



Sonoma County Youth Diversion with Case Management Evaluation Plan

Project Background

In June 2019, the California Board of State and Community Corrections (BSCC) awarded the County of Sonoma with a 44-month Youth Reinvestment Grant to fund the Youth Diversion with Case Management (YDCM) program. YDCM is a countywide strategy designed to divert low-risk youth with high social, behavioral or mental health needs into individualized case management services, instead of formal court processing. YDCM's main goal is to reduce the overall number of youth at low risk to reoffend with formal involvement in the juvenile justice system. The program also addresses racial and ethnic disparities by prioritizing culturally relevant service delivery. YDCM is part of the County's continuous effort to implement evidence-based practices to reduce the number of low-risk youth on probation and increase access to supportive services outside of the juvenile justice system.

Beginning in January 2020, YDCM will serve 20 low-risk youth and their families per year, with each case lasting approximately three to six months. Participation in YDCM is voluntary. Eligibility requirements are the following:

1. Youth is referred to the juvenile justice system with a citation or arrest and is identified as low risk to reoffend based on the Positive Achievement Change Tool (PACT) pre-screen. The tool is implemented by the Probation Department.
2. Youth has one or more needs that can be addressed with case management services, including: associating with antisocial peers, issues with school or employment, frequent runaway, family instability or dysfunction, commercial sexual exploitation concerns, substance abuse concerns, and/or mental health or trauma concerns.
3. Youth is not excluded from participation for another reason (i.e., no open slots in the YDCM, youth better served by another diversion service, youth better served by formal court process, or family addressing needs privately and there is no need for additional services).

Eligible youth will be directly referred to YDCM by Probation. Youth and families will not be supervised by Probation during their participation in YDCM or have any formal court involvement. Services will be delivered by a contracted community-based agency, Seneca Family of Agencies. Seneca will utilize assertive engagement to encourage participation. Seneca will utilize an adapted version of the California Child and Adolescent Needs and Strengths (CANS) assessment tool to design treatment plans within the first 30 days of services and will include targeted goals developed in collaboration in family team meetings



to address the needs and strengths of each youth.¹ YDCM case managers will utilize the principles of the wraparound model and will be able to enter the family home, build relationships with parents/caregivers, help the family navigate service systems, improve family functioning, and, overall, strengthen youth's support networks.² The YDCM program goals and outcomes identified in Table 1 reflect the theory of change, inputs, activities, outputs, and outcomes illustrated in the Sonoma County YDCM Logic Model in Appendix B.

Table 1. Goals and Outcomes of YDCM

Goals	Outcomes
Reduce the number of low-risk youth in Sonoma County with formal involvement in the juvenile justice system	Appropriate identification and referral of low-risk, high-need youth to the program
	No further justice system contact for youth who complete the program
Improve youth and family outcomes for low-risk youth referred to Probation	Increased natural supports
	Improved family functioning
	Improved school or employment outcomes
	Increased access to quality mental health or substance use treatments
Increase capacity in Sonoma county to address needs of youth who have committed low-level crimes and are at low risk to reoffend, but demonstrate high level of needs	Successful identification, referral, engagement and retention of eligible youth and families
	Successful delivery of services in a culturally proficient and trauma-informed manner
	Implementation with fidelity to the program design

Evaluation Overview

Sonoma County Probation Department has contracted with Resource Development Associates (RDA) to conduct a process and outcome evaluation of YDCM. The evaluation questions are based on the result-based accountability (RBA) model, which poses three primary questions to explore program implementation and outcomes:

- How much did we do?
- How well did we do it?

¹ Appendix A presents Seneca's version of the tool. The agency added two additional items to the California CANS-50 assessment.

² Seneca's Wraparound teams work with families to develop plans to address needs using state wraparound guidelines of being family centered, individualized, culturally relevant, and strength based; the teams work with children and youth in their family homes, rather than in group care settings. Seneca has developed a clinical practice model tailored to address behaviors and needs, even as they change over time (Seneca, 2014). For more details, see <https://www.senecafoa.org/wraparound>





- Is anyone better off?³

The first two questions will guide the process evaluation that will assess the program’s capacity to identify eligible youth and their needs and strengths in a timely, culturally and trauma-informed manner while adhering to the program’s objectives and design. The third question will guide the outcome evaluation, which will examine outcomes at three levels: program completion, improvements in identified needs, and justice system involvement. RDA will track project performance, including both implementation and impacts, over time using data on screening, referral, participants’ needs and strengths, youth and family satisfaction surveys, and participants’ completion status and subsequent justice system contact. Results of the process and outcome evaluations will be presented in quarterly reports, a mid-point evaluation brief, and a final evaluation report.

Research Design

RDA will conduct a mixed methods process and outcome evaluation using a pre-post design. This approach incorporates quantitative and qualitative data collection and analysis to provide a comprehensive assessment of the program implementation and effects. It was selected to maximize validity and provides different perspectives on complex, multi-dimensional issues. The quantitative data analysis will explore individual- and system-level measures of program engagement and service delivery, as well as program completion, individual and family outcomes, and subsequent involvement with the juvenile justice system. Qualitative data analysis will provide insight into the referral, enrollment, and service delivery process and the internal and external factors that affect the fidelity of implementation. Qualitative data will also explore participants’ perspectives on service delivery, including ease of and barriers to program enrollment and participation, appropriateness of programs and service delivery to the youth’s needs, communication with program staff, and perceived changes in youth’s behavior and quality of life.

Process Evaluation

The process evaluation is designed to answer the questions “How much did we do?” and “How well did we do it?” In particular, it will focus on identifying fidelity to implementation and strengths and challenges in all stages of the implementation of the program: screening, referral, assessment, treatment plan development, and service delivery. The process evaluation will use both quantitative and qualitative data to measure the areas of inquiry identified in Table 2.

³ RBA is a data-driven performance measurement framework that helps organizations identify the community impact of their services; it ensures accountability while determining the progress a program is making towards achieving its objectives (Clear Impact, 2016). A detailed description of the RBA model can be found in <https://clearimpact.com/solutions/results-based-accountability-resource-library/>



Table 2. Process Evaluation Measures

Evaluation Question	Areas of Inquiry
How much did we do?	Number, demographics, and needs of youth screened, referred, and enrolled
	Type and number of assessments conducted
	Services provided and dosage
How well did we do it?	Time between screening, referral, and intake
	Connection between assessed needs and the treatment plan
	Fidelity to proposed YDCM program model
	Cultural responsiveness and trauma-informed services
	Implementation successes and challenges
	Effectiveness of identification, screening, and enrollment process
	Effectiveness of system coordination
Participant and parent/caregiver satisfaction	

Outcome Evaluation

The outcome evaluation will use a pre-post design to address the question “Is anyone better off?” To this end, the evaluation will explore the success of the YDCM program in improving participant outcomes and reducing the number of low-risk youth with formal involvement in the juvenile justice system. Because YDCM focuses on youth of color, the evaluation will also analyze variations in outcomes across demographic groups. Criteria for successful completion of YDCM will include two components:

- **Completion of services:** Identified needs in the youth and family’s treatment plan have been addressed (i.e., youth is consistently meeting their goals, has expanded their network of support, and expresses readiness to decrease services) as measured by the program discharge summary (not met, partially met, or fully met treatment goals).
- **Completion of diversion:** Probation will determine whether to dismiss the case or whether additional follow-up with the District Attorney’s Office is needed based on the youth’s case.

The outcome evaluation will analyze program and participant information identified in Table 3 to examine whether YDCM has achieved its objectives. As YDCM is designed to provide individualized services to holistically address the needs of each participant, the evaluation will examine improvements at the individual level from program intake to discharge. The pre-post design, along with the use of qualitative data, will enable the evaluation to interpret whether outcomes are likely to be associated with participating in the YDCM program, or whether some outcomes could be explained by factors unrelated to the program.

Table 3. Outcome Evaluation Measures

Evaluation Question	Areas of Inquiry
Is anyone better off?	Completion status and discharge reasons
	Improvements in identified needs: increased natural supports, improved family functioning, improved school or employment



Evaluation Question	Areas of Inquiry
	outcomes, increased access to mental health and substance use treatment
	Linkages to services (for example, referrals to and engagement in mental health and substance use services)
	Absence of subsequent justice system contact for participants who completed YDCM
	Reduction in the overall number of low-risk youth with formal involvement in the juvenile justice system
	Variations in outcomes by race/ethnicity

Data Sources and Data Collection

Quantitative Data Collection

RDA will analyze quantitative data from Seneca and the Probation Department. Probation Department screening data will be used to understand identification and referral processes (see Table 4). Seneca’s treatment plans, service delivery data, and satisfaction surveys will be used to measure participant engagement and service implementation. In addition, Seneca will use the YDCM Fidelity Tool to measure YDCM’s fidelity to wraparound principles.⁴ RDA will evaluate improvements in youth outcomes based on participant strengths and needs assessments and documentation of subsequent justice system contact (including variations across different demographic groups). RDA will work with Probation and Seneca to make sure all databases include unique client identifiers, ideally Probation’s file number. This process will allow RDA to track Probation’s client screening, referral, and diversion completion and link it to Seneca’s enrollment and completion data.

Table 4. Quantitative Data Sources

Data Source	Data to be Requested
Probation Department database	<ul style="list-style-type: none"> • Number, demographics, and identified needs of youth screened and referred (including circumstances of referral) • Time between screening and contact and intake • Diversion completion status • Number and demographics of low-risk youth with formal involvement in the juvenile justice system • Subsequent justice system contact for YDCM participants
Seneca Electronic Health	<ul style="list-style-type: none"> • Number and demographics of youth enrolled • Number of assessments conducted and identified needs (CANS) • Treatment goals (Treatment plan)

⁴ The YDCM Fidelity Tool is based on the Wraparound Fidelity Index (WFI-EZ). The WFI-EZ is a self-administered survey that measures respondents’—participants and program implementers—experiences, satisfaction and outcomes. Seneca adapted WFI-EZ surveys to meet YDCM’s specific needs and objectives. WFI-EZ forms are available at <https://depts.washington.edu/wrapeval/training-material-category/wraparound-fidelity-index-short-version-wfi-ez>



Record (EHR) and Satisfaction Survey	<ul style="list-style-type: none">• Services provided and dosage• Implementation fidelity (YDCM Fidelity Tool)• Service completion status (Discharge form)• Linkages to other services• Client and family satisfaction
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Qualitative Data Collection

RDA will engage in primary data collection—focus groups, key informant interviews, and program observations—with YDCM leadership, supervisors, case managers, youth, and parents/caregivers to obtain qualitative data about their experiences with YDCM activities. RDA will follow protocols designed to be appropriate for diverse participants that come from a range of cultural, linguistic, and educational backgrounds. Instruments and protocols will be shared with Probation’s Planning, Implementation & Evaluation (PIE) team and Seneca for review before use. In particular, the collection of qualitative data will be focused on understanding the following topics:

- Effectiveness of identification, screening, and enrollment process
- Fidelity to proposed YDCM program model, including services delivered and staff competencies
- Perceptions of case managers’ cultural responsiveness and ability to provide trauma-informed services
- Implementation successes and challenges
- Effectiveness of system coordination
- Participant and parent/caregiver satisfaction
- Perceived outcomes of YDCM for participants and families

Focus Groups

To gather in-depth qualitative data about different perspectives on the implementation of the program, RDA will conduct focus groups, gathering information regarding YDCM enrollment, service delivery, and services and diversion completion. RDA will conduct separate focus groups with youth, their parents/caregivers, and program staff (case managers). In particular, the discussions will focus on case managers’ cultural responsiveness, their ability to provide services in a trauma-informed manner, participant and parent/caregiver satisfaction, and perceptions of participants’ progress and success. Gift card incentives will be offered for participation. RDA will coordinate with Seneca to ensure focus group meetings are conducted in locations most accessible to participants. Focus groups will be conducted in Spanish as needed.

Key Informant Interviews

To assess stakeholder experiences with the implementation and outcomes of YDCM activities, RDA will conduct interviews with Probation and Seneca leadership, supervisors, and managers. These interviews will focus on successes, challenges, and lessons learned in program identification, referral, engagement,



system coordination, service delivery, as well as reflections on the effectiveness of the YDCM program in reducing justice system contact for low-risk youth of color.

Program Observations

Field observations of the program will be critical for understanding what service provision looks like on the ground and adherence to best practices. RDA will conduct structured observations of family team meetings, focusing on staff, family, and youth interactions (verbal and non-verbal), the physical space, and the delivery of services.

Human Subjects Protections

For all methods, the evaluation will employ procedures to safeguard respondent rights including obtaining informed consent (via Seneca) for sharing personal data for the evaluation and assent to participate in focus groups and interviews, ensuring confidentiality and voluntary participation, limiting access to identifying information, and properly securing data.

Data Analysis

RDA will use both qualitative and quantitative data analysis techniques to triangulate findings from multiple data sources to produce a complete set of findings. Where quantitative results may demonstrate trends in program participation, qualitative data can uncover underlying factors that may help explain trends in behavior and identify strengths and challenges associated with programming. For example, if the quantitative data indicate that YDCM has a low participant completion rate, the qualitative data may help us understand why that is so. Data will be collected for quarterly reports, a mid-point evaluation brief, and a final evaluation report. Quarterly reports will be developed from administrative data. Focus groups, interviews and program observations will be conducted at a point in time during Year 2 and Year 3 of the evaluation. Mid-point and final evaluation reports will use both quantitative and qualitative data. See Appendix C for more details on the evaluation timeline and reporting schedule.

Quantitative Data Analysis

RDA will use Excel and Stata to clean data and conduct quantitative analyses. The evaluation team will identify any duplicate entries, merge data across sources, explore patterns of missing data, and format data into the appropriate analytic structure to allow for calculation of all measures to be included in evaluation reports. When reviewing and cleaning data, RDA will document any questions that arise and communicate with project leads and data/IT staff to review, discuss, and resolve.

RDA will retain syntax and code documentation for data manipulation and analysis and share with the PIE team. Both descriptive and, if possible, inferential statistics will be used to analyze quantitative data and address the evaluation questions listed above. Basic univariate descriptive statistics including calculation of distributions, frequencies, measures of central tendency, ranges, and outliers will be used to examine data validity and reliability and present a picture of the individuals participating in the YDCM program.





Using Probation Department data, RDA will measure the association between YDCM participation and participants' subsequent contact with the juvenile justice system—i.e., identify whether youth who completed the program were involved with the juvenile justice system in the subsequent years of the evaluation period.

Qualitative Data Analysis

RDA will employ a framework analysis approach to interpret qualitative data. Data collected in interviews and focus groups will be compared across and within cases. The team is skilled at using ATLAS.ti, QDA Miner, and other qualitative data software tools.

Project and Data Management

RDA will work collaboratively with the Probation Department and Seneca throughout all the stages of the evaluation. RDA will meet regularly with the YDCM Program Manager and with staff from the PIE team for the management of the evaluation activities.

Data Management

Under RDA's data sharing agreement with the Probation Department, RDA will collect necessary data from Probation and Seneca for the evaluation (summarized in Table 4). RDA uses a secure network location and encrypted file system for all datasets with sensitive information and ensures compliance with Health Insurance Portability and Accountability Act (HIPAA) and other pertinent statutes and regulations. All data collected for this evaluation will be transferred via a Secure File Transfer Protocol (SFTP) and stored in a secure drive. Once data have been downloaded from the SFTP site and placed on a secured drive, client data will be removed from the SFTP site. Client data will only be kept for the duration of the project period, at which point it will be destroyed. No individual-level, identifiable data will be included in the Mid-Point Evaluation Brief or Local Evaluation Report.

Project Management and Communication

RDA will facilitate monthly project check-ins with the PIE Team, in addition to ad hoc phone, email, and in-person communication. These meetings will serve as a forum to review project implementation, discuss activities in progress, report on completed activities, and validate next steps. In addition to making collaborative project decisions, these meetings will serve as an opportunity to discuss any unanticipated challenges and address them in real-time, prepare for project deliverables, and conduct other activities to ensure project success.

Training and Technical Assistance

RDA will provide planned and ongoing technical assistance (TA) to Seneca to develop internal processes and protocols, support program implementation, and allow for ongoing program measurement and evaluation. TA will be targeted to address data and evaluation needs emerging during the evaluation





planning process and will continue to evolve throughout the project period to be responsive to any emerging needs. TA support may include:

- Developing data collection tools
- Identifying tools to measure changes in participants' needs
- Creating data collection and administration plans
- Developing data dashboards to support sharing of key performance indicators
- Data interpretation trainings
- Continuous quality improvement approaches

RDA will work with the PIE team and Seneca to identify specific TA activities, which can be delivered through in-person trainings, site visits, and webinars.

Evaluation Timeline and Reporting Schedule

The evaluation will meet all BSCC reporting requirements and will comply with all federal and local accessibility standards. The timeline for conducting the evaluation is detailed in Appendix C.

- **Quarterly Reports.** The PIE team will submit quarterly progress reports to the BSCC. Per the BSCC quarterly reporting template, the reports will describe the evaluation activities, numbers and demographics of clients served, and evaluation findings to date to monitor progress toward reaching YDCM's goals and objectives. RDA will provide information about evaluation progress and consultation as needed to the PIE team in developing the quarterly reports.
- **Mid-Point Evaluation Brief.** RDA will produce a mid-point evaluation brief describing evaluation activities, numbers and demographics of clients served, and evaluation findings. The brief will triangulate quantitative and qualitative data to produce a comprehensive understanding of program implementation and outcomes. It will be intended as an internal document to help the County and contracted providers understand program strengths and areas for improvement and will include targeted, actionable recommendations to strengthen YDCM and ensure its sustainability. The brief will be submitted in June 2021.
- **Local Evaluation Report.** RDA will complete a Local Evaluation Report, which will assess and document the effectiveness of the activities that were implemented throughout the grant period. RDA will submit the report by December 31, 2022.



Appendix A. Adapted California CANS-50

CALIFORNIA CHILD AND ADOLESCENT NEEDS AND STRENGTHS				California CANS			
Child's Name:		DOB:		Gender:		Race/Ethnicity:	
Caregiver(s):		Form Status:		<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Discharge			
		Case Name:					
		Case Number:					
Assessor:		Date of Assessment (dd/mm/yyyy)					

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE DOMAIN FUNCTIONING				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK BEHAVIORS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL FACTORS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRENGTHS DOMAIN					
0=Centerpiece strength	1=Useful strength				
2=Identified strength	3=No evidence				
	N/A	0	1	2	3
32. Family Strengths	<input type="checkbox"/>				
33. Interpersonal	<input type="checkbox"/>				
34. Educational Setting	<input type="checkbox"/>				
35. Talents/Interests	<input type="checkbox"/>				
36. Spiritual/Religious	<input type="checkbox"/>				
37. Cultural Identity	<input type="checkbox"/>				
38. Community Life	<input type="checkbox"/>				
39. Natural Supports	<input type="checkbox"/>				
40. Resiliency	<input type="checkbox"/>				
Vocational	<input type="checkbox"/>				

CAREGIVER RESOURCES AND NEEDS				
Caregiver Name:				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

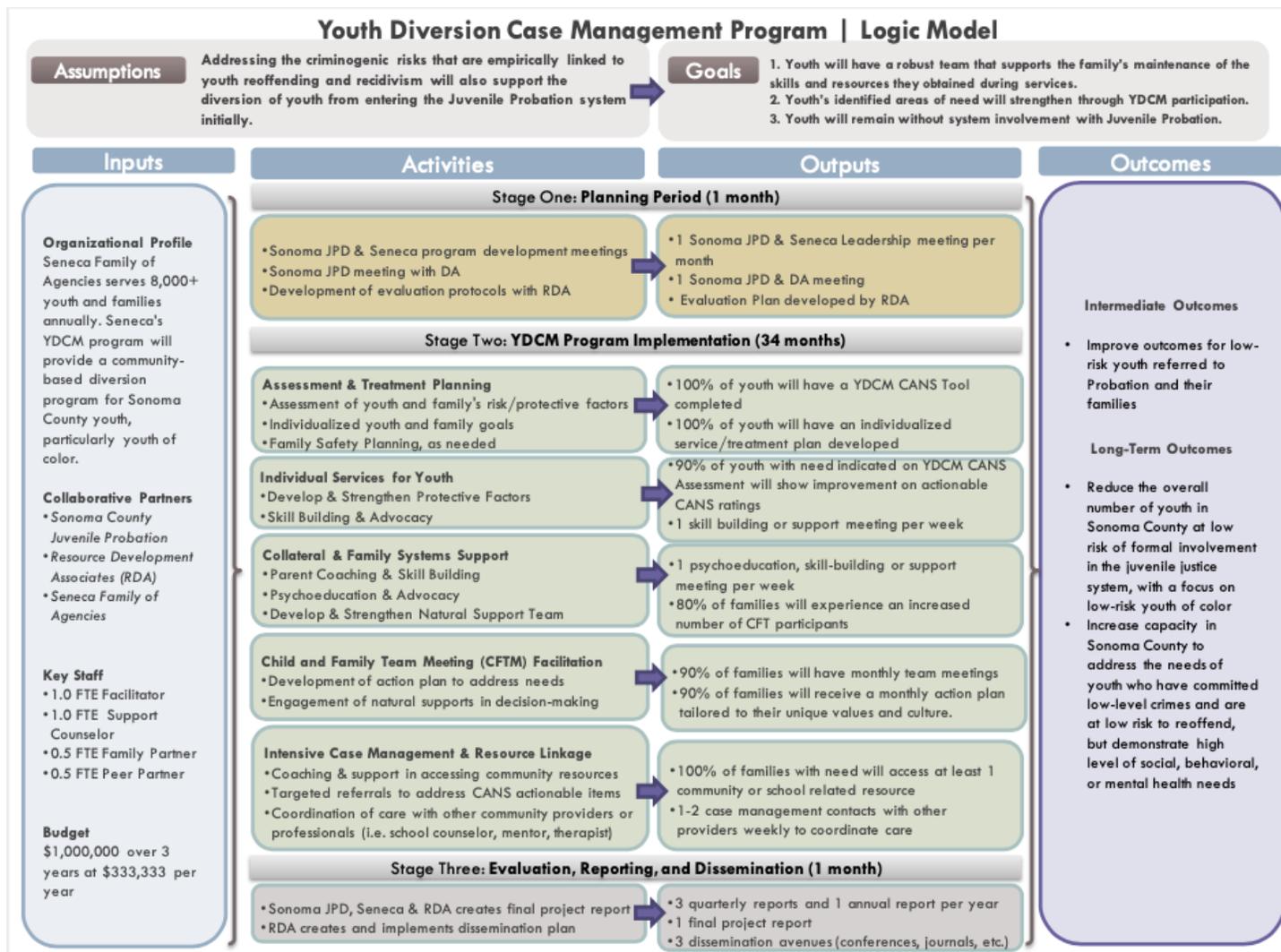
Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

ADDITIONAL CANS ITEMS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	N/A	0	1	2	3
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Appendix B. Sonoma YDCM Logic Model





Sonoma County Probation Department
YDCM Evaluation Plan





Appendix C. Evaluation Timeline

