



RESEARCH REPORT

Evaluation of Training and Technical Assistance during the “Complex Homicide” Project

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This evaluation benefited from the assistance of many people, and the authors thank those whose contributions made this research possible. Foremost, we extend special gratitude to the dedicated leaders and staff at the Complex Homicide project demonstration sites who shared their training and technical assistance experiences and project accomplishments with us. These seven sites included the Anti-Violence Partnership of Philadelphia; Baltimore Child Abuse Center; the Bronx County (New York) District Attorney’s Office; the Medical University of South Carolina; Mental Health Services for Homeless Persons/FrontLine Service in Cleveland; Palm Beach County (Florida) Victim Services; and Thresholds/Chicago Survivors in Illinois.

We also thank staff from the National Center for Victims of Crime—namely, Josue Melendez and Laura Cook—who provided open access to the project’s training and technical assistance materials and facilitated scheduling of our research conversations with sites. We appreciate the contributions of all those noted above, while acknowledging our responsibility for any errors herein.

Evaluation of Training and Technical Assistance during the “Complex Homicide” Project

In this report, we summarize the Urban Institute’s evaluation of training and technical assistance provided by the National Center for Victims of Crime (NCVC) in support of Multidisciplinary Responses to Families and Communities in Complex Homicide Cases (hereafter referred to as the Complex Homicide project), a demonstration funded by the Office for Victims of Crime (OVC).

The Complex Homicide project aimed to enhance multidisciplinary responses to homicide that were victim centered, trauma informed, and effective in addressing the needs of families and communities after the most complex homicide cases. These cases included gang-related homicides, intrafamilial homicides, homicides involving child witnesses, and deaths involving impaired driving and driving under the influence. From 2016 to 2020, the project sought to build the capacity of seven demonstration sites to serve homicide survivors in their affected communities. These sites included the Anti-Violence Partnership of Philadelphia; Baltimore Child Abuse Center; the Bronx County (New York) District Attorney’s Office; the Medical University of South Carolina; Mental Health Services for Homeless Persons/FrontLine Service in Cleveland; Palm Beach County (Florida) Victim Services; and Thresholds/Chicago Survivors in Illinois.

The Office for Victims of Crime selected NCVC to provide direct training and technical assistance (TTA) to the Complex Homicide grantee sites, which it did from 2016 to 2020, in partnership with the National Sheriffs’ Association. The primary goals of NCVC were to provide access to various subject matter experts to help grantees implement their projects, provide support as needed for each site’s program evaluation, and compile a report summarizing promising practices for responding to complex homicide cases.

In 2019, NCVC contracted with Urban to conduct a post hoc evaluation of its TTA efforts for the Complex Homicide project. To this end, Urban researchers reviewed TTA and project documentation materials and interviewed leaders and staff from each of the seven sites regarding their TTA experiences. In this report, we summarize findings from Urban’s evaluation.

Complex Homicide Project

The OVC-funded Complex Homicide project sought to address the tremendous impact that the sudden loss of a loved one owing to homicide can have on family members and friends. Homicide survivors (or covictims) can suffer devastating psychological harms including complex or prolonged grief, as well as negative physical, economic, and social consequences (Bastomski and Duane 2019). Through Complex Homicide, OVC aimed to meaningfully expand the body of evidence on how to effectively serve family and friends of homicide victims, particularly those involved in the most complex cases.

The project's overarching goal was to identify promising victim-centered, trauma-informed, culturally competent, and multidisciplinary responses and evidence-based practices—ones that could be implemented through partnerships between law enforcement and victim service providers—to address family and community needs in the most complex homicide cases (OVC 2017). The complex homicides of focus included gang-related homicides, intrafamilial homicides, homicides involving child witnesses, and deaths involving impaired driving or driving under the influence.

For these complex cases, the project was intended to support the enhancement of multidisciplinary interventions within 24 to 48 hours of a homicide death. Accordingly, OVC selected seven demonstration sites (from among those that applied) that focused on developing multidisciplinary interventions in response to one or more forms of complex homicide. Some focused on responses to gang-related homicides, intrafamilial homicides, or impaired driving homicides, whereas others focused on supporting child witnesses to homicide. Throughout the three-year demonstration, NCVCTA provided training and technical assistance to each site based on its needs and in accordance with objectives outlined by OVC.

Demonstration Sites

From 2016 to 2020, the Complex Homicide project included the seven demonstration sites described below. Each partnered with its own evaluator to summarize the process by which it achieved its grant objectives. For more information on sites' complex homicide interventions and accomplishments, see <http://www.ncvctta.org/>.

Anti-Violence Partnership of Philadelphia worked with survivors of intrafamilial homicide. It is community-based and began as a support group for survivors. Later, it expanded to provide additional services and crisis intervention, collaborating with the Office of the Chief Medical Examiner.

Baltimore Child Abuse Center focused on child witnesses to homicide in family and community settings. It used a coordinated response based on best practices. Throughout the Complex Homicide project, it sought to develop a multidisciplinary response system.

The Office of the Bronx District Attorney's Crime Victims Assistance Unit worked in the prosecutor's office with the assistant district attorneys on violent crime cases. For the Complex Homicide project, it worked with the New York City Police Department's homicide task force and focused on increasing its service population and reaching survivors earlier in the process.

Mental Health Services for Homeless Persons/FrontLine Service in Cleveland assembled a traumatic-loss response team to provide various services throughout homicide investigations. It worked in tandem with other law enforcement and social services agencies to support survivors of homicide. For the Complex Homicide project, it addressed the needs of child witnesses to homicide and those of their families.

The Medical University of South Carolina's Charleston Homicide Early Intervention and Advocacy Response Team worked with victims of intrafamilial homicides. Throughout the Complex Homicide project, it focused on forming a multidisciplinary response team to help provide collaborative responses to intrafamilial violence.

Palm Beach County Victim Services provides assistance for victims of all types of crime and homicide, but for the Complex Homicide project, it focused on impaired driving homicide. Working with law enforcement, it aimed to develop a protocol and process for including victim support services in responses to homicides caused by driving under the influence or impaired driving.

Thresholds/Chicago Survivors worked with survivors of homicide, focusing on instances of gang-related homicide. The Complex Homicide project helped them address the high rates of violence and homicide in Chicago by developing and continuing trainings and providing them with basic funding.

Training and Technical Assistance

The Complex Homicide project aimed to increase the demonstration sites' capability to provide services and support to survivors of complex homicides in their communities. As the OVC-selected TTA provider, NCV's primary goals were to: (1) provide the seven grantee sites with access to various subject matter experts to help them implement their projects; (2) provide support as needed for each site's program evaluation; and (3) summarize the sites' evaluation efforts in a report that NCV and the

National Sheriffs' Association together envisioned as an online website that would include a compendium of promising practices and resources resulting from the project.

Accordingly, NCVC outlined the following objectives in alignment with OVC's expectations:

1. Provide diverse subject matter expertise and innovative assistance to the demonstration sites to ensure they achieve individual project goals.
2. Assess the TTA needs of the demonstration sites and provide TTA to support the project.
3. Identify and provide TTA on trauma-informed care and evidenced-based practices that have been effective in serving family members of homicide victims.
4. Identify expert consultants to provide support as needed to the demonstration sites.
5. Coordinate two in-person grantee meetings to include six grantee demonstration sites, their primary partners, and their research partners.
6. Facilitate routine peer-to-peer consultation and networking opportunities among the demonstration sites to promote problem solving and innovation.
7. Submit a report about the initiative suitable for publication.
8. Develop a compendium of resources that would be helpful in replicating promising practices identified in each site.
9. Work with OVC to identify additional resources to include in the final product and coordinate with other OVC-funded grantees and TTA providers.
10. Compile final evaluation reports.
11. Compile a report of promising practices.
12. Develop and implement a publication-marketing and dissemination plan for the promising-practices report, evaluation report, and compendium of resources.

For this report, Urban researchers focused on NCVC's first six objectives (detailed below) in evaluating the extent to which TTA objectives were achieved and in identifying recommendations for improving TTA for similar, future demonstration efforts. These six objectives involved TTA activities facilitated by NCVC that included: (1) provision of comprehensive recommendation documents; (2) monthly conference calls; (3) on-site trainings and visits; (4) all-grantee site meetings; (5) cross-site visits or mini-summits; (6) attendance at NCVC's National Training Institute conference; (7) access to subject matter experts; (8) webinar training opportunities and recommendations; and (9) ad hoc TTA.

Objective 1: Provide Diverse Subject Matter Expertise and Innovative Assistance to Demonstration Sites to Ensure They Achieve Individual Project Goals

The National Center for Victims of Crime created an in-house team of knowledgeable people who worked with outside consultants who were experienced in working with survivors of complex homicide. As an organization, NCVC has more than 15 years of experience providing TTA for multidisciplinary professionals. For this project, it used peer-to-peer learning, focused on real-world issues, and made a point of referring to the actual experiences of victims and victim service providers, as well as to its own experiences and those of its partners.

Objective 2: Assess the TTA Needs of Demonstration Sites and Provide TTA to Support the Project

The National Center for Victims of Crime worked with each site to develop a relationship and conduct an assessment of the site's needs. It spoke with key staff at each site and determined what types of assistance opportunities would be helpful. It also provided each site with a range of opportunities to participate in. It strived to develop a TTA framework that was user-friendly and contained practical ideas and solutions for the participating sites. Moreover, NCVC hoped this framework would be used to enhance each site's ability to address its own goals.

Objective 3: Identify and Provide TTA on Trauma-Informed Care and Evidenced-Based Practices That Have Been Effective in Serving Family Members of Homicide Victims

Throughout the project, NCVC took what it learned during initial site assessments and developed quarterly webinars, monthly outreach calls, conference calls, and ongoing communication. In addition, to help the sites establish a baseline of knowledge during the project's first six months, it provided several web-based trainings. Furthermore, NCVC tried to incorporate peer-to-peer learning and a focus on real-world issues and to draw from its own experiences as well as those of victims, victim assistance providers, and its partners. Specifically, the TTA content was to be victim centered, research informed, and practice based. It sought to provide information that was practical and useful based on the needs each site had expressed. Moreover, it worked to establish working relationships with key people from each site, and it conducted assessments along with its partners through interviews and site visits to determine each site's main needs. Overall, NCVC endeavored to provide open communication lines so the sites could reach out to it with further needs as the project continued.

Objective 4: Identify Expert Consultants to Provide Support as Needed to Demonstration Sites

The National Center for Victims of Crime identified an initial group of experts to provide on-site trainings as needed to the demonstration sites. It expanded this network of experts based on additional connections made through OVC recommendations as well as staff and experts identified by the sites. As a part of the project, NCVC used an online system with tracking capabilities, allowing it to document sites' requests and receive feedback on the provided TTA.

Objective 5: Coordinate Two In-Person Grantee Meetings to Include Six Grantee Demonstration Sites, Their Primary Partners, and Their Research Partners.

Originally, the National Sheriffs' Association planned to coordinate (along with NCVC) two in-person grantee meetings for the participating sites. It later decided to add a third meeting when it was clear there was sufficient funding. All three meetings focused on providing sites with additional cross-training and opportunities to share what they had done throughout the project. Meetings were held in Arlington, Virginia; Orlando, Florida; and Washington, DC.

Objective 6: Facilitate Routine Peer-to-Peer Consultation and Networking Opportunities among the Demonstration Sites to Promote Problem Solving and Innovation

Venues for sites to work together and learn from each other were also provided by NCVC. Sites were given the opportunity to share best practices and provide peer-to-peer support and expertise throughout the project via quarterly webinars and conference calls. Training options were also provided as a main project component. Each site could pick which trainings were applicable to its needs or request another type of training. If a site identified a need not covered by available trainings, it could suggest a trainer it already had in mind, or be connected with one that had already connected with NCVC.

Evaluation Methods

In the last year of the Complex Homicide project, Urban was contracted to provide an assessment of the degree to which NCVC had met each of the above six TTA objectives. Urban's researchers conducted a

post hoc document review of available Complex Homicide project and TTA materials and interviewed leaders and staff (i.e., stakeholders) from each of the seven demonstration sites.

For Urban's **document review**, we requested, collected, and reviewed relevant Complex Homicide project and TTA materials from NCVC and the seven sites. The documents we reviewed included (but were not limited to) agendas and meeting handouts from the all-site meetings, notes from NCVC's initial site visits to assess TTA needs, semiannual project reports, and grantee evaluation reports.

For the **stakeholder interviews**, we first obtained approval from Urban's institutional review board to conduct interviews in ways that preserved participants' rights to voluntarily consent and protect the confidentiality of their responses. Then, after working with NCVC staff to facilitate connections, we scheduled and conducted videoconference calls with key people from each site, including project leaders and frontline staff. In some cases, project evaluators also joined these conference calls. (See **appendix A** for the stakeholder oral consent form and **appendix B** for questions asked of each site.) In addition, Urban evaluators spoke with NCVC staff about TTA they had provided during the project.

Urban's research team reviewed notes from all stakeholder interviews as well as the documents received as part of this evaluation. We identified themes in sites' experiences and responses as well as TTA successes and opportunities for improvements. All notes and observations were organized as a collective and deidentified; no comments were attributed to any particular site or person. Specifically, we organized feedback on sites' TTA experiences into sections based on what worked well, what could be improved, and any suggestions that were shared. Below, we discuss and organize findings based on the six TTA objectives Urban set out to evaluate.

As with any post hoc evaluation, these findings are limited in that they represent a summary of information gathered retrospectively, primarily through conversations with people. Some sites indicated that they had experienced employee turnover during the demonstration, meaning some people may have not been actively engaged for the full three years. We are also aware of the limitations of individual memory, especially as this project covered a three-year period. Ideally, Urban's researchers would have gathered information through multiple methods as the demonstration was implemented, for example, by observing webinars, attending all-grantee meetings and in-person trainings, and observing monthly calls. Despite these limitations, we collected the data presented herein based on the available timeline and resources, and we summarized information as accurately and fairly as we could.

Findings

Objective 1 was met in that the TTA provided diverse subject matter expertise and responsive assistance to the demonstration sites; however, some sites also expressed desire for more advanced complex homicide expertise. The sites felt that, overall, whenever they had a question or concern the TTA provider was very responsive. Site leaders and staff were generally able to reach out to the NCVC team successfully for assistance. Furthermore, sites offered high praise for many aspects of TTA relating to the provision of diverse subject matter expertise, but they also commented that there were ways in which this aspect of the project could be improved. For example, some sites felt it would have been helpful if the NCVC team included subject matter experts working in the field of complex homicide. Though NCVC's team had general knowledge of victimization experiences and services, there were specific pieces of complex homicide experiences not covered by their knowledge pool.

Throughout the project, NCVC team members made themselves available to review sites' documents as a part of their role as subject matter experts. Sites appreciated this, though some felt that feedback was limited or in some cases was not provided. Sites also noted that it may have been helpful if NCVC had staff who were subject matter experts in complex homicide to provide more in-depth feedback and assistance.

Across the board, sites felt that many of the presenters from NCVC's pool of subject matter experts were adept and useful to their project staff and community partners. Sites were also able to use subject matter experts outside of the NCVC pool and still receive support from NCVC in coordinating and organizing the training. Specifically, it was noted that the ability to discuss the presentation with speakers before the actual training was extremely beneficial. Sites felt that the ability to tailor the training to their specific needs and levels of experience was an important factor.

Sites also reported that the speakers and presenters who provided training during the all-site meetings were well received and provided helpful information in various topic areas relevant to sites' work. The above site feedback and the available TTA documentation suggest that NCVC met this first TTA objective, though some opportunities for improvement should be considered in future endeavors.

Objective 2 was met in that the demonstration sites' TTA needs were assessed and largely supported by the TTA provider, NCVC. To determine the TTA needs of demonstration sites, the main source of information was through open lines of communication between sites and their TTA providers, as well as through a webpage that NCVC developed specifically to solicit TTA requests. Many sites felt that NCVC was communicative and responsive to their needs. Most sites requested training by speaking directly with the NCVC team, and had no issues receiving support; NCVC would provide suggestions and

résumés of potential experts, and would then coordinate site-selected presenters' trainings based on sites' schedules and needs. Some sites used the online service to request trainings and reported that it was useful and easy.

Each site felt that NCVC provided it adequate TTA to support its projects, and overall, many sites felt that when they did receive support via trainings, the available trainers provided excellent service and presentations. However, two sites also commented that subject matter experts identified by NCVC did not provide training that reached the advanced level required for their staff. Specifically, two sites mentioned that at least one of the trainings they received was targeted more to a beginner-level audience, when what they needed was a more advanced course in complex homicide expertise.

In some cases, sites did not schedule many trainings. Though those sites recognized they may have not managed the project timeline well, they commented that it would also have been beneficial to be reminded of available trainings. In this sense, though this objective was met very well overall, two sites had hoped for more extensive or advanced trainings in their TTA and felt the project could have better met these needs based on their preexisting expertise. Considering most sites felt the TTA they received was tailored to their communities' training needs, it is possible that a more intentional, standardized process for arranging the experience level of trainings for all sites would prove beneficial in future demonstration efforts.

Objective 3 was met in that NCVC coordinated webinar and on-site trainings on trauma-informed care and evidenced-based practices (though some opportunities for improvement were noted). The National Center for Victims of Crime worked to meet its third objective by providing webinar trainings and the aforementioned opportunities for on-site trainings. Some site staff felt that the webinars provided helpful and much-needed information; however, others sometimes felt that the webinars did not provide detailed enough information for their specific, complex homicide needs.

Furthermore, some sites believed it was difficult to attend the webinars, which most often occurred in the middle of the day. In some cases, sites did not use webinars at all for this reason. However, NCVC recorded all of its TTA webinars and offered those recordings for sites to view at any later time. It seems that sites mainly took advantage of these recordings when new staff joined their teams. For sites that had new employees joining the Complex Homicide project, the fact that webinars had been recorded was very helpful because staff could gain a substantial amount of beneficial knowledge despite being new to the field. It may have been helpful for NCVC to continually remind sites that webinars were available for viewing after they initially aired.

In addition, NCVC stated in the program narrative that the first set of webinars were meant to be entry level to ensure all sites were at the same level as the project developed. Considering this, NCVC may have been better able to meet this objective if it had either made this information better known to the sites or provided more detailed, advanced webinar opportunities along with the entry-level ones.

Across the board, sites felt that there were various options for on-site trainings, and that many of the on-site presenters were adept and provided information useful to their staff and community partners. Training topics included the impact of intrafamilial homicide on families and communities, transgender equality and engagement, best practices in death notification, and spiritual diversity.

Specifically, it was noted that the ability to discuss the content of on-site presentations with speakers before the actual training was beneficial. This allowed sites to tailor the training to their specific needs and level of experience, which they felt was an important factor in the quality of the TTA.

Trainings themselves were mostly well received, although some sites felt that the level of the trainings could have been more advanced given their staff members' preexisting expertise. Given that feedback, TTA could be improved if different trainings were offered to sites whose teams are largely new to complex homicide issues and to sites with much preexisting expertise. One site commented that when a particular trainer did not make an effort to tailor their training as they had discussed beforehand, it diminished the experience and reflected badly on the presenter. In a couple instances, trainings were discussed but for some reason never occurred; although these sites understood that NCVC was very busy, it would be helpful in the future to identify and better overcome the challenges preventing a particular training from happening.

In addition to the TTA it made available throughout the project, NCVC provided TTA on trauma-informed care and effective, evidence-based practices during the grantee meetings (discussed below). Presentations were given during the grantee meeting on topics including vicarious trauma, intervention after death notification, technical instruction on how the Pulse nightclub shooting was handled, and emergency response in city planning.

Many sites felt that the speakers and presenters who gave training during the all-site meetings were well received and offered helpful information in various topic areas relevant to sites' work. Notably, the collected data show that because each site had a different focus in the area of complex homicide, the grantee meeting presentations, though interesting, were not relevant to some sites' needs. All sites greatly appreciated the opportunities to learn from each other during these meetings and would have appreciated even more time specifically for this purpose.

Overall, the collected data suggest that NCVC was able to meet its third TTA objective though some opportunities for improvement existed, namely in recognizing sites' capacity to provide TTA to each other based on their own collective knowledge and experience, and in developing trainings for beginning and advanced levels of complex homicide knowledge.

Objective 4 was met in that NCVC identified expert consultants to provide support as needed to sites. As discussed above, NCVC had a team of in-house experts who were available to provide support to sites throughout the project. Sites generally felt that these experts were helpful and accessible for meeting their TTA needs. In two instances, sites identified their own experts with whom they wanted to connect, and NCVC also helped facilitate this process.

Overall, sites expressed that the NCVC team provided helpful insight and assistance capabilities. In addition, some sites commented that it would have been beneficial if the NCVC team had firsthand complex homicide expertise. For example, when sites submitted documents to NCVC for review, they rarely received specific feedback on the subject matter; this is an area where the project may have benefited from better enabling sites to collaborate and share expertise with one another. Notably, two sites were able to visit each other's locations and reported learning from and appreciating the opportunity to share knowledge about their communities' complex homicide victim response experiences.

Furthermore, monthly calls gave sites regular opportunities to speak with NCVC to ask questions and check in. From NCVC's perspective, these calls provided them with an understanding of sites' progress and potential TTA needs. Most sites felt the calls were beneficial to their overall progress and their understanding of other sites' progress; however, a few sites felt the calls only allowed for brief check-ins and lacked opportunities to discuss and resolve issues in more depth. Sites were sometimes unclear about the roles of other call participants, including staff from the National Sheriffs' Association and OVC. Some sites also noted that the calls could have been used as opportunities to learn from the expertise of other sites' staff members and to ask each other more questions, discuss similar issues, and problem-solve among subject matter associates.

In this area, although sites reported the above opportunities for improvement, feedback and documents showed that the fourth objective was met to a high degree. Sites were able to rely on NCVC's expert consultants for support as needed throughout the project.

Objective 5 was exceeded in that NCVC coordinated three in-person grantee meetings that offered expert and peer-to-peer learning opportunities, which the seven sites appreciated. The fifth TTA objective of coordinating all-site grantee meetings was therefore achieved. Although NCVC initially only

envisioned two meetings, throughout the project it was determined that there was enough funding to host a third in 2019. Although sites experienced some staff turnover, all seven participated in some capacity in the grantee meetings.

Overall, the meetings were reportedly well organized and provided opportunities for expert and peer-to-peer learning and collaboration. Most sites appreciated the experts' presentations, but sites overwhelmingly reported that the most valuable aspect of the meetings were the opportunities to speak and collaborate with each other. Many staff hoped more time would be allotted in future meetings to do so. In some cases, sites thought that rather than giving general reports on their individual progress, it would have been cathartic and helpful to hear about some of the other sites' struggles in serving complex homicide survivors and how they overcame them.

Besides the scheduling and format of the meetings, sites' recommended improvements were minimal, and mainly involved their subjective concerns, such as meeting locations and the availability of food and water in conference areas (food and water was limited given the project's federal funding source). Despite these minor critiques, sites felt overall that the grantee meetings were positive and useful. Based on this feedback and Urban's review of grantee meeting agendas and materials, NCVC's TTA team exceeded this objective.

Objective 6 was met in that NCVC facilitated routine, peer-to-peer consultation and networking opportunities among sites to promote problem solving and innovation. Peer-to-peer consultation was by far the aspect of TTA that sites appreciated most. Throughout Urban's interviews with sites, leaders and staff either highly praised this consultation or expressed a desire for more opportunities for peer-to-peer consultation and collaboration.

Several sites were able to use the collective knowledge of other sites through targeted cross-site visits (or mini-summits) facilitated in most cases by NCVC. Sites that participated in these visits traveled to another site and met with staff and discussed shared difficulties, advice, and overall guidance. Though not every site participated in this form of TTA, those that did found them beneficial and a significant asset of participating in the Complex Homicide project. Some sites cited these visits as the most beneficial aspect of the project.

Sites also had opportunities to consult during the all-grantee meetings and, in some instances, during the monthly project calls. They felt that these opportunities could have been expanded for even more in-depth cross-site learning and collaboration. In feedback regarding the grantee meetings, each site commented that being able to speak and interact with other sites was valuable, and many had hoped more time would be allocated for that purpose.

Sites felt that these meetings were the main opportunities to exchange ideas and discuss problems specific to the complex homicide field. Sites suggested that in similar future demonstration efforts, TTA providers should expand this opportunity by specifically dedicating space and time where sites can discuss their similar service populations and work together to learn from each other.

Although NCVC did facilitate several opportunities for peer-to-peer collaboration and networking, sites appreciated these opportunities more than any other TTA element, and therefore believed there could have been more of them. Thus, though NCVC met this TTA objective well, TTA providers working on similar demonstrations should focus on integrating and expanding opportunities for such cross-site conversations and peer-to-peer learning.

Summary

From 2016 to 2020, the Office for Victims of Crime supported the Complex Homicide project, a seven-site demonstration focused on enhancing multidisciplinary responses to complex homicide cases, including gang-related homicides, intrafamilial homicides, homicides involving child witnesses, and deaths involving impaired driving and driving under the influence. Sites were located in Florida, Illinois, Maryland, New York, Ohio, Pennsylvania, and South Carolina.

The National Center for Victims of Crime was selected by OVC to facilitate training and technical assistance opportunities to support sites as they developed interventions in partnership with law enforcement to provide victim-centered, trauma-informed, and effective responses addressing the needs of families and communities affected by complex homicides. Ultimately, OVC expected this project to meaningfully contribute to the body of evidence on practice-based models for serving families and communities victimized by complex homicides.

In 2019, the Urban Institute was selected to evaluate sites' experiences with this TTA, and more specifically to identify successes and opportunities for improvement in future demonstrations. To this end, Urban's researchers reviewed Complex Homicide documents and spoke with leaders and staff from each demonstration site. In this report, we summarized the degree to which NCVC achieved its core TTA objectives.

Overall, NCVC met each of its TTA objectives, though some opportunities for improvement were noted. According to sites' feedback, NCVC offered responsive assistance and diverse subject matter expertise, assessed and supported most of sites' TTA needs, coordinated trainings on trauma-informed care and evidenced-based practices, and identified expert consultants to provide support that was, for

the most part, tailored to sites' needs. Most sites appreciated and reported benefiting from these TTA experiences. However, some expressed a desire to receive more advanced complex homicide trainings—more specifically, they desired relevant feedback from providers with hands-on experience in complex homicide.

Sites overwhelmingly believed the TTA provider NCVC's greatest successes were achieved through facilitation of peer-to-peer learning opportunities. These networking and collaboration opportunities occurred during the in-person, all-grantee meetings coordinated by NCVC, as well as during the cross-site visits afforded to a few sites. Furthermore, some sites reported having limited opportunities for peer-to-peer learning during their monthly check-in calls with NCVC and other sites. Moreover, nearly all sites wanted these types of opportunities for peer-to-peer connections to be expanded; in the future, TTA providers would do well to create space and time for sites to visit, consult, and learn from each other's innovations and problem-solving approaches. Overall, despite these areas for improvement, the sites were satisfied with the TTA they received and were grateful they were able to receive OVC funding to improve multidisciplinary responses to homicide survivors in complex cases.

As this evaluation was conducted post hoc, these findings are limited in that they represent a summary of information gathered retrospectively, primarily through phone conversations. Although it would have been ideal to collect information while the demonstration was occurring, constraints prevented such a process.

Appendix A. Stakeholder Consent



Complex Homicide TTA Evaluation, 1701-00852

Stakeholder Interview Oral Consent Form

The Urban Institute is conducting a post-hoc evaluation of the training and technical assistance (TTA) provided by the National Center for Victims of Crime (NCVC) to the seven sites that participated in the Office for Victims of Crime (OVC) funded “Complex Homicide” demonstration. As a non-profit organization the Urban Institute does not profit off any of this research.

We are conducting interviews with staff from NCVC as well as staff from each of the seven demonstration sites. Our goal is to gather high-level feedback regarding NCVC’s TTA during the Complex Homicide demonstration to identify promising practices as well as adaptations needed to improve that TTA in future implementations.

Information collected during these interviews will be used for research purposes only, specifically to document feedback regarding NCVC’s TA during the Complex Homicide demonstration. Your participation in this interview is completely voluntary (i.e., you may choose not to answer any question, or to stop participating at any time).

No personally identifiable information will be collected by our research team during this interview. Rather, your responses will be summarized in aggregate and attributed to your general site or position (e.g., service provider, researcher) and not to you or your organization personally. Although we cannot guarantee that other interview participants will not share what you have said, we ask that all participants keep confidential everything they hear during this interview, and we encourage everyone to keep this in mind as they decide what to disclose. Urban’s research team will not use your name and position in the information we provide to NCVC (and OVC) as the final deliverable from this evaluation.

This interview is scheduled to last 1 hour. Thank you for your participation.

Sincerely,

Jennifer Yahner

Jennifer Yahner, Senior Research Fellow at the Urban Institute, Principal Investigator and Associate Director for the Center for Victim Research

Do you agree to participate in this interview? [Interviewer indicate] Yes___ No___

Do you agree that we can take de-identified notes during this interview?

[Interviewer indicate] Yes___ No___

Interviewer Signature _____ Date _____

Appendix B. Stakeholder Questions



Complex Homicide TTA Evaluation #1701-0052

Stakeholder Interview Questions

Question 1. Helpful Technical Assistance

First, we want to focus on the positives. We want to learn what types of trainings and technical assistance (TTA) from NCVC were helpful or beneficial to your site's team in implementing the OVC Complex Homicide demonstration activities and in what ways? We know there was turnover in some teams—so we'd like to understand your views on what TTA was helpful to your team at any time during the demonstration period.

Interviewer: Refer to each type of TTA listed below.

Question 2. Improvement Opportunities

Next, thinking as constructively as possible, we want to identify any improvement opportunities in the TTA that NCVC provided during this demonstration. In what ways could NCVC have improved aspects of the TTA it provided (*Interviewer refer to types of TTA below*)? Alternatively, what types of TTA did you feel your team needed that were not offered by NCVC but could have been?

Interviewer: Try to focus conversations on constructive, realistic ways in which the TTA that NCVC was to provide could be improved, and not on matters related to federal grant issues.

Question 3. Other Feedback

Finally, we want to hear any other feedback you have to offer on NCVC's TTA. Specifically, what other information do you want to share with us about TTA from NCVC that could be helpful to future demonstration implementations focused on Complex Homicide?

Possible Types of TTA during Complex Homicide Demonstration

1. Comprehensive Recommendation Documents
2. Bi-Weekly Calls
3. On-Site Visits/Trainings
4. All-Sites Meetings
5. Targeted Cross-Site Visits
6. National Conferences
7. Connection to Subject Matter Experts
8. Webinar/Training/Resource Recommendations
9. Ad Hoc TA

References

Bastomski, Sara, and Marina Duane. 2019. *Losing a Loved One to Homicide: What We Know about Homicide Co-Victims from Research and Practice Evidence*. Washington, DC: Center for Victim Research.

OVC (Office for Victims of Crime). 2017. "Vision 21 Transforming Victim Services Initiative: Multidisciplinary Responses in Complex Homicide Cases." Washington, DC: US Department of Justice, Office of Justice Programs, Office for Victims of Crime.

About the Authors

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