

*This e-bulletin is produced as a resource for established and emerging hospital-based violence intervention programs.*

# National Network of Hospital-based Violence Intervention Programs E-Bulletin

Volume 1, Number 3

March 2010

## Core Network

### Programs

Caught in the Crossfire (Oakland)

CeaseFire (Chicago)

Healing Hurt People (Philadelphia)

Sacramento Violence Intervention Program (Sacramento)

Project Ujima (Milwaukee)

Violence Intervention Advocacy Program (Massachusetts)

Violence Intervention Project (Baltimore)

Wraparound Project (San Francisco)

## About the Network

The National Network of Hospital-based Violence Intervention Programs is a partnership of programs across the country that provide intervention services to individuals being treated for violent injuries. The philosophy of these programs is that violence is preventable and that trauma centers and emergency rooms have a golden moment of opportunity at the hospital bedside to engage with a victim of violence and to stop the cycle of violence. The Network's purpose is to strengthen existing programs and help develop similar programs in communities across the country. The National Network works to achieve sustainability of hospital-based violence intervention programs, develop and disseminate evidence-based resources, and inform public policies related to violent youth victimization. (continued on page 2)

## Funding Updates

### [Harry Frank Guggenheim Foundation:](#)

Research on Violence and Aggression (Applications due 08/01/2010)

### [National Institutes of Health Grant Announcement:](#)

Research on Emergency Medical Services for Children (R01) (Applications due 09/15/2010)

### [Robert Wood Johnson Foundation Local Funding Partnerships](#)

Peaceful Pathways: Reducing Exposure to Violence (Applications may be submitted anytime in 2010)

### [Robert Wood Johnson Foundation Local Funding Partnerships](#)

2011 Call for Proposals—Annual Grantmaking Program in Vulnerable Populations (Brief proposal deadline is June 30, 2010)

***“The passion and persistence of our hospital responder team is always an inspiration to me. Night after night our workers get out of bed to respond to the emotionally-charged emergency department, driven clearly by the vision of a world without senseless murder.” (Sheila Regan, Hospital Outreach Coordinator, CeaseFire)***

### *History of the Network*

Youth ALIVE!, a non-profit, public health agency based in Oakland, CA, established one of the first hospital-based violence intervention programs, Caught in the Crossfire, in 1994. In March 2009, Youth ALIVE! convened nine hospital-based intervention programs from around the country to discuss common issues and to establish common ground. At this first symposium in Oakland, participating program representatives exchanged ideas, research, and other information about how to strengthen their work and improve their capacity to support similar programs in communities across the country and to assist hospitals interested in initiating programs. They unanimously agreed to form the National Network of Hospital-Based Violence Intervention Programs.

### **News and Research Updates**

The Network’s sustainability consultant, Bob Bennett, has written a report detailing various public funding streams for hospital-based violence intervention programs. The purpose of this document is to outline opportunities that are available to Hospital-Based Violence Intervention Programs to achieve ongoing long-term fee-for-service revenue streams. Mr. Bennett is currently the CEO of Family Service Agency in San Francisco, and for 20 years was CEO of Resource Development Associates, a national consulting firm focusing on transformation of large social service networks to make them more effective, more accountable, more culturally competent, and better funded. Mr. Bennett has consulted extensively for NIMH, the Department of Housing and Urban Development, US Justice Department, and SAMHSA, and was key in the development of California’s perinatal substance abuse programs, California’s Children’s Systems of Care, and HUD’s Supportive Housing Program. The report is attached as a PDF file and will soon be available on the Network’s website at [www.youthalive.org/network](http://www.youthalive.org/network).

The Centers for Disease Control and Prevention has published an evaluation tool called [Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach for Violence Prevention Organizations](#). Empowerment evaluation is a process where evaluators teach organizations how to effectively evaluate their own programs.

#### [Screening Adolescents in the Emergency Department for Weapon Carriage](#)

(Cunningham RM, Resko SM, Harrison SR, et al. Academic Emergency Medicine, 2010; 17, 2: 168-176).

#### [Violent Victimization and Perpetration During Adolescence: Developmental Stage Dependent Ecological Models](#). (Matjasko JL, Needham BL, Grunden LN & Farb AF, Jan 2010).

[Youth Violence Secondary Prevention Initiatives in Emergency Departments: A Systematic Review](#) (Snider C & Lee, J. The Journal of the Canadian Association of Emergency Physicians; Mar2009, 11, 2: 161-168). This is a systematic review of research on hospital-based programs, and includes several of the programs in the National Network.

## Training Opportunities

### April 7-9, 2010

[Blueprints Conference](#) (San Antonio, TX)

This conference, designed to disseminate science-based information on youth violence, delinquency, and drug prevention programs, will offer continuing education and networking opportunities for community prevention advocates, department heads of agencies responsible for violence and drug prevention efforts, state and local government leaders responsible for prevention funding and initiatives, leaders of criminal justice systems, and program implementers. Attendees will hear from practitioners in the field and be given the opportunity to network with others in the industry. The conference will set a foundation for future collaboration among evidence-based programs.

### April 12-16, 2010

[Grantseeker Training Institute](#) (New York, NY)

The Foundation Center trains programs to develop fundraising strategies and better articulate funding requests. Grantseeker Training Institutes occur several times throughout the year in different locations, so check their website for future dates and locations.

### April 14-16, 2010

[2010 Joint Annual Meeting on STIPDA and CDC Core State Injury Grantees](#) (Ann Arbor MI)

The theme of the 2010 annual meeting of the State and Territorial Injury Prevention Directors Association and CDC core state injury grantees will be "Injury & Violence Prevention at a Crossroads: Turning Challenges into Opportunities". By building unique partnerships, integrating diverse approaches, and optimizing existing resources, injury and violence prevention programs can continue to protect the health of communities, even in the face of economic adversity. Throughout this meeting, participants will share experiences, strategies, and best practices that will help injury and violence prevention programs continue to persevere and turn challenges into innovative opportunities.

### June 1-4, 2010

[18th Annual Meeting of the Society for Prevention Research](#) (Denver, CO)

This meeting will present the latest in prevention science from across international regions in the areas of epidemiology, etiology, preventive intervention trials, demonstration projects, policy research, natural experiments, program evaluations, clinical trials, prevention-related basic research, pre-intervention studies, efficacy and effectiveness trials, population trials, and studies of the diffusion/dissemination of science-based prevention. Relevant focus areas will include mental health/mental disorders, family conflict, substance abuse and addiction, violence, delinquency, academic failure, dropping-out of school, and policy-based interventions. The conference will offer more than 300 organized symposia, roundtable discussions/scientific dialogues, and paper presentations.

***“CeaseFire does not see violence as an unsolvable problem in our cities. We’ve been successful in Chicago and we want to share CeaseFire’s successful violence prevention strategies with cities and communities across the nation, because even one life lost is one life too many.” (Dr. Gary Slutkin, Executive Director, CeaseFire)***

## Program Spotlight

### CeaseFire: The Campaign to STOP the Violence, Chicago, IL

#### Background

CeaseFire, the primary initiative of the Chicago Project for Violence Prevention, based at the University of Illinois at Chicago, offers an evidence-based approach to reducing shootings and killings. In contrast to enforcement-based, focused deterrence initiatives, CeaseFire— informed by public health, behavior change and epidemic control methods— puts community involvement, not law enforcement, at the forefront of its efforts. CeaseFire relies on five components that work to interrupt the transmission of risk events and change the social norms and behaviors that perpetuate violence, including outreach and conflict mediation to the highest-risk individuals, community mobilization, public education, faith leader involvement, and law enforcement participation. In 2000, after five years of needs assessment, implementation planning and partnership building, CeaseFire launched its first site in West Garfield Park and has since expanded to 24 sites in Illinois.

The hospital emergency room response initiative began in January 2005 at Advocate Christ Medical Center in Oak Lawn, which was seeking ways to reduce the burden of violence-related injuries the hospital handles each year. As a result of this violence prevention partnership, funding from the hospital covers two full-time CeaseFire hospital responders. The hospital intervention was initially built on two existing CeaseFire sites on the south and west side of Chicago that are within the hospital's service area and has since expanded to intervening in violent events across the city's south side. Since the initial successes at Advocate Christ Medical Center, this element of the Ceasefire model has expanded to other Chicago hospitals. In May of 2009, CeaseFire Hospital Response expanded to include partnership with Loyola Medical Center in Maywood, Illinois.



### *Clients*

The intervention is event centered and takes place with the patient and any loved ones present. Therefore, there are no specific age criteria for inclusion, as the injured patient may not be the individual most in need of intervention in any given shooting event. In 2009, CeaseFire Hospital Responders intervened in 595 violent incidents at Advocate Christ Medical Center. In the same year, Maywood CeaseFire responded to 41 incidents at Loyola in Maywood.

### *Services*

Direct services start immediately following a patient's arrival in the emergency department. Hospital Responders move quickly to de-escalate emotions at the hospital scene and coordinate street level intervention concurrently, when appropriate. Patients and loved ones interested in follow-up will receive follow-up visits during the hospital/rehabilitation stay. Hospital Responders assist with linkage to Crime Victim Compensation and as well as linkage to other resources such as counseling, legal, employment, housing, and education assistance. In cases where patients or loved ones meet the CeaseFire criteria for being at highest risk for violent behavior and who reside in an area with an existing CeaseFire site, they are offered case management services through a CeaseFire Outreach Worker.

### *Accomplishments and Challenges*

U.S. Attorney General Eric Holder, Jr., head of the Department of Justice for the Obama administration supports a scientifically-based approach to criminal justice. In June 2009, Holder stated, "President Obama has renewed our nation's commitment to rely on science in the development of public policy." The Attorney General held up CeaseFire as an example of "a rational, data-driven, evidence-based, smart approach to crime - the kind of approach that this Administration is dedicated to pursuing and supporting." Citing a recently conducted, independent, three-year evaluation that demonstrated the CeaseFire model scientifically effective in reducing shootings and killings by 41% to 73%, Holder went on to state that from CeaseFire we learn that "public health must be part of a partnership in public safety."

Since the evaluation more than 20 cities have approached CeaseFire with interest in addressing their own violence epidemics. Generous support from the Robert Wood Johnson Foundation has helped CeaseFire to respond to such requests and to provide comprehensive training and technical assistance to cities to replicate the model. At present, CeaseFire is working with 10 cities in the US and has 10 more in the pipeline. By mid-year 2010, several new replication partners will be trained and operational in eleven New York State cities including—Albany, Buffalo, Mount Vernon, Niagara Falls, New York City, Rochester, Syracuse and Yonkers—as well as Phoenix, AZ. The Chicago Project continues pre-implementation planning conversations with Columbus, OH, New Orleans, LA, and Philadelphia, PA. Possibilities for local hospital partnership and intervention will be explored on a site by site basis.

## **Program Spotlight: Interview with Sheila Regan, Hospital Outreach Coordinator, CeaseFire**

*Tell me about some of the changes that you've seen in patients.*

I would say that the most gratifying changes that we see in our patients come from their receptiveness to intervention over time. We see a lot of patients that seem tough and stubborn right after being shot. But as our workers persist, visit after visit, pitching in not only with the patient but also supporting the family, you can discern a change even in those most hardheaded. These small steps come after multiple basic and honest conversations, getting to the meat of the matter with an understanding of that landscape. Building rapport comes from meeting people exactly where they are without judgment. By acknowledging the reality of a particular patient's situation, we enter into that truthful dialogue by which real change can actually occur.

*What do you see as your interventionists' greatest strengths?*

The passion and persistence of our hospital responder team is always an inspiration to me. Night after night our workers get out of bed to respond to the emotionally-charged emergency department, driven clearly by the vision of a world without senseless murder. I see incredible insight in each of our workers, based on experiences and willingness to see the reality of violence. And with this knowledge in mind, they confidently intervene in understandably heated situations, situations nothing short of life and death. The drive and commitment of our hospital responders is truly humbling.

*What do you see in store for CeaseFire?*

My vision for the future of CeaseFire really involves changing the nation's conversation around violence, how it happens and how to stop it. I see violence as a behavior that can be changed and have seen that CeaseFire's approach seems to have been able to impact those changes. This behavior doesn't happen by bad people in a vacuum, but by individuals who have learned that it is a method by which to survive in a complex environment. My hope is that CeaseFire can be a part of reversing this reality for any individuals and communities affected by deadly violence.



*Pictured left to right: Reverend Richard James (Chaplain), Mr. Charles Mack (CeaseFire Hospital Responder), Dr. Steven Salzman (Attending Trauma Surgeon) and Mr. LeVon Stone (Hospital Responder)*

For recent media coverage of CeaseFire, please visit the following links:

<http://www.rwjf.org/pr/product.jsp?id=45830>

<http://www.chicagotribune.com/news/local/chi-met-stopping-teen-violence-100222,0,3017143.story>

<http://www.kctv5.com/news/22468386/detail.html>

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Additional Resources

**Blueprints for Violence Prevention**

**Centers for Disease Control, Youth Violence**

**Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals (American Medical Association)**

**National Center for Injury Prevention and Control**

**National Youth Violence Prevention Resource Center**

**SafetyLit: Injury Prevention Literature Update**

**Youth Violence: A Report of the Surgeon General (2001)**

**Youth Violence: Best Practices of Youth Violence Prevention — A Sourcebook for Community Action**

**Youth Violence: Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools**

**For a listing of hospital-based violence intervention programs operating across the country, please click [here](#).**

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