

Readmissions and Injury Reduction Program

A PROPOSAL TO: UCSD MEDICAL CENTER

August 5, 2013

Readmissions and Violent Injury Reduction Program Introduction

The Community Assistance Support Team (CAST) is pleased to submit this proposal to support the University of California San Diego (UCSD) level 1 Trauma Center in achieving reduction goals for readmissions and violent injuries in alignment with their UCSD Trauma Center and Injury Epidemiology and Research Center (IEPRC) community collaborative model. CAST can assist in achieving injury prevention care to its level 1 Trauma Center.

According to research, effective healthcare and social service coordination can prevent suboptimal violent injury outcomes and reduce cost of violence. Working together, CAST and UCSD Trauma Center/EPRC will implement an innovative approach to compassionate care and community support from hospital and beyond (wrap around services) to the victims of violence and their families, with an emphasis on preventing retaliatory impacts in the community. By connecting with victims of violent injuries, and by teaching them how to access wrap around services to employ healthy alternatives in a safe haven (hospital), we can improve the overall care and help overcome the life barriers of the entire family, thus reducing readmissions and violent acts that continue in the community.

By employing the techniques of de-escalation support, conflict resolution, retaliation prevention, in-hospital spiritual care, in-home support and advocacy, CAST has brought quality community service to individuals and families impacted by violence for the past year. CAST also refers victims to social services to limit barriers that increase distress and unhealthy choices.

During their “walks and knocks” (door knocking), CAST empowers communities in some of the most violent epidemic neighborhoods by providing education on the importance of utilizing preventative health care services and also by helping families connect to 211 (a resource info line that identifies qualifying factors that help families get quality medical assistance and preventative care). Equipped with methods to prevent retaliatory violence, CAST especially engages and empowers residents who experience violence. Their innovative approach to confronting community fears of violence has set them apart, ensuring that even the most disadvantaged areas are referred to social services, and enabling residents to be a vibrant part of their community.

CAST partners with dozens of social service agencies throughout San Diego who are committed to improving the experience of individuals and families from the times of hospital discharge to re-entry into their communities. Our solution easily integrates community social services with violent injury patients while hospitalized and upon discharge. Most importantly, we provide training and support to improve staff interactions with violent injury patients and their many visitors during the initial days of the incident.

CAST Team Process

Victim Intake Procedures will ensure that consent is released according to HIPPA guidelines. All CAST members will complete all hospital training and follow all hospitals guidelines in dealing with patients, families and their confidential information. This process will also be extended to the follow-up visits with victims in their home or natural environment to assist in evaluating the victims' success in achieving attainable goals to prevent further violent injuries and lead to the success of victims and their families in learning to resolve issues in non-violent ways. The following will detail the entire intake process.

Screening Criteria:

- Violent Injury
- Gang Affiliated/Related
- High Risk/At Risk Victim/Family
- Victim desires the service

Initial Intake Process:

- Hospital staff will screen victims to ensure they meet CAST intake criteria.
- Patient/Guardian accepts and gives written consent to meet with Shepherds.
- Shepherds make initial contact at the bedside of the victims after receiving a need-to-respond phone call from hospital staff.
- Contact will be made with both youth, adult, and family members to best assess their needs.
- CAST Victim's Intake Form will be utilized to document each victim and family assisted.
- CAST will refer all resources they can that are available to the victim and family.

Victim/Family Assessment:

- Shepherds will begin dealing with mental health (Anger, Fear, and Pain).
- Shepherds will meet the life barrier needs of the victim / family with resources to gain trust and open communication to begin healing.
- De-escalation / Retaliation Prevention ministerial process begins with victim and extends to their natural environment to stop speculations, rumors, negative exchanges or movement towards violent reactions. This process will help to reduce continual conflict and work towards resolving issues. This is an ongoing process, but begins immediately in the hospital.
- Conflict Resolution process is used to increase understandings with insight into resolving violence with goals through seeking legal justice and other methods to resolve problems without violence. There are times when victims / suspect and their families may engage in mutually respectful dialogue to resolve conflict.

Follow-up Care:

- Shepherds will conduct follow-up phone calls, in-home visits and natural environment visits to ensure that victims and families are successful in getting services and achieving goals to change future life barrier outcomes.
- The ultimate goal is to assist victims and families to avoid risk factors that lead to higher potential of violent injury, death or incarceration, and to help them create goals and plans to improve their whole life and family.

Known Risk Factors for Violence

- Short-term community with whole collaborations
 - Disparaging Services and Treatment
 - Lower Economic Background
 - Hopeless Parents / families
 - Mental Health (PTSD)
 - Lack of Education
 - High Crime %
 - Gangs

Violence Injury Prescription

- Conflict resolution
- Retaliation prevention
 - Intervention at the hospital scene
- Effective data collection (Evidence Proven)
- Building relationships that will break down barriers
 - Advocacy support (empowerment, education, tools to survive)
- Community support from hospital and beyond (Wrap Around Services)
- Road to redemption, changing lives and future factoring outcomes for whole families.

Hospital Intervention

Evidence Based

As noted in Caught In the Crossfire "Youth Alive"

- 44% of young people hospitalized for violence return with another injury within 5 years.
- 20% of them eventually die.

("Caught in the Crossfire Presentation")

Added note from CAST work

- This is leaving 100% of their families devastated and thrust into some form of mental illness that goes untreated by over 80%.

The Human Cost of Violence

According to the Centers for Disease Control (CDC), violence is a public health problem, is epidemic in proportion, and is preventable. Prevention is proven to save lives. This leaves us with this question: if Violence is disease, and intervention poses a cure, why are we not saturating communities with antidotes? Violence is poisoning our communities and devastating families for generations; intervention and reductions represent cures, healthier lives, and money saved. Hospital Intervention reduces violent injury retaliation and imprisonment, also cutting cost. As noted in the Wraparound Project, the long term cost of violent injury is estimated at \$264 billion yearly.

<http://violenceprevention.surgery.ucsf.edu/research.aspx>

Most victims are uninsured or underinsured through state medical insurance, which also contributes to the huge cost and the lack of services. Since 2010, over 94% of all violent injury patients admitted to UCSD come from the southeastern and Mid-City area. UCSD is one of the four trauma centers that receive the highest percentage of penetrating injuries.

http://www.sdcounty.ca.gov/hhsa/programs/phs/documents/EMS-Trauma_Report_2012.pdf

Let us begin to make a change one hospital and community at a time.

"Your Partner For Success."

Data and Stats Collection

IEPRC could be the organization that directs data and statistic collection with the Shepherds.

Or

Fund development of a Microsoft Access database that allows CAST to provide client-specific trauma risk-management data, identifying areas with individual / family barriers in all health and social services as related to violent crimes. The target area statistics will serve as indicators that provide information to assist in reducing readmissions, future violent perpetrators, and healthy alternatives in life style behaviors.

Utilizing a comparative data report that provides hospital-specific violent injury data statistics to show how support from hospitals during the victims/patients violent injury admittance and beyond can reduce the likelihood of readmissions and future retaliation for 1 month to 5 years. This can support a hospital facility's effort of violent injury prevention by identifying risk areas, increased needs for specific health/social services, and patient/family barriers that prevent success in utilizing healthy alternatives.

Data collection will focus on outreach screenings and services for victims injured in violent crimes which include conflict resolution to prevent retaliation along with providing health and social service needs. Estimated cost is \$50,000.

CAST includes the following churches and pastors: Pastor Archie Robinson (New Birth Kingdom Covenant Fellowship), Bishop Cornelius Bowser (Charity Apostolic Church), Pastor Jesus Sandoval (New Harvest Christian Fellowship East), Pastor Patty B Allen (New Creation Church), Pastor Greg Carson (New Covenant Worship Center), Pastor Jaime Santos (Apostolic Church of San Diego), and Pastor Mark Robson (St. Stephens C.O.G.I.C)



Community Assistance Support Team
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