

2020 First Annual Report
to the Legislature on the
**New Jersey
Violence Intervention
Program Report**

January 2020 - December 2020



April 28, 2021

New Jersey Office of
the Attorney General

Attorney General's Report to the Legislature
Concerning the New Jersey Violence Intervention Program
Pursuant to N.J.S. 52:17B-242.7
Submitted on April 28, 2021

Introduction

N.J.S.A. 52:17B-242.2 et. seq. establishes the New Jersey Violence Intervention Program (VIP) within the Office of the Attorney General, in the Department of Law and Public Safety (LPS) in accordance with P.L. 2019, c.365. The program is required “to invest in effective, evidence-based violence reduction initiatives focused on the highest-risk individuals in communities disproportionately impacted by community violence, with a particular emphasis on firearm violence. Specifically, the Office of the Attorney General shall establish, advertise, and administer grants through the New Jersey Violence Intervention Program, conduct program evaluation to determine the effectiveness of the violence intervention programs, submit and post reports to provide transparency regarding the effectiveness of the programs, and hold public forums to gather community input regarding the programs.” N.J.S.A. 52:17B-242.7 requires that LPS file an annual report on the VIP, which must include at least the following information: (1) a list of all grant applicants and approved grant applicants; (2) the amounts awarded to approved grant applicants; (3) the amount of matching funds and types of in-kind contributions provided by approved grant applicants; and (4) a status report on the activities funded by an approved grant applicant.

LPS submits the following information to fulfill its obligations to report on the activities of the 2020 VIP.

Implementation Background

In March 2019, New Jersey Attorney General Gurbir S. Grewal announced his plan to conduct a ‘top-to-bottom’ review of New Jersey’s victim programs and services, with attention paid to the intersection of victim services and violence reduction, and in particular, ways to reduce gun violence. The Attorney General created a new position housed within the executive staff of the Office of the Attorney General, Special Advisor

for Victim Services, and tasked the Special Advisor with supporting expansion of the existing Hospital-Based Violence Intervention Program (HVIP) model, a national best practice model for preventing repeat and retaliatory victimization among gun violence survivors. At that time, University Hospital in Newark and Jersey City Medical Center were implementing the only HVIPs in the state. HVIP programs costs vary, in part depending on the volume of patients served and scope of services, but a viable program requires an initial investment of at least several hundred thousand dollars.

Although LPS did not have available discretionary funding to support large-scale new programs, such as HVIPs, LPS is the State Administering Agency (SAA) for Victims of Crime Act (VOCA) grants. In that capacity, LPS administers VOCA assistance grants that are sub-granted to public agencies and private nonprofit organizations to provide services to victims of crime. VOCA was identified as a viable funding source for HVIPs.

As the SAA, LPS has great latitude in determining priority areas for spending VOCA funds and Attorney General Grewal determined that given the unacceptably high levels of gun violence (193 gun homicides in 2019), LPS should make a significant investment in supporting and expanding HVIPs. LPS researched start-up and annual operational costs for HVIPs, assessed available funding and staff capacity, and allocated \$20 million in VOCA funds available competitively (as required by federal guidelines) to support nine HVIPs throughout the state over a two-year period.

Contemporaneously, members of the New Jersey Legislature were developing initiatives to address and prevent violence, which included the establishment of a statutory framework for violence intervention programs. Thus, as LPS was preparing to release a Notice of Availability and Award of Funds (NOAAF) to support expansion of the HVIPs, the Legislature was developing legislation (introduced as Assembly Bill No. 4801 (A-4801) and Senate Bill No. 3309 (S-3309)) to establish the New Jersey VIP.

On September 24, 2019, LPS released a NOAAF for \$20 million in VOCA funding to establish new hospital-based and hospital-linked violence intervention programs in New Jersey. The NOAAF offered up to \$2 million in funding each for up to nine demonstration sites, in addition to \$2 million for a single, statewide training and technical assistance provider (TTA) to support the demonstration sites. All of the funding, as required under federal guidelines, is offered on a reimbursement basis. As of this report,

this represented the largest investment of VOCA funds into HVIPs in the United States. The NOAAF specified that selected sites would be required to participate in a planning phase with the TTA provider before moving into implementation.

LPS is aware that many community-based organizations (CBOs) that provide violence prevention services such as mediation and casework-activities¹ also provide victim services to hard-to-reach victims of community violence who may also be perpetrators of violence². Therefore, the NOAAF was carefully crafted to require partnership between a hospital and one or more CBOs. By supporting CBOs' capacity to serve victims, the organizations will be better able to provide intervention services in the future.

The TTA provider was selected through a competitive process. The Health Alliance for Violence for Interventions (the HAVI), formerly the National Network of Hospital Based Violence Intervention Programs, was selected out of a field of nine applicants. The HAVI provides TTA to the United States Department of Justice, Office of Victims of Crime, and is the only existing national provider of HVIP TTA. The HAVI is also a membership organization of HVIPs and has 40 violence intervention programs among its membership and another 39 programs as emerging members.

The HAVI convened an expert panel of grant reviewers to score the HVIP applications competitively. In addition to reviewing applicants' experience and capabilities, goals, budget, and work plans, the applicants were scored based on their plans for equitable partnership between medical facilities and community groups; the ability to provide culturally appropriate victim services; and the ability to make referrals to other programs to help meet victim needs. All nine programs that applied were approved for funding.

On January 20, 2020, Governor Murphy signed A-4801/S-3309 into law, establishing the New Jersey Violence Intervention Program. The new law, codified at P.L.2019, c.365, in part established a statutory framework for the violence intervention program being implemented by the Attorney General, and also contemplates the possibility of State funding for this purpose. However, because the law did not provide

¹ Under federal rules, these services are ineligible to receive VOCA funds.

² These services are eligible for VOCA funds.

an accompanying State appropriation for the program, violence intervention funding at this time is limited to the existing VOCA allocation to HVIPs.

On January 29, 2020, Governor Murphy and Attorney General Grewal announced the nine sites for the HVIPs pilot program funded with competitive VOCA funds. They are:

1. Center for Family Services – City of Camden, Camden County
2. Trinitas Health Foundation – Elizabeth, Union County
3. AtlantiCare – Atlantic City, Atlantic County
4. Capital Health – Trenton, Mercer County
5. Jersey City Medical Center (RWJ Barnabas) – Jersey City, Hudson County
6. RWJ University Hospital – New Brunswick –Middlesex, Somerset and Union Counties
7. University Hospital – Newark, Essex County
8. Jersey Shore University Medical Center/Hackensack Meridian – Monmouth County – Focusing on Asbury Park, Neptune Township and Long Branch City
9. St. Joseph’s Health – Paterson, Passaic County

Training and Technical Assistance

HVIPs work with highly traumatized patients whose have complex needs. HVIPs also require procedure and protocol changes within hospitals, memoranda of understanding (MOUs) with partner organizations, robust safety planning, and more. It was essential that sites properly plan before the launch of their programs. Sites were informed that they would immediately enter into an intensive planning period with the training and technical assistance provider that could take up to one year or more. Planning activities were fully funded but the programs would not be allowed to move into the implementation phase until they successfully completed the milestones in their planning phases.

In February 2020, the HAVI began providing comprehensive technical assistance support for the cohort of nine demonstration sites. The HAVI’s TTA includes numerous in-person and virtual training supports as well as guidance on the planning, development, and implementation of trauma-informed and responsive violence intervention programming. The TTA was designed into two main phases: Planning and Implementation.

Planning began with a 2-day in-person training in February 2020, on the core elements of HVIPs and key practices. The HAVI offered a range of TTA including: onboarding for key stakeholders and partners, core practices of HVIPs, development of case management and data collection procedures, creating effective program budgets, community resource mapping, evaluation and assessment, identification of focus population, and HVIP staff recruitment and hiring considerations.

During the planning phases, the focus of the TTA was on developing the infrastructure for a *sustainable and meaningful* hospital-based, or hospital-linked, violence intervention program. The nine sites maintained their TTA schedule throughout the Covid-19 pandemic with minimal delays despite the impact of Covid-19 on the hospitals and program staff. However, hiring has been significantly delayed because of the challenges of Covid-19 (including key staff who became ill) and related hiring freezes implemented at many of the hospitals in response to the pandemic.

As programs moved toward implementation, the assistance provided by the HAVI shifted toward frontline-staff supports, best practices in supervision and clinical consultation, trauma-informed care and racial equity practices, managing vicarious or secondary trauma, staff and client safety planning, and long-term program sustainability and development planning. This included an introductory training on case management practices in HVIPs for newly hired staff as well as a 35-hour intensive certification program for frontline Violence Prevention Professionals (VPP).

To provide a range of perspectives, the HAVI employs highly-trained and experienced staff to provide TTAs, as well as employing a roster of national faculty from successful HVIPs across the country. Throughout the course of the grant, the HAVI is committed to providing relevant and responsive TTA that is grounded in health equity, racial justice, and trauma-informed care for the demonstration sites in New Jersey and their key community partners

HVIP Sites

Statute requires this report to indicate the specific amounts awarded to grant recipients, however, we are unable to do so at this time. As stated above, Federal rules specify that VOCA is a reimbursement-only grant. This means that although each

demonstration site is authorized to spend up to \$2 million dollars over 24 months, final amounts will depend on how much in reimbursable services each site submits. Actual funding levels will likely vary widely because some programs required redesign and others experienced significant hiring delays because of COVID-19. LPS offered a third year of non-competitive level funding (up to \$1 million for one year) in recognition of the delays that COVID-19 caused.

Federal guidelines also require a 20% match but allow recipients to apply for a waiver from the match requirement if it presents a financial hardship. Capital Health requested and received a match waiver and University Hospital, Trinitas, and Hackensack Meridian Hospitals requested and received partial match waivers.

The following is a brief description and eligibility criteria of each program in the NJHVIP cohort:

AtlantiCare HVIP

The HVIP in Atlantic City is housed in the Behavioral Health Department of AtlantiCare hospital. This HVIP provides intensive case management, clinical supportive services or referrals for individuals, families and/or friends directly or vicariously impacted by community violence within the region of Atlantic County. The Program engages individuals between the ages of 13 and 40 who present to the AtlantiCare Regional Hospital's trauma department or emergency room with community-based, violent injuries. The program offers trauma-informed resource referrals, coordination, and connection, financial and emotional support. The HAVI is currently working with newly-hired staff to identify relevant community-based resources to increase participants' access to meaningful support following hospital discharge. The HVIP began serving clients in March 2021.

Cure4Camden HVIP

In Camden City, Center for Family Services (CFS) is partnering with Cooper University Hospital to develop and implement an HVIP as an extension of their ongoing community violence intervention strategies. Cure4Camden is CFS' street outreach and violence interruption program. Through this grant, the newly developed HVIP will provide

an invaluable extension of resources for individuals injured by community violence. The program will provide intensive case management services to any patient that sustains a gun-shot injury in Camden City and is treated through Cooper University Hospital, a Level 1 Trauma Center. Referrals to the program will be accepted through the trauma department and emergency department. Cure4Camden HVIP will also utilize a 24-hour hotline for after-hour referrals. Hotline staff will be trained in HVIP intake processes as well as Trauma-informed Care practices to ensure that participants are successfully referred to the program. This HVIP has experienced significant Covid-related delays and plans to begin serving patients in May 2021.

Paterson Healing Collective

In Paterson, Reimagining Justice is partnering with St. Joseph's University Medical Center to establish a comprehensive hospital-linked violence intervention program. Residents of Paterson, ages 12-40, who are victims of community violence are eligible to receive intensive case management and advocacy services through the Paterson Healing Collective (PHC). PHC accepts referrals from the in-patient trauma department at St. Joseph's Medical Center as well as referrals from the broader community. Participants have access to mentoring, case management, and survivor groups through the program. The HAVI is providing ongoing training and guidance for frontline staff. Topics of discussion include: vicarious trauma and self-care, case management and documentation, and best practices for supervising and supporting frontline staff. The program was able to gain positive community recognition through ongoing outreach and promotional efforts, free street-based community training, and the use of recognized and reputable community members in Paterson who have been previously involved with violence intervention efforts. The Paterson Healing Collective began serving clients in October 2020.

Project HEAL (Help, Empower, and Lead)

Project HEAL is the HVIP led by Hackensack Meridian-Jersey Shore University Medical Center (JSUMC). Project HEAL provides trauma-informed wraparound care to individuals who are treated for injuries due to community violence at Jersey Shore

University Medical Center's Emergency Department. Participants must be between the ages of 18 and 40, and live in Monmouth County. JSUMC partners with 180 Turning Lives Around as a referral partner for victims of domestic violence that are referred through the program. The HVIP began serving clients in March 2021.

Project HUDSON (Helping Us Develop Strength in Our Neighborhoods)

Prior to this pilot, Jersey City Medical Center (JCMC) already launched their program. They have used the additional funding to significantly expand and improve quality of services. JCMC has partnered with Jersey City Anti-Violence Coalition Movement (JCACM) to expand the service capacity and referral pathways for its existing program, Project HUDSON, the HVIP in Jersey City. Project HUDSON provides case management and advocacy services to victims of community violence (gunshot wound, stabbing, assault), who are ages 18-35 and are residents of Hudson County. Once enrolled, a team of Trauma Navigators within the hospital and JCACM will coordinate to ensure continuity of case management following discharge and access to a range of supportive services including: mental health supports, victims of crime compensation assistance, survivor groups, transportation assistance, and medical care follow up.

Robert Wood Johnson- New Brunswick HVIP

RWJ-New Brunswick HVIP plans to accept patients, 18-40 years old, who are in-patient in trauma services for violent injuries due to community violence. Individuals who reside in Middlesex, Union, and Somerset counties are the focus demographic. While in the hospital, consenting patients are offered case management and advocacy services from a Violence Intervention Specialist who will attempt to make contact bedside and provide continuity of services through discharge. The HVIP at RWJ-NB partners with Puerto Rican Action Board (PRAB) who provides mental health services to program participants and clinical consultation for HVIP staff. The HVIP-designated staff at PRAB provide additional clinical support/supervision and training for the larger HVIP team. The HVIP team at RWJ-NB will also hold monthly case-conferencing with the WAVE (Working together Against Violence to Empower) Community Consortium. The WAVE consortium consists of multiple community organizations that provide a range of services that the

HVIP would be able to access during and post discharge e.g. housing supports, legal services, employment opportunities/job training, educational access, and mental health supports. The HVIP began serving clients in February 2021.

Trauma Response, Assessment, and Coordination (TRAC)

In Elizabeth, Trinitas Regional Medical Center is partnering with YWCA of Union County to implement an HVIP through the hospital's emergency department. While the focus of their efforts are toward recruiting victims of community violence, due to the number of domestic violence and sexual assault victims seen in the emergency department, they have partnered with YWCA to provide specialized services and referrals. Depending on the type of victimization, patients are offered an option to enroll in case management services and mental health supports that provide continuous care during hospitalization and post discharge. Patients who are discharged before meeting with a TRAC member are also offered an option of receiving a phone-based outreach call to learn about the program and enroll. The HVIP began serving clients in February 2021.

University Hospital HVIP

The HVIP in Newark is offered through University Hospital (UH) in conjunction with Newark Community Street Team, West Ward Victim Outreach Program, and Newark Community Solutions. With the funding from this grant, the program looks to expand their existing HVIP services and catchment areas. UH patients treated for gunshot wounds, stabbings, or assaults will be offered a referral to a Trauma Outreach Worker from an implementing partner based on relevancy of services and patient-identified needs. Participants must be within the ages of 18-40 years old and a resident of the city of Newark or any neighboring municipality (Irvington, East Orange, Orange, Hillside and Elizabeth) to be eligible for services. Program participants will have specialized care for individuals who are at-risk for re-injury and/or retaliatory violence, involved in the criminal/juvenile justice systems, or have specific requests for mental health services due to community violence.

VICTORY (Violence Intervention for the Community Through Outreach RecoverY)

In Trenton, Capital Health System, Catholic Charities, and Mill Hill Child and Family Development coordinated to develop and implement an HVIP. The VICTORY team provides comprehensive voluntary services for victims of community violence. Individuals between 18-40 years old, that have been treated at Capital Health for injuries due to community violence (gunshot wound, stabbing, assault) and are residents of Mercer County, are eligible for participation in the program. Once enrolled, a Trauma Outreach Specialist meets with the patient bedside to offer immediate stabilization support and post-discharge planning as well as coordinates a referral to the most relevant community-based implementation partner. The program soft-launched in late 2020 and was fully operational in early 2021.

Additional Supports

In addition to on-going TTA about VOCA grant administration, the Office of Attorney General, Special Advisor for Victim Services hosted a series of informational webinars for the HVIPs to connect them to services needed in order to best deliver violence intervention services. The webinar topics included:

- Understanding low income housing resources;
- Pro-bono legal services for crime victims and the Crime Victims Bill of Rights;
- Navigating recovery services for the uninsured or underinsured;
- Victims of Crime Compensation;
- Parole 101;
- Services available from County Victim Witness Coordinator Offices;
- Housing Rights;
- Probation 101;
- Understanding Adverse Childhood Experiences;
- Understanding the Community Health Needs Assessment Process; and
- Navigating Workforce Development Systems

Pressing HVIP Program Needs

Through a variety of channels, including grant reporting, reports to the TTA, presentations at public hearings, and responses to an email request from the Special

Advisor for Victim Services, the nine sites identified the programs' greatest needs/potential needs in order to effectively provide violence intervention services:

- **Housing**, both emergency and long term, was the greatest need identified by the programs. Many victims of violence are effectively homeless, meaning they “couch surf” at the homes of friends and family. Criminal victimization often makes this arrangement untenable because victims often have needs for handicapped-accessible housing or because their hosts are no longer willing to house someone who has been connected to violence. Victim service providers report that victims often have to leave the hospital with significant medical issues and have no place to go but night shelters. Providers also report that victims have to return to housing that is unsafe and leaves the victim at risk of becoming a repeat victim or committing defensive/retaliatory violence. There are no mechanisms to secure truly emergency relocation, except for those programs that have resources to pay for a hotel room. Low income housing has years-long waiting lists and victims rarely meet the income requirements for (minimally available) affordable housing. Many crime victims are also denied leases for having criminal records. In addition to physical disabilities as a result of victimization, any crime victims have mental health issues that make them vulnerable to victimization if they cannot secure housing. Programs report that it is difficult to provide meaningful intervention services without stable housing. One program noted that it is virtually impossible to get people to leave the drug trade if they cannot secure stable housing.
- **Legal barriers** such as warrants for failure to pay court fees, low-level criminal fines, and child support arrears from periods of incarceration prevent participants from accessing services and/or obtaining employment outside of the underground economy.
- **Availability of living wage jobs.** Participants cannot meet immediate needs such as housing and food without employment and many do not have the education,

vocational training, or employment history needed to secure a living wage job to meet basic needs.

- **Culturally appropriate healing services.** Programs identified a need for non-clinical healing activities and/or mental health services that feel comfortable to victims who have historical trauma with institutions. (Note: LPS has also funded four Trauma Recovery Centers (TRCs) to help meet this need.)
- Programs expressed concerns about the **sustainability of the programs** given upcoming federal cuts in VOCA funding.
- Programs expressed a need for **language services**.
- **Referral sources for undocumented individuals.** HVIPs themselves serve the undocumented but government programs and resources are not always available for the undocumented.
- Programs reported problems with **accessing federal programs** such as Social Security Disability Insurance approvals for gunshot victims.

Public Hearings

The Office of the Attorney General hosted three public hearings as required by N.J.S 52:17B-242.6. The hearings were conducted virtually due to Covid-19 and were publicized on social media platforms including Facebook, LinkedIn, Twitter, and Instagram.

Central Jersey

The Central Jersey hearing was held on January 12, 2021 and featured presentations from the New Brunswick, Trenton, and Jersey Shore HVIPs. Each program manager offered an overview of their respective HVIP, including the population served, the planning process, and more. The public was able to ask questions of each program and LPS. The Public Comments are summarized here:

- Two members of the public expressed concerns about the sustainability of the programs and one member of the public specifically noted: “For close to two years now there has been an unfunded NJ Violence Intervention Fund. We need the NJVIP fund to provide real sustainability for both community and hospital-based violence intervention programs...by fully funding the programs.”
- One member of the public expressed that the programs should connect to other programs that provide overlapping services to victims, such as Children’s Systems of Care. LPS shared this with the TTA provider.
- One member of the public said that the community collaborative that formed around the New Brunswick program models healing for the entire community and is a source of hope and inspiration.
- Several members of the public asked what the greatest challenges are for the programs. The HVIPS highlighted the needs that were identified in the survey, in particular housing, both short and long term.

South Jersey

The South Jersey hearing was held on January 22, 2021 and featured presentations from the Atlantic City and Camden HVIPs. Each program manager offered an overview of their respective HVIP, including the population that is/will be served, the planning process, and more. The public was able to ask questions of each program and LPS. The Public Comments are summarized here:

- Two County Prosecutors expressed the importance of having violence intervention programs in rural areas as well and asked for program expansion.
- One member of the public stressed the importance of hiring residents who are local and relatable to staff the program. LPS shared that this is a key component to the model.
- One member of the public expressed concerns about the sustainability of the programs given upcoming cuts to VOCA.

North Jersey

The North Jersey hearing was held on January 28, 2021 and featured presentations from the Newark, Paterson, Jersey City and Elizabeth HVIPs. Each program manager offered an overview of their respective HVIP, including the population that is/will be served, the planning process, and more. The public was able to ask questions of each program and LPS. The Public Comments are summarized here:

- One member of the public expressed concerns that grassroots, community-based organizations were not included in the programs. This led to a discussion of VOCA as a funding mechanism, namely that the program is a reimbursement grant that requires tremendous organizational infrastructure to manage. Both factors often make VOCA funding inaccessible to smaller community-based organizations.
- One member of the public expressed the lack of resources to meet true emergency victim needs and that community members handle crises such as emergency relocation and clothing, food and transportation needs because larger institutions are not nimble enough to respond to crises.
- One member of the public expressed concerns about the sustainability of the programs given upcoming cuts to VOCA and the unfunded Violence Intervention Fund.
- Two victims of gunshot injuries expressed that they were left without adequate services to heal from their emotional and physical injuries. One victim expressed that she has not been able to secure employment to support herself since her injury. Another victim shared that he was denied Social Security Disability Insurance and as a result, has not been able to support himself.
- Participants from the HVIP programs were asked about pressing program needs and the programs said that housing was the most pressing need and that there are few to no available resources.

Additional Programs and Future Plans

LPS understands that many organizations that provide violence intervention services do not have the organizational infrastructure to manage foundation, state, or

federal grants. These funding sources have onerous tracking and reporting requirements. In order to assist them, in August 2020, LPS offered a free training on Program Evaluation and Data Collection and marketed it to violence intervention programs.

Recognizing that LPS's only current funding source for supporting violence intervention work is VOCA, which will only fund direct services to victims, LPS has looked for opportunities to support programs that serve victims and break the cycle of violence. LPS also directed VOCA funds to support Trauma Recovery Centers, a model from the University of California San Francisco. The Trauma Recovery Center model recognizes that many crime victims do not receive the comprehensive post-trauma treatment and mental health services needed to heal their emotional and physical wounds. This is particularly true if they are members of vulnerable populations, such as people of color, members of immigrant and refugee groups, those living in poverty, or juvenile victims, including those who have had contact with the juvenile dependency or juvenile justice system.

On November 1, 2020, LPS announced \$6 million in VOCA funds for four Trauma Recovery Centers, one in Bergen County, two in Newark, and one in Jersey City. These sites have been receiving intensive training and technical assistance from the founder of the model, Dr. Alicia Boccelari.

Throughout 2021, the Special Advisor for Victim Services and the HAVI will continue to offer trainings, identify needed resources, and offer technical assistance to the sites. The HAVI will continue intensive one-on-one work with each pilot program to ensure that they offer the best violence intervention services possible.