CAUGHT IN THE CROSSFIRE

PROGRAM MANUAL

A PEER-BASED
HOSPITAL INTERVENTION PROGRAM
FOR VIOLENTLY INJURED YOUTH

A PROGRAM OF Youth ALIVE!

PREVENTING VIOLENCE AND
DEVELOPING YOUTH LEADERS

Caught in the Crossfire

Program Manual: A Peer-based Hospital Intervention Program for Violently Injured Youth

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INTRODUCTION

Defining the Problem

According to the Centers for Disease Control, 5,686 youth under the age of 25 were victims of homicide in the United States in 2005.[1] Homicide, however, does not define the entire picture; many more youth are severely injured as reflected by the more than 668,000 youth who are treated annually in emergency departments for injuries sustained due to violence.[2] Youth who are injured by violence are more likely to plan retaliatory attacks; too often, healing takes the form of retaliation, which is most often planned in the hospital waiting room by the angry patient, friends and family.

> *"…your family and friends think healing means retaliation. They stand by your hospital bed and make a plan to go get the guy who put you in here to show how much they respect you."*
>
> *- Caught in the Crossfire Client*

In most hospitals and Emergency Departments, no care guidelines exist that address the unique needs of violently injured young patients. Hospital staff must discharge the victim to the same violent environment where they were injured with no "prescription" for how to stay safe, and no resources for follow-up care or assistance in establishing a non-violent life style. Too often, this results in a "revolving door" of youth violence, including retaliation, more injuries or death, and arrest and incarceration.

So, the question that is imperative to answer is this: what can be done to prevent our young people from being injured or killed? Or perhaps that should be re-phrased…what can be done to stop the cycle of violence, so that our youth can develop the necessary protective factors that will allow them to grow up safely?

1 Centers for Disease Control and Prevention. Homicide Rates Among Persons Ages 10-24 Years, by Age and Sex, 2005. http://www.cdc.gov/ViolencePrevention/youthviolence/stats_at-a_glance/hr_age-sex_05.html.

2 Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). (2006). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. http://www.cdc.gov/ViolencePrevention/pdf/YV-DataSheet-a.pdf

Providing a Solution

One solution is to implement evidence-based programs such as Youth ALIVE!'s *Caught in the Crossfire*. *Caught in the Crossfire* is a hospital-based violence intervention program targeting youth with violence-related injuries. Initially implemented in 1994, *Caught in the Crossfire* provides trained Intervention Specialists who offer long-term case management, linkages to community services, mentoring home visits and follow-up assistance to violently injured youth. These Intervention Specialists are young adults who are from the same or similar communities as the youth they serve—individuals who have overcome violence in their own lives and are now role models to the youth. The goals of the program are to:

- reduce retaliation;
- reduce re-injury;
- decrease arrest rates; and
- promote positive alternatives to violence.

Hospitalization offers a unique window of opportunity for intervention. The time when a young violently-injured person is lying alone, vulnerable, and scared in a hospital bed is a pivotal moment in which intervention has the greatest chance of succeeding. In addition to providing a setting for meeting with the patient along with their family and friends to "squash" any plans for retaliation, it is an optimal time to initiate a treatment plan, which includes integrated care involving a range of disciplines over time and across medical and community settings.

> "Without a *Caught in the Crossfire* staff member there, your family and friends think healing means retaliation. They stand by your bed and make a plan to go get the guy who put you in here to show how much they respect you."
>
> -Sherman Spears, co-founder, *Caught in the Crossfire*

PROGRAM MANUAL OVERVIEW

The *Caught in the Crossfire* Program Manual was developed for hospital staff, health departments and community-based organizations that are interested in developing a peer-based hospital intervention program. It is important to note that Youth ALIVE! is a 501(c)(3) non-profit organization that offers *Caught in the Crossfire* as a hospital-linked program. The Program Manual is reflective of the hospital-linked model developed by the Youth ALIVE!'s *Caught in the Crossfire* program. Hospital-based programs may have additional requirements not covered in this guide or may find that certain aspects are not applicable.

The Program Manual is divided into two sections:

1) *Caught in the Crossfire* Program Description (an overview of how the program currently operates in Oakland, California)

2) The 15 Step Plan: How to Design & Implement A Successful Peer Intervention Program (information related to starting up your own program based on the *Caught in the Crossfire* program model)

ADAPTABILITY TO OTHER SETTINGS

In recent years, the *Caught in the Crossfire* hospital program model has been adapted to serve other client populations: youth on probation for violent offenses, youth detained (but not arrested) by local police, middle and high school students suspended for violent offenses, and middle and high school students identified as being at high-risk for suspension and/or violence. Although this manual focuses on developing a program in the hospital setting, it can easily be adapted to implement programs that work with youth in other circumstances who are highly at risk of violence.

TECHNICAL ASSISTANCE

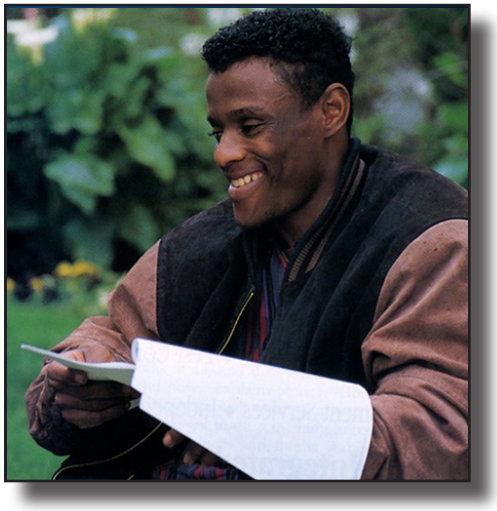
Youth ALIVE! is available to provide technical assistance and training either by phone or in person to help translate our experience into a different setting. Please call us at 510-594-2588 if you want to discuss the type of technical assistance that would work best for you.

Sherman Spears

Sherman Spears, *Caught in the Crossfire*'s co-founder, was inspired to start the program because of the frustration he experienced as he tried to heal from the physical and psychological trauma of being shot. Through his story of that terrible event and the circumstances leading up to it, he conveys the elements that make peer intervention services so effective: the profound understanding and credibility that comes from having *lived the life* that is a connection to those injured by it.

Letter from Sherman

I grew up in Los Angeles from the age of 8 to 14. In LA, I lived with my grandmother and had a really boring life. I went to church something like five days out of the week and spent the remaining days in the house. At the age of 15, I moved to Oakland to live with my mother, and that's when my life began to get flowing.



My new friends were more into making money than smoking and drinking. After a while, we noticed that our names were starting to ring on the streets, and that people we had never really met were going out of their way to speak to us. As time went on and our fame grew, people started to categorize the role that each of us played in our group. The role I inherited was the warlord or troublemaker. With the acceptance of this title it meant that any time another group had a problem with us and if they thought they might want to do something about it, it would fall upon me to confront and deal with it. We fought frequently and rarely lost, which gave me the reputation of somebody you didn't want any trouble with.

Fighting became my all-time favorite pastime, and I liked nothing better. It also put me in the position that younger people wanted to work for me so my reputation would protect them. At the age of 17 I had cars, money, and guns to protect them with. I started getting into trouble with the police. My life was getting to be a job and it was getting to be dangerous. So I decided it was time to get out and start a real life, only to find out it wasn't that easy. I had people depending on me to make their money, and they almost demanded that I continue.

After a while, I finally found a way out and began to live what I thought was a straight life. I went out and got an everyday nine-to-five as a journeyman at a painting company, paying somewhere between $14 to $15 an hour. Me and one of my partners found an apartment in Fremont that was close enough to go visit in Oakland, but too far for anybody to travel to drop by.

Everything seemed to be going perfectly. I had a cool, legit job, a tight two-bedroom apartment away from the city, and I was out of the fast life. One day, I woke up and looked out the window in time to see three guys coming up. I had had an argument with

one of them earlier that day. He pointed an Uzi at me. I asked him, "What are you going to do, shoot me?" He said, "No, I just want to talk to you."

I walked to the frame of the front door and saw the other two people standing on the stairs, and I froze in the doorway. I told the guy with the gun that he was wrong for coming up there with a gun and that he better leave. At that point I tried to turn and run back into the house, but my body didn't follow my command.

I heard the other guy say, "Here, use this," and hand him a .38 handgun. I saw him raise the gun and fire it point-blank at my head. The force of the bullet lifted me up and slammed me into the door, breaking it in half. With the door to support my body, I stumbled back into the apartment and saw him fire two more times, not really feeling the impact of the bullets but seeing the fire come from the barrel. With the sight of the last shot I lost my footing and fell lying on my back, waiting for him to appear over me to fire the last shot to kill me. He never appeared, so I lay there waiting for death to come.

"IT WAS AT THAT POINT THAT I REALIZED THAT EVERYTHING I'VE DONE AND EVERYTHING I DO AFFECTS EVERYBODY IN MY LIFE."

As things started to get dark I remember thinking, "Is this what death is? Am I dead? Where is the bright light that everyone talks about?" After a while I heard a voice that to this day I believe was God, saying, "Tsk, tsk. What am I going to do with you? I send you to jail and you promise that if I let you out, you will do better – and you don't. Now look at what you made me do. Now it's up to you. What do you want to do, live or die?"

I chose to live, and I work up in the recovery room of the hospital looking into my mother's tear-filled eyes. It was at that point that I realized that everything I've done and everything I do affects everybody in my life. All because I spent so much time building up a reputation as a man that wasn't afraid and was dangerous. Although I considered myself out of the lifestyle, everybody else wasn't aware of that fact. So once confronted with the fact that he had pulled the gun on me, my reputation left him no choice but to try and kill me.

Today, two of the gunmen are in jail doing 65 to life. One of the gunmen died less than two days later. And I will spend the rest of my life paralyzed and confined to a wheelchair. I believe if you asked any of us if it was worth it, the answer would be, "No." So keep in mind when you're reading this article that it's not just something somebody made up to try to change your lifestyle; it's somebody who led that lifestyle trying to let you know that it's not cool and there's no future in it.

That's my story. I know some of you are saying, "That's not going to happen to me because I'm not in that lifestyle," or, "I would smoke anybody that came at me like that." It's hard for any of us to listen to a story of another person getting hurt and picture ourselves in that position, but we need to realize that nobody in that position ever thought they would be there, either.

PROGRAM HISTORY

In 1985, the US Surgeon General, C. Everett Coop, called violence a national epidemic needing prevention. At the same time, he identified multiple causes of violence, including availability of guns, drugs and alcohol, relative economic disparity, lack of positive societal role models for young people, and lack of access to resources. Increasing levels of violence in Oakland, California's junior high schools were reflective of the problems in the rest of the nation. Retaliation and re-injury rates became so high in East Oakland neighborhoods that the area was called "the killing fields" by police.

A public health worker in injury prevention at San Francisco General Hospital, Deane Calhoun, started reviewing data on homicides with the California Department of Health Services, and discovered that firearms were the leading cause of death to youth in Oakland and also in California. Taking this data to the youth of Oakland, Ms. Calhoun founded Youth ALIVE! to start developing solutions to reduce youth gun violence.

At the height of the crack-cocaine gun wars in East Oakland, California in the late 1980's, Ms. Calhoun initiated the Youth ALIVE! *Teens on Target (TNT)* violence prevention peer leadership program to help highly at-risk East Oakland high school students draw on their own strengths and experiences in order to prevent and reduce the lethal violence in their schools, neighborhoods, and community. TNT Members developed and presented violence prevention workshops for junior high school students and presented policy recommendations to the city council and county board of supervisors. They educated elected officials about the causes of violence in their own words, calling out "Why can we walk to get guns, drugs and alcohol, but we have to take the bus to get school supplies?" In 1989, the TNT youth leaders testified in support of the passage of the California Assault Gun Weapons Ban (which remains the strongest ban in the country) with a statewide coalition of law enforcement, teachers, churches, doctors and community members, led by former County Supervisor Don Perata. In 1991, TNT testified on the need for a residential gun dealer ban, the first in the state. However, these efforts were not enough to stem the rising violence.

Increasing numbers of violently injured youth were being treated for gunshot wounds at Alameda County Medical Center's Highland Hospital Trauma Unit. The hospital was discharging these youth (who were primarily African American males) to the same set of violent conditions in the same neighborhoods where they were injured, with no "prescription" for how to stay safe or support to find non-violent solutions. Nor was there support for family and friends on how to stop the violence. A heart attack victim might be discharged with a diet and exercise plan and with prescribed medication, but young patients injured by violence were discharged empty-handed. Too often, family and friends felt that the way that they could "help" their child or friend was to retaliate against the perpetrator in the name of the recovering victim. This set up a "revolving door" of violence, as many were being re-injured and injuring others to prove their loyalty.

An Alameda County Medical Center (ACMC) social worker, a surgeon and a young man who had been injured by violence, Sherman Spears, were desperately searching for ways to prevent re-injuries and to stop the killings. At the same time, Youth ALIVE!'s Executive Director, inspired by the students involved in Youth ALIVE!'s TNT workshops, was gathering statistics from the hospital trauma coordinator on the rising number of injured youth being treated for violence-related injuries who might need assistance.

The hospital social worker, Karen West, and Youth ALIVE! Executive Director, Deane Calhoun, finally found each other. Ms. Calhoun described her efforts to involve older youth from neighborhoods similar

to the youth being injured, who provided bedside services with the goal of talking the youth and their families out of retaliation. Ms. West described how Dr. Henderson, Chief of ACMC Trauma Services and one of his patients, a young adult survivor named Sherman Spears who had been recently paralyzed as a result of a gunshot wound, were thinking along the same lines. Mr. Spears had been discharged back to his neighborhood after being treated at ACMC. He had told Dr. Henderson that he wanted to help stop the violence in his community. To accomplish this, he developed a service plan based on his own experience, which outlined what recovering youth needed to prevent further violence.

Ms. Calhoun immediately hired Mr. Spears to develop a peer intervention program at ACMC. He worked with Dr. Henderson and Ms. West on referral protocol, service delivery, follow-up, and whatever it took to make the program happen. The team spent many months with hospital administrators, working out the details involved in establishing *Caught in the Crossfire* as a collaborative program between the ACMC's Trauma Unit and Youth ALIVE!. They successfully resolved issues of confidentiality and liability and hammered out protocols for referral and treatment. In 1994, *Caught in the Crossfire* was born and Mr. Spears began working with his first client.

> "Speaking from personal experience, once you've been shot, it's all in the aftercare, whether you really heal or retaliate. There's a small window of opportunity where we (the recovering victim) can receive help."
>
> – *Caught in the Crossfire* Intervention Specialist

THE PUBLIC HEALTH APPROACH

Violent injury is an epidemic among adolescents and young adults. Homicide is the fourth leading cause of death among 10- to 14-year olds and the second leading cause of death among 15- to 24-year olds.[3] Research has consistently found a relationship between nonfatal violent injury and subsequent injury and fatal violence.[4] The *Caught in the Crossfire* model, framed in the public health approach to youth violence, is an intervention that works to prevent retaliation. Through the public health lens, violent injury is seen as a health problem that grows out of conditions in the broader community, which in turn generate risk factors in the neighborhood, the family, and for individuals. Reducing violent injury among youth requires that we look at the picture from this ecological perspective, identifying the risk and protective factors at the individual, family and community levels and then building resilience among potential victims to those risk factors and eliminating them, as much as possible.

Research on youth violence has identified the major risk factors for violence, including ready access to guns and alcohol and drugs; inadequate education; economic inequality; few positive peer role models; and family violence. A February 2002 research bulletin produced by the federal Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control concludes that "**violent victimization during adolescence** has a pervasive effect on problem outcomes in adulthood."[5] This analysis of the research found that being a victim of violence during adolescence "increased the odds of being a perpetrator or victim of violence in adulthood, including felony assault perpetration and victimization and domestic violence perpetration and victimization." The author also concludes that the frequency of adolescent violent victimization is a "risk factor for failure to make a successful transition from adolescence to adulthood." The effect of violent victimization is an even greater risk factor than others that have been identified such as "minority race/ethnicity, lower socioeconomic background, adolescent violent offending, and adolescent drug use." According to the author, these outcomes "strongly suggest the need for interventions to reduce violent victimization during adolescence." Others have reached similar conclusions.[6]

Two key protective factors against youth violence identified in the Surgeon General's Report on Youth Violence are involvement in positive social activities and involvement with nondelinquent peers.[7] The research on best practices to prevent youth violence demonstrates that one effective approach

3 Cheng TL, Wright JL, Fields CB, et al. Violent injuries among adolescents: declining morbidity and mortality in an urban population. Ann Emerg Med. 2001;37(3):292–300

4 Luckenbill DF. Criminal homicide as a situated transaction. Soc Probl. 1977;25(2):176–186; Moeller TG. Youth Aggression and Violence: A Psychological Approach. Mahwah, NJ: Lawrence Erlbaum Associates; 2001; Cheng TL, Schwarz D, Brenner R, et al. Adolescent assault injury: risk and protective factors and locations of contact for intervention: a matched case-control study. Pediatrics. 2003; 112(4):931–938; Redeker N, Smeltzer S, Kirkpatrick J, Parchment S. Risk factors of adolescent and young adult trauma victims. Am J Crit Care. 1995;4(5):370–378

5 Menard, S., 2002. Youth Violence Research Bulletin, Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

6 Dobrin A, Brusk JJ. The risk of offending on homicide victimization: A public health concern. Am J Health Behav 2003:27(6):603-12.

7 U.S. Surgeon General's report on Youth Violence, January 2001; http://mentalhealth.samhsa.gov/youthviolence/surgeongeneral/ SG_ Site/toc.asp.

involves guiding young people to *enhance* the protective factors they need to *overcome* the risk factors associated with violence to build their resilience.[8] These protective factors include:

- peer groups, schools, and communities that emphasize positive social norms;
- warm, supportive relationships and bonding with adults;
- opportunities to become involved in positive activities;
- recognition and support for participating in positive activities; and
- cognitive, social, and emotional competence.

Caught in the Crossfire provides opportunities for pro-social behavior through positive peer role modeling, conflict resolution, anger management, and life skills training with the intent of fostering resilience to the risk factors associated with violence. This individual-level intervention builds the necessary skills to help change the way that a youth interacts with and responds to their larger community and environment.

The evidence-base for hospital-based violence prevention programs is currently being established as programs continue assessing and evaluating the impacts and results of their interventions. For examples of peer-reviewed journal articles documenting these results please see the links on Youth ALIVE!'s web site www.youthalive.org.

8 Catalano, R.F., Loeber, R., & McKinney, K.C. (1999) School and Community Interventions to Prevent Serious and Violent Offending. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Catalano, R.F., M.W. Arthur, J.D. Hawkins, L. Berglund, and J.J. Olson (1998). Comprehensive Community- and School-Based Interventions To Prevent Antisocial Behavior, in Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions, ed. R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications: 248–283. Masten & Coatsworth (Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. American Psychologist, 53(2), 205-220. Catalano & Hawkins (Catalano, R., and J.D. Hawkins. (1995) Communities That Care: Risk-Focused Prevention Using the Social Development Strategy. Seattle, WA: Developmental Research and Programs, Inc.

CAUGHT IN THE CROSSFIRE

Program Description

PROGRAM SUMMARY

Caught in the Crossfire is a hospital-linked violence intervention program of Youth ALIVE! that works to close the "revolving door" of youth-related violence. Since its incorporation in 1991, Youth ALIVE! has developed its programs based on the understanding that the complex root causes of violence demand a comprehensive approach, guided by those most directly affected by violence in the community. This is the foundation for Youth ALIVE!'s mission: to prevent youth violence and build youth leadership in California communities. To this end, Youth ALIVE! hires and trains staff who have grown up in violent conditions to be educators, case managers, and role models for their peers and builds vital partnerships with the public and private agencies working with the same communities.

Caught in the Crossfire recruits, trains and employs young adults from the community who have first-hand knowledge about the effects of violence and current urban issues as Intervention Specialists. The Intervention Specialists provide crisis intervention, case management, linkages to community services and peer mentoring to youth recovering from violence-related injuries, as well as to their family and friends.

Starting at the hospital bedside and continuing for up to 6 months post-discharge, the Intervention Specialists develop an ongoing plan for the violently-injured patient to increase awareness of the personal risks involved in retaliation, encourage changes away from risky behavior, and sustain long-term positive behavioral change. *Caught in the Crossfire* services are designed to break the cycle of violence upon re-entry to the community following hospitalization through focusing on education, job training, family and community services, health (physical as well as mental), as well as mentoring and counseling. The intended results of the program are to promote positive alternatives to violence in order to reduce retaliation, re-injury and criminal involvement among youth injured by violent assaults.

In addition to partnering with hospitals, *Caught in the Crossfire* has also worked with other young people at risk for violence and their family members including students facing school consequences for violence or truancy (which can lead to violent incidents during school hours), youth on probation for violence, and youth identified as at-risk for violence by local police. The program can be adopted by any community in the country that is working to stop youth violence. The three key components that have made this program successful are:

- Close partnerships with public and private agencies offering a broad spectrum of concrete services;
- Staff recruited with extensive knowledge of urban communities;
- Supporting the family members as well as youth clients.

Caught in the Crossfire helps young people who are recovering from violent injuries heal and lead positive, non-violent lifestyles. In addition to directly assessing and reducing the risk of retaliation, *Caught in the Crossfire* reduces the risk of future violence by focusing on the development of protective factors such as bonding with a positive peer role model, improved school attendance, employment training and anger management skills. The following page provides an overview of the *Caught in the Crossfire* program mission, overarching goal and objectives focused on protective factors that will reduce the risk of violence.

CAUGHT IN THE CROSSFIRE

Mission, Goals and Objectives

PROGRAM MISSION: Reduce retaliation, re-injury and criminal involvement among youth injured by violence and promote positive alternatives to violence.

PROGRAM GOAL: Reduce risk factors and increase protective factors for violence.

OBJECTIVES:

- Improve educational attainment
  - » Any client who does not already have a High School Diploma or GED should be enrolled in an educational program leading to a High School Diploma or GED.
  - » Any client who does have a High School Diploma or GED should be encouraged to enroll in college.
- Improve employability
  - » Link all clients identifying employment as a need with a job training program (ex: Job Corps, Conservation Corps/Civic Corps, Youth Employment Partnership, AmeriCorps, certification program for a vocational trade).
  - » Assist all clients identifying employment as a need with job seeking & job readiness (ex: resume writing, job application completion, interview preparation).
- Improve health status
  - » Link all clients and families with mental health support (ex: counseling for PTSD, anger management, general mental health, substance abuse, faith-based counseling).
  - » Ensure that client is linked with medical provider(s) to provide follow-up treatment of violent injury and ongoing health care.
- Improve social and professional skills & build sustainable support network
  - » Link all clients with at least one community, school-based or faith-based ongoing social group activity (ex: Boys & Girls Club, YMCA, sports, art, music, etc.).
  - » Link all clients with a program that builds social & professional skills.
  - » Link all clients with long-term mentoring to sustain progress after graduation from *Caught in the Crossfire*.

**These goals relate to all youth who are qualified to receive these services. For example, undocumented youth may sometimes not qualify to receive certain services, & some objectives may unfortunately be N/A for these individuals.*

PROGRAM PARTICIPANTS

Caught in the Crossfire serves youth between the ages of 14 and 20 who are hospitalized for interpersonal violence-related injuries at Alameda County Medical Center's Highland Hospital in Oakland, California and Los Angeles County + USC Medical Center in Los Angeles, California. The program also receives occasional referrals of youth ages 12 and up who are treated for violent injuries at Children's Hospital Oakland. The only exclusionary criteria for referral to the program is if the patient has been a victim of sexual assault (the hospital has a specially trained Sexual Assault Team), is in criminal custody, has a psychiatric diagnosis, or resides outside of the geographical service area.

Since its inception, *Caught in the Crossfire* has worked with over 1,400 injured youth and an estimated 2,800 of their family members. The program expanded to work with other populations that are at particularly high risk of being victims or perpetrators of violence. In Oakland, California we have worked with over 250 middle school and high school students suspended pending an expulsion hearing or on the verge of being suspended for violence and another 120 youth on probation for violent offenses.

The Role of Family Members, Other Caretakers and Friends

Assessing the capacity of family members and other caregivers to provide an adequate level of support to a violently injured youth is a major responsibility of the Intervention Specialists. Family/caregiver involvement in the development and implementation of the *Caught in the Crossfire* case plan can be crucial as family members can provide vital support and reinforcement.

A supportive family may function as a protective factor against future acts of violence; conversely, an unsupportive family can be a risk factor. Tragically, family members of even the youngest participants are all to often unable and/or unwilling to provide even the minimum level of support. Some parents or caregivers are struggling with serious issues such as poverty, substance abuse, criminal activity (including gangs), or domestic violence. Others may be incarcerated in prison or jail.

During later adolescence, the influence of family may be supplanted by peer influences. The strongest risk factors as predictors for future acts of violence are weak ties to conventional peers, ties to antisocial or delinquent peers, belonging to a gang, and involvement in other criminal acts.[10] Older youth may be at a developmental level where positive support from family members, even those who are willing and able to engage, may be unwelcome by the youth. However, when family members and close friends are able to provide positive support to a violently injured youth, *Caught in the Crossfire* staff can engage them in the following ways:

- **Attain consent for participation from parents/guardians (required to serve any youth under 18).**
- **Involve family members and close friends early on in conversations about services provided through Caught in the Crossfire, as well as conversations about the violent incident and potential retaliation as appropriate.** Learning about the benefits of the program to the injured youth, friends and family frequently dissipates the anger and frustration that can lead to retaliation. Bringing family members and close friends who are providing the youth with positive support into the needs assessment and case planning process re-focuses them on healing instead of retribution.

10 Youth Violence: Report of the US Surgeon General. 2001. http://www.surgeongeneral.gov/library/youthviolence/sgsummary/summary.htm#RiskandProtective

- **Involve family members and other caregivers, particularly of younger participants, throughout the process.** This is crucial to ensuring that these participants are able to follow the case plans jointly developed with *Caught in the Crossfire*'s Intervention Specialists. Involved family members can help a participant remember to attend appointments and follow through on short and long-term goals.
- **Conduct regular face-to-face interactions with the family members/close friends.** This increases the chances that the Intervention Specialist can identify and help resolve family issues and concerns that may have contributed to the precipitating violent injury, such as family member substance abuse, domestic violence, gang involvement, or lack of adequate housing.
- **Provide limited services to family members that directly impact the youth.** Although the Intervention Specialist does not have time to work on separate service plans with a client's family members (even if their needs are great), there are obviously certain times that a need of a family member has a significant impact on the youth and must therefore be addressed. For example, if the family is facing eviction or the utilities are threatened to be turned off, the Intervention Specialist can and should provide support to the appropriate family member to address and resolve this issue. Similarly, many services that the Intervention Specialist identifies for the client will also have the ability to provide services to family members (e.g., agencies that provide individual and family counseling).

PROGRAM STAFF

Caught in the Crossfire's Intervention Specialists are a key component of a successful program. Youth ALIVE! recruits, trains and employs community members who are knowledgeable of the dilemmas faced daily by youth in low-income areas and have experienced and overcome violence in their personal lives. Similar to their young clients, Intervention Specialists are often former victims of violence, with some experiencing lasting injuries such as paraplegia. Many have experienced the ramifications of having family members or close friends who were victims of violence. Some were formerly involved in criminal and/or gang activity as adolescents or young adults. The Intervention Specialists are motivated out of a desire to help others from their own community, preventing them from making the same mistakes they did, and contributing to the enhancement of their community through the services they are providing.

Young people who are recovering from a violent injury, particularly youth growing up in low-income neighborhoods, need to immediately feel connected with their assigned Intervention Specialist. Trust and an emotional connection are crucial so that the youth can begin to identify clear pathways toward building productive lives and making the positive life-style changes necessary to prevent re-injury. *Caught in the Crossfire*'s Intervention Specialists are able to establish trusting relationships with participating youth, connect with their family members and caregivers to shape a strong support system, and help them heal physically, psychologically, and socially. As a result of their own life experiences, Intervention Specialists have the ability to connect with youth and their families in a manner that is unique and distinctive from the connection established by a social worker, nurse or physician (who each obviously provide their own essential service and support during the healing process). Since participation in the *Caught in the Crossfire* program is entirely voluntary, it is essential that the staff are able to connect with the youth quickly in order to engage them in the program and obtain their consent for participation and program buy-in.

Caught in the Crossfire's Program Director and Program Coordinator require additional skills and experience. These positions require expertise in program development, ability to lead a staff who may have significant "street knowledge" but limited professional experience, and an understanding of public health and social work principles and practices. It is crucial that the staff in these positions clearly understand the culture of the communities where *Caught in the Crossfire* participants reside. They also must be skilled in working effectively with the hospitals, other public agencies, and community based organizations that are essential to the success of the program. (See Appendix A for detailed job descriptions.)

PROGRAM SERVICES

It is essential that protocols are developed for hospital staff to contact the *Caught in the Crossfire* program when admitting a violently injured youth in an effort to establish initial contact with the youth while they are still in the hospital whenever possible. The *Caught in the Crossfire* program was established on the premise that the connection made at the hospital bedside provides a brief and rare window of opportunity for the Intervention Specialist to reach the youth at a time that they are more inclined to engage in a program that will help them make a lifestyle change, and that the youth will also be more open and willing to talk to someone about alternatives to healing other than retaliation. Intervention Specialists immediately establish contact with the patient with a focus on developing a trusting relationship, providing emotional support to the youth and their family and friends, assessing and reducing the risk of retaliation, identifying the youth's short-term and long-term needs, and, most importantly, developing a plan to stay safe. Staff attempt to build a relationship with family members and friends to help them see the futility of additional violence and assist them with getting their social service needs met.

After the young person is discharged, Intervention Specialists continue to promote nonviolent lifestyles and assist in easing their transition back into the community through intensive personal and telephone follow-up contact. The positive peer mentoring relationship and case management services continue for up to six months after hospital discharge, with the goal being to get the patients to change their lifestyle to one without violence and to improve their school performance, find employment, talk their friends out of retaliation, learn anger management, and obtain needed services. Some of the services that *Caught in the Crossfire* coordinates include safe housing, Victims of Crime compensation and services, legal advocacy, probation, school enrollment, GED preparation, job training, counseling (including anger management and post-traumatic stress, gang intervention, treatment for substance abuse and tattoo removal) – all provided within the context of a mentoring relationship.

It is helpful to classify the program into three benchmarks organized around specific phases of engagement. The figure on the following page outlines the key steps involved in the *Caught in the Crossfire* process.

Figure 1: Benchmarks for Program Engagement	
Phase I – Engagement and Motivation	
Step 1	Youth treated at hospital for violent injury.
Step 2	Youth seen by Injury Prevention Coordinator and/or other hospital liaison and referred to *Caught in the Crossfire* if eligible for services.
Step 3	Program Coordinator/Intervention Specialist meets with youth and family at the hospital bedside within one hour of receiving referral and obtains consent for participation in the program.
Step 4	Develop a safety plan and assess and reduce the risk of retaliatory violence.
Step 5	"Hook" client into program (by helping with Victims of Crime application, medical bills, etc.).
Step 6	Assess the client's family and home support, while building and establishing a trusting relationship with the youth and family.
Step 7	Complete intake assessment process and develop an individualized case plan with short and long-term goals.
Phase 2 – Work toward goals and identify/build sustainable support network	
Step 8	Intervention Specialist guides youth through implementation of the case plan with frequent phone and in-person contacts for up to six months. The case plan is amended as needed.
Phase 3 – Prepare case for close-out and create a sustainable setting for continued success.	
Step 9	Frequency of contact decreases as the youth is becoming increasingly independent in achieving their goals and/or more linked with other support services to achieve their goals.
Step 10	Ensure that there is a stable adult in the youth's life (parent, relative, mentor) to continue support of the youth.
Step 11	Intervention Specialist and youth conduct a final evaluation of the case plan, review goals accomplished, and complete an exit interview identifying post-program short and long term goals.
Step 12	The youth participates in a "Participant Recognition Ceremony", honoring the hard work and commitment to a positive and healthy life style displayed by graduating participants.

Referral Protocol

When a young person is admitted to the hospital as a result of violent injury during standard business hours, the Community Injury Prevention Coordinator[11] is immediately notified by the trauma pager. As a hospital-linked program, it is essential to identify a staff member at the hospital who will serve as the primary liaison for the referrals, as well as a key "salesperson" for the program. Since the Intervention Specialists are legally prohibited from contacting the youth until consent has been obtained by hospital staff, it is essential that this individual present a positive "first face" of the program. The Community Injury Prevention Coordinator meets with the youth as soon as possible (depending on the nature of the injury and treatment), and introduces the *Caught in the Crossfire* program—focusing on the services offered, the uniqueness of the staff, and the immediate benefits to the patient and family members. After obtaining written consent from the patient (and a family member, if the patient is under 18) (Appendix B: Hospital Consent Form), the Community Injury Prevention Coordinator completes a referral form and delivers it to the *Caught in the Crossfire* Program Coordinator by cell phone and/or email using a secure hospital network. Evening and weekend referrals are received the following business morning, although program staff are currently exploring the possibility of setting up an after-hours referral and response protocol in order to reach more violently injured youth while they are still in the hospital. Once *Caught in the Crossfire* receives a referral, the Program Coordinator assesses the following:

- Age of patient
- Likelihood of admission and estimated length of time in hospital
- Description of the injury
- Presence of family/friends at the hospital
- Location of patient (room number)

The Program Coordinator (and Intervention Specialist who is likely to be assigned the case, if available) meets with the injured youth within one hour of receiving the referral to provide immediate intervention and describe the program's ongoing support services for the youth and his/her family and friends. If the patient has already been discharged from the hospital by the time of referral, the Program Coordinator will call the youth within 48 hours to introduce the program and schedule an initial visit with the assigned Intervention Specialist.

The vast majority of youth approached by *Caught in the Crossfire* agree to participate in the program (98% of youth who meet with *Caught in the Crossfire* staff while they are still in the hospital agree to participate vs. a slightly lower percentage of youth who have initial contact over the phone following hospital discharge, further demonstrating the importance of reaching youth while they are still in the hospital whenever possible). If a youth chooses to work with *Caught in the Crossfire*, the Intervention Specialist talks with the youth's parent(s)/guardian(s) about the program services and secures consent for services if the youth is under 18 years of age (Appendix B: Program Consent Form).

11 The majority of trauma centers are required to have an Injury Prevention Coordinator on staff. This individual is typically a nurse or social worker, and often serves as the ideal "point person" for referrals.

Hospital Bedside Visit

The initial meeting at the hospital bedside often lasts for at least one hour, and serves as the foundation for building a trusting relationship with the youth and his/her family. Building a trusting relationship is central to *Caught in the Crossfire*'s success, so this becomes a major focus of the initial meeting. To facilitate the building of trust and to gather all the information needed to begin providing services, the Intervention Specialist completes as much of the intake assessment as possible during the initial meeting in order to start addressing the youth's immediate needs once s/he leaves the hospital. This can include such areas as health, housing, probation status, school registration, employment, and counseling. However, prior to assessing the short and long-term needs of the youth and family, the Intervention Specialist first assesses the threat of retaliatory violence and takes any necessary steps to prevent retaliation by the youth's family and friends.

Using the Initial Intake Form (Appendix B: Initial Intake Form) to guide the interview process is essential to ensure that every Intervention Specialist, regardless of their level of experience, gathers the same essential information (note: some of this information is received from the Community Injury Prevention Coordinator at the time of referral). Every Intervention Specialist has their own unique approach to conducting initial bedside visits. Given the level of comfort the youth feels with the Intervention Specialist, additional information may be shared by the youth. Depending upon the level of receptivity to the program, the injured youth may also choose to review the circumstances that triggered the referral and explore alternative strategies for dealing with conflicts and violence. Since all participation in *Caught in the Crossfire* is voluntary, the client often needs to be convinced that there is a significant short or long-term advantage in becoming involved with the program and that the services offered are for the benefit of themselves and their family. As the Specialist describes "what's in it for them", the benefits become remarkably clear for the youth recovering from a violent injury.

The Intervention Specialist continues to visit the youth frequently for the duration of the hospital stay—often on a daily basis. This period when the youth is a "captive audience" often results in more in-depth discussions and helps to build trust between the Intervention Specialist and the patient and family members. The goals of the initial bedside visit are outlined in Figure 2 on the following page.

Figure 2: Goals of Initial Bedside Visit

- Addressing any immediate needs the patient might have (i.e., helping them to understand what is going on in the hospital, making them as comfortable as possible, helping them follow-up on contacting family, etc.)
- Explaining how the program works, what it offers, and what is expected of the youth and his/her family members (include process of connecting youth and family to community-based services)
- Reviewing the violent incident (when talking about incident, be aware of people in immediate area as information may be part of ongoing police investigation)
- Preventing any retaliation that may be planned by friends or family (be prepared to explain the cycle of violence as it relates to the youth and his/her friends and family)
- Learning how long the youth expects to be in the hospital
- Establishing a plan for a follow-up meeting within 3 days
- Completing an initial assessment (sometimes this needs to be completed in the next visit or even over the course of the next few visits, depending on the emotional and physical health status of the youth)
- Providing program contact information, including the Intervention Specialist's business card, to the patient and any friend or family member present.

Although each Intervention Specialist has their own unique approach to conducting initial bedside visits, the following components should be covered regardless of the individual approach.

I. Prior to visit

a. The *Caught in the Crossfire* staff should get as much information as possible, including severity of injury, from the chart notes.

b. Staff should also speak with the Injury Prevention Coordinator prior to the initial patient visit to check in on the initial conversation and the Coordinator's impressions.

c. Prepare all materials, including the consent form and intake sheet, prior to seeing patient.

d. Wash hands prior to entering patient room.

II. Introduction of Self and Program

a. Inquire if someone (i.e., the Injury Prevention Coordinator) had already informed patient that *Caught in the Crossfire* would be speaking with them.

b. Emphasize that Youth ALIVE! is an agency providing services that works with the Trauma Department at the hospital.

c. Reinforce that *Caught in the Crossfire* is not affiliated with law enforcement.

d. Reinforce that *Caught in the Crossfire* staff are not counselors or therapists.

e. Explain that *Caught in the Crossfire* staff are members of the community who have been trained to work with youth who have been injured.

f. Explain the key goals of *Caught in the Crossfire*.

III. Discussion of Confidentiality

a. Confidentiality is often compared to confidentiality used for medical records.

b. Discuss mandated reporting.

IV. Confirmation of Intake Information

a. Verify patient's age, address and phone number.

b. Verify the number of days admitted.

i. It is important to have the patient state their contact information instead of having the Intervention Specialist repeat the information contained in the file or on the face sheet. This assists in getting the proper contact information.

V. Description of Age-Appropriate Program Services

a. Describe in-hospital services to patients, including assistance with Victims of Crime and insurance/Medicaid enrollment.

b. Describe post-discharge services for clients.

VI. Incentives or "hooks" – (often offering to help with applying for Victims of Crime compensation and services, obtaining a driver's license, getting a job or into a job training program, and getting through probation quicker than without the program are what initially encourage the youth to agree to participate in the program).

VII. Expectations for in-hospital services (clarify how often you plan to visit and how you can be reached)

VIII. Obtain consent for program participation.

IX. Conversation (often covering items in the intake assessment)

a. Discussion of injury (type of injury, police report, known assailant)

i. Specifically inquire about what they were doing at the time of injury

ii. Inquire about Doctor's prognosis and description of injury

iii. If the family/patient is unaware or didn't understand, inform them that you can connect them with staff to get answers to their medical questions (used as a hook to engage patient or parents)

b. Family situation

c. School and/or employment status

d. Probation status

e. Discussion about retaliation

f. Ask whether the youth has any immediate concerns

g. Ask family whether they have any concerns

X. Discussion of services patient can expect to receive after hospital discharge

XI. Contact Information

XII. Close visit by offering to bring a magazine, YA! activity book, etc.

XIII. Leave *Caught in the Crossfire* flyer and business card

XIV. Wash hands upon leaving patient room.

There are certain scenarios that may impact the interaction between Caught and the Crossfire staff and the patient during the bedside visits and the intake assessment. Different scenarios may include:

I. Presence of Family Members

a. If parents are present, request permission to enter the hospital room.

b. If parents/relatives do not speak English, but patient does – make sure to discuss the purpose of your visit in both languages.

c. Ask the youth if this is the first time a violent injury has occurred in the family in a language understood by the parents.

d. Inquire about siblings.

e. Inquire if they are concerned about safety.

f. If patient is underage, inform them that parents will be part of the every step.

g. Especially with parental involvement, discuss boundaries of IS support.

h. If parents aren't present when seeing a minor, call them to inform them that an IS stopped by.

II. Presence of Girlfriend/Boyfriend/Partner

a. With pregnant female clients, inquiring about the relationship with the baby's father can direct the conversation.

III. Severity of Injury/Pain Level

IV. Age of Client

V. Gender

VI. Ethnicity/Race

VII. Documentation Status

VIII. Length of Time in Country

IX. Gang Affiliation

X. Incident (Known assailant versus unknown assailant)

a. Inquire if similar incidents have occurred

XI. Probation Status

a. Explain that IS can help the patient be successful in completing his/her probation

b. Inquire about outstanding tickets

XII. Admitted versus Discharged the Same Day

Case Plan and Ongoing Case Management/Peer Mentoring:

The Intervention Specialist continues to work with the youth after hospital discharge (and when appropriate, his/her family members) to ensure that the injured youth has the support to heal sufficiently and begin the steps to leading a positive lifestyle. On average, Intervention Specialists meet with the youth at least once a week in person and check in by phone 2-3 times each week for up to six months after the initial injury. All contacts with participants, including updates on progress and difficulties, are recorded in case notes in the participants' files (Appendix B: Progress Notes).

Building on the intake assessment, the Intervention Specialist establishes an individualized case plan in conjunction with the injured youth and, whenever possible, his/her family members, based on the initial information given (Appendix B: Case Plan). This usually takes place at the youth's home within three days after the youth leaves the hospital, and often happens over the course of the first few in-person contacts as a trusting relationship begins to develop. Prior to the visit, contact with the hospital social worker can provide vital information needed for the development of the case plan. As a sign of commitment to working together to achieve the goals established and to increase the sense of accountability for the youth, both the Intervention Specialist and the youth sign off on the plan (spaces for their signatures are provided at the bottom of the Case Plan form).

The case plan should focus on the individual needs of the youth, but also directly relate to the goals of the program:

- Improve educational attainment
  - » Any client who does not already have a High School Diploma or GED should be enrolled in an educational program leading to a High School Diploma or GED.
  - » Any client who does have a High School Diploma or GED should be encouraged to enroll in college.
- Improve employability
  - » Link all clients identifying employment as a need with a job training program (ex: Job Corps, Conservation Corps/Civic Corps, Youth Employment Partnership, AmeriCorps, certification program for a vocational trade).
  - » Assist all clients identifying employment as a need with job seeking & job readiness (ex: resume writing, job application completion, interview preparation).
- Improve health status
  - » Link all clients and families with mental health support (ex: counseling for PTSD, anger management, general mental health, substance abuse, church-based counseling).
  - » Ensure that client is linked with medical provider(s) to provide follow-up treatment of violent injury and ongoing health care.
- Improve social and professional skills & build sustainable support network
  - » Link all clients with at least one community, school-based or faith-based ongoing social group activity (ex: Boys & Girls Club, YMCA, sports, art, music, etc.).

» Link all clients with a program that builds social & professional skills.

» Link all clients with long-term mentoring to sustain progress after graduation from *Caught in the Crossfire*.

In addition, housing and transportation needs are often part of each plan. The case plan may include additional ways of supporting each youth's strengths or assets such as athletic, artistic, or other gifts and establishes a network of support that can continue after the service period ends. The case plan incorporates the development of relationships, skills, and opportunities that are core to leading a nonviolent lifestyle, such as:

- Peer groups, schools, and communities that emphasize positive social norms.
- Caring, supportive relationships and bonding with adults.
- Opportunities to become involved in positive social activities.
- Recognition and support for participating in positive activities.
- Cognitive, social, and emotional competence.

Over the subsequent months, the Intervention Specialist contacts the injured youth and/or their family members at least 2-3 times weekly to facilitate and monitor progress in meeting the objectives of the case plan. The Intervention Specialist will also maintain frequent contact, by phone or face-to-face meetings, with other service providers or programs in which the youth participates. Case plans are periodically reviewed to ensure that the participant is meeting objectives as planned and to make adjustments as issues surface.

The Intervention Specialist determines the frequency and nature of contact based on his/her assessment of the injured youth's ability to follow his/her case plan independently or with family member support. Usually the Intervention Specialist and injured youth (and possibly family members) need less frequent contact as they make progress on the case plan and the level of trust between them develops. Additionally, it is helpful to "wean" the youth and family members off of the program services during the final month of program participation in an effort to build their sense of independence and connectedness to other supportive long-term programs.

Figure 3: Services Provided Directly to Participants by *Caught in the Crossfire* [10]:

- Employment assistance (job seeking, interview preparation, resume writing, or enrollment into vocational training programs)
- Educational assistance, including advocacy, enrollment/ re-enrollment in high school, GED classes, ESL classes, college and tutoring programs
- Mentoring (regular contact between the Intervention Specialist and the youth)
- Health care assistance (assisting with securing medical coverage and follow-up care, as well as linking youth with the appropriate mental and physical health providers)
- Housing assistance (advocacy, shelter/transitional housing)
- Legal aid (court advocacy, assistance with paperwork and identification)
- Transportation (directly by Intervention Specialist or free bus tickets)
- Connecting youth with social and recreational programs that build life and social skills

10 All services are available in Spanish as well as English. The few clients who cannot communicate in English or Spanish are linked with appropriate local providers.

Caught in the Crossfire also offers all of these services to family members of the participants as appropriate and as time allows. In order to change behavior and address external factors that may have a critical impact on a young person's decisions, it is often necessary and of great importance to incorporate the closest members of that person's support system into the service plan. However, as mentioned previously, the primary services are focused on the youth and family member's needs that most directly impact the youth, as the Intervention Specialist's time is limited and they have many clients to serve.

Details about the client and their environment emerge as their trust in the Intervention Specialist develops. The services listed above are promoted within the context of constant support, encouragement, and leadership. Intervention Specialists regularly revisit a participant's ability to handle day-to-day challenges along with their emotional wellbeing. The participant's short- and long-term goals are constantly reviewed with the client and/or reorganized in order to meet their needs appropriately. Intervention Specialists remain in constant contact with the participants and

their families, visiting frequently, and are available after hours via cell phone in case of emergency (the extent of this after-hours availability is conveyed up front so that expectations are clear). The Intervention Specialist also oversees the quality of service received by the youth in the programs/ services to which they are referred.

All too often, successful progress toward meeting the objectives laid out in a case plan require that program staff are able to meet immediate and concrete needs of clients, including food, clothing, emergency shelter, or transportation. If these needs cannot be met through other providers, the program will draw on emergency funds set up specifically to pay for these concrete needs.

Services Provided by Other Organizations

A key component to the success of *Caught in the Crossfire* is the extensive network of community agencies to which youth are referred for services. In addition to mentoring and advocacy, the Intervention Specialist may refer the youth and his/her family to an external agency in order to meet specific needs identified in the case plan.

Over the years, *Caught in the Crossfire* Intervention Specialists have developed relationships with multiple resource providers in the community. This information is compiled in a local resource guide. The guide lists organizations and individuals throughout the community that can provide a broad array of services from residential drug/alcohol treatment to tattoo removal to free clothing. The resource guide includes basic location and contact information as well as a detailed description of the services available and how to most efficiently access them. The resource guide is routinely updated in order to ensure that all contact information is current, new resources are added, and resources that have provided inferior services to clients are removed.

Even when a particular agency is not being currently utilized by participants, the Intervention Specialists continue to develop the relationship with the service providers to ensure an easy referral process when the service becomes needed. In addition, when *Caught in the Crossfire* has specific funding, we have been able to contract with an agency for services that we use for many clients, such as family counseling or job training. This arrangement significantly reduces the time between referral and actual provision of services.

Figure 4: *Caught in the Crossfire's* Community Services Network

- Substance abuse counseling
- Mental health evaluation and counseling
- Life skills classes
- Job readiness workshops for interview skills and resume assistance
- Job training
- Job retention programs
- After-school tutorial programs
- Anger management classes
- Alternative/Special education placement
- GED preparation classes
- Emergency clothing
- Emergency shelter

Partnerships

Building partnerships is essential to a successful peer intervention program. Partnerships lay the groundwork required to eventually institutionalize or make the program an ongoing part of the public health, juvenile justice, and public school systems. Partnerships ensure more comprehensive services for participants, better quality planning, and stronger outcomes. Partnerships can help leverage needed systems or policy changes. They also require a lot of hard work and careful attention to detail, while always keeping the bigger picture in mind.

Caught in the Crossfire's key institutional partners over the years have included local hospitals, schools, juvenile probation, and the local police department. Our work with hospital partners, which is our most successful and long-term effort, is explained throughout the manual. Our work with local school systems has focused on providing on-site intervention for middle and high school students suspended for violence and, in some cases, facing expulsion, as well as students identified by their teachers or counselors as being at high risk for violence. *Caught in the Crossfire* has also worked with youth on probation for violent offenses. Working closely with the local police department, *Caught in the Crossfire* provided intervention services for young people detained by police, but not arrested. Sustaining our services with these partners depends on maintaining close relationships with the leadership in each agency.

Critical to the success of the program is the ability to build vital partnerships with local community-based agencies. Providing case management and linking clients to community services expands the

ability of our program to fully meet the needs of our clients, including mental health counseling (especially for post-traumatic stress disorder, anger management, and substance abuse treatment), employment opportunities and other community services.

Our partnerships with community-based agencies usually rely on informal agreements established as a result of a positive working relationship and trust built over time. Formal Memoranda of Understanding are sometimes established. Although not possible in all agencies, *Caught in the Crossfire* attempts to negotiate a fast-track referral system for clients, so that services can be immediately rendered without a wait period – especially important for youth who have not developed the skills for long-term planning. Even a wait period of a few months can be devastating to a youth's recovery. Occasionally, we are able to secure funds to allow us to contract with external community-based agencies for specific services such as family counseling or cultural competency trainings.

Over the years, *Caught in the Crossfire* has drawn on these partners to help guide us in implementing key services. Their combined experience not only helps us expand the range of services offered to recovering youth. In addition, securing resources also allows the client to develop a strong network of support, which assists in the maintenance of progress after completion of the case plan.

Concluding the Case Management Process

Most case plans are completed within six months, although services may be available for a longer period as decided on a case-by-case basis in consultation with the Program Coordinator. Several factors can trigger the conclusion of *Caught in the Crossfire*'s case management process. One is when a participant has met all the objectives of his/her case plan or the participant is continuously working toward goals with minimal assistance. At that point, the Intervention Specialist and youth complete an exit interview, focusing on accomplishments over the preceding months and on concrete plans for the future (Appendix B: Exit Form). Another is when a participant chooses to discontinue working with the program, by not responding in a timely way to efforts by the Intervention Specialist to contact him/her by telephone, in person, or by letter. Should a participant contact the Intervention Specialist for services in the future, *Caught in the Crossfire* will work with the participant as previously planned assuming the Intervention Specialist has space on his/her caseload.

By the successful conclusion of the case management process, a supportive network is in place to sustain client progress. This network may include a link with a responsible adult in the community who can serve as an ongoing mentor. It often includes the array of support that a solid job-training program (i.e. Civic Corps or Job Corps) can provide. Connections with a therapist or other mental health support groups are another aspect of these networks. The network fosters the participating youth's continued healing and growth for months and years after they are no longer working with *Caught in the Crossfire*.

Participant Recognition Ceremony

In addition to completing an exit interview, the *Caught in the Crossfire* program holds a "Participant Recognition Ceremony" to honor the hard work and commitment to a positive and healthy life style displayed by graduating participants. This ceremony is held at a local community agency and allows families and community members to also acknowledge the progress the participant has made over the past several months. Guest speakers, often elected officials or community members who have made an impact on reducing violence in the community, are invited to this event. During the ceremony, each Intervention Specialist gives a personal testimony about the achievements of the participant and how they have significantly changed their lives. Each participant is given a chance to speak and is then presented with an award and small gift of appreciation by the *Caught in the Crossfire* staff. Given the history of many of the participants, this is usually the first time that parents or caregivers are able to hear adults speak in a positive way about their child and learn about the challenges in the community overcome by each youth.

Program Results

Not surprisingly, *Caught in the Crossfire* really does work. Based on findings from a multi-disciplinary evaluation team, hospitalized youth who participated in *Caught in the Crossfire* were **70% less likely to be arrested and 60% less likely to have any criminal involvement (placement on probation, violation of probation or arrest)** during the six-month post-injury period versus hospitalized youth who did not participate in the program.[12] This finding is significant in light of research indicating that criminal activity places individuals at risk for future violent victimization.[13] Results from a follow-up study demonstrating similar results were published in the Journal of the American College of Surgeons in November 2007.

Based on a one year in-house evaluation of the program in 2008:

- 92% of *Caught in the Crossfire* participants avoided re-injury and no clients were subsequently killed following their initial injury. According to data published by the US Department of Justice, hospital readmission rates for subsequent assaults are often as high as 44%, with subsequent homicide rates as high as 20%.
- 88% of *Caught in the Crossfire* participants were not arrested, including the 25% already on probation at the time of injury.
- Of clients under the age of 18 years, 68% were enrolled in an educational program leading to a GED or High School Diploma, including clients who had previously dropped out by the time of their injury. Even youth who had not dropped out of school at the time of their injury are at increased risk for attrition due to the time lost during recovery and the psychological ramifications of surviving a traumatic assault.

12 The Evaluation Team was comprised of The California Wellness Foundation Violence Prevention Fellows, the Head of the Trauma Department at Alameda County Medical Center/ Highland General Hospital, a Community Epidemiologist at the Alameda County Public Health Department, and Youth ALIVE! staff.

13 Becker MG, Hall JS, Ursic CM, et al., *Caught in the Crossfire: The effects of a peer-based intervention program for violently injured youth*. Journal of Adolescent Health; March 2004.

Case Studies

The impact of *Caught in the Crossfire* is perhaps best illustrated through reviewing a few past cases that highlight the program's effects on both the youth and their family members. These cases are presented on the following pages. Individuals' names have been changed for purposes of confidentiality.

"Raul"

Raul, age 15, was shot several times due to mistaken identity. As a result, he was paralyzed from the waist down. After receiving months of physical therapy, he was ready to return home. His house was not equipped for a wheelchair-bound person and he only had the wheelchair that was given to him by the hospital. *Caught in the Crossfire* researched and located an agency in San Francisco that would donate a wheelchair and a fully functional hospital bed. The family was elated. There was only one problem: the items had to be picked up the next day and the family would have to provide their own movers and their own truck. The family was unable to pay for the truck and had nobody available to assist with the actual move. *Caught in the Crossfire* was not only able to pay for the U-Haul truck, but we were also the movers! In addition, Emilio Mena (at that time an Intervention Specialist, years later the *Caught in the Crossfire* Program Manager) also assisted the family with securing funds through the City of Oakland to pay for widening doorways, adding a ramp, and installing railings in the bathrooms and around the front porch. Emilio also worked relentlessly to secure funding from the Victim and Witness Assistance Division of the Office of the District Attorney in Alameda County that resulted in the purchase of a brand new van for Raul equipped with hand controls. With the help of Emilio and other *Caught in the Crossfire* staff, Raul returned to school (attending Laney Community College) and joined a basketball league for people with disabilities.

"Antonio"

"Antonio" is a 15 year old male who was referred to the *Caught in Crossfire* program by the Community Injury Prevention Coordinator at Highland Hospital. Antonio was assigned to Intervention Specialist, Rafael Vasquez. Antonio had been a victim of two gun shot wounds to his head and one to his chest. One bullet penetrated his skull and the other bullet remained just beneath the skin. Antonio was in front of his family's home when he was shot as he returned from school. Prior to his injury, Antonio grappled with wanting to join a gang and finishing high school.

At Rafael's initial bedside visit, Antonio was incoherent and unable to respond due to the severity of his injuries. Although Antonio was unable to respond to Rafael for the first few weeks, Rafael continued to visit with Antonio weekly while Antonio was hospitalized in the Intensive Care Unit. Rafael was able to form a positive relationship with Antonio's mother by providing support to her and the family. Rafael was also able to advocate for Antonio's mother and serve as a translator with the hospital staff, as the mother spoke limited English.

After Antonio was discharged, Rafael continued to visit Antonio in his home on a weekly basis. Rafael provided all transportation to medical appointments, including Antonio's surgery to remove the remaining bullet from his head. Rafael gathered the necessary information to help Antonio's mother complete the necessary documentation for the Victim of Crime compensation, and assisted his mother in enrolling Antonio into speech therapy at Children's Hospital Oakland. Rafael contacted Oakland Unified School District and enabled Antonio to receive Home Schooling until he was able to return to a mainstream high school.

Given Rafael's history and experience with this family, Rafael was able to express the need for mental health counseling for Antonio and the family, which they agreed upon and continue to attend at a local Family Counseling Center. Antonio also receives counseling to address the symptoms of Post-Traumatic Stress Disorder. As Antonio and his family continue to receive counseling, Rafael monitors the progress of not only Antonio, but of his entire family. Rafael was able to facilitate gang intervention strategies within the family relationships to eliminate any further gang involvement or retaliation.

Neither Antonio nor his family has expressed any thoughts of retaliation. As a result of the time he has spent with Rafael, Antonio has expressed no desire for further gang involvement in any way. Antonio and his family continue to live in the same location and there has been no additional gang violence or activity involving Antonio and his family since the initial incident.

"Myesha"

Myesha is a 20 year old female who was beaten with a gun by a known accomplice near her home. Myesha was treated and released from Highland Hospital's Emergency Department and a referral was made to Caught in the Crossfire. Myesha's case was assigned to the Program Coordinator, Kyndra Simmons-Stanley, and immediate contact was made to schedule a home visit. Myesha was living on her own with her three-year old daughter, Jasmine.

During the initial home visit, Kyndra learned that Myesha had not finished high school and had long struggled with depression. Myesha was supporting her daughter on General Assistance and living in low-income housing. Jasmine's father had been murdered when Jasmine was a year old and Myesha receives support from Jasmine's paternal grandparents. Myesha was open about her mental health concerns and wanted help finding a regular therapist and a medical evaluation. Myesha also informed Kyndra that she had been released from county jail five months ago after serving one year for assault. Kyndra made contact with Myesha's probation officer to inform her of the Caught in the Crossfire program and Myesha's voluntary participation.

As Myesha continued to battle with depression, Kyndra was able to connect Myesha with a therapist in her neighborhood. Kyndra was able to find an anger management group for adults as well. Myesha enrolled in the group and Kyndra transported Myesha to the group every week until Myesha was invested enough to attend on her own. Myesha expressed her interest in continuing her education and became enrolled in a G.E.D. program. After Myesha started school, Kyndra presented Myesha with preschool options for Jasmine. Myesha had been unaware that Jasmine could attend preschool at three years old and enrolled Jasmine into the Head Start preschool program. Jasmine was able to attend preschool during the same hours that Myesha was attending the G.E.D. program.

Myesha continues to attend therapy and anger management once a week. Myesha is on target for completing her G.E.D. Myesha has found parenting classes in her neighborhood and has considered taking the classes when she completes the anger management group. According to Myesha's probation officer, Myesha is succeeding in fulfilling the terms and conditions of her probation. Kyndra continues to encourage Myesha to remain focused on her personal growth as well as the growth and development of Jasmine.

"Marcel"

One evening, Marcel was hanging out with his homeboys, looking for something to get into. Unfortunately that something turned out to be a fight with rival gang members. Marcel was assaulted and was rushed to Highland Hospital's Trauma Center. He was treated and released that evening and a referral was sent to *Caught in the Crossfire*. Intervention Specialist Emilio Mena made contact the next day. Marcel had recently been released from juvenile camp; he still had restitution to pay and no job. *Caught in the Crossfire* managed to make contact with his Probation Officer and was able to get his restitution modified. Sadly, shortly thereafter, Marcel was again assaulted, this time with a baseball bat. Emilio assisted Marcel with filling out a Victim's of Crime application and gathering the necessary paperwork to have his medical bills covered.

After a vigorous search, *Caught in the Crossfire* was able to find employment for Marcel at a local restaurant. With Emilio's help, Marcel began to realize it was time to make some changes in his life. His employment was steady and his performance was outstanding. He was soon promoted to shift manager. Marcel saved his money and paid his restitution in full. Emilio talked to Marcel about the importance of education. Marcel decided to take his General Equivalency Diploma (GED) examination. As a show of support, *Caught in the Crossfire* paid the fee for the exam. During the same period, Marcel asked to attend meetings and groups dealing with violence prevention. His first meeting was at Youth ALIVE!. He discussed the services he had received from *Caught in the Crossfire* and how Emilio had encouraged him to further his education and leave gang life behind. Not only had he decided to leave gang life behind, he wanted to prevent others from entering a destructive lifestyle. Emilio encouraged Marcel to apply for a youth violence prevention position. Marcel got a job working for the City of Oakland's Safe Passages Program as a Youth Ambassador. He worked with city officials developing programs for young people. Since then, Marcel was accepted to the University of California at Berkeley, where he received his Bachelor's Degree and is currently attending graduate school. Marcel stays in frequent touch with Emilio as well as other program staff.

AWARDS, RECOGNITION & REPLICATION IN THE UNITED STATES

Former US Attorney General Janet Reno selected *Caught in the Crossfire* as a national model to be replicated throughout the country in 1999. Since the program began in 1994, Youth ALIVE!'s *Caught in the Crossfire* staff have provided technical assistance to many hospitals and other agencies that were establishing similar programs, including:

- Kaiser Permanente's South Sacramento Medical Center;
- Throughout Massachusetts at the Boston Medical Center (Boston), Brockton Hospital (Brockton), Bay State Medical Center (Springfield), Lawrence General Hospital (Lawrence), Massachusetts General Hospital (Boston), and University of Massachusetts Medical Center (Worcester);
- Children's Hospital of Wisconsin in Milwaukee and the City of Milwaukee Health Department;
- Hahnemann University Hospital and Jefferson Hospital in Philadelphia, Pennsylvania;
- John Muir Medical Center in Walnut Creek, California;
- San Francisco General Hospital in San Francisco, California;
- St. Joseph Hospital in Phoenix, Arizona;
- LAC+USC Medical Center, where Youth ALIVE! replicated *Caught in the Crossfire* in 2006.

In addition to the success involved with replication of the *Caught in the Crossfire* program model, Youth ALIVE! has been widely recognized for its creative and consistent work to prevent and reduce violence. Recognition and awards include the following:

- In 1994, *Teens on Target* was recognized by President Bill Clinton as one of the top ten programs in the country doing outstanding work in the field of youth violence prevention;
- In 1995, *Teens on Target* was selected by the Metropolitan Life Foundation for the Positive Choices Award, receiving $100,000.
- In 1996, Youth ALIVE!'s Executive Director, received the "California Peace Prize" from The California Wellness Foundation;
- In 1996, the *Teens on Target* program received the U.S. Department of Justice's first "Crime Victim Service Award" from Attorney General Janet Reno;
- In 1997, the federal Justice Department selected Youth ALIVE! as one of four sites nationwide to implement a gun violence reduction initiative;
- In 1999, *Caught in the Crossfire* was selected for national replication by former U.S. Attorney General Janet Reno;
- In 1999, *Caught in the Crossfire* was awarded the Ameritech National Crime Prevention Award of Excellence;
- In 2000, a Youth ALIVE! staff member was chosen for the "Spirit of Youth Award" by the Coalition for Justice;

- In 2001, *Caught in the Crossfire* received the Norman Cousins Award for Outstanding Intervention Services from the Fetzer Institute;
- In 2000, the Federal Substance Abuse and Mental Health Services Administration awarded Youth ALIVE! a grant to support peer intervention services for students facing expulsion for violence, resulting in *Caught in the Crossfire* being cited as a model program for youth on probation in a 2001 federal publication[14];
- In 2002, Youth ALIVE! was one of six sites in California awarded a California Justice Department grant to lead a collaborative effort that provided prevention and intervention services in East Oakland middle and high schools;
- In 2004, *Caught in the Crossfire* was selected for replication in Los Angeles by the Robert Wood Johnson Foundation, Local Initiatives Funding Partners;
- In 2006, and again in 2007, Youth ALIVE! staff received the National Crime Victims Allied Professional Award from the Los Angeles District Attorney's office.
- In 20008, Youth ALIVE!'s Executive Director received the "Outstanding Woman of the Year Award" by Senate Pro Tempore President Don Perata, as well as the California Chapter of the American College of Emergency Physicians Injury Prevention Award.
- In 2008, *Caught in the Crossfire* was selected for further replication by the California Governor's Gang Reduction, Intervention and Prevention program resulting in an invitation to present before the Public Safety Committee of the California State Assembly based upon our outstanding results.
- In 2009, Youth ALIVE! received funding from the U.S. Department of Justice Office of Victims of Crime under the FY 2009 Recovery Act – National Field-Generated Training, Technical Assistance, and Demonstration Projects to build the capacity of the National Network of Hospital-based Violence Intervention Programs.

14 Bonderman, J. (2001) *Working with Victims of Gun Violence*. Washington, DC: U.S. Department of Justice, Office for Victims of Crime.

NATIONAL NETWORK OF HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

On March 2-3, 2009, Youth ALIVE! convened the first ever National Symposium of Hospital-based Violence Intervention Programs in Oakland, California. The goals of the symposium were to open a dialogue on key program components and best practices and to establish a national network of hospital-based programs. The Symposium was funded by Kaiser Permanente's Northern California Community Benefit Programs.

After conducting a national search of hospital-based violence intervention programs that had been operational for at least one year, nine programs were selected to participate in the Symposium. All nine programs excitedly accepted the invitation. Representation from the programs included Medical Directors, Clinical Directors, Executive Directors, Program Directors, line staff and members of Boards of Directors. Representatives from the following programs participated in the event:

- *Caught in the Crossfire*, Oakland/Los Angeles, CA
- CeaseFire, Chicago, IL
- Healing Hurt People, Philadelphia, PA
- Out of the Crossfire, Cincinnati, OH
- Pennsylvania Injury Reporting and Intervention System, Philadelphia, PA
- Project Ujima, Milwaukee, WI
- Violence Intervention Advocacy Program, Boston, MA
- Violence Intervention Project, Baltimore, MD
- Wraparound Project, San Francisco, CA

The discussion of Symposium participants over the two days was summarized in a report, **Key Components of Hospital-based Violence Intervention Programs**, and can be found on our web site at http://www.youthalive.org/network/. The key components to the effective implementation of hospital-based violence intervention program identified by the Symposium participants were to:

- Secure Hospital Buy-in
- Select Target Population
- Establish Goals and Objectives
- Streamline Referral Process
- Determine Structure of Service Provision
- Engage Resource Networks
- Make Informed Direct Service Staff Hiring Decisions
- Support Direct Service Staff through Training and Supervision

- Conduct Effective Evaluations
- Set Funding Goals for Sustainability

The Key Components report is a summary and synthesis of the discussion that occurred during the two-day Symposium. As expansion and replication of hospital-based violence intervention programs continues nationwide, the hope is that the Key Components of Hospital-based Violence Intervention Programs can be used in conjunction with this technical assistance manual document. While the Key Components manual shares the knowledge and wisdom of the collective group of programs, this program manual describes in specific detail the mechanics of implementing and operating the *Caught in the Crossfire* program.

As a result of the Symposium, the programs established a National Network of Hospital-based Violence Intervention Network. The Network formed five working groups to continue meeting via phone conferences and strategizing next steps. The working groups include:

- Workforce Development and Staff Training Committee
- Research and Evaluation Committee
- Policy and Systems Interface Committee
- Funding/Reimbursement Committee
- Network Steering Committee

Through the working groups that were created at the Symposium and through future meetings, the Network (under the leadership of Youth ALIVE!) will continue to share information, expand and refine the identified key components and best practices, collaborate on research and evaluation, and develop strategies for integrating this violence prevention and intervention approach into the standard of care within trauma centers and emergency rooms across the country.

Youth ALIVE! received funding in 2009 from the U.S. Department of Justice Office of Victims of Crime under the FY 2009 Recovery Act – National Field-Generated Training, Technical Assistance, and Demonstration Projects to further build the capacity of the National Network of Hospital-based Violence Intervention Programs. This funding focuses primarily on the issues of sustainability and best practices for hospital-based violence intervention programs.

CAUGHT IN THE CROSSFIRE

The 15-Step Plan: How To Design and Implement A Successful Peer-Based Hospital Intervention Program

THE 15 STEP PLAN: HOW TO DESIGN AND IMPLEMENT A SUCCESSFUL PEER-BASED HOSPITAL INTERVENTION PROGRAM

To get started on creating a peer-based hospital violence intervention program for violently injured youth, the most important elements required are:

- *A clear mission you are committed to carrying out;*
- *The capacity to be persistent and practical;*
- *The appropriate partners; and*
- *The time to do careful planning and to lead a solid start-up phase.*

The design and implementation plan outlined in this section consists of the following 15 steps:

1. Identify Partners and Secure Buy-In
2. Conduct a Needs Assessment
3. Define Your Target Population
4. Establish Program Goals and Objectives
5. Secure Funding and Set Goals for Sustainability
6. Streamline the Referral Process
7. Establish Service Provision Protocols
8. Identify Referral Resources in the Community
9. Hire Key Personnel
10. Support Staff Through Training and Supervision
11. Establish Clear Staff and Program Protocols
12. Conduct a Pilot Period Prior to Full Program Implementation
13. Collect Data and Generate Reports
14. Conduct an Effective External Evaluation
15. Gain Media Attention

The key to success is to develop a solid plan for implementation of a hospital-based violence intervention program that functions as a "blueprint for action" during implementation of the program. This section outlines the 15 key steps in designing and implementing a hospital-based violence intervention program. Several key components identified by participants at the March 2009 National Network of Hospital-based Violence Intervention Programs Symposium have been included, as well as components that are reflective of the experience gained through implementing the *Caught in the Crossfire* program in both Oakland and Los Angeles.

STEP 1. IDENTIFY PARTNERS AND SECURE BUY-IN

Hospital-based violence intervention programs operate from the premise that there is a unique window of opportunity to make contact and effectively engage with victims of violent injury while they are recovering in the trauma center or Emergency Department. In order for these programs to be effective and run smoothly, ongoing engagement from all levels of stakeholders is critical. Everyone from the CEO to the ER and trauma doctors and nurses, as well as the medical social workers to the Injury Prevention Coordinators, needs to understand the program, how it works, what their various roles are in facilitating its success, and why it makes a valuable contribution to their own work.

List the institutional and community partners that are most likely to make the program work well. Think about components of institutions that may function as almost separate partners—for example, not just the local hospital, but also the hospital trauma center and the hospital social work department. Include representatives of all of the parts of the institution that are likely to be in contact with the youth you plan to provide services to.

Research and identify potential community-based partners that have an outstanding service reputation with the population you have selected; include influential community leaders and representatives of organizations doing similar work.

The most important partners are the ones you must enlist in working with you to get the program off the ground. A planning group of three or four is usually sufficient during the initial planning phase. You can add others at a later period.

Before you have selected your "team", meet with each person individually to talk about the program and assess whether s/he can bring essential resources to the effort. Invite those individuals to join the planning group whom you feel confident about working with over several years. Each one should share your vision, know how to work well with others, and bring key skills and connections to the process.

Key Recommendations:

- Secure buy-in from various levels of hospital staff and administration before the implementation of the program. Engage partners and stakeholders early in the process. Make sure that they are actively involved in the planning process, and continue to keep them involved during program implementation.
- Assess carefully hospital readiness and capacity to effectively support a hospital-based violence intervention program.

- Sell the program from the perspective of building the reputation of the hospital within the community. These programs can serve as part of the community benefit requirement of nonprofit hospitals, or be a part of a mission-driven hospital, creating a sense of seamlessness between the hospital and the communities it serves.
- Provide compelling statistics on the fiscal savings a hospital-based intervention program may create by reducing trauma recidivism due to violent injury among non-insured patients as a means of generating buy-in from hospital administrators.
- Institutionalize the program to help change the culture of the hospital and make it a standard of care, by implementing hospital-wide policies and procedures to support the program. Examples include regular presentations at new staff orientation, monthly in-service trainings for trauma staff, presenting at Grand Rounds, and scheduling a time/multiple times each day for a particular hospital staff member to check the trauma log for new referrals.
- Conduct frequent in-services to remind hospital staff about the program and referral protocols. Both new and veteran staff can benefit from in-services that reinforce the program goals and procedures, and offer an opportunity for a dialogue on what is working and areas for improvement.
- Highlight to hospital staff that the program brings new resources and services, and is not an attempt to replace existing ones. It is crucial to understand the roles and responsibilities of existing hospital staff in order to accurately describe how services enhance or work in tandem with what already exists.
- Staff should hear about the successes of the program in order to reinforce its value. Optimum forums for updates include regular department staff meetings, such as the Department of Social Services, Trauma Department, Emergency Department, etc. Ask to be put on as a regular agenda item so that updates can be given regularly. Have data ready to illustrate the problem, and research that shows the impact of the program design. Also, once the program is established, engage former clients to continue to market the program through personal testimonials. They can be an effective voice of the program, so that staff can see the personal impact of the program.
- Identify opportunities to change staff misconceptions and/or biases around violently injured youth/patients. There is often still a stigma attached to this population, and some staff may feel that they are undeserving of services. While some victims of violence are also perpetrators of violence, the hospital-based intervention can be an opportunity to break the cycle of violence, or the “revolving door.” Including clients in some of the meetings when updates are presented can be valuable, so that staff see firsthand the positive changes that results from program participation.

STEP 2. CONDUCT A NEEDS ASSESSMENT

A needs assessment is essential not only to document the problem you plan to address (i.e., youth violence), but also to inspire the resources you will need, such as administrators and funders—helping them to recognize the necessity of a hospital-based violence intervention program in order to curb the existing problem. A typical needs assessment includes collecting information about the population to be served, including demographic information on the youth and the communities they live in, as well as the rates of youth treated for violent injury at the hospital. Analyze the data with your partners. Look for trends over several years and/or see if there are differences among potential clients if the data are divided by race/ethnicity, age level, gender, etc. Use this data to develop the program plans (including plans for staff hiring and scheduling) and add planning partners, if necessary.

Figure 5: Steps Involved in Conducting a Needs Assessment

Step 1	**Identify community conditions and characteristics**	• Collect data on local hospital admissions for violent injuries, e.g., number per year for the past ten years and re-admissions, if possible. (NOTE: It may only be possible to secure admission data for the past few years—obtain data for as long a time period as possible.) • Collect data on demographic & injury characteristics of patients admitted, e.g. age, race/ethnicity, gender, nature of injuries, trauma admit vs. ER, length of stay, day and time of admission. • Collect data on demographic characteristics of community served by hospital, e.g., rates of assaults and homicides, income levels, racial/ethnic diversity.
Step 2	**Identify other potential partner agencies**	• Identify public and private agencies involved in providing services to violently injured patients either at the hospital or by referral from hospital staff including name of agency, key contact person, description of type of services and population served. • Identify public and private agencies serving youth at high risk for violence in the community and their family members including name of agency, key contact person, description of type of services and population served.
Step 3	**Conduct data analysis**	• Determine changes in rates of admissions and characteristics of those admitted over time by age, race/ethnicity, gender, nature of injuries, length of stay, time and day of admission. • Determine changes in re-admission rates, if possible, by age, race/ethnicity, gender, nature of injuries.
Step 4	**Prepare a report**	• Prepare a report about the data and findings for partners and for potential funders and other supporters.

STEP 3. DEFINE YOUR TARGET POPULATION

Selecting a target client population to serve helps determine the kinds of services your program will offer and where intervention efforts will be focused. Determine the age range that you will serve and whether this will be a "youth violence intervention program" or simply a "violence intervention program". This determination should be based on data provided through the needs assessment as well as the mission of your program or agency.

Key Recommendations:

- Using data from the needs assessment, define the problem of violent injuries in the target community or hospital service area. Use existing data sources to determine the target population. Common data sources used include the local or state Department of Health, hospital trauma registries, and the local police or probation department. Obtain data on the number of individuals treated for a violent injury each year at a particular hospital (ideally for the past few years in order to reveal trends), with a breakdown by injury type, gender, ethnicity, time and day of admission, etc.
- Determine inclusionary and exclusionary screening criteria, as often the demand will exceed the available resources. This can include restricting the age range and the geographic area. Depending on the expertise of your staff and other resources available within the hospital, you may choose to exclude cases resulting from sexual assault, family violence and/or domestic violence. You may also choose to begin by only offering services to patients who are admitted to the Trauma Department and not to patients treated and released by the Emergency Department without being "admitted" to the hospital. This will result in fewer initial referrals—allowing you the time you need to get the program up and running before receiving a flood of referrals. Additionally, you may choose to exclude based on offender status (i.e., if the patient is facing incarceration after hospital discharge), self-injury, psychiatric diagnosis or brain injury.
- Decide whether to extend services to family members and friends of the primary client. Recognize that clients are nested in families and communities, and determine the extent to which support will be extended to them as well. Programs need to be prepared for the impact of other violence issues within the family, such as domestic violence and child abuse. Social service agencies and community-based organizations that deal specifically with these issues should be part of the resource network to which staff can refer.
- Monitor and assess the target population and whether it needs to be modified once the program is underway, such as decreasing or expanding age requirements, etc. The public health model of violence prevention promotes this ongoing assessment of whether the services are addressing the need and effectively reaching the intended target population.

Step 4. Establish Program Goals and Objectives

There should be a distinction between the broad mission of your program (e.g., reduce re-injury and criminal involvement), measurable objectives (e.g., percentage of youth enrolling in school, getting jobs, receiving services) and the activities that support them. Establishing benchmarks can be helpful for tracking individual progress through the program, as well as tracking how well the program is meeting its overall goals. Sample benchmarks for these long-term goals include obtaining a G.E.D. or High School Diploma, completing a job training program, getting a job, or engaging with an afterschool program. As clients make progress, there should be a shift from short-term, crisis-driven needs (e.g., obtain Victims of Crime funding, getting medical bills paid, securing safe housing, increasing school attendance) to other benchmarks that relate to more long-term goals, such as improving educational attainment, employability, health status, social and professional skills, and building a sustainable support network. Initial benchmarks, however, are important and should not be minimized.

Key Recommendations:

- Set goals based on data, establishing baselines and trying to establish change targets.
- Consider some goals to be based on attitudinal changes, such as determination to find a job or complete education, etc. In these difficult economic times, some of the more concrete goals may be more difficult to achieve (e.g., obtaining employment). However, it is important to document effort the client makes toward achieving the goal.
- Establishing goals related to fostering strong individuals and healthy communities and not just preventing re-injury can help reframe the program as a health promotion model and not only a risk reduction model.
- Demonstrating "evidence-based" success of a program may take 10 years or more. It is useful to set surrogate or proxy measures instead of trying to measure direct effects.
- Individual case plans should be developed with clients, with completion of case plan precipitating graduation from or successful completion of the program. Individual case plans should meet the client where they are at and be tailored to their particular goals and personal objectives.

Step 5. Secure Funding and Set Goals for Sustainability

If you and those you are partnering with are passionate and informed about your mission, securing funding for a needs assessment, planning and initial implementation may be easier than you think. In the beginning, some people may be willing to provide in-kind services or volunteer. There may be resources within your own hospital or agency. Be sure to stay in open communication with the agency/hospital you are partnering with about your findings. Then look for government sources and private foundations that are interested in assisting this population for start-up funding.

In today's tenuous economic environment, securing sustainable funding can be particularly challenging. However, there are still numerous avenues to pursue for both initial and sustainable funding for hospital-based or hospital-linked violence intervention programs. The Internet and libraries have information about foundations and government funding programs. Gather as much information as you can about the specific types of programs each source is willing to support, the geographical

restrictions and the amount they are likely to give. When you have selected a prospect, find out the process for requesting funding, the deadlines, and what information they need in order to review a request. Although it's normally a good idea to allow six months to a year from your first contact with a potential funder to receiving a decision, some sources may have a quicker response time, especially for start-up funding.

Figure 6: Sources of Initial and Ongoing Funding

Initial Funding		
Private Funds Insurance foundations State foundations Community-based foundations Hospital foundations	**Public Funds** City and State Departments of Public Health Monies diverted from police/ criminal justice system	**In-Kind Contributions** ER staff time Volunteers Donations
Ongoing Funding		
Private Funds United Way local funding Insurance foundations, such as Blue Cross/Blue Shield Robert Wood Johnson Foundation State foundations Community-based foundations Hospital foundations Hospital funds Events Hospital seasonal giving campaigns Reimbursement for services	**Public Funds** **Local:** City funding, such as the General Fund; Local tax initiative funds; Department of Public Health; Department of Behavioral Health; budget earmarks **State:** Department of Public Health; Department of Commerce; Governor's Office **Federal:** Victims of Crime Assistance; Office of Juvenile Justice and Delinquency Prevention (OJJDP); Department of Justice; Department of Education; Bureau of Substance Abuse; Substance Abuse and Mental Health Services Administration (SAMHSA); Health Resources and Services Administration (HRSA); National Institutes of Health (NIH); National Institute of Mental Health (NIMH) Medicaid/Medicare billing codes	**In-Kind Contributions** Individual donations Donations from religious organizations Volunteers

STEP 6. STREAMLINE THE REFERRAL PROCESS

Most hospital-based and all hospital-linked programs will need to set up a referral protocol by which prospective clients are referred to a case manager. Without an efficient and organized referral process, clients will not be able to participate in the program and attain needed services. Federal legislation including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule require hospitals to protect patients' medical information. Thus, the referral process must conform to hospital HIPAA regulations. Patients must sign a release of information form to allow any information from their medical files to be shared. Programs that are hospital-based and staffed with hospital employees may bypass the referral process entirely and be able to see prospective clients directly.

Determine the staff position that is the best referral source is at the hospital. Most existing programs utilize social work staff, trauma outreach coordinators, and nurses to make referrals. Trauma Centers are often required to have a Community Injury Prevention Coordinator on staff, who is often optimum for providing referrals. A designated program liaison facilitates the smoothest possible interaction between other hospital staff involved in the program and non-hospital, community-based agency staff. They can troubleshoot barriers to effective communication and sort out other problems. It is essential that they believe in the program and want to see it succeed.

Key Recommendations:

- Ideally, prospective clients are met at bedside and assessed for eligibility before they are discharged from the hospital. If they are discharged before they can be assessed, persistent telephone follow-up can often result in uptake of services.
- Timing is important. The bedside after trauma provides for a "teachable moment" during which time a potential client is more likely to be amenable to change given that he/she just went through a major life event.
- The program's Intervention Specialist/Case Manager should make the determination of eligibility. If the medical provider has to determine eligibility it can create barriers to referral.
- If a patient is categorically ineligible for program services, such as living outside the geographic area served, they would still ideally receive an initial in-hospital visit whenever possible (with the purpose of providing emotional support and helping to prevent retaliatory violence), as well as appropriate referrals to agencies that are in their geographical area or would better suit their particular needs.

STEP 7. ESTABLISH SERVICE PROVISION PROTOCOLS

The structure of service provision depends on your program goals and objectives, reinforced by hospital policy and guided by regulatory principles. You are likely to develop your own tiers of services, clarifying which services are offered by program staff and to which services clients are referred. Having tiers of services helps assess the progress of the client and determine their level of need so that the appropriate level of services can be offered. Assessing the risk factors and needs of a client is crucial for determining level and length of service. Intervention Specialists should have appropriate tools for assessment risk level/needs of clients.

Key Recommendations:

- Define tiers of service (if appropriate), and the dose (i.e., frequency of staff contact) and duration (i.e., length of participation in the program) of services within each tier.
- Demonstrate flexibility with tiers of service as a client's needs change. As a client moves through the system, the level of services will change.
- Locate both internal and external resources for intervention. Once these resources are identified, develop the activities and materials that the program will provide, provide the necessary training for program staff, and determine the services that will require an external referral.
- After making referrals to outside agencies, continue to follow up with client and agencies to document success. Foster collaboration between agencies for coordination.
- Understand that clients may drop off from services for a length of time and then re-engage. Keep an inactive client file in the event that a critical event brings clients back into the program.
- Peer support is an important social mechanism for clients and opportunities for bonding as a group may be encouraged, such as bringing clients together on a regular basis for discussion of specific topics and "coaching". Additionally, opportunities to remain involved in the program post-graduation can be therapeutic for former clients. There are several mechanisms for graduate involvement including:
  - » Development of a youth advisory board to help new clients, provide input on services, and promote the program;
  - » Field trips where current clients and graduates can hang out socially.
  - » Client and graduate bulletin boards to mark important events in clients' lives, such as pictures of their kids, snapshots from events, and certificates of achievement.

Figure 7: Example of Tiers of Service

Wraparound Project, operating at San Francisco General Hospital, has identified 3 tiers of services. These separate tiers help case managers determine the level of need for each client and the corresponding level of service they will initially receive.

***Level 1**: Clients at low risk of re-injury or retaliation based on information gathered during the assessment who are not in need of case management services. These clients receive advocacy, such as help with Victims of Crime or Medicaid paperwork, and referrals to outside agencies for services.*

***Level 2**: During the assessment, multiple needs are identified, such as the need for social services, mental health counseling, or job training, but determined to be not at high risk for retaliation/re-injury. On-going case management is still necessary and clients remain in the program an average of 3-6 months.*

***Level 3**: These clients are at high risk of re-injury/retaliation based on their involvement in multiple systems, the drug trade and gangs. They require intensive case management services and are typically in the program 6 months to a year.*

STEP 8. IDENTIFY REFERRAL RESOURCES IN THE COMMUNITY

Typically, hospital-based violence intervention programs provide a combination of case management (professional or paraprofessional) and mentoring to support clients' progress toward healthier lives. Referrals to outside agencies for services are an integral part of case management; it is critical to understand what services are available in the wider community for clients to access. As opposed to merely handing the participant a sheet listing available resources, it is important that the case manager is actively involved in making the referral to an outside agency and accompanying the youth on initial visits/appointments.

Unless your organization already has a resource guide that you use with a similar population, you will need to create a format. Your resource guide can be stored in a computer database or in a three-ring notebook format. Each is easy to update and distribute, which is essential. If you already have a resource guide, you should identify potential resources that will allow your Intervention Specialists to meet client needs that are not met by your agency. It is helpful to list the resources in the guide according to categories that match your program goals (e.g., education, employment, mental health, physical health).

Program staff can take responsibility for contacting several potential resources and visiting their site. They should gather written materials about the program services, intake procedures, and costs for services.

Once a listing of essential resources is established, staff should continue to look for new resources. They should also listen closely to clients' reports about the quality of services and note any limitations in the resource guide. Any resources that do not meet the standards of your agency for quality service should be dropped immediately. Through a process of trial and error, you can weed out providers that do not meet a high standard of service or which are no longer providing services.

Intervention Specialists will ideally have strong relationships with partner agencies that may help to expedite the process of getting the participant enrolled in services. In addition, the participant is more likely to become firmly engaged with a partner agency if the Intervention Specialist actively facilitates the initial linkage to that service.

Key Recommendations:

- Some commonly used outside resources include job training and placement, mental health and substance abuse counseling, GED preparation, legal advocacy, tattoo removal and housing assistance. Check out resources first hand, building personal relationships with partnering agencies and assessing their stability and competence. The agencies should be visited periodically to continue to assess quality and appropriateness to clients.
- Have resources/partners present an overview of available services at staff meetings. Not only does this increase awareness of these services for program staff, but it also serves to build and maintain relationships between the program and this resource organization.
- Develop relationships before they are needed. It is helpful to establish a contact person at each agency so that there is an individual with whom to work and exchange information. Just as it is important to secure buy-in from hospital staff, securing buy-in from outside systems and agencies will help with the referral process and the coordination of services. Memorandums of Understanding can be a useful tool for specifying how the programs and systems will work together.

- Beyond traditional social service delivery agencies, it is important to develop relationships with individuals representing other systems, including schools, the juvenile and criminal justice system, and immigration services. Many clients will be involved with these systems already, making coordination of services an important part of the Intervention Specialist's role.
- It is important for the Intervention Specialist to follow up with providers after a referral has been made, in addition to providing transportation for the client to the first few appointments, until the client is able to manage keeping their own appointments.
- Engage hospital and medical staff to help advocate for ancillary programs that help support the overall violence prevention mission. For example, hospital staff may advocate for more job training centers if they know there is a gap in services for their clients.

STEP 9. HIRE KEY PERSONNEL

The program staff are the most important aspect of hospital-based violence intervention programs. All staff hiring decisions are important and help create a functional, productive work environment.

Particular attention should be paid to the hiring of Intervention Specialists - the employee who will have the most interaction with and influence on the clients the program serves. Assuming that you are seeking to establish a peer-based model (similar to *Caught in the Crossfire*), the Intervention Specialist must bring to the program first-hand knowledge of the neighborhoods where clients reside and also be able to grasp clinical concepts such as confidentiality, mandated reporting, and professional codes of conduct. The Program Director and Program Coordinator must bring to the program well developed organizational and leadership skills as well as a solid knowledge of social work principles and practices. Although a different set of skills is required for each of these positions, the staff hired will embody similar qualities. For example, the Intervention Specialist must not only be able to quickly develop the trust of clients and be able to navigate through their world without judgment, but also keep track of countless details and provide services of the highest standards. Similarly, the Program Director and Program Coordinator must not only know how to lead staff and implement programs, but also be able to communicate effectively with people from a variety of cultural backgrounds and have an excellent understanding of different cultural frameworks.

Recruiting the right individuals for this work may mean exploring alternatives to traditional job posting sites, particularly if the program is searching for paraprofessional interventionists with direct experience with or knowledge of street culture. Workforce Investment Boards, community colleges, religious institutions and other local resources may be helpful in identifying prospective employees.

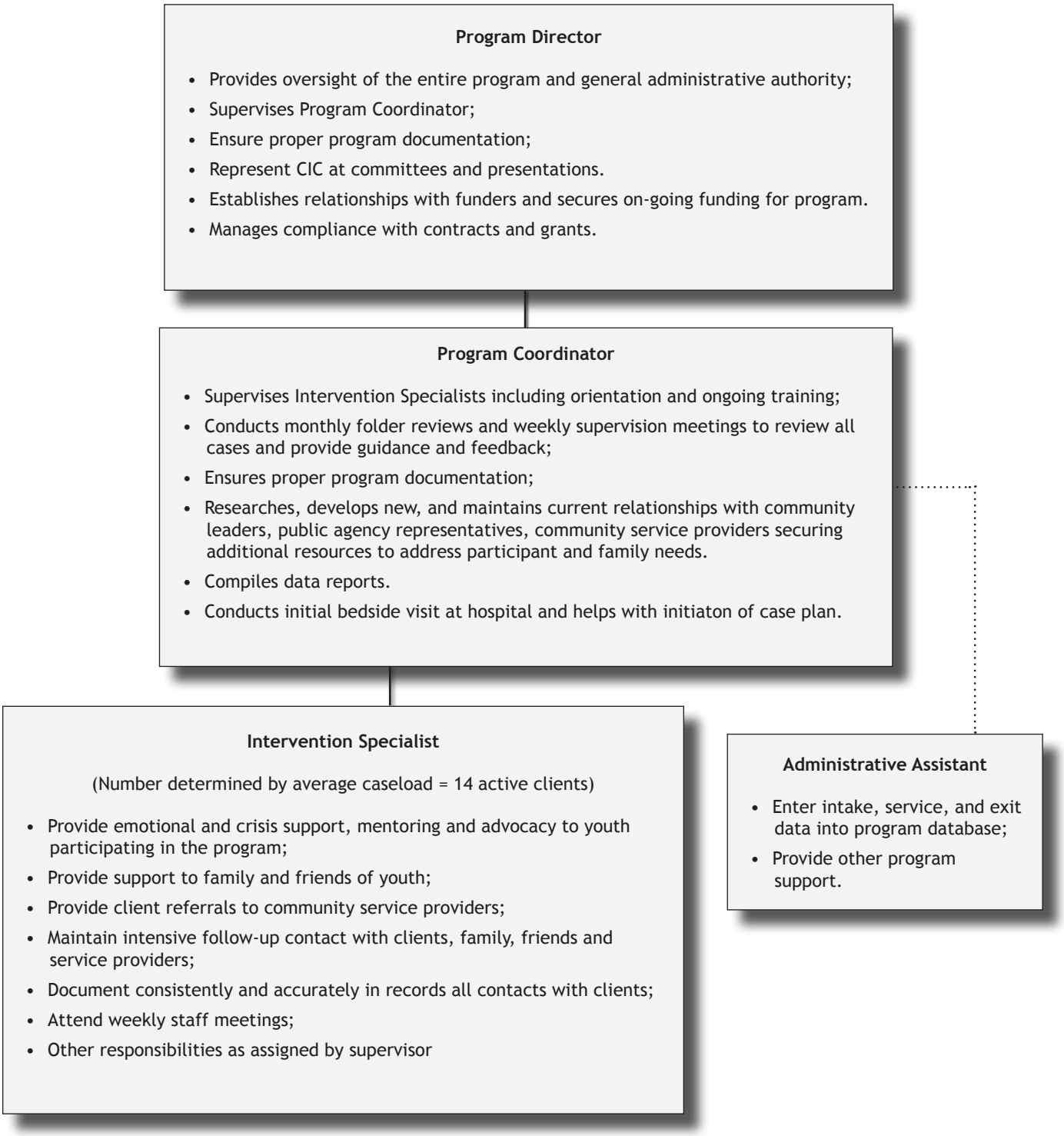
Hiring panels can be a useful tool, and can include current Intervention Specialists, a member of the Board of Directors, other hospital employees, and outside members of the community. Fully vet potential employees, taking into consideration things like body language during the interview, how long it takes to return a call, and overall demeanor. The interview establishes whether the prospective employee will be able to communicate effectively with clients, understand them, and serve as effective mentors, while being able to navigate through professional settings such as hospitals, county agencies and external community based organizations.

Key Recommendations:

- When hiring paraprofessionals with little formal workforce experience, it may be difficult to screen for acclimation to workforce (e.g., professionalism). The expectations of the position need to be clearly established during the hiring process (e.g., being on time, the protocol for calling in sick, etc.). In other words, the employee should not be set up to fail by assuming that they have experience working in a professional environment. Develop guidelines around work expectations that can be used for both prospective and current employees. Hold all employees to high professional standards to foster accountability and trust.
- Standard workplace policies, such as probationary periods and clear, detailed job descriptions, can help establish the expectations of the job and the consequences of not meeting those expectations.
- Staff salaries should be competitive. Research the salary range for Intervention Specialist positions with similar qualification requirements at other agencies in your community.
- Hiring program graduates to serve on staff requires additional staff resources and training. It may be necessary to establish a guideline for employees around how much time has passed since program graduation or any traumatic injury or criminal involvement.[17] Prospective employees who are still too connected to the street culture or who have recently left can jeopardize the credibility and reputation of the program, as well as the safety of clients.
- In term of matching clients to staff, life circumstances and then gender are often more important than ethnicity. However, one exception may be particular ethnic/cultural groups that are less acculturated to United States or a more insular community. In cases where the client and/or their family members are non-English speaking, it is preferable to match by common language.
- Credibility and knowledge of the street are crucial for Intervention Specialists in order to gain the trust of clients.

17 Some hospitals may be prohibited from hiring any staff with a criminal background. This may be a barrier for hiring outreach staff with knowledge of and prior experience with street life.

Figure 8: PROGRAM ORGANIZATIONAL CHART



This organization chart reflects only the *Caught in the Crossfire* program; additional program support is received from the Executive Director, Associate Director, Chief Financial Officer and other agency staff. Models initiated directly by a hospital may differ.

Step 10. Support Staff Through Training and Supervision

Staff members should receive a range of trainings and supervision activities. Particularly when employing a peer-based model and hiring people from the community who bring tremendous life experience and insight, but not necessarily much professional work experience, it is essential to set up an infrastructure that provides substantial support and training that will enable them to be successful in their work.

Training for staff should include initial program and agency/hospital orientation as well as ongoing opportunities for professional development and skills building (please refer to *Caught in the Crossfire* Training Program at the end of this section for a complete listing of trainings received by *Caught in the Crossfire* staff). When initially starting up a program, the Intervention Specialists will need to "hit the ground running", but should start with a smaller caseload and slowly increase the number of clients as they become more accustomed to the work. If at all possible, it is helpful to have them shadow staff from other hospital-based programs (check out http://www.youthalive.org/network/ to find a hospital-based program near you). Once your program has been operational and you are in the position of adding on new staff, it is recommended that you have new Intervention Specialists shadow experienced Intervention Specialists for a minimum of one month (and sometimes longer, depending on the level of case management experience they have) before managing a caseload on their own.

Intervention Specialists should have weekly supervision meetings with their direct supervisor to review all cases, in addition to having their supervisor review their documentation/conduct folder reviews on a monthly basis. Intensive regularly scheduled supervision and support is crucial for these programs. In addition to this structured supervision, the Intervention Specialist should maintain frequent contact with his/her supervisor by cell phone when out in the field. When working with violently injured youth, it is easy for the Intervention Specialist to enter a "crisis response" mode. Effective supervision can help the Intervention Specialist manage the crises that emerge while still staying focused on the "big picture" of working with their clients to achieve their short and long-term goals. In addition, weekly team meetings provide an excellent forum for staff to discuss both challenging and successful cases, allowing them to benefit from each other's experience.

Key Recommendations:

- Employees in this field need tremendous support, both in terms of professional development and therapeutic supervision. Working with violently injured youth, particularly for staff members who have experienced violence in their own lives, can lead to significant emotional stress and sometimes burnout. Service plans, or self-evaluation tools, can be useful for staff professional development and ongoing supervisory support around cases is crucial. Other components such as job shadowing, new employee buddy systems, updated policies and procedures manuals, and case management manuals can reinforce training for new employees as well.
- Team morale is an issue when a staff member is not held accountable; there must be a balance between employee support/development and accountability to the program. Procedures for handling poor performance, violations, and other employee issues should be clearly defined and explained to employees. If staff are employees of the hospital, the Human Resources Department may be a part of these procedures, and they may have specific guidelines and policies of their own that must be incorporated into any disciplinary process.
- Encourage staff to pursue certifications through training (e.g., conflict mediation, substance abuse counseling). Workforce Investment Boards may offer funds for certification trainings.

- Look for opportunities to build morale, camaraderie, and trust between staff. This could involve formal activities, like staff retreats, as well as more informal activities, such as serving food at staff meetings.
- Explore community colleges in your area to see if they have any relevant courses. Youth ALIVE! identified two semester-long courses at a local community college that provide ideal training for Intervention Specialists: 1) Case Management for Para-professionals, and 2) Counseling for Para-professionals. Youth ALIVE! requires all new staff who do not have at least one year of full-time case management experience to complete these courses during their first year of employment. The agency covers the cost of tuition and fees, and class time is counted as work time.

CAUGHT IN THE CROSSFIRE TRAINING PROGRAM

I. Orientation

Caught in the Crossfire provides intensive training for all new staff members as they are hired and ongoing staff development trainings to build the professional skills of all staff regardless of their length of employment.

Newly hired Intervention Specialists "shadow" a more experienced Intervention Specialist for at least the first month. Through this process, they take part in every phase of the program and get a better handle on the meaning of the work. Within the first week, the new employee participates in and receives an orientation that covers the following areas and is facilitated by the following staff members:

- The agency's history, mission, public health approach to violence prevention (Executive Director)
- Gunshots video
- Day in the Life or description of a typical day of work (Intervention Specialist)
- Office management (Administrative Assistant)
- Human resources, including payroll, benefits, policies, and insurance (Director of Human Resources)
- Agency structure, performance standards, reviews (Program Director)
- *Caught in the Crossfire* program details:
  - » History (Program Director)
  - » Program description including referral sources, population served, services provided (Program Coordinator)
  - » Protocols, documentation, & meetings (Program Coordinator)
  - » Shadowing plan, including introduction to other service providers (Program Coordinator)

In addition to the initial orientation, new staff development also involves trainings with external agencies and trainers (or potentially your own agency staff, depending on areas of staff expertise). In addition to the basic agency and program orientation sessions, new staff should receive training in the following areas within the first month of employment and periodically thereafter:

- Post Traumatic Stress and Mental Health
- Case management
- Community social work
- Child Protective Services (Mandated Reporting)
- Confidentiality and privacy (HIPAA regulations)
- Cultural competency
- Effective communication
- Orientation from your major institutional partner(s), e.g., hospital confidentiality guidelines and other special requirements of working in the institution (if your program is hospital-linked, Intervention Specialists will likely be required to complete the hospital volunteer training)
- Resource identification
- Staff counseling skills development
- Home visitation safety issues

II. Ongoing Training

Ongoing professional development trainings are provided monthly. Topics for these trainings have included:

- Hospital orientation, e.g., hospital standards and code of conduct, hospital paging system, safety, and confidentiality (Hospital Staff)
- How to work with the media (Berkeley Media Studies Group)
- Working With Lesbian, Gay, Bisexual, Transgender and Questioning Youth (Local agency)
- Highland Hospital Sexual Assault Advocacy (Hospital Sexual Assault Staff/Department of Medical Social Services)
- Domestic violence-warning signs and resources (Local Trainer)
- Substance abuse-warning signs and resources (Local Trainer)
- Sexual abuse-warning signs and resources (Local Trainer)
- Gang Awareness (Local Trainer)
- Youth Development Principles and Practices (Local Trainer)

- Sexually Exploited Minors (Representative of Child & Protective Services Agency)
- School District Disciplinary Hearing Panel (Panel Members)
- Anger management/conflict resolution (Certified Facilitators)
- Cultural competency (Certified Trainer)
- CPR (Hospital)
- Hospital Procedures – Confidentiality/HIPPA (Hospital Staff)
- Navigating the Courts—Alameda County District Attorney's Office
- Self-care/avoiding burnout (Local Trainer)

In addition to receiving training in the areas above, the Program Director and Program Coordinator receive training in the following areas:

- Supervision: Helping People Achieve Results
- Resolving Conflict with Employees
- Writing skills development
- Public speaking
- Database software

STEP 11. ESTABLISH CLEAR STAFF AND PROGRAM PROTOCOLS

It is essential to set clear staff and program protocols when setting up your program. The following is a summary of responsibilities and protocols for *Caught in the Crossfire* staff reflecting various aspects of the program.

Protocols for Intervention Specialists

- "Check in" with Program Coordinator daily as the first thing in the workday. Discuss planned activities for the day. The workday should start and end at the office, unless early morning or late afternoon appointments are scheduled. If you are starting the workday outside of the office, the Intervention Specialist must call the Program Coordinator by 8:30 A.M.. If the Intervention Specialist will be outside of the office for more than two hours, s/he must call every two hours.
- On days that the Intervention Specialist will not be able to come to work or will be late to work, the Intervention Specialist must call and leave a message on Program Coordinator's voicemail at least one hour before being scheduled to start. If the Intervention Specialist has appointments that need to be covered and cannot reach the Program Coordinator or Director, the Intervention Specialist should discuss it with the Program Director. Exceptions are made for emergencies.
- Agency cell phones must be on during the day (except when in a meeting or such) for easy communication. All messages should be returned as soon as possible.

- Intervention Specialists are required to check their "in-box", e-mail and voice-mail regularly.
- The Program Coordinator should be notified of all changes in the Intervention Specialist's schedule.

Protocols for Hospitalized Patients

After receiving a new hospital patient referral from the Community Injury Prevention Coordinator, the Program Coordinator (and Intervention Specialist when available) will arrive at the hospital within one hour. During the initial interview with the patient, the Program Coordinator and Intervention Specialist focus on the following:

1. Establish a connection and trusting relationship with the patient
2. Provide emotional support and addressing any immediate needs the patient might have (i.e., understanding what is going on, making them as comfortable as possible, helping them follow-up on contacting family, etc.)
3. Introduce the programs benefits to the patient (be simple and brief)
4. Review the incident and any needs
5. Learn how long they expect to be in the hospital
6. Assess and reduce the risk of retaliation
7. Develop a plan to stay safe following discharge
8. Establish a plan for follow-up
9. Give program information, including your card, to the patient and any friend or family member there.

Initial interview documents should be completed as thoroughly as possible immediately after every initial visit with a patient.

Protocols for Follow-up (Post-Discharge)

No more than three days after leaving the hospital, the Intervention Specialist will contact the patient to schedule a home visit. The Intervention Specialist should continue to contact the patient and family at least weekly for four weeks. If unsuccessful, the case should be referred to the Program Coordinator.

The Program Coordinator accompanies the Intervention Specialist on initial home visits. The Coordinator and Intervention Specialist should be prepared and on time for all home visits and should bring extra descriptions of the program, business cards, pens, paper and your planner/calendar. During the initial home visit, *Caught in the Crossfire* staff in partnership with the injured youth and family, if applicable, will:

- Inquire about additional community based agencies working with the family.
- Establish a "service plan" with participant and hospital MSW, if possible.
- Revise the service plan as often as needed.

Protocols for Active Clients

- Contact community based organizations and discuss the role of *Caught in the Crossfire*, client concerns, and relationship between the client, *Caught in the Crossfire* and the community based organization.
- After getting a consent form signed, retrieve class schedule and attendance record from school (if participant is not enrolled in school, contact school district or educational program for new enrollment).
- Intervention Specialists must physically go to participant's school at least once per week; if applicable, the Intervention Specialist should meet with participant, teacher, and/or counselor.
- Maintain contact with parents at least once per week.
- Visit participant at least once per week including at school.
- Call participant at least twice per week.
- Prepare the participant for the closure of their case before the 6th month of their participation in the program. Consult with the Program Coordinator if it is necessary to continue the case beyond the six month program period.

Protocols for Supervision and Meetings

Schedule biweekly staff meetings with the entire *Caught in the Crossfire* staff. The following will be addressed at each meeting:

1. Reviewing appointments/ responsibilities for the week,
2. Brainstorming on participant issues/needs,
3. Sharing information on referral sources,
4. Sharing information on relevant current events,
5. Bringing up any other issues/ideas and concerns.

The Program Coordinator will schedule weekly supervision meetings with each Intervention Specialist. These meetings will include:

1. A general check-in,
2. A review of cases and progress made toward reaching goals,
3. Bringing up any other issues/ideas and concerns.

In addition, a hospital-linked violence intervention program with more than one project may schedule biweekly agency staff meetings. Intervention Services staff should present a case during this meeting, and be prepared to discuss difficulties, successes, challenges and even fears with staff. Other agency staff will provide feedback and suggestions.

Protocols for Documentation

- Document immediately, consistently and briefly any attempts that are made to contact a participant and the results of those attempts (e.g., left message, phone disconnect, spoke with sister).
- Keep daily tally of all phone calls, in-person contacts, and time spent with participants or service providers.
- Maintain accurate and up-to-date case notes on interactions with participants or service providers.
- Document, prioritize and respond to all messages received on your cell phone, agency voicemail, and email within a 24-hour period.
- Maintain accurate and up-to-date time sheets and mileage records.
- Turn in mileage forms, check requests, and timesheets on time.

Protocols for Presentations

- The Program Director should be consulted when staff receive requests to present on behalf of the agency or program. The Program Director will assist in prioritizing the presentation within the Intervention Specialist's workload and will assist the Intervention Specialist of Program Coordinator in preparing presentation.
- All materials needed for presentations should be prepared in advance, including handouts and current statistics.
- A presentation record form should be completed after every presentation.

Protocols for Petty Cash

Intervention services often have a petty cash fund to be used for the following:

- Emergency food for participants
- Purchasing legal documents (birth certificates, identification, police reports, etc.)
- Emergency transportation (bus tickets, bus passes)
- Parking reimbursement for staff
- Emergency reimbursements

Staff are required to sign for any money attained from petty cash and return a receipt for all money used. Reimbursement or cash withdrawn from petty cash cannot exceed $55.00. Any reimbursement exceeding $55.00 must be submitted via check request. Requests must be submitted according to the normal check request schedule.

Open Door Policy

Intervention Specialists' offices should be open at all times, unless they are meeting with program participants or their family members. During these meetings, Intervention Specialists should post a note on their door informing the rest of the staff that a meeting is in progress. The Program Coordinator's door should be closed during supervision with all staff for respect and privacy. Having open doors helps foster a team atmosphere.

Emergency Protocols

In case of emergency, the Program Director and Program Coordinator should be available by cell phone 24 hours per day.

STEP 12. CONDUCT PILOT PERIOD PRIOR TO FULL PROGRAM IMPLEMENTATION

Initiate the program by serving a smaller number of clients than is indicated by the needs assessment. A pilot phase, which can last one year or even longer, provides the opportunity to test the program design in your community. In addition, it provides a clearer sense of the resources needed in terms of effort, coordination, staffing levels, access to services, additional resources to move into full program implementation. The pilot period can limit the number of clients served by caseload size, age range, geographical area, or whether they are admitted to the Trauma Unit or treated and released by the Emergency Department.

During the pilot period, the program should assess resource development needed for full implementation and develop a plan for expansion.

STEP 13. COLLECT DATA AND GENERATE REPORTS

Collecting data about clients, program processes, and the outcomes is vital. In addition to providing information for funders and other supporters, it provides a means to periodically check progress of the program. Periodic performance feedback will assist in assessing progress toward achieving the intended outcomes. The data and analysis is intended to assist with program adjustments and maximize the quality of services that are offered to the community. For example, even though it may feel as though little or no progress is made, a report about how many people have been linked to community services in the past month can often be encouraging. Similarly, reports from a database can also highlight areas needing improvement.

Assessment of violence intervention programs will provide quantitative and qualitative data regarding outcomes, client demographics, participation, and key accomplishments. The assessment utilizes a number of data collection strategies including referral forms, intake assessments, case plans, case management and collection of data from public agencies. Individual participant data will be collected to assess demographics and participant goals. Over time, data will be tracked to assess level of client achievement in relation to need.

Every month, each Intervention Specialist completes a **monthly report form** (Appendix B: Monthly Data Form). This form, which serves as the basic charting form, ensures that the Intervention Specialist

conveys specific information about services provided and changes in participant status (e.g., enrolled in job training) during the preceding month. When a participant is no longer involved in the program, the Intervention Specialist notes that on the form.

The Program Coordinator reviews each intervention specialist's client folders on a monthly basis in order to insure that services are being provided in the most effective and efficient manner possible.

Data Entry (database)

Whenever a **referral form** is received at the office, the agency's Administrative Assistant can immediately enters the data into a specially designed database.[18] Also, the Administrative Assistant enters the data from the **monthly report** forms each month. Periodically, the Administrative Assistant and the Program Coordinator conduct quality assurance checks on the data by review the database files for current clients and looking for possible errors.

Data Reports

The Administrative Assistant generates monthly data reports (Appendix B: Monthly Program Update). The database includes specific "queries" that produce reports such as the number of newly injured youth were referred the previous month or the previous quarter. Due to limitations of the database, more complex data reports must often be hand counted.

Program Data

As highlighted above, data collection and reports can serve many useful purposes. One purpose is to identify programmatic issues that need to be addressed and conveying that information back to staff, usually as part of weekly staff meetings. Another is to highlight program progress for current and potential funders as well as the news media. A third purpose is to provide information that can be used in research and publication of findings as part of the building of the knowledge base about effectiveness and lessons learned of hospital based violence intervention programs.

Building in Process & Impact Evaluation & Ongoing Trainings

Evaluation of programs provides for continuous feedback to maximize program services. The initial objectives of the violence intervention project provide a measurable basis for evaluation. Suggestions for process and outcome measures may include:

1) Total number of participants in the program annually;

2) Total number of youth admitted to the hospital and total number of youth referred to the program by hospital staff within 24 hours of admission;

3) Total number of family members and friends contacted by the Intervention Specialists;

18 *Caught in the Crossfire* hired a consultant to develop its database, using the Microsoft Access program. There are many database programs available. Key to the development process is to plan as carefully as possible before you develop your database. Know what data fields you absolutely require and what fields you would like. Think about the kinds of questions or queries you would like to have answered using the database. You can almost always add or delete fields, but those changes mean that you will have missing data for the clients already entered in the database unless you can find the data in case files and have the human resources to update your database with this information.

4) Number of contacts and home visits from Intervention Specialists;

5) Number of youth receiving specific program services such as documentation assistance, legal advocacy, counseling, referrals to medical services, job training, or transportation;

6) Number of participants who demonstrate positive lifestyle changes such as bonding with a positive peer role model, improved school attendance and improved employment training and anger management skills;

7) Percent of youth at-risk for or affiliated with a gang or tagging crew or who demonstrate delinquent behavior, who no longer participate in delinquent activities;

8) Percent of youth under age 18 years who are enrolled in an educational program leading to a high school diploma or GED;

9) Percent of youth ages 18 and older, who enrolled in school;

10) Number of youth, ages 18 and older who are employed;

11) Number of youth arrested within one year following the initial injury;

12) Number of youth re-hospitalized for a violence related injury within one year;

13) Number of youth killed as a result of violence within one year following initial injury.

Records of progress toward meeting objectives should include not only the quantitative information from the program database, but also qualitative information such as records of meetings, staff and client satisfaction surveys, and interviews with selected staff and/or clients. Reports can be compiled based on an analysis of the data. Most organizations periodically produce reports about clients served throughout the year and then a final evaluation at the end of a grant period.

STEP 14. CONDUCT AN EFFECTIVE EVALUATION

Clearly, evaluation plays a critical role in establishing whether a program is successful in meeting its goals and objectives. Stakeholders such as funders and hospital Boards of Directors are interested in knowing whether the program is cost-effective. Existing programs are interested in tapping into the evidence-base in order to improve their programs, while emerging programs would like to have best practices to help guide their implementation. *Caught in the Crossfire* and other hospital intervention programs have used evaluations in a number of ways, including:

- Promoting our model of service delivery to funders, hospital administrators, and other stakeholders;
- Making programmatic changes;
- Standardizing service provision;
- Identifying and examining intermediate outcomes;
- Identifying areas for professional development of staff, such as in-services to build capacity;
- Determining what partners are needed for collaboration;
- Presenting results to local government and other funders and leveraging results to retain or obtain funding, and;
- Estimating the cost of the program for cost-benefit analysis.

However, evaluation is not an easy task and requires a commitment from all levels of staff, which includes a willingness to participate in data collection and to comply with reporting requirements. Evaluation should be built into regular program activities. It is useful to think of evaluation on three levels: formative evaluation, process evaluation, and summative/outcome evaluation. Formative evaluation is conducted as the program is getting started to make sure that targets are being met and that implementation is running smoothly; process evaluation tracks progress toward larger agency goals, and; summative/outcome evaluations attempt to measure what worked in the program and whether agency goals were met. Before considering working with an outside evaluator to conduct a summative/outcome evaluation, allow your program and staff the time to develop in order to ensure that you are actually evaluating your program model as it is intended to be implemented with fully trained staff.

Key Recommendations:

- As with many health and human service interventions, there are major methodological issues associated with evaluating their effectiveness. These include the dose of the intervention sometimes being difficult to measure; sample sizes are often small; threats to validity, including diffusion, regression to the mean, and loss to follow-up. Evaluation designs should be creative and methodologically sophisticated to counter some of these issues. Whenever possible, incorporate strategies such as triangulating data (i.e., obtaining data from more than one source) to strengthen the results of the evaluation. The integrity of the evaluation helps protect the integrity of the program and can be a powerful tool for program sustainability.
- Build accountability and set high expectations for reporting and data entry requirements for all levels of staff. Incorporate evaluation into program materials and staff training, and engage staff early in order to secure buy-in. Daily documentation and case notes are an important part

of ongoing evaluation and should be kept up to date. Ensure that they understand that these processes are beneficial to them, the clients, and the potential for replication and expansion to serve more youth if results are positive, and improvement in the program for clients, otherwise.

- Engaging graduate students and university-based research departments in evaluations of the program can help share the burden of evaluation and bring additional expertise to the process. Many undergraduate and graduate students are required or encouraged to complete internships, and it may be possible to utilize this resource for evaluation activities. However, staff may see these people as "outsiders", and will need to have an understanding of the utility of evaluation for them, their clients and the program in order to facilitate trust and compliance between the evaluator and staff.
- When considering hiring an outside evaluator for an outcome evaluation, find an evaluator who will work well with the program and its staff, as well as the clients. This population can be difficult to follow-up with for multiple reasons, and the evaluator needs to fully understand this difficulty, be persistent, and be culturally competent. Including direct service staff in the hiring process of an outside evaluator is beneficial because they will have a good sense of who would work well with the client base, and including them in this process can increase their buy-in to the entire evaluation. Additionally, case managers will often assist evaluators—helping to set up interviews, accompanying the evaluator on follow-up visits—so trust and accountability needs to be fostered between staff and the evaluator as well.
- In order to demonstrate long-term success of the program, evaluations need to measure the extent to which effects persist years after program involvement. In other words, it is important to be able to track down clients, even years after they left the program. This is true for clients who successfully completed the program, as well as those who self-terminated before program completion. Encouraging clients and even providing some incentives to notify the program when there is a change of address will help keep records current for when follow-up is needed. Offering a monetary stipend for completing follow-up interviews is another important tool to consider as well. Given the transient nature of the client population, this can be a significant challenge, and one that must be taken into account when planning any evaluation.
- Look at data to determine who benefited the most from services. Stratify the data to determine what dose/duration was most effective and for whom. This ongoing assessment of the program will help to refine and strengthen service delivery and identify areas for improvement.
- Creative research designs are necessary for addressing data limitations inherent in studies with small sample sizes. Programs should always be engaged in refining evaluation and research methodologies to capture successes of program in order to build the evidence base.
- Some concrete benchmarks may not always be reached, such as employment. However, it is important to measure attitudinal change toward a different lifestyle and continued efforts and determination to reach concrete goals.
- The evaluation process is circular, not linear. Stakeholders, and especially funders, will want to see results of an evaluation followed up on, expanded, and replicated.

STEP 15. GAIN MEDIA ATTENTION

Capturing media attention about the program helps to inform your community that the program is in place and working to address a serious problem. Media coverage can alert potential funders, particularly individual donors, and acknowledge current funders. It is a good way to celebrate the launching of the program or its successes after several years. Reporting about a particularly effective staff member is a great way to encourage his/her work in the field; highlighting a client as a "success story" is often attractive to the media and can help you promote your program and your message. For assistance and obtaining additional materials, go to the Berkeley Media Studies Group web site, www.bmsg.org.

Figure 9: Steps to Reaching the Media

Step 1	Define your message so that you can speak clearly & concisely about the purpose and value of the program	• Determine what about the program is newsworthy; • Specify the ways it most directly affects the news audience; • Identify 2-3 key messages • Produce a list of brief talking points that will grab the attention of reporters.
Step 2	Focus your outreach so that you can reach the media sources most likely to respond	• Produce a list of the print and electronic media you want to reach, including contact information for reporters most likely to report on your program • Produce and distribute a news release of 2 pages or less that covers your program's key messages
Step 3	Follow-up so that your message isn't lost in the flood of information media sources receive	• Within two days after sending out the news release, call your contacts (this is called "pitching."). The best time to pitch a story to print reporters is between 10 AM and 1 PM. Most television stations change shifts between 11:30 AM and 1 PM, so avoid calling during this time.

CONCLUSION

Beginning intervention at the hospital bedside—particularly when that intervention is provided by individuals from the community who have overcome violence themselves—offers a unique window of opportunity to reach violently injured youth at a moment when they are often more open to making lifestyle changes that will prevent retaliation and re-injury. Since establishing the *Caught in the Crossfire* program in 1994, Youth ALIVE! has been committed to continually seeking ways to improve our own program model and level of staff support, and to working with other individuals and institutions across the country that are similarly committed to preventing violence.

It is particularly gratifying to see that the numbers of hospital-based violence intervention programs across the nation—and even across the world—are continuing to grow. Please keep in touch with us as you establish your program. It benefits all of us to be able to learn from each other's successes and strategies for overcoming obstacles in this important work.

As previously mentioned, Youth ALIVE! is available to provide technical assistance and training either by phone or in person to help translate our experience into a different setting. Please call us at 510-594-2588 or email mail@youthalive.org if you want to discuss the type of technical assistance that would work best for you.

> "My *Caught in the Crossfire* caseworker was the first person who made me realize that my life is worth saving."
>
> – 17-year-old *Caught in the Crossfire* participant

CAUGHT IN THE CROSSFIRE

Appendices

APPENDIX A

A. Job Descriptions

- *Caught in the Crossfire* Program Director
- *Caught in the Crossfire* Program Coordinator
- *Caught in the Crossfire* Intervention Specialist/Case Manager

Caught in the Crossfire Program Director

Job Description: This position is responsible for the management of intervention and follow-up services provided by *Caught in the Crossfire*, a program of Youth ALIVE! Youth ALIVE! is a non-profit organization dedicated to reducing violent injuries and deaths to youth in California by involving youth in developing solutions to violence. *Caught in the Crossfire* (CIC) is a youth violence prevention program providing peer mentoring and case management to youth hospitalized for violent injuries, juvenile violent offenders, and high school students involved in violence. This position is supervised by the Youth ALIVE! Associate Director.

RESPONSIBILITIES:

- Supervise all CiC Staff (supervision of Intervention Specialists will include: checking in with staff at the office first thing in the morning & at the end of each day; checking in with staff by cell phone throughout the day; ensuring that monthly reports are turned in on time & that client folders are up-to-date; ensuring that client data entry is up to date; conducting annual performance reviews)
- Assign cases to CiC staff and oversee follow-up, and continuity of services for all referred participants; update client referral log on a daily basis & caseload lists on a weekly basis
- Oversee necessary documentation (client folders & reporting)
- Facilitate bi-weekly CiC staff meetings & plan monthly in-service trainings
- Oversee Program Coordinator's training of all new CiC staff
- Serve as primary liaison for all hospital referrals (check in with hospital contact daily) & conduct all initial visits with hospital-referred participants
- Provide CiC program services to youth when staff is unavailable (due to vacation or illness) or following staff turnover
- Participate in provision of technical assistance to agencies/institutions replicating the program
- Assist Associate Director with compiling funders' reports and program evaluations
- Oversee ongoing updating of *CiC Resource Guide*; research, develop new, and maintain current relationships with community service providers to secure additional resources for program participants
- Represent the program and the agency at committees and network meetings
- Assume other responsibilities as assigned by supervisor.

QUALIFICATIONS:

- Program management/coordination experience preferred
- Ability to carry out administrative tasks on time and in a professional manner
- Violence prevention policy & media experience preferred
- Experience & commitment to working with at-risk youth
- Strong written and verbal communication skills
- Well-organized and demonstrated ability to prioritize
- Ability to present self & program in a professional manner
- Ability to work well in a team environment
- Ability to work well with many different kinds of people
- Must have reliable transportation & be insurable as a driver

- Ability to work some evenings & weekends as needed
- Ability to work in stressful situations
- Computer skills (proficiency in Word, Access & Excel preferred)
- High School Diploma or GED required; B.A.or B.S. preferred
- **Applicants with personal experience in overcoming violence/ violence-related injuries/ the criminal justice system are encouraged to apply.**

This is an exempt position.

Caught in the Crossfire Program Coordinator

Job Description: This position is responsible for the coordination and administration of intervention and follow-up services provided by *Caught in the Crossfire*, a youth violence prevention program providing intensive case management & mentoring to youth involved in violence, as well as the field training of program staff, resource development and report writing.

RESPONSIBILITIES:

- Provide intensive case management, mentoring and advocacy to 8-10 youth involved in violence (youth hospitalized for violent injuries and high school students at risk of suspension);
- Provide client referrals to community service providers;
- Maintain intensive follow-up contact with clients, family and service providers through frequent home visits and telephone contact;
- Document consistently and accurately in written and computerized records all contacts with clients;
- Write all program reports to funders;
- Oversee monthly report data entry and report generation (performed by Office Manager) as well as Measure Y data entry (performed by CiC staff);
- Facilitate field training of all newly hired Intervention Specialists;
- Research, develop and maintain relationships with community service providers to secure additional resources for program participants;
- Oversee ongoing updating of *CiC Resource Guide*; research, develop new, and maintain current relationships with community service providers to secure additional resources for program participants
- Manage *Caught in the Crossfire* petty cash;
- Supervise *Caught in the Crossfire* staff in the Program Director's absence;
- Represent *Caught in the Crossfire* at community meetings and participate in violence prevention efforts with other providers as assigned;
- Participate in weekly staff meetings;
- Represent Youth ALIVE! to the media, public officials, community leaders, etc. on strategies to prevent gun violence and improve services to youth;
- Other responsibilities as assigned by supervisor.

QUALIFICATIONS:

- Strong case management experience required;
- Demonstrated commitment to working with youth;
- Knowledge of urban youth issues, specifically youth violence;
- Demonstrated ability to work independently and as part of a team;
- Ability to take constructive criticism and work well with supervision;
- Ability to work well with diverse populations;
- Punctual & extremely reliable;
- Highly organized and detail-oriented;

- Must be able to present self and program in a professional manner;
- Flexibility to work some evenings & weekends;
- Ability to work in stressful situations;
- High School Diploma or GED required; B.A.or B.S. preferred;
- Must have reliable car and DMV clearance;
- **Applicants with personal experience in overcoming violence/ violence-related injuries/ the criminal justice system are encouraged to apply.**

Salary and Benefits: Competitive salary (starting salary dependent upon experience). Full time (40 hours per week plus occasional overtime) non-exempt position. Benefits include: Medical/Dental/Vision/Vacation/Sick Leave/ Retirement/Educational Reimbursement

This position is supervised by the Program Director of ***Caught in the Crossfire***.

Intervention Specialist/Case Manager

Caught in the Crossfire (a program of Youth ALIVE!)

Job Description: This position is responsible for the provision of intensive case management and peer mentoring services provided by *Caught in the Crossfire*, a youth violence prevention/intervention program of Youth ALIVE! that provides peer-based bedside visits and intensive home-based follow-up services to youth who have been hospitalized for violent injuries at Highland Hospital. Youth ALIVE! is a non-profit organization founded in 1991 dedicated to preventing violence and generating youth leaders in California communities.

RESPONSIBILITIES:

- Provide intensive case management, mentoring and advocacy to youth involved in violence (youth hospitalized for violent injuries and high school students at risk of suspension);
- Provide client referrals to community service providers;
- Maintain intensive follow-up contact with clients, family and service providers through frequent home visits and telephone contact;
- Document consistently and accurately in written and computerized records all contacts with clients;
- Represent Youth ALIVE! to the media, public officials, community leaders, etc. on strategies to prevent gun violence and improve services to youth;
- Participate in violence prevention efforts with other providers as assigned;
- Other responsibilities as assigned by supervisor.

QUALIFICATIONS:

- Demonstrated commitment to working with youth;
- Knowledge of urban youth issues, specifically youth violence;
- Demonstrated ability to work independently and as part of a team;
- Ability to take constructive criticism and work well with supervision;
- Ability to work well with diverse populations;
- Punctual & extremely reliable;
- Highly organized and detail-oriented;
- Must be able to present self and program in a professional manner;
- Bilingual Spanish strongly preferred;
- Flexibility to work some evenings & weekends;
- High School Diploma or GED required; B.A.or B.S. preferred;
- Must have reliable car and DMV clearance;
- **Applicants with personal experience in overcoming violence/ violence-related injuries/ the criminal justice system are especially encouraged to apply.**

Salary and Benefits: Competitive salary (starting salary dependent upon experience). Full-time (40 hours per week) non-exempt position. Benefits include: Medical/Dental/Vision/Vacation/Sick Leave/Retirement/Educational Reimbursement

To Apply: Send cover letter and resume to: Emilio Mena, Program Manager, Youth ALIVE!, 3300 Elm Street, Oakland, CA 94609 or email to: emena@youthalive.org No phone calls please.

This position is supervised by the Program Manager of *Caught in the Crossfire*.

Youth ALIVE! is an at-will and equal opportunity employer.

APPENDIX B

B. Program Forms

- Hospital Consent Form
- Program Consent Form
- Initial Intake Form
- Progress Notes
- Case Plan
- Exit Form
- Monthly Data Form
- Monthly Program Update

ALAMEDA COUNTY
MEDICAL CENTER

YOUTH VIOLENCE PREVENTION PROGRAM

A program of
Alameda County Medical Center, Highland Campus, Trauma Department
And Caught in the Crossfire/ Youth ALIVE!

CONSENT FORM

Participant Name:_____ Date:_____

Parent/Guardian: _____
(if participant is younger than 18)

Staff Name/Title: _____

I, _____, hereby give my consent for _____ to be referred to the Youth Violence Prevention Program (YVPP).

_____
consent effective date

_____
Participant's name

_____ _____
Participant or Parent/Guardian's Signature date

_____ Relationship to Participant:
Parent/Guardian's Name (please print) Parent/Guardian (**circle one**)

Youth ALIVE! Caught in the Crossfire
Consent Form

Participant Name: _____ Date: _____

Parent/ Guardian: _____ (if participant is younger than 18)

I, _____, hereby give my consent for _____ to participate in *Caught in the Crossfire* (a program of Youth ALIVE!).

1. I have been informed of both the services provided by *Caught in the Crossfire* and the requirements to receive these services. I understand that the participant can be terminated from the program for lack of participation or for disregarding the safety and respect standards of the *Caught in the Crossfire* program.

2. I have been informed and I understand that the services the participant receive(s) from *Caught in the Crossfire* are confidential to the full extent permitted by State and Federal laws.

3. I have been informed that the participant may be asked to participate in group meetings, interviews and surveys for the purpose of evaluating the effectiveness of the *Caught in the Crossfire* program. I understand that all responses will be kept confidential and that the participant has the right to refuse to answer any questions that make him/her feel uncomfortable or embarrassed. I hereby give permission for the participant to participate in these evaluation activities.

4. I hereby give consent for:
   - Alameda County Medical Center
   - Alameda County Department of Probation
   - Alameda County Department of Public Health
   - Children's Hospital Oakland
   - Oakland Unified School District
   - Oakland Police Department
   - _____

   to disclose requested information regarding the participant to *Caught in the Crossfire* staff for program evaluation purposes. I understand that the information obtained by *Caught in the Crossfire* staff shall remain completely confidential.

5. I hereby give permission for *Caught in the Crossfire* staff to provide transportation for the participant in their private automobiles. (All *Caught in the Crossfire* staff have a valid California Driver's license and automobile insurance).

6. I do hereby fully release and discharge *Caught in the Crossfire* and Youth ALIVE! employees and volunteers from all claims, demands and causes of action of any kind whatsoever which may be sustained as a result of the participant participation in the services and program of *Caught in the Crossfire*.

_____

Date consent effective

_____

Name of participant

_____ _____

Signature of Parent/Guardian or Participant (if younger than 18) Date

_____ Relationship to participant: Parent / Guardian

Name of Parent/Guardian (please print) (Circle one)

Emergency Notification Information

In the event of an emergency, please notify:

1. _____ _____ _____

Name Phone Number Relationship to Participant

2. _____ _____ _____

Name Phone Number Relationship to Participant

3. _____ _____ _____

Name Phone Number Relationship to Participant

YOUTH ALIVE! *CAUGHT IN THE CROSSFIRE*

INITIAL INTAKE

Date of Referral: **Date of first contact:** **IS:**

Participant Name:				Social Security #:
Address:				English fluency? **Y N**
Phone #s (include name/relationship to the Participant):				
Participant living with:				
Age:	DOB:	Sex: **M F**	Race: **AA L A/PI W NA other**:	
Referred from: **HH CHO Probation District TNT School: SBHC: other:**				
Current school status:			Current employment status:	
Any previous violent injuries? **N Y** How many?			Resulted in medical treatment? **N Y**	
On Probation? **N Y** For what?				

IF HOSPITAL REFERRAL

Referred by:	**MSW other**:	Medical record #:
Date admitted:	Seen in the hospital: **N Y** (date)	
Type of injury: **GSW SW Assault 261 other:**		Location of wound:
Geographic location of violent incident (intersection):		

IF PROBATION REFERRAL

REFERRED BY:	P.O. OTHER:	CASE PENDING? Y N

Additional Information:

Caught in the Crossfire

Follow-up and Progress Form

IS:_____ **Participant:**_____

Date	Contact by	NOTES Include issues discussed, progress/outcomes, and next steps
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
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	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	
	☎ ✉ ✍	

Chart key ☎= phone ✉= letter ✍=visit

Participant Name:	**IS name:**

Participant & IS: Check off all the short and long-term goals that you want to work toward.
Under the priority column, please number the priority of each goal using the following codes:
1=Immediate Need/Goal; 2=Secondary Need/Goal; 3=Long-Term Goal

GOALS:	**Priority**	**List any relevant specifics & resources to contact**	**Date Completed**
EDUCATION *UNIVERSAL GOAL: ATTAIN A HSD, GED OR COLLEGE DEGREE (Enroll all clients without a HSD or GED in an educational program leading to one; encourage all clients with a HSD or GED to enroll in college)			
• Reconnect w/ school system			
• GED program			
• Tutoring program			
• High School diploma			
• Assist w/ DHP			
• College Classes			
• Other			
EMPLOYMENT *UNIVERSAL GOAL: ATTAIN EMPLOYMENT (link all clients needing employment to job training, job readiness and/or job placement programs)			
• Clothes/tools for job			
• Job training			
• Computer training			
• Other vocational training			
• Resume/cover letters			
• Job interview preparation			
• Maintain current employment			
• Obtain employment			
• Other			
HEALTH (PHYSICAL & EMOTIONAL) *UNIVERSAL GOAL: IMPROVE HEALTH STATUS (link all clients & families with mental health support; ensure that client is linked with medical provider(s) to receive follow-up treatment of injury & ongoing health care)			
• Physical Therapy			
• Medical/hygiene supplies			
• Medical/dental appointment			
• Drug/alcohol rehab./counseling			
• Mental Health Counseling			
• Anger management			
• Conflict resolution			
• Prenatal care			
• SSI/MEDI-Cal/other			
• Other			

P. 2/3 **CAUGHT IN THE CROSSFIRE** **OASE PLAN (CONT'D)**

GOALS:	**Priority**	**List any relevant specifics & resources to contact**	**Date Completed**
SOCIAL/RECREATIONAL/ONGOING SUPPORT *UNIVERSAL GOAL: IMPROVE SOCIAL & PROFESSIONAL SKILLS & BUILD SUSTAINABLE SUPPORT NETWORK (link all clients with a community, school-based or faith-based ongoing social group activity(ies); a program that builds social & professional skills; and long-term mentoring to sustain progress after graduation from CiC)			
• After school program			
• Support group			
• Link w/ community center			
• Mentor			
• Church/faith based connection			
• Sports			
• Improve communication skills			
• TNT			
• Volunteer work			
• Other			
LEGAL			
• Driver's License			
• ID card			
• Social security			
• Government assistance			
• Court advocacy			
• Legal aid/ lawyer			
• Report to probation			
• Naturalization			
• Victims of Crime			
HOUSING/ SHELTER			
• Obtain housing			
• Utilities assistance			
• Housing advocacy			
• Shelter/ Temporary housing			
• Other			
NUTRITION/FAMILY			
• Emergency food			
• Food stamps			
• Parenting classes			
• Childcare			
• Family planning/sex education			
• Other			
•			
•			
•			
•			
•			
•			

Other

GOALS:	Priority	List any relevant specifics & resources to contact	Date Completed
•			
•			
•			
•			
•			
•			

I am interested in receiving the services checked off above and agree to do my part in accomplishing my goals with the help of my I.S.

Participant Signature _____

Intervention Specialist Signature _____

Date _____

YOUTH ALIVE! *CAUGHT IN THE CROSSFIRE*

EXIT SHEET

Participant name: _____

IS name:_____

Date closed: _____

Reason:

_____

_____

_____

_____

Overview of case (significant accomplishments/difficulties):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

INTAKE

Referral Date: _____/_____/_____ **Client ID: _____**

Referral Source

☐ Probation	☐ P2C	☐ SBHC _____
☐ District	☐ TNT	☐ School(s) _____
☐ Highland	☐ CHO	☐ Other _____

Name of IS _____

Client's Name _____, _____ **Age** _____ **DOB** _____
(last) (first)

Address _____ **City** _____ **Zip** _____

Race: AA W L API O MULTI. **Gender**: ☐ Male ☐ Female

High school diploma or equivalent? YES NO D/K

Is the youth enrolled in an educational Program leading to a HS diploma or GED? YES NO D/K

Is the youth enrolled in college? YES NO D/K
(*includes only junior/community college or a 4-year college/university)*

Is the youth employed? YES NO D/K

Is the youth on probation? YES NO D/K

Who is the youth living with?

- ☐ Both parents
- ☐ Father Only
- ☐ Mother Only
- ☐ Grandparent(s)
- ☐ Foster Parent
- ☐ Other Relative
- ☐ Independent
- ☐ Transitional Housing (ex: shelter)
- ☐ Group Home
- ☐ Homeless
- ☐ Residential Treatment
- ☐ Other: _____

HOSPITAL INTAKE ONLY

Date Admitted _____/_____/_____

Did the youth get a bedside visit? ☐ **Yes** ☐ **No**

Type of Injury: **GSW** **SW** **DV**

BBB **PA** **261** **Other** _____

Last Name _____ First Initial _____ Client ID _____

Reporting Period: _____ Month _____ Year

☐ **Active**

☐ **Closed**
- ☐ 6 months expired: Completed goals
- ☐ Lost/Unable to contact for 1 month
- ☐ Moved out of area
- ☐ Declined Services
- ☐ Custody
- ☐ Deceased

MONTHLY CASE STATUS

MONTHLY UPDATE

Did the youth get a new job this month?
YES NO

Did the youth receive any vocational assistance this month?
(Ex: Writing resumes, job training, interview preparation, etc.)
YES NO
If Yes, who provided this assistance?
☐ Youth ALIVE! ☐ Other Agency

Did the youth get enrolled or re-enrolled in an educational program leading to a HS Diploma or GED this month (includes home school/independent studies)?
YES NO

Did the youth get enrolled in college this month?
(*Includes only junior/community college or a 4-year college/university)*
YES NO

Did the youth obtain a GED or high school diploma this month?
YES NO D/K

Did the youth participate in any non-traditional educational programs this month?
YES NO D/K
If yes, please specify:
- ☐ GED Preparation
- ☐ Vocational or Trade School
- ☐ ESL Courses
- ☐ Job Corps
- ☐ EBCC
- ☐ Other (please note)_____

Did the youth receive counseling from an outside agency this month?
YES NO D/K
If yes, please specify:
- ☐ Substance Abuse
- ☐ Anger Management
- ☐ Mental Health (individual or family)
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Other (please note) _____

Did the youth receive any legal advocacy this month?
YES NO

NEW OR CRITICAL INCIDENTS

Was the youth employed at the end of this month?
YES NO D/K

Was the youth enrolled in an educational program leading to a HS Diploma, GED or college degree at the end of this month (including home school/independent study)?
YES NO D/K

What was the youth's probation status at the end of this month?
- ☐ On probation
- ☐ Not on probation
- ☐ Completed Probation
- ☐ Don't Know

Was the youth arrested during this month for committing a new offense?
YES NO
If Yes, did this arrest lead to a charge?
YES NO PENDING

Was the youth hospitalized for a <u>new</u> violence-related injury this month?
(If this is a new hospital case, answer NO)
YES NO

Did the youth receive assistance with health care services this month?
YES NO

Did the IS help the youth prepare or complete any documentation this month?
(Ex: Legal, public assistance, MediCal, etc.)
YES NO

Did the youth receive bus passes or other transportation passes this month?
YES NO

Number of phone calls to or about youth: _____

Number of successful in-person contacts with or about the youth: _____

Number of family members contacted in-person for the first time: _____

Where is youth living this month?
- ☐ Both parents
- ☐ Father Only
- ☐ Mother Only
- ☐ Grandparent(s)
- ☐ Foster Parent
- ☐ Other Relative
- ☐ Independent
- ☐ Transitional Housing (ex: shelter)
- ☐ Group Home
- ☐ Homeless
- ☐ Residential Treatment
- ☐ Other: