE CBT)

Rewire CBT is a way to understand how situations affect what we think and say in our head, what we feel in our bodies, and what we do in response. Practicing CBT helps young people identify negative patterns, pause, and make a choice before they act.



### CBT IN THE STREETS

#### DISRUPTING URBAN VIOLENCE BY ADDRESSING TRAUMA FIRST

- 7 simple skills
- 20 minutes for each skill
- On the corner, in class, on the go
- Non-clinical, taught by youth workers
- Developed with Massachusetts General Hospital
- English and Spanish versions



**For the first time, I realized how numb I felt. CBT helped me to think about what my body was actually doing** in a situation, to name my feelings, and learn to sit still and relax.

—HENRY, ROCA CHELSEA PARTICIPANT

# Work Crew

- Contracts with the city
- Paired with CBT
- Relapse built into model, understanding that clients are not job-ready
- Clients are fired and rehired 2-4 times before completing program (*as opposed to connecting clients with jobs in the community, which they aren't ready for*)

*Case workers don't just help clients find jobs in the community. They understand that young people first need to develop emotional regulation and workforce skills, in order to be successful on the job. So they have a workforce program within Roca. Relapse is built into the model, allowing young people to make mistakes and come back.*

*They understand that sending young people to jobs in the community that they aren't prepared for will only further entrench negative patterns, alienating them from the workforce.*

## 3 PRACTICE SKILLS, RELAPSE & REPEAT

**Change takes time and it doesn't happen without setbacks. Our decades of data show that lasting change only begins around 18-24 months into intervention.**

All of Roca's programs are designed as learning experiences. In Transitional Employment, for example, each young person is fired and re-hired 2-4 times on average (and some up to 7 times) before successfully completing the program.

Why? Young people cannot fully access new opportunities without regulating their emotions and dealing with their trauma. They need trauma-informed life skills, educational, parenting, and employment services that meet them where they are and allow for mistakes and relapses.



“

Roca is not a jobs or an employment program, but rather a behavioral health program. Young people are dying in the streets of Baltimore too fast—if they don't learn and practice CBT skills by the time they learn a job, it will be too late. We give them the space to do something different while practicing these critical life-saving skills.”

—KURT PALERMO,  
DIRECTOR, ROCA BALTIMORE

### LAST YEAR IN ROCA BALTIMORE

451

YOUNG MEN SERVED\*

89%

HAVE A HISTORY OF ARRESTS  
PRIOR TO ENGAGEMENT

29,772

RELENTLESS EFFORTS MADE BY  
ROCA YOUTH WORKERS

67%

RETAINED IN THE MODEL  
THROUGHOUT THE YEAR

88%

SERVED IN AN AVERAGE MONTH

79%

ENGAGED IN COGNITIVE  
BEHAVIORAL THEORY (REWIRE  
CBT)

AFTER 18 MONTHS

98%

MADE IMPROVEMENTS IN  
BEHAVIORAL HEALTH

# Cure Violence, Violence Interrupters

- **Cure Violence employs violence interrupters**
  - People with lived experience and [credibility](#) amongst high-risk individuals on the streets
- **Interrupting the spread of violence** *(just as you interrupt the spread of infectious disease)*
  - Work to mediate beef on the streets, [mediate conflict](#)
  - **Respond to violent incidents, work to interrupt/prevent retaliation**
    - Continue to monitor the beef after any incident, keep situation cool
- **Knowledge of street dynamics, respected on the streets**
  - “The advantages of street outreach are clear: poor communities and especially the criminals within them are deeply disconnected from formal sources of authority. Outreach workers go where others cannot, trading on their status, connections, and street knowledge to stop shootings and killings.” *(Abt)*
  - Work independently from [law enforcement](#)

# Violence Interrupters: Changing Norms

- **Convey the message that gun violence will not be tolerated.**
  - **Respond to Every Shooting**—organize a response where dozens of community members voice their objection to the shooting
- **Spread Positive Norms**
  - Distributes materials and hosts events to convey the message that violence is not acceptable
  - After a shooting, march in area to denounce shooting
  - Work with young people to let them know that they deserve better.
  -
- **Coordinate with Hospital Violence Intervention Advocate**
  - To serve victims of shootings/stabbings in the hospital
  - Collaborate on follow-up care and to prevent retaliations

# Cure Violence: Success Rates

## Evaluations, Studies, and Reports on the Cure Violence Approach



	YEAR	MAJOR FINDING	OTHER FINDING	RESEARCH BY (FUNDER)
New York City (USA)	2024	18% reduction in shootings	12 shootings prevented/year	New York City Council Data Team <a href="#">link</a>
Culiacan (Mexico)	2023	90% reduction in killings	1,234 conflicts mediated	Mas Vida (USAID) <a href="#">link</a>
Baltimore (USA)	2023	32% reduction in killings	23% reduction in killings	Johns Hopkins University (JHU) <a href="#">link</a>
Charlotte (USA)	2023	75% reduction in killings	4.5% reduction in shootings	Greenlight Fund <a href="#">link</a>
St. Louis (USA)	2022	43% reduction in killings	660+ conflicts mediated	Results for America <a href="#">link</a>
Milwaukee (USA)	2020	18% reduction in killings	500+ hospital responses	Annie E. Casey Foundation <a href="#">link</a>
* Cali (Colombia)	2020	30% - 47% reduction in killings	40% return to school	ICESI University (Alvaralice, Cali) <a href="#">link</a>
Raqqa + 5 cities (Syria)	2018	58 conflicts mediated	636 people trained	Cure Violence Global

How to implement in your city.

# Trauma/Crisis Response: Focus on Healing

- **Rapid crisis response to homicide, violent incidents – team responds to the scene immediately**
  - Connect victim, perpetrator, loved ones, witnesses, neighbors to support for the trauma they experienced/witnessed
  - Flyer at the scene of the incident, spreading resource information
  - Pop-up event after incident to reclaim space, denounce violence, offer support
  - Help to organize and support vigils, memorials, funerals
  - High visibility in the neighborhood ‘hot spots,’ community meetings, walking around
  - **Focus on HEALING**: connect individuals to ongoing support to help process trauma, grief, loss.
- **Boston Public Health Commission → Office of Violence Prevention → Community Healing Response Network**

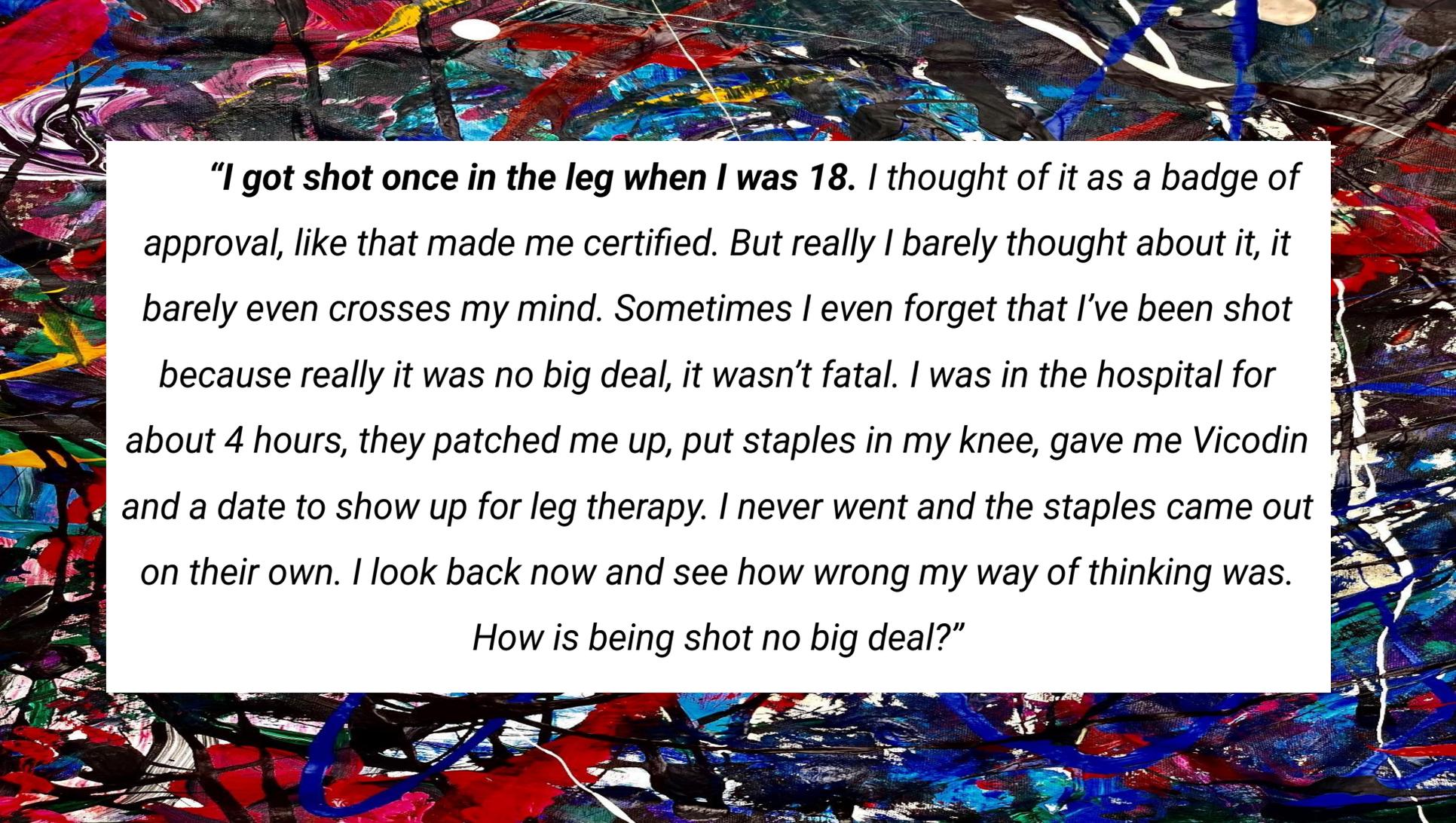
# Post-Shooting Interventions in Chicago

- Victim services and violence interrupters **receive alert** (*within 45 minutes of incident*)
- Based on location, hyperlocal team coordinates and **responds to the scene and the hospital**
- Street teams **canvas in the neighborhood**
  - Emergency Victims Services Fund
- Victims services and violence interrupters support vigils in cases of death
- City of Chicago Street Outreach Lead logs responses in comprehensive database



# Hospital-Based Violence Intervention Programs

- **Violence Intervention Advocates**, connect with shooting victims at the hospital
  - Focus on the mental & emotional repercussions of the trauma while doctors heal physical wound
  - Uniquely trained to understand complex obstacles of the streets. Work to build trust with client, who may be traditionally distrustful of institutions. (Ensure appropriate boundaries between hospital staff and law enforcement—ex. they can't take a patient's property)
  - **Provide follow-up care in the community**, to ensure mental/emotional/physical care (Including care for PTSD)
  - Coordinate with Violence Interrupters to prevent retaliations
  - 'Post-vention is the best prevention'
- Clients who are connected to Violence Intervention Advocates have **reinjury rates at least 50% lower** than those who were not. (Check out *Boston Medical Center's VIAP program.*)



***“I got shot once in the leg when I was 18. I thought of it as a badge of approval, like that made me certified. But really I barely thought about it, it barely even crosses my mind. Sometimes I even forget that I’ve been shot because really it was no big deal, it wasn’t fatal. I was in the hospital for about 4 hours, they patched me up, put staples in my knee, gave me Vicodin and a date to show up for leg therapy. I never went and the staples came out on their own. I look back now and see how wrong my way of thinking was.***

*How is being shot no big deal?”*

# Cost of Homicide

**The cumulative cost of one homicide to a city is around \$10 million.**

That includes medical expenses, criminal costs, incarceration, lost wages over time, devalued property, avoidance, economic decline. (Bleeding Out, Abt)

*Plus the unquantifiable cost of human tragedy, loss, grief, and trauma to the family and community.*

**Health care for people inflicted with gunshot wounds amounts to roughly**

**\$5.47 billion in hospitalization costs between 2010 and 2015.**

# Prevention is a smart investment.

Prevention can result in massive health care savings, with one cost-benefit analysis estimating that a hospital-based violence intervention program serving 90 patients in one year could result in 5-yr savings of up to \$4 million.

For every \$1 invested in Safe Streets in Baltimore, the return on investment is anywhere from \$7–\$19.

*And it means putting money back into parts of the community that have been disproportionately harmed—in order to keep more people alive and out of prison.*

## THE COST OF VIOLENCE OUR UNCORNERED SOLUTION SAVES MONEY

Each year cities and states spend millions of dollars on incarceration, court, probation, and other costs related to crime and justice. The Boston Uncornered model provides direct financial assistance to its students. The ROI, return on investment, for the city is significant.



**NATIONAL**

**\$280B**

SPENT TO FUND THE  
CRIMINAL JUSTICE SYSTEM  
EACH YEAR

**\$113K**

SPENT PER YOUTH  
INCARCERATION



**BOSTON**

**\$590M**

SPENT ANNUALLY  
ON CRIME

**\$2M**

SPENT PER CHRONIC MALE  
OFFENDER AGES 18-40



**\$5.5M**

TOTAL COST SAVINGS  
TO CITY

**\$83K**

SAVED TO TAXPAYERS

*Alex spent the first eight years of his daughter's life in prison. Five years later, he has earned his HiSet and graduated from the Benjamin Franklin Institute of Technology with a Certificate in Automotive Technology*



# Pittsfield Community Connection: 18 Degrees

## 1. [The Shannon Grant](#): \$409,382 in 2024.

- Accepted by City Council → Pittsfield Police Dept. → PPD partners with community orgs, currently gives majority of funds to 18 Degrees (but could be disbursed to various community orgs)
- Serves ages 10-17 year olds, meant to be preventative programming to keep young people out of street-involvement

## 2. [Safe and Successful Youth Initiative](#): \$513,189 in 2024

- Accepted by City Council → Pittsfield Police Dept. → community orgs
- Serves ages 17–24, police-referred young people

## 3. [MA Dept. of Public Health's Gun Violence Prevention program](#): \$394,780 in 2023

- This funding comes directly from MA DPH → 18 Degrees (not via Pittsfield Police//City Council)
- 18D does *not* use this funding for those who have been directly impacted by gun violence--they work with young people who have any risk factors at all.
- There are six core components of the funding: Outreach, Social Needs Assessment, Mentoring, Mental/Behavioral Health, Workforce Development, Community Engagement and Mobilization
- To my knowledge, they do not offer gun violence prevention programming. Created Hear Me and then blocked it from being shown.

# A home in municipal Govt.

Baltimore and Boston created homes for this work within municipal government. City leadership made a clear commitment to tackling the problem through a public health lens. Because of leadership from the top, stakeholders throughout the city worked together to create an effective infrastructure.

Boston implemented an [Office of Violence Prevention within the Dept. of Public Health.](#)

Baltimore created the [Baltimore Mayor's Office of Neighborhood Safety and Engagement \(MONSE\).](#)

They allocated funds to implement these public health models.

Baltimore saw a [30% drop in homicide in 2025.](#)

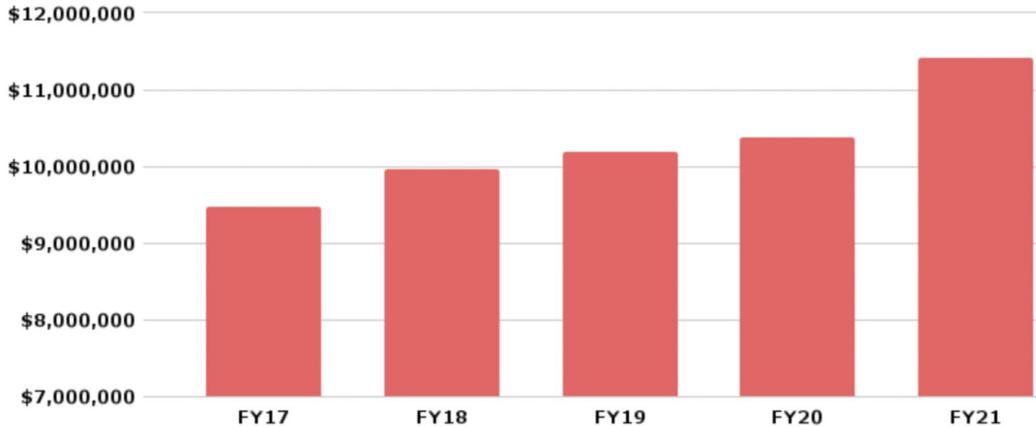
Boston saw a [35% drop in 2024.](#)

*The decrease is credited to a "public health approach" to violence, including collaboration between the Boston Police Department, the mayor's office, and community organizations.*

# Pittsfield Police Dept.

PPD plays a vital role in community safety—but what would happen if some of that funding was redistributed towards a public health approach?

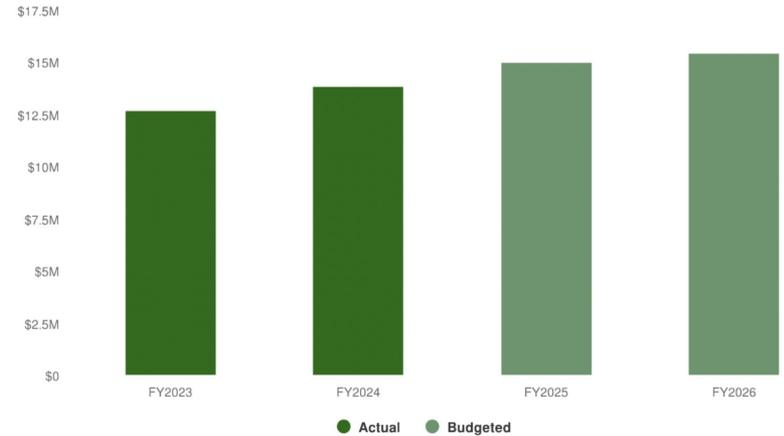
## Pittsfield Police Department Budget



## Expenditures Summary

**\$15,468,750** **\$470,340**  
(3.14% vs. prior year)

### Police Department Proposed and Historical Budget vs. Actual



The PPD budget has increased by nearly 50% in the last 5 years.

\$10,914,344 in 2022

To

\$15,468,750 in 2026

*(Not including overtime.)*

Could some of these funds be allocated towards a public health approach?

Name	Account ID	FY2022 Actuals	FY2023 Actuals	FY2024 Actuals	FY2025 Budgeted	FY 2026 FY2026	FY2025 Budgeted vs. FY 2026 FY2026 (\$ Change)	FY2025 Budgeted vs. FY 2026 FY2026 (% Change)
AMMUNITION	01190-55820	\$33,006	\$29,512	\$35,875	\$49,000	\$53,900	\$4,900	10%
PROGRAM EXPENSE	01190-57700	\$39,765	\$5,508	\$36,816	\$0	\$0	\$0	0%
SPEC INVESTIGATION EXP	01190-57821	\$9,035	\$5,647	\$4,466	\$7,508	\$7,508	\$0	0%
SPECIAL RESPONSE TEAM	01190-57822	\$15,503	\$10,384	\$17,439	\$15,000	\$15,000	\$0	0%
CARE OF PRISONERS	01190-57845	\$14,117	\$16,641	\$17,716	\$15,400	\$20,400	\$5,000	32.5%
<b>Total Services &amp; Supplies:</b>		<b>\$877,820</b>	<b>\$964,936</b>	<b>\$1,327,192</b>	<b>\$1,476,674</b>	<b>\$1,551,344</b>	<b>\$74,670</b>	<b>5.1%</b>
<b>Capital</b>								
EQUIPMENT	01190-58500	\$125,690	\$109,343	\$110,587	\$121,500	\$121,500	\$0	0%
<b>Total Capital:</b>		<b>\$125,690</b>	<b>\$109,343</b>	<b>\$110,587</b>	<b>\$121,500</b>	<b>\$121,500</b>	<b>\$0</b>	<b>0%</b>
<b>Total Expense Objects:</b>		<b>\$10,914,344</b>	<b>\$12,712,062</b>	<b>\$13,870,539</b>	<b>\$14,998,410</b>	<b>\$15,468,750</b>	<b>\$470,340</b>	<b>3.1%</b>

# What currently happens after a shooting?

**A Pittsfield forum on preventing gun violence stressed the need for a community approach.**

*Matt Martinez, Berkshire Eagle*

*\*A quick note on the schools: School Committee members having access to Eagle Academy.*

# Key Concepts

1. Violence is concentrated: *intervention should be focused accordingly.*
2. Relentless outreach
3. Violence interruption: **credible messengers**
4. Neighborhood Trauma Response Team
5. Hospital Violence Intervention Advocate

# **How does this compare the current status quo in Pittsfield?**

*Lack of infrastructure to catch kids falling through the cracks.*

# 1. Violence is concentrated.

## **Best Practice**

- Who are the highest risk individuals? Where are the hot spots?
  - Problem analysis conducted to define local problem. Shared definition of the problem.
- Intervention is focused accordingly—on highest risk individuals in hot spots.

## **Status Quo**

- Social services spread out amongst individuals with any risk factors
  - Intervention is not focused on highest risk individuals in hot spots

# 2. Relentless Outreach.

## Best Practice

- Relentless Outreach
  - Understanding that those at highest risk may be most resistant to engaging and/or the hardest to reach.
  - Do not wait for them to engage voluntarily. Show up, call, text, connect with family members.
  - Keep showing up, no matter what.

## Status Quo

- Voluntary engagement
  - Individuals opt-in to participation.
  - Highest risk individuals fall through the cracks. (Caught by justice system.)

# 3. Violence Interruption.

## Best Practice

- Violence Interruption
  - Credible messengers build relationships with highest risk individuals, mediate conflicts//beef.
  - Respond to shootings, work to prevent retaliations
  - Change norms, very publicly denouncing violence. Collaborate with hospital violence intervention advocate and neighborhood trauma response team

## Status Quo

- Social services//case management
  - Support with housing, employment, substance use, etc. Not in the neighborhoods, mediating conflicts, preventing retaliations, changing messaging and norms in hot spots.

# 4. Neighborhood Trauma Response Team.

## Best Practice

- Neighborhood Trauma Response Team
  - Responds to the scene after a shooting to connect victim, perpetrator, family, neighbors, witnesses, with grief/trauma resources
  - Publicly denounce violence, help plan vigils
  - Focus on HEALING mental/emotional trauma

## Status Quo

- Pittsfield Police Dept. is the only response after a shooting

# 5. Hospital Violence Intervention Advocate.

## Best Practice

- Hospital Violence Intervention Advocate
  - Connected with shooting victims when they arrive in the hospital.
  - Addresses mental/emotional trauma while doctor tends to physical trauma.
  - Provides follow-up care in the community.
  - Coordinates with violence interrupters to prevent retaliations.

## Status Quo

- Berkshire Medical Center has no intervention advocate.
  - Doctor treats physical wound.
  - There is no PTSD screening or mental/emotional trauma treatment. No follow-up care in the community.

**What are we doing to prevent the next  
shooting?**

*What are the ramifications of not intervening effectively?*