



HVIP SUMMIT 2025



**Connecticut
Children's**

Office for Community
Child Health

Introduction

Over the last three years, the City of Hartford has invested in the creation of the Hartford HVIP Strengthening Collaborative. This network of hospitals and community partners has been working to strengthen the response to shootings by coordinating the provision of needed supports to impacted individuals and families. They have done so by leaning into the strengths of each partner and ensuring access to families and individuals during their hospital stay. Initial data from 2024 shows that the City's investments are working, with lower numbers of shootings and firearm homicides than previous years.

On February 5th and 6th, a culminating 2025 HVIP Summit was held in Hartford at the Connecticut Convention Center. The Summit brought together the eight partner organizations in Hartford and the eighteen funded community violence intervention programs around the State of Connecticut to share lessons learned and to plot a future for HVIP and CVI programs in the state.

The Summit featured several keynote speakers, including Dr. Joseph Richardson from the University of Maryland; the Connecticut Commissioner of Public Health, Dr. Manisha Juthani; Earl Bloodworth, Executive Director of Connecticut Against Gun Violence; and, Thea Montañez, Special Advisor in the Office of the Governor. Additional speakers included: Mayor of the City of Hartford, Arunan Arulampalam; State Sen.



Douglas McCrory; and, Dr. Paul Dworkin from Connecticut Children's Office for Community Child Health. Brief recorded remarks were also provided by: Fatima Dreier of the Health Alliance for Violence Intervention (HAVI); and, Senator Christopher Murphy (D-Connecticut).

In addition to these speakers, a number of panels explored the lessons learned from three years of collaboration, the experiences of survivors, policy initiatives, and sustainability.

We would like to thank The City of Hartford, Hartford Healthcare, TrinityHealth of New England, UCONN ARMS Center, Yale School of Public Health, COMPASS Youth Collaborative, Hartford Communities That Care, ROCA Inc., and Mothers United Against Violence for their support of this Summit.

2025 HVIP SUMMIT

The Day 1 agenda is included here:

2025 HVIP Summit

05 FEB WEDNESDAY

8:30 AM Registration, Coffee & Light Breakfast

9:00 AM General Session | Ballroom A

- Welcome by Chavon Campbell (Office of Violence Prevention) & Dr. Kevin Borrup (CT Children's)
- Recorded remarks by Fatimah Dreier, Executive Director of The HAVI
- Opening comments & introduction of the Opening Session Keynote by Dr. Paul Dworkin (CT Children's)
- Keynote by Joseph B. Richardson, PhD, MA, University of Maryland
- HVIP Programs & Their Work

10:30 AM General Session II | Ballroom A - Hartford HVIP Practice Panel (moderated by Kevin Borrup, Injury Prevention Center at Connecticut Children's)

- What have you learned about the benefits of partnership?
- What have you learned about the challenges?

11:45 AM Break

12:00 PM Lunch & Keynote | Ballroom A- Manisha Juthani, MD, Commissioner, Connecticut Department of Public Health

1:30 PM Breakout III | Meeting Room 12/13 - Hartford Community Violence Intervention Programs Panel (moderated by Chavon Campbell, Office of Violence Prevention, City of Hartford)

- What opportunities and challenges do you see coming?
- What have been impactful strategies or initiatives that have improved the prevention and intervention of violence?
- Where would you like to see an increase in partnerships and collaborations?

1:30 PM Breakout IV | Meeting Room 14 - Policy, Building Coalitions, and Working with State and Federal Partners Panel moderated by Johanna Schubert, Policy and Advocacy Director, Hartford Communities That Care)

- What have we learned from building successful coalitions in service of CVI?
- How does looking at violence as a public health issue change the narrative internally and with our lawmakers?
- What does the current political landscape mean for CVI work and how can we successfully support our communities with the ecosystem?

3:00 PM Closing Session | Ballroom A

- Drums by the Brother Carl Hardrick Institute
- Youth Panel (moderated by Pastor AJ Johnson & Kristina Baldwin, Department of Families, Children, and Youth, City of Hartford)

4:30 PM End of Day 1



FATIMAH DRELER
EXECUTIVE DIRECTOR OF
THE HAVI



JOSEPH B. RICHARDSON
INAUGURAL MPOWER
PROFESSOR



MANISHA JUTHANI
COMMISSONER, CT
DEPARTMENT OF PUBLIC
HEALTH

Below is a summary of notes taken from each session.

General Session 1: Joseph B. Richardson

Over half of gun homicide victims are Black men, even though they only make up 7% of the population. This is a consequence of structural racism. Black men are dying 17 years earlier than white men, not just due to gunshots, but also other Social Determinants of Health (SDOH). When we treat Black men for gunshot wounds, we collect information on many other health indicators, such as blood pressure and pre-diabetes. When we send them home without providing care for these issues, that is a form of structural violence. At age 15, Dr. Richardson observed his first case of recidivism, as the first person he knew to be shot descended into drug misuse and was ultimately killed by another gunshot. This is what happens when people are not treated for their trauma.



Dr. Richardson spoke about the need to truly and deeply understand people's lives in order to learn how to prevent gun injury. This is also how we can identify gaps in services. For instance, even in a hospital with a Hospital Violence Intervention Program (HVIP), after someone was shot and treated for their injuries, they were released right back into the same neighborhood. There was no one in the community to connect with them. Dr. Richardson turned to digital storytelling to use the camera to tell narrative stories as a form of health communication. Dr. Richardson also created "Life After the Gunshot;" vignettes of young men that dive into how they experience traumatic stress. We need to tell these stories through video because academic articles will never be accessible to the public.

Hypervigilance is a main symptom of trauma. People can be easily triggered, irritable, and have intense anger and rage. Traumatic stress doesn't start with a gunshot; often victims have a lifetime of trauma. There is no "post." Traumatic stress happens over the course of the life. You don't need to shoot someone to be violent; more people die from structural violence than from direct violence. One example of this is the opioid crisis; Dr. Richardson shared research showing that overdoses and gun violence in Maryland often happen in the same locations. We need HVIP and other violence prevention workers carrying Narcan. We

also must address the school-to-prison pipeline—on average, 45 Black people are searched or frisked every day; they constitute 86% of all stops by police. The number one risk factor in bringing Black men back to the trauma hospital is having a history of incarceration. These are the collateral consequences of being incarcerated.



Calls to Action:

- Change or adopt hospital policies to clarify the role of police in the Emergency Department.
- Improve coordination of the community violence prevention ecosystem—bring everyone to the table for homicide reviews and ensure coordination between HVIPS and community violence interrupters.
- Improve access to legal advocacy for HVIP clients.
- Include Narcan distribution in our violence prevention work.
- Engage with schools to use truancy data—chronically absent kids are more likely to be involved in a shooting. How can we identify and connect with these kids?
- Learn more about how social media is fueling gun violence. Look into drill music—people are shooting someone, making a video, posting it on YouTube and making money from that video.

General Session 2: Hartford HVIP Practice Panel

Over the last three years, the members of the Hartford HVIP Strengthening Collaborative have worked together to improve communication, connections, and outcomes for individuals shot in Hartford. The partners with the collaborative include The City of Hartford, Connecticut Children's, Hartford Hospital, Trinity Health/Saint Francis, COMPASS Youth Collaborative, Hartford Communities That Care, and Mothers United Against Violence. During the life of the collaborative, two additional partners joined the work, ROCA and 4-CT.



Moderated by Dr. Kevin Borrup, the panelists included: Larry Johnson, COMPASS; Patricia McIntosh, City of Hartford; Dr. Patrick Axtmayer, Trinity Health; Renee Beavers, Connecticut Children's; Andrew Woods, Hartford Communities That Care; and, Dr. Jonathan Gates, Hartford Healthcare.

What have we learned about the benefits of partnership?

Before the program, the hospitals were mostly focused on taking great medical care of victims, but being concerned about the victim's life post-discharge was not part of the work. The formalization of the HVIP program has allowed for the assessment of the social needs post-discharge and for the inclusion of the supports provided by CBOs at bedside and after discharge. It is doing the right thing for patients to have more and more access to community services.

What have been the challenges in collaboration?

Providers must have an understanding of trauma-informed care and the lived experiences of those in their care. This is so important to helping people get the best care and to have as positive an experience as possible under the circumstances.

The hospitals having dedicated staffing is new to this. How important has that been?

For the hospitals, having a dedicated person has made a big difference. This ensures that patients feel seen and know this is a collaborative experience in the hospital. Many patients feel judged and vulnerable from the start. Through the HVIP team, hospitals are able to meet people where they are at, coming in with empathy.

What role does professional development have in strengthening HVIP programs?

Making sure that people have the training and resources to do this work is critical. To do otherwise is a disservice to everyone involved. This work is incredibly draining, so responsible supervision is important along with the ability to advance. On the good supervision front, workers need to talk about what they're witnessing and how it makes them feel, and not take the burden with them as much as possible. Self-care is important. You have to figure out what works for you.



We often talk about how important that intervention bedside can be. The golden hour for intervention as a concept is well known. What has the collaborative learned about the importance of the Golden Hour?

Research has shown that patients are not getting the outpatient care they need to address all their non-medical needs until people from HVIPs come to address this gap in the community setting. In addition, every patient discharged represents about 20 hours of work over the span of a year. While we are hyper-focused on gunshot wounds, there are a lot of people with other types of trauma that need help, which is challenging with funding limits.

How would you describe the Core elements of an HVIP, what are they?

Working to engage in constant communication, collaboration, and trust building (learning to know each of the partners and initiatives and obstacles). Finally, humility – breaking down cultural and structural barriers – “coordination within the ecosystem of providers working together with our community.”

Key Takeaways:

- HVIP is a program that focuses on providing trauma-informed care both in the hospital and after discharge. It is a combination of hospital-based services and support from community-based organizations.
- “Coordination of the community violence prevention ecosystem” and collaboration across hospitals and agencies are critical elements in being successful.
- Patient trust is really important. Both patients and their families have been traumatized by the healthcare system.
- Taking care of the people who do this work is also an important element of success.
- The work is good, we need to continue the work and expand (including to build coalitions), but we also need to be mindful as we expand about staying in our own lanes and having hard conversations.

Lunch Keynote: Commissioner Manisha Juthani

Connecticut Department of Public Health Commissioner Manisha Juthani delivered a keynote address on day one of the Hartford HVIP Summit. She provided a history of the Department of Public Health's involvement in injury prevention, up through the establishment in 2024 of the Office of Firearm Injury Prevention, whose mission is to reduce firearm injury and death in Connecticut. Commissioner Juthani emphasized that Connecticut has committed funding from the general fund – meaning state dollars, not federal dollars – to address community gun violence. Even with an uncertain federal climate, she stated, “the work continues, and it continues with the Department of Public Health’s support.”

Commissioner Juthani grounded the audience in the public health approach to preventing community gun violence and shared the most recent data on firearm injuries and deaths in Connecticut. One trend of note is that while rates of non-firearm suicides are trending downward, firearm suicides are trending upward in the state. In response to the current landscape of gun violence in Connecticut, the Department of Public Health and Office of Firearm Injury Prevention currently provide timely data in collaboration with the Department of Public Health Injury and Violence Surveillance Unit, fund and support 18 organizations and agencies doing community violence prevention work, fund and support Hospital-Based Violence Intervention Programs, and promote safe storage of firearms through educational material and distribution of lock boxes. On the subject of providing lock boxes to the public, the Commissioner remarked, “We need to live in this world and recognize that people will own guns.”



The Commissioner gave an overview of the 18 organizations currently funded by the Department, which utilize a variety of violence prevention strategies, including violence interruption, social-emotional learning and afterschool programming for youth, addressing basic needs, mental health support, and employment and educational engagement for people at high risk of experiencing or using violence in their lives. Commissioner Juthani closed with information about the future of funding priorities for the Department of Public Health and a strong call to action for organizations doing community violence prevention work: the Department plans to continue funding **collaborative** efforts to prevent community gun violence,

specifically initiatives that adopt at least one element of the public health approach. “The direction of future funding is asking people to work together.”

Calls to Action:

- Even if the federal government is not committed to this work, the state is and there are state budget dollars committed to this work.
- This problem is not a problem anyone can solve on their own. We need everyone armed with all of their skills and experience to work to eliminate firearm violence.
- Future DPH funding will be tied to the public health framework that was mentioned earlier in the presentation. You don’t have to address all four parts of the framework, but you can if you want to. The plan is for this to be a more sustainable form of funding to help CBOs and other eligible entities do such important work.



Breakout 3: Hartford Community Violence Intervention Programs Panel

In one of the day's first break-out sessions, leaders from local community violence prevention and intervention agencies gathered on a panel to share successes, challenges, and lessons learned about doing this crucial work. Panelists included Larry Johnson, COMPASS Youth Collaborative; Sara Roper, Roca; Christina Forgione, Project Longevity; Brother Kelvin Lovejoy, Blue Hills Civic Association; Travi-Gaye Stewart, Advancing CT Together; Tyrone Bynum, Hartford Communities That Care; Beth Hines, Community Partners in Action; Leonard Epps, Brother Carl Hardrick Institute; Tommy Battle, Full Citizens Coalition; and Deborah Davis, Mothers United Against Violence. Chavon Campbell, Director of the City of Hartford's Office of Violence Prevention and Community Safety, moderated the panel.



What are some of the challenges that face this work?

Funding is one of the biggest challenges at the moment. Everyone is paying attention to what is going on with funding on a federal level, and we will need to be creative and collaborative to address gaps in funding. Another continuous issue is the stigma around youth, especially young women of color, who are involved in or affected by

violence. This stigma affects how other service providers treat young people, and how safe young people feel in their communities.

We often hear about challenges that arise because of generational differences between service providers and the young people they support. Can you speak about that?

Sometimes it feels like adults and youth are so far apart, specifically in terms of values and priorities. One way adults can improve their relationships and work with youth is to heal their own trauma and pain first. Another strategy is to use transformative mentoring, which comes from the lens of "my morals have nothing to do with how you (a young person) can change your life. I have to set boundaries for myself."

Let's talk about successes in community violence prevention and intervention. What strategies actually work to prevent violence? Family engagement, collaboration, and breaking cycles of violence through healing and strategies like restorative justice. The stronger the family environment is, the less likely a young person in that family will engage in violence. Families are really struggling right now. It takes a village to raise a child, but the village is sick and needs help. When we help the village, parents will do better, kids will do better, and families will do better. We also strengthen communities when we support parents and caregivers to heal from their own trauma. Many parents are doing this individually, but we need to do it collectively. This is where restorative justice can play a role.

How do we effectively collaborate with one another?

We have to put our egos aside. If our organization can't help a particular client for whatever reason, we find the organization that can, and we have no hesitation about making a connection or referral.

What do you hope people take away from this conversation?

The more we can focus on helping young people build the skills and tools they need to navigate their lives, and the more we can support them to be leaders in their communities, the better off we all will be.



Key Takeaways:

- We must continue to build and strengthen an ecosystem of support and partnership across community violence prevention and intervention organizations. Collaboration is the only way we will sustain reductions in violence in our communities.
- To better support the youth in our communities who are most at risk for violence we must provide tangible skills – including leadership skills – and training. We must also support parents and families in their own healing.

Breakout 4: Policy, Building Coalitions, and Working with State and Federal Partners Panel

The session on Policy & Partnerships, moderated by Johanna Schubert from Hartford Communities that Care highlighted important key takeaways regarding policy, funding, and frontline work in violence. Panelists featured in this session were Dr. Kyle Fischer from the Health Alliance for Violence Intervention (HAVI), Dr. James Dodington from Yale School of Medicine, Shirley Ellis West from Urban Community Alliance, and Earl Bloodworth from CT Against Gun Violence. One major insight was that initial funding structures were often set up for organizations to fail rather than succeed, creating an environment where frontline workers must generate revenue rather than being recognized as essential service providers. The discussion also emphasized the expansion of Medicaid services, particularly for case management under violence intervention, as a crucial step in securing funding. A notable achievement discussed was the implementation of a proposed \$3 million budget to support intervention efforts, reflecting the gradual acknowledgment and institutional backing for violence prevention work despite recent federal policy changes. However, barriers remain as many of those who are doing the groundwork cannot influence policy effectively, making collaboration and coalition-building vital strategies for enacting meaningful change.



Another central theme in the session was the importance of data in policy advocacy. The discussion underscored the necessity of having concrete evidence to validate the work being done by frontline organizations and community workers, which can be then leveraged at the legislative level. It was also noted that policy is not solely based in legislative spaces, but it is also influenced by community experience, a perspective that is overlooked by policymakers. Notable quotes such as “Policy is accessible and it is for you” and “Violence in our communities is a policy choice” reinforced the idea that engagement in policy discussions is crucial to ensuring communities are not only subjects of policy but active constituents in shaping it. Effective advocacy requires showing up and making one’s voice heard; otherwise, as Earl Bloodworth put it, “If you’re not showing up at the table, you’re on the menu”.

The session concluded with several calls to action to strengthen violence intervention efforts. Healthcare professionals were encouraged to listen and learn from community members to bridge the gap between policy and lived experience. Additionally, organizations and legislators must



remain committed to keeping funding intact despite federal shifts. Universities and colleges were also identified as crucial partners in securing grants and supporting intervention initiatives, fostering a more collaborative approach to policy work. The conversation also highlighted systemic barriers such as bureaucratic red tape and inequitable access to resources, particularly for BIPOC-led organizations. Building relationships between communities and policymakers was emphasized as a means of amplifying lived experiences in legislative discussions. The session ultimately reinforced that violence intervention is not a partisan issue but a people-centered one, requiring persistent advocacy, coalition-building, and strategic engagement at local, state, and federal levels.

Calls to Action:

- Community organization funding needs continued progress.
- Universities and Colleges need to be part of investing in initiatives in partnership with CBOs.
- The funding bureaucracy is complicated for smaller CBOS and is often a barrier to adequate resources. A streamlined funding, or contracting, process could be addressed through policy change.
- The community has the power to bring their stories to policymakers.
- Violence intervention is a bipartisan issue and we need to find places where values and goals are aligned to get to a place of broad support.

Closing Session: Drumming & Youth Panel

Pastor AJ Johnson of Urban Hope Refuge Church moderated a panel of nine youths, who spoke deeply and eloquently about what needs to happen to make communities safer for young people. Much of the conversation focused on the lack of resources – or in some cases lack of promotion of resources in a way that engages young people – contributing to the trauma, stress, boredom, and disconnection that can precede violence. Several youth on the panel stated that schools, community agencies, and other organizations need more activities and programs for youth, with a focus on offering safe environments for kids to be in after the school day ends. Panelists also issued a call for programming that specifically addresses job skills, financial literacy, and resume-building, and for schools to have more mental health support and services from community-based organizations in the building, and to make sure students are aware of what resources are available to them.



On the topic of social media, a few quotes from panelists include: “Social media normalizes violence as a go-to form of conflict resolution”, and “There’s nothing to do on social media except get looped up in other people’s lives and make comparisons.” Notably, the young women on the panel recommended that young people should not access social media until their late high school years, whereas the young men on the panel felt that late middle school or early high school was appropriate. One young woman said, “I regret having (social media) so young, especially for girls because we compare ourselves to other people a lot.” Other panelists stressed that caregivers should teach young people how to use social media responsibly, and should have boundaries in their homes around screen time.

In response to an audience member's question about what local police departments can do to improve their relationships with youth, panelists said: “Don’t make assumptions about me based on where I live, what I look like, or how I talk”, “show up for positive interactions, not just negative ones,” “talk calmly to kids if you want them to also calm down,” and “get kids’ perspectives on situations; don’t just side with the adults.” All of the youth on the panel stressed that young people need more support, more opportunities, and more positive role models in their lives. These are the starting places for organizations and individuals working to end community violence: strengthen the supports and resources for youth, find creative ways to

ensure youth know what the resources are, and continue to show up and develop strong relationships with the young people in your community.



Calls to Action:

- Home issues prevent young people from being engaged in school – we have to address these.
- “Social media normalizes violence as a go-to form of conflict resolution.” Youth need more support – and potentially more structure and boundaries at home – around navigating social media.
- Schools and community-based agencies need to do a better job of offering and promoting activities, clubs, and resources to young people, especially after-school options.
- Schools should provide more career development and financial literacy, and continue to partner with community-based organizations who are already offering these skills to youth.
- Increase the frequency with which students have access to their guidance counselors. Youth panelists shared that students can go through all four years of high school and only see their guidance counselor twice

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- Youth want more opportunities to host youth-organized events, especially events where they can educate other youth about available resources.
- Youth need more adults who are actively engaged – pay attention to what's going on with the youth in your life and guide young people towards resources.



2025 HVIP SUMMIT

The agenda for Day 2 of the conference is reproduced below:

2025 HVIP Summit



06 FEB

THURSDAY

8:30 AM	Registration, Coffee & Light Breakfast
9:00 AM	General Session Ballroom A <ul style="list-style-type: none">- Welcome by Mayor Arunan Arulampalam (City of Hartford) and State Senator Doug McCrory (2nd Senate District, Connecticut)- Second Day Opening Session Keynote by Earl Bloodworth, Executive Director of Connecticut Against Gun Violence (CAGV)
10:30 AM	Breakout V Meeting Room 14 – Survivors & Success (moderated by Warren Hardy, HVIP Specialist, Hartford Hospital) <ul style="list-style-type: none">-What does it mean to have a trauma-informed lens?-How do we amplify the voices of survivors?-How do we best support survivors who become advocates?
10:30 AM	Breakout VI Meeting Room 12/13–Funding for Violence Prevention (moderated by Greg Jones, Vice President of Community Health & Engagement, Hartford Healthcare) <ul style="list-style-type: none">-How should we be thinking about sustainability?-How can supports be brought to Connecticut CVI programs?
11:45 AM	Break
12:00 PM	Lunch & Closings Words Ballroom A <ul style="list-style-type: none">- Thea Montanez, Senior Advisor, Office of the Governor, State of Connecticut
1:30 PM	End of Day 2



EARL BLOODWORTH

EXECUTIVE DIRECTOR OF
CAGV, POLICY &
FUNDING



SENATOR MCCRORY



MAYOR ARUNAN ARULAMPALAM



THEA MONTANEZ

SENIOR ADVISOR,
OFFICE OF THE
GOVERNOR OF CT

Day 2 (Moved online due to inclement weather)

General Session 3: Earl Bloodworth

Hartford has seen a dramatic decline in gun deaths and homicides, and while total homicides are down 37%, suicides are up 30% in 2024. This speaks to the need for collaborative efforts with legislators, police departments, community advocates and public health experts. Public health experts provide the research to frame gun violence in our communities as a public health crisis.



Mr. Bloodworth noted that there is no top-down solution to gun violence. However, investments work. Rates of gun violence decreased in the summer of 2024, just as the Bipartisan Safer Communities Act came into effect. This brought millions of additional dollars into crisis intervention. Investments yield real results. We've seen an overall decline in gun deaths both nationally and across the state. Significant drops in homicides; major cities are safer. However, increased suicide rates are concerning and highlight the need to focus on mental health. We must also consider the economic impact of gun violence.

The White House Office of Gun Violence Prevention is one of the reasons for our reduction in gun violence. They were a convener of data and resources, and now they have been closed. This

closure will set back ongoing efforts to address gun violence. State and local programs rely on federal funding and guidance to effectively implement their initiatives; this closure could make violence worse.

Calls to Action:

- Expand ERPO awareness—more education and training on this is needed, so families and others know how to use this tool to have firearms temporarily removed from those who pose a risk to themselves or others.
- Promote safe storage—we need more education programs for gun owners to prevent unintentional gun deaths.
- Enhance mental health services and crisis intervention services, especially in high-risk communities to address underlying causes of suicide and to support people struggling with mental health issues.
- Medicaid reimbursement must be included in the violence policy. CT has low Medicaid reimbursement for gun violence—this is a policy issue that needs to be changed. These changes only come with advocacy.
- Protect the funding that we have to sustain progress made in reducing homicides and expand intervention programs to address root causes (poverty, mental health, etc.).
- We need to make our voices heard so we can keep this important funding. Often this work isn't recognized—people don't realize the impact of closing the office. They don't see that this could lead directly to more gun deaths.
- “Together we are proving that change is possible. Together... we have the momentum, we have the will, and we won't stop. Let's keep pushing forward. Always- forward.”

Breakout 5: Survivors & Success Panel

The Survivors & Success Panel was moderated by Warren Hardy, the HVIP Specialist at Hartford Hospital. Panelists included Nelba Marques-Green of Yale School of Public Health, Tyrek Marquez of Victims Against Violence, Shenell Benjamin of Hartford Communities That Care, and Ms. Henrietta Beckman of Mothers United Against Violence.



Panelists discussed their own challenges in navigating life as either survivors of gun violence themselves or as family members of a victim of gun violence. Many are using the pain from their own experiences to save lives and amplify the voices of other survivors. Shenell Benjamin from Hartford Communities that Care shared that those who have lost someone to gun violence often feel silenced, therefore advocacy becomes important in giving them a voice. All survivors

have a story to tell; for some, sharing their story can be part of a healing process. Ms. Henrietta Beckman from Mothers United Against Violence emphasized that policy and funding decisions should include the voices of survivors and affected families. Some panelists who work in the

violence prevention or response field shared that they do not see a separation between their personal and professional lives. They do this work because it is personal.

Warren Hardy, HVIP Specialist from Hartford Hospital, facilitated discussion around professional and personal challenges and successes, ensuring trauma-informed work, the definition of a survivor, how to amplify survivor voices, and calls to action for members of the audience.



Panelists shared that one measure of success in their work comes from creating safe spaces for those impacted by gun violence, and a challenge many of them deal with in pursuit of this is trying to help everyone in need while managing their own grief. Supporting survivors and their families includes witnessing the trauma of families in crisis, and often the systemic dehumanization of survivors.

Additionally, there is a disparity in the ways in which victims are humanized by systems and the media; for example, victims of school shootings tend to receive more empathy than victims of community gun violence.



Members of the panel emphasized the importance of embracing their emotions and taking life one step at a time. Survivors do an excellent job empowering each other and reminding one

another that the work cannot be done alone – so it is important to find and prioritize community. Panelists see a great opportunity for anyone working with survivors of gun violence to improve their approaches. A few suggestions include: avoid using rigid labels, look for opportunities to integrate trauma-informed practices into all service provisions that survivors might access, recognize that everyone experiences trauma differently, and always respond with empathy. Nelba Marquez-Greene from Yale University emphasized the importance of closing the gap between survivors and those in power to ensure meaningful change. Panelists finished off the discussion with an important call to action for audience members, emphasizing the importance



of empowering, teaching, and encouraging those affected by gun violence. This could mean checking in with those who may appear to be happy but could be struggling internally, and humanizing gun violence survivors regardless of their circumstances, especially among healthcare providers. Organizations in the community violence prevention field need to provide relevant resources for communities impacted by gun violence by first conducting needs assessments (food, money, education resources, housing). Finally, panelists called on the audience to create self-reflection workgroups for frontline workers to process the trauma of not only working with victims but also working through their own trauma surrounding gun violence.

Key takeaways

- Survivors deserve to be at any table where conversations about survivors and community gun violence are happening, especially when decisions about funding and policy are being made. Service providers can be part of facilitating this.
- Organizations that work with survivors can improve how they support survivors and families by integrating trauma-informed practices into everything they do and offering space for survivors to heal together.

Breakout 6: Funding for Violence Prevention Panel

This concurrent Breakout session on the theme of funding and the sustainability of community violence intervention programs was moderated by Greg Jones, Vice President of Community Health & Engagement at Hartford Healthcare. Panelists included: Carolyn Alessi, Director for Community Health and Well-being at Trinity Health of New England; Colleen Violette, Director of the Office of Firearm Injury Prevention at the Connecticut Department of Public Health; Dr. Bill Petit, founder of the Petit Family Foundation; and, Rick Brush who led a 10-year initiative called Wellville in five US cities, including the North End of Hartford.

How can we invest upstream to produce better long-term health and well-being?

Rick Brush: Let's take the example of what worked on social impact investing in childhood asthma—if we addressed indoor air quality, we would reduce admissions and the need for emergency medical care. We wanted to find other things that if we invested upstream and early, we could make a big change. This is translated into Wellville—invest in early childhood, the built environment, and opportunities for long-term wealth in communities.

How does the current environment threaten this work?

Colleen Violette: Closing of the White House Office of Gun Violence Prevention is a big threat, but we must move forward—even without the support at the federal level, the state invests in this work and many groups are doing the work and will continue without the federal support. We have to plan out our sustainability plan for the next two years and consider the bumps in the road.

How can we approach them to make sure our programs stay funded?

Carolyn Alessi: Something that puts nonprofits in danger is when they only have one entity of funding (either state or federal)—this puts the organization at risk. Nonprofits need to think in terms of a business model. You don't rely on one product to sustain your business. Diversify with funding from donors and state funding. Considering a social enterprise model—you have a business that is embedded inside your org that can generate revenue which can feed your program's mission. Many organizations have done that and are very successful—this saves them from the risk of shutting down services.

A successful HVIP program (~100 people/year) costs about \$1mill—how can we encourage more funding? Where do we make our best efforts in engaging our legislators?

Bill Petit: You better be able to measure your impact. Small groups are doing most of the work. To engage in violence prevention activities, you must be able to measure impact and report it to the donors. Often people come with big asks and little data, need to be able to measure impact so you can go ask for more funding.



How do we get corporations to see the impact?

Greg Jones: The average cost for medical care related to gun injuries is about \$38k. The average HVIP cost per participant is \$10k. What's the return on investment? What is the social return on investment?

Rick Brush: HCTC created an expected return on investment calculation to quantify the impact of violence interruption programs. A \$300k investment produces a net benefit of \$2 million. This is a lifetime value for putting people on different trajectories, increasing public safety, etc.

Audience: I heard a lot about “think outside the box.” Grandpa used to say—just by giving a man a gun, doesn't make him a good hunter. Some groups are well-funded but they don't measure impact. Maybe the solution is in the box. How we can develop these skills in CBOs— how do you know what you are doing is the right thing?

Audience: (in chat) “Evaluate to Elevate - To measure a social enterprise, you need to track both its financial sustainability and its social impact, using metrics like the number of people served, environmental impact, community engagement, and social return on investment (SROI), which considers the overall value created across social, environmental, and economic dimensions.”

Carolyn Alessi: What are you trying to solve? Some solutions might include workforce development and training. We can take youth on an alternative path, who are not succeeding in a traditional school setting, and give them that skills training to get an internship and maybe a job. This pipeline would be a good opportunity. Sustainability can also mean systems change and capacity-building. What are you developing as a strength of your organization? Restorative justice? Can it be a training model that you can deliver to an org that struggles with conflict resolution?



Bill Petit: Back to results – show your initial results and let them know that if you can expand, you can increase your impact. Think about human capital as well—how do we engage moms, dads, aunts, uncles?

Audience: Agencies often act as competitors—this is how the traditional corporate capitalist model is not applicable in this field. How can we act as collaborators in the face of limited funding? We should always vote with our dollar every day. How do we replace those goods and services on a smaller, local level without trying to knock one another out?

Colleen Violette: Know the organizations that are already doing the work, that are already implementing the prevention strategies. DPH is newer to this space—so we really need to come in and listen. Know who your experts are, what the needs are in different communities. There is a lot of competitiveness within parts of the state and then some parts of the state that have no programs—lots of variability in what supports are available. Do this collaboratively rather than competing. Utilize the cities that have offices of gun violence to help towns that do not.

Greg Jones: Find your sweet spot—what works for you, what you're an expert in, then share this with a collaborator.

Rick Brush: What we learned from Wellville's 10-year initiative is to cultivate relationships. People got together continually and hashed it out, it was messy at times, but the agreement was that they needed to move from short-term self-interest to long-term shared interest to pursue the path of community well-being.



What can we do together that we can't do separately?

Carolyn Alessi: We've already shown that we can do it—look at the three competitive hospitals, three organizations competing—yet we sat together for the last 3 years to build the Strengthening HVIP Collaborative. How do we lean into each other's strengths? We know how to do it—the first year was a bit messy—we had to be transparent. All the work we've done in the last year and a half and this conference shows it can be done.

Chavon Campbell: We have to talk about how funding has been used to segregate and pit organizations against each other. That is a part of our history. We need to change the culture.

Audience: “Never tell the story without data and never present data without the story”—especially with federal grants, they are all about the data. It helps to get that funding if you can tell a compelling story, backed up with data.

When we leave here today, what will we do to maintain our HVIP programs?

Colleen Violette: Work together, and be able to tell your story. This is very important to sustainability—what are you doing and how can you advertise this? Collect the right info to tell your story.

Bill Petit: Use your board members if you want to get your story out. Board members are an important way to reach out to state reps and senators. You have to have data to show success. Show that you've improved lives and get that data in front of the legislators. This carries more weight than just the CEO—grassroots approach. If 10-15 people reach out to you about an issue, that's a big issue. That's all you need.

Carolyn Alessi: For smaller CBOs—don't lose heart, you started your organization for a reason. Many of us have relationships that are on our board or in our community—leverage these relationships to help in areas that you are less strong in. Find those allies that can help build capacity—whether it be strengthening data collection or something else. We are lacking in this, so help build capacity. There are opportunities. If you continue with your mission, you have to think differently and disrupt your model to stay competitive.

Rick Bush: We need creative ways to come together. In Michigan, the Livability Lab brought residents, funders, and businesses together to identify ways to make the community more livable together. This is an ongoing process, it happens annually, and they have action teams. Look for creative, ongoing ways to bring partners together to increase livability to create the long-term future that we all want. This will result in the creation of more livable environments.

Colleen Violette: Many of the programs have internal systems of collecting data—this helps them tell their story. The Department of Public Health is contracting with an evaluator and developing a data dashboard that can bring in programmatic data. Organizations that are funded will have a more publicly available dashboard.

Key Takeaways:

- Diversify funding by not relying on any single source. Create a mixed basket of funding that includes grants, contracts, corporate sponsorship, and fees for service activities.
- You must be able to measure impact and report it to the donors. Data should be accompanied by a story, and a story should always be accompanied by data.
- In the last three years the Hartford HVIP Collaborative has shown how you stay at the table in partnership, despite the struggles and hard conversations that this may involve. We need to lean into each other's strengths. Together, we improve outcomes for people.

Lunch Keynote: Thea Montañez

The final session for the conference was a closing keynote by Thea Montañez, Special Advisor, Office of the Governor. Ms. Montañez was previously the Chief Operating Officer for the City of Hartford during the time that the Hartford HVIP Strengthening Collaborative was formed.

Ms. Montañez conveyed past experiences while doing this work both at the City of Hartford and in her current role. She explained the impact of the first fatality of 2016 on the night Mayor Bronin was being sworn in. Oftentimes, people get discharged but don't get the services they need after that. She shared the story of the 11-year-old boy who was hospitalized. This situation ultimately taught Ms. Montañez: If everyone is in charge no one is. Having the right people/groups in charge of a program or initiative is critical to making sure people get the services they need. Ms. Montañez told another story about a mother whose son had been shot while committing a crime and she was unable to get information, while at the same time, the news was reporting that the mother's son was dead. Ms. Montañez was able to connect with the doctor and facilitate the mother getting the information on her son, who was not dead. Was this what a City COO should be doing? This work can be incredibly frustrating sometimes.

Key Takeaways:

- Having the right people/groups in charge of initiatives is important. If that is not the case, programs and services do not reach the people who need it. This was especially apparent following the case of an 11-year-old boy who was injured.
- There is a huge burnout potential in doing this work, especially when it seems like nothing is changing or changing fast enough. Finding your motivation or the reason to keep going is important. For Thea Montañez, it was a sentiment from another advocate that helped keep her going: I have to know that I tried my best.

2025 HVIP Summit Panelists

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Breakout II - Hartford HVIP Practice Panel

Moderated by Kevin Borup, Connecticut Children's

- Patricia McIntosh, City of Hartford
- Dr. Jonathan Gates, Hartford Hospital
- Renee Beavers, Connecticut Children's
- Dr. Axtmayer, Trinity Health
- Andrew Woods, HCTC
- Larry Johnson, COMPASS
- Deborah Davis, Mother's United Against Violence (MUAV)



Breakout III - Hartford Community Violence Intervention (CVI) Programs Panel

Moderated by Chavon Campbell, Office of Violence Prevention

1. Larry Johnson, COMPASS Youth Collaborative
2. Sara Roper, ROCA
3. Christina M. Forgione, Project Longevity
4. Brother Kelvin Lovejoy, Blue Hills Civic Association
5. Travi-Gaye Stewart, Advancing CT Together
6. Tyrone Bynum, Hartford Communities That Care
7. Beth Hines, Community Partners in Action
8. Leonard Epps, Brother Carl Hardrick Institute
9. Tommy Battle, Full Citizens Coalition
10. Deborah Davis, Mother's United Against Violence (MUAV)



Breakout IV - Policy, Building Coalitions, Working with State and Federal Partners Panel

Moderated by Johanna Schubert, Hartford Communities That Care (HCTC)

- Dr. Kyle Fischer, The Health Alliance for Violence Intervention (The HAVI)
- Dr. James Dodington, Yale New Haven Health
- Shirley Ellis West, Urban Community Alliance
- Earl Bloodworth, Connecticut Against Gun Violence (CAGV)



Breakout V - Survivors & Success

Moderated by: Warren Hardy, Hartford Hospital

- Ms. Henrietta Beckman, Mothers United Against Violence (MUAV)
- Tyrek Marquez
- Nelba Marquez-Greene, Yale School of Public Health
- TBD



Breakout VI - Funding & Sustainability for Violence Prevention

Moderated by Greg Jones, Hartford Healthcare

- Dr. Bill Petit, Petit Family Foundation
- Rick Brush, Wellville
- Carolyn Alessi, Trinity Health of New England
- Colleen Violette, Connecticut Department of Public Health



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