Leveraging Hospitals to Stop the Cycle of Violence

Wednesday, December 11th 2-3pm

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The Presenters

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www.ChildrensSafetyNetwork.org
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The National Network of Hospital Based Violence Intervention Programs

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11 December 2013
Objectives

- Become familiar with Hospital-based Violence Intervention Programs (HVIP)
- Learn how HVIPs function
- Describe 3 specific programs
- Understand role of the National Network of Hospital-based Violence Intervention Programs (NNHVIP)
Hospital Based Violence Intervention (HVIP)

To promote positive alternatives to violence and to reduce:

retaliation,

re-injury,

and arrest
HVIP Key Components

- Intervention at “golden moment”
- Prevent retaliation
- Pre- and post-discharge support, including home visits
- Mentor/case managers work in community
Scope of Problem

- Violent injury is:
  - #1 cause of death in Afric Amer ages 15-34
  - #2 cause of death among Hispanics
  - #5 cause of death among non-Hispanic whites

- Violent injury is a traumatic experience
  - 27% PTSD 3 mo after violent injury, 18% 1 yr
  - 41% ASD within 1 month of violent injury
Cycle of Violence

- Acute Stress/PTSD
- Self Medicate/Get Weapon
- Injury/Re-Injury/Retaliation
- Discharged to Street
- Treated in Hospital
- Youth Shot/Stabbed/Assaulted

Death, Jail
Cycle of Violence: Interrupted

- Acute Stress/PTSD
- Self Medicate/Get Weapon
- Injury/Re-Injury/Retaliation
- Jail
- Death

HVIP

Discharged to Street
Treated in Hospital
Youth Shot/Stabbed/Assaulted

Trauma
Why intervene at the hospital?

- 44% of young people hospitalized for violence return with another violent injury within 5 years
- 20% of them eventually die by violence

HVIP Evidence of Effectiveness

- **Oakland, CA**: Decreased involvement with the criminal justice system
- **Indianapolis, IN**: Decreased re-injury
- **Chicago, IL**: Decreased re-injury
- **San Francisco, CA**: Decreased re-injury
- **Baltimore, MD**: Decreased involvement with the criminal justice system
- **Richmond, VA**: Increased use of social services, Decreased substance use
HVIP Model

Target high-risk populations to reduce risk of re-injury and retaliation
Address consequences of psychological trauma of violent injury
Through the Lens of Trauma
Cortisol / CRH, Epinephrine, Norepinephrine

**Regulation**

This is Good

**Dysregulation**

This is Bad
Neuroendocrine-immune Network

*Timing Is Everything*

- **Cortisol**
  - Too much → suppresses immunity
  - Too little → pro-inflammatory cytokines → loss of appetite, fatigue, social withdrawal
- Altered T-Helper cells and natural killer (CD8) cells in stressed neonates (animal studies)
- Prenatal environment is key as well
  - Prenatal maternal poverty, life stress and community violence linked to altered innate and adaptive immunity (humans)
Epigenetics: *Altered genetic expression without changing DNA sequence*
Trauma-Informed Practice

- Addresses psychological, not just physical, wounds of violent injury

- Victims’ with extensive histories of trauma/childhood adversity also have psychological, social, and biological consequences
Young Victims of Violence

- Initial recovery from physical injuries
- Poor medical followup for injuries
- High risk for repeat injury/death
- Acute Stress Reaction
- Post-traumatic stress
- Aggressive or avoiding behaviors
- Poor school attendance
- Legal issues
“Working together to make things right”

“Ujima” is fourth element of Kwanzaa

A multidisciplinary program designed to improve the physical and mental health of violently injured youth since 1995
Goals of this hospital-based community-wide partnership:

- Reduce number of youth who are repeat victims of violence
- Use *trauma-informed care* to promote positive development and QOL for youth and families affected by violence
- Prevent interpersonal youth violence
Collaborative Effort

- Children’s Hospital of Wisconsin
- Children’s Service Society of Wisconsin
- Medical College of Wisconsin

…and many community partners
Intervention Program Entry Criteria

- Ages 7 to 18 years
- Seen in Emergency Department
- Presenting Complaints:
  - Intentional Injury
  - Firearm Injury
- Excludes child abuse, suicidal attempt, and peer violence in home
UJIMA Team

- Community Liaison (CSSW/CHW)
- Peer (volunteer) Liaison
- Social Worker (CHW)
- Mental Health Worker (CSSW or community)
- Nurse (CHW)
- Physician (MCW)
Program Entry and Flow Process

Youth Services

Youth seen in EDTC
Crisis Intervention
Family Support

Family Follow-up 48 hours
Home visit within 30 days
Care Plan Developed

Youth Development Program
Youth Program Components

- Trauma-informed Case Management
- School, Court and Employment Advocacy
- Community Resources & Referral Info
- Individual/Group/Family Mental Health Rx
- Youth and Family Activities
- Summer Camp
Adult Program Services

- Serve crime victims including:
  - Next of Kin from Milwaukee Homicides
  - Domestic Violence survivors
  - Robbery

- Homicide support groups, mental health services, crisis intervention

- Help them support their children
Healing Hurt People (HHP)

Origins:
- No psychosocial standard of care for violently injured pt
- 2008- Hahnemann University Hospital (90 clients/yr)
- 2009- St. Christopher’s Hospital for Children (70/yr)

Theory:
- Teachable moment: “It was a wakeup call for me.”
  - Effectiveness of health care-based interventions which utilize the teachable moment theory
  - Trauma Theory: Pervades all aspects of intervention
Healing Hurt People Model:

1. Violent Injury
   - Referral to HHP

2. Hospital ED/Trauma Center
   - Admitted or Discharged
     - HHP CIS/SW Engages Client
       - Gains trust
       - Provides basic psychoeducation
       - Assesses safety
       - Introduces program
     - Client Enrolls in HHP
     - Assessment
     - Case Mgmt./Navigation
     - Mentoring
     - SELF Groups
     - CFTSI

3. HHP - Screen Eligb.
HHP: What We Provide

Physical Health
- Immediate Medical Care & Follow-up post injury
- Primary Care & Physical Therapy
- Physicals for SSI/Medicaid
  - Health Insurance
  - ED Medical Counseling
  - VCAP

Behavioral Health
- Triage
- Psycho-education
- Behavioral Health Counseling
  - Talking, coaching, & motivational interviewing in context of Behavioral Health Counseling
  - SELF Groups
  - Trauma Education

Family Health
- Crises Management (housing, mental, physical, safety)
- Legal & court issues
- Safety Planning

Social Health
- Navigation of Social Services
- Negotiation with Social Services
- Advocacy in Social Services
  - Mentoring
  - Talking, coaching, & motivational interviewing in context of Navigation & Mentoring
HHP: Where We Refer

Physical Health
- Primary Care
- Physical Therapy
- Dental Health
- Pain Management

Behavioral Health
- Mental Health
- Psychiatry
- Therapy
- Medication Management
- Substance Use Treatment

Social Health
- OVC
- School District
- Colleges & Universities
- Job Trainings
- Mental Health Providers
- Public Assistance
- Employment
- Legal Services
- Housing
- Department of Transportation
- Department of Vital Records

Family Health
- Parenting Classes
- Family Therapy
- Couples Therapy
Assessment

Self Groups

Mentoring

Navigation/Case Management

Peer Group Support

Identify PTSD/Adversity Educate patients

De-Construct Code of Street

Connect to Mental Health/Needed Services

SELF GROUPS
Child and Family Traumatic Stress Intervention (CFTSI)

- Developed by Berkowitz, Stover, Marans
- 4-6 session caregiver-child intervention which is provided within 30 days of a potentially traumatic event
- Outcomes:
  - Improve communication: ↑ familial support
  - Improves coping skills
- Offered at St. Christopher’s HHP location by trained LSW
Case Review

- Multiple sectors convene
- Improve provision of services
- Identify policy-level barriers
- Create trauma-informed systems
Our Clients Also Face:

- Axis I Dx (Depression, Schizophrenia) and Axis II (personality disorders), Axis III (physical conditions that exacerbate of Axis I and Axis IV Stressors)
- Substance use, addiction
- Homelessness cycling
- Intermittent crises
Direct Service Staff Conduct:

- Pre-work for potential clients and one-time assistance ("In Progress" in database)
- Triage of clients for most acute needs (not always apparent)
- Crisis Intervention: impending arrests, homelessness, violence in family, impulse to be violent, psychiatric emergencies, etc.
- Data entry/management, training, and administrative duties
Amalgam of Models of Care = HHP

HHP
CHOP VIP: History

- 1997-2003: Foundation funded 5 programs in Philadelphia
  - Ujima and Youth Alive! as models
  - Figured things out as we went along
  - Many challenges, many rewards
  - Lessons learned contributed to NNHVIP

- 2012: Rejuvenated with 1 yr research $$

- 2013: Hospital funds full program
CHOP VIP Criteria

- Ages 8-18 years (we’re a Children’s Hosp)
- Injured in an assault
- All levels of injury severity
- Excluded:
  - Child abuse
  - Intimate partner violence
  - Sibling injuries
CHOP VIP: Drivers

- Trauma-informed
- Connect with assault injured youth at the hospital bedside or soon after
- Safety / crisis management
- Medical needs
- Basic needs (clothing, food, shelter)
- Ensure traditional service providers can fully help heal (hospitals, schools, criminal justice, mental health, job training, etc.)
CHOP VIP: Process

- ED or Trauma Unit Social Workers:
  - Page Violence Prevention Prevention Specialist

  OR

- Get permission for VIP to call, then place a form into locked box on unit

- Call to arrange intake visit (home/hospital)

- Intake: Detailed questionnaire over next few visits
CHOP VIP: Staffing

- Full time Intervention Specialist (LSW)
- Full time assistant (Bachelors level)
- Co-op student (Drexel) \( \frac{3}{4} \) time every 6 mo
- Program managers (20%)
- Program Director (10%, in kind)

Embedded in larger entity (Center for Injury Research and Prevention at CHOP) = economy of scale
CHOP VIP: Partnerships

- Healing Hurt People: Share SELF Groups, collaborate on youth development projects, data, IRB, etc.
- Mental health: Specific provider help
  - Agreed to bidirectional communication
  - Provide trauma therapy, psychiatry
- Phila School System: Safety czar
- Victims Services
- ED and Trauma Unit leadership
HVIP: Challenges

- Too many clients, too little time
  - Waiting lists
  - When/how to “stop” without abandoning
  - How deep do we go (homelessness, poverty)
  - Navigating vs. educating

- Some clients lost to follow up

- Systems communication / cooperation

- Funding and sustainability

- Research: Control groups, defining the intervention
National Network of Hospital-based Violence Intervention Programs

**Mission:** Strengthen existing programs and help develop similar programs across the country.

- Technical assistance
- Share best practices
- Monthly E-bulletins
- Joint research
- Promote policy
- Annual conference
• Founder: Marla Becker, Youth Alive! in Oakland CA
• 8 founding programs
• Currently 24 programs
• Some DOJ Funding
• Curriculum published
Benefits for Hospital

- It works. Stop the revolving door!
- Reduce re-hospitalization expenses
- Gets clients insurance and VOC
- Post-discharge follow up with patients
- Expertise working with difficult patients
- Opportunity for research
- Community benefit and Public Relations
National Network of Hospital-based Violence Intervention Programs

At-Risk Intervention & Mentoring (Denver)
Beyond Violence (Richmond, CA)
Bridging the Gap (Richmond, VA)
Camden GPS (Camden, NJ)
Caught in the Crossfire (Oakland, CA)*
Caught in the Crossfire (Los Angeles, CA)
Cure Violence (Chicago, IL)*
Healing Hurt People (Philadelphia, PA)*
Journey Before Destination (Wash, DC)
Massachusetts Violence Intervention Advocacy Program (Boston, MA)*
Oasis Youth Support, London, Great Britain
Out of the Crossfire, Inc. (Cincinnati, OH)
Prescription for Hope (Indianapolis, IN)
Project Ujima (Milwaukee, WI)*
Rochester Youth Violence Partnership (Rochester, NY)
Sacramento Violence Intervention Program (Sacramento, CA)
Trauma to Triumph (San Jose, CA)
UC Davis Wraparound (Sacramento, CA)
UMC Trauma Services VIP (Las Vegas, NV)
Violence Intervention Program (Baltimore)*
Violence Intervention Program (Philadelphia, PA)
Violence Intervention Program (Savannah, GA)
Violence Recovery Program (Boston, MA)
Wraparound Project (San Francisco, CA)*

* Founding Member Program
NNHVIP
Emerging Programs

- Christiana Care, Newark DE
- Healing Hurt People Portland, Portland, OR
- National Capital Border Area VIP, College Park, MD
- Minneapolis Youth VIP, Minneapolis, MN
- RYSE Restorative Pathways Program, Richmond, CA
- Hospital Violence Intervention Program, Memphis, TN
- City of San José, Mayor’s Gang Prevention Task Force, San Jose, CA
- Michael Castaneda, Ed.D., Monterey, CA
- The Manitoba Institute of Child Health, Winnipeg, Manitoba, Canada
- HAVEN (Hospitals Against Violence, Empowering Neighborhoods), Los Angeles, CA
- Kings Against Violence Initiative, Brooklyn, NY
- Commission on Gang Prevention and Intervention, San Diego, CA
Conclusion

- Improve Patient Outcomes
- Save Lives
- Save Money
- Serve Community Benefit

Hospital-Based Violence Intervention Programs
Welcome

Violence is a preventable health care issue.

Violence prevention and intervention programs are a powerful way to stop the revolving door of violent injury in our hospitals. Engaging patients in the hospital during their recovery, is a golden opportunity to change their lives and reduce retaliation and recidivism.

The National Network of Hospital-based Violence Intervention Programs (NNHVIP) brings together the best and most exciting programs to share knowledge, develop best practices, collaborate on research, affect policy change, and more.

Whether you are just thinking about starting a program, a new and emerging program, or have an established program, NNHVIP is here to help you reach your goals. Get in touch today!

Explore the Network

Questions?

http://nnhvip.org/
Thank you for your participation

Please take a moment to complete our short evaluation

https://www.surveymonkey.com/s/leveraginghospitals_121113

Questions or Comments? Contact:

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