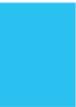




# Youth Deflection and Diversion Advisory Council

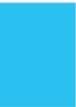
August 10th, 2021

DRAFT – NOT FOR DISTRIBUTION



# Agenda

1. Mayor's Office updates
2. Proposed model for youth deflection and diversion for feedback
3. Next steps



# Agenda

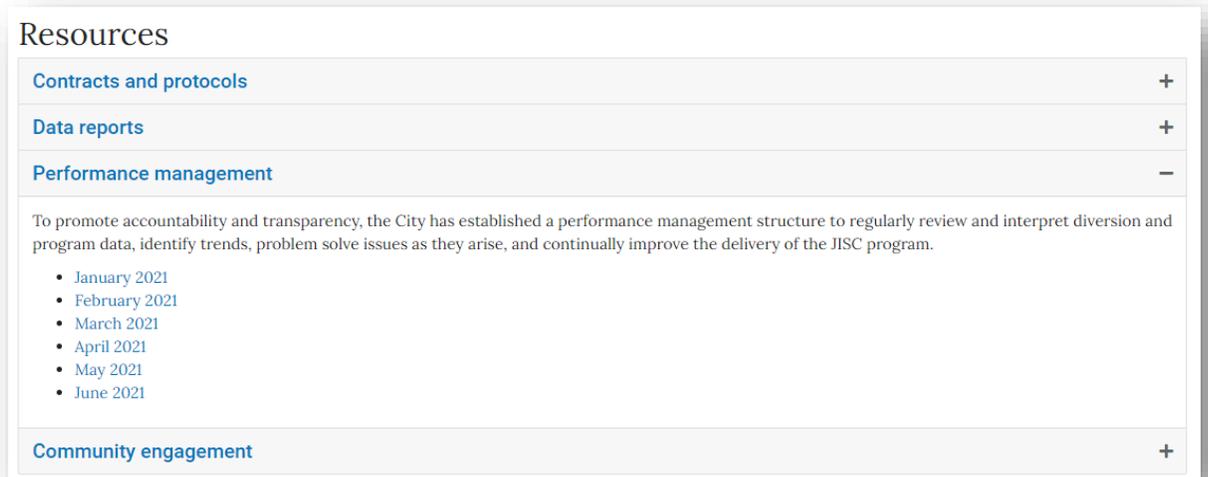
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# ★ JISC reform updates

- LCLC and CPD onsite JISC protocol
- Performance management structure and data reports on website

<https://www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/jisc-reform.html>

- Response to OIG annual updates





# Community engagement: key takeaways





# 2022 budget and American Rescue Plan

- Chicago received \$1.9 billion from the American Rescue Plan and we are also working to balance the 2022 budget
- We aim to commit a significant amount of funding toward community safety efforts, including funding our new youth model of youth diversion and deflection



*Mayor Lightfoot's guiding principles for ARP funding*





# Narcotics Arrest Diversion Program

A police-led drug deflection program that **offers substance use treatment in place of incarceration**. The program seeks to address the root cause of opioid and other substance use through providing a supportive, rather than punitive, intervention for individuals with substance use disorders apprehended by CPD.

## Implementation timeline

- **July 2018** – Launched in District 11
- **March 2020** – Expanded to districts 10, 15, and 25
- **March 2020** – Expanded eligibility criteria (additional charge types eligible)
- **January - December 2021** – Expanding to remaining districts



# Crisis Assistance Response and Engagement (CARE) Program

Starting summer 2021, the City will use a public health framework to begin rolling out an **alternate crisis response pilot** in communities with a high-volume of 911 calls with a behavioral health component.



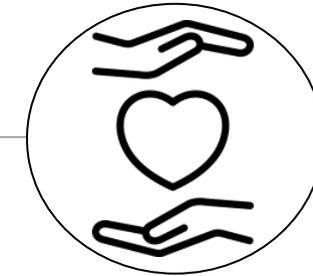
## Pre-response (Oct 2021)

- For the first time in the City's history, **mental health professionals will be staffed in the City's 911 Call Center.**
- Respond to mental health service calls that can be resolved over the phone rather than dispatching team of first responders.
- Provide support and mental health consultation to callers, call takers, dispatchers, and response teams.



## Alternate Response (Aug 2021)

- For the first time in the City's history, **mental health professionals will be dispatched from the 911 Call Center to respond to behavioral health crisis calls that require an in-person response.**



## Post-Response (Oct 2021)

- **Residents linked to appropriate community-based services to address the underlying needs** that contributed to the development of the crisis in the first place.
- Piloting use of geographically distributed alternate drop-off sites for persons experiencing a behavioral health crisis as alternatives to emergency rooms to provide more comprehensive care.



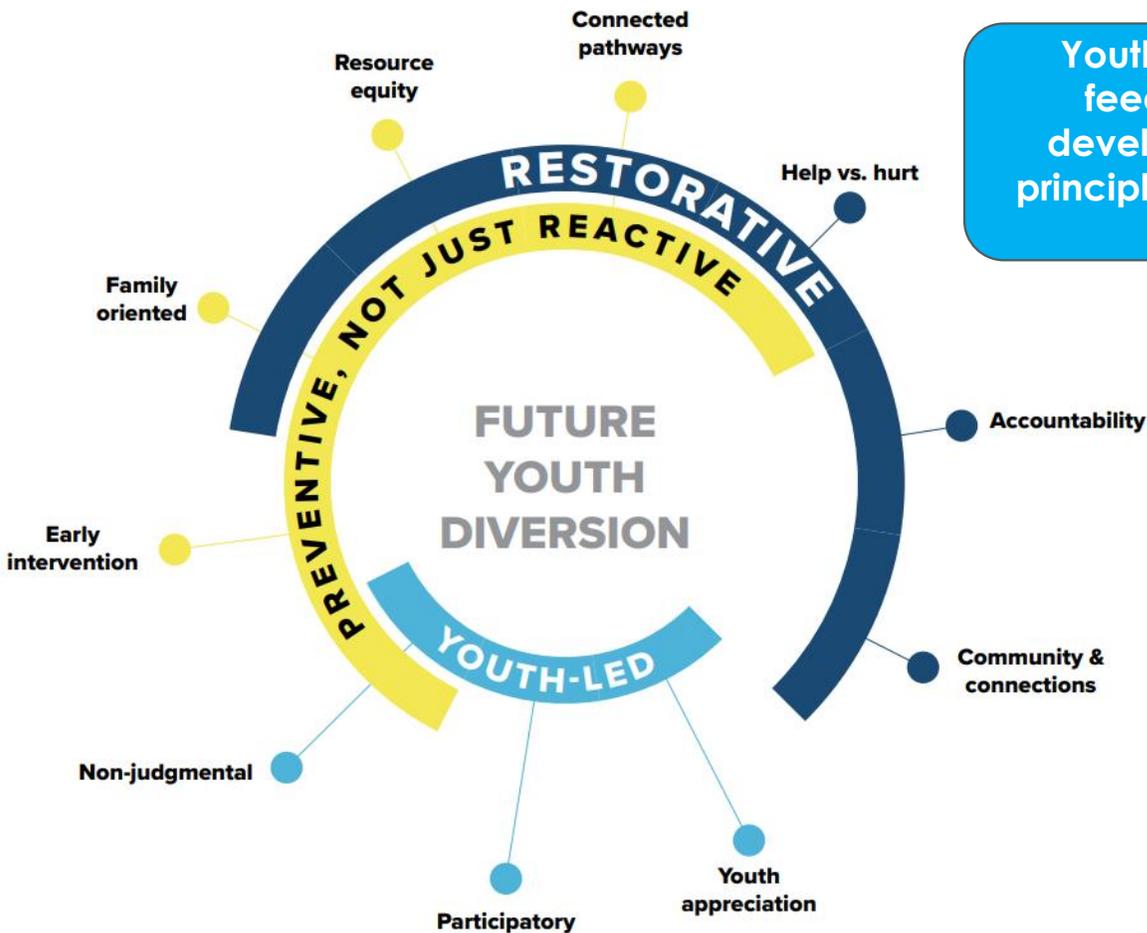
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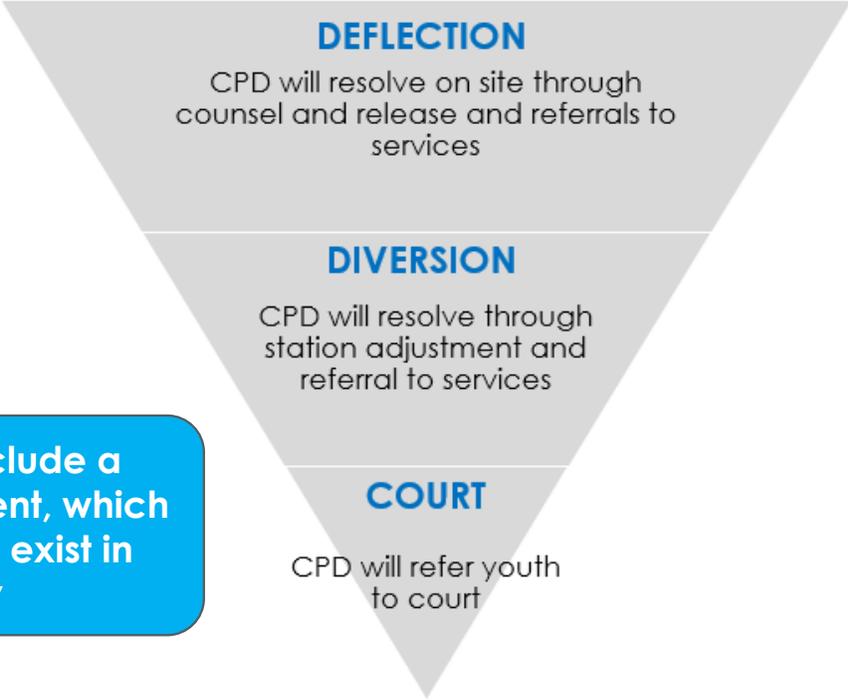
# Reimagining youth deflection and diversion

The Mayor's Office, CPD, DFSS are working to develop a new model of youth diversion that is community-based, services-oriented, and limits the role of law enforcement, starting in 2022.



Youth and stakeholder feedback led to the development of guiding principles to inform the new model

The model will include a deflection component, which does not currently exist in CPD policy



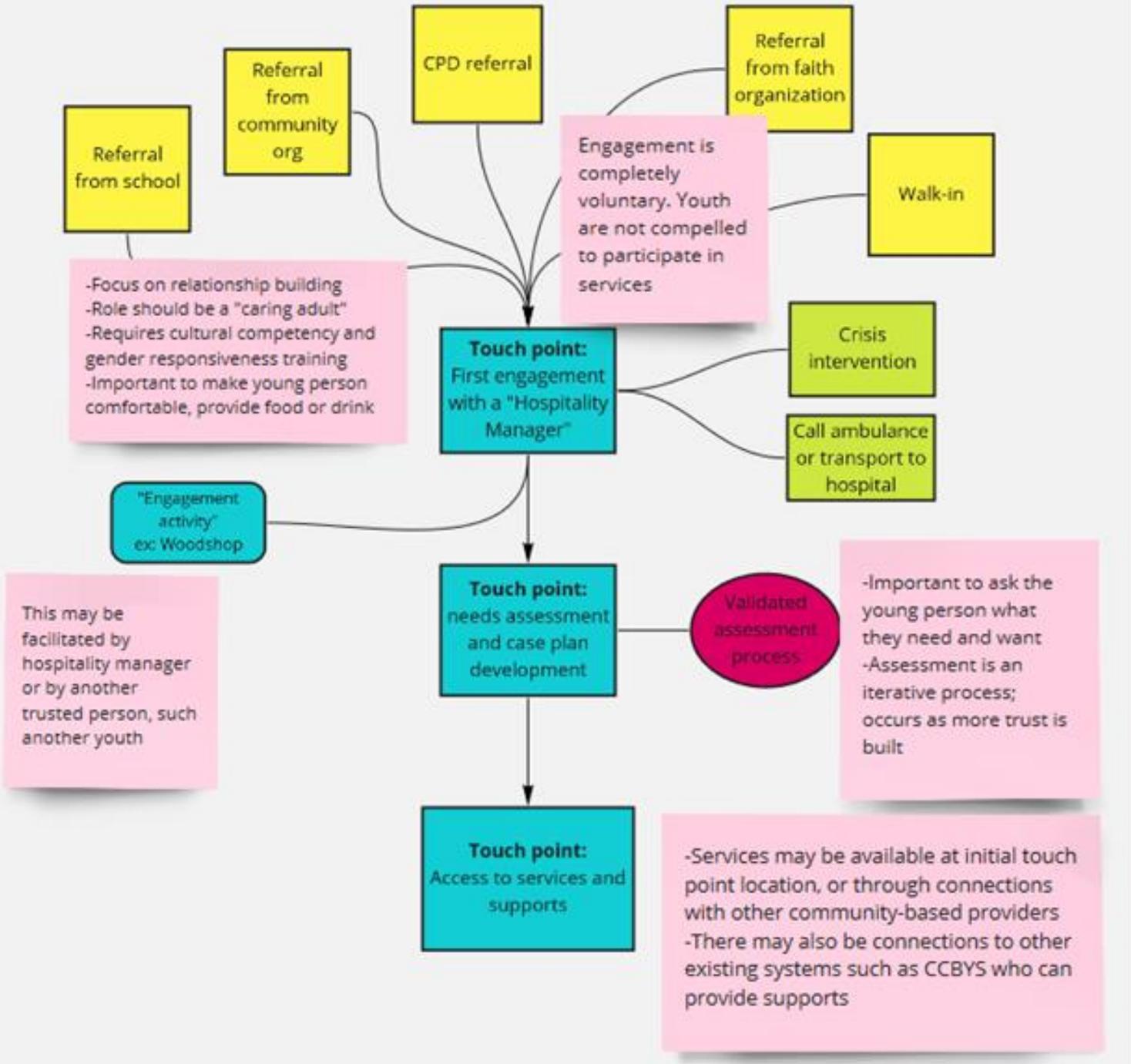
# Youth Diversion Working Group

- Over the past few months, the Mayor's Office convened a smaller group of stakeholders with the following objective:

**To determine key components of a youth deflection and diversion model to replace JISC in early 2022 that is respectful, equitable, trauma informed, data driven, results in positive outcomes for youth, family and communities (which in turn will enhance public safety)**

- We are excited to review the summary with this larger group!

# Services process map



Health and wellbeing	Practical supports	Opportunities and activities	Accountability and restoration
Mental health (CBT, therapy)	Navigation of safety net benefits	Employment support	Restorative justice
Adventure therapy	Legal support / expungement assistance	Workforce development	Family circles
Mentoring	Housing assistance	Arts: music, dance, visual arts	
Violence recovery services and trauma healing	Financial literacy	Other activities: woodshop, gardening, etc.	
Domestic violence supports	Emergency housing		
Substance use supports	Reconnection to school		

# ★ Service provider qualifications

Suggested qualifications	Demonstration of qualifications
<b>Positive reputation in community and community trust</b>	
<ul style="list-style-type: none"> <li>•Organizations should be part of the community and working in, with, and for the community</li> <li>•Have staff and board members from the community</li> <li>•Be located in the community</li> <li>•Have relationships with local organizations and leaders</li> </ul>	<ul style="list-style-type: none"> <li>•Letters of support from organizations in communities they intend to serve</li> <li>•Letters of support demonstrating connections to established agencies</li> </ul>
<b>Utilization of best practices, available evidence, and focus on measuring outcomes</b>	
<ul style="list-style-type: none"> <li>•Utilize validated assessments and tools</li> <li>•Understand how to work toward and measure positive outcomes</li> <li>•Follow generally recognized best practices in their service delivery</li> </ul>	<ul style="list-style-type: none"> <li>•Examples of screening tools and research demonstrating validity of use</li> <li>•Provide examples of positive outcomes measures tracked</li> </ul>

# ★ Service provider qualifications

Suggested qualifications	Demonstration of qualifications
<b>Expertise in a variety of fields and ability to provide diverse range of services</b>	
<ul style="list-style-type: none"> <li>•Experience in restorative justice, violence prevention, public health, social services interventions</li> <li>•Should have qualified staff that can provide these services including licensed clinicians as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>•Resumes of staff with sufficient qualifications</li> <li>•Job descriptions</li> <li>•Evidence of trainings attended by staff members or commitment to provide trainings including on trauma, racial equity, and cultural competency</li> <li>•Mission and goals</li> <li>•Menu of services provided through other programs</li> </ul>
<b>Positive relationships with youth</b>	
<ul style="list-style-type: none"> <li>•Organizations should have ability to recruit and retain youth in programs</li> <li>•Be able to build long-term trusting relationships with youth</li> <li>•Include youth in decision making and design of services</li> <li>•Should have knowledge of street life so they can understand lived experience of youth active on the streets</li> <li>•Should have people with lived experience on staff.</li> </ul>	<ul style="list-style-type: none"> <li>•Provide a process to engage youth in designing services and/or providing feedback</li> <li>•References from youth indicating quality of services and positive experiences</li> <li>•Examples of inclusion of people with lived experience in decision making</li> </ul>

# Proposed components of CPD Interactions with Youth policy

Interactions occur primarily in the field with call to central diversion coordinator who administers eligibility screening tool by phone. The goal is to avoid transporting youth when possible to reduce potential traumatization. Service provider conducts "relentless engagement" to enroll young person in services in lieu of consequences for not participating.

	<b>Deflection</b> ( <i>counsel and release, with or without services</i> )	<b>Diversion</b> ( <i>release without charging, informal station adjustment</i> )	<b>Not eligible for diversion</b>
<b>How does CPD refer to service provider?</b>	Palm card to voluntarily follow up for services	<ul style="list-style-type: none"> <li>o Potential phone call to parent/guardian</li> <li>o Documented referral to service provider, if necessary and appropriate</li> </ul>	n/a ( <i>service provider connections could be through SAO, Courts, Probation, etc</i> )
<b>What is documented for service provider and CPD accountability?</b>	<ul style="list-style-type: none"> <li>• Screening tool administered by centralized desk</li> <li>• New form completed by officer only about officer activity</li> <li>• When there is a victim in the crime, case report is completed</li> </ul>	<ul style="list-style-type: none"> <li>• Station adjustment form</li> <li>• Screening tool</li> </ul>	<ul style="list-style-type: none"> <li>• Screening tool</li> <li>• Arrest processing paperwork</li> </ul>
<b>How does CPD coordinate with service provider, if necessary?</b>	When services are appropriate: <ul style="list-style-type: none"> <li>• Aggregate list of referrals shared on regular basis – frequency TBD (daily, weekly)</li> <li>• Advisory body to receive aggregate data on service participation/completion</li> </ul>	Notification to provider based on individual referral, if necessary	n/a

# Outstanding policy components

Several policy components need additional community input and legal review:

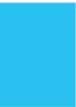
1. Whether a young person needs to **connect with a service provider immediately** when the eligibility for diversion/deflection is determined
2. When a **parent or guardian may be informed** about service
3. Whether the young person should be **transported**



## Service population estimates

1. CPD data on youth arrests June 1, 2016-May 31, 2021 were filtered according to the deflection/diversion criteria proposed by the Working Group.
2. ~3,628 arrests over five years could have been diverted, but not deflected, under the proposed criteria.
3. Under a model requiring services only when deflection is not possible, diversion-only arrests can approximate service referrals.
4. Rough estimate: **~726 required referrals to services/12-month period.**

*Caveats:* Eligibility criteria are not final, past arrest numbers are not comparable on average, and unique youth may be present in the data multiple times. This is a rough estimate for planning purposes.



## Discussion questions

1. What are the considerations for starting with **pilot in the current JISC districts** and expanding Citywide over time?
2. How can this **advisory council continue to provide input?**
3. What are the opportunities to **collaborate with system stakeholders** and each of your organizations?



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## Next steps

- Secure evaluation partner and funding
- Continued community engagement around CPD policy
- Determine governance structure of new model
- Determine role of partners in new model