City of San José CalVIP

Trauma to Triumph Final Local Evaluation

RDA CONSULTING

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

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This report was developed by RDA Consulting under contract with the City of San José Parks, Recreation, and Neighborhood Services.

RDA Consulting, Dec. 2023

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Executive Summary

Overview

In 2020, the California Board of State and Community Corrections (BSCC) awarded the City of San José (City) Department of Parks, Recreation, and Neighborhood Services (PRNS) over $630,000 through the California Violence Intervention and Prevention (CalVIP) Grant to fund the replication and expansion of the City's existing Trauma to Triumph (T2T) Hospital-Based Violence Intervention Program to a new hospital, Regional Medical Center of San José (RMC). **T2T's goal is to provide individuals ages 12 to 30 who are admitted to the RMC Trauma and Emergency Services Unit with injuries caused by individual, group assault, or gang-related violence with individualized support and services during their hospital stay and upon their discharge from the hospital.** In addition to its partnership with RMC, the City partners with two community-based organizations—New Hope For Youth (NHFY) and ConXión—to provide individualized support through community-based case management intervention, mentoring, coaching, employment, and education services. These supports and services are intended to reduce the likelihood of revictimization, hospital readmission, and retaliatory violence, along with supporting the recovery of victims of violence.

PRNS contracted with RDA Consulting to conduct a mixed methods process and outcome evaluation, incorporating quantitative and qualitative data collection and analysis to provide a comprehensive assessment of the City's progress toward achieving their program goals and objectives. This Final Local Evaluation Report provides a final review of program implementation and client outcomes spanning the three years of T2T pilot at RMC from October 2020 through June 2023.

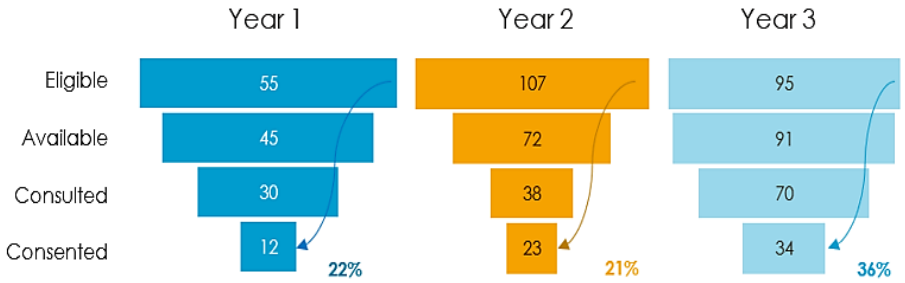
Program Goals and Services

As a hospital-based violence intervention program, T2T is modeled on the premise that trauma centers and emergency rooms offer an opportunity for intervention staff to connect with a victim of a violent injury during a time when the individual may be most open to engaging with the program and addressing the risk factors associated with the cycle of violence. By connecting clients to services and support, T2T aims to prevent or reduce the risk of retaliatory violence and reinjury, assist clients in adopting or maintaining a violence-free lifestyle, assist clients in responding to their emotional, psychological, or physical needs, and help stabilize clients' lives and move them toward achieving their personal goals.

Referrals and Enrollments. To identify individuals who may be eligible for T2T, program staff identify patients admitted to the RMC Trauma and Emergency Services Unit and determine eligibility based on their age and the nature of their injury. Eligible patients are consulted about T2T, and if they consent to participate in the program, they are referred to the interventionists to complete an intake. Over the course of the pilot period, the City aimed to enroll 185 clients ages 12-30 in T2T with 80% of enrolled clients establishing an individualized service plan with their case manager. **Of the 69 clients referred to T2T during the pilot period, 58 clients enrolled in T2T and actively engaged in program services with 100% of enrolled clients developing an individualized service plan.** RMC and PRNS's limited staff capacity and COVID-19 pandemic restrictions significantly impacted T2T's ability to enroll and engage the intended number of T2T clients in the first two pilot years. However, over the pilot period, T2T partners continuously adapted and successfully increased the total

program referrals in the final year. Adaptations that supported increased referrals in the final year of the pilot included developing a promotional video and brochure to share with eligible patients, improving outreach efforts to individuals after discharge from the hospital, implementing recurring trainings for hospital staff to increase awareness of the program, and onboarding additional City and hospital staff to support T2T.

Number of Eligible Patients Consented by Pilot Year



Services and Completion. Once clients are enrolled in T2T, Interventionists work one-on-one with clients focusing on building relationships through in-person and phone contacts, home visitations, personal support/motivation, mentoring, and coaching. Staff also connect clients to specific services or resources based on the client's goals and needs. Overall, **enrolled clients received approximately 1,302 total service hours during the three-year pilot program, for an average of 25 service hours and 28 service contacts per client.** In keeping with a Peer Intervention Model, the largest share of service contacts (73%, n = 1,072) were focused on relationship building followed by employment (6%, n = 85) and employment (6%, n = 83).

T2T's emphasis on establishing supportive relationships is an essential component of T2T's successful service delivery. Throughout the pilot period, clients shared that their assigned staff members effectively connected with them by discussing their own lived experiences, listening to the clients, and keeping an open line of communication outside of appointments. These meaningful relationships have made a difference in motivating clients who are ready to change their lifestyles and patterns of behavior that led to their hospital admission.

> *"Knowing that there's someone out there willing to listen to you, not just because it's their job but because they genuinely care. It's nice to know that there are people who are genuinely nice." – T2T Client*

Across the three-year grant period of the T2T pilot program, 42 clients exited the program. Of these clients, **90% (n = 38) completed the program successfully (i.e., met one or more core service objectives in their individualized service plan)**. T2T clients most often successfully achieved goals related to relationship-building and education.

Client Outcomes

T2T's goals are for clients to make progress on their service plans, re-enroll in school, get jobs or otherwise enroll in job training and placement programs, create pro-social networks, maintain a violence-free lifestyle, and change their perception of life and the future. In the long term, these outcomes should lead to no hospital readmissions for violent reinjury and no judicial recidivism and safe, productive, and healthy lives for clients. **T2T met or nearly met its short- and long-term goals to stabilize clients' lives, modify behaviors, provide for their basic needs, and reduce hospital and judicial recidivism.** The table on the next page outlines the goals that T2T set to measure progress toward their goal of stabilizing clients' lives and the outcomes T2T achieved in the pilot period.

T2T Goals	Outcomes
75% of clients will experience a violence-free lifestyle	At the program close, **27 clients (64%) self-reported engaging in a violence-free lifestyle**. T2T nearly met its 75% goal and would have accomplished it if just five more clients had reported a violence-free lifestyle.
50% of clients seeking employment to secure a new job or return to an existing job	**Two-thirds of unemployed clients[1] were employed at program exit**, exceeding T2T's goal by 17 percentage points.
80% of school-age clients return to school, enroll, or complete a GED program	Of the school-age clients (i.e., 24 years or younger) not enrolled in school upon entering the program, **67% achieved school re-entry at program close**. T2T would have met their goal for school re-entry if just one more school-aged client re-enrolled in school.
90% of clients do not return to RMC with another violence-related injury	T2T met its goal to reduce hospital readmissions, with **only one client readmitted to RMC with a violence-related injury following program enrollment**.
80% of clients do not have further interactions with the judicial system for a violent offense	**Thirty-three clients (79%) reported reduced arrests for violent acts after program enrollment**. T2T nearly met this goal, as they were just one percentage point shy of meeting the 80% goal for reduced long-term judicial involvement.

Both T2T clients and program staff highlighted the **dual impact of T2T in providing emotional support through a trusting, positive, and caring Interventionists and the connection to needed resources and services that help clients stabilize their lives.** Reflecting staff responsiveness to clients' basic needs goals, 81% (n = 34) of closed clients with related goals achieved basic needs outcomes, such as access to food and clothing. An even greater share (88%, n = 37) of existing clients received assistance applying for or had received financial support through Victim Compensation, which can cover relocation costs, medical bills, and counseling sessions.

Clients shared that participation in the program has put them on a different track, and many are driven to continue schooling, establish themselves in careers, and help others. At least two-thirds agreed they looked forward to their future (75%) and were motivated to make positive choices (71%).

"It helped me realize what my future would be if I kept going on the path I was on. It wasn't the right path and wouldn't lead me to where I wanted to be at the end of the day. It helped me realize what was right for me and what I enjoy doing. Graduating college with a pediatrician degree, want to work with kids and enjoy helping people." – T2T Client

[1] Fourteen percent (n = 6) of closed participants were missing employment information at program intake. As a result, this finding is limited by data availability and should be interpreted cautiously.

Implementation Findings

Through its CalVIP Grant, PRNS succeeded in establishing a second location of T2T at RMC to improve its capacity to serve individuals impacted by community violence in East San José. Program coordination and staffing improved by the end of the pilot period, with all partners reporting procedures in place to refer eligible RMC patients more effectively in the future.

RDA identified three continued areas in which T2T at RMC can focus its efforts to improve program operations and better serve its clients: (1) Program Reach, (2) Service Delivery, and (3) Administration and Partnerships.

- **Program Reach.** The pandemic negatively impacted T2T's replication at RMC from the outset of the pilot period, crucially interrupting access to the private hospital and impacting hospital staff capacity, all of which delayed the program's ability to develop an effective referral process. Additionally, insufficient staffing to support the program prevented T2T from reaching their enrollment goals. During the pilot, partners took steps to improve patient identification and consultation processes including developing a promotional video and brochure to share with eligible patients, improving outreach efforts to individuals after discharge from the hospital, implementing recurring trainings for hospital staff to increase awareness of the program, and onboarding additional City and hospital staff to support T2T. In addition to the steps taken during the pilot period to improve program reach, T2T partner leadership agrees that staffing levels must be improved to expand the program's reach following the pilot period.
- **Service Delivery.** T2T partners described relationship building as the most impactful service NHFY Interventionists provided. Interventionists built trusting and non-judgmental relationships with clients utilizing the Peer Intervention Model that motivated clients to change their behaviors and create more positive futures for themselves. Service delivery could be further improved following the pilot period through recurring trainings related to the Peer Intervention Model, trauma-informed services, referral services, and data entry.
- **Administration and Partnerships.** Despite initial challenges due to the pandemic and limited staffing, establishing the T2T program at RMC and developing partner relationships was a significant success for the pilot expansion, primarily aided by the open lines of communication and procedures established by the end of the pilot grant period with improved staffing. Following the pilot period, T2T partners hope to continue to expand awareness about T2T across RMC administration and build on open lines of communication between partners to improve program collaboration.

Grantee Highlight City of San José RMC T2T Pilot

69
clients referred to T2T during the pilot program period

58
clients enrolled and actively engaged in program services

100%
of clients established Individualized Service Plans with a staff interventionist

78%
of clients experienced reduced judicial contact for a violent offense

67%
of school-age clients re-enrolled in school

67%
of clients who were unemployed/seeking work at program enrollment gained employment

< 1%
of clients returned to RMC with another violence-related injury

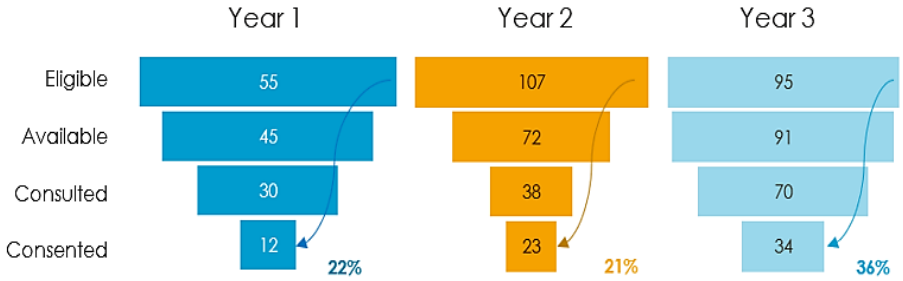
Program Overview: The City of San José established a partnership with Regional Medical Center (RMC) of San José hospital and two community-based organizations—New Hope for Youth (NHFY) and ConXión—to replicate and expand the City's existing Trauma to Triumph (T2T) Hospital-Based Violence Intervention Program. T2T serves individuals ages 12 to 30 admitted to RMC's Trauma and Emergency Services Unit with injuries caused by individual, group assault, or gang-related violence with individualized support and services during their hospital stay and upon their discharge from the hospital. Clients enrolled in the program are provided community-based case management, intervention, mentoring, coaching, employment, and education services. These supports and services are intended to reduce the likelihood of revictimization, hospital readmissions, and retaliatory violence, along with supporting the recovery of victims of violence.

Listen to T2T participant, Yelson, tell his story: https://www.youtube.com/watch?v=h9YDrD1EocY

Program Successes: Although pandemic hospital restrictions and staff capacity hampered initial program reach, the T2T expansion pilot at RMC served 58 clients, most of which were Hispanic or Latino males. Each client established an Individualized Service Plan and received seven monthly service hours, on average. As evidence of T2T's effective service delivery, clients reported they were better off because of the program. Clients' lives stabilized as their basic needs were met, they re-enrolled in school, and found jobs. Clients also felt optimistic about their future and less than 1% of clients returned to RMC with new violence-related injuries. At the end of the grant period partners also reported communicating and coordinating more effectively.

Program Highlights:

Consultations of available patients nearly doubled in the final pilot year because of increased staff capacity.



Service delivery was a program strength, with T2T partners describing relationship building as the most impactful service NHFY interventionists provided.

T2T stabilized clients' lives: **81% of clients met their basic needs goals** and **88% applied for or received victim assistance to help with relocation, medical, and counseling costs.**

IMPACT QUOTES

T2T CLIENTS

"MY LIFE HAS CHANGED. I STOPPED HANGING AROUND PEOPLE THAT WOULD GET ME IN TROUBLE."

"IT HELPED ME REALIZE WHAT WAS RIGHT FOR ME AND WHAT I ENJOY DOING."

RMC LEADERSHIP

"IT'S BEEN A TREMENDOUS IMPACT ON THE HOSPITAL AND THE COMMUNITY. THE WORK THAT NFHY DOES HAS REALLY CALMED DOWN THE VIOLENCE AND THE [HOSPITAL] RECIDIVISM. EVERYONE WANTS TO SEE THE BENEFIT FOR THE COMMUNITY. I THINK THE CLIENTS SEE THE SUPPORT AND VALUE FOR THEMSELVES."

Introduction

In 2020, the California Board of State and Community Corrections (BSCC) awarded the City of San José (City) Department of Parks, Recreation, and Neighborhood Services (PRNS) over $630,000 through the California Violence Intervention and Prevention (CalVIP) Grant to fund the replication and expansion of the City's existing Trauma to Triumph (T2T) Hospital-Based Violence Intervention Program to a new hospital, Regional Medical Center of San José (RMC). Combined with City staffing and in-kind resources valued at over $630,000, the program's total budget for the October 2020 to June 2023 grant period is $1.2 million.[2] In addition to its partnership with RMC, the City partners with two community-based organizations—New Hope For Youth (NHFY) and ConXión—to provide community-based case management intervention, mentoring, coaching, employment, and education services. All of the City's CalVIP grant funds are passed through to NHFY and ConXión to provide these services.

This report is the three-year final local evaluation. It evaluates the City's pilot replication and expansion of the T2T program to RMC during the complete grant funding period from October 2020 through June 2023.

Background

Since 2012, the City has operated T2T in partnership with the public hospital Santa Clara Valley Medical Center (VMC), part of the County of Santa Clara Health System. To replicate T2T successes at VMC, the City successfully established a new partnership with the private hospital RMC in East San José, allowing the City to expand program access and capacity. T2T's goal is to provide individuals ages 12 to 30 who are admitted to the RMC Trauma and Emergency Services Unit with injuries caused by individual, group assault, or gang-related violence with individualized support and services during their hospital stay and upon their discharge from the hospital. These supports and services are intended to reduce the likelihood of revictimization, hospital readmission, and retaliatory violence, along with supporting the recovery of victims of violence.

Project Implementation

Research has shown that over a third of violently injured youth are readmitted for violent reinjury within two years.[3] As shown in the Figure 1 Theory of Change diagram and Appendix A Logic Model, the T2T program reduces the risk of reinjury and retaliatory violence by engaging with hospitalized individuals during a "teachable moment," when youth are more likely to reassess their lifestyle and behaviors due to the severity of their condition or near-death experience.[4] T2T's wraparound service approach aims to modify behaviors and address root causes of violence by addressing clients' psychological, emotional, physiological, educational, and employment goals.[5]

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[2] Due to delays in the grant process, the City could only incur costs after January 2021.

[3] Cunningham, R. M., Carter, P. M., et al. (2015). Violent reinjury and mortality among youth seeking emergency department care for assault-related injury: A 2-year prospective cohort study. *JAMA Pediatrics, 169*(1), 63-70.

[4] Johnson, S. B., Bradshaw, et al. (2007). Characterizing the teachable moment: Is an emergency department visit a teachable moment for intervention among assault-injured youth and their parents? *Pediatric Emergency Care, 23*(8), 553-59.

[5] Brice, J. M., Boyle, A. A. (2020). Are ED-based violence intervention programmes effective in reducing revictimisation and perpetration in victims of violence? A systematic review. *Emergency Medicine Journal*, *37*(8), 489-495.

Figure 1. T2T Theory of Change

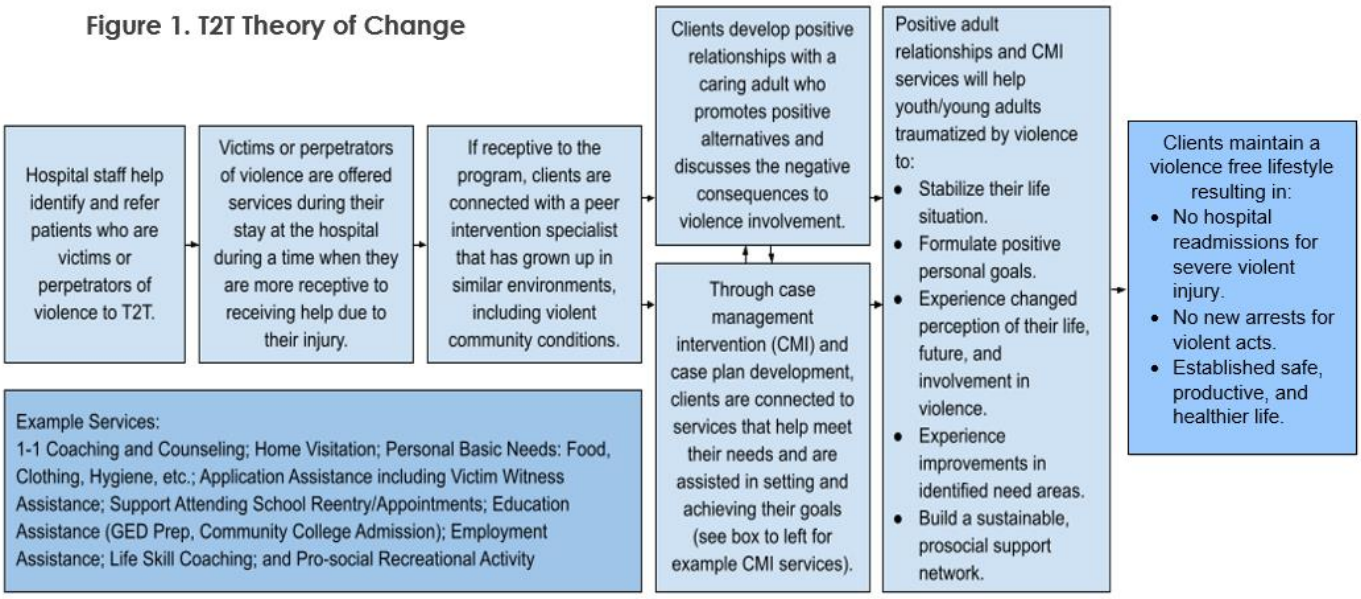


Table 1 shows current staff from the City's PRNS Department, RMC, and two community-based service providers, New Hope for Youth (NHFY) and ConXión, support RMC T2T's violence intervention efforts through their various roles. In the final year of the grant period PRNS and RMC hired additional staff to support T2T, including the following: one Community Coordinator, one Community Service Supervisor, one Injury Prevention Coordinator.

Table 1. Current RMC T2T Staffing

Organization	Positions	Key Responsibilities
City of San José PRNS *(Direct Staff)*	One Intervention Specialist, full-time	Provides day-to-day program oversight; acts as a liaison between contractor and hospital staff; prepares reports.
	One Project Consultant, part-time	Provides general program model consulting and problem-solving; supports planning and resource development; supports data collection method; supports report preparation.
Regional Medical Center	Two Injury Prevention Coordinators, one partially dedicated to T2T	Identify eligible patients and consult them about T2T; complete client referrals; coordinate intervention staff visits in the hospital.
New Hope for Youth (NHFY)	Two Interventionists	Work directly with clients to conduct initial assessment; develop individualized case plans; provide one-on-one services; refer clients to additional services as needed.
ConXión	One Employment and Education Interventionist	Works directly with clients to provide one-on-one education or employment-supportive services.
City of San José PRNS *(Support Staff)*	One Community Service Supervisor, partially dedicated to T2T	Oversees T2T program; reviews data collection and program reporting; assists with program problem solving.

	One Community Coordinator, partially dedicated to T2T	Assists with reporting and database management; develops data collection methods; communicates PRNS policy changes to T2T partners; renews T2T agreement between City, Contractors, and RMC.
	One Superintendent, partially dedicated to T2T	Manages partnership development with RMC; assists with program problem solving; oversees sustainability efforts, including staffing and funding needs.

The T2T program model relies on staff's cross-organization collaboration to engage and provide services to clients during the following phases:

- **Identification:** The Injury Prevention Coordinator identifies patients admitted to the RMC Trauma and Emergency Services Unit and determines their eligibility based on their age and the nature of their injury.[6]

- **Consultation, Consent, and Referral:** The Injury Prevention Coordinator is responsible for consulting eligible patients about the program and obtaining the patient's consent to participate in the program. If the patient consents to participate in T2T, the Coordinator makes the referral to NHFY with basic information about the client. The Intervention Specialist may assist with the consultation, consent, and referral process.

- **Intake:** NHFY Interventionists are responsible for conducting an initial visit with the client to complete the intake process, preferably before the client's discharge from the hospital. During this outreach and engagement period, Interventionists help the client understand the events leading to their injury while establishing a caring relationship that clients may otherwise not have in their lives. As part of the intake process, the Interventionists work collaboratively with the client to develop an individualized service plan with goals based on the client's identified needs, living conditions, and motivation for change. If clients are not ready to formally enroll in services, Interventionists inform them about the services offered through the program should they change their mind and wish to participate in the future.

- **Case management Intervention:** Interventionists typically work with clients for six to 12 months, focusing on building relationships through in-person and phone contacts, home visitations, personal support/motivation, mentoring, and coaching. Staff also connect clients to specific services or resources based on the client's goals and needs. The program was designed so that clients identifying employment or education goals would work directly with the ConXión Interventionist while continuing to receive case management and other assistance from their primary NHFY Interventionist. ConXión services were provided based on client interest and need. Ultimately, ConXión received a limited number of referrals due to a lack of interest in or readiness for employment services. Clients may be disinterested in seeking employment due to immigration status, their enrollment in school, severity of their injury, or their lifestyle. NHFY Interventionists provided all client case management during the expansion pilot.

[6] To be eligible for T2T, patients must be between the ages of 12 and 30 years old with an injury that is gang-related, weapon-related, or the result of an individual/group violent assault. Case-by-case exceptions may allow individuals outside the program's targeted age range to enroll in T2T.

- **Case Closure:** A client may successfully exit the program once they have met one or more of the core service objectives in their case plan. They may also successfully exit when they are continuously working towards their goals with minimal assistance from program staff and are free from trauma symptoms and physical injuries.[7] Clients may also be closed out if they disengage with the program. Program staff collaboratively discuss case closure decisions through regular T2T case conference meetings.

As a hospital-based intervention program, the COVID-19 pandemic and emergency public health mandates greatly impacted the implementation of the T2T pilot at RMC. Santa Clara County's March 2020 shelter in place order as well as RMC's own hospital visitor restrictions shut down hospital access and halted pilot implementation plans during the first pilot year and continued to hamper access into the second of three pilot years. Additionally, in the first year of the pilot, RMC staff were primarily consumed with addressing the public health crisis while also experiencing staffing shortages, which contributed to delays in establishing program procedures within the hospital and increasing awareness of T2T among hospital staff. Discussed throughout this report, the program never shut down and pilot partners worked creatively to reach eligible clients.

T2T Goals and Objectives

By expanding T2T to RMC, the City sought to address a service gap for violence victims on the East Side of San José. While the City successfully met violence victim's needs with the T2T program at VMC, eligible patients from the East Side did not have access to similar services when taken to RMC prior to the T2T expansion. As a hospital-based violence intervention program, T2T is modeled on the premise that trauma centers and emergency rooms offer an opportunity for intervention staff to connect with a victim of a violent injury during a time when the individual may be most open to engaging with the program and addressing the risk factors associated with the cycle of violence.

By connecting clients to services and support, **T2T aims to:**

- Prevent or reduce the risk of retaliatory violence and reinjury.
- Assist clients in adopting or maintaining a violence-free lifestyle.
- Assist clients in responding to their emotional, psychological, or physical needs.
- Help stabilize clients' lives and move them toward achieving their personal goals.

Table 2 outlines the City's T2T expansion goals and objectives submitted in its Local Evaluation Plan for the 2020 through 2023 grant funding period. T2T's progress towards achieving these outcomes is discussed in the Evaluation Results section of this report and summarized in Table 9 on pages 28-29.

[7] For this report, a client successfully exited the program if they met at least half of all their goals entered into the City's case management database, QuesGen, because core competency goals are not identified separately as such in QuesGen.

Table 2. Program Goals and Objectives

Goals	Outcomes
Create greater access and capacity to serve victims of injuries caused by community-based and related individual or group assault and gang-related violence in the East San José communities.	Enroll 185 clients aged 12-30 admitted to the RMC Trauma and Emergency Services Unit over the entire grant period.
	80% of clients will establish an Individualized Service Plan with their staff interventionist with identified goals, services, and milestones tailored to their needs.
Reduce future and retaliatory incidents of homicide, shootings, and aggravated assaults, promote victims' productive and safe transition back to the community, and avoid further revictimization.	Reduction of Recidivism: 90% of clients will not return during the three-year funding period to RMC with another violence-related injury.
	Reduction of Recidivism: 80% of clients will not have further interactions with the judicial system for violent offenses (during enrollment in the program).
	Reduction of Risk Factors: 75% of clients will self-report a violence-free lifestyle during program participation.
Stabilize the client's life and help them to move toward the achievement of productive and healthy personal goals.	Employment: 50% of clients (adults) seeking employment will secure new employment or return to an existing job.
	Improved education: 80% of school-age clients will return to school, enroll, or complete a GED program.

Evaluation Overview

PRNS contracted RDA Consulting (RDA) to conduct a series of process and outcome evaluations of the T2T expansion at RMC to support continuous quality improvement and reporting. The City's Local Evaluation Plan guides this final report submitted to the BSCC. Accordingly, findings include progress toward stated program objectives (Table 2) and responses to results-based accountability processes and outcome evaluation questions (Table 3).

RDA conducted a mixed methods process and outcome evaluation using a pre-post design to measure programmatic progress and answer these evaluation questions. This approach incorporated quantitative and qualitative data collection and analysis to assess the program implementation and associated impacts comprehensively. This method maximizes validity and provides different perspectives on complex, multi-dimensional issues.

The quantitative data analysis explores program engagement and service delivery measures, program completion, client outcomes, and recidivism of severe violent injury and judicial interactions. Qualitative data analysis provides insight into the success and challenges of project implementation, the identification and enrollment and service delivery processes, and the internal and external factors that affect implementation fidelity. Qualitative data also explores clients' perspectives on service delivery, appropriateness of services to the client's needs, culturally

responsive services, communication with program staff, and perceived outcomes for clients and families.

Evaluation Questions & Framework

Table 3 outlines the City's T2T process and outcome evaluation questions submitted in its Local Evaluation Plan for the 2020 through 2023 grant funding period. The evaluation questions follow the results-based accountability (RBA) model, which poses three primary questions to explore program implementation and outcomes:

1. **How much did we do?**
2. **How well did we do it?**
3. **Is anyone better off?**

The first two questions guide the process evaluation that assesses the program's capacity to identify and serve victims of community-based and related individual or group assault and gang-related violence while adhering to the program's objectives and design. The third question guides the outcome evaluation, which examines outcomes in terms of program completion, reductions in violent reinjury and justice system contact, improvements in identified needs, and reduction in the effects of trauma. Table 3 depicts the process and outcome evaluation questions described below, along with their corresponding areas of inquiry.

Process Evaluation

The process evaluation answers the questions "How much did we do?" and "How well did we do it?" The process measures provide an understanding of T2T's implementation at RMC, including whether the program partners implemented the expansion pilot with fidelity to the original project model, successes and challenges experienced during the funding period, and areas for improvement moving forward. RDA will report on quantitative process measures that document project activities and qualitative process measures that provide context about program implementation.

Outcome Evaluation

The outcome evaluation explores the success of the T2T program at RMC in improving client outcomes and reducing client recidivism for violent injury and justice system contact to address the question, "Is anyone better off?" T2T outcome measures include quantitative data that indicate changes in client outcomes and qualitative data that provide insight into how and why services impact clients. This mixed methods design supports the evaluation's ability to triangulate data while determining the extent to which the program accomplished its stated goals and objectives.

Table 3. Evaluation Questions & Corresponding Areas of Inquiry

Evaluation Question	Areas of Inquiry
How much did we do?	# and demographics of patients approached in the hospital for the program, identified as eligible, and enrolled in the program
	# of clients engaged in service delivery through case management intervention
	# and type of client contacts made
	# of client sessions

	Specific services provided and # of service hours provided for specific services
	# and type of referrals made
	# of clients who receive all necessary follow-up medical care
How well did we do it?	# of clients served from East San José communities
	# of clients who meet with intervention specialist during hospital stay
	Time between date of injury and date of intake
	Connection between client's assessed needs and service plan/goals
	Staff knowledge of evidence-based practices for working with high-risk individuals
	Provision of cultural responsiveness and trauma-informed services
	Start-up and implementation successes and challenges
	Effectiveness of the client identification, eligibility screening, and enrollment processes
	Effectiveness of partnership between program partners
	Client satisfaction
Is anyone better off?	Successful program completion status
	Reduction in hospitalizations for severe violent injuries after enrolling in the program
	Total # of program clients readmitted to Valley Medical or Regional Medical Centers after enrolling in the program
	Reduction in arrests for violent acts after enrolling in the program
	# of clients reporting maintaining a violence-free lifestyle
	Improvements in employment status after enrolling in the program
	Improvements in education status after enrolling in the program
	Improvements in housing status after enrolling in the program
	Other improvements in identified needs as measured by the completion of goals identified in the individualized service plan

Data Collection & Analysis

RDA conducted a mixed methods process and outcome evaluation to assess the implementation and preliminary impact of the expansion of T2T to RMC, as outlined in Table 3. A mixed methods design maximizes validity with quantitative and qualitative data sources, provides different perspectives on complex, multi-dimensional issues, and offers insights into phenomena that evaluators might overlook using a singular methodological approach. For this evaluation, RDA utilized the following data sources:

- **Quantitative Data Collection:** RDA analyzed client-level data maintained by provider staff and aggregated hospital referral data maintained by RMC staff to calculate process and outcome measures, including service receipt and outcomes. Requested data included

aggregate data on client identification, consultation, and referrals from RMC and administrative/service delivery data collected by intervention staff in the City's electronic case management database, QuesGen. With input from the City, RDA also created a T2T client survey, hosted on the online survey platform Alchemer, that measured progress toward recovery and violence intervention goals and program satisfaction.[8]

- **Qualitative Data Collection:** RDA conducted multiple interviews and focus groups with program leadership and staff from the City, community providers, and RMC over the three-year grant period. RDA also interviewed 14 clients during the same timeframe.[9] Interviews and focus groups discussed program implementation, strengths and challenges, collaboration across partners, services provided, and the perceived impact of the program on the clients.

RDA utilized Microsoft Excel and Stata to analyze quantitative data with descriptive statistics to address the evaluation questions in Table 3. Basic univariate descriptive statistics (e.g., means, medians, and percentages) were conducted to describe the number of clients receiving services, client needs and characteristics, services delivered, and client outcomes, such as quality of life and recidivism outcomes.

Simultaneously, RDA conducted a thematic analysis of qualitative data collected from interviews and focus groups to identify commonalities and differences in the perspectives of program stakeholders, staff, and clients. These qualitative findings were compared to quantitative output to identify areas of convergence and divergence in the mixed methods analysis.

Limitations & Considerations

Although RDA tried to speak with each T2T stakeholder, interview participation was voluntary. Therefore, the views presented here may only represent some program administrators, staff, and clients across the three-year pilot period. In particular, T2T clients participating during the final pilot year account for most client data collection. During the last pilot year, RDA and the City coordinated a more assertive and flexible outreach strategy that effectively produced higher client participation rates in evaluation activities. While RDA interviewed three distinct clients in the first years of the pilot, 16 clients provided feedback in the final year. The 16 clients participating in the third year's evaluation activities are roughly equivalent to 62% of all clients served that year (n = 26), limiting the presence of nonresponse bias as it relates to findings for that cohort.

During the time-intensive outreach and engagement phase all referred T2T clients had an intake date recorded in the City's case management system, QuesGen. However, case notes and service delivery data indicated some clients did not formally enroll in the program. Some eligible clients ultimately did not complete intake because they were not ready for services, were incarcerated, or disengaged and lost contact with their case managers prior to completing the enrollment process. For the final evaluation, RDA determined that clients enrolled in T2T and

[8] The client survey was available in English and Spanish to ensure language accessibility and could be completed online or with a paper copy. Although PRNS launched the survey in the second pilot year, responses were not collected from RMC T2T clients until a year later when RDA incorporated survey administration into client interview outreach.
[9] In the first and second years of the grant period, RDA and PRNS staff attempted to reach many T2T clients over several weeks for a single round of client interviews. However, this strategy only led to two client interviews in each year. In the final year, RDA and PRNS staff worked collaboratively to schedule client interviews during available "office hours" held during the first week of each month between March and June 2023. In total, 16 clients were ultimately interviewed during the final year, totaling 18 client interviews overall. Interviewed clients also participated in the T2T survey. All clients were provided gift cards as compensation for their time participating in the interview or survey alone.

engaged with services based on the availability of an individualized service plan record and by reading case notes. Still, this method remains subject to data interpretation errors. For example, clients may lose contact with their case managers in the early stages of their enrollment and disengage with the program after receiving a few services.

Ultimately, data was not collected to measure T2T clients' hospital admissions for violent injuries or justice system contacts before program participation to complete a pre-post outcome evaluation study as intended. The pre-post design was intended to measure the association between T2T program outcomes and participation. Instead, this evaluation relies on NFHY Intervention staff's reporting at case closure to determine if clients reduced their hospital and judicial contacts during the program. As a result, programmatic impact findings were not directly measured and should be interpreted cautiously.

During the third pilot year, PRNS updated data fields within QuesGen to better capture individual-level client data. RDA provided support through a data entry guidance document to ensure consistency in data entry across delivery staff. As a result of data cleaning and quality assurance procedures, numbers in this cumulative report may differ slightly from RDA's prior annual reports. Although data collection was modified in QuesGen during the pilot period to collect more detailed service delivery and program outcomes data, detailed data needed to be collected to report on receiving all necessary follow-up medical care. As a result, the share of clients receiving follow-up medical care is not included in this evaluation report. Additionally, evaluators manually reviewed case notes to determine clients' housing status at program exit.

RMC staff report T2T program data with a monthly log that uses calculations that can be unclear due to missing context and has been formatted differently from month to month. Additionally, monthly logs change after submission as patients admitted to RMC at the end of the month are consulted, for example, in a different reporting period. While RDA worked with RMC staff to confirm the interpretation of data reporting, there may still be errors in the reported values used for this analysis. Any errors in the interpretation of data reporting present a limitation due to the small number of patients involved in each step of the T2T enrollment process each month. When calculating consenting rates among consulted clients, for example, the small number of clients makes findings highly sensitive to small changes in the data interpretation.

The evaluation findings report hospital referral process findings on an annual instead of monthly basis to mitigate this limitation; however, referral process findings should still be interpreted with caution due to data collection gaps. The precise number of eligible patients admitted to RMC was unavailable for the final pilot year. The count of eligible patients was estimated based on hospital staff reporting that about 95% of all eligible patients were available for consultation at the time of identification.

Due to the number of individuals enrolled over the CalVIP grant period the sample sizes for some analyses were minimal. As a result, with a small number of individuals to assess, the experience of just a few individuals can produce significant shifts in findings. Additionally, frequencies are not reported in some cases to reduce the risk of participant identification when sample sizes are smaller than 11 individuals.

Evaluation Results

Incorporating quantitative and qualitative data collected during T2T's pilot expansion at RMC, this results section explores the client's program experience and other areas of inquiry outlined in the local evaluation plan. Specifically, findings are organized by the three primary questions of the RBA model: (1) how much did we do, (2) how well did we do it, and (3) is anyone better off?

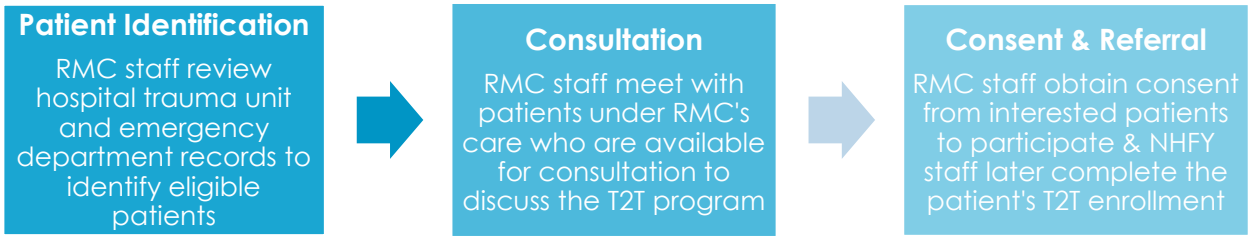
1. How much did we do?

The T2T expansion pilot at RMC served 58 clients, most of which were Hispanic or Latino males. While the pilot fell short of its overall goal to reach 185 clients during the three-year grant period, each client established an Individualized Service Plan and received seven monthly service hours, on average.

RMC T2T Referral Process Overview

Patients between 12 and 30 years of age who have injuries related to possible gang violence (e.g., gunshot wound, stab wound, assault) are eligible for T2T. As shown in Figure 2, T2T's enrollment process includes three steps: patient identification, consultation, and consent and referral. Some eligible patients are no longer under RMC's care when hospital staff identify them. For example, some have been discharged or have died before the RMC staff person can locate them through a manual hospital record review. The remaining "available patients" still receiving care at RMC at identification can be consulted and potentially referred to T2T.[10]

Figure 2: RMC T2T Pilot Referral Steps



RMC hospital staff identified approximately 257 eligible patients between October 2020 and June 2023 (i.e., cumulative three-year pilot period), consulting 138 patients for program enrollment. Ultimately, 69 patients consented to a T2T program referral (i.e., about one in four eligible patients). The overall T2T consent and referral rate is approximately two persons a month.

Comparing client identification and consultation by pilot program year, T2T consented and referred its most significant share of eligible patients in the third year (Table 4). During T2T's first pilot year (October 2020 – September 2021), staff consulted 30 of the 55 eligible patients admitted to

[10] RMC staff attempt to reach eligible T2T patients via provided contact information if they have been discharged before identification.

RMC, with 12 (22%) of these eligible patients consenting to a T2T program referral. T2T's second pilot year (October 2021 – September 2022) saw an increase in eligible patients admitted to RMC—107 patients—but only 38 were consulted, with 23 (21%) of all eligible patients consenting to a program referral. Comparatively, during T2T's third pilot year (October 2022 – June 2023), staff consulted 70 of 95 eligible patients admitted to RMC, with 34 (36%) of the eligible patients ultimately consenting to a program referral.

More detail on each step of the T2T enrollment process is provided in the following sections.

Table 4. Number of Eligible, Consulted, and Consented Patients by Pilot Program Year

Pilot Year	T2T Eligible Patients	Consulted Patients	Consented Patients
Year 1	55	30	12
Year 2	107	38	23
Year 3	95	70	34

Patient Identification

Regularly, an RMC staff person reviews hospital records to identify eligible patients based on their age and injury type.[11] At the first stage in the RMC T2T referral process outlined in Figure 2, **approximately 257 T2T-eligible individuals were admitted to RMC between October 2020 and June 2023, averaging eight a month.**

Eligible admittances did not stay consistent throughout this period—sharp drops and peaks in admittances to RMC occurred month-to-month throughout the three years of the pilot program. For example, only two eligible patients were admitted to RMC in December 2022, while 25 eligible patients were admitted in May 2023.

Table 5. Number of T2T Eligible Patient Consultation Status by Pilot Program Year

Pilot Year	Unavailable for Consultation	Available for Consultation	Total Eligible Patients
Year 1	10	45	55
Year 2	35	72	107
Year 3	4	91	95

Overall, **approximately 81% of patients were available for consultation.** Of those admitted during the third pilot year, about 96% of patients (n = 91) were available for consultation—meaning they had not yet been discharged from the hospital when staff identified them as eligible for T2T. This

[11] The T2T age eligibility is 12 to 30 years of age. Individuals over 30 can still enroll in T2T on a case-by-case basis through a waiver process that has been in place since the program's start; however, staff do not attempt to consult with all individuals with qualifying injuries over 30 years old.

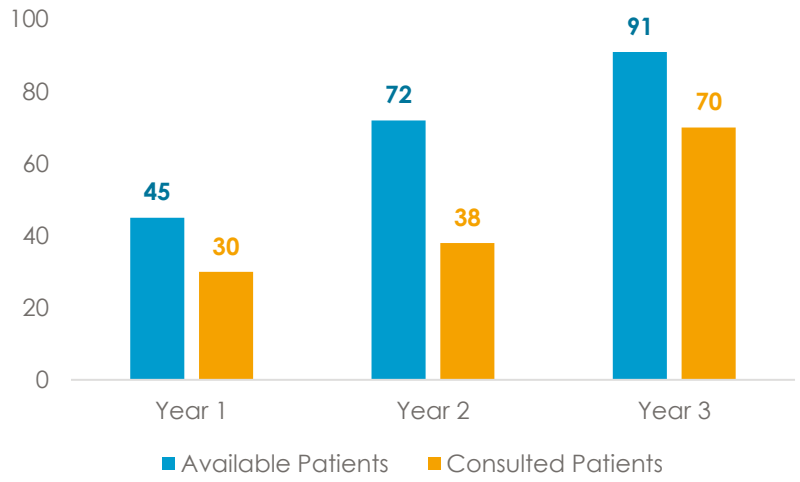
increased availability rate is an improvement from the first and second years of the pilot (Table 5). During the first year, 82% of patients (n = 45) were available for consultation, and during the second year, 67% of patients (n = 72) were available for consultation.

The higher number of program referrals is attributable, in part, to the improved identification of eligible patients before discharge—the first step in the T2T client referral process (see Figure 2). Increases in patient identification and consultations may be attributable to improved staff capacity and monthly T2T trainings at RMC, which T2T staff have organized to increase program awareness among hospital staff. Overall, the PRNS Intervention Specialist reports that coordination has improved between RMC, PRNS, and New Hope for Youth (NHFY) staff, leading to more clients consenting to a T2T program referral during the final pilot program year.

Consultation

The total number of patients consulted increased annually during the T2T expansion pilot period. However, the relative share of available patients hospital staff consulted in the second year was lower than in the first and third years (Figure 3). In the first pilot year, 67% of patients (n = 30) available for consultation were consulted, compared to 53% of patients (n = 38) available in the second year. Of the 91 clients available for consultation in the final year, 77% were consulted (n = 70).

Figure 3. Available and Consulted Patients by Pilot Program Year



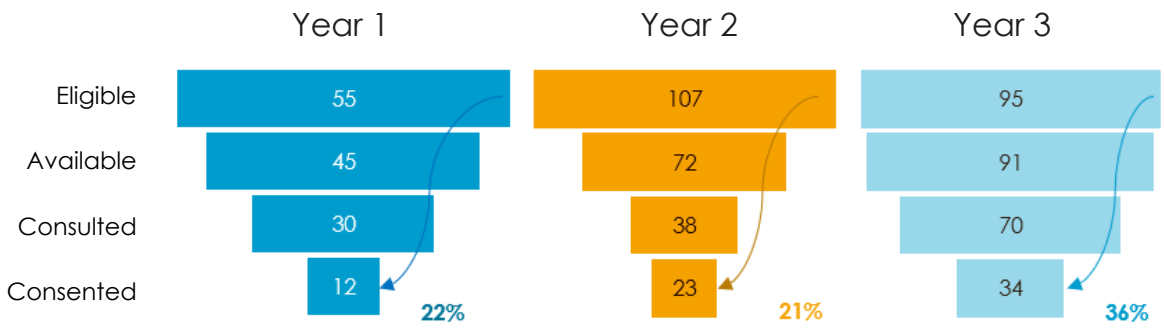
While the increase in average consultations is a programmatic achievement, a persistent gap exists between the average number of patients available and those consulted. Despite improvements to patient identification that have increased the number of eligible patients available for consultation, the program's capacity still needs to be improved to consult all patients before discharge.

Although the PRNS Intervention Specialist could be a valuable spokesperson to encourage T2T program participation, they cannot review hospital logs to assist with identification and must be accompanied by an RMC staff member to enter the Intensive Care Unit (ICU) when visiting an eligible patient for the first time. As a result, **T2T's consultation capacity remains dependent on the hospital's limited staff capacity.**

Consent & Referral

Across the entire pilot program, **staff referred 69 consenting individuals to the T2T program.** RMC referred 12 consenting individuals in the first pilot year (40% of those consulted), 23 individuals in the second year (61% of those consulted), and 34 individuals in the third year (49% of those consulted).

Figure 4. Comparison of Consent and Referral Rate Among Eligible Patients by Pilot Year



As shown in Figure 4, **RMC steadily referred more individuals into T2T every pilot year of the program.** Although the total number of annual consents doubled between the first and second pilot years, the consent and referral rate among eligible patients remained relatively stable (22% in pilot year one and 21% in year two). This phenomenon may be attributed to the hospital's limited capacity to consult available patients despite the increased number of eligible patients identified with just one RMC staff member consulting patients for T2T. Comparatively, the consent and referral rate (36%) may have increased in the third and final pilot year due to additional RMC staff assisting with client identifications and consultations.

Enrollment & Client Characteristics

Overall, T2T staff referred 69 distinct clients to the expansion pilot program during the three-year grant period. Of these clients, 58 were enrolled in the program, meaning they were referred *and* engaged in services as indicated through case notes and the development of an individualized service plan. Clients enrolled in T2T for six months on average with enrollment lengths ranging from 23 months to less than one month.[12] Although program enrollment steadily increased yearly, T2T did not meet its goal of serving 185 clients over the three-year grant period. As noted previously and in the Discussion and Recommendations section, RMC hospital staff capacity significantly impacted the program's ability to enroll and engage the intended number of T2T clients.

Referred and enrolled T2T clients were predominantly Hispanic or Latino. Shown in Table 6, clients were also mostly males admitted to RMC for an assault or gunshot injury. The average age of T2T clients (both referred and enrolled) was 24 years of age.[13]

[12] Clients were actively enrolled in the RMC T2T after the grant period ended on June 30, 2023. To calculate these clients' enrollment length for this three-year CalVIP grant evaluation, the RDA team used the grant period end date in place of a program exit date.

[13] Although the T2T age eligibility cutoff is 30 years of age, older individuals can enroll in T2T on a case-by-case basis through a waiver process that has been in place since the program's start; however, staff do not attempt to consult with all individuals with qualifying injuries who are over 30 years old. Enrolled clients' ages ranged from 12 to 43 years old.

Table 6. T2T Referred and Enrolled Client Characteristics

Client Profile Demographics	Referred n = 69		Enrolled (*Referred and Engaged in Services*) n = 58	
Gender				
Male	56	81%	45	78%
Female	13	19%	13	22%
Injury Type[14]				
Assault/Other	30	48%	25	43%
Gunshot	22	32%	19	33%
Stabbing	17	25%	14	24%
Level of Care (Case Management Intervention)				
Low, Moderate, or Missing	12	17%	11	19%
High	57	83%	47	81%

Client Services & Goals

Overall, **enrolled clients received approximately 1,302 total service hours during the three-year pilot program, for an average of 25 service hours and 28 service contacts per client.** This service intensity is equivalent to about seven monthly hours of service delivery and eight monthly service contacts while an individual engaged in services.[15] Twelve distinct referred clients that did not enroll received a combined 58 service hours across 70 service contacts.[16]

In keeping with a Peer Intervention Model, the largest share of service contacts (73%, n = 1,072) were focused on relationship building. Table 7 provides additional detail regarding relationship building contacts and service hours dedicated to client communication, categorized by phone calls and texts, home visitation, and hospital visitation.[17] In alignment with the other core components of the T2T service model, Interventionists dedicated most service hours to the relationship-building, education, and employment service delivery categories, respectively.

[14] Clients could have more than one injury. Therefore, the percentage may be greater than 100.
[15] Clients actively engaged in services for approximately four months. Interventionists enrolled a large share of the clients missing service data at the end of the grant period (June 30, 2023). As such, monthly service data was unavailable for seven clients who had no service hours and/or had not yet engaged in the program for at least a couple of weeks.
[16] Almost all service contacts were dedicated to relationship building (86%, n = 60). Most of these relationship building contacts were phone call & text messages (77%, n = 46), followed by home visitation (22%, n=13), and one hospital visit.
[17] In addition to client communication, other relationship building contacts included building client rapport, group intervention, family support, mediation session, mentoring, outings, prosocial recreation, and trauma reduction.

Table 7. Service Delivery by Number of Contacts and Hours

Service Delivery Category	Service Contacts	Hours
Relationship Building	1,072 (73%)	979 (75%)
Employment	85 (6%)	65 (5%)
Education	83 (6%)	68 (5%)
Referrals to Other Support	77 (5%)	72 (6%)
Referral/Intake Services	55 (4%)	37 (3%)
Justice System Support	46 (3%)	42 (3%)
Life Skills	26 (2%)	23 (2%)
Referrals to Health & Human Services	17 (1%)	17 (1%)
TOTAL	*1,461 contacts*	*1,302 hours*
Relationship Building Detail: Client Communication	**Communication Contacts**	**Hours**
Phone Calls and Text	478 (63%)	360 (55%)
Home Visitations	262 (35%)	276 (42%)
Hospital Visitations	13 (2%)	15 (2%)
TOTAL	*753 contacts*	*651 hours*

Client Assistance Referrals

Intervention staff made 114 referrals during program enrollment to connect T2T clients with assistance offered through the City and other providers.[18] Clients received an average of two referrals, ranging from a minimum of 0 to a maximum of 10. Interventionists most often referred clients to job and education assistance followed by financial support (Table 8).[19]

Table 8. Client Referrals by Need (N=114)

Referral Type	Count	Share (%)
Clothing Assistance	5	4%
Financial Support & Government Assistance	25	22%
Food Resources	14	12%
Job & Education Assistance	31	27%
Other	18	16%
Legal & Immigration Assistance	14	12%
Substance Use Services	3	3%
Transportation Assistance	4	4%

[18] This total does not include six referral service contacts for referral follow-ups or 46 referral service contacts for intake. An additional eight referrals were made for clients that did not ultimately enroll and engage in T2T services. These referrals included the following: financial support and government assistance (n=1), substance use services (n=2), and "Other" supports (n=5).

[19] "Other" referrals include the following: "Other" supports without additional information provided (n=15), anger management (n=2), tattoo removal (n=1).

2. How well did we do it?

Pandemic hospital restrictions and staff capacity hampered efforts to reach 185 clients as intended. However, the 58 clients served benefitted from effective service delivery. At the end of the grant period partners are communicating and coordinating more effectively.

Client Identification & Referral Process Effectiveness

After a slower-than-expected start, the number of eligible patients referred to the T2T program continuously improved after increasing staff support at RMC. However, all partners acknowledged the pilot could have served more clients through the hospital. RMC and PRNS's limited staff capacity and pandemic restrictions significantly impacted T2T's ability to enroll and engage the intended number of T2T clients in the first two pilot years. Partners' adaptations to these program reach challenges successfully increased total program referrals in the final year.

In addition to RMC staffing capacity problems, T2T's ability to reach more patients was limited because of COVID-19. Specifically, **due to pandemic visiting restrictions, NHFY Intervention staff did not have in-person access to the hospital to assist with consultations.** To work around this policy, the RMC staff member connected patients with Interventionists via a video call on an iPad to allow staff to develop some connection with patients before their hospital release. Clients who provided feedback shared that once they met NHFY Interventionists, they realized that T2T could benefit them. Without Intervention staff in the hospital, the City developed a T2T promotional video to explain the potential program benefits through clients' stories. These adaptations to hospital pandemic restrictions likely improved the number of patients consenting to a program referral, which almost doubled from 12 to 23 patients in the second pilot year.

Through the second pilot year, just one nurse at the hospital worked to support client identification and consultation on a part-time basis. **With limited capacity, the lone RMC staff member struggled to balance manually identifying eligible patients in the trauma unit and emergency department records with consulting patients.** The staff member additionally reported that due to their work schedule of four ten-hour days a week, they sometimes had a four-day backlog of hospital records to review when they returned to T2T program work, during which some eligible patients became unavailable for T2T consultation. During this window—often over the weekend—some patients were discharged before their identification, making them unavailable for consultation. **Staff capacity, especially over the weekend, is of particular concern for programs such as T2T.** Taking Pittsburgh, Pennsylvania as a case study, gun violence is higher over the weekend and during the evening and nighttime hours. [20] If T2T staff are not available at RMC at these times when eligible patients are admitted, potential program clients may be discharged before in-person program consultation.

[20] (2023). Gun violence, City of Pittsburgh, 2010 to June 2023: Shootings, aggravated assaults with a gun, and dispatches for shots fired – When does gun violence occur? City of Pittsburgh Bureau of Police (PBP) & Allegheny County Department of Human Services (DHS). Link: https://tableau.alleghenycounty.us/t/PublicSite/views/CJ_GunViolence_PGH_8-22-17_v2/Home?:embed=y&:display_count=n&:showAppBanner=false&:showVizHome=n&:origin=viz_share_link

Although the RMC staff member was able to almost double the number of eligible patients still available at the time of manual identification in hospital records (45 persons consulted in year one and 72 in year two), the total number of patients consulted remained relatively unchanged over the first two years of the pilot period (30 persons consulted in year one and 38 in year two). The increased patient identification was a programmatic success attributable to monthly hospital training led by the T2T staff member and the sharing of client stories, which raised other hospital staff's program awareness and interest in the program. However, despite patient identification improvements, **T2T reached its maximum capacity for identifying and consulting eligible patients with just one dedicated staff member. It was not until the final year of the program when an additional hospital-based staff member joined RMC T2T that consultations improved, almost doubling to 70 patients.**

PRNS's hiring of the current Intervention Specialist was a significant turning point for the T2T expansion pilot at RMC, helping to improve program reach through improved program coordination and communication between T2T partners. The Intervention Specialist began working part-time at RMC in the final months of the program's second pilot year and has helped to raise other hospital departments' awareness of T2T's eligibility criteria and potential program benefits, critically helping expand RMC's patient identification network. However, only in the program's final months did the Intervention Specialist receive hospital authorization to independently consult patients in the ICU after an initial joint visit with RMC staff. Additionally, PRNS staff cannot access RMC's hospital logs to assist with client identification. Without sufficient hospital staff to support the T2T program, these policies limiting PRNS access within the hospital also limit the Intervention Specialist's potential to improve patient referrals.

To date, **T2T has had limited success addressing its hospital-based staff capacity challenges.** At T2T's VMC site, three hospital staff members are dedicated to the program full-time, including one social worker who helps identify and consult eligible patients. By contrast, no social workers at RMC are assigned to the T2T program due to staff shortages. Despite a need for more licensed social workers, RMC has struggled with recruitment to fill positions. PRNS and RMC staff collaborated on a supplemental funding application in the second pilot year to support an additional RMC staff member dedicated to T2T. While this funding application was abandoned, RMC added a full-time hospital-based staff member to the T2T team. RMC hospital staff also improved their outreach efforts to patients discharged from the hospital before consenting to a program referral. Along with PRNS staff contact information, RMC staff now consistently share a program brochure and the T2T promotional video to continue educating patients about the program via email.

At the close of the pilot period, client identification and referrals followed a clear upward trajectory as increased RMC and PRNS staffing made the process more effective. The T2T team ultimately consulted slightly more than three-quarters (77%, n = 70) of eligible patients in the final pilot year, more consultations than any other program period. Additionally, 34 patients consented to a T2T referral, almost equivalent to the combined total patients consenting in the first and second pilot years. However, **the gap between consulted and consenting patients in the final pilot year represents an opportunity for the program to continue improving its reach.** While an overall greater share of all eligible patients consented to a T2T referral in the third year (36% compared to 21%), the relative rate of consent from consultations was lower in year three (49%) than in year two (61%).

Referral Intake

During their hospital stays, 18 of the 69 referred clients (26%) met with a NHFY Interventionist. This relatively low number of clients who met with an Interventionist may be underreported because it remains unclear how regularly this data was collected. However, because this pilot period occurred during the height of the COVID-19 pandemic, it is essential to consider the RMC hospital site limited in-person visitations, directly impacting Interventionists' capacity to meet with patients during their hospital stays.

On average, approximately two weeks passed between the referred clients' (n = 69) date of injury and date of program intake, ranging from zero days (i.e., injury and intake occurred on the same day) to 219 days (i.e., seven months). Factors such as recovery intensity may influence the variability in intake timing. For example, individuals presented with assault injuries took an average of 14 days to complete intake after their injury relative to the average of 22 days for individuals treated for stab wounds. Additionally, the program keeps an open door for clients to return to the program to engage in services when they are ready. Referred clients may not be interested in program enrollment immediately after release but will enroll later because they need assistance applying for financial supports to pay their medical and relocation costs.

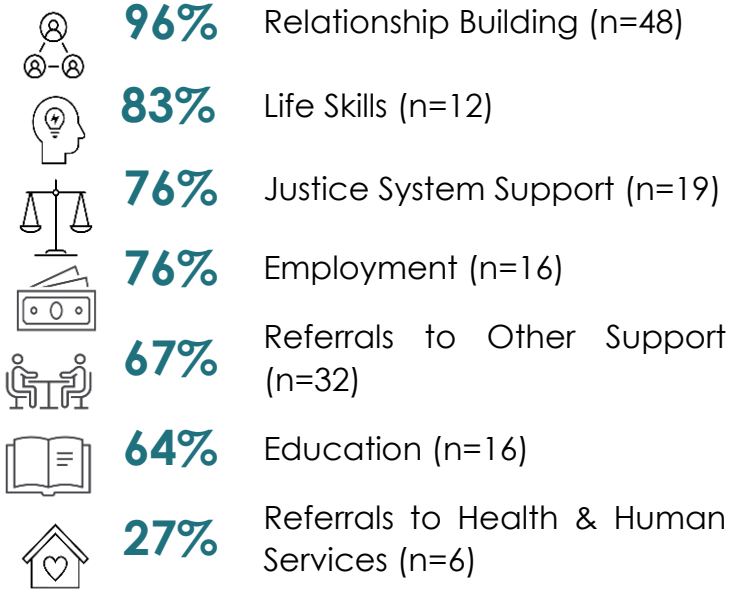
East San José Clients Referred

A key program goal is to create greater access and capacity to serve victims of injuries caused by community-based and related individual or group assault and gang-related violence in the East San José communities.[21] **In the three-year pilot program period, T2T received referrals for 25 distinct clients from East San José communities, equivalent to more than one-third (36%) of all referrals made.** This finding indicates that the program did serve individuals from East San José, although not necessarily to the extent desired.

Connection between Client Goals & Services

A strong connection appears between clients' assessed needs and service plans/goals, reflecting the individualized nature of each client's needs and T2T's service plan development. **Almost three-quarters (72%) of overall goals had hours dedicated to related service delivery touchpoints (i.e., Interventionists spent an average 152 out of 209 service hours provided on activities aligned with client goals).** Most of this overlap in hours occurred within the relationship-building category, whereas referrals to health and

Figure 5. Client Goal Categories with Associated Services Hours



[21] For the purposes of the RMC T2T pilot, PRNS identified the following five zip codes as East San José communities: 95020 (Gilroy), 95112 (Downtown San Jose), 95111 (Southeast San Jose), 95122 (East San Jose) and 95127 (East San Jose/Foothills)

human services had the least overlap between goals and service delivery hours. Discrepancies in needs and hours dedicated to specific service categories may be the byproduct of clients' evolving needs changing over time or client attrition (i.e., clients disengage from the program). **Specifically, of the 1,302 service hours spent with clients, 89% (1,162 hours) were dedicated to service categories for which clients had goals.**

For clients with goals and service data, almost all (96%, n=48) with relationship-building goals received service hours in that category (Figure 5). The emphasis on relationship-building is a keystone of T2T's violence intervention approach, and detailed goals in the relationship-building category include mentoring, improving social skills, and trauma reduction. Many clients also had goals related to referrals to other supports, including goals to receive referrals for clothing, financial assistance, naturalization, transportation, etc. More than half of clients with justice system support, education, employment, and life skills goals received service hours in those categories. Interventionists also dedicated service hours to core program service areas such as intake, creating individualized service plans, or relationship building activities that did not align with clients' goals but where nonetheless necessary for case management.

Service Delivery Effectiveness

An essential component of T2T's successful service delivery is establishing a supportive relationship with clients while offering culturally responsive services. T2T utilizes a Peer Intervention Model, meaning that intervention staff share similar lived experiences with the population they serve. NHFY Interventionists are culturally representative of their clients. They build trust through consistent communication (i.e., over text, phone, and in-person visits), strong active listening skills, and connecting over shared experiences.[22] Throughout the pilot period, clients shared that their assigned staff members effectively connected with them, following this process of discussing their own lived experiences, listening to the clients, and keeping an open line of communication outside of appointments.

"The majority of the time, ice breakers are food. Everyone likes to eat. Talk about movies, make them laugh, and get them to trust you. Tell them that everything they tell me is confidential. Let them know they're important, and they matter. Then, they engage with you. Ice breaking can be hard. It can take months. . . Let them know you have gratitude for letting you into their lives. . . Opens up the relationship."
– NHFY Staff

"Knowing that there's someone out there willing to listen to you, not just because it's their job but because they genuinely care. It's nice to know that there are people who are genuinely nice."
– T2T Client

[22] Service providers from ConXión played an increasingly minor role in program service delivery. ConXión Interventionists were not interviewed in the second or third funding period of the T2T pilot, by which point NHFY Interventionists provided all client case management.

NHFY Interventionists connect their clients to various services based on their needs identified in individualized service plans. For example, staff arrange various support services (e.g., conflict mediation, educational, financial assistance) and refer clients to outside programs and services (e.g., Clean Slate tattoo removal, victim's compensation, and residency support) to help their clients improve their quality of life. Intervention staff's ability to provide for clients' basic needs with these service connections is also essential to relationship and trust building.

These meaningful relationships have made a difference in motivating clients who are ready to change their lifestyles and patterns of behavior that led to their hospital admission. All T2T program partners highlighted the Peer Intervention Model's critical role in service delivery and the positive changes they have seen in clients as a result.

> *"The case management intervention aspect [is the most helpful service], where a close relationship is developed and creates an intrinsic motivation for the client to improve their lives . . . The hope and light in the tunnel help them move forward." – PRNS Leadership*

T2T Interventionists and administrators hope to better leverage the City's network of services and resources available for clients. Since starting their position in the final months of the second pilot year, the Intervention Specialist has taken steps to increase T2T's network of referral partners to improve the availability of services for clients, starting with mental health providers. As the T2T program is a part of the City's youth and gang violence prevention and intervention initiative—the San José Youth Empowerment Alliance—PRNS and NHFY staff can leverage the recurring Technical Team meetings of this initiative, which are attended by a vast array of service providers, to build relationships with other local providers and develop an inventory of available resources. Additionally, as the Intervention Specialist establishes regular service delivery discussions with NHFY, T2T staff can adapt the network of providers and services available to meet the needs and goals of youth enrolling in the program. Administrators also highlighted the need for an inventory of accessible resources to support staff in connecting clients to needed community support.

Staff are also interested in improving their knowledge of evidence-based and trauma-informed practices for working with high-risk individuals through additional support and training. Although NHFY Interventionists fulfilled the majority of clients' needs, NHFY and PRNS staff and administrators mentioned a need for further training for T2T staff in trauma-informed mental health care to ensure that staff do not inadvertently harm clients while providing services. Training and resources like these could help onboard new staff during staff turnover and support existing staff to improve consistency in service delivery.

Service Data Entry

QuesGen data management system changes have complicated T2T data entry. NHFY Interventionists reported service delivery data via spreadsheets while the City's data management system, QuesGen, was being updated to collect program data required for grant reporting. After QuesGen's CalVIP data collection launch, the PRNS T2T team modified the QuesGen reporting options at multiple junctures to improve its usability, for example, by expanding the service delivery data categories and case closure outcomes available to align data reporting with Interventionists' work. However, due to the large number of categories

available and the number of data reporting changes made over the pilot period, NHFY Interventionists expressed that data entry needs to be clarified. When staff cannot easily find the right service data category, they may use the "Other" category, which can ultimately impact the data reporting. Although the PRNS Intervention Specialist is available to answer questions and ensure data accuracy, Interventionists expressed that **regular training on QuesGen provided by PRNS staff would support service delivery staff and accurate data collection.**

Coordination & Communication Among Program Partners

Before expanding the T2T program to RMC through its grant-funded pilot, PRNS had a long-standing relationship with program partner NHFY, which also provides peer intervention services for clients at T2T's VMC hospital location. Intent on establishing a hospital-based violence intervention program in East San José, PRNS also entered a memorandum of understanding (MOU) with RMC in 2019 to facilitate program implementation before the pilot's start. The pandemic initially complicated the early partnership between the hospital, PRNS, and NHFY at the RMC expansion site. Specifically, **pandemic restrictions during the initial stages of T2T's implementation contributed to delays in establishing procedures within the hospital, restricted access for NHFY Interventionists, and limited program visibility among hospital staff.** Without an MOU between PRNS and RMC, one program partner speculated that the pandemic and hospital restrictions may have hampered T2T's expansion pilot even more.

While the T2T program at VMC, a public hospital, benefited from additional County funding to support multiple dedicated hospital staff during its pilot period, **the RMC site has yet to leverage additional funds to help support needed hospital-based staffing.** As mentioned previously, the hospital relied on one staff member dedicated part-time to assist in client identifications and consultations for most of the pilot period. **PRNS staffing shortages also contributed to initial partnership and implementation challenges.** For example, the PRNS Intervention Specialist position, the only position dedicated full-time to T2T, was not filled until halfway through the pilot period.

Despite these initial challenges, T2T partners took coordinated steps in its second pilot year to strengthen the program's implementation at RMC. Most importantly, **the PRNS Intervention Specialist was integrated into the hospital part-time upon their hiring in April 2022.** This PRNS Intervention Specialist spends part of their week working from the hospital, which many stakeholders noted is helping to strengthen relationships between PRNS and RMC and to increase the visibility of T2T among other hospital staff, making a significant success for the program's second pilot year. As mentioned, **monthly training and emerging T2T success stories have also increased the program's visibility at RMC, assisting with patient identification.** In regular training sessions, RMC has included a session on T2T to share information on the T2T programs, services offered, and the eligibility criteria. Additionally, T2T shares program success stories with hospital staff, helping to increase T2T's visibility across the hospital's different departments and engage more staff in ways to support the program.

Since starting in the second pilot year, the Intervention Specialist has stepped into the role of liaison between hospital and provider staff and has taken initial steps to strengthen service delivery, including working to identify additional community-based providers that could expand the network of service delivery options available to clients. However, due to the persistent challenges this program has faced in consulting and enrolling eligible patients and the strength of the existing service delivery system, the Intervention Specialist has focused mainly on hospital-based client referral processes.

"[PRNS], they're our supporters. They help us find resources for the clients. They helped us navigate through the hospital's red tape."
– NHFY Leadership

"Having constant communication with partners is critical to determine what needs to get done, what partner needs are, having meetings twice a month now, is pretty regular."
– PRNS Staff

Filling open PRNS staff positions helped improve communication between partners in the final pilot program year. While partners expressed persistent communication gaps in the second year, having sufficient staffing with the hiring of the PRNS Community Coordinator and Community Service Supervisor in the final pilot year gives the program the necessary structure and clear communication chains to ensure smooth daily T2T operation at RMC and NHFY. PRNS staff attribute the program's successful implementation at the end of the pilot to solid communication between partners.

Although communication has strengthened between partners since the start of the pilot, some challenges remain. Specifically, NHFY staff reported that changes to QuesGen came unexpectedly and caused confused around their data entry into the case management system.

By the end of the pilot program, stakeholders felt they had collectively established the necessary processes for continued program implementation across partner sites. Building a relationship with RMC, in particular, was a critical achievement during the pilot period to facilitate T2T's implementation at RMC beyond the expansion pilot period. However, there is continued room for partnership improvement. Even with T2T's visibility increasing across RMC, a limited number of hospital-based staff are deeply engaged in the program, especially within the higher levels of RMC administration.

Client Satisfaction

Interviewed and surveyed clients were asked to rate satisfaction with their NHFY Interventionists, the helpfulness of the services they received, and their overall program satisfaction. **Across these three areas of program satisfaction, client feedback was overwhelmingly positive.** More than three-quarters of clients (81%) agreed that their Interventionist was supportive and that they had received helpful services, while another 81% were satisfied with the program overall. For clients who are ready for change, this program can positively change the trajectory of their lives.

> *"[Services] have been really helpful. I got connected with different people and got to do different stuff. Especially school – I needed help with that. [My Interventionist] connected me with*

other people to enroll in school. I'm about to graduate now, and I feel good about that." – T2T Client

Although clients identified instances during their interviews where Interventionists may have yet to follow through to provide services, for example, no respondent gave their Interventionists a negative rating. Clients understood that their Interventionists cared about them and may have been experiencing difficulties in their own lives. Discussed in more detail in the following section, however, these service delivery differences between Interventionists may have impacted program clients' outcomes.

3. Is anyone better off?

As evidence of T2T's effective service delivery, clients reported they were better off because of the program. Specifically, clients' lives stabilized as their basic needs were met, they re-enrolled in school, and found jobs. Clients feel optimistic about their future and reduced their hospital and judicial recidivism.

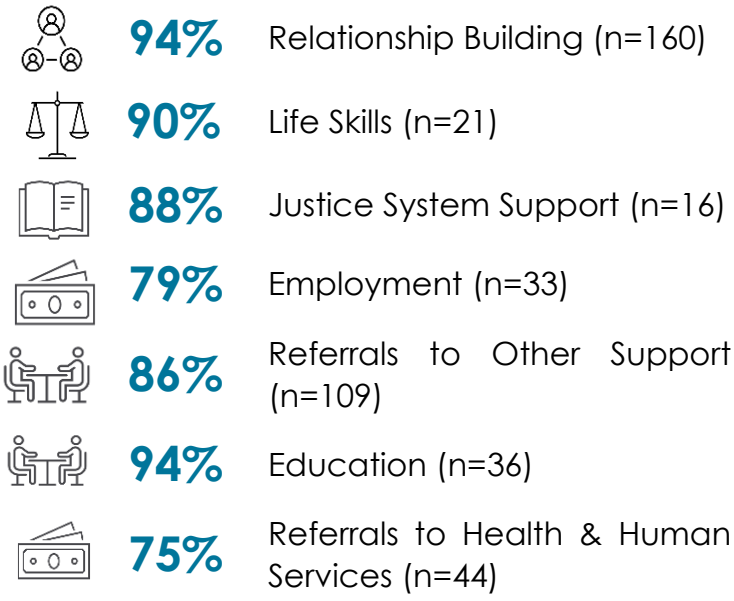
T2T aims to address clients' psychological, emotional, physiological, educational, and employment goals with wraparound services from peer mentors, measured as outputs in the program's logic model (see Appendix A). Through these service connections, T2T seeks to stabilize clients' lives, modify their behaviors, and reduce their risk of reinjury or retaliatory violence.

Specifically, in the short and medium term, T2T's goals are for clients to make progress on their service plans, re-enroll in school, get jobs or otherwise enroll in job training and placement programs, create pro-social networks, maintain a violence-free lifestyle, and change their perception of life and the future. In the long term, these outcomes should lead to no hospital readmissions for violent reinjury and no judicial recidivism and safe, productive, and healthy lives for clients. The T2T program set the following goals to measure progress toward their goal of stabilizing clients' lives:

- 75% of clients will experience a violence-free lifestyle.
- 50% of clients seeking employment to secure a new job or return to an existing job.
- 80% of school-age clients return to school, enroll, or complete a GED program.
- 90% of clients do not return to RMC with another violence-related injury.
- 80% of clients do not have further interactions with the judicial system for a violent offense.

The following section finds that **T2T met or nearly met its short- and long-term goals to stabilize clients' lives, modify behaviors, provide for their basic needs, and reduce hospital and judicial recidivism.**

Figure 6. Share of Clients Completing One or More Individualized Service Plan Goal



Service Plan Goals Achieved

Across the three-year grant period of the T2T pilot program, 42 clients exited the program. Of these clients, 90% (n = 38) completed the program successfully (i.e., met one or more core service objectives in their case plan). On average, clients achieved nine goals identified in their individualized service plan, ranging from a minimum of zero to 32 completed goals at program exit.

In particular, T2T clients most often successfully achieved goals related to relationship-building and education. As shown in Figure 6, clients completed at least 75% of distinct identified goals in every other category. Clients achieved the lowest share of goals related to Referrals to Health & Human Services (75%) and Employment (79%) service delivery touchpoints. Additionally, clients met almost all of their immediate and short-term goals (94%, n = 282), followed by 80% (n = 74) of all secondary and intermediate goals.

Re-Enrolled in School

T2T nearly met its school re-entry goal. Of the school-age clients (i.e., 24 years or younger) not enrolled in school upon entering the program, 67% achieved school re-entry at program close.

> *"I wasn't going to school because of the altercation, and I started going again. I didn't want to go to school because someone I was in an altercation with went there. They told me I should go back to school but change schools, which I did. I want to continue after high school. I want to go to college." – T2T Client*

These findings are largely aligned with information shared by clients in interviews and surveys. While Interventionists assisted five interviewed clients with re-enrolling in school and improving attendance, many other interviewed clients were older. Older clients were either uninterested in returning to school or were not offered those services. Overall, slightly less than half of all interviewed and surveyed clients agreed the program helped them re-enter school. PRNS staff noted that fewer school-age youth are enrolled in the program for whom the goal would be to re-enter school, improve attendance, and receive academic support. Staff noted that enrolled youth are also interested in employment as an opportunity to earn money and change their lifestyle.

Secured Employment & Housing

Two-thirds of unemployed clients looking for work[23] were employed at program exit, exceeding T2T's goal. RMC hired one of these clients, who works at the hospital as a transporter and hopes to start a career in law enforcement after completing college. Client interviews and survey responses indicate that other jobs were likely located without the program's direct assistance; however, general peer support from an Interventionist and victim assistance may have reduced barriers for clients to find a job on their own. While about one-third of clients agreed that the program had helped them find employment or return to a prior job, several indicated that they had applied for and found jobs independently. No interviewed clients said they got a job directly because of their Interventionists and one person said they had been promised assistance in finding a job but have yet to receive help. Some clients were disinterested in finding work due to their injury disability.

Violence-Free Lifestyle & Reduced Trauma

At the program close, 27 clients (64%) self-reported engaging in a violence-free lifestyle. T2T nearly met its 75% goal and would have accomplished it if just five more clients had reported a violence-free lifestyle. Surveys and interviews further support the program's positive impact on clients' lifestyles. About three-quarters of clients agreed that the program helped them to solve disagreements (71%) and avoid risky situations (76%). However, several clients indicated that they had not previously solved disputes with violence. Of the clients who felt that T2T helped them, several stated that one Interventionist's method of hearing them out and encouraging non-violent forms of communication was instrumental in assisting them to avoid risky situations.

> *"They helped me out a lot. Led me to different resources that I can contact if I feel a type of way about harming myself or anyone else. I can just talk it out." – T2T Client*

The degree to which clients felt the program helped them lead a violence-free lifestyle varied by Interventionists. While clients regularly mentioned one Interventionist helped them communicate better and avoid risky situations, clients working with other Interventionists did not report a benefit or stated that working with their Interventionist had yet to help them avoid risky situations.

In addition to having a violence-free lifestyle, Interventionists reported almost three-quarters (71%, n = 30) of clients experienced less trauma (i.e., reduction in disturbing memories of their violent injury) because of program participation. These findings are slightly more optimistic than client interviews and survey responses, drawing almost entirely from third-year pilot program clients. Fifty-nine percent of clients ultimately agreed that the program helped with their memories of their injuries. Some clients stated that their Interventionist never talked about their injuries or the preceding incidents. Other clients expressed that participation "helps distract them" from thinking about their injuries even if their injury was not a focus of their experience.

[23] Fourteen percent of closed participants were missing employment information at program intake. As a result, this finding is limited by data availability and should be interpreted cautiously.

"It helped me realize what my future would be if I kept going on the path I was on. It wasn't the right path and wouldn't lead me to where I wanted to be at the end of the day. It helped me realize what was right for me and what I enjoy doing. Graduating college with a pediatrician degree, want to work with kids and enjoy helping people."
– T2T Client

"My life has changed. I stopped hanging around people that would get me in trouble. Not being on the street as much. Helped me a lot."
– T2T Client

"I'm looking forward to everything that's offered through the City and getting my kids involved. I can't wait to get my kids participating in all the services, events at the park, and the late-night gym. I am looking forward to involving my wife and kids in it all. I'm excited to be a positive [force] in my kids' lives, and for my kids to be a positive in the lives of other kids too."
– T2T Client

Pro-Social Networks Created

Over half (59%) of interviewed and surveyed clients agreed they felt more connected to others because they knew someone from the program was there for them and "genuinely cared." Other clients stated that they still have trust issues, only connect with people from T2T, or need to call their Interventionists to distract themselves when they feel bad.

A smaller share of clients (47%) reported feeling more connected to their communities outside T2T. Although one client affirmatively stated that they had become more involved in their church community, others shared that they did not fit in with prior groups of friends or their communities because of their lifestyle change. T2T attempts to interrupt cycles of violence with individual case management but does not incorporate a community-level component to promote broader community change.[24]

While they did not feel more connected with their community, almost two-thirds (65%) of clients did feel safer because of their work with Interventionists to develop communication skills and avoid risky situations. Clients' feelings of safety in their community may be directly tied to their living environment or violent injury, especially if they were harmed nearby. Although the program does offer relocation services, relocation may only be feasible for some clients.

Improved Perception of Life & Future

At least two-thirds agreed they looked forward to their future (75%) and were motivated to make positive choices (71%). Clients shared that participation in the program has put them on a different track, and many are driven to continue schooling, establish themselves in careers, and help others. As a result of the program, they also feel optimistic about the future, knowing they have the support they need from resources and services available through the T2T program specifically, as well as other violence prevention programs offered by the City.

[24] PRNS does offer other community-level violence prevention services through its Bringing Everyone's Strengths Together (BEST) Program, including Late Night Gym and Street Outreach.

Most program outcomes primarily impact clients; however, 63% agreed that their engagement had also improved their friends' and families' lives. Other clients did not report positive changes in their friends or families' lives because of participation, although at least one said they had not fully engaged with services or treatment.

Stabilized with Basic Needs & Victim Assistance

Both T2T clients and program staff highlighted the dual impact of T2T in providing emotional support through a trusting, positive, and caring Interventionists and the connection to needed resources and services that help clients stabilize their lives. Reflecting staff responsiveness to clients' basic needs goals, 81% (n = 34) of closed clients with related goals achieved basic needs outcomes, such as access to food and clothing. An even greater share (88%, n = 37) of existing clients received assistance applying for or had received financial support through Victim Compensation, which can cover relocation costs, medical bills, and counseling sessions.

Reduced Hospital & Judicial Recidivism

T2T met its goal to reduce hospital readmissions, with only one client readmitted to RMC with a violence-related injury following program enrollment. Hospital leadership noted these reductions in violent reinjury while recounting T2T's positive impacts during the three-year pilot period.

> *"It's been a tremendous impact on the hospital and the community. The work that NFHY does has really calmed down the violence and the [hospital] recidivism. Everyone wants to see the benefit for the community. I think the clients see the support and value for themselves." – RMC Leadership*

Although reduced hospital readmissions is a long-term goal and will require continued study over time, these initial findings represent a dramatic reduction in hospital readmissions compared to previous research that has found that over a third of violently injured youth are readmitted for violent reinjury within two years.[25] Additionally, 33 clients (79%) reported reduced arrests for violent acts after program enrollment. T2T nearly met this goal, as they were just one percentage point shy of meeting the 80% goal for reduced long-term judicial involvement.

[25] Cunningham, R. M., Carter, P. M., et al. (2015). Violent reinjury.

Discussion & Recommendations

PRNS received a BSCC CalVIP Grant to replicate and expand its successful hospital-based violence intervention program, T2T, at a new site to improve its capacity to serve individuals impacted by community violence in East San José. The pandemic negatively impacted T2T's replication at RMC from the outset of the grant-funded pilot period, crucially interrupting access to the private hospital and partners' staffing capacity, all of which delayed the program's ability to develop an effective referral process. Program coordination and staffing improved by the end of the pilot period, with all partners reporting procedures in place to refer eligible RMC patients more effectively in the future. **Although RMC closed the final pilot year on a programmatic high note, referring the highest number of clients to T2T (34), early implementation challenges prevented T2T at RMC from serving 185 total clients as intended.**

While T2T did not meet its ambitious program reach goal, clients served during the pilot program received services from NHFY Interventionists that effectively met their goals and needs based on individualized service plans established for all clients. With effective service delivery following the Peer Intervention Model, the program met or nearly met all other programmatic impact goals and objectives outlined below (Table 9). Specifically, **the program met and nearly met its goals to re-enroll school-age clients, connect adult clients with jobs, and modify behaviors** that put clients at risk of violent re-injury. As outlined in the program's logic model (Appendix A), **these short-term outcomes that helped clients stabilize their lives and change their lifestyles contributed to reductions in hospital readmissions for violent injury and judicial contacts, meeting or nearly meet these pilot goals as well.**

Building upon prior evaluations and technical assistance completed during the three-year grant period, RDA identified three continued areas in which T2T at RMC can focus its efforts to improve program operations and better serve its clients: (1) Program Reach, (2) Service Delivery, and (3) Administration and Partnerships. For each area, the following sections discuss key themes and lessons learned from the findings and present recommendations to improve continuing program implementation.

Table 9. Summary of Progress Towards Program Goals & Objectives

Goals	Outcomes	Status
Create greater access and capacity to serve victims of injuries caused by community-based and related individual or group assault and gang-related violence in the East San José communities.	Enroll a total of 185 clients aged 12-30 years old who were admitted to RMC Trauma and Emergency Service Unit over the entire grant period.	**Did not meet** 69 clients were referred during the pilot program period and 58 of these clients enrolled and were actively engaged in program services
	80% of clients will establish an Individualized Service Plan with their staff interventionist.	**Met** 100% of enrolled clients (n = 58) had an ISP established

Goals	Outcomes	Status
Reduce future and retaliatory incidents of homicide, shootings, and aggravated assaults, promote victims' productive and safe transition back to the community, and avoid further revictimization.	Reduction of Hospital Readmission: 90% of clients will not return during the three-year funding period to RMC with another violence-related injury.	**Met** Fewer than 1% of clients returned to RMC
	Reduction of Recidivism: 80% of clients will not have further interactions with the judicial system for violent offense (during enrollment in the program).	**Nearly met** 78% of clients (n = 33) experienced reduced judicial contact at program close
	Reduction of Risk Factors: 75% of clients will self-report a violence free lifestyle during program participation.	**Nearly met** 64% of clients (n = 27) self-report a violence free lifestyle at program close
Stabilize the client's life and help them to move toward the achievement of productive and healthy personal goals.	Employment: 50% of clients (Adults) who are seeking employment will secure new employment or return to an existing job.	**Met** 67% of clients who were unemployed and looking for work at program enrollment gained employment at program close
	Improved education: 80% of school age clients will return to school, enroll, or complete a GED program.	**Nearly met** 67% of clients not in school at time of enrollment who were 24 years of age or younger gained school re-entry at program close

Program Reach

Insufficient staffing and pandemic restrictions at RMC prevented the T2T expansion pilot partners from initially replicating the program with fidelity to the original VMC hospital site. Although RMC did not dedicate additional hospital staff until the T2T pilot's end, partners took other steps to address these limitations. The RMC Injury Prevention Coordinator spread awareness about patient eligibility and identification to different hospital departments with monthly training and helped to organize NHFY Interventionist video call consultations with patients. Despite its pandemic adaptations, **program reach, as measured by consultations, remained relatively stable between the first and second years, indicating the program reached its capacity without hiring additional staff**.

Consultations almost doubled in the final pilot year because of increased staff capacity. Staffing improved first with the PRNS Intervention Specialist's hiring in April 2022, which helped to increase RMC staff exposure to the program and improve patient identification sources. Along with NHFY Interventionists, the PRNS Intervention Specialist also helps to convince hesitant patients to accept a T2T referral during the consultation process. However, restrictions on PRNS access to hospital

records and patients in the ICU limited the Intervention Specialist's potential impact on program reach. In the final months of the pilot, RMC added another nurse to the T2T team, dramatically improving the patient identification and consultation process. Ultimately, **the grant period ended on an upward trajectory with improved staffing doubling consultations at RMC, which resulted in a programmatic high of 34 patients referred.**

T2T partner leadership agrees that staffing levels must be improved to expand the program's reach following the pilot period. To ensure sufficient patient coverage, partners expressed a need for T2T staff at RMC during weekends, evenings, and nights. Despite the need for increased staffing, partners struggled to meet hiring needs at the hospital and prepare collaborative grant applications to fund additional positions. Looking towards the future, **partners hope that T2T can receive additional funding to add hospital staff, such as social workers.** In the meantime, RMC T2T could improve program reach by providing hospital record access to the PRNS Intervention Specialist.

Reflecting on lessons learned from the T2T RMC replication and expansion pilot, organizing partner PRNS reflected that its MOU with RMC helped to establish the T2T program. However, future jurisdictions seeking to replicate this program may want to consider adding language that provides staff access to hospital records in an MOU. Jurisdictions should also consider funding hospital staff through a CalVIP grant or include language in an MOU that establishes shared expectations to sufficiently staff a program, for example, by jointly seeking additional funding.

Recommendations:

1. **Continue monthly trauma-informed training to educate hospital staff about T2T.** The goal of this training is to build a network of staff across hospital departments that understand T2T and can help support in identifying and consulting eligible patients.
2. **Continue to work with RMC to get Intervention Specialist access to hospital records to support patient identification independently.** Additionally, consider incorporating language in a future City and RMC MOU that sets parameters for PRNS staff access to hospital records.
3. **Collect time of day and day of the week admission data for eligible T2T patients and monitor quarterly at minimum to inform staffing decisions to maximize consultation capacity during high-volume times.**
4. **Set new program reach goal for RMC T2T and monitor progress towards that goal quarterly.** Program reach monitoring efforts should pay particular attention to the following: (1) total eligible patients identified, (2) patients not yet discharged from RMC at the time of identification, (3) patients consulted, and (3) patients consenting to program referral. T2T should survey patients who decline a referral to understand the reasons for not wanting to participate. See Appendix B for an example target plan to refer 179 RMC patients to T2T over the next three years.
5. **Establish quarterly partner meetings with RMC administrators to review progress toward program reach goals and staffing capacity at high-volume times.**
6. **Apply for funding and hire more T2T-dedicated hospital staff, either hybrid or fully funded roles.** The goal should be to have RMC hospital staffing comparable to VMC T2T's staff-to-patient ratios and include hiring a T2T-dedicated RMC social worker. Additionally, consider incorporating language into a future City and RMC MOU that details partners' shared responsibilities to ensure sufficient program staffing.

Service Delivery

RMC T2T pilot service delivery was a programmatic strength. Specifically, **T2T partners described relationship building as the most impactful service NHFY Interventionists provided. Interventionists built trusting and non-judgmental relationships with clients utilizing the Peer Intervention Model that motivated clients to change their behaviors and create more positive futures for themselves.** Through its service delivery component, T2T stabilized clients' lives. Specifically, 81% of clients met their basic needs goals, 88% applied for or received victim assistance to help with relocation, medical, and counseling costs, 67% of school-age clients re-enrolled in school, and 67% of unemployed clients looking for work at intake gained employment. These short-term outcomes helped reduce readmissions for hospital re-injury, with just one client returning to RMC for a violent injury, and reduced judicial contacts for 78% of clients. Ultimately, three-quarters of clients interviewed for the final evaluation reported feeling optimistic about their futures.

T2T could improve service delivery with more staffing stability and consistency between Interventionists. Like other T2T partners, NHFY experienced turnover during the pilot period, limiting its staffing capacity with just one Interventionist actively serving clients at various points during the pilot. Staff hiring presents a natural opportunity to provide training related to the Peer Intervention Model, trauma-informed services, and QuesGen data entry to ensure that all Interventionist staff serving T2T clients have the same skills and resources.

Learning from service delivery during the T2T expansion pilot, organizing partner PRNS suggests that jurisdictions replicating this program should allocate resources to just one case management partner that can meet the program's primary needs for peer interventions and make referrals for other services. With limited resources, it is more helpful to fully fund one partner to ensure they have adequate resources rather than partially fund multiple providers that perform overlapping or otherwise redundant functions.

Recommendations:

7. **Host training or provide resources to meet immediate and regular training needs for trauma-informed and evidence-based service delivery and regular QuesGen training to support accurate data collection.** Consider hosting QuesGen trainings on a quarterly basis or whenever a new change is made to the system.
8. **Continue efforts to expand and adapt the network of service providers and resources available to meet the individual needs of T2T clients.** This could include developing an inventory for providers and resources that is updated on a regular basis.

Administration & Partnerships

Staffing capacity issues and COVID-19 initially limited partners' ability to collaborate and communicate well. PRNS had a long-standing relationship with program partner NHFY and an MOU established with RMC before the pilot program; however, **pandemic restrictions contributed to delays in establishing procedures within the hospital, restricted access for NHFY Interventionists, and limited program visibility among hospital staff. PRNS position vacancies and changes among the staff supporting RMC T2T further hampered the City's ability to create clear lines of communication between multiple partners to ensure smooth daily program operation**.

Partners filled communication gaps by filling open T2T program positions, starting with the PRNS Prevention Specialist in April 2022. With the Prevention Specialist's onboarding, PRNS had

increased visibility in the hospital to directly collaborate with the RMC Injury Prevention Coordination and help raise hospital staff's awareness about T2T. The PRNS team, which added a Community Coordinator and Community Service Supervisor in the final year of the grant period, is now fully staffed, providing stable leadership and support for program operations, including policy development and future funding needs. PRNS T2T staff established regular communication and stronger relationships with NHFY staff while providing routine resource sharing, problem-solving, and other program implementation supports.

Establishing the T2T program at RMC and developing partner relationships was a significant success for the pilot expansion, primarily aided by the open lines of communication and procedures established by the end of the pilot grant period with improved staffing. However, persistent challenges remain in program administration and partnership. Even with T2T's visibility increasing across RMC and recognition of the program's benefits, a limited number of hospital-based staff within the higher levels of RMC administration are deeply engaged in the program. T2T staff also said that clear communication around planned and pending QuesGen updates and data reporting accountability goals could improve partner communication.

Multiple stakeholders interviewed shared that staffing across partners directly impacts the quality of collaboration and program operation. Given its essential role, T2T leadership reiterated that other jurisdictions considering establishing a similar hospital-based violence intervention program should determine the staffing resources their prospective hospital partner can dedicate. Even when those resources are in place, partners should establish a well-defined MOU with clear expectations that hospitals fully staff a hospital-based violence intervention at the program's start.

Recommendations

9. **Continue to expand T2T awareness and programmatic benefits to those in the upper levels of RMC administration.** If adopted, quarterly program reach and staffing capacity meetings could serve as a venue to raise T2T program awareness and act as a natural forum to communicate partnership needs to resolve program capacity issues.
10. **Continue to maintain open lines of communication, collaboration, resource sharing, problem-solving, and data collection support across all program partners.** Communication should additionally include clear deadline expectations for data reporting from partners.

Conclusion

This report provides an overview of the T2T pilot expansion at RMC during the three-year CalVIP grant period, highlighting the challenges of implementing this hospital-based program during the pandemic as well as the program's adaptations and strengths. The discussion of key themes and lessons learned from these findings also provides recommendations that could help the program further improve, particularly in terms of its client reach, service delivery, and partnerships.

Establishing the T2T program at RMC and developing partner relationships was a significant success for the pilot expansion that began during the pandemic. RMC T2T missed its goal to serve 185 people due to initial challenges brought about by COVID-19 restrictions and the continued challenges of limited staffing capacity at RMC. However, the 58 clients served during this pilot period benefitted from effective service delivery, showing that the T2T model is a promising intervention to connect victims of individual, group assault, and gang-related violence to quality support and resources. These programmatic successes are presented in the Grantee highlights. The list below reiterates the recommendations proposed throughout this report to build on programmatic successes, such as capitalizing on momentum in RMC referrals to set a new goal to expand program reach.

Summary of Recommendations

1) Continue monthly trauma-informed training to educate hospital staff about T2T, including points of contact and patient eligibility criteria.
2) Continue to work with RMC to get Intervention Specialist access to hospital records to support patient identification independently.
3) Collect time of day and day of the week admission data for eligible T2T patients and monitor quarterly at minimum to inform staffing decisions to maximize consultation capacity during high-volume times.
4) Set new program reach goal for RMC T2T and monitor progress towards that goal quarterly.
5) Establish quarterly partner meetings with RMC administrators to review progress toward program reach goals and staffing capacity at high-volume times.
6) Apply for funding and hire more T2T-dedicated hospital staff, either hybrid or fully funded roles.
7) Host training or provide resources to meet immediate and regular training needs for trauma-informed and evidence-based service delivery and regular QuesGen training to support accurate data collection.
8) Continue efforts to expand and adapt the network of service providers and resources available to meet the individual needs of T2T clients.
9) Continue to expand T2T awareness and programmatic benefits to those in the upper levels of RMC administration.
10) Continue to maintain open lines of communication, collaboration, resource sharing, problem-solving, and data collection support across all program partners.

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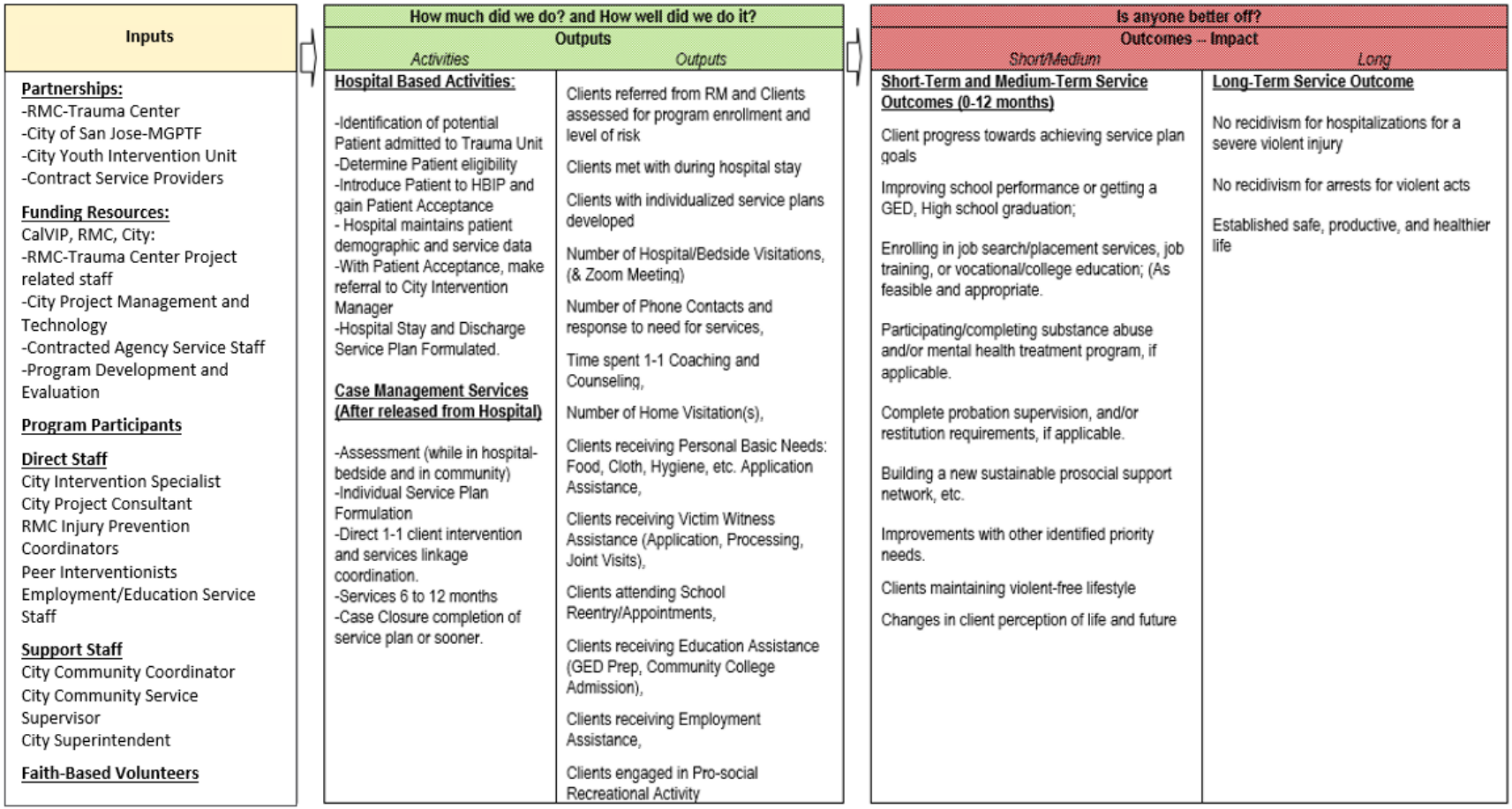
Appendix A: Trauma to Triumph Logic Model



Assumptions

- Victims/Perpetrators of violence are more receptive to interventions immediately after injury
- Intensive case management services will help youth/young adults traumatized by violence to stabilize their life situation, and formulate positive personal goals,
- Case Management Intervention services will assist clients to achieve goals and establish healthier lifestyle. (Free from violence and gang-association and not re-offend, if applicable).

External Factors

- Gang activity in neighborhoods
- Availability of weapons to youth/young adults
- Limited Resources for Homeless and Transient victims/perpetrators of violence
- Various community resources like hospitals and human services operate with prescribed protocol, staffing not accessible to marginalized populations.
- Low-income status, prejudice, Living with Chronic Trauma & Revictimization.

Appendix B: Example Target Plan to Refer 179 Clients Over Three Years (7/1/23 – 6/30/26)

	Year 4		Year 5		Year 6	
	Target No. Clients	Target Rates	Target No. Clients	Target Rates	Target No. Clients	Target Rates
Eligible patients identified	100		100		100	
Patients available (i.e., not yet discharged from RMC) at the time of identification	95	95%	95	95%	95	95%
Patients consulted	76	80%	81	85%	86	90%
Patients consenting to program referral	49	65%	61	75%	69	80%

The table above provides sample target rates for RMC Program Year 4 (i.e., the first program year after the pilot period's end, corresponding with July 1, 2023, to June 30, 2024) using the observed patient availability (95%), patient consultation (77%), and patients consenting to referral (49%) rates. Patient availability is expected to continue to hover at 95% throughout the program, although starting in Program Year 4, consultation rates are set to encourage about five percentage point increases each year. Similarly, patients consenting to program referral rates are set with an initial push goal to increase by about 16 percentage points in Year 4, ten percentage points in Year 5, and five percentage points in Year 6. Based on an expected total of 100 eligible clients entering RMC annually, these annual target rates set a program goal to refer 179 total patients to T2T.