AGENDA ITEM

August 10, 2021

County Judge Lina Hidalgo

Members of Commissioners Court

RE: Request to establish a community violence interruption program within Harris County Public Health

Dear Judge Hidalgo and Commissioners Cagle, Garcia and Ramsey:

Precinct One respectfully requests approval to establish a violence interruption program based in community and hospital settings, to be housed within Harris County Public Health.

Sincerely,

Commissioner Rodney Ellis

RE: CL

xc: Brandon Dudley
PROPOSAL FOR VIOLENCE INTERRUPTION PROGRAM AND COMMUNITY HEALTH AND VIOLENCE PREVENTION SERVICES DIVISION

EXECUTIVE SUMMARY

Harris County proposes to create a gun violence interruption program to improve public safety through proven health-based strategies. Harris County Commissioners Court seeks to advance innovative and effective approaches that complement existing strategies to improve the health and safety of all communities in Harris County. Health-based interventions address root causes of violence and advance preventive efforts to ensure our communities are as safe and healthy as possible.

The Harris County Violence Interruption Program is a community-based solution to reduce gun violence using public health techniques that operate outside and complementary to law enforcement. The program works on an individual and population-level to prevent gun violence before it occurs and stops the spread of further violence by interrupting ongoing conflicts. The program incorporates the most effective strategies from community-based and hospital-based violence prevention programs across the country. These components include using qualitative and quantitative data to identify individuals and locations most impacted by gun violence; outreach to people who have experienced or are at high risk of being involved in a violent encounter through credible messengers in neighborhoods and hospital settings; intensive engagement through coordination care teams that help residents meet basic needs and address the risk factors for violence; and communitywide engagement to proactively communicate clear messages about alternatives to violence and gun safety.

This program will sit in Harris County Public Health (HCPH) in a new Community Health and Violence Prevention Services Division (“Division”). The Division will provide strategic direction, oversight, and implementation of efforts to address root causes of community health and public safety challenges through a preventative public health approach, in partnership with local agencies and community-based organizations.

In 2021, the Division will administer two interdisciplinary initiatives: a community-led gun violence interruption program (discussed in detail below); and a program to dispatch health-based first responders to 9-1-1 calls arising from non-emergency medical, behavioral health, and social welfare concerns. The Division will create and house additional programs in the future.

The total investment requested at this time is up to $6M allocation for the Gun Violence Interruption Program staff positions, core Division function staff positions, startup costs to advance this program and other initiatives.¹ The Division is directed to coordinate an external review of these new programs within two years of the Division’s creation. An external review should be conducted every year thereafter in consultation with Commissioners Court.

EFFECTIVE PUBLIC HEALTH STRATEGIES TO REDUCE VIOLENCE

Research from across the nation shows health-based strategies—such as gun violence interruption programs, with outreach in emergency rooms and in communities with high rates of gun homicides—are effective in reducing the harmful impacts of gun violence.² Key public safety outcomes of these initiatives include reductions in shootings, injuries and deaths; increased perceptions of safety and community

¹ The Harris County Commissioners Court previously approved funding for the Holistic Assistance Response Team (HART) program in the FY21-22 budget cycle.
² See Appendix
cohesion; and increased connections to social services. These programs often support low-income communities of color, addressing racial disparities in criminal justice outcomes.\(^3\)

Street outreach programs, inspired by the Cure Violence model, have demonstrated impact. The Cure Violence program uses credible messengers to detect and interrupt violent conflicts; connect individuals exposed to serious violence risk factors, to social services; and change broader social norms around violence.\(^4\) These programs have been developed around the world. Impacts include a 63% decrease in shootings and 37% reduction in gun injuries in the South Bronx, and a 30% reduction in shootings in Philadelphia over two years. In June 2021, a South Baltimore community marked a full year without a single homicide where Safe Streets, an adaptation of the Cure Violence model, operates. Stockton, California, a city that was once the tenth most dangerous in the country, attributes a 20% reduction in gun homicides and assaults to its street outreach program. Over a two year period, this translated to savings between $42.3 million and $110 million for the city in policing, emergency room, and investigative costs, while costing less than $900,000 to operate.\(^5\) Since 2015, the Bexar County-San Antonio Metropolitan Health District has been operating a street outreach violence interruption program inspired by the Cure Violence model; within one year of establishment, there were reductions in homicides in all four neighborhoods where the program was located.\(^6\) Dallas has also created a street outreach strategy, with services expanding in Summer 2021.\(^7\)

Hospital-based intervention has also reduced re-injury rates due to gun violence.\(^8\) Hospital-based violence intervention programs leverage the critical window following hospitalization from a gun injury to provide intensive, compassionate supports to survivors and their close networks. Supports include immediate connection to resources at bedside, and long-term connection to services to address the risk factors that exacerbate the likelihood of retaliation, post-discharge. Caught in the Crossfire, a hospital-based program in Oakland, California, found participants were 70% less likely to be arrested and 60% less likely to have any criminal involvement than a comparison group, and estimated annual cost savings (because of reduced incarceration and medical expenses) at $750,000 to $1.5 million. Another program in Indianapolis led to a one-year re-injury rate of zero percent for program participants.\(^9\)

Some initiatives also employ hybrid strategies, combining elements of the most successful program models, such as in Richmond, California. Once having one of the highest homicide rates in the country, Richmond created an office to house targeted community-based prevention efforts that included street


outreach and hospital-based strategies. Homicides began decreasing in 2007, and the city has steadily seen reductions up to 80%, and 55% of that is directly attributed to prevention-based programming.\(^{10}\)

**ECONOMIC IMPACTS OF VIOLENCE & INVESTMENTS IN PREVENTION**

According to the Giffords Law Center, Texas spends $16.6 billion annually on gun violence alone. Gun violence costs the United States an estimated $460 billion per year, including $318 billion in lost productivity.\(^{11}\) Los Angeles County found that the cost of medical care and lost wages due to homicides and assaults initially treated in hospitals in the county was over $1.7 billion in 2014.\(^{12}\) This figure does not include county expenses for law enforcement, the criminal legal system, or incarceration; victims’ costs due to new health challenges; or costs borne by families of gun violence victims.

Investing in prevention can have significant returns on investment.\(^{13}\) National analysis shows that, over a five year period, $10 spent per person on public health programming can have a return of more than $16 billion in net healthcare cost savings. Research also indicates that public health violence interventions can measurably reduce criminal justice costs.\(^{14}\) One analysis found that in a city of 100,000 people, every new nonprofit focused on neighborhood safety and wellness was associated with an estimated one percent reduction in violent crime and homicide.\(^{15}\)

**BACKGROUND IN DEVELOPING HARRIS COUNTY VIOLENCE INTERRUPTION PROGRAM & DIVISION**

On June 9, 2020, Harris County Commissioner’s Court earmarked $25 million for criminal justice system diversion programs to improve overall health and safety. At the same time, the Harris County Commissioners Court voted unanimously to direct the “Justice Administration Department, Commissioners Court Analyst’s Office, and Public Health [to] analyze the feasibility and cost of creating a new county level agency or program to administer violence interruption programs based on proven public health techniques to end cycles of violence in the community.”

To further examine the most effective strategies, the Justice Administration Department (JAD) contracted with the Health Alliance for Violence intervention (HAVI) and Tillmon Consulting to support in the feasibility assessment of instituting a gun violence interruption program. The HAVI fosters hospital and community collaborations to advance equitable, trauma-informed care and violence intervention and prevention programs. It is a membership organization that includes the American Hospital Association and 39 hospital-based violence prevention and intervention programs in 18 states, plus the District of Columbia.\(^{16}\) Dr. Chico Tillmon is a leading national expert in violence prevention, with over a decade of experience in the field supporting Cure Violence and street outreach approaches across the country, mental health supports for youth, and reentry programs. The Community Justice Action Fund (CJAF) also provided support during the research and planning phase of this work. Both The HAVI and Dr. Tillmon are


\(^{13}\) Cohen, Larry, and Anthony Iton. “Closing the loop: Why we need to invest—and reinvest—in prevention.” *NAM Perspectives* (2014).


\(^{15}\) Pearl, Betsy. “Beyond Policing: Investing in Offices of Neighborhood Safety.”

\(^{16}\) See Appendix for member programs
members of a coalition that has advised local and state governments as well as presidential administrations on public health-based initiatives to stop the cycle of violence.

In Harris County, HAVI and Tillmon Consulting collaborated with the JAD to analyze violent crime, including geospatial analysis and a ten-year assessment of violent crime data (homicides, shootings, and violent assaults). They also assessed data from the trauma registries of the two adult Level I Trauma Centers in Harris County, located at Harris Health System’s Ben Taub Hospital and Memorial Hermann-Texas Medical Center Campus, to analyze trends in violent injury hospitalizations. Technical Assistance providers and County staff also engaged and consulted with community-based leaders and medical providers, holding in-depth interviews with almost 20 subject matter experts and leaders in the local community with direct experience supporting communities with high rates of gun violence. In June 2021, Harris County joined the National Network of Offices of Violence Prevention, a nationwide learning community of local government agencies working to reduce violence and improve lives through investments in preventative health-based approaches.

Through this research, the JAD, Tillmon Consulting and the HAVI recommend developing a gun violence intervention program with outreach in neighborhoods with disproportionately high rates of shootings and violent injuries, as well as in at least one hospital emergency department at a local trauma center. Both outreach methods would lead to connections with comprehensive case management teams for individualized supports and connection to resources based on participants’ unique needs. The JAD also recommends that the program be housed within a division in the Public Health Department that will address other issues of community health and safety, including other forms of interpersonal violence.

Harris County follows a growing list of cities and counties across the country that have opened offices to invest and expand public health strategies to improve community safety. Strategies include cross-agency data sharing, violence interruption programs, place-based initiatives, job readiness programs, civilian first responders, and others.

**OVERVIEW OF VIOLENCE INTERRUPTION PROGRAM**

**PURPOSE**
The Harris County Violence Interruption Program is a community-based solution to reduce gun violence using public health techniques that operates outside and complementary to law enforcement. The program works on an individual and population-level to prevent gun violence before it occurs and stops the spread of further violence by interrupting ongoing conflicts.

The Harris County Violence Interruption Program incorporates the most effective strategies from community-based violence prevention programs across the country. **Credible messengers** are essential to the success of the model. These roles are critical to building trust, and reaching those most vulnerable in the community and least connected to institutions and resources. These individuals often have similar lived experiences to program participants and have strong reputations in the community. Credible messengers undergo a certification process that includes training in conflict mediation and de-escalation, group facilitation skills, effective listening and engagement, trauma response, anger management,

17 See Appendix
19 See Appendix for program preliminary goals and objectives
violence prevention, and gang prevention and intervention. Participants are trained to uphold national standards of practice and become certified Violence Prevention Professionals. The Health Alliance for Violence Intervention and Tillmon Consulting will conduct training and preparation of credible messengers.

The Harris County Violence Interruption Program has four primary components.

1. **Identify individuals & locations that are highest impacted by violence:** Through a combination of agency-level data, healthcare system data, community context, and social networks, staff identify where in a community to concentrate resources, and identify who could benefit most from programming, including hospital patients who are victims of serious violent injuries.

2. **Outreach to people most likely to be victimized by gun violence:**
   - **Community-based Outreach:** Credible messengers trained in conflict resolution and mediation intervene before situations escalate to a loss of life or violent injury, and provide a pathway for individuals to connect to the help they need to address drivers of violence involvement.
   - **Hospital-based Intervention:** As the most common destination for victims of serious violence, emergency rooms and trauma centers serve as key resources in efforts to break cycles of violence. Engagement immediately following a violent injury provides a critical window to address the root causes of violence involvement, as upwards of 50% of violent injury victims are re-victimized within 5 years. Credible messengers meet victims, their families, and close social networks at bedside to assess and intervene in the event of retaliatory activity. Messengers understand the underlying needs of survivors and their families and connect them to coordination care teams to attend to medical and social needs beyond discharge.

3. **Address root causes through coordination care teams:** Similar to triage teams in medicine, coordination care teams represent caseworkers from a variety of disciplines that interact and coordinate efforts to analyze, prioritize, and create a plan to simultaneously address multiple risk factors and develop a strategy for individuals to heal. The team sees clients several times a week, assisting with their needs, and connecting them with social services such as mental health counseling, substance use treatment, employment, and exiting gangs.

4. **Ongoing community-wide engagement:** This program offers tools to resolve conflicts in alternative ways and pathways to address critical basic needs that do not involve illegal and

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harmful systems. Staff develop public education campaigns, post-shooting vigils, and other public demonstrations and community-building activities to promote neighborhood cohesion. They communicate clear messages about alternatives to violence and gun safety proactively.

**TARGET POPULATION & ESTIMATED SERVICE DELIVERY IMPACT**

Violence Interruption Programs seek to serve those currently involved or at highest likelihood of becoming victims or perpetrators of violence. To that end, these initiatives are hyper-focused on historically under-resourced communities and those that are impacted heavily by serious violent crime, specifically shootings and murders. Hospitals that serve a high portion of shooting and violent crime victims also provide key windows to identify individuals who could benefit from a violence interruption program.

The program will begin in one or two high need community areas and one hospital, with the intention to expand. Geographical and historical trends in shootings and homicides, interviews with community leaders on the frontlines of addressing violence in Harris County, examined trauma registry data from the two level-one trauma centers in Harris County, and community asset mapping processes will inform the consideration of target audience and service delivery areas. The program will aim to serve 150-200 individuals over the course of one year of service delivery.

**PROGRAM STAFFING STRUCTURE**

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERSIGHT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Plan, oversee, and lead the development and implementation of a comprehensive gun violence interruption strategy. Manage all aspects of program administration, grants management, strategic planning, personnel management, public relations and promotion of the program. Foster relationships with relevant social service providers to increase access to resources for program participants.</td>
</tr>
<tr>
<td>STREET OUTREACH TEAM</td>
<td>Identifies and engages target participants, intervenes before and immediately after violence occurs, build relationships with individuals with highest exposure of risk factors for violence and connects to coordination care team.</td>
<td>Manage the outreach team, develop outreach protocols, identify referral pathways, and develop data-driven outreach strategy. Collaborate with community and public safety partners where appropriate. Organize public education/community building events. Communicate with Coordination Care Team Coordinator and hospital-based Site Coordinator.</td>
</tr>
<tr>
<td></td>
<td>Community-based</td>
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</tr>
<tr>
<td></td>
<td>Site Coordinator</td>
<td></td>
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</tbody>
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22 See appendix for full organization chart
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>Violence interventionist</td>
<td>Someone with lived experience similar to target population and/or demonstrated ability to deeply understand the needs and dynamics of individuals impacted by community violence. Identify and detect potentially violent groups, places and interpersonal conflicts or disputes. Interrupt transmission of violence by engaging individuals at highest risk within designated section of target area. Mediate conflicts that are likely or very likely to result in violence. Build trust and strong relationship with participants and community. Support the organization of public education and community building events.</td>
</tr>
<tr>
<td>HOSPITAL-BASED TEAM</td>
<td>Identifies and engages prospective participants, including victims of community violence/violent injury and their families. Provides culturally appropriate trauma care communication and connection with the coordination care team.</td>
</tr>
<tr>
<td>Hospital-based Medical Director*</td>
<td>Advocate and promote hospital-based services within the hospital. Work to ensure coordination of hospital administration, protocols, and policies for streamlined operation of hospital-based component.</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Manage the hospital-based team, develop protocols, identify referral pathways, and develop data-driven strategy. Collaborate with hospital, community and public safety partners where appropriate. Support in the overall coordination of treatment plans. Available to consult during crisis interventions. Plan with Coordination Care Team Coordinator and community-based Site Coordinator.</td>
</tr>
<tr>
<td>Violence Interventionist</td>
<td>Meet individual at bedside, provide compassionate and culturally responsive program overview. Assess risk of retaliation, vulnerability factors of victim and of close networks to the victim, and conduct safety assessment for patient. Support family/extended network. Build trust and rapport through engagement and support. Provides introduction to case manager for ongoing supports post-discharge. Best practice is to hire someone with lived experience like patient population and/or demonstrated ability to deeply understand the needs and dynamics of individuals impacted by community violence.</td>
</tr>
<tr>
<td>Trauma Response Coordinator</td>
<td>Responsible for working with hospital patients in a trauma or acute care program to help guide them through the medical care/treatment process. They will communicate</td>
</tr>
</tbody>
</table>
with patients and their families, facilitating timely access for the appropriate medical care beyond discharge.

| Discharge Nurse | Support in the referral/identification of prospective participants. Support medical care needs. |

<table>
<thead>
<tr>
<th><strong>COORDINATION CARE TEAM</strong></th>
<th><strong>Develops comprehensive risk reduction plan based on needs assessment of participant</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Care Team Coordinator</td>
<td>Manage coordination care team. Provide leadership to the team by ensuring collaboration and communication across community-based and hospital-based teams, having a good understanding of team roles, and defining clear goals and expectations of initiatives. Provide regular opportunities for capacity building and training for intervention teams. Ensure standardization of documentation. Oversee case review/case consultation process and group supervision.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Liaison between outreach team, hospital-based team, and the coordination care team. Possess primary case relationship with client. Primarily responsible for risk reduction plan follow-through, including taking participant to appointments, conducting gaps analysis in service delivery, etc.</td>
</tr>
<tr>
<td>Eligibility Navigator – Housing</td>
<td>Participate in client needs assessment. Housing resource specialist. Responsible for ensuring housing needs are met including identifying eligible affordable housing options, obtaining financial assistance, etc. Ensure outcomes are achieved.</td>
</tr>
<tr>
<td>Eligibility Navigator - Employment/Economic Stability</td>
<td>Participates in client needs assessment. Employment and economic stability resource specialist. Responsible for ensuring needs are met including job readiness, identifying job training or employment or education supports, etc. Ensures outcomes are achieved.</td>
</tr>
<tr>
<td>Eligibility Navigator - Health</td>
<td>Participates in client needs assessment. Health resource specialist. Responsible for ensuring health needs are met including healthcare, healthy food access, connection to a culturally responsive primary care provider, etc. Ensures outcomes are achieved.</td>
</tr>
<tr>
<td>Behavioral Health Case Manager</td>
<td>Licensed Clinical Social Worker will provide clinical social work services to clients and their families through counseling, crisis intervention, including assessment and</td>
</tr>
</tbody>
</table>
treatment of emotional and behavioral health. Conducts group and individual sessions as needed. Provides consultation and support to the participants’ family members or other immediate support systems. Works to ensure all team members are providing trauma-informed, healing-centered care.

*Not needed in cost estimate

OVERVIEW OF COMMUNITY HEALTH AND VIOLENCE PREVENTION SERVICES DIVISION

DIVISION PURPOSE
The Community Health and Violence Prevention Services Division will provide strategic direction, oversight, and implementation of efforts to address the root causes of pressing public safety challenges through a public health approach. The Division’s first two initiatives will focus on reducing gun violence (discussed above) and dispatching health-based first responders to 9-1-1 calls arising from non-emergency medical, behavioral health, and social welfare concerns. The Division will work in partnership with local agencies and community-based partners for a coordinated, holistic response to improve community health and welfare and reduce violence.

DIVISION CORE FUNCTIONS AND ACTIVITIES
HCPH will return to Commissioners Court within 180 days with a detailed strategic plan for the Division. The overall strategic plan will include actionable goals, objectives and strategies that will prioritize the responsibilities of the Division, leverage existing resources, and address gaps identified in the County.

The Division aims to:
I. Improve community safety and health through reduction in gun violence and connecting residents to necessary resources.
II. Develop and grow public health-informed initiatives to increase overall community safety and health, and to stop the spread of community violence.
III. Increase the availability of health-based, holistic approaches that advance community health and safety in the County, and integrate Division programming into a network of community-based services to help meet residents’ basic needs.
IV. Reduce overreliance on the criminal legal system to respond to situations that are based on health and social welfare concerns.
V. Increase collaboration and coordination with safety and health agency partners to complement existing operations and address gaps in safety-net service delivery access and impact.
VI. Promote data-driven and data-sharing strategies across collaborating agencies.
VII. Increase transparency and create accessible avenues for community engagement in program development and oversight.

IMPLEMENTATION TIMELINE
HCPH will commence a search for the Division Director and managers of its first two initiatives immediately following Commissioners Court approval. The first two programs will begin operating by the end of 2021.
**EVALUATION**

The Division is directed to coordinate an external review of the Division and its programs within two years of the Division’s creation. An external review should be conducted every year thereafter in consultation with Commissioners Court.

**DIVISION STAFFING STRUCTURE (Non-Programmatic Roles)**

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oversight</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Division Director</td>
<td>Lead the organization’s comprehensive public health approaches to community health and safety challenges including all programs and collaborations within the department’s purview.</td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Assistant</td>
<td>Responsible for managing the schedules and communications for the Division Director and program managers within the Division.</td>
</tr>
<tr>
<td><strong>Programs &amp; performance management</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Policy Analyst</td>
<td>Research best practices in public health approaches to community health and safety and provide input on design and development for new programs and policies to meet objectives and goals. Advise in the development, implementation, and evaluation of initiatives that prevent community violence in Harris County.</td>
</tr>
<tr>
<td></td>
<td>Community Relations Coordinator</td>
<td>Oversee the planning and implementation of community engagement strategies of the Division. They are primarily responsible for connecting people in the broader community and cultivating relationships with faith-based institutions, businesses, individuals, and other relevant organizations.</td>
</tr>
<tr>
<td></td>
<td>Research Coordinator</td>
<td>Collaborate with partners to design innovative strategies, ensure a data driven approach through research and evaluation, and promote systems change through cross-sector collaboration. Provide coordination and monitoring of all phases and activities associated with department and program evaluation.</td>
</tr>
<tr>
<td></td>
<td>Data Analyst</td>
<td>Responsible for data management for the Gun Violence Interruption Program and HART program including data collection, data cleaning, weekly reporting, etc. Will be responsible for data management of future Division programs as well.</td>
</tr>
</tbody>
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23 See Appendix for full organization chart.
# REQUESTED BUDGET: YEAR 1

<table>
<thead>
<tr>
<th>Cost</th>
<th>Budgeted Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor (44 FTEs)</td>
<td>$4,434,667.14 (Recurring)</td>
</tr>
<tr>
<td>Facilities, Equipment, Program Materials</td>
<td>$794,800.00 (One-time)</td>
</tr>
<tr>
<td>Training &amp; Technical Assistance</td>
<td>$250,000.00 (One-time)</td>
</tr>
<tr>
<td>Non-labor recurring costs*</td>
<td>$443,467.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>$5,922,934.00</strong></td>
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*Annual non-labor expenses are estimated at 10% of total labor expenses.
ORGANIZATIONAL CHART: Community Health and Violence Prevention Services Division

- Division Director
  - Executive Assistant
  - Policy Analyst
  - Community Relations Coordinator
  - Violence Interruption Program Coordinator
    - Program Manager - Hospital Based
      - Violence Interventionist - Hospital-Based (2)
      - Discharge Nurse (2)
    - Site Manager - Community-based (2)
    - Multi-Disciplinary Teams Supervisor (2)
      - Trauma Response Coordinator (2)
      - Eligibility Navigator Health (2)
      - Eligibility Navigator Housing (2)
      - Eligibility Navigator Jobs/ Economic Opp. (2)
      - Case Manager - Behavioral Health (2)
    - Outreach Worker (10)
  - Research Coordinator
  - Holistic Alternative Response Teams Program Coordinator
    - Responder Teams (6-10 teams)
      - Labor procured through RFP process. Staffing TBD.
  - Multi-Disciplinary Teams Supervisor (2)
  - Trauma Response Coordinator (2)
  - Eligibility Navigator Health (2)
  - Eligibility Navigator Housing (2)
  - Eligibility Navigator Jobs/ Economic Opp. (2)
  - Case Manager - Behavioral Health (2)
  - Case Manager (8)
    - 25 Caseload Maximum
  - Data Analyst (2)
Violence Prevention Programming Preliminary Goals and Objectives

GOAL #1: PREVENT VIOLENCE IN ALL ITS FORMS IN HARRIS COUNTY
*Ensure no one is at heightened risk of nor feeling threatened by community violence.*

Objectives:
1. By October 2021, promote violence prevention health education through health educational workshops.
2. By November 2021, offer wrap-around resources for vulnerable communities in community-based settings.
3. By June 2022, increase number of residents reporting changed attitudes towards violence.
4. By July 2022, expand portfolio of violence prevention services to include strategies to address other types of violence such as community, intimate partner, racially based, suicide, police, etc.

GOAL #2: DISRUPT THE CYCLE OF VIOLENCE THROUGH A GUN VIOLENCE INTERRUPTION PROGRAM
*Stop cycle of violence to prevent injury and loss of life, and to reduce long-term impacts of trauma because of exposure to violence on an individual and community level.*

Objectives:
2. By September 2021, determine hospital-based referral criteria for program participation.
3. By October 2021, staff the Gun Violence Interruption Program, including the street outreach, hospital-based, and Care Coordination teams.
4. By November 2021, begin enrolling participants, with the aim of serving at least 200 participants within the first year of operation.
5. By March 2022, de-escalate and interrupt cycles of community violence using a violence interrupter model.
6. By March 2022, improve client stability and self-sufficiency through the promotion of wraparound services amplified through hospital-based and community-based outreach.
7. Within first six months of program operations, make contact with at least 1,000 individuals involved in or at risk of engaging in violent activity. Within first year of program operations, make contact with at least 2,000 individuals.

GOAL #3: CREATE A CULTURE OF PEACE
*Develop messaging and communication that promotes a shared understanding of the root causes of violence, trauma, and resources available to prevent violence.*

Objectives:
1. By August 2021, in coordination with the Justice Administration Department and other county agencies, develop a countywide “violence as a public health issue” messaging campaign, promoting a shared understanding of the root causes of violence, trauma, and resources available to prevent violence.
2. By December 2021, create a website outlining division goals, programs, and updates, including relevant data and outcomes developments.
3. By February 2022, create and host community cohesion building events including but not limited to shooting response vigils, resources fairs, and others.
4. By May 2022, develop a resource guide on effective violence prevention strategies and
ways to address social determinants of health in a clear and culturally responsive manner.

GOAL #4: ACHIEVE SYSTEM INTEGRATION FOR VIOLENCE PREVENTION

*Increase collaboration and coordination with health and safety agency partners to address gaps in safety-net service delivery access and impact.*

Objectives:
1. By August 2021, identify gaps in care coordination for violence prevention throughout Harris County.
2. By September 2021, begin care coordination services for those experiencing violence and residents of selected communities.
3. By October 2021, identify partners and coalitions that work in violence prevention to leverage support.
4. By November 2021, boost operational efficiency by identifying and decreasing duplicative services between departments.
5. By June 2021, build Infrastructure for Equitable and Healing Informed Policies and Systems including training for county workforce at all levels.

GOAL #5: EXPAND EVIDENCE BASE FOR VIOLENCE PREVENTION IN HARRIS COUNTY

*Use data as a foundation to understand how frequently violence occurs, where it occurs, trends in violence, victims and perpetrators, and then use these data to engage stakeholders in the development of community solutions to prevent violence, promote healing, and restore communities.*

Objectives:
1. By November 2021, develop appropriate metrics and tracking systems for key indicators.
2. By November 2021, establish a formal research and evaluation plan.
3. By December 2021, identify key violence trends in Harris County and impacted populations.
4. By January 2022, share data findings with partners and the public through dashboards.
5. By March 2022, expand networks for data sharing between violence prevention partners (Institute of Forensic Sciences, law enforcement, hospitals, etc.).
6. By May 2022, explore, initiate, and establish meaningful research partnerships with academia and community.
7. By June 2022, analyze violence data to inform policy suggestions and proposals for the 2023 legislative session.
**Government Entities that Address Safety from a Public Health Approach**

Interventions that employ public health approaches to address violence and public safety concerns are primarily housed in offices of violence prevention or neighborhood safety that are often situated in the jurisdiction’s public health department. This is a non-exhaustive list of local government offices that focus on violence prevention and community health and safety. Some of the programs listed below are funded through grants and budgets do not represent the full costs of providing programming and services to the entire jurisdiction.

<table>
<thead>
<tr>
<th>Name</th>
<th>Jurisdiction</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Violence Prevention, Public Health Department</td>
<td>Austin, TX</td>
<td>1.01M</td>
</tr>
<tr>
<td>Office of Neighborhood Safety and Engagement</td>
<td>Baltimore, MD</td>
<td>593,490</td>
</tr>
<tr>
<td>Office of Violence Prevention, Public Health Department</td>
<td>Charlotte, NC (Mecklenburg County)</td>
<td>885,708</td>
</tr>
<tr>
<td>Office of Violence Reduction, Mayor’s Office</td>
<td>Chicago, IL</td>
<td>2,693,976</td>
</tr>
<tr>
<td>Office of Public Health and Safety, Mayor’s Office</td>
<td>Indianapolis, IN</td>
<td>876,384</td>
</tr>
<tr>
<td>Los Angeles Mayor’s Office of Gang Reduction and Youth Development (GRYD)</td>
<td>Los Angeles, CA</td>
<td>3,979,576</td>
</tr>
<tr>
<td>Office of Violence Prevention, Public Health Department</td>
<td>Los Angeles County, CA</td>
<td>10.04M</td>
</tr>
<tr>
<td>Office for Safe and Healthy Neighborhoods</td>
<td>Louisville, KY</td>
<td>617,638</td>
</tr>
<tr>
<td>Office of Violence Prevention, Public Health Department</td>
<td>Milwaukee, WI</td>
<td>590,157</td>
</tr>
<tr>
<td>Office of Violence Prevention, Public Health Department</td>
<td>Minneapolis, MN</td>
<td>2.95M</td>
</tr>
<tr>
<td>Office of Violence Prevention</td>
<td>Portland, OR</td>
<td>2.654,741</td>
</tr>
<tr>
<td>Office of Neighborhood Safety in Richmond, City Manager</td>
<td>Richmond, CA</td>
<td>110,567</td>
</tr>
<tr>
<td>Office of Violence Prevention, Metro Department of Public Health</td>
<td>San Antonio/Bexar County, TX</td>
<td>1.7M</td>
</tr>
<tr>
<td>Violence Prevention program, City Manager</td>
<td>San Bernardino, CA</td>
<td>215,784</td>
</tr>
<tr>
<td>Office of Violence Prevention or the Office of Community Initiatives</td>
<td>South Bend, IN</td>
<td>102,026</td>
</tr>
<tr>
<td>Office of Violence Prevention</td>
<td>Stockton, CA</td>
<td>312,697</td>
</tr>
<tr>
<td>Office of Neighborhood Safety and Engagement</td>
<td>Washington, D.C.</td>
<td>705,749</td>
</tr>
<tr>
<td>Office of Firearm Safety and Violence Prevention, Department of Commerce</td>
<td>State of Washington</td>
<td>7,656,200</td>
</tr>
</tbody>
</table>
### Community-led Violence Prevention Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>City</th>
<th>Impacts</th>
<th>Scope (participant(s served))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Streets²⁴</td>
<td>CureViolence program</td>
<td>Baltimore, MD</td>
<td>Homicides decreased by 34-56% across 4 neighborhoods. 88% of participants helped to find job. 95% participants helped to get more schooling</td>
<td>180.7 participants per month</td>
</tr>
<tr>
<td>Violence Intervention Program (VIP)²⁵</td>
<td>Hospital-based</td>
<td>Baltimore, MD</td>
<td>Injury recidivism rate of 5% compared with 36% among nonparticipants; 4X less likely than comparison group to be convicted of violent crime, translating to approximately $1.25M in incarceration cost savings. 82% of the intervention group versus only 20% of the nonintervention group were employed after establishment of the program.</td>
<td>56</td>
</tr>
<tr>
<td>Save our Streets²⁶</td>
<td>Cure Violence/ Street outreach</td>
<td>Brooklyn, NY</td>
<td>Gun violence down 20% (2010-2012); later study showed 15% reduction in shootings and gun injuries down by 50%. Propensity to use violence in petty disputes declined significantly only in Cure Violence areas, down 20%.</td>
<td>96 participants</td>
</tr>
<tr>
<td>Project Prescription for Hope (RxH)²⁷</td>
<td>Hospital-based</td>
<td>Indianapolis, IN</td>
<td>One-year re-injury rate of 0% for program participants compared to 8.7% for a historical control group</td>
<td>64</td>
</tr>
<tr>
<td>AIM4Peace Hospital Program²⁸</td>
<td>Hospital-based</td>
<td>Kansas City, MO</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Program</th>
<th>Type</th>
<th>Location</th>
<th>Summary</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Management System</td>
<td>Street Outreach</td>
<td>New York City, NY</td>
<td>Average 40% reduction in shootings across program areas compared to 31% non-program areas in the 17 highest violence precincts in New York City</td>
<td>--</td>
</tr>
<tr>
<td>Caught in the CrossFire</td>
<td>Hospital-based program</td>
<td>Oakland, CA</td>
<td>98% of program clients were not reinjured, 70% less likely to be arrested, 60% less likely to have any criminal involvement compared to a control group. Estimated cost savings (incarceration and medical expenses) of $750,000 to $1.5 million per year.</td>
<td>--</td>
</tr>
<tr>
<td>Cure Violence (now Community Crisis Intervention Program)</td>
<td>Street Outreach</td>
<td>Philadelphia, PA</td>
<td>30% reduction in the rate of shootings in the three operating neighborhoods</td>
<td>--</td>
</tr>
<tr>
<td>TRUCE project</td>
<td>Cure Violence</td>
<td>Phoenix, AZ</td>
<td>26% received education referral</td>
<td>118 participants total</td>
</tr>
<tr>
<td>Office of Neighborhood Safety</td>
<td>Hybrid strategy, including street outreach and hospital-based components</td>
<td>Richmond</td>
<td>Homicides in Richmond began decreasing in 2007, and by 2013 the city had gone from suffering more than 40 homicides per year to 16.</td>
<td>--</td>
</tr>
<tr>
<td>Stand Up! SA</td>
<td>Cure Violence/Street Outreach</td>
<td>San Antonio/Bexar County</td>
<td>After one year of operation, all 4 neighborhoods with program presence saw reductions in number of murders.</td>
<td>--</td>
</tr>
<tr>
<td>Wraparound Project</td>
<td>Hospital-based</td>
<td>San Francisco</td>
<td>Injury recidivism rates at SF General Hospital fell from 16%</td>
<td>About 850 clients</td>
</tr>
</tbody>
</table>

to just 4%. Hospital savings of approximately $500,000 per year.

<table>
<thead>
<tr>
<th>Hospital-Based Violence Intervention&lt;sup&gt;36&lt;/sup&gt;</th>
<th>Hospital-based</th>
<th>Savannah, GA</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ManUp!Inc. &lt;sup&gt;37&lt;/sup&gt;</td>
<td>Cure Violence/ Street outreach</td>
<td>South Bronx, NY</td>
<td>63% reduction in shootings, 37% reduction in gun injuries --</td>
</tr>
<tr>
<td>Advance Peace &lt;sup&gt;38&lt;/sup&gt;</td>
<td>Street outreach</td>
<td>Stockton, CA</td>
<td>Stockton had been tenth most dangerous in the United States; saw 20% drop in gun homicides with a street outreach program that saved $42M-110M. --</td>
</tr>
<tr>
<td>Hospital-Based Violence Intervention&lt;sup&gt;39&lt;/sup&gt;</td>
<td>Hospital-based</td>
<td>Virginia</td>
<td>TBD</td>
</tr>
</tbody>
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