



Leveraging Hospitals to Stop the Cycle of Violence

Wednesday, December 11th 2-3pm

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The Presenters



Ted Corbin, MD, MPP

Director, Healing Hurt
People Program
Drexel University



Joel Fein, MD, MPH

Director, Violence
Intervention Program,
The Children's Hospital
of Philadelphia



*Marlene Melzer-
Lange, MD*

Medical Director of
Project Ujima,
Children's Hospital
Wisconsin

Leveraging Hospitals to Stop the Cycle of Violence



The National Network of Hospital Based Violence Intervention Programs

Ted Corbin, MD, MPP

Joel Fein MD, MPH

Marlene Melzer Lange MD

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

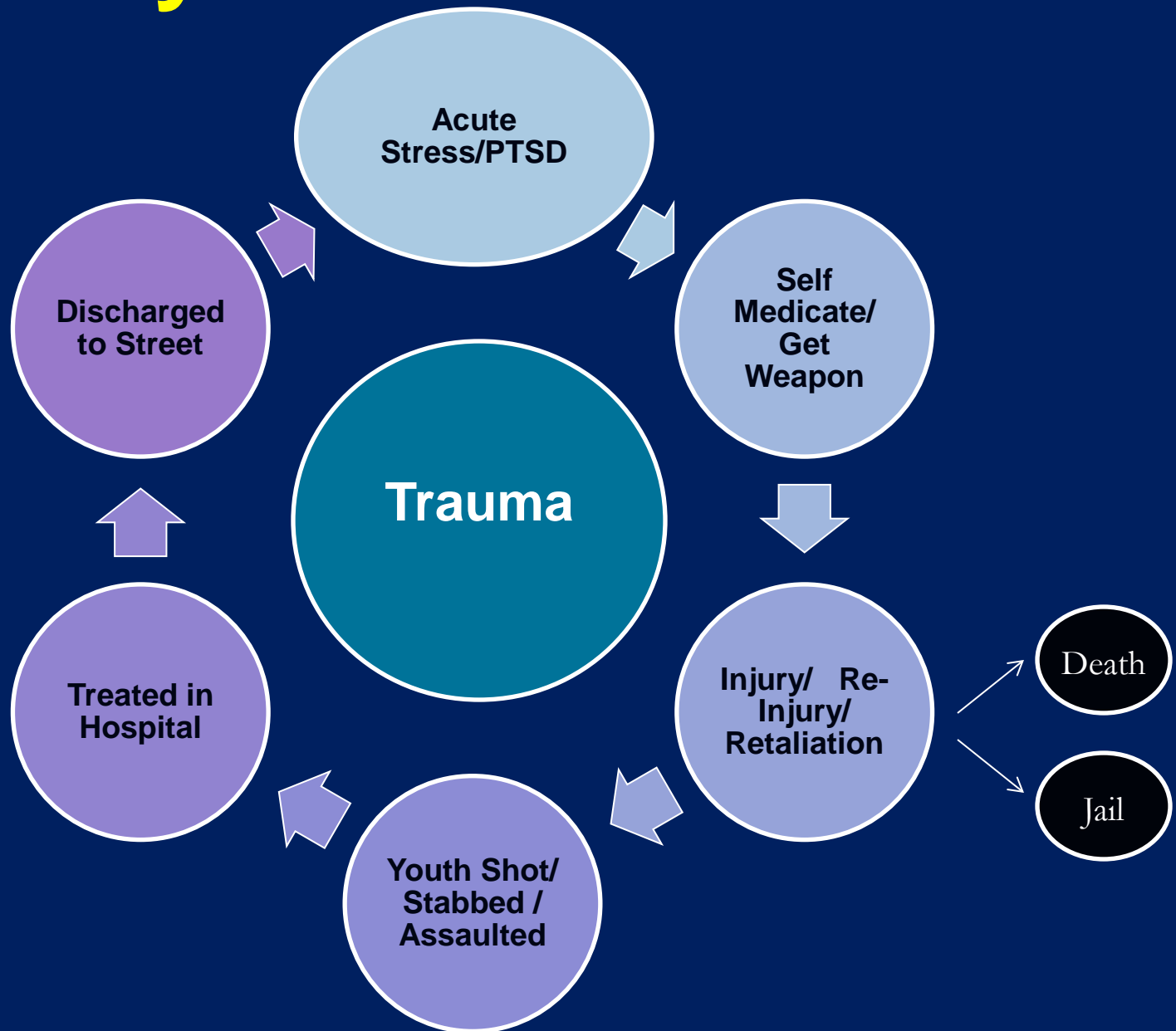
- Intervention at “golden moment”
- Prevent retaliation
- Pre- and post-discharge support, including home visits
- Mentor/case managers work in community



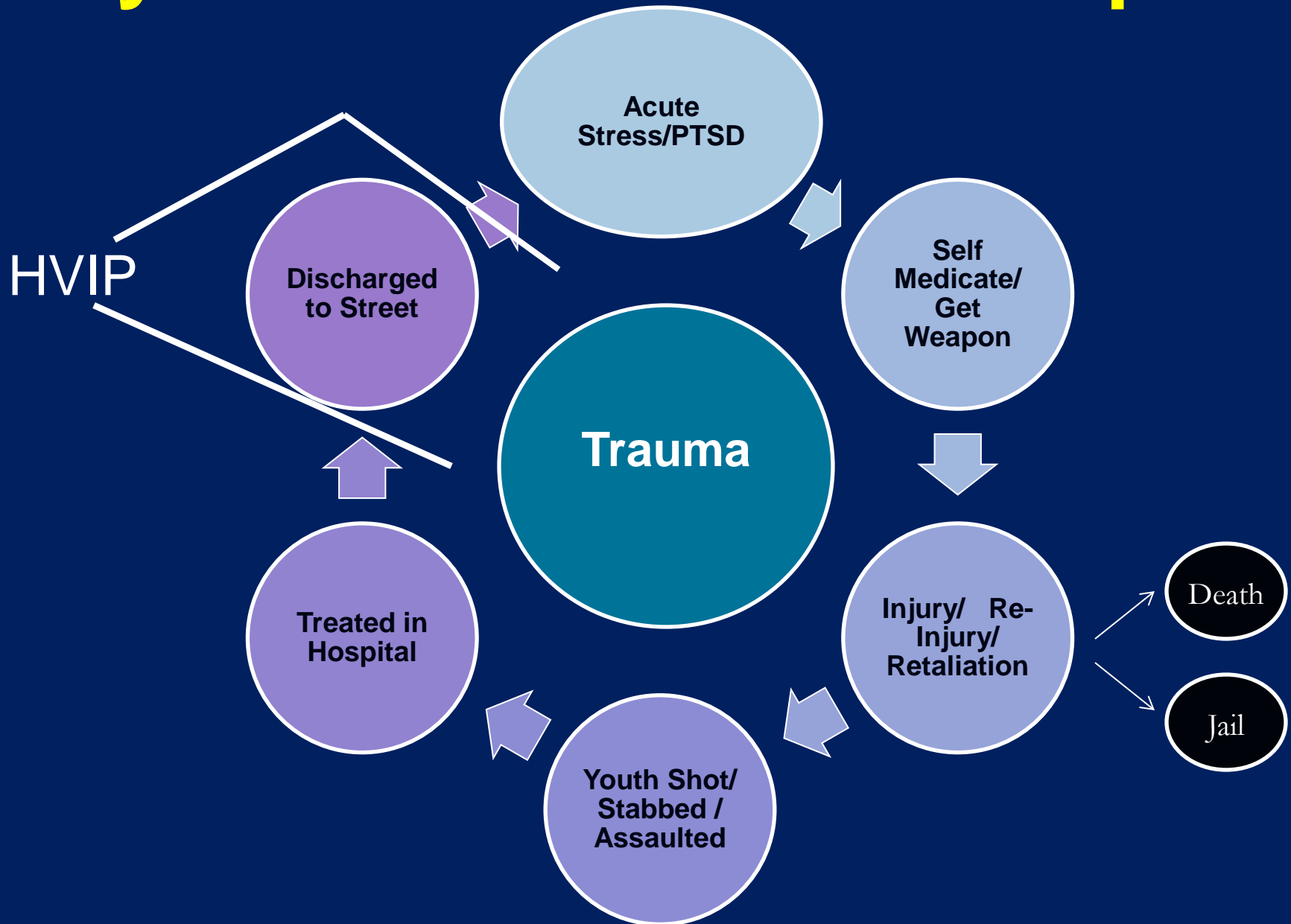
Scope of Problem

- **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



Cycle of Violence: Interrupted





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

Sims, D. W., B. A. Bivins, (1989). "Urban trauma: a chronic recurrent disease." *Journal of Trauma* 29(7): 940-946.

Oakland, CA
Decreased involvement with
criminal justice system

Richmond, VA
Increased use of social
services
Decreased substance use

Indianapolis, IN
Decreased re-injury

Chicago, IL
Decreased re-
injury

Baltimore, MD
Decreased involvement with
criminal justice system

San Francisco, CA
Decreased re-injury

HVIP Evidence of Effectiveness

HVIP Model

**Brief Intervention
In Hospital**



**Intensive Community-
Based
Case Management**

**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

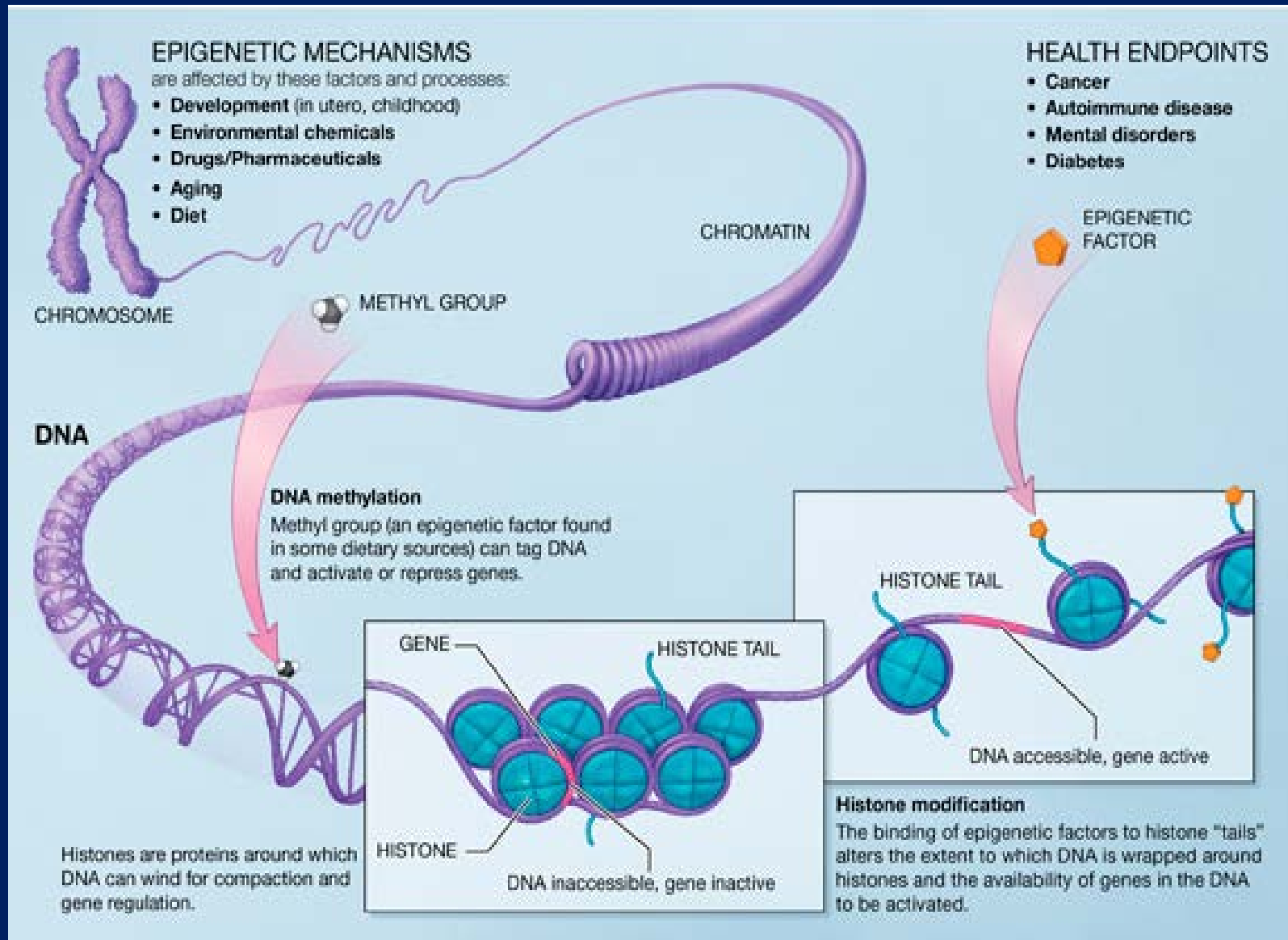


Neuroendocrine-immune Network

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



PROJECT

UJiMA

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

Project UJIMA

- *“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

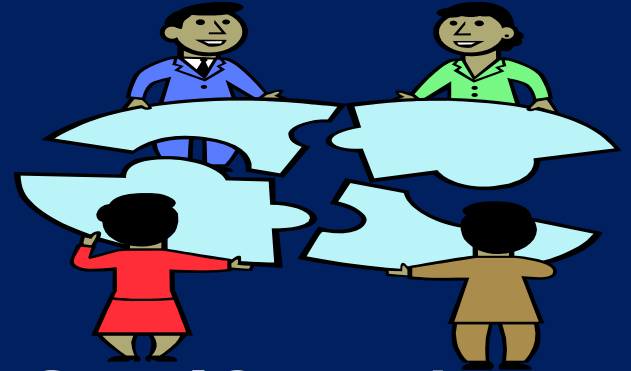
- **Children's Hospital of Wisconsin**
- **Children's Service Society of Wisconsin**
- **Medical College of Wisconsin**

...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

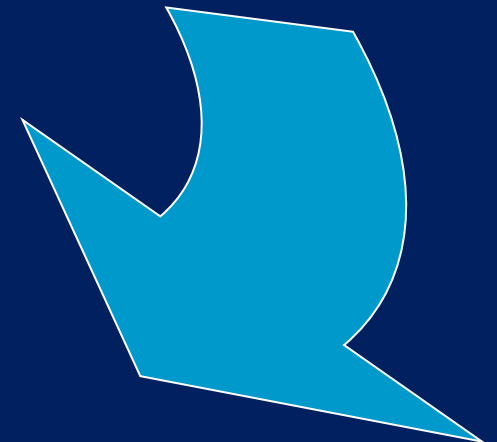
Family Support

Family Follow-up 48 hours

Home visit within 30 days

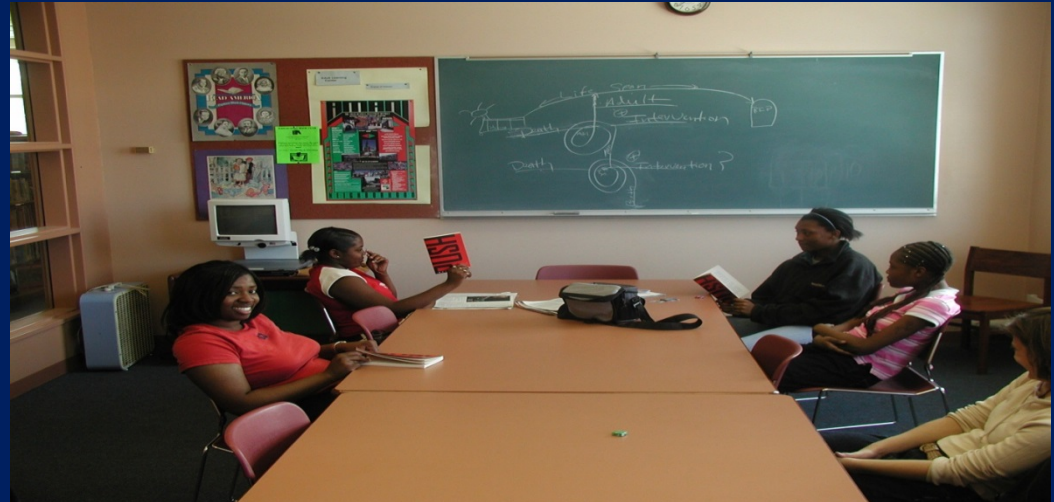
Care Plan Developed

**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)



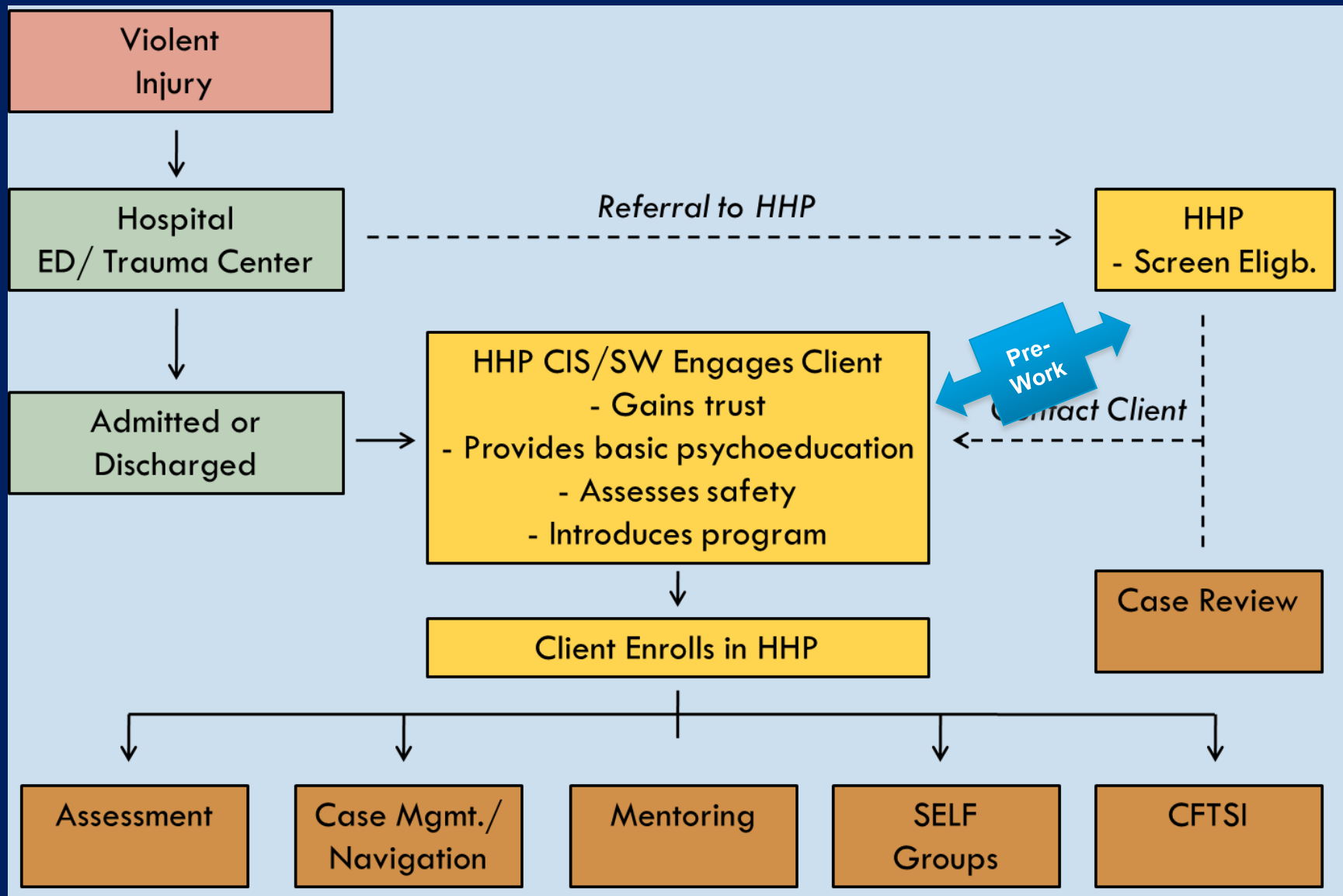
Origins:

- 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)

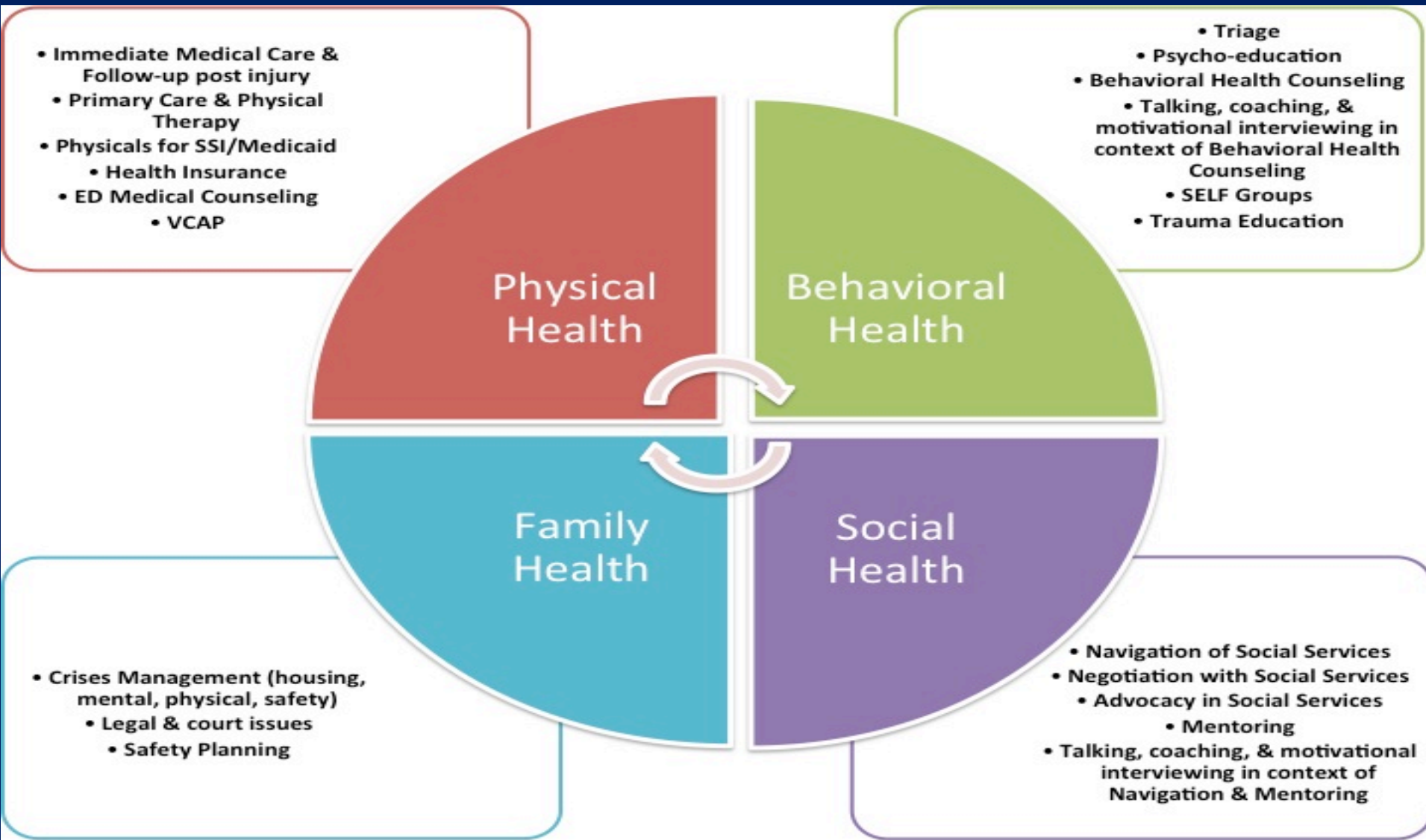
Theory:

- 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:



HHP: What We Provide



HHP: Where We Refer

Physical Health

Primary Care
Physical Therapy
Dental Health
Pain Management

Behavioral Health

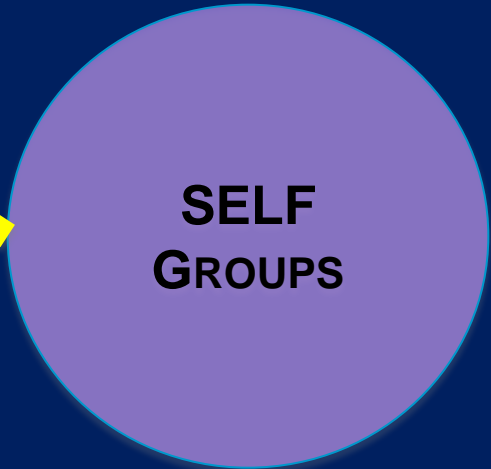
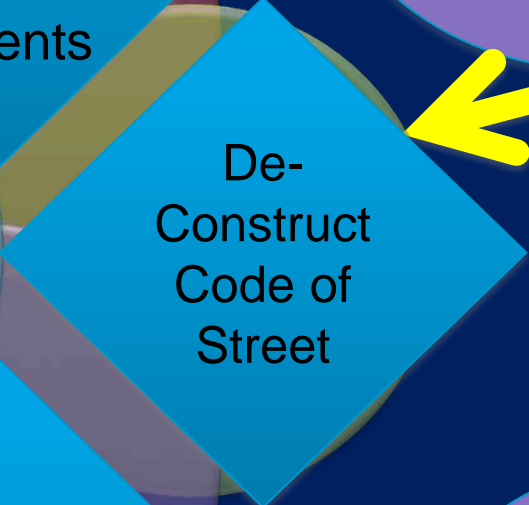
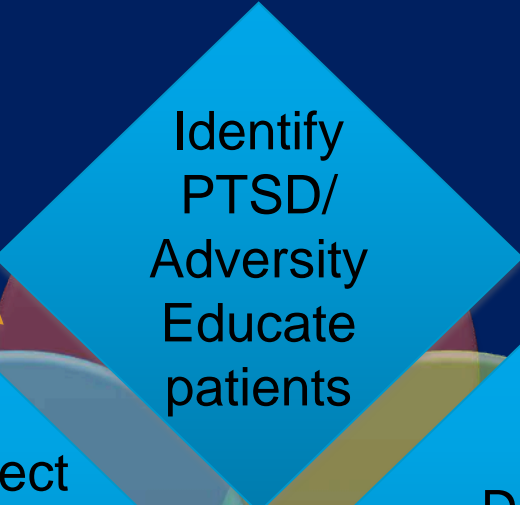
Mental Health
Psychiatry
Therapy
Medication Management
Substance Use Treatment

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



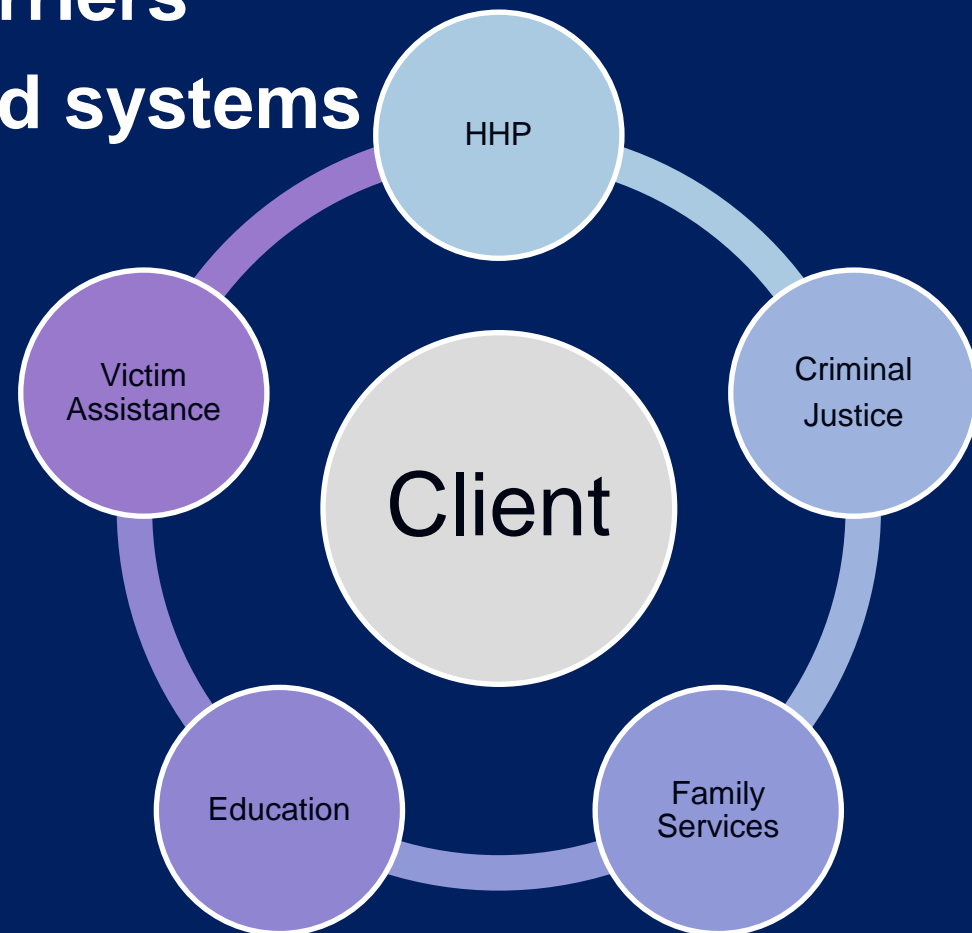


Child and Family Traumatic Stress Intervention (CFTSI)

- **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 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

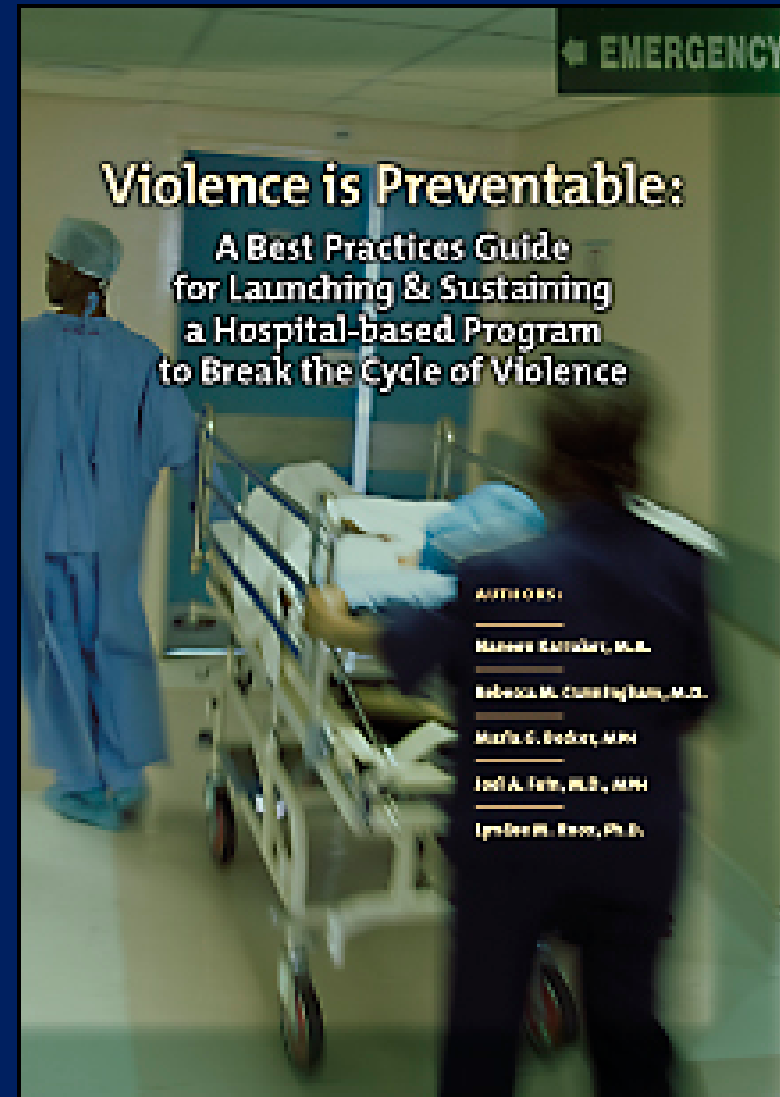
Mission: Strengthen existing programs and help develop similar programs across the country.

- 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

Questions?



National Network of
Hospital-based **Violence Intervention Programs**

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...Developing evidence-based resources and informing public policy.

 Marla Becker
Scholarship

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Welcome

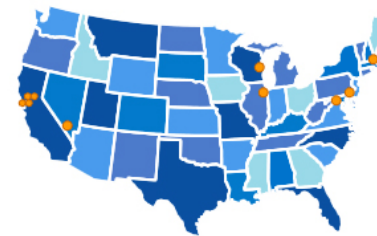
Violence is a preventable health care issue.

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



<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:

Rhunt@edc.org

617-618-2178