June 2025

TPI

Program Highlights Research Brief

This research brief highlights 2024 evaluation findings for the LA County Department of Public Health, Office of Violence Prevention, Trauma Prevention Initiative (TPI). This brief includes highlights from across the initiative, including Street Outreach and Community Violence Intervention (SOCVI) Street Outreach and Case Management and Hospital Violence Intervention Program (HVIP) Case Management activities, contextualized with information about how the two programs collaborate as well as with data from a community impact analysis.

Background

Some communities in Los Angeles County are disproportionately impacted by violence due to a wide variety of factors including a long legacy of racism and historic oppression. Traditional approaches to violence prevention often lack the coordination, equity lens, and culturally relevant approach needed to address these root causes and interrupt the cycle of violence. A holistic, public health approach is needed that includes prevention and Community Violence Intervention (CVI) strategies adapted to the unique needs of each community. The Los Angeles County Department of Public Health's Trauma Prevention Initiative (TPI) brings this approach to achieve the following long-term outcomes and realize its vision that Los Angeles County communities are supported and mobilized to reduce violence:

- Violence-related injuries and deaths are reduced in TPI communities
- Residents feel safe in their communities
- Community members are involved in addressing violence in their communities
- Frontline staff integrate self-care practices as a standard practice
- Systems are trauma-informed and coordinate to support communities

At the root of TPI is a firm belief that violence is predictable and preventable. To interrupt the cycle of violence, TPI seeks to mobilize impacted communities, intervene to address the immediacy of violence, and coordinate county systems to better support communities and enable prevention strategies to take root. To this aim, TPI consists of three key strategies: Intervention, Capacity Building, and Prevention. The Street Outreach and Community Violence Intervention (SOCVI) and the Hospital Violence Intervention Program (HVIP) are the key components of the Intervention strategy.

TPI first launched SOCVI in 2015 with four communities (i.e., Florence-Firestone, Westmont West Athens, Willowbrook, and Unincorporated Compton). As of 2024, TPI SOCVI activities have been implemented in nine incorporated and unincorporated communities across LA County, selected because of disproportionately high levels of violence. HVIP first launched in 2017; as of 2024, HVIP activities have been implemented at four trauma center hospitals across LA County that serve communities experiencing disproportionately high levels of violence. Exhibit 1, below, shows the list of current TPI SOCVI communities, HVIP hospitals, and respective agencies.

TPI SOCVI and HVIP Providers and Hospitals

HELPER
- Antelope Valley

BUILD
- Hawaiian Gardens/Norwalk

Inner City Visions (ICV)
- Florence-Firestone

Just Us 4 Youth
- Pomona

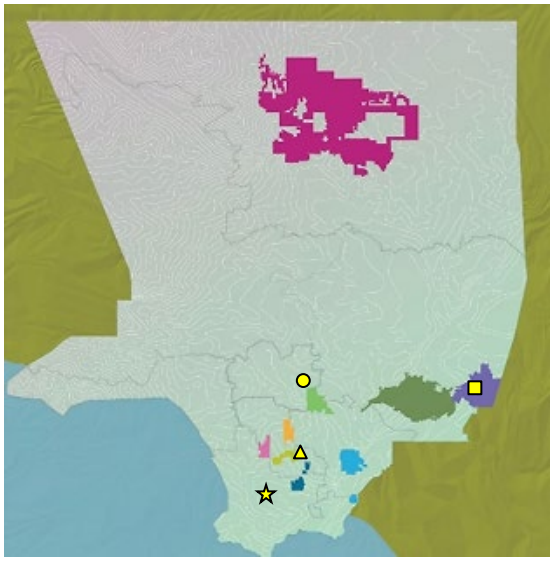
Soledad Enrichment Action (SEA)
- East Los Angeles
- Westmont West Athens
- Puente Valley
- Los Angeles General Medical Center

Southern California Crossroads (Crossroads)
- Unincorporated Compton
- Willowbrook
- Harbor-UCLA Medical Center
- Pomona Valley Hospital
- St. Francis Medical Center

Exhibit 1. TPI Communities, Providers, and Hospitals

- Antelope Valley, HELPER
- East Los Angeles, SEA
- Florence-Firestone, ICV
- Hawaiian Gardens/Norwalk, BUILD
- Pomona, JU4Y
- Puente Valley, SEA
- Unincorporated Compton, Crossroads
- Westmont West Athens, SEA
- Willowbrook, Crossroads

- ○ Los Angeles General Medical Center, SEA
- □ Pomona Valley Hospital, Crossroads
- △ St. Francis Medical Center, Crossroads
- ☆ Harbor-UCLA Medical Center, Crossroads



SOCVI Street Outreach and Case Management

SOCVI agencies employ violence prevention professionals (VPPs), also known as credible messengers, to respond to violent incidents, conduct rumor control and maintain peace across neighborhoods, provide safe passages to and from schools and parks, hold community-building events, and support residents through informal mentoring, youth tutoring, and civic engagement. As part of this work, SOCVI agencies provide soft case management services to gang-impacted and gang-affiliated community members that focuses on linking them to services that help them reach their goals and alter their life trajectories. Two additional activities within SOCVI include system collaboration (including development of shared response protocols and referral systems with partners such as HVIP agencies, hospitals, law enforcement, and city governments; participation in the TPI Advisory Committee; alignment with other county initiatives; and guidance and support from the LADPH Office of Violence Prevention) and supporting SOCVI Community Intervention Workers (CIWs) and Ambassadors with training and self-care resources. While these form the core components of the intervention, each agency tailors their approach to the unique needs of the communities they serve.

HVIP Case Management

Hospital violence intervention programs (HVIPs) play a critical role in addressing community violence and the underlying risk factors associated with that violence. HVIPs employ violence prevention professionals (VPPs), also known as credible messengers, whose lived experience and community ties allow them to effectively engage victims of violence in long-term care and case management. VPPs make first contact with victims of violence in the hospital setting. In the months following a victim's discharge, VPPs engage, assess, and link them to wraparound services that help to mitigate individual vulnerabilities while reducing the risk of re-injury and criminal legal involvement. HVIPs also heavily invest in capacity building and systems integration developing shared response protocols and referral systems with partners such as hospitals and the Street Outreach and Community Violence Intervention agencies; and providing training and healing resources to VPPs. They also work to align with other county initiatives participating in the activities of TPI's Advisory Committee, HVIP Consortium, and LADPH's Office of Violence Prevention. Although these programmatic components form the core of HVIP in Los Angeles County, agencies who

implement the strategy across the County tailor their respective approaches based on the unique needs of the communities they serve.

Evaluation Approach and Methods

In 2024, Harder+Company built on previous evaluation work to further assess the impact of SOCVI and HVIP strategies. This evaluation is guided by the Theory of Change and four research questions[1] that explore the initiative from the lenses of communities, individuals, and system change:

- What impact is TPI having in communities?
- How are TPI interventions supporting individuals in TPI communities?
- How are frontline staff in TPI agencies supported through training, supervision, and self-care to address vicarious trauma?
- How are the TPI interventions supporting broader system change?

The information shared in this brief was collected using several methods:

- **An analysis of program data** captured by agencies providing SOCVI street outreach services and case management. Individual CIWs use the ExakTime software program to record information on their phone about their daily street outreach activities and number of participants reached. On a monthly basis, Harder+Company downloads the ExakTime Excel datasets and imports them onto a secure server for data cleaning and analysis. Agencies use a Microsoft Access database to routinely record information about case management clients and services. On a quarterly basis, Harder+Company works with the agencies to extract Excel copies of the Access database using a secure remote access platform. The datasets are imported onto a secure server for data cleaning and analysis.
- **Focus groups with SOCVI staff** held in December 2024 and January 2025 to explore how the SOCVI program is being implemented in each of the nine TPI communities and how SOCVI agencies collaborate with the Hospital Violence Intervention Program.
- **Program data** captured by agencies providing HVIP services. Programmatic data is collected by two HVIP agencies – Southern California Crossroads (Crossroads) and Soledad Enrichment Action (SEA), in partnership with a multi-hospital data management team that includes the four hospital sites. Crossroads gathers information about service eligible patients from participating trauma centers and then tracks which patients are approached and enrolled into the HVIP using its proprietary CiviCore database. SEA also gathers information about prospective clients using its partner hospital's Electronical Medical Record system and then tracks data about engagements and enrollments using an Excel database. Both agencies track the number and types of services each enrollee receives. On a quarterly basis, CiviCore datasets are downloaded and imported into Harder+Company's secure server. SEA team sends a de-identified Excel file via email to Harder+Company. Harder+Company then cleans both organizations' data sets and merges them for analysis.

[1] The evaluation framework for TPI includes an additional research question and associated metrics related to data quality that are not the focus of this brief.

- **Focus groups with HVIP staff** held in February 2025 to explore how the HVIP program is being implemented at each of the four hospitals and how HVIP agencies collaborate with the Street Outreach Community Violence Intervention program.

- A **community impact assessment** exploring how TPI is achieving its long-term goal of reducing violence-related injuries and deaths. The assessment involved identifying comparison sites that are similar to TPI communities in terms of key demographics and levels of violence, and then conducting a crime trend analysis that compares changes in outcomes (e.g., rates of violent crime, homicides, and assault-related trauma center visits) over time, in the comparison communities, and in comparison to trends in LA County overall.

The following research brief highlights evaluation findings for the 2024 calendar year from across the TPI initiative, including SOCVI Street Outreach and Case Management and HVIP Case Management activities, contextualized with information about how the two programs collaborate as well as with data from a community impact analysis.

Summary of Findings

SOCVI Street Outreach Activities

Exhibit 2. Total activities entered over the year with a cumulative total of 28,783 activities in 2024

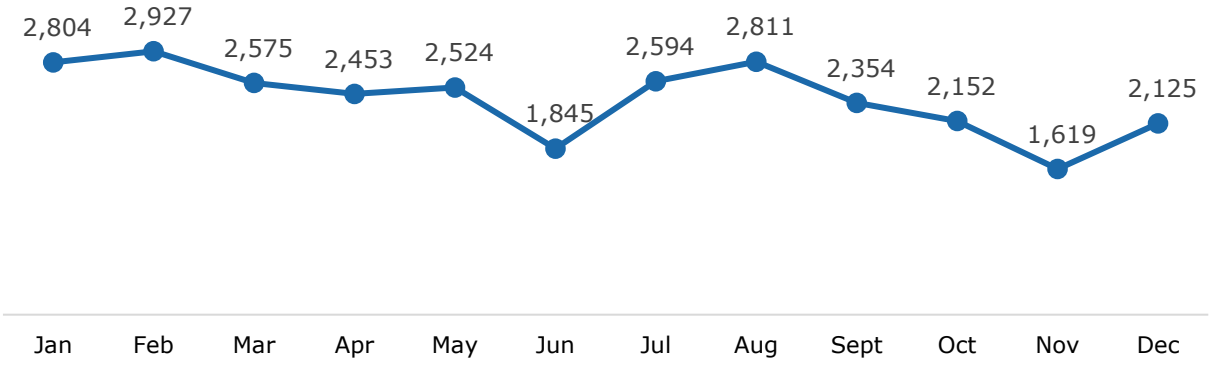
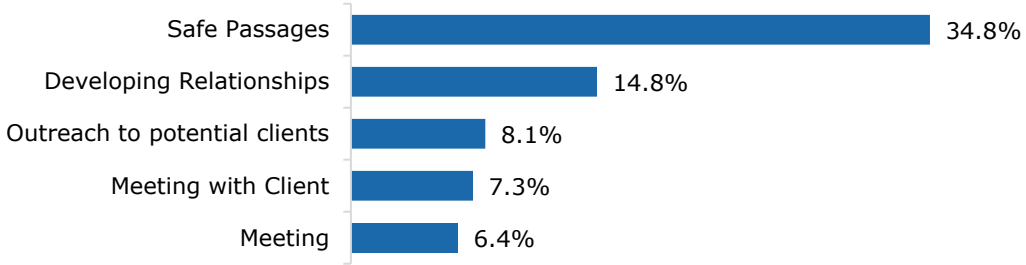


Exhibit 3. Top 5 services provided, with most services provided within Safe Passages (n=20,558)*



** Other services include the rest of ExakTime activities: graffiti checks or removals, provision for basic needs, youth development, community building events, trainings, conflict resolution, referral follow-up, crisis intervention, referral to case management, CAP event, and advisory council meeting.*

Exhibit 4. The number of participants in community building events peaked in June and July (n=119,461)

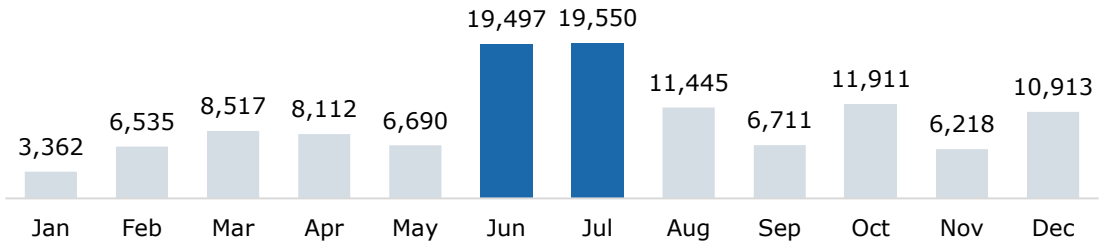
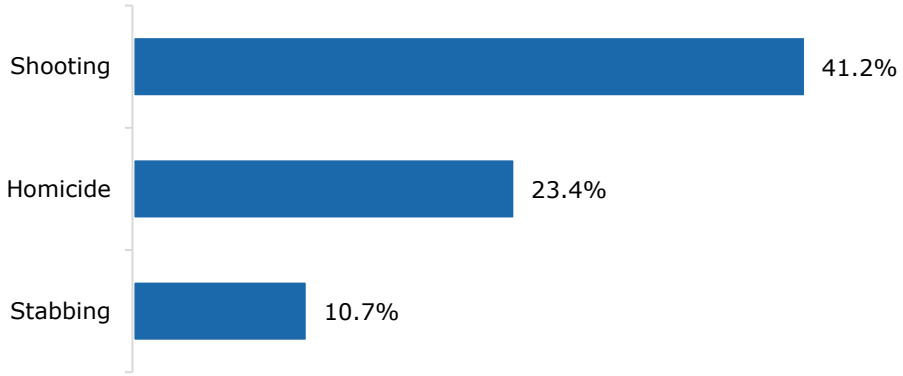


Exhibit 5. Top 3 incidents responded to by CIWs, with shootings making up 41.2% (n=354)



SOCVI Case Management

Exhibit 6. Number of new enrollments by month in 2024

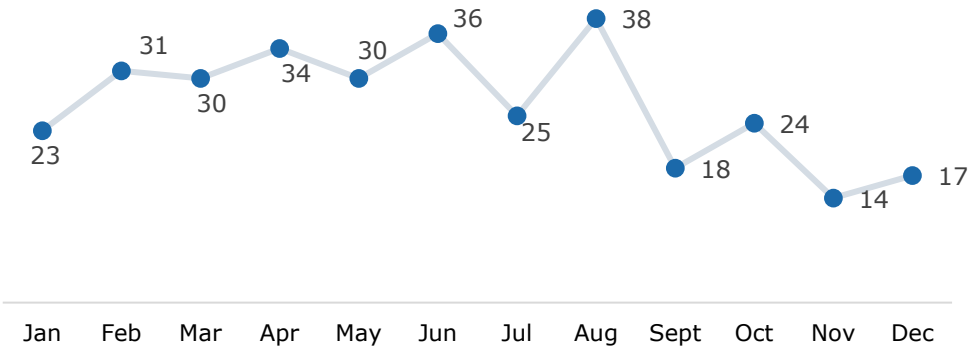


Exhibit 7. Clients set more education and employment goals than any other type of goal (n=643)

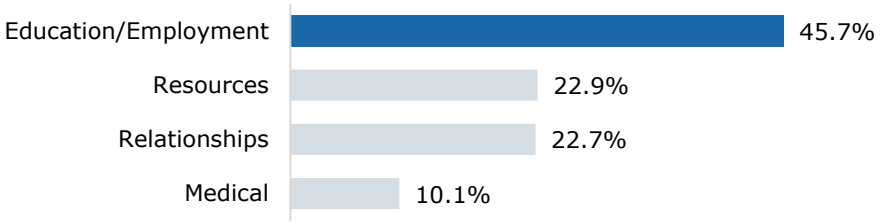
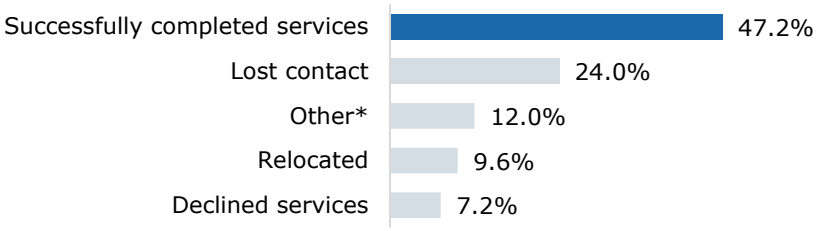


Exhibit 8. Slightly less than half of clients with exit information successfully completed their services (n=125)



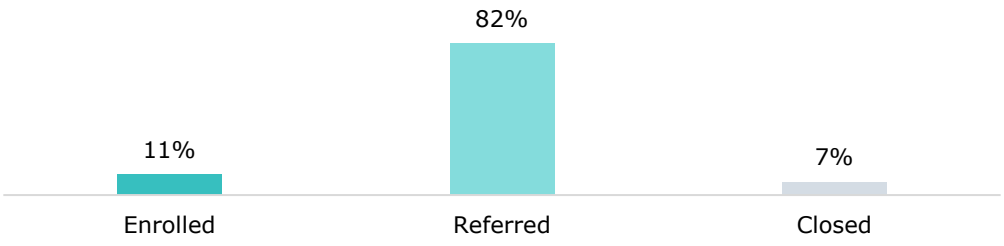
**Other response examples included client did not complete the program or participate in program services, client will continue services with youth center case manager, and unsuccessful.*

In focus groups held with SOCVI agencies in December 2024 and January 2025, staff reflected on the impact SOCVI has had and how they have seen young people develop and grow as a result of their work.

> *"Developing these relationships with the youth [through our mentorship], you can just see that they're going on a different path. It might be little steps […] maybe they're struggling in school [and now] seeing their grades go up, for example, and that's just from you checking in with them. Maybe it's, they were struggling with attendance and showing up at school, but you're just constantly communicating with them [and now that's improving]."*

HVIP Case Management

Exhibit 9. There was a higher total of referred individuals (1,132) when compared to totals of closed cases (93) and enrolled clients (159).

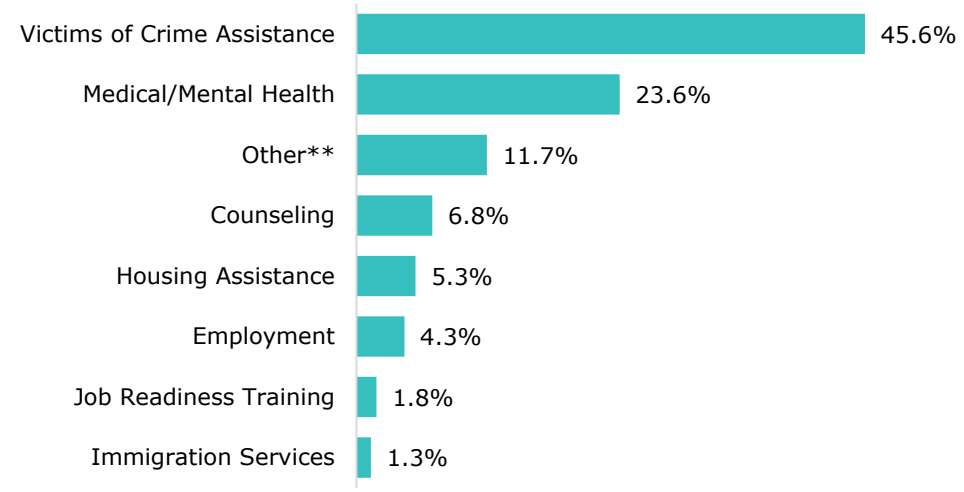


Engagement definitions

Engaged: individuals encountered by case managers at the hospital. This group can be disaggregated in the following categories:

- Enrolled: clients who were served by HVIP
- Closed: clients with closed record due to successful completion, inactivity, request from the client, among other reasons.
- Referred: individuals who were referred to other services and did not become clients

Exhibit 10. Almost half (45.6%) of goals were associated with Victims of Crime Assistance, the highest percentage of any category (n=399 goals) *



** A total of 195 clients reported working on these goals during 2024.*
*** Other includes food, communication, gang intervention, youth services, social security assistance, education, disability insurance and court advocacy*

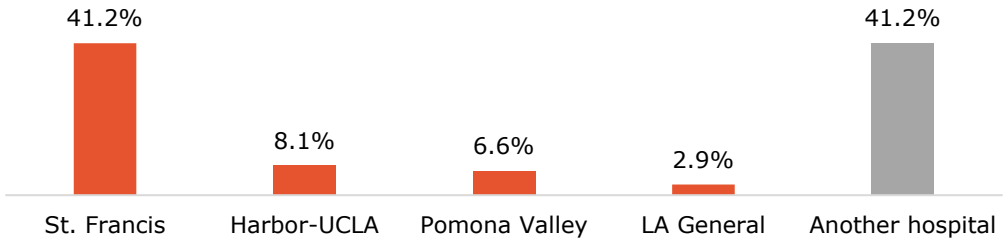
In focus groups held with HVIP hospitals in February 2025, staff reflected on the impact HVIP has had and how they have seen clients receive the support they need, especially since most of them were not previously aware of the assistance available to help them recover after a traumatic incident.

> *"Usually when [individuals] experience these traumatic incidents, they're unaware of the support and the resources that they can receive. [...] Like, even six months after, they've bettered their lives. They've gotten back on track, and they've felt that support that they didn't think that they could have from something like this."*

SOCVI and HVIP Collaboration

Supporting trauma-informed cross-system collaboration and coordination is a key aim of the Trauma Prevention Initiative, particularly between SOCVI and HVIP agencies. Close relationships and coordination among staff of both programs support effective, continuous, and efficient care for residents who are transported to the hospital as a result of a violent incident, and for their families and communities. In 2024, 39.5% of incidents recorded by SOCVI CIWs involved victims of violence being transported to the hospital. As shown in Exhibit 11, below, more than half of these individuals were transported to a hospital with a TPI-funded agency providing HVIP services.

Exhibit 11. Destination of victims of violence transported to hospital (n=136)



** Another hospital includes MLK, Antelope Valley Hospital, Palmdale Medical Center, Riverside Medical Center, Montclair Medical Center, and Lakewood Regional.*

SOCVI teams regularly communicate with their local HVIP team to ensure smooth coordination of care for these individuals. In some cases, HVIP teams also refer individuals to SOCVI teams – in 2024, 4.9% of referrals to SOCVI case management originated from an HVIP program.

All SOCVI and HVIP agencies emphasized the importance of collaboration between their teams, and aim to provide coordinated, trauma-informed care to residents impacted by violence. However, the level of communication and coordination between teams across SOCVI communities and HVIP hospitals varies, with some having more formalized systems while others report challenges in achieving two-way communication and effective referral systems.

> *I love the communication, because a lot of times when the case managers go in, a lot of the community members are like, 'I know so-and-so from [agency], but who are you?' A lot of times I know when they're bedside, the case managers will call or even FaceTime us and say, 'Oh, this is who you're talking from [agency].' Then, that's when we'll have a conversation, 'Oh, they're good people. This is my partner. They're going to help you. When you [get out of the hospital] you'll be back with me.' – SOCVI team*

> *Sometimes the people get frustrated and then they refuse the service because It's "they feel like, 'Well, I'm tired of talking to this person. I got to relive this again.' not fair to them because they [are in] mourning, for one, and then they also [have] to talk to all these multiple people and keep hearing the same thing." – SOCVI team*

> *It's the old proverb; it takes a village. We have a village here in Pomona that cares for the community, that helps the community, and we do our best to work together. If we have a difficult client, we try to connect him or her to every nonprofit that we can so they're getting wraparound services, they're getting services from everywhere. – HVIP team*

Community Impact Assessment

To explore how TPI is progressing in its long-term goal to reduce violence-related injuries and deaths, a community impact assessment was undertaken, comparing the original TPI communities (i.e., unincorporated Compton, Florence-Firestone, Westmont / West Athens, and Willowbrook) to comparison communities that are similar to TPI communities in terms of key demographics and levels of violence: Commerce, Cudahy, Lennox, Lynwood, and Maywood. The key indicators were rates of violent crime, assault related trauma center visits and homicides.

Exhibit 12 summarizes the rate of violent crime (i.e., homicide, forcible rape, robbery, and aggravated assault), Exhibit 13 summarizes the assault rate, and Exhibit 14 summarizes the homicide rate in TPI communities, comparison sites, and Los Angeles County overall, including a few years before the TPI program begun in 2016, through the latest available data in 2023. Violent crime and homicide data was compiled by the Los Angeles Sheriff Department, and information about assaults came from the Los Angeles County Emergency Medical Services (EMS) Agency.

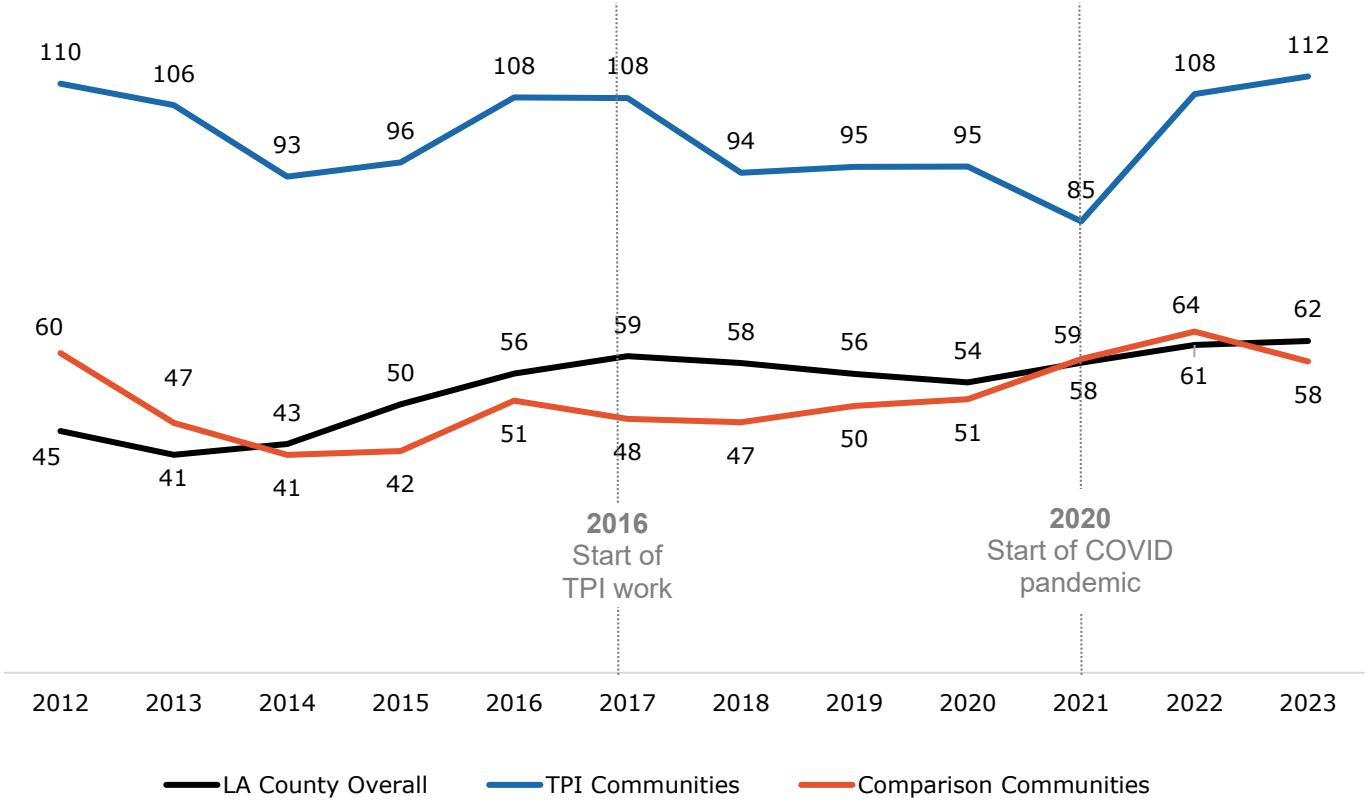
Overall, the rate of violent crimes, assaults, and homicides are higher in TPI communities than in comparison sites and LA County, which is why these communities were chosen for TPI work. However, **violent crimes** (Exhibit 12) *increased much less in TPI communities* than in comparison sites and LA County overall:

- In TPI communities, violent crime increased slightly, by an average of 0.05 crimes per 10,000 people each year, adding up to about **5.2 more violent crimes** over 7 years.

- In comparison communities, violent crimes increased by an average of 2.0 crimes per 10,000 people each year, adding up to about **205 more violent crimes** over 7 years.

- In LA County overall, violent crimes increased by an average of 0.62 crimes per 10,000 people each year, adding up to about **4,258 more violent crimes** over 7 years.

Exhibit 12. Rate of Violent Crime, per 10,000 population, TPI communities compared with comparison sites and LA County overall, 2012-2023



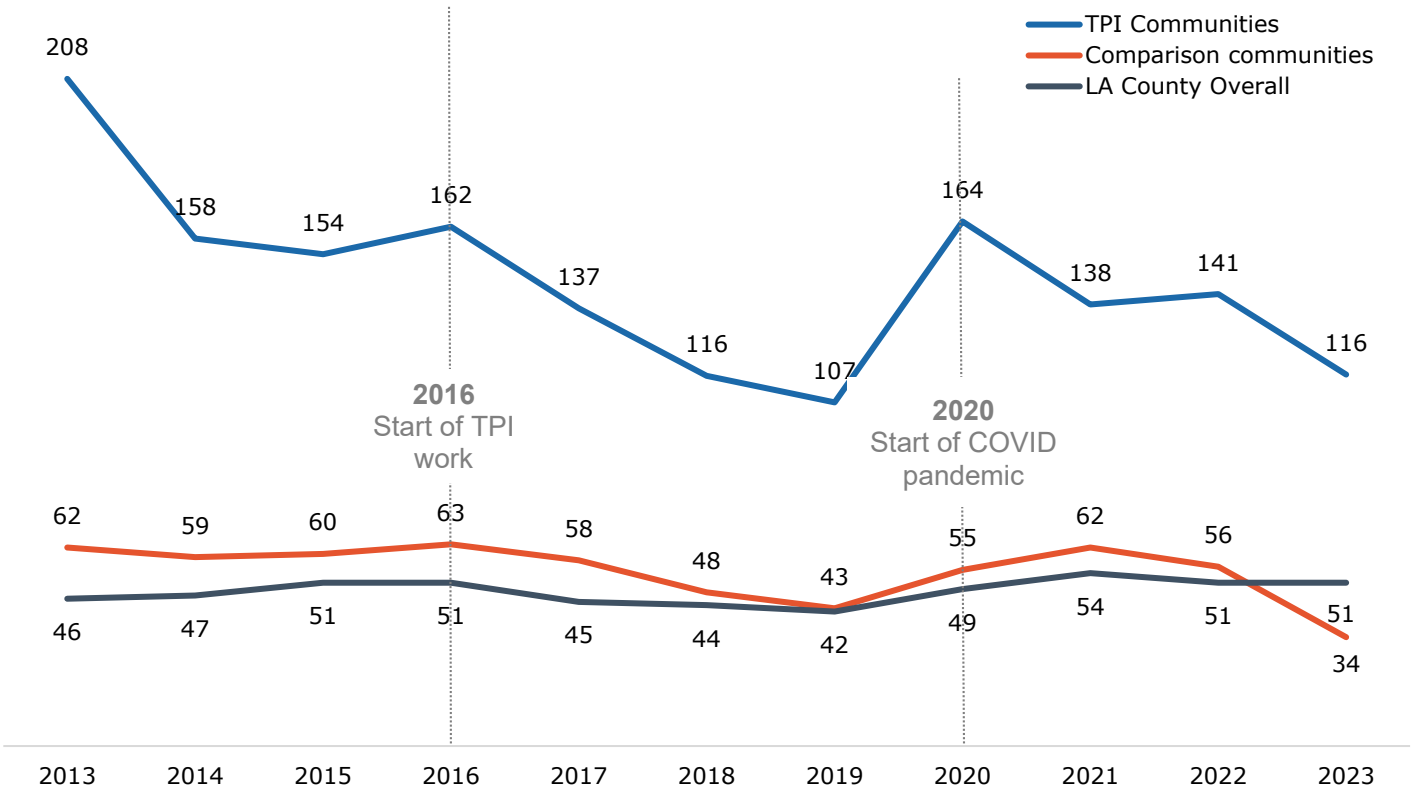
Assault related trauma center visits (Exhibit 13) *declined more in TPI communities* than comparison sites, while increasing in LA County overall.

- In TPI communities, assaults declined by an average of 2.1 assaults per 100,000 people each year, adding up to about **22.5 fewer assault related trauma center visits** over 7 years.

- In comparison communities, assaults declined by an average of 1.9 assaults per 100,000 people each year, adding up to about **19.5 fewer assault related trauma center visits** over 7 years.

- In LA County overall, assaults increased by an average of 0.72 assaults per 100,000 people each year, adding up to about **496 more assault related trauma center visits** over 7 years.

Exhibit 13. Rate of Assaults Treated at Trauma Centers, per 100,000 population, TPI communities compared with comparison sites and LA County overall, 2013-2023



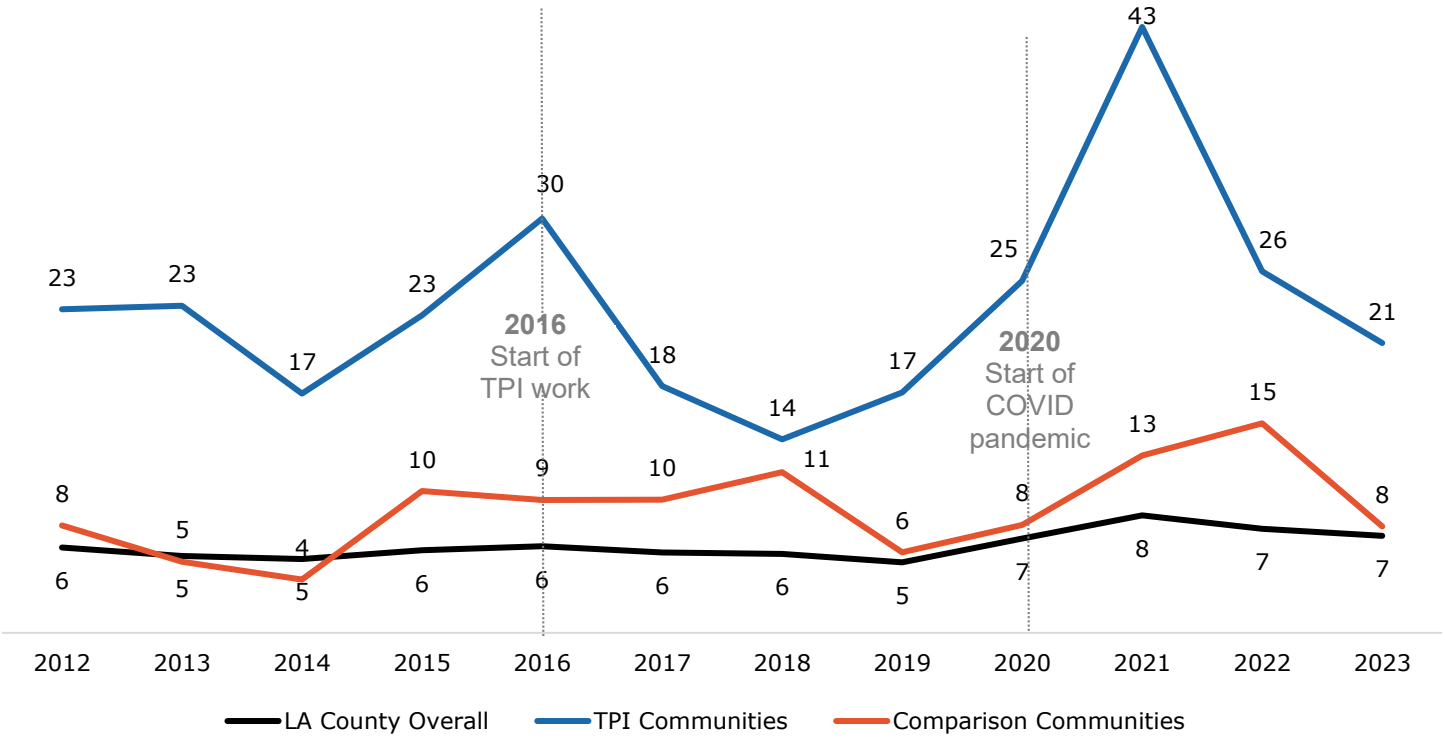
The **homicide rate** (Exhibit 14), however, increased in all communities, and even more in TPI communities. This could potentially be related to the COVID pandemic, as the rate increase is most dramatic for 2021; and others reviewing data across the US have found that firearm homicides accelerating during the COVID pandemic-related emergency measures, and the social protests responding to the murder of George Floyd.[2,3]

- In TPI communities, homicides increased by an average of 0.89 homicides per 100,000 people each year, adding up to about **9.7 more homicides** over 7 years.
- In comparison communities, homicides increased by an average of 0.23 homicides per 100,000 people each year, adding up to about **2.4 more homicides** over 7 years.
- In LA County overall, homicides increased by an average of 0.28 homicides per 100,000 people each year, adding up to about **194.5 more homicides** over 7 years.

[2] Piquero AR, Roman JK. Firearm Homicide Demographics Before and After the COVID-19 Pandemic. JAMA Netw Open. 2024;7(5):e2412946. doi:10.1001/jamanetworkopen.2024.12946.

[3] Zwald ML, Van Dyke ME, Chen MS, et al. Emergency Department Visits for Firearm Injuries Before and During the COVID-19 Pandemic — United States, January 2019–December 2022. MMWR Morb Mortal Wkly Rep 2023;72:333–337. DOI: http://dx.doi.org/10.15585/mmwr.mm7213a2.

Exhibit 14. Rate of Homicides, per 100,000 population, TPI communities compared with comparison sites and LA County overall, 2012-2023



This reduction in assault related trauma center visits also represents significant cost savings. TPI communities have seen about 2.5 fewer assault-related trauma center visits per 100,000 people each year, translating to about 14.5 fewer visits over the seven years TPI has been operating. Considering the combined population of TPI communities (154,537 people in 2023),[4] this amounts to approximately 22.5 fewer assault-related visits. Based on an estimate by RAND, adjusted to 2023 dollars, of $121,170 per serious assault,[5] this suggests that TPI communities have saved more than $2.7 million between 2016 and 2023.

The rate of violent crime, assaults, and homicides for each of the four TPI communities individually, compared to the comparison sites and LA County overall is summarized in Exhibit 15 through Exhibit 17, below. In general, each of the TPI communities experienced the same overall pattern of crime as that for the TPI communities combined (i.e., overall decreases, followed by COVID-associated increase and recent leveling off).

[4] American Community Survey - DP05 Demographic Estimates (ACS 5-year estimates data profiles), available at: https://data.census.gov/table/ACSDP5Y2020.DP05.

[5] Heaton, Paul. Hidden in Plain Sight: What Cost-of-Crime Research Can Tell Us About Investing in Police. RAND Corporation, 2010, available at: https://www.rand.org/pubs/occasional_papers/OP279.html.

Exhibit 15. Violent Crime Rate, per 10,000 population, individual TPI communities compared with comparison sites and LA County overall, 2012-2023

TPI Community	Violent crime rate (per 10,000 population)											
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
TPI Communities (total)	**110**	**106**	**93**	**96**	**108**	**108**	**94**	**95**	**95**	**85**	**108**	**112**
Compton, unincorporated	73	69	59	72	76	88	71	82	94	79	78	83
Florence-Firestone	89	84	65	73	80	94	84	81	81	81	111	113
Westmont / West Athens	154	147	160	145	162	148	114	117	105	87	112	122
Willowbrook	118	118	85	91	114	93	100	99	107	90	117	112
Comparison Communities	**60**	**47**	**41**	**42**	**51**	**48**	**47**	**50**	**51**	**59**	**64**	**58**
LA County Overall	**45**	**41**	**43**	**50**	**56**	**59**	**58**	**56**	**54**	**58**	**61**	**62**

Exhibit 16. Rate of Trauma Center Related Assaults, per 10,000 population, individual TPI communities compared with comparison sites and LA County overall, 2013-2023

TPI Community	Trauma Center Related Assaults (rate per 100k population)										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
TPI Communities (total)	**208**	**158**	**154**	**162**	**137**	**116**	**107**	**164**	**138**	**141**	**116**
Compton, unincorporated	53	87	85	84	78	75	77	42	99	59	55
Florence-Firestone	162	123	108	125	94	72	81	77	89	135	100
Westmont / West Athens	275	198	179	160	149	132	127	257	169	151	118
Willowbrook	302	223	254	284	237	206	152	274	210	188	181
Comparison Communities	**62**	**59**	**60**	**63**	**58**	**48**	**43**	**55**	**62**	**56**	**34**
LA County Overall	**46**	**47**	**51**	**51**	**45**	**44**	**42**	**49**	**54**	**51**	**51**

Exhibit 17. Homicide Rate, per 10,000 population, individual TPI communities compared with comparison sites and LA County overall, 2012-2023

TPI Community	Homicides rate (per 100k population)											
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
TPI Communities (total)	**23**	**23**	**17**	**23**	**30**	**18**	**14**	**17**	**25**	**43**	**26**	**21**
Compton, unincorporated	41	0	5	37	16	10	5	10	16	71	16	17
Florence-Firestone	16	11	11	9	24	14	9	15	17	36	33	23
Westmont / West Athens	31	40	33	34	35	28	17	22	34	44	20	18
Willowbrook	17	39	16	25	43	15	25	18	35	41	25	22
Comparison Communities	**8**	**5**	**4**	**10**	**9**	**10**	**11**	**6**	**8**	**13**	**15**	**8**
LA County Overall	**6**	**5**	**5**	**6**	**6**	**6**	**6**	**5**	**7**	**8**	**7**	**7**

Recommendations for future implementation

The Harder+Company team is considering what changes or considerations could improve the quality and consistency of data being collected by HVIP and SOCVI agencies.

For SOCVI specifically, adjusting data collection tools to clarify for providers how to enter referral and service data could help with distinguishing referral data that is connected to external partners (e.g., county or city services, other CBOs). Incident response data collection could be updated for CIWs to track the number of incidents they hear about in addition to what they are already tracking regarding the number of incidents they respond to and type of incident. With this information, there would be more data around incident response such as rate of response and average incidents responded per CIW.

All SOCVI agencies also emphasized the need for better communication and coordination with partners, including law enforcement or other agencies, to improve service delivery. This coordination could include creating a shared resource database where agencies can add information about resources available and events.

For HVIP, it will be important to have conversations with providers to get a clearer understanding about how each agency defines and does case management, understand the challenges in capturing some information (e.g., demographics) and identify solutions for this. Another consideration is to standardize how providers capture data, including having agreements on engagement and enrollment dates to be able to learn about the engagement process with individuals, and common variables across files. Both providers are currently capturing the data through different databases (Excel, CiviCore).

HVIP teams shared there is a need for additional agency and community resources for their clients, including resources like flexible funding to support clients with immediate needs such as transportation or housing and access to shelters. They would expressed wanting more support in keeping up-to-date information about resources available for the community, and more opportunities to connect with partner organizations.