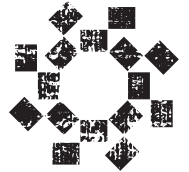


PROJECT HEAL

A community partnership
to Help, Empower and Lead



QUARTERLY REPORT JULY 2021





To our supporters,

7/15/2021

After the first wave of the pandemic ebbed last year, we rolled up our sleeves and began building a hospital-based violence intervention program – known as Project HEAL (Help, Empower, and Lead) here at Jersey Shore University Medical Center. We opened our doors this past March and the numbers from our first full quarter suggest that we are off to a running start.

From our soft launch in March through the end of June, our team has served almost 50 clients, provided nearly 150 counseling sessions, and introduced 2 new group programming tracks tailored to the needs identified by our clients. The team has also established a robust presence at community events and developed innovative partnerships with 180 Turning Lives Around, Brookdale Community College, New Jersey Crime Victims Law Center, New Jersey Reentry Corp, and others to connect victims to educational opportunities, emergency funds, health screenings, housing, job training and placement, legal assistance, transportation, victim compensation, and other social determinants of health.

Moreover, our data and evaluation team led by our collaborators at William Paterson University has helped guide quality improvement for the program as well as resulted in abstracts being accepted for presentation at three national conferences this fall, a manuscript currently under review by the Journal of Aggression, Conflict, and Peace Research, and two additional manuscripts currently under preparation for submission to Policing and Society and Crime and Delinquency.

While we recognize that this is only the start of our journey, we could not be more grateful to the many colleagues and partners who helped us get off to this running start. We are particularly indebted to Dr. Grace Hickey, Dr. Joseph Miller, Dr. Kenneth Sable, Dr. Ramon Solhkhah, and Mr. Vito Buccellato for their leadership as well as the New Jersey Office of Attorney General, the Novartis Foundation, and the Health Alliance for Violence Intervention for their support.

Most importantly, we are grateful to our clients who teach us how to do the work and remind us of why we must each and every day. With ambitious plans to grow in scale and scope already in the making, we thank you all again and hope you will continue to serve with us in the years ahead.

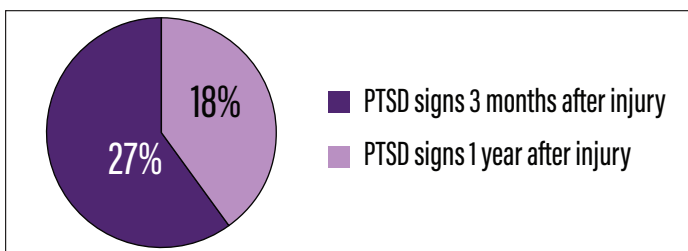
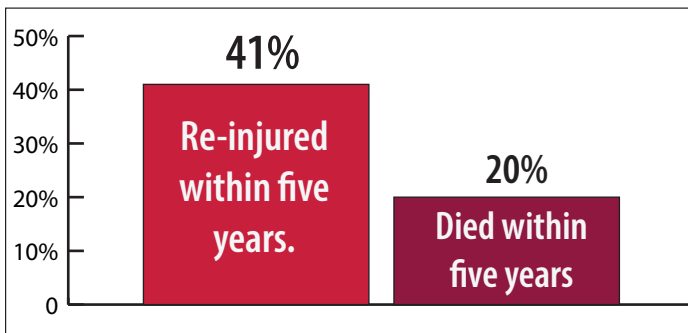
With gratitude,

Aakash Shah, MD
Medical Director

Lisa McDermott, LCSW, LCADC
Clinical Program Manager

Looking at Community Violence at a National Level

Community violence is a major public health problem in the United States—and hospitals stand on the front lines of the epidemic. Homicide is the leading cause of death among Non-Hispanic African Americans ages 15-34, second among Hispanics of this age group, and fifth among non-Hispanic whites. According to the Centers for Disease Control and Prevention (CDC), homicide was responsible for 19,362 deaths in 2016 translating to more than 607,886 potential life years lost and more than \$25 billion in medical costs and lost productivity. Although the social and economic costs of homicide are significant, non-fatal violent injuries outnumber fatal by more than 100:1, with the average cost of medical care being \$29,201 .



In urban settings, it is estimated that up to 41% of patients treated for violent injury are re-injured within five years. One survey of victims of violence at five-year follow-up found that 20% of patients treated for violent injury had died. Another study focusing on young violently injured teenagers showed that, related to the violent incident for which they were seen in an emergency department, almost 1/5 reported hurting someone else and 1/5 were hurt by someone else within months of the initial event

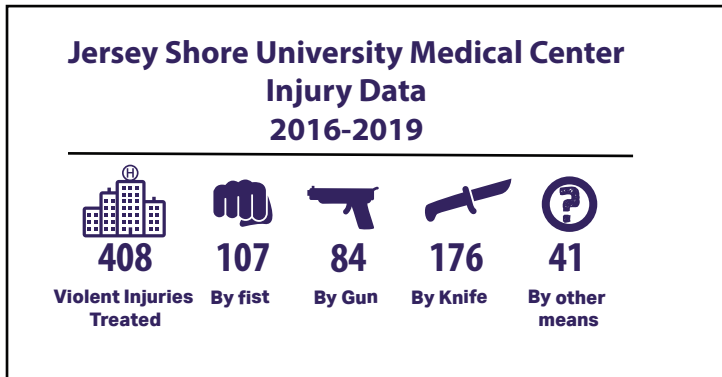
In addition to the physical consequences of violent injury, many individuals experience psychological effects of high emotional distress associated with Post-Traumatic Stress Disorder (PTSD), depression, and substance use disorders that persist long after physical wounds have been treated, which affects behavioral response to trauma. A study of men hospitalized for violent injury found that 27% had possible PTSD at three months follow-up and 18% had possible PTSD one year later.

¹ <https://www.thehavi.org/resources-and-training>

The need to implement Hospital Violence Intervention programs at a local level

Examining internal hospital data regarding patients admitted revealed several alarming figures. First, the majority of victims are young. Roughly 55% of patients who present with violent injuries are less than 30 years old and nearly a third are in their 20's. Second, the vast majority of victims, approximately 8 out of 10 are male.

Third, the victims are disproportionately people of color (Just over 51% and just under 46% of all patients who present with violent injury identifying as black and white.) Fourth, in keeping with the aforementioned reports, a majority of patients, about 64% who present with violent injuries suffered a gunshot or a knife wound.



Source: JSUMC Internal Data



Source: NJSP Uniform Crime Reports

According to data from the Uniform Crime Report, three areas of concern in terms of violent crime are Asbury Park, Neptune Township, and Long Branch City. Combined, these areas saw 12 murders and 744 aggravated assaults in the past three years. Jersey Shore University Medical Center is a level II trauma center located in Neptune that treats a substantial number of these violent injuries within Monmouth County.

The specific problem that is being addressed are cycles of violence and the focus population for the patients who are evaluated for a violent injury by the trauma surgery service at JSUMC with emphasis on young men of color injured by guns and knives as well as women intimidated by guns during domestic disputes.

Project HEAL will take a multi-pronged approach in trying to help break the cycle of repeat violent injury and victimization in Monmouth County. Its model is multidisciplinary and combines efforts of medical staff with trusted community-based partners to provide safety planning, wraparound services, and trauma-informed care to violently injured people.

²<https://www.thehavi.org/resources-and-training>

Staff Hiring

The following staff members were hired recently



Valerie Johnson, RN

Clinical Advocate

Start date 1/11/2021



Chris Kuhn

Content & Outreach Coordinator

Start date 1/15/2021



Keisha Harbour

Violence Intervention Specialist

Start date 1/25/2021



Patricia Labarbara

Clinical Intern

Start date 1/1/2021



Kristen Ryan

Clinical Therapist

Start date 3/15/2021



Kyle Weedon

Violence Intervention Specialist

Start date 5/24/2021

Partnerships



The partnership with **180 Turning Lives Around** helped create a Hospital Domestic Violence Response Team so specially trained volunteer advocates can be deployed bedside when a victim of domestic violence presents to the Jersey Shore University Medical Center Emergency Department with related injuries.



BROOKDALE
COMMUNITY COLLEGE

The partnership with **Brookdale Community College** will provide a seamless connection between victims of violence served to GED classes, higher education and job training programs.



The partnership with **New Jersey Reentry Corporation** will allow us to reach more victims of crime and connect them to services.



New Jersey Crime
Victims' Law Center

The partnership created with **New Jersey Crime Victims' Law Center** will allow victims of violence to be connected with legal support and assistance.

verizon[✓]
media


The partnership created with **Verizon** (an already established vendor of the hospital) will allow victims of violence served to be provided a working cell phone. This will help immensely in assisting with coordination of care and services for our clients.

Trainings

Of the **26 TRAININGS** attended by staff, **11 are displayed below**. Trainings were attended by funded staff, any fees associated were funded by Victims of Crime Act.


- "Understanding the Impact of Trauma and Community Violence, and Addressing Racial Trauma" 1/22/21- 1/29/21

7 Staff in attendance




- "If It Isn't In Writing, It Didn't Happen: Documentation to Protect Your Client, Yourself, and Your Organization" (Rutgers Webinar) 1/25/21

7 Staff in attendance




- "Crisis Prevention Institute" 2/10/21

9 Staff in attendance




- "Victims of Crime Compensation: How to Assist with Application" 2/11/21

9 Staff in attendance




- "Professional Community Intervention Training Institute" (PCITI): 2/16/21 - 2/19/21

10 Staff in attendance




- "180 Turning Lives Around, Domestic Violence Module 1 & 2. LGBTQ 3/4/21

9 Staff in attendance




- "NJ Crime Victims Rights/Law Center" 3/11/21

11 Staff in attendance




- "Grief Summit" 4/29/21 - 4/30/21

5 Staff in attendance




- "A Review of Evidence Based Practices and Optimal Treatment Models of Complex Trauma" 5/6/21

4 Staff in attendance




- "Monmouth County Social Services Training" 5/6/21 - 5/20/21

10 Staff in attendance



- "Foundations and Models of Crisis Intervention and Trauma Response" 6/22/21- 6/24/21

4 Staff in attendance



Events

Of the 8 EVENTS attended/co-hosted by staff since April 1st, 3 are displayed below



National Crime Victims' Rights Week

4/19/21 - 4/23/21

Since 1981, National Crime Victims' Rights Week has been celebrated every year in April. This week is dedicated to learn about victimization, the effect victimization has on individuals, families, friends and the community, and to promote laws, policies, and programs to help victims of crime.

Project HEAL had an information table at JSUMC to speak to staff and the public alike on the importance of victims rights, as well as the importance of their program.

Gun Violence Prevention Day

6/4/21

Gun Violence Prevention Awareness Day is a day that aims to raise awareness of the prevalence of gun violence. In 2017, after learning that 91 people a day die by gun violence, a social awareness art display titled "91 and us" was created by Caileigh Nerney.

While this day is recognized nationally, JSUMC Trauma Injury Prevention tailored this event internally to raise awareness for staff along with the help of Volunteers from Project HEAL. Both departments hope that in talking with staff, they can improve the process of learning best practices for improved recognition, response, and referrals. Between January 2016 and August 2019, JSUMC's internal medical data shows that they treated 408 violent injuries in a variety of different capacities, 84 specifically by gun.



Celebrating Juneteenth in Asbury Park

6/19/21

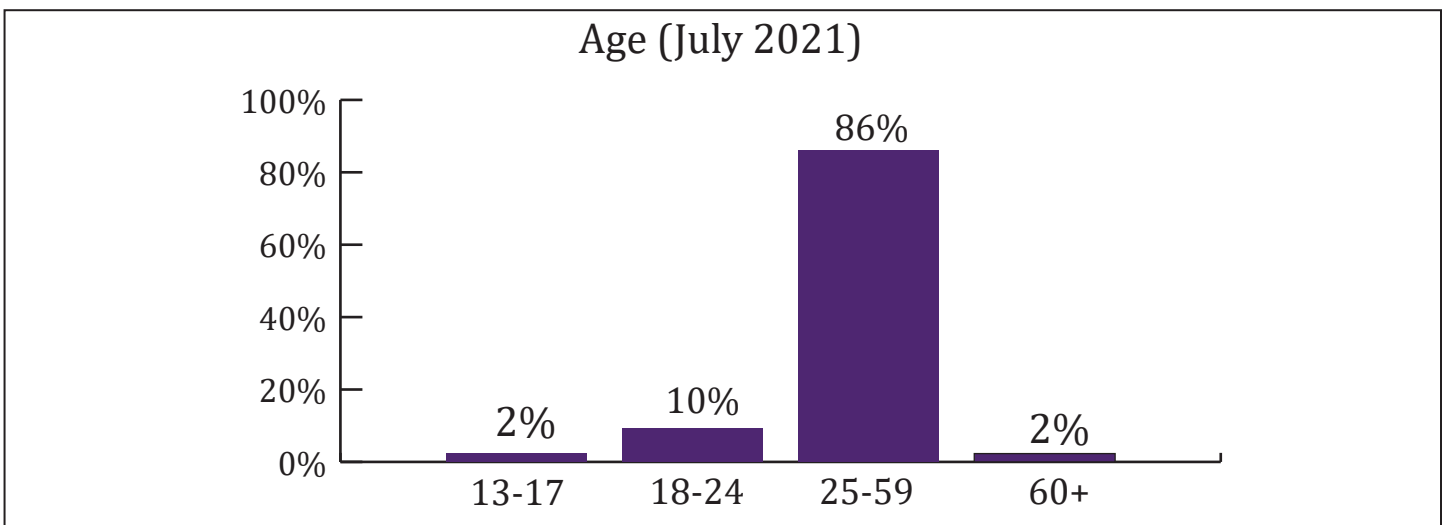
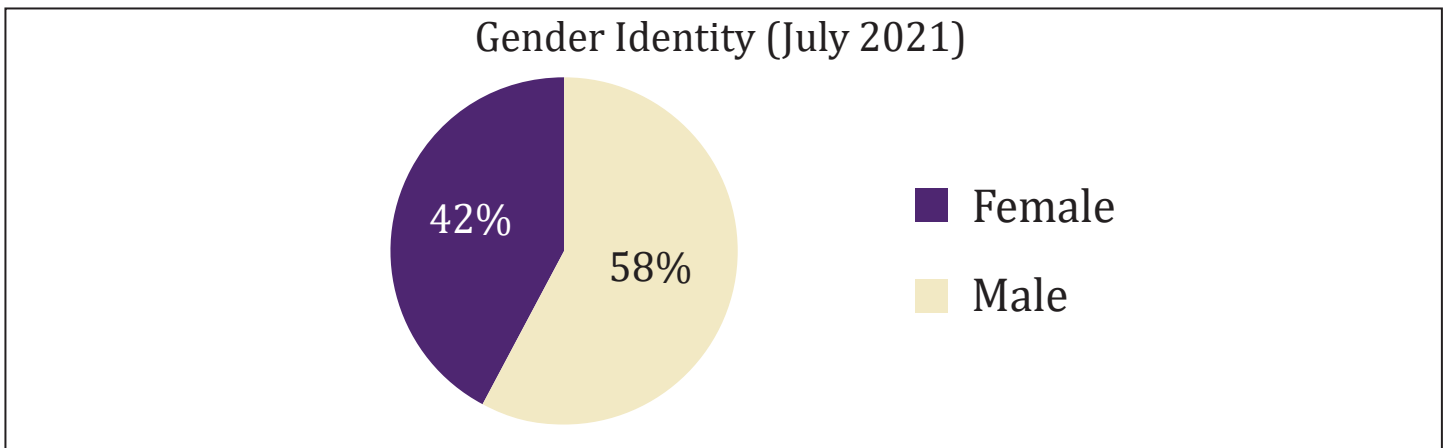
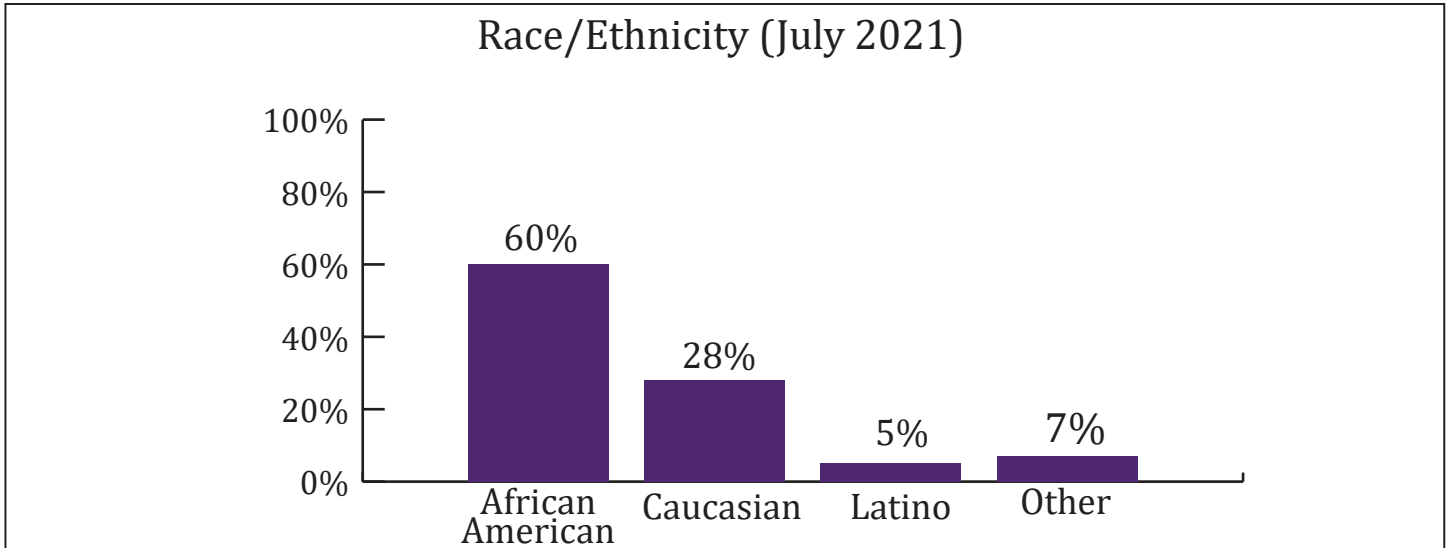
Local residents gathered together Saturday June 19th in Asbury Park for the nation's first official Juneteenth celebration, commemorating the end of slavery 156 years ago. Project HEAL was in attendance to bring program awareness to the community.

Community members and Project HEAL Violence Intervention Specialists Keisha Harbour and Kyle Weedon, along with Content & Outreach Coordinator Chris Kuhn worked the table for the event.

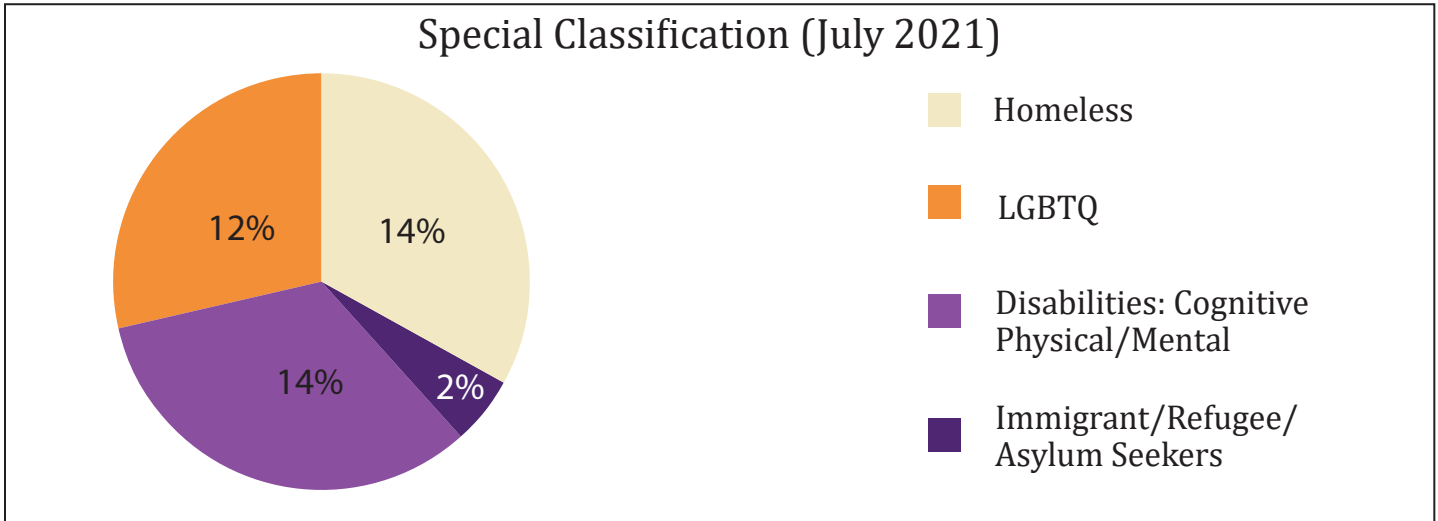


Client Demographics

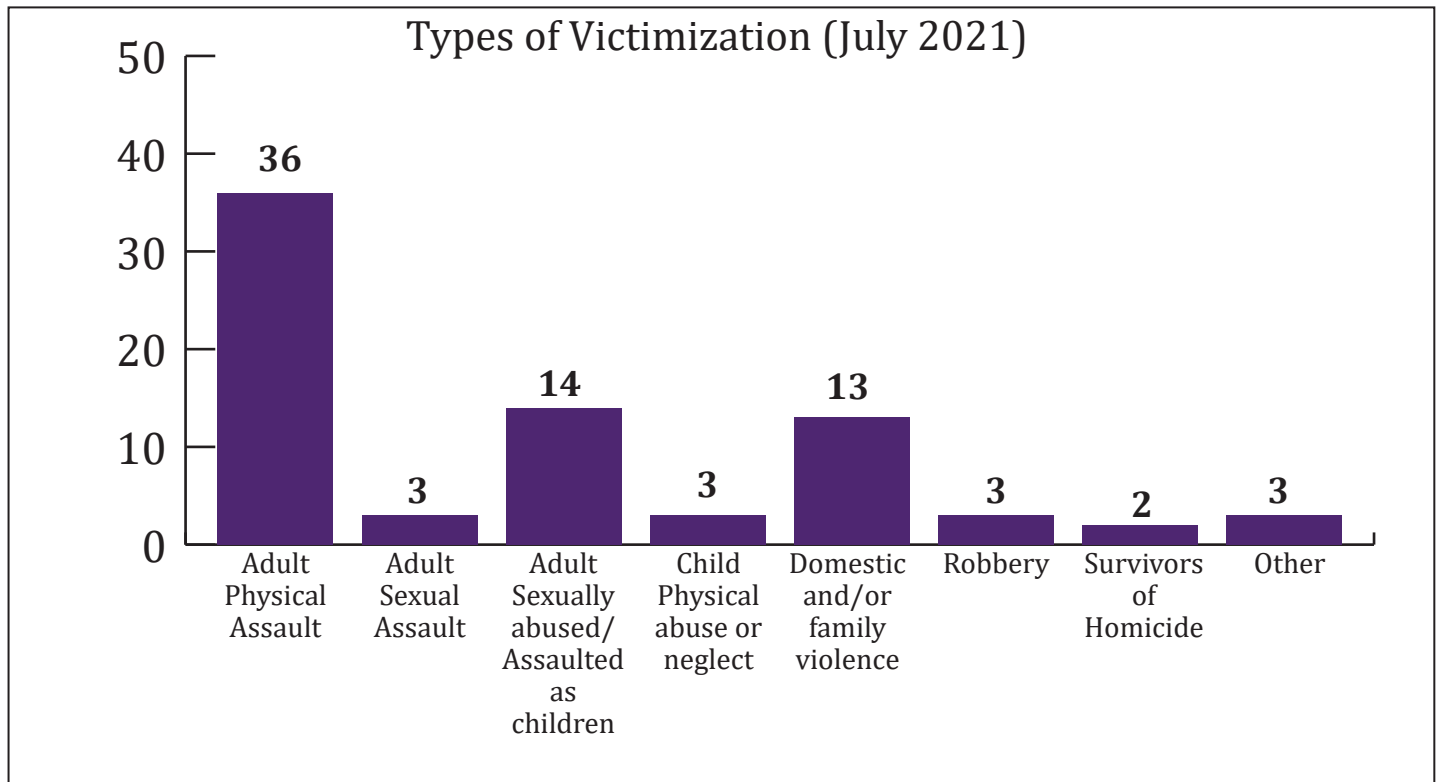
Of the 43 clients served, **more than half were male**. The majority of clients were between the **ages of 25 to 59**. Over half of all clients were **African American (60%)**, 28% were Caucasian, 5% Latino, with 7% being other.



Of the 43 clients served, **42%** of them were categorized as special classification.

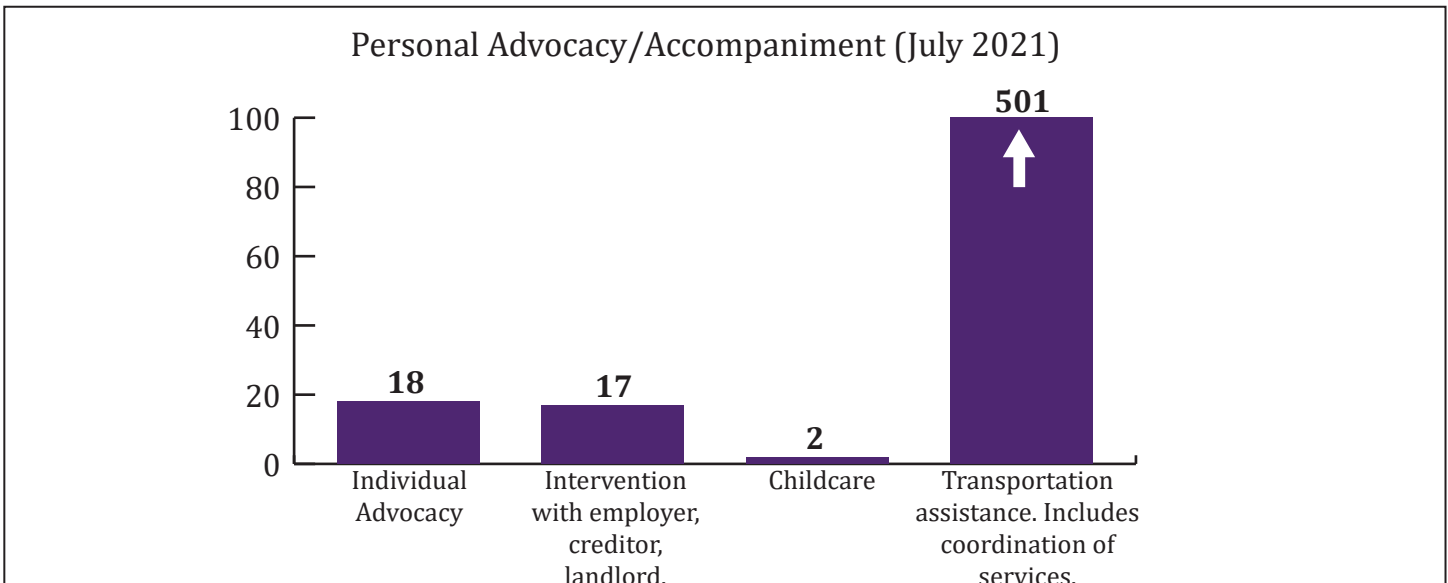
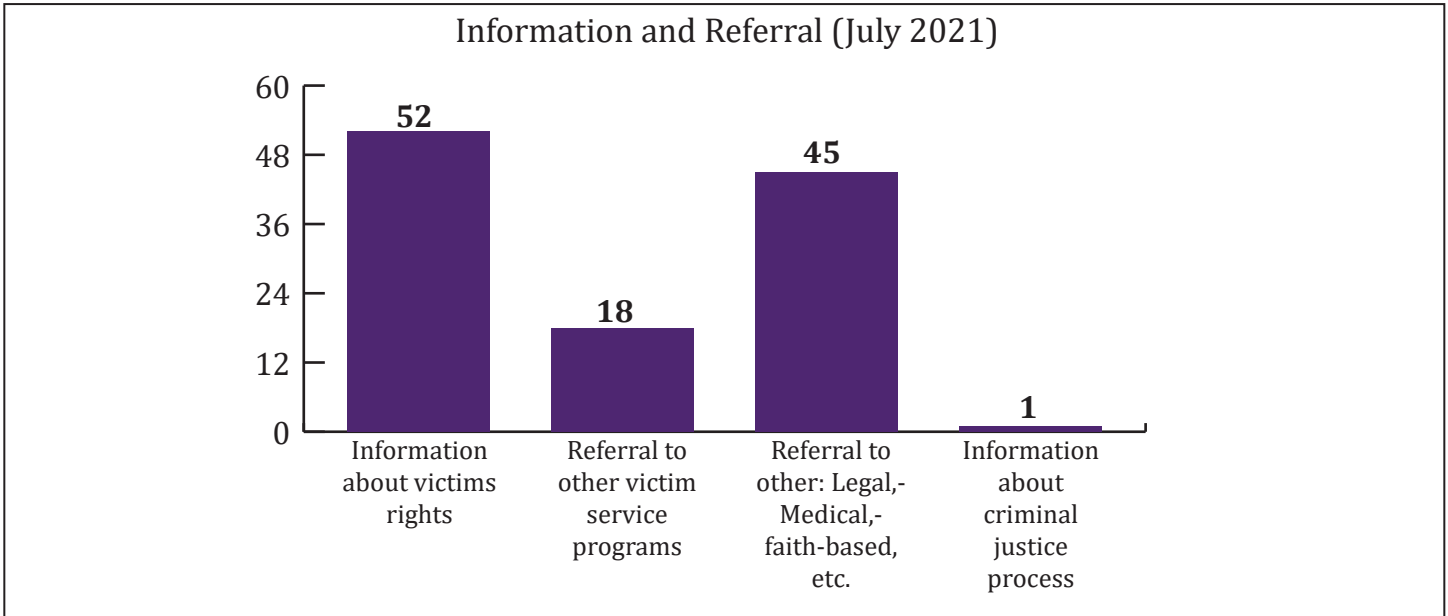
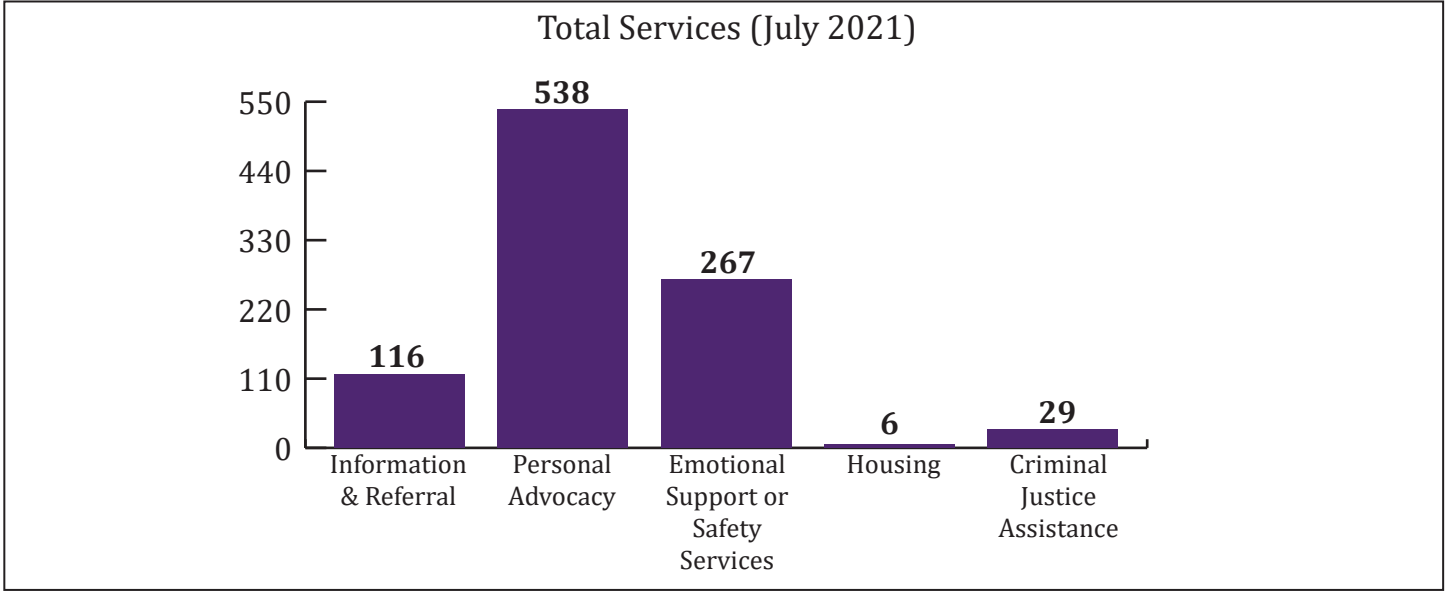


In terms of Types of Victimitizations, the most widely reported by patients was **Adult Physical Assault (47%)**, with 32% reporting being sexually abused or assaulted as children, and 30% reporting instances of domestic or family violence.



Of the 43 clients served, **49%** presented more than one type of victimization.

Direct Services



Direct Services

Transportation assistance made up the majority (**93%**) of the Personal Advocacy category. However, this service was wide ranging in it allowed clients to be brought to their **appointments in office (64% of Emotional support/Safety Services)** as well as being returned home. Clients also were able to be given transportation to the **grocery store, municipal courts, and doctors appointments.**

