



SCALING SAFETY

A Roadmap to Close America's Safety Gaps

ALLIANCE FOR
SAFETY AND JUSTICE



Table of Contents

03 Introduction and Executive Summary

06 Using ratios to drive policy decisions and to close policy gaps

07 Public support for scaling up the solutions to close safety gaps

10 What are the safety gaps, and what would it look like to impact them?

11 Responses to address trauma and instability experienced by crime victims

12 Filling the safety gap: Trauma Recovery Centers

14 Interventions to prevent violence

16 Filling the safety gap: The Newark Community Street Teams (NCST)

18 Mental health crisis response to break the cycle

20 Filling the safety gap: Crisis Assistance Helping Out On The Streets (CAHOOTS)

22 Reentry programs to increase mobility and stability

24 Filling the safety gap: A New Way of Life (ANWOL)

27 Conclusions and Recommendations

30 About Alliance for Safety and Justice

30 Acknowledgments and Reviewers

31 Appendix

Introduction and Executive Summary

Across the United States, everyday Americans largely agree on what needs to be prioritized to improve public safety. However, current government priorities do not match the public's expectations.

After a generation of record-low crime, many cities across the United States are experiencing increases in violence. Americans from all walks of life—89 percent of us—are concerned about crime and safety.¹ Importantly, we also share broad consensus about which investments would more effectively prevent the cycle of crime: local programs such as violence prevention programs, mental health treatment, trauma recovery programs, and reentry programs.

These types of programs have demonstrated positive impacts on safety. Yet, they are infrequently available at a scale that matches community needs. They remain under-supported.

Instead of preventing the knowable drivers of crime and violence, most public safety resources respond to it after it occurs. For four decades, drastic increases in public safety expenditures have focused on responding to crime and violence through growing the criminal justice system, rather than preventing them by growing the building blocks for community safety.

When communities are not equipped with the building blocks to prevent and address the cycle of crime, we are left with a gap in safety—a gap between what people and communities need to prevent crime at scale and what is currently available in cities across the country. Put simply, communities have not been equipped to prevent crime. At a time when the nation is seeing new increases in violence, it has never been more important or urgent to understand this gap in safety and close it.

Scaling Safety: A Roadmap to Close America's Safety Gaps is a first-of-its-kind attempt to estimate what it would take to bring to scale the very safety solutions that both impacted communities and most voters want.

In the aftermath of the unprecedented health crisis from the Covid-19 pandemic, scaling new safety solutions has never been more urgent or more possible. The pandemic has had a severely destabilizing impact everywhere, and especially in communities that have faced longstanding safety challenges, including increased illness and severely worsened economic insecurity and isolation.



People of all walks of life report increased desperation and hopelessness. The pandemic also catapulted momentum for new approaches to prevention. Policymakers have designated billions in federal, state, and local dollars for community health. These investments, if informed by understanding gaps in health access as well as gaps in safety, could build out robust prevention programs. Scaling up these programs would help equip communities to be readily able to address underlying vulnerabilities in both health and safety, more effectively prevent the cycle of crime, and reduce the likelihood that someone will become a victim or commit a crime.

Experts in violence prevention and recidivism reduction offer a lot of insight as it relates to the core capacities that can be developed city by city to close gaps in safety. Key themes revolve around providing everyone facing crisis with connections to support and pathways to stability. When those connections and pathways are not available, too many people become vulnerable to becoming a victim of crime or committing a crime and cycling in and out of the justice system. Merging the national discussion around new approaches to safety with the new financial investment opportunities in community health can bring the resources needed to scale new prevention programs that reduce these vulnerabilities and bridge the gap between safety solutions Americans want and the resources available to scale them.

There is very strong public and bi-partisan support for scaling new safety solutions. Voter surveys show that about seven out of 10 voters across party, region, race, and ethnicity lines support funding programs that can address many of these safety gaps.

The question isn't whether policymakers should increase the availability of the safety solutions the public wants, but what level of investment would be needed to bring these solutions to scale. Although per capita and ratios have been used in education, health, and housing policy to catalyze a discussion on how to close service gaps in these arenas, a clear picture has not yet been developed for safety policies.

To add to the public dialogue during this critical moment, Alliance for Safety and Justice (ASJ) offers a picture of what may be minimally needed to scale up the safety solutions the public wants to see.

This new, exploratory analysis presents a series of estimates based on emerging models that are currently being used to close safety gaps in a few communities, and what it would look like to scale them up to be used in more places.

These figures represent a starting proposal on the minimal programming needed to have a significant positive impact on public safety. Policymakers can go further, but these figures represent what ASJ estimates is minimally needed to equip communities with the prerequisites for safety.

To close gaps in the programs needed and equip communities with capacity to address longstanding safety challenges, for every 100,000 residents we estimate that a community minimally needs the following:



Responses to address trauma and instability experienced by crime victims: One trauma recovery center, twenty domestic violence shelter beds, and one nonprofit that provides civil legal services to address the needs of violent crime victims



Interventions to prevent violence: Twenty-five people working to reduce the likelihood that a violent act will lead to another and youth prevention program capacity to serve 1,000 young people vulnerable to the cycle of violence



Mental health crisis response to break the cycle: A mobile crisis response team based out of a nonprofit organization that can triage and respond to at least 20 percent of all calls for service received by law enforcement and government and the capacity to make 2,800 referrals to treatment for those seen repeatedly in the justice system



Reentry programs to increase mobility and stability: Seven reentry navigators to guide about 185 people released from prison to employment, treatment programs as needed, and at least 60 transitional housing options.

These estimates are offered as a proposed floor—not a ceiling. They are based on the evidence about interventions that can go a long way toward effectively stopping the cycle of crime and that are being used right now but are not available at scale.

These proposed estimates are also a “draft zero”—a first attempt to paint a picture of the kinds of investments needed to close current safety gaps. ASJ aims to evaluate and improve this methodology as we receive feedback. These figures should be a catalyst for policymakers to map out how to use funds to scale up prevention so all communities are equipped to address the cycle of crime.

Using ratio to drive policy decisions and close gaps

Ratios are a powerful way to bring focus to public policy goals and measure progress toward achieving them. Per capita assessments can reveal shortages and gaps in what experts estimate a community needs to succeed, and they have been instrumental in driving and policy and spending. Key examples include:



EDUCATION

Researchers identified student-to-teacher ratios as a key metric for student success in the 1950s. Since the time it started being used in policy debates, student-to-teacher ratios were cut nearly in half, from 27 to 1 in 1955 to 15 to 1 in 2017.²



HEALTH

The Department of Health and Human Services uses the number of physicians per 10,000 residents to identify “medically underserved areas” and address shortages. Data showing that rural areas have only 13 physicians per 10,000 residents (compared to 31 per 10,000 in urban areas) have been central to congressional and executive agency actions to invest in rural health care and encourage doctors to practice in rural areas.³



HOUSING

Amid crises of affordable housing in many American cities, ratios have been used to show the need for a variety of housing solutions. The United States needs 3,200 affordable housing units per 100,000 people but only has 1,200.⁴ Showing the gap between what housing is needed and what exists is a key reason why several cities have changed zoning laws to increase the number of affordable units in new construction projects.⁵

Until now, often the ratios policy makers have used for public safety are those that demonstrate the results we all want to avoid: the number of homicides per 100,000, the number of people incarcerated per 100,000, and the number of victims per 100,000.

Scaling Safety is the first attempt to apply these types of ratios to front-end *solutions*. More attention to what works to increase safety—health, violence prevention, and addressing victims’ needs—will produce more effective policies that increase safety for everyone.

Public support for scaling up the solutions to close safety gaps

Similar to how health professionals prevent and address disease, safety solutions should equip communities with the capacity to prevent, detect, and treat.

Many communities already have the leaders and programs capable of effectively addressing the cycle of crime through a public health approach, but the capacity does not exist at scale.

Responding to crime only after the fact is akin to an emergency-room-only response to addressing illness. Health professionals have long known that preventive care and early detection of disease produce far better outcomes—at far less cost—than responding only when an issue becomes an emergency. The drivers of a lot of crime and violence are similarly knowable and preventable. It's a matter of investment.



Voters support investments to scale up safety solutions

Building community capacity for prevention and resilience aligns with public health principles. Understanding the common drivers of crime and violence and growing the preventative programs that limit the reach and impact of those common drivers is possible.

Most people understand the common drivers of cycles of crime and violence, whether that is a combination of isolation, hopelessness, chronic unemployment, housing instability, or limited options for resolving substance use disorder or unaddressed trauma. When people are disconnected and in crisis, they are vulnerable to experience preventable harm. Strong communities have the capacity to prevent crises, support people in addressing urgent issues when crises emerge, and help people find pathways to long-term stability.

The key safety solutions that flow from a public health approach are popularly supported

The Alliance for Safety and Justice and the National Coalition for Shared Safety conducted a 2020 survey of likely voters across the country about their experiences with and preferences for public safety policy. The results showed strong support for investing in new preventive and public health-focused safety measures among voters across the political spectrum and across cities, suburbs, and rural areas.

When asked, "when it comes specifically to public safety, which two of the following are most important to fund?"

45%

of voters said mental health crisis response and treatment;

40%

of voters said job training and placement programs for people released from prison;

33%

of voters said community-based violence prevention;

31%

of voters said trauma recovery and other services for victims;

ONLY

16%

said prisons and jails were among the two areas they would prioritize for funding for improving public safety.

Strong support for expanding victim services, community-based violence prevention, and mental health crisis response

In the same survey, likely voters were asked whether they supported or opposed using federal government funding for a series of safety programs that align closely with emergent models to reduce the safety gaps.



Eight out of 10 voters supported expanding victim services to help more survivors of violence get access to programs that would help them with financial recovery and recovery from trauma.



Nearly eight out of 10 supported using federal funds for community-based violence prevention workers to prevent young people from getting involved in crime.



Nearly eight out of 10 voters supported using federal funds to expand the mental health crisis response so that emergency calls about psychiatric crises can be handled by mental health experts instead of police.

Support across party, region, race, and income for using federal funds to address safety gaps

Across party, age, race, ethnicity, region, and income, a large majority of voters chose these safety solutions as their top priorities for public safety funding.

By way of example—overall—nearly eight out of 10 (79 percent) of people surveyed support using federal funds for community-based violence prevention. This policy is supported by 74 percent of Republicans, 85 percent of Democrats, 77 percent of people in small towns and rural communities, and 78 percent of people earning under \$75,000.

Similar support for mental health crisis response and treatment, job training, and programs for people coming home from prison are supported across party, region, race, and income.



What are the safety gaps, and what would it look like to impact them?

For this first attempt to identify what it would take to scale new safety solutions to meet community need, we honed in on four core programs that are supported by research and capable of preventing—and even stopping—the cycle of crime. We selected these core programs because they target the safety gaps that surface time and again in surveys, focus groups, and community conversations about the drivers of crime and what communities need to prevent them. The core unaddressed issues that contribute to the cycle of crime that stakeholders in areas with concentrated crime continually describe include:

No help for victims in the aftermath of harm. Too many people who become victims of crime do not get help to recover, whether that is real-time financial support or ongoing mental health support, contributing to instability and repeat victimization.

No programs to prevent vulnerable people from engaging in violence. Too often preventable violence erupts when conflicts emerge among people who do not have stable support. Too many youth lack safe spaces to participate in activities that are enriching.

No accessible programs for people experiencing psychiatric crisis, especially when combined with housing instability and substance use disorder. When people facing mental health challenges lack access to help, too often, they can be victimized, or the justice system ends up being the main public system responding to psychiatric crisis.

No pathways to stability for people exiting the justice system. Thousands of people leave the justice system every year, only to face exclusions from employment and housing, among other exclusions. These barriers prevent stability.

Based on these recurring themes, we estimate what it would take to address these safety gaps, namely, by scaling up trauma support for victims, violence prevention programs for vulnerable youth, mental health assistance programs for the entire community, and reentry programs for people with old records. If these four core capacities were scaled, communities would be better equipped to move many more people out of crisis and into safety. It is our hope that additional effective public health-focused safety programs will be added to this portfolio of essential safety services to be scaled across the country.

These estimates are the first-ever attempt to develop a set of figures to show what a community would need per 100,000 residents to scale up relatively new programs to address long-standing safety gaps. The estimates generally come from a mixture of national figures showing the prevalence of vulnerabilities that lead to less safety, local figures that are extrapolated to national rates where there are gaps in the data, and existing information on the program models that could address these gaps.



RESPONSES TO ADDRESS TRAUMA AND INSTABILITY EXPERIENCED BY CRIME VICTIMS

What are the safety gaps?

One out of three victims receives no help after a crime.

Only one in 10 victims receive support from a victims' compensation program.

Seven out of 10 victims of a violent crime have been repeatedly victimized.

The strongest predictor of future victimization is having been a victim in the past. This is partly a reflection of the lack of help victims receive to recover.

How many people does the gap affect, and what safety solutions can fill it?

There are roughly 450 violent crime victims per 100,000 people. That 450 is inclusive of family members of homicide victims and victims of domestic violence and their children.

To help them, communities of 100,000 would need roughly:

- One trauma recovery center,
- One nonprofit delivering civil legal services, and
- Twenty emergency shelter beds for domestic violence victims and their children.

How were the estimates developed, and what were the key sources of data?

Victimization statistics were used from the U.S. Department of Justice and the Center for Disease Control to show how many people experience violent crime, domestic violence, or are survived by a victim of homicide.

These figures were compared to the program capacity of trauma recovery centers and domestic violence shelters from the literature.

What would the impact of scaling the safety solutions be?

Disregarding victims' recovery needs in the aftermath of harm contributes to victims' struggling with growing financial debt, housing instability, difficulty supporting families, and mental health challenges.

Helping victims heal and achieve stability means they will be far less likely to be a victim again, or turn to crime themselves.

Stability is achieved by individuals and communities when adults are able to work, be parents and be in healthy safe relationships, and when young people are able to thrive in their school environment.



Windsor Hotel Mural,
Artist: Antoine Marnata
with Robert Gonzalez |
Credit: Bryan Costales

Filling the safety gap: Trauma Recovery Centers

Each year, at least three million people in the United States are victims of a violent crime—and many experience multiple crimes. Many crime victims suffer from Post-Traumatic Stress Disorder, resulting in depression, health challenges, and increased substance use. A large number of victims also cannot work as they are recovering from trauma. While there are victim compensation funds to help someone recover financial losses, the application process is difficult and the funds are not well-publicized: Only about one out of 10 victims of violent crime ever receive victim compensation. Many victims struggle to understand court documents, medical paperwork, and various complicated forms, and lose out on benefits to which they are entitled. All and all, only one out of three victims report receiving any help at all following a crime.

These types of issues impact the vast majority of victims of violent crime, but are particularly acute for those who are young, low income, and people of color—people who experience more violent crime than others, and who suffer higher rates of repeat victimization.

A Trauma Recovery Center (TRC) can fill these gaps by providing intensive case management and trauma-informed mental health treatment to someone recovering from a crime. Wraparound, comprehensive services include help with immediate practical needs after violence, such as accessing food, medical care, and shelter, as well as individual and group therapy to support emotional healing. If clients need legal assistance, the centers work to link them to attorneys or nonprofit or legal firms that can help them navigate the law around complicated processes such as ending a lease or taking time off work. If a victim needs to relocate because of a safety issue, staff help connect them to short-term emergency housing, like that provided by domestic violence shelters, and begin the process of finding a safe long-term place to live. Some TRCs are embedded in community-based organizations that have unique competencies in recruiting staff from the neighborhoods most impacted by violence, and all TRCs use a cultural humility approach so that they can serve a diverse community of crime survivors.

TRCs have a strong track record of helping particularly vulnerable individuals—whether in urban, suburban, or rural communities. Evaluations of the model show that compared to more traditional services, victims served by a TRC show a 74 percent improvement in mental health, 51 percent improvement in physical health, 52 percent decrease in alcohol use, and see depression and PTSD symptoms decrease by more than 45 percent. TRCs also cost 34 percent less than usual care.

Today, dotted across eight states—including Iowa, New Jersey, Ohio, Florida, and California—there are 39 Trauma Recovery Centers. These programs are typically run out of university health centers, hospitals, and nonprofits that seek to reach victims who are chronically underserved, such as young, low income people of color, and those who may be reluctant to access support through traditional channels, including active military and law enforcement.

[Source: Trauma Recovery Centers.](#)

What are the victim recovery safety gaps?

The vast majority of victims of crime do not receive help to recover from crime: Fewer than one in three survivors report receiving help during their recovery, such as financial, medical, or mental health or civil legal assistance, and only about one in 10 victims receive victim compensation overall.⁶ Seven out of 10 violent crime victims experience repeated victimization.⁷ Unresolved trauma can also lead to someone becoming a victim again or turning to crime themselves,⁸ with costly long-term consequences for the individual and the community.

Morally, it is unacceptable that people do not receive help to recover from the life-altering impacts of being hurt by crime and violence. This lack of support can leave many victims struggling to stabilize. It also undermines the faith everyday people have that the system can respond effectively and it fails to prevent the often-lifelong impacts of unaddressed trauma.

How many people does the gap affect, and what safety solutions can fill it?

The key leading solutions include:

Trauma Recovery Centers

Trauma Recovery Centers (TRCs) are designed to comprehensively address the recovery challenges a victim can face to stabilize people in crisis, support healing, and prevent revictimization.⁹ A fully operational TRC can typically serve roughly 600 people each year.¹⁰ Based on figures from the U.S. Justice Department National Crime Victimization Survey, and an accounting of the number of surviving family members of homicide victims reported by the Center for Disease Control¹¹ a community would need to have at least one Trauma Recovery Center to serve at least 450 victims of violent crime per 100,000 people.

Domestic violence shelter capacity

Too often, people experiencing domestic violence do not have access to crisis assistance such as safe emergency housing. Shelters provide safety and respite as well as connection to other crisis assistance. To develop a picture of the number of victims of domestic violence and the capacity needed to serve them, we examined the U.S. Justice Department's National Crime Victimization Survey statistics on domestic violence victimization and reviewed studies that survey shelter use and capacity.¹² *At a minimum, we estimate that a community would need 20 domestic violence shelter spaces to serve 180 victims and their children, who would use these emergency resources for an average of 33 days.*

Civil legal services

Someone may also benefit from specialized legal help to navigate relevant civil legal processes. Civil legal issues often emerge in the aftermath of victimization, and those issues can prevent stability and keep victims in crisis. Examples of the kinds of relevant civil legal services include the need to get out of a lease to move into safer housing or the need to take extended time off work to recover from an injury or care for an injured family member. *Over the course of a year, we estimate that 450 victims would benefit from civil legal services support, through one nonprofit entity.*



INTERVENTIONS TO PREVENT VIOLENCE

What are the safety gaps?

Too often, youth and young adults living in unsafe environments have few options to protect themselves or stay out of the cycle of harm. Many are disconnected from programs that can support people navigating unsafe environments and provide connections, opportunities, and pathways to success.

Despite the fact that the conditions that make people vulnerable to violence are both preventable and widely understood, most violence interventions only happen after violence occurs, and those responses often do not stop the cycle.

Failing to prevent violence through crisis assistance, mentorship, conflict resolution, and economic opportunities makes everyone unsafe.

How many people does the gap affect, and what safety solutions can fill it?

Roughly 100 youth and adults per 100,000 residents are vulnerable to the cycle of violence, and roughly 1,000 youth may lack access to safe and enriching activities.

To address these vulnerabilities, we estimate that a community of 100,000 would need at least:

1. A team of 25 people to engage in neighborhood outreach and relationship-building to interrupt the cycle of violence, mediate conflicts, and de-escalate among 100 people, and
2. Capacity to serve 1,000 vulnerable youth each year through mentoring, sports programs, art, and other enriching activities.

How were the estimates developed, and what were the key sources of data?

A study of gun violence in Oakland was reviewed to show how many violence interrupters are required to prevent the cycle of violence. The staffing ratios from this literature and interviews with individuals who run these programs were used to estimate the staffing ratio.

Data from the U.S. Census's American Community Survey were combined with population data from the U.S. Census to estimate that approximately 1,000 youth age 10-17 live in concentrated poverty per 100,000 residents. The number of youth in concentrated poverty was used as a rough proxy for youth lacking access to enriching activities.

What would the impact of scaling the safety solutions be?

Interventions that provide wrap around services, skills-building, support, and opportunities to vulnerable youth and young adults can significantly reduce violence and improve connectedness, stability, mobility, and feelings of safety for an entire community.

What are the violence prevention safety gaps?

Neighborhood leaders in communities impacted by concentrated violence can tell you what stops cycles of harm: What works is providing youth and young adults with connections, opportunities, skills, and pathways to stability and success. For young people who are vulnerable to violence arising from living in unsafe conditions, there are a myriad of ways to equip these community members with the basics of what we all need to succeed: mentorship, positive social connections, employment pathways, scholastic programs, safe places to go before and after school, and opportunities to experience stability. These programs can be as specific as intensive counseling or life-skills support for youth and young adults that have already experienced substantial trauma or disconnection from school and community, to more universal support such as youth centers or sports. Sports programs, for instance, have been evidenced to reduce delinquency, prevent crime, and help youth develop self-esteem and mental well-being.¹³

In addition to preventing people from entering the cycle of violence, community leadership and public health approaches are also crucial to stop active cycles of gun violence. For the smaller number of people who are actively engaged, credible trusted community leadership has been demonstrated to play a very important role by redirecting people, mediating conflicts, and stopping cycles of retaliation. Research shows that a small portion of the population is involved in cycles of gun violence: The best estimates indicate that for every 100,000 residents, 100 people are at risk to commit violent crimes.¹⁴ Cycles of retaliation in neighborhood gun violence severely destabilize communities and erode the overall sense of safety.¹⁵

Programs that target vulnerable youth and young adults with prevention, intervention, and support can significantly reduce violence and improve outcomes for entire communities.

Programs in Oakland, Chicago, Newark, New York, and other cities have found success in interrupting cycles of violence through outreach, working closely with vulnerable people to de-escalate situations, and connecting with people resources.¹⁶ These programs have been shown to reduce shootings between 40 and 70 percent.¹⁷

Being a victim of violence at a young age without receiving support to recover is also a major risk factor for becoming a victim of violence again, facing challenges in school, or engaging in risky behavior and delinquency. The best way to mitigate risk factors is to bolster protective factors: Young people involved in healthy peer relationships, who have positive relationships with adults, or who are involved in extracurricular activities, the arts, programs that improve health, and positive youth development activities are much less likely to be revictimized.¹⁸

Filling the safety gap: The Newark Community Street Teams (NCST)

Started in 2014 by community members, Newark Community Street Team (NCST) was formalized by Mayor Ras J. Baraka's Newark's community-based violence reduction strategy. NCST works with 14-to-30-year-olds who are vulnerable and at risk of violence through a number of programs that have a common thread: outreach from someone able to build strong, stable, and trusting relationships with vulnerable people who need support to be safe, thrive, and heal.



Newark Community Street Team patrols neighborhoods around schools keeping children safe | Credit: Aristide Economopoulos, NJ Advance Media for NJ.com

NCST's High-Risk Interventionist team responds to violent incidents based on intelligence from the community or law enforcement and connects people to supportive counseling, crisis intervention assessment and mediation. An outreach worker might provide a resource, like financial assistance to meet someone's emergency needs, or link someone to help, like to expunge their past record so it isn't a barrier to employment, or connect someone to an employment opportunity. The team addresses 150 incidents a year.

NCST also runs a Trauma Recovery Center, and embeds staff at University Hospital Trauma Center to connect gunshot victims and their families to supportive services to prevent repeat violence.

Because teenagers are particularly at risk, both of being victims of violence and of participating in actions that can lead to violence, NCST staff

deploy at school exits, nearby bus stops, stores, and other locations where trusted community leaders can help youth mediate conflicts, rapidly respond should fights or other confrontations break out, and mentor young people. NCST serves thousands of young people this way every year.

The philosophy of community-based public safety is an inclusive one. Rather than simply telling residents what needs to be done, NCST organizes weekly public safety forums bringing together neighbors, service providers, elected officials, and law enforcement to build community trust.

A University of California in Los Angeles evaluation of NCST found, one year after the launch of the program in 2015, there was an 11 percent reduction in homicides. In 2019, Newark reached a 60 year low in homicides, and in 2020—in contrast to a national trend—homicides remained flat. These trends are bolstered by the research that shows the impact of community organizations on overall safety. Researchers at New York University recently found that, for every 100,000 people, every new organization formed to confront violence and build stronger communities led to a 1 percent drop in violent crime.¹⁹

NCST is a cost-effective safety solution. The National Institute for Criminal Justice Reform has calculated that a single homicide involving two suspects can cost taxpayers \$3 million dollars per incident in incarceration, crime investigation, and court costs. By contrast, the entire budget of the Newark Community Street Team is \$3.4 million a year.

Because of the impact NCST demonstrated, Newark city leaders passed an ordinance to create a new Office of Violence Prevention and reallocate a small percentage of law enforcement resources to expand these programs and manage the pandemic-related public safety challenges the city and other communities are now navigating.

[Source: The Newark Community Street Team.](#)

How many people does the gap affect, and what safety solutions can fill it?

The key types of safety solutions needed to prevent youth and young adults from getting hurt by or causing violence include:

Community-based prevention programs

These programs focus on connecting with the people at the greatest risk of being hurt by or causing violence and directing resources to reduce their vulnerability. That includes mentoring, connections to resources and opportunities, reducing conflicts, and reducing the likelihood of retaliatory behavior. Researchers seeking to replicate these models propose a focus on the 0.1 percent of a city's population is at risk of gun violence,²⁰ in other words 100 people per 100,000. These programs require capacitated staff teams to succeed: according to the literature²¹ and interviews of the leaders of these programs, each team should minimally include an outreach worker, a case manager that can line up resources for individuals (including, addressing the person's needs as a crime victim). Adding in a part-time administrative staff person to help what currently is an evolving nonprofit network of community organizations,²² that works out to *a team of 2.5 people working with 10 people vulnerable to violence—or 25 people for all 100 served.*

Enriching activities for vulnerable youth

Young people need safe spaces where they can participate in activities that promote personal growth and forge healthy relationships with adults and peers. Mentoring, sports, art, and other enriching activities engage youth in positive relationships with peers and adults. Such programs have been demonstrated to reduce drug use and delinquency while fostering mental health and self-esteem.²³ Many youth are already engaged in such activities through school and other community institutions, but some of every communities' most vulnerable and disconnected youth still lack access to stable places to go and stable adults. For every 100,000 residents, there are approximately 1,000 youth age 10-17 who would benefit from expanded access to mentoring, sports, and other enriching activities.²⁴





MENTAL HEALTH CRISIS RESPONSE TO BREAK THE CYCLE

What are the safety gaps?

Despite strong public support for expanding the nations' mental health infrastructure, few communities have adequate availability of mental health treatment. People facing mental health challenges cannot access support, impacting their stability.

People with co-occurring disorders, such as substance use and mental health disorders, and who also have housing insecurity are vulnerable to being victims of crime or getting arrested.

Police departments and jails have become the de facto frontline mental health workers responding to psychiatric crises, despite the fact that they lack the tools to solve the problem and the justice system is not capable of treating mental health needs.

People with mental health needs often worsen in the justice system and end up repeatedly cycling through the justice system, emergency rooms, or homeless shelters, or all three.

How many people does the gap affect, and what safety solutions can fill it?

Millions of people across the country would benefit from a greatly expanded mental health infrastructure. Looking specifically at the people entering the justice system or vulnerable to becoming victims, typically a more acute population, there is a great need for treatment.

Roughly 20 percent of emergency calls to police are related to a psychiatric or mental health crisis, and sometimes that is also linked to homelessness, and associated issues. Per 100,000 people, the community needs at least:

1. 24 staff working as medics, counselors, caseworkers, and administrators for a mobile crisis response unit.
2. Community capacity for at least 2,800 referrals to treatment.

How were the estimates developed, and what were the key sources of data?

Data from a leading mental health crisis response model CAHOOTS was scaled according to the national rate of 911 calls for service and U.S. population figures.

Staffing estimates of mobile crisis unit response are from recommendations by the Substance Abuse and Mental Health Services Administration for staffing of such programs.

What would the impact of scaling the safety solutions be?

When people in a psychiatric crisis attain appropriate help, they are far less likely to become a victim of crime or enter the justice system. They are more likely to become stable and to be able to stabilize their families.

Police can focus on core safety responsibilities, and people who would otherwise be repeatedly arrested and jailed are referred to treatment—increasing safety for everyone.

What is the mental health safety gap?

Unaddressed and poorly addressed mental health are a public safety crisis in the United States.

People of all walks of life and across the domains of public safety and health agree that communities need better responses and better treatment: Police, corrections leaders, and the courts agree that untreated mental health or co-occurring substance use disorders are core drivers of the cycle of crime and that they lack the infrastructure to respond appropriately.²⁵

The mental health crisis includes a set of co-occurring challenges: a cycle of homelessness, substance use disorders that are not fully addressed, and individuals who frequently cycle through shelters and are repeatedly arrested and jailed for low level crimes.

The mental health crisis is already consuming justice system resources, without solving the safety problems associated with it. One study that looked at people experiencing unsheltered homelessness found nearly 80 percent report having a mental illness, 75 percent report having a substance use disorder. It also found a typical unsheltered homeless person comes into contact with police at a rate of 42 times per year. A typically unsheltered person that experiences homelessness can be jailed at a rate of 14 times per year, be admitted to an emergency department at a rate of 16 times per year, and be transported by an ambulance at a rate of six times per year.²⁶

When this cycle is not addressed, the safety gap widens: 44 percent of people in jail have a mental illness²⁷, despite the fact that jails are ill-equipped to address these persistent health challenges.

When people are arrested and jailed repeatedly, everyone is less safe: Research shows that just three days of incarceration actually *increases* recidivism and the likelihood of conviction.²⁸

The safety gaps in mental health and drug treatment not only result in people repeatedly cycling through various systems without the drivers of that cycle being addressed. The mental health crisis safety gap also places an undue strain on law enforcement and diverts attention away from larger public safety issues.

Filling the safety gap: Crisis Assistance Helping Out On The Streets (CAHOOTS)

Mental health crisis intervention teams are affordable, safe, and above all, an effective way of responding quickly to people experiencing unaddressed health issues that contribute directly to a cycle of low level offenses, arrests, and incarceration. Crisis teams allow medical and health responders to replace law enforcement in reacting to situations involving individuals with a mental health challenge, refer the individual to treatment, and save law enforcement resources to focus on more pressing public safety challenges.



Ebony Morgan in her CAHOOTS van | Credit: Todd Cooper/Eugene Weekly

The best known of these programs is the Crisis Assistance Helping Out On The Streets (CAHOOTS), which was started in Eugene, Oregon in the late 1980s and is staffed and managed by the White Bird Clinic. The clinic provides community health and mental health services and the response system for rapid interventions to individuals struggling with health issues. Sixty percent of CAHOOTS' contacts are people experiencing homelessness and 30 percent report a severe and persistent mental illness.

After being contacted either through the city's 911 call-system or through police non-emergency numbers, the calls are triaged to determine the appropriate response. When needed, CAHOOTS sends out two-person teams. One member of each team is a medic—either a nurse, a paramedic, or an Emergency Medical Technician—and the other is a highly trained crisis worker with years of experience under their belt. The teams do not carry weapons, and their mandate is to reach non-violent resolutions during crises.

CAHOOTS responders routinely provide crisis counseling, suicide prevention and intervention, conflict resolution, and first aid. They transport individuals to the White Bird Clinic or to a treatment facility in Eugene hospitals or a social service agency that can address a client's needs. Through this process, CAHOOTS links clients with a mental health challenge to treatment and to organizations that can help people experiencing homelessness find short-term and long-term housing.

CAHOOTS is cost effective. The CAHOOTS contract amounts to just 2 percent of Eugene's police budget, but the program fields 20 percent of the emergency calls coming to police. In 2019, CAHOOTS reported that they resolved 20,746 calls, or nearly one in five of all calls for service, and was the only emergency service involved in 17,995 of these calls. Of these thousands of contacts, in 2019 CAHOOTS responders called for police backup only 311 times.²⁹

[Source: Crisis Assistance Helping Out on the Streets.](#)



CAHOOTS staffers | Credit: Todd Cooper/Eugene Weekly

How many people does the gap affect, and what safety solutions can fill it?

The key solutions needed to minimally address the safety gap arising from the mental health public safety crisis would require:

Capacity to triage health crisis calls and treatment

Emergency service agencies in the U.S. are inundated with approximately 230 million 911 calls each year.³⁰ This converts into roughly 70,000 per 100,000 a year for the population as a whole.³¹ Some of these calls are superfluous, some are about repeated issues awaiting resolution, and some are about the same individuals with some form of health crisis coming to the attention of law enforcement over and over again. *Based on the reported workings of the CAHOOTS model in Eugene, Oregon, 20 percent of these calls can be routed to and triaged by a nonprofit and mobile health crisis response teams could respond to 17 percent of all calls.*³² This team would make 2,830 referrals and transport to services—an indicator that a *community needs at least 2,830 treatment options available.*³⁵

A mobile crisis response program with appropriate staff

According to the Substance Abuse and Mental Health Service Administration, *at least 24 staff working as medics, counselors, caseworkers, and administrators would be needed to staff a mobile crisis response unit.*³⁴ *This is a minimal staffing scenario for this volume of work.* CAHOOTS has 24 full-time equivalency staff positions (including about eight part-time positions). Minimally, this would work out to 13 staff per 100,000 residents.³⁵

Triage is critical to the model and the relationship between the volume of crisis calls that police and emergency responders receive now, the repeat instances where calls are related to someone cycling through various systems, and treatment options that can address the cycle.



REENTRY PROGRAMS TO INCREASE MOBILITY AND STABILITY

What are the safety gaps?

More than 600,000 people are released from prison in the U.S. every year. People leaving prison face over 40,000 laws, policies, and practices that limit their ability to attain employment, housing, and education.

Eighty percent of people leaving prison earn \$15,000 a year or less after they are released.

People recently released from prison are 11.5 times more likely to experience homelessness than the public.

Instability in employment and housing makes people much more likely to commit new crimes: Half of people released from prison are re-convicted within three years.

How many people does the gap affect, and what safety solutions can fill it?

Roughly 185 people are returning to their communities after prison per 100,000 residents. A community needs seven reentry navigators per 100,000 residents to connect someone to a variety of community resources that these 185 people need to succeed, including:

1. Employment programs that can serve 150 people,
2. 60 residential transitional housing beds where someone can live for at-least six months (120 people over a year), and
3. Drug treatment and counseling capacity for 70 people.

How were the estimates developed, and what were the key sources of data?

The annual number of people returning to the community from prison was converted into a rate per 100,000 residents, and navigator caseloads were applied based on recommendations from the U.S. Department of Labor.

The employment, housing, and treatment needs for 185 people returning to the community were determined by applying research from

1. The Brookings Institute on how little income individuals earn after release from prison;
2. The National Center on Addiction and Substance Abuse at Columbia University on the percentage of people who need treatment on parole; and
3. The Prison Entrepreneurship Program, where two-thirds of people in programs choose to live in voluntary transitional housing after release.

What would the impact of scaling the safety solutions be?

When people who have completed their sentences access meaningful redemption, they can become full and productive community members contributing to the economy and their families.

More stability for people returning from prison means less crime and fewer victims, increased stability for families, increased life expectancies, an improved economy, and healthier communities.



What is the reentry safety gap?

Everyone familiar with the process of exiting the justice system, from corrections officials to individuals who have served incarceration terms, agrees that reentry programs are crucial to safe and effective release. When people leaving the justice system have a “warm” hand off to programs that offer basic stabilizing support, from safe places to live to reentry jobs and a supportive community, people succeed and community safety improves.

Despite the clear public safety benefits of reentry, too many people leave the justice system without those links to employment, safe or stable housing, or other basic life support. Every year, over 600,000 people return to communities from state and federal prisons.³⁶ When someone is released from prison, they face over 40,000 laws, policies and practices that severely limit their eligibility to reintegrate, including prohibitions on employment, housing, and education.³⁷ Not surprisingly, this impacts reentry success. Sixty-eight percent of people released from prison are arrested for a new crime within three years of release, and 45 percent are re-convicted.³⁸

Instead, when people returning to the community from prison can access reentry support and obtain access to meet basic life needs such as housing and employment, that means reduced recidivism.

Filling the safety gap: A New Way of Life (ANWOL)

People recently released from prison are 11.5 times more likely to experience homelessness than the public. Formerly incarcerated women are especially likely to be experiencing homelessness, with a homelessness rate 35 percent higher than formerly incarcerated men.³⁹

While anyone returning to the community from prison can face challenges around stability, formerly incarcerated women face even more barriers to housing, employment, and treatment, and need additional support to reunite with their children. Many women who have been incarcerated have experienced sexual and other forms of violence and as a consequence are recovering from trauma. Unless these barriers to reentry are addressed, they can contribute to less safety for everyone.

A New Way Of Life (ANWOL) was founded by Susan Burton in Los Angeles in 1998 to address these reentry challenges based, in part, on her own experiences as a formerly incarcerated person. Through ten sites in Los Angeles, ANWOL provides safe, clean, and long-term community-oriented living environments to formerly incarcerated women. Women can live at these safe homes for as long as needed, and when they are ready, staff assist them in searching for permanent housing. The program has the capacity to serve up to 73 women and their children at any one time and served 94 women in 2020.

The program has some extraordinary safety and life transformation outcomes that fit squarely with the reentry literature on what reduces recidivism: None of the women served by ANWOL were reincarcerated in 2020. One hundred percent of residents complied with community supervision conditions, more than 90 percent maintained sobriety and developed or progressed towards self-identified goals. More than eight out of 10 were employed or enrolled in school.



A New Way of Life residents | Credit: Rozette Rago for *The New York Times*

Along with housing, ANWOL staff help women scale common barriers to a safe reentry: Staff work with clients to connect them to employment programs, work through the process of getting rid of old records that stand in the way of employment and housing, and eliminate fines and accumulated fees. Since it was founded, ANWOL has provided free legal services to upwards of 3,000 women and has helped several hundred women reunite with their children.

ANWOL trains its current and past clients to be community leaders, engaging with elected officials around changes to the criminal justice system: The organization has advocated for changes to laws that provide individuals leaving prison with an official state identification and reduced the costs of phone calls between families and their loved ones in prison.

In 2020, despite pandemic hardships, ANWOL opened up its 9th and 10th houses in Los Angeles. The housing and service model is now being replicated by partner organizations in 12 states outside of California and two countries.

[Source: A New Way of Life.](#)

How many people does the gap affect, and what safety solutions can fill it?

The 600,000 people returning to the community from prison every year translates into a rate of 185 per 100,000 residents.⁴⁰ Because everyone will have unique needs, the safety solutions start by having someone who can connect participants to employment, housing, and treatment programs, and ensuring adequate program capacity exists to address these needs.

For 185 people returning to a community, the safety solutions needed to fill the safety gap are:

Seven reentry navigators

Someone akin to a case manager but who generally works out of a nonprofit, a reentry navigator should be available to help with the reintegration process and help people connect to programs and services to bolster someone's mobility and chances of success. Based on information published by the Department of Labor, the caseload per reentry navigator would be 25 to 30 people, and each person returning from prison would receive support for one year.⁴¹

An employment program to serve 150 people

A Brookings Institute study that found, 80 percent of people returning from prison to the community make \$15,000 or less in their first year at home. Based off this study and the low (or no) earnings from 80 percent of people released from prison, it was estimated that at least 150 people⁴² should be able to access an employment program.

Sixty transitional housing beds

Alongside employment, housing is the second most immediate challenge people face when they return to their communities from prison. The best of these programs pick people up from prison, drive them to where they will live, and help someone address immediate needs.⁴³ To develop the estimate, ASJ used data from the Prison Entrepreneurship Program, which indicates that *two-thirds of people offered subsidized transitional housing as part of a continuation of in-prison programs will use it*, and that residents will stay for an average of six months. Based off of the number of people returning from prison to the community per 100,000, that works out to at least 60 transitional housing options in settings like those run by A New Way of Life.

Drug treatment programs to accommodate 70 people

The National Center on Addiction and Substance Abuse at Columbia University found that 36.6 percent of people on parole or similar forms of conditional release had substance use disorders.⁴⁴ This percentage was applied to the number of people returning from prison to develop an estimate that approximately 70 people—at a minimum—may seek drug treatment after release from prison.

Scaling up the safety solutions is cost effective

These safety interventions should reduce taxpayer costs by addressing core safety issues: Less money would be spent on our \$300 billion justice system.⁴⁵ Fewer people would be victimized and revictimized, fewer people would be jailed or sentenced to prison, and more people would be able to productively contribute to the economy.

These figures should catalyze a discussion around local policymaking tables to address long-standing safety gaps with safety solutions that are widely popular, cost effective, and would increase safety for everyone.



Conclusion and Recommendations

Though the concerning increase in homicides in major U.S. cities since the coronavirus pandemic has brought safety concerns to the forefront, safety gaps have always existed: The communities most impacted by crime and over-incarceration experience less safety regardless of the year-to-year crime trends.

What has been missing is a consistent effort to deliver the policies that the public wants: a continuum of responses that bridge these safety gaps. New state and federal resources offer an opportunity for local policymakers to expand capacity to address the lack of options, programs, and infrastructure that could narrow the safety gap.

To provide the types of safety programs that the public prioritizes and to leverage this historic moment to access federal funding to scale up the safety models the public wants to see to address violence, the Alliance for Safety and Justice recommends the following:

1

Policymakers should use local, state, and federal funds to begin bringing these safety solutions to scale to close the safety gaps.

The American Rescue Plan Act, the Infrastructure Investment and Jobs Act, and the federal budget agreement lay out more of a public health focus to violence prevention. These federal funds can be used to scale up and subsidize state and local funding for the models and interventions outlined in this report.

2

Federal, state, and local policymakers should develop and annually assess progress toward closing safety gaps.

State and federal administrations should direct the development and publish estimates on the safety gaps and what local capacity is needed to address them, similar to the way that national entities monitor policy and progress around unemployment, educational attainment, and broader health issues. Multiple federal agencies, such as Health and Human Services, the Department of Justice and the Department of Housing should convene individuals who run programs, review timely data, develop an agreed to methodology, and publish a set of estimates on the safety gaps and federally led efforts to fill them. Whereas most public safety policy is driven by episodic review of crime trends, the focus should be on the determinants of safety and health. The recommendation is that the nation annually track progress toward impacting safety policy and also field advances around these models.

3

Practitioners, community leaders, and reformers should be supported to strengthen the evaluation of safety gaps and effective community-based models.

These estimates represent a first step at mapping out what is minimally needed to address what the public would prioritize as the best approach toward violence prevention that their community needs. Part of the reason for this novel approach is that the safety field does not support innovation and evaluation at the level needed to address violence through these models. To ensure that there is an expansion of the types of safety approaches the public prioritizes, policymakers need to bolster these types of models in two ways. First, more funds should be set aside for innovation around these types of interventions to see how they can address the needs in multiple community settings. Second, these innovations must be continually reevaluated. More funds for innovations like these and continuous evaluation will play a critical role in countering the overreliance on over-incarceration (which evidence shows has very little impact on violence prevention) and increase confidence in the use of these emerging models.



Urgent Action is Needed Now

Forty years have passed since the last time the United States experienced an increase in crime similar to the violence spikes of the two years following the COVID-19 pandemic. Then, in the 1980s and 1990s, policymakers spent trillions of dollars to grow the criminal justice system, from mass surveillance-style policing to drastic increases in prisons and incarceration. That approach failed. Decades later, the evidence has piled up that these responses did not have a reliable or substantial impact on crime rates. They did, however, subject millions of people to the humiliations of criminalization, the deprivations of collateral consequences,

Strong communities are safe communities.

and the sorrows of families torn apart.

To institutionalize public safety, we must invest in communities first. Strong communities are safe communities. Community-based models and community leaders have the ability to prevent and reduce the cycle of crime—equipping communities with the capacity to do that is urgent. As concerns about public safety increase, it is more important than ever that we invest in solutions that prevent crime and foster community wellbeing.

Scaling Safety is a first step to show that these investments are in reach. Leaders are all around us: Survivors are ready to offer shelter. Medical professionals are eager to help people recover from trauma. Survivors of and people who previously were involved in violence are ready to intervene in and prevent cycles of violence. People who have experienced hardship can respond to crises. People with old records who have found success know what it takes to flourish during reentry.

These leaders and these programs are key solutions. The next step is to bring safety solutions to scale to make our communities safe.

About the Alliance for Safety and Justice

The Alliance for Safety and Justice (ASJ) is a national organization that aims to win new safety priorities in states across the country, and brings together diverse crime survivors to advance policies that help communities most harmed by crime and violence.

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ASJ would like to especially thank the partners of the [National Coalition for Shared Safety](#) for also reviewing the principal findings, and for making recommendations on how to share this information with the field.

Appendix

Scaling Safety is the first ever attempt to develop a set of figures to show what a community would need per 100,000 residents to scale up relatively new programs to address long standing safety gaps. As a community attempts to scale up responses to common issues, they may develop their own methodology to fit the particular needs of a place. For example, communities with crime rates significantly higher than the national average may need to scale up even more than what is portrayed here, whereas those significantly below the average may need less.

In most cases, how the estimates were generated are noted throughout the report, but some additional detail on the process used to develop key figures around victimization and the capacity to address victims needs, and transitional housing are provided in this appendix. In some cases, figures were rounded up or down to numbers that bring focus to the fact that they are estimates (e.g. 450 versus 452 per 100,000).

Victimization estimates

Victims and survivors of homicide.

The National Crime Victimization Survey (NCVS) reports the rate of serious violent victimization in 2019 was 0.44 percent. Applying this portion to a per 100,000 rate results in an estimated 440 victims of serious violence per 100,000 population.⁴⁶ In addition, 5.8 people per 100,000 are victims of homicide.⁴⁷ This analysis assumes that each homicide victim leaves behind 3 people who, as family members of victims of homicide, need services. Counting direct victims of violence and family members of victims of homicide yields the estimate of 452 survivors per 100,000 people who may need services, which ASJ rounded down to 450.

Youth victimization

The 2019 National Crime Victimization Survey, published in 2020, reported the number of young people who were victimized to be 111 per 100,000. The 2020 survey has not yet been analyzed to produce a comparable statistic, but because the number of incidents of youth victimization per 100,000 people fell 51 percent from 2019 to 2020, ASJ rounded number the number 111 per 100,000 to 100 to represent young people who are victims of crimes each year, and whose vulnerabilities require a minimal response through prevention program capacity at the community level.

To estimate the number of youth who lack access to enriching activities, ASJ combined recent data indicating that 12 percent of children live in concentrated poverty with Census Bureau data about the number of youth age 10-17.⁴⁸ These figures resulted in an estimate of 1,059 youth per 100,000 residents, which was rounded down for simplicity.

Domestic violence and emergency housing.

The National Crime Victimization survey indicates that 190 people experience domestic violence each year for every 100,000 residents. This report assumes that half of all people who experience domestic violence will seek services at an emergency shelter, or 95 people per 100,000 residents per year. In addition to direct victims of domestic violence, emergency shelters often accommodate minor children. The largest survey of people

staying in domestic violence shelters showed that .877 minor children stayed for every adult.⁴⁹ Applying this ratio leads to our estimate that a shelter will need to accommodate 178 people—95 adults and 83 children—per 100,000 residents per year. We rounded this number to 180. The same survey shows that people stayed in domestic violence shelters for an average of 33 days. Combined, these figures indicate that the average number of occupied shelter beds per 100,000 residents is likely to be approximately 16. No shelter can meet the needs of its community and operate at 100 percent of its capacity. Sixteen shelter beds may be the *average* number of occupied beds per 100,000 residents over the course of a year, but additional beds are necessary to meet fluctuations in need. Because necessary beds are sometimes unoccupied, it is possible to calculate necessary beds based on average need and average occupancy rates. Recent data on shelter bed capacity in New York State showed an average occupancy rate of 84 percent.⁵⁰ ASJ used a slightly more conservative figure of 80 percent to calculate that 20 emergency shelter beds are necessary to accommodate an average of 16 people per day. In other words, a facility with 20 beds operating at 80 percent capacity over time will accommodate an average of 16 people per day and be able to meet most surges in demand.

While emergency housing is the minimum of what a community needs to provide to help someone in the immediate aftermath of a crime, the Office of Violence Against Women recommends communities also develop long-term housing options for victims of domestic violence.⁵¹

Transitional housing estimates

To develop the transitional housing needed to be based on the operations of one program. The figures from the Prison Entrepreneurship Program⁵² were used because it is among the most rigorously evaluated reentry programs in the country, it reports extremely low recidivism rates, and, in key ways, its transitional housing program closely resembles the voluntary model envisioned in this document. The PEP model combines in-prison education and employment training with a voluntary transitional program after release. The main function of the transitional program is to provide affordable housing. An evaluation of the program revealed that approximately two-thirds of graduates from the in-prison portion of the program decide to live in transitional housing after release from prison. PEP's 2017 Annual Report showed that 184 people were released to PEP's transitional housing and that the average total population of those facilities was 91.1. These figures were used to calculate an average length of stay in transitional housing of 181 days, which we rounded to 180 for the purposes of this estimate. ASJ used these figures to estimate that 123 people (rounded to 120) would participate in a voluntary transitional housing program each year and that the program would require 60 beds.

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info@safeandjust.org | allianceforsafetyandjustice.org | [@safeandjustusa](https://www.instagram.com/safeandjustusa)