



College of Liberal Arts

Center for Public Safety Initiatives

Jordan Health Project: Comprehensive Services Hub for Victims of Violence

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Introduction

Jordan Health Center was established in 1904 in Rochester, NY. The center gradually expanded into a network of health centers dedicated to serving patients and became one of the first five Federally Qualified Health Center's (FQHC) in the country (JordanHealth, 2014). FQHCs are an integral aspect of the US primary care system, providing healthcare to patients with no insurance, public insurance, or low income. These individuals commonly have increased medical burdens. FQHCs collaborate and coordinate with community outreach groups to better help vulnerable populations, in particular those susceptible to violence (Hebert et al., 2018).

Violence is a persistent problem in Rochester, NY, with young Black men being disproportionately affected. According to Klofas et al. (2020), "as many as 60 percent of homicides in any given year are the direct result of a violent dispute", which suggests that violence can be prevented. However, prevention efforts have historically been undermined by gaps in services and ineffective collaboration among community-based organizations. Moreover, hospitals have often faced difficulty connecting victims, some of which become perpetrators, with follow-up services. Victims that do receive follow-up care experience minimal coordination of services and in some instances are even blocked from receiving them (CPSI, 2021).

The Need for Trauma Informed Responses

Services for violence victims often fail to embody a trauma-informed model. Indeed, services often fail to recognize and adapt to the symptoms of the victim (SAMHSA, 2014). The trauma

associated with violent victimization can have devastating effects on the individual, including development of high blood pressure, diabetes, and a plethora of mental health disorders (Lubit et al., 2003; Yaribeygi et al., 2017; UNITY, n.d.). Furthermore, without a comprehensive plan in place for victims as they reintegrate into their communities, they are at an increased risk for revictimization or retaliation which subsequently perpetrates the ongoing cycle of violence. Therefore, it is crucial that violence prevention initiatives incorporate trauma-informed approaches, specifically as it relates to the coordination of services.

Jordan Overview

The Jordan Health project aims to establish a comprehensive service coordination hub for violence survivors, including victims and their surrogates. The hub will act as the initial step in coordinating a multi-layered plan of services intending to: (1) increase collaboration with local community partners to increase the likelihood that victims will consent to community services and (2) develop and implement procedures for providing comprehensive, trauma-informed services for victims and surrogates (Altheimer & Duda-Banwar, 2021).

To accomplish these goals, the staff intervenes early in the victimization process by utilizing and coordinating wraparound services to address the immediate and long-term needs of violence survivors. Wraparound services or funds are money and/or resources that are provided to victims, surrogates, or other members of a dispute with the intended goal to reduce risks of retaliation or re-victimization (CPSI, 2021). The services provided will be determined by the specific needs of the victims and surrogates. Proper coordination of services necessitates regular stakeholder meetings that discuss the development and

maintenance of processes, promotion of collaboration between community-based agencies, and exchanging of ideas and practices. Stakeholders include, but are not limited to, the Center for Public Safety Initiatives (CPSI), Jordan Health Center, Monroe County Systems Integration, the City of Rochester, Ubuntu Village Works, and various other local agencies (Alzheimer & Duda-Banwar, 2021).

CPSI will work with stakeholders to conduct a robust evaluation of project processes and outcomes. Variables that will be tracked include victim contacts, wraparound funds spent, services rendered, re-victimization, and arrests. Implementation of the service hub should reduce violent victimization, retaliation, and community trauma; increase collaboration between community-based organization seeking to reduce violence; and enhance understanding of victims' experiences seeking aid (Alzheimer & Duda-Banwar, 2021).

Figure 1 is a comprehensive visual of the service hub process. Once a victim is admitted into a hospital, the hospital staff will contact representatives from Community Engagement to Reduce Victimization (CERV). A representative of CERV will then meet with the victim to aid and establish any immediate needs to be met and determine eligibility for participation. If the victim is not already a patient of Jordan Health and is not interested in becoming a patient, CERV will refer them to community organizations that best fit the victim's needs and they will not participate in this project. If the victim is interested in becoming a Jordan patient, then a new patient appointment will be scheduled and participation in the project will begin. Under the circumstance the victim is already a Jordan patient, a primary care appointment will be scheduled. After an appointment with Jordan has been scheduled, the participant has their long-term needs assessed. It may be determined that the participant needs additional

medical care; dental, optometry, behavioral assessments and treatment, referrals for employment or other programs. Once short-term and long-term needs have been established the participant can begin their treatment plan and follow through on referrals to the community organizations that will best be able to assist them.

Figure 1 – Violence Victims Onboarding Process

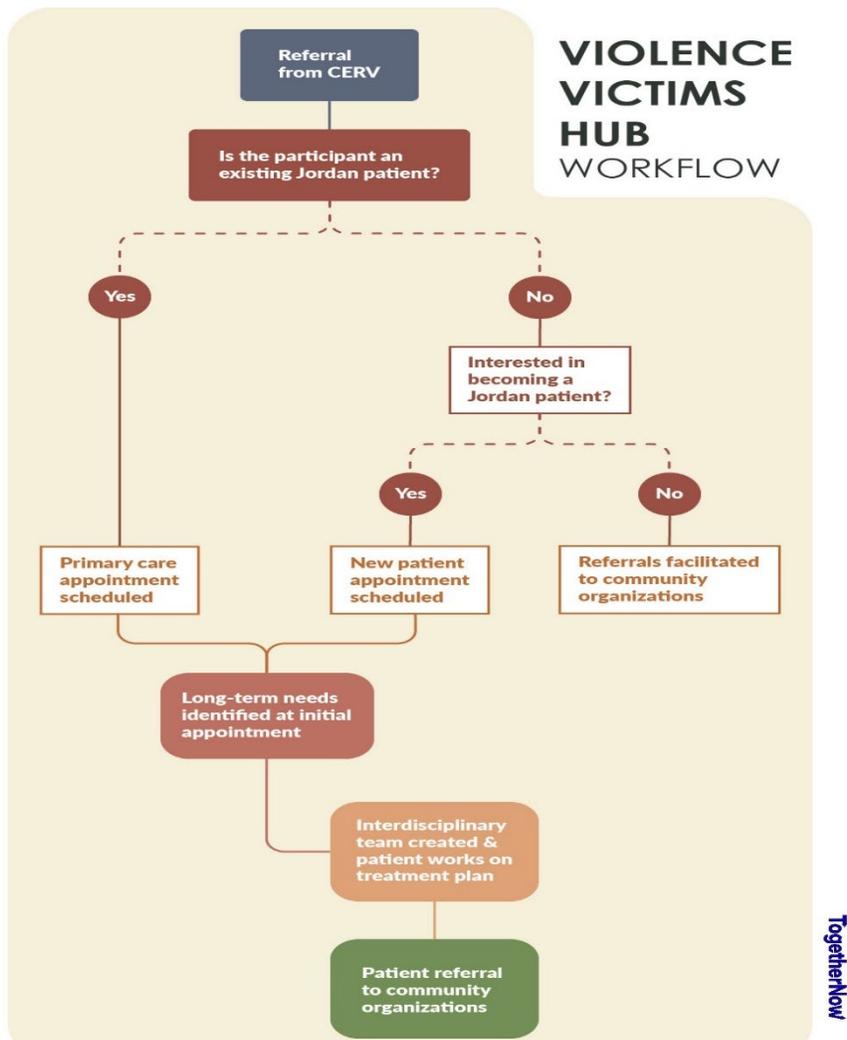
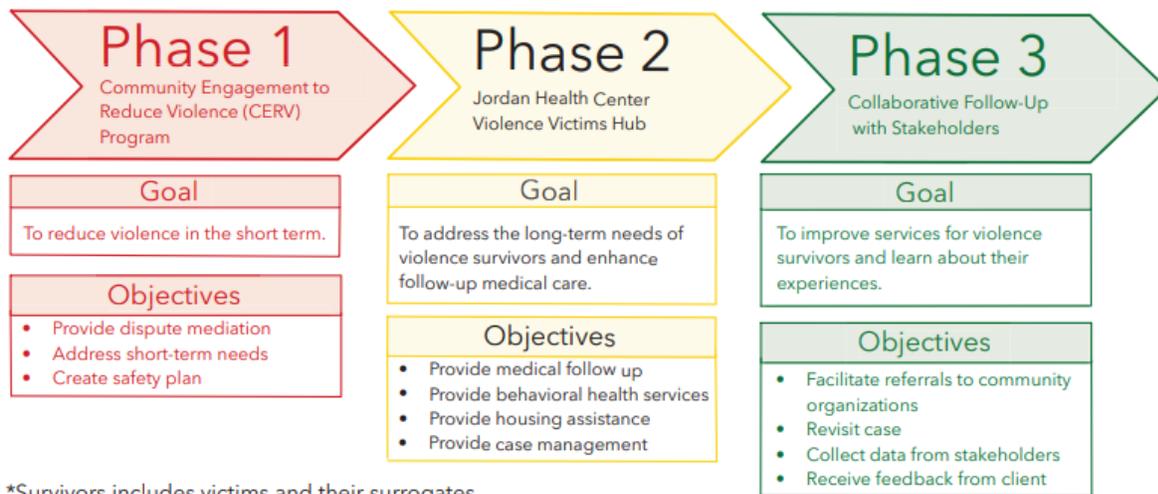


Figure 2 depicts the integrated service coordination model for victims of violence. In phase 1, representatives from CERV meet with the victim with a goal of reducing the likelihood of violence in the short-term. CERV staff intervene to provide dispute mediation, address short

term needs, and develop a safety plan to ensure victimization does not happen. Phase 2 begins the Jordan Health process as explained in Figure 1. When the victim is referred to Jordan Health, the goal is for long-term needs to be addressed with provision of medical care and engagement in the case management process. Once long-term needs have been determined and a plan is developed, the participant is then referred to community organizations to execute the treatment plan.

Figure 2 – Integrated Service Coordination Model for Violence Survivors



The goal of phase 3 is to better improve services for victims of violence and learn about their experiences. To achieve these goals, the objectives are to assist and direct referrals to community organizations to ensure a seamless transition. Cases will be revisited as the participant is going through the process to learn more information about obstacles, issues, or successful experiences of the participant. Lastly, data and feedback can be collected from stakeholders and clients to observe if the project has a positive effect and to address how the project can be improved upon.

Conclusion

Research has shown in the past that a community's involvement and response to victimization and trauma can positively impact the recovery process. Communities that provide understanding and allow for self-determination can better facilitate a positive recovery experience to all who are involved (SAMHSA, 2014). Community trauma is interwoven into the trauma of the individual and is important to address. Communities can collectively respond to trauma as individuals do. Despite the impact on a community's cultural norms and behaviors that violence brings, communities are often ignored in violence recovery services.

CPSI has extensive experience providing technical and evaluation support for violence reduction strategies in community-based settings. Previous partnerships include Rochester Youth Violence Partnership, Pathways to Peace, Statewide SNUG Initiative, and Project CERV. Data produced throughout the lifespan of the project will be recorded and documented. Findings from the project will be re-distributed for public consumption through numerous *working papers*. These papers circulate findings throughout the community to guide further decision-making. The same findings will be submitted for publication in scholarly journals and presented at academic conferences. Findings will also be distributed and shared during working group meetings and with policymakers. Lastly, all feedback collected will be taken into consideration to further improve the project processes.

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The Center for Public Safety Initiatives is a unique collaboration between RIT's **Department of Criminal Justice**, the City of Rochester, and the criminal justice agencies of Greater Rochester including the Rochester Police Department and Monroe County Crime Lab. Its purpose is to contribute to criminal justice strategy through research, policy analysis and evaluation. Its educational goals include training graduate and undergraduate students in strategic planning and policy analysis.

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