Hospital Based Violence Intervention Programs

"Transforming Vulnerable Moments into

Opportunity, Impact and Positive Outcomes"

Thea James, M.D.
Associate Professor, Emergency Medicine
Director, Boston Medical Center VIAP
VP of Mission and Associate Chief Medical Officer

Agenda

- **Intersection of Social Determinants of Health and Community Violence**
- **Steps to Building a program**
  - *Why an Emergency Department?*
  - *Strategic Planning*
  - **Challenges**
  - **Example of 1 Program Model**
  - A Day in the Life
- **Qualitative Study: outcomes**
- **NNHVIP**
- **Policy opportunities: Affordable Care Act and AB 1629 in CA and American College of Surgeons**

Background

- USA: ***Youth Violence is a Public Health Problem***
  - *highest youth homicide rate among world's wealthiest nations*

- Emergency Department: prime opportunity: **In 2011**, US emergency departments, treated **> 700,000** young people aged 12-24 years for nonfatal injuries sustained from assaults.

- ***RECIDIVISM***
  - **Up to 40%** of those under age 24 and admitted for violent injuries are **later readmitted** due to violence
  - **20% return as victims of homicide.**

- **Ages 15-34, Violence is:**
  - **#1 cause of death** for **African American males**
  - **#2** leading cause of death for **young Latino males**.
  - **#5** leading cause of death among **white males** in the same age group.

Centers for Disease Control. The History of Violence as a Public Health Issue When and how violence was recognized as a matter for national—and then global—public health intervention - Google Search [Internet]. [cited 2013 Aug 1].

http://www.cdc/gov/violenceprevention//pdf/yv-datasheet-a.pdf

Intersection of Social Determinants of Health and Youth Violence

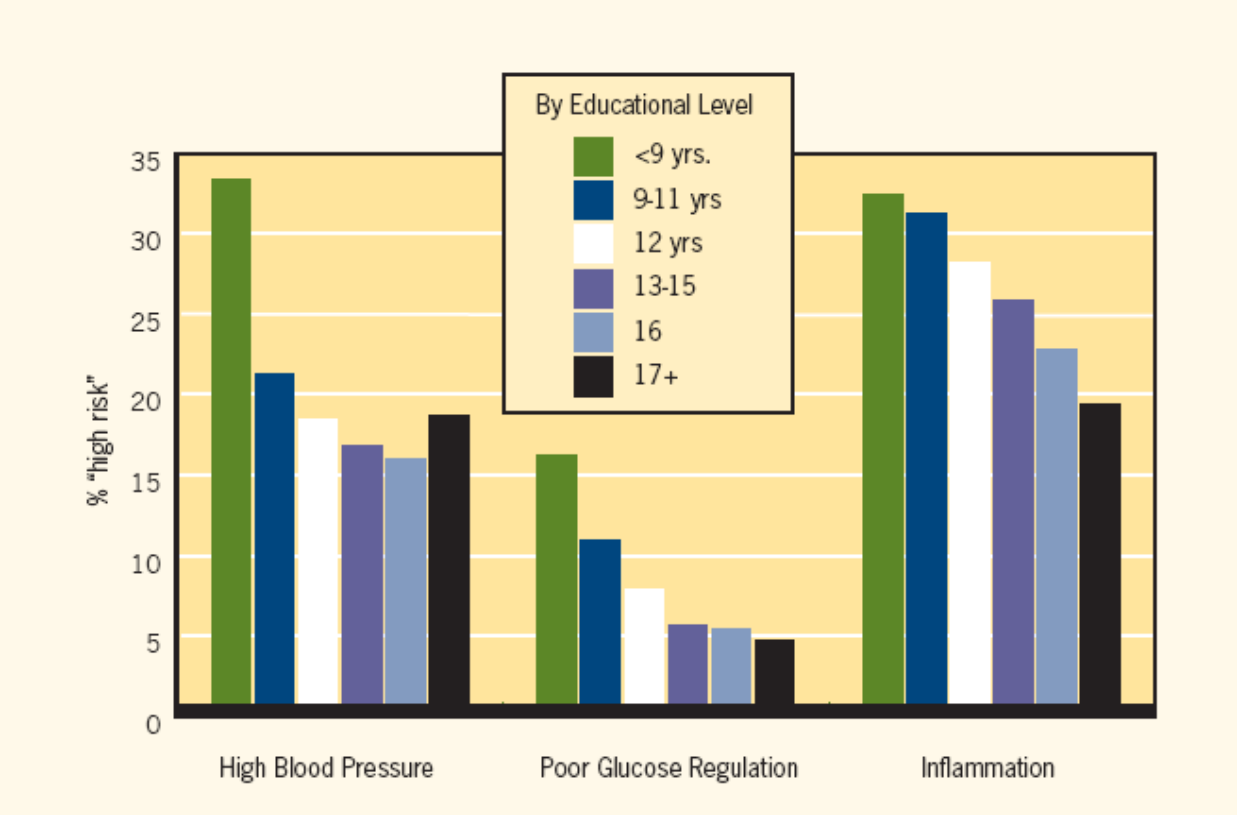
Asking
The "Why"

Social Determinants of Health

- The **social determinants of health** (**SDOH**) are the economic and social conditions – and their distribution among the population – that influence individual and group differences in health status. They are health promoting factors found in one's living and working conditions (such as the distribution of income, wealth, influence, and power), rather than individual risk factors (such as behavioral risk factors or genetics) that influence the risk for a disease, or vulnerability to disease or injury.

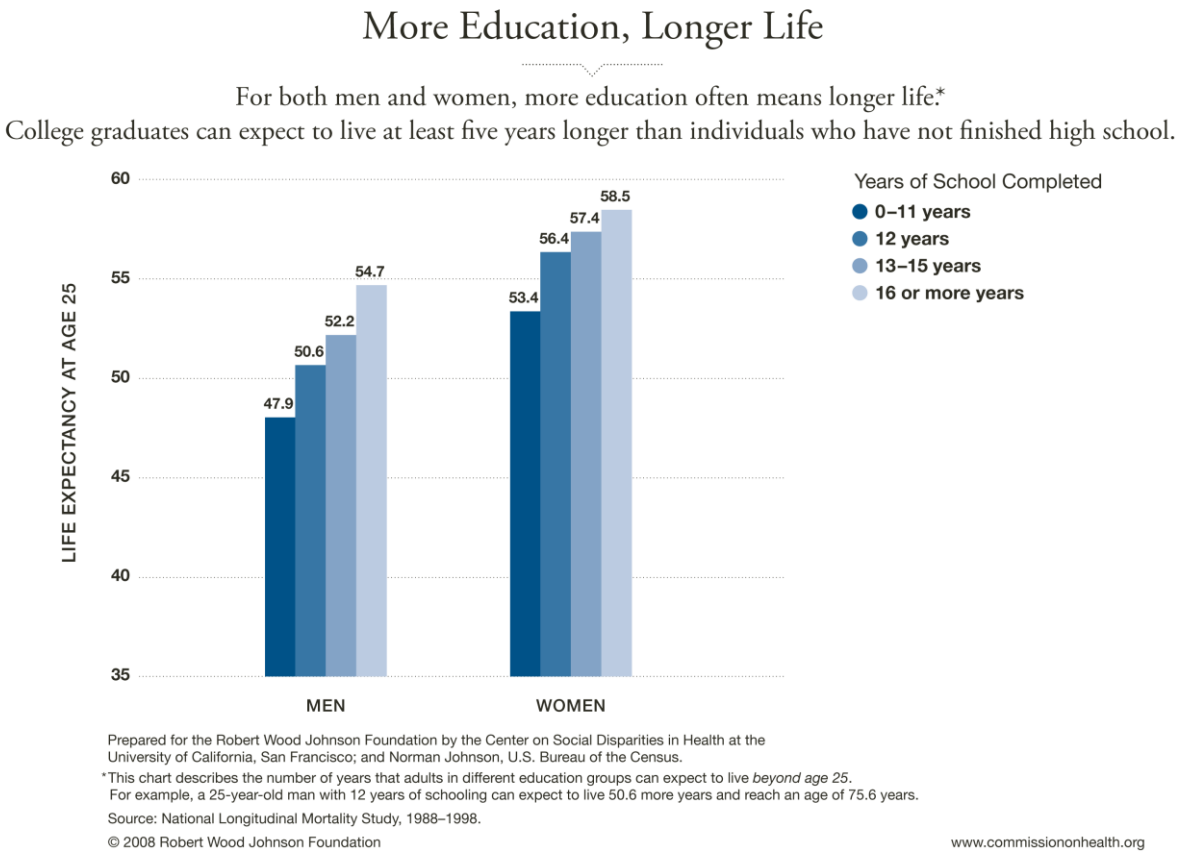
Social Determinants of Health

Social Determinant: Education

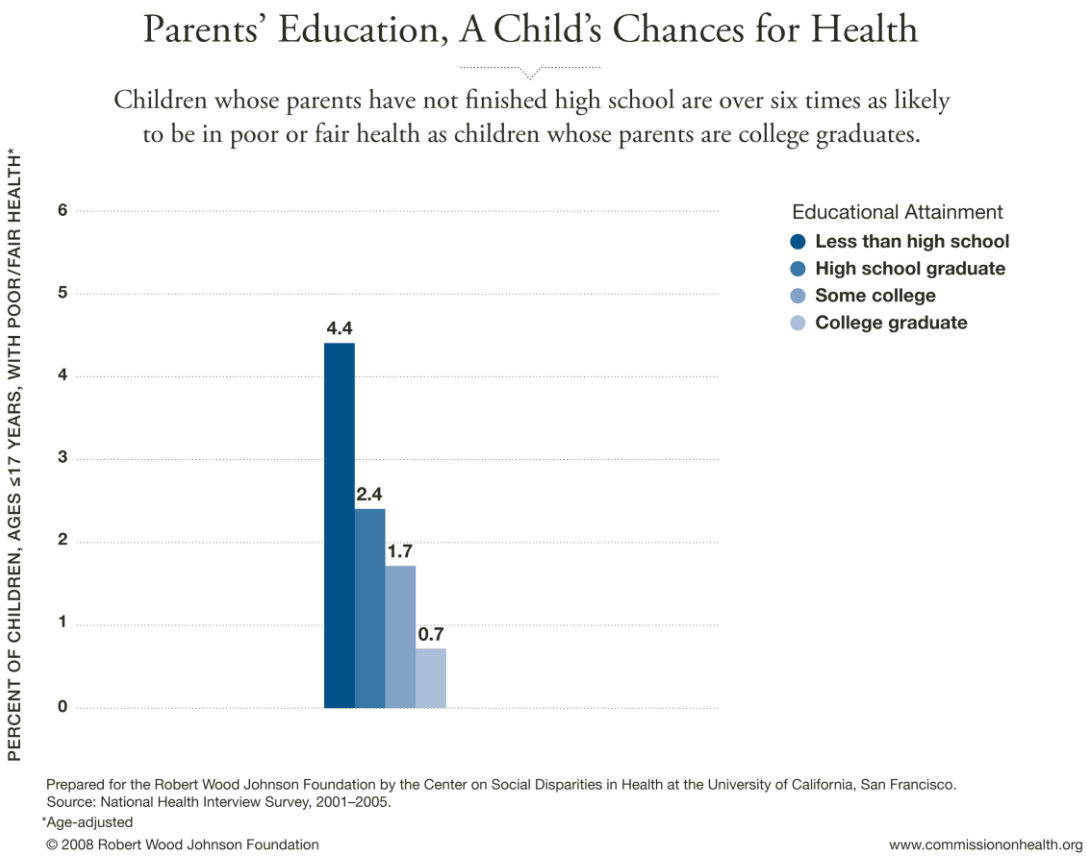


Source: National Health interview Survey,2001-05 Robert Wood Johnson Foundation, 2008

Education and Mortality



Parent Education and Children's Health



no assumptions

the why"

Engagement

Equality vs. Equity

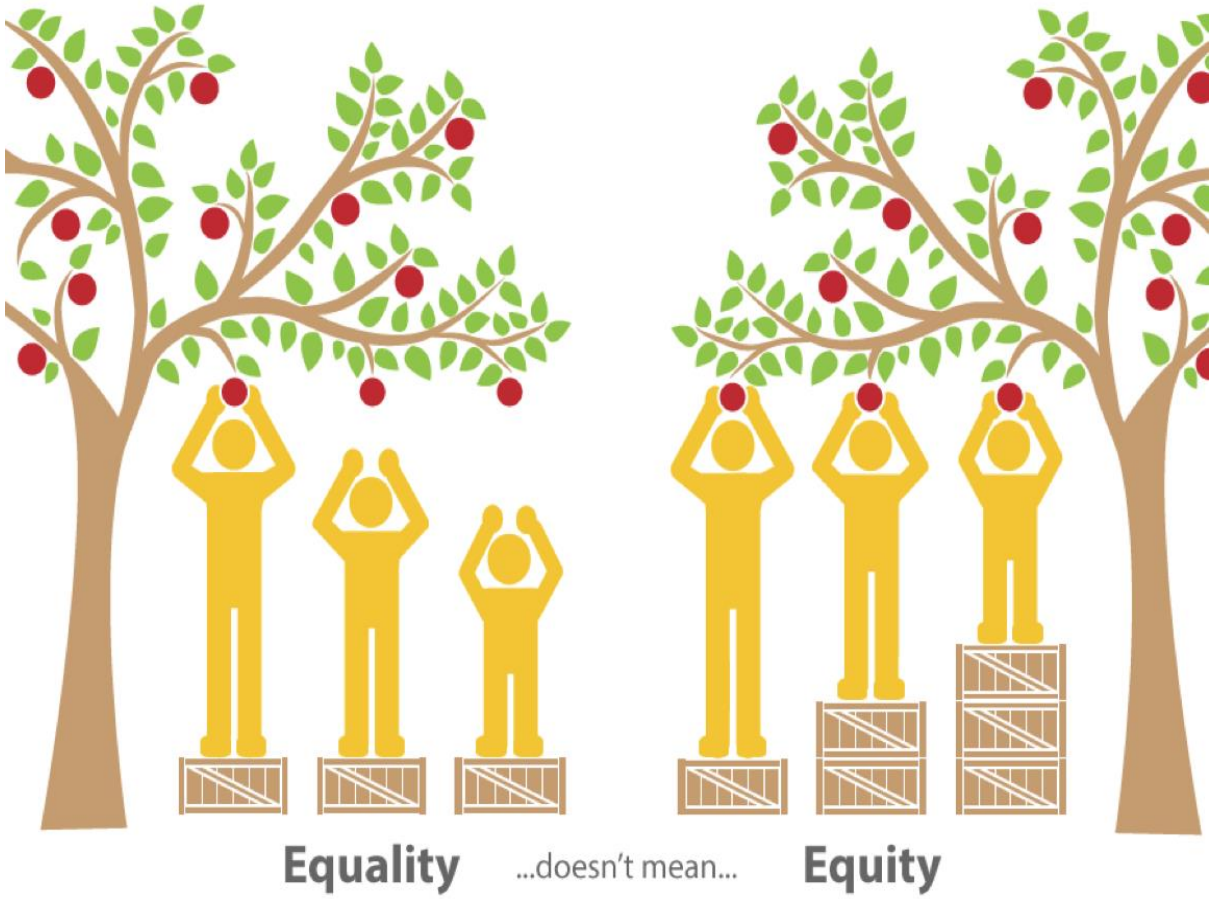


Figure 1. Neudorf C, Kryzanowski J, Turner H, Cushon J, Fuller D, Ugolini C, Murphy L, Marko J. (2014). Better Health for All Series 3: Advancing Health Equity in Health Care. Saskatoon: Saskatoon Health Region. Available from: https://www.saskatoonhealthregion.ca/locations_services/Services/Health-Observatory/Pages/ReportsPublicatlions.aspx

24
36

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Leveraging the Strengths and Assets of
Structurally Disadvantaged
Populations
to Achieve Successful Outcomes and Thriving

Impact of Social Determinants

Leveraging personal strengths

Population Health

- Prevention
- Intervention
- Treatment
- **Breaks Cycles**

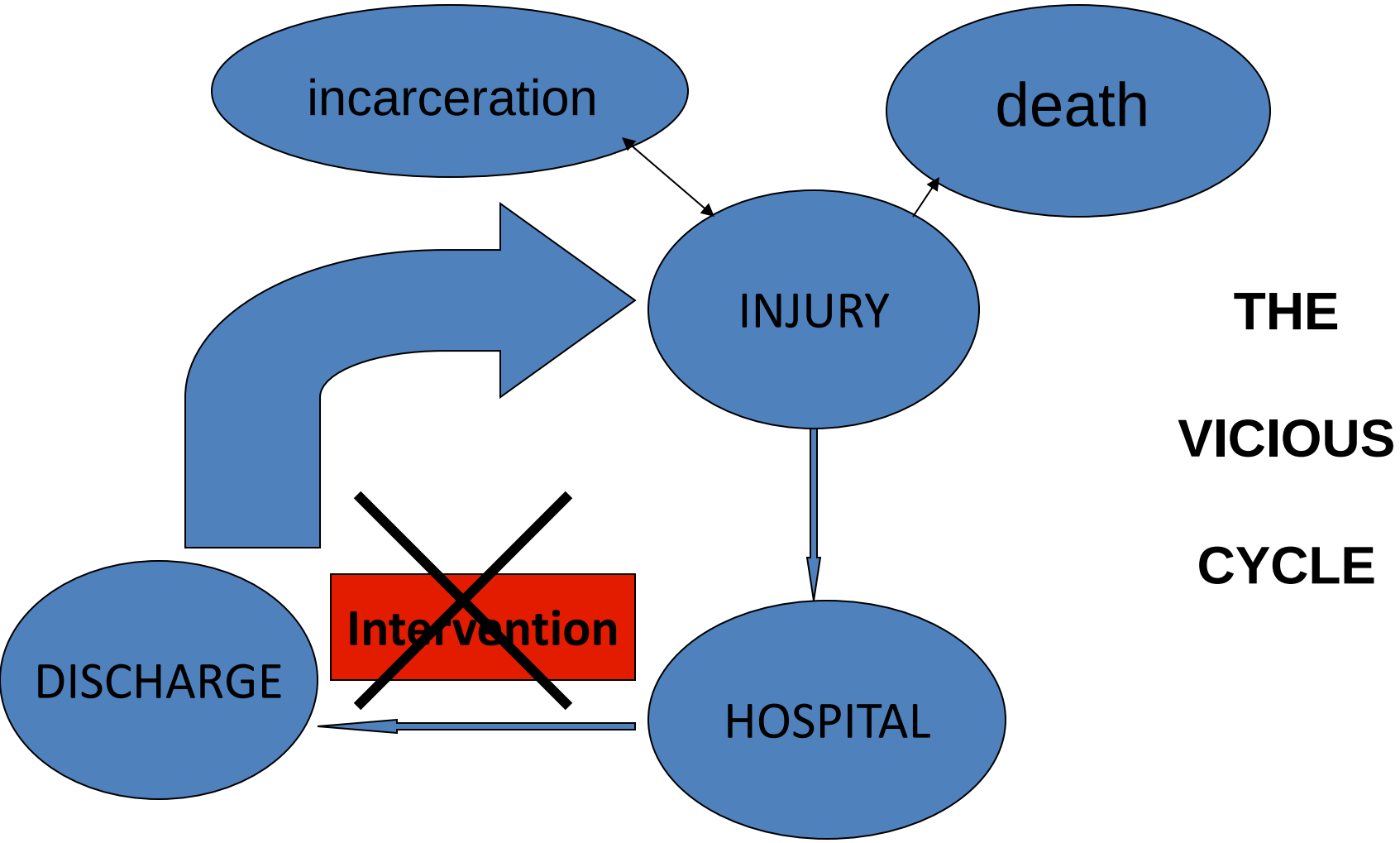
BOSTON MEDICAL CENTER

VIOLENCE INTERVENTION ADVOCACY PROGRAM

VIAP
VIOLENCE INTERVENTION
ADVOCACY PROGRAM

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Thea James, M.D.
Director, VIAP



THE

VICIOUS

CYCLE

Tenets

- Fidelity
- *Formula for success*
  - Mentoring/support/food & housing safety/life skills training/employment readiness/employment
- Missteps…give them the support they need to get them through it…
- Trauma Informed
- That's it…"it works"

Establish Program & Goals

- Provide opportunities for progress and “REAL” change
- Prevent retaliation
- Promotion of positive role models and positive alternatives to violence
- Strengthening family networks
- Contribution to safer, healthier communities

Inform- Communicate- Collaborate

- Emergency Department
- Pediatrics
- Trauma Surgery/Injury Prevention Coordinator
- Communications
- Social Workers
- Behavioral Health
- Public Safety
- Patient Advocacy
- Development Office
- Data and Research Partners

VIAP Stages
Measuring client progress over time

- Stage 1 – Intake
  - Relationship/trust building, daily contact, safety plan, assessment, completion of documents
- Stage 2 – Services
  - Transitional assistance, victim's assistance, housing, medical follow-up, primary care, mental health counseling
- Stage 3 – Personal Development
  - Education, mental health, job readiness/training, employment
- Stage 4 – Independence
  - maintenance, nurturing, growth & development

VIAP Stages/Levels:
Measuring client progress over time

- Stage 1 – Intake
  - Relationship/trust building, daily contact, safety plan, assessment, completion of documents
- Stage 2 – Services
  - Transitional assistance, victim's assistance, housing, medical follow-up, primary care, mental health counseling
- Stage 3 – Personal Development
  - Education, mental health, job readiness/training, employment
- Stage 4 – Independence
  - maintenance, nurturing, growth & development

Tiers of Service

relationship building

employment

housing

family support

safety

trust building

mental health support

independence

life skills building

education

legal support

advocacy

emotional support

job skills training

transitional assistance

VIAP Year 1

- Peer based model
- Strictly hospital based
- Bedside
- Needs assessment, referrals
- Post discharge VIAP office visits
- **Community partnerships**
- Lessons learned

VIAP Year Two-Present

- **Case Management** Intervention Model
  - Advocates
    - Patient support and intervention
    - Family support and intervention
  - Behavioral Health Team (tandem model)
- Community Partnerships
  - Cannot do it alone
    - INTEGRATED MODEL
- City and State Departments of Health
- Streetworker Program
- Courts

Boston Medical Center VIAP

Director

Associate Director

Advocate

Advocate

Advocate

Family Support Coordinator

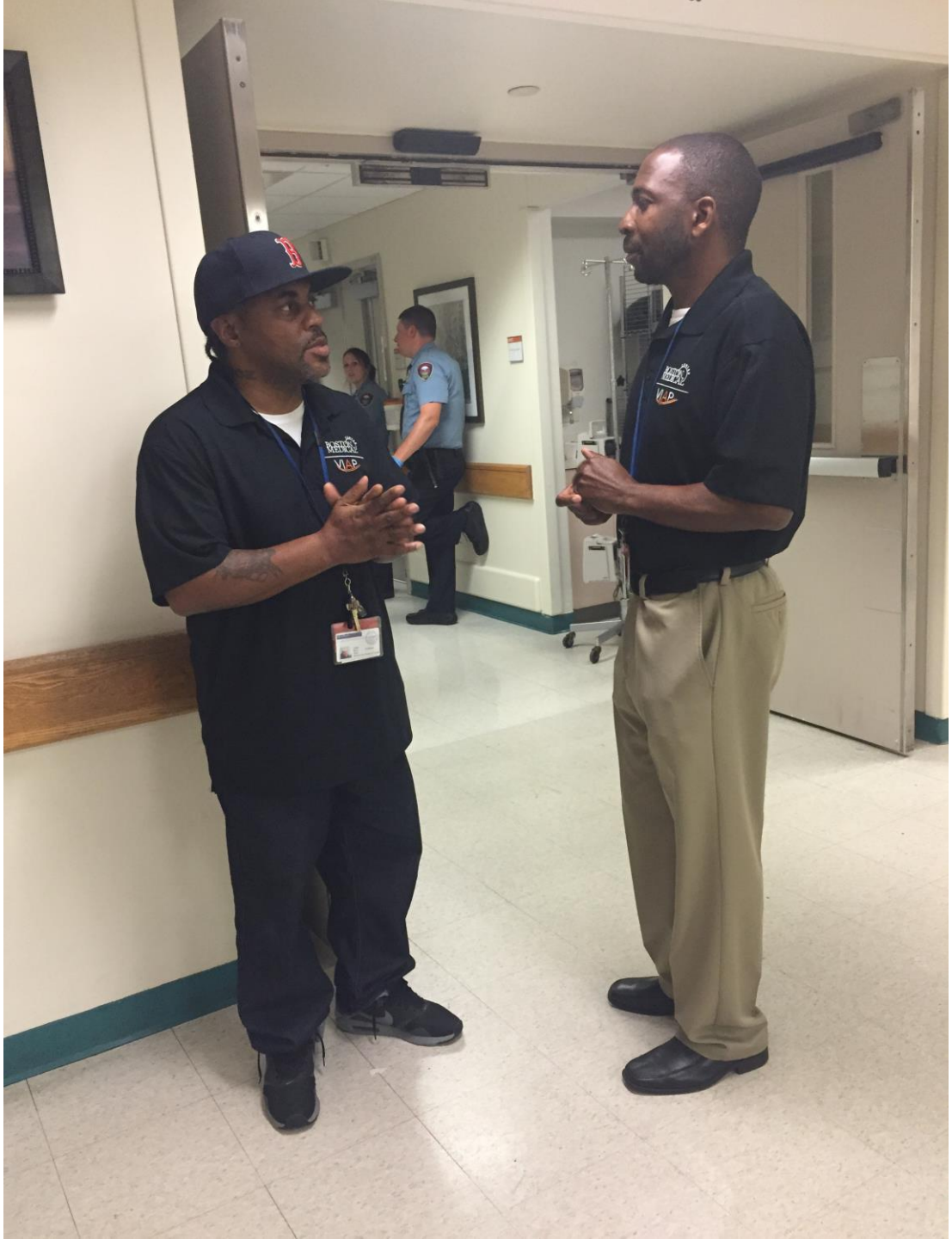
Data Research Manager

Employment Readiness Specialist

Emergency Medicine Residents

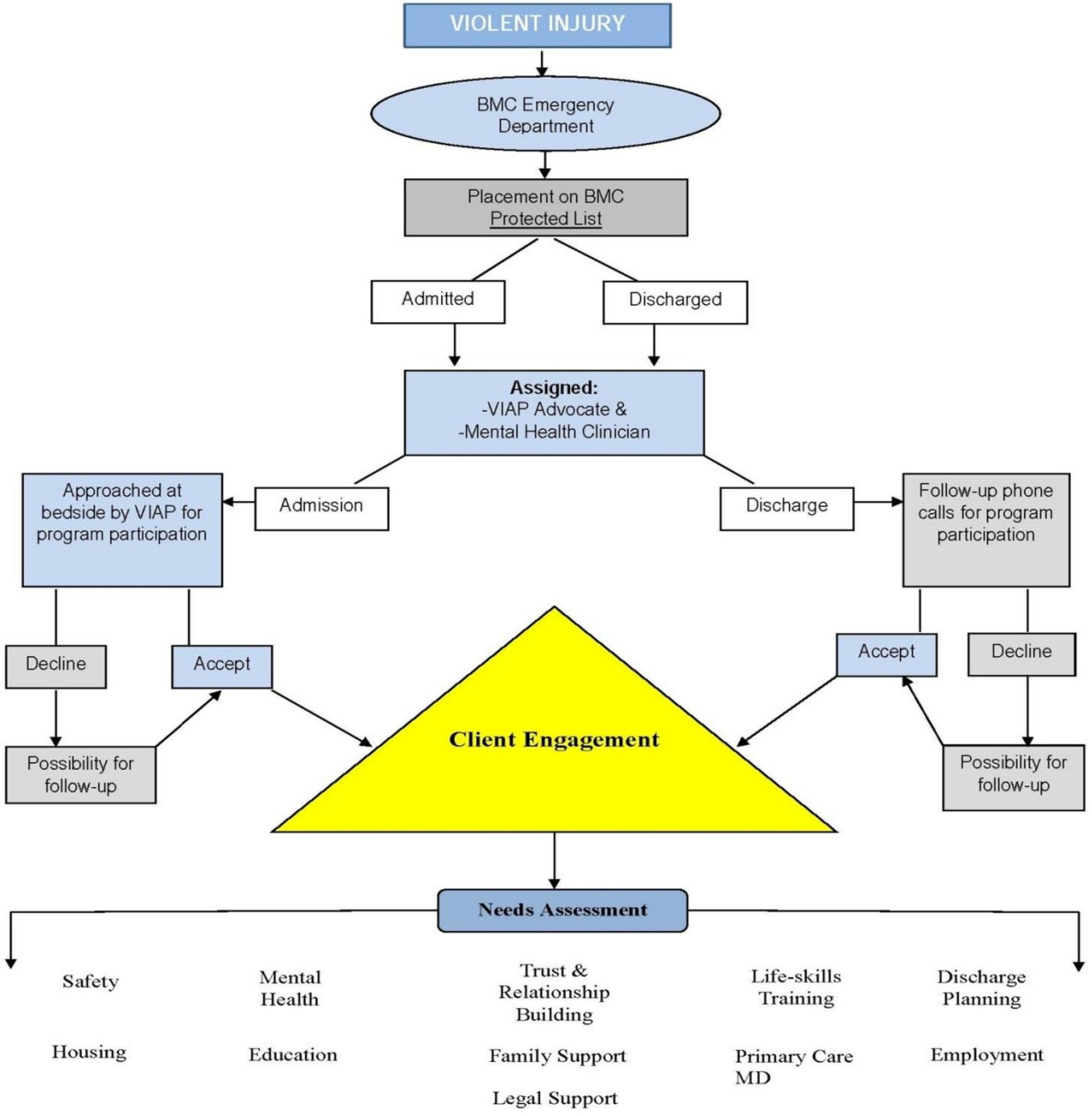
Social Work Interns

City Street Workers



Community Violence Response Team (CVRT)

- Director, LICSW
  - Director of CVRT and BMC Injury Prevention Coordinator
- Mental Health Clinicians
  - LICSW
    - Child and Family Clinician
  - LMHC
    - Adult and Family Clinician
  - Intern
    - Adult Clinician


VIOLENT INJURY
BMC Emergency Department
Placement on BMC Protected List
Admitted
Discharged
Assigned:
-VIAP Advocate &
-Mental Health Clinician
Approached at bedside by VIAP for program participation
Admission
Discharge
Follow-up phone calls for program participation
Decline
Accept
Accept
Decline
Client Engagement
Possibility for follow-up
Possibility for follow-up
Needs Assessment
Safety
Housing
Mental Health
Education
Trust & Relationship Building
Family Support
Legal Support
Life-skills Training
Primary Care MD
Discharge Planning
Employment

We use a Trauma-informed Care approach to our work

Trauma informed care (TIC) is an approach that integrates knowledge about impact and recovery from trauma in every type of service delivery including medicine, education, juvenile justice systems, and mental health.

In TIC, symptoms are not seen as pathology, but as attempts to cope and survive.

TIC minimizes re-victimization and facilitates recovery and empowerment. In the ED and hospitals, TIC ensures physical and emotional safety, and supports healthy recoveries

Battling street's vicious cycle

Hospital advocates give immediate aid to victims of Boston bloodshed

By LAURA CRIMALDI

Two men staff the trauma room at Boston Medical Center nightly from 4 to midnight — when violence is most likely to erupt. They dress in white coats and neckties and wear beepers that notify them wherever a gunshot or stab wound victim is rushed in for care. They can't save patients' lives, but they can turn them around.

"We can't do without them anymore," said Dr. Thea L. James, an emergency room physician and director of the Violence Intervention Advocate Program that launched about a year ago and employs advocates Anthony Christian and Leroy Muhammad.

The program is designed to halt a vicious cycle of crime victims being repeatedly revictimized, said state Department of Public Health Commissioner John Auerbach, citing a University of Pennsylvania study that found 40 percent of gunshot and stab wound victims were relegated within five years.

For Christian, 26, and Muhammad, 45, breaking that cycle begins with small steps.

Their first order of business is to make eye contact with the victims and express their support. They then act as a liaison between the medical staff and loved ones facing their worst nightmare.

During the program's first 10 months, 50 victims enrolled, said Muhammad. The number of patients treated for gunshot and stab wounds at BMC is much higher. During the first six months of this year, 215 people were treated for such injuries, according to BMC figures. In 2005, 403 people were treated and in 2004 there were 375 people treated.

"Every time I saw people come in like that, I'd think: 'What is the difference between this person and me?' " James said. "Now I feel better because we're able to do this."

The advocates use a screening tool to determine how patients became victims of violence and then develop an action plan that will prevent it from happening again.

The intervention can range from accompanying victims to testify in front of a grand jury to connecting them with GED courses, food stamps and job training.

Christian and Muhammad — a former counselor for troubled youth in the Boston Public Schools — were chosen from a pool of 90 applicants interviewed by BMC and the Boston Public Health Commission. They were trained in substance abuse counseling and dealing with victims of trauma, and are paid out of a Shannon grant administered by BPHC.

"They were the first people to ask, 'How are you feeling? How are you dealing?' When Leroy came in, there was a real warmth to him," said Samel Matos, 26, of Roxbury, who was nearly paralyzed after being shot three times outside Papa Razzo's Pizza in Dudley Square April 30.

Police arrested two juveniles, both age 16, and 19-year-old Damien Galloway in connection to the attack, said Jake Wark, a spokesman for Suffolk District Attorney Daniel F. Conley. All three are being held on high bail.

In the aftermath, Matos, a building assistant for the Boston Centers for Youth and Families, has endured five surgeries, a colostomy bag and physical therapy. He said he believes his attackers mistook him for a gang member.

"That's my boy. I couldn't see him like that," said Christian, who has known Matos since they attended Henry Dearborn Middle School in Roxbury. "I know he's not out there like that. Why'd that happen?"

Matos' hospitalization was an example of the "six degrees of separation" that Christian — a shooting victim himself — constantly encounters on the job.

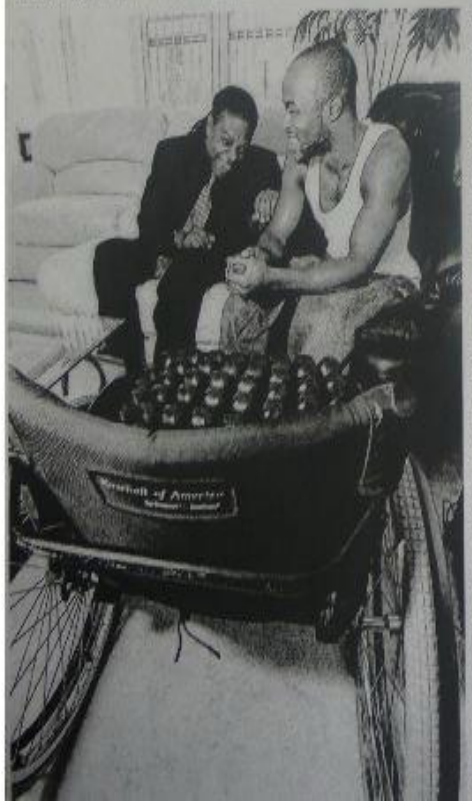
"My brother came through," said Christian. "He's in a wheelchair."

This spring, using money from a substance abuse intervention program launched by Dr. Edward and Judith Bernstein, DPH awarded a three-year, $609,367 grant to bring violence intervention advocates into six more hospitals: Massachusetts General Hospital, Lawrence General Hospital, UMass Memorial Medical Center in Worcester, Brockton Hospital and Bay State Medical Center in Springfield.

"If you don't have the support, it can be very, very difficult. That's why programs like Dr. James' are so important," said Matos' mother, Gloria Gonzalez. "That program is awesome, but they need to have 10 more people."

STAFF PHOTO BY ANGELA ROWE, BMC

HELPING HANDS: Samel Matos, 26, says violence intervention advocates were the first to check on him after he was shot and nearly paralyzed in April.



BROTHERLY BOND: Half-brothers Anthony Christian, left, and Chris Johnson recall how Johnson wound up in the hospital after being shot within Christian's first month on the

Intense job hits close to home for Hub intervention worker

By LAURA CRIMALDI

Last October, Anthony Christian was still new on the job in the emergency department at Boston Medical Center — when the job suddenly became personal.

"I hear crying and I hear, 'Just tell me something. Just tell me something,' " recalled Christian, 26, a hospital advocate for victims of street violence. "I'm still new. I just started on the 18th of September. I didn't expect that voice to be exactly who I thought it was."

That voice belonged to the mother of Christian's half-brother Chris Johnson, who had just been struck in the back by a single bullet that paralyzed him from the navel down during a Quincy shooting Oct. 15, 2006.

"We got to the hospital. One of the first people I see was him. I'm telling him, 'I'm sorry,' " said Johnson, 24, who told the story to the Herald with Christian at his side. "I just felt like I let him down."

Christian did his best to comfort his "little bro."

"I was trying to hold it together for him," said Christian, who attended Hyde Park High School with Johnson. "There were small tears, but no hoo-hoo. We're from the city."

Today, Johnson credits Christian with instilling hope in him and so many others struck by street violence.

"He can go into a place and say, 'I know what you're going through.' He's been there. He takes it personally," Johnson said. "Experience beats out everything."

Christian's experience is grim. Back in July 2000, Johnson recalls, he had been driving on Morton Street when his cousin called to tell him Christian had been shot.

"I remember I almost crashed going to the hospital," said Johnson. "They told me he was shot in the head. I thought he was dead."

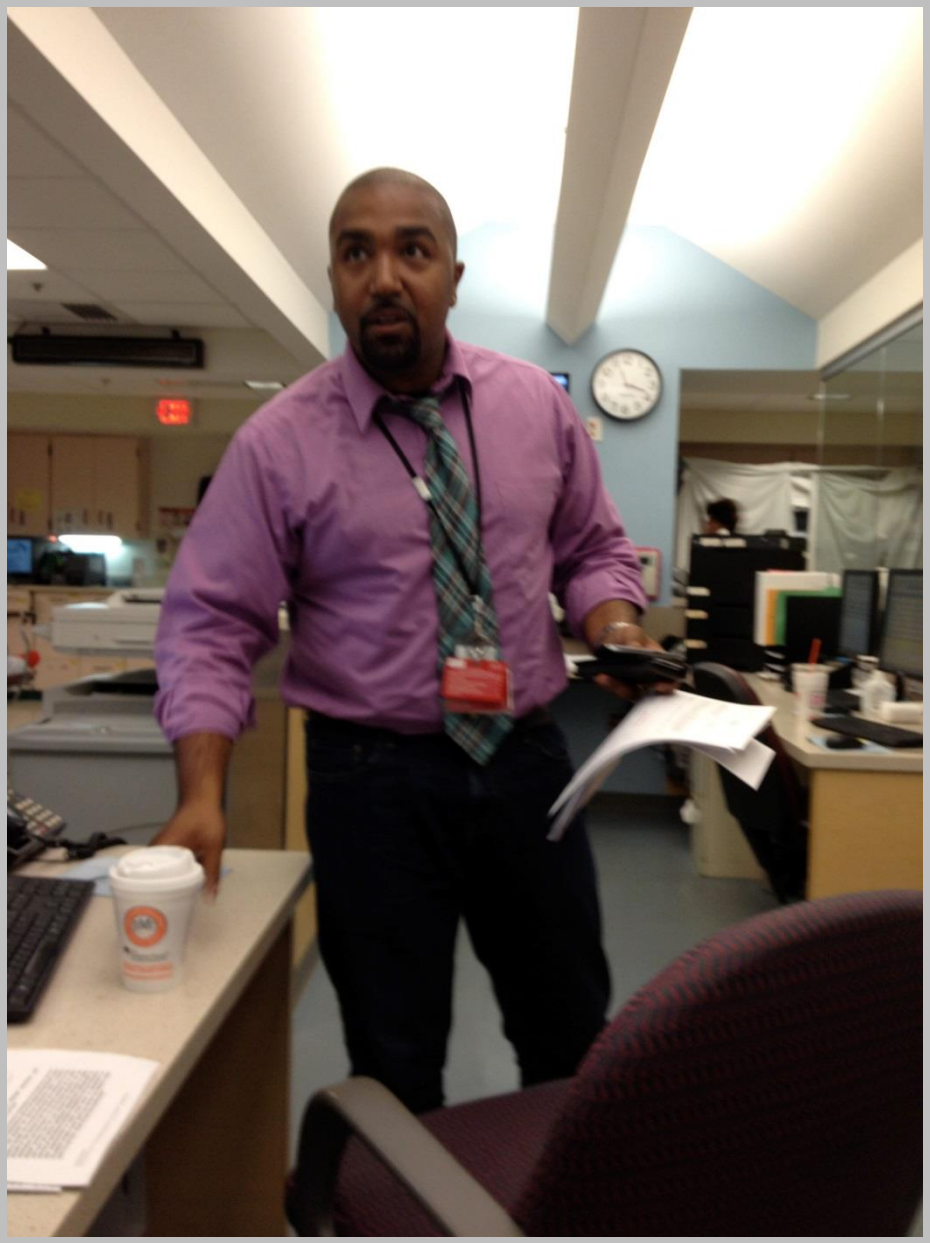
Christian had been shot twice in the face and once in the left forearm.

Johnson, a mechanic, was hospitalized at BMC until Dec. 1, 2006. During that period, Christian's colleague, Leroy Muhammad, dropped by to give him a haircut. Friends brought him the steak-tip sub from D'Angelo's that he craved. He was introduced to Ken Mumford of the Wheelchair Sports Association.

Johnson now is in a wheelchair with four screws and two rods in his spine. Doctors believe he will not walk again, but Johnson is optimistic and independent. He drives and still works on cars. He is engaged to his girlfriend and dreams of opening his own auto repair shop.

"I try to keep the faith and all the stuff you should," said Johnson.

Boston EMS EMT




BOSTON
MEDICAL
CENTER


XL
17-17½
34/35
XL
L
16-16½
34/35
16-16½
34/35
L
L
16-16½
32/33
Check Back For Quality
ULTIMATE COMFORT
6 boxers


$5.00
Commonwealth of Massachusetts
DRIVER'S MANUAL
Revised 02/2014
Passenger Vehicles

Staff Professional Development

- Trainings
- Support Undergraduate Education and Degree
- Support Post Graduate Education
- Conflict resolution (real time)
- Leadership Roles
- Networking
  - Local
  - National
- National Network Workgroup Involvement

Springfield COLLEGE

OFFICE OF THE DEAN
SCHOOL OF HUMAN SERVICES

263 Alden Street
Springfield, MA 01109-3797
(413) 748-3985
FAX: (413) 748-3557

May 19, 2015

Kendall S. Bruce
43 Devon Street. Apt. 3
Boston, MA 02121

Dear Kendall,

Congratulations on your academic accomplishment during the January 2015 term. Based on your grade point average, I am very pleased to inform you that you are on the Dean's List of Springfield College. Being on the Dean's List recognizes your commitment to excellence and the hard work that is required to achieve an outstanding academic record.

The School of Human Services of Springfield College has as part of its mission statement the following: "The mission of the School of Human Services is to provide broadly accessible higher education. . . that embodies the principles of Humanics, community partnership, and academic excellence. . . ." Thank you for your part in contributing to the academic excellence of the School and the College.

Again, please accept my sincere congratulations on your academic achievement and my best wishes for your continued success in learning *for the rest of your life*.

Sincerely,

Robert J. Willey, ~~Jr.,~~ Ph.D.
Dean, School of Human Services

2012

Boston Neighborhood Fellows Program: *Unsung Heroes Award*

Name: Ross Pendleton

Subject	Nov. Grade	March Grade	June Grade	Year End Average
Religion	97	96	94	98
Reading Level: Scott Foresman Current instructional Reading Level	OG	OG	AG	AG
Comprehension	84	95	100	98
Phonics	98	98	95	98
Grammar	100	93	100	100
Spelling	100	98	98	100
Math Computation	86	93	91	90
Math Problem Solving	93	91	96	94
Science	97	97	98	97
Social-Studies	98	98	98	98
Penmanship: Forms letters correctly. Uses correct spacing.	OG	OG	OG	OG
SPECIALS				
Music: Mr. Giles Exhibit appropriate conduct and cooperative attitude during music class.	4	4	4	4
Computer: Mrs. Vinton Demonstrates responsible social/personal behavior while participating in computer class.	4	4	4	4
Physical Education: Mr. Bhuiya Participates in class, listens to directions, makes good choices in conduct and teamwork.	4	4	4	4
Art: Able to create works of art that expresses ideas, feelings and values.	4	4	4	4

Name: N. Kendall-Dix Grade 2

Teacher: Mrs. Morrison

Subject	Nov. Grade	March Grade	June Grade	Year End Average
Religion	A	A		
Reading Level: Scott Foresman Current instructional Reading Level	AG	AG		
Comprehension	A-	A		
Word Study	A-	A+		
Grammar	A	A		
Spelling	A+	A+		
Math	A-	A		
Science	A+	A		
Social-Studies	A	A		
Penmanship: Forms letters correctly. Uses correct spacing.	B	A-		
SPECIALS				
Music: Mr. Milton Exhibit appropriate conduct and cooperative attitude during music class.	B	4		
Computer: Mrs. Vinton Demonstrates responsible social/personal behavior while participating in computer class.	B	4		
Physical Education: Mr. Donnay Participates in class, listens to directions, makes good choices in conduct and teamwork.	B	4		
Art: Able to create works of art that expresses ideas, feelings and values.	B	4		

GRADE SCALE
A = 90%- 100%
B = 80% - 89%
C = 70% - 79%
D = 60%-69%
F = below 60% *Failing*

READING LEVEL
AG= Above Grade
OG= On Grade
BG= Below Grade

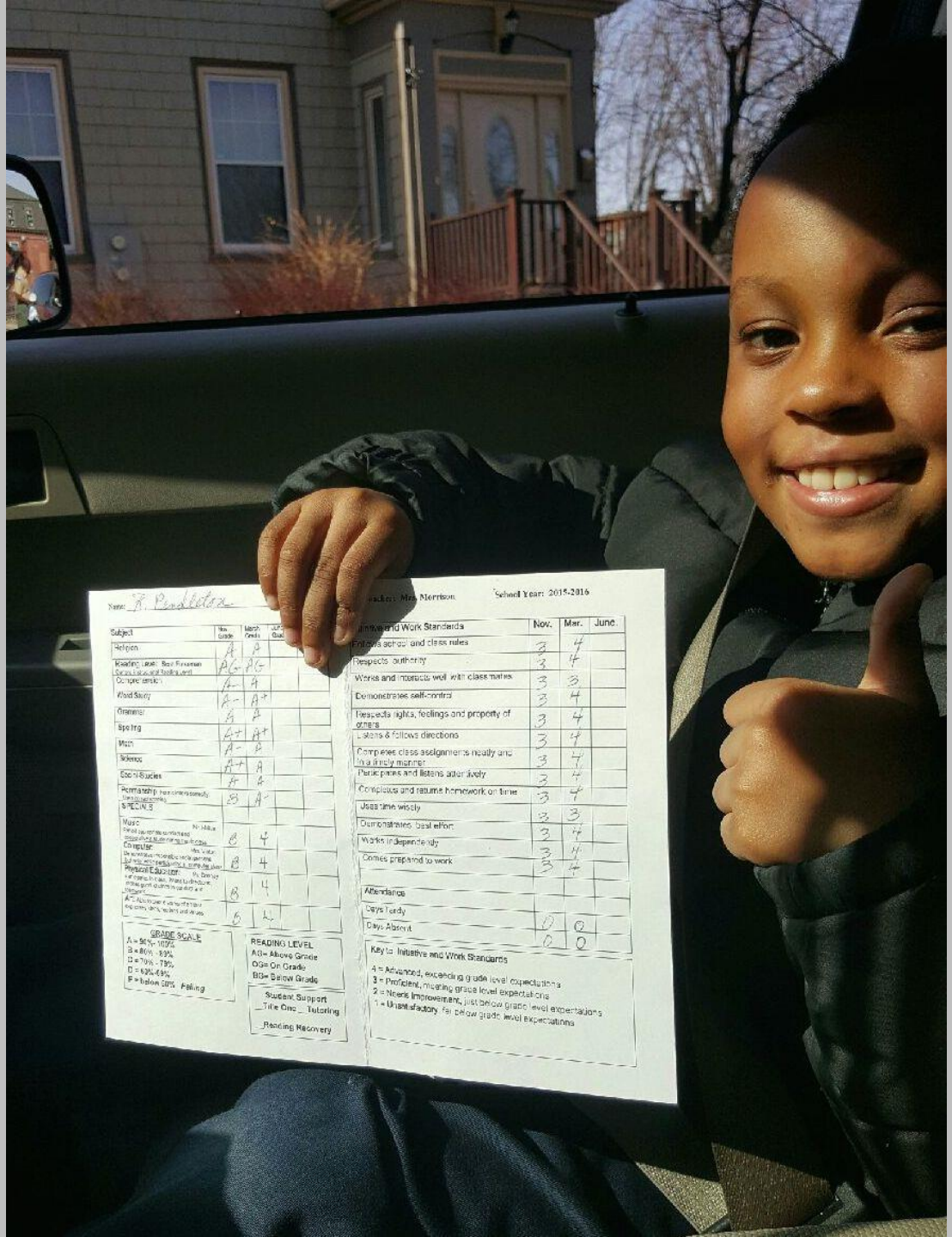
Student Support
__Title One __Tutoring

Reading Recovery

Initiative and Work Standards	Nov.	Mar.	June.
Follows school and class rules	3	4	
Respects authority	3	4	
Works and interacts well with classmates	3	3	
Demonstrates self-control	3	4	
Respects rights, feelings and property of others	3	4	
Listens & follows directions	3	4	
Completes class assignments neatly and in a timely manner	3	4	
Participates and listens attentively	3	4	
Completes and returns homework on time	3	4	
Uses time wisely	3	3	
Demonstrates best effort	3	4	
Works Independently	3	4	
Comes prepared to work	3	4	
Attendance			
Days Tardy			
Days Absent	0	0	
	0	0	

Key to Initiative and Work Standards

4 = Advanced, exceeding grade level expectations
3 = Proficient, meeting grade level expectations
2 = Needs Improvement, just below grade level expectations
1 = Unsatisfactory, far below grade level expectations



Name: R. Bradleton

Teacher: Mrs. Morrison School Year: 2015-2016

Subject	Nov. Grade	March Grade	June Goal
Religion	A	A	
Reading Level: Basal Program Series, Level and Reading Level	AG	AG	
Cursive (print)	A-	A	
Word Study	A-	A+	
Grammar	A	A	
Spelling	A+	A+	
Math	A-	B	
Science	A+	A	
Social Studies	A	A	
Penmanship (how carefully formed and spaced)	B	A-	
SPECIALS			
Music (No Letter Grade)	B	4	
Computer (No Letter Grade)	B	4	
Physical Education (No Letter Grade)	B	4	
Art (No Letter Grade)	B	4	

GRADE SCALE
A = 90% - 100%
B = 80% - 89%
C = 70% - 79%
D = 60% - 69%
F = below 59% Failing

READING LEVEL
AG= Above Grade
OG= On Grade
BG= Below Grade

Student Support
__Title One __ Tutoring
__Reading Recovery

Attitude and Work Standards	Nov.	Mar.	June
Follows school and class rules	3	4	
Respects authority	3	4	
Works and interacts well with class mates	3	3	
Demonstrates self-control	3	4	
Respects rights, feelings and property of others	3	4	
Listens & follows directions	3	4	
Completes class assignments neatly and in a timely manner	3	4	
Participates and listens actively	3	4	
Completes and returns homework on time	3	4	
Uses time wisely	3	3	
Demonstrates best effort	3	4	
Works independently	3	4	
Comes prepared to work	3	4	
Attendance			
Days Tardy	0	0	
Days Absent	0	0	

Key to Attitude and Work Standards
4 = Advanced, exceeding grade level expectations
3 = Proficient, meeting grade level expectations
2 = Needs Improvement, just below grade level expectations
1 = Unsatisfactory, far below grade level expectations

VIAP, Founding Member

nnhvip.org

Research

Workforce

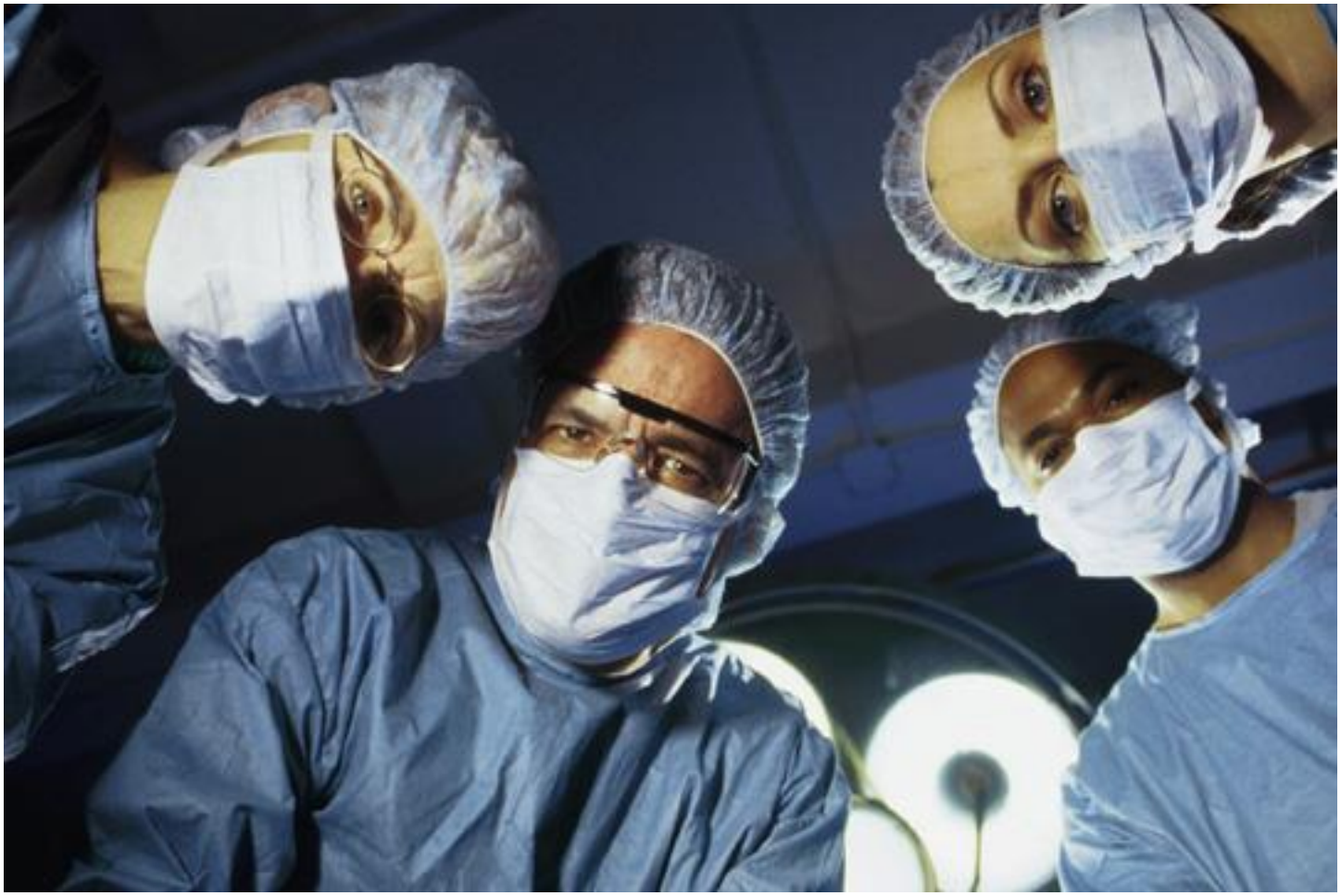
Policy

Mental Health


HEALING HURT PEOPLE
Drexel

CHALLENGES

“Sure, some dude shot you”….



Pitfalls

- Failing to inform and prepare hospital colleagues
- Working in Isolation…must integrate into mainstream of care
- Network
- Failure to educate hospital staff constantly-TIC
- Lack of regular, mandatory staff wellness activities
- Failure to establish model of fidelity
- Failure to establish rigorous data collection at onset
- Failure to: Regular Evaluation

Program Evaluation
Qualitative Study

OBJECTIVES

- To explore clients unique experiences and provide contextual basis for understanding clients' perception of both **impact** and **effectiveness** of VIAP

RESULTS & CONCLUSIONS

- Rich data
- Subject perception of VIAP advocates:
  - **As a caring adult** in their lives (85%)
  - **Peer-support model** helped establish a trusting relationship with advocate (65%)
  - VIAP had **positive impact** on their lives (85%)
    - **positive attitude shift, improved confidence, and desire to follow & accomplish goals post-injury**
  - noted **important services provided** by VIAP (100%)
    - **counseling, assistance in housing, jobs, educational resources, legal, many others!)**

- 90% of clients **DID NOT** retaliate
- The VIAP peer model provided in depth, comprehensive & effective services

Sustainability

- Affordable Care Act (ACA) has created opportunities for HVIPs to become more sustainable and integrated with broader systems of care.
- Change to the Centers for Medicare and Medicaid Services' (CMS) regulation of preventive services covered through Medicaid.
- Medicaid will now reimburse for preventive services provided by non-licensed providers as long as these services are recommended by a physician or licensed provider.
- CMS must approve a State Plan Amendment before it will permit such reimbursements. The regulatory change offers great potential to aid HVIP sustainability.
- Exploration and potential for future accreditation and policy statements
  - American College of Surgeons
  - American College of Emergency Physicians

Thank You