

Progress Report

TURNING THE TIDE VIOLENCE INTERVENTION PROGRAM



Reporting Period: July 2021 - October 2023

Executive Summary

The MUSC Turning the Tide Violence Intervention Program (TTVIP) is a hospital-based violence intervention program (HVIP), one of the few public health, community violence intervention (CVI) strategies that have been demonstrated to reduce violence-related risks, recidivism, criminal justice system involvement, healthcare-related costs, and access to and receipt of supportive services and recovery outcomes.

The program started in the summer of 2021 as the first HVIP in SC and one of the few in the Southeast thanks to the dedication of the program founder, Dr. Ashley Hink, individuals in MUSC leadership eager to see the institution address community violence, and the passion and hard work of the TTVIP frontline staff. While HVIPs have a growing evidence base and are supported by multiple medical, public health and criminal justice entities, less than 10% of Level 1 trauma centers have an HVIP.

The TTVIP has been instrumental in supporting patients and families, extending education and community outreach to MUSC and the greater Charleston community, advocating for violence prevention strategies, and advancing the science and research related to violence intervention. This report summarizes the efforts of the TTVIP from July 2021 through October 2023, and highlights the importance of sustaining the TTVIP efforts, as firearm violence is the leading cause of death for children and teens, and one of the leading causes of death for young adults.



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Medical Director



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Program Director

Program Highlights

- Successful development and implementation of the first HVIP in SC that is meeting nearly all of the standards and indicators for HVIPs by the Health Alliance for Violence Intervention (HAVI); became a formal HAVI member in 2023 (<https://www.thehavi.org/what-is-an-hvip>)
- Recognition and achievements by TTVIP team members, including client advocates Keith Smalls and Donnie Singleton being selected for the MUSC President's Values in Action Award, and Dr. Ashley Hink being recognized by her alma mater, NC State, as the 2023 Distinguished Alumni from the NCSU College of Sciences
- Directly served over 360 patients, 100s of family members and enrolled 128 youth and young adult patients for intensive TTVIP services:
 - Over 80% are Black, 20% are pediatric patients; average age enrolled is 19.9 years
 - 60% are Medicaid funded, 26% are unfunded
 - Most have significant prior traumas, experience of violence and risks
- 65 educational sessions provided in a variety of settings, including MUSC nurse trainings, Grand Rounds, and regional and national conferences
- 30 community outreach events attended or hosted
- Over 25 media stories profiling TTVIP or with expert contributions of TTVIP members
- Extensive advocacy efforts promoting CVI work in the community and state
- Supporting public health internships and medical student research
- Journal publications in Pediatrics, Injury Prevention, and Trauma & Acute Care Surgery
- Successfully obtained philanthropic, city, state, and federal grant funding.
- Created a novel case management and evaluation system with the MUSC Biomedical Informatics Center
- Identified areas of need/opportunity for program expansion, including support for other MUSC hospitals, integration of mental health care providers with TTVIP, and expanding services for early intervention

Program Description

As a hospital-based violence intervention program (HVIP), TTVIP supports youth and young adults who are at risk of or experience violent injury to reduce risk factors for violence, prevent future violence victimization and perpetration, and improve quality of life outcomes, including injury recovery. The core principles of this model include:

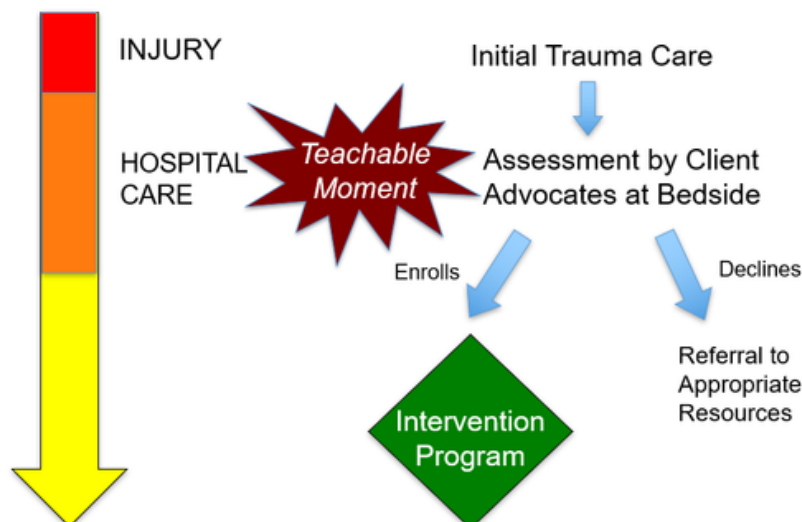
Applying the public health approach to address social determinants of health and root causes of violence

Culturally competent, trauma-informed services to improve trust and communication

Ecosystem of partnerships with agencies and organizations that provide integrated services in patients' communities

TTVIP provides supportive services to victims and families that are treated at MUSC Health - Charleston's Level 1 adult and pediatric trauma centers after experiencing community and interpersonal violence. TTVIP's priority population for long-term enrollment in intervention services includes patients ages 12-30 years old living in the tri-county area who were violently injured or identified as having multiple risk factors for community violence. Three violence intervention client advocates (on call 24/7) engage with patients upon presentation to the trauma center, throughout their hospital stay, and for up to approximately 1-year post-injury. They conduct an assessment to identify underlying social determinants of health needs and risks that can be addressed utilizing a robust network of healthcare and community resources. The advocates' role is a blend of disciplines including case management, social work, credible messenger, and peer counseling/youth mentorship.

HVIP Design



Implementation Outcomes

Population Served, July 2021 - November 2023

363

Patients Served

22.9

Average Age

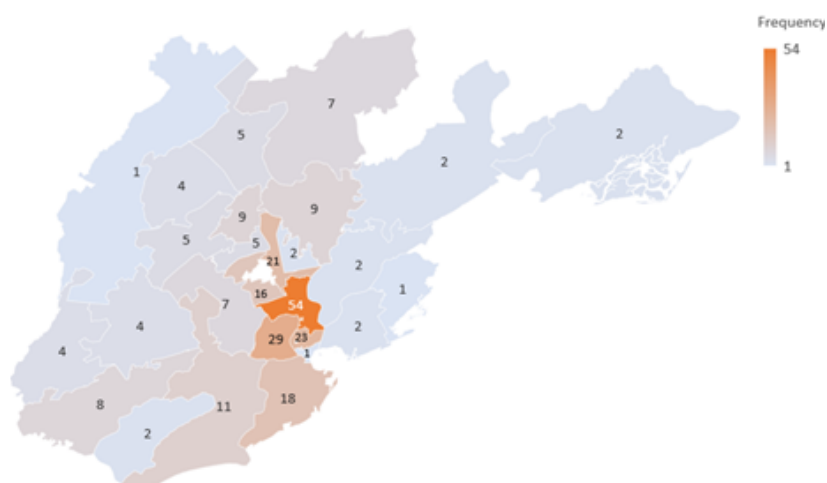
87.1%

Non-Hispanic Black

81.8%

Males

Tri-County Patients' Residence by Zip Code



The 3 most common zip codes where our patients reside in the tri-county area are the upper neck of the peninsula into North Charleston, eastern West Ashley, and downtown Charleston north of Calhoun Street.

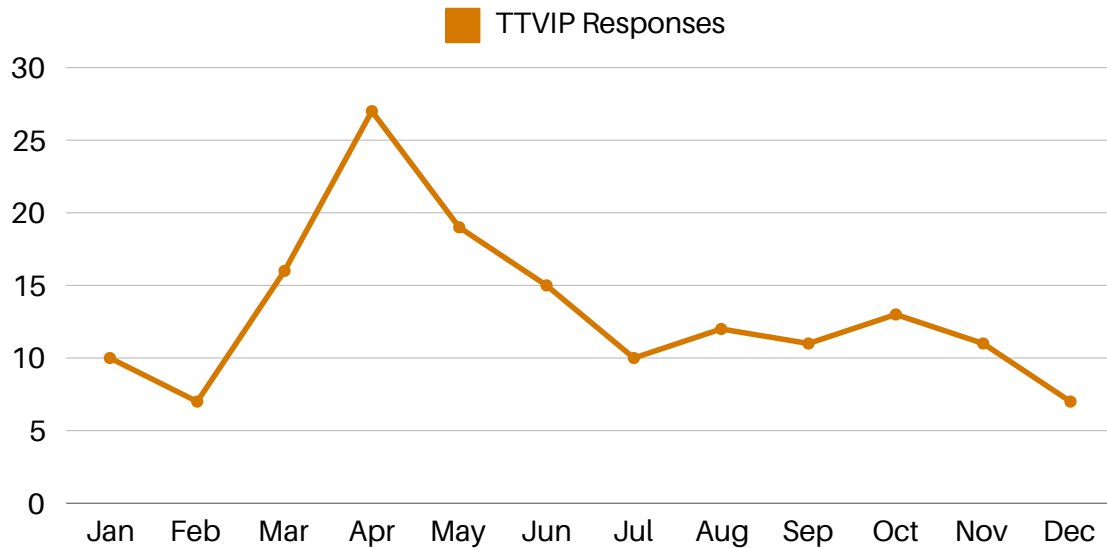
Nearly three-quarters of patients served reside in the tri-county. In fact, 60.3% live in Charleston County alone. However, as the only Level 1 trauma centers in the region, many patients from Beaufort, Orangeburg, and Hampton Counties (11.8%), among others, also benefitted from TTVIP services while inpatient and immediately post-discharge.

Most patients suffered gunshot wounds (91.4%), followed by stab wounds (4.7%). Of note, ten patients (2.8%) without violent injuries were consulted for concern for violence risk factors, such as prior violence victimization or illicit firearm carrying. While patients' average hospital length of stay was six days, most patients were same-day discharges, highlighting the importance of TTVIP's immediate bedside response that offers support to patients who would otherwise not receive any intervention after their violent injury.

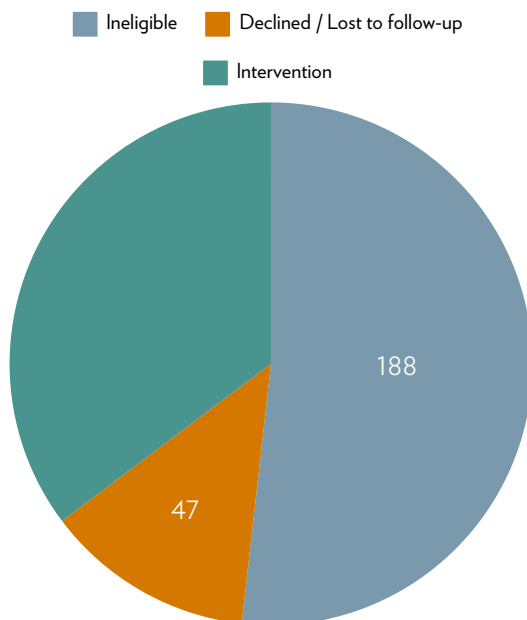
Half of all TTVIP patients - and 80% of pediatric patients (0-15 years old) - are Medicaid funded, while another third are uninsured. As firearm violence disproportionately impacts uninsured and publicly funded patients, TTVIP is a crucial service to this community.

Implementation Outcomes

Half of all patients seen by TTVIP annually are treated from March to June. The client advocates respond to an average of three new patients a week while on call, and the average caseload of each advocate is about 15 patients at a time.



Of the 363 patients responded to and supported by TTVIP, 51.8% did not meet one or more of the eligibility criteria. Of the remaining patients, 26.9% either declined enrollment or were lost to follow-up after discharge and 73.1% accepted modified or long-term intervention services. Modified services are offered to ineligible patients at the discretion of the client advocate and their assessment of a patient's heightened risk for retaliation, re-injury, or poor recovery outcomes.



Our enrollment rate for eligible patients is 50.5%, which is slightly above the national average of around 40%.

Enrolled Patients & Services

128

Patients

19.9

Average Age

91.4%

Non-Hispanic Black

78.9%

Males

Violence Exposure

2/3 ... of enrollees know a family member or friend who's been a victim of gun violence.

1/3 ... of enrollees have previously been a victim of violence.

>1/2 ... of previously victimized enrollees report regularly carrying a firearm.

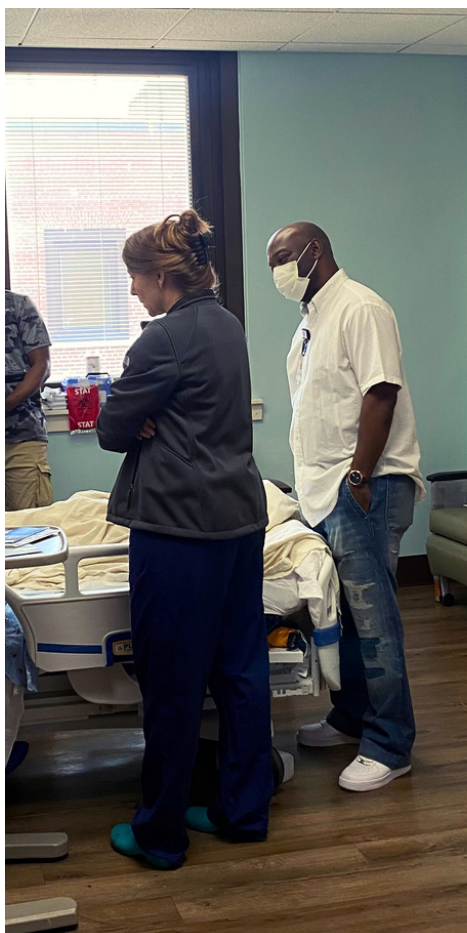
Over 20% of enrolled patients are 15 years of age or younger. Most enrolled patients suffered gunshot wounds. Over 60% of patients receiving intervention services are Medicaid funded, while over a quarter of patients are uninsured.

Most Common Services Provided

Direct provision of services or referrals and connections to appropriate service providers is a process of advocacy, motivational interviewing, goal-setting, and problem-solving between the Client Advocates and enrollees.

- School / education assistance
- Housing
- Mental health treatment
- Employment / vocational training
- Advocacy for systems-involved youth
- Mentorship / peer-counseling
- Retaliation suppression
- Transportation assistance & service navigation
- Emotional support to patient & family
- Counseling on high-risk relationships / criminal activity

"They helped us get services I didn't even know existed." - Patient's mother



Beyond the Bedside

TTVIP also extends its expertise beyond individual patient & family care. Population level reductions in community violence incidents require an ecosystem of collaborative, multidisciplinary, and cross-sector efforts. This ecosystem is fostered by four approaches:



Community Outreach

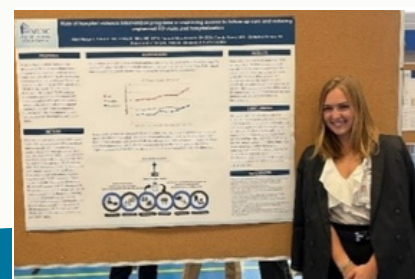


Education & Training

Advocacy



Research



TTVIP has led 65 educational sessions, attended or hosted 30 community outreach events, and mentored multiple medical & undergraduate students with internships and research opportunities.

Future Efforts & Vision

We're proud of our accomplishments to date and equally eager to improve & grow for our patients & families.



During the initial startup and implementation of TTVIP, we have identified several ongoing unmet needs of high-risk youth and violently injured patients that our program is primed to address, including:

- Improving identification of at-risk youth (pre-violent injury); expanding TTVIP services for early intervention
- Hiring a mental health clinician dedicated to providing treatment services to TTVIP patients and families
- Supporting capacity-building for hospital-based violence interventions across the MUSC Health network
- Participating in violence prevention and intervention research studies, including multi-site HVIP evaluation, rural health outcomes, and more

With Gratitude

TTVIP was developed and launched thanks to the generous combined support of multiple MUSC departments including the Provost's Office, Department of Surgery, and the College of Medicine. Implementation of TTVIP has since been sustained by a diverse portfolio of funding sources, including federal and state grants, foundation grants, and philanthropic donations. We want to take this opportunity to recognize and thank recent contributors to TTVIP, who critically support our lifesaving work:



- Dominion Energy
- Everytown Community Safety Fund
- Office of Juvenile Justice and Delinquency Prevention, US Department of Justice
- North Charleston Community Needs Grants, 2021
- SC Center for Rural and Primary Healthcare
- Volvo Operations Fund via Coastal Community Foundation
- Community Violence Intervention & Prevention Program, SC DHEC