

Hospital-Based Violence Intervention Programs: A Guide to Implementation and Costing

“Not every injured person is reflected in a police report—but they are coming to the emergency department. Crisis resources especially have to be a piece of how we plan [our budgets], because when you don’t have a home, don’t have food, don’t have insurance—it’s hard to heal. When HVIPs are well-funded, they’re able to cast a wider net and make a bigger impact.”

Kenya Jackson, Violence Prevention Research Manager, IVVY Project at Grady, Atlanta, Georgia

Executive Summary

In the United States, 18,000 people die from gun homicides annually,¹ and at least two times more are wounded by nonfatal gun assaults.² This violence carries an immense human and economic toll, with survivors especially facing lifelong physical, emotional, and financial challenges, as well as an increased risk for violent reinjury.³ Hospital-based violence intervention programs (HVIPs) break this cycle by connecting survivors at their hospital bedsides to violence prevention professionals (VPPs)—staff members with cultural competence, lived experience, and/or expertise in navigating victim and violence prevention services. These staff members then develop individual plans that include case management, counseling, crisis support, and connections to wraparound services. A critical component of HVIPs is that they follow survivors beyond the hospital walls, addressing the social determinants and root causes of violence through sustained engagement and access to resources in the vulnerable months immediately following a violent injury.

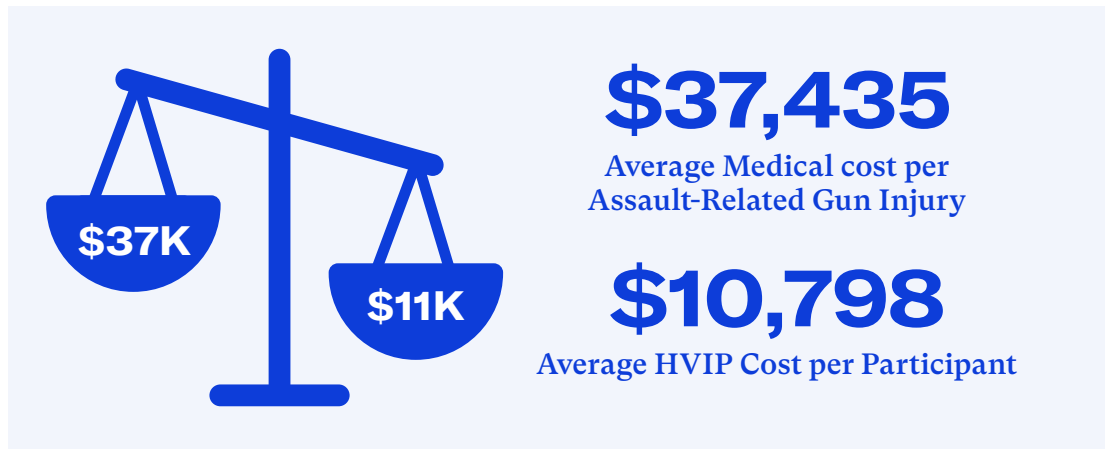
Compared to the social and economic price of gun violence, investing in an HVIP is a cost-effective way to help prevent violence in cities.

With this guide, Everytown for Gun Safety Support Fund (Everytown) and the Health Alliance for Violence Intervention (HAVI) aim to help cities and funders understand the key costs of implementing HVIPs. It builds on Everytown’s community violence intervention costing series⁴ and the HAVI’s standards and indicators for HVIPs.⁵ Everytown and the HAVI estimate that a program operating out of a midsize city hospital’s emergency department and serving 100 participants annually will cost just under \$1.1 million for each of the first three years—averaging slightly less than \$10,800 per participant. Recognizing that local needs and resources vary among communities, Everytown and the HAVI also developed a costing tool to assist budget teams in tailoring these costs to their own specific circumstances. Compared to the social and economic price of gun violence, investing in an HVIP is a cost-effective way to help prevent violence in cities.⁶

Role of HVIPs in Reducing Violence

Governments and community members pay a steep price for persistent gun violence, including the costs of lives taken, police response, incarceration, medical care (both acute and long-term), and loss of income. Hospitals carry this financial burden too. In the first year post-injury alone, nonfatal firearm assault injuries cost an estimated \$37,435 in medical expenses⁷—much of which hospitals carry when survivors are underinsured, as is often the case.⁸ And because research shows prior violent injuries are a risk factor for future ones,⁹ these costs can balloon quickly without intervention.

HVIPs cost less than medical fees for repeat injuries.



What Steps Can Cities Take to Prevent Violence in Their Communities?

Today, HVIPs are present in over 85 cities.

A growing body of evidence highlights one promising intervention: HVIPs. People working in HVIPs recognize that there is a unique window of opportunity to connect survivors with services and prevent reinjury and retaliation. VPPs begin outreach at violence survivors' hospital bedsides, then continue engagement over the next 6 to 12 months, offering crisis intervention, counseling, and referrals to services such as job training, housing assistance, substance use disorder counseling, and more.¹⁰ Today, HVIPs are present in over 85 cities.¹¹

What Are the Benefits?

Promising research shows that HVIPs are associated with reduced risks of future violence and crime. Studies conducted in Baltimore, Indianapolis, New York City, and San Francisco all found that HVIP participants' reinjury rates were at least 50 percent lower than nonparticipants'—over periods ranging from two months to six years after they had completed the program.¹²

6x

Compared to nonparticipants, HVIP participants in Baltimore were **6 times less likely to be hospitalized for another violent injury** two years post-program completion.¹³

HVIPs help ensure that survivors have ongoing access to support and care within their communities.

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Implementing an HVIP: Roles and Responsibilities

Who Do They Serve?

HVIP participants typically include youth and young adult survivors of nonfatal, assault-related violent injuries.²¹ Survivors of intimate partner violence and self-inflicted injury are frequently excluded due to differing needs. Some HVIPs are further tailored to children and teens, gun violence survivors, people with prior justice system contact or disabilities, or other more narrowly defined groups to help ensure that funds can meet demands and address their unique needs. HVIP best practices include collaborative review of hospital and law enforcement datasets to identify a target population based on trends in patient volume and reinjury or retaliation risks.

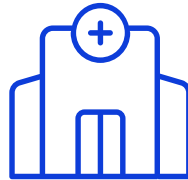
Who's Involved?

HVIPs can be either hospital-linked (that is, led by the community-based organization) or hospital-based (led by the hospital). Hospital-linked programs often benefit from strong existing community relationships and low indirect costs, while hospital-based programs frequently benefit from improved data access and regional scalability. Although different organizational structures exist, a hospital-linked example is outlined below:



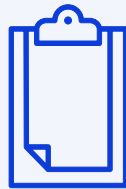
Community-Based Organization

Role: Provide crisis intervention, counseling, service connections, emergency resource distribution, and case management.



Hospital

Role: House the program, identify participants, and provide medical care.



External Service Providers

Role: Receive referrals and enroll participants in wraparound services (such as job training, housing assistance, substance use disorder counseling).

The local **community-based organization** in this example leads program development, implementation, training, and coordination. It does so by offering immediate services at the hospital bedside like crisis intervention, needs assessment, retaliation de-escalation, emergency resource provision, and family support.²² In the longer term, participants receive sustained case management, connections to local services, support in enrolling and attending their first few appointments, access to counseling, mentorship, and more. The length of engagement varies based on participant needs, but typically spans from 6 to 12 months.

The **hospital** in this example is one with an emergency department or trauma center serving at least 100 patients with nonfatal violence-related injuries annually. It houses the program, provides access to data, identifies eligible participants, and provides them with emergency medical care.²³ Hospital contributions (such as a small portion of staff time plus a physical space) are often made in-kind and not included here as HVIP costs, particularly since the presence of these programs benefits hospital productivity by reducing readmissions and complements routine efforts to treat patients medically.

External service providers are also key to an HVIP's success. Survivors of nonfatal violent injuries often need assistance to help ensure their immediate safety, prevent retaliation, access food and shelter, navigate victims' compensation and health insurance, address substance-related challenges, attain employment or education, and address other needs.²⁴ A single organization or program can rarely provide all of these services. By building strong relationships with external service providers, HVIPs can make and follow up on referrals to other programs, to help make sure that participants receive the distinct types of support they need. External service providers are not typically included in HVIP budgets.

Implementing an HVIP: Calculating the Costs

The budget for an HVIP is divided into four major categories: staff, transportation, crisis support resources, and operations, with an additional line for indirect costs. The total cost will depend on several factors, such as the number of participants served, whether the hospital or a community-based organization leads the program, if it operates in a single hospital or a regional network of hospitals, and the types and extent of crisis support needed.

As an example, Everytown and the HAVI estimate that an HVIP that serves 100 participants annually, is led by a community-based organization, has a 15 percent rate of indirect costs, and operates out of one midsize city hospital's emergency department will cost, on average, \$1,079,818 annually for at least the first three years—\$10,798 per participant.

Example of HVIP costing breakdown

$$\begin{array}{cccccc} \mathbf{1} & & \mathbf{1} & & \mathbf{3+} & & \mathbf{100} & & \mathbf{6-12} \\ \text{hospital} & + & \text{community-} & + & \text{external} & + & \text{nonfatal} & + & \text{months of} \\ \text{emergency} & & \text{based} & & \text{service} & & \text{violent-injury} & & \text{program} \\ \text{department} & & \text{organization} & & \text{providers} & & \text{survivors} & & \text{engagement} \end{array}$$

= \$1.1 million
annual HVIP cost

To estimate the costs for your program, you can use the HVIP costing tool to edit key program parameters easily.²⁵

Key Costing Ingredients

Staff: Staffing depends on program size, but in our example, Everytown and the HAVI assume that the HVIP will have eight full-time paid staff members: one director, one intervention supervisor, four violence prevention professionals, one clinical supervisor, and one administrator. The director leads program development, strategy, fundraising, and relationship-building. The intervention supervisor trains, supervises, and evaluates VPPs. The VPPs—sometimes also referred to as violence intervention specialists, credible messengers, or case managers—are the crux of HVIP service delivery, providing culturally competent crisis intervention, assessment, case management, resource and service connections, and ongoing support. In some instances—though not in this cost analysis—social workers rather than VPPs provide these services. The clinical supervisor provides trauma-informed therapy and supervision. The administrator is responsible for program operations, assessment, and evaluation. Budgets should ensure livable wages²⁶ and include competitive benefits packages, with resources available for mental and physical health and life insurance, credentials and professional development, phone plans, retirement savings, and annual raises.

Transportation: Getting established in new programs and groups during a period of trauma and physical injury often poses challenges to participants that they can navigate more easily alongside an experienced advocate, such as a VPP. Likewise, HVIP transportation costs include an average of four round trips to external service appointments per participant and their VPP, plus a trip home from the hospital and at least one home visit from an HVIP staff member. Participants often receive public transportation stipends, and staff members receive mileage reimbursement, though programs can alter this with the costing tool.

Crisis support resources: Key to HVIP crisis intervention is helping ensure that survivors can return to a safe and stable environment when they leave the hospital. For many, this is not a given, and the financial and logistical burden of navigating this alone presents yet another challenge. Needs vary by individual, but often entail temporary housing, food, clothes, and hygiene packs—all of which are included in this costing example. Sometimes VPPs will use petty cash and reimbursements to assist with these expenses, and other times they may have access to stipends, gift cards, or prepared packages. Grants providing discretionary funding flexibility are vital in supporting this component of the work. In recognition of the deep need for immediate cash assistance that many violent injury survivors face, some programs may choose to dramatically increase their investment in crisis support resources. The costing tool allows users to set the specific crisis support resources most appropriate for their target population and the percentage of participants expected to use each one.²⁷

Operations: An HVIP's operations costs are limited to technical assistance fees and office supplies—such as laptops or tablets, case management software, desks and chairs for staff and group therapy sessions, a printer and paper, pens and pencils, and uniforms. Technical assistance fees are included in year one of this example and support program-, capacity-, relationship-, and sustainability-building. The hospital frequently provides in-kind office space. Equipment costs account for initial purchases in year one, then for wear, tear, loss, and breakage in years two and three.

Key Takeaways and Considerations

Collectively, HVIPs are estimated to cost just under \$1.1 million to support an average of 100 violent injury survivors annually. The largest budget category is staff (80 percent), with each remaining direct cost category accounting for less than 5 percent of the program's overall costs. Notably, over half of the staff budget supports frontline workers—those providing violence intervention and counseling support directly to participants. Competitive salaries and benefit packages for these staffers are vital, given the unique experiences and skill sets required, and the often dangerous and traumatic job tasks they perform.²⁸ Of the estimated \$10,798 cost per participant, crisis support accounts for just \$302—or 3 percent. Crisis support funds are often discretionary, as they vary based on individual participant needs, but temporary and immediate access to food, housing, and hygiene-related necessities receive the most funding within this category. Finally, while the process of developing and implementing an HVIP is quite extensive, upfront costs typically include just first-time equipment, technical assistance, and accreditation courses, with the overall program budget increasing by just 4 percent over three years of implementation.

Gun assaults occur at high rates in cities, with stark human and financial costs. Reinjury rates among gun violence survivors are high,²⁹ making this population a strong fit for community violence intervention programs. For nearly 30 years, many HVIPs have reduced reinjury and recidivism rates by immediately connecting survivors with VPPs at their hospital bedsides and, in the months that follow, providing survivors with services that directly address the social determinants of gun violence.³⁰ This promising community violence intervention strategy is delivered at a fraction of the cost of gun homicides. Equipped with the knowledge of their key costs and components, more cities can take steps toward successfully implementing HVIPs.

In Partnership

The Health Alliance for Violence Intervention (HAVI) is the only national organization that fosters a network of hospital-based violence intervention programs (HVIPs), which help victims of community violence to heal and break the cycle of violence. The HAVI also works to shift the narrative about violence and trauma in communities of color, collaborates with other community violence intervention (CVI) leaders to develop a vision for the CVI ecosystem, engages in advocacy to reshape the funding landscape, and supports innovations in research.

Everytown Research & Policy is a program of **Everytown for Gun Safety Support Fund**, an independent, non-partisan organization dedicated to understanding and reducing gun violence. Everytown Research & Policy works to do so by conducting methodologically rigorous research, supporting evidence-based policies, and communicating this knowledge to the American public.

Acknowledgements

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For citations in this report, please visit, everytownresearch.org/hospital-based-violence-intervention-programs.