The Connecticut Hospital Violence Intervention Program

Andrew Woods, MSW, VPP
State-Wide Director, CT-HVIP
Executive Director, Hartford Communities That Care
Hospital Violence Intervention Programs (HVIP’s) is considered an evidence-based violence prevention and intervention model that involves partnerships between hospitals and frontline community based organizations that utilize trained and certified Violence Prevention Professionals (VPP’s).
ABOUT VIOLENCE PREVENTION PROFESSIONALS

A VPP received specialized training and certification in areas such as:

- Trauma-informed care,
- Retaliation assessment and discharge,
- Gang and group violence awareness,
- De-escalation,
- HIPAA,
- Engaging & coordinating services hospital, mental health and drug treatment, housing, employment and training and criminal justice providers. Among others.

- VPP’s respond to the hospital to violent crime victims, their family and friends. The goal is to prevent retaliation, assess current support, and build a trusting relationship with the victim and family that can be continued upon discharge.

- VPP’s provide services to patient, ranging from crisis intervention, follow-up wrap-around support including case management, mental health services, in-home wound care, employment and training services as well as support through any justice involvement.
Criteria for services:

1. All shooting victims
2. Occasional stabbing, blunt force and vehicle injuries, depending on capacity and circumstances
The Data: A STATE-WIDE & NATIONAL CRISIS

- In 2020, the US suffered the largest one-year increase in murders on record, driven largely by nationwide spikes in fatal shootings. Connecticut was no exception: shootings across the state were up more than 56%, while homicides and shootings increased significantly in cities including New Haven, Bridgeport, Hartford, and Waterbury.

- Since July 1, 2020, the Hartford-based Hospital Violence Intervention Program led by Hartford Communities That Care in partnership with Saint Francis Hospital and Medical Center served 305 victims, of them, 278 were people of color.
Key Points

• Violence is recurrent; data shows that 40% of those injured are likely to become re-injured or become perpetrators of violence.
• Violent injury is a traumatic event that has serious mental health and socioeconomic consequences.
• Violence is predictable and preventable and aftercare measures drastically improve outcomes for victims, families and society.
In 2019, just before the Pandemic hit, after a legislative forum on community violence, the Connecticut Hospital Violence Collaborative was born. This entity includes a number of partners working together to strengthen and expand the HVIP safety net across the state through training, research, sharing of best practices and collaboration.
CT HVIP Structure

CT HVIP Director- Andrew Woods, MSW, VPP  CT HVIP Administrative Coordinator- Johanna Schubert, MSW

Hartford VIP:
- Hartford Communities that Care- Andrew Woods, Executive Director
- Saint Francis Hospital and Medical enter-Dr. David Shapiro

Emerging Partners
- Connecticut Children’s Medical Center- Kevin Borrup, DrPH, JD, MPA, Director Injury Prevention
- Hartford Hospital- Dr. Jonathan Gates MD, MBA, Chief of Surgery,

New Haven VIP
- Connecticut Violence Intervention Program (CT VIP)- Leonard Jahad, VPP Director
- Yale New Haven Health- Dr. James Dodington Assistant Professor of Pediatrics (Emergency Medicine); Medical Director, Injury and Violence Prevention

Bridgeport Emerging VIP
- Bridgeport StreetSafe- Ebony Epps, VPP Program Director
- Regional Youth Adult Social Action Program (RYASAP)- Marc Donald, Executive Director

Working Groups - Research and Evaluation- Kevin Borrup CCMC Co Chair, Dr. James Dodington, Yale New Haven, Co Chair, Frontline Workers Group- Leonard Jahad, CT VIP Co Chair, Ebony Epps, Co Chair
Policy- Andrew Woods, Hartford Communities that Care, Chair
The First Year- Some Highlights

**Quarterly** general meetings with stakeholders and community providers. These meetings typically have up to 75 participants and allow time for presentations and networking.

**Intensive** training opportunities for front line workers including certification of 27 VPPs through the HAVI

**Emphasis** on data collection across the state and a plan to implement client tracking software
Year Two Highlights

Worked with Connecticut Lawmakers to pass HB5677. A bill that allows certified Violence Prevention Professionals to qualify to be reimbursed for their services under Medicaid. This legislative victory makes Connecticut the first in the nation to implement guidance under the Biden Administration to use Medicaid as a tool to reduce community gun violence.
Medicaid is a lifeline for violently injured patients

Nearly 2/3 of violently injured patients are either Medicaid patients or uninsured.
Medicaid is flexible for states
Medicaid adds opportunity to promote trauma-informed care.
What are the benefits for HVIPs?

- Acknowledge existing value of violence prevention professionals
- Increase job security of VPPs
- Eliminate bureaucratic perception of the position as a “cost center”
- Diversify HVIP and other violence prevention program funding streams
Medicaid Reimbursement for HVIP Services: A Brief History

Medicaid Funding: The U.S. Department of Health and Human Services is organizing a webinar and toolkit to educate states on how they can use Medicaid to reimburse certain community violence intervention programs, like Hospital-Based Violence Interventions.

All-State Medicaid & CHIP Call
April 27, 2021
How medical billing works...

Provider
(NPI #)

Service
(CPT code)

Payer
Connecticut looks to use Medicaid funds to address gun crime

By SUSAN HAIGH  July 27, 2021
A present there is only one Violence Prevention Service Provider in the Nation utilizing Medicaid for violence Prevention Services.

- Healing Hurt People in Philadelphia
- Reimbursement occurs under a fee for service model
- As part of a direct contract under the state's behavioral health carve-out arraignment.
- Currently funds are used for victims injured after the fact, not for prevention services
- However, if upstream coverage could be justified for prevention services, then much more money can be saved by working with at-risk families such as those chronically exposed to trauma.

**Next steps:** Reengage the Division of Health Services and others at DSS who reached out after the bill was passed, seeking to work with us to learn how they can implement the Bill.
The CT HVIP is continuing to build its presence throughout the state with a growing interest from hospitals and other service providers interested in standing up HVIP’s.

THANK YOU FOR YOUR TIME

Q&A