

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS (HVIP'S)

**Presented to the Medical Assistance Program Oversight Council
(MAPOC)**

**Women and Children's Health Subcommittee
Co-chaired by Rep. Jillian Gilchrest and Amy Gagliardi**

**January 13, 2020, 9:30 a.m.
Legislative Office Building Room 2-A**



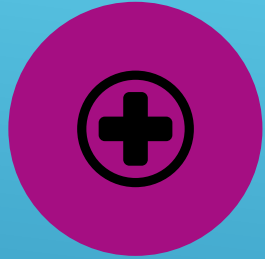
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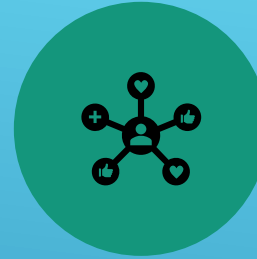
Andrew Woods, Executive Director-Hartford Communities That Care



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In 2004, HCTC and Saint Francis Hospital and Medical Center partnered to establish the Hartford Crisis Response Team/ Hospital-Based Violence Intervention Program Model



Connects with gunshot victims and their families at a moment of significant crisis



Offers trauma-informed, culturally responsive care



Since 2004, the HCRT has served more than 820 victims of gun violence, 90% treated at St. Francis Hospital and Medical Center

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

KEY HVIP COMPONENTS

- ✓ Intervention at the “golden moment”
- ✓ Retaliation prevention
- ✓ Pre- and post-discharge support, including home visits
- ✓ Mentors/case managers from the community: Violence Prevention Professionals



41% of patients treated for violent injury are re-injured within five years.

HVIP patients were **4 times less likely** to be convicted of a violent crime, representing a savings of \$1.25 million in incarceration costs in caring for only 56 individuals.

For every 5 HVIP patients, **we prevent** one re-injury.

Source:
Health Alliance for Violence Intervention

Building Evidence



Expanded Clinical Care with New Partners in 2016

Harriott Home Health Services (HHHS) provides wound care and therapy for discharged gun shot victims, who in turn ...

Are re-routed back to Saint Francis for primary care physicians' services (and to HCTC for clinical mental health supports).

With expansion, focus on three goals:

- ✓ Prevent and reduce hospital re-admissions;
- ✓ Increase positive medical and behavioral outcomes; and
- ✓ Drive down costs associated with treating victims of gun violence.

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

THE BUSINESS CASE FOR INVESTING IN VIOLENCE PREVENTION SERVICES

EV = Expected Value

Used to predict future values
based on probability

ROI = Return on Investment

Compares the return to the
original investment

WHAT IS EV-ROI?

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Saint Francis Hospital & Medical Center

Medicaid

All Taxpayers

Note:

Although the financial return to the client is substantial (\$451,710 over a lifetime), EV-ROI also is concerned with stakeholders' financial return on their investments.

THREE LEVELS OF RETURN

THREE STAGES OF RETURN

Three stages of activities
give rise to short-,
intermediate-, and
long-term outcomes

- I. Physical Health Recovery
- II. Social-Emotional Recovery and Growth
- III. Pro-Social Lifetime Trajectory

STAGE I – PHYSICAL HEALTH RECOVERY

▶ HCRT Partnership with Harriott Home Health Services (HHHS)

- ▶ Two-way referral system
- ▶ 15 gunshot victims referred to HHHS are attended to in their homes after release from Saint Francis
- ▶ 32 clients of HHHS referred to HCTC for clinical care
- ▶ Follow-up care at Saint Francis (e.g., to remove stitches or sign off on recovery) is as an outpatient (rather than returning to the emergency room for care)

The Dollars Make Sense

Short-term EV-ROI = \$3.42 return for every \$1.00 invested

Net Health Cost Savings = \$420,264

1) Emergency Room Savings are based on 47 victims x 2 follow-up visits to the emergency room avoided, less the cost of home and outpatient care. Differential of \$944 per visit x 2 visits x 47 patients = **\$88,736**

2) Readmissions Savings are based on a prior study where 12.4% of gunshot victims (so 5.8 victims) without home/outpatient care were readmitted 2.3 times, and their secondary care = their initial care plus an additional 9.6% (\$87,082). Differential = 5.8 victims x \$87,082 = **\$505,076**.

STAGE I – PHYSICAL HEALTH RECOVERY

Benefit Category	Benefits	Costs	Net	B/C Ratio
1) HHHS + SFH Out-Patient/ Emergency Room Savings	\$88,736	\$173,548	\$420,264	3.42
2) HHHS + SFH Readmissions Savings	\$505,076			
Subtotal for Home Care + Outpatient Care	\$593,812	\$173,548	\$420,264	3.42

Clinical Interventions for 82 Young Men

- ✓ Diagnostic Assessment / Evaluation
- ✓ Individual, Family, and Group Therapy
- ✓ Case Management
- ✓ Referrals to Community and Faith-based organizations
- ✓ Goal-setting and commitment to “Individualized Sustainability Plans” (ISPs)

STAGE II –
SOCIAL
EMOTIONAL
RECOVERY
& GROWTH



Breaking the Cycle of Violence leads to:

- ✓ Fewer ER Visits and Hospitalizations
- ✓ Less time lost from Jobs and School

Violent Crime Cost Savings = \$469,712

Intermediate-term EV-ROI = \$5.00 return for every \$1.00 invested

Benefit Category	Benefits	Costs	Net	B/C Ratio
HCTC Clinical Interventions	\$587,140	\$117,428	\$469,712	5.00

STAGE II –
SOCIAL
EMOTIONAL
RECOVERY &
GROWTH



Clinical Interventions for 82 Young Men



Goal-setting and commitment to “Individualized Sustainability Plans” (ISPs) leads to:



8 Additional High School Graduations / Careers

STAGE III – PRO-SOCIAL LIFETIME TRAJECTORY

Present Value of annual pay differential for HS graduates vs. dropouts, of \$10,038 per year =

\$3,613,380

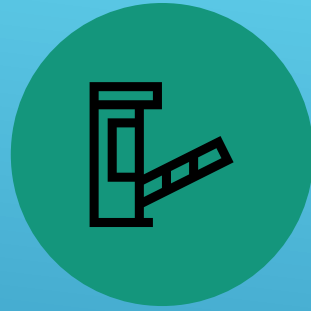
for all 8 graduates over a 45-year work life.

STAGE III – PRO-SOCIAL LIFETIME TRAJECTORY

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INCREASED STATE
AND FEDERAL
INCOME TAX PLUS
PAYROLL TAXES =
\$730,648



DECREASED PUBLIC
ASSISTANCE COSTS =
\$247,723



45 YEARS NOT ON
MEDICAID =
\$1,936,688



STAGE III TOTAL
TAXPAYER BENEFITS =
\$2,915,059

STAGE III – PRO-SOCIAL LIFETIME TRAJECTORY

Valuing HCTC's Hartford Crisis Response Team*

(DETAILS)

Investment of \$290,976 → Nets \$3,805,035

Stage I

Physical Health Recovery

Health Cost Savings \$420,264

CRISIS INTERVENTION

48 Responses to Gunshot Victims and their families

HOME HEALTH SERVICE + OUTPATIENT CARE

47 Rerouted Patients
Reducing ER and Hospitalization Usage

Stage II

Social Emotional Recovery and Growth

Violent Crime Cost Savings \$469,712

BREAKING THE CYCLE OF VIOLENCE

Clinical Intervention for 82 Young Men
Social / Emotional Learning

INDIVIDUALIZED SUSTAINABILITY PLANS

- Anger Management
- Conflict Resolution
- Communication Skills
- Church connection
- Community Center Connection
- Sports Team

- GED / Tutoring
- High School Diploma
- Associates Degree
- Vocational skills
- Job Readiness
- Job Skills Training
- Resume writing
- Interview skills
- Job placement

Stage III

Pro-Social Lifetime Trajectory

Public Benefit \$2,915,059

10% or 8 ADDITIONAL H.S. GRADS

Higher Lifetime Earnings \$4,015,200

Increased Lifetime Tax Revenue
\$730,648

Decreased Lifetime Public Assistance Costs
\$247,723

45 Productive Work Years not on Medicaid
\$1,936,688

*(A partnership with HCTC, Trinity Health/Saint Francis Hospital, and Harriett Home Health Services)

The ROI ... is Multi-Layered

HCRT directly benefits violent crime victims and their families, but the return on investment is **multi-layered**:

Improving lives of everyday residents whose communities are safer.

Enhancing health care delivery and outcomes – simultaneously cutting costs.

Increasing the likelihood of mentored teens' and adults' graduation from high school and becoming gainfully employed.

(This will increase individual earning potential and taxes paid, as well as decreasing government expenditures on welfare, criminal justice and Medicaid. The short-term ROI ratio for CT hospitals, Medicaid, and taxpayers in general is estimated in our Saint Francis Hospital model to be greater than 2:1, with the lifetime return exceeding 10:1.)

STATE EXEMPLARS

- ▶ California: In 2014, A.B. 1629 authorized the VOCA Administrator to reimburse violence-peer counseling expenses (like our Violence Intervention Specialists). That law defines "violence peer counselor" as a provider of formal or informal counseling services who has met training and experience requirements, including at least six months of full-time equivalent experience in providing peer support services and 40 hours of training on the effects of violence and trauma, peace building and violence-prevention strategies, post-traumatic stress disorder and vicarious trauma, and case management practice.
- ▶ A pay-for-service reimbursement for 'Violence Intervention Specialists' would:
 1. Allow more organizations to offer intervention-specialist services to victims, and
 2. Increase the number of victims receiving benefits (as well as heighten awareness among victims about services offered). Though this proposed pilot stalled in California, see the PA approach

STATE EXEMPLARS (CONTINUED)

- ▶ Currently, violence prevention counseling services are reimbursed in Pennsylvania through Philadelphia's Healing Hurt People program. They created a separate (but mostly identical) health care provider called "violence peer counselors" that is analogous to the "violence prevention professional" provider. PA did this administratively and without going through the legislative process and it is funded through their behavioral health carve out.
- ▶ New Jersey: This year, the Governor authorized the State VOCA Office to allocate \$20 million toward the launch of nine NEW HVIP sites in the state. This enhancement of a leading-edge model warrants consideration in CT.
- ▶ Maryland: The Public Safety and Violence Prevention Act of 2018 established the Maryland Violence Intervention and Prevention Program Fund and a related advisory council within the Governor's Office of Crime Control and Prevention (GOCCP).

SUMMARY RECOMMENDATIONS

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS (HVIP)

... now recognized as a Best Practice Model, with hundreds of millions of dollars made available from the U.S. Department of Justice Office for Victims Services' Victims of Crime Assistance (VOCA) funds. In the past five years, Connecticut has received more than \$132 million in VOCA funds.

TRAUMA RECOVERY CENTER MODEL AND SERVICES

... including trauma-informed clinical case management; evidence-based individual, group and family psychotherapy; crisis intervention; medication management; and legal advocacy and assistance in filing police reports and accessing victim compensation funds, all offered at no cost to the patient.

SUMMARY RECOMMENDATIONS, *(Continued)*

TARGETED CASE MANAGEMENT (TCM)

... is funded through Medicare/Medicaid. However, based on the State of Connecticut's use of these funds for TCM, only certain agencies are allowed to tap these resources, leaving nimbler and grassroots organizations unable to tap vital funds to provide TCM for gunshot victims. This is worthy of review and reform.

PEER PROVIDED SERVICES (PPS)

... present another opportunity for CT to use Medicare and Medicaid funds for financing needed care. The federal Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) has released a guidance letter to Medicaid directors regarding peer support services, providing information on supervision, care coordination, training, and credentialing of peer support services. In fact, Connecticut's DMHAS has applied these protocols to Peer Support Specialists and Recovery Coaches used in Emergency Rooms at Saint Francis Hospital for those with chemical dependency and/or diagnosed mental health disorders, seeking treatment for an unrelated medical emergency. Using these funds to support victims of violent crime – as well as youth chronically exposed to and impacted by violence – also should be considered.

EASE CAREGIVER BURDEN

... a designation that has its own billing code (Z63.6) is the stress perceived by caregivers due to the home care situation. This subjective burden is one of the most important predictors for negative outcomes – for caregivers themselves as well as for the one who requires care. Caregivers are all persons who support and help a person in need of care regularly because of personal – not professional – reasons (every kind of help and support; not necessarily health care in the narrow sense). The caregiver doesn't need to be a relative (often, friends, neighbors or acquaintances provide support, too). In cases of gunshot and other victims of serious violent crime, caregiver help is often vital for helping these victims recover from catastrophic injuries.

FINAL RECOMMENDATIONS

STRATEGICALLY SUPPORT CAREGIVERS

... Hawaii in 2017 became the first state to pay caregivers who have day jobs up to \$70 per day, through the Kupuna Caregivers Act. In January, the federal government took a step in this direction with enactment of the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act. This RAISE Act requires the Secretary of Health and Human Services to create a national strategy to support family caregivers, though there's no funding behind it. Connecticut lawmakers could join these efforts by developing a common sense law to save millions in lost wages when caregivers have to take time off of work to care for loved ones (often doing so when they, too, are sick or become sick caring for a family member. Examination of the options going forward is warranted.

We Welcome Any
Questions

THANKS FOR YOUR TIME . . .

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