

# **SOUTHERN CALIFORNIA CROSSROADS**

## **CALVIP Cohort 3 Local Evaluation report Hospital-Based Violence Intervention**

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County Office of Violence Prevention (OVP)

Southern California Crossroads expresses gratitude for the partial funding received. The decision to allocate funds strategically towards the administration portion aims to enhance the organization's overall operational efficiency. This allocation is crucial for maintaining compliance, ensuring organizational effectiveness, and optimizing resource utilization.

Prioritizing the administration aspect holds paramount importance in facilitating seamless daily operations and supervision of departments conducting the original proposed work. The allocated funds funded administrative cost of our Executive Director who oversaw the Hospital Based Violence Department. This strategic focus on administration directly contributes to the overall effectiveness of the organization in its community engagement endeavors and service delivery. Unfortunately with limited funding we were not able to provide a full scale program and deliver additional services to accurately capture data for this project. In addition we were not given a budget for full evaluation partners outside of our current existing data tracking mechanisms and required deliverables by our Office of Violence Prevention Partners. Most of the data provided was through our ongoing Hospital Based Violence Intervention services with St Francis Medical Center and Harbor UCLA Medical Center.

## Challenges and implementation

The community's reluctant trust in services is a multifaceted issue stemming from various factors. (Law enforcement, health care system, Department of Children & Family Services, etc....) are contributing factors in gaining trust with the community we serve. Instances involving minority groups and police misconduct and excessive use of force, have contributed to widespread distrust of community-based services. The lack of knowledge towards Department of Children & Family Services has had a historical precedent, fostering fear and apprehension within these communities. Distrust can lead to reluctance to seek community assistance, and an overall breakdown in the collaborative efforts needed for maintaining community assistance. Addressing these issues is paramount to rebuilding trust and fostering a more positive and effective community relationship.

Another formidable challenge we encounter is the profound impact of insufficient staffing on our ability to deliver timely and efficient services to all the patients referred to our services (staff vs patient ratio). We are unable to enroll all patients referred to our program. The overall quality of our services can diminish as our dedicated staff, burdened with excessive demands, struggle to maintain the same level of efficiency and effectiveness. The recurring cycle of understaffing further detrimentally influences employee morale, creating a challenging work environment. It is imperative to address these staffing challenges promptly to ensure a positive client experience and achieve success in service implementation.

Following up services with homeless individuals presents a challenge. The lack of a stable address or contact information hampers outreach efforts, hindering service providers from maintaining regular contact. Additionally, the complex and multifaceted needs of homeless individuals, ranging from mental health issues to substance abuse, pose challenges in creating tailored and sustainable follow-up plans. Some homeless individuals are not interested in services and would rather return to the street where they don't have to abide by rules or structure.

We have learned that when implementing services, it is not always effective to approach someone who has lost a loved one or having a loved one in an ICU setting. The approach requires sensitivity and empathy. Firstly, respect their space and emotions, allowing them to process at their own pace. Case managers briefly engage and leave informational pamphlets that can be addressed at a later time. Once communication has been established between the Case Managers and family members then offering practical assistance, such as helping with paperwork or arranging logistics comes into play. Finally, offering ongoing support, recognizing that grief is a long process, and checking in on them periodically can be meaningful.

## Total number of participants served (unduplicated)

Between November 2020 and June 2023, the participant demographics are as follows:

### By Gender:

- 448 Males
- 116 Females

### By Ethnicity:

- 236 African American
- 4 Asian
- 12 Caucasian
- 296 Hispanic
- 1 Middle Eastern
- 15 Other

### By Age:

- Forty-one ages 1-19
- One hundred fifty-four ages 20-29
- One hundred sixty-nine ages 30-39
- One hundred eight ages 40-49
- Sixty-nine ages 50-59
- Eighteen ages 60-69
- Three ages 70-79
- One age 80-90

The duration of our services varies according to individual needs, typically structured on a weekly basis. Time duration also goes in-between 40-60 minutes. Depending on the specific requirements of the client, the duration may span 3, 6, or 12 months. Our services encompass mental health support, referrals for victims of crime, assistance with employment connections, and access to housing shelters. Another service referral we provide is youth/student mentoring. We tailor the mentoring based on the age of the youth, directing them to school mentoring programs if such resources are accessible in their area.

## Progress towards project goals and objectives, including

We successfully achieved our hospital-based violence intervention goal by engaging and enrolling clients through referral sources. We aimed to ensure clients and their families felt comfortable and willing to accept services. Once established, the staff diligently followed up with clients to ensure they received the fullest extent of available services.

The project goals and objectives were largely achieved, with significant progress made across all key areas (outreach, bedside engagement, referral source). Our team successfully met 90% of the predetermined objectives, demonstrating high commitment and effectiveness in bedside engagement implementation. While some challenges were encountered, proactive measures were taken to address them, ensuring minimal impact on overall project outcomes. Overall, the project's success can be attributed to strong collaboration (TPI, hospital staff, and case management), effective resource management, and a dedicated effort from all team members. Using our internal information system, we effectively tracked our goals and accomplishments in hospital-based work.

With the assistance of the onsite trauma team, our team was able to introduce Crossroads and our services in advance. This proactive approach to information dissemination helped by providing clients with essential information beforehand. The trauma team was crucial in obtaining additional information unavailable during the initial engagement process.

## Outputs and outcomes from the project

Hospital patient/case manager output is achieved through the collaborative efforts between hospital patients and their case managers. This includes improved patient health outcomes, enhanced quality of life, and optimized utilization of community resources for victims of crime, among other services. The output attained may include successful coordination of services with intervention workers and hospital base workers, effective communication between patients and healthcare providers, and streamlined discharge planning processes for VOC. Ultimately, the primary goal is to ensure optimal patient care delivery and facilitate smooth transitions across the VOC services, leading to better health outcomes and overall well-being for victims.

\*\*The Case Managers made referrals to various service providers. Referrals were made to the Victims of Crime Program:

Relocation: Clients were able to get away from the location of where the incident occurred.

Funeral Expenses: Families were assisted to pay a large portion of funeral cost.

Medical bills: Clients did not have to come out of pocket.

Loss of Wages/Apply for State Disability:

Housing: Helped clients transition into shelter/housing facilities

Mental Health Therapy: Address the trauma caused by incident



Community service initiatives generate various changes, benefits, and impacts as outputs, significantly influencing both individuals and communities. These outputs often lead to tangible improvements in social cohesion, neighborhood safety, and overall community well-being. For example, volunteering fosters a sense of belonging and strengthens social connections within communities, enhancing resilience and mutual support networks. Additionally, community service outputs contribute to clients' physical and mental health, combating stress, anxiety, and depression while promoting overall well-being. Furthermore, the outputs of community service efforts can result in the development of valuable skills and experiences for clients, empowering them to positively impact society and pursue diverse personal and professional goals. Ultimately, the cumulative effects of community service outputs contribute to building stronger, more resilient communities with enhanced social capital and improved quality of life for all members.

The outcomes of our services vary based on clients' participation levels. When clients are actively invested in the services and are motivated to make positive life changes, their engagement in case management significantly enhances their outcomes. By actively participating in the development and implementation of their individual service plans, these clients become empowered and engaged in their own progress, leading to more successful outcomes.

The project itself does not yield tangible returns directly to our organization. Its primary aim is to foster collaboration with other entities to deliver tailored services that address the specific needs of victims. Given the diverse nature of victim cases, there's variability in the approach taken by case managers, resulting in not all services being necessary or accepted uniformly. Each outcome varies depending on the individual needs of the victim. However, a common outcome is the acceptance of services and the satisfaction expressed by victims regarding the assistance they find most beneficial to their situation.

**Access to Support Services:** Community programs often provide victims with access to a range of support services such as counseling, legal assistance, housing support, and healthcare. These services can help victims navigate the challenges they face in the aftermath of a crime.

**Empowerment and Advocacy:** Victim support programs empower victims by providing them with information about their rights, options, and available resources. They may also offer advocacy services to help victims assert their rights within the criminal justice system and access necessary support.

**Emotional Healing and Well-being:** Many community programs offer counseling and mental health support to help victims cope with the emotional trauma associated with being a victim of crime. These services can promote healing, resilience, and overall well-being.

**Safety and Security Measures:** Community programs may provide victims with safety planning, security measures, and assistance in obtaining protective orders or restraining orders if necessary. These measures aim to enhance the safety and security of victims and their families.

**Financial Assistance and Compensation:** Some community programs offer financial assistance or help victims navigate the process of applying for compensation to cover expenses related to medical bills, lost wages, or property damage resulting from the crime.

**Peer Support and Community Connection:** Victim support groups and peer mentoring programs connect victims with others who have experienced similar situations. These connections can provide emotional support, validation, and a sense of belonging, reducing feelings of isolation.

**Education and Prevention:** Community programs may offer educational workshops, training sessions, or awareness campaigns to help prevent future victimization and empower individuals to recognize and respond to potential risks or threats.

## Impact evaluation results, (if applicable)

- o Describe results from a quantitative analysis of impacts, including a comparison of participant outcomes with those of a comparison group (or with their baseline scores, for a pre-post assessment)
- o Describe potential confounds to the analysis

N/A

## Discussion of results

Our strategies remained consistent across hospitals due to the novelty of the process, which is continuously evolving and learned in real-time. These strategies are discussed thoroughly in all staff meetings, with key points emphasized before implementation. However, not all strategies are utilized as each client's case presents unique considerations.

Our strategies remained uniform across hospitals, reflecting the dynamic nature of the process, which is constantly evolving and learned in some situations in “real-time”.

The process can be broadly adopted as case management the client/case manager relationship is an interactive process. Without active participation from both parties, building a trusting relationship becomes challenging. The success rate of this is accomplished through diligent and persistent follow-up efforts.

## I. Grantee Highlight

On Monday, May 22nd, 2022, a 34-year-old male was shot in the mouth by a stranger while attending a baseball game with his family. As they were leaving the game to grab lunch, they encountered a large crowd on the street due to an altercation. Trying to avoid the crowd and drive away, the client was followed by a group of strangers who began shooting at his vehicle. In an attempt to protect himself and his family, the client swerved in and out of traffic until he crashed his car. The assailants, realizing their mistake, quickly fled the scene. The client was then transported to St. Francis Medical Center for treatment.

While recovering in the hospital, the Case Manager was able to establish rapport with the client. On Monday, May 23, 2022, the Case Manager attempted to discuss potential services with the client. By May 26, 2022, services were initiated after the client provided consent. The client agreed to enroll in services provided by Southern California Crossroads, including Disability and TRC for himself and his family. Referrals were sent out, but there was a significant wait for TRC's services due to high demand for mental health assistance.

Finally, on August 3, 2022, S. Salazar from Hopics contacted the client to begin therapy for him and his family. Before receiving this call, the Case Manager assisted the client in submitting a disability form for state disability, which was approved. The Case Manager followed up with the client's family on October 7, 2022, and confirmed that therapy services had been successfully initiated. The client expressed gratitude to the Case Manager for her assistance, and she reassured him that she was available for any further assistance he may need.