

# Hospital-Based Violence Intervention Programs (HVIPs) in the CVI Ecosystem



**CVIPI**  
Community Based Violence Intervention  
and Prevention Initiative

**OJJDP** Office of Juvenile Justice  
and Delinquency Prevention

**NIJ** National Institute  
of Justice  
STRENGTHEN SCIENCE. ADVANCE JUSTICE.

Office for Victims of Crime  
**OVC**



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

# Presenters



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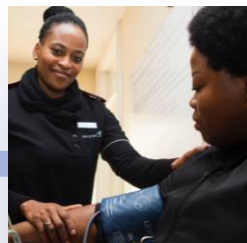


# Brief History of HVIPs



1994

First hospital-linked program in Oakland, California



2009

8 programs met to create The National Network for Hospital-based Violence Intervention Program (NNHVIP)



2018

NNHVIP hires its first Executive Director, Fatimah Loren Dreier, and adopts a new name, the Health Alliance for Violence Intervention (The HAVI).



2022

The HAVI has over 50 HAVI member programs and launched Standards and Indicators for HVIPs.



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# HVIP Models



## Hospital Based

HVIP staff are entirely housed within the hospital with community partners engaged for training, referrals, and consultation.



## Hospital Linked

Most HVIP staff are hired by a partner CBO and are granted access to the hospital, information, and consenting patients. Strongly recommend MOU for accountability practices.



## Hybrid

HVIP staff are housed in both the hospital and CBO. Requires clear MOU and accountability practices. Supervision, cross-training, and communication practices are critical.



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# Key Components of HVIPs

## INTERVENTION

Begins with a brief intervention in the emergency department or at the hospital bedside

## CARE

Followed by intensive, long-term community-based case management services in the months following the injury.

## FOLLOW UP SERVICES

Crisis intervention, linkages to community-based services, mentoring, home visits, follow-up assistance, and long-term case management are provided by culturally competent frontline workers.

## ADDRESSING THE SDOH

HVIPs elevate the issues of the revolving door of violence while addressing inequity and building partnerships with communities and survivors of violence.



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# HVIP Goals



Promote individual and community healing from trauma.



Reduce retaliation, re-injury, and arrest.



Stop the cycle of violence and trauma ravaging our communities.



Help those affected by violence lead healthy, productive lives.



Address the root causes of violence and despair—racism, structural violence, and inequity.





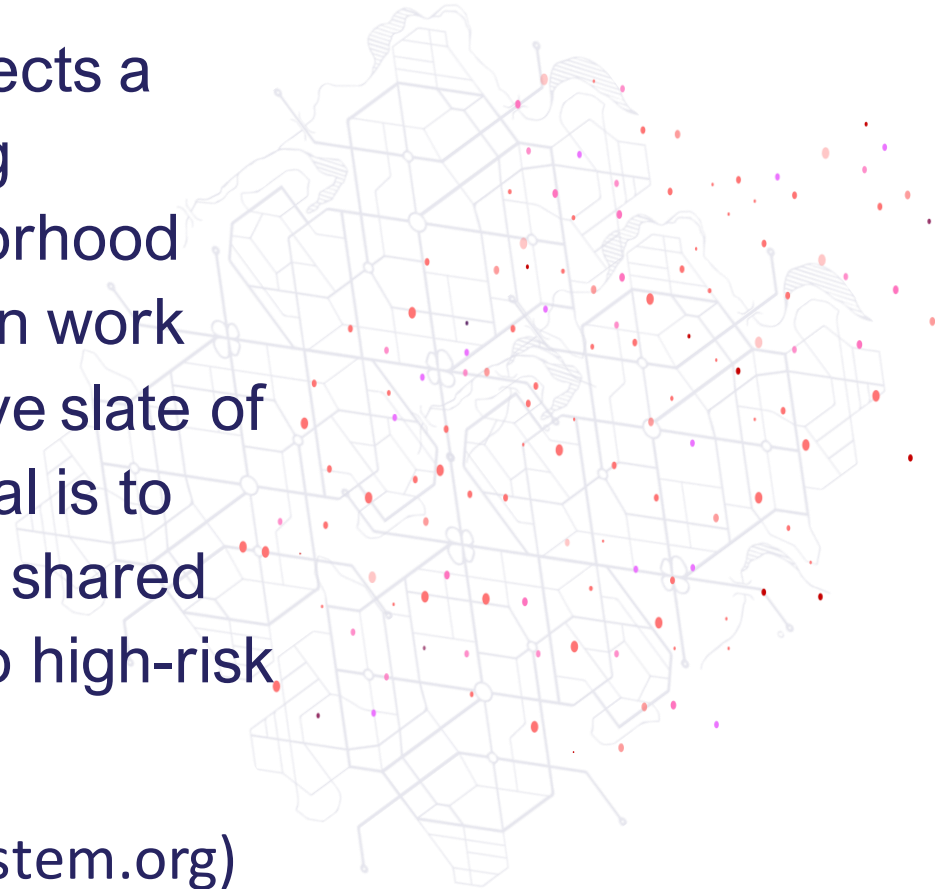
# What is a CVI Ecosystem?

"A CVI ecosystem, driven by city leadership, connects a city's violence prevention infrastructure—including community-based organizations, offices of neighborhood safety, and public health departments that too often work separately—in order to implement a comprehensive slate of strategies that address violence dynamics. The goal is to provide adequate funding and coordination, with a shared vision of public safety, to maximize the response to high-risk people and make violence reduction sustainable".

([www.cviecosystem.org](http://www.cviecosystem.org))

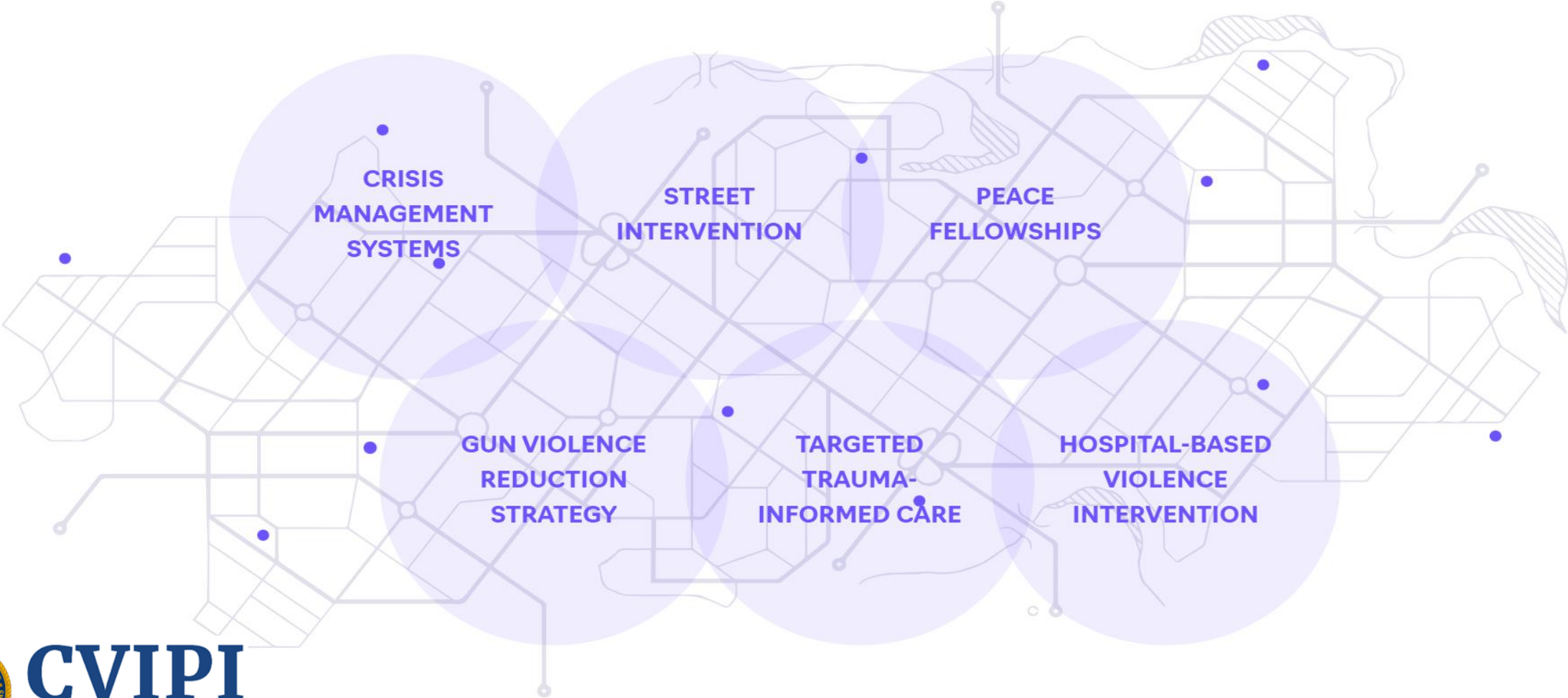


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# Primary CVI Ecosystem Strategies



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# CVI Ecosystem Core Components



Identify those at highest risk

## RISK FACTORS

Age  
Criminal Justice involved  
Previously shot  
Close peer to family member shot



Leverage credible messengers

## BACKGROUND

Lived experience  
Credibility among high-risk clients  
Directly impacted  
Professional workforce



Provide individualized wraparound care

## TYPES OF CARE

Intensive care management  
Life coaching  
Housing/relocation  
Employment  
Stipends



Monitor progress + transform systems

## STRATEGIES

Build long-term relationships  
“Door is always open” policies  
Shift systems to address client needs



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# Primary Frontline Worker Roles in CVI

## OUTREACH WORKER

Someone who works to connect with a community's high-risk individuals to build trust and relationships and to connect them to, and keep them connected to, formal programs and services.

\*Often does not have a case load & limited documentation

## VIOLENCE INTERRUPTER

Someone who intervenes to prevent retaliation and other modes of violence spreading through a community by responding to shooting scenes and mediating active conflicts, among other actions.

\*Often does not have a case load & limited documentation for legal purposes



# Primary Frontline Worker Roles in CVI

## VIOLENCE PREVENTION PROFESSIONALS (INTERVENTIONIST)

Frontline workers perform a wide range of functions, including relationship building and goal setting in the hospital, intensive case management, and advocacy after discharge to ensure continuity of care and successful outcomes. VPPs bridge connections between the hospital and the community.

\*Life Coach, Intervention Specialist, or other title specific to case management services. This can also include outreach workers and Violence interrupters based on organization/city/state (or certification).

## CREDIBLE MESSENGER

A is an individual with lived experiences and deep ties to the community they serve. Their credibility allows them to build relationships with community residents and stakeholders and intervene with individuals who are at risk of being involved in violence in a way that outsiders often cannot.



# Why the hospital setting is critical for Community Violence Intervention?



Hospitals are a prime point of contact to reach people injured by violence and those who might retaliate.



Typically, hospitals discharge people injured by community violence back into the same social situations.



Hospital readmission for violent injury is as high as 45% and, in many cases, the second injury is significantly more severe.



HVIPs leverage the time when survivors, awaiting treatment, are reflective about their experiences and open to intervention.

# HVIP Design & CVI Ecosystem

- Eligibility criteria includes justice-involved patients
- Eligibility criteria includes process/follow-up for patients with law enforcement hold and/or arrest (program gap?)
- Consent protocol collects all demographic information
- When admitted patients “decline” follow-up again until discharge
- Follow-up in the community (MOU needed)
- Hospital data is used to inform program inclusion criteria



# HVIP Partnerships & CVI Ecosystem

- Hospitals obtain "consent only" from patients for CBO info sharing for the purpose of retaliatory violence prevention and community safety
- Hospital-based and hybrid models obtain MOU with CVI community-based organizations for violence interruption/safety planning
- Hospitals share patient injury data with the public health department
- Attend collaboration meetings or public safety roundtable meetings with:
  - Other Community-based CVI organizations
  - Local government (OVP)
  - Mayors' Office
  - Public health

MORE INFO LOCATED IN HAVI  
STANDARDS & INDICATORS 2.1-2.4.





# Building a CVI Ecosystem

- Estimate of high-risk population
- Budget recommendations
- CVI Staff & Resources including job descriptions
- OVP Staff (local government)

[www.cviecosystem.org](http://www.cviecosystem.org)



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# THANK YOU

Time for Open Discussion with Panelists!





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