



Staff Report to the Health in All Policies Task Force Promoting Violence-Free and Resilient Communities: Summary Report of Stakeholder Recommendations

Submitted to the Strategic Growth Council on December 6th, 2016

I. Introduction

Stakeholder¹ engagement was a priority in developing the Health in All Policies (HiAP) Task Force's 2016 Action Plan to Promote Violence-Free and Resilient Communities. Key informants and subject matter experts provided insight, recommendations, and supporting information on a number of wide ranging topics through informational interviews and group discussions. Many stakeholders reviewed the finalized work plan and accompanying narrative and provided essential feedback and input. In the context of the Task Force's work, resilience is the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions.²

The purpose of this document is to capture and acknowledge the breadth of information collected during the action plan development process and to increase transparency by sharing the stakeholder recommendations. Many recommendations were not included in the final plan because they did not meet action plan criteria, so that they are available to government leadership, external organizations, advocacy groups, and community members. Although the Task Force has not endorsed the recommendations listed in this document they may be used to raise awareness of important topics, educate leadership, and inform future work and priorities. Topical areas represented in this summary are diverse and reflect the broad spectrum of violence prevention opportunities, ranging from healthy housing and school environments to recidivism reduction and substance abuse prevention to name a few.

II. Health in All Policies Task Force Background

Recognizing that health and wellness is largely shaped by the environments in which people live, work, learn, and play, the California HiAP Task Force was created under the auspices of the Strategic Growth Council as a multi-agency effort. Its goal is to identify priority programs, policies, and strategies of State-level government agencies to improve health, equity, and sustainability in California across policy fields that fall outside of the traditional realms of public health and health care systems. The Task Force is made up of 22 State agencies, departments, and offices, and seeks to establish multi-agency goals, identify and leverage co-benefits, and create win-win solutions to some of California's greatest challenges such as growing inequities, chronic disease, injury, environmental degradation, and climate change. The Task Force is facilitated by the California Department of Public Health and staffing is provided through a partnership with the Public Health Institute, with funding from multiple sources including The California Endowment and Kaiser Permanente Community Benefit. Violence prevention is one topical focus area that the Task Force has prioritized as an important multi-sectoral issue.

¹ HiAP Task Force stakeholders are wide-ranging and include Task Force members and their colleagues, government employees from non-Task Force agencies, advocates, researchers, and representatives from a number of other non-government organizations across sectors.

² Howard Pinderhughes, Rachel A. Davis, & Myesha Williams. (2016). Adverse Community Experiences and Resilience: Kaiser Permanente and Prevention Institute.



III. About the HiAP Task Force Action Plan to Promote Violence-Free and Resilient Communities

The recommendations in section 5 of this report were collected during the 2015-2016 process to develop the HiAP Task Force Action Plan to Promote Violence-Free and Resilient Communities. A primary way that the HiAP Task Force operationalizes multi-sector work is through action plans, which are non-binding collaborative work plans developed through a consensus process to represent Task Force member commitments to priority topic areas. Finalized plans are submitted to the Strategic Growth Council for endorsement and posted online as public documents.

The HiAP Task Force Action Plan to Promote Violence-Free and Resilient Communities was developed over a twelve-month period through an in-depth collaborative process. Numerous individuals participated from across State government and from non-government stakeholder groups, through many one-on-one and small working group meetings. The purpose of the meetings was to gather information on current priorities related to violence prevention, facilitate connections between government agencies, and use a consensus process to identify opportunities for collaboration. Recommendations were collected and synthesized into action steps for prioritization and implementation. This process was facilitated by Task Force staff, and final decisions about the Action Plan were made by Task Force members using a consensus process.

Throughout the information and recommendation gathering process, the following criteria guided decisions about which objectives and actions would be included in the final action plan. Objectives and actions

- embody the **Five Key Elements of Health in All Policies**³
- were **prioritized by the HiAP Task Force**
- were considered **feasible** based on current resources
- **leverage existing partnerships** and efforts
- are aligned with the **State's sustainability and health goals**
- and have **political will**

The short-term objectives of the 2016 Task Force Action Plan to Promote Violence-Free and Resilient Communities are focused on increasing communication and improving coordination and collaboration between State agencies and State violence prevention initiatives; promoting policies and practices that prevent violence and support community resilience; and building capacity and increasing understanding among state employees of violence as a multi-sector issue and identifying opportunities for action.

The finalized action plan was endorsed by the Strategic Growth Council on April 11th 2016 and can be viewed online: http://sgc.ca.gov/pdf/HiAP%20Action%20Plan%20to%20Promote%20Violence-Free%20and%20Resilient%20Communities_%20End....pdf

IV. Stakeholder Engagement

The work of the Task Force is greatly informed by stakeholders and key informants from initiatives both within and outside of State government, including non-Task Force member government agencies, advocacy and community-based organizations, and academic entities. Stakeholder engagement is a priority of the Task Force and is included both in the development process of the plan and as an action item in the plan itself for ongoing implementation. The Task force recognizes that stakeholder engagement enhances the quality of action plans and is an opportunity to align actions with community priorities. Stakeholder engagement can facilitate

³ The Five Key Elements of HiAP include: promoting health and equity, supporting intersectoral collaboration, creating co-benefits for multiple partners, engaging stakeholders, and creating structural or process change. For more information, access the Health in All Policies Guide for State and Local Governments: <http://www.phi.org/resources/?resource=hiapguide>



development of intersectoral relationships among new partners, increase outreach to and information sharing with policymakers, and catalyze local level action by promoting community participation in government processes.⁴ The following key informants contributed to the development of the action plan and provided essential input.

Key Informants⁵

<ul style="list-style-type: none">• Association of State and Territorial Health Officials• California Adolescent Health Collaborative• California Board of State and Community Corrections• California Center for Research on Women and Families• California Coalition Against Sexual Assault• California Department of Community Services and Development*• California Department of Corrections and Rehabilitation*• California Department of Education*• California Department of Food and Agriculture*• California Department of Justice*• California Department of Public Health• California Department of Social Services*• California Department of Transportation*• California Department of Forestry and Fire Protection Agency*	<ul style="list-style-type: none">• California Governor's Office of Planning and Research*• California Governor's Office of Emergency Services• California Health in All Policies Task Force• California Highway Patrol• California Partnership to End Domestic Violence• Children Now• Coalition for Juvenile Justice• Fight Crime: Invest in Kids• Futures Without Violence• Housing California• Office of Health Equity Advisory Committee• Prevention Institute• PolicyLink• University of California, San Francisco Health Equity Institute
--	---

V. Condensed Recommendations List

Following is a summary of recommendations that were collected during the action plan development process. Key informants communicated that violence is a very broad and complex issue that touches the work of multiple sectors such as public health, land use planning, education, housing, social services, and transportation. Violence is also closely linked to a number of social and structural drivers of inequity such as poverty, sexism, power dynamics, and racism to name a few⁶. The conditions of the communities that people reside in can either protect them from violence or increase their risk of violence, emphasizing the need to implement a multi-prong approach to preventing violence and promoting resiliency. Examples of resilience factors include employment and economic opportunities, strong social networks, community leadership and civic engagement, and community design that promote safety.

The list includes many important topic areas that were not included in the final work plan because they did not meet action plan criteria. Important themes omitted from the final plan include recommendations related to safe and affordable housing, substance abuse prevention, policing policies, recidivism reduction, and supportive re-entry services. This document gives voice to these topic areas and lifts them up for future consideration. Task Force staff combined similar or duplicative recommendations to group them for ease of review.

⁴ Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

⁵ An asterisk indicates that an agency/department is a member of the California Health in All Policies Task Force

⁶ Structural violence refers to the social structures and institutions that put populations in harm's way and prevents them from meeting basic needs.



Recommendations have been categorized by general topical subject matter, which are listed below in alphabetical order.

Adverse Childhood Experiences (ACEs)

- Invest in annual state-level data collection on the prevalence of ACEs. Data collection efforts could expand to examine the relationship between ACEs and other systems that impact the lives of children, including child welfare and juvenile justice.
- Increase awareness about ACEs and their impact on health and wellness in communities across California through public education campaigns.
- Increase access to health care, including mental health services, for all Californians.
- Support efforts to identify community defined and evidence-based practices to screen for and respond to ACEs across systems.
- Advance efforts to integrate behavioral and physical health care practices to heal the individual body and mind.

Built Environment

Housing

- Identify opportunities to support access to quality safe, affordable housing for California's most vulnerable populations (e.g., the homeless, survivors of intimate partner violence, people released from incarceration, low-income individuals in communities of color, and families reunifying through the child welfare system).
- Implement policies that support safe and affordable housing for all and eliminate discriminatory practices such as predatory lending that lead to foreclosure and neighborhood blight.
- Explore opportunities to site foster youth group homes in healthy locations and prevent interaction with violence (e.g., human traffickers) and the criminal legal system.
- Work with appropriate levels of government to obtain waivers and change regulations to allow greater access to housing for chronically homeless people who are prevented from accessing subsidized housing due to criminal convictions.
- Promote development of permanent affordable housing for people who are chronically homeless by incorporating policy considerations for this population into State housing and homeless legislation, regulations, and funding streams.

Transportation

- Better incorporate community violence prevention and safety recommendations into Safe Routes to Schools programs.

Data

- Promote the use of interoperable systems to support data-driven prevention decisions and implement evidence-based prevention policies and programs, such as those listed in the Guide to Community Preventive Services (i.e., "[The Community Guide](#)" a website that houses recommendations from the Community Preventive Services Task Force).
- Create or bolster an interagency working group to share data to support state-level violence prevention and recidivism reduction efforts.
- Create or enhance State interagency referral systems that direct families to social services.
- Create and share timely "data fact sheets" across agencies to ensure consistent messaging and up-to-date knowledge on important topics.



- Identify opportunities to improve community mapping capabilities using state data; support use of GIS mapping to expand the use of “hotspot” mapping.
- Establish a Statewide data clearinghouse that collects data on chronic homelessness.
- Increase State agency access to and utilization of gun violence data.

Direct Services

- Establish a no-wrong-door policy for all state-operated, funded and regulated programs to ensure that participants seeking services through any one agency have seamless access to the entire system of care and receive case management to provide them with referrals and assistance in accessing services.
- Develop the agreements, capacity, systems, policies and integrated funding necessary to allow for interagency and inter-departmental service coordination, including interagency referrals, client information-sharing, and other strategies to streamline linkage of participants to housing, income and services.
- Develop a uniform assessment tool to be used as part of initial intake by all appropriate state-operated, funded and regulated programs and facilities to screen for at-risk or chronic homelessness and identify related housing, health, and social service needs.
- Streamline the acquisition of identifying documents such as birth certificates, social security cards, driver’s licenses or California State I.D. for people who are chronically homeless or at-risk. Ensure that those discharging from or exiting state institutions have all needed documents.
- Identify potential state employment and career-technical training resources for chronically homeless people and those at-risk living in supportive housing. Identify funding targeted at specialized employment and training programs, including development of customized, transitional, and supportive employment, for people who are chronically homeless or at-risk by state and local employment services providers.
- Create and fund community programs that address inter-generational trauma.
- Develop systems to increase access to trauma-informed care (i.e., adoption of principles and practices that screen for and assess trauma and promote a culture of safety, empowerment, and healing).
- Support Family Resource Centers and community-based/faith-based organizations to provide comprehensive services, social support, and stability to families in need.
- Identify opportunities for the California HiAP Task Force to better collaborate with other State level coordinating work groups to serve foster youth populations and prevent the health inequities they endure. Fund mental health peer support services that are community defined and culturally specific.
- Adopt "Safe Harbor" laws to help ensure that young people sold for sex are treated as victims and offered support services instead of being prosecuted.
- Develop a cross-sector Statewide Youth Development Plan Committee modeled after the partnerships facilitated by Colorado’s Department of Human Services. This committee would identify gaps in coverage, identify successful strategies and programs, and develop baseline indicators to measure success.

Education and School Environment

- Incorporate California HiAP Task Force member input into the Health Framework for California Public Schools.
- Develop guidance regarding integrating health into Local Control Accountability Plans (LCAPs), with a focus on safe and hospitable school climate.
- Collaborate with the California School Board Association to analyze LCAPs to determine where funding for school climate is being allocated.
- Support early childhood initiatives such as universal Pre-kindergarten for all children.
- Elevate and enforce recommendations that eliminate school discipline disparities and replace a number



of school discipline strategies (e.g. zero tolerance, suspension, and expulsion) with positive behavioral interventions and restorative justice.

- Explore opportunities for California HiAP Task Force member agencies to collaborate and support school-based health centers or community schools.
- Support continued funding of Early Mental Health Initiative (EMHI) Programs, which support prevention and early intervention programs for students experiencing mild-to-moderate school adjustment difficulty.
- Develop policies and programs to make sure students who experienced trauma have support. This could include looking at issues of chronic absence and willful defiance, teacher credentialing, and school-based mental health.

Funding and Grant Coordination

- Identify opportunities for state agencies to jointly apply for public and private grant proposals that fund cross sector work.
- Engage public hospitals, who share financial risk around trauma and violence, in funding prevention.
- Identify and advocate for the removal of barriers to providing services to the at-risk and chronically homeless population. Incorporate changes in policy and regulations to allow integration and blending of funding streams to facilitate the efficient use of resources.

Policing, Recidivism Reduction and Supportive Re-entry

Employment, Resources, and Workforce Development

- Explore dual enrollment in benefits and social services for inmates before release from incarceration.
- Work with foundation, private sector, and State agency partners to create a State Probation Resource Center to support probation departments' efforts to implement evidence-based practices.
- Expand resources available for probation departments to incorporate evidence-based practices.
- Partner with probation departments and employment sectors to develop guidance on hiring formerly incarcerated individuals; provide training and supports to organizations that hire formerly incarcerated individuals; provide models and examples to reduce barriers to hiring the formerly incarcerated.
- Support employers in hiring those who are chronically homeless or at-risk, including those who are ex-offenders. Develop incentives to private business for training and hiring people who are chronically homeless or at-risk, including those who are ex-offenders.
- Support the application of a health equity lens to correctional staff training curricula.
- Provide comprehensive crisis intervention training for correctional peace officers to learn how to de-escalate situations, refrain from excessive force, and respectfully interact with people who have unmet mental health needs.

Policing and Incarceration Transparency and Accountability

- Create or expand local civilian oversight of law enforcement and investigation of incidents of lethal force.
- Continue to provide oversight and accountability to ensure that coerced reproductive procedures (e.g., forced tubal ligation) are not practiced in women's prisons.⁷

⁷ SB -1135 prevents sterilization abuse of vulnerable populations

(http://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201320140SB1135). The legislation ended the coercive practice and provides safeguards to ensure that the Department of Corrections and Rehabilitation (CDCR) complies with the law. The Receiver's office has put in place a policy that requires Institutional Utilization Management Committee (IUMC) and the Headquarters Utilization Management Committee (HUMC) approval prior to performing any tubal ligation or post-partum tubal ligation procedures. Approval from both committees is mandatory, and must occur before any tubal ligation is authorized or scheduled.



- Create or appoint a special prosecutor to investigate instances where lethal force is used by law enforcement thereby encouraging de-escalation practices, enhancing transparency and accountability, and improving community relations with law enforcement.
- Create an "early warning system" database to notify local police entities, the surrounding community, and oversight entities of repeated officer misconduct.

Substance Abuse

- Implement countermeasures for impaired and/or distracted driving (e.g., alcohol sobriety checkpoints) and enhance enforcement of speeding regulations and other safety policies.
- Train law enforcement personnel to safely identify drugged drivers and connect them to substance abuse treatment services when appropriate.
- Support safe prescription drop-off programs.

State Agency Capacity Building

- Support efforts to eliminate workplace violence, bullying, and harassment.
- Apply equity impact tools (e.g., racial, ethnic, religious, sexual orientation, or gender impact assessments) to state programs, policies, and processes to alleviate inequities.
- Build violence prevention capacity statewide by supporting community-level efforts to engage and convene stakeholders to develop data-informed prevention actions, including through training to promote effective community engagement and joint action.

Contact

Health in All Policies Task Force
1400 10th St # 100,
Sacramento, CA 95814
hiap@sgc.ca.gov