

Quick Shot Presentation

Bridging the Gap- Emerging Leaders

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Identifying Need

- ▶ 85% of Bridging the Gap patients (BTG) had a previous pediatric encounter with VCU Health System (VCUHS) before sustaining serious violent injuries.
 - ▶ VCU Hospital and Trauma Registry data
- ▶ In FY 2013, 17.4% of ED visits by 10-17 year olds were youth who lived in the 23223 zip code
 - ▶ The greatest number of violently injured patients admitted to VCUHS lives in the 23223 zip code.
 - ▶ VCU Hospital and Trauma Registry Data
- ▶ Between 2009-2013, the homicide rate in Richmond, VA among 10-24 year olds was 4 times higher than the state rate.
 - ▶ Most injuries that resulted in homicide occurred in the 23223 zip code
 - ▶ VCU Clark-Hill Institute for Positive Youth Development – A CDC National Center of Excellence for Youth Violence Prevention. (Masho, SM and Bishop, DL.)

Intervention Design

- ▶ Emerging Leaders (EL) was developed as the prevention arm of BTG, designed to assess risk factors and prevent youth violence before it occurs.
- ▶ Target Population:
 - ▶ 14-18 year olds
 - ▶ 23223 zip code
 - ▶ Exhibit at-risk behaviors associated with violence
- ▶ Collaborating Partners:
 - ▶ VCU Health System
 - ▶ Richmond Police Department
 - ▶ Richmond City Mayors Youth Academy
 - ▶ Inspire Workgroup – multi-sector stakeholder coalition of committed organizations and citizens
- ▶ EL uses prevention tools such as:
 - ▶ educational skill building
 - ▶ financial literacy
 - ▶ mental health support
 - ▶ job readiness through internships and other recreational programming.
- ▶ EL aims to connect youth to resources, reduce risky behaviors, prevent youth from engaging in violence, and provide youth with pro-social programming.

Program Implementation

- ▶ EL seeks to reduce the number of youth involved in violence through programming and wrap-around case management to youth presenting to the VCUHS Peds ED, Adolescent Clinics and outside referral sources.
- ▶ Staffing:
 - ▶ 1FTE – Program Coordinator
 - ▶ The Coordinator spends on average 6.5hrs per youth each month, to include 2 hour biweekly group sessions.
- ▶ Today, EL operates on budget of approximately \$100,000. Includes:
 - ▶ Salary/fringe for 1 FTE
 - ▶ local travel reimbursement
 - ▶ safety net funds (flexible funding to assist youth and families in crisis)
 - ▶ supplies
 - ▶ catering/food expenses for group meetings
 - ▶ equipment such as laptops and cell phones
 - ▶ paid internship opportunities for youth

- ▶ Funding Sources:
 - ▶ VCUHS Trauma Program (current)
 - ▶ Local philanthropic organizations (past)

Implementation Timeline



Program Evaluation

- ▶ Types of evaluations completed: Process and outcome evaluation
- ▶ Emerging Leaders evaluation methodology:
 - ▶ Self-administered surveys
 - ▶ Intakes on risk factor determinants
 - ▶ Follow-up questionnaires on risk behaviors
 - ▶ Also, tracking of school attendance, involvement with law enforcement, psychosocial adjustment
- ▶ Success stories:
 - ▶ EL Participant 1: 17yo female, visited Peds ED for flu-like symptoms
 - ▶ EL Participant 2: 16yo male, admitted due to GSW

Program Outcomes

- ▶ Process:
 - ▶ 74 young people have been enrolled since inception
- ▶ Outcome:
 - ▶ Indicator target: 70% of enrolled participants will attend group sessions each month. Achievement: 63% of enrolled participants attended sessions.
 - ▶ Indicator target: Less than 10% of youth will be charged with a violent crime. Achievements: None of the youth (0%) reported being charged with a violent crime after being enrolled in the program.
 - ▶ Indicator target: 80% of students will demonstrate improved school attendance. Achievements: 100% of participants reported that they were attending school regularly.
- ▶ EL is easily adaptable. The six components are flexible enough to fit most hospital systems where youth violence is a significant issue. Need to have:
 - ▶ Hospital buy-in between ED, leadership and injury prevention programs
 - ▶ Use of evidence-based tools to assess risk
 - ▶ Strong community partners (police departments, mental health providers, etc.)