



## Risk Reduction, Referrals, and Resource Development

- I. Risk Reduction With Participants
  - a. Changing behavior and norms
  - b. Risk reduction planning
  - c. Effective referrals
  - d. Participant Risk Factors
    - i. 16-25 years old
    - ii. Recently released from prison
    - iii. Recently shot
    - iv. Active in violent street organization
    - v. History of violence/crimes against persons
    - vi. Weapons carrier
    - vii. Engaged in high risk activity
  - e. Stages of change:
    - i. Not thinking about changing behavior
    - ii. Thinking about change behavior
    - iii. Making plans to change behavior
    - iv. Taking action to change behavior
    - v. Behavior is maintained
  - f. Participant flow chart
    - i. Phase 1: meet on street, explain program, initial assessment, exchange info
    - ii. Phase 2: continues talk with individual, see if they are highest risk, see if they are open to working with you
    - iii. Phase 3: trust and rapport established, person meets criteria, supervisor approves, intake and risk reduction plan
    - iv. Phase 4: meet with participant 6X a month, participant starts changing thinking and behavior, risk reduction
    - v. Phase 5: participant changes thinking and behavior, review risk reduction plan, close out
- II. Changing Behaviors
  - a. The public health approach uses “Change Agents” who bring new information and skills
  - b. New information
    - i. Explain how the violence problem developed
    - ii. Being copied, not questioned
    - iii. Spreads like a disease
    - iv. Don’t have to do it
    - v. Not everyone thinks this way
    - vi. Can have it differently in your life
    - vii. Mostly petty
    - viii. There are alternative behaviors which are better and more respected

- c. New skills
        - i. Anticipation of specific situations (ex: money, group conflict, ect.)
        - ii. Avoiding and negotiating out of situations
        - iii. Walking away
        - iv. Helping friends not shoot or use violence
- III. Risk Reduction Planning
  - a. Changes in high-risk behavior (ex: stable employment, anger management, less abuse of drugs/alcohol, having plans for the future, ect.)
  - b. Address appropriate, pertinent issues
  - c. Agreement with participant to collectively work on issues
  - d. Establishes goals and timeframe to address issues
  - e. Regular follow-up with participant about progress to goals
  - f. Reevaluated quarterly
  - g. Updated when changes occur
- IV. Effective Referrals
  - a. Research and legwork to ensure a good fit and experience for participant
  - b. Prepare the participant
  - c. Provide and ensure transportation to referral
  - d. Assistance with follow-up
  - e. Set realistic expectations regarding referrals
- V. Developing Resources
  - a. Informal contacts is more effective
  - b. Faith-based resources
    - i. Largest % of philanthropic giving in the U.S
    - ii. Mission driven, natural fit for our work
    - iii. Good in a crisis-funeral support: counselors without fee, safety net for lots of issues, and hospital chaplain
- VI. Re-Entry Resources
  - a. Restorative Justice Community: searchable database of reentry and restorative justice programs
  - b. The National H.I.R.E Network: lists of agencies/organizations that may assist in providing job-related and legal services
  - c. America's Service Locator: connects individuals to employment and training opportunities at local One-Stop Career Centers
  - d. Fair Shake: helps individuals/families connect with community resources
- VII. Re-Entry Issues
  - a. Public safety
  - b. Employment
  - c. Housing
  - d. Education
  - e. Family

- f. Community
    - i. What are the specific needs of your participants?
    - ii. What services are available in the community?
    - iii. Who do you need to connect with?
    - iv. Small business training programs?
    - v. How to approach the service to build a relationship: research agency/organization, find out what they require for services, make contact, and develop relationship for ongoing referrals
  - g. Behavioral health
    - i. Group treatment: peer facilitated, clinician facilitated, or critical incident debriefing
    - ii. Counseling: focuses on specific issues, problem salving/coping techniques, or short term therapy (licensed clinical social worker, licensed professional counselor, pastoral counseling)
    - iii. Therapy: broad range of issues, assumes subconscious patterns of thinking affect individuals' interactions with the world, uncover patterns, become aware of their effect, learn new and healthier ways to think/interact
    - iv. Psychiatric care: Medical care for individuals with mental disorder diagnosis, and typically a combination of medication and talk therapy (primary care physician, psychiatrist, psychologist)
    - v. Crisis services
  - h. Need multiple service delivery systems working together
- VIII. Crisis Services
- a. Suicidal ideation, acute mental illness
  - b. Require inpatient treatment to protect individual from harming self or others
  - c. Immediate hospitalization requires consent of patient or doctors order
  - d. 24/7 hotline services
- IX. Mental Health Services
- a. Payment options
    - i. Medicaid
    - ii. Self-pay
    - iii. Private insurance
    - iv. Crime victim compensation
  - b. Barriers to accessing traditional support options
    - i. Insight and motivation
    - ii. Stigma of mental illness
    - iii. Lack of culturally appropriate service providers
    - iv. Lack of services/long waiting lists
    - v. No pay source
- X. Barriers To Accessing Resources
- a. Reality check for mental health service providers
  - b. Mutual disconnect between client and providers
  - c. Frustration of bureaucracy of public service
  - d. Long waiting lists
  - e. Gap between need and existing services

- f. Overcoming barriers:
  - i. Engage personal connections
  - ii. Address the disconnect and advocate for participants
- XI. Resource Listing
  - a. Priority needs
    - i. Employment,
    - ii. education,
    - iii. re-entry,
    - iv. victim compensation
    - v. legal advocacy resources
    - vi. relocation/housing
  - b. Other needs
    - i. Counseling/mental health
    - ii. Disability
    - iii. Domestic violence
    - iv. Financial
    - v. Food
    - vi. Grief
    - vii. Medical
    - viii. Transportation
    - ix. Parenting support
    - x. Legal
    - xi. Sexual assault/abuse
    - xii. Substance abuse