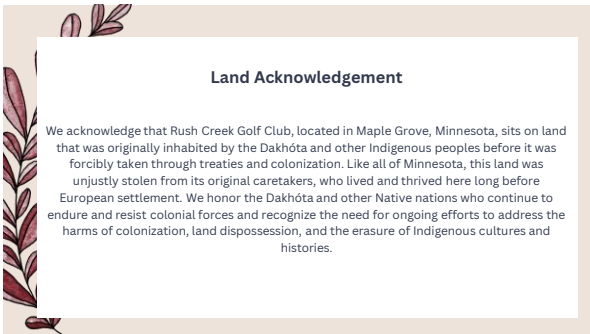




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2



3

Grounding Assumptions

- We will assume everyone is coming from an honest and genuine place.
- We will listen to learn instead of listening to win.
- Take space, make space.
- Use "I" statements.
- Take responsibility to make sure that all voices have a chance to be heard.
- We will hold each other accountable for our ideas or words that make us uncomfortable.
- We will ensure that what is shared here, stays here and what we learn here, leaves here.
- We will acknowledge that this work can be challenging and uncomfortable and will take risks and speak our truth
- We will acknowledge that we can change, but that this change takes time.

4

Trauma-Informed Body Centered Practice

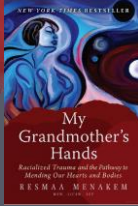
Think of a place that you feel safe.

Where are you?

Is anyone there with you?

How do you feel in your body?

Take some breaths.



5



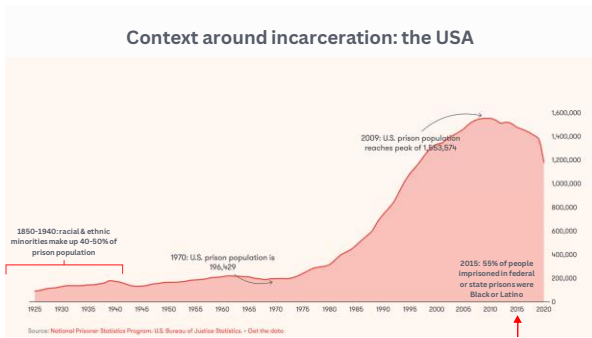
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Agenda & LOs

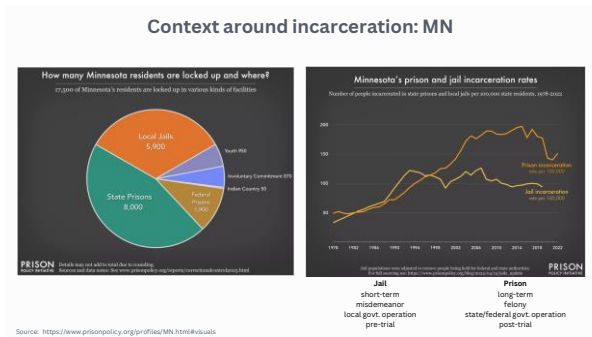
- Welcome & Objectives (-5 mins)**
 - Purpose:** Explore the intersections between policing, incarceration, and healthcare.
 - LOs:**
 - Understand the impact of the carceral system on health
 - Identify settings where you may interact with police & practice how to engage
 - Explore this impact from a transformative and restorative justice lens
 - Discuss the role of the healthcare provider within this system: advocacy, consent, etc.
- Setting the Context (-10 mins)**
 - Overview of policing, incarceration, and healthcare
- Reimagining Justice for Cycles of Trauma & Violence in Relationship + Family Systems (-25 mins)**
- Criminalization of Houselessness, Substance Use, & Mental Health (-25 mins)**
- Conclusion & Call to Action (-15 mins)**



7



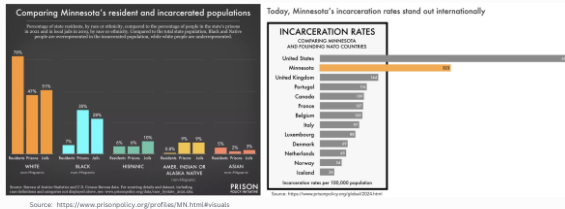
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10

Context around policing: MN



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Where do we fit into this?

Advancing Public Health Interventions to
Address the Harms of the Carceral System

Date: Oct 26 2021 | Policy Number: 202117
Key Words: Jails Prisons Prisoners, Civil Rights, Human Rights

Abstract

Abstract
In 2019, an estimated 1,430,800 people were incarcerated in state and federal prisons, with a disproportionately high percentage of Black and Hispanic individuals. Incarcerated people have higher prevalence of acute and chronic health conditions than the general U.S. population and the harms of the carceral system also extend to families and communities. Empirical research suggests that the carceral system is not designed to address the health needs of incarcerated people and federal policies deploying the legal system to address public health concerns and the targeting of marginalized people, both of which have shaped the unprecedented levels of incarceration in the United States. Now, as never, intersectional researches prioritizing the health of incarcerated people and their families and communities is needed to address the abolition of carceral systems and building in their stead just and equitable structures that advance the public's health by (1) urgently reducing the incarcerated population; (2) ensuring that incarcerated people have access to the same quality of care as the general population, including housing, employment; (3) committing to nonrecusal measures for accountability, safety, and well-being; (4) restoring voting rights to formerly and currently incarcerated people; and (5) finding research to evaluate policy determinants of exposure to the carceral system.

“Therefore, the APHA recommends moving toward the abolition of carceral systems and building in their stead just and equitable structures that advance the public’s health...”

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THINK, PAIR, SHARE

How do you think trauma experienced in relationships can be passed down through generations, and what role do structural systems play in perpetuating or breaking these cycles?

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DV / IPV & the Criminal Justice System Current Interventions & Gaps

Self-defense → **Criminalization of survivors**

- mandatory arrest laws in MN
- perpetuates cycle of trauma

Re-traumatization by Police & Incarceration

- lack of training (i.e., trauma-informed care)
- WoC face heightened risks
 - Native American women disproportionately incarcerated



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DV / IPV & the Criminal Justice System
Healthcare Provider Roles in Mandatory Reporting

Mandatory Reporting Laws & the Impact on Survivors

- unintended consequences
 - deterring survivors from seeking medical care
 - CPS intervention
- perpetuates cycle of trauma

Criminalization Does Not Address Root Cause

- need to address systemic factors of DV/IPV
 - economic instability, MH, lack of social support
- punitive approach perpetuates cycle of trauma

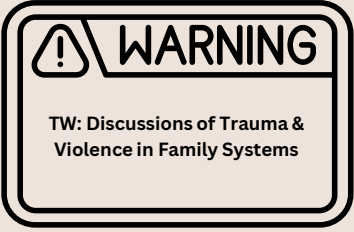


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THINK, PAIR, SHARE

In what ways could intervention systems (such as CPS or the criminal justice system) unintentionally reinforce cycles of trauma rather than helping families heal?

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TW: Discussions of Trauma & Violence in Family Systems

18

19

[illegible]

20

The Carceral Roots of CPS and Structural Violence


Healthcare Provider Roles in Mandatory Reporting

Mandatory Reporting & the Impact on Families

- unintended consequences esp. CoC and low-income
 - ignores SDoH/wellbeing
- contributes to deterred care seeking
- perpetuates existing barriers to health equity, cycles of trauma, and poverty

Separating Families Does Not Address the Root Cause

- from punitive to preventative
- address systemic factors that contribute
- consider upstream interventions
- trauma-informed, culturally responsive approach



In Minnesota

Systemic racism exists at every intersection point of the child protection process

[illegible]

MINI-CASE THINK, PAIR, SHARES

Maria, a 32-year-old woman, presents to her PCP with chronic lower abdominal pain and anxiety. She shares that her husband has become controlling and emotionally abusive. After a loud argument, police were called by a neighbor, resulting in CPIS becoming involved. Maria fears her children may be removed due to an "unsafe environment." She feels trapped, worried about her children's safety, her undocumented status, and the possibility of permanent family separation if she leaves her husband.

[illegible]

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Restorative Alternatives

Community-Based Solutions

Restorative Justice Circles

- alternative to traditional punitive responses
 - rooted in indigenous practices
- healing and accountability without incarceration

Survivor-Centered Interventions

- survivor advocacy
 - VFMN = survivor-centered interventions → prioritize the needs and voices of survivors
- culturally specific programs address intersection of historical trauma & IPV

Community-Based Family Support

- intervention w/o state surveillance
- family group decision making with community organizations
 - family health and stability prioritized



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Culturally Specific Community-Based Programs in MN











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Your HW!

- 1 Look into [Black Voices Collective](#) and [Bayou](#) (Minneapolis-based organizations) working on issues related to criminalization and community healing.
- 2 Learn about [trauma-informed care](#) and consider one practical way you can integrate a trauma-informed approach into patient interactions, especially those experiencing DV/IPV or CPS involvement.
- 3 Consider how grassroots organizing intersects with healthcare advocacy. How can medical students and providers support systemic changes through policy advocacy and patient care?

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THINK, PAIR, SHARE

How are the healthcare needs and barriers of people who are experiencing homelessness shared or unique?

26

- Death rate 3x higher among people who experience homelessness (PEH) in MN than the general population.
- 20-yo PEH in MN death rate = 50-yo in the general population.
- Mortality across each racial and ethnic group is higher among PEH
 - American Indian PEH have 1.5x higher rates of death than other PEH and 5x higher rates of death than the general MN population.
 - Deaths from substance use are 10 times higher among PEH than the general MN population.
 - 1 in 10 substance use deaths in Minnesota are among PEH.
 - 1 in 3 of all deaths among PEH are caused by substance use, especially opioids including fentanyl.



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CRIMINALIZATION & POLICING Hx IN ANTI-BLACKNESS

The Criminalization of Homelessness

The criminalization of homelessness refers to measures that prohibit life-sustaining activities such as sleeping, camping, eating, sitting, and/or asking for money/resources in public spaces. These ordinances include criminal penalties for violations of these acts. Some criminalization measures include:

- Carrying out sweeps, confiscating personal property including tents, bedding, papers, clothing, medications, etc.
- Making panhandling illegal.
- Making it illegal for groups to share food with homeless persons in public spaces.
- Enforcing a "quality of life" ordinance relating to public activity and hygiene.

JIM CROW MATH

The Black codes enacted immediately after the American Civil War, though varying from state to state, were all intended to ensure a steady supply of cheap laborers, and all continued to assume the inferiority of the freed slaves. There were vagrancy laws that declared a black to be vagrant if unemployed and without permanent residence a person or defined could be arrested, fined, and bonded out that is terms of release if unable to pay the fine. Aggressive laws

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MINI-CASE THINK, PAIR, SHARES

You've been learning the importance of social determinants of health, such as income-level or employment status. So, you ask the patient if they have a job or a source of income and they say "Yes", when you ask what it is they say, "You don't wanna know".

How do you proceed?

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Principle #2: End information gathering and documentation that is not directly relevant or related to the person's course of care

IC INTERRUPTING CRIMINALIZATION

Why

- Health and public health workers should not report any sensitive information that would trigger criminalization or involvement of the criminal punishment or family regulation systems (i.e. immigration status, reports of criminalized activities, conclusions about "criminal" motive, etc.) in identifiable records without informed consent of the potential consequences
- Asking about work/employment can stigmatize people who engage in criminalized work in the informal economy including people in the sex or drug trades
- Public disclosure of identifiable information shared confidentially during health visits, public health efforts, or research puts people at risk of criminalization
- Police agencies should never have access to health or public health data including patient records, contact tracing data, and research data

Invitation / Action

- Avoid using stigmatizing language in patient charts
- Do not ask or document around questions of immigration status, criminalized activity, or intent that could trigger criminalization or involvement of the criminal punishment or family policing system
- Use plain and accessible language and explain what is happening and why

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MINI-CASE THINK, PAIR, SHARES

A patient comes in, they have a small laceration on their tongue and reportedly were found on the streets unconscious. They are alert & oriented only to self and seem dazed and somnolent.

What do you think might have happened?
What questions do you want to ask?
Will you get a urine drug screen?

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Principle #3: End screening and testing without explicit and informed consent

IC INTERRUPTING CRIMINALIZATION

Why

1. Harm reduction is a commitment to ensuring people's bodily autonomy, privacy, and consent
2. People run the risk of getting kicked out of school, employment, and accessing public benefits on the basis of drug screenings
3. Families are often separated based on drug testing, entangling them in the family regulation system
4. Neither criminalization nor coercive drug treatment programs are helpful interventions
5. Refusal to consent to testing should not lead to calling security or police

Invitation / Action

1. Refuse to test people without their consent, unless they are in critical condition and unable to communicate, and testing is necessary to inform care

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MINI-CASE THINK, PAIR, SHARES

You are walking home after a late-night shift. You see someone crouched down on the ground, crying. They look up and yell out "Please someone help me" once, and then return back to burying their face into their hands.

How do you feel?
What would you want to do?
What do you feel equipped to do?
What would you likely do?

As you get closer, you see scattered syringes on the ground next to them.

Do your answers to any of the above change?

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Principle #5: Stop calling police on people with unmet mental health or medical needs

IC INTERRUPTING CRIMINALIZATION

Why

1. Law enforcement responses to unmet mental health needs often result in serious bodily harm or even death
2. Health care workers and de-escalators should not be involved in programs partnering with the police
3. People across the country are experimenting with non-police responses to mental health crises including hotlines and non-police outreach teams

Invitation / Action

1. Stop calling police on people with unmet mental health needs
2. Work with your networks and people who have relationships with the person in crisis to address their immediate needs (i.e. water, food, shelter, care, etc.)
3. Organize to implement a non-police mental health response in your area
4. Join Interrupting Criminalization's Mental Health Practice Space if you/your organization is envisioning, designing, and implementing non-police mental health crisis response programs

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Findings from focus groups with SCPD employees:

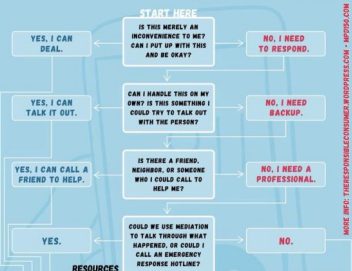
- "80 percent of all calls for service are homeless-related that they can't do anything with."
- "Officers no longer do crime-related work because of dealing with homeless issues."
- "Officers feel burdened by the amount of homeless-related calls."
- "Officers have no tools or resources to deal with homeless population."

- CAHOOTS has a philosophy of not treating people with mental illness as inherently dangerous
- In 31 years, no CAHOOTS staff member has ever been injured by a person they were responding to on a call
- CAHOOTS evokes a different response from people than police
 - Team members approach calmly and with compassion, provide a soothing presence to de-escalate
 - Uniforms are intentionally casual-looking – a t-shirt or hoodie and jeans – to put people at ease
 - CAHOOTS is only there to help and has no power to harm, either through the legal system or through force/weapons



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STEPS TO ASK YOURSELF BEFORE CALLING THE POLICE IN MINNEAPOLIS



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RESOURCES

MENTAL HEALTH CRISIS
Text MN to 741 741
National Suicide Hotline: 800-273-8255

MENTAL HEALTH MOBILE CRISIS TEAMS*
COPE: 18 & older: 612-596-1223
Child Crisis: 17 & younger: 612-348-2233
**may call the police*

CRIME VICTIM SUPPORT
MN Victim Support Line: 866-385-2699

GENERAL SOCIAL SERVICES - CRISIS & NON-EMERGENCY 24/7 -United Way 211: 651-291-0211

RESPONSE HOTLINE?

DOMESTIC ABUSE, HUMAN TRAFFICKING, SEXUAL VIOLENCE
Day One Crisis Hotline: 866-223-1111
Sexual Violence Center 24-hr crisis line: 612-871-5111
Tubman- 24-hr family violence resources: 612-825-0000

EMERGENCY SHELTER
St. Stephen's Secret Outreach Team: 612-879-7624
Metro Shelter Hotline: 888-234-1329
Passageways Shelter & Housing Program (youth 13-17 or victims of sex trafficking ages 16-24): 612-226-0946

MY COMMUNITY AND I HANDLED THIS SITUATION!

IF I CALL THE POLICE, DO I UNDERSTAND HOW INVOLVING THE POLICE COULD IMPACT ME AND THE OTHER PERSON?

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ABOLITION...

A Snapshot of the Minneapolis Abolitionist Ecosystem (Links and Resources)

These aren't necessarily endorsements or anything; just a "snapshot" of the local ecosystem for those looking to learn more and/or get involved.

- **Relationships Evolving Possibilities (REOP)** is "a network of dedicated abolitionists showing up to support others in moments of crisis or urgency, with care and respect for the full dignity and autonomy of the people in crisis."
- **Black Voting** is "a Black-led, Queer and Trans centering organization whose mission is to organize powerful, connected Black communities and dismantle systems of violence." Specifically, check out the **BlackOutCommunity** work happening right now.
- **Reclaim the Block** is currently redefining/re-orienting, but still share good resources on Twitter.
- **End Youth Extran MN** is "a storytelling, advocacy, and organizing campaign to end youth incarceration in Minnesota and build power among young people and their families."
- **The Institute of Justice Abolitionists** will "provide political education for community members and practitioners to learn effective ways to improve relationships and reduce harm through covenants, workshops, trainings, and coaching."
- **Communities United Against Police Brutality** "was created to deal with police brutality in Minnesota on an ongoing basis. We work on the day-to-day abuses as well as taking on the more extreme cases. We work to combat police brutality from many angles, including political and legislative action, education, research, and providing services and support for victims and their families."

THIS ALL "WENT GOOD IN THE END BUT WOULD BE IMPOSSIBLE TO DO BY

Throughout US history, abolitionists have regularly accomplished "impossible" things, from the abolition of slavery to voting rights to the 40-hour workweek, and more.

What's really impossible is the idea that police departments can be reformed against their will to protect and serve communities where they have always attacked.

The police, as an institution around the world, have existed for less than 200 years- less time than chattel slavery existed in the Americas. Abolishing the police doesn't need to be difficult- we can do it in our own cities, one block at a time, through redirecting budgets to common-sense alternative programs.

Let's get to work!

MPD 150
A PEOPLE'S PROJECT
EVALUATING POLICING

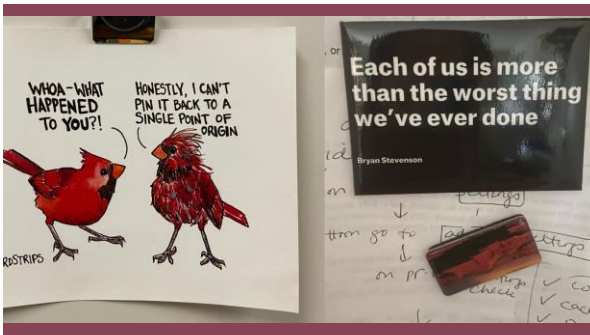
A + PROJECT OF MAKING THE IMPOSSIBLE POSSIBLE.

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CALL TO ACTION!



Prisoners are forced to work meaningless jobs for \$0.25 an hour, coming home with no new skills or savings. This leads to cycles of homelessness and crime, with nearly 80% being arrested within five years of release. According to the MN Dept. of Corrections every 1% reduction in such crimes saves the prisons \$5 million a year, and taxpayers \$58 million a year.

- \$100 Million a year to poorest Minnesotans, including victims
- Families & communities are supported not taxed by incarceration
- Set up for success when coming home, breaking cycles of violence

MINNESOTA NEEDS A SAFETY SYSTEM, NOT A SLAVERY SYSTEM. PASS THE "NO SLAVERY IN MINNESOTA ACT."

HUMAN RIGHTS

1. Minimum wage
2. Self-representation
3. Health, safety, & workers comp
4. Not have wages stolen
5. Work, and to choose to work
6. College under North Star Promise
7. Earn remote employment or to start nonprofits, businesses, cooperatives
8. Learn essential technology

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