



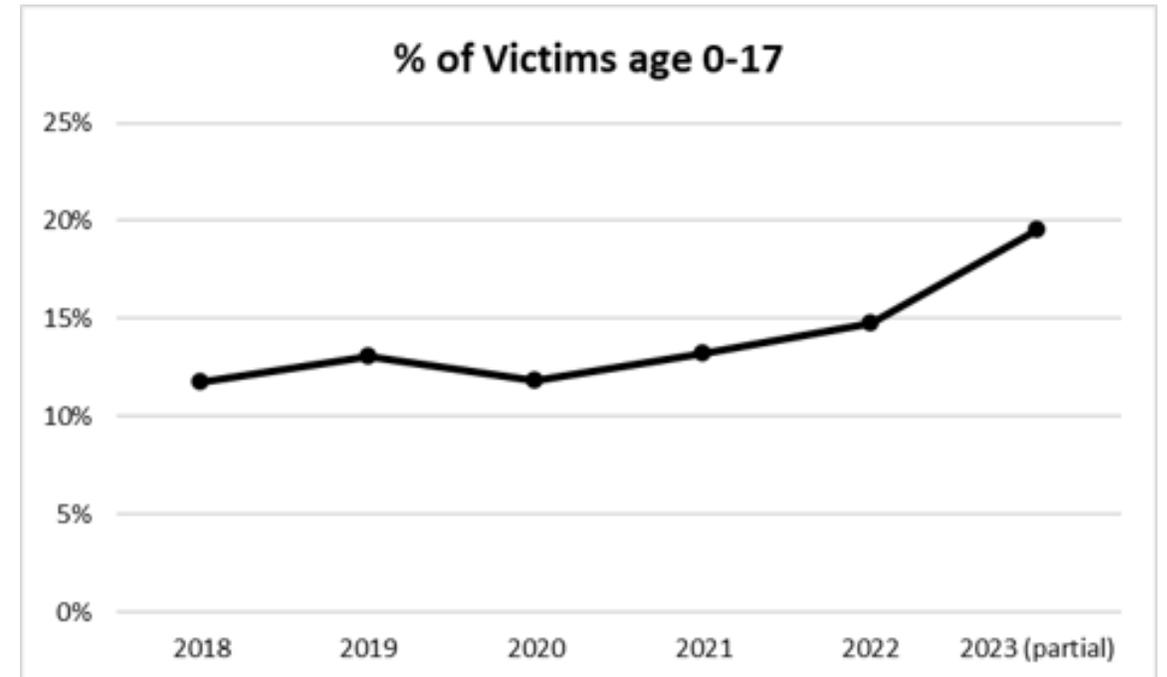
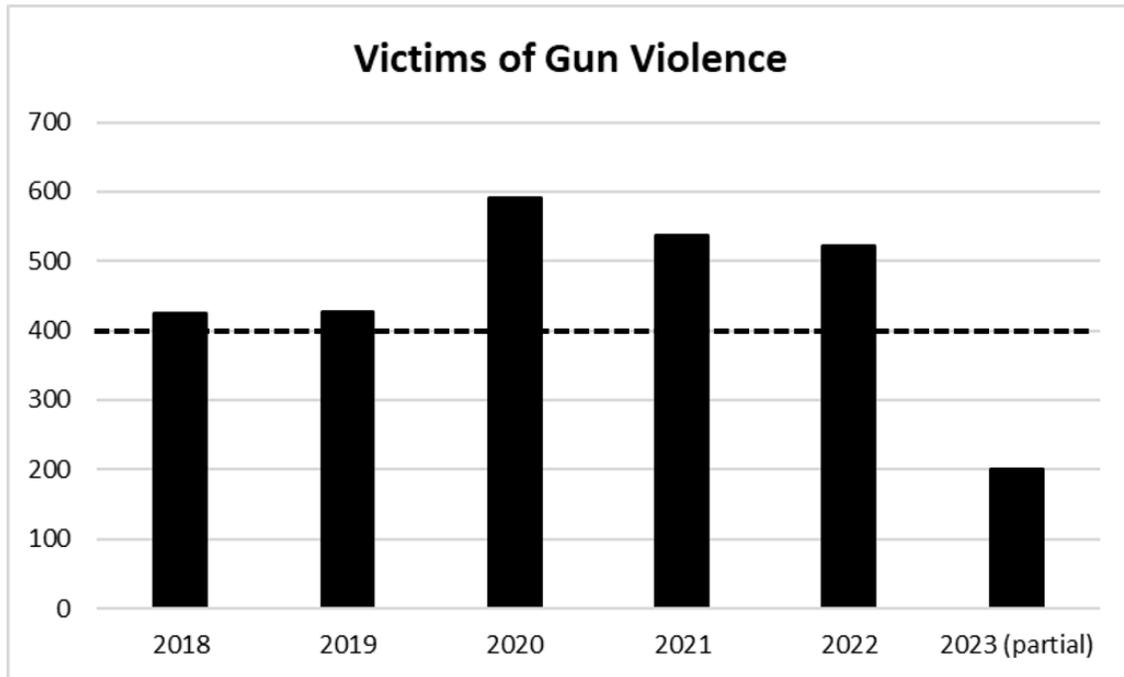
Hospital-Based Violence Intervention and Prevention Program Update

Public Safety and Governance Committee Meeting
May 14, 2024

Meera Kotagal, MD, MPH -Trauma Medical Director, CCHMC
Amy Makley, MD - Trauma Medical Director, UCMC







Hospital-Based Violence Intervention Programs

- Evidence-based
- Multi-disciplinary
- Wraparound services
- Trauma-formed
- Healing centered
- Credible messengers
- Comprehensive medical and psychological support
- Retaliation/reinjury reduction
- Collaborative efforts with community partners

Overarching Goal

Creation of a comprehensive HVIP with the coordinated efforts of UCMC, CCHMC, and our community partners to reach targeted population of youth and young adult gun violence survivors in Cincinnati



Standards and Indicators for Hospital-based Violence Intervention Programs (HVIPs)



- Public Health Framework
- Health communities affected by violence by fostering community and hospital collaborations to advance equitable, trauma-informed care



Hospital Commitment

- Develop strong buy-in from hospital and trauma program leadership to reach violently-injured patients at a time when they are typically more receptive to intervention.
- Collaborate with hospital personnel to develop trauma-informed care pathways and integrate HVIPs within health care systems.

Credible Messengers

- Employ, value, and resource credible messengers—people with lived experiences of violence and/or people who have established trusting, mutually respectful relationships with individuals and communities impacted by violence.

Community Leadership

- Acknowledge that people who are closest to the pain are closest to the solutions.
- Develop MOUs and partnerships with community-based organizations and leaders

Safety

- Safety plan with people at the highest risk of violence to address retaliatory factors.
- Coordinate safety supports and retaliation prevention with others in the hospital and community violence ecosystem through data sharing and frequent communication.

Wraparound Care

- Offer comprehensive, long-term case management to address the physical, emotional and social impacts of violence injuries.
- Partner with community organizations to address the social determinants of health and root causes of violence.

Equity

Recognizing the historical and structural inequities in society, work to redistribute power through policies and practices and narrative change about people impacted by violence. Promote equitable access and inclusivity to systems for people who have been historically marginalized.

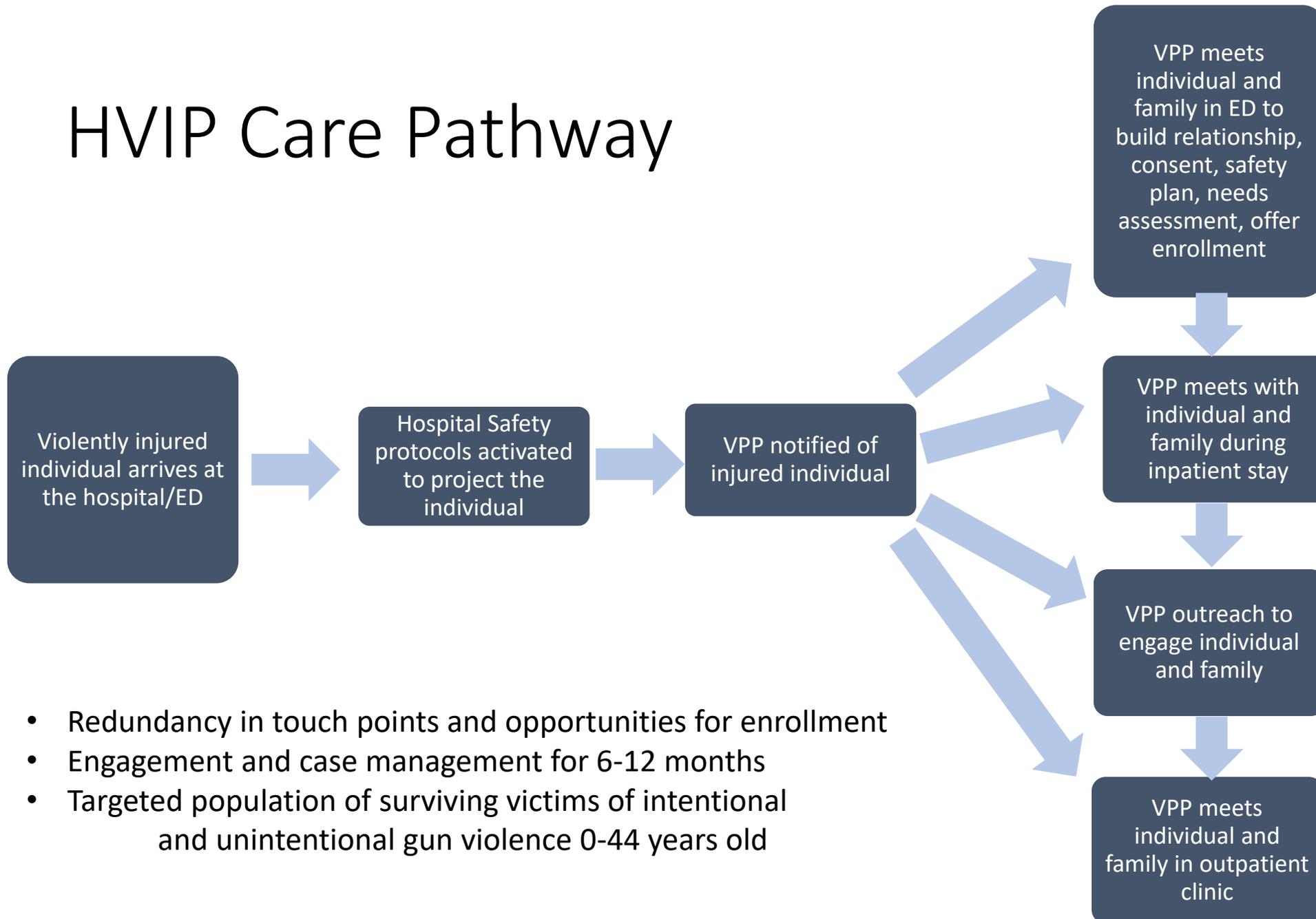
Healing

Create pathways for healing through supportive relationships and mentorship, services, economic opportunities and coalition-building. Uplift the dignity, worth and humanity of individuals and their loved ones who have been injured by community violence.

Advocacy

Advocate for racial equity, trauma-informed/healing-centered care, and investments in communities to end violence. Resource survivors of violence in leadership and social action to impact their communities.

HVIP Care Pathway



- Redundancy in touch points and opportunities for enrollment
- Engagement and case management for 6-12 months
- Targeted population of surviving victims of intentional and unintentional gun violence 0-44 years old

VPP will conduct needs assessment focused on:

- Mental health
- Food insecurity
- Transportation
- Job support
- Youth engagement
- Housing
- Education
- Substance abuse
- Legal aid

HAVI Standards for HVIP Development



1.0 Planning and Design

- 1.1 Racial equity is a core value of an HVIP.
- 1.2 An HVIP frames community violence as a public health issue.
- 1.3 An HVIP defines its program participant eligibility based on community-informed and hospital data.
- 1.4 An HVIP designs its services to ensure access to people who are at the highest risk of retaliatory violence, especially those who are or have been incarcerated or otherwise involved in the criminal legal system.
- 1.5 An HVIP develops its program based on the principles of trauma-informed care and healing-centered practices.
- 1.6 An HVIP designs its program model in collaboration with and based on the needs of those who are at the highest risk and most impacted by violence.
- 1.7 An HVIP develops operational policies and procedures for its program.



2.0 Community Partnerships

- 2.1 An HVIP understands and engages with the community violence intervention ecosystem in its geographic area.
- 2.2 An HVIP develops partnerships with stakeholders to meet shared goals (e.g., collaboration, services, referrals, prevention, coalition-building).
- 2.3 An HVIP ascertains existing assets in the community to maximize effective referrals to community partners.
- 2.4 An HVIP invests time and intentional efforts to strengthen collaborations, build transparent relationships, and co-create solutions with community partners.
- 2.5 An HVIP actively seeks and offers feedback to community partners to promote transparency and accountability.



3.0 Staff Development

- 3.1 An HVIP recruits and hires a program manager and frontline workers, including staff with lived experiences of violence who have earned the trust of the community.
- 3.2 An HVIP addresses staff safety, wellness, and employee rights.
- 3.3 An HVIP provides frontline staff with training and supervision that advances best practices.
- 3.4 An HVIP has a plan for leadership, promotion, and advancement opportunities for frontline staff.
- 3.5 An HVIP provides staff with support and restorative accountability measures to maintain professional standards.



4.0 Participant Engagement

- 4.1 An HVIP uses trauma-informed and cultural humility approaches to engage with violently injured people and to promote healing.
- 4.2 An HVIP aims to reduce the risks of retaliation and re-injury.
- 4.3 An HVIP provides a timely bedside response to a person who has experienced a penetrating trauma or has sustained injuries due to violent victimization.
- 4.4 An HVIP provides stabilization support to a violently injured person and their family/support network throughout the duration of their initial treatment, hospitalization, and post-discharge.
- 4.5 An HVIP engages with individuals who have historically been marginalized and experience higher rates of violence and health inequities as a result.

HAVI Standards for HVIP Development



5.0 Service Delivery

- 5.1 An HVIP uses a trauma-informed/ strengths-based intake process to enroll program participants and assess their needs.
- 5.2 An HVIP offers a minimum of six months of case management services tailored to the needs of the enrolled program participants, which may include services to their family, friends, and community.
- 5.3 An HVIP offers a variety of post-discharge services in the community that are geared toward addressing the social determinants of health.
- 5.4 An HVIP offers ongoing services in community-based locations where program participants live, feel safe, and are comfortable
- 5.5 An HVIP's services are accessible and available to people with physical, cognitive, and intellectual disabilities.



6.0 Data Collection, Evaluation, and Research

- 6.1 An HVIP creates an effective data collection system to track, monitor, and report on direct service work, person-centered outcomes, and program activities.
- 6.2 An HVIP maintains data integrity in tracking client data and program activities.
- 6.3 An HVIP develops and implements a program evaluation plan based on a logic model.
- 6.4 An HVIP identifies mechanisms for data sharing with local stakeholders to identify areas of highest risk for violence exposure and respond to individuals at the greatest risk of retaliatory violence.
- 6.5 An HVIP explores research, with an emphasis on community-based participatory research, to demonstrate the impact of its program, promote evidence-based practices, and contribute to the learning in the field.



7.0 Hospital Systems Transformation

- 7.1 An HVIP identifies hospital champions for its program.
- 7.2 An HVIP secures hospital support for its program.
- 7.3 An HVIP develops and maintains strong working relationships with key hospital departments, multidisciplinary staff, and leadership.
- 7.4 An HVIP advocates for trauma-informed policies, protocols, and systems to benefit people who are violently injured and the staff who serve them.
- 7.5 An HVIP trains health care providers, trainees, and students about community violence and how to refer individuals to the program.



8.0 Sustainability and Funding

- 8.1 An HVIP has a well-developed strategic plan that outlines its program priorities and direction.
- 8.2 An HVIP has funding to support its programming and staffing.
- 8.3 An HVIP advocates for equitable pay and benefits for frontline staff.
- 8.4 An HVIP leverages the hospital's fiscal management capabilities, funding, and support for its HVIP activities and events, and those of its community partners.
- 8.5 An HVIP engages in policy and systems advocacy to sustain HVIP programming, benefit people impacted by violence, and support frontline workers.
- 8.6 An HVIP engages in continuing education and continuous quality improvement through its participation in The HAVI network.

Timeline for HVIP Launch

- February 2024 - Funding announcement
- February – May 2024 – Community engagement
 - Strategy meetings with hospital community outreach team
 - Community-based organizations
 - In-person meetings, virtual meetings, email communication/update regarding launch of HVIP
- April - May 2024
 - Finalizing funding agreement with City
 - VPP job descriptions and job posting through UCMC
 - CCHMC subcontracting
 - Engagement with social work, emergency medicine departments
 - Building data infrastructure to collect robust data
- June –July 2024 – Anticipated recruitment and hiring of initial 2 VPPs
 - Committee and community involvement in selection process
- August – Goal of first patient enrollment in HVIP

Future Efforts

- Continuous improvement through feedback from VPPs, CBOs, patients
- Robust data infrastructure for ongoing analysis
 - Rates of re-injury
 - Enrollment in HVIP
 - Referral to services
 - Uptake of services
- One intervention within a larger violence reduction infrastructure



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