

The California Cities Gang Prevention Network

My Caught In The Crossfire caseworker was the first person who made me realize that my life is worth saving.

— 17-year-old Caught In The Crossfire participant

Welcome to the 17th bulletin of the California Cities Gang Prevention Network. This Bulletin will address hospital-based youth violence intervention programs. These programs are gaining popularity across the nation and are proving to be uniquely effective both in helping reform at-risk and gang-involved youth and ending the cycle of retaliatory violence. Assaultive trauma is often recurring, with some hospitals reporting a readmission rate of 44% and a subsequent homicide rate of 20%.ⁱ These intervention programs have seen significant reductions in readmissions, anywhere from 60-100%.ⁱⁱ

What are Hospital-Based Youth Violence Intervention Programs?

The goal of hospital-based youth violence intervention programs is to reduce retaliatory violence by providing aid to youth while they recover from a violent injury in a hospital or trauma center. These programs are instituted either by nonprofit organizations in conjunction with hospitals or exclusively by the hospitals. Youth are referred to the program at the time of admission by hospital staff. For nonprofit run programs, there is a legally mandated structured referral process which hospital-run programs can bypass. Once the youth

has been recommended to the violence intervention program, he or she is assigned to a violence intervention specialist, who—with the youth's consent—provides case management, access to services, and support with anything from insurance paperwork to emotional support. As the youth recovers, the violence intervention specialist endeavors to build a mentor-type relationship with the youth and their loved ones, while at the same time working to diffuse any prospect of retaliatory violence. Once the patient has been released from the hospital, the intervention specialist will continue to contact the youth multiple times per week and to provide support and services, in conjunction with community-based nonprofit organizations. This support helps youth move forward in positive ways and continue towards a violence-free future.

The philosophy behind hospital-based youth violence intervention programs is that **there exists a rare window of opportunity after a youth has been violently injured, during which they are more receptive towards making positive lifestyle changes.** Experiencing violence directly, and being a victim of this violence, invariably changes the way a person views the world and, more specifically, how they view violence. Although it is unfair to hold the victim responsible for the act of violence perpetrated against them, certain life-choices (gang involvement, crime, etc.) do invite violence. Being the victim of a violent act forces a person to reconsider the course of their life and the individual choices that they have made. At this time, the youth will be uniquely susceptible to both positive and negative influences. If a youth has a strong role model at his or her hospital bedside, someone who can relate to the patient and be a positive role model, a youth is

more likely to embrace positive change. On the other hand, if the youth's only influences are friends and family members, who often feel the need for retaliation themselves, the youth is likely to embrace this negative influence and become further involved in the cycle of violence.

CAUGHT IN THE CROSSFIRE

One of the oldest and most successful hospital-based violence intervention programs is California's Youth ALIVE! *Caught in the Crossfire (CinC)*. The *CinC* model has been instituted with overwhelming success in hospitals both in Oakland and Los Angeles, and a new program in Sacramento is expected to begin serving injured youth by mid-January. We were able to interview Deane Calhoun, the Executive Director and founder of *CinC*, and Marla Becker, the Associate Director of the program, about the most important elements of instituting a hospital-based program. Ms. Calhoun and Ms. Becker cited the following key aspects for any successful hospital-based violence intervention program.

The Intervention Specialist

The backbone of any successful hospital-based violence intervention program is a team of well-trained and dedicated intervention specialists. These are the workers who actually make contact with and form mentoring relationships with the youth while they recover. They also ensure youths' continued development towards positive change once they have left the hospital. Intervention specialists hold a specific background and set of experiences in order to be successful. For a youth recovering from a violent injury to make an emotional connection with their intervention specialist during a short hospital stay, it is extremely important that there is a level of trust from the beginning. To help foster this trust, it is necessary that the intervention specialist and the youth have common experiences through which they can relate. For this reason, a large number of hospital-based intervention programs, including *CinC*, recruit exclusively from the communities they serve. The ideal intervention specialist will be someone who has had a similar upbringing as the target population and similar experiences. He or she should have experience with violence—either directly as a victim

or indirectly. "Staff members need to be people who are from the community and have overcome violence in their own lives, because then they can relate to the young person in a way that's really unique," Ms. Becker explained. "They can get the youth to see that they really can overcome the cycle of violence and adopt a nonviolent lifestyle." An intervention specialist who has had these experiences will naturally be more able to sympathize with the youth and will have a much easier time forming the desired mentor-mentee relationship. *CinC* notes that these are the first qualities they look for in an intervention specialist. "We feel like we can train someone to do the work. In terms of the case management and the peer mentoring... that we can train, but they need to come with the right life experience, and with that spark ignited within them that makes the good role models for the clients," Ms. Becker explained. Ms. Calhoun described the recruiting process, "We find most of our intervention specialists through word of mouth." She noted, "People who are the best at the job are those who are the most interested in it." Those who have experienced violence themselves are often drawn to helping others who are going through similar experiences," she explained. "They hear about the program and they tend to seek us out."

The Hospital Staff

For programs that are a collaboration between a nonprofit organization and a hospital, it is crucial to have a member of the hospital staff dedicated to the program. Due to regulations put in place by the 1999 Health Information Privacy Act (HIPA), intervention specialists who are not hospital staff cannot simply take the initiative and contact a youth victim of violence in a hospital or trauma center. Instead, it must be a member of the hospital staff who refers the patient to the nonprofit before they are allowed to make contact. Because of this regulation, it is extremely important to have a hospital staff member willing to give referrals, provide information regarding case management, and meet frequently with nonprofit staff. "Having a dedicated hospital worker to be the point person is absolutely necessary for a hospital-based program to be successful" Ms. Calhoun explained. "That person can be a doctor, a nurse, or a hospital social worker, as long as they really believe in the program and want it to

succeed.” “Most hospitals and trauma centers actually have injury prevention coordinators,” Ms. Becker noted. “Often they are the ones who are best able to take the initiative and really get behind the program.” Because having a person on the hospital staff is absolutely necessary for a nonprofit hospital-based program to function, finding this person should be one of the first steps that a nonprofit takes when trying to implement a new hospital-based program.

Making the Program Attractive to the Hospital

Hospital-based violence prevention programs are generally initiated by nonprofit organizations or emergency room staff. The interested party must convince the hospital or trauma center to buy in to the program. Maintaining a violence intervention program has a variety of benefits for a hospital. First and foremost, instituting a violence prevention program is fiscally sensible. It costs relatively little (\$4,000) to put a client through the *CinC* program, however it costs a great deal (approximately \$40,000) to treat a patient for violence-related injuries. A successful violence intervention program therefore represents a substantial financial savings for the hospital. Second, through adopting a violence intervention program, a hospital can demonstrate its concern for the continued well-being of the patients. This will benefit the hospital’s reputation among the community it serves. As Ms. Becker explained, “It’s a great resource for a hospital to be able to demonstrate to the public that they’re really treating the patients as individuals and helping to take care of the community.” This enhancement of a hospital’s reputation can be invaluable. Finally, nonprofit hospitals can institute violence intervention programs to fulfill their community benefit requirements.

Involving Other Community-Based Nonprofit Organizations

For hospital-based violence intervention programs to have a permanent effect on the life of the client, they will often have to assure services beyond their scope. These services include education, job training, retention services, mental health, drug and alcohol treatment, and other counseling services, services often best provided by community-based nonprofit organizations.

Coordination with these agencies can be mutually beneficial to both programs. On one hand, the hospital-based program will provide the nonprofits with a steady stream of clients and will facilitate their community outreach. In return, the nonprofits can help the hospital-based program expedite the service process and better aid their youth.

Making the Program Attractive to Youth

No hospital-based violence intervention program, hospital run or otherwise, can aid a client without that client’s consent and cooperation. It is therefore a goal of any program to be attractive to prospective clientele. *CinC* achieves this by helping youth with immediate problems. “You can’t just go to a youth lying in a hospital bed and say, ‘I can help you go back and get your GED,’” explained Ms. Becker. “That won’t make them excited about the program.” Instead, *CinC* advertises that they can aid patients in dealing with medical bills and access to Medi-Cal. “A lot of our clients are eligible for Medi-Cal but just aren’t signed up. We also help them apply for victims of crime compensation,” she continued. “We really serve as advocates in the beginning; we can help the youths get through the paperwork and bureaucracy of the hospital system. Those are often the reasons people consent to participate in the program. But once the staff has had some time to bond with the youth, then they can sit down and start setting some long-term and short-term goals dealing with education, mental health, and physical health services.”

Results

Two studies have been published on the effects of *CinC*. The first study, published in March 2004, in the *Journal of Adolescent Health* found that violently injured Oakland youth who received services from *CinC* were 70% less likely to be arrested for any offense and 60% less likely to be involved in any criminal activity than violently injured youths in a control group. Results regarding rates of reinjury were not statistically significant. The second study, published in November, 2007, in the *Journal of the American College of Surgeons* also found a correlation between participation in *CinC* and reduced rates of criminal activity. These results were less

extreme, however, demonstrating only a 7% decrease in subsequent violent criminal behavior. Results regarding rates of reinjury were not statistically significant. Numbers from the Los Angeles and Oakland programs in 2008 are also encouraging. *CinC* served a total of 208 youths in 2008, and only 15 were arrested for a new offense in that year. Twenty-nine youths were able to find new work, 44 were enrolled or reenrolled in high school or middle school, 53 participated in educational support programs, and 11 enrolled in colleges.

The National Network on Hospital-based Violence Intervention Programs

In March 2009, Youth ALIVE! hosted the first ever National Symposium of Hospital-based Violence Intervention Programs. Representatives from nine programs were in attendance. Over the course of the symposium, they worked to publish a handbook of the best practices in hospital-based intervention (available online at www.youthalive.org/network). On completion of the symposium, the programs officially formed the National Network on Hospital-based Violence Intervention Programs, a network of programs dedicated to working together to facilitate the startup process for any new hospital-based programs and to develop new best practices and more effective methods of evaluation. “The mission of the network is to strengthen existing hospital-based violence prevention programs and help develop similar programs in communities across the country,” Ms. Becker explained. The Network offers technical assistance to emerging programs as well as information. If you are interested in joining the Network or beginning a hospital-based violence intervention program of your own, please contact Marla Becker, Associate Director, Youth ALIVE! at (510) 594-2588 x307 or mbecker@youthalive.org.

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Created in 1992 as an independent, private foundation, TCWF’s mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention.

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ⁱ Bonderman, Judith. (2001). *Working with Victims of Gun Violence*.

Washington DC: US Department of Justice, Office for Victims of Crime.

ⁱⁱ <http://www.youthalive.org/cinc/#results>