



San Diego County District Attorney Juvenile Diversion Initiative Annual Report 2022

Prepared by the Criminal Justice Research
Division, SANDAG

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Executive Summary

In 2021, the San Diego Association of Government's (SANDAG) Criminal Justice Research Division was contracted by the office of the San Diego County District Attorney (SDCDA) to conduct a program evaluation of the DA's Juvenile Diversion Initiative (JDI). Starting in July 2021 and implemented in partnership with the National Conflict Resolution Center (NCRC), JDI is a countywide pre-filing diversion program intended to reduce the number of youths involved in the criminal justice system while addressing the needs that led to their behavior and repairing the harm done to the community. In addition to connecting youths with needed services to address the causes of their initial contact with the justice system, JDI youth can also gain a sense of accountability for their actions by participating in Restorative Community Conferences (RCCs) with the persons harmed.

This report analyzes program data from July 2021 through October 2022 and provides information about the characteristics of youth referred to the program, completion rates, program satisfaction, and recidivism outcomes for participants. In the first 15 months of the initiative, there were 502 referrals to the JDI program. Of these referrals, 354 (71%) youth signed a consent form and agreed to participate in the program. Of those that agreed to participate, there were 98 (28%) active participants and 256 (72%) participants with closed referrals at the time of reporting (i.e., October 31st, 2022). Overall, youth who successfully completed the program had lower rates of recidivism than those unsuccessful. In addition to lower rates of continued contact with the criminal justice system, pre- and post-program assessments showed an increase in dynamic protective factors for those who successfully completed JDI services, indicating that the program also increases resiliency for youth.

Using a propensity score matching technique to compare JDI youth and youth that could have been eligible for JDI before it started in 2019, findings showed that recidivism outcomes were similar for both groups across referrals (11% and 9%, respectively), bookings (2% and 3% respectively), and sustained petitions (2% each). No JDI or comparison youth had a commitment in the sampling period. This analysis and other more in-depth models found no

Highlights

- Of 502 youth referred to the program during the evaluation period, 354 (71%) agreed to participate. At the time of reporting, 256 (72%) of participants had exited the program.
- A significant majority (79%) of those who exited the program successfully completed JDI.
- 94% of youth had completed some or all their JDI goals, with most participating in pro-social services. Pre- and post-program assessments indicate that the program contributed to increased resiliency among youth.
- Of the JDI youth eligible for the six months post-program recidivism check, a smaller proportion of successful youth received a new referral compared to unsuccessful youth: seven (11%) of the 66 eligible successful youth received a new referral compared to four (19%) of the 21 eligible unsuccessful youth.
- Propensity score matching on a matched comparison group revealed no statistically significant differences in recidivism outcomes between JDI youth and youth that could have been eligible for it. At this early stage it was not possible to confidently conclude that participation in JDI resulted in reduced recidivism.

statistically significant differences in recidivism outcomes between JDI youth and the comparison group. It is not currently possible to make conclusions about the effectiveness of JDI due to the small sample size of eligible successful JDI youth at the time of reporting. As the program continues, the amount of successful JDI youth that will be eligible for the six- and twelve-month post program recidivism check will increase and be more representative of all successful JDI youth.

Background

In July 2021, the San Diego County District Attorney's Office (SDCDA) started a countywide pre-filing diversion program, the Juvenile Diversion Initiative (JDI), for youths referred with misdemeanor- or felony-level offenses that occurred in the County before the youth's 18th birthday. Youth between the ages of 12 and 18 are thus eligible for JDI services. In addition to demonstrating accountability to the crime, victims, and community, the goal of JDI is to reduce the number of youths who enter the juvenile justice system, engage the community and stakeholders in youths' rehabilitation, and address the causes of the behavior.

To connect youth with services in the community, the SDCDA has contracted with the National Conflict Resolution Center (NCRC) to implement and administer JDI services. NCRC is taking a restorative justice approach to implement the program that includes therapeutic services, pro-social skill-building opportunities, educational support, and restorative justice conferencing to ensure the participants are supported and the needs of the victims are addressed.

The program is voluntary, and all provable misdemeanor and felony referrals submitted to SDCDA by law enforcement are screened for JDI eligibility. Certain serious and/or violent felonies, including Welfare & Institution code section 707(b) offenses, felony sex offenses, human trafficking offenses, and other felony offenses that pose a serious public safety risk, are excluded from program eligibility. Once a youth is deemed eligible for JDI, the SDCDA's Office will refer the youth and provide NCRC with youth and caregiver's contact information, summary of the offense. In addition, if the offense involved a victim/person harmed, then the person's or entity's contact information will be included as well.

NCRC will then reach out to the youth and caregiver to explain the program and ask if they would like to consent to participate. If the youth is a dependent of the San Diego County Juvenile Court, NCRC will reach out to the youth's dependency attorney as well as the parent(s)'s dependency attorney to explain the program and ask if they would like to consent to participate. If they agree, NCRC administers the San Diego Risk and Resiliency Checkup-II (SDRRC-II) assessment to identify the youth's highest needs and risk factors.¹ Case managers use the results of the assessment to determine which services will be most beneficial for the youth to address their needs, risks, and interests. The case manager then meets with the youth and guardian to explain logistics of programming (i.e., what it is, what it addresses, and time commitment). The youth, with guardian input, then decides if they would like to move forward with JDI services, after which they will agree to an individualized plan. JDI is not accepted if the youth or caregiver declines, or for other reasons like NCRC was unable to locate/contact the youth or caregiver. If the youth declines to participate, NCRC returns to the referral to the SDCDA's Office and the referral will be filed.

The individualized JDI plan includes three goal categories: Wellness, Pro-Social, and Educational Advocacy. The Wellness component refers to services addressing individual

¹ The SDRRC-II is a validated youth risk assessment that is utilized by the San Diego County Probation Department, as well as community-based organizations (CBOs) to assist in providing appropriate case plans for treatment and rehabilitation for youth and families.

needs (e.g., personal choices, substance abuse); the Pro-Social component refers to services addressing relational needs (e.g., social connection, negative peers); and the Educational Advocacy component refers to services addressing educational needs. Each participant must complete a Wellness service and at least two or more Pro-Social services. If school support is identified as a need by the youth and guardian, Educational Advocacy in the form of a referral to an educational advocate, would be added to their plan. Each item in the plan, referred to as a “sub-goal,” addresses the needs identified in the SDRRC-II assessment and is relevant to the offense committed. The youth is connected with community partners (i.e., subcontractors or linked organizations) for services to work on the completion of these sub-goals.²

Aside from connections to specific services, a core component of JDI is the restorative session youth will complete with the person harmed (if they agreed to participate) and several supporting community members (e.g., coaches, teachers) with the assistance of NCRC to reflect on the harm done. Additionally, these sessions allow the person harmed to share their thoughts and reach an agreement to address the harm. These sessions are typically towards the end of a youth’s JDI plan. If the person harmed does not agree to participate, the case manager will proceed with a JDI plan update meeting. During a JDI plan update meeting, the youth, guardian, and case manager will discuss the incident and the harm that was done, as well as give the youth an opportunity to reflect on what has been learned throughout the JDI process.

The maximum amount of time a youth can stay in the program is six months, but oftentimes youth complete it sooner. The duration of the programming is largely dependent on what is in the youth’s JDI plan and how proactive they are in completing services. Although there is a maximum length, if a youth is having difficulty completing their plan, NCRC can request an extension to give them additional time to complete it.

Following the six-month time frame or extension date, NCRC will inform the SDCDA’s Office whether the youth successfully completed their JDI plan. A youth is considered successful when they substantially complied with their individualized JDI plan, including their restorative meeting or JDI plan update meeting. Upon successful completion of the program, participants will not have their arrest/referral filed and their records will be sealed. A youth is considered unsuccessful if there is a new filed petition/complaint, the youth failed to attend scheduled services/programming, the youth or guardian withdrew consent, contact with the youth or guardian was lost, or their needs exceeded the capabilities of JDI programming. After having discussions with the youth and/or caregiver, NCRC staff makes the determination that the youth’s needs exceed the capabilities of the JDI program for several reasons, such as: the youth would benefit, or is currently receiving, long term inpatient treatment for addiction or mental illness; the youth does not have the capacity to meaningfully participate; the youth is currently involved in Child Welfare Services (CWS) and

² Subcontractors have a formal contractual agreement with NCRC to serve JDI youth, specifying services to be provided and fees to be paid. Linked organizations have a Memorandum of Understanding (MOU) with NCRC, because the organization does not charge NCRC fees. Linked organizations derive their funding from other sources, such as Medi-Cal.

is currently receiving extensive services.³ If the youth is terminated from JDI, the youth's referral(s) is/are returned to the SDCDA's Office for filing.

Below we examine the youth that were referred to JDI services between July 2021 and October 2022.⁴ It should be noted that the program was considered to be in a startup period for the first three months, as it was only serving portions of the central and northern parts of the region, and it was not until November 2021 that the program expanded countywide.

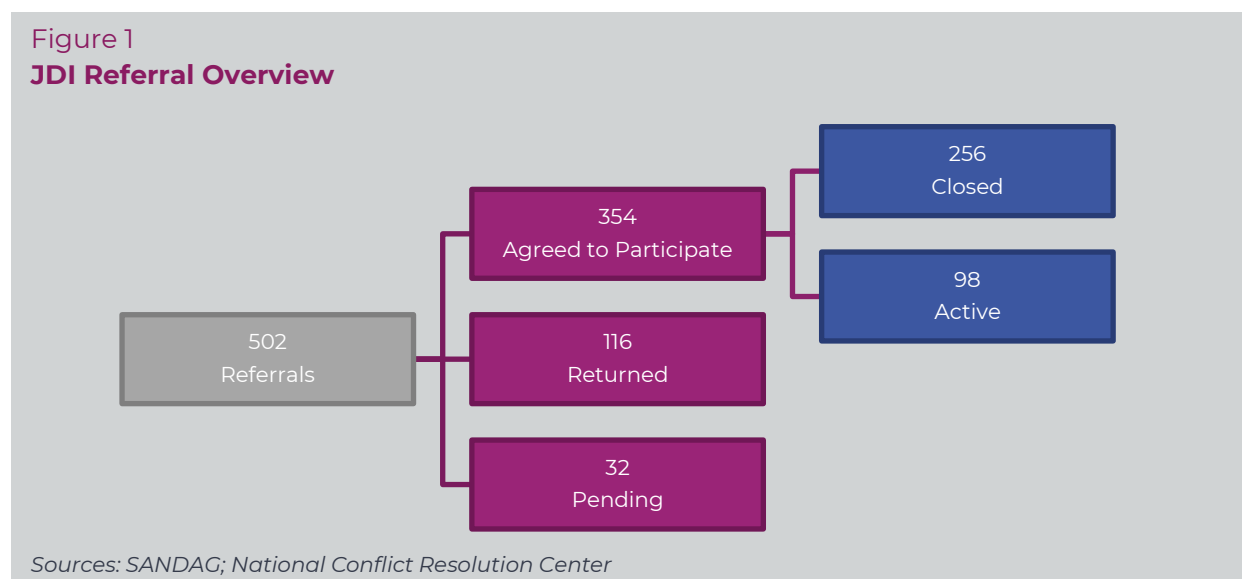
³ CWS youth were being returned to SDCDA's Office early in the program because process and procedures needed to be created and agreed to by dependency stakeholders. Starting in December 2022, SDCDA's Office has been referring San Diego County dependent youth to JDI.

⁴ Youth that did not consent to share their information with SANDAG are not included in this report.

Program Statistics

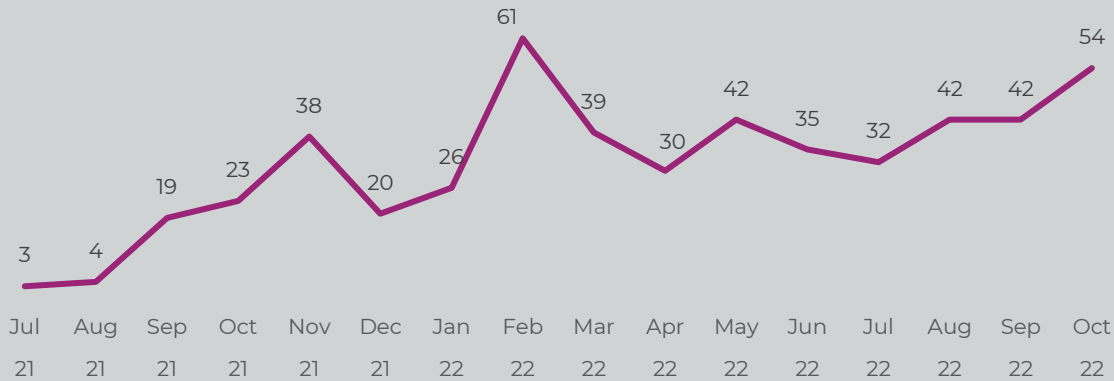
In the first 15 months of the initiative, the SDCDA's Office referred 502 youth to the JDI program. Out of the 502 referred youth, 354 (71%) youth signed a consent form and agreed to participate in the program. Of those 354 youth that agreed to participate, 98 (28%) were still active participants and 256 (72%) "closed" participants had already exited the program at the time of reporting (i.e., October 31st, 2022) (Figure 1).

Of the 502 referred youth, 116 (23%) declined JDI meaning their referrals returned to the SDCDA's Office, and 32 (6%) still had a pending intake status. Pending is the stage when NCRC has received the referral, and the case manager is working on scheduling an intake so the youth/caregiver(s) can accept or decline participation.



As seen in Figure 2, the number of referrals by month increased and have been on a gradual increase after November 2021. Most of the referrals come from the San Diego Sheriff's Department and the San Diego Police Department as these are the largest jurisdictions in the county (not shown). The high number of referrals in February 2022 was largely due to a delay of referrals from law enforcement stemming from January. Additionally, a second deputy district attorney was helping process the backlog of law enforcement referrals.

Figure 2
JDI Referrals by Month



Sources: SANDAG; National Conflict Resolution Center

Of the 256 youth who have exited the JDI program noted in Figure 1, 203 (79%) youth successfully completed JDI services. These youth were in the program for a mean average of 117.5 days ($SD = 45.6$) (not shown). However, there were 53 (21%) youth that did not successfully complete the program. These youth were in the program for a mean average of 85.4 days ($SD = 61.8$) (not shown) before disengaging.

There were several reasons why a youth may not have successfully completed JDI services (Figure 3). The two most frequent reasons included the youth failing to attend (26%) or the program providers losing contact with the youth (25%) (Figure 3). Eight youth (15%) had their caregiver withdraw consent when in JDI (Figure 3). When asked why the caregiver withdrew consent, several reasons were given, including: believing they would be successful in court; believing there would not be a charge filed because of information provided from the youth's school; the youth not having the capacity to meaningfully participate; and having the preference for the youth to receive more supervision or punishment. There were seven (13%) youth who did not successfully complete the program due to having needs that exceeded the program capability. There were several reasons a youth may have needs that exceed JDI capabilities, including: the youth would benefit, or is currently receiving long term inpatient treatment for addiction or mental illness; the youth does not have the capacity to meaningfully participate; or the youth is currently involved in Child Welfare Services (CWS) and is currently receiving extensive services. Six youth (11%) had a new petition filed, and five youth (9%) withdrew their consent while enrolled in JDI (Figure 3). When asked why the youth withdrew their

79%
successful
completion

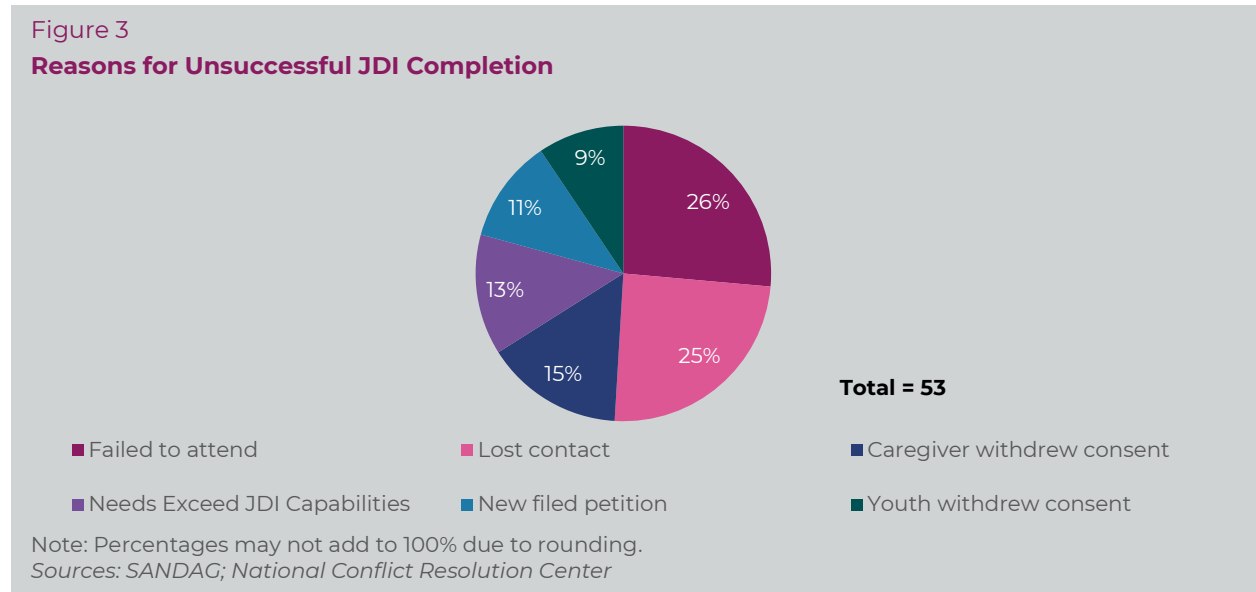
JDI Program Outcomes

21%
unsuccessful
completion

JDI Program Outcomes

consent, several reasons were given, including: not taking it seriously; moving far away; or lacking interest or commitment.⁵

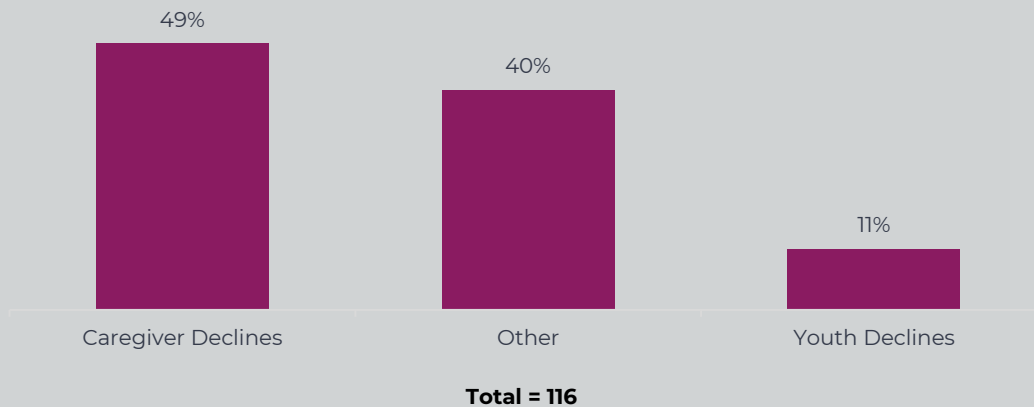
Figure 3
Reasons for Unsuccessful JDI Completion



Because JDI is a voluntary program, youth that were offered JDI services could have declined to participate. When a youth or caregiver does not accept JDI services, the referral is returned to the SDCDA’s Office for filing. Of the 502 referrals, there were 116 (23%) youth that were offered JDI but did not accept, with the most common reason for being that the youth’s caregiver declined (Figure 4). When asked why the caregiver declined services, the same reasons were given for why caregivers withdrew program consent (i.e., believing they would be successful in court, believing the charge would not be filed, the youth not having the capacity to meaningfully participate, and having the preference for the youth to receive more supervision or punishment). In addition to those reasons, some caregivers expressed interest in considering program enrollment, but then stopped communicating with program partners. Reasons were generally categorized as “Other” in Figure 4 when program providers were unable to locate/contact the youth or caregiver, they lost contact with the youth or caregiver, the youth had needs that exceeded the capabilities of JDI, or the SDCDA retracted their referral because the youths have a new referral that the SDCDA is filing, thus making the youth ineligible for JDI on the prior referral. Youth declined services in 11% of instances where JDI was not accepted (Figure 4) and when asked why the youth declined services, several reasons were given, including: not taking it seriously; moving far away; or expressing interest and then stopping communication.

⁵ Moving far away does not make a youth ineligible for JDI. NCRC will accommodate as much as possible when the youth and family are willing to engage. Out of county, or even out of state residents, are still eligible for JDI because NCRC does subcontract with organizations that provide online self-study curriculum.

Figure 4
Reasons for Declining JDI



Sources: SANDAG; National Conflict Resolution Center

Youth Characteristics

To better understand the profile and characteristics of the youth who were offered and engaged in JDI services, we looked at demographics, criminal type for what got them referred to JDI, and need and recidivism risk level, according to the SDRRC-II assessment.

Youth Demographics

As seen in Table 1, across all program statuses (i.e., successful, unsuccessful, and returned) most of youth who were referred to JDI services were Hispanic (55%, 62%, and 51%, respectively). The next most common race/ethnicity varied based on the youth's program status; for successful and returned youth, the second most common race/ethnicity was White (30% and 28%, respectively), but for unsuccessful youth the second most common was Black (23%) (Table 1). Across all program statuses, the majority of youth were males (ranging from 67% in the successful group to 72% in the unsuccessful group) and the median age for all three groups was 16 years old. Of the youth that accepted JDI services, exited the program, and had school enrollment information (N=207), 177 (86%) were enrolled in school, 27 (13%) were not enrolled, 1 (<1%) graduated or received their GED, and 2 (1%) had a status of unsure enrollment status (not shown). Of those confirmed to be enrolled in school and with school grade information, most were in high school, regardless of program status (Table 1).

**Table 1
JDI and Returned Youth Demographics**

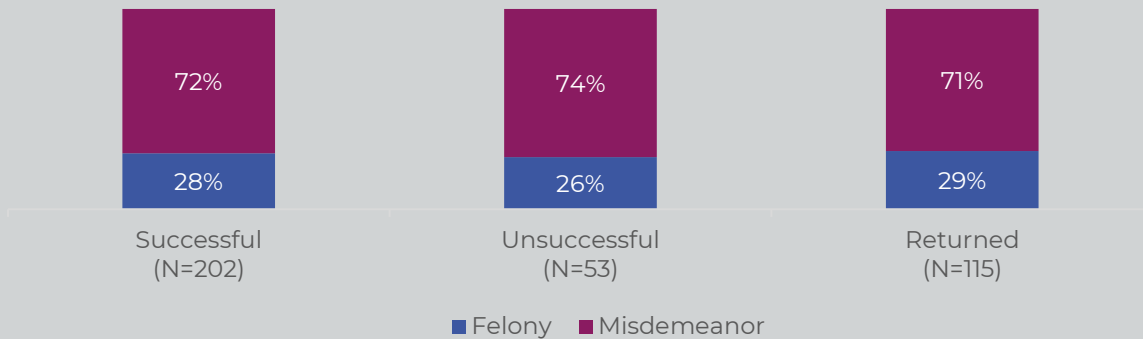
Youth Program Status			
	Successful (N=202)	Unsuccessful (N=53)	Returned (N= 115)
Race/Ethnicity			
White	30%	15%	28%
Hispanic	55%	62%	51%
Black	10%	23%	21%
Asian/Native Hawaiian or Pacific Islander	5%	0%	0%
American Indian or Alaskan Native	<1%	0%	0%
Mixed Ethnicity	<1%	0%	0%
Gender			
Male	67%	72%	69%
Female	32%	25%	31%
Transgender	<1%	0%	0%
Non-Binary	<1%	2%	0%
Gender Neutral	0%	2%	0%
Age (Median)	16	16	16
Grade	(N=130)	(N=29)	
7 th	5%	3%	-
8 th	12%	10%	-
9 th	22%	35%	-
10 th	20%	10%	-
11 th	17%	21%	-
12 th	25%	21%	-

Sources: SANDAG; National Conflict Resource Center
 Note: Percentages may not total to 100% due to rounding. Missing data for grade not included. Data on returned youth's grade level was unavailable due to them not being assessed for the program.

Offense Level and Type

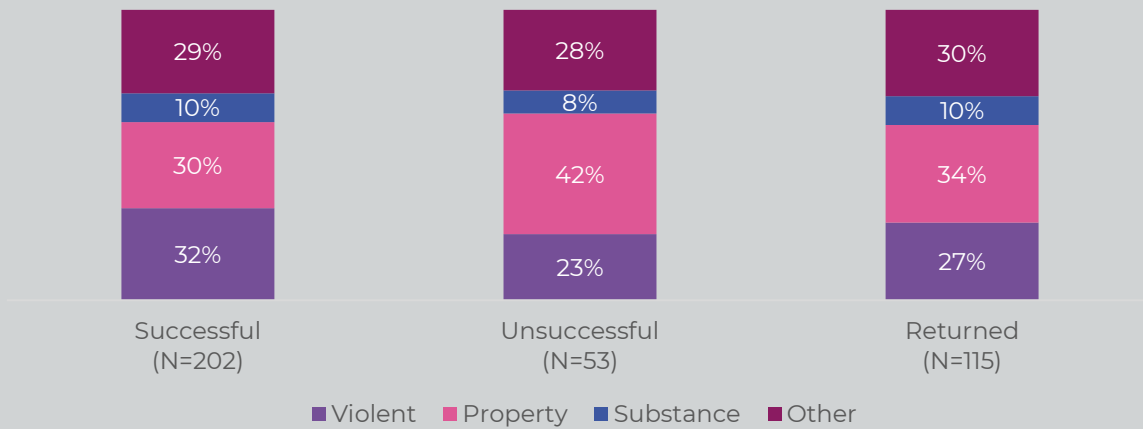
For youth who were successful in JDI services (N=202), 146 (72%) were referred for a misdemeanor-level offense and 56 (28%) were referred for a felony-level offense. The most common primary offense were violent offenses (32%), followed closely by property offenses (30%), other offenses (29%), then substance offenses (10%) (Figure 5 and 6). The offense level and primary offense for youth who were unsuccessful (N=53), and those NCRC returned to SDCDA's Office because JDI was not initially accepted (N=115), were also included in Figures 5 and 6 to provide a comparison between the two groups. While unsuccessful and youth where JDI was not accepted were similarly referred for felony and misdemeanor level offenses (like the successful youth), the unsuccessful and JDI not accepted youth more commonly had a property offense (42% and 34%, respectively), followed by other offenses (28% and 30%, respectively) (Figure 6).

Figure 5
Offense Level for JDI and Returned Youth



Note: Youth with missing information not included.
 Sources: SANDAG; National Conflict Resolution Center

Figure 6
Primary Offenses for JDI and Returned Youth



Note: Youth may have multiple primary referrals. Data includes felonies and misdemeanors. Percentages may not add to 100% due to rounding.
 Sources: SANDAG; National Conflict Resolution Center

As seen in Table 2, the top three primary offenses for youth who were successful in the JDI program included battery (21%), vandalism (15%), and weapons (12%).⁶ The top three primary offenses for unsuccessful youth were battery (19%), vandalism (13%), and weapons (13%). The top three primary offenses for JDI not accepted youth were the same to the top three offenses of successful and unsuccessful youth as they were battery (21%), vandalism (13%), and weapons (10%). Battery was consistently the highest offense followed by

⁶ Weapons offenses included offenses such as carrying a concealed dirk or dagger, carrying a switchblade knife on person, or being in possession of weapons on school grounds. This category excludes guns and other firearm related offenses.

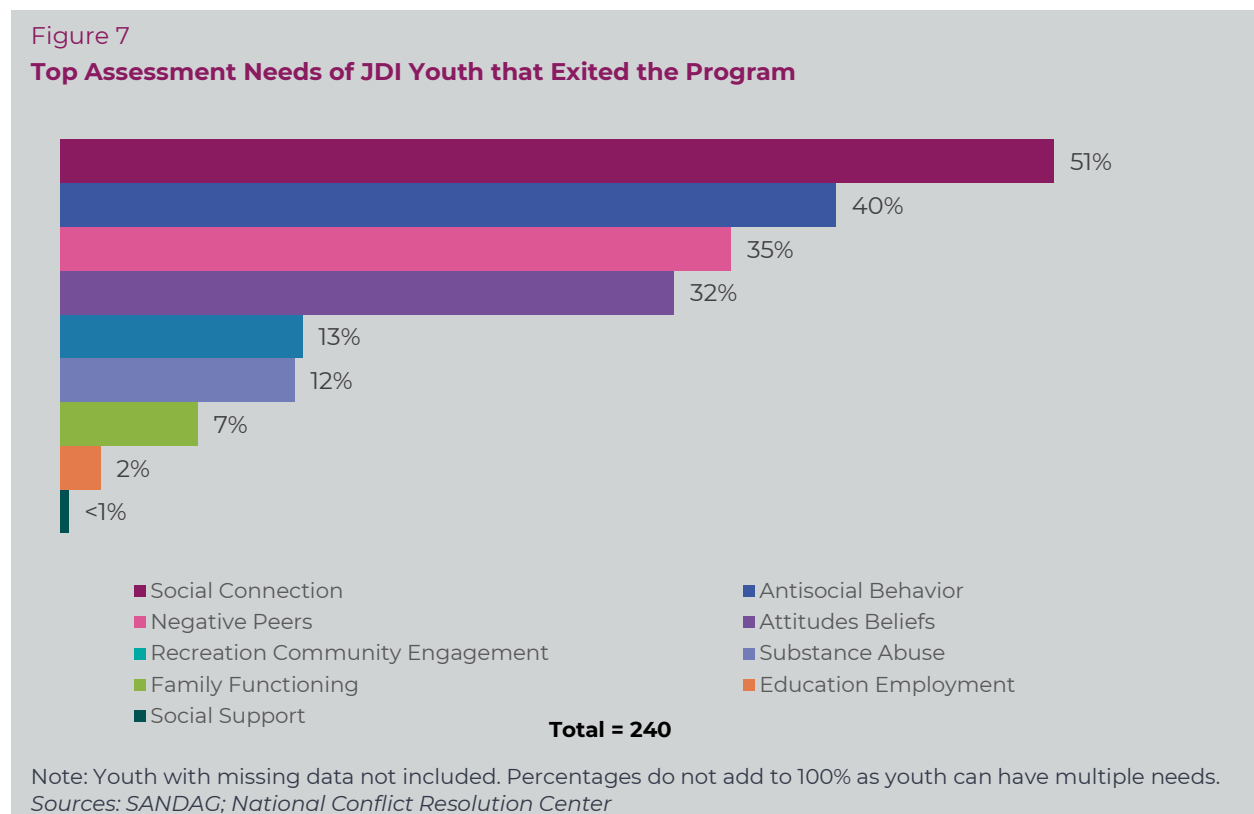
vandalism and a weapons offense. This indicates a pattern in the types of crimes individuals are referred to JDI for.

Table 2			
JDI and Returned Youth Crime Category Breakdown			
Youth Program Status			
	Successful (N=202)	Unsuccessful (N=53)	Returned (N= 115)
Violent			
Assault	9%	4%	3%
Battery	21%	19%	21%
Robbery	1%	0%	2%
Sexual Battery	<1%	0%	2%
Property			
Burglary	2%	2%	4%
Larceny	4%	11%	4%
Shoplifting	1%	0%	3%
Theft	5%	6%	6%
Vandalism	15%	13%	13%
Vehicle Theft	3%	9%	4%
Substance			
Drunk in Public	1%	2%	2%
DUI	7%	2%	5%
Possession of a Controlled Substance	2%	4%	3%
Selling Drugs	<1%	0%	0%
Other			
Arson	0%	0%	<1%
Animal Abuse	<1%	0%	0%
Child Abuse	<1%	0%	0%
Criminal Threat	2%	0%	2%
Distribution of Child Porn	<1%	0%	0%
Elder Abuse	0%	0%	<1%
Evading	1%	0%	<1%
Extortion	0%	0%	<1%
False Info to Peace Officer	0%	0%	4%
False Imprisonment	1%	0%	0%
False Police Report	<1%	0%	0%
Harassment	<1%	0%	0%
Hit & Run	3%	4%	<1%
Invading Privacy with a Camera	<1%	0%	0%
Possession of Fireworks	<1%	0%	<1%
Possession of Tear Gas	0%	0%	<1%
Reckless Driving	3%	0%	<1%
Resisting Arrest	4%	11%	8%
Weapons	12%	13%	10%
<i>Sources: SANDAG; National Conflict Resource Center</i>			
<i>Note: Percentages may not total to 100% due to rounding.</i>			

Youth Assessment Need

Once NCRC receives the referred youth’s information and processes it, a case manager is assigned. As previously mentioned, case managers use the San Diego Risk and Resiliency Checkup-II (SDRRC-II) juvenile assessment tool to assess the youth’s risk to recidivate in addition to their resiliency factors. The pre-assessment, referral offense, and information shared during intake help identify support needs for the youth. These support needs subsequently help create items, which are also referred to as sub-goals, within their JDI plan.

Figure 7 details the top assessment needs for youth that accepted JDI services and had “closed” status because they exited the JDI program. Several of the unsuccessful youth exited the program before they had an assessment. The most significant needs identified from the SDRRC-II assessment for youth included social connection (51%), a history of antisocial behavior (40%), negative peers (35%), and attitudes and beliefs (32%) (Figure 7).⁷

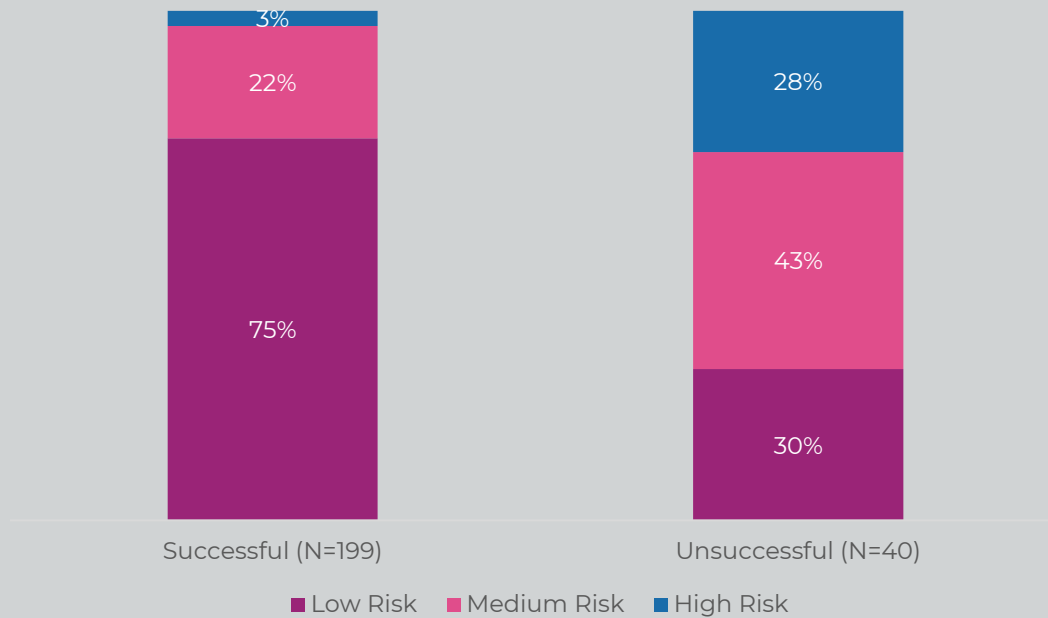


Regarding the risk of recidivism derived from the SDRRC-II scores, most of the youth who were successful were identified as having a low risk (75%) (Figure 8). Most of youth who were unsuccessful were identified as having a medium risk (43%), followed by a low risk (30%) (Figure 8).

⁷ Social connection generally means the youth may have difficulty connecting or caring about other people, trusting others, and/or difficulty communicating well. History of antisocial behavior generally means the youth may have an established pattern of getting into trouble.

Figure 8

SDRRC-II Risk Assessment for JDI Youth that Exited the Program



Note: Youth with missing data not included. Percentages may not add to 100% due to rounding.
Sources: SANDAG; National Conflict Resolution Center

Program Treatment & Outcomes

Since a central goal of the JDI program is to address the needs that underlie the behavior that led to the youth's referral offense(s), individualized JDI plans that detailed sub-goals were created to ensure the youths were receiving beneficial services and programs. Once a youth's JDI plan was developed with their case manager, the youth was sent to organizations within the community (either subcontractors or linked organizations with NCRC) to receive services and fulfill their JDI plan objectives and sub-goals.

Subcontractors have a formal contractual agreement with NCRC to serve JDI youth, specifying services to be provided and fees to be paid. Linked organizations have a Memorandum of Understanding (MOU) with NCRC, because the organization does not charge NCRC fees. Linked organizations derive their funding from other sources, such as Medi-Cal.

As previously mentioned, JDI plans included and focused on three sub-goal categories: Wellness, Pro-Social, and Educational Advocacy. To fulfill the Wellness sub-goal(s), each youth had to complete at least one of the Wellness related services/programs. The services/programs that fulfilled this requirement are listed and further described below.

- Two (online) or six (in-person) decision-making courses which used a problem-specific, goal-oriented approach using Cognitive Behavioral Therapy designed to help youth find new ways to behave by focusing on their present-day

challenges, thoughts, and behaviors. Youth could either participate in a two- or six-session course.

- Therapy (i.e., individual- or family-based). Individual based therapy also included group counseling and used crisis intervention tactics that incorporated trauma-informed care and applicable knowledge related to adolescent brain development. Family-based therapy utilized counseling programs such as Multisystemic Therapy and Functional Family Therapy.
- Substance abuse treatment is typically outpatient treatment classes or group sessions for the youth that range from an 8-hour self-paced course or in-person weekly group sessions that are 6-12 weeks long. However, the format can depend on what health insurance the youth have as some treatments are based on Medi-Cal qualifications.

To fulfill the Pro-Social sub-goals, each youth had to complete at least two related services/programs. The services/programs that fulfilled this requirement are listed and further described below.

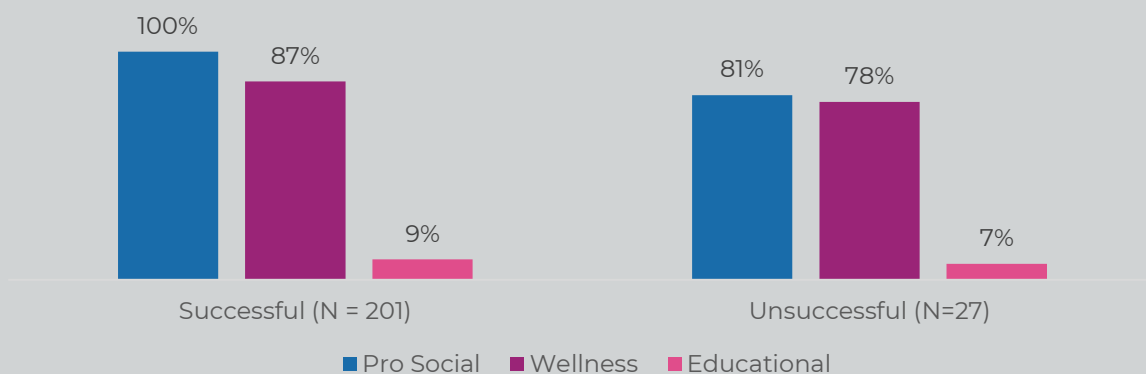
- Mentoring programs between the youth and a culturally appropriate caring adult(s), who served as positive and supportive role model(s) for the participant.
- Skill-building programs that focused on topics such as pro-social positive youth development, anger management, parenting, financial literacy/self-sufficiency, healthy relationships, job readiness and internships/apprenticeships/employment training, truancy interventions, and other life skills training.
- Restorative Justice programming which focused on victim-participant mediation, family group conferences, and reintegration included one of two types (i.e., a Restorative Community Conference [RCC] or a JDI plan update) of restorative meetings. The RCC was a meeting that was held with the youth, their caregivers, case manager, the person harmed, and any other supportive parties (for either the responsible youth or the person harmed). In these conferences, the incident and the harm caused were discussed. The RCC is a critical component of the restorative process as it provides everyone involved an opportunity to address the harm done and allow for the youth to proceed toward accountability. While the RCC fulfills JDI's overarching goal of repairing the harm done to the community, RCC's were not always the restorative meeting type that youth used to fulfill their restorative meeting sub-goal. The type of restorative meeting that was selected was largely contingent on the participation of the person harmed. If the person harmed was not listed on the referral or he/she/they did not want to participate, then the case manager proceeded with a JDI plan update meeting. If the person harmed was included in the JDI process and elected to participate in an RCC, then the case manager led the RCC. Most restorative meetings occurred towards the end of the JDI plan when most of the sub-goals had already been completed.

Not every JDI youth requires educational support. Instead, case managers address any school engagement or attendance issues or barriers with the youth and family to determine if a referral to an educational advocate is necessary to address such school barriers or issues.

Out of the 502 referred youth, 354 (71%) youth signed a consent form and agreed to participate in JDI. Of those 354 youth that agreed to participate, 289 (82%) youth had developed a JDI plan at the time of reporting (i.e., October 31st, 2022) (not shown). Of those 354 youth that agreed to participate, 256 (72%) had exited the program. Of the 256 youth that had exited the program, 241 (94%) had completed some or all their goals (not shown). Unsuccessful youth could have exited the program prior to completing any goals. Youth could have multiple goals, but on average, participants had completed two sub-goals.

Figure 9 represents the types of services JDI youth participated in, categorized as Pro-Social, Wellness, and Educational. As seen in Figure 9, all successful JDI youth participated in a Pro-Social service, 175 (87%) participated in a Wellness service, and 18 (9%) participated in the Educational service. While technically all successful youth were required to have at least one Wellness goal, the proportion of youth that completed a Wellness service may slightly vary from 100% due to some youth having the goal requirement waived based on past participation in an activity that satisfied the requirement(s). Twenty-two (81%) unsuccessful JDI youth participated in a Pro-Social service, 21 (78%) participated in a Wellness service, and two (7%) participated in the Educational service (Figure 9). Multiple unsuccessful youth exited the program before participating in any services.

Figure 9
Summary of Service Types JDI Youth Participated In



Note: Youth with missing information not included. Youths can participate in services multiple times.
Sources: SANDAG; National Conflict Resolution Center

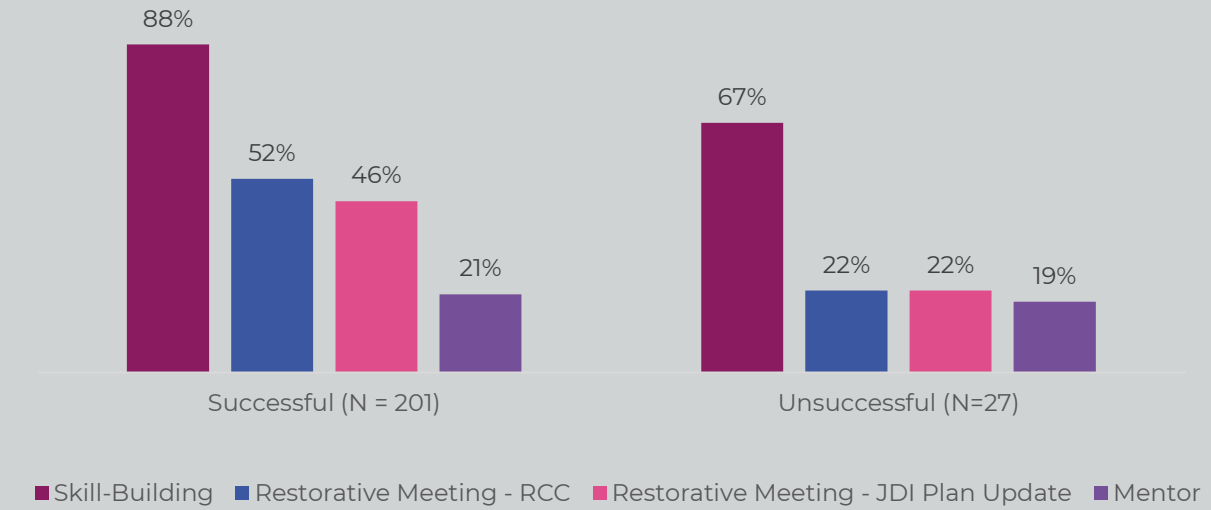
Table 3 represents the service type and the demographic of youth (both successful and unsuccessful) that participated in them. The race/ethnicity breakdown for White, Hispanic, and Black was consistent across all program statuses (i.e., successful, unsuccessful, and returned). Additionally, there were no disproportionate representation in any of the service types by gender or age (Table 3).

Table 3 Youth Demographics by Service Type Participated In			
	Pro-Social (N = 221)	Wellness (N = 193)	Educational (N = 20)
Race/Ethnicity			
White	28%	27%	30%
Hispanic	56%	58%	60%
Black	12%	11%	10%
Asian/Native Hawaiian or Pacific Islander	3%	4%	0%
American Indian or Alaskan Native	<1%	<1%	0%
Mixed Ethnicity	<1%	<1%	0%
Gender			
Male	67%	68%	70%
Female	31%	31%	25%
Transgender	<1%	0%	0%
Non-Binary	<1%	<1%	5%
Gender Neutral	<1%	<1%	0%
Age (Median)	16	16	16
<i>Sources: SANDAG; National Conflict Resource Center</i>			
<i>Note: Youth with missing data not included. Percentages may not total to 100% due to rounding.</i>			

Pro-Social

The most common Pro-Social service successful JDI youth participated in was skill-building (88%) (Figure 10). As seen in Figure 10, slightly more successful youth participated in an RCC meeting (52%) rather than a JDI plan update (46%), and 42 (21%) youth had an assigned mentor (Figure 10).

Figure 10
Pro-Social Services JDI Youth Participated In



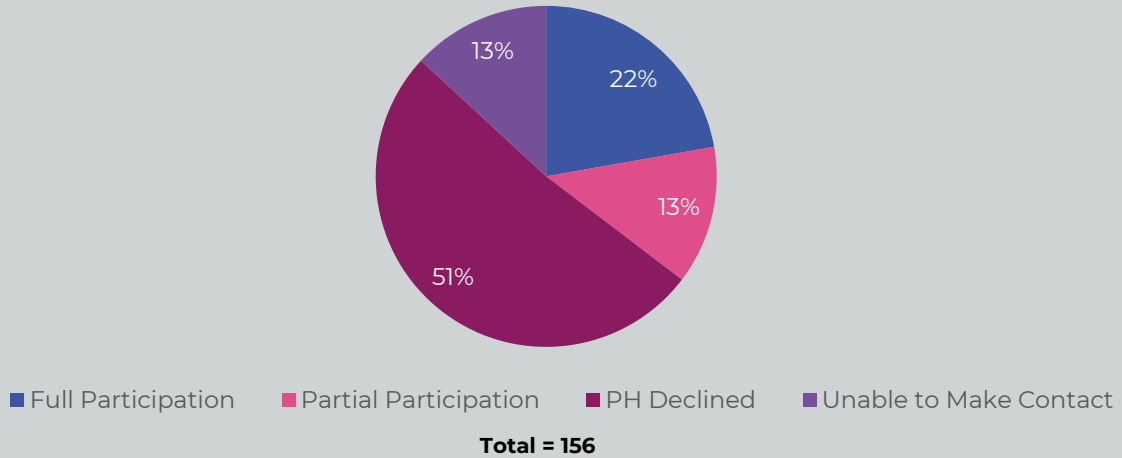
Note: Youth with missing information not included. Youth can participate in services multiple times.
 Sources: SANDAG; National Conflict Resolution Center

Person Harmed Participation

A key component of the RCC is the participation of the person harmed. This helps the youth take responsibility for their actions as well as acknowledge and repair the harm done. The person harmed also has an opportunity to voice how the incident impacted them. Of those youth that accepted JDI services and had exited the program, 196 (77%) of referrals involved a person harmed (not shown). For successful JDI youth with referrals that involved a person harmed, 100 (64%) persons harmed either declined to participate or NCRC was unable to make contact (Figure 11). When asked why they did not want to participate, a large proportion had negative feelings about participating (27%) or they were simply not interested in participating (21%) (Figure 12). To explain why many were declining to participate in this aspect, NCRC cited that lack of familiarity of the JDI program was a possible reason why. To increase the familiarity of the program, NCRC affirmed that they wanted to increase the JDI presentations to the broader community and not just to subcontractors. To increase participation rates, case managers will also receive more training in how to better explain the JDI program when they contact the person harmed. Additionally, NCRC created a new position starting in November 2022 specifically focused on person harmed engagement.

Figure 11

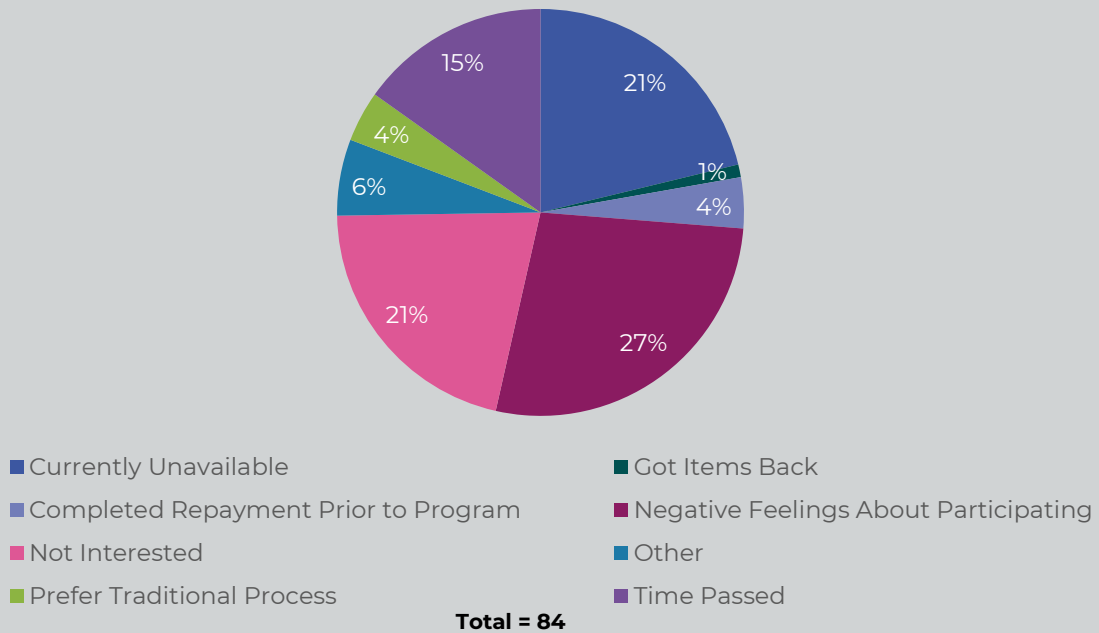
Person Harmed Participation Level for Successful JDI Youth



Note: Youth with missing information not included. Percentages may not add to 100% due to rounding.
Sources: SANDAG; National Conflict Resolution Center

Figure 12

Reason for Person Harmed Not Participating for Successful JDI Youth

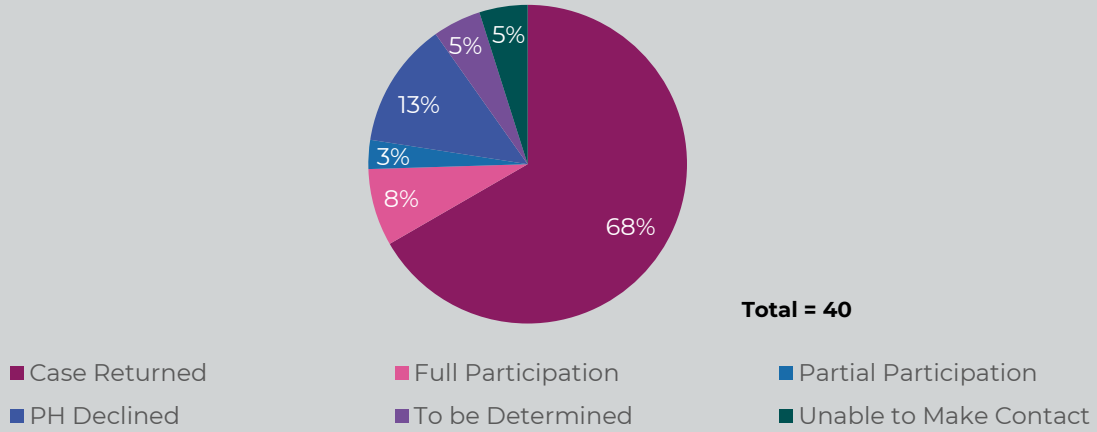


Note: Youth with missing information not included. Percentages may not add to 100% due to rounding.
Sources: SANDAG; National Conflict Resolution Center

For unsuccessful JDI youth with referrals that involved a person harmed, seven (18%) persons harmed either declined to participate or NCRC was unable to make contact. However, it should be noted most of the referrals returned before participation of the persons harmed could be determined (Figure 13). When asked why they did not want to participate, three (50%) responded that they were currently unavailable (Figure 14).

Figure 13

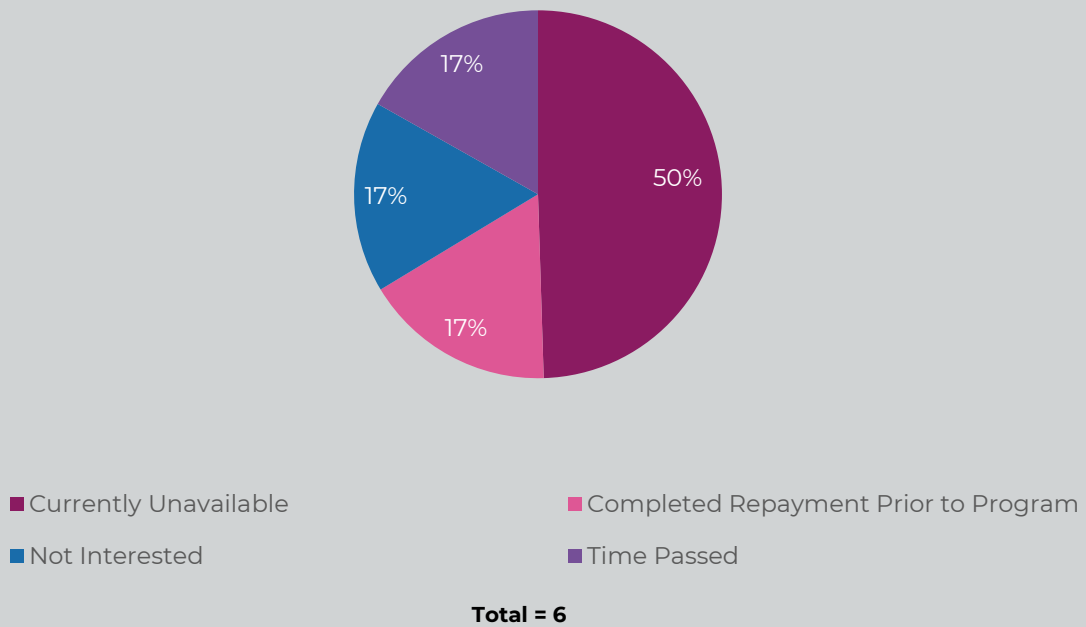
Person Harmed Participation Level for Unsuccessful JDI Youth



Note: Youth with missing information not included. Percentages may not add to 100% due to rounding.
Sources: SANDAG; National Conflict Resolution Center

Figure 14

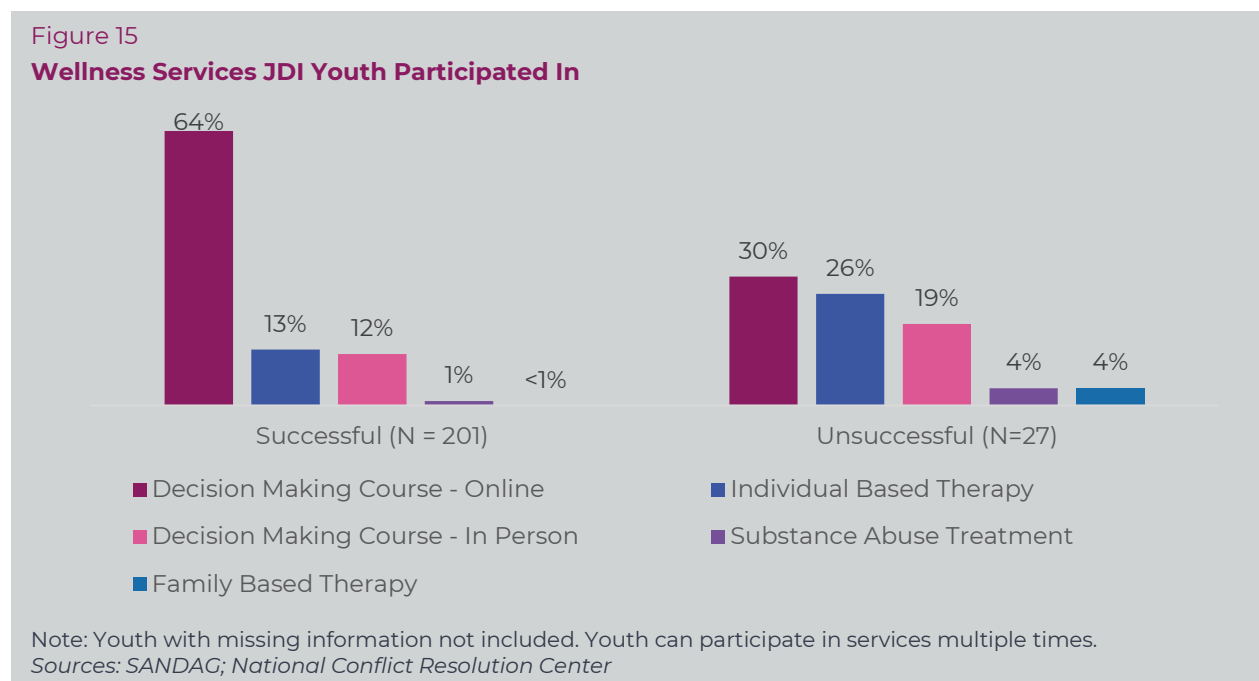
Reason for Person Harmed Not Participating for Unsuccessful JDI Youth



Note: Youth with missing information not included. Percentages may not add to 100% due to rounding.
Sources: SANDAG; National Conflict Resolution Center

Wellness

As seen in Figure 15, to fulfill their Wellness sub-goals, most of the successful youth participated in a decision-making course, either online (64%) or in-person (12%) and individualized-based therapy (13%). Substance abuse treatment (1%) and family-based therapy (<1%) were Wellness services less commonly utilized by the successful JDI youth.



Pre- and Post-Risk Assessments

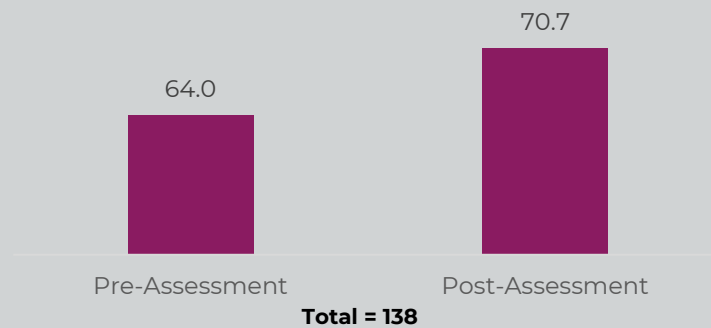
Youth take the SDRRC-II assessment before and after their program participation to determine if there were changes in their risk for recidivism. An increase in the strength index shows an improvement in dynamic protective factors (e.g., family support, positive peer relations) and a decrease in dynamic risk factors (e.g., anger management issues, substance abuse). A paired sample t-test was used to determine if there is statistical evidence that the mean difference between the pre- and post-assessment scores are significantly different from zero. Of the 138 successful youth that took a pre- and post-SDRRC-II assessment, the post-assessment strength index scores were significantly higher ($M=70.7$) than the pre-assessment strength index score ($M=64.0$) (Figure 16).⁸ As such, the increased strength score acts as an indicator of increased resiliency for those that participated in and successfully completed JDI services. However, it should be noted that only successful JDI youth take the post-assessment, so it is not possible to determine if there were changes in risk scores for those that unsuccessfully exited the program.

Several youth did not receive a post-assessment score. NCRC cited that case managers lacked training on how to complete the assessments. Additionally, there was miscommunication over if and when the youth should complete a post-assessment. This

⁸ Significant at the $p>0.000$ level. Additionally, the mean average is the measure of central tendency in this calculation.

issue was primarily concentrated at the beginning of the program and has improved over time once identified. The completion rates of these assessments are expected to improve over time.

Figure 16
Pre and Post Strength Index Score for Successful JDI Youth



Note: Youth with missing information not included.
Sources: SANDAG; National Conflict Resolution Center

Program Satisfaction

Following the successful completion of a youth's predetermined JDI plan requirements (i.e., fulfillment of individual goals and programs), surveys were administered to determine the level of satisfaction that the participant, parent/guardian, person harmed, and supporting community members (from the RCC) had with the JDI program. Although the surveys were not required to be completed, program staff highly encouraged youth and other involved parties to take part. It is important to note that due to limited resources and staffing during the program startup period, NCRC faced challenges with survey administration and completion. This logistical limitation may explain why there is a wide range in the number of survey responses.

To further understand the impact and effectiveness of the JDI program, all individuals involved in a youth's JDI experience completed a satisfaction survey that was independent from that of the youth. Although the surveys were aimed at capturing general satisfaction with the JDI program, the information captured in the surveys differ slightly from one another as they focused on either general or more specific aspects of the JDI program. Two surveys related to general program satisfaction were administered; one of the surveys gauging general program satisfaction was completed by the youth and a second was completed by the youth's parent/guardian. Two additional surveys were administered to gauge the impact and effectiveness of the RCC. The satisfaction surveys focused on evaluating the conference were completed by the person harmed (victim of the youth's offense that led to their JDI referral) and any additional community member(s) who were included in the conference as supporting figures for the youth (e.g., sports coaches, teachers, etc.). Therefore, a youth may have four or more surveys

associated with their involvement in the JDI program. The results of each satisfaction survey are described in more detail below.

Youth General Program Satisfaction

As previously mentioned, youth participants were asked several questions regarding their satisfaction with JDI services. In one subset of questions, the youth were asked to indicate how helpful they believed various aspects of the JDI program were to them and their goals. Responses were collected on a point scale with options ranging from very helpful to not at all helpful. In the instance that the youth did not participate in certain activities or program aspects, they were able to select an answer that reflected that the question was not applicable to their experience. Some individuals, mainly youth, responded “Not Helpful” to items they did not participate in. As such, several of these “Not Helpful” responses are not accurate depictions of the service itself.

The youth reported the top three most helpful activities were case management (76%), educational support (75%), and mental health services (72%) (Table 4). It is important to note that the remaining activities were still viewed as helpful toward achieving the youth’s goals. Based on the low proportion of youth who rated activities and programs as unhelpful (ranging from 1% to 4%), it is clear that JDI programming and activities were close to being unanimously viewed as beneficial in youth’s rehabilitation (Table 4).

Table 4				
Youth Participant Satisfaction				
Helpfulness of JDI Program				
	Very Helpful	Helpful	Not Helpful	Not Very Helpful
Case Management	76%	24%	1%	0%
Educational Support	75%	24%	1%	0%
Mental Health Services (individual, group, family counseling)	72%	26%	3%	0%
Restorative Justice	68%	29%	3%	0%
Mentoring	66%	34%	1%	0%
Pro-social Activities	65%	34%	1%	0%
Skill Building	63%	36%	1%	0%
Cognitive Behavior Therapy (CBT)	62%	37%	2%	0%
Substance Use Treatment	62%	35%	4%	0%
Total			86-161	

Sources: SANDAG; National Conflict Resource Center
 Note: Percentages may not total to 100% due to rounding.

Next, youth participants were asked about their experiences in the JDI program more broadly (Table 5). The general satisfaction survey focused on youth’s feelings about programmatic staff, the program’s impact, and the knowledge gained from the program. These questions were asked on a point scale with responses ranging from strongly agree to strongly disagree. In line with the previous subset of questions, this survey block also

recognized the individualization of the program and allowed youth to select an option that indicated that the question was not applicable to their personal experience with the program.⁹

Overall, youth reported having a positive experience with services, with one of the highlights being the program staff. Participants felt the program staff understood their needs (66%), respected their cultural/ethnic background (68%), and felt as if there was someone they could talk to when they needed to (63%) (Table 5). Youth also reflected newfound knowledge of services in the community as 62% reported knowing where services are if they are needed in the future and 55% reported feeling more connected to these services. A majority of youth also reported they would recommend JDI services to a friend who was in a similar situation (71%).

Table 5 Youth Participant Satisfaction Experiences with JDI Program				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I would recommend JDI to a friend who was in a similar situation	71%	29%	0%	1%
Program staff respected my cultural/ethnic background	68%	32%	0%	0%
I felt that the program staff understood my needs	66%	34%	1%	0%
There was someone I could talk to when I needed to	63%	36%	1%	1%
I know where to go in my community if I need services in the future	62%	37%	1%	1%
The services were at a time that made it easy for me to attend	61%	38%	1%	1%
I felt more connected to services in my community after participating in JDI	55%	41%	2%	2%
The location(s) of the services were convenient	54%	39%	6%	1%
I helped create my own action plan	52%	46%	2%	1%
Total	134-164			
<i>Sources: SANDAG; National Conflict Resource Center</i>				
<i>Note: Percentages may not total to 100% due to rounding.</i>				

Finally, youth were asked whether various aspects of their lives had been impacted in a positive or negative way after participating in the JDI program. The youth were surveyed about the following aspects of their lives: conflict resolution skills and self-respect, relationship with their family and peers at school, and school performance. Youth reported a positive impact in all areas, but most participants felt that participating in JDI helped them deal with conflicts (86%) and with their self-respect (81%) the most (Table 6).

⁹ Not applicable responses are not included in the reporting.

Although two-thirds felt that participating in JDI helped with both their school performance and relationships in school (63% and 62%, respectively), the remaining third felt it had no impact. Although it was an extremely small proportion of participants, it is important to note that 1-2% felt that JDI services had a negative impact on aspects of their lives (excluding their conflict resolution skills) (Table 6).

Table 6			
Youth Participant Satisfaction			
Impact of JDI program			
	Positive Impact	No Impact	Negative Impact
My ability to deal with conflicts	86%	14%	0%
My self-respect	81%	19%	1%
My relationship with my family	76%	22%	2%
My performance in school	63%	36%	2%
My relationships in school	62%	37%	1%
Total		168-170	

Sources: SANDAG; National Conflict Resource Center
 Note: Percentages may not total to 100% due to rounding.

Parent/Guardian Program Satisfaction

Parents and guardians were also asked a series of questions regarding satisfaction towards their youth’s participation in JDI services. Parents/guardians felt that case management (84%), mentoring (80%), and pro-social activities/mental health services (75%) were most helpful (Table 7). None of the parents/guardians reported that JDI services were not helpful (Table 7).

Table 7				
Parent/Guardian Satisfaction				
Helpfulness of JDI Program				
	Very Helpful	Helpful	Not Helpful	Not Very Helpful
Case Management	84%	17%	0%	0%
Mentoring	80%	20%	0%	0%
Pro-social Activities	75%	25%	0%	0%
Mental Health Services (individual, group, family counseling)	75%	25%	0%	0%
Cognitive Behavior Therapy (CBT)	74%	26%	0%	0%
Educational Support	71%	29%	0%	0%
Skill Building	70%	30%	0%	0%
Substance Use Treatment	69%	31%	0%	0%
Restorative Justice	68%	32%	0%	0%
Total		64-158		

Sources: SANDAG; National Conflict Resource Center
 Note: Percentages may not total to 100% due to rounding.

In addition to asking parents/guardians about their general satisfaction towards JDI services, parents/guardians were also asked if their children improved in several relational and educational areas (Table 8). These questions were asked on a point scale with responses ranging from strongly agree to strongly disagree. At least 97% or more of parents/guardians either agreed or strongly agreed that they felt more connected to and knowledgeable about services, that their child had better familial and social relationships, and better coping skills, both in daily life and in more challenging situations (Table 8). Nearly 9 in 10 (87%) parents indicated agreeing or strongly agreeing that their youth's school attendance has improved. And finally, when parents/guardians were asked about whether additional services would have been beneficial to their child, 70% either agreed or strongly agreed.

Table 8				
Parent/Guardian Satisfaction				
Results of family and/or child's participation in the JDI program				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt more connected to services available in my community	52%	47%	2%	0%
I know where to go in my community if my child or family need(s) services in the future	51%	48%	1%	0%
My child gets along better with friends and other people	49%	50%	2%	0%
My child is doing better in their schoolwork	47%	47%	6%	0%
My child has missed less classes at school	47%	40%	13%	0%
My child gets along better with family members	46%	51%	3%	0%
My child is better at coping in situations when things go wrong	46%	51%	3%	0%
My child is better at handling daily activities of life	45%	52%	3%	0%
I would have liked my child to have had other services	37%	33%	30%	0%
Total	90-145			
<i>Sources: SANDAG; National Conflict Resource Center</i>				
<i>Note: Percentages may not total to 100% due to rounding.</i>				

Persons Harmed Program Satisfaction

As previously mentioned, the restorative component of the JDI program included a Restorative Community Conference (RCC) in which the JDI youth had a conference with the person they harmed (also known as the victim of their referral offense). To get a complete picture of how JDI services were impactful for the person harmed, they were asked to complete a satisfaction survey after their participation in the conference. The person harmed reported the most important things for them included telling the responsible youth how they were affected (83%), receiving an apology (71%), and seeing

the responsible youth receive counseling (70%) (Table 9). Nearly half of the persons harmed reported it was not important to have the responsible youth punished (46%) (Table 9).

Table 9 Persons Harmed Satisfaction RCC opinions about JDI youth			
	Very Important	Somewhat Important	Not Important
Telling the responsible youth how I was affected	83%	14%	2%
To receive an apology	71%	24%	5%
To see the responsible youth receive counseling	70%	28%	3%
To received answers to my questions	63%	27%	10%
Establishing restitution (re-payment plan)	51%	24%	24%
To have the responsible youth punished	31%	23%	46%
Total		38-42	
<i>Sources: SANDAG; National Conflict Resource Center Note: Percentages may not total to 100% due to rounding.</i>			

Following the RCC, the person harmed was asked whether various (i.e., nine) aspects of their lives were positively or negatively impacted after participating. The person harmed were also given the option to select that the conference had no impact. Most frequently, persons harmed reported the conference having a positive impact on various aspects of their life, with the top three categories being communication with others (78%), respect for others (71%), and conflict management (69%) (Table 10).

Although in six of the nine categories, a majority (over 50%) of persons harmed indicated seeing positive effects of the conference, it is important to note the variation in responses, as noticeable portions of persons harmed viewed the conference as having no impact or even a negative impact on various aspects of their lives. Across the nine different categories in Table 10, 19% to 54% of persons harmed indicated the RCC had no impact. Respondents saw no impact in their performance and relationships in school (51% and 54%, respectively) (Table 10). Although the percent of persons harmed who reported the RCC having a negative impact was much smaller, there was a considerable range of 3%-17% across the various categories (Table 9). The two categories in which the highest proportion of persons harmed reported the RCC had a negative impact on how they coped with emotions (11%) and their relationship with the community (17%) (Table 10). While the responses in the person harmed survey varied an extreme amount, it is important to further consider the implications that this data may have on future program revisions.

Table 10			
Persons Harmed Satisfaction			
Impact of RCC			
	Positive Impact	Negative Impact	No Impact
Communication with others	78%	3%	19%
Respect for others	71%	3%	26%
Dealing with conflict	69%	3%	28%
Relationship with family	67%	6%	28%
Self-respect	59%	9%	32%
Coping with emotions	53%	11%	36%
Relationship with community	47%	17%	36%
Performance in school	40%	9%	51%
Relationships in school	37%	9%	54%
Total		34-36	

Sources: SANDAG; National Conflict Resource Center
Note: Percentages may not total to 100% due to rounding.

In the survey following the RCC, the person harmed was also asked what they felt the most important steps of the conference were for establishing justice. Over nine in ten persons harmed reported the youth accepting responsibility (97%), having a voice in the process (94%), and the youth acknowledging harm (91%) were very important for establishing justice (Table 11). Interestingly, while the core mission of the JDI program is to divert youth from having justice system involvement and instead rehabilitate youth with more prosocial activities, over one in ten (12%) persons harmed reported that the youth avoiding the judicial process was not important to their view of justice (Table 11).

Table 11			
Persons Harmed Satisfaction			
Importance of steps in RCC			
	Very Important	Somewhat Important	Not Important
Youth accepting responsibility	97%	0%	3%
Having a voice	94%	3%	3%
Acknowledgement of harm	91%	6%	3%
Receiving support	77%	15%	9%
Youth avoiding judicial process	76%	12%	12%
Developing the action plan	73%	21%	6%
Total		33-35	

Sources: SANDAG; National Conflict Resource Center
Note: Percentages may not total to 100% due to rounding.

Finally, persons harmed were asked about their experiences in the JDI program (Table 12). Persons harmed had an overall positive experience with services as seen in the positive skew of responses in the strongly agree/agree categories. When considering responses where persons harmed either strongly agreed or agreed, there was a unanimous response that the JDI program allowed them to tell their story (100%) and have a voice in

the development of the youth JDI plan outcome (100%). Over nine in ten also agreed that hearing stories about other persons harmed was impactful (95%) and being able to successfully avoid court or the formal judicial process (95%) were positive outcomes of the JDI program (Table 12). While still relatively small in comparison to the agreeance rate, persons harmed disagreed the most when asked if their communication improved after participating in JDI (21%) and when asked if they better understood youth offenders following JDI programming (12%) (Table 12).

Table 12
Persons Harmed Satisfaction
Overall result of participation in the JDI program

	Strongly Agree	Agree	Disagree	Strongly Disagree
Telling my story as a person harmed	87%	13%	0%	0%
Having a voice in the development of the youth JDI plan outcome	81%	19%	0%	0%
Hearing stories about how other persons were harmed	76%	19%	5%	0%
I deal with conflict better after participation in JDI	76%	12%	12%	0%
Avoiding court or the formal judicial process	75%	20%	5%	0%
I have a better understanding of youth offenders	71%	18%	12%	0%
I felt more connected to the community after participation in JDI	67%	22%	11%	0%
I communicate better after participation in JDI	63%	16%	21%	0%
I would have liked the youth to have participation in additional services	58%	37%	5%	0%
Total			17-23	

Sources: SANDAG; National Conflict Resource Center
 Note: Percentages may not total to 100% due to rounding.

Of the persons harmed that participated in the RCC, individuals were generally not looking for the youth to be punished, but rather to be given an opportunity to voice how they were affected by the youth’s actions (Table 9). Additionally, persons harmed were receptive to the restorative concepts enveloped in the RCC process (Table 11). Taken altogether, the RCC process and its restorative concepts were well received by participants. This positive reception to alternative forms of traditional punishment should be encouraging. However, the limiting factor is the participation rates of the persons harmed. As mentioned previously, NCRC developed a new position that will specifically focus on person harmed engagement.

Community Member Program Satisfaction

As previously mentioned, community members were involved in a youth’s JDI programming if they were included as support persons in their RCC. After their participation in the RCC, community members were asked their level of satisfaction in the

process and towards the JDI plan. They universally agreed (100% responded in the affirmative) the process was fair, meaningful, and addressed the impacts of the offense (not shown).

Community members were also asked their level of satisfaction with participating in the RCC and the JDI process. Community members were satisfied with the staff because they felt prepared for the RCC, they answered their questions, and addressed their concerns. When asked to rate their overall satisfaction with programming staff, community members unanimously agreed that they were satisfied (not shown).

Subcontractor and Linked Organization Feedback

In addition to gauging satisfaction of youth, parents/guardians, the person harmed, and community members, NCRC also sought out input from their subcontractors. NCRC hosts quarterly meetings to seek feedback from subcontractors. These meetings are attended by subcontractors and linked organizations. Attendees of these meetings are asked to fill out a satisfaction survey at the conclusion of the quarterly meeting. Most respondents felt they had learned something beneficial at their meeting (98%) and most look forward to participating in JDI partner trainings (99%) (Table 13). However, it is interesting to note that a portion of subcontractors indicated that they did not enjoy the in-person meeting method (12%) and that the time and site were not accessible or compatible with their schedule (6%). While these insights are more focused on logistical aspects of the JDI program, this is still very important data to consider for the future services of JDI.

Subcontractors were also given an opportunity to provide open-ended feedback on how to improve these quarterly meetings and several responses included: giving subcontractors more time to collaborate with other providers; giving subcontractors more opportunities to speak about their experiences; and having more successful JDI graduates speak about their experiences.

Table 13				
Subcontractor & Linked Organization Feedback				
Opinions of subcontractors and linked organizations				
For the following questions, please state how much you agree with each statement.	Strongly Agree	Agree	Disagree	Strongly Disagree
I look forward to participating in the JDI Partner Trainings being offered.	67%	32%	0%	2%
I learned something beneficial today.	60%	38%	0%	2%
I enjoyed having an in person meeting today.	59%	23%	12%	2%
The time and site were accessible and worked for my schedule.	48%	44%	6%	2%
Total			59	
<i>Sources: SANDAG; National Conflict Resource Center</i>				
<i>Note: Percentages may not total to 100% due to rounding.</i>				

Recidivism Outcomes

One of the most important outcomes of the JDI program is whether or not participation in it can reduce further contact with the criminal justice system. To this extent, we looked for subsequent criminal justice involvement to provide an overview of recidivism for the youth that were enrolled and successfully completed JDI services. Recidivism outcomes for this analysis included: new charges filed, bookings, sustained petitions, and institutional commitments. These outcomes were examined during program participation and up to six months after program completion to provide a broader picture of system involvement.¹⁰

We analyzed recidivism outcomes for several comparison groups to better determine if program participation resulted in reduced recidivism. These groups include referred youth where JDI was not accepted at intake and youth that were offered, enrolled in JDI, but later terminated as unsuccessful from JDI for various reasons. Although these groups offer a comparison, there may be several unmeasurable differences, like motivations, across all three groups. To mitigate some of these limitations, we also included a retrospective matched comparison group that will be explained in more detail below.

Table 14 shows the recidivism outcomes for both successful and unsuccessful JDI youth during programming. Referrals where JDI was not accepted are not included in this table because the youth never enrolled in the JDI program. Seven (4%) successful youth and seven (13%) unsuccessful youth received a new probation referral during programming. Some of the differences between the two groups may be explained by the differences in pre-assessment risk scores. A greater proportion of successful youth (75%) had low risk for recidivism while only 30% of unsuccessful youth had low risk for recidivism. Two (1%) successful youth received a felony-level referral during programming (Table 14). However, no successful JDI youth received a booking, sustained petition, or commitment during programming. Six (11%) unsuccessful youth received a felony-level referral and three (6%) received a booking during programming. No unsuccessful JDI youth received a sustained petition or commitment during programming (Table 14).

¹⁰ Future reports will examine the recidivism outcomes up to 12 months post completion. This measure was not included in this report as no youth were eligible as of 10/31/2022.

Table 14
Recidivism Outcomes for JDI Youth During Programming

Recidivism Outcomes	Successful	Unsuccessful
Probation Referral	4%	13%
Felony-Level Referral	1%	11%
Referral Type		
No Referral	97%	87%
Violent	2%	9%
Property	0%	4%
Drug	1%	0%
Other	0%	4%
Status	0%	0%
Municipal Code/Infraction	1%	0%
Booking	0%	6%
Sustained Petition	0%	0%
Felony-Level Sustained Petition	0%	0%
Sustained Petition Type		
No sustained petition	0%	0%
Violent	0%	0%
Property	0%	0%
Drug	0%	0%
Other	0%	0%
Status	0%	0%
Municipal Code/Infraction	0%	0%
Institutional Commitment	0%	0%
Total for Recidivism Outcomes	202	53

Sources: SANDAG; Probation Department
Note: Percentages may not total to 100% due to rounding.

Table 15 shows the recidivism outcomes for youth that successfully and unsuccessfully exited JDI up to six months after their exit. Additionally, we examine the recidivism outcomes of the youth where JDI was not accepted at intake up to six months after the day JDI was not accepted. Seven (11%) successful youth received a new referral six months post-program exit.¹¹ Five (8%) successful youth received a felony-level referral six months post-program exit. One (2%) successful youth received a booking and a felony-level sustained petition six months post program exit. No successful youth received an institutional commitment six months post program exit (Table 15).

¹¹ Due to the nature of the court order for this project, SANDAG did not receive adult recidivism data from Probation. However, the District Attorney's Office provided referral statistics for youth that turned into an adult after program exit. Accordingly, two successful JDI participants received new adult referrals within 6 months of their exit. One felony and one misdemeanor.

Four (19%) unsuccessful youth received a new referral six months post-program exit. Three unsuccessful youth (14%) received a felony-level referral and booking six months post-program exit. Four (19%) unsuccessful youth received a felony-level sustained petition, and one (5%) received an institutional commitment six months post-program exit (Table 15).

For youth where JDI was not accepted at intake, 11 (19%) received a new referral six months post-program decline. Seven (12%) received a felony-level referral six months post-program decline. Five (9%) received a booking and one (2%) received a felony-level petition six months post-program decline. Additionally, one (2%) youth received an institutional commitment six months post-program exit (Table 15).

Table 15
Recidivism Outcomes for JDI and Returned Youth 6 Months Post Exit

Recidivism Outcomes	Successful	Unsuccessful	Returned
Probation Referral	11%	19%	19%
Felony-Level Referral	8%	14%	12%
Referral Type			
No Referral	89%	81%	81%
Violent	8%	10%	14%
Property	5%	5%	2%
Drug	0%	5%	2%
Other	0%	0%	2%
Status	0%	0%	2%
Municipal Code/Infraction	0%	0%	0%
Booking	2%	14%	9%
Sustained Petition	2%	19%	5%
Felony-Level Sustained Petition	2%	19%	2%
Sustained Petition Type			
No sustained petition	99%	81%	95%
Violent	2%	5%	4%
Property	0%	5%	0%
Drug	0%	0%	2%
Other	0%	0%	0%
Status	0%	0%	0%
Municipal Code/Infraction	0%	0%	0%
Institutional Commitment	0%	5%	2%
Total for Recidivism Outcomes	66	21	59

Sources: SANDAG; Probation Department

Note: Percentages may not add to 100% due to rounding. Recidivism outcomes for youths that declined JDI services were looked at 6 months after their decline date.

With the goal of reducing the recidivism outcomes for the youth that participate in JDI, particularly those that successfully complete the program, it is important to look deeper into some of the background characteristics of these youth. For the seven (11%) successful youth that had a new referral six-months post program exit, there were six (86%) males and one (14%) female. This distribution is skewed more towards male than compared to the overall successful JDI youth. Five (71%) of the youth were Hispanic, one (14%) was Black, and one was White (14%). This distribution is skewed more towards Hispanic than compared to the overall successful JDI youth. Additionally, for their SDRRC-II pre-assessment scores, two (29%) youth had a low risk of recidivating and five (71%) youth had medium risk of recidivating. Of the two youth with a SDRRC-II post-assessment score, both had a medium risk of recidivating.¹² Accordingly, it will be important to take inventory of what follow-up services are currently available for successful JDI youth and consider ways to adapt the services to meet the needs of the demographic of youth that are recidivating.

Currently, successful youth can stay connected longer to their assigned case managers for future resources. NCRC is developing a formal program, the Thrive Program, to stay connected with successful JDI youth. The Thrive program will help keep successful JDI youth connected to community services so they can continue their personal growth. The Thrive program also plans for JDI graduates to serve as peer mentors to current JDI youth. They will also be able to participate in events, activities, and RCCs (with compensation), while developing their existing relationships with their own mentors and case managers. Voluntary participation in this new program will be offered to all successful JDI youth. Additionally, an NCRC staff member will be assigned to manage the program and ensure program participation and success. It will be important to track if the recidivism outcomes for successful JDI youth improve over time, especially for those that participate in this new program.

Matched Comparison Group

Acknowledging the limitations of using the unsuccessful and returned youth as a comparison to successful JDI youth, an additional comparison group was used. Using JDI criteria, the SDCDA's Office was able to provide a retrospective list of youth from 2019 that would have been offered JDI services if the program was active then. To further refine the matching of the retrospective youth to the successful JDI youth that had least six months post-exit eligibility (n=66), we used propensity score matching to create an adequate comparison group. This statistical tool allowed us to determine the average "treatment" effect on the population of interest (i.e., successful JDI youth eligible for the six-month post-exit check). The covariates used in the matching process included age, gender, race/ethnicity, primary offense, and level. The matching process employed (referred as greedy, because each match is selected without considering subsequent matches that may occur) used a "nearest neighbor" matching algorithm, minimizing the distance

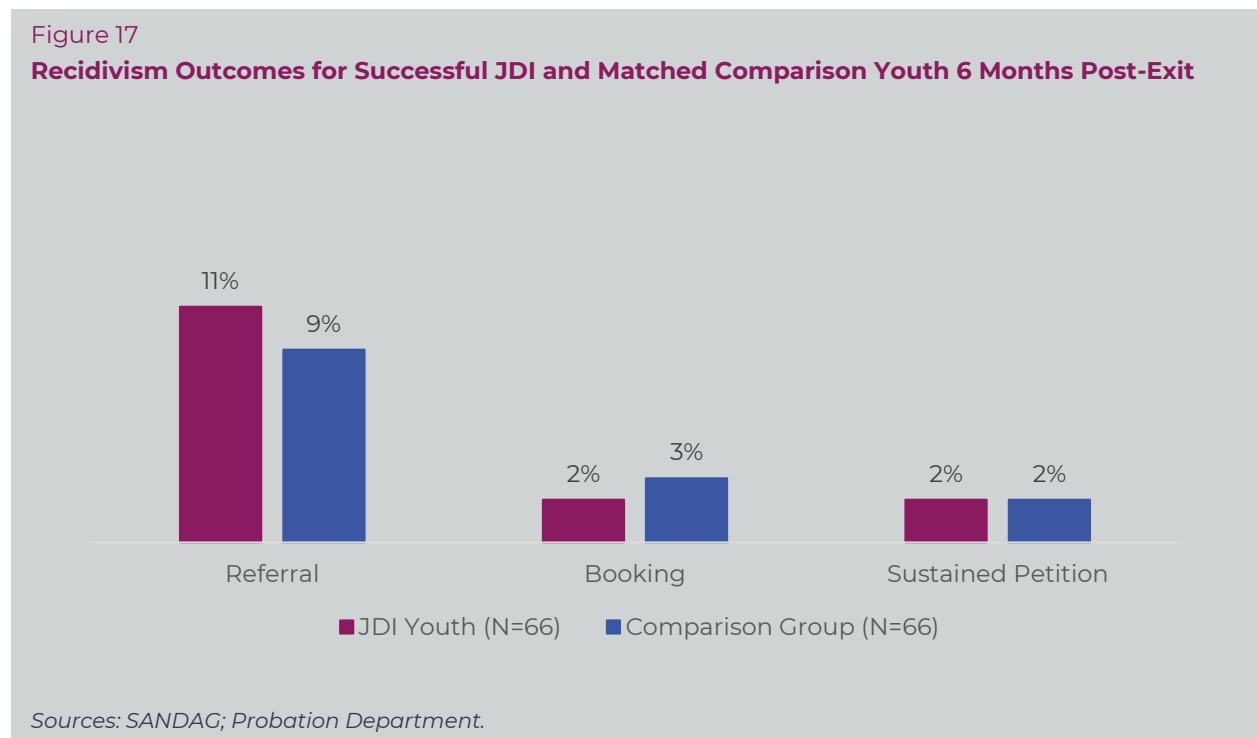
¹² As previously mentioned, not all youth have a post-assessment score due to case managers not being familiar with if and when to do the SDRRC-II post assessment. This issue was primarily concentrated in the early months of the program and completion rates have improved since the problem has been identified and addressed.

between calculated propensity scores of the “treatment” and matched comparison entries.

Figure 17 shows the recidivism outcomes for youth that successfully exited JDI up to six months after exit. Also, the chart includes the recidivism outcomes for the matched comparison group up to six months after their initial referral that designated them to the retrospective list. The recidivism outcomes were similar for JDI and comparison youth across referrals (11% and 9%, respectively), bookings (2% and 3%, respectively), and sustained petitions (2% each) (Figure 17). No JDI or comparison youth had a commitment in the period.

Looking for a more in-depth glance, we designed additional logistic regression models fitted to each of the recidivism indicators (referrals, bookings, true findings), including the covariates used in the propensity score weighting process along with the “treatment” and comparison indicators. The results showed no statistically significant differences between the two groups.

Following the results of the initial year of the program, it was not possible at this stage to confidently conclude that participation in JDI resulted in reduced recidivism outcomes in comparison to similar individuals that did not participate in JDI (Figure 17). However, it is important to note that the 66 JDI youth represents less than half of the total JDI successful youth. It will be important to track if differences start to emerge as the sample size of eligible youths for the six- and twelve-month post-exit recidivism check increases and are more representative of all the successful JDI youth.



Although using propensity score matching to create a matched comparison group is considered a rigorous design, it cannot provide full evidence of causation or account for all confounding variables that could affect outcomes in the same manner as a randomized controlled trial with random assignment.¹³ In addition, the propensity score matching for this study was limited to variables available in the local criminal justice data base systems and did not have more detailed information to account for all observational variables (i.e., socioeconomics, family relationships) and non-observational variables (e.g., internal motivations). Further, because the comparison group was retrospective in nature, it is difficult to control for factors that may have been relevant in 2019, but not in current day. Finally, it was unknown if the comparison group participated in other juvenile intervention programs, which also could have influenced the outcomes.

Lessons Learned

Although much can be said about the successes of the JDI program in terms of program outcomes and client satisfaction, there are a few lessons that were learned in the first year of implementation.

- Completion of pre- and post-assessments

All 203 youths that successfully completed JDI services should have a pre- and post-assessment. However, only an estimated 68% of these youth had these assessments. For those that did not complete the post-assessment, this limits the ability to determine the effects of JDI services. However, it is important to note that this issue was mostly concentrated at the beginning of the program and has improved over time once it was identified. NCRC cited that case managers initially lacked training on how to complete the assessments, and that there was miscommunication over if and when the youth should complete a post-assessment. Moving forward, the completion rate of these assessments is expected to improve.

- Participation of the person harmed in the RCC

The participation of the person harmed is a pivotal part of the restorative process. This allows them to address harms done and for the responsible youth to take accountability. Although universal participation is ideal, it is important that the person harmed does not feel coerced. NCRC cited that lack of familiarity of the JDI program was a possible reason why the person harmed did not want to participate. To increase the familiarity of the program, NCRC affirmed that they wanted to increase the JDI presentations to the broader community and not just subcontractors. To increase participation rates, case managers will also receive more training in how to better pitch the program when they

¹³ Coalition for Evidence-Based Policy (2014). Which study design are capable of producing valid evidence about a program's effectiveness? A Brief Overview. *Coalition for Evidence-Based Policy*. Retrieved from <http://coalition4evidence.org/wp-content/uploads/2014/10/Which-Study-Designs-are-Capable-of-Producing-Valid-Evidence-of-Effectiveness.pdf>; Michalopoulos, C., Bloom, H. S., & Hill, C. J. (2004). Can propensity-score methods match the findings from a random assignment evaluation of mandatory welfare-to-work programs?. *Review of Economics and Statistics*, 86(1), 156-179.

contact the person harmed. Additionally, NCRC created a new position starting in 2023 specifically focused on person harmed engagement.

- Importance of collecting demographic data on the person harmed

As mentioned throughout the report, the inclusion of the person harmed in the RCC is crucial to the youth's rehabilitation. While this was recognized in the program development, it was not recognized in the data collection methodology. As discussed previously, the responses of the persons harmed satisfaction surveys varied dramatically. Had demographic data been collected on persons harmed, it could have been used to provide contextual insight that might help explain why responses varied so much. Additionally, demographic data of persons harmed could have been used to compare how the persons harmed group differed demographically from the youth enrolled in the JDI program.

- Importance of caregiver engagement

Though most youth referred to JDI services signed a consent form agreeing to participate, there was a significant proportion of youth who were unwilling to do so: a little over one in five (23%) of those referred declined to participate. In nearly half (49%) of these referrals, the reason provided was that the caregiver had declined. Additionally, caregiver withdrawal of consent was one reason for unsuccessful program completion. Given the clear importance of continued caregiver engagement in program participation and in successful completion of the program, more data on the reason for caregivers declining JDI participation for their youth is needed so that strategies towards engaging caregivers and supporting them throughout the process can be identified and implemented.

- Maintaining connections between participants and subcontractors and linked organizations

Of the youth who began the JDI program, 53 (21%) did not complete it successfully. The most common reasons cited for unsuccessful completion—failure to attend (26%) and the provider losing contact with the youth (25%)—indicate that more can be done to increase the rate of successful completion for future participants. Continued contact between providers and participants, such as regular follow-ups and check-ins, should be facilitated to reduce the risk of losing contact with youths and increase the likelihood that they successfully complete the program.

- Improving educational outcomes

Relative to wellness and pro-social goals, educational outcomes were less positive for JDI participants. While a majority of participants indicated that their relationships and performance in school improved as a result of their participation in the program, over one-third said that it had no impact in these areas. Additional information is needed to understand why JDI services had less of a perceived impact in this area than in others.

➤ Maintaining contact with successful JDI youth

As a potential way to reduce the recidivism outcomes for the successful JDI youth, it is important to take inventory of what follow-up services are being offered and consider ways to adapt these services to help serve the needs of the demographic of youth that are recidivating. NCRC is developing a formal program to remain connected with successful JDI youth. It will be important to track if participation in this new follow up program helps reduce the recidivism rates of successful JDI youth.