District of Columbia

Capital City Emergency Level II Trauma & Wellness Center (CCETC)

2019 © revision 5/2020

"DC nurses accuse Mayor of "selling out" residents in new hospital deal…"

"Nurses at United Medical Center say they're ***incensed at the lack of transparency*** in negotiations between the District Government, George Washington University Hospital (GW), and Universal Health Services (UHS) to operate the new hospital in southeast DC. "

"Once again Mayor Bowser is selling out residents East of the River by negotiating behind closed doors on a new hospital that resoundingly fails to meet the health care needs of our residents," said Edward J. Smith, Executive Director of the DC Nurses Association (DCNA).

"People still need a cancer clinic, geriatric center, OB-GYN with a neonatal intensive care unit (NICU), an upgraded diabetes program, and a Level 1 trauma center. Forcing UMC nurses to apply for positions at the new hospital demonstrates a lack of respect for the nurses at UMC who are risking their well- being to save the lives of individuals suffering from the corona virus." said Roberta Lenoir, an emergency department nurse and President of the UMC/DCNA bargaining unit.

Union City Metro Washington Council News AFL-CIO May 2020

“We’re Sick and Tired of Being Sick and Tired”

Some medical researchers have used the phrase “weathering” to describe the inordinate toll that everyday trauma and discrimination have taken on African Americans’ physical and mental well-being.

Historically, poverty, housing discrimination, unemployment, food deserts and mass incarceration are also chronic conditions that make vulnerable populations susceptible to dangerously high risks infections and death by viruses like COVID-19. African American children suffer disproportionately from childhood asthma and high rates of obesity. The impact of the prejudice and inadequate treatment that they face when encountering medical professionals is inhumane and needs to change immediately!

Moreover, Black psychiatrists and psychologists are increasingly citing data which indicates that the intergenerational oppression of people of African descent in the U.S. has resulted in intergenerational damage to our DNA. Taking note of this data, in an article in the Chicago Crusader, Kamm Howard, National Co-Chairperson of N’COBRA writes: “It is the DNA damage of enslavement and its aftermath that is the pre-existing state which has led to these ***pre-existing illnesses*** that give COVID-19 easy targets for death.”

The Coronavirus Pandemic and the Demand for Reparations
A Statement by the National African American Reparations Commission
April 28, 2020

“Local progress in developing trauma systems have been slow, because of a variety of political, financial, social, and organizational challenges.”

Community-Based Trauma System Development: Key Barriers and Facilitating Factors Gloria J. Bazzoli PhD
The Journal of Trauma: Injury, Infection, and Critical Care: September 1999 - Volume 47 - Issue 3 - p S22-S24

Many political leaders have expressed their dismay about the health conditions that underlie the statistics involving African Americans, yet anyone at all informed about health disparities for African Americans would not be surprised. The Coronavirus Pandemic has brought into bold display disparities that have existed and remained unaddressed since the founding of the Republic. African Americans have complained bitterly about their lack of access to adequate health care for decades. The National African American Reparations Commission, and other champions of reparatory justice, believe resources to eliminate health disparities must be a central component of reparations for African Americans.

National African American Reparations Commission May 2020

The most important and intended strategy of this project includes a broad-based participation of key stakeholders to include local & federal legislators, prominent community representatives & small business owners, local trauma & emergency care professionals who are patient and resourceful, a coalition of solidly funded donors & investors with a vested interest in staunchly supporting the need for change in trauma & emergency delivery of services, care, and culturally appropriate programming & resources for consumers residing “East of the River” in the Nation’s Capital.

There is a recognizable need and benefit for establishing a “stand-alone” emergency trauma center “East of the River” in Ward 8 Washington, D.C.

In addition to addressing the disparity in quality healthcare and mental wellness trauma informed services, patients upon discharge, will gain access to ongoing outreach, referrals and resources while also being assessed for vulnerability and service needs.

PROJECT DESIGN & IMPLEMENTATION PLAN

- Develop a diagnosis-based case mix classification system for emergency & trauma department visits based on direct costs of care designed for an outpatient setting.
- Costs will be derived by valuing provider time based on a formula using annual income or salary and fringe benefits, productivity and direct care factors, and using hospital direct cost to charge ratios.
- Physician costs will be based on a national study of trauma & emergency physicians income and does exclude practice costs.
- The facility would provide hospital-level emergency care 24/7.
- Patients will be treated and discharged within hours of their admission or treated and transferred to a hospital for a higher level of care.
- Patients to be classified into one of 216 emergency department groups (EDGs) based on:
  - *Discharge diagnosis
  - *Patient disposition
  - *Age, etc.
- Treat conditions that are immediately life-threatening, including but not specific to injuries involving airway obstruction, respiratory failure, shock from hemorrhage, and brain injuries.

Statement of the American College of Surgeons Presented by Ronald M. Stewart, MD, FACS Before the Subcommittee on Health of the Committee on Energy and Commerce United States House of Representatives RE: A Public Health Crisis: The Gun Violence Epidemic in America October 3, 2019

"The ACS is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery."

"As surgeons caring for patients who have suffered traumatic injury as a result of firearm violence, we are honored to share our perspective on preventing firearm violence. We work on all issues related to the treatment and prevention of traumatic injury, and for the past five years, we have focused much of our efforts on implementing a public health approach to reduce firearm violence in order to improve the health of our patients and the resilience of our Country. "

"A public health crisis, firearm violence accounted for 39,773 U.S. deaths in 2017 (the latest year available) and continues to be a leading cause of death for individuals 10–24 years old.(1) The age-adjusted death rate due to firearm injury by all intents, after remaining stable for several years, increased by 17% percent since 2014.(2) The U.S. Centers for Disease Control and Prevention (CDC) data shows that deaths from firearm injury accounted for almost 17 percent of all injury-related deaths in 2014.(3) "

The American College of Surgeons.…

Of the 39,773 people who died as a result of firearm-related injury, 23,854 people died as a result of suicide (60%). • 14,542 people died as a result of homicide (36.6%). 553 people died as a result of legal intervention (1.4%). • 486 people died as a result of unintentional discharge of a firearm (1.2%). 338 people died from the use of a firearm where the intent was undetermined (0.9%).

Through a public health and medical approach, significant progress has been made in reducing the incidence of death from other injuries. As an example, and in contrast to firearm related injury, motor vehicle crash death rates have decreased by more than 20% while firearm violence death rates have increased by more than 20% since 1999.(4)

Under the spending package that Congress passed on December 19th 2019, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) each received $12.5 million to study firearm injury and prevention—the first time in more than 20 years that funding has been allocated specifically to firearm violence research

(1) Center for Disease Control and Prevention: National Center for Health Statistics. Available at: https://www.cdc.gov/nchs/fastats/injury.htm (2) Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018. https://wonder.cdc.gov/controller/saved/D76/D66F943 (3) Centers for Disease Control and Prevention: National Vital Statistics Reports, Volume 65, Number 4. Deaths: Final data for 2014. Available at: www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf. (4) Stewart RM, et al. Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence Journal of the American College of Surgeons. 2018; 227(2):281-283

“Fix the Trauma Center Disparity in D.C.”

“If someone were to sustain a traumatic injury in D.C.’s Anacostia neighborhood, the ambulance ride to the nearest qualified hospital could take as long as 30 minutes. That is because there is no trauma centers in Southeast D.C., despite the fact rapid transport is **essential** to patients’ survival rate.”

“…Southeast needs a trauma center. Neglecting to build one is irresponsible, reinforces economic and health coverage disparities, and actively contributes to the deaths of D.C. residents.”

“It’s crucial that there be a plan in place for a new hospital. 148,000 D.C. residents deserve emergency and long-term medical care….any new hospital must include a trauma center.”

By: Editorial Board ~ The Georgetown Voice **10/25/2019**

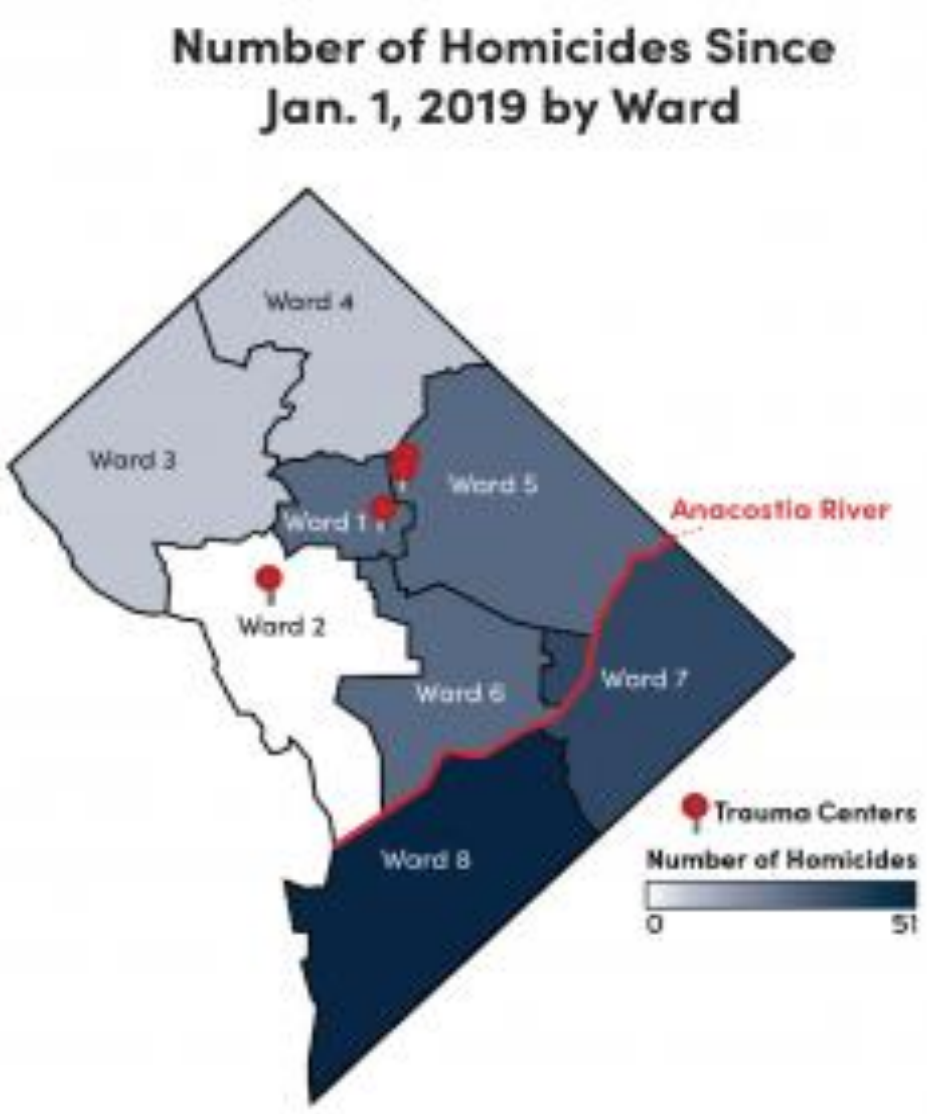
There have been approximately 500 victims of shootings in the District annually from 2016 through 2018.

In 2016 and 2017, the percentages of fatal shootings ranged from 17 to 19%. This rose to 23% in 2018. That four to six percent increase is not just a number – it represents lives needlessly and senselessly lost to gun violence.

At least 165 (+) people have died by homicide in D.C. this past year; 86 or more of those victims were murdered in Wards 7 and 8.

53% percent of victims were from Anacostia, many of whom might have lived if they had been closer to a hospital that could properly treat their wounds.

Last May, the D.C. Council announced that the city would shut down UMC by 2023 because the hospital has been financially unsustainable for many years. Meanwhile, the City continues to work to identify a strategy to address and prevent violence in the city among the continual of daily gunfire & trauma exposed communities, not to mention during a coronavirus COVID-19 pandemic.



More of the same is not an option…

The overwhelming majority of homicide victims continue to be black males;
While black females represent the second largest group .

Nearly 80% of homicides were gun related, as were all of the 500-plus city-wide shootings in 2019.

The narrative in Wards 7 & 8 and across the District is that when a firearm is introduced into any situation, usually someone is going to the hospital and in many cases unfortunately someone is going to the morgue.

Police Chief Peter Newsham says, “The city is on pace to have the same number of murders in 2020 as in 2019”.

The District ended 2019 with 166 deaths from gun violence, which marks a ***10 year high***!

“DC Releases Data on Shootings & Murders”
NBC NEWS 4 Washington, D.C. 3/6/2020

Mental Health and Substance Use Report on Expenditures & Services
District of Columbia Department of Behavioral Health Barbara J. Bazron, Ph.D., Director January 2020 (Fiscal Year 2019)

DBH contracts with 50 core service agencies and eight sub-and specialty providers to carry out most mental health services. In addition, DBH operates adult and child clinics that provide urgent care and crisis emergency services. Outreach and treatment services are also provided through the Community Response Team (CRT).

The Department supports four Prevention Centers that conduct community education and engagement activities related to substance use prevention across all eight wards

DBH has developed the Prevention Policy Consortium made up of more than 15 District agencies and national leaders to bolster the substance use prevention infrastructure and system. DBH also contracts with 29 treatment and recovery providers that provide services for adolescents and adults with substance use disorders (SUD) through Adult Substance Abuse Rehabilitation Services (ASARS) program.

How impactful are the District's current emergency & trauma resources for families residing "East of the River"?

*The District of Columbia ranks 3rd in drug overdose deaths in America!

*2018 data shows that every day 128 people in the United States die after overdosing on opioids.

Streetsensemedia.org 2/2019

NIH National Institute on Drug Abuse; Opioid Overdose Crisis 4/2020

"There is a 50% increase in adjusted odds of death for trauma patients when the absence of health insurance is prevalent. About 6 out of every 10 men (60%) and 5 out of every 10 women (50%) experience at least one form of trauma in their lives".

National Center for PTSD

TRAUMA: A deeply disturbing or distressing experience (like the death of a child), physical trauma (injury, damage, hurt, wound, wounding, bruise, cut, laceration, lesion, abrasion, contusion) *Antonym: Healing*

The 3 Main Types of Trauma:

- Acute trauma results from a single incident.
- Chronic trauma is repeated and prolonged such as domestic violence or abuse.
- Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Trauma centers must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification.

Trauma Center Levels

Level I

Level I Trauma Center is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level I Trauma Center can provide total care for every aspect of injury – from prevention through rehabilitation.

Level II

A Level II Trauma Center can initiate definitive care for all injured patients.

Level III

A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations.

Level IV

A Level IV Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher-level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.

Level V

A Level V Trauma Center provides initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.

There are currently four (4) Level 1 Trauma centers in Washington, D.C.

- MedStar Washington Hospital Center (located in N.W. Washington, D.C.)
- George Washington University Hospital (located in N.W. Washington, D.C.)
- Howard University Hospital (located in N.W. Washington, D.C.)
- Children National Hospital (located in N.W. Washington, D.C.)

Proposed: Ward 8 Sector

Capital City Emergency Level II Trauma & Wellness Center

In a Level I or II trauma center, seriously injured patients must be admitted or evaluated by an identifiable surgical service staffed by credentialed trauma providers.

Infrastructure and support require additional qualified physicians, residents, nurse practitioners, physician's assistants, or other physician extenders. The volume of patients requiring care and the complexity of their conditions will determine the number and type of individuals required for the trauma service.

According to the **Centers for Disease Control and Prevention (CDC)** "trauma" is the leading cause of death for children and adults under age 44, killing more Americans than AIDS and strokes combined. Unfortunately, nearly 45 million Americans do not have access to a Level I or II trauma center within one hour. Ensuring access to trauma care requires many crucial components. Trauma centers, physicians, and nurses must dedicate extensive resources around the clock so that seriously injured patients have the best possible chance for survival.

Elements of Level II Trauma Centers

- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care
- Tertiary care needs such as cardiac surgery, hemodialysis and microvascular surgery may be referred to a **Level I** Trauma Center
- Provide trauma prevention and continuing education programs for staff
- Incorporate a comprehensive quality assessment program

Trauma center success will require the commitment of the institutional governing body and the medical staff. The commitment and collaboration of these two bodies are necessary to facilitate the allocation of resources and the development of programs designed to improve the care of injured patients.

The trauma program elements will include the following:

(1) hospital organization
(2) medical staff support
(3) the trauma medical director (TMD)
(4) the trauma resuscitation team;
(5) the trauma service;
(6) the trauma program manager (TPM)
(7) the trauma registrar;
(8) the performance improvement support personnel

(9) the multidisciplinary trauma peer review committee of the performance improvement and patient safety (PIPS) program

Requirements:

Level II trauma centers also require the highest level of activation as well as the response of the full trauma team within 15 minutes of arrival to the patient. The criteria should include physiologic criteria and some or several of the anatomic criteria. The limited response criteria may include some anatomic criteria, as well as high-risk mechanisms of injury.

To meet this requirement, most trauma centers have a multi-tiered trauma team activation protocol. Even though facilities may have different nomenclature to identify various activation levels, the intent is that there will be levels commensurate with ***full*** and ***limited*** activation levels. The limited activation criteria should be based on high-risk mechanisms of injury.

There should be concordance among the field triage criteria, destination protocols, and the trauma team activation criteria. Prehospital providers should have the authority to call for a trauma team activation based on agreed-upon criteria, most often involving physiologic and anatomic findings in the field. Multidisciplinary performance improvement is essential to refining the under-triage and over-triage rates and the appropriateness of prehospital-based trauma team activations. The emergency physicians and trauma surgeons should work closely to ensure appropriate and timely activation of the trauma team to allow surgeon arrival prior to the arrival of the severely injured patient. A preplanned and coordinated approach should be defined for patients who do not arrive at the highest level of activation.

Infrastructure Ex.

Patients may need consultation or admission by the trauma service or other specialty services. The emergency physician may initially evaluate the limited-tier trauma patient, but the center must have a clearly defined response expectation for the trauma surgical evaluation of those patients requiring admission. All team members, including on-call specialists, should coordinate their interventions as defined by established principles and guidelines. The team leader ensures that each phase of care flows in continuity. During the resuscitation phase, the general surgeon, emergency physician, and anesthesiologist may work simultaneously. During operative care, multiple surgical specialists may work simultaneously and ensure that the working environment facilitates correct and timely decisions.

Emergency Medical Services Act of 2008.

District Government Requirements.

a. Verification by the American College of Surgeons Committee on Trauma that the facility meets the requirements for one of the four levels of service consistent with the criteria and resource capacity for Optimal Care of the Injured Patient by the American College of Surgeons Committee on Trauma

b. Participation in the District of Columbia Trauma Plan which coordinated all of the healthcare resources within the District and helps to protect and provide for the citizens and visitors.

c. Designated Trauma Centers must share the medical data collected by the Trauma service for Continuous Quality Improvement. The Level 1 Trauma Centers in the District of Columbia must submit this data to the DC Health's Trauma Registry for analysis, to aid in the development of health policy and the DC Trauma Plan. (dc.gov…)

- "In **FY19** the Department of Behavioral Health reported that **10% (approximately 1,999),** of adults enrolled in their systems obtained crisis and emergency services. Additionally, **13%** (**approximately 409**) of children enrolled in the D.B.H. systems during **FY19** obtained crisis & emergency services."

- "In **FY19** D.B.H. spent approximately **$1.8 million dollars** on crisis management services in the District.
  (This figure represents an increase in expenditures from **FY18** by **18.75% (approximately $340,000)**
  (A total of **2,408** consumers are captured in this expenditure at an average cost of **$753.00** spent per consumer.)
  "90 % of clients in public behavioral health settings have experienced trauma". SAMHSA

Mental Health and Substance Use
Report on Expenditures & Services

How impactful & accountable are the District's current mental health resources for families residing "East of the River"?

- *"D.C. Lacks Mental Health Providers, Especially for Youth"…***American University Radio Personality** *Elly Yu says,*
  "In D.C., more than 133,000 people live in areas such as Wards 7 & 8 with limited access to mental health care providers…" ***July 2019***

SOLICITATION, OFFER, AND AWARD; Psychiatry Services; DOC508437; May 8th, 2020

- The Government of the District of Columbia, Office of Contracting and Procurement (OCP)on behalf of the Department of Behavioral Health (DBH) Comprehensive Psychiatric Emergency Program (CPEP) is seeking a Contractor to provide Licensed Board Certified Psychiatrists on as needed basis that shall provide the following services 1) evaluate patients in psychiatric emergencies and recommend treatment and disposition 2) supervise psychiatry trainees, medical students and other staff seeking specialized supervision, 3) teach didactics and psychiatric diagnosis, and 4) perform Quality Improvement Audits as specified in Section C.5 of this Solicitation.

Readiness costs are real expenses incurred to maintain trauma center's essential infrastructure to provide emergent services on a 24/7 basis.

Cost Factors to be considered:

Health care provider time, management and clerical personnel, expenses including supplies & labor

Additional expenses such as: 13%

Depreciation and amortization, debt service, utilities, malpractice insurance, administration, billing, registration & medical records keeping

Total Projected Operating Budget: $19,306,900.00 annually

(Project Chief Financial Officer & Attorney to be appointed upon finalization of project values)

- 25% Emergency Costs
- 20% Trauma Costs
- 16% Physician / Clinical Staff
- 10% Ancillary service costs
- 6% Operating Room services costs
- 3% Laboratory costs
- 3% Radiographic services costs
- 3% Administrative Staff
- 1% Education/Outreach

Value of Trauma Center Care

Average annual readiness cost for level II trauma centers is **$4,925,103** million dollars.

NIH National Library of Medicine;
Dennis W. Ashley et al. J Trauma Acute Care Surg.; May 2019

"According to the **dc.gov**, there is **$7.4 million dollars** that has been set aside for school-based nursing and mental health services. **$10.4 million dollars** in total that has been set aside to improve healthcare for District residents and ***$16.3 million*** *is the District's investment in the Arts."*

The District should be held accountable for the lack of appropriate healthcare services for families residing "East of the River", especially at a time when gun violence, drug usage, depression. So many are challenged in Wards 7 & 8 to accept less during a pandemic & the reality of being at the greatest risk. COVID-19 has exposed the District's minimal approach to allocating the appropriate resources and funding to matters involving the proper care of marginalized citizens in the Nation's Capital.

The Journal of Trauma & Acute Care Surgery says, "Added cost for treatment at a trauma center versus no treatment is **$36,319.00** per life-year gained, **$790,931.00** per life saved and **$36,961 .**00 per quality-adjusted life years gained.

Optimal access is the key to quality of care. Cost-effectiveness is more favorable for patients with injuries of higher means versus lower severity; also for younger patients versus the older patients.

Capital City Emergency Level II Trauma & Wellness Center is targeted to open by the Spring of 2023

Its inception is to promote **"best practices"** in combating health care disparities in surgery, emergency & trauma informed care options.

Unless there is a mandate of the redistribution of resources, it will be difficult to enact a positive change in the foreseeable future for families who reside in the District's Ward 7 & Ward 8 communities.

Effectively containing the cost will be a primary concern & challenge. Successfully managing declining health care reimbursements and the advent of fixed payments have and will significantly affect the existence of more ***stand alone*** emergency trauma center models across the District.

Currently the District has a total population of **720,687** which is an **1.10%** increase from **2019**. Spanning over **68 miles** with a population density of **11,788 people per square mile**. African Americans make up **46.94%** and account for **25.74%** of the District's poverty rate overall. There are approximately 25 neighborhoods in Ward 7 and approximately 16 in Ward 8.

African Americans who live "East of the River" in the District make up over **94%** of the population and account for over **55%** of the families that live below the poverty level in the Nation's Capital without adequate health care, mental wellness, housing, sustainable income & nutritional resources daily.

As a result providing non-reimbursed care to indigent populations unable to afford medical care is a very realistic exposure and thus ongoing advocacy of professional medical societies, dedication from vested stakeholders and donors, as well as cooperation from the federal & local governments will be crucial to the on-going success of this trauma center model.

Worldpopulationreview.com; May 2020

PROJECTED SITE REQUEST:

Option #1:
327,156 sq. ft.
Patricia R. Harris School
4600 Livingston Rd.
Washington, D.C. 20032

Option #2:
261,857 sq. ft.
Bridgepoint Hospital
4601 Martin Luther King Jr. SW
Washington, D.C. 20032

Option #3:(Grant funding to be secured)
14,886 sq. ft.
Private Owner (Ward 8 location)
Co-development opportunity
Multi-level, build from ground up

Proposed Project Specifications

Capital City Emergency Level II Trauma & Wellness Center's implementation will aid in cutting the city's time spent transporting patients in emergency & crisis circumstances. Its inception will immediately take the pressure off of community members "East of the River", who currently have to travel across the city, in many cases, for similar services.

CCETC intends to introduce a minimum of 20 entry level clerical, administrative & labor related full and part time sustainable income job opportunities. Priority will be given to community members that currently reside in either Ward 7 or Ward 8 areas.

CCETC is projected to provide services to a minimum of fifty (50) patients daily. Current costs projections are **$1,058.00 per person,** with room for further negotiations regarding daily patient capacities.

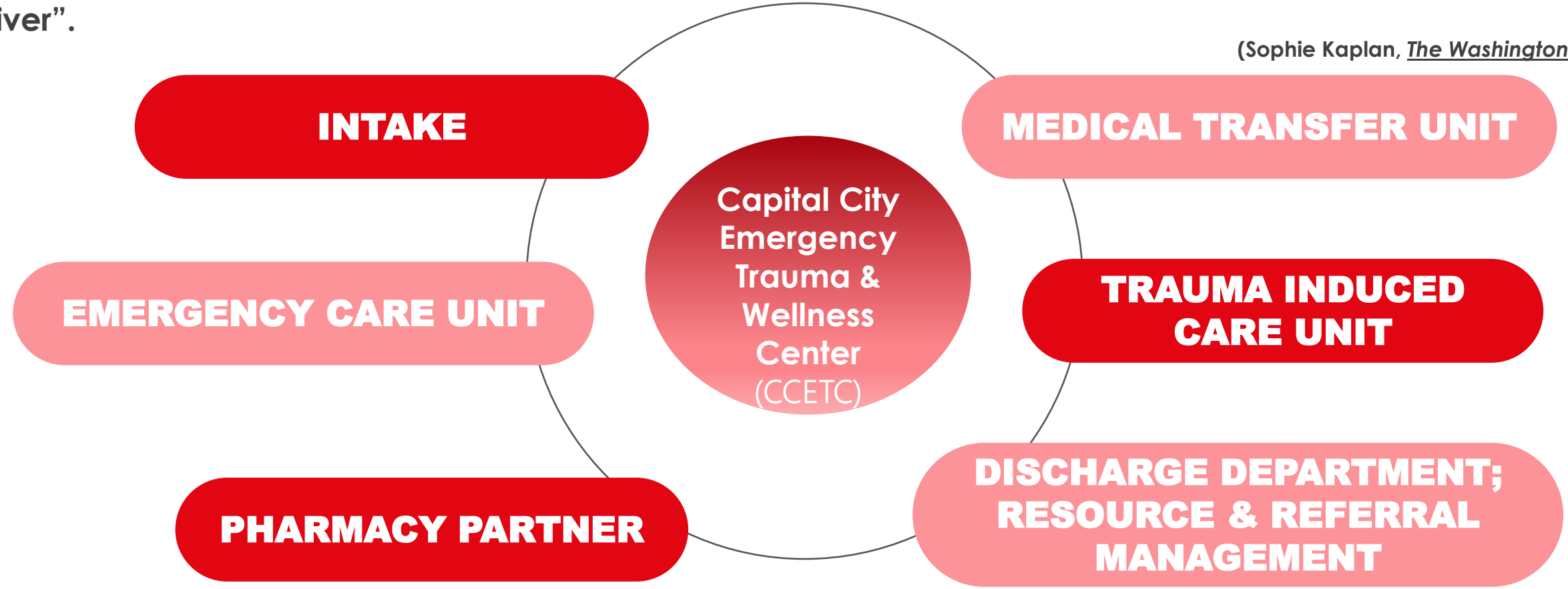
The trauma center will be constructed with a minimum of 10 patient rooms, multiple triage defined stations/areas, 3 operating rooms, and other standard applicable construction spaces and requirements to be further defined. Ambulatory and other service-related contracts & relationships are acknowledged to be a part of this project.

In 2019 the Department of Behavioral Health spent **$1.8 million** providing crisis management care for 23% of their enrolled population, which has been determined to be 2,408 citizens, all of which may or may not reside "East of the River". There are over 160,000 citizens lacking access to much needed emergency & trauma resources daily. Capital City Emergency Level II Trauma & Wellness Center is the resource needed "East of the River" in D.C. now!

According to the District of Columbia's Assistant Police Chief, Robert Contee

"In October 2019, there were over 130+ homicides in the District, which at that time, represented an 11% increase since October 2018. 78% of those violent crimes were being committed with a gun. Despite the continuance of growing gun violent crimes & trauma induced environments, the District has failed to implement adequate services & resources for those families living in marginalized communities "East of the River".

(Sophie Kaplan, *The Washington Times*)



"We must address violence & trauma as health disparities because of and due to the psychological, physical and over all effects on minority families in low income communities"!

Frank Malone, 100 Fathers Inc.

TRAUMA INDUCED CARE UNIT

Child Sex Assault Victim

Domestic Violence Victim

Drug Overdose

Rape / Sex Crime Victim

Suicide Watch

Trafficking Victim

Nervous Breakdown

EMERGENCY CARE UNIT

Code Red

Gun Shot Victim

Life Threatening Wounds

Physical Assault Victim

Severely Injured Auto Accident Victim

Burn Victims

Epilepsy / Seizures

Cardiovascular

Choking & Breathing Obstructions

"It is easier to build strong children than to repair broken men."

Mr. Frederick Douglass

THE COALITION!

MENTAL HEALTH "STATE OF EMERGENCY"

RETURN CITIZENS SERVICES NEEDED

PREVENTION & INTERVENTION FAMILY FOCUSED PROGRAMMING & OUTREACH

FACTS!

Families in Ward 7 & Ward 8 lack access to emergency medical care close to home

The ambulance ride to the nearest qualified hospital could take up to 30 minutes should you sustain a traumatic injury

Lives are being lost!

OBJECTIVE!

Develop a community-based model for an Emergency Trauma & Wellness Center "East of the River". Address the current health disparities and systematic neglect of minority families living in low income, high crime communities "East of the River".

ON THE HORIZON!

The last full-service public hospital in the area, United Medical Center (UMC), is scheduled to close in 2023 with ongoing funding problems & restrictive services slated to continue

"THE HUB"

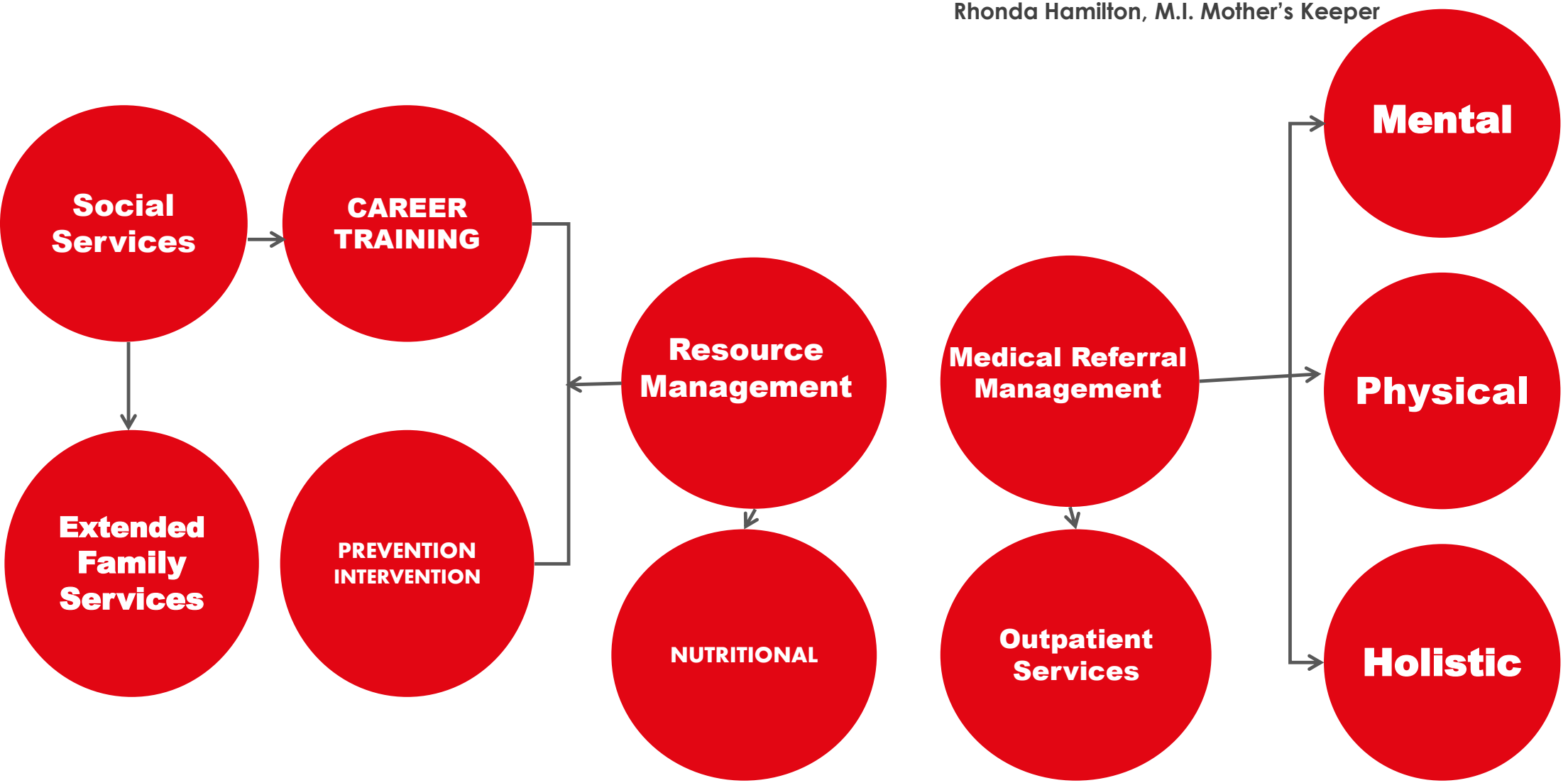
Trauma Wellness Complex
(Strip Mall Setting)

Emergency Medical Ctr.
Attached Resources Ctr.
Professional Offices Bldg.
Grocery Store
Dialysis Ctr.
Vision/Dental Partners
Transportation Vendor
Medical Supplies Vendor
Etc.

Resource & Medical Referral Management Systems

Every Night Under Fire & Fear (District families who live East of the Anacostia River are living in trauma filled communities that are in a "state of emergency.) **"E.N.U.F.F. is Enough! Mental Health Matters! It's time for accountability!" We need this now!**

Rhonda Hamilton, M.I. Mother's Keeper



Mental:
Advocacy
Case Management
Family Counseling
Individual Therapy
Medication Assist
Psychiatric Referral
Wellness Workshop

Physical:
Exercise Program
Yoga Classes

Holistic:
Meditation Classes
Healthy Choices 101
Going "Vegan"

OUT PATIENT SVCS.
Colonoscopy
Screen
Diabetes Screen
Hepatitis C Screen
HIV Testing
STD Screen
Smoking Screen
Vaping Screen

Resource Management Database

Social Services
Clothing
Food Pantry
Housing/Shelter
I.D. Credentials
Senior Wellness Check
Toiletries
Transportation
Etc.

Career Training
Apprenticeship programs
Computer/Graphics Training
Culinary Program
GED Courses
Hospitality Training
Job Etiquette & Grooming
Resume' Prep
Sales Training
Software/Technology workshops
Small Business Training

Prevention/Intervention Outreach, Workshops, & Programs
After-school Behavioral Health Program
Civic Engagement / Volunteer Sign-up
Fatherhood Rites of Passage
Gun Violence Town Hall Forum
Life Coaching & Coping Strategies
Marriage Counseling Workshops
Medicare Informational Workshops
Mentorship Training
Parental Classes
Support Groups
Town Hall Discussions
Violence De-Escalation Training
Voter Registration

Extended Family Services
Child Care
Credit Counseling
Family Court Services
Legal Aide

Return Citizen Program Partner (Bridging the Gap)
Case Management
Temporary Boarding/Housing
Transitional Program Registration

Nutritional Outreach
Cooking Demonstrations
Dietary Programs
Exercise Classes
Recipe Sharing Workshops
Meal Prep

"Residents in Southeast Washington, DC face high rates of infant mortality, gun violence and fatal drug overdoses among other wellness problems."

(*Washington Post*, May 2019)

Over 160,700 residing "East of the River" with various medical & trauma exposed needs!

Wards 7 & 8 combined represents about 22% of DC's total population. African Americans represent a majority "East of the River" at 94.5% and adults between the ages of 25-54 years of age represent the largest group of demographics at 80.27%. Over 72% of households "East of the River" have children and 50.97% of the households earn less than $15,000 annual income.

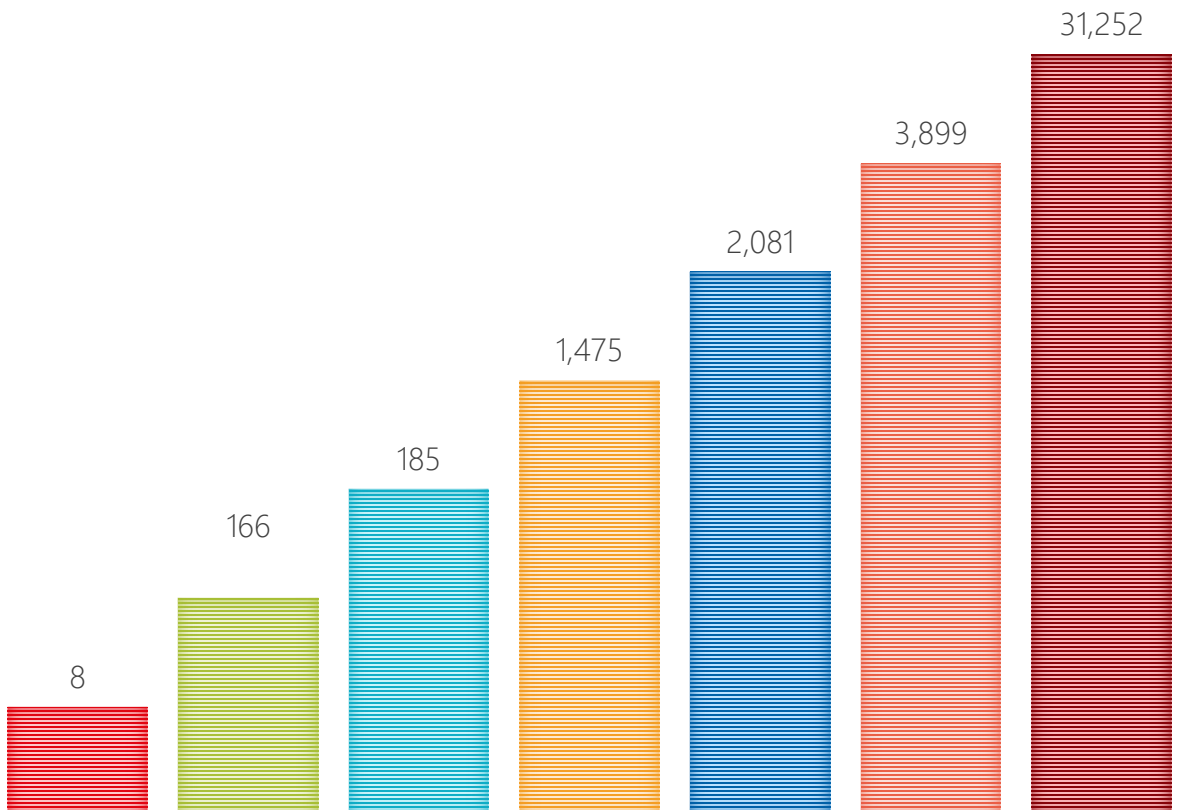
(dchealthmatters.org)

"Soaring Murder Rate"

"Police Chief Peter Newsham announces more overtime hours & community engagement in hopes of cutting the rising District's murder rate."

Bruce Leshan, *WUSA9.com*

2019 YEAR-TO-DATE DISTRICT OF COLUMBIA CRIME FIGURES



"In order for our community and our youth to co-exist peacefully there must be many more *sustainable community supports* in place".

Frank Malone 100 Fathers Inc.

"The prevalence of chronic illnesses and communicable diseases is far greater among individuals in jail and prison. We must remain vigilant in our efforts on behalf of return citizens. Strong community engagement and support will aid in the reduction of recidivism and help to improve their quality of living."

Charles Eaves, Bridging the Gap

"The District should enhance the quality and capacity of behavioral health services to treat mental illness and substance use disorders as the public health crises they are through both emergency medical responses and long-term stabilizing care, not through criminalization."

District Task Force on Jails and Justice