



Center for Justice Planning

# Nationwide Justice Trends:

Implementation of State Crisis Intervention  
Court Proceedings and Related Programs

# CONTENTS

3	<b>Overview</b>
4	<b>Trends &amp; Programming Ideas</b>
4	<b>I. Research, Planning and Evaluation</b>
5	<b>II. Extreme Risk Protection Order Support</b>
6	▶ Messaging Extreme Risk Protection Orders
6	<b>III. Behavioral Health Deflection</b>
7	▶ Support for Implementing 988
8	▶ Suicide Prevention Campaigns
8	<b>IV. Opportunities for Courts to Assist Individuals in Crisis</b>
10	<b>V. Domestic Violence Protection Order Support/Enhancement</b>
11	<b>VI. Law Enforcement Programs</b>
12	<b>VII. Community Violence Intervention</b>
14	<b>VIII. Training and Technical Assistance</b>
14	<b>IX. Appendix of Trends and Programming Ideas</b>
15	<b>X. Endnotes</b>

# Overview

In June of 2022, President Biden signed into law the Bipartisan Safer Communities Act (BCSA), with the goal of reducing firearm-related violence. The Act amended the Byrne Justice Assistance Grant (Byrne JAG) program by adding a new allowable use (a ninth program area) for the implementation of state crisis intervention, certain court and extreme risk protection order programs. Specifically, the new ninth program area authorizes funds to be used for “(i) implementation of state crisis intervention court proceedings and related programs or initiatives, including but not limited to: (i) mental health courts; (ii) drug courts; (iii) veterans courts; and (iv) extreme risk protection order (ERPO) programs.” Requirements for ERPOs include the adoption of certain constitutional protections when a court requires the relinquishment of an individual’s firearm.

The Act also authorized and appropriated \$750 million over five years exclusively for, and limited to, ninth program area activities that advance the gun violence intervention purposes of BCSA. These funds are administered as the Byrne State Crisis Intervention Program (Byrne SCIP) by the Department of Justice, Bureau of Justice Assistance (BJA). State Administering Agencies (SAAs) participating in the Byrne SCIP program must receive approval from BJA for their Byrne SCIP program plan and proposed subawards. If SAAs are administering state crisis intervention programming through the ninth program area of Byrne JAG, these steps are not required. In either case, any funds spent for extreme risk protection order programs would be subject to the protections enumerated in the statute, and all Byrne JAG funds are now authorized to fund civil, as well as criminal, proceedings. Barring a change by a future Congress, the Byrne SCIP funding is separate, and in addition to, funds provided for the Byrne JAG formula program.

While the statutory language is broad, BJA has described an array of possible uses for the Byrne SCIP and the Byrne JAG ninth program area. States and localities may implement and support a broad range of activities including, but not limited to:

- ▶ Support for states implementing ERPO programs; training for those implementing ERPO programs; communication, education and public awareness campaigns/initiatives for existing ERPO laws.
  - ▶ Support for court-based programs that identify and provide support to people in crisis, including those at risk of harm to themselves or others with a firearm, assessing their circumstances and needs, and connecting them with programs and services that can provide them with needed help and support.
  - ▶ Support for deflection and diversion to behavioral health treatment and support services for those at risk to themselves or others.
  - ▶ Funding for law enforcement on crisis intervention programs or initiatives.
- \*For additional ideas regarding what Byrne SCIP funds can be used for, please consult questions 32 and 33 of BJA’s [Byrne SCIP FAQ document](#).

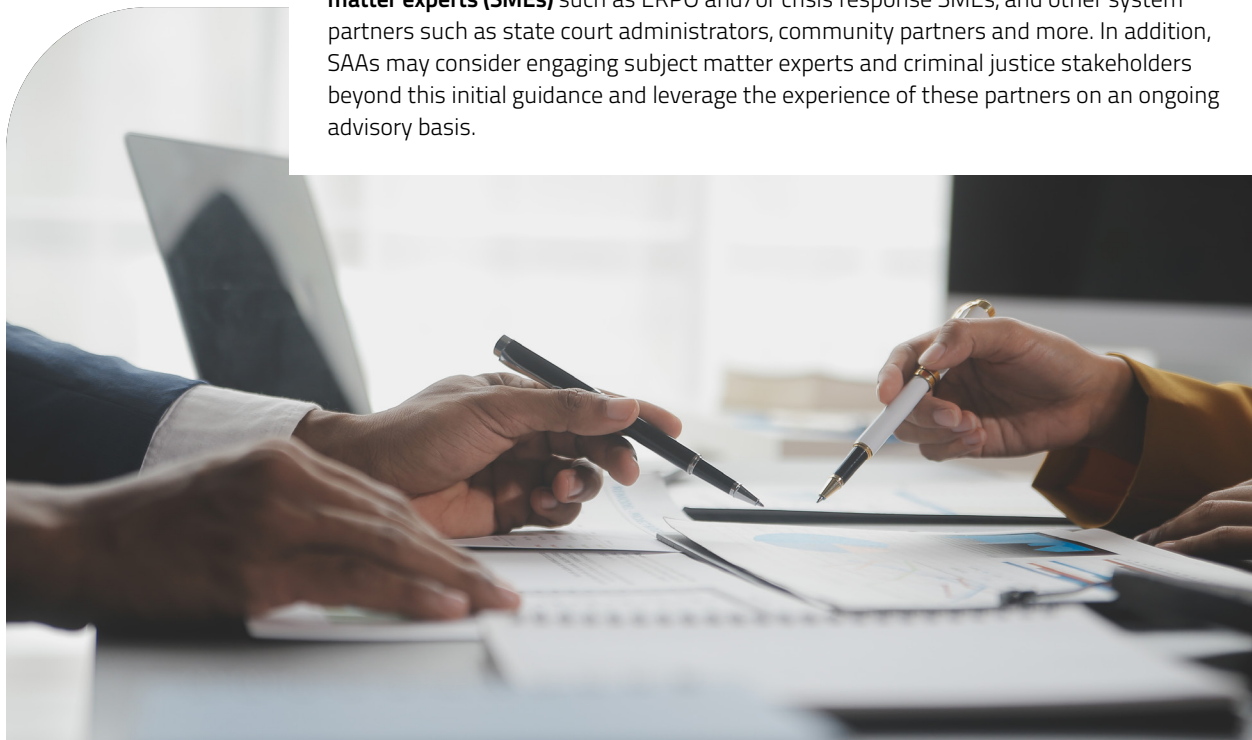
This brief outlines key trends and programming ideas related to reducing gun violence, improving crisis intervention and preventing firearm-related fatalities. It is intended to be a resource for SAAs as they conduct strategic planning activities and allocate funds whether through Byrne JAG or Byrne SCIP. This document is not an exhaustive list of programming trends. Grantees are encouraged to reach out to BJA directly to ensure planned investments will be allowable as policies can change and are updated frequently.

# Trends & Programming Ideas

## I. Research, Planning and Evaluation

Research, planning and evaluation are important components when allocating grant funding and in determining if investments are working as intended. Funding can be allocated towards working with research partners on a variety of projects such as conducting a **firearm violence landscape analysis** to determine trends, needs and baseline data and to assess the type(s) of gun violence to be addressed with these funds, such as domestic violence, suicide, community violence and/or mass shootings.

Research and evaluation partners can help SAAs ascertain the effectiveness of crisis intervention programs and ERPO initiatives in preventing violence and suicide, assess whether ERPOs are issued equitably and ensure measures are taken to safeguard the constitutional rights of individuals subject to these programs and initiatives. Lastly, to determine needs and gaps for a state, it can be useful to **engage and convene subject matter experts (SMEs)** such as ERPO and/or crisis response SMEs, and other system partners such as state court administrators, community partners and more. In addition, SAAs may consider engaging subject matter experts and criminal justice stakeholders beyond this initial guidance and leverage the experience of these partners on an ongoing advisory basis.



**TIP:** When determining needs and gaps within your state related to addressing gun violence, crisis response and firearm-related suicide, one helpful resource to consult is the **Everytown For Gun Safety Action Fund**, which details news, priorities and gun violence statistics for each of the 50 states.<sup>1</sup>

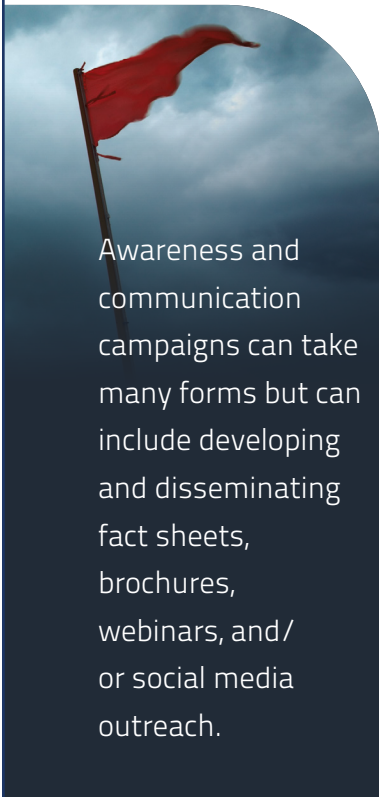
**TIP:** Familiarize yourself with the most prominent types of firearm violence in your state and consider how different types of violence may require different solutions and approaches.

- ▶ Suicide by firearm
- ▶ Community gun violence
- ▶ Youth violence (with a firearm)
- ▶ Domestic violence (with a firearm)
- ▶ Mass shooting
- ▶ School shooting

## II. Extreme Risk Protection Order Support

Extreme risk protection order (ERPO) laws, often known as red flag laws, allow law enforcement, and, depending on the state, family members, health care providers and school officials to petition a court to temporarily prevent a person from accessing firearms if they are found to be a danger to themselves or others.<sup>2</sup> **Twenty-one states, the District of Columbia and the Virgin Islands** currently have ERPO laws.<sup>3</sup> Funding can be used to expand or support ERPOs in states with existing ERPO laws and to support ERPOs in a variety of ways. Funding cannot be used to “support the enactment, repeal, modification or adoption of any law, regulation or policy at any level of government.”<sup>4</sup> SAAs can support **training** for judiciary and court staff, family members and first responders on how to best implement ERPO programs (including support for law enforcement and firearm tracking systems, discussed in more detail below) or to **launch or bolster existing communication, education and public awareness projects in states that have ERPO laws**. Awareness and communication campaigns can take many forms but can include developing and disseminating fact sheets, brochures, webinars, and/or social media outreach. One technique to support ERPOs could be to **discuss the value and public safety benefits of ERPO laws and programs and the importance of effective development and implementation through outreach** to community members, stakeholders, municipal leaders, law enforcement agencies and those engaging with at-risk individuals.

**TIP:** Specifically, when it comes to outreach to law enforcement agencies on awareness, process and education about ERPOs, it can be useful to enlist a credible messenger, ideally someone with either current or past law enforcement experience.



Awareness and communication campaigns can take many forms but can include developing and disseminating fact sheets, brochures, webinars, and/or social media outreach.

Successful implementation of extreme risk laws requires a robust infrastructure at the state and local levels. These laws create a civil legal remedy that is maximized by coordination among executive leadership, law enforcement agencies, prosecutors and city/county attorneys, judges and court personnel, and social service and mental health care providers (including crisis responders) to ensure that this remedy is widely available and accessible, that it is used in appropriate cases and in an equitable manner, and that the rights of ERPO respondents are protected. A thoughtfully designed ERPO infrastructure will ensure that this coordination is ongoing and that key ERPO partners develop comprehensive processes for each stage of an ERPO case. State and local infrastructure should also include an emphasis on equity from the outset. This includes meaningful collaboration with a variety of representatives from communities disproportionately impacted by gun violence, particularly communities that have historically experienced disinvestment and limited access to gun violence prevention and intervention services. The perspectives of those most impacted by gun violence should be an integral part of the design of ERPO implementation plans. Robust ERPO infrastructure will also enable state and local entities to identify additional resource needs for implementing these laws and to collaborate on shared needs with the state, such as training, public-facing resources and data collection.

Johns Hopkins Center for Gun Violence Solutions, in conjunction with Everytown for Gun Safety, has created a **guide** that presents foundational issues for state and local leaders to consider when developing ERPO infrastructure, with an emphasis on ensuring equitable implementation throughout.<sup>5</sup>

## Messaging Extreme Risk Protection Orders

In communicating with the general public, conveying what extreme risk protection orders are, and ultimately, what they are not, is just as important as communicating effective implementation. The Ad Council Research Institute and the Joyce Foundation conducted a study in 2023 to understand working knowledge of ERPOs and the best ways of communicating what ERPOs are designed to accomplish. The study included participants from the general public and from law enforcement within the (then) 19 states and the District of Columbia where ERPOs were in place. For analysis purposes, the study collected participant information such as gender, marital status, generation, race, veteran status, political party, knowing someone in crisis, gun ownership and other factors.

Some of the findings include:



Describing a specific situation such as a planned suicide attempt and explaining the role of an ERPO in prevention resonated with survey respondents.



Concerns surrounding ERPOs included the temporary nature of the law (some participants wanted it to be permanent, while others did not believe the order would truly be temporary;) unfair application; and Second Amendment violations. ERPO messaging



campaigns can be adjusted or adapted in response to these concerns.

Sixty-six percent of the general public and 79 percent of law enforcement agree that ERPOs can help someone in crisis stay safe, and 48 percent of the public and 59 percent of law enforcement think the law does NOT violate Second Amendment rights.



Study participants feel they need more information to understand the benefits of ERPOs.



Language matters when describing what extreme risk protection orders are and how they work; individuals may react differently to the term ERPO or the way the definition is worded.



The study also indicated some preliminary ideas for how to message ERPOs, although additional information is needed.<sup>6</sup>

## III. Behavioral Health Deflection

Deflection, also known as pre-arrest diversion, refers to situations in which law enforcement or other first responders refer individuals in need to community-based services, treatment and support in lieu of traditional interventions such as arrests. This process “deflects” individuals from entering the criminal justice system entirely, and is different from diversion programs, which begin after an arrest has been made.<sup>7</sup> Deflection initiatives and programs include those used in emergency situations, such as mobile crisis units, but also address needs stretching beyond moments of crisis.

A useful level-setting technique for those interested in utilizing funds for deflection programs is to complete an inventory of existing mental health programs in the state/territory prior to determining the primary gaps and needs for behavioral health deflection and crisis intervention. The [NACo Stepping Up Initiative website](#) has a map that depicts existing mental health programs currently operating in each state.<sup>8</sup> This can help prevent the duplication of existing efforts and also provide resources for programs experiencing successful outcomes.

One important component of behavioral health deflection revolves around supporting individuals who are in immediate crisis. This could include **triage services, telehealth initiatives** and **peer support specialists**. Additionally, **crisis intervention teams** or **mobile crisis units** can be viable solutions to addressing mental health and/or substance use disorders while decreasing or avoiding criminal justice system involvement. Response teams are usually either co-response models, meaning law enforcement arrive simultaneously with trained professionals, or community response-oriented, indicating a non-law enforcement response. For a toolkit about community response programs, [click here](#).<sup>9</sup>



**SPOTLIGHT:** One of the longest running mobile crisis units is the community-response program **Crisis Assistance Helping Out On The Streets (CAHOOTS)**, based in Oregon.<sup>10</sup> This 24/7 model dispatches response teams comprised of a medical professional and a mental health crisis worker. **Program services** include trauma-informed de-escalation, welfare checks, non-emergency medical aid, suicide prevention and intervention, housing crisis assistance and crisis counseling.<sup>11</sup>



**SPOTLIGHT:** Telehealth initiatives such as the **CORE Telehealth Program** in Harris County, Texas provide officers with quick access to behavioral health professionals through the use of iPads. The typical time to connect to a behavioral health professional is one minute and the average assessment by the behavioral health professional takes around 20 minutes. Other technology supports include smartphone applications to help families and patients navigate mental health systems and telehealth initiatives.<sup>12</sup> An implementation guide to assist others seeking to start a telehealth program can be viewed [here](#).<sup>13</sup>

**TIP:** The Bureau of Justice Assistance’s **Justice and Mental Health Collaboration Program (JMHC)** supports innovative cross-system collaboration for individuals with mental illness or co-occurring mental health and substance misuse disorders who come into contact with the justice system. BJA funded programs engage in a collaborative project with criminal justice and mental health partners to plan, implement or expand a justice and mental health collaboration program.<sup>14</sup> **View previously funded programs** for ideas on how to structure collaborations between mental health partners and criminal justice stakeholders or to read descriptions of the programs.<sup>15</sup>

Additionally, courts can play an important role in deflecting and diverting individuals in crisis and ensuring the proper services and support are received. Section IV provides additional discussion regarding how courts can identify and assess people in crisis and how courts can take steps to make referrals for individuals in crisis to receive specialized help.

### Support for Implementing 988

The **National Suicide Hotline Designation Act of 2020** required the Federal Communications Commission (FCC) to designate 988 as the universal telephone number for the National Suicide Prevention Lifeline. The FCC required telephone providers to make calls to the National Suicide Prevention Lifeline through 988 accessible by July 16, 2022; additionally, states are expected to create an implementation plan for 988.<sup>16</sup>

Given that the **988 dialing code** is in its early days of universal adoption, one potential use of funds for state crisis intervention programming is to **support the implementation of the 988 code**.<sup>17</sup> The creation of the 988 dialing code created standards for crisis call centers and crisis response services including how calls are received and handled, standards for mobile crisis units and expectations for high-quality stabilization programs. Funds can be used to expand current programming to meet needs and fill gaps, evaluate whether programming and services are efficient and meeting national standards, integrate 988 with the 911 system, and provide training on the proper implementation of these standards. View the NCJA fact sheet on 988 [here](#).<sup>18</sup>



**SPOTLIGHT:** In the summer of 2021, Oregon’s legislature passed **House Bill 2417**, which set aside general fund dollars to implement 988 call centers, 988 implementation and infrastructure.<sup>19</sup> In addition, this legislation supports the Substance Abuse and Mental Health Services Administration (SAMHSA)’s best practices by including a workgroup to study and evaluate behavioral health supports for 988 including mobile crisis, peer respite and walk-in crisis centers.<sup>20</sup>



## Suicide Prevention Campaigns

Owning a firearm elevates an individual's risk for death by suicide. A **study by Stanford University** found that men who owned handguns were eight times more likely to commit suicide by firearm in comparison to men who didn't own a handgun and women were 35 times more likely to commit suicide with a firearm in comparison to women who didn't own a handgun.<sup>21</sup> To address this elevated risk, informational campaigns about the prevalence of suicide rates among gun owners, created in conjunction with the community, firearm instructors, gun shop owners and other partners can spread awareness about the role the public can play in preventing firearm suicide.



**SPOTLIGHT:** In 2009, Means Matter, part of the Harvard T.H. Chan School of Public Health, began working on a **Gun Shop Project** in New Hampshire, focused on reaching out to gun shop owners to let them know the critical role they play in suicide prevention.<sup>22</sup> Guided by the **New Hampshire Firearm Safety Coalition**, this project created materials and resources in conjunction with firearm retailers and range owners with the main intention of sharing guidelines on avoiding selling or renting a firearm to a customer experiencing suicidal ideation and encouraging gun stores and ranges to display and hand out suicide prevention materials specific to their customers.<sup>23</sup> Harvard T.H. Chan School of Public Health also serves as the research partner for this project, which is now nationwide.

**TIP:** In conjunction with the U.S. Department of Veterans Affairs, SAMHSA created the **Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans and their Families**. For both challenges, states/territories (Governor's Challenge) and cities/communities (Mayor's Challenge) must convene a wide swath of stakeholders to create an evidence-informed implementation plan to reduce suicide.<sup>24</sup> Ninth program area Byrne JAG funds and/or Byrne SCIP funds could be used to expand a state's/territory's Governor's Challenge work or begin or expand a community's Mayor's Challenge efforts. Additionally, Challenge partners could serve as useful subject matter experts and/or resources for Byrne SCIP advisory boards and other state crisis intervention programming.

## IV. Opportunities for Courts to Assist Individuals in Crisis

Courts can play a vital role in identifying individuals in crisis and making appropriate referrals to services and other court and community-based programs. All court professionals and their colleagues whose work brings them into contact with court-involved individuals on a regular basis can participate in this identification and referral process. This includes judicial officers, court administration and staff, attorneys, advocates and other service providers, and law enforcement. Judicial officers and court managers are well-positioned to take a leadership role in galvanizing support and engagement for community-based behavioral health groups and other important partners to help establish a smooth pathway to services and support for court-involved individuals in crisis.

In the wake of the **report and recommendations** made by the National Judicial Task Force to Examine State Courts' Response to Mental Illness,<sup>25</sup> convened by the Conference of Chief Justices and Conference of State Court Administrators, state offices of court administration across the country have established positions and programs on behavioral health to enhance their courts' response to mental and behavioral health issues among individuals who come into contact with the court system. The work of these professionals has strengthened existing court-based programs and has spurred the development of new and promising approaches within courthouses in diverse parts of the country. SAAs (that are housed in the executive branch) can work with court partners to identify opportunities to fund and support these initiatives, which can include:



- ▶ Establishing behavioral health specialists in courts, including in “navigator” positions, to serve as initial referral points for the identification and assessment of individuals in crisis, and to provide “warm” referrals to community-based service providers and programs, as well as to court-based programs where appropriate (e.g., treatment court programs). See the [compendium](#) from Policy Research Associates, Inc. for national examples of this approach.<sup>26</sup>
- ▶ Placing peer-support specialists in court settings to engage in similar activities and provide additional support to individuals in crisis. For more information, read this [brief](#).<sup>27</sup>
- ▶ Training court personnel (clerks, bailiffs, pre-trial supervision, security officers and others) on recognizing and working with people experiencing a behavioral health crisis. For an example of what this could look like, consult the National Center for State Courts (NCSC)’s four-part e-learning series.<sup>28</sup>
- ▶ Convening court-led behavioral health summits to engage with a multi-disciplinary group of court staff, behavioral health professionals and community providers. Vermont convened the first judiciary-led mental health summit in September of 2023.<sup>29</sup>
- ▶ Cultivating judicial leadership and involvement in resource mapping to identify available services and programs as well as gaps. Consider consulting this [toolkit](#) for an example of what this might look like.<sup>30</sup>
- ▶ The development of judicial tools, such as bench cards and manuals, regarding the response to behavioral health needs of litigants/defendants. View the Judges and Psychiatrists Leadership Initiative [resources](#)<sup>31</sup> for example tools and documents, including this [Judges’ Guide to Mental Illnesses in the Courtroom](#).<sup>32</sup> Additionally, the Texas Office of Court Administration created a [resource guide](#) to help address the needs of people within the court system with mental illness.<sup>33</sup>
- ▶ Training court-based behavioral health navigators, peer-support specialists and related professionals on available support and proper responses when firearms may be an issue for individuals in crisis.
- ▶ Court-led implementation of the [Sequential Intercept Model \(SIM\)](#) to identify gaps within criminal justice systems for individuals with behavioral health needs and highlight resources to help bridge those gaps. Developed in the early 2000s, SIM recognizes that individuals with behavioral health problems can be pulled deeper into criminal justice systems, depending on what occurs at each of six touchpoints, or intercepts.<sup>34</sup>
- ▶ Preparing for critical incidents, including preparing processes and responses and ensuring staff are debriefed and aware of the proper ways to support individuals in crisis.

**Specialty courts**, also sometimes referred to as problem-solving courts, focus on one type of criminal offense or person committing the crime. Usually composed of a multidisciplinary team, specialty courts improve case processing and reduce caseloads, and are focused on reducing recidivism through approaches that address underlying issues such as substance misuse and mental illness.<sup>35</sup> Many problem-solving courts promote diversion from further involvement in the criminal justice system. Byrne JAG has been a primary source of funding for drug and other specialty courts for many years and can be a good use of crisis intervention funding in the future. There are many different types of specialty courts, including **drug courts, mental health courts, veterans treatment courts, domestic violence courts and community courts**. **Community courts** are partnerships between the community and the justice system and are highly localized; these courts do not specialize in a particular type of offense or individual but instead address root causes and needs contributing to instances of crime and social disorganization in target neighborhoods.<sup>36</sup>

SAAAs can create a new specialized court based on an established model or **expand the capacity of existing courts to assist clients most likely to commit or become victims of gun crime**. They may also **expand specialty court dockets to include individuals with violent offenses or individuals with felony offenses, violent or not**. Studies of drug court programs show that individuals with felony offenses remain in treatment longer, graduate from drug court programs at higher rates and have lower recidivism while under supervision than individuals with misdemeanor offenses.<sup>37</sup>





**SPOTLIGHT:** Planning for New York’s **Brooklyn Mental Health Court** was a year-long planning process that included representatives of several court systems, state agencies, public defender organizations, advocacy groups, individuals with lived experience in the criminal justice system and mental health treatment and service providers. The court is open to individuals with felony offenses, making it one of the first mental health courts to accept felonies. Violent offenses, including felonies, are eligible on a case-by-case basis. In the first 3.5 years of operation, the court had 280 defendants enter the program; of those, 20 percent were charged with misdemeanors, 37 percent with nonviolent felonies and 43 percent with violent felonies.<sup>38</sup> **Compared to a control group**, participants of this court were 46 percent less likely to be rearrested.<sup>39</sup>



**SPOTLIGHT:** In 2019, Montana’s Eighth Judicial District Court received a grant from the **BJA Veterans Treatment Court Program** to create a **Native American Treatment Court Cultural Program**. This program stands in conjunction with the district court’s drug court and veterans treatment court. Native American participants receive holistic healing and care that is individualized, trauma-informed and culturally relevant. The grant allowed the court to hire a cultural coordinator and the ability to partner with Indian Family Health Clinic to provide services and cultural opportunities.<sup>40/41</sup> The addition of this program has seen a **64 percent increase** in Native American program enrollees and a nearly 52 percent increase in successful program completion.<sup>42</sup>



Funds can also be used for other court-based programming and technology to support crisis intervention, such as **developing and implementing unbiased case management and navigation programs** to assess the strengths, needs and risks of clients and connecting them to critical services.

## V. Domestic Violence Protection Order Support/Enhancement

When an individual is experiencing domestic violence, they may file a court petition for a protection order to request that the court impose restrictions on the abuser, which can include prohibiting contact with the victim/survivor or others or requiring the abuser to stay away from the victim/survivor’s home, workplace or school. Requirements for obtaining an order of protection vary by state. Many states have **firearm surrender programs associated with domestic violence protection orders**, although not all states operate these programs similarly. **Domestic violence protection orders** that require firearm relinquishment reduce intimate partner homicide by 12 percent and reduce firearm-related intimate partner homicide by 16 percent.<sup>43</sup> A best practice is for firearm restrictions to cover temporary domestic violence protective orders.<sup>44</sup> Federal law prohibits current or former spouses and dating partners that have either shared a household or have children with the survivor from accessing firearms. One area for potential expansion, depending on the state, could be closing this “dating partner loophole” and ensuring any dating partner, regardless of whether they share a home or a child with the victim or not, cannot access and possess firearms.<sup>45</sup>



**SPOTLIGHT:** **AZPOINT** is a free online system that allows individuals in Arizona to complete a petition for a protective order at any time, on any device, from anywhere. The site provides contact information to connect victims to advocates who can assist in the completion of the form.<sup>46</sup> Once a petition is completed, the individual contacts the court via phone or in person to retrieve the petition. The court will then schedule a virtual or in person hearing. According to a 2021 assessment, since AZPOINT’s launch in January 2020, 70 percent of orders issued by the court are served within seven days. Previously, with the paper system, it took an average of 23 days from when a judge granted an order of protection until the time it was served. To learn more, read the **NCJA Promising Practice brief**.<sup>47</sup>



**SPOTLIGHT:** Vermont maintains a list of federally licensed firearms dealers throughout the state that are willing to temporarily store firearms due to protection orders or other reasons. If someone is experiencing domestic violence, a relief-from-abuse order can require the person causing harm to surrender any firearms. If the order is granted, law enforcement serve a copy of the order to the individual and request immediate firearm surrender; once relinquished, law enforcement can store the firearms with one of the participating dealers. Gun owners are also welcome to voluntarily store firearms, for any reason, including someone living within the house experiencing mental health or substance misuse concerns, including being at risk for suicide; travel; or visiting children or grandchildren.<sup>48</sup>

## VI. Law Enforcement Programs



Many of the programs and examples listed throughout this brief are the responsibility, or involve the participation, of law enforcement agencies and officers. In addition, police and sheriffs' departments have infrastructure and technology needs for gun violence intervention initiatives that SAAs can support with their crisis intervention funding. These could include **training** for officers on de-escalation, **school safety initiatives, out of the house gun storage programs and gun locks**. More agencies are leveraging virtual reality-based training simulations for law enforcement in recent years, using virtual reality for difficult situations such as intervention techniques for individuals experiencing behavioral health crises and reactions and interventions for other potentially high-risk scenarios. For relinquished firearms, it is important for law enforcement to both safely store those weapons and ultimately, ensure they are returned appropriately in the condition in which the firearm was received. Funds can be utilized to **create or expand programs or software that focus on securing, storing, tracking and returning relinquished guns**.

In recent years, there has been increased attention on ensuring law enforcement officers recognize the signs of an individual in crisis, and importantly, know how to approach a situation where an individual is experiencing a crisis in an appropriate and trauma-informed way. More police departments are integrating behavioral health providers, such as clinical psychologists, into their departments as full-time employees to ensure that when an individual is in crisis, a psychologist can co-respond with a law enforcement officer. The Bureau of Justice Assistance and the Community Oriented Policing Services (COPS) Office are in the process of implementing the Law Enforcement De-Escalation Training Act passed by Congress in December 2022. This new program will establish best practices for de-escalation training, a trainer-the-trainer program and formula grant funding to states and local law enforcement agencies.



**SPOTLIGHT:** Massachusetts' **Cambridge Police Department** developed the Family and Social Justice section of the department, which includes the Clinical Support Unit, comprised of a clinical psychologist and two social workers who are embedded in the police department. The goal of the Family and Social Justice section is for non-sworn clinical professionals to partner with police to reduce incarceration of vulnerable populations such as unhoused individuals, juveniles and individuals with mental health and/or substance misuse concerns. One way in which the program achieves this goal is through diversion and by improving access to community-based services.<sup>49</sup>

Sharing information, especially across agencies and segments of the criminal justice system can be difficult. Funds can be used to **improve information sharing systems**, such as those ensuring law enforcement and probation officers, prosecutors and public defenders are informed when a prohibited individual attempts to purchase a firearm.



**SPOTLIGHT:** The state of California implemented its **Armed and Prohibited Persons System**<sup>50</sup> in 2006, which monitors several state databases for prohibiting events and compares these events to the list of firearm owners. After determining a firearm has become prohibited, analysts investigate and state agents—usually in conjunction with local law enforcement—request voluntary relinquishment or confiscate the illegal gun(s). Priority is given to individuals under gun violence restraining orders and recent purchasers of ammunition.<sup>51</sup>

## VII. Community Violence Intervention

Although not specific to Byrne JAG or Byrne SCIP, community violence intervention (CVI) programs can effectively decrease firearm violence. These programs reduce shootings and homicides by establishing relationships with the individuals who are most at risk of engaging in gun violence or being a victim of it. This approach is centered in the community and aims to disrupt the cycle of violence. For an overview of community violence intervention, see the **NCJA fact sheet**.<sup>52</sup> Congress has funded through annual appropriations and the Bipartisan Safer Communities Act a **Community Based Violence Intervention and Prevention Initiative Grant** program.<sup>53</sup> SAAs can use funds to supplement or expand a project under this grant. One potential use for these funds is to **support CVI programs specifically aimed toward connecting youth at risk for gang involvement with community resources, programming and mentoring.**

There are a few key CVI models to consider. Often, community violence intervention programs **employ street outreach workers or violence interrupters** to go into the community and serve as credible messengers. Violence interrupters are usually selected based on their credibility within a community and spend much of their time connecting with high-risk individuals, identifying unresolved conflicts and preventing retaliatory violence. **Crime prevention through environmental design** is based upon studies that have shown that adding greenery, improving lighting, cleaning up trash and providing spaces for community gathering can be effective forms of violence reduction.



**SPOTLIGHT:** Modeled on Chicago’s **Cure Violence** program<sup>54</sup>, New York’s SNUG Street Outreach Program is an evidence-based gun violence reduction effort established in 2009. SNUG engages individuals at the highest risk of being impacted by gun violence by identifying the source of the violence, interrupting the transmission and offering services and support. Street outreach workers live in the communities in which they serve and have experience themselves with the justice system, which allows them to be seen by the community as credible messengers.<sup>55</sup>



**SPOTLIGHT:** Seattle, Washington’s **Rainier Beach: A Beautiful Safe Place for Youth** is a community-led, data-driven program that uses evidence-informed tailored interventions for high-crime hot spots. With an emphasis on reducing youth crime and victimization, interventions are non-arrest based and include restorative practices, improving the physical environment of the hotspots, engaging local businesses, community healing spaces and more.<sup>56</sup>

**Hospital-based violence interruption programs** work to reduce retaliatory violence by intervening when an individual is in the hospital suffering from an intentional gun-inflicted injury. These programs consist of community-based partners and medical staff. Program participants receive mentoring, community-based services, long-term case management and social support. Care and services continue after the individual is discharged from the hospital and reenters the community.<sup>57</sup>



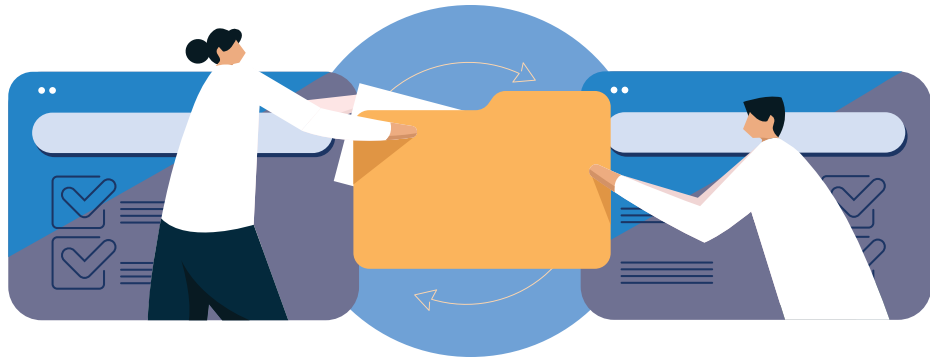
**SPOTLIGHT:** The **Penn Trauma Violence Recovery Program (PTCRP)** is a hospital-based violence intervention program led by a small staff of employees at Penn Presbyterian Medical Center. The program focuses on survivors of violent injury to address gaps between medical care and ease transitions back to the community by providing individualized support and providing wraparound services, even after discharge. The PTCRP works closely with community partners to link individuals to job training, victims' compensation funds, mental health care and more.<sup>58</sup>

In 2020, gun violence was the leading cause of death for children and teenagers. In comparison to white youth, Black youth are 14 times more likely to die from gun violence and Hispanic youth are three times as likely. These disparities lie in the historic under-investment and disinvestment in communities of color, leaving many with high rates of poverty and lacking vital social services and resources. When thinking about supporting a community violence intervention program, it is important to ensure the program has a comprehensive and holistic approach to gun violence reduction, and that also includes youth. To learn more, **this Center for American Progress article** contains the key elements of youth-focused community violence intervention programs, including two case studies.<sup>59</sup>



**SPOTLIGHT:** **Operation Peacekeeper** began in 1997 as a law enforcement initiative aimed at combatting gun violence among youth gang members in Stockton, California and has since expanded into a comprehensive violence prevention and intervention program. Operation Peacekeeper uses a problem-oriented "pulling levers" focused deterrence strategy, meaning that the intent is to deter violent behavior by "pulling every lever" possible when an incident of violence occurs. The program's approach includes: a working group of law enforcement professionals; utilizing research to identify key individuals and groups at risk of engaging in violence; providing targeted social services and resources to those who most need them; and repeated engagement with those at highest risk of violence. Outreach workers strive to provide jobs to gang-involved youth and wraparound services for youth and their families. A 2008 evaluation revealed a 42 percent decrease in the number of gun homicides occurring monthly in the city.<sup>60</sup>





## VIII. Training and Technical Assistance

The **National Criminal Justice Association (NCJA)** is the longstanding federal training and technical assistance (TTA) provider for the Byrne JAG grant and is one of three TTA providers for the Byrne SCIP program. NCJA’s Center for Justice Planning team supports Byrne SCIP and Byrne JAG recipients in building their capacity to collect and report data as it relates to implementing crisis intervention programming. The Center for Justice Planning team also prepares SAAs for potential participation in a BJA-led evaluation of the effectiveness of crisis intervention programs in preventing gun violence and firearm-related suicide. NCJA provides guidance on strategic planning, stakeholder engagement, effective use of data and more, through direct assistance, webinars, tools, resources and peer-to-peer learning opportunities. NCJA will continue to provide training and technical assistance opportunities for SAAs, expanded and modified to address crisis intervention-related needs of SAAs and their subgrantees.

To request Byrne JAG TTA from NCJA, please email [strategicplanning@ncja.org](mailto:strategicplanning@ncja.org). To request Byrne SCIP TTA from NCJA, the Johns Hopkins Center for Gun Violence Solutions or the National Council of Juvenile and Family Court Judges, complete the **TTA request form**.

## IX. Appendix of Trends and Programming Ideas

1. Training for those implementing ERPO programming
2. Communication, education, and public awareness for ERPO programs
3. ERPO programming support, other
4. Assertive community behavioral health treatment
5. Behavioral threat assessment programs and related training
6. Suicide prevention efforts
7. Crisis response programs and/or support for 988 implementation/ coordination with behavioral health agencies
8. Prevention efforts focused on youth
9. Court-based strategies, including threat assessment training for prosecutors, judges, law enforcement and public defenders
10. Expanding capacity of or starting new specialty courts (e.g. drug, mental health, veterans treatment, domestic violence)
11. Technology, analysis, or information-sharing solutions for ensuring law enforcement, probation, prosecutors, the courts, and public defenders are informed when a prohibited person attempts to purchase a firearm
12. Development and implementation of validated gun violence risk assessment tools, service case management, and navigation programs to assess the risks and needs of clients and connect them to critical services to mitigate their risk of gun violence and enhance their access to effective interventions
13. Domestic violence prevention strategies
14. Community-based violence intervention strategies
15. Law enforcement-led intervention strategies
16. Gun safety awareness and training
17. Development and/or delivery of specialized training and overtime for officers to attend training
18. Firearm tracking and relinquishment
19. Other

## X. Endnotes

1. "States," Everytown for Gun Safety, accessed September 14, 2023, <https://www.everytown.org/states/>.
2. Executive Office of the President: Office of Management and Budget, Statement of Administration Policy: *H.R.2377—Federal Extreme Risk Protection Order Act of 2022*, June 7, 2022, <https://www.whitehouse.gov/wp-content/uploads/2022/06/hr2377-SAP-FINAL.pdf>.
3. "State Laws in Detail," Extreme Risk Protection Order: A Tool to Save Lives, Johns Hopkins Bloomberg School of Public Health, Bloomberg American Health Initiative, August 2023, <https://americanhealth.jhu.edu/implementERPO>.
4. "Part III Chapter 16: Unallowable Costs," U.S. Department of Justice Office of Justice Programs, accessed November 27, 2024, [https://www.ojp.gov/sites/g/files/xyckuh241/files/archives/financial\\_guides/financialguide09/part3/part3chap16.htm](https://www.ojp.gov/sites/g/files/xyckuh241/files/archives/financial_guides/financialguide09/part3/part3chap16.htm)
5. Johns Hopkins Bloomberg School of Public Health: Center for Gun Violence Solutions and Everytown for Gun Safety, *Promising Approaches for Implementing Extreme Risk Laws: A Guide for Practitioners and Policymakers*, May 2023, <https://publichealth.jhu.edu/sites/default/files/2023-05/2023-may-cgvs-promising-approaches-for-implementing-extreme-risk-laws.pdf>.
6. Ad Council Research Institute and The Joyce Foundation, *ERPOs: Understanding Public Knowledge & Attitudes Toward Extreme Risk Protection Orders*, 2023, <https://www.adcouncil.org/learn-with-us/ad-council-research-institute/extreme-risk-protection-orders-erpos-study>.
7. "Deflection: A Powerful Crime-Fighting Tool That Improves Community Relations," Jac Charlier, Police Chief Magazine, accessed November 3, 2023, <https://www.policechiefmagazine.org/deflection-a-powerful-crime-fighting-tool-that-improves-community-relations/>.
8. "The Stepping Up Initiative," National Association of Counties, accessed September 14, 2023, <https://www.naco.org/resources/signature-projects/stepping-initiative>.
9. "Expanding First Response: A Toolkit for Community Responder Programs," The Council of State Governments Justice Center, accessed September 14, 2023, <https://csgjusticecenter.org/publications/expanding-first-response/>.
10. "CAHOOTS: Crisis Assistance Helping Out On The Streets," White Bird Clinic, accessed September 14, 2023, <https://whitebirdclinic.org/cahoots/>.
11. The National Criminal Justice Association, *Promising Practices: The Role of Crisis Intervention Teams and the Success of the CAHOOTS Model*, April 2023, [https://www.ncja.org/\\_files/ugd/cda224\\_1dbb00722be342c583b7c0841134854d.pdf](https://www.ncja.org/_files/ugd/cda224_1dbb00722be342c583b7c0841134854d.pdf).
12. "Telehealth Technology in Law Enforcement," Harris County Sheriff's Office, accessed September 14, 2023, <http://harriscountycit.org/telehealth-jump-two/#:~:text=Harris%20County's%20CORE%20Telehealth%20Program%20provides%20patrol%20deputies%20and%20officers,mental%20or%20behavioral%20health%20problems>.
13. Harris County Sheriff's Office et al., *Telehealth Implementation Guide*, December 2020, [https://issuu.com/fwebbhco/docs/implementation\\_guide\\_march\\_31\\_2021?fr=sMzk1YTM0MDYyNTQ](https://issuu.com/fwebbhco/docs/implementation_guide_march_31_2021?fr=sMzk1YTM0MDYyNTQ).
14. "Justice and Mental Health Collaboration Program (JMHC): Overview," Bureau of Justice Assistance, updated January 2023, <https://bja.ojp.gov/program/jmhcp/overview>.
15. "Justice and Mental Health Collaboration Program (JMHC): Funding," Bureau of Justice Assistance, updated May 2023, <https://bja.ojp.gov/program/jmhcp/funding#4jj64p>.
16. "S.2661—National Suicide Hotline Designation Act of 2020," Congress.gov, accessed September 14, 2023, <https://www.congress.gov/bill/116th-congress/senate-bill/2661>.
17. "988 Suicide & Crisis Lifeline," Substance Abuse and Mental Health Services Administration, updated April 2023, <https://www.samhsa.gov/find-help/988>.
18. The National Criminal Justice Association, 988: *A Fact Sheet for State Administering Agencies*, accessed September 15, 2023, [https://www.ncja.org/\\_files/ugd/cda224\\_9714b107673645f0b25e2bf55e411691.pdf](https://www.ncja.org/_files/ugd/cda224_9714b107673645f0b25e2bf55e411691.pdf).
19. "2021 Regular Session: HB 2417 Enrolled," Oregon State Legislature: Oregon Legislative Information, accessed September 15, 2023, <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2417>.
20. Oregon Health Authority, *HB 2417 Report: Statewide Coordinated Crisis Services System*, January 2022, [https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/OHA%20HB%202417\\_Crisis%20System%20Report\\_1.26.22.pdf](https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/OHA%20HB%202417_Crisis%20System%20Report_1.26.22.pdf).
21. "Handgun Ownership Associated With Much Higher Suicide Risk," Stanford Medicine: News Center, June 2020, <https://med.stanford.edu/news/all-news/2020/06/handgun-ownership-associated-with-much-higher-suicide-risk.html>.
22. "Means Matter: Gun Shop Project," Harvard T.H. Chan School of Public Health, accessed September 15, 2023, <https://www.hsph.harvard.edu/means-matter/gun-shop-project/>.
23. "NH Firearm Safety Coalition: Suicide Prevention: A Role for Firearm Dealers and Ranges," Connect: Training Professionals & Communities in Suicide Prevention & Response, accessed September 15, 2023, <https://theconnectprogram.org/resources/nh-firearm-safety-coalition/>.
24. "Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families," Substance Abuse and Mental Health Services Administration, updated May 2023, <https://www.samhsa.gov/smvf-ta-center/mayors-governors-challenges>.
25. National Judicial Task Force to Examine State Courts' Response to Mental Illness, *State Courts Leading Change: Report and Recommendations*, October 2022, revised February 2023, [https://www.ncsc.org/\\_\\_data/assets/pdf\\_file/0031/84469/MHTF\\_State\\_Courts\\_Leading\\_Change.pdf](https://www.ncsc.org/__data/assets/pdf_file/0031/84469/MHTF_State_Courts_Leading_Change.pdf).
26. Policy Research Associates, Inc., *A National Compendium of Court Navigation Programs: Providing Support at the Nexus of the Legal and Behavioral Health Systems*, April 2023, <https://www.prainc.com/wp-content/uploads/2023/05/CourtNavigatorCompendium-508.pdf>.
27. National Judicial Task Force to Examine State Courts' Response to Mental Illness, *Behavioral Health State Court Leadership Brief: Peers in Courts*, July 2022, [https://www.ncsc.org/\\_\\_data/assets/pdf\\_file/0029/77690/Peers-in-Courts.pdf](https://www.ncsc.org/__data/assets/pdf_file/0029/77690/Peers-in-Courts.pdf).
28. "State Court Behavioral Health Series," National Center for State Courts and the National Judicial Task Force to Examine State Courts' Response to Mental Illness, accessed October 6, 2023, [https://courses.ncsc.org/course/behavioralhealth?\\_gl=1\\*1vt309l\\*\\_ga\\*Mjc5NzE0MDM5LjE2OTY2MTZlOTk.\\*\\_ga\\_HB58441DGF\\*MTY5NjYxMTM5O0c4xLjEuMTY5NjYxMjM4Ni4wLjAuMA](https://courses.ncsc.org/course/behavioralhealth?_gl=1*1vt309l*_ga*Mjc5NzE0MDM5LjE2OTY2MTZlOTk.*_ga_HB58441DGF*MTY5NjYxMTM5O0c4xLjEuMTY5NjYxMjM4Ni4wLjAuMA).
29. Katharine Huntley, "Will Better Mental Health Care Help Stop Crime in Vermont?" WCAX3, September 2023, [https://www.wcax.com/2023/09/14/will-better-mental-health-care-help-stop-crime-vermont/?utm\\_campaign=399431\\_Behavioral%20Health%20Alert%20October%202023&utm\\_medium=email&utm\\_source=dotdigital&dm\\_i=7L57,8K7B,4VVXFH,1839M,1](https://www.wcax.com/2023/09/14/will-better-mental-health-care-help-stop-crime-vermont/?utm_campaign=399431_Behavioral%20Health%20Alert%20October%202023&utm_medium=email&utm_source=dotdigital&dm_i=7L57,8K7B,4VVXFH,1839M,1).

30. National Council of Juvenile and Family Court Judges and State Justice Institute, Targeted Resource Mapping Toolkit: Mapping Resources Along a Continuum of Services to Address Substance Use Disorders, accessed October 6, 2023, [https://www.ncjfcj.org/wp-content/uploads/2021/05/NCJFCJ\\_SJI\\_Mapping\\_Toolkit\\_Final.pdf](https://www.ncjfcj.org/wp-content/uploads/2021/05/NCJFCJ_SJI_Mapping_Toolkit_Final.pdf).
31. "Resources," The Council on State Governments Justice Center, accessed October 6, 2023, <https://csgjusticecenter.org/projects/judges-and-psychiatrists-leadership-initiative/resources/>.
32. The Council on State Governments Justice Center, Judges' Criminal Justice and Mental Health Leadership Initiative, *Judges' Guide to Mental Illnesses in the Courtroom*, accessed October 6, 2023, <https://csgjusticecenter.org/wp-content/uploads/2020/02/judges-guide-to-mental-illnesses-in-the-courtroom.pdf>.
33. Texas Office of Court Administration, *Guide for Addressing the Needs of Persons with Mental Illness in the Court System*, accessed October 6, 2023, <https://www.txcourts.gov/media/1441120/guide-for-addressing-the-needs-of-persons-with-mental-illness-in-the-court-system.pdf>.
34. "The Sequential Intercept Model," Policy Research Associates, accessed October 6, 2023, <https://www.prainc.com/sim/>.
35. "Problem-Solving Courts," National Institute of Justice, February 2020, <https://nij.ojp.gov/topics/articles/problem-solving-courts>.
36. "Community Courts Initiative: Overview," Bureau of Justice Assistance, updated April 2023, <https://bja.ojp.gov/program/community-courts/overview>.
37. *Predictors of Engagement in Court-Mandated Treatment: Findings at the Brooklyn Treatment Court, 1996-2000* quoted in Carol Fisler, "Building Trust and Managing Risk: A Look at a Felony Mental Health Court," *Psychology, Public Policy, and Law*, 11, 2005, 587-604.
38. Carol Fisler, *Building Trust and Managing Risk: A Look at a Felony Mental Health Court*, 2005 (*Psychology, Public Policy, and Law*, 11, 587-604, 2005), <https://www.innovatingjustice.org/sites/default/files/buildingtrust.pdf>.
39. "Brooklyn Mental Health Court," Center for Justice Innovation, accessed September 15, 2023, <https://www.innovatingjustice.org/programs/brooklyn-mental-health-court>.
40. "Veterans Treatment Court Program: Overview," Bureau of Justice Assistance, updated March 2023, <https://bja.ojp.gov/program/veterans-treatment-court-program/overview>.
41. Indian Family Health Clinic and Montana's Eighth Judicial District Drug Treatment Court, *Native American Treatment Court Cultural Program: An Urban Indian Center Transformative Approach, 2019*, [http://wellnesscourts.org/files/A%20Native%20American%20Docket%208th%20Judicial%20Distric%20of%20Montana\(1\).pdf](http://wellnesscourts.org/files/A%20Native%20American%20Docket%208th%20Judicial%20Distric%20of%20Montana(1).pdf).
42. "Discipline, Not Punishment: Native American Treatment Court Produces First 6 Graduates," *Great Falls Tribune*, September 18, 2019, <https://www.greatfalls Tribune.com/story/news/2019/09/18/native-american-treatment-court-graduates-six-tuesday/2354295001/>.
43. April Zeoli et al., "Analysis of the Strength of Legal Firearms Restrictions for Perpetrators of Domestic Violence and Their Associations With Intimate Partner Homicide," *American Journal of Epidemiology*, 2018, <https://pubmed.ncbi.nlm.nih.gov/303883263/>.
44. Prosecutors Against Gun Violence & The Consortium For Risk-Based Firearm Policy, "Firearm Removal/Retrieval in Cases of Domestic Violence," February 2016, <https://efsgv.org/wp-content/uploads/2016/02/Removal-Report-Updated-2-11-16.pdf>
45. Susan Sorenson and Devan Spear, "New data on intimate partner violence and intimate relationships: Implications for gun laws and federal data collection," *Preventive Medicine*, 2018, <https://pubmed.ncbi.nlm.nih.gov/29395249/>
46. "Welcome to AZPOINT," AZPOINT, accessed September 15, 2023, <https://azpoint.azcourts.gov/About>.
47. The National Criminal Justice Association, *Promising Practices: Improving the Issuance of Protective orders in Arizona: The Creation of AZPOINT*, March 2023, [https://www.ncja.org/\\_files/ugd/cda224\\_a565832e5f2141ba8c37c489d668d0a1.pdf](https://www.ncja.org/_files/ugd/cda224_a565832e5f2141ba8c37c489d668d0a1.pdf).
48. "Firearms Storage Program," Department of Public Safety: Vermont State Police, accessed September 15, 2023, <https://vsp.vermont.gov/firearmstorage>.
49. "A Promising Model for Integrating Non-sworn Clinical Professionals into Police Departments," James G. Barrett, Police 1 by Lexipol, March 28, 2022, <https://www.police1.com/mental-health-outreach/articles/a-promising-model-for-integrating-non-sworn-clinical-professionals-into-police-departments-gYWbUZnLAX9x5o3U/>.
50. "APPS Database," State of California Department of Justice, Rob Bonta Attorney General, accessed September 15, 2023, <https://oag.ca.gov/ogvp/apps-database#:~:text=The%20Armed%20and%20Prohibited%20Persons,its%20kind%20in%20the%20nation>.
51. "At the Forefront of Gun Safety: Removing Illegal Guns," Everytown Research & Policy, November 16, 2022, <https://everytownresearch.org/report/at-the-forefront-of-gun-safety-removing-illegal-guns/>.
52. The National Criminal Justice Association, *An Overview: Community Violence Intervention Strategies*, August 2021, [https://www.ncja.org/\\_files/ugd/cda224\\_b9dc1a3ecd24467c8efba95ac37a48bd.pdf](https://www.ncja.org/_files/ugd/cda224_b9dc1a3ecd24467c8efba95ac37a48bd.pdf).
53. "FY2023 Office of Justice Programs Community Based Violence Intervention and Prevention Initiative," Bureau of Justice Assistance, March 2023, <https://bja.ojp.gov/funding/opportunities/o-bja-2023-171647>.
54. "Cure Violence: About," Cure Violence Global, accessed September 15, 2023, <https://cvg.org/about/>.
55. The National Criminal Justice Association, *Promising Practices: Community Violence Intervention Programs*, October 2021, [https://www.ncja.org/\\_files/ugd/cda224\\_790e6680c1da4ff0ae4334517e9279e1.pdf](https://www.ncja.org/_files/ugd/cda224_790e6680c1da4ff0ae4334517e9279e1.pdf).
56. "Home," Rainier Beach: A Beautiful Safe Place for Youth, accessed September 15, 2023, <https://www.rb-safeplaceforyouth.com/>.
57. The Health Alliance for Violence Intervention, *What is a Hospital-Based Violence Intervention Program (HVIP)?*, accessed September 15, 2023, <https://www.ncdps.gov/documents/files/what-hospital-based-violence-intervention-program/download>.
58. "Penn Trauma Violence Recovery Program," Penn Injury Science Center, accessed September 15, 2023, <https://www.penninjuryscience.org/outreach/community-violence-intervention-hub/penn-trauma-violence-recovery-program/>.
59. "Centering Youth in Community Violence Interventions as Part of a Comprehensive Approach to Countering Gun Violence," Terrell Thomas and Rachael Eisenberg, Center for American Progress, October 11, 2022, <https://www.americanprogress.org/article/centering-youth-in-community-violence-interventions-as-part-of-a-comprehensive-approach-to-countering-gun-violence/>.
60. "Program Profile: Operation Peacekeeper (Stockton, Calif.), National Institute of Justice: Crime Solutions, June 6, 2011, <https://crimesolutions.ojp.gov/ratedprograms/51#pd>.

This document was created with the support of Grant No. 15PBJA-22-GK-01566-JAGJ awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.