Hospital-based Violence Intervention Program Standards

Planning and Design

1. An HVIP frames community violence as a public health issue.
2. An HVIP develops program participant eligibility based on community informed and hospital data.
3. 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.
4. An HVIP develops its program on the principles of trauma-informed care and healing-centered practices.
5. 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.
6. An HVIP develops operational policies and procedures for its program.

Community Partnerships

7. An HVIP understands and engages with the community violence intervention ecosystem in its geographic area.
8. An HVIP develops partnerships with stakeholders to meet shared goals (e.g., collaboration, services, referrals, prevention, coalition-building).
9. An HVIP assesses existing assets in the community to maximize effective referrals to community partners.
10. An HVIP assesses gaps in service and internalizes peer-based collaboration, build transparent relationships and co-create solutions with community partners.
11. An HVIP actively solicits and offers feedback to community partners to promote transparency and accountability.

Staff Development

12. An HVIP recruits and hires a program manager and frontline workers, including staff with lived experience of violence who have earned the trust of the community.
13. An HVIP addresses staff safety, wellness, and employee rights.
14. An HVIP provides frontline staff with training and supervision that advances best practices.
15. An HVIP has a plan for leadership, promotion, and advancement opportunities for frontline staff.
16. An HVIP provides staff with support and resources to maintain professional standards.

Participant Engagement

17. An HVIP uses trauma-informed and cultural humility approaches to engage with violently injured people and to promote healing.
18. An HVIP works to reduce the risks of retaliation and re-injury.
19. An HVIP provides a timely bedside response to a person who has experienced a precipitating incident or has sustained injuries due to violent victimization.
20. An HVIP has a plan for leadership, promotion, and advancement opportunities for frontline staff.
21. An HVIP provides support to a violently injured person and their family/support network throughout the duration of their initial hospitalization, hospitalization, and post-discharge.
22. An HVIP engages with individuals who have historically been marginalized and experience higher rates of violence and health inequities as a result.

Service Delivery

23. An HVIP uses trauma-informed strengths-based intake process to enroll program participants and assess their needs.
24. 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.
25. An HVIP offers a variety of post-discharge services to the community that are geared toward addressing the social determinants of health.
26. An HVIP offers ongoing services in community-based locations where program participants live, eat, and are comfortable.
27. An HVIP’s services are accessible and available to people with physical, cognitive, and intellectual disabilities.

Data Collection, Evaluation, & Research

28. An HVIP creates an effective data collection system to track, monitor, and report on direct service work, personnel turnover, outcomes, and program activities.
29. An HVIP maintains data integrity in tracking client data and program activities.
30. An HVIP develops and implements a program evaluation plan based on a logic model.
31. An HVIP identifies mechanisms for data sharing with local stakeholders to identify areas of greatest risk for violence exposure and respond to individual at the greatest risk of retaliatory violence.
32. 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.

Hospital Systems Transformation

33. An HVIP identifies hospital champions for its program.
34. An HVIP accesses hospital support for its program.
35. An HVIP develops and maintains strong working relationships with key hospital departments, multidisciplinary staff, and leadership.
36. An HVIP engages in policy and systems advocacy to ensure [HAVI] programing, benefit people impacted by violence, and support frontline workers.
37. An HVIP engages in continuing education and continuous quality improvement through participation in The HAVI network.

Sustainability & Funding

38. An HVIP has a well-developed strategic plan that outlines its program priorities and direction.
39. An HVIP has ongoing funding to support its planning and staffing.
40. An HVIP advances the equitable pay and benefits for frontline staff.
41. An HVIP leverages the hospital’s fiscal management capabilities, funding, and support for its HVIP activities and events, and those of its community partners.
42. An HVIP engages in policy and systems advocacy to ensure [HAVI] programming, benefit people impacted by violence, and support frontline workers.
43. An HVIP engages in continuing education and continuous quality improvement through participation in The HAVI network.
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The HAVI supports the development and advancement of HVIPs across the country through training and technical assistance, peer learning, policy development, research and evaluation, frontline worker equity, and narrative change.

We offer HVIPs guidance and support to implement HAVI Standards. As a community of practice, we work with HVIPs to wrestle with the daily challenges of violence intervention and strategies to find solutions. Contact us through https://www.thehavi.org/get-support.html