

Reaching Underserved Populations with Hospital-Based Violence Intervention Programs

2024 CVIPI Conference



CVIPI
Community Based Violence Intervention
and Prevention Initiative

OJJDP Office of Juvenile Justice
and Delinquency Prevention

NIJ National Institute
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Moderator

Adrian Sanchez

Director of Peer Learning, The Health Alliance for Violence Intervention



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Panelists



Brooke Cheaton, Manager, Project Ujima,
Children's Wisconsin



Scott Charles, Trauma Outreach Manager, Temple
University Hospital



Melik Coffey, Program Manager, Life Outside of
Violence (LOV), The St. Louis Area HVIP

The St. Louis Area Hospital-Based Violence Intervention Program



Advancing Hospital Based Victim Services (AHVS) Initiative

- Started in 2018, AHVS is focused on supporting evidence-based models, practices, and policies that improve partnerships between the victim services field and hospitals and other medical facilities to increase support for victims of violence.
- The HAVI serves as the lead technical assistance (TA) provider to AHVS grantees.
- Goal is to advance short-term and long-term sustainability of HVIPs and foster an HVIP learning community.



AHVS Technical Assistance Framework: HAVI's Standards and Indicators

43 HVIP STANDARDS IN EIGHT AREAS



**Planning
& Design**



**Community
Partnerships**



**Staff
Development**



**Participant
Engagement**



**Service
Delivery**



**Data Collection,
Evaluation &
Research**

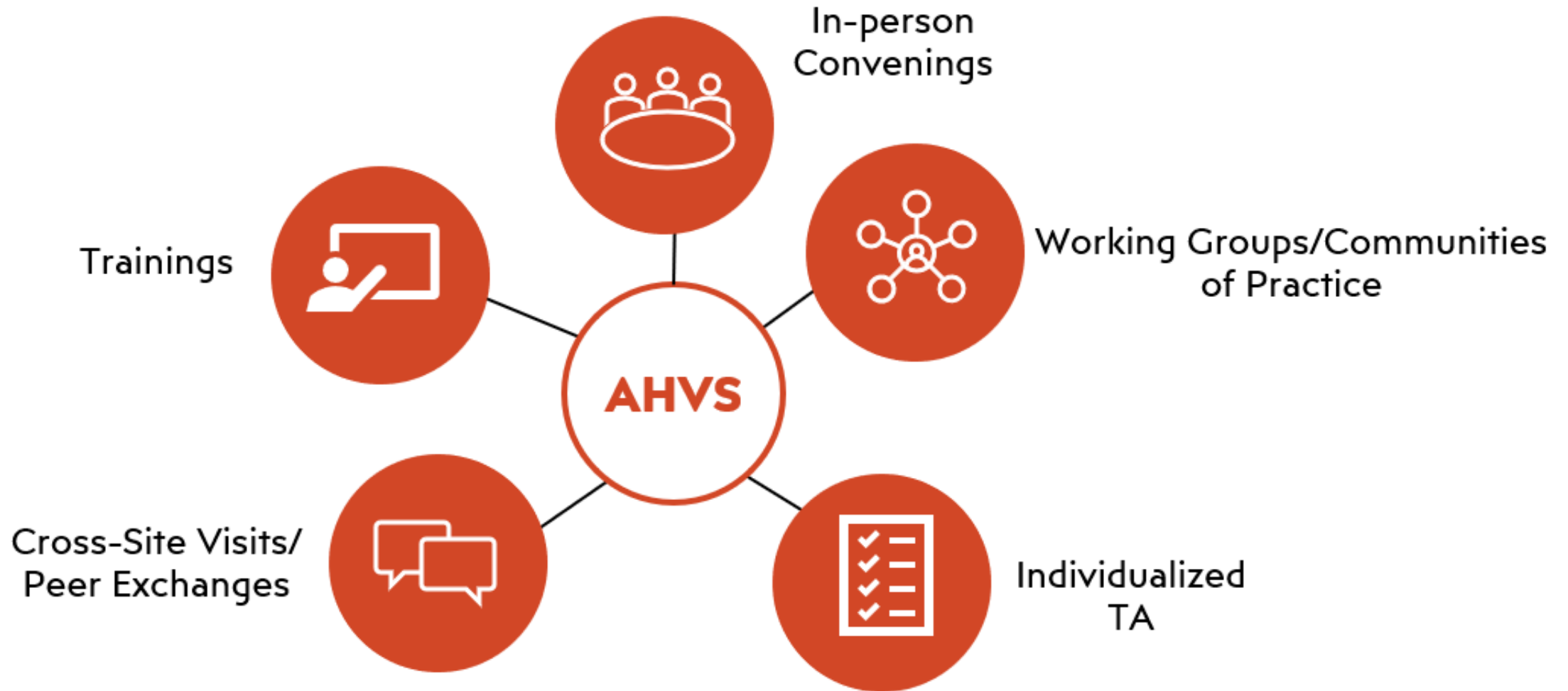


**Hospital Systems
Transformation**



**Sustainability
& Funding**

Components



Program Introductions



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Project Ujima – The Journey

- Transitions – population served & purpose
 - 1996 – youth only (7-17 – EDTC referrals)
 - 2004 – added adult services (homicide survivors & DV/IPV)
 - 2018 – eligibility criteria expanded & MH services
 - 2021 – RP, community engagement (prevention) and clinical education, care coordination, youth development (intervention)



AHVS Grant Focus

- AIM 1: Clinical Education – Law Enforcement Involvement & Victims' Rights
 - Engagement in peer learning group – reimagining public safety
 - Ideas, thoughts, action items to guide and develop
 - Collaboration with Public Safety Team & Clinical Teams
 - Revisit the current verbiage/language with EMR documentation & reporting
 - police hold vs police custody vs police involvement
 - Labeling language – combative, aggressive, angry, confrontational, etc.
 - Clinical education and interventions with Project Ujima team



AHVS Grant Focus

- AIM 2: Care Coordination Services
 - Addition of 1.0 FTE
 - Allowed grace time for recruiting & hiring
 - Assess the need and focus
 - Volume and level of need (accommodations – school/home)
 - Creation of protocols
 - Documentation & record keeping
 - Building relationships with vendors/providers
 - DS staff communication/updates



AHVS Grant Focus

- AIM 3: Youth Trauma Resiliency Group
 - Frequency of groups – 2 times per year
 - Criteria for participation
 - Goal: Transition from TR group to M/LS group
 - Staff Focus/Support
 - Pre/Post Surveys



Challenges-Successes-Lessons Learned

- Larger health system – things take a long time
- Partnership and collaboration – right people at the table
 - Buy-in and support
 - Small wins and leverage opportunities – what can we offer
- Transportation
- Allow grace and time to adjust and develop
- Reporting – transparency in needs/challenges and success stories



Building an HVIP – Lessons Learned



Scott Charles, Trauma Outreach Manager, Temple University Hospital



TVAP Overview

➤ **Mission:**

TVAP aims to address the diverse needs of our patients through relentless trauma-informed advocacy. We accomplish this through meaningful engagement, fierce commitment and unflinching support for our community members.

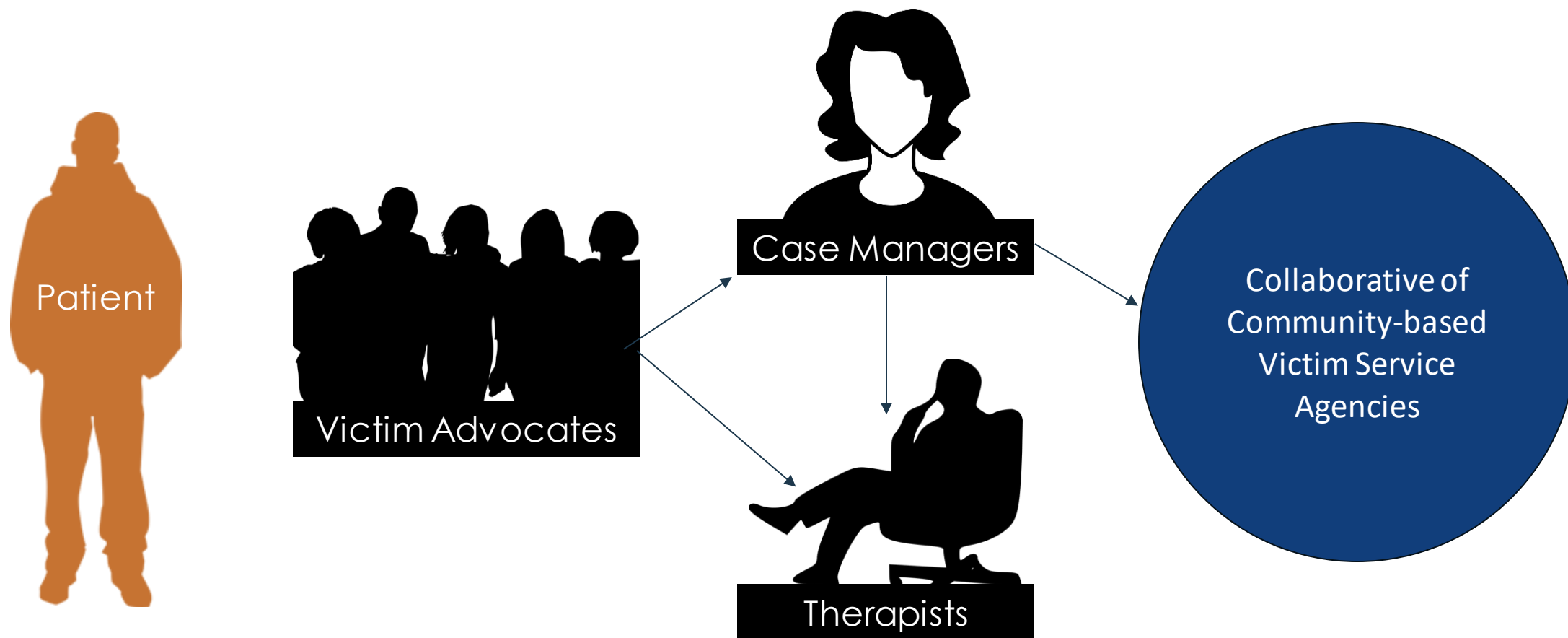
➤ **History:**

- For decades, Temple University Hospital has treated the most shooting victims of any hospital in the state of Pennsylvania.
- Historically, violently injured patients were discharged without being connected to victim services or mental health support.

- In 2019, TUH launched its Trauma Victim Advocacy Program (TVAP), which embedded victim advocates on its trauma team 24/7. These individuals greatly increased the number of patients who were connected to victim service agencies.
- In 2021, the TVAP was awarded the OVC grant which enabled the program to add a case manager and staff therapist to its team. This coincided with a state grant enabling the hiring of a workforce development specialist.



TVAP Elements



Lessons learned so far

Documentation

- Creates narratives with data
- Transparency contributes to accountability

Scaling up

- Helps meet the needs of patients
- Prevents staff burnout

Educating institution

- Bringing C-suite denizens up to speed on HVIPs is crucial
- Conversely, understanding bureaucracy of hospital

Communicating

- Establish clear goals
- Set expectations

Recognizing successes

- Success should be measured in small victories, not just large ones

Defining roles

- Having a small team requires everyone to wear multiple hats
- The current team is setting the standards and culture for future teams





VIAP at BMC



Roca, Inc. Boston

Cross-site Visit: Boston

- June 7-8, 2023
- The Violence Intervention Advocacy Program (VIAP) at BMC hosted members of TVAP and Camden's HVIP for a two-day site visit.
- Learned about: program history, funding, the Community Violence Response Team, behavioral health services, databases, research and evaluation, internal collaboration, and community partnerships.
- Community partner site visits:
 - Roca, Inc.
 - The Peace Institute



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Boston Site Visit: Key Takeaways

- **Adaptability with integrity**
 - The program offers a wealth of resources
 - Growth was purposeful and guided by patients' everchanging needs
 - Mistakes are learning opportunities
- **Community partnerships**
 - No program can be all things to all people
 - Broadens supports for patients and families
 - Important to maintain standards with partners
 - Partnerships are relationships that require work and benefit from a spirit of openness
- **Branding**
 - Helps establish identity within institution
 - Reduces obstacles/resistance from clinical staff
- **Additional takeaways**
 - Good programs have the ability to influence the culture of the institution
 - Engage in relentless advocacy in spite of obstacles
 - Utilize a variety of therapeutic modalities and practitioners
 - Be protective of your own program



Life Outside of Violence (LOV)



The St. Louis Area Hospital-Based Violence Intervention Program

MELIK COFFEY, MSW, LCSW
PROGRAM MANAGER
WASHINGTON UNIVERSITY IN ST. LOUIS –
INSTITUTE FOR PUBLIC HEALTH

Mission



Mission: To promote positive alternatives among individuals injured by violence in order to reduce retaliation, criminal involvement, re-injury, and death.

Evaluate the national model of a hospital-based violence intervention program at a regional level in the City of St. Louis, St. Louis County and certain Illinois counties.



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STL HVIP History

- Two HVIPs implemented in St. Louis City to date:
 - Barnes Jewish Hospital emergency & trauma chaplaincy 2004 to 2006
 - St. Louis Children's Hospital pilot project July 2012 to July 2014 & continues with funding



STL HVIP Phase I 2018 -2022

- Funded by Missouri Foundation for Health
- Coordinated by the Institute for Public Health
- A regional partnership between
 - 2 Health Systems
 - 4 Hospitals
 - 3 Universities



STL Data Repository

- Evaluation of the national model of a hospital-based violence intervention program
- At a regional level in the City of St. Louis and St. Louis County
- Cross site leadership and governance committees
- 5 clinical case managers
- Data use and sharing agreement - 2+ years of work
 - 3 Universities



The Intervention

- 200 participants per year (ages 8-24)
- Resident of St. Louis City and St. Louis County
- Active intervention (6-12-months)
- Individual treatment plan
- Case management
- Brief intervention
- Mentoring
- Trauma-informed
- Faith-based approaches
- Motivational interviewing
- Incentives and family assistance



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The St. Louis Area Hospital-Based Violence Intervention Program

As a survivor of a violent injury, you may have questions about your safety, medical treatment, follow up and how to handle other stressful issues in your life.

Life Outside of Violence (LOV) is here for you and your family. We can help you during this difficult time to plan your next steps.

ABOUT THE PROGRAM

- Open to Missouri residents of St. Louis City and St. Louis County, ages 8 to 24
- Participation ranges from six months to a year
- There is no cost to you

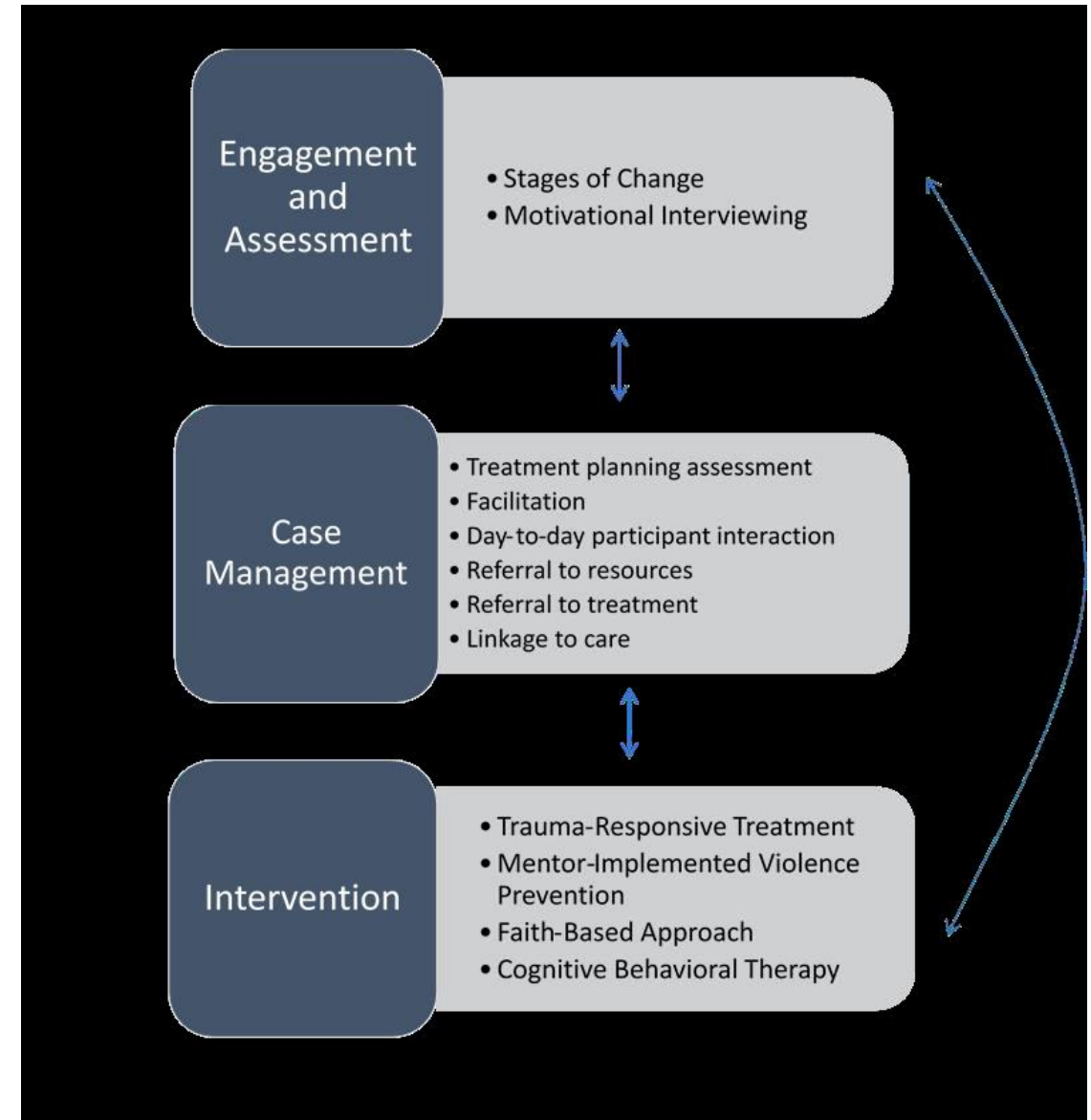
You will be matched with a trained provider that will:

- Help you and your family develop a plan to help you stay safe
- Connect you to community resources
- Provide guidance, support and treatment



Domains

- The following intervention domains are used in combination according to the Case Manager's consideration of each participant's needs.



Phase II

EXPANSION

- Addition of Community Outreach team
- Increased age range to 30 years old
- St. Clair County, Madison County, or Monroe County, IL within a 50-mile radius of participating hospital sites

*Department of Justice Office for Victims of Crime
Victims of Crime Act (VOCA)
Advancing Hospital Based Victim Services (AHVS)*

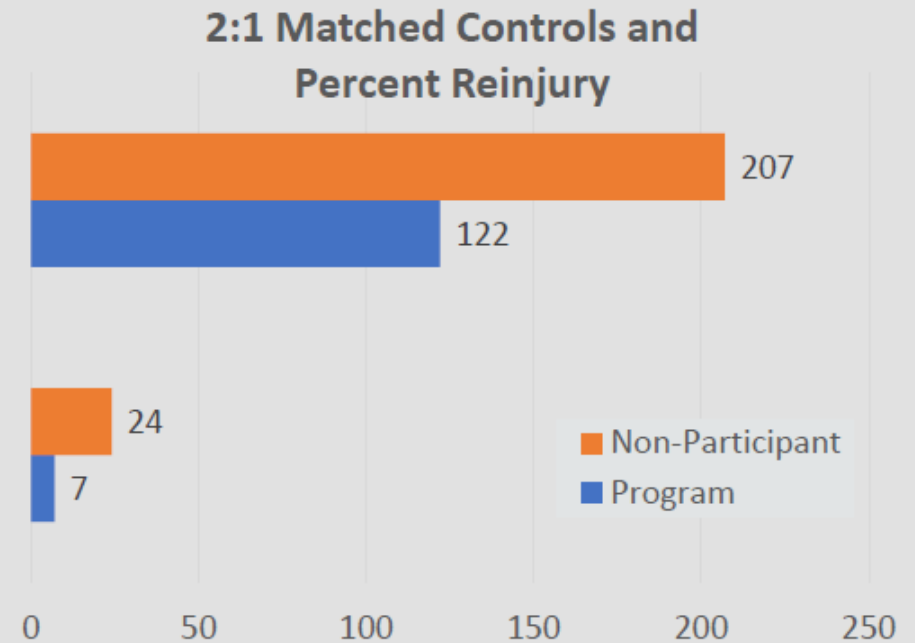


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Preliminary Outcomes

- **Incidence of reinjury**
 - 7 of 122 **LOV participants (6%)**
 - 24 of 207 **matched controls (12%)**
- **Controls (non-participants) have 2x the odds of reinjury compared to LOV participants**



AHVS

- Funded two half time adult clinical case managers
- Currently wrapping up no cost extension
- Site visit August 2022 to Youth ALIVE! in Oakland, CA



AHVS Lessons learned + program impact

- Collaboration is key! Keep your national and local partners close.
- Ask for what you need- there is usually always flexibility.
- Maintain high quality data tracking standards in preparation for required data reporting.
- We would not have been able to scale our HVIP without AHVS funding!





LETS
ROOT
FOR
EACH
OTHER

AND
WATCH
EACH
OTHER
GROW.



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Panel Discussion



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Audience Q&A



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Closing

- **Adrian Sanchez**, Director of Peer Learning, The Health Alliance for Violence Intervention, adrians@thehavi.org
- **Brooke Cheaton**, Manager, Project Ujima, Children's Wisconsin, BCheaton@childrenswi.org
- **Melik Coffey**, Program Manager, Life Outside of Violence (LOV), The St. Louis Area HVIP, melik.c@wustl.edu
- **Scott Charles**, Trauma Outreach Manager, Temple University Hospital, Scott.Charles@tuhs.temple.edu

Resources:

Placeholder QR
code



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