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

NNHVIP July 2010

Volume 1, Number 7 July 2010

Core Network Programs

Caught in the Crossfire (Oakland, CA)

CeaseFire (Chicago, IL)

Healing Hurt People (Philadelphia, PA)

Massachusetts Violence Intervention Advocacy Program (Massachusetts)

Project Ujima (Milwaukee, WI)

Sacramento Violence Intervention Program (Sacramento, CA)

Violence Intervention Program (Baltimore, MD)

Wraparound Project (San Francisco, CA)

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 4)

Funding Updates

Verizon Foundation:

MA- Domestic Violence Solutions Grants (Deadline 07/23/10)

Harry Frank Guggenheim Foundation:

Research on Violence and Aggression (Deadline: 08/01/10)

U.S. Department of Justice

Office of Violence Against Women Technical Assistance (08/03/10)

National Institutes of Health (NIH):

Research on Emergency Medical Services for Children (R01) (Deadline: 09/15/10)

Robert Wood Johnson Foundation

Health and Society Scholars Program (Deadline: 10/01/10)

CeaseFire
Chicago, IL

The National Network is now accepting membership applications

The National Network of Hospital-based Violence Intervention Programs is pleased to announce that we are now accepting new membership applications.

Benefits of Membership

- Increased program visibility and affiliation with a national professional network
    - Listing as a Network Member Program on the National Network Monthly E-bulletins
    - Listing as a Network Member Program on the National Network Website
- The opportunity to attend National Network annual conferences
- Updates on Network working group activities (the working groups are currently closed to new members; new and additional working groups may be established in the future)
- The opportunity to participate in cross-site evaluations
- Priority access to all National Network publications (a best practices training curriculum is currently in development; publication by the U.S. Dept. of Justice, Office of Victims of Crime is expected in late 2011)
- The opportunity to become a technical assistance provider for new and emerging programs (the National Network manages a technical assistance clearinghouse)

"This network is a godsend! I appreciate the opportunity to participate and am excited about its potential accomplishments." (Network member's feedback on the 2010 Network Symposium)

Project Ujima
Milwaukee, WI

Future of The National Network

The National Network has only been in existence since March 2009; we expect that the benefits and opportunities for members will increase over time, and recognize the many advantages of expanding our membership base beyond the current 8 Core Member Programs. There are no costs associated with membership. Even if your program is still in the early stages of development, we encourage you to submit a membership application. In addition to the Network Member Program level of membership, we have established an Affiliate Member Program level of membership for new and emerging programs.

Applying for Membership

If you are interested in having your program considered for membership, please contact Joseph Griffin, National Network Project Manager at jgriffin@youthalive.org for an application.

Completed applications will be reviewed by the Steering Committee of the National Network of Hospital-based Violence Intervention Programs. Since the Steering Committee meets monthly, please allow at least one month for a response to your application.

If you have any questions, please contact:

Joseph Griffin, National Network Project Manager

jgriffin@youthalive.org

510-594-2588 x308.

"It was great to have everyone come together again, sharing their successes and challenges, and learning from one another… Everyone is looking forward to having new and emerging programs represented." (Melissa Martin -Mollard, Youth ALIVE!)

National Network 2010 Symposium

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.

"When I look at them, I see my children, my nieces and nephews. They are all my family and to what extent would you go to for family? Seeing them be successful, there is nothing better."

-Leroy Muhammad Violence Intervention Advocate - VIAP

News and Research Updates

School violence, adjustment, and the influence of hope on low-income, African American youth.

Author(s): Cedeno L et al. AMERICAN JOURNAL OF ORTHOPSYCHIATRY
Volume: 80 Issue: 2 Pages: 213-226

The psychological consequences to adolescents of exposure to gang violence in the community: an integrated review of the literature.

Author(s): Kelly S. JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRIC NURSING

Volume: 23 Issue: 2 Pages: 61-73

Community violence and health risk factors among adolescents on Chicago's southside: does gender matter?

Author(s): Voisin D, Neilands T. JOURNAL OF ADOLESCENCE

Volume: 46 Issue: 6 Pages: 600-602

Training Opportunities

July 28-30

2nd Annual WhyTry National Conference (Dallas, TX)

This one-day pre-conference and two-day conference for educators, mental health professionals, and youth corrections facility staff members will teach them strategies for implementing the WhyTry Program, a hands-on curriculum which helps youth overcome their challenges and improve outcomes in the areas of truancy, behavior, and academics. Pre-conference and conference sessions will provide practical intervention techniques to increase implementation effectiveness while using the WhyTry Program.

August 1-6, 2010

Summer Institute on Youth Violence Prevention (Berkeley, CA)

This training opportunity for doctoral students in the social sciences or related fields will offer training by professionals with expertise in various areas of Youth Violence Prevention (YVP) that graduate students might not otherwise be exposed to in their own university environments. Training will focus on the prevalence of youth violence and sources of data, particularly in immigrant communities in the United States; intervention design, methods, implementation, and evaluation; family, culture, immigration, and youth violence; and funding sources and how to obtain funding for research in etiology and prevention of youth violence.

August 16-18, 2010

2010 National Gang Crime Research Center 13th International Gang Specialist Training Conference (Chicago, IL)

This conference will provide trainees with an array of different professional gang training sessions so that they can tailor their training to issues that are most pertinent to them and their jurisdiction. Numerous specialized training tracks will be offered for attendees registering for certification. These tracks will include gang prevention skills, gang problems in K-12 schools, faith-based programs for gang intervention, and gang and violence prevention for school administrators.

August 18-20, 2010

27th Annual Conference on Services to Youth and Families (Austin, TX)

This conference for youth workers, administrators, program managers, board members, youth, social workers, juvenile probation officers, counselors, educators, volunteers, and concerned citizens, sponsored by the Texas Network of Youth Services, will promote leading edge thinking and development as well as build skills, competencies, and connections among service providers. The conference will offer a statewide forum for networking, sharing solutions to local problems, and discussing issues confronting the youth of Texas, their families, and the programs and agencies that serve them.

November 6-10, 2010

American Public Health Association Annual Meeting and Exposition (Denver, CO)

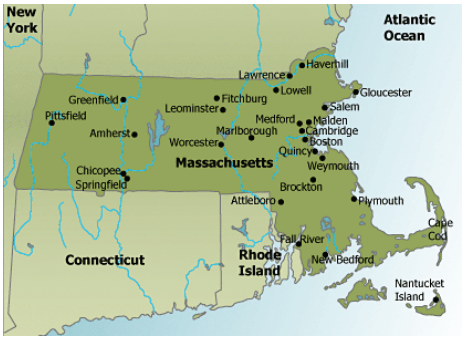
The APHA Annual Meeting and Exposition is *the* premier Public Health Educational Forum! Learn from the experts in the field, hear about cutting edge research and exceptional best practices, discover the latest public health products and services, and share your public health experience with your peers. The world of public health is in continual motion, and there is no better way to stay abreast of the research and learn about emerging issues. This year's theme is "Social Justice".

"It [is] about how you empower people to make changes on their own...Once I saw that, I was able to convey the message powerfully and effectively...I took a lot from this community, so I have to give a lot back."

Jumaane Kendrick Violence Intervention Advocate - VIAP

Program Spotlight:
Massachusetts Violence Intervention Advocacy Program

Background



The Violence Intervention Advocacy Program (VIAP) serves communities through three hospital emergency departments in the state of Massachusetts: Boston Medical Center (BMC) and Massachusetts General Hospital (MGH), both in Boston; and Baystate Medical Center in Springfield. The program acts in accordance with its mission to assist victims of violence to recover from physical and emotional trauma and empower them with skills, services, and opportunities so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities. Funding and support for the program comes from the MA Department of Public Health Bureau of Substance Abuse Services, the Boston Public Health Commission Division of Violence Prevention through a Robert Wood Johnson grant, the Boston Foundation and contributions from the three hospital emergency departments.

Structure

VIAP is unique in that it is both one unified state program and also three separate programs at three hospitals across the state. VIAP aims to reduce factors that put young men and women at-risk for future injury, other related health and social issues, or even death. All the while, VIAP promotes positive alternatives that foster growth and transformation in life. Violence Intervention Advocates (VIAs) contact violently injured patients as they arrive to the ED and are admitted to inpatient floors or reach out to them post-discharge. The program provides various levels of service and referrals depending upon patient need and risk as assessed by the VIA and program staff. These services may range from a dialogue about safety and peaceful alternatives upon discharge, to short-term in-hospital or outreach services, to long-term case management relationships. Not to be overlooked as a marquee service of VIAP is the active role VIAs perform in motivating patients to make changes and in modeling consistent and constructive behavior for their clients.

Staffing

Co-Directors: Thea James, MD and Edward Bernstein, MD

Violence Intervention Advocates (VIAs): BMC - Anthony Christian, Leroy Muhammad, Jumaane Kendrick,; Baystate Medical Center- Winifred Atwell; MGH- Amanda Breen

BMC VIAP Program Manager: Elizabeth Dugan, MSW, LCSW

BMC VIAP Project Manager: Rebecca Bishop, MSW

Baystate Medical Center VIAP Supervisor: Ann Maynard, RN, BSN

MGH VIAP Supervisors: William Binder, MD and Ellen English

MA VIAP Program Manager: Deric Topp, MPH

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VIAP Staff

Back Row L to R: Deric Topp, Kim Odum, Jumaane Kendrick, Anthony Christian, Dr. Ed Bernstein, Leroy Muhammad, Dr. Thea James

Front Row L to R: Rebecca Bishop, Elizabeth Dugan

Not Pictured: Winifred Atwell, Amanda Breen, Ann Maynard, William Binder, and Ellen English

Program Spotlight:
Massachusetts Violence Intervention Advocacy Program

Services

Operationally, VIAP's services are thought of in tiers that reflect the levels of recovery and development. Each tier is associated with types of services VIAs can educate about, advocate for, and refer to directly. These tiers often interact and blend into one another in practice. Progress is dynamic and non-linear. By moving clients through these tiers, clients receiving case management can successfully complete the program. The services covered under each tier are:

1. Injury and recovery – Hospital care navigation, Primary care and surgical appointments, Medical equipment needs, Physical Therapy, Mental Health, Alcohol or Substance Abuse, State Victim's Compensation awards.

2. Basic Needs- Housing/relocation, Transitional assistance/food, Family and child support, Legal advocacy and support.

3. Personal Development and Growth- Education assistance (GED, college application), Job readiness training, Employment assistance, Counseling (individual and family).

4. Maintenance- Check-in and reflection, Maintaining jobs and school, Personal development .

Accomplishments and Challenges

The Boston Medical Center VIAP's upcoming focus is on workforce development and self care for staff. They are in the process of developing and implementing an in-depth case management training for VIAs, which will focus on relational, professional, and technical development. Recognizing the need for clients to also enhance their quality of life and experience joy, a new commitment to providing activities and new experiences for clients is underway. Most recently, one VIA planned a fishing trip with a client!

VIAP client on a recent fishing trip.

The Baystate Medical Center VIAP employs one VIA, Winifred Atwell. Winnie has found great success in providing case management services for her clients, linking them with essential transitional assistance services, counseling, housing and job training, and moving them through the different tiers of services to complete the program.

The Massachusetts General Hospital (MGH) VIAP also employs one VIA, Amanda Breen. Amanda has worked to build key collaborations in the hospital with staff, specifically the social services and in-patient teams, and build networks outside the hospital. Amanda found early success with the state's victim compensation fund by making contacts there and consistently following-up after applications were submitted.

Some of the challenges VIAP faces are:

- Funding is still the biggest issue. There is the need to prove to hospitals that the intervention fiscally provides a long-term solution to the reduction of recidivism of violent injury.
- On-going need for workforce development and staff support for continued improvement.
- Capturing the outcomes of an intervention program such as VIAP is needed to show its efficacy.

Learn more about VIAP Here

Program Spotlight: Leroy Muhammad & Jumaane Kendrick
Violence Intervention Advocates—VIAP

How did you get into your line of work?

Leroy Muhammad: It's a life's work. It found me. Everybody has a history. I have mine. Once you get an opportunity to help somebody else sometimes it can lead into a mission and that's what it has done for me.

Jumaane Kendrick: I remember two years back, I was looking for a job. I got shot and just got out of jail. I was looking for a job because my P.O. was on my back and somebody was handing out a flyer for teen empowerment. Through the whole process, I didn't believe in the positive peace thing at all. Then I realized that they were helping you. It was about how you empower people to make changes on their own. Once I saw that, I was able to convey the message powerfully and effectively. I took a lot from this community, so I have to give a lot back.

From Left to Right:
Jumaane Kendrick & Leroy Muhammad

What are the biggest challenges faced by the young people you work with?

JK: Hope. They don't have hope. They don't see that the help is there. [The resources] aren't there. The challenge is: you can't make people believe in something that isn't there. We're taking about a vision versus what is actually happening. You are asking them to put down something they are accustomed to and create something new. Just to get them to see things differently is tough.

LM: The situation that most of our clients find themselves in is extremely multilayered. I agree with Jumaane 110% and you can multiply what he said with society's other ills: the social piece, financial piece, societal history, lack of resources, family issues, the revolving door in the justice system. It leaves a person laying there, searching; not having the tools to reach out for what they didn't even know they needed. You have to overcome so much to build relationships.

Can you share a success story with us from your program?

LM: We had a young girl come in. To have young women come in is always difficult for me as a father and a husband. She was 18 years old. She graduated high school. She had a baby. Her baby's father was murdered in front of her. She knew who did the shooting. A few weeks after, she was shot. She was a wreck. She was afraid for her own safety because no one was apprehended in either situation. The mere mention of her baby's father would send her into a fit. We got very close. She is now working. She has her own car. If she were in this room today, you would see a smile that lights up the room. She is unquestionably happy and has her confidence back. For her, as a young woman out there trying to make sense of all of the madness, in a male-dominated arena like the streets, sisters are just trying to find someone that they can relate to well. They don't want to be caught up in the madness, but you often can't have one without the other. Her internal drive to do well was so strong, that she would often times do a self-mantra, "I know I'm going to get better, but I'm just not there." It just took time. Slowly she would say out loud, "I'm getting it back."

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Program Spotlight: Leroy Muhammad & Jumaane Kendrick
Violence Intervention Advocates—VIAP

JK: One young man is more than halfway to getting on the right track. This gentleman came in gang affiliated and denied it for three months. When I first met him, he was kicking us out of the room. As I was walking away, he called me back and said, "Let me talk to you for a minute." He went from not wanting to talk to anyone, to working on his temper and changing his movements in the streets to keep himself out of dangerous situations. He was young and he went back to jail because he thought her was untouchable. I told him, "You are talking about stealing $100 in this big world. It's not going to get you to where you want to be." He called me two days later and said I was right. This is a guy who is 16 years old. His world is 10 miles wide and three different towns. That's a big world to him. Now, he has two jobs, he's back in school and on his medication. We all fall off from time to time, but he's trying to stick with it. Now he is holding himself to things, being more responsible and self-aware. His next step now is trying to get himself to a safe environment.

What keeps you motivated?

JK: I see me out there a lot. I'm talking to me a lot. I like to talk to me a lot. I see all those kids and they just remind me of me in so many ways. They are always around me and I love them. I would feel bad if I couldn't do anything. I like being in a circle of young people and seeing them excel. I get a thrill off of helping people. I've been there, was there, and no one helped me at certain levels. I know what it's like searching for certain things and you have to figure out the answer by yourself at a certain age. You are brilliant if you can find the answer. I am here to help other people.

LM: My brother took the words right out of my mouth. When I look at them, they are me and we are tied together. Our successes and our failures are tied together. And although I am a little bit older than the other advocates, the road has been varied and I take extreme care with those who are entrusted to me. I don't want any of them to die. I mentioned before about being a dad. When I look at them, I see my children, my nieces and nephews. They are all my family and to what extent would you go to for family? Seeing them be successful, there is nothing better.

Any words of wisdom for people who are doing similar work or starting a new program?

JK: I think the direct service thinking needs to change, as far as giving people things they can't maintain. They don't have the foundation to maintain. Those [skills] are things people need internally, like education. How do they keep themselves mentally [well]? How do they discern things in the community so they are not fooled? We need different lifestyle changes. People should implement things like how to keep hopeful, how to provide support, how to be presentable, and how to support one another. How do we collaborate within our own community? We don't check off the things that we had to do to get them to enroll in the GED program and go everyday; to know why it is useful. Those are simple things they need to do.

LM: For anyone who is interested in doing this or who is already, I would humbly suggest that the people doing the work be humbly committed to the work, have the successes be tangible, and never lose sight of the population. They are people, not numbers or folders. Everybody makes mistakes and they are not to be belittled. Have those persons who do the work have empathy, respect, and professionalism. This is not one of those [jobs] where someone approaches this as a 9-5, in and out, do just the bare minimum. I don't know how successful that would be. Hold one another accountable. We have a fantastic director here at this program and I can only pray that other people have relationships like ours. As the foot soldiers, we are asked to go out there and carry out certain responsibilities.

THE NATIONAL NETWORK OF HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

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Additional Resources

Blueprints for Violence Prevention

Centers for Disease Control, Youth Violence

Creating Safe Environments: Violence Prevention Strategies and Programs

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

Reinjury Prevention for Youth Presenting with Violence-related Injuries: A Training Curriculum for Trauma Centers

"Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men" by Dr. John Rich, Director of the Center for Nonviolence & Social Justice

Youth Violence: A Report of the Surgeon General

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

Youth Violence: Interventions for Health Care Providers

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

This e-bulletin was produced by Youth ALIVE! under 2009-SZ-B9-K004 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this e-bulletin are those of the contributors and do not necessarily represent the official position of policies of the U.S. Department of Justice. Additional funding was received by Kaiser Permanente's Northern California Community Benefit Programs.