



BLUEPRINT FOR
SHARED SAFETY



Working Together to Build Safety for All

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WHAT IS SHARED SAFETY?

Shared Safety envisions a world in which everyone can attain safety and everyone takes responsibility for fostering it. Shared Safety is the pioneering work of diverse stakeholders who are rethinking how to understand, invest in, evaluate and achieve community safety. Shared Safety aims to shift the focus from penal-only responses to crime, to prevention, true accountability and restoring the well-being of all communities. Our work starts by taking joint responsibility—across public agencies and in partnership with communities—for deepening our understanding of who is most vulnerable, advancing health and healing, and breaking the cycle of harm.

Join the movement by bringing the Blueprint for Shared Safety to your community.

FROM SAFETY FOR SOME TO SAFETY FOR ALL


For too long, the focus of public safety investments and attention has been imbalanced and ineffective. The dramatic growth in prison spending and incarceration in the '80s and '90s came at the expense of prevention and community health, especially for low-income communities of color. Today, people of all walks of life agree: the prison-first approach has left too many out. It's been safety for some instead of safety for all. New strategies are emerging that bring local officials and community together, that focus on balanced approaches to safety rooted in dignity and smart justice. This new movement starts with defining and investing in Shared Safety.

“You have to do not one thing—you have to do everything, where it's all aimed at turning lives around. **That's public safety.**”

Governor Jerry Brown

DESIGNING THE BLUEPRINT: A Collaborative Effort

This Blueprint is the product of more than a year of research and outreach to stakeholders and practitioners across California. The Blueprint offers a framework of principles and practices that local leaders can use to advance shared safety strategies. By shifting the focus from over-incarceration to investments that can truly make our communities safer, the Blueprint aims to re-envision public safety together.



“Safety is a public health issue. That’s why for the past 15 or 20 years, violence has been one of the most important issues that we talk about and increasingly one of the most pressing public health issues of our time.”

Dr. Mark Ghaly

DIRECTOR OF COMMUNITY HEALTH &
INTEGRATED PROGRAMS,
L.A. COUNTY DEPT. OF HEALTH SERVICE

“The community has to know that a police officer or anybody from law enforcement that’s responding or answering the phone or doing whatever they are requesting, cares.”

Daniel Hahn

CHIEF OF POLICE
CITY OF ROSEVILLE

“We need a fundamental switch in gears to invest in healing and recovery work in communities most impacted by crime.”

Ayoola Mitchell

SURVIVOR

“After too many decades of relying on prisons as the corrective for too many low-level offenses, reform efforts here and elsewhere are an acknowledgement that we need to be smart, not just tough, on crime... We can reduce both crime and incarceration.”

Jeff Rosen

DISTRICT ATTORNEY
COUNTY OF SANTA CLARA

5 BLUEPRINT PRINCIPLES

These guiding principles are the foundation for Shared Safety.

By implementing practices that are grounded in these principles, local governments can build a strong safety infrastructure for whole communities.



SHIFTING TO A Public Health Frame



Wellbeing IS SAFETY



Crime Survivors AT THE CENTER



Breaking the Cycle OF HARM



MAKING THE System Work

5 BLUEPRINT STEPS

Each Blueprint principle is supported by five action steps, the building blocks for a visionary and restorative safety infrastructure.

1 ENVISION SAFETY

Developing a shared understanding of what safety means for your community and how to get there.

2 PLAN FOR SAFETY

Establishing a foundation and roadmap for advancing your community's shared safety priorities.

3 INVEST IN SAFETY

Making smart, cost-effective investments in safety policies, programs and practices.

4 EVALUATE SAFETY

Assessing outcomes and making improvements along the way.

5 STRENGTHEN SAFETY

Building on what works to improve safety in your community.

BLUEPRINT OVERVIEW



SHIFTING TO A
Public Health Frame



Well-Being
IS SAFETY



Crime Survivors
AT THE CENTER



Breaking the Cycle
OF HARM



MAKING THE
System Work

1 ENVISION

Adopt Safety as a
Public Health Issue

Define Well-Being for
Your Community

Recognize Who is Most
Vulnerable to Crime

Embrace
Risk+Harm+Need
Decision-Making

Build Community Trust
& System Legitimacy

2 PLAN

Align Health &
Safety Delivery Systems

Identify Gaps in
Community Well-Being

Create a Healing
Agenda for
Crime Survivors

Develop
Problem-Solving
Models to Deter Crime

Establish Collaborative
Partnerships

3 INVEST

Prioritize
Preventive Health

Scale Up to Meet the
Greatest Needs

Ensure Access to
Restorative Justice and
Trauma Recovery

Maximize Diversion &
Community Corrections

Leverage Diverse
Funding Streams

4 EVALUATE

Generate Shared Health
& Safety Data Systems

Measure Safety through
Well-Being Indicators

Engage Crime Survivors
to Improve Outcomes

Abandon
Harmful Practices,
Reduce Recidivism

Commit to Transparency
& Continuous
Improvement

5 STRENGTHEN

Harness Media to
Promote a
Public Health Frame

Shed Stigma &
Foster Awareness

Eliminate Barriers to
Second Chances

Support Community
Organizing to Improve
Accountability

BLUEPRINT FOR SHARED SAFETY

SHIFTING TO A PUBLIC HEALTH FRAME



SHIFTING TO A PUBLIC HEALTH FRAME

Prevent, detect, treat. Responding to crime after the fact is akin to an ER-only response to disease. The public health field has much to offer when thinking differently about addressing epidemics, such as replacing crime response methodologies with prevention, detection and treatment. Threats to safety worsen when root causes are left unaddressed or critical symptoms are misdiagnosed. Advancing safety through this lens recognizes that a lack of safety is a public health issue, and assesses risk factors to prevent and treat conditions like trauma and drug addiction. It's time we replace the emergency room approach with a Shared Safety approach.

1. ENVISION SAFETY

Adopt Safety as a Public Health Issue



Applying a public health approach means addressing the what, when, where and how that causes a lack of safety so that we can tackle the real underlying problems, not the symptoms.

Why do we need it?

Unaddressed exposure to community violence causes short- and long-term physical and behavioral health consequences and yet we continue to treat public safety as a criminal justice issue—not a public health problem.

How does it help?

Instead of waiting until after crime occurs, a public health approach offers the tools essential to detect, prevent and treat unsafe conditions while building community strength and resiliency.

QUESTIONS TO ASK

- > How is our leadership committed to building safety through investments in community well-being and prevention?
- > How does our Shared Safety approach prioritize crime prevention? How much focus is on triaging only after harm has happened?
- > Do our strategies effectively protect those who are most at risk of harm?

WHAT DOES IT TAKE TO IMPLEMENT?

- Engage public health, social services and a cross-section of the community in public safety policy-making.
- Conduct a culturally relevant, community-wide risk assessment—just as you would for any disease.
- Identify the most salient risk factors of the communities most harmed.
- Develop a triage and long-term plan to reduce those risk factors.

OUTCOME MEASURES

- Increased ability to measure risk of harm by race/ethnicity, gender/sexual identity, disability, age, legal status and geography (e.g., zip code).
- Increased use of short- and long-term cost analyses of safety strategies.

16.7% of Californians have experienced 4 or more adverse childhood experiences, which can shorten lifespans by as much as 20 years.

EXAMPLES

A House Resolution to Prevent Premature Deaths

House Resolution (HR) 1381, passed in 2008, noted that the U.S. has the highest rate of preventable deaths among 19 industrialized nations, and that 60% of premature deaths could be addressed through prevention. The resolution recommended that “the Congressional budget process should reflect the significant savings associated with investments in prevention of disease and injury.”

THE CALIFORNIA WELLNESS FOUNDATION

Violence Prevention Initiative

Launched in 1992, the height of the “tough on crime” era, the Violence Prevention Initiative (VPI) reframed youth violence as a public health and prevention issue. Grantees focused on the root causes of violence and the institutional and policy changes necessary to address the problems. Materials included a briefing book for journalists.

Oakland’s Prevention Institute

Since 1997, this nonprofit has been working to broaden the approach to health from focusing solely on treating the sick to preventing disease, violence and injury from occurring in the first place. It works to transform communities to support equity, health and safety by bolstering the conditions and factors that foster resilience and well-being.

2. PLAN FOR SAFETY

Align Health & Safety Delivery Systems



When delivery systems are integrated, coordinated and deliberate, people are far less likely to fall through the cracks, and problems can be identified and resolved before they become more serious and costly.

Why do we need it?

Health and safety work hand in hand. So should the systems that serve them. Operating in silos creates redundancies and inefficiencies, which drive up costs and often fail to address critical needs.

How does it help?

Recognizing safety as an “ours” issue, not a “yours” issue, allows local governments to prioritize investments in prevention and community health that have historically struggled to meet capacity. It also leads to integrated delivery systems: shared planning, shared data, coordinated strategies and, in some cases, shared funding.

QUESTIONS TO ASK

- > How can we better integrate physical and behavioral health screening, assessments and care?
- > What tensions or barriers might strain or block integration, and what are the mechanisms to resolve them?

Nearly one in six Californians has a mental health need. Of those who seek help, 43% do not receive treatment.

WHAT DOES IT TAKE TO IMPLEMENT?

- Integrate regular communication, data collection and activities among police, probation, sheriff’s department, health, behavioral health, social services and local treatment providers.
- Integrate preventive and ongoing physical and behavioral care across departments, including care to address possible drivers of crime.
- Make sure providers are conducting bidirectional screening and referral protocols.
- Consider system navigators and ensure that case managers communicate, and possibly function, across department silos.
- Identify the “super-utilizers,” the small percentage of individuals involved in multiple systems who are responsible for a large share of the costs.

OUTCOME MEASURES

- Increased number of cases in which systems are coordinating care.
- Reduced costs of care for super-utilizers.

EXAMPLES

San Diego's Unified Approach to Delivering Services

San Diego's Health & Human Services Agency integrates public health, behavioral health, aging, child welfare, housing and community development services through a unified service-delivery system. The assistant director of integration coordinates with the agency's departments and other county departments, such as sheriff's and probation departments.

SAN DIEGO'S PROJECT 25

A Targeted Approach to Cost Savings

Over three years, San Diego reduced 67% of their spending on emergency rooms, hospitals, jails and ambulances by zeroing in on the 28 most frequent homeless users of these services. Connecting them to permanent housing, individualized support and a "Medical Home" netted \$3.7 million in savings.

3. INVEST IN SAFETY

Prioritize Preventive Health



Imagine what our communities would be like if we made preventive health a priority. The potential in terms of social and financial savings could be a game-changer.

Why do we need it?

Waiting until after a crime has occurred to make investments in treatment and other social programs costs a lot more and ruptures community well-being. It also puts an unreasonable burden on law enforcement, asking them to solve problems that are beyond their control.

How does it help?

Investing in early interventions such as preventive healthcare, mental health services, drug treatment, housing, jobs and trauma recovery makes communities healthier and safer.

QUESTIONS TO ASK

- > What is the percentage of uninsured, by neighborhood, and why do they lack insurance?
- > What barriers exist to connecting people to the right interventions based on their needs?
- > Are our providers' locations and operating hours accessible to everyone in need?
- > Does immigration status prevent individuals from accessing treatment?

WHAT DOES IT TAKE TO IMPLEMENT?

- Make investments in prevention a local budgetary priority.
- Take advantage of every opportunity to improve, integrate and reward preventive healthcare.
- Aim for 100% healthcare coverage enrollment.
- Partner with youth-serving organizations, e.g., schools and churches, to evaluate children for trauma and ensure timely and effective treatment.
- Locate services within vulnerable communities and tailor outreach to hard-to-reach populations including homeless individuals and immigrants. Help residents navigate service providers and systems.

OUTCOME MEASURES

- Greater percentage of local budget spent on preventive measures.
- Reduction in the percentage of uninsured individuals.
- Increased number of providers and clinics in high-needs communities.
- Increased number of children screened for Adverse Childhood Experiences (ACEs).

The state prison system treats more than five times the number of people with mental illness as state psychiatric hospitals.

EXAMPLES

VALLEJO UNIFIED SCHOOL DISTRICT

School-Based Health Center

Vallejo's school-based health and dental center offers free dental exams, teeth cleanings, physical exams, immunizations, and treatment for minor illnesses and injuries. Over a four-year period, the rate of exclusion for first-graders who failed to meet state-mandated physical examination requirements fell by 74%.

CENTER FOR YOUTH WELLNESS

Making the Case for Treating Childhood Trauma

This organization advocates for recognition and treatment of childhood trauma as a medical issue, particularly among vulnerable populations. The center has seen first hand that this approach, when applied broadly, can help heal and support entire communities.

CULTIVA LA SALUD

Cultivating Health Equity in California's San Joaquin Valley

Working in largely Latino communities, Cultiva La Salud aims to reduce health disparities and prevent chronic disease by making healthy food and physical activity opportunities more accessible. It also engages residents in this work, building their capacities to be advocates for change.

4. EVALUATE SAFETY

Generate Shared Health & Safety Data Systems



Sharing responsibility for community safety means finding ways to share data and knowledge so that we can holistically assess whether we are adequately preventing, detecting and treating.

Why do we need it?

When public agencies are unable to share information and data, they continue to operate in silos, missing critical opportunities to maximize resources, track progress and coordinate problem-solving.

How does it help?

Even if agencies lack the resources to create an integrated data system, developing data-sharing strategies stimulates a number of important processes to occur, including agreement on common definitions, clarification of roles and responsibilities, and facilitation of integrated operations.

QUESTIONS TO ASK

- > Do we have agreed-upon definitions and data sources?
- > Do we have short- and long-term plans to address the technological challenges of cross-system data sharing?
- > Are all the necessary entities, including legal counsel, actively engaged in this effort?
- > Where could we achieve savings if we had better data-sharing capacity?

WHAT DOES IT TAKE TO IMPLEMENT?

- Assign a department or individual the role of coordinating your shared-data effort. Develop short- and long-term strategies that are commensurate with potential available resources.
- Develop agreed-upon definitions and data sources, considering quantitative and qualitative information, including community knowledge. Commit to jointly addressing and resolving technical challenges.
- Enter into data-sharing agreements (e.g., memoranda of understanding [MOUs]) and use consent forms where necessary.
- Support grassroots efforts to access and produce data .
- Consider starting with an analysis of high-utilizers in multiple systems; this may reveal a lot about your systems.
- Don't reinvent the wheel. Learn how other communities are resolving data-sharing challenges.

OUTCOME MEASURES

- At least four to five measures representing joint accountability, such as increased percentage of justice-involved people with mental illness who access community-based treatment.

San Diego reduced spending on emergency rooms, hospitals, jails and ambulances by 67% in 3 years, by housing the 28 most frequent users.

EXAMPLES

Live Well San Diego

In 2010, the County of San Diego launched “Live Well San Diego,” a county-wide wellness initiative in response to a wave of chronic disease and rising healthcare costs. More recently, the county launched “ConnectWellSD” to actualize Live Well by streamlining communication and coordination among county services.

SANTA CLARA COUNTY

Consent to Share Data

Participants who pass through Santa Clara County’s jails and reentry centers now have the option of filling out consent forms that allow otherwise protected mental health or substance use information to be shared with other service providers. This facilitates the coordination and management of healthcare services, referrals and quality improvement efforts.

San Francisco’s Shared Youth Database

San Francisco created a database shared among the city’s juvenile probation, public health, education and child welfare agencies to better coordinate services for at-risk and other youth with high or special needs. The system ensures clients’ privacy and has been identified as a model program by the National League of Cities.

5. STRENGTHEN SAFETY

Harness Media to Promote a Public Health Frame



The media, a critical battleground for shaping public opinion, can help build mainstream support for the public health frame. Without this, Shared Safety cannot succeed.

Why do we need it?

“If it bleeds, it leads.” Media coverage of crime tends to focus on the sensationalism of the crime rather than the factors that put communities at risk. Over time, this distorts public perception, drives policymakers to advance laws based on fear and increases the divide between communities and law enforcement.

How does it help?

In a democratic society, broad public support is necessary for government to succeed in shifting priorities around health and safety. Proactively framing crime prevention as a public health issue through media campaigns, public commentary and storytelling helps the public understand the importance of new and more effective safety priorities.

QUESTIONS TO ASK

- > Does local media coverage reflect the public health frame when reporting on public safety?
- > Who do we most need to reach with our message, and which media outlets will most help?
- > Who are the reporters with whom we can work?
- > Who are our best experts, and which data are most compelling to put forward?

WHAT DOES IT TAKE TO IMPLEMENT?

- Make the case for public health approaches in op-eds, interviews and social media.
- Publicize research on crime prevention, detection and treatment for trauma, and highlight success stories.
- Refer reporters to public health officials when asked to comment on crime and criminal justice issues.
- Cultivate reporters, including in non-English media sources, who cover issues like health and homelessness.
- When you see an unbalanced crime story, contact the reporter or/ and comment on online stories with a public health perspective.

OUTCOME MEASURES

- An increase in stories portraying crime as a public health issue.
- Greater inclusion in crime stories of predictors/contributing factors.
- Increased presence of public health experts in crime stories.

Between 2013–2015, articles about murder appeared in California media nearly 10 times more frequently than articles about community safety.

EXAMPLES

CENTER FOR YOUTH WELLNESS

#ChildrenCanThrive

This public education campaign encourages pediatric offices to conduct screening for Adverse Childhood Experiences (ACEs) by raising awareness of the negative health and other impacts of ACEs and providing pediatricians with an ACEs questionnaire and user guide.

#SchoolsNotPrisons

This hugely successful 2014 public education campaign, launched by The California Endowment, emphasized the false choice of investing in prisons over safety, education and health, and featured stories of people affected by harsh sentences for nonviolent crimes. The hashtag was viewed more than 120 million times and engaged numerous celebrities.

"That's Not Cool" Campaign

This national public education campaign showcased examples of controlling, pressuring and threatening behavior in the digital sphere to raise awareness of and prevent teen dating abuse. The campaign was sponsored by Futures Without Violence, the U.S. Department of Justice's Office on Violence Against Women and the Advertising Council.

BLUEPRINT FOR SHARED SAFETY

WELL-BEING IS SAFETY



WELL-BEING IS SAFETY

The strongest communities are the safest communities. When a community is well, it can be a powerful, resilient force against crime. Well-being means people are living in conditions that promote mental and physical health, connectedness and resilience. They have dignity and the resources to reach their full potential and thrive. Measuring safety with crime data alone misses the opportunity to measure the most important preventative strategy available: improving well-being. By defining well-being and recognizing the barriers to achieving it, we can invest in prevention scaled to the community need and foster the conditions needed to truly achieve safety.

1. ENVISION SAFETY

Define Well-Being for Your Community



There can be no public safety without community well-being. But what does it mean for a community to be well?

Why do we need it?

Public safety strategies that focus primarily on responding to crime fail to address the many other, often unreported, factors that make communities unsafe and unwell, such as exposure to chronic violence and early childhood trauma.

How does it help?

Defining community well-being offers a baseline for measuring the impact of safety strategies. When the entire community is engaged in defining well-being, the result is more likely to be inclusive and accountable to the realities, disparities and priorities of day-to-day life. A definition of well-being may include access to healthcare, affordable housing, stable employment, education and parental supports.

QUESTIONS TO ASK

- > Have we engaged our most impacted communities and all system leaders in defining community well-being?
- > Are our health and safety leaders committed to well-being as critical to our Shared Safety strategy?
- > Have we analyzed data and input from local governmental and nongovernmental entities to better understand the risks?

WHAT DOES IT TAKE TO IMPLEMENT?

- Engage a diverse group of governmental and community stakeholders in defining well-being.
- Deepen understanding of the risk factors associated with crime and the contributors to well-being, particularly as they relate to vulnerable populations.
- Designate a senior-level staff person to manage and coordinate the effort and ensure all relevant agencies share responsibility.
- Consider factors outside traditional health and safety measures.
- Publicize the community's concept of well-being and hold public leaders accountable for their support.

OUTCOME MEASURES

- Agreed-upon definition of community well-being.
- Public statements committing to well-being as central to a Shared Safety strategy.

1 in 5 Californians (20.6%) struggle to afford basic necessities, including nearly one quarter of California's children.

EXAMPLES

Creating Community Ownership in San Diego

The Jacobs Center for Neighborhood Innovation (JCNI) partnered with San Diego residents to turn a 10-acre blighted site into the Market Creek Plaza, a mixed-use commercial and cultural center. To facilitate community ownership, an initial public offering (IPO) was created that literally made community members stockholders in the project.

#SchoolsNotPrisons

This southern California program works to improve pregnancy outcomes and strengthen families by encouraging women to seek early and continuous prenatal care and to adopt healthy lifestyles. Through its Fatherhood Initiative, it also seeks to encourage black fathers to be more involved in the care and support of their children.

“That’s Not Cool” Campaign

The Bloomberg Foundation awarded Santa Monica \$1 million to create a well-being index for the city. The project researched factors that make cities thrive beyond traditional economic indicators and set the course for Santa Monica’s future direction.

2. PLAN FOR SAFETY

Identify Gaps in Community Well-Being



Only when we know where the holes and barriers are to well-being, can we begin to address them.

Why do we need it?

If we fail to analyze gaps in our local infrastructure, we will not know where to prioritize our attention and we run the risk of expending resources on the wrong things.

How does it help?

By mapping the local system, we can identify underserved people or groups, or conversely, those who are receiving services disproportionate to their needs. This analysis can help prioritize and coordinate limited resources and identify the most cost-efficient approaches, especially for populations that are more likely to fall between the cracks, such as immigrants, young people of color and victims of domestic or other forms of intimate partner or family violence.

QUESTIONS TO ASK

- > Have we conducted a gap analysis in our community?
- > Where in our local continuum of services are the greatest unmet needs (e.g., early childhood, education, mental health, substance abuse, housing, transportation, immigrant concerns, etc.)?
- > Which populations are most underserved?
- > Are people accessing services at the earliest intervention point?
- > Are all our services being fully utilized? If not, why?

WHAT DOES IT TAKE TO IMPLEMENT?

- Assign overall responsibility for coordinating the gap analysis to an individual or agency.
- Ensure the review is culturally relevant across all populations and system providers.
- Use the gap analysis to identify local needs, including real or perceived barriers.
- Engage stakeholders in determining whether resources could be used more efficiently with a different population or point on the continuum.
- Establish reliable longitudinal data so you can track changes over time.
- Look for opportunities to integrate or streamline and coordinate existing services.

OUTCOME MEASURES

- Increase in percentage of individuals receiving appropriate services.
- Reduction in disparities in accessing services.

Nine out of 10 people who need treatment for drug addiction or alcoholism do not receive it.

EXAMPLES

Sequential Intercept Mapping

The Sequential Intercept Model creates a map that illustrates how people with behavioral health conditions come in contact with and flow through the criminal justice system. In a workshop setting, facilitators and participants identify ways to link services and prevent future crime.

CALIFORNIA HEALTH CARE FOUNDATION

Mapping the Gaps in Mental Health

One in 20 California adults suffers from a serious mental illness, but rates and level of care can vary widely depending on where you live. California Health Care Foundation (CHCF) created a report showing that the state's poorest areas often have the highest rates of mental illness – and the fewest licensed mental health professionals.

3. INVEST IN SAFETY

Scale Up to Meet the Greatest Needs



Investing in early treatment services—particularly for mental illness, drug addiction and trauma—increases well-being and reduces reliance on the criminal justice system.

Why do we need it?

It is much safer and less costly to make scaled investments in treating health and behavioral health needs at the earliest possible stage than waiting until symptoms have worsened or people become involved with the criminal justice system.

How does it help?

Safety is significantly improved when individuals have access to treatment for their health needs, particularly mental illness, drug addiction and trauma. Results are most successful when services are culturally relevant, trauma-informed and holistic. domestic or other forms of intimate partner or family violence.

QUESTIONS TO ASK

- > What will it take to bring programs to scale?
- > How are we prioritizing unmet needs?
- > How can we expand our health and behavioral health workforce?
- > Have we considered alternative delivery systems, such as peer-based models, to expand capacity?

WHAT DOES IT TAKE TO IMPLEMENT?

- Prioritize investments based on the needs identified in your gap analysis.
- Conduct a cost-benefit analysis to determine where additional capacity would have the greatest benefit. Think system-wide and recognize the limitations of pilot projects.
- Engage partners, such as health plans or private businesses who may provide additional resources.
- Ensure treatment is available prior to law enforcement involvement and without triggering Immigration and Customs Enforcement (ICE).
- Monitor investments by tracking outcomes among governmental and community-based organizations.

OUTCOME MEASURES

- Increased percentage of individuals with a mental health need or substance use disorder who received treatment in the past 12 months.
- Decrease in waiting time to access treatment.
- Reduction in the prevalence of individuals with a mental illness in local jails.

Governments spend \$500 billion on substance abuse annually. For every dollar, only two cents goes to prevention and treatment.

EXAMPLES

UCSF/SAN FRANCISCO GENERAL HOSPITAL

Healing Childhood Trauma

This program provides effective, family-centered interventions for children from birth through age five who experience traumatic events such as violence in the home, death of a loved one, life-threatening accidents, illnesses or disasters. The multicultural, multilingual staff also trains clinicians across the country in the program's treatment model.

CALIFORNIA'S DRUG MEDICAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)

From Recovery to Health

This system provides a continuum of care for substance abuse treatment services modeled after the American Society of Addiction Medicine criteria. It provides beneficiaries with access to care needed for recovery and sustaining health while bringing down other healthcare costs. Several counties have had their plans approved; San Mateo County has begun implementation.

4. EVALUATE SAFETY

Measure Safety Through Well-Being Indicators



Crime rates alone won't tell you whether your community is safe. A better yardstick is finding ways to gauge your community's overall well-being.

Why do we need it?

Defining safety as having low crime rates fails to account for myriad ways individuals and communities are vulnerable to harm that have more to do with well-being. Well-being indicators measure the extent to which a community has access to supports that protect them from harm, such as preventive healthcare, affordable housing, employment and quality education.

How does it help?

There is a saying that “what gets measured, gets done.” A community's well-being is the best measure of safety because it takes into account the major drivers of crime as well as the forces and conditions that help communities build resilience.

QUESTIONS TO ASK

- > Do we have well-being indicators we believe are critical to community safety?
- > Which are the most important indicators given our definition of well-being and Shared Safety priorities?
- > What data do we need to measure these indicators?

WHAT DOES IT TAKE TO IMPLEMENT?

- Involve stakeholders in establishing indicators that reflect community priorities and a shared definition of safety and well-being. For example, safety is enhanced when youth have stable relationships with nurturing adults, when formerly incarcerated individuals have jobs and places to live and when crime survivors are able to seek help without being exposed to additional trauma.
- Establish an ongoing review to measure progress in those chosen areas (e.g., housing, environment, access to healthcare, education, economic opportunity, civic engagement). Common metrics are the foundation of joint accountability for agreed-upon outcomes.
- Set reasonable timeframes and prioritize certain measures, depending on community needs.

OUTCOME MEASURES

- Five to 10 indicators that measure progress in improving well-being.

California ranks 36th out of 50 states in children's well-being based on 16 key indicators of education, health, family and economic well-being.

EXAMPLES

Santa Rosa's Community Safety Scorecard

In 2015, the Santa Rosa Violence Prevention Partnership and the Advancement Project developed a Community Safety Scorecard with 17 community safety indicators across four domains (economic conditions, crime and safety, family and community connectedness, and school conditions) to guide decisions to improve community safety at a neighborhood level.

Health Impact Assessments

Where you live can affect your health. Human Impact Partners' health impact assessments (HIAs) look at a community's design, transportation, food systems and other factors, and makes recommendations to improve residents' overall health and reduce health disparities.

5. STRENGTHEN SAFETY

Cultivate Sanctuary Spaces for All



Once strategies are in place to promote wellbeing, equal access must be guaranteed for everyone, especially those who have been marginalized.

Why do we need it?

People will not seek help if they know from experience that it is not safe to do so. When immigrant communities risk losing family members if they call the police, homeless youth are criminalized for being on the streets or LGBTQ individuals are denied their dignity, these individuals are less likely to access services and more likely to become victims.

How does it help?

Establishing culturally appropriate avenues to greater well-being for individuals who have been denied access or marginalized builds trust and encourages people to come out of the shadows to access services, be witnesses or otherwise participate in crime reduction efforts. This helps keep everyone safe.

QUESTIONS TO ASK

- > Does my jurisdiction implement the same due process protections for all community members, regardless of citizenship status?
- > What are the current caseloads of our public defenders or private defense bar?
- > Are all defendants properly advised—in their first languages—on how their criminal adjudications may impact their immigration proceedings?

WHAT DOES IT TAKE TO IMPLEMENT?

- Conduct culturally appropriate analyses to determine who does not feel safe accessing services and why.
- Put protections in place to ensure that these fears and past experiences are addressed and communicate these changes.
- Sufficiently fund legal services so that the criminal justice system can uphold everyone's constitutional protections.
- Ensure that all public systems have ready access to translators and culturally competent staff.
- Stop local resources from triggering greater harm, e.g., deportation.

OUTCOME MEASURES

- Equal due process protections are extended to all communities.
- Increased percentage of individuals from historically marginalized groups accessing relevant services.

On average, there are almost 36 fewer crimes committed per 10,000 people in sanctuary counties compared to non-sanctuary counties.

EXAMPLES

Due Process for All in San Francisco

In November of 2013, San Francisco affirmed that all individuals who are arrested should be treated equally in the criminal justice system. Under the policy, local law enforcement does not generally turn over individuals to ICE to be processed for potential deportation, ensuring that all individuals have equal access to freedom before trial.

A Place at the Table for Everyone

Sanctuary Restaurants is a joint project of the Restaurant Opportunities Centers United and Presente.org. While not a legal designation, thousands of workers, diners, and allies across the country have declared “a zero tolerance policy for sexism, racism, and xenophobia and a place at the table for all.”

Providing Counsel at Bail Assessments

As of 2016, Florida, Maryland, Colorado, Kentucky and the federal courts were the only jurisdictions in the country to require all defendants be appointed a lawyer at bail hearings. On top of ensuring due process rights for all, the requirement saves jurisdictions money by eliminating the costs of unnecessary and unjustified incarceration. Clients typically serve shorter detentions and pay less for bail.

BLUEPRINT FOR SHARED SAFETY

CRIME SURVIVORS AT THE CENTER



CRIME SURVIVORS AT THE CENTER

Recognize, protect, heal. Despite increases in prison spending, many communities remain unsafe. For too long, justice policy and investment decisions have not been informed by the experiences and insights of the most typical crime victims. Those that bear the disproportionate burden of crime - young people, especially young people of color; elderly people; immigrant communities; people with disabilities; LGBTQ individuals; homeless individuals; and residents of low-income communities - need a voice and a role in safety strategies. Placing survivors at the center means recognizing who is vulnerable to crime; amplifying investments in protection, trauma recovery and restorative justice; and partnering with survivors to understand and stop the cycle of harm.

1. ENVISION SAFETY

Recognize Who is Most Vulnerable to Crime



Many crime survivors don't come forward for complex reasons, such as shame, fear of retribution or distrust of police. Shared Safety starts with understanding who survivors are and where survivors are coming from.

Why do we need it?

Individuals at highest risk of being victims of violent or repeated crime are often unacknowledged and unsupported by our current systems, especially if those survivors come from marginalized communities or have committed crimes themselves. This contributes to underreported crimes and unaddressed trauma.

How does it help?

Recognizing and engaging all survivors in Shared Safety solutions strengthens recovery and helps prioritize victim services. It requires deepening our understanding of “survivors” to include individuals at highest risk of being victims of violent or repeated crime, including young people of color, elderly people, immigrants, people with disabilities, residents of low-income neighborhoods and individuals who may have committed crimes themselves.

QUESTIONS TO ASK

- > Who is most likely to be a crime victim in our community? Of violent crime? Of repeated crime?
- > What percentage of crimes go unreported and why?
- > How can we encourage more victims to report crimes? How can we encourage witnesses to come forward?
- > What resources have we dedicated to community outreach and removing barriers to seeking help?

WHAT DOES IT TAKE TO IMPLEMENT?

- Partner with communities most impacted by crime to identify and engage crime survivors.
- Survey high-crime communities to identify barriers to accessing services.
- Recognize why vulnerable populations are afraid to speak up—immigration status, prior or current criminal justice involvement, fear of retaliation, etc.—and adjust your outreach accordingly.
- Publicly acknowledge crime survivors in high-crime communities and tailor safety policies to address survivors' needs.

OUTCOME MEASURES

- Improved data collection of victims by race/ethnicity, gender/sexual identity, disability, age, legal status and geography.
- Decreased percentage of unreported crimes by various demographic factors.
- Greater alignment between the demographic composition of crime survivors and the users of victim services.

One in five Californians were victims of crime in the last five years. People of color were more likely to experience a violent crime.

EXAMPLES

CALIFORNIANS FOR SAFETY AND JUSTICE

Crime Victims Survey

Californians for Safety and Justice commissioned the first-ever survey of California crime victims to help identify who experiences most crime, what survivors say will help with recovery and survivors' opinions about our state's justice priorities.

UCSF/SAN FRANCISCO GENERAL HOSPITAL

San Francisco Wraparound Project

This project aims to stop the revolving door of violent injuries by reaching out to young injury survivors while they are still in the hospital and connecting them with community resources that can help them change the trajectory of their lives when they are released.

2. PLAN FOR SAFETY

Create a Healing Agenda for Crime Survivors



What would happen if we put as many—or more—resources into healing crime survivors as we put into punishing people who commit crimes? It's time for a new healing agenda.

Why do we need it?

Historically, the criminal justice system heavily focused its efforts on punishing the person who caused harm, rather than on reducing the risk of it happening again or addressing the crime survivor's needs. The result? People who are most impacted by crime are often least likely to receive help.

How does it help?

Crime survivors overwhelmingly favor a system that focuses on healing, rehabilitation and treatment. Developing a strong healing agenda that puts the needs of crime survivors foremost in our system response to crime can help survivors recover from trauma, make survivors less likely to be victims again and lead to less criminal activity overall.

QUESTIONS TO ASK

- > What types of short-, mid- and long-term assistance for survivors should be prioritized?
- > Is there sufficient investment in community-operated healing services in addition to government-operated services?
- > Are survivor services culturally appropriate, trauma-informed and accessible by all?
- > Who is excluded from accessing victim services (e.g., gang-involved youth, undocumented immigrants, people with criminal records)?

WHAT DOES IT TAKE TO IMPLEMENT?

- Place community-based, culturally relevant recovery services at the forefront of your Shared Safety strategy.
- Seek the input, participation and buy-in of communities most impacted by crime.
- Make outreach programs known, accessible and timely to all crime survivors regardless of immigration status, criminal justice involvement or refusal to assist police and prosecutors. Include in your list of resources programs offered by non-law enforcement entities.
- Ensure staff are engaging harder-to-reach crime survivors.
- If strategies are not reducing harm, engage the communities most at risk to find out what's going wrong.

OUTCOME MEASURES

- Increased victim services funds allocated to community-based healing organizations.
- Increased percentage of crime survivors requesting and receiving victim assistance.
- Increased staff trained to work with special needs populations.

Two in three crime survivors reported experiencing anxiety, stress, and difficulty with sleeping, relationships or work after the crime incident.

EXAMPLES

UCSF/SAN FRANCISCO GENERAL HOSPITAL

Trauma Recovery Center

The Trauma Recovery Center (TRC) works with adults who have suffered from trauma, violence and loss, whether caused by crime, intimate partner violence or brain injury. The TRC is funded in part by Victim Restitution funds and is matched with federal dollars.

HEALINGWORKS

Learning Collaborative

A project of the Vera Institute's Common Justice, this collaborative addresses the needs of young men of color who are harmed by violence and trauma by delivering tools and resources to the people and organizations that serve crime survivors.

ANGEL MOTHERS

Support for Stockton's Grieving Mothers

Founded after Mother's Day 2013, Angel Mothers focuses on the healing and support of mothers who have buried their children. It provides encouragement, love and assistance to grieving mothers, including grief counseling, support groups, financial support and burial assistance.

3. INVEST IN SAFETY

Ensure Access to Restorative Justice & Trauma Recovery



When a crime is committed, individuals and communities are harmed. Restorative justice and trauma recovery focuses on repairing those harms.

Why do we need it?

Having been a crime victim in the past is the strongest predictor that someone will be one in the future. Crime victims aren't the only ones deeply affected. Healing crime survivors' trauma produces ripple effects that benefit the safety and healing of loved ones and entire communities.

How does it help?

Crime survivors who receive help are less likely to experience crime again. Traumatized children who have access to services are less likely to experience negative health outcomes or engage in crime later in life. Restorative justice gives crime survivors a voice and greater satisfaction with the justice system, while holding the individuals who committed the crime accountable and reducing recidivism.

QUESTIONS TO ASK

- > Does our community offer culturally relevant restorative justice and trauma recovery models?
- > Are we sufficiently addressing the direct and indirect impact on families, schools and communities?
- > Are individuals who caused the harm encouraged to take responsibility?
- > What outreach is needed to engage communities most harmed by crime?
- > Are all relative stakeholders involved?

WHAT DOES IT TAKE TO IMPLEMENT?

- Create a broad range of healing opportunities, not just clinical therapy referrals.
- Ensure crime victims have access to legal assistance including witness protection, visa protection for immigrants and restitution.
- Ensure all relevant parties are involved in developing and implementing restorative justice programs.
- Address trauma with family- and community-based approaches.
- Seek funding through the Victims of Crime Act for victims most impacted by repeated crime and violence.

OUTCOME MEASURES

- Increased percentage of crime survivors engaged in, and satisfied with, restorative justice and trauma recovery programs.
- Increased percentage of individuals under criminal justice supervision participating in restorative justice and trauma recovery programs.
- Greater frequency of community healing events.
- Greater restitution compliance for participating individuals.
- Lower reconviction rate for individuals in restorative justice programs.

Two out of three crime survivors report not receiving help from the criminal justice system.

EXAMPLES

IMPACT JUSTICE

Restorative Justice Project

This project helps communities implement community-based, victim-centered restorative justice diversion programs for youth crime. Through healing circles and public speaking, the organization places survivors at the center of the movements to end child sexual abuse and intimate partner violence.

OAKLAND UNIFIED SCHOOL DISTRICT

Restorative Practices to Keep Kids in School

Oakland Unified School District (OUSD) adopted the School Discipline Consensus Report's policy goal of exhausting restorative responses to students' minor misconduct before resorting to suspension—moving away from punitive policies that disproportionately impact African-American and Latino students. Some high schools using similar practices have reduced suspension rates by half.

4. EVALUATE SAFETY

Engage Crime Survivors to Improve Outcomes



Intentionally engaging survivors to inform safety priorities is necessary to understand what they need and improve outcomes.

Why do we need it?

We still don't know very much about what crime survivors need from our safety systems. The vast majority of survivors have been historically excluded from public safety policy-making, despite the invaluable perspective survivors bring.

How does it help?

Including crime survivors in policy-making ensures that the people most affected have a say. Lacking survivors' insights and realities, policies risk doing more harm than good by failing to deliver services and interventions that help with healing and recovery. If the system responds in line with the crime survivor's input, the survivor is more likely to maintain trust in the criminal justice system and not feel additional trauma in the process.

QUESTIONS TO ASK

- > Are representative crime survivors serving on public-safety, health budget and grant-making bodies?
- > How else are crime survivors engaged in decision-making?

WHAT DOES IT TAKE TO IMPLEMENT?

- Earmark a role for crime survivors on public health and safety boards and committees.
- Hold town halls featuring crime survivors and community leaders.
- Elicit community feedback from high-crime areas when safety policies are being considered.

OUTCOME MEASURES

- Increased number of survivors involved in developing and implementing crime prevention strategies.
- Increased presence of representative crime survivors on public safety and health decision-making boards.

Victims of violent crime are four times more likely to become victims of crime again.

EXAMPLES

Life After Uncivil Ruthless Acts

Founded in 2007 by Adela Barajas after her sister was killed in a random drive-by shooting outside her Los Angeles home, Life After Uncivil Ruthless Acts (L.A.U.R.A.) is dedicated to enhancing the quality of life in the Latino community in South Central Los Angeles by providing a wide-range of social services. L.A.U.R.A. also works to help turn crime victims' experiences into more positive, healing outcomes through public speaking, legislative advocacy and community events.

Urban Peace Movement

Urban Peace Movement's (UPM') model of "Healing-Centered Youth Organizing" supports young people to feel self-confident and hopeful. It empowers them to advocate for social and economic justice and public policies that disrupt the cycles of urban violence and mass incarceration. With a goal of creating real opportunities and more peaceful communities, UPM members also advance healing and culture change and movement building.

5. STRENGTHEN SAFETY

Shed Stigma & Foster Awareness



No-one should be made to feel like they are less than human. A culture that recognizes trauma and witnesses personal struggles without shame can build sustainable pathways to healing.

Why do we need it?

When systems designed to serve crime survivors treat trauma as a source of blame or shame, they force it further underground and discourage people from seeking treatment and support.

How does it help?

Building community well-being by example, through institutional culture change and community outreach, is critical to securing long-lasting, sustainable safety. Reducing the shame and stigma often associated with trauma can itself remove barriers to getting help. By fostering awareness of these issues, we can reduce the social isolation and anxiety that often accompany them.

QUESTIONS TO ASK

- > How can we ensure that people with trauma are safe and treated with dignity?
- > Do we engage, hire and promote individuals with diverse lived experiences?
- > Do we provide government employees with help for secondary traumatic stress?
- > Are we educating our communities about unaddressed trauma and pathways to recovery?

WHAT DOES IT TAKE TO IMPLEMENT?

- Train all first responders and staff providing trauma recovery in trauma-informed practices.
- Challenge stigma by assessing your own professional and social interactions and by supporting public figures who share their own personal experiences.
- Take proactive steps to engage, hire and promote individuals with diverse lived experiences.
- Initiate public education campaigns to combat stigma.

OUTCOME MEASURES

- Increased percentage of staff and volunteers trained on trauma-informed strategies.
- An increase in media coverage that includes personal stories of recovery.
- Increased use of trauma recovery services.

One in five people will not seek care for a mental health condition because they are too afraid or embarrassed.

EXAMPLES

Each Mind Matters

This public education campaign focuses on reducing the stigma of mental illness through storytelling, videos, social media strategies and event coordination. It also provides a central online source of information on available resources and helplines.

It Gets Better

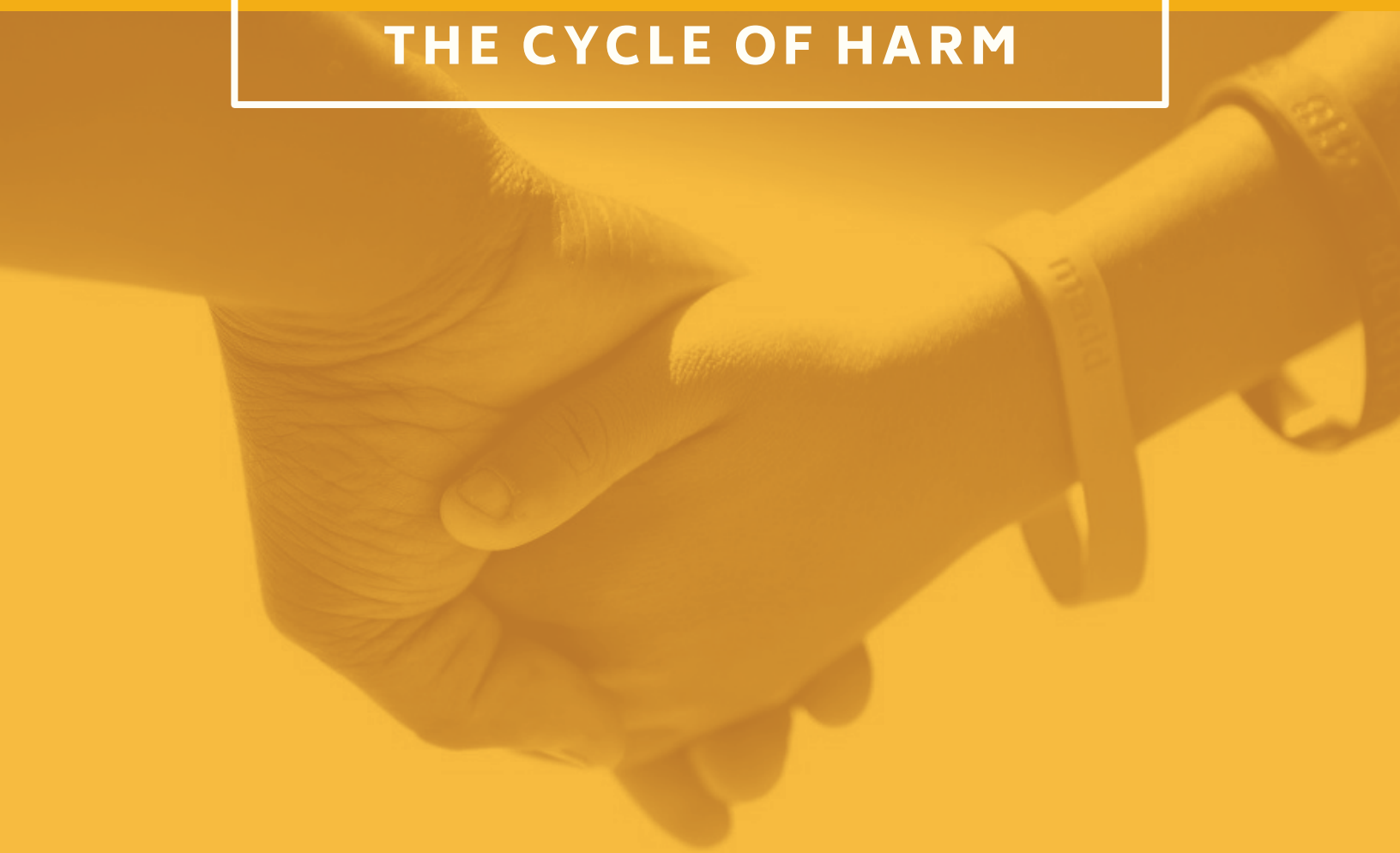
Since 2010, this has become a global movement for individuals around the world to communicate to lesbian, gay, bisexual and transgender youth via pledge or user-created video their commitment to stand up and speak out against hate and intolerance—a promise that it gets better.

Reverence Project

Founded in 2007 by former community activists, performance artists and healer/practitioners, this initiative shifts the social and philosophical construct of a culture rooted in violence, shame, guilt and fear into a more balanced worldview rooted in reverence, forgiveness, compassion and truth. The Reverence Project is vested in transformation through authentic community conversations, advocacy and wellness.

BLUEPRINT FOR SHARED SAFETY

**BREAKING
THE CYCLE OF HARM**



1. ENVISION SAFETY

Embrace Risk+Harm+Need Decision-Making



Risk+harm+need decision-making is a new model that incorporates the risk of reoffending, the severity of harm caused and the underlying needs that have to be addressed to prevent future crime.

Why do we need it?

Traditional justice systems primarily base their responses to crime on the severity of the offenses, failing to take into account what most victims want: to make sure the crime doesn't happen again.

How does it help?

By assessing the severity of the crime, the risk of reoffending and the needs that must be addressed to reduce that risk, this graduated approach provides a much more sophisticated and targeted model for responding to crime. It reserves incarceration for high-risk/high-harm situations and recognizes that people who commit low-level offenses are often at high risk of committing other crimes, but are better served through diversion or alternative sentencing.

QUESTIONS TO ASK

- > How are law enforcement officers trained to incorporate risk into decisions about whether to divert, cite or detain?
- > How are we assessing and addressing behavioral health and risk-related needs?
- > What diversion options do police have for low-risk/high-need individuals?
- > What protocols are in place to address language barriers and ensure cultural relevance?

WHAT DOES IT TAKE TO IMPLEMENT?

- Develop a decision-making matrix that identifies graduated responses based on severity of risk+harm+need.
- Incorporate a validated process for assessing risk into each decision point.
- Train law enforcement on the role of implicit bias in decision-making.
- Develop an integrated process to assess and address risk-related needs and behavioral health.
- Commit to keeping low-risk/low-harm individuals out of the system.
- Stop using automatic policies that do not assess risk, such as “cite and release” for misdemeanors.

OUTCOME MEASURES

- Improved assessment by risk and need for each criminal justice decision point.
- Reduction in low-risk individuals in custody and high-risk individuals released pretrial.
- Greater percentage of individuals eligible for and offered community-based sentencing.
- Lowered percentage of individuals referred to diversion who are subsequently cited or detained.

Forty-two out of 58 counties in California report using some form of a pretrial risk assessment tool.

EXAMPLES

California Department of Justice Procedural Justice and Implicit Bias Training Initiative

Building on successful programs in Oakland and Stockton, this initiative supports California’s police and sheriff departments incorporating certified training to assist local law enforcement agencies with understanding and addressing the role of implicit bias in their decisionmaking.

Seattle’s Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion (LEAD) is a pilot diversion program in target neighborhoods that intervenes before someone is arrested for certain nonviolent offenses – such as prostitution or low-level drug crimes – by offering extensive social and health services for participants.

Washington State’s Swift, Certain and Fair Sanctions

Washington uses risk assessment to determine if a probationer or parolee is eligible for supervision and which sanctions to apply when violations occur. It has incorporated Swift Certain & Fair sanctions into its supervision model, resulting in significant decreases in hearings and jail time.

2. PLAN FOR SAFETY

Develop Problem-Solving Models to Deter Crime



What if we could stop crime before it happens? Communities that have prioritized crime prevention and deterrence are proving it can be done—even with serious and violent crimes.

Why do we need it?

Responding to crime after the fact is not enough to keep communities safe. In some cases it can do more harm than good, creating collateral consequences that rupture families while failing to address the social and environmental factors that foster crime in the first place.

How does it help?

When law enforcement and community organizations collaborate on a problem-solving approach that deters crime and supports the priorities and needs of residents, trust is restored and the community is more resilient and safer.

QUESTIONS TO ASK

- > What are the most important recurring crime problems?
- > Are all community partners engaged in our problem-solving effort?
- > What services and supports are necessary to assist residents, and what are the barriers to access?
- > How can we ensure that deterrence does not lead to more arrests or displacement?

WHAT DOES IT TAKE TO IMPLEMENT?

- Create a collaborative partnership with a project lead to identify a specific crime or problem area. Analyze data and community knowledge to tailor solutions.
- Identify specific strategies such as environmental changes (eg., street lights), activities (e.g., neighborhood events) or supports (eg., trauma-informed outreach) to address the targeted problem.
- For focused deterrence strategies, ensure community buy-in and that services are in place before notifying targeted individuals.
- If your intervention focuses on specific high-risk individuals, guarantee swift, certain and fair rewards and sanctions.

OUTCOME MEASURES

- Reduction in rate of specified offenses in targeted and nearby areas, without displacement or an increase in the corresponding arrest rates.
- Increase in the percentage of impacted individuals accessing services.
- Increase in quality of life for residents.

The first drug market intervention reduced crime by 57% over four years, shuttering the open-air drug markets in the neighborhood for good.

EXAMPLES

Fathers and Families of San Joaquin Healing Circles

Fathers and Families of San Joaquin (FFSJ) helps build healthy communities by supporting social, cultural, emotional and economic renewal of the most vulnerable families in Stockton and the San Joaquin Valley. They are committed to individual and community transformation through culturally rooted, healing-centered organizing, which places individual and collective emotional and spiritual well-being at the center of social justice efforts.

NATIONAL NETWORK FOR SAFE COMMUNITIES

Targeted Interventions

Housed at John Jay College, the National Network supports cities implementing strategic interventions to reduce violence and improve public safety, minimize arrest and incarceration, strengthen communities, and improve relationships between law enforcement and the communities. Its core principles include first do no harm and strengthen communities' capacity to prevent violence.

STOCKTON POLICE DEPARTMENT

Building Community Partnerships and Trust

To reduce crime while improving police-community trust, Stockton's police department under Chief Eric Jones is partnering with California Partnership for Safe Communities on violence reduction strategies to deter crime and work directly with neighborhood residents on community revitalization.

3. INVEST IN SAFETY

Maximize Diversion and Community Corrections



More Californians are on probation than are in jails and prisons combined. Fully supporting community corrections as a viable alternative to incarceration can reduce recidivism and be cost-saving.

Why do we need it?

For too long, California's overreliance on incarceration has sidelined investments in probation and other cost-saving sentencing alternatives that address the root causes and risks factors associated with crime while keeping lower-risk individuals connected to their communities instead of behind bars.

How does it help?

A comprehensive risk+harm+need model that incorporates a robust array of graduated responses provides decision-makers a range of programs and supervision levels that hold individuals accountable while reducing their risk of committing other crimes.

QUESTIONS TO ASK

- > What percentage of our jail population is low-risk or jailed because they couldn't afford bail?
- > Are we maximizing use of diversion and community-based sentences?
- > Are we meeting the risk-related and behavioral health needs of supervised individuals?
- > What protocols ensure culturally relevant, multilingual screening and assessment processes?
- > Are probation terms set and adjusted based on risk level?

WHAT DOES IT TAKE TO IMPLEMENT?

- Integrate risk assessments into all decisions, including booking, release and supervision.
- Guard against "net-widening" by keeping low-risk individuals out of the system.
- Implement evidence-based pretrial practices to reserve jail beds for highest-risk/highest-harm individuals.
- Invest in a graduated range of pre- and post-arraignment options, such as diversion, deferred entry of judgment and collaborative courts using risk+harm+needs decision-making.
- Make probation supervision conditions based on risk and needs, and create incentives for early termination. Use swift, certain and fair responses, and recognize relapse as part of treatment.

OUTCOME MEASURES

- Reduced number of low-risk individuals in jail or under criminal justice supervision.
- Increase in successful completion rates for community-based sentencing alternatives.
- Reduction in probation violations.

On average, over 60% of California's jail population is awaiting trial or sentencing.

EXAMPLES

San Diego Community Justice Initiative

This program offers individuals charged with most low-level misdemeanors a way to “pay their debt” to society through community service. Program participants also can take advantage of services from job referrals to treatment programs. Fewer hearings results in lower court costs.

Hawaii’s Opportunity Probation with Enforcement

With this model, judges give high-risk probationers prior notice of the potential sanctions they face if they violate probation, such as jail time or mandatory drug or mental health treatment. Hawaii’s Opportunity Probation with Enforcement (HOPE) participants were significantly less likely to be rearrested, fail drug tests or miss probation appointments.

Santa Clara County’s Office of Pretrial Services

The Office of Pretrial Services uses data-driven planning and decision-making to improve pretrial outcomes. It compiles monthly statistics, including judges’ release rates, defendant outcomes and the proportion of releases consistent with assessed risk. The office developed a court reminder system that has resulted in a reduction in the rate of failure to appear.

4. EVALUATE SAFETY

Abandon Harmful Practices, Reduce Recidivism



Many traditional criminal justice practices perpetuate the cycle of harm rather than keep communities safe. Breaking the cycle means breaking from practices that don't work and replacing them with ones that do.

Why do we need it?

Studies show that criminalizing low-risk individuals or incarcerating someone without rehabilitation actually increases the likelihood of their committing additional crimes. But programs that help people land on their feet and reduce recidivism should be taken to scale.

How does it help?

If we stop spending precious resources on practices that don't work, we can spend more on critical community needs, such as housing, employment opportunities and healthcare.

QUESTIONS TO ASK

- > Are our locally imposed fines, fees and suspensions posing an undue burden on low-income individuals or inadvertently dragging them into the justice system?
- > Do we release people from jail with a viable reentry plan?
- > Do we spend more money on behavioral health treatment inside of jail than outside?

WHAT DOES IT TAKE TO IMPLEMENT?

- Examine how current practices—inside and outside of the criminal justice system—may be driving individuals deeper into the justice system.
- Stop disproportionately penalizing low-income people through fines, penalties and suspended licenses.
- Stop waiting until someone is under criminal justice supervision to provide behavioral health treatment.
- Stop releasing people from jail or prison without a viable plan for reentry.
- Measure the impact of each intervention with respect to “net-widening” and recidivism reduction.

OUTCOME MEASURES

- Reduced number of individuals with uncollected fines, fees and suspended driver's licenses.
- Reduced percentage of people with mental illness in jail.
- Increased percentage of individuals who leave custody with ID and benefits.

Over 4 million Californians (17%) have suspended driver's licenses for failing to appear or because they cannot pay fines and fees.

EXAMPLES

California Department of Corrections and Rehabilitation’s California Identification Program

The program provides a valid California identification (CAL-ID) card to eligible inmates upon their release from prison. Possession of a CAL-ID card is a critical component for employment and other services.

SAN FRANCISCO OFFICE OF THE TREASURER

Financial Justice Project

This project was created to assess and reform how government and court fees and fines impact the city’s most vulnerable residents. It is examining how the levying of fines and fees, partly to generate revenue, can have the unintended impact of pushing people into poverty – particularly poor people and people of color.

Los Angeles Unified School District Bans Willful Suspensions

Los Angeles became the first California school district to ban suspensions for “willful defiance,” a subjective term including behaviors such as refusing to turn off a cell phone or failing to wear a school uniform. The result: districtwide suspensions plummeted from around 8% to 1%, and days lost to suspension dropped from about 75,000 to 5,000.

5. STRENGTHEN SAFETY

Eliminate Barriers to Second Chances



Once a Shared Safety approach has been adopted, barriers that prevent people from turning their lives around must be removed.

Why do we need it?

Californians with felony convictions face over 4,800 restrictions, including barriers to securing housing and employment. And it's not just felony convictions that create barriers; even unpaid fees and fines for minor infractions can spiral into penalties that upset lives.

How does it help?

Removing these barriers and ensuring that individuals with felony convictions can participate equally in society creates opportunities to successfully reintegrate, restores families and fosters well-being. It also reduces the likelihood they will reoffend.

QUESTIONS TO ASK

- > How can we eliminate the barriers people with felony convictions face? What about minor infractions or misdemeanors?
- > What's the process for clearing one's record? How long does it take?
- > Do people with criminal records have legal support to help secure jobs and housing? How can we reduce the backlog of petitions for records?

WHAT DOES IT TAKE TO IMPLEMENT?

- Engage your collaborative partnership, including the private sector, in removing barriers to employment and reducing stigma.
- Revise locally imposed fines and fees that disproportionately impact poor people.
- Minimize barriers by public housing agencies and ensure an appeals process.
- Release holds on driver's licenses for people seeking employment and adjust child support payments during periods of no income.

OUTCOME MEASURES

- Increased percentage of eligible individuals notified about their right to clear their records.
- Shorter length of time required to have a record cleared in court.
- Decreased number of appeals filed for inaccurate background checks.
- Increased percentage of individuals returning from incarceration who have access to stable housing, living-wage jobs and healthcare.

California has more than 4,800 restrictions for people with felony convictions: 58% are job-related and 73% are lifetime bans.

EXAMPLES

Los Angeles County's Prop. 47 Jobs and Services Task Force

In 2015, the Los Angeles County Board of Supervisors created a task force to developed a five-year plan to (1) create sustainable pathways to employment and (2) provide comprehensive support services for Proposition 47–eligible residents. The public-private partnership included government officials, community leaders, the Los Angeles Chamber of Commerce and the Los Angeles County Federation of Labor.

Center for Employment Opportunities

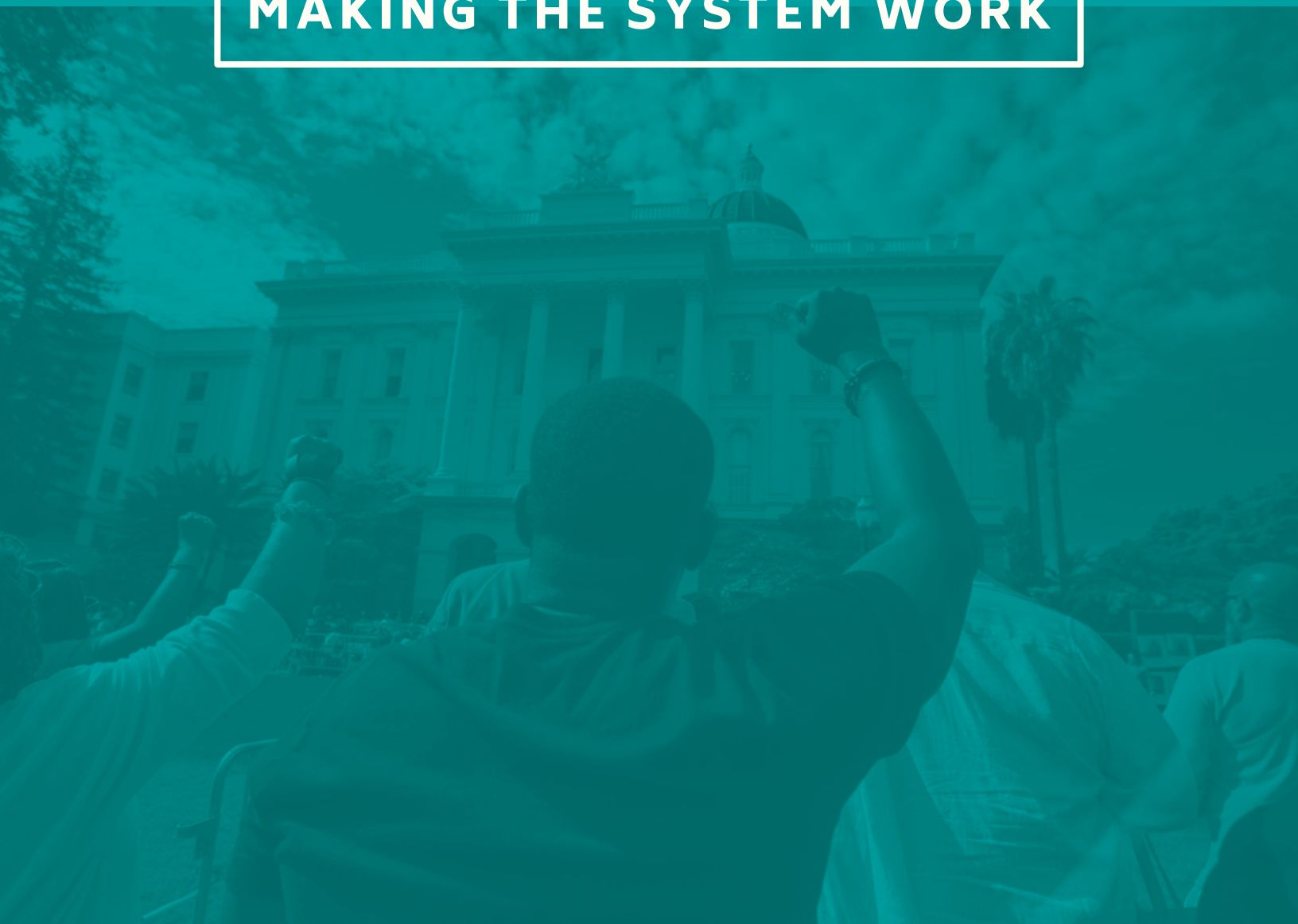
In San Bernardino, the Center for Employment Opportunities (CEO), a national social enterprise model, partners with the California State Reentry Initiative, San Bernardino Community College and CalTrans to operate transitional work crews for individuals with recent criminal convictions. CEO also has programs in Oakland, San Diego, San Jose and Los Angeles.

The Transitions Clinic Program

This program provides chronically ill, formerly incarcerated individuals with a patient-centered primary care medical home. With several locations in the U.S., the program offers, in part, linkages with correctional partners to provide continuity of care and community health workers who serve as a bridge between the clinical team and the patient.

BLUEPRINT FOR SHARED SAFETY

MAKING THE SYSTEM WORK



MAKING THE SYSTEM WORK

Joint responsibility, collaborative solutions.

Achieving community safety is not the responsibility of law enforcement alone. The historic over-reliance on criminal justice has burdened a system that cannot solve many of the root causes. Shared Safety relies on cooperation, collaboration and innovation. Criminal justice, health, behavioral health, foster care, education, housing and social services systems must work together, across agencies and with communities, to leverage resources, evaluate outcomes, adapt and hold each other accountable. Making the system work starts with trust. Communities that share a connection and mutual trust with local government have what it takes to attain safety for all.

1. ENVISION SAFETY

Build Community Trust & System Legitimacy



When a community views law enforcement, health providers and other public entities as legitimate, trustworthy and reliable, they are much more likely to seek help and help others.

Why do we need it?

If we fear that an institution will reject or mistreat us because of our prior justice involvement, immigration status or our child's gang involvement, we are much less likely to reach out to the police officer in our neighborhood or see a doctor when we're sick. Crime can spread unchecked, and illnesses go untreated.

How does it help?

In communities where every resident believes in the legitimacy of public institutions, people access the services they need without fear of retribution or discrimination. This has a multiplier effect: the more safe and publicly engaged our neighbors are, the more we are likely to be the same.

QUESTIONS TO ASK

- > What is the trust level between the community and public entities?
- > How are law enforcement and other service institutions establishing and maintaining legitimacy among vulnerable communities?
- > Is staff trained in the impact of trauma and trauma-informed responses?

WHAT DOES IT TAKE TO IMPLEMENT?

- Conduct an assessment of community perceptions about public agencies and design strategies to address concerns.
- Develop culturally relevant and trauma-informed training for law enforcement and other public officials.
- Ensure that immigration status, gender identity, race/ethnicity, age or disability is never an issue when reporting crime or seeking services. Raise awareness of this practice and make interpreters available.

OUTCOME MEASURES

- Increased percentage of public employees and contract providers trained in trauma-informed responses.
- Increased availability of interpreters and/or cultural experts.
- Increased percentage of staff who live or have lived in the communities they serve.
- Greater alignment between the demographic composition of service institutions and the communities they serve.
- Increased percentage of reported crimes.

Nationally, only 41% of survivors report the crime to police, not including undocumented immigrants, who are least likely to report.

EXAMPLES

ELGIN, ILLINOIS

Trauma Recovery Center

Resident Officer Program of Elgin (ROPE) was launched in 1991 with the belief that police officers would work more collaboratively with residents to solve problems and improve quality of life if they actually lived in the same neighborhoods as their beats. The program resulted in a decrease in crime, which in turn led to the closure of one Illinois court.

NATIONAL NETWORK FOR SAFE COMMUNITIES

Reconciliation Project

Beginning with its work in bringing communities and police together to shut down drug markets, the National Network has been both exploring and applying processes of police-community reconciliation. The Reconciliation Project involves law enforcement partners and communities directly engaging with one another in order to address past and present harms, air grievances and address narratives that keep both sides from moving toward their shared goal of improving public safety.

Living Room Dialogues on Crime Prevention

With Robert Wood Johnson Foundation funding, Californians for Safety and Justice hosted a series of living room–style conversations among residents, crime survivors and law enforcement officials in Stockton, Sacramento and Los Angeles. The dialogues, which allowed for the sharing of experiences from all sides of the conflict, resulted in greater commitment to work together to develop holistic strategies.

2. PLAN FOR SAFETY

Establish Collaborative Partnerships



A Shared Safety approach works only if there is real collaboration among law enforcement, health leaders and the community, especially when tensions run high.

Why do we need it?

When decision-makers operate in silos and don't have an ear to vital feedback from the community or their peers in other fields, they miss out on a wealth of insights, knowledge and ideas that could fuel innovation and fresh approaches to keeping people safe.

How does it help?

Collaboration is critical for vision-setting. Working together keeps the lines of communication open so problems are detected earlier and solutions are more comprehensive, minimizing duplication and unnecessary spending.

QUESTIONS TO ASK

- > Who is currently at the table? Are our most vulnerable communities well represented? How do we get them here?
- > Have we designated a point person to convene this collaborative? Or can we incorporate this effort into an existing body?

WHAT DOES IT TAKE TO IMPLEMENT?

- Designate an individual to convene a diverse and representative group of stakeholders to oversee your Shared Safety strategy.
- Solicit input from communities most impacted by crime about who should represent them.
- Make sure that information gathered from your partnership informs and guides your Shared Safety strategy.
- Be honest about tensions and barriers that might strain this collaboration, and address them.
- If it makes sense to integrate this work with a preexisting effort, do so. But make sure the right people are at the table.

OUTCOME MEASURES

- Strong attendance and participation at partnership meetings by key stakeholders, including crime survivors and other community members.

San Francisco Probation Department, partnering with health and human services agencies, the Sheriff's Department and community organizations, decreased revocations to state prison by 48% in two years.

EXAMPLES

Counties Convene Community Corrections Partnerships

As part of 2011 Public Safety Realignment, counties were required to convene a Community Corrections Partnership (CCP), a collaborative chaired by the county's chief probation officer. CCPs prepare the budget for their county's Assembly Bill (AB) 109 funding. Every year, the Board of State and Community Corrections collects and analyzes available data regarding the implementation of local plans and other outcome-based measures, and must provide to the governor and the legislature a report on the implementation of the plans.

STEPPING UP INITIATIVE

Keeping People with Mental Illnesses Out of Jail

Twenty-six counties across California have joined the national Stepping Up Initiative, a collaborative approach to reducing the number of people with mental illnesses in jail. The first of six steps in the initiative is to convene a diverse team of stakeholders and leaders.

3. INVEST IN SAFETY

Leverage Diverse Funding Streams



Shared Safety's integrated approach potentially opens new funding streams—especially for protecting low-income and vulnerable populations.

Why do we need it?

Recognizing safety as a public health issue opens up new funding possibilities as well as new barriers. Traditional siloed funding streams won't work for this integrated approach. Creative solutions that break the mold require creative funding strategies.

How does it help?

Leveraging state, federal and even private funding can help stretch precious local funds further, opening up new funding streams for health-related services and collaboration. For example, California's Medi-Cal expansion and Medi-Cal 2020 can help expand behavioral healthcare and preventive care. For certain beneficiaries, the Affordable Care Act's (ACA) Health Homes Program offers an additional Medi-Cal benefit for care management and care coordination services.

QUESTIONS TO ASK

- > Who is responsible for seeking out new funding sources?
- > Have we dedicated a mix of resources to integrated approaches?
- > Have we identified and analyzed funds that serve "high utilizers"?
- > What are barriers to efficient use of funding? Have we requested waivers where appropriate?
- > Are we making cost-effective use of flexible funds?

WHAT DOES IT TAKE TO IMPLEMENT?

- Review and brainstorm funding possibilities beyond your go-to sources.
- Analyze high utilizers to find cost-savings and more effective approaches.
- Look for ways to "braid" funds to maximize multiple funding streams.
- Survey all possible funding streams and review what colleagues in other jurisdictions have tried.

OUTCOME MEASURES

- Exhaustive leveraging of state, federal and private funds for Shared Safety priorities.
- Reduction in total cost for high utilizers and other individuals who cross multiple agencies.

Prior to the ACA, nearly one in four California adults had no health insurance. Uninsured people are more likely to forgo preventive care.

EXAMPLES

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

Housing for Health

Los Angeles County Department of Health Services (LADHS) and Brilliant Corners, a supportive housing provider, are collaborating on Housing for Health, a program to permanently house homeless clients with complex physical and behavioral health conditions. Its goal is to reduce costly health services while improving health conditions.

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Whole Person Care Pilots

These pilots focus on high users of multiple systems who continue to have poor health outcomes by coordinating health, behavioral health and social services. Federal and local funding was made available to cities, counties and consortia to integrate these services for vulnerable populations.

Alameda County Leverages Multiple Funding Streams

Alameda County's behavioral health system's aggressive approach to leveraging funding includes "inreach" to jail with its Whole Person Care pilot. This intensive case management approach transforms service delivery for mentally ill and homeless individuals, including post-discharge care.

4. EVALUATE SAFETY

Commit to Transparency & Continuous Improvement



A Shared Safety strategy that responds to community needs, stays on track and delivers results requires a commitment to ongoing improvement.

Why do we need it?

Systems that do not challenge themselves regularly or expose themselves to public review risk making wasteful expenditures and alienating the communities they were designed to serve.

How does it help?

Agencies and departments that engage employees and community stakeholders in ongoing reviews of their processes and programs can assess areas for efficiency, innovation and improvement and identify innovative ways to make communities safer.

QUESTIONS TO ASK

- > Do we have a system-wide culture and infrastructure that supports transparency and continuous improvement?
- > Have we dedicated sufficient human and financial resources to evaluation and improvement?
- > Are we engaged in a network of communities trying similar efforts and learning from them?
- > Are we committed to continuing this effort even if we experience some failures along the way?

WHAT DOES IT TAKE TO IMPLEMENT?

- Develop an interdepartmental system dedicated to transparent review and continuous improvement.
- Carve out time for employees and stakeholders to work together on system improvement, e.g., “kaizen” events based on the Japanese business philosophy.
- Dedicate sufficient IT, funding and related support to ensure that programs inside and outside of government are tracked.
- Celebrate successes and be honest about your failures.
- Share your learning and experience with others through media, trade publications or journals, and/or presenting at professional conferences.

OUTCOME MEASURES

- An agreed-upon number of kaizen or similar evaluation events, which include “report-outs” at the end.
- Documentation of successes and failures and sharing of experiences.

Putting individuals who are low-risk to reoffend into a criminal justice intervention can actually double their risk of committing another crime.

EXAMPLES

Correctional Program Checklist

The University of Cincinnati has developed an evidence-based Correctional Program Checklist (CPC), a tool for assessing how closely correctional programs meet known principles of effective intervention. This tool, which has been used on over 400 programs, can help improve the effectiveness of interventions.

RIVERSIDE COUNTY

Data-Driven Decision Making

In 2014, Riverside County partnered with California Forward's Justice System Change Initiative to create an interagency group that uses data to solve county problems. This unprecedented collaboration combined with data analysis (e.g., from a jail utilization study) has led to system-change recommendations that are serving as a model for other counties.

UCLA-HARBOR HOSPITAL

Streamlining Ophthalmology Care

To reduce wait times at the hospital's Ophthalmology Clinic, the CEO instituted a Kaizen Promotion Office (KPO). This led to a Value Stream mapping process and a series of reforms, including the creation of a "one-stop shop" approach to care centered on the patient, not the staff.

5. STRENGTHEN SAFETY

Support Community Organizing to Improve Accountability



To be held accountable to its Shared Safety commitment, government must embrace the community as a critical asset and important motivator for change.

Why do we need it?

Government efforts can be ineffective and sometimes even harmful when they are not aligned with the community. True system-level change can only occur if communities are engaged as partners and field experts.

How does it help?

Community organizations can play an important role in the system of checks and balances that ensure good governance. They know their communities best and almost always see the problems and potential solutions more clearly than outside agencies. And once you've earned their trust, they can be powerful allies in building that trust in the community.

QUESTIONS TO ASK

- > Are we meaningfully involving community organizations as partners in our shared approach?
- > Have we provided them with the data and information they have requested?
- > Are we partnering with community organizations in planning, policy-making and implementation?

WHAT DOES IT TAKE TO IMPLEMENT?

- Seek out individuals and organizations trusted in the community to be field experts in your work.
- Understand and respect diverse voices that represent the demographics of the community.
- Problem-solve jointly by sharing data, integrating community suggestions and clarifying government constraints and limitations.
- Follow through on commitments to earn the trust of communities historically let down by government agencies.

OUTCOME MEASURES

- Increased engagement by community organizations.
- Increase in resources dedicated to community organizations.
- Decrease in Freedom of Information Act requests by community organizations (because the information is being provided to them as part of the partnership).

Upper-middle class youth show increasing involvement in family, school, church, and voluntary associations, while working class youth are increasingly disconnected.

EXAMPLES

CALIFORNIA DEPARTMENT OF JUSTICE'S

OpenJustice Initiative

OpenJustice is a transparency initiative led by the Attorney General that publishes criminal justice data to allow Californians to hold the department accountable for its safety policies. In its efforts to improve data utility, the initiative actively involves community members and subject matter experts in the development of new tools and ways to share information.

Motivating Individual Leadership for Public Advancement

Motivating Individual Leadership for Public Advancement (MILPA) bridges relationships between communities in East Salinas and local officials to build and strengthen community involvement in policy-making, budget allocations and other governmental decision-making processes. It incubates culturally relevant leadership through trainings, technical assistance and direct advocacy.

IN DEPTH APPENDIX

Understanding Individual Adult and Childhood Trauma

Ensuring Immigrant Communities Share in Safety

A Multifaceted Approach to Reentry

Using the Risk+Harm+Need Model

Understanding Health and Behavioral Healthcare

IN DEPTH: Understanding Individual Adult and Childhood Trauma

Individual trauma is the result of emotionally harmful or life-threatening events. Left unaddressed, trauma can have lasting adverse effects on an individual's physical, emotional and social well-being.

PREVENTION AND TREATMENT IS KEY

Trauma occurs as a result of witnessing or experiencing a life-altering event, such as violence, abuse, neglect, war, crime or incarceration. When an individual experiences multiple traumatic events, especially as a child, he or she is especially likely to suffer from short- and long-term physical and mental health effects. We can help people overcome trauma and break this cycle through the following interventions:

Identify and address adverse childhood experiences

Because trauma that occurs in childhood can have particularly severe, long-term impacts on health, pediatricians should screen all children for Adverse Childhood Experiences (ACEs) and communities should provide parental and child supports in a variety of contexts, including schools, hospitals, churches, after-school programs and community centers. In each context, interventions can connect families to other community-based services, building strong parent-child relationships that protect and heal the brain from trauma.

Implement family-focused strategies to address intergenerational trauma

Research shows the best way to mitigate the effects of trauma is through stable and nurturing relationships. Providing parents with help to address their own trauma will have long-lasting positive effects on their ability to connect with and support their children. Assistance can take the form of individual supports such as therapy as well as structural supports such as low-cost child care, respite, stable housing and job-training programs.

Design and implement trauma-informed social service systems

Given the prevalence of trauma in our society, it is of the utmost importance that social service providers – from hospitals to schools to community centers – be trauma-informed. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines a program, organization or system that is “trauma-informed” as one that:

- realizes the widespread impact of trauma and understands potential paths for recovery;
- recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;
- responds by fully integrating knowledge about trauma into policies, procedures and practices; and
- seeks to actively resist re-traumatization.

For example, Head Start Trauma Smart in Kansas City addresses the high incidence of complex trauma—including family and community violence, family member incarceration, caregiver substance abuse and mental illness, and homelessness—in 3-to-5-year-olds throughout the metro area.

Train police and correctional officers to prevent further traumatization

Many interventions by the criminal justice system are inherently traumatic. Trainings should be provided to all staff to limit and reduce the harm caused by these interventions. This may include eliminating or narrowing the use of coercive practices, such as restraints or solitary confinement in behavioral health and correctional facilities, and making sure children are safe and not in the room when law enforcement is addressing domestic violence situations.

To minimize trauma, agencies must calibrate staff hiring, training and promotion practices to cultivate a trauma-informed organizational culture. Trainings for police and correctional officers should promote adherence to six key principles:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

In addition, agencies should include policies and practices to ensure that staff have support to cope with the emotional stress of working with people who have had traumatic experiences.

IN DEPTH: Ensuring Immigrant Communities Share in Safety

A foundation of the Shared Safety approach is that no one group of people can be truly safe unless we all are. Immigrant communities face unique safety challenges because of policies that deny their dignity, exclude them from services and violate their rights.

SHARED SAFETY INCLUDES EVERYONE

While many immigration policies can only be changed at the federal level, states and localities have powerful tools at their disposal to promote the well-being of every person, regardless of his or her documentation status. In light of the current trend toward even more restrictive federal immigration policies, these tools will only become more essential in the coming years.

Provide equal access to health, education and economic opportunities

Many federal programs (such as SNAP and Medicaid) discriminate against individuals based on documentation status. States and localities can fill this gap by investing in the well-being of immigrant communities. When individuals are unable to receive preventative medical care, for instance, they are often forced to wait until their condition becomes a medical emergency to qualify for treatment, which costs local government both financially and socially.

Address adverse childhood experiences and family trauma

Many immigrants come to the U.S. fleeing poverty and civil war. The process of crossing the border can be especially traumatic for unaccompanied minors, who face the prospect of further trauma at the hands of U.S. Border Patrol officials. Unless these traumas are addressed at a young age, there may be lasting damage to the child's cognitive, social and emotional skills.

Make a clear distinction between law enforcement and immigration enforcement

When local law enforcement partners with federal authorities to identify and deport immigrants, police-community relations suffer and vulnerable people are forced further into the shadows. To build successful relationships with immigrant communities, law enforcement can learn from best practices across the country, distinguish itself from immigration authorities, leverage community partnerships, provide interpreters and translated materials when necessary and develop culturally relevant strategies to address core safety needs.

Make counseling and resources accessible to crime survivors

Immigrant communities are often most vulnerable to crime and least likely to report crime. States and localities should ensure that these crime survivors receive the compensation, counseling and voice they are due in safe spaces serviced by community providers. In addition, victims of domestic violence, human trafficking and other serious crimes should be helped to apply for special visas if eligible.

Ensure due process protections for all

Regardless of documentation status, each and every person has constitutional protections, including due process. States and localities should not detain individuals before trial unless they are a flight risk or a danger to themselves or others. Specifically, local jails should not respond to requests from Immigration and Customs Enforcement (ICE) to hold individuals for transfer to ICE custody.

Provide free or low-cost counsel in immigration and criminal proceedings

Defendants who lack the assistance of an attorney, or in some cases, an interpreter, are unable to properly defend their rights against imprisonment and deportation. In order to uphold these fundamental rights, many jurisdictions have limited the total caseload of public defenders. Others are exploring how to fund legal representation for immigrants requesting refugee status or facing deportation.

IN DEPTH: A Multifaceted Approach to Reentry

Formerly incarcerated individuals are most likely to turn their lives around if they have a reentry plan tailored to address the underlying challenges they face—from housing and job training to mental illness and substance use disorders.

A CONTINUED INVESTMENT IN SAFETY

Communities spend a lot of resources on incarceration but hardly enough on reentry-related services that research shows are essential to improving public safety in the long run. The following services have been shown to have a demonstrable impact on individuals' ability to successfully reintegrate into their communities.

Ensure a “warm hand-off” following incarceration

Individuals who are going to reoffend are most likely to do so within the first 90 days of release. A robust reentry plan can help reduce this risk. Reentry planning should begin early and should involve connecting with post-release providers prior to release to ensure a “warm hand-off” and front-loaded post-release services. Reentry planning also includes enrollment in benefit programs, obtaining valid IDs, transportation upon release and appropriate community-based supervision based on the individual's risk level.

Provide job training and employment assistance

Targeted, evidence-based programming and job-training supports individuals and the community at large: studies show formerly incarcerated individuals who worked prior to incarceration and those who find employment soon after release are less likely to be reincarcerated one year out. An education-to-jobs pipeline inside and outside jail could be developed with partnering schools and employers that enables transferable credits and coordinates vocational education with local workforce needs. Once each

individual's needs are properly assessed, that person should be connected to appropriate services. For example, lower-risk individuals with prior employment histories may only need assistance with a job search, while higher-risk individuals without prior employment may require additional services and supervision as well.

Find secure housing

Housing is a critical stabilizing factor that also helps address physical/mental health conditions. Yet individuals returning to their communities often face significant challenges in obtaining affordable and safe housing. Reentry planning should address paths to stable housing, whether it be with family members, roommates, supportive housing or subsidized housing. Housing services can vary in duration, as well as with respect to the additional health, employment and educational supports provided.

Enroll in healthcare and substance abuse treatment

California's expanded Medicaid program (Medi-Cal) through the Affordable Care Act provides an avenue to improving the health of the justice-involved community. Full benefits include primary care, doctor visits, hospital visits, prescription drugs, mental health services, addiction treatment and preventive care, as well as limited dental care. However, because many justice-involved individuals have little experience with health coverage, counties should prioritize healthcare education for this population and train county staff, such as sheriff and probation officers, as part of the outreach.

Connect to public benefits

Connecting clients to eligible public benefits can help formerly incarcerated individuals get on their feet. These benefits vary by type: health, veterans, basic needs funds, food, work service and social security. Many of these programs are administered at the county level, with different eligibility rules based on income and criminal history. Successful partnerships with enrollment agencies/organizations will be essential to navigating the complicated maze of restrictions and data systems.

Remove collateral consequences

The "collateral consequences" of a criminal conviction are the civil state penalties, mandated by statute, attached to criminal convictions that thwart people seeking to turn their lives around. Many of these are lifetime bans. Removing these barriers is key to breaking the cycle of crime. For instance, for individuals eligible through California's Proposition 47, expungement and other record-clearing activities can eliminate unnecessary barriers to housing subsidies, employment opportunities and other public assistance.

IN DEPTH: Using the Risk+Harm+Need Model

The Risk+Harm+Need Model can be used to better determine the appropriate criminal justice response. This graduated decision-making model factors in three critical dimensions: risk to public safety, severity of harm caused and the needs that must be addressed to prevent further crime.

DATA-DRIVEN DECISION-MAKING

Assessing risk

Considerable research supports the use of assessments in predicting the likelihood that an individual will commit another crime and determining the interventions most likely to reduce that risk.

Risks assessments have evolved significantly over the past several decades to determine specific risks. For example, risk assessments can help to predict the likelihood that an individual will fail to appear in court (useful for pretrial decision-making) or commit another crime. Depending on the purpose of the assessment, it may include static factors (i.e., that never change) such as the age of the individual when first arrested and the seriousness of the offense, as well as dynamic factors (i.e., that can change) such as anti-social attitudes or participation in school and other activities. Currently there are efforts underway to develop a risk tool for initial contact, i.e., by law enforcement when determining arrest.

Determining the severity of harm

Because the Blueprint for Shared Safety puts crime survivors at the center of its approach, it is essential that systems appropriately respond to the harm caused by crime. Historically, our criminal justice systems have interpreted the needs of the victim primarily in terms of retributive justice. The risk+harm+need model recognizes that individuals who have caused the most serious harm should receive a more severe sanction, including incarceration. But punishment should not be confused or conflated with addressing the needs of the victim. Holding a person accountable for harming

someone is not sufficient to address the trauma that victim has experienced.

Identifying needs to prevent future crimes

In addition to assessing risk to public safety, complex risk assessments also determine the dynamic factors that put an individual most at risk of committing another crime. Research has identified eight major needs (also known as risk factors) related to recidivism:

- presence of anti-social behavior
- anti-social personality pattern
- anti-social cognition
- anti-social associates
- family and/or marital
- school and/or work
- leisure and/or recreation
- substance abuse

Even though mental health is not on this list, the Blueprint recognizes that these risk factors and mental health are significantly interconnected. Addressing these issues in isolation is far less effective and in some instances may have negative consequences. The Criminogenic Risk and Behavioral Health Needs Framework developed by the Council of State Governments Justice Center is a useful framework for integrating system responses based on individual risk factors, severity of substance abuse and mental health needs. Needs assessments can also be useful in prioritizing additional capacity.

Keep individuals at the right level of intervention

As mentioned throughout the Blueprint, it is critical that individuals not be brought deeper into the criminal justice system to address their needs if their risk to public safety or the severity of harm caused does not warrant that level of justice involvement.

Importance of validation and addressing disparities

When implementing an evidence-based assessment tool, each jurisdiction should validate the tool for use within its own population. This can be done prior to implementation using historical data or using information gathered during implementation. Until a tool has been validated for your population, you may not be benefiting accurately from its predictive abilities.

Use of risk assessment tools alone will not resolve issues of racial disparities. These tools consider many factors, such as age at first arrest, which are often racially disparate. Risk assessments can help to inform more objective decision-making, but most systems are built upon generations of systemic inequities that still have to be rooted out. Laying a risk assessment on top of these inequities could help to reduce making the system even more disparate, but it will not eliminate or resolve those disparities that are currently inherent in the system.

IN DEPTH: Understanding Health and Behavioral Healthcare

America's healthcare systems have historically prioritized acute interventions over preventive care, resulting in ballooning costs and relatively poor health outcomes. Policymakers have begun reconsidering the design of these systems in ways that could make us safer.

PREVENTIVE HEALTH AND PREVENTING CRIME

Improving preventive healthcare not only impacts health outcomes, it prevents crime. For example, addressing addiction can reduce crimes driven by addiction like petty theft and trespassing. Poor health status contributes to poor socio-economic status, which in turn makes individuals more likely to be involved in the criminal justice system and vice versa.

The Affordable Care Act (ACA) and California's commitment to expanding Medi-Cal are making significant resources available to counties developing the type of health and behavioral health infrastructure necessary to fill the gap for low-income, childless adults and other vulnerable populations. Although the future of the ACA and funding for expanded coverage is less certain in light of the new federal administration, programs continue to exist at this time and California's leadership has stated a commitment to continuing their support. But even with existing coverage, continued dialogue and collaboration between state and local leaders around payment structures and reimbursement remain critical. Some of the guidelines and programs to consider are below.

California's Medi-Cal expansion under the Affordable Care Act

Medi-Cal provides free or very low cost healthcare coverage to low-income California residents, including legal permanent residents, DREAMers and, as of 2015, undocumented children. Prior to the ACA, Medi-Cal provided coverage only to certain low-income populations, such as children, pregnant women, people with disabilities and seniors. Upon expansion, the program was simplified and extended to those with incomes up to 138% of the federal poverty level. With expansion, Medi-Cal offers an enhanced set of benefits. Of note are expanded substance abuse services, previously limited to a small fraction of Medi-Cal members but which now include single, childless adults under the age of 65.

Reimbursement reform and outcome-tracking mechanisms to reward prevention across silos

In the fee-for-service model of reimbursing healthcare services, health plans and the government pay providers for discrete services and procedures. This model has contributed to an emphasis on high acuity care at the expense of primary and preventive healthcare, which has led policymakers to consider alternate payment mechanisms that reward providers and health care systems that emphasize primary care and prevention.

These payment reform mechanisms include:

- **Capitated payment structures** that reimburse health systems and/or providers with predetermined payments on a per-patient basis, rather than on the basis of specific services or procedures provided, and

- **Pay-for-performance structures** that reimburse health systems and/or providers for achieving certain pre-determined metrics, such as reductions in hospital readmissions or hospital-acquired infections.

Additionally, California counties, which have significant local control of spending across multiple sectors, could align spending with improved outcomes in preventive health, criminal justice and other areas of public interest by integrating expenditure-making processes across sectors. This integration could reduce the transfer of problems and expenses between local sectors. For instance, patients discharged from public hospitals only to resurface in local jails represent additional county costs, despite the fact that the hospital would be unaware of – as well as devoid of financial liability for – the later jail admission.

Preventive healthcare systems

The ACA and California’s Medi-Cal expansion created broad eligibility for health care coverage for low-income adults, including coverage for hospital services, outpatient healthcare services, mental health services and substance use disorder services. Four specific programs create additional opportunities for counties to dramatically improve preventive healthcare:

Whole Person Care pilot programs

California’s recently approved Medicaid 1115 Waiver, “Medi-Cal 2020,” includes funding for Whole Person Care (WPC) pilot programs that coordinate physical healthcare, behavioral health and social services for vulnerable Medi-Cal beneficiaries at risk of experiencing poor health outcomes and/or who are high utilizers of services. WPC entities will be able to make necessary infrastructure improvements and fund services not otherwise covered through Medi-Cal, such as housing. These pilots have the opportunity to target vulnerable populations at most risk for becoming justice-involved.

Drug Medi-Cal Organized Delivery System

The Medi-Cal 2020 Waiver also authorizes California to implement a groundbreaking new substance use disorder (SUD) delivery system known as the Drug Medi-Cal Organized Delivery System (DMC ODS). For counties that opt in, the DMC ODS provides

a full continuum of SUD services depending on an individual’s medical necessity, and will provide coordinated care – not just between SUD service providers at different levels of care, but between SUD providers, primary care providers and the Medi-Cal Managed Care plans.

This robust, coordinated system of SUD treatment could potentially improve health outcomes, prevent individuals from becoming involved with the criminal justice system or help individuals already justice-involved to access care.

Health Homes Program and improved coordination of services

The California state legislature adopted an optional provision of the ACA known as the Health Homes Program (HHP). The HHP benefit provides an additional Medi-Cal benefit for care management and care coordination services for beneficiaries with certain chronic health conditions who are high utilizers of healthcare services and aims to enhance Medi-Cal for some of California’s most vulnerable residents, including individuals with serious mental illnesses and individuals with SUDs.

Incentives realignment emphasizing prevention strategies

The Medi-Cal 2020 Waiver authorizes California to spend up to \$7.5 billion to reform its public and municipal hospital systems to create systems of care centered on high-value preventive care rather than costly and inefficient acute interventions. An overarching goal of the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program is to transition California’s safety-net hospital systems from a fee-for-service reimbursement system to alternative payment structures that reward value and prevention, such as capitated payment structures.

Although the structure of the PRIME program limits the incentive payments to health-based performance metrics, the inclusion of post-incarceration populations as a target group suggests policymakers’ growing understanding of the connection between health and public safety.

RESOURCES

This report by the Board of State and Community Corrections details how it allocated its Public Safety Realignment funds (July 2015). [2011 Public Safety Realignment Act: Third Annual Report on the Implementation of Community Corrections Partnership Plans.](#)

The ACEs Connection Network is a movement to prevent Adverse Childhood Experiences (ACEs), heal trauma and build resilience. [ACEs Connection Network.](#)

Advance Peace interrupts gun violence in U.S. urban neighborhoods by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship. [Advance Peace.](#)

The Advancement Project is a next generation, multi-racial civil rights organization. [Advancement Project.](#)

The Anti-Recidivism Coalition provides a support network for formerly incarcerated young men and women, and advocates for fairer criminal justice policies. [Anti-Recidivism Coalition.](#)

The Office of Planning, Research and Evaluation, an office of the Administration for Children and Families in the U.S. Department of Health and Human Services, summarizes findings of a literature review and research in three areas – implementation science, early care and education quality, and costs – to guide development of measures for the implementation and costs of early care and education in center-based settings that serve children from birth to age five (May 2016). [Assessing the Implementation and Cost of High Quality Early Care and Education: A Review of the Literature.](#)

Back on Track—Los Angeles, launched in 2014, is an intensive recidivism reduction pilot program designed by the California Department of Justice's Division of Recidivism Reduction and Re-Entry, the Los Angeles County Sheriff's Department and the Los Angeles County Probation Department. By providing a broad set of education, cognitive behavior training and reentry services to incarcerated men, the program helps offenders gain employment, find housing and reunite with their families – all in order to build new, crime-free lives. [Back on Track — LA.](#)

Back on Track — San Francisco, founded in 2005 by then-District Attorney Kamala Harris, is a reentry initiative that aimed to reduce recidivism among certain low-level, nonviolent drug offenders. Over a two-year period, the program reduced recidivism among its graduates to less than 10 percent. Back on Track was designated as a model for law enforcement by the U.S. Department of Justice (DOJ). [Back on Track — San Francisco.](#)

Blueprints for Healthy Youth Development identifies evidence-based positive youth development prevention and intervention programs. [Blueprints for Healthy Youth Development.](#)

Californians for Safety and Justice's first-ever survey of California crime survivors reveals a different perspective than that commonly held about the views of crime survivors (July 2013). [California Crime Victims' Voices: Findings from the First-Ever Survey of California Crime Victims and Survivors.](#)

A transparency initiative led by the California Department of Justice (CA DOJ) leverages statistical data maintained by the CA DOJ and other publicly available datasets. [California DOJ Open Justice Initiative.](#)

The California Health and Human Services Agency's Open Data Portal improves access to the state's health data and provides tools to visualize and download datasets (February 2015). [California Health and Human Services Open Data Portal.](#)

The California Health Care Foundation commissions research and analysis aimed at helping state and local governments address barriers to data sharing. These efforts include briefing documents and informational webinars, an open portal initiative and case studies about successful implementation of health care services. [California Health Care Foundation.](#)

On October 19, 2016, the White House and the U.S. DOJ announced the launch of the first national campaign to raise awareness, teach skills and inspire public action to address children's exposure to violence and childhood trauma. The "Changing Minds" campaign will motivate teachers, coaches, counselors, health professionals, law enforcement officers, social workers and others who regularly interact with children to take meaningful action in supporting children who may be affected. [Changing Minds Campaign.](#)

Kaiser Permanente and the Berkeley Media Studies Group argue that to prevent violence, we need to discuss crime as a public health problem in which after-the-fact responses are coupled with strategies for preventing violence before it starts (2016). [Changing the Discourse About Community Violence: To prevent it, we have to talk about it.](#)

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)'s GAINS Center prepared this easy-to-use checklist to help behavioral health agencies assess their utilization of evidence-based practices with justice-involved adults (August 2012). [Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders.](#)

The Council of State Governments Justice Center's Criminal Justice/ Mental Health Consensus Project provides 47 policy statements that can improve the criminal justice system's response to people with mental illness (2002). [Consensus Project Report.](#)

The annual County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, air and water quality, income and teen births in nearly every county in America. The goal is to provide a revealing snapshot of how health is influenced by where we live, learn, work and play. [County Health Rankings & Roadmaps](#).

The National Network for Safe Communities offers practical tools for engaging communities in efforts to sustain the closure of drug markets, including police-community reconciliation and dealer notifications (2015). [Drug Market Intervention: An Implementation Guide](#).

The Centers for Disease Control and Prevention (CDC) discusses steps to create safe, stable, nurturing relationships and environments in order to prevent child maltreatment and to assure that children reach their full potential (August 2014). [Essentials for Childhood Framework](#).

The U.S. DOJ's National Institute of Corrections presents eight evidence-based principles that have been proven to influence positive behavior change during community supervision (2013). [Evidence-Based Practices in the Criminal Justice System: An Annotated Bibliography](#).

The Mijente organization addresses how cities can protect all residents from criminalization and deportation by expanding sanctuary city policies (January 2017). [Expanding Sanctuary: What Makes a City a Sanctuary Now?](#)

The Vera Institute of Justice's Family Justice Program offers training and technical assistance to community-based and government agencies to adopt case management styles that are strength-based and family-focused. [Family Justice Program](#).

Former President Obama's Task Force on 21st Century Policing discusses how to establish and nurture trust between law enforcement agencies and the people they protect and serve (May 2015). [Final Report of the President's Task Force on 21st Century Policing](#).

The California Health Care Foundation explains the federal and state laws that apply to sharing behavioral health information in California (July 2015). [Fine Print: Rules for Exchanging Behavioral Health Information in California](#).

generationFIVE argues that child sexual abuse is a social justice issue, and works to interrupt and mend the intergenerational impact of child sexual abuse on individuals, families and communities. [generationFIVE](#).

The National Network for Safe Communities lays out steps that a community can take to cease the gun violence that destabilizes communities, creates fears in citizens and claims the lives of many young people of color (2016). [Group Violence Intervention: An Implementation Guide](#).

SAMHSA's GAINS Center argues that health and corrections agencies should develop cross-system approaches to effect a successful transition for those with behavioral health disorders (2013). [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#).

The U.S. Interagency Council on Homelessness' Housing First Checklist assesses projects and systems for a housing-first orientation (September 2016). [Housing First Checklist](#).

The U.S. DOJ's National Institute of Corrections' manual provides step-by-step instructions for local corrections personnel who want to use statistical data to improve their organization's efficiency and provide support for funding initiatives (July 2007). [How to Collect and Analyze Data: A Manual for Sheriffs and Jail Administrators](#).

The Child Welfare Council helps agencies identify and engage with child victims of commercial sexual exploitation (2015). [Improving California's Multi-System Response to Commercially Sexually Exploited Children: Resources for Counties](#).

The U.S. DOJ's Bureau of Justice Assistance and the Council of State Governments Justice Center discuss how criminal justice officials can work with health professionals to reduce criminal justice involvement for people with mental illnesses and provide better links to treatment (2010). [Information Sharing in Criminal Justice - Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#).

Chapin Hall at the University of Chicago assesses the influence of a range of factors on achievement of successful outcomes for workforce development programs (2012). [Inside the Black Box: What Makes Workforce Development Programs Successful?](#)

Code for America's Jail Population Management Dashboard gives judges, corrections staff and police an in-depth view of the local jail system, for real-time decision-making driven by data. [Jail Population Management Dashboard](#).

The U.S. DOJ outlines how justice-involved individuals can access coverage for their physical and behavioral health care needs under the Affordable Care Act (June 2014). [Mapping the Criminal Justice System to Connect Justice-Involved Individuals with Treatment and Health Care under Affordable Care Act](#).

Using rarely accessible data from the criminal justice system, the Spatial Information Design Lab and the Justice Mapping Center have created maps of the "city-prison-city-prison" migration flow in five of the nation's cities and "million dollar blocks" – neighborhoods in the country's biggest cities where the concentration of residents who are incarcerated is so dense that states are spending in excess of a million dollars a year to incarcerate the residents of single city blocks. [Million Dollar Block Project](#).

This document describes California's Board of State and Community Corrections' minimum standards for local detention facilities (September 2012). [Minimum Standards for Local Detention Facilities](#).

In response to a rise in homicides and other violent crime involving youth, the City of Minneapolis initiated a year of strategic planning and community forums to respond to youth violence as a preventable public health condition (August 2013). [Minneapolis Blueprint for Action to Prevent Youth Violence.](#)

Based on years of practice and research, the U.S. Interagency Council on Homelessness identifies 10 objectives and 66 strategies to end homelessness (2015). [Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.](#)

This document describes the California Board of State and Community Corrections' set of commonly available performance metrics that can help policymakers better understand how local criminal justice systems are working (February 2015). [Performance Metrics for Community Corrections.](#)

Based on its technical assistance to 175 U.S. communities, the Center for Mental Health Services' National GAINS Center compiled advice on developing appropriate and comprehensive services for justice-involved persons with mental illness (2007). [Practical Advice on Jail Diversion: Ten Years of Learning on Jail Diversion from the CMHS National GAINS Center.](#)

The CDC's Public Health Approach to Violence Prevention is a four-step process that is rooted in the scientific method and can be applied to violence and other health problems that affect populations. [The Public Health Approach to Violence Prevention.](#)

The Public Health Institute (PHI) generates and promotes research, leadership, and partnerships to build capacity for strong public health policy, programs, systems and practices. [Public Health Institute.](#)

This document from Impact Justice provides a compilation of resources on restorative justice, from a basic overview to more in-depth webinars. [Restorative Justice Resources.](#)

This guide from the U.S. Department of Education provides a number of resources for creating school environments that are safe, supportive and conducive to teaching and learning while minimizing suspensions and expulsions. [Rethinking Discipline.](#)

The Council for State Governments' summary of research examines the performance of instruments designed to assess the risk of recidivism, including the risk of committing a new crime and violating conditions of supervision, among adult offenders (March 2013). [Risk Assessment Instruments Validated and Implemented in Correctional Settings in the United States.](#)

James Bonta and D.A. Andrews' summary describes the role of risk, need and responsivity in the development of risk-assessment instruments (June 2006). [Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation.](#)

The Pew Charitable Trust's Public Safety Performance Project discusses how data can be used to individually tailor services to justice-involved individuals. [Risk/Needs Assessment 101: Science Reveals New Tools to Manage Offenders.](#)

The U.S. DOJ outlines principles of reform that help those who have paid their debt to society prepare for substantive opportunities beyond the prison gates (April 2016). [Roadmap to Reentry: Reducing Recidivism through Reentry Reforms at the Federal Bureau of Prisons.](#)

SAMHSA provides a framework for understanding trauma as well as guidelines for implementing trauma-informed approaches to care (July 2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.](#)

U.C. Berkeley School of Law's Institute on Law and Social Policy discusses how crime survivors' lack of access to trusted services often leads them to be vulnerable to further criminal acts (April 2014). [Untold Stories of California Crime Victims: Research and Recommendations on Repeat Victimization and Rebuilding Lives.](#)

This document by Californians for Safety and Justice provides an overview of the Victims of Crime Act (VOCA) and tools to bring funding to communities (April 2016). [Victims of Crime Act and the Need for Advocacy.](#)

The CDC's Division of Violence Prevention provides research, resources and technical assistance aimed at stopping violence before it begins. [Violence Prevention at CDC.](#)

This material from the Council of State Governments provides a "one-stop shop" for research on the effectiveness of a wide variety of reentry programs and practices. [What Works in Reentry Clearinghouse.](#)

The Vera Institute of Justice describes the principles of a strength-based, family-focused approach to corrections practices, policy and reentry planning (2011). [Why Ask About Family?](#)

GET INVOLVED

NEWSLETTER

For updates or information about next steps for the Blueprint for Shared Safety, **please join our email list online.**

WE WANT TO LEARN FROM YOU

Help us keep this Blueprint a dynamic project. Let us know about programs or practices you think should be highlighted and give us updates about your local efforts to implement the Blueprint. We want to hear from you! Email us at info@shredsafety.us. General inquiries are also welcome.

HOST A BLUEPRINT EVENT

If you are interested in hosting a local presentation about the Blueprint for Community Safety, please let us know. We may be able to come to your community! While we cannot accommodate every request for a presentation, we will do our best. Please email us at info@shredsafety.us and provide as much information as possible and we will follow up to discuss options for a presentation.

Please let us know about specific local concerns or issues. We are particularly interested in presenting to diverse groups of stakeholders. If you can indicate the types of partners who would be present that would be helpful. We will contact you to talk further about your community's needs.



ABOUT

Californians for Safety and Justice, a project of the Tides Center, is a nonprofit working with Californians from all walks of life to replace prison and justice system waste with common sense solutions that create safe neighborhoods and save public dollars. Through policy advocacy, public education, partnerships, and support for local best practices, we promote effective criminal justice strategies to stop the cycle of crime and build healthy communities.

In addition to our statewide network of nearly 6,000 crime victims, Californians for Safety and Justice is bringing together business and community leaders, policymakers, law enforcement, health professionals, educators, and crime-prevention experts to replace costly, old ways of doing business with new justice priorities that improve public safety without draining resources from our schools, hospitals and other community needs.

The Blueprint for Shared Safety is the product of more than a year of research and outreach to stakeholders and practitioners across California. By shifting the focus from over-incarceration to investments that will truly make our communities safer, they are re-envisioning the field of public safety.

The Blueprint for Shared Safety is generously supported by The James Irvine Foundation.