ABSTRACT: A hospital based intervention program serving communities impacted by gang violence demonstrates process and outcomes for intervention strategies within the first year.

BACKGROUND: Youth and gang violence is an epidemic that continues to take thousands of lives across the Nation each year. When one person is murdered, it has a powerful ripple effect on dozens of lives in that person’s family and in the community, creating emotional and behavioral issues that often lead to more violence, depression, PTSD, etc. Compton and Watts are two of the primary cities contained within our catchment area, but these cities are infamous worldwide for gang violence. Saint Francis Medical Center (SFMC) is a community hospital with a 341 licensed bed capacity and an ACS verified Level II Trauma Center. The annual Trauma patient volume for 2012 was 2,156 and for 2013 was 2,159 with an average overall penetrating trauma rate of 30%. Saint Francis Medical Center (SFMC) is the dedicated Trauma Center serving these communities, and it became imperative to be proactive in addressing youth and gang violence.

METHODS: The process of providing bed side counseling for victims of violence was formalized and improvements to the discharge referral process initiated, it became self evident that this was simply not enough. SFMC trauma services partnered with a local Violence Intervention non-profit and together, applied for funds that would enable the provision of educational, employment and personal development services patients needed to refrain from re-entering the cycle of violence. Through a federal grant from the Department of Labor, the program has made remarkable strides in only the first year. The Crossroads intervention program serves 18-24 year old High School drop outs, ex-offenders and victims of violence. Dedicated Case Managers round each morning, collaborate with the trauma service to identify and recruit patients into the Crossroads program. The IPC and leader of the Crossroads program has text notification (Page Copy) like that of the trauma director, trauma program manager and trauma surgeons, that readily identifies victims of violence as a second level of notification. Once a patient consents to services, the process begins with an assessment of the individual’s needs, which includes anything from education to housing. Next an ISP (Individualized Service Plan) is created and the patient commits to dedicating his/herself to the completion of the plan with their Case Manager. Crossroads is located across the street from our medical center. The majority of intervention services are provided there. Services include yet are not limited to: HS Diploma/GED, Job Development, Male Mentoring group, Female Mentoring group, Tattoo Removal, Community Service, Community Wide Efforts to Reduce Violence, Restorative Justice, Parenting, One to One and Group counseling, etc. The first year of the program yielded the following statistics....

RESULTS: From April 1, 2013 – March 30, 2014 N= 84 young adults served, 62% placed in Employment or Post-Secondary education, 50% retained employment, 75% participated in HS Diploma or GED classes, 100% participated in Employment Strategy training, 79% participated in mentoring strategies, 100% received Case Management services, 75% participated in Community Wide Efforts to Reduce Violence, 57% participated in Restorative Justice classes, 2 of the 84 returned as trauma patients and 1 returned to jail.
CONCLUSION: Trauma Centers are in pivotal and unique positions to identify and intervene while these individuals are within a vulnerable stage, lying in the hospital bed contemplating their lifestyle. This rare ‘teachable moment’ should be seized by health care systems across the globe, especially those with abnormally high levels of patients with penetrating wounds as a result of violence. These interventions are not new, yet are uniquely developed in various ways. Reflection is pivotal to avoid missteps of the past. Reflecting on the program yields significant lessons:

1. The imperative to be culturally sensitive to the program participants, the program needs to more so reflect the diversity of the community.

2. Continual staff development is necessary to the momentum and growth of the program and is a leadership responsibility.

3. Strong advocates of the program are critical- the Trauma Medical Director (TMD) and the Trauma Program Manager (TPM) must champion the program and engage senior leadership (CEO, COO, CNO) to assure the program is sustained and part of the overall organizational plan.

4. Consideration and sensitivity to gender specific services and need are requisite. Violence is not gender specific to only males in society. Recently a female support group has been initiated and is demonstrating improvements for the participants.

5. Program sustainability requires funding, there must be a concerted effort by the IPC, TMD and TPM toward identifying and applying for grants and ongoing fundraising (informal to formal annual events).

6. More data sets and improved methodology for data collection would illustrate further outcomes of the program in subsequent years.

NOTES: