

# Community Safety and Violence

NCT07494019

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<b>Status</b>	RECRUITING
<b>Sponsor</b>	NYU Langone Health
<b>Enrollment</b>	15 participants

## Key Eligibility Criteria

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### Inclusion (6)

- Intervention modality clarity: A single, identifiable CCSM-Co-Response (CRM), Alternative Response (ARM), or Community Violence Intervention (CVI)-implemented at city/county level.
- Documented launch date & scope: Public or official documentation specifying program start date, catchment, operating hours, staffing, eligibility, and core activities.
- Observation window: e24 months pre-implementation and e12 months post-implementation of outcome data (monthly preferred; annual acceptable for fatal outcomes).
- Outcomes coverage: Availability of primary outcomes (fatal and nonfatal violent injury) and at least one secondary justice outcome at the jurisdiction level.
- Data quality: Stable geographic boundaries, consistent reporting practices, and no catastrophic breaks that preclude credible counterfactual fit.

... and 1 more (see full listing online)

### Exclusion (5)

- Pilot-only or indeterminate programs: Short-lived pilots, ambiguous or multi-modality rollouts where treatment timing or content cannot be reliably defined.
- Severe data discontinuity: Major boundary changes, reporting suspensions, coding overhauls, or dataset gaps that undermine time-series integrity (e.g., prolonged outages during system migration) and cannot be addressed with standard remedies.
- Overlapping major interventions: Concurrent, poorly measured citywide initiatives (e.g., sweeping policy bundles) that coincide with the CCSM start and make identification infeasible.
- Insufficient pre-period: <24 months pre-implementation data for primary outcomes.
- Incompatible cadence/aggregation: Outcomes only available at spatial or temporal units that cannot be aligned with other sites or donors.

## Locations (1 total)

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NYU Langone Health, New York, New York, United States

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<https://clinicaltrials.gov/study/NCT07494019>

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