

CJ EVALUATION



Alternatives to Detention

April 2019

Research findings from the Criminal Justice Clearinghouse

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Alternatives to Detention

Background

In 2015, the San Diego County Probation Department, in partnership with South Bay Community Services (SBCS), was awarded an Edward Byrne Memorial Justice Assistance Grant to expand Alternatives to Detention (ATD) services regionwide. Building on the success of a three-year ATD pilot project in the southern and central regions of the County, this grant allowed for the expansion of ATD to the northern and eastern portions of the region. To implement the expanded ATD program, Probation partnered with five community-based organizations (CBOs) currently contracted to provide prevention and intervention services to at-risk youth and juvenile offenders.

The San Diego Associations of Governments (SANDAG) was responsible for conducting a process and impact evaluation of ATD. A pre/post quasi-experimental design using a weighted historical comparison group was employed. The research also included a simple cost avoidance analysis.

Project goals and description

ATD program design is based on the evidence-based Juvenile Detention Alternatives Initiative (JDAI) and provides a continuum of community-based and family-supported detention alternatives for youth who do not require secure detention and who would benefit from community-based options. By addressing a youth's underlying needs, ATD intends to reduce days detained and the likelihood of future contact with the justice system. The program targets youth who have been arrested and charged or violated their conditions of probation, and who could have been detained because of a lack of alternatives, even though they were not a flight risk or potential danger to the community. ATD consists of two core service paths: intensive case management and a non-secure shelter, or "cool beds" plus intensive case management.

Participant characteristics

Between March 2015 and December 31, 2017, there were 1,268 ATD enrollments including 26 youth who entered ATD multiple times, resulting in 1,242 unique cases enrolled during the grant period. Eight percent (8%), or 99 enrollments, were placed in an ATD cool bed either at the start of their ATD involvement or during participation. Participants were mostly male (74%), 16 years old on average, and Hispanic (55%).

ATD goal

Reduce future involvement in the juvenile justice system by providing alternatives to detention through community-based interventions.

Key outcomes

- ATD youth had fewer needs and risks at exit compared to intake.
- Nine in ten ATD participants completed the program successfully.
- All ATD participants who were appropriate for a cool bed were able to be placed.
- Compared to a weighted comparison group, ATD youth had significantly less justice contacts during and post participation:
 - Arrests (12% versus 23%)
 - Bookings (21% versus 55%)
 - Commitments (15% versus 30%).
- At follow-up, ATD youth were detained fewer days on average (22 days on average) than the comparison group (83 days).
- Fewer overall days detained resulted in a cost difference of over \$10 million dollars between the ATD youth and the comparison group.

Core ATD program components:

- Assessment-based case planning
- Intensive case management
- Provision of evidence-based services and linkages to community supports
- Cool bed placement if needed (licensed foster care homes) as an alternative to detention in Juvenile Hall.

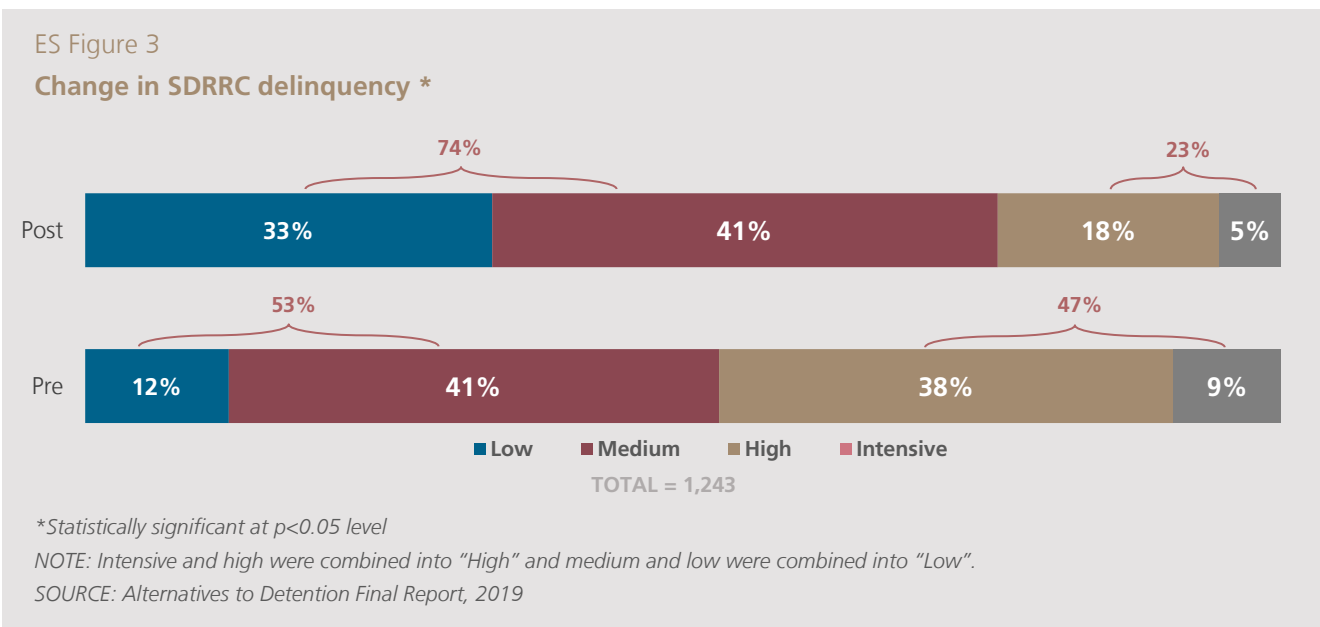
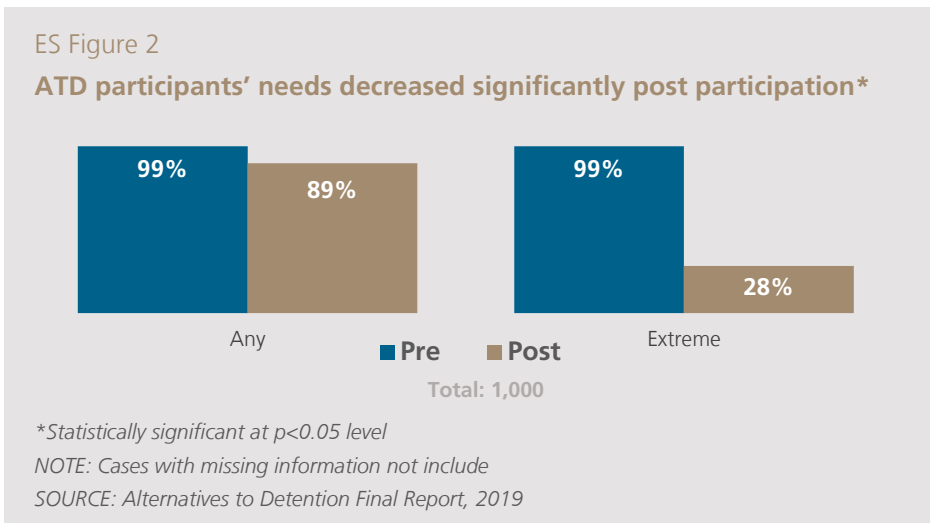
Evaluation outcomes

Change in ATD participants needs and risks

To achieve its goal of reducing detention days and future involvement in the justice system, ATD focuses on addressing the underlying needs that could be contributing to the youth’s involvement in the system. Analysis of change over time revealed that significantly fewer youth had any type of need at exit (89% versus 99%), with the greatest change occurring among those with an **EXTREME NEED** in an of the domains (ES Figure 2). Post assessment of a youth’s risk level to reoffend using the San Diego Risk and Resiliency Checklist (SDRRC) not only showed that nearly nine out of ten (87%) of participants at discharge increased their resiliency score, which is a combination of both risk and protective scores, but fewer youth (23%) were rated at the highest risk (“**INTENSIVE**” or “**HIGH**”) to reoffend and more youth (74%) were at lower risk (“**LOW**” or “**MEDIUM**”) at exit (47% and 23%, respectively) (ES Figure 3).

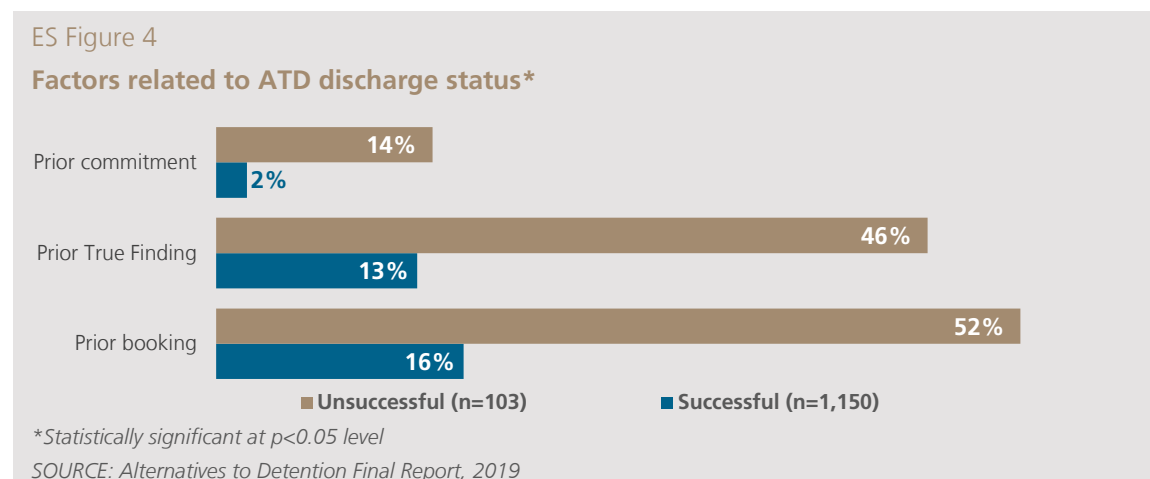
91%

ATD participants successfully completed the program.



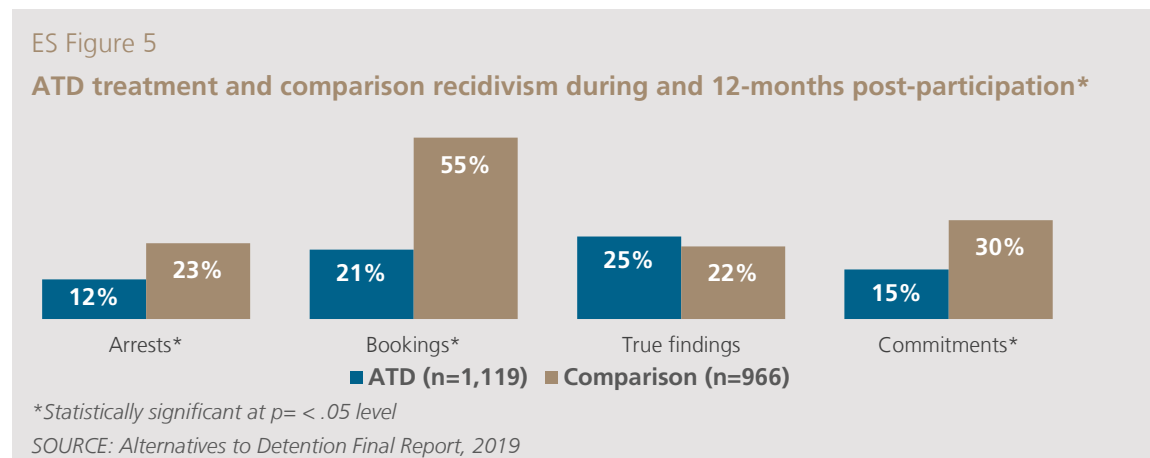
Successful completion of ATD

Almost all (91%) of ATD enrollees successfully completed the program (as defined by not having a new booking during program participation). Factors predictive of successful completion were services received and low risk scores at intake (not shown). Factors shown to increase the likelihood of unsuccessful completion were prior booking, true finding, and commitment (ES Figure 4).



Criminal justice involvement during and 12-months post ATD participation

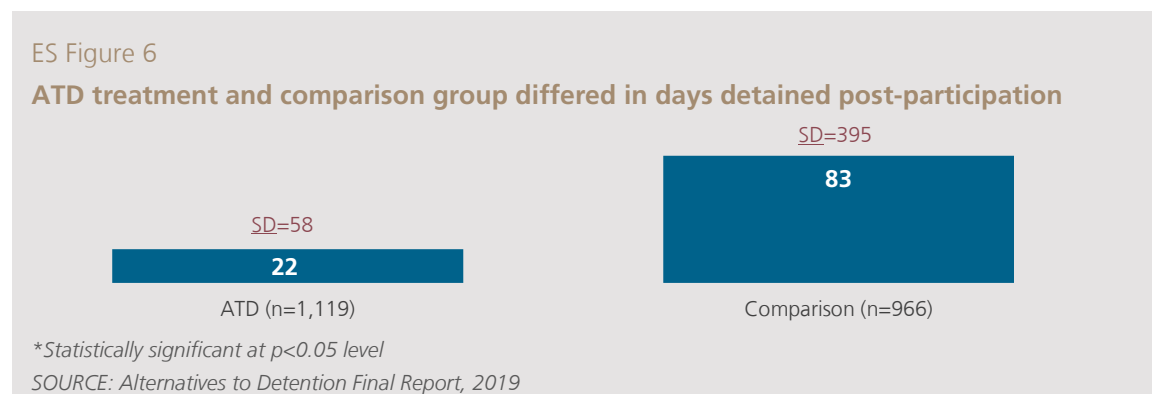
The ultimate goal of ATD is to reduce future detentions and involvement in the justice system. For the purpose of this evaluation, recidivism was measured as any arrest for new offenses, new true findings, bookings into Juvenile Hall, and institutional commitments during and 12-months after ATD completion or during probation status and 12-months post-probation supervision status end for the comparison group¹. As ES Figure 2 shows, the ATD enrollees were significantly less likely to be arrested (12%) and booked into Juvenile Hall (21%) than the comparison group (23% and 55%, respectively)² during these time periods. While both groups had a similar proportion of true findings, ATD enrollees were less likely to have an institutional commitment (15%) than the comparison group (30%).



¹ The comparison group is comprised of all youth who had a referral to Probation in FY14 and through weighted propensity score matching participants who best matched the treatment group on age, gender, ethnicity, SDRRC risk level, eligible recidivism days, and prior criminal history (defined as prior booking or prior true finding), resulting in 965.9302 cases.

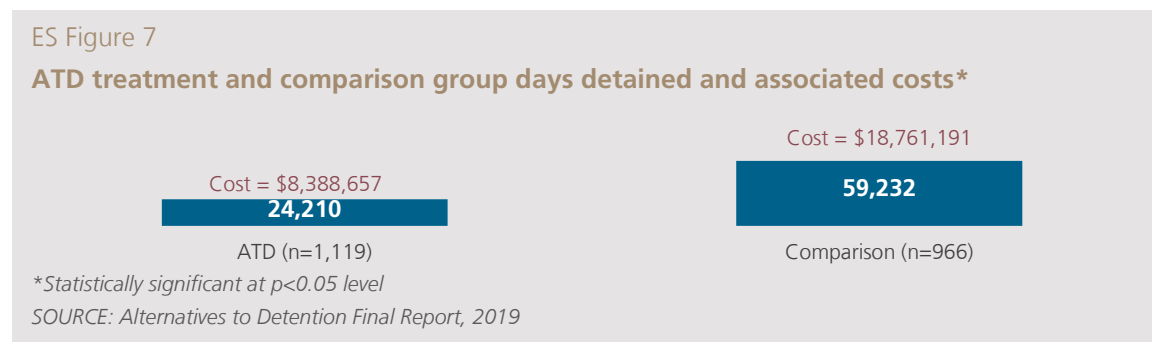
² Factors that could explain the fewer arrests than bookings include the different data collection sources (ARJIS and PCMS) and bookings that were a result of probation violations

In addition to instances of recidivism, ATD sought to reduce the number of days detained. Not surprising given the greater proportion of bookings and commitments, the comparison group spent significantly more days detained on average (83 days, SD=395) than youth involved in ATD (22 days, SD=58) (ES Figure 6).



Costs associated with reduced days detained and committed

Given that ATD enrollees spent fewer days detained in Juvenile Hall and/or in other local juvenile justice facilities, it follows that cost differences between the two groups were realized. Specifically, because ATD youth were detained significantly fewer days in either Juvenile Hall or another juvenile institution (24,210 days) than the historical weighted comparison group (59,232 days), the cost difference between the two groups was \$10,372,534 less for the ATD youth compared to those youth who did not receive ATD services (ES Figure 7).



Level of participation in ATD

While ATD was designed to serve youth for three months, on average youth were in the program closer to four months (115.87 days on average, $SD = 59.9$). During this time, youth and their families had frequent contact with their case managers (12 on average) and received a broad range of services, either from the ATD service provider or through linkages in the community. Specifically:

- Seven out of ten (70%) youth received a referral to services within the community.
- Over half (59%) of youth attended groups to address issues such as, trauma, life skills, anger, or criminogenic needs.
- Over one third (35%) of youth participated in some form (either individual, family, or both) of psychotherapy.
- Almost all (91%) of ATD enrollees successfully completed the program (as defined by not having a new booking during program participation).

Research limitations

As with most research, there were limitations to this study that should be considered when discussing the results.

- The first limitation is the reliance on a weighted historical comparison group in lieu of randomization. While this process is robust and is used to address selection bias between study groups, it is a statistical construct (or synthetic comparison group) of a group of youth in the system.
- The second limitation was the use of a historical sample, which did not allow for confounds associated with changes in policy or practices within the system that may occur over time (e.g., changes in the booking process not related to ATD).
- A third limitation is the lack of an object measure of fidelity to the model, which was not a component of the research. The possible variation in how the program was implemented among and within agencies impacts future replication and the ability to identify which programmatic factors have what effect on the outcomes.

Lessons learned

- While there were limitations that preclude casual inferences, the results support continued use of this model, including a wider inclusion of higher risk youth. Coupled with the expanded target population should be the exploration of additional interventions to address the needs of these higher risk youth, including existing best practices and the most current research.
- Future implementation would benefit from tracking adherence to fidelity and monitoring of outcomes associated with higher risk youth.
- Constant and on-going outreach, especially to law enforcement is essential to maintain pace with staff turnover and to build a culture that views alternatives to detention as the norm.
- Co-locate an ATD staff member in the Detention Control Unit (DCU) of Juvenile Hall during peak booking hours, as a secondary net to divert youth from detention. Recognizing that some youth who were eligible for ATD were still being detained, ATD stakeholders recommended placing an ATD staff member in Juvenile Hall to screen those youth for ATD eligibility. This change occurred after the grant in 2018 and should be monitored to ensure staff are there during the hours when most bookings occur.
- Buttress existing resources in the community, such as the regional clinicians stationed at regional probation offices, by raising the awareness of ATD services as an alternative to detention due to probation violations. Consistent and on-going outreach is necessary to increase and normalize the use of ATD systemwide.
- The potential cost avoidance actualized through ATD could be redirected towards non-institutional interventions aimed at supporting and reducing detention days for higher-risk youth.

Alternatives to Detention

Introduction

In 2015, the San Diego County Probation Department, in partnership with South Bay Community Services (SBCS), was awarded an Edward Byrne Memorial Justice Assistance Grant to expand Alternatives to Detention (ATD) services regionwide. Building on a three-year ATD pilot project in the southern and central regions of the County, the current project expanded ATD services to the northern and eastern portions of the region. To implement the expanded ATD program, Probation partnered with five community-based organizations (CBOs) currently contracted to provide prevention and intervention services to at-risk youth and juvenile offenders. These agencies included SBCS, North County Lifeline (NCL), Social Advocates for Youth (SAY) San Diego, Mental Health Systems Inc. (MHS), and San Diego Youth Services (SDYS). The ATD services were integrated as an additional component in the spectrum of service options available to youth and their families. This report, the third and final report of the grant, describes the 1,268 ATD enrollments that occurred between March 2015 and December 2017. The delay in the report is due to the necessary lapse of time to capture 12-month recidivism post-participation and delays in receiving data because of new California case sealing laws, which required additional time to ensure any cases previously sealed were included in the data extract.³

Program description

The ATD program design was based on best practice and evidence-based principles developed by the Juvenile Detention Alternatives Initiative (JDAI). ATD provides a continuum of community-based and family-supported detention alternatives for youth who do not require secure detention and who would benefit from community-based options. The program targets youth who have been arrested and charged or violated their conditions of probation, and who could have been detained because of a lack of alternatives, even though they were not a flight risk or potential danger to the community. This target population included youth who were either repeat offenders or first-time offenders and were not a public safety risk. ATD consists of two core service paths: intensive case management and a non-secure shelter or “cool beds” plus intensive case management. The former includes approximately three to four months of intensive case management, both before and after disposition (i.e., sentencing in the juvenile system), with youth and families being assessed and linked to services as needed. The latter program component was designed for youth who were unable to return home safely and deemed appropriate to be temporarily sheltered in a licensed foster care home (i.e., cool bed).

³ Because of substantial juvenile justice reforms to decrease the detainment of youth that paralleled the ATD implementation, the County of San Diego funded ATD at the end of the grant period for a minimum of an additional year and subsequently released a Request for Proposals (RFP) in December 2018 to continue funding ATD throughout the region.

Intensive case management

ATD case managers are available 24/7 to respond to referrals from law enforcement, Juvenile Court, the District Attorney, the Public Defender, and the Probation Department for youth who are either in or out of custody, have been arrested and/or violate terms of probation, and have been placed or are about to be placed in Juvenile Hall.

Consistent with best practices, the ATD case managers use an assessment instrument to determine eligibility, which is followed by the administration of the San Diego Risk and Resiliency Checklist (SDRRC) and the Family Well Being Assessment (FWBA). It is worth noting each of the ATD agencies had their own internal intake assessments, but for this project each agreed to use the same assessment to determine intake needs (i.e., FWBA). This unification around assessments was a product of the grant (which required a consistent metric to measure change) and demonstrated the collaborative commitment of the stakeholders. Based on the results of these two assessments, a case plan was created with the youth and their family.

ATD services are diverse and can be provided directly by the case carrying ATD provider within their existing web of services and/or by other entities in the community. Each of the ATD providers are experienced in providing a continuum of trauma-informed services for at-risk youth. While the youth is the focus of the case plan, ATD addresses the family as a whole and has the capacity to provide a range of services to family members to overcome any challenges that could exacerbate the youth's risk-taking behaviors. Services available to the youth and families include; family and/or individual therapy, domestic violence interventions, substance abuse services, school support and advocacy, shelter or housing support, employment and/or financial literacy, supportive groups (e.g. conflict management, decision-making skills, drop-out prevention, gang prevention, avoiding early and unintended pregnancy, leadership development), pro-social activities, and/or wraparound services (e.g. funds for uniforms, transportation, league fees, etc.). The range of services are purposefully broad in spectrum to improve responsiveness to the diverse population. Underlying the service provision is the goal to ensure the youth and family are linked to services within their community so they can continue to receive support (if needed) upon completion of ATD.

Cool beds

In cases where return to home or suitable placement was not feasible, ATD case managers, in collaboration with law enforcement, Probation, and/or Juvenile Court, would place a youth into a licensed foster care home specifically reserved for ATD youth. During the grant period four cool beds were available and no participant was denied this service due to lack of availability. The ATD case manager assumed the lead in coordinating the family reunification plan and was responsible for transporting that youth to his/her home school and to any services needed during the cool bed period.⁴ Cool bed placements were intended to last from one day to two weeks (with exceptions if needed) to help stabilize the situation and support a safe return home.

Program milestones and timeline

Throughout the grant period, SBCS met quarterly with the key stakeholders to share program updates, build relationships, and facilitate dialogue about ATD implementation. At these meetings, current program numbers were discussed, challenges and successes were shared, and protocols were developed. These meetings were essential in coordinating the regionwide rollout of ATD. In addition to these meetings, SBCS provided on-going outreach to all referring agencies (e.g., attending all police lineups, Public Defender briefings) to improve referrals and ensure awareness of the ATD program. SBCS also provided trainings specific to the population needs and leveraged funds to increase mental health services. Finally, SBCS led the sustainability efforts, resulting in the County of San Diego providing an additional year of funding for the project at the end of the grant period. Table 1 provides a list of key milestones in the implementation process and expansion.

Table 1

ATD timeline and milestones of program implementation expansion

Milestone	Date
Began foster parent outreach to expand to at least 4 foster cool beds, including North County	March 2015
Expanded ATD countywide	July 2015
Started mental health enhancement (Title II Funding) to provide a mental health specialist to each of the 5 regional CBOs (1/2016). Each were trained on Brief Strategic Family Therapy (BSFT) and TARGET (Trauma Affect Regulation: Guide to Education and Therapy)	January 2016
Started accepting referrals from Polinsky (a 24-hour temporary shelter for children removed from their families for their own safety or if the family cannot care for them)	January 2016
All agencies received gender-based training (from the One Circle Foundation) on support groups for girls and boys	October and November 2016
San Diego County Interagency Agreement for an ATD Protocol approved by San Diego County Police Chief's & Sheriff's Association	February 2017
ATD Participant Release and Waiver of Liability form implemented	June 2017
Began to explore expanding ATD services to higher risk youth in response to National Council on Crime and Delinquency study	November 2017

100% cool bed placement rate

All youth who needed a cool bed and met the eligibility requirements of physical and mental safety, as well as parental/guardian's consent to engage, were placed into a cool bed.

⁴ Both a County Operational Agreement, a parental informed consent, and a waiver to release liability were created (i.e., used when a youth was released to an ATD provider at time of arrest) to address legal concerns of youth placed in cool beds.

Evaluation methodology

Research design

The evaluation included both process (documenting what and how ATD was implemented) and outcome (what impact ATD had) components in order to measure ATD's success in achieving its goals and objectives. Specifically, a quasi-experimental design using a matched/synthetic historical comparison group was employed. The comparison group was matched to the treatment group using a weighted propensity score technique to address any selection biases and created equivalent groups to compare recidivism outcomes of the comparison group to those participating in ATD. The research also included a simple cost avoidance analysis from the perspective of local government costs (i.e., detention days in Juvenile Hall and all other juvenile facilities) for three fiscal years (FY14 – FY18).

Process measures

The process evaluation documented the level of intervention and how well the ATD program model was implemented. Data were gathered from multiple sources to describe the youth and families served, the type and dosage of services received, and the perceived quality of implementation of ATD.⁵ The process evaluation addressed the following questions:

1. What were the number and characteristics of the program participants, (e.g., demographics, risk assessment, and criminal history)?
2. What was the level and type of services received, including agency contacts, community referrals, and treatment contacts?
3. What factors were related to successful completion of the program (e.g., prior criminal history, services received, treatment dosage)?
4. Was the strategy and program implemented with fidelity?
5. What, if any system changes, occurred as a result of the ATD project?

Outcome measures

Most of the outcomes were individual in nature and focused on measuring how effective ATD was and with whom. The outcome evaluation addressed the following questions:

1. Did ATD improve participants' criminal justice outcomes, as measured by fewer arrests for new offenses, new true findings, booking into Juvenile Hall, and institutional commitments during and one-year post-ATD participation than the comparison group?
2. Did ATD reduce days detained in Juvenile Hall (as measured by fewer pre-adjudicated detention days and commitment days than the comparison group)?
3. Did ATD result in any system cost savings relative to the comparison group?

Data were collected from multiple sources, including but not limited to archival data from criminal justice systems, partner surveys, and validated assessments. As noted above, collection of criminal justice data was delayed because of legislative changes in 2016 mandating automatic sealing of juvenile records. Additional action and time was needed by Probation to temporarily unseal all treatment and comparison records for the purposes of this research.

⁵ A more detailed account of the evaluation plan, including data sources is included in the Appendix A.

Treatment and comparison groups

Because random assignment to receive ATD or “treatment as usual” was not an option, propensity score weighting was used to create a historical comparison group to compare to the treatment group. This quasi-experimental design allows the research to make casual claims about the impact of the intervention (i.e., ATD) by eliminating other factors that could explain any changes post-program participation. This process creates two equivalent groups in regard to factors included in the propensity score weighting process and therefore strengthens the likelihood that any difference found between the two groups is associated with the intervention (e.g., ATD involvement). The treatment group included youth enrolled into ATD during the period of March 2015 through December 2017, resulting in 1,229 unique youth and 24 youth who had multiple entries⁶. The prospective comparison group included all youth with a Community Intervention Officer (CIO), Informal, and Formal Probation status⁷ in the Fiscal Year 2014 (July 1, 2013 – June 30, 2014)⁸, with a valid DOB, gender, ethnicity, and SDRRC risk level score, which led to 716 eligible participants in the comparison group. Propensity score weighting was then used to create a comparison group from the universe that best matched the treatment group on demographic, risk level, eligible recidivism days, and prior criminal activity.⁹ The result was a final comparison group with an effective sample size of 977.3052. For purposes of the outcome analysis, only treatment cases that had exited the program prior to or on February 8, 2018 (the last day of recidivism data collection for the one-year post-period was February 5, 2019) and had no missing data were used to match the two groups, resulting in the 1,119 treatment entries.

Participant characteristics

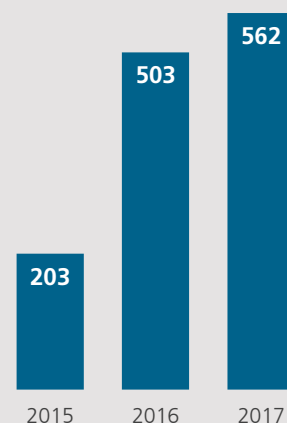
Number of ATD participants

During the three-year grant period (March 2015 through December 2017) there were 1,268 ATD enrollments. These numbers reflect a low of 203 enrollments during the startup year, which increased as planned to a peak of 562 in 2017 (Figure 1).

The 1,268 enrollments included 26 youth who entered ATD multiple times, resulting in 1,242 unique cases enrolled during the grant period. Eight percent (8%), or 99 enrollments, were placed in an ATD cool bed either at the start of their ATD involvement or during participation (not shown). This proportion of cool bed enrollments decreased slightly each year from 2015 to 2017 (9.4%, 8.8%, and 7.9% respectively) (not shown).

Figure 1

Number of total ATD enrollments



SOURCE: Alternatives to Detention Final Report, 2019

⁶ The difference between the 1,253 and the 1,268 was a factor of when the data were requested. This difference of 15 cases did not have any significant difference in the outcomes.

⁷ The level of supervision increases from CIO (the lowest intervention and Probation’s equivalent to diversion) to the Formal Probation or 602 status (wardship).

⁸ If a comparison group participant had multiple entries during the time period, only the first entry was included in the group.

⁹ Propensity score weighting to determine the average treatment effect on the treated (ATD) was used to balance the comparison group’s demographic and criminal history covariate distributions to best match the treatment group. In addition, the number of eligible recidivism days was included to ensure that each group was measured on equivalent time periods. Covariates used in the weighting process

were: age, ethnicity, gender, pre-SDRRC risk level, recidivism days, prior bookings, prior true findings. The balanced tables are in Appendix B.

Because ATD offers an alternative to youth who do not present enough risk to be considered for detention, it is imperative referred youth are linked to services in a timely manner. On average (median), the CBOs were able to establish contact with the youth within seven days (range 0 to 98 days) of referral to the program. SBCS (24%), accounted for around one in four of the enrollments, SAY San Diego (22%), and SDYS (20%) for about one in five, and Mental Health Systems (MHS) and North County Lifeline (NCL) each served 17 percent of the enrollees. As for referral sources, Probation was the primary referral agency, accounting for one-half (51%) of all referrals, followed by law enforcement (33%), and the court (16%) (Table 2). When examined by specific agency, the San Diego County Office of the Public Defender (15%) and the San Diego County Sheriff’s Department (11%) had the most referrals (following Probation’s 51%), which was followed by the Chula Vista Police Department (8%), San Diego Police Department (6%) and National City (4%) and Carlsbad Police Departments (3%). The San Diego County’s District Attorney’s Office, and the El Cajon, La Mesa, and Oceanside Police Departments each accounted for less than one percent of the referrals (not shown).

Table 2

ATD referral sources and ATD agency referrals

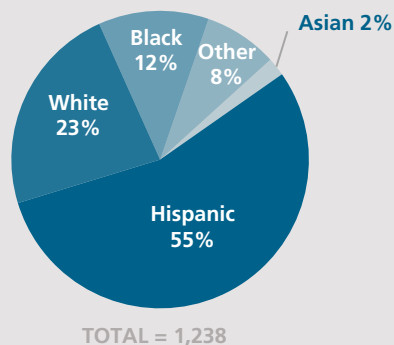
ATD referral sources		ATD agency referrals	
Agency	Percent	Agency	Percent
Probation	51%	SBCS	24%
Law enforcement	33%	SAY San Diego	22%
Court	16%	SDYS	20%
		Mental Health Systems	17%
		North County Lifeline	17%

Demographics

Youth served by ATD were mostly Hispanic (55%), followed by White (23%) and Black (12%) (Figure 2), male (74%), and 15.6 years old on average ($SD=1.6$) (not shown). Consistent with the average age of participants, most youth were in high school (84%), followed by middle school (12%) and less than one percent were in elementary school. The remaining youth either had their GED (3%) or High School Diploma (<1%) and one youth was in college (not shown). Over half (59%) of ATD enrollees were attending a traditional school at the time of intake, with about two in five (36%) enrolled in some alternative type of school and five percent were not enrolled at all (Table 3). These data indicate a disruption in school (i.e., not attending traditional school) for a substantial portion of the ATD participants.

Figure 2

Racial/ethnic characteristics of ATD youth



NOTE: Cases with missing information not included
 SOURCE: Alternatives to Detention Final Report, 2019

Table 3

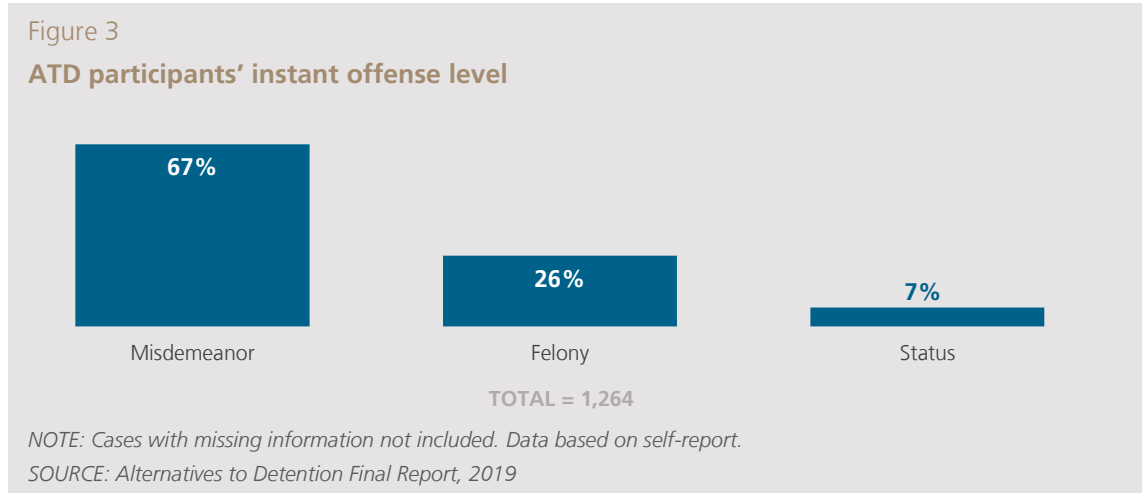
ATD participants’ school enrollment type

Type of school	Percent
Traditional	59%
Alternative	14%
Independent	12%
Juvenile Court School	5%
Not enrolled	5%
Learning center	5%
Total	1,268

NOTE: Cases with missing information not included
 SOURCE: Alternatives to Detention Final Report, 2019

Juvenile justice involvement

The expectation was ATD youth would mostly be low level offenders who did not pose a safety risk to the community but were not eligible for diversion. Program data on the offense that was associated with the youth's referral to ATD aligned with this expectation, with the most common instant offense level (i.e., the charge that made them eligible for ATD) being a misdemeanor (67%), followed by 26 percent who had a felony-level charge, and 7 percent referred for a status offense.

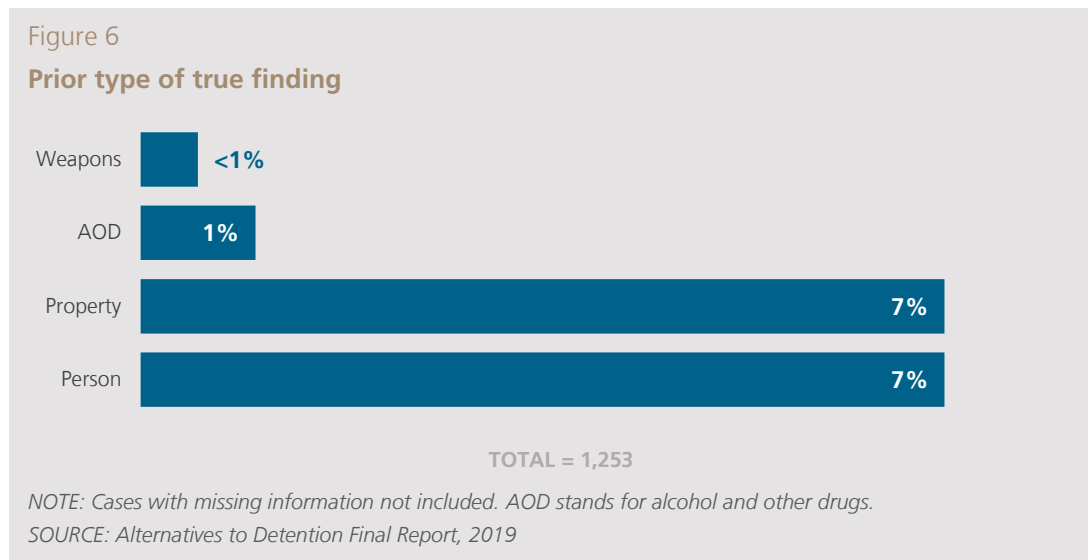
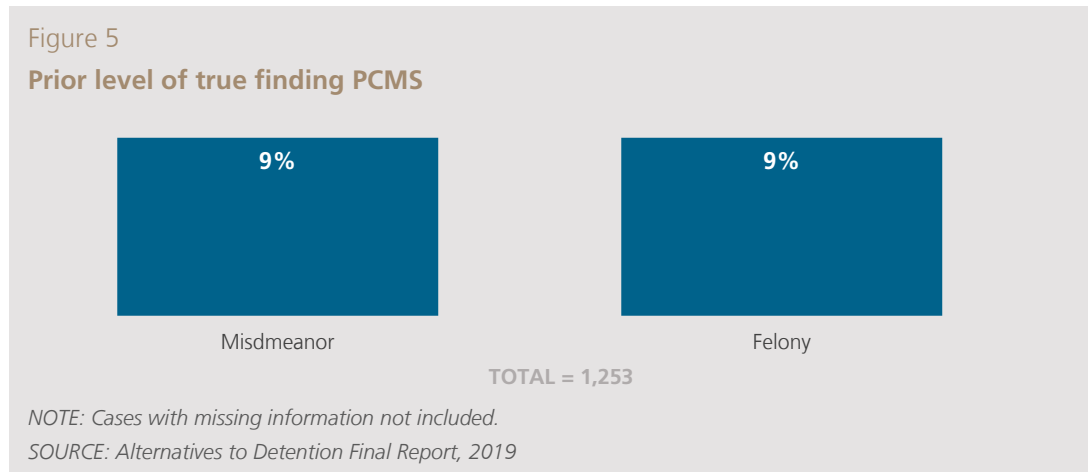


Data gathered from official records (i.e., ARJIS and PCMS) for the period 12 months prior to entering ATD (including the instant offense)¹⁰ showed over one-quarter (27%) of enrollees had a prior arrest, one in five (19%) had been booked into Juvenile Hall, 16 percent had a prior true finding, and 3 percent had received an institutional commitment (Figure 4).



¹⁰ Because the instant offense was not linked to the date of intake it was not possible to distinguish it from other prior offenses.

Participants had the same proportion of misdemeanor and felony level true findings (9% each) and a similar proportion for a person (7%) or property offense (7%) (Figures 5 & 6).

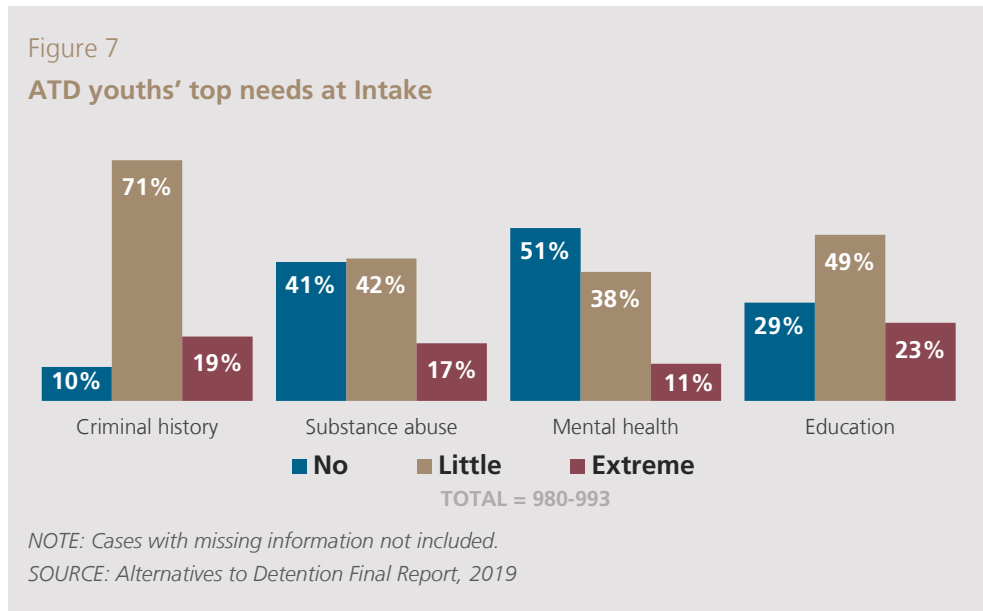


Level of need upon intake

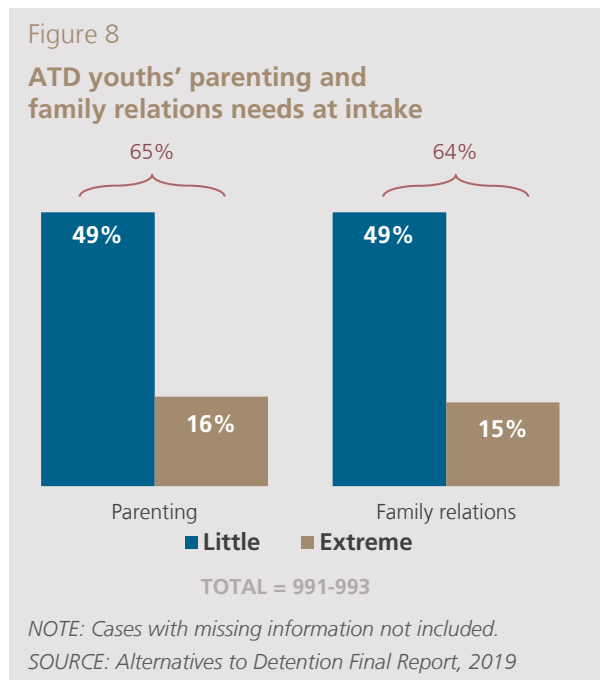
Consistent with evidence-based practice, which recommends using an assessment to identify and then respond to client's needs, each youth who is referred to ATD receives a Family Well-Being Assessment (FWBA).¹¹ The assessment uses a three-point scale ("**EXTREME**", "**LITTLE**", or "**NO NEED**") to rate youth on several measures, including shelter, nutrition, health care, substance abuse, criminal background, mental health, education (self and parent), parental supervision, family relations, and economics. The tool does not provide an overall rating of need but serves as the driving force to create the youth's case plan. In addition to the FWBA, each youth is given the San Diego Risk and Resiliency Checkup (SDRRC) to determine level of risk for recidivism.

¹¹ FWBA is an assessment created by SBCS and for the purposes of ATD all five CBOs agreed to use this assessment, illustrating the level of commitment to collaboration.

At intake¹², the top areas of concern for the youth who were administered the FWBA were criminal involvement, substance abuse, mental health, and child’s education (Figure 7).



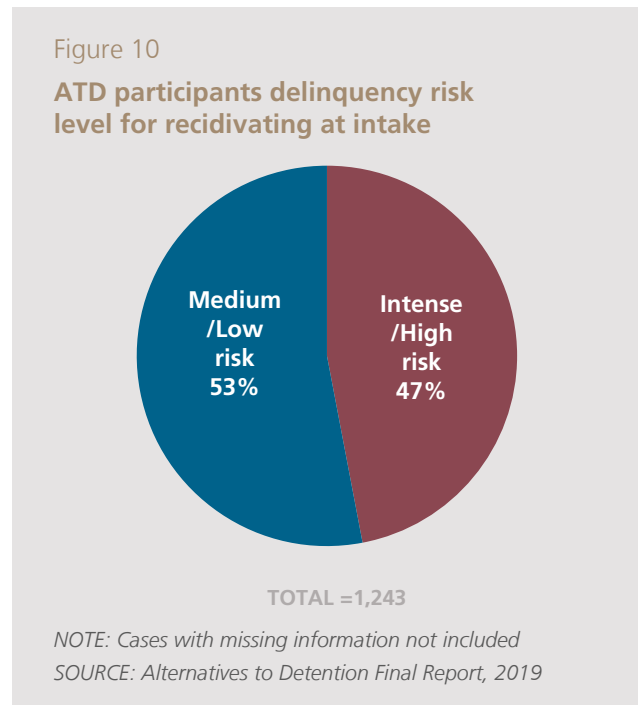
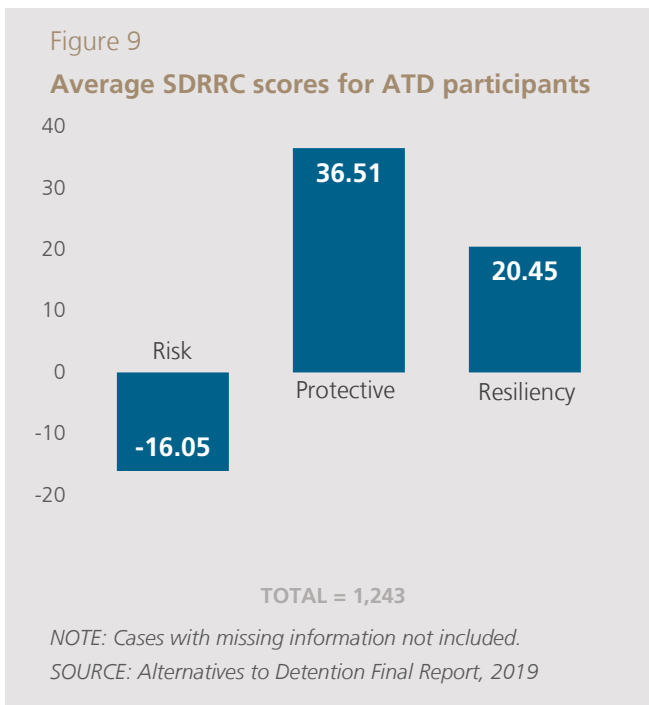
The assessment of family-related needs showed most of the youth had some challenges with parental supervision and family relations, with around two-thirds (65% and 64%) rated as having some level of need (i.e., “LITTLE” or “EXTREME”) in these two areas (Figure 8).



¹² For outcome purposes, only cases that had an intake and matching exit FWBA are presented. However, analysis of matched and non-matched intake forms showed no significant differences between those that did not have an exit form and those that did.

The SDRRC is the standard assessment for recidivism used by San Diego County Probation and all of its partners and includes 30 protective and 30 risk items across 6 subscales (e.g., delinquency, substance abuse). A protective score can range from 0 to 60 and a risk score can range from -60 to 0. Overall, scores can range from -60 to 60, which is the total resiliency score (a combination of both risk and protective scores). The higher the resiliency, the less at-risk the youth is for recidivating. At intake, youth had an average risk score of -16.05 ($SD=10.04$), an average protective score of 36.51 ($SD=11.84$) and an average resiliency score of 20.45 ($SD=19.83$) (Figure 9).

In addition to identifying needs and risks, Probation uses the SDRRC delinquency sub-domain risk score to determine a youth’s risk level for recidivating. Analysis of ATD participants’ risk levels showed about half fell within the “**INTENSE**” and “**HIGH**” categories (9% and 38%, respectively) for recidivism and half were assessed to be at “**MEDIUM**” or “**LOW**” (41% and 12%, respectively) risk for reoffending (Figure 10).



Key takeaways

- There were 1,268 ATD enrollments during the three-year grant period, with close to one in ten needing a cool bed placement.
- Most were male, in high school, ethnically diverse, and many had disruption in their education.
- The greatest area of need for the youth pertained to criminal history, mental health, substance use, and youth’s education. Family relations and parental supervision were also a need for two-thirds of enrollees.
- A similar proportion of youth were rated as either Intensive/High or Medium/Low risk for recidivism and most entered ATD with a misdemeanor level offense.

Level and type of services received

As noted earlier, ATD was designed to provide intensive case management for a period of three months. Services can be offered in-house by the CBO providing the case management and/or through a referral to another provider in the community.

Agencies tracked the type of encounter with (i.e., face-to-face, phone, or collateral referral) youth and/or family member, as well as the number of groups and therapeutic sessions attended. A review of the frequency and types of contacts illustrates the intensive attention the ATD youth and families received. During the grant period (March 2015 – December 31, 2017), with each enrollee having an average (median) of 12 contacts (range 0 to 105) during participation. Overall, 63 percent of enrollments had all three types of contacts, 30 percent had two, and 7 percent had just one type of contact (not shown).

In all but three cases (98%), youth had at least one face-to-face contact, 86 percent had a phone contact, and 67 percent had a collateral contact per enrollment episode (Table 4). When examined by number of contacts, the average (median) enrollment episode had three face-to-face (range 0 to 29), five phone (range 0 to 48), and two collateral contacts (range 0 to 72) (Table 4). Collateral contacts included reaching out to other entities also working with the youth, such as a Probation Officer, a therapist, and the school, and every phone call or email was noted.

In addition, 70 percent of enrollees received at least one referral to an outside service, averaging one referral per enrollment (median; range 0 to 14) (not shown). Group counseling (39%), opportunities to complete community service (29%), and individual/family counseling (28%) were the most common types of referrals (Table 5).

Table 5
Collateral referrals provided to ATD participants

Type of service	Percent received
Group counseling	39%
Community services	29%
Individual/family counseling	28%
Other referrals	4%
Parenting services	3%
Community-based agency	3%
Tutoring	2%
AOD	6%
Wraparound services	2%
Extra-curricular activities	2%
Housing support	2%
Medical/dental	2%
Financial/employment support	<1%
Legal	<1%
Total	1,268

SOURCE: Alternatives to Detention Final Report, 2019

“My mother says that she has noticed a difference in me since I have been coming to therapy. It helped me to learn ways to deal with my anxiety.”
ATD participant, 2016

Table 4
Types and number of contacts with ATD participants

Type of contact	Percent with contact	Median (Range)
Face-to-face	98%	3 (0–29)
Phone	86%	5 (0–48)
Collateral	67%	2 (0–72)
Total		1,267

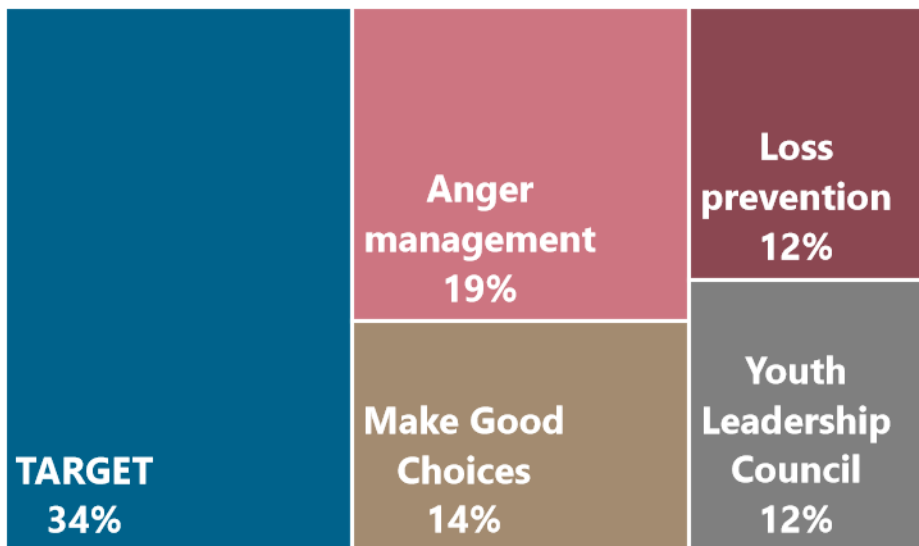
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

Youth also received group services directly from ATD providers, with 59 percent participating in at least one type of group (e.g., anger management, Girls Circle, TARGET (trauma informed group), Anti-Theft, Male Mentoring) (Figure 12). Of those who did attend groups, enrollees participated in six groups on average (median; range 1 to 41), with TARGET (34%), Anger Management (19%), Positive Decision Making (14%), Loss Prevention (12%), and Youth Leadership Council (12%) being the five most frequently attended groups (Figure 11).

Figure 11

Five most frequently attended groups of ATD youth



SOURCE: Alternatives to Detention Final Report, 2019

Additionally, 35 percent of enrollees were involved in either family (19%) and/or individual (16%) therapy per enrollment episode (Figure 12). On average (median) five individual therapy sessions were provided (range 1 to 25), and three sessions for those involved in family therapy (range 1 to 15) (not shown). Of those involved in therapy, a similar amount participated in either one type (41%) or a combination of individual and family therapy (59%) per enrollment episode (not shown).

Figure 12

Percent of ATD youth participating in group/therapy services



SOURCE: Alternatives to Detention Final Report, 2019

Key takeaways

- ATD enrollees had numerous contacts by their case managers and received a variety of services based on their case plans.
- Services included referrals to services in the community (70%), internal groups focused on life skills and development (59%), and participation in individual or family therapy (35%).

ATD cool bed participants

Youth who needed to be temporarily removed from the home (either for public safety or the safety of the youth and/or their family) and who did not have alternative housing arrangements, were placed in an ATD cool bed. As noted earlier, 8 percent (n=99) of the enrollments into the program included an ATD cool bed placement. Most of these cool bed intakes occurred at the time of referral (83%), with the remaining 17 percent placed in an ATD cool bed between one and nine days after the initial referral. Two youth were placed in a cool bed twice, at the beginning of ATD involvement and again during program participation. On average, a cool bed stay was less than a week (median 5 days, range 1 to 20), but flexible enough to accommodate youth who needed to be there longer (no shown).

Although youth who were placed in an ATD cool bed comprised a small proportion of overall enrollments, analyses between them and those that did not utilize a cool bed highlighted the higher-level of risk these youth were, especially with respect to their family life. Comparing the characteristics of ATD cool bed enrollments to the ATD enrollments that did not involve a cool bed revealed differences regarding demographics and needs. Table 6 shows how ATD cool bed youth were more likely to be female (53%), Black (20%), have a misdemeanor level instant offense (85%), and less likely to have been Hispanic (37%) compared to other ATD participants.

A comparison of SDRRC scores between ATD only enrollments to ATD cool bed enrollments showed ATD cool bed enrollees had significantly higher risk scores on average (-19.06 versus -15.95), significantly fewer protective factors (32.85 versus 36.68), and an overall significantly lower resiliency score (13.79 versus 20.73) upon entrance (Figure 13).

Table 6

ATD cool bed youth compared to non-cool bed ATD youth

Characteristic	Non-cool bed	Cool bed
Female	24%	53%
Hispanic	57%	37%
Black	11%	20%
Felony	27%	12%
Misdemeanor	65%	85%
Total	1,164	98

NOTE: Cases with missing information not included.

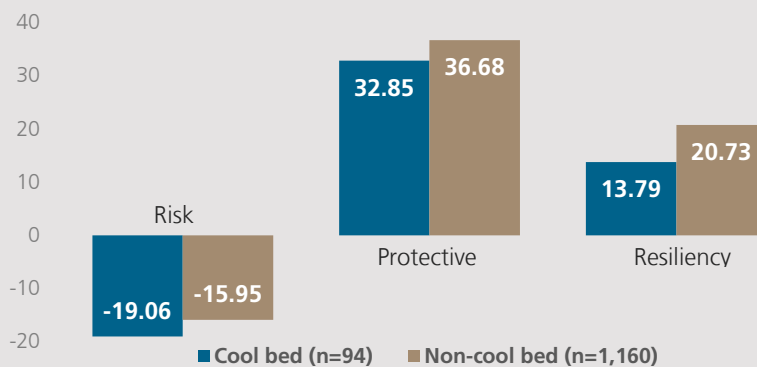
SOURCE: Alternatives to Detention Final Report, 2019

“The staff treated me kind while in cool bed and afterwards. The program helped me in so many ways. I am lost for words how grateful I am and I love the program.”

ATD cool bed youth, 2016

Figure 13

ATD cool bed youth compared to non-cool bed ATD youth*



*Statistically significant at $p < 0.05$ level

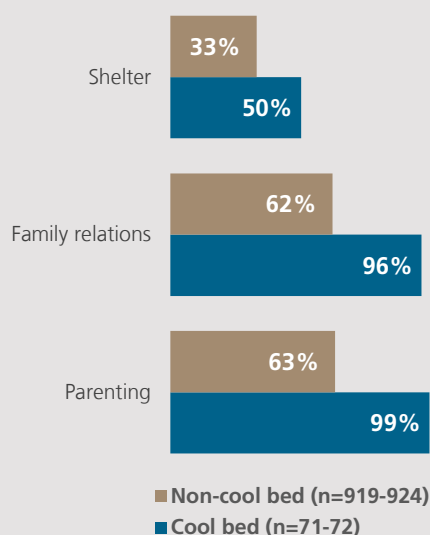
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

Because a primary function of ATD cool beds was to provide a respite during a tense time within a family, it was not surprising a significantly larger proportion of the ATD cool bed enrollees were rated as having a need (**EXTREME** or **LITTLE**) in regards to shelter (50%), family relationships (e.g., unstable home, violence in the home, lack of connection with family member[s]) (96%), and parenting they received (99%) (e.g., runaway behavior, outside placement, abuse, lack of stability) compared to non-cool bed ATD participants (33%, 62%, 63%, respectively) (Figure 14). Significant differences were also evident in the proportion of ATD cool bed intakes rated as having nutritional (40%), healthcare (44%) employment (49%), mental health (64%), and educational needs (83%) compared to those who were never in a cool bed (29%, 30%, 35%, 48%, and 70% respectively) (Figure 15).

Figure 14

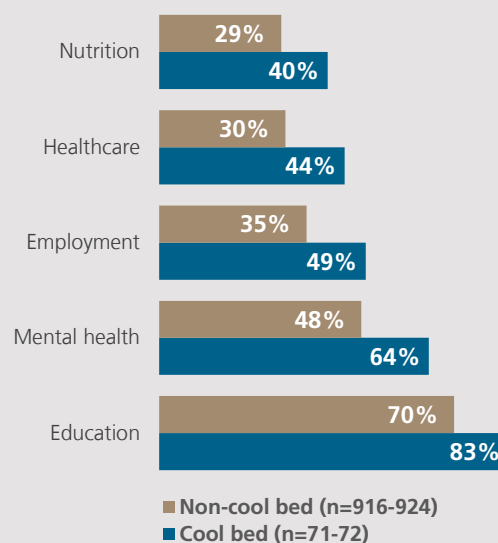
ATD cool bed youth assessed home needs compared to all ATD youth*



*Statistically significant at $p < 0.05$ level
 NOTE: Cases with missing information not included.
 SOURCE: Alternatives to Detention Final Report, 2019

Figure 15

ATD cool bed youth with needs compared to all ATD youth*



*Statistically significant at $p < 0.05$ level
 NOTE: Cases with missing information not included.
 SOURCE: Alternatives to Detention Final Report, 2019

Key takeaways

- Cool bed participants differed on race, gender, criminal history than ATD participants who didn't access cool beds.
- Cool bed youth and families also had higher needs and were at greater risk for recidivism.

*"They [program staff] gave a lot of attention to my son and my family. They worried about him and us. We were not just a number."
 Parent of participant, 2017*

Implementation of ATD

To address the research questions “Was the strategy and program implemented with fidelity?” and “What, if any, system changes occurred as a result of the ATD project?”, SANDAG, in cooperation with Probation and SBCS, created and administered a partner survey three times during the evaluation period. The survey was conducted annually (2016, 2017, and 2018). As part of the evaluation process, survey results were shared with the partners each year to inform the implementation process and allow for midcourse adjustment. Copies of these reports are in the appendix (Appendix C). For the most recent survey, SANDAG emailed the survey to 77 ATD staff and ATD Advisory Task Force members using the current known addresses available to SBCS. The email contained a cover letter explaining the intent of the survey along with a link to the survey. Out of the 77 surveys emailed, 33 partners responded, resulting in a 48 percent response rate¹³. Not all partners that participate in the ATD program were represented in the survey results. Of those who responded 30 percent worked for SDYS, 18 percent for SBCS, 15 percent for San Diego Public Defender’s Office, and 12 percent for the San Diego Probation Department (Not Shown). About one-fifth (19%) of respondents attended the ATD Advisory Task Force meetings most of the time, with 52 percent never attending. However, of those who did not attend, 69 percent reported their agency sent a representative to these meetings.

“I have been with the project since expansion in 2015 and I’ve seen need for the program grow, staffing for the program grow, and an increase in referrals and successful outcomes for youth.”
Partner, 2018 Survey response

Implementation

Almost all of the respondents across each survey year believed ATD had been implemented well (92%, 100%, and 96%, respectively) (not shown). When asked more specifically about the program components, the majority of respondents reported that the program was serving the right population, meeting the populations needs, providing the right amount of services, and had high quality programming (Table 7). Among the three survey years, the responses were fairly constant, with a slight upward trend of those that felt the services were high quality (83%, 94%, and 97%, respectively) and the right amount (73%, 91%, 90%, respectively). The few respondents who provided feedback on how the program could improve in these areas stated a need for additional evidence-based services, improved communication, and a means to reduce transportation barriers for the youth and families.

Table 7
ATD partners perspective of program services

ATD	Percent agree		
	2016	2017	2018
...is serving the right population	98%	94%	97%
...meets the needs of the population	90%	91%	86%
...is high quality	83%	94%	97%
...provides the right amount of services for the population	73%	91%	90%
Total	40	35	29

NOTE: Cases with missing information not included.
 SOURCE: Alternatives to Detention Final Report, 2019

The overall support of the project implementation was also reflected in the total agreement (100%) by respondents (asked in 2017 and 2018) on the importance of sustaining ATD services in 2018 (after the grant ended).

¹³ The response rate decreased each year, 52 percent rate in 2016 and 48 percent in 2017.

System changes

One of the goals of ATD was to positively affect the juvenile justice’s system’s policies and practices, which included reducing the system’s use of detention and time a youth was detained, as well as how entities communicated and collaborated with each other.

A review of partner survey results over the years showed consistency across most questions compared to previous years. More than nine out ten respondents rated ATD services as effective in reducing the number of youth detained in Juvenile Hall and the length youth spent detained in Juvenile Hall (Table 8).

“If ATD is non-existent after 2018, you can expect to see an increase in youth being detained in Juvenile Hall and slipping through the cracks on support services.”
 ATD partner, 2018

Table 8

Effectiveness of ATD in reducing detentions and days detained

	2016	2017	2018	Total
Reducing number of youth detained	97%	94%	100%	29-38
Reducing days detained	97%	97%	98%	28-35

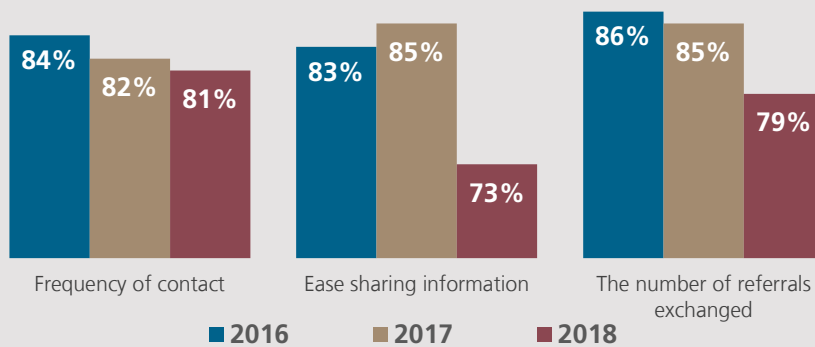
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

To understand how ATD may have affected partner collaboration, a series of questions were asked about communication with each other, ease of sharing information about participants, and frequency in receiving and sending referrals. The majority of respondents felt all of these elements had increased during the grant period. Around eight out of ten reported positively in these areas, with a slight dip among 2018 respondents (Figure 16).

Figure 16

Effectiveness of ATD on increasing communication among partners



NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

Some of the open-ended feedback also shed light on the perceived improved communication and partnerships:

- “I think where we [ATD providers] do stand out is helping youth/families navigate the court system and the relationships we have developed with law enforcement and especially Juvenile Court and Probation. We are easily able to pick up the phone and reach out to our colleagues in Probation, Public Defender’s Office and District Attorney’s office and able to determine where a youth’s case is and provide advocacy behind the scenes.” (2016)
- “I believe the nonprofit agencies have better contact with the juvenile justice system and local law enforcement in order to deter and prevent youth from entering detention, especially with the 24/7 on call response team to place you into a cool bed.” (2016)
- “The most impactful part for me were the meetings. The right people were at the table developing relationships and sharing information, which ultimately helps divert youth even if they are not part of ATD.” (2018)

In addition to positive feedback, open-ended responses noted suggestions for improvements. As to be expected, responses over the years changed (refer to annual survey for more detail) as the program evolved, with more focus on identifying methods to improve engagement with law enforcement and increasing services to higher risk youth who are more likely to be detained. Additional suggestions (one or two each) included increased training for staff (on the JDAI model and on-boarding), a need to discuss liability of placing violent offenders in non-secure facilities, and increased resources for evidence-based programming for family therapy; increased feedback from providers to families regarding the youth’s progress in the program; more feedback and communication between line staff and probation surrounding referral protocol; and decreasing staff turnover.

Satisfaction survey

Upon exit, youth and/or their parent(s) were asked to complete a satisfaction survey. For this report findings, results from surveys completed by 375 parent/guardians and 908 participants were analyzed. Using a four-point scale from “**VERY DISSATISFIED**” to “**VERY SATISFIED**,” almost all (98%) participants were pleased with their participation in ATD, with three-quarters (76%) noting they were “**VERY SATISFIED**” and 22 percent indicating they were “**MOSTLY SATISFIED**” with the services received (not shown). When asked more specific questions about how they felt about staff, the helpfulness of the program, and any improvement in their situation, respondents reported a very high level of satisfaction with how they were treated by staff. Responses also reflected satisfaction with the resources provided.

“My therapist [...] helped me to improve my self-esteem and methods to manage my anger.”
ATD cool bed youth, 2016

Almost three-quarters (73%) of respondents reported their situation “**DEFINITELY**” had improved because of ATD, around one-quarter (27%) noted that their situation improved only “**SOMEWHAT**”, and 6 percent did not feel like it improved at all. The nearly one-third of responses that reflected additional room for improvement highlight both the depth of need and importance of linking the youth and families to the services in their communities to continue to receiving support (Table 9). Interestingly, when the parent and participant responses were parsed, 12 percent of parents reported their child situation did not improve where only 3 percent of participants reported their situation did not improve (not shown). This was the largest difference (9%) between parent and participant responses across any question. Otherwise parents and participants responded similarly.

Table 9

ATD participants’ satisfaction with program

	Definitely	Somewhat	Were not
Staff was polite/courteous/ helpful	92%	8%	0%
Staff learned about and respected my needs	91%	9%	1%
Staff provided adequate information, referrals, support	83%	16%	1%
Would recommend ATD to a friend if needed	79%	18%	2%
ATD helped me deal with issues	75%	23%	2%
Would return to the ATD again if needed help	76%	22%	2%
My situation has improved due to ATD	73%	27%	6%
Total	1,202 – 1,276		

NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding. Parent and child could complete a survey, resulting in more surveys than exits.

SOURCE: Alternatives to Detention Final Report, 2019

ATD completion status

Successful completion of the program was defined as an absence of a new arrest resulting in detention and was based on self-report. However, for the purposes of the evaluation, data were collected from PCMS, providing a more valid and reliable measure of those enrollees that received a new booking. It is important to note that receiving a new booking or new true finding did not preclude a youth from continuing to receive ATD services. As noted earlier, the average (mean) length of participation in the program was over around four months (115.9 days, $SD=59.9$). The majority of the youth (85%) completed at least half of their service plan and nine out of ten (91%) exited the program successfully (i.e., no new arrest resulting in a detention during program) (Figure 17).

Factors related to successful completion

Univariate and multivariate statistics were used to identify possible factors related to successful completion, including demographics, SDRRC score, services received, and prior justice involvement, showed the latter to have the strongest correlation with success. Specifically, ATD enrollees who had unsuccessful completion status at exit were more likely to have had a prior booking into Juvenile Hall (52%), a prior true finding (46%), and a prior commitment (14%) compared to those who successfully completed the program (16%, 13%, 2%, respectively) (Figure 18).

Figure 17

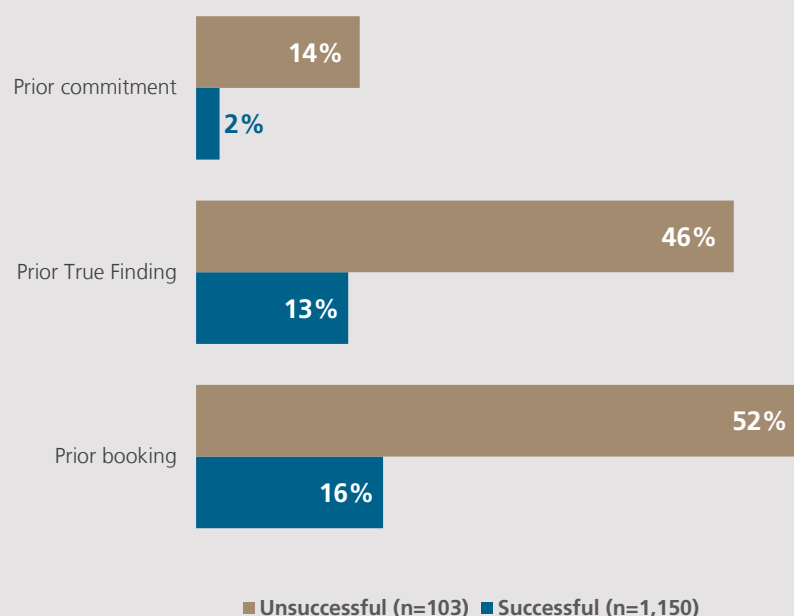
Discharge status of ATD participants 2016



SOURCE: Alternatives to Detention Final Report, 2019

Figure 18

Factors related to discharge status of ATD participants*



*Statistically significant at $p < 0.05$ level

SOURCE: Alternatives to Detention Final Report, 2019

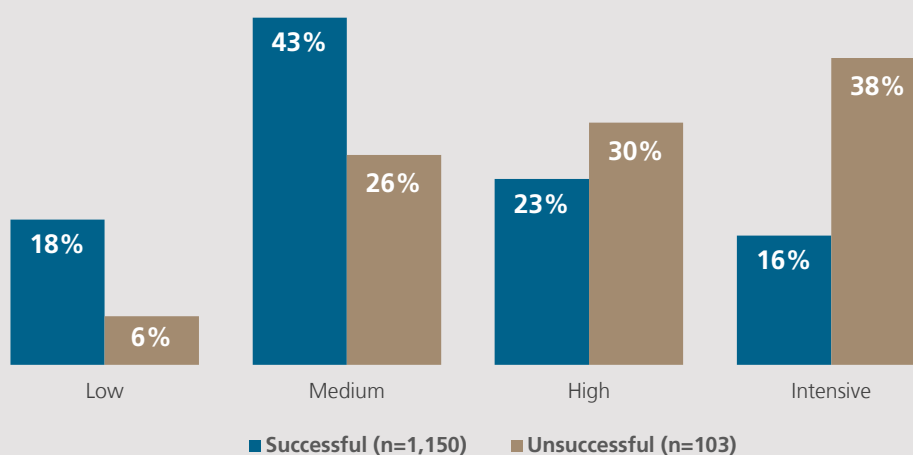
Feedback from both key stakeholders and the youth/family reflected positively on the value of ATD. Partners felt the program was implemented well and had resulted in improved communication among stakeholders, which ultimately benefited the youth. All respondents wanted ATD to continue, with some noting a need to expand the services to higher risk youth.

Youth and parents provided high ratings of staff and ATD's usefulness in addressing their needs. Areas of improvement included increased engagement from some law enforcement and the court, more training the model, and additional resources for youth and families.

Risk level was also a predictor of completion status, with a significantly larger percent of youth who had a successful completion status categorized as “**LOW**” or “**MEDIUM**” risk for recidivating compared to those youth who were unsuccessful. Conversely, youth who had an unsuccessful discharge status were more often rated as “**HIGH**” or “**INTENSIVE**” risk at intake (Figure 19). The one program component found to be significantly associated with success was referrals to services and resources in the community (i.e., collateral referrals/contacts). Youth with an unsuccessful completion status had fewer collateral referrals than those who completed ATD successfully (average 1.2 referrals, \underline{SD} =1.3 compared to average 1.6 referrals, \underline{SD} =1.7) (not shown).

Figure 19

Risk levels related to successful completion of ATD*



*Statistically significant at $p < 0.05$ level

SOURCE: Alternatives to Detention Final Report, 2019

Key takeaways

- Analysis of changes in youth and family needs, as well as risk of recidivism showed significant changes in the positive direction. While change was evident in those with little need, the greatest degree of change was among those participants that had an **EXTREME NEED** at intake.
- Post-ATD participation resulted in fewer youth assessed as **INTENSIVE** or **HIGH** risk to recidivate.
- Nine out of ten youth successfully completed ATD (i.e., no new booking during participation)
- Factors related to success include the number of collateral referrals, no prior criminal history, and low risk at intake.

Outcomes

Change in ATD participants needs and risks

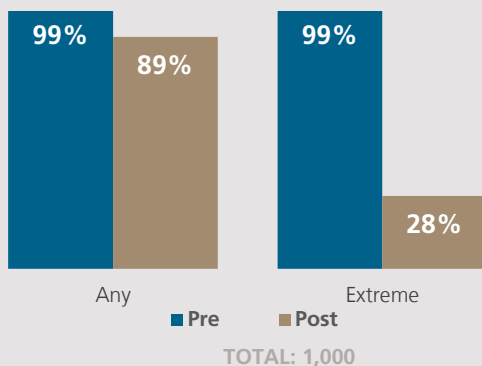
The ultimate goal of ATD is to provide an intervention-based alternative to detention that address a youth and family’s underlying needs, thereby reducing days detained and the likelihood of future contact with the justice system. Because of the importance in addressing these underlying needs, the evaluation measured change in needs and risks post-program participation. To capture any change in needs and risks, the evaluation included two additional metrics to measure change over time in family relations and youth’s needs, as well as changes in protective and risk factors. The former was assessed through the FWBA, which was administered again at exit to gauge progress in meeting both individual and family needs. Specifically, 12 domains that rate the youth (e.g., mental health, education, substance use) and family needs (e.g., parenting, family relations) using a three-point scale (**NO NEED, LITTLE NEED, EXTREME NEED**) is used to design the case plan and guide case management. Only cases that had both an intake and exit FWBA were included in the analysis.

Overall, significant change occurred in the positive direction on all domains of the FWBA, with fewer youth having any need at time of exit, 89 percent compared to 99 percent at intake (a combined measure of **LITTLE** or **EXTREME**). This difference was even more evident among those participants who had at least one **EXTREME NEED** in any of the 12 domains, with three times fewer having any **EXTREME NEED** at exit (28% compared to 99% at intake) (Figure 20). In addition to the percent whose overall needs decreased, the average number of needs decreased significantly having a need in 6.05 ($SD=3.22$) domains to 5.07 ($SD=3.62$) at exit (not shown). These results indicate that ATD was addressing the youth and family’s needs, which are often underlying correlates to a youth’s involvement in the justice system.

When examined in more detail, the greatest degree of change occurred among those youth who had an **EXTREME NEED** in the substance abuse (17%), mental health (11%), or education (23%) domains, which was two to three-time fewer at exit (7%, 6%, and 10%, respectively) (Figure 21).

Figure 20

ATD participants’ needs decreased significantly post participation



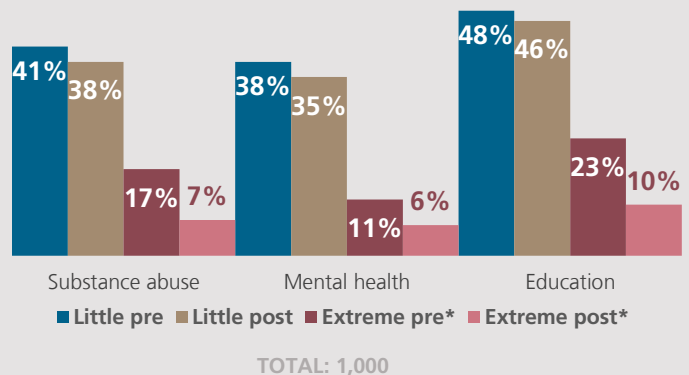
*Statistically significant at $p<0.05$ level

NOTE: Cases with missing information not include

SOURCE: Alternatives to Detention Final Report, 2019

Figure 21

ATD participants’ needs decreased significantly post participation



*Statistically significant at $p<0.05$ level

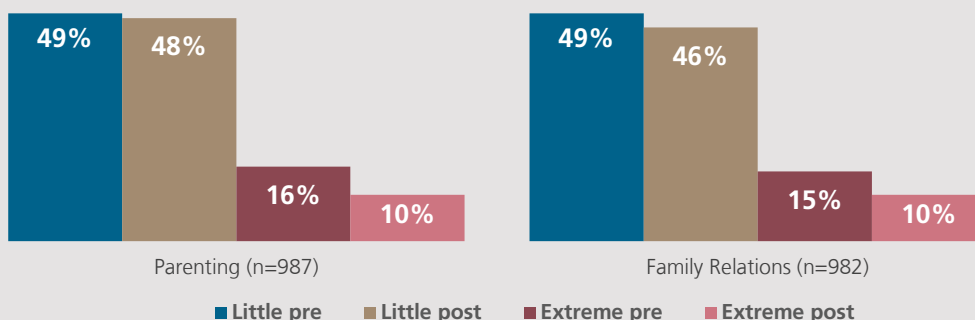
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

This positive trend was also visible within the family and parent needs domains. While there was little change in the proportion that had **LITTLE NEED** in either the parenting (49% to 48%) or the family relations domains (49% to 46%), there were significantly fewer enrollees who had an **EXTREME NEED** at intake (16% and 15%, respectively) compared to exit (10% each) (Figure 22).

Figure 22

ATD participants' family needs decreased significantly from intake to discharge*



*Statistically significant at $p < 0.05$ level

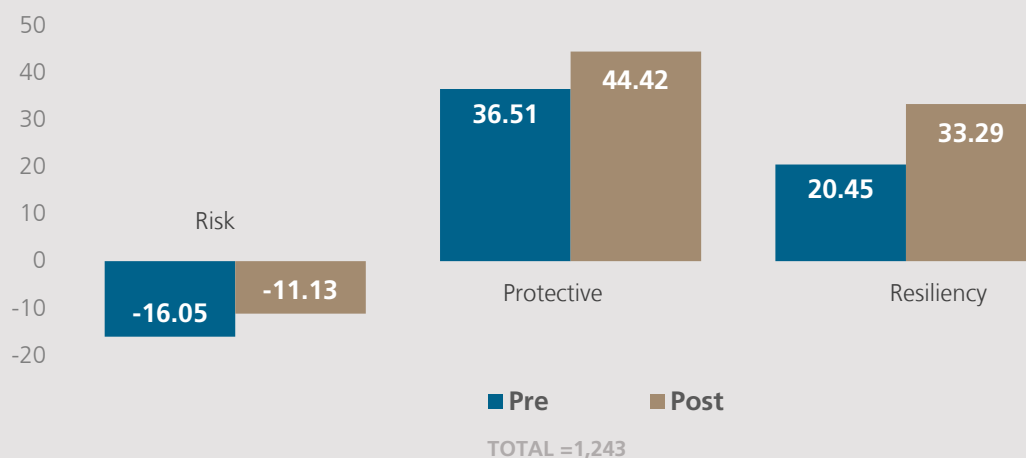
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

The second metric was the SDRRC, with youth again assessed at exit to measure any change in their level of risk to recidivate after participation. Overall, 87 percent of participants at discharge increased their resiliency score, which is a combination of both risk and protective scores (not shown). SDRRC scores showed change in the positive direction with significant decreases in the average risk score (-16.05 to -11.13) and increases in both protective (36.51 to 44.42) and resiliency scores (20.45 to 33.29) (Figure 23).

Figure 23

Change in SDRRC from intake to discharge*



*Statistically significant at $p < 0.05$ level

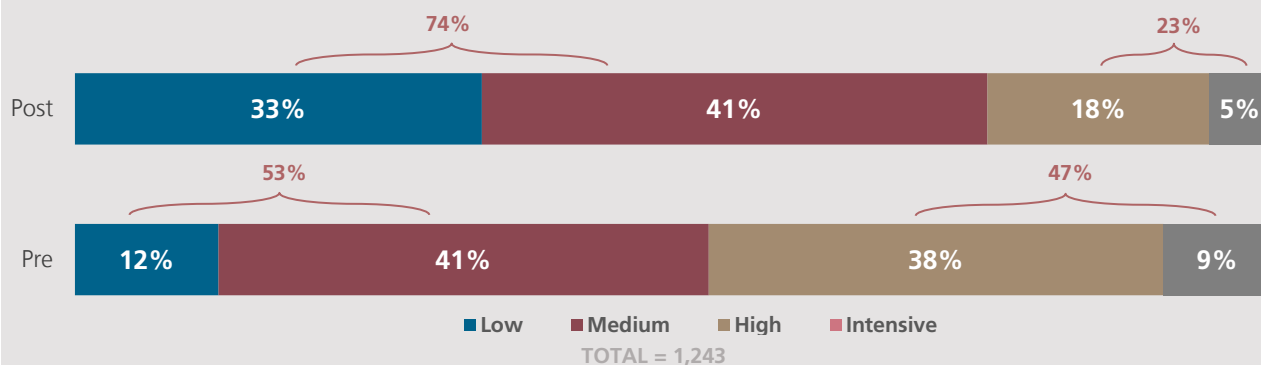
NOTE: Cases with missing information not included.

SOURCE: Alternatives to Detention Final Report, 2019

In addition, analysis of risk level (Probation’s ranking system based on the delinquency domain), showed a significant increase in the proportion of ATD participants rated as “**LOW**” or “**MEDIUM**” risk for recidivating (53% at intake to 74% at exit) and conversely fewer youth who fell within the risk categories of “**INTENSIVE**” or “**HIGH**” (47% at intake to 23%) (Figure 24).

Figure 24

Change in SDRRC delinquency risk score*



*Statistically significant at $p < 0.05$ level

NOTE: Intensive and high were combined into “High” and medium and low were combined into “Low”.

SOURCE: Alternatives to Detention Final Report, 2019

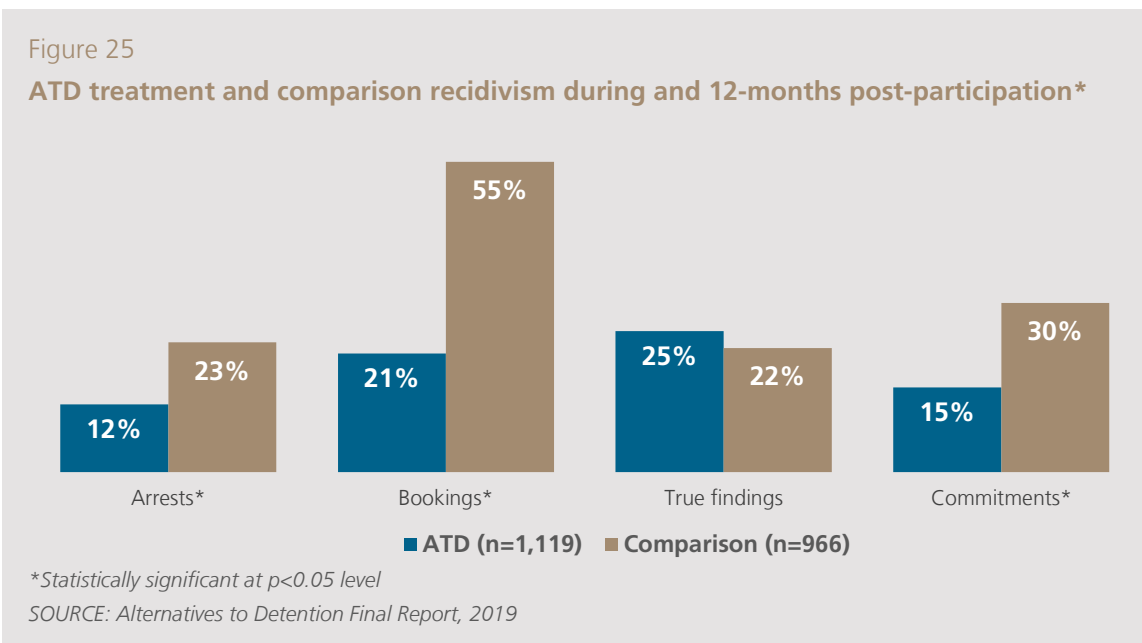
Key takeaways

- Analysis of changes in youth and family needs, as well as risk of recidivism, showed significant changes in the positive direction.
- While change was evident in those with little need, the greatest degree of change was among those participants that had an **EXTREME NEED** at intake.
- Fewer youth were rated as **INTENSIVE** or **HIGH** risk to recidivate at exit.

ATD justice outcomes

Criminal justice involvement 12-months post ATD participation

As noted earlier in the methodology section, recidivism outcomes of the ATD participants (i.e., treatment group) were compared to a weighted historical comparison group. For the purposes of this evaluation, recidivism was measured as arrests for new offenses, new true findings, booking into Juvenile Hall, and/or institutional commitments during program participation and 12-months after ATD completion or during and 12-months after completion of probation for the comparison group. As Figure 25 shows, the ATD enrollees were significantly less likely to be arrested and booked into Juvenile Hall (12% and 21%) compared to the comparison group (23% and 55%, respectively)¹⁴ during these time periods. Recidivism data at the point of true findings showed no difference between the two groups, with about one quarter each (25% ATD and 22% comparison group) having a new true finding. However, the comparison group had nearly twice as many institutional commitments (30%) than the ATD group (15%), which was significant (Figure 25)¹⁵. Because a youth can have a new institutional commitment without an associated true finding, this finding is especially important in supporting the research to prevent initial involvement in the system as much as possible.



Examination of the level and type of true findings (the decision point that drives the dispositional outcome) showed no significant differences in the level of true findings between the two study groups, with a similar proportion having a misdemeanor (16% ATD and 17% comparison group) and felony-level (13% and 12%, respectively) true finding (Table 10). As for type of true finding offense, the two study groups differed significantly in the proportion of weapon offenses (<1% ATD and 3% comparison group) but had similar percent of violent, property, and drug and alcohol offenses (Table 10).

¹⁴ Factors that could explain the fewer arrests than bookings include the different data collection sources (ARJIS and PCMS) and bookings that are a result of probation violations.

¹⁵ A youth could receive an institutional commitment without a true finding if they are brought back to court on a probation violation.

Table 10

Level and type of true findings

	ATD treatment group	Comparison group
Misdemeanor	16%	17%
Felony	13%	12%
Violent	12%	10%
Property	11%	16%
Drug and/or alcohol	3%	2%
Weapons*	<1%	3%
Total	1,119	966

*Statistically significant at $p < 0.05$ level

SOURCE: Alternatives to Detention Final Report, 2019

In addition to instances of recidivism, ATD sought to reduce the number of days detained, which was realized when compared to the weighted comparison group. Not surprising given the greater proportion of bookings and commitments, the comparison group spent significantly more days detained (either in Juvenile Hall or another local juvenile facility) on average (83 days, $SD=395$) than youth involved in ATD (22 days, $SD=58$) (Figure 27).

Figure 27

ATD treatment and comparison group differed in days detained post-participation*



*Statistically significant at $p < 0.05$ level.

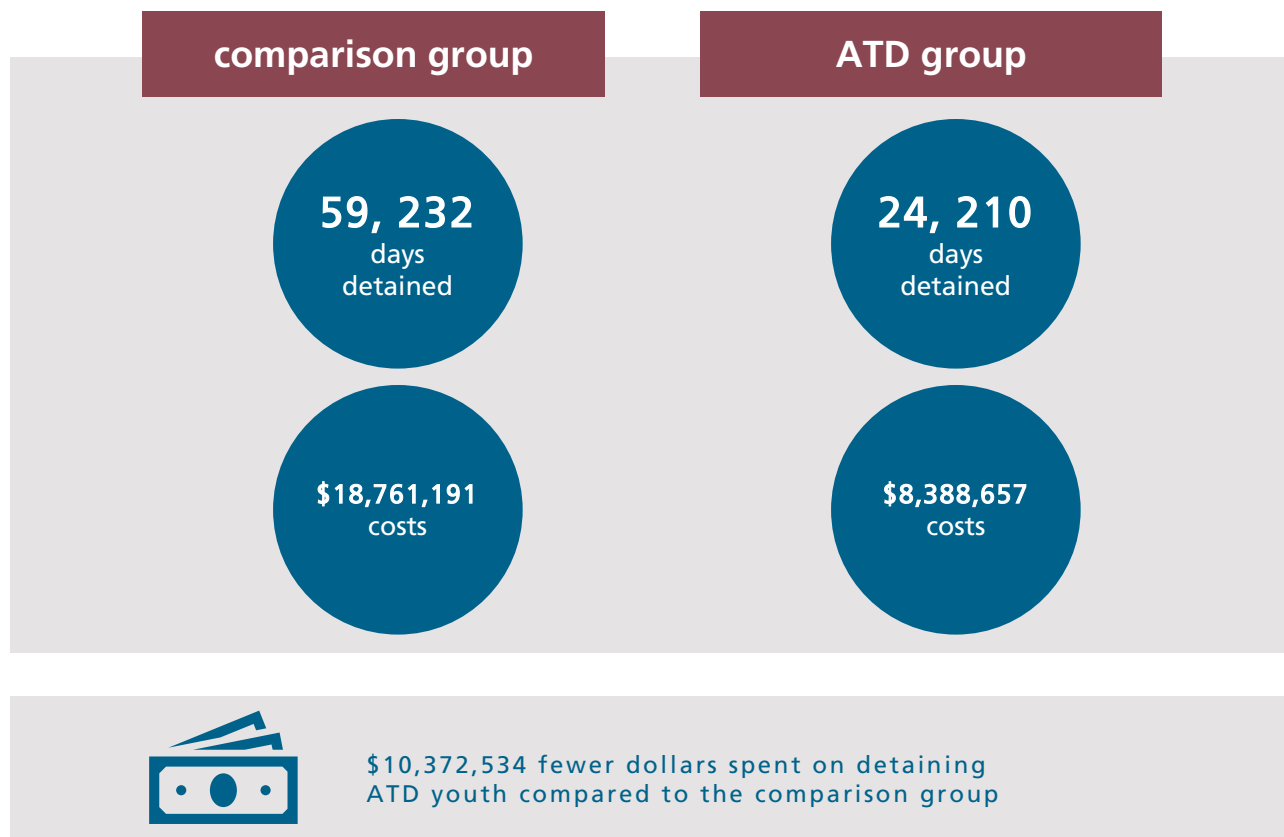
SOURCE: Alternatives to Detention Final Report, 2019

Costs savings associated with reduced days detained and committed

The final outcome measure pertained to any system cost savings as measured by reduced days detained and days committed. Costs were calculated using the cost per day for detainment into Juvenile Hall and costs associated with commitments to any of the other juvenile facilities. Costs per day were provided for each fiscal year from FY12-13 to FY18-19. Given that ATD enrollees spent fewer days detained in Juvenile Hall and the other juvenile justice facilities, it follows that cost savings associated with detention were realized. Specifically, because ATD youth were detained significantly fewer days in either Juvenile Hall or in an institution (totals days = 24,210) compared to the comparison group (total days = 59,232 days), the costs to the system was \$10,372,534 less for the ATD youth compared to those youth who did not receive ATD services (Figure 28).

Figure 28

Costs associated with days detained



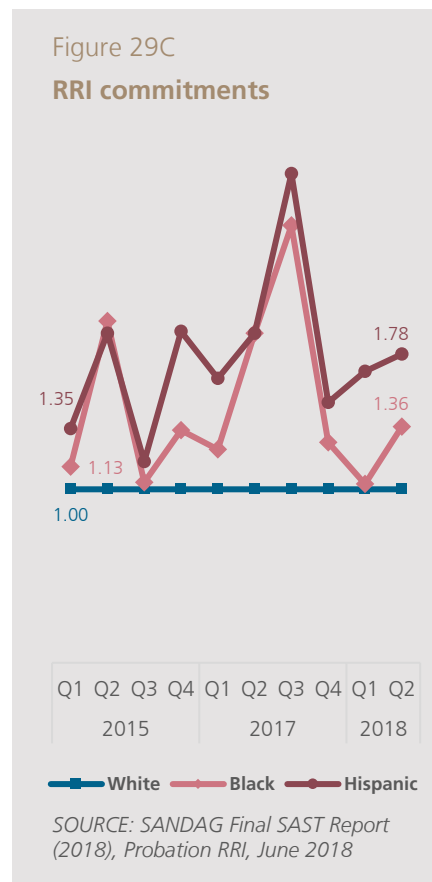
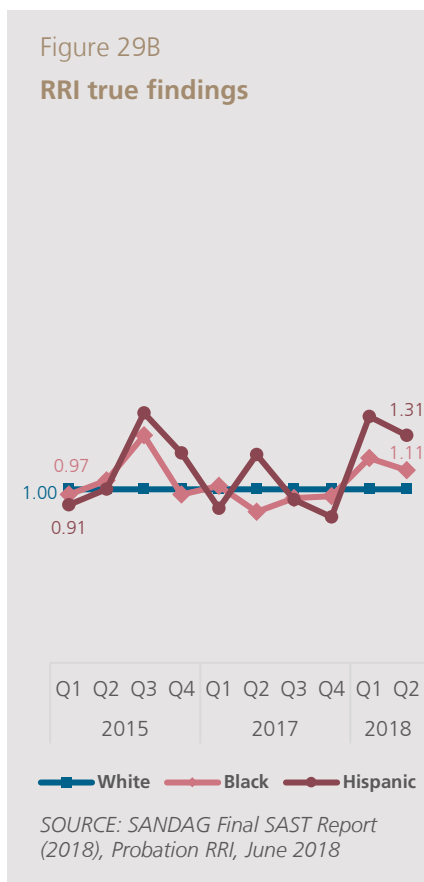
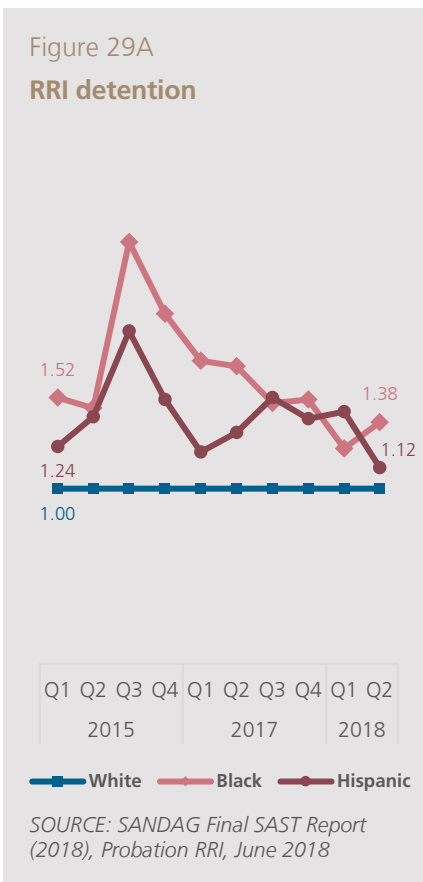
ATD and reducing racial and ethnic disparity

Across the nation, including San Diego, youth of color (African-American, Hispanic, and Native American) are more likely than their White counterparts to be detained.¹⁶ In San Diego County, at the start of this grant in 2015, African-American youth were 46 percent to 141 percent (pending the quarter in 2015) more likely to be detained in Juvenile Hall than White youth, and Hispanics were 24 percent to 90 percent more likely. In an attempt to address this disparity, the ethnicity of participants was one of the datapoints shared at the quarterly stakeholder meetings, and targeted discussions occurred on how to increase the proportion of African-Americans enrolled in the program. For context, it is worth noting that African-Americans are a small portion of the overall population in the San Diego region, comprising just 5 percent of the population under 18 years old, Hispanics comprise 46 percent, and White's 33 percent under the age of 18¹⁷ Over the three-year grant period ATD increased the proportion of African-Americans served from 10 percent in 2015 to 14 percent in 2017. Hispanics were always the largest ethnicity in ATD (60% in 2015 to 52% in 2017), also exceeding their representation in the general population of under 18 (46%).

¹⁶ Leiber, M.J. (2009). *Race, pre- and post-detention, and juvenile justice decision making*. Crime & Delinquency, republished September 15
¹⁷ SANDAG 2016 estimates.

To measure the impact ATD had on the overall juvenile justice system is a challenge because ATD only involved a portion of all youth in the system and there are other initiatives, programs, and justice activities aimed at reducing racial and ethnic disparity (RRED). While it is not possible to disentangle the impact, each action may have on RRED, it is possible to identify any disproportionality in the system. Specifically, Probation uses the Relative Rate Index (RRI) to monitor the level of contact African-American and Hispanic youth had with the system (i.e., detention, true findings, and commitments) in comparison to White youth.¹⁸

For the purposes of this grant, the RRI for the year the grant was implemented (i.e., 2015) was compared to 2017 (the most recent full year) and to the last two quarters of the grant period. While there is variation at all decision points over time, a clear pattern does not emerge. When compared to White youth (which is the reference point, set at 1.00), Black and Hispanic youth remain overrepresented at all decision points, however to a lesser degree at detention (1.38 and 1.12, respectively) compared to when the project started (Figure 29A). For true findings, the proportional representation hovered around 1.00, dipping slightly up and down, pending the quarter (Figure 29B). The greatest fluctuation was evident at the commitment level, with the greatest dips and peaks, ending with Hispanics being 78 percent more likely to receive an institutional commitment and Blacks 36 percent more likely (Figure 29C). Many factors that could not be controlled for by this study influence RRED throughout the system. ATD’s role in RRED was the concerted effort to expand the proportion of African-American and Hispanics receiving services. Furthermore, race/ethnicity was not a factor in either completing the program successfully or recidivating.



¹⁸ The RRI is part of the Office of Juvenile Justice and Delinquency Prevention National Disproportionate Minority Contact Databook and is used nationally to examine disproportionate minority contact within jurisdictions.

Summary

This is the third and final report for the three-year grant Edward Byrne Memorial Justice Assistance Grant to expand Alternatives to Detention (ATD) services in San Diego County. SBCS as the lead agency, partnered with four other community-based agencies and provided ATD services to 1,242 youth (1,268 episodes), including 99 who also had an ATD cool bed placement. The youth were around 16 years old on average, with more male (74%) than female participants, and the largest proportion were Hispanic (55%). Most of the youth were low-level offenders, with only about one-quarter having a prior arrest. In addition, the majority of the youth were referred to ATD as a result of a misdemeanor and only about one-quarter entered on a felony-level charge. FWBA data showed the greatest area of needs were the criminal history, substance abuse, mental health, and educational domains. SDRRC scores indicated a population that, on average, was at medium to high risk for recidivism.

Comparisons between ATD youth who used the cool bed service and those that did not highlighted the different challenges facing these youth. Specifically, the 8 percent housed in an ATD cool bed had higher needs in their shelter and family situation, as well as being assessed as having a lower resiliency score on the SDRRC. This subpopulation of ATD participants demonstrated needs that were more in alignment with social services than criminogenic interventions.

Overall, ATD provided extensive contacts and resources to participants, with each enrollment averaging about 12 case management contacts during program participation. Over one-half participated in group counseling sessions and around one-quarter in individual/family therapy. The average length of participation was close to four months and more than eight out of ten completed at least 50 percent of their case plan goals.

Feedback gathered from both participants (parents and youth) and stakeholders reflected positively on the usefulness of ATD services, the interactions with staff, the implementation, and the type and quality of services provided. Suggestions for improvement included serving higher risk youth (those more likely to be detained), increasing resources for evidence-based programming; and having more engagement from law enforcement.

Nine out of ten ATD participants exited ATD successful (by not having an arrest that resulted in a detention during participation), with analysis showing that prior criminal activity increased the likelihood of not completing successfully and receiving more services and/or having lower risk scores upon intake improved the likelihood of successful completion.

Ultimately ATD sought to reduce a youths continued involvement in the justice system and comparison analyses between ATD (i.e., treatment group) and a weighted historical comparison group showed that ATD youth were significantly less likely to recidivate on every recidivism measure (new arrest, booking, and institutional commitment) except true findings than the comparison group. In addition, because ATD youth were also detained for a fewer amount of days (both in Juvenile Hall and in other juvenile justice facilities) ATD achieved a costs avoidance of nearly \$10 million compared to the comparison group.

Research limitations

As with most research, there were limitations to this study that should be considered when discussing the results.

- The first limitation is the reliance on a weighted historical comparison group in lieu of randomization. While this process is robust and is used to address selection bias between study groups, it is a statistical construct (or synthetic comparison group) of a group of youth in the system.
- The second limitation was the use of a historical sample, which did not allow for confounds associated with changes in policy or practices within the system that may occur over time (e.g., changes in the booking process not related to ATD).
- A third limitation is the lack of an object measure of fidelity to the model, which was not a component of the research. The possible variation in how the program was implemented among and within agencies impacts future replication and the ability to identify which programmatic factors have what effect on the outcomes.

Lessons learned

- While there were limitations that preclude casual inferences, the results support continued use of this model, including a wider inclusion of higher risk youth. Coupled with the expanded target population should be the exploration of additional interventions to address the needs of these higher risk youth, including existing best practices and the most current research.
- Future implementation would benefit from tracking adherence to fidelity and monitoring of outcomes associated with higher risk youth.
- Constant and on-going outreach, especially to law enforcement is essential to maintain pace with staff turnover and to build a culture that views alternatives to detention as the norm.
- Co-locate an ATD staff member in the Detention Control Unit (DCU) of Juvenile Hall during peak booking hours, as a secondary net to divert youth from detention. Recognizing that some youth who were eligible for ATD were still being detained, ATD stakeholders recommended placing an ATD staff member in Juvenile Hall to screen those youth for ATD eligibility. This change occurred after the grant in 2018 and should be monitored to ensure staff are there during the hours when most bookings occur.
- Buttress existing resources in the community, such as the regional clinicians stationed at regional probation offices, by raising the awareness of ATD services as an alternative to detention due to probation violations. Consistent and on-going outreach is necessary to increase and normalize the use of ATD systemwide.
- The potential cost avoidance actualized through ATD could be redirected towards non-institutional interventions aimed at supporting and reducing detention days for higher-risk youth.

Appendix A

Appendix B

Appendix Table B1 **Unbalanced covariates**

Covariates	tx.mn	ct.sd	ct.mn	ct.sd.1	std.eff.sz	p
Age	15.50	1.39	15.52	1.39	-0.01	0.76
EthnicityCollapsed:Black/African American	0.12	0.40	0.19	0.40	-0.25	0.00
EthnicityCollapsed:Hispanic / Latino	0.55	0.50	0.56	0.50	-0.01	NA
EthnicityCollapsed:Other	0.11	0.23	0.05	0.23	0.17	NA
EthnicityCollapsed: White	0.23	0.39	0.19	0.39	0.08	NA
Gender:Female	0.26	0.42	0.23	0.42	0.07	NaN
Gender:Male	0.74	0.42	0.77	0.42	-0.07	NA
Gender:Other	0.00	0.00	0.00	0.00	NA	NA
preRiskLevel:low	0.16	0.30	0.10	0.30	0.18	0.00
preRiskLevel:medium	0.41	0.44	0.26	0.44	0.29	NA
preRiskLevel:high	0.24	0.43	0.25	0.43	-0.02	NA
preRiskLevel:intensive	0.19	0.49	0.39	0.49	-0.52	NA
RecidivismDays	477.13	126.23	540.47	126.23	-1.14	0.00
PriorBookingInd:No	0.80	0.47	0.66	0.47	0.33	0.00
PriorBookingInd:Yes	0.20	0.47	0.34	0.47	-0.33	NA
PriorTFInd:No	0.82	0.17	0.97	0.17	-0.38	0.00
PriorTFInd:Yes	0.18	0.17	0.03	0.17	0.38	NA

SOURCE: Alternatives to Detention Final Report, 2019

Appendix Table B2 **Balanced covariates**

Covariates	tx.mn	ct.sd	ct.mn	ct.sd.1	std.eff.sz	p
Age	15.50	1.43	15.46	1.43	0.03	0.70
EthnicityCollapsed:Black/African American	0.12	0.30	0.10	0.30	0.04	0.25
EthnicityCollapsed:Hispanic / Latino	0.55	0.49	0.60	0.49	-0.09	NA
EthnicityCollapsed:Other	0.11	0.25	0.07	0.25	0.12	NA
EthnicityCollapsed: White	0.23	0.42	0.23	0.42	-0.01	NA
Gender:Female	0.26	0.44	0.26	0.44	0.01	NaN
Gender:Male	0.74	0.44	0.74	0.44	-0.01	NA
Gender:Other	0.00	0.00	0.00	0.00	NA	NA
preRiskLevel:low	0.16	0.37	0.16	0.37	0.00	0.94
preRiskLevel:medium	0.41	0.49	0.41	0.49	-0.01	NA
preRiskLevel:high	0.24	0.42	0.23	0.42	0.04	NA
preRiskLevel:intensive	0.19	0.40	0.20	0.40	-0.03	NA
RecidivismDays	477.13	56.75	479.92	56.75	-0.05	0.35
PriorBookingInd:No	0.80	0.40	0.80	0.40	-0.01	0.88
PriorBookingInd:Yes	0.20	0.40	0.20	0.40	0.01	NA
PriorTFInd:No	0.82	0.33	0.87	0.33	-0.13	0.28
PriorTFInd:Yes	0.18	0.33	0.13	0.33	0.13	NA

SOURCE: Alternatives to Detention Final Report, 2019

Appendix C

- 2016 ATD Program Partner Survey Summary
- 2017 ATD Program Partner Survey Summary
- 2018 ATD Program Partner Survey Summary