Formative Evaluation of the Massachusetts Youth Diversion Program Learning Labs

Final Report

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Background

Massachusetts Youth Diversion Program

forHealth™ at UMass Chan Medical School
CONSULTING

- Diversion programming reduces youths' risk for recidivism and negative collateral consequences, such as academic failure[1]

- Massachusetts Youth Diversion Program (MYDP) aims to keep youth out of the formal juvenile justice system and reduce disparities in formal processing by providing consistency in access to diversion opportunities

- Program eligibility:
    - All youth[2], but especially youth with
        - Lower-level offenses
        - First offenses
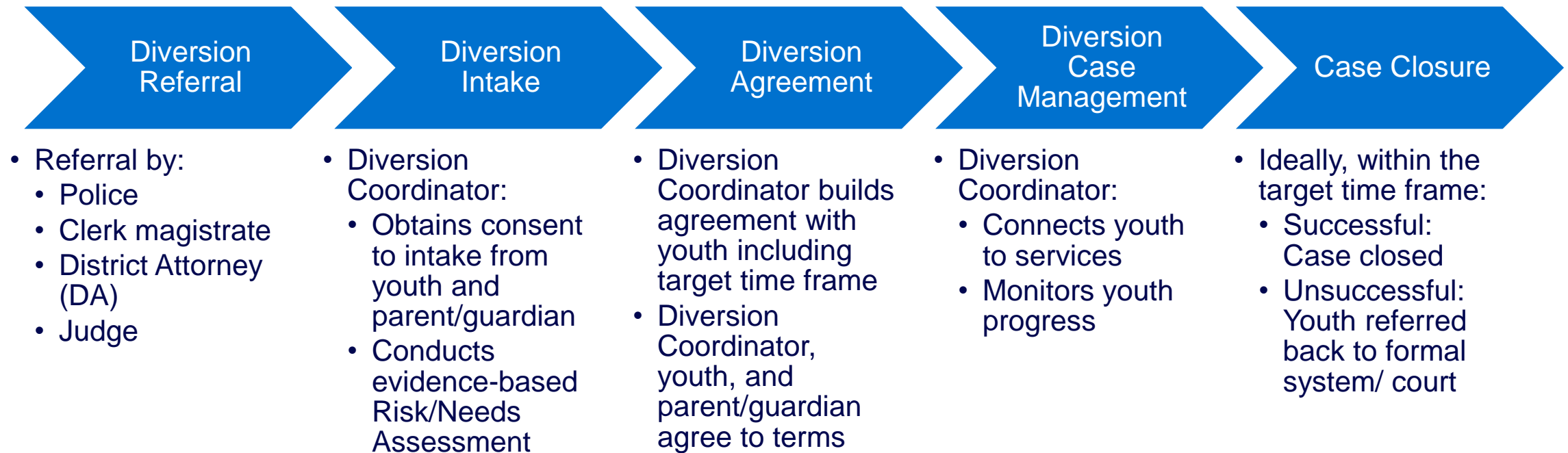   - Higher, complex needs whose behavior may be due to those needs being unmet

[1] Source: Wilson, H. & Hoge, R. (2013) The effect of Youth Diversion Programs on Recidivism: A meta-Analytic Review. Criminal Justice and Behavior. Vol. 40, No. 5, 497-518.
[2] Within the Commonwealth's existing legal framework, there are legal restrictions on the use of diversion in certain situations.

MYDP Structure and Process

- With funding secured by the Office of the Child Advocate (OCA), the Department of Youth Services (DYS) administers the program through contracts with community providers who provide Diversion Coordinators

- Diversion Coordinators:
  - Accept youth referred to the program
  - Conduct necessary assessments and intake
  - Develop a diversion agreement
  - Match services to identified needs
  - Monitor progress/manage cases

- A Diversion Manager employed by DYS serves as the central coordinator across all sites

- The OCA works closely with DYS to monitor implementation, including monthly reviews of program data

MYDP Process

Diversion Referral → **Diversion Intake** → **Diversion Agreement** → **Diversion Case Management** → **Case Closure**

Diversion Referral
- Referral by:
  - Police
  - Clerk magistrate
  - District Attorney (DA)
  - Judge

Diversion Intake
- Diversion Coordinator:
  - Obtains consent to intake from youth and parent/guardian
  - Conducts evidence-based Risk/Needs Assessment

Diversion Agreement
- Diversion Coordinator builds agreement with youth including target time frame
- Diversion Coordinator, youth, and parent/guardian agree to terms

Diversion Case Management
- Diversion Coordinator:
  - Connects youth to services
  - Monitors youth progress

Case Closure
- Ideally, within the target time frame:
  - Successful: Case closed
  - Unsuccessful: Youth referred back to formal system/ court

MYDP Outcomes

- Successful Diversion:

  1. Make meaningful progress on/complete most diversion requirements

  2. Avoid other unlawful activities

- Four ultimate outcomes of MYDP:

  1. Reduce future offending by program youth and increase public safety

  2. Support positive youth development

  3. Promote and ensure equity in the process

  4. Hold youth responsible for their actions

Source: MA Youth Diversion Program_Model Program Guide_March 2021

MYDP Timeline and Locations

- Pilot launched in 2021 in three sites
  - Worcester County (services provided by Family Continuity)
  - Middlesex County (services provided by NFI)
  - Essex County (services provided by Family Services of the Merrimack Valley)
- Program expanded in 2022 & 2023 with four additional sites
  - 2022: Plymouth County (services provided by Old Colony YMCA)
  - 2022: Hampden County (services provided by the Gandara Center)
  - 2023: Bristol County (services provided by Child and Family Services)
  - 2023: Cape & Islands (services provided by Family Continuity)
- The MYDP intends to expand statewide to ensure youth across the Commonwealth have access to high quality diversion services, with the funding and full operational responsibility ultimately shifting to DYS

Evaluation Design & Methods

MYDP Pilot Formative Evaluation

The OCA has contracted with ForHealth Consulting at UMass Chan Medical School to conduct a formative evaluation of the MYDP pilot sites ("learning labs") to support program refinement and expansion.

- Evaluation included the three pilot sites that have been in operation since fall 2021
  - Worcester County
  - Middlesex County
  - Essex County
- Evaluation started Summer 2023

Evaluation Aims

Three-part, mixed-method formative evaluation

1. Process assessment

   a. Describe the process in operation

   b. Identify gaps or areas for improvement

2. Implementation assessment

   a. Document barriers and facilitators to implementing the program

   b. Assess fidelity to the program model

3. Outcome assessment

   a. Explore variations in outcomes for MYDP participants

   b. Identify predictors of participant "success", defined as meaningful progress on/completion of most diversion requirements

Evaluation Methods

Kick-off Meetings (Summer 2023)

- OCA, DYS, MYDP leadership, and ForHealth Consulting Evaluation team discussed project, timeline, and larger kick-off meeting

- OCA, DYS, and Evaluation team presented project and timeline to MYDP program staff and answered questions

Primary Data Collection (Fall 2023 – Winter 2024)

- Conducted one virtual interview each with
  - Diversion Coordinators (n=3)
  - DYS MYDP Leadership (n=2)
  - Referrers from each county (n=6)
    - 4 judicial
    - 1 police
    - 1 DA

Secondary Data Collection (Fall 2023 – Spring 2024)
(Obtained through data use agreement with DYS; data pulled for final analyses on May 1, 2024)

  - MYDP program data
  - MYDP Youth Satisfaction Survey de-identified summary data

Analytic Methods

Qualitative Data

- Thematic analysis of interview transcripts

Program Data

- Frequencies and descriptive analysis of discrete fields
- Thematic review of open-ended fields

Findings: Referral

Referral Process

- Referrers we spoke with are highly satisfied with the referral process, though initial receptivity to the model varied

- Diversion Coordinator communication skills are critical

  - Fosters trust in the program leading to continued engagement and referrals

  > *When other people do their job, my job is a lot easier. And [the Diversion Coordinator] is excellent. She's very detail-oriented…I trust her judgment, frankly, with the things that I've seen her do for kids that I knew pretty well. – Judicial referrer*

  - Promotes success of the youth through shared information and early intervention when things go awry

  - Mode and frequency of communication is individualized to referrer preferences

- Decisions to refer are case-by-case and individualized to each referrer

  - Not all referrers will make the same decision to refer a youth to MYDP and may have different approaches to coordinating with MYDP on that case

Referral Process Cont'd

- ## Understanding the context of the case and the youth is important
  - Referrers tend to refer youth for whom they know they have a support system
  - Referrers expressed the importance of having discretion in whom to refer and some judicial referrers wanted more[1] – allegations/charges need to be understood in context of the situation and the youth

[1]State law limits the charges that judges are allowed to divert.

> *It's looking at a whole kid, not just this one glimpse into one aspect of one bad day that they had, but really doing a more full assessment of their ecology—like, how are they—the ecology that they're developing within. You know, their home life and their supports and that sort of thing.*
> *– Judicial referrer*

Referrals by County

The referrals captured in the program data differed by county in terms of:

- Number referred
- Source of referral
- Trends in referrals
- Offense type
- Similarities with juvenile court filings in community
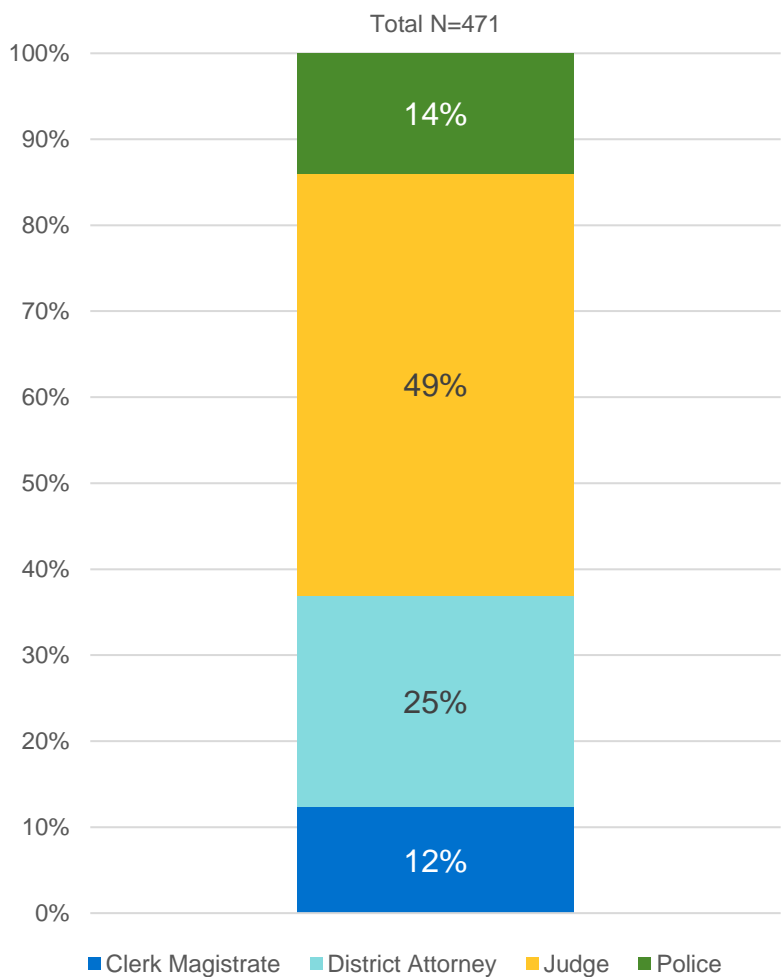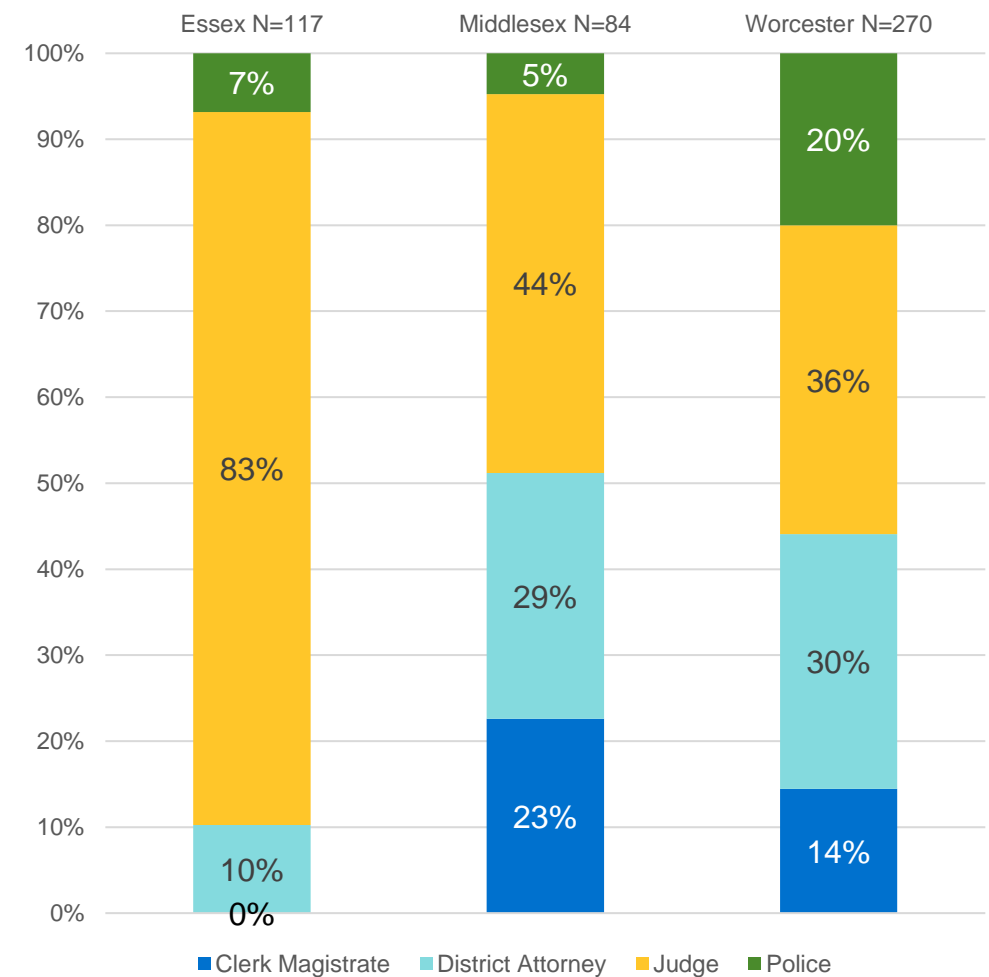- DCF involvement

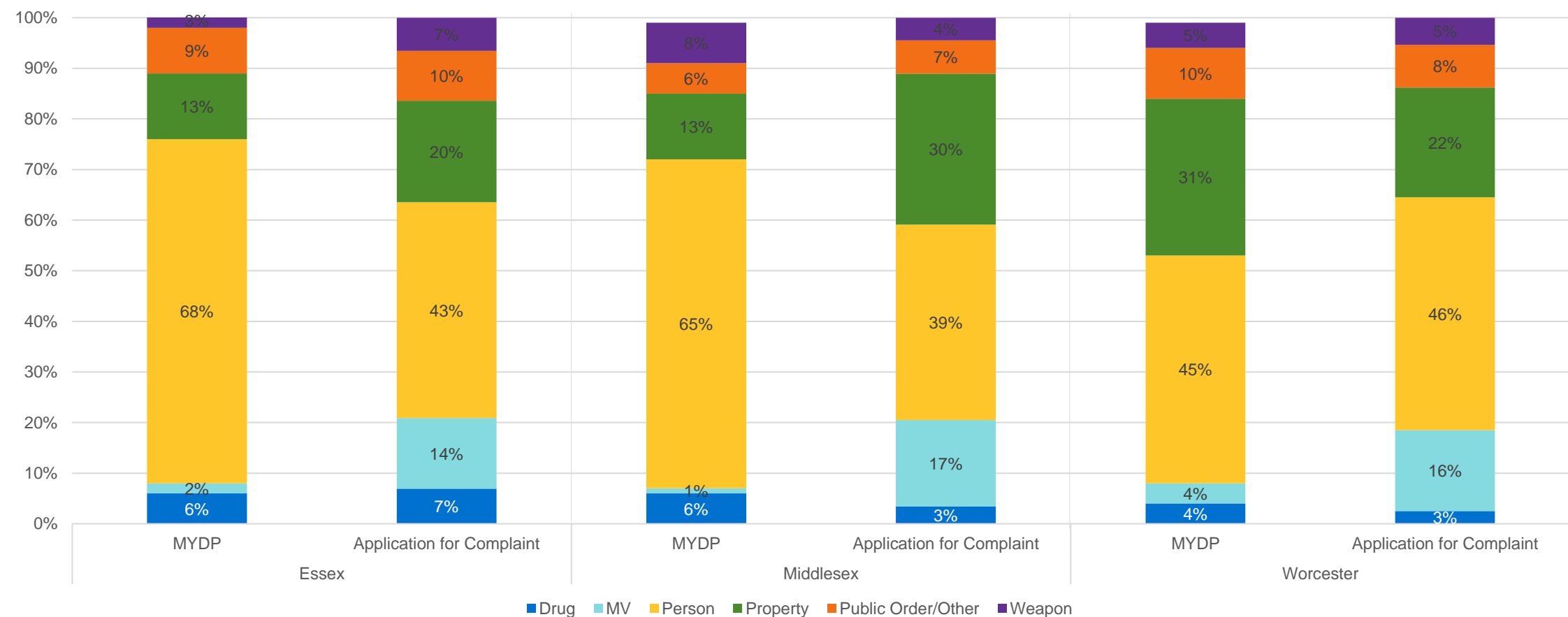# Number of Referrals by County January 1, 2022-April 30, 2024

471

117

84

270

■ Essex ■ Middlesex ■ Worcester
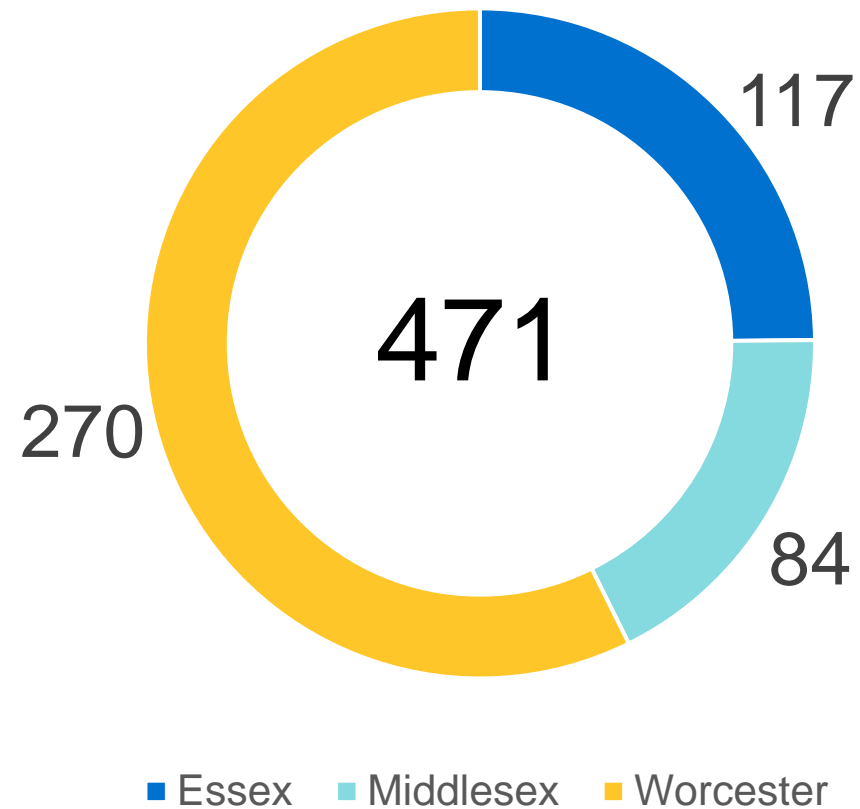
Number of Referrals by Month and County January 1, 2022-April 30, 2024

Count of Referrals by Month and Year and Provider
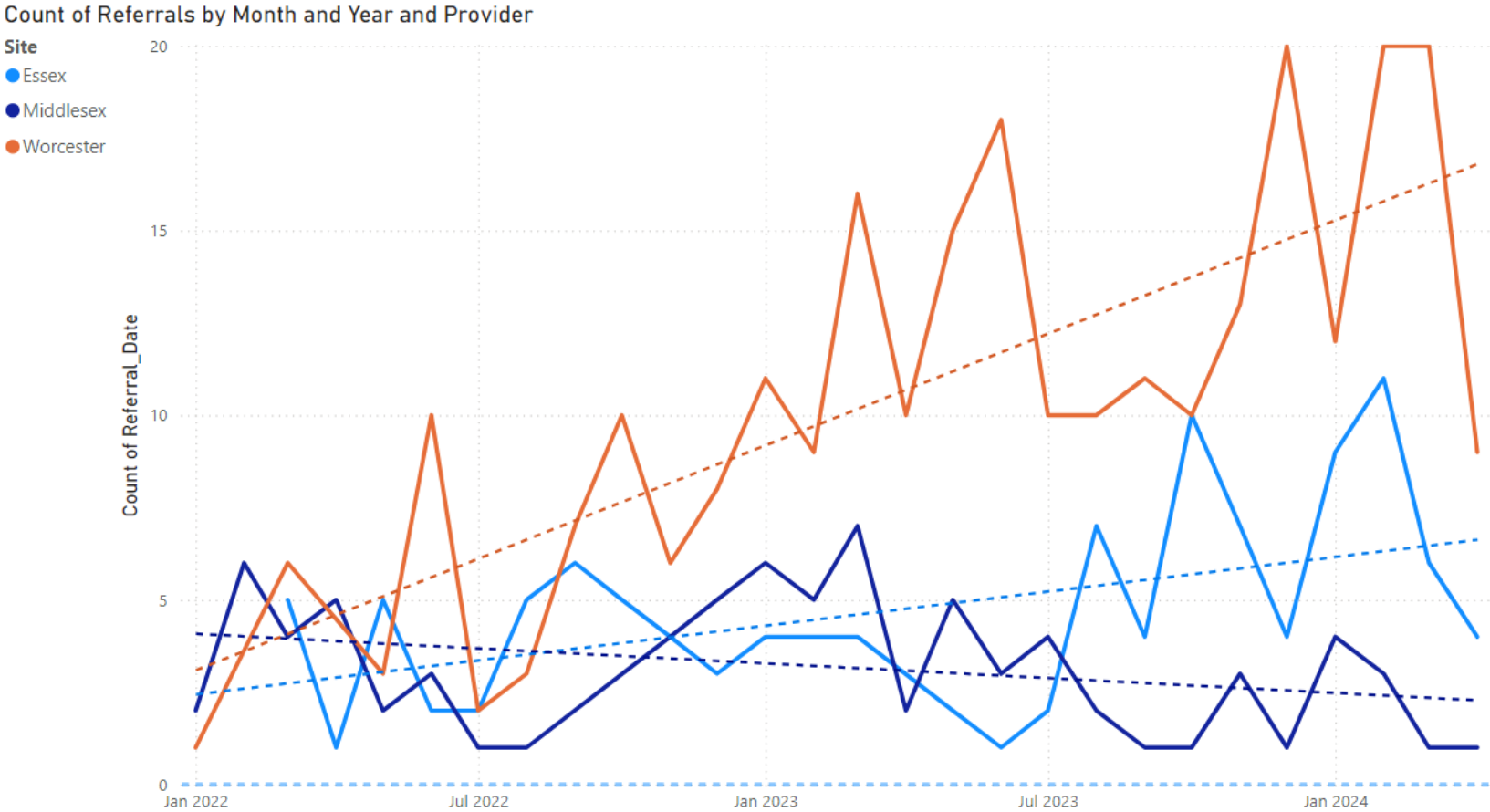
Referral Source by County and Total January 1, 2022-April 30, 2024

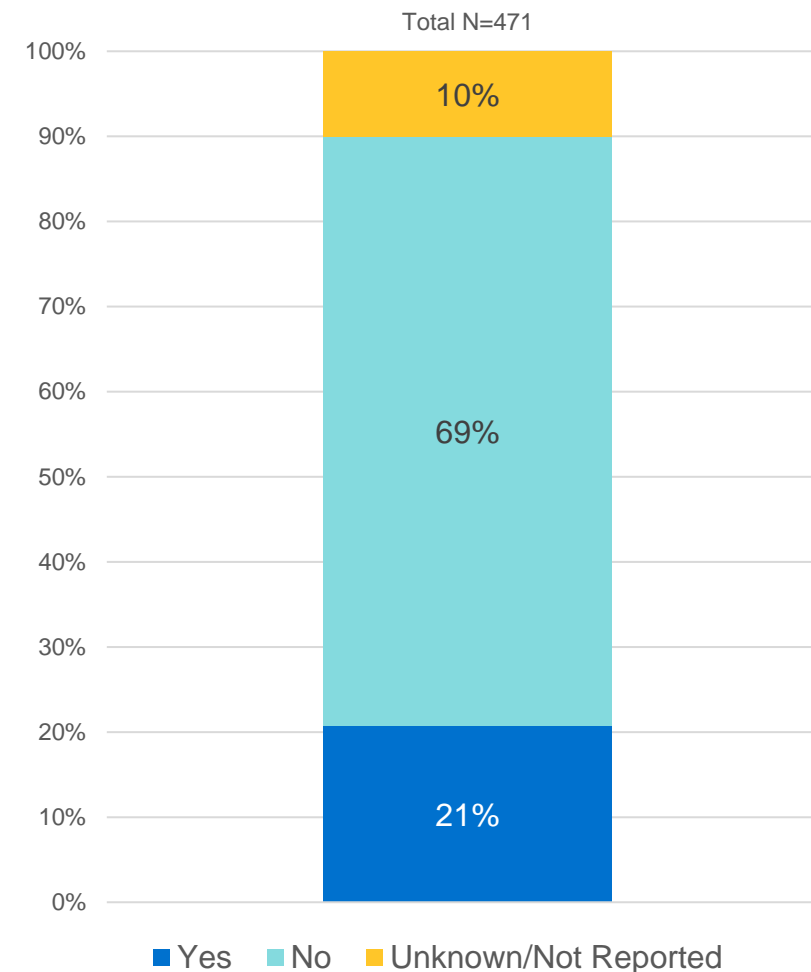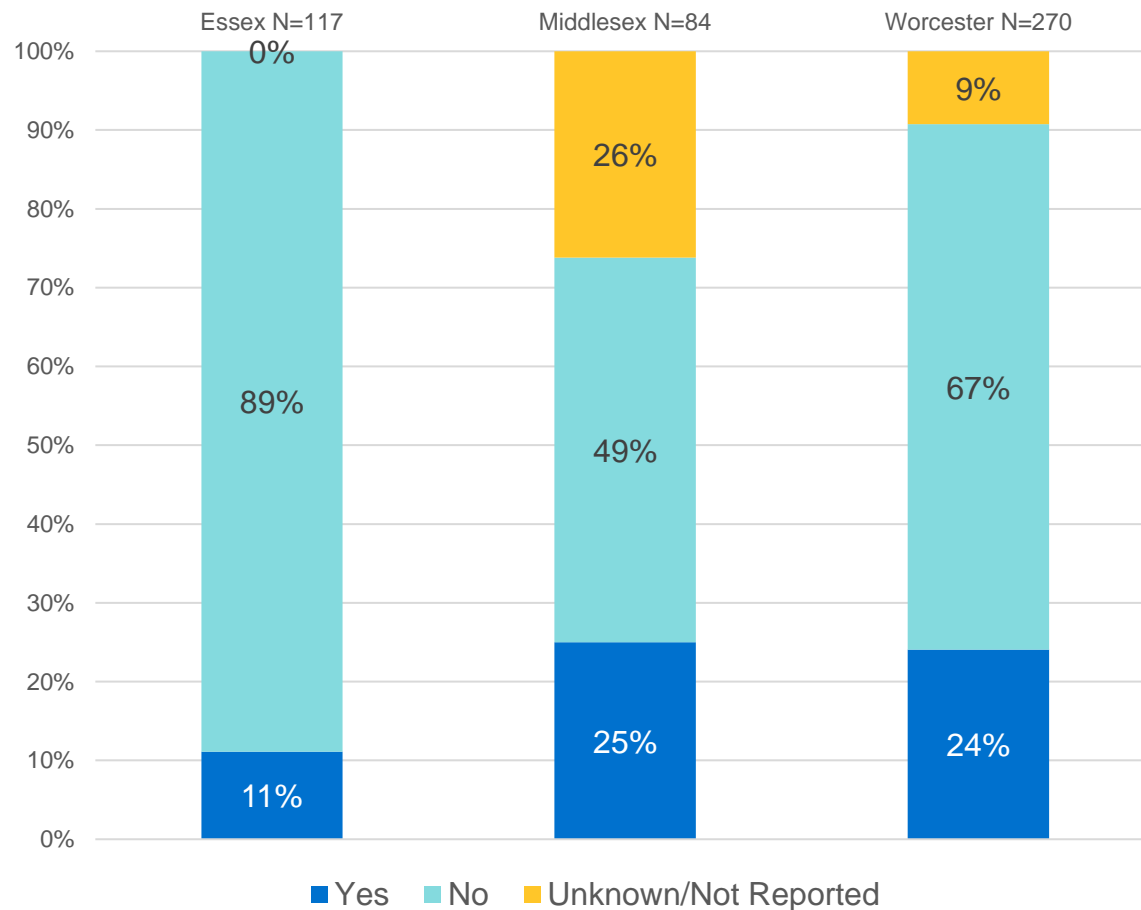# Comparison of Offense Type for MYDP Referrals to FY23 Application for Complaint Filings* by County, January 1, 2022-April 30, 2024

DCF Involvement by County and Total January 1, 2022-April 30, 2024

Findings: Intake & Screening

Intake & Screening Process

- Coordinators felt a lot of urgency to schedule intakes as soon as they get the referral

  - The median number of days between referral and intake was 33

- Intake and screening is the most time- and resource-intensive part of the program

  - Again, understanding the context of the case and the youth is important, so requires a lot of conversations and information gathering

    - Coordinators are better able to determine needs if they understand the youth's "ecology"

  - Working to establish rapport and trust at this point

- Positive feedback on the risks/needs assessment tools

  - Viewed as helpful tools by everyone we interviewed

Intake & Screening Fidelity

- Implemented with self-reported fidelity
  - Coordinators confident in their ability to anticipate scores

> *I've done so many intakes at this point that I'm able to get a sense of, okay, I can already tell this is going to be a need.* – Diversion Coordinator
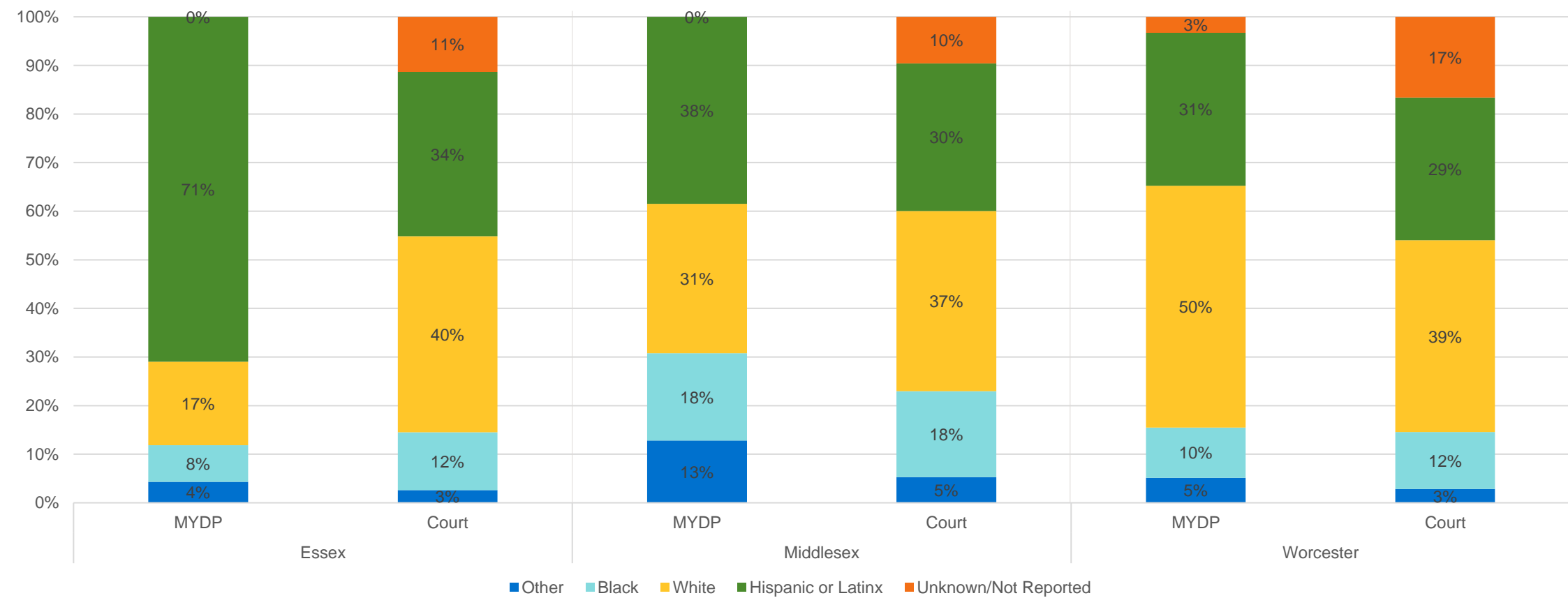
- Components of intake and screening are conducted consistently, but timing and process for how they are implemented varies by Coordinator
  - For example, one Coordinator prefers to do the MAYSI first, others prefer to end with it
- Process is very youth-focused and driven
  - Facilitates buy-in from youth, parents, and referrers

Intake & Screening Program Data

384 cases had an intake date (82% of 471 referrals as of May 1, 2024)

- Intake Data: demographic information and victim involvement
- Risks/needs screening data:
  - Youth Level of Service (YLS) risk assessment tool (99% of youth)
    - Assesses the risk for recidivism by measuring prior and current offenses, family circumstances/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation
  - Massachusetts Youth Screening Instrument (MAYSI) (99% of youth)
    - Brief behavioral health screening tool designed especially for juvenile justice programs and facilities, includes screening questions about alcohol/drug use; anger/irritability; depression/anxiety; somatic complaints; suicide ideation; thought disturbances, and traumatic experiences

Comparison of Race/Ethnicity at MYDP Intake to FY23 Application for Complaint Filings* by County , January 1, 2022-April 30, 2024

Legend: Other, Black, White, Hispanic or Latinx, Unknown/Not Reported

Essex — MYDP: Other 4%, Black 8%, White 17%, Hispanic or Latinx 71%, Unknown/Not Reported 0%
Essex — Court: Other 3%, Black 12%, White 40%, Hispanic or Latinx 34%, Unknown/Not Reported 11%
Middlesex — MYDP: Other 13%, Black 18%, White 31%, Hispanic or Latinx 38%, Unknown/Not Reported 0%
Middlesex — Court: Other 5%, Black 18%, White 37%, Hispanic or Latinx 30%, Unknown/Not Reported 10%
Worcester — MYDP: Other 5%, Black 10%, White 50%, Hispanic or Latinx 31%, Unknown/Not Reported 3%
Worcester — Court: Other 3%, Black 12%, White 39%, Hispanic or Latinx 29%, Unknown/Not Reported 17%

*Source: Massachusetts Trial Court, Department of Research and Planning FY2023 Diversion data January 2022 – April 2024 https://public.tableau.com/app/profile/drap4687/viz/shared/3MJ4JZTQF

Differences in Distribution of Gender by County, January 1, 2022-April 30, 2024
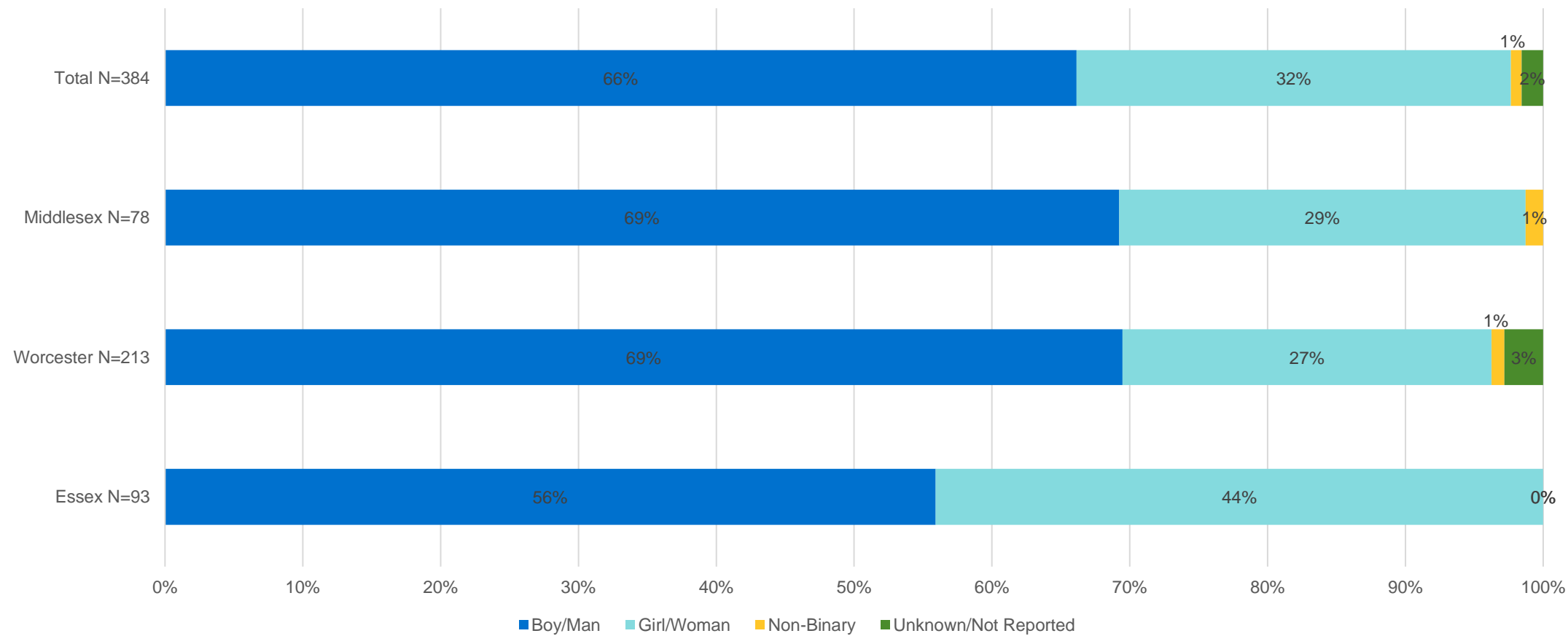
Demographics/Characteristics that were Similar across Counties, January 1, 2022-April 30, 2024
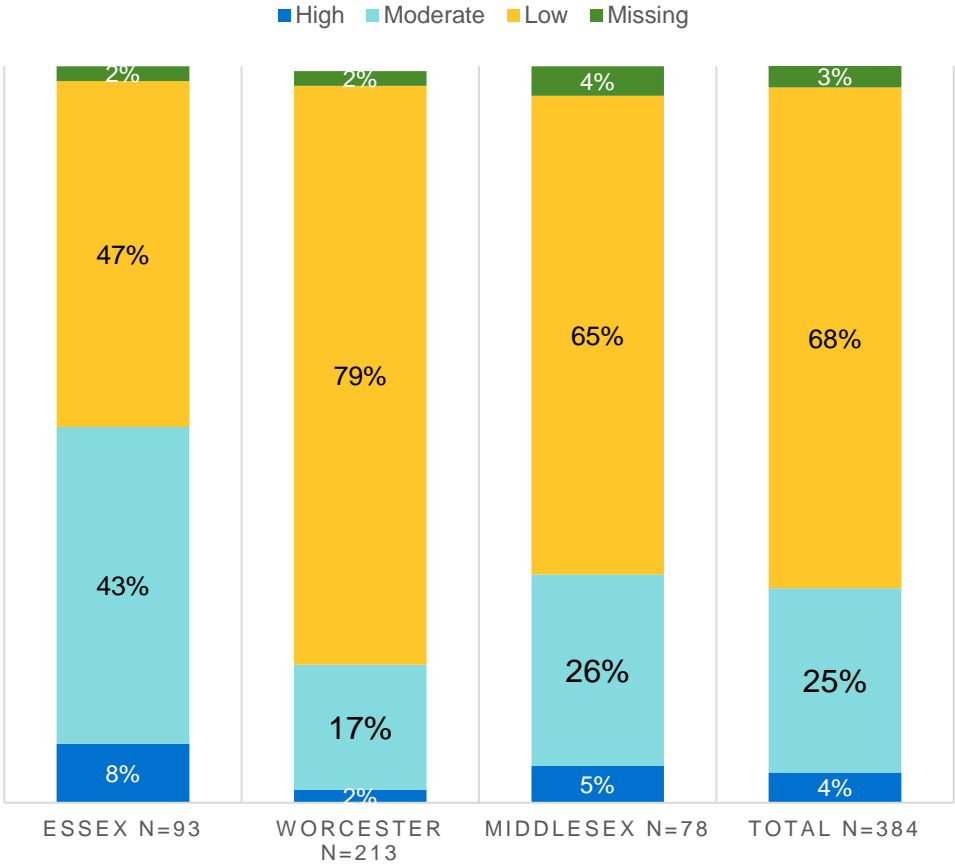
Among all youth intakes:

- 7% of MYDP participants identified as LGB+
- <1% identified as Transgender
- 90% listed English as primary language
- Average age at intake was 15

- Only 5% of youth had current system involvement, but data was not reported for 13% of youth
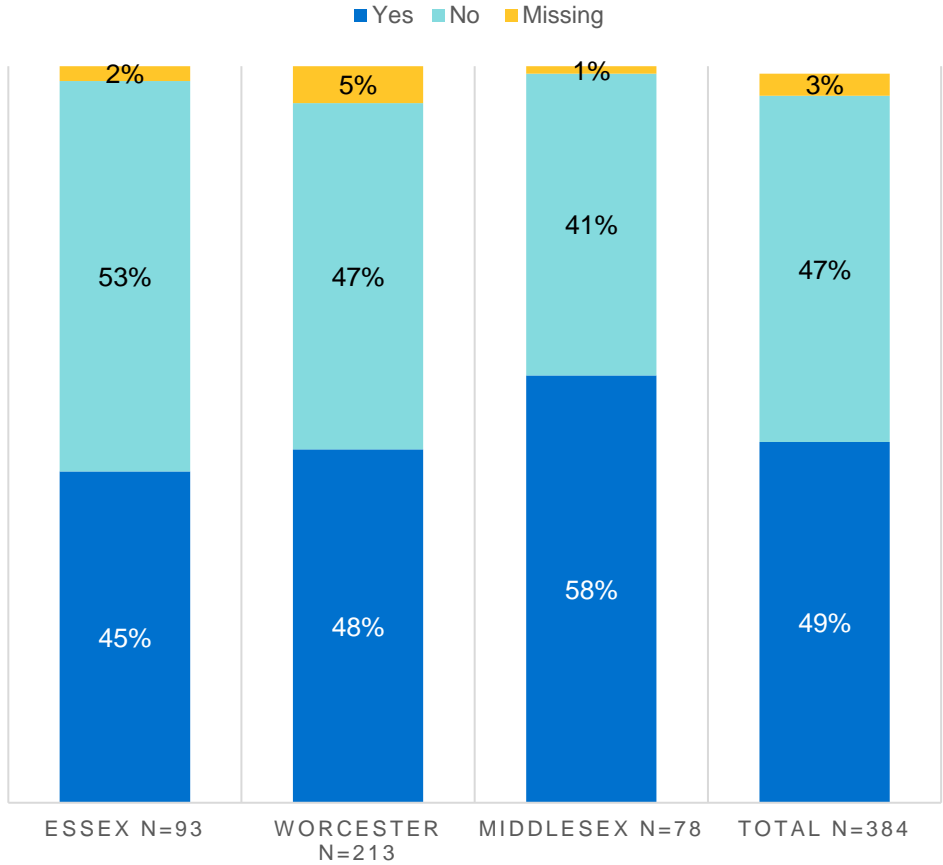- 65% of offenses involved a victim

Screening Scores by County
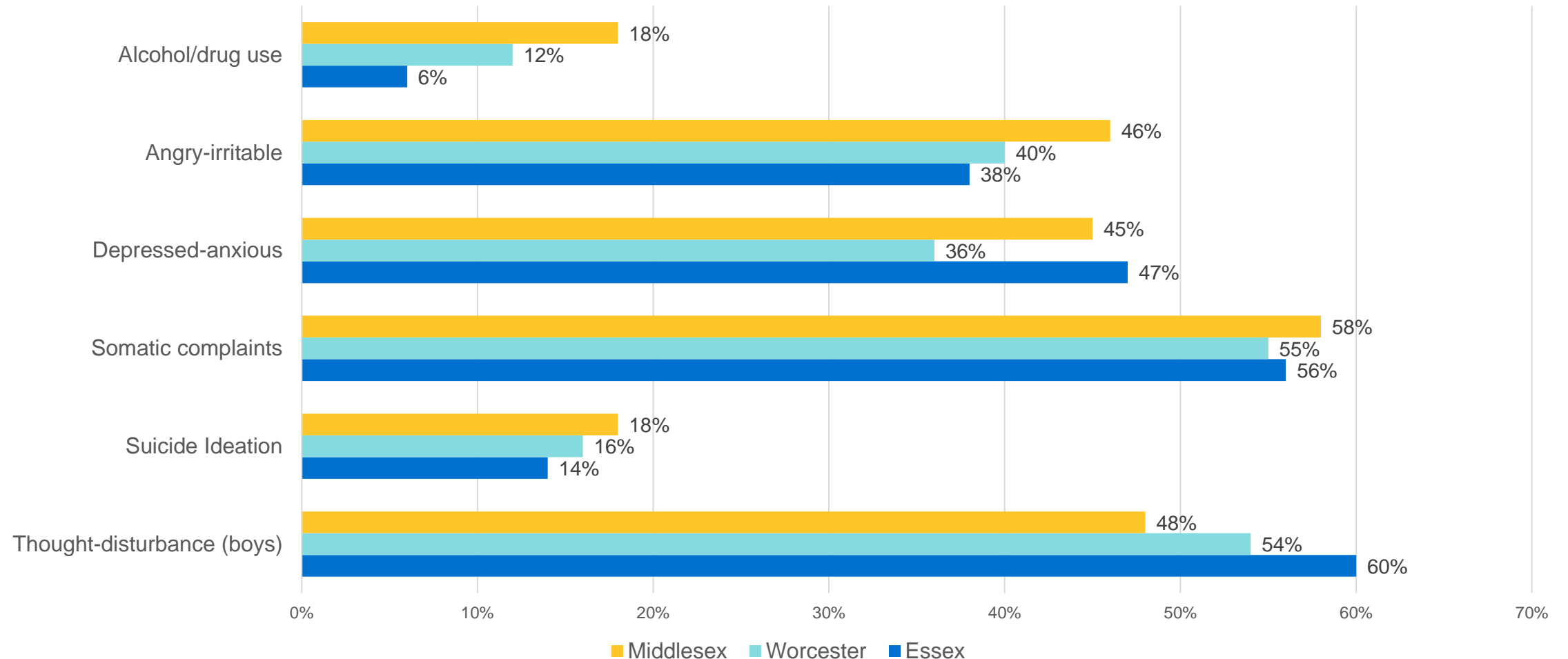# January 1, 2022-April 30, 2024

YLS RISK/NEED SCORE

■ High ■ Moderate ■ Low ■ Missing

	ESSEX N=93	WORCESTER N=213	MIDDLESEX N=78	TOTAL N=384
Missing	2%	2%	4%	3%
Low	47%	79%	65%	68%
Moderate	43%	17%	26%	25%
High	8%	2%	5%	4%

MAYSI CRITICAL CASE

■ Yes ■ No ■ Missing

	ESSEX N=93	WORCESTER N=213	MIDDLESEX N=78	TOTAL N=384
Missing	2%	5%	1%	3%
No	53%	47%	41%	47%
Yes	45%	48%	58%	49%

MAYSI Areas of Concern by County January 1, 2022-April 30, 2024

Area of Concern	Middlesex	Worcester	Essex
Alcohol/drug use	18%	12%	6%
Angry-irritable	46%	40%	38%
Depressed-anxious	45%	36%	47%
Somatic complaints	58%	55%	56%
Suicide Ideation	18%	16%	14%
Thought-disturbance (boys)	48%	54%	60%

Findings: Diversion Agreement

Impact of Referral Source

- Interviewees suggested that accountability increases along the continuum of referrer type
  - Judicial referrals carry the most weight and accountability

> *They're already being told by the judge that this is something you have to do. That's why I think also they're coming in like already with that mindset that they have to comply.* – Diversion Coordinator

  - – Paradoxically, a judicial referral creates some accountability (facilitator) but the fact that they've already made it to the point of being in front of a judge can make it difficult to trust the process, especially if the diversion program is viewed by the youth or their family as an extension of the juvenile justice system (barrier)
  - Police have the least weight
    - – One referrer (DA) did not buy-in to police diversion, claiming there is no accountability without a formal charge (barrier)
    - – One coordinator indicated that police referrals have less time pressure because there is no court date (facilitator)

Diversion Requirements by County January 1, 2022-April 30, 2024

	Essex (N=87)	Worcester (N=211)	Middlesex (N=211)	Total (N=349)
Mental health eval/treatment	**40%**	32%	20%	32%
Educational support/programs	25%	**34%**	20%	29%
Cognitive Behavior Therapy (CBT)	25%	25%	8%	21%
Letter of apology	19%	18%	5%	16%
Family programming	10%	18%	8%	14%
Other	12%	10%	21%	12%
Substance abuse eval/treatment	6%	13%	14%	11%
Vocational programming	2%	6%	**33%**	10%
Recreational program	6%	8%	14%	9%
Community service/volunteerism	7%	6%	3%	5%
Mentor program	2%	5%	11%	5%
Restorative justice program	1%	0%	0%	0%

Percent of Youth with Each Diversion Requirement by YLS Risk Level, January 1, 2022-April 30, 2024

	Moderate/High (N=97)	Low (N=247)
Mental health eval/treatment	48%	26%
Educational support/programs	37%	26%
Cognitive Behavior Therapy (CBT)	30%	17%
Letter of apology	5%	20%
Family programming	29%	8%
Other	13%	12%
Substance abuse eval/treatment	23%	7%
Vocational programming	6%	11%
Recreational program	5%	10%
Community service/volunteerism	4%	6%
Mentor program	11%	3%
Restorative justice program	1%	0%
None	0%	0%

Mean, Median, and Mode Number of Days from Agreement to Closure Compared to Guidelines, January 1, 2022-April 30, 2024

Days from Agreement to Closure						
	Actual				**Guidelines**	
Risk Level	N	Mean	Median	Mode	Min	Max
High	11	176	182	184	181	270
Moderate	52	129	122	122	91	180
Low	212	84	91	92	0	90

The actual days between diversion agreement and closure fall within the guidelines for each risk level. The median and the mode for low risk slightly exceed guidelines.

Note: Mean refers to the average; median refers to the middle point of the range; mode refers to the most common occurrence

Findings: Diversion Implementation

Challenges with Implementation

A challenge was listed in the program data for 70 of the diversion cases.

Most common themes reported in the program data included:

- Waiting list for diversion program (Worcester)

- Difficulty initially reaching family

- No shows, cancelations, and rescheduling

Other categories included: accessibility (such as language), transportation, late referrals, youth's behavioral issue(s) that makes it hard for them to participate, and youth or family not wanting to participate

Challenges with Implementation Cont'd

forHealth™ CONSULTING at UMass Chan Medical School

- Interviewees noted that the biggest barriers to engagement and success are lack of parent engagement/support and youth with serious mental health/behavioral issues
    - Mental health stigma is a barrier for some youth and parents, particularly within Latin communities. Seen as a barrier to engaging those families, but also educating families on the importance of mental health support seen as an important point of service
- Lack of out-patient substance use programming for adolescents and teens, teen programming in general, and family/parenting support and programming
- Magnitude of responsibilities and tasks to keep track of:
    - Outreach to referrers and reminders to send referrals
    - Outreach to community providers to develop relationships
    - Outreach to community providers for case management

It gets frustrating when…I have to outreach to this place that was supposed to take care of these referrals…and didn't. – Diversion Coordinator

Facilitators of Implementation

- Coordinators' backgrounds and skillsets in case management, resource and systems navigation, engaging with families, and paraprofessional clinical skills (e.g., identifying triggers, developing coping skills)

- Coordinators' communication skills and ability to establish rapport with youth and parents

- Relationship to parent agency
    - Cases prioritized for clinical services
    - Robust network of services and other providers
    - Promoted parent/caregiver trust if agency is well-known in community (could go opposite direction depending on reputation of the agency)

- Youth-centered approach
    - 90% of youth reported they provided input into their diversion requirements
    - 92% of youth felt supported by the Coordinator throughout the program; 98% felt they were treated fairly; 88% of youth felt they could stay out of trouble in the future

Themes and Examples of Listed Accomplishment Noted in Program Data, January 1, 2022-April 30, 2024

Theme	Example
Accountability	Apology letter
Behavioral health	Participating in therapy
Community participation	Community service hours, community programming
Education	Made high honor roll, obtaining IEP testing, graduated
Employment	Obtained summer job
Interpersonal relationships	Improved relationship with mother
Recreational and prosocial activities	Participate in school sports
Skill development	Learning, practicing and applying problem solving- skills
Substance use	Maintained sobriety

# Strategies Coordinators Reported Using to Track Accomplishments

- Self-report at check-ins

- Work on job applications together

- Develop or obtain copies of sign-in sheets

- Forwards of email confirmations

- Releases to talk to collaterals

- Printouts of grades

- Updates from parents

Program Implementation & Fidelity

- Communication, communication, communication
  - With referrers, collaterals, youth, families, community providers, other Coordinators
- Coordinators really valued shared learning and case consultation opportunities with the other Coordinators
- Strong fidelity to the goals of the program
  - Individualized and youth-centered programming (93% of youth said they had a chance to express their thoughts/views throughout the process); use of EB assessment tools; meaningful progress toward youth development is considered success (89% said the program helped them learn from their past mistakes)
- Overwhelmingly positive assessment of the program by everyone we spoke with, although some referrers still developing trust in the program
  - Some referral agencies less receptive to the program, most often due to perceptions of redundant programming or political reasons
- Referrers like the monthly newsletters that include data and highlight success stories

Findings: Diversion Completion

Case Flow for Cases that are No Longer Active
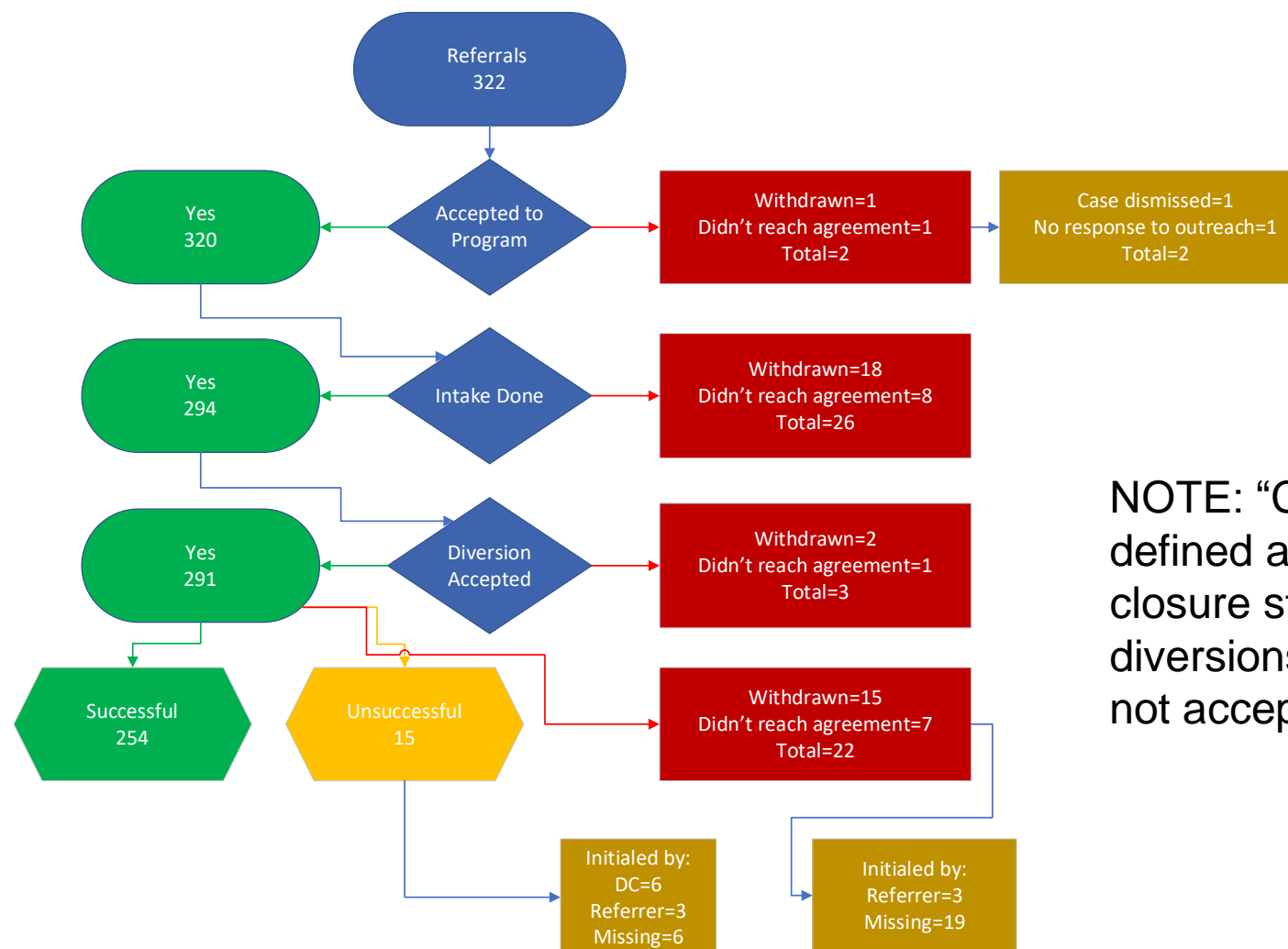
NOTE: "Closed cases" are defined as those with a case closure status, declined diversions agreement, or referral not accepted.

Barriers to Completing Outcome Assessment

- There is a low number of "unsuccessful" cases, limiting the ability to make comparisons between cases that were successful vs unsuccessful
- Compared group that was withdrawn or returned prior to intake and after intake and found some initial differences but sample size is too small to draw conclusions
- Differences in these groups precluded us from being able to combine groups to compare those who completed the program (either successfully or unsuccessfully) to those who did not.

Reasons Youth Unsuccessful

- Reasons listed in program data were primarily regarding compliance

- Four were because of new charges

- One was initiated by a parent for behavior and another by a DA for violating terms of an agreement

- Interview participants indicated that unsuccessful cases were few and far between; in general, high levels of success

  - Success impacted by selective referrals (referrers refer cases they believe will be successful), individualized nature of the program (tailored to youth's needs and strengths), and success defined as meaningful progress

  - Youth are set up to succeed

> _I'm never solely making that choice if they're unsuccessful…I'm not deciding that. It's always going to be a discussion with the referrer, and also any collaterals._ – Diversion Coordinator

Summary & Considerations

Summary of Findings

Quantitative

- There are differences by counties in terms of referrals, intake, and diversion agreements
- Regardless of these differences all sites have a high success rate
- Diversion requirements suggest there was a high need for behavioral health and education support

Qualitative

- High levels of program fidelity and satisfaction among staff, leadership, and referrers
- People felt the program is working
- Youth reported high levels of satisfaction with the program, felt supported, and got something out of it
- Biggest challenges are lack of parent support and youth dealing with mental health issues

Recommendations/Considerations for Data Collection

- Have drop-down menu for responses to eliminate variation in how data entered

- Add state variable in addition to county

- Build in logic to make sure question only answered when appropriate and questions not skipped

- Easy way to determine if a case is active or closed

- Obtain more demographic info from referrer if possible (only have age for those who don't participate in intake)

- More details to diversion requirement – match Appendix C: Sample Intervention Matrix from "Massachusetts Youth Diversion Program Model Program Guide"

- Consider redundancy in data collection/reporting with parent agency and determine if there are ways to streamline

Considerations for Expansion: Referrals

- Consider and communicate overlap with/distinction from other programming in the community
- Before implementing the program, ensure buy-in from all relevant stakeholders and specific individuals (political sensitivity)
- A history of and momentum around diversion is a strong facilitator of successful implementation
- Given the importance placed on understanding the ecology of the youth, educate and outreach referrers, particularly police, who may not always be dealing with youth (e.g., SRO vs patrol officer)
- Consider dedicated outreach and education about the program, particularly with agencies that have high levels of turnover

Considerations for Expansion: Fidelity

- Some Coordinators have developed scripts and checklists to help with the intake process and ensure fidelity – consider making these widely accessible to coordinators

- Coordinators had their own methods of case management
  - Consider providing standardized case management tools
    - But flexibility in the use of those tools, or adaptability of the tools to Coordinator preferences is important; Coordinators valued flexibility in how they manage their cases but also thought having tools available would be helpful to start

- Case consultation with other Coordinators is valuable for sharing resources, strategies, and lessons learned

- Leaders and Coordinators all expressed value of shadowing for onboarding new Coordinators

- Some parent agencies required additional forms/paperwork; take these into consideration when selecting parent agencies, consider adopting useful tools, streamline redundancies

Considerations for Expansion: Geography

- Expansion to rural areas may lead to more service gaps just by nature of what's available/convenient in the community

    - Consider these limitations and challenges when assessing the success of the program and expectations on Coordinators

- Some counties are quite large – Coordinators expressed some challenges with servicing the entire county

    - Consider expanding the program within counties as well as across the state

- Append local resources for services along with contact information and intake/enrollment processes to the service matrix

    - At least one Coordinator did this for their own purposes but seems like it could be helpful as a shared resource

    - Would require upkeep to make sure information is current

        - Explore and leverage any existing resources, particularly within parent agencies

Considerations for Sustainability

- The program is highly individualized in terms of referrals, implementation, and programming

- While seen as highly valuable and effective by everyone we spoke with, individualized nature could become unwieldy as cases increase

  - Determine an ideal caseload to effectively manage the process and stick to it (e.g., hire more coordinators if needed)

    - Ideal caseload size could be difficult to determine given the individualized nature of program and variation in needs of the youth

> *I could not do more than three intakes a week, to be able to do everything else and do it well.* – Diversion Coordinator

  - Some challenges with waitlists early on due to capacity, seen as problematic for the program, especially early on, so you don't lose the opportunity to engage the youth and because it's a time-limited program

    - Again emphasized communication with referrers as being critical when there are waitlists for programming

Consider Expanded Evaluation

- Consider expanding evaluation to include:
  - The two sites that were launched in 2022 and others added in subsequent years
    - Additional sites/time will increase sample size to allow for additional comparisons of outcomes of interest
  - Measurement of additional longer-term outcomes, such as recidivism
    - Recidivism in terms of criminal activity, but also in terms of how many youth (and which ones, under what conditions) end up back in MYDP
  - Youth experiences beyond satisfaction
    - At least one coordinator mentioned having youth do reflections during their close-out session
      - Consider making this standard and capture reflections as data for analysis

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