

**Making Youth Pre-Arrest Diversion Work:
Lessons for Rhode Island from Los Angeles, Philadelphia and Cambridge**

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I have read and understood Brown University's *Academic Code* and pledge that this thesis fully respects the principles of academic integrity defined in the code, including that the research conducted for it was carried out in accordance with the rules defined by the University's Institutional Review Board for research involving human subjects.

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I agree that my thesis can be made available to both the Brown Community and the general public for didactic and research purposes.

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ABSTRACT

This thesis examines the formation, institutionalization, and operation of successful pre-arrest diversion programs in Los Angeles, Philadelphia, and Cambridge. The analysis shows that effective programs shift from a criminal justice approach to youth behavior to a public health approach. Institutionalizing this systems change requires agencies to center young people's voices throughout program development and implementation, law enforcement to build sustainable partnerships with health agencies and systems analysis to inform the continual adjustment of practices to promote health equity.

Rhode Island is well-positioned to drive integrated systems change and produce more equitable youth outcomes: The Providence Police Department has called for a formalized system to divert youth from arrest, the state is rich in public health resources, and youth-led movements have long demanded a shift from approaches rooted in the justice system to community-driven alternatives.

This comparative analysis informs the following recommendations for Rhode Island policymakers: (i) The health department leads a multi-agency coalition in program development, performance, and resource allocation informed by public health research. (ii) Community input guides development and implementation. (iii) Program design and data-driven adjustments prevent net-widening and emphasize public health and community-based alternatives. (iv) Case management coordinated across agencies provides holistic supports for youth and families.

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INTRODUCTION

Youth diversion is [...] giving [kids] resources in the community or places they can go [...] to enforce skills that they might need in life. Instead of punishing and making them less than they are, it's trying to help them and build them as a person and empower them.

~ Redin, participant in the Los Angeles Arts for Incarcerated Youth Network¹

Redin calls for a systemic change in our treatment of youth behavior—from practices rooted in the juvenile justice system toward public health-driven and community-based solutions. As Redin describes, contact the justice system has the immediate impact of disempowering youth. Youth arrests and court processing functions as a negative health exposure, disproportionately impacting long term outcomes for youth of color.² In contrast, a public health-informed system takes a strengths-based approach to youth behavior. At the individual level, public health-informed solutions leverage community resources to help youth address complex needs and empower young people onto a positive path. At the community level, public health-driven solutions address systemic, institutional and social conditions driving youth of color into the justice system at disproportionate rates and promote equity in positive youth outcomes.³

The prevention of arrests is critical to promote positive youth development and the well-being of communities as a whole. Arrests have been shown to have significant collateral consequences for youth such as trauma, mental health issues, substance use issues and depression.⁴ A student is twice as likely to drop out of school after being arrested for the first

¹ “Los Angeles County Department of Health Services-Office of Diversion & Reentry-Youth Diversion and Development,” accessed May 13, 2020, <http://dhs.lacounty.gov/wps/portal/dhs/odr/ydd>.

² “A Roadmap for Advancing Youth Diversion in Los Angeles County,” accessed May 10, 2020, <http://cejcc.lacounty.gov/LinkClick.aspx?fileticket=958nu4vfXQQ%3D&portalid=11>.

³ “Addressing Law Enforcement Violence as a Public Health Issue,” November 25, 2019, <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>.

⁴ “Positive Youth Justice System-Report-NICJR-Feb-2019.Pdf,” accessed May 13, 2020, <https://nicjr.org/wp-content/uploads/2019/01/PYJS-Report-NICJR-Feb-2019.pdf>.

time regardless of socioeconomic, educational or family background.⁵ If the arrest is followed by court processing, a young person's risk of dropping out of high school nearly quadruples and their risk of deeper juvenile justice system involvement increases as well.⁶ Youth of color, youth who are low income, who have learning disabilities, who identify as LGBTQ, and are immigrants are arrested and at disproportionately high rates to their peers.⁷ Being arrested can threaten a young person's immigration status, increase grounds for school expulsion, impart court fees and fines and lead to harsher sentencing for a conviction as an adult.⁸ In all, arrests reinforce social, health-related and economic inequities among youth populations.

Systems change demands alternatives to justice involvement at the earliest intercepts possible. Pre-arrest diversion creates a formalized system for police officers to refer youth to community-based resources instead of making arrests and court referrals. The development of a diversion program involves collaboration across community health agencies, local organizations, schools and law enforcement to create referral processes and coordinate community service capacity. Health departments must harness and integrate existing community assets to accept referrals from multiple intervention points including prevention and early intervention prior to police diversion. The coordination and capacity-building of services and the development of referral pathways help to strengthen sustainable community infrastructure to support youth and family health in the long term.

Pre-arrest diversion programs have been shown to produce positive outcomes for youth and promote health equity. Firstly, a standardized system to divert youth prior to arrest is a

⁵ Gary Sweeten, "Who Will Graduate? Disruption of High School Education by Arrest and Court Involvement," *Justice Quarterly* 23, no. 4 (December 2006): 462–80, <https://doi.org/10.1080/07418820600985313>.

⁶ Anthony Petrosino, Sarah Guckenburg, and Carolyn Turpin-Petrosino, "Formal System Processing of Juveniles: Effects on Delinquency: A Systematic Review," 2010, <https://doi.org/10.4073/csr.2010.1>.

⁷ "Addressing Law Enforcement Violence as a Public Health Issue."

⁸ "Philadelphia-Police-School-Diversion-Program.Pdf," accessed October 27, 2019, <https://stoneleighfoundation.org/wp-content/uploads/2018/02/Philadelphia-Police-School-Diversion-Program.pdf>.

critical tool to prevent racial and ethnic disparities in the justice system.⁹ Referrals not only prevent arrests but have been shown to increase access to public health resources for youth and families living in low income neighborhoods.¹⁰ In addition, pre-arrest diversion prevents future contact with the justice system for youth. A meta-analysis of diversion programs found that youth who participated in pre-arrest diversion are almost 2.5 times less likely to re-offend than youth who were not diverted. Meanwhile, youth who participated in post-arrest diversion, were just 1.5 times less likely to reoffend than youth who were not diverted.¹¹

Pre-arrest diversion programs save justice system costs and redirect resources into community-based public health infrastructure. Every time a youth arrest is avoided in Florida's pre-arrest diversion model, taxpayers save between \$1,468 and \$4,614 in court costs. Over three years, Florida saved between \$56 million and \$176 million by diverting young people from arrest.¹² At the same time, diversion demands reinvestment in public health services to create long-term solutions that strengthen communities. Taking in all of the above outcomes, advocates argue that pre-arrest diversion effectively allocates resources toward practices proven to improve public safety and advance health equity by redirecting the trajectory of youth toward better outcomes in the community.

Rhode Island is in a prime position to lead an integrated systems shift from responses rooted in the justice system toward public health and community-driven alternatives. Over the past decade, a dynamic of social movements, legislative change and agency leadership have set in motion a series of major juvenile justice reforms that have caused youth incarceration rates to

⁹ "Stepping-Up-County-Reports-201816074.Pdf," accessed May 13, 2020, <http://caruthers.institute/wp-content/uploads/2018/06/Stepping-Up-County-Reports-201816074.pdf>.

¹⁰ Barrett, James et al. "Do Diverted Kids Stay out of Trouble? A Longitudinal Analysis of Recidivism Outcomes in Diversion." (2019). The Journal of Applied Juvenile Justice Services.

¹¹ "A Roadmap for Advancing Youth Diversion in Los Angeles County."

¹² Klas, Mary Ellen. (2017). "Miami leads in diverting kids from jail, but most of Florida fails." The Miami Herald. <https://www.miamiherald.com/news/state/florida/article180369886.html>

fall.¹³ The Rhode Island Department of Children, Youth and Families is now redirecting resources from the justice system toward preventative services for youth and families. While the state holds a wide array of public health resources, these services and supports have yet to be integrated into a continuum of care with increased access points from prevention, early intervention to diversion. Police departments and community-based health agencies have established partnerships, but there is not yet a formalized system in place for officers to refer youth to services in lieu of making arrests.

The need for a formalized pre-arrest diversion program in Rhode Island is clear. Thousands of children are arrested each year, at rate of about one youth arrest or court referral per every 33 children in the state ages 10-17.¹⁴ Racial and ethnic disparities are significantly high in Rhode Island: Latinx youth in grades K-12 are referred to law enforcement at the second highest rate of any state in the nation. Black youth are referred to law enforcement at the tenth highest rate. And Native American youth are referred to law enforcement at the highest rate of any state in the nation.¹⁵ The Rhode Island juvenile justice system continues to have higher levels of racial disparity than the national average.¹⁶

On the heels of an era of reform, the next step is for the state to build systems to prevent youth arrests and address racial and ethnic disparities on a wide scale. Unlike reform, pre-arrest

¹³ Myrick, Larome. Presentation: “Reducing RED by Reducing Juveniles in the Justice System.” Juvenile Justice Subcommittee Working Group.

¹⁴ Neil Steinberg, Jessica David, and Jennifer Pereira, “2019 Rhode Island Kids Count Factbook,” n.d., 192.p. 96 and Myrick, Larome. “Reducing RED by Reducing Juveniles Entering the System.” In 2018, 2,565 youth were referred to Family Court and 420 youth were referred to Juvenile Hearing Boards as post-arrest diversion. The RI child population between the ages of 10-17 was around 99,606 in 2017. Rhode Island Kids Count, p. 8. Total RI child population ages 10-17 (99,606) / Total court referrals or post-arrest diversions (2985)=33.36

¹⁵ “2020.01.30 - DRAFT Talking Points on RI Mental Health SRO Funding Bill[1],” Google Docs, accessed May 13, 2020, https://docs.google.com/document/d/1U-2ZdzKpOKThWqcJ1nQGE3f99L58iVRrJtPyAb1R4tk/edit?usp=drive_web&ouid=116575494674736344291&usp=embed_facebook.

¹⁶ “Rhode Island Profile - JJGPS - Juvenile Justice, Geography, Policy, Practice & Statistics,” accessed May 13, 2020, <http://www.jjgps.org/rhode-island>.

diversion demands collaboration across agencies with different mandates to shift from a model of punishment to a common mission to promote youth empowerment and advance health equity.

Collaboration across community health agencies and law enforcement presents unprecedented challenges and critical concerns. To promote positive youth and community outcomes, new interventions must prevent net-widening, which means reducing the scope of law enforcement intervention, directing resources toward departments of health rather than public safety, and ensuring that diversion does not lead to new forms of monitoring in community settings or justice-related consequences. At the same time, law enforcement agencies raise concerns for public safety and liability under changing standards and new protocols. Questions of resource allocation, eligibility, referral processes, conditionality of service completion, and data-driven oversight must all be negotiated in the interest of shifting from a paradigm of criminal justice to a community-driven public health model.

This thesis investigates how the formation, institutionalization and implementation of pre-arrest diversion programs can most effectively bring about this underlying paradigm shift. A study of three programs in Philadelphia, Los Angeles and Cambridge investigates the contexts and origins of integrated systems change, processes of multi-agency coalitional formation, organizational capacity-building, diversion processes, and ongoing data analysis to most effectively enhance systems collaboration, prevent net-widening, transform institutional cultures, and promote equity in positive youth outcomes.

A strengths and needs assessment of Rhode Island reveals the robust infrastructure in place for the multi-agency implementation of pre-arrest diversion. Lessons from the previous case studies shape recommendations for how the state can leverage and integrate existing assets to divert youth from the justice system and increase young people's access to integrated

community-based infrastructure. The ultimate aim of a coordinated diversion effort is to build a more comprehensive and equitable system to promote the health, development and overall well-being of Rhode Island youth.

Chapter Outline

Chapter 1 outlines a public health-based analysis of youth contact with the justice system from a structural to an individual level. The complex structural, social and institutional processes driving youth of color into the justice system at such disproportionate rates call for solutions to both address institutional inequities and transform embedded social norms. To drive this system-level change, young advocates call for a fundamental shift from punishment toward positive social acceptance, through culturally relevant mentor relationships. These methods are clinically proven to more effectively promote positive youth behavior than systems-based punishment or sanctions. The chapter then outlines the core components of a public health-driven “whole systems” approach as the analytic frame for evaluating the efficacy of program design and implementation through the following case studies.

Chapter 2 draws lessons from the Philadelphia School Police Diversion Program. A host of legislative and political pressures led schools to notify law enforcement officers even for minor incidents, leading to widespread arrests. Police executives led the initiative to create partnerships with health agencies and design a system to prevent arrests in schools through diversion. Enrollment is automatic for eligible youth and services are entirely voluntary, which helped to prevent both net-widening and racial disparities in diversion. While the program could not address the underlying problem of police being called to intervene in schools, the program demonstrated the importance of police leadership in driving the impetus to create a coordinated

diversion process. The necessary organizational capacity-building for the implementation of diversion ultimately created direct referral pathways from schools to community-based supports without any police intervention.

Chapter 3 analyzes the Youth Diversion and Development model in Los Angeles County. A strong political and institutional framework set the stage for the health department to lead a deliberate process of systems-change that centered community voices and was shaped by public health research. The Los Angeles County Department of Public Health led a committed effort to integrate community members into the process of program development, oversight and evaluation. Researchers within the health department helped to facilitate data-grounded dialogue, mediate listening sessions, and create a common health-centered language among community partners and agency representatives. The health department led the multi-stakeholder coalition to develop guidelines for implementation across multiple law enforcement and community-based organization partnership sites. The health agency aggregated and allocated resources to community-based organizations, helped facilitate trainings, and ongoingly integrated community input with data analysis for continuous adaptation of practices and protocols. The program demonstrates the ability of a health agency to lead a community-driven asset-based approach, facilitate a clearly articulated vision, conduct systems-analysis and guide data-driven adjustment across implementation sites to promote health equity.

Chapter 4 investigates the formation and operations of the Cambridge Safety Net Collaborative. As in Philadelphia, Cambridge law enforcement executives drove the initiative to build cross-agency partnerships, in this case with the Harvard Medical School-affiliated Cambridge Health Alliance. The police department integrated clinical staff into the department who provide ongoing training and support for a specialized unit of Youth Resource Officers.

These Youth Resource officers take on the role of case managers, offering preventative services to youth and families and also referring youth to diversion. Through the Safety Net Collaborative, stakeholders across agencies regularly follow up to ensure the effective access of integrated resources. The program is an example of net-widening as the police department rather than the health agency took on the role of overseeing community-based infrastructure and administering prevention. At the same time, the program reveals the importance of the initiative of a committed law enforcement executive to build health agency partnerships, lessons for organizational transformation of the police department, strategies to build a continuum of care from prevention, early intervention to diversion, and multi-organizational coordination of case management.

Chapter 5 draws out findings across the case study models for effective coalitional formation, goal development, capacity-building and the collaborative revision of standards and procedures based on what the evidence suggests is working best to reduce harm and increase equity in youth well-being. The comparative analysis reveals that the leadership of youth and community groups in program design and implementation is critical to drive a paradigm shift toward a public health model. The initiative of law enforcement to build community partnerships is a necessary and often a critical ingredient to drive a clear mission and ensure robust implementation department wide. A health agency is best equipped to bring all stakeholders together, oversee community-driven program implementation and provide systems-level analysis based in community input to promote equitable health outcomes. The chapter then explores protocols and operations of diversion to best prevent net-widening and promote racial equity in positive youth outcomes.

In Chapter 6 I conduct a strengths and needs assessment of Rhode Island's capacity for the development and implementation of a formalized pre-arrest diversion program. This chapter finds that Providence Police Department officials are seeking a tool for field-based diversion, the health agency has directed resources toward partnering agencies, and youth-led community activist groups have long been working to contest processes of criminalization and advance health equity in the state. But it also finds that these assets have yet to be integrated into an institutional framework to formalize diversion processes, coordinate community-based resources with multiple points of referral and integrate system-wide analysis and review.

Chapter 7 applies the comparative lessons across program contexts to the landscape of community assets in Rhode Island. I propose a set of recommendations to guide the formation of a public health-driven pre-arrest diversion program. I highlight the role of the Department of Health as the organizational hub, capacity builder, facilitator of a common vision and overseer of systems-based analysis of a diversion program. I argue that effective systems change requires the health department to center the voices and experience of youth and community members throughout program design, implementation and ongoing evaluation. I describe how the state can leverage and coordinate existing assets to provide community-based referrals to services as prevention and early intervention prior to diversion. Finally, the Cambridge program models that regular meetings across schools, health agency administrators, clinical providers, and community-based organizations at the local level will be key to effectively provide holistic care for youth and families.

Research Methods

This thesis used a comparative case study methodology to understand what work bests in pre-arrest diversion program design and implementation across three programs in Cambridge, Massachusetts, Los Angeles, California and Philadelphia, Pennsylvania. These case studies stand out from other national models for their availability of information on program design and implementation processes as well as demonstrated impact. The availability of these materials as well as the significant results are due in large part to partnerships with university research teams within each program case study.

I examined program evaluations, memoranda of understanding, secondary source documents, relevant legislation and consulted outside data to gain an understanding of the origins, operations and impacts of each program. I gathered qualitative data by attending the Law Enforcement Juvenile Justice Institute Convening in Philadelphia, which gathered representatives from each case study as well as stakeholders from across the nation to share best practices on preventing youth arrests. I conducted interviews with diverse stakeholders from each case study jurisdiction including law enforcement officials, clinical psychologists, directors of community-based organizations, social workers, data analysts and program evaluators. I gathered testimony and quotes from youth activists who had been directly impacted by the justice system from presentations, qualitative evaluations and organization platforms. The varied contexts, coalitional actors involved, and program outcomes of each model provide comparative lessons to guide an understanding of best practices for implementation in Rhode Island.

I conducted a strengths and needs assessment of Rhode Island's capacity for implementation in relation to findings from the case studies. To gauge the state's capacity for cross-agency coordination, I participated in the Coalition to Support Rhode Island Youth, whose aim is to coordinate resources for youth at risk of justice involvement and improve community

outreach. The Coalition convenes representatives from numerous community-based organizations serving youth and families hosted by Tides Family Services as well as law enforcement, Juvenile Correctional Services, and the Office of the Child Advocate. To gain an understanding of the policy context surrounding prevention strategies, I observed Governor Raimondo's Juvenile Justice Subcommittee's meetings, bringing together over 30 formal and many other informal policy stakeholders to devise legislative recommendations. I received a tour of the Rhode Island Training School and conducted a secondary data analysis on a longitudinal study of court-involved and non-incarcerated youth in Rhode Island to understand the demographics, needs and institutional structures that shape the paths of young court-involved Rhode Islanders.

The most profound understanding of local needs, organizational capacity, and best practices for implementation emerged from interviews with three Nonviolence Institute Streetworkers, a Peer Recovery Specialist, the Executive Director of the Youth Restoration Project, the Executive Director of Juvenile Correctional Services, law enforcement officials, the Executive Director of Rhode Island for Community & Justice which oversees Juvenile Hearing Boards, hearing from members of the Formerly Incarcerated Union of Rhode Island and interviews with community members who had experienced arrest as youth. These sources helped to show how Rhode Island can implement a public health-driven pre-arrest diversion program and integrate existing assets into a robust continuum of care for youth and families.

CHAPTER 1: A Public Health Informed, Whole Systems Approach

Contact with the juvenile justice system functions as a negative health exposure for youth and should be treated as a public health issue.¹⁷ The importance of preventing arrests is critical for positive youth development and the well-being of communities as a whole. Arrests have been shown to have significant collateral consequences for youth health such as trauma, mental health issues, substance use issues and depression, harm later life educational and employment outcomes, and lead to higher likelihood of future involvement in the justice system.¹⁸

A transition from justice-centered responses to public health-informed solutions demands a shift from punishing the symptoms of youth behavior to addressing the root causes. Nasir, a Rhode Island community advocate explains: “Whatever issue is going on like whether someone’s in a gang or whether someone’s doing drugs [...] whatever outward action that [the kid is] doing is the symptom of the issue, you have to look at the causes—what are they doing and why are they doing this?”¹⁹ Public health-informed solutions analyze the social determinants driving youth into the justice system at a structural and individual level. The public health field designs solutions to positive youth outcomes at the individual level and enhance health equity at the community level.

At the structural scale, the underlying root causes driving the disproportionate arrests of youth of color stem from what scholar Ruth Wilson Gilmore calls “organized abandonment.”²⁰ This term describes social disinvestment for racially and economically marginalized groups in

¹⁷ “Reducing Youth Arrests Keeps Kids Healthy and Successful: A Health Analysis of Youth Arrest in Michigan,” *Human Impact Partners* (blog), accessed May 13, 2020, <https://humanimpact.org/hipprojects/reducing-youth-arrests-keeps-kids-healthy-and-successful-a-health-analysis-of-youth-arrest-in-michigan/>.

¹⁸ “Addressing Law Enforcement Violence as a Public Health Issue.”

¹⁹ Nasir is a chosen name to preserve confidentiality. In conversation with author March, 2020.

²⁰ April 17 2020, “Ruth Wilson Gilmore on Covid-19, Decarceration, and Abolition.”

access to secure housing, quality education, youth development opportunities, social, emotional and mental health services, healthcare and other social determinants of health. These structural conditions correlate with high vulnerability for trauma or adverse childhood experiences, mental and behavioral health issues, physical health issues such as lead poisoning, neighborhood violence and gender/sexuality-based violence.²¹ Furthermore, youth growing up in contexts of structural racism and social disinvestment will face disproportionately greater contact with police. A study showed that after controlling for crime rates, law enforcement agencies are deployed in the highest density in neighborhoods with high concentrations of people of color, poverty and economic inequality.²²

Racialized social norms are reinforced and reproduced by structural marginalization to criminalize youth of color. The racialized “Super Predator” theory originating in the 1990’s promoted social understandings of Black and Latinx youth as criminal.²³ These social understandings were reinforced by zero-tolerance school policies and the over-policing of youth of color. Across social contexts, Black and Latinx young people’s everyday behaviors and styles come to be treated as deviant, risky, or threatening. Ethnographer Victor Rios calls the conditions of ubiquitous scrutiny of Black and Latinx youth “hypercriminalization.”²⁴ Critical race theorist Robin Bernstein shows how this cultural understanding of childhood and race has been developed over centuries, communicated and performed through mundane cultural artifacts and social interactions from advertisements, songs, novels.²⁵ Hypercriminalization has been

²¹ Weissman, Marsha. *Prelude to Prison: Student Perspectives on School Suspension*. Syracuse, New York: Syracuse University Press, 2015. Accessed May 14, 2020. doi:10.2307/j.ctt1j2n744.

²² “Addressing Law Enforcement Violence as a Public Health Issue.”

²³ “<https://advancementproject.org/wp-content/uploads/ActionKitView/Index.html#page=1>,” accessed May 9, 2020, <https://advancementproject.org/wp-content/uploads/ActionKitView/index.html#page=1>.

²⁴ Victor M. Rios, *Punished: Policing the Lives of Black and Latino Boys* (New York: NYU Press, 2011).

²⁵ Robin Bernstein, “Performing American Childhood from Slavery to Civil Rights,” n.d., 17.

mutually reinforced through punitive policy, racialized political rhetoric and media messaging and then replicated in classrooms, stores and street corners across America. These deeply embedded conceptions of race and childhood show that beyond changing policies, a public health-driven approach toward prevention demands a transformation of the understandings of the cultures and social norms governing our institutions.

The structural conditions and social norms that criminalize youth of color have serious detrimental impacts on young people's health, well-being and life trajectories. Several studies have shown an association between people's experiences of police stops that they perceive as unfair, discriminatory or intrusive and adverse mental health outcomes including symptoms of anxiety, depression, and post-traumatic stress disorder.²⁶ Black individuals are more likely to report stress as a result of encounters with police than white individuals, and stress due to perceived racial discrimination has been shown to be associated with risk factors for chronic disease and early mortality. Young people may manifest pervasive stress, trauma or anxiety by acting out or self-medicating by using drugs, bringing them deeper into the justice system.²⁷

The intersections of socialized marginalization and social disinvestment criminalize young people across identities of gender and sexuality as well as, and overlapping with, race and class. Youth who identify as lesbian, gay, bisexual, queer trans, or gender non-conforming (LGBQ/TGNC) face rejection from their homes at high rates. Young people forced out onto the streets are then disproportionately arrested for "survival crimes" such as shoplifting, prostitution, and drug sales in order to obtain life necessities.²⁸ LGBQ/TGNC youth of color are particularly

²⁶ "Addressing Law Enforcement Violence as a Public Health Issue."

²⁷ "Addressing Law Enforcement Violence as a Public Health Issue."

²⁸ "TFIP-21_BestPracticesForLGBTYouthInJuvenileJustice_Brief_web.Pdf," accessed May 14, 2020, https://fenwayhealth.org/wp-content/uploads/TFIP-21_BestPracticesForLGBTYouthInJuvenileJustice_Brief_web.pdf.

overly represented among homeless youth and among youth in the juvenile justice system. In addition, girls, trans, gender non-conforming and LGBQ-identifying individuals face high rates of criminalization for acts such as cutting school and running away from home that have stemmed from gender and sexuality-based violence, trauma or bullying. While only about 7-9 percent of all young people nationwide describe themselves as LGB/TGNC, nearly 40 percent of young people in girls' juvenile detention identify as LGB/TGNC.²⁹ Social conditions of marginalization lead youth into the justice system on intersectional axes of identity in addition to race, gender and sexual orientation such as immigration status and disability.

From these root causes of structural and social marginalization, arrest has significant negative impacts on a young person's health and life course. Nasir recounts how his personal involvement in the justice system pulled him away from his family members and deeper into gang life. "When you lose your family you lose your identity, you lose who you are." Nasir experienced pressures in his home life at a young age. He was raised by his Cape Verdean grandparents who had immigrated to America for a better life. His parents were both were going through college, and his family had high stakes for him to succeed. He recalls, "I started to smoke weed because of whatever mental health issues I was going through whether it was depression or anxiety, my home situation, and for me it was like a release." Nasir had also wanted to buy some sneakers so that he could fit in at school, but at he didn't have any money or a job, "And then someone came to me with the option of selling weed where I could smoke for free and buy some sneakers, so at [...] fourteen, fifteen years old, I thought that makes perfect sense, that fixes everything." As Nasir explains, selling weed was a remedy he was using to

²⁹ Hyperakt, "Girls Matter," text/html, Vera, July 5, 2018, <https://www.vera.org/girls-matter>.

address underlying anxieties relating to family relationships, his mental health, and lack of disposable income to buy sneakers.

Nasir was arrested for selling weed in school, and these underlying challenges intensified. “They deferred me to a program called Drug Court and they promised me that if I do A, B and C it would be wiped from my juvenile record, but what that did was that started me on a cycle of going in and out of different programs.” Nasir’s juvenile justice involvement put even more strain on his family relationships than before. He started acting out as a result of issues with his family and was placed in a group home. “There came a point where my family basically just gave up on me, because they thought what’s wrong with this kid, like we can’t fix him. [...] And at that point I was like my parents don’t give a f[...] about me so what does anything matter? So that just brought me deeper into gangs in the neighborhood because I was thinking like *this* is who cares about me.” For Nasir, being arrested began a trajectory that pushed him away from his family and toward gang life, in search of a support system and caring adults to look up to. Nasir explained the failure of his court involvement to address the root causes undergirding his behavior: “The problem was never really resolved because after I went through what I went through, not only was I still broke, I’d probably destroyed most of my family relationships, because they were trying to figure out what was wrong with me.” Years later, Nasir describes rebuilding those family connections being the key to helping him redirect his life. Today he works toward equitable opportunities for people who have been impacted by the justice system in Rhode Island.

Nasir calls on policymakers and institutional representatives to shift toward positive social acceptance and help young people address the root causes of their behavior. Using his own experience, he explains, “If somebody had just tried to understand why I was doing what I was

doing instead of trying to judge me for it, punish me for it, or abandon me for it, I think it could have made a difference.” Nasir calls for an approach rooted in positive acceptance, someone to ask him about his life struggles and work with him to address the root of the issue. He explains what this would have looked like, “Had I was working, maybe had some healthy relationships or whatever the case, it could have been changed.”

Nasir met a positive role model from the community who perhaps could have helped him onto a better path, but by the time they made contact, his involvement in the justice system had already significantly altered his life course. Nasir met Juan Carter, or Bub as he’s known in the community, the director of the Nonviolence Institute streetworker outreach program, when Nasir was at a group home. Streetworkers work to prevent violence before it happens by understanding the dynamics of gangs and reaching out to at-risk youth to offer individual support. Many have their own life experience in the justice system and use their community ties to build lasting mentorship relationships with youth. Nasir described the impact Bub’s role as a streetworker had on him:

I remember thinking like that’s cool, I wouldn’t mind doing that. Because you’re still part of the community, [...] but on the right side of things. And that had an impact on me. I used to write him letters when I was in jail telling him that he was a positive role model and we needed more of people like him.

By the time Nasir had been put through court programs and placed in a group home, he was already pushed away from his family and into the justice system. From jail, Nasir was reaching out to a supportive role model to tell him that kids need more people like him. But instead of finding these supportive adults at the back end of the system, kids need opportunities to connect early on.

The voices of children and teenagers who have been through the justice system in Rhode Island amplify Nasir’s call for a paradigm shift from punishment to empowerment. Like Nasir,

other young advocates highlight the importance of culturally relatable role models. At Governor Raimondo's Juvenile Justice Working Group, three young presenters were asked what support they found the most helpful from their time in school and in the justice system. Of all their life experiences, two of the three youth presenters named the same person: a staff member at Tides Family Services re-entry program named Travis. One presenter highlighted that what made Travis so important to him was that he felt comfortable sharing his experiences, because Travis could relate to them: "If you're not from where I'm from, it's awkward to talk about my situation. Travis has been in the hood; he knows where my experiences are coming from." The other presenter explained Travis related through a space of empowerment as well as cultural commonality, "[Travis] makes you feel comfortable, the way he speaks; he shows you that all the pain you're going through, there's a bright side."³⁰ It's people like Travis that communities need to prevent youth contact with the justice system. The task ahead is to coordinate community infrastructure so that children like Nasir and these two young presenters can connect with supportive adults like Bub and Travis not just through re-entry programs or group homes, but within their communities and at the earliest intercepts possible for the best possible outcomes for youth and communities as a whole.

These youth-driven demands for approaches rooted in positive acceptance and empowerment are clinically proven to be more effective in promoting positive youth behavior than punishment. Cognitive neuroscience literature shows that youth respond more significantly and learn more quickly from experiences of positive social acceptance following a behavioral incident as opposed to social rejection or sanctions.³¹ Kenneth Ginsburg, author of the American

³⁰ Juvenile Justice Subcommittee Working Group. December, 2019.

³¹ Jones, R. M., Somerville, L. H., Li, J., Ruberry, E. J., Powers, A., Mehta, N., ... Casey, B. J. (2014). Adolescent-specific patterns of behavior and neural activity during social reinforcement learning. *Cognitive, affective & behavioral neuroscience*, 14(2), 683–697. doi:10.3758/s13415-014-0257-z

Academy of Pediatrics' *Building Resilience in Children and Teens*, demonstrates that adults can most effectively promote positive youth behavior by helping a young person recognize the potential to redirect a negative behavior into a positive outlet by tapping into their own strengths.³² Research shows that when adults highlight a young person's positive qualities reflected in a behavioral incident, such as values of respect, strategies of resilience or the drive to protect others, this helps young people regain a sense of self-control and tap into their own potential to shift toward positive behaviors.³³

Clinical studies also reinforce youth testimony of the importance of culturally relatable mentors. Studies show that the effects of positive acceptance on processing a stressful incident are magnified when the person who is communicating these positive attributes is someone the young person had initial interest in, or who they can relate to culturally. Nasir expressed that it was important to him that Bub grew up in the South Side and it mattered to the young presenter that Travis was "from the hood." These community members' testimonies, backed up by clinical evidence call for solutions that leverage existing community assets to help young people address multi-faceted issues, tap into their strengths and harness potentials to grow.

On the macro scale, we have seen that the root causes of entry into the justice system lie in social disinvestment and social processes of criminalization along lines of race, class, gender and sexuality as well as immigration status and ability. We have learned that punishing behaviors resulting from these contexts only leads to further negative outcomes for youth and embeds social marginalization. Youth advocates have called for a shift from punishment toward positive

³² Kenneth R. Ginsburg and Martha M. Jablow, *Building Resilience in Children and Teens, 2nd Edition*, 2005.

³³ Bj Casey, Adriana Galván, and Leah H. Somerville, "Beyond Simple Models of Adolescence to an Integrated Circuit-Based Account: A Commentary," *Developmental Cognitive Neuroscience* 17 (February 2016): 128–30, <https://doi.org/10.1016/j.dcn.2015.12.006>.

social acceptance. These solutions prevent contact with the justice system by providing youth with access to public health resources within their communities.

The task of leading a paradigm shift from justice-centered responses toward community-driven solutions demands an integrated systems approach. This comparative analysis of pre-arrest diversion programs is based in a public health-informed “whole systems approach” to preventing contact with the justice system, adapted from a report by Public Health England.³⁴ The various prongs of a whole systems approach are the following:

1. A Collaborative Approach

A paradigm shift from criminal justice approach to a public health approach demands new partnerships across police departments, health agencies and community-based organizations to redirect youth from arrest toward community-driven support. The strong buy-in of law enforcement executives toward this collaborative effort is critical for effective systems change. Furthermore, the complex root causes that young people face demand coordination across community-based agencies, organizations and service providers to connect youth and families with holistic and meaningful care.

2. A Clearly Articulated Vision

A clearly articulated vision rooted in health equity is critical to drive systems change across agencies with different mandates, organizational structures and concerns. The voices of youth and community members directly impacted by the justice system are central to shape this vision. Public health and clinical evidence reinforce community visions to create a common language of health equity among diverse stakeholders.

3. An Organizational Hub

³⁴ “Collaborative Approaches to Preventing Offending and Re-Offending In Children (CAPRICORN),” n.d., 75.

An organizational hub convenes diverse agency and community stakeholders and oversee multi-agency program development, performance and review. This organizational leader takes responsibility for capacity-building and coordination among organizations and agencies to construct a robust infrastructure of community-based support for youth.

4. Systems Thinking

The first task of systems thinking is to map and understand the system of community needs. Youth and families provide the most valuable knowledge to identify community needs. Research is needed to extrapolate this knowledge to a systems-level approach. Integrated data analysis and community input identify needs-gaps and barriers to effective cross-agency collaboration. Both research and community decision-making inform continual system-wide adjustments to promote equity in positive youth outcomes.

5. An Asset-based Approach

Public health-driven diversion takes an asset-based approach to positive youth development from the individual to communal level. At the individual level, diversion is rooted in a commitment to help young people who have committed an illegal action to see their own potential toward positive behavior and help them address underlying challenges and harness their strengths to grow. On a populational level, a whole systems approach integrates existing community assets to create a coordinated network to support youth. The meaningful integration of community assets demands the leadership of community members throughout processes of collaborative program development and implementation. According to the Public Health England Report: “Community-centered approaches are not just community-based, but about mobilizing assets within communities, promoting equity, and increasing people’s control over their health and lives.” Community and youth leadership is critical to contest racialized social

norms of punishment and exclusion and drive a transformation toward cultures of equity and empowerment.

CHAPTER 2: The Philadelphia Police School Diversion Program

Philadelphia, Pennsylvania

In Philadelphia, a law enforcement executive drove a coordinated initiative to prevent school-based arrests. From the early 2000's, youth-led activist movements and civil rights groups had pushed for school districts to outline clear terms to reduce law enforcement intervention and prevent school-based arrests, which were impacting youth of color in Philadelphia at some of the highest rates in the nation.³⁵ A host of pressures both legislative and political were preventing the school district from taking action. Instead, law enforcement leaders took the initiative to address the problem of school-based arrests themselves. The Deputy Commissioner of patrol operations reached out to the Department of Human Services and other partners to create a collaborative program to divert youth to services in lieu of arrest.

These partners created a collaborative Memorandum of Understanding outlining diversion protocols across agencies. The eligibility criteria are restricted to status offenses and lower level misdemeanors during school hours. However, all youth who are found eligible are immediately enrolled and services are entirely voluntary. Once called into a school, an officer assesses a young person's eligibility for diversion by consulting school staff and contacting a Diversion Intake Center. If a young person is eligible, the officer will contact the Department of Human Services and within three days a social worker conducts a home visit to offer free services to the young person and the family. The social worker can refer the young person to a regional organization offering family-based and comprehensive DHS funded programming, all of which are entirely voluntary for the family. (A flow chart of diversion processes can be found in the appendix).

³⁵ "Https."

It is the role of schools to ensure that schools have the proper staff and response mechanisms in place to address youth behavioral incidents without calling in police. School-based interventions that center restorative models, mental health professionals, guidance counselors, social workers and community outreach teams have all been shown to improve youth outcomes, promote racial equity and prevent the well-documented harm of law enforcement intervention in school settings.³⁶

While the police-led diversion program has not addressed the underlying issue of the scope of police presence in schools, the program presents a host of lessons to guide the implementation of pre-arrest diversion programs. The program models the importance of police leadership to drive coordinated systems change away from punitive responses in the justice system and toward public health-driven community-based support. The automatic enrollment for voluntary services helped to promote racial equity in diversions and prevent net-widening. The coordinated community infrastructure built through the formation of the diversion program increased access for families to receive services from school-based referrals as well as from police. Once school administrators began to see that police would not arrest youth, the schools began to facilitate direct referrals to the same services and programs that diversion had made available. The program poses useful lessons for other cities to implement police-driven diversion beyond school settings and for schools to have the capacity to make direct referrals to voluntary services and supports for youth and families.

A. Context and Origins

³⁶ “What Education Leaders Need to Know about School Policing,” ACLU Pennsylvania, November 15, 2019, <https://www.aclupa.org/en/publications/what-education-leaders-need-know-about-school-policing>.

In 2012, the year before the introduction of Philadelphia's School-based Pre-arrest Diversion Program, Pennsylvania had the highest student arrest rate in the nation.³⁷ These high arrest rates were largely concentrated in Philadelphia Public Schools where the vast majority of the students being arrested were students of color. In the 2013-2014 school year, Black students made up 51% of Philadelphia public-school students, but accounted for 80% of all students arrested that year.³⁸

The language of the Pennsylvania Safe Schools Act greatly influenced the alarmingly high arrest rates of students of color in Philadelphia. The act contained a long list of minor infractions for which notification of law enforcement was discretionary.³⁹ Nonetheless, the very inclusion of these minor infractions in the legislation put pressure on school districts to notify law enforcement at the penalty of fines from the Department of Education's Office of Safe Schools. As a result of the legislation, even while a unit of 320 non-sworn school police officers police activities within the schools, school administrators or school police officers would call in the unit of 84 sworn PPD officers for minor behavioral incidents, and the act of arresting students fell on the PPD officers.⁴⁰

Indeed, when the sworn PPD officers responded to school notifications from schools, they would often make arrests for minor infractions. Summary misdemeanors such as disorderly conduct, trespassing, vandalism or drugs including marijuana accounted for around 50 to 60

³⁷ "Which Students Are Arrested Most in School? (U.S. Data by School)," Education Week, accessed May 9, 2020, <https://www.edweek.org/ew/projects/2017/policing-americas-schools/student-arrests.html?cmp=SOC-SHR-FB>.

³⁸ "110614_School_Diversion_Program_Summary_FINAL.Pdf," accessed December 21, 2019, https://c.ymcdn.com/sites/www.philanthropynetwork.org/resource/collection/23D94121-B49C-47B9-A3E9-59316BE6992B/110614_School_Diversion_Program_Summary_FINAL.pdf.

³⁹ "Key Pennsylvania Safe Schools Legislation," accessed May 9, 2020, <https://www.safeschools.info/resources/legislation>.

⁴⁰ Harold Jordan, Senior Policy Advocate for the ACLU of Pennsylvania interviewed by author March, 2020.

percent of all student arrests in Philadelphia schools during the 2013-2014 school year.⁴¹

Ultimately, the state level legislation had the effect of criminalizing behavioral incidents that should have been handled in the school without intervention from the police department or school police.

In addition to the Pennsylvania Safe Schools Act, a variety of legislative pressures and resource constraints drove student suspensions, expulsions and other punitive practices in the Philadelphia School District. As the strict school safety measures under Gun-Free Schools Act and the Safe Schools Act of 1994 were translated into state law, many districts, Philadelphia included, wrote in their own list of punitive measures in district codes.⁴² Under the No Child Left Behind Act in 2001, for schools with high percentages of low income families federal funding was conditional on students' test scores. Furthermore, the "persistently dangerous" clause meant that schools with multiple seriously dangerous incidents would have to let students transfer out into better performing schools.⁴³

Both metrics incentivized schools to enact measures to remove students from classrooms who were performing poorly or who were misbehaving even in minor ways. In line with the strict school safety measures, and in the wake of the Columbine school shooting, schools increasingly hired school police officers under the auspices of keeping students safe. As school police increased in number, student arrests increased as well and racial and ethnic disparities in arrests were persistent. Meanwhile the ratio of mental health professionals and guidance

⁴¹ Jennifer A Tallon, Melissa Labriola, and Joseph Spadafore, "Creating Off-Ramps: A National Review of Police-Led Diversion Programs," n.d., 137.

⁴² "Security Solutions: Knowing Legislation," American School & University, June 1, 2002, <https://www.asumag.com/safety-security/fire-life-safety/article/20851028/security-solutions-knowing-legislation>.

⁴³ Carolyn Phenicie, "The 20-Year-Old Federal Education Provision You've Never Heard Of: For Decades, Students Have Had the Right to Transfer Out of 'Persistently Dangerous' Schools," accessed May 9, 2020, <https://www.the74million.org/article/the-20-year-old-federal-education-provision-youve-never-heard-of-for-decades-students-have-had-the-right-to-transfer-out-of-persistently-dangerous-schools/>.

counselors continued to remain far below the recommended ratio of 1:250 in low income schools with many students of color across the country.⁴⁴

For decades, student activist groups in Philadelphia had been fighting to reverse the criminalization of students of color and build more equitable and inclusive practices in schools. Student-led campaigns in the early 2000's addressed the many factors contributing to the school suspensions and arrests from reforming zero tolerance policies at the district level, expanding restorative justice programming, and winning the right to be involved in the training of school police officers. In 2012, the Philadelphia Student Union and Youth United for Change in partnership with the ACLU and Education Law Center reformed the Philadelphia Public School Code of Conduct to significantly reduce grounds for suspensions.⁴⁵

While the students' broad-based campaigns won significant advances at the district level, the district would not address school-based arrests or the role of police in schools.⁴⁶ For instance, in 2012, student groups and civil rights organizations demanded that the reformed Code of Conduct spell out the relationship between the police and the school district and include protocol for when a behavioral incident would result in an arrest, but neither was clarified. In an interview, Senior Policy Advocate of the Pennsylvania ACLU Harold Jordan recounts, "we had trouble making headway to address school-based arrests which the [school] district maintained was a "policing matter.""⁴⁷ Due to myriad pressures relating to the legislation, scarcity of school

⁴⁴ "What Education Leaders Need to Know about School Policing."

⁴⁵ Ibid.

⁴⁶ Advancement Project, *We Came to Learn: A Call to Action for Police Free Schools*.

"The Philadelphia Student Union (PSU) worked with West Philadelphia school leadership to introduce restorative justice programming, and over the first three years since the programs were introduced, violent incidents declined by 70%, encouraging the district to expand programming in 2013. PSU members of Sayre High School won the right to be involved in the training of School Police Officers in the first student-led model in the nation to "build trust and communication between students and school police," after an incident in which three dozen Philadelphia Police Officers entered a school, many using force on students and arresting 16 teenagers."

⁴⁷ Law Enforcement Juvenile Justice Institute Convening, Nov 5th, 2019.

resources and political will, the school district failed to respond to the demands of youth activists and civil rights lawyers to develop new protocols to prevent law enforcement over-intervention.

B. Organizational Formation

1. The Prime Movers: the Philadelphia Police Department

Amidst the failures of the school system to prevent youth arrests and police entry into the schools, the Philadelphia Police Department took action to change course. While police departments and school districts alike were operating under the assumption that school districts were required to notify law enforcement for minor behavioral infractions, once the sworn police officer had been called to the school, the decision whether or not to arrest the student was largely in the officer's hands. The Deputy Police Commissioner at the time, Kevin Bethel realized that he had the opportunity to reduce arrest at a large scale without changing policy. Bethel drew out a plan for sworn PPD school patrol officers to administer pre-arrest diversion and brought it to the former Philadelphia Police Commissioner Charles Ramsey, who gave the green flag for Bethel to proceed.

The program would not have advanced without a strong commitment among these leading law enforcement executives to propel profound systems change. Commissioner Ramsey and Deputy Commissioner Bethel's visions were rooted in a commitment to stop driving youth into the criminal justice system. Ramsey, who served on an advisory council to President Barack Obama proclaimed at a national convening of law enforcement executives:

We have, in my opinion, an obligation to help starve the criminal justice system not just feed the criminal justice system. If we want to truly change society, we've got to think that way. [...] And if there's a way in which we can do it other than through arrest, prosecution and so forth, then why wouldn't we do that?⁴⁸

⁴⁸ Law Enforcement Juvenile Justice Institute Convening Nov. 6th, 2019. Philadelphia, Pennsylvania.

Similarly, as deputy commissioner of patrol operations Kevin Bethel's, vision was rooted in profound understanding of law enforcement's obligation to address the racial and ethnic disparities of arrest and take a trauma-informed approach to policing. In his 2015 testimony before the President's Task Force on 21st Century Policing, Bethel proclaimed:

We can no longer ignore the fact that arrests in our schools across the nation are disproportionate, affecting students of color at a significantly higher rate. Many of these students come from impoverished communities and bring with them the trauma and difficulties these environments create.

Bethel called on law enforcement agencies nationwide to take the initiative to build the partnerships necessary to drive integrated systems change: "If we are to gain true legitimacy in communities across the country and put procedural justice into action, I submit that joining in collaboration with local, state and federal partners to attack the school-to-prison pipeline must be one of our top priorities." In Philadelphia, the initiative of law enforcement executives achieved the community partnerships necessary to shift from punitive practices of arrest to the public health-driven model of service delivery.

The cultural and racial backgrounds of law enforcement executives can inform their efficacy in driving systems change. Both Bethel and Ramsey are Black and both expressed a cultural understanding of the experiences of students of color impacted by the justice system. Chief Ramsey spoke at the national convening for law enforcement executives about growing up amidst gang violence in poor neighborhood in Chicago. In addition to the law enforcement executives driving the change, each of the other core players in the program, the head of the Department of Human Services, the social workers that respond to referrals, and the director of the DHS Intensive Preventative Service program are also Black. The descriptive representation of stakeholders in leadership positions as well as direct service providers is critical to drive profound systems change on an issue of historical racial inequity.

Bethel and other representatives from the Philadelphia Police Department leveraged their positions of authority and connections to build partnerships necessary for a coordinated diversion program. These police officials reached out to the Department of Human Services, the district attorney's office and the Defender's Association to create a collaborative MOU.⁴⁹ Unlike other pre-arrest diversion programs, the Philadelphia initiative is not run through a central agency or department. Rather, as data analyst Jessica Herbert of Idea Analytics observed in an interview, Bethel built a collective consensus among the various agency leaders around a commitment to diversion, driven by the directive of the police force.⁵⁰

2. The Capacitators: The Department of Human Services

The partnership with Department of Human Services made the diversion program possible. David Bruce, the Director of Human Services within the Bureau of Juvenile Justice spearheaded the initiative for the department to provide services to youth referred through diversion. Bruce collaborated with the police department to establish social workers as the first line of response after the police assessed a school-based incident and referred a student to pre-arrest diversion. Bruce then encouraged DHS to reallocate existing funding to community-based organizations offering the Intensive Preventative Services (IPS). Various grassroots organizations in each zip code in the city provide the IPS program which includes holistic family-centered case management and counseling as well as mentorship, academic enrichment, employment readiness, restorative justice conferencing and extracurricular activities. Increased DHS funding to each provider created the capacity for young people who were diverted to participate in services at organization in or near their own neighborhood.

⁴⁹ Tallon, Labriola, and Spadafore, "Creating Off-Ramps: A National Review of Police-Led Diversion Programs."

⁵⁰ Interview March 9th, 2020

3. Other Collaborators: Court-based Partners and the Department of Behavioral Health and Disabilities

After DHS agreed to provide the capacity to accept diversion referrals from the police, Bethel formed partnerships across a variety of agencies to inform coordinated program development. The Department of Behavioral Health and Intellectual Disabilities Services came on board as a program partner to inform trauma-informed processes for youth with disabilities. The Public Defender's Office helped to advocate for the civil liberties of youth throughout program design, and Bethel also received sign-on's from the District Attorney's office, the Family Court, the Department of Behavioral Health and Disabilities and representation from the Juvenile Detention Alternatives Initiative.

4. The Last Critical Partner: The School District

The coalitional partners encountered some difficulty in securing buy-in from the school district. A host of factors drove this resistance. The legislative pressures to notify law enforcement, federal penalties for being labeled a "persistently dangerous" school, a lack of alternative resources, the resistance from school police officers and the pressure to produce high test scores all contributed to principals calling in police to remove children from the school by arresting them. Harold Jordan, a senior policy fellow from the ACLU, recounts that the school district was the last partner to sign the MOU, and "had to be brought in kicking and screaming." Jordan explains, "There was pressure from principals, a lack of political will, and resistance from school police officers."

Yet once the police department had partnered with DHS, drafted protocols, and received the broad-based support from other agencies, the school district ultimately had little say in how the police would treat young people. Former Deputy Commissioner Bethel explained in a

presentation to other law enforcement agency leaders, “We presented this [the MOU] to school district and didn’t give them a choice. The school district has mandate to report to the police, but police would divert these offenses. This represented a large percentage of arrests.”⁵¹ Bethel’s position of authority within the police force, his connections across agencies and the initiative of institutional leaders such as David Bruce within DHS ultimately helped to secure buy in from the school district.

5. Researchers: The Juvenile Justice Research and Reform Lab

The many partners involved in the initiative enabled the program to access funding to provide a university research partner early on in the process and to take advantage of state level initiatives. The grant department of probation within with Juvenile Detention Alternatives Taskforce helped to bring the Juvenile Justice Research and Reform Lab at Drexel University onto the project as a research partner early on.⁵² Dr. Naomi Goldstein, professor of Law and Psychology and her team of researchers provided trainings to involved stakeholders. In June 2014, the Philadelphia Family Court was awarded a School Justice Collaboration Program grant from the Office of Juvenile Justice and Delinquency Prevention entitled “Keeping Kids in School and Out of Court.” The grant provided funds for Dr. Goldstein’s team to conduct data analysis and a long-term and short-term impact evaluations for the pre-arrest diversion

⁵¹ The school district was, in fact, not mandated to report low-level offenses eligible for diversion pertaining to section 4.2 of the Safe Schools Act. They were only mandated to refer offenses listed under section 4.1 including immediate threats of violence and firearms. However, the list of minor infractions included under section 4.2 placed pressure on school districts to call in law enforcement.

“Key Pennsylvania Safe Schools Legislation.”

⁵² This initiative built on the state level initiative of the Pennsylvania Commission on Crime and Delinquency Disproportionate Minority Contact (DMC) Subcommittee. Tallon, Labriola, and Spadafore, “Creating Off-Ramps: A National Review of Police-Led Diversion Programs.”

program.⁵³ The research partners provided data analysis, program evaluation, and training for implementation among the police department and school administrators.

C. Building Bottom-Up Capacity for Implementation

1. The Police Department

To secure the bottom-up buy-in for implementation within the schools, the police department took a data-driven approach in tandem with the Juvenile Justice Research and Reform Lab to educate principals about the collateral consequences of arrest. Through these trainings, the police came to understand the pressures that schools were under to involve law enforcement. As one police officer put it, “A lot of the things [the schools are] reporting is because they have no choice.” However, the officer maintained, “[y]ou got to find a better way because once we [arrest] them, the data says within two years, they’re coming back to me and the data says they’re going to continue coming back to me.”⁵⁴ Of course, principals did technically have a choice not to notify law enforcement for these infractions, but a host of pressures both legislative and institutional drove them to operate under this assumption. Bethel also used his authority to reassign some of the sworn officers who were not amenable to adjusting to the new protocols for responding to school-based incidents.

The deputy commissioner’s hands-on leadership of a specialized unit of the police force combined with a partnership with a licensed Drexel psychologist was critical for building robust buy-in and standardized implementation capacity among the police force. Bethel’s leadership

⁵³Tallon et al. The grant also enabled a partnership with a local mediation program. The mediation program granted administrators the ability to deal with the dispute quickly and return students to school. Members of the PPD and the school officers also received mediation training so that they can provide onsite lower-level mediation or conflict resolution. “These program enhancements dovetailed with a multiyear school climate transformation grant awarded to the Philadelphia School District by the Philadelphia Foundation to improve school climate and safety”

⁵⁴ Tallon et al.

over a small unit of 84 sworn PPD officers afforded him the opportunity to take what he calls a “bottom-up approach.”⁵⁵ Bethel describes enlisting officers to help him design the program and sharing the department’s vision with men and women in the force. Together Deputy Commissioner Bethel and Dr. Goldstein led trainings for the police officers to instill the value of avoiding arrest, teach about the high levels of trauma and mental health issues among the population of youth that are arrested and the traumatic impacts of arrest. An interview with a police officer in the first year of implementation shows how the patrol officers had internalized Bethel’s trauma-informed understanding and vision for change:

[H]aving contact with the juvenile justice system has serious collateral consequences. It makes it less likely they’re going to stay in school or graduate. It is traumatizing to take a kid out of school in handcuffs to the police station, hold them for up to six hours for processing, fingerprinting . . . all of these negative consequences. I think he [the deputy commissioner] was saying about 80 percent of these kids are diverted anyway and so can we just move the diversion process up so you can avoid this huge traumatizing experience?⁵⁶

At the same time that the police internalized the reasons for diversion, Bethel explained that the DHS involvement was critical to secure buy-in because “cops are worried about accountability and need a cover.” Bethel explained that generally, cops don’t want to take a risk. “You have to create an opportunity so that the officer doesn’t own the consequences, so that the officer is safe in the decision to divert.”⁵⁷ Goldstein noted in an interview that what really encouraged officer buy-in was that after a year of implementation, the officers could see that the program was working. The patrol unit was not receiving as many referrals for the same kids as they had before. Goldstein’s survey after a year of implementation found that officers overwhelmingly

⁵⁵ Law Enforcement Juvenile Justice Convening Nov. 6th, 2019. 320 non-sworn school police officers operating through the Office of School Safety are responsible for policing activities within the schools. These non-sworn officers do not carry weapons and must notify PPD of arrestable offenses. The Philadelphia School Diversion Program requires information sharing between the schools, law enforcement, and social services in order to divert eligible youth away from criminal justice involvement.

⁵⁶ Tallon, Labriola, and Spadafore, “Creating Off-Ramps: A National Review of Police-Led Diversion Programs.”

⁵⁷ Law Enforcement Juvenile Justice Institute Convening Nov. 6th 2019.

avored the program, over three quarters felt that it improved school safety, and 83% felt that pre-arrest diversion should be implemented in other cities.⁵⁸

2. Department of Human Services Social Workers

For DHS social workers, building implementation capacity driven by a public health-centered mission was simple. Only two social workers were originally assigned to the program. These two social workers came to the work with an existing commitment to promote young people's public health needs in the community and end cycles of criminalization. DHS social worker Kenneth Johnson recounts, "At the time that it started, it was just me and Latonya. All of the diversionary cases that came through it was the two of us, taking the calls, running around the entire city for a year, I was exhausted." While these two people were clearly overworked at the start of the program, it was critical that social workers conducting home visits were committed to helping young people and families reach their goals and could speak to families on a common cultural ground. This was both true for Kenneth:

And I have to say, I was excited when Kevin came to DHS and brought this [program] because I was working with young men and young women and I couldn't wait to get it started. Like, yeah let's not lock these young people up. Let's use the alternatives out there, let's realize that the community together has to address the issues that are happening to our kids.⁵⁹

These two DHS social workers came to the work with a public health-driven mission to provide services to this cities' most overpoliced and under-resourced youth. The careful staffing choice to have Kenneth and Latonya occupy these roles ensured that they would enter a family's house with cultural sensibility and a sense of cultural commonality.

3. Regional Intensive Preventative Service Providers

⁵⁸ "110614_School_Diversion_Program_Summary_FINAL.Pdf."

⁵⁹ Kenneth Johnson, Social Worker. Interview with author at Law Enforcement Juvenile Justice Institute Convening Nov. 5th 2019.

In addition to these two frontlines social workers, the regional IPS services, with the proper resource allocation were able to provide families with robust and well-rounded support. In an interview with Najiyah Cheeseboro, the director of the IPS program in South Philadelphia, Diversified Community Services, she described how her organization possesses core tenants of effective service delivery—committed staff from the same communities as the clients they serve, and a comprehensive, family-driven and strengths-based service model. Najiyah Cheeseboro, the director of the IPS program in South Philadelphia, Diversified Community Services explains, “We provide resources from the inside out—housing, utility bills, clothing, GED and employment services.” Cheeseboro explains that the organization takes a generational approach to try to combat poverty: “We don’t come from a problems-fixated but solutions-oriented approach.”⁶⁰ Each IPS provider has the family write out a list of their goals and works with the family during home visits over three to six months to help the family work toward achieving their goals, picking up from where the social worker left off.

While addressing the needs of the whole family, Diversified Community Services is a place for children to tap into their own strengths and grow. Cheeseboro explains “we do film and motion”—kids create and edit their own videos, take dance classes, and run refreshments stands through the employment program. During Teen Talk Tuesday’s, teenagers facilitate a program developed with the guidance of staff, to help the younger kids cultivate skills that they can carry rest of their lives. Cheeseboro explains part of the underlying vision of the place: “We help strengthen them with resiliency.” To get to a place where kids feel safe to engage their passions, they need a safe space with role models they can relate to. Cheeseboro recounts: “One of the things I love about DCS is that a large percent [of the staff] were born and raised in this area.

⁶⁰ Najiyah Cheeseboro, Program Director interviewed by author March, 2020.

[...] Everybody brings something so deep, and they're passionate about what they do before they come to work." At DCS young people are surrounded by caring adults who can relate to the experience of growing up as a black or brown child in an over-policed neighborhood. Increasing young peoples' access to supportive spaces like DCS instead of arresting them can profoundly change a young person's life trajectory and improve outcomes for the entire family.

C. Program Operations: Eligibility and Conditionality

The program design has both its advantages and drawbacks to promote positive public health outcomes and prevent net-widening. As a school-based program, the law restricted eligibility criteria to offenses for which schools are not mandated to call in officers in the first place. For this reason, the program necessarily does not prevent the over-intervention of law enforcement officers into schools. However, the commitment of the police department ensured that diversion would be automatic for all youth and totally voluntary to prevent racial disparities and net-widening.

In crafting the eligibility criteria, the district started with baseline template set by the state, which mandated that no child under the age of ten years old could be arrested. The PPD used their data on youth arrests to design eligibility criteria that targeted offenses with especially high arrest rates and high racial and ethnic disparities. Without requiring statutory change from the District Attorney's office, the district was able to write into their MOU that they would divert summary offenses or acts that would not be a criminal offense if committed by an adult such as drinking, truancy or running away and lower level misdemeanors such as fighting, disorderly conduct, bringing weapons to school other than guns, drug possession, use or sale, or trespassing for coming to school when suspended. Beyond statutory parameters, the extent of diversion

criteria also depended on the community infrastructure in place. Bethel mentioned, “If we had a restorative model, we could also cut into low level assaults.” With the proper capacity-building the program could expand diversion eligibility and prioritize accountability at the community level.

Within this limited context, the police led the effort to ensure that all young people who are eligible are immediately enrolled and that services would be entirely voluntary. This clear and standardized diversion process has promoted standardized implementation to prevent racial and ethnic disparities in diversion. Dr. Goldstein explains, “The fact that kids are automatically enrolled if they meet criteria prevents a lot of the [racial and ethnic] disparities you often see in diversion programs.” Dr. Goldstein added, “Most programs you see, the research suggests they disproportionately benefit white youth. Objective criteria is one of the reasons you’re seeing kids across backgrounds [proportionately represented] in this program.”⁶¹ There is no limit to the number of times an officer can offer diversion to community-based services to a student who is eligible. Racial disparities in arrest rates among youth not eligible for diversion, have not declined, though when it comes to diversion, Bethel claims, “by comparison white or black kids they’re all getting treated the same way.”⁶²

While the police designed a program to divert youth for instances that should be dealt with in schools without law enforcement intervention, the totally voluntary nature of the program ensures that these young people do not undergo over-programming, or punitive action for harmless instances. Imposed conditionality, especially for lower level offenses can lead to net-widening by pulling youth under more monitoring and justice-related consequences than they would have been without the program. Instead, these students and their families have the

⁶¹ Dr. Goldstein, Program Evaluator. Interviewed by author Feb, 2020

⁶² Kevin Bethel, Former Deputy Commissioner. Interviewed by author Sep, 2019

opportunity, if needed or desired, to receive holistic support. Dr. Goldstein reported in an interview that 90 percent of the families take advantage of some services.

Kenneth, the social worker further elaborated on the benefits of the lack of conditionality and flexible service model: “What I like about the way we’re working with Kevin [Bethel] and the police department is that when it comes to us, when we get into those houses we also have the opportunity to make that assessment, that not every kid needs the diversionary program. There are many times it’s simply a mistake.” Kenneth gave examples of instances where a girl had carried a knife because her mom gave it to her for protection on her way home from work at night or a boy who had had used a knife, still in his backpack, to gut a fish on a fishing trip that past weekend. For these young people, social workers had the leeway to offer the family services and no further referrals.

Kenneth explains that the social workers create individualized plan for every youth they come in contact with, “because once you get behind those doors, every youth’s situation is different. What they’re bringing with them and what they’re carrying on their shoulders is different.” Dr. Goldstein explains the family-driven service model, the DHS social worker meets with kid and family in their home within three days of referral, presents the voluntary free services as part of the program, and asks that family, “What do you want? Tell us what we can do to help you.” Goldstein explains, “Social workers help get electricity back on, help the family hook up with healthcare and food stamps or get siblings into substance use programs. Parents aren’t getting the message that kid is doing something wrong. It’s much more focused on the idea that we’re here to provide health and support, what can we do for you?” The voluntary nature of the program is critical for this family-driven design.

The program demonstrates that the shift from a punitive context of arrest to a supportive context of service delivery is the key to improving youth and family outcomes. Instead of punishing a child's actions, these services aim to help families face the myriad challenges of raising children in poverty and other complex interpersonal, social emotional or health-related needs that may be the root causes of a young person's behavior in school. Beyond addressing complex needs, helping youth connect to spaces like Diversified Community Services builds tools for supportive social spaces with new opportunities for growth, positive community role models, and a platform for self-empowerment.

D. Data Collection and Evaluation

The metrics on which a program measures its success and collects data will shape the strategies that the program takes evolve to meet those goals over a long time period. The four guiding goals of the Philadelphia program were to reduce youth arrests, improve school retention rates, reduce racial and ethnic disparities in arrests, and provide access to services. The Juvenile Justice Research and Reform Lab at Drexel University was able to analyze data corresponding to each of these metrics based on the assessment forms that officers would fill out when called into a school. Dr. Goldstein's team won an OJJPD grant in 2018 to examine the long-term outcomes and sustained impact of the program. To further their stated goals, the team will be evaluating the program's effectiveness on measures of academic, behavioral, and well-being outcomes at the individual, school, and district level.

The currently published results show success along each of the program's goals. In line with the first goal, over the first four years of the program, youth arrest rates dropped by a total of 71 percent, translating to over 1,000 fewer youth arrests in the 2017-2018 school year than in

the 2013-2014 school year. More than two-thirds (68%) of school-based behavioral incidents involving law enforcement result in diversions in lieu of arrest (see appendix). While not a key goal, diversion significantly reduced the likelihood that a young person will be subsequently arrested within the same year. Young people who were diverted were roughly half as likely be re-arrested within the year (14%) than young people who were arrested for the same offenses (27%) (see appendix).⁶³ School retention rates have gone up, and the program has correlated with reports of positive increases in overall school climate as well. There were 1,000 fewer behavioral incidents in schools each year than the year since the program began.⁶⁴ Evaluations show that the program has caused equivalent reductions in arrest rates across racial and ethnic groups. Thus, while the program has not reduced racial and ethnic disparities in arrest rates, the data shows that diversion is being offered proportionately to all eligible youth. In line with the final goal, around 90 percent of the families of youth who are diverted choose to participate in the services.⁶⁵

E. Conclusion

This case study analysis shows that youth activist groups were the first to call for transformative systems change not from the police but from the school district. Youth-led social movements from the early 2000's and to this day call on school districts, policymakers and agency leaders to drive a greater shift from punitive models toward public health-driven resources. As the previous chapter shows, the racial disparities in youth arrests stem not only from systemic structures but from deeply embedded cultures and social norms that criminalize

⁶³ This statistic may be due to improved youth behavior and/or schools and police in certain areas integrating practices of avoiding youth arrests. "What Education Leaders Need to Know about School Policing."

⁶⁴ By Samantha Melamed Writer Staff, "How a Philly Cop Broke the School-to-Prison Pipeline," <https://www.inquirer.com>, accessed November 3, 2019, <https://www.inquirer.com/philly/news/394757641.html>.

⁶⁵ Interview with Dr. Goldstein.

black and brown youth. These young advocates are critical program leaders if programs aim not only to change coordinated practices but transform institutional cultures to promote racial equity. Within a police-driven model, there is no real space for the leadership of youth activists. The next case study, Los Angeles will demonstrate a meaningful commitment to center youth activists as the leaders of change through the leadership of the Los Angeles County Department of Health.

While school-based interventions call for school-driven action, the program analysis reveals that the leadership of a driven police executive is a critical component to build an effective pre-arrest diversion program. Bethel's position of authority and his mandate over the police helped to gain the buy-in of coalitional partners across agencies, including the initially resistant school district. Furthermore, without strong commitment from police leadership, the partners may not have been able to build criteria that was automatic, without officer discretion, with entirely voluntary services. Both of these design elements helped promote equity in referrals, prevent net-widening and promote family-driven service access.

The backgrounds and visions of the Philadelphia Police Department executives show that officials with a commitment to systems-change is necessary for a police-driven program to work. Harold Jordan, Senior Policy Advocate at the ACLU explained that a police-driven governance structure is not a one-size-fits all strategy that can be immediately replicated in all other districts. Given their institutional mandate and structure, the ways that law enforcement executives would approach such a program would vary in context. Jordan explained, "this would not work in a place like Pittsburgh because of how hostile the white police force is or in a place like New York because of how the school police force is set up. Only a few people were

involved, that's what made this work, the top down directive of the police.”⁶⁶ The visions of the leaders of the PPD were uniquely geared toward a mission rooted in racial equity and public health, critical for their ability to instill department-wide change

In addition to police leadership in building partnerships, the analysis shows that a successful diversion program requires a commitment of resources from the health agency to capacitate and coordinate community-driven supports and services. The diversion program was made possible when David Bruce urged DHS to commit the resources necessary for social workers to respond to referrals and for regional IPS providers to accept a higher volume of clients. Furthermore, as Cheeseboro highlighted, a variety of factors made these services effective. First, they were culturally relevant, or run by community members. Second, they address the comprehensive needs of the entire family through multi-faceted services and family counseling and third, they were strengths-based, connecting youth to creative outlets to promote positive development and growth.

While the program does not correct the underlying problem of police intervention in schools, it builds the framework for greater systems change. Since the program has been developed, schools have stopped calling law enforcement as much for low level incidents. Bethel recounts, “Once they realize that PPD won’t arrest, they just stopped calling for certain things such as fights.”⁶⁷ Instead, school guidance counselors would refer youth directly to regional IPS providers. This was the case for Julian, age 15 who reached out to his guidance counselor for help. Julian explains, “I was just on the wrong track, skipping school and behavior-wise,” he said. “I was using drugs and had some stress and anger.” His guidance counselor connected him to his regional IPS provider Counseling or Referral Assistance where Julian attended therapy and

⁶⁶ Interview with Harold Jordan, Nov. 6th, 2019.

⁶⁷ Interview with Kevin Bethel, Sept. 25th, 2019

tutoring sessions after school. The precedent that the program set contributed to a school climate where Julian felt safe to reach out to ask for help, and also created a referral pathway for the guidance counselor to connect him with meaningful and lasting support.⁶⁸

Kenneth explained that the changes on the part of both the police and the school district have improved school climate on the whole. Kenneth described that from his many years working with youth as a mentor, “I would always hear about the fights and the violence in the schools [and] I’m not hearing about it at all anymore.” Kenneth explains that these improvements, are truly thanks to a “whole systems” collaborative approach to promoting youth public health across the police department, the school district and DHS:

I think that speaks not only to the school police diversion program, but to the school district as well and the approach that they’re taking to dealing with the students in the schools. The whole idea that this is a collaboration is the truth. We all have to play our part and come together and continue to have conversations about what each one of us are doing. That way we can find our success.

The program demonstrates that partnerships with the police force, the school district and the health agency can build a network of community-based support. Each of these partners has a role to play in systems collaboration to ensure that youth have access to health resources from community and school referral points with as little intervention from law enforcement as possible. Not only must police change practices, but community agencies and schools have a significant role to play to increase access and integrate services into a continuum of care.

The next step is for health departments and law enforcement agencies to take Bethel’s program onto the streets. At a national convening for law enforcement executives, I sat next to

⁶⁸ Molly McCluskey, “This Former Philadelphia Cop Had an Incredibly Simple Plan to Keep Kids out of Prison. Don’t Arrest Them.,” Washington Post, accessed May 10, 2020, <https://www.washingtonpost.com/news/inspired-life/wp/2017/03/30/this-former-philadelphia-cop-had-an-incredibly-simple-plan-to-keep-kids-out-of-prison-dont-arrest-them/>.

the Chief of Philadelphia Transit Police who said he was there to learn how he can implement pre-arrest diversion once kids step out of the school building.

CHAPTER 3: The Los Angeles Youth Diversion and Development Model

Los Angeles, California

After decades of pressure from community advocates, Los Angeles County, home to the largest juvenile justice system in the country, launched a public health-driven shift its approach to youth justice. Demands from public campaigns, lawsuits over the inhumane treatment inside youth detention centers, tightening state budgets, and research demonstrating the harms of youth incarceration drove California policymakers to close down many of the state’s juvenile facilities and to direct funding toward prevention and early-intervention programs at the county level. Calls for systems-change drove the county to coordinate reform and prevention efforts within educational and public health venues rather than within departments of public safety or the juvenile justice system. These coordinated efforts helped reduce arrest rates from 24 arrests per 1000 youth under 18 in 2007 to 4 arrests per 1000 youth in 2017. But the racial disparities in arrest rates persisted and even increased over this time period.⁶⁹ The confluence of public pressure and county-level funding positioned the Los Angeles County Health Agency to advance a whole systems approach to prevent justice involvement, guided by a vision to promote racial equity and positive youth outcomes.

The Los Angeles Department of Public Health led a multi-year, collaborative program development process to design detailed recommendations for the implementation of pre-arrest diversion across multiple law enforcement and community-based partnership sites. The health department facilitated program design among youth who had been directly impacted by the justice system, law enforcement agencies, diversion providers, council people, legal research

⁶⁹ “A Roadmap for Advancing Youth Diversion in Los Angeles County,” *Impact Justice* (blog), October 1, 2017, <https://impactjustice.org/a-roadmap-for-advancing-youth-diversion-in-los-angeles-county/>.

teams, school districts and the courts. A research institute, Impact Justice compiled the detailed recommendations into report to the Board of Supervisors entitled *A Roadmap for Advancing Youth Diversion in Los Angeles County* which, was designed to keep more than 10,000 kids out of the justice system.⁷⁰ The Roadmap puts forth recommendations for a countywide model for youth diversion that promotes the widespread use of community-based diversion in lieu of arrest or citation, with support from a central coordinating office.

To carry out these recommendations, the Los Angeles County Health Agency established the division of Youth Diversion and Development (YDD) within the Office of Diversion and Reentry in November of 2017. The subcommittee created a set of detailed guidelines for implementation that include eligibility criteria that are as inclusive as legally possible, spanning up to lower level felonies. The guidelines recommend a tiered diversion model where officers would counsel and release lower level offenses and refer youth to formal diversion in lieu of arrest or citation for more serious offenses. Community-based organizations conduct intake assessments and develop individualized diversion plans for referred youth. Upon successful completion of a formal diversion referral, a young person's case is dismissed, and no criminal record is sustained.

In their first year of implementation, the program started with a small cohort of eight partnership sites between law enforcement agencies and community-based organizations. The partnership sites each tailor their programs to their context and organizational structures, while the central office supports local partnerships through ongoing training, technical assistance, and cross-agency facilitation to ensure fidelity of implementation. The YDD staff analyze data, pool

⁷⁰ "A Roadmap for Advancing Youth Diversion in Los Angeles County."

community input and works with diversion partners regularly to inform program improvement and assess countywide progress.

The Youth Diversion and Development program plans to expand until they are operating across the 57 jurisdictions in L.A. County. With such a broad-sweeping initiative, Los Angeles is positioned to be at the forefront of public health-driven models to prevent youth arrests and facilitate connections to community-driven support on a grand scale. The Los Angeles Youth Diversion and Development model exemplifies many aspects of a whole systems approach. As the organizational hub, the health department convened diverse stakeholders and oversaw program development and performance. Health and Policy Assessment Unit researchers facilitated coordination and data-sharing for systems mapping and adjustment across systems and implementation sites. The robust integration of youth voices throughout program design and implementation promoted a clearly articulated vision, drove a shift in cultures, and informed an asset-based approach to systems change.

A. Context and Origins

In Los Angeles County, networks of grassroots advocacy groups have exposed the harms caused to youth by involvement with the criminal justice system as well as the racial and gendered inequities in California's justice system since the 1990's. Organizations such as the Youth Justice Coalition, the Anti-Recidivism Coalition, Public Counsel, the Children's Defense Fund, the Urban Peace Institute worked, and continue to work, to bring the voices of young people front and center in policy debates to advance public health-driven alternatives to law enforcement and juvenile justice-centered responses to youth behavior. These groups promoted a

vision not only to address racial disparities head on, but to direct resources and reform efforts toward community driven solutions and away from the justice system.⁷¹

As the state shifted resources within juvenile justice to the county level, civil rights and activist groups pushed for reform to be advanced through schools rather than from within the juvenile justice system. In response, agency leaders convened the Education Coordinating Council's School Attendance Task Force (SATF) where school districts, representatives of county-wide youth development agencies, civil rights and advocacy organizations, councilmembers, the Los Angeles Police Department (LAPD) and the courts to share data and worked together to reform school discipline and policing policies.⁷² These recommendations, and other collaborative data-driven efforts caused the numbers of youth being arrested to decline from 56,286 in 2005 to 13,665 in 2015.⁷³

But while these coordinated, preventative efforts helped to bring down the alarmingly high arrest rates, racial disparities in arrests increased, and the negative outcomes of arrest remained pressing. Black and Brown youth were, and are, still more heavily policed than White youth even though White youth are equally likely to report behaviors such as selling or using drugs.⁷⁴ As the county implemented new programs to divert youth from the criminal justice system, White youth were offered diversion more often than youth of color for the same alleged offenses. According to a report by the Advancement Project- California, these practices exacerbated racial and ethnic disparities, until Black youth were 13 times more likely than white

⁷¹ "Los Angeles County Diverts Justice-Involved Youth – HealthEquityGuide.Org," accessed November 10, 2019, <https://healthequityguide.org/case-studies/los-angeles-county-diverts-justice-involved-youth/>.

⁷² Ibid.

⁷³ "A Roadmap for Advancing Youth Diversion in Los Angeles County."

⁷⁴ "Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County," accessed May 10, 2020, https://humanimpact.org/wp-content/uploads/2019/06/HIP_EvaluateYouthDiversion_2019.06.03.pdf.

youth to be incarcerated in Los Angeles County in the years 2013 through 2015.⁷⁵ The profound racial disparities and the lasting negative impacts of arrest drove the My Brother's Keeper (MBK) Initiative to identify early diversion as a promising model for further reducing youth contact with the juvenile justice system, especially boys of color, in its 2015 Community Challenge Report.⁷⁶

The focus on the need for a system for early diversion to prevent justice involvement shifted reform efforts from education into the field of public health. The School Attendance Task Force established a working group led by the Los Angeles County Department of Public Health's Division of Chronic Disease and Injury Prevention (CDIP) to begin to assess the county's capacity for advancing early diversion efforts. The Department of Public Health took on a data-driven approach to analyzing diversion strategies informed by diverse community stakeholders. The health department convened working groups of community participants and practitioners in 2016. Participants emphasized the need for centralized diversion office to coordinate efforts across law enforcement agencies, the creation of comprehensive diversion guidelines and continued training and technical assistance for agencies operating youth diversion programs or interested in developing them. In particular stakeholders emphasized the need to build from existing successful diversion models.⁷⁷

At the time, Los Angeles County was also one of the few jurisdictions in the country that put in place a pre-booking diversion program, which showed promising results. The LAPD had formed a partnership with Centinela Youth Services in 2010 to offer young people the chance to

⁷⁵ "There's a Huge Race Gap in LA County Incarceration Rates, Study Shows – Daily News," accessed May 10, 2020, <https://www.dailynews.com/2017/11/15/theres-a-huge-race-gap-in-la-county-incarceration-rates-study-shows/>.

⁷⁶ "Los Angeles County Diverts Justice-Involved Youth – HealthEquityGuide.Org."

⁷⁷ "A Roadmap for Advancing Youth Diversion in Los Angeles County."

participate in restitution through restorative justice programming and supportive services instead of having their arrest filed in court. Young people ages 11-17 with alleged non-violent offenses— which excludes felony offenses like murder, arson and armed robbery —were eligible to participate, provided they did not have a significant arrest record. While the recidivism rate of youth who were arrested in Los Angeles County was about 31 percent, for youth referred to pre-arrest diversion with Centinela Youth Services, the recidivism rate hovered at about 11 percent. In 2016, the working group under the Department of Public Health saw the opportunity to expand this proven effective model, which had received buy-in from third largest police department in country.⁷⁸

Meanwhile, youth-led, grassroots groups working to reform the justice system created unified demands for a diversion system that promotes racial equity and shifts resources from the justice system toward community-driven alternatives. In 2016, community-based organizations across the county united under the Los Angeles Youth Uprising (LAYUP) coalition to coordinate their mission and build capacity for youth to participate in advocacy spaces. At the coalition’s weekly meetings, youth with experience in the justice system work together to develop advocacy agendas, build campaigns and prepare testimony to deliver before policymakers. A staff member at one of the organizations in the coalition, the Arts for Incarcerated Youth Network, expressed, “It’s pretty rewarding being part of this work, seeing youth step into leadership roles, own their own narratives and be able to talk about their lives in a way that is unapologetic.”

Together these young advocates created a vision for diversion that promotes racial equity as a centerpiece for systems change and demands that reform efforts shift resources from the justice system to communities to promote youth public health:

⁷⁸ “A Roadmap for Advancing Youth Diversion in Los Angeles County.”

The Los Angeles Youth Uprising (LAYUP) coalition believes that we can eliminate the racial disparities in the LA County juvenile justice system. We work to achieve racial equity by advocating for redirecting and reinvesting resources from a punitive juvenile justice system into community-controlled youth development and diversion models for the overall growth and health of Los Angeles County youth.⁷⁹

The demands of youth advocates for diversion drove momentum behind the data-driven efforts underway to identify best practices for diversion within the Public Health Department.

In response, the Los Angeles County Board of Supervisors unanimously voted to advance a countywide approach to diverting young people from the juvenile and criminal justice systems in January 2017. The motion established a Youth Diversion Subcommittee (YDS), housed within the Department of Public Health. The YDS was tasked with developing a plan to coordinate and scale effective youth diversion in the county. The motion also instructed the County's Chief Executive Office, to compile a scan of existing youth diversion programming and develop recommendations for establishing countywide infrastructure with details on staffing, funding and sustainability. The subcommittee would draft a pre-arrest diversion plan for implementation across the largest county in the country. County-level diversion policies would need to be approved and implemented by each of the 57 law enforcement agencies and numerous school boards, social services providers, and other stakeholders. The county would need the buy in and collaboration across a variety of institutional stakeholders and community advocacy organizations to make such a broad-sweeping effort work effectively.⁸⁰

B. Organizational Formation

1. Program Development

⁷⁹ admin, "Los Angeles Youth Uprising," *Children's Defense Fund – California* (blog), accessed May 12, 2020, <https://cdfca.org/layup/>.

⁸⁰ "Los Angeles County Diverts Justice-Involved Youth – HealthEquityGuide.Org."

The motion built the framework for a whole systems approach—the Public Health Department served as the organizational hub to bring together diverse stakeholders in a collaborative effort toward systems-change. The health department led an asset-based approach by investing youth and community advocates with true decision-making powers alongside agency and county representatives. Part of this leadership role involved aggregating a varied funding base for a multi-year collaborative process of program development. The Health Policy Assessment Unit (HPAU) staff facilitated a common language of health equity to break down institutional silos and guide stakeholders toward a shared and clearly articulated vision. These researchers were able to map and understand the full system by integrating community and multi-agency input and data analysis to set standards for implementation across multiple partnership sites.

During implementation, the Los Angeles Health Agency took over the leadership role of this community-driven and multi-agency effort from the Public Health Department. The county board of supervisors voted to create a division of Youth Diversion and Development (YDD) within the LA Health Agency's Office of Diversion and Reentry to serve as the central coordinating office of diversion programs across the country. The agency then took on the task of aggregating resources and building capacity for community-based partners to respond to referrals in each implementation site, guided by community input. While the subcommittee had developed standards and procedures across the eight implantation sites, each law enforcement and community-based partnership site pursued heterodox policies, within limits. The YDD led a systems-thinking model by pooling data across the partnership sites, aggregating community input and working with each police-community partnership to update practices and protocols. Through continuous adjustments, the YDD helped partnership sites to enhance cross-agency

collaboration, work toward full implementation of the county’s public health-informed guidelines and promote equity in positive youth outcomes.⁸¹

As the coalitional leader, the Department of Public Health created a common ground among diverse institutional and community stakeholders. The staff curating the invite list had directive from leadership within the health department to ensure that there were equal numbers of county representatives, community advocates, and young people directly impacted by the justice system invited to the subcommittee. Health department staff invited a range of stakeholders including youth, school police departments, school districts; community-based organizations, consultants from Impact Justice, a national innovation and research center as well as representatives from Los Angeles County’s Probation Department, District Attorney’s Office, Juvenile Court, Public Defender’s Office, Office of Diversion and Reentry, Departments of Mental Health and Children and Family Services, and the Sheriff’s Department.

Taylor Schooley, the Senior Research and Policy Manager who led the subcommittee explained that housing the group within the Department of Public Health logistically enabled the staff to call both advocates and law enforcement officials to a meeting that parties felt was a neutral space between two very different perspectives. The HPAU staff facilitated listening sessions to ensure that county representatives, community advocates, and young people directly impacted by the justice system could all participate as true decision-makers in the collaborative planning process. As one HPAU staff explained:

The most important role in facilitating collaborative program and policy planning was to hold space for different sectors to listen to one another and to make sure youth and community leaders were involved as true decision makers alongside local service providers, law enforcement agencies, and other governmental stakeholders.⁸²

⁸¹ “A Roadmap for Advancing Youth Diversion in Los Angeles County,” October 1, 2017.

⁸² “Los Angeles County Diverts Justice-Involved Youth – HealthEquityGuide.Org.”

The health agency facilitated data-driven dialogue grounded in evidence on the sociological, economic and institutional factors driving youth into the justice system and the health-related impacts of justice involvement. The research centered racial equity and positive youth development to create a common language that helped stakeholders think outside of their institutional roles to focus on equity, healing and youth health. Most importantly, the health department was able to facilitate space for meaningful engagement and leadership of youth to shape the collective vision and challenge embedded institutional cultures and norms of operating.⁸³

The centrality of youth voices was critical to pivot from practices of punishment to community-driven support and accountability. Joseph, an advocate involved in creating the division of Youth Diversion and Development from the Anti-recidivism Coalition explained the lack of empathy and understanding among law enforcement and juvenile justice staff of the complex factors driving a child or teenager to commit a crime. He explained that law enforcement and juvenile justice stakeholders do not

understand where we came from, like how we understand where our victims came from, they don't do that with us, they don't empathize with us. What they do, they see a charge and they put that against us like that's them as a person you know? But they don't know the reasons behind it which led us to do that charge.

Joseph explains his and other young advocates' capacity to take account for his actions and calls agency representatives to see the potential for accountability in the youth they encounter:

Yeah, we understand our consequences, and I take accountability for my consequences, I'm pretty sure everyone in here takes account for their consequences you know? But I feel that they don't see that. They don't see us as a person, they see us as a charge, as a number. [...] They don't take the time out of their day to learn about us.⁸⁴

⁸³ Taylor Schooley, Senior Research & Policy Manager Los Angeles County Department of Health Services in interview with author March 2020

⁸⁴ "Los Angeles County Department of Health Services-Office of Diversion & Reentry-Youth Diversion and Development."

Joseph's words show that the system as it stands has been predicated on treating young people as if they are defined by their crime. Instead, Joseph calls for stakeholders to strive to understand the factors that led to the action and see a young person's potential to take accountability and change course.

The Public Health Department staff facilitated listening sessions among all stakeholders in which youth could convey humanizing narratives, shift cultures, contest biases and move stakeholders toward a public health-informed approach. Artists from the Arts for Incarcerated Youth Network shared artwork portraying experiences of criminalization with writing and collage installed on the walls during one of the subcommittee's listening sessions.⁸⁵ Malik from the My Brother's Keeper initiative described the importance of being included in an active decision-making role in the initiative:

[The Los Angeles Public Health Department] is including youth in the conversations and that's what was really needed. And not only including them, but giving them a voice and a space to talk about certain issues that they experienced, that people in their communities experienced, and that gives me hope because you don't always see young men who have gone through the system be able to express themselves.⁸⁶

While the health department drove efforts for the process to be guided by expertise in meaningful community engagement and leadership, community partners pushed back that there needed to be a robust support in order for young people to participate. In one of the first private-public partnerships related to diversion in the country, the Public Health Department worked with foundations such as Liberty Hill to raise the extra dollars to bring youth advocates to the table. This philanthropic funding provided transportation, policy and advocacy training and debriefing, and transformative practices to deal with tensions that came up in the meetings.

⁸⁵ "A Roadmap for Advancing Youth Diversion in Los Angeles County," October 1, 2017.

⁸⁶ "Los Angeles County Department of Health Services-Office of Diversion & Reentry-Youth Diversion and Development."

Private funding also built capacity for research groups such as the Urban Peace Institute and Impact Justice to bring data to the subcommittee’s meetings and prepare the Roadmap.⁸⁷ The Public Health Department committed to providing fair stipends for each meeting and paid young people for them to give presentations, speak in focus groups and be interviewed. Schooley commented that with regard to the health department’s commitment to community leadership: “It was a combination of being thoughtful from beginning, listening to community partners, and saying this is the structure we would need to make this work.”⁸⁸

From this strong community-driven foundation, the public health department mediated tensions among diverse perspectives and integrated input from agencies across multiple disciplines. Stakeholders developed the common vision of: “improving outcomes for youth by redirecting law enforcement contact and addressing their underlying needs through systems of care that prioritize equity, advance wellbeing, support accountability, and promote public safety.” Each stakeholder brought critical insight into the development of the plan, rooted in this vision. Law enforcement officers noted their desire to see countywide standards for diversion and accountability. Diversion practitioners recommended that a central office leverage existing resources to facilitate networks of community-based organizations for coordinated service referrals. Service providers also cautioned against net-widening and spoke of the need for additional resources to support sustainable change. Youth participants described their desire to participate in cultural and recreational activities that would have helped them stay engaged and out of the justice system. Impact Justice worked with the health department staff to condense all of the recommendations generated through the multi-year process into a detailed report to present to the Board of Supervisors.

⁸⁷ Julio Marcial, Senior Director, Juvenile Justice Liberty Hill Foundation. In interview with author. Feb, 2020

⁸⁸ Schooley, interview with author March, 2020

2. Capacity-building: Funding, Training and Coordination

In November of 2017, the Board of Supervisors unanimously voted to establish the division of Youth Diversion and Development in the LA Health Agency's Office of Diversion and Reentry to serve as the central coordinating office as described in the Roadmap. State agencies redirected funding to the division of Youth Diversion and Development which was able to use this funding to support local community-based providers to accept referrals, collect and analyze data, and facilitate connections between law enforcement and CBO's.

The health agency continued to center the voices of youth and families to inform the process of contracting for community capacity-building. By incorporating the voices of youth, the YDD model was able to tailor developmental services to what kids were telling agency leaders would actually help them thrive long term. Valerie, a high school student and participant in a diversion program in LA County advised the agency: "Invite kids to do things. Give them someone to talk to . . . A lot of kids don't want to go to college, they're so set on that they don't want to go to college. But why? Have those conversations with them. Have more resources — have more field trips, visit schools."⁸⁹ Valerie highlights that diversion providers need to include supportive mentor relationships and facilitate connections to new opportunities.

Community stakeholders emphasized that the key to quality service provision is that these supportive relationships start within a young person's community and help connect youth to lasting community outlets to promote positive development long term. Schooley emphasizes that ideally "services should be provided by organizations with strong ties to the communities they are serving and that are run and led by people from the community whenever possible."

⁸⁹ "Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County."

Jessica Ellis the director of Centinela Youth Services explained that these services should be there for young people in the long term: “Youth development needs to be ongoing and permanent. It can be music, a sport, a boys and girls club, and that can shift over time based on a young person’s development and interests.”⁹⁰ Investments in community-based organizations and increased youth access to positive outlets builds a framework for a primary prevention public health approach, by strengthening communities’ capacity to support positive youth development.

The YDD contracted with organizations already demonstrating leadership in serving their communities to support a sustainable diversion infrastructure within each of the eight implementation sites. The YDD had leeway in its funding structure to contract with even small grassroots organizations. A Health Policy Assessment Staff person explained, “It was important for YDD to reinvest in youth development and in empowering community organizations while also reducing the barriers that stem from traditional government planning and funding.”⁹¹

The YDD also had a commitment to connect diverted youth to restorative justice infrastructure, though there was a shortage of capacity within organizations providing diversion services. To help remedy this organizational under capacity, the YDD began to both aggregate philanthropic funding and coordinates its uses. The YDD received philanthropic funding to entered into contracts with the UCLA School of Law to support a two-year project to build out transformative justice training, needs assessment and capacity building within community-based organizations that would accept pre-arrest and pre-booking referrals. The YDD worked with the UCLA Law School to help conduct ongoing restorative justice trainings in collaboration with providers. In addition to trainings in restorative justice, the YDD administered trainings to

⁹⁰ “Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County.”

⁹¹ “Los Angeles County Diverts Justice-Involved Youth – HealthEquityGuide.Org.”

community-based diversion providers in YDD Assessment Protocol, Trauma-Responsive Interactions with Youth, Implicit Bias, and Youth Development.

The first cohort of eight law enforcement agencies were in part chosen because the leadership of these agencies participated continuously in the subcommittee and demonstrated strong buy-in for the initiative. Even during the subcommittee meetings, the health department staff led targeted outreach to share research and data that the health department had been collecting to law enforcement agencies. The HPAU staff presented to police departments the argument about why arresting young people is functioning as a negative public health exposure and communicated the importance of building a network of youth diversion programs. The YDD staff also led trainings with officers within each pilot agency in YDD Referral Protocol, Trauma-Responsive Interactions with Youth, and Implicit Bias.

Based on the recommendations of the Youth Diversion Subcommittee, the YDD developed a tiered template to help guide officers' responses to the range of eligible cases. These were then used to help each partnership site to create their own Memorandum of Understanding tailored to their organizational capacity and structure. Schooley explained in an interview that there are clear guidelines for forming police-community partnership, as these partners do not have a funding contract. The health department continued its role as a neutral convener to help partners create systems of accountability with one another and define a clear plan of implementation.

The YDD worked to maintain the policy for diversion that the county had created, while each partnership site worked together to adapt their models to their specific context. The YDD staff met with law enforcement agencies and CBO's as often as every other week to finalize partnership agreements, address fears and tensions, and facilitate conversations between parties

them about challenges they've had together in the past. In these conversations, representatives from partnering community-based organizations were able to push back against law enforcement executives that were initially not comfortable referring youth for alleged felony cases. Ongoing meetings with community-based providers who felt comfortable and prepared to accept referrals for lower level felonies and health department staff providing data on the impact to public safety, youth development and racial equity, helped to bring law enforcement officials on board and address concerns about liability.⁹²

C. Program Design

1. Eligibility Criteria

Throughout extensive dialogue, the Youth Diversion Subcommittee eventually agreed on a policy for diversion eligibility to be as open and inclusive as legally possible. All youth except those 14 and older who had used a firearm or committed a high-level felony within a list 707b) as defined by California WIC 625.3 would be eligible for formal or informal diversion.⁹³ The YDD developed a tiered template based on the recommendations of the Youth Diversion Subcommittee to help guide officers' responses to the range of eligible cases. The tiered model was based on the goal to avoid criminalizing low-level offenses and connecting youth with more serious offenses to services and supports (see appendix).

The template recommends that law enforcement counsel and release a young person who has committed a summary or low-level misdemeanor act, which includes shoplifting or school-related offenses. In these cases, officers have the discretion to provide youth with informal

⁹² Schooley, Interview with author March 2020.

⁹³ Youth who have committed an offense under this category cannot be released from custody before appearing before the court. "California Code, Welfare and Institutions Code - WIC § 625.3 | FindLaw," accessed May 14, 2020, <https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-625-3.html>.

warnings, information about existing resources, or to contact a community or school-based program. The community provider then reaches out to the youth and their family to offer voluntary services, with no consequences for non-participation. The officer will not issue an arrest or citation or generate a crime report.

Meanwhile, all misdemeanor and eligible felony cases which do not fall under the category of 707b such as vandalism, robbery, or theft are eligible for formal pre-arrest diversion. In these cases, the YDD guidelines recommend that an officer contact a community-based partner to conduct an assessment, and to develop an individualized care plan for a young person. Unlike voluntary referrals, for formal diversion, the community-based provider must report to law enforcement on a young person's progress to "substantially complete" their care plan. The CBO works with the young person and the family to create a plan that is meaningful and as flexible as possible to ensure a young person's success. If a young person does not substantially complete their plan for reasons that the CBO deems are within the young person's control, the community-based partner will refer the case back to law enforcement.

2. Referral Process

The YDD's template encourages law enforcement agencies to adopt a true referral and release model when offering diversion. Schooley explained in an interview, "The ideal is that young person does not get put in back of cop car." She further elaborated, "The goal of what we're working toward is a model in which street officers feel empowered to refer youth directly in alignment with our guidelines." Through these guidelines, the law enforcement officer verbally tells the young person, 'I am submitting a referral for diversion and the provider will contact you and your guardian.' The service provider then goes through informed consent process, reaches out to family and explains the terms of diversion, and if there is consent,

conducts an assessment of risk, needs, and strengths during to gauge the level and type of intervention that is most appropriate and beneficial.

The YDD uses this template to help each partnership site to create their own Memorandum of Understanding tailored to their organizational capacity and structure. Referral practices have varied among the piloting agencies in the first fiscal year of implementation in 2018-2019.⁹⁴ Some agencies have adopted the practice of diverting youth by issuing a citation and holding it in abeyance. The citation is not entered into the criminal justice database and the diversion referral is made after the citation has been issued. This method allows law enforcement agencies to minimize the issue of discretion in offering diversion, as issuing citations and holding them in abeyance allows lieutenants or supervising officers, who have been involved in each of the partnership meetings early on and who have bought in to this work, to make decisions about which young people get referred rather than at the patrol officers. Furthermore, holding the citation in abeyance helps to prevent net-widening as the introduction of a pre-booking program may lead officers to cite youth for low level behaviors they otherwise would have released with a warning. Rather, with a citation held in abeyance, the CBO or supervising officer has the chance to drop the formal referral to diversion, if a formal plan is not necessary or appropriate. Schooley also mentioned that issuing a citation in abeyance is an easy tool for departments to implement that avoids a lot of harm for young people such as handcuffing, being brought into station, and waiting in temporary custody for their guardian to come get them. Research shows that these experiences can be traumatizing and have significant detrimental long-term impacts for youth.⁹⁵

⁹⁴ “2YouthDiversion.FINAL_WY_.Pdf,” accessed May 14, 2020, https://luskin.ucla.edu/wp-content/uploads/2019/06/2YouthDiversion.FINAL_WY_.pdf.

⁹⁵ “BLACK GIRLS MATTER: PUSHED OUT, OVERPOLICED AND UNDERPROTECTED” (Koninklijke Brill NV), accessed October 17, 2019, https://doi.org/10.1163/2210-7975_HRD-9978-2015002.

Other agencies refer youth to diversion mainly after taking them into the police station. Some of this variation is due to regulations that require officers to release youth into the custody of a caretaker following a referral to diversion. Certain agencies lack a method of identifying a young person that doesn't include booking or do not think it is feasible to wait at the scene until a caretaker arrives to provide consent. The YDD is working with research partners to explore resources or protocols that could support officers in staying at the site of the stop when referring youth to diversion. The report produced by Health Impact Partners recommends that if completing referrals in the field is not feasible, agencies should implement other practices to reduce burdens on caretakers. For example, officers may ask caretakers for consent over the phone or identify alternative means for positive identification that do not result in booking a young person's information into a database discoverable by background check. Some departments use a mix of these two methods and incorporate several layers of referral review. For instance, sometimes an officer issues a citation for a child in the field and a supervising officer may review the citation and realize that the citation should be held in abeyance so that the young person can participate in diversion. Community-based providers also have the opportunity to contest a referral as being appropriate for formal diversion and to tailor the appropriate level of intervention for each young person.⁹⁶

The template outlines that law enforcement agency should make a referral to the community-based provider within two days. Within a week the CBO should report their receipt

⁹⁶ CBO's had opportunities to discuss receiving referrals that did not warrant formal diversion with the YDD staff. Diversion program providers can play a role in reviewing referrals to prevent net widening. For instance, program staff can read referral and arrest files to look for red flags such as arrests for minor incidents as well as violations of youth's civil rights. One provider said that when their organization sees cases they deem too minor for diversion — such as arresting a youth who “twerked” at a dance for sexual assault — they push law enforcement agencies to drop individual cases or change the agency's protocol on responding to low-level alleged offenses. Collaborative process of deciding on eligibility criteria and training from YDD staff helped with a participatory model.

of the referral back to the law enforcement agency. At present, most law enforcement agencies reach out to the provider through an email or phone call, though initially providers and law enforcement reported significant delays in the referral process, especially when the referral was mailed. The YDD is currently working on web platform that would allow the officer to make referrals automatically.

3. Service Delivery

The YDD encourages diversion providers to adopt program models where youth and families can work with providers to shape care plans tailored to each young person's strengths and needs at the appropriate level of servicing. As Taylor Schooley explains:

Our service-delivery model is intended to be flexible and individualized. Some providers provide tiers of participation (e.g., informal community-building circles versus formal restorative justice circle conferencing) but all are asked to ensure that a young person's individual strengths and needs are responded to.

Schooley emphasized that the service providers must have assessment tools to help create individualized and strengths-based care plans:

It's important to develop truly strengths-based, healing-responsive assessment tools that empower young people as agents in their own diversion plan. Providers should be empowered to recognize both signs of trauma and strong protective factors so they can connect youth to activities and services that meet individual interests and needs without stigmatizing or pathologizing them.⁹⁷

The YDD model aims to ensure that from the time of consent to the creation of the care plan, youth are in a position of agency. As Daniel, a student and participant in a diversion program in LA County recounted, "It wasn't forcing me, everything was voluntary, I gave my consent."⁹⁸ A YDD staff member added to Schooley's comments reflecting that, "[Ideally], programming is

⁹⁷ "Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County."

⁹⁸ "Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County."

youth led and based in youth strengths and ‘protective factors,’ rather than seeing deficits or ‘risk factors’ as the main focus.”⁹⁹

The Health Impact Partners report, *Advancing Racial Equity in Youth Diversion* further recommends, “Youth should have significant leadership and voice in determining what’s included in their care plan, and providers should work with youth — and caretakers when appropriate — to create an individualized plan. For instance, providers can ask youth questions about their immediate goals and what they want for their future.” Part of creating an individualized program includes meeting caretakers as well as youth where they are at. The Health Impact report highlighted that programs should reducing burdens on caretakers related to transportation and limited time, by meeting where the caretaker and youth are most comfortable and scheduling the meeting around caretakers’ and youth’s availability. For instance, the mother of one participant mentioned, “[The case manager] was flexible on the schedule and times we were able to meet.”¹⁰⁰ Finally, the report highlights the needs for programs to adjust practices to be culturally sensitive and realistic to the needs and strengths of the young person and their family as the program develops. By helping families with basic health needs and connecting youth to supportive outlets, diversion programs can create long-term pathways to promote youth well-being and health.

4. Data-driven System Adjustments

Health department staff continuously presented the numbers of young people that were eligible for diversion but were not being referred or young people being formally referred for lower level behaviors to partnership sites and showed the breakdown across races. Schooley highlighted that the YDD staff “center[s] race and use this as a guiding light” in working with

⁹⁹ “Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County.”

¹⁰⁰ “Advancing Racial Equity in Youth Diversion: An Evaluation Framework Informed by Los Angeles County.”

partnership sites to increase the fidelity and equity of implementation. Schooley elaborated, “A lot of what is challenging about discretion in these programs is that it leads to persistent racial inequity that’s always part of our conversation.”¹⁰¹ The YDD continues to promote fidelity of implementation for higher level offenses by working with providers to develop restorative justice practices and educate all stakeholders about the importance and efficacy of these responses.

The program commissioned an outside research partner to help the program better eliminate racial disparities. In 2019, Human Impact Partners, bringing research, capacity-building and advocacy support to public health-driven movements, worked closely with YDD and the providers and advocates in Los Angeles County to develop an impact evaluation. The report details recommendations to improve racial equity at all stages from initial contact with law enforcement, to referral to diversion, enrollment in diversion, completion of the program, and a young person’s ability to thrive after the completion of the program.

The ongoing inclusion of young people who have direct experience in the initiative throughout program oversight and evaluation also helps to communicate to participating police departments the need for robust implementation. During roundtables at the YDD, Gloria, a youth advocate from the Youth Justice Coalition told how she had had her first interaction with law enforcement she was 11 years old. She described the “whole experience of seeing the judge and being super intimidated, not knowing what was going on.” With regards to the YDD program she reflected, “I wish I could make sure that they *are* diverting young people. Because at the end of the day they’re going to have the option to do the diversion or to not do the diversion, but it could really change someone’s life to not get booked.”¹⁰² Creating spaces for stakeholders to

¹⁰¹ Schooley, interview with author. March 2020

¹⁰² “Los Angeles County Department of Health Services-Office of Diversion & Reentry-Youth Diversion and Development.”

hear the stories of children like Gloria is critical for driving profound systems change. By making a commitment to centering the voices of youth advocates from the beginning, the YDD model has built a framework for a shift from a punitive approach toward a more humanizing public health paradigm across agencies.

D. Conclusion

The Los Angeles Youth Diversion model exemplifies many aspects of a public health-driven whole systems approach. The Public Health Department served as a neutral convener to bring together diverse stakeholders. A common language of public health mediated tensions and broke through institutional silos among participants. The collective vision of the coalition in large part stemmed from the demands of community activist groups for racial equity and a shift from the justice system toward community-driven solutions. Youth leadership throughout program development helped guide stakeholders toward this clearly articulated vision. Community participation further helped to guide an asset-based approach, focusing not only on diversion from the justice system but harnessing community resources and insight to promote youth development. The central office was able to advance a data-driven approach to promote equity in positive youth outcomes through the ongoing integration of youth voices, coordinated research, and communication across partners goals to continuously work toward collective goals.

CHAPTER 4: The Cambridge Safety Net Collaborative

Cambridge, Massachusetts

The Safety Net Collaborative stands out as a national model among diversion programs for its preventative approach and impressive results. Conventional diversion programs generally involve the police in hand-off relations with behavioral health organizations. Instead, in the Safety Net Collaborative police are trained as case managers and take a proactive role in prevention, early intervention, and ongoing support throughout the diversion process.

This framework arose when former Cambridge Police Commissioner Robert Haas initiated a partnership with the Harvard Medical School-affiliated Cambridge Health Alliance. Haas designated a specialized unit of Youth Resource Officers (YRO's) to receive training and ongoing support from an on-staff psychologist incorporated into the police department's clinical support unit. These specially trained officers carry out prevention through their presence in schools, youth centers and in the community where they serve as embedded sources of support. YRO's conduct early intervention by identifying youth who may have mental health needs and behavioral issues and conducting strengths-based case management to connect the young person and their family to resources within the school or community. YRO's facilitate diversion if a youth has allegedly committed a non-violent criminal offense.¹⁰³

Officers take on family case management for referrals. The YRO's fill out strengths-based assessments with the young person and their family to create a plan of voluntary and individualized supportive services as part of a Diversion Agreement. Each YRO has a caseload of families that they work with and check up on regularly who may be involved in diversion or

¹⁰³ James G. Barrett and Elizabeth Janopaul-Naylor, "Description of a Collaborative Community Approach to Impacting Juvenile Arrests," *American Psychological Association* 13, no. 2 (2016).

early intervention. Once YRO's and social workers work with families to identify strengths and goals, a body of agency representatives works together to coordinate service access.

In 2008, the partners of the police department came together to establish the Cambridge Safety Net Collaborative with the aim of coordinating case management across agencies. The police department hosts biweekly meetings of representatives from the schools, behavioral health and youth development agencies and other partners to identify the ways each of these organizations or agencies can work together to provide youth and families with integrated, multi-disciplinary support. Through what Cambridge Police Commissioner Branville Bard calls, “relentless follow up” stakeholders hold each other accountable to ensure that youth and families can successfully take advantage of community resources.¹⁰⁴

Much like the Philadelphia model, the Safety Net Collaborative shows that law enforcement executives have driven the impetus to build partnerships with health agencies and create an integrated diversion plan. Secondly the program shows how a clinician from a world class university was able to unite partners around coalitional mission and then provide data analysis, training and ongoing evaluation to improve the efficacy of coordinated system. The program highlights the importance of a proactive and preventative approach prior to diversion. And finally, the program models coordinated case management. Stakeholders successfully overcome barriers to collaboration by regularly sharing information, operating through sustainable budgetary structures, and identifying best practices to help families trouble shoot barriers to holistic service access. Taken together these strategies have been proven very effective to reduce youth arrests— with only twelve arrests in 2018, the arrest rate in the city of Cambridge was about one fourteenth the youth arrest rate of Providence.¹⁰⁵

¹⁰⁴ Brad, Branville. Police Commissioner. Presentation, Law Enforcement Juvenile Justice Convening, Nov. 2019

¹⁰⁵ Barrett, James. Presentation, Law Enforcement Juvenile Justice Convening, Nov. 2019

A. Context and Origins

In Massachusetts taxpayers spend around \$50 million each year to detain youth for low-level offenses.¹⁰⁶ While most states require some form of youth diversion or allocate state funding toward diversion, Massachusetts has no state level requirements or support for diversion. This leaves the coordination for youth diversion programs up to police, district attorneys, and court personnel at their own discretion. Funding is allocated toward diversion at the local level. As a result, children across the Commonwealth receive starkly different opportunities to avoid arrest and court involvement depending on where they live. Larger and more affluent cities and towns in the state are more likely to offer richer youth diversion programs with more intervention points than fiscally weaker jurisdictions.¹⁰⁷

Cambridge is an example of one of the cities in Massachusetts that has taken advantage of its rich resource base to develop a coordinated diversion program. The city's socio-demographic landscape, institutional capital and local revenue set the stage for stakeholders across agencies to come together to increase young people's access to health-related resources and decrease involvement in the juvenile justice system.¹⁰⁸

Unlike Los Angeles, Philadelphia or Providence, Cambridge had not been a center for youth-led lead movements against the racial injustices of policing. Cambridge is also the only case study city not comprised by a majority of people of color. White residents make up 61.6 percent of the population, followed by Asian residents making up 15.7 percent of the population,

¹⁰⁶ "Diversion," CfJJ, accessed May 14, 2020, <https://www.cfjj.org/diversion>.

¹⁰⁷ "PoliceDiversionReport+FINAL.Pdf," accessed May 14, 2020, <https://static1.squarespace.com/static/58ea378e414fb5fae5ba06c7/t/5b9963bd0e2e7257287ba140/1536779205979/PoliceDiversionReport+FINAL.pdf>.

¹⁰⁸ Barret, James. Presentation. Nov 2019

Black residents make up 10 percent and Latinx residents make up 8.75 percent of the city's population.¹⁰⁹ The overall poverty rate in Cambridge is significantly lower than the poverty rate in all other case study cities, however a 2017 Cambridge needs assessment compiled by Technical Development Corporation reports that a sizeable number of people live in poverty in the city within an overall environment of affluence. Poverty disproportionately affects children, "particularly those living in a single-parent female headed household. Black/African American and Hispanic/ Latino individuals experience poverty at nearly double the rate of the overall population."¹¹⁰ While Cambridge is a resource-rich city, populations of Black and Latinx youth growing up amidst economic inequity do not have the same access to resources.

Literature shows that high rates of income inequality can be an indicator for high crime rates.¹¹¹ Perhaps in relation to the city's growing inequity, in the early 2000's violent crime rates in Cambridge were consistently above state and national averages.¹¹² In 2007, Robert Haas was appointed to be the Commissioner of the Cambridge Police Department. Haas had previously served as a member Massachusetts' Secretary of Public Safety and Homeland Security Advisor to then-Governor Mitt Romney.¹¹³ He took his position with his sights on reversing the city's high violent crime rates.

Upon reviewing the department, Haas realized that officers had few options in responding to youth who had allegedly committed offenses. Officers' options were limited to arresting kids, dispersing them or sending them home to their parents.¹¹⁴ Haas understood that a

¹⁰⁹ "Needsassessment_20170123_TDC_final_review.Pdf," accessed May 14, 2020, https://www.cambridgema.gov/-/media/Files/CDD/Planning/needsassessment/needsassessment_20170123_TDC_final_review.pdf.

¹¹⁰ "Needsassessment_20170123_TDC_final_review.Pdf."

¹¹¹ Douglas S. Massey, *American Apartheid Segregation and the Making of the Underclass* (Cambridge, Mass.: Harvard University Press, 1993).

¹¹² "Help for Cambridge Youths," *Harvard Gazette* (blog), November 29, 2012, <https://news.harvard.edu/gazette/story/2012/11/help-for-cambridge-youths/>.

¹¹³ "Help for Cambridge Youths."

¹¹⁴ "Help for Cambridge Youths."

violence prevention strategy would include providing forms of early support for youth. Haas established the Youth and Family Services Unit (YFSU) in 2007 which would be staffed by officers that would be specially devoted to respond to calls involving youth.

The Cambridge Police Department reached out to the schools, the city's after school program and the community health system to take part in the interviewing and selecting these specially assigned officers. A counseling psychologist, a school principal, a police lieutenant and the director of the city's afterschool program conducted interviews to identify candidates. The interviewers understood that officers would be "interacting with the city's most disadvantaged youth [...] and end up serving as first responders for youth with mental health needs."¹¹⁵ Interviewers selected candidates based on their exhibited qualities of patience, a sense of wanting to help people, and a basic understanding of youth development. At the Law Enforcement Juvenile Justice Convening, the clinical director James Barrett mentioned, that early on, the department had to turn the unit over a few times to get the right crew. Ultimately, the officers roughly reflect the populations they would be working with. The majority of the officers in the YFSU are people of color and three of the eight officers are women.¹¹⁶

At the conclusion of the interviews, the stakeholders across health, human services, educational, and law enforcement agencies noted that officers had no ways to connect youth and families to needed services and supports.¹¹⁷ Furthermore, while the YFSU was created with the anticipation that officers would work with older adolescents who had allegedly committed prosecutable offenses, in its initial months officers were receiving referrals for children and

¹¹⁵ James G. Barrett and Elizabeth Janopaul-Naylor, "Description of a Collaborative Community Approach to Impacting Juvenile Arrests."

¹¹⁶ James G. Barrett and Elizabeth Janopaul-Naylor.

¹¹⁷ James G. Barrett, Chad D. Olle, "Social Justice Training in Action: A Counseling Psychologist's Role in a Police-Mental Health Collaborative Serving Disadvantaged Youth," *Journal for Social Action in Counseling and Psychology*, 2016.

younger adolescents who had not committed an offense. Instead, these young people were being referred for social, emotional and behavioral challenges, which the police department had no tools to address. Officers within the YFSU expressed frustration with their inability to provide options for prevention. Stakeholders recognized that these behaviors were symptomatic of larger more systemic issues. Once the police department had convened representatives from the Department of Human Services, the community mental health agency, the schools, and the city's after school programs these stakeholders collectively drove the impetus build out a coordinated model to deliver effective intervention and prevention strategies.¹¹⁸

The counseling psychologist from the Harvard Medical School's Department of Psychiatry and Cambridge Health Alliance, James Barrett integrated an understanding of research on youth development, psychology and juvenile justice reform to create a common language and build a shared mission among organizational partners. Barrett presented literature on the shortcomings of fragmented services from multiple providers that do not collaborate. These presentations highlighted that childhood psychology and juvenile justice scholars have called for "an organizing body to coordinate services and communicate between agencies as well as a community-wide coalition including law enforcement, healthcare providers, and school personnel."¹¹⁹ Barrett also presented case studies and vignettes from the Center for Children's Law and Policy's Building Blocks for Youth Initiative (2005) that showed that collaboration and systems level advocacy are integral to reducing racial and ethnic disparities in the justice

¹¹⁸ James G. Barrett and Elizabeth Janopaul-Naylor, "Description of a Collaborative Community Approach to Impacting Juvenile Arrests."

¹¹⁹ James G. Barrett, Chad D. Olle, "Social Justice Training in Action: A Counseling Psychologist's Role in a Police-Mental Health Collaborative Serving Disadvantaged Youth."

system.¹²⁰ Barrett's research founded within the Harvard Department of Psychiatry drove a programmatic focus towards the collaborative provision of mental health services and supports.

Barrett's research in tandem with the leadership of the police department also shaped the program design to favor an active role of police in case management. The partners founded their framework for collaboration on The Child Development Community Policing Program and the National Center for Mental Health and Juvenile Justice (Marans, Murphy, & Berkowitz, 2002). In particular, the Safety Net Collaborative model was adapted from the Office for Juvenile Justice and Delinquency Prevention Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System Appendix A (Skowrya & Coccozza, 2006). From these frameworks of community engaged policing and coordinated case management, the partners refined mission statement of the Safety Net Collaborative: "to foster positive youth development, promote mental health, support safe school and community environments, and limit youth involvement in the juvenile justice system through coordinated prevention, intervention, and diversion services for Cambridge youth and families."¹²¹

The leadership of the police, and the research base from the Harvard Medical School came together to shape a programmatic model to focus on coordinated service provision through the active and expanded role of the police. In contrast, other models have promoted a curtailed role for law enforcement to prevent the criminalization of youth and the well-documented racial disparities and negative health impacts of increased police intervention. Furthermore, in the absence of community leadership or a public health-informed coalitional center, the Cambridge

¹²⁰ James G. Barrett, Chad D. Olle.

¹²¹ James G. Barrett and Elizabeth Janopaul-Naylor, "Description of a Collaborative Community Approach to Impacting Juvenile Arrests."

program's mission does not mention racial equity in stark contrast to the mission of the Los Angeles program, driven by the demands of youth activists.

B. Organizational Formation

As the Harvard Medical School counseling psychologist searched for examples of collaborative models between health providers and the police another nearby world-class university had facilitated one of the country's few existing models at the time, the Police Community Partnership Program of the Yale Child Study Center. The partners with the YFSU visited the program to see firsthand how the New Haven police and mental health providers collaborate to respond to families impacted by violence or other traumatic events. The site visit reinforced the partners' vision by serving an example of a partnership that actively integrated police to promote mental health outcomes facilitated by a university's research center. Furthermore, the visit helped the collaborative refine how each partner would contribute. Barrett writes: "Not only did this site visit afford a tremendous opportunity for learning, it also allowed the partners time to learn about and communicate respect for the strengths and resources that members of the collaborative brought to the change process, which are key ingredients to facilitating effective community collaboration."¹²² The visit helped partners understand the value and role that each member would bring to integrated systems change.

The partners developed a system to coordinate the resources and bridge agency barriers in facilitating the evolving collaborative effort. The members of the Safety Net Collaborative agreed that the counseling psychologist would take a leading role in training and supporting officers and serve as the clinical coordinator for the SNC. The members petitioned the city of

¹²² James G. Barrett, Chad D. Olle, "Social Justice Training in Action: A Counseling Psychologist's Role in a Police-Mental Health Collaborative Serving Disadvantaged Youth."

Cambridge to partner with the Cambridge Health Alliance and the Cambridge Police Department to buy out and allocate 20 clinical hours of the psychologist's time per month to devote to the SNC. This cost-share partnership created a sustainable funding structure to support the counseling psychologist's integration with the police department and ongoing facilitation of service providers. In contrast, when psychologists are hired on grant funding, timelines are more temporary and the collaborations that the psychologist have built can run the risk of deteriorating over time. To build a sustainable and effective program structure, Barrett writes, "It was critical that the Safety Net partners viewed the counseling psychologist as a key contributor to this effort and someone whose skills were worthy of the investment of city resources."¹²³ The Police Commissioner in partnership with the other agency leaders, leveraged his authority to appeal to the city to sustain Barrett's long term role in the department.

To carry out the training of the eight YFSU officers, the psychologist had to coordinate between the police department and the health agency. The psychologist appealed to police leadership that "increasing the officers' capacity to identify and respond to youth experiencing a mental health crisis would effectively lead to a reduction in the number of times [officers] are likely to have to respond to future crises."¹²⁴ The psychologist's reasoning helped to encourage the police department to make time available during the officer's busy academy training schedule to receive clinical training. The counseling psychologist made a similar appeal to hospital leaders, arguing that "police officers who were well-trained to collaborate with mental health providers would improve access for youth and families who are most in need of services,"

¹²³ James G. Barrett, Chad D. Olle.

¹²⁴ James G. Barrett, Chad D. Olle.

ultimately hospital leaders of the Health Alliance where Barrett was employed agreed to grant him billable time away from clinical duties to provide formal training and consultation.¹²⁵

As psychologists and police officers operate through two different professional frameworks, the psychologist led a deliberate process for integrating his knowledge and training within the police department. In an academic paper, Barrett describes the contrasts of these two professions which he worked to bridge: “Psychologists are expected to keep up with current research on effective interventions and assessments for disadvantaged youth, the clinical skills to deliver therapeutic care, and an appreciation of environmental influences on behavior, while police officers, as a collective, tend to be action-oriented and are trained to respond to a crisis through gaining and maintaining control.”¹²⁶

To begin to reconcile these operating differences, the counseling psychologist worked to understand any preconceptions that officers may hold about psychologists. Some officers admitted that they have had experiences with psychologists that lead them to believe that psychologists are “out of touch with the realities of what officers encounter on the streets with youth.”¹²⁷ In his orientation toward the police officers, Barrett was careful to ensure that he did not present himself as an expert who was brought on to tell the officers how to do their jobs. Instead, Barrett approached the fact that officers have real-time contact with youth and the experience of acting as first responders as critical assets. He worked to build on the asset of immersion in public life and availability at the scene of behavioral incidents with the integration of research-based interventions to promote youth development and health. Before beginning any trainings, the psychologist met with and surveyed the officers as a unit to understand their

¹²⁵ James G. Barrett, Chad D. Olle.

¹²⁶ James G. Barrett, Chad D. Olle.

¹²⁷ James G. Barrett, Chad D. Olle.

training needs. Officers also had the opportunity to provide feedback to the psychologist anonymously through regular meetings with their lieutenant. These meetings creating communication pathways to reconcile and integrate two separate professional frameworks.¹²⁸

The Collaborative leveraged the resources of the counseling psychologist and non-profits to provide trainings for the officers and collaborative partners on the necessary knowledge and skills to work effectively and efficiently with youth and families. Through trainings, Barrett and others aimed to promote a cultural shift toward values of prevention and the identification of the underlying causes of youth behavior. Barrett explained at a national law enforcement convening how he instills these values:

I do a lot of training with police. [...] I start out by saying, Some of you may not like kids. You may not like working with kids. You may not have gotten into the police because you ever wanted to work with kids. The reality is you're going to be responding to a lot of calls that involve kids. Here's the other part of it—what happens next has a tremendous impact on what's gonna happen in that young person's developmental trajectory: if you arrest, or if you go a different path. And police need tools to go a different path.¹²⁹

The psychologist and two clinical social workers led trainings for the nine Youth Resource Officers on the fundamentals of youth development, recognizing and understanding youth mental health, and the principles of connecting and communicating with youth. These trainings occurred over the course of several weeks as part of the YFSU officers' "academy time," which is built-in, time for officers to devote to training. Strategies for Youth, an organization devoted to juvenile justice policies, also led trainings for the officers in their "Policing the Teen Brain" program.¹³⁰ This training focuses on "helping police understand how adolescent brain development can be linked to 'risky behaviors' and how police can best respond

¹²⁸ James G. Barrett, Chad D. Olle.

¹²⁹ Barrett, James. Presentation. Law Enforcement Juvenile Justice Convening. Philadelphia, Nov. 2019.

¹³⁰ Jeff Q. Bostic et al., "Policing the Teen Brain," *Journal of the American Academy of Child and Adolescent Psychiatry* 53, no. 2 (February 2014): 127–29, <https://doi.org/10.1016/j.jaac.2013.09.021>.

to youth in crisis.”¹³¹ The idea of policing an adolescent brain is part of the reason that police officers in most contexts are not the best suited to take on the role of case managers. The officers in the YFSU additionally participated in training on reducing disproportionate minority contact in the juvenile justice system, and the entire police department went through trainings on multicultural understanding and reducing implicit bias in policing.¹³²

These trainings and the integration of the psychologist as the director of the Clinical Support Unit in the police department enabled the YRO’s to take on the role of case managers and community mentors rather than operating in solely an enforcement capacity. YRO’s become active participants in the community by supporting staff at youth-centers and non-profit organizations, joining pick-up basketball games, or leading a youth basketball or hockey league. Most police-behavioral health partnership models involve an officer facilitating a handoff to behavioral health or youth service providers with no further follow up or outreach. In contrast, within the Cambridge model, each officer has a case load of families. Officers “communicate with families and schools to get a holistic understanding of a youth’s life context and to also explore potential root causes of their concerning behavior.”¹³³ Officers conduct strengths-based risks and needs assessments with families and work with collaborative partners to connect youth and families to programs and services, such as after-school activities, leadership activities, mentoring and support services, mental health and substance abuse treatment. YRO’s regularly follow up with families to ensure that youth are successfully taking advantage of services and supports.

¹³¹ James G. Barrett, Chad D. Olle, “Social Justice Training in Action: A Counseling Psychologist’s Role in a Police-Mental Health Collaborative Serving Disadvantaged Youth.”

¹³² James G. Barrett, Chad D. Olle.

¹³³ James G. Barrett, “Police-based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model” (Health Equity Research Lab, n.d.).

The current Commissioner Branville Bard highlighted the importance of YRO's building connections with the entire family. At a national convening of law enforcement executives, Commissioner Bard explained from a child's perspective, "sometimes I'm going to be acting out because my mom don't have the resources to deal with me because she's spending all her time with my autistic brother."¹³⁴ The connections the Youth Resource Officers make with families can be profound. The commissioner told a story of a sixteen-year-old girl who passed away due to an aneurism. At the hospital, her mother, said, "I need to tell our Officer Flint, Officer Flint needs to know." The officer was notified at home, and then spent the better part of the next few days with that family. The example showed that in some cases officers can be much more than just case managers to families. The Commissioner concluded, "So that speaks to how effective the program is."

While Youth Resource Officers provided on the ground case management support and mentorship to youth and families, stakeholders recognized that to deliver meaningful care to young people, agencies would need to coordinate services. The SNC Manual emphasizes that four agencies are essential for cities to carry out an effective coordinated youth diversion model: youth development programs, the community mental health agency, the schools and the police department.¹³⁵ The SNC members recommend that, when possible, cities also incorporate the departments of social services, juvenile probation, and a restorative justice program in a diversion collaborative. The SNC manual highlights that a local provider of restorative justice practices can play a key role in a diversion collaborative by helping to foster "reconciliation with potential victims and the community at large after an offense has been committed."¹³⁶

¹³⁴ Brad, Branville. Presentation LEJJI. Nov 2019.

¹³⁵ James G. Barrett, "Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model."

¹³⁶ James G. Barrett.

To facilitate collaboration, agencies needed to create common protocols, designate point people and follow up regularly to evaluate and strengthen their relationships. The Safety Net Manual recommends that the schools and the police department create an MOU outlining how each will coordinate their efforts to determine when and how law enforcement may intervene on school property as well as when and how diversion should be carried out. The Cambridge Police Department and Cambridge Public Schools relied on the Massachusetts Memorandum of Understanding for their collaborative protocols between schools and police officers.¹³⁷ To build collaboration with the youth development program, YRO's meet with the program staff four times a year to discuss programming how the officers can support the organization's work.¹³⁸ The community mental health provider appointed a clinician to act as the point person for police referrals and who will be responsible for following up on families' service progress. Each of these steps of relationship building among organizations helped to create the cohesion of the collaborative as a whole.

The Safety Net partners developed a Release of Information in order to be able to discuss a child or adolescent's service plan. The Release of is not a HIPAA protected, and authorizes the disclosure of diagnostic information, treatment or service access, school records, and risk, needs and strengths assessments. This information is strictly intended to be used for partners to be able contribute ideas as to what might be helpful for the youth or family. Information shared in the Safety Net meetings does not result in criminal complaints and no protected criminal justice information (e.g., report of sexual assault) is shared in the meetings. If more detailed clinical or

¹³⁷ "SRO MOU Final (9-5-18).Docx | Mass.Gov," accessed May 15, 2020, <https://www.mass.gov/doc/sro-mou-final-9-5-18>.

¹³⁸ The Unit Supervisor and Director of Programming for the youth center oversees these meetings. Supervising police officers also conduct yearly quality service reviews, or evaluations of officers' roles in both schools and youth programs and make reports to the Commanding officers. James G. Barrett, "Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model."

behavioral information is relevant, partners will discuss this in private meetings.¹³⁹ Regardless of all of these measures, this level of information sharing among police departments, schools and health care providers is an example of net-widening and may potentially lead to unequal treatment or criminalizing consequences for youth across school and community settings.¹⁴⁰

At the same time, clinical director James Barrett highlights that the regular collaboration across agency representatives is the key to an effective diversion model. At the Law Enforcement Juvenile Justice convening Barrett explained the importance of multi-agency coordination for youth: “Safety Net is called a collaborative, it’s not a program. Representatives come together biweekly to update partners on the progress of cases and bring new cases for diversion or intervention to the table. This venue helps partners build a network of cohesive support rather than defer the blame onto each other. Barrett explained, “it’s a lot harder to be like, ‘Ah, the schools aren’t doing anything with this kid!’ When the school people are sitting right across from you.”¹⁴¹ Instead, Commissioner Bard described that the venue for collaboration helps stakeholders hold each other accountable and ensure youth receive support and attention they deserve. Barrett gave the following examples to illustrate the importance of multi-agency coordination that occurs in Safety Net meetings:

You thought you made that referral to the mental health agency, but it turns out they left a message and mom’s phone was turned off and it never happened. That’s the work that happens in this meeting is that follow up Then we assign tasks—you’re from the Health Alliance, you’re going to go back to the intake team and find out why that referral didn’t go through. [...] it’s that process of holding each other accountable and making sure we’re moving forward with this group of kids.¹⁴²

¹³⁹ To protect young people’s identity, initials are used on agendas sent out every Wednesday before each meeting. James G. Barrett.

¹⁴⁰ “Building an Ethical Data Strategy from the Ground Up,” *The Commons* (blog), March 6, 2019, <https://wearecommons.us/2019/03/06/ydd/>.

¹⁴¹ Barrett, Presentation LEJJI. Nov 2019

¹⁴² Barrett, Presentation LEJJI. Nov 2019

The Safety Net Collaborative shows that connecting kids with case managers is only the first step. The second is to ensure that a coordinated system can help youth connect with long-term meaningful support. While separate organizations are charged with providing youth that support in different ways, in order to provide holistic support from the home to the neighborhood to the school, agencies must create trusted methods for ongoing communication and collaboration.

Creating this venue for effective collaboration took time, persistence and effort. Barrett relayed to the room of law enforcement executives that the program relies on a committed group of stakeholders: “You need to find the people in these organizations that are genuinely invested. You might think, [for a school] it’s the principal. But if the principal isn’t there, then go to the vice principal or go to the school counselor. And that takes time; it takes people kind of self-selecting and sifting themselves out.” Barrett explained that the second ingredient to make multi-agency collaboration work is that you need to demonstrate success:

I think the reason why folks come back now is because [...] they know that if show up at that meeting they might be able to move ahead on a waitlist for a mental health evaluation or they might be able to get a kid (and we’ve done this) into a summer program after the admissions for the summer program closes. That’s a lot of what the ‘secret sauce’ is, they know that stuff is going to get done. That takes a little while to demonstrate that’s going to happen.¹⁴³

As the Collaborative continued to demonstrate success, more leading stakeholders began to see that consistent participation in meetings was worthwhile. Commissioner Bard highlighted that a typical meeting will include figures such as the second in command at Department of Human Services, the Head of Public School Security and the Deputy Superintendent of Schools. Commissioner Bard extrapolated, “The operational level is high around the table so that they can

¹⁴³ Barrett, Presentation LEJJI. Nov 2019.

go back and make sure that things get done in their respective agencies.”¹⁴⁴ As the SNC began to accrue more buy-in from institutional leaders, agencies were able to better fulfill their own missions to promote positive youth development for the youth with the most acute needs. Through the regular meetings, agencies were further able to increase efficacy of meeting complex needs and creating individualized support through cross-systems coordination.

C. Program Design

The cultural consensus among the Cambridge Police Department in support of prevention and early intervention enabled the Safety Net Collaborative to develop diversion eligibility criteria that were as flexible as possible. Barrett explains, “There aren’t certain charges that we won’t divert. We are victim centered, if the victim doesn’t want to get on board and wants to file charges for something then we won’t divert. Obviously, serious felonies we can’t, but we don’t have that [set criteria defining] these are the seven charges that we divert.”¹⁴⁵ Young people are diverted on a case by case basis according to context. Diversions generally relate to issues such as fighting, illegal drug use, shoplifting, serious bullying, or bringing weapon to school.

While Youth Resource Officers are trained to carry out assessments for diversion, the nine YRO’s are not always available to respond to an incident concerning a young person, and mainly work during the daytime. All of the other 278 officers are trained in baseline Crisis Intervention Team (CIT) and trauma responsiveness but have not received the YRO’s high levels of training in responding to youth.¹⁴⁶ However, these officers work in coordination with the juvenile unit to facilitate diversions. Barrett, the psychologist and clinical director of the Safety

¹⁴⁴ Brad. Presentation LEJJI Nov 2019.

¹⁴⁵ Barrett, Presentation LEJJI. Nov 2019.

¹⁴⁶ Barrett, Presentation LEJJI. Nov 2019.

Net Collaborative, explains how a police officer would proceed when coming across a young person committing an offense at 2 am: “If it’s something where there’s potential discretion, they’ll take the report. [The officer will] say that this will be forwarded to our juvenile unit and one of our supervisors or officers, or it could be me, will reach out to the family.”¹⁴⁷ As Barret describes, there is a general understanding among the police department that if there is even potential for discretion an officer should write a report for the juvenile unit to review rather than making an arrest. Barret continued:

That’s the importance of the case management system, that’s the importance of officers actually being assigned cases. And so, on the clinical support end, one of my clinicians will be assigned with that officer [to the case]. And in QED, our record management [system], we can assign them and it’s their duty to follow up and put in their notes what they did with that case.¹⁴⁸

Barrett’s description highlights the technological and organizational capacity that support the implementation of the diversion process. Firstly, officers have the technical capacity to write a report in the field that is automatically forwarded to the juvenile unit. Once the report arrives, the unit is structured so that officers and clinical staff are trained to manage caseloads. Lastly, the record management system QED enables the department to organize cases and proceed with assessments in a timely manner. Department-wide understanding and value of the work of the Safety Net Collaborative helps encourage officers to make diversions rather than arrests.

The Youth Resource Officer or the clinical director is the primary point person for the diversion. A detailed flowchart helps YRO’s to guide decisions when processing a case (see appendix). To initiate a diversion plan, the YRO, or in some cases, the counseling psychologist first meets with the family and youth and fills out a risk and needs assessment. All YROs in

¹⁴⁷ Barrett, Presentation LEJJI. Nov 2019.

¹⁴⁸ Barrett, Presentation LEJJI. Nov 2019.

Safety Net are trained on how to administer the Youth Level of Service-Case Management Inventory (YLS-CMI), “an empirically validated strength and needs assessment for at-risk youth.”¹⁴⁹ If the results of the YLS-CMI indicate that mental health or social services supports are needed, the YRO can assist in making these referrals.

Barrett explains that by using this tool the department can make “an empirically based decision on what we’re diverting and why we’re diverting it.”¹⁵⁰ The officers don’t just rely on the tool alone to make empirical decisions, as a psychologist and a social worker is also involved. Barrett describes the assessment process: “One of the officers who’s the lead on the case will sit down with myself and a member of the clinical support team and we will fill out that instrument on the child and family so that we’re guarding against implicit bias and using data to drive our decisions.”¹⁵¹ Multiple points of review, the involvement of clinical staff, training on flowcharts and an “empirically validated” assessment tool all help to promote equitable decision making for offering diversion.

The YRO uses the results of the YLS-CMI to create a Diversion Agreement, which can be found in the Safety Net Manual, or a contract that the young person and their parent sign, outlining how the young person will take account for harm caused and connect with resources. Within the contract, the young person writes out the reason for their diversion and may sign off to engage in a restorative justice element, a community service element and fulfill a service plan. The YRO uses the Service Referral Matrix to put in place the specific services to address a young person’s need areas and build upon areas of strength. Officers match interventions to what the kid “spikes on” based on the service matrix. YRO’s and social workers listen to the

¹⁴⁹ James G. Barrett, “Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model.”

¹⁵⁰ Barrett, Presentation LEJJI. Nov 2019.

¹⁵¹ Barrett, Presentation LEJJI. Nov 2019.

perspectives from families and schools to get a holistic understanding of a youth's life context and to also explore potential root causes of their concerning behavior. The YRO and social worker may connect youth to a variety of programs or resources including after-school activities, leadership activities, mentoring and support services, mental health and substance abuse treatment.¹⁵²

As every diversion context is different, the Safety Net manual gives a case example of what a diversion process might look like. In this example a fourteen-year-old, named John, stole \$300 headphones from a store. The detective met with the store owner and described Safety Net Collaborative and the police diversion program, and the store owner agreed that this would be a good option for John. The YRO and social worker spoke with John's parents and conducted the YLS assessment with John at his home. The assessment showed that areas for growth were structured leisure time and strengthened peer relations, and there was a possibility that John may have undiagnosed impulsivity.

John's Youth Service Plan, as part of his contract, included conducting intake at a local mental health facility and starting treatment if needed. It also included participating in a beat-making class at a local music studio after school. In addition to checking up on John and the family, if needed the YRO and social worker would collaborate with other Safety Net members to follow up with service providers at biweekly meetings on the progress of John's ability to carry out his plan.¹⁵³ Diversion plans usually last around three months, although the model is built for flexibility.

¹⁵² James G. Barrett, "Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model."

¹⁵³ James G. Barrett.

While the young person signs a contract, services are voluntary with no possibility of a charge being filed for non-completion. Barrett explains, “Our juvenile diversion program is completely voluntary. If the kid bombs out of diversion, we don’t come forward with a charge. We want the family’s buy-in. We want to manage as many diversions as we can pre-complaint.”¹⁵⁴ Barrett explains that Cambridge does have court-based diversion through the District Attorney’s Office. “To answer Kevin [Bethel’s] question about the DA’s buy-in, to be honest the DA’s aren’t thrilled we have our diversion program. They’d rather have their numbers.” Yet Barrett explains, “We’d rather keep it in house. Because what has to happen for the DA’s to divert? The charge has to be filed, the kid has to go to a magistrate’s hearing. This counts.”¹⁵⁵ Barrett explains why using research. In a longitudinal study conducted in Montreal, one of the most famous juvenile justice studies, youth were matched on all their “risk indicators” the only variable was if they were arrested and processed in the system or not. The kids who were arrested and processed were seven times more likely to be involved in the adult system.¹⁵⁶

The Safety Net Collaborative is having an unprecedented effect on youth well-being and reduced juvenile justice involvement in Cambridge. When the stakeholders started Safety Net they were expecting most youth to be referred through from YRO’s after an alleged offense. That hasn’t been the case. “As we got up and running and our partners came together, we’d get kids who were referred to us younger and younger. From the schools, from the families themselves, because they know how the YRO’s look out for them and do what they’re supposed to do in terms of services, it’s actually a benefit.”¹⁵⁷ Massachusetts law recently changed so that no child under twelve years old can be charged with a crime. As officers can carry out intervention as

¹⁵⁴ Barrett, Presentation LEJJI. Nov 2019.

¹⁵⁵ Barrett, Presentation LEJJI. Nov 2019.

¹⁵⁶ Barrett, Presentation LEJJI. Nov 2019.

¹⁵⁷ Barrett, Presentation LEJJI. Nov 2019.

well as diversion, younger children can still benefit from services. The collective has taken the police department beyond the realm of simply net-widening to become a clinical coordinating hub for the city.

The clinical psychologist took on the role of monitoring the program, analyzing impact and producing academic evaluations. His analysis shows notable success among numerous accounts. In 2018, the city hit a record low of arrests: only twelve youth were arrested that year, about one fourteenth the youth arrest rate in Providence.¹⁵⁸ Safety Net makes an average of 94 outpatient mental health provider referrals per year.¹⁵⁹ Impact evaluations showed that youth who were diverted pre-arrest utilized mental or behavioral health resources at significantly higher rates than they had before diversion and at significantly higher rates to youth who were arrested or summonsed to court.

The opportunity to avoid arrest and be connected to services through Safety Net has also had a significant impact on reducing rates of recidivism. Only 7.1% of youth who were diverted to Safety Net allegedly committed a subsequent arrestable offense within 6 months, while 20.3% of youth who were arrested recidivated in this time frame.¹⁶⁰ The observed reduction in recidivism diminished over a two- or three-year time period. This shows that youth benefit when all the resources are marshalled, and stakeholders are focused on the kids' success. Partners are now looking at how they can introduce a booster or follow-up with YRO's beyond the roughly three-month long diversion period.¹⁶¹

¹⁵⁸ Barrett, Presentation LEJJI. Nov 2019.

¹⁵⁹ Elizabeth Janopaul-Naylor, Samantha L. Morin, Brian Mullin, Esther Lee, and James G. Barrett, "Promising Approaches to Police–Mental Health Partnerships to Improve Service Utilization for At-Risk Youth."

¹⁶⁰ James G. Barrett et al., "Do Diverted Kids Stay Out of Trouble?: A Longitudinal Analysis of Recidivism Outcomes in Diversion," *Journal of Applied Juvenile Justice Services*, 2019.

¹⁶¹ James G. Barrett et al.

The success of police diversion through Safety Net and the role of the YRO's as case managers is allowing city partners to shift to focus services on the kids who are actually committing violent crimes. Across states, violent offenses tend to account for around 5% of all arrestable youth offenses.¹⁶² At the convening to discuss best practices in pre-arrest diversion, Barrett told the group of law enforcement officials that he hoped the next convening could focus on that five percent. How can systems come together to provide health-driven supports for kids actually committing these violent crimes. Kevin Bethel joked that Harvard should host the next convening.¹⁶³

D. Conclusion

Unlike other cities, the action toward youth arrest reduction did not arise out of a public outcry against the criminalization of Black and Brown youth in the city, though this issue existed. In Cambridge, the police department instigated a framework for collaboration from psychologists from the Cambridge Health Alliance and Harvard Department of Psychiatry. The counseling psychologist took an active role to advocate both within the police department and the hospital agency for him to take on a thoroughly immersed role in the department. The city's social demographic landscape and institutional resources supported these actors to instigate sustainable collaboration. This partnership was in large part driven by the former Commissioner's vision to provide support to youth, informed by the psychologist's early presentations to the department on systems coordination in violence reduction.

The context of a psychologist presenting research within in a police department framed the issue around youth development, mental health provision and the reduction of juvenile justice

¹⁶² "Juvenile Arrest Rates," accessed May 15, 2020, <https://www.ojjdp.gov/ojstatbb/crime/JAR.asp>.

¹⁶³ Bethel, LEIJJI. Philadelphia Nov 2019.

system involvement without emphasizing the health and racial impacts of involvement of law enforcement. Racial equity was included in these conversations, and in the psychologist's papers but was not central to the SNC's vision. In fact, the words "race" "ethnicity," or the names of races or ethnic groups never appear in the Safety Net Manual which covers the program's mission, formation, operations, and evaluative structure in detail.¹⁶⁴ The venue within law enforcement and the psychological bases of the research provided set the stage for a program structure in which the police would take on the role of mental health first responders and case managers.

The sustainable partnership between the Cambridge Health Alliance and the Police Department enabled the effective integration of clinical expertise among the police officers. Stakeholders were able to petition the city to create a cost-share partnership between the health alliance and the police. This partnership and the buy in of both hospital and law enforcement authorities allowed the psychologist to spend meaningful time getting to know the officers, understanding their views and leading a strengths-based training process. The sustainable funding structure enabled the psychologist to provide clinical guidance and support to officers in their roles as case managers. Ultimately, the prioritization of the clinical model across city stakeholders allowed the psychologist to carry out deliberate process for successfully transforming this specialized unit of officer's approach to policing, which in turn, transformed the practices of the entire police department.

The psychologist and the commissioner worked to advance systems level advocacy as well as a clinical capacity within the police department. As the clinical coordinator for the SNC, the psychologist along with the commissioner reached out to bring agencies into collaboration.

¹⁶⁴ James G. Barrett, "Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model."

The clinical staff and the police department worked with stakeholders in schools and youth development programs to strengthen the service of YRO's in these spaces and educate partners about the Safety Net model. The clinical director educated schools and families on the work of the YRO's and the Safety Net Collaborative. It took time to build a strong collaborative to coordinate services for youth. Not only did the right people have to be at the table, but the program needed to demonstrate success over time. Once institutional leaders started to come to these meetings regularly this provided an avenue for enhanced systems coordination and improved cohesion to drive a paradigm shift away from punishment and toward youth development and well-being and effectively promote better outcomes for youth.

While the Cambridge model has many lessons to offer other jurisdictions, the many ways that the program causes net-widening would lead to serious negative impacts in other cities. The Safety Net Manual acknowledges that other city's institutional and demographic contexts may not support proactive policing and encourages the police department partner with a community service agency or state social services so that members of that agency can serve as on the ground case managers instead of police. In a cities such as Providence, Woonsocket, Central Falls, or Pawtucket youth are leading movements that explicitly take on the racial inequities of policing. These youth-led movements call to limit law enforcement presence as much as possible increase the presence of social workers and case managers.

Many cities, with Rhode Island as a leading example, have already introduced violence interrupters, streetworkers, or community outreach teams to fulfill this role—these community members are embedded in a young person's social world and provide mentorship, case management and ongoing support.¹⁶⁵ Rhode Island cities can take a leaf from Cambridge's

¹⁶⁵ "Nonviolence Institute Providence, RI Building Beloved Community," Nonviolenceinstitute, accessed May 15, 2020, <https://www.nonviolenceinstitute.org>.

manual by expanding and strengthening the presence of these supportive actors in schools, youth development programs, restorative justice organizations, and community mental health agencies, in continuation with a venue for these agencies to coordinate services. In doing so, Rhode Island would improve on the Cambridge model by building a community-driven rather than police-driven infrastructure for holistic support.

The Cambridge model of coordinated case management also poses a critical lesson which should be translated to a health-centered community agency to prevent net-widening. Venues for service coordination have emerged in Rhode Island such as the Coalition to Support Rhode Island Youth, though none so far serve the purpose of coordinated pre-arrest diversion or early intervention services. With the proper agency leadership and state support these collaborative venues could be formalized to enhance interagency service delivery. The leadership from youth advocates can help such a system address racial inequities, prevent criminalization and provide lasting community-based support for children who stand to benefit the most.

CHAPTER 5: Lessons Learned Across Pre-Arrest Diversion Case Studies

Across these three cities multi-agency coalitions formed around the common goal to prevent young people from making contact with the juvenile justice system and connecting youth who had allegedly committed offenses to community-driven health resources. In each of these different city contexts, partnerships formed across law enforcement agencies, health agencies, service providers and researchers, and in the best cases, community advocates to design effective pre-arrest diversion programs. These unique program models arose within these three different city contexts, and each involves a different set of actors, coalitional structures, program designs and methods for continued analysis and improvement. This chapter highlights the main components of successful programs across these different models.

I. Organizational Formation and Capacity-Building

Across the case studies four actors have proved essential to creating a successful multi-agency governance structure for pre-arrest diversion: law enforcement agencies, health researchers, service providing agencies and organizations, and community members. Youth and community members have driven the transformation of cultures and social norms governing institutions and pressed for systems change. Law enforcement executives have taken the initiative to create partnerships with youth-serving organizations to build a diversion program. In Los Angeles, the health department served as the central convener to bring these stakeholders together, facilitate a common language of public health grounded in research, and build a shared mission. Facilitation by researchers not only helps to break down institutional barriers and biases, but also provides a framework for systems-wide analysis and adjustments centering community input. Once all partners have created a common health-centered goal, health agencies have built capacity among youth-serving organizations to accept diversion referral. Research

partners and law enforcement executives have facilitated the bottom-up buy-in within agencies for effective implementation.

A. Law Enforcement Executives have been Prime Movers –A Collaborative Approach

Across these programs, police buy-in is a minimum condition for feasibility. Yet the case studies show that police executives have actually been the primary movers to initiate pre-arrest diversion partnerships. A national climate of youth-led activism and emerging research have brought law enforcement officials into confrontation with the negative health impacts of police surveillance and arrest affecting youth populations with significant racial and ethnic disparities. Law enforcement officials understood that officers were responding to youth in need of support from public health resources that the department of public safety could not provide. Police officials reached out to health agencies, service providers, and research teams to build pathways to prevent the trauma of arrest and redirect youth to community-driven support.

These partnerships with health and research-centered agencies create the capacity to develop a youth-centered mission, to train staff across agencies and build out the necessary infrastructure for diversion referrals to health resources. In Philadelphia, former Deputy Commissioner Kevin Bethel's partnership with the leaders of the Department of Human Services created the service infrastructure for diversion. Bethel's position of authority and his existing connections enabled him to bring less willing coalitional partners on board to the collaboratively designed, in this case, the schools. In Cambridge, former Commissioner Haas built connections with youth-serving agencies such as schools, after school programs, and the community mental health provider to help him to select candidates for a specialized unit of Youth Resource Officers. These partnerships with health and educational organizations then created a coalitional

venue to coordinate supportive services as diversion and early intervention to prevent justice involvement. In both of these cases, law enforcement executives have driven the impetus to shift responses to youth offending from models centered on public safety to models fueled and driven by public health agencies.

B. Youth Drive Strengths-based Systems Change—An Asset-Based Approach

Youth-led movements have built pressure for institutional leaders to take action, and young people cannot be left out of coordinated efforts for systems change. Long histories of youth-led activism revealed the negative health impacts and racial inequities of contact with law enforcement and the disparate availability of public health resources for kids. These youth-led campaigns in partnership with national advocacy organizations have impacted city and state legislation, influenced the direction of research, and made their voices heard across media outlets, driving a change in national consciousness around policing and public health.

The case studies show that coalitions of institutional representatives can most effectively transform institutional cultures and social norms by centering youth as the drivers and architects of change. In Los Angeles for instance, law enforcement and other agency representatives sat alongside youth with lived experience in the justice system and listened to their stories, visions, and policy recommendations. A space for listening to young people's narratives helped stakeholders internalize histories of trauma in the contexts of structural disadvantage that have led youth into contact with the justice system. Young coalition partners have guided programs to build strong networks of public health resources by sharing what would have helped to keep them out of the system. In Los Angeles, youth promoted the need for resources to be responsive to race, culture, immigration status, gender and sexuality in building organizational capacity for

diversion. The leadership of youth in this space helps to build a program on a truly strengths-based model by showing institutional leaders that when given the proper resources to thrive, youth are some of the most effective leaders to uplift their own communities.

C. An Organizational Hub to Build a Clearly Articulated Vision and Promote Systems Thinking

In each of these programs, health agencies and researchers created a common health-centered language to drive a shared mission across agencies. In Cambridge, for instance, the counseling psychologist from the Health Alliance and Harvard Medical School provided partners with research on the importance of multi-agency collaboration to improve youth health outcomes. In Philadelphia, researchers within the Juvenile Justice Reform and Research lab led trainings together with the former deputy commissioner for stakeholders in the police department and the schools on the structural contexts leading to arrest, the traumas it can cause and the values of diversion to community support. Yet because both of these coalitions were centered within the police department, these programs missed the opportunity for youth to take on leading roles as the drivers of change.

In contrast, the Los Angeles Youth Diversion and Development program was able to advance a community-driven model by housing diversion efforts first within the County Public Health Department and later the Health Agency. The health department created a space to call together youth activists and agency leaders under a common mission and center the voices of youth advocates as equal decision-makers alongside county representatives. Health department staff mediate tensions among these groups by facilitating dialogue grounded in research on the social determinants of health, race and youth contact with law enforcement. The health agency

was able to continually integrate community input into system-wide analysis to improve practices across implementation sites progressively.

D. Building Capacity for Community-driven Public Health Resources

Once coalitions created partnerships and came together around a common health-centered mission, coalitions developed the capacity to provide holistic and individualized services for youth and families. Diversionary resources aim to address racial inequities in public health access by providing youth with needed services. These community-driven resources also give kids the tools they need to promote positive development and well-being. The Cambridge case shows that the most effective models to reduce contact with the justice system establish a framework of public health services from prevention, to early intervention, to diversion from contact with the justice system. Diversion services are most culturally meaningful when they are run and led by members of the community. Case studies show that diversion is most effective when cities can provide variety of meaningful opportunities for youth development, and when diversion providers coordinate across agencies.

1. Trained Prevention Professionals

The Cambridge Safety Net Collaborative models how programs can take a proactive approach to youth health by building a network of trained case managers embedded in young people's communities. The Cambridge Health Alliance provided intensive clinical training to a small unit of police officers to become case managers and provide youth and families with connections to supportive resources before any offense has occurred. In other cities, this network of community health professionals can take the form of social workers, mental health workers, community outreach teams, and validated mentors. While these networks exist in many cities,

few are supported by ongoing clinical training and a sustainable funding structure as in Cambridge. Coalitions can work in concert with community-based organizations and health agencies to embed positive role models into communities, provided state budgets and local agencies commit to sustainable funding mechanisms.

2. A Network of Diverse Community-driven Resources

Next, health agencies coordinated capacity building for organizations to be able to accept early intervention or pre-arrest diversion referrals. Some capacity-building included a re-allocation of health department funding to community-based organizations holding long time contracts. Re-allocation toward preventative service providers enabled these organizations would be able to expand their clientele to youth referred through pre-arrest diversion. In Philadelphia, the Department of Human Services reallocated funding to contracts with community-based organizations providing Intensive Preventative Services so that these organizations could expand their intake capacity as pre-arrest diversion providers. In this case, the regional diversion structure was already in place and the city made a decision to prioritize and strengthen its network of preventative care.

In Los Angeles, the county health agency empowered local community-based organizations to provide diversion services and supportive resources that may not have held contracts as preventative service providers before. The flexibility of funding structures at the county level enabled the health agency to contract with grassroots organizations run and led by members of the community in which they work. Some of these organizations center on youth development resources in addition to services. For instance, the coalition of arts non-profits that make up the Arts for Incarcerated Youth Network can become part of a young person's diversion plan.

In addition to strengthening existing contracts and empowering grassroots community-based organizations, counties such as Los Angeles have taken on the challenge of building up restorative justice capacity within local resource providers. Philanthropy and a university partnership made possible a multi-year project to train all providers in restorative justice practices. Julian's story shows that this expanded capacity helped create the infrastructure for early intervention even before diversion. The organizational capacity in connection with school staff gave Julian an avenue to take advantage of community-based support without any prior contact with law enforcement.

3. Regular Coordination Across Diversion Providers

The Cambridge model highlights the importance of institutional leaders being able to communicate continuously to coordinate service provision. This multi-agency coordination ensures that young people receive holistic support in the most relevant spheres of life, and that these services are cohesive rather than fragmented. Cross agency communication is critical to ensure that services and supports are delivered effectively. Through continual follow up, agency leaders can address barriers to access such as waitlists, transportation, and connecting with families. Increased capacity for interagency communication helps a city strengthen the city's network of preventative support to advance youth health outcomes.

E. Building Bottom-Up Buy-in for Implementation

Effective institutional transformation of policing cultures and practices required sustainable partnerships between committed law enforcement executives and health researchers. Law enforcement executives who have taken the initiative to build cross agency partnerships, have shown patrol officers that offering diversion is central to the department's direction and

mission rather than an externally imposed initiative. Officials have made clear within their department that metrics of success are no longer how many arrests an officer makes, but how far the department can bring down youth arrests and racial disparities while preventing net-widening. Community-driven coalitional venues such as Los Angeles' Youth Diversion and Development Subcommittee involved officers early on to promote buy-in and culture change from the top-down.

Law enforcement executives in partnership with health researchers then engaged in processes to building buy-in and culture change among police departments from the bottom-up. The Los Angeles health agency facilitated trainings for law enforcement agencies in partnership with other community organizations periodically. Bethel worked to build bottom-up buy in for diversion by involving officers in the creation of the diversion program MOU. Bethel and the co-director of the JHD program in Law and Psychology personally trained the police officers to instill the importance of the new organizational direction. The Deputy Commissioner and psychologist's presentations to school principals made vivid the police force's commitment to a trauma-informed approach to avoid arresting kids and urged the schools to do the same. In Cambridge, Former Commissioner Haas and hospital executives facilitated the integration the clinical support unit into the police department. The counseling psychologist was then able to launch a deliberate, long-term process to transform police into on the ground case managers, effectively directing a tectonic shift in practices and culture department wide.

F. Responsible Budgeting to Promote Public Health

The youth-centered, collaborative program process required a sustainable and flexible funding base. The pre-arrest diversion implementation process in Los Angeles was made

possible through a public-private funding structure. The Los Angeles County Board of Supervisors allocated the proper funding to the health department for the subcommittee to engage in multi-year collaborative planning. Private foundations are more agile than state-level funding and were able to provide the support for community involvement on shorter notice as the project was evolving. State funding made the coalition, contracting, data analyses and ongoing improvement possible, private funding was necessary to bring in community advocates and researchers as meaningful partners throughout program design, oversight, and evaluation with proper training and support.

II. Program Operations

Once the coalition has built an infrastructure to support diversion both within and among agencies, partners come together to design protocols, referral processes, and mechanisms for continuous data analysis and self-learning. In Los Angeles, the central health agency was able to advance a community-led and data-driven model of best practices across implementation sites. Over a multi-year collaborative planning process, the youth-driven coalition designed a detailed template to guide implementation. The health agency staff worked with each partnership site to design their own MOU's and train implementation partners to fulfill the visions of the community and county representatives. The Youth Diversion and Development Office within the health agency analyzed data and continuously worked with partnership sites to improve implementation in adherence to the subcommittee's recommendations. Throughout this process the YDD continued to hold focus groups and presentations of young people's stories and artwork to drive profound cultural shift that would in turn further enhance institutional protocols, practices, and youth outcomes.

A. Eligibility Criteria Strengths and Drawbacks

In these cities, different legislative contexts, landscapes of community resources, and coalitional structures have caused each program to develop different eligibility criteria. These models take different approaches to officer discretion and the prevention of racial disparities. In both Los Angeles and Cambridge, health researchers guided efforts to expand criteria as much as possible. In Los Angeles, with a wide range of eligible alleged offenses, the county coalition developed a tiered eligibility system to guide officer's responses in the field. The health agency presents data on youth offenses, race, and diversion decisions to help partnerships promote the standardized, equitable and appropriate usage of diversion. In Cambridge, the thorough integration of the coordinated clinical model into the police department has led the coalition to adopt flexible eligibility criteria with expansive officer discretion. The impact on racial representation in diversion is not made available. However, with only twelve arrests in 2018, it is clear that the value of avoiding arrests has been disseminated and integrated department wide.

Unlike the other two cities, in Philadelphia a research partner did not take an active role in eligibility design, rather agency leaders developed protocols with the directive of law enforcement. As a result, Philadelphia's eligibility criteria is more restricted than the other two cities. Only status offenses and misdemeanors are eligible during school hours. However, within this restricted context, diversion is automatic and totally voluntary. While the program misses the opportunity to divert larger numbers of youth, the straight-forward criteria without room for discretion have helped promote fidelity of implementation and prevent racial disparities.

B. Referral Mechanisms to Prevent Net-widening and Racial Disparities

The ideal method is for officers to contact referral providers directly to begin the voluntary diversion process. Issuing citations held in abeyance is also an effective strategy for officers to provide the opportunity for diversion and have the ultimate say of a supervising officer in partnership with a social worker, or psychologist on staff whether diversion is appropriate. Departmental incentives and technical capacity in the field enable officers to carry out diversion uniformly and when appropriate. The capacity to use a web-interface for diversion in the field and write a report with immediately reaches a central office or a referral provider promotes the proper usage of diversion.

Agencies have introduced multiple mechanisms to prevent both net-widening and arrests for eligible youth. In addition to a supervising officer and clinical staff, community-based providers can also contest formal diversion decisions or determine that a young person may not be in need of services. In Philadelphia, for instance, social workers can determine that a young person does not need to be referred to the regional IPS provider. Departmental rewards for diversions rather than arrests can also promote proper implementation. Requiring officers to write up an explanation of why they are arresting a young person who is eligible for diversion also helps to prevent arrests for diversion-eligible youth standardized and equitable implementation.

The most effective method to promote equity and uniformity in referrals, is for data analysis, review and coalitional change. Officers collect data on diversion decisions and the race and ethnicity of the young person in the field. A health agency research partner analyzes and presents the data to law enforcement agencies and service providers. Researchers center race as the guiding light throughout dialogue between law enforcement agencies and service providers to

strengthen protocol and practices in order to prevent net-widening or under diverting. The third party may provide constant trainings as well to improve diversion practices.

C. Strengths-based Assessment Tools

Once this network of community-based supports is in place, social workers, case managers and community referral partners are trained to fill out strengths-based assessment tools with youth and their families. These assessment instruments must also identify the root causes of behavior in the context of structural disadvantage to connect youth and their families with needed services. Assessment tools must also identify a young person's skills, passions, and guiding values and provide youth with resources in the community to harness their strengths and grow. Assessments can also help to connect youth to restorative justice spaces and meaningful community service opportunities to create pathways for youth to take account for their behaviors and work to repair any harm caused to their community. Ultimately the service program is focused on uplifting youth as productive and valued community members.

Agencies must establish a streamlined method of first line responders to fill out these strengths-based assessments with youth and families. In Philadelphia, the DHS assigned social workers to fill out strengths and needs-based assessments with the family within three days of referral. In Cambridge, Youth Resource Officers operating throughout the field are trained to fill out these assessments at home visits with youth and families. In Los Angeles, police officers make referrals straight to the community-based service provider who is trained to fill out an assessment instrument at a time and place that works best for the young person's caregiver.

D. Data Analysis and Continuous Improvement

The demands of community-led movements and public health evidence shows that racial equity cannot be an afterthought in evaluations, but rather a centerpiece. Evaluations should of measure efficacy of promoting racial equity at each intervention point from contact with law enforcement to referral, accessing a diversion program, completion, and ability to thrive long term. Long term impact evaluations should be centered on measuring strengths-based outcomes such as improved educational, emotional, behavioral, mental health and employment outcomes for youth. Service providers, youth and families, and police officers can all provide stories of their experiences in the pre-arrest process to improve program coordination and efficacy. The voices of youth should remain front and center throughout program oversight and evaluation to best inform a youth-centered approach and uplift youth as the creators of pathways for children to come to reach brighter futures.

CHAPTER 6: A Strengths and Needs Assessment for Diversion in Rhode Island

Over the last decade Rhode Island policymakers have advanced a series of major juvenile justice reforms, causing youth incarceration rates to decline. The state oversaw a host of policy measures including court-based diversion programs, hearings through Truancy Court or Juvenile Drug Court, and expanded use of probation as an alternative to detention. Municipalities are also expanding opportunities for post-arrest and pre-court diversion through community-led Juvenile Hearing Boards.¹⁶⁶ These reforms have led to a 68% decrease in youth incarceration between 2009 and 2018.¹⁶⁷ But while these reforms have been critical for creating off-ramps from incarceration, they have not been sufficient to prevent widespread youth arrests and the persistence of significant racial and ethnic disparities in the youth who come into contact with law enforcement and the juvenile justice system.

In Rhode Island, thousands of youth are arrested each year. Around 3,000 youth between the ages 10 to 17 were arrested in Rhode Island in 2018, an average of one out of every 33 young people in the state.¹⁶⁸ In other words, this rate is the equivalent of one student arrested from every classroom in the state. Moreover, youth of color are disproportionately arrested, so within classrooms of predominantly black and brown students, multiple students were arrested on average, while many classrooms of predominantly white students saw no arrests. The experience of an arrest functions as a negative health exposure with significant impact on a young person's life trajectory. Youth who are arrested face increased risk of high school drop-out, mental health

¹⁶⁶ Steinberg, David, and Pereira, "2019 Rhode Island Kids Count Factbook."

¹⁶⁷ Steinberg, David, and Pereira.

¹⁶⁸ Larome Myrick, Toby Ayers and Mary Archibald, "Reducing RED by Reducing Juveniles Entering the System" (Governor Raimondo's Juvenile Justice Subcommittee, October 2019).

issues, substance use, and other negative outcomes.¹⁶⁹ Youth of color, youth who identify as LGBTQ, immigrant youth, and youth with learning disabilities face these negative life outcomes of arrest at disproportionate rates to their peers.

In Rhode Island, racial disparities in youth arrests are an especially serious problem. Rhode Island refers Latinx students in grades K-12 to law enforcement at the second highest rate of any state in the nation. Black students are referred to law enforcement at the tenth highest rate, and Rhode Island refers Native American students to law enforcement at the highest rate of any state in the country.¹⁷⁰ After the initial contact with law enforcement, youth of color are vastly over-represented in the Rhode Island juvenile justice system. Black youth make up only 6% of the youth population in the state but 28% of youth detained at the Rhode Island Training School Youth Detention Center, and 28% of youth on community supervision—either on parole or in Temporary Community Placement (TCP). Youth identifying as Latinx make up 21% of the child population in Rhode Island but 36% of the population at the Training School and 32.6% of the population on community supervision.¹⁷¹ Rhode Island’s juvenile justice system continues to have a higher rate of disparity between white youth and youth of color than the national average.¹⁷²

There is a high correlation with youth arrests and childhood poverty in Rhode Island. The vast majority of youth who are arrested come from Rhode Island’s four cities with the highest childhood poverty rates: Providence, Pawtucket, Woonsocket and Central Falls.¹⁷³ Almost two-thirds (64%) of children living in poverty in Rhode Island live in in these four cities.¹⁷⁴ The percentage of children living below the federal poverty line in Central Falls is 41.5%, in Woonsocket is 38.5%, Providence

¹⁶⁹ “A Roadmap for Advancing Youth Diversion in Los Angeles County,” October 1, 2017.

¹⁷⁰ “2020.01.30 - DRAFT Talking Points on RI Mental Health SRO Funding Bill[1].”

¹⁷¹ Larome Myrick, Toby Ayers and Mary Archibald, “Reducing RED by Reducing Juveniles Entering the System.”

¹⁷² Steinberg, David, and Pereira, “2019 Rhode Island Kids Count Factbook.”

¹⁷³ Larome Myrick, Toby Ayers and Mary Archibald, “Reducing RED by Reducing Juveniles Entering the System.”

¹⁷⁴ Steinberg, David, and Pereira, “2019 Rhode Island Kids Count Factbook.”

is 36.0%, and in Pawtucket is 30.9%.¹⁷⁵ Black and Brown children and teenagers growing up in poverty disproportionately endure the experience of being arrested. These experiences of arrest only damage public health outcomes for youth living in structural disadvantage and further embed economic, social and racial inequity among the state's children.

Each year hundreds of youth who are arrested and referred to court in Rhode Island would be eligible for pre-arrest diversion in other cities. Offenses that are widely eligible for pre-arrest diversion made up around three quarters of all offenses referred to Family Court in 2018. The three most common reasons for court referral were for status offenses (30%), –acts that would not be a criminal charge if committed by an adult such as drinking, truancy or running away –disorderly conduct (23%), and property crime (18%). Alcohol and drug offenses account for another 4%.¹⁷⁶ Pre-arrest diversion would save hundreds of young Rhode Islander's the trauma and lasting negative impacts of arrest and court processing each year. Youth of color living in poverty would stand to benefit the most.

This chapter examines the assets and needs gaps in Rhode Island for the multi-agency coalition formation and implementation of pre-arrest diversion program and a network of community supports and services. The analysis of the case studies has shown that three core assets are essential to launch a coordinated pre-arrest diversion program: the buy-in of the police department, expertise in meaningful community leadership and engagement, and community-based infrastructure for supportive resources for youth and families. Each of these assets are in place in Rhode Island and would need the proper capacity-building and coordination to develop a formalized public health-driven diversion program.

¹⁷⁵ Steinberg, David, and Pereira.

¹⁷⁶ Steinberg, David, and Pereira.

As the origins of systems change in the case study cities demonstrate, the policy reforms in Rhode Island did not occur in a vacuum but arose out of a climate of social movements and both long-standing and emerging community concerns. Widespread community-led campaigns both local and national have revealed the harms of youth incarceration through narratives and research. These demands for change drove Rhode Island policymakers to pass a series of reforms changes, successfully driving down youth incarceration rates so low that the state was considering closing down its youth prison in 2018.¹⁷⁷

These state level reforms have set in motion the infrastructure for an upstream, preventative approach to youth involvement in the justice system. With fewer youth in detention, the Department of Children, Youth, and Families (DCYF) has been able to shift resources from youth who were involved in the justice system or child welfare systems toward community-based prevention resources. In April of 2018, DCYF announced its new operational direction, “Pivot to Prevention,” to allocate resources toward wraparound services for youth and families in need of support but who do not have to be referred through the courts.¹⁷⁸

DCYF’s operational shift has laid a strong organizational foundation for a fully-fledged a pre-arrest diversion program. As part of the new operational direction, in January of 2020, DCYF signed a contracted with Family Services of Rhode Island to expand the program’s ability to accept referrals for youth who are “at risk” in the community.¹⁷⁹ Family Services of Rhode Island’s five Family Care Community Partnerships (FCCP) programs operating in each region of the state offer family counseling, case management, and conduct outside referrals to additional service providers for youth and families.

¹⁷⁷ Chief Judge Michael B. Forte (Co-Chair), Rhode Island Family Court. Governor Raimondo’s Juvenile Justice Working Group. Dec. 2019.

¹⁷⁸ Trista D Piccola, “DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES,” n.d., 122.

¹⁷⁹ Larome Myrick, Executive Director of Juvenile Correctional Services in interview with author. Oct 2019.

Rhode Island police departments have long referred families to the FCCP's, yet the majority of police referrals have been limited to youth whose parents or guardian had attempted to file wayward/disobedient petition for issues such as running away and not following household rules.¹⁸⁰ This new contract has opened the door for FCCP's to expand their capacity to accept youth referred from multiple early intervention points. While the community-based infrastructure is emerging, stakeholders have yet to come together create a formalized pre-arrest diversion program.

The operational values of the new Pivot to Prevention calls for community-driven systems change. The values of the DCYF new operational direction include increasing equity in accessing services for youth and families prior to court involvement, incorporating family voices in agency decision-making processes, and establishing and strengthening locally based interventions that capitalize on the strengths of community residents and resources.¹⁸¹ Each of the agency's goals and commitments would support the creation of a community-led pre-arrest diversion program.

A. Law Enforcement Buy-in and Initiative

The case studies have revealed that one of the core necessary components to implement a pre-arrest diversion program is the buy-in if not initiative on the part of the police department. Diversion will require the department to promote the values of a public health-driven shift in response to youth behavior. These values must be promoted both from the top-down and bottom up in order for officers to effectively implement referral processes, participate in data collection,

¹⁸⁰ Wheeler, Michael. Sergeant of the Youth Services Bureau, Providence Police Department. Dec 2019.

¹⁸¹ Piccola, Trista. (June 2019) *Title IV-B Child and Family Service Plan 2020 – 2024*. Department of Children, Youth and Families. http://www.dcyf.ri.gov/documents/federal-reports/ri-cfsp-2016-2020-FINAL_092319.pdf

and respond to the data-driven adjustments of protocols and practices. Officials within the Providence Police Department have shown significant initiative to formalize pre-arrest diversion processes, and the cultures and practices of the department are progressively oriented toward making service referrals to community partners. The organizational infrastructure in place builds a strong foundation from which to launch an effective pre-arrest diversion program.

Although there is not yet a formal pre-arrest diversion system in place, the Providence police department already upholds the cultures and practices of directing families to services. The department works in partnership with organizations such as Tides Family Services, Family Services of Rhode Island, the Providence Center: Mental Health & Addiction Treatment, the Nonviolence Institute and others to connect residents with community-based support.¹⁸² Sergeant Michael Wheeler of the Youth Services Bureau explains that the department interviews almost every family that comes through the precinct and tries to connect them with needed supports the best they can, though the process is informal. The department is increasingly working to expand community-based referral opportunities and reduce arrests for youth. This trend has been intensified by the COVID-19 pandemic: Because the courts and Juvenile Hearing Boards are no longer an option for youth to access diversion services, the police are increasingly looking for options to avoid arrests and refer youth to support directly in the community. Toby Ayers from Rhode Island for Community and Justice, the organization that provides training and oversight for the Juvenile Hearing Boards reports that in connecting families to services, officers have been administratively dismissing many arrests, similarly to the last time there was a backlog in the Juvenile Hearing Boards:

The police literally reached out to every single family to find out what they needed as they discharged the arrest. I thought that was encouraging instead of holding charges in

¹⁸² “TPC Partners with Local Police Departments | The Providence Center,” accessed December 5, 2019, <https://providencecenter.org/news/post/tpc-partners-with-local-police-departments>.

abeyance or sending youth to court, they really made an effort to reach out to families instead to connect them with support. The fact that they did that makes me think that they would be open to a different kind of structure doing that kind of thing more often.¹⁸³

By discharging arrests, the department has demonstrated initiative to prevent youth contact with the justice system. The police departments' many community partnerships show that the values and practices of connecting families to community-driven support are already in place.

While the culture and practices of the police force are geared toward diversion, officers lack a reliable system to connect youth to community supports in lieu of arrest or court referral. For instance, nearly one out of every three youth referred to court are referred for status offenses. Sergeant Wheeler described officers lack of options when encountering youth who had committed a status offense:

You find a fifteen-year-old kid with marijuana, just less than an ounce, what do you do with him? We can't bring them into the station, so what do we do with him? [...] This is what we face, this is what we're up against. Because, even in the schools, kids bring marijuana to school. Call the parent. [They might say,] 'You keep him, I'm not coming, it's your responsibility, I'll deal with him at the end of the day later.' So, what do we do?¹⁸⁴

Without other options, officers will often make an arrest or a court referral. Police officers are looking for other tools. Sergeant Wheeler explains: "I'm not saying that the kid necessarily has to be arrested, but there has to be something else put in place where we can divert. Everyone wants diversion, but there's no place to divert to. Trust me if we had diversion, we would utilize diversion."¹⁸⁵

¹⁸³ Ayers, Toby. Executive Director of Rhode Island for Community and Justice (RICJ) which provides training and facilitation to the Juvenile Hearing Boards interview with author. April 2020.

¹⁸⁴ Wheeler, Michael. Sergeant of the Youth Services Bureau, Providence Police Department. Dec 2019.

¹⁸⁵ Wheeler, Michael. Sergeant of the Youth Services Bureau, Providence Police Department. Dec 2019.

Beyond avoiding an unnecessary arrest or court referral, diversion is important for officers to be able to connect young people they encounter with needed supports. Sgt. Wheeler explains:

Runaways it's a huge problem in the city. [For instance,] a kid doesn't go to the group home on time, so they're listed as a runaway, or we have to list them as a missing person, but we know they're a runaway. So, what do we do with that child? We can't bring them in. You're not arresting them because they did not commit a crime, so what do you do with them? Who's reaching out to that child? ¹⁸⁶

Wheeler explains the police department's inability to connect a young person to follow up support through a community partner, further emphasizing the department's call for a formalized pre-arrest diversion program. ¹⁸⁷ Police sergeants like Michael Wheeler know that the department needs a formalized diversion system not only to prevent the negative outcomes of arrest and court involvement but to ensure reliable follow-up from service providing organizations within the community.

Providence Police Department officials have called for the development of a formalized diversion system, based in research with multiple referral partners. As the topic of early intervention arose in the Governor Raimondo's Juvenile Justice Subcommittee, Toby Ayers asked Captain Henry Remolina of the Providence Police Department's Community Relations Bureau about the department's ability to administer pre-arrest diversion. Captain Remolina responded, "We would love to see pre-arrest diversion more formalized and have more data-

¹⁸⁶ Ayers explained, "One of the reasons [police officers] will arrest and send youth to court is because they know the child needs help and that is the way to get them into the system to get help."

¹⁸⁷ Ayers explained the department's willingness for change and need for a reliable system: "What I've seen and heard in talking to the Providence police and the Youth Services Bureau is that they're really open to a lot of things, but the structure and the support has to actually be there. They have to know who to call and where to call and it has to actually be helpful, there, and accessible. And I don't know if they've found that those things are there a lot of the time."

driven options.”¹⁸⁸ Later in an interview, Captain Remolina described his vision for a pre-arrest diversion program:

In my opinion what would be beneficial would be providing us with [...] a handful of agencies that deal with very specific issues or sets of problems, let’s say when you come across a young person and this is their root problem, you can you send them their way. I think that would be helpful. Like I say, we do a lot of that informally using our discretion.¹⁸⁹

Captain Remolina calls for a formalized diversion program that includes connections with a “handful” of agencies serving different specific purposes to address the complex needs of young people. Remolina expresses that in order to address the underlying issues driving a young person toward illegal activity, various community partners will need to be on hand to provide holistic services and supports.

Captain Remolina explained that formalizing pre-arrest diversion protocols and referral processes would be a seamless development on the practices in place in the department. He described that his officers currently facilitate referrals informally:

I think our department is well suited to this because my officers are already that. They’re already doing it with mental health, they’re doing it with families who need services, and when I say services, [...] they come across people where their heat is shut off, the lights are shut off, the kids don’t have clothes, and we’re actively reaching out and connecting them to services. So, I think the Providence Police, our culture is already going down this road, and I think this would be an easy adaptation for us.¹⁹⁰

With the culture and practices of the department to facilitate community referrals in place and increasing, Captain Remolina explains the next steps to effectively integrate programmatic practices department-wide would be strong directive from executive officers and buy-in for effective implementation from the bottom-up: “Organization-wise what would it take? It has to

¹⁸⁸ Remolina, Henry. Captain of the Community Relations Bureau, Providence Police Department. Governor Raimondo’s Juvenile Justice Subcommittee. Dec 2019.

¹⁸⁹ Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

¹⁹⁰ Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

be supported from the top down. Support from the top brass is going give you sustainability but support from the sergeants and the officers is what's going to really get the work done.”¹⁹¹

With sergeants and captains calling for a diversion program, commissioners, or “top brass” would have a favorable climate to lead the department toward program development and implementation. The department’s practices of making informal service referrals and discharging arrests suggest that with the proper training and oversight officers would be well-equipped to implement diversion with fidelity and respond to data-driven feedback.

In addition to police departments, the development of a pre-arrest diversion program will demand commitment on the part of the Attorney General’s Office to authorize protocols and formalize eligibility criteria. In reference to examples of offenses eligible for pre-arrest diversion in other cities, Captain Remolina responded:

With misdemeanors you have to be careful. And who’s going to be a very important partner for this would be the Attorney General’s Office. [...] Now, our discretion, law enforcement uses discretion every day and we’re talking about very minor incidents or violations. But now depending on what misdemeanor, or felonies we obviously have no discretion as to how we do it.¹⁹²

The political will within the Attorney General’s Office in support of diversion is strong. Attorney General Peter Neronha has made expanding diversion a top priority after he was sworn in in January of 2019, creating a favorable climate to advance a progressive youth pre-arrest diversion program.¹⁹³

Once the protocols have been formalized and the department has been trained for implementation, a program will need the capacity to collect and analyze data on decisions that

¹⁹¹ Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

¹⁹² Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

¹⁹³ Amanda Milkovits, “Attorney General Neronha Pledges Reforms in Criminal Justice System,” *providencejournal.com*, accessed December 5, 2019, <https://www.providencejournal.com/news/20190113/attorney-general-neronha-pledges-reforms-in-criminal-justice-system>.

officers make in the field. Continued data analysis will be critical to ensure that diversion is offered with standardized equity to all eligible youth and that this tool does not further criminalize “low risk” youth or youth who otherwise would not have made contact with law enforcement. Captain Remolina explained that capacity for data collection and analysis is currently lacking, but that the department would be enthusiastic to track data and respond to data-driven system recommendations:

[BM] *Are there currently ways that officers track the data on decisions that they make in the field?*

[Captain Remolina] No that’s not.... I’m working with the lieutenant in charge of the Youth Services Division and that’s something we’re working on, trying to track data. The problem for my organization is tracking data, you need analysts and having the right personnel to do that. [...] We have one analyst, but that’s definitely somewhere in the next ten years I foresee law enforcement moving heavy into data analyses and interpreting the data that we do collect.¹⁹⁴

The department is committed to a process of data-driven operations and building the capacity for data collection and analysis would be a key next step in formalizing a pre-arrest diversion program. The types of data collected should maintain the privacy and liberty of youth while ensuring that analysts can review decisions to promote the equitable and appropriate usage of diversion. To build a program structure consistent with a paradigm shift from criminal justice to public health, analysts should be funded by a health agency rather than the Department of Public Safety. These researchers should integrate community input, public health-informed research and data analysis into recommendations for continual system-wide adjustment. These recommendations may include recurring trainings, dialogue with community referral partners, and revisions of protocols and practices to better fulfill programmatic goals.¹⁹⁵

¹⁹⁴Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

¹⁹⁵ “Building an Ethical Data Strategy from the Ground Up.”

The political will and organizational culture of the department supports the formalization and data-driven implementation of pre-arrest diversion. The Attorney General's Office is strongly in support of increasing diversion options and will be a key asset in the creation of protocols and eligibility criteria. As the department does not yet have a system for tracking data, building technical capacity for data analysis under the purview of a health agency will be a key next step. The integration of data-driven recommendations within the department would be a feasible adaptation from the current practices. This strong organizational infrastructure positions the police department to design and implement a sustainable and effective diversion program.

B. Robust Community Activism

It is impossible to drive meaningful systems change from responses within the justice system toward community-based solutions without the leadership of community members. At its core, community-based and public health-driven solutions build from the visions, desires, knowledge and needs of the community. The Los Angeles model demonstrates that youth, family members, artists and advocates who have been directly impacted by the justice system should create the foundation of the coalition's vision and direction. The committed and sustained integration of youth and community advocates in the coalition drives the transformation in resource flows, practices, structures, and social norms our agencies need to direct a coordinated shift to promote equity in youth health and well-being.

The activism of youth-led advocacy groups across the nation, and with particular vibrance in Rhode Island, has incited the attention to youth civil liberties and equity no driving change across institutions and agencies. For instance, members of the Providence Youth Student Movement (PrYSM) led the movement to pass the Community Safety Act, which created

structures to increase police accountability, prohibit racial profiling and included a broad range of measures that strengthen protections for youth, transgender individuals, people of color, and immigrants. The legislation took on issues such as data ethics and the scope of law enforcement intervention. The Providence City Council named the ordinance one of the most progressive bills on policing in the country.¹⁹⁶

One young advocate in particular, named Linda took the lead to draft the legislation and organize support across the city. As a senior in high school, the city council appointed Linda to a working group to finalize the legislation alongside the Providence police chief, the president of the police union and other city representatives.¹⁹⁷ The informed perspectives of seasoned youth advocates such as Linda should lead the development of a pre-arrest diversion program.

Advocates like Linda bring critical expertise to promote the equitable treatment of all youth, to protect young people's rights and freedoms and to promote the ethical usage of data throughout the design, implementation and oversight of a pre-arrest diversion program.

Youth-led campaigns are also working at the crux of the paradigm shift from criminal justice to strategies to promote public health. In 2018, the Providence Student Union (PSU) launched their Counselors Not Cops Campaign, calling for the elimination of school resource officers and the hiring of more mental health professionals, guidance counselors, and social workers in Providence schools.¹⁹⁸ Their campaign directly promotes resource redirection from public safety into public health and a shift from practices of punishment and exclusion to practices of restorative justice and youth empowerment. Their campaign has set in motion a city

¹⁹⁶ "How One Community Succeeded in Making Police More Accountable," American Friends Service Committee, July 22, 2017, <https://www.afsc.org/blogs/news-and-commentary/how-one-community-succeeded-making-police-more-accountable>.

¹⁹⁷ "How One Community Succeeded in Making Police More Accountable."

¹⁹⁸ Steve Ahlquist, "Counselors Not Cops: The Providence Student Union Demands a New Approach to School Safety," *Uprise RI* (blog), December 13, 2018, <https://upriseri.com/2018-12-12-psu/>.

level ordinance, a research report with Roger Williams University, and Governor Raimondo's commitment to increase funding for mental emotional and social staff and services in schools in the FY 2021 budget.¹⁹⁹

The visions, and informed perspectives of the youth that have driven this campaign would be integral to the effective design of a pre-arrest diversion program. Providence Student Union member Aleita Cook spoke to the campaign's vision "Cops are not necessary in schools, it makes students feel uncomfortable and can be replaced by alternatives such as safety teams or trained staff that know how to de-escalate situations," She explained, "Counselors and mental health workers are extremely important because there are students in the school that go through mental health problems and don't know what to do about it. Students should not have to feel alone because they have no one to listen to them."²⁰⁰ Students involved in the campaign would push a pre-arrest diversion initiative to take on a meaningful public health model. Youth advocates would push to for the development of diversion allocate resources toward community-driven alternatives and to prioritize these resources to the greatest extent possible over police-driven responses.

In addition, youth are critical advisors on how funding for community resources should be spent and what programs should look like to most effectively support youth. As well as launching outside campaigns to influence the department of education's spending, youth are influencing the direction of public health resources from within the health department. The

¹⁹⁹ "Governor Proposes SRO Funding Include Mental Health Professionals | WJAR," accessed May 15, 2020, <https://turnto10.com/i-team/schools-in-crisis/governor-proposes-sro-funding-include-mental-health-professionals>. AMANDA HOSKINS NEWS NBC 10, "Providence City Council Resolution Prioritizes Counselors over SROs," WJAR, February 20, 2020, <https://turnto10.com/news/local/providence-city-council-pushes-for-social-emotional-support-sros-housed-outside-schools>.

"Counselors Not Cops," Center for Youth & Community Leadership in Education, accessed May 15, 2020, <https://cycle-rwu.org/counselors-not-cops>.

²⁰⁰ Ahlquist, "Counselors Not Cops."

Youth Advisory Council meets monthly within the Rhode Island Department of Health to learn about public health topics and provide the RIDOH with feedback and recommendations on programs that serve youth.²⁰¹ The Council collaborates with the Office of Special Needs on a variety of activities, programs, policies, and resources that affect the health, wellness, and transitional needs of youth in the State.²⁰² This council's leadership gives young people avenues to influence decisions on how the department directs resources to support young people's health. The saying first arose within the disabilities movement in the 1970's, "nothing about us, without us, is for us," and this council lives out this demand for inclusive and participatory resource allocation and program development for the most effective outcomes.²⁰³

Youth activists have marshalled the data, built the institutional pressure and created the climate for change, and they are some of the most critical coalitional actors to build an effective program model. Incorporating youth advocates into leadership spaces for program design begins to contest the historical contexts of structural inequity, powerlessness, and lack of a sense of control that surround young people's involvement in the juvenile justice system. Young people who have had experience in justice system know what can best help their own communities and children like them; they are vital to ensure that programs do not result in expanded scope of law enforcement encounters, systems of community-based monitoring but instead make a fundamental shift toward a reliance on community-driven alternatives. Further, youth provide the expertise of lived experience to build truly meaningful and effective networks of support. They

²⁰¹ "Rhode Island Medical Home Portal - Youth Advisory Council," accessed May 15, 2020, <https://ri.medicalhomeportal.org/services/provider/24964>.

²⁰² "Special Needs: Youth Advisory Council: Department of Health," accessed May 15, 2020, <https://health.ri.gov/specialneeds/about/youthadvisorycouncil/>.

²⁰³ "MADR-WORKSHOP-FACILITATION-GUIDE-Rough-1.Pdf," accessed May 15, 2020, <https://mutualaid Disasterrelief.org/wp-content/uploads/2018/11/MADR-WORKSHOP-FACILITATION-GUIDE-rough-1.pdf>.

are the leaders of the deeper cultural transformation our agencies need to effectively change course.

C. Community-based Infrastructure for Services and Supports

With a strong foundation of community leadership and the buy-in of police departments, the final core component of a diversion program is community-based referral partners to coordinate supports and services for referred youth. As the previous analysis highlights, especially in the case of Cambridge, program development creates an opportunity to build out a continuum of care that starts with community-driven prevention and early intervention prior to police-driven pre-arrest diversion. Exemplary models for community-based referrals are in place or emerging in Rhode Island and would need additional encouragement to better provide youth access to services from within their own communities.

Rhode Island possesses a wide array of organizations that provide strengths-based and identity-affirming services. Organizations accepting diversion referrals will need the resources for enhanced service capacity and training to facilitate restorative justice circles and mediation. Organizations should have the necessary resources and flexibility to help families address barriers to service access. Finally, various organizations, agencies and schools do not yet have a method to communicate with each other in order to coordinate case management, troubleshoot barriers to access and ensure the provision of integrated and holistic support. Resource allocation, capacity-building and coordination will be the work of the pre-arrest diversion program development going forward.

1. Community-driven Referrals: Prevention and Early Intervention

Rhode Island can seize the opportunity of developing a pre-arrest diversion program to increase youth access to services through community-driven referrals as prevention and early intervention. The Cambridge Safety Net Collaborative models how effective prevention can be. Youth Resource Officers are trained and supported by clinical staff to take on the role of case managers in the community, proactively reaching out to youth and families to provide support. The preventative case management model is a large part of the reason the Cambridge Police Department made only made twelve youth arrests in 2018 while the Providence Police Department made about 500 youth arrests that same year—the Cambridge youth arrest rate is about one fourteenth the Providence youth arrest rate.²⁰⁴

Rhode Island is home to one of the nation’s most promising models of community prevention and early intervention. The Nonviolence Institute streetworkers, referred to in other places as “street outreach teams” or “violence interrupters,” work to support young people in making nonviolent choices, to mediate potential conflict that could lead to violence, and build long term connections with youth and families. Streetworkers often have histories of gang or justice involvement and are trusted and respected members of their communities, both for their cultural understanding and for their commitment to build peace. They are embedded at Rec Centers, school openings and dismissals, sports events and other areas that attract young people to present a positive role model and a familiar, trustworthy face to youth.²⁰⁵ Thomas Abt’s book *Bleeding Out* on strategies to prevent urban violence highlights Rhode Island’s streetworkers as a national model, “[The streetworker team] provides working relationships with law enforcement while preserving its independence and street credibility. In addition to conflict mediation [the

²⁰⁴ Larome Myrick, Toby Ayers and Mary Archibald, “Reducing RED by Reducing Juveniles Entering the System.” Steinberg, David, and Pereira, “2019 Rhode Island Kids Count Factbook.” Barrett, Presentation. LEJJI, Nov 2019.

²⁰⁵ “Nonviolence Institute Providence, RI Building Beloved Community.”

Nonviolence Institute] offers in house services and treatment to victims of violence—an invaluable resource for this type of effort.”²⁰⁶ The Nonviolence Institute also connects youth and young adults to employment programs, mentorship, counseling and other services.

Streetworkers’ presence in communities both helps prevent violence in the short term and builds long term support to help youth onto a positive path. One street worker discusses how effective her work can be in stopping violence before it happens: “There’s times where we see kids get ready to fight, like go blow for blow and I’ll get out of the car [...] right before they fight and they’ll go ‘because I respect her, I’m not doing this!’ or ‘you’re lucky the streetworkers are here!’”²⁰⁷ Another streetworker explained how their deep connections with members of the communities help them build peace:

“With two individuals or maybe two different groups we step in and try to deescalate as much as possible using our friendships [...] we know these people hand in hand and deal with their parents and their brothers and sisters and nephews and we basically just try to talk sense into them. Try to make them see the bigger picture and things like that.”²⁰⁸

The efficacy of this community-driven model is well-known among the cities’ police departments. Captain Remolina mentioned that lieutenants know from experience that they will stop responding to calls from the same area if they call in streetworkers, a testament to the team’s efficacy in mediating conflict.²⁰⁹

Streetworkers also reach out to build one-on-one connections with a young person who may be “at-risk” of contact with the juvenile justice system. Through long-term mentorship relationships Streetworkers build connections with the whole family. One streetworker explained in an interview:

²⁰⁶ Thomas Abt, *Bleeding Out: The Devastating Consequences of Urban Violence--and a Bold New Plan for Peace in the Streets* (Basic Books, 2019), <https://www.basicbooks.com/titles/thomas-abt/bleeding-out/9781541645714/>.

²⁰⁷ Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

²⁰⁸ Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

²⁰⁹ Remolina, Henry. Captain of the Community Relations Bureau interview with author. Dec 2019.

[Streetworker]: I have clients that have been my clients for three, four years, I'm watching change. [...] In the beginning its spending a lot of time with them now it's a phone call here and there a text here and there, pick them up once in a while. Watch them grow up to be teenagers and make different decisions.

[BM]: *It sounds like it must be impactful for them to know they can call you, know that you're going to be there.*

[Streetworker]: Yeah, and they know I'm not going to lie to them, I'm not gonna sugar coat nothing to them, but I'm also going to give them...in a caring way you know, they know I love them and care for them, their parents call me [if they need anything], I sit with them and the parent.²¹⁰

Streetworkers have an unparalleled role in keeping peace while providing long-term care to youth and families. The relationships they form can last years and are built off of trust and close neighborhood connections. There are no conditions of service completion involved, only a supportive, listening adult who has been through what these kids are going through now.

Streetworkers see the potential to expand on their role by increasingly working in a preventative rather than a reactionary capacity in the community. A third streetworker explained that the group mainly works with young adults, but his vision is to start supporting children as early as eight or nine years-old:

Primarily most of the kids we're working with right now is because they've got into trouble of some sort. So, they already know that we're only coming to them because they've gotten into trouble. So, what are they thinking? That the only thing we can do is help them get *out* of trouble. But we're not trying to help you get out of trouble, no we want to help you *stay* out of trouble, so if I lay this foundation earlier, [...] the likeliness of you doing it is less likely. That's prevention. That's intervention.²¹¹

Streetworkers are calling to carry out an upstream, primary prevention approach to preventing street violence and promoting public health. If streetworkers can work with young people earlier on, they are more likely to "lay the foundation" for the young person to have a positive support system and go down a better path. For instance, as described in the first chapter, by the time Nasir found the streetworker Bub in a group home, he was already deeply involved in the justice

²¹⁰ Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

²¹¹ Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

system. If people like Bub had been accessible in his school and community, he might have had someone to talk to about his issues with his family and his struggles to find employment. In multiple interviews streetworkers mentioned that they would like to see a nonviolence curriculum in schools to help instill the values they promote and the connections they provide earlier on.

In order to properly establish streetworkers as professional frontline support systems for youth, their work demands the same recognition and support that the Cambridge Youth Resource Officers receive. One Streetworker explained that for the team to fully to carry out their essential work of peacekeeping and encouraging positive youth development, the work needs to gain the status of a formal profession:

Professionalizing it, make it a career. I remember years ago, recovery coaching [...] was a “non-professional profession” and we kept pushing it and kept pushing it and finally it became a profession after all these overdoses and showed that it worked. So, I’m pretty sure if [...] we keep pressing this and show that it works and that we’re going to start having data, we professionalize it. Make it a career that you have to go to training for. When you go on Indeed you can [type in] nonviolence streetworker, violence interrupter. That’s what we are, we’re violence interrupters.²¹²

To effectively fulfill the role of providing frontlines prevention in a continuum of care, a pre-arrest diversion program should allocate the necessary resources for streetworkers to gain the professional status, social recognition and credibility that their work deserves. Training in areas such as cognitive behavioral therapy and the principles of case management would give streetworkers tools to both provide informed guidance to youth and connect youth to supportive resources. With the necessary capacity building, streetworkers can help provide children with proactive support as early as fourth grade, providing guidance and mentorship that can last young people and entire families a lifetime.

²¹² Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

In addition to streetworkers, mental health professionals should be built into the continuum of care as first responders to address mental health-related emergencies and facilitate connections to community resources. In an interview Toby Ayers, the Executive Director of Rhode Island for Community and Justice mentioned that DCYF administrators have been discussing the potential to introduce mobile Family Care Community Partnership units to respond to emergencies involving youth mental or behavioral health, interpersonal, or family issues. These mobile units would be trained to provide on-site crisis stabilization and carry out referrals to supportive services when necessary.²¹³ If this promising option was developed, FCCP staff as well as streetworkers should be included in the coalition so that they can work with law enforcement to create response protocols that prioritize these community and health-driven methods before contact with law enforcement.

2. Coordinated Services

Streetworkers, mobile FCCP units and police will all need a reliable system in place to connect youth to supportive services. Currently, the Family Care Community Partnerships serve as the main referral partner with law enforcement. The program provides family counseling and social services and also serves as the triage point to connect youth and families to a variety of other organizations offering free services. The pre-arrest diversion coalition may choose to build out the capacity of FCCP's to act as the main intake point from community and police-based referrals, and other organizations such as the Nonviolence Institute may also be identified to accept early intervention and diversion referrals. Case managers or social workers from the FCCP's or other organizations would need to have the capacity and training to conduct timely strengths-based assessments with youth and families and design individualized service plans

²¹³ Ayers, interview with author. April 2019.

within days of referral. In Philadelphia, DHS social workers conduct a home visit within 72 hours of diversion referrals. Just as the Philadelphia DHS reallocated funding to the Intensive Preventative Services to be able to expand their capacity to accept pre-arrest diversion referrals, the Family Care Community Partnerships may require additional funding to provide services to an increased number of clients and support for staff to carry out assessments, case management, and service provision.

Case managers will need to have a variety of resources at their disposal to create holistic diversion plans, and Rhode Island is a small state with many supportive resources for youth. For example, the Coalition to Support Rhode Island Youth convenes a robust array of youth-service providing organizations including the Nonviolence Institute, Tides Family Services, Foster Forward, the Community Care Alliance, the Parent Support Network of Rhode Island, Key Program, the Boys and Girls Club, and Comprehensive Community Action Program (CCAP) among others. Additional resources such as the Jim Gillen Teen Center offering a supportive sober space in Pawtucket for individuals who are in recovery from substance use will be important resources for diversion referrals.

Case managers can work with youth and families to create diversion plans that engage a young person's goals and interests. Diversion plans should include connections to organizations offering positive social outlets in addition to service-providing agencies. Case managers or referral partners can help connect youth to organizations offering programs in the arts, educational enrichment, sports, employment readiness, community service and advocacy and more according to young people's interests or desires. This could include organizations such as AS220, New Urban Arts, Harvest Kitchen, or even the Providence Student Union, which have not traditionally accepted referrals and do not hold contracts with DCYF. By approaching these

organizations to see if they would be interested in engaging youth who were diverted or referred by streetworkers, agencies help to increase access to valuable community assets.

These many organizations and service providers will require capacity-building and enhanced interagency coordination in order provide support to youth referred through the community or by police through pre-arrest diversion. The three core areas of capacity building needed will be funding the staffing and service expansion to accept a higher volume of referrals, training in restorative justice practices, and resources to help families address transportation and other barriers to access. There is also a need for organizations to build communication pathways in order to coordinate care across agencies and schools for youth and the entire family.

First, it will be important for community providers to be fully trained in facilitating restorative justice for to help young people through the processes of mediation and to take account for their actions. Family Services of Rhode Island currently partners with the Youth Restoration Project to provide restorative justice in the Central Falls and Westerly School District.²¹⁴ Just as Los Angeles County provided training to diversion providers, this kind of initiative can be expanded to ensure that all diversion providers have the capacity to administer restorative justice in a standardized and reliable way. This element of capacity-building will demand a funding base necessary to support a long-term training as the integration of restorative justice practices into an institution or organization is often a multi-year process.

Secondly, connecting young people to meaningful support requires careful attention to a young person's context and resources to address barriers to access. One streetworker explained that effective community-based support may demand bringing the young person out of their environment and into a different social milieu. A streetworker recalled counseling a student after

²¹⁴ "Restorative Practices | Family Service of Rhode Island," accessed May 15, 2020, <https://www.familyserviceri.org/restorative-practices>.

a behavioral incident in school. He explained that the school's response to connect the student to his local recreational center was not a meaningful solution:

They want to make him go to a Boys and Girls Club, but the way Pawtucket is set up, you automatically grow up bucket east or bucket west, so you automatically grow up on a side and you gotta choose that side. And from there, the Boys Club is on the west side or it's on the east side and if you've got an opposite person it's hard to go over there to that place. It's not really getting him away from his problems.²¹⁵

Instead, the streetworker explained his vision for the kind of support he would provide the student if he had the resources and connections to do so:

I would send him to a basketball camp in Providence, Warwick, Cranston. There are other things he might go to, but he would need transportation. Why not send him to the YMCA in Warwick or Cranston, you know? Get this kid out of where he's normally used to. Let him be able to speak to other individuals that have different conversations, that have different goals, that are driven differently instead of being around a whole bunch of kids that want to still jump people and go smoke weed and stuff like that you know? Get him out of his normal environment.²¹⁶

This streetworker describes that supportive social outlets can sometimes be outside of a young person's immediate social world or local context. Providing the child with the necessary resources to travel to and access positive social environments will require a sustainable funding source, and coordination necessary so that frontlines support such as streetworkers and FCCP case managers can provide these resources to youth and any other resources necessary to address barriers to access.

Finally, community members describe the need for organizations to coordinate services in order to provide holistic support for youth and the entire family. A peer recovery specialist recounts that when he was growing up, he had positive support from teachers and coaches, but that positive support was "shut down" when would go home to his mother who was dealing with

²¹⁵ Streetworker in interview with author. The Nonviolence Institute. Feb 2019. Elizabeth Janopaul-Naylor, Samantha L. Morin, Brian Mullin, Esther Lee, and James G. Barrett, "Promising Approaches to Police-Mental Health Partnerships to Improve Service Utilization for At-Risk Youth," *American Psychological Association*, 2019.

²¹⁶ Streetworker in interview with author. The Nonviolence Institute. Feb 2019.

depression and his family members who were using drugs.²¹⁷ It is important that youth receive services that can support them throughout all spheres of life and promote the wellness of the entire family whether through family counseling, substance use support, help connecting with benefits, housing support or utilities, service plans should take a comprehensive and family-based approach. When providers do not communicate, youth may receive fragmented services that do not adequately address the complex issues they face.²¹⁸ The formation of a formal collaborative or coalition to coordinate case management will be necessary for organizations to come out of their silos to collaborate across schools, family-based health and social service providers, educational or vocational opportunities and other organizations to provide integrated support for youth and families.

While Rhode Island already has a wide array of supportive resources, a commitment to community-driven prevention will demand investment in the enhanced capacity and coordination across existing community-based assets. This includes not only service providers, but community-based responders and referral partners in the forms of streetworkers and mobile mental health professionals. The leadership of community members should drive the state's efforts to integrate existing resources into a robust continuum of care.

D. The Next Steps

Rhode Island already possesses the core elements necessary for an effective pre-arrest diversion program: a vibrant base of community advocates, a motivated police department and a robust array of community-based service providers. The challenge ahead will be bringing together these diverse stakeholders into a coalition to develop and oversee a systems-change

²¹⁷ Peer Recovery Specialist in interview with author Feb 2019.

²¹⁸ Elizabeth Janopaul-Naylor, Samantha L. Morin, Brian Mullin, Esther Lee, and James G. Barrett, "Promising Approaches to Police–Mental Health Partnerships to Improve Service Utilization for At-Risk Youth."

from a criminal justice response to a community-driven public health paradigm. The coalitional staffing capacity and resource allocation should further this overarching mission by housing efforts within the health agency and directing funding to community-based organizations without expanding the scope and resource base of law enforcement.

A community-driven design and oversight process will require facilitation to ensure that all stakeholders contribute as true decision-makers in collaboration toward a common goal. Sgt. Wheeler of the Providence Police Department expresses his views on the difficulties of working across groups with such divergent perspectives, but explains that the police are more than willing to engage in these difficult processes:

Unfortunately, one of the problems that we face in Rhode Island often and in Providence is politics. So how do you get the buy-in? Because we'll work with whoever. There are certain organizations that work only to get the police out of schools. And there are schools that don't want anything more to do than we teach, and we leave and that's it. So how do you bridge that gap? And unless we have an audience on the other side, then our efforts usually fail.²¹⁹

While the police and community advocates have very different perspectives and overarching visions on the role of police in society, facilitators will need to mediate tensions and bridge gaps between these groups. As the police feel that they do not have an “audience” to hear them, youth and community members have felt unheard in the creation of policies that led to mass incarceration and as well as the era of reforms. It will be key for the facilitators to mediate listening sessions to invest community members with true decision-making powers. A common language of public health is necessary to create clearly articulated vision among all stakeholders to promote equity through youth empowerment. Structures to integrate community input with system-wide data analysis will help to promote this vision throughout implementation for a continuous progress toward collective, community-driven goals.

²¹⁹ Wheeler, Michael. Sergeant Youth Services Bureau in interview with author Dec. 2019.

CHAPTER 7: Concluding Recommendations for Implementation in Rhode Island

As Rhode Island juvenile justice reforms have caused youth incarcerations rates to fall, the state is now directing resources toward upstream, preventative solutions. Across the nation, cities, counties and states are now moving beyond juvenile justice reform to build coordinated systems for community-driven support for youth. At the crux of this change, pre-arrest diversion both creates a system to prevent youth arrests on a wide scale and increase young people's access to public health resources. In this way, pre-arrest diversion represents a critical intervention within a broader shift from a criminal justice-centered approach to youth behavior a public health-centered approach. Beyond arrest prevention, diversion builds sustainable health infrastructure by capacitating and integrating existing services and creating referral pathways from within the community. The development of a pre-arrest diversion program represents a critical opportunity for Rhode Island to promote equity in positive youth outcomes in the long term.

All of the assets to drive profound systems change already exist in Rhode Island. A vibrant base of young community leaders, a motivated police department, a capacitated state health agency and a robust array of community-based service providers are all positioned to build an effective pre-arrest diversion program. What is missing is for Department of Health to lead a community-driven, multi-agency effort to develop protocols, build capacity and coordination, and conduct systems-wide analysis to inform the continual improvement of implementation.

As the coalitional leader, the Department of Health mediates a host of concerns that arise in the development of a program that spans law enforcement and health agencies. Community groups have demanded that diversion policies prevent net-widening of law enforcement or the

juvenile justice system. This includes reducing the scope of police intervention, directing resources from the justice system and Department of Public Safety to the community, implementing processes to prevent racial disparities in diversion referrals and determining the appropriate form and conditionality of diversion. Meanwhile, law enforcement agencies have expressed concerns of public safety, accountability and liability in the development of new standards. A coalitional leader brokers program development and oversees implementation to ensure that the program directs resources from the justice system into community-driven alternatives, prevents net-widening, and promotes equity in positive youth outcomes.

The case study analysis has revealed that the following processes program design and implementation can most effectively achieve the above outcomes: The health agency serves as the organizational hub to bring together committed law enforcement executives, youth and families, community advocates, school representatives and community-based organizations. Health agency administrators or researchers facilitate a common language of public health to break down institutional silos. A strong community-driven foundation and a grounding in public health research fosters a clearly articulated vision among all stakeholders to promote racial equity and public health outcomes for youth. Community members participate as true decision-makers alongside agency representatives throughout development and implementation. The health agency guides partners to develop measurable goals toward the shared vision, and continuously integrates community input with data analysis to adjust system-wide practices and protocols accordingly. The health agency also oversees contracting and coordination of community-based organizations to provide integrated services as prevention, early intervention and diversion. Finally, community-based agencies and organizations regularly coordinate case management to troubleshoot barriers to access and holistic care for youth and families.

The diagram below attempts to present in visual terms the functional and organizational roles that need to be fulfilled in order for a pre-arrest diversion system to equitably and effectively prevent youth contact with the justice system and promote positive youth outcomes. As the central leader, the Department of Health mediates a common public health-driven mission among all stakeholders:

Youth Prevention & Diversion Coalition Members and Roles



Rhode Island is well-positioned to shift the trajectory of youth and families away from system involvement and toward positive outcomes in the community. The following steps would help the state to reposition its existing assets into a more comprehensive, equitable and integrated system to support the health and well-being of youth and families.

A. Health Agency Leadership

The one case study that meaningfully positioned community advocates at the lead and developed a truly public health-driven diversion program was Los Angeles. In large part this was because the Department of Public Health served as the central coordinator of the broad-based effort to radically reform youth interaction with the juvenile justice system.²²⁰ Because the Los Angeles Public Health Department contracts with community-based organizations and is staffed with researchers who hold master's in social work and public health, the department's leadership signaled a clear shift from a reliance on the criminal justice system toward community-driven solutions. For these reasons, the health agency serves as the common ground to bring together community advocates, service providers, police officials and a variety of other stakeholders in a collaborative process of program development.

The Los Angeles Health Agency led the coalition to elaborate these five goals which serve as a model for any pre-arrest diversion initiative:

Goal 1: Reduce the overall number of youth arrests, referrals to probation and petitions filed.

Goal 2: Increase the number of youth who are connected to services that support their development

Goal 3: Improve health, academic, economic and other outcomes for participating youth

²²⁰ In Cambridge, the police department itself coordinated stakeholders in a diversion effort. But even in this case, clinicians and health agency representatives played central roles in designing, executing and monitoring services and interventions. In Philadelphia, the Deputy Commissioner, Kevin Bethel, worked with researchers and the Department of Human Services through the JDAI initiative. Agency leaders built a collective consensus around diversion driven by the law enforcement executive, but there was no central office for diversion development.

Goal 4: Reduce disparities in law enforcement contact, access to services and youth outcomes

Goal 5: Increase and improve collaboration between law enforcement, community-based organizations and other youth serving agencies through a unified model of diversion²²¹

These goals informed collaborative negotiations of eligibility and conditionality, referral processes, community capacity-building. While each police department and community-based partnership site developed their own MOU, health agency staff continuously worked with implementation sites to update practices to better meet these guiding goals.

In Rhode Island, it seems that the agency best positioned to assume this leadership role would be the Rhode Island Department of Health in partnership with the Department of Children, Youth and Families. Diversion could potentially build from the RIDOH-funded Health Equity Zones which empowers community-based organizations to increase the impact and efficiency of efforts to build healthier, more resilient communities. RIDOH funds one backbone agency in each HEZ which then extend resources out to other local communities. The Health Department and DCYF would direct funding to the Health Equity Zones to incorporate mobile crisis services for youth and coordinate resources for youth and families upon community or police referral.

Within DCYF, it would make sense to housing the pre-arrest diversion initiative within the Division of Community Services and Behavioral Health (CSBH) of DCYF rather than Juvenile Correctional Services in order to signal a clear commitment to shift resources toward community-driven resources and away from a dependence on the courts to administer youth services. The mission of CSBH makes it the perfect branch to coordinate pre-arrest diversion. The division, “works collaboratively with community providers and other state organizations in

²²¹ “A Roadmap for Advancing Youth Diversion in Los Angeles County,” *Impact Justice* (blog), October 1, 2017, <https://impactjustice.org/a-roadmap-for-advancing-youth-diversion-in-los-angeles-county/>.

developing a comprehensive system of care that ensures effective services are provided to children in the least restrictive environment possible to support child safety, permanency and wellbeing, and overall family functioning.”²²² This holistic vision to promote youth and family well-being should be central to a diversion initiative.

The CSBH could then build on existing frameworks to expand and deepen the partnerships necessary for successful program development and implementation. For example, DCYF administrators from would continue to meet periodically with administrators and staff of Family Care Community Partnerships to review contracting terms and programmatic practices.²²³ This or a similar venue could convene youth and community advocates, community-based organizations and service providers, law enforcement, school administrators, the Attorney General’s office, Public Defenders and research facilitators to create a coalition of stakeholders to collaboratively design and implement a pre-arrest diversion program. The CSBH-RIDOH partnership would create a space for the voices of youth and advocacy groups to shape a program development and implementation, grounded in values of racial justice and health equity.

As well as brokering program development, CSBH and RIDOH would take on the role of funding, coordinating, and capacitating community-based service providers to accept and make referrals. Each of the case study programs have invested considerable resources in strengthening the capacity of their communities to provide holistic strengths-based and identity-responsive services to youth and families. In both Philadelphia and Los Angeles, capacity-building includes streamlining intake, expanding service provision, and training organizations to provide restorative justice mediation. Service provision also requires knitting these resources together so

²²² “Behavioral Health - Rhode Island - Department of Children, Youth & Families,” accessed May 15, 2020, <http://www.dcyf.ri.gov/behavioral-health/>.

²²³ Ayers in interview with author April 2020.

that partners know where best to refer particular at-risk youth, as well as providing families with additional resources to help address barriers to access.

Currently, the Family Care Community Partnerships receive police referrals and conduct case management to deliver and refer families to services. Increased DCYF funding would allow for these organizations to accept a higher volume of clients. Training and staffing capacity would support the ability to respond to referrals, conduct assessments and create care plans with youth and families in a reliable and timely manner. To build an infrastructure of meaningful and coordinated care, the health agency would investigate which partnering organizations the FCCP's currently refer youth and families to and what the capacity of these organizations are to accept youth referred in lieu of arrest. Community input should drive recommendations for additional referral organizations that could be part of a young person's diversion plan. The DCYF/RIDOH staff overseeing the diversion initiative can reach out to these organizations to see if they would like to be integrated into a landscape of diversion infrastructure, and then build capacity for a coordinated referral system among these partners through training for diversion and restorative justice services, staff support and resource allocation. As emphasized by streetworkers, capacity-building should include resources for organizations to take a flexible approach to helping families troubleshoot obstacles to service access such as work schedules, transportation and caretaking responsibilities.

The Cambridge program demonstrates the importance of building a system of community-driven prevention and early intervention prior to diversion. Streetworker outreach teams and mobile mental health units would also benefit from resource allocation to capacitate, professionalize and coordinate these methods of community-driven first response. These partners

as well as schools would be involved in the diversion coalition to build out community-based referral pathways toward prevention and proactive support.

Lastly, the Cambridge program demonstrates the importance of continued coordination of case management to prevent providers working in silos to deliver fragmented services and leaving critical needs gaps. Cross agency communication and follow-up helps for youth and families to successfully access the best quality of integrated supports and services. At the local level CSBH and RIDOH staff would periodically convene community organizations to engage in collaborative case management to promote effective access of holistic care for youth and families.

B. Building from a Community-driven Foundation

As we have seen in Philly Los Angeles and very much in Rhode Island's cities, youth led movements have played an integral role in motivating change toward public health-driven solutions. The Los Angeles program shows that a shift from justice-centered responses toward community-based infrastructure demands the meaningful leadership of youth and families directly impacted by the justice system. Young people know which community resources best promote positive youth development and have the best insider knowledge to inform approaches to better harness these assets. Our agency leaders need their stories, visions and leadership to not only to change practices, but to transform cultures and social norms governing our institutions.

Numerous youth groups in Rhode Island would bring powerful leading voices to the coalition. Groups such as PrYSM, PSU and other organizations within the Providence Alliance for Student Safety have led broad-based movements to address racial disparities in contact with law enforcement and promote health equity. These activists not only bring their own lived

experiences, many are conversant with the research and legislation on these issues and have engaged in negotiations with agency leaders and politicians to enact policy change. The Youth Advisory Council would also bring critical guidance toward program development and oversight. Already embedded in the RIDOH, this trained group of young advocates provide the health agency directional input and feedback on programs to promote youth behavioral and mental health. In addition, the many young clients of organizations involved in the Coalition to Support Rhode Island Youth could all be invited to the table and empowered as true decision-makers throughout service design and continual review. Young artists who have direct experience in the justice system with organizations such as Youth Pride, AS220 or New Urban Arts can share artwork, stories and experiences with coalitional participants. While these particular groups may or may not be open to collaborating on building a police-based diversion program, they should be invited to the table. The voices of Black, Latinx, and Indigenous youth impacted by the justice system must shape program development, implementation and oversight in order to lay the foundation for profound systems change.

C. Program Development and Implementation Grounded in Research

Across all of the programs, researchers have played a pivotal role to facilitate data-driven dialogue across agencies with different mandates and structures in the creation of shared goals. In addition to mediating program development, researchers lead trainings, conduct data analysis, pool stakeholder input and work with police departments and community-based partners to continuously update practices. Outside teams would also conduct longer term impact evaluations through ethnographic and quantitative data analysis.

As the Los Angeles program demonstrates, public health-mediated discourse creates a new language to help stakeholders think outside of their roles or biases toward the ultimate goal of creating a future where young people can achieve positive life outcomes. The public health researchers used empirical evidence on the health impacts of policing and contact with the juvenile justice system to guide program design toward the reduction of contact with law enforcement and increased reliance on connection to meaningful community-based resources. The basis in a structural analysis of health provides a frame that centers racial equity throughout a focus on positive youth development. Researchers within the field of youth psychiatry and psychology in the Cambridge and Philadelphia case studies have also proven effective program partners by grounding program development in critical insight into trauma-informed practices and strengths-based models for promoting healthy youth development. Whichever department the researchers come from, these facilitators can build a strengths-based language among program partners by avoiding using the word “juveniles” which carries the stigma of criminal labeling and instead using the more humanizing words “young people” or “youth” or “children and teenagers.”

Rhode Island possess a rich array of potential researchers to facilitate multi-agency program development, data analysis and oversight. For instance, the organization Rhode Island Kids Count aggregates comprehensive data on the state’s youth to present to policymakers. The policy organization’s site lists two of its core functions that would streamline well into the roles of pre-arrest diversion facilitation and analysis: “[Rhode Island kids Count] provides information and strategies on “what works” and promotes best practices that will turn the curve on indicators of child well-being.” The organization also, “stimulates dialogue on children's issues and brings together individuals and organizations to develop strategies and solutions to improve children's

lives.”²²⁴ The mission of Rhode Island Kids Count and their extensive history of advocacy on behalf of the state’s youth would make them a well-positioned to inform and facilitate development and implementation of pre-arrest diversion.

At the same time, however, the best opportunity for Rhode Island to create a program deeply informed by high quality research and analysis may come from a private-public university partnership. The Brown School of Public Health in partnership with the University of Rhode Island or Providence College for example would bring a strong capacity for health-driven facilitation of program development, training, and data analysis.

If researchers come from the fields of childhood psychiatry, a university medical school may offer the greatest level of expertise. In Cambridge for instance, Dr. James Barret from the Harvard Medical School and the Cambridge Health Alliance served as the program’s clinical coordinator. In Rhode Island, Lifespan Hospitals existing partnership with Brown Medical School could be the source of the coalition’s research partnership. Specifically, the Brown Medical School Triple Board Program could provide research capacity as one of nation’s leading residency training programs to combine pediatrics, with child and adolescent psychiatry. Residents are trained to practice an integrative model of health care that looks at the both physical and psychological aspects of childhood development. The Triple Board residents are familiar with the population of court involved youth, as many serve as expert witnesses at court cases. The program also has a unit that specializes in the care of transgender youth, who are disproportionately vulnerable to involvement with the criminal justice system.²²⁵ In short, a

²²⁴ “Rhode Island KIDS COUNT > Home,” accessed May 15, 2020, <http://www.rikidscount.org/>.

²²⁵ “Welcome to the Brown Triple Board Program! | Triple Board Residency Training Program in Pediatrics, Psychiatry and Child & Adolescent Psychiatry,” accessed May 15, 2020, <https://www.brown.edu/academics/medical/about/departments/psychiatry-and-human-behavior/training/triple-board/home>.

Rhode Island pre-arrest diversion program is well-positioned to employ state of the art medical or public health research to inform a multi-agency effort to promote youth health and well-being through access to meaningful community resources.

D. Building Capacity for Coordinated Community-based Infrastructure

Each of the programs adopts a strengths-based service model, including not only services to address needs, but also opportunities for youth to engage their interests and pursue their goals. Stakeholders across programs and in Rhode Island have emphasized that community services are most meaningful when run or delivered by members of the same communities or cultural backgrounds as their clients or participants. The coordination of community-based infrastructure involves not only capacitating community organizations but also building a system for referrals from multiple intervention points. Finally establishing practices collaborative case management ensures that youth and families access integrated supports.

1. Prevention and Early Intervention Referrals

The Cambridge program shows that a formalized system of prevention and early intervention prior to diversion will have the greatest impact on reducing youth entry into the justice system and promoting positive youth outcomes. Again, Rhode Island is well positioned to seize the opportunity to coordinate community-driven prevention and early intervention systems.

Currently police are the primary first responders to the social service and mental health needs of children and teenagers. Behavioral Health Link has proven a successful model of mobile crisis services, though the program only serves adults, with no system of health-based first responders for children and teenagers. A mobile crisis unit of Family Care Community Partnerships would fill this very critical service gap. The next steps would be for DCYF and/or

RIDOH to allocate the resources to necessary for these vans of mental health professionals, social workers and nurses to respond 24/7 to calls for mental health emergencies and for staff to have the proper training and tools to provide crisis stabilization and onsite referrals.

In addition to health and social service needs, first responders should be able to address conflict resolution and community mediation. While police intervention can tamp down conflict, the Nonviolence Institute streetworker outreach team has been reported to meaningfully resolve conflicts, preventing violence in the longer term. As trusted members of the communities in which they work, streetworkers are not only able to resolve conflicts, but also serve as lasting mentors to young people. Yet streetworkers are not yet formalized first responders and do not have the capacity to connect youth with comprehensive referral options. In order to fully integrate streetworkers as the frontlines in a continuum of care, their work could be professionalized by providing them with formal training in areas such as cognitive behavioral therapy and the principles of case management. Residents of the Brown Medical School's Triple Board program, Lifespan or other partners could carry out these trainings.

Streetworkers and mobile FCCP responders should be included in the coalition to formalize their capacity to respond to hotline calls and facilitate connections to the network of community-based supports and services. The prevention and diversion coalition would design protocols as to which method of response is appropriate under various circumstances, prioritizing mental health professionals and community-based responders over law enforcement whenever possible. Building these community-based referrals would further prevent the criminalization of youth while also expanding proactive support systems.

2. Coordinating Community-based Resources

Regional Family Care Community Partnerships or Health Equity Zone agencies could be incorporated as the central referral site to conduct assessments and case management for youth referred from the community or through diversion. Case managers need the tools, staffing capacity, and training to conduct strengths-based assessments within a short time window of about 72 hours from referral, as adopted in Philadelphia.

In order for case managers within a central agency to create holistic and strengths-based plans, a wide variety of organizations and community resources should be integrated into the service network. A number of organizations provide holistic family-driven services in Rhode Island including for example, Community Care Alliance, Comprehensive Community Action Plan, Key Program, and Family Services of Rhode Island, and Tides Family Services. Others provide more specialized support such as Mentor RI, Anchor Recovery, Sojourner House, Youth Build, Sista Fire the Nonviolence Institute, Dorcas International the Refugee Dream Center among many others. In addition to organizations providing trauma-informed mental, social and behavioral health services, case managers should facilitate connections to developmental and creative outlets. This could include organizations such as AS220, Recycle a Bike, Harvest Kitchen, Youth Pride, Movement Education Outdoors, New Urban Arts, City Arts, the Providence Student Union, Gen Z: We Want to Live, Skills for Rhode Island's Future and many more. This will involve bridging new connections to organizations that have not traditionally accepted referrals or contracted with state health agencies.

The Los Angeles model demonstrates that pre-arrest diversion introduces the need to build out restorative justice capacity among all service providers accepting referrals. In Los Angeles county the UCLA Law School and the health agency's Youth Diversion and Development office collaborated to facilitate restorative justice trainings among community-

based referral partners. In Rhode Island, the Youth Restoration Project currently works in partnership with Family Services of Rhode Island to integrate restorative practices in the Central Falls and Westerly School District, and such an initiative could be expanded to all diversion service providers.²²⁶ Research demonstrates that the effective integration of restorative justice practices into organizations and institutions takes time and dedication. This kind of project would need a multi-year grant funding if not a more sustainable method of support.

E. Institutional Culture Change and Training for Law Enforcement

In Philadelphia and Cambridge, and to a lesser extent in Los Angeles, police executives have driven department-wide shifts in cultures and practices by initiating efforts to divert youth from arrest. The impetus of police executives to formalize community partnerships has been shown to have a significant impact on bottom up buy-in for implementation. In the case study cities, when police department executives have initiated integrated diversion efforts and have taken a hands-on leadership role in trainings, officers see diversion as part of the operational direction and values of the department itself, rather than an outside initiative.

The strong initiative of police leaders also determines how program processes are designed. For instance, Deputy Commissioner Bethel's firm commitment to an equitable and trauma-informed approach led the Philadelphia program design protocols for diversion to be automatic for all eligible youth with no consequences for non-participation. This program design ultimately helps to prevent racial disparities in referrals and prevent net-widening or over-intervention. However, lacking the directive of an outside health agency or community leadership, the program did not go beyond limited eligibility criteria in the context of schools.

²²⁶ "Restorative Practices | Family Service of Rhode Island," accessed May 15, 2020, <https://www.familyserviceri.org/restorative-practices>.

Researchers have taken both an inside and outside approach to instilling the values and practices for diversion within police departments. In the Cambridge model, for instance the counseling psychologist took an insider approach to integrating a clinical model within the police department. Through the Health Alliance, the psychologist had proper funding base to take a long-term and deliberate approach to integrating his guidance and practices within the department. In contrast, in Los Angeles, the health agency's division of Youth Diversion and Development led trainings for departments with the help of additional organizations, and helped facilitate program protocols and conduct data analysis, as an outside advisor.

In all cases, it is important that departments ensure the fidelity of implementation by shifting metrics of success from arrests to new measures that uphold new values. Police departments can work with researchers to measure the department's success based on the overall reductions in youth arrests, the reduction of racial disparities in arrest and diversion referrals, the uniformity of referral for all eligible youth, and the lack of formal diversion for youth eligible to be counseled and released. These new success metrics can help to instill new practices, cultures, and operational goals from individual officers to the department as a whole.

F. Funding Program Development, Implementation and Evaluation

As we have seen in Los Angeles, a collaborative and community-driven program development process requires a commitment of multi-layered funding sources. Sustainable diversion programs require the ability of a central agency to aggregate and allocate funding to capacitate actors and to monitor and evaluate the impact of their practices. The various layers of

funding sources include federal and state funding, local support agencies and private and philanthropic foundations.²²⁷

State agency or federal grant funding has provided sustainable support and capacity for contracting with community-based organizations. State agencies have also funded trainings to create the capacity departments and organizations to conduct diversion referrals. For instance, in Philadelphia the Department of Human Services reallocated existing resources to the Intensive Preventative Services, supported through a grant from the OJJPD. Similarly, the Los Angeles Health Agency strengthened existing contracts with community-based organizations and built new contracts with community-based organizations. Los Angeles models the importance of avoiding the traditional barriers of government funding. At the county rather than state level, the LA health agency had the flexibility to fund and empower smaller, grassroots organizations serving youth.

Within each of the case studies, onsite researchers were funded through different means. In Los Angeles, the program's researchers were employed by the county health agency. In Cambridge, the counseling psychologist was able to buy-out billable hours from the Cambridge Health Alliance, the equivalent of a local support agency similar to Lifespan, to serve in his role as the clinical coordinator among stakeholders. In Philadelphia, a federal grant through the Office of Juvenile Justice and Delinquency Prevention as well as support from the Stoneleigh Foundation enabled the Drexel University research team to conduct implementation and impact evaluations and for the program.

In Los Angeles, philanthropic funding offered the flexibility to fully support community partners as participants. On shorter notice, private foundations were able to provide extra dollars

²²⁷ *Investing in What Works for America's Communities: Essays on People, Places, and Purpose*, 1st ed (San Francisco, CA: FRBSF and Low Income Investment Fund, 2012).

for transformative justice training in preparation for cross agency dialogue, transportation, and debriefing for young community members participating in the coalition. Philanthropic support further expanded the research capacity at the table, and in partnership with university funding supported ongoing restorative justice trainings within organizations. In Philadelphia as well, a mix of federal and private funding enabled the program to expand restorative justice and mediation capacity. The central facilitators within the coalition aggregate and allocate this multi-layered funding base according to the guidance of the community-driven coalition.

In Rhode Island the layers of funding for these various purposes could include federal funding through the Office of Juvenile Justice and Delinquency Prevention (OJJPD), state funding from agencies such as RIDOH and DCYF, local support agencies such as United Way and Lifespan Hospitals, private foundations such as the Annie E. Casey Foundation, Pew Charitable Trusts, the Vera Institute for Justice, the Robin Hood Foundation and various sources of private or corporate wealth.

G. Program Design to Promote Racial Equity and Prevent Net-Widening

The Philadelphia and Los Angeles programs uphold two different schemas of eligibility criteria, each with their virtues and potential drawbacks to inform program design in Rhode Island. The Philadelphia program only includes school-based offenses and eligibility is restricted to status offenses and low-level misdemeanors. However, within these limited criteria, all eligible youth are immediately enrolled in diversion and services are entirely voluntary, with no consequences for non-participation. This straightforward process of enrollment and lack of conditionality enables the Philadelphia program to enact an equitable and standardized approach to eliminating arrests. The voluntary nature of diversion not only promotes an empowering and

family-driven context for participation, but also prevents net-widening, as youth cannot be referred back to the justice system for decisions not to participate or failure to complete diversion plans.

On the other hand, the Los Angeles Health Department designed guidelines for eligibility among partnership sites that widens eligibility criteria as much as possible. The Los Angeles program, as well as the Cambridge program, is implemented in all settings 24/7. The 30-member coalition developed recommendations for eligibility that are as inclusive as legally possible: criteria spans up to low-level felonies, and young people on probation are still eligible for diversion. Under this broader range of eligibility, the Youth Diversion Subcommittee recommends implementation sites adopt tiered mechanisms for referral. This includes protocol for officers to counsel and release a young person for low-level misdemeanors and status offenses and the option to contact a community partner with a voluntary referral. For offenses involving direct harm to another person, the guidelines recommended formal diversion referrals conditional on a young person's participation and ability to complete the program. Community-based partners work with youth and families to provide the most individualized support and flexibility to support a young person's ability to substantial complete their diversion plan and must report completion back to law enforcement.

To promote the outcomes of reducing youth arrests, preventing net-widening and promoting equity, Rhode Island would be best suited to implement a diversion program at all times of day rather than a school-based program. Centering a diversion program in schools would only lead to the over-intervention of law enforcement, where schools are already introducing restorative justice practices and increased social emotional and mental health

services. Rather, the greatest number of arrests would be avoided if the program was implemented in all contexts and at all hours of the day.

A Rhode Island pre-arrest diversion MOU may elaborate clear parameters for when FCCP units may respond in the place of law enforcement, when law enforcement may offer diversion, and what the terms would be. It is up to all stakeholders involved to define the scope of eligibility, the flexibility or rigidity of criteria and create MOU terms that promote standardized implementation to ensure racial equity in referrals. It is critical that diversion does not criminalize low-level offenses and directs the proper care and accountability to more high needs youth with more serious offenses. The evidence shows that the conditionality of completion should be as open as possible to prevent net-widening and promote family-driven participation in voluntary services. Examples of processes for field-based diversion, data collection, and timely follow up from community-based service providers are described in the previous chapters and the appendix, highlighting best practices to prevent net-widening and promote equity in arrest reduction and service access.

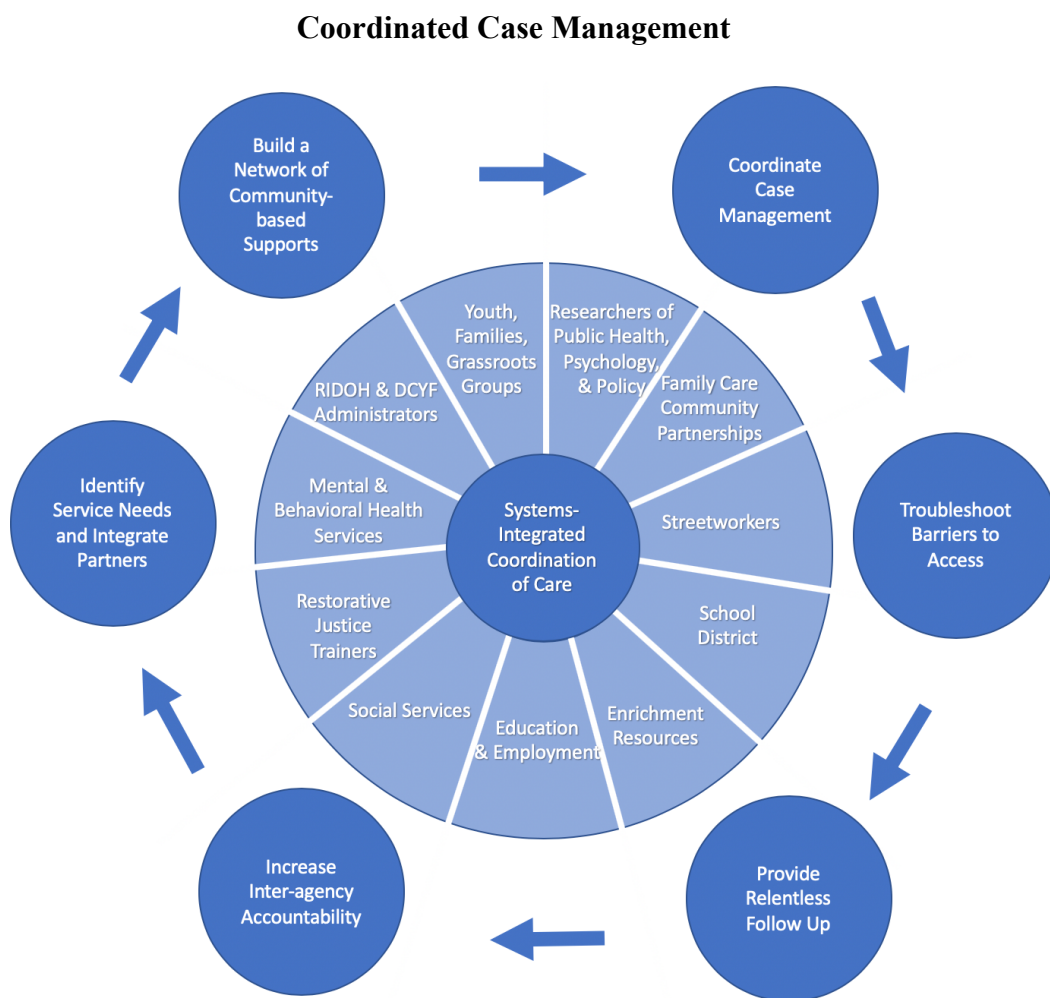
H. Coordinated Case Management for Integrated Services

Finally, the Cambridge Safety Net Collaborative models the importance of coordinating case management across agencies to provide holistic and integrated services. At the Safety Net Collaborative's biweekly meetings, stakeholders from the community mental health agency, the schools, youth after school programs and Youth Resource Officers meet to coordinate service plans and engage in what the Cambridge Commissioner calls "relentless follow up."²²⁸ Agency representatives troubleshoot issues such as referrals that never went through, waitlists, issues

²²⁸ Branville Brad (Commissioner) Law Enforcement Juvenile Justice Convening Nov, 2019.

communicating with families, and service coordination across school, community, home and treatment settings.

A pre-arrest diversion program would create the opportunity for youth-serving agencies within each region, (Providence, Pawtucket, Woonsocket and Central Falls) to engage in coordinated case management. Regular communication across schools, service providers and health agency administrators would increase youth and families' access to integrated, multi-disciplinary community-based supports. Below is an example of the partners and tasks of a venue for the integrated coordination of care across agencies:



Partners meet regularly to coordinate service access for individual youth. Information is only shared with the purposes of enhancing access to community support systems and should not be shared with law enforcement agencies or juvenile justice system. Through persistent follow up and communication, organizations, agencies and schools build a more cohesive and comprehensive network of community-based support for youth.

Conclusion

In Rhode Island, all the necessary components to move beyond juvenile justice reform toward community-driven prevention are in place. A vibrant base of youth activists, a well-positioned health department, a motivated police department, and an array of community-based resources all position the state to lead a successful public health-driven pre-arrest diversion program. The efficacy of the pre-arrest diversion program will depend on state leaders empowering the health department to play the coordinating role to bring these agencies and organizations together to formalize program development, implementation, and oversight. Together these components would drive a paradigm shift change from a criminal justice-centered model to a public health approach to promote racial equity in the health and overall well-being of young Rhode Islanders.

Youth who have been directly impacted by the justice system bring the knowledge that agency leaders need to drive this systemic change. Nasir, a Rhode Island community advocate explains what really makes a difference in young people's lives: "Just people that won't give up on you. Because you're going to make mistakes, that's part of being human. It's people letting you know that no matter what mistakes you make I'm still here for you and I want the best for you." Rhode Island has all of the tools to connect youth with people who provide meaningful

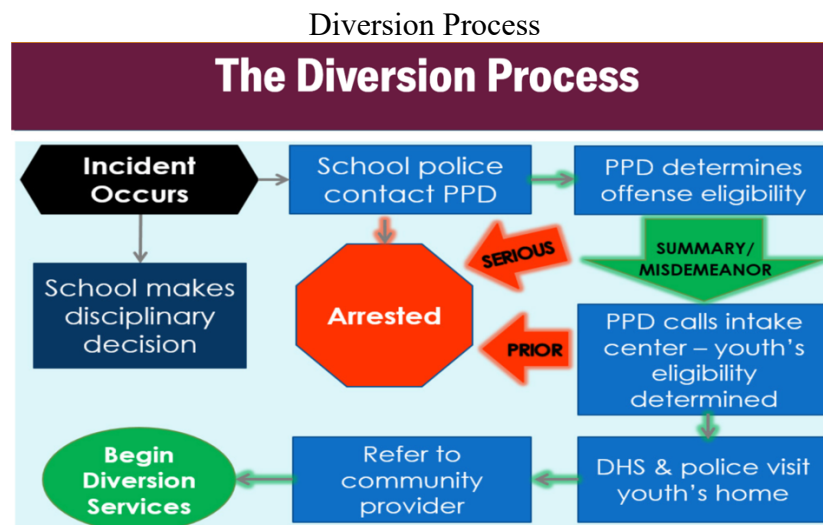
supports in their communities. Yet profound systems change must be grounded in a commitment to health equity, racial justice, and an investment in the unassailable value of every child's life. To truly shift from a paradigm of punishment to one of empowerment, the voices of youth directly impacted by the justice system must guide policymaking. Youth empowerment is not just an end goal, but a process. We must invest not only in young people's futures, but in youth as leading voices to build a more equitable and nurturing world.

APPENDIX

Appendix 1

The Philadelphia School Police Diversion Program

Figure 1



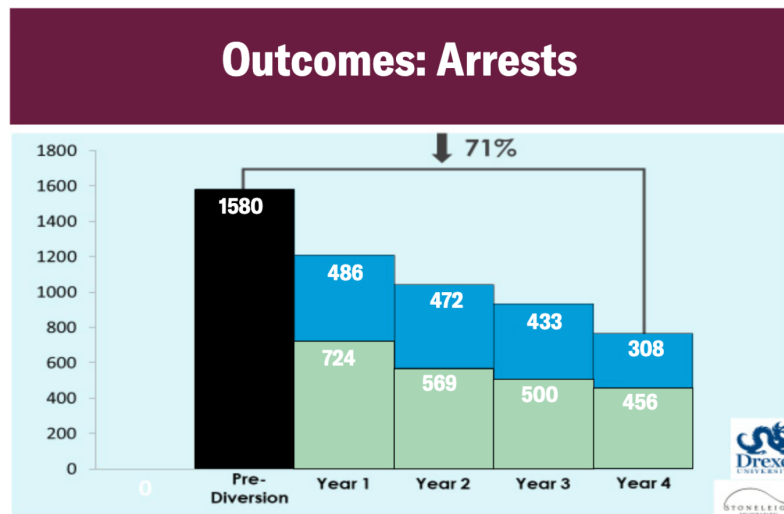
*The Philadelphia Police School Diversion Program takes a trauma-informed approach. PPD is the Philadelphia Police Department.

“What Education Leaders Need to Know about School Policing,” ACLU Pennsylvania, November 15, 2019, <https://www.aclupa.org/en/publications/what-education-leaders-need-know-about-school-policing>.

Figure 2

Arrest Reduction

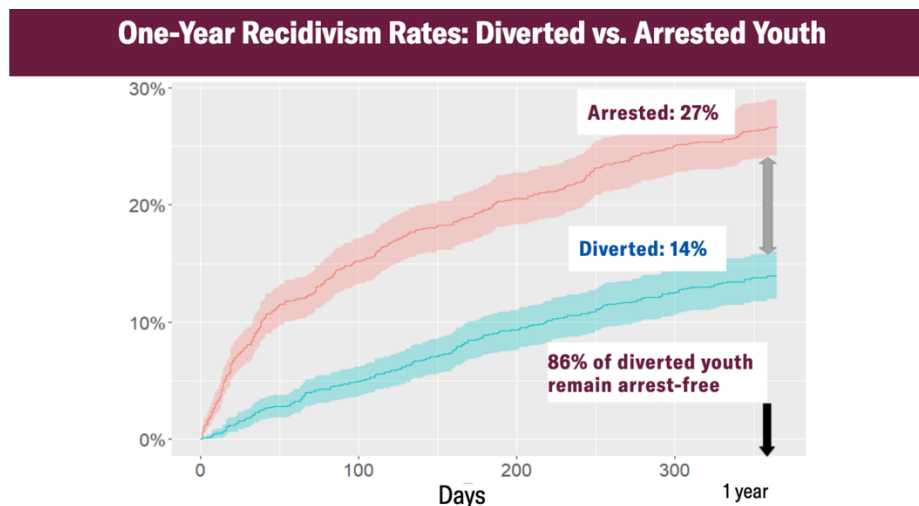
Eligible youth are offered a chance to participate in the diversion program. No arrest is made, whether or not they agree to do so. Most do participate. Here are the results of the program.



“What Education Leaders Need to Know about School Policing.”

Figure 3

Impact on Recidivism Rates



The diversion program includes intensive prevention services (IPS), of which the core components are academic support, social/emotional competency building, mentoring, and recreation. The Philadelphia Police School Diversion Program is now expanding to include summary retail theft.

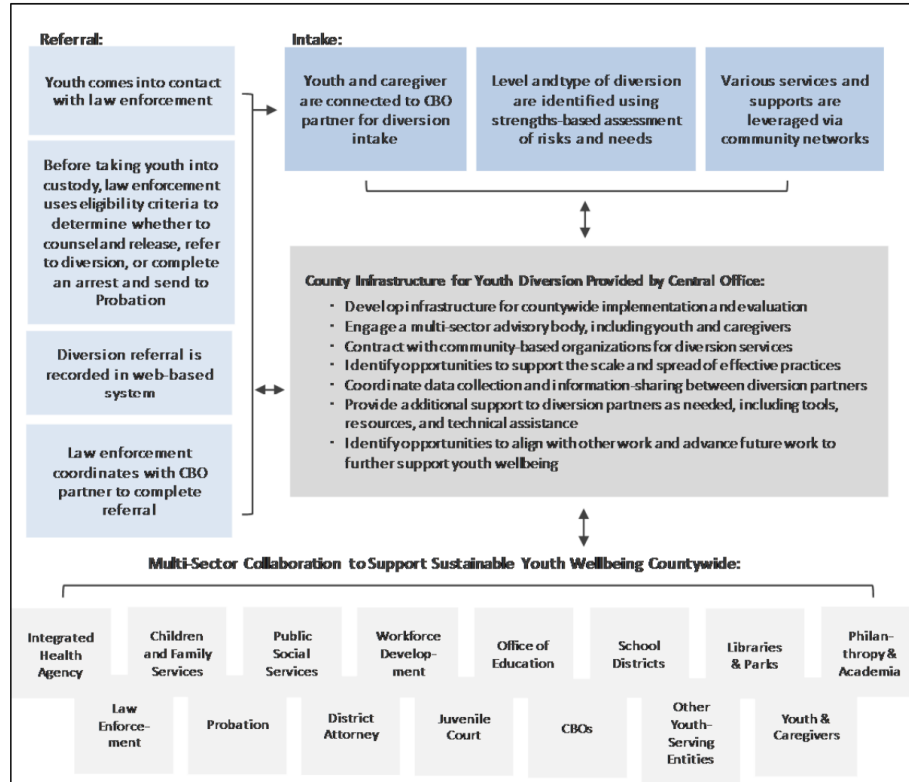
“What Education Leaders Need to Know about School Policing.”

Appendix 2

The Los Angeles County Youth Diversion and Development Model

Figure 1

Figure 3. Model for Youth Diversion Referral, Intake, Infrastructure, and Sustainability in Los Angeles County

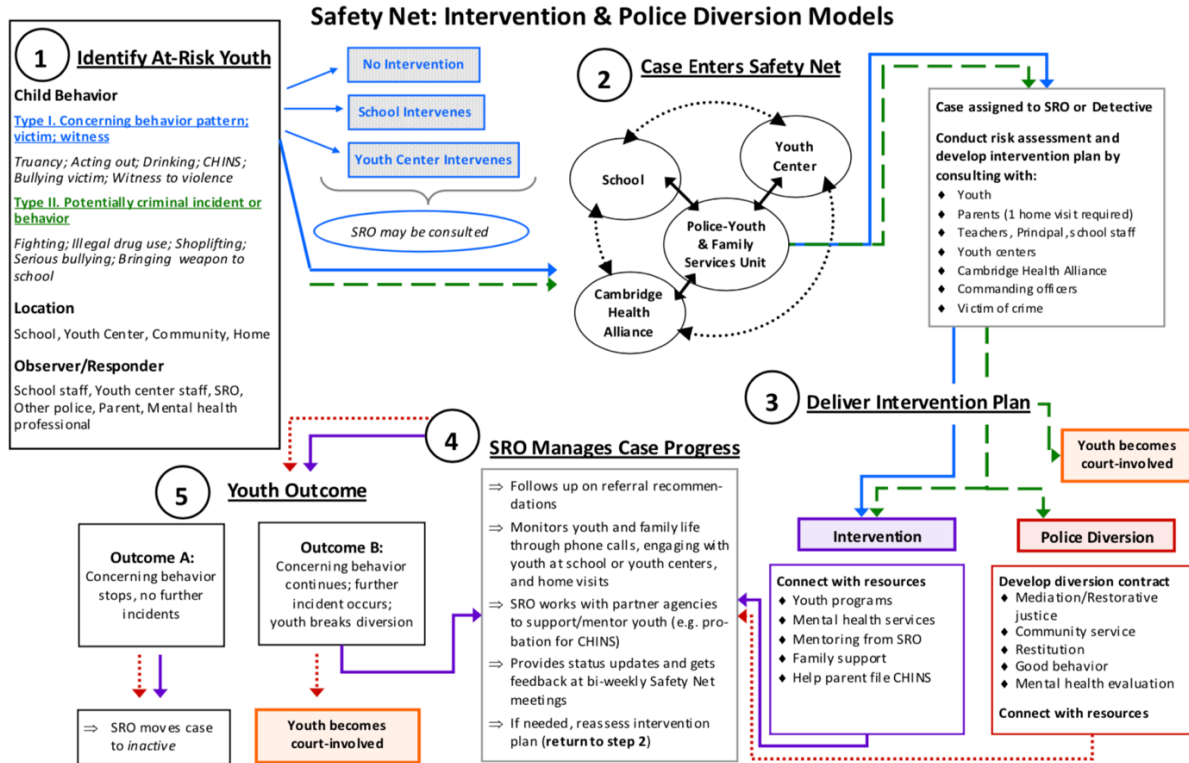


“A Roadmap for Advancing Youth Diversion in Los Angeles County,” *Impact Justice* (blog), October 1, 2017, <https://impactjustice.org/a-roadmap-for-advancing-youth-diversion-in-los-angeles-county/>.

Appendix 3

Figure 1

APPENDIX B: THE CAMBRIDGE SAFETY NET FLOW CHART



James G. Barrett, "Police-Based Juvenile Diversion: A Manual for Creating a Diversion Program Based on the Cambridge Safety Net Model" (Health Equity Research Lab, n.d.).

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