

Community violence is a leading cause of injury and death in the United States, causing millions of hospital visits each year. Investigations of this phenomenon have revealed that social determinants substantially contribute to initial victimization and that the challenges following the trauma further amplify social, emotional, physical, and economic disadvantages which perpetuate risk of adverse outcomes and revictimization. A powerful response to this cyclical health crisis has been the implementation of Hospital-based Violence Intervention Programs (HVIPs). These programs work to support and protect victims by identifying their needs and helping to address the social determinants that may contribute to poor outcomes. However, the mechanism by which each program assesses its clients is variable and evolving, as maintaining client relationships and retention among standardized assessment forms can be challenging. In this study, we performed a qualitative assessment of case worker interviews from a Denver-metro area HVIP, to identify facilitators and barriers to implementation of a mental health screening tool for program participants, Screening and Tool for Awareness and Relief of Trauma (START). Using the implementation science framework, Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM), we analyzed the interviews to identify common themes and areas for improvement. Our results found setting of use of the tool, access to the tool, the language of the tool and its associated resources, training on the tool, and investment in the tool to be frequent and addressable themes for the improvement of this program.