

## Healing Hurt People: Program Overview and Referral Process

### Who is Eligible for the Program?

Children (8 to 17) and adult (18 to 35) victims of intentional injury (gunshot wound, stabbing, and assault) and those who have witnessed these events.

### Details of Services Provided

Healing Hurt People (HHP) is a hospital and community-based violence intervention program that provides trauma therapy, peer support, and case management to those impacted by violence. HHP, part of the Center for Nonviolence and Social Justice (CNSJ) at Drexel University's Dornsife School of Public Health, operates in downtown Philadelphia and at St Christopher's Hospital for Children. HHP also receives referrals from local Level I and II Trauma Centers, schools, and community-based organizations.

HHP uses hospital and community partnerships as points of identification, incorporating assertive outreach led by peer specialists to engage a historically marginalized population that seldom seeks behavioral health services at the traditional outpatient clinic setting. Licensed master's level professionals offer trauma-specific therapy in English and Spanish. HHP services are provided in various settings, including home, community, hospital, office, school, and Telehealth.

HHP integrates evidence-based practices, i.e., Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive Processing Therapy (CPT) with peer services and case management to help people heal from trauma. HHP also offers the Community of Young People Healing, Experiencing, Rebuilding (CYPHER)/ Safety, Emotions, Loss, and Future (SELF) groups.

To learn more, visit [www.healinghurtpeople.org](http://www.healinghurtpeople.org)



Referral Criteria:

- Ages 8-35 (or a significant injury under 8);
- Victim or witness to intentional injury (stabbing, shooting, assault), and not as a direct result of intimate partner violence, child abuse or sexual assault;
- Philadelphia Resident; and
- Eligible for Medicaid
- Additional Information: HHP will work with uninsured individuals to obtain insurance when possible. Referrals with private insurance will be evaluated on a case-by-case basis.

Referral Form Instructions:

1. Please complete this Form in its entirety and answer each question to the best of your knowledge.
2. Once completed, attach this form and send an encrypted email to: [hmpreferrals@drexel.edu](mailto:hmpreferrals@drexel.edu)

Other Questions? Call (267) 359-2446

Referring Agency/Program Information

Referral Date:

Referral Agency/Program:

Referred By:

Staff Name

Phone Number

Email Address

Individual Referral Information

First Name:

Last Name:

Date of Birth:

Gender:

Male

Female

Transgender

Other

No Response

Health Insurance:

Private

Medicaid

CHIP

No Insurance

Other Insurance:

Address:

Phone Number:

*If Under 14, Caregiver's Contact Information*

Caregiver's Name:

Caregiver's Phone Number:

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## Referral Details

Injury Type:

Date of Injury:

Other relevant details about the specific experience of violence:

If the individual has not been violently injured, please share the specific experience of violence (witnessing a shooting, violent loss of a family member or friend, etc.) that they are identifying as impacting them:

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## Follow-Up Information

Have you introduced the HHP Program to the individual?      Yes      No

Individual's Interest Level in HHP program at time of offering?

Interested

Somewhat Interested

Not Sure Yet

Suggested Next Steps:

### CLIENT INFORMED CONSENT

The referral source completing this Form is certifying the potential client (14 years and older) *or* legal guardian (if under 14) is giving verbal or written consent to share information (Name, Date of Birth, Address, and Phone Number) and approves of a referral to the HHP program. If written consent, please attach with this form.

*Please place a check mark in the box to the left once this has been discussed with the client or legal guardian.*