

# **Rochester Youth Violence Partnership (RYVP) Hospital-Based Violence Intervention Program Summary**

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The Rochester Youth Violence Partnership (RYVP) is a hospital-based violence intervention program that provides intervention services to youth victims of shootings, stabbings, or blunt trauma who are treated in the emergency room in Rochester, NY. Many agencies work together to prevent re-victimization and retaliation following a violent incident. An evaluation of the Rochester Youth Violence Partnership was conducted in 2012 and 2013 by RIT's Center for Public Safety Initiatives. This paper is the second in a series that will identify program processes and successes and make recommendations for process improvements. It focuses on the role Pathways to Peace, a violence intervention program run by the City of Rochester, plays in the partnership.

This paper will summarize portions of the 2013 evaluation and different components of the RYVP. It will expand on the prior evaluation by adding updated and more detailed process information from key program leaders. Updated information was obtained through an interview with those who pioneered the RYVP program: the trauma surgeon, the head of pediatric psychiatry, and the pediatric social worker at Strong Memorial Hospital. Interview questions pertained to the history of the program, clarification of program operations, any changes to the program since the 2013 evaluation, and current issues to address that would improve the program.

## **History:**

The Rochester Youth Violence Partnership began in 2003; the Director of Trauma at the University of Rochester's Strong Memorial Hospital in Rochester, NY initiated this hospital-based program. This director was frustrated with the number of repeat young patients that were seen in the Emergency Department for violent penetrating injuries (shootings and stabbings). They connect victims to an array of services, like Pathways to Peace, through an extensive partnership. The ultimate goal of the RYVP is to administer a safe hospital discharge and to connect victims to the resources that can provide them with the necessary services for preventing further injury (of the victim or of someone else). Some of these services include gang intervention services, mental health treatment, substance abuse treatment, and assistance with educational goals.

Pathways to Peace is a program run by the City of Rochester to intervene in violent, potentially retaliatory situations, primarily among youth and gang members. They try to steer youth away from involvement in further violence. If their services are requested or needed by the hospital patient or his or her family, the social worker assigned to the patient pages Pathways to Peace Youth Intervention Specialists, who have a rotating on-call schedule to respond to the hospital.

## **Program Description:**

### RYVP Program Background:

The RYVP is made up of an intervention component and a partnership component. The partnership (or coalition) is comprised of over 30 agencies. These agencies consist of the Rochester Police Department, Monroe County District Attorney's Office, Rochester City School District, Child Protective Services, Monroe County Probation, mental health organizations, universities, religious organizations,

and non-profit organizations. They all come together monthly for a meeting to discuss developments, challenges, and future plans for the program.

The intervention component originally targeted victims 17 years old and younger who were victims of violent penetrating injuries (gunshot and stab wounds), though the age range has changed over time and now includes victims between 18-25 who consent to receive services.

The program has not had a set budget since its inception, unlike other hospital-based intervention programs in the nation. Even though there is no set operating budget for the program, there are still costs such as staff time, hospitalization costs, and paperwork (Klofas & Duda, 2013).

### Program Services Overview:

When a victim of a gunshot wound or stabbing arrives at the emergency room, security is notified, the social worker on site is notified, and medical treatment is immediately administered to the patient. The patient then receives a social work evaluation and risk assessment, medical/surgical treatment stabilization, a security patient protection plan, a child life consult, and a psychiatry consult. If a victim is under 18 years old and the parents are present, hospital staff asks the parents if they would like Pathways to Peace services. Pathways is called if the parent consents. If the youth arrives without a parent, Pathways is automatically called. If the victim is over 18 years old, the patient must provide consent to have Pathways to Peace called. Sometimes this can only occur after the patient has been stabilized and can consent. As stated above, Pathways uses a rotating on-call pager system so that they usually respond to the hospital within an hour of notification.

The social worker in the hospital has a social work screening tool that has become protocol for all gunshot and stab wound victims. There is always a social worker on site so that a victim of these injuries can be given the screening tool no matter what time they are admitted to the hospital. This screening tool assesses particular factors of the injury to determine if intervention services are necessary for each patient. They assess the nature and circumstances of the injury as well as other services the youth may be connected to, such as schools or probation. The screening tool assesses which program partners the patient will require and whether or not that patient and/or their parent/guardian will consent to program participation. From that point, the hospital will reach out to the necessary agencies to inform them of the patient and then connect the patient to the services.

The hospital attempts to gain participation in this program's services from victims of all ages, but adult victims do not consent to services as much as the parents of young victims do. The hospital has a higher level of responsibility to ensure safe discharge for children than they do for adults. As such, if the parent/guardian of the patient or the patient themselves (and they are 18 years old or younger) refuses the program services, then the Child Protective Services (CPS) can sometimes be used as leverage to gain participation, if appropriate. While CPS intervention is rarely used, it is a unique feature of the RYVP program and can help reach youth potentially at the highest levels of risk.

Other patients who do not at first accept services may also consent to receive Pathways to Peace and other services later in their hospital admission, if they change their mind. This is most common with those over eighteen who may not have consented at first but decide to after some time to think it over.

Further, if any patient somehow does not get screened in the emergency room, they are often referred into the RYVP services through their social work evaluations later.

If the patient and/or family do not require any of these services, then the intervention and hospital staff assesses the possibility of a safe discharge from the hospital without further evaluation or intervention. The treatment team and Pathways to Peace Youth Intervention Specialists collaborate to construct a safe discharge plan, sometimes with input from the Rochester Police Department. This plan is then implemented, including any extra referrals and recommendations for support services. The safety plan assesses whether the patient or others involved in the incident would be safe if the patient was discharged from the hospital.

Prior to discharge, patients also watch a Voices of Violence video and fill out a Document of Understanding, both of which address the risks of engagement in violent lifestyles. They are either then discharged without further evaluation or intervention besides medical treatment, or they are discharged with referrals or recommendations to organizations and their services. If requested by the patient or family, Pathways to Peace will offer some follow-up services, which include referrals to other services to meet their needs, gang or conflict mediations, and encouragement for engaging in alternatives to violence (Klofas & Duda, 2013).

Now, we examine some of the aspects of the program in more detail.

#### Program Proposal to Patients and Services:

The medical staff proposes the intervention services program to the patients that they feel could benefit from them, and most of the families of the patients agree to utilize the services. They inform the victim and family that they work with a team of partner agencies that work with victims of violence to help prevent re-injury and address other issues. This may involve contacting the patients' school to be sure there are medical and emotional support services in place when he or she returns to school, or to reach out to the patients' siblings and friends to provide support and counseling. It may also involve notifying juvenile probation of the youths' injury, if he or she is active on probation, so that probation can use their services to intervene in any potentially escalating situations. Numerous other services are available, including connecting the patient and/or family to mental health services, substance abuse services, or Pathways to Peace intervention specialists.

Sometimes, if the patient and/or his or her guardians refuse intervention services, the hospital staff may be able to enact services through Child Protective Services (CPS), if the victim is under eighteen years old. This is because it is believed that sometimes when a child is shot or stabbed, their parents or guardians may have failed to supervise them. Thus, Child Protective Services may have a role in assisting that family. This would not be necessary, for example, if the injury is the result of a random incident in which the victim was not the intended target, but such random incidents are usually not the case. Again, though, most victims and family consent to receive some services at some point in their hospital stay, and CPS services are rarely utilized in this process.

### Hospital Security and Pathways to Peace:

After any violent incident, the victims' loved ones usually arrive at the hospital; if these groups get large and tension is high, fights may break out in the waiting room areas. Due to this program, hospital security has significantly improved in determining the danger level in the waiting room/hospital. If any hospital staff member feels unsafe in the waiting room, or if retaliation is likely to occur, the hospital staff members can call Pathways to Peace who arrive to help diffuse the situation. Hospital security has protocol for locking down the waiting room or hospital to ensure the safety of staff, patients, friends/family of patients, and anyone else present at the time. Security rarely calls for hospital lockdown, so when they do, it is taken very seriously.

Hospital security has also improved on addressing groups of people in the waiting room who are somehow related to the victim, rather than just telling everyone to leave the waiting room like they used to do. Through their relationships and knowledge of the community, Pathways staff can help hospital security identify those who are most important in the patient's life and ask others to leave, and they can tell if there are people there who might start fighting with one another. Security felt the need to update their protocol because of the risk of further violence in the waiting room after a victim is brought into the hospital. Pathways to Peace is a great resource to have when working to diffuse violent and/or tense situations because they can relate to the individuals or groups involved with the injury.

Pathways to Peace bridges the cultural gap between the patients and their intervention services because the outreach workers from Pathways used to be "in the life" also or are at least familiar with urban street violence issues, so the victims can relate to them. Pathways has committed to arriving to the hospital within the hour of being paged, and have upheld this commitment. However, they do not keep consistent data on the time spent in the hospital or the services provided.

### Who the Program Accepts as Clients and How to Keep Them Safe:

RYVP has a blanket policy that accepts any patient treated for a gunshot wound, stab wound, or assault injury into their program that the social worker expresses a concern about, even if they are not sure of the circumstances of the injury. The main goal of RYVP is short-term safety of the victims. To this end, any patient, even those that do not consent to outside agency services, is only discharged after a safety plan is created. The medical staff uses the same factors of injury that the social worker assesses in the social work screening tool to determine whether or not a patient should be discharged after they are treated medically. Some of these factors include parental/guardian supervision, having a safe home environment, or the likelihood that the victim or his or her supporters will retaliate. If the medical staff determines that the patient should not be discharged because of any of these factors, they can be admitted for an overnight stay (also called a "social admission") that is kind of like an intervention in and of itself to keep the patient safe for one night and let the emotions cool down after a traumatic event. The cost of social admissions is absolved by the hospital and is estimated at only one night per week maximum (though hospital staff said it has not been as frequent as they originally thought). However, most victims of gunshot and stab wounds are admitted to the hospital for medical reasons regardless of any social concerns.

Through their extensive partnership with outside agencies, the hospital program also keeps patients safe by connecting patients to post-discharge support services. This may include a program like Pathways to Peace, which works with victims to find alternatives to violence, connect with services, and mediate conflicts. It may also include working with the school district to make sure the patient has the support he or she needs to return to school (i.e. transportation, access to medical treatment, at-home tutoring while healing, etc.). Other RYVP partners may assist the victims in accessing mental health services, the medical treatment they need for their injury, substance abuse treatment, and a wide array of other services that assist in their long-term desistance from a violent lifestyle.

### Timing is Crucial:

The “teachable moment” is the time period that the patient is in hospital care just after the traumatic injury. This is when medical staff shows the patient the RYVP intervention video that helps the victim reflect and discuss what happened to them, and to plan for the near future. The video is a short-term tool that is intended for patients that are going to participate, are considering participating, or patients that the medical staff thinks they can convince to participate in the intervention program. The message of this video is to show victims that they have choices and they have the opportunity (starting that very moment) to change their lives for the better. The hospital staff believes it is important to help the patients reflect on their circumstances while in the hospital so that they can be, ideally, seamlessly connected to the services needed through the RYVP partnership. It can serve as a turning point in the victims’ lives.

Similarly, the hospital would like Pathways to Peace to respond to every single victim that is admitted to the ER for an injury that makes them eligible for program participation before deciding whether or not the patient is a good fit for the program (M. Gestring, J. Rideout, & M. Scharf, personal communication, Sept. 24, 2014). They believe the time in the hospital is a critical and effective time to reach victims, and they see Pathways’ Youth Intervention Specialists as having a unique ability to effectively engage young victims of violent crimes.

## Continuing Concerns

While the RYVP program has been operating for eleven years and serves as one of the model hospital-based violence intervention programs in the United States, there remain issues that the program is still addressing. We outline some areas for potential improvement below.

### Few Known Effective Strategies

One issue that has been raised about hospital-based intervention programs in general is the lack of evidence-based research results on an effective strategy for programs. This type of research can be helpful for programs in tailoring their violence intervention efforts to their target population’s specific needs. The RYVP Program is methodical and efficient in working to break the cycle of violence, but there is not very much published research on the program or on others like it.

## Gaining Participation

One issue that RYVP has dealt with is leverage for gaining participation from patients, which they have partially addressed by using Child Protective Services (CPS). Without CPS, the RYVP would not have leverage to bring in young victims that are not interested in turning their lives around. There is leverage here because CPS can sometimes hold an adult accountable for this young person's injury because an adult, whether it's a family member or foster parent, is responsible for the child. CPS is not always an applicable tool to leverage participation, though, and is rarely used. Therefore, it can be quite difficult to encourage participation from some victims and/or families.

During the evaluation in 2012/2013, doctors wanted to make a targeted effort for recruiting 18-25 year old victims for the program, in addition to those 17 years old and under. They have asked the hospital social workers to ask this group of patients if they are interested in participating in the program when they arrive at the hospital with an injury, but it is completely voluntary.

The doctors believe that achieving participation from victims in this age group can be done in a similar fashion to the younger age group. However, the doctors do not think the social workers ask this age group of victims if they would like to participate as much as they ask the youth population. The victim may not have wanted to admit that they needed help to the social worker, but would have accepted the offer for help from a Pathways outreach worker; alternatively, the patient may not feel comfortable accepting the help (because of their pride, etc.) immediately after the injury, and they changed their mind after more time to think it over in the hospital.

Victim refusal of intervention services poses a threat to helping those individuals that do need the help, but RYVP staff has said that this was not normally the case with their patients. The hospital and Pathways staff do try to make safety assessments and safe discharge plans when they can, even for patients who refuse to be connected to other services.

## Information Sharing

Another issue with the RYVP program is how to share patient information. Legal restrictions make it difficult for hospital staff to provide information to intervention program staff, making it difficult to connect patients to needed services. One way the Violence Intervention Program (VIP) in Savannah, GA dealt with HIPPA Laws was to have the program staff formally volunteer in the hospital, therefore making them hospital staff and eligible to receive patient information (Violence is Preventable, Youth ALIVE!, 49). RYVP addresses this issue by obtaining the patient's (or guardian's) consent to contact Pathways to Peace and other services. Without this consent, the program is not contacted (unless a youth arrives with no guardian).

This can be an issue because some of the most high-risk and/or emotional patients, who may benefit the most from intervention services, may not admit to wanting services. Ideas have been explored to have trained Youth Intervention Specialists speak with all victims to explain their services and see if they want to engage in the program. As it stands, patients have to inform a social worker or hospital staff that they might be interested in hearing about the services, leading sometimes to explanation inconsistencies, cultural disconnections, and a lag in intervention services.

### Hospital Participation

Another obstacle that the program faces is hospital participation. Strong Memorial Hospital founded and is very involved, but Rochester General Hospital (RGH) – Rochester’s other major hospital – has not consistently engaged in the RYVP, due largely to staff turnover. Involvement of RGH would mean adding a new place for Pathways to respond to and increasing the size of the program to help more patients. It would also assist in knowing whether program participants were re-injured, if they went to the other hospital for treatment.

Another issue with bringing the program to Rochester General Hospital is that RGH does not admit trauma patients like Strong Memorial Hospital does; patients at RGH are often discharged shortly after being seen, since their injuries are less severe. This would make it more difficult for hospital staff to engage patients in additional services such as educational screenings and Pathways to Peace services. In other words, the window of opportunity for the “teachable moment” is much smaller for patients at RGH than those at Strong. However, it may be more important to reach the less-severely-injured patients while they are at the hospital, as they may be the most likely to be angry, potentially retaliatory, or injured again upon release if released very soon after their injury. Therefore, adding RGH to the RYVP would be beneficial to the community but could also strain the service providers; different structures may be explored if bringing RGH on board to accommodate their unique needs.

### Data Collection

Data collection has been scarce when it comes to follow-up services within the RYVP. If this data does exist, then it is not shared with other program partners (Klofas & Duda, 2013). From the interviews, it was suggested that some follow up, while not necessary for the hospital, would be beneficial to the program (M. Gestring, J. Rideout, & M. Scharf, personal communication, Sept. 24, 2014). When they assess patients, the hospital screens for possible connections to other program partners, like Pathways, Probation, the school district, and social services. They then notify these agencies, if consent is given, that the individual was hospitalized for a violent injury. At this point, the hospital treats the medical condition but does not usually know if connections are followed through with. This is true of Pathways as well; the hospital would be interested to know if the conflict was mediated that had resulted in the initial injury or if the individual met with Pathways after hospital discharge. Further, they noted that some other hospital-based violence intervention programs in the country are able to provide the discharge sheet to the outreach workers, and these outreach workers help ensure that discharge plans are followed by the patient. While this may not be possible in RYVP’s current model, the hospital staff felt it might be helpful to have someone help patients connect to their discharge follow-up appointments.

If information was shared across RYVP partners so that each agency knew who they were working with in common, the staff felt this could make the service accessibility more efficient. This could be done through a specific hospital employee, such as a social worker or nurse who has a particular interest in taking on this responsibility. It would require Pathways to Peace and the other external agency services to share client information with the hospital while that client is administered these services. However, there are confidentiality concerns to address between these agencies as to whether and what type of information can be shared. Nonetheless, the RYVP partners are currently maintaining lists of RYVP patients who are being assisted by various programs in an effort to more closely monitor their long-term safety and progress.



### Other Ways to Improve Enrollment and Follow-Through

One suggestion for how to encourage more victims to participate is that Pathways to Peace outreach workers could make daily rounds of the hospital to check in on patients that are participating in the program, as well as reintroduce the program to patients that previously rejected participating. This is important because people change their minds, especially as time passes, after such a traumatic event. It would also help decrease the effect of situations where hospital personnel do not initially offer the program to patients.

In other programs, the patient discharge summary is given to the patient's outreach worker, but that information is not shared within the RYVP program, due to this being medical information. Not all patients may need this information to be shared with the outreach workers, but it could help with some so that the outreach workers could help ensure that the recommendations for external services are being followed through with.

For the hospital, the immediate response is more important than the follow up, so the hospital hopes for full transparency. The immediate response is the "teachable moment," in which staff are able to attain patient consent to program participation. Once the patient has consented, it is much easier to keep them committed to the program through protocol, than it is to attain the consent in the first place. This protocol includes Pathways to Peace outreach workers helping the patient get to meetings and other services, following up and making sure the patient is utilizing all necessary services, and so on.

### Neighborhood Safety Net Meetings

It was mentioned that maybe Pathways to Peace could present families at the Neighborhood Safety Net meetings (M. Gestring, J. Rideout, & M. Scharf, personal communication, Sept. 24, 2014). These are meant to be regular meetings at which service providers in each quadrant of the city come together to discuss individuals or incidents in their area who are in need of services. It is meant to pull resources together and have agencies collaborate to address a crisis. Pathways is part of this program, as well as law enforcement, schools, and service providers in each area. It is set to become fully operational in January 2015 (R. Mayoliz, personal communication, October 16, 2014). This could be a good resource for Pathways to pull on community resources for recently-hospitalized patients.

## **Program Accomplishments:**

In our interview, the RYVP hospital staff identified several major accomplishments they have seen from the RYVP program over the years. First, they felt that they have developed strong relationships with community partners who would have no other reason to be in the hospital but who have truly helped develop a violence intervention program. They also felt that the philosophy of going case-by-case or kid-by-kid has been productive in producing stories, if not the data. It also allows them to tailor services and focus the future of the program on the identifiable needs of victims of violent crimes.

Through the RYVP, individuals have helped to tailor their own agencies' programs. The hospital saw their role as "paying the mentality forward" and helping to break the cycle of violence. "Violence in our community is unacceptable, and we have committed to doing something about it over the past 10 years" (M. Gestring, personal communication, Sept. 24, 2014).

For them, the change of hospital culture has been a huge accomplishment. The standard of care for a kid who was shot or stabbed is now defined, and it is understood that if the standard of care is not administered, then there will be negative consequences. They expressed that with the program the hospital workers have better sensitivity to the issues of community violence, and, more tangibly, the waiting room security is much improved with Pathways to Peace's presence being available.

The three program founders reminisced on happy stories of a patient thanking them for the help they provided them and their loved ones after their traumatic injury. A former patient said the RYVP program changed his life. The doctors regard these success stories as a pleasant reminder of their motivation for keeping this program successful.

## **Summary and Next Steps:**

The purpose of this paper is to lay the groundwork for part of an evaluation on Pathways to Peace. We look to identify any more areas of concern or areas that could use improvement within the RYVP program. This will be done through interviews with staff from Pathways to Peace and URMC Medical doctors, psychologists, and social workers within RYVP. From there we will look to other hospital-based intervention programs across the country and try to suggest ways to integrate the best practices from successful programs into Rochester's program.

Overall, the RYVP program has had tremendous success in coordinating diverse agencies with long histories of working separately, all with the express goal of intervening in the lives of victims of violence. While there are always areas for improvement, most notably in consistent cross-agency data collection, the major systemic barriers that thwart so many other programs have largely been tackled in Rochester.

## Resources

Karraker, N., Cunningham, R., Becker, M., Fein, J., & Knox, L. (2011, January 1). Violence is Preventable: A Best Practices Guide for Launching & Sustaining a Hospital-based Program to Break the Cycle of Violence. Retrieved October 8, 2014, from

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Youth ALIVE! - Preventing Violence and Developing Youth Leaders - Caught in the Crossfire.

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## Appendix: Interview Questions

Some questions that I would like to ask of the RYVP Partners pertaining to the Intervention Process include:

1. What about the program has changed since the evaluation in 2012/2013? (i.e. target age range changes, adding blunt trauma, etc.)
2. How much time usually lapses between each step in the process?
3. Are the services that are administered to a patient after they are stabilized at the hospital received one at a time, or are these services given to the patient simultaneously?
4. Is it possible for a patient to “slip through the cracks” of the system in place? If so, where are the cracks? Maybe if the patient does not show signs of requiring medical assistance upon arrival, but still require one or more of the services that are only provided to a patient that has an obvious necessity for medical treatment? i.e. an individual who may have been somehow involved in violent crime that wasn’t seriously injured, but still requires some medical treatment (non-emergency); or that is present in the ER and somehow associated with the crime that occurred?
5. Do patients usually require more assistance than is provided (requiring referrals/recommendations to other partner organizations) after they are discharged? Whether they were discharged after medical treatment or not?
6. What organizations/services are usually recommended after discharge?
7. What factors are used to differentiate a low retaliation risk to a high retaliation risk individual during the Street Outreach portion of the intervention?
8. What is the cut-off or line that distinguishes between the low and the high risk?
9. What exactly does the “Crisis Intervention” Services administered to the low retaliation risk patients during the street outreach portion of intervention entail?
10. Is Pathways to Peace the organization that makes the assessment between a low and high retaliatory risk?
11. What services/organizations are the high retaliation risks referred to?
12. What is the role of law enforcement in this process? How often are they involved from the beginning of the hospital admission? What if they’re not?
13. What have been major accomplishments through the RYVP partnership? What systems have been developed for intervention with youth victims?