



JOHNS HOPKINS
M E D I C I N E

The Johns Hopkins Hospital Break the Cycle Violence Intervention Program

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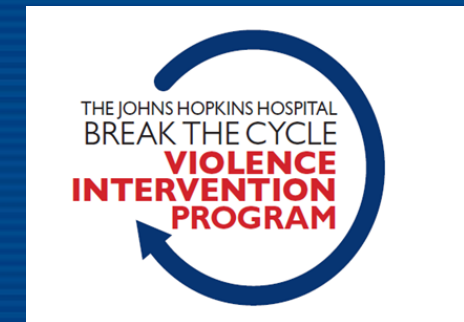
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Hospital Based Violence Intervention Programs

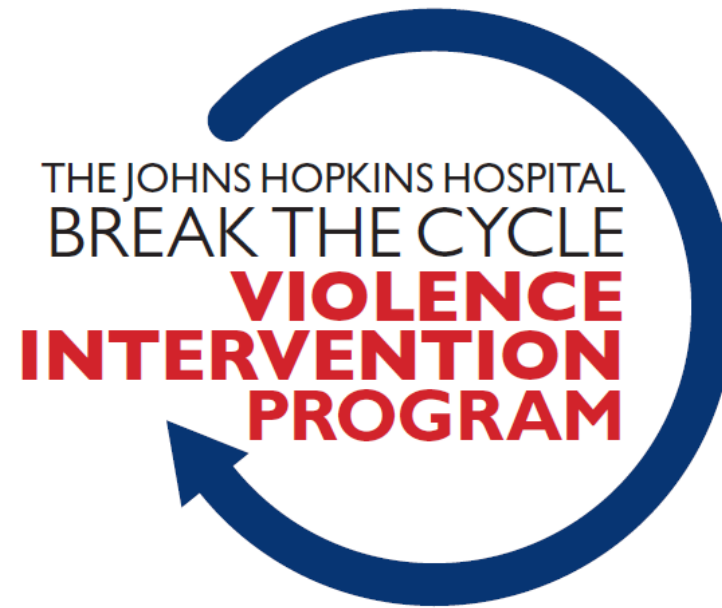
Hospital-based Violence Prevention Programs

- Program is located or affiliated with hospital
- Premise that violence and re-injury are preventable
- Seize the opportunity for a teachable moment
- Hospital-based programs provide hope, healing, and access to support along a pathway to success



Break The Cycle Hospital Based Violence Intervention Program

- Funded by Johns Hopkins Hospital
- Engages victims of shootings, stabbings, and violent assaults
- Goal to prevent recurrent injury and support healing and growth moving forward



Who we are:

- Multidisciplinary Team
 - Case Management
 - Social Work
 - Violence Intervention Specialists
 - Physicians (ED, Trauma, Peds)
- Credible Messengers/Harness power of lived experiences

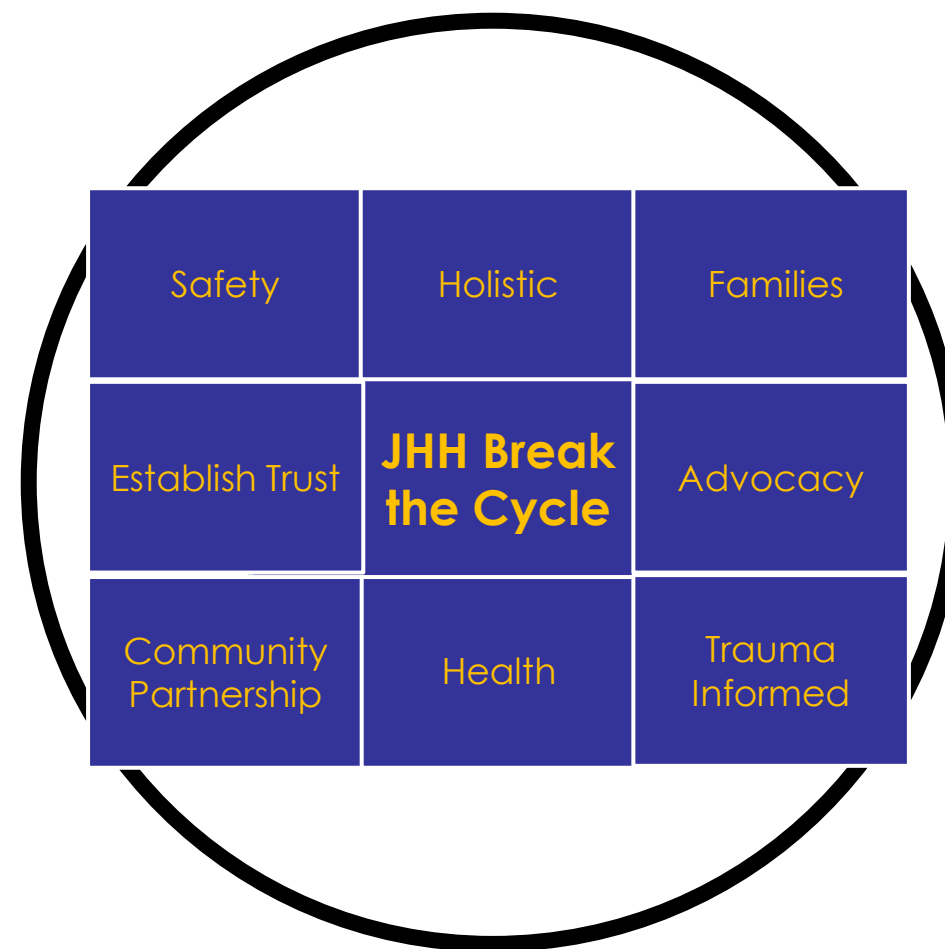


Program Overview

Eligibility Criteria



Holistic Support



Program Highlights



In FY2023, there were **490** emergency department visits due to assault. **50%** were localized to 5 Baltimore City zip codes.

Who we serve:

- Baltimore City residents 15 - 35 yrs.; average age: 24

Results:

- Of **130** program participants; **3%** returned to a MD hospital with a new firearm injury within 12-months of follow-up

Interventions may include:

- Conflict mediation skills training
- Linkage to community-based violence intervention programs
- Linkage to mental health and addiction recovery services
- Job training and employment programs
- Temporary housing
- Transportation vouchers

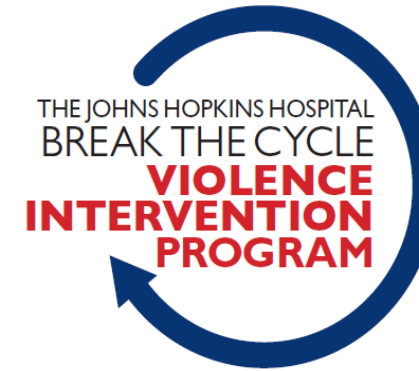
Stories from the Field



Nadir Abdullah



Ihsan Cornish



Violence Intervention Specialists:

The credible messengers who bridge the gaps between health care providers and survivors of violent injury.

Recommendations

- Expand and invest in HVIP programs across all Maryland trauma centers.
- Collect and analyze longitudinal data on gun violence and interventions.
- Expand access to mental health services for victims and families.
- Work cooperatively to develop and support proactive peer and adult mentorship programs.
- Create access to temporary housing and transportation for victims of crime.

LIFEBRIDGE HEALTH: PROVIDING FULL CONTINUUM OF CARE

PUBLIC HEALTH AND
COMMUNITY SERVICE



AMBULATORY SERVICE



URGENT CARE / TRANSPORTATION



ACUTE CARE



POST-ACUTE CARE



SENIOR LIVING



CLEAN & GREEN TEAM



LIVING WELL
@ THE J

THE FACTORY



ELLICOTT CITY AMBULATORY
SURGERY CENTER



LIFEBRIDGE HEALTH.

CARE BRAVELY

Community Based Violence Intervention & Prevention Initiative: US & Baltimore City Eco-System Model (Collaboration)

Key Components of Successful Models



Community Outreach

Relationship Building, Education Campaigns,
Neighborhood Stabilization Response



Mediation and Violence Intervention

Safe Streets, We Our Us, School-Based Interventions

Hospital-Based Violence Intervention Programs

All Baltimore-Area Hospital Systems



Life Coaching

Roca, Youth Advocate Programs (YAP)



Victim Services

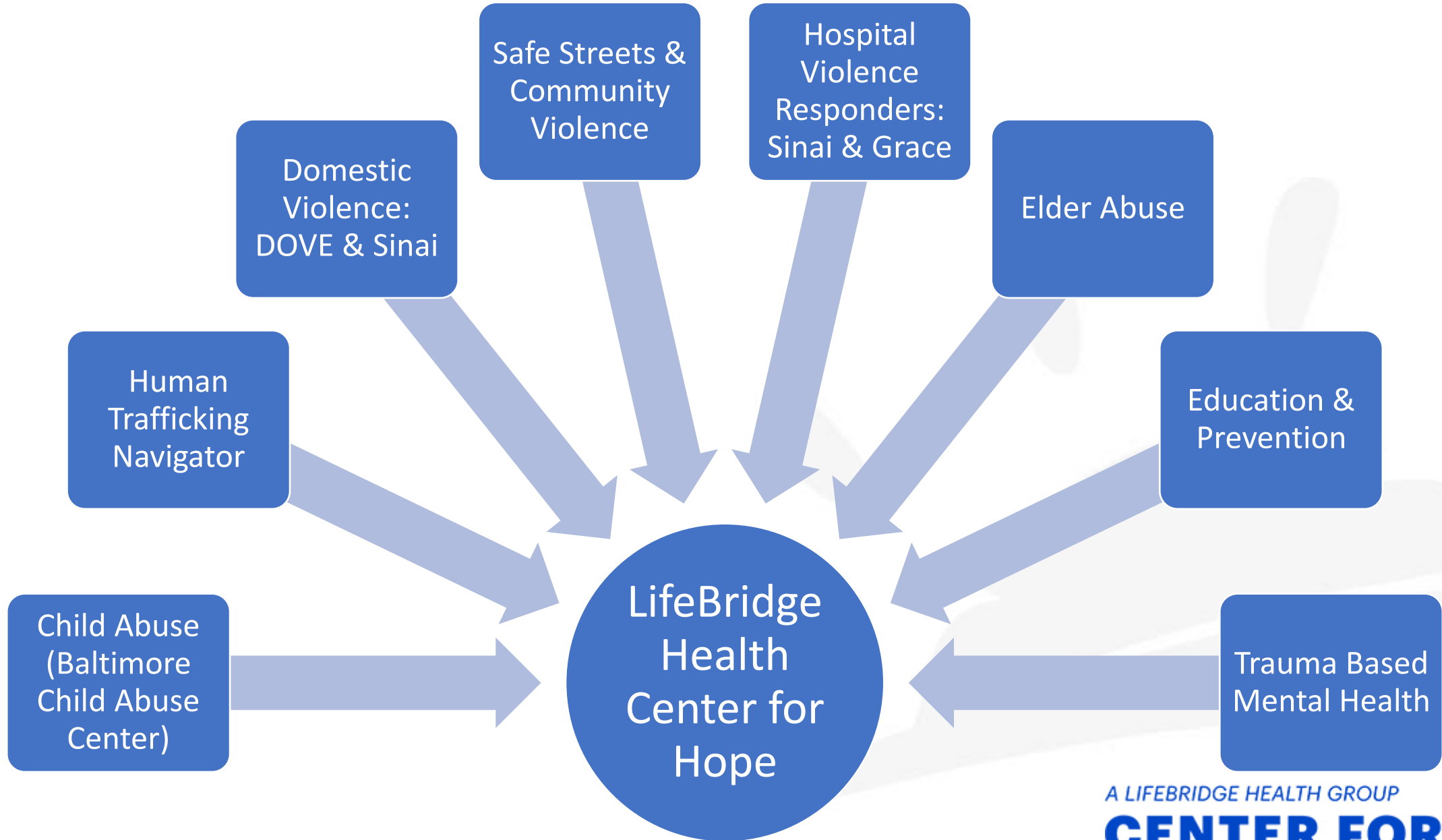
Protection, Housing, Relocation Support, Mental
Health, Employment

A LIFEBRIDGE HEALTH GROUP

CENTER FOR HOPE



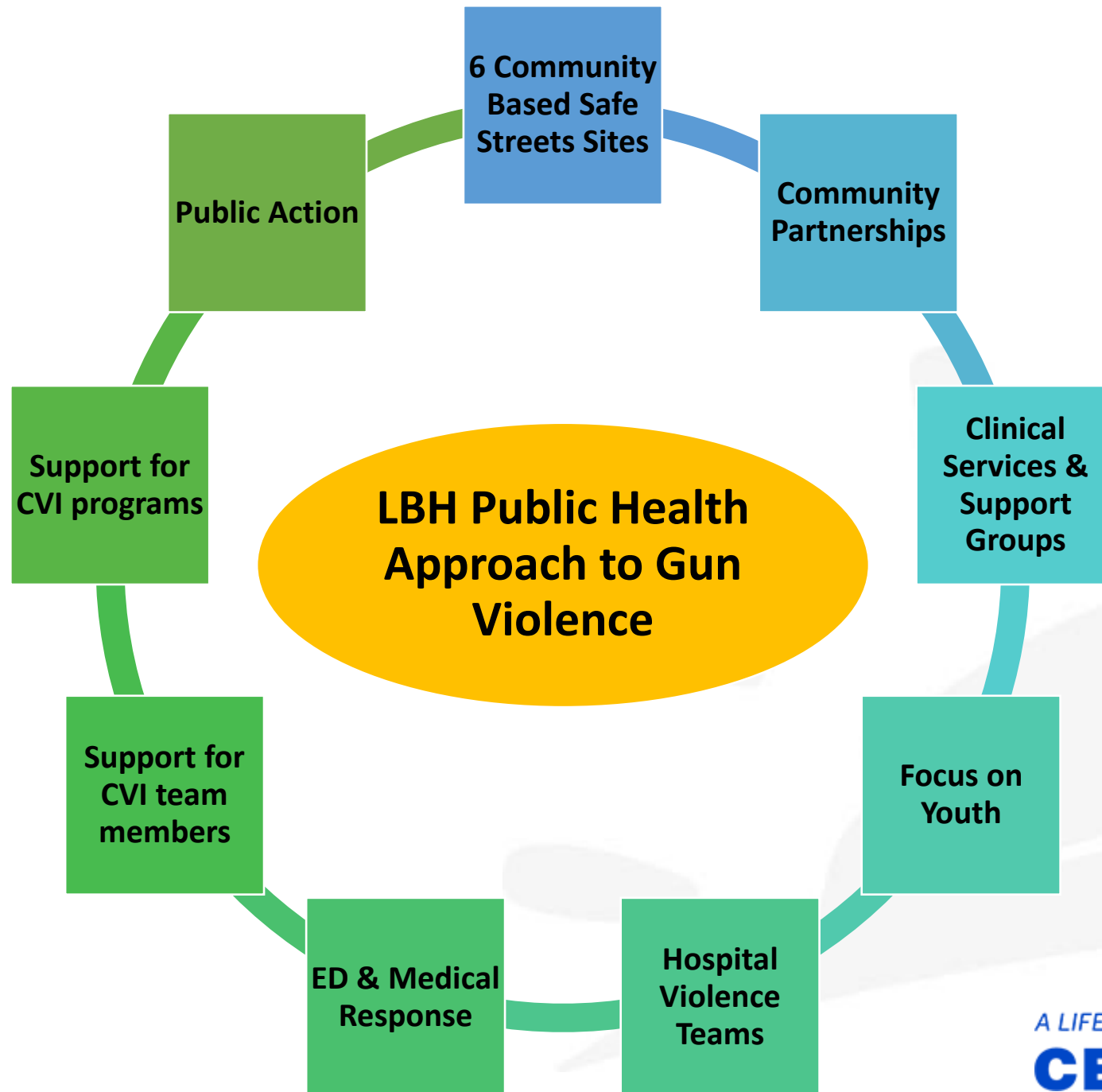
Responding to Violence Across the Lifespan



A LIFEBRIDGE HEALTH GROUP

CENTER FOR HOPE







Lives Changed Annually

Child Advocacy Center

Domestic Violence

Hospital Response Teams

Community Violence Intervention

Mental Health

- **6,000+** survivors of abuse & violent crimes
- **1,300** children
- **3,924** individual therapy sessions
- **182** nights of emergency shelter
- **583** medical exams for at risk children
- **638** Bedside visits for survivors of violence
- **902** high risk violence mediations
- **14,000+** community members, professionals, and advocates trained



902 Mediations

216 Community
Events

638 Bedside
Visits

17% Reduction in
Homicide Pace in
Baltimore

**28% Reduction
Sinai GSW
Victims**

6 Safe Streets Sites
2 Hospital Teams
1 Center for Hope

FY2023 Results:

35 shootings

7 homicides

Belvedere & Park Heights

0 homicides!

Recommendations

Reform & Improve

- Reform & Improve Victims Compensation Fund

Educate & Divert

- Educate & Divert Gun Violence: Implement Conflict Resolution Programs for students & non-violent offenders

Approach

- Approach Gun Violence as other Public Health Crisis
 - Make available gun locks & gun safes
 - Promotion of Gun Free Zones around schools & hospitals

Support

- Financial & Program Support for CVI Professionals



Thank You-Questions

Freedom Jones

Director Community Violence Intervention

Center for Hope | LifeBridge Health

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Thomas M. Scalea, MD
Baltimore, Maryland

Definition of a Disease

- A condition of the living animal or plant or one of its parts that impairs normal functioning and is typically manifested by distinctive symptoms. A sickness or a malady
- A harmful development as in a social institution, crime as a disease

Diseases

- Classes like Infectious Diseases
- Specific organ system dysfunction(s) like Heart Disease(s)
- Specific disease like bacterial pneumonia
- Ailments of a group of people like poverty

Trauma is a Disease

- Affects the functioning of every organ system in the human body by direct injury or energy transfer
- Non injured organ systems are affected by shock and/or sepsis
- Is a huge public health problem, affecting every age group
- Is an underappreciated societal malady

Trauma is a Disease

- Prevention
- Physiology of blood loss
- Direct organ system injury
- Resuscitation
- Operative care
- Critical Care
- Rehabilitation

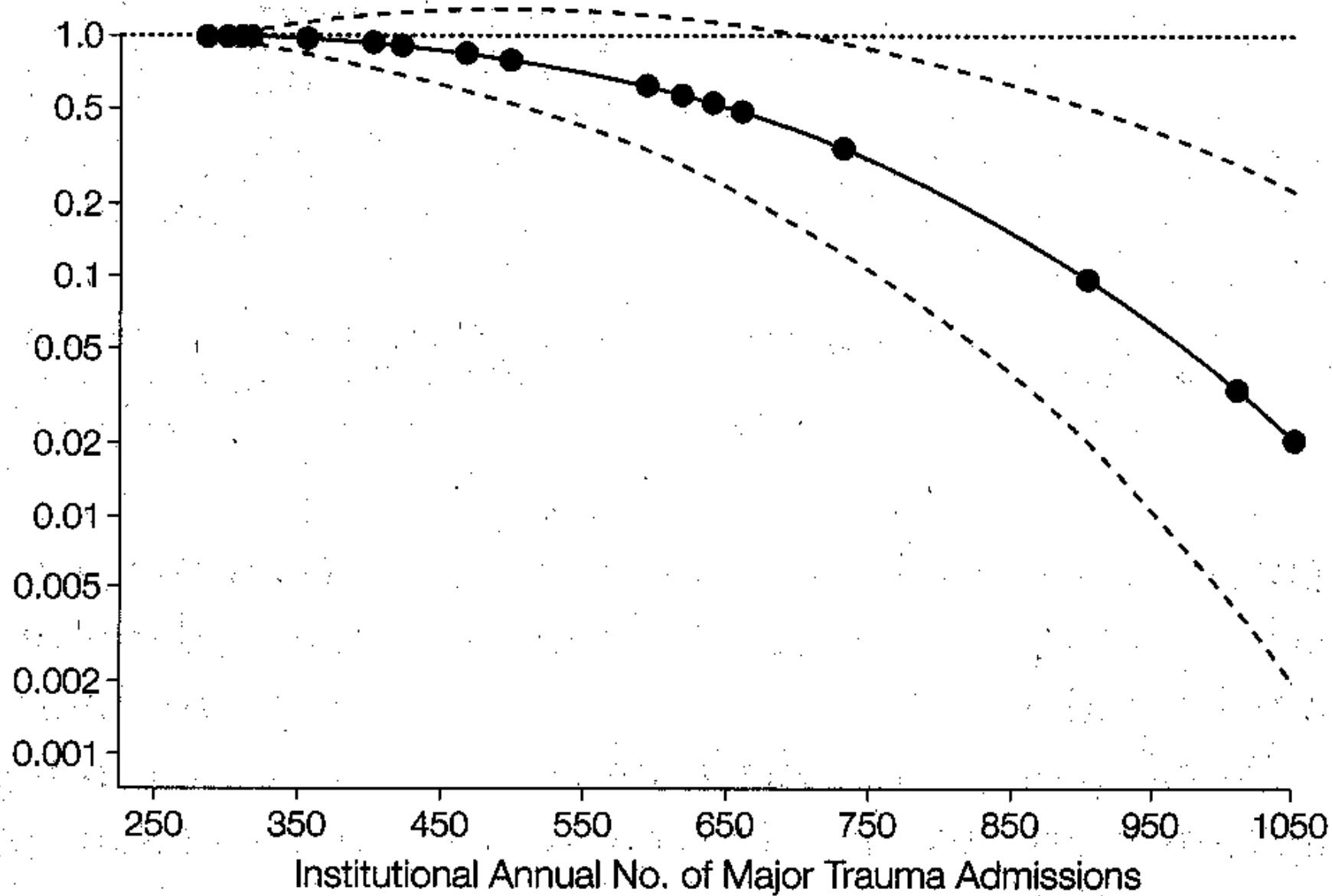
Trauma is Not an Accident

- Driving while drunk and/or other substance abuse
- Distracted driving, the new kid on the block
- Geriatric falls without good primary care
- Industrial accidents without safety measures
- Violence in young people who live in circumstances that promote violence

Not All Trauma is Preventable

- Eliminate drunk, impaired, and distracted driving and MVC's will still happen because human error and/or weather conditions will continue to exist. There is no rule however, that says that anyone has to pick up a gun and shoot someone else. Those types of injuries are 100% preventable

B Patients With Shock



B Patients With Coma

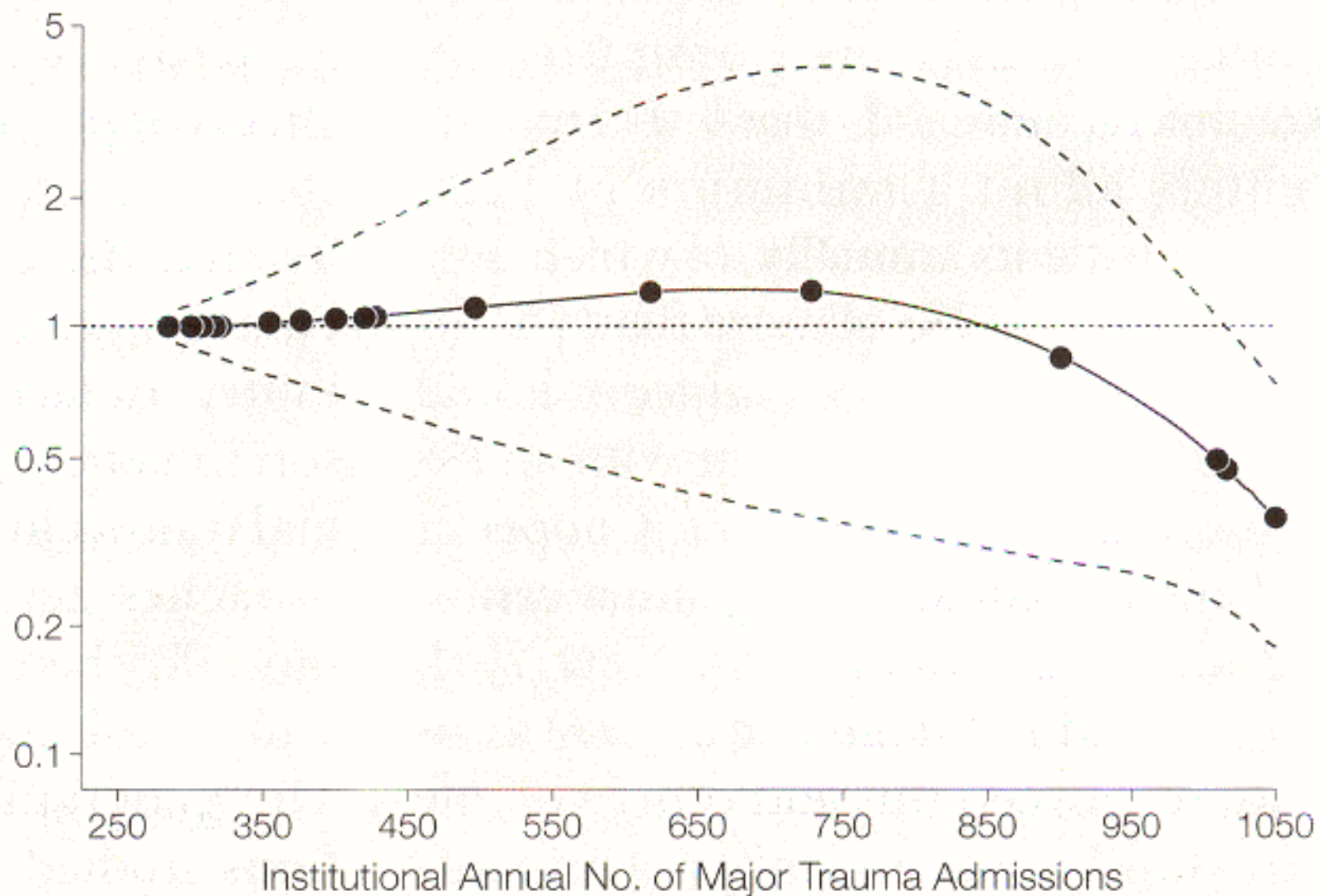
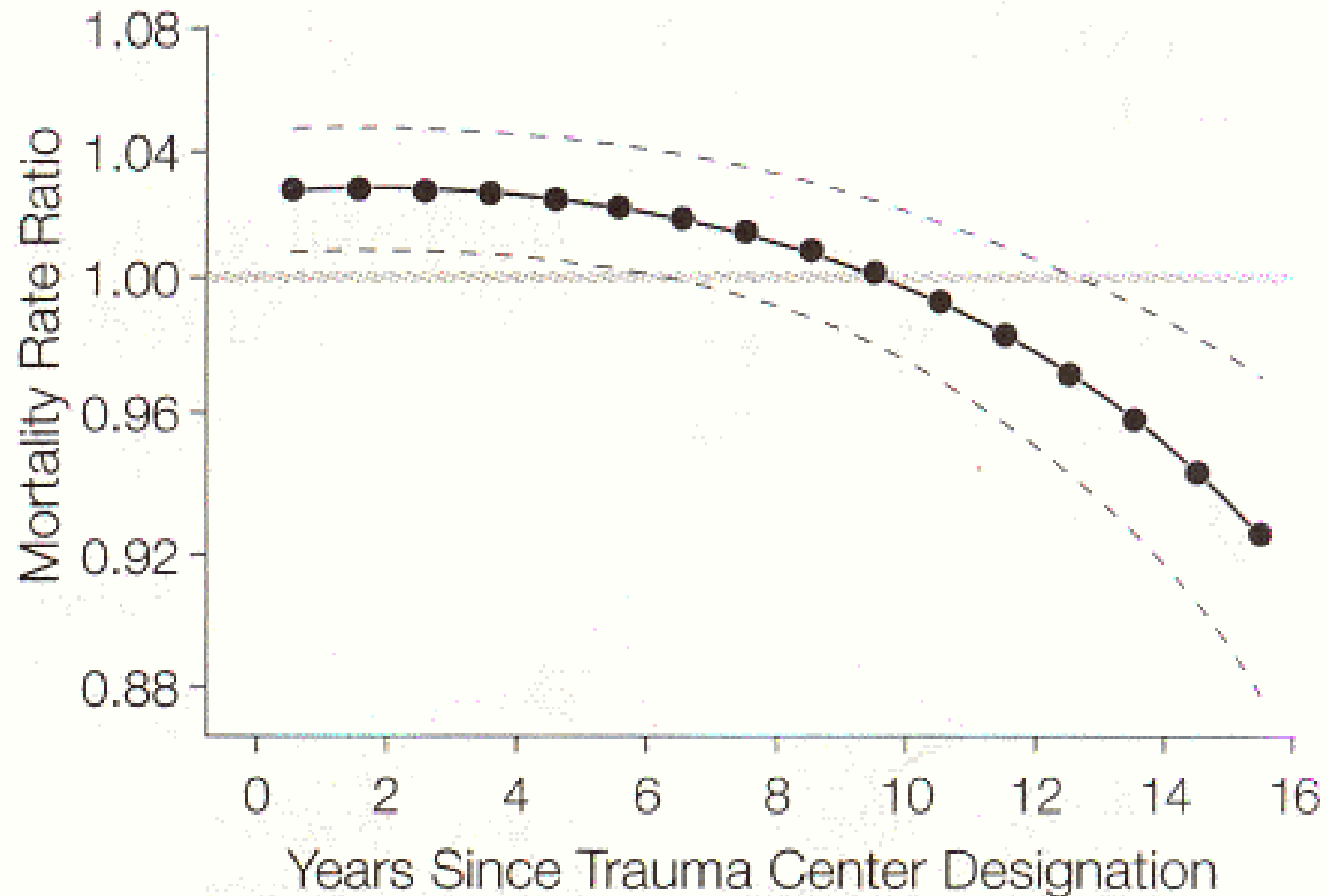
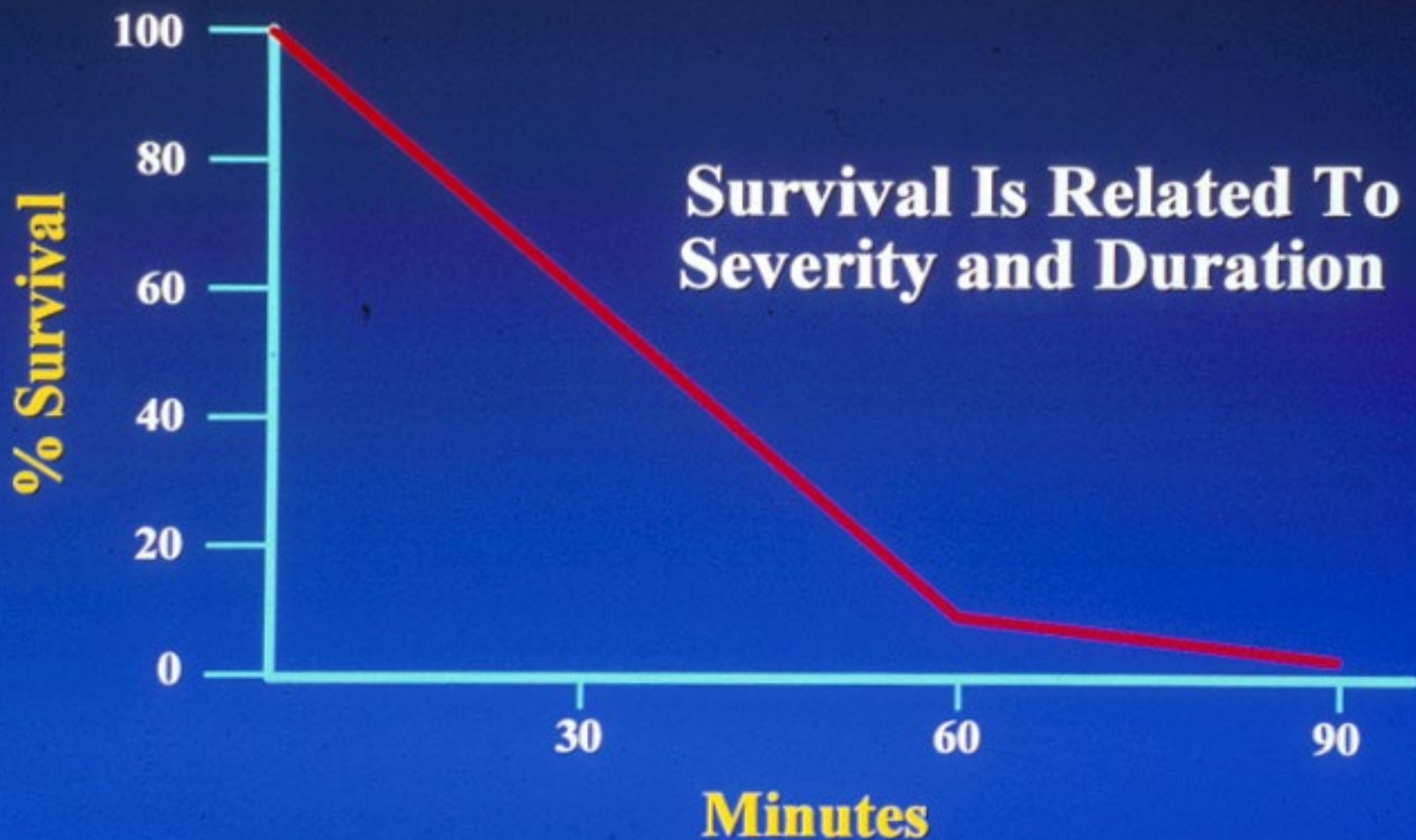


Figure. Crash Mortality as a Function of Time From First Trauma Center Designation

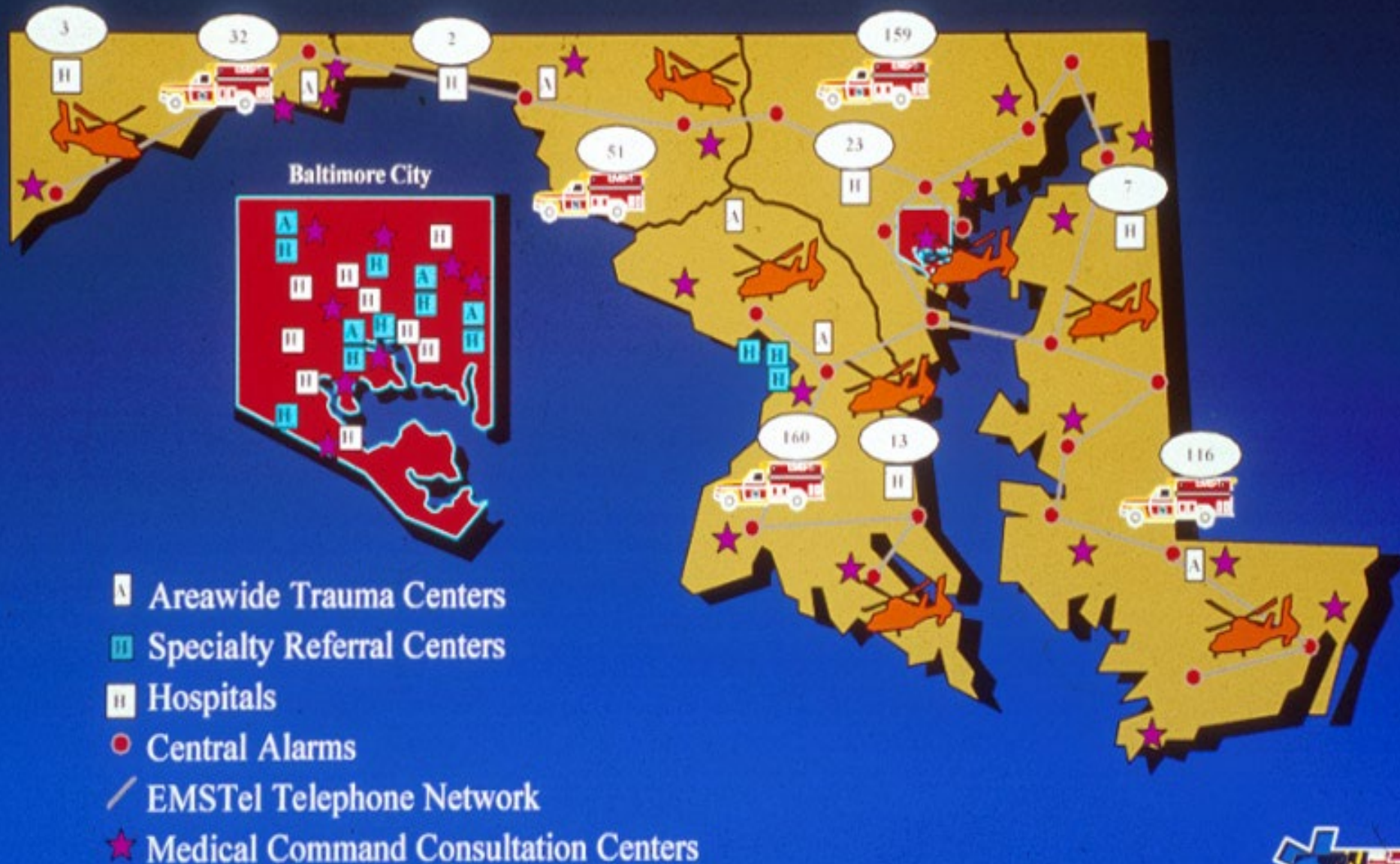


The Golden Hour

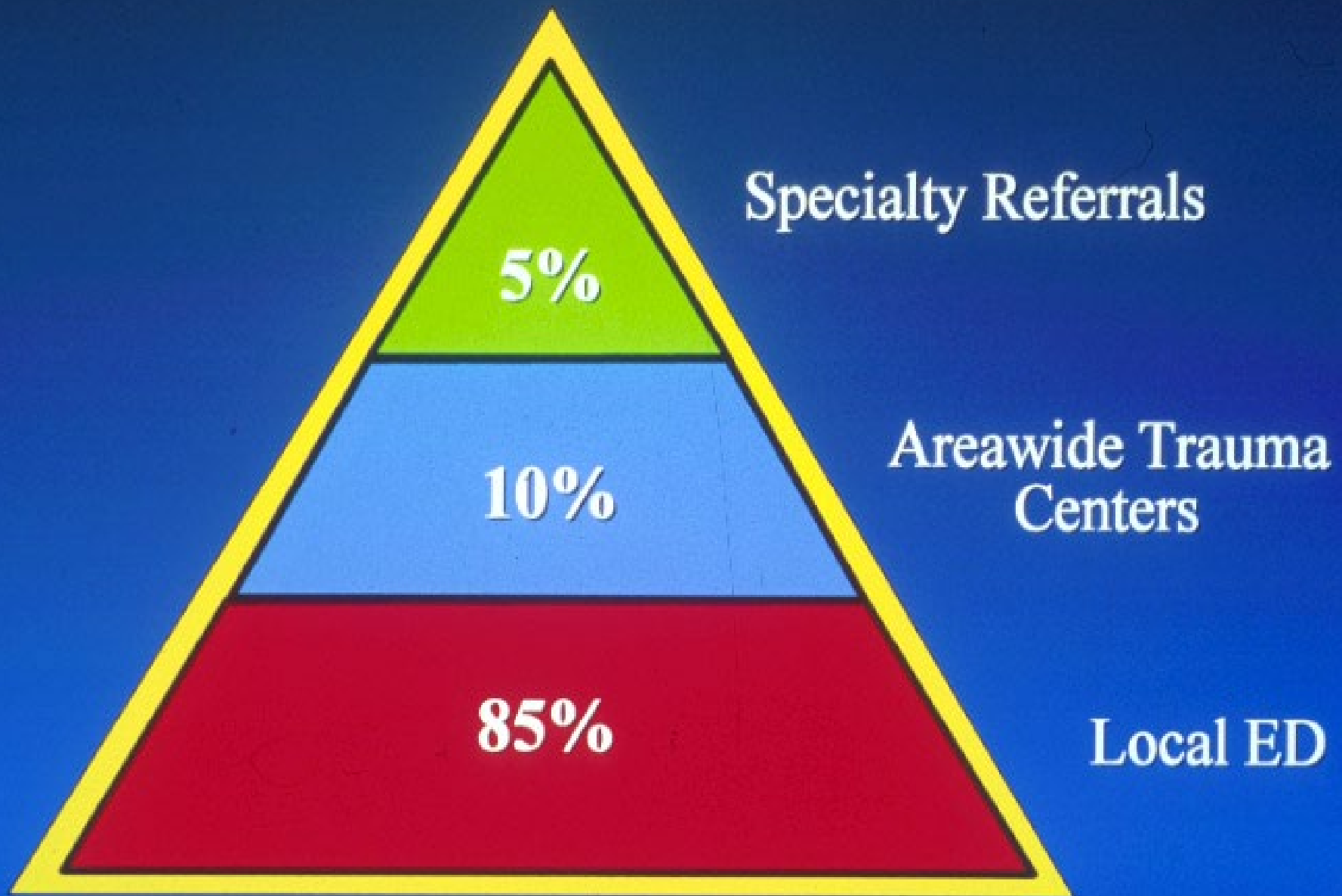
The Probability of Survival



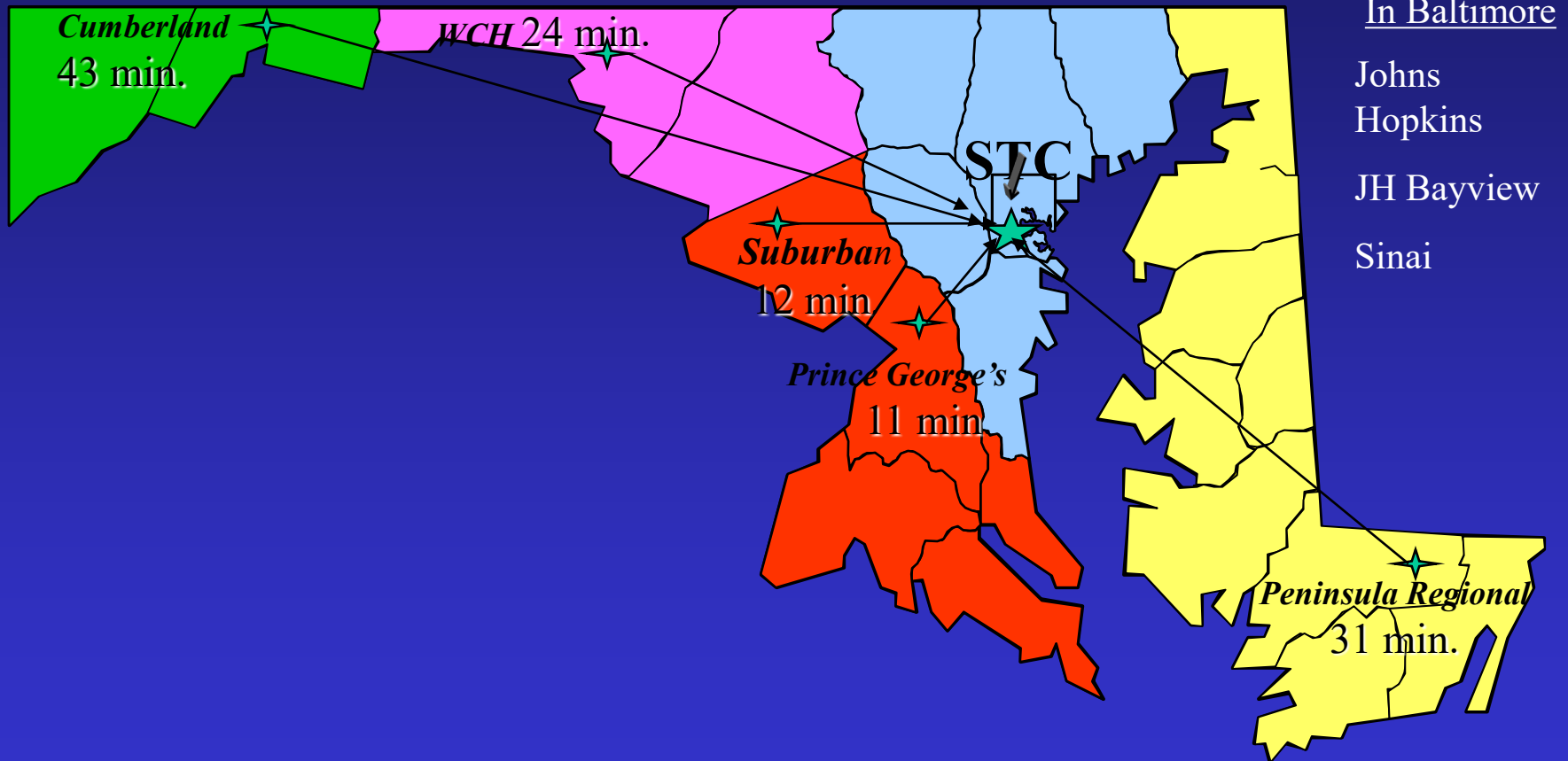
Maryland EMS System



EMS Patient Distribution



Regional Trauma Centers: Golden Hour Flight Time to STC



Flight Time: 140 Knots - No Wind

A Trauma Hospital:

Providing the highest level of care for the state's severely injured citizens from admission through discharge



- 7 Stories - 200,000 Sq Ft
- 13 Trauma Bays/26 Patients
- 6 Dedicated ORs
- 9 Post-Anesthesia Beds
- 24 Multi-Trauma ICU/IMC Beds
- 24 Neurotrauma ICU/IMC Beds
- 24 Select Trauma ICU/IMC Beds
- 10 Stepdown Beds (expandable to 18 beds)
- 10 Hyperbaric Beds

Principal Adult Resource Center

- Dedicated geographic resources
- Dedicated physician resources with training at the highest level
- Trauma Prevention programs
- Trauma Education programs
- Trauma research

Table 2 Baseline Characteristics of the VIP Participants, by Study Group

Characteristic	Number (%) with the Characteristic	
	Intervention/ Case Group (n = 56)	Nonintervention/ Control Group (n = 44)
Sex		
Male	53 (95%)	43 (98%)
Female	3 (5%)	1 (2%)
Race		
White	7 (13%)	5 (11%)
Black	49 (87%)	38 (86%)
Other	0	1 (2%)
Age group		
<30	29 (52%)	26 (59%)
30–44	24 (43%)	16 (36%)
45+	3 (6%)	2 (5%)
Marital Status		
Single	45 (80%)	36 (82%)
Married	3 (6%)	2 (5%)
Divorced	5 (9%)	1 (2%)
Other/unknown	3 (6%)	5 (11%)
Insurance (based on questionnaire)		
Private	5 (10%)	1 (3%)
Medicaid	8 (16%)	10 (27%)
Medicare	2 (4%)	1 (3%)
None	35 (70%)	25 (68%)
Unknown	6	7
Education		
Never went to high school	3 (6%)	4 (10%)
Some high school	29 (55%)	27 (64%)
High school graduate	14 (26%)	8 (19%)
Some college or technical school	7 (13%)	2 (5%)
Unknown	3	4
On medical assistance		
No	45 (82%)	30 (70%)
Yes	10 (18%)	13 (30%)
Unknown	1	1
Disabled		
No	45 (82%)	33 (77%)
Yes	10 (18%)	10 (23%)
Unknown	1	1

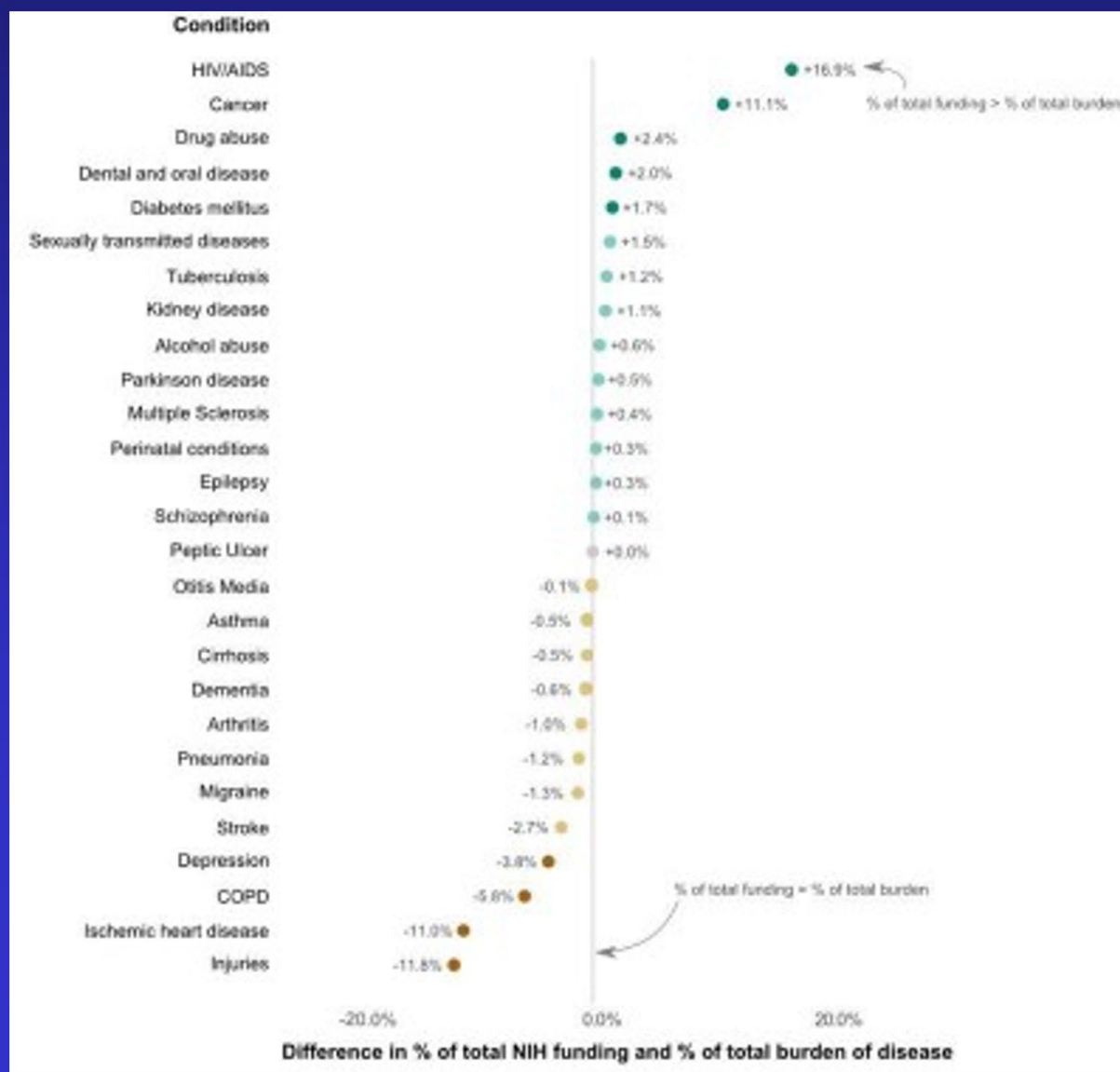
Public Health Solutions Work

- Public health problems require public health solutions
- These must be data driven. Emotion is not enough
- Buckle up for safety, buckle up
- Mothers Against Drunk Driving
- We did it with cigarette smoking
- We converted HIV to a chronic disease

Injury

- The leading cause of death and disability in Americans under the age of 45 years
- Fifth leading cause of death in Americans over the age of 65 years
- Why then is no one yelling?
- Where is the “Trauma Ribbon?”

Relationship Between Amount of NIH Funding and Burden of Disease



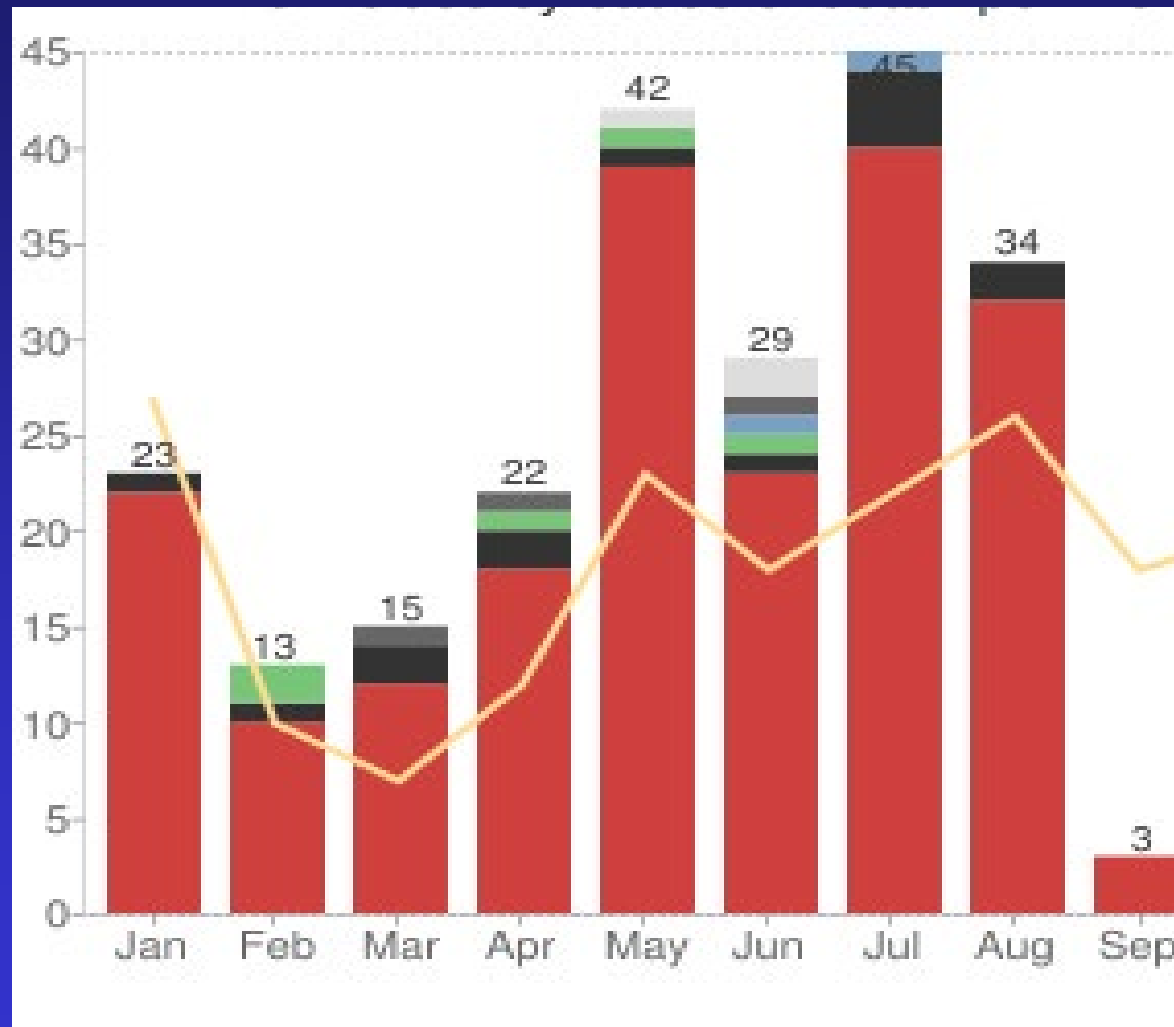
Freddie Gray

- Died April 19, 2015 on 4S, bed 13
- Treated by Deb Stein and me
- The next day, Baltimore burned
- We had over 40 TRU admissions in 24 hrs
- I canceled my trip to London
- Things have never gone back to “normal”



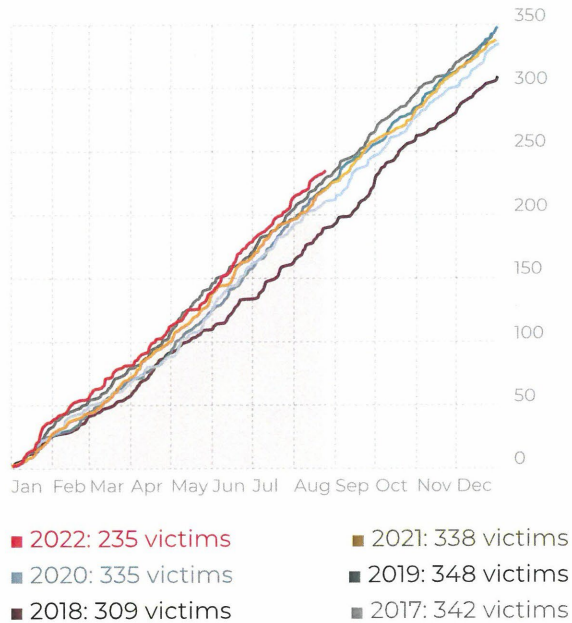
Year	#/year	Avg # month
2010	43	3.6
2011	63	5.3
2012	49	4.1
2013	56	4.7
2014	54	4.5
2015	72	6
2016	68	5.7
2017	89	7.4
2018	91	7.6
2019	92	7.7
2020	70	5.8

Homicides in 2015

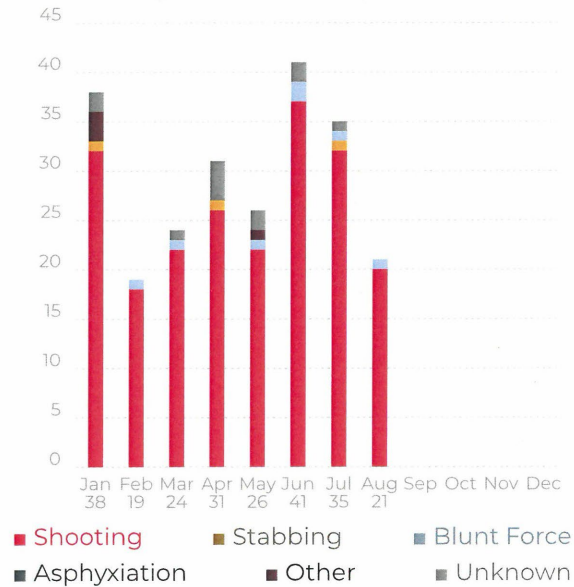


Baltimore Homicides • Time frame = All of 2022

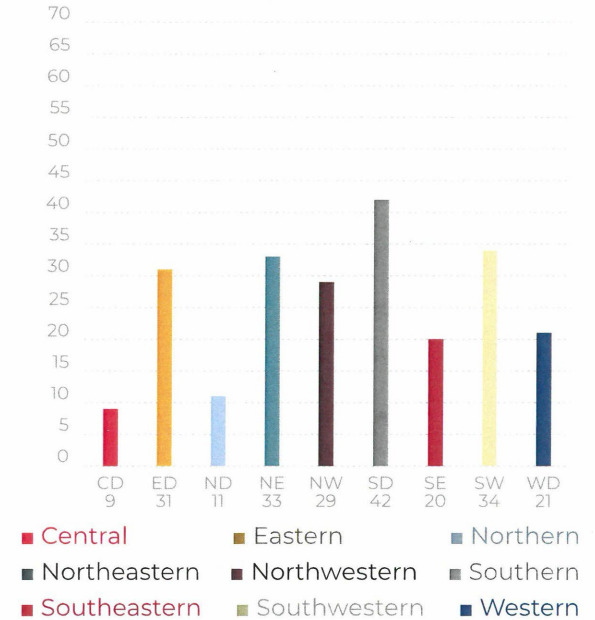
Cumulative homicide trends



Homicides by cause of death per month in 2022



Homicides per police district in 2022



Homicides

- Philly: 500 homicides, population 1,600,000
- Chicago: 800 homicides, population 2,700,000
- B'more: 360 homicides, population 575,000
- By population, our target number is approximately 160 homicides per year to be equal to Chicago

How many more parents do I have to tell that their children are dead?



A man walks past a corner where a victim of a shooting was discovered in Baltimore. (Patrick Semansky/Associated Press)

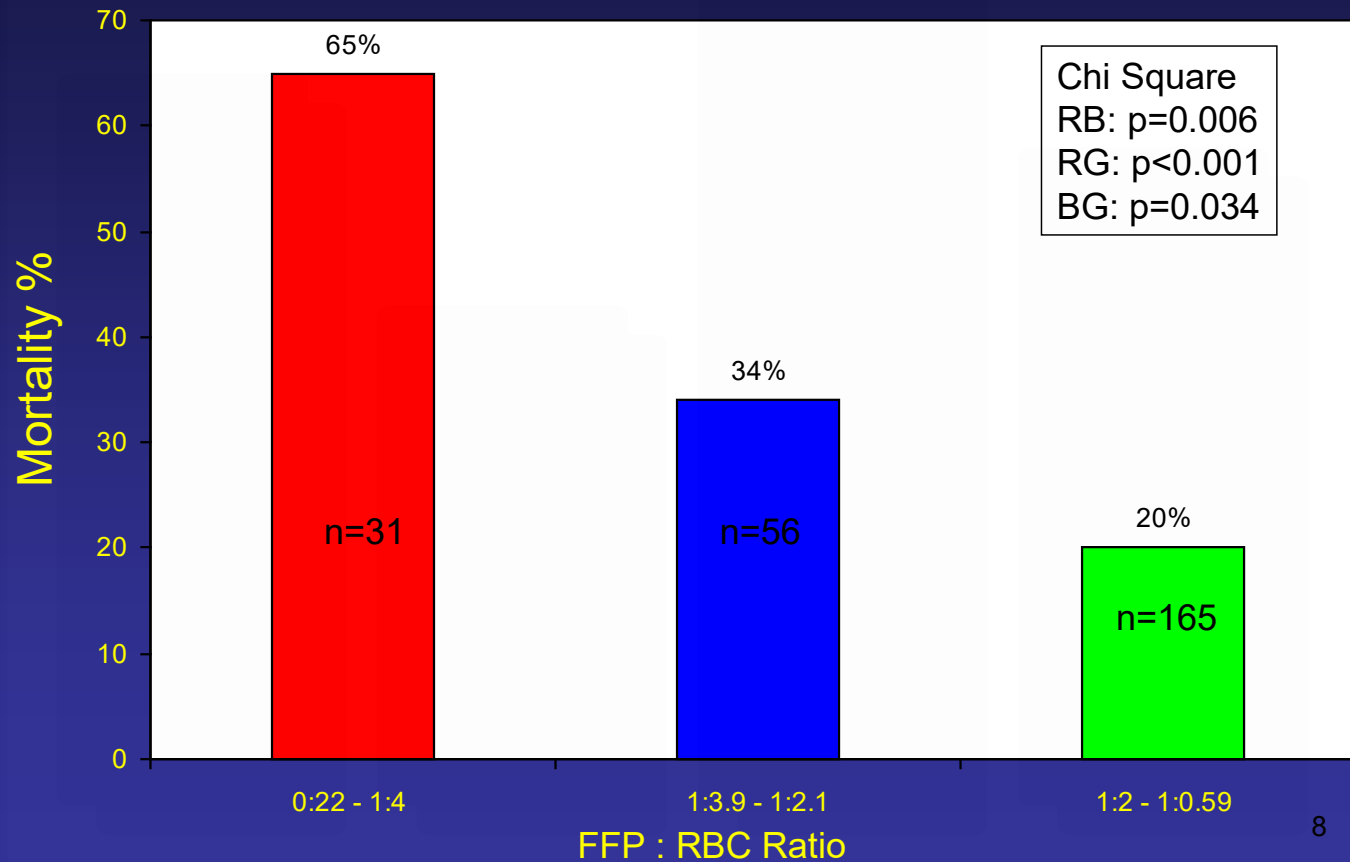
Opinion by **Thomas M. Scalea**

July 28, 2017

Advances in the Care of Penetrating Trauma

- We are far better than we once were
- Transfusion strategies
- Use of endovascular care
- Damage Control techniques
- This has been accomplished with bidirectional discussions with the US Military

Effect of FFP : RBC Ratio on Overall Mortality in 252 Massively Transfused Trauma Patients (long term outcomes)



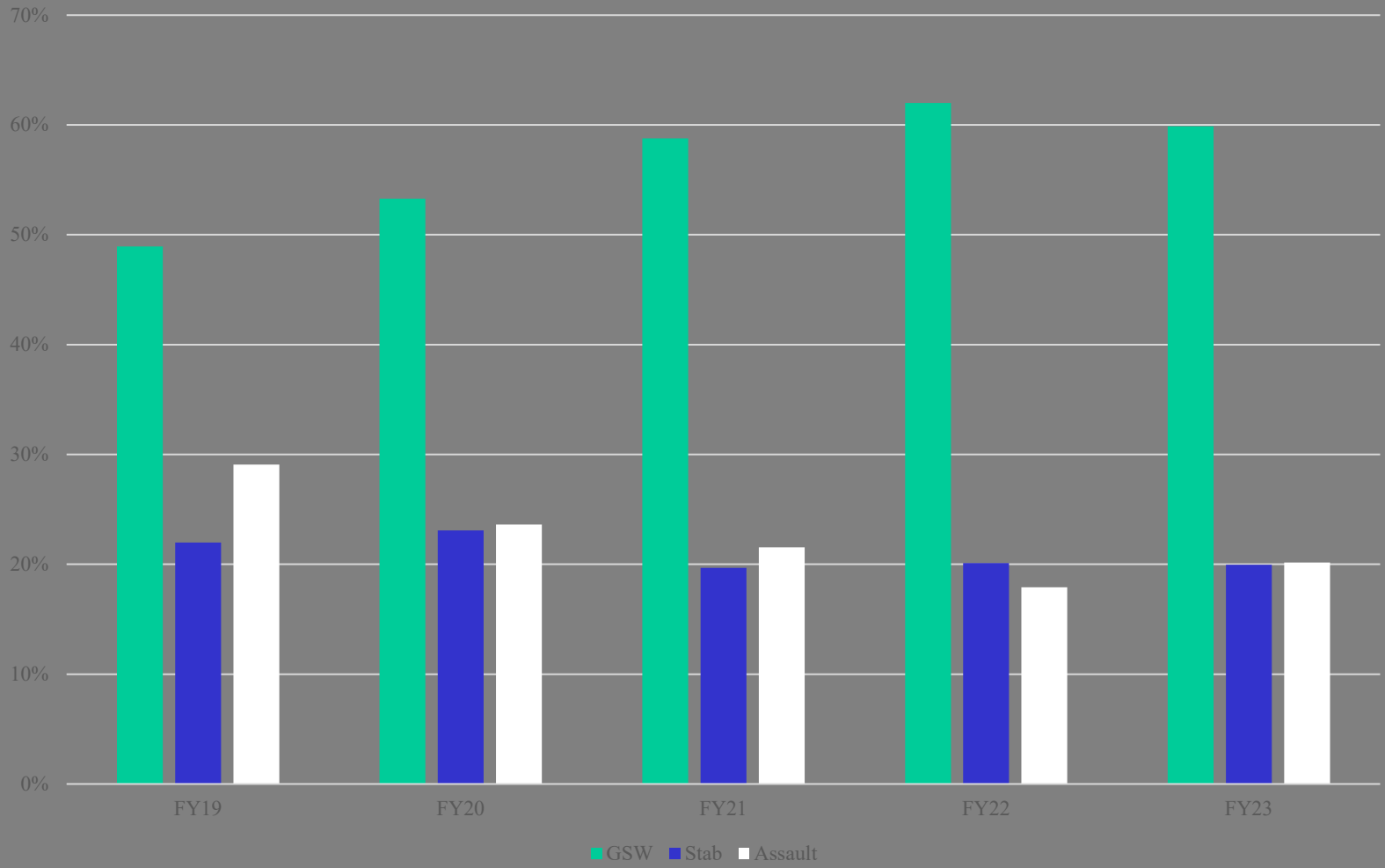
Basic Endovascular Skills for Trauma



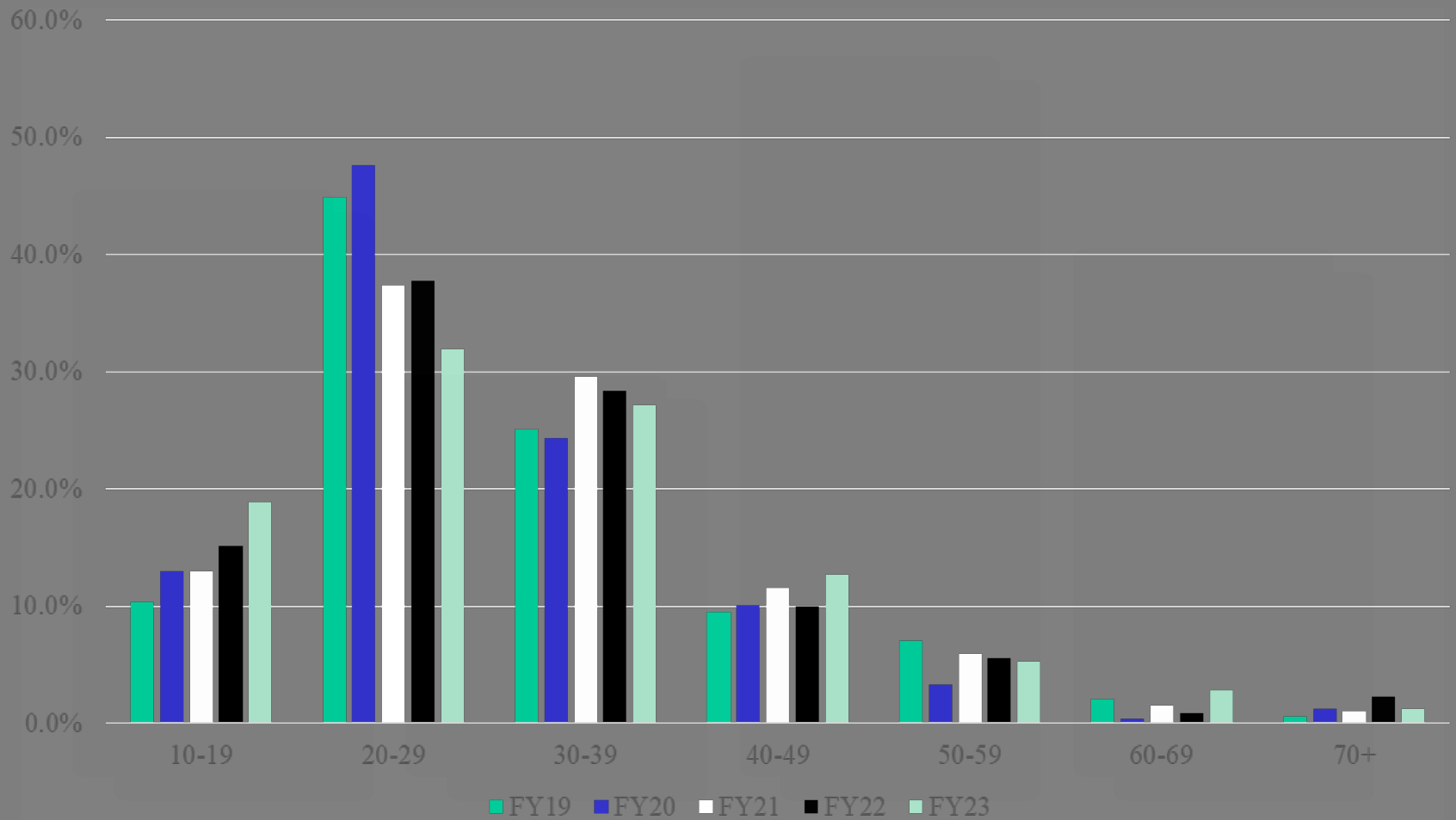
ER-REBOA™ Catheter



Violence as a Mechanism broken down



Age trends in Victims of Gun violence



*Almost a 50% increase in victims 19 and under in just the last 2 years

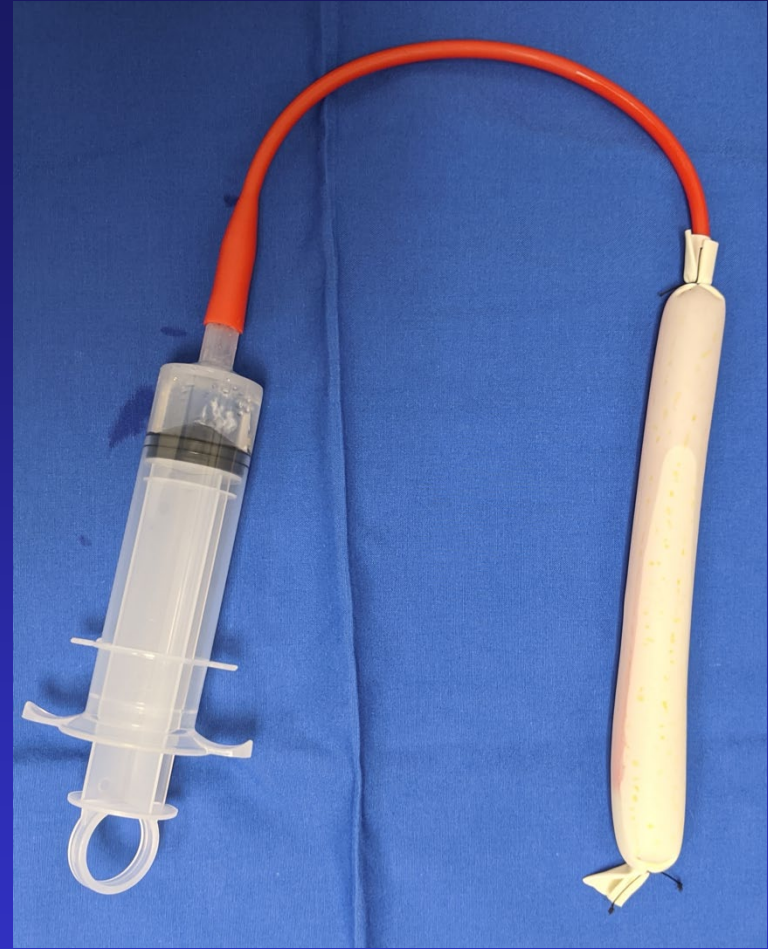
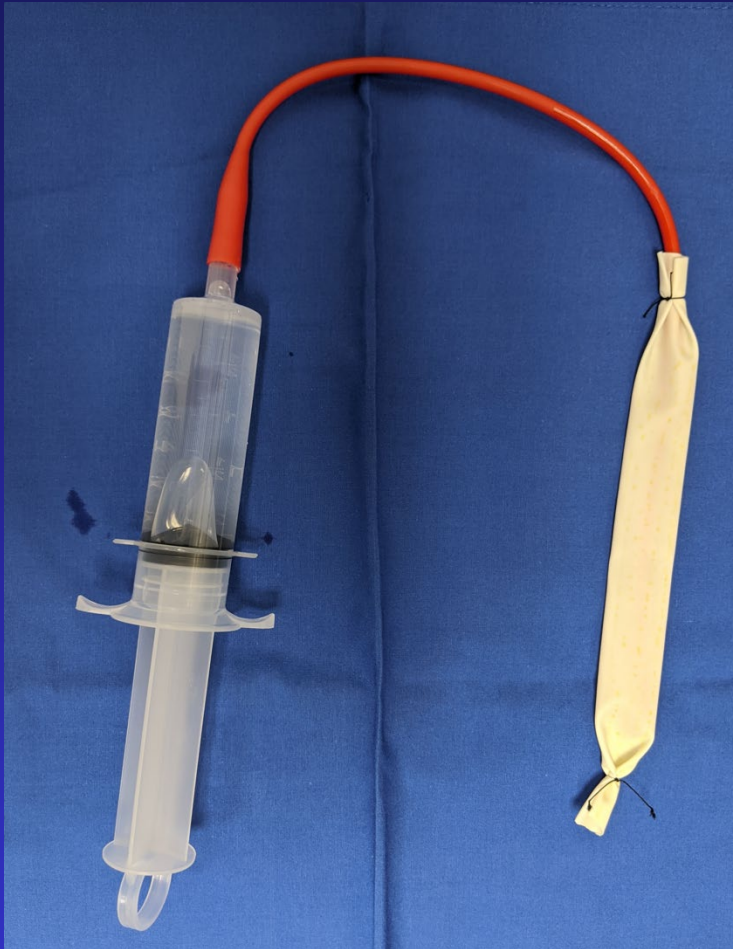


Figure 1. Demonstration of the Poggetti balloon pre (left) and post (right) inflation.

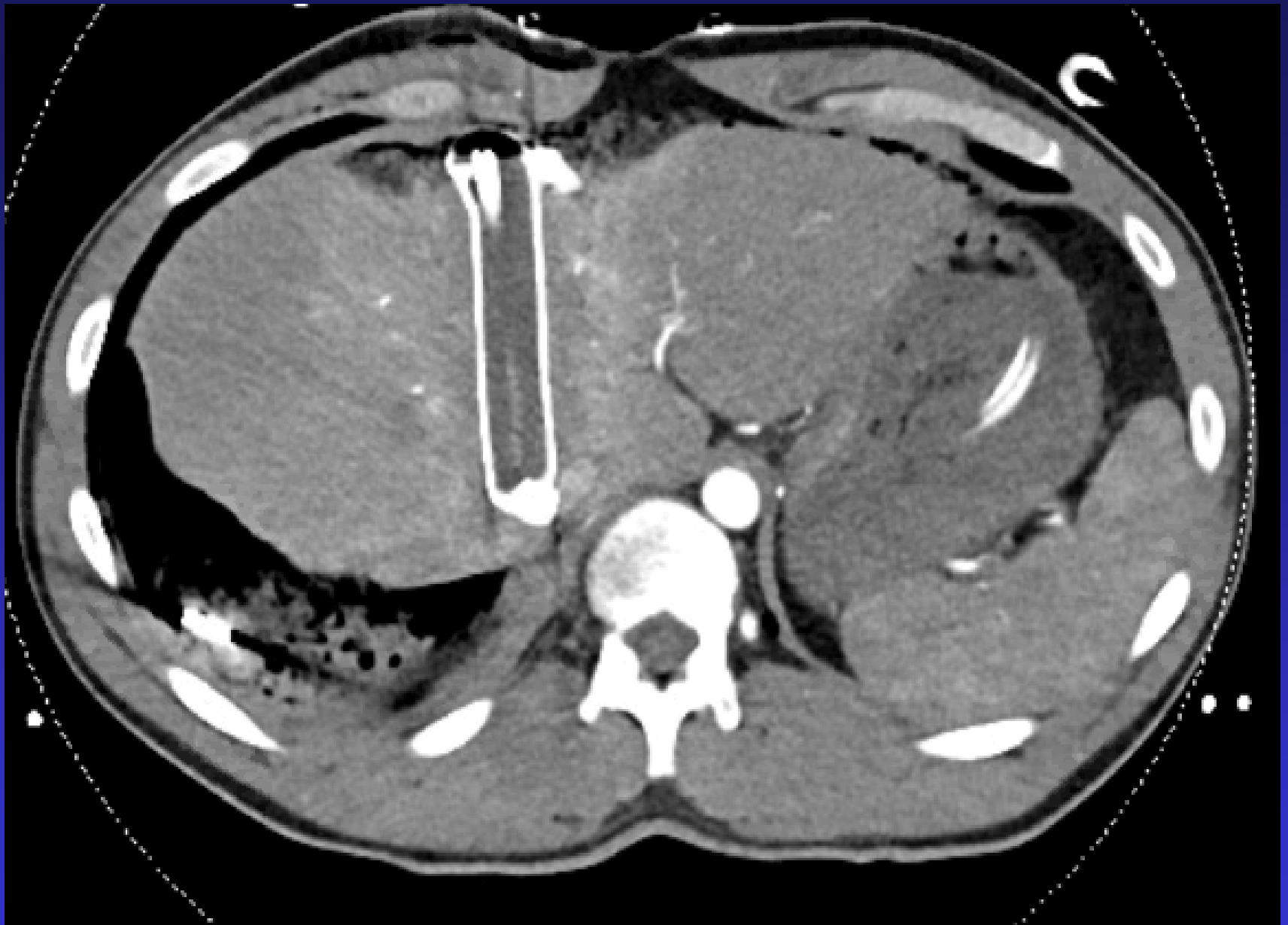
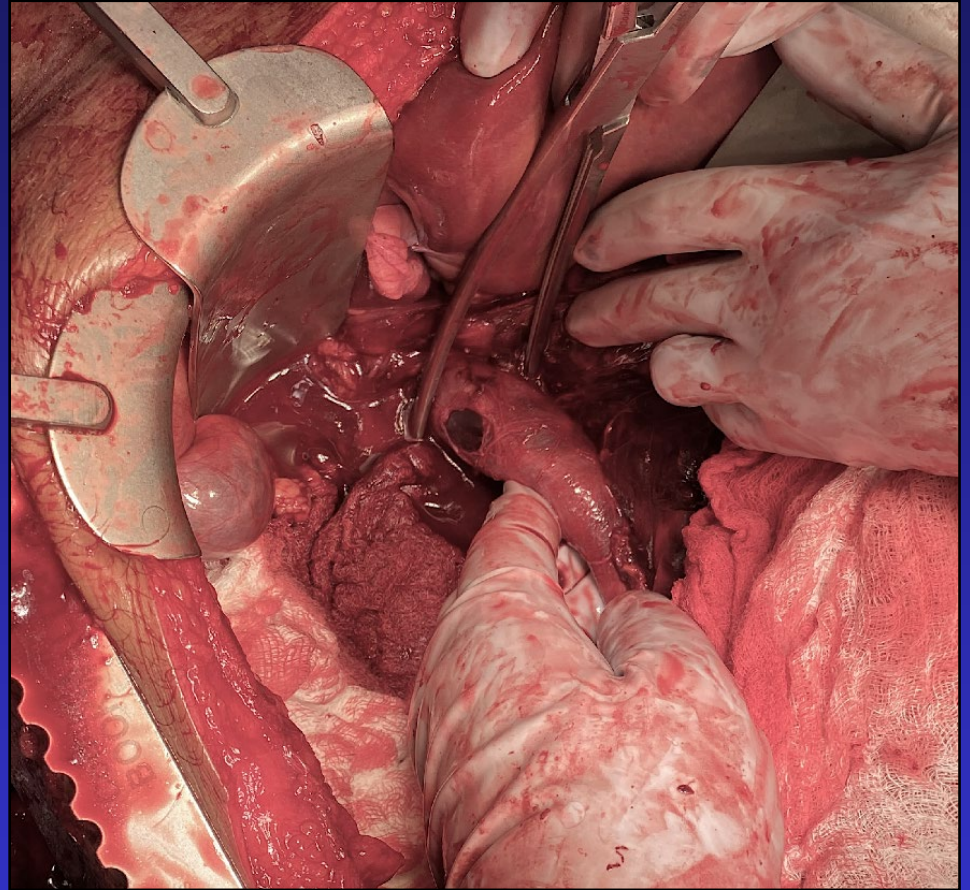
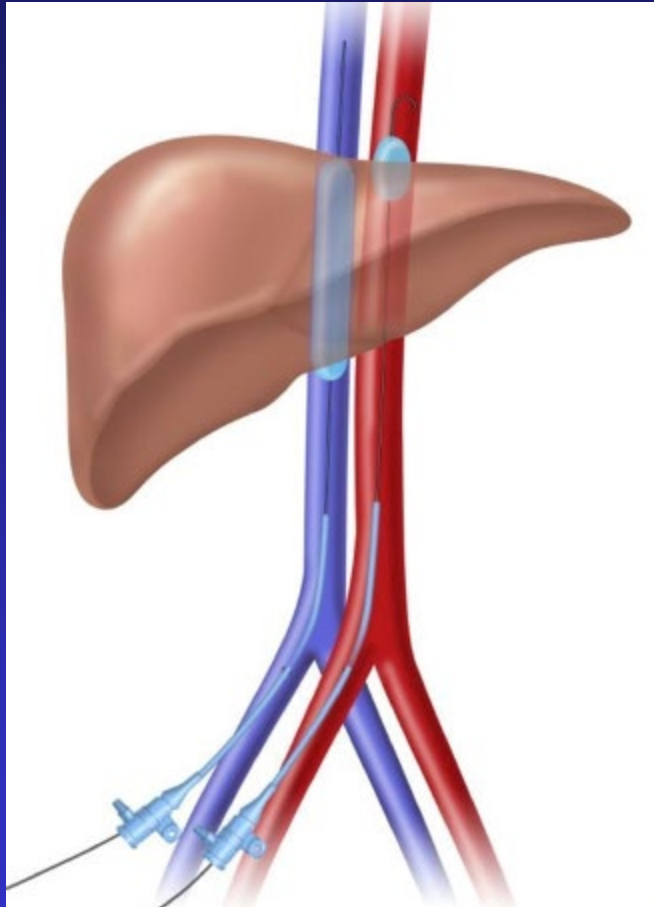


Figure 7. CT scan of the abdomen demonstrating adequate control of bleeding with balloon tamponade.





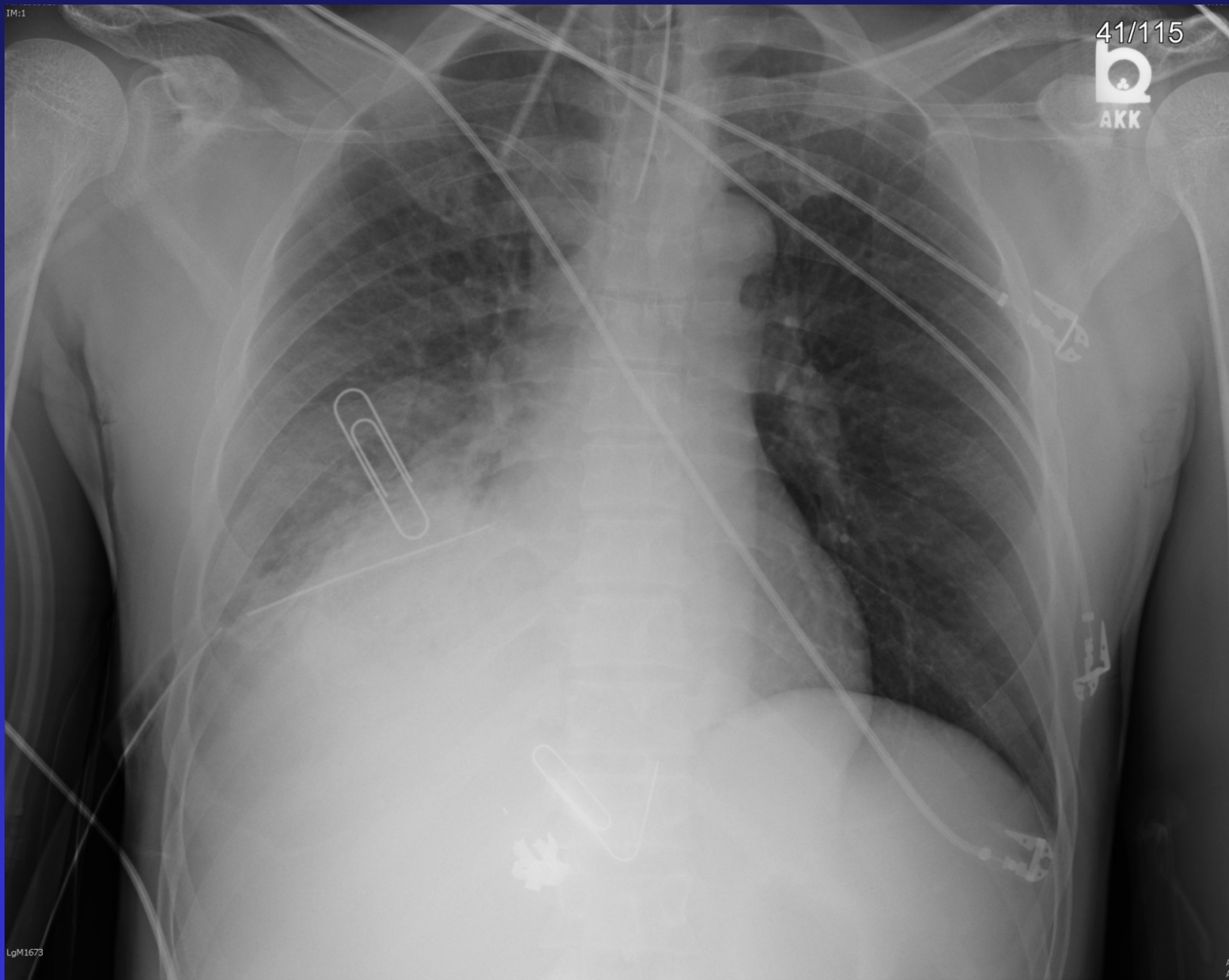
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LgM1673

AP
AP



GSW Right Thoraco-Abdomen

- Injury to IVC, right hepatic vein junction
- Repair IVC, right hepatectomy
- Severe hypoxia
- Right anterolateral thoracotomy
- Continued bleeding and hypoxia
- Cannulated for VV ECMO via R IJV and R femoral vein. Got both pulmonary/liver help

The Economic Cost of Gun Violence

- Victims of non-fatal firearm injuries experience significantly higher medical cost than peers not exposed to firearms.
 - **4X's the cost over the 1st year after injury**
- Survivors of nonfatal firearm experience higher rates of:
 - psychiatric disorders
 - substance use disorders
 - pain diagnoses
 - increases in health care spending and use

Center for Violence Prevention

- The Shock Trauma VIP
- School of Social Work
- Law School
- School of Medicine
- UMBC
- UMCP
- Who knows who else?

TraumaNet Violence Resources

Baltimore Behavioral Health System

Center for Hope at Sinai Hospital, Safe Streets, and
Baltimore Child Abuse Center

Break The Cycle at Johns Hopkins Hospital

Center for Child and Family Traumatic Stress at
Kennedy Krieger Institute

Trauma Survivors Network at University of Maryland

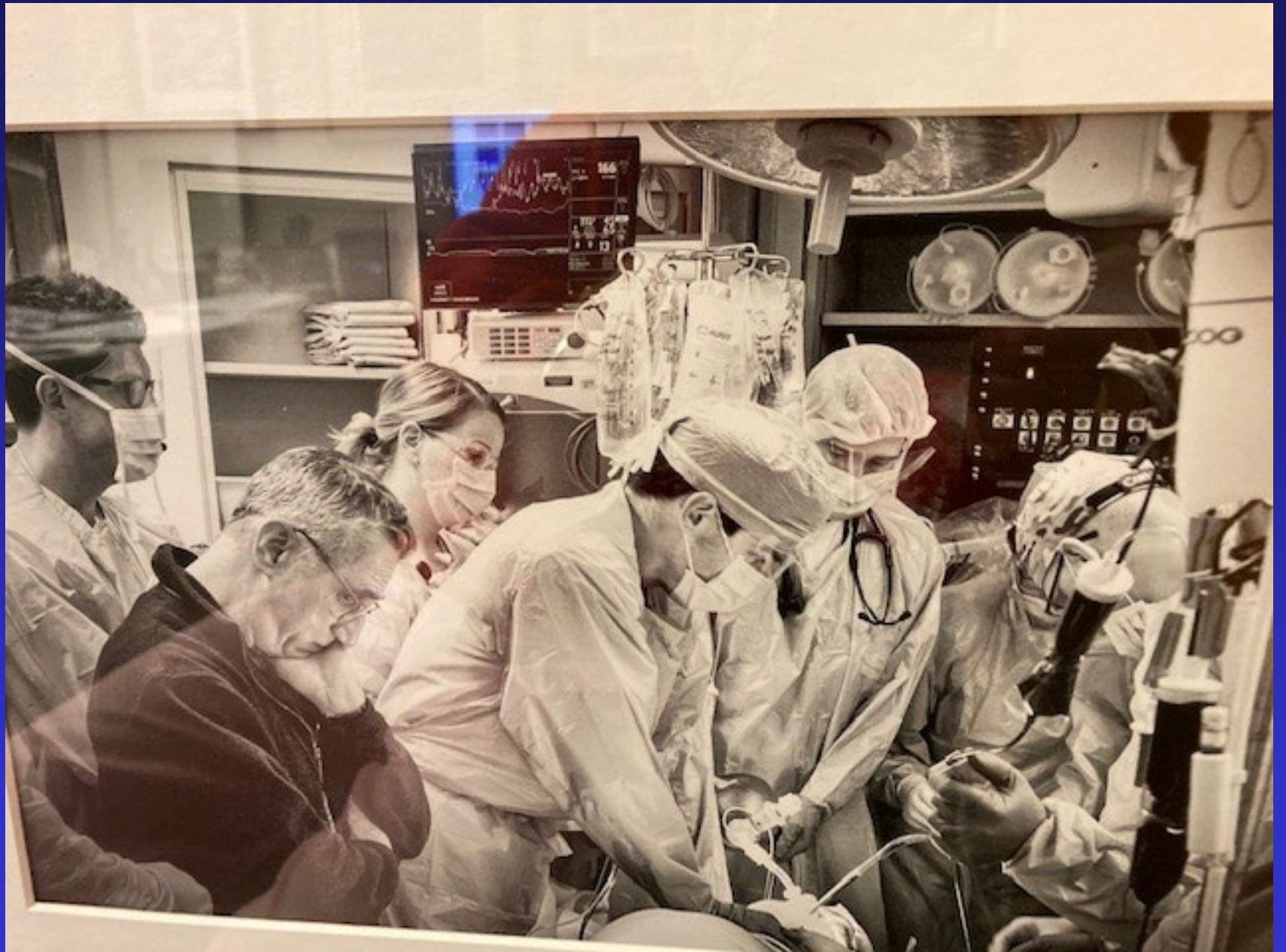
Violence Prevention Program at Shock Trauma Center

Violence Intervention Program "CAP-VIP" at UM Capital
Region Medical Center

Domestic and Sexual Violence Services at UPMC

Western Maryland





Merry Christmas

- Physician contemplation at the bedside, once focused solely on diagnosis and treatment now succumbs to the review of the social conditions which prompted the admission. In a city where daily violence infuses the streets with blood, even the best trauma care is too small a bandage for the gaping wounds of a gun ridden culture

How many more parents do I have to tell that their children are dead?



A man walks past a corner where a victim of a shooting was discovered in Baltimore. (Patrick Semansky/Associated Press)

Opinion by **Thomas M. Scalea**

July 28, 2017