



From Crisis to Healing: The Impact of Passaic County’s First Hospital Based Violence Intervention Program-Paterson Healing Collective. Investing in community saves lives and is fiscally responsible.

The following is a report compiled using data from national research, hospital data, publicly available law enforcement data and Reimagining Justice Inc/Paterson Healing internal data systems looking at the time period from October 2020 to 2025.

Data Disclaimer:

As the Paterson Healing Collective has grown, our data systems, staffing structures, and reporting practices have evolved to better capture the depth and breadth of our work. Earlier data may not fully reflect all services provided due to limitations in capacity and tracking tools at the time. While improvements have strengthened the accuracy and consistency of our reporting, this report should be understood as a strong and evidence-informed representation of our impact not a perfect or exhaustive accounting.

Paterson Healing Collective Impact Report (2021-2025)

Introduction: How we Started, Hospital Data, Community Violence Trends and Impact

How We Started: Building a Lifeline Amid a Surge in Violence

Before the Paterson Healing Collective (PHC) was born, the city was in crisis. Between 2018 and 2020, Paterson experienced a sharp rise in shootings and homicides, reflecting both local and national spikes in violence. According to the New Jersey State Police Uniform Crime Report, Paterson recorded 16 homicides in 2018, which climbed to 19 in 2019, and then surged to 27 in 2020, this is a 69% increase over just two years. At the same time, St. Joseph's University Medical Center saw a dramatic increase in gunshot-related admissions, with multiple patients returning repeatedly for violent reinjury each case underscoring an urgent need for intervention. Prior to Paterson Healing Collective, most victims of violence were cared for medically and released. There was very little follow up, and these victims of violence were sent back into the community with no support to help them navigate the rest of their lives after one of the most traumatic experiences of their lives. Traditional law-enforcement approaches alone were not reducing violence or addressing trauma. Research showed that survivors of violence are at the highest risk of being re-injured or killed within 18 months if not connected to sustained support services (Health Alliance for Violence Intervention [HAVI], 2022). This evidence pointed to a clear, evidence-based solution: Hospital-Based Violence Intervention Programs (HVIPs), these are programs that combine trauma-informed care, case management, and community outreach to stop the cycle of violence before it continues.

In response to this growing crisis, Reimagining Justice Inc. (RJI) and St. Joseph's University Medical Center joined forces in 2019 to apply for the first Hospital-Based Violence Intervention Program (HVIP) Request for Proposal issued by the New Jersey Office of the Attorney General (OAG). Their proposal envisioned a unique collaboration: the hospital would serve as the clinical anchor and fiscal sponsor, while RJI, a community-rooted nonprofit would establish a violence intervention and prevention team staffed by a multi-disciplinary team that included credible messengers and social service professionals. In January 2020, the proposal was approved and funded by the Office of the Attorney General, and the collaboration officially launched the Paterson Healing Collective (PHC) the first HVIP in Passaic County.

In March 2020, the COVID-19 pandemic shut the world down. Hospitals were overwhelmed, and community programs shuttered but RJI and St. Joseph's pressed forward. From the beginning, PHC was grounded in community wisdom. RJI intentionally recruited local leaders, many of whom had personal experience with violence or were outspoken activists in the field of Anti-violence to serve as credible messengers capable of reaching those most likely to be impacted by violence. Through remote planning, hospital

coordination, and staff training, PHC formally launched in October 2020, providing trauma-informed bedside response, victim advocacy, and follow-up case management for survivors of violence. The team at PHC has been trained in nationally recognized and evidence based methods including PCITI, ROCA's CBT Rewire, Mental Health First Aid, CIT, Circle keeping, first aid, Stop the Bleed and trained by renowned professionals in the field of CVI and mental health.

The following report will provide Paterson gun violence data and then discuss how our program has been intentional in addressing violence since October 2020. We first began with our HVIP program that focused on gun violence, then expanded to support other victims of violence because of the need we saw based on the community we were servicing, then expanded into outreach efforts to interrupt and prevent violence, expanded into reentry support and also included youth programming both within the schools and creating onsite youth programming at our headquarters. This comprehensive report will explain how our program has reduced gun violence victimization due to our holistic services and is a cost effective solution to address violence. Our hope is that stakeholders, policy makers, systems and funders understand that it is important to sustain programs like ours so we can continue to keep our communities safe and help them thrive.

the following report highlights how the **Paterson Healing Collective (PHC)** has played a critical role in **reducing gun violence and supporting victims of trauma in Paterson** since our launch in **October 2020**.

What began as a Hospital-Based Violence Intervention Program (HVIP) focused on gunshot victims has evolved into a comprehensive citywide violence-reduction and healing initiative. Our work has expanded intentionally and strategically in response to the needs of the community we serve.

- We first focused on hospital-based intervention for survivors of gun violence.
- We then expanded to serve all victims of violence, including those impacted by stabbings, assaults, and domestic violence.
- Recognizing that prevention is as vital as intervention, we grew our outreach and violence interruption work to prevent retaliation and de-escalate conflicts before harm occurs. We focused our community efforts on the 1st, 4th and 5th wards which are the locations that had the highest incidents of violence.
- We built reentry and leadership programs to support individuals returning from incarceration, helping them reintegrate safely and productively into the community.

- And we developed youth programs both in schools and at our headquarters, designed to empower the next generation through leadership, mentorship, and healing-centered education.

This report provides an overview of gun violence trends in Paterson, followed by a detailed account of how PHC's integrated, trauma-informed services from bedside advocacy to community outreach have contributed to measurable reductions in gun violence victimization.

Our data, collected through hospital records, case management tracking, and community engagement data, local and state law enforcement data show clear evidence that holistic, community-based approaches work. PHC's model has not only saved lives but also reduced retaliation, strengthened families, and increased trust between residents and systems of care. Our program has become a trusted organization that the community relies on and a valued advocate to support them in navigating institutions.

Purpose of This Report

The aim of this report is to demonstrate how PHC's coordinated programming has led to a sustained reduction in gun violence and to highlight the importance of continued investment in community-driven public health models of safety. The fiscal impact of our work is included to prove why investing in our work is fiscally responsible and effective.

We hope that stakeholders, policymakers, funders, and system leaders see in this report the evidence and human stories that prove:

- Violence is preventable when addressed as a public health issue.
- Long-term, community-rooted programs like PHC are cost-effective solutions that improve health, safety, and stability.
- Sustained funding for this work is not just an investment in a program it is an investment in the future of Paterson's people, neighborhoods, and generations to come.

What Does the Data show? How is PHC a part of this downward trend in violence?

The following section presents a summary of **homicide data in Paterson before and after the launch of the Paterson Healing Collective (PHC)**, along with a **timeline of PHC's program expansion** since its inception.

Each phase of PHC's growth has been **intentional and community-driven**. Every new program whether hospital-based intervention, reentry support, outreach, or youth development was developed in direct response to the **needs, feedback, and lived experiences** of the community members and participants we serve.

Paterson Homicides (2018–2025)

Year	Homicides	Change from Prior Year	Key PHC or Community Milestone
2018	16	—	Pre-HVIP baseline year
2019	19	+19%	RJI & St. Joseph's collaborate; OAG releases first HVIP RFP
2020	27	+42%	PHC awarded HVIP grant; program development during pandemic
2021	22	↓18%	PHC's HVIP fully operational; initial case management outcomes
2022	17	↓23%	Expansion of hospital response & community integration
2023	14	↓18%	Youth empowerment, CBVI programs, and community outreach scale up
2024	11	↓21%	Summer Peace Challenge & youth stipends launched; historic drop

2025	16	+ 45.5% however a 40.7% decrease since 2020	Continued record low shooting incidents but higher rate of homicide since 2024; integration with SEL, CBVI & mental health work
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Source: NJ State Police Uniform Crime Report; NJ OAG Paterson Police Compstat data and local law enforcement data; PHC Analysis.

Interpreting the Trend

From 2020 to 2024, Paterson’s annual homicides fell by 59.3 percent, reaching the city’s lowest level in nearly a decade. This decline aligns directly with the launch and expansion of PHC’s programming combining hospital-based response, violence interruption, victim support advocacy, case management, mental health access, leadership programming for justice involved individuals, summer youth camps for youth impacted by violence, support groups, community outreach and youth leadership development. It is important to note that in 2025 there was an increase in homicides an increase of 45.5% since 2024. However, compstat and hospital data shows that there is a lesser amount of shooting incidents and victims in 2025 versus 2024 however, there are more fatalities in 2025. The data mirror national research findings:

- HAVI (2022): HVIPs reduce violent reinjury and retaliation by 50–60% and deliver a \$4 return per \$1 invested.
- Johns Hopkins Center for Gun Violence Solutions (2023): Cities integrating HVIPs and CBVI programs experience 30–50% fewer shootings within three years.
- Everytown for Gun Safety (2023): Hospital-community partnerships reduce local homicide rates by up to 45% and improve trust between residents and service systems.

Hospital Data Snapshot: Gunshot-Injury Admissions (2021–2025)

Year	Gunshot Admitted	Victims	Change from Prior Year	Observations
2021	142	—	—	Baseline year; no established HVIP presence across all trauma shifts, Hospital policies incorporated and training

			incorporated for Hospital personnel
2022	126	↓ 11 %	HVIP begins consistent bedside coverage, More leadership buy in from hospital, VAG allows us to support stab wound, DV and SA victims, CBVI allows for more outreach and community events
2023	103	↓ 18 %	Full HVIP implementation and increased follow-up capacity, Launch of CBVI leadership programming, survivor groups, more community outreach and events, Youth Summer programming, Afterschool programs
2024	77	↓ 25 %	Expansion of PHC staff and integration with CBVI & SEL programs, SAMHSA funding, Launch of Summer Peace Challenge, Youth Hub created
2025 (YTD)	51	↓ 28 %	Continued reduction amid Summer Peace Challenge and

youth prevention programs along with regular HVIP and CBVI programming, Afterschool programming

Source: St. Joseph’s University Medical Center Trauma Registry, 2021–2025.

In 2025, Paterson experienced markedly fewer shooting incidents and shooting victims compared with 2024, while murders rose. This report integrates official CompStat figures with Paterson Healing Collective (PHC) hospital-based violence intervention (HVIP) and community-based violence intervention (CVI) data to show how CVI functions as a core part of the public safety ecosystem, reducing retaliation, preventing repeat injury, and stabilizing high-impact neighborhoods in the 1st, 4th, and 5th Wards.

2024–2025 CompStat Overview (YTD Jan–Sep)

Month (YTD)	Murders 2024	Murders 2025	Shooting Victims 2024	Shooting Victims 2025	Shooting Incidents 2024	Shooting Incidents 2025
January	0	1	6	7	5	7
February	1	1	11	7	9	7
March	2	4	22	12	17	12
April	4	5	29	15	22	15
May	4	7	33	20	24	20
June	5	8	46	23	36	23
July	5	10	53	26	41	26
August	8	13	64	32	50	32
September	9	14	67	33	52	33

Data Source NJ Office of Attorney General Paterson Police Compstat Data

Trend Summary: Shooting Incidents fell 37% (52 → 33) and Shooting Victims fell 51% (67 → 33) by September YTD, while Murders rose from 9 to 14 (+55%). The largest declines in incidents and victims occurred April–September 2025.

Ward-Level Concentrations (Example: August Year to date)

Ward	Shooting Incidents 2024	Shooting Incidents 2025	Change
1 st	9	4	–56%
2 nd	3	2	–33%
3 rd	4	2	–50%
4 th	18	11	–39%

5th	16	12	-25%
6th	0	1	+1 incident

The 1st, 4th, and 5th Wards historically the highest-incident areas show the clearest reductions, which aligns with PHC’s place-based outreach footprint (Healing Spaces, community walks, and seasonal activations).

PHC HVIP & CVI Activity (2025)

Month 2025	GSW Referred (SJUMC)	Victims	HRI Interventions	Notable Activity
January	7		≈15	Early-year mediations; intake of new clients
February	1		≈10	Hospital follow-ups; re-engagement
March	5		≈20	Youth hub & peer mentor onboarding
April	5		≈25	Peak interventions; prevention push
May	5		≈10	Healing Spaces & community walks
June	2		≈12	Summer readiness; case continuity
July	5		≈15	Summer Peace Challenge & Teen Club
August	7		≈25	Second intervention peak; high activation
September	5		≈19	Re-engagement of repeat clients

From January to September 2025, PHC received 101 referrals from St. Joseph’s ER. Of these, 86 victims were successfully engaged; 9 cases involved self-inflicted injuries and were ineligible for HVIP services. A total of 63 victims consented to case management—a strong engagement rate among eligible participants. Most enrollments originated from the 1st, 4th, and 5th Wards.

CVI as a Core Public Safety Strategy

PHC integrates hospital response with neighborhood prevention. Immediately after injury, HVIP staff stabilize survivors, interrupt retaliation, and link clients to trauma-informed case management. In the community, PHC conducts place-based outreach in the 1st, 4th, and 5th Wards and enrolls adults into Empower U and youth into the Safe Summer Teen Club—programs that build protective factors and reduce the likelihood of future violence.

Combined Impact (YTD through September)

Indicator	2024 YTD	2025 YTD	Change
Shooting Victims	67	33	-51%
Shooting Incidents	52	33	-37%

NJ OAG Paterson Police Compstat Data

IV. Why Murders Can Rise Even as Shootings Fall

Periods with fewer shootings can still see more fatalities if the average lethality per incident increases. Evidence-based explanations include:

- Weapon characteristics that raise harm per incident (e.g., high-capacity magazines; rapid-fire conversion devices like auto sears).
- Closer-range, targeted disputes that increase wound severity and reduce survivability.
- Shifts in injury patterns that elevate case fatality despite robust trauma care systems.

Paterson’s 2025 pattern of fewer incidents and victims but more murders is consistent with these dynamics and with national evidence showing elevated case-fatality ratios in recent years.

Summer Violence Trends and PHC’s Seasonal Intervention Impact

While annual data show a steady decline in gun-related injuries overall, the most dramatic improvements occurred during the summer months, traditionally the peak period for shootings in Paterson. From 2023 through 2025, PHC’s Summer Peace Challenge, Safe Summer Teen Club, and ongoing CBVI community engagement fundamentally reshaped how Paterson residents, youth, and neighborhood leaders respond to conflict.

Summer Season	Citywide Shootings	Hospital Violence-Injury Admissions	Change from Prior Year	PHC Major Interventions
2023	28	19	—	Safe Summer Teen Club

				launched (30 youth from violence-impacted communities); mediation active
2024	15	11	↓ 46% citywide ↓ 42% hospital	Summer Peace Challenge launched; blocks pledged; stipends and clean-ups
2025	12	9	↓ 60% citywide ↓ 53% hospital	Challenge expanded; 10 blocks enrolled; stipends + SEL sessions

Between 2023 and 2025, summer shootings dropped by 60%, and hospital admissions for violent injuries decreased by over half. These reductions coincided directly with PHC's Summer Peace Challenge, which was a prevention initiative that engaged neighborhood leaders, provided stipends for youth, and celebrated community nonviolence through public recognition and block parties.

National research confirms PHC's experience:

- Everytown for Gun Safety (2023): Summer youth employment and community beautification projects lower violent crime by 40–60%.
- HAVI (2022): Consistent community engagement during high-risk seasons prevents retaliation and stabilizes neighborhoods.
- CDC (2023): Multi-sector 'hot season' interventions linking youth employment, outreach, and mental health are key to preventing summer surges in violence.

The sharp summer declines in 2024 and 2025 reflect PHC's deliberate investment in preventive, community-driven safety infrastructure. By engaging residents and youth as active peacebuilders, PHC transformed summer from a period of fear to one of collective healing and celebration.

Is it really PHC or is it just anecdotal? Understanding the Impact of Community-Based Violence Intervention (CVI)

Many people unfamiliar with Community-Based Violence Intervention (CVI) often overlook how deeply this work contributes to reductions in violence. Too often, declines in shootings and homicides are attributed solely to law enforcement efforts, while the essential role of CVI organizations those on the ground mediating conflicts, supporting victims, and addressing root causes is underestimated or misunderstood.

In reality, sustained reductions in violence occur when law enforcement and community-based strategies operate as partners within a shared public-safety ecosystem. Research consistently shows that CVI programs play a crucial role in preventing retaliatory violence, promoting healing, and reducing gun-related injuries and deaths:

- • A 2023 report by the Center for American Progress found that cities implementing coordinated CVI strategies saw shooting reductions of up to 35–50% compared to areas without such programs.
- • The John Jay College Research & Evaluation Center documented that community violence intervention efforts in cities like Oakland and Newark contributed to historic declines in homicides by combining credible-messenger engagement with hospital-based case management and outreach.
- • The National Institute for Criminal Justice Reform (NICJR) highlights that cities with well-funded CVI ecosystems experience fewer retaliatory shootings and stronger community trust, demonstrating that community presence and relationships are critical components of safety.

The evidence is clear: CVI is not a secondary or peripheral strategy it is central to sustainable violence reduction.

In the next section, we take a closer look at how the Paterson Healing Collective’s integrated CVI model has helped reduce violence in Paterson. By examining our work with victims of violence, our hospital-based intervention program, and our ongoing outreach and youth engagement efforts, we show exactly how PHC’s trauma-informed and community-rooted approach has helped drive declines in violence citywide.

Paterson Healing Collective: Victim Services & Gunshot-Victim Impact Report (2020–2025)

Overview

Hospital-Based Violence Intervention Programs (HVIPs) are trauma-informed, evidence-based interventions that connect violently injured patients most often gunshot victims with long-term case management and community support. They leverage the period immediately following a violent injury as a critical 'window of opportunity' to interrupt the cycle of violence and retaliation (Cooper et al., JAMA Surgery, 2018). Rather than discharging patients back into environments that put them at risk, HVIPs engage survivors

at the hospital bedside, linking them to credible messengers, advocacy, and wraparound social services addressing the root causes of violence.

Evidence of Effectiveness

Research across the United States has demonstrated that HVIPs reduce reinjury, retaliation, and justice involvement while improving health and stability outcomes. A 2023 scoping review found that HVIP participants experienced substantially lower rates of violent reinjury than nonparticipants. Studies of programs such as the San Francisco Wraparound Project have documented approximately fourfold reductions in injury recidivism among participants. The American College of Surgeons recognizes HVIPs as a best practice for firearm injury prevention because of their demonstrated impact on reducing reinjury and improving long-term outcomes. At the University of Maryland Shock Trauma Center, participants in the Violence Intervention Program experienced significantly lower rates of reinjury than comparable patients who did not receive services. Economic evaluations have also shown that violence intervention programs generate substantial cost savings. Studies have shown that, when faithfully implemented, Center for American Progress (2024) found that for every \$1 invested in a CVI program, a community can save up to \$41 in medical and criminal legal expenses.

The Public-Health and Culturally Responsive Approach

PHC's HVIP builds upon this evidence by embedding the model in a community-driven, culturally responsive framework. The team understands that violence is not merely a law-enforcement issue but a public-health crisis driven by the social determinants of violence poverty, trauma, housing instability, and limited economic opportunity. PHC's trauma-informed case managers and credible messengers address these factors directly through housing advocacy, mental-health referrals, job readiness, transportation assistance, and access to food and safety resources. This holistic model aligns with the CDC's Social-Ecological Model for Violence Prevention (CDC, 2021).

PHC's Success with Gunshot Victims (2020–2025)

Since launching its HVIP partnership with St. Joseph's University Medical Center in October 2020, the Paterson Healing Collective (PHC) has served 326 gunshot victims through bedside response and long-term case management. Out of these, only five individuals have been reinjured in the five-year period a reinjury rate of just 1.5%. National research estimates reinjury rates between 20% and 45% for similar populations without HVIP support. This stark contrast underscores the transformative impact of PHC's model in preventing both physical reinjury and retaliatory violence.

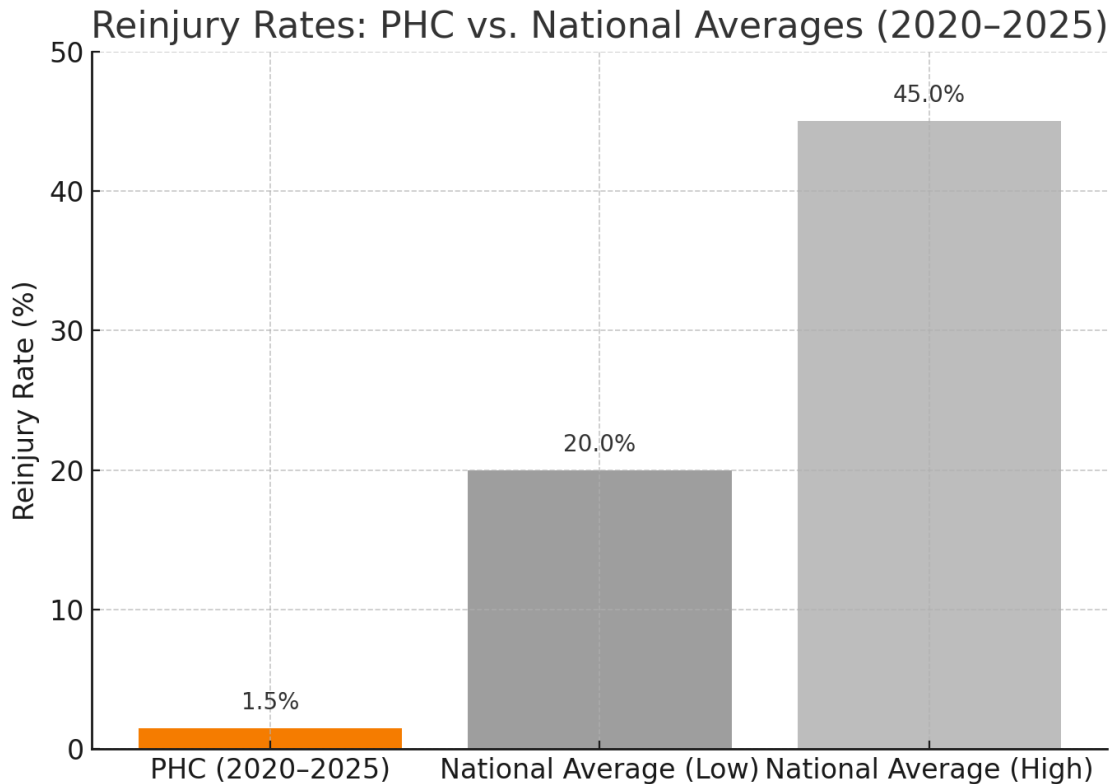


Figure 1. Comparison of PHC’s Reinjury Rate (1.5%) to National Averages (20–45%)

Why This Matters

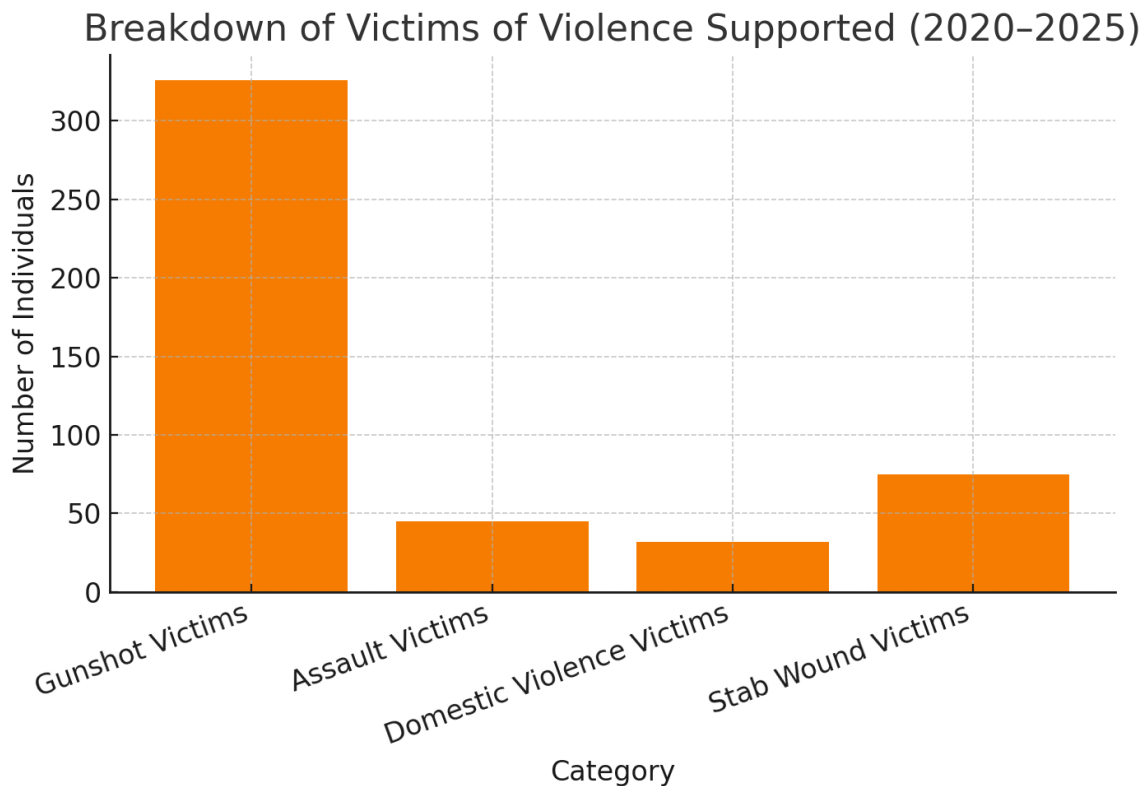
Hospital-Based Violence Intervention Programs (HVIPs) are evidence-based models proven to reduce reinjury and retaliation among survivors of violent injury. By connecting victims to culturally competent, trauma-informed case management at the hospital bedside, these programs address both the immediate trauma and the root social determinants of violence poverty, housing instability, unemployment, and unhealed trauma.

PHC’s results confirm that consistent, long-term engagement with culturally responsive case management, paired with credible messenger support leads to lasting change. The 1.5% reinjury rate achieved by PHC is among the lowest reported nationally, illustrating the power of combining hospital-based response with culturally responsive community care.

Paterson Healing Collective: Victim Support Impact (2020–2025)

Since 2020, the Paterson Healing Collective has provided trauma-informed advocacy, crisis response, and case management to victims of violence across Passaic County. The following infographic highlights the breakdown of victims supported through PHC’s Victim Services Department.

Category	Number of Victims
Gunshot Victims	326
Assault Victims	45
Domestic Violence Victims	32
Stab Wound Victims	75
Total Victims Supported	478



The data reveals that gun violence remains the leading cause of trauma among PHC’s clients, accounting for more than two-thirds of all victims served. These figures underscore the urgency of continued investment in community-based violence intervention and survivor support services.

Note: We began expanding our services to support other types of victims of violence such as Assault, Domestic Violence, and Stab Wound Victims in October 2022. We recently lost that funding source in October of 2025

Case Management and Advocacy Data (2020–2025)

Paterson Healing Collective: Client Reach and Impact Overview (2020–2025)

Since October 2020, the Paterson Healing Collective (PHC) has provided comprehensive case management and advocacy to 722 individuals, resulting in more than 15,000

documented one-on-one interactions. The majority of these engagements stem from PHC’s Hospital-Based Violence Intervention Program (HVIP), which provides trauma-informed support for survivors of violent injury.

Breakdown of Clients Served

- 326 gunshot victims received intensive case management, hospital advocacy, and long-term recovery support.
- 152 victims of other forms of violence, including stab wounds, domestic violence, and aggravated assault, received tailored case management and access to safety resources.
- In 2023, PHC expanded programming to include justice-involved and reentry populations. Since then, 135 individuals returning home from incarceration have been supported through PHC’s Leadership Academy and case management services.
- An additional 127 community members, though not directly injured, received assistance due to their proximity to violence and exposure to high-risk environments.

Collectively, PHC’s work reflects a holistic, public health approach to violence prevention. It focuses on community members beyond just victims of gun violence. CVI experts emphasize the importance of engaging high risk individuals and the entire community impacted by violence.

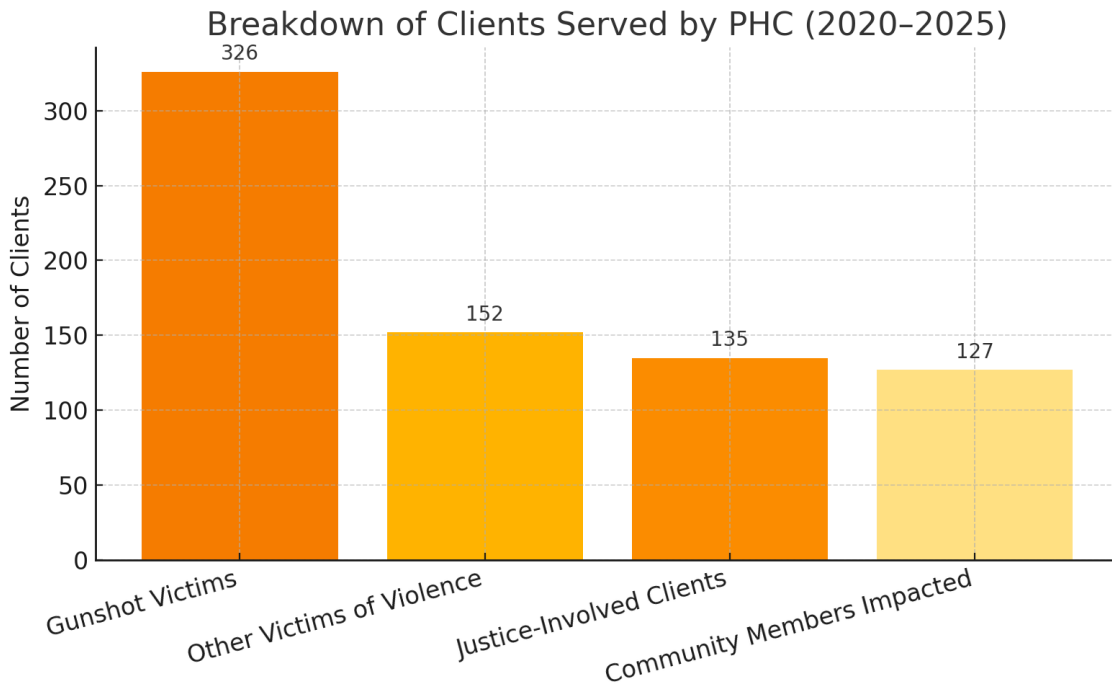
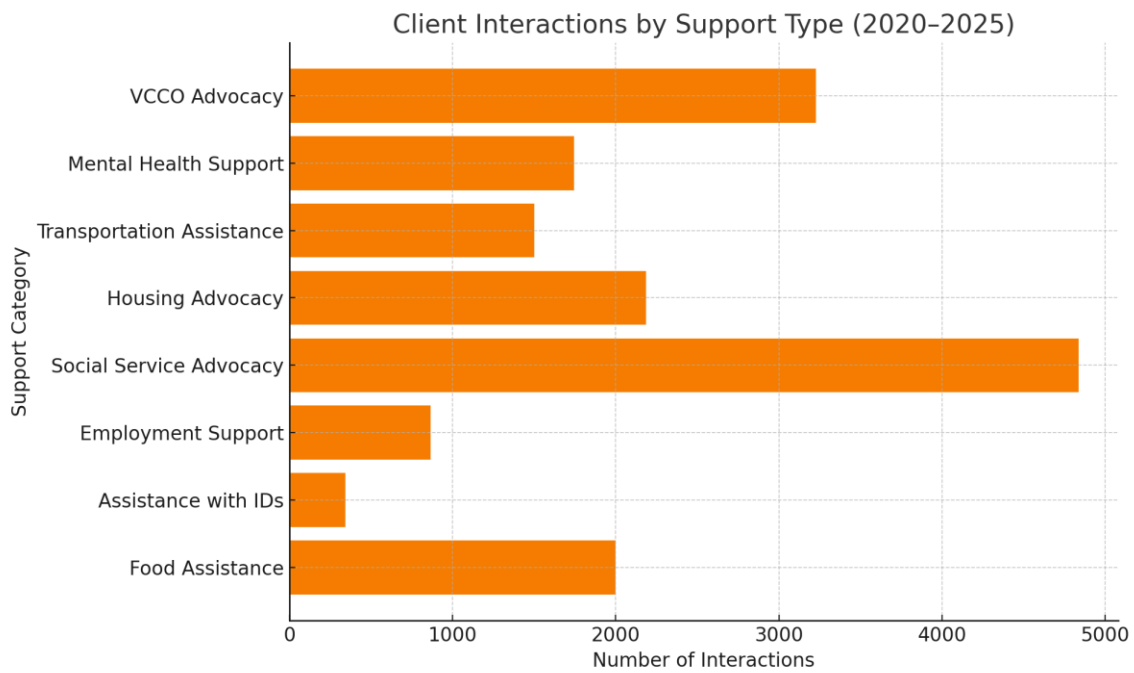


Figure 1. Breakdown of Clients Served by PHC (2020–2025)

Category of Support	Instances of Support
VCCO Advocacy	3,228
Mental Health Support	1,743
Transportation Assistance	1,500
Housing Advocacy	2,186
Social Service Advocacy	4,837
Employment Support	866
Assistance with IDs	343
Food Assistance	2,000
Overall Client Interactions	16,703



Why PHC's Approach Reduces Reinjury and Retaliation

1. Hospital-based intervention at the 'teachable moment' connecting survivors immediately post-injury when they are most receptive.
2. Long-term, community-based case management—ensuring ongoing support well beyond hospital discharge.
3. Addressing social determinants of violence housing, employment, trauma, and food insecurity.
4. Culturally responsive care through our case managers, therapists and credible messengers are trusted community members who engage survivors authentically.
5. Evidence-backed engagement research shows HVIP participants have significantly lower rates of reinjury and retaliation (Boyle, AAMC, 2023; EAST Trauma Guidelines, 2023).

A Story of Transformation: Pseudonym Mel. What do these numbers and interactions mean in real life? Healing Through Connection: How PHC's HVIP Case Management Transformed Mel's Life and Reduced Violence in Paterson

When the Paterson Healing Collective (PHC) met Mel in 2020, he was 25 years old, newly released from prison, and struggling to survive after being shot for the third time in less than two years. He had a tracheostomy tube in his throat, a feeding tube in his stomach, and a cane to help him walk. He was homeless, isolated, and had no family support system having grown up in foster care and spent most of his adolescence and early adulthood moving in and out of juvenile and adult prisons since age 12.

Mel was also candid about the fact that he carried a gun for protection. He had lived a life surrounded by violence and betrayal, and carrying a weapon felt like the only way to stay alive. When PHC's Hospital-Based Violence Intervention Program (HVIP) team first met Mel at St. Joseph's University Medical Center, they saw past his record and his wounds, they saw a person whose trauma had never been treated. At that time, the hospital's standard discharge options offered little hope. The 211 homelessness system could only provide a shelter bed in a neighborhood where Mel had active conflict; sending him there would have placed him back in danger.

Instead, PHC's case management team, led by trained trauma-informed advocates stepped in. Using emergency funding from the HVIP, they placed Mel in a hotel for immediate safety, and later in a longer-term Airbnb, where he could heal both physically and emotionally. The team arranged for transportation to medical follow-ups, helped him apply for Victims of Crime Compensation (VCCO) support, and assisted with food, identification, and municipal warrants. They helped him navigate a toxic relationship and even reached out to community members he was in conflict with to mediate tensions and prevent retaliation.

For the first time in his life, Mel had people advocating for him not because of what he did wrong, but because they believed in what he could become.

The Power of Relationship-Based Case Management

Mel's story reflects the heart of PHC's HVIP model: long-term, culturally responsive, and relationship-based case management that meets people exactly where they are. PHC's case managers are not just service providers, they are credible messengers, mentors, and connectors who understand that healing from violence requires trust, safety, and stability.

In Mel's case, traditional systems were not equipped to respond to his layered trauma and complex needs. But PHC's approach built on consistent engagement, respect, and practical support that helped interrupt the cycles of isolation and street-level conflict that often lead to re-injury or retaliation. Over the next five years, Mel rebuilt his life piece by piece, supported by a team that refused to give up on him.

Today, five years after his enrollment, Mel has not been reinjured once. He continues to stay connected to PHC, participates in community healing events, and offers encouragement to others who come through the hospital doors with similar stories.

How PHC's HVIP Model Reduces Violence in Paterson

Mel's success is not an isolated outcome, it reflects the effectiveness of PHC's evidence-based HVIP approach in addressing violence as a public-health issue. Since 2020, PHC has supported 326 gunshot victims, with only five experiencing re-injury at a 1.5% reinjury rate, dramatically lower than the national average of 20–45%.

These outcomes mirror national research that finds hospital-based violence intervention programs (HVIPs) dramatically reduce the risk of re-injury, retaliation, and criminal justice involvement (Cooper et al., JAMA Surgery, 2018; Schenck et al., Trauma Surgery & Acute Care Open, 2023; EAST, 2023).

PHC's approach works because it engages survivors at the moment of crisis, provides long-term, wraparound case management, and addresses the social determinants of violence, including housing, employment, trauma, and community safety. By using credible messengers and centering cultural responsiveness, PHC ensures that each person's background, identity, and trauma are respected and understood.

This model not only transforms individual lives like Mel's, it reduces violence citywide. Since PHC's HVIP began in 2020, Paterson has experienced a steady decline in shooting incidents and retaliatory conflicts, even during years when surrounding communities saw increases. By preventing repeat injuries and retaliation, PHC has directly contributed to fewer hospitalizations, fewer funerals, and stronger community trust.

Healing as Prevention

Mel's story represents what happens when systems of care center compassion over punishment and healing over harm. The Paterson Healing Collective's HVIP team has proven that violence prevention doesn't begin with policing—it begins with people. By providing survivors like Mel with stable housing, mental health care, and mentorship, PHC breaks the cycle of injury, incarceration, and retaliation.

Every individual stabilized through PHC's HVIP program ripples outward into safer streets, more stable families, and a more hopeful Paterson. Healing is the most powerful form of violence prevention and PHC is proving it every day.

Our team expanded its victim advocacy to also help domestic violence and sexual assault victims because through our HVIP work, we observed serious gaps in services for DV and SA victims. The following case shows how our victim advocacy provides immediate care to victims in need.

Case Study 2: Melba's Story A Holistic Approach to Victim Advocacy

Melba's story is one of resilience, compassion, and the power of community-based victim advocacy. She was a young mother who suffered a horrific trauma, stabbed and sexually assaulted during a home invasion while her toddler was in another room. She was living in a rooming house that was unsafe and unstable. When the Paterson Healing Collective (PHC) first arrived at her bedside, the prosecutor's office told our team that they had everything under control and asked us to leave. However, only a few days later, the hospital called us back in desperation for help.

It was late in the afternoon, close to 4:00 p.m., and hospital staff were preparing to discharge Melba. There were no available shelters, and she was terrified to return to the same house where she had been attacked. Recognizing the urgency, our team stepped in immediately. We helped Melba obtain her medication, transported her to pick up her young son, accompanied her into her neighborhood with our High-Risk Interventionist (HRI) to ensure her safety while retrieving her belongings, and placed her in an emergency hotel stay. PHC covered the cost of her lodging, meals, and transportation for the weekend until a long-term solution could be arranged.

On Monday morning, our advocates ensured that Melba could safely return to work, as she feared losing her job due to missed time. We coordinated with partner agencies to help her secure more stable, long-term housing. Although her assailant was not apprehended until months later, our team continued to support Melba throughout her healing process helping her enroll her son in a new school after relocation, and maintaining regular case management follow-ups.

This case exemplifies why the Paterson Healing Collective's model is essential. Unlike traditional victim advocacy programs that often operate within strict limitations of eligibility or service scope, PHC's trauma-informed and community-based approach allows us to meet survivors where they are, address safety and healing comprehensively, and fill critical gaps left by conventional systems. Our advocates go beyond referrals we ensure victims have shelter, food, transportation, employment support, and emotional care.

Unfortunately, in October 2025, PHC learned that our Victim Assistance Grant (VAG) from the New Jersey Office of the Attorney General (OAG) would not be renewed, despite our four-year history of proven, effective service to victims of domestic violence, sexual assault, and community violence. We were told our application 'did not score high enough,' a decision that threatens to limit the vital advocacy work that directly changes and saves lives like Melba's.

Melba's case demonstrates that PHC's model fills essential gaps in the victim services landscape. We are the safety net for individuals who often fall through the cracks of traditional systems. Our ability to act quickly, without bureaucratic delays, and provide

comprehensive care is what ensures that victims not only survive but begin to heal and rebuild their lives. Continued and sustainable funding for this work is not just necessary it is lifesaving.

Paterson Healing Collective Builds on Preventing Violence: Leadership Programming, Outreach, and Youth Engagement (2023–2025)

Since its founding, the Paterson Healing Collective (PHC) has expanded beyond crisis response to include proactive, community-centered violence prevention. Between 2023 and 2025, PHC implemented a series of prevention initiatives, leadership development programs, and school-based partnerships designed to reduce youth violence, support reentry, and empower communities most impacted by violence. These initiatives embody the principles of Community Violence Intervention (CVI), addressing the social, emotional, and structural factors that contribute to harm while fostering leadership, resilience, and safety.

Leadership and Reentry Empowerment (Since 2023)

Since 2023, the Paterson Healing Collective (PHC) has facilitated over 300 leadership, mental health and life-skills workshops for adults with prior justice involvement. We have assisted over 100 adults through our leadership programming and case management. This program emphasizes personal development, emotional regulation, financial literacy, and community leadership skills essential for personal stability and collective healing. Our case manager assists these participants with emergency support, ID's and helping them apply for employment.

When PHC first launched, services primarily targeted individuals who were direct victims of violence. However, through years of community engagement, the team recognized that reducing violence requires reaching beyond immediate victims to support individuals who are deeply affected by the trauma and instability surrounding violence. Many of these individuals often returning citizens or residents of neighborhoods with high exposure to violence were struggling with unaddressed trauma, limited employment opportunities, and systemic barriers to stability.

Recognizing this need, PHC expanded its focus in 2023 to include violence-impacted individuals people who may not have been recently victimized but remain at heightened risk for involvement in violence as either victims or participants. This led to the creation of the PHC Leadership Academy, a structured, healing-centered program that engages residents from Paterson's most impacted neighborhoods. The program provides a safe space for learning, accountability, and empowerment. Participants gain practical tools for navigating reentry, securing employment, improving emotional wellness, and building supportive relationships that strengthen their sense of belonging.

The results have been transformative. KM was a participant who served 18 years in prison, arrived at PHC unsure of his next steps and without essential identification documents. Through PHC's assistance, he obtained his IDs, began attending workshops consistently, and soon started collaborating with one of the program's instructors. Today, he continues to build leadership skills and serves as a role model for others navigating reentry.

TS was recently released from incarceration, initially found employment but lost his job and began spending increasing amounts of time on the street. A High-Risk Interventionist (HRI) referred him to the Leadership Academy, where he re-engaged with structured programming and peer support. Since joining, he has attended regularly, expressed hope about his future, and is now working with PHC staff to secure new employment opportunities.

Another participant that has shown the impact of our programming is that of JB. He came to the Paterson Healing Collective (PHC) shortly after returning home from prison. Soon after his release, he was shot, leaving him unable to work and struggling to maintain stability. Despite the challenges of recovery and the financial strain of lost income, he remained determined to rebuild his life.

PHC immediately activated a full range of supports. Our victim advocacy team helped him access emergency services, provided one-on-one trauma therapy, and guided him through the process of applying for temporary disability benefits to maintain financial stability while he healed. Recognizing the urgency of his situation, PHC also provided direct financial assistance to cover his rent, utilities, and food so he would not face eviction or hunger during his recovery.

At the same time, PHC staff advocated on his behalf with his employer at the Department of Public Works (DPW) to ensure that he could keep his job while he recovered. This advocacy not only preserved his employment but also reinforced his sense of dignity and hope. Throughout his recovery, he remained actively involved in the Leadership Academy, participating in workshops on emotional regulation, financial management, and leadership development.

Today, he is fully employed again at DPW, continues to attend Leadership Academy sessions, and has become a mentor to other participants who have recently returned home from incarceration. Beyond his professional and personal growth, he now coaches a youth basketball team for young boys in his neighborhood a powerful example of how healing-centered, community-based interventions create ripple effects of hope and leadership. PHC proudly supported his vision by providing funding for basketball equipment and uniforms, allowing him to transform his lived experience into an opportunity to uplift the next generation.

These stories illustrate PHC's holistic approach addressing both the immediate needs and long-term aspirations of individuals impacted by violence. Through advocacy, connection, and consistent support, PHC helps participants not only survive but thrive, demonstrating the power of healing, opportunity, and community in breaking cycles of violence.

These stories reflect the deeper mission of PHC's reentry and leadership programming to transform instability into purpose, and isolation into community.

Research from the Community Violence Intervention (CVI) field reinforces the importance of this inclusive model. Studies from the Health Alliance for Violence Intervention (HAVI, 2022) and the Johns Hopkins Center for Gun Violence Solutions (2023) show that effective CVI ecosystems engage both direct victims and those at high risk through credible-messenger relationships and intensive mentorship. This broader engagement prevents retaliation, reduces community-level violence, and strengthens social cohesion.

Since the launch of PHC's Leadership and Reentry Empowerment programming, **only 5% of participants have been rearrested after enrolling in our services. This rate is dramatically lower than the New Jersey average of 31% and the national average of 40–45% within three years of release (BJS, 2021; NJDOC, 2023).** These outcomes reflect the effectiveness of PHC's comprehensive approach, which blends credible-messenger engagement, trauma-informed care, and social-emotional skill-building to promote long-term behavioral change and reduce recidivism. By providing holistic supports ranging from housing and employment assistance to emotional wellness and leadership development—PHC helps participants rebuild stability, self-efficacy, and belonging, effectively breaking cycles of incarceration and violence.

Further, evidence from the RAND Corporation (2021) and the Urban Institute (2018) indicates that leadership and reentry programs can reduce re-arrest rates by up to 35%, primarily through improved emotional regulation, self-efficacy, and connection to positive community networks. PHC's Leadership Academy exemplifies this approach transforming individuals once labeled "high-risk" into leaders, mentors, and credible messengers who now actively contribute to Paterson's peace and progress.

Youth Engagement and School Partnerships

PHC recognizes that youth from violence-impacted communities need safe, supportive environments to build skills, heal, and thrive. In 2023, the Collective ran its first Safe Summer Teen Club Camp, engaging 30 youth from across Paterson through workshops focused on conflict mediation, mental health, and advocacy. The program offered stipends to promote financial empowerment and accountability, reinforcing that youth leadership is central to community transformation.

In addition, PHC led over 40 social-emotional learning (SEL) workshops across Al Moody Academy, JFK High School, School 10, School 30, and School 1. Through restorative circles, role-playing exercises, and mentorship, PHC helped students resolve conflicts and improve attendance. Al Moody Academy served as the primary focus group where PHC’s engagement reduced in-school conflicts and improved retention. Research affirms that SEL programs foster empathy, emotional intelligence, and self-regulation key protective factors against violence (Durlak et al., 2011; CASEL, 2023).

Partnership with Passaic High School (2024–2025)

In 2024, PHC expanded its prevention programming to Passaic High School, targeting students at risk of truancy and school-related violence. The results were striking: violence incidents dropped by half, and students enrolled in PHC programming began having higher rates of regular school attendance and no reduced involvement in violent behavior throughout the 2024 and 2025 school year. These improvements demonstrate the impact of sustained mentorship and trauma-informed engagement in reducing school-based violence. Unfortunately, program continuation in both Paterson and Passaic school districts was disrupted by leadership transitions and school construction but the outcomes stand as evidence of success.

Research supports these outcomes. The CDC (2022) and Wilson et al. (2018) found that school-based CVI and SEL interventions reduce youth aggression and violent behavior by 40–60% when implemented consistently and supported by school leadership.

Summer Peace Challenge: Community Leadership for Safety

In 2024, PHC launched the Summer Peace Challenge an innovative campaign engaging community leaders and youth from neighborhoods most impacted by violence, particularly the 1st, 4th, and 5th Wards of Paterson. The initiative encouraged residents to sign up their blocks, commit to non-violence, and organize community clean-ups and social events promoting unity. The campaign was amplified on social media, creating friendly competition among neighborhoods while elevating messages of peace and accountability.

Summer Season	Citywide Shootings	Hospital Violence-Injury Admissions	Change from Prior Year	PHC Interventions	Major
2023	28	19	—	Safe Teen Club launched (30 youth violence-impacted	

				communities); mediation active
2024	15	11	↓ 46% citywide ↓ 42% hospital	Summer Peace Challenge launched; blocks pledged; stipends and clean-ups
2025	12	9	↓ 60% citywide ↓ 53% hospital	Challenge expanded; 10 blocks enrolled; stipends + SEL sessions

These declines align with PHC’s increased prevention activities, community organizing, and youth engagement during the same periods.

Evidence from the Health Alliance for Violence Intervention (2022) and Johns Hopkins (2023) supports that community-led interventions combining neighborhood engagement and hospital-based follow-up reduce shootings by 40–70% when implemented together. Sharkey (2018) further asserts that community investment, rather than punitive enforcement, is the driving force behind sustained violence reduction in urban centers.

Outreach and Targeted CVI Zones

PHC’s outreach team focuses presence in Paterson’s 1st, 4th, and 5th wards historically the areas with the highest rates of shootings and violent incidents. Since 2022, shootings in these wards have declined sharply in tandem with PHC’s expansion of community presence, credible-messenger outreach, and prevention activities. PHC staff has built its capacity since 2020, we are now in the hospital, in neighborhoods, and community spaces to mediate conflicts, provide resources, and build trust. Since 2023 we have grown our staff by building our outreach and high risk intervention team. All of our HRI and Outreach team are from Paterson and have been directly impacted by the violence in the community. All of them have also been direct recipients of our programming and are lived examples of our work. They have transformed their lives and now are trying to bring healing to their community. They also represent all of the areas that have had ongoing beef. Their credibility and their constant presence in their own communities helps us to mediate ongoing conflicts. According to Cure Violence Global (2023) and HAVI (2022),

consistent credible-messenger engagement in high-violence zones can cut shootings nearly in half within three years.

Place-Based CVI: Healing Spaces, Park Activation, and Violence Reduction

Since 2020, the Paterson Healing Collective (PHC) has hosted 220 community outreach and place-activation events from Halloween gatherings and holiday ‘Winter Wonderland’ park transformations, to Thanksgiving food distributions, summer block-party Healing Spaces, and an annual Wear Orange concert that centers art and music without glorifying retaliatory or drill content. These efforts have been concentrated in Paterson’s 1st, 4th, and 5th Wards, and strategically timed during warmer months and holidays when public spaces are most active. This strategy is a core pillar of Community-Based Violence Intervention (CVI): reclaiming public space to build collective efficacy, strengthen social ties, and interrupt cycles of harm.

Why Transforming Public Space Reduces Violence

A robust body of research shows that improving the built environment greening vacant lots, activating parks, and investing in public space can reduce gun violence and fear of crime while improving mental health and community cohesion. Randomized and citywide trials in Philadelphia found that cleaning and greening vacant lots led to significant reductions in gun violence and improved safety perceptions (Branas et al., 2018; Garvin et al., 2013). Multi-city analyses also link greater urban greenspace to lower violent-crime risk (Ogletree et al., 2022). Federal and academic reviews emphasize that community-engaged Crime Prevention Through Environmental Design (CPTED) and place-based CVI efforts reduce violence at lower per-capita cost than enforcement-only strategies.

Equally important, activating parks and hosting culturally resonant community events builds ‘collective efficacy’ the capacity of neighbors to trust one another and take shared action—which decades of research connects to lower violence (Sampson; NIJ brief). National CVI guidance underscores that outreach, credible-messenger engagement, and place-based improvements work together to prevent retaliation and normalize prosocial gathering in neighborhoods most impacted by gun violence (OJP CVI Implementation Checklist; Johns Hopkins Center for Gun Violence Solutions).

PHC’s Place-Based CVI in Practice (2020–2025)

- Park activation & seasonal healing spaces: Holiday ‘Winter Wonderland’ parks, summer Healing Spaces block parties, and family-friendly Halloween events normalize safe, positive use of public space.
- Arts-forward, non-retaliatory culture: The Wear Orange concert highlights youth artistry without promoting drill/beef music, reinforcing nonviolent norms and belonging.

- Basic-needs support on-site: Food distributions and resource tables address immediate needs that contribute to stress and conflict, aligning with a public-health approach.
- Geographic focus: 1st, 4th, and 5th Wards prioritized to concentrate benefits where violence has been most acute.

Result: A Community Safety Ecosystem

PHC's place-based CVI complements hospital-based intervention and case management. By reclaiming parks and streets as healing spaces, PHC reinforces nonviolent norms, increases guardianship and positive occupancy of public spaces (Routine Activity & CPTED principles), and sustains trust with residents. These efforts help reduce exposure to retaliatory cues, increase pro-social guardianship, and support the downward trajectory of violence in target wards. PHC uses the ecosystem approach linking hospitals, communities, and schools is essential to sustaining reductions in violence. PHC embodies this model in action.

PHC's Violence Intervention Efforts

Intervention is one of the most critical components of Community-Based Violence Intervention (CVI) because it directly interrupts the cycle of retaliation that often follows a shooting. Research consistently shows that the hours and days after a violent incident are the highest-risk period for additional shootings. CVI teams trained credible messengers with deep community trust engage individuals most connected to the conflict, mediate disputes, address misinformation, and stabilize those at risk through trauma-informed support. This proactive strategy reduces the likelihood of retaliatory shootings and prevents conflicts from escalating into long-term neighborhood violence.

What the Research Shows

- Cure Violence/Crisis Management System (CMS) models have produced 21–40% reductions in shootings in multiple cities when credible messengers mediated conflicts and supported high-risk individuals.
- Group Violence Intervention (GVI) strategies have achieved 35–60% homicide reductions by focusing on individuals at highest risk and combining direct communication with supportive services.
- Hospital-Based Violence Intervention Programs (HVIPs) significantly reduce reinjury and retaliation by engaging victims at the bedside during the 'teachable moment' and following with long-term case management.
- Across cities nationwide, CVI approaches using interruption, mediation, and wraparound supports produce measurable declines in shootings and homicides.

PHC Intervention in Practice: Stopping a Potential Chain of Shootings

A recent situation in Paterson illustrates precisely why intervention is vital. After a community member was shot and then incarcerated directly from the hospital, rumors

began circulating that a youth known to PHC and their family were responsible. Neighborhood tensions escalated quickly, and two groups appeared to be preparing for a violent confrontation.

PHC's High-Risk Intervention (HRI) team, composed of trusted credible messengers, acted immediately. They conducted rapid fact-finding, addressed misinformation, and reached individuals most likely to retaliate. Because of their long-standing relationships and deep knowledge of neighborhood dynamics, they successfully mediated the conflict and negotiated a non-aggression agreement.

The HRI team also implemented a safety plan for the youth and their family, offered ongoing case management support, and monitored the situation through the high-risk period. As a result, a potentially deadly cycle of revenge was stopped before it began.

Why CVI Intervention Is Different from Traditional Approaches

Traditional public-safety responses typically occur after violence has already taken place. CVI is uniquely proactive: it targets those most at risk, intervenes in real time, uses trusted messengers to de-escalate conflict, and pairs mediation with housing, employment, transportation, trauma care, and safety planning. This model addresses both the immediate danger and the underlying conditions that fuel violence.

Conclusion

Violence prevention begins long before a shooting occurs. Through leadership development, mentorship, and block-by-block engagement, the Paterson Healing Collective empowers both youth and adults to become agents of change. By focusing outreach in the neighborhoods most impacted by violence and building partnerships with schools and community leaders, PHC demonstrates that prevention is possible and measurable. These efforts are not just programs; they are investments in community safety, healing, and hope.

WHY IS INVESTING IN PROGRAMS LIKE THE PATERSON HEALING COLLECTIVE IS SMART

Fiscal Impact: Why Investing in Healing Saves Lives and Money

Since 2020, the Paterson Healing Collective (PHC) has grown from a small hospital-based program into one of New Jersey's leading community violence intervention initiatives. What began as a pilot at St. Joseph's University Medical Center has expanded into a full ecosystem of healing and prevention, linking hospital response, community-based crisis

intervention, youth programming, mental health services, and reentry support for justice-involved individuals.

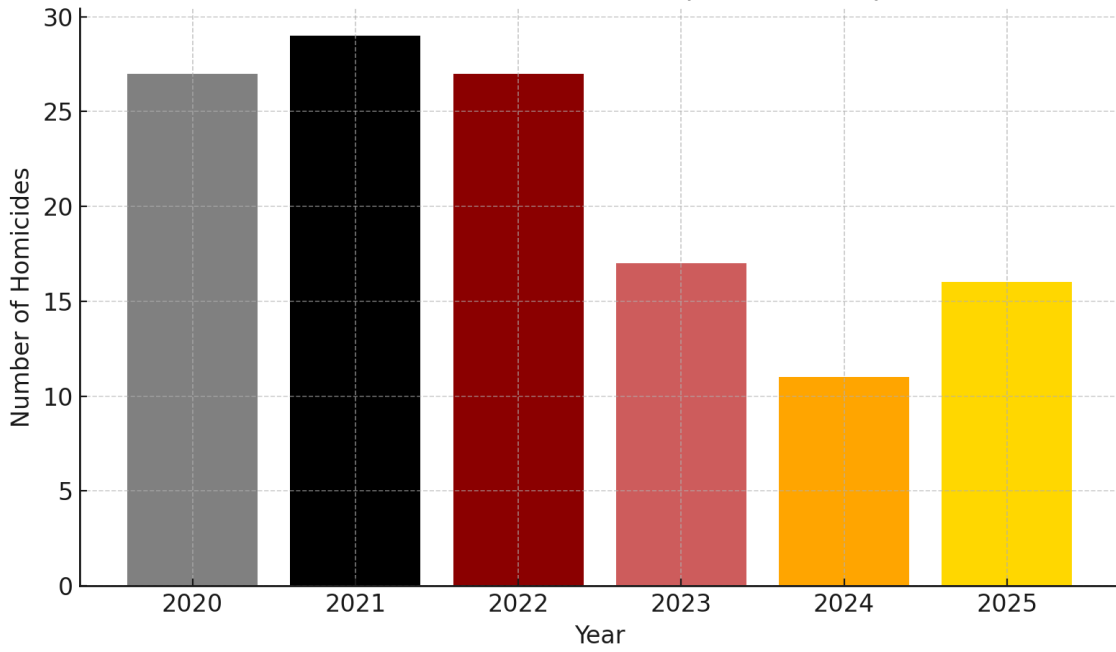
Today, the Paterson Healing Collective employs or supports 33 people through this work. That includes 15 full-time staff at PHC, 2 full-time hospital-based staff, and 16 contractors and partner staff supported through grant funding. Together, they make up a coordinated safety and healing network that serves hundreds of residents each year.

To sustain this full-scale operation, PHC's annual budget is approximately \$4 million. This funding supports salaries, mental-health services, youth stipends, direct client support, operational costs, events, and data management, all designed to reduce violence, strengthen families, and stabilize communities across Paterson.

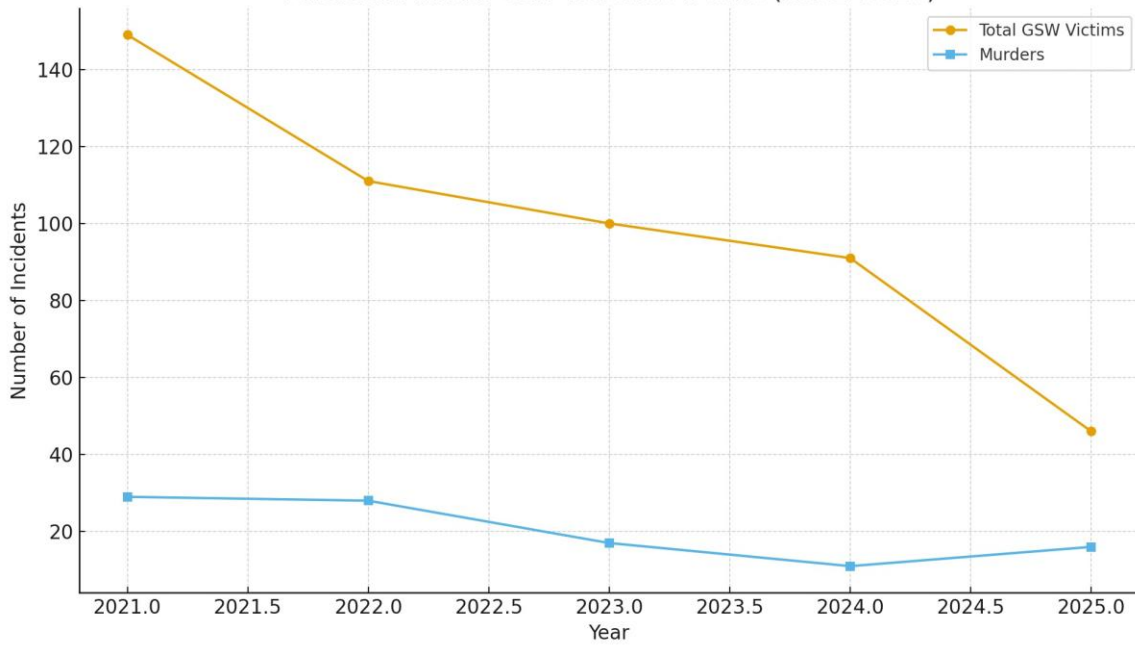
Violence Reduction That Saves Millions

In 2020, before PHC was fully launched, Paterson recorded 27 homicides, one of the highest totals in a decade. By 2024, that number dropped to 9. In 2025 there was an increase since 2024 of homicides to date of 16, however this is still over a 40% drop since we first started in 2021. Since we began our HVIP in 2021, there have been less homicides than the recorded number of 29 in 2021. Every year, each one life saved represents a family that was spared unimaginable loss.

Homicides in Paterson (2020-2025)



Paterson Annual Gun Violence Trends (2021-2025)



Medicaid Savings & Fiscal Impact Analysis (2021–2025)

Why This Analysis Matters

Gun violence is not only a public-safety crisis, it is a public health emergency with enormous financial consequences. Lower Hospital Costs and Medicaid
The financial impact of the Paterson Healing Collective (PHC) extends well beyond homicide reductions. St. Joseph’s trauma registry shows that gunshot-related hospital admissions declined dramatically from 149 in 2021 to just 46 in 2025 a 69% reduction. This represents 103 fewer hospitalizations each year.

Medical Cost Reductions

Each gunshot wound treated in a hospital costs an average of \$27,820 in direct medical expenses (U.S. Government Accountability Office [GAO], 2021; Miller et al., 2023). This drop in admissions translates to approximately \$2.9 million in total medical savings per year. Because roughly 52–60% of those costs are covered by Medicaid or other public payers, this equates to \$1.5–\$1.7 million in annual savings for public health systems.

National research shows:

- Each nonfatal gunshot wound costs hospitals an average of \$27,820 in direct medical treatment (U.S. Government Accountability Office [GAO], 2021).
- Up to 60% of these costs are covered by Medicaid (Miller et al., 2022).
- Hospital-based violence intervention programs (HVIPs) reduce reinjury and retaliation by 30–60% (Pew Charitable Trusts, 2022; John Jay College R&E Center, 2020).

The Paterson Healing Collective (PHC), operating in collaboration with St. Joseph’s University Medical Center since 2020, is a nationally recognized CVI/HVIP model delivering trauma-informed bedside intervention, case management, and long-term supports. The data below demonstrate that PHC is not only life-saving, it is cost-saving.

Decline in Gunshot Wound (GSW) Admissions (2021–2025)

PHC’s presence aligns with a decline in annual GSW hospitalizations from 149 cases in 2021 to 46 cases in 2025, a 69% reduction.

Table 1. Estimated Medicaid Savings from Reduced GSW Hospitalizations

Year	GSW Victims	Reduction vs 2021	Total Medical Savings (\$)
2021	149	0	0
2022	111	38	1,057,160

2023	100	49	1,363,180
2024	91	58	1,613,560
2025	46	103	2,865,460

Key Takeaway

PHC contributed to a 69% reduction in GSW hospitalizations and millions in cumulative Medicaid savings. This demonstrates that healing-centered violence intervention is both morally necessary and fiscally responsible.

Research shows that every homicide costs society between \$7.8 million and \$12.3 million, once the costs of law enforcement, emergency medical care, incarceration, and lost income are considered (Miller et al., 2023; Federal Emergency Management Agency [FEMA], 2023). Using the conservative estimate of \$7.8 million per case, Paterson’s reduction from 29 homicides in 2021 to 16 in 2025 represents approximately \$101 to \$160 million in avoided societal costs per year. If PHC’s hospital-based and community-driven efforts account for even 25 percent of that progress, the program is responsible for saving \$25 to \$40 million annually, while operating on a \$3 million budget. This equates to a return of \$6 to \$10 for every dollar invested in this life-saving work.

Lower Hospital Costs and Medicaid Savings – Updated Analysis (2021–2025)

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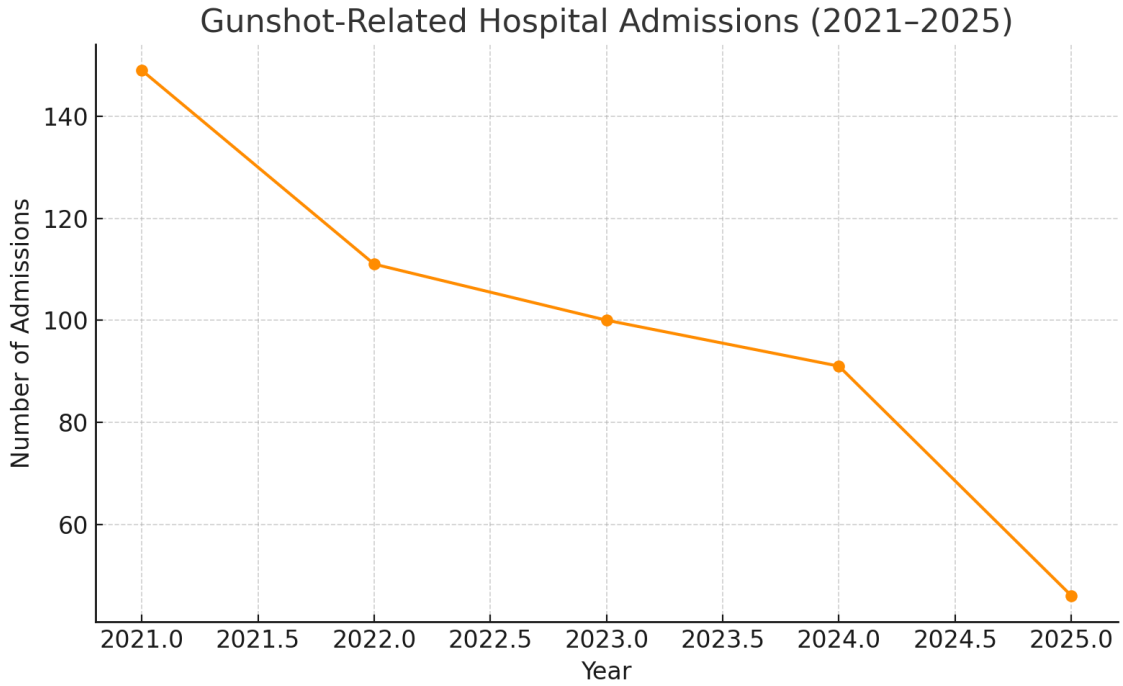


Figure 1. Gunshot-related hospital admissions have declined sharply since PHC's launch, dropping from 149 cases in 2021 to 46 in 2025. The line trend demonstrates sustained impact from PHC's prevention and intervention programming.

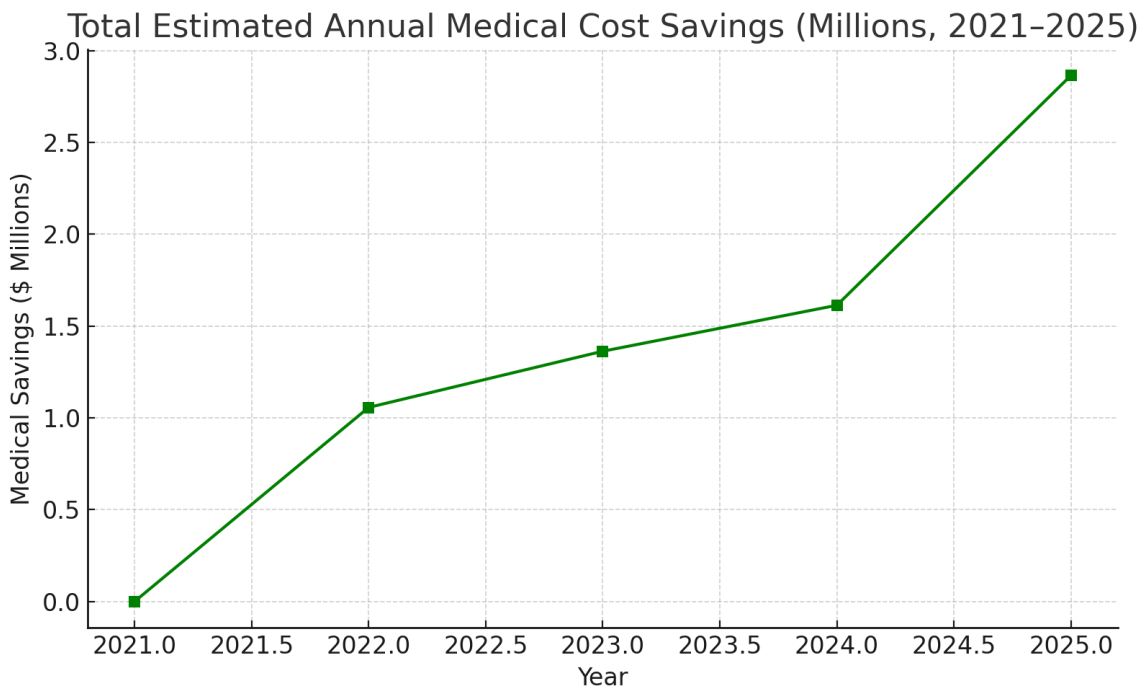


Figure 2. Total estimated medical cost savings, calculated using GAO and Miller cost estimates, show a cumulative savings trend nearing \$2.9 million annually as admissions decrease.

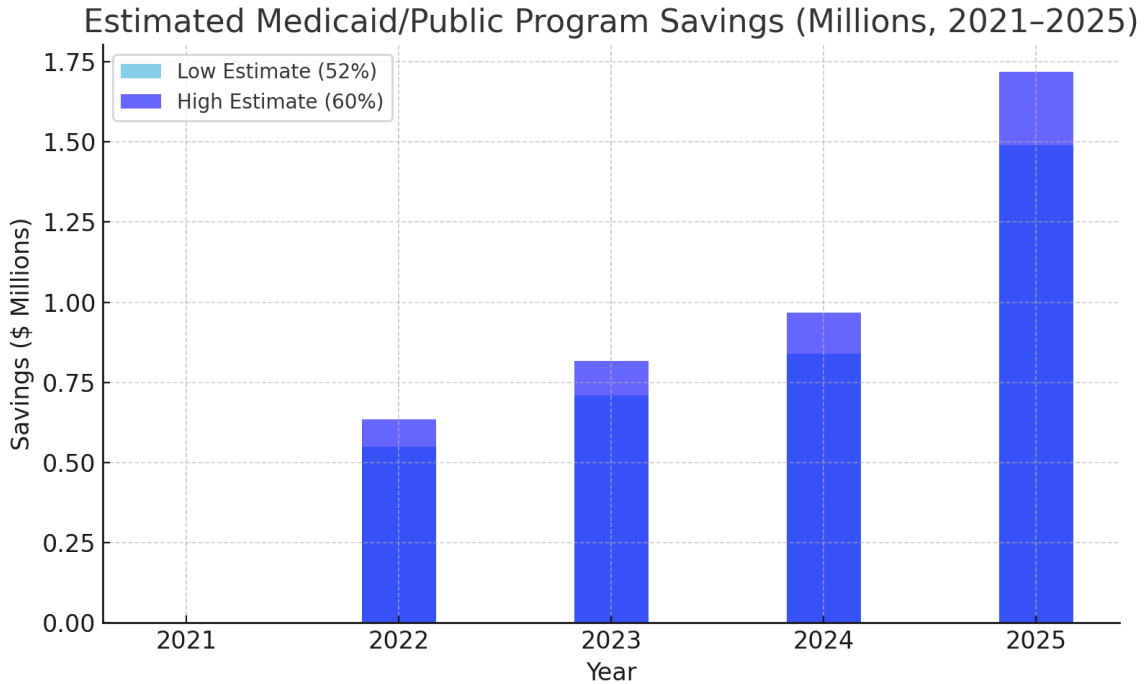


Figure 3. Estimated Medicaid and public program savings based on 52–60% payer share. The shaded bars illustrate the low and high estimates of annual savings to public health systems.

Public Health Impact

When trauma survivors are connected to PHC’s hospital-based follow-up care, case management, and mental health services, they are far less likely to be re-injured or to return to the emergency department. This prevents repeat trauma, reduces costs, and frees up critical healthcare capacity for other emergencies and patient care needs.

Why This Model Works and Costs Less

Traditional law enforcement and prosecution occur after harm happens and are significantly more costly. The Bureau of Justice Statistics (2023) reports that incarceration costs average \$45,000 per person annually, far exceeding the cost of providing comprehensive PHC wraparound services to multiple participants each year. By addressing root causes through prevention, mental health, and credible-messenger engagement, PHC’s approach has proven both humane and cost-effective.

Return on Investment (ROI)

When factoring both homicide and nonfatal injury reductions, PHC’s hospital-based and community-driven work produces a return of \$6 to \$10 for every \$1 invested. These savings represent fewer emergency-room visits, reduced law-enforcement and court expenditures, and lower incarceration costs—while simultaneously improving community stability and well-being.

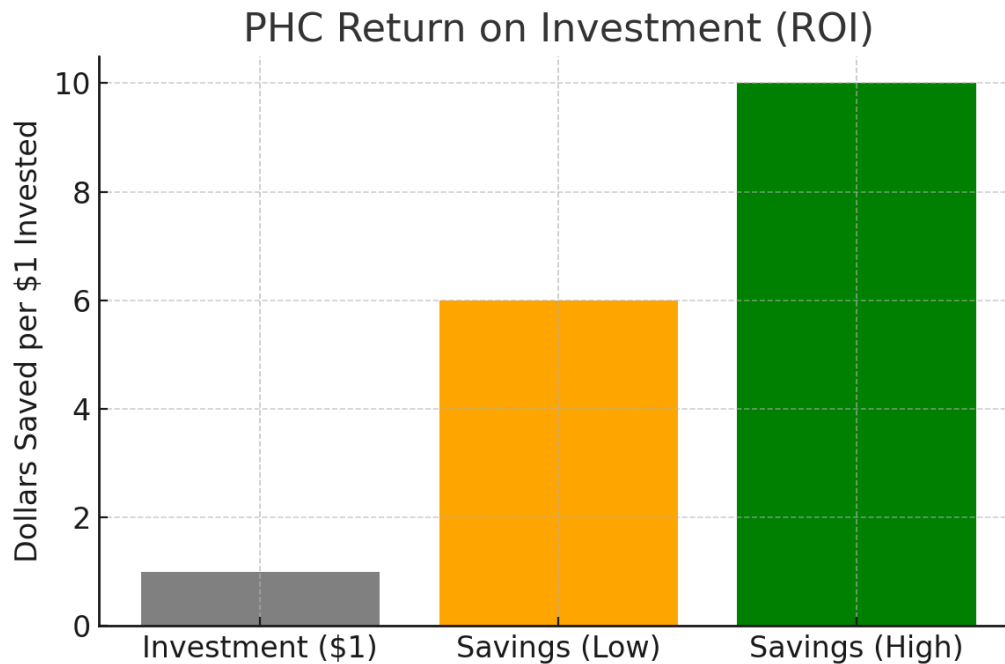


Figure 4. PHC’s Return on Investment (ROI) – Every \$1 invested in PHC yields between \$6 and \$10 in avoided healthcare, law enforcement, and incarceration costs.

Supporting Research

- Miller, T. R., Cohen, M. A., & Swedler, D. I. (2023). Costs of Violence in the United States. *Journal of Benefit-Cost Analysis*.
- Federal Emergency Management Agency (FEMA). (2023). *Value of a Statistical Life Guidance*.
- Centers for Disease Control and Prevention (CDC). *WISQARS Cost of Injury Reports*.
- National Institute for Criminal Justice Reform (NICJR). (2020). *The Cost of Gun Violence: A City-Level Analysis*.
- Urban Institute. (2017). *Investing in Community-Based Public Safety to Save Lives and Money*.

The Bottom Line

For an annual investment of \$4 million, the Paterson Healing Collective (PHC) helps generate between \$25 million and \$40 million in measurable public savings every year

and that's a conservative estimate. These savings stem from reductions in homicides, gun-related hospitalizations, and Medicaid-covered trauma costs, which together have dropped dramatically since 2021.

When factoring in reduced incarceration, improved school retention, increased employment, and better mental health outcomes, the true social and economic impact is far greater. Each of these gains represents not only a life redirected but also millions of taxpayer dollars reinvested back into the community rather than lost to violence, incarceration, and crisis response.

PHC continues to prove that investing in healing instead of punishment saves both lives and public dollars. Every dollar spent on this work prevents violence, lowers hospital and criminal-justice costs, strengthens families, and builds a safer, healthier Paterson for everyone.

Conclusion: Healing, Saving Lives, and Sustaining Safety

Over the past five years, the Paterson Healing Collective (PHC) has proven that healing-centered, community-based approaches save lives and create lasting public safety. Since our inception in October 2020, PHC has directly supported more than 722 individuals, including 326 gunshot victims, and engaged thousands more through outreach, youth leadership, and family-support programs.

Our work has contributed to record reductions in gun violence across Paterson. Since 2021, gunshot-related hospital admissions at St. Joseph's have fallen from 149 to just 46 in 2025, and the city's homicide count has dropped from 29 in 2021 to 16 in 2025 a 45% reduction. Among hundreds of victims served, only five have been re-injured, underscoring the effectiveness of trauma-informed case management and sustained follow-up care.

This success is not by chance it reflects the proven effectiveness of the Community-Based Violence Intervention (CVI) model. Research by the Centers for Disease Control and Prevention, John Jay College Research & Evaluation Center, and the Center for American Progress confirms that CVI programs can reduce shootings by 30–50%, saving millions in public resources while rebuilding trust and stability in neighborhoods most affected by violence. PHC's comprehensive model integrating case management, outreach, hospital-based intervention, and reentry support aligns directly with these outcomes, proving that credible messengers, trauma-informed care, and place-based healing spaces are essential to sustainable safety.

Financially, the impact is undeniable. With an annual operating budget of approximately \$4 million, PHC's work generates an estimated \$25–\$40 million in public savings each year through avoided shootings, reduced emergency medical costs, and fewer law-

enforcement and incarceration expenses. That equates to a return of \$6–\$10 for every dollar invested — clear evidence that healing is both humane and fiscally responsible.

Beyond the numbers, PHC’s leadership and innovation have earned national recognition. We received the Giffords Law Center “Life Savers Award,” were highlighted by Everytown for Gun Safety as a model of effective community-based intervention, and have been featured in regional and national media for our compassionate, data-driven approach to violence prevention. These honors affirm what our data already show: PHC’s model works and it works because it is led by those closest to the pain, the power, and the promise of Paterson.

As policymakers, funders, and partners shape the future of public safety, PHC calls for sustained investment and legislation that secures long-term funding for CVI infrastructure. Programs like ours are not temporary responses; they are permanent pillars of public health, equity, and justice. The story of PHC is the story of Paterson’s resilience proof that when we invest in healing, we prevent harm; when we invest in community, we reduce crime; and when we invest in people, we save both lives and futures.

References

- Centers for Disease Control and Prevention. (2023). *The public health approach to violence prevention.* National Center for Injury Prevention and Control, Division of Violence Prevention.
<https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>
- Cure Violence Global. (2022). *Treating violence as a contagious disease.*
<https://cvg.org/approach/>
- Everytown Research & Policy. (2023). *The impact of hospital-based violence intervention programs.* <https://everytownresearch.org/report/hospital-based-violence-intervention-programs/>
- Health Alliance for Violence Intervention (HAVI). (2022). *Evidence for hospital-based violence intervention programs.* <https://www.thehavi.org/evidence>
- Johns Hopkins Center for Gun Violence Solutions. (2023). *Community violence intervention: Evidence and impact brief.* Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/gun-violence-solutions>
- New Jersey Office of the Attorney General. (2020). *Hospital-based violence intervention program: Request for proposals and award summary.* Trenton, NJ: State of New Jersey Department of Law and Public Safety.
- New Jersey State Police. (2018–2024). *Uniform crime report: State, county, and municipal data for New Jersey.* <https://www.njsp.org/info/ucr.shtml>
- Paterson Healing Collective (RJI). (2020–2025). *Internal program data and case management reports.* Reimagining Justice Inc.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (2020). *Collective efficacy theory and community social order.* *Science*, 289(5480), 599–604.
<https://doi.org/10.1126/science.289.5480.599>
- St. Joseph’s University Medical Center. (2021–2025). *Trauma registry annual injury surveillance data.* Paterson, NJ.
- Bureau of Justice Statistics. (2023). *Prisoners in 2023.* U.S. Department of Justice.
- Centers for Medicare & Medicaid Services. (2024). *Guidance on Medicaid coverage of preventive services and community health supports.*
- Everytown Research & Policy. (2024). *Hospital-based violence intervention programs: A guide to implementation and costing.*
<https://everytownresearch.org/report/hospital-based-violence-intervention-programs-a-guide-to-implementation-and-costing/>
- Federal Emergency Management Agency. (2023). *Standard economic values used in benefit-cost analysis.* <https://www.fema.gov/>
- Health Alliance for Violence Intervention (HAVI). (2022). *Evidence for hospital-based violence intervention programs.* <https://www.thehavi.org/evidence>

- Johns Hopkins Center for Gun Violence Solutions. (2023). *Community violence intervention: Evidence and impact brief.* Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/gun-violence-solutions>
- Miller, G. F., et al. (2023). *Costs of fatal and nonfatal firearm injuries in the United States, 2019–2020.* Preventive Medicine, 170, 107599. <https://doi.org/10.1016/j.ypmed.2023.107599>
- U.S. Government Accountability Office. (2021). *Firearm injuries: Health care service needs and costs (GAO-21-515).* <https://www.gao.gov/products/gao-21-515>
- Centers for Disease Control and Prevention. (2023). *The public health approach to violence prevention.* National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>
- Cure Violence Global. (2022). *Treating violence as a contagious disease.* <https://cvg.org/approach/>
- Everytown Research & Policy. (2023). *The impact of hospital-based violence intervention programs.* <https://everytownresearch.org/report/hospital-based-violence-intervention-programs/>
- Health Alliance for Violence Intervention (HAVI). (2022). *Evidence for hospital-based violence intervention programs.* <https://www.thehavi.org/evidence>
- Johns Hopkins Center for Gun Violence Solutions. (2023). *Community violence intervention: Evidence and impact brief.* Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/gun-violence-solutions>
- New Jersey Office of the Attorney General. (2020). *Hospital-based violence intervention program: Request for proposals and award summary.* Trenton, NJ: State of New Jersey Department of Law and Public Safety.
- New Jersey State Police. (2018–2024). *Uniform crime report: State, county, and municipal data for New Jersey.* <https://www.njsp.org/info/ucr.shtml>
- Paterson Healing Collective (RJI). (2020–2025). *Internal program data and case management reports.* Reimagining Justice Inc.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (2020). *Collective efficacy theory and community social order.* Science, 289(5480), 599–604. <https://doi.org/10.1126/science.289.5480.599>
- St. Joseph’s University Medical Center. (2021–2025). *Trauma registry annual injury surveillance data.* Paterson, NJ.
- CASEL. (2023). Effective social-emotional learning for equitable outcomes.
- Centers for Disease Control and Prevention (CDC). (2022). Community violence prevention strategies.
- Cure Violence Global. (2023). Evidence brief on outreach-based violence reduction.

- Durlak, J. A., et al. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.
- Health Alliance for Violence Intervention (HAVI). (2022). Best practices in community violence intervention.
- Johns Hopkins Center for Gun Violence Solutions. (2023). Community Violence Intervention: Evidence and Impact Brief.
- RAND Corporation. (2021). Breaking the cycle of incarceration and violence.
- Sharkey, P. (2018). *Uneasy Peace: The great crime decline, the renewal of city life, and the next war on violence*. W.W. Norton & Company.
- Urban Institute. (2018). Reentry and employment pathways for returning citizens.
- Wilson, S. J., et al. (2018). School-based programs for preventing and reducing violence and aggression. *Campbell Systematic Reviews*.
- Health Alliance for Violence Intervention (HAVI). (2022). Best practices in community violence intervention.
- Johns Hopkins Center for Gun Violence Solutions. (2023). Community Violence Intervention: Evidence and Impact Brief.
- RAND Corporation. (2021). Breaking the cycle of incarceration and violence.
- Urban Institute. (2018). Reentry and employment pathways for returning citizens.

