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Research Report

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Evaluation of the Los Angeles County Department of Public Health Family Assistance Program

Police violence is a leading cause of death among young men in the United States (Edwards, Lee, and Esposito, 2019). In Los Angeles (LA) County, police- and custody-related deaths remain urgent and persistent issues. According to the LA County Sheriff's Department (LASD), 16 individuals have died in police custody in 2025 alone (as of April 2025), contributing to a total of 91 deaths since the start of 2023 (LASD, undated-a). Additionally, as of early 2025, three people died from the use of force by LASD deputies, totaling 20 fatalities and ten non-fatal injuries reported since the beginning of 2023 (LASD, undated-b). In the three years prior to the launch of the Family Assistance Program (FAP) in 2019, more than 100 individuals died while in LASD custody or as a result of deputy-involved shootings, prompting efforts to improve support for affected families (County of LA Board of Supervisors, 2019).

Origins of the Family Assistance Program

Regardless of specific circumstances, deaths of individuals by LASD shootings or while in LASD custody are tragedies that could leave surviving family members and communities with profound psychological and emotional trauma. Families affected by police-involved deaths experience symptoms of prolonged grief, posttraumatic stress disorder, depression, and social withdrawal (Outland et al., 2022; Hawkins, 2024; Smith Lee and Robinson, 2019). For example, families of youth killed by police report heightened psychological distress, which is compounded by media scrutiny, the lack of justice, and recurring contact with law enforcement (Outland et al., 2022). Many families struggle to "make sense of the senseless," face intimidation from authorities, and feel unsupported by formal

KEY FINDINGS AND RECOMMENDATIONS

Background and Findings

- The Family Assistance Program (FAP) provides support to families affected by fatal encounters with the Los Angeles County Sheriff's Department (LASD). We assessed FAP's administrative data, surveyed service recipients, and reviewed databases to evaluate the program.
- FAP responses were timely, and clinical social workers were assigned to cases within three days (within 1.8 days on average) for nearly all cases.
- Among next of kin (NOK) who accepted services, 69 percent received timely funeral reimbursements; a median amount of $7,106 was disbursed within 15 days of authorization.
- Six of 55 FAP clients responded to our survey. Respondents reported high satisfaction with services, including counseling, burial support, and referrals. Given the low response rate, the survey sample might not be representative of all clients FAP works with.
- Counseling recipients praised the FAP clinicians' compassion, responsiveness, and emotional validation.
- The use of a Microsoft Access database posed significant limitations for multiuser access, data-tracking, and analysis.
- Psychosocial data were stored outside the database in unstructured formats, limiting integration and their use for evaluation.
- Follow-up data collection was constrained by clients' emotional sensitivities and concerns about re-traumatization.

Recommendations

- Transition to a dedicated case management system that supports multiuser access, structured data capture, and longitudinal tracking.
- Standardize key data fields (e.g., service types, NOK relationship, referral source) to improve data quality and analytic capacity.
- Integrate psychosocial assessments into the case-tracking system to support holistic service delivery and evaluation.
- Expand culturally tailored outreach and feedback mechanisms to increase client engagement and survey response rates.
- Develop ethical protocols for collecting and analyzing sensitive data while maintaining client privacy.
- Implement automated alerts and summary reporting tools to enhance operational oversight.

systems, underscoring the need for accessible, trauma-informed, and culturally responsive services (Outland et al., 2022).

How law enforcement agencies communicate with and treat a family after a fatal use-of-force or in-custody death can also have a lasting impact on broader community trust and perceptions of institutional legitimacy (County of LA Board of Supervisors, 2019). A timely, compassionate, and coordinated response can improve community trust, institutional transparency, and the healing process for bereaved individuals (U.S. Department of Justice, undated). Recognizing this critical gap in post-incident support, the LA County Board of Supervisors established FAP to provide timely, trauma-informed services to bereaved families (County of LA Board of Supervisors, 2019).

Program Description

FAP started as a pilot project in 2019, when Family Assistance Advocates from the LA County Department of Mental Health (LACDMH) began responding to such police-involved incidents. FAP provides emotional, logistical, and financial support to families, including help accessing mental health care and burial assistance and navigating official documentation and repatriation processes. FAP's approach aligns with the

trauma-informed care framework of the Substance Abuse and Mental Health Services Administration, which emphasizes safety, trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity in its service delivery (Huang et al., 2014).

In April 2022, the LA Board of Supervisors permanently established FAP within the LA County Department of Public Health (LACDPH) Office of Violence Prevention (OVP) (County of LA Board of Supervisors, 2022). OVP has since coordinated with other county partners—such as the LASD, the County of LA Department of Medical Examiner (LADME), and LACDMH—to ensure a smooth transition from LACDMH and hired in-house staff to coordinate FAP. OVP also began responding to incidents in February 2024.

FAP seeks to improve compassionate communication and provide trauma-informed support to families of individuals who die while in LASD custody or as a result of a fatal use of force by LASD deputies. The program addresses bereaved families' immediate and ongoing needs through crisis intervention and continued support services. FAP seeks to reduce trauma and stabilize next of kin (NOK) and other affected individuals by providing timely emotional, logistical, and financial assistance. Specific services consist of reimbursing funeral expenses (up to $7,500), providing short-term individual and family counseling (up to six weekly sessions for individuals and up to eight sessions for families), helping families access autopsy reports and death certificates, referring families to mental health and social services, and assisting with the repatriation of remains when applicable. Clinical social workers who provide FAP services meet affected families and individuals where they are, typically through home visits. In addition, FAP plays a key role in bridging affected families and public systems, guiding families through complex processes during periods of acute grief and uncertainty.

Referrals to FAP services are received primarily from the LASD or through families' self-referrals (often by finding FAP information on the LASD website). Program staff screen each referral, complete a referral form, assign cases to licensed mental health clinicians (e.g., clinical social workers), and provide additional support or direct response when needed.

Abbreviations

FAP	Family Assistance Program
GUI	graphical user interface
LA	Los Angeles
LACDPH	Los Angeles County Department of Public Health
LACDMH	Los Angeles County Department of Mental Health
LADME	Los Angeles Department of Medical Examiner
LASD	Los Angeles County Sheriff's Department
NOK	next of kin
OVP	Office of Violence Prevention

These clinicians work closely with LADME and LASD's Homicide Bureau and Custody Compliance and Sustainability Bureau to ensure timely, respectful, and transparent communication with families.

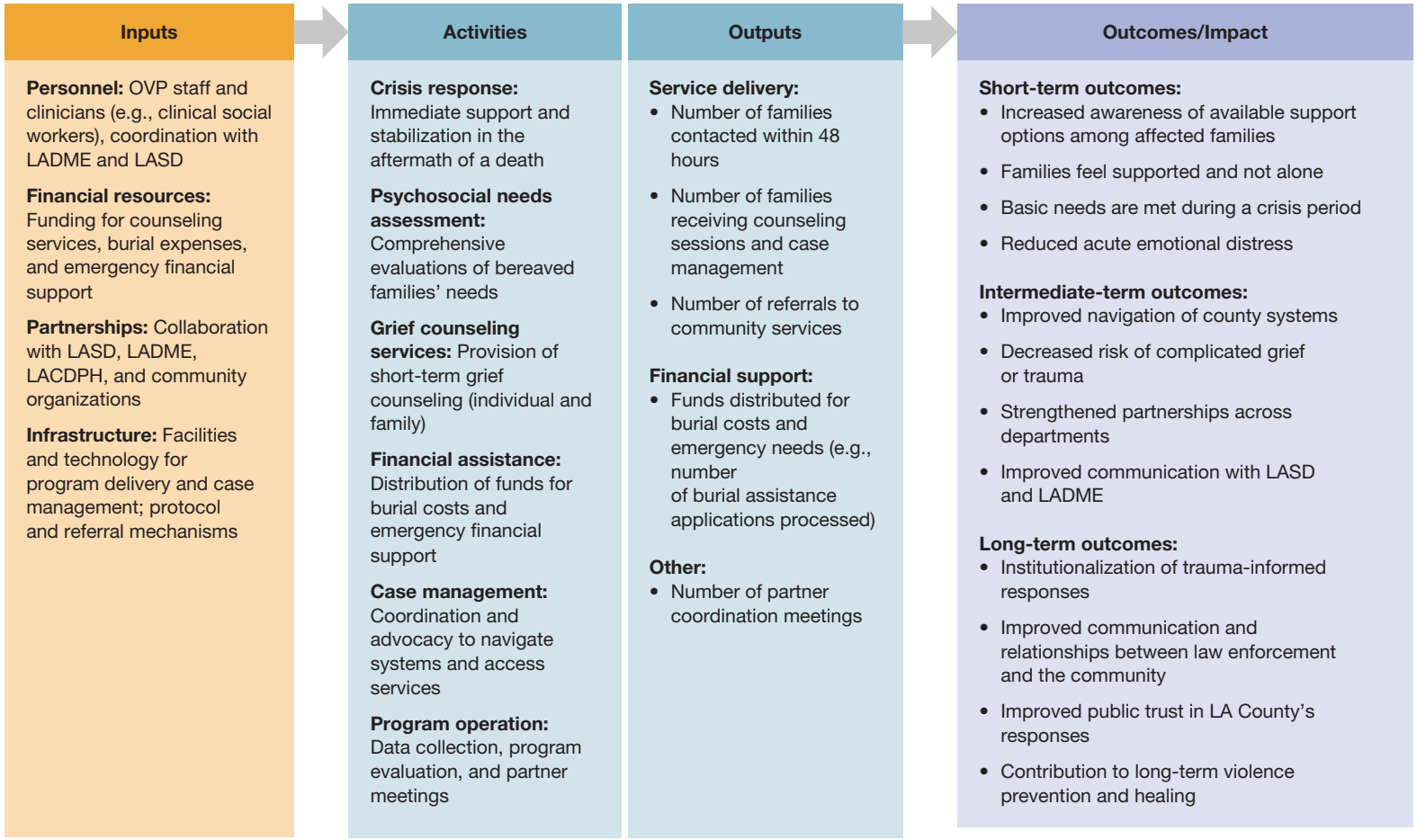
FAP clinicians are experienced licensed clinical social workers with expertise in crisis intervention and trauma. During onboarding, they complete formal training on key topics, such as crisis response and de-escalation, grief counseling, trauma-informed care, safety and boundary setting, and Crisis Oriented Recovery Services. New staff also engage in structured mentorship by shadowing experienced clinicians, and new staff participate in weekly supervision sessions to strengthen their clinical judgment, manage emotional stress, and refine engagement strategies with NOK.

This multidisciplinary approach, coupled with collaboration with external community organizations, provides direct support to affected families while also strengthening community trust and fostering improved relationships between law enforcement personnel and the communities they serve.

Figure 1 shows FAP's logic model. The logic model illustrates how FAP's core inputs, including trained clinical staff, interagency partnerships, and emergency support resources, are used to deliver key activities, which include crisis response, grief counseling, case management, and burial assistance. These activities generate measurable outputs, such as the number of families engaged, services provided, and referrals made. In turn, the program aims to produce short-term outcomes, such as increased sup-

FIGURE 1

Logic Model for the Family Assistance Program



port and reduced distress among grieving families. These short-term outcomes can lead to medium-term outcomes, such as improved navigation of services. Ultimately, FAP aims to foster long-term impacts, including stronger public trust, the institutionalization of trauma-informed care, and the contribution to broader violence prevention and healing efforts.

Evaluation Questions

Consistent with the Centers for Disease Control and Prevention's updated Framework for Program Evaluation in Public Health (Kidder et al., 2024), our evaluation employed both process and outcome questions to systematically examine FAP's implementation and effectiveness. The process evaluation explored the extent and quality of service delivery, who FAP reached, and the operational challenges FAP encountered during its implementation. The outcome evaluation assessed client satisfaction and the perceived impact of FAP's services, including the impact of FAP's cultural responsiveness and trauma-informed approach.

Table 1 presents the guiding evaluation questions organized by component.

Methods

Our evaluation of FAP draws on the program's administrative data, client survey responses, and a review of FAP's database to understand issues of usability that we conducted through collaborative meetings with FAP staff. All activities conducted for this evaluation were reviewed by LACDPH's Institutional Review Board and RAND's Human Subjects Protection Committee. For all primary data collection, participants provided informed consent, and all participant questions and concerns were addressed before we initiated study activities. Participants' data were de-identified to protect confidentiality prior to being transmitted to us. All data were stored on

TABLE 1
Process and Outcome Evaluation Questions

Component	Evaluation Questions
Process evaluation questions	
Incident response and referral pathways	• How many incidents did FAP respond to during the evaluation period, and what were the characteristics of those incidents (e.g., type of death, location)?[a] • What were the primary referral sources to FAP (e.g., LASD, LADME, self-referrals)? • How many potential clients were screened for eligibility, and what criteria were used?
Client enrollment and characteristics	• How many clients consented to and enrolled in FAP services? • What are the demographic and socioeconomic characteristics of clients served (e.g., age, language, housing stability)?
Service provision and utilization	• What types of services did clients receive (e.g., counseling, burial support, referrals)? • What was the intensity and duration of services (e.g., number of sessions, time from referral to delivery)? • Where and how were services delivered?
Outcome evaluation questions	
Client satisfaction and perceived impact	• To what extent did clients feel that FAP services met their needs? • Were services delivered in a timely, trauma-informed, and culturally responsive manner? • How did clients rate the quality and effectiveness of specific services, such as counseling or financial assistance?

[a] Because of privacy concerns, this question was not explored in this public-facing report.

TABLE 2

Evaluation Measures for the Family Assistance Program

Measure	Definition	Data Source or Procedure
Process measures		
Characteristics of incidents that FAP staff responded to	• Characteristics of incidents (e.g., type of death, date)[a] • Characteristics of NOK (e.g., spoken language, residing location) • FAP response time (e.g., average time from intake to when a social worker was assigned to the case)	Administrative data
Activities undertaken during FAP's response to each incident	• Type of activity or activities[b] • Date of activity or activities • Number of individuals reached • Reimbursements • Reason or type • Amount • Number of individuals receiving reimbursement • Length of time between reimbursement authorization and disbursement	Administrative data
Individuals referred for services by FAP	• Number of individuals declining services • Number of individuals consenting to services • Characteristics of NOK at intake	Administrative data
Outcome measures		
Participant experience and satisfaction	• Timeliness of the services • Services are culturally responsive • Services are trauma-informed • Frequency of services aligns with program design and participant needs • Participants perceive FAP as meeting their needs and providing relevant services	Client survey responses

[a] We did not include a summary of these data in this report because of concerns about protecting client privacy.

[b] The only available data were whether financial support was provided for the activity or activities.

secure servers and were accessible only by approved project staff.

Table 2 summarizes the measures used to evaluate FAP's implementation and outcomes.

Data Sources

We relied on three data sources and reviewed a database to answer these evaluation questions.

1. **Relevant program documents.** We reviewed internal and publicly available documentation describing the program, including its goals and objectives, target population, activities, and key stakeholders.
2. **Administrative data.** We received de-identified data that were captured through FAP's Microsoft Access database. We did not collect primary data for this component. The de-identified data included clients' (i.e., NOK) location information and details on services provided or requested but not received. The dataset documented client contact timelines, the frequency of attempted and completed contacts, and disbursement details for financial assistance. The data also included a summary of the psychosocial assessment given at a client's intake, which captures the client's sociodemographic characteristics, such as housing stability and employment status, mental health history, trauma exposure, coping strategies, and support system needs.
3. **Client survey responses.** We assessed client satisfaction through a survey, which we describe in detail in the next section.
4. **A database review.** We held three one-hour meetings with the FAP team to review FAP program data-collection procedures and software and to discuss the needs and chal-

lenges the FAP team experienced during data collection and database management. Detailed notes were taken during these meetings and used to derive relevant findings and recommendations.

Client Survey

Participants

FAP administered an electronic survey, which we prepared, to participants regarding the program's services and implementation. Participants received $25 for completing the survey, which was designed to be taken in ten minutes. The electronic surveys were distributed to clients by OVP (using links that let the users remain anonymous); OVP sent the links to participants' email addresses or mobile phone numbers. Because of concerns about client privacy and data sensitivity—particularly given that FAP provides clinical support—we were not involved in distributing survey links to clients, which allowed us to circumvent any risk of improperly sharing contact information. After clicking the survey link, participants were directed to a separate webpage to provide contact information for receiving incentives. All surveys were translated from English to Spanish to accommodate monolingual clients. The translation process adhered to RAND standards, with two translators verifying the final product.

The surveys asked FAP clients about their experiences with the services they received, including how they heard about the program, what kind of support they received, and when county staff contacted them. It also asked respondents how well counselors listened to them and whether counselors showed them respect. The full survey instrument is in this report's appendix.

Quantitative Data Analysis

All quantitative data analyses were conducted using the standard statistical software package R. Because of small sample sizes in both the administrative data and the survey data, we focused our analysis on descriptive statistics, which included means or medians to reflect typical values of continuous data, the range of continuous data to summarize the spread of continuous information, and both counts and/or percentages of categorical data. We computed such summary statistics as the percentage of clients who received reimbursements. We also calculated the means, medians, and ranges of continuous outcomes, such as reimbursement amounts.

Results

Administrative Data Findings

FAP Case Summaries

Table 3 summarizes case-level data collected by FAP from January 2024 to March 2025. During this period, FAP managed a total of 61 cases, of which 20 remained open at the time of our analysis.

Timeliness of FAP's outreach was a program strength: Clinical social workers were assigned to the case within three days in 92 percent of cases. The average time for assigning a social worker to a case from the intake date was 1.8 days, with a range from 0 (i.e., within one day) to 31 days.

The majority of NOK were parents of the deceased (56 percent), English-speaking (62 percent), and residents of California (70 percent). Just under 63 percent lived within LA County.

There was some variability in the uptake of FAP's financial services: 20 percent of NOK requested financial assistance, and 12 percent declined any services when initially contacted by FAP staff.[1]

Using the administrative data, we found that among the 54 NOK who consented to services, 69 percent received reimbursements for funeral expenses. The median reimbursement amount was $7,106, and funds were typically disbursed within 15 days of authorization (the range of days from authorization to disbursement was 4 to 28 days). Median reimbursement amounts varied by burial type: $4,246 for cremations and $7,500 for standard burials. FAP disbursed $212,454 in total funds. These funds were distributed to 37 NOK. Of the total funds disbursed, $94,566 (45 percent) were allocated for burial services, $60,085 (28 percent) for cremation services, and $57,802 (27 percent) for other purposes not related to burials or cremations.[2] No specific data were available regarding the reasons for these other disbursements. Among the 37 NOK who received

TABLE 3

Summary of Family Assistance Program Cases

Characteristic	Statistics *n* (%)
Total number of cases[a]	61
Total number of open cases (at the time of our evaluation)	20
Cases in which a social worker was assigned within 3 days of case intake	45 (91.8)[b]
Typical time to assign a social worker to the case (in days), mean	1.8
Typical time to assign a social worker to the case (in days), range	0–31
Relationship to the deceased	
Parent	34 (56)
Sibling	6 (10)
Partner	8 (13)
Child	10 (16)
Missing data or unknown relationship	3 (5)
Primary language	
English	38 (62)
Spanish	16 (26)
Missing data or unknown primary language	7 (12)
State of residence	
Calif.	43 (70)
Out of state	12 (20)
Missing data or unknown residing state	6 (10)
Living in LA County	
Yes	38 (62)
No	18 (30)
Missing data or unknown answer	5 (8)
Cases in which the client requested financial services	12 (20)
Clients who declined any services when first contacted by the FAP team[c]	7 (12)
Clients who consented to receive services[d]	54
Clients who received reimbursement	37 (69)
Reimbursement amount, median	$7,106
Reimbursement amount, range	$1,319–$7,500
Days between reimbursement authorization and disbursement, median	15
Days between reimbursement authorization and disbursement, range	4–28

SOURCE: Features information from FAP administrative data from January 2023 through March 2025 that was provided to the authors.

[a] Data summarized in this table pertain to each case, with one NOK individual identified per case.

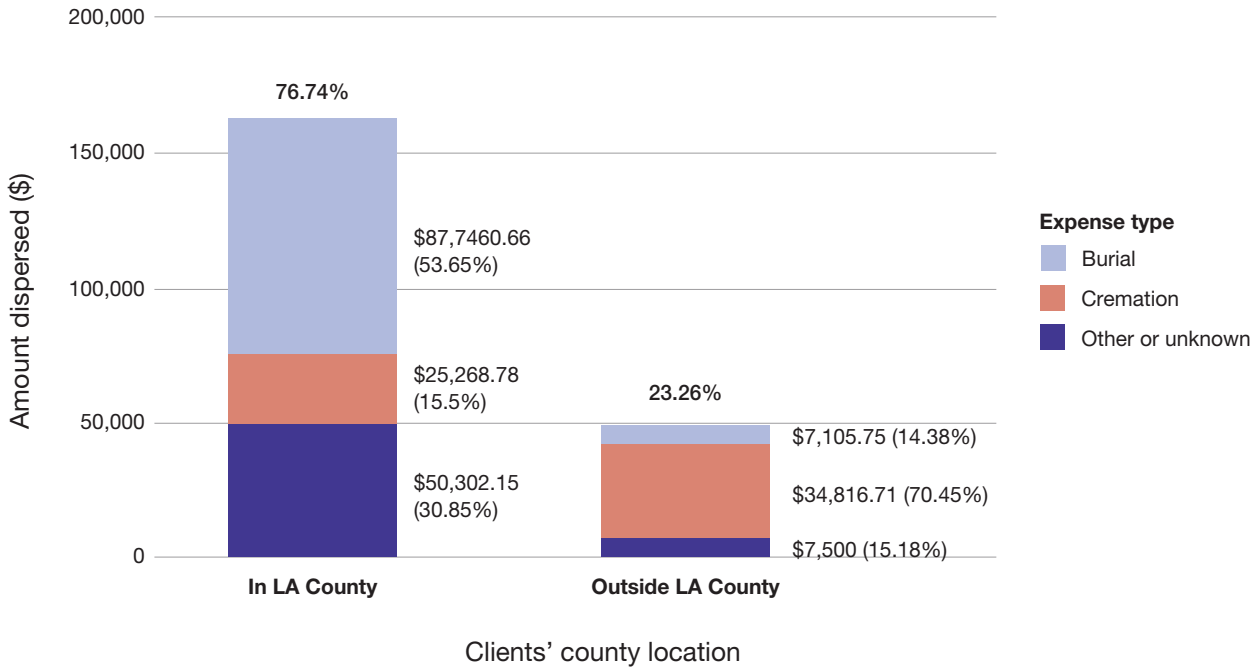
[b] Twelve observations were removed from this calculation because of data inconsistencies with missing dates.

[c] FAP's manual tracking data showed that all clients who engaged with the program received some type of service. The "declined services" category in the administrative data might have been checked in error. In four cases, clients did not respond to outreach efforts, but we cannot conclude that those clients declined services. In one of these cases, no NOK was located.

[d] *Consented to* refers to not declining services when first contacted by FAP.

FIGURE 2

Breakdown of Financial Services Provided, by Next of Kin Location



SOURCE: Features information from FAP administrative data from January 2023 through March 2025 that was provided to the authors.

funds, 26 (70 percent) resided in LA County, and 11 (30 percent) lived outside LA County.

Figure 2 provides a breakdown of financial services FAP provided by NOK locations. This figure highlights differences in the distribution of funds between NOK living in LA County and those outside the county; it also shows the allocation of funds for each group. NOK living outside LA County included individuals residing elsewhere in California or out of state. A total of 77 percent ($163,032) of the funds were disbursed to NOK within LA County, and 23 percent ($49,422) were disbursed to NOK outside LA County.

For NOK within LA County, $87,461 (54 percent) was allocated for burial services, $25,269 (16 percent) for cremation services, and $50,302 (31 percent) for other or unknown purposes. In contrast, of the funds disbursed to NOK living outside LA County, $7,106 (14 percent) was allocated for burial services, $34,817 (70 percent) for cremation services, and $7,500 (15 percent) for other purposes not related to burials or cremations. These results show that for all NOK receiving financial services, a larger proportion of funds were for burial or cremation services. Burial services represented the largest share of funds allocated to NOK within LA County, whereas cremation services represented the largest share of funds allocated to NOK outside LA County.

Client (Next of Kin) Characteristics at Intake

Table 4 summarizes psychosocial characteristics of NOK collected during intake interviews conducted by FAP clinicians from January 2024 through March 2025. A total of 53 individuals participated in intake interviews, indicating that one of the 54 individuals who consented to services either was not interviewed or their data were not collected or entered.

Of those interviewed, 34 percent reported being fully aware of the details of the incident involving the LASD, and only 25 percent indicated that they had a clear understanding of what happened during the incident. As expected in such cases involving police-related fatalities, the vast majority of respondents reported emotional or mental hard-

TABLE 4

Client (Next of Kin) Characteristics at Intake

Characteristic	*n* (%)
Orientation (person, place, time)	53 (100)
Aware of incident details	
Partially aware	35 (66)
Fully aware	18 (34)
Current understanding of incident	
Confused or unclear	16 (30)
Somewhat clear understanding	24 (45)
Clear understanding	13 (25)
Emotional state	
Mildly distressed	5 (9)
Moderately distressed	7 (13)
Very distressed	21 (40)
Extremely distressed	20 (38)
History of mental health issues (Yes)	4 (8)
History of chronic illness (Yes)	6 (11)
Current mental health concerns	
Anxiety	2 (4)
Grief	42 (80)
Other	8 (15)
Receiving mental health treatment (Yes)	1 (2)
History of trauma (Yes)	8 (15)
Type of trauma[a]	
Witnessing violence	5 (63)
Grief of losing children	1 (13)
Abandonment	1 (13)
Domestic violence and suicide	1 (13)
Impact of trauma	
Mild	1 (13)
Moderate	3 (38)
Severe	4 (50)
Coping strategies	
Positive	11 (21)
Mixed	37 (70)
Negative	1 (2)
Not applicable	2 (4)
Prefer not to say	2 (4)
Resilience responses	
Moderate	19 (36)
High	29 (55)
Very high	5 (9)
Primary source of social support	
Family	45 (85)
Friends	1 (2)
Partner	1 (2)
Multiple	5 (9)
No primary support system	1 (2)
Satisfaction with support system	
Neutral	12 (23)
Satisfied	25 (47)
Very satisfied	16 (30)
Current living situation	
With family	45 (85)
With friends	2 (4)
Alone	4 (8)
Other	1 (2)
Not applicable	1 (2)
Stable housing (Yes)	50 (94)
Employment status	
Full time	27 (51)
Part time	6 (11)
Retired	10 (19)
On disability	4 (8)
Unemployed	5 (9)
Not applicable	1 (2)
Financially stable (Yes)	45 (85)
Feeling safe in environment (Yes)	50 (94)
Risk of harm to self or others (Yes)	0 (0)
Experience with LASD	
Positive	1 (2)
Neutral	23 (43)
Negative	24 (45)
Prefer not to say	5 (9)
Legal assistance needed (Yes)	5 (9)

[a] Responses to the "Type of trauma" question were free-text responses.

ship: 78 percent expressed being very or extremely distressed, and 80 percent reported grief as their primary mental health concern. Most NOK (70 percent) indicated that they were using a mix of positive and negative coping strategies, and 64 percent rated their resilience as high or very high. Fifteen percent reported having a history of trauma, and just 8 percent said they had a history of mental health concerns. Most NOK reported having stable finances (85 percent) and housing (94 percent). Using free-text responses regarding the immediate concerns that NOK expressed (these responses were available for 43 individuals), we found that 37 (86 percent) specifically mentioned wanting support for burial expenses, and five (12 percent) indicated interest in FAP counseling services.

Client Survey Findings

Between February 2025 and April 2025, FAP staff distributed a client survey to 55 individuals who had received FAP services; six respondents completed the survey, yielding an 11-percent response rate. Given the low response rate, the survey sample might not be representative of all clients FAP works with; therefore, the following results might not generalize to the entire client group that FAP serves.

All respondents reported learning about FAP after a member of the FAP team contacted them and provided information about the program. All respondents agreed that they received support from FAP. Of the type of support received, four respondents received burial support, one received emergency family support, four received short-term counseling, and two received referrals to community services for additional support.

All respondents said FAP "very much" met their needs after the loss of a loved one. Five of the six respondents gave FAP a rating of 10 on a 1 (low) to 10 (high) scale, with the sixth respondent giving it a rating of 7, indicating a high level of satisfaction with services among these who responded to the survey.

Of the four respondents who reported receiving short-term counseling, three reported always receiving the professional counseling they needed (whether in person, by phone, or by video chat) and receiving counseling or treatment as soon as they needed it. All respondents found the counseling helpful in supporting them through grief over the past six months. All respondents also affirmed that, in the past six months, they had access to their clinicians to discuss their concerns in a way that met their needs, and that their clinician carefully listened to their concerns, demonstrated compassion or validated their thoughts, and spent enough time with them that their concerns were addressed in each session.

Of the four participants who received financial support for burials, all noted that the amount received was enough to cover the cost of the burial. All respondents also agreed that they received funds in a timely manner and that support was provided in a respectful and sensitive manner. Two individuals indicated receiving a referral from FAP for other services (e.g., legal counseling, housing) when the FAP team deemed it necessary. Both agreed that FAP helped them connect with the service providers, that they received the referred services, and that the referral was a good fit for their needs and wishes.

Database Infrastructure Review Findings

We conducted the database infrastructure review by holding three one-hour collaborative meetings with FAP. We also reviewed relevant documents. We summarize the main findings from this review in the next section.

Limitations of Microsoft Access for Case Management

FAP currently relies on a Microsoft Access–based database for case-tracking, which was developed in-house because of the lack of a dedicated case management system. Although the Access system allows a user to capture case notes, demographic data, and service linkages, it has several limitations, particularly for a complex program dealing with sensitive issues. These limitations include difficulty supporting multiple simultaneous users, challenges with tracking longitudinal data, difficulty modifying the database without risking data loss, and a lack of standardized and structured fields for key metrics

(e.g., referral sources, timelines for service delivery). As a result, important information is often captured in free-text notes or in separate spreadsheets maintained outside the database, creating redundancy and making data analysis difficult.

One of the primary limitations of Microsoft Access is its lack of support for real-time, multiuser functionality. This limitation restricts simultaneous database access, disrupting workflow when multiple staff members attempt to use the database at the same time. Initially, the database allowed access by only one user at a time, and any attempt by a second user to log in would result in the system forcibly removing the first. Although the database has since been split to allow concurrent access, this function is only reliable when all users operate on the same version of Microsoft Office. In practice, this process has continued to present challenges for staff: Some users are unable to open or access the database because of Office version mismatches.

The Access system is also ill-suited for tracking longitudinal data or facilitating structured case documentation. FAP is a trauma-informed program that meets affected individuals and families where they are (e.g., through home visits) and often maintains contact with families over extended periods (e.g., six to eight weeks). Access lacks built-in capabilities to track client engagement over time or to link service delivery events in a cohesive timeline. Because of this, critical information (e.g., the timing of initial outreach, the services rendered, the status of financial reimbursements) is inconsistently captured and often documented in narrative case notes or external Excel spreadsheets. This fragmentation reduces FAP's ability to monitor its performance in a timely and systematic manner or to conduct data analysis as needed.

The Access system is not easily modified. Although changes can be made to the database structure, they can risk data integrity. To avoid corruption or loss, updates must be implemented in large batches rather than through iterative changes, limiting FAP's flexibility to adapt its data-tracking in real time as needs evolve.

Furthermore, many data fields are open-entry, and such critical information as the source of referral, services requested, or the relationship of the NOK to the deceased is not standardized within the database, limiting the utility for evaluation. FAP staff can use the Access database to record only one psychosocial assessment per client (often the NOK) at the initial intake. Access is limited in storing multiple assessments, such as those for additional family members receiving services or follow-up assessments. These assessments are currently documented separately in case notes in an unstructured manner and cannot be easily extracted for program evaluation (see the next section for more details).

These limitations undermine the efficiency and scalability of the current Access database as a case management tool. As FAP continues to expand and refine its services, it should address these infrastructure constraints to ensure accurate documentation, support evaluation efforts, and maintain its commitment to timely, trauma-informed care.

Limitations in Psychosocial Data Collection and Data Sensitivity

An intake, including a brief psychosocial assessment (which is conducted at the beginning of FAP's short-term counseling service), is an important component of FAP's clinical response. FAP faces several challenges in collecting and managing psychosocial data because of both database limitations and the sensitive nature of its work with grieving families. At the initial intake, the Access database can store the initial psychosocial assessment for one client, as already described. Additional assessments for additional family members are stored separately as narrative case notes on the LACDPH server, linked only through identifiable information (e.g., the case number), and are not integrated into the Access database. This separation makes it difficult to link or analyze these data systematically. Valuable insights are often kept in password-protected, unstructured notes rather than being made available for service planning or evaluation.

In addition, our review of the current fields for psychosocial data collection in the Access database found that the data (e.g., mental health symptoms, current emotional state, history of mental health problems) appear to be drawn from intake interviews. FAP's assessment is conducted once at the initial intake. The data-collection process could

be improved by incorporating standardized measures for key outcomes (such as depression or post-traumatic stress disorder symptoms) during intake and at later times (such as discharge from services) to enable tracking of symptom changes during and at the conclusion of short-term counseling.

Further complicating data collection is the sensitive nature of FAP's work with grieving families. Efforts to collect follow-up survey data have been constrained by families' emotional distress, with some families experiencing renewed grief or anger when contacted by FAP. These reactions raise concerns about the appropriateness and feasibility of structured data collection during crisis periods. Moreover, ethical and privacy considerations restrict the sharing of narrative case data. Although there is interest in exploring de-identification or artificial intelligence–assisted data extraction of relevant information from case notes for program evaluations, protocols for doing so remain under development.

Discussion

Our findings suggest that FAP delivered timely and sensitive services to families affected by fatal incidents involving the LASD. Administrative data indicated high rates of timely engagement: Social workers were assigned to cases within three days for nearly all cases, and funeral expenses were generally reimbursed within 15 days of authorization. These timelines are notable given the often complex coordination required for funeral planning, family engagement, and county disbursement processes. Yet limited requests for financial support and some cases of service refusal highlight areas for potential improvement in outreach and communication.

Survey data, although fairly limited, showed positive perceptions of FAP support. We received only six responses despite outreach to all individuals who had received FAP services as of our study period. Therefore, the feedback might be positively biased because those who were satisfied were more likely to respond than those who were not. With this limitation in mind, survey respondents reported high satisfaction with services, describing them as compassionate, timely, and aligned with their needs during an emotionally difficult time. Respondents who received counseling services highlighted FAP staff's accessibility, emotional validation, and professionalism. These findings underscore the importance of trauma-informed care in the program's design and implementation.

Our findings suggest that FAP delivered timely and sensitive services to families affected by fatal incidents involving the LASD.

Despite these strengths, we identified several areas in which infrastructure improvements are needed to support FAP's long-term sustainability and evaluability. One of the main infrastructure inadequacies is the reliance on a Microsoft Access database, which poses multiple limitations for a program of FAP's scale and complexity. The database restricts real-time multiuser access, lacks the capacity for longitudinal tracking, and does not support the integration of structured metrics or psychosocial assessments. As a result, essential case information is often stored across multiple platforms (e.g., external spreadsheets, narrative notes), creating redundancy, limiting visibility across cases, and complicating efforts to extract data for program monitoring or quality improvement.

The challenges extend to psychosocial data collection. Although FAP provides crisis intervention and emotional support services, some of the psychosocial assessments are stored separately from case records and are not captured in a form that facilitates analysis or longitudinal tracking. Moreover, re-traumatization and privacy concerns have made

Although clients' satisfaction appears to be high, the low survey response rate limits the generalizability of these findings.

it difficult to systematically collect follow-up data from grieving families, despite the clinical value of such information for guiding ongoing support. These challenges highlight the tension between ethical service delivery and the demands of a performance evaluation in a trauma-informed care setting.

Taken together, these findings suggest that FAP is largely succeeding in meeting its core objective of providing timely outreach, emotional and financial support, and respectful service delivery. Further investments in infrastructure and data systems are necessary to fully capture the program's impact and identify areas for improvement. Strengthening the case management system, standardizing key data fields, and exploring safe, ethical ways to track psychosocial outcomes could help the program evolve into a more scalable and evaluable model of post-incident family support.

Limitations

This evaluation has several limitations that should be considered when interpreting the findings. First, survey response rates were low (11 percent), which substantially limits the representativeness and generalizability of the client feedback. Although respondents reported high levels of satisfaction, it is important to note that these findings might be skewed because of response bias; i.e., those who were more engaged or satisfied with services might have been more likely to respond. Moreover, FAP distributed the survey directly (because of the sensitivity of client data and privacy concerns), so individuals who were dissatisfied with the services might have been particularly unlikely to respond, further increasing the risk of selection bias. Therefore, the survey results should be interpreted with caution and should not be taken as reflective of the broader client population.

Second, the administrative data were limited in scope and completeness. Some key metrics—including referral sources, NOK sociodemographic information (e.g., a client's racial and ethnic identity), service delivery timelines, and detailed psychosocial outcomes—were not consistently captured in structured formats, which constrained the depth of the quantitative analysis. Third, the evaluation relied heavily on secondary data sources and did not include interviews with family members or direct observations of service delivery because of sensitivity and privacy concerns. This limited our ability to fully assess family experiences or capture real-time implementation challenges from service recipients' perspectives. Future evaluations could include interviews with OVP and FAP program staff and clinicians.

Recommendations

Transition to a Dedicated Case Management System

FAP should consider transitioning from Microsoft Access to a specialized case management platform that supports multiuser functionality, secure document storage, and structured data capture. Prior research has demonstrated the benefits of applying specialized care management tools and data systems in improving service coordination and client outcomes (Snowdon et al., 2020). A purpose-built system for FAP would allow better tracking of case milestones, service timelines, and client outcomes while minimizing redundancy and the risk of data loss. To this end, OVP or LACDPH might consider adopting case management software that nonprofits and government agencies commonly use. Such software is often well-suited for managing data at the program level, particularly when a full agency-wide system is not required. The software typically offers such features as secure data collection, customizable

workflows, and helpful reporting tools that support program monitoring and evaluation.

Standardize and Integrate Psychosocial Assessment Data

FAP's current systems lack structured data fields to input psychosocial assessment data, which would facilitate assessments of whether services meaningfully improve long-term psychosocial outcomes. Where feasible, FAP should explore options to integrate psychosocial assessment data into the case management system or establish a structured linkage between assessment files and client records. Prior literature suggests that integrating patient-reported outcomes into case management systems facilitates personalized care and efficient resource allocation (Zahrieh et al., 2019).

In addition, FAP might consider incorporating into their database standardized psychosocial indicators and patient-reported outcomes (e.g., depression screeners [such as the Patient Health Questionnaire–9], grief inventories, self-rated well-being scores). This would allow the standardized and systematic tracking of symptom changes, reduce reliance on narrative case notes to document symptom changes, and support a more comprehensive understanding of family needs and service impacts while enabling longitudinal tracking of relevant psychosocial outcomes.

Develop Ethical Protocols for Sensitive Data Collection

Given the highly sensitive nature of FAP's work with grieving families and the clinical complexity of its services, the program should establish clear ethical protocols for data collection and analysis. Applying trauma-informed principles to research or evaluation practices, including data collection and dissemination, can help safeguard participant well-being and privacy (Campbell, Goodman-Williams, and Javorka, 2019). Current data practices, including the storage of psychosocial assessments outside the primary database and concerns of re-traumatization during follow-up, underscore the need for protocols that prioritize client dignity and privacy. FAP should work with clinical, legal, and data-safeguarding experts to formalize procedures for handling sensitive information, including de-identification methods, secure storage of psychosocial data, criteria for safe follow-up outreach, and guidelines for secondary data use. Establishing these ethical protocols will help ensure the responsible use of data to inform quality-improvement and evaluation efforts while upholding the trauma-informed, client-centered principles at the program's core.

Additionally, trauma-informed follow-up could include offering clients options for how and when they are contacted—thus ensuring that follow-up is conducted by trained staff using nonjudgmental and empathetic communication—and clearly explaining the purpose of the contact along with the client's right to decline or pause participation at any time (Huang et al., 2014).

Explore Strategies to Increase Client Feedback

Although the satisfaction of clients who received FAP's services appears to be high, the low survey response rate limits the generalizability of these findings and points to broader challenges in client engagement. Limited requests for services and sparse feedback suggest that there are opportunities to strengthen outreach and communication that account for the social and institutional mistrust that law enforcement–involved fatalities cause (Alang, McAlpine, and Hardeman, 2020; Ben-Menachem and Torrats-Espinosa, 2024). FAP could consider alternative strategies for gathering feedback, such as brief check-in surveys, verbal feedback at service completion, or postservice interviews conducted in partnership with trusted community organizations. Incorporating client feedback into service delivery can improve treatment outcomes and client satisfaction (Prescott, Maeschalck, and Miller, 2017).

At the same time, expanding culturally tailored outreach and enhancing proactive communication might help build trust, improve awareness of available services, and increase both initial uptake and ongoing engagement. For example, the FAP team

Targeted investments in infrastructure and data systems are needed to strengthen the program's sustainability, evaluability, and long-term impact.

might consult community-based organizations that have established trust with target populations to codevelop outreach materials or culturally and linguistically appropriate communication strategies that refer to existing toolkits (e.g., Centers for Disease Control and Prevention's "Guiding Principles for Inclusive Communication," "National Culturally and Linguistically Appropriate Service Standards") (Centers for Disease Control and Prevention, 2021; Think Cultural Health, undated).

The program might also consider using strategies from community violence intervention programs (National Criminal Justice Association, 2021), such as partnering with individuals who have lived experience of police victimization, to enhance program credibility in the community. FAP could also explore collaborations with other effective violence prevention and response programs in LA County.

Additional Recommendations for Database Improvement

As of early 2025, staff rely on manual reviews of database entries to extract such operational metrics as open case counts, the timeliness of NOK contacts, and the amounts and timeliness of financial disbursements for funeral expenses and emergency funds. This manual process is time-consuming and prone to human error.

To address this challenge, we recommend an automated alert and reporting system as a short-term solution. Implementing scripting tools (e.g., Python or R) could efficiently query the Access database and trigger automated, scheduled email notifications. Proposed scripts would serve two purposes: (1) generating summary reports delivered on a fixed schedule (e.g., daily or weekly), and (2) triggering alerts that are based on time-sensitive conditions (e.g., delayed reimbursement payments, if the NOK has not been contacted within 48 hours). This automation would provide timely operational insights, enhance workflow efficiency, and ensure rapid responses to urgent cases.

Additionally, the current Access graphical user interface (GUI) allows only one psychosocial assessment per client, which typically focuses on the NOK, despite the Access database having the structure to store many assessments for each client. Additional assessments for other family members are captured in unstructured case notes, making them hard to retrieve or analyze. We propose two options to address this:

- Option 1: Modify the existing GUI to allow multiple structured assessments per client, using an "add assessment" feature and enabling staff to scroll through entries within the same client profile. No changes to the database would be needed because Access already supports a one-to-many schema.
- Option 2: Redesign the GUI and database to merge NOK details and psychosocial assessments into a unified "Family Member Intake" tab. This would allow structured data collection for each family member (e.g., personal info, consent status, service needs) and enable more-comprehensive tracking of family-specific needs, but this would require more-significant database restructuring.

These suggested short-term and relatively quick solutions would streamline data entry, improve the accuracy and timeliness of care coordination, and support more-nuanced service delivery for families affected by trauma.

Conclusion

FAP is an important component in LA County's efforts to respond to families affected by fatal law enforcement encounters. Using the preliminary data presented in this evaluation—specifically high rates of timely engagement and strong client-satisfaction scores—it appears that FAP has largely succeeded in its mission to provide timely, compassionate, and trauma-informed support. However, targeted investments in infrastructure and data systems are needed to strengthen the program's sustainability, evaluability, and long-term impact. Improving the case management system, integrating psychosocial and equity-related data, and establishing clear ethical protocols will position FAP to both improve service delivery and contribute meaningfully to violence prevention and systems transformation. With continued refinement and commitment to trauma-informed care, FAP can serve as a model for post-incident family support that focuses on dignity, healing, and institutional accountability.

APPENDIX

Survey Instrument

1. How did you hear about FAP? Select all that apply.
   - ☐ I contacted FAP for services.
   - ☐ I was contacted by FAP and provided information about FAP services.
   - ☐ I accepted services from FAP.
   - ☐ None of the above.
2. Did you receive the support from FAP as explained by the clinician and when you wanted it?
   - ☐ Yes
   - ☐ No
3. What support did you receive from FAP? Select all that apply.
   - ☐ Burial Support (e.g., burial/cremation expenses)
   - ☐ Emergency Family Support
   - ☐ Short-term counseling (e.g., emotional support, grief counseling, etc.)
   - ☐ Case Management (e.g., assess for immediate needs, housing, food insecurity, phone payment, tow yard fees, etc.)
   - ☐ Referral to Community Services (e.g., community-based organizations further providing support and identifying needs, such as long-term housing, legal support, etc.)
   - ☐ Did not receive any support
4. Did you receive emotional and psychological support as a result of a FAP referral?
   - ☐ Yes—Go to 4a
   - ☐ No—Go to 5
     - 4a. In the last *X* months, how often did you get the professional counseling you needed in person, by phone, or by video chat?
       - ☐ Never
       - ☐ Sometimes
       - ☐ Always
     - 4b. In the last *X* months, did you find the counseling helpful in supporting you through grief?
       - ☐ Yes
       - ☐ No
     - 4c. In the last 3 months, from [DATE-FILL] up to today, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
       - ☐ Never
       - ☐ Sometimes
       - ☐ Always
     - 4d. In the last 3 months, not counting times you needed counseling or treatment right away, did you have access to your clinician to discuss your concerns, and did your clinician provide an appointment that met your needs?
       - ☐ Yes
       - ☐ No
     - 4e. Did your clinician listen to you carefully?
       - ☐ Yes
       - ☐ No

- 4f. Did your clinician understand, demonstrate compassion, and validate what you had to say?
  - ☐ Yes
  - ☐ No
- 4g. Did your clinician spend enough time with you, and all necessary concerns were addressed in each session?
  - ☐ Yes
  - ☐ No
- 4h. How would you rate your support services on a scale of 1–10? (1—terrible services, 10—best services)
  - Enter number:

5. Did you receive burial support as a result of FAP assistance?
   - ☐ Yes—Go to 5a
   - ☐ No—Go to 6
   - 5a. Was the amount you received sufficient to cover the costs of burial?
     - ☐ Yes
     - ☐ No
   - 5b. Did you receive the funds in a timely manner?
     - ☐ Yes
     - ☐ No
   - 5c. Was the support provided in a respectful, sensitive manner?
     - ☐ Yes
     - ☐ No
6. To what extent was FAP able to address your needs after losing your loved one?
   - ☐ Not applicable
   - ☐ Not at all
   - ☐ Somewhat
   - ☐ Mostly
   - ☐ Very much
7. Overall, how satisfied are you with the services you received from the FAP? (1—not at all satisfied, 10—very much satisfied)
   - Enter number:
   - [TEXT BOX "Please elaborate:"]
8. What did you like about the FAP program and services?
   - [TEXT BOX]
9. What could be done to improve the FAP program and the services they offer?
   - [TEXT BOX]

Notes

[1] FAP's manual tracking data showed that all clients who engaged with the program received some type of service. The "declined services" category in the administrative data might have been checked in error. In four cases, clients did not respond to outreach efforts, but we cannot conclude that those clients declined services. In one of these cases, no NOK was located.

[2] FAP's manual tracking data showed that all payments made through the program were exclusively for cremations or burials; no funds were disbursed for any other purposes. The discrepancy with the administrative data might be due to a data-entry error.

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About This Report

We present the findings from an evaluation of the Family Assistance Program, which is overseen by the Los Angeles County Department of Public Health's Office of Violence Prevention. Established to provide trauma-informed, compassionate support to families affected by fatal encounters with the Los Angeles County Sheriff's Department, Family Assistance Program offers crisis intervention, financial assistance, mental health support, and referrals to community services.

The purpose of the evaluation was to assess Family Assistance Program's implementation, reach, and perceived impact to identify strengths and areas for improvement. The evaluation focused on understanding how the program is operationalized, how services are delivered and experienced, and whether core objectives related to timely and sensitive support are being met. We reviewed Family Assistance Program's administrative data along with responses to a client survey, and we performed a database infrastructure assessment in collaboration with Family Assistance Program staff. We examined process indicators (e.g., the timeliness of contacts, the frequency and count of service use, the amounts of reimbursements) and outcome indicators (e.g., client satisfaction, perceived impact of services). We aim to inform the program's refinement, guide infrastructure development, and support future evaluation efforts.

The research reflects RAND's commitment to advancing equitable, evidence-based public health responses to community trauma and system-involved loss.

This research was funded by the Los Angeles County Department of Public Health Office of Violence Prevention, funded under contract #22-11307 from the California Department of Public Health.

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Acknowledgments

We extend gratitude to our partners at Los Angeles County Department of Public Health's Office of Violence Prevention who have provided input and feedback on the development of our logic model, which helped inform our evaluation plan. We would also like to thank our quality assurance colleagues and our internal reviewer, Stephanie Brooks Holliday.

For more information on this publication, visit www.rand.org/t/RRA3826-3.

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