



# Hospital Intervention Pilot Program 2012 PROGRAM MANUAL

The Policies and Procedures in this manual are not intended to be contractual commitments by the Hospital Intervention Pilot Program, and participants shall not construe them as such.

The Policies and Procedures are intended to be guides to management and are merely descriptive of suggested procedures to be followed. The Hospital Intervention Program reserves the right to revoke change or supplement program guidelines at any time without notice.



## **Background**

The partnership between the Mayor's Gang Prevention Task Force (MGPTF) and the Valley Medical Center (VMC) has been a model since the mid 1990's. The focus of these partnerships has typically focused on the final steps of "Transformation", through great programs such as Clean Slate Tattoo Removal.

Unfortunately, too many of our Youth continue to become victims of Gang Violence. As such the MGPTF in partnership with VMC propose to develop and launch a Hospital based Intervention Pilot for all youth and young adults who are victims of gang related violence. This partnership will work within its limited resources to develop said "Pilot" that will focus on gang/violence reduction approaches and resources.

There are now many successful hospital-based gang violence prevention peer intervention programs around the country demonstrating successes. Prior to the Wraparound Project at the San Francisco General Hospital, 35% of victims of gang violence returned to the hospital with additional injuries, now the figure is 4 %. In one study published this year, 90% of participants provided positive meaningful responses to the intervention ( $P < 0.001$ ). Our program hopes to build on these successful programs.

The major elements of a successful program appear to be:

1. Cultural competency. Gang members often will interact only with people who share their backgrounds and experiences. A successful program depends on those doing the interventions being able to demonstrate those shared experiences.
2. Timing. The teachable moment occurs during recovery from a major injury, having faced the risk of death and permanent injury, while dealing with the consequences, including pain and disability. This sudden change in health status cues the individual to reexamine high risk behaviors, especially when guided by a peer intervention.
3. A public health approach. Assess and treat violent injuries as an epidemic and approach it with proven public health risk reduction strategies—first address the risk factors.
4. Community involvement. Though the intervention targets specific at-risk individuals, a violence prevention program can only be successful by reaching into the greater community to address the whole host of contributing factors. A successful program must connect to community resources in order to meet the needs of the patient's transformation process.

## **New Pilot Program**

The pilot based Hospital Intervention Program attempts to reach active gang members, up to the age of 30 years old, who are admitted to VMC due to a violent gang related incident. Through intervention efforts the program will offer a direct connection to an interventionist in order to refer the (patients) (youth) to services with the aim to prevent or reduce the risk of retaliation and re-injury.

The Pilot Program will accept referrals from VMC's Trauma Services. The partners involved in the pilot program are VMC trauma staff, Santa Clara County Sheriff Department, San Jose Police Department, City of San Jose Mayor's Gang Prevention Task Force, and Faith Based Community Organizations.

## **Pilot Outcomes:**

The MGPTF in collaboration with VMC Trauma Services and other stakeholders will be working towards the following outcomes and products;

### **Goals:**

1. Intentional outreach to victims of Gang Violence.
2. Referral to services for youth and families aimed at violence reduction and fostering hope.
3. Strategic and effective use of limited resources.
4. A Safer environment focused on Health Care and holistic recovery.

### **Products:**

1. A hospital based intervention protocol to respond to victims of Gang Violence.
2. Selection and distribution of Prevention and Intervention curriculum based services and materials.
3. Agreements (M.O.U.) between VMC, MGPTF, and selected BEST funded agencies that formalize the partnership and facilitate the provision of needed services.

## **Pilot Measurements:**

### **Measurements**

- Number of Calls for Services from VMC
- Number of Interventions - Face Time with Victim
- Number of Victims Successfully Connected to Services Within 3 Months

\*Benchmark for success: 30% of referred patients received services

## **Pilot Program Procedures**

### **Target Population Criteria**

- 13 to 30 years of age
- Live within Santa Clara County

- Involved in a gang related injury

## **Requirements**

- Patient accepts and gives written consent to meet Intervention staff
- Minors: Parent and/or guardian written consent
- Meets the screening criteria
- Works with the Intervention staff and follows-through on referrals

## **Referral Process for Services & Coordination**

All referrals that meet the target population criteria will come from VMC's Trauma Services. Designated hospital staff will meet with the patient and introduce the pilot program and how the City Intervention staff can assist them. Once the Case Manager obtains written consent from the parent/guardian the following coordination will occur:

- Case Manager submits referral to City of San Jose Youth Intervention staff along with the following information: patient's name, age, date of birth, gender, language, date of incident, summary of incident and social history, parent/guardian contact information.
- City of San Jose Youth Intervention staff notifies appropriate law enforcement agency of intervention request for patients under custody.
- Case Manager and Trauma Clinical Liaison coordinate timing of interventionist visit with patient condition and priorities of care, identifies specific date and time for intervention and communicates to both the care team and Youth Intervention staff.
- Trauma Clinical Liaison coordinates intervention visit with the care team. Writes a doctors order for intervention on specific date and time.

### Intervention Visit

- Youth Intervention Staff meets Case Manager and is escorted to patient's unit
  - Case Manager provides interventionists with any new relevant social history needed to facilitate intervention.
- Intervention conducted
  - If patient condition allows, provide them the option to conduct intervention at a private location.
  - Intervention should take no longer than 30 minutes.
  - During initial assessment visits the interventionist will introduce themselves, present services offered through program, observe indicators such as patient's support system of family and friends, and emotional state for retaliation.
  - Complete needs assessment that will include home, school, community, and safety.

### Post Intervention

- Youth Intervention Staff meets with Case Manager to
  - Communicate the intervention outcome
  - Coordinate any further hospital based social services
  - Conduct any necessary debriefing/program and process evaluation.

- This is accomplished immediately following the intervention whenever possible.
- Case Manager documents intervention as defined by hospital policy.
- Case Manager completes and maintains program records.

The City's Youth Intervention staff will be available for referrals Monday-Friday (excluding holidays), from 7:30 a.m. to 4:30 p.m. Incidents that occur on the weekends will be followed up on Monday of the following week.

The City Intervention staff will outreach to the selected faith based volunteer to accompany them during the bedside visits. The faith based selected volunteer will assist with additional resources (spiritual comfort, practical support, and other immediate services as needed), as per the request from the participant and or family/guardian.

## **Pilot Program Services**

### **Services and Follow-Up**

It's important that youth intervention staff and faith based volunteers make their initial contact with the youth or adult at the hospital when they are most vulnerable and open to receiving services. Youth Intervention staff will make contact with both youth, adult, and family members to best assess their needs. Once the person has been released from the hospital the interventionist will conduct home visits as needed to continue the dialogue of addressing needs and referrals to reduce the potential for retaliation.

The Intervention staff will offer some of the following services: Victim Witness Program (compensation for medical bills, counseling, wage loss, relocations); and services through the Mayor's Gang Prevention Task Force (tattoo removal, counseling, substance abuse, mentoring, domestic violence, job training, education assistance, recreational programs, legal aid, etc.).

The pilot program case file format and forms will be utilized for the pilot program follow-up. It is the responsibility of VMC and City to maintain the case files of youth referred from their agency. The intervention staff will conduct regular follow-up with referring agency representative throughout treatment to ensure participants completion of program requirements and attendance of treatment. As the youth and or adult make positive progress there will be less frequent contact with the Intervention staff. There will be a final exit interview at the end of the six months from the initial contact with the participant.

### **Confidentiality**

It is the responsibility of all staff to safeguard sensitive program information. The integrity of our program is dependent upon protecting and maintaining proprietary program information.

The pilot program recognizes our participant's rights to privacy. In achieving this goal, the program adopts these basic principles:

- The collection of participant information will be limited only to program staff.

- Participant's personal records will be kept confidential.
- Access to participant's records will be limited to those staff having authorization.
- Access may also be given to third parties, including government agencies, pursuant to court order or subpoena; or by participant's written approval.

Participants are permitted to see their personal information file maintained by program records. They may correct inaccurate factual information or submit written comments in disagreement with any material contained in their program file records.

## **Program Staff**

1) City Interventionists have years of experience in identifying and working with gangs and gang members, and have a multitude of trainings and life experience that make them uniquely qualified to provide comfort and services to victims of gang violence who currently find themselves at a crossroads due to their injuries. In addition, most interventionists are also bilingual in Spanish, Vietnamese, or Cambodian. The standard of competency that interventionists currently have includes trainings in the following topics:

- 40 hours of conflict resolution and mediation
  - First Aid and CPR certified
  - Trained in Mandated Reporting Procedures and Requirements
  - Minimum of 10 years working daily with gangs and gang members
  - Knowledge of a variety of resources in Santa Clara County
  - Cleared through FBI and Homeland Security background checks
- All interventionists will also receive additional training to standardize their skill set with hospital staff, and these will include: motivational interviewing techniques, PTSD training, hospital orientation
- Confidentiality and Privacy (HIPAA Regulations)
  - General mandated hospital orientation and program specific hospital orientation and protocols.
  - One-on-one interviews by hospital staff to assess good fit" with hospital environment.

2) Faith-based volunteers will be making initial contact with intervention workers at the bedside of the victims. The role of the faith-based volunteers will be to provide comfort and any resources to supplement gaps in services provided by hospital staff and interventionists. These additional resources may include bringing hot meals to the families of the victims who are keeping vigil at the victim's bedside, helping provide for other basic needs, and provide pastoral or spiritual care as requested. Many of the volunteers have had life experiences as former gang members or family of gang members who have witnessed firsthand the cost of gang membership in their own lives. This makes them qualified to understand and be empathetic with the victim's experience, and help the victim to open up to the faith-based volunteer. All volunteers will complete all hospital training as defined for interventionist.

3) VMC Trauma Case Managers receive referrals from Trauma Services staff, identifies appropriate program candidates, provides standard hospital social services, obtains patient written consent for intervention visits, refers appropriate cases to the City of San Jose Youth

Intervention Staff, provides patient identifier and relevant social history information (as outlined in the MOU) to the youth intervention staff, works with trauma services clinical liaison and youth intervention staff to coordinate the intervention visit, provides in-person assistance to youth intervention staff when present in the hospital, and records and maintains internal program records. Case Managers are available M-F, 7:30 a.m. to 4:00 p.m.

Trauma Services Clinical Liaison:

Refers potential program candidates to VMC Trauma Case Manager and works with case manager and trauma clinicians to facilitate completion of intervention prior to discharge. Cross-trained to provide case management as needed.

## Program Evaluation

The Committee will conduct quarterly reporting and program review.

SCVMC Trauma Services will report number of: identified cases, cases approached/not approached, cases consented/not consented, cases referred, attempted and completed interventions, aggregated demographics.

The City of San Jose Youth Services will report: number of referred patients that received services within 3 months of referral and completion of needs identified by the intervention assessment.

Program review will include: Barriers to referral, barriers to completing interventions, identify and frequency of services referred, unexpected and unusual occurrences, results of focus groups, interviews and surveys. For the pilot phase each patient referral will be reviewed in its entirety for process evaluation and to identify issues not anticipated for the pilot.

After the one year pilot is completed a more in depth formative and process evaluation plan will be considered. This may include focus groups, evaluation of program materials, in depth patient interviews/surveys and interventionist surveys/interviews. This information can be used in developing an ongoing hospital based peer intervention program.