

Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222

Phone: 412.350.5701
Fax: 412.350.4004
www.alleghenycounty.us/dhs

ONE VISION ONE LIFE

TRAUMA CENTER INTERVENTION PROJECT

Prepared by Erin Dalton and LaToya Warren

RESEARCH BRIEF



Abstract

This research brief examines the 41 trauma center interventions conducted by One Vision One Life (OVOL) from 2005 to the spring/early summer of 2007. The analysis uses data collected during OVOL trauma center interventions; this information, which was logged on OVOL hospital forms, is self-reported by the victims and, in some cases, by a family member. Excerpts from hospital intake forms are included in Appendix A of this brief. The results of the analysis are intended to provide feedback to OVOL and the trauma center partners as well as to assess the cost-savings attributed to the intervention.

Analysis

BACKGROUND

The Trauma Center Intervention Project is a partnership between One Vision One Life (OVOL) and selected Pittsburgh-area hospitals that aims to reduce violent injury, particularly re-injury, in high-risk individuals*. These “high-risk” individuals – individuals who are suffering from violence-related trauma such as gunshot wounds, stabbings and blunt trauma injuries – are approached in the hospital while recovering from those injuries.¹ This recovery period is often a time of self-reflection for violence-involved patients, and affords them an opportunity to consider the events and lifestyle that led to their current predicament.²

The OVOL hospital intervention screens and connects these individuals with community resources including outreach services, housing, educational opportunities, job skills training, and counseling. The goals of the intervention are to:

- **Provide outreach to the highest risk individuals**—those who have already been violently injured and are considered to be at highest risk of being injured again. This group is also at high risk of retaliating against those who hurt him/her.
- **Prevent additional violence**—OVOL outreach workers are skilled at assessing the likelihood that one violent act/incident will lead to further violence. In the event that further violence seems imminent, OVOL staff members use community/street connections to broker peaceful resolutions.
- **Provide support and opportunities to high-risk individuals**—it is believed that a high-risk person’s likelihood of becoming involved with violence can decrease if they are offered support and opportunities. Services are provided by a team including OVOL staff, the OVOL Program Director, and service providers offering programs related to drug & alcohol treatment, mental health treatment, job training, etc.

* Partnering hospitals are: UPMC Presbyterian, UPMC Mercy, Allegheny General, and Children’s Hospital. However information presented in this document are from UPMC Presbyterian.

Significant Findings

- **Intake Location:** More than half of the intakes were conducted at one of the partnering hospitals and the remaining intakes were completed at places such as the victim's home or a rehabilitation facility.
- **Demographics:** Eighty-three percent of the individuals were male and 80 percent were black. Victims ranged in age from 17 to 59 years; the mean age was 34 years.
- **Victim's Residence:** Victims resided in 18 neighborhoods/municipalities; the neighborhood of Homewood and the municipality of Wilksburg had the highest count of victim residents.³
- **Housing:** More than 35 percent of victims had housing that was unstable or caused severe stress. Ten victims were in need of alternate housing to ensure their personal safety.
- **Education:** About half of the victims had at least a high-school diploma and less than 10 percent reported that they dropped out of school.
- **Employment:** About 30 percent of victims were unemployed but 15 percent were looking for work. Seventeen percent of victims reported earning money through illegal means.⁴
- **Substance Abuse:** Thirty percent of victims reported having an active substance abuse problem.
- **Gang Affiliation:** Nearly 15 percent of the victims reported gang involvement. Some victims were merely associated with a gang; others were active gang members and some reported wanting to end their gang involvement.
- **Victim Violence:** Thirty-five percent of victims indicated that they had instigated violence or had thoughts of being violent.
- **Willingness to Change:** Nearly 80 percent of victims indicated a willingness to try to change their lifestyle.
- **Services Needed:** Victims were approached at a time when they were in need of help. Some only needed to recover from their injuries while others sought to make a transition in their life. The following were the documented services needed:
 - *Relocation Assistance:* 10 victims (24 percent of all victims) requested assistance with finding a new place to live. The reasons spanned from wanting to get away from their current environment to issues related to a fear of retaliation that might result from their pending or intended legal action against the person who attacked them.
 - *Human Service Needs:* Victims also reported their need for employment assistance, drug and alcohol treatment, mental health services, and physical rehabilitation.

Cost Savings

To estimate the cost savings associated with preventing retaliation, this brief replicates an analysis performed by Chicago Ceasefire.⁵ Ceasefire's analysis relies on prominent research conducted by Miller and Cohen (1997) to determine the average medical cost of treating a victim of a shooting.[†] This approximate cost per victim (\$37,843) likely underestimates the true cost of treating a shooting victim because it does not account for costs incurred by the victim (e.g. diminished quality of life and loss of productivity) and by his or her community.

Using anecdotal information from OVOL, we estimate that at least five retaliations were prevented by the program's intervention. Given the above calculation, we extrapolate a financial savings of \$189,215 in medical costs alone.

Conclusion & Recommendations

Hospital intake forms provide a glimpse into the lives of victims of violence and shed some light on the cycle of violence in which many victims are entangled. One violent act has the potential to trigger a string of escalating retaliations and while anti-violence programs like OVOL cannot prevent all violent acts, they can respond with interventions that curb this cycle of retaliation.

The program's evaluation measures will include ongoing collection of hospital intake forms and annual reviews of those documents. Integrating a victim tracking component into OVOL's data collection would provide longitudinal information about these individuals and the paths they ultimately followed.

[†]The Miller and Cohen report focused on the cost of treating a victim in 1993 which equaled \$27,299 dollars per victim. For the purposes of this brief, and adjusting for inflation, the cost of treating a victim increases to \$37,843 in year 2006 dollars (calculated on www.westegg.com/inflation/infl.cgi).

Appendix A

Excerpts from OVOL Hospital Intake Forms
(Notes collected by OVOL intake workers in interviews
with violence patients and/or their family members)

Victim A	Victim A is a very angry young man. He has a delusion that since he has survived four gunshot wounds that he is invincible. His mom is a recovering addict who will not let him return home.
Victim B	I met with Victim B's grandfather. He tells me that the victim and his boys have what they call a "community gun" to deal with issues like the one Victim B is involved in.
Victim C	Victim C was robbed during a delivery. He was working two jobs and taking classes towards his GED. He wants to relocate because he will testify against his perpetrators.
Victim D	Victim D has been shot twice and is asking for help. He realizes that the law of averages is against him. He is bipolar, smoking crack, snorting heroin, and attempting to steal drugs—but he is asking for help.
Victim E	<p>Victim E was found in an alley. Lucky to be alive, vital organ damaged. He was mindful of what he said to me. He has a daughter, has a brother in prison, mother is drug abuser and a sister who has a baby. He has been raised by his grandmother and feels abandoned by his mother. She has not been to see him.</p> <p>After several visits...</p> <p>Victim E appeared to be more receptive and open-minded today. He even greeted me and thanked me for coming by and shook my hand as I was about to leave. He mentioned that he does not want to go back out there to the streets.</p>
Victim F	Victim F will lose his eye as a result of a home invasion that was directed at his 17-year-old stepson.
Victim G	Victim G told the social worker that he was robbed, but he told me that he was shot because he had a certain color on. The victim says he's not going to retaliate but that definitely doesn't mean his father and uncles won't take matters into their own hands.
Victim H	Victim H was shot as a direct result of retaliation for a gun that the victim was supposed to have stolen from the perp's girlfriend's house several months earlier.
Victim I	Victim I was open and honest about his involvement in the drug game and about how one young man he took under wing set him up to be robbed and subsequently shot him 3 times in the left leg and one time in the right leg.
Victim J	Victim J is deathly afraid of going back to [his neighborhood] because he feels he might be shot again. Although he has no intentions of retaliating, he is certain his homies are going to. I asked that both he and his uncle squash it, but more will be revealed.

Notes

- 1 The Chicago Ceasefire Project also uses this approach. For more information on their trauma center interventions, see: <http://www.ceasefirechicago.org/Hospital%20Pilot%20Proposal%202.htm>
- 2 Victims are typically approached by hospital social workers who tell the patient about One Vision One Life's services. If the patient agrees to receive services, the social worker notifies One Vision One Life staff who responds within 24 hours.
- 3 Through the years 2001 to 2006, Wilkinsburg had 28 homicides which was the highest number of homicides within a County municipality. In 2006, there were 65 shootings in Homewood South and 38 shootings in Homewood North. A shooting is an aggravated assault with a gun resulting in injury. Further both neighborhoods meet the criteria of being a "disadvantaged neighborhood" following the Annie E. Casey criterion.
- 4 Education is an important characteristic to consider when studying violence because indicators such as academic failure, truancy, and frequently changing schools are all predictors that can make an individual susceptible to becoming a victim of violence or committing a violent act.
- 5 For more information on the Chicago Ceasefire Project's trauma center interventions, see: <http://www.ceasefirechicago.org/Hospital%20Pilot%20Proposal%202.htm>

Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222

Phone: 412. 350. 5701
Fax: 412.350.4004
www.alleghenycounty.us/dhs

