


FIRST PERSON ACCOUNT

Implementation of Youth Empowerment Services (YES) juvenile justice diversion program: A first-person account

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Abstract

In Santa Barbara County, the Youth Empowerment Services (YES) Program brought together several government and community-based organizations, as well as a university-based evaluation team, to provide pre-adjudication diversion to youth ages 12 to 17. The primary goals of this program were to reduce the number of misdemeanor arrests and reoffending rates in the county's juvenile justice system, and to support the strengths and needs of youth in a trauma-informed and culturally sensitive manner. This first-person account article shares the experiences of a community-university partnership with the implementation of this program. A history of collaboration, flexibility in the face of a global pandemic, and clinically useful evaluation tools supported the program during its initial external funding period and its continued success with a sustainable infrastructure and internal funding.

KEYWORDS

diversion, juvenile justice, program evaluation, research-practice partnership

Key Highlights

- Regular team meetings and communication support proactive problem-solving and accurate reporting.
- Collaborative development of clinically useful assessments eases the evaluation process.
- Evaluation should use data from multiple sources and include testimonials from staff and clients.

IMPLEMENTATION OF PROGRAM: A FIRST-PERSON ACCOUNT

Diversion programs offer youth with an alternative to formal processing in the legal system. Since the 1970s, the Office of Juvenile Justice and Delinquency Prevention has funded the creation of diversion programs across the United States. These programs generally aim to reduce reoffending, provide support services to youth and families, reduce system costs by investing in community-based services rather than incarceration, and deliver a proportionate response to public safety threats (Models for Change

Juvenile Diversion Workgroup, 2011). A comprehensive review of the literature and expert consultation indicated that no singular program serves as an exemplar, given the numerous points for diversion within the legal system and jurisdiction-specific factors, such as state laws, agency policies and practices, and availability of community-based services (Models for Change Juvenile Diversion Workgroup, 2011). Building on the guidelines and helpful case studies provided by the Models for Change Juvenile Diversion Workgroup, this paper offers first-person accounts about the context, planning, and implementation process of a pre-adjudication diversion program for youth.

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PROGRAM CONTEXT

This diversion program was developed and implemented by the Santa Barbara County Probation Department (Probation), the Santa Barbara Council on Alcoholism and Drug Abuse (CADA), and Dr. Sharkey's research team at the University of California Santa Barbara (UCSB). In this county, Probation has a reputation for responsiveness to innovations in their field and developing programs to support youth at all levels of need. CADA is a non-profit organization with a long history of providing drug/alcohol counseling and family support to youth in the county. Over time, they have evolved to focus exclusively on evidence-based programming with rigorous evaluation to address the case management, substance use, mental health, and prosocial engagement of youth. Dr. Sharkey and her graduate students have developed strong collaborative relationships with schools, youth-serving institutions, and community-based organizations to improve the care of vulnerable youth and families.

Santa Barbara County is located along the southern central coast California, populated by two dominant racial/ethnic groups. Of youth ages 0–17, 65% are Hispanic and 27% are White (California Department of Finance, 2018). Geographic desirability has driven a high cost of living and an economy built on low-wage sectors related to agriculture, tourism, and service. This has created three regions of the county, with a range of social-economic status and associated racial/ethnic disparities for youth and their families. In North County, the majority of parents are monolingual Spanish speakers and work in its large agricultural industry. North County also has an indigenous community with parents who speak various Mixtec dialects. Mid County has a prison and a military base, with fewer resources than other parts of the county to meet the significant needs of its youth. South County is a tourism hub, where much of the county's wealth is concentrated. Youth in South County represent a wide range of social-economic backgrounds, from very wealthy families to low-income families living in high-density neighborhoods.

The Youth Empowerment Services (YES) Program

Driven by these contextual factors, a community-university partnership developed the Youth Empowerment Services (YES) diversion program. The YES program, supported from May 2020 to February 2023 by California Board of State and Community Corrections (BSCC), provided pre-adjudication diversion to youth ages 12 to 17. The program expanded CADA services across the county at no cost to families, building upon services already offered in North and South County and establishing services in Mid County. The program had three key goals: (1) reduce the number of youth referred to/under probation supervision for misdemeanor offenses

and reduce racial/ethnic disparities in the county's legal system; (2) prevent youth reoffending; (3) reduce risk factors and improve protective factors for legal system involvement by increasing youth connection to services.

Probation officers, law enforcement officials, and school personnel referred youth to YES for a qualifying infraction, misdemeanor, status offense, or education code violation, such as various drug/alcohol, assault/battery, vandalism, theft, and other offenses. An advisory group for the grant proposal (made up of representatives from probation, law enforcement, CADA, and the university), extensively deliberated on the selection of qualifying offenses. Qualifying infractions were approved by consensus prior to implementation. Care was taken to ensure the eligible offenses didn't cause net widening (engaging individuals with the system who otherwise would not have any contact; e.g., truancy, minor substance use violations) or risk community harm (e.g., felony assault). Once referred to a CADA case manager, Probation did not retain records on a youth and participation was voluntary. If youth did not enroll or disengaged from services, they were not referred back to Probation.

When a CADA case manager received a referral, they scheduled an orientation and intake interview with the youth and their family. Once a family decided to participate, the youth and caregiver each completed a screener tool to assess for mental health symptoms, substance use, trauma, and psychosocial strengths/needs in lieu of a traditional risk-needs assessment. Program partners collaborated on a review of clinical data and iterative quality improvement processes to develop culturally responsive risk thresholds for components of the screener, to appropriately match youth with interventions. The case manager used screening data to identify areas that needed further assessment and to develop an individualized service plan, referred to as a Restorative Action Plan (RAP). RAPs were designed to be supportive and achievable—addressing the needs that led to referral and strengthening the youth's protective factors. RAPs had specific, time-limited objectives that the youth and family agreed to work toward. Most plans could be completed within three to six months and could be modified with new information. RAPs incorporated evidence-based interventions such as OneCircle's group counseling (One Circle Foundation, n.d.), Aggression Replacement Training[®] (Glick & Gibbs, 2010), and classes on conflict resolution, alcohol/drug education or peer relationships. When responses on the screener tool or intake interview indicated more severe substance use or mental health challenges, CADA substance use disorder (SUD) or mental health treatment counselors would conduct further assessment and contribute to the RAP. These treatment plans included evidence-based interventions, such as Seeking Safety[®] (Najavits, 2003) and Motivational Enhancement Therapy/Cognitive Behavioral Therapy in individual and group sessions. To successfully complete the program, youth had to attend

the majority of scheduled intervention sessions and make meaningful clinical progress as dictated in their RAP.

Outcomes of the Youth Empowerment Services (YES) Program

From 2019 to 2023 (the year prior to the program and the year after the program's conclusion), Probation's ongoing data collection efforts indicated no net widening effect: alongside other reform efforts and the COVID-19 pandemic, there was a 44% reduction in youth misdemeanor referrals and an 18% reduction in the number of youth under probation supervision (California Department of Justice, 2024). Over the course of the program, 635 youth were referred for diversion services. The majority of referred youth were male (67%), Hispanic/Latino (61%), and between the ages of 13 and 17 (93%), with a mean age at entry of about 15. Probation was the primary referral agency, providing 69% of referrals. Nearly two-thirds of referred youth enrolled in the program. The rate of Latino participants (61%) was similar to the rate of Latino youth in the county (65%). Rates of engagement (82% Latino, 74% Non-Latino) and successful completion (81% Latino, 82% Non-Latino) did not significantly differ by race/ethnicity. Common areas of need for intervention were related to mental health, substance use, and peer support. To account for youth with enough time to complete their RAP, the rate of completion was evaluated for youth referred between May 2020 and August 2022: 81% of these enrolled youth successfully completed the program. For youth who had exited services at least a year prior to the end of the evaluation period, very few (3%) received a sustained petition within a year of discharge. For youth who completed the assessment at entry and exit, there were significant reductions in youth report of risk-taking behaviors and mental health distress symptoms, significant improvements in select protective factors, and meaningful reductions in reported substance use (CADA, 2026; for detailed reporting of evaluation methods and results, see Sharkey & Pollard, 2023).

THEORETICAL ORIENTATION AND PARTNER NARRATIVE METHODS

The first-person accounts gathered for this article represent the perspectives of the interagency team that implemented the program. The interagency team included (a) the administrative leadership of CADA; (b) the CADA case managers who provided services to enrolled youth and families; (c) the administrative leadership of Probation; and (d) Dr. Sharkey's evaluation team. The evaluation team worked with representatives from each

key group to compile their reflections. Reflections were framed by a systems change orientation that acknowledges the critical role of youth-serving agencies, staff, and programs in youth development (Foster-Fishman & Behrens, 2007). Accordingly, the research team developed questions for partners to help them frame their narratives on how the partnership impacted their agencies and what supported the healthy development of participating youth and families. Partners had the option to integrate their reflections into one written piece themselves or to have the evaluation team interview them with a set of open-ended questions relevant for their positionality on the team. If a group chose to be interviewed, the transcript was collaboratively edited for readability and clarity. All authors provided a final review of their account.

PARTNER NARRATIVE - CADA LEADERSHIP (Michelle Kerwood)

CADA has had diversion programs for a long time, such as Teen Court (Gase et al., 2016). Historically, we had partnered with school districts, probation, and the sheriff's department to offer these programs. More recently, Teen Court was reduced in size and impact because it was still a more punitive way of looking at diversion. When Probation brought this idea for a different diversion program to CADA with this grant, it was exciting. Instead of giving a consequence for what had occurred, we'd be looking at the underlying issues and determining services based on the need rather than on the violation that had occurred. The YES program model breathed fresh air, fresh life into our diversion programming.

The program model came out of our existing, strong relationship with Probation. We do a lot of programming for youth who are under formal probation supervision in our treatment centers, so working together on this program was a natural step. Probation set an outline of how the program would fit with their existing programming, and our grant writer was able to show what CADA could bring. We were well placed for the program because families didn't have to be referred out for services after completing the intake screener and intervention planning with a case manager. The majority of services happened at CADA, through our substance use treatment/mental health service teams or case managers delivering interventions. Dr. Sharkey's team worked with us on developing the screeners and the evaluation plan, so we could figure out if what we were doing was working. The initial planning meeting took a lot of time, but it was successful because everyone worked together.

Other partners weren't as involved until after we had the grant, though we did have letters of support from school districts and law enforcement. The schools weren't

partners in planning, but they were definitely partners in providing the referrals and helping us to engage the kids once they were referred. Some schools were on board and put it into their school discipline plan. Those were the ones that it was really successful for. Some districts adopted it, but then specific schools didn't really buy into it as much—which was definitely a challenge. Law enforcement was also supposed to be a partner in providing referrals, but that never really happened, even though we did outreach at police department meetings. We developed some good relationships with their administrators, but it didn't translate down to the officers who were writing up the actual violations. Along with those realities, the beginnings of the COVID lockdown meant that we did not receive as many referrals from the schools and law enforcement as we thought we would. We had a launch date of May 2020, and the world closed down in late March/early April. The kids weren't in school for the end of that school year and the next school year, so there were no eyes on the kids to identify needs.

Nurturing relationships with the groups that weren't necessarily listed as partners was also important. For example, we were getting tons of referrals in North County for kids who were driving without a license. Our case managers found out that the California Highway Patrol offers a Smart Start driving class. For kids who didn't have any flags for needing additional interventions based on the screener, we would offer this class through the CHP. They could successfully complete the program once they'd done that class—for someone coming in for driving without a license without any other needs, that's great. For someone with the same violation, but they share their trauma history, depression, and substance use challenges on the screener, we could then offer much more than that class and give them what they really need.

The screening tool was essential for running the program. I dislike it very much when we're just doing a survey to do a survey for the evaluation. In this program, we were able to have a survey that was an integral part of the program because we could look at the results in real time after the youth and caregiver completed it during the intake and use it as a pre/post measure of change for the evaluation. We could say, "Hey, from what you, the kid, and you, the parent, said on your surveys, it looks like you would really benefit from this intervention." It's more impactful for the family, and it also gave us an idea of what was needed without having to do a full assessment of their history and needs. It wasn't always perfectly accurate, but it gave us a starting point. For example, there were some cut points for different areas on the screener that we changed over the course of the program. At the beginning, many youth were getting suggested for a particular intervention based on the screener but further conversation with the case managers and treatment staff indicated that they didn't need that level of service.

We also used a tiered intervention planning approach with the results from the screener. If youth met criteria for substance abuse counseling or mental health counseling, then we put them in that service and pulled the other recommended interventions into that counseling. For example, a youth might have a trauma history, issues with social support, and substance use challenges. We would let their substance use counselor know that they'd benefit from having Seeking Safety[®] as part of their counseling. This way, the counselor could put those things on their treatment plan, instead of saying you have to do substance use counseling *and* you have to attend a Seeking Safety[®] with someone else. Sometimes, if you give a kid too many things, they won't do any of them.

Because of the utility of the screener, the evaluation flowed really well. When we started this program, we were clear about what to do at intake, 3-month follow-up, and discharge. The evaluation wasn't difficult like I've found in other projects because it wasn't about gathering information beyond what we had to do for the program. I appreciated that it didn't take a lot of extra work from the case managers, though it did take work from the university evaluation team and myself to really go through the data for the grant reports. With the reporting, I frequently felt that the BSCC reports didn't reflect the work that we were doing. They were clunky in a way that didn't show the value of the program. Sometimes we looked bad because we were part way through and hadn't reached the goals yet. However, when BSCC came for a site visit, it felt very different in that they saw us as doing a great job. UNIVERSITY reports at the midpoint and end of the program were more meaningful and valuable. Those reports were what I shared amongst our agency and our partners to say, "Look at this program; this is what it's doing and it's really good."

Our quarterly team meetings with all of the grant partners, even when it didn't feel like we had a lot to talk about, were really valuable. They helped connect us, especially when we were working from home a lot of the time. It helped everyone understand each other, the scope of what we were doing and the whole grant process—from the direct work with families to the fiscal requirements. Those were meetings that always felt important and uplifting, even when there were challenges to work through like making changes to service delivery based on our clinical judgment. CADA also had internal meetings to exchange ideas based on what had worked in one region of the county or another. These internal and external partnerships were really important for the success of the program.

The biggest change from creating the program to making it happen during COVID-19 was switching over to fully telehealth and then switching back to in-person. We had a lot of conversations about doing intakes on Zoom and how to get materials to kids, like dropping the papers that they needed for an intervention at their house, along with a care package. We also had to help

the parents and the kids figure out what Zoom was to make sure that they had the computers or iPads that the school was giving out, so they could participate. We shared resources to help our clients get low-cost internet or connect them to other organizations like Boys/Girls Club, which would allow the kids to come in and do their schooling and programming from there. Another one of the things that we changed pretty quickly was the incentives. We had planned incentives like field trips and family barbecues for those who successfully completed the program—that changed to gift cards that we would mail or drop at their homes. The kids really liked it, so we ended up sticking with it throughout the program. It was also fun because everybody could receive it, not just the families who happened to be able to attend on the day that the trip or barbecue was scheduled.

I feel like the main success of the program was the relationships between the case managers and the families. When you look through those feedback surveys, by and far they say that's what was most impactful. I think that keeping caseloads relatively small was what made this program possible. The success of the program in terms of its goals/objectives and having services free during the grant period has launched us into having a truly sustainable program. School districts are now partnering with us directly for services. Probation has also continued it because we've been able to divert so many youth from the juvenile justice system and handle referrals that don't meet the criteria for their services. They are taking a portion of their funds to continue to support the program, at a lower level than during the grant—only covering services for the referrals that come from them. By and large, it's one of those programs that I love because everybody really has positive things to say about it.

PARTNER NARRATIVE - CADA CASE MANAGERS (Esteban Medina- Galvan, Andrea Fernandez-Contreras, Ruby Celio)

Esteban started way back at the beginning, while Andrea and Ruby started in summer 2022—taking over previous case managers' caseloads and focusing on the newer clients that were coming in. When it got started, COVID was a big thing that hit a month or two after the program began. We had to all work as a team to adjust the intake process, the classes, and the groups that were all made to be in person. We preferred doing intakes and services in person, because it was easier to read their body language, and over Zoom, you wouldn't be able to tell how they reacted to a sensitive question. In person, we could recognize when somebody felt a certain way about a question because they would lean back, get pensive, or move back and forth. Sometimes, they would have their cameras off, so it would be even harder to connect. Technical difficulties happen all the time, but it was frustrating

when we would have to wait for it to reconnect or have to reschedule.

We handled intakes, which were supposed to take an hour or an hour and 15 min. There were times when the youth would like to talk about what's going on, and the assessment brought out a lot of different emotions and past traumas. During the intakes, a lot of parents would pour their hearts out, and we would offer the parent support group. That program is six sessions, but we know that some parents keep coming back. They really wanted that love, that support, that connection with the facilitator and other parents. We think talking to both the youth and the parents gave us a better perspective of what was going on. This helped us determine what was best for the youth, like if they needed mental health or substance use treatment. Communicating with them in this way was very helpful. After the intake, we would either connect them with more intensive treatment or lead classes and groups ourselves.

In the first year of the program, case managers would send the referrals straight to the treatment supervisors and try to give as much information as we had so they would already have a perspective on the type of client they'd be getting. Later on in the program, the front desk staff would set up the appointments for them as soon as they finished the intake, getting them scheduled in that same day. We would have bi-weekly check-ins with clients just to see how the service was going, how treatment was going, how they're liking it. We found these check-ins helped us connect with youth a lot more because it kept them on their toes and kept them thinking “Right, I have to do this—I have this service.”

For the education classes, Esteban did a really good job getting kids started as soon as possible, so they didn't have to wait for the next rotation. If there were four sessions, and a group of kids were already on the second one, Esteban would get the new kid in right there and then. He would catch them up separately on the first session so they could hop right in. It was great to get them in fast—if we got them in a few weeks later, they might no longer want to do it. For the groups that we ran, honestly, it was a lot of fun. We'd give them the chance to talk about whatever they wanted. The curriculum would have different topics, but we would also open it up to them so they could suggest things that they wanted a little more education or help on.

Sometimes the topic didn't relate to some of them, so we would focus on something else. For example, Andrea found it unfair to include the topic on mother–daughter relationships when some of the individuals did not have a mother figure in their lives. In that case, she would make it more neutral—focusing on the person that they were really close to or the person that took care of them the most. Or she found that two topics could be put into one, like relationships and dating violence. With Esteban, some of the kids were gang involved, and they always wanted him to talk about his own experiences and

opinions from being involved in stuff like that in his past. He was open to talking about that, so he could give them pointers on what it really meant to be involved in gangs, and he thinks it gave them a better perspective, helped them get out of it. That is what worked for us—adjusting and focusing on what they wanted to talk about. As long as they talked, that was good.

As a team of case managers, we were really communicative with each other. The more experienced case managers would train newer people as they came on. Most of the time, it would be Esteban and Andrea talking with each other about how clients were doing across the groups and/or classes they ran, since they were serving North/Mid County. Sometimes Ruby, who worked in South County, would have a question, and then we'd all communicate. When mental health or substance treatment services were in the RAP, we didn't provide any other services because those treatments were very intensive. The clients would meet two or three times a week with the treatment counselor, depending on the severity of the issues. In those cases, we would keep up with the treatment counselors and send email check-ins to get updates from the youth and their counselor to see if they were showing up and how they were doing. The warm handoff to other services and constant check-ins were a very good part of the program.

We only worked with Probation on the referrals. Two of the main challenges, especially at the beginning, were the delay in receiving the referral and inconsistencies in the referral information (e.g., violation code, family contact information). Over time, referrals started coming in much quicker and more accurately. We would meet as needed to work out data issues, as well as every quarter with the whole team to check-in and discuss the reports. We found the data reports to be quite accurate; sometimes the clients would complete their services and wouldn't come back for their exit assessment. This was difficult because we knew we needed that data. Most of the time, there would be a change from the start of the program to the end, but there were times when there was no change—like when the youth came in for a small offense. Mostly, we noticed that during the COVID lockdowns, the success rate wasn't as high as when it was in-person.

Beyond the data, we saw the impact with youth and caregivers in being able to communicate better. Youth were better able to communicate their feelings and emotions, whether they were boys or girls. Our check-ins were a huge help in helping them open up to their parents and understand that communication can make things easier. The families were also able to communicate better, and they were able to come in if they had a worry. Let's say they caught their child with a vape, they would come in right away and ask, "Can they get tested? What kind of stuff are they using?", "Can you help me out?", or "What do I do?" It was good for the parents to know that they had a safe place, where they could come in whenever they need to.

PARTNER NARRATIVE - PROBATION LEADERSHIP (Erin Cross, Karyn Milligan)

The need for true diversion has always been something on our radar. In 2017, we did a data dive internally as a department and saw that we had youth on probation for lower-level offenses whose needs could be addressed through lower levels of intervention. We moved from a "Why diversion?" mindset to asking ourselves "Why would we not divert this case?" This data dive shined the light on all available options for diversion and the opportunity to access additional options moving forward. When we identified this grant opportunity, we leveraged that as an opportunity to fill that need. The YES program is a formalized approach to divert youth from the juvenile justice system, a structured program that has eligibility criteria consisting of low-level, first-time offenses, and a list of service options designed to meet the needs of the youth and family identified by an intake screening tool. Previously, diversion for these offenses was much less structured, leaving it to the officer's discretion as to the appropriate intervention, which could range from a conference to discuss the offense to court intervention. There is still a place for this discretion with higher-level cases and for youth who re-offend after not successfully completing the program. The program allows Probation to have no direct contact with the youth, diverting them to a treatment provider without exposing them to the juvenile justice system.

Before this grant, there was already a relationship between CADA and UCSB. CADA worked with Probation as the drug and alcohol service provider for youth. They are known throughout the county by schools and law enforcement, and for a time were the only option for these services outside of private insurance. They also had diversion programming through Teen Court, making them a natural partner on this project. They were able to build on the best pieces of diversion that they already had, understanding what services were needed, and were able to adapt with the COVID-19 pandemic. The evaluation team then included Dr. Sharkey, who has sat on the Juvenile Justice Coordinating Council as our research partner for many years. From that and her role as an evaluator on a variety of other projects, we learned the value of having somebody with that background to participate in these meetings regarding program development and delivery, and to really understand the discussions that were happening. This made her and her team a natural fit for the evaluation partner. With those connections already there, it made it even easier to run the program with BSCC funding and to then sustain the diversion services after the grant ended.

Ideally, youth referred to the YES program were first or second time, low-level offenders with a low risk for recidivism. We didn't actually know if this was accurate

because Probation did not meet with the youth to conduct and evidence based risk assessment of their risk to reoffend, but we were hoping it'd be the case based on the evaluation results. Further, if the program noted the family was in need of support, opportunities for that were offered. Family support is not always readily available with diversionary programs. We'll never really know if the program changed the trajectory of youth who would've gone on to more serious offending or if we did entirely engage youth who were low risk and not likely to recidivate, but we do know the youth who participated ultimately had very low rates of recidivism.

From the beginning, we weren't sure exactly what services we should have available. As the case managers did initial assessments, we saw what services were actually utilized. When we look at the full menu of services initially offered in the program, and what ended up being used, it moved from a huge array of services outlined in the contract to a smaller set of services. The reduction in service offerings was due to first and foremost, the COVID pandemic. CADA was not able to offer everything because there were no in-person services, and all of a sudden, they had to figure out the virtual world. CADA had to attempt the initial assessment to see if the kids would even talk virtually to determine needed services. The next question was if they would engage with services in a virtual environment. Initially, we thought that CADA would do more work with parents in parent support groups and other interventions. When we got into it, with a pandemic that disrupted everything, it also became about whether parents would even participate since it wasn't a requirement. It was a whole new world at the time, and CADA had to navigate all of those challenges. The reduction in service offerings was also likely influenced by the population of youth who were referred to the program. The results showed youth primarily used mental health services, which presumably could be related to the unanticipated pandemic. CADA primarily served youth with the OneCircle group counseling interventions, individual drug/alcohol use treatment, and occasionally Multidimensional Family Therapy (MDFT; Liddle, 2002). Moral Reconciliation Therapy[®] (MRT; Little et al., 2010) and ART[®] (Glick & Gibbs, 2010) were not frequently used. This could have been based on the population's needs—if the program was truly serving first-time offenders who had a low risk of recidivism, then they probably shouldn't need a full-blown MRT[®] intervention.

Early on, there was some tension around limited success with engaging youth, and CADA initially requested support in contacting youth from Probation, even though we were really trying to not be involved and to have it be a true diversion program. On the service provider side, we could see how this was frustrating because there was lost engagement with the youth. Another challenge was getting referrals from agencies other than Probation. Law enforcement agencies didn't

really provide as many referrals as we thought they would. It did take to a degree with the schools, likely because the schools knew CADA from Teen Court and as the drug and alcohol service provider. There were also data challenges. One issue was with how to track youth to see if they came back through the system without gathering invasive information on the intake form, like their social security number. After group discussions, we ended up with names and month/year of birth, which was hard because people could use middle names or have misspellings. When we measured youth with a sustained petition a year after leaving the program, it's a conservative estimate. The result still looks amazing, but a lesson learned would be trying to track that better. It's also hard to know if it's a reduction entirely because of the program or due to a variety of factors. For example, the pandemic closed down the courts (a system that would have been capturing recidivism) and had people shelter in place without the opportunity to engage in behaviors that might result in another referral to Probation.

There were key factors that supported the program's implementation. CADA did not have the staff turnover that we anticipated, with most case managers staying for at least 2 years or the full duration of the project. When a couple of staff members left within a few months of each other, there was enough space to train incoming case managers before the original staff left. While the pandemic introduced many challenges, the transition to virtual services may have increased access for youth and supported more staff continuity. As a voluntary diversion program, we prioritized the essential needs of youth who opted into the program but did not pull youth and families deeper into services that they didn't really need. The case managers focused on completing the intake and discharge assessments, had check-ins with youth to make sure they were showing up for services, and facilitated some of the group interventions.

Probation initiated quarterly meetings with all parties involved in the program to review what was working and what could be addressed or adjusted. The agendas were structured to get information from everyone, asking each to share their challenges and successes. While there were several different people involved in the facilitation of these meetings during the life of the BSCC grant, they were productive and supported strong communication. This course was corrected as time went on and everyone became more comfortable with the program. We do see this with grants in general because they come out so fast, and we try to make it work as best we can. It is helpful for the people who are doing the work to be involved early on and connect with the ones who are writing the proposals and contracts.

The other concern with this grant, which might sound odd, was its flexibility. When we would go to quarterly meetings with BSCC representatives and the other grant recipients, it was really interesting because every county did it differently. For example, Probation was considered

the lead in our county. However, the Sheriff's Department was the lead in one county, and the community-based organization (CBO) was the lead in a different county. The mission was to "do diversion," but the programs were run completely differently based on who was the lead. It was a great opportunity, especially for something like diversion to be creative and have a lot of latitude, but it also meant not having a true peer group to collaborate with; we didn't have a community of practice where we could ask other counties how they were handling a particular issue or have a counterpart to measure things against. We were doing it, and it seemed to be working, but we wondered if we could be doing it better or differently. However, when BSCC came to conduct an audit, our model was noted to be a "gold standard" in the spirit of the grant.

It's hard to clearly measure the success of this kind of diversion program in terms of recidivism rates, since the research tells us that these are the youth who tend not to need intervention and shouldn't have repeat offenses anyway. As noted, there was no official evidence-based risk assessment administered, but after CADA conducted their intake assessment, it was determined that few youth needed intensive evidence-based programming such as MRT[®] - as would be expected with truly low-risk youth. We set our goal for recidivism at 5% of youth receiving a sustained petition within a year of exiting the program. However, it's not completely accurate to say that we were successful in 95% of cases, as data indicated that not all of those youth in the program who were evaluated for recidivism were headed for formal processing anyway. We don't think there is a mechanism to say with certainty what the actual number is, but we are confident we kept youth from further processing in the juvenile justice system while providing supportive services.

Even with the end of the original BSCC funding, we have continued the program. We continued our relationship with CADA, and the infrastructure has essentially stayed the same. Other than sending a letter to the family and getting contact information for CADA, we have minimal contact with youth referred. The schools now have separate contracts with CADA for referrals, and thus, they do not send referrals through our office. There aren't any more direct law enforcement referrals, but they hadn't sent many referrals during the grant and have their own informal diversion process. We now fund the case management and the staff who run the mentoring groups. CADA is committed to funding the other services separately, through other grants and Medi-Cal reimbursement.

We've continued to utilize this program to divert youth from formal processing in the juvenile justice system. We know the youths' needs are being met outside of the juvenile justice system. Probation has very minimal to no interaction with the youth to support it being a true diversion program, and we, in turn, feel comfortable that

there is a structured program that's going to address their needs. It was our first step in the direction of strengthening our diversionary options, and we're building from it. Currently, we are utilizing restorative justice programs for the next level of youth (slightly more serious offenses) who can be eligible for diversion. We are essentially building in additional steps between the referral from law enforcement and formal processing, with a variety of diversion programs to avoid juvenile justice involvement whenever possible.

For other counties looking to run diversion programs, it's useful to think about how historical knowledge from the planning stages can be passed down since staff turnover is inevitable. As an example, a binder with the official grant contract and a write-up that shares the internal narrative of why things were done in a certain way could be helpful. During the course of this project, regular meetings with all the relevant team members were important, even though we didn't have a continuity of practice across counties. Unanticipated things would come up in those meetings, and it is unknown what the impact would have been on the success of the program if they hadn't been brought up and talked about. Those meetings had an environment where everyone was empowered to speak up and have a voice. It was most helpful when the case managers were involved in the meetings and the evaluation reports, sharing the nuts and bolts of how youth were engaged and how services were going. It's also important to figure out your population—the youth you're working with, the families you're working with, the community, and the resources that they have. Your vision on day one when you're starting the grant is probably very different from after year one, when you see what services are indicated and what youth will actually engage in. Ongoing assessment of what the population actually needs and readjusting the menu of services is key. We would encourage other agencies to figure out what your metrics are and make sure you have a strong enough agreement, especially with school districts, to get the information you need to do that evaluation. Ultimately, the power of this program was heard through the voices of the youth and families that participated, which we gathered through formal consumer feedback surveys and informal testimonials—so be sure to include their voices.

PROGRAM EVALUATION – PRINCIPAL INVESTIGATOR (Dr. Jill Sharkey)

The role of an external evaluation team is critical to system reform efforts. It provides a level of accountability and oversight, while also easing the burden of data collection and reporting for systems that are taxed with meeting the needs of youth and their families. An external evaluation team can also help identify systemic

factors that may be difficult for members of an organization to recognize. For example, past projects with Probation required a focus on criminogenic factors (e.g., antisocial cognitions, self-control, aggression) and their evidence-based programming included MRT[®] and ART[®]. Since all program partners have increased their awareness of the prevalence and role of trauma in externalizing behaviors, this program was an opportunity to assess and intervene on both criminogenic factors and youth/family mental health.

When creating evaluations of programs that serve vulnerable populations, it can be unethical to use experimental designs such as randomized control trials. I have also found that quasi-experimental designs fail to be successful due to the difficulty with finding a relevant comparison group and rapid changes that make historical comparisons unreliable. Through experience, I have become passionate about developing evaluation plans exclusively focused on clinically useful tools that are efficient and not a burden for staff or participants. I have embraced using multiple methods to triangulate success, including symptom reduction on screeners; client satisfaction via quantitative ratings and qualitative feedback; and testimonials from clients, families, and service providers. Hearing success stories from youth who attribute their growth to the program has been the most compelling evidence for most audiences.

It is important for the evaluation process to be collaborative and include conversations that help all parties achieve insight to areas of difficulty with a program and possible solutions. Significant interdisciplinary coordination, made possible by our strong history of trust and collaboration, supported the success of the program from its conceptualization in January 2019 to its sustained implementation in the present. Regular meetings with CADA's grant writer and leadership from both CADA and Probation helped me to understand the goals and scope of the project. From this understanding, I developed a meaningful evaluation design that had individual client assessments immediately inform service delivery and be aggregated for program outcome reports.

We developed a screener tool with freely available, validated, and brief assessments of mental health factors (e.g., anxiety, depression, post-traumatic stress disorder) and criminogenic factors (e.g., anger, criminal thinking). Some of the assessments were validated with cut-off scores (e.g., the Patient Health Questionnaire 2) while others were determined through either normative data (one standard deviation from the mean) or face validity (the responses that would suggest a concern). We empowered case managers to be critical of the screener results and let us know if anything was off. Through this process, they helped us calibrate some of the cut-off scores we had initially developed. As the project continued, clinicians quickly realized that mental health and substance use were the two primary needs of our participants. In response, they shifted from offering MRT[®] and ART[®] in favor of

programs like OneCircle and counseling. While this program is associated with global improvements, such as a reduction of youth on supervised probation, it is impossible to know to what degree these improvements are due to alternative sources rather than program-specific interventions. However, the ongoing collaboration and commitment to quality improvement from our partners contribute to a broader array of system reforms that are benefiting youth and families.

PROGRAM EVALUATION – PROJECT COORDINATOR (Angela Pollard)

As a doctoral student on Dr. Sharkey's research team, I've learned from and supported all of our project partners. With quarterly reporting requirements from our funding agency and multiple sources of data for the evaluation plan, I developed close working relationships with organizational leaders and case managers. In addition to the full team quarterly meetings, I met with different team members on a weekly basis to maintain the evaluation plan's integrity and to quickly identify issues for discussion with the larger team. I communicated with the case managers regularly to address questions, provide reminders about data collection, and gather qualitative information about their experience with youth and families. Thankfully, the client assessments needed for service delivery were the same as those needed for the evaluation, so case managers did not have significant challenges with collecting the necessary data. Exit assessments could be difficult to obtain, especially when clients withdrew from the voluntary services before successfully completing their RAP.

About a month before each quarterly report was due, I worked with CADA leadership and the representative from the data management company to ensure that individual client assessments (collected in both English and Spanish) had been accurately stored before I downloaded the de-identified aggregate data. This quality check process required preliminary analysis of the data and a few meetings over several days, highlighting any needed updates to our data collection processes. Probation leadership engaged in these preliminary analyses to confirm which youth should be included in a particular report period and provided recidivism data from their system. Data analysis and reporting were a collaborative process. I conducted quantitative analyses that addressed questions posed by the BSCC standard report form and additional questions developed by our evaluation team that more directly informed service delivery. Once I had drafted the report, I met with leadership from CADA and Probation to discuss the results, correct any errors, and incorporate their interpretations of the results as narrative alongside the outcome data before it was officially submitted.

In addition to the BSCC quarterly reports, I worked with our team to create annual reports that provided additional context for the program evaluation. While creating multiple reports in different formats required additional work, I knew the value of meeting our funding agency's requirements and sharing evaluation results in a more accessible format for our partners. These annual reports included data from client assessments, client satisfaction surveys, as well as anonymous testimonials from youth, parents, and case managers. These testimonials were the most memorable aspects of the evaluation by far, offering examples of the program's impact on youth and families.

DISCUSSION

This paper provided an overview of the YES program, a pre-adjudication diversion program for youth in Santa Barbara county. The program was experienced as a success by youth and family participants, providers, and the funding agency based on individual experiences and evaluation outcomes. This compelled participating schools, Probation, and CADA to sustain the program beyond the grant period with their own funding resources. To support the development of diversion programs in other jurisdictions, we have documented first-person narratives with detailed insights from key individuals in the community-research partnership. Several recurring themes and associated implications were identified through cross-stakeholder synthesis of the mechanisms that helped achieve key outcomes. This synthesis also generated insights into the ethical and structural dimensions of our work, highlighting existing strengths and growth areas for our research-practice partnership (Javorka, 2021).

Collaboration and accountability among institutional partners

The project partners have a long history of working together. The relationships have been sustained by constant reflection on shared values, demonstrated commitment to structural changes when evaluation findings highlight the negative impacts of practice as usual, and active listening to each other's perspectives. Several key roles helped keep this project organized and the team ready to adapt when needed. This included a grant writer with CADA who identified what was needed by whom and when, Probation as a convener who set an agenda to address logistical and legal challenges as they arose, and the evaluator to help maintain human subjects protection while integrating the evaluation with staff capacity and treatment goals. Leaders set a climate where brainstorming ideas was welcome, and all perspectives were valued when making decisions. This was critical as we

entered the COVID-19 pandemic and needed to pivot dramatically. As the grant continued, we integrated case managers and direct service providers into our meetings, which helped us understand implementation challenges and allowed us to quickly adapt to identified concerns. For example, they highlighted the need for immediate follow-up on referrals, with intake completion and prompt scheduling of services to help families maintain motivation for the program. We also adapted the screening tool so that intervention recommendations linked to particular score ranges better aligned with the holistic clinical picture.

Strengths and growth areas for relationships with youth and families

The program did not replicate racial/ethnic disparities found in the broader legal system, with comparable rates of engagement and successful program completion of youth from different racial/ethnic backgrounds. The evaluation also assessed youth and caregiver satisfaction with programming, with approximately 60% of enrolled families responding to anonymous, brief surveys. Of the responding youth ($n = 225$), over 90% agreed that staff were sensitive to their cultural/ethnic background, spoke in a way they understood and treated them with respect. Some families also elaborated on their experiences, providing positive testimonials to staff through an open-ended question on the survey or writing letters to their case managers at the end of services. This may be attributable to the fact that CADA recruited case managers and providers from the local community who shared the racial/ethnic background and spoke the languages of the participants. With small caseloads, case managers were able to build personal, trusting relationships with youth and their caregivers. Their open-door policy and flexible availability helped to normalize help-seeking from families who often distrusted systems. Staff also ensured warm hand-offs and provided consistent follow-up to connect families with additional resources when needed. In addition, whenever possible, case managers adjusted the curriculum to reflect the lived experiences of their participants and allow them agency in their own learning.

Although pivoting quickly to COVID-19 conditions was taxing on program staff, the adaptations resulted in several valuable lessons that continue to be implemented. Telehealth expanded access for participants facing transportation or time barriers, while technology support helped bridge digital gaps. Mailing care packages and incentives maintained engagement, without requiring travel to agency locations to access these offerings. Regular, virtual check-ins strengthened relationships and trust, allowing for more personalized support. Parent participation also increased through flexible, remote support groups—highlighting the importance of creating

accessible, judgment-free spaces. These lessons emphasize the value of meeting families where they are, offering choices, and maintaining connection regardless of external challenges.

We also acknowledge the growth areas for our engagement with the youth and families impacted by the legal system. They were not involved in the program design or evaluation beyond the opportunity to respond to a satisfaction survey after enrolling in services. Future efforts should focus on building critical, accountable relationships that can help us monitor the consistency of our values with the actual (rather than intended) impacts of our intervention and research/evaluation practices (Javorka, 2021). While the county's Juvenile Justice Coordinating Council has struggled to recruit youth members with system involvement, the county's behavioral health department established a youth advisory board that can be tapped for consultation (Santa Barbara County, 2025). At the same time, the university research team is conducting a qualitative study to understand youth experiences with our screening tool and their perspectives on the impact of case management and therapeutic services. Future programming and research should collaborate with a youth council at all stages of the process, and incorporate member checks of the data, its interpretation, and reporting (Busetto et al., 2020).

Policy helps drive referrals

Program success was predicated on the commitment of Probation, law enforcement, and school districts to refer youth to the program. Ironically, despite the purpose of diversion being to keep youth from any contact with Probation, it was their involvement in the conceptualization, oversight, and facilitation of the program that supported referrals to the program. As the agency that applied for the funding, Probation was committed to making the necessary policy and practice changes to facilitate the referral process. For other law enforcement agencies and various school districts, referrals were more common and easier to process with partners who had a strong working relationship with Probation or CADA or who changed their protocols to include referral to the program for specific eligible offenses or education code violations. Thus, we recommend that diversion efforts start with a strong marketing and training campaign that provides police, sheriff, and school leaders with specific guidance on how to shift their protocols to facilitate referral to diversion.

Clinically useful evaluation

Another valued aspect of this project was the integration of the evaluation with the intake process. Although it was a risk to move away from a battery of complete

validated measures, we knew from experience that we needed very brief assessments to capture the breadth of factors we wanted to measure while also acting as a screener for service planning. Thus, we identified brief assessments whenever possible and shortened some assessments by only retaining items from the highest loading factors as determined by validation studies. Relatedly, the evaluators identified a few of the criminogenic items on the screener as promoting racial bias and initiated conversations with program partners about this issue. As a team, we decided to remove these items from the scale in our screening tool. In future projects, we will likely not include criminogenic factors as the concept doesn't align with the systems change framework. Following the adjustment of cut points in the beginning, the screener proved to be a success. Case managers reported getting valuable information from youth and their families that accurately matched them to services, supervisors appreciated that the screeners also took care of the evaluation needs, and the assessment was sensitive to change in the outcome evaluation.

Additional evaluation lessons included building in a variety of goals and objectives to understand program impact in case some objectives are ultimately unable to be determined. For example, we were unable to obtain school data on discipline incidents. Several barriers contributed to this: the slow start of school referrals due to the COVID-19 pandemic, the high number of participating schools, and needing at least 20 youth per school for data collection to maintain confidentiality. Another insight was that recidivism, such as being referred for or convicted of another offense, may have limited utility for informing pre-adjudication program improvements. Recidivism rates for pre-adjudication diversion are already expected to be low, and data may not be available for years following program implementation (Kretschmar et al., 2018). There are many other outcomes that may be more important to youth, families, and communities— including reduction of mental health symptoms, strengthened protective factors, attainment of education and/or vocational skills, and enjoyment of positive social and leisure activities.

Program sustainment

Ultimately, the partners agreed that the program was impactful enough to warrant sustainment. Although not having an experimental design precluded causal attributions to the program, the triangulation of available data pointed to desired impacts, including very low levels of recidivism, stronger family functioning, decreased substance use and mental health issues, and improved problem-solving. Positive family testimonials and staff experiences also promoted sustainment. Thus, probation tapped a state funding source that allocates funds collected through the vehicle license fee fund to support

counties in efforts to reduce juvenile delinquency. By keeping the oversight committee regularly updated and informed on program progress and outcomes throughout the grant period, they were already champions of the program before it had even ended—aiding in favorable review of the next funding application. In order to maintain small caseloads, funding was allocated for CADA to provide the evidence-based programs most commonly used by youth and their families for clients diverted by probation.

Future directions

Due to the success with this relatively low-level population, the next steps include offering diversion to more high-risk youth populations. For example, Probation has invested in a diversion program for youth with felony arrests based on restorative justice principles; this program is new and under evaluation. The county has also invested in early intervention programs to reduce criminal justice involvement for adults. This includes co-response teams, which pair a mental health clinician with law enforcement officers when responding to 911 calls to help de-escalate situations and divert individuals to trauma-informed, community-based treatment (e.g., sobering center, crisis stabilization unit, or hospitalization) instead of jail. The county also has a program to reduce pre-trial incarceration for adult clients by providing early assessment, connection to services, and legal representation within the first 48 h of booking to jail for adults charged with a misdemeanor. Next steps include diversion programs for adults who commit eligible felonies; the County Community Corrections Partnership has funded a diversion study to assess existing programs and to identify gaps and opportunities. By avoiding the harms of incarceration and legal system involvement while addressing community safety priorities, the overall goal of all these programs is to maintain accountability processes while supporting participants with trauma-informed, evidence-based services.

CONCLUSION

Several key factors influenced the creation and sustainability of effective diversion programming in this county. First, the intended outcome of diversion reduces the number of people under probation supervision and in jails. As such, a constant quality assurance process for diversion eligibility helps prevent net-widening and focus legal system resources on individuals with the highest risk of re-offending. Diversion programs require champions with influence to highlight best practices and current data on successful examples. These champions advance innovative funding and practice models that redirect much-needed resources to organizations that provide

community-based supports. Second, depending on the broader community context, there can be public, business, and law enforcement backlash for seeming “soft on crime.” Ongoing communication about policies that maintain public safety and keep people in their communities, not in juvenile hall or jail, is helpful. Finally, diversion requires significant collaboration between agencies. As youth are diverted from probation programs, we have needed to build a significant array of services, including shelter and residential treatment facilities, when youth's needs exceed what their family can provide. Community and treatment provider involvement is crucial to the success of formal and informal diversion. Ultimately, the goal is to provide supportive services through these avenues whenever appropriate and possible to allow youth and families to receive the support they need absent system involvement. In this ideal situation, the youth and families are connected to these agencies and to their communities—further supporting a reduced risk of recidivism and healthy families.

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CONFLICT OF INTEREST STATEMENT

The authors declare are no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The work described in this article was reviewed and approved by the University of California, Santa Barbara Human Subjects Committee.

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