

Program Update

Spring 2025



MEDICAL COLLEGE OF WISCONSIN
COMPREHENSIVE INJURY CENTER

*Division of Community Safety
Policy and Engagement*

*Division of Data Analytics &
Informatics*



SCAN ME



DATA
The MHDVDP and MYPC will ensure that relevant data is used to understand the current state of violence in priority neighborhoods and the impact of Blueprint strategies over time. With support from the UW-M Zilber School of Public Health, Children's Hospital, and the UW-M Zilber School of Public Health, Children's Hospital, Milwaukee County, Homicide Review Commission, and the Comprehensive Injury Research Center, the MYPC will engage local comprehensive injury researchers to collect, track, and communicate data and national practitioners to collect, track, and communicate data to violence prevention in Milwaukee.

| | | | |
|---|---------------------|----|-------------------|
| 1 | OLD NORTH MILWAUKEE | 6 | JANONI |
| 2 | HARBORVIEW | 7 | SHELDON PARK |
| 3 | FREMONT HEIGHTS | 8 | HISTORIC MITCHELL |
| 4 | SILVER SPRING | 9 | LINCOLN VILLAGE |
| 5 | NORTH DIVISION | 10 | MIDTOWN |

GOAL #1: STOP THE SHOOTING STOP THE VIOLENCE

We must prevent gun violence, including homicides and non-fatal shootings, through strategic, timely, and coordinated efforts among residents and first responders. Timely data regarding the factors and location of violent activity is essential to identify hotspots of violent activity. In the city and inform prevention efforts. Focused interventions must be implemented pre-incident, during an incident, and immediately following an incident to reduce the likelihood of continued violence. Individual and community support post-incident is critical to reduce the impact of violence among those directly impacted through physical or emotional trauma. These interventions are critical for preventing retaliatory violence, decreasing the likelihood of future incidents. Illegal gun possession increases the likelihood

RESEARCHING INDICATORS
Indicators that will be tracked across all priority neighborhoods:
- Number of nonfatal shootings in priority neighborhoods
- Number of homicides in priority neighborhoods
- Number of retaliatory homicides in priority neighborhoods
- Recidivism rate in priority neighborhoods
- School and summer programs

6 Strengthen capacity and coordination of violence prevention efforts

1 Stop the shooting, stop the violence.

2 Promote healing and restorative justice

3 Support children, youth, and families

4 Promote economic opportunity

5 Foster safe neighborhoods

Milwaukee is a safe and resilient city where the lives of all residents are valued, promoted and protected

414LIFE Program Milestones

- 2016** City of Milwaukee increases investment in its Office of Violence Prevention
- 2017** The *Blueprint for Peace*, Milwaukee's first comprehensive, public health violence prevention plan released
- 2018** Launch of **414LIFE community intervention** programming by the Office of Violence Prevention in partnership with Cure Violence and UGHI
- 2019** Launch of **414 LIFE hospital intervention** programming in partnership with Froedtert hospital
- 2021** **Comprehensive Injury Center at MCW** selected as program implementation partner by City of Milwaukee
- 2023** 414LIFE **certified by national Health Alliance for Violence Intervention**
- 2024** Expansion of hospital intervention services to Aurora Sinai and Ascension St. Joe's

Community Violence Intervention

Community Violence Intervention (CVI) is a public health approach for reducing near-term violence through focused, community-centered strategies.

CVI focuses on individuals at highest risk of community violence which the CDC defines as violence between unrelated individuals, usually outside the home. This includes physical assault, gun violence and gang/group-based violence.

Interventions include street outreach, conflict mediation, crisis intervention, hospital-based intervention, life coaching and peacemaker fellowships. These services prioritize trust-building, emotional and mental health support, and long-term safety and stability for individuals and communities.

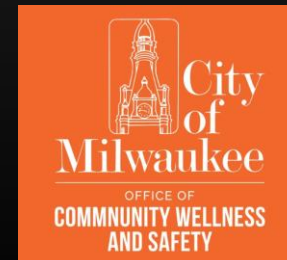
MILWAUKEE CVI Ecosystem

CVI ecosystems are coordinated CVI programs and supportive services focused on engaging and supporting individuals at highest risk of violence victimization.

Multiple efforts at the city and county level are being implemented around violence prevention and intervention

Examples of ecosystem collaborations:

- MKE County Credible Messengers
- Coalition to Advance Public Safety (CAPS)
- Violence Response Public Health and Safety Team (VR-PHAST)
- SAFESTAT





WWW.CVIECOSYSTEM.ORG



THE COST Per Shooting

The governmental cost of gun violence to the City, County, and State



Milwaukee's Annual Costs

2023 Homicides:
 $174 \times \$2,053,536.54 =$

\$357,315,357.96

2023 Nonfatal Shootings:
 $836 \times \$644,491.04$

\$538,794,509.44

Current Trends Citywide

Homicides and nonfatal shootings were down through the end of 2024, with an increase in homicides for the first part of 2025.

| Homicides | | | | Nonfatal Shootings | | | |
|---------------|------|------|----------|--------------------|------|----------|--|
| | 2024 | 2023 | % Change | 2025 | 2024 | % Change | |
| Full year | 132 | 172 | ↓ 23% | 640 | 838 | ↓ 24% | |
| | 2025 | 2024 | % Change | 2025 | 2024 | % Change | |
| YTD thru 5/12 | 43 | 33 | ↑ 30% | 166 | 200 | ↓ 17% | |

Current Trends Citywide

The first part of 2025 has demonstrated an increase in homicide and nonfatal shooting incidents involving youth and young adults.

All Homicides and Nonfatal Shootings

| YTD thru 5/12 | 2025 | 2024 | % Change | |
|--------------------------------|------|------|----------|-----|
| Youth (<18) | 25 | 22 | ↑ | 14% |
| Young Adults (18-24) | 61 | 56 | ↑ | 9% |
| Domestic Violence | 33 | 38 | ↓ | 13% |
| Group Violence/ Retaliation | 3 | 15 | ↓ | 80% |

Program Overview



Program Approach

414LIFE

*Milwaukee's
Community- and Hospital-Based
Violence Intervention Program*



The 414LIFE Program aims to prevent and interrupt the transmission of violence through a three-prong approach:

1

Identification and detection

2

Targeted intervention

3

*Changing community-wide
attitudes, behavior, and norms
related to gun violence.*

Violence Interruption Model

Using the same health strategies used to fight diseases such as tuberculosis, cholera and AIDS.

INTERRUPT TRANSMISSION

Prevent Retaliations

Mediate Conflicts

Keep Conflicts 'Cool'

REDUCE HIGHEST RISK

Assess Highest Risk

Change Behaviors

Provide Treatment

CHANGE COMMUNITY NORMS

Respond to Shootings

Organize Community

Spread Positive Norms

Program Structure

- Focus on individuals ages 15-35 at highest risk for gun violence victimization
- The program is comprised of two main components
- **Community component**
 - Community Outreach
 - Violence Interruptions/Mediations
 - Participant Case Management
 - School Restoration of Consciousness (ROC) Workshops
- **Hospital component**
 - In-hospital violence interruptions
 - Ensuring culturally sensitive care
 - Addressing recovery needs





Frontline Staff

- Credible Messengers
- Lived experience
- On-Call 24/7
- Professionally trained and supported
 - Cure Violence
 - Violence Interruption and Reduction
 - Hospital Based Violence Interruption Programs
 - Stop The Bleed
 - Academy for Transformational Change
 - Professional Community Intervention Institute
 - NARCAN Training
 - Mental Health First Aid
 - Certified Trainers for the Academy of Transformational Change

A close-up photograph of a person's hands holding two black pens over a document. The document features various charts, including a pie chart with orange, blue, and grey segments, and a bar chart with blue bars. The background is dark and out of focus.

Program Evaluation

Phase 1 Evaluation



Community Component

October 2018 – December 2022



Hospital Component

May 2019 – December 2022

Data Sources

Inputs →
Stakeholder
Interviews

Outputs →
Referral pages,
EMR

Outcomes →
Trauma Registry,
REDCap for case
management

Data Analyses

Inputs → Thematic
Analysis

Outputs →
Descriptive
Statistics,
Geospatial mapping

Outcomes →
Descriptive
statistics & Historic
Match Control

Highlights (2018 – 2022)

COMMUNITY

- 257 mediations (52% resolved, 19% conditionally)
- 133 case management participants
 - Primary goals identified → finances (50%), safety from violence (43%), education (28%) and housing (25%)

HOSPITAL

- 1,750 referred patients
 - 74.8% Aged between 15-35 years
 - 84.8% Black or African American
 - 98.4% Injured in, or resident of, Milwaukee
- 3% experienced a re-injury within 2 years
- Primary needs identified → mental health (52%), financial (51%) and retaliation concerns (27%)

Phase 2 Evaluation

Similar sources and data analyses, but more contemporary timeframe...



Community Component & Hospital Component

January - December 2023

Participating Youth from Priority Schools

Table. ROC Workshop Attendee Characteristics from All Sessions, 2021-22 through 2023-24

| School | Count <i>Number (%)</i> | Age <i>(Average)</i> | Grade <i>(Average)</i> |
|----------------------------------|----------------------------|-------------------------|---------------------------|
| Andrew S. Douglas Middle School | 39 (15.0%) | 12.1 years | 7 |
| Assata High School | 12 (4.6%) | 16.7 years | 11 |
| Howard Fuller Collegiate Academy | 41 (15.8%) | 15.5 years | 10 |
| Marshall High School | 41 (15.8%) | 14.8 years | 9 |
| Mesmer High School | 7 (2.7%) | 15.4 years | 9 |
| North Division High School | 18 (6.9%) | 14.9 years | 9 |
| Nova High School | 23 (8.9%) | 16.2 years | 10 |
| Obama High School | 12 (4.6%) | 14.8 years | 9 |
| Vincent High School | 67 (25.8%) | 14.9 years | 9 |
| Total/Overall | 260 (100.0%) | 14.9 years | 9 th grade |

Highlights (ROC workshops, 2021 – 2024)

- As compared to before the workshop, after participation* students felt more able to:
 - Use non-violent conflict resolution methods
 - Be a peaceful person
 - Be a positive influence / role model
- 93.5% of students who participated felt a little better, somewhat better or much better prepared to avoid or prevent violence.

*Significant difference overall between pre- and post-surveys for these questions

Highlights

(Participant Outcomes, 2022-2024)

After participation with 414LIFE:

- 75% agreed or strongly agreed that they could avoid getting into fights or violent confrontations
- 93% agreed or strongly agreed that they can use options and methods to resolve a conflict other than violence
- 79% agreed or strongly agreed that they are able to make a non-violent choice even when disrespected

“

Because I lost a loved one and I just wanna stop the violence, the shooting, and killing in our city.

”

“

I walk away and go and talk to someone older than me

”

Recommendations

As of the Phase 2 evaluation, the standing program recommendations are:

Continued emphasis from Phase 1:

- Enhance Outward Communication
- Clarify and further document aspects of program implementation

New recommendations from Phase 2:

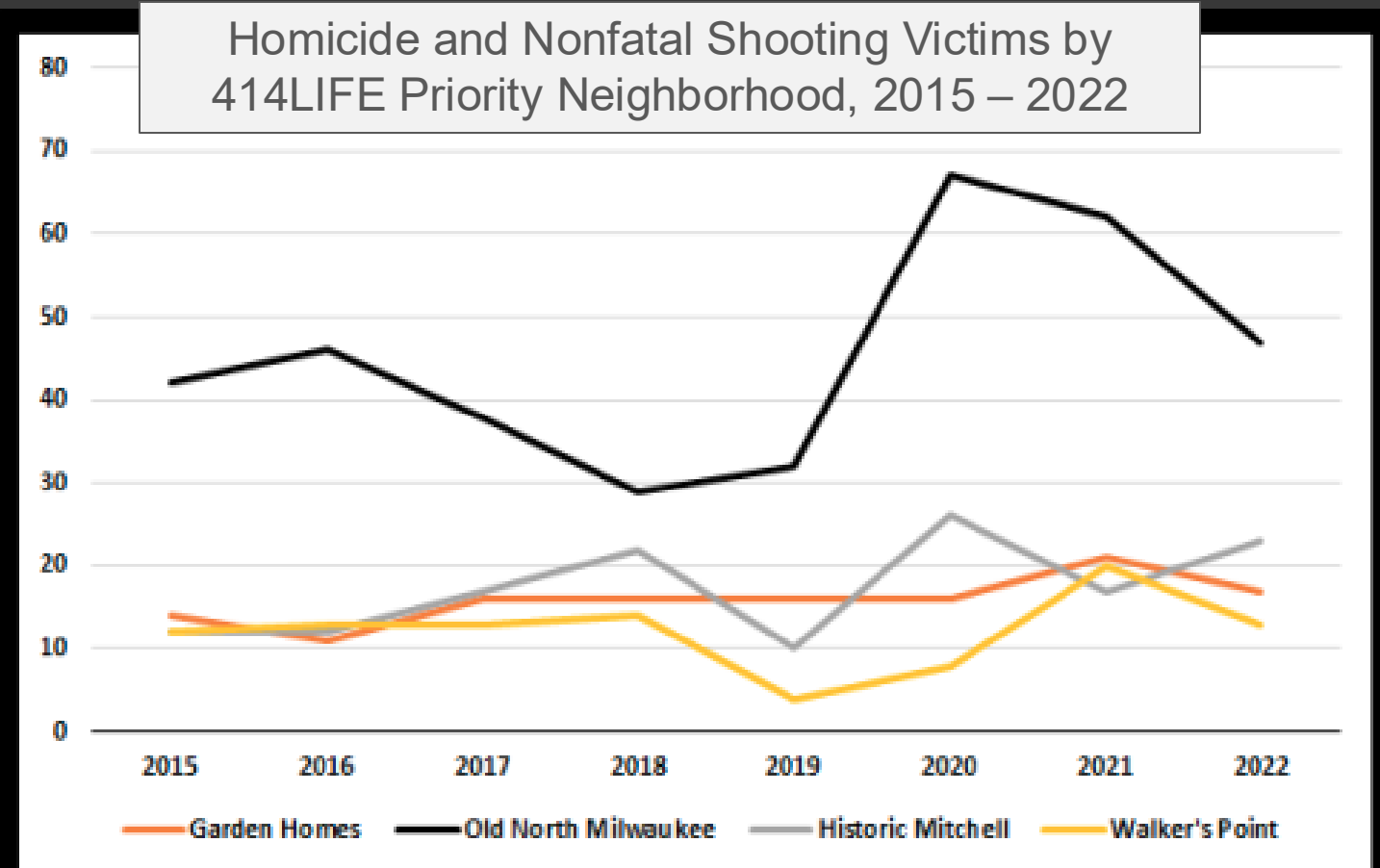
- Re-assess expectations of frontline staff positions
- Update program services to reflect participant reported needs

Current Program Status



Trends in Priority Neighborhoods

Old North Milwaukee and Walker's Point had 42 and 7 homicide and nonfatal shootings reported respectively in 2024.





Community Intervention

2023 – 2024 Community Intervention Highlights

| Activity | 2023 | 2024 |
|--|--|--|
| Conflict Mediations | 58 Mediations | 49 Mediations |
| Mediation Outcome | 70% of mediations resolved or conditionally resolved | 88% of mediations resolved or conditionally resolved |
| Community Events | 30 Events | 24 Events |
| Violence Interruptions | 575 Hours | 1,388 Hours |
| Canvassing in (Old North Milwaukee & Walker's Point) | Canvassing reached 5,914 individuals with 11,430 pieces of public education distributed | Canvassing reached 4,717* individuals with 17,969 pieces of public education distributed |
| Behavior & Community Norm Change | 1,731 Hours | 2,678 Hours |
| Credible Messenger Youth Participation | 30 Youth (2023-2024 school year) | 25 Youth (2024-2025 school year) |

* = December missing due to Cure Violence mandated database upgrade

Impact Stories

"He completed his community service hours and he completed his juvenile probation."

Participant has been doing great in school. His grades have gotten better and he's not in the street like he used to be. He also said that with him going to school and working with his Dad that he doesn't have the time to be around people and carrying weapons. Said he's on track to make it to 10th grade for his next semester just trying to stay focused and make his Dad proud."

"He was shot multiple times a month and a half ago. He was working on getting his diploma before being shot. We were able to encourage him to keep going and complete it, and not to let the shooting discourage him. He completed and graduated through an extended learning program."



Hospital Intervention

2023 – 2024 Hospital Intervention Highlights

| Activity | 2023 | 2024 |
|---------------------------------|--|--|
| Referrals | 269 referrals 1,249 since start of program, May 2019 | 265 referrals 1,514 since start of program, May 2019 |
| Case Management | 276 hours recorded working with 141 patients. | 515 hours recorded working with 209 patients. |
| Re-Injury | < 2% of patients were re-referred to the program following a re-injury. | < 2% of patients were re-referred to the program following a re-injury. |
| Program Continuity (HR → VI/OW) | 70 hospital-based program participants were recorded as referred to the 414LIFE community component (VI and/or OW) teams. | 86 hospital-based program participants were recorded as referred to the 414LIFE community component (VI and/or OW) teams. |

Impact Stories

“The patient came into the hospital with injuries from gun violence. He said he knows the shooter and was referred to our Violence Interruption (VI) team. There was some initial talk regarding retaliation, but that all changed upon introduction with our VI team.”

“The patient was referred to Violence Interruption and Outreach. He was receiving threats from the shooter's family. Said he is ready to change and he is happy that he met 414LIFE.”

Mr. Surgus

“The patient was shot in the head causing him to lose his visibility and ability to walk. He was able to get into a rehab facility, back on SSI, and also completed a disability packet while recovering. That way he will discharge possibly into his own place. The patient received constant encouragement from the hospital response team, as he became suicidal. He was crying each day and not wanting to try walking or anything. Today he is walking, able to see colors, and has said he just keeps hearing the things the hospital responder said to encourage him: that ‘its not over’ and to ‘wake up each day and try to walk and see.’”

TONIGHT

VOICES FOR JUSTICE

UNSOLVED HOMICIDES



SPONSORED BY



THURSDAY AT 9PM ON



For more information...

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