

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



THE  
HEALTH ALLIANCE  
*for* VIOLENCE  
INTERVENTION



This document is intended to provide guideposts, Standards and Indicators, to fully realize The HAVI HVIP model.

Contact us through [www.thehavi.org](http://www.thehavi.org).

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*“The publication of Standards and Indicators for HVIPs represents an important milestone in the development of hospital-based violence intervention programs (HVIPs). It offers inter-disciplinary teams actionable standards for operating equitable, trauma-informed care to people injured by violence. Our partners and members have indicated that these standards help clarify the tools and strategies most needed for transformative healing and systems change. These resources include investments in the frontline violence prevention workforce, training and technical assistance, sustainable funding streams for HVIPs and community-based solutions, alongside research to advance the HVIP model. The HAVI is honored to collaborate with the field as we end cycles of violence, together.”*



**Fatimah Loren Dreier**

Executive Director, The Health Alliance for Violence Intervention



# Introduction

Founded in 2009 as the National Network of Hospital-based Violence Intervention Programs, **The Health Alliance for Violence Intervention (The HAVI)** works to heal communities affected by violence by fostering community and hospital collaborations to advance equitable, trauma-informed care. The HAVI builds and connects violence intervention programs and promotes equity for victims of violence. The HAVI is the only national organization dedicated to using a public health framework to address community violence through the development and replication of an evidence-based model called Hospital-based and Hospital-linked Violence Intervention Program, or **HVIP**.

To provide comprehensive care for individuals who are injured by community violence, the HAVI program model, or HVIP, weaves social care into medical care. The HVIP<sup>1</sup> model represents an important paradigm shift in the treatment of victims of community violence. HVIPs are a mechanism through which hospitals can provide comprehensive care to people injured by violence.

Guided by a commitment to racial equity and centering the leadership of people with lived experiences of violence, The HAVI shares best practices, conducts research, advocates for policies, and supports the development and expansion of the HVIP model. The HAVI provides extensive training, technical assistance, and peer learning activities, including an annual national conference that draws over 600 frontline workers, clinicians, health care providers, public health practitioners,

researchers, and public policy officials. The HAVI facilitates monthly practice groups for HVIP directors, managers, and frontline staff to network, strategize, and learn from each other and strengthen the program model.

The HVIP model has gained momentum over recent years, growing from a handful of programs at its inception to nearly 100 established or emerging programs that are currently involved with The HAVI. While programs may vary in size and scope based on the needs of their communities and the available resources at any given time, all The HAVI's programs are steadfast in their commitment to uplift the safety, dignity, worth and humanity of individuals and their loved ones who have been injured by community violence.

<sup>1</sup> Currently, the term **HVIP** includes **hospital-based programs** where staff are employees of the hospital, **hospital-linked programs** where staff are employed by a community organization (CBO) or city/county department, and **hybrid** where staff are employed by a combination of the CBO, city/county department and hospital. Regardless of their location, all HVIPs bring high quality care to violently injured people and maintain strong partnerships with community and local organizations outside of the hospital. Experts in the field are considering a future change in the name of this model to emphasize the program model's value on **community-based interventions**.



*“In recent years, unprecedented investments and future commitments have been made to support HVIPs. Now more than ever, this support presents the opportunity to build partnerships, secure technical assistance and pursue the resources necessary to fund and sustain prevention, intervention, treatment and recovery services for people injured by violence and their families. We must make the most of this opportunity to save lives.”*

**Andrew Woods**

Executive Director, Hartford Communities that Care



*“It is incredibly demoralizing as a trauma surgeon to feel like you’re standing at the bottom of a waterfall, trying to catch good humans again and again when they are violently injured. We have to go upstream to address root causes of violence to stop people from falling in the first place or falling again.”*



**Dr. Rochelle Dicker**

Trauma Surgeon, HAVI Board Chair, Vice Chair of the ACS Committee on Trauma’s Injury Prevention Committee



## HVIPs Are Integral to the Care of Violently Injured People

The HVIP model was launched to address a gap in care for people injured by community violence. For too long, people injured by community violence – who are disproportionately people of color – were treated at hospitals for their physical injuries and released without addressing the mental or emotional trauma experienced or the root causes of why the violence has occurred. This left the trauma surgeons and clinicians who cared for these victims frustrated and determined to do more for their patients. Individuals were alive but they were not provided with the comprehensive care they needed to thrive. This “treat and street” model of care turned emergency departments and trauma centers into revolving doors of violent injury.

To interrupt cycles of violence, the HVIP model offers pathways to safety and long-term, transformative healing. At its core, the model brings experts with lived experience (also known as Violence Prevention Professionals) into the fabric of trauma care. At its finest, Violence Prevention Professionals see violently injured individuals as soon as they are physically stable, build a trusting relationship and follow individuals for months after discharge. HVIPs address the social determinants of health and mental health to change the life course of people injured by violence.

HVIPs center equity and community partnerships with survivors of violence, community leaders, credible messengers, and public health practitioners. HVIPs are a mechanism through which hospitals can provide a comprehensive care to violently injured patients and tend to both the acute and long-term impacts of trauma. As an effective approach to injury prevention, HVIPs also fulfill an American College of Surgeons Committee on Trauma (ACS COT) requirement for trauma centers.

Through HVIPs, community violence is addressed as a public health crisis with solutions that invest in individuals, neighborhoods, and communities. HVIPs are a critical component of an effective community violence intervention (CVI) ecosystem, working alongside violence interrupters/street outreach workers, peacemakers, and other neighborhood stakeholders in a coordinated effort to reduce violence in their city, county, or state.

A close-up photograph of a healthcare worker's hands, wearing white scrubs and blue nitrile gloves, gently holding the hand of a patient lying in a hospital bed. The patient is covered with a light blue blanket, and their head is resting on a pillow. The background is softly blurred, showing a hospital room setting. The text "HVIPs : The HAVI Program Model" is overlaid in white serif font across the center of the image.

# HVIPs : The HAVI Program Model

*“What sets these programs apart is that HVIP frontline workers are typically from the same or similar communities as the patients/program participants who they serve. When a patient is lying in a hospital bed recovering from a violent injury, they have experienced tremendous trauma and can feel overwhelmed by all that there is to navigate both during their hospital stay and after they return home to begin their healing process. The frontline worker represents a path forward - often serving as a clear example of someone who has experienced and overcome violence in their own life and who can help the patient do the same. The ability of the frontline worker to connect with the patient at the hospital bedside in a manner that is unique and powerful as a result of their shared lived experiences cannot be overstated.”*

**Marla Becker, MPH**

Founder and Senior Advisor, The Health Alliance for Violence Intervention



A public health approach to community violence, **Hospital-based and Hospital-linked Violence Intervention Programs, or HVIPs**, are multidisciplinary programs that intervene with violently injured persons who arrive at hospitals for trauma care. HVIPs employ credible messengers to provide a trauma-informed and healing-centered approach to caring for those who are impacted by violence. Credible messengers are frontline workers who are also referred to as Violence Prevention Professionals (VPPs).

Many VPPs have similar lived experiences to the people they serve. VPPs are survivors of violence, formerly incarcerated individuals, and community members. VPPs have earned trust and respect in the communities they serve. They have become valued members of the hospital care team. VPPs approach their interventions with cultural humility and demonstrate an understanding of trauma and its impacts. VPPs receive specialized training to provide risk assessments, psychological first aid, and long-term intensive case management.

VPPs build connections between the hospital and community. With compassion and empathy, VPPs offer critical social, emotional, and mental health care to change the trajectory of a violently injured person's life. VPPs provide safety planning, stabilization, and ongoing support. VPPs address a variety of common issues facing people impacted by community violence, such as economic stability, education, housing, food, transportation, and access to quality care. In short, HVIPs and VPPs save lives, transform communities, and promote long-term healing.

VPPs can quickly engage with violently injured persons and their families at hospital trauma centers, emergency departments, at the hospital bedside, or soon after discharge. They identify individuals who are at risk of

*“Frontline workers—  
VPPs—are at  
the heart of the  
program model.”*



**Michelle McDaniel**  
of GRASP/Denver AIM

repeat violent injury and link them with hospital- and community-based resources to address underlying risk factors for violence. Reaching individuals at this time of vulnerability is key. As they are coping with the trauma of the injury and the experience of being hospitalized and treated, they are often more open to accepting support.

After introducing the program and gaining consent, VPPs enroll violently injured individuals into an HVIP as a program participant. VPPs work with individuals,

their families, and health care providers to develop a plan that attends to their immediate safety needs, provides services, and establishes goals. This form of intensive case management promotes survivors' physical and mental recovery while also improving their social and economic conditions. Intensive wraparound care may begin while the individual is still at the hospital and during the months following the injury.

HVIPs connect program participants to community resources that seek to address social determinants of health. Ultimately, this care targets multiple risk factors and inequities to end the revolving door of violence. While the hospital is an important point of access to initially connect with violently injured individuals, the ongoing work of HVIPs also involves a combination of hospital, public health, and community-based solutions that address the root causes of community violence.

# Core Elements *of* HVIPS

HVIPS are multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide healing-centered care to violently injured people, many of whom are boys and men of color. Five core elements make HVIPS unique and effective.





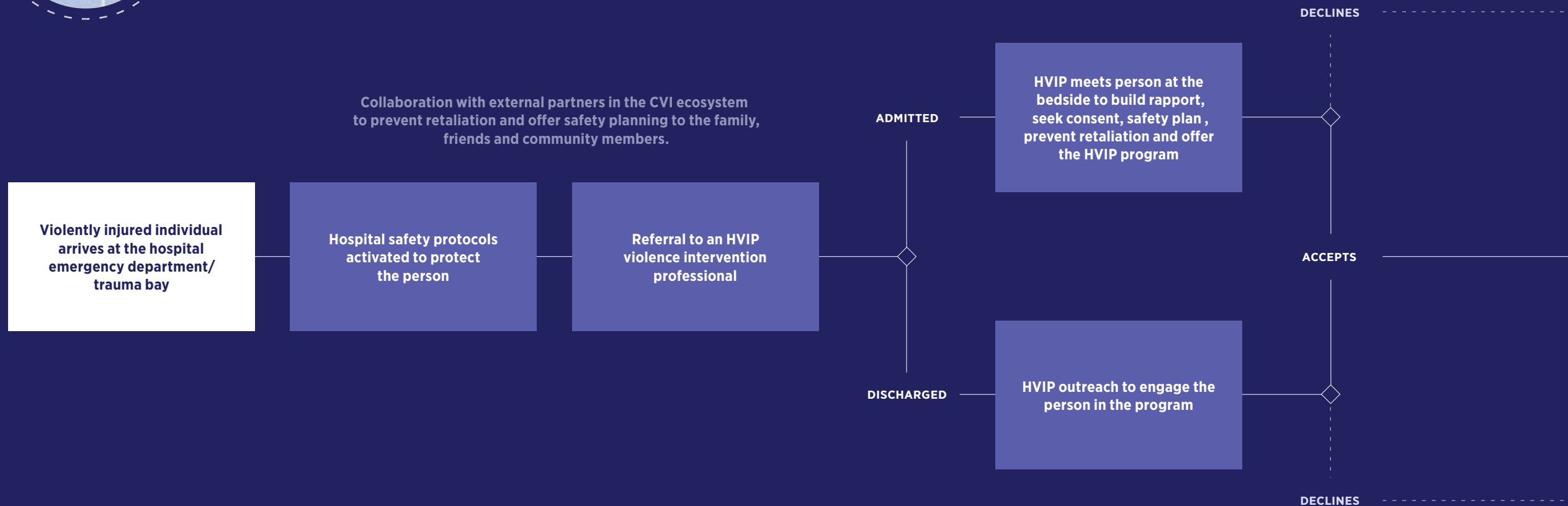
<p><b>Hospital Commitment</b></p> <ul style="list-style-type: none"> <li>• Develop strong buy-in from hospital and trauma program leadership to reach violently-injured patients at a time when they are typically more receptive to intervention.</li> <li>• Collaborate with hospital personnel to develop trauma-informed care pathways and integrate HVIPs within health care systems.</li> </ul>	<p><b>Credible Messengers</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p><b>Community Leadership</b></p> <ul style="list-style-type: none"> <li>• Acknowledge that people who are closest to the pain are closest to the solutions.</li> <li>• Develop MOUs and partnerships with community-based organizations and leaders</li> </ul>	<p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Safety plan with people at the highest risk of violence to address retaliatory factors.</li> <li>• Coordinate safety supports and retaliation prevention with others in the hospital and community violence ecosystem through data sharing and frequent communication.</li> </ul>	<p><b>Wraparound Care</b></p> <ul style="list-style-type: none"> <li>• Offer comprehensive, long-term case management to address the physical, emotional and social impacts of violence injuries.</li> <li>• Partner with community organizations to address the social determinants of health and root causes of violence.</li> </ul>
<p><b>Equity</b></p>	<p>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.</p>			
<p><b>Healing</b></p>	<p>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.</p>			
<p><b>Advocacy</b></p>	<p>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.</p>			





# An Example of an HVIP Care Pathway

How HVIPs respond to violently injured individuals who arrive at hospital emergency department trauma bays.



Adapted from Boston Medical Center (BMC) Violence Intervention Advocacy Program (VIAP) James TL, Bibi S, Langlois BK, Dugan E, Mitchell PM. Boston Violence Intervention Advocacy Program: a qualitative study of client experiences and perceived effect. Acad Emerg Med. 2014 Jul;21(7):742-51. doi: 10.1111/acem.12409. Epub 2014 Jul 16. PMID: 25039818.

Follow-up and continued outreach when appropriate

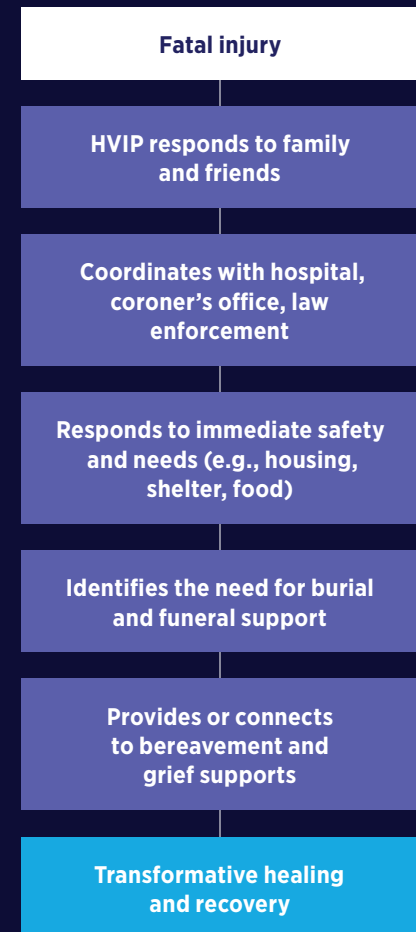
Program enrollment, intake, and comprehensive needs assessment

Engagement and intensive case management for 6 months – 1+ years\*

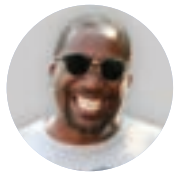
Transformative healing & recovery

\*After addressing immediate safety and building a trusting relationship, case management typically includes: advocacy related to housing, mental health, access to education, family support, legal support, Victims of Crime Act assistance, life-skills training, employment, job training and access to follow-up medical care as needed.

Follow-up and continued outreach when appropriate



*“Community violence is a public health crisis. HVIPs work. They are necessary. HVIPs are meaningful and make an impact. I know from living and lived experience. The same hospital I went to when I was stabbed, and then shot, is the same hospital I went back to and worked in partnership to develop an HVIP. I do this work because I want to interrupt the cycles of violence and influence public policy that contributes to social conditions that activate and foster peace. I do this work and it has become part of my own healing. I do this work in solidarity with others on the frontline of change.”*



**Calvin Evans**

Chair, HAVI Empowering the Frontline and National Advisor



# HVIPs Standards and Indicators



## Purpose of The HAVI Standards and Indicators

The HAVI Standards and Indicators align values with practice areas. While not intended as an implementation manual or assessment tool, the content in this document informs program development, service delivery, staff development, hospital system transformation, community partnerships, evaluation, and sustainability. New, emerging, and established HVIPs may use The HAVI Standards and Indicators to leverage resources needed for their program, such as hospital and community support and funding. Additionally, programs may use the standards and indicators to self-identify areas for further growth, enhancement, and improvement.

The HAVI recognizes that HVIPs will need adequate support and resources to meet all the standards and indicators outlined in this document. The HAVI acknowledges that programs may not be able to meet all standards at the same time. Adherence is dependent on several changing variables (e.g., funding, staffing, community needs, hospital system readiness). The HAVI hopes these Standards and Indicators will help programs attain the necessary and appropriate investments in leadership, staffing, and infrastructure.

At first glance, some of the content may seem aspirational, especially for under-resourced programs. The HAVI has set the bar intentionally high and collaborates with programs to advance the field and provide violently injured people with the high quality care they deserve.

The indicators in this document represent realized examples that have been observed in the field at the present time. The list is not exhaustive and will be refined in future versions of this document. Programs may find distinct pathways and demonstrate different indicators than those listed in this document. The key is to identify tangible methods and activities to achieve the relevant standard.



## Standards

Standards describe a level of *quality or attainment* of components that are essential for successful HVIP planning and implementation and are aligned with The HAVI model.



## Indicators

Indicators are examples of strategies, methods, and activities *that demonstrate and show progress* toward the standards.

*“Meeting someone at the hospital immediately after they are injured gives me the opportunity to build a relationship with them. At a time when everyone else is taking care of the patient’s medical needs, the frontline worker is focused on establishing a relationship. I do not ask the person to complete any paperwork. I step into the room and see them as a human being who has suffered a trauma. I can relate to them and show them respect. When we have a relationship, I can integrate a “teachable moment,” and steer them toward safety.”*

**Leonard Spain**

HVIP Case Manager/Violence Interventions Specialist, Johns Hopkins Hospital



## Grounded in The HAVI's Core Values— Equity, Standard Bearer, Wellbeing, Interconnected Communities

### The HAVI Standards and Indicators have been developed to:

- Promote best practices across all HVIPs, including The HAVI member programs, so that people who are impacted by violence receive quality care and achieve positive outcomes.
- Center the lived experiences and the leadership of people most impacted by violence.
- Guide HVIP planners, implementors, and evaluators in planning and assessing the quality of key HVIP activities.
- Determine whether key HVIP activities are well-designed and working to their potential.
- Outline expectations that are grounded in racial equity, public health frameworks, and trauma-informed/healing-centered approaches.
- Advance strong collaborations among HVIPs, frontline violence intervention workers, hospitals, health care providers, community partners, and people impacted by violence.
- Emphasize the importance of staff development, equitable compensation, and structures for a healthy workplace.

### Indicators are recommended ways to show progress toward standards. Indicators offer:

- Strategic and essential activities to guide decision-making and resource allocation.
- Objective measures for improving operations, efficiency, and effectiveness, and tracking performance and compliance.
- Focused attention on quality, timeliness, governance, economics, personnel, and resource utilization.

# HVIPs are uniquely positioned to advance equity by investing in communities, promoting social determinants of health, and advocating for victims' rights.

The HAVI leads with a focus on racial equity while simultaneously recognizing intersectionality with other forms of oppression and inequities. Racial equity is explicitly embedded and interwoven throughout The HAVI's interconnected Standards and Indicators. Structural racism disproportionately harms communities of color and is a main driver of community violence. By centering racial equity, we strive to improve societal conditions that will create equity and wellness for people of color and all groups that have been historically marginalized, including LGBTQ+ people, people with disabilities, women, immigrants, and elders.

Racial equity involves eliminating policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race. Attaining equity requires creating opportunities for access to resources and community development while removing structural barriers. HVIPs are uniquely positioned to advance equity by interrupting violence, investing in communities, promoting social determinants of health, and advocating for victims' rights. Advancing racial equity will also advance equity for other historically marginalized groups.





I CAN'T BREATHE

I MATTER

STOP KILLING BLACK PEOPLE

WE CAN BREATHE

100 SUITS

DRONAVY I  
BACK COP UP

CA



*“Long-term healing happens after the hospital discharge. A large part of that healing comes from being connected to others. We need to come together to provide warm hand-offs to community-based wraparound services. We need to join hands in partnership with survivors and community leaders. We need all hands on deck to create peace and transformative healing.”*



**DeAngelo Mack**

HAVI Senior Advisor and *former*, Program Manager of an HVIP



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## 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.



## 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.





## Standard 1.0

# Planning and Design

The standards in this area outline the core values, frameworks, planning, and design of an effective HVIP.

<sup>2</sup> The list of possible indicators in this document is not exhaustive. HVIPs may demonstrate progress toward standards in different ways.

### 1.1 Racial equity is a core value of an HVIP.<sup>2</sup>

- A. An HVIP has a mission statement and organizational values that integrate racial equity and antiracism.
- B. An HVIP recognizes that community violence is a problem resulting from systemic inequities and structural racism.
- C. HVIP leadership actively introduces and explores racial equity as a core value with staff, candidates, implementation stakeholders, and community partners.
- D. An HVIP supports investments in neighborhood infrastructures.
- E. HVIP staff identify social determinants of health (i.e., systemic inequities such as economic instability, poor educational quality, substandard housing) and contribute to strategies that improve them.
- F. HVIP staff link program participants to resources that address the social determinants of health.
- G. An HVIP participates in and/or leads racial equity efforts within the hospital, schools of medicine, and community.
- H. An HVIP centers equity in its recruitment and hiring practices, with a commitment to ensuring access to candidates of color, people with lived experiences of violence, and formerly incarcerated individuals..

### 1.2 An HVIP frames community violence as a public health issue.

- A. An HVIP monitors violence in its geographic region to identify risk and protective factors.
- B. An HVIP engages in education and prevention strategies to advance community health and safety.
- C. An HVIP develops an understanding of violence based on a social-ecological framework.
- D. HVIP staff view violence as a preventable community problem with community solutions.
- E. An HVIP works to mobilize community partnerships to address violence.
- F. HVIP staff recognize and can articulate how community violence is a public health issue.
- G. HVIP staff adopt a public health framework to continually guide programming.

### 1.3 An HVIP defines its program participant eligibility based on community-informed and hospital data.

- A. HVIP staff use a needs assessment process to identify community needs.
- B. HVIP staff use asset mapping to identify community strengths and resources.
- C. An HVIP has formalized its eligibility criteria such as age, mechanism of injury, and city/town where the participant resides, and communicates the criteria to hospital and community stakeholders.
- D. An HVIP develops its program model in collaboration with community and hospital stakeholders.
- E. An HVIP enrolls program participants with the greatest risks in towns, cities, and neighborhoods that have historically been marginalized and disproportionately impacted by cyclical violence.
- F. HVIP staff consult and refer to various sources for geographic/neighborhood-specific data about community violence for program design.
- G. An HVIP operates in alignment with local city or county prevention strategies.
- H. An HVIP monitors incoming data and needs assessment updates to ensure that eligibility criteria are current with community needs.

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**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.**

- A. An HVIP’s eligibility criteria specifies service provision and intentional outreach to people who have been involved in the justice system and/or incarcerated.
- B. An HVIP aligns its eligibility criteria (e.g., age, geographic area, etc.) with the city- and county-level data about those who are at the highest risk.
- C. An HVIP accesses hospital, trauma registry, town, city, and/or county data and information that identifies people who are at the highest risk for experiencing retaliatory violence to inform intervention strategies.
- D. An HVIP participates in high-risk case reviews, public safety, and other relevant community and governmental meetings to identify strategies for violence intervention and reduction.
- E. An HVIP provides intensive, trauma-informed wraparound services to people at the highest risk of retaliation and re-injury.

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**1.5 An HVIP develops its program based on the principles of trauma-informed care and healing-centered practices.**

- A. HVIP staff are trained in trauma-informed and healing-centered care.
- B. HVIP managers, directors, leaders, and frontline workers demonstrate an understanding of trauma-informed care.
- C. Trauma-informed practices are integrated in HVIP service delivery, management, operations, training, outreach materials, and program brochures.
- D. Supervisors provide trauma-informed supervision to staff.
- E. HVIP leadership value the lived experiences of frontline workers and program staff as essential expertise required for impactful violence intervention.
- F. Leaders work to counter structural biases by promoting collaboration, power-sharing, trust-building, and inclusion.
- G. HVIP frontline staff are fairly and equitably compensated.
- H. All HVIP staff practice with cultural humility.

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**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.**

- A. HVIP staff identify service needs, gaps in services, resources, strengths, and opportunities within the hospital and in the city or neighborhood where they plan to focus their program.
- B. An HVIP has a logic model that outlines its program model, expected outcomes, and engagement with people impacted by violence.
- C. An HVIP has a mission and vision statement for its program that is co-created with community and hospital stakeholders.
- D. An HVIP learns from and contributes to the CVI ecosystem in its geographic area.
- E. HVIP staff practice cultural humility in all interactions with community members.
- F. HVIP staff use and analyze multiple data sources to inform their program design. Sources may include the hospital, trauma registries, local public health surveillance, law enforcement, street outreach, and community-based organizations.
- G. HVIP staff identify the needs, rights, and considerations of serving different age groups and develop age-appropriate response protocols.

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**1.7 An HVIP develops operational policies and procedures for its program.**

- A. An HVIP has an organizational chart and structure for reporting and accountability.
- B. An HVIP develops policies and protocols related to outreach, service delivery, communication, referrals, and engagement with external stakeholders (e.g., community leaders, programs, city/state officials, law enforcement, victim compensation agencies).
- C. An HVIP develops policies that outline expectations for all jobs/positions within the organization.
- D. An HVIP develops procedures for its case management to ensure that program participants are offered a level of service that meets their acute and ongoing needs.
- E. An HVIP has a procedure for obtaining informed consent for program services and any research and evaluation activities in the program.
- F. An HVIP develops safety planning protocols for staff.
- G. An HVIP maintains or has access to emergency funds for crisis situations.



## Standard 2.0

# Community Partnerships

The standards in this area outline HVIP and community partnerships to center community wisdom and leadership of people of color and those most affected by violence.

### 2.1 An HVIP understands and engages with the community violence intervention ecosystem in its geographic area.

- A. An HVIP learns about a range of coordinated strategies that identify and provide services to individuals who are at the greatest risk of violence.
- B. An HVIP collaborates with street outreach workers, group violence interventionists, focused deterrence, Peacemaker Fellowships, community-based public safety initiatives, and targeted trauma-informed interventions.
- C. An HVIP seeks to engage in city-wide or county-wide efforts set in motion by local governmental agencies such as mayors or departments of public health.
- D. An HVIP develops relationships with other credible messengers who also coordinate wraparound services.
- E. An HVIP monitors healing and growth of violently injured individuals through relationships with other programs that are providing intensive case management and long-term engagement.

### 2.2 An HVIP develops partnerships with stakeholders to meet shared goals (e.g., collaboration, services, referrals, prevention, coalition-building).

- A. An HVIP identifies key community partners using needs assessment to survey the existing resources and assets.
- B. An HVIP develops partnerships with community members, neighborhood associations, organizations, municipal leaders, and others who share equity values and program goals.
- C. HVIP staff identify community partners that center the wisdom and leadership of people who are most impacted by violence.
- D. An HVIP develops working agreements and/or MOUs with community partners, including roles, responsibilities, and methods of engagement.
- E. HVIP staff participate in stakeholder partnership meetings, community meetings, and events.
- F. An HVIP establishes a system of cross-referrals and case coordination with other organizations that serve high-risk individuals in the same geographic area.

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**2.3 An HVIP ascertains existing assets in the community to maximize effective referrals to community partners.**

- A. An HVIP assembles and maintains a community partner and service directory for staff reference and referrals.
- B. An HVIP solicits input from staff and people most impacted by violence about their experiences with community resources to establish reliable and suitable referrals.
- C. An HVIP conducts regular outreach and/or schedules meetings with community partners to stay aware of changes in their scope, funding, staffing and overall capacity to support program participants.
- D. An HVIP periodically reassesses the changing landscape of neighborhood and community-based organizations.
- E. An HVIP develops new relationships with community resources when needed.

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**2.4 An HVIP invests time and intentional efforts to strengthen collaborations, build transparent relationships, and co-create solutions with community partners.**

- A. An HVIP engages with community stakeholders on a regular basis to discuss and problem-solve about issues and concerns.
- B. An HVIP explores collaborations and resource-sharing with community partners, such as the development of joint programming or funding proposals and co-managing projects.
- C. An HVIP develops memoranda of understanding (MOUs) or business agreements (BAs) with community partners for communication/case coordination, cross-training, and shared funding opportunities.
- D. An HVIP advocates to hospital administrators on behalf of community partners to develop culturally responsive and trauma-informed support and collaboration.
- E. In all HVIP models, data sharing agreements are developed, implemented, and honored.

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**2.5 An HVIP actively seeks and offers feedback to community partners to promote transparency and accountability.**

- A. An HVIP develops MOUs/BAs with community partners about how they will work together, including sharing and seeking resources equitably.
- B. An HVIP solicits input from staff and people most impacted by violence about their interactions with community partners to share feedback and strengthen relationships with the community partners.
- C. An HVIP engages in reflective conversations with community partners to learn about and incorporate their feedback about the HVIP.
- D. An HVIP's evaluation team requests feedback from community partners through formal surveys.



## Standard 3.0

# Staff Development

The standards in this area outline the recruitment, personnel structure, training, wage and benefits equity, supervision, and support needed for effective staffing at an HVIP.

<sup>3</sup> Current guidance from the field includes: (1) no more than 10–12 highest-intensity cases should be assigned to a case manager at any given time; (2) not more than 80 total active cases should be assigned to any staff member in a given year; (3) cases that are designated infrequent and/or inactive should not exceed 200 in a calendar year.

<sup>4</sup> The HAVI has developed professional standards for National Frontline Violence Intervention Workers.

### 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.

- A. An HVIP creates job descriptions for each staff position with an emphasis on hiring people of color, people with lived experiences of violence, people with prior experience in case management or community service, and people who have demonstrated trusting relationships with the communities where they will work.
- B. An HVIP develops culturally responsive, equitable hiring and recruitment strategies, including, but not limited to the following: advertising in communities impacted by violence; seeking the advice and support of community partners to identify candidates; and leveraging community partners to identify and interview candidates.
- C. An HVIP invites a diverse hiring panel, including community and neighborhood stakeholders, and hospital personnel to participate in the hiring process.
- D. An HVIP proactively identifies potential barriers to hiring people with lived experiences, such as past arrests and convictions, and develops pathways to mitigate the barriers.

### 3.2 An HVIP addresses staff safety, wellness, and employee rights.

- A. An HVIP develops safety plans for all staff, especially frontline workers when they are in the hospital and in community settings.
- B. An HVIP maintains manageable caseloads with a tangible limit on the number of high-intensity cases so that the frontline worker can meet the individualized needs of each program participant and prevent worker burnout.<sup>3</sup>
- C. An HVIP provides staff with information about their rights as employees to work in an environment that is respectful and civil, and a clear and confidential process for reporting violations of those rights.
- D. An HVIP provides staff with wellness support and team-building practices.
- E. An HVIP develops or accesses resources to address chronic compassion fatigue, secondary/vicarious trauma, and burnout.
- F. An HVIP accesses professional resources (e.g., human resources, consultants, community organizations) to provide ongoing support for all staff needs.

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**3.3 An HVIP provides frontline staff with training and supervision that advances best practices.**

- A. An HVIP provides frontline staff with training on best practices in case management and trauma-informed care to uphold The HAVI's National Standards for Frontline Violence Intervention Workers. The standards emphasize cultural humility, racial equity, trauma-informed care, and healing-centered practices.
- B. An HVIP offers staff training in cultural humility, multi-cultural competence, and cross-cultural skill development.
- C. All frontline staff are trained in The HAVI's Core Competencies and Professional Standards for Frontline Staff.
- D. All frontline staff receive reflective and trauma-informed supervision.
- E. An HVIP program manager or designated supervisor provides staff with annual ongoing training related to their individualized needs and professional development goals.
- F. An HVIP program manager or designated supervisor provides staff with trauma-informed analysis, case debriefings, and other regular opportunities to reflect on the work, as well as support for compassion fatigue, burnout, and vicarious/secondary trauma.

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**3.4 An HVIP has a plan for leadership, promotion, and advancement opportunities for frontline staff.**

- A. An HVIP provides staff (e.g., frontline workers, social workers, and case managers) with leadership development, professional learning, and advancement opportunities wherever possible.
- B. An HVIP promotes people working on the frontlines as the experts in hospital and community collaborations.
- C. All eligible frontline staff receive The HAVI's Violence Prevention Professionals (VPP) certification training.
- D. An HVIP's budget prioritizes frontline staff participation in The HAVI's annual conference.
- E. An HVIP supports frontline staff in presenting at The HAVI's annual conference.
- F. An HVIP identifies and offers professional development opportunities for frontline staff.
- G. An HVIP's leadership development plan is co-created by the manager and frontline staff.
- H. An HVIP structures performance evaluation process for all staff, including supervisors and managers.
- I. An HVIP is transparent about management decision-making processes that impact frontline workers and creates opportunities for shared decision-making whenever possible.

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**3.5 An HVIP provides staff with support and restorative accountability measures to maintain professional standards.**

- A. An HVIP develops and disseminates a guide to professional standards for frontline violence intervention workers.<sup>4</sup>
- B. An HVIP offers coaching to its staff to set them up for success in their roles.
- C. An HVIP provides opportunities for corrective action and improvement, including stress debriefing and adjusting work assignments to prevent burnout.
- D. An HVIP use a trauma-informed approach to corrective action for staff who have deviated from professional standards.



## Standard 4.0

# Participant Engagement

The standards in this area refer to the initial engagement with violently injured people to reduce the risks of retaliation and re-injury and to promote healing.

<sup>5</sup> A timely bedside response is offered whenever possible. In some instances or settings, violently injured persons who present to hospitals with less significant injuries are treated and released before an HVIP staff can see them. In these instances, HVIP staff will follow-up with the person after discharge.

### 4.1 An HVIP uses trauma-informed and cultural humility approaches to engage with violently injured people and to promote healing.

- A. HVIP staff build trusting rapport with individuals following a violent injury due to community violence.
- B. HVIP staff advocate for the rights and dignity of those who are injured.
- C. HVIP staff identify the individual's strengths and resources to help them cope with the trauma of violence.
- D. HVIP staff provide information and education about the impacts of trauma and the principles of trauma-informed care (safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, cultural, historical, and gender issues).
- E. HVIP staff recognize the secondary impact of violence on family, friends, community, and hospital providers.
- F. An HVIP offers education, psychological first aid, and compassionate care to those who are impacted by community violence.
- G. HVIP staff engage with violently injured people in a manner that respects their identities, cultural experiences, and experiences of structural racism, oppression, and historical trauma.
- H. HVIP staff work to mitigate past barriers to treatment and health care for the individual.
- I. All HVIP staff practice with cultural humility.

### 4.2 An HVIP aims to reduce the risks of retaliation and re-injury.

- A. HVIP staff assess the acute, ongoing, and long-term risks of violence for the individual and their social network.
- B. HVIP staff coordinate efforts with community-based violence interrupters and other violence prevention professionals to reduce the risk of retaliatory violence.
- C. HVIP staff offer violently injured individuals education, information, safety plans, and pathways to avoid retaliation and re-injury.
- D. HVIP staff advocate for the needs of individuals within external systems including law enforcement, housing, victim compensation, and others to promote safety.



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**4.3 An HVIP provides a timely bedside response<sup>5</sup> to a person who has experienced a penetrating trauma or has sustained injuries due to violent victimization.**

- A. An HVIP has a communication system and plan in place for the hospital system and/or county or city public safety system to notify HVIP staff of potential referrals, including a plan for after-hour and weekend responses.
- B. An HVIP has implemented a process with the hospital to provide frontline workers with the necessary access to patient information and a space to provide a timely bedside response.
- C. An HVIP has clear practice guidelines for timely outreach and connection to eligible participants.
- D. An HVIP has informed and/or trained providers poised to activate the HVIP response, with established agreements for frontline violence intervention specialists and mental health practitioners to respond in a timely manner at the bedside when possible.
- E. An HVIP has a flowchart or other documented protocol for the program's response system, roles, and responsibilities.
- F. An HVIP provides crisis intervention, safety planning, and assistance with discharge planning.

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**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.**

- A. HVIP staff provide emotional and social support to violently injured persons and/or their support network/family throughout the initial treatment, followed by long-term intensive case management.
- B. HVIP staff act as navigators or intermediaries with hospital personnel to facilitate communication and advocate for the injured person's needs during the initial treatment, hospital stay, and post-discharge care.
- C. HVIP staff use hospital interpreters when needed to ensure the person and family members have access to support in their primary language.
- D. HVIP staff work to build respect, rapport, and trust with violently injured persons.
- E. HVIP staff inform violently injured persons of their patient rights.
- F. HVIP staff collaborate with hospital personnel to address potential safety risks for violently injured persons while onsite at hospitals and post-discharge.
- G. HVIP staff collaborate with city, county, community, and local stakeholders to address potential safety risks for violently injured persons while onsite at hospitals and post-discharge.

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**4.5 An HVIP engages with individuals who have historically been marginalized and experience higher rates of violence and health inequities as a result.**

- A. An HVIP has clear protocols and practices guidelines for serving youth and children.
- B. An HVIP builds their capacity to address the needs of LGBTQ+ program participants, particularly transgender individuals who experience violence at high rates.
- C. An HVIP has a non-discrimination policy about its services.
- D. An HVIP has a Language Access Plan.
- E. An HVIP offers program information in languages represented in its geographic region.
- F. An HVIP collaborates with hospital and community language interpreters.
- G. An HVIP's intake practices are inclusive of all gender identities.
- H. An HVIP identifies the needs of men and boys of color who are at the highest risk for violence injury.
- I. An HVIP's intake practices serve individuals who are undocumented and do not increase their risk for deportation.
- J. An HVIP serves women and transgender people, and anyone deemed at the highest risk in their geographic location, such as county, town, city, or neighborhood.



## Standard 5.0

# Service Delivery

The standards in this area refer to services to engage violently injured people in wraparound support and intensive case management to reduce the risks of retaliation and re-injury, address the social determinants of health, and promote healing.

<sup>6</sup> For more information on a Certificate of Confidentiality (CoC), search grants.nih.gov. Depending on the nature of the research, a CoC may be required.

<sup>7</sup> For additional guidance, refer to The HAVI's Managing Law Enforcement in Hospital Settings: Key Concepts, Guidance and Considerations for Hospital-based Violence Intervention Programs.

**5.1 An HVIP uses a trauma-informed/strengths-based intake process to enroll program participants and assess their needs.**

- A. An HVIP's intake or screening tool has been developed and/or refined through consultation with people with lived experience of violence.
- B. An HVIP's intake or screening tool is designed to identify the goals, needs, and preferences of people who have been violently injured.
- C. An HVIP's intake or screening tool helps to increase safety and identify the risk for and prevention of retaliatory violence.
- D. An HVIP's intake or screening process is implemented in a manner that facilitates relationship-building, trust, and healing.
- E. An HVIP's intake or screening process includes a statement of confidentiality, informed consent, and the rights of program participants.
- F. An HVIP's intake or screening tool identifies individual and systemic barriers as well as strengths, resources, and opportunities to support program participants' healing.
- G. If the program participant is a minor, the intake form incorporates consent by, and the goals of, their parents and/or guardians as well as the minor.
- H. An HVIP should obtain an NIH Certificate of Confidentiality<sup>6</sup> if research is being performed.

**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.**

- A. An HVIP has clear guidelines for case management services, which typically includes outreach, follow-up, phone calls, in-person meetings, safety planning, accompaniment to appointments, referrals, psychoeducation about the impacts of trauma, healing circles, job training, education, housing, legal advocacy, and other supports that address the social determinants of health.
- B. An HVIP prioritizes the needs of program participants facing the highest risk at the time of intake.
- C. An HVIP uses a service planning document and/or database to track case management services.
- D. An HVIP has a dedicated space in which to meet with program participants and/or subcontracts with an external organization that guarantees the provision of case management services to participants.
- E. An HVIP offers discrete "tiers of service" to meet the acute and ongoing needs and preferences of program participants. The tiers specify the appropriate level of outreach and frequency of contact with program participants.
- F. When appropriate, and with consent, HVIP staff liaise with hospitals, street outreach services, trauma-recovery services, mental health, risk-reduction service, law enforcement, legal services, city services, and others for the coordination of care and support without contributing to patient harm.<sup>7</sup>
- G. HVIP staff protect the rights and confidentiality of patients.
- H. An HVIP assesses referrals and outside services on an ongoing basis to ensure that participants are connected with appropriate and high-quality services.

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**5.3 An HVIP offers a variety of post-discharge services in the community that are geared toward addressing the social determinants of health.**

- A. HVIP staff connect program participants to workforce development and employment opportunities.
- B. HVIP staff advocate for program participants to access safe housing or to relocate or refer program participants to community partners who provide this type of assistance.
- C. HVIP staff engage in court advocacy on behalf of program participants or refer to legal services.
- D. HVIP staff engage in exploring school and post-secondary school opportunities or refer to job placement services.
- E. HVIP staff help with immigration needs or may refer program participants to community partners who provide this service.
- F. HVIP staff support program participants in identifying and accessing trauma-informed mental health resources and make referrals as needed.
- G. HVIP staff maintain relationships with community partners and maintain dialogue regarding individuals' progress with referral agencies.
- H. HVIP staff will engage in other aspects of resource development based upon the individual needs of its program participants.

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**5.4 An HVIP offers ongoing services in community-based locations where program participants live, feel safe, and are comfortable.**

- A. HVIP staff meet program participants where they are comfortable, such as at coffee shops, their homes, community settings, and at appointments.
- B. HVIP staff may support or visit program participants during their stays at rehabilitation facilities.
- C. HVIP staff provide mental health services or referrals to support program participants in accessing trauma-informed, culturally relevant support.
- D. HVIP staff provide home visits and meet with program participants in other locations that create comfort and access to support.
- E. HVIP staff accompany program participants to follow-up medical appointments.
- F. An HVIP conducts outreach at regular intervals to increase awareness of and access to its services and the evolving services of community partners.

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**5.5 An HVIP's services are accessible and available to people with physical, cognitive, and intellectual disabilities.**

- A. An HVIP provides support and access consistent with Americans with Disabilities Act (ADA) compliance.
- B. An HVIP uses assistive technology for individuals who are deaf, hard of hearing, blind, visually impaired, or have speech disabilities.
- C. An HVIP provides access for people with physical disabilities through accommodations and adaptations to space and locations of meetings.
- D. An HVIP offers adaptations and modifications to information and printed materials based on the learning and cognitive abilities of individuals.
- E. If an HVIP cannot provide services to people with disabilities or makes an assessment that another program can better serve their needs, the HVIP refers to another program.
- F. An HVIP builds relationships with disability-related services for consultation, collaboration, and referrals.



## Standard 6.0

# Data Collection, Evaluation, and Research

The standards in this area outline how data helps HVIPs to identify client needs, assess effectiveness, and demonstrate their impact.

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**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.

- A. An HVIP identifies the specific client indicators, case management, and program activities to collect and track.
- B. An HVIP's data is used to demonstrate process and outcome measures.
- C. An HVIP identifies an efficient and accessible system for documenting its case management and program activities.
- D. HVIP data collection and management systems are co-created with and informed by community and participant representative input.
- E. Frontline workers have access to and interface with the data management system.
- F. HVIP staff are trained on how to use the data management system and the data.

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**6.2** An HVIP maintains data integrity in tracking client data and program activities.

- A. An HVIP reviews data entry practices on a regular basis to ensure internal consistency among staff.
- B. An HVIP runs regular reports and reviews data with frontline workers and program staff to provide oversight and quality improvement.
- C. An HVIP has a HIPAA (Health Insurance Portability and Accountability Act) secure system for maintaining client protected health information, such as an online database with security system protection or a locked filing cabinet in an office.

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**6.3 An HVIP develops and implements a program evaluation plan based on a logic model.**

- A. An HVIP uses a universal logic model framework consistent with The HAVI standards.
- B. An HVIP evaluation plan is developed and revised based on input and review from key stakeholders (e.g., people with lived experiences of violence, frontline workers, hospital personnel, and community partners.)
- C. An HVIP defines client-driven outcome measures, such as community engagement, workforce development, and psychological and physical well-being.
- D. An HVIP uses quantitative evaluation methods to measure and understand program impact.
- E. An HVIP uses qualitative evaluation methods to measure and understand program impact.
- F. An HVIP seeks guidance from The HAVI to engage in shared national data collection protocols and measures.

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**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.**

- A. An HVIP includes data sharing agreements in Memoranda of Understanding/Business Agreements with relevant stakeholders, such as county and city departments, street outreach workers, credible messengers, law enforcement, community organizations, and neighborhood associations.
- B. An HVIP seeks guidance from hospital risk management and legal counsel to eliminate barriers to information sharing about safety risks.
- C. An HVIP understands its responsibilities under HIPAA.

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**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.**

- A. An HVIP identifies opportunities to engage in and collaborate on research projects whenever possible.
- B. An HVIP stays abreast of research relevant to their program and the populations served.
- C. An HVIP strives for high standards and ethics in all research efforts as outlined by its affiliated Institutional Review Board.
- D. An HVIP collaborates with frontline workers to develop research projects and goals that are aligned with its values, ethics, and priorities and to advance equity.
- E. An HVIP prioritizes the safety of program participants and staff relative to any research engagement.
- F. An HVIP uses and promotes Community-based Participatory Research approaches that collaborate with community stakeholders, frontline workers, and people who are violently injured.
- G. An HVIP has clear guidelines for data use, sharing, and informed consent with program participants.
- H. An HVIP disseminates evaluation results and research findings with stakeholders, program participants, community partners, and/or the public.



## Standard 7.0

# Hospital Systems Transformation

The standards in this area outline how HVIPs are best integrated in hospitals to meet the needs of people impacted by violence and address the structural and root causes of violence.

<sup>8</sup> Key departments include but are not limited to Social Work, Legal, Risk Management, Chaplaincy, Nursing Administration, Mental Health, Psychiatry, Pharmacy, Patient Advocacy, Patient Registration, Human Resources, Workforce Development, Security, and Volunteer Services.

### 7.1 An HVIP identifies hospital champions for its program.

- A. An HVIP cultivates relationships with hospital “champions” – personnel within the hospital who are decision-makers. Many HVIPs have a medical director and/or strong collaboration with the trauma medical director.
- B. HVIP staff engage with and regularly seek guidance from hospital leadership about their needs and systems issues.
- C. An HVIP shares program updates regularly with hospital administration to keep leadership apprised of the benefits and successes of the program’s work.
- D. An HVIP’s medical director/trauma service leadership and hospital champions serve as ambassadors and strategic advisors to support the program within the medical system.
- E. Hospital champions elevate the needs of people injured and impacted by violence.
- F. Hospital champions advocate for the HVIP, community violence intervention, and/or gun violence prevention.

### 7.2 An HVIP secures hospital support for its program.

- A. An HVIP engages in regular discussions with hospital leadership to identify shared goals and explore potential investments in the program.
- B. An HVIP may request financial assistance and/or in-kind support from the hospital for its program operations.
- C. An HVIP requests a dedicated office or workspace for HVIP staff when they are onsite at the hospital.
- D. An HVIP may secure access to computers, phones, and other technology that enables staff to view hospital information and identify hospital and other resources for program.

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**7.3 An HVIP develops and maintains strong working relationships with key hospital departments, multidisciplinary staff, and leadership.**

- A. An HVIP collaborates with the emergency department (ED) and trauma services leadership, administrators, and health care providers to provide care to program participants.
- B. An HVIP identifies other key departments<sup>8</sup> where collaboration will help meet the needs of program participants.
- C. HVIP staff attend hospital meetings that help to promote visibility of the program and foster collaboration.
- D. HVIP staff advocate for equitable and quality care of violently injured patients.
- E. HVIP staff establish key points of contact within the hospital.
- F. HVIP staff participate in case conferences and rounds that focus on the social care of violently injured patients.

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**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.**

- A. An HVIP works with hospital staff to address violence as a public health issue, recognizing structural racism, leveraging population health strategies, and addressing social determinants of health.
- B. An HVIP works with the hospital and community to co-create a plan that ensures the HVIP staff have access to patients in need of their services.
- C. An HVIP identifies and addresses inequities in policies and protocols or a bias in their administration and/or implementation.
- D. An HVIP advocates for trauma-informed care, equity, and cultural humility throughout the health care system.
- E. HVIP staff work with hospital administrators, staff, and security to coordinate communication and clarify protocols when law enforcement is onsite at the hospital.
- F. An HVIP works with human resources to reduce barriers to hiring people with histories of incarceration or other involvement with the criminal legal system.
- G. An HVIP provides information and advocacy for victim compensation assistance.
- H. An HVIP engages in hospital-based quality improvement work to benefit violently injured patients.

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**7.5 An HVIP trains health care providers, trainees, and students about community violence and how to refer individuals to the program.**

- A. An HVIP has a website or webpage on the hospital's website and/or intranet.
- B. An HVIP develops and delivers training materials for health care providers and students (undergraduate, graduate, medical, nursing, and other health care professionals) on trauma-informed care.
- C. An HVIP regularly shares with health care providers and hospital leadership about community violence, trauma-informed and healing-centered practices, racial equity, structural biases, and the details of its program model.
- D. HVIP staff work to establish a trauma-informed system of care within the hospital by leading by example and offering their expertise.
- E. An HVIP sponsors, supports, and presents at medical/trauma grand rounds and other learning forums at the hospital and University/Schools of Medicine and Nursing.





## Standard 8.0

# Sustainability and Funding

Standards in this area outline ways for HVIPs to continue as valuable programs in a community violence intervention ecosystem.

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**8.1 An HVIP has a well-developed strategic plan that outlines its program priorities and direction.**

- A. An HVIP engages in an annual reflection about its program accomplishments, strengths, and areas for growth.
- B. HVIP staff and leadership conduct periodic self-assessments and make changes in programming as needed.
- C. An HVIP updates its strategic plan on a regular basis, typically every 3–5 years or as needed.
- D. An HVIP solicits staff, community, and hospital stakeholder input as it revises and updates its strategic plan.

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**8.2 An HVIP has funding to support its programming and staffing.**

- A. An HVIP develops a 2–3-year budget with projections and a funding plan.
- B. An HVIP applies for and secures funding from a variety of sources and types of donors to diversify funding streams (e.g., hospitals, departments of health, private foundations, donors, and city, state, and federal sources).
- C. An HVIP monitors solicitations and grant opportunities on a regular basis to identify potential new funding opportunities.
- D. An HVIP allocates budget resources to provide frontline staff with necessary training.

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**8.3 An HVIP advocates for equitable pay and benefits for frontline staff.**

- A. An HVIP offers salary and benefits for frontline staff that are appropriate to the level of their expertise and cost of living in the region.
- B. An HVIP conducts pay-equity reviews and makes living wage commitments to its frontline staff.
- C. An HVIP compensates frontline violence intervention workers not less than 80% the national compensation standards posted by The HAVI annually.
- D. An HVIP regularly consults The HAVI's national pay scale for market rate analysis of compensation.

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**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.**

- A. An HVIP actively promotes community-based investments from the hospital system.
- B. An HVIP identifies opportunities for HVIP staff and community partners to highlight and promote their programming to hospital administrators and health care workers.
- C. An HVIP seeks hospital sponsorship or its community partners and community events.
- D. An HVIP encourages participation from hospital personnel to support outreach and community events that benefit violently injured patients and their families, such as employment fairs, safety meetings, and neighborhood health fairs.

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**8.5 An HVIP engages in policy and systems advocacy to sustain HVIP programming, benefit people impacted by violence, and support frontline workers.**

- A. An HVIP develops stakeholder partnerships and relationships with local, state, and federal leaders and policymakers.
- B. An HVIP participates in coalitions and stakeholder groups to keep informed about policy and systems changes.
- C. An HVIP engages with The HAVI regarding its policy and advocacy work through networking and its policy working group.
- D. An HVIP collaborates with people with lived experiences of violence, frontline workers, and community leaders to ensure that their voices are amplified, and their solutions are centered in policy, decision-making, and systems improvement.

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**8.6 An HVIP engages in continuing education and continuous quality improvement through its participation in The HAVI network.**

- A. An HVIP engages in The HAVI network and receives and/or provides mentorship to other HVIPs.
- B. An HVIP seeks consultation and technical assistance to strengthen its program as needed.
- C. An HVIP engages in continual learning – maintaining an awareness of issues, trends, and new evidence in the field.
- D. An HVIP provides feedback and input to The HAVI to strengthen the network.
- E. An HVIP participates in The HAVI's conference and other national and local conferences for networking and learning.
- F. An HVIP values, amplifies, and resources the leadership of people of color and people with lived experiences of violence.

*“When there is a homicide in Boston, no matter what time of day or night, I respond with a group of other community leaders on scene where the violence occurred. I counsel people, including the children who witness the violence. I listen to their anger, shock, and fear, and provide them with resources for healing. While I see so much pain, racism, and inequities, I also see the assets, the strengths, and the resilience of Black people. I see my community as healers, creative problem-solvers, and leaders. I lead with my community’s voice first and foremost. I lead by making connections and bringing groups together for unity and strength.”*



**Masika Gadson**  
HAVI Board Member

# Appendix

## GLOSSARY OF TERMS

**Credible Messengers** are trusted support people who make a critical difference in the lives of violently injured individuals. Credible messengers are often people who have first-hand knowledge, exposure, and experiences of violence in their communities. Due to their own healing journeys, they hold wisdom and perspectives that are helpful in assisting violently injured individuals. Credible messengers build mutually respectful relationships and serve as mentors and role models.

**Frontline Workers** (also referred to as Violence Intervention Specialists, Violence Prevention Professionals, Advocates, and Case Managers) are individuals who provide direct care to the violently injured person. They are typically people who have their own lived experiences of violence and/or are from the communities in which they serve. Frontline Workers approach their work with empathy, respect, and cultural humility and use a trauma-informed, healing-centered approach.

**Trauma-informed Care** is a system and organizational approach that supports people holistically. It is based on six key principles: (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues. From SAMHSA.

**Intensive Case Management** is a term that describes the unique wraparound supports provided by HVIPs. This type of support includes critical safety planning, social, emotional, and mental health care along with

access to medical care following a violence injury. Intensive case management is provided in a trauma-informed manner, with consent and based on the needs and preferences of everyone.

**Social Determinants of Health**, or SDOH, are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Poor conditions or poor SDOHs such as poverty and economic instability, poor education, unemployment, substandard housing, divestment in neighborhood infrastructures, food insecurity, and limited transportation options lead to increased violence. From Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

**Training and Technical Assistance**, or TTA, refers to a specialized program of planning and development, consultation and learning activities that builds the capacity of HVIPs and other programs.

**Racial Equity** is the condition that would be achieved if one’s racial identity no longer predicted a person’s health and well-being. Achieving racial equity involves eliminating policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race. From the Center for Assessment and Policy Development, <https://www.capd.org>.

**Racism**, “As defined by Camara Jones, ‘racism is a system of structuring opportunity and assigning value based on phenotype (“race”) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.’” From American Medical Association, AAMC Center for Health Justice: Advancing Health Equity: A Guide to Language, Narrative and Concepts, 2021. <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>

**Structural Racism**, as defined by an American Medical Association document, “Refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources. It is a deep-seated and core form of social injustice and oppression seen across society, perpetuating cumulative advantage for whites throughout life.” From American Medical Association, AAMC Center for Health Justice: Advancing Health Equity: A Guide to Language, Narrative and Concepts, 2021. <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>

**Reflective Supervision and Trauma-informed Supervision** are strength-based methods of supervision that empower direct service workers to examine and reflect on their interventions, their impact on clients and themselves. Supervisors create supportive

spaces for growth and learning, without judgment and without an emphasis on productivity. Supervision supports professional development, minimizes vicarious trauma, and increases effectiveness by recognizing the humanity and dignity of the worker.

**Public Health Framework** involves defining and monitoring an issue (e.g., violence) in a geographic region, identifying risk and protective factors, developing and evaluating prevention strategies, and ensuring widespread adoption of effective strategies.

**Cultural Humility** refers to a commitment to lifelong learning about cultures and identities in order to respectfully engage with people in ways that honor and affirm their identities (such as their race, ethnicities, gender, religions, and spiritual traditions). This approach recognizes historical contexts and structures of power and privilege that shape experiences.

**Program Participants**, also known as Clients, are people who come to the emergency room with violent injuries and are engaged through an HVIP staff member to join or enroll in the program. These are most frequently boys and men of color between the ages of 14–35. Men over 35, women, and transgender people also engage in HVIP services.

**People with Lived Experience** are practitioners in the HVIP field who have experienced, first-hand, many of the conditions and/or events that HVIP clients experience. People with lived experience have deep and personal understanding of and empathy for HVIP clients.

**Healing-centered** expands the concept of “trauma-informed” to recognize racial and cultural identities and acknowledge the political and social structures that replicate harm (such as systemic racism). Healing happens in community and collective spaces. The term “healing-centered engagement” is attributed to the work of Dr. Shawn Ginwright. <http://www.shawnginwright.com/>

**Disability** refers to “any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).” From the Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

**Vicarious Trauma** (also known as compassion fatigue, burnout, and secondary traumatic stress) refers to the indirect trauma that can occur when we are exposed to difficult or disturbing images and stories second-hand. From Tend Academy, <https://www.tendacademy.ca/resources-2/defining-vicarious-trauma-and-secondary-traumatic-stress/>

**Fidelity of the Model** is a process of planning, design, and implementation that aligns with The HAVI training and technical assistance guidance and The HAVI Standards and Indicators.

**Language Access Plan** is a document that spells out how to provide services to individuals who are non-English speaking or have limited English proficiency. From the Centers for Medicare and Medicaid Services, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>

**Health Equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

**Community-Based Participatory Research** is a research approach that engages community organizations and community members as equal partners with researchers in all aspects of the project, including research design, implementation, documentation, and dissemination. In the community violence ecosystem, this would involve partnering with violently injured people, frontline workers, and community stakeholders.

**Memorandum of Understanding (MOU)** is an agreement made by two or more parties to outline their mutual goals and work. This is an essential document for hospital and community partners to define their intentions, roles, responsibilities, communication,

confidentiality, and financial commitments. When HVIP staff are employed by a community organization, a MOU will also include details about how the staff will access the hospital, patients, and patient information. Business Agreements are sometimes used instead of MOUs.

**Timely Bedside Response** is when a violently injured person is receiving treatment at the hospital, this is an optimal time to build trust with the person and intervene to interrupt the cycle of violence. HVIPs strive to see a violently injured person at the bedside within hours of their arrival at the hospital, or as soon as they are medically stabilized.

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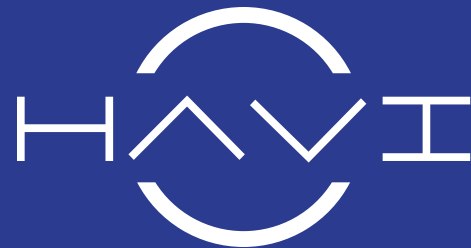
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The HAVI is available to provide guidance, assistance, and peer learning working groups and communities of practice regarding program design, implementation, staffing, service delivery, strategic planning, and sustainability. We hold spaces to wrestle with the daily challenges of violence intervention work and strategize to find solutions.

Contact us through <https://www.thehavi.org/get-expert-help>